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SERVING OUR COMMUNITY
SAINT MARY’S HEALTH NETWORK AND PRIME HEALTH CARE INC. COMMITTED TO PROVIDING THE BEST CANCER CARE

Saint Mary’s has a rich history of healing patients and providing resources to support one’s survivorship journey. We are proud of the accomplishments of our Center for Cancer and the providers we have on staff who dedicate their time to improving cancer outcomes.

During the last year, our physicians had a keen focus on maintaining high quality standards and in nearly all areas, surpassed national benchmarks – proving our facility can rank among some of the nation’s best-known cancer programs.

Our greatest asset has always been providing top-notch local care so our patients do not have to journey beyond state borders. Through the support of our Oncology team, we can offer a variety of services and programs that ensure our patients have every resource available and do not have to leave home.

Because of our focus on keeping patients local, Prime Healthcare has continued investing in our mission and with their support, we have the region’s most advanced technologies and systems.

This year concluded with many successes and a firm focus on our core mission - providing quality, compassionate care to our community. The exceptional care you receive at Saint Mary’s is unsurpassed and we are proud to serve our community.

Sincerely,

Helen Lidholm, CEO
Saint Mary’s Health Network
COMMITTED TO EXCELLENCE
CENTER FOR CANCER LEADERSHIP PROUD OF 2016 ACCOMPLISHMENTS

From the inception of our Center, we have dedicated our resources to building a program that serves our community. From our physicians to nurses and our dedicated staff, we have achieved milestones that rank our organization among the best in the nation.

It takes commitment and focus on the well-being of our patients to run a successful operation. Every benchmark we surpass, every clinical trial that is introduced and every level of research completed is for our patients.

In 2016, we achieved an additional ACR accreditation in radiation oncology — our eighth of nine ACR accreditations. Earning this designation was a significant accomplishment for our program and demonstrates our investment to operating a center focused on excellence.

The expertise and skill within our Center support its ongoing success. This past year, we also focused on prevention and increasing screenings among breast and lung patients. Supporting our community by educating patients about self-checks for breast cancer and when to get important screenings has proven to catch cancer early and save lives. We are dedicated to the mission of finding cancer early and helping our patients live long lives.

We sincerely appreciate the community’s support of our Center and anticipate a remarkable 2017 when we will continue to focus on prevention, screening and survivorship.

Sincerely,

Patty Sredy, RN, BSN
Administrative Director

Kathleen Legarza, MD
Medical Director
Radiation Oncologist
YOUR CARE TEAM

Kathleen Legarza, MD
Medical Director
Radiation Oncologist

Jaime Shuff, MD
CoC Physician Liaison
Radiation Oncologist

Jonathan Tay, MD
Medical Director
Radiation Oncologist

Suresh Reddy, MD
Medical Director
Oncologist

John Ganser, MD
General Surgeon

Patty Sredy, RN, BSN
Administrative Director

Gladys Dolor, RN, OCN
GI/Thoracic & GYN Nurse Navigator

Riley Henderson, RN
Head/Neck & Hematological Nurse Navigator

Amy Thompson, RN, OCN, CN-BN
Breast Nurse Navigator

Brenna Caine, CTR
Cancer Registry

Martha Underwood, RN, CTR
Cancer Registry

Janis Pollard, RN
Research Nurse

Courtney Law, RN
Research Nurse

Dolores Cooler, LSW
Social Worker

Not pictured:
Chivonne Harrigal, MD - Breast Radiologist
Michael Powell, MD - Medical Director of Pathology

FOR A FULL LIST OF ALL SPECIALISTS AT THE CENTER FOR CANCER, VISIT SAINTMARYSRENO.COM/CANCER.
Co Committee Chairman and Medical Directors: Kathleen Legarza, M.D. (Radiation Oncology) 
Jonathan Tay, M.D. (Radiation Oncology) 
Kathleen Legarza, M.D. (Radiation Oncology) 
Jamie Shuff, M.D. (Radiation Oncology) 
Suresh Reddy, M.D. (Medical Oncology) 
Patty Sredy, R.N. (Administrative Director) 

Breast Program Physician Leader: Kathleen Legarza, M.D. (Radiation Oncology) 

CoC Physician Liaison: Jamie Shuff, M.D. (Radiation Oncology) 

Medical Director for Oncology: Suresh Reddy, M.D. (Medical Oncology) 

Cancer Program Director: Patty Sredy, R.N. (Administrative Director) 

Required Physician Member Listing 
Michelle Chu, MD – General Surgery 
Reed Dopf, MD – Palliative Care & Hospice 
Mark McAllister, MD – Radiology 
Michael Powell, MD – Pathology 

Required Non-Physician Members 
Courtney Law, RN – Clinical Research Nurse 
Amy Thompson, RN – Breast Nurse Navigator 

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Michelle Chu, MD – General Surgery 
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Mark McAllister, MD – Radiology 
Michael Powell, MD – Pathology 

Required Non-Physician Members 
Courtney Law, RN – Clinical Research Nurse 
Amy Thompson, RN – Breast Nurse Navigator 

Ad Hoc Physician Member Listing 
John Ganser, MD – General Surgery 
Chivonne Harrigal – Radiology Breast Imager 
Shin Kim, MD – Radiology 
Sowjanya Reganti, MD – Medical Oncology 
Shibu Skaria, MD – Pulmonary Medicine 
Nathan Slotnick, M.D – Genetics 
Amanda Vanderclay, MD – General Surgery 
Amanda Vanderclay, MD – General Surgery 
Suraj Verma, MD – Family Medicine 

Ad Hoc Non-Physician Member Listing 
Kendall Quinlan, CPCS – Director, Medical Staff Services 
Susan Benson - Supervisor, Nutrition 
Lacie Bourland – Administrator, Reno CyberKnife 
Mona Carico, RN – Supervisor, Oncology 
Doug Chapman – Director Nutrition Services and Therapies 
Gladys Dolor RN – GI/Thoracic Nurse Navigator 
Kris Estipona, RN – Palliative Care 
Steve Estipona, RN – Director, Home Care 
Krystal Flaniken RN – Director, Surgery 
Katie Grimm, RN – Chief Nursing Officer 
Lorraine Heit – Director, Rehabilitative Services 
Riley Henderson, RN – Head/ Neck and General Nurse Navigator 

Ad Hoc Non-Physician Member Listing 
June Hunter – American Cancer Society 
Amanda LaTorre – Cancer Rehabilitation 
Helvecio Moto, PhD – Physicist Radiation Oncology 
Janis Pollard, RN – Clinical Research Nurse 
Heather Schofield – Performance Improvement 
Bernd Schwalbe, PharmD, BCPS – Supervisor, Pharmacy 
Steve Sweet – Director, Imaging Services 
Bre Taylor, RN – Director, NICU and Pediatrics 
Jamii Uboldi – Director, Marketing 
Martha Underwood, CTR – Cancer Registry 

2016 CANCER COMMITTEE
“Everyone collaborates because they have the patients’ best interest in mind.”

- Dr. Kathleen Legarza, Medical Director Radiation Oncologist
Every day, the doctors, nurses, support staff and administrators at Saint Mary’s Center for Cancer focus on one primary goal: providing the best cancer treatment possible for patients.

In 2016, that meant improving the care patients receive, implementing new screening processes to catch cancer earlier, pursuing esteemed accreditations and creating a holistic program for every patient by further integrating with Saint Mary’s Fitness Center.

Each of these actions comes from a team that cares deeply about each patient.

“What makes us different is our physicians and our staff,” said Patty Sredy, administrative director of the Center for Cancer. “We have a beautiful facility. We have great technology. But, it’s the heart of the nurses and the expertise of our physicians that sets us apart.”

Because of that expertise and commitment to excellence, in 2016 the Center for Cancer earned its accreditation in an eighth American College of Radiology modality: Radiation Oncology. The Center also earned re-accreditation in seven additional ACR modalities, including Breast MRI, Breast Ultrasound, CT, Mammography, MRI, Ultrasound and Stereotactic Breast Biopsy.

In the same year, Saint Mary’s Center for Cancer achieved accreditation by the National Accreditation Program for Breast Centers.

But earning those accreditations isn't about receiving gold stars or awards — it’s about the continued pursuit of excellence for patients.

“Accreditation is important because it makes sure that all cancer centers across the country are operating under the same guidelines and standards,” said Dr. Michael Powell, the Center’s medical director for pathology who was instrumental in the accreditation process. “If you’re treated here at Saint Mary’s, you’re getting the same standard of care as if you were treated in New York City or Miami Beach.”

For many patients, such as those who tell their stories in this report, receiving quality treatment close to home is crucial.

“People here can receive excellent treatment without going out of town because we’re meeting and often exceeding the same standards that other well-known cancer centers must also use,” Sredy said.

The panels of experts who examine the Center for accreditation often praise its partnership with Saint Mary’s Fitness center.

“They’re always impressed with our rehabilitation program,” said Dr. Kathleen Legarza, Saint Mary’s Center for Cancer medical director. “Most facilities don’t have the luxury of having a fitness center that’s in the same building.”

To help rehabilitate patients, in 2016 the Center for Cancer introduced a four-part survivorship program, Empower Your Journey, covering physical health and wellness, nutrition and diet, spiritual and mental wellness, and symptom and side effect management.

“We designed the Empower Your Journey program for our patients,” Sredy said. “The good thing about doing our own home-grown program is that we can change it based on what the participants feel is beneficial to them to grow as a survivor.”

While the Center’s survivorship program helps patients after they receive diagnosis and treatment, its early detection and screening efforts help patients before they receive either. In 2016 the Center invested in new technology such as Tomosynthesis, also known as a 3-D mammogram, which allows doctors to look at breast tissue from multiple angles. To promote early lung cancer screenings, the Center also launched a program to engage with primary care physicians to identify and help at-risk patients.

“We know that early detection is very, very important in any type of cancer,” Sredy said.

From diagnosis to rehabilitation, the Center for Cancer team works together, combining expertise and resources to help improve each patient’s chance of survival.

“Everyone collaborates because they have the patients’ best interest in mind,” Dr. Legarza said.
Center for Cancer uses national data to support patients and provide top-level care

The team at Saint Mary’s Center for Cancer doesn’t strive to be the best place for patients to receive treatment in Reno — or even in Northern Nevada. They set their goals higher. The doctors and nurses want to provide care for cancer patients that’s on-par or above the nation’s well-known treatment centers.

“I think the public believes that named cancer centers give you better care,’ said Patty Sredy, administrative director of the Center for Cancer. “But, when a cancer center has high-level accreditations, offering excellent physicians and nurses continually improves the quality of its care and it doesn’t need a brand name. Saint Mary’s Center for Cancer provides quality care that’s often better than other centers, and we have the numbers to prove it.”

All over the country, cancer centers measure themselves and the quality of care provided against benchmarks and standards created by the Commission on Cancer. One of the main ways to assess the quality of care provided is called CP3R, which stands for Cancer Program Practice Profile Reports. This CoC quality reporting tool tracks treatment details for cancer cases involving major sites including breast, lung, colon, rectum, cervix, gastric, ovary and endometrium.

To maintain its CoC accreditation, Saint Mary’s Center for Cancer for must meet or exceed 20 quality measures in all eight of these CP3R studied sites. CP3R also promotes continuous improvement to the quality of patient care. The study gives the Center for Cancer team data to examine collaboratively and implement best practices.

Year after year, data shows that Saint Mary’s Center for Cancer beats the benchmarks for best practices and often scores higher than the average CoC program in the country. And 2016 proved to be no different.

Why does this matter to patients? Because to maintain its CoC accreditation, Saint Mary’s Center for Cancer must always study and improve how it cares for patients. It means that the processes and treatments that the Center for Cancer uses are the best practices available. And if patients know they can receive this level of care close to home, then they can fight cancer while surrounded by an important network of friends and family.

“That’s your support system,” Sredy said. “Why leave them if you can receive the best care in your hometown?”
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.

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<tr>
<td>Saint Marys Center for Cancer</td>
<td>98.6%</td>
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<tr>
<td>ACS Division (Great West)</td>
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<tr>
<td>CoC Program Type</td>
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<td>All CoC Approved Programs</td>
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Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional LNS.

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<td>Saint Marys Center for Cancer</td>
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<td>ACS Division (Great West)</td>
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<td>Census Region (Mountain)</td>
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Saint Mary’s Achieves Highest Ranking
Outperforming National Cancer Centers
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c cN0, or stage IB – III hormone receptor negative breast cancer.

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Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.

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<td>All CoC Approved Programs</td>
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### 2014 Cancer Program Practice Profile Reports (CP3R) Lung Measures

_Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)._  

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<td>CoC Program Type</td>
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<td>All CoC Approved Programs</td>
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_Systemic chemotherapy is administered within four months to-day preoperatively or from day of surgery to six months postoperatively, or it is considered for surgically resected cases with pathologic LN positive (pN1) and (pN2) NSCLC._  

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<td>CoC Program Type</td>
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Here’s the obvious point — no one wants to get cancer. No one wants to deal with the devastating implications of this dangerous disease. Not doctors, not patients. So, whatever the Saint Mary’s Center for Cancer team can do to help prevent cancer, they do. In 2016, that meant implementing programs to help prevent, screen, and educate. To that end, the Center partnered with other community organizations and traveled outside of metropolitan areas to give help where it was needed.

“Our goal with each of these programs is to identify risk factors within our community and patient population, and use strategies to change people’s attitudes and behaviors so they can reduce their chance of developing cancer,” said Patty Sredy, RN, Administrative Director for the Center.
RURAL OUTREACH AND PREVENTION

In Nevada, breast cancer is the No. 1 type of cancer found in women and it’s also the second leading cause of cancer deaths in women. Unfortunately, 37.5 percent of breast cancer cases diagnosed from 2008-2012 in Nevada were determined to be in late stage.

The problem of late detection is exacerbated in the more rural areas of the state. In the small town of Gerlach, Nev., more than 100 miles from Reno, residents don’t have local access to primary care. The closest location to receive acute medical care is Reno. So, the Saint Mary’s Center for Cancer team decided to bring the prevention to Gerlach.

In partnership with Northern Nevada Hopes, Nevada Health Centers and the Nevada Cancer Coalition, Saint Mary’s doctors and nurses traveled to Gerlach for a health fair at the town’s Senior Center. “We want to go to the areas of our state that need help,” said nurse navigator Amy Thompson, RN. “And we want to work in partnership with other health organizations in our community for the greater good.”

At the event, nurses educated attendees about how eating better, exercising more and maintaining a healthy weight can help reduce a woman’s risk of developing breast cancer. “The people who came were sponges,” Sredy said. “By teaching and reaching out, our team made a difference.”

RADON EDUCATION PROGRAM

Lung cancer is the leading cause of cancer death among men and women both in Nevada and nationwide. And while smoking causes about 90 percent of lung cancer cases, either through smoking directly or through secondhand smoke, prolonged radon exposure can also put people at risk.

Radon, a naturally occurring radioactive gas, comes from the ground and can enter homes and accumulate. At elevated concentrations, the odorless, colorless gas can raise the risk of lung cancer.

“Most people don’t know the radon levels in their homes,” said Martha Aiyuk, RN. “And everybody has this assumption that your home has to be older for it to have that problem but that’s not necessarily true. It just depends on where your home is.”

The Environmental Protection Agency estimates 21,000 Americans die each year from radon-caused lung cancer, killing more people than secondhand smoke, drunk driving, falls in the home, drowning or house fires.

One in four Nevada homes tested found radon concentrations at or above the EPA action level. According to experts, living in a home with radon concentrations at the action level poses as much risk of developing lung cancer as smoking half a pack of cigarettes a day. If radon problems are found, they can be fixed.

Testing is the only way to determine if a building has a radon problem, so in 2016 Saint Mary’s Center for Cancer partnered with the University of Nevada, Reno to provide radon detection education and testing. “Our goal was to educate the public on the dangers of radon and to have their homes tested,” Aiyuk said.

About 25 people attended a program held in March and each person received a free radon testing kit. Of the 25 individuals who received the kit, eight returned it, and all tests showed results within acceptable limits per regulations on radon exposure.

“It was great news that everyone’s home came in at a safe level,” Aiyuk said. “The whole event was very eye-opening for people and helped to raise awareness.”
Before Desiree Sealy began receiving treatment for her breast cancer in April 2016, she wanted two things: a family photo and a sapling.

“I bought a little tree, and I said, ‘You’re going to live, and I’m going to live,’” Sealy said.

About 10 days before she bought the tree, doctors diagnosed Sealy with invasive ductal carcinoma. Sealy was 41 years old — the same age her mother was diagnosed with breast cancer. Because of her family history, Sealy received early and routine mammograms and ultrasounds.

“When you hear the word cancer, you feel like you are going into a tunnel and you can’t hear anything else,” Sealy said.

Through that darkness, Sealy’s husband and doctors at Saint Mary’s Center for Cancer helped her understand her options for care.

“I was somewhere else, and my husband brought a notepad and a pen, and he wrote down everything the doctors said,” Sealy said. “He was my ears and mouth piece.”

Dr. Michelle Chu removed the lump from Sealy’s breast and two lymph nodes. After she healed from the surgery, Sealy began her six-week, 33-session course of radiation at Saint Mary’s Center for Cancer.

“The doctor was wonderful. The staff was wonderful. I just said they were like little angels that were sent to me,” Sealy said. “It felt like you were part of a family.”

Sealy said every member of the Saint Mary’s Center for Cancer was sent from above, especially nurse navigator Amy Thompson, RN — her chief cherub.

“She came in with a big smile and had had such a sweet disposition,” Sealy said.

As for Thompson, she said the Saint Mary’s Center for Cancer held Sealy in just as high regard.

“When she calls us her guardian angel, I think any of us that came in contact with her would say the same about her,” Thompson said. “She’s so warm and she’s very easy to be around. She really handled everything the best she could, and with a lot of grace.”

By September 2016, Sealy heard the words she’d fought for during the past six months.

“They told me, ‘you’re in the survival program,’” Sealy said.

Sealy has a new family photo with her husband, son, and daughter. They sit underneath a leafy tree, and Sealy smiles at the camera — her long, curly blond hair framing her face.

As for that little tree she bought? It’s still growing.

“My experience taught me the real meaning of love,” Sealy said. “I am so grateful for my husband and two children. I am so grateful for the people I have met on my journey and the long-lasting friendships. I am so grateful for the love and care that I was given. Most of all, I am proud to be a survivor.”
While the U.S. Preventive Services Task Force’s recommendation regarding at what age and how often women should get mammograms stirred up national controversy, the doctors and nurses at Saint Mary’s Center for Cancer are united in their recommendation. It may sound repetitive but if you’re a woman, and you have breasts, and you’re 40 years old or older, you get a mammogram every year — it’s what you do. The Center also recommends that people with a history of breast cancer get screenings even earlier.

“Mammograms save lives. Period,” said Dr. Chivonne Harrigal, a diagnostic radiologist at Saint Mary’s.

This advice falls in line with that of the American College of Radiology and Society of Breast Imaging. Both recommend that if a woman wants to reduce her risk of dying of breast cancer, she will choose yearly mammography starting at age 40.

In May of 2016, Saint Mary’s Center for Cancer invested in Tomosynthesis technology to make mammograms even more effective. Tomosynthesis, also known as a 3-D mammogram, allows doctors to look at breast tissue from multiple angles.

“Tomosynthesis goes beyond the two standard views from a conventional mammogram, which is especially helpful in women who have the dense breast tissue,” said Katherine Albrecht, a radiology supervisor and sonographer.

When women have dense breasts, it’s harder for doctors to see small abnormalities that would indicate the early stages of breast cancer. A 2-D mammogram only looks at the breast from one angle, so if a small cancer lesion is hiding behind a patch of dense breast tissue, doctors may not be able to see the cancer.

“As the breasts get more dense, the cancers are really hard to see,” Dr. Harrigal said. “It’s like trying to look at the sun in the middle of a snowstorm. You can’t see it.”

But, a 3-D mammogram allows doctors actually to rotate the scan and look from multiple angles.

“The 3-D mammogram, it finds small, sneaky cancers, especially in younger women with dense breasts,” Dr. Harrigal said.

Saint Mary’s Center for Cancer also offers a dense breast screening tool called the Automated Breast Ultrasound or ABUS. But Dr. Harrigal and Albrecht both said that mammograms find cancers earlier.

“It detects what’s called microcalcifications, which is the earliest sign that there could be something wrong,” Albrecht said. “That in conjunction with an ultrasound is a good screen. And with the 3-D screening mammogram, the patient can really get a thorough scan.”

And getting a comprehensive scan to catch cancer early is crucial to making sure women survive. In 2015, about 231,000 women were diagnosed with breast cancer, and about 40,000 women died from the disease. One in eight women have breast cancer in their lives, and 3/4 of those women have no family history or risk factors whatsoever.

“Getting yearly mammograms is still considered the gold-standard,” said Amy Thompson, RN, Saint Mary’s breast cancer nurse navigator. “The earlier that you find something, the better off a woman is. They can have quicker treatment that’s less invasive in some ways. But, if they’re not getting annual mammograms, we don’t know what’s going on.”
Lung cancer is the leading cause of cancer death among men and women both in Nevada and the country. In 2015, more than 8,500 people in Nevada were diagnosed with the disease and 6,451 died from it.

Nearly 80 percent of lung cancers in Nevada are diagnosed late—when doctors can do less to eliminate the cancer and help the patient survive.

“The problem with lung cancer is that the statistics have shown that by the time we diagnose it, it’s too late to do anything about it in three out of four cases,” said Dr. John H. Ganser, a fellowship-trained thoracic surgeon. “That’s a number that we’re hoping to move with screening.”

In December 2013, the U.S. Preventive Services Task Force began recommending lung cancer screening tests for adults ages 55-80 with a 30-pack-per-year smoking history who currently smoke or quit within the past 15 years.

“In a comprehensive cancer program, we must detect these cancers early and treat them early and biopsy these very tiny lesions,” said Dr. Jonathan Tay, Medical Director for the Radiation Oncology Department at Saint Mary’s.

In 2016, Saint Mary’s Center for Cancer almost doubled the number of CT Scans for lung cancer from those performed in 2015.

“We’re really making a push now to incorporate screening in primary care physicians’ offices,” Dr. Ganser said. “They’re seeing patients about their general health. If the patients fit into certain criteria, we’re asking the doctors to recommend a lung cancer screening.”

Lung CT screening candidates are between ages 55 and 74 with a history of lung cancer, smoking history of one pack per day for 30 years or two packs per day for 15 years or those who have quit less than 15 years ago.

One of those primary care physicians recommending lung cancer screenings is Dr. Sukumar Gargya, a Saint Mary’s Medical Group physician who specializes in internal medicine.

“In our practice, we inquire of tobacco use and offer cessation counseling and assess the individual risk of lung cancer,” Dr. Gargya said.

While physicians such as Dr. Gargya are working to increase awareness of the benefits of lung cancer screening, Dr. Ganser said there are more steps to take to change people’s behaviors.

“We’ve got a lot of work to do to raise awareness of lung cancer screening,” Dr. Ganser said. “We should have people wanting to get this screen. The problem is some people don’t want to know. They don’t want to do the screening because they’re afraid of what it might show.”

But, a large randomized national lung screening trial showed that the earlier smokers or former smokers get screened, the better chance they have of being diagnosed when the cancer is still treatable.

“I think it’s important to find these lesions early,” Dr. Tay said. “Because 10, 15 or 20 years ago, most patients who presented with lung cancer presented with Stage 3 lung cancer after it had spread to the lymph nodes or Stage 4 when they’re incurable. Those are much harder to treat. We want to get these caught early.”
Physicians and nurses at Saint Mary’s Center for Cancer are always looking for ways to improve patient care. It’s part of their ethos. And it’s also why the facility ranks at the top of national cancer program accreditation lists.

One of the ways the Saint Mary’s Center for Cancer team seeks to improve patient care is by studying the medical history of patients and seeing if there are trends or areas of care that could be improved.

In 2016, the Saint Mary’s Center for Cancer specifically looked at patients treated for head and neck cancer.

To receive treatment for those types of cancer, patients usually undergo a rigorous course of radiation therapy often combined with chemotherapy. The treatment can be tough and toxic to the body, so many patients lose weight, which can affect their ability to continue treatment without breaks or hospitalization.

When doctors examined the records of head and neck cancer, they found some surprising data.

“The patients who had feeding tubes ended up losing more weight than the patients who did not have feeding tubes,” said Dr. Jaime Shuff, a radiation oncologist. “It’s kind of the opposite of what you’d think.”

In fact, the average weight loss for patients with a feeding tube was about 19 pounds, almost 7 pounds more than patients who did not receive a feeding tube.

However, the study showed more data that could help future head and neck patients lose less weight and therefore receive quicker treatment. Those findings concerned the difference between Continuous Drip Feeding, which provides food in small amounts on a regular basis, versus Bolus Tube Feeding, which requires patients or caretakers push food through the tube in larger, less frequent doses.

“The problem with the bolus method is that patients get full,” said Dr. Jaime Shuff, a radiation oncologist. “They may have vomiting issues. And it’s rare that patients meet their daily nutritional goal.”

As a result, patients who received Continuous Drip Feeding fare better and experience less weight loss.

“If they have a continuous feed it runs all night long, or they have a backpack that’s continuously pumping nutrition in,” Dr. Kathleen Legarza said. “It’s just a small amount that’s going in per hour, so patients aren’t getting full.”

With this finding, the Saint Mary’s Center for Cancer team began to change the way head and neck cancer patients receive feeding tubes.

“All of our head and neck cancer patients get home health care and speech pathology involved right away,” Dr. Legarza said. “If they need a feeding tube, we’re really trying to push that insurance will pay for Continuous Drip Feeding up front rather than the Bolus Tube Feeding.”

For patients whose insurance will not cover the cost of Continuous Drip Feeding, Dr. Legarza said Saint Mary’s Center for Cancer is looking into securing equipment to help or asking nutritionists to recommend Continuous Drip Feeding.

“We’re always finding areas where we can improve on patient care,” Dr. Shuff said.
Alexis Dillon’s journey to seek treatment at Saint Mary’s Center for Cancer didn’t follow a straight line. It took detours and wound around a few turns.

In 2014, Dillon noticed changes in her voice that prompted her to see an ear, nose and throat specialist. That doctor found a tumor on her voice box and was able to remove it entirely during a biopsy. But, cancer spread to her chest. At that time, doctors at another area hospital recommended chemotherapy and radiation — but Dillon remained cautious and concerned about the potential effects on her body.

“I’m old,” Dillon, now 70, said. “My body isn’t that great, and I have to take that into consideration.”

So, she began researching alternatives and read about Saint Mary’s Center for Cancer’s CyberKnife, which is a high-dose radiation outpatient treatment for cancerous and benign tumors. CyberKnife’s noninvasive and painless treatment appealed to Dillon, so she went to see Dr. Jaime Shuff.

“I was really surprised to find it in Reno because it’s such advanced technology,” Dillon said.

Dr. Shuff strongly recommended radiation treatment and told Dillon she would need an additional surgery that would allow doctors to treat the cancer more accurately. Dillon declined the surgery, and as a result the radiation at that time.

“I wasn’t willing to do that to my body, just wasn’t,” Dillon said. “Based on the information I had, I felt that I was acting responsibly for my body.”

Even though she went against Dr. Shuff’s medical advice, Dillon said the doctor always treated her with respect and kindness.

Almost two years later, Dillon returned to Saint Mary’s ready to receive radiation treatment.

“What I found at Saint Mary’s was that whatever my decision was, they supported me,” Dillon said. “They gave me options. If I didn’t want to go with those options, I wasn’t chastised.”

Dillon’s nurse navigator, Riley Henderson, RN, said helping Dillon continue to live her life was the main goal of treatment.

“She has a lot of positive things going on in her life, which I think helped her get through the treatments,” Henderson said.

Dillon and her husband Cal commuted to Saint Mary’s in Reno from Virginia City from July to August of 2016 as she underwent 15 radiation treatments. They said the almost 50-mile trip was well worth the expert care of the Center for Cancer’s team.

“They were always courteous, friendly, very professional,” Alexis Dillon said. “More than anything professional. They gave me respect. It was a wonderful experience.”
“It’s a blessing for me to be here every day.”
- Paul Hodges
Paul Hodges remembers his cancer journey from diagnosis to treatment in terms of days.

He saw a doctor 20 days after experiencing a persistent sore throat and seeing a lump grow on his neck. Eight days later, he saw the same doctor to discuss the results from an ultrasound on that lump. Seven days later he received the results of a biopsy.

“When you look back, you kind of count the days,” Hodges said. “If you can shave off days, it helps a lot, especially with cancer. Cancer is really aggressive at times.”

Three days after the biopsy, his doctor, Dr. Tom Killeen, an ear nose and throat specialist in Reno, called with the results.

“He said,’Listen, I want you to sit down for a second,’” Hodges remembered. “‘This type of cancer it’s real curable. It’s no end-of-the-road cancer. I want you to have a positive mind about this, You’ve got to start thinking that you can win now.’”

Hodges diagnosis? Tongue cancer that spread to the lymph nodes. He would need surgery, radiation, and chemotherapy to beat it.

Seven days later, Dr. Killeen removed four cancerous lymph nodes from Hodges’ neck.

And then the next stage of Hodges’ treatment began at Saint Mary’s Center for Cancer: 35 radiation treatments to his tongue and throat and three sessions of chemotherapy.

“The magnitude of what was going really started to sink in at that point,” Hodges said. “You have to kind of accept that you possibly could die. I don’t know how else to say it. You’ve just got to accept that. You may not see your daughter get married. You may not be with your wife who you planned on being with until you died. Maybe it doesn’t work out that way for you.”

This moment, this realization is what made Hodges count the days differently.

“At one point you just realize, I’m going to live one day at a time,” he said. “I’m going to live every day, and I’m going to enjoy every minute of it. No matter what. If I die tomorrow, I know at least I was enjoying what I was doing.”

Enjoying what he was doing even meant getting through 36 days of treatment with a smile. He called his daily radiation treatments a ride to Disneyland.

“I’d go in there really smiling, and have a great attitude about it,” Hodges said.

Hodges got through each day. In the chemotherapy area of Saint Mary’s, there’s a bell patients can ring when they complete their treatment.

“I told myself, ‘I’m going to win,’” Hodges said. “I’m going to ring the bell.”

And he did.

His last treatment was on April 5, 2016. In October of 2016, he received an MRI and the diagnosis he fought for — cancer free.

While Hodges’ cancer is gone, his new take on life isn’t. He still makes every day count.

Now, he’s counting the days to a new milestone. Right before his birthday, Hodges oldest daughter told him that he was going to be a grandfather.

“It’s a blessing for me to be here every day,” he said.
When most people think of cancer treatment, they may think of words like chemotherapy, radiation or surgery.

Here are a few words they probably don’t think of — documentation, electronic medical records, and technology.

But at Saint Mary’s Center for Cancer, providing the best treatment for a patient with cancer means using the best technology to document, track and assess a patient’s symptoms.

In 2015 doctors and nurses did just that by evaluating how consistently they recorded patient fatigue, pain, sleep issues and psychosocial distress.

“We wanted to document how patients were doing throughout their treatment and even after their treatment,” said Dr. Jaime Shuff, a radiation oncologist. “It’s useful information that we can use.”

To track a patient’s oncology information in a central place, Saint Mary’s Center for Cancer uses an electronic medical records software that allows physicians, nurses and social workers to have immediate access to important information that may influence treatment decisions.

After implementing this software in 2012, patient documentation at the Center improved, giving doctors more complete information. The new software also allowed physicians to track previously under monitored symptoms like pain, sleep issues and psychosocial distress.

For the 2015 study of this documentation, Dr. Kathleen Legarza, Saint Mary’s Center for Cancer medical director and radiation oncologist, looked at four areas for improving the consistency of assessment and documentation: fatigue, pain, sleep issues and psychosocial distress. In each of those areas, the Center for Cancer team documented consistently for more than 98% of the 107 breast cancer patient visits studied from 2015.

As a result of improved documentation, the Center was able to help patients achieve a better quality of life by providing the following treatments for the following areas:

**Fatigue:** Additional education, referral to cancer rehabilitation, moderate activity, improving sleep

**Pain:** Medications, referral to cancer rehabilitation, education other individualized interventions

**Sleep issues:** Medications, education on sleep hygiene, exercise, cancer rehabilitation

**Psychosocial distress:** High level of follow-up by social worker, counseling, financial assistance, referral to outside resources, support groups and other intervention per individual need

“In the big picture it shows we treat the whole person and not only the cancer,” Dr. Legarza said. “Patients get a full support system when they’re undergoing treatment.”
“The team at Saint Mary’s is phenomenal, words can’t explain it. They were nice, kind, treated me like they actually cared.”
- Lattie Evans
Evans moved to Reno to be closer to his daughters. When he arrived, he had already been diagnosed with prostate cancer at a Veterans Hospital in Fort Polk, Louisiana in 2012. Evans presented with an elevated Prostate-Specific Antigen level during a routine physical exam.

“No one really thinks that it would be them,” Evans said. “I thought I was doing everything right. But I got that news, and for some reason, it seemed like a death sentence. My next question was, ‘Man, what do I do now?’”

At the time of his diagnosis, doctors told Evans the only course of treatment would be invasive surgery to remove his prostate.

“I wasn’t ready to lose any organs yet,” Evans said regarding why he declined that treatment option.

Doctors began to treat Evans’ enlarged prostate with medicines like Finasteride and Terazosin. He began to feel the results and started making lifestyle changes as well.

“I knew I need to change some things, so I did a lot of investigating into how dietary changes can help,” Evans said. “I didn't have as much energy, but I still continued to exercise.”

When Evan’s prostate shrunk to an operable size, doctors again urged him to have invasive surgery. But Evans declined and began looking at other options.

“It’s 2016,” Evans said. “I know they have better ways of treating cancer than just to put you on a table and cut you.”

By the time he moved to Reno, Evans already knew he wanted to find a hospital with a better treatment option.

Then he found Saint Mary’s Center for Cancer and its CyberKnife Center, which offers non-invasive, precision radiation therapy in five or fewer treatments.

“I’m one of those believers that everything happens for a reason,” Evans said. “The move brought me to Reno and Saint Mary’s.”

He received five CyberKnife treatments over three weeks in September.

“The team at Saint Mary’s is phenomenal,” Evans said. “Words can’t explain it. They were nice, kind, treated me like they actually cared.”

Now, Evans is an even stronger proponent of the benefits of CyberKnife treatment.

“I would recommend that to anybody,” Evans said. “Especially guys. If you get an early diagnosis of prostate cancer, that’s the place to go.”
The Saint Mary’s Center for Cancer team doesn’t pursue accreditations and accolades for the snazzy certificates or bragging rights.

They do it to test the Center’s protocols and treatments against the rigorous standards set by organizations such as the American College of Surgeons Commission on Cancer, the National Accreditation Program for Breast Centers and the American College of Radiology. When Saint Mary’s Center for Cancer exceeds these standards (as it almost always does), patients receive top-quality care that’s on par or above other major and academic medical centers in the United States.

A 2015 study Saint Mary’s Center for Cancer conducted into the use of hypofractionation to treat breast cancer demonstrates this commitment to exceeding excellence. Hypofractionation is a treatment schedule in which patients receive the total dose of radiation in larger doses and fewer treatments in a shorter timeframe.

“It’s more convenient for patients,” said Dr. Kathleen Legarza, Saint Mary’s Center for Cancer medical director and radiation oncologist. “For patients coming from out of town, they only have to stay three weeks instead of six weeks.”

While studies from Canada and Europe showed that shortening the duration of radiation doesn’t impact the treatment’s effectiveness, a study by the National Cancer Data Base showed that only 11 percent of women with early-stage breast cancer treated in the United States received hypofractionation from 2004-2011. The same National Cancer Data Base study reported that patients who went to academic centers were more likely to receive this shortened treatment schedule.

So, Saint Mary’s Center for Cancer team investigated their track-record to ensure patients received the right treatment for their breast cancer. In 2015, Saint Mary’s Center for Cancer studied 39 breast cancer patients and their treatment. Of those 39, 29 received a hypofractionated schedule. Of the 10 patients who did not receive a shortened radiation schedule, doctors and nurses documented that eight did not fit the criteria to receive hypofractionation.

“At our center, we actually do better than the national average in terms of offering that at our facility,” Dr. Legarza said. “We constantly pay attention to national and international trials and apply the results to our patients.”

Results like these mean that patients can stay close to home, receive treatment at Saint Mary’s Center for Cancer and know that they are receiving the best quality care.

“We’re on par with the academic institutions,” said Dr. Jaime Shuff, a radiation oncologist. “People in our area who have cancer and need treatment don’t need to go away from Reno to receive excellent care,” Shuff said.
To treat the invasive ductal carcinoma in Howard's left breast, doctors performed a partial mastectomy and recommended four rounds of chemotherapy.

Throughout her treatment, Howard relied on her nurse navigator Amy Thompson, RN.

“She was like this ray of sunshine,” Howard said. “In the face of all the ugly and all the hurt and the pain, I knew I could call Amy anytime, and she’d be up and happy and provide me with the information I needed.”

For Thompson, Howard embodies the survivor spirit needed to beat breast cancer.

“She was constantly upbeat and positive,” Thompson said of Howard. “She recognized when she was having bad days, obviously, but she always knew she would get through it.”

The Saint Mary’s Center for Cancer team treated Howard with such care and compassion that Howard said it was almost hard to accept she'd see them less after her final chemotherapy treatment.

“It was like a family,” Howard said. “It was almost hard to leave.”

Three months after her final treatment in July 2016, Howard’s hair is starting to grow back. She runs. She teaches three days a week at Jessie Beck. And, she drives both her children to school.

“It’s about knowing that life is short,” Howard said. “It’s about really appreciating what I do have and thanking God that I’m coming out the other end and feeling stronger.”
# Your Guide to Screenings*

## General Screenings
During your physical exam, your physician may include examinations for cancers of the thyroid, oral cavity, lymph nodes, and other types of cancer depending on your age, sex, family history and other risk factors.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age 18-39</th>
<th>Age 40-79</th>
<th>Age 50-64</th>
<th>Age 65+</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td>Additional exams may be necessary as your health demands.</td>
</tr>
<tr>
<td>Skin Exams</td>
<td>Every Other Year</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td>More frequent exams may be necessary depending on family history and risk factors.</td>
</tr>
</tbody>
</table>

## Breast Cancer Screenings
Women at increased risk of breast cancer should talk to their doctor about the benefits and limitations of adding MRI screening to their yearly mammogram screening.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age 18-39</th>
<th>Age 40-79</th>
<th>Age 50-64</th>
<th>Age 65+</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Exam by Physician</td>
<td>Every 3 years</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Mammogram</td>
<td>Usually not needed</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Automated Breast Ultrasound (ABUS)</td>
<td>Usually not needed</td>
<td>For women with dense breast in conjunction with a mammogram.</td>
<td>For women with dense breast in conjunction with a mammogram.</td>
<td>For women with dense breast in conjunction with a mammogram.</td>
<td></td>
</tr>
</tbody>
</table>

## Cervical Cancer Screening
Of you are over age 30 and have had three or more normal pap tests in a row, talk to your doctor about a revised test schedule. Women with certain risk factors may need to be screened more often; please speak to your physician.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age 18-39</th>
<th>Age 40-79</th>
<th>Age 50-64</th>
<th>Age 65+</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap/Pelvic Exam</td>
<td>Annually, beginning 3 years after a woman begins having vaginal intercourse or by age 21.</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td>Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap tests in the last 10 years may choose to stop having cervical cancer screening.</td>
</tr>
</tbody>
</table>

*American Cancer Society Guidelines for the Early Detection of Cancer; http://www.cancer.org
Colorectal Cancer Screening**
Beginning at age 50 (age 45 for African-Americans), both men and women at average risk of developing colorectal cancer should receive a colonoscopy every 10 years and complete an annual FIT screening. If a colonoscopy is unavailable, you can receive an alternative screening including sigmoidoscopy or CT colonography every five years. If you are at moderate or high risk for colon cancer, talk to your physician about a different screening schedule.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age 18-49</th>
<th>Age 50-75</th>
<th>Age 76-85</th>
<th>Age 86+</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIT (Fecal Immunochemical Test)</td>
<td>Usually not needed</td>
<td>Annually</td>
<td>Routine screenings not needed - consult your physician</td>
<td>Do not screen</td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>Usually not needed</td>
<td>Every 5 years, if colonoscopy is unavailable</td>
<td>Routine screenings not needed - consult your physician</td>
<td>Do not screen</td>
</tr>
<tr>
<td>Computed tomography (CT) colonography</td>
<td>Usually not needed</td>
<td>Every 5 years, if colonoscopy is unavailable</td>
<td>Routine screenings not needed - consult your physician</td>
<td>Do not screen</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Usually not needed</td>
<td>Every 10 years</td>
<td>Routine screenings not needed - consult your physician</td>
<td>Do not screen</td>
</tr>
</tbody>
</table>

Lung Cancer Screening
A national study by the National Cancer Institute (NCI) revealed that a low-dose lung CT is more effective at detecting lung cancer at an earlier and more treatable stage. Call 775-770-3187 to schedule a lung CT and detect your risk of lung cancer.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age 18-39</th>
<th>Age 40-79</th>
<th>Age 50-64</th>
<th>Age 65+</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-dose Lung CT</td>
<td>Usually not needed</td>
<td>Consider if at risk</td>
<td>Consider if at risk</td>
<td>Consider if at risk</td>
<td>Lung cancer CT screening may be considered for those with a history of smoking.</td>
</tr>
</tbody>
</table>

Men’s Cancer Screenings
Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50. Information should be provided to all men about what is known and what is uncertain about the benefits, limitations, and harms of early detection and treatment of prostate cancer so that they can make an informed decision about testing.

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age 18-39</th>
<th>Age 40-79</th>
<th>Age 50-64</th>
<th>Age 65+</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Rectal Exam</td>
<td>Usually not needed</td>
<td>Usually not needed</td>
<td>Annually</td>
<td>Annually</td>
<td>Digital Rectal Exam should begin at age 45 for African American males and those with a family history.</td>
</tr>
<tr>
<td>Prostate PSA</td>
<td>Usually not needed</td>
<td>Usually not needed</td>
<td>Annually</td>
<td>Annually</td>
<td>PSA should begin at age 45 for African American males and those with a family history.</td>
</tr>
<tr>
<td>Testicular Self-Exam</td>
<td>Learn by age 20. Monthly.</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Be sure to follow up with your physician if you have any concerns.</td>
</tr>
</tbody>
</table>

** American College of Gastroenterology Guidelines for Colorectal Cancer Screening 2008
## Cancer Clinical Trials

### Breast

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRG-BR003</td>
<td>Phase III Adjuvant Node (+) or High-Risk Node (-) Triple (-) Invasive Breast</td>
</tr>
<tr>
<td>SWOG S1207</td>
<td>High Risk ER/PR+ and Her2- (Post Adjuvant and Neoadjuvant Therapy)</td>
</tr>
<tr>
<td>EA1131</td>
<td>Adjuvant: Residual Triple Negative (Basal-like)</td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td>Impact of Cancer Rehabilitation a local trial for Breast Cancer patients receiving Radiation at Saint Mary’s</td>
</tr>
<tr>
<td><strong>Alliance A011203</strong></td>
<td>For metastatic disease: Phase II Postmenopausal Women ER+ HER2- <em>Previous AI Treatment Required</em></td>
</tr>
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</table>

### Rectal

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1048 PROSPECT</td>
<td>Locally advanced rectal cancer</td>
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</table>

### Gynecologic

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRG-GY004 (1572)</td>
<td>NEW Phase III, Recurrent Platinum Sensitive Ovarian, Fallopian Tube, or Primary Peritoneal Cancer</td>
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### Hematological

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOG E1910</td>
<td>BCR-ABL-Negative B Lineage ALL</td>
</tr>
</tbody>
</table>

### Head and Neck

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRG-HN002</td>
<td>p16 Oropharyngeal Locoregionally Advanced</td>
</tr>
<tr>
<td>NRG-HN001</td>
<td>Treatment of Stage II-IVB Nasopharyngeal Carcinoma for Patients with Detectable EBV DNA (Epstein Barr Virus)</td>
</tr>
<tr>
<td>RTOG 0920</td>
<td>Advanced Resected Head and Neck Cancer</td>
</tr>
</tbody>
</table>

### Brain

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRG BN-001</td>
<td>Newly Diagnosed Glioblastoma</td>
</tr>
<tr>
<td>NCCTG N0577</td>
<td>1p/19q Co-Deleted Anaplastic Glioma or Low Grade Glioma</td>
</tr>
</tbody>
</table>

### Lung

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS1400 LUNGMAP</td>
<td>Phase II/III 2nd Line Squamous Cell Master Protocol</td>
</tr>
<tr>
<td>ALCHEMIST Trials</td>
<td>Completely Resected IB, II or IIIA Squamous or Non Squamous NSCL</td>
</tr>
<tr>
<td>S1507</td>
<td>Stage IV or recurrent KRAS+ NSCLC</td>
</tr>
<tr>
<td>CALGB 30610</td>
<td>Small Cell: 1st Line, Limited Stage Disease</td>
</tr>
<tr>
<td>CT Lung Screenings</td>
<td>Developing blood tests to detect lung cancer</td>
</tr>
</tbody>
</table>

### Melanoma

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOG EA6141</td>
<td>Unresectable Stage III or Stage IV Melanoma</td>
</tr>
<tr>
<td>ECOG EA6134</td>
<td>Advanced BRAFV600 Mutant Melanoma</td>
</tr>
</tbody>
</table>

### Myeloma

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ECOG E3A06</td>
<td>Asymptomatic High-Risk Smoldering Multiple Myeloma</td>
</tr>
<tr>
<td>E1A11</td>
<td>Newly diagnosed, symptomatic Multiple Myeloma</td>
</tr>
</tbody>
</table>

### Solid Tumors / Lymphoma

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOG EAY131 MATCH</td>
<td>Targeted Therapy - Molecular Analysis for Therapy Choice (MATCH) (Solid tumor or Lymphoma with tissue available)</td>
</tr>
</tbody>
</table>

### Renal / Bladder / Prostate

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOG E2810</td>
<td>RENAL - Metastatic RCC for Patients with NED following Metastatectomy</td>
</tr>
<tr>
<td>SWOG S1500 PAPMET</td>
<td>RENAL – Metastatic Papillary Renal Carcinoma</td>
</tr>
<tr>
<td>SWOG S1216</td>
<td>PROSTATE - Newly Diagnosed Metastatic Hormone Sensitive - PSA ≥ 2 ng/mL</td>
</tr>
<tr>
<td>SWOG S1314</td>
<td>BLADDER - Neoadjuvant Chemo for Localized Muscle-Invasive Bladder Cancer</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Description</th>
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<td>NCI 9671 (CC)</td>
<td>Molecular Profiling of Exceptional Responders Cancer Tumors</td>
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Supported Foundations & Organizations
- American Cancer Society
- American Lung Association
- Each One Tell One
- Immunize Nevada
- Moms on the Run
- Nevada Colon Cancer Partnership
- Nevada Cancer Coalition
- Nevada Health Centers Mammovan
- Susan G. Komen

Educational Programs & Support Groups
- All Cancer Support Group
- Breast Cancer Screening & Education Events
- Cancer Rehabilitation Program
- Empower Your Journey Survivorship Series
- Gerlach Senior Health Fair and Family Health Festival Educational programs
- Lung Cancer Community Education Event
- Neoadjuvant Therapy for Locally Advanced Breast Cancers Presentation
- On with Life Breast Cancer Support Group
- Tears and Rainbows Grief Support Group

Treatment & Prevention Programs
- Automated Breast Ultrasound Screening
- Colon Cancer FIT Screening
- CT Lung Screening
- Gives Kids a Boost Back to School Health & Safety Fair
- Mammography Cancer Screening
- Melanoma Screening
- Radon Prevention & Education Event
As the Saint Mary’s Center for Cancer team looks toward 2017, doctors, nurses and administrators want to help more patients before and after a cancer diagnosis.

The first step to successfully fighting cancer is catching it early, so in the upcoming year, the Center for Cancer team hopes to create community-wide programs to help early detection efforts for breast and lung cancer.

In 2013 the Nevada Legislature passed a bill that requires doctors to tell women if their breast screen shows dense breast tissue. What that law didn’t account for is what women and physicians should do with that information. Then in early 2016, the U.S. Preventive Services Task Force’s began recommending women ages 50-74 get a mammogram every two years. At the same time, the American College of Radiology and Society of Breast Imaging recommend women should get a yearly mammography starting at age 40.

“It’s conflicting and confusing information,” said Dr. Kathleen Legarza, Saint Mary’s Center for Cancer medical director. “We want to help patients understand the information they’re being given and help primary care physicians order the right cancer screening tests based on each patient’s individual risk factors.”

To achieve that goal, the Center for Cancer team is developing a community-wide protocol to ensure every patient and primary care physician sees the same information in the same context.

“It will help the practitioners decide who needs more imaging and who needs less imaging,” Dr. Legarza said.

While breast cancer is the No. 1 cause of cancer-related death for women in Nevada, lung cancer is the leading cause of cancer death among men and women both in the state and nationwide. If doctors can find lung cancer in its early stages, there is a better chance that the patient will survive.

Despite these statistics and affordable lung screenings offered by Saint Mary’s Center for Cancer, there aren’t as many patients receiving these tests as doctors would hope.

“We just don’t see as many patients as we would expect screened, which means that we’re missing people,” Dr. Legarza said.

To help more people get lung cancer screenings earlier, the Center for Cancer is working with primary care physicians to identify patients with risk factors more easily.

“‘Its education for the primary care providers and patients,’” said Dr. Jaime Shuff, a radiation oncologist. “‘We’re working on a way to streamline screening for the primary care physicians since they are the frontline of care.’”

On the other side of a cancer diagnosis is rehabilitation. In 2017, the Center for Cancer team wants to develop its partnership with the Saint Mary’s Fitness Center into a national pilot program for other facilities.

“There are a lot of cancer centers that don’t have what we have with our fitness program right across the way from us,” Dr. Legarza said.

Creating a pilot program begins with research. The Center for Cancer team is studying patients who go through the rehabilitation program to find scientific measurements of benefits.

“We know there’s a benefit because all the patients love it,” Dr. Shuff said. “But we must prove it scientifically to become a model for other institutions that want to offer a similar program to patients.”

For both early detection and rehabilitation, the Center for Cancer would like to help as many people as possible.

“‘Truly, we want this for the community,’” Dr. Legarza said. “‘That’s always our goal. To do the most good for the most people.’
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SaintMarysReno.com/Cancer
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- ABUS for Dense Breast

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