



Committed to Improving Cancer Care

2015-2016 Sanford Bismarck Cancer
Program & Patient Care Report

SANFORD[®]
CANCER CENTER



Edward Wos, MD
Chair, Cancer Committee

Introduction

Sanford Bismarck is proud to be in partnership with all the providers across the Sanford enterprise since 2012. Together we do all we can to eradicate cancer through continuous efforts in prevention, early detection and analysis of best treatment options. The Sanford Bismarck Cancer Committee meets six times a year and conducts tumor conferences over 40 times a year all in this endeavor.

This report is designed to give Sanford employees and the public information on where Bismarck Sanford stands in this mission now.

Edward Wos, MD
Chairperson, Sanford Bismarck Cancer Committee
2014, 2015 and 2016

**Sanford
Cancer Center**
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2016 Sanford Medical Center Cancer Committee Membership

Cancer Committee Chair

Edward Wos, MD

Cancer Liaison Physician

Tarek Dufan, MD

Cancer Conference Coordinators

Karna Colby, MD
John Reynolds, MD
Jeanette Viney, MD

Cancer Program Administrators

Jan Kamphuis
Barb Nies
Randi Schaeffer

Cancer Registry Quality Coordinator

Andrea Doerr-Greff

Clinical Research

Tammy Fischer
Mark Weichel

Community Outreach Coordinators

Barb Nies
Tara Schilke

Genetic Counselors

Deanna Leingang
Linda Wolf

Psychosocial Services Coordinators

Gary Heaton
Preston Van Loon

Quality Improvement Coordinator

Kari Edwards

Diagnostic Radiologists

John Miller, MD
Christina Tello-Skjerseth, MD

Medical Oncologists

Thandiwe Gray, MD
Peter Kurniali, MD
John Reynolds, MD
Edward Wos, MD

Pathologists

Karna Colby, MD
Jason Meyer, MD

Radiation Oncologists

Tarek Dufan, MD
Kyle Russo, MD

Surgeons

Joshua Knudson, MD
Jeanette Viney, MD

Bismarck Cancer Center Administrator

Amy Gross

Case Manager

Fonda Opp, RN

Certified Tumor Registrar

Jennifer Mees-Boger

Hospice Care

Rochelle Schaeffer, RN
Thomas Thorson, MD

Navigation

Keila Eisenbeis, RN

Performance Improvement

Sheri Kost, OCN

Palliative Care

Tracy Freidt, RN
Aaron Vasa, MD

Social Workers

Becky Bohrer, LSW
Jennifer Hiatt, LSW

Sanford Cancer Center Medical Team



Kimber Boyko, MD
General Surgery



Douglas Berglund, MD
Colorectal Surgery



Karna Colby, MD
Pathology



Bree Dewing, MD
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Tarek Dufan, MD
Radiation Oncology



Hermina Fernandes, MD
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Catherine Fisher, PhD
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Bruce Gardner, MD
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Thandiwe Gray, MD
Hematology/
Medical Oncology



Kenneth Irmen, PhD
Pathology



Matthew Iwamoto, MD
Radiology



Hongchen Jia, MD
Pathology



Craig Johnson, MD
Pathology



Jill Klemin, MD
Family Medicine



Peter Klemin, MD
Obstetrics &
Gynecology



Joshua Knudson, MD
General Surgery



Peter Kurniali, MD
Hematology/
Medical Oncology



Kristin Luckenbill, PhD
Pathology



Michael McIntee, MD
Radiology



Jason Meyer, MD
Pathology



John Miller, MD
Radiology



Sri Obulareddy, MD
Hematology/
Medical Oncology



Shari Orser, MD
Obstetrics &
Gynecology (retired)



Gregory Osmond, MD
Dermatopathology



Joshua Rampton, MD
Radiology



Karen Rampton, MD
Radiology



Dennis Reinke, MD
Pathology



John Reynolds, MD
Hematology/
Medical Oncology



Kyle Russo, MD
Radiation Oncology



Christina Tello-Skjerseth, MD
Radiology



Thomas Thorson, MD
Family Medicine



Aaron Vasa, MD
Palliative Care



Jeanette Viney, MD
General Surgery



Edward Wos, MD
Hematology/
Medical Oncology



Sara Doll, FNP-C
Hematology/
Medical Oncology



Tricia Fossum, FNP
Radiology

Step One: Prevention and Screening

Simple Definition of *prevention*

“the act or practice of stopping something bad from happening: the act of preventing something”

Source: Merriam-Webster’s Learner’s Dictionary

Advancing work in Prevention: 2015-2016

- Public Education (Doc Talks, Multi-Media information sites, health fairs, collaboration with state and local health groups)
- Primary Practice counsel (increasing one chart enrollment to schedule timely appointments)
- Health Risk Assessments (including those of own employees)
- Rewarding healthy lifestyles (Example: weight management including Profile)
- Providing healthy workplaces (Nonsmoking, offering of better food choices and activity programs)

Simple Definition of *screening*

“the act of doing a test on a person or a person’s blood, urine, etc., to look for evidence of a disease, illegal drug, etc.”

“the act of examining people or things in order to decide if they are suitable for a particular purpose”

Source: Merriam-Webster’s Learner’s Dictionary

Raising the Bar in Screening & Early Detection: 2014-2016

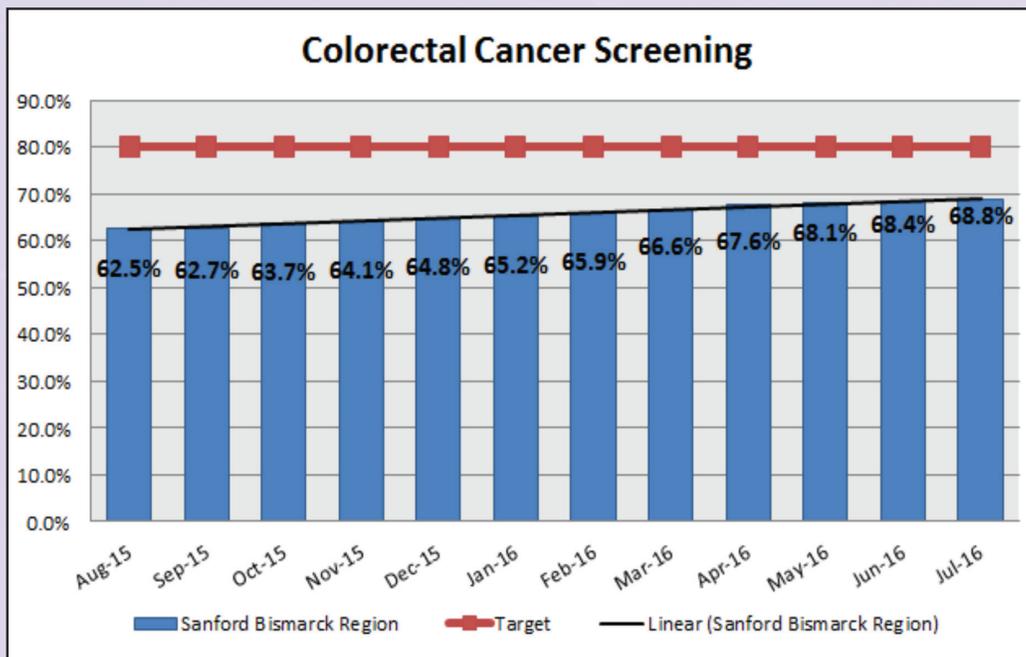
- Beginning Health Maintenance screening systems that focus providers on goals to increase screening (including sign on with American Cancer Society to meet national goal of 80% colon screening by 2018)
- Participating in new Lung Screening project with Medicare guidelines
- Installing new machinery (3D mammography Bismarck and Mandan sites)
- Participating in legislative efforts that benefit screening (ex. patient notification of breast density)
- Creating processes that allow ease in set up of screening exams (ex. direct scheduling of mammography, direct referral for endoscopies)



Are we getting our region's patients screened?

One project goal is to have over 80% of the population screened for colon cancer by 2018.

Our Colon Screening Outcome to date: Number patients in Bismarck EMR current in screening



Efforts to increase:

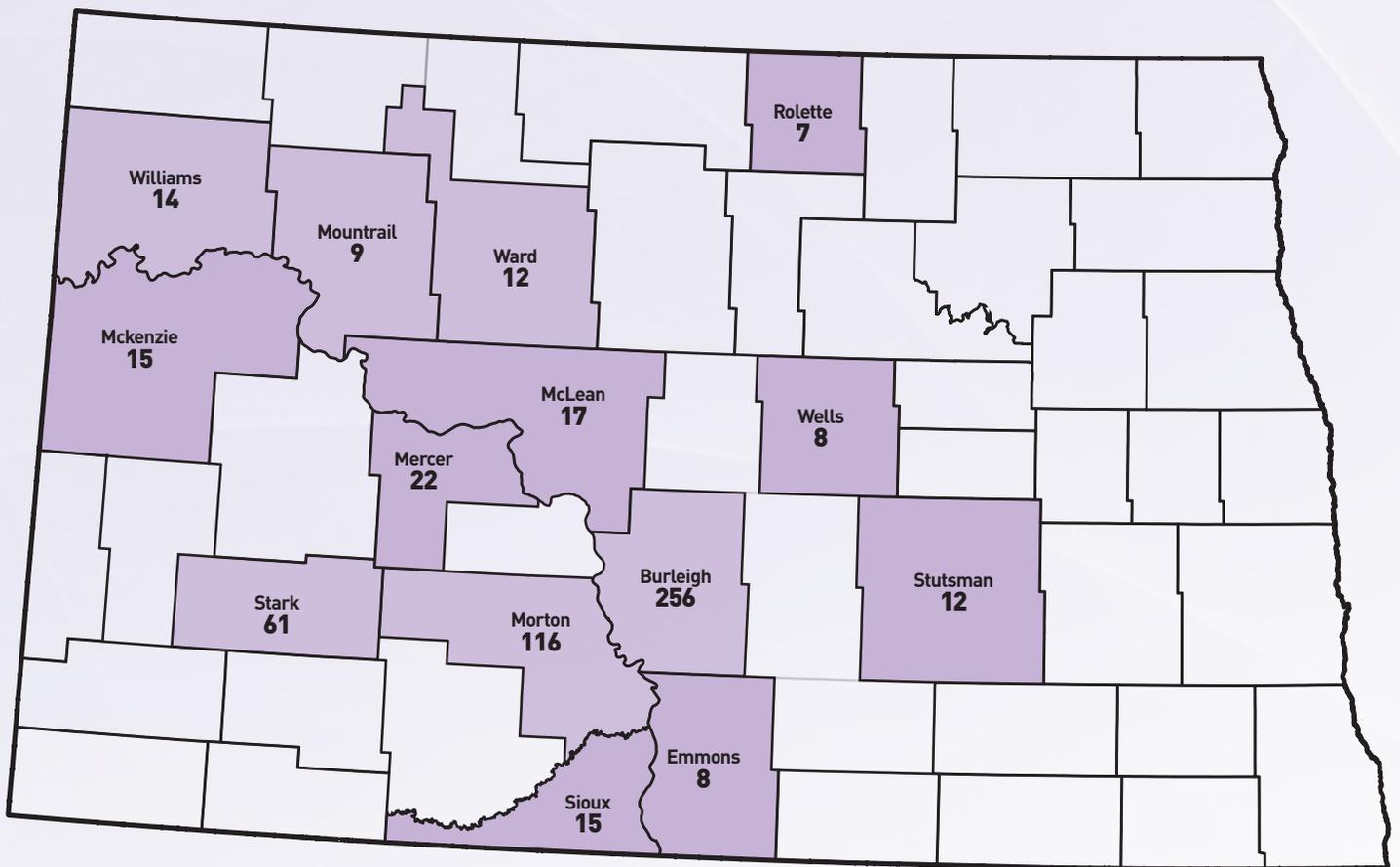
- Marketing screening to public through multimedia including Doc Talk
- Colon screening blitz (opening Saturday screenings)
- Creation of processes for direct endoscopy scheduling with preadmissions.

Primary cancer site distribution for Sanford Bismarck Cancer Center

Primary Site	2013	Male	Female	2014	Male	Female
Oral Cavity & Pharynx	18	10	8	13	11	2
Esophagus	6	6	0	4	3	1
Stomach	10	5	5	10	7	3
Small Intestine	1	1	0	1	1	0
Colon	45	26	19	48	25	23
Rectum & Rectosigmoid	39	26	13	40	23	17
Anus	3	0	3	5	2	3
Liver & Intrahepatic Bile Duct	6	5	1	5	4	1
Pancreas	12	6	6	11	6	5
Larynx	6	4	2	5	3	2
Lung & Bronchus	65	29	36	68	36	32
SOFT TISSUE	6	5	1	2	0	2
Melanoma - Skin	29	13	16	54	36	18
BREAST	108	0	108	90	1	89
Cervix	3	0	3	4	0	4
Uterus	16	0	16	17	0	17
Ovary	5	0	5	4	0	4
Prostate	63	63	0	94	94	0
Testis	5	5	0	9	9	0
Urinary Bladder	16	12	4	28	21	7
Ureter	1	1	0	1	0	1
Brain	13	8	5	7	1	6
Other CNS	16	8	8	4	2	2
Thyroid	16	2	14	24	9	15
LYMPHOMA	41	21	20	25	17	8
Hodgkin Lymphoma	6	1	5	2	2	0
Non-Hodgkin Lymphoma	35	20	15	23	15	8
NHL - Nodal	27	16	11	17	10	7
NHL - Extranodal	8	4	4	6	5	1
MYELOMA	7	3	4	7	2	5
LEUKEMIA	25	17	8	24	15	9
Lymphocytic Leukemia	19	12	7	16	10	6
Acute Lymphocytic Leukemia	3	1	2	7	4	3
Chronic Lymphocytic Leukemia	16	11	5	8	6	2
Myeloid & Monocytic Leukemia	6	5	1	6	5	1
MESOTHELIOMA	1	1	0	0		
Other sites	25	16	9	10	6	4

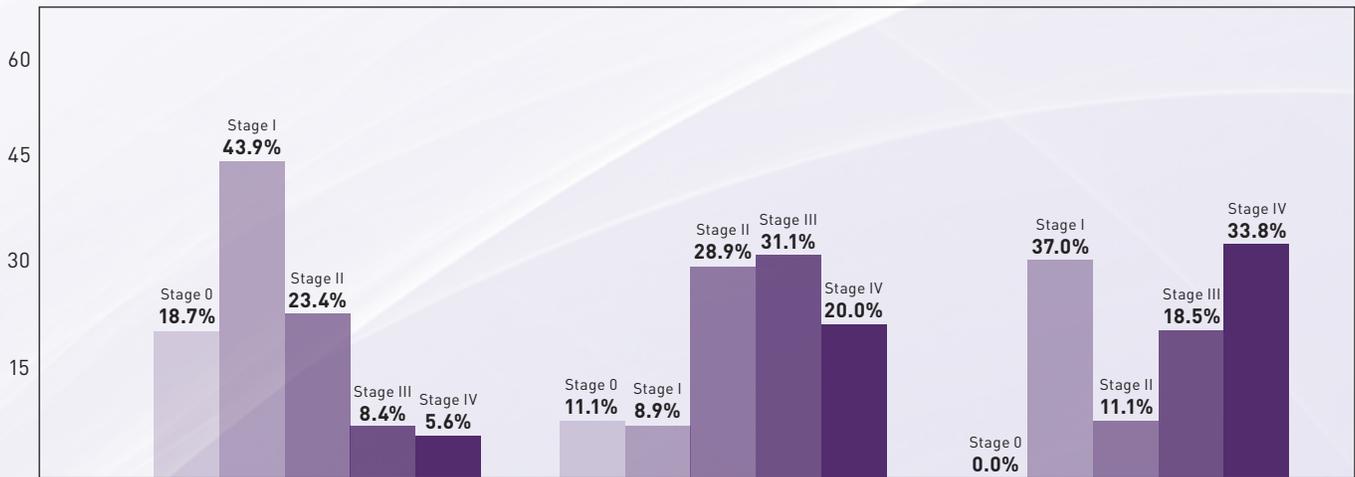
The Central ND Cancer Registry has submitted these case numbers diagnosed at our site.

Geographical distribution of primary cases in 2015



The cancer committee looks at our data like the map above to increase services for patients in these areas.

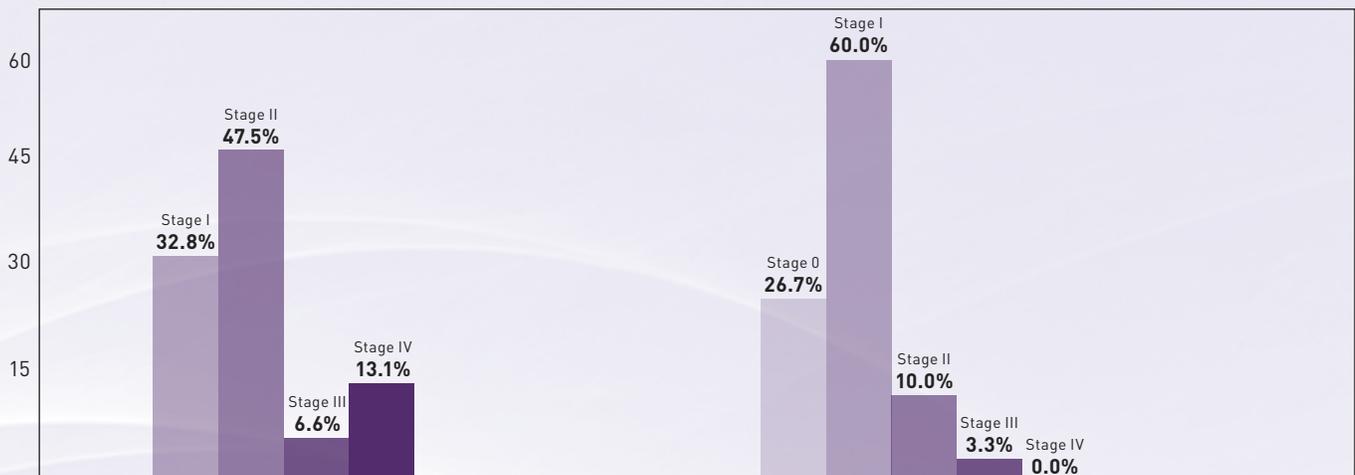
How Soon Do We Find the Cancer?



Breast Cancer:
Sanford Bismarck is similar to rest of COC facilities

Colon Cancer:
Sanford Bismarck is similar to rest of COC facilities except Stage 0 is higher and Stage I is lower.

Non Small cell Lung Cancer:
Sanford Bismarck successfully diagnosing a higher number of Stage I than other COC facilities



Prostate Cancer:
Sanford Bismarck is finding more Stage I and Stage IV than other COC facilities

Melanoma:
Sanford Bismarck is successfully finding much more Stage 0 and I and very little late stage compared to other COC facilities

*Based on the Commission on Cancer (COC) 2015 Annual Report to Sanford Bismarck.

Actions of the Cancer Committee

The Cancer Committee's responsibility is to look at all these facts and set goals for getting the Sanford Bismarck region:

- 1) Specific education on prevention and detection for most predominant cancers in this region
- 2) The best available screening machinery and processes so more cancers can be prevented or diagnosed in the earliest stages possible

How do Accreditations and Cancer Care Relate?

The Commission on Cancer (COC) and the National Accreditation Program for Breast Centers (NAPBC) are two sought after and earned accreditations. Each is awarded for only 3 years and requires that all standards are met every year. The COC achievement is based on fulfilling 34 standards and the NAPBC award depends on successful completion of 29 more standards.

Would a facility pay to be surveyed and expend all the efforts it takes to fulfill all these standards if it has not proven to make a difference for individual patients' outcome in the end? Some accreditations are tied to meeting standards set by payers of medical services such as Joint Commission to assure patient safety in the medical setting. The COC and NAPBC cancer standards incorporate many aspects of achieving consistent evidence based improvements for decision making and they can take team work in care to a much higher level. While Sanford Bismarck first earned the COC award in 1988 it takes much effort to achieve the ever increasing standards. The NAPBC award was first earned by Sanford Bismarck in 2012. Because of the work in continuing to receive this NAPBC award these outcomes (and more) for Sanford Bismarck have been realized:

1. Cancer patient navigators are proven effective for so many needs. An example would be they are now able to now provide 100% of our breast patients with "survivorship care plans". These plans allow patients to have in print details of what treatment they received and know exactly what follow up testing they should have in the years after treatment.
2. 96% of our patients in 2014 with Stage 0-2 Breast Cancer were given the choice of having breast conservation surgery.
3. Of the patients (Stage I,II, III) who had a mastectomy 90% of them were offered plastic surgery consultations (up from only 51% in 2011)
4. 92% of our patients with Stage I/II had sentinel lymph node biopsies (up from 85% in 2011). That means lots less major surgery taking nodes from under arms and long term problems with arm swelling.
5. Specialty Achievements specific to radiology, biopsy, and pathology testing have been accomplished (3D mammography, MRI and Ultrasound guided biopsies, New lab testing). This builds the foundation for right decision making for care.
6. Physician efforts brought Genetic Services right here. In 2012 they were only available through out of state referrals and in 2010 only a rare patient ever had genetic counseling or testing. This can provides decision making support for the patient and at times for an entire family.
7. Cancer Registry data that was an average of 3 years old was our only "how are we doing?" information. Now we can submit data under a rapid reporting system (RQRS). Getting information much sooner will show how Bismarck facilities compare to cancer care all across the nation and goal setting to exceed others when it comes to early diagnosis and longer survival can be evaluated.



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Cancer patients of every tumor type: The goal is to make a difference FOR YOU and we will pay and strive for accreditations that help to make a difference FOR YOU.

by Sanford Health Cancer Committee 2015
Sheri Kost, Cancer Program Coordinator

October 2015 – Sanford Bismarck is awarded its second accreditation by the National Accreditation Program for Breast Centers (NAPBC). This award represents a total of six years (3+3) of work on each and every standard set forth for best practice in breast care. We were recognized as being "ahead of other centers" in the development and use of cancer survivor care plans.



May 2017 – Sanford Bismarck will undergo its next survey on the three year cycle for the Commission on Cancer (COC) Accreditation. Since 1977 Bismarck's facility has been meeting all the growing number of standards of this well-known accrediting organization.

Sanford Bismarck's Rapid Quality Reporting System

Dashboard Results for 2016
as compiled by the Commission on Cancer

Breast Measures		
97.6% Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	100% Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB-III hormone receptor negative breast cancer.	93% Tamoxifen or third generation inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB-III hormone receptor positive breast cancer.

Colon Measures	
90% At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	100% Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

These results meet national quality standards for treating breast and colon cancers.

Annual Clinical Goals and Programmatic Goals of the Cancer Committee:

Proudly All accomplished and more...

2014

- Genetic Services for the oncology patient will be increasingly accessible by end of 2014. (Programmatic)
- Institute expectation that oncology consultation occurs within 14 days of an oncology patient's diagnostic surgical procedure. (Clinical)

2015

- Implementation of screening for lung cancer (Clinical)
- Advancement of high risk breast clinic (Programmatic)
- Reverse the lengthy wait to get patients into PET scanning (Clinical)

2016

- Identify barriers in finding/referring patients with metastatic disease that could qualify for Sanford Bismarck research trials (Clinical)
- Minimize chemotherapy complications that lead to hospitalization through increased pre-chemo education (Clinical)
- Establish processes of early oncology referral that allows maximum number of eligible patients approached for new ELSA trial (Programmatic)
- Improve Med-Oncology services in Dickinson center (Programmatic)

A Focus on Treatment

One of the 2016 studies by the cancer committee looked at how many chemotherapy patients actually ever required hospitalization. 97 patients in this study received education pre-chemo in the nurse navigation office and proceeded through over 582 rounds of chemotherapy. Only 35 times were any of these patients in the hospital during treatment or in the 3 months post treatment. Of the hospitalizations 11 were for infections and 3 were for blood clots. Other hospitalizations were related to inability to stay hydrated or an aggressive cancer causing general demise. Ongoing nurse navigation support and infusion room support is seen as decreasing the need for hospitalization and allowing patients to remain in their homes and many at their jobs during their treatment period.

A Focus on Survivorship

All across America the number of cancer survivors is increasing. It is now estimated to be over 15.5 million cancer survivors alive in the US today, and that number will grow to more than 20 million by 2026. (American Cancer Society, June 2016).

Sanford Bismarck began a survivorship clinic in March 2016. This post chemotherapy appointment is time with a team of persons including a provider specializing in survivorship follow up, dietician, social worker, nurse, physical therapist and genetic counseling. The written survivorship care plan is an essential part of this visit and part of the electronic record for all primary physicians to follow as well. Sanford Bismarck is part of the North Dakota Cancer Coalition and a 2017 survey will focus on barriers specific to cancer survivors in our region to better serve this increasing number of patients.





A Focus on Support through Palliative Care

Palliative care is an approach that improves the quality of life for patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (as defined by the World Health organization).

Long before any need for hospice, a palliative care team can make a big difference and this was hard for our facility and patient population to understand. Early 2016 a newly reorganized Palliative Program began and grew like a wildfire. The Sanford Bismarck Palliative team consists of a physician with palliative training, a nurse practitioner and a nurse coordinator. Most palliative consults are done in the hospital

setting for the first meeting. Spring 2016 saw an extension of this service to the clinic and summer 2016 service extended to several local nursing homes. This team has a way of helping patients and their families set goals and identify supportive care needs in a very effective manner.

A Focus on Genetics

Sanford Bismarck is very fortunate to have not only one, but two genetic counselors. They are available for counseling every age group and specialty. They are part of the patient treatment planning team during tumor conferences and most important to a patient and family in planning screening/prevention of many diseases. They report to the cancer committee regularly and identify populations that may be underserved by counseling or need more genetic testing that can make a treatment difference. They are part of a 2016 project to increase colon cancer screening for familial cancers.



Jeanette Viney, MD
Breast team chairperson,
Sanford Bismarck
Cancer Committee

A letter from our Breast Center leader

Edith Sanford Breast Leadership team, Sanford Bismarck is proud to be a part of the Edith team to improve breast cancer care for our patients. The past year we have strived to bring state of the art care, latest technology, current research and patient focused care to every patient who enters our system.

Our spectrum of care includes newer measures like screening tools and technology to help detect breast cancer in a high risk breast clinic located in the North Bismarck Sanford Clinic. Our genetic counsellors are now on site and assist in evaluating our patients. We continue to improve and expand access to our patients from our multiple sites of primary care to our Saturday morning times for mammography. Our dedicated team of physicians, nurses, nurse navigators, and support staff are an asset for our patients experiencing breast cancer.

We continue to participate in national research projects and have been research participants since the North Central Treatment Group began in 1977. We are currently part of the National Cancer Institute's Community Research Program (NCORP). Our support of the cancer patient this year included the first survivorship retreat. Sanford Bismarck's survivorship program continues to grow and expand to provide more support and resources than patients have ever had in the past emphasizing our commitment to see them through life's journey beyond their cancer treatments.

The Edith Sanford Bismarck Breast Center site is a Nationally Accredited Breast Center through the American College of Surgeons. As the Breast Center's leader, I am proud of the success we have recognized this past year. In this report you will find many instances where the Edith team here is truly fulfilling our mission in being "Dedicated to the Work of Health and Healing."

Jeanette Viney, MD
Breast team chairperson, Sanford Bismarck Cancer Committee

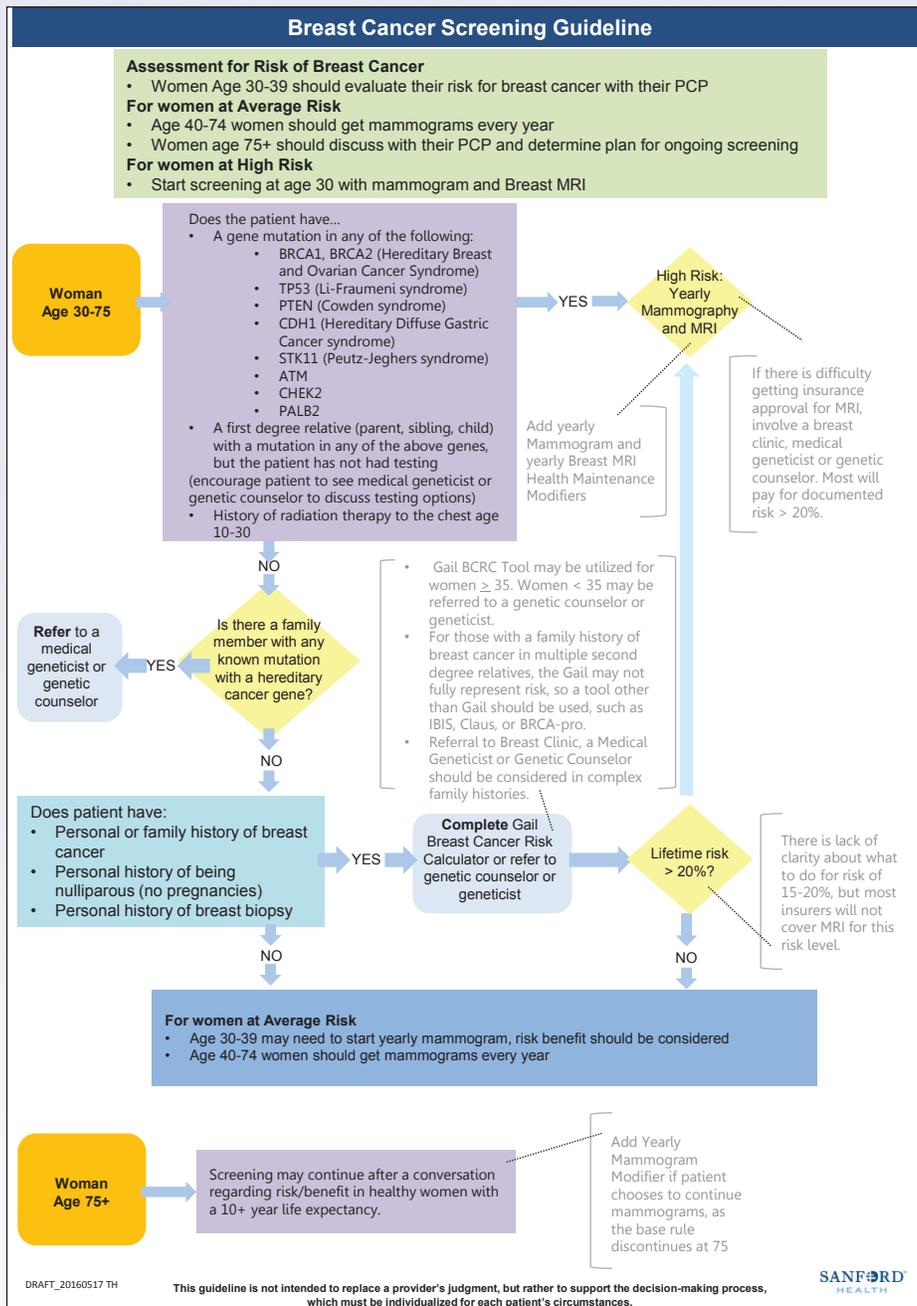
Sanford Bismarck Breast Care: 2015-2016

In 2015 at Sanford Bismarck 109 women were diagnosed with breast cancer (five patients had two separate cancers at time of diagnosis) and in the first 10 months of 2016: 114 persons (including one male). It is known that ALL women are at some risk of getting breast cancer and the evaluation tools being developed have become more and more specific to screen women at the

right times and with the right machinery to find every breast cancer in the earliest stage possible.

Making a Difference

- 2015 Legislative ND actions concurred that Sanford Bismarck's early notification to women (in letter form) on breast density was a necessity for all women everywhere in our state.



- 2016 Legislative national and state actions assured more women now will have coverage for advanced screening radiological procedures. Sanford staff members, especially the radiologists and Edith Leadership team members, through state and national efforts have passionately helped expedite this effort.
- Mortality due to breast cancer is nationally declining and the lives of women, many of the mothers, have been saved. Sanford Bismarck looks forward to this data from COC for our own region.
- When a woman sees their primary physician anywhere in the Sanford system there is a decision making tree for the physicians' use. This online chart tool was developed by the Edith group and is available to every provider who uses the electronic records.

What is the Edith Sanford Breast Center?

Edith Sanford Mission statement:

We are dedicated to winning the fight against breast cancer and empowering every woman to be proactive about their breast health.

Composed of breast leaders from every Sanford site, the Edith Sanford Breast Health team meets multiple times monthly via web and several times annually in person to assure best practice standards are the same between all of its facilities. The Edith standards set are advanced as fast as research can move forward. Having Edith standards that are evidence based through this research is most important for best outcomes for every woman (and man) who needs evaluation of risk and the right diagnosis and treatment for breast diseases including cancer. The Edith Foundation helps assure monies increase for work in this effort.

Road Blocks Locally in Breast Cancer Diagnosis and Treatment:

1. Machinery: February 2015, a 2D to 3D mammography change cost \$193,000. Updating the mammography machine in Mandan was the next priority and accomplished later in 2015. This leaves two more machines in Bismarck (that are still only capable of doing 2D films) for replacement when budget priorities allow. (\$405,000 per machine).

Breast MRI requires special coils and tools. Although this larger purchase occurred as long ago as 2012, the necessary certifications to meet highest standards on all radiological machinery must have frequent inspections, maintenance and updates. These are expensive.

New stereotactic machinery add on to perform better biopsies, purchased in 2015, cost another \$100K. Needle biopsies, not open biopsies, are to be the first choice in technique as set by the national Commission on Cancer.

2. Shortage of technicians in our state: Ongoing efforts to have a sufficient number of persons to perform screening and interventions is challenging as a lower number of radiological program graduates have been available. At times these positions have had to be filled by travelers (temporary staff). As of 2016 Sanford Bismarck has 8 mammography technicians with an ideal of 12 positions now filled. Last year more ultrasound technicians were needed and as of

2016 all 9 ultrasound tech positions are filled.

3. Insurance coverages for individuals: In 2015 and early 2016 many insurance companies including Medica had yet to recognize the benefits of 3D mammography and MRI use. The Bismarck Sanford foundation funds helped with the 2D/3D coverage difference (\$75) for women who needed assistance. Women were still encouraged to have best screening for their individual needs. This road block is lessening now with more national health care efforts but is not gone.

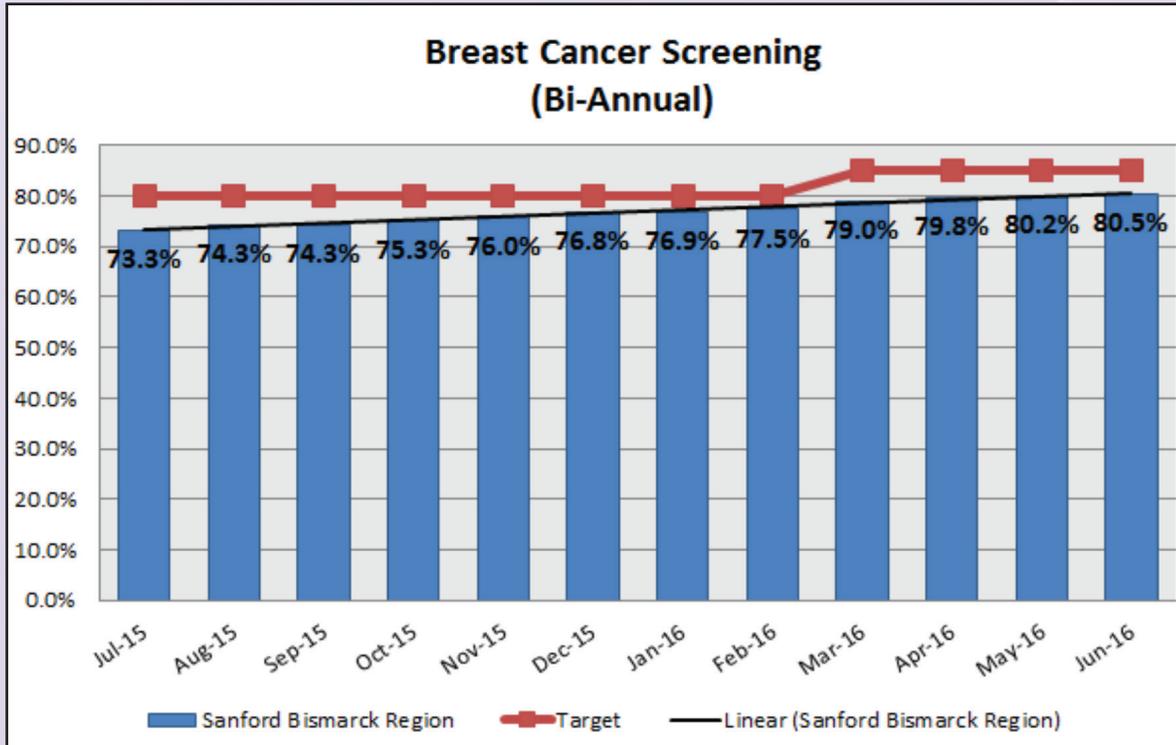
4. Breast Trials: An reorganization of all national research groups (including Sanford Bismarck's membership group) decreased and delayed breast cancer trials. In 2015 less than five breast trials were available through the Sanford Bismarck oncology research site. These trials are only for specific types or stages of breast cancer. Physicians continue to request more trials to be available. In 2016- 6 treatment and 3 breast related trials are open for enrollment and more are still desired. Available trials are listed on the Sanford web site for public information.

5. Social-Cultural Movements: Best Practice set by national organizations such as the Commission On Cancer (COC) identify treatment standards that have the best long term outcomes for patients with least risk. For breast cancer this was deemed possible with breast conservation surgery (lumpectomies) and evaluation of radiation therapy decreasing the number of mastectomies. Hollywood celebrities and other national figures have chosen bilateral mastectomies and reconstructive procedures and through media influenced women's decisions nationwide. Sanford Bismarck also sees women being influenced by this social trend.



Sanford Bismarck: Breast Screening 2015-2016

Ideally every woman is completing mammography annually per national guidelines. When the Sanford Bismarck chart data is looked at monthly this is how many women have completed their mammography at least in the last 24 months:



Breast Cancer Screening Measure Evaluation: July 2016

- Currently #2 in Sanford Enterprise in performance at 80.5%
- Registration and clinical support staff complete screening at all clinic visits and over the phone
- Providers in all clinics are asked to support preventative screening initiatives by clinical support staff
- NDBCBS announcing 3D mammography coverage beginning with August 2016 anniversary plans
- Council of Governors (COG) voting about Sanford recommendations for screening guidelines

Why we should start mammography at 40

Screening under age 50 is a national controversy on its necessity.

This is Edith's team stand:

- Greatest benefit — a **39.6 % mortality reduction** — from annual screening of women 40–84 years old. That translates to 71 % more lives saved than biennial screening of women 50–74 years old (23.2 % mortality reduction)
- 1 in 6 breast cancers present in women in their 40s
- Years of life lost greatest in youngest women
- Increase in incidence of breast cancer noted around age 40. This continues to increase with age.

(Facts presented at Doc talk and Breast Update presentation, 2016 by Dr. K. Rampton)

Beginning a Survivor Mentor Program

(formerly called Lay Navigator program)

Imagine walking through a new path alone versus having someone who has walked that path before you and can now guide you. You may not see the end or even past the first curve but they have been there. Your guidance request may be as simple as having this someone tell you what to expect ahead or as involved as asking this guide to take your hand and step in beside you until the path is more clear.

Mid 2015 four local women volunteered to be a guide as they had acquired experience through their own personal journey from the diagnosis of breast cancer through steps of treatment: surgery- chemotherapy- biotherapy- radiation therapy- hormone therapy. Each woman was now continuing on the road of breast cancer survivorship and a believer that having a mentor

could make a difference. The four women who agreed to be these guides (mentors) completed a specially designed mentorship training program here in Bismarck. This training was developed by a Sanford Breast health team with access to funding through an AVON grant. As distant Edith Sanford sites had begun this program Bismarck saw this opportunity as an important addition. Now western ND women could have equal access to this service.

So how does a woman get in touch with a mentor?

Because different stages and types of breast cancer require some difference in the physician selection of the ‘treatment path’ the clinic nurse navigator seeks an appropriate “matched” guide/mentor for each new patient who accepts this service. If the clinic nurse navigator has not already asked you/ your loved one if you want a mentor, don’t be afraid to be the one to ask.

And what if you have a different cancer and would like a mentor?

Sanford Fargo is training mentors with other cancer diagnosis and these persons will be available for patients in our region as well. Your doctor or nurse can help you connect with this mentor through the Bismarck nurse navigation office at (701) 323-5749.





Sanford Bismarck Goal: More & More Survivors and that's in our Sanford family, too

Through the Eyes of a Patient

In September of 2009, DeEtta Heid, Physician Recruitment Coordinator at Sanford Health, was diagnosed with breast cancer. “I was shocked and couldn’t believe it,” DeEtta said, “I had been faithful in having yearly mammograms. Then, after having time to process my situation, I did not ask ‘why did this happen to me, and instead, I thought ‘why not me?’” DeEtta decided she couldn’t dwell on the diagnosis but do what she needed to do, which was to follow the recommendations of her oncologist.

After receiving her diagnosis, DeEtta underwent surgery which was followed by chemotherapy treatments. During her treatments, she was able to continue working part-time. “I often would tell people that chemotherapy treatment was not a lot of fun, but it could have been more difficult—as I had witnessed with other patients.”

DeEtta has now been cancer free for seven years. She has been on medication to help prevent the cancer from returning and will soon be able to stop taking that medication. She will continue to see her oncologist on a yearly basis.

When asked if she had any advice for other women who are currently receiving treatment, she said, “Keep a positive attitude during your treatment. A positive attitude helps with the healing process.”

DeEtta has been with Sanford for 22 years.



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