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We’re dedicated to offering the best cancer care in the area. In fact, our oncology program has been recognized with commendation by the Commission on Cancer of the American College of Surgeons as offering the very best in cancer care. It is a recognition of the quality of our comprehensive, multidisciplinary patient care. We’re proud to have brought the very best in today’s cancer treatment closer to home.
Message from the president

Dear friends,

It’s been an exciting year at the Mercy Regional Cancer Center. With every new service, new technology and new recognition, our cancer experts continue to offer the best in cancer care—close to home.

In surgical oncology, our new, recently installed, da Vinci® Si HD™ Dual-Console Robotic Surgical System has given our urologists, gynecologists and general surgeons a better way to perform complex cancer surgeries. Patient benefits are many, as you’ll see on pgs. 33 and 34.

In the radiation oncology department, our Siemens Primatom™ Cancer Treatment System, with its lightning-fast, 3-D tumor localization capabilities, continues to be a powerful tool in our cancer-fighting arsenal.

And our medical oncology department always has a number of important clinical trials open. These trials, and the patients who take part in them, provide invaluable information for researchers who dedicate their lives to finding new ways to detect, diagnose and treat cancers.

For these reasons and many more, our comprehensive oncology program has been recognized by the Commission on Cancer of the American College of Surgeons as offering the very best in cancer care. In fact, we are the only cancer center in a 75-mile radius to receive the Commission’s Outstanding Achievement Award for 2009. This award recognizes the quality of our multi-disciplinary patient care program, and I congratulate the many caring partners who worked hard for this award. They truly approach our work here as a calling, not just a job.

Sincerely,

Javon R. Bea
President/CEO
Mercy Health System
Mercy Cancer Committee: chairman’s report

B. K. Wasiłjew, MD, FACS
Chairman, Mercy Cancer Committee

On the basis of the highest possible rating for 2008 reaccreditation survey, we were nominated for, and in 2009 received, the Outstanding Achievement Award from the Commission on Cancer. This award is given only to accredited cancer programs that excel in nine areas of activity and 36 different standards of quality.

As a result of continued growth, our medical oncology department is moving to a new, much larger facility in the newest building, the Michael Berry Building, on the Mercy Campus. With all of the activity, this department outgrew the space that was remodeled and expanded only several years ago.

A monthly breast conference was added to our regular tumor board schedule. A working hands-on review of current breast cancer patients helps with decision-making and has been stimulating to all.

The increasing amount of work by our cancer committee required increasing meeting frequency to once a month. Items are now handled more promptly and more discussion time is available. Subcommittees have been active in specific areas, preparing recommendations and providing oversight to the Cancer Committee. These include community outreach, NCCN guidelines and cancer conference subcommittees.

An increasing number of protocols are available to our cancer patients. This research arm of our program is under the direction of Dr. Emily Robinson and staff. These 18 protocols, which cover five organs, including breast, colorectal, lung, multiple myeloma and pancreas, allow patients to receive state-of-the-art and experimental treatment right here in Janesville.

An active palliative care program is now available for consultation and management. This has been developed and implemented under the direction of Dr. Dena Green, who has a special interest and expertise in that area.

All of the information about our program and services is available to the medical community, patients, families and the public at Cancer.MercyHealthSystem.org.

Congratulations and thank you to all.
Science ... services ... support

Since 1990, the Center has helped thousands of cancer patients and their families meet the challenges of cancer head on. Our comprehensive cancer care program offers the full range of resources necessary to detect and treat cancer, and help our patients not only recover, but thrive. Our entire staff—with our combined knowledge and expertise—understands what each patient is experiencing. We know that our patients require not only state-of-the-art technology to heal, but also the human touch. It is this spirit of compassion and kindness that makes our Center stand out. How do we know? Our patients tell us, every day.

Your Mercy Regional Cancer Center team

American Cancer Society .................................................................(800) 227-2345
American Cancer Society Navigator ..................................................(608) 833-4555
Mercy Cancer Registry ................................................................(608) 756-6139
Mercy Hospice Care ........................................................................(800) 369-2201
Mercy Hospital Janesville .................................................................(608) 756-6139
    Administrative director, oncology ..................................................(608) 756-6871
    Clinical trials data manager ..........................................................(608) 756-6871
    Dietitian/nutritionist .................................................................(608) 756-6151
    Financial counselor ....................................................................(608) 756-6500
    Genetic counseling ....................................................................(608) 756-6871
    Hematology/medical oncology ..........................................................(608) 756-6871
    Inpatient special care unit (SCU) ...................................................(608) 756-6897
    Manager, oncology .......................................................................(608) 756-6770
    Oncology social worker .................................................................(608) 756-6871
    Outpatient transfusion/infusion (Treatment Coordination Center) ..............................................(608) 756-6601
    Pastoral care ...............................................................................(608) 756-6000
    Radiation oncology ....................................................................(608) 756-6500
    Surgical oncology ......................................................................(608) 756-7277
    Urology ......................................................................................(608) 741-6990
Mercy Pain Center ...........................................................................(608) 756-6049
2009 cancer
registry report
Mercy cancer registry report

The Cancer Registry at Mercy Health System plays an active role in the cancer program by providing multiple services and support for the components of a Commission on Cancer (CoC) approved cancer program. The Cancer Registry coordinates the collection, research, analysis and dissemination of cancer information. In addition to routine cancer registry responsibilities, registrars have key roles on the Cancer Committee and ensure that the MHS Cancer Program meets or exceeds all CoC cancer program standards.

Since the inception of the cancer registry in 1994, data has been collected on more than 8,500 cancer patients. In 2008, we accessioned 643 cases. Of these cases, 95% were analytical. Analytic cases are those patients who were diagnosed and/or received first course treatment at MHS. Non-analytical cases, patients who were diagnosed and/or treated elsewhere and were referred for a recurrence or subsequent treatment, represented the remaining 5% of the total cases.

The total number of cases, including both analytic and non-analytic, has increased over time. With greater availability and variety of screening, early detection and prevention programs, the medical community can identify more cancer patients at an earlier stage than in the past. It is also possible that higher cancer incidence can be attributed to an increased public awareness that cancer is both a preventable and treatable disease.

Data use

A hospital’s cancer registry is an important public health tool that can be used to verify suspected cancer clusters, provide useful information for researchers and help physicians determine the results of various cancer treatments. In the past year, administrators and clinicians accessed registry data for clinical research, treatment evaluation, patient follow-up, quality improvement and clinical outcome measurement activities, administrative planning, education and public relations.

Our data is also reported to the National Cancer Data Base (NCDB) and the Wisconsin State Department of Health and Human Services according to state and federal mandates. The data is compiled with data of other registries, both state and nationwide, for statistical analyses. This collaboration among cancer registries throughout the United States enables us to conduct comparative studies of prevalence, survival and outcomes.

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**Trends in Cancer Incidence by Year**

- **Analytic**
- **Non-Analytic**

![Graph showing trends in cancer incidence by year](image)
Probability of developing cancer
The likelihood of being diagnosed with cancer increases as we age. The probability of being diagnosed with an invasive cancer is higher for men (44%) than for women (37%). However, because of the earlier median age of diagnosis for breast cancer compared with other major cancers, women have a slightly higher probability of developing cancer before age 60 years. It is noteworthy that these estimates are based on the average experience of the general population and may overestimate or underestimate individual risk because of differences in exposure and/or genetic susceptibility. Risk factors and heredity also play a role. While only about 5% of all cancers are hereditary, all cancers are a result of malfunction in the genes that control cell growth and division. This table demonstrates the lifetime probability of developing the most frequently diagnosed cancers.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Birth to 39 (%)</th>
<th>40 to 59 (%)</th>
<th>60 to 69 (%)</th>
<th>70 and older (%)</th>
<th>Birth to Death (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sites</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 in 70</td>
<td>1 in 48</td>
<td>1 in 12</td>
<td>1 in 11</td>
<td>1 in 3</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>Male</td>
<td>Female</td>
<td>1 in 4,448</td>
<td>1 in 10,185</td>
<td>1 in 246</td>
</tr>
<tr>
<td></td>
<td>1 in 1,296</td>
<td>1 in 1,343</td>
<td>1 in 109</td>
<td>1 in 138</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 611</td>
<td>1 in 835</td>
<td>1 in 104</td>
<td>1 in 91</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 3,398</td>
<td>1 in 2,997</td>
<td>1 in 104</td>
<td>1 in 91</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 645</td>
<td>1 in 370</td>
<td>1 in 104</td>
<td>1 in 91</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 763</td>
<td>1 in 1,191</td>
<td>1 in 104</td>
<td>1 in 91</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 10,002</td>
<td>1 in 41</td>
<td>1 in 104</td>
<td>1 in 91</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 651</td>
<td>1 in 368</td>
<td>1 in 104</td>
<td>1 in 91</td>
<td>1 in 65</td>
</tr>
<tr>
<td></td>
<td>1 in 1,499</td>
<td>1 in 140</td>
<td>1 in 123</td>
<td>1 in 82</td>
<td>1 in 22</td>
</tr>
</tbody>
</table>
Primary sites
The distribution of the most prevalent cancers seen at MHS has changed very little over the years. The top seven cancer sites account for greater than 65% of all newly diagnosed cancers seen at MHS. The most common types of malignancies diagnosed and treated at MHS include breast, prostate, lung, colorectal, bladder, melanoma of skin and hematopoietic cancers.

The most frequent cancer sites in women at MHS were breast, lung and colorectal. In men, the most frequent sites were prostate, lung and colorectal cancers. Compared with national data, our incidence for prostate and lung cancers was similar. However, our incidence of breast cancer was higher, while the incidence of colorectal cancer in both men and women was lower than the national average. Higher and lower incidence rates may be due to our wide range of screening, diagnostic and treatment services.
Age distribution

According to the SEER National Database, 77% of all cancers are diagnosed in persons 55 and older with the median age of 66 years. Approximately 1.1% are diagnosed under the age of 20; 2.7% between 20 and 34; 5.8% between 35 and 44; 13.9% between 45 and 54; 21.8% between 55 and 64; 24.9% between 65 and 75; 22.2% between 75 and 84 and 7.6% 85+ years of age.

The age range for females diagnosed at Mercy Hospital Janesville between 2004 and 2008 was 17-95 years of age with a median age of 63. Eighty percent of all females were diagnosed at age 50 and older. The median age of males diagnosed at Mercy between the same timeframe was 66, with the ages ranging from 15-94 years of age. Ninety percent of all males were diagnosed at age 50 or greater. The age distribution compares quite similarly with the national statistics, with 85% of all our patients diagnosed with cancer in their 50s or older.

HOW THE MERCY CANCER REGISTRY BENEFITS OUR PATIENTS

Our concern for our patients with cancer continues long after they leave treatment. That’s why each person who is diagnosed with cancer at Mercy Health System becomes part of the Mercy Cancer Registry. Our primary responsibility is to provide lifetime follow-up on all registry patients, and either the patient or his physician will be contacted at least annually to see how the patient is doing. At all times, strict confidentiality is maintained. Maintaining regular contact helps us follow our patients’ treatment, if any, and identify new or recurring physical problems they might have. It also helps us assess the need for future cancer programs.

It is important that we are able to maintain contact with all our past cancer patients. Patients who move or change their phone number are asked to call the Mercy Cancer Registry at (608) 756-6139.
Mercy cancer registry report, continued

Stage at diagnosis
Staging describes the extent or spread of disease at time of diagnosis. It is essential in determining the choice of therapy and in assessing the prognosis. The classification scheme for determining the extent of disease used at MHS is the American Joint Committee on Cancer (AJCC), 6th edition. The organization’s premise is “cancers of the same anatomic site and histology share similar patterns of growth and similar outcomes.” In the life of cancer, three measures determine what treatment would be most effective: local tumor growth (T), spread to regional lymph nodes (N) and distant metastasis (M). Once the T, N and M are determined, a stage group of I, II, III or IV is assigned, with stage I being early and stage IV being advanced.

Thirty-two percent all patients diagnosed with cancer during 2004-2008 were staged with a non-invasive or stage I invasive cancer. Sixty-nine percent of all patients had a stage III or earlier cancer. Mercy’s incessant goal is to increase the number of patients who are diagnosed with an earlier, more treatable stage. We do this with continued public awareness and patient education programs, screening and prevention programs, and earlier detection.

<table>
<thead>
<tr>
<th>Stage at Diagnosis</th>
<th>All 2004-2008 Analytic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 4</td>
<td>15%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>14%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>23%</td>
</tr>
<tr>
<td>Stage 1</td>
<td>25%</td>
</tr>
<tr>
<td>In Situ</td>
<td>7%</td>
</tr>
<tr>
<td>NA</td>
<td>14%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2%</td>
</tr>
</tbody>
</table>

Mercy’s cancer team works closely with hospitalists at Mercy Hospital Janesville to offer the best care for our cancer patients during any hospital stays. Mercy hospitalists are on-site 24/7 and are ready to see patients as soon as they are admitted to Mercy Hospital Janesville. Mercy hospitalists are available for evaluations, treatments and consultations, and they communicate with the patient’s primary physician.
Tumor Board conferences

Tumor Board conferences are held with the intention of providing a multidisciplinary, consultative forum to openly discuss, plan and educate those in attendance on the diagnosis, treatment and appropriate follow-up of cancer patients at Mercy Health System. Physician coordinators select three to four cases to be discussed at each conference. Patient selection is often determined by criteria, such as cases that are prospective, interesting, challenging or high-volume. A brief clinical presentation and a synopsis of diagnostic and pathologic studies are prepared. The moderators encourage a consultative approach regarding recommended surgical and therapeutic options, along with providing educational information concerning staging, innovative therapies, and additional various related topics. Subsequent to the presentation of all pertinent information, discussion regarding further recommendations is encouraged.

Periodically, educational speakers with informative forums on a range of cancer-related subjects are featured. In cooperation with the Continuing Medical Education office, four didactic presentations were given in 2008:

1. “Evaluation of a Thyroid Nodule,” Dr. Bohdan Wasiljew
2. “Tumors of the Lung: A Pathologist’s Perspective,” Dr. Thomas Haas
3. “Decision-Making for the Incapacitated Patient,” Ralph Topinka, Mercy General Counsel and Vice President, Rev. Doug Dowling, Robin Shapiro, Midwest Ethics Network
4. “PET/CT Applications for the National Oncologic PET Registry and Colorectal Cancer,” Dr. Robert Bridwell

Tumor Board conference is held on the first, third and fifth Thursday of each month. Attendants include physicians, residents, nurses, medical students and other allied health professionals. Educational value is available to those who attend. For more information regarding Tumor Board or to inquire about having a case presented, please contact Martha Roberts in the Cancer Registry at (608) 756-6107.

### TUMOR BOARD SITES DISCUSSED

<table>
<thead>
<tr>
<th>Site</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>12</td>
</tr>
<tr>
<td>Colon/rectum</td>
<td>6</td>
</tr>
<tr>
<td>Lung</td>
<td>5</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>5</td>
</tr>
<tr>
<td>Kidney</td>
<td>4</td>
</tr>
<tr>
<td>Melanoma</td>
<td>3</td>
</tr>
<tr>
<td>Prostate</td>
<td>3</td>
</tr>
<tr>
<td>Gynecologic</td>
<td>3</td>
</tr>
<tr>
<td>Thyroid</td>
<td>2</td>
</tr>
<tr>
<td>Bladder</td>
<td>2</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>2</td>
</tr>
<tr>
<td>Small Bowel</td>
<td>2</td>
</tr>
<tr>
<td>Hematopoietic (Bone marrow)</td>
<td>1</td>
</tr>
<tr>
<td>Tongue</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td>Sphenoid Sinus</td>
<td>1</td>
</tr>
<tr>
<td>Esophagus</td>
<td>1</td>
</tr>
<tr>
<td>Larynx</td>
<td>1</td>
</tr>
<tr>
<td>Adrenal</td>
<td>1</td>
</tr>
<tr>
<td>Anal Canal</td>
<td>1</td>
</tr>
<tr>
<td>Carcinoid Syndrome</td>
<td>1</td>
</tr>
<tr>
<td>Parotid</td>
<td>1</td>
</tr>
<tr>
<td>Skin (not melanoma)</td>
<td>1</td>
</tr>
<tr>
<td>Testis</td>
<td>1</td>
</tr>
<tr>
<td>Ureter</td>
<td>1</td>
</tr>
<tr>
<td>Stomach</td>
<td>1</td>
</tr>
<tr>
<td>Benign</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
</tr>
</tbody>
</table>
PET-CT at Mercy Hospital Janesville

Positron Emission Tomography (PET) and Computed Tomography (CT) are both standard imaging tools that allow physicians to pinpoint the location and extent of cancer within the body before making diagnostic and treatment decisions.

PET scans start with the injection of FDG, an analog of blood sugar or glucose that is tagged with a radionuclide Fluorine-18. Metabolically active organs or cancers consume sugar at a high rate, and can be easily identified on PET imaging and “hot spots.” Therefore, PET scans are functional scans or metabolic scans, and inherently provide little anatomic or positional information by themselves. As a number of normal organs and tissues can normally take up the FDG, PET scans are rarely interpreted without the benefit of an anatomic map for localization, usually consisting of a recent CT or MRI scan.

CT, on the other hand, is essentially an anatomic scan, providing ultra-high-resolution images of the body, but lacking functional data. CT relies on pathologic processes altering normal anatomy, e.g., enlarging or distorting an organ, obstructing a normal organ, etc. The limitations of CT consist of differentiating cancerous from non-cancerous conditions, detecting very small cancerous growths, and determining the activity, persistence, or aggressiveness of cancerous conditions.

PET-CT is an established technique that exploits the benefits of each of these techniques, while specifically minimizing the inherent limitations of each (Fig 1). Many feel that the combination of the two techniques is greater than the sum of each technique if taken alone. Scientifically, combined PET-CT has been shown to more accurate and clinically helpful than PET and CT alone.1

Two obstacles currently exist that limit the broad dissemination of PET-CT capabilities.

First, the cost of a combined PET-CT system precludes many organizations from owning their own equipment, and thus they rely on a mobile service. Mobile service may be infrequent, offering availability once a month or once a week. This can postpone important treatment decisions as well as impact patient convenience, but fortunately, at Mercy Hospital Janesville, we have enough PET-CT volume to support weekly service and more frequent use, if need develops.

Second, the cost of producing and transporting the radiopharmaceutical used for PET imaging can be very challenging, especially to remote facilities. The F-18 radionuclide is extremely short-lived, having a half-life of two hours, and essentially no tolerance built in for equipment malfunction or patient tardiness. Production of the radiopharmaceutical requires an expensive cyclotron and a production line.
Mercy has had PET-CT capabilities since August 2004. Since 2006, we have seen scan volumes almost double, which speaks to the clinical utility of the emergent technology.

Mercy Hospital Janesville has been an active participant in the National Oncologic PET Registry (NOPR). The NOPR was developed in response to Medicare’s proposal to expand coverage. The NOPR is obliged to perform PET-CT studies under very precise conditions including stringent requirements of the participating facilities. Most of these requirements assure that the exams are done on high-quality equipment, with qualified personnel, extensive prescan patient data acquisition and uniform scan reporting. Ultimately, this data is used by NOPR investigators to study treatment responses, coverage indications, timing intervals for follow-up scans, and accuracy of PET, among other things. In fact, NOPR investigators have published a multitude of peer-reviewed articles on various subjects from data derived from the database. These scientific articles have contributed to management and approval, and will hopefully translate into improved patient outcomes.

Subjectively, it has been the physician’s experience that PET-CT has contributed greatly to patient management. It has obviated the need for biopsies in many cases, changed management on many occasions, and has become centerpiece for multidisciplinary decision making (Tumor Board).

Thyroid cancer is relatively uncommon and accounts for less than 1% of all malignant neoplasms in the United States, 3% for women and 0.5% in men. Fortunately, it is not often fatal as evidenced by a published mortality rate of only six deaths per million population per year.

The incidence of thyroid cancer at Mercy Hospital Janesville is slowly increasing. This is likely a reflection of multiple factors, including increasing physician awareness and an excellent and well-known endocrinology service. Like other institutions, and as reported in the literature, we are seeing more and more thyroid lesions identified incidentally on various scans obtained for other reasons. These include CT scans, PET scans, MRI scans, carotid duplex scans, and even plain chest and cervical spine x-rays. Since the rate of malignancy in these incidentally found lesions surprisingly may be as high as 33%, aggressive evaluation is undertaken. The first step is always a dedicated thyroid ultrasound. These lesions must not be ignored!

On the basis of such information, this review was suggested. Our tumor registry provided data for Mercy Hospital Janesville and comparison data from the National Cancer Data Base (NCDB) for years 1994-2008. During these 15 years, we treated 138 patients who had thyroid cancer (Fig 1). The overall frequency has been slowly but steadily increasing for reasons discussed above.

Women accounted for 64% of cases, slightly less than 76% in NCDB (Fig 2). The age distribution is seen in Figure 3, and parallels national statistics. The peak decade for incidence was 40-49. We did not treat any pediatric patients.

Appropriate and aggressive evaluation of thyroid nodules by our primary and specialty services accounts for early diagnosis of most thyroid cancers. The majority of these (70%) were Stage I when first diagnosed, higher than in NCDB at 54% (see Figure 4). Other stages were distributed as in national statistics and were infrequent. We also had fewer unknown stage/unstaged patients than in NCDB, 4% vs. 12% (Fig 4). The TNM staging system for thyroid cancer is seen in Table 1 for reference.

The types of histology encountered in our patients are summarized in Figure 5. The vast majority (80%) was papillary or a follicular variant of papillary cancer. Only 4% were follicular cancers, and 6% were oxyphilic adenocarcinomas.

There is a controversy as to the type of operation for smaller, low-risk thyroid cancers, i.e., thyroidectomy vs. lobectomy. We tend to be more aggressive and so 80% of our patients had a total (69%) or subtotal (11%) thyroidectomy. Lobectomy and other procedures were used infrequently (Fig 6). These statistics parallel NCDB.

We also tend to be more aggressive with complete treatment of thyroid cancer. That standard approach entails surgery as discussed above, I-131 ablation, and thyroid stimulating hormone (TSH) suppression, as well as careful, long-term
follow-up. Our statistics have differed markedly from NCDB in that 62% of our patients had the complete “triple” treatment as opposed to 18% nationally. We used the combination of surgery and Synthroid more often than NCDB (23% vs. 9%), but surgery alone much less frequently (5% vs. 37%).

Five-year survival is illustrated in Figure 8. Since most of the cancers treated were low-risk and had good prognosis, survival rates for Stages I and II were close to 100%. Even for Stage III, survival was still 80%. This graph shows what appears to be 0% survival for Stage IV, but that is simply because there were no Stage IV patients among those that had five-year follow-up. Overall, our survival rates are similar to NCDB.

Prognosis for thyroid cancer patients is much better under age 45, as reflected in the TNM staging scheme (Table 1). Our computerized registry did not allow separation of patients by age 45, only by full decades at 50 (Fig 9). Clearly, older patients over age 50 had a 20% lower five-year survival.
Thyroid cancer, continued

Looking at this report suggests a question. Since our survival results are similar to NCDB, but treatment is more aggressive, are we over-treating some small, low-risk thyroid cancers? We discuss this periodically in different venues, including tumor boards. In terms of surgical treatment, we must keep in mind that while cancer in the opposite lobe after lobectomy is infrequent, the mortality rate approaches 50%. Thyroid cancer is very slow-growing and so five-year survival may not reflect a cure, with recurrences possible well beyond that point. We need to continue to follow the available literature and consider this question regularly. At this time, however, we are satisfied with our multidisciplinary approach.

I would like to thank Tricia Obrecht for providing statistics and graphics for this report.
**American Joint Committee on Cancer (AJCC)**

**TNM Staging For Thyroid Cancer**

**Primary Tumor (T)**
- Note: All categories may be subdivided: (A) solitary tumor, (b) multifocal tumor (the largest determines the classification).
- TX: Primary tumor cannot be assessed
- T0: No evidence of primary tumor
- T1: Tumor 2 cm or less in greatest dimension limited to the thyroid
- T2: Tumor more than 2 cm but not more than 4 cm in greatest dimension limited to the thyroid
- T3: Tumor more than 4 cm in greatest dimension limited to the thyroid or any tumor with minimal extrathyroidal extension (e.g., extension to sternothyroid muscle or perithyroid soft tissues)
- T4a: Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve
- T4b: Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels
- All anaplastic carcinomas are considered T4 tumors.

**Regional Lymph Nodes (N)**
- Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes.
- NX: Regional lymph nodes cannot be assessed
- N0: No regional lymph node metastasis
- N1: Regional lymph node metastasis
- N1a: Metastasis to Level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes)
- N1b: Metastasis to unilateral, bilateral, or contralateral cervical or superior mediastinal lymph nodes

**Distant Metastasis (M)**
- MX: Distant metastasis cannot be assessed
- M0: No distant metastasis
- M1: Distant metastasis

**Stage grouping:**
- Separate stage groupings are recommended for papillary or follicular, medullary, and anaplastic (undifferentiated) carcinoma.

**Papillary or Follicular**

**Under 45 Years**
- Stage I: Any T Any N M0
- Stage II: Any T Any N M1

**Papillary or Follicular**

**45 Years and Older**
- Stage I: T1 N0 M0
- Stage II: T2 N0 M0
- Stage III: T3 N0 M0
- Stage IV: T4a Any N M0

**Medullary Carcinoma**
- Stage I: T1 N0 M0
- Stage II: T2 N0 M0
- Stage III: T3 N0 M0

**Histopathologic Type**
- There are four major histopathologic types:
  - *Papillary carcinoma (including follicular variant of papillary cancer)*
  - *Follicular carcinoma (including Hurthle cell carcinoma)*
  - *Medullary carcinoma*
  - *Undifferentiated (anaplastic) carcinoma*

**Stage grouping:**
- T2 N1b M0
- T3 N1b M0
- T4a N1b M0
- Stage IVB: Any N M0
- Stage IVC: Any T Any N M1

**Anaplastic Carcinoma**
- All anaplastic carcinomas are considered Stage IV

**Stage IV**
- Stage IVA: T4a Any N M0
- Stage IVB: T4b Any N M0
- Stage IVC: Any T Any N M1

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois.


<table>
<thead>
<tr>
<th>Stage</th>
<th>T1</th>
<th>N1a</th>
<th>M0</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>N0</td>
<td></td>
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<tr>
<td>II</td>
<td>N0</td>
<td></td>
<td></td>
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<tr>
<td>III</td>
<td>N0</td>
<td></td>
<td></td>
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<tr>
<td>IVA</td>
<td>N0</td>
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<td></td>
</tr>
<tr>
<td>IVC</td>
<td>Any</td>
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</tbody>
</table>
The main treatment for thyroid cancer is surgery. A major secondary treatment is radioactive iodine or I-131. This works by substituting the normal iodine needed by thyroid tissue to produce thyroid hormone with a radioactive form, which then kills the thyroid cells.

A large proportion of thyroid cancers have cells that require iodine, so the cancer cells are tricked into causing their own death. Other cells in the body do not require iodine, so, unlike conventional chemotherapy, this treatment is relatively harmless to any but thyroid cells. The smaller proportions of thyroid cancers that do not accumulate I-131 require other forms of treatment.

Using the combination of surgery and I-131 results in five-year survival rates of 97% reported nationally.

I-131 works by emitting both gamma and beta radiations. The important radiation is the beta radiation because this radiation only travels for a fraction of an inch in soft tissues. This means that the entire radioactivity is concentrated around the thyroid cells and is enough to kill them without significantly harming other tissues. Gamma radiation is useless but is responsible for the general radioactivity that can be monitored off the patient. Depending upon the sensitivity of the equipment, some radioactivity can be present for up to five months following treatment, although at very low levels. Nonetheless, it is possible to trigger alarms in airports and other secure facilities. Documents can be provided to patients in these circumstances.

The half-life—the time required for one half of the radioactivity to disappear naturally—is approximately eight days, so the patient is most radioactive in the first 24 hours as the excess is eliminated from the body, and then at a lower level for the first four or five days with ever decreasing levels over time.

Precautions to follow outside the hospital following treatment are designed to minimize exposure of other members of the patient’s family or coworkers. These are discussed at consultation with the radiology department and are tailored to the individual and the individual’s needs.
Side effects of treatment tend to be minimal in most cases. With extensive disease, bone marrow suppression is possible but the vast majority of thyroid cancer patients do not have extensive disease. More common side effects are lack of taste and dry mouth. This is a result of radiation affecting the salivary glands and we encourage all patients to more or less continually use hard, sour candy during treatment to stimulate the salivary glands and reduce radiation exposure.

If the patient is of childbearing age it is recommended to wait at least one year before trying to get pregnant. The treatment can cause sterility or relative sterility in men, so sperm banking is a potential option if children are desired.

The patient is then followed over time by means of blood tests and thyroid scans to determine any recurrence. Most patients do not recur, but if they do, they can be retreated again with I-131.

What our patients say ...

Sophie Perotto
Breast cancer survivor

Sophie Perotto was diagnosed with breast cancer in 2002. Ms. Perotto went through the usual gauntlet of four weeks of chemo and radiation, only to be offered a chance to take part in a 52-week study group to test new cancer medications. Ms. Perotto agreed, and began taking Herceptin in clinical trials.

“I was worried about the treatment and what it could mean for me,” Ms. Perotto said. “The four weeks of radiation were the hardest part of my treatment, but the staff and the doctors kept me comfortable and reassured me every step of the way. They always kept me informed of what they were doing and what was happening, and they answered every question I had.”

“I would absolutely recommend that people take the chance to take part in a clinical trial,” Ms. Perotto said. “I’ve been cancer-free for seven years, and I have the Mercy staff and doctors to thank for it.”
Having cancer is hard. Finding help shouldn’t be. No matter what you need, the American Cancer Society can help.

- Easy-to-understand information to help you make decision about your care
- Referral for day-to-day questions such as financial, insurance, transportation and lodging
- Connection to others who have been there for emotional support

American Cancer Society Cancer Resource Network goals

- Reach more newly diagnosed patients, with a focus on the medically underserved
- Deliver timely information and support programs
- Promote informed decision-making
- Enhance quality of life for cancer patients, survivors and caregivers
- Enhance our relationships with patients, survivors and caregivers
- Allow for a coordinated approach to promote ACS programs and services

The American Cancer Society is able to provide support to cancer patients through its fundraising efforts. Events such as Daffodil Days, Walk/Run, and Relay for Life, supply the necessary funding to continue the mission of the American Cancer Society. In 2009, Mercy Health System was a proud sponsor of the American Cancer Society’s Gifts of Hope in Rock County as well as a $3,500 sponsor of the Janesville Walk/Run on June 7, 2009.

In 2009, Mercy Health System partnered with the American Cancer Society to implement the Look Good...Feel Better program. The Look Good...Feel Better program is designed for female cancer patients currently undergoing chemotherapy or radiation treatments. The class is taught by licensed beauty professionals and discusses skin care, nail care, make-up and hair loss options, to help women deal with the appearance-related side effects of their cancer treatment. The program is offered at Mercy Hospital Janesville throughout the year.

Information

- 24-hour free phone help: (800) 227-2345
- On the Internet: www.cancer.org
- Advice on clinical trials
- Tools to help with your treatment

Emotional support

- Help finding local support groups
- Cancer education classes
- An online community for cancer survivors and their families

Day-to-day help

- Help finding transportation and lodging
- Help with prescription questions
- Help with financial and insurance questions
Since 1994, the Mercy Hospice Care team has been committed to ensuring that every terminally ill person we serve lives out his or her remaining days in comfort. Mercy Hospice Care provides a special team-oriented concept of care to provide comfort and support to clients and their families when a life-limiting illness no longer responds to cure-oriented care. Members of the hospice care team include the:

- Patient
- Family members
- Hospice medical director
- Patient’s primary care physician
- Registered nurses
- Social workers
- Spiritual counselors
- Bereavement counselors
- Volunteers
- Hospice aides and others

Mercy Hospice Care offers comfort (palliative) care and hospice home care services for patients with life-limiting conditions. The hospice care team addresses all symptoms of disease with a special emphasis on controlling a patient’s pain and discomfort and the emotional, social and spiritual impact of the disease on the patient and their family members.

In addition, specially trained Mercy Home Health Care staff, including nurses and aides, provides comfort care to patients with chronic or life-threatening conditions including heart, respiratory, neurological and orthopaedic diseases or cancer. These patients may continue to receive treatment, including chemotherapy, and other cure-oriented services.

For more information, please call (608) 755-6920 or toll-free (800) 369-2201.
On January 5, 2009, Mercy Hospital Janesville launched an in-hospital palliative care consultative service. This high-quality service is offered to any patient and family with a serious or life-limiting illness whether they are seeking life-prolonging or curative care, or are nearing the last stages of life. The goal of palliative care is to relieve suffering and improve the quality of life of patients and their families.

Palliative care is designed to be provided through an interdisciplinary team approach in conjunction with the patient’s primary care physician and with all other appropriate forms of medical treatment. This team includes, but is not limited to, medical and nursing specialists in palliative care, direct care nurses, social workers, clergy, discharge planners, and others as necessary. This team provides vigorous pain and other symptom management at any stage of a patient’s illness.

In our first six months, we had over 60 consults. Twenty-five involved support for patients and/or family only. Our referrals have come from many locations within Mercy Hospital Janesville, such as ICU, medical floor, surgical floor, Mercy Manor Transition Center and orthopaedics. We have helped these patients, families and staff by discussing goals of care, code status, transition to hospice, symptom management, and care at the end of life.

Health consumers demand high standards of care and an active role in their treatment. Increasingly, hospitals are expected to deliver this level of care. As patients live with chronic and advanced illness, they need help navigating the medical system. Palliative care can be that help. Numerous studies have shown that access to palliative care controls fatigue, anxiety, breathlessness, nausea, depression, constipation and other sources of symptom distress. Further, patients have significantly reduced pain levels and increased quality of life.

Patients and families who receive palliative care report extremely high levels of satisfaction with their hospital care. Many patients stop treatment due to distressing symptoms that are not well controlled. Studies also show that cancer patients receiving palliative care during their chemotherapy are more likely to complete their cycle of treatment and report a higher quality of life than similar patients who did not receive palliative care.

Palliative care is about the caring catching up with the technology. In the quest to provide comprehensive medical treatment, and uphold Mercy Health System’s mission of “providing exceptional health care services resulting in healing in the broadest sense,” the Mercy Palliative Care Program strives to incorporate communication and coordination combined with excellent medical care to enable patients to progress to the next phase of their care with the best quality of life possible.

For further information, call (608) 756-6871.
The hematology/oncology clinic of Mercy Regional Cancer Center is located on the ground floor of Mercy Hospital Janesville. Services are also offered weekly at Mercy Walworth Hospital and Medical Center.

The clinic treats patients with hematology or cancer diagnoses. The care team includes oncologists, a nurse practitioner, registered nurses (83% are oncology certified nurses), medical assistants, a social worker, a patient financial counselor, a dietitian and support personnel, including a receptionist and medical records clerk. All care team members work together with the common goal of providing quality, compassionate care to the patients who enter through the doors seeking hematology or oncology services. On-going communication with the patient’s primary care physician, radiation oncologist and/or surgical oncologist is maintained to ensure continuity of care.

Individualized chemotherapy treatments are administered to patients in the hematology/oncology clinic by specially trained RNs under the directive of the medical oncologist. Patients receive their treatments in comfortable reclining treatment chairs, each equipped with its own TV with headphones to minimize noise. Chemotherapy treatment plans are individualized based on numerous factors, including cancer type and stage of disease. Leading-edge chemotherapy treatments are available to patients. Supportive treatments for patients are also available in the treatment room, including other intravenous infusions, lab draws and injections.

Our hematology/oncology patients also have the option to participate in clinical trials. Mercy’s hematology/oncology clinic is affiliated with the Eastern Cooperative Oncology Group of the National Cancer Institute, as well as the Wisconsin Oncology Group. Chemotherapy treatments for breast cancer, lung cancer and colorectal cancer are just some of the clinical trials available through these affiliations.
Cancer clinical trials

Improving cancer care now and into the future
At the Mercy Regional Cancer Center, we offer Phase III trials for the most common cancer types: lung, breast, colon and prostate. We also have several Phase II trials open at any one time. Our patients have recently participated in trials that led to the FDA approval of several new cancer treatments.

What are clinical trials?
Cancer clinical trials test new treatments for people with cancer. A clinical trial is one of the last stages in a long research process. Usually, a new treatment begins with basic research in laboratory and animal studies. The best results of that research are then tested in people to determine if the new treatment is safe and effective.

Why are clinical trials important?
Almost all medications available today have been tested in a clinical trial. The trials help determine new and better treatments.

What are the phases of clinical trials?
Phase I trials are the first step in testing a new treatment in humans, to determine safety and identify side effects.
Phase II trials focus on trying to determine the effectiveness of a treatment for a particular condition.
Phase III trials test whether a new treatment is more effective than the standard treatment. Patients are randomly assigned to either the new treatment or the standard treatment.
Phase IV trials evaluate the long-term safety, side effects, risks and benefits of treatments already approved by the U.S. Food and Drug Administration (FDA).

Benefits of participation in a clinical trial
• Participants receive high-quality cancer care and close observation by the research team.
• Patients have access to new treatments otherwise not available.
• New treatment may be more effective than standard treatment.
• Patients can help others and improve cancer treatment.
• Patients may have access to study medication at no cost.

Risks of participation
• New treatment may not be better than standard treatment.
• New treatment may have side effects or risks that are unknown or worse than the standard treatment.
• Participants in randomized trials do not have a choice of treatment.
• Health insurance may not cover all costs.
• Participants may have to undergo more tests or procedures than is done with standard care.

Rights and protections of study participants
• The decision to participate is voluntary.
• A patient can stop study therapy at any time.
• Confidentiality is protected.
• Informed consent is obtained before enrolling in a study.
• The institutional review board (IRB), a group of medical and non-medical professionals, approves and monitors each study.
Your cancer clinical research team

**Oncologist**
- Identifies patient for clinical trial
- Conducts discussion of risks and benefits
- Obtains informed consent
- Directs study treatment as outlined by the protocol
- Monitors response and side effects

**Research nurse/data manager**
- Screens patient for eligibility
- Monitors treatment plan, response and toxicity
- Collects data to send to study sponsor
- Reports adverse events to sponsor and the National Cancer Institute
- Communicates with IRB

**Principal investigator**
- Reviews potential studies for participation
- Presents new studies and follow-up reports to IRB regularly
- Oversees adherence to study protocol
- Reviews adverse events in study patients

**Oncology social worker/counselor**
- Meets with all new cancer patients
- Provides emotional support before, during and after treatment
- Provides resources for patients as needed

**Chemotherapy-certified oncology nurse**
- Administers study treatment
- Monitors side effects

**Oncology nurse practitioner**
- Monitors patients between visits with oncologist
- Assesses for side effects

If you’d like more information about your suitability as a clinical trial participant, talk to your doctor or call the Mercy Regional Cancer Center at (608) 756-6871 or toll-free (800) 928-1103.
The Mercy Institute of Neuroscience is proud to offer personalized, multi-disciplinary care for neuro-oncology patients. Consistent with the Institute’s mission to provide comprehensive, coordinated care for all neurological patients, the Neuro-Oncology Focus Group was developed to ensure that patients with brain or spinal tumors also receive this level of high-quality care. Specialists from a variety of disciplines, including neurosurgery, medical and radiation oncology, neuro-radiology, pathology, pain management, and health and rehabilitation psychology, are involved in the group.

The central goals of the Neuro-Oncology Focus Group involve tailoring treatment to the individual patient’s needs as well as facilitating ongoing communication among involved practitioners, the primary care provider, and the patient. Once a patient is referred to the group, a treatment team is developed as indicated by the patient’s initial presentation, and a meeting between the patient and team is arranged. The first half of the meeting includes discussion of the patient’s case among the team practitioners and development of a tentative treatment plan based on review of medical records and imaging. The patient and his or her support persons (e.g., family, friends) are invited to the second half of the meeting to meet treatment team members, hear the team discuss the diagnosis and treatment plan, and ask any questions they have. Following the meeting, the Institute’s administrative staff schedules and informs the patient of initial appointments.

The Institute then continues to coordinate care among providers and serves as a central resource for the patient regarding any concerns he or she may have as treatment progresses.

In accordance with recommendations from the American Cancer Society, efforts are made to keep the patient informed and actively engaged in his own treatment and decision-making. The patient receives a folder that includes information about his treatment plan and providers, as well as a personal notebook to document important information during his treatment (e.g., test results, symptoms, appointment schedules, side effects, questions). Information about education and support resources are also given to the patient by the hematology/oncology clinic.

Practitioners have reported their appreciation of this team-based approach that allows them to more easily facilitate coordinated, and thus, higher quality, care for their patients, while patients continue to appreciate the involvement they have in their care throughout this interactive treatment process.
Mr. Crichton was also happy with his time spent in the hospital. “I can’t stress enough just how helpful and caring the staff was,” Crichton said. “Dr. Wasiljew was a godsend and the best doctor I’ve ever had. He kept me up to date every step of the way. He kept me comfortable and did everything as quickly and efficiently as possible. I owe him my life.”

Crichton also loved the care and compassion his nurses showed him. “They attended to all of my needs and made sure I was never laying in pain,” Crichton said. “I was comfortable, fed well and healed very fast. The nurses deserve the credit too.”

“I was worried when they told me what they found,” Crichton said. “But, because they found it early, they were able to remove it with no problems. I was fortunate that I don’t have to go through any radiation or chemo, and I’m glad for that.”
Mercy Regional Cancer Center:
radiation oncology

Mercy Regional Cancer Center’s radiation oncology department is located adjacent to Mercy Hospital Janesville and Mercy West. Patients receiving radiation therapy have easy access to the Center.

Radiation therapy is performed by multiple members of the care team. Team members include the radiation oncologist, a nurse practitioner, a medical physicist, dosimetrists, radiation therapists, plus a registered nurse, social worker, patient financial counselor and dietitian. Support services are provided by the receptionist and cancer registry staff. The care team carefully coordinates the therapy to be administered to the patient, assuring quality care. On-going communication is maintained with the patient’s primary care physician, and referring specialty physician such as the urologist, gynecologist, otolaryngologist, medical oncologist, nurse practitioner, and/or surgical oncologist to ensure continuity of care.

Radiation treatment options available at the Mercy Regional Cancer Center include external beam radiation therapy, intensity modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT), high-dose radiation therapy (HDR) and Mammosite®.

Radiation treatments are individualized based on numerous factors including cancer type, stage of disease and site to be radiated. The goal of all therapy is to deliver a high dose of radiation directly to the tumor while minimizing damage to surrounding healthy tissue. The Mercy Regional Cancer Center uses the PRIMA TO M™ treatment system to deliver some of its radiation treatments.

Patients receiving radiation therapy at the Mercy Regional Cancer Center also have the option to participate in clinical trials through an affiliation with the Radiation Therapy Oncology Group. Clinical trials in prostate cancer are currently available through this affiliation.

608•756•6500  800•261•6565
What our patients say ...

Chet Waldhart  
Colon cancer survivor

Chet went to see his doctor for a routine physical at age 50. His physician suggested that Chet have his first colonoscopy, but when his insurance would not cover the cost, he decided to not proceed. Four years later, he went back to his physician to have some medications switched and his physician asked him about the colonoscopy. At this point, Chet was experiencing some symptoms, but was not too concerned. His physician again suggested a colonoscopy—this time it was covered.

Chet’s colonoscopy revealed a tumor so large that it was blocking part of his colon. The follow-up CAT scan showed additional areas of concern in his liver and lymph nodes. He met with Dr. Wasiljew who told him he would need surgery. He felt very comfortable with Dr. Wasiljew, since he had him for a surgeon before and was very confident in his abilities. Chet was also convinced that Dr. Dena Green would be a great oncologist, since Dr. Wasiljew recommended her. Chet met with Dr. Green prior to surgery and in one meeting with her, knew she would be a great fit as well. Chet said, “She was compassionate and just exhibited a confidence. I knew it would be okay.”

After recovering from surgery in April 2009, Chet began chemotherapy every two weeks. During this time, tiredness set in; however, Chet has not missed work and attributes this to the care he received as well as trying to keep things “as normal” as he could. He even managed to put in a patio this summer and started bowling again this fall.

He cannot say enough about the staff at the Mercy Regional Cancer Center. “Dr. Green, Linda Brethauer and the rest of the staff were all just great. I couldn’t have received better care anywhere else. I really appreciated that I was close to home.”

Chet is awaiting the results of his next scan to see what the next course of action will be.
Mercy Regional Cancer Center: surgical oncology

Patients whose cancer treatment regimen requires surgery look to the Mercy Regional Cancer Center’s surgical oncology department, staffed by board certified surgeons and support professionals with years of experience. Our surgeons’ offices are located at the Terrace Building, just across the parking lot from Mercy Hospital Janesville, where the surgical procedures are performed. The surgical oncology department employs:

**Technologically advanced procedures**, including minimally invasive techniques that use a small scope. The small incision needed for the scope to enter the body offers the advantages of faster in-hospital recovery, faster healing, less pain, and minimum risks as compared to traditional surgical techniques. Screening, surveillance and diagnostic upper and lower gastrointestinal fiberoptic endoscopy is also provided by the department.

A **wide variety of cancer-related surgeries for all stages of cancer treatment**. These include removing cancer that has spread (metastasized) beyond the original tumor; removing the majority of malignant tissue (called debulking) in preparation for chemotherapy; and reconstructive surgeries that help patients look and feel their best, leading to emotional healing.

**Continuous multidisciplinary review of individual cases**, through pathways such as the Tumor Board and the Mercy Cancer Registry. In this way, the surgical oncologists review and implement quality controls, provide and receive ongoing physician education, and evaluate existing technology to guarantee our patients receive quality care that’s held to the highest standards.

608•756•7277
What our patients say ...  

“I was able to meet with the oncologist and surgeon right away. This kept my treatment moving right along, which was very helpful and encouraging. Once blood work confirmed that it was not genetic, a lumpectomy was determined to be the best course of action.

“After the surgery, I participated in a clinical trial that involved an intense course of chemotherapy and radiation. Everyone in the chemo room was so incredibly helpful and caring and provided a lot of comfort and support when I was experiencing the side effects of treatment. Dr. Emily Robinson and Linda Brethauer, as well as all of the nursing staff, were so knowledgeable and helped me get through the treatments.

“I was diagnosed with stage I breast cancer in February 2007 after a routine mammogram showed a subtle spot. I was 42 and this was only my second mammogram. At the time, my sister was going through some breast health concerns too, so it was a shock to me when I was told the results. Because of my sister’s recent worries and the mammogram’s suspicious findings, a biopsy was performed.

“My radiologist, Dr. Bart Schmidt, worked very quickly to get a diagnosis so I wouldn’t have to wait for results over the weekend. I really appreciated his efficiency, which helped ease my mind. It all happened so quickly that it seemed surreal. Until I saw the word ‘cancer’,.. I couldn’t believe it.

“As a health care provider myself, I feel that this experience and the care I received at the Mercy Regional Cancer Center helped me become more compassionate and caring to my own patients. I can’t thank them enough.”

Chris Schroeder 
Breast cancer survivor
Mercy’s new da Vinci Si HD Dual-Console Surgical System provides surgeons with an alternative to traditional laparoscopic or open surgeries, putting a surgeon’s eyes and hands at the controls of a state-of-the-art robotic platform. The da Vinci system enables Mercy surgeons to perform even the most complex and delicate procedures through very small incisions with unmatched precision.

To a surgeon, da Vinci surgery looks and feels like traditional surgery, but with more intricate robotic capabilities. With greater color magnification and depth of field, the da Vinci Surgical System’s high-resolution 3-D vision provides surgeons improved clarity and detail of tissue and anatomy—critical factors when performing delicate procedures.

Da Vinci’s dual consoles also allow two Mercy surgeons to simultaneously collaborate during surgery. This ensures that two surgeons—meaning two sets of eyes, hands and skills—are involved in the surgery.

To learn more about the da Vinci, visit daVinci.MercyHealthSystem.org, or call (877) 922-2350.

Benefits to our patients:
- Reduced complications
- Reduced hospital stays
- Reduced recovery time
- Requires just a few tiny incisions for minimal scarring
- Faster post-surgery recovery (days versus weeks)
- Significantly less pain and less blood loss
- Less risk of infection
- Faster return to normal activities
- Overall increased satisfaction
da Vinci Si HD Dual-Console Surgical System, continued

In a study of surgical approaches to prostate cancer, da Vinci surgery showed significant benefits compared to open and laparoscopic surgery.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>da Vinci surgery</th>
<th>Open surgery</th>
<th>Laparoscopic surgery</th>
</tr>
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<tbody>
<tr>
<td><strong>Cancer control</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>T2 margin status</td>
<td>2.5</td>
<td>5.9</td>
<td>7.7</td>
</tr>
<tr>
<td><strong>Complications</strong></td>
<td></td>
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</tr>
<tr>
<td>Estimated blood loss</td>
<td>109 ml</td>
<td>1,355 ml</td>
<td>380 ml</td>
</tr>
<tr>
<td>Length of hospital stay</td>
<td>1.2 days</td>
<td>3 days</td>
<td>2.5 days</td>
</tr>
<tr>
<td>Major</td>
<td>1.7%</td>
<td>6.7%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Minor</td>
<td>3.7%</td>
<td>12.6%</td>
<td>14.6%</td>
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<tr>
<td><strong>Urinary function</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 month</td>
<td>92.9%</td>
<td>54%</td>
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<tr>
<td>6 month</td>
<td>94.9%</td>
<td>80%</td>
<td>77%</td>
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<tr>
<td>12 month</td>
<td>97.4%</td>
<td>93%</td>
<td>83%</td>
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<tr>
<td><strong>Sexual function</strong></td>
<td></td>
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<tr>
<td>12 month</td>
<td>86%</td>
<td>71%</td>
<td>76%</td>
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The first robotic prostatectomy in the U.S. was performed in the fall of 2000. Due to its obvious advantages, da Vinci prostatectomy has become the fastest growing treatment for prostate cancer since. Moreover, da Vinci prostatectomy has already been used to successfully treat thousands of prostate cancer patients worldwide. This year, it is expected that 20% of all prostatectomies will be performed using this technique, and that this percentage will continue to grow rapidly.

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**da Vinci hysterectomy clinical advantage**

<table>
<thead>
<tr>
<th></th>
<th>Pre-robotic (n=100)</th>
<th>da Vinci (n=100)</th>
<th>Last 25 da Vinci</th>
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<tbody>
<tr>
<td>Age (years)</td>
<td>43.5</td>
<td>43.2</td>
<td></td>
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<tr>
<td>BMI</td>
<td>28.8</td>
<td>28.8</td>
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</tr>
<tr>
<td>Estimated blood loss (ml)</td>
<td>113</td>
<td>61</td>
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<tr>
<td>Hospital stay (days)</td>
<td>1.6</td>
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</tr>
<tr>
<td>TAH rate</td>
<td>20%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Conversions (subset of TAH)</td>
<td>9%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Avg uterine weight of conversions</td>
<td>359.5</td>
<td>1387.5</td>
<td></td>
</tr>
<tr>
<td>TAH due to adhesions</td>
<td>8%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Operative times (skin to skin)</td>
<td>92.4</td>
<td>119</td>
<td>78.7</td>
</tr>
</tbody>
</table>


Pathology’s role in cancer treatment

Over time, cancer has become a more common disease, killing more people every year and becoming more commonplace. With lung and other cancer rates steadily rising each year, early detection has become the best way to stop the spread of cancer, and leading the charge are pathologists around the world.

Imagine you’re in the hospital getting a basic checkup, but your doctor finds something wrong in your blood test. You come back for further testing and a small lump is found. Your doctor will begin testing this area, most likely taking a tissue or fluid sample to determine what the lump is. But does your doctor find out what the lump is himself? No, he sends it to the pathology department, where they will test the material they’ve been given to determine what you have.

Unsung heroes of the medical world, pathologists deal in determining the nature, cause of and ultimate treatment of disease in patients. The vast majority of cancer diagnoses are made or confirmed by pathologists. While pathologists don’t see patients directly, they act as consultants to other physicians, offering their advice and diagnoses.

Pathology, by definition, is the study and diagnosis of disease through examination of organs, tissues, bodily fluids and whole bodies. Using hospital laboratories, pathologists and lab technicians work to tirelessly test samples and diagnose disease through molecular, microscopic and chemical testing, ensuring that no patient leaves without the correct diagnosis and treatment.

The Mercy Health System Pathology Department is here to make sure that nothing goes wrong in the diagnosis and possible treatment of disease. Ensuring that all patients are cared for correctly and comfortably is a big part of Mercy Health System’s commitment to the communities it serves, and our pathology department is on the front lines of stopping disease in its tracks.
American Cancer Society
Cancer Resource Network
One call puts you in contact with experts trained to give in-depth information to cancer patients, their families and their caregivers. They’ll put you in touch with community resources, including those offered at Mercy Health System, and help you deal with the multiple medical, financial, emotional and social concerns of having cancer. See p. 21 for more information. These experts are available 365 days a year and can be reached at (800) 227-2345.

Mercy Regional Breast Center
Breast cancer is the second leading cause of cancer death in women in the U.S. Regular screening, including monthly breast self-exams, is vital in order to find and treat breast cancer early. The Mercy Regional Breast Center now offers digital diagnostic and screening mammography, plus breast MRI, breast ultrasound, stereotactic breast biopsy, and DEXA bone density testing. For more information, call the Center at (608) 741-6999.

Especially for breast cancer patients
Whether you’ve had a lumpectomy or a mastectomy, Mercy’s certified post-mastectomy fitters at the new Women’s Boutique at the Mercy Health Mall in Janesville can enhance your quality of life by helping you find just the right breast forms and bras. They meet with each woman privately to assess her needs and suggest products for a natural appearance and all-day comfort. The Women’s Boutique carries the top brands in breast forms and bras, and also offers breast form covers, bra extenders, swimwear, lingerie, lymphedema sleeves and pumps, turbans, hats, lotions and product cleansers. For appointments and more information, call (608) 755-7989 or toll-free (800) 279-5810.

Community cancer screenings
For most cancers, finding and treating them early are the keys to living a longer life and enjoying a better quality of life. Early detection is key to winning the war on cancer. Mercy Health System offers periodic cancer screenings—most are free—throughout the year. Call Mercy HealthLine at (888) 39-MERCY or visit MercyHealthSystem.org for more information about upcoming screenings.

Mercy Complementary Medicine Center
True health requires a delicate balance of physical, emotional and spiritual wellness. When that balance goes awry—as it often does with cancer—your health may require several forms of medical treatment. That’s where complementary medicine’s greatest strength lies. As its name implies, it is used as a complement to conventional medicine, and the two together can offer powerful medicine that can restore health.

Whether you choose acupuncture, chiropractic or massage therapy as a complement to your traditional treatment, you’ll find the experience and understanding you want at the Mercy Complementary Medicine Center, located inside the Mercy Health Mall, Janesville. While its practitioners work closely with Mercy’s physicians, a physician referral is not required to make an appointment. For more information, call the Center at (608) 741-6799.
Help for emotional healing
Having cancer means more than treatment for the disease itself. Some individuals struggle with anxiety, depression and other emotional problems that require more than talking with family members or friends. When life seems overwhelming, the mental health therapists, psychologists and psychiatrists at Mercy Options Behavioral Health Clinic are here to listen and help you heal. For referral information, please call (800) 341-1450.

Exercise programs:
Horizons Cancer Exercise Program
This is an exercise and stress management program designed to help cancer patients combat the effects of cancer treatment and improve their quality of life. Offered at the Mercy Cardiac Fitness Center at the Mercy Health Mall, Janesville. For complete information, call (608) 755-7996.

Mercy Health System also offers a variety of other fitness classes. For complete information, call Mercy HealthLine at (608) 756-6100 or toll-free (888) 39-MERCY, or visit MercyHealthSystem.org.

Financial counseling
Mercy’s oncology patient financial counselor assists patients with their concerns about the unexpected costs of treatment and/or lack of insurance coverage. This includes help deciphering forms and referrals to appropriate community resources. For more information, call (608) 756-6500.

Mercy Health System Foundation
As Mercy Health System’s philanthropic arm, the Mercy Health System Foundation was established in 1980 as a structure to financially support community service initiatives, select Mercy Health System capital improvements, and unfunded or underfunded programs that are integral to the mission of Mercy Health System. As such, it seeks charitable gifts and bequests from individuals, organizations and government agencies to support the Foundation’s many medical, educational and health promotion activities created to enhance the health of the communities Mercy serves. Your gift can be earmarked to the following areas:

- General fund
- Holly J. Barten Memorial Fund to help cancer patients and their families
- House of Mercy Homeless Center
- Mercy Hospice Care
- Mercy Health System Family Medicine Residency Program
- Mercy Regional Cancer Center
- Mercy Regional Plastic Surgery, Skin and Laser Center

For complete information about the Mercy Health System Foundation, please call (608) 741-2422 or visit MercyHealthSystem.org.
A health library at your fingertips
You may have general questions about your condition outside of your doctor’s appointment. If you have access to the Internet, you have access to the comprehensive health library at Mercy Health System’s Web site, MercyHealthSystem.org. Here you’ll find a huge online library that discusses conditions, procedures, medications, natural and alternative treatments, plus offers a dictionary, interactive tools and more—in English or Spanish.

Comprehensive Inpatient Rehabilitation
Some cancers require only a quick fix. But others may require hospitalization and rehabilitation to address serious side effects caused by treatment. When these patients are discharged from the hospital, but are not yet ready to return home, the Comprehensive Inpatient Rehabilitation Unit (CIR) at Mercy Hospital Janesville provides an excellent option. CIR’s experienced team of physicians, therapists and rehabilitation nurses design patient-specific treatment plans to help each patient achieve his or her greatest level of function and independence. When patients are almost ready to return home, a therapist will visit the home and assess it for safety concerns and make recommendations. Acute care coordinators will also coordinate any services needed after discharge from the CIR. A physician’s referral is required to enter CIR programs.

Lymphedema Treatment Program
Cancer treatment that includes radiation therapy or removal of lymph nodes can sometimes lead to lymphedema, a condition characterized by uncontrolled swelling of a limb. If left untreated, the damage caused by lymphedema is irreversible and progressive. Prevention is the key. However, if it does occur, Mercy’s Lymphedema Treatment Program can be very effective in helping individuals learn to control their condition and improve their quality of life.

A physician’s referral is required to begin therapy. For more information, call the Mercy Sports Medicine and Rehabilitation Center in Janesville at (608) 755-7880, or in Lake Geneva (Mercy Walworth Sports Medicine and Rehabilitation Center) at (262) 245-4980.

Nutrition counseling
According to the American Cancer Society, a third of all cancers are related to diet and activity factors. Maintaining a healthy weight—and thus lowering your risk of getting cancer—is made easier by knowing what to eat. Knowing what to eat is also a concern for those battling cancer. Mercy Health System has several registered dietitians who can help you make healthy choices. A physician’s referral is required. For more information, or to make an appointment, call Mercy HealthLine at (608) 756-6100 or (888) 39-MERCY.

Mercy Orthotics and Prosthetics Center
Some cancer treatments can affect walking and movement or require the removal of a limb. The certified orthotists and prosthetists at the Mercy Orthotics and Prosthetics Centers are experts at fabricating and custom-fitting orthopaedic braces and prosthetic devices to help improve the patient’s quality of life. To find a center near you, call Mercy HealthLine at (888) 39-MERCY.
Mercy Pain Center
The physicians and nurses at the Mercy Pain Center, located on the ground floor of Mercy Hospital Janesville, offer consultation for complex pain problems, whether chronic or acute. Upon referral by a physician or health care professional and acceptance into the program, the patient receives a comprehensive evaluation and individualized pain management plan. For more information, call the Center at (608) 756-6049.

Mercy Regional Plastic Surgery, Skin and Laser Center
The plastic surgeons at the Mercy Regional Plastic Surgery, Skin and Laser Center perform some of the most advanced medical procedures in the world with the eye of an artist, bringing new shape and attractiveness to the human form. They can refashion and repair to wholeness the unique features that once were present but chance has altered. Our estheticians (Janesville) can help show cancer patients how to improve their skin tone and texture, and ways to apply makeup to minimize the visible side effects of treatment. The Center has locations in Janesville and Lake Geneva, Wisconsin, and Woodstock and Vernon Hills, Illinois. For more information, please call (800) 236-6868 or visit MercyPlasticSurgery.org.

Pastoral care
Part of Mercy’s mission is to meet the spiritual needs of all patients, including those in our cancer treatment programs. When indicated or requested, our hospital chaplain will meet with patients and family members to assess spiritual needs. We are happy to make a referral to the patient’s own faith group for spiritual care and our chaplain will provide direct care when there is no faith group affiliation or when that person is unavailable. We also provide a chapel and healing garden at Mercy Hospital Janesville as serene spaces for prayer, meditation, and reflection. For more information about Mercy’s pastoral care, call (608) 756-6000.

Effective treatment for skin cancer
As with most cancers, early detection and treatment of skin cancer is the key to a cure. Because some skin cancers can be large with an extensive root system, traditional treatments do not always detect and remove these deep areas of cancerous tissue. One very successful way to treat skin cancer is with Mohs micrographic surgery. Only cancerous tissues are removed, which spares healthy tissue in the affected area. Due to the methodical way in which tissue is removed and examined, Mohs surgery has one of the highest reported cure rates of all skin cancer treatments. Manish Gharia, MD, board certified dermatologist and Mohs surgeon, practices at Mercy Walworth Hospital and Medical Center. For complete information, call the Center at (877) 893-5503.
support services

Transfusion/infusion services
Outpatient transfusion and infusion services are not only cost-efficient, but save time for our patients. Education sessions describing treatment, alternatives and possible side effects allow patients the opportunity to have their questions answered. Transfusion services are coordinated through the Mercy Treatment Coordination Center. For complete information, call (608) 756-6601.

Wigs for Patients
For many people, especially women and children, the loss of hair due to medical conditions can often lead to a loss of self-esteem and self-confidence. The Mercy Health System Association of Volunteers established its award-winning Wigs for Patients program because it knows that when people look good, they feel good. And when they feel good, they can deal with health challenges with confidence and a hopeful attitude.

Mercy Regional Urology Center
People with cancer of the bladder, prostate, testes and other urological cancers will find expert care at the Mercy Regional Urology Center. Here, the board certified urologists and support staff offer the latest diagnostic tests, procedures, therapies and ongoing treatments available. Services are offered in Janesville and Lake Geneva, Wisconsin, and Harvard and Woodstock, Illinois. For general referral information, call (608) 741-6991 or (866) 486-6991.

The Wigs for Patients program offers high-quality wigs, free or at limited cost, to patients in need. Features Hair & Nail Company and Coulterz Cutz in Janesville have specially trained cosmetologists available to consult with our patients, cut and style their wigs, and teach them how to properly care for their new wigs at home. For more information, or to make an appointment for a confidential appointment in a private room, call Features Hair & Nail Company at (608) 756-0307 or Coulterz Cutz at (608) 752-2490.

Support Groups

Bereavement Support Group
For individuals who are grieving the loss of a loved one
Location: Mercy Health Mall, Janesville
For complete information: (608) 754-2201

Cancer Support Group
For individuals affected by cancer and their support person
Location: Mercy Hospital Janesville
For complete information: (608) 756-6824

Caregiver Support Group
For individuals who provide care for a loved one
Location: Mercy Health Mall, Janesville
For complete information: (608) 754-2201

Commit to Quit Support Group
For individuals who seek support in their efforts to quit smoking
Location: Henry Palmer Building, Janesville
For complete information: (608) 741-2411

Mercy Health System also offers support groups for stroke and polio survivors, children and adults with diabetes, individuals with multiple sclerosis, and those affected by sleep apnea. For complete information, call Mercy HealthLine at (608) 756-6100 or toll-free (888) 39-MERCY.