Step Inside and Discover Personalized Medicine at the Swedish Cancer Institute

SCI ANNUAL REPORT 2014
Swedish Cancer Institute
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Welcome to the Swedish Cancer Institute (SCI) and its 2014 Annual Report.

Since 1932, SCI has been a beacon of hope to thousands of patients from throughout the Pacific Northwest and beyond. From the early days of radiation therapy, when SCI had one of the first super-voltage X-ray machines in the nation, to today’s highly sophisticated next generation gene sequencing (NGS) technologies, SCI has steadfastly pursued new approaches to cancer prevention, diagnosis, treatment and survivorship.

Throughout its history, SCI has been a leading pioneer and advocate in the fight against cancer. As a non-university research practice, we focus our resources on advancements that will make a meaningful difference for our patients and their families. A few examples are worth noting.

- As an early participant in the International Early Lung Cancer Action Program (I-ELCAP) study, SCI helped establish the role of low-dose CT scan screening for individuals at high risk for lung cancer.
- SCI has become an international leader in robotic surgical resection of prostate cancer, and recently established ground-breaking initiatives in hyperthermic intraperitoneal chemotherapy (HIPEC) and irreversible electroporation (IRE).
- With 6,000 patients participating in cancer clinical trials during the last 10 years alone, SCI is home to one of the most active National Cancer Institute-sponsored clinical trials programs in the United States.
- SCI is a national leader in fully integrating conventional and naturopathic medicine as a means of leveraging multiple disciplines to better support a patient’s battle against cancer and journey of survivorship.
- SCI was the first in the Pacific Northwest to install both CyberKnife® and Gamma Knife® stereotactic radiosurgery platforms under one roof, giving physicians and patients convenient access to alternative forms of focused radiation therapy.

This history of leadership represents more than eight decades of exponential growth and development at SCI, leading us to our current strategic focus on personalized medicine. Today the SCI network of distributed expertise makes our tradition of “extraordinary care and extraordinary caring” available to patients in communities throughout Washington and the Pacific Northwest.

Through this year’s annual report, you will experience the promise of the SCI legacy — one of hope and health for the present and future of our patients and their families. ☺
Personalized Medicine at the Swedish Cancer Institute

Thomas D. Brown, M.D., MBA
Executive Director
Swedish Cancer Institute

The past year has been an exciting and transformational time for the Swedish Cancer Institute (SCI). We have completed a comprehensive strategic planning process, begun implementation of elements of the plan, including the Personalized Medicine Program (PMP) and the Robert and Jean Reid Family Innovative Therapeutics & Research Unit (ITU), and recruited key providers within a programmatic context.

In our strategic construct at SCI, personalized medicine has a dual meaning:

1. Caring for the whole patient, to include addressing patient and family socioeconomic, psychological, environmental and supportive care needs

2. Utilizing molecular (gene, protein, epigenetic) information from the patient or his or her tumor to address cancer risk, prevention, screening, early and accurate diagnosis, treatment of disease and survivorship
The Promise of Gene Sequencing

Through CellNetix Pathology & Laboratories, the PMP 68-item, gene-alteration panel has been available since March 2014 for molecular phenotyping of tumors. Many SCI providers have utilized this panel in caring for their patients.

The Personalized Medicine Research Program (PMRP) protocol was approved by the Swedish Institutional Review Board (IRB) and patient registration began in September 2014. Participation in this protocol will allow for the collection of tumor molecular phenotype information, along with clinical, laboratory and imaging information, for three distinct purposes:

1. Prioritizing standard therapy options for individual patients
2. Identifying relevant clinical trials for individual patients
3. Data mining de-identified information for research purposes

Relevant to this effort, we are finalizing the selection of the necessary translational research informatics platform that will help in the collection, storage and analysis of the PMRP data. Over the next three years we will expand accrual to the PMRP protocol in a stepwise fashion in order to offer all new patients from throughout the SCI network participation in this protocol. Our team will re-evaluate the PMRP panel at least every six months, with appropriate modification of panel contents, including the addition of relevant NGS (next generation sequencing) and non-NGS technology tests.

Supportive Care

While the PMP panel represents the technology-based expertise of our Personalized Medicine Program, our supportive care services offer the holistic care approach that gives the true meaning to personalized medicine. SCI has 18 supportive care services, some of which are undergoing important programmatic evolution.

One example of this evolution is in palliative care, which has historically been a hospital-based consult service offered through the Swedish Medical Group (SMG) hospitalist practice. For most SCI patients, however, their palliative care needs are centered in the outpatient realm. For this reason, we are developing an outpatient-focused palliative care program. In a joint recruitment with SMG, we hired Dr. Ellyn Lee to be the medical director of the SCI Palliative Care Program. Dr. Lee comes to us from the University of Arizona Cancer Center, where she was director of Palliative Care, as well as director of the Palliative Care Fellowship program at the Arizona Health Sciences Center. This new palliative care program will extend out to all practice sites within the SCI Network, and represents an important emphasis on quality of life through amelioration of the symptoms and side effects associated with cancer and its treatment.

Recruiting to Enhance and Expand Services

The SCI strategic plan is predicated on broad programmatic growth, especially in the context of our nine multi-disciplinary disease-site teams. Three recent recruitments represent important leadership roles within this context.

Dr. Joseph Sniezek has joined the Head & Neck Cancer Surgery group, as medical
director of Endocrine Surgery at the SCI, having served in the U.S. Army Medical Corps, most recently at Tripler Army Medical Center, in Honolulu, Hawaii. Dr. Sniezek has expertise in micro-vascular surgery and flap reconstruction, along with expertise in management of endocrinologic head and neck cancers and related disorders, including salivary gland, thyroid and parathyroid malignancies. Dr. Sniezek has initiated tumor boards and clinics focused on thyroid and parathyroid malignancies and related disorders.

In partnership with Swedish Medical Group’s Swedish Surgical Specialists (SSS), SCI hired Dr. Evan Ong as the new medical director for Surgical Oncology, with a focus on the management of pancreaticobiliary and hepatic cancers. Dr. Ong will also be leading programs in HIPEC (Hyperthermic Intra-peritoneal Chemotherapy) and NanoKnife® (electroporation). As a national thought leader in these new technologies, he brings unparalleled expertise to the Pacific Northwest. Through Dr. Ong’s experience and leadership, we will continue to develop the cancer surgery portfolio at the SCI and throughout Swedish Health Services (SHS). This will include SCI’s already strong disease-site cancer surgery programs (Colorectal Surgery, Breast Surgery, Gynecologic Oncology Surgery, Head & Neck Surgery and Thoracic Surgery), and SHS-based surgical programs, such as urology, liver resection and transplantation within the Swedish Organ Transplant Program, neurosurgery at Swedish Neuroscience Institute, and Orthopedic Surgery at the Swedish Orthopedic Institute.

Lastly, the new Hematologic Malignancies program at SCI is led by Dr. John Pagel, who has had a distinguished career at the University of Washington and Fred Hutchinson Cancer Research Center. Dr. Pagel is nationally and internationally recognized as a leader in the management of lymphomas and leukemias, including hematopoietic stem-cell transplantation. Dr. Pagel is developing a designated team of physicians and other health-care professionals, focused on the care of patients with multiple myeloma, lymphomas, leukemias, myelo-dysplastic syndromes and related disorders. This multi-disciplinary and multi-professional team will also work to expand our existing autologous hematopoietic stem-cell transplantation program. Dr. Pagel is beginning this important initiative with Dr. Michael Milder and Dr. Raya Mawad, and is also pursuing additional recruitments. I am confident that this team will rapidly become recognized throughout the United States and beyond for its expertise and contributions to advancing the care of patients with hematologic malignancies and related conditions.

Research Advancing Personalized Medicine

The Swedish Cancer Institute is a research-based practice. Therefore, each of our multi-disciplinary disease-site programs requires a robust clinical research platform. Development of the Robert and Jean Reid Family Innovative Therapeutics and Research Unit at SCI, on the fourth floor of the Arnold Pavilion, is intended to provide a state-of-the-art early-phase clinical trials unit. This unit will be specifically focused on molecularly targeted investigational therapies, within the context of all of the services that constitute the SCI Personalized Medicine Program. With the tremendous support of our community and the annual Celebrate Swedish Gala in 2014, we have raised more than $4 million to support the development of this unit, with an anticipated total expense of $9 million. Schematic design of the project is under way, with project completion anticipated by the fall of 2015.

A Foundation of Quality, Patient-Centered Care

High-quality, patient-centered care is the ultimate goal of further development of our Personalized Medicine Program and our disease-oriented, multi-disciplinary cancer programs. Toward that end, we have
reconfigured our quality initiatives through the formation of the SCI Quality of Cancer Care Committee, with Dr. Ralph Aye and Nancy Thompson, R.N., M.S., AOCNS, serving as co-chairs. The charge of this committee is to “support the SCI Network/SHS in becoming the regionally preferred and nationally recognized innovator and provider of personalized, high-value cancer care and service, using demonstrated best practices.” This committee will report through SCI’s executive director and the institute’s Cancer Committee, with coordination and collaboration with Providence-Swedish Health Alliance quality initiatives. Given that SCI is a non-university research practice (i.e., a hybrid setting), the quality benchmarking must, by definition, include our clinical and translational research activities. Just as importantly, Dr. Erin Ellis is leading an effort to create a broader vision for survivorship services at SCI, building on the initial services offered by Helene Geraci, M.N., ARNP. The goal is to refine the vision for holistic care, which is a distinguishing feature of SCI’s Personalized Medicine Program, and define the evidence-based use and ongoing quality assessment of supportive care services at SCI.

High-quality, patient-centered care is the ultimate goal of further development of our Personalized Medicine Program and our disease-oriented, multi-disciplinary cancer programs.

As all can see, we have an ambitious agenda that is representative of our commitment to our patients, their families and our greater community. I want to recognize the contributions of our SCI members, our colleagues throughout SHS and Providence Health Services, along with our wonderful Puget Sound community. We are inspired by the present possibilities and motivated by those we envision for the future. 😊
Growing a Research-Based Hematologic Malignancies Program

In 2014, after a distinguished career at the University of Washington and Fred Hutchinson Cancer Research Center, John M. Pagel, M.D., Ph.D., joined the Swedish Cancer Institute (SCI). As chief of the new Hematologic Malignancies program, Dr. Pagel’s broad-brush goal is to develop a formal, research-based program that advances state-of-the-art clinical care for patients from throughout the Pacific Northwest and beyond.

The program cares for patients with acute and chronic leukemias, multiple myeloma, Hodgkin and non-Hodgkin lymphomas, and myelodysplastic syndromes and other myeloproliferative disorders. In addition to established treatments, such as autologous stem-cell transplants, the program fosters physician collaboration in clinical trials that will lead to the development of novel therapies. This close partnership between clinical care and research is aimed at ensuring that each patient receives the best treatment option, whether it has already been approved by the U.S. Food and Drug Administration or is available only through a clinical trial.

“Dr. Pagel brings with him a world-class reputation for research and excellence in patient care,” says SCI Executive Director Thomas D. Brown, M.D., MBA. “The Hematologic Malignancies program adds to our existing strengths in caring for patients with blood-based cancers and related illnesses.”

One hallmark of the program is its integration with SCI’s Personalized Medicine program, which allows the hematologic malignancies team to develop individual treatment options based on the genetic fingerprint of a patient’s tumor cells, and to ensure patients receive the supportive care they need.

Hematologic malignancies are heterogeneous tumors. For example, there are rarely single genetic mutations that cause leukemia, rather there are a host of mutations. Additionally, the pathophysiology is different in each patient, which makes it critically important to look at the genetic profile, determine the gene alterations and identify the very best treatment option for each patient. Genetic profiling facilitates the precise and patient-unique treatment of individuals with hematologic malignancies.

Standard chemotherapy, which can result in cancer cells becoming resistant to treatment, may not be the best option for treating these types of cancer; immunotherapy, on the other hand, is ideal. Immunotherapies, such as biologics, engineered vaccines and monoclonal antibodies, and T-lymphocytes, can utilize
the patient’s own immune system to prevent resistance to treatment and cancer recurrence.

While building a new multi-disciplinary team, Dr. Pagel is also working closely with Hank Kaplan, M.D., Raya Mawad, M.D., and Michael S. Milder, M.D., to expand SCI’s existing autologous hematopoietic stem-cell transplantation program. As it grows, this program will employ both stem-cell transplantation and cellular therapy as additional treatment approaches to a patient’s particular cancer and cell mutation.

Dr. Pagel brings a wealth of expertise and experience to SCI. He received his doctoral degree in microbiology and molecular genetics from University of California, Irvine and his medical degree from Boston University School of Medicine. Prior to coming to SCI, he spent 15 years at the University of Washington and Fred Hutchinson Cancer Research Center. Beginning in 2001, he also served as the attending physician on the hematopoietic cell transplantation and hematologic malignancy services, and as clinic attending physician at the Seattle Cancer Care Alliance.

He is a grant reviewer for the National Cancer Institute, and has published in multiple leading journals, including *The New England Journal of Medicine, Blood, Journal of Clinical Oncology, Clinical Cancer Research, Journal of Nuclear Medicine, Cancer Research, Biology of Blood and Marrow Transplantation, and Leukemia.*

“I am incredibly excited to join the team at the Swedish Cancer Institute,” says Dr. Pagel. “The work being done here is life-changing for patients and I am looking forward to developing a program that will deliver new advancements in treatment for patients with blood-borne cancers.”

At SCI, state-of-the-art care for patients with hematologic malignancies is the epitome of personalized medicine. With a renewed focus on expanding the number of clinical trials that explore novel approaches, including small molecule inhibitors and immunotherapies that use T-cells to precisely target cancer cells, Dr. Pagel and his team are helping to transform the treatment of hematologic malignancies. These advancements have the potential to replace some of the decades-old standard chemotherapies, which require a “treat, then watch and wait for recurrence” approach, with a new standard of care that focuses on “treating and curing” hematologic malignancies.
In 2014, the Swedish Cancer Institute (SCI) took a significant step to enhance an already substantial surgical service for cancer patients. While recognizing the importance of general surgical services for many cancer patients, SCI is continuing to develop specialized cancer surgery services provided by surgical oncologists.

At the core of this effort was the recruitment and subsequent hiring of Evan S.K. Ong, M.D., M.S., to help consolidate existing resources into SCI’s new Surgical Oncology Division. In tandem, SCI made a significant financial commitment to procure the required state-of-the-art technology to fulfill its goal of building a regional surgical oncology resource.

“Our goal is to be a resource for more of the complex surgeries, as well as the orphan diseases that account for a very small number of procedures each year and are very difficult to treat,” says Dr. Ong. “For example, although few patients present with cancers that have metastasized to the intraperitoneal lining of the abdominal cavity, we now have highly sophisticated procedures that can produce good outcomes without relying on a standard course of chemotherapy alone.”
Dr. Ong brings to SCI his vast experience in the management of hepato-biliary and pancreatic cancer, and with highly advanced procedures, such as Hyperthermic Intraperitoneal Chemotherapy (HIPEC), Irreversible Electroporation (IRE) using NanoKnife™ and Isolated Limb Infusion (ILI) for patients with intransigent melanoma.

Dr. Ong established the HIPEC program at the University of Arizona Medical Center. This procedure, which has been in limited use for many years, has been shown to be highly effective in carefully selected patients. It has been used to successfully treat intraperitoneal cancer that has metastasized from primary colorectal cancer, ovarian cancer, gastric cancer, appendiceal cancer or from mesothelioma and pseudomyxoma peritonei. After debulking the tumor, and with the patient still in the operating room, the surgeon “washes” the abdominal cavity with a heated sterile solution that contains a chemotherapeutic agent. The treatment allows the chemotherapy to be absorbed locally, thus killing the cancer cells at the microscopic level and reducing the side effects associated with standard chemotherapy.

NanoKnife is a minimally invasive procedure that is used to treat small, soft-tissue tumors that cannot be removed surgically due to their location or the patient’s condition, and for which chemotherapy or irradiation are not good treatment options. Using IRE technology, NanoKnife delivers a series of high-voltage electrical bursts to the tumor, which destroys the tumor’s membrane. NanoKnife is able to precisely target the tumor, while avoiding damage to the surrounding tissue and structures.

Isolated Limb Infusion (ILI) is a limb-sparing procedure for patients with melanoma or other cancers that are isolated to a limb, but are not treatable with surgery. Using a tourniquet to isolate the limb, high-dose chemotherapy is delivered directly to the limb. ILI is another procedure that eases the strain on the patient’s body, and reduces the toxicity and the resulting side effects associated with standard chemotherapy. At this time, SCI is one of only a few cancer centers in the United States that offers ILI.

As Dr. Ong evaluates existing resources and builds a surgical oncology team, he is also looking to the future. His goal is to provide advanced surgical oncology procedures not only at Swedish First Hill, but also at Swedish’s Edmonds and Issaquah campuses. Dr. Ong will encourage the surgical oncology team to pursue a new standard of care through clinical research into new devices and technologies.

“I bring a unique outlook to my surgical practice,” says Dr. Ong, who is board certified in both surgery and hospice and palliative care. “Surgical advancements have given us many sophisticated technologies and SCI has the skilled surgeons to use them. That said, our first obligation is to determine whether a surgical option will have a beneficial outcome for the patient. That is where personalized medicine and the armamentarium of surgical procedures merge. Individual considerations ensure surgical treatment will produce the best possible quality of life for each individual patient.”
In the summer of 2013, Charles S. Cobbs, M.D., assumed leadership responsibilities for The Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment (Ivy Center). Dr. Cobbs’ title as the Dr. Greg Foltz Endowed Director pays tribute to the center’s founding director.

The Ivy Center, which is affiliated with both the Swedish Neuroscience Institute and the Swedish Cancer Institute, was founded with a mission to combine research science with medical treatments to advance the field of brain cancer and to give new hope to each person diagnosed with the disease. When it first opened in 2008, the Ivy Center became the first community-based brain tumor treatment facility of its kind in the Pacific Northwest. Today, it is one of the premier brain tumor treatment centers in the country.

Dr. Cobbs, who is a neurosurgeon and internationally recognized expert in brain cancer treatment and research, has contributed to revolutionary discoveries in the understanding of brain cancer, including an influential breakthrough that posed the possibility that brain tumors may be caused by a virus. Consequent research laid the foundation for new studies throughout the United States. Following up on this work, Dr. Cobbs is now working toward a clinical trial that will look at targeted antiviral therapy, which may have benefits for patients with glioblastoma.

Looking forward, Dr. Cobbs sees a period of dramatic increase in clinical trials for patients with brain tumors, including innovative surgical techniques during which the patient is awake and stereotactic-guided surgeries, both of which require advanced brain mapping capabilities. Additionally, he hopes to initiate a clinical study that could provide the ultimate in personalized cancer treatment. The intent is to isolate the stem cells in a sample of a patient’s tumor cells. The stem cells would then be transferred to multiple dishes where they would grow. Each dish of cells would be treated with a different FDA-approved drug regimen. The theory is that this approach might be able to identify the drug regimen that has the greatest potential to produce the best outcome for that individual patient. Glioblastoma will be the first brain cancer involved in this clinical trial. The study could be expanded to include other brain tumors in the future.

“With the expertise of our team and our cutting-edge lab, we are able to take advantage of the efficiencies of a private institution to more quickly advance the knowledge of brain tumors and their treatments,” says Dr. Cobbs. “The Ivy Center is well-positioned to spearhead innovation and to develop algorithms for brain tumor treatments. In so doing, the Ivy Center will be setting the standard for brain tumor centers across the country.”

Advancing the Mission of Swedish’s Brain Tumor Center
The new Swedish Cancer Institute (SCI) Neck Mass and Thyroid Nodule Biopsy Clinic, which opened to patients in 2014, offers one-stop, one-day diagnostics — the ultimate in convenience for patients with a palpable neck mass or thyroid nodule. Convenience, however, is not the only benefit for patients. The clinic’s unique approach to diagnosing neck masses also reduces the anxiety patients often experience when they must wait days or weeks between a biopsy and learning the results.

The development of this new service was made possible with the recruitment of Joseph C. Sniezek, M.D., as medical director of Head & Neck Endocrine Surgery at Swedish Head & Neck Surgery/SCI. The clinic is also an example of a patient-focused service that directly benefits from the close partnership that exists between the Swedish Medical Center, the Swedish Cancer Institute (SCI) and CellNetix Pathology, which supports the clinic with an on-site pathologist.

The clinic’s approach to diagnosing neck masses is the first of its kind in the Pacific Northwest.

“With just one call, email or referral through Epic, a physician’s patient is taken care of,” says Dr. Sniezek. “With the exception of neck masses suspicious for lymphoma, which require more time-consuming flow cytometry, we have designed our service to provide a surgical consultation, ultrasound examination, ultrasound-guided fine needle/core biopsy procedure, and cytopathology review during a single patient visit in a single location.”

Clinic providers and staff collaborate with referring endocrinologists, oncologists and primary-care providers to determine the most appropriate treatment plan and a follow-up schedule that includes the entire treatment team. All patients with thyroid or parathyroid malignancy are presented at the Swedish Thyroid/Parathyroid multidisciplinary conference, which brings together SCI’s extensive clinical expertise, state-of-the-art resources and novel surgical techniques.

To provide even more convenience, SCI plans to expand access to this “one-stop-shopping” experience by eventually offering Neck Mass and Thyroid Nodule Biopsy clinics at both Swedish First Hill and Swedish Issaquah campuses.
For years, palliative care services throughout the health-care enterprise focused on inpatient care and the terminally ill. Today, palliative care has taken on a different look as it realigns services to meet the needs of patients who are suffering from advancing chronic conditions. This is particularly applicable to cancer patients, who often receive much of their care on an outpatient basis and may live longer with cancer.

According to the American Cancer Society’s Cancer Facts & Figures 2014, “approximately 13.7 million Americans with a history of cancer were alive on Jan. 1, 2012. Some of these individuals were cancer free, while others still had evidence of cancer and may have been undergoing treatment.” The ACS also reports “the five-year survival rate for all cancers diagnosed between 2003 and 2009 is 68 percent, up from 49 percent in 1975-77.” These statistics require that we carefully evaluate palliative care services and how those services support patients throughout their disease trajectory.

This year, the Swedish Cancer Institute (SCI) took a pro-active step in realigning palliative care services by partnering with the Swedish Medical Group to hire Ellyn M. Lee, M.D., who is board certified in internal geriatric medicine, as well as hospice and palliative medicine. Dr. Lee’s duties include medical director of Palliative Care. She brings to Swedish extensive experience in the field of palliative medicine, most recently as director of Palliative Care at the University of Arizona, which included inpatient and outpatient components, and the Hospice and Palliative Medicine Fellowship program.

“This is a wonderful opportunity to broaden the scope of palliative care services in order to serve a wider population through an outpatient program,” says Dr. Lee.

While Dr. Lee is building a program to support all disciplines, her work with SCI is focusing on cancer patients through symptom management. These patients have a complex set of spiritual, physical and emotional needs that require very specific services. They require coordination of care to address high utilization of medical services, help with quality-of-life issues, limitations caused by their illness or navigating family dynamics.

Dr. Lee says the approach with cancer patients is not on ‘how much time do I have left,’ but rather ‘how can I improve my time left,’ which can be very reassuring for patients and can also drive the type and scope of palliative-care visits. It is also quite natural for palliative care to view the patient and his or her family as a unit of treatment, which acknowledges that cancer directly affects both the patient and the patient’s family members.

The five-to-seven year goal is to build on existing resources to create palliative-care clinics at each of the Swedish campuses, beginning with Swedish First Hill. Each clinic will be staffed by a team of palliative-care specialists, including a physician, nurse practitioner, registered nurse, social worker, chaplain and administrator. Each team member plays a specific, yet integrated, role in helping patients navigate their disease and in providing coordination of their ongoing care.

“SCI is a natural home for outpatient palliative-care services,” says Dr. Lee. “Personalized medicine is giving our cancer patients the best care through both science and individualized humanistic approaches.”

Ellyn M. Lee, M.D.
Quality Brings Meaning and Value to SCI’s Mission

In today’s health-care environment, a commitment to providing high-quality care is a reflection of how an institution embraces evidence-based best practices.

In his charge to the Swedish Cancer Institute (SCI) Quality of Cancer Care Committee, Thomas D. Brown, M.D., MBA, executive director of SCI, said, “Nothing is more important to the mission of SCI than providing quality care to our patients and their families. It brings meaning and value to what we do, regardless of the campus or clinic at which we provide care.”

With the full support and resources of SCI leadership, the committee has refined its charter with the specific goal of positioning SCI as a national and international leader of quality in cancer care and research. It has also moved forward with multiple initiatives, including the development of a scorecard of quality measures for 2015, and is actively engaged in preparing for certification through the Quality Oncology Practice Initiative (QOPI) of the American Society of Clinical Oncology (ASCO), a national benchmark to which all cancer programs strive to achieve. The latter initiative will build on the QOPI certification already earned by SCI Edmonds.

“There are many quality improvement initiatives currently under way throughout Swedish Health Services,” says Ralph W. Aye, M.D., medical chairman of the committee. “We intend on closely integrating with the Swedish Quality and Patient Safety Committee to benefit from their hard work, to avoid duplication and to further develop quality initiatives for cancer care.”

SCI’s breast cancer program is one example of this program-based quality initiative that the committee supports. The program is actively pursuing accreditation by the National Accreditation Program for Breast Centers, which is administered by the American College of Surgeons (ACS). This type of accreditation acknowledges the evidence-based best practices that are inherent in SCI’s breast cancer program.

Medical Oncology at Swedish First Hill also has a program-based quality initiative to improve patient wait times, and Head & Neck Surgery has implemented a care coordination program to enhance the patient experience through better coordination of services.

The committee’s foremost objective is to define, initiate and promote best practices in clinical cancer care. To foster their adoption, the committee intends to oversee initiatives that will integrate nationally recognized best practices with the enterprise-wide electronic medical record, organizational operations and resource utilization. Acknowledging that quality and safety are interwoven, the committee has also been charged with developing, promoting and monitoring safety initiatives. Developing the appropriate infrastructure and measurement metrics will facilitate a transparent reporting mechanism.

“SCI has a long-standing tradition of providing high-quality, safe care,” says Nancy Thompson, R.N., MSN, AOCNS, clinical director of quality and performance, and administrative chairwoman for the committee. “As a committee and an institution, we are committed to a never-ending process of defining and evaluating the quality of cancer care we provide throughout the SCI Network.”
Critical Research at a Non-University Cancer Institute

The Swedish Cancer Institute (SCI) is one of the nation’s leading research sites for clinical trials that evaluate novel therapies, new technologies, and approaches to screening, diagnosing and treating cancer. Just a few examples of how clinical trials at SCI are advancing the knowledge base for cancer care include: research into stem-cell and targeted antiviral therapies, which may benefit patients with glioblastoma; a phase II clinical trial of a PARP inhibitor used in combination with chemotherapy for patients with ovarian cancer or with BRCA mutations; and the ongoing lung cancer screening research in partnership with the International Early Lung Cancer Action Program (I-ELCAP).

In August 2014, SCI was one of only two non-university cancer institutes invited to be part of the Academic Breast Cancer Consortium (ABRCC). SCI has joined the cancer research programs at the University of Colorado, the University of Southern California, the University of Arizona, the University of New Mexico, Northwestern University, Emory University, and University of Texas MD Anderson Cancer Center in this innovative research model designed to rapidly complete clinical trials and expedite the availability of drugs that target all breast cancers and produce fewer side effects than existing cytotoxic drugs.

“This is a great opportunity for SCI’s clinical research program,” says Hank Kaplan, M.D., SCI medical oncologist and representative to ABRCC. “Our extensive clinical trials program and our commitment to gene sequencing (and in the near future scriptome sequencing, proteomics and metabolomics) as a means of identifying the best available therapies make SCI a logical partner with university-based cancer research institutions. This is an exciting time for SCI and for our patients who may benefit from this new association.”
SCI Personalized Medicine Research Program Gains IRB Approval

In early fall 2014, the Swedish Investigational Review Board (IRB) approved the research component of SCI’s Personalized Medicine Program. Enrollment in the program has commenced. The Personalized Medicine Research Program (PMRP) protocol further enhances SCI’s Personalized Medicine Program by allowing for the collection of tumor molecular phenotypic information, along with clinical, laboratory and imaging information from consenting patients in order to:

1. Prioritize standard therapy options
2. Identify relevant clinical trials
3. Allow data-mining of de-identified information for research purposes

The principal investigators include Thomas Brown, M.D., MBA, SCI executive director; Anna Berry, M.D., scientific director for SCI’s Personalized Medicine Program and director of molecular pathology at CellNetix; Charles Drescher, M.D., a gynecologic oncologist with SCI’s partner Pacific Gynecology Specialists; and Philip Gold, M.D., leader of SCI’s Clinical Research program.

Building on a history of translational research at Swedish that has grown out of a close collaboration among SCI, CellNetix, the Swedish Neuroscience Institute (SNI) and the Swedish Center for Research and Innovation, the PMRP will facilitate the exploration of treatment options that produce the best possible outcomes based on the results of DNA and RNA sequencing, along with proteomic and epigenetic profiles, and other relevant biologic parameters. This valuable information will assist physicians in developing highly personalized treatment plans for their cancer patients. The PMRP may also help fuel the introduction of new therapies into the market place.

Participation in the PRMP will be offered to all patients who meet the eligibility requirements, regardless of insurance status, at SCI’s sites at Swedish Ballard, Swedish Cherry Hill, Swedish Edmonds, Swedish First Hill, Swedish Issaquah, SNI, Minor & James Clinic, and the Radiation Oncology clinic at Highline Medical Center in Burien, Wash. The plan is for the PMRP panel to be offered to all new patients presenting to the SCI, at the beginning of their clinical course. It is anticipated that this goal will be reached within 36 months.

“Cancer care has evolved. Today, we are able to take a highly personalized approach using a tumor’s molecular fingerprint to assist in determining the most appropriate interventions for a particular patient,” says Dr. Brown. “Attaining this level of information is the foundation of our Personalized Medicine Program. At SCI, however, we are proud of our expanded view of personalized medicine. We have interwoven this highly sophisticated medicine with...”

Continued.
our long-standing tradition of caring for the whole patient. Just as SCI was the first cancer institute in the Pacific Northwest to incorporate naturopathic medicine as an integral part of cancer care, we have been leaders in our commitment to providing holistic care that ensures our patients’ socio-economic, psychological, environmental and integrative medicine needs are met.

At any given time, SCI has more than 100 clinical trials under way. This essential component of cancer research involves more than 75 physician specialists and nurses, and 34 dedicated research staff.

“We have a long history of clinical trials testing new devices and medications,” says Dr. Gold. “We have been at the forefront of some of the most significant breakthroughs, and leaders in testing drugs that are now considered standard of care, such as paclitaxel, trastuzumab, bevacizumab, cetuximab and oxaliplatin. We have also participated in numerous clinical trials that evaluate the value of combining modalities (e.g., surgery, radiation therapy, chemotherapy, immunotherapy and molecularly targeted therapy) to improve outcomes and enhance quality of life. Because our physicians are clinicians first and foremost, they are intimately aware of where there are current gaps in effective therapies and where new approaches to cancer care could benefit their patients.”

According to Dr. Brown, the Robert and Jean Reid Family Innovative Therapeutics and Research Unit at SCI, which is due to open by the fall of 2015, will provide a state-of-the-art clinical research unit to serve our patients and their families. This unit will support both the scientific and holistic care aspect of personalized medicine at SCI.

The growth of SCI’s research program and its contributions to the diagnosis and treatment of cancer spans decades. The program’s steadfast pursuit of more effective therapies is helping propel cancer care along innovative new pathways in the ultimate quest for a cure.  

Left to right: Philip J. Gold, M.D.; Patra K. Grevstad, R.N., M.N.; and Desiree Iriarte, CCRC
In August 2014, the National Cancer Institute’s Community Oncology Research Program (NCORP) awarded the Pacific Cancer Research Consortium a five-year grant worth $6.9 million to improve access to life-saving cancer care and clinical trials across a five-state region.

NCORP is a national network of investigators, cancer care providers, academic institutions and other organizations. The Pacific Cancer Research Consortium is led by three primary sites: the Swedish Cancer Institute (SCI), which is serving as the grant’s fiduciary, Providence Portland Medical Center in Oregon and St. Luke’s Mountain States Tumor Institute in Boise, Idaho. The consortium also includes 37 other clinical care sites in Alaska, California, Idaho, Oregon and Washington. With Improving access to clinical trials a critical component of high-quality cancer care, the consortium’s goal is to bring clinical trials and care to individuals in metropolitan and rural communities throughout the region and beyond. Improving access to clinical trials will expand the evidence base of new therapies, which, in turn, will contribute to improved outcomes and reduction in cancer disparities.

“NCORP allows our medical community the opportunity to offer our patients the latest clinical trials,” says Gary Goodman, M.D., one of the three primary-site principal investigators who are providing leadership for the program and for their respective institutions. “It also allows us to continue supporting critical NCI initiatives, such as increasing access to cancer trials in underserved communities and further researching methods for optimizing cancer care.”

The NCI Community Oncology Research Program (NCORP) is a national network of investigators, cancer care providers, academic institutions and other organizations. The overall goal of NCORP is to bring cancer clinical trials (cancer control, prevention, screening, treatment and imaging), as well as cancer care delivery research (CCDR), to individuals in their own communities, thus generating a broadly applicable evidence base that contributes to improved patient outcomes and a reduction in cancer disparities.
Donors Fund SCI’s Innovative Therapeutic and Research Unit

Cancer care and hope walk hand in hand. Specialists at the Swedish Cancer Institute (SCI) provide hope to patients and their families by identifying courses of treatment that will achieve the best possible outcomes. Although less visible to patients, generous members of the community also play an important role in that hopeful process.

SCI is the largest clinical provider of cancer care in the Pacific Northwest and has been a leader in the advancement of new therapies and treatment techniques since its inception in 1932. During that time, SCI has earned the support of individuals and corporations who also want to see cancer care transformed and patient outcomes improved. In late 2013, the Robert and Jean Reid Family Foundation allocated $2 million, from a larger gift, to SCI to support the creation of a new state-of-the-art facility for clinical trials. Expected to open in fall 2015, the Robert and Jean Reid Family Innovative Therapeutics and Research Unit (Reid Family ITU) at SCI will include:

• An expanded infusion center, including a new Innovative Therapeutics Unit, which will provide dedicated space for early-phase clinical trials
• A translational lab to handle the increased number of blood and fluid samples needed for each patient during the administration of clinical trials
• A specialty pharmacy to support the increased and specialized chemotherapy and investigational therapy preparation
• A dedicated family lounge, which will be available to patients, as well as their families and caregivers, while they are at SCI receiving treatment

Building on the momentum of the transformational gift from the Reid Family Foundation, generous members of the community donated an additional $1.9 million for the Reid Family ITU during the annual fund-raising gala, Celebrate Swedish, in April 2014. In addition to the Reid Family Foundation, CellNetix Pathology & Laboratories, Swedish Cancer Institute Medical Oncology Group, Tumor Institute Radiation Oncology Group, and Barbara and Dr. Joe Buchman provided leadership gifts that will help make the Reid Family ITU a reality.

The Reid Family ITU will help SCI expand its clinical research program and enhance its search for new therapies. Paired with SCI’s clinical expertise, the community’s generosity funds the discovery of cancer treatments and provides our patients with the hope and healing they need.

Jim Reid, son of Robert and Jean Reid, along with his wife Debra and daughters Sarah and Jessica at Celebrate Swedish

SCI Physicians and Staff Support the Reid Family ITU

In addition to the generous donors from the community, the following members of the Swedish family pledged their financial support to the Reid Family ITU.

Dr. and Mrs. George R. Birchfield
Aliki Birkenbuel
Dr. and Mrs. Thomas D. Brown
Andy Case and Ralph Fateiger
Linda Cole
Drs. Patricia L. Dawson and Donna H. Kerr
Dr. Dorcas Dobie
Darlene Fanus
Rhonda Jack
Sandrea S. Johnson
Cindy and Joe Kearney
Dr. Mary Kelly and Tom Kelly
Barbara Kollar
Karen McInerney
David Shepard
Dr. Tanya Wahl
Mr. and Mrs. Jim Yates

Swedish Thoracic Surgery
Dr. Ralph W. Aye
Dr. Alexander S. Farivar
Dr. Jed A. Gordon
Dr. Brian E. Louie
Joelle Thirsk
Dr. Eric Vallières
Kathy Witmer

SCI Medical Oncology Group (First Hill)
Dr. Erin D. Ellis
Dr. Mehmet F. Fer
Dr. Philip J. Gold
Dr. Gary E. Goodman
Dr. Henry G. Kaplan
Dr. Raya Mawad
Dr. Michael S. Milder
Dr. Min Sung Park
Dr. Kristine J. Rinn
Dr. Howard L. (Jack) West
**Swedish Cancer Institute Open Research Studies**

**Bone Marrow**

*9X-MC-JHTB* A Phase 2 Study of LY2786454 in Patients with Myeloproliferative Neoplasms

**Brain**

*RTOG R1205* Randomized Phase II Trial of Concurrent Bevacizumab and Re-Irradiation versus Bevacizumab Alone as Treatment for Recurrent Glioblastoma

020221 A Phase III Clinical Trial Evaluating DCVax-L, Autologous Dendritic Cells Pulsed with Tumor Lysate Antigen for the Treatment of Glioblastoma Multiforme

**BR-002** A Study to Evaluate the Safety and Feasibility of Transcranial MRI-Guided Focused Ultrasound Surgery in the Treatment of Brain Tumors

**EF-14** A Prospective, Multi-center Trial of NovoTTF-100A Together With Temozolomide Compared to Temozolomide Alone in Patients with Newly Diagnosed GBM

**CA209143** A Randomized Phase IIIB Open Label Study of Nivolumab or Nivolumab in Combination with Ipilimumab versus Bevacizumab in Adult Subjects with Recurrent Glioblastoma (GBM)

**CDX110-04** ACT IV Study: An International, Randomized, Double-Blind, Controlled Study of Rindopepimut/GM-CSF with Adjuvant Temozolomide in Patients with Newly Diagnosed, Surgically Resected, EGFRvIII-positive Glioblastoma

**CDX110-06** ReACT: A Phase II Study of Rindopepimut/GM-CSF in Patients with Relapsed EGFRVIII-Positive Glioblastoma

**TPI-287-17** Phase 1/2 Dose-Escalation Study of TPI 287 in Combination with Bevacizumab Followed by Randomized Study of the Maximum Tolerated Dose of TPI 287 in Combination with Bevacizumab versus Bevacizumab Alone in Adults with Recurrent Glioblastoma

**TPI-287-18** Phase 2 Dose-Escalation Study of TPI 287 in Combination with Bevacizumab in Adults with Recurrent or Progressive Glioblastoma Following a Bevacizumab-Containing Regimen

**Breast**

**SWOG S1007** A Phase III, Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy +/- Chemotherapy in Patients with 1-3 Positive Nodes, Hormone-responsive and Her2-Negative Breast Cancer according to Recurrence Score (RS)

**SWOG S1202** A Randomized Placebo-Controlled Phase III Study of Duloxetine for Treatment of Aromatase Inhibitor (AI)-Associated Musculoskeletal Symptoms in Women with Early Stage Breast Cancer

**SWOG S1207** Phase III Randomized, Placebo-Controlled Clinical Trial Evaluating the Use of Adjuvant Endocrine Therapy +/- One Year of Everolimus in Patients with High-Risk, Hormone Receptor-Positive and HER2/neu Negative Breast Cancer

**SWOG S1222** Fulvestrant Alone Versus Fulvestrant and Everolimus Versus Fulvestrant, Everolimus and Anastrozole: A Phase III Randomized Placebo-Controlled Trial In Postmenopausal Patients With Hormone-Receptor Positive Stage IV Breast Cancer

**ECOG E2108** A Randomized Phase III Trial of the Value of Early Local Therapy for the Intact Primary Tumor in Patients with Metastatic Breast Cancer

**ECOG E2112** A Randomized Phase III Trial of Endocrine Therapy Plus Entinostat/Placebo in Postmenopausal Patients with Hormone Receptor-Positive Advanced Breast Cancer

www.swedish.org/cancer
CTSU B-43 A Phase III Clinical Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma in Situ Resected by Lumpectomy

CTSU B-47 A Randomized Phase III Trial of Adjuvant Therapy Comparing Chemotherapy Alone to Chemotherapy Plus Trastuzumab in Women with Node-Positive or High-Risk Node-Negative HER2-Normal Invasive Breast Cancer

NSABP B-50-1 (KATHERINE) A Randomized, Multicenter, Open-Label Phase III Study to Evaluate the Efficacy and Safety of Trastuzumab Emtansine versus Trastuzumab as Adjuvant Therapy for Patients with HER2+ Primary Breast Cancer Who have Residual Tumor Present Pathologically in the Breast or Axillary lymph Nodes Following Preoperative Therapy

97517 I-SPY 2 Trial (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis 2)

CRC 09096 Clinical Value of Pre-Surgery PEM in Patients with Newly Diagnosed Breast Cancer

INCB 18424-268 A Randomized, Double-Blind, Phase 2 Study of Ruxolitinib or Placebo in Combination With Capecitabine in Subjects With Advanced or Metastatic HER2-Negative Breast Cancer

IR 5522 Institutional Registry Study of Permanent Breast Seed Implant (PBSI) For Early Stage Breast Cancers

M12-895 Veliparib in Combination with Temozolomide or Veliparib in Combination with Carboplatin and Paclitaxel Versus Placebo Plus Carboplatin and Paclitaxel in Subjects with BRCA1 or BRCA2 Mutation and Metastatic Breast Cancer

M12-914 A Phase 3 Randomized, Placebo-Controlled Trial of Carboplatin and Paclitaxel With or Without the PARP Inhibitor Veliparib (ABT-888) in HER2-Negative Metastatic or Locally Advanced Unresectable BRCA-Associated Breast Cancer

NBRST Prospective neo-adjuvant REGISTRY trial linking MammaPrint, Subtyping and treatment response: Neoadjuvant Breast Registry - Symphony Trial

PH3-01 "PRESENT": Prevention of Recurrence in Early-Stage, Node-Positive Breast Cancer with Low to Intermediate HER2 Expression with NeuVax™ Treatment

PROteoscale Monitorability of MammaPrint in breast cancer patients with an Intermediate recurrence Score

Cancer Control

CRAD001-011 A Phase II, Open Label Study of Dalantercept plus Sorafenib in Patients with Advanced Hepatocellular Carcinoma

IR 5522 Early Lung Cancer Detection Using Computed Tomography


IR 4707 Ovarian Cancer Early Detection Program

IR 4807 Collaborative Study on Sputum Cytology of Lung Cancer Patients by the Swedish Cancer Institute and VisionGate Inc

IR 5393 The Enhancing Connections Telephone Program: A Cancer Education Program

Gastroenterology

SWOG S0820 A Double Blind Placebo-Controlled Trial of Effortinine and Sulindac to Prevent Recurrence of High Risk Adenomas and Second Primary colorectal Cancers in Patients with Stage 0-Ill Colon Cancer, Phase III

SWOG 1115 Randomized Phase II Clinical Trial of AZD6244 Hydrogen Sulfate (NSC-748727) and MK-2206 (NSC-749607) versus mFOLFOX in Patients with Metastatic Pancreatic Cancer After Prior Chemotherapy

SWOG S1201 A Randomized Phase II Pilot Study Prospectively Evaluating Treatment for Patients Based on ERCC1 (Excision Repair Cross-Complementing 1) for Advanced/Metastatic Esophageal, Gastric, or Gastroesophageal Junction (GEJ) Cancer

CALGB 80702 A Phase III Trial of 6 versus 12 Treatments of Adjuvant FOLFOX plus Celecoxib or Placebo for Patients with Resected Stage III Colon Cancer

ECOG 1208 A Phase III Randomized, Double-Blind Trial of Chemoembolization with or without Sorafenib in Unresectable Hepatocellular Carcinoma (HCC) in Patients with and without Vascular Invasion

NCTCTG N1048 Neoadjuvant FOLFOX with Selective Use of Combined Modality Chemoradiation vs Preoperative Combined Modality Chemoradiation for Locally Advanced Rectal Cancer Patients Undergoing Low Anterior Resection with Total Mesorectal Excision

RTOG R1010 A Phase III Trial Evaluating the Addition of Trastuzumab to Trimodality Treatment Of HER2-Overexpressing Esophageal Adenocarcinoma

A041-05 A Phase 1b, Open Label Study of Dalantercept plus Sorafenib in Patients with Advanced Hepatocellular Carcinoma
**Leukemia**

**SWOG S0919** A Phase II Study of Idarubicin and Ara-C in Combination with Pravastatin for Poor-Risk Acute Myelogenous Leukemia (AML)

**AC220-007** A Phase 3 Open-label Randomized Study of Quizartinib (AC220) Monotherapy vs Salvage Chemo in Subjects With FMS-Like Tyrosine Kinase 3 - FLT3-ITD Positive AML Refractory to or Relapsed After First-line Treatment With or Without HSCT Consolidation

**CC-486-AML-001** A Phase 3, Randomized, Double-blind, Placebo-controlled Study to Compare Efficacy and Safety of Oral Azacitidine Plus Best-supportive Care Versus Best Supportive Care as Maintenance Therapy in Subjects With Acute Myeloid Leukemia in Complete Remission

**Lung**

**SWOG S0819** A Randomized, Phase III Study Comparing Carboplatin/Paclitaxel or Carboplatin/Paclitaxel/Bevacizumab with or without Concurrent Cetuximab in Patients with Advanced Non-Small Cell Lung Cancer (NSCLC)

**SWOG S0905** A Phase I / Randomized Phase II Study of Cediranib (NSC #732208) Versus Placebo in Combination with Cisplatin and Pemetrexed in Chemonaive Patients with Malignant Pleural Mesothelioma

**SWOG S1206** A Dose Finding Study Followed by Phase II Randomized, Placebo-Controlled Study of Veliparib (ABT-888) Added Chemoradiotherapy with Carboplatin and Paclitaxel for Unresectable Stage III Non-Small Cell Lung Cancer (NSCLC), (NCI Study Number 8811)

**CALGB C140503** A Phase III Randomized Trial of Lobectomy versus Sublobar Resection for Small (<=2 cm) Peripheral Non-Small Cell Lung Cancer

**ECOG E5508** Randomized Phase III Study of Maintenance Therapy with Bevacizumab, Pemetrexed or Both Following Carboplatin, Paclitaxel and Bevacizumab for Advanced Stage Non-Squamous Non-Small Cell Lung Cancer

**8273-CL-0102** An Open-label, Phase 1 Dose Escalation Study of Oral ASP8273 in Subjects with Non-Small-Cell Lung Cancer (NSCLC) Who Have Epidermal Growth Factor Receptor (EGFR) Mutations

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**Genitourinary**

**SWOG S0931** EVEREST: EVERolimus for Renal Cancer Ensuing Surgical Therapy, A Phase III Study

**SWOG S1216** A Phase III Randomized Trial Comparing Androgen Deprivation Therapy + TAK-700 With Androgen Deprivation Therapy + Bicalutamide in Patients With Newly Diagnosed Metastatic Sensitive Prostate Cancer

**ALLIANCE A031201** Phase III Trial of Enzalutamide Versus Enzalutamide, Abiraterone and Prednisone for Castration-Resistant Metastatic Prostate Cancer

**CALGB C90601** A Randomized Double-blind Phase III Study Comparing Gemcitabine, Cisplatin, and Bevacizumab to Gemcitabine, Cisplatin, and Placebo in Patients With Advanced Transitional Cell Carcinoma

**XL184-306** A Phase 3, Randomized, Double-Blind, Controlled Trial of Cabozantinib (XL184) versus Mitoxantrone plus Prednisone in Men With Previously Treated Symptomatic Castration-Resistant Prostate Cancer

**Gynecologic**

**08059** Phase I Trial of Intraperitoneal nab-Paclitaxel (Abraxane®) in the Treatment of Advanced Malignancies Primarily Confined to the Peritoneal Cavity

**ISS22810034** Phase Ib with Expansion of Patients at the MTD Study of Olaparib plus Weekly (Metronomic) Carboplatin and Paclitaxel in Relapsed Ovarian Cancer Patients

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Raya Mawad, M.D.
Hematologic Malignancies
AB1-007-NSCL-003 A Phase III, Randomized, Open-Label, Cross-Over, Multi-Center, Safety and Efficacy Study to Evaluate Nab-Paclitaxel (Abraxane®) as Maintenance Treatment After Induction With Nab-Paclitaxel (Abraxane®) Plus Carboplatin in Subjects With Squamous Cell NSCLC

AT13387-05 A Study of HSP90 Inhibitor AT13387 Alone and in Combination with Crizotinib in the Treatment of Non-small Cell Lung Cancer (NSCLC)

CLDK378A2303 Oral LDK378 Versus Standard Chemotherapy in Adult Patients With ALK-rearranged (ALK-positive) Advanced Non-small Cell Lung Cancer Who Have Been Treated Previously With Chemotherapy (Platinum Doublet) and Crizotinib

D1532C00079 Selumetinib in Combination with Docetaxel, in Patients receiving second line treatment for KRAS Mutation-Positive Locally Advanced or Metastatic Non-Small Cell Lung Cancer (Stage IIIb – IV) (SELECT-1)

INCB 18424-266 Randomized, Double-Blind Phase 2 Study of Ruxolitinib or Placebo plus Pemetrexed/Cisplatin and Pemetrexed Maintenance for Initial Treatment of Subjects With Nonsquamous NSCLC That Is Stage IIIb With Pleural/Pericardial Effusion, Stage IV, or Recurrent

IR 4807 Collaborative Study on Sputum Cytology of Lung Cancer Patients by the Swedish Cancer Institute and Vision-Gate, Inc.

LCCC 1210 A Phase II Multi-Center Study of the Tolerability of Weekly Nab-Paclitaxel as Second Line Treatment for Elderly Patients with Advanced Lung Cancer

ONC-003 (LUNG CARE Registry): An Open Registry to Measure the Impact of Adding RNA Expression Testing (myPlan Lung Cancer) on Referral Decisions in Newly Diagnosed Early Stage Lung Adenocarcinoma Patients

U31287-A-U301 Patritumab (U3-1287) in Combination with Erlotinib in EGFR Wild-type Subjects with Locally Advanced or Metastatic Non-Small Cell Lung Cancer (NSCLC) Who Have Progressed on at Least One Prior Systemic Therapy

Brian E. Louie, M.D.
Thoracic Surgery

Lymphoma

NCILYMB 9177 Phase II Study of Dose-Adjusted EPOCH+/- Rituximab in Adults With Untreated Burkitt Lymphoma, C-Myc Positive Diffuse Large B-Cell Lymphoma and Plasmablastic Lymphoma

GS-US-313-0125 A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Efficacy and Safety of Idelalisib (GS 1101) in Combination with Bendamustine and Rituximab for Previously Treated Indolent Non-Hodgkin Lymphomas

Myelodysplastic Syndrome

MDS 14 (MEI-003) A Phase II Randomized, Double-Blinded, Placebo-Controlled Study of Pracinostat in Combination with Azacitidine in Patients with Previously Untreated (IPSS) Intermediate Risk 2 or High-Risk Myelodysplastic Syndrome (MDS)

Myeloma

C16014 A Phase 3, Randomized, Double-Blind, Multicenter Study Comparing Oral MLN9708 Plus Lenalidomide and Dexamethasone Versus Placebo Plus Lenalidomide and Dexamethasone in Adult Patients With Newly Diagnosed Multiple Myeloma

CC-4047-MM-007 A Phase 3, Multi-center, Randomized, Open-Label Study to Compare the Efficacy and Safety of Pomalidomide, Bortezomib and Low-Dose Dexamethasone Versus Bortezomib and Low-Dose Dexamethasone in Subjects With Relapsed or Refractory Multiple Myeloma

X05409 A Placebo-Controlled Study of Oral L-glutamine and Pyridoxal-5-phosphate (Vitamin B6) for the mitigation of Velcade-Induced Peripheral Neuropathy: A Pilot Study

Solid Tumor, Hematologic

011 A Phase III Randomized, Placebo-Controlled, Clinical Trial to Study the Safety and Efficacy of V212 in Adult Patients with Solid Tumor or Hematologic Malignancy

Not Site Specific

UW PK Pharmacokinetics of Under-Studied Drugs Used During Pregnancy
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<tr>
<td>SARCOMA/MELANOMA</td>
<td></td>
<td></td>
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<tr>
<td>Bone</td>
<td>15</td>
<td>10</td>
<td>25</td>
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<tr>
<td>Connective and Soft Tissue</td>
<td>31</td>
<td>14</td>
<td>45</td>
<td></td>
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<tr>
<td>Retroperitoneum / Peritoneum</td>
<td>8</td>
<td>2</td>
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<tr>
<td>Melanoma</td>
<td>115</td>
<td>37</td>
<td>152</td>
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<td>Non-Melanoma Skin</td>
<td>15</td>
<td>35</td>
<td>50</td>
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<tr>
<td>Total Sarcoma/Melanoma</td>
<td>282</td>
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<tr>
<td>THORACIC</td>
<td></td>
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<tr>
<td>Bronchus and Lung</td>
<td>402</td>
<td>149</td>
<td>551</td>
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<tr>
<td>Esophagus</td>
<td>34</td>
<td>10</td>
<td>44</td>
<td></td>
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<tr>
<td>Heart, Mediastinum, Pleura</td>
<td>12</td>
<td>4</td>
<td>16</td>
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<tr>
<td>Thymus</td>
<td>13</td>
<td>4</td>
<td>17</td>
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<tr>
<td>Total Thoracic</td>
<td>628</td>
<td></td>
<td></td>
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<tr>
<td>TOTAL</td>
<td>4755</td>
<td>2052</td>
<td>6807</td>
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This chart represents a manual consolidation of two separate registries, Swedish Cancer Institute and SCI Edmonds. These registries report data separately.
Bibliography

This bibliography features recent publications by Swedish Cancer Institute members and affiliated physicians (noted in bold) in 2013 and year-to-date 2014.

Breast Cancer


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Head and Neck Oncology


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Thoracic Oncology


Nursing


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The Swedish Cancer Institute (SCI) network distributes cancer-care, by some of the nation’s leading experts, to ensure patients are able to receive care near where they live and work. Through its five hospital-based, multidisciplinary cancer programs and four freestanding clinics, SCI is bringing much-needed screenings, diagnostics and therapies to communities throughout the Greater Puget Sound region.

The SCI at First Hill in Seattle was the first location at Swedish offering cancer services. Many highly sophisticated and technologically advanced surgical procedures, radiation treatments and systemic therapies, as well as clinical trials and supportive care, are offered at First Hill. From First Hill, the SCI network initially grew to include additional sites in the central Seattle area, including:

- The Swedish Radiosurgery Center at Cherry Hill, which is the only location in the Pacific Northwest that offers both CyberKnife® and Gamma Knife® stereotactic radiosurgery platforms. Cherry Hill is also the site of the Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment at the Swedish Neuroscience Institute.

- The community-based Radiation Treatment Center at Swedish Ballard, in which SCI installed the first Tomo-Therapy® Hi-Art® system in the Seattle metropolitan area. The Ballard campus also includes a state-of-the-art infusion center, which opened in 2013 and also provides access to clinical trials.

- The SCI Network of Distributed Expertise

The Swedish Cancer Institute at Swedish Issaquah has been providing the eastside community cancer-care services, along with local access to clinical trials, since it first opened its doors in 2011. Today SCI has a robust presence at the Swedish Issaquah campus, including significant growth in the breast, colorectal, gynecologic, head & neck, thoracic and urologic cancer programs. SCI at Issaquah also offers local access to colorectal, high-risk breast and lung cancer screenings, rehabilitation, systemic therapy, radiation therapy, naturopathic services, and 3D digital mammography with tomosynthesis.

The SCI Network enables the delivery of personalized medicine, making it possible for SCI cancer-care teams to provide the right treatment at the right time and in the right place, closest to where patients live and work. For more information about becoming part of the SCI Network, please contact 206-386-3476 or asksci@swedish.org.