2016 Oncology Annual Report
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I. Learning About Us
St. Vincent Healthcare

Cancer touches many lives. If you or someone you care about has cancer, we are confident in telling you that at St. Vincent Healthcare, you have come to the right place.
Cancer Committee
Chairman’s Report

Patrick Cobb, MD, FACP
Chairman, St. Vincent Healthcare Cancer Committee
Oncology Research Director, St. Vincent Healthcare
Medical Director, St. Vincent Frontier Cancer Center

The past year has seen significant progress in cancer care at St. Vincent Healthcare. Thanks to the generosity of donors in the community, the Major Robert and Dory Schneider Oncology Center of Excellence opened on 3 Fortin. These renovations created a calming environment and have improved the inpatient experience for our cancer patients.

Our cancer program received full accreditation again this year from the American College of Surgeons cancer. This recognition confirms the commitment of St. Vincent Healthcare to providing the most up-to-date cancer care available in the region. Cancer screening programs remain active, with tomosynthesis mammography and a new mobile mammography coach in the works for 2017.

Cancer research is an expanding service at St. Vincent Frontier Cancer Center. Through partnerships with the pharmaceutical industry, our clinical trial portfolio continues to increase, allowing patient access to the latest treatment breakthroughs in the areas of immunotherapy, targeted therapy, and biosimilars.

Our cancer patients are blessed by the love and enthusiasm of the staff at St. Vincent Healthcare. We remain committed to providing world-class oncology care close to home.
Director's Welcome

Mary Beery  
Director Oncology Service Line  
St. Vincent Healthcare

The Mission of St. Vincent Healthcare is to foster God’s healing love by improving the health of the people and communities we serve. Our fulfillment of this mission is evidenced throughout our oncology program by our commitment to excellence and the delivery of compassionate, comprehensive cancer care.

In 2016, we expanded innovative programs that significantly impact the quality of life of cancer patients and their families.

SVH successfully received reaccreditation by the American College of Surgeons for our cancer program (CoC) and the National Accreditation Program for Breast Centers (NABPC) along with the Survivorship Training and Rehabilitation accreditation (STAR.)

Our patient navigation program exemplifies our continued dedication to improving the patient experience. The navigators improve patient access to care by guiding them from screening and diagnosis to treatment and eliminating any barriers to care.

The continued growth of our clinical research has facilitated access to a wide variety of pharmaceutical-sponsored clinical trials. Today SVH cancer patients can participate in innovative treatments offering access to state-of-the-art care through our clinical research program.

As we look to the future, St. Vincent Healthcare will be at the leading edge of cancer care, delivering the right care at the right time and place. We will continue to grow our oncology program as we pursue continued improvement in the diagnosis and treatment of cancer. Our commitment to our patients inspires to do more, to do it better and make a difference in those we touch now and in the future.
Our Mission, Vision, and History

**St. Vincent Healthcare Mission**
We reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

**St. Vincent Healthcare Vision**
*Inspired by our faith,*
- We will be distinguished as the trusted person-centered partner to those who engage with us in their physical, mental and spiritual health decisions.
- We will share accountability with our clinicians, associates and affiliated stakeholders to deliver exceptional care that is well-coordinated, accessible, affordable, safe, and results in optimal outcomes for individuals and populations.
- We will grow as community-based health networks in partnership with others who share our vision and values and align with us to be an essential provider to those we serve.

**St. Vincent Healthcare Values**
- **Caring Spirit** We honor the sacred dignity of each person.
- **Excellence** We set and surpass high standards.
- **Good Humor** We create joyful and welcoming environments.
- **Integrity** We do the right thing with openness and pride.
- **Safety** We deliver care that seeks to eliminate all harm for patients and associates.
- **Stewardship** We are accountable for the resources entrusted to us.

**St. Vincent Healthcare Mission**
To foster healing and health for our patients, their families and the communities we serve by extending and improving the quality of life for our patients, including prevention, detection, treatment, education and research.
Our Mission, Vision, and History

continued

St. Vincent Healthcare Profile

As it has for more than 115 years, St. Vincent Healthcare delivers compassionate, quality care to the people of Montana and Northern Wyoming. In addition to 11 primary care clinics in and around the Billings area, it offers progressive specialty services in Heart & Vascular, Neuroscience, Oncology, Orthopedics, and Women’s Services. St. Vincent even has a special “hospital within a hospital” just for children, St. Vincent Children’s Healthcare. St. Vincent is part of SCL Health, a faith-based, nonprofit health system.

Stats*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Equivalents</td>
<td>1,704</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>509</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>11,585</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>36,373</td>
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<tr>
<td>Available Beds**</td>
<td>201</td>
</tr>
<tr>
<td>Births</td>
<td>1,584</td>
</tr>
<tr>
<td>Charity Care</td>
<td>$20.9 million</td>
</tr>
</tbody>
</table>

*Statistics based on year-end December 2015 results.

**Available beds are beds in service and available for all hospital nursing units (excluding bassinets).
St. Vincent Healthcare has been continuously accredited by the American College of Surgeons Commission on Cancer (CoC) Comprehensive Community Cancer Program. In 2016, the program was awarded three-year accreditation. St. Vincent Healthcare received this prestigious accreditation after a rigorous evaluation process and performance review.

The goals of the CoC are for cancer centers to demonstrate commitment to quality care, to improve patient outcomes across all domains of cancer care, to dedicate resources to provide the screening, prevention treatment and support services, and to use data to serve as the basis for quality improvement. Through incorporating the CoC goals into St. Vincent Healthcare’s accredited program, further benefit is to improve outcomes, to affect cost of care, to have the tools, information and structure to deliver the best care, to provide public education and demonstrate value, and to reassure patients and the community about the quality of cancer care provided at St. Vincent Healthcare.

As demonstrated in the map below, there are approximately 1500 CoC accredited cancer programs in the US and Puerto Rico.

CoC-Accredited Cancer Programs

Around 1500 CoC-accredited cancer programs in the US and Puerto Rico
Accreditations and Certifications

National Accreditation Program for Breast Cancer

The Breast Care Center at St. Vincent Healthcare was recognized by the American College of Surgeons (ACS) as a National Accreditation Program for Breast Cancer (NAPBC) for providing the highest standards of care for patients with diseases of the breast. To earn this designation, St. Vincent Healthcare Breast Care Center must uphold comprehensive, nationally-recognized quality performance measures for breast cancer treatment.

American College of Radiology Accreditation Breast Imaging Center of Excellence

The American College of Radiology (ACR) recognizes the Breast Care Center as a Breast Imaging Center of Excellence (BICOE) for seeking and earning accreditation in all of the ACR’s extensive breast-imaging accreditation programs and modules in addition to the mandatory Mammography Accreditation Program.

ACR Mammographic Imaging Services
- ACR Stereotactic Breast Biopsy Imaging Services
- ACR Breast Ultrasound Imaging Services
- ACR Computerized Tomography (CT)
- ACR Ultrasound
- ACR Magnetic Resonance Imaging (MRI)
- Clinical Laboratory Improvement Amendment (ALIA)
- College of American Pathologists (CAP)
- AABB (an international, not-for-profit association representing individuals and institutions involved in the field of transfusion medicine and cellular therapies)
- US Department of Health and Human Services Certified Mammography Facility
Integration and Coordination of Comprehensive Cancer Services

Radiation Oncology
- External Beam Radiotherapy (XRT)
- 3D Conformal Radiotherapy
- Intensity Modulated Radiation Therapy (IMRT)
- Image Guided Radiation Therapy (IGRT)
- Cyberknife®, Stereotactic Radiosurgery (SRS), Stereotactic Body Radiotherapy (SBRT)

Inpatient Care
- Medical Oncology
- Surgical Oncology
- Pain Management
- Palliative Care

Clinical Research
- Cooperative Group Trials
- Industry-Sponsored Trials

Cancer Support Services
- Psychology
- Spiritual Care
- Social Work
- Survivorship
- Dietitian
- Naturopathic Medicine
- Support Groups
- Community Outreach
- Certified Health Care Reform Financial Counseling

Genetics
- Genetic Screening
- Genetic Testing
- Genetic Counseling

Imaging
- General Medical Imaging
- Diagnostic
- Digital Mammography
- Mobile Mammography
- Ultrasound
- Breast Ultrasound
-Transrectal Ultrasound
- Computerized Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET CT)
- Nuclear Medicine Imaging
- Bone Density
- Interventional Radiography

Medical Infusion
- Chemotherapies
- Antibiotic and Hydration
- Infusion Therapies
- Blood Products

Integration and Coordination of Comprehensive Cancer Services

Surgical Oncology
- Colorectal Surgery
- Neurosurgery
- Breast Surgery
St. Vincent Healthcare Committee Members
and St. Vincent Healthcare Oncology Leadership

**Required Coordinators**
- Patrick Cobb, MD (Cancer Committee Chair/Medical Director Oncology)
- Jeffrey Rentz, MD (Cancer Liaison Physician)
- Mary Beery, CLS, (ASCP), MHA (Cancer Program Administrator)
- Sandy Lehigh, RHIT, CTR (Cancer Conference Coordinator)
- Debra Rang, RN, BSN, CMSRN (Co-Quality Improvement Coordinator)
- Michele Lacher, RN, BSN, ONC (Co-Quality Improvement Coordinator)
- David Gumm, PhD (Psychosocial Services Coordinator)
- Tina Erhardt, MSCRA, CCRP (Clinical Research Representative)
- Emily Brown (Community Outreach Coordinator)

**Required Physician Membership**
- Martin Lucas, MD (Medical Oncologist)
- Angela Durden, MD (Pathologist)
- Brian Christenson, MD (Radiologist)
- Rebecca Tarlton, MD (Radiation Oncologist)
- Katherine Dietrich, MD (Palliative Care Program Medical Director)
- Alan Muskett, MD (Plastic Surgery)

**Required Non-Physician Membership**
- Kristen Hanson, SW (Social Worker)
- Karen Stears, MS, CGC (Genetic Counselor)
- Angie Williams, MSN, RN-BC, HACP (Regulatory Readiness)

**Additional/Optional Members**
- Roxanne Allen, Hospice
- Brett Miller, Pastoral Care
- Katherine Meyers, Accreditation/Data Coordinator
- Ella Dugan-Laemmle, Breast Health Navigator
- Bj Gilmore, BSN, MSM, NEA-BC (Chief Nursing Officer/VP Patient Care Services)
- Karen Costello, Senior Director of Ancillary Services
- Danielle Phillips-Dorsett, ND (Naturopathic Physician)
- Cari Williams, RN (Head/Neck/Lung Navigator)
- Katie Meyer, American Cancer Society Navigator
- Krista Meier, MPT, CLT, CCCE (Physical Therapist)
- Jessica Leintz, DPT, CLT (Physical Therapist)
- Greta Hensler, RD, LN (Registered Dietician)
- Lynn Ratcliff (SVH Regional Marketing and Communications)
- Sarah Hogue, PharmD (Outpatient Pharmacy)
- Chuck Tooley (Patient/Community Representative)
- Teresa Billings, RN (Palliative Care)
SCL Health is committed to offering the latest technology to patients so that St. Vincent Healthcare leads the way in implementing new technology and techniques. This investment solidifies our commitment to give back and address the greatest healthcare needs of the communities we serve. Technology and expertise improve care, and we are committed to delivering the best technology and medical advancements available.

This brings rewarding results with improvement in survival rates thanks to the tools and expert teams behind them. The introduction of tools such as the daVinci® robot, the Eleckta Synergy, Cyberknife® and 3-D Mammography (Tomosynthesis) bring patients rewarding results.
Tumor Conferences Overview

St. Vincent Healthcare offers regular multidisciplinary tumor conferences to review cases of newly diagnosed cancer patients. In accordance with National Comprehensive Cancer Network (NCCN) guidelines, clinic physicians then render a second opinion to guide care. The medical teams that participate in this multidisciplinary approach are dedicated to continued improvement in the quality, efficacy and efficiency of patient care and services at St. Vincent Healthcare.

Tumor Conferences Hosted at St. Vincent Healthcare

- General Tumor Conference Wednesdays at 7:00 a.m.
- Breast Tumor Conference Wednesdays at 7:30 a.m.
Cancer Registry Overview

The Cancer Registry at Saint Vincent Healthcare abstracted 658 analytical cases for the year 2015. Analytical cases are newly diagnosed cancer cases that meet the following criteria. The cancer was 1) diagnosed, 2) diagnosed and treated or 3) diagnosed elsewhere and treated at Saint Vincent Healthcare. The top five cancers in 2015 were Breast, Lung, Prostate, Colon, and Lymphoma.

The Cancer Registry database is a rich source of clinical cancer data information at St. Vincent Healthcare since 1980. The data fields include patient demographics, histology, tumor grade, AJCC stage of disease at diagnosis, tumor markers, tumor size, regional lymph node status, first course of therapy, annual follow-up, vital status and more.

Over the past year, SVH cancer registrar became a member of the SCLHS cancer registry team with a total of 14 certified cancer registrars. The Cancer Registry team will be able to provide support throughout SCLHS hospitals. Lastly, as we look forward to 2017, we will be standardizing our cancer registry database to CRStar, a web-based software.

Cancer Registry Requirements

The cancer registrar is responsible for identifying all eligible oncology cases seen at Saint Vincent Healthcare through an extensive medical record review process called case finding. Once an eligible case is identified the registrar will abstract all required information. The entire medical record is reviewed, including diagnostic imaging, pathology reports, consultations, treatment summaries and follow up visits. The required information is entered into the cancer registry database, checked for quality and reported monthly to the Montana Central Tumor Registry and yearly to the National Cancer Database (call for data).

Accreditation

Saint Vincent Healthcare is accredited by the American College of Surgeons Commission on Cancer (CoC) and the National Accreditation Program of Breast Centers (NAPBC) through the year 2018. These accreditations provide SVH with the opportunity to report case data to the National Cancer Database (NCDB). By submitting this data Saint Vincent Healthcare can participate in the Cancer Program Practice Profile Reports (CP3R) and the Rapid Quality Reporting System (RQRS). The SVH cancer registry participates in COC RQRS (Rapid Quality Reporting System) on a monthly basis. This encourages evidence-based care in COC programs for select quality measures (breast, colon, rectum); thus, improving quality of care and patient outcomes.
## Summary of Data 2015

### 2015 Age at Diagnosis by Sex

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<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>0-29</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Row%</td>
<td>45.45</td>
<td>54.55</td>
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<tr>
<td>Column%</td>
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<tr>
<td>30-39</td>
<td>7</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Row%</td>
<td>35.00</td>
<td>65.00</td>
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<tr>
<td>Column%</td>
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<td>3.47</td>
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<tr>
<td>40-49</td>
<td>10</td>
<td>37</td>
<td>47</td>
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<td>Row%</td>
<td>21.28</td>
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<td>Column%</td>
<td>3.53</td>
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<td>50-59</td>
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<td>74</td>
<td>122</td>
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<td>39.34</td>
<td>60.66</td>
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<td>Column%</td>
<td>16.96</td>
<td>19.73</td>
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<tr>
<td>60-69</td>
<td>97</td>
<td>93</td>
<td>190</td>
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<tr>
<td>Row%</td>
<td>51.05</td>
<td>48.95</td>
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<td>Column%</td>
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<td>24.80</td>
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<td>70-79</td>
<td>85</td>
<td>95</td>
<td>180</td>
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<td>Row%</td>
<td>47.22</td>
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<td>Column%</td>
<td>30.04</td>
<td>25.33</td>
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<td>80-89</td>
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<td>49</td>
<td>78</td>
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<td>Row%</td>
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<td>Column%</td>
<td>10.25</td>
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<tr>
<td>90+</td>
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<td>10</td>
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<tr>
<td>Row%</td>
<td>20.00</td>
<td>80.00</td>
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<tr>
<td>Column%</td>
<td>0.71</td>
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<tr>
<td>Total</td>
<td>283</td>
<td>375</td>
<td>658</td>
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</tbody>
</table>
Summary of Data 2015

2015 St. Vincent Healthcare New Cancer Cases — Body Site By AJCC Stage Tabulation

This report includes 2015 analytical cases; those diagnosed only, or diagnosed and/or treated at St. Vincent Healthcare in 2015. New diagnoses only, does not include recurrences.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>Sex</th>
<th>Class of Case</th>
<th>Status</th>
<th>Stage Distribution - Analytic Cases Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M  F</td>
<td>Analy</td>
<td>Alive</td>
</tr>
<tr>
<td>ORAL CAVITY &amp; PHARYNX</td>
<td>12 (1.8%)</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Tongue</td>
<td>4 (0.6%)</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Salivary Glands</td>
<td>2 (0.3%)</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth</td>
<td>3 (0.5%)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Tonsil</td>
<td>3 (0.5%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
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<tr>
<td>DIGESTIVE SYSTEM</td>
<td>134 (20.4%)</td>
<td>78</td>
<td>56</td>
<td>134</td>
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<tr>
<td>Esophagus</td>
<td>10 (1.5%)</td>
<td>10</td>
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<td>6</td>
</tr>
<tr>
<td>Stomach</td>
<td>8 (1.2%)</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>2</td>
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<tr>
<td>Small Intestine</td>
<td>3 (0.5%)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Colon Excluding Rectum</td>
<td>42 (6.4%)</td>
<td>24</td>
<td>18</td>
<td>42</td>
<td>35</td>
</tr>
<tr>
<td>Cecum</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Appendix</td>
<td>2</td>
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<td>2</td>
</tr>
<tr>
<td>Ascending Colon</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Transverse Colon</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Splenic Flexure</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Descending Colon</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Sigmoid Colon</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Rectum &amp; Rectosigmoid</td>
<td>30 (4.6%)</td>
<td>16</td>
<td>14</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>10</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Rectum</td>
<td>20</td>
<td>7</td>
<td>13</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Anus, Anal Canal &amp; Anorectum</td>
<td>2 (0.3%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>9 (1.4%)</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>3 (0.5%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Other Biliary</td>
<td>6 (0.9%)</td>
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<td>3</td>
<td>6</td>
<td>3</td>
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<tr>
<td>Pancreas</td>
<td>19 (2.9%)</td>
<td>11</td>
<td>8</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>Retroperitoneum</td>
<td>1 (0.2%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Peritoneum, Omentum &amp; Mesentery</td>
<td>1 (0.2%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
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</table>
### Summary of Data 2015
(Continued)

<table>
<thead>
<tr>
<th>Organ System</th>
<th>Cases 2015</th>
<th>Cases 2014</th>
<th>% Change</th>
<th>Total 2015</th>
<th>Total 2014</th>
<th>% Change</th>
<th>Total 2013</th>
<th>Total 2012</th>
<th>% Change</th>
<th>Total 2011</th>
<th>Total 2010</th>
<th>% Change</th>
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<tr>
<td><strong>Respiratory System</strong></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Larynx</td>
<td>4 (0.6%)</td>
<td>2</td>
<td></td>
<td>4 (0.6%)</td>
<td>2</td>
<td></td>
<td>6 (0.9%)</td>
<td>2</td>
<td></td>
<td>8 (1.3%)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>88 (13.4%)</td>
<td>53</td>
<td></td>
<td>88 (13.4%)</td>
<td>53</td>
<td></td>
<td>88 (13.4%)</td>
<td>53</td>
<td></td>
<td>88 (13.4%)</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Trachea, Mediastinum &amp; Other Respiratory Organs</td>
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<td>1</td>
<td></td>
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<td>0</td>
<td></td>
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</tr>
<tr>
<td><strong>Soft Tissue</strong></td>
<td>4 (0.6%)</td>
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<tr>
<td><strong>Skin Excluding Basal &amp; Squamous</strong></td>
<td>24 (3.6%)</td>
<td>15</td>
<td></td>
<td>24 (3.6%)</td>
<td>15</td>
<td></td>
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<td>24 (3.6%)</td>
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<td>23 (3.5%)</td>
<td>8</td>
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<td>23 (3.5%)</td>
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<tr>
<td>Other Non-Epithelial Skin</td>
<td>1 (0.2%)</td>
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<td>1 (0.2%)</td>
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<td></td>
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<tr>
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<td>159 (24.2%)</td>
<td>159</td>
<td></td>
<td>159 (24.2%)</td>
<td>159</td>
<td></td>
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<td>156</td>
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<td>156 (24.2%)</td>
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<tr>
<td>Prostate</td>
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<td>37</td>
<td></td>
<td>34 (5.4%)</td>
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<td>Testis</td>
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<td></td>
<td>5 (0.8%)</td>
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<td></td>
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<td>5 (0.8%)</td>
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<tr>
<td>Penis</td>
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<tr>
<td>Other Male Genital Organs</td>
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<td>1</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>Urinary Bladder</td>
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<td></td>
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<td>26</td>
<td></td>
<td>23 (3.5%)</td>
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<td></td>
<td>23 (3.5%)</td>
<td>23</td>
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</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>10 (1.5%)</td>
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<td></td>
<td>10 (1.5%)</td>
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<td>8 (1.2%)</td>
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<td>8 (1.2%)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other Urinary Organs</td>
<td>1 (0.2%)</td>
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<td></td>
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<td></td>
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<tr>
<td><strong>Brain &amp; Other Nervous System</strong></td>
<td>20 (3.0%)</td>
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<td></td>
<td>20 (3.0%)</td>
<td>10</td>
<td></td>
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<td>15</td>
<td></td>
<td>15 (2.3%)</td>
<td>15</td>
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<tr>
<td>Brain</td>
<td>13 (2.0%)</td>
<td>7</td>
<td></td>
<td>13 (2.0%)</td>
<td>7</td>
<td></td>
<td>9 (1.4%)</td>
<td>9</td>
<td></td>
<td>9 (1.4%)</td>
<td>9</td>
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</tr>
<tr>
<td>Cranial Nerves Other Nervous System</td>
<td>7 (1.1%)</td>
<td>3</td>
<td></td>
<td>7 (1.1%)</td>
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<td>6 (0.9%)</td>
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<td></td>
<td>6 (0.9%)</td>
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<tr>
<td><strong>Endocrine System</strong></td>
<td>27 (4.1%)</td>
<td>6</td>
<td></td>
<td>27 (4.1%)</td>
<td>6</td>
<td></td>
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<td>27 (4.1%)</td>
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Note: The table continues with data for other systems but is not fully visible in this snippet.
## Summary of Data 2015
(Continued)

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<tr>
<th>Diagnosis</th>
<th>Cases (%)</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
<th>Cases</th>
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<tbody>
<tr>
<td><strong>LYMPHOMA</strong></td>
<td>29 (4.4%)</td>
<td>14</td>
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<td>29</td>
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<td>0</td>
<td>10</td>
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<td>Hodgkin Lymphoma</td>
<td>5 (0.8%)</td>
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<td>3</td>
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<td>4</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>24 (3.6%)</td>
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<tr>
<td>NHL - Nodal</td>
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<td>18</td>
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<tr>
<td>NHL - Extranodal</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>6</td>
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<td>0</td>
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<tr>
<td><strong>MYELOMA</strong></td>
<td>15 (2.3%)</td>
<td>11</td>
<td>4</td>
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<td>14</td>
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<td>15</td>
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<tr>
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<td>4</td>
<td>15</td>
<td>14</td>
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<tr>
<td><strong>LEUKEMIA</strong></td>
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<tr>
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</tr>
<tr>
<td>Chronic Lymphocytic Leukemia</td>
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<td>0</td>
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<tr>
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<td>Myeloid &amp; Monocytic Leukemia</td>
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<td>9</td>
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</tr>
<tr>
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<td>3</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>0</td>
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<td>0</td>
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<td>6</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td>32 (4.9%)</td>
<td>17</td>
<td>15</td>
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<td>22</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>658</td>
<td>283</td>
<td>375</td>
<td>658</td>
<td>541</td>
<td>117</td>
<td>41</td>
<td>175</td>
<td>117</td>
<td>87</td>
<td>121</td>
<td>95</td>
</tr>
</tbody>
</table>
Cancer Screening Guidelines

Knowledge is Power, Know your Risk!
(Source: 2014 American Cancer Society)

St. Vincent Healthcare follows the American Cancer Society screening guidelines for the early detection of cancer. Some people should be screened using a different schedule or different screenings because of their personal or family history. Talk with your doctor about your history and what cancer screening schedule is best for you.

Breast Cancer

• Women age 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
• Women age 45 to 54 should get mammograms every year.
• Women 55 and older should switch to mammograms every two years, or can continue yearly screening.
• Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
• All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They also should know how their breasts normally look and feel and report any breast changes to a healthcare provider right away.

Some women — because of their family history, a genetic tendency, or certain other factors — should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with a healthcare provider about your risk for breast cancer and the best screening plan for you.

Colorectal Cancer and Polyps

Beginning at age 50, both men and women should follow one of these testing schedules:

Tests that find polyps and cancer
• Flexible sigmoidoscopy every five years*, or
• Colonoscopy every 10 years, or
• Double-contrast barium enema every five years*, or
• CT colonography (virtual colonoscopy) every five years*

Tests that primarily find cancer
• Yearly guaiac-based fecal occult blood test (gFOBT)**, or
• Yearly fecal immunochemical test (FIT)**, or
• Stool DNA test (sDNA), every 3 years*

*If the test is positive, a colonoscopy should be done.

**Highly-sensitive versions of these tests should be used with the take-home multiple sample method. One test done by the doctor in the office is not adequate for testing. A colonoscopy should be done if the test is positive.

Tobacco-Free Campus

Since 2007, St. Vincent Healthcare has been a completely tobacco-free campus. It proudly offers stop-smoking services and prohibits tobacco products and smoking by associates, patients and visitors outside all hospital buildings, including business and physician offices and parking lots. For more information about smoking and how to plan a quit strategy, visit Montana QuitLine.
Cancer Screening Guidelines

Cervical Cancer

- Cervical cancer screening (testing) should begin at age 21. Women under age 21 should not be tested.

- Women between ages 21 and 29 should have a Pap test every three years. HPV testing should not be used in this age group unless it is needed after an abnormal Pap test result.

- Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called “co-testing”) every five years. This is the preferred approach, but it is also OK to have a Pap test alone every three years.

- Women over age 65 who have had regular cervical cancer testing with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing continues past age 65.

- A woman who has had her uterus removed (and also her cervix) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.

- A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.

Endometrial (Uterine) Cancer

The American Cancer Society recommends that, at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. Women should report any unexpected bleeding or spotting to their doctors. Some women, because of their history, may need to consider having a yearly endometrial biopsy.

Lung Cancer

The American Cancer Society does not recommend tests to screen for lung cancer in people who are at average risk of this disease. However, the American Cancer Society does have screening guidelines for individuals who are at high risk of lung cancer due to cigarette smoking. If you meet all of the following criteria then you might be a candidate for screening.

- 55 to 74 years of age
- In fairly good health
- Have at least a 30 pack/year smoking history AND are either still smoking or have quit smoking within the last 15 years

Prostate Cancer

The American Cancer Society recommends that men make an informed decision with their doctor about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The American Cancer Society believes that men should not be tested without learning about what we know and don’t know about the risks and possible benefits of testing and treatment.

Starting at age 50, men should talk to a doctor about the pros and cons of testing so they can decide if testing is the right choice for them. If they are African American or have a father or brother who had prostate cancer before age 65, men should have this talk with a doctor starting at age 45. If men decide to be tested, they should have the PSA blood test with or without a rectal exam. How often they are tested will depend on their PSA level.
Cancer Screening Guidelines

Cancer-Related Check-ups
For people aged 20 or older having periodic health exams, a cancer-related check-up should include health counseling and, depending on a person’s age and gender, exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes and ovaries, as well as for some non-malignant (non-cancerous) diseases.

References


Face up to Smoking!
The Centers for Disease Control and Prevention says that cigarette smoking is the number one risk factor for lung cancer and that, in the US, cigarette smoking is linked to about 90 percent of lung cancers. St. Vincent Healthcare works with patients and families to provide smoking cessation resources and support programs to sustain positive outcomes, not only for lung cancer survivors, but for everyone. For more information about smoking and how to plan a quit strategy, visit Montana QuitLine.
Lung Cancer Screening Program

Cari Williams, RN, BSN
Oncology Patient Navigator
For Lung and Head/Neck
And Coordinator of Lung Cancer Screenings
St. Vincent Healthcare/SCL Health

Lung cancer screening catches cancer early, when it can be cured. Lung cancer is the leading cause of cancer deaths. Three of four lung cancers are diagnosed at a late stage, when surgical cure is not possible. Until recently, screening for early lung cancer was ineffective. In 2011, the National Lung Cancer Screening trial demonstrated for the first time that screening with a yearly, Low-dose Chest CT (LDCT) reduces death rates from lung cancer among people who smoke, or have smoked heavily in the past. The United States Preventative Services Task Force now recommends that persons age 55-80 with heavy smoking exposure (30 year smoking history, current smokers, or former smokers who quit within the last 15 years), have yearly LDCT of the chest to screen for lung cancer. Medicare has similar screening criteria but they use the ages of 55-77. Lung cancer screening by LDCT is now covered by most insurances.

Lung Health & Cancer Screening Program at St. Vincent Healthcare

St. Vincent Healthcare has a comprehensive Lung Cancer Screening Program designed to provide early diagnosis, and cure. Patients either meet with their Primary Care Provider to review their eligibility, get counseling on the risks and benefits of the testing, and also receive information on smoking cessation if currently still smoking or their PCP can refer them to our Pulmonology Providers where a MD and Nurse Practitioner will provide them with the counseling and provide smoking cessation and if they meet criteria then the patient will be set up for a LDCT. The results will be shared with the provider that ordered the test. The MD will then contact the patient and share the results and answer any questions they might have at that time. Based on the results of the screening any follow up imaging will be ordered and or referrals made. The LDCT program saw great growth in 2016, there were 156 patients screened and of those 156, 76 were new patients that hadn’t been screened before. We also added Tele Health visits to better accommodate those patients that live in rural Montana, and are looking to branch that out to more clinics in 2017.

The screening program is supported by a multidisciplinary team that encompasses Radiology (Jack Brandon), Pulmonology (Dr. Fred Kahn, Dr. Lisa Robinson, and NP Becky Muller) Rad/Oncology (Dr. Rebecca Tarlton), Thoracic Surgery (Dr. Justin Kim, Dr. Jeff Rentz, and Dr. Eric Dringman) and Lung Nurse Navigator (Cari Williams, RN) to review suspicious and challenging cases. The team provides expert guidance for patient care and outcomes. The multidisciplinary team discussed 67 new cases and also discussed 37 updates after other diagnostics were completed.

St. Vincent’s is a designated Lung Cancer Screening CT Center by the American College of Radiology. LDCT screening results are tracked within our Lung Cancer Screening Registry, ensuring appropriate and timely follow-up for all patients.

Patients and providers with questions are encouraged to call Cari Williams, RN, BSN at 406-238-6302.

Freedom from Smoking

The Centers for Disease Control and Prevention says that cigarette smoking is the number one risk factor for lung cancer and that, in the US, cigarette smoking is linked to about 90 percent of lung cancers. St. Vincent Healthcare works with patients and families to provide smoking cessation resources and support programs to sustain positive outcomes, not only for lung cancer survivors, but for everyone. St. Vincent offers Freedom from Smoking; this is a professionally led seven-week, eight session course (two sessions in week four). The first session will help you make the decision as to whether this course is for you. Manuals and fees are included in this course.

If you are interested in hearing more about the program or want to register for a class please contact Angela Kulhanek at 406-237-3646.
The Medical Imaging Department at St. Vincent Healthcare provides some of the highest quality medical imaging and radiology services in the Billings area. Our team of experienced radiologists, skilled nurses, and caring staff are dedicated to treating each patient we see with courtesy and respect in a safe and friendly environment.

Proper staffing of all cancers begins with advanced imaging techniques. Medical imaging is rapidly evolving to enhance the diagnosis and treatment of their patients with cancer while reducing associated risks and side effects. Diagnostic imaging serves carried roles for patients with suspected or proven cancer, including diagnosis, staging, treatment evaluation, as well as surveillance after treatment, whether surgical, medical oncology (chemotherapy) and/or radiation therapy.

St. Vincent Healthcare employs a variety of imaging technologies to precisely stage each patient’s disease and develop a treatment plan. While, not all medical imaging exams use radiation or radioactive sources to obtain an image, but when radiation is needed, St. Vincent Healthcare practices an “image gently” policy that uses increased shielding to reduce exposure. Additionally, every test and procedure performed in the Medical Imaging Department is done within a hospital continuum of care where safety and emergency protocols are paramount.
Medical Imaging

Imaging services at St. Vincent Healthcare

**General Radiology**

General radiography is the most basic form of medical imaging provided at St. Vincent Healthcare. It uses x-rays to create a fixed or still image of the inside of the body. Any part of the patient’s body can be examined. Several different terms, such as “film”, “picture” and “x-ray” are used to describe the image produced.

**Mammography**

Digital and 3D Mammography at our Breast Center of Excellence provide an opportunity to increase rate of early detection. Mammography is considered an invaluable tool against breast cancer.

**Computerized Axial Tomography (CT)**

Volumetric and 3D capability for diagnostic imaging services throughout the body to include full CT Angiography and cardiac imaging is utilized as diagnostic tools for patients. CT colonography is also available as the primary screening tool for diagnosis of colorectal cancer.

**Magnetic Resonance Imaging (MRI)**

MRI imaging services are available on 1.5T & 3T Toshiba Systems. These systems can be used for a wide range of medical needs ranging from routine imaging, such as orthopedics, spine related injuries, and treatment follow-up, to specialized exams such as breast imaging.

**Ultrasound**

Ultrasound imaging for abdominal, breast, obstetric, vascular and general ultrasounds are available throughout different clinics at St. Vincent Healthcare. Ultrasound provides a detailed imaging exam without radiation.

**Nuclear Medicine**

Nuclear medicine scans can be used to assist your healthcare provider in diagnosing disease, tumors, infection and other disorders by evaluating organ function. One of the unique features of a nuclear medicine scan is that is shows the “function” of the organ or tissue being evaluated as opposed to just a picture. This helps determine if the organ is working properly.

**Positron Emission Tomography (PET CT)**

Once a diagnosis of cancer is made by any means, a PET CT (positon emission tomography) is obtained to accurately stage the disease prior to treatments, determine treatment type and assess treatment response.

A positron emission tomography (PET)/computed tomography (CT) scanner is a whole-body imaging tool to more accurately diagnose and manage disease, particularly cancer. A CT scan produces detailed pictures of internal anatomy, and that information is merged with a simultaneously acquired PET scan, allowing physicians to view biological or metabolic activity. Because PET CT can pick up the slightest abnormalities in cellular activity, we are able to detect malignant tumors much earlier, even before the patient experiences any symptoms. Earlier detection increases our chances of finding a treatment that works, can tell a physician the location and size of the tumor as well as how well a patient is responding to treatment which enables the treatment to be tailored accordingly, and can assist in determining an optimal surgical route.

**Interventional Radiology**

Today many conditions that once required surgery can be treated non-surgically by the interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Some procedures include:

- Cryo Tumor Ablation
- Microwave Tumor Ablation
- Varicocele Embolization
Breast Care Center
and Breast Center Imaging

The Screening Process
As you enter the St. Vincent Healthcare Yellowstone Breast Center, you encounter a team of dedicated professionals skilled in treating the whole patient. The atmosphere is one of comfort, caring and gentle personal touch. Our certified mammography technologists and Radiologists provide technical expertise through digital screening and diagnostic mammography, ultrasound, and breast MRI. Recognized as a breast Imaging Center of Excellence by the American College of Radiology for demonstrating excellence in breast imaging by successfully achieving accreditation in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy, and breast MRI. The Yellowstone Breast Center is also accredited by the National Accreditation Program for Breast Centers (NAPBC) and is certified by the FDA.

Mobile Mammography
St. Vincent Healthcare’s Mobile Mammography Coach offers screening mammography to women in a comfortable and convenient atmosphere while visiting St. Vincent healthcare clinics in Montana as well as businesses throughout Billings and surrounding areas. Screenings take as little as 15 minutes, images are reviewed by board-certified Radiologists and results are mailed to both you and your healthcare provider within approximately seven to ten days.

EVA Project
The EVA Project was created by a courageous woman in our community who was diagnosed with breast cancer at the age of 28 with no family history of the disease. The EVA project provides free digital mammography screenings to women in our area over age 40 that are uninsured or underinsured and is funded through EVA and the St. Vincent Healthcare Foundation.

Eva’s Boutique
Eva’s Boutique is a specialty bra and prosthesis boutique catering exclusively to breast cancer patients. The Boutique is located inside the Yellowstone Breast Center with privacy, comfort and convenience in mind.

Eva’s Boutique offers:
• Consultations and fitting with our Fit Specialist
• Post-operative Camisoles
• Full range of prosthesis and bra sizes
• The Diagnosis
The outstanding pathologists that comprise the Yellowstone Pathology Institute, Inc. (YPII) value a system of providing service to patients through a consistent and ever improving reporting structure. This integrated system of reporting is based on template guidelines provided by the College of American Pathologists (CAP) and incorporated into reports utilized by St. Vincent Healthcare and the St. Vincent Healthcare Yellowstone Breast Center.

**The Patient**

One example of the multidisciplinary approach in our breast program is the weekly breast conference held on the SVH campus. This event brings together in a single room, pathologists, radiologists, general surgeons, plastic/reconstructive surgeons, medical oncologists, radiation oncologists, naturopaths, oncology administrators, our breast health navigator, clinical trial specialists, cancer registrars, physical therapists, our genetic counselor, and nursing professionals. While honoring the privacy of our patients, physicians are able to present documentation, slides and film, discuss cases and collaboratively develop treatment care plans focused on the whole patient.

**The Impact**

Our SVH Breast health Navigator is a key component in providing the necessary tools as you begin your journey. Currently our Breast Health Navigator provides education and support; facilitates smooth navigation throughout all areas of breast health by evaluating each case individually; analyzes the specific needs of each patient; develops a comprehensive plan to negotiate the spectrum of services. This comprehensive approach to the whole patient includes office and telephone consultations, assistance with procedure scheduling, support with surgical consultations, arranging transportation and lodging as needed, financial resource evaluations, and assisting the patient with overcoming barriers to care. This comprehensive program is a complementary service provided to all breast health patients by St. Vincent Healthcare.

**Resources**

In addition to supporting our patients’ emotional and spiritual needs, the St. Vincent Healthcare Breast Program recognizes that the burdens placed on a patient during treatment can be as diverse as the individual patient. There are several programs designed to support the breast health patient at SVH with the varying details that can often become overwhelming during treatment. The St. Vincent Healthcare Foundation funds and administers many of these programs specifically designed to address some basic concerns of our patients. Transportation services through PEAKS (People EveryWhere are Kind and Sharing), lodging services through Meadowlark House, and the EVA Project mentioned earlier are just a few. The SVH Foundation also administers the AVON Grant Program that provides breast patients two complimentary post-mastectomy/lumpectomy camisoles/bras prior to discharge.
The Surgical Choice
Following diagnosis of breast cancer through imaging and multidisciplinary physician evaluation, and confirmation of disease stage through additional tests and pathology, a surgical consultation is often indicated as the next course of treatment. St. Vincent Healthcare’s breast Health Navigator plays a key role at this juncture as consultation and procedure dates are scheduled, types of surgery are discussed with a general surgeon, and preoperative planning begins.

Reconstruction Options
Skilled plastic and reconstructive surgeons play an integral role in the comprehensive treatment of the breast patient. Whether a reconstructive approach is planned immediately or information gathered for a procedure in the future, highly specialized consultations provide valuable insight to the types of surgical interventions available following breast cancer surgery.

Genetic Evaluation and Management Factor
Detecting Genetic predisposition to any type of cancer can provide valuable information for physician and patient when determining frequency for screening and diagnostic evaluation. At St. Vincent Healthcare, we understand that providing this type of assessment is a vital component in treating the whole breast patient and therefore employ a certified genetic counselor to professionally evaluate your family and personal medical history and provide a comprehensive analysis regarding your breast cancer risk assessment and prevention.

At St. Vincent Healthcare, we reveal and foster God’s healing love by improving the health of the people in our communities we serve, especially those who are poor and vulnerable.
A cluster of abnormal calcifications is identified on a mammogram. A tumor is visualized during a screening colonoscopy. An unexpected liver lesion is detected on a CT scan during an unrelated trauma evaluation. All of these scenarios are encountered daily in medical practice and the question that almost always follows is “What is it?” A piece of the abnormal tissue is obtained and is sent to a Pathology laboratory, after which many patients are left to wonder “What exactly happens in a Pathology laboratory?” The Pathology laboratory is where tissues removed from patients are thoroughly examined on gross, microscopic, and molecular levels. In essence, it is where questions like “Is this cancer?” find answers.

St. Vincent Healthcare, through its cooperation with Yellowstone Pathology Institute, is dedicated to the accurate and timely diagnosis of cancer by providing access to current and comprehensive laboratory testing. In a majority of cases, a diagnosis of cancer is first obtained from microscopic examination of a small piece (a biopsy) of an abnormal lesion. This diagnosis is often followed by surgical resection of the entire tumor, which generates additional tissue for pathologic examination. On receipt of these specimens, pathologists determine the tumor type and size, the histologic grade of the tumor, the extent of organ involvement by the tumor, and the presence or absence of metastatic disease (or disease spread). Documentation of these elements is critical, as they provide valuable prognostic information and aid in the identification of patients who may benefit from further testing.

In addition to surgical pathology, Yellowstone Pathology Institute performs a number of highly specialized ancillary tests to thoroughly characterize a patient’s cancer. Some of these tests include immunohistochemistry to identify the presence or absence of protein expression (e.g. Lynch Syndrome screening for colorectal and endometrial cancers), in-situ hybridization to identify chromosomal gains, losses, or shifts (HER2 Amplification analysis for breast cancers), and molecular analyses to identify specific genetic mutations (e.g. EGFR/ALK/ROS1 mutation analysis for lung cancers). The results of these tests allow for the creation of highly specific treatment regimens and contribute useful prognostic information.

In the age of personalized medicine, pathologists and laboratorians play an integral role in the cancer care team by helping our clinical colleagues to “know thine enemy,” thereby extending and improving the lives of individuals affected by cancer.
St. Vincent Healthcare provides the best cancer care based on leading-edge technology. We are dedicated to making care more convenient, efficient and effective. As a nationally-accredited comprehensive cancer center, our team of experienced caregivers provides coordinated care and treatment planning between several different types of cancer specialists, which makes things easier for patients and leads to better medical outcomes. If you have cancer, our entire team of cancer care specialists will be here for you as your partners, confidants, teachers, shoulders to cry on and healers. With hope and healing, we will battle your cancer together.
In December 2012, St. Vincent Healthcare partnered with Frontier Cancer Center, the premier cancer treatment facility in central Montana. This patient-centered collaboration became St. Vincent Frontier Cancer Center. We take pride in knowing our patients by name and maintain this level of familiarity with the utmost respect to privacy and confidentiality. Our physicians and staff are prepared to educate, support and treat the whole person, using the most up to date resources and technology in a setting that feels like home.

St. Vincent Frontier Cancer Center employs a staff of nursing professionals with specialized training in the field of oncology. With their depth of experience to compliment the skilled physicians and other allied health professionals, all aspects of patient centered care are approached with the utmost skill and expertise. From providing information on side effects to nutritional recommendations and follow-up care, our nursing staff expertly balances the technical side of administering a wide variety of treatment to our patients while providing a uniquely caring environment with a genuine personal touch.

Our services include:
- Nursing staff certified by the Oncology Nursing Society
- Laboratory
- Imaging
- CT Scan
- PET Scan
- DEXA Scan
- Elekta Linear Accelerator
- CyberKnife Radiosurgery System
- Spacious 30 chair infusion suite, overlooking the Beartooth mountains
- Onsite appointments with Naturopathic Physicians
- Genetic Counselor
- Registered Dietician
- Spiritual Care
- Patient Navigators
- Survivorship Coordinator
- Celebrate Life – 8 week survivorship series
- Participation in weekly Tumor Board where cases are presented and discussed between surgeons, pathologists, radiologists, medical oncologists, radiation oncologists
- Clinical Research Trial Program
- TeleHealth
- THRIVE NOW – weekly educational classes for Oncology patients provided by Naturopathic Physicians
- YMCA Livestrong Partnership – 12 week exercise and wellness program
The scientific study of genetics can be traced back to Gregor Mendel’s 19th century observations of garden peas in a monastery garden in the Czech Republic. The great leap in the field occurred about a hundred years later when Watson and Crick described the double-helix structure of DNA and how base pairs of amino acids provide the instructions for cellular function. A few years later, scientists observed how abnormalities in the chromosomes that carry these genetic instructions were related to certain types of cancer.

The Human Genome Project, which started in 1990 and ended in 2003, sought to map the entire human genome. Through these and other efforts, scientists have been able to identify many abnormalities that are associated with a range of malignancies. By recognizing abnormal genes that are associated with cancer, medicines could be developed to target these genes, killing malignant cells but leaving surrounding normal cells alone.

This work has led to the concept of personalized oncology, a treatment strategy that looks at each patient’s individual genetic profile and directs therapies based on the results of that testing. Oncologists and pathologists are already using several techniques to identify targets on tumor cells that allow for specific treatment. The best examples are found in breast cancer, where the presence of estrogen receptors predicts response to estrogen blockers, and overexpression of Her-2-neu provides a target for drugs like Herceptin.

A new technology known as next-generation DNA sequencing of tumor cells is creating excitement in oncology research. The hope is that by understanding the genetic makeup of tumors and normal cells we will be able to tailor treatments that are more effective and less toxic. Whole genome DNA sequencing is now available from several commercial laboratories and the cost of these tests continues to decline.

Cancer researchers are now confronted by a tremendous amount of data regarding the makeup of tumor cells. So far, much of this information outstrips our ability to understand it. We are just now beginning to create research studies to test our theories based on genetic testing. These clinical trials will hold the key to improving the lives of cancer patients for generations to come.

The physicians and staff at St. Vincent Frontier Cancer Center appreciate the importance of staying on the forefront of cancer research. The hospital and the St. Vincent Foundation have made a commitment to developing the infrastructure necessary to bring state-of-the-art clinical trials to patients in our area. As a result, our patients have access to the latest developments in oncology research to take advantage of the progress being made in the understanding of cancer genetics.
Rebecca Tarlton, MD  
Medical Director  
St. Vincent Frontier Cancer Center

Radiation Oncology

In March, 2014, St. Vincent Healthcare Foundation received a $4.2 million gift from the Leona M. and Harry B. Helmsley Charitable Trust to the CyberKnife Radiosurgery System. The grant funds, generously awarded by the Helmsley Charitable Trust, allow St. Vincent Healthcare to offer unique, cutting edge, non-invasive cancer treatment to patients throughout our regional ministry. The Sisters of Charity of Leavenworth Health System also invested $1M in this project.

The CyberKnife is a robotic, computerized Stereotactic Radiosurgery device for delivering precise radiation treatment to a variety of targets throughout the body. Common indications for this special radiation treatment application range from benign or malignant tumors in or around the brain to early stage lung cancers in constant motion from breathing, to curative prostate cancer treatments. Many unique or uncommon diseases can be addressed, such as cranial nerve, trigeminal neuralgia for example.

The St. Vincent Frontier Cancer Center began treating patients on the Cyberknife in early August, 2014. In 2016 St. Vincent Frontier Cancer Center saw steady increases in the number of treatments performed both on the Linear Accelerator (Synergy) and the CyberKnife. In 2015 the total number of treatments performed 4523 on Synergy and 233 on CyberKnife with 2016 numbers rising to 4760 and 270 on the Synergy and CyberKnife respectively. 2016 saw an expansion of lung treatment options through multidisciplinary cooperation with pulmonary and thoracic surgical specialties, and potential lung cancer patients are now reviewed in a regular lung nodule screening clinic. As well, there has been continued growth of the existing interactive care with the neurosurgery and urologic surgeons.

2016 saw the departure of Dr. Lee McNeely with Tony Simons, a medical physicist, and I joining the St. Vincent Frontier Cancer Center family. We now have permanent in house physics support for patients which will allow better flow of treatment for the CyberKnife patients and support the development of other radiation modalities.

Goals for the St. Vincent Frontier Cancer Center in 2017 include the recruitment of a second radiation oncologist to expand the existing practice. The plan is to introduce other treatment modalities such as High Dose Rate Brachytherapy for use in breast cancer and some gynecological malignancies, and seed implants for certain prostate cancer patients. In addition, the CyberKnife could be implemented to treat some cases of breast cancer.
Clinical Trials and Research Overview

St. Vincent Frontier Cancer Center’s Clinical Research department is proud to offer patients the opportunity to participate in state-of-art cancer clinical trials as part of their cancer treatment. Clinical trials play a key role in the development of new ways to prevent, detect and treat cancer. Clinical trials allow patients access to the latest cutting-edge and innovative cancer therapies not found anywhere else in the world. Most all cancer treatments used today are the results of past clinical trials.

2016 has been an exciting year for St. Vincent Frontier Cancer Center as we opened 30 new pharmaceutical clinical trials. Many patients had and continue to have access to these trials. We have had many success stories from patients participating in a clinical trial using investigational new drugs alone as well as combination therapies. There is much to be excited about in Oncology and look forward to an exciting 2017 and being able to provide many more innovative new treatment options to our patients.

Clinical Trials and State-of-the-Art Care

St. Vincent Frontier Cancer Center’s in-house clinical research department provides support services to facilitate our robust pharmaceutical-sponsored clinical trial portfolio. Our emphasis on increasing the department’s clinical trial opportunities has allowed us to offer state-of-the-art care to many patients this year. Our research program continues to focus on increasing internal infrastructure and growing relationships with pharmaceutical companies whom have strong research pipelines in order to maintain a robust clinical trial portfolio. In doing so patients benefit by having increased access to cutting edge treatment options here in Billings, MT.

At St. Vincent Frontier Cancer Center we recognize the next frontier of cancer treatment revolves around immunotherapy (using your body’s own immune system to fight cancer) and other targeted therapies. Like many state-of-the-art cancer programs we are demonstrating our commitment to this new science by offering a robust portfolio of clinical trials utilizing immunotherapy. One example of a current study offered is for patients who have a diagnosis of triple negative breast cancer (TNBC). Patients who participate in this trial are randomized to receive standard first line chemotherapy plus/minus immunotherapy. In addition to this trial, we offer immunotherapy trials for many other cancer diagnoses.
Clinical Trials and Research
continued

A Multidisciplinary Approach to Care

At St. Vincent Frontier Cancer Center, we understand that a successful research program requires a multidisciplinary team approach and engagement. A team of medical professionals, including medical oncologists, radiation oncologists, surgeons, radiologists, pathologists, pharmacists, nurses, research coordinators, regulatory coordinators, social workers, patient navigators, genetic counselors work together to provide high-quality care with attention to regulatory and Good Clinical Practice (GCP) adherence for all patients who participate in clinical research studies.

St. Vincent Frontier Cancer Center’s dedicated Clinical Research team discusses clinical trials with patients as part of their treatment options. The team provides general information about participating as well as study-specific information to patients who are interested in taking part in clinical trials. The research coordinators work closely with the patient’s physician to coordinate care, enrollment, and treatment.

Goals

St. Vincent Frontier Cancer Center’s Research department’s main objectives are to:

• Increase patient’s access to state-of-the-art clinical trial opportunities through partnerships with industry/pharmaceutical sponsors.

• Provide in-house research support services to ensure integrated management, coordination and implementation of clinical research at St. Vincent Frontier Cancer Center by highly trained and qualified research professionals.

• Elevate oncology clinical care by providing access to new, emerging and innovative science designed to develop new ways to prevent, detect, and treat cancer.
Genetic Counseling

Karen E.P. Stears, MS
Genetic Counselor ABMG

In keeping with our goal to provide comprehensive care to our patients we offer genetic counseling services by a board certified genetic counselor, Karen Stears. Identifying patients who have a hereditary cause behind their cancer is important as the risk for cancer is much higher, the age of onset is much younger and they are typically at risk for more than one type of cancer. Therefore, once a hereditary cause is identified it is important to implement more aggressive risk reducing and early detection strategies at younger ages for all types of cancer they may be at risk for.

If you are concerned about your risk for breast, ovarian, or colon cancer and meet any of the criteria below, you are eligible for genetic counseling and testing:

- You or a close relative have a history of breast, colorectal or uterine cancer at the age of 50 or younger
- You or a relative were diagnosed with ovarian cancer at any age
- You or a relative were diagnosed with male breast cancer at any age
- You or a close relative were diagnosed with a triple negative breast cancer (ER-, PR-, Her2-), two breast cancers (either two primaries or bilateral), or a rare tumor
- You or a close relative had more than 10 colon adenomas
- You have a family history of at least 3 relatives (1st to 3rd degree relatives on the same side of the family) with cancer at any age
- You are of Jewish Ancestry
- You have any relatives with a known mutation in a cancer susceptibility gene
- You had radiation to the chest before age 30
Cancer Liaison Physician

Jeffrey Rentz, MD, FACS
General Surgeon

Working as the Cancer Liaison Physician for St. Vincent’s has been a rewarding experience that I hope to continue throughout my career. Caring for people with cancer is the most gratifying part of my practice. The best way to improve is through thoughtful analysis of data. My role, as the CLP, gives me access to data so that I can work with my colleagues to improve our system of care.

Clinicians work with people every day and frequently recognize trends, such as an increase in certain types of cancer. The CLP can look into the database to see if the trends are unique to a single provider or if they are affecting everyone. We can then organize resources to better address the needs.

I can see the benefits of these changes all of the time. We have increased outreach for screening for breast cancer and colorectal cancer. We have hired navigators to coordinate and facilitate care for women with breast cancer and individuals with head and neck cancer as well as lung cancer. The surgeons have performed colonoscopies to augment the excellent work that’s been done for decades by the gastroenterologists because there is a great need in the community. We have developed a superb, multidisciplinary lung cancer screening program.

Practicing surgery is a tremendous privilege. As my career matures, I have looked for more ways to help more people and my role as the Cancer Liaison Physician is one important way to contribute to the surgical care of many more people than I can ever treat alone.

“I can trust St. Vincent to make me feel better by giving me the best care.”
— St. Vincent Healthcare Patient
Pschosocial Oncology Program

Psychosocial Distress Screening

Beginning in 2015 the Commission on Cancer requires all accredited programs screen patients for psychosocial distress at a pivotal time in their treatment. Pivotal times are defined as situations where the patient is at the greatest risk for distress (such as time of diagnosis, transitions during treatment (such as from chemotherapy to radiation therapy) or transitions off treatment. In addition the requirement stipulates the distress screening be addressed with the patient and appropriate referrals made. To meet this requirement a process was put in place where a distress screening tool is filled out by the patient at each physician visit. The physician reviews the results with the patient during the encounter and appropriate referrals are made at that time.

Survivorship

Starting in 2015 the Commission on Cancer and National Accreditation Program for Breast Centers required patients who received curative treatment receive a comprehensive treatment summary and care plan. In 2016, 80 care plans were delivered to our patients with breast, lung, and colon cancers.

Thanks to advances in both screening and treatments, more people than ever are winning their battle with cancer. For many, however, learning how to live through and beyond your cancer journey can be challenging. Because St. Vincent Frontier Cancer Center recognizes cancer care doesn’t end with cancer treatment, we offer the Celebrate Life Series. From good nutrition and exercise to managing stress, the information shared in these interactive sessions is geared specifically towards survivors and their unique needs.

“They make me feel better by helping me understand what to expect in my cancer care journey & giving me access to the finest cancer specialists available that I can trust to give me the best care.”

— St. Vincent Healthcare Patient
Role of Nutrition in Cancer Treatment

Greta Hensler, RD, LN
Registered Dietitian

The Role of Nutrition in the Treatment of Cancer Patients
Overview

Nutrition is an essential part of achieving optimal outcomes for our patients undergoing cancer treatment. During treatment, patients can experience numerous side effects such as nausea, difficulty swallowing, taste/smell changes, dry mouth or mouth sores, diarrhea, constipation, early satiety and poor appetite all of which may contribute to inadequate nutritional intakes. Cancer patients also have an increased need for specific nutrients that can be obtained through diet or supplementation. The dietitian is involved in the patient’s care from the time of diagnosis, actively incorporating nutrition as a key component of treatment, and working to improve and preserve our patients’ nutritional status. Dietitians also counsel patients and families on important evidence based strategies to optimize nutritional intake, help manage nutrition related side effects of therapies, and prevent nutrient deficiencies. At the conclusion of treatment, the dietitian can help guide diet and lifestyle changes to reduce risk of recurrence.
The St. Vincent Frontier Cancer Center Pharmacy has continued to go through a variety of changes in 2016. We hired another full-time oncology-trained pharmacist, Erin Juedeman, which has allowed us to continue to expand the services we can provide to patients. We started a comprehensive oral chemotherapy program, where pharmacists are providing patient education and follow-up so that our patients have a better understanding of how to safely manage these difficult medications in their homes. We also continued to work collaboratively with the medical oncologists and oncology nurses to optimize infusion services and reduce the amount of time our patients have to spend in the infusion center. Throughout the year we were able to train additional pharmacy technicians so that compounding times were reduced, allowing medications to come from pharmacy faster, thus reducing chair time for patients and optimizing nursing time. The pharmacy technicians have also taken many strides to improve the medication reconciliation process to ensure that our patients have accurate medication lists within the electronic medical record. We also continue to see significant cost savings, due to the hard work of our pharmacy technicians ensuring that we are optimizing the use of 340B pricing.

“\textit{I have been very blessed by the caring staff. It’s nice when I come in for an appointment and am greeted by staff and nurses that I’m not even seeing that day. It means a lot to be cared for. And I’ve been thankful for the openness of the doctors and nurses when I have questions or concerns that may be nothing but are heavy for me and they take the time to discuss them with me.}”

\textit{— St. Vincent Healthcare Patient}
Patient Navigation

St. Vincent Healthcare is committed to providing quality cancer care through a patient centered process. Integral to this commitment is the role of the patient navigator. The patient navigation touches all levels of health care and offers the patient an integrated experience across the care continuum. At SVH our patient navigators facilitates patient access to care by guiding them from screening and diagnosis to treatment and survivorship. Comprehensive services include patient education, care coordination, removal of barriers and referral to resources such as psychosocial support, nutrition, financial counseling, transportation, language interpretation and research trials.

History

Dr Harold P. Freeman is considered the founder and national champion of patient navigation. He established the nation’s first patient navigation program in 1990 at Harlem Hospital Center to help improve access to cancer screening and address the delays in clinical follow-up and barriers to cancer care that poor people encounter. The pilot program compared 5-year survival rates of breast cancer patients who were navigated and those who were not and found an improvement in the navigated patients.

Patient Navigators

St. Vincent Healthcare employs three care coordinators who provide patient navigation services in the inpatient and outpatient setting. Cari Williams, RN specializes in lung and head and neck cancers has 12 years experience and interacts with patients in both the inpatient and outpatient setting. Ella Dugan-Laemmle, specializes in breast cancers with 3 years experience in navigation and years of experience in counseling. She is located at the Yellowstone Breast Center. Katie Meyer, an additional navigator sponsored by the American Cancer Society and Saint Vincent Foundation is located at St. Vincent Healthcare Frontier Cancer Center. These patient navigators guide patients with a suspicious finding (eg, test shows they may have cancer) through and around barriers in the complex cancer care system to help ensure timely diagnosis and treatment. They offer education, provide support related to decision making, encourage strong relationships with care providers and connect patients to appropriate support services.

Ella Dugan-Laemmle, MS, LCPC, MFT, LAC, CN-BM
Breast Health Navigator
St. Vincent Healthcare - Frontier Cancer Center

Cari Williams, RN, BSN
Oncology Patient Navigator
For Lung and Head/Neck
And Coordinator of Lung Cancer Screenings
St. Vincent Healthcare/SCL Health

Katie Meyer
ACS Navigator
St. Vincent Frontier Cancer Center
Patient Navigation

Role

The cancer navigators optimize advocacy for the patient and their families exhibiting critical thinking skills and efficient use of resources to solve problems and reduce both potential and existing barriers to quality care that may lead to disparities in cancer treatment outcomes. Barriers to quality care fall into a number of categories:

• Financial and economic
• Language and cultural
• Communication
• Health care system
• Transportation
• Bias based on culture/race/age
• Fear
• Understanding and education about disease and treatment.

Patient navigation helps ensure that patients receive culturally competent care that is also:

• Confidential
• Respectful
• Compassionate
• Mindful of the patient’s safety

Goals/Objectives

Patients are connected to a navigator prior to their initial treatment consult and will be guided throughout the various aspects of their care.

The oncology patient navigators are committed to:

• Enhancing the patient experience to provide satisfaction to the patient, their families and our staff.
• Providing timely access to diagnostic and treatment services eliminating barriers to care.
• Ensuring all patients feel welcome regardless of their ability to pay, their race/ethnicity/sexual preference or language.
• Assuring barriers to care will be minimal and not delay access to treatment or the treatment process.

Outcomes

Navigation services vary depending on the cancer type and specifics of the patient’s diagnosis and treatment plan.

St. Vincent Healthcare oncology service line is committed to patient navigation and development of the navigation program.
Krista Meier, MPT

As medical advances continue to become more adept at treating and curing various cancers the side effects of treatment become more evident. Many cancer survivors suffer debilitating side effects that interfere with long term recovery plans. The greatest distressor among cancer survivors is the inability to function at a pre-cancer level post diagnosis and treatment. St. Vincent Outpatient Rehabilitation has a comprehensive interdisciplinary program developed to provide outpatient rehabilitation to all cancer patients and survivors in need, whether you are newly diagnosed or long finished with treatment. Our goal is to improve daily function and quality of life for the cancer survivor. We create customized programs to address a wide range of symptoms and diagnoses for each type of cancer. Our experienced team of therapists and physicians work with individuals to address rehabilitation needs for a variety of conditions including:

• Fatigue
• Weakness
• Poor endurance
• Decline in balance
• Postural changes
• Joint stiffness
• Pain
• Difficulty with walking
• Numbness in feet or hands
• Scar tissue restriction

To learn more please contact Jessica Leintz, DPT, or Krista Meier, MPT at 406-237-6400
Inpatient Oncology

St. Vincent Hospital’s Inpatient Oncology department serves patients who are primarily 18 years of age and older with oncologic/hematologic or medical diagnoses and the myriad of accompanying conditions that occur in patients with a cancer diagnosis.

Patients Care For in Inpatient Oncology

The medical oncology patients cared for include those with leukemia, lymphoma and other medical and hematological disorders. A variety of services includes, but is not limited to, chemotherapy, pain control and blood transfusions. Our care teams, patients, family and friends work together to provide the education, guidance and support of mind, body and spirit that will help you through your journey.

Education and Professionalism

Oncology nursing associates encourage and promote education and professionalism. Education specific to Oncology is ongoing and is also provided to new patients. Compassionate, professional, and proficient care and treatment of Oncology patients is the expectation, not the exception.

Our Newly Remodeled Environment

The newly remodeled unit was designed to be a welcoming and healing atmosphere for all patients. Throughout its construction, architects, healthcare professionals, and community members ensured that every design element and building feature would help to create the best possible patient experience. As a result, the environment is a patient-friendly setting that includes a positive pressure area to protect our most vulnerable patient populations.

Join Us

The team at St. Vincent Healthcare strives to provide the most competent, most compassionate care possible to the patients and families entrusted to our care. Our Mission, Vision and Values are our guiding force in ensuring that every action is centered on the patient and making their healthcare experience the best that it can be.
IV. Supporting Patients and Families

Resources

St. Vincent Healthcare offers a wide array of educational and support resources to help those with a cancer diagnosis successfully manage and overcome their disease. We also realize that your care team may include more than just those at St. Vincent Healthcare. We welcome family and friends to the battle, and we encourage you to have your family or friends help you through this journey.
Spiritual Care

Bret Miller  
Staff Chaplain, M Div., BCC  
St. Vincent Healthcare  
Frontier Cancer Center

Spiritual Care is an essential component of Patient-Centered Care. The Spiritual Care Department sees every human life as a sacred trust. We believe that every person has an innate spirituality.

Our spiritual lives connect us together in relationship with each other, nature and the Divine. Spirituality gives us the strength to cope with life’s crises: illnesses, traumas, changes and challenges. It intricately ties us to our health, hope and well-being.

Our mission motivates us to care, compassionately, with respect for the dignity and the sacredness of each person. It matter to us what religious tradition gives foundation to our patients’ lives and healthcare choices. We value the beliefs and traditions of all people that give healthy structure and well-being to their lives. Applying these principles, we offer support to the patients, families and associates who are on their journey with cancer at both Frontier Cancer Center and St. Vincent Healthcare.

Our chaplains are available 24 hours a day, seven days a week. Please contact us at the hospital or through your provider.

“The staff has always been very friendly, supportive, and caring. They talk with me as a friend as well as my care provider. I work in customer service for an airline and I know how important it is to have good people skills. Staff here has that 100%.”  
— St. Vincent Healthcare Patient
Palliative Care

Katherine L. Dietrich, DO, HMDC
Palliative Care Service Medical Director
St. Vincent Healthcare

Palliative Care

Our team is dedicated to improving your quality of life through symptom management, guidance, through treatment options, and spiritual care. A serious illness impacts patients and families in many ways. At St. Vincent Healthcare, our palliative care team is here to provide help and support during what is often a physically and emotionally challenging time. Working together with the patient, our team focuses on each patient’s individual goals as we work to relieve pain, reduce symptoms and bring comfort and relief. Patients who have been diagnosed with a chronic or serious illness may benefit from palliative care. Examples include those with heart or lung disease, cancer, kidney failure or other diseases. Palliative care is also very helpful for a patient with a particularly aggressive treatment.

Palliative Care Team

We bring together specialists from a variety of specialties as part of the palliative care team. By doing so, we are best able to meet the patient’s emotional and spiritual needs. In addition to physicians and nurses specializing in palliative care, patients may receive care from a chaplain, social worker, nutritionist and pharmacist depending on the patient’s needs and preferences. The palliative care team also works with the patient’s regular physician, who can also request a consultation with the palliative care team if you are hospitalized or during a regular office visit.

Symptom Management

Palliative care is designed to ease the symptoms experienced as a result of an illness or the treatments for that illness.

These symptoms include:

• Pain and Fatigue
• Nausea
• Coughing or Shortness of Breath
• Difficult or painful swallowing
• Constipation
• Swelling

Palliative care is recognized by the American Medical Association and American Board of Medical Specialties. It is covered by most insurance policies, include Medicare and Medicaid.
Community Outreach

Community Support and Partnership with the American Cancer Society

St. Vincent Healthcare works closely with the American Cancer Society to ensure patients are being linked to a complete host of services that go hand in hand with their individualized cancer treatment. In 2016, the American Cancer Society worked with St. Vincent Healthcare in making sure that patients were offered and received access to the following programs:

Road To Recovery: The Road To Recovery program provides free rides to and from treatment for people with cancer who do not have a ride or are unable to drive themselves.

Reach To Recovery: The Reach To Recovery program lets breast cancer patients talk one-on-one with other breast cancer survivors, so they can discuss questions and concerns that come with a diagnosis.

Look Good Feel Better: This program teaches people in active cancer treatment ways to help them with appearance-related side effects. Participants receive sample products to take home and use.

American Cancer Society Patient Navigators: St. Vincent Healthcare is able to link patients with non-clinical navigators who can help with all of the potential stresses that come with a cancer diagnosis. The navigator can help connect patients to financial resources, provide emotional support, refer to local professionals, and assist with other important issues that may arise.

Lodging: The lodging program provides free or reduced hotel rooms to patients traveling for a cancer-related medical appointment.

American Cancer Society sponsored Cancer Resource Center at St. Vincent Healthcare: A patient can drop in to the resource center to ask questions, pick up brochures or try on wigs. The American Cancer Society offers a wig free of charge to any patient in need and will help match the patient’s personal style. In 2016 St. Vincent Healthcare has given out over 25 wigs through this program.

American Cancer Society pamphlets and booklets: Patients can request literature on almost all topics related to their unique cancer journey. A small sample of topics include: Nutrition during treatment, Sexual intimacy, Stresses associated with being a caregiver, and many more.

All programs and materials offered by the American Cancer Society through their partnership with St. Vincent Healthcare are always free of charge to the patient and their families.
Community Outreach

 Relay for Life: St. Vincent Healthcare was a sponsor of the event and our Relay for Life team raised $6,012.

 Light up the Night: SVH sold and displayed over 80 luminaries at SVFCC on National Cancer Survivor Day. Sales from luminary sales went to Relay for Life. (picture below)

 Oral, Head/Neck Cancer Prevention Event: On April 16th Dr. Demars spoke to 90 American Legion Baseball players about the three risk factors for oral, head/neck cancer (tobacco use, alcohol use, and HPC disease) using ACS evidence-based guidelines. Attendees received quit brochures as well as sunscreen.

 Oral, Head/Neck Cancer Screening: Dr. Demars offered an Oral, Head and Neck screening for adults April 14th and 21st. There were 123 registered participants and any positive results were referred for biopsy.

 Men’s Night Out: St. Vincent hosted a night of food, drinks, and information on the latest innovations in men’s and wellness featuring presentations by Dr. Patrick Cobb, Dr. William Knopf, Dr. Thomas Owen, and Dr. Adam Zelka.

 Celebrate Life Picnic: An annual picnic at St. Vincent Frontier Cancer Center to celebrate our patients and their families. A fun day filled with food, music, and vendors. Over 700 community members in attendance!

 Pinktober: During Breast Cancer Awareness Month, St. Vincent Healthcare raised awareness for breast cancer research and celebrated all women who have been diagnosed with the disease. The following events were open to the public as well to help support and participate in each of the following events: NILE Rodeo – Tough Enough to Wear Pink, MSUB Volleyball Night, Pack the Place in Pink at Skyview, and KTVQ Survivor Breakfast.

 LIVESTRONG: St. Vincent is proud to sponsor this free twelve week, small group program designed specifically for cancer survivors at the YMCA. Their certified LIVESTRONG trainers help participants build muscle mass and muscle strength, increase flexibility and endurance and improve their overall functional ability. The goal is to help reduce the severity of therapy side effects, prevent unwanted weight changes, and improve participants’ energy levels and self-esteem.

 Light Up the Night (June 5, 2016)
The St. Vincent Healthcare Foundation was formed in 1990 by dedicated community members with the purpose of raising money for the medical services and related health care programs of St. Vincent Healthcare. Today over 500 volunteer members of our community carry on the work of the Foundation.

Donations have enabled the Foundation to assist St. Vincent Healthcare in providing the best possible health care to our nine county service area.

**Since 1997 St. Vincent Healthcare Foundation has given back $95,000,000 SVH.**

For more information and to donate to St. Vincent Healthcare Foundation visit http://www.svh-mt.org or call 406-247-3600

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**The SVH Frontier Cancer Care Collaborative**

St. Vincent Frontier Cancer Center, with its team of extraordinary physicians, nurses and technical experts, is a force in cancer care serving northern Wyoming and Montana communities. A new CyberKnife cancer treatment program provides state of the art cancer tumor treatment unmatched in the region.

Partnering with SV Frontier Cancer Center is the Big Horn Basin Regional Cancer Center in Cody, Wyoming, allowing patients to receive outpatient care in the comfort of their home community. Thanks to exceptional philanthropic investment of over $5,000,000 this cancer center is a source of exceptional medical and radiation treatments for patients in northern Wyoming.
St. Vincent Healthcare and St. Vincent Frontier Cancer Center is dedicated to providing exceptional care based on the latest medical knowledge. It provides patients and their loved ones with a full complement of support services.

St. Vincent Healthcare, Main 406-237-7000
Spiritual Care

St. Vincent Frontier Cancer Center 406-238-6290
Clinical Research
Infusion Center
Medical Oncology
Radiation Oncology
Oncology Pharmacy
Nutritional Services
Patient Navigation
Genetics
Survivorship

Yellowstone Breast Center 406-237-4373
Eva’s Boutique 406-237-3115
St. Vincent Foundation 406-237-3600
St. Vincent Palliative Care 406-238-6900
Physical Medicine and Rehabilitation 406-238-6400
Cognitive Therapy
Lymphedema Services
Speech Therapy
Physical Therapy

### The Colors of Cancer Awareness

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Pink</td>
</tr>
<tr>
<td>Ovarian</td>
<td>Teal</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Orange</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Black</td>
</tr>
<tr>
<td>Liver</td>
<td>Emerald Green</td>
</tr>
<tr>
<td>Cervical</td>
<td>Teal and White</td>
</tr>
<tr>
<td>Colon</td>
<td>Dark Blue</td>
</tr>
<tr>
<td>Childhood</td>
<td>Gold</td>
</tr>
<tr>
<td>Kidney</td>
<td>Kelly Green</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>Purple</td>
</tr>
<tr>
<td>Leiomyosarcoma</td>
<td>Purple</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>Lime</td>
</tr>
<tr>
<td>Lung</td>
<td>Pearl</td>
</tr>
<tr>
<td>Uterine</td>
<td>Peach</td>
</tr>
<tr>
<td>Brain</td>
<td>Gray</td>
</tr>
<tr>
<td>Prostate</td>
<td>Blue</td>
</tr>
<tr>
<td>Bladder</td>
<td>Yellow</td>
</tr>
<tr>
<td>Sarcoma/Bone</td>
<td>Yellow</td>
</tr>
<tr>
<td>Esophageal</td>
<td>Periwinkle Blue</td>
</tr>
<tr>
<td>Stomach</td>
<td>Periwinkle Blue</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Teal and Pink and Blue</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>Burgundy and Ivory</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>Burgundy</td>
</tr>
<tr>
<td>General</td>
<td>Lavender</td>
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</tbody>
</table>
Web Resources

These websites range from the general — providing overview information — to the specific, including sites dealing with specific cancers and support as well as health and wellness.

All Cancers
St. Vincent Healthcare www.svh.org
Association of Cancer Online Resources (ACOR) www.acor.org
American Cancer Society www.cancer.org
American College of Radiology www.radiologyinfo.org
American Society for Radiation Oncology (ASTRO) www.astro.org
American Society of Clinical Oncologists (ASCO) www.asco.org
Cancer Care.org www.cancercare.org
Cancer Research and Prevention Foundation www.preventcancer.org
National Cancer Institute, NIH www.cancer.gov
National Library of Medicine www.medlineplus.gov
National Institutes of Health www.nlm.nih.gov
Palliative Care www.getpalliativecare.org

Brain Cancer
American Brain Tumor Association (ABTA) www.abta.org
Musella Foundation for Brain Tumor Research & Information www.virtualtrials.com/musella.cfm
National Brain Tumor Foundation www.braincancer.org

Breast Cancer
Living Beyond Breast Cancer www.lbcb.org
National Breast Cancer Coalition (NBCC) www.stopbreastcancer.org www.natlbcc.org
Susan G. Komen Breast Cancer Foundation www.komen.org
Mothers Supporting Daughters with Breast Cancer www.mothersdaughters.org
SHARE: Self-help for Women with Breast or Ovarian Cancer www.sharecancersupport.org
After Breast Cancer Diagnosis www.abcdbreastcancersupport.org

Colon Cancer
Colon Cancer Alliance (CCA) www.ccalliance.org

Gynecological Cancer
American Congress of Obstetrics and Gynecology www.acog.org
Familial Ovarian Cancer Registry www.ovariancancer.com
Foundation for Women’s Cancer www.wcn.org
National Cervical Cancer Coalition www.nccc-online.org
National Ovarian Cancer Coalition (NOCC) www.ovarian.org
Ovarian Cancer National Alliance www.ovariancancer.org
SHARE: Self-help for Women with Breast or Ovarian Cancer www.sharecancersupport.org

Leukemia and Lymphoma
Lymphoma Research Foundation of America www.lymphoma.org
The Leukemia & Lymphoma Society www.leukemia.org

Lung Cancer
American Lung Association www.mylungcancersupport.org

Prostate Cancer
Zero: The End of Prostate Cancer www.zerocancer.org
Support and Information Resources

<table>
<thead>
<tr>
<th>Information and Support for Caregivers, Family and Friends</th>
<th>Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society</td>
<td><a href="http://www.cancer.org">www.cancer.org</a></td>
</tr>
<tr>
<td>Caregiver Action Network</td>
<td><a href="http://www.caregiveraction.org">www.caregiveraction.org</a></td>
</tr>
<tr>
<td>Well Spouse Association</td>
<td><a href="http://www.wellspouse.org">www.wellspouse.org</a></td>
</tr>
<tr>
<td>4th Angel — Caregiver peer phone support</td>
<td><a href="http://www.4thangel.org">www.4thangel.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial, Legal, and Work Resources</th>
<th>Web Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Financial Assistance Coalition</td>
<td><a href="http://www.cancerfac.org">www.cancerfac.org</a></td>
</tr>
<tr>
<td>CancerCare</td>
<td><a href="http://www.cancercare.org">www.cancercare.org</a></td>
</tr>
<tr>
<td>Disability Rights Legal Center</td>
<td><a href="http://www.disabilityrightslegalcenter.org">www.disabilityrightslegalcenter.org</a></td>
</tr>
<tr>
<td>Job Accommodation Network</td>
<td><a href="http://www.askjan.org">www.askjan.org</a></td>
</tr>
<tr>
<td>Cancer and Careers</td>
<td><a href="http://www.cancerandcareers.org">www.cancerandcareers.org</a></td>
</tr>
</tbody>
</table>

‘I think it’s the best place to get treatment. I love the staff. I feel like a Rock Star when I come here.”

— St. Vincent Healthcare Patient