• 2013 Colorectal Cancer Screening Overview
Page 2

• Arlene Kayser’s Story
Page 4
The Seventh Annual ‘a Splash of Spirits’ held in November 2012 was a HUGE success! The event was about cancer survivors, those people who have lost their battle, and about how we can come together as a community to raise awareness about the disease. As in the past, it was organized by the Avera Queen of Peace Foundation. Due to the generosity of sponsors and donors, over $96,000 was netted to provide cancer screenings for those in need in the Mitchell region. During 2013 three additional screenings were offered in addition to the prostate and breath health screenings that have been held in the past.

The Avera Queen of Peace Foundation is excited to introduce a new fundraising event, Gala 2014! The theme will be “The Great Gatsby – Vintage Glamour” and is sure to be a fun-filled evening to include a cocktail hour, six-course dinner, silent and live auction, and entertainment by the Hegg Brothers. The Gala will replace “a Splash of Spirits” as the Foundation’s major fundraising event. The Foundation is very thankful to Johnson Brothers Famous Brands and County Fair Food Stores for their past contributions in helping make the event a success. Thank you all for your support of the Cancer Care Fund and for attending “a Splash of Spirits” over the past SEVEN years.

### 2013 Screening Events

#### COLORECTAL HEALTH SCREENING
- March and April 2013
- iFOBT test and/or a colonoscopy
- 119 people received a colonoscopy
- 38 required lesion removal or biopsy
- 17 revealed benign colon polyps (adenomas), no malignancies
- 81 did not require tissue evaluation

#### SKIN HEALTH SCREENING
- June and August 2013
- Physician review/exam of the skin
- 68 participants
- 27 referred for further evaluation

#### PROSTATE HEALTH SCREENING
- September 2013
- Physician digital exam, PSA, and general counseling
- 30 participants
- All results were negative

#### COLORECTAL HEALTH SCREENING
- September 2013
- iFOBT test and/or a colonoscopy
- 79 people received a colonoscopy
- Results pending at time of this report

<table>
<thead>
<tr>
<th>Screening Type</th>
<th>Number of Participants</th>
<th>Number Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Health</td>
<td>68</td>
<td>27</td>
</tr>
<tr>
<td>Prostate</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Colon</td>
<td>198</td>
<td>38*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>296</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

*S September results pending*
Colon and Rectum Cancer: Risk Factors, Prevention, Detection, and Screening

Colorectal cancer (CRC) is the third leading cause of cancer death in the US in men and women. Promoting CRC screening is a major priority for the American Cancer Society. Screening can reduce death rates for CRC both by preventing the disease and by detecting it at earlier, more treatable stages. CRC can be prevented through screening because precancerous polyps, from which these cancers usually develop, can be identified and removed. Avera Queen of Peace dedicated two months in 2013 to CRC screenings including fecal occult blood tests (FOBT) and colonoscopies.

Choosing the right test

Do You Have...

- Family History of colorectal cancer or polyps?
- Personal history of inflammatory bowel disease?

Are you: Age 50-75 years old?

- Younger than 50 years
  - Testing is not recommended
- Older than 75 years
  - Provider and patient decide if testing is needed.

Fecal Occult Blood Test/ Fecal Immunochemical Tests

Key Facts
- Reduces death from colorectal cancer
- Safe, available, and easy to complete
- Done on your own at home
- Finds cancer early by finding blood in the stool
- Finds most cancers early when done every year

Things to Consider
- May produce positive test results, even when no cancers or polyps are in the colon
- When test is positive colonoscopy is required
- Person testing themselves comes into brief close contact with stool samples on a test kit and must mail it or take it to a doctor’s office or lab

Colonscopy

Key Facts
- Reduces death from colorectal cancer
- Can prevent cancer by removing polyps (or abnormal growths in the colon) during test
- Examines entire colon
- Finds most cancers or polyps that are present at the time of the test
- Done every 10 years if no polyps are found

Things to Consider
- Stomach pain, gas or bloating is possible before, during or after the test
- Must be performed at a hospital or clinic, usually with sedation or anesthesia, and someone must go with the person to take him or her home at the test
- A clear liquid diet is required before test
- Must take medication that will cause loose bowel movements to clean out the colon prior to test
- Likely needs to take a day off work/activities
- Small risk of serious complications (for example, bleeding or perforated colon)


Flexible sigmoidoscopy may not be readily available and has largely been replaced by colonoscopy in the US.
A survivor’s story

“\text{We both had tears in our eyes when Dr. Haley told me I had cancer,}”, said Arlene Kayser. “\text{He went on to tell me he was certain the mass near my rectum was malignant, surgery would be necessary, and I would likely have a colostomy. Of course, I really didn’t understand all those details until the next day… in fact, I didn’t hear another word after Dr. Haley said the word “cancer”}.”

Arlene Kayser, age 59, was a busy daycare provider in Stickney, SD, when she discovered blood in her stool; she attributed it to hemorrhoids. However, six months later she was passing blood from the rectum and was advised to go to the Emergency Room at Avera Queen of Peace. “\text{It was like God’s arm was wrapped around me directing me along every step of the way. The doctor and staff at the Emergency Room were so kind and concerned.}”

Dr. Haley was on call and he was there in what seemed like just minutes. Following a partial colonoscopy, Dr. Haley spent time with me, my husband, daughter, and a close friend and nurse, Stacey Malde. Dr. Haley recommended surgery but not before I went through six weeks of radiation and chemotherapy. I remember taking a deep breath… six weeks of treatment and then surgery… he said they would have to sew my rectum shut and I would have a colostomy, and possibly additional chemo following surgery.”

And then Arlene made a decision, “I’m putting this in God’s hands and He’s put these people in my life to help me. I met with Dr. Dick, Dr. Haq, and their staff. With such kindness, gentleness, and true caring, I was ready to face whatever was next.”

“Arlene’s Colorectal Cancer Work-up and Treatment regimen:

\begin{itemize}
  \item \text{04/27/12 - Presented to Emergency Room with rectal bleeding}
  \item \text{04/28/12 - Colonoscopy by Dr. Michael Haley revealed adenocarcinoma}
  \item \text{04/30/12 - CT abdomen/pelvis - did not reveal any other masses or enlarged lymph nodes}
  \item \text{05/07/12 - Repeat colonoscopy by Dr. Haley – several benign appearing polyps removed from colon}
  \item \text{05/10/12 – PET/CT – No evidence for distant disease}
  \item \text{05/15/12 – A Lower Endoscopic Ultrasound (EUS) done for Clinical Staging. Clinical Stage after EUS was IIa (T3N0M0) – no involved lymph nodes noted}
  \item \text{05/21/12 to 06/28/12 – Preoperative radiation to pelvis by Dr. Stephen Dick}
  \item \text{05/21/12 – Preoperative chemotherapy started via pump by Dr. Anwarul Haq}
  \item \text{08/22/12 – Surgery – Abdominoperineal (AP) Resection with colostomy by Dr. Haley}
  \item \text{Pathological Stage after surgery was IIa (T2N1M0) - adenocarcinoma found in one lymph node}
  \item \text{11/19/12 – 03/04/13 Postoperative IV chemotherapy by Dr. Haq}
  \item \text{04/17/13 – Follow-up colonoscopy normal. Dr. Haley states next colonoscopy in 3 years}
  \item \text{09/18/13 – Follow-up appointments with Dr. Haq – routine labs, tumor marker (every 3 months) and port flush (every 6 weeks)}
\end{itemize}
beautiful bouquet of flowers from my son-in-law, Nick, and the smiling faces of my family and friends, and I just knew everything was going to be OK. Before I left the hospital, Dr. Haley made a point of asking my twin sister, Irene, if she’d had a colonoscopy…and when she said, ‘not yet’, he hounded her until he knew she had one scheduled!” Arlene added, “Family, friends, and even my daycare family were with me through the last round of chemo after surgery and, once again, the Avera Queen of Peace Cancer Center staff was there for me just like extended family.”

“One year after my cancer was discovered I was back in business with my daycare center, feeling blessed to be in good health, able to work, and enjoy my husband Ray, my five step children and their families and my daughter Taya and husband Nick. And they had a surprise announcement…they were expecting a baby in several months!”

Arlene added, “At that moment life was good, and as I reflected on my journey, I made the decision to pay it forward…just like Dr. Haley challenging my sister to have a colonoscopy. I am going out of my way to suggest to anyone who will listen…PLEASE follow the American Cancer Society’s guidelines for screenings. I should have had a colonoscopy at age 50 but just put it off. Cancer stole a year of my life and I will do whatever I can to save others from going through that!”

The Avera Queen of Peace Experience…

Avera Queen of Peace compared to Community Cancer Program Hospitals in ACS Division of Midwest from 2000-2011. Data from 50 hospitals (IA, MN, SD, WI).

• Most prevalent age group at diagnosis for colorectal cancer is 70-79 years.

• A higher percentage of women were diagnosed with colon cancer.

• A higher percentage of men were diagnosed with rectal cancer.
From January 1, 2001 thru December 31, 2012 there were 2,695 cases entered into the Avera Queen of Peace Cancer Registry database, with an average annual caseload of 245 cases. In 2012, a total of 210 cases were entered into the database. More than 60% of the patients entered in the Avera Queen Peace Cancer Registry database reside outside of Davison County; 22 counties in South Dakota were represented in the Cancer Registry database. (see map)
Avera Queen of Peace Cancer Program Earns National Accreditation

The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) has granted Three-Year Accreditation with Commendation to the cancer program at the Avera Queen of Peace Cancer Center. To earn CoC accreditation, a cancer program must meet or exceed 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient centered care. The Three-Year Accreditation with Commendation is awarded only to a facility that exceeds standards requirements at the time of its triennial survey.

The Avera Queen of Peace Cancer Center takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists; this multidisciplinary partnership results in improved patient care.

According to Tom Clark, Regional President and CEO, Avera Queen of Peace, “I’m proud to announce the Cancer Center’s ongoing accreditation from the CoC; we have received national accreditation every year since 2001 when the Cancer Center opened its doors. Our Cancer Care Committee works with our Director of the Cancer Center and the staff of the Cancer Center to ensure that all standards for CoC accreditation are met in a timely manner. I wish to express my thanks and appreciation to this committee for their outstanding leadership, and especially to Charlene Berke, Director of the Cancer Center. Mitchell and the Avera Queen of Peace Cancer Center are fortunate to have Radiation Oncologist Stephen Dick, MD, MPH, and Medical Oncologist Anwarul Haq, MD, providing care at the Cancer Center and serving on the Cancer Care Committee. Their oncology efforts are supported by other medical professionals including our family practice physicians, surgeons, radiologists, and pathologists; we are very appreciative of their teamwork as they work together to provide the best possible care for our patients.”
Avera Queen of Peace Hospitality House

Are you or someone you love in need of a home-away-from-home while receiving cancer care at Avera Queen of Peace?

The Avera Queen of Peace Hospitality House, located at 600 East 6th Avenue in Mitchell, offers affordable, temporary housing with a comfortable, home-like atmosphere for patients and caregivers. Located near the Avera Queen of Peace Cancer Center and the Hospital, the House enables individuals to stay in Mitchell and receive the care they need, without the worry and burden of traveling. The facility is especially intended to help patients who are receiving cancer treatment; however, it is also available for those scheduled for same-day surgery, and patients using other ongoing hospital services. A referral form from the Cancer Center or Hospital is required. For more information about the Hospitality House or to schedule a tour, please call 605-995-2466.