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Director Report - 2016

Dear Friends and Colleagues,

Billings Clinic has long been at the forefront of cancer care and oncology innovation in Montana. From bringing the first oncologist to the state in 1975 to the leading edge technology provided every day in our state-of-the-art Cancer Center, Billings Clinic has demonstrated not only a commitment, but a passionate dedication to positively impacting the lives of patients with cancer.

Regional access to high quality cancer care through the provision of outreach services is a steadfast value of the Billings Clinic. Currently, the Cancer Center provides outreach services for each of our oncology specialties: medical oncology, gynecologic oncology, and radiation oncology. Combined, these outreach services are provided 39 days each month in a total of 13 communities throughout our vast geographic region of Montana, Wyoming, and North Dakota. These outreach sites include:

- Medical Oncology – Livingston, Miles City, Glendive, Sidney, Glasgow, Williston (ND), Thermopolis (WY), and Worland (WY)
- Gynecologic Oncology – Missoula, Helena, Bozeman, and Cody (WY)
- Radiation Oncology – Sheridan (WY)

In 2015, our program provided access to comprehensive cancer services for 1,537 patients with a newly diagnosed cancer and an additional 112 patients initially treated elsewhere but seeking further care at Billings Clinic. Our program’s services cover every phase of the cancer care continuum, from screening and early detection programs to diagnosis, treatment, survivorship, and end-of-life care.

This year’s annual report highlights some of the key programs and activities that occurred during 2016. The accomplishments summarized herein are a product of the tireless efforts of our incredibly talented multidisciplinary team of healthcare professionals, all of whom are dedicated to providing the best quality care to our patients.

On behalf of the entire Billings Clinic Cancer Center team, we sincerely hope you find this annual report informative and useful. Please feel free to contact us if you would like more information about any of the cancer services available through Billings Clinic.

Karyl Blaseg, RN, MSN, OCN®
Administrative Director of Cancer Services, Integrative Medicine, & Supportive/Palliative Care

John Schallenkamp, MD
Medical Director of Cancer Services
Cancer Committee and Leadership

Cancer Committee

The Cancer Committee is a multidisciplinary group of physicians, administrators, and ancillary team members that provides programmatic leadership for the Billings Clinic Cancer Center. The committee meets bimonthly to set, monitor, and evaluate the strategic goals of the cancer program while working to ensure that all Commission on Cancer standards for accreditation are met.

Cancer Committee Members

Brock Whittenberger, MD  
Brendan Bellew, MD  
Scott Dull, MD  
Christopher Goulet, MD  
Steven Hammond, MD  
Jeff Lindenbaum, MD  
Irene Lohkamp, MD  
Trudie Muir, MD  
John Schallenkamp, MD  
Erin Stevens, MD  
Breanne Terakedis, MD  
Karin Westesson, MD  
Karyl Blaseg, RN, MSN, OCN*  
Pace Brittain, MBA, RT(R)(T)  
Emily Tesar, RN, MSN, OCN*  
Kathy Wilkinson, RN, BSN, OCN*  
Carole Wilson, RN, OCN*

Pamela Nichols, RN, MSN-A, CMSRN  
Leah Scaramuzzo, RN, MSN, OCN*  
Tricia Montgomery, RN, BSN, OCN*  
Lori Frank, CTR  
Marcia Tostengard, CTR  
Beth Hall, RD, CSO, LN  
Jennifer Haarr, PT  
Jennifer Finn, MSW, LCSW, OSW-C  
Susan Landgren, MS, CGC  
Ramona Bruckner, CCC  
Luke Koblod, MBA  
Michael Wright, RT(T), ARRT  
Meadow Nilles, BSW  
Roxanne Allen, RN, CHPN

Leadership and Clinical Managers

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Medical Director  
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Inpatient Cancer Care Unit  
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Medical Oncology, Patient Care Navigation, and Genetic Counseling  
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etesar@billingsclinic.org | (406) 435-7315

Research, Registry, Rehabilitation, and Social Work  
Kathy Wilkinson, RN, BSN, OCN*  
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Gynecologic Oncology, Cody Oncology, and Infusion Services  
Carole Wilson, RN, OCN*  
cwilson2@billingsclinic.org | (406) 435-7425
Quality and Accreditations

Billings Clinic is committed to quality care and has received the following accreditations, certifications, and affiliations pertaining to cancer care:

- Commission on Cancer (CoC) accreditation
- Quality Oncology Practice Initiative (QOPI) certification
- National Accreditation Program for Breast Centers (NAPBC) accreditation
- American College of Radiology – Radiation Oncology Program Accreditation (ROPA)
- American College of Radiology – Breast Imaging Center of Excellence (BICOE) accreditation
- Mayo Clinic Care Network (MCCN)
- Magnet Designation – Nursing’s Highest Honor

This year, the Cancer Center hosted three on-site surveys for accreditation and reaccreditations. In August, a surveyor from the American College of Surgeons spent two days reviewing our programs for successful reaccreditation with the National Accreditation Program for Breast Centers (NAPBC) and Commission on Cancer (CoC). Then in October, three surveyors from the Foundation for Accreditation of Cellular Therapy (FACT) visited to review our stem cell transplant program; while results from the FACT survey are still pending, initial feedback from the surveyors was extremely positive.

Foundation for the Accreditation of Cellular Therapies (FACT)

Approximately a year ago, Billings Clinic began its year-long journey to achieve accreditation for its autologous stem cell transplant program by submitting an initial eligibility application to the Foundation for Accreditation of Cellular Therapies (FACT). This prestigious and highly recognized national accreditation, when achieved, will position our transplant program as a Center of Excellence and allow more patients the ability to receive essential cancer care closer to home.

Following an initial review of the eligibility application, the program was invited by FACT to submit a full application for accreditation and prepare for a site visit, which subsequently occurred in late October. While the official outcome remains yet unknown at this time, the survey team was very complimentary of the program in their closing remarks citing:

“It is evident that there is an exceptional level of commitment and thoroughness within your program … not just for a first-time survey, but what we’ve seen rivals many established programs.”

Pursuing accreditation through FACT is a bold undertaking and demands a substantial investment of time and resources. With upwards of 1,500 definitive standards to comply with, the journey compels significant collaboration among team members from all program elements including Medical Oncology/Hematology, Infusion Center, Pharmacy, and Laboratory Services. It further requires partnerships with essential inpatient services such as Inpatient Cancer Care, Intensive Care, and the Emergency Department.
The Gynecologic Oncology team has grown, adding two new physicians to the team! Drs. Erin Stevens and Justin Bottsford-Miller are excited to introduce Dr. Megan Petersen and Dr. Kate Harris to the team. Dr. Gibb, who was the first full-time Gynecologic Oncologist in Montana, established the group over ten years ago and is currently serving as the Chief Medical Officer and interim Chief Executive Officer of Billings Clinic. While he no longer sees patients in the office, he continues to participate in departmental activities.

Gynecologic Oncology is a unique medical specialty, because our doctors both perform surgery and plan treatment including chemotherapy, as well as collaborate with radiation oncologists if radiation therapy is indicated. The team works together to deliver specialized, individualized care to each and every patient.

Gynecologic Oncology has established outreach clinics in Bozeman, Missoula, and Helena to provide patient care closer to home. Our physicians travel to these locations to see patients in clinic, as well as provide surgical services in Missoula and Helena.

Most recently, the team expanded their services into the Bighorn Basin of Wyoming providing a monthly outreach clinic in Cody, Wyoming.

The team continues to expand their coverage into the region, seeking opportunities to provide service in rural areas. The physician team rotates to the outreach sites to assure a team approach. This provides patients with the benefit of having expert care provided throughout the continuum of care without worry of gaps in service if a particular physician is unavailable.
The Radiation Oncology department is excited to report the addition of several new staff to our team. We are very impressed with the caliber of talent and special skills these individuals will add to our program.

Pace Brittain, MBA, RT(R)(T) joined our team in February as the department manager. As an outdoor photographer enthusiast, Pace has embraced everything that our region has to offer and enjoys hiking, fishing, and spending time in Yellowstone Park. Pace has many years of radiation oncology leadership experience and most recently managed a practice in Hawaii for the last few years. Kim Ziehl, RT(R)(T) worked in the Billings Clinic Radiology department and completed her clinical training as a radiation therapist at Billings Clinic through Weber State University’s program before joining our team. Kelsey Chisholm, MS joined us as a medical physicist after completing her medical physics residency with Landauer in North Carolina. Lastly, Angela Simic, RN, BSN, OCN® has joined our nursing team after working several years on the Inpatient Cancer Care unit at Billings Clinic.

In addition, we served as a dosimetry clinical training site through the University of Wisconsin – LaCrosse program. One of our radiation therapists, Alyssa Olson, RT (R)(T) was our first student and completed the program in December. We are happy to report she will be assuming a new role within our department as a dosimetrist in 2017.

We continue to be active in research protocols through the national cooperative groups with our physicians attending the semiannual meetings and looking for opportunities to bring the latest protocols back to our patients through the MT NCORP. Trials are available for most disease sites including but not limited to brain, head and neck, breast, lung, gastrointestinal, gynecologic, prostate and several symptom control trials.

Kevin Jacobson, CMD assists Alyssa Olson with radiation treatment planning.

Radiation Oncology continues to offer outreach service to two sites. Billings Clinic employs Dr. Michelle Proper, radiation oncologist, and two staff (physicist Ted Fisher, PhD, and medical dosimetrist Dana Cole, CMD) at Community Medical Center’s Cancer Center in Missoula. In addition, our radiation oncologists from Billings cover radiation oncology services at the Welch Cancer Center in Sheridan, Wyoming two days a week. Along with the radiation oncology physician outreach services to Sheridan, we also have a medical physicist who travels there weekly to conduct required quality assurance checks on all equipment and perform annual calibrations on the linear accelerator.
The Billings Clinic Medical Oncology/Hematology department continues to provide high-level cancer care for patients throughout Montana, Wyoming, and the western Dakotas. Four full-time and two part-time medical oncologists/hematologists, along with two oncology nurse practitioners, provide comprehensive care for patients with both oncologic and hematologic malignancies, as well as non-cancerous hematologic disorders.

The Medical Oncology/Hematology team welcomed the addition of Laci Little, DNP to the Billings Clinic Cancer Center in October! Laci received both her Bachelor of Science in Nursing and Doctorate in Nursing Practice degrees from the University of Wyoming. Since graduating from her doctorate program, Laci worked at a large urgent care facility in Billings. While she greatly enjoyed and appreciated her time in urgent care, her desire has always been to provide advanced nursing care to individuals undergoing treatment for cancer. Laci sees patients at our Billings location alongside our medical oncologists/hematologists. On a personal note, Laci and her husband, Nick, enjoy downhill mountain biking and traveling to different bike resorts in the area. They also welcomed their first child last year.

Regional care remains an integral part of our oncology program with the intention of bringing cancer care closer to home for many of the patients we serve. Medical oncology/hematology outreach clinics are staffed a total of 19 days each month in the following locations: Glasgow, Glendive, Livingston, Miles City, Sidney, and Williston, N.D. In addition to outreach clinics provided in smaller, rural communities, our providers also utilize telemedicine technology to connect with patients as needed in between face-to-face visits.
Dr. Sameh Abuerreish continues to serve the Bighorn Basic region of Wyoming by providing Medical Oncology and Hematology care at the Billings Clinic Cody Clinic. He sees a wide variety of patients, ranging from those with benign hematology disorders to very complex cancer diagnoses. Dr. Abuerreish works closely with the oncologists in Billings to ensure a multidisciplinary approach in treatment planning for the regional clinic. In addition to care at the Cody Clinic, outreach care is also provided by Dr. Abuerreish through a monthly clinic in Worland, Wyoming, and bi-monthly clinics in Thermopolis, Wyoming.

Furthermore, two oncology-certified Registered Nurses provide comprehensive infusion services for oncology as well as non-oncology patients at the Cody Clinic. This service is greatly appreciated by patients and families from the Northern Wyoming area who would otherwise need to travel to Billings for their infusion treatments.
Jack Staddon, M.D./Ph.D. grew up in the Midwest and West, including rural Alaska, where he flew with his pilot/pastor father on visits to remote Arctic villages. He received his undergraduate degree in Zoology from Andrews University in 1997. Dr. Staddon attended medical school at the University of Minnesota where he earned both a medical degree and a Ph.D. in microbiology. He graduated from the pediatric residency at Loma Linda University in 2011 and from the pediatric hematology/oncology fellowship at the University of Utah in 2014. Dr. Staddon was a pediatric hematologist/oncologist in Kalamazoo, Michigan before joining the Billings Clinic this December. He enjoys spending time with his wife and three young children in hiking, camping, and church activities. Dr. Staddon will continue the legacy of Kelker’s Kids and join our growing team of Pediatric Subspecialists.

Inpatient Pediatrics

Billings Clinic’s new inpatient pediatric unit opened in January of 2016. The team of pediatric specialists at the Bob and Penni Nance Inpatient Pediatric Unit provide comprehensive, quality care in a safe, healing, high-tech environment for children who require pediatric in-hospital care for injury or illness.

While our pediatric inpatient unit is state-of-the-art, it is our team of caring dedicated professionals who make the difference. Our Magnet nurses have specialized pediatric training and our inpatient pediatric physicians and non-physician providers focus solely inpatient pediatric care. With a dedicated inpatient team, these providers are able to quickly meet the needs of patients, newborns to age 17, which provides a safer and higher quality of care for our pediatric patients.

Pediatric Hematologist-Oncologist Jack Staddon, MD, is one of the pediatric specialists that are part of this team.
**Infusion Services**

The Billings Clinic Infusion Center has 24 treatment bays consisting of 11 private rooms and 13 semi-private bays. Four of the 11 private rooms are positive pressure rooms for immunocompromised patients, and one negative pressure room supports gene therapy clinical trials. The Infusion Center provides outpatient infusion services for both oncology and non-oncology patients at Billings Clinic. It is staffed by 19 Registered Nurses (RNs) and 2 Medical Assistants. Of the 19 RNs, 11 are oncology-certified and one has a second certification in bone marrow transplant.

Specialized services include autologous stem cell transplant and therapeutic apheresis exchange. There are six RNs specially trained in transplant and apheresis procedures, and four additional RNs in the process of completing their education to be able to provide this service.

The Infusion Center serves patients Monday-Friday from 7am to 7pm, and from 9am to 1pm on weekends and holidays to assure continuity of care.

Jessica Kapsner, RN, BSN performs therapeutic apheresis exchange for a patient undergoing treatment at Billings Clinic’s Bob & Penni Nance Infusion Center.

**ONCOLOGY CERTIFICATION**

Billings Clinic Registered Nurses (RNs) are encouraged to obtain a nationally recognized certification. While the Oncology Certified Nurse (OCN) exam is the most common certification obtained by oncology nurses, within the past few years, the Blood and Marrow Transplant Certified Nurse (BMTCN) exam has also emerged as a specialty certification option for oncology nurses. Both certifications require a minimum of one year RN experience, 1000 hours of nursing practice related to the certification, and at least 10 hours of related continuing education in the 36 months prior to certification. The certification exams contain 165 questions and take approximately 3 hours to complete. Nurses must renew certification every 4 years to remain current.

The Cancer Center is incredibly proud of Nicole West, RN, OCN, BMTCN for her dual certification in both Blood and Marrow Transplant, as well as Oncology Nursing.

Additional oncology RNs who are certified in Oncology Nursing or Advanced Oncology Nursing include:

- Linda Allen
- Connie Anderson
- Alecia Besel
- Karyl Blaseg
- Pamela Berens
- Nikkeal Beverley
- Brianna Biggins
- Gina Bradley
- Jeannine Brant
- Shannon Crable
- Anna Christofanelli
- Patti Davis
- Susan Dillon
- Shawn Duffy-Feller
- Delaney Gall
- Mary Lou Iverson
- Diane Jones
- Kristin Klebe
- Pam Marlenee
- Chrystal Martin
- Kathie Mattern
- Judy Miller
- Tricia Montgomery
- Megan O’Neil
- Kerry Nichols
- Elisabeth Palmersheim
- Donna Parker
- Terri Polesky
- Holly Riley
- Leah Scaramuzzo
- Susan Schott
- Christina Schye
- Angela Simic
- Emily Tesar
- Sarah Tracy
- Kathy Waitman
- Amy Walton
- Kathy Wilkinson
- Carole Wilson
- Lora Wingerter
To provide the highest quality of patient care, the Billings Clinic Infusion Center Pharmacy is committed to having highly trained, educated, and skilled professionals involved in the provision of pharmaceutical services.

Board Certification in Oncology Pharmacy (BCOP) is recognized as the gold standard for pharmacists to be able to respond to the expanding expectations for collaborative cancer care. These pharmacists are specially trained to manage many aspects of patients’ care, while also recognizing and responding to a variety of physical and emotional concerns commonly associated with treatment.

The Infusion Center Pharmacy has one clinical pharmacist currently pursuing board certification, while recruitment efforts are underway to secure an additional board certified oncology pharmacist who will serve as the lead for our oncology pharmacy team. Additionally, there is a dedicated pharmacist in the Infusion Center Pharmacy whose role is predominately focused on maintaining consistency with daily operations and adherence to organizational standards.

The Infusion Center Pharmacy is also proud to have two dedicated and certified pharmacy technicians involved in the compounding, preparation, and delivery of medications. Certification is the national standard for pharmacy technicians and recognizes those who are qualified to support pharmacists and patient care teams in all practice settings.

Together, the Infusion Center Pharmacy team works along with the rest of the patient care team to deliver the best care possible for patients in the Infusion Center.
Billings Clinic provides a variety of Medication Assistance Programs (MAP) to help patients who are uninsured, underinsured, or otherwise unable to pay for necessary medications based on their individual situation. Manufacturer patient assistance programs are available for uninsured patients needing infusion who would otherwise not be able to afford the treatments. For patients with insurance, co-pay assistance programs and foundation funding are often available to help with the out-of-pocket expenses after insurance.

MAP personnel assist patients to complete assistance applications for high-cost medications. MAP personnel obtain necessary physician signatures and verify all financial information required to complete the process. In the case of an insurance denial, MAP personnel will work directly with the involved departments to submit the denial documentation required to apply for drug replacement on the patients’ behalf, saving patients thousands of dollars in medical costs.

In addition to the traditional MAP, Billings Clinic also participates in a Cancer Medication Repository Program and Registry as allowed by Montana Law. This program helps cancer patients who are waiting to start treatment due to insurance prior authorization or appeal processes. MAP personnel manage the inventory of donated eligible cancer medications and send out monthly updates to the Cancer Center team of available medications through the repository program.
Inpatient Cancer Care

Improving End-of-Life (EOL) Care

Nurses working on the Inpatient Cancer Care unit expressed concerns with their skills related to end-of-life (EOL) care. Seventy-seven percent reported lack of knowledge was a barrier in EOL care, yet the majority relied on each other for questions. Seventy-three percent reported their own personal discomfort with death, a barrier noted to interfere with optimal EOL care. While EOL training opportunities existed, these were not regularly offered and those attending trainings felt inadequately prepared to translate newly learned skills into clinical practice.

An interprofessional committee was formed including social work, case management, chaplains, physicians, and staff nurses. Objectives were identified and included:

- Increasing nurses’ comfort level in providing EOL care,
- Standardizing “comfort care”,
- Enhancing education for patients and families during the final stages of life.

Patient/family education materials, community bereavement resources, and a box of “tools” to promote comfort and connection to the family were created. To standardize EOL care, an order set for patients transferred to “comfort care” was developed. To address the gaps in staff knowledge, educational curricula were developed. A two-part program was held and included teaching methods which incorporated role playing, expert interviews, and opportunities for hands-on application of knowledge. The program was open to all hospital staff including nurses, chaplains, case managers, and social workers.

Program evaluations were extremely positive; many asked that the program be repeated and made mandatory for all staff and physicians. Participants and the committee noted that after the program, stronger collaborative relationships developed among disciplines when caring for EOL patients. Post-survey results revealed a significant improvement in nurses’ knowledge about delivering EOL care and significantly fewer nurses reported personal discomfort with death.

Amy Walton, RN, BSN, OCN® and chaplain Ramona Bruckner discuss the End-of-Life toolkit and community bereavement resources.
Patient Care Navigation

The Billings Clinic Cancer Center offers patient care navigation services across the cancer continuum for patients undergoing care for either a suspected or newly diagnosed cancer.

Ten Registered Nurses serve as patient care navigators to help ensure patients receive the most efficient and appropriate care possible. These navigators help to eliminate barriers to obtaining a definitive diagnosis, ensure a treatment plan is both feasible and understandable, and coordinate timely treatment.

Billings Clinic has patient care navigators available to assist with breast and lung cancer screenings, along with subsequent diagnostic evaluations. A diagnostic breast navigator works in conjunction with our certified breast radiologist in caring for patients who have positive findings on breast screening imagery and require additional scans and possibly biopsy. A lung navigator collaborates with the physician leader for our lung screening program to assist in the coordination of ongoing diagnostic evaluation through radiologic, surgical, and pulmonary services.

There are eight additional Registered Nurses whose navigation services specifically focus on disease site-specific care from the time of diagnosis through initial treatment. These navigators ensure patients receive a multidisciplinary approach to care through the collaboration of medical oncology, radiation oncology, other specialty disciplines, and ancillary services. When treatment is completed, the navigator will provide a treatment summary and survivorship care plan so that patients have the necessary information to move forward after treatment.

Most recently, Billings Clinic hired a Supportive and Palliative Care navigator. This navigator’s role is to work closely with the multidisciplinary team to provide early intervention and support for patients with cancers that require more intense symptom management, as well as to help address complex psychosocial and spiritual needs that may arise. Additionally, this navigator is a key resource in working with patients and families nearing end-of-life.

Billings Clinic Cancer Center Patient Care Navigators: (L-R): Kerry Nichols, RN, OCN; Gina Bradley, RN, OCN; Kristin Klebe, RN, OCN; Kathy Aders, RN; Donna Parker, RN, OCN, CMSRN; Mary Lou Iverson, RN, OCN; Lora Wingerter, RN, OCN; Deb Hofer, RNC; Pat Mahana, RN, CBEC; Not Pictured: Christian Borer, RN and Meadow Nilles, BSW
Social Work & Psychosocial Support

The Cancer Center has two Licensed Clinical Social Workers (LCSWs) who are certified in Oncology Social Work, and the Inpatient Cancer Care unit has a Bachelor’s-level social worker. Our LCSWs provide professional counseling services, conduct mental health assessments, and refer patients to supportive and wellness programs. All of our social workers provide emotional support, information regarding community resources, and assist our patients with practical needs.

In addition to overseeing the psychosocial needs of our patients, our social workers also facilitate the majority of our wellness programs. Some examples from 2016 include: educational programs for patients who have completed treatment (Partners in Survivorship: Living Well After Cancer Treatment), a women’s educational and support group (Here and Now), and a general support group for anyone diagnosed with cancer (Living with Cancer). Our LCSWs coordinate a bi-monthly Psych-Oncology Clinic in collaboration with a psychiatric nurse practitioner. They also are an integral component of our Supportive and Palliative Care program.

Through a partnership with the American Cancer Society (ACS), the Cancer Center also has access to a Bachelor’s-level social worker who serves as a Lay Navigator. The ACS Lay Navigator connects patients to resources through the American Cancer Society and communities throughout the state. She assists with needs such as transportation, lodging, financial assistance, and provides ACS information about cancer diagnosis, treatment, and support. The ACS Navigator manages both our Resource Library and the Wig Boutique, located on the first floor of the Cancer Center. In 2016, the ACS Lay Navigator assisted patients in obtaining 528 free hotel rooms, 100 free wigs, and 167 rides to treatment.

Cancer Wellness and Support Programs

**Here and Now**  
Education and support for women | 2nd Thursday of the month from 5:45pm to 7:15 pm

**Living with Cancer**  
General support group | 1st and 3rd Tuesdays of the month from 6:00pm to 7:00pm

**Partners in Survivorship: Life After Treatment**  
Six-week series with weekly survivorship topics designed to help empower patients once treatment is finished. Tuesdays from 5:30pm to 7:00 pm. Spring 2017 session begins 3/7/17 while the Fall 2017 session begins 9/5/17

**Professional Counseling**  
Individual and family sessions are available. Contact an Oncology Social Worker or your physician for a referral.

**Grief Support and Education**  
Contact an Oncology Social Worker or your physician for a referral.

**Join our PATHWAYS Facebook Group for support, networking, and updates on our cancer program. The Billings Clinic Cancer PATHWAYS**  
www.facebook.com/groups/billingscliniccancerpathways

**Stupid Cancer Boot Camp & Meetups**  
For cancer patients 18-40 who want to get busy living! Please see our Wellness calendar, or call an Oncology Social Worker for more information.

**National Cancer Survivor’s Day Picnic**  
Join us for family fun and games, and a great barbeque! Occurs in June each year.

**Survivorship Night with the Billings Mustangs**  
Occurs in the summer each year at Dehler Park.
The Billings Clinic Cancer Center has employed a Certified Genetic Counselor to provide genetic counseling and testing services for cancer patients since 2007. The primary goal of genetic counseling is to identify individuals and families at increased risk of cancer for the purpose of promoting awareness, early detection, and cancer prevention.

Genetic counseling referrals are most commonly received for patients with breast, ovarian, and endometrial cancers diagnosed at a young age, as well as those with colorectal cancers diagnosed under the age of 50. Patients with polyposis and other cancers, including pancreatic, thyroid, renal, and neuroendocrine are also frequently referred for genetic counseling services.

In addition to identifying those at an increased risk for cancer, our genetic counselor provides fertility preservation counseling for patients under the age of 50 who might have fertility problems or concerns as a result of cancer or cancer treatment. Through a shared visit with a Licensed Clinical Social Worker, patients are provided information regarding available fertility options, the potential impact of cancer treatment on fertility, and patient advocacy resources to facilitate informed decision-making and treatment planning.

As the field of cancer genetics and risk prediction/prevention continues to grow, the Billings Clinic Cancer Center hopes to recruit a second Certified Genetic Counselor in 2017 to help meet the increased demands for genetic counseling services.
The Billings Clinic Cancer Center has three dietitians providing expert nutrition counseling services to patients and their caregivers as an integral part of cancer care. These dietitians assist with improving the nutrition status and quality of life for cancer patients by providing evidence-based nutrition education and continued assessments throughout treatment to promote healthy eating habits and enhance patients’ overall well-being. Additionally, our dietitians have specialized knowledge and skills to provide care for patients who require either a feeding tube or IV nutrition before, during, and after treatment.

Over the past year, the primary focus of our nutrition team has been to develop and implement a nationally recognized Enhanced Recovery Program for cancer patients who require surgery. Nutritional interventions are provided before and after surgery in an effort to reduce surgery-related complications and improve outcomes. This program has been shown specifically to reduce hospital length of stay, improve healing, and decrease wound-related complications. Our Enhanced Recovery Program is actively in place in the Gynecology Oncology, Urology, and General Surgery departments.

Oncology dietitians Kandis Wessel and Anna Harrower teach a patient how to manage nutritional needs through the use of a feeding tube.
The Billings Clinic Cancer Center recognizes the importance of cancer rehabilitation. Last year, over 50 staff from the Cancer Center and Rehabilitation departments completed extensive training with a focus on decreasing disability and improving overall function for cancer patients.

Automatic referral to on-site physical therapists occurs for all breast cancer patients with one or more lymph nodes being removed. These patients are seen pre-operatively whenever the patient schedule allows. Patients with head and neck cancers, as well as glioblastomas, are also automatically referred to our rehabilitation services. This year, standard processes were implemented in the Gynecologic Oncology department whereby all patients are screened for potential rehabilitative issues and referred as appropriate. Additionally, plans are underway to implement this routine screening early next year in Radiation Oncology.

Billings Clinic has a variety of rehabilitation therapists who specialize in Cancer Recovery Services. This includes three physical therapists and one occupational therapist who are certified lymphedema therapists, and one physical therapist specially trained in pelvic floor physical therapy. Furthermore, on-site speech and language pathologists are available for cancer patients. These therapists specialize in augmentative and alternative communication, swallowing and voice needs (including those for laryngectomy and tracheostomy patients), as well as cognitive therapy.

With an increased awareness of Billings Clinic’s Cancer Recovery Services, processes are being developed to effectively track the number of cancer patients screened and referred for services. Our desire is to demonstrate a consistent increase every year in the rehabilitation penetration rate so that long-term functional deficits can be minimized in our cancer patients.
Supportive and Palliative Care

Supportive and palliative care is specialized medical care for people with serious illness. It is focused on providing patients with relief from the symptoms, pain, and stress of illness. The goals of supportive and palliative care within the Billings Clinic Cancer Center are to improve quality of life and reduce the physical and emotional burdens of cancer. Bothersome symptoms, such as pain or fatigue, may be relieved by addressing physical, social, psychological, and spiritual needs that are contributing factors.

Supportive and palliative care typically involves a team approach inclusive of a nurse practitioner, nurse, social worker, and other healthcare specialists as appropriate. The Cancer Center recently welcomed two new members to the Supportive and Palliative Care team. Christian Borer, RN, BSN, accepted the new role of Supportive and Palliative Care navigator in late 2015. Diane Jones, APRN, MN, FNP, AOCNP, accepted a new provider role for the Supportive and Palliative Care team in 2016. Together with our oncology social worker Jennifer Finn, MSW, LCSW, OSW-C, this dynamic interdisciplinary team focuses on enhancing the lives of cancer patients through expert use of symptom management, supportive counseling, and advance care planning.

The Supportive and Palliative care team meets with a patient and their family to help manage the physical and psychosocial challenges associated with cancer treatment.
“Tissue is the Issue” continues to be the ongoing theme in oncology research as more and more trials require the sending of tissue to identify biomarkers and determine appropriate targeted therapy. The National Cancer Institute’s MATCH trial was so overwhelmed with the volume of tissue submissions received after opening that they temporarily closed accruals in order to reorganize and accommodate the interest in the trial. MATCH is now again open with 30 possible biomarker trials available to cancer patients.

The Gynecologist Oncologists have an exciting trial involving tissue taken at the time of surgery which is then used to create a vaccine. After a patient completes adjuvant treatment, they are either given the vaccine created from their tissue or placebo. Dr. Erin Stevens is the principal investigator for this trial, and we are currently one of the top enrolling sites in the nation.

Aside from the two trial examples previously mentioned, Billings Clinic continues to participate in all varieties of treatment, cancer control, quality of life, and specimen trials. Enrollment in clinical trials through our cancer research program was 11% of our new analytical cases for 2015 which earned commendation from the American College of Surgeons’ Commission on Cancer accreditation survey this summer.

Also this year, Tricia Montgomery, Clinical Coordinator for Cancer Research and Registry, and Karyl Blaseg, Director of Cancer Services, participated in a national clinical trials training program offered through the City of Hope. The training focused on how administrators and nurses can effectively implement clinical trials and increase enrollment to trials at American College of Surgeons’ Commission on Cancer accredited centers. Training topics included building a research infrastructure, developing competencies, and budgeting.
Relay for Life

“A Cure Runs Through It”

The 2016 theme for the Billings Relay for Life was “Lights, Camera, Cure”, and Billings Clinic chose “A Cure Runs Through It” as our team’s theme which aptly described the enthusiasm and dedication of our staff and local community working together to raise money for the American Cancer Society.

2016 marked the 20th year that Billings Clinic has supported the American Cancer Society and Relay for Life of Yellowstone County, one of the highest-earning relay events nationwide. Over the years, Billings Clinic teams have raised over $200,000. In 2016, our contribution to the American Cancer Society was $15,125 which earned us the Top Fundraising Award for a non-profit team.

Beyond the dollar signs and statistics, it is the stories behind team contributions which are the core of what make our team so extraordinary. This year, we partnered with several local, small business owners to create events that were about more than just the money raised, but clearly demonstrated our commitment to patients and the community.

One such event was a family movie night held at a local theater. The small business owner, also a cancer survivor, opened his theater to the Billings Clinic Relay for Life team for our 3rd collaborative fundraiser. Not only were all of the proceeds from the evening donated to our team, but the time and efforts of his family and staff. Another event involved a raffle at a local brewery. A Billings Clinic volunteer and cancer survivor encouraged a small business owner to donate a custom built fly fishing rod to complement our team theme. A third, small business owner not only donated the venue for the event, but also contributed a portion of their proceeds to our Relay for Life team.

From bake sales to gift baskets, our team devoted countless hours and hard work to exceed our fundraising goal of $10,000 by more than 50%. In 2017, we will increase our fundraising goal to $15,000, and continue to work with our patients and community to make both a local and global impact on cancer.
iFIT and Flu

Screening and Early Detection
Colorectal cancer is the third leading cause of cancer-related deaths in the United States (U.S.) for both men and women. For 2016, the American Cancer Society estimates that there will be approximately 50,000 deaths from colorectal cancer. Fortunately, if colorectal cancer is found early, the overall five year survival rate is around 90%. Screening for colorectal cancer is so important, as almost 70% of diagnosed patients report that they previously had little to no symptoms.

Fortunately, if colorectal cancer is found early, the overall five year survival rate is around 90%.

The National Colorectal Cancer Roundtable and the American Cancer Center has set a goal for colorectal cancer screening: approximately 80% of adults in the U.S. over the age of 50 will undergo colorectal cancer screening by the year 2018. Available statistics from the Montana Department of Public Health and Human Services show that as of 2014, only 62% of Montana residents were current on colorectal cancer screening. This screening rate drops to 44% for Montana American Indians.

In an attempt to increase screening for colorectal cancer, several healthcare organizations across the U.S. are initiating programs in which a fecal immunochemical test (iFIT) is given to their employees at the same time as they receive their annual flu shot. Screening rates are improving with this strategy, and these agencies are now branching out into rural communities in collaboration with the American Cancer Society.

The iFIT kit offers a noninvasive, inexpensive option for colorectal cancer screening that can be performed in the privacy of one’s own home. This test detects small, invisible amounts of blood that can come from colon polyps or early-stage colorectal cancer.

Emily Tesar, RN, MSN, OCN®, visits with a health fair attendee regarding iFit testing to screen for colorectal cancer.

At Billings Clinic, we implemented a pilot program this fall to provide iFIT kits to any employee over the age of 50 who has not had a colonoscopy within the past 7 years. This is strictly a voluntary program, provided over the course of four employee health fairs. Based upon the results of this screening initiative, we hope to continually expand upon the program and eventually offer this program on a larger scale within the community.
Quality Study

Use of Hypofractionated Whole Breast Radiotherapy

Background
Hypofractionated whole breast radiation therapy has become standard treatment for women with early stage breast cancer. When compared to conventional fractionation, hypofractionated treatment is delivered at a higher dose per day over fewer days, thereby increasing convenience for patients and reducing the burden of healthcare costs.

Early use of hypofractionated treatment is supported by several large randomized clinical trials (1,2,3,4) which demonstrate that, when compared to conventional fractionation, hypofractionation provides equivalent local control and cosmetic outcomes for patients with early stage breast cancer.

In 2010, the American Society of Therapeutic Radiation Oncology (ASTRO) published guidelines for the use of hypofractionated whole breast treatment suggesting that hypofractionation is appropriate for women not receiving chemotherapy and for those over the age of 50 with T1-T2N0 disease and with a treatment plan dose homogeneity of +/-7% (5). In 2013, use of hypofractionation was supported by ASTRO as part of a Choosing Wisely recommendation which states “Don’t initiate whole breast radiotherapy as a part of breast conservation therapy in women age ≥ 50 with early stage invasive breast cancer without considering shorter treatment schedules.” This recommendation is supported by guidelines published by the National Comprehensive Cancer Network which state, when discussing whole breast radiation, that “hypofractionation is preferred”(6).

Study Goal
To determine if the physicians at Billings Clinic are appropriately utilizing hypofractionated whole breast radiotherapy treatment for women with early stage breast cancer.

Methodology
We identified all patients who underwent breast conservation surgery for an invasive breast cancer between 2010 and March of 2016. We then selected the women who received radiation to the breast only through the use of tangent radiation fields. We excluded patients who received regional nodal irradiation and partial breast irradiation.

Results
In total, 218 patients were treated with adjuvant whole breast radiation therapy after breast conservation surgery. Conventional fractionation was used in 75 patients, and 143 patients were treated with a hypofractionated course. The average age at diagnosis was 58 years and 66 years for patients treated with conventional and hypofractionated radiotherapy, respectively. Hypofractionation use increased with increasing age (Figure 1). Tumor characteristics for each group are described in Table 1. More patients treated with conventional fractionation had high risk features including grade 3 disease, node positivity, and estrogen receptor negative disease (Table 1). Chemotherapy was administered to 29 (39%) patients who received conventional treatment and 26 (18%) of patients who received hypofractionated treatment.

The most commonly used hypofractionation regimen at the Billings Clinic has been 4256 cGy in 16 fractions although a small number of patients treated on the clinical trial RTOG 1005 received 4005 cGy in 15 fractions. Conventional fractionation doses ranged from 4500 cGy to 5040 cGy with 5000 cGy in 25 fractions as the most common regimen. A hypofractionated approach was used to treat 32% of patients in 2010, 44% in 2011, 56% in 2012, 65% in 2013, 89% in 2014, 85% in 2015, and 100% of patients in the first 3 months of 2016 (Figure 2).
Quality Study (Cont’d)

Figure 1. Percentage of patients treated with hypofractionation versus conventional fractionation based on age at diagnosis

Table 1. Tumor and treatment characteristics for patients treated with adjuvant radiation therapy

<table>
<thead>
<tr>
<th></th>
<th>Conventional</th>
<th>Hypofractionation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>pT stage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1</td>
<td>57 (76%)</td>
<td>115 (80%)</td>
</tr>
<tr>
<td>T2</td>
<td>17 (23%)</td>
<td>28 (20%)</td>
</tr>
<tr>
<td>T3</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>N stage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NX</td>
<td>0 (0%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>N0</td>
<td>65 (87%)</td>
<td>133 (93%)</td>
</tr>
<tr>
<td>N1</td>
<td>10 (13%)</td>
<td>9 (6%)</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1</td>
<td>16 (21%)</td>
<td>51 (36%)</td>
</tr>
<tr>
<td>G2</td>
<td>29 (39%)</td>
<td>62 (43%)</td>
</tr>
<tr>
<td>G3</td>
<td>30 (40%)</td>
<td>30 (21%)</td>
</tr>
<tr>
<td><strong>Receptor Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER+</td>
<td>63 (84%)</td>
<td>130 (91%)</td>
</tr>
<tr>
<td>Her2+</td>
<td>8 (9%)</td>
<td>11 (8%)</td>
</tr>
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</table>
Discussion
Use of hypofractionated radiation therapy for women with early stage breast cancer treated at Billings Clinic has steadily increased from the year 2010 through early 2016. In 2010, 32% of patients received hypofractionated treatment at the Billings Clinic. A Surveillance, Epidemiology, and End Results (SEER) Medicare-linked database review found that in 2009-2010, amongst 16,096 patients with node-negative breast cancer and 4,269 patients with DCIS treated between 2004 and 2010, approximately 13% received hypofractionated treatment by the years 2009-2010 (7). A review of private insurance claims found that by 2013, 21-35% of patients were treated with hypofractionated breast radiation (8).

Tumor characteristics and patient age can be influential factors when deciding between a hypofractionated and conventional course of treatment. While our small number of patients precludes statistical evaluation, we generally saw a trend between higher risk tumor features and younger age and use of conventional fractionation treatment. In their national SEER database review, Jagisi et al did not find a statistical correlation between use of hypofractionated radiation and tumor characteristics such as stage, grade, or breast laterality. Several studies have demonstrated that a hypofractionated course is not associated with a local control detriment in young patients or those with grade 3 disease (9, 10, 11), and therefore these factors should not be strongly considered in treatment decision making.

It may be postulated that the relatively rural setting of a Montana radiation oncology practice could be the driving factor in increased utilization of hypofractionated treatment. In a recent study of geographic disparities in elderly women undergoing breast conservation surgery, population density was not associated with the rate of hypofractionated radiation use (12). Factors associated with increased use of hypofractionated treatment included treatment at a teaching hospital and treatment in communities with more radiation oncologists.

Both the ASTRO Choosing Wisely Campaign as well as the National Comprehensive Cancer Network Guidelines support the use of hypofractionated treatment for appropriately chosen women with early stage breast cancer. Our review of patients treated at Billings Clinic reveals that our utilization of shorter treatment courses is as great and is potentially greater than national reported outcomes. Moving forward, we will continue to consider hypofractionated treatment for all women with early stage breast cancer.

REFERENCES


Cancer Registry

The four Certified Tumor Registrars (CTRs) along with our Technical Assistant continue to provide support in meeting the standards for both the National Accreditation Program for Breast Centers (NAPBC) and the American College of Surgeons’ Commission on Cancer (CoC) accreditation surveys this past year. The work of our Cancer Registry staff is essential to maintaining these accreditations. Examples of some of their duties that directly pertain to demonstrating compliance with accreditation standards include tracking cancer conferences, maintaining required registry follow-up rates, and assisting with data for quality studies. Additionally, our CTRs must attend continuing education to further their knowledge of the ever-changing registry requirements.

Participation in the Rapid Quality Reporting System (RQRS) will be a new requirement in 2017 from the CoC. The Billings Clinic Cancer Registry has been participating in RQRS since 2009 as part of our work with the National Cancer Institute’s Community Cancer Centers Program (NCCCP). The Cancer Registry submits cases monthly for breast, colon, and rectal cancers to demonstrate whether we are meeting six standards established by the CoC. Eventually, RQRS will expand to include other types of cancer so that data from cancer registries can be used to continually support real-time efforts to assure quality cancer care.

Over the past year, our Cancer Registry has also started to work with Community Medical Center in Missoula to provide support of their Cancer Registry. This is in addition to the registry work we have historically performed for Stillwater Hospital in Columbus.

Lastly, as we look forward to 2017, the Cancer Registry is excited to be hosting the Montana Cancer Registrars Association (MCRA) meeting in May with our very own Marcia Tostengard, CTR serving as the current president of the MCRA.
# 2015 Primary Site Table -- Cancer Cases

## Summary by Body System, Sex, Class, Status and Best CS/AJCC Stage Report

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Analy</th>
<th>NA</th>
<th>Alive</th>
<th>Exp</th>
<th>Stg 0</th>
<th>Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
<th>88</th>
<th>Unk</th>
<th>Blank/NA</th>
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<tbody>
<tr>
<td>ORAL CAVITY &amp; PHARYNX</td>
<td>37 (2.2%)</td>
<td>26</td>
<td>11</td>
<td>34</td>
<td>3</td>
<td>33</td>
<td>4</td>
<td>5</td>
<td>12</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lip</td>
<td>12 (0.7%)</td>
<td>8</td>
<td>4</td>
<td>11</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Tongue</td>
<td>8 (0.5%)</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>3</td>
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<td>Salivary Glands</td>
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<td>0</td>
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<td>Gum &amp; Other Mouth</td>
<td>4 (0.2%)</td>
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<td>3</td>
<td>3</td>
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<td>3</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Nasopharynx</td>
<td>1 (0.1%)</td>
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<td>Tonsil</td>
<td>8 (0.5%)</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Hypopharynx</td>
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<td>DIGESTIVE SYSTEM</td>
<td>217 (13.2%)</td>
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<td>202</td>
<td>15</td>
<td>152</td>
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<td>Esophagus</td>
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<td>18</td>
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<td>12</td>
<td>6</td>
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<td>5</td>
<td>4</td>
<td>7</td>
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<td>Small Intestine</td>
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<td>2</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<td>Colon Excluding Rectum</td>
<td>77 (4.7%)</td>
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<td>39</td>
<td>72</td>
<td>5</td>
<td>67</td>
<td>10</td>
<td>1</td>
<td>21</td>
<td>20</td>
<td>16</td>
<td>10</td>
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<td>Cecum</td>
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<td>7</td>
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<td>Ascending Colon</td>
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<td>Sigmoid Colon</td>
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<td>18</td>
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<td>26</td>
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<td>Large Intestine, NOS</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rectum &amp; Rectosigmoid</td>
<td>32 (1.9%)</td>
<td>23</td>
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## 2015 Primary Site Table

**Cancer Cases (Cont’d)**

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### 2015 Primary Site Table

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<tr>
<td><strong>BRAIN &amp; OTHER NERVOUS SYSTEM</strong></td>
<td>48 (2.9%)</td>
<td>18</td>
<td>30</td>
<td>45</td>
<td>3</td>
<td>33</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>45</td>
<td>0</td>
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<tr>
<td>Brain</td>
<td>24 (1.5%)</td>
<td>11</td>
<td>13</td>
<td>24</td>
<td>0</td>
<td>11</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
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<tr>
<td>Cranial Nerves Other Nervous System</td>
<td>24 (1.5%)</td>
<td>7</td>
<td>17</td>
<td>21</td>
<td>3</td>
<td>22</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>21</td>
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<tr>
<td><strong>ENDOCRINE SYSTEM</strong></td>
<td>43 (2.6%)</td>
<td>13</td>
<td>30</td>
<td>41</td>
<td>2</td>
<td>39</td>
<td>4</td>
<td>0</td>
<td>18</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Thyroid</td>
<td>38 (2.3%)</td>
<td>11</td>
<td>27</td>
<td>36</td>
<td>2</td>
<td>36</td>
<td>2</td>
<td>0</td>
<td>18</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Other Endocrine including Thymus</td>
<td>5 (0.3%)</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td><strong>LYMPHOMA</strong></td>
<td>57 (3.5%)</td>
<td>29</td>
<td>28</td>
<td>54</td>
<td>3</td>
<td>51</td>
<td>6</td>
<td>0</td>
<td>13</td>
<td>16</td>
<td>14</td>
<td>10</td>
<td>0</td>
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<tr>
<td>Hodgkin Lymphoma</td>
<td>4 (0.2%)</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<td>1</td>
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<td>0</td>
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<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>53 (3.2%)</td>
<td>29</td>
<td>24</td>
<td>51</td>
<td>2</td>
<td>47</td>
<td>6</td>
<td>0</td>
<td>13</td>
<td>15</td>
<td>13</td>
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</tr>
<tr>
<td>- NHL - Nodal</td>
<td>33</td>
<td>18</td>
<td>15</td>
<td>32</td>
<td>1</td>
<td>30</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>8</td>
<td>12</td>
<td>6</td>
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<tr>
<td>- NHL - Extranodal</td>
<td>20</td>
<td>11</td>
<td>9</td>
<td>19</td>
<td>1</td>
<td>17</td>
<td>3</td>
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<td>7</td>
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<td>1</td>
<td>3</td>
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<tr>
<td><strong>MYELOMA</strong></td>
<td>13 (0.8%)</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td>0</td>
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<td>13</td>
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<tr>
<td>Myeloma</td>
<td>13 (0.8%)</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>0</td>
<td>11</td>
<td>2</td>
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<td>0</td>
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<td>13</td>
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</tr>
<tr>
<td><strong>LEUKEMIA</strong></td>
<td>36 (2.2%)</td>
<td>27</td>
<td>9</td>
<td>35</td>
<td>1</td>
<td>28</td>
<td>8</td>
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<td>0</td>
<td>0</td>
<td>35</td>
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<tr>
<td>Lymphocytic Leukemia</td>
<td>15 (0.9%)</td>
<td>14</td>
<td>1</td>
<td>14</td>
<td>1</td>
<td>12</td>
<td>3</td>
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<td>0</td>
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<td>14</td>
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<tr>
<td>- Acute Lymphocytic Leukemia</td>
<td>3</td>
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<td>0</td>
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<td>0</td>
<td>3</td>
<td>0</td>
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<tr>
<td>- Chronic Lymphocytic Leukemia</td>
<td>12</td>
<td>11</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>10</td>
<td>2</td>
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<td>0</td>
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<tr>
<td>Myeloid &amp; Monocytic Leukemia</td>
<td>21 (1.3%)</td>
<td>13</td>
<td>8</td>
<td>21</td>
<td>0</td>
<td>16</td>
<td>5</td>
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<td>0</td>
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<td>0</td>
<td>21</td>
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<tr>
<td>- Acute Myeloid Leukemia</td>
<td>13</td>
<td>7</td>
<td>6</td>
<td>13</td>
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<td>8</td>
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<td>0</td>
<td>13</td>
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<td>0</td>
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<tr>
<td>- Acute Monocytic Leukemia</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
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<tr>
<td>- Chronic Myeloid Leukemia</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>6</td>
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<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Other Myeloid/Monocytic Leukemia</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<td>1</td>
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<tr>
<td><strong>MESOTHELIOMA</strong></td>
<td>6 (0.4%)</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
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</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td>41 (2.5%)</td>
<td>14</td>
<td>27</td>
<td>39</td>
<td>2</td>
<td>24</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>39</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,649</td>
<td>774</td>
<td>875</td>
<td>1,537</td>
<td>112</td>
<td>1,396</td>
<td>253</td>
<td>157</td>
<td>496</td>
<td>283</td>
<td>208</td>
<td>186</td>
<td>141</td>
<td>66</td>
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</table>
Top 5 Cancers for Men and Women

Top 5 Cancers - Female
2015

- Lung: 80
- Corpus Uteri: 98
- Melanoma: 68
- Cervix Uteri: 56
- Breast: 207

Top 5 Cancers - Male
2015

- Prostate: 220
- Kidney: 45
- Lung: 54
- Bladder: 53
- Melanoma: 80
Awards, Presentations, and Publications

Billings Clinic is nationally known for exceptional clinical quality, patient safety and service. Our physicians, nurses and staff perform at a higher standard, with complete and coordinated care, which has been recognized by the following honors:

- **Accreditations:**
  - Hospital
  - Laboratory
  - Behavioral Health Care

- **Certifications:**
  - Primary Stroke Center
  - Total Hip & Total Knee Replacement

- The State's Only Accredited Chest Pain Center
- Heart Attack Intervention Performance Achievement Award
- Higher Standard of Care for Heart Attack Patients
- Heart Failure
- Cardiac Leadership Saves Lives

- Accredited Comprehensive Community Cancer Program
- The Only QOPI Certified Cancer Program in our Region
- Breast Imaging Center of Excellence
- Accredited Radiation Oncology

- Critical Care Excellence
- Accredited Comprehensive Center for Metabolic/Bariatric Surgery

- BlueCross BlueShield of Montana
- BlueCross BlueShield of Montana
- BlueCross BlueShield of Montana

- Becker's Hospital Review

- Nursing’s Highest Honor: Excellence

Our patients deserve **excellence.** We strive to keep earning these awards every day.

To make an appointment, call 238-2501 or 1-800-332-7156     billingsclinic.com
Peer-Reviewed Publications


Awards, Presentations, and Publications (Cont’d)


**Published Abstracts**


**Poster Presentations**


**Podium Presentations (National)**


**Podium Presentations (Local/Regional)**

- **Alles, B., & Besel, A.** (2016). Superior vena cava, spinal cord compression. Big Sky Oncology Nursing Society Fall Conference, Billings, MT.
- **Borer, C.** (2016). Caring for yourself while caring for the dying patient. Billings Clinic Nursing Grand Rounds, Billings, MT.
- **Jeffery, T.** (2016). Syndrome of inappropriate antidiuretic hormone, hypercalcemia. Big Sky Oncology Nursing Society Fall Conference, Billings, MT.
Awards, Presentations, and Publications (Cont’d)

- **Jones, D.** (2016). Hope is not a plan. Hospice Foundation of American webinar followed by panel discussion, Billings, MT.
- **Jones, D.** (2016). Multiple dimension of palliative and supportive care: Strengthening the team. Billings Clinic Supportive and Palliative Care Grand Rounds, Billings, MT.
- **Jones, D.** (2016). Non-pharmacological/complementary approaches to the patient with dementia. Dementia Support Group, Billings, MT.
- **Stevens, E. E.** (2016). Gynecologic oncology: From surgery to registry. Montana Cancer Registrars Association annual meeting, Missoula, MT.
- **Stevens, E. E.** (2016). What to expect when you’re expecting: The gynecologic cancer edition. Billings Clinic Grant Rounds, Billings, MT.
- **Stevens, E. E.** (2016). What to expect when you’re expecting: The gynecologic cancer edition. Sheridan Memorial Hospital Grant Rounds, Sheridan, WY.
- **Strong, C., & Borer, C.** (2016). Hypersensitivity, anaphylaxis. Big Sky Oncology Nursing Society Fall Conference, Billings, MT.
For the Physician/Provider Communication Line, please call (406) 255-8411 or 1-800-325-1774.

For questions about cancer or if you need a physician, please call HealthLine nurses at (406) 255-8400 or 1-800-252-1246.

www.billingsclinical.com/cancer