



# 2011

ANNUAL REPORT



SHAW REGIONAL  
CANCER CENTER

*A service of Vail Valley Medical Center*

[www.shawcancercenter.com](http://www.shawcancercenter.com)

# Our Cancer Care Team



## RADIATION ONCOLOGY

Shaw Regional Cancer Center

**Patricia Hardenbergh, MD**

*Brachytherapy, Intensity Modulated Radiation Therapy (IMRT),  
External Beam Therapy (EBT)*

## MEDICAL ONCOLOGY/HEMATOLOGY

Shaw Regional Cancer Center

**Alexander Urquhart, MD**

*Chemotherapy, Monoclonal Antibodies, Benign Hematology,  
Cancer High Risk, Breast Clinic, Hereditary Cancer Clinic*

University of Colorado

**Michael Glode, MD**

*Genitourinary Oncologist Specializing in  
Prostate, Bladder, Kidney Cancers*

## NURSE NAVIGATION

Shaw Regional Cancer Center

**Katie Jones, NP**

*Patient Education and Care Coordination*

## UROLOGY

Northstar Urology

**Connie Wolf, MD**

**Stephen Mohr, MD**

*Surgical Treatment of All Urological Diseases Including  
Prostate, Kidney and Bladder Cancer*

## SURGERY

Mountain Surgical Associates

**Reginald Franciose, MD**

**James Downey, MD**

**Andrew Lawrence, MD**

**Barry Hammaker, MD**

*Breast Surgery, Surgical Oncology, General Surgery,  
Laparoscopic Surgery*

## PLASTIC SURGERY

Vail Institute for Aesthetics &  
Reconstructive Surgery

**Jeffrey Resnick, MD**

*Reconstructive, Aesthetic/Cosmetic, Pediatric*

## BREAST IMAGING

Sonnenalp Breast Center

**Janice Ugale, MD**

**Monique Fox, MD**

*Digital Mammography, Ultrasound Guided Breast  
and Stereotactic Biopsy Needle Localizations*

**Colleen Berga, RT(R)(M),CBPN-I**

*Breast Patient Navigation*

## NUTRITION/DIET

Shaw Regional Cancer Center

**Melaine Hendershott, RD**

*Re-energizing the Body, Building Immune Defenses*

## GENETIC COUNSELING

Shaw Regional Cancer Center

**Melanie Taylor, MS, CGC**

*Hereditary Risk Assessment*

## PHYSICAL THERAPY

Shaw Regional Cancer Center

**Christine Hasselbach, DPT, CLT**

*Improving Range of Motion, Generalized and  
Core Strengthening, Lymphedema Education,  
Improving Cardiovascular Function, Decreasing Pain*

## CANCER COUNSELING

Shaw Regional Cancer Center

**Vanessa Lewis, LCSW, OSWC**

*Patient, Family and Group Support,  
Emotional and Financial Issues*

## EXERCISE PHYSIOLOGY

Shaw Regional Cancer Center

**Sarah Giovagnoli, MS, CES**

**Hilary Welch-Petrowski, MS**

*Decreasing Fatigue, Increasing Range of Motion,  
Weight Loss, Improving Cardiovascular Endurance  
and Functional Capacity, Increasing  
Self-esteem and Energy*

## Chairman's Report

The Cancer Committee of Shaw Regional Cancer Center is pleased to present our 2011 Annual Report.

The team at Shaw Regional Cancer Center is committed to providing comprehensive cancer care to Colorado's Central Rocky Mountain region. We are proud to be a member of the Vail Valley Medical Center family and to be continually assessing the needs of the communities we serve. The Cancer Committee meets bimonthly to ensure these needs are being met through cancer prevention initiatives, a multidisciplinary approach to treatment and survivorship programs. The committee is comprised of physician specialists and cancer care professionals who contribute to making this cancer center the best it can be.

This report provides an overview of the wide array of cancer services and activities available at Shaw. We hope you will enjoy learning more about our team and what we offer to patients and the communities we serve.

Alexander Urquhart, MD  
Chairman, Cancer Committee  
Medical Director,  
Medical Oncology



## 2011 Cancer Committee Members

**Alexander Urquhart, MD**  
Medical Oncology / Cancer  
Committee Chair / Cancer  
Conference Coordinator

**Patricia Hardenbergh, MD**  
Radiation Oncology

**Wayne Wenzel, MD**  
Diagnostic Radiology

**Robert Macaulay, MD**  
Pathology

**Reginald Franciose, MD**  
General Surgery / CLP

**Peggy Carey, RN, BSN,  
MPA, FACHE**  
VP Oncology

**Lynn Tremblay, RN**  
Oncology Nurse

**Vanessa Lewis, LCSW, OSW-C**  
Social Work

**Shannon Hart, CTR**  
CTR/QI Cancer Registry Data

**Jack Eck, MD**  
Internal Medicine

**Brandon Mays, MBA**  
Program Coordinator

**Kim Sharkey, MA**  
Outreach Coordinator

**Melaine Hendershott, MS,  
RD, CSO**  
Dietician

**Christine Hasselbach, PT**  
Physical Therapy

**Tom Mars, MSN, RN**  
Senior Vice President & COO  
Vail Valley Medical Center

**Katie Jones, NP**  
**Maricela Avila, MA**  
Clinical Research

**Doris Kirchner**  
CEO & President  
Vail Valley Medical Center

**Mary Ann McEntee, RN,  
BSN, MHA**  
VP Quality & Risk

# Happy 10th Birthday Shaw Regional Cancer Center!

**T**his year we are proud to commemorate 10 years of cancer care in the Valley. I am honored to celebrate with those who built the programs and services at Shaw Regional Cancer Center and Jack's Place, and with those who have more recently joined our efforts. We are grateful to Dr. Jack Eck for seeing the need for a "cancer center in the mountains," and to Harold and Mary Louise Shaw and family for generously responding to the need.

With a strong foundation and vision, Dr. Patricia Hardenbergh began providing radiation treatment at Shaw in 2001. The University of Colorado joined the effort by agreeing to send specialty physicians to the mountains. The Shaw Outreach Team (SOT) was later created and Jack's Place, our cancer caring house, was born. The SOT, as they are affectionately called, continues to support Shaw by sponsoring new technology, such as the PET/CT and most recently, the Tissue Analyzer for use in surgery.

We are grateful for every good idea, all the service provided by volunteers and staff and for each and every donor. We thank the Shaw Outreach Team for continuing to support the Cancer Center and Jack's Place and for the many philanthropic groups that contribute to the care and support of citizens in this region.

Through partnerships with the community, we are making a difference to the citizens that are served at Shaw Regional Cancer Center. Here are just 10 of the important things we have accomplished in 10 years. Thank you for being part of the journey.

## 1. Cancer Treatment

Shaw Regional Cancer Center opened in 2001 with radiation oncology under the direction of Dr. Patricia Hardenbergh and part-time medical oncology provided by visiting physicians. Understanding the importance of relationship-based care and the need for an on-site,

full-time medical oncologist, Dr. Alexander Urquhart was recruited to provide medical oncology care in 2006.

## 2. A Team Approach

Our multidisciplinary team works together to ensure each patient is provided a complete program of care, including follow-up. Our breast team is a model for team work and that is exemplified in the weekly breast clinic. The clinic allows patients to be seen by each Shaw specialist on the same day for evaluation, discussion and treatment planning. The multidisciplinary team includes: diagnostic radiology, pathology, surgery, medical and radiation oncology, reconstructive surgery and the nurse navigator.

## 3. Jack's Place

In 2005, a need to provide lodging for patients was identified and the Shaw Outreach Team responded. A campaign was launched, and in 2007, Jack's Place was built to provide a comfortable home for patients and their caregiver during treatment. To date, over 4,500 guest nights have been provided at Jack's Place, along with many hours of respite during the day for patients.

## 4. The Sonnenalp Breast Center

A need to create a distinct service for breast care was recognized and The Sonnenalp Breast Center at Shaw Regional Cancer Center was created. In 2010, nearly 50 percent of cancers diagnosed at Shaw were breast cancer, and because the Breast Center provides the very best in diagnostic services, many were found early. The Breast Center has equipment that many larger centers hope for thanks to the original donors, Rosana and Johannes Faessler, and many other individuals. Exuding a quiet, spa-like environment, the center opened with mammography and ultra sound, implemented stereotactic biopsy services and, this year, added whole breast ultrasound, which is especially effective in finding small invasive cancers in women with dense breasts.

## 5. Clinical Trials and a Specialist Network

Shaw's relationship with the University of Colorado Cancer Center ties us to a network of physician specialists who visit routinely to consult with Shaw physicians and see patients. The University physicians participate in Tumor Conferences and Shaw physicians join the University discussions by teleconference. Additionally, the partnership allows Shaw patients access to clinical research trials.

## 6. State and National Participation

We contribute de-identified data to the State's Central Registry and to the National Cancer Database (NCDB), a nationwide oncology outcomes database used by more than 1,500 accredited cancer programs. Aside from measuring our concordance with evidence-based standards, our registry also manages compliance with the standards set by the American College of Surgeons Commission on Cancer for quality programs.

## 7. Survivorship and Fit for Survival

The Lance Armstrong Foundation reports there are 13 million Americans living with cancer. Due to advances in treatment, people are now living quality lives in spite of cancer. Nutrition, exercise and support programs have been developed to guide survivors as they cope with the side effects of treatment and manage "the after treatment issues." The Shaw counseling program, along with Fit for Survival, our exercise and nutrition program founded in 2008, are available to support patients in survivorship.

## 8. Prevention and Education

We know no matter how great the Shaw clinical team is or how good our technology and services are, no one wants to have cancer. We believe part of our job is to educate the community in prevention and early detection and keep citizens healthy. Created in 2007, *The Shaw is Prevention* program is involved in the community to teach children and adults how to make positive health choices and stay well. Because education is vital in choosing and living a healthy lifestyle, a medical library was developed, offering services for physicians, patients and the community that are comparable to many university offerings.

## 9. Excellence in Care

No one on this team has slowed down over these 10 years! In 2010, Dr. Patti Hardenbergh received the largest grant ever awarded by the prestigious American Society of Clinical Oncology for developing a program she named 'Chartrounds.' Chartrounds is an online conference designed to discuss best treatment approaches for patients. Through the internet, Dr. Hardenbergh has taken this concept nationally to create a way for physicians to assist each other in planning treatment for their patients. She strives to improve cancer care globally through this program. For more information about Chartrounds, see page 11.

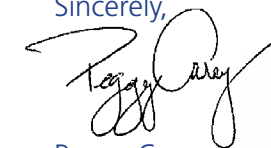
## 10. Philanthropy

The community identified a need for a cancer center, raised funds to build Shaw, added technology and helped to build support programs in the amount of \$19,904,000 over these 10 years. We couldn't be more grateful to our donors, who are listed on pages 17 and 18.

We have cared for nearly 3,100 patients for cancer over the last 10 years. Vail Valley Medical Center and the Shaw Cancer Care Team are committed to continuing to build programs and services to meet the growing needs of the citizens of this region.

Thank you for your support.

Sincerely,



Peggy Carey  
Vice President,  
Oncology



SHAW REGIONAL  
CANCER CENTER  
*A service of Vail Valley Medical Center*



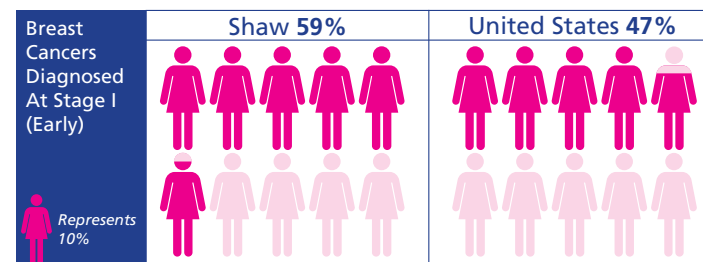
# Quality Improvement Study: Breast Cancer in Women Under 50

By Alexander Urquhart, MD

**B**reast cancer is the most common non-skin cancer in women in the United States and second only to lung cancer as the cause of cancer death. The American Cancer Society estimates that over 200,000 women will be diagnosed with breast cancer in 2011. The prevalence of breast cancer nationally is the same at Shaw Regional Cancer Center—it was the most common cancer we treated in 2010.

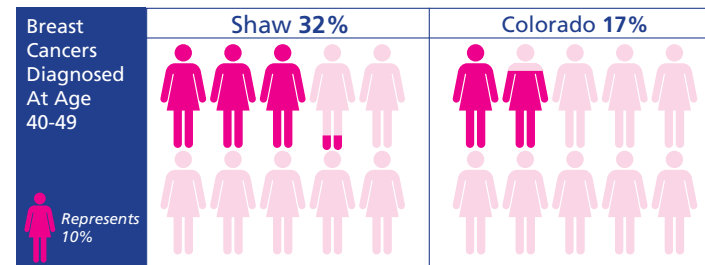
Fortunately, due to improved screening and treatments, there has been a steady decrease in the rate of women dying from breast cancer since the early 1990s. Further understanding of risk factors has also led to a decline in the incidence rate of breast cancer in the early 2000s. Women in the US have a one in eight risk of developing breast cancer in their lifetime. The good news is the five-year survival rate of women diagnosed with breast cancer has increased from 75 percent in the 1970s to 90 percent since 2000.

In 2010, 73 women received treatment for breast cancer at Shaw. Of the 73, most women presented with early stage disease; 59 percent with stage I disease, compared to 47 percent stage I patients treated nationally. Community outreach programs, like Cancer Screening Days at Shaw, and advanced technology and techniques in breast imaging and screening at the Sonnenalp Breast Center at Shaw Regional Cancer Center, likely contributed to earlier diagnosis of breast cancer.



Based upon National Cancer Institute SEER data, the peak incidence rate for breast cancer occurs between

ages 70-74. This has not been our experience at Shaw. Reviewing the demographics of women who were treated at Shaw last year, it is notable that we treat a higher proportion of women under the age of 50 compared to Colorado and the rest of the nation. In 2010, 32 percent of the patients treated at Shaw were age 40-49, versus 17 percent of women diagnosed in Colorado.



We have often wondered at the end of a busy Multidisciplinary Breast Tumor Board/Clinic why this is true. We have speculated about exposures or environmental issues, but these seem unlikely and beyond the scope of this report. Part of the answer has to do with the demographics of our region. The populations of Eagle County and the surrounding areas are, in general, younger than other parts of the country. The 2010, US Census data revealed that the median age of Eagle County is 34, compared to 37 in the rest of the US. Furthermore, only 5.6 percent of the population is over the age of 65, and 11 percent is over the age of 50 in Eagle County. This compares to 10.9 percent and 30 percent, respectively, in the rest of Colorado. Therefore, our service area has a greater percent of younger women and we see proportionally more young women than other parts of Colorado and the US.

Regardless of why this occurs, it is an important issue that we address and deal with every day at Shaw. Treating younger women with breast cancer is different than treating older women. Biologically, breast cancer behaves differently in a young woman. It is often more aggressive, and has a higher risk phenotype. Younger women more often present with hormone receptor negative/HER2 negative cancer or "triple negative" cancers. These cancers often behave much more

aggressively, and are associated with a higher risk of local-regional and distant recurrence. For this reason, we treat these tumors more aggressively and young women often receive longer and potentially more toxic treatments.

Twenty percent of women treated at Shaw (in the appropriate stage category), receive the national standard of combination therapy: surgery, radiation, chemotherapy and hormonal therapy, compared to only seven percent nationally. Our goal with aggressive treatments is long-term survival.

In addition to effective therapies, early detection is important and has led to an overall improvement in breast cancer survival. We recommend that all women over the age of 40 get regular mammogram screenings. There has been some debate about the age of starting mammogram screening. The US Preventative Services Task Force (USPSTF) recently recommended delaying screening until after age 50 and we disagree with this recommendation. In the period from August 2008 to August 2009, 5,305 women had mammograms at the Sonnenalp Breast Center. Of these women screened, 37 percent of those diagnosed with cancer were under the age of 50. If these women would have followed the USPSTF guidelines, they would have been delayed in their diagnosis.

Other factors, such as fertility, are considered when treating a younger woman for breast cancer. We discuss options for fertility preservation or alternate paths for family when deciding upon treatment plans.

The multidisciplinary approach at Shaw is very important for all women with breast cancer. Women with early stage breast cancer will require treatment from multiple specialists. Every new breast cancer

## Percent of population over the age of 50



patient is presented at our Prospective Breast Tumor Board, consisting of physicians from pathology, surgery, plastic surgery, breast radiology, radiation oncology and medical oncology. In addition, our nurse navigator, genetic counselor, social worker and nursing staff participate. This allows the team of caregivers to discuss and debate the nuances of an individual patient's case. Typically, patients are seen within a week of biopsy by the team and have a plan in place by then, as well as any required ancillary studies, such as MRI of the breasts or additional biopsies.

Treatment provided at Shaw is state-of-the-art. If a woman requires chemotherapy, we use treatments supported by the most current research. Through our partnership with the University of Colorado Cancer Center, patients are able to participate in clinical trials. Radiation options include standard whole breast radiation and in selected patients, shorter course partial breast radiation. We are proud of our multidisciplinary approach to taking care of patients of all ages. It is unique to find such a combined clinic in a small community setting, but we know it provides the best care for the individual patient and is supported by the excellent outcomes of our patients.



## Fit for Survival Program

Sarah Giovagnoli and Hilary Welch-Petrowski, Exercise Physiologists

Fit for Survival is an exercise and wellness program for cancer patients undergoing cancer treatments such as surgery, radiation and chemotherapy. The goals of the program include: creating healthy exercise habits, maintaining appropriate body composition, reducing treatment-related side effects (such as fatigue) and improving quality of life during treatment.

The Fit for Survival gym had an average of 106 patient visits per month during the past year. The program also offers yoga and tai chi classes for patients and cancer survivors.

Available services include: personal consultations, physical assessments of cardiovascular fitness, muscular strength and endurance, balance, range of motion, flexibility and body composition. An individualized exercise program is designed based on patient assessment and identified goals, considering current abilities and treatment-related side effects.

Our staff includes two exercise physiologists. Sarah Giovagnoli is trained and certified in oncology exercise through the Rocky Mountain Cancer Institute

at the University of Northern Colorado and received her master's degree in exercise physiology from the University of Colorado.

Hilary Welch-Petrowski is a certified clinical exercise specialist through the American College of Sports Medicine and received her master's degree in exercise physiology from Penn State University.

Benefits obtained through involvement in Fit for Survival include:

- Increased range of motion and strength after breast surgery
- Reduced fatigue and improved energy levels
- Improved self-esteem and confidence
- Increased cardiovascular fitness
- Improved muscular strength and endurance
- Reduced incontinence after prostate cancer treatment
- Reduced body mass index and body fat
- Increased flexibility
- Enhanced balance and posture
- Creation of an exercise program to use for the rest of their lives

## Support Groups: Cancer Survivors and Patients Are Never Alone in Their Journey

The Shaw Regional Cancer Center invites patients to empowering discussions about thriving during treatment and living beyond cancer. Families and caregivers are welcome.

Ongoing patient and support activities are offered throughout the year at Shaw, Jack's Place and in the Frisco Medical Office.

- Cancer Support Group – Every Tuesday, 12 p.m. at Jack's Place. Patients and family members are welcome
- Grief Support Groups – Open to the community
- Summit Cancer Support Groups – Special wellness series offered in the summer
- Children's Climb Workshop – Supporting children who are affected by cancer and many more programs

Please contact Vanessa Lewis, LCSW, OSW-C for current information at 970-569-7606 or lewis@vmmc.com.



## 2010 Cancer Conferences

Monthly multidisciplinary conferences are held every third Tuesday for general cancer and a site-focused Breast Cancer Conference is held each Tuesday.

Treatment plans are reviewed in consultation with radiologists, pathologists, general surgeons, medical oncologists, radiation oncologists and other specialists. This format benefits both the patient and the physician by providing a forum in which experts from varied disciplines can discuss different treatment options for prospective cases.

During 2010, the Shaw team hosted 12 General Cancer Conferences and 48 Breast Cancer Conferences were held in which 132 analytic cases were presented prospectively.

Physicians are encouraged to submit cases for presentation by contacting the Cancer Registry prior to the upcoming Cancer Conference at 970-569-7608.

### Primary Disease Sites Presented In 2010

Colon	Breast
Stomach	Melanoma
Lymphoma	Kidney
Prostate	Lung
Base of Tongue	Soft Tissue Sarcoma
Bladder	Rectal
Anus	Endometrium
Testis	Cutaneous
Lymphoma	Pancreas
Pharynx	Tonsil
Skin Hidra-Adenocarcinoma	Esophagus

### Top 5 Sites for 2010\*

Sites	Shaw**	Colorado	U.S.
Breast	38%	15%	14%
Prostate	9%	16%	14%
Lung	7%	11%	15%
Melanoma	3%	6%	4%
Bladder	4%	4%	5%
Colorectal	7%	8%	9%

\*Data obtained from American Cancer Society Facts & Figures 2010  
 \*\* Shaw Regional Cancer Center is a service provided by Vail Valley Medical Center

## Cancer Registry Report

Shannon Hart, CTR

The Cancer Registry at Vail Valley Medical Center/ Shaw Regional Cancer Center (VVMC/Shaw) is under the management and direction of the Cancer Center Administration and the Cancer Committee since January 1, 2004.

In 2010, 200 new cases were added; 197 of those cases were analytic cases with initial diagnosis and/or first course of treatment at VVMC/Shaw. More than 1,600 cases have been accessioned into the Registry since 2004.

Through the Cancer Registry, recorded information for each malignancy is maintained and is inclusive, but not limited to: patient demographics, primary site, histology, stage of disease, treatment, recurrence, and follow-up data. This data provides physicians and administration with statistics for research, education and planning. Confidentiality of patient identification and related medical data are strictly maintained. Only aggregate data are analyzed and published.

Our data is electronically submitted to the Colorado Central Cancer Registry and to the National Cancer Data Base. This allows VVMC/Shaw to perform comparative analyses with other hospitals of similar size throughout the nation. Comparing data elements such as age, stage of diagnosis, tumor grade, treatment modalities and outcomes aids in the research and development of cancer treatment modalities. Each patient in the database is followed annually to acquire necessary information on recurrences, subsequent treatment and survival data that is vital for continued patient care.

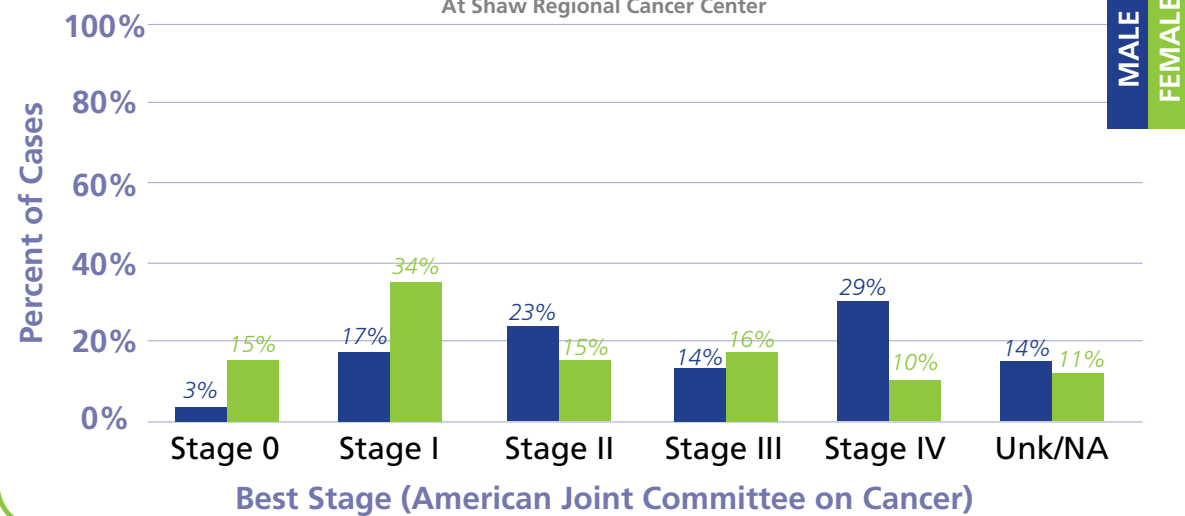
### Registry Accomplishments For 2010

- Maintained monthly Cancer Conferences as multidisciplinary case presentations
- Reported required cancer cases to the Colorado Central Cancer Registry on a monthly basis
- Attendance for continued education and maintenance of Certified Tumor Registrar (CTR) credential: National Cancer Registrars Association Annual Conference, April 20-23, 2010
- Colorado Cancer Registrars Fall Education Conference, November 5, 2010

# Statistical Summary of Shaw Cancer Data

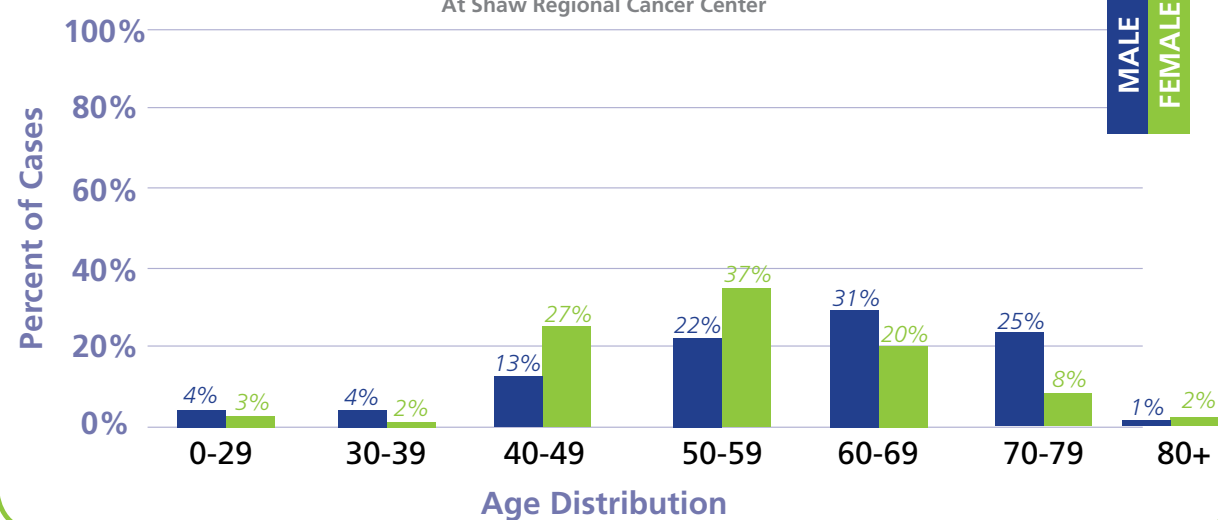
## Cancer Diagnosis by Stage, Male vs Female - 2010

At Shaw Regional Cancer Center



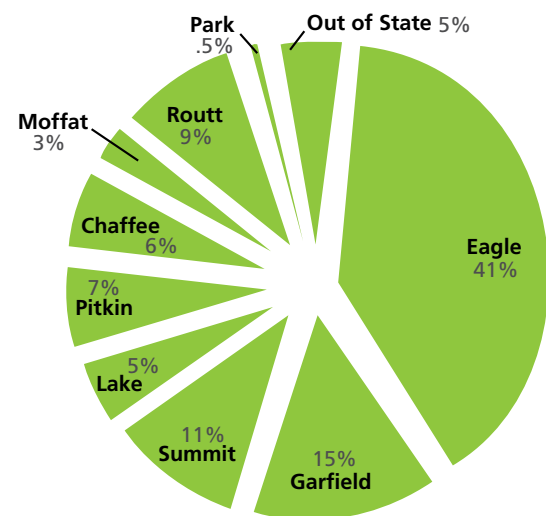
## Age at Diagnosis, Male vs Female - 2010

At Shaw Regional Cancer Center



## Cancer Diagnosis by County of Residence - 2010

At Shaw Regional Cancer Center



## Primary Site of Diagnosis - 2010

At Shaw Regional Cancer Center

Primary Cancer Site	Total	Male	Female	Class of Case		American Joint Committee on Cancer Staging					
				Analytic*	Non-analytic**	0	I	II	III	IV	Unk or N/A
BREAST	74	1	73	73	1	18	33	12	5	4	1
CENTRAL NERVOUS SYSTEM	6	2	4	6	0	0	0	0	0	0	5
Brain	4	2	2	4	0	0	0	0	0	0	4
Other Nervous System	2	0	2	2	0	0	0	0	0	0	2
DIGESTIVE SYSTEM	29	14	15	28	1	0	5	6	9	6	2
Esophagus	3	3	0	2	1	0	0	0	0	1	1
Stomach	4	2	2	4	0	0	2	0	1	1	0
Colon excluding Rectum	5	2	3	5	0	0	0	1	2	2	0
Rectum & Rectosigmoid	8	5	3	8	0	0	2	4	2	0	0
Anus, Anal Canal & Anorectum	6	0	6	6	0	0	1	1	3	1	0
Liver & Intrahepatic Bile Duct	1	1	0	1	0	0	0	0	0	0	1
Pancreas	1	1	0	1	0	0	0	0	0	1	0
Peritoneum, Omentum & Mesentery	1	0	1	1	0	0	0	0	1	0	0
ENDOCRINE SYSTEM	6	1	4	6	0	0	2	0	1	1	2
Thyroid	4	1	3	4	0	0	2	0	1	1	0
Other Endocrine	2	1	1	2	0	0	0	0	0	0	2
FEMALE GENITAL SYSTEM	4	0	4	4	0	0	2	0	1	0	1
Cervix Uteri	1	0	1	1	0	0	1	0	0	0	0
Corpus & Uterus, NOS	2	0	2	2	0	0	1	0	0	0	1
Other Female Genital Organs	1	0	1	1	0	0	0	0	1	0	0
LEUKEMIA-LYMPHOCYTIC	4	2	2	4	0	0	0	0	0	0	3
LYMPHOMAS	7	3	4	7	0	0	2	1	4	0	0
Hodgkin Lymphoma	3	1	2	3	0	0	0	1	2	0	0
Non-Hodgkin Lymphoma	4	2	2	4	0	0	2	0	2	0	0
MALE GENITAL SYSTEM	23	23	0	23	0	0	4	13	0	6	0
Prostate	18	18	0	18	0	0	0	12	0	6	0
Testis	5	5	0	5	0	0	4	1	0	0	0
MELANOMA - SKIN	6	4	2	5	1	0	3	1	1	0	0
MYELOID & MONOCYTTIC LEUKEMIA	1	1	0	1	0	0	0	0	0	0	1
ORAL CAVITY & PHARYNX	6	5	1	6	0	0	0	1	2	3	0
Tongue	3	3	0	3	0	0	0	1	1	1	0
Nasopharynx	2	2	0	2	0	0	0	0	1	1	0
Tonsil	1	0	1	1	0	0	0	0	0	1	0
OTHER NON-EPITHELIAL SKIN	1	1	0	1	0	0	1	0	0	0	0
RESPIRATORY SYSTEM	14	8	6	14	0	0	0	0	7	7	0
Larynx	1	0	1	1	0	0	0	0	0	1	0
Lung & Bronchus	13	8	5	13	0	0	0	0	7	6	0
SOFT TISSUE (INCL HEART)	2	1	1	2	0	0	0	1	0	0	1
URINARY SYSTEM	9	9	0	9	0	2	2	1	0	4	0
Urinary Bladder	7	7	0	7	0	2	2	1	0	2	0
Kidney & Renal Pelvis	2	2	0	2	0	0	0	0	0	2	0
MISCELLANEOUS	8	3	5	8	0	0	0	0	0	0	8
<b>Total</b>	<b>200</b>	<b>79</b>	<b>121</b>	<b>197</b>	<b>3</b>	<b>20</b>	<b>54</b>	<b>36</b>	<b>30</b>	<b>31</b>	<b>25</b>

\*Analytic = First diagnosed and/or first course of treatment at this facility. \*\*Non-analytic = First diagnosed and first course of treatment elsewhere.

# Improving Cancer Care Globally

## Dr. Patricia Hardenbergh, Radiation Oncologist and Medical Director of Radiation Oncology, Leads ASCO Conquer Cancer Foundation Improving Cancer Care Grant

In July 2010, the American Society of Clinical Oncology Conquer Cancer Foundation Improving Cancer Care Grant, funded by Susan G. Komen for the Cure, was awarded to Patricia Hardenbergh, MD for the "Chartrounds" project. This July marked the completion of the first of the three-year grant period. Much has been accomplished over the year and we are excited to report our progress.

The goal of Chartrounds is to improve the quality of cancer care across rural regions by connecting rural/community cancer center physicians with highly specialized, disease site specific physicians. Radiation Oncology is being used as the initial model, and breast cancer as the initial disease site to apply this idea.

Chartrounds.com is a real-time, web-based collaboration of disease site specialists from major academic institutions with community oncology physicians across the United States. Chartrounds.com has scheduled sessions that community physicians join, with a typical ratio of five community physicians to one disease site specialist. The specialist reviews cases with the community physicians and critiques their management of treatment. The community oncologists are able to benefit from discussion around each of the cases, thereby improving overall cancer care.

### Year One Accomplishments

- The Chartrounds.com website, our vehicle for the program, has been live for seven months
- We have administered 45 Chartrounds sessions
- As of October 1, 2011, there are 230 community physician members in 47 states
- We have been approved for continuing medical education credit through the University of Colorado
- Provisional approval was received from the American Board of Radiology for credit towards a Practice

Quality Initiative plan, which allows the Chartrounds project to be used by physicians as part of their Maintenance of Certification for board certification

A feedback form was developed for participants to submit after each Chartrounds.com session. Using the feedback form, we are able to quantify practice changes. We now have evidence that Chartrounds is impacting cancer care at the local level across the United States. The question, "Will you make changes in your practice as a result of today's session?" is asked and answered using a range of 5 (yes) to 0 (no). The average score thus far is 4.4 (n=116). Additionally, in order to assist community physicians in accessing relevant and recent literature, we have added a librarian link in which participants can email the librarian to search for literature pertinent to Chartrounds.com sessions.

We are continuing to recruit new physician participants. Originally, we planned to accept 100 members per year, for each year of the project. However, we learned that we can accept over 500 new members to reach our goal of filling the web session to maximum capacity. We expect to be able to reach this goal by mid-January 2012.

### The Next Steps

- We will soon be adding a clinical trials feature, bringing access to national clinical trials to community cancer centers
- An archiving feature will be added, allowing physicians to view past sessions
- We are currently adding disease sites to our session options, including prostate, lung and head and neck

We anticipate being able to bring this practice-changing-venue to physicians worldwide to improve the quality of cancer care.

For more information on Chartrounds, please visit the website at [www.chartrounds.com](http://www.chartrounds.com).



Patricia Hardenbergh, MD

## American College of Surgeons Commission on Cancer

Shaw Regional Cancer Center is one of the 1,500 Commission on Cancer (CoC) accredited facilities in the country. In both 2007 and 2010, Shaw was surveyed for accreditation and received the highest marks possible, however in 2013, when the cancer center is up for accreditation again, the standards will be much different.

As of January 2012, the CoC standards will morph from an evaluation based on the mechanics of cancer treatment to patient-centered, outcome-related measurements. The new accreditation measures will include things like palliative care services, barriers of care for patients, psychosocial distress screening and post-treatment survivorship care.

"Cancer treatment is ever-evolving and getting better. I am very proud of what we've done at Shaw and we will keep growing to meet the new standards," said Dr. Reg Franciose, surgeon and member of Shaw's multidisciplinary breast clinic team. "The accreditation will morph from eight standards of evaluation to more than 40 rigorous standards and this will help every CoC facility, including Shaw, become a better cancer center."

The CoC, created to establish standards of evaluation for cancer clinic performance, began in 1930 and in 1933 had just 140 accredited clinics. Over the past 80 years, the CoC has ensured quality, comprehensive cancer care is delivered to all cancer patients and provides vital guidance for cancer diagnosis and treatment. Currently, the CoC has over 1,500 accredited facilities which treat more than 75 percent of patients who are newly diagnosed with cancer each year.

# Greer and Jack Gardner: Cancer Survivors Because of Early Detection

By Lindsay Warner

**G**reer went to the Sonnenalp Breast Center at Shaw Regional Cancer Center for her annual mammogram on June 13, 2011. During that screening, the radiologist saw “something.” Eight days later, they repeated the mammogram and performed a diagnostic ultrasound to confirm that “something” was an eight millimeter tumor. The following day, Greer was diagnosed with stage I breast cancer.

Soon Greer and her husband, Jack, met with Dr. Reg Franciose, where he provided “cancer 101” according to Greer. “Dr. Franciose explained everything. After hearing him explain breast cancer and the surgery, I felt like I had so much knowledge that I could do the surgery myself,” joked Greer. “That’s how thorough he is.”

Greer and Jack also sat down with the comprehensive cancer team and within less than one month of diagnosis, she had undergone a lumpectomy and was ready to start radiation a few weeks later.

“I can’t say enough about the nurses and staff at Shaw Regional Cancer Center and Vail Valley Medical Center, especially in the OR and recovery room. The whole team was absolutely outstanding. They were professional, they were efficient and they were very sensitive to my needs,” said Greer.

Jack stressed that they took the right steps to conquer this disease. “The team at Shaw and VVMC provided us with excellent care. They were caring, compassionate, competent, cutting-edge and confident in their care.”

Greer’s knee-jerk reaction was to delay treatment and surgery because she and Jack had planned several golf trips and an Alaskan cruise, but Greer’s love for golf

didn’t have to stop for breast cancer. Just four short weeks after her surgery, Greer was back on the links and the radiation team, with Dr. Patti Hardenbergh’s guidance, managed to complete the course of radiation therapy and save the Alaskan cruise.

Greer’s case was much less complicated than it could have been. Her stage I cancer was caught early. She was HER2-negative, ER and PR hormone positive, post-menopausal and had no positive lymph nodes, so she did not require chemotherapy.

“Pre-menopausal cancer is much scarier, which is why I want women to know they should start getting their mammograms at 40. And if you had a mom or sister with breast cancer, you should start mammograms even earlier,” Greer suggested.

Greer and Jack are not strangers to cancer by any means. Jack, a volunteer on the Shaw Outreach Team, assists the fundraising group in legal advice and recently beat prostate cancer. Greer, a former teacher and mother, is also a volunteer at Shaw Regional Cancer Center.

Just months after beating prostate cancer, Jack had the horrifying reality that his wife of 46 years was now battling cancer as well. Jack is an avid skier and admits that during his cancer treatment, he wore a Beaver Creek hat to remind himself that he was going to get back on the mountain. Just five weeks after undergoing a radical prostatectomy, Jack was able to get back on the slopes of Vail and Beaver Creek.

“We are both alive and living well because of early detection and early diagnosis. Men need to get their PSA tested and women should have their mammograms annually,” said Jack. “You make your own luck with early detection.”

*“It’s wasn’t the end of my life, it was the beginning of a fight.”*

– Greer Gardner, referring to her breast cancer diagnosis on June 22, 2011



## Meet Greer & Jack

Jack and Greer met in Pennsylvania and were high school best friends. One year into Jack’s law school education, the couple wed and later had a son, Andrew. In 1981, the Gardners packed up and headed to Denver from Philadelphia. During their 20 years in Denver, Greer worked 10 years at Children’s Hospital in oncology and hematology while Jack practiced public finance law, handling legal aspects of many public projects in the Eagle River Valley and across the country. Their son, now a tax lawyer in Minnesota, and his wife, Lisa, are the proud parents of Jack and Greer’s grandchildren; Zachary (16), Emily (14) and Abigail (9). In 2000, Jack and Greer moved to Avon fulltime and will soon enjoy a long-anticipated retirement...in good health, thanks to Shaw and VVMC.



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# Jack's Place, A Cancer Caring House

Jack's Place is adjacent to the Shaw Regional Cancer Center and serves as a home-away-from-home for patients as they undergo treatment. The caring home was conceived by the Shaw Outreach Team (SOT) – an independent 501(c)3 nonprofit organization comprised of community volunteers passionate about ensuring patients of Shaw receive the best possible cancer care. The SOT embarked on a \$3.2 million campaign to build the house through a grass-roots effort that involved the generosity of hundreds of individuals and businesses in the community. An extremely generous one million dollar endowment was also provided by the family of Harold and Mary Louise Shaw, the namesake of the cancer center.

As Jack's Place nears its fifth year in operation, over 4,500 nights of comfortable accommodations have been provided to patients and their caregivers. While staying at Jack's Place, guests have access to many amenities including: a fully equipped kitchen, dining room with beautiful mountain views, a well-stocked library, spacious living rooms with fire places and a large screen television, meditation room, sun room and laundry room. There is also an exercise studio which hosts yoga, tai chi and pilates classes, as well as a massage therapy room. Each guest room at Jack's Place is equipped with a full-size bed, sofa bed, full bathroom, telephone, Wi-Fi, and a TV with VCR/DVD capabilities.

Jack's Place relies heavily on guest donations and philanthropy to meet its operating budget. The SOT continues to support the home and holds an annual fundraiser, "Hike, Wine and Dine," each fall. Event proceeds support the needs of the Shaw, of which a portion is directed to Jack's Place.



# What's New at Shaw Regional Cancer Center

## SonoCiné



Did you know 40% of women have dense breasts? As one of the first breast centers in Colorado to offer a whole breast ultrasound, Sonnenalp Breast Center at Shaw Regional Cancer Center continues its mission to save lives by finding cancer early. Peer reviewed, published clinical trials demonstrated that SonoCiné, when used as an adjunct to mammography, found more and smaller cancers than were found by mammography alone. Women with dense breasts have more dense fibrous tissue than fatty tissue, making it more difficult to see cancers during a mammogram. The SonoCiné test can double the rate of cancer detection in dense-breasted patients.

## Online Library



The staff at the Educational Resource Library is excited to announce the new library catalog and website, free and open to the public. The catalog can be accessed from any computer, not just on our campus. Visit [www.shawcancercenter.com/library](http://www.shawcancercenter.com/library) to search the library's 5,000 plus books, journals and audio/visual materials, request an item, put an item on hold or renew materials. The Shaw Regional Cancer Center team invites the community to visit the library and check out materials. For more information, contact 970-569-7607 or [mitchell@wmc.com](mailto:mitchell@wmc.com).

## Intern for a Day



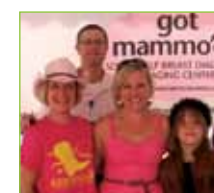
This year, the team at Shaw Regional Cancer Center began hosting "Intern for a Day." The "interns" are given a behind-the-scenes tour of the cancer center led by various cancer specialists. The insider's view gives participants a greater understanding of what happens during diagnosis and treatment as well as survivorship programs. If you or someone you know might be interested, please contact Shaw for more information.

## Biopsy Tissue Analyzer



Shaw Regional Cancer Center recently purchased a Biopsy Tissue Analyzer thanks to proceeds from the Cordillera Pad the Bra fundraiser and support from the Shaw Outreach Team. The digital tissue analyzer is an in-room tool used to test biopsied tissues and tumors, confirming the successful removal of cancer prior to completing a surgery. The tissue analyzer captures especially clear and detailed pictures, allowing for more accurate detection of cancers.

## 2011 Community Outreach



This year Shaw Employees and the *Shaw is Prevention* team reached many people with important health-related information. We provided education about colorectal cancer for National Wear Blue Day; built awareness of National Nutrition Month with nutrition-based quizzes and taste testing; provided information to the community at the Romp To Stomp, Teva Mountain Games and Tough Enough to Wear Pink; visited over 1,000 children to educate about sun safety; hosted a cancer screening day; honored cancer survivors and held three free lectures in Summit County on the HPV virus, diabetes prevention and colon health among other great community outreach initiatives.

## VVMC Gold Medallion Society

Sally Veitch

## VVMC Silver Medallion Society

Pad the Bra of Cordillera  
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\*Donations of \$100 or more received from 9/1/2010 through 9/30/2011.

## Steinberg Heritage Society

Join Dick Cleveland and Kathy Langenwalter, a breast cancer survivor, in the Steinberg Heritage Society.



Dick and Kathy have incorporated a gift to Vail Valley Medical Center into their estate plans. For them, it was an easy decision, given their personal experience with breast cancer and medical care in the Valley.

For more information about including Vail Valley Medical Center and Shaw Regional Cancer Center in your will or estate plans, call 970.477.5177 or visit [www.vvmc.com/plannedgiving](http://www.vvmc.com/plannedgiving).



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