



SAINT FRANCIS CANCER TREATMENT CENTER



2008

CANCER ANNUAL REPORT

† CATHOLIC HEALTH
INITIATIVES®

Saint Francis Medical Center

Well beyond healthcare.™



Saint Francis Cancer Center 2008 Data Presentation

M. Sitki Copur, M.D. FACP

Two-thousand and eight, another successful year at Saint Francis Cancer Center. Saint Francis Cancer Center services continued to grow, as we continued utilizing National Community Cancer Centers Pilot Project (NCCCCP) grant sponsored by National Cancer Institute. We not only increased our patient enrollment in existing clinical trials, but also enjoyed adding a number of new clinical trials to our clinical trials armamentarium. This year we have opened 10 new clinical trials and enrolled 55 patients with an enrollment rate of 10%. We utilized new services such nurse navigator for breast and colon cancer patients, genetic counselor for all cancer patients, as well as continuing to address supportive care, end of life care and survivorship issues. We also started participating in the data collection and self-review process under Quality Oncology Practice Initiative (QOPI) through ASCO.

This year, our cancer registry has identified a total of 550 newly diagnosed cancer cases. (Figure 1). Nationwide, estimated new cancer cases for the year 2008 is 1,437,180 and estimated new cancer cases in Nebraska is 8,710 with a state incidence rate of 468 cancer cases per 100,000 population. Based on these numbers, 0.6% of all new cancer cases across the nation belong to Nebraska and 6.3% of 8,710 new cancer cases in Nebraska were registered through Saint Francis Cancer Center.

This year breast cancer incidence regained the first place with a 17% incidence followed by colorectal (15%), prostate (14%), lung (9%) and bladder (6%) cancers. (Figure 2). For the last 10 years, most common primary site has been the breast excluding last year, 2007. Seventeen percent incidence of breast cancer this year was identical with national database incidence, but higher than Nebraska average of 14%. Saint Francis Cancer Center remains the main referral center in central Nebraska for the most needed services in the management of breast cancer thanks to its strong surgical, radiological, medical and radiation oncology services along with a large variety of available clinical trials some of which are only available at our site in the state of Nebraska.

Colorectal cancer kept its place as the second most common site with an incidence of 15%, which is higher than the



M. Sitki Copur, M.D.

national average of 10%, and the state average of 12% (Figure 2). Saint Francis Cancer Center continued to expand its colon cancer awareness program with educational and screening activities. A joint CME presentation by our surgical, internal medicine and genetic counselor services were provided for patients and their families. Screening colonoscopies are more widely promoted and utilized due to more public awareness about the disease. Saint Francis Cancer

Center has a great surgical and pathological team performing colorectal cancer surgeries with 90% of patients having more than 12 lymph nodes examined after their surgery for the year 2008. Neoadjuvant chemoradiation therapy for rectal cancer is being performed with great efficacy and safety in collaboration between medical and radiation oncology departments.

Prostate cancer took the third place with a 14% incidence similar to Nebraska average of 15% but higher than national average 12%. Saint Francis Cancer program continued to provide surgical, radiation and chemotherapy treatment options as well as a variety of clinical trials for both hormone refractory and sensitive prostate cancer patients.

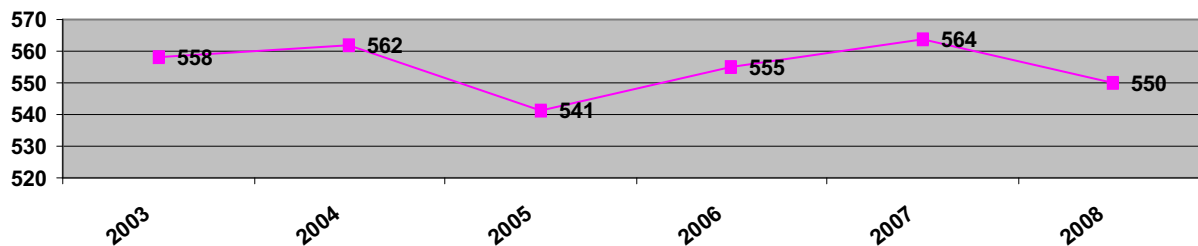
Lung cancer incidence was 9%, taking the fourth place with an incidence lower than both Nebraska 12% and national average 14%. Over the past three years, it is encouraging to see the continued plateau in the number of new lung cancer cases in our service area. Saint Francis Cancer Center has teamed up with University of Nebraska and Epply Cancer Center to offer all the services needed for lung cancer patients. We are exploring the possibility of establishing a multidisciplinary lung cancer clinic to better address the need in this area. A large variety of clinical trials in the adjuvant, metastatic, and second line chemotherapy setting are available at Saint Francis Cancer Center.

I am proud to present our cancer registry data on another very successful year, 2008. Year after year, Saint Francis Cancer Center Flag Team continues to run this marathon proudly, to win the battle against cancer, which is our ultimate goal! My sincere thanks and deep appreciation to a wonderful team of people at Saint Francis Cancer Center who make this possible.

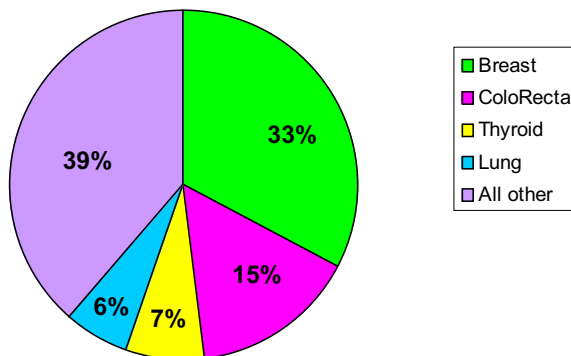
2008 Comparison of Cancer Data *Cancer Program Annual Report*

At Saint Francis Medical Center, there were 550 cases of cancer and other reportable tumors accessioned to the Cancer Registry in 2008. Of those, 512 were analytic and 38 were non-analytic.

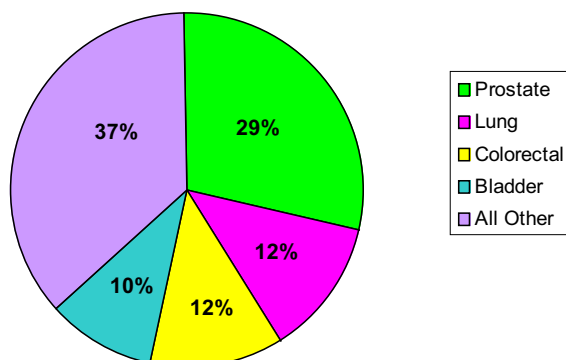
New Cases at Saint Francis Medical Center



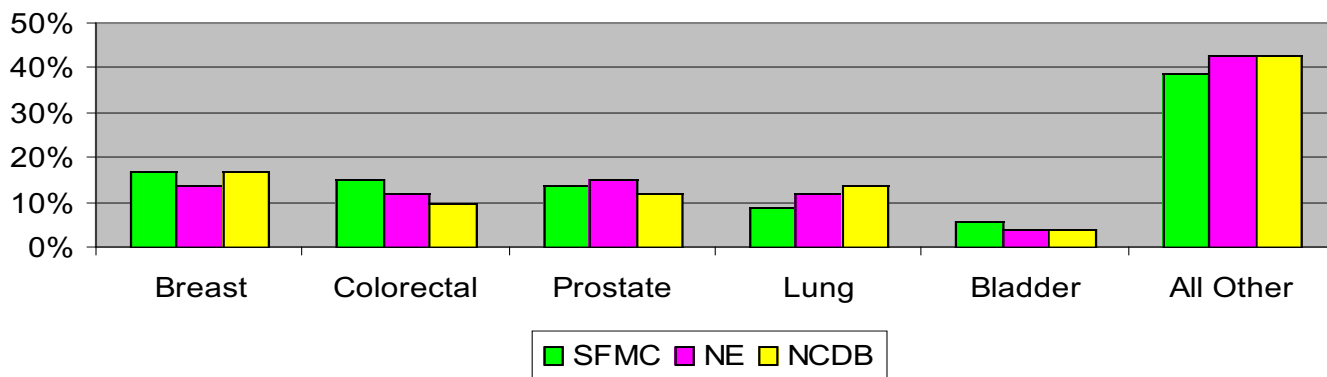
Female - Top 5 Sites



Male - Top 5 Sites



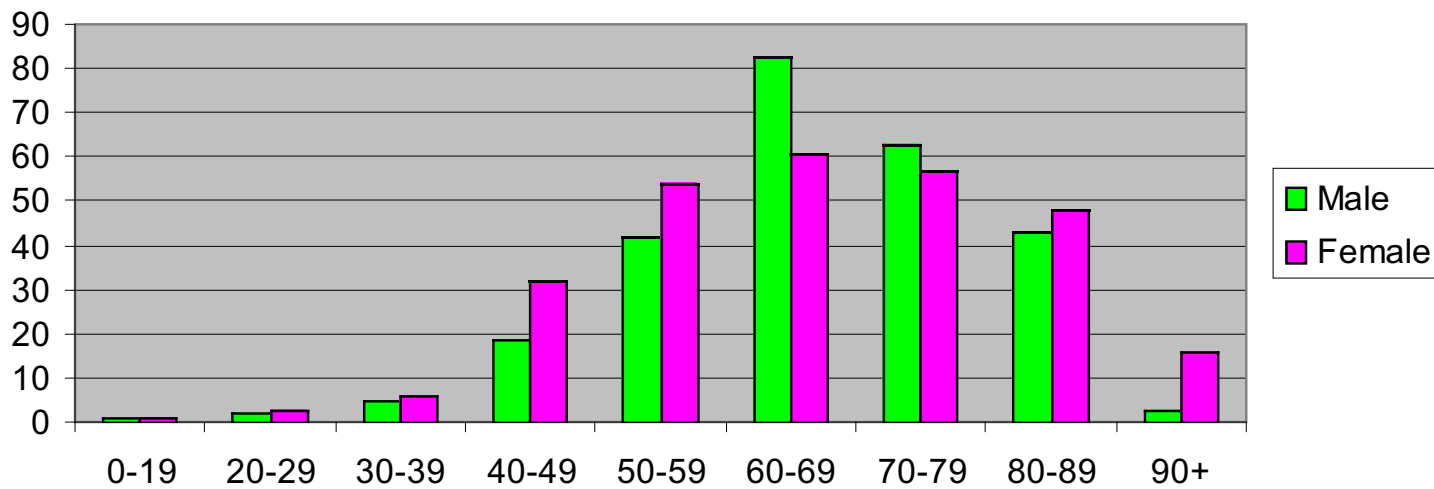
2008 Comparison of Data



	Breast	Colorectal	Prostate	Lung	Bladder	All other
SFMC	17%	15%	14%	9%	6%	39%
Nebraska	14%	12%	15%	12%	4%	43%
NCDB	17%	10%	12%	14%	4%	43%

Source: American College of Surgeons, National Cancer Data Base (NCDB), Benchmark Report, 2006 National Data
 2006 Nebraska Health & Human Services System - Nebraska Cancer Registry
 Saint Francis Medical Center

Age at Diagnosis at Saint Francis Medical Center



New Clinical Trials Opened in 2008

Cooperative Trials

■ **E1505** – Adjuvant Chemotherapy with or w/out Bevacizumab for resected Stage IB-IIIa Non-Small Cell Lung Cancer.

■ **CALGB 30704** – Phase II study to assess the efficacy of pemetrexed or sunitinib or pemetrexed plus sunitinib in the second-line treatment of advanced non-small cell lung cancer.

■ **SWOG S0518** – Phase III prospective randomized comparison of depot octreotide plus interferon Alpha versus depot octreotide plus bevacizumab in advanced, poor prognosis carcinoid patients.

■ **SWOG 0421** – Phase III Study of Docetaxel and Atrasentan versus Docetaxel and placebo for patients with advanced hormone refractory prostate cancer.

■ **NSABP-B42** – A clinical trial to determine the efficacy of five years of letrozole compared to placebo in patients

completing five years of hormonal therapy consisting of an Aromatase Inhibitor or Tamoxifen followed by an AI in postmenopausal women with hormone receptor positive breast cancer.

■ **MA.17R** – A double-blind randomization to Letrozole or Placebo for Women previously diagnosed with primary breast cancer completing five years of adjuvant aromatase Inhibitor either as initial therapy or after Tamoxifen.

Investigator Led

■ Eppley NSCLC (Investigator Led)-Phase II Study of Weekly Vinorelbine and Paclitaxel in elderly patients with advanced non-small cell lung cancer.

Industrial/Pharmaceutical

■ **Tragara TP2001-202** – A randomized, double-blind, placebo-controlled multi-

center phase II study of the efficacy and safety of Apricoxib in combination with Lapatinib and Capecitabine in the treatment of patients with HER2/neu+ breast cancer who have failed Trastuzumab and a Taxane.

■ **Eli Lilly H3E-MC-JMHD** – Phase III multicenter, randomized, open-label trial comparing Paclitaxel/Carboplatin/Bevacizumab followed by maintenance Bevacizumab and Pemetrexed/Carboplatin/Bevacizumab followed by maintenance Pemetrexed/Bevacizumab in patients with advanced, nonsquamous NSCLC.

CHON Trials

■ **Radiant OSI 774-302 Study** – Double blind placebo controlled, single agent Tarceva following resection with or w/out Adjuvant chemotherapy in patients with Stage IB-IIIa Non-Small Cell lung carcinoma with EGFR positive tumors.

2008 Cancer Program Highlights

■ Provided multiple cancer support groups for patients and their families.

■ Provided monthly educational discussion during cancer conferences in 2008.

■ Participated in the Fall round of data collection for the Quality Oncology Practice Initiative (QOPI) designed to help us keep current with nationally recognized practice guidelines and compare our achievement relative to these guidelines with other practices.

■ Met and exceeded accrual goals in all clinical trials available. The Saint Francis Cancer Treatment Center enrolled 10.3% of newly diagnosed patients on clinical trials for the 2008 year. Several new clinical trials were opened in 2008, including:

■ Interviewed and hired two new oncologists to begin seeing patients in 2009.

■ Began participation in "Moving Forward with Hope, A Cancer Survivor's Program" via teleconference in conjunction with many partner organizations.

■ Participated in NCCCP (NCI's Community Cancer Centers Program) retreat to develop new avenues to reach out to cancer survivors.

■ Published a quarterly survivorship newsletter for all patients who indicated their desire to be notified of any new educational activities or general information.

■ Offered a new Telehealth program

"Beyond Cancer Treatment: A Survivorship Series" made possible through the NCCCP grant to our patients. This series of four educational programs focused on the long and late term effects of cancer and cancer treatment.

■ Participated in the annual "I Can Cope" retreat in October.

■ Developed a recommended adult immunization schedule for our cancer patients on and off treatment.

■ Participated in the annual Grace Foundation Gala to help raise funds to support cancer patients in Hall County.

■ Provided ongoing community education/awareness through numerous health fairs, including minority health fair.

■ The Radiation Oncology program received a certificate of recognition from the Joint Review Committee on Education in Radiologic Technology, recognizing our program as a clinical education setting for the radiation therapy program sponsored by the University of Nebraska Medical Center.

■ Began using Image Guided Radiation Therapy (IGRT) and Cone Beam CT (CBCT) in order to perform "real time" positioning of treatment setups.

■ Implemented gating in the radiation oncology program, allowing tracking of

patient's breathing motion to treat tumors more precisely according to patient's body motion.

■ Participated in Relay for Life.

■ Held 17th Annual Cancer Survivor's Day Celebration.

■ Participated in the National Cancer Institute's Pilot annual meeting.

■ The Cancer Center's Liaison Physician attended the American College of Surgeon's Commission on Cancer Clinical Congress in California in 2008.

■ The Cancer Committee Chair attended the ASCO (American Society of Clinical Oncology) and CALGB (Cancer and Leukemia Group B) national meetings.

■ Published chapters in the Physician's Oncology Textbook, Chu Devita, et al.

■ Published Letter to the Editor in the New England Journal of Medicine on Hepatocellular Cancer.

■ Exceeded standards for timeliness of data entry.

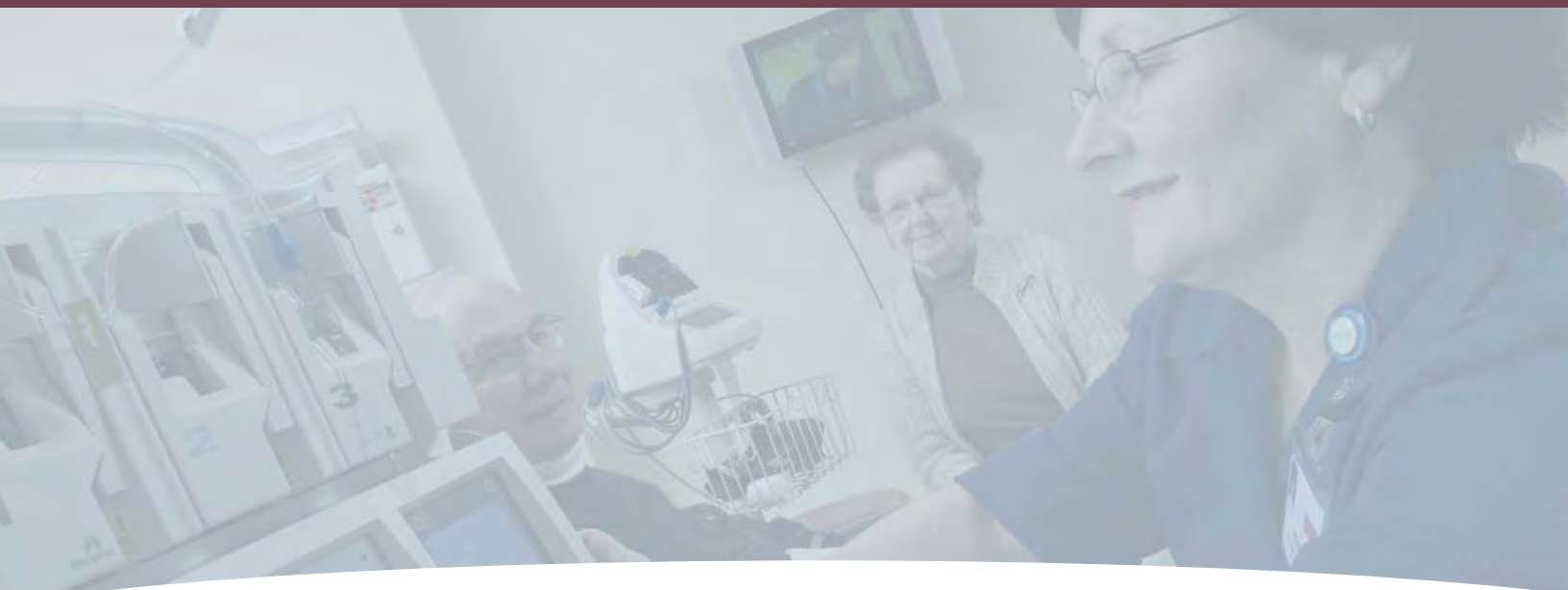
■ Submitted Cancer Registry data to the National Cancer Data Base (NCDB).

■ Met American College of Surgeons (ACOS) requirements for patient follow-up and timeliness of abstracting.

■ Conducted patient care evaluation focusing on national breast cancer treatment guidelines.

Fiscal year 2009 Cancer Program goals

- 1. Continue to provide and expand community education programs.
- 2. Continue to provide continuing education to professional healthcare providers.
- 3. Utilize NCCCP grant for clinical trials, work with Eppley Cancer Institute and CHON to increase patient enrollment in clinical trials.
- 4. Open new clinical trials through CHON and Eppley Cancer Institute.
 - a. NCCTG (North Central Cancer Treatment Group) Alto-Advanced Lapatinib and/or Trastuzumab Treatment Optimization Trial (Breast)
 - b. CALGB (Cancer and Leukemia Group B) trial 40503-Endoc treatment vs Endoc treatment for postmenopausal women with receptor and advanced breast cancer.
 - c. NSABP B – 42 – Postmenopausal female with Stage I, II, or IIIA invasive breast cancer receiving adjuvant hormonal treatment
- 5. Meet and exceed accrual goals in all clinical trials available.
- 6. Strengthen our commitment to quality clinical research, by encouraging our clinical research associates to attend meetings and workshops provided by CALGB and ACOSOG.
- 7. Maintain membership and participate in the American College of Surgeons Oncology Group (ACOSOG) to offer surgical clinical trials to our patient populations.
- 8. Increase focus on improving cancer patient's quality of life during and after treatment through rehabilitation services. Plan on institutional clinical trials in the field of supportive care utilizing rehabilitation service database.
- 9. Continue to maintain timeliness of data entry for growing cancer program.
- 10. Increase existing coordination and collaboration between Surgery, Pathology, Radiology, Radiation Oncology, and Medical Oncology departments in cancer screening, diagnosis, and treatment.
- 11. Recruit additional oncologist to meet increasing demands.
- 12. Educate radiologists to report based on RECIST criteria.
- 13. Continue offering rotations to our UNMC Oncology fellows.
- 14. Continue offering educational rotation to UNMC Pharmacy students.
- 15. Maintain and increase patient volumes at the outreach clinics in Henderson, Aurora, and Central City.
- 16. Open new outreach clinics once recruitment of additional oncologists complete.
- 17. Strive for pain management improvement, work with pain specialty clinic of Saint Francis Medical Center.
- 18. Apply for QOPI (Quality Oncology Practice Initiative) participation through ASCO.
- 19. Develop and implement a process to promote physician use of AJCC staging to fulfill new requirements by the Commission on Cancer of the American College of Surgeons.
- 20. Plan to implement certain NCCN (National Comprehensive Cancer Network) and ASCO (American Society of Clinical Oncology) guidelines into patient care and treatment options.
- 21. Promote the use of Cancer. Net by ASCO containing the most trusted and up-to-date cancer information for people living with cancer and those who care for and care about them.
- 22. Transition to new electronic oncology information system.



— **Committee Members** —

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Clinical Trials
Hospice Coordinator
Clinical Trials
Cancer Rehab Coordinator
Director of Educational Services
Social Work
Director of Health Information
Nurse Practitioner
Cancer Data Coordinator
Cancer Center Manager
Director of Oncology Services
Director of Risk Management & Patient Safety
Director of Quality Management
Cancer Data Coordinator
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Cancer Data Analyst
Nurse Navigator



Brant Luebbe, M.D.

Lung cancer death rates beginning to fall

Lung cancer accounted for over 163,000 deaths in the United States in 2005. More than 172,000 new lung cancer cases were diagnosed that same year. Lung cancer is the most common cause of cancer related death in both men and women. Fortunately, lung cancer death rates have begun to fall. This is thought to be due to a decrease in the number of people who smoke. Unfortunately though, there has been a recent increase in smoking in adolescents and certain minority groups so it remains to be seen what will happen to lung cancer rates years from now.

There are two major categories of lung cancer. These are Small Cell lung cancer and Non-Small Cell lung cancer. Small Cell lung cancer is typically very aggressive and often metastasized at the time of diagnosis. It is typically treated with chemotherapy and radiation and surgery rarely has a place in the treatment of Small Cell cancer.

Non-Small Cell lung cancer (NSCLC) is a group of lung cancers that makes up about 70% of lung cancer diagnoses. Chemotherapy, Radiation, and Surgery are all part of the treatment options for patients with NSCLC depending on the stage of the cancer.

Smoking is the most common risk factor for lung cancer causing 80% of primary lung cancers. Second hand smoke increases the risks of lung cancer by 30%. Despite such strong association with smoking, lung cancers develop in only 15% of smokers. Other carcinogens can also cause lung cancer including radon, uranium, and arsenic.

As with most cancers, the earlier lung cancer is detected, the better the outcome is for the patient. Unfortunately, people don't typically have symptoms until their cancer is at an advanced stage. As you can see from Graph 3, nearly half of the lung cancers at St. Francis Medical Center presented as Stage IV. The more treatable stage I and II cancers made up only 25% of the lung cancers.

Graphs 1 and 2 show that the majority of

lung cancer patients are males and lung cancer typically affects patients over age 60. Graphs 4 and 5 show that the patient's age at diagnosis and stage at diagnosis mirror the State of Nebraska data as well as the National Cancer Data Bank.

Lung cancer is a difficult disease because of the advanced stages at which most patients present. The overall five-year survival for all lung cancer patients combined is only 15%. If lung cancer is detected at an early stage though, the five-year survival approaches 60-70%.

Newer chemotherapy agents have made treatment of lung cancer more effective even for advanced stages. Radiation is an important treatment option for many lung cancer patients. Surgery remains the best treatment option for those patients with early stage, resectable cancer.

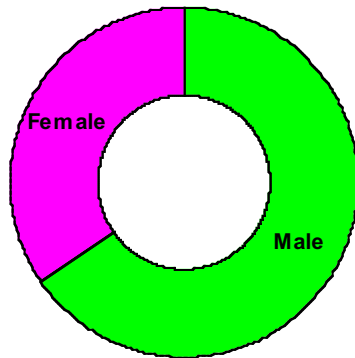
St. Francis Medical Center and St. Francis Cancer Treatment Center offer the full range of treatment options to care for lung cancer patients. Pulmonology services are available for bronchoscopy and evaluation of patients with lung cancer. Patients that are surgical candidates can have their lung cancer surgery done at St. Francis Medical Center keeping them closer to their home and their families. Patients can receive the most up to date chemotherapy and radiation treatments at St. Francis Cancer Treatment Center from oncologists who participate in the latest clinical trials.

Lung cancer requires a multi-disciplinary team to effectively manage this disease. Patients can be assured that St. Francis Medical Center has a team of physicians that work closely together to manage each patient's cancer as effectively as possible.

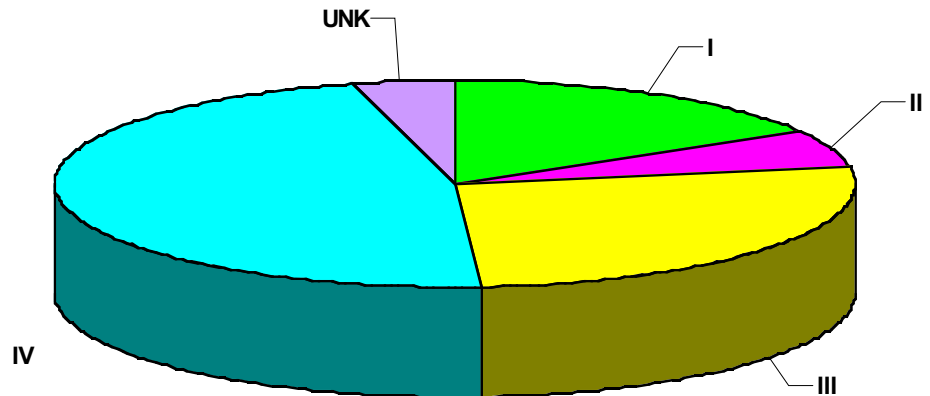
Reference

M.D. Anderson Surgical Oncology Handbook, Fourth Edition; Feig, et.al.; Lippincott Williams and Wilkins; 2006.

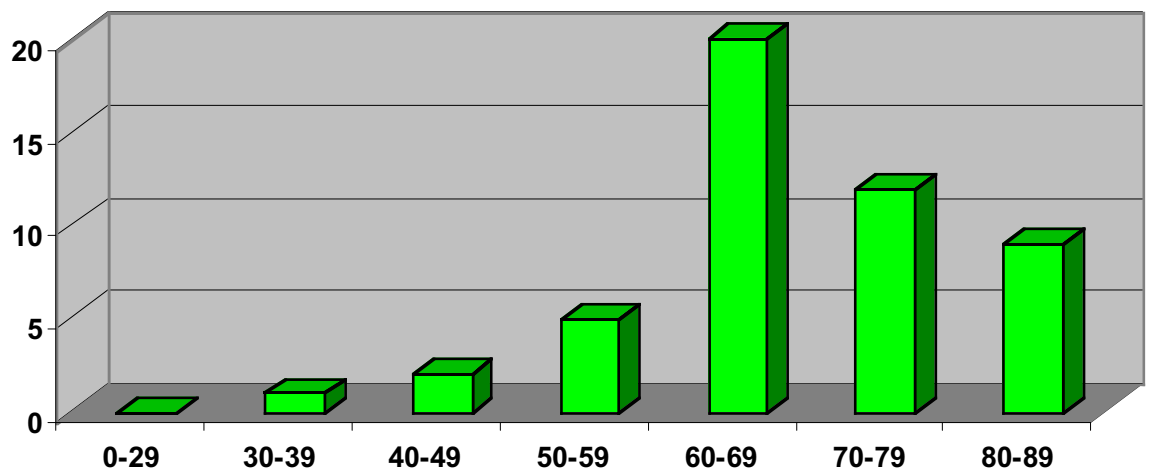
Diagnosed in 2008 (by Gender)



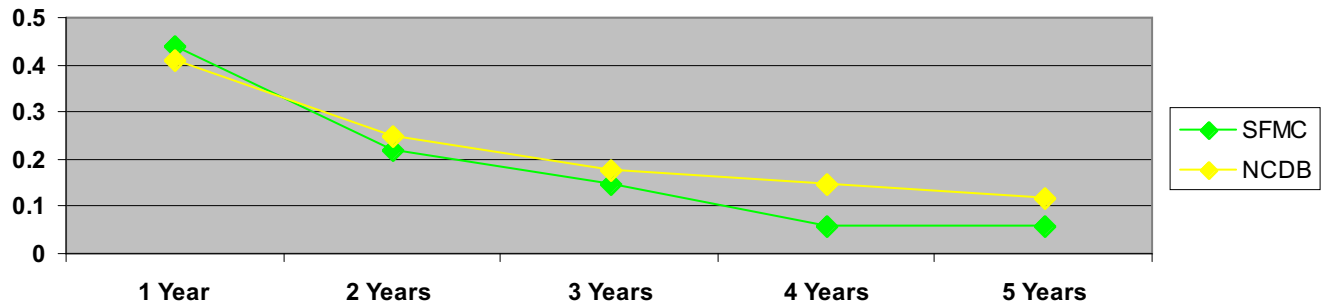
2008 NSC Lung Cases AJCC Stage at Diagnosis



2008 NSC Lung Cases by Age at Diagnosis

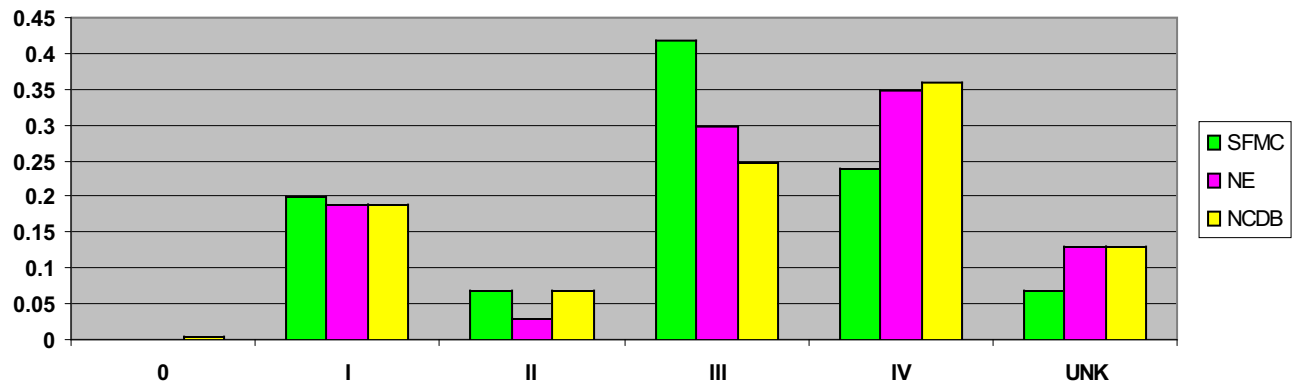


5-Year Observed Survival Rates - NSC Lung Cancer - All Stages (Diagnosed 1998-2001)

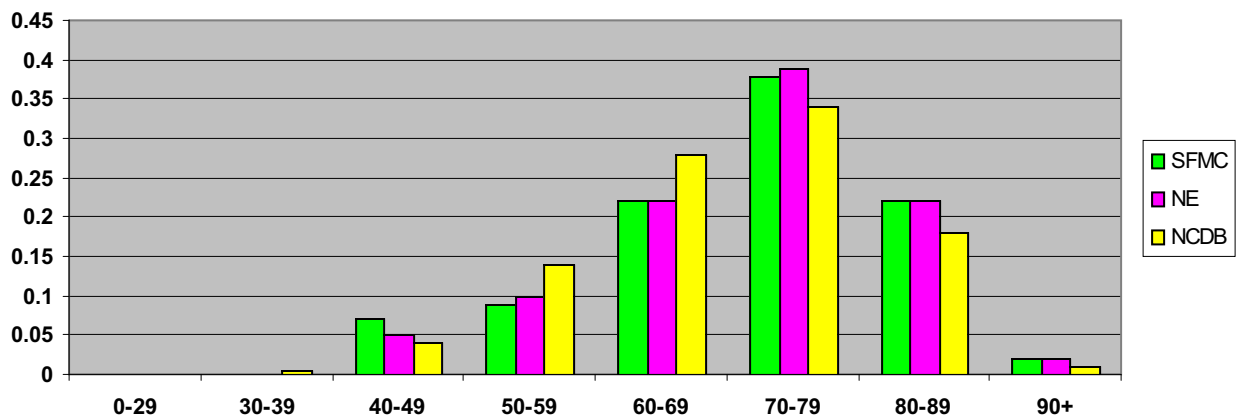


National Cancer Database (NCDB) Survival Reports - Hospital Type: Community Cancer Center
 All States, data from 480 hospitals
 Saint Francis Medical Center

NSC Lung Cancer By Stage at Diagnosis



NSC Lung Cancer By Age at Diagnosis



Saint Francis committed to be among leaders in cancer treatment



Max Norvell, Pharm.D.
Director of Oncology Services

Saint Francis Cancer Treatment Center, approved by the American College of Surgeons with commendation, is committed to be among the leaders in the continued evolution of cancer treatment. This commitment begins at prevention, continues with diagnosis, and does not end with treatment.

Saint Francis has one board certified medical oncologist, a board certified radiation oncologist, and two board certified nurse practitioners. These professionals lead the center in exceeding accrual goals in National Cancer Institute clinical trials. By setting this standard, patients have the opportunity to receive cutting edge therapy close to home. Advancements made in chemotherapy allow targeting of specific cancer cells and the sparing healthy ones. Continuation of Intensity Modulated Radiation Therapy has allowed patients to receive high dose radiation to the site where it is most needed – the tumor. It spares the surrounding healthy tissue of certain side effects. This treatment is made possible by a highly trained radiation oncologist, dosimetrist, physicist, and radiation therapists. Saint Francis Cancer Treatment Center is committed to the forthcoming advancements in radiation therapy.

As the patient, family and oncologist make treatment decisions, there are specialized oncology nurses providing compassion, knowledge and professionalism to patient care. A pharmacist works directly within The Center to provide expertise regarding side effects, drug interactions, and current therapy practices. The rehabilitation team is present to assist in anyway possible. The team consists of social work, dietary, pastoral care, occupational therapy, physical therapy, speech therapy, physicians, nursing, and home health. The cancer rehabilitation coordinator provides

direction of the team by individually meeting with patients and assessing their individual needs. A Patient and Family Counselor assists the patients and their families in coping with the social and emotional concerns they experience. There are also many support groups available to patients and families for whatever needs they might have.

Saint Francis Cancer Treatment Center has again led the area in clinical trial accrual. This commitment to research has been strengthened by Saint Francis' participation in the second year of the National Community Cancer Center Network Pilot Program (NCCCP). Saint Francis is one of four CHI Cancer Centers and 16 cancer centers nationally to participate in this National Cancer Institute sponsored program.

This pilot allows us to reach out to disparities, open clinical trials that previously were only available to NCI designated academic centers, focus on survivorship, and patient navigation. Saint Francis Cancer Treatment Center has also completed its second year of being involved with CHON (Catholic Health Oncology Network). A total of 13 CHI cancer centers make up CHON. By collaborating with other CHI facilities, Saint Francis has become part of a network that is sought out by trial sponsors.

Cancer not only affects the individual, but the family as well. Thousands of Nebraska households will go through the challenge of a cancer diagnosis this year. Healing the whole person — mind, body, and spirit will be important elements of their treatment. Saint Francis Cancer Treatment Center is proud to have established itself as a leader in treating these aspects of cancer care.

Home Health Care

Saint Francis Medical Center provides Home Health Care to people in Hall, Howard, Greeley, Nance, Boone, Sherman, Merrick and Hamilton counties, who have a need for Skilled Nursing Services, Physical Therapy and/or Speech Therapy. If the patient has a skilled care need, they may also qualify for additional services such as Occupational Therapy, Personal Care Aide, Social Work and in home Tele-monitoring Services. Patients may use Home Health Care to bridge the gap between home and the hospital or Nursing Home. Home Health Care is ordered by a physician and is paid for by Medicare, Medicaid, the Veteran's Administration and many insurance policies, when criteria for coverage are met. Home Health Care Staff are available to help determine if you meet the payment criteria for home health care.

Home Health Professionals carry out many treatments including giving injections, inserting and caring for urinary catheters, wound management and Wound VACs, IVs and Infusion Ports management and maintenance, helping patients with complex medication regimens and helping to arrange for equipment such as hospital beds, wheelchairs and walkers. Home Health Aides are available Monday through Friday for



Marj Jones, R.N.
Director of Home
Care Services

assistance with bathing and personal care needs on an intermittent basis. Patients may be discharged from the hospital knowing Home Health will help them and their caregiver manage their complex health needs in their home or place of residence. A registered nurse is on-call 24 hours each day for patients who have symptoms needing assessment and instruction. Services are provided for all ages, infant through elderly.

Referrals are accepted from Physicians, hospitals, families, patients, friends and interested agencies. Saint Francis Home Health Care is accredited by the Joint Commission on Accreditation of Health Care Organizations, Medicare Certified and has been serving patients for 40 years. For further information, please call (308) 398-2600.

The Hospice team works to achieve physical comfort, in addition to emotional, psychological, spiritual well-being

Hospice

Hospice is a philosophy of care which believes that when a cure is no longer possible, a special kind of caring can enhance the quality of life remaining for both the patient and his or her family. Hospice approaches death as a natural part of life and assists the patient and family to deal with the often complicated problems which accompany terminal illness.

Hospice care is directed by an interdisciplinary team comprised of the patient's primary physician, the Hospice Medical Director, nurses, aides, social worker, pastoral services, dietician, bereavement counselor, pharmacist, and volunteers. The Hospice team works to achieve physical comfort but also emotional, psychosocial and spiritual well-being. Care is primarily provided in the home but also in contractual facilities, such as nursing care facilities. Saint Francis Medical Center Hospice has contracts with all the nursing home facilities in our service areas and provides respite or inpatient care at Saint Francis Medical Center or the local hospitals. A physician's order is

required prior to admission and the physician must certify that he/she believes the patient's prognosis to be six months or less if the disease follows its normal course. Hospice is fully paid for by Medicare and Medicaid, and most private insurances also have a hospice benefit. Bereavement care is provided for family members and includes support through visits and phone calls and through education and counseling about grief for 13 months after the death of the patient, allowing for support to the family through all major holidays and important anniversaries. A memorial service is also provided for patient's families and the Hospice staff annually.

Saint Francis Medical Center Hospice is Medicare certified and accredited by the Joint Commission on Accreditation of Health Care Organizations. Saint Francis Medical Center Hospice serves persons in Hall, Hamilton, Merrick, Howard, Sherman, Greeley, Nance and Boone counties and portions of Buffalo, Madison, Platte, Valley and Wheeler counties. For further information, please contact (308) 398-2600.

ACS I Can Cope: Co-sponsored by Saint Francis Medical Center, this educational program is an annual retreat called "Celebrating Life." This retreat is designed to help patients and their families cope with diagnosis, treatment, and day-to-day survival of cancer through communication, laughter, spirituality and understanding.

ACS Cansurmount: Co-sponsored by Saint Francis Medical Center, Cansurmount is a monthly support group designed to help individuals with cancer and their families to continue to live each day with hope and gain strength to look towards the future. This goal is accomplished through mutual sharing and caring of individual group members.

United Ostomy Association: This program aids in the rehabilitation of all ostomates. Saint Francis Medical Center's Wound, Ostomy, Continence Nurse is an advisor of this program.

ACS Reach For Recovery: This is a patient-to-patient visitation program for women who have been diagnosed with breast cancer. Visits are made in the acute care setting.

Wig Bank: Located at a local beauty salon, this program provides patients with a free wig, depending on availability.

Look Good/Feel Better: This program is designed to help the patient handle the personal appearance changes that may result from chemotherapy or radiation treatment. Cosmetologists, along with volunteers, work with patients diagnosed with cancer at the Saint Francis Cancer Treatment Center, offering ideas on makeup, hairstyling and accessorizing. Look Good Feel Better is a public service program developed by the American Cancer Society and the National Cosmetology Association.

Next Step Grief Support Group: Saint Francis Hospice offers this support group to any bereaved person. The group offers the opportunity to share with other people who have also experienced the death of a loved one. It is held monthly at Saint Francis Memorial Health Center.

From Surviving To Thriving: This is a support group designed to help those dealing with life after cancer treatment. Surviving cancer is a life experience that needs to be shared and understood. From Surviving to Thriving is designed to provide cancer survivors with opportunities for increased support and education. Those attending will also learn about resources available to improve quality of life.

Adult Grief Class: This six-week class focuses on a wide range of topics related to bereavement and explores a variety of ways to cope with the death of a loved one. Classes are sponsored by Saint Francis Hospice and are available to anyone who has experienced the death of a loved one.

Men's Luncheon: This informal lunch, at a Grand Island restaurant, is sponsored by Saint Francis Hospice and

offers men who have experienced the death of someone they love the opportunity to share at a monthly luncheon.

Dining Out Support Luncheon: Saint Francis Hospice offers bereaved women the opportunity to share a meal and conversation at a monthly luncheon held at a Grand Island restaurant.

Breast Cancer Support Group: This monthly support group is designed to help women with breast cancer develop coping strategies. This is accomplished through mutual sharing and caring of individual group members. The goal of the group is to provide support to each individual, recognizing the personal, emotional and spiritual needs that are unique to women.

Male Caregivers Support Group: This support group is available for men who are offering care to their loved ones experiencing cancer. It is a safe place to share concerns, thoughts and feelings and receive support, care and understanding in a confidential setting.

Bereaved Parent Support Group: Saint Francis Hospice offers this support group to any parent who has experienced a death of a child. It is offered monthly.

Young Women's Breast Cancer Support Group: This monthly support group is designed to help younger women with breast cancer develop coping strategies. This is accomplished through mutual sharing and caring of individual group members. The goal of the group is to provide support to each individual, recognizing the personal, emotional, and spiritual needs that are unique to women.

A Time to Heal: This is a 12-week holistic rehabilitation program designed to assist women in regaining their physical, emotional and spiritual health after breast cancer treatment. The program is offered to women who have completed surgery and chemotherapy and/or radiation for a first diagnosis of breast cancer. This program is offered twice a year.

Survivorship Newsletter: Published quarterly and sent to cancer survivors of the Saint Francis Medical Center Cancer Treatment Center.

New Patient Orientation Class: A New Patient Orientation Class is offered weekly to all new patients and their family members. This class is designed to help ease the stress of newly diagnosed patients and their family members by offering information and education as they begin their journey into cancer survivorship.

Cancer Survivors Day: Our Cancer Survivor's Day celebration is held annually in conjunction with National Cancer Survivor's Day. It is a time to come together to celebrate life with cancer survivors, their families and friends, oncology professionals and volunteers.

SCIENTIFIC PUBLICATIONS FROM SAINT FRANCIS CANCER CENTER

1. Copur MS, Ledakis P. Weekly docetaxel and estramustine in hormone refractory prostate cancer. *Can Con Highlights*, 4;6-9, 2000.
2. Copur MS, Ledakis P, Novinski D, Bolton M. Two cases of hormone refractory prostate cancer treated with weekly docetaxel/estramustine. *Case Stud Onc* 2;2-6,2000.
3. Copur MS, Ledakis P, Muhvic J. Patients 65 years of age or older in cancer treatment trials. *N Engl J Med* 343(20);1531,2000.
4. Copur MS, Ledakis P, Norvell M. Prevention of delayed emesis caused by chemotherapy. *N Engl J Med* 343(12):888-890,2000.
5. Copur S, Matamaros A, Capadano M, Goertzen T, Brand R, Lynch JC, Tempero M. Alternating hepatic arterial infusion and systemic chemotherapy for liver metastases from colorectal cancer: a phase II trial using intermittent percutaneous hepatic arterial access. *J Clin Oncol* 19;2404-2412:2001.
6. Copur S, Ledakis P, Muhvic J. Fludarabine for chronic lymphocytic leukemia. *N Eng J Med* 344;1166-1168:2001.
7. Copur MS, Ledakis P, Lynch J, Hauke R, Tarantolo S, Bolton M, Norvell M, Muhvic J, Hake L, Wendt J. Weekly docetaxel and estramustine in patients with hormone refractory prostate cancer. *Semin Oncol* 27(4); 2001 .
8. Copur S, Ledakis P, Novinski D, Mleczo K, Frankforter S, Bolton M, Fruehling R, Van Wie E, Norvell M, Muhvic J. Squamous cell carcinoma of the colon with an elevated serum squamous cell carcinoma antigen responding to combination chemotherapy. *Clin Colorectal Can* 1;55-58:2001.
9. Copur MS, Ledakis P, Bolton M, Norvell M, Muhvic J. Is arimidex superior to tamoxifen. *J Clin Oncol*, 19;2578-2581:2001.
10. Copur S, Ledakis P, Bolton M, Morse AK, Werner T, Norvell M, Muhvic J, Chu E. An adverse interaction between warfarin and capecitabine: a case report and review of the literature. *Clin Colorectal Can* 1(3);182-184:2001
11. Copur S, Matamoros A, Capadano M, Goertzen T, McCowan T, Brand R, Lynch JC, Tempero M. Alternating hepatic arterial infusion and systemic chemotherapy for liver metastases from colorectal cancer: a phase II trial using intermittent percutaneous hepatic arterial access. *Proc ASCO* 18;249:1999.
12. Copur S, Tarantolo S, Ledakis P, Bolton M, Muhvic J, et al. Weekly estramustine, docetaxel and dexamethasone in patients with hormone refractory prostate cancer. *Proc ASCO* 19;347:2000.
13. Ledakis P, Copur MS, Norvell M, Lynch J, Bolton M, Elson J, March W, Woodman S, Muhvic J, Mickey M, Stroup N, Nott J, Hays R, Fuller C, Haire W. Continuous infusion versus bolus instillation of tissue plasminogen activator (tPA) in restoring the patency of occluded central venous access devices (CVADs). *Proc ASCO* 20;397a: 2001
14. Copur MS, Ledakis P, Bolton M, Lynch J, Termuhlen P, Brand R, Norvell M, Muhvic J, Swantek S, Frost V, Vanpelt E, Mleczo K, Frankforter S. Weekly cisplatin and gemcitabine in patients with locally advanced metastatic pancreatic cancer. *Proc ASCO* 20:156a;2001.
15. Copur MS, Chu E. Commentary on "Thymidylate Synthase Pharmacogenetics in Colorectal Cancer" *Clin Colorectal Can* 1(3):167-168:2001.
16. Copur MS, Ledakis P, Norvell M. Nephrectomy for metastatic renal cancer. *N Eng J Med* 346;1095-1096:2002
17. Copur MS, Ledakis P, Bolton M. Molecular profiling of lymphoma. *N Eng J Med* 347;1376-1377:2002.

SCIENTIFIC PUBLICATIONS FROM SAINT FRANCIS CANCER CENTER cont.

18. Copur S, Matamoros A, Capadano M, Goertzen T, McCowan T, Brand R, Lynch JC, Tempero M. Alternating hepatic arterial infusion and systemic chemotherapy for liver metastases from colorectal cancer: a phase II trial using intermittent percutaneous hepatic arterial access. *Proc ASCO* 18;249:1999.
19. Copur S, Tarantolo S, Ledakis P, Bolton M, Muhvic J, et al. Weekly estramustine taxotere and dexamethasone in patients with hormone refractory prostate cancer. *Proc ASCO* 19;347:2000.
20. Ledakis P, Copur MS, Norvell M, Lynch J, Bolton M, Elson J, March W, Woodman S, Muhvic J, Mickey M, Stroup N, Nott J, Hays R, Fuller C, Haire W. Continuous infusion versus bolus instillation of tissue plasminogen activator (tpa) in restoring the patency of occluded central venous access devices (CVADs). *Proc ASCO* 20;397a: 2001.
21. Copur MS, Ledakis P, Bolton M, Lynch J, Termuhlen P, Brand R, Norvell M, Muhvic J, Swantek S, Frost V, Vanpelt E, Mleczo K, Frankforter S. Weekly cisplatin and gemcitabine in patients with locally advanced metastatic pancreatic cancer. *Proc ASCO* 20:156a;2001.
22. Copur MS, Ledakis P, Bolton M, Lynch J, Norvell M, Muhvic J, Marsh W, Novinski D, Allen J, Swantek S, Beran M, Reynolds J, Folk J, Woodward S. Weekly Docetaxel and irinotecan in previously treated metastatic non-small cell lung cancer. *Proc ASCO* 20: 2002.
23. Ledakis P, Copur MS, Bolton M, Lynch J, Reynolds J, Norvell M, Muhvic J, Mickey M, Beisner D, Stroup N, Frost V, Mleczo KL, Frankforter S. Weekly Paclitaxel and carboplatin with concurrent radiation followed by paclitaxel carboplatin consolidation for locally advanced non-small cell lung cancer. *Proc ASCO* 20:2002.
24. Copur MS, Ledakis P, Bolton M, Lynch J, Norvell M, Muhvic J, Lundgreen K, Mondolfo N, Reynolds J. Capecitabine and irinotecan on a two-week on one-week off schedule for previously treated metastatic colorectal cancer. *Proc ASCO* 22:2003.
25. Maung K, Lee D, DeGrendele HC, Schilsky R, Chu E, Jain VK, Copur S. Highlights from 27th congress of the European Society for Medical Oncology. Nice, France, October 18-22, 2002. *Clin Colorectal Cancer* 2(3);140-145:2002.
26. Hightower M, Klem J, Lee D, Chu E, Copur S, Vain KJ. Highlights from 14th EORTC-NCI-AACR symposium on molecular targets and cancer therapeutics. *Clin Colorectal Cancer* 3(1);10-14:2003.
27. Maung K, Copur MS, Jain VK. New Strategies for the treatment of chemotherapy induced diarrhea. *Supportive Cancer Therapy* 1(2);70-74:2004.
28. Copur MS, Ledakis P, Novinski D, Fu K, Hutchins M, Frankforter S, Mleczo, Sanger WG, Wing CC. An unusual case of composite lymphoma involving chronic Lymphocytic leukemia follicular lymphoma and Hodgkin disease. *Leukemia & Lymphoma* 45(4);1071-1076:2004.
29. Copur MS, Deshpande A, Mleczo K, Norvell M, Hrnicek GJ, Woodward S, Frankforter S, Mandolfo N, Fu K, Chan WC. Full clinical recovery after topical acyclovir treatment of Epstein-Barr virus associated cutaneous B-cell lymphoma in patient with mycosis fungoides. *Croat Med J* 2005;46:458-462.
30. Copur MS, Norvell M, Obermiller A. Chemotherapy and immunotherapy in metastatic colorectal cancer. *N Eng J Med* 2009;360:2135.
31. Copur MS. Sorafenib in advanced hepatocellular carcinoma. *N Eng J Med* 2008;359:2498. 2498-9.
32. Abuzetun JY, Loberiza F, Vose J, Bierman P, Bociek RG, Enke C, Bast M, Weisenburger D, Armitage JO; Nebraska Lymphoma Study Group. The Stanford V regimen is effective in patients with good risk Hodgkin lymphoma but radiotherapy is a necessary component. *Br J Haematol*. 2009 Feb;144(4):531-7. Epub 2008 Nov 26.

Book Chapters

1. Chu E, Mota A, Bromberg M, Copur S, Harrold L, Tiedemann D, Fogarasi M. Chemotherapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 31-366;2002.
2. Copur MS, Harrold L, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians Cancer Chemotherapy Drug Manual. Chu E DeVita VT ed. 441-475;2002.
3. Chu E, Mota A, Bromberg M, Copur S, Harrold LJ, Tiedemann D, Fogarasi M. Chemotherapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 21-369;2003.
4. Chu E, Mota A, Nabbout N, Harrold LJ, Tiedemann D, Fogarasi M, Copur S. Common Chemotherapy Regimens in Clinical Practice In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 391-469;2003.
5. Copur MS, Harrold LJ, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 471-506;2003.
6. Chu E, Mota A, Bromberg M, Copur S, Harrold LJ, Tiedemann D, Fogarasi M. Chemo -therapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed.21-375;2004.
7. Chu E, Noronha V, Mota A, Nabbout N, Harrold LJ, Tiedemann D, Fogarasi M, Copur MS. Common Chemotherapy Regimens in Clinical Practice In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed.397-488;2004.
8. Copur MS, Harrold LJ, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 489-527;2004.
9. Copur MS, Rose M, Chu E. Miscellaneous Chemotherapeutic Agents In: Cancer Principles & Practice of Oncology DeVita VT, Hellman S, Rosenberg SA 7th edition, 2004.
10. Chu E, Mota A, Bromberg M, Copur S, Harrold L, Tiedemann D, Fogarasi M. Chemotherapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 21-373;2005.
11. Chu E, Noronha V, Roy S, Mota A, Nabbout N, Harrold LJ, Tiedemann D, Fogarasi M, Copur MS. Common Chemotherapy Regimens in Clinical Practice In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 393-487;2005
12. Copur MS, Harrold LJ, Kim R, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 489-529;2005
13. Chu E, Mota A, Bromberg M, Copur S, Harrold L, Tiedemann D, Roy S, Fogarasi M. Chemotherapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 23-374;2006.
14. Chu E, Noronha V, Roy S, Mota A, Nabbout N, Harrold LJ, Tiedemann D, Fogarasi M, Copur MS. Common Chemotherapy Regimens in Clinical Practice In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 393-530;2006.
15. Chu E, McGowan M, Elfiky A, Harrold L, Tiedemann D, Roy S, Copur S Chemotherapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 15-378;2007.
16. Chu E, Noronha V, Roy S, Harrold LJ, Tiedemann D, Copur MS. Common Chemotherapy Regimens in Clinical Practice In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 393-530;2007.
17. Copur MS, Harrold LJ, Kim R, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 489-529;2007.
18. Chu E, McGowan M, Elfiky A, Harrold L, Tiedemann D, Roy S, Copur S Chemotherapeutic and Biologic Drugs In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 15-378 ;2008
19. Chu E, Noronha V, Roy S, Harrold LJ, Tiedemann D, Copur MS. Common Chemotherapy Regimens in Clinical Practice In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 393-530;2008.
20. Copur MS, Harrold LJ, Kim R, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 489-529;2008.
21. Copur MS, Harrold LJ, Kim R, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 489-529;2009.
22. Copur MS, Tiedemann D, Chu E. Guidelines for chemotherapy and dosing modifications In Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita ed. 382-400;2009.
23. Copur MS, Chu E, Rosado MF et al. Common chemotherapy regimens in clinical practice In: In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 393-530;2009.
24. Copur MS, Harrold LJ, Kim R, Chu E. Antiemetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting In: Physicians' Cancer Chemotherapy Drug Manual. Chu E, DeVita VT ed. 489-529;2009.