“Exceptional experience every time.”

This is the vision statement of Salem Health. Our Salem Cancer Institute team of physicians and clinical and support staff are living up to it every day for the benefit of our patients.

At Salem Cancer Institute, “it takes a team” has become our informal motto. From cancer specialists to primary care physicians, from outpatient treatment services to inpatient care, and from support services to patient navigation, we are a team.

It is our pleasure to share with you our accomplishments from 2013. We look forward to an exciting year ahead!

Sincerely,
Nancy Boutin, MD
Medical Director
Steven Taylor
Director
Salem Cancer Institute

Lung Cancer Screening Program

Salem Cancer Institute launched a Lung Cancer Screening Program in January 2013 after thorough review of the National Lung Screening Trial (NLST).

The trial demonstrated that high-risk patients screened yearly with low-dose computed tomography (LDCT) had a 20 percent lower chance of dying of lung cancer than those screened with chest x-ray. In addition, cancers caught at the earliest, most treatable stage (stage I), increased from 21 percent to 40 percent.

Salem Cancer Institute was the first major cancer program in Oregon to establish a fully organized program with a carefully managed registry. Another unique part of our program provides an opportunity to enroll in a quality of life study developed by our clinical research team. The aim of the study is to evaluate the stress response of participants during the screening process and determine if lung cancer screening has an effect on smoking behavior. One-third of patients screened in 2013 took part in the study.

Salem Cancer Institute lung cancer screening scorecard

| Total patients enrolled | 310 |
| Normal results | 198 (63%) |
| Follow-up recommended | 69 (22%) |
| Biopsies | 6 (2%) |
| Cancer diagnosis (2 stage I, 2 stage IV) | 4 (1.3%) |

Screening eligibility
The $99 LDCT screening is offered to high-risk patients who:

• Are between 55 and 74 years old.
• Have smoked at least 30 pack-years (pack-years are calculated by multiplying the number of packs per day by the number of years smoked).
• Currently smoke or have quit within the last 15 years.
• Have no symptoms of a lung condition or a history of lung cancer at the time of screening.

For more information, please call 503-561-7226 (SCAN).

An LDCT success story

Kathrine Reed credits her brush with breast cancer for saving her life.

At a follow-up visit with her surgeon, Kathrine asked about other cancer screenings she might need. As a longtime smoker who recently quit, she knew her risk was above average.

The surgeon referred her to the LDCT screening for lung cancer at Salem Cancer Institute, and the test revealed a stage-one tumor.

“I think that was the best $99 I have ever spent,” she said. “Most people are stage four.” Because Kathrine’s cancer was caught at such an early stage, her treatment was straightforward and her outlook for the future is bright.

“Thank God for my surgeon and the one good thing I got out of breast cancer—it saved my life.”
Exemplary outcomes

The combination of highly skilled physicians and specialists, comprehensive treatment options, significant volume and advanced technology has made Salem Cancer Institute a leader in treatment outcomes in Oregon and the western United States. The chart below summarizes key data points from the CoC's National Cancer Data Base.

Cancer Program Practice Profile Reports

<table>
<thead>
<tr>
<th>Performance Rates, 2011 (Latest performance data available nationally)</th>
<th>Salem Cancer Institute</th>
<th>All CoC-approved programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast cancer - Select measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast conservation surgery rate for women with AJCC clinical stage I, II, or III Breast Cancer</td>
<td>69.4%</td>
<td>64%</td>
</tr>
<tr>
<td>Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection</td>
<td>90.4%</td>
<td>82%</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with 4 positive regional lymph nodes</td>
<td>93.8%</td>
<td>74.3%</td>
</tr>
<tr>
<td>Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer</td>
<td>99%</td>
<td>92%</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within four months of diagnosis for women under age 70 with AJCC T1c No Mo, or Stage II or III ERA and PRA positive breast cancer</td>
<td>75%*</td>
<td>92.6%</td>
</tr>
<tr>
<td>Tamoxifen or third-generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1c No Mo, or Stage II or III ERA and/or PRA positive breast cancer</td>
<td>100%</td>
<td>90.6%</td>
</tr>
<tr>
<td><strong>Colon cancer - Select measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage II (lymph node positive) colon cancer</td>
<td>77.8%**</td>
<td>90.9%</td>
</tr>
<tr>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer</td>
<td>89.1%</td>
<td>87.8%</td>
</tr>
<tr>
<td><strong>Rectal cancer (select measures)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4 No Mo or Stage III receiving surgical resection for rectal cancer</td>
<td>100%</td>
<td>92%</td>
</tr>
</tbody>
</table>

*Percentage reflects three cases where treatment was administered outside the recommended timeframe due to patient preference.
**Percentage reflects two cases where treatment was administered outside the recommended timeframe due to patient preference.

Five-year observed survival rates

The Commission on Cancer (CoC) tracks survival rates by tumor site and cancer stage, compiling data from 1,489 CoC-approved facilities nationwide. The comprehensive and impartial data gathered for this effort shows survival rates at Salem Cancer Institute to be comparable to or higher than the national average.

Salem Cancer Institute vs. CoC Comprehensive Community Centers

<table>
<thead>
<tr>
<th>Tumor Site</th>
<th>Salem Cancer Institute</th>
<th>CoC Comprehensive Community Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Led by our Radiation Oncology and Medical Oncology teams, Salem Cancer Institute cares for an average of 300 patients each day.

**ATTRACTING TOP SPECIALISTS**

**Gynecologic Oncology**

Meagan McFarland, FNP

Meagan joined our gynecologic oncology program in April 2013 after completing her undergraduate and Master of Nursing degrees at Oregon Health & Science University. She is a family nurse practitioner with background in primary care and hospice. Meagan also works in the palliative care service at Salem Hospital.
Genito-Urinary (GU) committee highlights
Nancy Reyes-Molyneux, MD, Co-Chair
Jaffer Bashey, MD, Co-Chair
- Met six times during 2013 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Developed and approved clinical practice guidelines for prostate and bladder cancer.
- Collaborated with OHSU to build a program that provides cancer care.
- Established a task force with physicians from both Salem and OHSU to focus on complex malignancies, including bladder tumors, and developed shared pathways of care.
- Added radiofrequency ablation to our transarterial chemoembolization (TACE) program as a treatment option for patients with liver cancer.
- Explored a potential hepatitis C screening program as a joint effort with OHSU.
- Established prostate cancer care pathways.
- Welcomed primary care representation to the committee.

Gynecologic Oncology committee highlights
Elizabeth Munro, MD, Chair
- Established quarterly meetings between Salem Cancer Institute and OHSU to discuss future planning for the Gynecologic Oncology program.
- Reviewed quality standards and performance at each meeting.
- Increased provider coverage to five days a week.
- Welcomed new providers, Koenraad De Geest, MD, and Meagan McFarland, FNP.
- Reached an agreement with OHSU to continue to grow the program and recruit another provider for six days of coverage.
- Transitioned gynecologic oncology clinic to Epic Ambulatory for improved electronic medical record.
- Reviewed gynecologic oncology clinic data:
  - 237 new patient visits
  - 1,645 clinic visits
  - 198 surgeries in Salem
  - 133 office procedures
  - 204 chemotherapy patients

Thoracic committee highlights
Everett Mozell, MD, Chair
- Met 12 times during 2013 with physicians representing the full spectrum of cancer care, including primary care.
- Reviewed quality standards and performance at each meeting.
- Planned and developed a lung cancer screening program that launched Jan. 14, 2013.
- Supported the development of a quality-of-life study for patients in the lung cancer screening program.
- Partnered with Salem Pulmonary Associates to continue to develop the lung nodule clinic. As of December 2013, 330 patients have been seen in the nodule clinic, all within a week of referral.
- Reviewed navigational bronchoscopy data with 56 cases performed from July 2012 to December 2013.
- Held a community event, Shine a Light on Lung Cancer, to raise awareness and inform the public about lung cancer screening.

Gastrointestinal (GI) committee highlights
Robert Ponec, MD, Chair
- Met six times during 2013 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Developed and approved clinical practice guidelines for colorectal cancer.
- Developed and approved clinical practice guidelines for post-colonoscopy colorectal cancer diagnosis.
- Collaborated with OHSU to build a program that provides cancer care.
- Established a task force with physicians from both Salem and OHSU to focus on complex malignancies, including bladder tumors, and developed shared pathways of care.
- Added radiofrequency ablation to our transarterial chemoembolization (TACE) program as a treatment option for patients with liver cancer.
- Explored a potential hepatitis C screening program as a joint effort with OHSU.
- Established prostate cancer care pathways.
- Welcomed primary care representation to the committee.
Partnerships benefit patient care

Partnering with OHSU Knight Cancer Institute

We have had an affiliation with OHSU Knight Cancer Institute since 2007. Through this important partnership, cancer specialists from Salem Cancer Institute and OHSU are combining efforts and expertise to strengthen a comprehensive, coordinated cancer program.

Highlights of 2013 included:
- Continuing joint education symposiums between physicians in both programs.
- Strengthening our gynecologic oncology program by adding a third OHSU physician, Koenraad De Geest, MD, OHSU Gyn-Onc Section Chief.
- Streamlining patient care and sharing of medical records through OHSU Connect and Epic Everywhere.
- Developing shared clinical protocols and pathways for liver cancer.
- Increasing visits by OHSU genetic counselors to twice a month and jointly recruiting a full-time genetic counselor.
- Building upon our transarterial chemoembolization (TACE) program by adding radiofrequency ablation as a treatment option for patients with liver cancer.
- Ongoing promotion of the affiliation between our programs.

A new partnership with Willamette Valley Medical Center

In December 2013, Salem Cancer Institute began a new era of cooperation with Willamette Valley Medical Center (WVMC) in McMinnville. We now provide a variety of cancer program management services to WVMC including:
- Medical physics.
- Cancer registry services.
- Assistance with their Commission on Cancer accreditation, the operation of their cancer committee and overall program growth and support.

The next step of this collaboration is to begin discussions with OHSU, Salem, and WVMC to create a three-part cancer agreement, thus bringing McMinnville into the existing affiliation between Salem Cancer Institute and OHSU Knight.

Strengthening relationships in nearby communities

Other signs of Salem Cancer Institute’s commitment to cooperation with providers across the region included:
- Analyzing improving services in Silverton, Mt. Angel and Woodburn.
- Hematology Oncology of Salem seeing patients weekly in Silverton and Woodburn.
- Outreach to Mt. Angel providers to connect with Salem Cancer Institute services.

Support services for patients and families

Cancer nurse navigators are oncology certified nurses, helping patients and families identify needs, solve problems and find resources as they navigate their cancer journey.

Our licensed clinical social worker provides counseling and coping strategies to manage the emotional aspects of cancer diagnosis, treatment and survivorship.

Nutrition consultations are available with a registered dietician.

Genetic counseling in partnership with OHSU is offered at Salem Cancer Institute.

Clinical trial opportunities are offered including phase II, phase III, and quality of life studies.

Peer navigator program provides the support and guidance of more than 20 cancer survivors who volunteer to share their experiences with patients and families.

Support groups and education opportunities are available to patients and family members.

Connecting with the community

Salem Cancer Institute partners with local organizations to support, host, and participate in many cancer awareness events and activities.

Over the past year we:
- Reached 900 cancer survivors through our support groups and yoga class.
- Had 270 people attend our cancer education and survivorship classes.
- Connected with 5,395 people at local events including Relay for Life, Play for a Cure Oregon, the Discover Pink Walk and more.
- Held a head and neck cancer screening in partnership with OHSU Knight Cancer Institute.
- Recruited 70 people to our Relay for Life team and raised $3,500 for local patient assistance and support programs.

In-hospital care and support services

The integrated inpatient oncology unit includes 16 oncology certified nurses, three hospice and palliative care nurses, and nine medical-surgical certified nurses.

Inpatient palliative care services focus on relief of symptoms, increased comfort and improved quality of life for patients and their families with any life-limiting disease.

Our program brings combined expertise from multiple areas to address the physical, emotional and spiritual needs of our patients.

An oncology certified dietitian helps patients in the hospital manage treatment effects through diet and nutrition.

ATTRACTING TOP SPECIALISTS I Gynecologic Oncology

Koenraad De Geest, MD

Dr. De Geest joined our gynecologic oncology program in November 2013. He is the gynecologic oncology division chair at OHSU and a renowned specialist in his field. Before joining OHSU in 2005, Dr. De Geest was director of the division of gynecologic oncology and the fellowship program at the University of Iowa. Earlier, he was vice-chairman in the Department of Obstetrics and Gynecology and director of gynecologic oncology at Rush University Medical Center in Chicago, Illinois. He currently practices at both Salem Cancer Institute and OHSU Knight Cancer Institute.

Thank you to The Salem Hospital Foundation

The Salem Hospital Foundation continued its generous support of cancer services in 2013.

One example is the capital investment of $365,000 to support the development of an integrative wellness center to be completed in 2014.

They supported our lung cancer screening program by dedicating $24,750 to provide screening for up to 250 patients who could not otherwise afford to participate. Contributions of just over $61,000 supported patient assistance programs such as transportation, pharmacy cards, chemotherapy and one-time small cash grants for cancer patients in need.

Another $14,000 provided ongoing support for Salem Cancer Institute programs, including education materials, a yoga instructor, Chemo Bags, and SOFTEE recovery camisoles for women recovering from breast cancer surgery.
Salem Cancer Registry: Improving treatments and outcomes since 1960

Salem’s Cancer Registry is among the oldest in the United States and includes data from over 60,000 cases. Registry data allows physicians, researchers and public health professionals to track disease, treatment trends and efficacy.

Our team includes four cancer registrars and a follow-up clerk who ensure that timely, accurate, and complete cancer data is collected and maintained. Data is collected from Salem Cancer Institute, West Valley Hospital, Silverton Hospital, Santiam Hospital and local outpatient facilities. Additionally, we are also providing abstracting services for Willamette Valley Medical Center in McMinnville.

Physicians use Registry information to improve treatment planning, staging and continuity of care. The Registry also provides data on survival, treatment and extent of disease to the National Cancer Data Base, the CoC and the Oregon State Cancer Registry.

The Registry is the cornerstone of achieving the coveted status of CoC accreditation from the American College of Surgeons.

Physicians specializing in cancer care

Our physicians are committed to providing coordinated oncology care for each patient. They work closely with referring providers to ensure the best clinical outcomes. Every physician at Salem Hospital is board-certified or board-eligible and will be certified within five years of initial appointment.

<table>
<thead>
<tr>
<th>Cardiothoracic</th>
<th>Gastroenterology</th>
<th>Gynecologic oncology</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kai Engstad, MD</td>
<td>Richard Brandes, MD</td>
<td>Koorenad De Geest, MD</td>
<td>Alicia Kavka, MD</td>
</tr>
<tr>
<td></td>
<td>Michael Buck, MD</td>
<td>Meagan McFarland, NP</td>
<td>Lawrence Konick, MD</td>
</tr>
<tr>
<td></td>
<td>Michael Dieth, MD</td>
<td>Elizabeth Munro, MD</td>
<td>Mark Magliner, MD</td>
</tr>
<tr>
<td></td>
<td>G. Andrew Clarke, MD</td>
<td></td>
<td>Clark McDonald, MD</td>
</tr>
<tr>
<td></td>
<td>Beth Dayton, MD</td>
<td></td>
<td>Pamela Smith, MD</td>
</tr>
<tr>
<td></td>
<td>Kristopher Dozier, MD</td>
<td></td>
<td>Penny Vandenveer, MD</td>
</tr>
<tr>
<td></td>
<td>Jonathan Duming, MD</td>
<td></td>
<td>Daryl Vogel, MD, PhD</td>
</tr>
<tr>
<td></td>
<td>Ronald Jacobs, MD</td>
<td></td>
<td>Debbie Wu, MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General surgery</th>
<th>Neurosurgery</th>
<th>Otolaryngology</th>
<th>Pulmonary medicine</th>
<th>Radiation oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catherine Boulay, MD</td>
<td>Magdalena Banasiak, MD</td>
<td>Joseph Allan, MD</td>
<td>Fayez Bader, MD</td>
<td>Matthew Gordon, MD</td>
</tr>
<tr>
<td>Glena Caton, MD</td>
<td>Maurice Collada, MD</td>
<td>John Donovan, MD</td>
<td>Kamran Firoozi, MD</td>
<td>Arnella Hennig, MD</td>
</tr>
<tr>
<td>Christine Clarke, MD</td>
<td>Valerie Coon, MD</td>
<td>Bruce Johnson, MD</td>
<td>Saleh Ismail, MD</td>
<td>Matthew Kang, MD</td>
</tr>
<tr>
<td>G. Andrew Clarke, MD</td>
<td>Jerry Hubbard, MD</td>
<td>Gary Nishioka, MD</td>
<td>Martin Johnson, MD</td>
<td>Arnella Hennig, MD</td>
</tr>
<tr>
<td>Beth Dayton, MD</td>
<td>Julie York, MD</td>
<td>James Parosa, MD</td>
<td>Steven Marvel, MD</td>
<td>Jaffer Bashey, MD</td>
</tr>
<tr>
<td>Kristopher Dozier, MD</td>
<td>Julie York, MD</td>
<td>Kavan Ramachandran, MD</td>
<td>Nimeshkumar Mehta, MD</td>
<td>Jaffe Barshay, MD</td>
</tr>
<tr>
<td>Jonathan Duming, MD</td>
<td>Julie York, MD</td>
<td>Theodore Shultz, MD</td>
<td>James Parosa, MD</td>
<td>Jason Crane, MD</td>
</tr>
<tr>
<td>Ronald Jacobs, MD</td>
<td>Julie York, MD</td>
<td>John Silver, MD</td>
<td>Kavan Ramachandran, MD</td>
<td>David Eikins, MD</td>
</tr>
<tr>
<td>J. Mark Evans, MD</td>
<td>Julie York, MD</td>
<td></td>
<td>Kenneth T. Kを見る</td>
<td>David Eikins, MD</td>
</tr>
<tr>
<td>Ronald Jacobs, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td>David Elmgreen, MD</td>
</tr>
<tr>
<td>Jiyoun (Liz) Kim, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td>Timothy Fleming, MD</td>
</tr>
<tr>
<td>Eric Laro, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td>Anjana Ganeshappa, MD</td>
</tr>
<tr>
<td>Everett Mazzolli, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td>Alan Hay, MD</td>
</tr>
<tr>
<td>Rajan Nair, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td>Mark Mhoon, MD</td>
</tr>
<tr>
<td>Alison Smith, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td>Bradley Warner, MD</td>
</tr>
<tr>
<td>William S. Strauss, MD</td>
<td>Julie York, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Salem Cancer Institute is part of Salem Health, which includes Salem Hospital, West Valley Hospital, Willamette Health Partners and other affiliated health care organizations offering quality care to people in and around Oregon’s Mid-Willamette Valley.