Avera Cancer Institute
1001 East 21 Street
Sioux Falls, SD 57105

www.AveraCancer.org

Avera McKennan is conscious of protecting and preserving the environment. This is printed on paper that is Forest Stewardship Council (FSC) certified. That means the fibers come from forests that are carefully managed, responsibly harvested and adhere to strict environmental and socioeconomic standards.
Our Mission
Avera Cancer Institute is dedicated to providing the highest quality of care through prevention and early detection, evidence-based therapies and a multidisciplinary approach guided by the philosophy of healing the whole person.

Avera Regional Cancer Centers also include:
- Avera Queen of Peace Hospital, Mitchell, S.D.
- Avera Sacred Heart Hospital, Yankton, S.D.
- Avera St. Luke’s Hospital, Aberdeen, S.D.

Cancer Care Near Your Community

The Avera Cancer Institute – bringing care, hope and healing to your community with physicians seeing cancer patients at these locations:
- Aberdeen, S.D.
- Brookings, S.D.
- Estherville, Iowa
- Hendricks, Minn.
- Luverne, Minn.
- Marshall, Minn.
- Milbank, S.D.
- Pierre, S.D.
- Pipestone, Minn.
- P latte, S.D.
- Rock Valley, Iowa
- Sioux Center, Iowa
- Spencer, Iowa
- Spirit Lake, Iowa
- Tyler, Minn.
- Winner, S.D.
- Worthington, Minn.

Learn more about the Avera Cancer Institute – healing through compassion and technology in your community.

Please call (605) 322-3000 or (800) 657-4377 or visit www.AveraCancer.org.
The past year has been one of watching many plans and ideas become reality as construction continued on the new Avera Cancer Institute. We plan to open the Avera Surgery Center in July 2010 on the fourth floor of this facility and the entire Avera Cancer Institute in November of 2010. We look forward to the ways in which this unmatched facility will enhance cancer care services throughout our region.

The new Avera Cancer Institute will be a comprehensive, healing environment unlike any other in our region. For 27 years, Avera has been the regional leader in cancer care. The Avera Cancer Institute already provides progressive, comprehensive and integrative care that equals or exceeds that of nationally-known cancer centers. With five stories and 217,000 square feet of usable space, this facility will allow our services to develop and expand to reach an entirely new level of excellence.

The Avera Cancer Institute will be more than a medical facility – it will be an environment of hope and healing. Our programs will emphasize care for the whole person – body, mind and spirit – with comprehensive cancer services under one roof. For example, we will have the region’s largest area devoted to Integrative Medicine. Integrative Medicine therapies complement traditional treatment to help patients feel as well as possible throughout their illness and treatment, and manage side effects. Examples include massage, nutrition counseling, yoga, exercise therapy and more. Studies show that more than 80% of cancer patients seek out these types of therapies.

Traditional treatment, such as radiation and chemotherapy, will employ state-of-the-art technology, and the latest evidence-based protocols for the best possible outcomes. In addition, we’ve designed the Avera Cancer Institute as a community resource. We’ll open our doors to the community for use of meeting space and a performance stage, as well as for the enjoyment of an extensive original art collection.

We believe that an institute of healing should do no harm to the people who walk into our doors, or to the natural environment. For that reason, we have used “green” building principles wherever possible, including water and energy conservation measures, recycling and use of non-toxic construction materials.

We are proud that we have built a cancer program that allows us to be at this juncture, and we look forward to our future as a destination cancer center – right here in Sioux Falls. Thank you for your expertise, support and commitment in making cancer care of this caliber possible at Avera.

Fred Slunecka
Regional President, Avera McKennan Hospital & University Health Center

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Cancer Committee Chair’s Letter

As chairperson of Avera McKennan’s Cancer Committee, I am pleased to be part of a team of professionals who are dedicated to providing expert cancer care—both through the latest medical science and evidence-based protocols, and in caring for the whole person—body, mind and spirit.

Within the pages of this report, you’ll read comments by a number of our physicians about the exceptional care they are providing to their patients. In the last issue, you may have noticed the emphasis we placed on the success of our cancer program. We also hope you read about our physicians and staff as well as the outstanding quality of care being provided in our cancer care—both through the latest medical science and evidence-based protocols, and in caring for the whole person.

We have established a tumor-specific program with our comprehensive breast program and are working to develop similar programs for other types of cancer.

Our medical oncology uses the latest minimally invasive surgical techniques, such as anastomosis, laparoscopic and laparoscopic single-port (LESS) procedures, also known as “keyhole surgery,” in the treatment of melanoma of the skin and a variety of other tumor types.

The new Avera Cancer Institute will feature leading-edge research taking place right here in Sioux Falls. We are very excited about our comprehensive cancer care—both through the latest medical science and evidence-based protocols, and in caring for the whole person.

We appreciate and highly value our support staff of the Avera Cancer Institute for their expertise, commitment to high standards and the compassion they provide to patients, families and caregivers.

I’d like to thank the physicians, clinical staff and support staff of the Avera Cancer Institute for their expertise, commitment to high standards and the compassion they provide to patients, families and caregivers.

Kirsten Erickson, MD
Chairman of Avera McKennan’s Cancer Program

Prevention and early detection of cancer remain a priority, as evidenced by these campaigns:

• Thank Pink for Breast Health in October. This campaign is designed to increase awareness and help women understand the importance of mammography and early detection.
• Multicultural Month is held through the African American Community Health Institute. We use social media with Laura Duck and Sioux Falls Media Group to increase awareness for healthy behaviors.
• We also run a Sun Smart campaign promoting the use of sunscreen.

Our CareLine education programs stress the importance of colon cancer screening for people age 50 and older.

• During September, which is Prostate Health Awareness month, Avera staged a month-long prostate cancer awareness campaign that included five prostate cancer outreach education events and a free prostate screening in partnership with Urology Specialists of South Dakota.
• I’ll like to thank the physicians, clinical staff and support staff of the Avera Cancer Institute for their expertise, commitment to high standards and the compassion they provide to patients, families and caregivers.

Cancer Committee Members

Kirsten Erickson, MD
Radiation Oncology, Chair

Surgery, ACoS Cancer Liaison Physician

Samit Aza- Ghazaleh, MD

Jossie Aipers, MD

Julie Baumberger, RN, OCN

Joann Bennett, DO

Julie Baumberger, RN, OCN

Amy Krie, MD

Joanne McCaul, DO

Stephen Medlin, DO

Diane Sneed, MD

Karol South-Winter

Avera Radiation Oncology, Chair

David Hirsch, MD

Adrienne Tolentino, MD

Diane Sneed, MD

Joy Wolff, RN

Sara Talamantes, RN, BSN, OCN

Diane Nienhuis, RN, MS, CNS, CNP

Nicole Van Hal

Linda Smith, MSW

Carole Chell, CNP

Breast Health Navigator

Kearlan Dykstra, RN

Medical Support Specialist

David Elson, MD

Medical Oncology

Davina Ficke

Sr. VP Clinical Operations

Lori Gandewa, RN

Utilization Management

Kris Geiter, RN, MS, CNS, CNP

Avera Outpatient Cancer Clinics

Michael Gillett, MD

Ultrasound

Mark Hubar, MD

Oncology/Hematology

Lynne Hunter, Social Work

Kathleen rubber, RN, MS, CNS, CNP

American Cancer Society

Donna Kiley, CTR

Cancer Registry

Diane Sneed, MD

Avera Cancer Institute

Joy Wolf, RN

Bone Marrow Transplant Quality Manager
Oncology Certified Nurses

Oncology nurses at Avera are a vital part of the team in providing the highest possible quality of care to cancer patients. Certification in this specialty demonstrates a commitment above and beyond that of an RN to gain specialized knowledge, clinical competence and professional credibility. Therefore, oncology nurses at Avera McKennan and the Avera Cancer Institute are encouraged to pursue OCN (Oncology Certified Nurse) designation through the Oncology Nursing Certification Corporation (ONCC).

Oncology nurses who have earned this specialized designation include:

- Lola Twedt
- Kayle Kools
- Emily Knight
- Sarah Schuster
- Carol Jastram
- Bathavnie Vormer
- Tabitha McNinis
- Claudia Kamp
- Sue Zink
- Michelle Thilen
- Lisa Loesch
- Laurie Kalda
- Kathy Diercks
- Karen Miller
- Lisa Traier
- Rochelle Rentzhaler
- Kristy Popkes
- Tanya Rayett
- Sarah Stocke
- Beth Gustafson
- Marie Najja
- Marcia Dobberpuhl
- Carole Chell
- Lisa Saylor
- Julie Baumberger

*Advanced Oncology Certified Nurse (AOCN)

Community Hospital Comprehensive Cancer Program (COMP)

The Avera McKennan Cancer Program has received another three-year accreditation from the Commission on Cancer (CoC) of the American College of Surgeons. This full accreditation with commendation demonstrates Avera McKennan’s commitment to our community and to patients with cancer seen at our facility.

The facility accesses 850 or more newly diagnosed cancer cases each year and provides a full range of diagnostic and treatment services that are available on site or by referral. The members of the medical staff are board-certified in the major medical specialties, including oncology where available. Participation in clinical research is required. Participation in the training of resident physicians is optional.

National Cancer Data Base (NCDB)

The National Cancer Data Base (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society, is a nationwide oncology outcomes database for more than 1,400 CoC-Approved Cancer Programs in the United States and Puerto Rico. Some 75% of all newly diagnosed cases of cancer in the United States are captured at the institutional level and reported to the NCDB. The NCDB, begun in 1989, now contains approximately 20 million records from hospital cancer registries across the United States. These data are used to explore trends in cancer care, create regional and state benchmarks for participating hospitals, and to serve as the basis for quality improvement.
<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>%</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
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<td>Ureter</td>
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<td>Rectum &amp; Recurrent</td>
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<td>16</td>
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<td>14</td>
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<table>
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<th>Cancer Services in Pierre</th>
<th></th>
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<tr>
<td>Michael Robinson, MD, ONCOLOGY/Hematology</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Dr. Robinson continues to be affiliated with the Avera Cancer Institute, and also now serves as medical director of oncology at St. Mary’s.
What a true gift you are! You took so much burden off our shoulders to others. One family wrote: "We so appreciate a setting that offers the warmth and security of home. The Dougherty Hospice House provides around-the-clock medical care in facilities and assisted living facilities. When inpatient care is needed, Services available through Home Hospice take place within a 100-mile radius. Focuses on pain and emotional support, addresses spiritual needs, and focuses on quality of life and comfort.

Services available through Home Hospice take place within a 100-mile radius of Sioux Falls, in a variety of settings including the patient’s home, nursing facility and assisted living facilities. When inpatient care is needed, the Dougherty Hospice House provides around-the-clock medical care in a setting that offers the warmth and security of home. Nearly 100 percent of patient families surveyed say they would recommend Avera McKennan Hospice to others. One family wrote: "We so appreciate all the great care and kindness during my mom’s illness and death. What a true gift you are! You took so much burden off our shoulders during this difficult time."

**Primary Site**

<table>
<thead>
<tr>
<th>Total</th>
<th>Male %</th>
<th>Female %</th>
</tr>
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<tr>
<td>BASAL &amp; SQUAMOUS SKIN</td>
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<tr>
<td>Basal &amp; squamous carcinoma of Skin</td>
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<tr>
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<tr>
<td>Ovary</td>
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<tr>
<td>Male genital organ</td>
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<tr>
<td>Brain</td>
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<tr>
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**Primary Site**

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<th>Male %</th>
<th>Female %</th>
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<td>ENDOCRINE SYSTEM</td>
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<tr>
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<tr>
<td>Myelos &amp; Monocyte Leukemia</td>
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</tr>
<tr>
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<tr>
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<tr>
<td>MISCELLANEOUS</td>
<td>91</td>
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<tr>
<td>Miscellaneous Sits</td>
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Total | 1,188 | 601 | 587 |
THE AVERA CANCER INSTITUTE HAS BEEN SUCCESSFUL IN DEVELOPING A COMPREHENSIVE BREAST PROGRAM that provides women with the specialized attention they need through all phases of breast health including prevention, screening, diagnosis and treatment. Statistically tells us that one in eight women will experience breast cancer in their lifetime, making it the most commonly diagnosed non-skin cancer among women.

At Avera a weekly breast conference is held to review each and every breast cancer case. The multidisciplinary team consists of a team of specialists including medical oncology, radiation oncology, general and plastic surgery, pathology and radiology, focused on developing the best plan for an individual. Additional team members including a breast health navigator, social worker and geneticist also play a key role in providing valuable information about the patient’s goals and concerns. Studies have shown that patients presented to a multidisciplinary breast conference have better outcomes as well as higher patient satisfaction. In fact, Avera continues to have 100% compliance in several quality indicators including appropriate consideration of chemotherapy, hormonal therapy and appropriate referral for radiation after breast conserving therapy.

In addition to medical expertise, Avera places a priority on technological advancements. In the area of breast cancer this includes a dedicated breast MRI as well as Breast Specific Gamma Imaging to deliver the most precise imaging available. Cutting-edge treatment including MammoSite targeted radiation therapy and clinical research studies also give patients access to cutting-edge therapy.

At Avera we have continued to take a holistic, patient centered approach to cancer care, realizing the importance of support groups, survivorship programs, and integrative therapies such as nutrition counseling, massage, and fitness programs. A key person in the patient centered approach has been our breast navigator. As a certified nurse practitioner, the breast navigator provides personal attention to each patient from early diagnosis through treatment. As a knowledgeable support guide, the navigator helps to make the transition from patient to survivor a smooth one.

Breast Cancer
Amy Kne, MD - Medical Oncology

Palliative Medicine
Joann Bennett, DO; Nancy Terveen, FNP-BC; Michele Synders, MSW and Anna Perry, MSW - Palliative Medicine

PALLIATIVE MEDICINE IS A SUBSPECIALTY OF INTERNAL MEDICINE, DESIGNED BY PHYSICIANS WHO ARE BOARD-CERTIFIED IN HOSPICE AND PALLIATIVE MEDICINE. The underlying philosophy is to provide an organized care structure for patients with severe life-threatening disease, as well as chronic conditions. Palliative medicine overlaps the traditional curative care model, and is an additional layer of care and support. Its goal is pain control and symptom management for enhanced quality of life.

A multi-disciplinary approach helps patients deal with the physical, psychological, social, spiritual and practical aspects of illness. It is driven by patient goals whenever possible – does the patient want to pursue a cure at any cost, or does he or she wish to experience quality of life over the burdens of treatment?

Data shows significant growth in palliative care services at Avera McKennan throughout the past five years, since the program began in January 2005. To date, palliative care consultations have been available in an acute inpatient setting. Currently, outpatient services are in development to help a greater range of patients across a wider spectrum of care settings. The mission of palliative medicine is very much in sync with the Avera mission to positively impact the lives of others, and minister to the whole person – body, mind and spirit.

Organized care structure for patients with severe life-threatening disease, as well as chronic conditions.
AVERA RADIATION ONCOLOGY IS COMMITTED TO PROVIDING THE LATEST TECHNOLOGY IN RADIATION ONCOLOGY TREATMENT, including intensity-modulated radiation therapy (IMRT), high-dose-rate (HDR) brachytherapy and image-guided radiation therapy (IGRT). Cone beam CT image guidance, a recent development in IGRT, allows for three-dimensional verification of the placement of radiation beams anywhere in the body.

Since 1997 Avera Cancer Institute has offered treatment of selected early stage lung cancer with stereotactic body radiation therapy (SBRT). SBRT is a very focused method of delivering radiation to small lung tumors in a limited number of fractions with minimal dose to surrounding normal tissues. With the addition of the cone beam CT image guidance, the delivery of SBRT is even more precise, accounting for respiratory movements of the lungs and small changes in patient position from day to day. The ability to fine-tune the placement of radiation beams allows for tighter treatment margins around the tumor, which protects critical normal structures. SBRT can be used for other body sites as well, such as the liver. The precision afforded by the cone beam CT image guidance allows definitive therapy to be delivered in just a few treatments. We are pleased to be able to offer this cutting-edge technology to the patients in our region.

Summary of 2008 Breast Cancer by AJCC Stage

<table>
<thead>
<tr>
<th>Stage</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>67</td>
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<tr>
<td>I</td>
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<tr>
<td>II</td>
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<tr>
<td>Total</td>
<td>248</td>
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</table>


- **Adjuvant Chemotherapy Considered or Administered in Stage T1cN0M0 or Stage II or III Hormone Receptor Negative Breast Cancer:** 100% were administered or considered for, adjuvant chemotherapy
- **Radiation Therapy was Administered to Patients Having Breast Conserving Surgery:** 100% have received post-operative radiation therapy
- **Hormone Therapy or Aromatase Inhibitor Considered or Administered in Hormone Receptor Positive Stage T1cN0M0 or Stage II or III Breast Cancer:** 100% were administered or considered for, adjuvant hormone or aromatase inhibitor therapy
### Gynecological Malignancies and Stage at Diagnosis

<table>
<thead>
<tr>
<th>Body System Site Group</th>
<th>Count (N)</th>
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<tr>
<td>Cervix Uteri</td>
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<tr>
<td>Corpus Uteri</td>
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<tr>
<td>Ovary</td>
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<tr>
<td>Vulva</td>
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</tr>
<tr>
<td>Other Female Genital Organs</td>
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#### Breast Cancer

**Breast Cancer**

**2009 National Cancer Database**

<table>
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<tr>
<th>Best Stages</th>
<th>Number of Cases</th>
<th>0.0 yr</th>
<th>1.0 yr</th>
<th>2.0 yr</th>
<th>3.0 yr</th>
<th>4.0 yr</th>
<th>5.0 yr</th>
<th>95% Confidence</th>
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<tbody>
<tr>
<td>Stg 0</td>
<td>986</td>
<td>90.4</td>
<td>88.6</td>
<td>87.6</td>
<td>86.4</td>
<td>85.1</td>
<td>83.9</td>
<td>82.2 - 83.2</td>
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<tr>
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<td>98.0</td>
<td>97.3</td>
<td>96.4</td>
<td>95.4</td>
<td>94.4</td>
<td>93.3</td>
<td>92.2 - 93.4</td>
</tr>
<tr>
<td>Stg II</td>
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<td>96.3</td>
<td>96.0</td>
<td>95.8</td>
<td>95.9</td>
<td>95.1</td>
<td>94.4</td>
<td>93.4 - 94.4</td>
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<tr>
<td>Stg III</td>
<td>169</td>
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<td>96.9</td>
<td>96.6</td>
<td>96.5</td>
<td>96.4</td>
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<td>95.0 - 95.9</td>
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<tr>
<td>Stg IV</td>
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<td>97.8</td>
<td>97.8</td>
<td>97.5</td>
<td>97.1</td>
<td>96.7</td>
<td>96.1</td>
<td>95.6 - 96.1</td>
</tr>
<tr>
<td>NA</td>
<td>1316</td>
<td>95.5</td>
<td>94.4</td>
<td>93.9</td>
<td>93.4</td>
<td>93.0</td>
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<td>92.0 - 92.5</td>
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<tr>
<td>Overall</td>
<td>5567</td>
<td>96.9</td>
<td>96.3</td>
<td>95.9</td>
<td>95.4</td>
<td>95.0</td>
<td>94.4</td>
<td>93.8 - 94.4</td>
</tr>
</tbody>
</table>

**Observed Survival for Breast**

Cases Diagnosed 2000-2001  
Data from 1344 Programs (National)
In addition, the Avera Cancer Institute sponsors the highest number of National Cancer Institute clinical trials for gynecologic oncology in the state of South Dakota via our affiliation with the Gynecologic Oncology Group (GOG). In all of these ways, we offer the medical expertise and technological sophistication to provide the best care options for patients diagnosed with cancer of the female organs.
As we go over details of history, pathology reports and diagnostic images, we can collaborate in making the best treatment recommendations for each individual case. GI cancer cases are reviewed at twice monthly conferences by a team including gastroenterologists, medical oncologists, radiation oncologists, pathologists, radiologists and surgeons. In addition to cancer cases, we review cases involving other types of digestive disease.

In terms of outcome and survival of digestive cancers, the Avera Cancer Institute is on par with national statistics. Over 50 percent of all digestive malignancies are colorectal cancers, most commonly diagnosed after age 50. For this reason, a high priority is placed on prevention and early detection through regular screenings such as colonoscopy for people in this age range.
RESEARCH IS AN IMPORTANT ARM OF THE BONE MARROW TRANSPLANT PROGRAM AT THE AVERA CANCER INSTITUTE. Bone marrow, or stem cell transplant is on the cutting edge of medical science, and we cooperate in research projects to help make this life-saving treatment more successful for more patients.

For example, in collaboration with Duke University, we have experimental protocols in place to conduct haploidentical transplants, or stem cell transplants using cells from partially matched donors. Although a fully matched donor is always preferable, a number of patients do not have a suitable donor among family members, and not all patients are able to find a match through the National Bone Marrow Program registry. Haploidentical transplant is technology that may serve to help more patients receive this life-saving treatment.

In addition, a team involving our laboratory developed a new cryoprotectant combination to successfully store stem cell products for future use. This research won a national award, and will be published so that its benefits can be far-reaching.

Bone Marrow Transplant Research
Vinod Parameswaran, MD – Hematology/Transplant

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Gastrointestinal Tract Cancer

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Lung Cancer
Mark Huber, MD – Oncology/Hematology

AS ONE OF THE MORE DIFFICULT CANCERS TO TREAT, LUNG CANCER ACCOUNTS FOR THE MOST CANCER-RELATED DEATHS IN BOTH MEN AND WOMEN, WITH ALMOST 150,000 DEATHS IN THE UNITED STATES. NATIONWIDE, FOR ALL STAGES OF LUNG CANCER, FIVE-YEAR SURVIVAL RATE IS 15 PERCENT. NOT THIS DOES NOT MEAN THAT TREATMENT IS NOT VALUABLE TO LUNG CANCER PATIENTS.

With treatment, longer survival and higher quality of life is possible. Treatment strategies depend on the stage and type of lung cancer, but typical aspects include surgery, chemotherapy and radiation. This includes targeted treatments using state-of-the-art image-guided radiation therapy to minimize side effects.

The Avera Cancer Institute combines the latest technology with evidence-based protocols for the best possible outcomes. Our current facility emphasizes multi-modality treatments in one convenient location rather than referrals to multiple facilities.

Avera Cancer Institute patients also benefit from supportive care in areas such as pain management, integrative medicine, social work, palliative medicine, dietitian, patient advocacy and more.
Bone Marrow Transplant
Kelly McCaul, MD – Hematology/Transplant

IN EARLIER DAYS, SEEN AS AN AGGRESSIVE TREATMENT USED ONLY WHEN TRADITIONAL MODES OF CHEMOTHERAPY FAILED, BONE MARROW TRANSPLANT, ALSO KNOWN AS STEM CELL TRANSPLANT, HAS BECOME A STANDARD OF CARE. This is because it offers the highest survival rate overall, or disease-free survival, for cancers such as acute leukemia, multiple myeloma or lymphoma.

The Avera Cancer Institute in concert with the Avera Transplant Institute has performed bone marrow transplant since 1986. The program is three physicians strong and is fully accredited for both autologous and allogeneic adult transplantation by the Foundation for the Accreditation of Cellular Therapy (FACT). The program features state-of-the-art treatment such as photopheresis for graft vs. host disease, as well as research in cutting-edge techniques. While not a collection and storage facility vs. host disease, as well as research in cutting-edge techniques. While not a collection and storage facility for umbilical cord products, the Avera Cancer Institute receives and processes cord blood products for stem cell transplantation. The bone marrow transplant program we’ve developed since 1996. The program is three physicians strong and is fully accredited for both autologous and allogeneic adult transplantation, donor cell collection (apheresis) and lymphoma.

Bone Marrow/Stem Cell Transplant

Avera McKennan’s bone marrow transplant program has been awarded its second 3-year accreditation from the Foundation for the Accreditation of Cellular Therapy (FACT) for both autologous and allogeneic adult transplantation, donor cell collection (apheresis) and lymphocyte pretransplant cell processing of cordular products. It’s interesting that of the nearly 90,000 prostatectomies performed each year, an estimated 80 percent nationwide incorporate the use of robotics. Minimally-invasive robotic procedures involve a shorter hospital stay and quicker recovery than traditional open procedures. Three-D imaging and 10 times magnification allow surgeons to spare nerves in the pelvic region, helping to preserve urinary continence and sexual function. Robotic precision also translates into less blood loss and pain for patients.

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Prostate Cancer
Matthew N. Witte, MD – Urology

WITH NEARLY 200,000 NEW CASES NATIONWIDE EACH YEAR, PROSTATE CANCER IS THE MOST FREQUENTLY DIAGNOSED CANCER IN MEN. Treatment depends on the individual patient – his age and the aggressiveness of the cancer. Options include surgery, removal of the prostate; brachytherapy (radioactive seed implants in the prostate); external beam radiation; and cryotherapy, freezing of the prostate tissue. Or, we may take an active surveillance, or “watch and wait” approach for older patients with slow-growing cancers.

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For two years, robotic procedures have been performed at Avera McKennan using the da Vinci® S HD Surgical System. Surgeons control every movement of minimally-invasive instruments via a computerized console. Robotic technology does not replace human surgeons – rather it enhances our ability to perform complex, yet minimally-invasive surgery.

Avera McKennan Hospital & University Health Center
Summary of 2008 Genitourinary Cancer

<table>
<thead>
<tr>
<th>Procedure</th>
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<th>Female</th>
<th>Male %</th>
<th>Female %</th>
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<td>Male Genital System</td>
<td></td>
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<tr>
<td>Prostate</td>
<td>108</td>
<td>78</td>
<td>24.2%</td>
<td>4.6%</td>
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<tr>
<td>Testis</td>
<td>37</td>
<td>0</td>
<td>8.9%</td>
<td>0.0%</td>
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<td>Female Genital System</td>
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<tr>
<td>Urethral Bladder</td>
<td>25</td>
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<td>Urinary Bladder</td>
<td>29</td>
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<td>Bladder Removal</td>
<td>52</td>
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<tr>
<td>Total</td>
<td>127</td>
<td>110</td>
<td>36.5%</td>
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Prostate Cancer

Summary

2008 Prostate Cancer Surgery

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<tr>
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<tr>
<td>Patients Having Prostatectomy</td>
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<tr>
<td>Robotic Assisted Prostatectomy</td>
<td>35</td>
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<tr>
<td>Open Prostatectomy</td>
<td>22</td>
</tr>
</tbody>
</table>
The concept of a Leukemia Center is one in which hematologists, who focus their medical practice to only disorders of the blood, make an accurate diagnosis and map out a plan of care. Patients presenting with acute leukemia need initial intervention to lead toward remission, but also planning for the next stage of their treatment. Because of the low rate of survival without aggressive treatment, bone marrow transplant has become a standard of care for acute leukemia.

The Avera Cancer Institute in connection with the Avera Transplant Institute team begins planning for bone marrow transplant at the time of diagnosis. This involves tissue-typing the patient as well as possible donors for a match. As opposed to autologous transplant using a patient’s own harvested stem cells, acute leukemia patients often need an allogeneic transplant from donor cells, because their own stem cells carry the cancer-causing genetic mutation.

At the Avera Cancer Institute, hematologists with special training in bone marrow transplant coordinate and plan comprehensively for patients with leukemia. Our focus in this area allows us to offer access to clinical trials from the bone marrow transplant clinical trials network. We are the only site in the state with access to this network.

Our dedication to patients with leukemia and other blood disorders allows our patients to expect to receive the highest quality of care.
A DIAGNOSIS OR SUSPICION OF ACUTE LEUKEMIA IS A SIGNIFICANT CHALLENGE FOR PRIMARY CARE PHYSICIANS, whose goal it is to make a recommendation that will most benefit that patient in terms of disease-free survival and outcome.

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Avera McKennan Hospital & University Health Center
2008 Hematology Cancer Data

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<tr>
<th>LYMPHOMAS</th>
<th>TOTAL</th>
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<th>FEMALE</th>
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<tr>
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<td>7</td>
<td>3</td>
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<tr>
<td>Non-Hodgkin lymphomas</td>
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</tr>
<tr>
<td>NHL - Burkitt</td>
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<td>NHL - Extramedullary</td>
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<td>MULTIPLE MYELOMA</td>
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<tr>
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<tr>
<td>Chronic lymphocytic Leukemia</td>
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<tr>
<td>Other lymphocytic Leukemia</td>
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<td>5</td>
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<tr>
<td>Myelodysplastic Syndromes</td>
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<tr>
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<td>5</td>
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<tr>
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<tr>
<td>Chronic myeloid Leukemia</td>
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<table>
<thead>
<tr>
<th>DEATHS</th>
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<td>208</td>
<td>112</td>
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Bone Marrow Transplant
Kelly McCaul, MD – Hematology/Transplant

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The bone marrow transplant program we've developed is the only one of its kind in the state of South Dakota and the wider region. Right here in Sioux Falls, patients can receive and process cord blood products for stem cell transplantation.

Volume by Calendar Year
Bone Marrow/Stem Cell Transplant

Avera McKennan's bone marrow transplant program has been awarded its second 3-year accreditation from the Foundation for the Accreditation of Cellular Therapy (FACT) for both autologous and allogeneic adult transplantation, donor cell collection (apheresis) and lab hematopoetic progenitor cell processing of cellular products.

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Avera McKennan Hospital & University Health Center
Summary of 2008 Genitourinary Cancer

2008 Prostate Cancer Surgery
Total Patients 108
Patients Having Prostatectomy 57
Robotic Assisted Prostatectomy 36
Open Prostatectomy 22

Page 16
Lung Cancer
Mark Huber, MD – Oncology/Hematology

Summary by Body System and Gender - Lung Cancer 2008

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>% Male</th>
<th>% Female</th>
<th>%</th>
<th>500-2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory System</td>
<td>177</td>
<td>99.4%</td>
<td>99.0%</td>
<td>91</td>
<td>100.0%</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>177</td>
<td>99.4%</td>
<td>99.0%</td>
<td>91</td>
<td>100.0%</td>
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</tbody>
</table>

Standard of Care Reviewed

Findings

2007 Per NCCN* guidelines, resected lung cancer patients are referred for consideration of adjuvant therapy

2007 Per NCCN guidelines, PET/CT is performed for staging work-up of resected lung cancer patients

100% patients were referred to an oncologist after surgery

Avera McKennan's bone marrow transplant program has been found to be in compliance with rigorous FACT standards defined by leading experts based on the latest knowledge in the field of cellular therapy product transplantation, affirming the program's scope and quality.

Avera McKennan Hospital & University Health Center
Bone Marrow Transplant

Engraftment Summary 2008

Outcomes data found in the above chart represents a high-level of summary, and does not illustrate detail or reflect risk-adjustment for type of disease, disease progression at time of transplant, co-morbidities of recipients, level of match between recipient and donor, or any other factors necessary for comparison of quality outcomes.

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Page 17
Bone marrow, or stem cell transplant is on the cutting edge of medical science, and we cooperate in research projects to help make this life-saving treatment more successful for more patients.

For example, in collaboration with Duke University, we have experimental protocols in place to conduct haploidentical transplants, or stem cell transplants using cells from partially matched donors. Although a fully matched donor is always preferable, a number of patients do not have a suitable donor among family members, and not all patients are able to find a match through the National Bone Marrow Program registry. Haploidentical transplant is technology that may serve to help more patients receive this life-saving treatment.

In addition, a team involving our laboratory developed a new cryoprotectant combination to successfully store stem cell products for future use. This research won a national award, and will be published so that its benefits can be far-reaching.
We can collaborate in making the best treatment recommendations for each individual case.

Gastrointestinal Tract Cancer
Addison Tolentino, MD – Oncology/Hematology

We at the Avera Cancer Institute are improving our care for patients with digestive malignancy through a multidisciplinary team approach. GI cancer cases are reviewed at twice monthly conferences by a team including gastrointestinalists, medical oncologists, radiation oncologists, pathologists, radiologists and surgeons. In addition to cancer cases, we review cases involving other types of digestive disease.

As we go over details of history, pathology reports and diagnostic images, we can collaborate in making the best treatment recommendations for each individual case. The cancers we treat today, in light of all the treatment options available, require a multidisciplinary approach. A steering committee has been formed to continue to build this program to include a GI navigator who guides cancer patients through all phases of treatment and survivorship.

In terms of outcome and survival of digestive cancers, the Avera Cancer Institute is on par with national statistics. Over 50 percent of all digestive malignancies are colorectal cancers, most commonly diagnosed after age 50. For this reason, a high priority is placed on prevention and early detection through regular screenings such as colonoscopy for people in this age range.

Cancer Research
Addison Tolentino, MD – Oncology/Hematology

The Avera Cancer Institute places a priority upon research programs which give cancer patients access to cutting-edge treatments. Research and clinical trials offer better outcomes and quality of life today, as well as hope for improved treatment and cures in the future.

Each new cancer case at the Avera Cancer Institute is evaluated to consider whether that patient would benefit from participation in a study. Dedicated clinical research coordinators specialize in areas of breast cancer, hematological diseases, gynecologic cancer and solid tumor malignancies. The Avera Research Institute, in concert with the Avera Cancer Institute, participates in approximately 50 new and ongoing clinical studies to test new treatments, drugs or combinations of drugs in cancer care. This includes both National Cancer Institute-sponsored studies, and studies sponsored by pharmaceutical companies. Clinical trials are open for patients with breast cancer, hematological malignancies such as leukemia, lymphoma and multiple myeloma; colon cancer; melanoma; brain tumors; gynecologic cancer and more.

The Avera Research Institute is a member of a number of cooperative groups, including the Sinai Cancer Consortium locally, as well as regional and national cooperatives including the Cancer Trial Support Unit, Eastern Cooperative Oncology Group, North Central Cancer Treatment Group out of Mayo Clinic, National Surgical Adjuvant Breast and Bowel Project and Gynecologic Oncology Group.
Gynecologic Cancer
Luis A. Rojas, MD – Gynecologic Oncology

In the past year, Dr. Samir Abou-Ghazaleh and I joined in partnership with Avera McKennan, bringing our experience with gynecologic oncology under the roof of a new practice known as the Avera Women’s Center for Gynecologic Cancer. We specialize in caring for cancers of the female pelvic organs.

A significant aspect of this practice is minimally invasive surgery for gynecologic procedures. This is accomplished both through the use of robotics, and through laparoscopic single site (LESS) procedures, also known as scarless surgery. Compared to traditional laparoscopic surgery, with the LESS technique all surgical instruments are inserted through a single port in the navel for an invisible scar. This new procedure is being pioneered in our nation by a group of gynecologic oncologists, and it is a privilege to be one of them.

Right here at Avera McKennan, we are able to offer this innovative procedure which is not offered elsewhere in our region. Our treatment outcomes are comparable to national cancer centers. We believe our innovation with minimally invasive procedures places our surgical outcomes above the norm, because patients experience less surgical trauma, less pain, less blood loss and therefore faster recovery.

Intrapelvic chemotherapy for ovarian cancer has demonstrated improved survival outcomes, but also increased toxicity when compared to classic intravenous regimes. Adjustments and general support measures implemented by us have permitted our patients to tolerate the toxicity of the drugs better, allowing completion of the treatment regimen in greater number of cases.

In addition, the Avera Cancer Institute sponsors the highest number of National Cancer Institute clinical trials for gynecologic oncology in the state of South Dakota via our affiliation with the Gynecologic Oncology Group (GOG). In all of these ways, we offer the medical expertise and technological sophistication to provide the best care options for patients diagnosed with cancer of the female organs.

Avera McKennan Hospital & University Health Center
Breast Cancer

Observed Survival for Breast Cases Diagnosed 1998-2001 Data from 1 Program
Avera McKennan Hospital & University Health Center

In 2009, the national Cancer Database published data from 1 program. Avera McKennan Hospital & University Health Center.}

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<th>1.0 yr</th>
<th>2.0 yr</th>
<th>3.0 yr</th>
<th>5.0 yr</th>
<th>25% Confidence</th>
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<td>90.6</td>
<td>87.0</td>
<td>83.8 - 87.14</td>
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</table>

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AVERA RADIATION ONCOLOGY IS COMMITTED TO PROVIDING THE LATEST TECHNOLOGY IN RADIATION ONCOLOGY TREATMENT, including intensity-modulated radiation therapy (IMRT), high-dose-rate (HDR) brachytherapy and image-guided radiation therapy (IGRT). Cone beam CT image guidance, a recent development in IGRT, allows for three-dimensional verification of the placement of radiation beams anywhere in the body.

Since 1997 Avera Cancer Institute has offered treatment of selected early stage lung cancer with stereotactic body radiation therapy (SBRT). SBRT is a very focused method of delivering radiation to small lung tumors in a limited number of fractions with minimal dose to surrounding normal tissues. With the addition of the cone beam CT image guidance, the delivery of SBRT is even more precise, accounting for respiratory movements of the lungs and small changes in patient position from day to day. The ability to fine-tune the placement of radiation beams allows for tighter treatment margins around the tumor, which protects critical normal structures. SBRT can be used for other body sites as well, such as the liver. The precision afforded by the cone beam CT image guidance allows definitive therapy to be delivered in just a few treatments. We are pleased to be able to offer this cutting-edge technology to the patients in our region.

<table>
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<th>Stage 0</th>
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<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
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Summary of 2008 Breast Cancer by AJCC Stage


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<th>National Quality Forum</th>
<th>Avera McKennan Hospital &amp; University Health Center</th>
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<tr>
<td>Adjuvant Chemotherapy Considered or Administered in Stage T1cN0M0 or Stage II or III Hormone Receptor Negative Breast Cancer</td>
<td>100% were administered or considered for, adjuvant chemotherapy</td>
</tr>
<tr>
<td>RadiationTherapy was Administered to Patients Having Breast Conserving Surgery</td>
<td>100% have received post-operative radiation therapy</td>
</tr>
<tr>
<td>Hormone Therapy or Aromatase Inhibitor Considered or Administered in Hormone Receptor Positive Stage T1cN0M0 or Stage II or III Breast Cancer</td>
<td>100% were administered or considered for, adjuvant hormone or aromatase inhibitor therapy</td>
</tr>
</tbody>
</table>
Breast Cancer
Amy Krie, MD – Medical Oncology

THE AVERA CANCER INSTITUTE HAS BEEN SUCCESSFUL IN DEVELOPING A COMPREHENSIVE BREAST PROGRAM that provides women with the specialized attention they need through all phases of breast health including prevention, screening, diagnosis and treatment. Statistics tell us that one in eight women will experience breast cancer in their lifetime, making it the most commonly diagnosed non-skin cancer among women.

At Avera a weekly breast conference is held to review each and every breast cancer case. The multidisciplinary team consists of a team of specialists including medical oncology, radiation oncology, general and plastic surgery, pathology and radiology, focused on developing the best plan for an individual. Additional team members including a breast health navigator, social worker and geneticist also play a key role in providing valuable information about the patient’s goals and concerns. Studies have shown that patients presented to a multidisciplinary breast conference have better outcomes as well as higher patient satisfaction. In fact, Avera continues to have 100% compliance in several quality indicators including appropriate consideration of chemotherapy, hormonal therapy and appropriate referral for radiation after breast conserving therapy.

In addition to medical expertise, Avera places a priority on technological advancements. In the area of breast cancer this includes a dedicated breast MRI as well as Breast Specific Gamma Imaging to deliver the most precise imaging available. Cutting-edge treatment including MammoSite targeted radiation therapy and clinical research studies also give patients access to cutting-edge therapy.

At Avera we have continued to take a holistic, patient centered approach to cancer care, realizing the importance of support groups, survivorship programs, and integrative therapies such as nutrition counseling, massage, and fitness programs. A key person in the patient centered approach has been our breast navigator. As a certified nurse practitioner, the breast navigator provides personal attention to each patient from early diagnosis through treatment. As a knowledgeable support guide, the navigator helps to make the transition from patient to survivor a smooth one.

Palliative Medicine
Joann Bennett, DO; Nancy Terveen, FNP-BC; Michele Synders, MSW and Anna Perry, MSW – Palliative Medicine

PALLIATIVE MEDICINE IS A SUBSPECIETY OF INTERNAL MEDICINE, DESIGNED BY PHYSICIANS WHO ARE BOARD-CERTIFIED IN HOSPICE AND PALLIATIVE MEDICINE. The underlying philosophy is to provide an organized care structure for patients with severe life-threatening disease, as well as chronic conditions. Palliative medicine overlays the traditional curative care model, and is an additional layer of care and support. Its goal is pain control and symptom management for enhanced quality of life.

A multi-disciplinary approach helps patients deal with the physical, psychological, social, spiritual and practical aspects of illness. It is driven by patient goals whenever possible – does the patient want to pursue a cure at any cost, or does he or she wish to experience quality of life over the burdens of treatment?

Data shows significant growth in palliative care services at Avera McKennan throughout the past five years, since the program began in January 2005. To date, palliative care consultations have been available in an acute inpatient setting. Currently, outpatient services are in development to help a greater range of patients across a wider spectrum of care settings. The mission of palliative medicine is very much in sync with the Avera mission to positively impact the lives of others, and minister to the whole person – body, mind and spirit.

Organized care structure for patients with severe life-threatening disease, as well as chronic conditions.
During this difficult time, we so appreciate all the great care and kindness during my mom’s illness and death. Avera McKennan Hospice to others. One family wrote: “We so appreciate the Dougherty Hospice House provides around-the-clock medical care in of Sioux Falls, in a variety of settings including the patient’s home, nursing Services available through Home Hospice take place within a 100-mile radius

At the end of life, hospice care

• Helps patients and families find meaning and fulfillment
• Helps patients reside at their current residence as long as possible
• Provides a peaceful, secure and comfortable environment
• Helps manage pain and control symptoms
• Addresses emotional and spiritual needs
• Focuses on quality of life and comfort

Services available through Home Hospice take place within a 100-mile radius of Sioux Falls, in a variety of settings including the patient’s home, nursing facility and assisted living facilities. When inpatient care is needed, the Dougherty Hospice House provides around-the-clock medical care in a setting that offers the warmth and security of home.

Nearly 100 percent of patient families surveyed say they would recommend Avera McKennan Hospice to others. One family wrote: “We so appreciate all the great care and kindness during my mom’s illness and death. What a true gift you are! You took so much burden off our shoulders during this difficult time.”

Primary Site Total % Male % Female %
BASAL & SQUAMOUS SKIN 1 0.1% 0.0% 0.1%
Basal Cell carcinoma of skin 1 0.1% 0.0% 0.1%
BREAST 248 18.1% 12.5% 23.3%
Breach 248 18.1% 12.5% 23.3%
FEMALE GENITAL SYSTEM 93 0.8% 0.0% 0.8%
Cervix Uteri 12 0.9% 0.0% 1.0%
Cervix & Vagina 248 18.1% 12.5% 23.3%
Ovary 19 1.4% 0.0% 1.4%
Vulva 12 0.9% 0.0% 1.0%
Other Female sex organs 5 0.4% 0.0% 0.4%
MALE GENITAL SYSTEM 115 9.4% 115 1.9% 9.6%
Prostate 108 8.6% 108 1.6% 0.0%
Testes 5 0.4% 0.0% 0.4%
Penis 2 0.1% 0.0% 0.1%
URINARY SYSTEM 94 0.8% 68 1.2% 0.0%
Urinary Bladder 37 2.7% 26 4.3% 1.4%
Kidney & Renal Pelvis 50 3.8% 32 5.5% 1.0%
Urinary 5 0.4% 0.0% 0.4%
Other Urinary Organ 2 0.1% 0.0% 0.1%
OTHER NERVOUS SYSTEM 26 2.0% 22 3.7% 2.4%
Brain 26 2.0% 22 3.7% 2.4%

Primary Site Total % Male % Female %
ENDOCRINE SYSTEM 37 3.3% 4 1.8% 26 3.4%
Thyroid 37 3.3% 4 1.8% 26 3.4%
Other Endocrine (including Thymus) 3 0.8% 0.0% 3.0%
LYMPHOMAS 3 0.8% 2 0.8% 2.0%
Hodgkin Lymphoma 10 0.7% 7 1.3% 3.4%
Non-Hodgkin Lymphoma 88 6.4% 31 2.2% 3.0%
NHL - Small 17 1.3% 10 0.6% 2.4%
NHL - Extranodal 21 1.5% 7 0.4%
MULTIPLE MYELOMA 27 2.1% 25 2.0% 2.1%
Acute Myeloid Leukemia 8 0.6% 8 0.6% 0.0%
Chronic Myeloid leukemia 53 4.0% 20 1.2% 2.8%
Acute Lymphocytic Leukemia 1 0.1% 0.0% 0.1%
Chronic Lymphocytic leukemia 1 0.1% 0.0% 0.1%
Acute Monocytic Leukemia 22 1.7% 1 0.1% 2.0%
Chronic Monocytic leukemia 1 0.1% 0.0% 0.1%
Acute Myelogenous Leukemia 21 1.6% 12 0.8% 1.0%
Chronic Myelogenous leukemia 1 0.1% 0.0% 0.1%
Non-Hodgkin Lymphoma 88 6.4% 31 2.2% 3.0%
Leukemia 99 7.9% 87 2.2% 3.4%
Total 1,585 151 369 767

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Avera McKennan Hospital & University Health Center
2008 Summary by Body-System and Gender
## 2008 Summary by Body System and Gender

### Avera McKennan Hospital & University Health Center

<table>
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<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
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</thead>
<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>21</td>
<td>13</td>
<td>8</td>
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<tr>
<td>Tongue</td>
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<td>1</td>
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<tr>
<td>Oral &amp; Other Cavity</td>
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<td>1</td>
</tr>
<tr>
<td>Other Oral Cavity &amp; Pharynx</td>
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</tr>
<tr>
<td>Esophagus</td>
<td>16</td>
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<td>Stomach</td>
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<tr>
<td>Colon Excluding Rectum</td>
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<td>11</td>
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<td>2</td>
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<tr>
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<td>20</td>
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<tr>
<td>Cecum</td>
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<td>0</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Descending Colon</td>
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<td>1</td>
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</tr>
<tr>
<td>Rectum &amp; Rectosigmoid</td>
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<td>8</td>
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</table>

By Gender:

- **Male**
  - Rectum: 13
  - Cecum: 1
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 8
  - Cecum: 1
  - Large Intestine: 1
  - Rectum & Rectosigmoid: 8

**ORAL CA**

<table>
<thead>
<tr>
<th>Site</th>
<th>Male</th>
<th>Female</th>
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<tr>
<td>Tongue</td>
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<tr>
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<td>12</td>
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</table>

**Overall**

- **Male**
  - Rectum: 13
  - Cecum: 1
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 8
  - Cecum: 1
  - Large Intestine: 1
  - Rectum & Rectosigmoid: 8

**ESOPHAGUS**

- **Male**
  - Rectum: 12
  - Cecum: 4
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 4
  - Cecum: 3

**Colon & Rectum**

- **Male**
  - Rectum: 12
  - Cecum: 1
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 8
  - Cecum: 1
  - Large Intestine: 1
  - Rectum & Rectosigmoid: 8

**Esophagus**

- **Male**
  - Rectum: 12
  - Cecum: 4
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 4
  - Cecum: 3

**Overall**

- **Male**
  - Rectum: 13
  - Cecum: 1
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 8
  - Cecum: 1
  - Large Intestine: 1
  - Rectum & Rectosigmoid: 8

**Rectum**

- **Male**
  - Rectum: 13
  - Cecum: 1
  - Large Intestine: 2
  - Rectum & Rectosigmoid: 12

- **Female**
  - Rectum: 8
  - Cecum: 1
  - Large Intestine: 1
  - Rectum & Rectosigmoid: 8

**Cancer Services in Pierre**

Michael Robinson, MD - Oncology/Hematology

Located at St. Mary's Healthcare Center in Pierre, his clinic operates Monday through Thursday with outreach services in Winner and Platte. Dr. Robinson continues to be affiliated with the Avera Cancer Institute and also now serves as medical director of oncology at St. Mary’s.

The Avera Cancer Institute is pleased to be able to provide experienced expertise and quality cancer care near home for the residents of the Pierre area through the practice of Dr. Robinson. Dr. Robinson is board certified in internal medicine, medical oncology, and hospice and palliative medicine.

Dr. Robinson continues to be affiliated with the Avera Cancer Institute, and also now serves as medical director of oncology at St. Mary’s.

Michael Robinson, MD, has served as oncologist with Avera Medical Oncology and Hematology at the Avera Cancer Institute in Sioux Falls since 2002. Dr. Robinson, a Pierre native, has provided outreach services in Pierre for 13 years, and Pierre became his permanent practice location as of July 1, 2009.

In 2005, Dr. Robinson moved to Sioux Falls and was appointed as medical director of oncology at St. Mary’s and at the Avera Cancer Institute in Sioux Falls. Dr. Robinson has served as a leader in the treatment of cancer patients in Pierre and the surrounding region. He has been involved in the development and oversight of the local cancer program, which includes providing direct patient care and teaching medical students.

Dr. Robinson is board certified in internal medicine, medical oncology, and hospice and palliative medicine. He is a graduate of the University of South Dakota College of Medicine and received his residency training in internal medicine and oncology at the Mayo Clinic in Rochester, Minnesota.

Dr. Robinson is currently a member of the American Society of Clinical Oncology, the American Society of Hematology, and the American Society of Hematotherapy and Hemostasis. He is also a member of the South Dakota Medical Association and the Pierre-Pennington County Medical Society.

Dr. Robinson is a native of Pierre and graduated from Pierre High School. He received his undergraduate degree from the University of South Dakota and his medical degree from the University of South Dakota School of Medicine. He completed his residency in internal medicine and medical oncology at the Mayo Clinic in Rochester, Minnesota.
Oncology Certified Nurses

Oncology nurses at Avera are a vital part of the team in providing the highest possible quality of care to cancer patients. Certification in this specialty demonstrates a commitment above and beyond that of an RN to gain specialized knowledge, clinical competence and professional credibility. Therefore, oncology nurses at Avera McKennan and the Avera Cancer Institute are encouraged to pursue OCN (Oncology Certified Nurse) designation through the Oncology Nursing Certification Corporation (ONCC).

Oncology nurses who have earned this specialized designation include:

- Lola Twedt
- Kayle Kools
- Emily Knight
- Sarah Schuster
- Carol Jastram
- Bathannie Vermeer
- Tabitha McNinis
- Claudia Kamp
- Sue Zink
- Michelle Thielken
- Lisa Loesch
- Laurie Kaldal
- Kathy Diercks
- Karen Miller
- Lisa Traeter
- Rochelle Rentchler
- Kristy Popkes
- Tanya Rayetia
- Sarah Stolke
- Bebe Gustafson
- Marie Haje
- Marcia Dobberpuhl
- Carole Chell*
- Lisa Sayler
- Julie Baumberger

*Advanced Oncology Certified Nurse (AOCN)

Community Hospital Comprehensive Cancer Program (COMP)

The Avera McKennan Cancer Program has received another three year accreditation from the Commission on Cancer (CoC) of the American College of Surgeons. This full accreditation with commendation demonstrates Avera McKennan’s commitment to our community and to patients with cancer seen at our facility.

The facility accesses 850 or more newly diagnosed cancer cases each year and provides a full range of diagnostic and treatment services that are available on site or by referral. The members of the medical staff are board certified in the major medical specialties, including oncology where available. Participation in clinical research is required. Participation in the training of resident physicians is optional.

National Cancer Data Base (NCDB)

The National Cancer Data Base (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society, is a nationwide oncology outcomes database for more than 1,400 CoC-Approved Cancer Programs in the United States and Puerto Rico. Some 75% of all newly diagnosed cases of cancer in the United States are captured at the institutional level and reported to the NCDB. The NCDB, begun in 1989, now contains approximately 20 million records from hospital cancer registries across the United States. These data are used to explore trends in cancer care, create regional and state benchmarks for participating hospitals, and to serve as the basis for quality improvement.
Cancer Committee Chair’s Letter

As chairman of Avera McKennan’s Cancer Committee, I’m proud to be part of a team of professionals who are dedicated to providing expert cancer care – both through the latest medical science and evidence-based protocols, and in caring for the whole person – body, mind and spirit. Within the pages of this report, you’ll read commentaries by a number of our physicians about whole person – body, mind and spirit.

We have established a tumor-specific program with our comprehensive breast program and are working to develop similar programs for other types of cancer.

Our gynecologic oncology uses the latest minimally invasive surgical techniques, such as laparoscopic and laparoscopic single-site (LESS) procedures, along with robotic surgery, which offers improved access to minimally invasive surgery.

Our radiation oncology is the latest, state-of-the-art technology for radiation therapy. Avera Radiation Oncology uses cutting-edge techniques such as intensity-modulated radiation therapy, high-dose rate brachytherapy, and image-guided radiation therapy. In collaboration with Medical St. Rose Cancer Center, they offer the only two American College of Radiology accredited programs in the state of South Dakota.

Survivorship programs and integrative therapies enhance our patient’s quality of life and care for the whole person.

We continue to advance the research aspect of cancer care by participating in numerous clinical trials and industry studies.

Prevention and early detection of cancers remain a priority, as evidenced by these campaigns:

• Think Pink for Breast Health in October is a campaign designed to increase breast awareness, and help women understand the importance of screening and early detection.

• Mammography Should Be… Why? through a partnership with Lori Dug and Susan Falls emphasizes the importance of mammographic screenings. We also run a Sun Smart campaign to promote the use of skin cancer care.

Our Colorectal education programs stress the importance of colon cancer screening for people age 50 and older.

• During September, which is Prostate Health Awareness month, Avera stages a month-long prostate cancer awareness campaign that included a prostate cancer orange health cab anterior and a free prostate screening in partnership with Urology Specialists, Charmed.

I’d like to thank all the physicians, clinical staff and support staff of the Avera Cancer Institute for their expertise, commitment to high standards and their compassion.

Cancer Committee Members

Kirsten Erickson, MD
Radiation Oncology, Committee Chair
Surgery, ACoS Cancer Liaison Physician
Samit Abu-Ghazaleh, MD
Oncology/Hematology
Joelle Ajaire, MD
Diagnostic Radiology
Julie Baumberger, RN, DSN
Outpatient Nurse Manager
Joann Bennett, DO
Pathology
Carol Chell, CNP
Breast Health Navigator
Julie Dixen, MD, MBA
Outpatient Cancer Program Manager
Karsen Dykstra, RN
Medical Support Service
David Elson, MD, Medical Oncology
Darrett Finkels
Sr. VP Clinics Operations
Lori Ganschow, RN
Utilization Management
 Kris Gawler, RN, MS, CNS, CNP
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Michael Giglott, MD
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Mark Hubar, MD
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Lynne Hunter, MD
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Jill Ireland
American Cancer Society
Donna Kiley, RN
Cancer Registry
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Bone Marrow Transplant Quality Manager
Melanie Willms, RN, MS
Social Worker
Norma Wise, CTR
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Joy Wolf, RN
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Cancer Committee Chair’s Letter
The past year has been one of watching many plans and ideas become reality as construction continued on the new Avera Cancer Institute. We plan to open the Avera Surgery Center in July 2010 on the fourth floor of this facility and the entire Avera Cancer Institute in November of 2010. We look forward to the ways in which this unmatched facility will enhance cancer care services throughout our region.

The new Avera Cancer Institute will be a comprehensive, healing environment unlike any other in our region. For 27 years, Avera has been the regional leader in cancer care. The Avera Cancer Institute already provides progressive, comprehensive and integrative care that equals or exceeds that of nationally-known cancer centers. With five stories and 217,000 square feet of usable space, this facility will allow our services to develop and expand to reach an entirely new level of excellence.

The Avera Cancer Institute will be more than a medical facility – it will be an environment of hope and healing. Our programs will emphasize care for the whole person – body, mind and spirit – with comprehensive cancer services under one roof. For example, we will have the region’s largest area devoted to Integrative Medicine. Integrative Medicine therapies complement traditional treatment to help patients feel as well as possible throughout their illness and treatment, and manage side effects. Examples include massage, nutrition counseling, yoga, exercise therapy and more. Studies show that more than 80% of cancer patients seek out these types of therapies.

Traditional treatment, such as radiation and chemotherapy, will employ state-of-the-art technology, and the latest evidence-based protocols for the best possible outcomes. In addition, we’ve designed the Avera Cancer Institute as a community resource. We’ll open our doors to the community for use of meeting space and a performance stage, as well as the enjoyment of an extensive original art collection.

We believe that an institute of healing should do no harm to the people who walk into our doors, or to the natural environment. For that reason, we have used “green” building principles whenever possible, including water and energy conservation measures, recycling and use of non-toxic construction materials.

We are proud that we have built a cancer program that allows us to be at this juncture, and we look forward to our future as a destination cancer center – right here in Sioux Falls. Thank you for your expertise, support and commitment in making cancer care of this caliber possible at Avera.

Fred Slunecka
Regional President, Avera McKennan Hospital & University Health Center
Our Mission
Avera Cancer Institute is dedicated to providing the highest quality of care through prevention and early detection, evidence-based therapies and a multidisciplinary approach guided by the philosophy of healing the whole person.

Learn more about the Avera Cancer Institute - healing through compassion and technology in your community.

The Avera Cancer Institute - bringing care, hope and healing to your community with physicians seeing cancer patients at these locations:

- Aberdeen, S.D.
- Brookings, S.D.
- Estherville, Iowa
- Hendricks, Minn.
- Luverne, Minn.
- Marshall, Minn.
- Milbank, S.D.
- Pierre, S.D.
- Pipestone, Minn.
- Pipestone, S.D.
- Rock Valley, Iowa
- Sioux Center, Iowa
- Spencer, Iowa
- Spirit Lake, Iowa
- Tyler, Minn.
- Winner, S.D.
- Worthington, Minn.

Avera Regional Cancer Centers also include:
- Avera Queen of Peace Hospital, Mitchell, S.D.
- Avera Sacred Heart Hospital, Yankton, S.D.
- Avera St. Luke’s Hospital, Aberdeen, S.D.

Please call (605) 322-3000 or (800) 657-4377 or visit www.AveraCancer.org.
Look no further.

Sponsored by the Benedictine and Presentation Sisters

Avera Cancer Institute
1001 East 21 Street
Sioux Falls, SD 57105

www.AveraCancer.org

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