

THE PATIENT.  
ABOVE ALL ELSE.®



St. Luke's

**Oncology Annual Report**  
**2019**



## St. Luke's Comprehensive Breast Program



St. Luke's was pleased to celebrate the launch of St. Luke's Comprehensive Breast Program in October during Breast Cancer Awareness month. This program expedites access to care for women with breast health concerns by bringing together a comprehensive team of specialists. This team works with patients to:

- Provide collaborative care
- Shorten the timeframe for diagnosis
- Communicate results as quickly as possible
- Navigate through St. Luke's system

"It can be so anxiety-evoking to have a breast concern. Getting expedited comprehensive care can make a difference in the outcome and also helps considerably to decrease the stress in that situation," said Dr. Jennifer Witt, St. Luke's Surgical Associates. "Creating this program enables us to speed up the process and get women the care they need as quickly as possible. Not only that, it allows our patients' journeys to become one where they know someone is with them to help them along every step of the way."

St. Luke's Comprehensive Breast Program involves a number of experts in a variety of areas. That includes breast surgery, plastic surgery, radiology, oncology, mental health, social work and many others.

To learn more, visit [slhduluth.com/BreastProgram](http://slhduluth.com/BreastProgram).

## SpaceOar Hydrogel at St. Luke's

St. Luke's is the only health system north of the Twin Cities to use SpaceOar Hydrogel to help protect prostate cancer patients from the effects of radiation. The Duluth News Tribune reported on St. Luke's use of the gel and what it means for patients. Dr. Nils Arvold, Dr. Steven Bonin and Dr. Matthew Emme from St. Luke's were interviewed for the story. St. Luke's patient Dick Blondo was also interviewed.

<http://bit.ly/35S9O5u>

## 2018 In Review

### Summary of Cancer Sites at St. Luke's by Sex

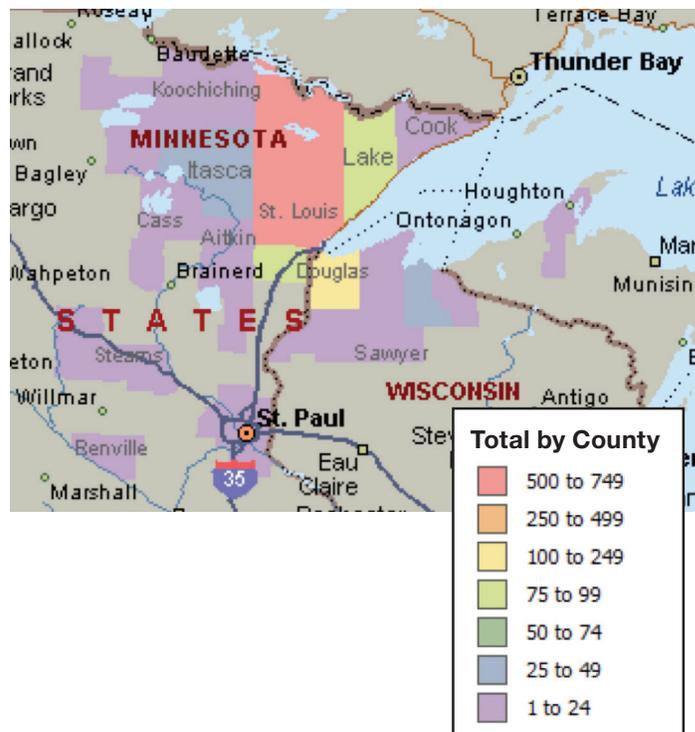
#### Males: 575 Total

- Prostate: 25% (141)
- Melanoma of the skin: 13% (77)
- Lung and bronchial: 12% (70)
- Urinary bladder: 7% (42)
- Colon and rectum: 7% (38)
- Non-Hodgkin's Lymphoma: 6% (33)
- Kidney and renal pelvis: 3% (16)
- Leukemia: 3% (16)
- Oral cavity and pharynx: 3% (15)
- Pancreas: 2% (14)
- All other sites: 20% (113)

#### Females: 478 Total

- Breast: 29% (141)
- Lung and bronchial: 16% (75)
- Melanoma of the skin: 11% (55)
- Colon and rectum: 6% (27)
- Uterine corpus: 5% (22)
- Non-Hodgkin's Lymphoma: 4% (19)
- Leukemia: 4% (18)
- Kidney and renal pelvis: 2% (8)
- Thyroid: 1% (7)
- Ovary: 1% (3)
- All other sites: 22% (105)

### Geographical Distribution of Primary Cases



## St. Luke's Cancer Committee Membership

The cancer committee is multidisciplinary, representing physicians from diagnostic and treatment specialties, and non-physicians from administrative and supportive services. The committee meets quarterly to discuss program goals, screening programs, prevention programs, community outreach events, and to evaluate patient outcomes, discuss treatment results, and find opportunities for improvement.

### Medical Oncologist Cancer Center Director Cancer Committee Chair Tumor Board Coordinator

Dr. Homam Alkaied

### Radiation Oncology

Dr. Steven Bonin  
Dr. Nils Arvold

### Radiology

Dr. Morgan Althoen  
Dr. Naveen Gowda  
Dr. Kerri Harting  
Lynn Davis, RT

### General Surgery

Dr. Daniel Opheim  
Dr. John Bollins  
Dr. Joshua Larson  
Dr. Jennifer Witt

### Palliative Care

Linda Hesch, RN, BSN, CHPN  
Beth Nordstrom, RN, BSN, CHPN

### Clinical Research

Marilyn Odean, MS  
Karley Respet

### Community Outreach

Stacy Annear, CPC

### Dietician

Brenda Schwerdt, RDN, LD, CNSC

### Pharmacy

Ben Anderson, PharmD, BCOP

### Rehabilitation Services

Brett Osborne, PT

### Education

Sarah Backstrom, RN

### Cancer Liaison Physicians

Dr. Anna Perelshteyn – Oncology  
Dr. Anne Silva-Benedict – Oncology

### Certified Tumor Registrars

Cynthia Erangey, CTR  
Laurel Lyytinen, CTR

### Quality Management

Leah Berg, MS, RN  
Cindy Prout, RN

### Cardiothoracic Surgery

Dr. Mary Boylan

### Gynecology

Dr. Melissa Miller

### Cancer Registry

Mary Lehet, RHIA, CTR

### Pastoral Care

Dulce Proud, M.Div.

### Pathology

Dr. Steven Eastep  
Dr. Sarah Lundeen

### Cancer Program Administrators

Eric Barto, RN, BAN  
Sue Hamel, RN, MS

### Oncology Nurses

Hillary Nelson, RN, MSN, CMSRN  
Shari Tollerud, RN, MS

### Social Work/Psychosocial Services

Tina Roberts, LSW  
Leslie Sauve, LSW

### ENT/Surgery

Dr. Todd Freeman

### Urology/Surgery

Dr. Nicholas Johnson

### American Cancer Society

Pamela Mason

### Psychiatric/Mental Health

Petra Woehrl, PhD, Licensed Psychologist

### Urgent Care/Family Medicine

Dr. David Spoelhof

## 2019 Programs & Events

St. Luke's Regional Cancer Center is accredited by The American College of Surgeons Commission on Cancer. To maintain this accreditation, standards need to be met each year. These standards include offering a certain amount of programs and screenings, which are organized by St. Luke's Cancer Committee. These standards require:

- At least one screening program designed to decrease the number of patients with late-stage cancer
- At least one prevention program designed to reduce a specific type of cancer
- Both programs must be targeted to meet the needs of the community

### Screening

St. Luke's Cancer Registry data shows that late-stage colon cancer is the second most diagnosed stage IV cancer at St. Luke's next to lung cancer. Minnesota Cancer Facts and Figures confirm that lung and colon cancer are the top two cancers in our area with the highest mortality rates.



*St. Luke's Regional Cancer Center Clinic Manager Stacy Annear and Social Worker Tina Roberts hosted a colon cancer screening event at St. Luke's Laurentian Medical Clinic in September.*

St. Luke's held two screening events in 2019. Patients and community members age 45 and over were offered colon cancer screening information, as well as a questionnaire to help them find out if they were at risk for colon cancer. After answering the assessment questions, participants were given a fecal immunochemical test (FIT) kit to take home and mail in. The events were held at St. Luke's Laurentian Clinic in Mountain Iron on Monday, September 30, and at St. Luke's Denfeld Clinic on Monday, October 7.

### Prevention

St. Luke's Cancer Registry data from 2016 to 2017 shows that lung cancer was the most diagnosed and treated cancer at St. Luke's. According to the Minnesota Department of Health (MDH), radon testing in Minnesota is quite low. This is especially true in northern Minnesota. Since 1 in 4 properties have high radon levels of 4 pCi/L (picocuries per liter) or greater, testing in northern Minnesota needs to increase. For example, in Lake County, only eight properties out of 10,000 test for radon on average annually, but 29% of properties have radon at or above the action level of 4 pCi/L. St. Louis County is similar in radon testing rates. Minnesota as a whole has a much higher testing rate of 17 properties per 10,000 tested for radon.

St. Luke's partnered with MDH to offer three radon awareness events in Duluth and Hibbing. Patients and community members were offered radon and lung cancer awareness information, as well as an assessment to determine their radon and lung cancer risk. After answering the assessment questions, individuals were given a radon testing kit to take home and mail back to MDH for results.

### Events



#### Head-to-Toe Cancer Rehabilitation Program

Designed to inspire and empower, St. Luke's offered this program to help cancer survivors work towards the healthiest version of themselves. This 5-week class met through September, and covered various topics including nutrition, energy conservation, training and exercise. Each class included an educational component as well as some low to moderate physical activity. Open to both St. Luke's patients and non-patients, classes were held at St. Luke's Proctor Fitness Center.

Five participants attended all nine sessions and were very engaged. They each asked a lot of good questions and were very interested in the exercises that were covered. They all had stories and experiences to share, were very kind and attentive to each other, and all had great takeaways after the program was completed.

## 2019 Programs & Events, continued...



### Brave Faces

Cancer can take such a toll on the body and appearance, especially for cancer survivors. To offer support in this area, St. Luke's licensed aestheticians hosted sessions to offer guidance and information to patients on the following:

- Skin and scalp care
- Makeup application
- Head coverings and wigs



### The Virtual Reality Program and a Visit from the Deputy Undersecretary of the Navy

The Navy's Deputy Undersecretary of Policy Jodi Greene visited St. Luke's on Thursday, July 18. She met with leadership and toured the hospital, including St. Luke's Regional Cancer Center.

While there, Greene met with Radiation Oncologist Dr. Nils Arvold, Licensed Psychologist Petra Woehrle and St. Luke's Regional Cancer Center Clinic Manager Stacy Annear to learn about the virtual reality program implemented by Dr. Nils Arvold and Dr. Petra Woehrle. Made possible with the help of St. Luke's Foundation, the program helps to reduce stress and anxiety in patients receiving radiation treatment. This helps patients because those who are able to effectively manage psychological distress generally experience better outcomes and improved quality of life following treatment.



### Understanding Cancer: Survivorship Lecture Series

St. Luke's Regional Cancer Center hosted "The Basics of Radiation Oncology," as part of the Understanding Cancer Survivorship Lecture Series.

St. Luke's Radiation Oncologist Dr. Steven Bonin and St. Luke's Physical

Therapist Nicole Parmann addressed one of the tools used for fighting cancer, radiation oncology (controlled, targeted radiation used to kill cancer cells). They also talked about important concerns such as what to expect from treatment, possible side effects and how to manage them.

## Support from Friends

### Knitted Prosthetics Partnership for Post-mastectomy Patients



Traditional prosthetics for post-mastectomy are expensive, require specialized bras to use and can be quite heavy. To offer another option, St. Luke's Case Management partnered with the Knitted Knockers Support Foundation. This 501(c)3 non-profit and 100% volunteer-run organization offers comfortable, handmade breast prosthetics knitted with high quality materials. These prosthetics are easily adapted and available for patients immediately after surgery.

### Maurices Raises Funds to Support Local Cancer Patients

Maurices headquarters in Duluth made donations to support local cancer patients at St. Luke's Hospital. These funds will be used to provide care bags for patients who have undergone mastectomy surgery at St. Luke's Hospital through St. Luke's Breast Center Fund.

## 2019 Improvements

Quality improvements are continuously being made throughout St. Luke's to improve the care and experience cancer patients receive. See below for some improvements that were made in 2019.

### Radiology Department

- The ultrasound equipment was replaced and updated at St. Luke's Endocrinology Associates, St. Luke's Hibbing Family Medical Clinic and St. Luke's Laurentian Medical Clinic.
- Our ability to localize parathyroid adenomas prior to surgery was improved by starting a new preoperative localization protocol for hyper-functioning parathyroid glands using nuclear medicine equipment called SPECT/CT (single photon emission computed tomography), along with two different isotopes for subtraction imaging. This also made surgical resections more accurate.

### Hospice/Home Care

- The Hospice Caregiver's Guide was created to promote comfort, dignity and peace for hospice patients and their families through basic care training. This handbook is provided at the time of the patient's admission, and is referred to as appropriate. The Caregiver's Guide is available online at [slhduluth.com/Hospice](http://slhduluth.com/Hospice).

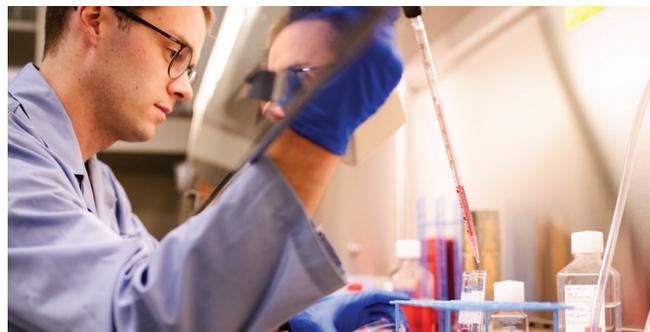


### The Whiteside Institute for Clinical Research

- A new electronic medical record system and updated templates for research use were launched.
- Radiation Oncologist Dr. Nils Arvold was appointed Medical Director for the Whiteside Research Department.
- Whiteside Research grant applications were updated to include a more clearly expressed purpose and requirements.
- The first investigator-initiated study at St. Luke's Regional Cancer Center was opened. This study focused on the virtual reality program. Investigators Dr. Nils Arvold and Petra Woehrlé, PhD, LP, titled the study "Reducing Emotional Distress during Radiotherapy Treatments through On-Table Virtual Reality."

*Continued in next column...*

- Dr. Swapna Devanna and Dr. Roberto Fernandez became active sub-investigators on oncology research studies.
- Enrollment for five cancer studies was opened. Two are industry-sponsored and three are National Clinical Trials Network (NCTN) sponsored clinical trials.
- Whiteside Research staff have worked to cross train and better standardize procedures across industry sponsored and NCTN trials.



### Infusion Therapy Clinic

- Approval was granted to start a Post-Graduate Year 2 (PGY2) Oncology Pharmacy Residency at St. Luke's, in collaboration with the U of MN College of Pharmacy, Duluth Campus. The University of Minnesota and the Mayo Clinic are the only two other sites in the state to have such a program.
- There was ongoing response and planning for medical shortages throughout the year.
- Infusion therapy offered more hours in response to increased patient volumes.

### 2 West Oncology Patient Area

- A communication board was added at the nurse's station to provide a quick look at information regarding patient care needs.
- A 2 West safety huddle was created to share information regarding patient safety, concerns, activity and staffing issues.
- New staff phones were implemented to enhance community and reduce overhead paging.
- Purposeful hourly rounding and white boards in patient rooms were added to ensure that patient needs are met.
- The evening charge nurse was included in the staffing grid.
- Nurses obtained a chemotherapy certification.

## Health Caring Stories

In June, a marketing campaign launched focusing on how St. Luke's transforms health care into health caring. This campaign celebrated all the ways employees create moments of compassion and human connection with patients. As a way to highlight specific inspiring accounts, a call went out asking employees to share any personal stories they had. These were then shared with the world as Health Caring Stories. Here are a few specific to how St. Luke's cares for patients with cancer.

### Brenna bedazzles patient name bands.



"We get a lot of cancer patients for chemotherapy. They've already had a long day once they get to me. To make their name bands a little more special, I put glittery rhinestones on them. That way, when they look down they see

a fun, special bracelet instead of a plain white one. Just adding five more seconds to my time registering them is worth it. I love that it makes them smile."

– Brenna, Registration Services Representative

### Ellen supports patients on their journey.



"I work with genetic testing, and for many of the patient's I see, breast cancer runs in their family or they have dealt with it themselves. The testing we do shows if a patient has a pre-disposition for breast cancer and

knowing this information is not only beneficial to the patient, but also to their children.

There's a lot that has to happen in order to do genetic testing. Patients come for these stressful tests, sometimes traveling a long way, and then they need to go here and there for labs and other appointments. It's important to me that I stay with them and make this process as seamless and supportive as possible. They're waiting for some potentially really life-altering news.

*Continued in next column...*

Each patient has their own way of handling situations, so it's up to us to know as soon as we enter a room what that patient needs. You have to make them feel comfortable. Sometimes being a good listener, not saying anything at all and just being with that patient is what they need. Some patients just need an extra hand during this tough time. My work is so meaningful, and I love that I'm able to help people on their journey."

– Ellen, Medical Assistant, St. Luke's Surgical Associates

### Tina makes space for healing.



"In 2001, I helped to start the Breast Cancer Support Group. The whole idea of the group was just women supporting women. It's been going strong now for 18 years, offering support and information to women of all ages who have

been diagnosed with breast cancer. These women take care of each other. They know what the experience is like, have lots of recommendations, encourage one another, and they're strong. It's an unbelievably upbeat group. There's something to be said about having people understand what you're experiencing. They overcome their own fears to help and support each other.

I facilitate the group with a nurse from the Breast Center and we work to make each participant feel comfortable. They're dealing with all kinds of different situations. Sometimes people come to the group saying that their situation isn't as catastrophic as another person's. I never want people to feel that way. It's crucial to me that each woman knows she's important. I want each group member to know that their diagnosis, their story and their needs matter.

It's really something to just be in the humanness of it all. I can't say enough about them, they are amazing. I'm grateful to be surrounded by all these strong women. It's at the end of a very long day, but by the time I get to that group, I feel so lucky to be a part of it."

– Tina, Social Worker, St. Luke's Regional Cancer Center

**To read more stories, visit**  
[slhduluth.com/ChooseStLukes](http://slhduluth.com/ChooseStLukes).



*Dr. Harting (right) and Anne Thomas at St. Luke's.*

## Fighting Cancer with 3D Mammography at St. Luke's

Published in *Woman Today* magazine November/October 2019

Anne Thomas believes that 3D mammography saved her life. Thanks to this advancement in breast cancer screening technology, her doctors were able to identify and remove a cancerous tumor no wider than a penny.

"My heart just dropped," Anne said as she remembered being told she was going to need surgery, "but without getting a 3D mammogram, I wouldn't have known. I feel really fortunate." Now, 20 rounds of radiation later and only two months after her initial diagnosis, she can proudly say that she is cancer free.

"We're detecting cancers earlier with 3D mammography," said Dr. Kerri Harting, radiologist at St. Luke's Breast Center. "This is why mammograms save lives. The earlier we can detect the cancer, the better."

### More clarity, fewer callbacks

During a traditional mammogram, the breast tissue is compressed between two plates for X-rays. "This spreads the tissue out and helps us see what's going on," explained Dr. Jennifer Witt, breast conservation surgeon at St. Luke's. This process is the same during a 3D mammogram, resulting in an identical experience for the patient.

However, where traditional mammography only takes two pictures of each breast, a 3D mammogram takes 15 in the same amount of time. This provides clear three-dimensional images, making any abnormalities easier to identify.

Due to this increased clarity, one of the main benefits of 3D mammography is the reduced number of callbacks. "If I see an abnormality, the patient has to come back for additional views with mammography, possibly ultrasound, or even a biopsy, when it could just be overlapping tissues," Dr. Harting said. "With 3D mammography, we

can look at the breast tissue in 1 millimeter sections. This eliminates overlap in tissue and helps us see much more clearly."

Reduced callbacks means fewer investigative ultrasounds and biopsies, less time off work for patients and, most of all, less anxiety from abnormal findings.

### Spotting cancer sooner

3D mammography is also proven to detect cancer sooner, especially the more-invasive types of cancer that can be harder to spot. "There are different types of breast cancers," explained Dr. Witt. "Invasive ductal breast cancer is the most common type, and it shows up well on mammograms." This cancer is also easier to feel during self-exams.

Then there's the second most common type of breast cancer: lobular carcinoma. "Lobular breast cancer may not show up well," Dr. Witt explained, "it tends to look less pronounced." This cancer may also be more difficult for patients to feel. The harder-to-detect nature of this cancer can allow it to grow which may result in a less hopeful prognosis when it is found. "So, catching lobular early is a huge gift," said Dr. Witt.

Lobular breast cancer survivor Susan Larson Kidd found this out first hand. After hearing about 3D mammography, and with her primary care provider's encouragement, she decided to try it. An irregularity was spotted on her images, so she came back in for an ultrasound and a biopsy. A little over a month later, Susan successfully had a small portion of lobular breast cancer removed. Now, she's cancer free.

"I'm just so glad I did it and caught it early," she said. "I think women should do whatever they can to get a 3D mammogram."

### 3D mammography at St. Luke's

With all the benefits from being able to see more clearly and with an identical experience to a traditional mammogram, 3D mammography is highly advocated by St. Luke's Breast Center specialists. "I strongly recommend women get mammograms yearly," said Dr. Harting, "and I strongly recommend 3D."

After her experience, Anne Thomas can personally vouch for the benefits of annual mammograms. "My 2019 screening was only one year and one week after my 2018 screening -- which had been completely clear," Anne said. "Had I not gone in right away for my annual screening I wouldn't have caught my cancer so early."

*Continued on next page...*

### 3D Mammography, continued...

The only difference between traditional mammography and 3D is a slight increase in cost, which may not be covered by some insurance companies. "More and more insurance companies are catching on and covering this," Dr. Harting explained.

In general, 40 is the typical age breast cancer screening should start. However, if a woman has a history of breast cancer in her family or other factors that put her at higher risk, screenings could begin earlier. "We don't want to over-test patients," said Dr. Witt, "but we do want to catch breast cancer in its early stages. So, it has to be a little bit of an individualized calculation." She encourages every woman to talk to her primary care provider to create a plan for breast cancer prevention.

As for where to get your annual 3D mammogram, Susan recommends St. Luke's. "This kind of thing is going to be happening to people," said Susan, "and the way St. Luke's treated me made all the difference in the world. Everyone was respectful and kind to me. I never felt like I was just another case."

3D mammography is available at St. Luke's Breast Center, St. Luke's Chequamegon Clinic and Lake View Medical Clinic. To schedule your annual mammogram today, call 218.249.5593 or visit [slhduluth.com/mammogram](http://slhduluth.com/mammogram).

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