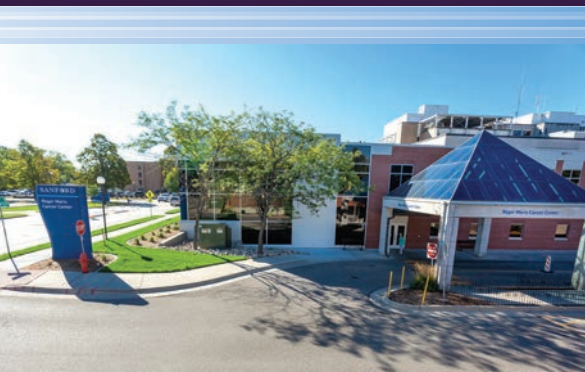




# 2017 Fargo Cancer Committee Annual Report

**SANFORD<sup>®</sup>**  
**ROGER MARIS  
CANCER CENTER**



## Roger Maris Cancer Center

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## 2017 Sanford Medical Center Cancer Committee

### **Mark Gitau, MD**

Cancer Committee Chair and Cancer  
Conference Coordinator

### **Dan Mickelson, MD**

Diagnostic Radiologist

### **Julie Lessard, MD**

Pathologist

### **Daniel Tuvin, MD**

General Surgeon and Cancer Liaison Physician

### **Miran Blanchard, MD**

Radiation Oncologist

### **John Leitch, MD**

Medical Oncologist

### **Anu Gaba, MD**

Medical Oncologist and Service Chair

### **Kathy Hanish, MSN, RN**

Cancer Program Administrator

### **Amy Arel, BSN, RN, OCN**

Oncology Nurse, Director of Clinic  
Operations, Medical Oncology, Pediatric  
Oncology and Breast Clinic

### **Linda Cariveau, RN**

Oncology Nurse, Manager 7 South

### **Jake Byers, LCSW, MSW**

Social Worker/Case Manager

### **Jennifer Monsebroten, CTR**

Certified Tumor Registrar (CTR) and  
Cancer Registry Quality Coordinator

### **Rebecca Nelson, CTR**

Certified Tumor Registrar (CTR) and  
Cancer Registry Quality Coordinator

### **Tansy Wells, MPH**

Quality Management Representative and  
Quality Improvement Coordinator

### **Cheryl Hysjulien, RN, PsyD**

Psychiatric/Mental Health Professional  
and Psychosocial Services Coordinator

### **Lauryn LaPoint, MS, LCGC**

Genetic Professional/Counselor

### **Melissa Burgard, MSW, CCRC**

Clinical Research Representative and  
Clinical Research Coordinator

### **Theresa Behrens, BAN, RN CHPN**

Palliative Care Team Member

### **Mary Sahl, BSN, RN, OCN**

Community Outreach Coordinator

### **Barbara Sherburne, MS, RN, OCN**

Manager, RN Programs: Oncology  
Education, Registry and Programs

### **Andrea Kaster, MD**

Primary Care Physician

### **Dennis Schmeets, BS, RT (R) (T), CMD, MBA**

Director of Radiation Oncology

### **Martha Guthmiller, DNP, MS, RN, NEA-BC**

Director of Clinic Operations, Infusion  
Therapy Center and Nurse Navigation

### **Eric Fetner, MD**

AD HOC for Surgery

### **Samuel Anim, MD**

AD HOC for Pediatric Oncology issues

### **Nathan Kobrinsky, MD**

AD HOC for Pediatric Oncology issues

### **Theodore Sawchuk, MD**

AD HOC for Urologic Oncology issues

### **Andrew Terrell, MD**

AD HOC Head and Neck surgery

### **Sara Anderson**

AD HOC American Cancer Society Representative

### **Terri Hedman, MSSL, BSN, RN, OCN**

Clinical Educator, Sanford Health  
Office of Academic Affairs

### **Amber Keszler**

Recording Secretary

# Roger Maris Cancer Center annual report year in review

Thank you for taking the time to read this year's edition of the Roger Maris Cancer Center annual report. The report gives us the opportunity to highlight our cancer services and the impact we've made in the communities we serve.

This year, our focus is on breast cancer. In 2016, there were 324 total tumors of which 52 were Stage 0 cases, 144 were Stage I cases, 89 were Stage II cases, 25 were Stage III cases and 13 were Stage IV cases (one case was of an unknown stage).

Depending on the tumor histology, there are various treatment options, including immunotherapy, chemotherapy/systemic therapy, radiation and surgery. These various treatment options can be employed in a multidisciplinary approach with curative or palliative goals. Comprehensive multidisciplinary care also includes services/programs including plastic and reconstructive surgery, genetic counseling, physical therapy, lymphedema program, breast cancer survivorship program, psycho-oncology, integrative health program and nutrition.

The Roger Maris Cancer Center is a National Accreditation Program for Breast Centers (NAPBC) certified breast cancer program. The NAPBC represents a consortium of national, professional organizations dedicated to improving quality of care and monitoring outcomes of patients with diseases of the breast.

Roger Maris is also part of the Edith Sanford Breast Center initiative. The Edith Sanford Breast Center provides comprehensive care for every

woman from screening, treatment and survivorship to breast cancer research. It is recognized as a Certified Quality Breast Center of Excellence through the National Consortium of Breast Centers (NQMBC). Patients have access to comprehensive care through programs such as the Athena network, clinical trials and genomic research.

There are weekly multidisciplinary breast cancer clinics attended by general surgery, medical oncology, radiation oncology, clinical research nurses and patient navigators. There is a weekly multidisciplinary breast cancer tumor board conference, which is usually attended by surgery, radiology, pathology, medical oncology and radiation oncology.

The Cancer Committee works with the Breast Cancer Oversight Committee to identify areas that may benefit from improvements, so as to continue and maintain quality services provided to our patients and their families. The Breast Cancer Oversight Committee meets monthly to ensure we are meeting our goal for the best experience and care for our patients. The physicians and other staff constantly keep up with new developments in the medical field through their attendance at conferences, online education and on-site education.

The Cancer Committee continues to strive to provide quality comprehensive cancer care programs for our patients and their families, always integrating new, multidisciplinary and advanced approaches. We are thankful for the opportunity to care for people in our community and beyond.



**Mark Gitau, MD**  
Cancer Committee  
Chair and Cancer  
Conference Coordinator

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# Roger Maris Cancer Center medical staff



Abdallah Abou Zahr, MD  
Medical Oncology/  
Hematology



Ammar Alzoubi, MD  
Medical Oncology/  
Hematology



Samuel Anim, MD  
Pediatric Oncology/  
Hematology



Robert Arusell, MD  
Radiation Oncology



Dennis Bier, MD  
Radiation Oncology



Miran Blanchard, MD  
Radiation Oncology



Melanie Chihak, DO  
Pediatric Oncology



Ethan Foster, MD  
Radiation Oncology



Anu Gaba, MD  
Medical Oncology/  
Hematology



Louis Geeraerts, MD  
Medical Oncology/  
Hematology



Mark Gitau, MD  
Medical Oncology/  
Hematology/  
Palliative Care



Gerald Gross, MD  
Medical Oncology/  
Hematology



Mahendra Gupta, MD  
Medical Oncology/  
Hematology



Ash Jensen, MD  
Radiation Oncology



Nathan Kobrinsky, MD  
Pediatric  
Oncology/Hematology



John Leitch, MD  
Medical Oncology/  
Hematology/  
Palliative Care



Ralph Levitt, MD  
Medical Oncology/  
Hematology



Pamela McGrann,  
MD Medical Genetics



Amit Panwalkar, MD  
Medical Oncology/  
Hematology



Howard Russell, MD  
Medical Oncology/  
Hematology



Denise Snow, MD  
Medical Oncology/  
Hematology



Preston Steen, MD  
Medical Oncology/  
Hematology/  
Palliative Care



Shelby Terstriep, MD  
Medical Oncology/  
Hematology/  
Palliative Care



Matthew Tinguely, MD  
Medical Oncology/  
Hematology



Radhakrishna  
Vegunta, MD  
Medical Oncology/  
Hematology



Cheryl Hysjulien,  
PsyD  
Clinical Psychology



Jana Suder, DNP,  
NP-C Hemophilia/  
Thrombophilia



Carrie Pfaff, FNP-C  
Medical Oncology/  
Hematology



Susan Hofland,  
FNP-C Medical  
Oncology/Hematology



Lori Wolf, FNP-C  
Medical Oncology/  
Hematology



Sharri Lacher, CNS  
Medical Oncology/  
Lung Nodule Clinic



John Roll, CNS  
Medical Oncology/  
Hematology

## Roger Maris Cancer Center additional breast services medical staff



Michael Bouton, MD  
Breast Cancer Surgery



Jimmy Chim, MD  
Plastic Surgery



Allison Clapp, MD  
Radiology



Andrea Kaster, MD  
Family Medicine



Jeffrey Keim, MD  
Plastic Surgery



Gary Kubalak, MD  
General Surgery



Janelle Sanda, MD  
Internal Medicine



Daniel Tuvin, MD  
Surgical Oncology



Dagny Oliver,  
APRN, CNM

## Proven quality

Roger Maris Cancer Center has a number of accreditations. Accreditation is a voluntary process in which outside reviewers closely examine our program and our results. If we meet or exceed specific standards, we receive the stamp of approval. For patient and families, accreditation is an important measure of quality.

- Accreditation of Sanford Medical Center by The Joint Commission (TJC)
- The accreditation of Sanford Medical Center by the American College of Surgeon's Commission on Cancer. The most recent accreditation in April 2015 was awarded at the Silver Commendation level. In 2017, we celebrated 77 years of continuous accreditation, reflecting a long history of quality care.
- Accreditation by the National Accreditation Program for Breast Centers (NAPBC) through the American College of Surgeons
- Accreditation by the American College of Radiology
- Edith Sanford Breast Health Comprehensive Center (Fargo) recognized as a Certified Quality Breast Center of Excellence through the National Consortium of Breast Centers. (NQMBC)
- Breast Imaging Center of Excellence (BICOE) through the American College of Radiology
- Advance Care Certification by TJC for Palliative Care Services
- Certification by the Quality Oncology Practice Initiative (QOPI) through the American Society of Clinical Oncology



# Team of experts

- 14 Medical Oncologists/Hematologists
- 4 Radiation Oncologists
- 3 Pediatric Oncologists
- 6 Palliative Care Board Certified Physicians
- 1 Oncology Clinical Psychologist
- 1 Senior Behavioral Health Counsellor
- 1 Medical Geneticist
- 2 Genetic Counselors
- 2 Clinical Nurse Specialists
- 4 Nurse Practitioners
- 13 Oncology Nurse Navigators
- 213 Nurses (199 RNs and 14 LPNs)
- 65 Nurses trained in Chemotherapy
- 53 Nurses with specialty certifications:
  - 44 Oncology Certified Nurses (OCN);
  - 3 Certified Pediatric Hematology and Oncology Nurses (CPHON), 1 Certified Breast Patient Navigators in Imaging and Cancer (CBPN-IC),
  - 2 Certified Hospice and Palliative Care Nurses (CHPN); 3 nurses with Medical Surgical Nursing Certification (RN-BC and MS-BC)
- 8 Pharmacists
- 8 Pharmacy Technicians
- 3 Pharmacy Interns
- 1 Pharmacy Patient Access Specialist
- 13 Radiation Therapists
- 4 Radiation Oncology Medical Physicists
- 4 Medical Dosimetrists
- 1 Dosimetry Assistant
- 3 Radiation Simulation Therapists
- 2 Social Workers
- 7 Cancer Registrars
- 3 Massage Therapists
- 1 Art Specialist
- 1 Integrative Care Educator
- At least 96 additional staff in administrative, office and supportive care roles.

# Expertise

- Comprehensive care
- 25-bed inpatient oncology unit
- 12-bed palliative care unit
- Infusion Center
- Hemophilia/thrombosis care
- Point of care testing lab
- Pharmacy
- Nutrition services
- Psycho-oncology services
- Spiritual Care
- Financial services
- Massage therapy
- Art specialist
- Integrative care
- Cancer survivorship
- Patient and family education
- Clinical Research
- Bedside palliative care program
- Cancer Registry

# Honoring Carol

## One family's journey to remember and pay it forward

Triple-negative metastatic breast cancer. That was the diagnosis given to Carol Prien. It was her second battle with cancer in five years, but this one was different.

“When we found out that there really was no cure, our mindset changed and the care team at Roger Maris Cancer Center (RMCC) really became more important,” Carol’s daughter Jenna Meyers explains. “They’re filled with hope, but they are honest. And even within that honesty, I never felt defeated.”

After 14 months of highs and lows, Carol passed away in June 2017. For Jenna and Carol’s significant other, Roger Larson, not a day goes by where they’re not doing something to honor her.

“I feel like I need to do something bigger because I lost her. She was too important in my life to just lose her and move on from that,” says Jenna. “There’s more that needs to come from it, because she deserves it.”

### Sharing Carol’s Story

Early on, Jenna wanted to share her mother’s cancer journey and her journey alongside her as a caregiver, so she started the Grape Tootsie Pop Blog.

“I felt this longing to write about it because from a caregiver standpoint, I felt so alone; like no one got it,” Jenna says.

The blog is about grief after losing Carol and also focuses on educating readers about

metastatic breast cancer and speaking out about the difficulties of knowing and loving someone who is fighting cancer.

“Maybe you love somebody who is going through cancer treatment and you’re scared,” Jenna says. “You don’t have to feel ashamed for feeling that way because I felt it too.”

### Valet Service with Heart

Throughout Carol’s treatment, Roger guesses they visited RMCC close to 100 times. As a result, they had a lot of interaction with the valets who park patients’ cars.

“At one of those visits, when we were sitting in the waiting room, Carol said to me, ‘You know, that’s what you should do. That’s something that would be perfect for you,’” Roger says.

The next day there was an opening for a part-time valet position and with Carol’s encouragement, Roger applied and was hired shortly thereafter. And, as fate would have it, Roger’s first day was exactly a month after Carol’s passing.

“A lot of people asked how I was going to be able to do it, if it was going to bring up too many memories,” Roger says. “But I think my experience makes me a better valet. I absolutely love it. It’s therapy for me.”

And while he’s helping others, he remembers Carol.



“I can tell you that I see a little bit of Carol in everyone who walks through the door,” Roger says. “Whether it’s their courage or their strength or their hope or their smile, I’m getting to experience little bits of her every day.”





# Primary cancer site distribution

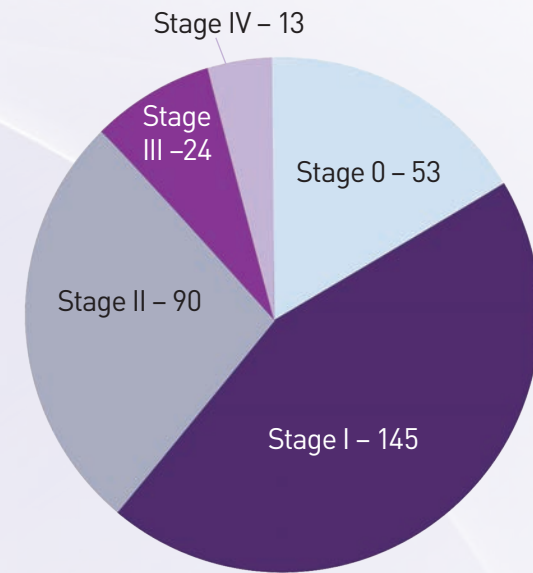
Site	2016	Male	Female	2015	Male	Female
Breast	325	0	325	346	2	344
Lung and bronchus	221	116	105	213	115	98
Prostate	202	202	0	266	266	0
Melanoma, skin	143	77	66	157	87	70
Kidney	106	74	32	72	34	38
Colon	103	52	51	101	60	41
Bladder	96	76	20	87	71	16
Thyroid	96	22	74	99	24	75
Lymphoma						
Non-Hodgkin	77	42	35	65	35	30
Hodgkin	15	9	6	8	2	6
Leukemia						
Lymphocytic						
ALL	10	5	5	8	3	5
CLL	30	19	11	26	17	9
Myeloid						
AML	18	10	8	31	16	15
CML	12	7	5	9	3	6
Other leukemias	5	3	2	7	4	3
Oral cavity/pharynx	84	63	21	55	29	26
Pancreas	74	41	33	70	41	29
Other CNS	73	29	44	66	20	46

Site	2016	Male	Female	2015	Male	Female
Uterus	65	0	65	45	0	45
Rectum/rectosigmoid	55	34	21	57	35	22
Multiple myeloma	41	22	19	35	16	19
Brain	38	21	17	52	24	28
Benign pituitary	37	18	19	31	13	18
Stomach	28	20	8	30	17	13
Liver/IBD	21	18	3	25	17	8
Ovary	20	0	20	15	0	15
Esophagus	19	13	6	13	10	3
Testis	14	14	0	13	13	0
Larynx	11	10	1	4	4	0
Soft tissue	11	7	4	12	9	3
Gallbladder/other biliary	10	8	2	15	8	7
Cervix	9	0	9	3	0	3
Small intestine	9	6	3	9	6	3
Anus	7	3	4	8	4	4
Ureter/other urinary organs	6	6	0	3	3	0
Vulva	5	0	5	7	0	7
Penis	2	2	0	5	5	0
Other sites	75	35	40	88	47	41

Site	2016	Male	Female	2015	Male	Female
<b>Total</b>	<b>2,173</b>	<b>1,084</b>	<b>1,089</b>	<b>2,156</b>	<b>1,060</b>	<b>1,096</b>

## Fargo 2016 breast cases by stage

Primary Site	Stage 0	Stage I	Stage II	Stage III	Stage IV	Total
Breast	53	145	90	24	13	325



## Breast quality measures

Measure Description	CoC Standard	2013	2014	2015
Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)	90%	98.50%	98.80%	96.90%
Tamoxifen, or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis of breast cancer with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)	90%	99%	98%	97.60%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with four or more positive regional nodes (Accountability)	90%	100%	100%	100%
Image or palpation guided needle biopsy to the primary site is performed to establish a diagnosis of breast cancer (Quality Improvement)	80%	96.90%	99.50%	100%
Breast conservation surgery rate for women with AJCC clinical Stage 0, I or II breast cancer (Surveillance)	N/A	73%	75.10%	76.30%
Combination chemotherapy is recommended or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0 or stage IB-III, hormone receptor negative breast cancer (Accountability)	N/A	100%	100%	100%

# Teaming up against breast cancer

Cancer treatment is a complex process that can be overwhelming for patients. The process requires a multidisciplinary approach for the evaluation, treatment, support and follow-up of people with all types of cancers, including breast cancer.

For a number of years, Roger Maris Cancer Center (RMCC) has been on the forefront in the coordination of the multidisciplinary evaluation of patients who are newly diagnosed with breast cancer. Appointments with specialty physicians are coordinated on the same day when it's possible. This multidisciplinary cancer team approach has been enhanced with the development of a multidisciplinary cancer clinic. The clinic allows patients to meet with a medical oncologist, radiation oncologist and a breast surgeon in one location. Physicians who are integral to the cancer journey meet with the patient all within the span of just a few hours. Patients can also meet with a social worker or financial advocate.

“Women don’t have to worry about navigating the health care system, where to go and when to be there. They have all their appointments coordinated for them,” explains Nancy Anderson, breast health specialist. “We try to give them all those resources up front so they’re not sitting there wondering what to do.”

In most cases, a patient meets with every member of her cancer care team before the treatment plan is created. The involvement of surgeons, oncologists, breast radiologists,

pathologists, nurse navigators, genetic counselors, therapists, psychosocial practitioners, financial advocates and nurses helps to determine the best plan and treatment for each patient.

It’s also an opportunity for each specialist to see the patient and then discuss the case with other members of the team while they’re all in the same building.

“This approach is a benefit to the patient and it’s a benefit to the doctors,” Anderson says.

## Nurse navigators pave the way

Nurse navigators are often the first people to connect with a patient after they have learned of their diagnosis. A nurse navigator serves as the primary contact for the patient until they are able to establish care with their cancer care team as well as an ongoing resource to answer questions.

“A lot of times when someone is told they have cancer, they become instantly overwhelmed. Sometimes they shut down and don’t really hear the rest of the conversation,” says Andrea Mell, nurse navigator. “I am able to help answer questions, provide general education on their cancer diagnosis and treatment, arrange consultations with their cancer care team and help identify any potential barriers that might affect or delay their care.”

The ultimate goal of a nurse navigator is to help guide the patients and their caregivers through the shared decision-making process, to provide information to help the patient feel

empowered and to help the patient become an active member of the treatment team.

“Patients are instantly thrown into one of the scariest experiences of their life, and it’s reassuring for them to know they have a team of people who are going to help them get through this,” says Mell. “There are resources. They are not alone.”

## Breast Conference and Multidisciplinary Clinic Conference

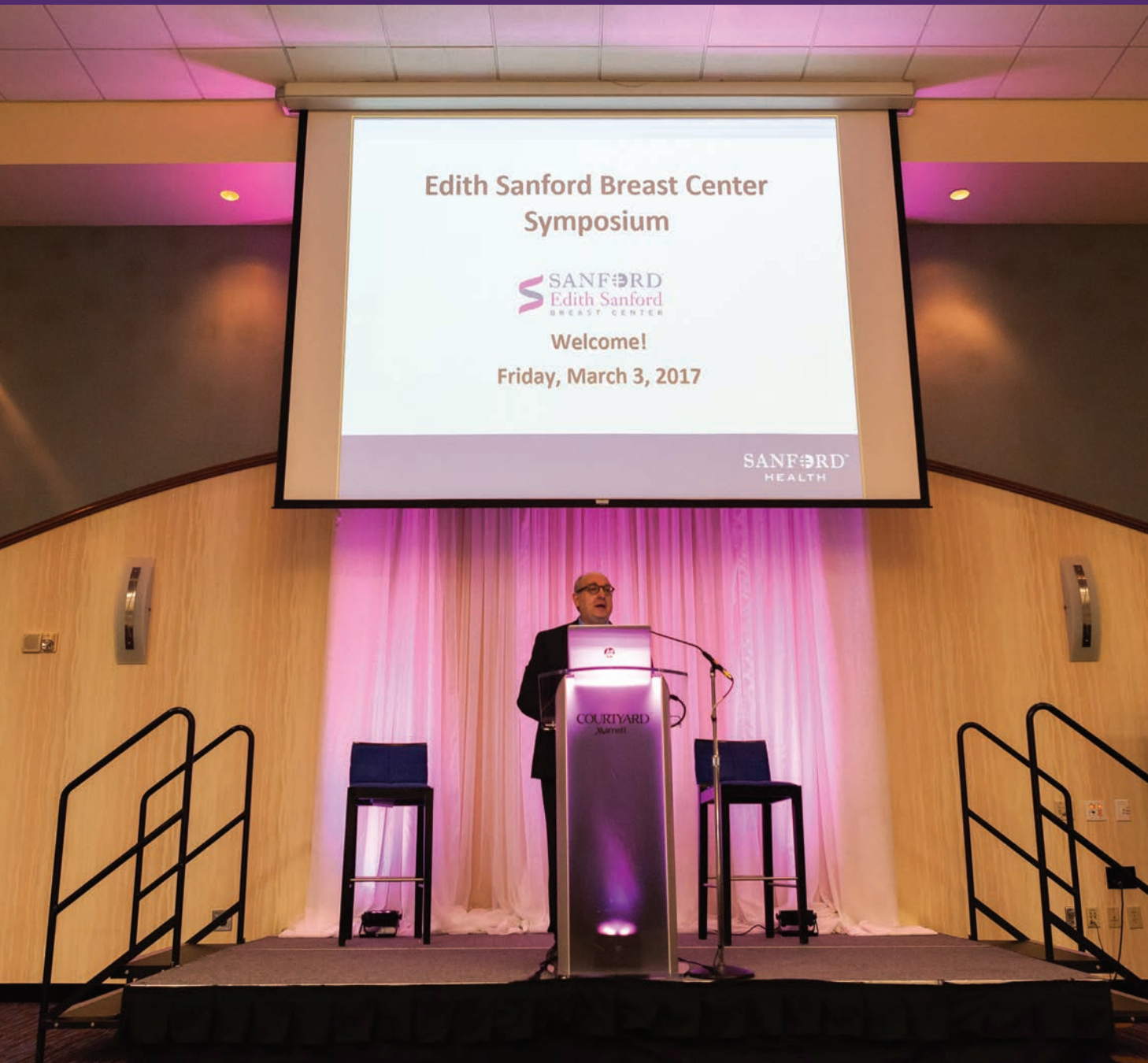
Because of the size of the program at RMCC, a weekly breast cancer case conference is held to review cases and plan treatment. Specialists from each area attend, including nursing, research, genetics, radiology, pathology, surgery, medical oncology and radiation oncology.

Each patient case is presented and the team reviews their images and pathology, discusses recommendations and finds agreement among the team about the best course of treatment.

“This ensures we’re getting input from the most people possible to formulate and carry out breast cancer diagnosis and treatments,” explains Michael Bouton, MD, general surgeon specializing in the treatment of breast diseases.

The multidisciplinary structure keeps communication lines open so patients get quality, timely care.

“It helps make sure all of their providers are speaking the same language and communicating with one another,” Mell says.



*Sanford Fargo hosted the 2017 Edith Sanford Breast Center Symposium which brought together breast specialists from across the region.*

“The patients know what their treatment roadmap looks like and it takes a little bit of the unknown out of the equation so they can feel more confident.”

## A standard for consistent care

The Breast Services Oversight Committee (BSOC) continuously monitors the Roger Maris Cancer Center multidisciplinary breast care to ensure state-of-the-art care and quality patient experiences.

The committee represents all the practitioners involved in breast health at any level. It meets monthly to monitor program outcomes, research, new treatment options, patient access, patient experiences and any other areas of patient impact.

Another oversight committee is the Edith Sanford Breast Health Advisory Group. This is made up of physicians and administrators from across the Sanford Health system to oversee the breast program and ensure consistent care.

“With both internal evaluation and oversight, as well as periodic outside evaluation of our program, we are continuously at the forefront of breast cancer care,” says Dr. Bouton. “It is our personal commitment to always provide the best patient experience and cancer outcome possible.”

# Prevention study focuses on community need

## The impact of obesity on breast cancer

Each year, the Cancer Committee at Roger Maris Cancer Center (RMCC) organizes a cancer prevention program aimed at finding ways to prevent and reduce the incidence of a specific cancer type in the local community.

This year's prevention program focuses on obesity, a factor that is known to increase the risk of breast cancer in post-menopausal women. Breast cancer has the highest cancer incidence rate for women in the Fargo cancer registry and the obesity rate is above the national average in both Cass and Clay counties (according to the 2016 Community Needs Assessment).

This group is led by outreach coordinator and primary investigator Mary Sahl and includes a breast health specialist, a dietitian, the leader of the Sanford Fit program, integrative health, cancer survivorship and IT. Together, they developed a healthy living education program targeted at post-menopausal women with a BMI greater than 30 who are already at high risk for breast cancer.

“We looked at factors that promote unhealthy eating habits as intervention points that we could educate these women about,” Sahl explains. “We want to increase their knowledge so they can start thinking about some of the lifestyle choices they make on a daily basis.”

Women enrolled in the Athena program who met the criteria were invited to participate in this research program, which consisted of a six-week series of short educational modules

delivered to patients electronically. The six topics include:

- Mindfulness in eating – Explains the benefits of taking the time to pause before eating and give thanks as well as paying attention while eating and stopping when 80 percent full.
- Grocery tour – Follows dietitians on a tour of the grocery store while they look at labels to examine the healthy and unhealthy elements in foods.
- Importance of hydration – Highlights the importance of drinking eight glasses of water a day to stay properly hydrated, and also decreasing daily calorie intake.
- A walking challenge – Focuses on the many physical benefits of walking and how it can provide a sense of wellness and curb hunger.

- Importance of adequate sleep – Emphasizes the recommended amount of sleep and how a sleep-deprived brain can miscue hunger.

- Mood effects on eating – Highlights the effects of a down, depressed or defeated mood on eating.

There are pre- and post-tests given via SurveyMonkey with each individual module, and overall before and after the program.

This is the first prevention program where the educational information is presented to patients via their smart phones or computers. It will reveal how well patients use the digital material and if they see lasting benefits from it.

There are currently 15 people enrolled in the program, which concludes on December 21, 2017.



# Handling the high risks of breast cancer

## Edith Sanford Breast Specialty Clinic

The fight against breast cancer begins with empowering people to be proactive about their breast health. The experts at the Breast Specialty Clinic are on the front lines of this fight, using education, imaging, screenings, genetic evaluations and risk-reducing medications to help women at an increased risk of developing breast cancer.

“This high risk screening continues to evolve, but any woman whose lifetime risk of breast cancer is greater than 20 to 25 percent qualifies for additional screening,” explains Andrea Kaster, MD, family medicine physician specializing in breast health.

Patients come to the Breast Specialty Clinic for a range of reasons including a personal or family history of breast cancer, dense breast tissue, a known genetic mutation, previous

biopsies that have shown higher-risk tissue or other physical signs, such as changing breast lumps, nipple discharge or abnormal mammogram results.

A multidisciplinary team, which may include primary care providers, oncologists, radiologists, general surgeons and genetic counselors, collaborates to provide a comprehensive screening plan that involves as little stress as possible for the patient.

“Even if you feel like everything’s normal, it can be very stressful to get that mammogram every year,” says Dr. Kaster. “Most women know that regardless of family history, one in eight women get breast cancer in their lifetime.”

Screening recommendations vary for each patient. Depending on hereditary risk,

patients can start screenings early and have them more frequently. Clinical breast exams are typically performed once a year, or twice a year for women at elevated risk, paired with a yearly mammogram and other breast imaging.

To help women learn more about their risk for breast cancer, Sanford has partnered with the Athena Breast Health Network. When scheduled for a mammogram, women can complete an online questionnaire that identifies personalized breast cancer risk factors. Women whose results show some high risk factors are contacted by a breast health specialist, who will discuss ways to reduce their risk, cancer screening options and genetic risk assessment.

Patients are also encouraged to make healthy lifestyle choices to reduce their breast cancer risk. Recommendations include limiting alcoholic drinks, getting at least 150 minutes of moderate activity per week and maintaining a healthy body weight, especially after menopause.

Additionally, if a patient is a good candidate for it, a risk-reducing medication like Tamoxifen can be used to reduce their breast cancer risk by up to 50 percent if it's taken for five years.

Paired with additional screenings and care at the Breast Specialty Clinic, these extra steps can produce huge benefits for patients being proactive in their fight for better breast health.



# Learning more to lower risk

## Cancer Risk Assessment Clinic

Risk. It's at the top of mind for many patients and for their physicians. "What is my risk for developing cancer and how do I lower it?"

More than 10 years ago, the Cancer Risk Assessment Clinic at the Roger Maris Cancer Center (RMCC) started helping patients answer those questions. By meeting with an expert in genetics, patients can receive a more in-depth look at their personal and family history, and if a genetic condition might be a factor in their risk for developing cancer.

"Gene mutations cause five to 10 percent of most types of cancer," says Pamela McGrann, MD, medical geneticist at RMCC. "This knowledge is a powerful tool. If a cancer-causing gene mutation is identified in a patient, this may help with treatment choices and screening for other cancers in them and other family members who have the same gene mutation."

In 2016, the Cancer Risk Assessment Clinic saw more than 500 new patients, and the majority of them were due to a risk for breast cancer. The genetic team can meet with a single individual or with families.

"During the appointment, we review your family health history and discuss options for testing," explains Dr. McGrann. "If the patient decides to pursue testing, results can take about four weeks. Once results arrive, the patient and the genetic expert will go over the results and what they mean for future screenings and treatment options in detail.

If a patient is found to have a mutation in a cancer-causing gene, they can be enrolled in the Hereditary Cancer Clinic. This clinic evaluates and coordinates screening for patients who have cancer gene mutations.

Patients who are tested and found to carry a mutation in a hereditary breast cancer gene are known to have a significantly elevated lifetime risk for breast cancer. These people are often referred to the Breast Specialty Clinic for regular clinical breast examinations, as well as regular

breast imaging that consists of annual mammography and annual breast MRI. Some may have counseling regarding preventative surgery. Many of these cancer-causing gene mutations pose an elevated risk for multiple cancer types. Therefore, having centralized care and the expertise of the Hereditary Cancer Clinic can help individuals and families navigate the complicated process of frequent cancer screening protocols in different specialties. Research has shown that specialized screening is saving lives in these patients.





# Tailored options for individualized breast screening

## Breast radiology and pathology

Every aspect of medicine is becoming more and more personalized; using a patient's own DNA or preferences or situation in order to deliver the most accurate care possible. The same can be said for breast cancer screening. One size fits all doesn't cut it anymore. Enter the team of radiologists and pathologists at Edith Sanford Breast Center (ESBC). With a number of screening and diagnostics tools available, the team can perform the right test for every woman.

“One group of women who need special consideration while having their annual mammograms are those with dense breast tissue,” explains Alison Clapp, MD, radiologist at ESBC. “More than 50 percent of women in their 40s have dense breast tissue, which means their breasts have more fibrous, supportive tissue than fatty tissue. This supportive tissue decreases the ability of mammography to detect breast cancer by obscuring the visibility of abnormal tissue. It also mildly increases the overall risk of breast cancer in a person. However, the density of breast tissue is something that can change over time and will typically decrease with age.”



A patient is also considered at high risk for breast cancer if her lifetime risk is greater than 20 percent. A woman's lifetime risk can be determined using multiple different risk assessments done by a genetic counselor.

These women can benefit from a screening beyond the standard 2D mammography. A few of the options available include tomosynthesis (3D) mammography, whole breast ultrasound, magnetic resonance imaging (MRI), molecular breast imaging and contrast enhanced mammography.

Working with her primary care physician and her care team, a personalized screening protocol is put in place. This could include yearly breast MRIs in addition to a yearly mammographic screening. The breast MRI and mammogram are typically performed at alternating six month intervals.

“If a woman has an abnormality on her screening mammogram, she will typically undergo diagnostic imaging which can include additional mammographic images and ultrasound,” states Dr. Clapp. “If the abnormality persists in the additional imaging and is concerning to the radiologist, a biopsy is recommended typically using an ultrasound or mammogram to perform the biopsy, which is then looked at by the pathologist who provides a diagnosis.”

Most biopsies performed are not cancerous. However, if a patient's biopsy is found to be cancer, the radiologist, along with other care team members, will help the patient understand her options and provide her with the best course for her specifically. A cancer nurse navigator will contact the patient to help arrange appointments and answer any further questions for the patient. Having these options helps the team at Sanford Health personalize care and help the patient take an active role in her health care.

# Rebuilding hope

## Breast surgery and reconstruction options

Patients at Roger Maris Cancer Center (RMCC) work closely with their care team to decide which breast cancer surgery option is best for them.

“The decision process for breast cancer surgery is an integral part of multidisciplinary breast cancer planning and care between the patient and their treatment team,” explains Michael Bouton, MD, general surgeon specializing in the treatment of breast diseases.

The two main types of surgery for breast cancer are a mastectomy, which involves the removal of the entire breast, and a lumpectomy (also called a partial mastectomy), when only a small portion of the breast around and including the tumor is removed. The size and location of the cancer, genetic test results and patient expectations are some of the factors considered in making a decision about surgery. In most cases, the partial mastectomy is a good option, as the survival from breast cancer is the same with either a partial mastectomy or total mastectomy.

Following a mastectomy many patients elect to have some sort of breast reconstruction. Reconstruction can be done on a delayed basis anywhere from four to six months after the surgery or it can begin immediately following the mastectomy.

“As soon as the oncology surgeon finishes, I’m able to take over and do the breast reconstruction,” says Jeffrey Keim, MD, plastic surgeon specializing in breast reconstruction. “So the patient has at least the first stage of the reconstruction done. When they wake up, the first stage of reconstruction has been completed, which can help minimize some of the psychological impact.”

There are two ways for a plastic surgeon to reconstruct a breast. Implant reconstruction uses an implant to create the new breast mound, while tissue reconstruction uses tissue from a patient’s own body.

Implant reconstruction begins with a tissue expander, which is put in underneath the pectoralis muscle. The expander is gradually filled up until the skin and muscle are stretched to develop a pocket. A second-stage procedure is completed to place a silicone gel implant.

Autologous tissue reconstruction requires removing tissue (muscle, fat and skin) from the patient’s lower abdomen or upper back. These techniques involve lengthier, more complicated procedures, but patients often feel more comfortable and appreciate having their natural tissue rather than an implant.

“The women feel the impact of the breast cancer enough as it is. This can help spare patients from another painful aspect of the breast cancer journey,” says Dr. Keim.

While breast reconstruction is not imperative or important to every patient, for some it can set a patient on the path to reclaiming confidence in how she looks and, more importantly, how she feels.



*Breast cancer surgeon and Chair of the Breast Services Oversight Committee Dr. Michael Bouton received the 2017 Outstanding Clinical Leader award.*

# Radiation innovation

## Using the latest techniques to treat breast cancer patients

At Sanford Roger Maris Cancer Center (RMCC), our radiation oncology team uses the latest techniques and technology to provide the most advanced treatment options for breast cancer patients. In 2017, a new linear accelerator was installed, allowing the department to target cancer cells and deliver treatments even more precisely.

In radiation therapy, the ultimate goal is to destroy a cancer cell's ability to reproduce while causing the least possible amount of damage to healthy tissue.

Traditionally, breast cancer patients have been treated with about six weeks of radiation.

With the development of hypo-fractionated radiation, patients may now be able to receive a higher dose of radiation per treatment, allowing for a decrease in the total number of treatments they need. In many cases, the patient gets a course of radiation treatment done in a much shorter period of time with an equivalent outcome.

"This type of treatment can really improve the quality of life for a patient," explains Ethan Foster, MD, and radiation oncologist at RMCC. "Patients may experience fewer of the side effects that often come with radiation treatment."

Breast brachytherapy is another radiation treatment option available to breast cancer patients at RMCC. This method allows for a delivery of partial breast radiation. Instead of treating the entire breast, breast brachytherapy can treat just the area around which the tumor was removed.

"We can treat the specific spot," says Dr. Foster. "We are accurate within one millimeter of our target."

Isolating the radiation spares the remainder of the healthy, surrounding breast tissue from being irradiated. It can also spare critical structures like the heart or the lungs from getting doses of radiation.

"Any time you can spare the surrounding structures from radiation, you're going to improve the amount of side effects," explains Dr. Foster.

Hypo-fractionated radiation and breast brachytherapy are examples of the use of radiation oncology in adjuvant therapy after the primary course of treatment is completed. This additional radiation is meant to lower the risk that the cancer will return.

For patients diagnosed with metastatic breast cancer, radiation can be used as part of their palliative care. If cancer has spread to other areas of the body such as the bones, liver or brain, radiation can be delivered there to relieve pain and improve quality of life.





# Finding the treatments of tomorrow

## Clinical trials for breast cancer patients

The team at Roger Maris Cancer Center (RMCC) helps to usher in the future of breast cancer treatment by participating in numerous clinical trials dedicated to discovering the latest and best medications and therapies.

“To me, medicine is all about progress,” says Shelby Terstriep, MD, oncologist at RMCC and medical director for Sanford Cancer Survivorship. “Research is the only way that we’re going to be able to find better treatments.”

The treatments that patients are most comfortable with today were once part of clinical trials. Persistence is key to progress in breast cancer treatment.

“Progress comes in small increments. It's little changes at a time that gradually decrease mortality from cancer,” says Anu Gaba, MD, medical oncologist and chair for cancer services at RMCC. “By taking part in a clinical trial, patients are helping somebody in the future.”

### The power of DNA

The ELSA study includes newly diagnosed patients with stage I, II or III breast cancer. It evaluates a patient’s tumor DNA to

determine what changes occur as cancer evolves after diagnosis. The hope is to better predict which tumors are more likely to reoccur.

### Does weight matter?

One current study is examining the correlation between insulin, weight and a patient’s cancer prognosis. It is working to discover whether lowering blood glucose levels through healthier nutrition and exercise can improve prognosis.

### Utilizing medications

There are several trials examining the use of certain medications. One explores whether Metformin, a widely prescribed drug for treating diabetes, can help improve outcomes, as breast cancer patients have an increased resistance to insulin, similar to those who have type 2 diabetes.

Another study focuses on whether the use of the immunotherapy drug Pembrolizumab combined with chemotherapy can improve outcomes for patients with previously untreated, locally recurrent, inoperable or metastatic triple-negative breast cancer.

There is also a trial exploring whether an aspirin regimen (once a day for five years)

will decrease a patient’s risk of breast cancer recurrence.

### Pregnancy and cancer

This study dives into whether it is safe for women with endocrine responsive breast cancer to stop treatment in order to have a baby. It monitors both the outcomes of the pregnancy and the affect of pausing the endocrine treatment on the mother.

### Treated remotely

Nothing disrupts life like cancer. This study evaluates the benefits of monitoring breast cancer survivors remotely through the patient portal My Sanford Chart. Patients can communicate with providers virtually regarding quality of life, medications, physical symptoms or side effects.

### The future of care

By participating in research studies, patients can take advantage of cutting-edge treatments and advanced care options. Participants receive highly individualized care because of the research team. Not only can participation help improve individual patient outcomes, it also helps physicians find cures.

# Monica Webster: Moving FOURward

A cancer diagnosis can be a true exercise in letting go. When Monica Webster, who spent many years as a hospice nurse, was diagnosed with stage IV breast cancer in November 2015, she had to confront her own health challenge.

“After I completed therapies for my initial stage III diagnosis, I really struggled,” Monica says. “It was difficult not knowing what it means to live with cancer. I just had this need to know what was coming.”

Many breast cancer patients seek support across their community of family and friends, but sometimes the most meaningful support comes from those who are going through the same experience.

“A stage IV diagnosis is different because there is no end of your treatment,” explains Monica.



With this difference in mind, the FOURward support group was created nearly four years ago as a safe place for women with stage IV cancer to process what it’s like to live with advanced or metastatic cancer.

The small group of roughly five to 10 patients meets twice a month. It’s an important time for patients to process the gravity of their diagnosis and talk openly about their grief.

“It’s been such a great relief just knowing there are people thinking the same things,” Monica says. “Sometimes it’s helpful to just acknowledge I am scared – and that’s pretty normal.”

The FOURward support group is led by Chery Hysjulien, PsyD, a specialist in psycho-oncology at Sanford Health. The patients share everything from relaxation techniques to practical advice about how to cope with symptoms. They can discuss their everyday concerns and find comfort in their shared feelings.

“The more you talk about it, you start to hear the same things in a different language,” says Monica. “People talking about surrendering, people talking about how you should only hold onto what’s really important to you.”

In this group, there are also unspoken understandings. They are present to offer each other feedback on the tough topics, but also the wonderful things – like birthdays, holidays, vacations and grandkids.

“Everyone understands that all we have is right now,” Monica explains. “We don’t have to explain how impactful that is to each other because we just know. Which is really nice because sometimes there aren’t words to describe how you’re feeling – or at least I can’t find them.”

By coming together to focus on what they can do, the FOURward group members define their lives not by a diagnosis, but by how they choose to live anew each day.

# Supporting survivors from the start

At Roger Maris Cancer Center (RMCC), breast cancer patients are survivors from the moment they are diagnosed. The supportive services offered to these survivors help them cope with this new life challenge, provide options to help improve quality of life and reduce the pain of the side effects of cancer treatment.

## Coping with a cancer diagnosis

The diagnosis and treatment of breast cancer can be life-altering. The psycho-oncology team helps people deal with the distress of cancer and works to promote healing. The goal is to decrease distress and possibly find ways to grow from the diagnosis of cancer.

According to research, 30 to 40 percent of patients report significant distress during their cancer experience. A number of factors may combine to create emotional, social or even spiritual issues for the patient, limiting their ability to address and deal with the diagnosis.

“A person’s state of distress is assessed continuously throughout their treatment,” explains Cheryl Hysjulien, PsyD, a psychologist at Sanford Health. “The psycho-oncology team is here to help the patient deal with those underlying distresses. This includes helping some people who experience significant trauma related to their breast cancer.”

While cancer can be an incredibly difficult time that no one desires, studies show that up

to 90 percent of cancer patients report at least one positive aspect of their experience. This can include finding benefit from adversity; positive reappraisal—a coping strategy that leads to perceptions of enduring positive personal change; and resiliency—adapting well in the face of adversity. In addition, individuals can undergo significant changes and growth from the experience referred to as post-traumatic growth (PTG).

Cancer can be one of those major life crises that alters a person’s perceptions about life. People may begin to reevaluate their priorities and find meaning out of their cancer, which can result in transforming their lives. For example, people may consider quitting jobs they hate or ending abusive relationships. Growth can enhance interpersonal relationships, increase a person’s appreciation for life, redefine priorities and goals, and increase a sense of competency and strength as well as spiritual growth. Long-term outcomes of PTG result in decreased reactivity and faster recovery in other life stressors.

As the patient goes through these different emotional states, the psycho-oncology team is here as a partner for those dealing with these life-changing shifts.

## Integrative therapies to help heal

The survivorship program is also available to help patients discover other methods to help them deal with the side effects of their cancer. Research shows that 33 to 47 percent of cancer

patients (with up to 80 percent of breast cancer patients) use integrative therapies during and after cancer treatment to manage symptoms and improve their quality of life.

Understanding the extra burden of searching for outside care, Sanford Cancer Survivorship has worked to increase access to integrative services for both staff and patients in the cancer center. This has allowed the cancer treatment team to have a more comprehensive understanding of what integrative practices patients are using.

Integrative health consists of healing methods that focus on the whole person: body, mind and spirit. Supporting conventional medicine, these services can be combined with patients’ care plan to improve their quality of life and address some symptoms of cancer treatment. The use of integrative care methods is customized for each patient by their clinician and integrative care educator.

Honoring the commitment to comprehensive care for patients, integrative services and staff members at RMCC have grown over the past year. Integrative health services offered at RMCC include: aromatherapy, art therapy, Ayurveda, deep breathing exercises, energy healing through Reiki and Healing Touch, guided imagery and meditation, mindfulness education, yoga and massage.

## Getting ahead of lymphedema

One of the most common symptoms of breast



*Art Specialist McCal Johnson and Integrative Health Educator Andrea Paradis host a painted yoga session to benefit Sanford Cancer Survivorship at RMCC.*

cancer treatment is lymphedema. It can also be one of the more painful ones. But if caught early and treated, some of the issues such as stiffness, heaviness, tightness and swelling

can be minimized and the lymphedema can be prevented from progressing. If detected in the very earliest stages, it may be possible to reverse the condition. This minimizes the interference of breast cancer related lymphedema (BCRL) symptoms in a survivor's life, as well as minimizes the amount of care required to manage lymphedema long term.

Risk factors for BCRL vary, but the extent of the removal of the axillary lymph nodes is generally considered the highest risk factor. Other contributing factors may be radiation therapy to the regional lymph nodes, obesity and possibly certain chemotherapies.

“Here at RMCC, a physical therapy consult is scheduled prior to surgery when an axillary lymph node dissection is anticipated,” states Linda Thorseth, a physical therapist at Sanford Health. “During this appointment, a baseline evaluation is completed and information is provided about lymphedema risk reduction practices as well as exercise and activity.”

RMCC is currently piloting a program for early detection and treatment of BCRL. The L-Dex (lymphedema index) is a sensitive tool used to assess and find lymphedema early – before it can be seen. Measurements are taken before and after surgery on a regular basis which can help the health care team know what is normal for each individual patient, detect the early stages of lymphedema, show how treatment/management impacts the amount of lymphedema and offer the patient peace of mind.

Physical therapy services provide individualized, tailored education on

lymphedema awareness and self-assessment, risk reduction practices, treatment to diminish pain as well as progressive activity and exercise recommendations to allow resumption a “normal” life. This may be initiated at any point along the survivor's journey, from initial diagnosis to long after active cancer treatment is completed.

Patients can reduce their risk for BCRL by maintaining an optimal weight with diet and exercise, gradually building up duration and intensity of activity/exercise, allowing for rest breaks with more vigorous activity and monitoring the at-risk area for changes.

If BCRL is identified, individualized treatment is initiated. This may include manual lymphatic drainage, medical compression bandaging, exercise and skin care education to minimize the edema. Then a compression garment will be fitted and self-care education will help stabilize it. Research has shown if BCRL is identified in the very early stages and treatment is initiated, the condition may be reversible. Then the compression sleeve can be used only when it's needed. The ultimate goal of physical therapy intervention for BCRL is to minimize/stabilize the lymphedema and teach the patient how to manage the condition long term to prevent progression of impairments.

### Comprehensive care

All of these components of the Sanford Cancer Survivorship program works together to make sure the patient receives the very best care. Sanford Cancer Survivorship is committed to meet our patients' needs by continually growing and developing our services.



# *Pink* **MEANS MORE**

*Before his 5th birthday, Denny Sanford lost his mother, Edith, to breast cancer. Growing up without the love of a mother forever changed him.*

*In 2012, Denny gave an incredible gift to start the Edith Sanford Breast Center and Foundation. In a plea to the community, Denny expressed his hope for the end of this vicious disease and asked for help in saving mothers so they can be with their children.*

*Please join us to help create a tomorrow where no more of our loved ones are lost to this disease.*

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