We TREAT cancer
We CARE for patients
2010 Cancer Committee Membership Roster

Mariko Adachi  
Informatics Specialist  
Ralph Aye, M.D.  
Thoracic/Esophageal Surgery  
Janet Bagley, R.N., M.S., AOCNS  
Director, Medical and Surgical Oncology Outpatient Clinical Operations  
J. David Beatty, M.D.  
Breast Surgery  
Candy Bonham, CTR  
Cancer Registry/Cancer Program Coordinator  
Mark Bonnema, M.Div.  
Spiritual Care  
Patricia Dawson, M.D.  
Breast Surgery  
Albert Einstein Jr., M.D.  
Executive Director  
Swedish Cancer Institute  
Stephen Eulau, M.D.  
Radiation Oncology  
Sylvia Farias, MSW  
Social Services  
Daniel Flugstad, M.D.  
Orthopedic Surgery  
Greg Foltz, M.D.  
Neurological Surgery  
Philip Gold, M.D.  
Medical Oncology  
Patra Grevstad, R.N., M.N.  
Research  
Gordon Irving, M.D.  
Medical Director, Pain Management Services  
Sandra Johnson, LICSW  
Oncology Social Services  
Mary Kelly, M.D.  
Diagnostic Radiology  
Namou Kim, M.D.  
Head and Neck Surgery  
Barbara Kollar, MHA, CHES  
Patient Education/Integrated Care  
Dan Labriola, N.D.  
Naturopathic Medicine  
Shannon Marsh  
American Cancer Society Patient Navigation Representative  
Vivek Mehta, M.D.  
Radiation Oncology  
Michael Milder, M.D.  
Medical Oncology/Internal Medicine  
David Moore, M.D.  
Head and Neck Surgery  
Jay Parikh, M.D.  
Diagnostic Radiology  
Bruce Porter, M.D.  
Diagnostic Radiology  
James Porter, M.D.  
Urology  
Robert Resta, M.S., CGC  
Hereditary Cancer Clinic  
Carlotta Reynolds, R.N.  
Inpatient Oncology Nurse Manager  
Sara Rigel, MPH, CHES  
Manager, Patient/Family Education and Community Health  
Eric Rosen, M.D.  
Diagnostic Radiology  
Nancii Stonebraker, R.D., C.D.  
Manager, Clinical Nutrition  
Alexis Takasumi, CHES  
Medical Education  
Nancy Thompson, R.N., M.S., AOCNS  
Outpatient Clinical Nursing  
Ronald Tickman, M.D.*  
Pathology  
Dan Veljovich, M.D.  
Gynecological Oncology  
John Wynn, M.D.  
Psycho-Oncology  
Jim Yates, MSPH, MBA  
Administrative Director  
Swedish Cancer Institute and First Hill Service Lines  
Jon Younger, M.D.  
Internal Medicine/Hospice Director  
John Zarek  
Director, Clinical Pharmacy  
David Zucker, M.D., Ph.D.  
Medical Director, Cancer Rehabilitation Services  

*2010 Committee Chairman

A message from the Swedish Cancer Institute leadership

A commitment to fight cancer takes innovation, tenacity and an unwillingness to accept the status quo. For nearly eight decades the men and women of the Swedish Cancer Institute (SCI) have been relentless pioneers in developing and acquiring the latest cancer-fighting technologies and therapies.

In 2010 the SCI reinforced its reputation for having a progressive, personalized approach to cancer treatment and truly embracing our philosophy, which simply states:

We treat cancer – We care for people

Our experts care for patients with compassion, respect and understanding while aggressively treating their cancer with the most advanced equipment and techniques. We offer customized care plans and access to novel therapeutic agents through clinical trials. That’s the tradition of cancer care at the Swedish Cancer Institute.

This focus on identifying and providing the best treatment for each unique individual has driven many of our current strategic initiatives. Patients and their families are always at the center of our cancer-fighting team. Therefore, at SCI we continually seek ways to expand access to cancer care that is both high quality and close to home or work. This year we have made considerable progress meeting that goal. We have:

- Added Gamma Knife® technology to the Swedish Radiosurgery Center
- Launched construction on a radiation treatment center that will offer TomoTherapy®
- Designed a comprehensive cancer treatment center for Swedish/Issaquah
- Completed negotiations with Puget Sound Cancer Center to create a closer affiliation
- Enhanced our menu of patient education classes and support groups

This is the SCI approach to cancer. We recruit the nation’s leading experts and equip them with the latest technology. We encourage them to participate in ground-breaking clinical trials to discover new treatment techniques and therapies. And — we enable them to focus on their patients who have chosen Swedish for some of the most critical medical care they may ever receive.

Treating cancer – Caring for people. It’s been our foundation since 1932 – and it will remain so far into our future.

Albert B. Einstein Jr., M.D.
Executive Director
Swedish Cancer Institute

Ronald J. Tickman, M.D.
Cancer Committee Chairman
Lung cancer: Finding ways to give patients a better chance of survival

More people die from lung cancer each year than from breast and prostate cancer combined – even though it is about half as prevalent.¹ Like those cancers, it is highly survivable when diagnosed in its earliest stages. And yet, too often lung cancer patients are diagnosed too late to be treated aggressively and successfully.

In 2009, 65 percent of all lung cancer cases at the Swedish Cancer Institute (SCI) were late stage (Stages III and IV). Although that represents a slight improvement (2 percent) over the last five years, it still suggests an urgency in identifying ways to detect lung cancer earlier and to provide lung-cancer patients a better chance of survival.

Creating customized care plans

The diagnosis and treatment of lung cancer patients requires a full complement of expertise and technology. At SCI that is clearly evident in the multidisciplinary collaboration that brings together thoracic surgeons, medical and radiation oncologists, pulmonologists and interventional pulmonologists, radiologists, pathologists and alternative medicine physicians to diagnose and tailor treatment plans to individual patients. It also is evident in SCI’s commitment to making available the most up-to-date diagnostic tools, treatments and therapies.

An arsenal of diagnostic tools

Early testing that determines malignant vs. benign and small vs. non-small cell lung cancer, and assists the team in staging the cancer is the critical first step in determining a treatment path for lung-cancer patients. The bigger the arsenal of diagnostic tools, the better the ability to effectively target the treatment to the patient.

“At SCI, the lung-cancer team has something to offer all patients at all stages – whether that treatment is meant to cure or palliate and improve quality of life,” says Jed A. Gorden, M.D., interventional pulmonologist. “Under staging during the diagnostic phase potentially could lead to prescribing unnecessary treatments that would not be beneficial, while over staging can mean the patient will not receive potentially curative treatments.”

Swedish Cancer Institute
Lung Cancer by the Numbers

<table>
<thead>
<tr>
<th>Number of Cases (2009)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>333</td>
</tr>
<tr>
<td>2006</td>
<td>364</td>
</tr>
<tr>
<td>2007</td>
<td>391</td>
</tr>
<tr>
<td>2008</td>
<td>389</td>
</tr>
<tr>
<td>2009</td>
<td>425</td>
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<table>
<thead>
<tr>
<th>Cases by Age (2009)</th>
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<tbody>
<tr>
<td>Less than 20 years</td>
<td>1%</td>
</tr>
<tr>
<td>20-29 years</td>
<td>0%</td>
</tr>
<tr>
<td>30-39 years</td>
<td>1%</td>
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<tr>
<td>40-49 years</td>
<td>5%</td>
</tr>
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<td>50-59 years</td>
<td>18%</td>
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<tr>
<td>60-69 years</td>
<td>31%</td>
</tr>
<tr>
<td>70-79 years</td>
<td>26%</td>
</tr>
<tr>
<td>80-89 years</td>
<td>17%</td>
</tr>
<tr>
<td>90 or older</td>
<td>2%</td>
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</table>

<table>
<thead>
<tr>
<th>Cases by Diagnosis/Treatment Location</th>
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<tbody>
<tr>
<td>Diagnosed at SCI/Treated at SCI</td>
<td></td>
</tr>
<tr>
<td>2005 – 45.8%</td>
<td>2009 – 50.6%</td>
</tr>
<tr>
<td>Diagnosed elsewhere/Treated at SCI</td>
<td></td>
</tr>
<tr>
<td>2005 – 52.6%</td>
<td>2009 – 42.5%</td>
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<tr>
<td>Diagnosed at SCI/Treated elsewhere</td>
<td></td>
</tr>
<tr>
<td>2005 – 1.6%</td>
<td>2009 – 6.9%</td>
</tr>
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</table>
As technology has evolved, SCI has made new tools available to its physicians to assist in making their diagnostic and therapeutic decisions. In addition to radiographic and CT imaging as initial diagnostic tools, SCI offers bronchoscopy, mediastinoscopy, needle aspiration, sputum cytology, thoracentesis, thoracoscopy and thoracotomy as additional means of gathering fluid and tissue necessary to refine the diagnosis. Advanced bronchoscopy using electromagnetic navigation and endobronchial ultrasound (EBUS) are additional options that provide a minimally invasive method of navigating the maze of airways and targeting lesions that are mostly beyond the visual field.

SCI is one of a handful of organizations currently involved in National Institutes of Health-funded research evaluating what could be considered the ultimate in minimally invasive diagnostic testing. The Menssana Breath Text shows great promise for the early detection of lung cancer. An early study identified a combination of 22 breath-volatile organic compounds that was sensitive and specific to lung cancer. Further research identified a new marker for oxidative stress, breath methylated alkane contour (BMAC), which was followed by the discovery that BMAC was altered in patients with lung cancer. Results of the current research to validate the use and process by which the breath test is administered, which should be completed in 2011, will be used to obtain approval from the U.S. Food and Drug Administration.

Appropriate, aggressive treatments

Surgery, chemotherapy and radiation therapy – individually and in concert – are the frontline treatment options for lung cancer. That same determination to push for new and more advanced diagnostic tools is also evident in the therapeutic arena with SCI involved in multiple studies to find better drug treatments that can be finely individualized, can treat lung cancer at the molecular level, or that can be used with people who develop resistance to other treatments or who are compromised by multiple co-morbidities.

“Our goal,” says medical oncologist Howard (Jack) West, M.D., “is to find the optimal balance of appropriate, aggressive treatment and a good quality of life for the patient. We have a relatively narrow time window to do that – especially with small-cell lung cancer. We are moving in real time into a new era of management of lung cancer based increasingly on its particular molecular features, a level of granularity we are only beginning to appreciate. Therefore, as a profession we are moving toward obtaining larger tissue samples that will provide more diagnostic material and give us a better opportunity to hit the right target with the most appropriate treatment.”

During the last five years, SCI set the standard for access to state-of-the-art radiation therapies by becoming the first in the region to install a PET CT for treatment planning, 4D planning technology, which allows for individualized treatment fields based on a patient’s specific breathing pattern, and the Elekta Synergy® image-guided linear accelerator that allows for precise radiation treatment. In 2010 SCI opened the Swedish Radiosurgery Center, which is one of the only centers in the world to offer both CyberKnife® and Gamma Knife® radiosurgery technologies under one roof. The SCI also broke ground on a new radiation treatment center on the Swedish/Ballard campus that will offer TomoTherapy® services beginning in 2011. (See article on page 6.)

“The spirit of cooperation at SCI is critical to determining the right road for each patient,” says radiation oncologist Vivek K. Mehta, M.D. “All of us meet at our weekly Thoracic Oncology Tumor Board to review the best treatment approaches for each patient. We work closely to develop an individualized
game plan for each patient and then put it into action. Regardless of the goals or type of treatment, all of us remain available to participate in each patient’s care.”

This focus on patients’ individual needs also extends to SCI expansion plans. As part of its Eastside expansion, SCI will have a comprehensive cancer clinic in the new medical office building at the Swedish/Issaquah campus. The new center, which will include both infusion therapy and radiation oncology services, will focus on convenience by bringing cancer treatment, as well as education and support services, closer to patients’ homes and work.

Options for thoracic surgery

One individual at a time is the foundation upon which thoracic surgeons at SCI approach patient care. With expertise that comes from many years of surgical practice and an armament of surgical techniques, many of which were pioneered by surgeons at Swedish, each patient’s medical and social past is scrutinized in order to customize the very best treatment plan for that particular patient.

“We are fortunate to have surgeons on staff who are leaders in thoracic surgery,” says thoracic surgeon Eric Vallières, M.D. “For example, Dr. Aye introduced and pioneered the minimally invasive video-assisted thoroscopic (VATS) lobectomy in the Pacific Northwest. And Drs. Louie and Farivar, are leading surgeons in the use of the Da Vinci® robotic surgery system in the treatment of thoracic cancers.”

For Stage I and II patients with non-small cell lung cancer (NSCLC), removing the tumor via a wedge resection, segmentectomy, lobectomy or pneumonectomy remains the gold standard. Surgery may also be an option for patients with more advanced lung cancer. Because of the close proximity and inherent collaboration with the Swedish Neuroscience Institute and the Swedish Orthopedic Institute, thoracic surgeons at SCI are able perform complex operations that also may require the skills of neurosurgeons and/or orthopedic surgeons.

“Because each patient is unique,” says thoracic and esophageal surgeon Ralph W. Aye, M.D., “we must design a treatment plan based first on the evidence that has determined the patient’s staging and clinical situation. Then, we must look to the patient’s overall medical condition and general health, his or her philosophy of care and tolerance for particular treatment options, and the availability of the patient’s support system. It is only then that we can present a range of options that may or may not include surgery, and help the patient select the option that is best for his or her situation.”

Advanced techniques in palliative care

To care for patients who are in the advanced stages of lung cancer, SCI lung-cancer experts focus on those options that can provide patients more independence and an improved quality of life, while also providing relief from coughing, shortness of breath or hemoptysis. SCI is one of the few centers in the region that can treat airway obstruction due to tumor encroachment with rigid bronchoscopy, as well as tumor removal or stenting to open the airway. Pleural disease can be mitigated using thoracentesis or placement of a PleurX® drainage catheter that allows the patient to self drain and avoid being tethered to his or her physician or the emergency department. At SCI, pleurodesis to obliterate the pleural space is also an option if that is the decision of the patient and physician.
Screening to enhance early detection

Despite multiple advancements in diagnostic and treatment technology and therapeutics, lung cancer continues to be the number one cancer killer – not because of the failure of treatments, but because of the lack of early detection. Too often the first symptoms of lung cancer are attributed to something other than cancer. For many years, lung-cancer specialists have been seeking a screening algorithm that would allow them to identify cancerous lesions at an earlier, more curable stage. Unlike breast, colon and prostate cancer, no such lung-cancer screening has been widely acknowledged as effective – until now.

The SCI has more than a decade of experience in lung cancer screening with low-dose CT scans to detect cancer earlier in high-risk patients. SCI was one of the first participants in the International Early Cancer Action Program (I-ELCAP), a multicenter study aimed at screening smokers and high-risk nonsmokers using low-dose CT scan. To date, the I-ELCAP research shows an 80 percent cure rate when lung cancer is detected using an annual CT scan. The scanning protocol has proven to be especially effective when lung cancer is caught at its earliest stage and can be surgically removed. For those individuals, the cure rate is 92 percent.²

In November 2010 the National Cancer Institute (NCI) made public the very positive results of a second study, the National Lung Screening Trial. The early results showed a 20 percent lower death rate in participants who were screened using a low-dose helix (spiral) CT scan compared to a chest X-ray. In this study, all participants were current or former heavy smokers. The NCI publicized the results after the trial’s independent monitoring board determined the results were statistically convincing to support the efficacy of this type of screening.³

With these trial results, many lung-cancer specialists anticipate the NCI will issue guidelines for CT screening for high-risk patients, such as men and women ages 55-75 with at least a 30-pack/year smoking history. Unfortunately, Medicare and most health insurance companies do not currently cover the cost of screening CT scans for lung cancer. In today’s economy that cost burden may be the next battle in the war against lung cancer. $

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### National Cancer Data Base

#### Five-Year Survival Data 1998 – 2002

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<th>National</th>
<th>Pacific Region*</th>
<th>Swedish</th>
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<td>Stage I</td>
<td>46.40%</td>
<td>49.28%</td>
<td>49.10%</td>
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<td>26.40%</td>
<td>23.29%</td>
<td>28.90%</td>
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<tr>
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<td>10.20%</td>
<td>12.02%</td>
<td>10.70%</td>
</tr>
<tr>
<td>Stage IV</td>
<td>2.80%</td>
<td>3.66%</td>
<td>2.70%</td>
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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Lung - All Histologies</td>
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<tr>
<td>Stage 0</td>
<td>20.90%</td>
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<td>23.80%</td>
</tr>
<tr>
<td>Stage I</td>
<td>43.20%</td>
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<td>2.50%</td>
<td>3.66%</td>
<td>2.40%</td>
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</table>

*Pacific Region includes Alaska, California, Hawaii, Oregon and Washington

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3 National Cancer Institute NLST Fast Facts

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Swedish Radiation Therapy
A comprehensive menu to support every need

The menu of radiation therapy options at the Swedish Cancer Institute (SCI) grew in 2010 thanks to a multi-campus, multi-faceted approach to the delivery of these services. SCI moved forward with multiple projects to provide physicians and patients access to the best technology and expertise, and the greatest array of resources.

Swedish, Gamma Knife is used for targeted treatment of cancer of the brain, and to treat several neurological conditions, such as arteriovenous malformations, essential tremor and trigeminal neuralgia.

The Radiosurgery Center supports both the SCI and the Swedish Neuroscience Institute.

Radiation oncologist Sandra S. Vermeulen, M.D., is executive director of the center. Robert Meier, M.D., is radiation oncologist medical director for CyberKnife and Gamma Knife. As part of the expansion, Swedish Health Services recruited one of the country’s leading Gamma Knife experts, neurosurgeon Ronald F. Young, M.D., as neuroscience medical director for Gamma Knife.

The fundamental goal of each project was identical: make it possible to customize radiation therapy to each patient’s unique needs while using Swedish facilities that offer better convenience for patients.

Stereotactic radiosurgery resources

The CyberKnife Center on Swedish/Cherry Hill campus was originally designed with two vaults, anticipating the addition of a second Accuray CyberKnife® Robotic Radiosurgery System or a Leksell Gamma Knife® Perfexion™. In the summer of 2010, the center expanded by 2,500 square feet to support a Gamma Knife. At the same time the center was renamed the Swedish Radiosurgery Center to acknowledge the dual technologies that would now be available.

Both systems use high-dose radiation beams to target small or complex, cancerous and noncancerous tumors. CyberKnife, which has been available at Swedish/Cherry Hill since 2006, can be used to treat tumors in all parts of the body – including the brain, breast, head and neck, kidney, liver, lung, pancreas, pelvis, prostate and spine. At As part of the expansion of its Radiosurgery Center, Swedish recruited Ronald F. Young, M.D., a pioneer in the use of Gamma Knife to treat neurological conditions.

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With both radiation therapies available in one location, Swedish now has one of the most technologically advanced stereotactic radiosurgery suites in the country.

**New center offers TomoTherapy®**

In 2010 the SCI broke ground on its new, free-standing Radiation Treatment Center at Swedish/Ballard. When complete, the center will make available the TomoTherapy® Hi-Art® radiation treatment system – a first for the Seattle metropolitan area.

TomoTherapy combines 3D-imaging technology with rotational delivery of intensity-modulated radiation. The result is highly focused radiation therapy with unprecedented accuracy. Because TomoTherapy allows for image-driven refinement and precise tailoring, this system provides an individualized and comprehensive treatment solution for a variety of cancers, including complex tumors and tumors that are close to critical organs. TomoTherapy delivers tens of thousands of individually programmed, narrow “beamlets” of radiation as it rotates around the patient.

For many years, Swedish has provided medical care for Ballard and other nearby North Seattle communities. Positioning the new Radiation Treatment Center at Swedish/Ballard offers patients highly sophisticated cancer therapy close to home or work.

**A comprehensive approach to Eastside cancer care**

In January 2010 construction commenced on a 175-bed hospital and five-story medical office building in the Issaquah Highlands area east of downtown Seattle. This campus is the first major medical complex for Swedish on the eastside, and also the first new hospital built in King County in more than 25 years.

It is also the first opportunity for SCI to integrate its medical oncology, infusion therapy and radiation oncology services into one remote Swedish clinic site. SCI played an active role in designing the first-floor cancer center that would provide comprehensive cancer care closer to home for patients in the surrounding area.

The center will house the newest generation of linear accelerators to provide external beam radiation therapy (EBRT). Adding Issaquah as a radiation therapy site will greatly expand overall access to SCI’s EBRT services that are currently available at Swedish/First Hill, Swedish/Edmonds and Highline Medical Center.

The center will be a resource for cancer related retail items, as well as educational and support

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Radiation Therapy Services at Swedish Medical Center

- Calypso 4D Localization System
- CyberKnife
- External Beam Radiation Therapy
- Gamma Knife
- HDR Brachytherapy
- Image-Guided Radiation Therapy (IGRT)
- Intensity-Modulated Radiation Therapy (IMRT)
- LDR Brachytherapy
- TomoTherapy
- Volumetric Modulated Arc Therapy (VMAT)
Swedish designated an Elekta Center of Excellence

In May of 2010 Elekta, one of the leading manufacturers of state-of-the-art linear accelerators and tools for radiation therapy and radiosurgery, designated the Swedish Cancer Institute (SCI) as an Elekta Center of Excellence. SCI is one of only four such centers of excellence globally. Elekta granted the designation because of the very successful partnership that began during a five-year collaborative effort with Swedish involving implementation and optimization of critical new radiation therapy technologies, such as image-guided radiation therapy (IGRT) and volumetric modulated arc therapy (VMAT).

The partnership ensures the SCI will have early access to innovative technologies developed by Elekta, including four-dimensional computed tomography (CT) imaging and Elekta’s advanced beam shaping system called the Agility multileaf collimator. The SCI will work to demonstrate how these tools can be used to improve clinical care for patients with cancer. The physicians and physicists at the SCI will continue to educate other cancer providers in the region, as well as nationally and internationally, through on- and off-site educational symposiums. The hope is that this continued partnership will result in improved care for patients at SCI and will speed the adoption of these improvements at other cancer centers.

“This most recent development in the Swedish Cancer Institute-Elekta relationship will help take the cancer institute to a new level in its ability to meet the health-care needs of patients in the Northwest,” says Tomas Puusepp, President and CEO of Elekta. “At the same time, Elekta has reinforced a working partnership with a vitally important clinical collaborator. We look forward to continuing and extending our efforts with Swedish Cancer Institute to develop effective cancer management solutions.”

The agreement includes the acquisition of a Leksell Gamma Knife® Perfexion™, Elekta’s most advanced delivery system for intracranial radiosurgery. Additionally, Swedish will install an Elekta Infinity linear accelerator in its cancer center in the new medical office building in Issaquah opening in July 2011.

“The Swedish Cancer Institute continues to build on its track record for radiation oncology innovation and excellent patient care,” said Vivek Mehta, M.D., radiation oncologist and director of the Center for Advanced Targeted Radiotherapies at SCI. “We are excited that technology that promises greater accuracy and more precise treatment is coming to the Pacific Northwest and that the SCI has been recognized as a Center of Excellence – setting the standard for state-of-the-art care.”
Uniting to grow and serve

If you are looking for an example of a win-win partnership, you need not look any further than the new affiliation between the Swedish Cancer Institute (SCI) and the Puget Sound Cancer Center (PSCC). Nearly two years in the making, the affiliation became a reality in July 2010.

From a Swedish perspective, the SCI-PSCC affiliation enhances its ability to provide cancer care closer to its patients’ homes and/or places of work, and to provide more oncology services to patients living north of Seattle. The SCI-PSCC affiliation places all medical and radiation oncology, and infusion therapy services under one umbrella, which ensures better coordination and integration.

“This affiliation enhances services from a both technological and programmatic perspective,” says Albert B. Einstein, M.D., executive director of the SCI. “Combining existing resources and committing new resources will allow us to further develop our cancer network, to upgrade facilities and equipment, and, most importantly, to support the medical needs of many more patients. We plan to remodel the medical oncology and infusion therapy facilities, and also to replace the existing linear accelerator with newer technology.”

The leadership at PSCC had been considering an affiliation with a large medical center to help address issues related to the changing health-care environment, to improve its long-term financial stability and to enhance professional collaboration, and access and continuity of care for its patients. It was apparent that a community like Edmonds was not able to support full-time staffing of oncology subspecialists who are infrequently needed – but are critically important for some cancer patients. Identifying that referral resource was a primary concern for PSCC.

“We feel partnering with Swedish is a logical step for our practice, says Richard McGee, M.D., president of PSCC. “We have similar organizational cultures, and the expertise, trust and commitment to providing quality care that we each bring to the table is very complementary. Being part of the Swedish family will improve access for our patients not only to subspecialty care, but also to new medications and treatment modalities that are currently only available through clinical trials.”

The SCI-PSCC affiliation doubles the available medical oncology services through the Swedish network of campuses. It also provides an opportunity to investigate the value of incorporating the PSCC oncology specific electronic medical record (EMR) into Swedish’s existing EMR, and to take advantage of PSCC’s experience as a beta site for the Quality Oncology Practice Initiative (QOPI) of the American Society of Clinical Oncologists (ASCO), an oncologist-led quality improvement program.

Both Einstein and McGee agree that systems need to grow in order to weather the current health-care climate. The partnership they have created between SCI and PSCC is a made-to-order forecast for long-term, quality oncology care for the Puget Sound community.
Setting the standard for women’s cancer care

The determination of the men and women of the Swedish Cancer Institute and the generosity of a community have taken the True Family Women’s Cancer Center from concept to a near reality. This innovative center will set a national standard for women’s cancer care when it opens in 2012.

The three C’s of patient-focused care — comprehensive, coordinated and compassionate — will be evident in the center’s new model of care.

**Comprehensive care:** The center will focus on breast and gynecological cancer services, but women with non-gender-specific cancer, such as lung and colon cancer, also will be able to benefit from the center. As part of the Swedish Cancer Institute (SCI), the center will offer a robust menu of traditional treatments and therapies, as well as complementary services, and patient support and educational resources. Key components of the center include:

- A second-opinion clinic for breast-cancer patients
- An ovarian-cancer-screening clinic operated in partnership with the Marsha Rivkin Center for Ovarian Cancer Research
- An evaluation and screening clinic for high-risk patients
- A research and clinical trials program
- A women’s health education center
- A multidisciplinary consultative and treatment-planning program
- Integrative and supportive programs, including plastic and reconstructive surgery consultations, psychiatric services and support groups, naturopathic treatment, massage and meditation therapies, and dietary counseling

**Coordinated:** In 2009 nearly 60 percent of all patients treated at SCI were women and more than 36 percent of all patients had breast or some form of gynecological cancer. The True Family Women’s Cancer Center will be a single, comprehensive resource for all the specialists, skills, tools, information and support women need to guide them from early diagnosis through survivorship. SCI is committed to providing an environment that promotes professional collaboration in the diagnosis and treatment of cancer as the first step to ensuring coordinated care. It is equally important to offer patients improved convenience and the services of nurse care coordinators who will help patients manage the many components of their treatment plan, which may include surgery, chemotherapy, radiation therapy and integrative care.

“It is vitally important to continue our efforts to help patients better understand their disease and treatment, and to enable them to cope and navigate the complexities of the care system,” says Albert B. Einstein Jr., M.D., executive director of the SCI. “We are creating a true haven of support for women and their families as they face a cancer diagnosis.”

**Compassionate:** The men and women of the SCI have highly specialized skills and access to the most advanced, state-of-the-art technology. They can harness multiple resources in order to treat cancer. They never lose sight, however, that they are caring for unique individuals who may be facing the biggest challenge of their lives.

“Hearing the words ‘You have cancer’ can be devastating,” says Patricia Dawson, M.D., Swedish Cancer Institute Breast Program Leader.
Cancer Institute Breast Program Leader. “Because it is usually necessary to begin treatment right away, women are faced with a tidal wave of complex decisions to make before they have really had a chance to come to grips with their diagnosis. It can be completely overwhelming. While we move forward planning and identifying resources and treatment, we also surround the patient with the support, information and reassurance she needs to be an integral part of her care.”

Community generosity

Albert Pine, a 19th-Century British author, once said, “What we do for ourselves dies with us. What we do for others and the world remains and is immortal.” That quotation is particularly relevant to the True Family Women’s Cancer Center. It is the support from individuals, foundations and businesses that will make it possible for the SCI to meet the needs of women in the Puget Sound region and beyond for years to come.

The True Family Women’s Cancer Center has been named after the True Family of Seattle, in honor of the generous $2-million gift made by Patricia “Patty” J. True, and her two sons and their wives, Doug and Janet True, and Bill and Ruth True, and their families. This initial gift, along with more than $8 million in contributions from multiple organizations and individuals, is allowing the men and women of the SCI to take their place as leaders in the prevention, diagnosis and treatment of women’s cancer.

Setting the standard for community support

Donors help make a dream a reality

In 2009 the Swedish Cancer Institute set a goal of raising $10 million to fund the capital costs of building a comprehensive women’s cancer center. Thanks to a generous $2-million leadership gift from the True family, as well as the support of many community members, Swedish has raised the $10 million in just over one year. Other cornerstone gifts for the True Family Women’s Cancer Center include:

- Robin Knepper ($1 million)
- The Norcliffe Foundation ($1 million)
- Seattle Radiologists ($1 million)
- Sellen Construction ($1 million)
- Estate of Brian McGinty ($850,000)
- Chap and Eve Alvord Family ($700,000)
- Radia ($500,000)

Annual luncheon raises $400,000+ for new center

The $401,870 raised at the 2010 Swedish Medical Center’s annual Women’s Wellness Luncheon helped push the total raised to support the True Family Women’s Cancer Center over the $10 million mark – the amount needed to fund capital construction costs. The goal was surpassed thanks to the generosity of more than 800 luncheon guests, along with a $100,000 gift from Dr. Joseph and Barbara Buchman, and the support of the luncheon’s Presenting Sponsor, Sellen Construction, and other top event sponsors that included Seattle Radiologists, CollinsWoerman and Radia. Carol Westlund and Sally A. Nordstrom served as event chairwoman and honorary chairwoman, respectively.

Adding meaningful color to the Seattle scene

Have you seen them – the contemporary pink chairs – in restaurants, museums and other locations around the greater Seattle metropolitan area? In 2010 these colorful chairs became clever messengers to raise awareness and increase contributions for the True Family Women’s Cancer Center. The chairs have made appearances at all of the Swedish campuses, as well as at museums, restaurants, special events, boutiques, and other retail and service outlets.

Martha Harris, philanthropist, entrepreneur, cancer survivor and owner of the Martha E. Harris Boutique in Seattle’s Madison Park neighborhood, was one of the first to showcase a pink chair. “I’m so excited to see this new center go forward,” Martha says. “The comprehensive care aspect is just huge. And it’s not just for the women who are patients, but for caretakers and family members, too.”
Swedish Cancer Registry 2009
Analytic Cancer Site Listing

<table>
<thead>
<tr>
<th>CANCER SITES</th>
<th>NUMBER</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neuro/ Central Nervous System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>153</td>
<td>3.7%</td>
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<tr>
<td>Other Central Nervous System</td>
<td>101</td>
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<tr>
<td><strong>Head and Neck</strong></td>
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<td></td>
</tr>
<tr>
<td>Lip and Oral Cavity</td>
<td>41</td>
<td>1.0%</td>
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<tr>
<td>Pharynx</td>
<td>34</td>
<td>0.8%</td>
</tr>
<tr>
<td>Nasal Cavity/Sinuses/Middle Ear</td>
<td>8</td>
<td>0.2%</td>
</tr>
<tr>
<td>Major Salivary Glands</td>
<td>15</td>
<td>0.4%</td>
</tr>
<tr>
<td>Larynx</td>
<td>19</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Gastrointestinal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>54</td>
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</tr>
<tr>
<td>Small Intestine</td>
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</tr>
<tr>
<td>Colon</td>
<td>118</td>
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</tr>
<tr>
<td>Rectum/Rectosigmoid</td>
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<tr>
<td>Anus, Anal Canal, Anorectum</td>
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<tr>
<td>Liver</td>
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<tr>
<td>Gallbladder</td>
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<tr>
<td>Bile Ducts</td>
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<tr>
<td>Pancreas</td>
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<tr>
<td>Other Digestive</td>
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<tr>
<td><strong>Thoracic</strong></td>
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<tr>
<td>Esophagus</td>
<td>37</td>
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<tr>
<td>Trachea</td>
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<tr>
<td>Bronchus and Lung</td>
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<tr>
<td>Thymus</td>
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</tr>
<tr>
<td>Heart/Mediastinum/Pleura</td>
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<tr>
<td><strong>Breast</strong></td>
<td>1043</td>
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<tr>
<td><strong>Gynecologic</strong></td>
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<td></td>
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<tr>
<td>Vulva</td>
<td>19</td>
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<tr>
<td>Vagina</td>
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<tr>
<td>Cervix</td>
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<tr>
<td>Uterus</td>
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<tr>
<td>Ovary</td>
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<td>2.9%</td>
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<tr>
<td>Other</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>CANCER SITES</th>
<th>NUMBER</th>
<th>PERCENT</th>
</tr>
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<tbody>
<tr>
<td><strong>Genitourinary</strong></td>
<td></td>
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</tr>
<tr>
<td>Prostate</td>
<td>577</td>
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<tr>
<td>Testis</td>
<td>16</td>
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<tr>
<td>Kidney/Renal Pelvis</td>
<td>94</td>
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<tr>
<td>Ureter</td>
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<td>0.1%</td>
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<tr>
<td>Bladder</td>
<td>79</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other Urinary Organs</td>
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<td>0.0%</td>
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<tr>
<td><strong>Hematology</strong></td>
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<td></td>
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<tr>
<td>Hematopoietic/Reticuloendothelial</td>
<td>106</td>
<td>2.5%</td>
</tr>
<tr>
<td>Hodgkin’s Disease</td>
<td>22</td>
<td>0.5%</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>132</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td></td>
<td></td>
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<tr>
<td>Bones/Joints/Cartilage</td>
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</tr>
<tr>
<td>Connective and Soft Tissue</td>
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</tr>
<tr>
<td>Retroperitoneum/peritoneum</td>
<td>14</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Endocrine</strong></td>
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<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td>155</td>
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<tr>
<td>Other Endocrine glands</td>
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<td>1.8%</td>
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<tr>
<td><strong>Skin</strong></td>
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<td></td>
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<tr>
<td>Melanoma</td>
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<tr>
<td>Non-Melanoma</td>
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</tr>
<tr>
<td><strong>Other</strong></td>
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</tr>
<tr>
<td>Eye and adnexa</td>
<td>27</td>
<td>0.6%</td>
</tr>
<tr>
<td>Unknown or Ill Defined Site</td>
<td>35</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4166</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

This site listing reflects the number of analytic cases seen at Swedish Medical Center (all campuses). An analytic patient is one who has been diagnosed or received all or part of their first course of treatment at Swedish.
This bibliography features recent publications and presentations by Swedish Cancer Institute members and affiliated physicians.


Kaplan HG and Milder M. Evaluation of Patients with Myelodysplastic Syndromes (MDS) Obtaining Stable Disease with the Use of Decitabine, Blood, 114(22):#2790;2009.

Kaplan HG, Malmgren JA, and Atwood MAL. Myelodysplastic Syndrome and Acute Myeloid Leukemia Incidence Following Primary Breast Cancer Treatment, Cancer Res 69(24):#2082;2009.


