KEEPING HOPE ALIVE

As cancer care providers, we have accepted the challenge of addressing the physical and emotional needs of our cancer patients. Every day, we rely on cancer research to address the physical aspects of cancer and hope to bolster our patients’ emotional morale.

The first questions often asked by patients are, “Will I survive this cancer?” and “How long will it take to know if my treatment is working?” As the cancer experts, the way we address these questions sets the tone for the entire patient experience. It is through the delivery of hope that we prepare our patients, and their families, for the days, weeks and months to come.

Hope is invaluable to patients on the cancer journey and is delivered in many forms – through the communication of sound facts, research and outcomes; through ongoing verbal encouragement; through celebrations of milestones reached; through spiritual or emotional comfort; and through the support of friends and family. Hope is the medicine that gives cancer patients the will to carry on and fight and the ability to find peace regardless of the outcome.

The Memorial Cancer Center succeeded in delivering a wide range of cancer services, combined with hope, to patients throughout 2013. Cancer services at Memorial Healthcare include:

- Medical Hematology/Oncology
- Radiation Oncology
- Chemotherapy
- Blood Disorder Services
- Clinical Trials
- Lymphedema Clinic
- Cancer Screenings
- Community Outreach

The Memorial Cancer Center maintains its accreditation status with the American College of Surgeons Commission on Cancer (COC) and with the Quality Oncology Practice Initiative (QOPI).

For a lot of patients and their families exploring ways to find hope in the midst of a cancer diagnosis can be an overwhelming process. At the Memorial Cancer Center in Owosso, we make it our mission to instill hope at every opportunity. Each day, we make it our mission to Keep Hope Alive.
MEDICAL DIRECTOR

Tallat Mahmood, MD
Co-Medical Director
Board Certified
Hematology, Internal Medicine and Oncology

Hesham Gayar, MD
Board Certified Radiation Oncology

Tallat Mahmood, MD
Co-Medical Director
Board Certified Hematology, Internal Medicine and Oncology

Shalini Thoutreddy, MD
Board Certified Oncology and Hematology

Ronald Kawauchi, MD
Board Certified Oncology and Hematology

Jack Nettleton, MD
Board Certified Radiation Oncology

Kiran Devisetty, MD
Board Certified Radiation Oncology

Shalini Thoutreddy, MD
Board Certified Oncology and Hematology

Daniel Williams, MD, MS
Board Certified Internal Medicine, Oncology, Palliative and Hospice Medicine and Toxicology

ADVANCED PRACTICE PROVIDERS

Elaine McNamara, RNC, MSN, FNP-BC
Board Certified Family Nurse Practitioner

Dennis Wallace, PA
Physician Assistant

March is Multiple Myeloma Cancer Awareness Month
CONFERENCES ATTENDED

February 2013 – Elaine McNamara, RNC, MSN, FNP-BC, Nurse Practitioner, attended Future Direction in Palliative Care, sponsored by the Cleveland Clinic.

April 2013 – Elaine McNamara, RNC, MSN, FNP-BC, Nurse Practitioner, attended Walking the Walk - The Art of Palliative Care.

May 2013 – Elaine McNamara, RNC, MSN, FNP-BC, Nurse Practitioner, attended Comprehensive Breast Care Conference, Grand Rapids, MI.

October 17 & 18, 2013 – Lynnea Malatinsky, RHIT, Tumor Registrar, attended MICRA Annual Conference, Frankenmuth, MI.


TUMOR BOARD AND BREAST BOARD CONFERENCE 2013 ATTENDANCE REPORT

2013 Presentations: 83 cases presented

Attendance: 100%
   Medical Oncology 100%
   Surgeons 100%
   Pathology 100%
   Radiation Oncology 100%
   Radiology 100%

Clinical Staging Guidelines were discussed and documented at Tumor and Breast Board Conference with 83 cases presented. Treatment planning, using evidence-based treatment guidelines, were also discussed among the multidisciplinary attendance.
RESEARCH

Patients of Memorial Healthcare’s Cancer Center have the option of participating in clinical trials. The oncologists at Memorial Healthcare are impassioned in conducting clinical research to advance cancer treatment standards. The research trials are conducted in collaboration with Michigan State University/Breslin Center, East Lansing, MI.

NATIONAL CLINICAL TRIALS

Celgene CONNECT Chronic Lymphocytic Leukemia Disease Registry: An observational study of patients with newly diagnosed chronic lymphocytic leukemia.

Celgene CONNECT Multiple Myeloma Registry: An observational study of patients with newly diagnosed multiple myeloma.

Eli Lilly H3E-US-S130: Randomized, open-label, Phase III study of Pemetrexed and Carboplatin followed by maintenance Pemetrexed versus Paclitaxel plus Carboplatin and Bevacizumab followed by maintenance of Bevacizumab in patients with advanced non-small cell lung cancer of nonsquamous histology.

NSABP B-49: Phase III study comparing the combination of Docetaxel plus Cyclophosamide to Anthracycline-based chemotherapy regimens for women with node-positive or high risk node-negative, Her2 negative breast cancer.

NSABP P-5: Statin Polyp Prevention Trial in patients with resected colon cancer.

SWOG S0702: This is an observational study to assess the incidence of osteonecrosis of the jaw in cancer patients with bone metastasis who are starting on Zoledronic Acid treatment.
CANCER COMMITTEE

The Cancer Committee is a standing committee of Medical Oncology and Medical Radiation Staff. The committee meets quarterly to plan, assess and implement all cancer-related programs and activities at the hospital. The committee’s goals ensure Memorial Healthcare offers a coordinated, multidisciplinary approach to cancer prevention and treatment supported by state-of-the-art technology and specially-trained staff. The committee strives to continually improve patient survival and outcomes to enhance the quality of life for all cancer patients, regardless of diagnosis. These goals are accomplished by an emphasis on wellness, education, prevention, survivorship, research and stringent monitoring of comprehensive quality cancer care.

2013 CANCER COMMITTEE GOALS

Programmatic Goals
- Establish Palliative Care and Survivorship Program.
- Increase referrals to the American Cancer Society.

Quality Goals
- Chemotherapy patients receiving weight-based medications will be weighed within 24 hours prior to medication administration 100% of the time.
- Coordination of appointments with our patients.

Community Goals
- Increase attendance at screening events within our community by 10% in 2013.
- Maximize marketing and screening opportunities at major sponsor events (Making Strides and Women’s Night Out) – plans to be competed by 2nd Quarter.
- Participate in Relay for Life.
- Lunch and Learns offered to the community monthly.
- Expand cancer screening for all patients insured and uninsured.

Clinical Goals
- Cycle/dose will be documented on each visit and monitored monthly.
- Chemotherapy medications will be verified by two Registered Nurses prior to administration 100% of the time.
- Establish and track oral chemotherapy adherence program.

2014 Cancer Committee Members
Front Row (left to right): Lisa LePain, DO; Keith Morrow, DO; Douglas Strong, MD; Margaret Purdy, MD; Daniel Williams, MD; Hesham Gayar, MD; Richard Schulz, DO; and Ernesto Quiachon, MD. Middle Row (left to right): Jaime Arndt, RN; Elaine McNamara, RNC, MSN, FNP-BC; Mindi Odum, Cara Renfrow, RN; Vicki Watkins, RN, MSN; Kim Belous, RN, ONC; Kathy Roberts, RN, BA; and Lindsay Ruff Ruff, RD. Back Row (left to right) Jim Concato; Rev. Ray Strawser; Lindsey Redoutey; Kristi Lewis; Norman Lancit; and Lynnea Malatinsky, RHIT. Not pictured: Tallat Mahmood, MD; Mario Chaves, MD; Becky Nickels, RN; Kevin Davis; and Autumn Hoseska, BS, RHIA, CTR, CPC.
CANCER COMMITTEE 2013

PHYSICIAN MEMBERS
Hesham Gayar, MD
Physician Liaison
Tallat Mahmood, MD
Medical Oncology
Keith Morrow, DO
Radiologist
Margaret Purdy, MS, MD
General Internist
Ernesto Quiachon, MD, FCAP, FASCP, MIAC
Pathologist
Forrest Robart, DO
Surgeon
Margaret Snow, MD
Physical Medicine Rehabilitation
Douglas Strong, MD
Family Physician
Shalini Thoutreddy, MD
Medical Oncologist
Daniel Williams, MD
Cancer Committee Chair

NON-PHYSICIAN MEMBERS
Jim Concato, MHA
Cancer Care Services Director
Jaime Arndt, RN, BSN, OCN
Oncology Nurse Manager
Kristi Wilson, MSW
Social Service
Becky Nickels, RN
Clinical Research Coordinator
Kathy Roberts, RN, BA
Outpatient Services Care Director
Lynnea Malatinsky, RHIT
Tumor Registrar
Patricia Davis
Tumor Registrar
Shauntai Beaugard
American Cancer Society
Kim Belous, RN, ONC
Radiation Oncology Clinical Coordinator
Cara Hague, RN
Nurse Manager
Rob Lavoie, RPH
Pharmacy Director
Janet McClain, RN
Quality Improvement Director
Rev. Ray Strawser
Spiritual Counselor
Vicki Watkins, RN, MSN
Patient Care Services Director
Kevin Davis, CMPR, MS, OTR
Ancillary Care Services Director

CANCER COMMITTEE 2013 ATTENDANCE REPORT

February 28, 2013:
Physician 78% Non-physician 93%
April 25, 2013:
Physician 100% Non-Physician 79%
July 25, 2013:
Physician 89% Non-Physician 86%
October 24, 2013:
Physician 56% Non-Physician 79%
2013 COMMUNITY OUTREACH

Colorectal Screening (March)
In collaboration with McLaren Cancer Institute
Kits distributed: 124

Steps For Courage 5K Run/Walk (April)
Raised over $4,800 for Silver Stars community cancer screening fund

Prostate Screening (April)
21 men screened

Breast Screening (May)
28 women screened

Relay for Life (May)
Raised $15,873 for the American Cancer Society

Cancer Survivor Celebration (June)
120 people attended

Breast Screening (October)
32 women screened

Colorectal Screening (October)
Kits distributed: 37

Prostate Screening (October)
27 men screened

Skin Screening (October)
34 people screened

Making Strides Against Breast Cancer (October)
Raised $4,780 for the American Cancer Society

Breast Screening (November)
Fifteen women screened in collaboration with First Church of the Nazarene/Project Connect.

Colorectal Screening (November)
Ten kits were distributed in collaboration with First Church of the Nazarene/Project Connect.

“Celebration of Life” Dinner (December)
One hundred people attended the 4th Annual Christmas Dinner for patients, which was prepared by the Cancer Center staff and their families.

“Support the Foundation” Art Bra Event (August)
Raised over $9,000 which will enable the Memorial Healthcare Foundation Silver Stars fund to provide cancer screenings to community members in the Shiawassee region.

CANCER SCREENINGS

Early detection of certain cancers can save lives, reduce extent of treatment and improve quality of life. Screenings offered by Memorial Healthcare in 2013 were:

• Breast
• Colorectal
• Prostate
• Skin

Screening services reached 145 individuals who had no primary care physician and/or who have not received screening tests within one year. The purpose of these programs was to help in the prevention, early detection and treatment of cancer.

Community Cancer Screenings are provided in conjunction with Memorial Healthcare Foundation, Silver Stars and the Community Cancer Fund.
COMMUNITY SUPPORT GROUPS

US TOO! Prostate Support Group — A support group for men who have faced or are currently facing prostate cancer. Supportive family/friends are also invited to attend. The group meets the 3rd Monday of each month.

Life Goes On — A support group for people who have faced or are currently facing any type of cancer. This group also includes friends, family and caregivers. The group meets the 1st Wednesday of each month.

Look Good... Feel Better — This nationwide program is provided through a partnership with the American Cancer Society, National Cosmetology Association and Personal Care Products Foundation. This program teaches women how to cope with skin changes and hair loss that may occur during treatment for cancer. The sessions are held the 4th Monday of each month.

Breast Cancer Support Group “The Pink Brick Road” — A support group for those who are currently facing or have faced Breast Cancer. Supportive family/friends are also invited to attend. (Meets with Life Goes On)

Reach To Recovery — A personal support program sponsored by the American Cancer Society that partners breast cancer patients with survivors who have similar cancer journeys.

Music Therapy — Several days a week, members of the community come to share their talent to play soothing music on the baby grand piano located in the lobby of the Medical Arts Building.

Pet Therapy — Research has shown that pet therapy can improve depression and increase oxygen saturation and help manage pain symptoms in patients undergoing chemotherapy. Weekly visits are made by “Murphy” to the Memorial Cancer Center.

A community resident volunteers his time playing the piano at the Memorial Cancer Center.
CANCER PROGRAM PRACTICE PROFILE REPORTS (CP3R)

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Performance Rate</th>
<th>Cases</th>
<th>Program Calculated Performance Rate</th>
<th>Expected Performance Rate</th>
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<tr>
<td>Breast 2011 Memorial Healthcare</td>
<td>100%</td>
<td>17</td>
<td></td>
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<tr>
<td>Colon 2011 Memorial Healthcare</td>
<td>100%</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectum 2011 Memorial Healthcare</td>
<td>100%</td>
<td>2</td>
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</table>

2013 COUNTY AT DIAGNOSIS

2013 TOP FIVE CANCER SITES

2013 AGE AT DIAGNOSIS

Range: 13 - 93
Mean: 64

PEARL
September is Mesothelioma Cancer Awareness Month
2013 PRIMARY SITE TABLE

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ANALYTIC</th>
<th>NON-ANALYTIC</th>
<th>ALIVE</th>
<th>EXPIRED</th>
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<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
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<td>2</td>
<td>0</td>
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<tr>
<td>Colon, Rectum, Rectosigmoid &amp; Anus</td>
<td>29</td>
<td>17</td>
<td>12</td>
<td>28</td>
<td>1</td>
<td>23</td>
<td>6</td>
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<tr>
<td>Esophagus</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Gallbladder</td>
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<td>1</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>Respiratory System</td>
<td>42</td>
<td>24</td>
<td>18</td>
<td>41</td>
<td>1</td>
<td>15</td>
<td>27</td>
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<tr>
<td>Melanoma - Skin</td>
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<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Breast</td>
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<td>42</td>
<td>42</td>
<td>0</td>
<td>41</td>
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<tr>
<td>Female Genital System</td>
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<td>29</td>
<td>16</td>
<td>13</td>
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<tr>
<td>Prostate</td>
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<td>0</td>
<td>9</td>
<td>14</td>
<td>23</td>
<td>0</td>
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<tr>
<td>Urinary Bladder</td>
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<td>6</td>
<td>17</td>
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<td>15</td>
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<tr>
<td>Kidney &amp; Renal Pelvis</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<td>2</td>
<td>1</td>
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<tr>
<td>Other Urinary Organs</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Thyroid</td>
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<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Lymphoma</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Myeloma</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Leukemia</td>
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<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Mesothelioma</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Miscellaneous</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>224</strong></td>
<td><strong>101</strong></td>
<td><strong>123</strong></td>
<td><strong>195</strong></td>
<td><strong>29</strong></td>
<td><strong>174</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

ANALYTICAL LUNG CANCER BY YEAR
LUNG CANCER CASES - MEMORIAL HEALTHCARE
2010 - 2013

ANALYTICAL BREAST CANCER BY YEAR
BREAST CANCER CASES - MEMORIAL HEALTHCARE
2009 - 2013

October is Breast Cancer Awareness Month
THE CANCER REGISTRY PROGRAM
Lynnea Malatinsky, RHIT
Autumn Hozeska, BS, RHIA, CTR, CPC

TUMOR REGISTRAR

Employees in the cancer registry are skilled healthcare professionals who apply clinical and technical knowledge to maintain a comprehensive database on cancer related information. They collect specific data on all cancer cases diagnosed and/or treated at Memorial Healthcare. Detailed data elements collected include the primary cancer site, cancer stage, histology, treatment information and numerous other items. Key information is collected at the time of diagnosis and for the lifetime of the patient. Accuracy and timeliness of the data is critical in order to maintain required standards and to support research and education. In order to accomplish the above, registrars work closely with physicians, the patient medical record and many other healthcare professionals from within and outside Memorial Healthcare.

The registry staff are also involved in managing, abstracting, analyzing and the reporting of cancer data for trends and outcomes. In addition, their responsibilities include preparation of our annual cancer program report, coordinating and attending weekly tumor conferences and quarterly cancer committee meetings, as well as the management of the required cancer program standards. As mandated by the State of Michigan, our cancer data is submitted regularly to the state registry and to the National Cancer Data Base (NCDB). The staff works diligently to meet or exceed the American College of Surgeons – Commission on Cancer (ACoS-CoC) standards and organizational goals.

ANALYTIC CASES BY CLASS OF CASE (COC)

The cancer registry often times refer to the number of cancer cases in terms of analytic or non-analytic cases. In addition, these cases are further defined by class of case. Analytic cases are those who have been diagnosed and/or have had all or some of their first course of treatment at Memorial Healthcare. The data collected for analytic cases are detailed and included in treatment and survival analysis. The table below illustrates how each analytic case is categorized by what is described as class of case or the nature of the involvement that Memorial Healthcare has in the care of each patient.

<table>
<thead>
<tr>
<th>COC CODE</th>
<th>DESCRIPTION OF ANALYTIC (CLASS OF CASE –CoC)</th>
<th>TOTAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>00</td>
<td>Initial diagnosis at Memorial Healthcare and all treatment or a decision not to treat was done elsewhere</td>
<td>12</td>
<td>6.15%</td>
</tr>
<tr>
<td>10</td>
<td>Initial diagnosis at Memorial Healthcare or staff physician’s office and part or all of first course treatment or a decision not to treat done at Memorial Healthcare</td>
<td>18</td>
<td>9.23%</td>
</tr>
<tr>
<td>11</td>
<td>Initial diagnosis in staff physician’s office and part of first course treatment was done at Memorial Healthcare</td>
<td>4</td>
<td>2.05%</td>
</tr>
<tr>
<td>12</td>
<td>Initial diagnosis in staff physician’s office and all of first course treatment or decision not to treat was done at Memorial Healthcare</td>
<td>4</td>
<td>2.05%</td>
</tr>
<tr>
<td>13</td>
<td>Initial diagnosis at Memorial Healthcare and part of first course treatment was done elsewhere</td>
<td>32</td>
<td>16.41%</td>
</tr>
<tr>
<td>14</td>
<td>Initial diagnosis at Memorial Healthcare and all first course treatment or decision not to treat was done at Memorial Healthcare</td>
<td>110</td>
<td>56.41%</td>
</tr>
<tr>
<td>20</td>
<td>Initial diagnosis elsewhere and all or part of first course treatment was done at Memorial Healthcare</td>
<td>5</td>
<td>2.57%</td>
</tr>
<tr>
<td>21</td>
<td>Initial diagnosis elsewhere and part of first course treatment was done at Memorial Healthcare, part of first course treatment was done elsewhere</td>
<td>10</td>
<td>5.13%</td>
</tr>
<tr>
<td>22</td>
<td>Initial diagnosis elsewhere and all first course treatment or a decision not to treat was done at Memorial Healthcare</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>195</td>
<td>100%</td>
</tr>
</tbody>
</table>
GLOSSARY OF TERMS

Accession – an eight-digit number assigned to each case which indicates the first year the patient was seen at the institution for diagnosis and/or treatment of cancer and the numeric order in which the registry entered the case into the database.

Analytic – first diagnosed at reporting hospital since its reference date and either received all or part of first course of therapy at the hospital.

Cancer Registry – An information system designed for the collection, management and analysis of data on persons with the diagnosis of a malignant or neoplastic disease (cancer).

Distant – Neoplasm which spreads to parts of the body remote from primary tumor, either by extension or discontinuous metastasis to distant organs, tissues or lymph nodes.

Emetogenic – having the capacity to induce emesis (vomiting); a common side effect of anticancer agents.

Histology – Study of the microscopic structure of tissue.

Initial Treatment/Therapy – All treatment/therapies within the first four months following diagnosis.

In Situ – Neoplasm meets all microscopic criteria for malignancy, except Invasion.

Localized – Neoplasm that appears entirely confined to organ of origin.

Medical Oncology – Includes chemotherapeutic drugs and hormones administered singly or in combination.

Medical Registry Services, Inc. (MRS) – cancer data management system for entering and maintaining all oncology patient information.

Multiple Myeloma – also known as myeloma, it is a hematologic cancer, or cancer of the blood.

National Cancer Database (NCDB) – National hospital registries submit data from their database to this central registry for studies.

Neoplasm – A new and abnormal formation of tissue, as a tumor or growth which serves no useful function but grows at the expense of the healthy organisms.

Non-Analytic – first diagnosed at another hospital and either entire first course of therapy was given elsewhere, was never treated or unknown, if treated; first diagnosed at reporting hospital before its reference date; first diagnosed at autopsy.

Oncology – the study of tumors/malignancies.

Osteonecrosis – a disease resulting from the temporary permanent loss of blood supply to the bone.

Palliative – Serving to relieve or alleviate without curing.

Patient Care Evaluation – studies of malignant diseases designed to describe the practice of medicine at the community level and to provide management and end result information; required by the Commission on Cancer, National Cancer Database.

Polyp – an abnormal growth of tissue projecting from a mucous membrane.

Primary Site – The anatomical location within the human body considered the point of origin for the malignancy.

Radiation – Cancer related or directed beam and/or non-beam. Non-beam includes radium, iridium, cesium and radioactive isotopes. Ablative hormone radiation is included.

Regional – Neoplasm extending beyond the limits of organ or origin directly into surrounding organs or tissues or into regional lymph nodes.

Reference Date – starting date after which all eligible cases must be included in the registry.

Stage of Disease – Determined at first course of treatment.

Surgery – Partial or total removal of tumor, excluding biopsy.

Unknown/Unstaged – When the stage cannot be determined from the medical record or a medical authority.
MEET OUR TEAM

At the Memorial Cancer Center, there are many people who are part of a team with the same goal — to give the very best in specialized oncology care. Now, let us introduce our team.

Medical Oncologist / Hematologist: The medical oncologist / hematologist is a specialist who acts as the primary physician. The medical oncologist will aide in care from time of diagnosis to treatment therapy options, to time of survivorship. The medical oncologist is responsible for the coordination of the other members of the team.

Radiation Oncologist: The radiation oncologist is a specialist who provides radiation therapy options and guides patients through their radiation treatment. The radiation oncologist works closely with the medical oncologist in all aspects of cancer care.

Radiologist: The radiologist is a specialist in the interpretation of diagnostic images. Some of the diagnostic testing includes, but not limited to, PET scan, CT scan, MRI, and Ultrasound. The Radiologists’ interpretation helps the medical oncologist and radiation oncologist to decide treatment options.

Pathologist: The Pathologist specializes in the diagnosis of the cancer disease. The Pathologist diagnoses the cancer by looking through a microscope at biopsy tissue that is typically obtained at the time of surgery. Although “behind the scene,” he/she is a key member of your team that helps the Medical Oncologist and Radiation Oncologist to decide treatment options.

Nurse/Nurse Practitioner: The nurses are an instrumental part of cancer care. Patients connect with many nurses, from the Nurse Practitioner that assists the medical oncologist in diagnosis and treatment; to the nurses in the infusion center that administer chemotherapy and evaluate processes during treatment; to the radiation nurses who assist the radiation oncologist with symptom management, provide education on the various radiation therapy modalities, and act as case managers to coordinate patient care.

Radiation Therapist: Radiation therapists are highly trained in safe delivery of various types of radiation therapy. They interact with patients, educating them and offering support on a daily basis.

Medical Assistants: Trained medical professionals who perform clinical duties under the direction of the medical oncologist during patient office visits.

Social Worker: The social worker is a licensed professional who helps patients and family members, with any emotional, financial or physical needs.

Survivor Volunteer: The survivor volunteer is a cancer survivor who is there to help support patients throughout the cancer care journey. The survivor volunteers are able to offer unique emotional support in the fact that they themselves have had their own cancer care journey.
MEDICAL ONCOLOGY

Memorial Cancer Center provides custom treatment plans for patients which may involve multiple modalities of therapy. Medical Oncology and Hematology services are provided by Ronald Kawauchi, MD; Tallat Mahmood, MD; Shalini Thoutreddy, MD; Daniel Williams, MD, MS; and Elaine McNamara, RNC, MSN, FNP-BC.

MEDICAL ONCOLOGY TREATMENTS

- Chemotherapy
- Hormonal therapy
- Clinical trials
- Targeted therapy
- Genetic testing

RADIATION ONCOLOGY

A precise, expert course of radiation treatment is available to patients at Memorial Cancer Center, in affiliation with the McLaren Cancer Institute, through technologically-advanced systems and a custom plan, developed in coordination with other cancer specialists and primary caregivers.

Our radiation treatment team includes board certified radiation oncologists, physicists, physician assistants, radiation therapists, dosimetrists and oncology nurses. Chairman of Radiation Oncology, Hesham Gayar, MD, radiation oncologist Jack Nettleton, MD, and Kiran Devisetty, MD and Dennis L. Wallace, PA-C provide skilled care utilizing state-of-the-art Image-Guided Radiation Therapy (IGRT) radiation delivery modes similar to those services found at the nation’s premiere cancer centers.

AFFILIATIONS

American Cancer Society, Great Lakes Divisions, Inc.
Michigan Cancer Consortium – A statewide organization committed to working together to reduce the human and economic impact of cancer in Michigan
Blue Cross, Blue Shield of Michigan Oncology Care Program
Clinical Trials: Michigan State University/Breslin Center, East Lansing, MI
Radiation Therapy: McLaren Cancer Institute McLaren, Flint, MI
Shiawassee Tobacco Reduction Coalition
Friends of Hospice for Memorial Healthcare
American College of Surgeons
Michigan Oncology Quality Consortium

CERTIFICATIONS

Commission on Cancer, accredited through 2015
Quality Oncology Practice Initiative
The nation’s Top 100 list recognizes those hospitals achieving the best scores for low readmission rates and high patient satisfaction, as well as the organization’s use of technology for patient engagement and electronic health and medical records. Memorial Healthcare ranked #1 in the State of Michigan and 28 nationally out of 3,077 hospitals – scoring in the top 99 percent nationwide.

#1 in Michigan for Superior Patient Engagement!
Axial Exchange and Becker’s Hospital Review National Patient Engagement Survey.

MemorialHealthcare.org