

Cancer Services

Coeur d'Alene ► Post Falls ► Sandpoint

2016 Annual Report



KootenaiClinic

208.625.4700 ► kh.org/cancer

2016 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., D. Bartels, D.O. and J. Allen, M.D.	Cancer Conference Coordinator
K. Schutte	Cancer Registry Quality Coordinator
B. Cole, CTR and R. Gustin, CTR	Certified Tumor Registrar
K. Christen, RN, BSN, OCN and J. Schmidt, RN, BSN, OCN	Oncology Nurse
S. Bering, M.D. and T. James, RN, MSN	Palliative Care Team Member
J. Townsend, RN, BSN and E. Yeck, RN	Quality Improvement Coordinator
S. Golden, RN, BSN, OCN and S. Owens, CRA	Clinical Research Coordinator
M. McElfresh, MSW, LCSW, OSW-C and J. Blankenship, LSW	Psychosocial Services Coordinator
T. Willhite	Community Outreach Coordinator
A. Michalson, M.D. and D. Caywood, M.D.	Diagnostic Radiologist
J. Allen, M.D. and K. Mulvey, M.D.	Medical Oncologist
M. de Tar, M.D. and T. Fandel, M.D.	Pathologist
A. Wagner, M.D. and J. Griffith, M.D.	Radiation Oncologist
T. Quinn, and M. May, M.D.	Surgeon
M. Hander, RN, BSN, OCN and J. Schmidt, BSN, OCN	Genetics Professional
T. Johnston, RN, BSN, OCN	Performance Improvement
J. Lippman and H. Severs	American Cancer Society Staff Representative
J. James, MA, Med, CCB, LPC	Pastoral Care Representative
C. Johnson, RPh, P. Wilson, RPh and B Ward, RPh	Pharmacist
S. Nave, RD, K. McGahan, RD and S. Pruitt, RD	Registered Dietician

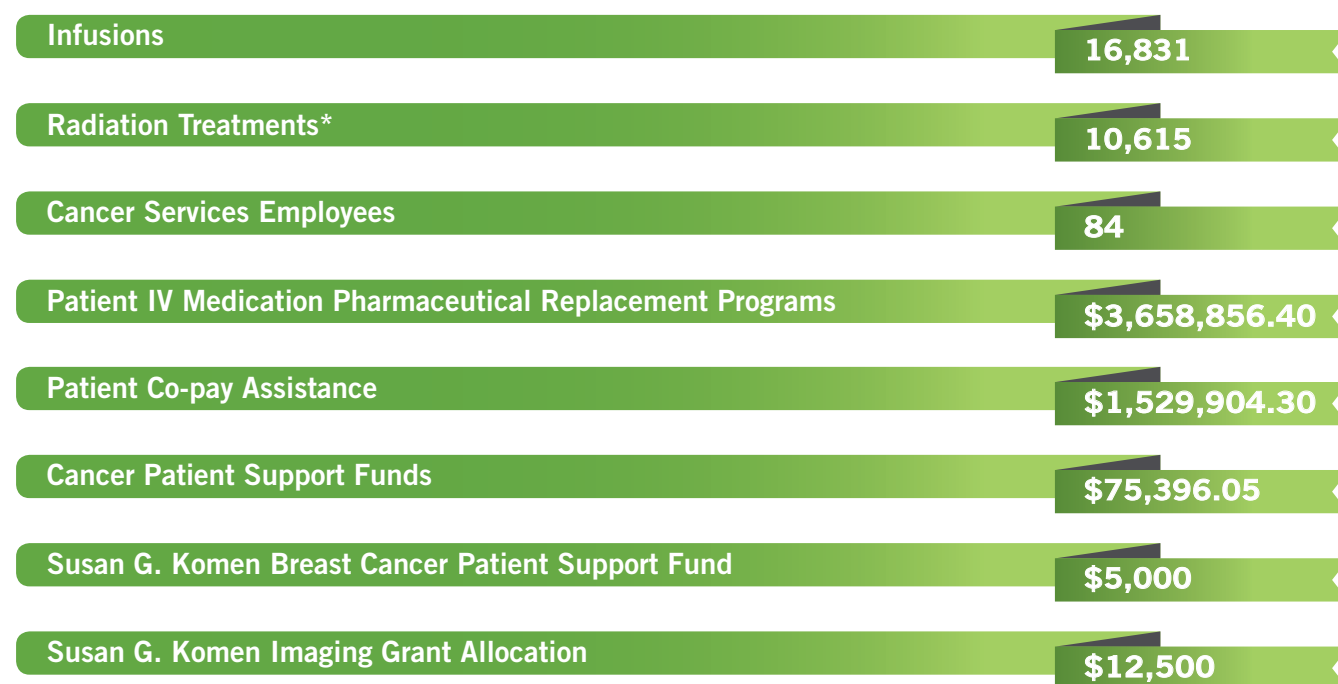
Honored Guests

R. Burnett, M.D.	Cardio Thoracic
J. Bruning, ARNP, AOCNP	Oncology
C. Sowa, RN, BSN, OCN	Oncology
M. Whitmore, PA-C	Oncology
J. Symbal, BSN, OCN	Oncology
B. Skurupey, MSN, FNP	Oncology
D. Hackworthy, RN, BSN, OCN	Oncology
C. Zwiers, RN, BSN	Oncology
S. Magnuson, M.D.	Pain Management
S. Jameson, M.D.	Pain Management
R. Ancker, M.D.	Palliative Care
K. Yake, RPh	Pharmacy
S. Davis, PT, BS	Physical Therapy
G. Anderson, PT	Physical Therapy
G. Owen, PT	Physical Therapy
J. Neely, (R)(M)(T)	Imaging

2016 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 InnerPacific Alliance for Cancer Care. Since 1990, Cancer Services has been accredited by the **American College of Surgeons Commission on Cancer** and in 2014, received accreditation with commendation. To minimize the difficulties patients face traveling during treatment, we offer cancer treatment in three locations: Coeur d'Alene, Post Falls and Sandpoint.

Quick Facts



Outreach Facts



* In collaboration with the InnerPacific Alliance for Cancer Care

** Not including Kootenai Health employees during the Mammogram Marathon

Mammogram Outreach Program *Saves Lives*

By Jeanna Hofmeister

Cancer survivor is likely the last phrase that would come to mind when you meet Linda Lawhead. The bubbly, mid-50s blonde is a mom with a blended family that includes five kids and lots of grandchildren. The former hairdresser-turned-bookkeeper for Morningstar Boys Ranch had just returned home from a vigorous workout at the gym when we met.

“I know it sounds ridiculous, but honestly, it all started with the chance to win this really cool gift basket,” she chuckles. “One of my friends was going to be in a fashion show at the Coeur d’Alene Resort, and I wanted to be there, to give her moral support, because all the models were cancer survivors. So I called up another one of our girlfriends and talked her into going with me.”

The Celebrations event was just one of nearly a dozen such instances last year where Kootenai Health’s Outpatient Imaging team planned to do some community outreach. Over the past two years, Kootenai Outpatient Imaging has received \$27,500 in grants from Susan G. Komen Idaho–Montana for mammogram screening services. In that time, they’ve nearly doubled the number of their outreach programs.



“It’s hard to believe, but Idaho ranks 51st behind Washington, D.C., for people who receive mammograms,” said Jennifer Neely, program director for Kootenai Outpatient Imaging. “Our presence at community events is an effective way to reach people who need those services. We’re constantly trying to heighten community awareness—to reach our residents as well as underserved populations, especially those who fall into the gap between Medicaid and health insurance.”

That’s exactly why Jennifer’s team targeted the Celebrations event. “It’s always amazing to think that being in those places can actually save lives.”

While there, Linda happened upon the Kootenai booth and spotted the gift basket.

“To enter to win, you had to schedule a mammogram,” Linda said. “When they called to tell me I had an appointment for the following Thursday, I said, ‘Really? So soon?’”

EARLY DETECTION SAVES LIVES

“We’re focused on early detection,” Jennifer said. “Diagnosing breast cancer in its early stages can mean the difference between getting a lumpectomy



"People aren't data. We have to make human decisions."

Jennifer Neely, program director for Kootenai Outpatient Imaging

and having to undergo a mastectomy. Recommended mammogram guidelines changed this past year. Previously recommended for women beginning at age 40, with annual checks continuing until age 55, the new guidelines call for mammograms to begin at age 45 with screenings every two years."

The new protocols have sparked plenty of controversy. Health care providers are openly divided on the subject. And while nearly everyone agrees that early detection is the key to saving lives, some data indicates doctors may be overtreating patients.

"But people aren't data," Jennifer said. "We have to make human decisions."

OUTREACH THAT WORKS

The hospital's community outreach efforts expand well beyond Kootenai Health's team of experts.

"We work in tandem with other agencies to leverage grant funds for a host of programs," Jennifer said. "We want to complement, not overlap, what each of our organizations can do to provide services."

The Kootenai Health team works together with the Panhandle Health District, Komen and others to reach out to more underserved populations.

"Getting out into more rural places like the Silver Valley is a real key," Jennifer said. "It's not enough to give people a \$10 gas card to get here for screenings. We have to go where they live. We'll work with Providence's mobile mammogram coach to take screening services to them, because that's what works."

Linda agrees. In fact, she hadn't even thought of her last mammogram.

"Post-menopause, they told me that I'd only need one every two years, and my doctor's office always scheduled them for me," she said.

After her doctor passed away, the need to schedule one for herself slipped her mind. As it turned out, she hadn't had a mammogram for nearly three years. A week later, she went in for her mammogram. That same month, Linda was diagnosed with stage II breast cancer.

"I just never thought it would happen to me," she said.



Kevin Kim, M.D.

"Early detection, conceptually, makes sense. There's no doubt that mammograms pick up lowgrade and early stage cancers that perhaps aren't as aggressive," said Linda's oncologist, Kevin Kim, M.D., at Kootenai Clinic Cancer Services. "Now, we can cure the vast majority of patients we see because we have the technology to

give individualized treatment. That's the biggest breakthrough."

One way to accomplish that is through outreach services. "Our programs are encouraging people to pay more attention," said Dr. Kim.

It's been a little over a year since Linda began treatment. She admitted, "I didn't win the basket, but I did get my mammogram, and that saved my life."



WHEN WAS YOUR LAST MAMMOGRAM?

Schedule your appointment by calling (208) 625-6300. Learn more about outpatient imaging procedures at kh.org/outpatientimaging.



Kellie Cranmer was diagnosed with breast cancer in 2008 when she was just 31 years old.

She says she is living proof of the importance of breast self-exams.

Surviving Metastatic Breast Cancer

By Andrea Kalas-Nagel

In 2008, Kellie Cranmer was a busy mother, wife and realtor living in Bonners Ferry. At just 31 years old, Kellie had never received a mammogram, or had reason to, until she discovered a lump while taking a shower.

“At first I was kind of in denial,” she explained. “I thought, ‘That’s weird,’ but didn’t go to the doctor right away. I talked to my mom about it, and of course she told me to go see a doctor.”

Kellie did not have health insurance, and she worried about the cost of a mammogram. Luckily, she heard about a free screening program, funded through the Susan G. Komen Foundation, from the Panhandle Health District in Bonners Ferry and made an appointment.

“The nurse was concerned and ordered a biopsy,” Kellie said. “I felt like I had to wait forever for the results, but finally four days before Christmas, I got a phone call telling me that it was breast cancer.”

THE JOURNEY BEGINS

Kellie and her family relocated to Coeur d’Alene in 2009, just as she began the long journey of cancer treatment that resulted in two surgeries, five months of chemotherapy and 36 days of radiation treatment. Kellie’s treatment seemed to work. She lived the next five years of her life cancer-free, spending time with her family and settling back in to normal activities and work post cancer. Then, one night in 2014, Kellie awoke to sharp, shooting pains in her thigh. Every few seconds she experienced spasms and had trouble standing. Thinking she had somehow hurt her leg, Kellie and her daughter headed to the closest urgent care.

“At that point I wasn’t even thinking about cancer,” Kellie said. “Even the doctors I saw thought it might be piriformis syndrome or something else nerve-related. Cancer never came up as a possibility.”

For the next year and a half, Kellie’s family physician helped her to manage her pain. Muscle relaxers and pain medications were part of her regular routine until they could figure out a permanent solution.

SHOCKING RESULTS

“We finally decided to pursue further imaging to see if it was something beyond nerve pain,” Kellie said. “Sure enough, it showed an abnormality. An MRI confirmed that my breast cancer had come back in my bones.”

Kellie was shocked by her new diagnosis—stage IV bone cancer—but was relieved to have an answer. Her femur and hip were close to fracturing due to the severity of her cancer, and a surgery called left femur stabilization was necessary. In this procedure, a titanium rod is inserted in the left femur and pinned to the hip to help strengthen the bones and prevent fractures.

Once her surgery was completed, Kellie was able to return to Kootenai Clinic Cancer Services to begin treatment.

“Even though her breast cancer recurred, she’s still a candidate for treatment,” Kevin Mulvey, M.D., Medical Director of Kootenai Clinic Cancer Services, said. “We opted for hormonal therapy as it would be easier on her body. It works by stopping her body from producing estrogen, which the cancer cells use as a growth factor. The anti-estrogen therapy has been shown to improve survival.”

FINDING THE POSITIVE

“Everyone at Cancer Services is fantastic and helpful; I almost feel a little better when I’m there, because of the staff and care I’ve had,” Kellie said. “My social workers, Jessica in Post Falls and Cyndi in Coeur d’Alene, helped me apply for help through the Kootenai Health Foundation’s Cancer Patient Support Fund and put me in touch with the Patient Advocate Foundation to help offset some of my expenses and prescriptions.”

Despite facing cancer twice before age 40, Kellie continues to smile, focusing on the positive and taking every opportunity to enjoy life.

“It’s crazy being so young and having to go through all this, especially because I have no family history of breast cancer,” she said.

“I’m used to it now, but it’s not how I pictured my life; my future. All of my friends, family and co-workers have been so supportive and generous. They help me stay positive and strong. My husband motivates me to go have fun whenever there’s an opportunity.”

Her advice to those who are too young to get annual screenings or who may be facing a new diagnosis?

“Do your breast self-exams—I’m proof that this can happen to anyone,” she said. “And focus on the positive before looking at the negative. Negativity will bring you down before you even get the chance to lift yourself up.”

Electromagnetic Navigational Bronchoscopy

'GPS' for the Lungs

By Staci Jones



Todd Hoopman, M.D.

Lung cancer is difficult to detect early and is often not diagnosed until the disease is in its advanced stages, which greatly reduces treatment options and a patient's chance of survival. A procedure newly available at Kootenai Health could help change that.

Todd Hoopman, M.D., of North Idaho Lung, Asthma and Critical Care, is a Kootenai affiliate provider who specializes in pulmonary (lung) disease and is now offering electromagnetic navigational bronchoscopy (ENB). The advanced procedure is used to locate and biopsy abnormal masses in areas of the lungs that traditional bronchoscopy can't reach.

"Navigational bronchoscopy is a minimally invasive procedure that reaches difficult areas of the lung

with great precision and accuracy," Dr. Hoopman said. "The technique allows us to access and biopsy nodules in regions of the lung that cannot be safely reached with other methods due to surrounding structures, blood vessels or lung tissue affected by emphysema."

In traditional bronchoscopy, a thin, lighted tube called a bronchoscope is used to navigate and view airways. However, the bronchoscope is too big to reach some areas of the lungs. With ENB, Dr. Hoopman uses a navigation catheter, advanced imaging software and other special tools to extend beyond the bronchoscope's reach into the lungs' outermost regions. Dr. Hoopman likens the procedure to GPS for the lungs.

ACCURATE DIAGNOSIS

ENB can be used to evaluate a variety of lung diseases and is especially valuable in the accurate diagnosis of lung cancer.

"This technology gives physicians the ability to more precisely and accurately diagnose smaller cancer nodules at an earlier stage, which can help generate personalized

treatment options and improve survival," Dr. Hoopman said. "Too many lung cancers, both nationally and locally, are diagnosed in stages III and IV," he added.

"This technology gives us the potential to shift the time of diagnosis to the more favorable stages (I and II) and, in turn, save lives."

Kootenai Health is the first hospital system in Idaho to offer the newest version of the super dimension navigation bronchoscopy system by Medtronic. Dr. Hoopman said the addition of the new technology reflects Kootenai's commitment to providing the best possible care for patients.

"The acquisition of this navigational bronchoscopy technology completes Kootenai Health's diagnostic and treatment modalities for lung cancer and other cancers of the chest," he said. "Now patients can get the comprehensive care they need here at their local hospital and not have to travel out of the area for this cutting-edge procedure."



Informational Event

July 28, 2016

Presented by:
Kootenai Clinic Cancer Services



LUNG CANCER SCREENING

Event Stats:



47

People
Registered



35

Attendees



22

Returned
Surveys

Survey questions and results:

Question 1:

I learned that detecting lung cancer early increases survival rates
72.7% of the returned surveys agreed with this statement

Question 2:

I learned if I'm a potential candidate to receive a lung cancer screening
50% of the returned surveys agreed with this statement

Question 3:

It appears that I meet the criteria for a lung cancer screening and I plan to talk to my doctor
36.4% of the returned surveys agreed with this statement





Summary of 2015 Data: Kootenai Health | 2015 Cancer Frequency by Site, Sex and Stage

SITES	TOTAL		SEX		AJCC STAGE					
Sites Combined	100%	No. 978	M	F	IS	I	II	III	IV	Unk-NA
Buccal Cavity and Pharynx	2.9%	29	20	9	1	3	4	5	13	3
Tongue	0.7%	7	5	2	0	1	2	1	3	0
Major Salivary Gland	0.4%	4	2	2	0	0	2	1	1	0
Floor of Mouth	0.2%	2	1	1	0	2	0	0	0	0
Gum and Other Mouth	0.1%	1	0	1	0	0	0	0	1	0
Tonsil	0.7%	7	7	0	1	0	0	2	4	0
Oropharynx	0.2%	2	2	0	0	0	0	0	2	0
Hypopharynx	0.3%	3	3	0	0	0	0	1	2	0
Pharynx Other Buccal Cavity	0.3%	3	0	3	0	0	0	0	0	3
Digestive System	19.7%	193	106	87	1	34	30	42	68	18
Esophagus	1.2%	12	11	1	0	2	0	4	6	0
Stomach	2.6%	25	19	6	0	4	4	5	10	2
Small Intestine	0.3%	3	3	0	0	0	0	2	1	0
Colon (Excluding Rectum)	5.6%	55	21	34	1	14	12	14	11	3
Rectum & Rectosigmoid	2.7%	26	11	15	0	5	3	7	9	2
Anus, Anal canal, Anorectum	1.0%	10	0	10	0	3	3	3	1	0
Liver	2.1%	21	17	4	0	5	1	4	6	5
Gallbladder	0.2%	2	0	2	0	0	0	0	2	0
Pancreas	3.6%	35	22	13	0	1	7	3	22	2
Other Digestive	0.4%	4	2	2	0	0	0	0	0	4
Respiratory System	16.4%	161	87	74	0	42	8	26	79	6
Nasal Cavity, Sinuses and Ear	0.4%	4	3	1	0	0	0	0	2	2
Larynx	0.1%	1	1	0	0	1	0	0	0	0
Lung and Bronchus	15.8%	155	82	73	0	40	8	26	77	4
Trachea, Pleura and Other	0.1%	1	1	0	0	1	0	0	0	0
Bones and Joints	0.1%	1	0	1	0	1	0	0	0	0
Soft Tissue (Including Heart)	0.2%	2	0	2	0	1	0	1	0	0
Skin (Excluding BCC/ SCC)	2.5%	24	14	10	1	9	7	3	2	2
Melanoma Skin	2.5%	24	14	10	1	9	7	3	2	2
Breast	17.6%	172	0	172	34	59	53	20	5	1



SITES	TOTAL		SEX		AJCC STAGE					
			M	F	IS	I	II	III	IV	Unk-NA
Sites Combined	100%	No. 978								
Female Genital System	4.0%	39	0	39	1	9	2	18	9	0
Cervix Uteri	0.5%	5	0	5	0	1	0	3	1	0
Corpus Uteri	2.0%	20	0	20	0	8	0	9	3	0
Uterus, NOS	0.2%	2	0	2	0	0	0	1	1	0
Ovary	1.0%	10	0	10	0	0	2	4	4	0
Vulva	0.1%	1	0	1	1	0	0	0	0	0
Other Female Genital Organs	0.1%	1	0	1	0	0	0	1	0	0
Male Genital System	7.0%	68	68	0	0	11	34	10	13	0
Prostate	5.9%	58	58	0	0	5	30	10	13	0
Testis	0.8%	8	8	0	0	5	3	0	0	0
Penis	0.2%	2	2	0	0	1	1	0	0	0
Urinary System	10.3%	101	74	27	20	44	11	9	15	2
Urinary Bladder	4.9%	48	41	7	19	13	3	3	10	0
Kidney & Renal Pelvis	5.3%	52	33	19	1	31	8	6	5	1
Other Urinary	0.1%	1	0	1	0	0	0	0	0	1
Brain & Other Nervous System	3.7%	36	15	21	0	0	0	0	0	36
Brain	1.9%	19	11	8	0	0	0	0	0	19
Other Nervous System	1.7%	17	4	13	0	0	0	0	0	17
Endocrine System	3.5%	34	8	26	0	18	2	1	1	12
Thyroid Gland	2.4%	23	4	19	0	18	2	1	1	1
Other Endocrine	1.1%	11	4	7	0	0	0	0	0	11
Lymphomas	3.9%	38	17	21	0	6	10	8	14	0
Hodgkins Disease	0.6%	6	1	5	0	0	2	1	3	0
Non-Hodgkins	3.3%	32	16	16	0	6	8	7	11	0
Multiple Myeloma	1.2%	12	9	3	0	0	0	0	0	12
Leukemias	4.0%	39	26	13	0	0	0	0	0	39
Acute Lymphocytic	0.4%	4	3	1	0	0	0	0	0	4
Chronic Lymphocytic	2.0%	20	15	5	0	0	0	0	0	20
Acute Myeloid	0.8%	8	4	4	0	0	0	0	0	8
Chronic Myeloid	0.4%	4	3	1	0	0	0	0	0	4
Other Leukemia	0.3%	3	1	2	0	0	0	0	0	3
Other Illness Defined/Unknown	3.0%	29	14	15	0	0	0	1	0	28

Top five sites for 2015 cases:

1. Breast | 2. Lung | 3. Prostate | 4. Colon | 5. Kidney



Accredited by the
American College of Surgeons
Commission on Cancer



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