Cancer Committee Members

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Heartland Cancer Research N CORP
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PAWEL DYK, MD, Radiation Oncology
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JASON LI, MD, Hematology/Oncology; Cancer Liaison Physician
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LARRY MENDELOW, MD, Surgery
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HASHIM RAZA, MD, Internal Medicine
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ERIK THYSSEN, MD, Gastroenterology
BRAD WHITE, MD, Urology
DEBORAH WIENSKI, MD, Hematology/Oncology

CONNIE ANDERSON, RHIT, CTR, Cancer Registry
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JOAN ELKINS, RN, Community Education Coordinator
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MARY ELLEN HAWF, RN, BA, CPC, Program Manager, Cancer and Infusion Center
STEPHANIE JOHNSON, RN, MSN, Manager, Breast HealthCare Center
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LINDA RUESLER, RD, Dietitian, Oncology Services
KIM THORWEGEN, American Cancer Society Representative
MICHELLE WHEELER, MA, CCC/SLP, Program Manager, Therapy Services
MARY WOJCICK, RT, (R)(T), Manager, Radiation Oncology Services
EACH YEAR THE MISSOURI BAPTIST CANCER CENTER ANNUAL REPORT highlights a particular cancer. This year we are reviewing some of the major advances in our understanding of prostate cancer and the growing options available for patients. As always, our focus at the Cancer Center remains to advance the health of our community with quality and compassion.

In this report, we also discuss how new cancer research trials are being conducted and the future of cancer diagnosis and treatments. As a reminder, last year the National Cancer Institute (NCI) enacted major changes in the way research programs are organized in the community. This reorganization has led to the formation of the NCI Community Oncology Research Program (NCORP). Heartland Cancer Research is one of 34 such networks nationwide that comprise the NCORP. This program provides us access to more than 90 clinical trials. An example of one trial offered at the Cancer Center for patients for whom standard therapies have failed is the NCI-Molecular Analysis for Therapy Choice (MATCH) Trial. This trial analyzes a patient’s tumors and provides DNA sequencing on the biopsy specimens to determine if there is any molecular abnormality for which a targetable drug is available. Treatment is assigned initially on one of 10 separate arms based on the “actionable mutation.” This trial can expand and add more promising drugs over time as our understanding of cancer biology grows.

Missouri Baptist Cancer program has shown voluntary commitment to excellent patient-centered care by seeking accreditation from the Commission on Cancer (CoC). This program was established in 1922 by the American College of Surgeons and is the only multidisciplinary accreditation program for cancer programs in the U.S. The CoC has designated Missouri Baptist as a Comprehensive Community Cancer Program (CCCP). In October 2014, a formal survey and performance report was conducted by the CoC. The Missouri Baptist Cancer program received an accreditation award from CoC for three years with commendations in five standards.

With approximately 2,000 new cases last year, the Missouri Baptist Cancer Center is growing. Additionally, the program continues to provide annual follow-up for approximately 18,000 patients. A Lung Cancer Screening program, which offers the latest low-dose computed tomography (CT) technology to detect early lung cancer, was introduced in 2014. This helps to appropriately screen selected current or former smokers utilizing evidence-based data and published national guidelines. The Breast HealthCare Center opened its new facility in February, 2015. The program has been recognized as a Breast Imaging Center of Excellence by the American College of Radiologists and a Breast Center of Excellence by the American College of Surgeons, the governing body of the National Association of Professional Breast Centers. The biggest strength of our program, however, is the physicians and staff who work with our patients each day. As you review this report, it is my wish that you recognize the hope, enthusiasm and promise we believe we offer our patients.

Atif Shafqat, MD
Chairman, Cancer Committee
OVERVIEW OF PROSTATE CANCER:
The prostate gland is roughly the size of a walnut and is situated beneath the bladder, in front of the rectum, and at the base of the penis. The prostate is a part of the male reproductive system that makes fluid that is incorporated into semen. Prostate cancer occurs when prostate cells begin to grow more quickly or die more slowly, leading to the formation of a tumor. Advanced prostate cancer is the third most common diagnosis among patients cared for at Missouri Baptist Medical Center.

EPIDEMIOLOGY:
About one in seven American men will be diagnosed with prostate cancer in their lifetime, making it the most common non-skin cancer diagnosis in men. Many more men have undiagnosed prostate cancer, with autopsy studies revealing prostate cancer in over half of elderly men. Despite its prevalence, the majority of men with prostate cancer die of other causes.

SCREENING:
Screening for prostate cancer can be accomplished by using a blood test called PSA (Prostate-Specific Antigen) and digital rectal exam. Performing screening can reduce the risk of death from prostate cancer by leading to early diagnosis and treatment. Screening can also lead to the diagnosis of indolent prostate cancers not destined to cause symptoms or death, raising concerns about overdiagnosis and overtreatment. Taken together, the decision about screening for prostate cancer can be difficult. An informed decision about screening should be made by doctors and patients after an individualized discussion that incorporates risk factors and patient preference.

LOCALIZED PROSTATE CANCER:
When a localized prostate cancer is discovered, the decision on type of therapy must take into account the patient's age, overall health and goals of care, along with the cancer's stage and aggressiveness. This decision is best made as part of a multidisciplinary team which may include the patient’s primary care physician, urologic surgeon, radiation oncologist, and medical oncologist. Treatment options can include active surveillance alone, surgery, radiation therapy, hormone therapy, or a combination of these modalities.

At Missouri Baptist, our urologic surgeons have access to state-of-the-art technology including the da Vinci® robotic, minimally-invasive system. With its 3-D view, the da Vinci® Surgical System aids the surgeon in identifying vital anatomy such as the delicate nerves and blood vessels surrounding the prostate. The robotic arms provide the surgeon with increased dexterity to perform a delicate and precise surgical dissection and reconstruction of the bladder and urethra. Compared to traditional open prostatectomy, the da Vinci® procedure has been associated with shorter hospital stays, less blood loss, and fewer surgical complications.
Radiation therapy uses high energy X-rays to treat prostate cancer. This may be accomplished by delivering penetrating X-rays non-invasively over a several week period using an external machine (termed external beam radiation therapy), by undergoing a surgical procedure where radioactive seeds are implanted into the prostate (termed brachytherapy), or a combination of both modalities. When external beam therapy is used, radiation oncologists use state-of-the-art radiation planning methods and techniques like RapidArc™ Therapy, intensity modulated radiation therapy (IMRT), and image guided radiation therapy (IGRT) that allow for rapid, precise and accurate radiation delivery that is measured in millimeters. These revolutionary technologies have allowed radiation oncologists to deliver larger doses of radiation leading to higher cure rates without significantly increasing treatment-related genitourinary and gastrointestinal toxicities. Brachytherapy requires a surgical procedure in the operating room, performed by the urological surgeon and radiation oncologist. Although it is a treatment method that has been used for many decades, modern-day implantation techniques use intraoperative fluoroscopy and ultrasound guidance with three-dimensional virtual computer planning, which results in more accurate seed placement within the prostate and improved avoidance of surrounding organs. The decision to use external beam radiation therapy and/or brachytherapy to treat prostate cancer depends on multiple clinical and pathologic factors that must be evaluated and thoroughly reviewed by the radiation oncologist prior to a treatment technique recommendation.

ADVANCED PROSTATE CANCER:
Some men are diagnosed with prostate cancer that has spread from the prostate gland to other organs and tissues. This spread can be present at diagnosis or can occur after attempts at curative treatments. Advanced prostate cancer cannot be cured by localized radiation therapy or surgery, though in some situations surgery and radiation treatments are appropriate. Advanced prostate cancer can be controlled for long periods of time by treatment with a growing list of medications, which can include hormone therapy, immunotherapy, chemotherapy and personalized targeted medications guided by genetic testing.

CASTRATION-SENSITIVE PROSTATE CANCER:
Prostate cancer growth is fueled by male hormones called androgens. Reducing androgen levels in men with prostate cancer is a highly effective treatment that can effectively shrink and control prostate cancer for extended periods of time. Medical castration can reduce androgen levels by using a number of medications usually given as injections under the skin. In addition, these injections are sometimes combined with oral medications called “antiandrogens.” Alternatively, surgical castration can be accomplished by a procedure called orchiectomy performed by a urologic surgeon. While lowering androgen levels remains the cornerstone of therapy for castration-sensitive prostate cancer, more recently large clinical trials have demonstrated a meaningful improvement in outcomes when six treatments with a chemotherapy drug called docetaxel are administered. This is particularly helpful for men whose cancer has spread extensively at the time of diagnosis.

CASTRATION-RESISTANT PROSTATE CANCER:
When prostate cancer begins to grow despite maintaining low androgen levels, this is termed castration-resistant prostate cancer (CRPC).
While in the past relatively few effective treatment options existed for men with CRPC, the past several years have seen the development of multiple effective treatments.

HORMONAL THERAPIES:
Two new oral medications have been recently approved to target CRPC. The first is called abiraterone acetate, or Zytiga®. It works by decreasing androgen synthesis outside the testes to levels lower than can be accomplished with traditional medical or surgical castration therapies. The second oral medication, called enzalutamide, or Xtandi®, is a potent “antiandrogen” that works by preventing circulating androgens from stimulating prostate cancer cell growth. Both oral medications are relatively well-tolerated and are taken daily.

IMMUNOTHERAPY:
Immunotherapies work by stimulating the immune system to combat cancer. Sipuleucel-T, or Provenge®, is an FDA-approved immunotherapeutic agent approved for use in some patients with CRPC. It is a cancer “vaccine” prepared by collecting immune cells from the patient through an IV in a process called leukapheresis. The immune cells are then treated in a lab, in hopes of priming them to attack prostate cancer, before they are infused back into the patient. Several other investigational immunotherapy drugs are currently being evaluated for activity in prostate cancer and other diseases. Some of the intravenous immunotherapy treatments have recently been approved for the treatment of other cancers such as lung cancer, kidney cancer and melanoma, and these drugs are being actively used at Missouri Baptist Cancer Center.

CHEMOTHERAPY:
Chemotherapy is a term traditionally used to describe medication that attacks growing cells. Because cancer cells are often growing more quickly than normal human cells, chemotherapy can be effective in selectively killing cancer cells. Several chemotherapy drugs are approved for use in prostate cancer, including docetaxel, cabazitaxel, and mitoxantrone. Each is delivered intravenously and has been proven to either improve outcomes or symptoms related to prostate cancer.

TARGETED THERAPIES/PERSONALIZED MEDICINE:
The advent of sophisticated molecular and genetic testing has led to the discovery of specific mutations and cell signaling processes unique to individual cancers that can be selectively targeted. These tests, including genome sequencing, are becoming increasingly efficient and affordable. Such testing is offered routinely to Missouri Baptist Cancer Center patients, to personalize treatment regimens for various cancer types. Genetic testing and targeted therapies have not yet been incorporated into standard treatment guidelines or FDA-approved therapy for prostate cancer. However, at Missouri Baptist Cancer Center, we are participating in clinical trials, including the National Cancer Institute’s Molecular Analysis for Therapy Choice (MATCH) trial, studying such treatments. In selected circumstances, genome sequencing testing is performed outside of clinical trials for our patients with prostate cancer in an effort to identify therapeutic targets. When such targets are identified, the appropriate drugs can be prescribed to personalize treatments.

THE USE OF RADIATION THERAPY IN METASTATIC PROSTATE CANCER:
Radiation therapy plays a critical role in the palliation of pain, in the maintenance of skeletal integrity, and in the preservation of skeletal function in patients with prostate cancer that has metastasized to the bone.

Two forms of radiation delivery are commonly used – external beam radiation and bone-targeting radiopharmaceuticals. External beam radiation therapy involves treatment of metastatic bone lesions with high-energy X-rays. Patients typically receive one to 10 radiation treatments, with each treatment lasting anywhere from five to 20 minutes, depending on the complexity of the radiation plan. External beam radiation therapy can provide pain relief in up to 85% of patients, with up to 60% of patients experiencing complete resolution of painful symptoms.

From left, Pawel Dyk, MD; Paul Mehan, MD, and Vincent Joe, MD.
Stereotactic body radiation therapy (SBRT) is a highly localized and accurate external radiation treatment that delivers a very large dose of radiation compared to conventional external beam radiation therapy (on the order of two to three times larger). SBRT has shown promising results in the context of pain relief and local control in patients with metastatic cancer to the spine. The effect of SBRT on pain relief and local control, relative to conventional external beam radiation therapy, is being evaluated by an ongoing nation-wide, phase III randomized trial. The total number of treatments prescribed, and dose delivered, depends on multiple factors, including goals of treatment (pain relief vs. structural stability), the extent of disease (limited vs. diffuse metastases), and the overall health and performance status of the patient, and must be customized for each individual.

Multiple randomized trials have shown equivalence in pain relief, and time to pain relief, between the delivery of one single relatively large dose of radiation compared to multiple smaller doses. These studies, however, have also shown a higher requirement of retreatment with single dose therapy, compared to patients who received multiple treatments during a radiation therapy course (approximately 10% vs. 20% over the span of one year).

When patients have bone-dominant, progressive and/or symptomatic diffusely metastatic prostate cancer, radiopharmaceutical therapy may be a beneficial treatment modality. Radiopharmaceutical therapy is a systemic treatment that involves the intravenous injection of a bone-seeking radioactive element. Similar to calcium, these elements are incorporated into the bone, especially in areas of increased bone turnover like metastatic sites. These elements release radioactive particles in close proximity to their final incorporated sites within the bone on the order of millimeters, with the result being a truly localized treatment. Elements that have been used in the past include Samarium and Strontium. Until recently, radiopharmaceuticals were shown to be beneficial in the treatment of painful symptoms from diffusely metastatic prostate cancer. In 2013, the results of a landmark phase III randomized, double-blind, placebo-controlled trial were published in the New England Journal of Medicine. Radium-223 infusion (Xofigo™) was compared to placebo in patients with castrate-resistant prostate cancer that had received, or were unfit to receive, docetaxel chemotherapy. The study not only demonstrated improvement in skeletal events (i.e. pain, pathologic fracture, cord compression, and orthopedic intervention), but also an overall survival improvement. Importantly, there was no significant difference in toxicity between Radium-223 and placebo.

Radium-223 is infused intravenously every four weeks for a total number of six treatments. Patients can receive simultaneous systemic treatment during the 24-week treatment course, with the exception of systemic chemotherapy. At Missouri Baptist Medical Center, we have treated 12 patients in 2014 with Radium-223 without incident. Currently accruing prospective studies are looking to expand the role of Radium-223 in patients with bone-dominant metastatic prostate cancer.

**CLINICAL TRIALS:**
Missouri Baptist Cancer Center is part of the Heartland Cancer Research NCI Community Oncology Research Program (NCORP). As a part of this important program we have access to multiple clinical trials, some of which are available to men with prostate cancer. Each patient is screened by our team of physicians, nurses, and study coordinators for clinical trial eligibility. The goals are to identify studies that provide patients with the newest treatments, and will provide answers to important questions which improve care for future patients.

**SUPPORTIVE CARE:**
Each individual with prostate cancer experiences physical and mental symptoms which are unique to them, and influenced by their specific disease, treatment program, overall health, and personal influences. The supportive care needs of our prostate cancer patients are diverse and can include bone strengthening agents, support groups, insurance assistance, home health, spiritual support, alternative medicines, counseling, transportation, and nutritional supplements. Our team includes social workers, dietitians, physical/occupational therapists, financial support staff, pharmacists, volunteers, nurses and doctors, each with a unique role and a respected voice in tailoring a care plan which aims to maintain a good quality of life for our patients and their families.
THE MATCH TRIAL is a precision medicine clinical trial sponsored by the National Cancer Institute and available at Missouri Baptist Cancer Center for patients with advanced cancers that are no longer responding to standard therapies. The study involves using genetic testing to identify unique abnormalities in cancer cells that can be targeted by specific cancer drugs. Cancer studies traditionally have been disease-based meaning that only patients with one specific type of cancer could enroll in the study. However, genetic testing has demonstrated that identical genetic mutations exist in some patients with different types of cancers. Because these individual mutations and some types of cancer are very rare, it is difficult to perform large studies to test the utility of these drugs in each individual type of cancer. With this in mind, the MATCH trial looks to identify larger groups of patients with specific mutations to test appropriate cancer drugs regardless of the specific type of cancer (e.g., breast cancer, lung cancer, prostate cancer, etc.). At the time of opening in August, 2015, 10 specific drugs were set to be tested. It is anticipated that ultimately more than 20 drugs will be tested in approximately 3,000 patients nationally. The testing and drugs used in this study will be provided to eligible patients without charge.
REDESIGN OFFERS WELCOMING FEATURES:
The Breast HealthCare Center celebrated the grand opening of its newly redesigned space with a ribbon cutting ceremony on February 26, 2015. This renovation supports Missouri Baptist’s ongoing dedication to provide an exceptional environment of care for patients and families. Upon entering, patients are greeted with a comfortable and calming atmosphere, one of the many important features offered at the state-of-the-art center.

CENTER RECOGNIZED FOR COMPREHENSIVE APPROACH:
Providing advanced, quality breast care is the highest priority at the center. The Center offers the latest technology in screening and diagnostic imaging through the use of Digital Tomosynthesis (3D Mammography). Other services include Bone Mineral Density Screening (DEXA), Stereotactic-Guided Breast Biopsy, Ultrasound-Guided Breast Biopsy, Surgical Needle Localization and Breast MRI.

Medical Director Geoffrey S. Hamill, MD, leads a staff of seven dedicated radiologists who specialize in mammography and breast imaging. Eleven medical imaging technologists, registered with the American Registry of Radiologic Technologists, offer patients a combined 50 years of experience in breast imaging. The Ultrasound department includes four sonographers who specialize in ultrasound of the breast and breast anatomy and are members of the American Registry of Diagnostic Medical Sonographers. The Center’s nursing department provides seven staff nurses, a nurse navigator, an outreach nurse navigator, and a nursing supervisor. This highly specialized team is dedicated to serving patients and families by providing guidance, education, support and coordination of care throughout the complex journey of comprehensive breast care.

The Center is recognized as a:
- Breast Imaging Center of Excellence by the American College of Radiologists
- Breast Center of Excellence by the American College of Surgeons, the governing body of the National Association of Professional Breast Centers
- Member of the National Quality Measures for Breast Centers by the National Consortium of Breast Centers, Inc.

CENTER CONTINUES STRONG OUTREACH COMMITMENT:
In addition to the comprehensive services provided at the Center, screening mammograms are offered through the mobile mammography van for at-risk women ages 40-64. Outreach events are held in St. Louis City and St. Louis County, along with 11 rural counties. Follow-up services are provided at the Center for women with mammography abnormalities.

In the 2015-2016 grant year, the Center will continue to offer reduced-cost education and screenings to women. For the 2014-2015 grant year, 11 cancers were detected and outreach efforts funded:
- 880 Free Screenings
- 158 Diagnostic Mammograms
- 129 Ultrasounds
- 14 Stereotactic Biopsies
- 14 Ultrasound Guided Breast Biopsies
- 2 MRIs

Cutting the ribbon for the newly remodeled Breast HealthCare Center are, from left, Caryn Kamin, executive director of Oncology Services & Breast HealthCare Center; John Antes, Missouri Baptist Medical Center President; G. Paul Yazdi, MD, and Geoffrey Hamill, MD.
THE CANCER REGISTRY at Missouri Baptist Medical Center plays a very active role in the Cancer program. The Registry coordinates the collection, research, and analysis of cancer information on patients diagnosed and treated at Missouri Baptist. In addition to the registry functions, the Cancer Registry also coordinates the Commission on Cancer (CoC) accreditation process and ensures that the Center meets or exceeds all CoC Program Standards. In 2014, more than 1,850 patients were added to the Registry. The top site diagnosed and treated at Missouri Baptist continues to be breast cancer, followed by lung, prostate, colorectal and pancreatic cancer. Since 2002, over 17,000 patients have been entered into the registry database with the registry providing annual follow-up on all of the analytic cases. The registry collects well over 100 data elements on each new cancer case which contributes to treatment planning, staging, and continuity of care for our patients. The Registry is also responsible for the submission of clinical data to the state and also to the National Cancer Data Base (NCDB) so that aggregate data can be used as a clinical surveillance mechanism to review patterns of care, outcomes and survival with the ultimate goals of preventing cancer and also to find the most effective cancer treatments. We encourage physicians and other healthcare professionals to utilize the data collected in the Registry. The Registry staff can be reached at 314-996-5455.

**DIAGNOSTIC SYSTEM**

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<th>F</th>
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<th>Non-Analytic**</th>
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*Analytic cases: Diagnosed and/or treated first course treatment at Missouri Baptist

** Non-analytic cases: Received subsequent treatment at Missouri Baptist (diagnosed and all first-course treatment received elsewhere).
## Analysis of Cancer Cases 2014

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<th>F</th>
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(Statistical Data from 2014)
MISSOURI BAPTIST is part of Heartland Cancer Research, one of 34 community networks that comprise the National Cancer Institute Community Oncology Research Program (NCORP). The Heartland NCORP brings access to the newest innovations in cancer treatment and prevention to residents of St. Louis, Cape Girardeau, Farmington, Jefferson City, Ste. Genevieve and Sullivan, Missouri, as well as over 120 other counties in Missouri, Illinois and northern Kentucky. NCORP brings researchers together on a national level, such as the oncologists at the Cancer Center. Our oncologists conduct high quality clinical studies in local community settings for patients with cancer, those enduring the side effects of cancer and its treatment, and for those at risk of developing cancer. State-of-the-art cancer research studies are available at the Cancer Center, alleviating the need to travel far from home. The Cancer Center currently has more than 90 clinical trials underway for cancer treatment, cancer prevention and symptom control.

Why is community-based cancer research important? Being able to join research studies in a person’s own community allows them to stay close to family, friends, support systems, and their local physician and health organizations while still participating in high quality clinical research. This results in convenient, personalized care and better outcomes.

Research in the community setting allows access to a larger and more diverse patient population in a variety of “real world” healthcare locations where 80% of cancer patients receive their care. This can accelerate accrual to national clinical trials, enable feasibility testing of promising new interventions, and increase the generalizability of study findings. Engaging community oncologists in collaborative research can also facilitate the uptake of effective, evidence-based practices into routine care.

WE CURRENTLY HAVE MORE THAN 90 CLINICAL TRIALS FOR CANCER TREATMENT, CANCER PREVENTION, AND SYMPTOM CONTROL.

Clinical trials are research studies that involve people. They test new ways to prevent, detect, diagnose, or treat diseases. People who take part in cancer clinical trials have an opportunity to contribute to scientists’ knowledge about cancer and to help in the development of improved cancer treatments. They also receive state-of-the-art care from cancer experts. By participating in clinical research studies through Missouri Baptist Cancer Center, patients are among the first to benefit from new advances. In addition, participants in cancer clinical trials contribute to knowledge of, and progress against, cancer. In its first year as a member of the NCORP program, more than 120 patients were entered into clinical trials at Missouri Baptist. Over 450 clinical trial participants continue to be followed at Missouri Baptist.

In addition to being scrutinized by scientific review panels at the NCI, all research protocols are reviewed locally by the Institutional Review Board (IRB) of Missouri Baptist and the National Cancer Institute Central IRB. Both IRBs have been endorsed by the federal Office for Human Research Protections (OHRP), a division of the Department of Health and Human Services. One of the responsibilities of an IRB is to insure that the informed consent document for each study is complete and understandable to potential participants. Informed consent is a process by which people learn the important facts about a clinical trial to help them decide whether to participate. People can leave the study at any time – either before the study starts or at any time during the study or the follow-up period. The informed consent process continues throughout the study. If new benefits, risks, or alternatives are discovered during the study, participants are notified.

The Heartland Cancer Research website (heartlandccop.com) contains information for cancer patients, the general public and health care professionals. It provides information about the types of cancer, treatment alternatives, reasons to participate in clinical research, and detailed summaries of the research studies available through Heartland.

Heartland is affiliated with multiple...
Comprehensive Cancer Rehab Supports Survivorship Care

The STAR Program at Missouri Baptist incorporates the most recent scientific advances, ensuring delivery of the highest quality cancer care that includes specialized treatment for:

- Pain
- Weakness
- Fatigue
- Shoulder problems
- Balance and gait problems
- Memory and concentration issues
- Swallowing and other speech problems
- Lymphedema (including early detection with L-Dex technology)

The program is supported by a team of specially trained and certified clinicians and providers who are dedicated to improving the lives of survivors. STAR Program clinicians work to identify each person’s personal goals and tackle the issues that most affect quality of life and independence.

“Shortly after my double mastectomy, I began therapy which was a Godsend! It seemed as if I finally could gain back some of what I had lost. Although, at first the progress that I made was slow, I appreciated each and every small step. Then, after a few weeks it was as if I ‘turned the corner.’ My fatigue level was improving, allowing me to do many things I was unable to do before. The wonderful therapists at MoBap gave me very wonderfully personalized care and were genuinely concerned about my well-being. They were extremely encouraging and understanding of my changing needs. I highly recommend their program!”

– Michelle E.
100th Lung CT Screening Performed at Missouri Baptist

**THIS AUGUST,** Missouri Baptist Medical Center performed its 100th lung CT screening.

Arthur Allen Smith was pleasantly surprised when he was notified by Elizabeth Arenas, RN, BSN, that he was the 100th patient.

Smith, 71, said, “More people can be helped if they know about the availability of this test.”

It is estimated that lung cancer deaths can be reduced by 20 percent, or up to 22,000 lives can be saved nationwide by this screening test each year.

Tobacco use accounts for almost 90 percent of all lung cancers. Other risk factors include exposure to asbestos or other environmental agents, or a family history of lung cancer, or other related medical history.

John Engels, MD, Missouri Baptist board-certified diagnostic radiologist said, “Screening is for those with a high risk of developing lung cancer, including anyone between the ages of 55-74 years with a 30 pack-year history of smoking (a pack-year is the number of packs smoked per day times the number of years of smoking), or people older than 50 years with a 20 pack-year history of smoking and any other additional risk factors for lung cancer.”

The low-radiation-dose CT scan is only appropriate for those who may be at higher risk for lung cancer due to their history of smoking. The screening helps detect lung cancer in its earliest stages, making treatment easier and more effective if cancer is found.

The Missouri Baptist screening program launched in November, 2014. Those who meet the eligibility criteria for the screening work directly with Arenas, a nurse navigator dedicated to guide patients through the program.

The CT scan, which takes only a few minutes, provides detailed images of the inside of the body, made by a computer that combines the X-ray images taken from different angles.

When insurance does not cover the screening, the out-of-pocket cost is $200. Missouri Baptist Medical Center was the recipient of a grant from the Lung Cancer Connection which may provide financial assistance to eligible individuals.

Missouri Baptist offers the lung screening program to patients at Parkland Health Center, Missouri Baptist Sullivan Hospital and Ste. Genevieve County Memorial Hospital. For more information on the screening program, visit our website at MissouriBaptist.org/lungscreening or call 855-399-LUNG (5864).
THE RADIATION ONCOLOGY DEPARTMENT at Missouri Baptist Medical Center offers a variety of options for radiation treatments, alone or in conjunction with chemotherapy, surgery and hormone therapy. Our board-certified radiation oncologists specialize in the delivery of radiation and our physicians and staff are well-equipped to provide excellent care. Advanced treatments include:

- Stereotactic Body Radiation Therapy (SBRT)
- Image Guided Radiation Therapy (IGRT)
- Intensity Modulated Radiation Therapy (IMRT)
- 3D External Beam
- Respiratory Gating
- Stereotactic Radiosurgery (SRS)
- Rapid Arc
- Brachytherapy
- Prostate Seed Implants
- Accelerated Partial Breast Irradiation (APBI)
- Breast Hypofractionation
- Prone Breast Radiation
- High Dose Rate Brachytherapy (HDR)
- Radioimmunotherapy

TARGETED THERAPIES:
SBRT radiation delivers high doses of radiation in five treatments. Small targets receive a large dose of radiation while reducing the radiation dose to the normal structures.

IGRT is another type of radiation that delivers targeted radiation to a tumor and uses imaging, such as a CT scan, to help guide where the radiation beam should be directed. A patient receives an initial CT scan, which is used to plan where the radiation will be delivered. Once the radiation plan is completed, the patient is treated using the plan prepared by the physician and the staff. Prior to delivering the radiation dose, the patient receives a CT Scan that compares the patient in treatment position to the initial CT scan used for the planning. This helps verify that the patient is receiving his or her radiation to the area the physician intends.

RADIOTherapy FOR Breast Cancer:
Breast Hypofractionation, Prone Breast Radiation and APBI are all used to treat breast cancer. The department provides many different options based on the patient’s diagnosis. Breast hypofractionation can be used to decrease the number of days the patient must come for daily radiation treatments. Prone breast radiation therapy is a unique approach to treating breast cancer. With the breast away from the body, radiation exposure to the surrounding organs and tissues, like the heart and lungs, is minimized. This lowers the risk of complications such as future heart disease, lung damage and poor cosmesis. APBI shortens the treatment time from six and one-half weeks to five days, and reduces the treatment area from the entire breast to the area of the breast immediately around the lumpectomy site. All of these options are based on diagnosis and recommendation by a radiation oncologist.
THE EDUCATION of the Cancer Center’s physicians, nurses and ancillary staff and local community is an integral part of the Cancer program at Missouri Baptist Medical Center. Educational opportunities that are available to physicians include weekly tumor conference, pulmonary conference and breast conference. In addition, tumor specific educational conferences are held either under the auspices of the Cancer program or as part of hospital grand rounds.

The Oncology presentations in 2014 included:

- New Treatments in Advanced Prostate Cancer – Paul Mehan, MD, Midwest Hematology & Oncology Consultants, Inc., Missouri Baptist Cancer Center.
- Harnessing Evidence to Prevent Breast Cancer Now – Graham Colditz, MD, Chief of Public Health Sciences and Professor of Surgery, Washington University.
- ProvenCare Lung Cancer: Re-Engineering Cancer Care Delivery – Matthew Facktor, MD, Director of Thoracic Surgery, Geisinger Health Systems.
- Prostate Cancer, Present, Future: Current Controversies and Guidelines for Diagnosing and Treating Prostate Cancer – Matthew Spellman, MD; Christopher Vulin, MD; David Keetch, MD; Etai Goldenberg, MD, Urology Consultants Ltd., St. Louis.

Tumor conference continues to be very well-attended with medical and radiation oncologists, pathologists, surgeons, radiologists and subspecialty physicians meeting weekly to discuss cases prospectively.

Pulmonary conference has a similar format with pulmonologists, thoracic surgeons, medical oncologists, radiation oncologists, and pathologists meeting weekly to discuss challenging or teaching cases.

Breast conference is held weekly for developing management consensus by a group of physicians in a formal setting. This conference reflects the multi-disciplinary approach of the breast program. These conferences are an integral part of the Cancer program and reflect the commitment to communication and quality of care. It brings together different perspectives from the physicians and also input from nurses, social workers, clinical research staff and tumor registrars.

Palliative Care rounds are conducted weekly including case presentations of inpatients and didactic discussions.

Community Education continues to be an active and important part of the outreach focus of the program. The Cancer Center physicians and research staff have made contributions to community seminars throughout the year. Dr. Bryan Faller led a Cancer Support Community educational work shop at Missouri Baptist Medical Center entitled “Frankly Speaking About Metastatic Breast Cancer.” A presentation by Dr. Alan Lyss at Yale University Smilow Cancer Hospital in New Haven, Connecticut focused on Community Oncology Care. His presentation, “Quality Through Clinical Research,” was part of the Network Research Summit in May, 2014.

The Cancer Support Center at Missouri Baptist is staffed by a full-time patient education specialist and has access and information about multiple resources available to the cancer patient. The nursing and ancillary staff receive timely updates on new drugs and therapies. Certified nurses demonstrate annual competency on oncologic emergencies, administration and safe handling of chemotherapeutic agents and new drugs.
MISSOURI BAPTIST MEDICAL CENTER focuses on community education. The Community Health Needs Assessment drives and validates the programs offered. In 2015, Community Education provided the following programs:

- “Early Detection of Lung Cancer,” a presentation by Dr. Mitchell Botney.
- Pearls of Wisdom, over 600 women attended this health event with participation from St. Louis Ovarian Cancer Awareness (SLOCA) and American Cancer Society (ACS). On-site appointment scheduling for mammograms was offered by the Breast HealthCare Center at Missouri Baptist.
- Skin cancer screening day, a collaboration between Missouri Baptist and the American Dermatology Association, where 119 clients were screened. Two possible squamous cell carcinomas and one melanoma were identified during this screening. The American Dermatology Association conducted follow-up calls on positive results.
- American Cancer Society Relay for Life of St. Louis®, Missouri Baptist was a Bronze sponsor.
- St. Louis Senior Olympics held at the Jewish Community Center (JCC), Missouri Baptist provided sunscreen, sunglasses, and sun safety tips.
- Susan G. Komen St. Louis Race for the Cure®, Missouri Baptist was a Silver sponsor.
- Cancer Wellness Day, a collaboration with Cancer Agencies Network (CAN); over 200 participated in the event; also included breakout sessions provided by Missouri Baptist dieteitian and physical/occupational therapists.

M: My Health/My Life is Missouri Baptist Medical Center’s community education magazine. This publication, mailed to more than 127,000 households, shares health information, new technologies and programs, health screenings, and promotes community education events.
The Joy in Joe

**LIFE IS A BLESSING** for Joe Anderson. Named after her father, she believes living each day to the fullest is just as important for her health as the treatment she receives in the Cancer Center at Missouri Baptist Medical Center. Joe finds encouragement for continued healing through her strong faith and prayer. She receives inner joy by sharing her inspiration for hope with others, especially individuals she meets because of her cancer diagnosis six years ago.

The oldest of seven children, she was born and raised in St. Louis. Joe put herself through certified nurse assistant training. She worked in nursing homes for many years until she took a position in a local factory and then a job at the St. Louis airport. Joe beams when she talks about her children, Antonio, Nicole and Dion, as well as her three grandchildren and two great grandchildren. She feels fortunate to have all her siblings nearby. She is especially grateful for her dear friend Verna, who does all of Joe’s shopping.

Joe had known cancer in her family before as her mother had died from ovarian cancer. This did not prepare Joe for her own diagnosis.

It was 2009, and Joe was in her sixth year of retirement. In unbearable pain, Joe called her grandson to take her to Missouri Baptist. She learned the source of her pain from Dr. Atif Shafqat, who gently explained the diagnosis of multiple myeloma. Radiation treatments and oral chemotherapy were immediately ordered. The drugs alleviated her pain, but didn’t provide the results Dr. Shafqat had expected. A bone marrow transplant followed, and Joe celebrated remission for three years.

When her cancer markers began to rise again, Dr. Shafqat recommended a clinical trial. As was her practice since diagnosis, Joe researched the chemotherapy drug ordered as part of that clinical trial. “I attend seminars to educate myself. So much has changed since I was first diagnosed with multiple myeloma, and new drugs are coming out all the time,” explained Joe. “When others ask me about going on a clinical trial, I share my story. I was on the trial for more than a year. My numbers were good for almost another year. I encourage others to make their own decision, but I do tell them that sometimes in life, you have to take some chances.”

All too soon this past April, Joe’s cancer markers began to inch higher. With a port in place, she has been receiving intravenous chemotherapy two days a week. “I have come such a long way. I am doing well with the chemotherapy now, and am so blessed to be surrounded by nurses who are always concerned about me and how I feel,” she said. “When I am at the Cancer Center, I talk with people. Some are so down. Some so sick. I try my best to lift up the spirit in others.”

Joe also has found inspiration in art therapy offered to Missouri Baptist patients. When the therapist learned of Joe’s love for shoes, the therapist drew all types of shoes in Joe’s art book. “I am learning how to paint the shoes using all sorts of color palettes. It’s so relaxing,” stated Joe.

Not only is Joe passionate about shoes, she has remained devoted to her line dancing classes throughout her cancer treatments. Each Wednesday night, Joe and her girlfriends learn new dance moves to all types of music. “I love music and dancing. My cancer isn’t curable; but it’s treatable,” added Joe. “I do tire easily, but I just take one step at a time. Life is too important to me right now. Now is the time to enjoy life.”
“I try my best to lift up the spirit in others.”
- Joe Anderson
THE DIAGNOSIS AND TREATMENT of cancer often initiates a cascade of physical challenges, emotional upheaval, financial crises, and general disruption of the “normal” life of an individual, as well as for the loved ones involved in supporting and caring for that person. In 2007, the Institute of Medicine issued a report, “Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs,” which highlighted the importance of screening cancer patients for distress and other psychosocial issues. Distress is defined as an unpleasant experience of an emotional, psychological, social or spiritual nature that interferes with people’s ability to cope (National Comprehensive Cancer Network [NCCN], 2007, p. DIS-2).

By Jan. 1, 2015, cancer centers accredited by the Association of Community Cancer Centers (ACCC) were mandated to have a process in place to screen for distress and provide appropriate interventions and referrals when indicated.

In 2013, Missouri Baptist Cancer Center piloted a program to assess the distress associated with cancer at the start of treatment and at pivotal points along the continuum of the cancer experience. By July, 2014, patients starting chemotherapy and/or radiation therapy were regularly screened for distress at the start of treatment and at other times during treatment. The screening tool developed by Missouri Baptist includes a “Distress Thermometer” recommended by the NCCN. A patient rates his or her distress on a scale of zero to 10, from no distress at all to extreme distress, much like how pain is rated on a pain scale. In addition, the same form lists a variety of practical, emotional, communication and physical concerns a patient can use to indicate specific areas of distress. The form also provides the patient with the opportunity to request follow-up with an oncology social worker, a dietitian and/or a chaplain. Scores that meet or exceed a distress measure of four or greater indicate the need for further assessment by the oncology nurse, social worker and/or physician.

Patients use the Distress Screening form to communicate their specific concerns to their treatment team. As an assessment tool, the form allows the social worker and nurse to provide information and resources which address a patient’s concerns in a focused and timely manner. Alleviating distress can take many forms. It may involve a referral for counseling or information about community resources with a social worker. Or, the patient may be encouraged to participate in supportive programs available at Missouri Baptist such as art, music, massage or pet therapy. It may also take the form of a nurse providing additional education on the management of troubling side-effects. The licensed dietitian may provide important intervention supporting the nutritional health of the patient. The chaplain may meet with the patient in the treatment area to give spiritual comfort and support.

Cancer can be distressing in a multitude of ways, and the screening form is a proven tool to identify and address the psychosocial needs of our patients.
‘Art of Survivorship’ Celebrates Cancer Survivors and Caregivers

THE MISSOURI BAPTIST CANCER CENTER celebrated cancer survivors and their caregivers at the “Art of Survivorship” in October, 2015.

While music therapists provided music, attendees enjoyed more than 50 pieces of art created by cancer survivors and their caregivers from across the U.S. Part of the traveling Lilly “Oncology on Canvas®” program, the artwork was displayed throughout the Cancer Center and in the Healing and Inspiration gardens.

Launched in 2004, Lilly Oncology on Canvas gives people living with cancer — and those who care for them — a way to tell their stories through creativity, as well as bring comfort and support to others by sharing their cancer journeys.

During the event, attendees contributed to the artwork by using a loom to weave their message of hope for cancer survivors. A chessboard, decorated by Missouri Baptist Cancer Center patients working with an art therapist, also was unveiled.

Vincent Joe, MD, Missouri Baptist medical director of radiation oncology, welcomed the survivors and their caregivers to the event. Three cancer survivors shared their stories of hope and inspiration through poetry and prose. The event concluded with all of the cancer survivors being recognized together and taking part in an impromptu dance, while attendees cheered.

“The Art of Survivorship celebration was uplifting, inspirational and enjoyable,” said attendee Sandy Burkel. “Meeting other survivors and sharing stories was also a great plus and empowering. Thank you for a lovely experience.”
Palliative Care

By Gary A. Ratkin, MD, and Vicki Boehmer, RN, BSN, MAHCN, CHPN, Palliative Care Specialist

PALLIATIVE CARE is incorporated throughout a patient’s experience with cancer. It should begin at diagnosis and continue through treatment, follow-up care and the end of life. The Missouri Baptist Cancer Center provides such comprehensive support to all patients throughout their treatment experience and beyond.

Patients experience an introduction to palliative care in the Cancer Support Center or through their interaction with our interdisciplinary care teams. The team involves the oncology physicians, nurses, social workers, dietitian, pharmacists, rehabilitation therapists and Spiritual Care department.

Missouri Baptist Cancer Center initiatives include psychological distress screening to help identify patients in need of more intensive support services. Survivorship programming includes STAR Rehabilitation. Simultaneously with oncological treatment, we emphasize effective pain and symptom management to enhance the patient’s quality of life.

ADVANCE CARE PLANNING AND ONGOING DISCUSSIONS ABOUT THE PATIENT’S GOALS ARE ENCOURAGED TO ENSURE THAT TREATMENT IS CONSISTENT WITH THE PATIENT’S PREFERENCES.
Missouri Baptist Medical Center

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**Clinical Nurse Manager, Cancer and Infusion Center**
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Diane Grove, RHIA, CTR .................................................. 314-996-5455

**Heartland Cancer Research NCORP**
Alan Lyss, MD, Principal Investigator
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**Cancer and Infusion Centers**
Main Campus ................................................................. 314-996-5151
Sunset Hills ................................................................. 314-525-0550
St. Louis Gynecology Oncology Infusion ......................... 314-991-5445

**Breast HealthCare Center** ........................................... 314-996-7550

**Hospice/Supportive Care** ........................................... 314-996-5522

**Community Education & Physician Referral**
...................................................................................... 314-996-LIFE (314-996-5433)

**Cancer Support Center** ............................................. 314-996-5800

**New Patient Coordinators:**
 Medical Oncology/Hematology ....................................... 314-996-5510
 Radiation Oncology ......................................................... 314-996-5729