

2017 Annual Report





208.625.4700 **kh.org/cancer**

20**17** Cancer Committee Members and Honored Guests

Cancer Committee Members

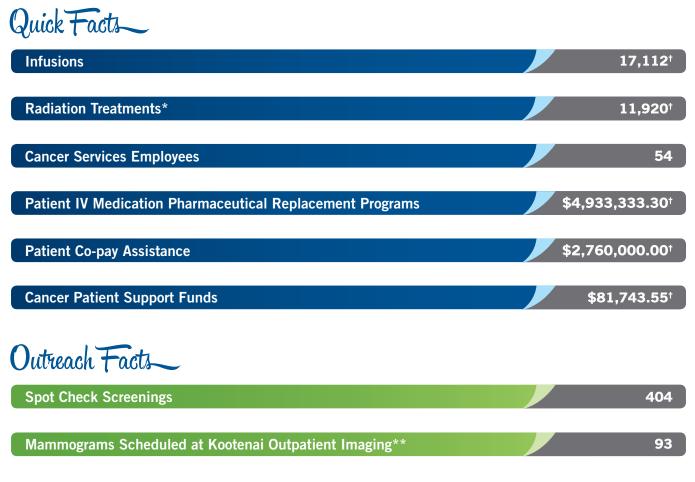
| K. Mulvey, M.D. | Committee Chairman | | | | | | |
|--|--|--|--|--|--|--|--|
| T. Johnston, RN, BSN, OCN | Program Administrator | | | | | | |
| T. Quinn, M.D. and K. Mulvey, M.D. | Cancer Liaison Physician | | | | | | |
| K. Kim, M.D. and J. Allen, M.D. | Cancer Conference Coordinator | | | | | | |
| K. Schutte | Cancer Registry Quality Coordinator | | | | | | |
| B. Cole, CTR | Certified Tumor Registrar | | | | | | |
| C. Sowa, RN, BSN, OCN and J. Schmidt, RN, BSN, OCN | Oncology Nurse | | | | | | |
| S. Bering, M.D., R. Ancker, M.D. and N. Pelly, M.D. | Palliative Care Team Member | | | | | | |
| L. K. Peterson, RN, E. Yeck, RN, OCN | Quality Improvement Coordinator | | | | | | |
| S. Golden, RN, BSN, OCN, S. Owens, CRA and S. Hander, RNClinical Research Coordinator | | | | | | | |
| | | | | | | | |
| M. McElfresh, MSW, LCSW, OSW-C, J. Blankenship, LSW and | | | | | | | |
| M. McElfresh, MSW, LCSW, OSW-C, J. Blankenship, LSW and L. Evans, L.S.W. | Psychosocial Services Coordinator | | | | | | |
| • • • • • | | | | | | | |
| L. Evans, L.S.W. | Community Outreach Coordinator | | | | | | |
| L. Evans, L.S.W. T. Willhite | Community Outreach Coordinator Diagnostic Radiologist | | | | | | |
| L. Evans, L.S.W. T. Willhite A. Michalson, M.D. and D. Caywood, M.D. | Community Outreach Coordinator Diagnostic Radiologist Medical Oncologist | | | | | | |
| L. Evans, L.S.W. T. Willhite A. Michalson, M.D. and D. Caywood, M.D. J. Allen, M.D. and K. Mulvey, M.D. | Community Outreach Coordinator Diagnostic Radiologist Medical Oncologist Pathologist | | | | | | |
| L. Evans, L.S.W. T. Willhite A. Michalson, M.D. and D. Caywood, M.D. J. Allen, M.D. and K. Mulvey, M.D. M. de Tar, M.D. and T. Fandel, M.D. | Community Outreach Coordinator Diagnostic Radiologist Medical Oncologist Pathologist Radiation Oncologist | | | | | | |
| L. Evans, L.S.W. T. Willhite A. Michalson, M.D. and D. Caywood, M.D. J. Allen, M.D. and K. Mulvey, M.D. M. de Tar, M.D. and T. Fandel, M.D. A. Wagner, M.D. and J. Griffith, M.D. | Community Outreach Coordinator Diagnostic Radiologist Medical Oncologist Pathologist Radiation Oncologist Surgeon | | | | | | |

Honored Guests_

| J. | Lippman, H. Severs and J. O'Connor | American Cancer Society Staff Rep. |
|----|------------------------------------|------------------------------------|
| S. | Pruitt, RD and L. Patterson, RD | .Registered Dietician |
| J. | James and P. Weil | Pastoral Care Representative |
| J. | Bruning, ARNP, AOCNP | .Oncology |
| Μ. | Whitmore, PA-C | .Oncology |
| D. | Hackworthy, RN, BSN, OCN | .Oncology |
| L. | Townsend, RN, BSN, OCN | .Oncology |
| C. | Fiorentino, NP | .Oncology |
| E. | Vicente, RN | .Oncology |
| J. | Neely, (R)(M)(T) | .Imaging |
| S. | Davis, PT, BS | Physical Therapy |
| G. | Owen, PT | Physical Therapy |
| Κ. | Yake, RPh | .Pharmacy |
| Μ. | Helland, RD | .Nutrition |
| | | |

2017 Cancer Services Facts

Kootenai Clinic is a growing network of employed physicians. Our providers offer a wide range of services in a variety of convenient locations. At Kootenai Clinic, our primary care providers, specialists and surgeons work collaboratively on behalf of their patients. This unified health care approach helps to ensure that our patients receive the best care possible. Kootenai Clinic's Cancer Services are the regional cancer treatment centers for northern Idaho, eastern Washington and western Montana. The centers deliver comprehensive, compassionate cancer care using leading edge technology, the newest therapies and a wide range of clinical trials. Treatment specialties include medical oncology, radiation oncology, clinical research, genetic counseling, and clinical navigation. Radiation therapy is offered through our membership with The Alliance for Cancer Care. Since 1990, Cancer Services has been accredited by the **American College of Surgeons Commission on Cancer** and in 2017, received reaccreditation. To minimize the difficulties patients face traveling during treatment, we offer cancer treatment in three locations: Coeur d'Alene, Post Falls and Sandpoint.



* In collaboration with The Alliance for Cancer Care

** Not including Kootenai Health employees during the Mammogram Marathon

[†] Projected total

Strong as Iron

While training for her first Ironman, Jenn Besenti was faced with a challenge she never expected

By Andrea Kalas-Nagel

To say training for an Ironman is difficult is an understatement. The amount of time and energy needed to build enough endurance to complete 140.6 miles of swimming, biking and running is more than most people care to imagine. For Jenn Besenti, the daily training and sore muscles are now welcome after having to postpone her goal due to colorectal cancer.

"I started training for Ironman in 2015 and noticed an increase in some bowel issues I had," Jenn said. "My symptoms continued to get worse until it started to affect my daily life."

Training interrupted

Fifty miles into the longest bike ride of her training, Jenn realized something was wrong. At a time when she should be at her strongest, she felt weak and tired, like she needed to turn around. "Someone in my training group is actually a staff member at Kootenai," Jenn said. "She stopped to check on me, and I told her about what I had been experiencing. She told me to go see a doctor."

Jenn was able to see Gavin Young, M.D., at Kootenai Clinic Gastroenterology and Endoscopy, for a colonoscopy. She recalls seeing the facial expressions of staff members as they looked at the results of her exam.

"I knew in that moment that it was much worse than I expected," she said.

"Jennifer was diagnosed with a stage two tumor," Dr. Young explained. "That means the tumor had grown through the bowel wall, but not into surrounding structures. It is rare for someone her age to have colorectal cancer. Only about 4 to 5 percent of all new colorectal cancer diagnoses are in her age group of 35 to 44, with the average age at diagnosis being 67."

Gearing up for treatment — and beyond

Within two weeks of her diagnosis, Jenn began an aggressive treatment plan consisting of chemotherapy, radiation and two surgeries.

"Following her second surgery, there was about a six-week recovery period before Jenn could start working in her normal activities," said Marcus Torgenson, M.D., a surgeon with Kootenai Clinic General Surgery. "Jenn is a very motivated person and worked hard to get back to where she is today. She's an inspiration to everyone who has followed her throughout this process."

Even though she was unable to compete in Ironman that year, she was able to participate in smaller events in between her treatments, including the Iron Series—the Coeur d'Alene marathon, the Crossing swim across Lake Coeur d'Alene, and the Coeur d'Fondo bike ride.

"I had to break up the bike ride into three days because it takes so long and I still have gastrointestinal issues," she said. "But the coordinator was so nice—he let me do the ride before the actual event because I would be in the hospital for one of my surgeries at that time. They gave me an honorary medal and mentioned my name in the paper with the other finishers."

Jenn's oncologist, Jeff Allen, M.D., with Kootenai Clinic Cancer Services, said she is doing well and is part of the clinic's survivorship program, which helps monitor for any future complications and offer support if needed. This year she completed Coeur d'Alene's half Ironman—a feat she wasn't sure she'd ever reach—with her husband and three sons supporting her each step of the way.

"My friends, family and medical team were there for me completely; I couldn't have made it through without them," Jenn said. "My oldest son, mom and uncle helped with housework and meals, and all of my oncology nurses and the hospital staff were amazing. As bad as it was, they were my silver lining."



Working together for quality care

To learn more about Kootenai's multidisciplinary team of experts, including Kootenai Clinic General Surgery, Gastroenterology and Endoscopy, and Cancer Services, visit **kh.org**

Paddy's Sports Bar Donates_ Breast Fest Funds_

Paddy's Sports Bar raised \$21,080 from their annual BreastFest event to benefit the Kootenai Health Foundation, Panhandle Health District, and Susan G. Komen Idaho. The money raised from the event will benefit the Kootenai Health Foundation's Cancer Patient Support Fund as well as Panhandle Health District's screening and diagnostic mammography program.



Pictured from left: (back row) Tina Ghirarduzzi, Panhandle Health District; Tina Broadsword, Kootenai Clinic Cancer Services; Tolli Willhite, Kootenai Clinic outreach coordinator; (middle row) Don Duffy, Panhandle Health District; Jean Carper, Paddy's Sports Bar; Linda Carper, Paddy's Sports Bar; Steve Bell, Paddy's Sports Bar; (front row) Melanie Lambrecht, Kootenai Health Foundation; Chris Carper and daughter Eloise, Paddy's Sports Bar; Melisa Bell with son Benjamin, Paddy's Sports Bar; and Pat Carper with grandson Patrick, Paddy's Sports Bar.

Chicks n' Chaps donates to Cancer Patient Support Fund

Chicks n' Chaps donated \$12,361.79 to Kootenai Health's Cancer Patient Support Program. Proceeds were raised by local women attending the Chicks n' Chaps event on August 25 at the fairgrounds.

Chick n' Chaps is a Women's Only Rodeo Clinic held annually in conjunction with Tough Enough to Wear Pink Night at the North Idaho State Fair and Gem State Stampede.



Pictured from left: Deanna Gosselin, Chicks n' Chaps; Britt Towery, Kootenai Health Foundation; Mary Larson, co-chair of Chicks n' Chaps; Tolli Willhite, Kootenai Clinic outreach coordinator; Ann Siebert, co-chair of Chicks n' Chaps.

Excellence In Cancer Care

By Andrea Kalas-Nagel

Kootenai Clinic Cancer Services has offered quality cancer care in northern Idaho since it began in 1987 as the North Idaho Cancer Center. Since then, the clinic and staff have received multiple awards, certifications, and accreditations for their commitment to patient care. Although each of those accolades has a special meaning to the staff who earned them, it can often be hard for patients and visitors to see the significance and hard work behind each one.

Because 2017 was a particularly exciting year for Cancer Services, here is a breakdown of each national recognition held and what it means for patients.





COC ACCREDITATION

Commission on Cancer (COC) accreditation is the "gold standard" for cancer program accreditation. Issued by the American College of Surgeons, Cancer Services has held it since 1990. Kootenai is one of only four centers in Idaho, and one of only two in the Inland Northwest to hold this accreditation.

"Receiving COC accreditation required us to share our information with both the Idaho state and national cancer database repositories," Teresa Johnston, Kootenai Clinic Cancer Services manager said. "This information is used to monitor and report outcomes, determine patterns of care, identify disparities, and focus on areas for quality improvement. By participating in this program, we are working alongside other highly qualified organizations to improve care across the state and across the country."





ONCOLOGY CERTIFIED RNS

The Oncology Nursing Society provides an opportunity for nurses to gain this special oncology certification. More than 60 percent of Kootenai Clinic Cancer Services clinical RNs are oncology certified. All of Kootenai's RNs are required to obtain or maintain a chemotherapy/Biotherapy Administration certification prior to administering these medications to patients.



QOPI Certification Program

QOPI CERTIFICATION

Issued by the American Society of Clinical Oncology, Kootenai Clinic Cancer Services received this certification in 2017. Kootenai is the third organization in Idaho to receive this certification, and the only organization in the Inland Northwest.

QOPI demonstrates Kootenai's compliance with nationally approved standards and demonstrates a commitment to quality. These standards are proven "best practices" that go beyond standard treatment, covering every aspect of care to ensure every patient receives the very best care possible at every step of their journey, from diagnosis to survivorship.



Learn more about Kootenai Clinic Cancer Services at **kh.org/cancer or call (208) 625-4700.**



NAPBO NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

NAPBC ACCREDITATION

Issued by the American College of Surgeons, NAPBC is a new accreditation earned in 2017 for excellence in breast cancer care. Kootenai is the only organization in Idaho and the Inland Northwest to receive this accreditation.

"To receive this accreditation, we had to meet specific additional requirements above and beyond COC accreditation for breast cancer patients," Teresa said. "This shows our team's resolve to provide the best care for patients in north Idaho and our willingness to continue challenging ourselves to continuously improve."





BREAST IMAGING CENTER OF EXCELLENCE

Kootenai received this designation from the American College of Radiology in 2010. This means the imaging technologist and radiologists, and equipment at Kootenai meets the highest national standards. This allows patients to have the best opportunity for early detection and survivorship.





CERTIFIED LUNG CANCER SCREENING FACILITY

Kootenai Clinic has held this designation from the American College of Radiology since 2015. Much like the Breast Imaging Center of Excellence, this designation means the imaging technologist and radiologists, and equipment at Kootenai meets the highest national standards. This allows patients to have the best opportunity for early detection and survivorship.

Todd Hoopman, M.D. (center), accepted an award at the Global Lung Health Summit.





LOW DOSE SCREENING AND NAVIGATIONAL BRONCHOSCOPY PROGRAM RECOGNITION

Kootenai's program was awarded first place at the Global Lung Health Summit in 2017. This program helps to catch cancer earlier with minimal impact to the patient, and improve survivorship.



Many Minds Over Cancer

Kootenai Health receives Breast Cancer Center of Excellence designation

By Marc Stewart, Staff Writer

As the war against breast cancer continues to rage, Dr. Tim Quinn believes medicine is winning.

"Our results are getting better and better," said Quinn, a surgeon at Kootenai Health. "In 36 years of practicing medicine, I have seen dramatic improvements in patient outcomes because of early detection, new drugs, improved procedures and shared knowledge between physicians."

National statistics support Quinn's belief that the tide has turned against breast cancer. According to the American Cancer Society, death rates from breast cancer in the United States dropped 39 percent between 1989 and 2015. That translates to 322,600 deaths avoided during those 26 years.

Attacking breast cancer from a team approach is at

the core of Kootenai Clinic Cancer Services, which recently earned a center of excellence designation from a program of the American College of Surgeons.

"We're one of two hospitals in Idaho to have that designation," said Teresa Johnston, the Clinical Operations Manager at Kootenai Clinic Cancer Services. "Breast cancer is the most frequently diagnosed cancer in our organization, nearly 20 percent of all cancers." Those figures line up with national trends.

One in eight women will develop breast cancer during their lifetime, according to the American Cancer Society. Breast cancer is the second most common cancer among women in the U.S., after skin cancer. An estimated 252,710 women will be diagnosed with breast cancer in 2017, and an estimated 40,610 women will die from it. Breast cancer risk generally increases with age. Nationally, about eight of every 10 new breast cancer cases and almost nine of every 10 breast cancer deaths are in women 50 and older.

Kootenai Health diagnosed 205 cases of breast cancer in 2016, up from 172 the previous year.

The provider's breast cancer center uses a team approach, said Jodi Schmidt, a nurse who is one of the first medical professionals to interact with a patient newly diagnosed with breast cancer.

"We know from experience that breast cancer is a life-altering disease," she said. "I am here to help patients navigate their treatment from start to finish."

From there, Kootenai Health uses a team of medical professionals called a tumor board. The tumor board convenes at least once a month, tackling cancer cases with rigorous discussions about the best course of care and making recommendations for the patient to consider.

"We've got 16 physicians on the board and they all have different areas of expertise," said Johnston. "They're all able to share a patient's records with each other and look at every avenue of care."

Schmidt, who sits on the tumor board, said the group approach has made a "tremendous difference" in helping patients overcome breast cancer.

"It really has opened up better access to care," she said. "Patients get faster, better care. Patients don't have to spend time going to various specialists. All of the specialists are in one room." Quinn notes that after a diagnosis, some patients want a second opinion. "It's not necessary with our tumor board because you have 16 opinions," he said. "We even have a plastic surgeon on the tumor board who has critical input."

Kootenai Health was awarded the Breast Cancer Center of Excellence designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.

"There are 29 standards which we had to meet," said Johnston. "We were already doing all of those things, but we hadn't put it all together."

Accreditation by the NAPBC is given only to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease.

The standards include proficiency in the areas of center leadership, clinical management, research, community outreach, professional education, and quality improvement.

A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.

"It was a lot of work to put everything together," said Johnston. "What made it easy was that we already had most of the required things in place. It was a matter of documenting things. It also was made easier because we had a team of medical professionals dedicated to providing the best care to our patients."





Cancer and Community Charities Reaches Milestone in Giving to Kootenai Health

The Kootenai Health Foundation is honored to celebrate 32 years of philanthropic partnership with Cancer and Community Charities (3Cs). The total given to date by the local nonprofit organization has reached nearly \$313,000. The first gift from 3Cs was given in 1986 to support the campaign to build the North Idaho Cancer Center which opened in 1987, and subsequent annual gifts have supported the Walden House and the Foundation's Festival of Trees fundraiser. Cancer and Community Charities is the longest standing consecutive donor in the Foundation's 34-year history. Kootenai Health representatives met with the nonprofit's current president and past presidents to thank them for the 3Cs' longstanding generosity.

Pictured from left, front row: Sheila Redfield; Caroline Crollard; Barbara Newland, current 3Cs president; Carol Peterson; Julie Holt, Kootenai Health Foundation president. **Middle row:** Judy Gardner; Bobbi Freeman; Marj Peak; Barbara Gray; Gratia Griffith; Peter Wagstaff, Kootenai Health Foundation board chair. **Back row:** Jon Ness, Kootenai Health CEO; Sally Cannon; and Jan Rubero.





July 6, 2017

Presented by: Kootenai Clinic Cancer Services

Event Stats:



Survey results:

Statement 1:

I learned that detecting lung cancer early increases survival rates. **96%** of attendees selected "agree" or "strongly agree" for this statement.

Statement 2:

I learned if I'm a potential candidate to receive a lung cancer screening. **60%** of attendees selected "agree" or "strongly agree" for this statement.

Statement 3:

It appears that I meet the criteria for a lung cancer screening and I plan to talk to my doctor. **56%** of attendees selected "agree" or "strongly agree" for this statement.

Hospitality Center Coming to Kootenai Health

In just its third year of operation, Community Cancer Fund has announced its intent to take on its most ambitious project to date; a hospitality center serving patients at Kootenai Health. The hospitality center is the result of a collaboration between Kootenai Health, Community Cancer Fund (CCF), and Ronald McDonald House Charities of the Inland Northwest (RMHC). It will provide overnight accommodations that are low cost for adults and free for pediatric patients and their families accessing services at Kootenai.

"A cancer diagnosis is devastating to a family for so many reasons," explained Jerid Keefer, co-founder and executive director of Community Cancer Fund. "Our goal is to help cancer patients and their families focus on getting better, not worry about how to pay for lodging during treatment. The hospitality center will help by providing patients and families across the region a comfortable, affordable place to stay while they are receiving care at Kootenai Health."

Kootenai Health has experienced significant growth over the past five years, attracting patients from around the region with increasingly complex needs. One-third of all patients seen at Kootenai Health are from outside Kootenai County, so the need for accessible, affordable patient lodging has never been greater.

The hospitality center will include 14 adult rooms and six Ronald McDonald House rooms for pediatric patient families. The hospitality center will provide a homelike setting, with kitchen and laundry facilities and recreational spaces. Ronald McDonald House guests will also enjoy services such as meal and pet therapy programs.

"The demand for a Ronald McDonald House at Kootenai Health stems from the recent expansion of its Neonatal Intensive Care Unit (NICU) as well as expanding pediatric services," said Mike Forness, executive director of Ronald McDonald House Charities of the Inland Northwest. "It will provide a free place where families can stay so they can be close to their baby or child."

The hospitality center will be built on a currently empty lot on the northwest corner of the Kootenai Health campus. It will have easy access to a walking trail and a shuttle service to take guests to various campus locations. Parents of pediatric patients will stay at the hospitality center free of charge through Ronald McDonald House Charities; adult guests will stay at a greatly reduced rate. The center will be available to patients with any diagnosis, not only those fighting cancer.

"The collaboration between Community Cancer Fund, Ronald McDonald House Charities, and Kootenai Health on this project has been remarkable," said Jon Ness, CEO of Kootenai Health.

"The hospitality center shows the positive impact we can make when the missions of three great organizations are in alignment." - Jon Ness, CEO of Kootenai Health

The adult portion of the hospitality center will retain the Walden House name. A prominent display at the center will honor the history, mission, and story of the Walden family and the Walden House. Once open, the existing Walden House building will be retired and removed. This move will allow for continued growth and development of the medical office campus to meet the needs of patients and the community.



Learn more about Kootenai Clinic Cancer Services at kh.org/cancer or call (208) 625-4700.

Better Together

The Alliance provides world-class cancer care right here in the Inland Northwest

By Andrea Kalas-Nagel

In 2015, Kootenai Health joined forces with Providence Health Care and Cancer Care Northwest to create an alliance in cancer care. The Alliance provides patients with access to the region's finest hospitals, largest group of specialists, and most complete and advanced cancer treatment options available.

By combining the talents and resources of these organizations, patients receive better treatment, greater convenience and improved outcomes.

"As a medical oncologist, I am extremely pleased with the additional services provided by our partners," Kevin Mulvey, M.D., said. "The technical expertise and professionalism is outstanding."

"The Alliance allows us to combine the resources, expertise and strengths of all three organizations," Aaron Wagner, M.D., with Cancer Care Northwest, said. "The result is that we have been able to create a powerful team that can enhance procedural access and implement the most upto-date equipment and advanced oncology practices. We have been very happy with the advances in patient care this provides, and are excited to be able to focus on fighting cancer together."





Kevin Mulvey, M.D.

Aaron Wagner, M.D.

The Alliance treats patients at several facilities across northern Idaho and eastern Washington, ensuring convenient access and treatment to patients and their families. By working together, Alliance members are able to treat nearly all types of cancer and can support patients throughout the treatment process.

Services Include:

- Autologous stem cell transplantation
- Endocrine oncology
- Gynecologic oncology
- Medical oncology and hematology
- Radiation oncology
- Surgical oncology
- Pediatric oncology
- Clinical trials



An expert team on your side

Learn more about Kootenai Clinic Cancer Services and the Alliance at **kh.org/cancer**

The Alliance also offers support services, such as:

- Counseling services
- Genetic counseling
- Nutrition services
- Patient advocacy
- Patient navigation
- Rehabilitation services



Summary of 2016 Data: Kootenai Health | 2016 Cancer Frequency by Site, Sex and Stage

| SITES | тот | AL | SI | EX | AJCC STAGE | | | | | |
|----------------------------------|-------|-------------|-----|-----|------------|----|----|-----|-----|------------|
| Sites Combined | 100% | No. 1131 | М | F | IS | I | 11 | 111 | IV | Unk- NA |
| Buccal Cavity and Pharynx | 2.7% | 31 | 23 | 8 | 0 | 1 | 3 | 8 | 18 | 1 |
| Tongue | 0.7% | 8 | 6 | 2 | 0 | 0 | 1 | 2 | 5 | 0 |
| Major Salivary Gland | 0.4% | 5 | 4 | 1 | 0 | 1 | 1 | 2 | 1 | 0 |
| Floor of Mouth | 0.1% | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Tonsil | 0.6% | 7 | 5 | 2 | 0 | 0 | 1 | 2 | 4 | 0 |
| Oropharynx | 0.4% | 4 | 4 | 0 | 0 | 0 | 0 | 1 | 3 | 0 |
| Hypopharynx | 0.4% | 5 | 3 | 2 | 0 | 0 | 0 | 1 | 4 | 0 |
| Pharnyx Other Buccal Cavity | 0.1% | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Digestive System | 15.1% | 171 | 112 | 59 | 0 | 22 | 34 | 44 | 54 | 17 |
| Esophagus | 1.2% | 14 | 13 | 1 | 0 | 1 | 2 | 4 | 4 | 3 |
| Stomach | 1.4% | 16 | 13 | 3 | 0 | 0 | 5 | 5 | 5 | 1 |
| Small Intestine | 0.4% | 5 | 2 | 3 | 0 | 1 | 1 | 1 | 1 | 1 |
| Colon (Excluding Rectum) | 4.3% | 49 | 33 | 16 | 0 | 6 | 13 | 15 | 12 | 3 |
| Rectum & Rectosigmoid | 2.1% | 24 | 13 | 11 | 0 | 2 | 4 | 10 | 4 | 4 |
| Anus, Anal canal, Anorectum | 0.5% | 6 | 1 | 5 | 0 | 2 | 3 | 1 | 0 | 0 |
| Liver | 1.9% | 22 | 17 | 5 | 0 | 7 | 3 | 5 | 6 | 1 |
| Other Biliary | 0.4% | 5 | 4 | 1 | 0 | 1 | 1 | 0 | 0 | 3 |
| Pancreas | 2.5% | 28 | 16 | 12 | 0 | 2 | 2 | 3 | 20 | 1 |
| Peritoneum | 0.2% | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| Respiratory System | 17.7% | 200 | 110 | 90 | 0 | 45 | 14 | 26 | 110 | 5 |
| Nasal Cavity, Sinuses and Ear | 0.1% | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Larynx | 0.6% | 7 | 5 | 2 | 0 | 2 | 0 | 1 | 3 | 1 |
| Lung and Bronchus | 17% | 192 | 105 | 87 | 0 | 43 | 14 | 25 | 106 | 4 |
| Bones and Joints | 0.1% | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Soft Tissue (Including Heart) | 0.4% | 5 | 2 | 3 | 0 | 1 | 1 | 1 | 1 | 1 |
| Skin (Excluding BCC/ SCC) | 2.1% | 24 | 16 | 8 | 0 | 8 | 7 | 3 | 5 | 1 |
| Melanoma Skin | 1.9% | 22 | 15 | 7 | 0 | 7 | 7 | 3 | 4 | 1 |
| Other Skin | 0.2% | 2 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 |
| Breast | 18.1% | 205 | 4 | 201 | 25 | 97 | 53 | 17 | 13 | 0 |



| SITES | TOTAL | | SEX | | AJCC STAGE | | | | | |
|----------------------------------|-------|-------------|-----|----|------------|----|----|-----|----|------------|
| Sites Combined | 100% | No. 1131 | М | F | IS | I | 11 | 111 | IV | Unk- NA |
| Female Genital System | 4.4% | 50 | 0 | 50 | 0 | 28 | 1 | 10 | 11 | 0 |
| Cervix Uteri | 0.7% | 8 | 0 | 8 | 0 | 4 | 1 | 1 | 2 | 0 |
| Corpus Uteri | 2.4% | 27 | 0 | 27 | 0 | 20 | 0 | 4 | 3 | 0 |
| Ovary | 1.3% | 15 | 0 | 15 | 0 | 4 | 0 | 5 | 6 | 0 |
| Male Genital System | 6.9% | 78 | 78 | 0 | 0 | 4 | 40 | 16 | 16 | 2 |
| Prostate | 6.8% | 77 | 77 | 0 | 0 | 4 | 40 | 15 | 16 | 2 |
| Testis | 0.1% | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Urinary System | 9.8% | 111 | 76 | 35 | 28 | 37 | 19 | 10 | 15 | 2 |
| Urinary Bladder | 5.1% | 58 | 47 | 11 | 26 | 9 | 13 | 5 | 5 | 0 |
| Kidney & Renal Pelvis | 4% | 45 | 24 | 21 | 1 | 26 | 4 | 5 | 9 | 0 |
| Ureter | 0.6% | 7 | 4 | 3 | 1 | 1 | 2 | 0 | 1 | 2 |
| Other Urinary | 0.1% | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Eye | 0.1% | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Brain & Other Nervous System | 4.6% | 52 | 23 | 29 | 0 | 0 | 0 | 0 | 0 | 52 |
| Brain | 1.8% | 20 | 12 | 8 | 0 | 0 | 0 | 0 | 0 | 20 |
| Other Nervous System | 2.8% | 32 | 11 | 21 | 0 | 0 | 0 | 0 | 0 | 32 |
| Endocrine System | 3.1% | 35 | 10 | 25 | 0 | 18 | 4 | 6 | 3 | 4 |
| Thyroid Gland | 2.8% | 32 | 9 | 23 | 0 | 18 | 4 | 6 | 3 | 1 |
| Other Endocrine | 0.3% | 3 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 |
| Lymphomas | 5.0% | 56 | 27 | 29 | 0 | 10 | 9 | 7 | 25 | 5 |
| Hodgkins Disease | 0.2% | 2 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 |
| Non-Hodgkins | 4.8% | 54 | 26 | 28 | 0 | 10 | 7 | 7 | 25 | 5 |
| Multiple Myeloma | 2.2% | 25 | 19 | 6 | 0 | 0 | 0 | 0 | 0 | 25 |
| Leukemias | 3.6% | 41 | 27 | 14 | 0 | 0 | 0 | 0 | 0 | 41 |
| Acute Lymphocytic | 0.2% | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Chronic Lymphocytic | 1.3% | 15 | 7 | 8 | 0 | 0 | 0 | 0 | 0 | 15 |
| Acute Myeloid | 1.2% | 14 | 12 | 2 | 0 | 0 | 0 | 0 | 0 | 14 |
| Chronic Myeloid | 0.4% | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 4 |
| Other Leukemia | 0.5% | 6 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 6 |
| Other Illness Defined/Unknown | 4.0% | 45 | 27 | 18 | 0 | 0 | 1 | 2 | 2 | 40 |

Top five sites for 2016 cases:

Kootenai Health Awards and Recognitions



Mayo Clinic Care Network Member The network includes organizations across the nation that work closely with Mayo Clinic to provide patients a higher level of care close to home.



Accredited by the Oncology Nursing Society.



DNV has certified Kootenai Health as a knee and hip replacement center of excellence.



The Gallup Great Workplace Award recognizes companies for their extraordinary ability to create an engaged workplace culture.



Magnet means nursing excellence, earned by only 7% of hospitals nationwide.



The American College of Surgeons named Kootenai Health as an Accredited Breast Center.



The American College of Surgeons has verified Kootenai Health as a Level III Trauma Center. Kootenai is also designated as a Level II Trauma Center by the state of Idaho.



U.S. News & World Report ranked Kootenai Health as the number one hospital in Idaho.



Accredited by the American College of Surgeons Comission on Cancer.



Kootenai Health received an "A" Rating for outstanding financial stewardship.



Top 100 ranking means Kootenai Health is among the best in the nation when it comes to providing quality, affordable health care to our community.



The "Hospital Safety Grade" scores hospitals on how safe they keep their patients from errors, injuries, accidents, and infections.



Kootenai Health was named one of the top 50 cardiovasuclar hospitals in the nation.



208.625.4700 kh.org/cancer