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Dear Friends and Colleagues,

We are pleased to share this year’s annual report which highlights some of the 2017 key accomplishments for our cancer program. Our dedicated and talented multidisciplinary team has worked diligently during the past year to continue to grow and expand services for the more than 1,600 newly diagnosed cancer patients each year who entrust us with their care.

One of our greatest accomplishments of 2017 was successfully achieving FACT accreditation for our autologous stem cell transplant program. This accreditation positions Billings Clinic to pursue Center of Excellence status, and thereby allows more patients to remain in the area for their autologous transplant rather than traveling to a large academic center out of state.

Paired with our new FACT accreditation, we are also growing our Medical Oncology/Hematology department with the addition of two new oncologists. Both of our new oncologists have extensive training not only in medical oncology/hematology, but one completed a dual fellowship inclusive of geriatrics and the other completed a second fellowship in stem cell transplantation.

Other news that we are excited to share is the continued growth and commitment of Billings Clinic to provide access to subspecialists necessary to ensure leading-edge and comprehensive oncology care. Over the past year, Billings Clinic has welcomed two additional pulmonologists, a gastroenterologist with fellowship training in endoscopic ultrasound, an additional thoracic surgeon, a uro-gynecologist, and an additional breast radiologist. Each of these highly-skilled physicians plays an important role in Billings Clinic’s ability to deliver on our commitment to providing specialty cancer care closer to home.

Aside from oncology services at Billings Clinic, regional access to quality cancer care also remains a steadfast commitment of the Billings Clinic Cancer Center. Over the past year, we expanded outreach oncology services by 23% (going from 39 to 48 days/month). Currently, we provide outreach oncology services in 14 regional communities and have additional plans to launch services in two other communities in early 2018.

We hope this introduction sparks your interest and that you will take some time to read further about the achievements and accomplishments of our various departments. If you have any questions about our program or would like more information about any of our cancer services, please feel free to contact either of us.

Sincerely,

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

John Schallenkamp, MD
Medical Director of Cancer Services
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 (chair)
Brendan Bellew, MD
Justin Bottsford-Miller, MD
Simone Davion, MD
Karin Dolan, MD
Scott Dull, MD
Christopher Goulet, MD (cancer liaison physician)
Steven Hammond, MD
Michael Hill, MD
Mark Jones, MD
George Knight, MD
Jeff Lindenbaum, MD
Ron Linfesty, MD
Irene Lohkamp, MD
Samuel Reck, MD
John Schallenkamp, MD
Michelle Spenny, MD
Jack Staddon, MD
Erin Stevens, MD
Breanne Terakedis, MD
Karyl Blaseg, RN, MSN, OCN* (administrator)

Leadership and Clinical Managers

Directors

Administrative Director for Cancer Services, Research, Integrative Medicine, and Supportive/Palliative Care
Karyl Blaseg, RN, MSN, OCN*
kblaseg@billingsclinic.org
(406) 435-7321

Medical Director of Cancer Services
John Schallenkamp, MD
jschallenkamp@billingsclinic.org
(406) 435-7150

Department Chairs

Gynecologic Oncology
Erin Stevens, MD
estevens@billingsclinic.org
(406) 435-7340

Medical Oncology
Jesus Fabregas, MD
jfabregas@billingsclinic.org
(406) 435-7330

Radiation Oncology
Christopher Goulet, MD
cgoulet@billingsclinic.org
(406) 435-7150

Clinical Managers

Gynecologic Oncology and Infusion Services
Kristin Klebe, RN, BSN, OCN*
kklebe@billingsclinic.org
(406) 435-7425

Medical Oncology, Cody Oncology/Infusion, Patient Care Navigation, and Genetic Counseling
Emily Tesar, RN, MSN, OCN*
etesar@billingsclinic.org
(406) 435-7315

Radiation Oncology and Nutrition Support
Pace Brittain, MBA, RT(R)(T)
pbrittain@billingsclinic.org
(406) 435-7115

Research, Registry, Rehabilitation, and Social Work
Kathy Wilkinson, RN, BSN, OCN*
kwilkinson@billingsclinic.org
(406) 435-7415

Inpatient Cancer Care Unit
Pam Nichols, RN, MSN-A
pnichols@billingsclinic.org
(406) 435-4478

Roxanne Allen, RN, CHPN
Karen Brannon, EdD
Pace Brittain, MBA, RT(R)(T)
Ramona Bruckner, CCC
Jennifer Finn, MSW, LCSW, OSW-C
Lori Frank, CTR
Katie Gustin, PharmD
Jennifer Haarr, PT
Kristin Klebe, RN, BSN, OCN*
Luke Kobold, MBA
Susan Landgren, MS, CGC
Jessica Martin, RD, LN
Chad Miller, MPT
Tricia Montgomery, RN, BSN, OCN*
Pamela Nichols, RN, MSN-A, CMSRN
Meadow Nilles, BSW
Leah Scaramuzzo, RN-BC, MSN, AOCN*
Emily Tesar, RN, MSN, OCN*
Marcia Tostengard, CTR
Kathy Wilkinson, RN, BSN, OCN*
Michael Wright, RT(T), ARRT
Cancer Center Mission

To provide leading-edge care for patients and their families.

Cancer Center Vision

To be nationally recognized for premier cancer care and the first choice for patients, their families, and referring providers.

Cancer Center Core Values

Optimism:
We believe in creating an environment of optimism and offering a welcoming atmosphere for our patients and their families.

Compassion and Respect:
We show care for our patients and for each other and have a passion for the work that we do.

Multidisciplinary Collaboration:
We believe the best care for patients is delivered by drawing on the expertise of professionals across many disciplines.

Integrity:
We have an expectation of active professionalism in interactions among team members and in the care we provide.

Responsiveness:
Because patient needs are our priority, we remain flexible in order to accommodate timely access to care.
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
- American Association of Blood Banks accreditation for Cellular Therapies
- American College of Radiology – Breast Imaging Center of Excellence (BICOE) accreditation
- American College of Radiology – Radiation Oncology Program Accreditation (ROPA)
- Foundation for Accreditation of Cellular Therapy (FACT)
- Magnet Designation – Nursing’s Highest Honor
- Mayo Clinic Care Network (MCCN)
- National Accreditation Program for Breast Centers (NAPBC) accreditation
- Quality Oncology Practice Initiative (QOPI) certification
Gynecologic Oncology has established outreach clinics in Bozeman, Missoula, and Helena to provide patient care closer to home. Our physicians travel to these regional locations to see patients in clinic, as well as provide surgical services in Missoula and Helena.

Earlier in the year, the team expanded their clinic outreach services by initiating monthly outreach clinics in Cody, Wyoming and Great Falls. Shortly after initial implementation of the clinic outreach at the Great Falls Clinic, an additional day of outreach was added for surgical services. Our clinic team has worked extensively with the Great Falls Clinic team to develop a cohesive scheduling process and ensure the delivery of seamless care.

As we continue to grow and expand both our provider team and our regional services, we remain committed to meeting the needs of our patients and referring providers. Our provider team rotates among our various outreach sites with a team approach to ensure patients have access to expert care throughout the continuum without worry of gaps in service if a specific provider is unavailable.

Kristin Bell, PA-C

Welcome

Kristin Bell, PA-C

The Gynecologic Oncology department is pleased to welcome Kristin Bell, PA-C, to the team. Kristin received her undergraduate degree from Bethel University in 2013, and then completed St. Catherine University’s Physician Assistant program in 2016. She previously worked at Sanford Health in Sioux Falls, South Dakota throughout her undergraduate training and prior to pursuing her PA training. When not working, Kristin enjoys hiking, skiing, and hunting.
The Radiation Oncology department is excited to announce Alyssa Olson, MS, CMD, R(T)(T), has joined our staff as a Medical Dosimetrist. Alyssa previously worked for the department as a Radiation Therapist, and we are excited to continue to work with her in her new role as a Medical Dosimetrist.

Dr. Christopher Goulet has been appointed to the Data and Safety Monitoring Board for the Alliance for Clinical Trials in Oncology Group. This select committee of 10 people reviews all data that is analyzed as part of the clinical trials through Alliance, and is responsible for determining whether trials should continue or be stopped early due to safety concerns, overwhelming benefit, or futility. In addition, he continues to serve on the radiation oncology and community oncology committee. Dr. John Schallenkamp serves on the National Cancer Institute’s (NCI) Community Oncology Research Program (NCORP) radiation oncology working group and serves as the NCORP community site representative on the NCI Cancer Prevention Steering Committee (CPSC). Dr. Michelle Proper serves as the National Research Group (NRG) principal investigator for the Montana NCORP.

High Dose Rate Brachytherapy (HDR) Hits 10-Year Milestone

Billings Clinic’s HDR brachytherapy program was established in 2007. HDR brachytherapy is a very effective form of cancer treatment that allows radiation to be administered to a very small internal area of the body while minimizing side effects.

Over the past 10 years, our multidisciplinary team of radiation oncologists, medical physicists, dosimetrists, radiation therapists, and nurses have provided individualized HDR brachytherapy treatment to over 500 patients. Patient conditions treated include prostate, endometrial, cervical, and breast cancer.

Billings Clinic Radiation Oncology participates in a number of clinical trials including:

NRG CC001: A Randomized Phase III Trial of Memantine and Whole-Brain Radiotherapy with or without Hippocampal Avoidance in Patients with Brain Metastases

NRG CC003: Randomized Phase II/III Trial of Prophylactic Cranial Irradiation with or without Hippocampal Avoidance for Small Cell Lung Cancer

NRG GU002: Phase II/III of Adjuvant Radiotherapy and Androgen Deprivation following Radical Prostatectomy with or without Docetaxel

NRG R0724: Phase III Randomized Study of Concurrent Chemotherapy and Pelvic Radiation Therapy with or without Adjuvant Chemotherapy in High Risk patients with Early Stage Cervical Carcinoma Following Radical Hysterectomy
The Billings Clinic Medical Oncology/Hematology department is excited to introduce three new providers: Dr. Shin Yin Lee, Dr. Carlos Silva, and Diane Truchot, nurse practitioner.

**Dr. Shin Yin Lee** trained at Boston University School of Medicine (Boston Medical Center), where he completed a combined hematology/oncology and geriatrics fellowship. Prior to this, Dr. Lee completed an internal medicine residency program at Tufts University School of Medicine (Baystate Medical Center). Dr. Lee has a specialized interest in caring for elderly populations diagnosed with cancer. Geriatric cancer patients can be an underserved population due to misconceptions about a person’s ability to receive cancer therapy, and Dr. Lee will be an asset in addressing this treatment disparity. Dr. Lee travels to Williston, North Dakota for outreach.

**Dr. Carlos Silva** comes to us from Stanford University School of Medicine (Stanford Cancer Institute) where he completed a fellowship in blood and bone marrow transplantation that followed a three-year fellowship in hematology/oncology at Case Western Reserve University. Prior to this, Dr. Silva completed an internal medicine residency at SUNY Downstate. Dr. Silva specializes in hematological malignancies and stem cell transplant. Dr. Silva's expertise in stem cell transplant coupled with our recent FACT (Foundation for the Accreditation of Cellular Therapy) accreditation will allow our program to provide high-level transplant care for patients who might otherwise need to travel to institutions outside of Montana. As with Dr. Lee, Dr. Silva also sees patients in Williston, North Dakota.

Finally, the department would like to welcome back **Diane Truchot, NP**. Diane previously worked with our team from 2003-2005 and comes back to join our other two nurse practitioners, Kathy Waitman and Laci Little. In addition to oncology care, Diane has experience and special interests in geriatrics and supportive/palliative care. While Diane works predominately in our Medical Oncology/Hematology practice in Billings, she also travels to outreach sites in Glendive and Glasgow, Montana.
FACT ACCREDITATION RECEIVED!

On February 7, 2017, Billings Clinic received accreditation from the Foundation for the Accreditation of Cellular Therapy (FACT) for its adult autologous stem cell transplant program. FACT accreditation is considered the “gold standard” among accrediting organizations. Attainment of this prestigious and highly recognized national accreditation positions the program to pursue Center of Excellence status from insurance carriers and will mean more patients can receive essential cancer care closer to home. Stem cell transplants are widely used treatment options for hematologic malignancies including multiple myeloma, Hodgkin and non-Hodgkin lymphomas, amyloidosis, and acute myeloid leukemia (AML). Billings Clinic is currently the only FACT accredited Stem Cell Transplant Program in Montana.

Pursuing accreditation through FACT and preparing for the survey visit was a rigorous undertaking that required significant investments of time and personnel to meet the over 1,500 standards involved. Collaboration among various program components, including: Clinical (Hematology-Oncology), Collections (Infusion Center) and Processing (Laboratory Services) was critical to success. Preparations further required ongoing partnerships with essential inpatient services such as the Inpatient Cancer Care unit, Intensive Care Unit, and Emergency Department. An outcome experienced by many team participants throughout the year-long preparation period was a greater sense of “team” and more effective team work.

With Dr. Whittenberger’s steady clinical leadership throughout the FACT accreditation process, coupled with the recent arrival of Dr. Silva as a fellowship-trained bone marrow transplant physician, the Stem Cell Transplant Program is prepared to grow and continue to mature. Services currently include: autologous stem cell transplants for adults with hematologic malignancies (multiple myeloma, Hodgkin and non-Hodgkin lymphomas, amyloidosis, and acute myeloid leukemia); and aftercare for allogeneic transplants performed at other centers.

For more information or to make a referral for stem cell transplant, please contact:

**Donna Parker, BSN, OCN – Patient Care Navigator (406) 435-7355**

“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.”

FACT Surveyor statement during the survey visit at Billings Clinic
Billings Clinic Infusion Center

Our fast-paced Infusion Center provides outpatient infusion services to both oncology and non-oncology patients at Billings Clinic. Over the past year, challenges were noticed with patient scheduling and daily workflows. Trends were identified whereby during certain days of the week or at peak times of the day, patients were delayed in the waiting room because either an infusion chair or care team members were not available. As such, it became apparent that scheduling changes were needed to better accommodate patients and staff with the goal of delivering the safest and most efficient care possible.

This summer, the Infusion Center partnered with LeanTaaS to enhance scheduling templates. LeanTaaS is a software company that uses Lean principles and predictive analytics to match supply and demand. Specifically, LeanTaaS has developed iQueue, a scheduling system that uses sophisticated algorithms to create optimized scheduling templates and continuously maximize Infusion Center patient access and staff workflow. The iQueue algorithms take into account resource availability, staff schedules, operating hours, appointment history, and hundreds of other parameters.

August marked the go-live for the new iQueue scheduling templates. In addition to the revised schedule, staff also began to receive daily reports from iQueue with utilization projections by time of day to help identify where best to add unplanned patients and anticipate needs in a more proactive and effective manner. While this implementation continues to be a work in progress, it truly is a step in the right direction to providing the best care possible for our patients. Some of the initial feedback include a perception that staff resources are better utilized and patients spend less time in the waiting room.

Cody Infusion

2017 was a year full of change for the Cody Infusion team. Two major technology enhancements were implemented to improve patient safety and enhance staff satisfaction: computerized prescriber order entry (CPOE) for chemotherapy/infusion therapy and barcode scanning for medication administration.

Historically, the infusion ordering process for Cody Infusion consisted of regimen-specific pre-printed order forms that providers completed by hand. Over the past year, software enhancements and dedicated efforts from the Billings Clinic pharmacy informatics team allowed us to overcome previous system barriers and implement a seamless CPOE process for Cody Infusion. This is an important component of Billings Clinic’s patient safety program because CPOE has been shown to reduce drug-related mistakes by alerting prescribers to possible dosing errors, drug interactions, and potential allergies.

Shortly after the implementation of CPOE for chemotherapy/infusion therapy, a bar code medication administration (BCMA) system was installed and implemented for Cody Infusion. With the BCMA system, patients receive a wristband that contains a barcode unique to them. When administering medications, the nurse scans the patient wristband to confirm it is the right patient, and then scans a barcode on the medication to verify it is the right medication at the right dose, given at the right time by the right route. This barcoding technology paired with CPOE are key strategies in helping the Cody Infusion team to deliver upon Billings Clinic’s mission of providing the best in nation clinical quality, patient safety, service, and value.
Infusion Pharmacy

The Billings Clinic Infusion Center Pharmacy provides clinical medication review and compounding services for all Infusion Center patients. The clinical pharmacists and pharmacy technicians not only provide these services for patients locally, but also to outreach patients at Miles City Infusion, Cody Infusion, and most recently, North Big Horn Infusion in Lovell. To keep up with the demand and growth of these services, the Infusion Center Pharmacy has expanded hours of operation and is now open from 7 am to 6:30 pm. These additional hours allow the pharmacy team to deliver a more consistent level of service to support patient care in the Infusion Center.

In August, the Infusion Center Pharmacy team welcomed a new Lead Oncology Clinical Pharmacy Specialist. Anna Howard, PharmD, joined the pharmacy team after completing her PGY2 residency in oncology at St. Luke’s Mountain States Tumor Institute in Boise, Idaho. Anna grew up in the Billings area and graduated from the University of Montana in 2015 with her doctorate in pharmacy. She is excited to be a part of the Billings Clinic oncology team and is looking forward to working with the Infusion Center to continue to expand and enhance clinical pharmacy services.

Specialty Pharmacy

Since 2010, over half of all newly approved oncology medications have been oral, and oncology treatment guidelines are continually incorporating these into the standard of care. As such, there has been a significant increase in oral chemotherapy options for patients.

In response to these changes, Billings Clinic has launched a specialty pharmacy service. Our team includes pharmacists and technicians who help navigate the insurance and prescription process. This summer, Marie Sirek, PharmD, joined our program as a PGY2 residency-trained clinician with a passion for ambulatory oncology care. Marie works collaboratively with the Cancer Center providers to assist in counseling, patient support, and monitoring of oral cancer therapy.

Our specialty pharmacy team offers access to over 50 oral oncology medications and is committed to providing personalized care, clinical expertise, and outstanding customer service. Our staff works with patients, providers, and insurance companies to ensure needs are met while offering a one-stop solution for health care services. Some of the advantages of our specialty pharmacy program include:

- Pharmacy staff available 24 hours a day, 7 days a week
- Complimentary, secure delivery with package tracking for prompt, reliable service
- Proactive refill reminders, automatic refills, and text alerts when medications are ready
- Drug interaction screening
- Comprehensive counseling and personalized education on all medication fills, including refills
- Prior authorization assistance and benefits investigation
This year, the first Cancer Care Delivery Research (CCDR) trial was opened for enrollment at the Billings Clinic Cancer Center. As part of our participation in the NCI Community Oncology Research Program (NCORP) with the Montana Cancer Consortium, Billings Clinic has access to many types of trials including Treatment, Symptom Management, and CCDR.

CCDR examines how patient and clinician behavior, organizational structures, health technologies, and financing approaches influence the availability, quality, cost, and outcomes of cancer care. The goal of CCDR research is evidence-based practice change that improves clinical outcomes, enhances patient experiences, and optimizes value. This research seeks to gain knowledge about practice patterns and behavior, then looks at patient outcomes across diverse settings and populations.

The first CCDR study opened was the TRACER (Trial Assessing CSF prescribing Effectiveness and Risk) study (S1415CD). The premise for this study is that evidence-based clinical guidelines for prescribing primary prophylactic colony stimulating factors (PP-CSF) have been available for almost two decades, yet multiple studies show a gap between best scientific evidence and clinical practice. These studies indicate 55-95% of PP-CSF prescribing is inconsistent with national guidelines. This lack of adherence has significant financial implications for patients and healthcare systems because of both over- and under-utilization of PP-CSF.

The TRACER study is designed to test an intervention to increase compliance with guidelines, lower the rates of febrile neutropenia (FN), and generate evidence of the effectiveness of PP-CSF on reducing FN rates for patients receiving intermediate-risk chemotherapy regimens. National oncology guidelines define what regimens are considered high, intermediate, or low risk of causing FN. PP-CSF is always recommended with high risk regimens, considered with regimens that are intermediate risk, and not to be used with low risk regimens. The use of PP-CSF in intermediate risk regimens is largely based on clinician preference.

With the TRACER study, sites are assigned to one of four groups based on changes made in the Electronic Medical Record (EMR) on how PP-CSF is ordered and for which regimens (see SWOG diagram). Billings Clinic is assigned to Group 3.
Support Services

Care Navigation

Care navigation continues to be an integral part of the care and support offered to cancer patients at Billings Clinic. Our experienced oncology nurse navigators help to arrange multidisciplinary consultations for diagnosis and treatment planning, attend provider appointments during the initial diagnostic and treatment planning phase, provide treatment plans and a schedule that is understandable to the patient, make referrals to supportive services, and provide tailored education specific to patient needs. Navigators also compile survivorship care plans that outline treatment received, potential long-term side effects, surveillance monitoring, and information regarding follow-up care.

Navigators work closely with patients during the initial diagnosis and treatment planning period, which means they collaborate not only with oncologists, but also with specialists who treat cancer outside the Cancer Center. These specialists include pulmonologists, gastroenterologists, otolaryngologists, surgeons (general, neuro, cardiothoracic, and reconstructive), neurologists, urologists, dermatologists, radiologists, and pathologists. When there is a high-suspicion of cancer or a diagnosis is being given in a department outside the Cancer Center, the navigator is often called upon by specialists to help provide support and education to the patient, as well as coordinate additional diagnostics and multidisciplinary evaluation.

This year the navigation team welcomed Nikkeal Beverley, RN, BSN, OCN, to the role of patient care navigator. Nikkeal works predominately with patients who have been diagnosed with melanoma, head and neck cancer, and lung cancer. Nikkeal moved into this role after working in the Infusion Center for six years.

The Cancer Center is excited to welcome the following new Billings Clinic providers who participate in the multidisciplinary team-based approach to cancer care:

- **Dr. Sarah Counts**, a thoracic surgeon who specializes in pulmonology and esophageal based pathology
- **Dr. Heather Gale**, a radiologist who specializes in pediatric radiology with additional special interests in breast imaging
- **Dr. Craig Mayr**, a gynecologic urologist who specializes in the care of women suffering from incontinence and pelvic floor disorders
- **Dr. Eric Nelsen**, a gastroenterologist and endoscopic ultrasound specialist
- **Dr. Joyce Pang** and **Dr. Erin Raines**, pulmonologists with special interest in treating lung cancer patients
Support Services (continued)

Psychosocial Services

Comprehensive psychosocial services are facilitated by Oncology Social Workers. The Cancer Center has two Licensed Clinical Social Workers (LCSWs) who are certified in Oncology Social Work. Each social worker provides emotional support and information regarding community resources, as well as assists patients with practical needs.

In order to meet the varied psychosocial needs of patients, the social workers facilitate a variety of supportive and wellness programs. Examples of some programs from 2017 include an educational program for those who have completed treatment, a women’s support group, Stupid Cancer meetups for young adult patients ages 18-40, and a general support group for anyone diagnosed with cancer. Furthermore, the LCSWs provide professional counseling, conduct mental health assessments, and participate in both the Supportive and Palliative Care program as well as a bi-monthly mental health clinic with a psychiatric nurse practitioner. In 2017, our mental health clinic conducted 57 patient appointments which helped to address the shortage of psychiatric care in our region.

Through a partnership with the American Cancer Society (ACS), the Cancer Center also has an ACS patient navigator who is a Bachelors level social worker. This navigator connects patients to resources through ACS and communities throughout the state. She assists with patient needs such as transportation, lodging, financial assistance, and provides ACS information on how to better meet the needs of our patient population. The ACS navigator manages the ACS resource library and the wig boutique, both located on the first floor of the Cancer Center. In 2017, the ACS navigator assisted patients in obtaining 499 free hotel rooms, 47 free wigs, and 114 rides through the ACS. We are grateful for this partnership with the ACS and for the support provided to our patients.

Genetic Counseling

In August, Andrea Crawford joined our team as a second genetic counselor for the Billings Clinic Cancer Center. Andrea received her Bachelor’s degree in Biology from Pacific Lutheran University and her Master’s degree in Genetic Counseling from the University of Utah. She is excited to return home to the Billings area and begin her career at Billings Clinic.

One of Andrea’s first initiatives was to develop the infrastructure to offer a FORCE support group. FORCE stands for Facing Our Risk of Cancer Empowered. The aim of this support group is to help educate and empower individuals who are at risk for hereditary breast and ovarian cancers; this includes individuals who have positive genetic testing results as well as those with negative results but strong family histories.

There are FORCE support groups across the United States, and Billings Clinic is proud to sponsor the first FORCE local chapter in Montana with the first group meeting to be held in January 2018. For further information, contact Andrea Crawford at (406) 435-7113, or review the website at: www.facingourrisk.org/get-support/local-groups/montana-billings.php.
Nutrition Services

Cancer patients have increased nutritional needs, and proper nutrition is essential during cancer treatment. Access to knowledgeable dietitians who can provide individualized, evidence-based nutrition care is an essential component of comprehensive cancer care.

This year, the Cancer Center welcomed two new dietitians to our multidisciplinary team: Jessica Martin, RD, LN, and Tamara Shaffer, RD, LN. Jessica comes to us with expertise in nutrition support and has found a new passion in caring for cancer patients. Tamara also has a strong background in nutrition support and enjoys helping patients overcome barriers to good nutrition.

Jessica and Tamara work closely with patients and families to not only find ways to increase protein, calcium, iron, and other important nutrients, but also to help alleviate troublesome side effects of therapy, like loss of appetite and weight loss. Additionally, these dietitians also have specialized expertise in providing care for patients who require a feeding tube or intravenous nutrition before, during, and after treatment.

Cancer Recovery Services

Cancer patients have access to a variety of rehabilitation services at Billings Clinic including physical therapy, occupational therapy, and speech therapy.

As the number of cancer survivors in the United States continues to grow, trained cancer rehabilitation therapists are needed to meet diverse demands as survivors learn to cope with and manage the effects of cancer treatments. During 2017, two of our physical therapists, Linda Shelton, PT, CLT, and Jennifer Haarr, PT, CLT, obtained their Oncology Rehabilitation certificate from the Physiological Oncology Rehabilitation Institute (PORi). This 5-day course provides a research-based comprehensive foundation of knowledge regarding the science of cancer and its treatment. Coursework includes specific treatment protocols for managing cancer treatment side effects that limit patients’ mobility and quality of life. To obtain certification, Linda and Jennifer were required to pass both a written and practical exam at the end of the course.

Over the past year, the Cancer Center continued efforts to increase rehabilitation screening and worked closely with the Information Technology department to automate referrals when needs were identified based on evidence-based criteria. Ideally, we strive to screen patients at least every 30 days while undergoing treatment to ensure early referral and intervention when issues or concerns arise.
Supportive and Palliative Care

The Cancer Center has had a dedicated Supportive and Palliative Care program since 2010 with the overall program goal of enhancing quality of life and addressing whole person needs – physical, social, psychological, and spiritual. Each year, the team continues to develop and enhance program infrastructure and services offered. During 2017, the team collaborated with the Head and Neck multidisciplinary team, as well as the Stem Cell Transplant team, to implement automatic referrals to the Supportive and Palliative Care program for patients with head and neck cancers, as well as those undergoing stem cell transplant.

Core members of the Cancer Center who facilitate the Supportive and Palliative Care program include Diane Jones, APRN, MN, FNP, AOCNP, Jennifer Finn, MSW, LCSW, OSW-C, and Christian Brady, RN, BSN. Aside from these three individuals, other healthcare professionals, such as a pain specialist, pharmacist, chaplain, care manager, dietitian, and/or physical therapist, are often included in the care team based on specific patient and family needs. Some of the services provided by this dynamic and interdisciplinary team include expert symptom management, supportive counseling, and advance care planning.
Zero CLABSI: It Takes a Village to Make It Happen

Central Line Associated Blood Stream Infections (CLABSIs) contribute to increased morbidity/mortality, prolonged hospitalizations, and increased healthcare costs. On the Inpatient Cancer Care unit, eight CLABSIs were identified within nine months, well above the hospital and national average. An interdisciplinary team and a Black Belt from Billings Clinic’s Operational Excellence department convened to conduct a Lean Six Sigma project to address this issue. The team analyzed contributing factors: central line (CL) dressings getting wet during bathing, patients with CLs assigned to float staff, lack of compliance with hand hygiene, varied housekeeping practices, inconsistent CL care, and lack of daily bathing/bed linen changes.

Nurses were surveyed regarding CL knowledge which revealed significant gaps; CLABSI education followed. A real-life story of one patient who became critically ill from a unit-associated CLABSI illustrated the importance of infection control. Evidence-based practice interventions were implemented including use of water impermeable dressings when bathing patients with CLs, daily bathing followed by a Chlorhexidine Gluconate (CHG) wash, and daily linen changes. Each shift’s charge nurse confirmed compliance with CL policy standards through daily audits. A CLABSI awareness board identifying “days without CLABSI” and monthly metrics of audits were displayed on the unit for all staff, patients, and families.

The unit has sustained zero CLABSIs for ten months. CLABSI awareness continues via change of shift huddles with announcements of CLABSI-free days. Staff noted several patients refusing CHG bathing. To increase compliance, a patient education handout was created resulting in better patient understanding. Nurses reported improved accountability for CLABSI prevention and increased collaboration between nurses and nurse assistants regarding patient hygiene.

Learning opportunities were abundant including the importance of examining care basics, engaging the team before making changes, posting audit data visually to illustrate progress, and consistently reviewing current literature for potential practice changes; the team was previously unaware of daily CHG bathing in reducing CLABSI. Next steps include developing an electronic order for CHG treatment as documentation drives practice.

Involving patients, staff, and leadership in interventions to reduce CLABSI ultimately contributed to success. Awareness boards illustrating trends and celebrating milestones engaged staff in sustained interventions to decrease CLABSIs.
Specialty certification allows a health care professional to demonstrate he or she has attained expert knowledge in a given field. While typically not required for a particular position, certifications are an important piece of staff professional development, as these validate competency as well as a mastery of specialty knowledge and skills. Research has shown a link between specialty certification, better patient outcomes, improved quality of care, and higher patient satisfaction.

The Billings Clinic Cancer Center is proud to recognize the following staff who have demonstrated a commitment to oncology and taken the extra effort to achieve certification in a specialty field.

<table>
<thead>
<tr>
<th>Specialty Certification</th>
<th>Staff Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology Certified Nurse</td>
<td>Linda Allen</td>
</tr>
<tr>
<td>Certified Lymphedema Therapist</td>
<td>Nancy Anderson-Porter</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Pam Berens</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Alecia Besel</td>
</tr>
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<td>Oncology Certified Nurse</td>
<td>Nikkeal Beverley</td>
</tr>
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<td>Oncology Certified Nurse</td>
<td>Karyl Blaseg</td>
</tr>
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<td>Oncology Certified Nurse</td>
<td>Gina Bradley</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Jeannine Brant</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Anna Christofanelli</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Shannon Crable</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Patti Davis</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Jennifer Finn</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Delyane Gall</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Jennifer Haarr</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Carol Highland-Fritz</td>
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<td>Oncology Certified Nurse</td>
<td>Amy Hilliard</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Deb Hofer – Certified in Women's Health</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Mary Lou Ivenson</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Diane Jones, Advanced Oncology Certified Nurse Practitioner</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Kristin Klebe</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Chrystal Martin</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Tricia Martin</td>
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<tr>
<td>Certified Lymphedema Therapist</td>
<td>Kerry Nichols</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Donna Parker</td>
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<td>Holly Riley</td>
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<td>Oncology Certified Nurse</td>
<td>Elizabeth Robillard</td>
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<td>Lymphedema Therapist</td>
<td>Leah Scaramuzzo, Advanced Oncology Certified Nurse; Board Certified</td>
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<tr>
<td>Certified Lymphedema Therapist</td>
<td>Susan Schott, Oncology Certified Nurse; Certified Medical-Surgical Registered Nurse</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Christina Schye</td>
</tr>
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<td>Oncology Certified Nurse</td>
<td>Linda Shelton</td>
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<td>Angela Simic</td>
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<td>Emily Tesar</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Sarah Tracy</td>
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<td>Oncology Certified Nurse</td>
<td>Kathryn Waitman, Advanced Oncology Certified Nurse Practitioner</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Amy Walton, Oncology Certified Nurse; Certified Medical-Surgical Registered Nurse</td>
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<tr>
<td>Oncology Certified Nurse</td>
<td>Nicole West</td>
</tr>
<tr>
<td>Blood and Marrow Transplant Certified Nurse</td>
<td>Kathy Wilkinson, Oncology Certified Nurse; Certified Clinical Research Coordinator</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Lora Wingerter</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>Shanel Wirkman-Lear</td>
</tr>
</tbody>
</table>
The theme for this year’s Yellowstone County Relay for Life was “Give Cancer the BOOT,” and it was indeed another successful year! In total, $566,700 was raised in the fight against cancer which again placed the Yellowstone County Relay for Life among the Top 10 Relays nationwide.

In keeping with the “BOOT” theme, the Billings Clinic team dressed in red t-shirts printed with a large cowboy boot, decorated the camp space in a western theme, and among the fund raisers raffled a pair of Canty Custom Cowboy boots and a custom-made saddle.

Several other creative fundraisers on the journey to raise over $38,746 included raffle sales for concert and rodeo packages, $1000 in cash, and a new car. Additionally, the team partnered with Sports Ball Billings to host a fun night with over 70 participants playing volleyball, kickball, flag football, and an obstacle course. Dr. Erin Stevens opened her home to host a Boots and Brews event that even included some “cattle roping” activities. Vue and Brew in Laurel again hosted our Beauty and the Beast movie fundraiser.

The team highlight for this year’s event was Dr. Erin Stevens achieving and surpassing her personal fundraising goal and shaving her head at the Relay. After raising an incredible $31,022, Dr. Stevens took center stage at the Relay and allowed one of her patients to shave her head.
Prostate Cancer Review – Compliance with Evidence-Based Treatment Guidelines

All patients with a new diagnosis of prostate cancer made after biopsy at Billings Clinic during 2016 were evaluated in this review. In total, there were 148 new cases of prostate cancer. Of these cases, four patients pursued treatment at outside facilities, and their treatment course is unknown. Two patients were diagnosed with a dual primary (prostate and bladder; prostate and rectum), nine patients were diagnosed at the time of transurethral resection of the prostate, and seven patients presented with metastatic disease. These patients were excluded from this review.

Risk Categorization

The National Comprehensive Cancer Network (NCCN) risk grouping was used to define high, intermediate, and low risk prostate cancer for the remaining 126 patients. For purposes of this review, patients with “very low” and “low” risk were grouped together as low risk prostate cancer. Similarly, patients with “high” and “very high” risk were grouped together as high risk prostate cancer. There were 21 men with high risk disease, 56 with intermediate risk, and 49 with low risk prostate cancer (see Figure 1).

Prostate Cancer Cases by Risk Group

Figure 1. Distribution of 2016 Billings Clinic prostate cancers reviewed for compliance with evidence-based treatment guidelines as categorized by NCCN risk group

(continued on page 20)
Treatment Modalities

Due to the challenges of distinguishing between observation and active surveillance as the recommended regimen, these were grouped together for purposes of this analysis.

Table 1 summarizes the treatment choice, as categorized by risk group.

All men with low risk prostate cancer were treated according to NCCN guidelines with active surveillance, radical prostatectomy, or radiation therapy. Of the 13 patients treated with radical prostatectomy, two patients were seen by a radiation oncologist prior to surgery. Adjuvant or salvage radiation therapy was delivered to two patients who initially underwent prostatectomy.

All men with intermediate risk prostate cancer were treated according to NCCN guidelines with observation, radical prostatectomy, or radiation therapy. Of the 37 patients treated with radical prostatectomy, two patients were seen by a radiation oncologist prior to surgery. At the time of this review, adjuvant or salvage radiation therapy was delivered to two patients who initially underwent prostatectomy. Of the nine patients treated with radiation therapy upfront, five received concurrent androgen deprivation therapy. Eight men were not treated with surgery or radiation therapy and were dispositioned to observation or active surveillance.

All men with high risk prostate cancer were treated according to NCCN guidelines with radical prostatectomy, radiation therapy, or androgen deprivation therapy. All patients who were treated with upfront radiation therapy received concurrent androgen deprivation therapy. Two patients were observed given their age and medical comorbidities. Of the 13 patients treated with radical prostatectomy, four patients were seen by a radiation oncologist prior to surgery. At the time of this review, adjuvant or salvage radiation therapy was delivered to one patient who initially underwent prostatectomy.

In conclusion, men with prostate cancer diagnosed at the Billings Clinic in 2016 were treated according to NCCN guidelines. One limitation of this review was the challenge in distinguishing between patients dispositioned to active surveillance versus observation. It is important to consider observation for patients with a limited life expectancy. One potential opportunity to improve care delivered at the Billings Clinic is to bolster our multidisciplinary evaluation of prostate cancer patients by offering all newly diagnosed patients an opportunity for both urology and radiation oncology consultation.

Reference

In 2017, the Commission on Cancer (CoC) implemented a change for Standard 5.2. Previously this standard required 90% of cases to be abstracted within 6 months of the date of first contact. This year the standard was revised to promote submission of data into the Rapid Quality Reporting System (RQRS). Specifically, the standard now requires programs to actively participate in RQRS, submit all eligible cases for all valid performance measures, and adhere to the RQRS terms and conditions.

RQRS was developed to facilitate quality improvement by encouraging evidence-based care in six select areas pertaining to breast, colon and rectal cancer. Cancer programs report data on patients concurrently and receive notifications of treatment expectations. The system also reports year-to-date concordance rates for each measure as compared to state, other hospital groups, and hospitals across the country.

For compliance with Standard 5.2, CoC-accredited programs must submit to RQRS at least once a quarter. To achieve commendation, the program must submit monthly and within three months of first contact, as well as have a quarterly review of the RQRS data by the Cancer Committee.

During 2017, the Billings Clinic Cancer Registry completed a Lean Six Sigma project to be better able to meet these commendation requirements. As part of this project, the Cancer Registry staff worked with a Black Belt consultant from Billings Clinic’s Operational Excellence department and attended two days of coursework specific to Lean Six Sigma project tools. The team collected baseline data and found we were within 5 months of first contact with our submission to RQRS. Using tools such as process flow maps, a SIPOC, and a fishbone diagram, the team developed a more efficient process whereby the Cancer Registry technical assistants would enter demographic information for the RQRS cases thereby allowing the Cancer Registrar to focus solely on the technical elements of the case. As a result of these process changes, the team was able to reduce our time for submission of cases to RQRS down to within 2.9 months of first contact.

Team Transitions

Kerrie Robertson, CTR, will retire at the end of the year after 22 years as a Cancer Registrar. Kerrie has provided both formal and informal leadership to our Cancer Registry for many years. While Kerrie has agreed to stay connected and help out occasionally on a per diem basis, she is looking forward to spending time with her husband and family. With Kerrie’s pending retirement, we are excited to share that Jennifer Williams is currently studying for the CTR exam which she will be taking in 2018.
<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Class of Case</th>
<th>Status</th>
<th>Stage Distribution - Analytic Cases Only</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Analy</td>
<td>Exp</td>
<td>Stg I</td>
</tr>
<tr>
<td>ORAL CAVITY &amp; PHARYNX</td>
<td>40 (2.4%)</td>
<td>21</td>
<td>19</td>
<td>37</td>
<td>3</td>
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<tr>
<td>Lip</td>
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<td>Tongue</td>
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<td>1</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>Gum &amp; Other Mouth</td>
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<td>1</td>
<td>4</td>
</tr>
<tr>
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<td>1 (0.1%)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tonsil</td>
<td>6 (0.4%)</td>
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<tr>
<td>Oropharynx</td>
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<tr>
<td>Other Oral Cavity &amp; Pharynx</td>
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<tr>
<td>DIGESTIVE SYSTEM</td>
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<td>110</td>
<td>66</td>
<td>165</td>
<td>11</td>
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<tr>
<td>Esophagus</td>
<td>17 (1.0%)</td>
<td>17</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Stomach</td>
<td>17 (1.0%)</td>
<td>14</td>
<td>3</td>
<td>15</td>
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<td>10</td>
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<tr>
<td>Small Intestine</td>
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<td>6</td>
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<td>Colon Excluding Rectum</td>
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<td>Cecum</td>
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<td>Ascending Colon</td>
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<td>Hepatic Flexure</td>
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<td>Transverse Colon</td>
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<tr>
<td>Splenic Flexure</td>
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<tr>
<td>Descending Colon</td>
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<tr>
<td>Sigmoid Colon</td>
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<td>7</td>
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<td>Rectum &amp; Rectosigmoid</td>
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<td>Rectosigmoid Junction</td>
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<td>0</td>
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<tr>
<td>Rectum</td>
<td>10 (0.6%)</td>
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<td>4</td>
<td>10</td>
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<tr>
<td>Anus, Anal Canal &amp; Anorectum</td>
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<td>4</td>
<td>2</td>
<td>5</td>
<td>7</td>
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<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>10 (0.6%)</td>
<td>9</td>
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<td>0</td>
<td>3</td>
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<tr>
<td>Liver</td>
<td>9 (0.5%)</td>
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<td>Intrahepatic Bile Duct</td>
<td>1 (0.1%)</td>
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<td>Gallbladder</td>
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<tr>
<td>Primary Site</td>
<td>Total (%)</td>
<td>M</td>
<td>F</td>
<td>Class of Case</td>
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<td>Stage Distribution - Analytic Cases Only</td>
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<tr>
<td>Other Biliary</td>
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<td>Pancreas</td>
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<td>18</td>
<td>38</td>
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<td>Retropertitoneum</td>
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<tr>
<td>Peritoneum, Omentum &amp; Mesentery</td>
<td>3 (0.2%)</td>
<td>0</td>
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<td>3</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Other Digestive Organs</td>
<td>1 (0.1%)</td>
<td>0</td>
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<td>0</td>
<td>1</td>
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<td><strong>RESPIRATORY SYSTEM</strong></td>
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<td>159</td>
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<td>90</td>
</tr>
<tr>
<td>Nose, Nasal Cavity &amp; Middle Ear</td>
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<td>0</td>
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<tr>
<td>Larynx</td>
<td>6 (0.4%)</td>
<td>6</td>
<td>0</td>
<td>5</td>
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<td>4</td>
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<tr>
<td>Lung &amp; Bronchus</td>
<td>152 (9.1%)</td>
<td>64</td>
<td>88</td>
<td>150</td>
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<td>82</td>
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<tr>
<td>Trachea, Mediastinum &amp; Other Respiratory Organs</td>
<td>2 (0.1%)</td>
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<td>0</td>
<td>2</td>
<td>0</td>
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<tr>
<td><strong>SOFT TISSUE</strong></td>
<td>7 (0.4%)</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>6</td>
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<tr>
<td>Soft Tissue (including Heart)</td>
<td>7 (0.4%)</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>6</td>
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<tr>
<td><strong>SKIN EXCLUDING BASAL &amp; SQUAMOUS</strong></td>
<td>196 (11.8%)</td>
<td>111</td>
<td>85</td>
<td>193</td>
<td>3</td>
<td>187</td>
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<tr>
<td>Melanoma – Skin</td>
<td>130 (7.8%)</td>
<td>70</td>
<td>60</td>
<td>127</td>
<td>3</td>
<td>127</td>
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<tr>
<td>Other Non-Epithelial Skin</td>
<td>66 (4.0%)</td>
<td>41</td>
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<td><strong>BASEL &amp; SQUAMOUS SKIN</strong></td>
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<td>Basal/Squamous cell carcinomas of Skin</td>
<td>1 (0.1%)</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>BREAST</strong></td>
<td>196 (11.8%)</td>
<td>0</td>
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<td>Breast</td>
<td>196 (11.8%)</td>
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<td>190</td>
<td>6</td>
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<td>49</td>
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<td>117</td>
<td>116</td>
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<td>Corpus Uteri</td>
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<td>Uterus, NOS</td>
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<td>Other Female Genital Organs</td>
<td>10 (0.6%)</td>
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<td><strong>MALE GENITAL SYSTEM</strong></td>
<td>232 (13.9%)</td>
<td>0</td>
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<td>Prostate</td>
<td>225 (13.5%)</td>
<td>0</td>
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<td>Testis</td>
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<td>2</td>
<td>0</td>
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<td>Penis</td>
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<td>Other Male Genital Organs</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
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<td>131 (7.9%)</td>
<td>91</td>
<td>40</td>
<td>125</td>
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<td>Urinary Bladder</td>
<td>71 (4.3%)</td>
<td>52</td>
<td>19</td>
<td>65</td>
<td>6</td>
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<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Class of Case Analy</th>
<th>Status</th>
<th>Stg 0</th>
<th>Stage Distribution - Analytic Cases Only Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
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<td>879</td>
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Billings Clinic Top 5 Cancers for 2016

**Men**
- Bladder: 52 cases
- Lung: 64 cases
- Hematopoietic: 73 cases
- Skin: 111 cases
- Prostate: 225 cases

**Women**
- Cervix: 53 cases
- Skin: 85 cases
- Lung: 88 cases
- Uterine: 113 cases
- Breast: 196 cases
Awards

- Billings Clinic – Top 2017 Overall Team Fundraiser, American Cancer Society Relay for Life
- Brady, C. – Outstanding Nurse, Billings Clinic
- Britton, H. – Outstanding Medical Assistant, Billings Clinic
- Scaramuzzo, L. – Outstanding Nurse, Billings Clinic
- Schye, C. – Daisy Award Recipient, Billings Clinic
- Stevens, E. – 40 under Forty for 2017, Billings Gazette
- Stevens, E. – Top 2017 Overall Individual Fundraiser, American Cancer Society Relay for Life

Peer-Reviewed Publications


(continued on page 27)


**Published Abstracts**


**Poster Presentations**


**Podium Presentations (National)**


**Podium Presentations (Local/Regional)**


(continued on page 28)


• Crable, S., Jones, D., Martin, C., Montgomery, T., Simic, A., & Wingerter, L. (2017). Celebrity interview: Oncology nursing all shapes and sizes. *Big Sky Oncology Nursing Society Fall Conference, Billings, MT.*


• Howard, A. (2017). How the evolution of immunotherapy will impact oncology nurses. *Big Sky Oncology Nursing Society Fall Conference, Billings, MT.*


• Kraev, A.S. (2017). Collaboration in the community: Low dose CT. *Oncology in the Big Sky Educational Program, Whitefish, MT.*


• Stevens, E. (2017). Breaking bad news is a bear: Tips to get you through it. *Promedica Toledo Hospital, Department of Obstetrics and Gynecology, Toledo, OH.*

• Stevens, E. (2017). Gynecologic cancer and precancer: What to do before you refer. *Billings Clinic Women's Health Symposium, Billings, MT.*


• Stevens, E. (2017). Pap smears, pelvic exams, HPV: Why is this important to me? *APRN 2017 Pharmacology Conference, Helena, MT.*

Our patients deserve excellence

Billings Clinic

Nursing's Highest Honor

Heart Attack Intervention Performance Achievement Award

Higher Standard of Care for Heart Attack Patients

The State's Only Accredited Chest Pain Center

Accredited Comprehensive Community Cancer Program

American Institute of Ultrasound in Medicine Accreditation for Obstetric Ultrasound

Cardiovascular Services

Cardiovascular Center of Excellence

Cystic Fibrosis Foundation

Breast Imaging Center of Excellence

National Accreditation Program for Breast Centers

ASGE Quality

For Promoting Quality in Endoscopy

ASGE Quality

Premier Quest Award for High Value Healthcare

Endoscopy Unit

Premier Quest Award for High Value Healthcare

Endoscopy Unit

Premier Quest Award for High Value Healthcare

Endoscopy Unit

Hospital Quality Achievement Award

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Endoscopy Unit

Premier Quest Award for High Value Healthcare

Endoscopy Unit

Premier Quest Award for High Value Healthcare

Endoscopy Unit

Hospital Quality Achievement Award

Accredited Member Center
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.

billingsclinic.com/cancer