Giving patients every possible advantage

2012 ANNUAL REPORT
2013 DIRECTORY OF PROGRAMS AND SERVICES

SWEDISH CANCER INSTITUTE
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ralph Aye, M.D.</td>
<td>Thoracic/Esophageal Surgery</td>
</tr>
<tr>
<td>Amir Bastawrous, M.D., MBA</td>
<td>Colo-Rectal Surgery</td>
</tr>
<tr>
<td>J. David Beatty, M.D.</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>Aliki Birkenbuel</td>
<td>Performance Quality and Informatics</td>
</tr>
<tr>
<td>Candy Bonham, CTR</td>
<td>Cancer Registry/Cancer Program</td>
</tr>
<tr>
<td>Thomas D. Brown, M.D., MBA</td>
<td>SCI Executive Director</td>
</tr>
<tr>
<td>Christopher Cannon, M.D.</td>
<td>Orthopedic Surgery</td>
</tr>
<tr>
<td>Janice Connolly, M.D.</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Patricia Dawson, M.D., Ph.D.</td>
<td>Breast Surgery</td>
</tr>
<tr>
<td>Philip Gold, M.D.</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>John Henson, M.D.</td>
<td>Neuro-Oncology</td>
</tr>
<tr>
<td>Patra Grevstad, R.N., M.N.</td>
<td>Clinical Trials and Research</td>
</tr>
<tr>
<td>Marc Horton, M.D.</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Gordon Irving, M.D.</td>
<td>Pain Management Services</td>
</tr>
<tr>
<td>Sandra Johnson, LICSW</td>
<td>Oncology Social Services</td>
</tr>
<tr>
<td>Mary Kelly, M.D.</td>
<td>Diagnostic Radiology</td>
</tr>
<tr>
<td>Namou Kim, M.D.</td>
<td>Head and Neck Surgery</td>
</tr>
<tr>
<td>Barbara Kollar, MHA, CHES</td>
<td>Patient Education/Integrated Care</td>
</tr>
<tr>
<td>Kenneth Kraemer, M.D.</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Daniel Labriola, N.D.</td>
<td>Naturopathic Medicine</td>
</tr>
<tr>
<td>Becky Mann, R.N., MSN, OCN</td>
<td>Oncology Nursing</td>
</tr>
<tr>
<td>Shannon Marsh</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Vivek Mehta, M.D.</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Michael Milder, M.D.</td>
<td>Medical Oncology/Internal Medicine</td>
</tr>
<tr>
<td>Jay Parikh, M.D.</td>
<td>Diagnostic Radiology</td>
</tr>
<tr>
<td>Becca Parkins</td>
<td>Spiritual Care</td>
</tr>
<tr>
<td>James Porter, M.D.</td>
<td>Urological Surgery</td>
</tr>
<tr>
<td>Lara Ragsdale, R.D.</td>
<td>Nutrition Services</td>
</tr>
<tr>
<td>Robert Resta, MS, CGC</td>
<td>Hereditary Cancer Clinic</td>
</tr>
<tr>
<td>Carlotta Reynolds, R.N.</td>
<td>Nurse Manager, Oncology</td>
</tr>
<tr>
<td>Mariko Tameishi, CHES</td>
<td>Informatics</td>
</tr>
<tr>
<td>Nancy Thompson, R.N., M.S.,</td>
<td>Outpatient Clinical Nursing</td>
</tr>
<tr>
<td>Ronald Tickman, M.D.*</td>
<td>Pathology</td>
</tr>
<tr>
<td>Lanny Turay, R.Ph.</td>
<td>Clinical Pharmacy</td>
</tr>
<tr>
<td>Dan Veljovich, M.D.</td>
<td>Gynecologic Oncology</td>
</tr>
<tr>
<td>Tanya Wahl, M.D.</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Danielle Westley</td>
<td>Continuing Medical Educational</td>
</tr>
<tr>
<td>John Wynn, M.D.</td>
<td>Psycho-Oncology</td>
</tr>
<tr>
<td>Jim Yates, MSPH, MBA, FACHE</td>
<td>Vice President, Operations</td>
</tr>
<tr>
<td>Jon Younger, M.D.</td>
<td>Internal Medicine/Hospice</td>
</tr>
<tr>
<td>David Zucker, M.D., Ph.D.</td>
<td>Cancer Rehabilitation Services</td>
</tr>
</tbody>
</table>

*Committee Chairman
For eight decades, the Swedish Cancer Institute (SCI) has successfully positioned itself at the leading edge of cancer care in order to give its patients every possible advantage in fighting the disease. It has recruited nationally recognized cancer experts, acquired the most up-to-date technologies, advanced new therapies, furthered clinical research and developed regional networks to expand access to care. From the moment a patient walks through the doors of any SCI facility, he or she can feel confident that every available clinical and supportive resource is being used to personalize their treatment plan.

Over the years, the SCI and its network of providers and partners has garnered a national reputation as a leader in community-centered cancer care. Working closely with industry on clinical trials has made it possible for SCI physicians to offer their cancer patients treatments that would not otherwise be readily available, and for Swedish to launch progressive new programs, such as its lung cancer screening program and an innovative therapy for glioblastoma multiforme.

Although the majority of its patients are from Washington, more than 5 percent of the SCI’s analytic cases in 2011 were patients who chose Swedish, even though it meant traveling from their homes in Alaska, Idaho, Montana, Oregon, or other states and countries. Swedish operates the Inn at Cherry Hill to help meet the needs of long-distance patients who need a home away from home during treatments.

In February 2012, Providence Health & Services and Swedish Health Services finalized an affiliation with a common goal of improving health-care quality, access and affordability for residents of Western Washington. Swedish has maintained its name, identity and non-religious status. The prospect of enhanced collaboration resulting from this affiliation is exciting as it pertains to cancer care. Together, the two organizations care for a substantial number of patients. Volume will bring benefits of scale to clinical trials and resourcing, while expert-to-expert inter-organizational communication and shared best practices will enhance access to critical services and reinforce safety and quality initiatives.

(continued on next page)
The Cancer Committee at Swedish has focused considerable effort on improving reporting, defining site-specific quality metrics and helping to enhance the SCI survivorship program.

Real-time data collection is critical to ensuring appropriate patient treatment and evaluating cancer outcomes. The Cancer Committee has made the commitment and laid the foundation for the SCI's voluntary participation in the American College of Surgeon's Commission on Cancer's Rapid Quality Reporting System, which was developed to promote and ensure evidence-based cancer care for every patient. In 2013 we will initiate the necessary training and restructuring to move from planning to implementation of this program.

The Quality of Care Committee, led by Ralph Aye, M.D., a leading thoracic surgeon at the SCI, has worked with clinical leaders to define key metrics that should be used to record and measure standards of care. The next step is to evaluate each site-specific area to ensure quality metrics are being measured and recorded, and to create effective data collection tools for those areas that do not yet have that capability.

We are most fortunate to have a dedicated staff that continually searches for better ways to care for our patients and to customize their treatments to best meet their needs. It is their commitment that once again earned the SCI commendation from the Commission on Cancer's triennial survey. For the third consecutive survey, the SCI earned its 2011 commendation in all eight standards, including such categories as quality improvement, research, outcomes, patient education/services and program administration. This commendation recognizes the institutional and individual commitment to providing high quality, personalized care and to being a trusted source of knowledge and information for the communities we serve.

As we welcome Thomas Brown, M.D., as the SCI's new executive director and look forward to many more years of service to our communities, we are confident that giving patients every possible advantage is no longer just a goal – it's a tradition.

Ronald J. Tickman, M.D.
Chairman, SCI Cancer Committee

The SCI Names New Executive Director

The Swedish Cancer Institute (SCI) welcomes Thomas D. Brown, M.D., MBA, as its new executive director. Dr. Brown, a board-certified medical oncologist, comes to Swedish from the University of Arizona where he served as professor of medicine (hematology/oncology) and chief operating officer of the University of Arizona Cancer Center. Previously he was a professor at The University of Texas MD Anderson Cancer Center. Over the years, Dr. Brown also has held faculty and clinical leadership positions at Duke University Medical Center and the Duke University Comprehensive Cancer Center, Sentara Cancer Institute and the University of Texas Health Science Center at San Antonio.

Dr. Brown received his medical degree from the Medical College of Virginia in Richmond, Va. He completed his internal medicine residency at the University of Florida Teaching Hospitals in Gainesville, Fl., and a fellowship in medical oncology at The Johns Hopkins University School of Medicine in Baltimore, Md. His subspecialty is gastrointestinal oncology. Dr. Brown also holds a master’s degree in business administration from Rice University in Houston, Texas.

“As the new executive director of the Swedish Cancer Institute, Dr. Brown will focus on furthering the reputation of SCI as a high-quality cancer care delivery system,” said Todd Strumwasser, M.D., senior vice president and chief operating officer at Swedish. “He will help steward the profitability, market share and cost effectiveness of the oncology service line.”

Dr. Brown is active in multiple research projects, and is a respected author and presenter at national and international conferences. §
The Swedish Cancer Institute (SCI) offers women with gynecological cancers – whether it is cervical, ovarian, uterine, vaginal or vulvar – access to a comprehensive, multidisciplinary team of experts with a long-standing track record of success. This team includes medical, surgical and radiation oncologists, along with a full complement of genetic counselors, physiatrists, physical therapists, pharmacists, infusion therapists, nutritionists, social workers and patient educators. Exceptional outcomes that are achieved by this type of multidisciplinary team support the importance of gynecologic oncology experts diagnosing, staging and treating women with these cancers, and underscore the critical role gynecologic oncologists play in coordinating all aspects of care and recovery.

According to the National Cancer Data Base, the SCI five-year survival rate for every stage of ovarian, uterine and cervical cancer for 2003-2007 (the most current data available) was greater than the national rate. This is particularly noteworthy with ovarian cancer, considering 46 percent of all ovarian cancer cases at the SCI were stage III in 2011, compared to 37 percent nationally. It is also important to note that the SCI sees nearly 25 percent of all newly diagnosed cervical cancer cases in the state of Washington, and more than 20 percent of the state’s newly diagnosed uterine cancer cases.

Building the team

The SCI and its affiliate, Pacific Gynecology Specialists, have built a team of fellowship-trained specialists who have years of focused expertise in gynecologic oncology.

“Rigorous training in gynecologic oncology involves understanding the fundamentals of disease processes from the biology of tumors, to their surgical management and adjuvant therapy, such as chemotherapy and radiation,” says Chirag A. Shah, M.D., MPH, a gynecologic oncologist with Pacific Gynecology Specialists. “The care we provide is comprehensive, extending beyond the medical and surgical treatments to also focus on the personal, social and psychological implications of a cancer diagnosis. We offer a holistic, thoughtful approach to cancer care. Our goal is to build a collaborative care team and personalize a woman’s treatment plan.”
It is this unique skill set, along with the SCI’s commitment to make available the most up-to-date technology and early access to treatments through clinical trials, that produces exceptional outcomes for patients and a well-deserved reputation as a leading-edge gynecologic cancer program.

To complement the expertise of the gynecologic oncologists, the SCI provides the full spectrum of treatment modalities, including state-of-the-art surgical facilities, infusion therapy services and a radiation oncology program with more therapy platforms than any other cancer center in the region.

A robust patient education program with classes held in multiple locations, cancer-specific support groups, dedicated social workers, naturopathic medicine, and genetic and nutritional counseling help patients through their journey from initial diagnosis, through treatment and on into survivorship.

What is particularly impressive in the approach to cancer treatment at the SCI in general is the commitment to provide each patient every possible advantage. This not only translates into ensuring access to the right specialists, purchasing the right equipment and inspiring a patient-focused culture, but also into locating services close to where patients live or work. In the case of gynecologic cancer, this rather pragmatic idea means offering services at Swedish/Ballard and Swedish/First Hill in Seattle, at Swedish/Edmonds for those living north of Seattle, and in the new Medical Office Building and hospital at Swedish/Issaquah, which serves communities east of the city. Patients are able to see their oncologists, receive infusion and radiation therapies and attend classes and support groups with as little disruption as possible to their daily schedules.

Swedish pioneers

Swedish has invested extensively in robotics with six systems, three of which are dual console systems for teaching residents and fellows. It was natural, therefore, for the SCI to be the first facility in the five-state region that includes Washington, Oregon, Alaska, Montana and Idaho to offer robotic surgery to treat gynecologic cancers. As an early adopter of robotic surgery in the Pacific Northwest, the gynecologic oncologists collected data about their first 1,000 cases. Their published evaluation showed robotic surgery provided better outcomes, few side effects, reduced incidence of infection, less blood loss and shorter lengths of stay, with oncologic outcomes equivalent to traditional surgery1. Today these surgeons are using robotic surgery for endometrial, cervical and ovarian cancer and have surpassed the 4,000-case mark.

Early on, the group statistically evaluated removing the omentum and lymph nodes robotically in patients with early-stage ovarian cancer. The results showed a significant benefit over traditional open surgery with a large mid-line incision2. Although the procedure is 60-70 minutes longer, there is a substantial reduction in blood loss with robotic surgery, the average length of stay is considerably shorter (28 hours, rather than 88 hours), and patients are able to return to work and other daily activities within seven to 10 days, rather than four to six weeks.

“There are multiple benefits to robotic surgery for ovarian cancer,” says Dan S. Veljovich, M.D., gynecologic oncologist at Pacific Gynecology Specialists. “For surgeons, the benefit comes from the ease of visualizing the surgical field, which is facilitated by a magnified 3-D view. For the patient, the benefits are derived from the ‘gentler’ approach...”
of several small incisions, rather than one long, mid-line incision that cuts through muscle tissue that later must heal before the patient can resume her activities, especially if those activities require lifting or abdominal exertion.”

Surgeons at the SCI truly are at the forefront of discovering the limits – if any – of the use of robotic surgery in gynecologic cancer and how it can be used in conjunction with chemotherapy. Although some patients who have very large tumors may not be good candidates for robotic surgery, this approach is the preferred option for most women with endometrial or cervical cancer, and many women who have been diagnosed with ovarian cancer. Robotic surgery is particularly beneficial to women with co-morbidities, such as obesity or diabetes, as well as elderly women.

“Because robotic surgery hastens recovery,” says Pamela Paley, M.D., a gynecologic oncologist with Pacific Gynecology Specialists, “the patient is able to move on to the next step in her treatment plan sooner, whether that is chemotherapy or radiation. Similarly, those who just require surgery are able to get back to their normal lives after a hospital stay of 24-hours or less and a two-week recovery.”

Swedish is the only medical center in the Pacific Northwest to receive the coveted designation as an Epicenter of Excellence in Gynecologic Oncology Training in Robotic Surgery. This designation recognizes the program’s exceptional patient outcomes and dedication to training and mentoring other surgeons in robotic gynecologic oncology surgery. Drs. Paley and Veljovich lead the Epicenter Team at Swedish, which hosts gynecologic cancer surgeons from across the nation who come to the SCI to learn best-in-class, specialized robotic surgical techniques.

The Role of Genetic Testing in Gynecologic Cancer

About 5 percent of uterine cancers and 10-15 percent of ovarian cancers have a hereditary basis. A thorough family history, along with a careful review of pathology reports and the patient’s unique medical history, can help identify patients who might benefit from testing for one of at least half-a-dozen genes that are linked to these cancers. The results of genetic testing can help patients and their physicians make the best medical decisions, to assess their current treatment options and help screen for or avoid future cancers, and to help identify family members who might benefit from high-risk screening and risk-reducing strategies.

“Many patients become very anxious when thinking about a possible hereditary component to their cancer,” says Robert Resta, M.S., CGC, a genetic counselor who has practiced at Swedish since 1983. “The patient wonders what it means to her personally, and to her children and the rest of her family. Genetic counseling can help patients understand the complexities and benefits of genetic testing in a supportive, nonjudgmental and compassionate manner.”

Genetic counseling at the SCI is available to women who want to explore possible hereditary components to their cancers. Family members are encouraged to attend the counseling appointments. 🅰️

(continued on next page)
Radical Trachelectomy: As women choose to have children later in life, radical trachelectomy becomes a more important option in the treatment of cervical cancer. The best candidates for this procedure are women of any age who have been diagnosed with squamous carcinoma or adenocarcinoma and would like to preserve fertility, and in which the tumor is small (less than two centimeters in diameter), with no evidence the cancer has spread, and no cancer in the upper cervical canal.

“For young women with early stage cervical cancer, radical trachelectomy provides an opportunity to avoid radical hysterectomy and preserve fertility,” says Charles W. Drescher, M.D., a specialist in gynecologic oncology and one of the few surgeons on the West Coast performing this procedure using a robotic approach. “In a radical trachelectomy, we remove the cervix and the pelvic lymph nodes, while leaving the uterus so pregnancy can occur. When these women become pregnant, we follow them very carefully throughout their pregnancy to help them carry until full-term and safely deliver through caesarian section.”

Sentinel Lymph Node Biopsy: Morbidity with surgery to remove a vulvar cancer can significantly affect the patient’s quality of life. Various morbidities may occur when a patient undergoes a vulvectomy or an inguinal lymph node dissection, including sexual dysfunction, wound breakdown, infections and lymphedema. A sentinel lymph node dissection, which utilizes nuclear medicine and blue dye to identify the first lymph nodes that may contain cancerous cells, results in a much less invasive procedure with fewer short- and long-term morbidities. Sentinel lymph node dissection is a relatively new procedure that requires considerable expertise. Studies have shown that in centers that have experienced staff performing sentinel node dissection, the recurrence rate is equal to or less than the rate associated with other more radical surgical procedures.

“Sentinel lymph node biopsy in cases of early-stage vulvar cancer addresses many of the morbidities associated with a surgery that includes removing lymph nodes in the groin,” says Amy E. BonDurant, M.D., a gynecologic oncologist with advanced laparoscopic and robotic training. “When patients have a vulvar malignancy that is 1 millimeter or more in depth, a complete lymph node dissection is recommended. For some patients, sentinel lymph node biopsy can be a surgical option that can preserve more tissue structure and lymph nodes. This is a compassionate approach because we are looking at the whole woman – including her sexuality and quality of life – when determining the best cancer treatment.”

A partnership with radiation oncology

In all areas of cancer care, the SCI has encouraged collaboration through a multidisciplinary approach to co-locating services patients require. This is especially true with gynecological oncology and radiation oncology services.

“Our close proximity to the gynecologic oncologists is fundamental to our collaboration,” says Timothy P. Mate, M.D., a radiation oncologist at the SCI. “We work together very closely to develop treatment plans, and recognize and appreciate what each of us brings to the discussion.”

Fluorescence Imaging: In an effort to further advance the benefits of robotic surgery in treating endometrial cancer, surgeons at the SCI are using fluorescence imaging with robotic surgery for sentinel node assessment. Although fluorescence imaging with indocyanine green dye has been used to detect lymph nodes in patients with gastric, colorectal and breast cancers, the technique has not been used or reported in endometrial cancer. Assessing these nodes, which are the first lymph nodes to which cancer cells are most likely to travel from a primary tumor, may help predict whether the endometrial cancer has spread to other nodes further along in the nodal chain. This more accurate prediction may influence the cancer staging, which, in turn, would allow the gynecologic oncologist to establish the most appropriate treatment plan following surgery. This procedure is currently part of a prospective clinical trial at the SCI, with Dr. Paley, as the principal investigator.

In addition to the numerous traditional, robotic and laparoscopic surgeries performed by this group of physicians, they are well known as the local resource for two unique procedures – sentinel lymph node dissection for vulvar cancer and radical trachelectomy for cervical cancer.

Radical Trachelectomy: As women choose to have children later in life, radical trachelectomy becomes a more important option in the treatment of cervical cancer. The best candidates for this procedure are women of any age who have been diagnosed with squamous carcinoma or adenocarcinoma and would like to preserve fertility, and in which the tumor is small (less than two centimeters in diameter), with no evidence the cancer has spread, and no cancer in the upper cervical canal.

“For young women with early stage cervical cancer, radical trachelectomy provides an opportunity to avoid radical hysterectomy and preserve fertility,” says Charles W. Drescher, M.D., a specialist in gynecologic oncology and one of the few surgeons on the West Coast performing this procedure using a robotic approach. “In a radical trachelectomy, we remove the cervix and the pelvic lymph nodes, while leaving the uterus so pregnancy can occur. When these women become pregnant, we follow them very carefully throughout their pregnancy to help them carry until full-term and safely deliver through caesarian section.”

A partnership with radiation oncology

In all areas of cancer care, the SCI has encouraged collaboration through a multidisciplinary approach to co-locating services patients require. This is especially true with gynecological oncology and radiation oncology services.

“Our close proximity to the gynecologic oncologists is fundamental to our collaboration,” says Timothy P. Mate, M.D., a radiation oncologist at the SCI. “We work together very closely to develop treatment plans, and recognize and appreciate what each of us brings to the discussion.
As radiation oncologists, we are able to recommend customized radiation therapy solutions based on the wealth of experience we have and the vast array of tools we have to treat gynecologic malignancies.”

Since its beginning, the SCI has been a pioneer in the innovation, development and clinical implementation of radiation therapy technologies, including being the first to install a high-energy X-ray therapy machine in the western United States in the early 1930s. It has remained at the forefront through its commitment to seek out and obtain the latest technologies. Few hospitals are able to offer more than one advanced targeted radiation technology. And yet, advancements in the delivery of radiation suggest one technology cannot meet the needs of every patient.

**Endometrial cancer:** High-dose-rate (HDR) brachytherapy and external beam radiation therapy are the two most common treatments for endometrial cancer. Advancements, such as remote after loading, have made HDR brachytherapy the standard of care for endometrial cancer. Instead of admitting the patient for several days to administer low-dose-rate therapy, the radiation oncologist is able to administer the same amount of radiation during three 15-minute outpatient visits. The procedure, which is painless and easier than a Pap test, is less disruptive of the patient’s life, while being equally effective at treating the specific area where cancer cells can get trapped, such as the vaginal cuff.

Most lymph-node-positive patients are potential candidates for external beam radiation therapy; however, it is not used as frequently. Integrating intensity modulated radiation therapy (IMRT), which is a more precise radiation delivery system that controls dose and intensity, following chemotherapy is a good treatment option for extended nodal therapy. Radiation oncologists at the SCI are part of a study to evaluate this treatment platform using Gynecology Oncology Group protocols.

**Ovarian Cancer:** With advancements in the early diagnosis and treatment of ovarian cancer, patients are living longer. Knowing that a woman with ovarian cancer can survive for many years following disease recurrence, radiation oncologists have focused on improving the delivery and outcomes of palliative radiation so the patient’s quality of life is optimal during those added years. In some respects, the approach to treating ovarian cancer with radiation therapy has shifted from a simplistic one-size-fits-all approach to one of individualized management for a chronic disease. The goal is to obtain good control with minimal side effects and an acute awareness of potential complications or a recurrence in another area.

**Cervical Cancer:** Although surgery remains the first choice for treating most patients with early-stage cervical cancers, radiation therapy remains an equitable alternative for women who cannot tolerate surgery that produces cure rates approaching surgical cure rates. A combination of chemotherapy and radiation therapy, using daily external beam radiation for up to five weeks followed by cervical HDR brachytherapy as a boost, is the preferred option for more advanced cervical cancer and provides higher cure rates than either radiation alone or surgery.

(continued on next page)
Vulvar Cancer: The side effects of radiation therapy for vulvar cancer can be particularly debilitating. Skin irritation, along with gastrointestinal morbidities can significantly affect the patient’s quality of life. Using IMRT minimizes these morbidities by reducing the amount of radiation to healthy tissue.

As a regional referral center for radiation therapy, the SCI’s radiation oncology team has the experience and tools necessary to give gynecologic oncology patients every possible advantage.

Gynecologic cancers strike at the central core of the entire family. When a wife, mother or grandmother has cancer, it disrupts a family’s life cycle. It is crucial to appreciate the impact a cancer diagnosis can have on the patient’s immediate and extended family – both now and in the future. This team of specialists at the SCI is sensitive to the important role families play in a patient’s cancer journey from diagnosis to cure.

“Of course, we’re seeking the best treatment plan that harnesses our knowledge base and every possible technology to produce the best clinical outcome,” says Paley. “But we’re not doing that in a vacuum. Rather, we look at each patient as a unique individual who has a life that is precious and a future that is worth fighting for.”

Swedish Gynecologic Oncology by the Numbers

18% Percentage of the total combined analytic/nonanalytic case load of gynecologic cancers at the SCI

13% Increase in total number of gynecologic oncology cases from 2007 to 2011 (366 to 420)

23.5% Percentage of women newly diagnosed with cervical cancer in Washington State who were cared for by specialists at the SCI. (Source: Cancer Facts and Figures, American Cancer Society)

20.8% Percentage of women newly diagnosed with uterine cancer in Washington State who were cared for at the SCI (Source: Cancer Facts and Figures, American Cancer Society)

Survival Comparison
Most current data available for gynecologic cancers diagnosed 2003-2005. Source: National Cancer Data Base

<table>
<thead>
<tr>
<th>SITE/STAGE</th>
<th>NATIONAL</th>
<th>SWEDISH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ovary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 0</td>
<td>91.3%</td>
<td>*</td>
</tr>
<tr>
<td>Stage I</td>
<td>87.6%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Stage II</td>
<td>71.4%</td>
<td>75.5%</td>
</tr>
<tr>
<td>Stage III</td>
<td>51.4%</td>
<td>61.6%</td>
</tr>
<tr>
<td>Stage IV</td>
<td>15.3%</td>
<td>*</td>
</tr>
<tr>
<td>Uterus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 0</td>
<td>87.0%</td>
<td>91.6%</td>
</tr>
</tbody>
</table>

*Numbers are too low for a statistically accurate comparison.

Gynecologic Oncology Services
Gynecologic oncology physician services and therapies are available at multiple locations throughout the SCI Network to make receiving care as convenient as possible for women. Please see page 30 of the Directory of Programs and Services for locations of gynecologic oncology services, and page 42 for more information about all women’s cancer services.
Gynecologic Oncology Research

Research plays a significant role in the diagnosis and treatment of gynecologic cancers at the Swedish Cancer Institute. The SCI’s gynecologic and radiation oncologists are partners with the Fred Hutchinson Cancer Research Center, the Cedars Sinai Women’s Cancer Research Institute, the Marsha Rivkin Center for Ovarian Cancer Research, and other institutes throughout the United States in leading-edge research to identify new therapies and define best practices. Women who have been diagnosed with a gynecologic cancer travel to Swedish from great distances in order to participate in some clinical trials that may not be available elsewhere.

For more than a decade, Pacific Gynecology Specialists has served as a primary recruitment site for the Pacific Ovarian Research Consortium (POCRC.) The POCRC is a collaboration of leading research institutions on the West Coast that focus on ovarian cancer.

“The POCRC provides our patients access to the latest ovarian cancer treatments and the ability to participate in research to understand the causes of ovarian cancer, with the goal of eradicating the disease,” says Charles W. Drescher, M.D., the principle investigator of the POCRC Clinical Core.

Next year, Drescher plans to collaborate with investigators from Stanford University to open a clinical trial that will examine the use of microbubbles targeting the network of ovarian cancer blood vessels as a method of improving the performance of ultrasound in detecting localized ovarian cancer. This will be the first trial of its kind in the United States.

In addition to retrospective studies regarding the efficacy and benefits of robotic surgery (see page 4), Swedish oncologists are also involved in research that seeks to identify novel serum markers for the early detection of ovarian cancer.

Other retrospective research efforts include evaluating the best utilization and timing of robotic surgery for ovarian cancer patients. Researchers are looking at the use of robotic surgery alone versus after chemotherapy, using robotics to stage ovarian cancer, and the use of robotic surgery in recurring ovarian cancer. The SCI is perfectly positioned to advance this research because of its robust gynecologic oncology robotic surgery program, surgeons’ access to six robotic surgery systems, the collective expertise that comes from being an early adopter robotic surgery program and the close relationship with the Rivkin Center.

The Marsha Rivkin Center for Ovarian Cancer Research

In 1993, Saul Rivkin, M.D., a pioneer in medical oncology clinical care and research at the Swedish Cancer Institute, lost his wife to ovarian cancer. Three years later, as a tribute to her memory, Dr. Rivkin established the Marsha Rivkin Center for Ovarian Cancer Research. His goal was to create a research environment that would foster collaboration between the SCI and other research institutions and be a catalyst for new ideas and breakthroughs in the diagnosis and treatment of ovarian cancer. Seventeen years later, the Rivkin Center has earned a reputation as a leader in breaking down institutional barriers and building a bridge from bench to bedside research.

Since the beginning, early detection has been a cornerstone focus of the center’s research efforts. Screening and surveillance are available to women who are at high risk for developing ovarian cancer. Additionally, a high-quality repository of more than 300,000 distinct tissue samples has been collected through the program and is available to researchers who are looking for biomarkers that eventually could become an answer to early detection.

In 2001, the center became a separate 501(c)3 organization, but it has maintained its close affiliation with Swedish. Swedish physicians hold many positions on the center’s board of directors and participate as principal investigators in numerous research projects. When the True Family Women’s Cancer Center opened last year, the research center was co-located in the new space to further enhance the synergy that has existed between the center and the SCI since 1996.

The center makes available grants for promising studies in all areas of ovarian cancer research. Since its inception, the Rivkin Center has provided 107 grants, totaling nearly $5.5 million, to collaborative organizations and promising young laboratory and clinical scientists who are pursuing careers in ovarian cancer research.
The Swedish Cancer Institute saw a dream become a reality when the True Family Women’s Cancer Center opened in June 2012. The dream of providing women every possible advantage in their fight against cancer is represented in the center’s singular focus of bringing together the leading experts and advanced technology needed to diagnose and treat cancer in women.

The entire $11 million needed to create the center came from private donations. The families of Patricia True, Doug and Janet True, and Bill and Ruth True launched the fund-raising efforts in 2008 with a $2-million gift. In the years following, more than 2,500 other individuals and organizations contributed the remaining $9 million.

The 23,600-square-foot facility occupies two floors of the Arnold Pavilion on the Swedish/First Hill campus. It provides convenient access to critical cancer-care resources, including medical and gynecologic oncology, surgical and integrated-care practices, the Swedish Cancer Institute's chemotherapy infusion suites and radiation oncology facilities, a dedicated Cancer Education Center staffed by an American Cancer Society Navigator and a patient health educator, social work services and financial counseling. The True Center is also home to the Marsha Rivkin Center for Ovarian Cancer Research Screening Clinic. Providing multiple resources under one roof not only offers women added convenience and coordinated care pathways, it also fosters and facilitates collaboration among the multiple specialties that are needed to help patients in their journeys from diagnosis through treatment to survivorship.

In just the first six months of operation, there were more

(continued on next page)
Community Gifts Advance Cancer Care and Research

The extended Swedish Medical Center community validated the old adage “it takes a village” when the Swedish Cancer Institute (SCI) opened the True Family Women’s Cancer Center in June 2012. In just about 18 months, the center’s $11-million fund-raising goal was met, with an initial $2-million donation coming from the families of namesake benefactors Patricia True, Doug and Janet True, and Bill and Ruth True. The True family pledged their support after experiencing breast cancer firsthand several years ago, when Doug and Bill’s mom, Patricia, was diagnosed with the disease. Among the more than 2,500 individuals and organizations that were instrumental in reaching the goal were Chap and Eve Alvord, Robin Knepper, Brian McGinty, the Norcliffe Foundation, Bruce and Jeannie Nordstrom, Seattle Radiologists and Sellen Construction.

Even though the center is open, community assistance continues to help support women’s cancer care. Philanthropic gifts allow the True Center to provide charity care, to offer the latest technologies and services, including art therapy and an American Cancer Society patient navigator, and to fund vital research activities and wellness programs.

Another example of community support comes from glassybaby, a local company that creates hand-blown glass candle holders. In 2012, glassbaby donated 10 percent of the revenue from the sale of each green “imagine” glassybaby candle holder to Swedish’s Cancer Patient Assistance Fund. This fund also benefits from a similar glassybaby donation to the Northwest Hope and Healing organization through the sale of its pink and white “hope and healing” set. Supported entirely through philanthropy, the Cancer Patient Assistance Fund provides financial assistance to patients undergoing cancer treatment for nonmedical needs, such as child-care costs, utility bills or rent. The glassybaby company also supports the Marsha Rivkin Ovarian Cancer Research Center, which is housed in the True Center, through the sale of its “aquamarine” glassybaby. Additionally, this generous company designated 10 percent of its December 2012 sales from its Bellevue, Wash., store to the SCI.

These are but a few examples of the many selfless individuals, altruistic organizations and grateful patients who find ways to support clinical programs and support services, to contribute to cancer research, and to help fund continuing professional education and training in all parts of the SCI’s network of services. Their generosity advances cancer care and research, and brings hope to patients and their families.
The presence of the Swedish Cancer Institute in Issaquah has proven to be just what the doctor ordered for families in the communities east of Seattle. Now, without having to travel over or around Lake Washington, these families have access to nationally recognized cancer experts and high-quality diagnostic and treatment services that are close to their homes and/or places of work.

In July 2011, outpatient cancer services opened at the new Medical Office Building at Swedish/Issaquah. With the opening of the new hospital four months later, surgical practices began to transition to the new location, a dedicated multidisciplinary tumor board and oncology inpatient nursing rounds were established, and access to clinical trials was made available locally to Eastside patients.

Colorectal surgery, including laparoscopic and robotic colon and rectal cancer surgery, is now available at Swedish/Issaquah. With most of the colorectal medical staff at Issaquah and Swedish/First Hill credentialed in robotic colon surgery, this program has become one of the largest robotic colon and rectal programs in the country. Additional expansion in outpatient colorectal cancer services has made this clinical expertise available in the ambulatory care centers at Swedish/Redmond and Swedish/Mill Creek.

“Swedish Colon and Rectal Surgery has been in the Issaquah area for three years,” says Amir Bastawrous, M.D., MBA, medical director of the Swedish Colon & Rectal Clinic at Swedish/Issaquah and Swedish/First Hill. “The program has grown as Swedish has expanded. In 2012, we expanded to provide emergency call and consultation coverage 24 hours a day and seven days a week. We are excited to offer the entire spectrum of care, from benign disease to cancer care, including colonoscopy for cancer screening. Our patients appreciate convenient access to our state-of-the-art, high-quality care close to where they live on the Eastside, and in the communities of Mill Creek, Ballard, Northgate, Redmond and Edmonds.
The SCI’s gynecologic cancer services also have expanded to Swedish/Issaquah. Beginning in 2012, women residing on the eastside who have been diagnosed with ovarian, cervical, uterine, vulvar and vaginal cancers have local access to a fully staffed weekly gynecologic oncology clinic.

“Being able to provide the same services at Swedish/Issaquah as we do in Seattle, is important to families in communities on the Eastside,” says Dan S. Veljovich, M.D., a gynecologic oncologist with Pacific Gynecology Specialists. “Issaquah has one of the most technologically advanced operating rooms. It is equipped with the most current da Vinci® Surgical System which allows us to perform the same leading-edge robotic surgery procedures as we offer at Swedish/First Hill. Our patients also benefit from a clinical design that fosters close collaboration between our physicians and those in medical and radiation oncology.”

The opening of the Medical Office Building and the hospital at Swedish/Issaquah also allowed for the expansion of urologic oncology services, including robotic bladder and prostate surgery.

“Expanding our Issaquah practice has allowed us to offer a full range of urologic oncology services to communities on the Eastside and throughout eastern Washington,” says John Mullen, M.D., a urologist with Seattle Urological Associates. “We introduced minimally invasive robotic prostatectomy and kidney preserving tumor resection to this region, and also offer state-of-the-art bladder cancer treatment designed to preserve normal function. It has been particularly rewarding to introduce these advances here, and to work with the unique individuals and values represented by this community.”

“We have created an integrated, collaborative cancer care program at Issaquah,” says medical oncologist Tanya Wahl, M.D. “As the SCI at Issaquah expanded during the past year, we added additional clinical resources, and further enhanced our patient support programs. Patients living on the eastside see the SCI at Issaquah as their personal resource for patient-focused cancer care services, as well as some of the newest therapies that are only available because of our participation in clinical trials.”

For more information about cancer services at the SCI at Issaquah, please call 425-313-4200.

Cancer Services at Swedish/Issaquah

- Medical Oncology
- Radiation Oncology
- Surgical Oncology (breast, thoracic and colon/rectal)
- Urologic Oncology
- Robotic Surgery (colon/rectal cancer, gynecologic oncology, urologic oncology)
- Psycho-Oncology
- Infusion Therapy
- Pulmonology
- Rehabilitation
- Integrated care (naturopathic medicine, oncology social work, hereditary cancer/genetic counseling, music and massage therapy programs, health education and nutritional counseling)
- The Perfect Fit (a lingerie boutique dedicated to meeting the needs of women cancer patients)
Swedish/Edmonds is one of the primary cornerstones of the SCI’s commitment to providing cancer care to locations that are convenient to patients’ homes or places of work. Located north of Seattle in Snohomish County, Swedish/Edmonds enhances access to cancer care for patients residing in communities in the northwest and central coastal areas of Washington State, and on the islands of Puget Sound. Patients also come from Alaska and Canada for cancer care at Swedish/Edmonds.

The SCI at Edmonds is a self-sustaining facility for 90-95 percent of the care cancer patients need. For the remaining 5-10 percent, the cancer team at Edmonds is able to facilitate smooth transitions to the SCI in Seattle and its centralized resources and added expertise in rare malignancies and highly specialized surgeries and therapies. Through a long-standing partnership with Puget Sound Cancer Centers, the cancer program’s physicians and administrative staff successfully worked together to identify ways to offer patients increased services and improved access to the most advanced and comprehensive cancer care.

In the spring of 2013, the SCI at Edmonds opened a new 16,000-square-foot medical oncology facility, which will house the medical oncology physicians’ suite, a chemotherapy treatment center and an expanded pharmacy. This new construction allows technology upgrades, improved work flow and efficiencies, and both service and electronic health record integration. The design focuses on patient convenience and comfort, offering larger exam rooms and infusion spaces, and enhanced privacy and comfort for patients and their families. The new facility also includes further development of the cancer resource center, providing a broader range of locally available educational activities and social services, and meeting rooms for patient support groups and space for other specialists and alternative providers.

Later in 2013, the SCI will enhance its radiation oncology services with the installation of a new state-of-the-art linear accelerator adjacent to the cancer-care facility.

EPIC, the electronic health record (EHR) that is critical to the successful integration of cancer care among the various SCI network facilities, is being deployed throughout the hospital and practices at Swedish/Edmonds. The new medical oncology and radiation oncology facilities at Swedish/Edmonds will utilize EPIC, the EHR standard for all SCI programs and services.

“The commitment to geographically diversified cancer care is not limited to building facilities to meet demand,” says medical oncologist Richard McGee, M.D., FACP. “It is also a commitment to system-wide collaboration and expansion of clinical trials, to deploying physician resources and expertise where they are needed most, and to shared professional communication to enhance best practices.”

As an integral part of the SCI network, the SCI at Edmonds is building for its future and the vital role it plays in giving patients every possible advantage.

Update: The Swedish Cancer Institute at Edmonds
In 2012 the Swedish Cancer Institute (SCI) began a new lung cancer screening program to help detect cancers earlier in high-risk individuals and to improve the chance of survival in these patients.

Lung cancer is now recognized as the leading cause of cancer deaths, killing nearly twice as many women per year as breast cancer and nearly three times as many men as prostate cancer. It is the cause of death in 80 percent of women and 90 percent of men whose deaths were related to smoking. Men who smoke are 23 times more likely to get lung cancer than those who don’t smoke, and women who smoke have a 13 times greater risk for lung cancer.

Improving the five-year survival rate

Historically, the five-year survival rate for lung cancer has been 16.3 percent, which means that only a small percentage of all lung cancers are being diagnosed in the earliest and most curable stages. This is a poor prognosis when compared to the rising survival rates in those cancers for which screening tests have been widely accepted, including: colon (65 percent), breast (90 percent) and prostate (99 percent). These startling statistics and poor prognoses for those diagnosed with lung cancer are directly related to the lack of screening and early detection of lung cancer.

Since 2000, Swedish has participated in the International Early Lung Cancer Action Program (I-ELCAP), an early-detection study which demonstrated a dramatic improvement in these prognostic numbers. This large, multicenter study used low-dose CT to screen patients who were at high risk for lung cancer. In addition, annual low-dose CT screening of high-risk individuals, ages 55-74 years with a 30+ pack-per-year smoking history, improved the rates of detection and survival, and resulted in a

(continued on next page)
Lung Cancer Screening (continued from page 15)

20 percent reduction in mortality in the National Lung Screening Trial (NLST), which screened 50,000 individuals. These studies demonstrate that low-dose CT is an evidence-based approach to screening and early detection of lung cancer that significantly improves survival.

Given its participation in the I-ELCAP study during the last 12 years, the SCI possesses the most experience in the Northwest in lung cancer screening. The Swedish Lung Cancer Screening Program, in collaboration with the I-ELCAP, has screened more than 1,000 patients and identified 23 early-stage cancers — giving 23 people an opportunity for cure, and greatly improving their odds of long-term survival.

A comprehensive approach

The SCI’s experience in harnessing the power of research in lung cancer screening has led to the development of its multidisciplinary program for lung cancer screening and tobacco related diseases. The program follows the I-ELCAP and NLST best practices and guidelines for screening, and offers individuals enrolled in the lung cancer screening program:

- Screening for tobacco-related diseases and lung cancer
- Tobacco cessation counseling and treatment
- A highly experienced, multidisciplinary treatment team of thoracic surgeons, interventional pulmonologist, radiologists and thoracic surgery nurse practitioners

Data sources: National Cancer Institute, American Lung Association, International Early Lung Cancer Action Program, Centers for Disease Control and Prevention

The Swedish Cancer Institute By the Numbers

Every year since its inception in 1932, the Swedish Cancer Institute (SCI) and its network of providers and partners has been the location of choice for a growing number of individuals seeking community-centered cancer care. The reasons for this growth can be attributed to patient confidence in physician expertise, access to state-of-the-art technology, the potential to participate in clinical trials, and a broad-based support system that focuses on each individual’s personal needs.

While those program characteristics are all very important, extraordinary survival rates for patients treated at the SCI may be the measure of success that resonates most with patients. According to the National Cancer Data Base, the SCI has met or exceeded the five-year national survival rate in nearly every category and stage of disease. It is this reassuring data that gives patients hope and validates the SCI’s approach to treatment.

During the last five years, the SCI has experienced a steady increase of 4-5 percent in the number of Class 1 analytic cases, indicating more people are turning to the SCI for their diagnoses and/or first course of treatment.

The SCI has exceptional expertise in brain, breast, gynecologic, lung, prostate and thyroid cancer analytic cases and cares for a significant percentage of Washington’s analytic cases in those subspecialties. In 2010, the SCI cared for 19 percent of all cancer cases in Washington. Specifically, the SCI accounted for:

- 38 percent of all new corpus uteri/uterus NOS analytic cases
- 36 percent of new thyroid cancer cases
- 34 percent of new brain/CNS cancer cases
- 24 percent of new breast cancer cases
- 21 percent of new prostate cancer cases
- 19 percent of new lung cancer cases

(continued on page 18)
# Swedish Cancer Registry 2011
## Analytic Cancer Site Listing

<table>
<thead>
<tr>
<th>2011 CANCER SITES</th>
<th>CASES</th>
<th>PERCENT OF TOTAL CASES</th>
<th>ANALYTIC CASES</th>
<th>NONANALYTIC CASES</th>
<th>2011 CANCER SITES</th>
<th>CASES</th>
<th>PERCENT OF TOTAL CASES</th>
<th>ANALYTIC CASES</th>
<th>NONANALYTIC CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td>1334</td>
<td>21.9%</td>
<td>957</td>
<td>377</td>
<td>Hematology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hematopoietic/Reticuloendothelial</td>
<td>300</td>
<td>4.9%</td>
<td>112</td>
<td>188</td>
</tr>
<tr>
<td>Endocrine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hodgkin's Disease</td>
<td>30</td>
<td>0.5%</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Thyroid</td>
<td>219</td>
<td>3.6%</td>
<td>176</td>
<td>43</td>
<td>Non-Hodgkin's Lymphoma</td>
<td>231</td>
<td>3.8%</td>
<td>144</td>
<td>87</td>
</tr>
<tr>
<td>Other Endocrine Glands</td>
<td>161</td>
<td>2.6%</td>
<td>79</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gastrointestinal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anus, Anal Canal, Anorectum</td>
<td>33</td>
<td>0.5%</td>
<td>23</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bile Ducts</td>
<td>15</td>
<td>0.2%</td>
<td>14</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon</td>
<td>225</td>
<td>3.7%</td>
<td>148</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallbladder</td>
<td>10</td>
<td>0.2%</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td>90</td>
<td>1.5%</td>
<td>57</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td>126</td>
<td>2.1%</td>
<td>91</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectum/Rectosigmoid</td>
<td>112</td>
<td>1.8%</td>
<td>78</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Intestine</td>
<td>26</td>
<td>0.4%</td>
<td>19</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>72</td>
<td>1.2%</td>
<td>53</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>7</td>
<td>0.1%</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Genitourinary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>117</td>
<td>1.9%</td>
<td>86</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney/Renal Pelvis</td>
<td>151</td>
<td>2.5%</td>
<td>117</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penis</td>
<td>2</td>
<td>0.0%</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>776</td>
<td>12.7%</td>
<td>535</td>
<td>241</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testis</td>
<td>24</td>
<td>0.4%</td>
<td>19</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureter</td>
<td>2</td>
<td>0.0%</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Urinary Organs</td>
<td>2</td>
<td>0.0%</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gynecologic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AdenoCA Cervix Insitu</td>
<td>37</td>
<td>0.6%</td>
<td>8</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix</td>
<td>67</td>
<td>1.1%</td>
<td>54</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovary</td>
<td>161</td>
<td>2.6%</td>
<td>111</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterus</td>
<td>254</td>
<td>4.2%</td>
<td>221</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vagina</td>
<td>8</td>
<td>0.1%</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vagina</td>
<td>20</td>
<td>0.3%</td>
<td>14</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>0.2%</td>
<td>12</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Head and Neck</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larynx</td>
<td>25</td>
<td>0.4%</td>
<td>22</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lip and Oral Cavity</td>
<td>66</td>
<td>1.1%</td>
<td>52</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Salivary Glands</td>
<td>10</td>
<td>0.2%</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Cavity/Sinuses/Middle Ear</td>
<td>14</td>
<td>0.2%</td>
<td>9</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharynx</td>
<td>16</td>
<td>0.2%</td>
<td>14</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonsil</td>
<td>30</td>
<td>0.5%</td>
<td>27</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hematology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematopoietic/Reticuloendothelial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>30</td>
<td>0.5%</td>
<td>17</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>231</td>
<td>3.8%</td>
<td>144</td>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bones/Joints/Cartilage</td>
<td>11</td>
<td>0.2%</td>
<td>7</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connective and Soft Tissue</td>
<td>38</td>
<td>0.6%</td>
<td>25</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peritoneum, Omentum, Mesentery</td>
<td>4</td>
<td>0.1%</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retroperitoneum</td>
<td>7</td>
<td>0.1%</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neuro/Central Nervous System</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Neuro/Central Nervous System data includes state reportable benign brain tumors.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>249</td>
<td>4.1%</td>
<td>170</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>174</td>
<td>2.9%</td>
<td>121</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>88</td>
<td>1.4%</td>
<td>57</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Melanoma</td>
<td>26</td>
<td>0.4%</td>
<td>19</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thoracic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchus and Lung</td>
<td>503</td>
<td>8.3%</td>
<td>402</td>
<td>101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagus</td>
<td>66</td>
<td>1.1%</td>
<td>47</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart/Mediastinum/Pleura</td>
<td>16</td>
<td>0.3%</td>
<td>14</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Respiratory, Thoracic</td>
<td>2</td>
<td>0.0%</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye and Adnexa</td>
<td>29</td>
<td>0.5%</td>
<td>25</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaposi Sarcoma</td>
<td>1</td>
<td>0.0%</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown or Other Ill-Defined Site</td>
<td>86</td>
<td>1.4%</td>
<td>51</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6086</td>
<td>100%</td>
<td>4246</td>
<td>1840</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analytic cancer cases are those having been diagnosed and/or had their first course of treatment at a Swedish facility. Nonanalytic cases are those patients seen and/or treated for subsequent treatment.
From 2010 to 2011 there was significant growth in the overall number of endocrine (25 percent), gastrointestinal (21 percent), hematology (17 percent) and skin cancer (19 percent) cases. Within those site categories, specific case-load growth was seen in thyroid cancer (30 percent), anus/anal canal/anorectum (50 percent), liver cancer (45 percent), non-Hodgkin’s lymphoma (38 percent) and non-melanoma skin cancer (116 percent). Although the overall numbers of eye/adnexa cases and ear, nose and throat cases in 2011 are both relatively small (29 and 14 total cases respectively), there was a 93 percent increase in eye/adnexa cases and 180 percent increase in nasal cavity/sinus/middle ear cases over 2010.

According to the National Cancer Data Base, the SCI has met or exceeded the five-year national survival rate in nearly every category and stage of disease.

To meet increased demand in specific subspecialty areas, the SCI has hired additional thoracic, head and neck, breast and gastrointestinal cancer specialists. There also has been added focus on expanding the SCI Network, creating a women-focused center of excellence, and creating robust, comprehensive cancer-care facilities at Swedish/Edmonds and Swedish/Issaquah. These efforts have solidified the SCI’s commitment to cancer care that is both personalized and localized.

Women have routinely represented the majority of patients at the SCI, accounting for about 60 percent of all cases. In 2011, there were 560 gynecologic cancer cases of all types and 1,334 breast cancer cases. With the opening of the True Family Women’s Cancer Center in June 2012, this gender demographic is expected to continue for years to come.

These numbers tell only part of the SCI story. We are, of course, pleased that we have the resources to be able to care for more patients each year. We are most proud, however, that our expert, personalized cancer care produces the exceptional results reflected in the National Cancer Data Base statistics.

Each patient we care for is able to experience our commitment to the highest standard of care and the search for treatments that produce the best possible outcomes. This is the true hallmark of the Swedish Cancer Institute.

---

<table>
<thead>
<tr>
<th>SITE</th>
<th>SWEDISH</th>
<th>NATIONAL</th>
<th>SITE</th>
<th>SWEDISH</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast</strong></td>
<td></td>
<td></td>
<td><strong>Ovary</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 0</td>
<td>96%</td>
<td>96%</td>
<td>Stage 0</td>
<td>n/a</td>
<td>**</td>
</tr>
<tr>
<td>Stage 1</td>
<td>95%</td>
<td>92%</td>
<td>Stage 1</td>
<td>93%</td>
<td>85%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>91%</td>
<td>85%</td>
<td>Stage 2</td>
<td>**</td>
<td>66%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>74%</td>
<td>66%</td>
<td>Stage 3</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>29%</td>
<td>21%</td>
<td>Stage 4</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Colon</strong></td>
<td></td>
<td></td>
<td><strong>Prostate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 0</td>
<td>**</td>
<td>81%</td>
<td>Stage 0</td>
<td>n/a</td>
<td>**</td>
</tr>
<tr>
<td>Stage 1</td>
<td>79%</td>
<td>78%</td>
<td>Stage 1</td>
<td>**</td>
<td>83%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>77%</td>
<td>67%</td>
<td>Stage 2</td>
<td>100%</td>
<td>91%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>61%</td>
<td>55%</td>
<td>Stage 3</td>
<td>95%</td>
<td>91%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>15%</td>
<td>10%</td>
<td>Stage 4</td>
<td>40%</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Corpus Uteri</strong></td>
<td></td>
<td></td>
<td><strong>Rectum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 0</td>
<td>**</td>
<td>91%</td>
<td>Stage 0</td>
<td>n/a</td>
<td>82%</td>
</tr>
<tr>
<td>Stage 1</td>
<td>91%</td>
<td>88%</td>
<td>Stage 1</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>76%</td>
<td>71%</td>
<td>Stage 2</td>
<td>74%</td>
<td>63%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>62%</td>
<td>51%</td>
<td>Stage 3</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>**</td>
<td>15%</td>
<td>Stage 4</td>
<td>**</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Lung</strong></td>
<td></td>
<td></td>
<td><strong>Thyroid/Other Endocrine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 0</td>
<td>n/a</td>
<td>23%</td>
<td>Stage 1</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>Stage 1</td>
<td>50%</td>
<td>46%</td>
<td>Stage 2</td>
<td>**</td>
<td>96%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>27%</td>
<td>27%</td>
<td>Stage 3</td>
<td>**</td>
<td>92%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>16%</td>
<td>11%</td>
<td>Stage 4</td>
<td>**</td>
<td>59%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>3%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non Hodgkinds Lymphoma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1</td>
<td>89%</td>
<td>72%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 2</td>
<td>61%</td>
<td>65%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 3</td>
<td>81%</td>
<td>58%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 4</td>
<td>58%</td>
<td>49%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n/a - no cases in that group
**numbers not statistically relevant
Source: National Cancer Database Comparison Statistics
Since its founding in the 1970s, the Swedish Cancer Institute Research Division has grown steadily, making Swedish one of the leading clinical trial sites in the western United States. Over the years, treatments, devices and technologies developed and/or used by Swedish investigators in clinical research have contributed significantly to making Swedish a place where patients and their families know they will receive the most advanced cancer care available in their own communities. Today there are more than 100 clinical trials under way at the SCI.

Giving cancer patients more choices for treatment

The program of clinical cancer research conducted at the SCI allows caregivers to choose from an array of devices, therapies and technologies. By actively working toward finding better treatments, the program demonstrates the SCI’s commitment to the fight against cancer and provides hope to patients. Cancer treatment at the SCI can include standard therapies and, when standard treatments are not successful, investigative approaches. Each patient receives a detailed review and explanation of treatment options before a decision is made about a specific treatment plan. When presenting a clinical trial as an option to a patient, the goal is always to provide the best treatment available that will ensure the best outcome possible.

Bringing science to the bedside

At Swedish, treating cancer means diagnosing at the earliest stage possible, and quickly identifying the best treatment options to work toward restoring health. Patients who choose to enroll in a clinical trial and receive an investigational treatment for their cancer remain under the direct care of their personal physicians. They also receive the support of the research team, which includes research nurses who provide specialized care for study-required procedures. This focus on developing and ensuring caregiver-patient relationships and endorsing patient-centered care for those participating in clinical investigations is a hallmark of the SCI.

Philanthropic partnerships are integral in enabling the SCI to have an active and dynamic cancer research program. Generous individual and corporate donors provide our physician investigators with opportunities to develop studies that increase their understanding of cancer, to share their knowledge with others, and to participate in the global scientific research community that reaches far beyond the Northwest.
Brain

RTOG 0837 Randomized, Phase II, Double-Blind, Placebo-Controlled Trial of Conventional Chemoradiation and Adjuvant Temozolomide plus Cediranib versus Conventional Chemoradiation and Adjuvant Temozolomide plus Placebo in Patients with Newly Diagnosed Glioblastoma

Breast

SWOG 0221 Phase III Trial of Continuous Schedule AC + G versus Q 2 Week Schedule AC, Followed by Paclitaxel Given Either Every 2 Weeks or Weekly for 12 Weeks as Post-Operative Adjuvant Therapy in Node-Positive or High-Risk Node Negative Breast Cancer

SWOG 0500 A Randomized Phase III Trial to Test the Strategy of Changing Therapy versus Maintaining Therapy for Metastatic Breast Cancer Patients Who Have Elevated Circulating Tumor Cell Levels at First Follow-Up Assessment

SWOG 0711 Phase I Pharmacokinetic Study of Dasatinib (BMS-354825) (NSC-732517; IND-73969) in Patients with Advanced Malignancies and Varying Levels of Liver Dysfunction

SWOG 0800 A Randomized Phase II Trial of Weekly Nanoparticle Albumin Bound Paclitaxel (Nab-Paclitaxel) (NSC-736631) with or without Bevacizumab, Either Preceded by or Followed by Q 2 Week Doxorubicin (A) and Cyclophosphamide (C) plus Pegfilgrastim (Peg-G) as Neoadjuvant Therapy for Inflammatory and Locally Advanced HER2-Neu Negative Breast Cancer

SWOG 0937 Randomized Placebo-Controlled Trial of Omega-3-Fatty Acid for the Control of Aromatase Inhibitor-Induced Musculoskeletal Pain in Women with Early Stage Breast Cancer, Phase III

SWOG 1007 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 1105 Randomized Trial of a Text-Messaging Intervention to Reduce Early Discontinuation of Adjuvant Aromatase Inhibitor Therapy in Women with Early Stage Breast Cancer

SWOG 1200 Randomized Blinded Sham- and Waitlist-Controlled Trial of Acupuncture for Joint Symptoms Related to Aromatase Inhibitors in Women with Early Stage Breast Cancer

Cancer

ACOSOG Z1041 A Randomized Phase III Trial Comparing a Neoadjuvant Regimen of FEC-75 Followed by Paclitaxel plus Trastuzumab with a Neoadjuvant Regimen of Paclitaxel plus Trastuzumab Followed by FEC-75 plus Trastuzumab in Patients with HER2 Positive Operable Breast Ca

CTSU ACOSOG Z1071 A Phase II Study Evaluating the Role of Sentinel Lymph Node Surgery and Axillary Lymph Node Dissection Following Preoperative Chemotherapy in Women with Node Positive Breast Cancer (T1-4, N1-2, M0) at Initial Diagnosis

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 Lymphectomy

CTSU B-47 A Randomized Phase III Trial of Adjuvant Therapy Comparing Chemotherapy Alone (Six Cycles of TC or Four Cycles of AC Followed by Four Cycles of Weekly Paclitaxel) to Chemotherapy plus Trastuzumab in Women with Node-Positive or High-Risk Node-Negative HER2

CTSU B-49 A Phase III Clinical Trial Comparing the Combination of Docetaxel plus Cyclophosphamide to Anthracycline-Based Chemotherapy Regimens for Women with Node-Positive or High-Risk Node-Negative, HER2-Negative Breast Cancer

CTSU C40601 Randomized Phase III Trial of Paclitaxel Combined with Trastuzumab, Lapatinib, or Both as Neoadjuvant Treatment of HER2-Positive Primary Breast Cancer

CTSU C40603 Randomized Phase II 2 X 2 Factorial Trial of the Addition of Carboplatin +/- Bevacizumab to Neoadjuvant Weekly Paclitaxel Followed by Dose-Dense AC in Hormone Receptor-Poor/HER2-Negative Resectable Breast Cancer

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

CTSU E3108 A Phase II Prospective Trial Correlating Progression Free Survival with CYP2D6 Activity in Patients with Metastatic Breast Cancer Treated with Single Agent Tamoxifen

CTSU MA.32 A Phase III Randomized Trial of the Effect of Metformin Versus Placebo on Recurrence and Survival in Early Stage Breast Cancer

CTSU N0733 Randomized Phase II Trial of Capecitabine and Latatinib with or without IMC-A12 in Patients with HER2 Positive Breast Cancer Previously Treated with Trastuzumab and an Anthracycline and/or a Taxane

041-00 A Two-Part, Adaptive, Randomized Trial of Ridaforolimus (MK8669) in Combination with Dolotuzumab (MK0646) Compared to Exemestane or Compared to Ridaforolimus or Dolotuzumab Monotherapy in Estrogen Receptor Positive Breast Cancer Patients

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 Positron Emission Mammography (PEM) in Patients with Newly Diagnosed Breast Cancer

LPTI12515 A Randomized, Phase III, Open-Label Study of Lapatinib plus Trastuzumab versus Trastuzumab as Continued HER2 Suppression Therapy After Completion of First- or Second-Line Trastuzumab plus Chemotherapy in Subjects with HER2-Positive Metastatic Breast Cancer

MR 2011-03 Breast Test for Breast Cancer Using the Remote Diagnosis System (RDS)

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

RAD001 W2301 A Randomized Phase III, Double-Blind, Placebo-Controlled Multicenter Trial of Daily Everolimus in Combination with Trastuzumab and Vinorelbine, in Pretreated Women with HER2/neu Over-Expressing Locally Advanced or Metastatic Breast Cancer

Cancer Control

SWOG 0702 A Prospecttive Observational Multicenter Cohort Study to Assess the Incidence of Osteonecrosis of the Jaw (ONJ) in Cancer Patients with Bone Metastases Starting Zoledronic Acid Treatment

SWOG 1008 Feasibility Study of a Physical Activity and Dietary Change Weight Loss Intervention in Breast and Colorectal Cancer Survivors, Phase II

Gastroenterology

SWOG 0518 Phase III Prospective Randomized Comparison of Depot Octreotide plus Interferon Alpha versus Depot Octreotide plus Bevacizumab (NSC #704865) in Advanced, Poor Prognosis Carcinoid Patients
SWOG 0711 Phase I Pharmacokinetic Study of Dasatinib (BMS-354825) (NSC-732517; IND-73969) in Patients with Advanced Malignancies and Varying Levels of Liver Dysfunction

SWOG 0713 A Phase II Study of Oxaliplatin, Capecitabine, Cetuximab and Radiation in Pre-Operative Therapy of Rectal Cancer

SWOG 0809 A Phase II Trial of Adjuvant Capecitabine/Gemcitabine Chemotherapy Followed by Concurrent Capecitabine and Radiotherapy in Extrahepatic Cholangiocarcinoma (EHCC)

SWOG 0820 A Double-Blind Placebo-Controlled Trial of Efornithine and Sulindac to Prevent Recurrence of High Risk Adenomas and Second Primary Colorectal Cancers in Patients with Stage 0-III Colon Cancer, Phase III

SWOG 1005 A Phase II Study of MK-2206 (NSC-749607) as Second Line Therapy for Advanced Gastric and Gastroesophageal Junction Cancer

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 1201 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

CTSU C80405 A Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5-FU/Leucovorin with Bevacizumab, or Cetuximab (C225), or with the Combination of Bevacizumab and Cetuximab in Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum

CTSU C80702 A Phase III Trial of 6 versus 12 Treatments of Adjuvant FOLFOX plus Celecoxib or Placebo in Patients with Resected Stage III Colon Cancer

CTSU E1208 A Phase III Randomized, Double-Blind Trial of Chemoembolization with or without Sorafenib in Inoperable Hepatocellular Carcinoma (HCC) in Patients with and without Vascular Invasion

CTSU N0148 A Phase II/III trial of Neoadjuvant FOLFOX, with Selective Use of Combined Modality Chemoradiation versus Preoperative Combined Modality Chemoradiation for Locally Advanced Rectal Cancer Patients Undergoing Low Anterior Resection with Total Mesorectal Excision

CTSU R1010 A Phase III Trial Evaluating the Addition of Trastuzumab to Tr mimodality Treatment of HER2-Overexpressing Esophageal Adenocarcinoma

15967 An Open-Label Phase IIIb Study of Regorafenib in Patients with Metastatic Colorectal Cancer (CRIQ) Who Have Progressed After Standard Therapy

8059 Phase I Trial of Intraperitoneal nab-Paclitaxel (Abraxane®) in the Treatment of Advanced Malignancies Primarily Confined to the Peritoneal Cavity

ARQ 97-AU52 A Randomized, Placebo-Controlled, Phase 1b Study of ARQ 197 in Combination with Irinotecan and Cetuximab in Subjects with Metastatic Colorectal Cancer with Wild-Type KRAS Who Have Received Front-Line Systemic Therapy

CA046 A Randomized Phase III Study of Weekly ABI-007 plus Gemcitabine versus Gemcitabine Alone in Patients with Metastatic Adenocarcinoma of the Pancreas

CAU922AU506 A Phase Ib with Expansion Study of Patients at the MTD Study of AUY922 and Cetuximab in Patients with KRAS Wild-Type Metastatic Colorectal Cancer

D9010C00009 A Dose Finding and Phase II Study of AZD6244 (Hyd-Sulfate) in Combination with Irinotecan in 2nd Line Patients with KRAS or B-raf Mutation Positive Advanced or Metastatic Colorectal Cancer

NP27884 A Randomized, Placebo-Controlled, Double-Blind, Multicenter Phase II Trial of Intravenous GC33 at 1600 mg Q2W in Previously Treated Patients with Unresectable Advanced or Metastatic Hepatocellular Carcinoma (HCC)

Perifosine 343 A Phase III Randomized Double-Blind Study to Assess the Efficacy and Safety of Perifosine plus Capecitabine versus Placebo plus Capecitabine in Patients with Refractory Advanced Colorectal Cancer

Genitourinary

SWOG 0925 A Randomized Phase II Study of Combined Androgen Deprivation versus Combined Androgen Deprivation With IMC-A12 for Patients With New Hormone-Sensitive Metastatic Prostate Cancer

SWOG 0931 EVEREST: EVERolimus for Renal Cancer Ensuing Surgical Therapy, A Phase III Study

SWOG 1014 Abiraterone Acetate Treatment for Prostate Cancer Patients With a PSA of More Than Four Following Initial Androgen Deprivation Therapy, Phase II

CTSU C90202 A Randomized, Double-Blind, Placebo-Controlled Phase III Study of Early versus Standard Zoledronic Acid to Prevent Skeletal Related Events in Men With Prostate Cancer Metastatic to Bone

CTSU C90601 A Randomized Doubled-Blinded 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

004-00 A Randomized, Phase II Study Evaluating MK-1775 in Combination with Paclitaxel and Carboplatin versus Paclitaxel and Carboplatin Alone in Adult Patients with Platinum Sensitive p53 Mutant Ovarian Cancer

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

Head and Neck

CTSU E1305 A Phase III Randomized Trial of Cisplatin and Docetaxel with or without Bevacizumab in Patients with Recurrent or Metastatic Head and Neck Cancer

CRC 0605 Prospective, Longitudinal, Multi-Center, Descriptive Registry of Patients Receiving Therapy Other Than Surgical Resection Alone for Newly Diagnosed Head and Neck Carcinoma

Leukemia

SWOG 0535 A Phase II Study of ATRA, Arsenic Trioxide and Gemtuzumab Ozogamicin in Patients with Previously Untreated High-Risk Acute Promyelocytic Leukemia

SWOG 0703 A Phase II Trial of Azacitidine plus Gemtuzumab Ozogamicin as Induction and Post-Remission Therapy in Older Patients with Previously Untreated Non-M3 Acute Myeloid Leukemia

SWOG 0805 Phase II Study of Combination of Hyper-CVAD and Dasatinib with or without Allogeneic Stem Cell Transplant in Patients with Philadelphia (Ph) Chromosome Positive and/or Bcr-Abl Positive Acute Lymphoblastic Leukemia (ALL)

SWOG 0910 A Phase II Study of Epratuzumab in Combination with Cytarabine and Clofarabine for Patients with Relapsed or Refractory Precursor B-cell Acute Lymphoblastic Leukemia

SWOG 0919 A Phase II Study of Idarubicin and Ara-C in Combination with Pravastatin for Relapsed Acute Myelogenous Leukemia (AML)

SWOG 9007 Cytogenetic Studies in Leukemia Patients

SWOG 9910 Leukemia Centralized Reference Laboratories and Tissue Repositories

SWOG C10403 An Intergroup Phase II Clinical Trial for Adolescents and Young Adults with Untreated Acute Lymphoblastic Leukemia (ALL)

CTSU E2905 Randomized Phase III Trial Comparing the Frequency of Major Erythroid Response (MER) to Treatment with Lenalidomide (CC-5013) Alone and in Combination with Darbepoetin-alpha (DA) in Subjects with Low-or Intermediate-1 Risk MDS and Symptomatic Anemia

Bosutinib IND Single Patient IND for the Compassionate Use of Bosutinib for Chronic Myeloid Leukemia

www.swedish.org/cancer
CA180-330 Studying Interventions for Managing Patients with Chronic Myeloid Leukemia in Chronic Phase : The 5-Year Prospective Cohort Study (SIMPLICITY)

CC-5013-CLL-008 A Phase 3, Multicenter, Randomized, Open-Label, Parallel-Group Study of the Efficacy and Safety of Lenalidomide (Revlimid®) versus Chlorambucil as First-Line Therapy for Previously Untreated Elderly Patients with B-Cell Chronic Lymphocytic Leukemia

Lung

SWOG 0709 A Phase II Selection Design of Pharmacodynamic Separation of Carboplatin/Paclitaxel/OSI-774 (Erlotinib; NSC-718781) or OSI-774 Alone in Advanced Non-Small Cell Lung Cancer (NSCLC) Patients with Performance Status 2 (PS-2) Selected by Serum Proteomics

SWOG 0711 Phase I Pharmacokinetic Study of Dasatinib (BMS-354825) (NSC-732517; IND-73969) in Patients with Advanced Malignancies and Varying Levels of Liver Dysfunction

SWOG 0720 Phase II ERCC 1and RRM1-Based Adjuvant Therapy in Patients with Stage I Non-Small Cell Lung Cancer (NSCLC)

SWOG 0802 A Randomized Phase II Trial of Weekly Topotecan with and without AVE0005 (Affibirecept; NSC-724770) in Patients with Platinum Treated Extensive Stage Small Cell Lung Cancer (E-SCLC)

SWOG 0819 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 0905 A Phase I / Randomized Phase II Study of Cediranib (NSC #732208) versus Placebo in Combination with Cisplatin and Pemetrexed in Chemo naive Patients with Malignant Pleural Mesothelioma

ACOSOG Z4099 A Randomized Phase III Study of Sublobar Resection (+/- Brachytherapy) versus Stereotactic Body Radiation Therapy in High Risk Patients with Stage I Non-Small Cell Lung Cancer (NSCLC)

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

CTSU C30801 A Randomized Phase III Double-Blind Trial Evaluating Selective COX-2 Inhibition in COX-2 Expressing Advanced Non-Small Cell Lung Cancer

CTSU E1505 A Phase III Randomized Trial of Adjuvant Chemotherapy with or without Bevacizumab for Completely Resected Stage IB-IIIA Non-Small Cell Lung Cancer (NSCLC) 2007- LC3 A Breath Test for Lung Cancer 9090-06 A Non-Randomized, Open-Label, Multi-Center, Multi-Cohort Phase 2 Study Evaluating the Efficacy and Safety of STA-9090 in Subjects with Stage IIIIB or IV Non-Small Cell Lung Cancer (NSCLC)

109493 A Double-Blind, Randomized, Placebo-Controlled Phase III Study to Assess the Efficacy of recomMAGE-A3 + AS15 Antigen-Specific Cancer Immunotherapeutic as Adjuvant Therapy in Patients with Resectable MAGE-A3 Positive Non-Small Cell Lung Cancer

A741042 Archer 1042: A Phase 2 Study of Dacomitinib in Advanced Non-Small Cell Lung Cancer (Post-Chemotherapy Select First Line Patients) to Evaluate Prophylactic Intervention on Dermatologic and Gastrointestinal Adverse Events and Patient Reported Outcomes

ARQ197-A-U302 A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of ARQ 197 plus Erlotinib versus Placebo plus Erlotinib in Previously Treated Subjects with Locally Advanced or Metastatic, Non-Squamous, Non–Small Cell Lung Cancer (NSCLC)

CP14B012 A Randomized Phase II Study of Imetelstat as Maintenance Therapy After Initial Induction Chemotherapy for Advanced Non-Small Cell Lung Cancer (NSCLC)

DS2248-A-U101 A Phase 1, Open-Label, Multiple-Ascending-Dose Study of DS-2248, an Orally Bioavailable Heat Shock Protein 90 Inhibitor in Subjects with Advanced Solid Tumors

IPM3002 A Multi-Center, Open-Label, Adaptive, Randomized Study of Palfosfamide-Tris, a Novel DNA Crosslinker, in Combination with Carboplatin and Etoposide (PaCE) Chemotherapy versus Carboplatin and Etoposide (CE) Alone in Chemotherapy Naive Patients with Extensive-Stage Small Cell Lung Cancer. The MATISSE Study

OSI-906-207 A Randomized, Double-Blind, Phase 2 Study of Erlotinib (Tarceva®) in Combination with OSI-906 or Placebo in Chemo naive Patients with Advanced NSCLC with Activating Mutations of the Epidermal Growth Factor Receptor (EGFR) Gene

20090321 (EFC11553) Randomized Phase 3 Trial of Gemcitabine/Carboplatin with or without BSI-201 (SAP2040550) (a PARP1 Inhibitor) in Subjects with Previously Untreated Stage IV Squamous Non Small-Cell Lung Cancer (NSCLC)

Lung, Breast or Prostate

MR 2010-18 Point of Care of High-Throughput Biological Breath Assays for Determining Absorbed Ionizing Radiation Dose (Biodosimetry) After Radiologic and Nuclear Events

Lymphoma

SWOG 0711 Phase I Pharmacokinetic Study of Dasatinib (BMS-354825) (NSC-732517; IND-73969) in Patients with Advanced Malignancies and Varying Levels of Liver Dysfunction

SWOG 0806 A Phase I/II Trial of Vinorestat (SAHA) (NSC-701852) in Combination with Rituximab-CHOP in Patients with Newly Diagnosed Advanced Stage Diffuse Large B-Cell Lymphoma (DLBCL)

SWOG 0816 A Phase II Trial of Response-Adapted Therapy of Stage III-IV Hodgkin Lymphoma Using Interim FDG-PET Imaging

SWOG 1001 A Phase II Trial of R-CHOP Followed by Yttrium-90 Ibritumomab Tiuxetan for Early Stage Diffuse Large B-cell Lymphoma

SWOG 1106 A Randomized Phase II Trial of R-HCVAD-MTX/ARA-C Induction Followed by Consolidation with an Autologous Stem Cell Transplant versus R-Bendamustine Induction Followed by Consolidation with an Autologous Stem Cell Transplant for Patients <= 65 Years of Age with Previously Untreated Mantle Cell Lymphoma

CTSU C50303 A Phase III Randomized Study of R-CHOP versus Dose-Adjusted EPOCH-R with Molecular Profiling in Untreated De Novo Diffuse Large B-Cell Lymphomas

B1931008 An Open-Label, Randomized, Phase 3 Study of Inotuzumab Ozogamicin Administered in Combination with Rituximab Compared to Defined Investigator’s Choice Therapy in Subjects with Relapsed or Refractory CD22-Positive Aggressive Non-Hodgkin Lymphoma Who Are Not Candidates For Intensive High-Dose Chemotherapy

Melanoma

SWOG 0933 Phase II Study of RO4929097 (NSC-749225) in Advanced Melanoma

CTSU E1609 A Phase III Randomized Study of Adjuvant Ipilimumab Anti-CTLA4 Therapy versus High-Dose Interferon a-2b for Resected High-Risk Melanoma

Myeloma

SWOG 0833 Modified Total Therapy 3 (TT3) for Newly Diagnosed Patients with Multiple Myeloma (MM): A Phase II SWOG Trial for Patients ≤ 65 Years

CTSU E4A08 A Randomized Phase III Trial of Melphalan and Dexamethasone (MDex) versus Bortezomb, Melphalan and Dexamethasone (BMDex) for Untreated Patients with Systemic Light-chain (AL) Amyloidosis Ineligible for Autologous Stem-cell Transplantation

Not Site Specific

CRC 0644 Adaptive Radiotherapy Utilizing Information Obtained From Volume View Conebeam Images Obtained During Image Guided Radiotherapy Treatment

CRC 08061 Comparison of Volume Modulated Arc Therapy (VMAT) to Image Modulated Radiation Therapy (IMRT): A Pilot Study in a Standard of Care Setting

UW PK Pharmacokinetics of Under-Studied Drugs Used During Pregnancy
This bibliography features recent publications and presentations by the Swedish Cancer Institute members and affiliated physicians.


Thrall MM, Paley PJ, Pizer E, Garcia R, Goff BA. Patterns of spread and recurrence of six cord-stromal tumors of the ovary. Gynecol Oncol. 2011;122(2).


The Swedish Cancer Institute (SCI) has a long tradition of providing patients access to leading experts and the most advanced diagnostic and treatment technologies. Patients from throughout the region – and beyond – choose the SCI because of its enduring reputation for one other critical element – personalized care. Since its beginning in the 1930s, focusing every available resource on each patient has been at the core of the SCI. This is the hallmark of an organization in which every health-care professional believes deeply that each patient deserves every possible advantage in fighting cancer.

This directory provides an introductory overview to the programs and services that are available through the Swedish Cancer Institute Network.

### SCI Cancer-Care Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>The SCI at Ballard</td>
<td>5300 Tallman Ave N.W.</td>
<td>Seattle</td>
<td>WA</td>
<td>98107</td>
</tr>
<tr>
<td>The SCI Radiation Treatment Center</td>
<td>Swedish/Ballard</td>
<td>Seattle</td>
<td>WA</td>
<td>98107</td>
</tr>
<tr>
<td>The SCI at Edmonds</td>
<td>Medical Oncology</td>
<td>Edmonds</td>
<td>WA</td>
<td>98026</td>
</tr>
<tr>
<td>The SCI at Edmonds</td>
<td>Radiation Oncology</td>
<td>Edmonds</td>
<td>WA</td>
<td>98026</td>
</tr>
<tr>
<td>The SCI at First Hill</td>
<td>1221 Madison St.</td>
<td>Seattle</td>
<td>WA</td>
<td>98104</td>
</tr>
<tr>
<td>The SCI at Issaquah</td>
<td>751 N.E. Blakely Dr.</td>
<td>Issaquah</td>
<td>WA</td>
<td>98029</td>
</tr>
<tr>
<td>Swedish/Mill Creek</td>
<td>13020 Meridian Ave. S.</td>
<td>Everett</td>
<td>WA</td>
<td>98208</td>
</tr>
<tr>
<td>Swedish/Redmond</td>
<td>18100 N.E. Union Hill Rd., 2nd Floor</td>
<td>Redmond</td>
<td>WA</td>
<td>98052</td>
</tr>
<tr>
<td>Bellevue</td>
<td>SCI Eastside Oncology/Hematology</td>
<td>Bellevue</td>
<td>WA</td>
<td>98005</td>
</tr>
<tr>
<td>North Seattle</td>
<td>Puget Sound Cancer Centers</td>
<td>Seattle</td>
<td>WA</td>
<td>98133</td>
</tr>
<tr>
<td>The SCI at Highline Medical Center</td>
<td>16233 Sylvester Rd. S.W.</td>
<td>Burien</td>
<td>WA</td>
<td>98166</td>
</tr>
<tr>
<td>Swedish Radiosurgery Center</td>
<td>Swedish/Cherry Hill</td>
<td>Seattle</td>
<td>WA</td>
<td>98122</td>
</tr>
<tr>
<td>Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment</td>
<td>Swedish/Cherry Hill</td>
<td>Seattle</td>
<td>WA</td>
<td>98122</td>
</tr>
</tbody>
</table>
Anus Cancer
(see listing for Colon and Rectal Cancer)

American Cancer Society Cancer Resource Navigator
www.swedish.org/CancerNavigator

The American Cancer Society Patient Navigator is an innovative patient-assistance program provided through a partnership between the SCI and the American Cancer Society. This service complements the SCI's full range of integrated cancer-care services and helps link patients throughout the SCI Network with vital cancer-related community resources.

LOCATIONS:
- First Hill, Edmonds, Issaquah ................. 206-215-6557

Art Therapy
www.swedish.org/CancerArtTherapy

Individual and group art therapy sessions are available at the SCI. Through art therapy, cancer patients and their family members and care givers use creative ways to respond to their personal experiences with cancer. Art therapists use visual media, such as painting, drawing and sculpture, to help individuals express emotions, reduce side effects, increase relaxation and improve their emotional well-being.

LOCATION:
- First Hill ................................................. 206-215-6178

Biological Therapy
(see listing for Medical Oncology/Hematology)

Bladder Cancer
www.swedish.org/BladderCancer

Bladder-cancer patients at Swedish benefit from a comprehensive approach to care – one that begins with state-of-the-art diagnostic imaging and features the latest treatments and a team of experienced physicians. Each patient’s personalized treatment plan may include radiation therapy, chemotherapy, and traditional, endoscopic or robotic surgery. Patients with bladder cancer can choose from a variety of locations for their care.

LOCATIONS:
- Ballard
  - SCI Medical Oncology/Hematology......... 206-781-6010
  - Swedish Urology Group ....................... 206-386-6266
- Bellevue
  - SCI Medical Oncology/Hematology......... 425-646-9340
- Bothell
  - Western Washington Medical Group ........ 425-420-1655
- Edmonds
  - SCI Medical Oncology/Hematology......... 425-673-8300
  - Sound Urological Associates ............... 425-775-7166
- Everett
  - Western Washington Medical Group ........ 425-252-8102
- First Hill
  - SCI Medical Oncology/Hematology......... 206-215-3600
  - Swedish Surgical Specialists ............... 206-215-3500
  - Seattle Urological Associates ............. 206-292-6488
  - Swedish Urology Group ..................... 206-386-6266
  - True Family Women’s Cancer Center ........ 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
- Issaquah
  - Athena Urology & Urogynecology ......... 425-392-8611
  - SCI Medical Oncology/Hematology ......... 425-313-4200
  - Seattle Urological Associates .............. 206-292-6488
  - Swedish Surgical Specialists ............... 425-313-7124
- Kirkland
  - Washington Urology Associates ........... 425-899-5800
- Mountain Terrace
  - Urology Northwest ............................. 425-275-5555
- North Seattle
  - Puget Sound Cancer Centers ................. 206-365-8252
- Redmond
  - Seattle Urological Associates .............. 206-292-6488
Brain Cancer
www.swedish.com/IvyCenter

Patients with brain cancer may access diagnostic and treatment services in multiple locations throughout the SCI Network. Physicians affiliated with both the Swedish Cancer Institute and the Swedish Neuroscience Institute diagnose and treat patients with brain cancer, which usually involves some combination of surgery, radiation treatment and chemotherapy, and possibly biological therapies. Specialists at The Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment treat every kind of brain tumor, and specialize in treating patients with brain cancer. The Ivy Brain Tumor Center is considered one of the top brain cancer programs in the country. The center's multidisciplinary treatment team includes neurosurgeons, neuro-oncologists, radiation oncologists, specialized nursing staff and an integrative social worker. The center also has a world-class on-site research facility.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............ 206-781-6010
Cherry Hill
The Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment ............... 206-320-2300
Edmonds
SCI Medical Oncology/Hematology ............ 425-673-8300
First Hill
SCI Medical Oncology/Hematology ............ 206-215-3600
True Family Women’s Cancer Center ........... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology ............ 425-313-4200
North Seattle
Puget Sound Cancer Centers ................. 206-365-8252

Breast Cancer
www.swedish.org/cancer/breast

More women with breast cancer have received care at the SCI than at any other breast cancer program in the state. The SCI offers multiple locations for breast-cancer services, including the True Family Women’s Cancer Center (see pages 10 and 42). The fundamental goal is to ensure women have convenient access to the comprehensive, compassionate care they need. As an example, the SCI has located its Breast Centers throughout the Greater Puget Sound area, so women can schedule their screening or diagnostic mammograms close to where they live or work.

The SCI offers the full scope of diagnostic and therapeutic services for women with breast-cancer, including lifesaving screening with digital mammography and genetic testing, oncological care using CyberKnife® stereotactic radiosurgery, advanced brachytherapy and other leading-edge therapies, state-of-the-art breast-preserving and reconstructive surgery, rehabilitation, and patient and family education and support services. One of the more recent additions to the SCI’s breast-cancer treatment arsenal is Active Breathing Coordinator™ (ABC), which is available at three of its locations (First Hill, Issaquah and Burien). This advanced radiation therapy technology provides patients with left-sided breast cancer maximum protection from radiation to their hearts.

A patient’s personalized treatment plan may include a combination of surgery, radiation therapy, chemotherapy, hormone therapy or biological therapy – all of which are available within the SCI. Additionally, many of the breast-cancer physicians are involved in research studies, so patients may have access to the newest medications and treatments through a clinical trial. The SCI also offers a Genetic Counseling and Testing program at Swedish/First Hill (see pages 5 and 29), and recently opened a high-risk breast cancer screening program at Swedish/Issaquah.

Medical and Surgical Oncology

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............ 206-781-6010
Bellevue
SCI Medical Oncology/Hematology ............ 425-646-9340
Edmonds
SCI Medical Oncology/Hematology ............ 425-673-8300
First Hill
SCI Medical Oncology/Hematology ............ 206-215-3600
Swedish Surgical Specialists .................... 206-215-3500
True Family Women’s Cancer Center ........... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology ............ 425-313-4200
Swedish Surgical Specialists .................... 425-313-7124

(continued next page)
Women’s Imaging

LOCATIONS:
Ballard
Swedish Breast Center................................. 206-781-6349
Edmonds
Swedish Breast Center................................. 425-673-3930
First Hill
Diagnostic Imaging................................. 206-329-6767
Swedish Breast Imaging Center ..................... 206-215-8100
True Family Women’s Cancer Center ........... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
Swedish Breast Center................................. 425-313-5400
Mill Creek
Imaging Center................................. 425-357-3920
Mobile Mammography Program .................. 206-320-2500
Redmond
Imaging Center................................. 425-498-2030

Cancer Rehabilitation
www.swedish.org/CancerRehab

The SCI and Swedish Outpatient Rehabilitation Services collaborate to offer a wide range of rehabilitation services during and after cancer treatment. These services integrate management of treatment- and disease-related functional impairment into the SCI’s interdisciplinary care model. Services include:

- Onco-physiatry care with a cancer rehabilitation physician
- Evaluation of cardiovascular fitness, muscle strength, flexibility and activity goals
- Physical therapy, occupational therapy and speech language pathology to address functional challenges
- Pre- and post-surgical education for breast cancer patients with a physical or occupational therapist specializing in lymphedema
- Biofeedback training and mindfulness-based stress reduction

LOCATIONS:
First Hill
Onco-Physiatry, Physical and Occupational Therapies, and Speech Language Pathology.................. 206-215-6333
Issaquah
Outpatient Physical and Occupational therapies, and Speech Language Pathology.................. 425-313-7800

Centers for Advanced Targeted Radiation Therapy
(see listing for Radiation Oncology/Radiation Therapy)

Cervical Cancer
(see listing for Gynecologic Cancers)

Chemotherapy
(see listing for Medical Oncology/Hematology)

Colon/Rectal Cancer
www.swedish.org/cancer/colorectal

The SCI offers patients with colon or rectal cancer multiple entry points throughout the Greater Puget Sound where they can receive the highest quality care. A dedicated team of oncologists has collaborated with radiation oncologists, gastroenterologists, surgeons and other cancer specialists to build the largest, most comprehensive colon and rectal cancer program in the Pacific Northwest. Screening colonoscopies and endoscopy procedures are provided at most of the locations. Multiple imagining technologies, including transrectal ultrasound, support proper staging of the patient’s cancer. Surgeons are able to offer traditional, robotic and laparoscopic surgical options. Treatment options also include multiple radiation therapy platforms, chemotherapy and biological therapy.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............ 206-781-6010
Swedish Colon & Rectal Clinic..................... 206-386-6600
Swedish Gastroenterology..................... 206-215-4250
Edmonds
Endoscopy................................. 425-640-4062
SCI Medical Oncology/Hematology ............ 425-673-8300
First Hill
SCI Medical Oncology/Hematology ............ 206-215-3600
Swedish Colon & Rectal Clinic..................... 206-386-6600
Swedish Gastroenterology..................... 206-215-4250

(continued next page)
Swedish Surgical Specialists ...................... 206-215-3500
True Family Women’s Cancer Center ........... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)

Issaquah
SCI Medical Oncology/Hematology .............. 425-313-4200
Swedish Colon & Rectal Clinic ..................... 425-313-7075
Swedish Gastroenterology ......................... 425-313-5345
Swedish Surgical Specialists ....................... 425-313-7124

Mill Creek
Swedish Colon & Rectal Clinic ..................... 206-386-6600

North Seattle
Puget Sound Cancer Centers ....................... 206-365-8252
Swedish Colon & Rectal Clinic ..................... 206-386-6600

Redmond
Swedish Colon & Rectal Clinic ..................... 206-386-6600
Swedish Gastroenterology ......................... 206-215-4250

CyberKnife®
(see listing for Radiosurgery Center)

Ear Cancer
(see listing for Head and Neck Cancers)

Endocrine Cancers
(see separate listings for Thyroid Cancer and Pancreatic Cancer)

Esophageal Cancer
(see listing for Thoracic and Esophageal Cancers)

Eye Cancer
(see listing for Head and Neck Cancers)

Gamma Knife®
(see listing for Radiosurgery Center)

Gastrointestinal Cancers
(see individual listings for Colon/Rectal, Liver, Lung, Pancreas, and Thoracic and Esophageal cancers)

A cohesive, multidisciplinary approach to cancer care is used in treating gastrointestinal cancers. The program is one of the most comprehensive GI cancer-care networks on the West Coast. Members of the gastrointestinal cancer team are active participants in multiple clinical trials of new medications, therapies and treatment techniques.

In the fall of 2011 Swedish opened a state-of-the-art endoscopy center. From screening and surveillance to the most advanced tertiary and quaternary minimally invasive, non-operative and interventional services, the Swedish Endoscopy Center is an integral part of the collaborative assault on GI cancers. The center’s gastroenterologists, along with Swedish thoracic surgeons, have extensive training and expertise in endoscopic treatments for early cancers and precancerous lesions, which allows nonsurgical treatment of some types of tumors.

Genetic Cancer Counseling/Testing
www.swedish.org/CancerGeneticTesting

The Hereditary Cancer Clinic offers genetic counseling and testing services for patients and their family members, as well as patients who do not have cancer, but are concerned about their family history, to help determine their risks for developing hereditary cancers. A board-certified genetic counselor is available to review medical and family histories to determine which, if any, genetic tests are appropriate.

LOCATION:
First Hill ...................................................... 206-215-4377

Genitourinary Cancer
(see individual listings for Bladder, Penile, Prostate, Renal/Kidney, Testicular and Ureteral cancers)

www.swedish.org/cancer
Gynecologic Cancers
www.swedish.org/GynCancer
The SCI has a nationally recognized program to care for women with gynecologic cancer, including cervical, ovary/fallopian tube, endometrial, uterus/uterine sarcoma, vagina and vulva. Please go to page 3 for a detailed overview of the program, its team of gynecologic oncologists, and the screening, diagnostic, treatment and surgical advancements available to patients at the SCI.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology .......... 206-781-6010
Bellevue
Pacific Gynecology Specialists ............... 206-965-1700
SCI Medical Oncology/Hematology .......... 425-646-9340
Edmonds
SCI Medical Oncology/Hematology .......... 425-673-8300
First Hill
Pacific Gynecology Specialists ............... 206-965-1700
SCI Medical Oncology/Hematology .......... 206-215-3600
Swedish Surgical Specialists ................. 206-215-3500
True Family Women’s Cancer Center .......... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
Pacific Gynecology Specialists ............... 206-965-1700
SCI Medical Oncology/Hematology .......... 425-313-4200
Swedish Surgical Specialists ................. 425-313-7124
North Seattle
Puget Sound Cancer Centers ................. 206-365-8252

Head and Neck Cancer
www.swedish.org/HeadNeckCancer
Multiple locations within the SCI Network offer diagnostic and treatment services for patients with cancers of the head or neck region, including cancers of the:
• Ear
• Eye
• Jaw bones (maxilla and mandible)
• Lips
• Neck
• Nose
• Oral cavity (tongue, gingiva, floor of the mouth and palate)
• Salivary gland (parotid gland, submandibular gland, minor salivary glands)
• Scalp
• Throat (base of tongue, larynx, oropharynx, tonsil, vocal cord)
• Thyroid and Parathyroid glands
• Sarcoma of the head and neck
• Sinus
• Skin of the face and neck (melanoma, basal cell, squamous cell)

Treatments for head and neck cancers may include a combination of surgical, radiotherapy and chemotherapeutic interventions. The head and neck surgical team utilizes state-of-the-art techniques to remove cancers while preserving function. This involves microvascular surgery and free flaps (or tissue transfers) to enhance reconstructive capacities after cancer ablation. Swedish head and neck surgeons also offer transoral laser approaches for oral cavity, pharyngeal and laryngeal cancers, which provide improved preservation of speech and swallowing after cancer treatment.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology .......... 206-781-6010
Swedish Otolaryngology Specialists .......... 206-215-1770
Bellevue
SCI Medical Oncology/Hematology .......... 425-646-9340
Edmonds
SCI Medical Oncology/Hematology .......... 425-673-8300
First Hill
SCI Medical Oncology/Hematology .......... 206-215-3600
Swedish Head and Neck Surgery .......... 206-292-6464
Swedish Otolaryngology Specialists .......... 206-215-1770
Swedish Surgical Specialists ................. 206-215-3500
True Family Women’s Cancer Center .......... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology .......... 425-313-4200
Swedish Otolaryngology Specialists .......... 425-313-7089
Swedish Surgical Specialists ................. 425-313-7124
North Seattle
Puget Sound Cancer Centers ................. 206-365-8252
Hormone Therapy
(see listing for Medical Oncology/Hematology)

Imaging
www.swedish.org/imaging

PET/CT Imaging Center
The center’s 16-slice PET/CT Scanner is one of the most powerful imaging tools that physicians can use to help diagnose and treat patients with cancer. Services at the center include:

- PET/CT imaging
- 4-D respiratory gating
- Positron emission mammography (PEM)
- Lap lasers for radiation therapy planning
- Integration with the Swedish Cancer Institute’s radiation therapy treatment planning software

LOCATION:
First Hill .................................................. 206-215-6487

Medical Imaging
Swedish Medical Imaging Centers are staffed by board-certified radiologists and licensed technologists and sonographers. Cancer-related services include:

- Computed diagnostic radiography
- Computed tomography (CT) imaging
- Fluoroscopic radiography
- Interventional radiology
- Magnetic resonance imaging (MRI)
- Positron emission tomography (PET) and computerized tomography (CT)
- Ultrasound

LOCATIONS:
Ballard .................................................. 206-781-6361
Cherry Hill ................................................ 206-320-3700
Edmonds .................................................. 425-640-4260
First Hill  
Medical Imaging ........................................ 206-386-3990
Diagnostic Imaging – Outpatient ................. 206-329-6767
Issaquah .................................................. 425-313-5400
Mill Creek .................................................. 425-357-3920
Redmond .................................................. 425-498-2030

Swedish Breast Imaging Services
Swedish Breast Imaging Services offer women convenient access to screening and diagnostic imaging at a variety of locations. All locations are staffed by board-certified radiologists and licensed technologists specializing in breast imaging.

Mobile Mammography
Scheduling ............................................. 206-320-2500
The SCi’s Mobile Mammography Program provides communities improved access to advanced breast-cancer screening.

Screening Mammography
LOCATIONS:
Mill Creek .................................................. 425-357-3920
Redmond .................................................. 425-498-2030

Swedish Breast Centers
Swedish offers breast-imaging services at dedicated, outpatient breast imaging centers at each of its four major campuses. These facilities provide a wide range of screening and diagnostic capabilities, including:

- Full-field digital screening and diagnostic mammography
- Computer-aided detection (CAD)
- Dedicated breast ultrasound
- Minimally invasive procedures using ultrasound or stereotactic guidance

Each of these facilities has met the criteria set forth by the American College of Radiology to be designated as a Breast Imaging Center of Excellence.

LOCATIONS:
Ballard .................................................. 206-781-6349
Edmonds .................................................. 425-673-3930
First Hill .................................................. 206-215-8100
Issaquah .................................................. 425-313-5400

True Family Women’s Cancer Center
LOCATION:
First Hill .................................................. 206-991-2337
Infusion Therapy
www.swedish.org/chemotherapy

Although some patients may receive chemotherapy in a hospital setting, most patients are seen in one of Swedish’s specially designed infusion therapy suites. The expert, chemotherapy-certified nurses who provide infusion therapy services at Swedish have an average of 18 years of experience.

The infusion therapy staff focuses on patient safety, comfort and education. Fast-track and quick-stop processes have been implemented to speed the delivery of services. Cancer-related services include:

- IV chemotherapy
- Hydration
- Blood transfusions
- IV antibiotics
- Ovarian intraperitoneal chemotherapy
- Intrafusal IV (spinal tap or catheter)
- Peripheral stem cell collection for bone marrow transplants
- Plasmapheresis
- Research protocol administration

The treatment centers at Ballard, Bellevue, Issaquah and North Seattle are open Monday through Friday. The treatment center at First Hill is open seven days a week and after hours to cover for partner facilities that are not open evenings, weekends or holidays.

LOCATIONS:
Ballard
Medical Treatment Center .........................206-781-6107
Bellevue
SCI Medical Oncology/Hematology ............425-646-9340
Edmonds
SCI Medical Oncology/Hematology ............425-673-8300
First Hill
Outpatient Pharmacy ..............................206-386-6020
SCI Medical Oncology/Hematology ............206-215-3600
SCI Treatment Center ..............................206-386-2525
Issaquah
SCI Medical Oncology/Hematology ............425-313-4200
North Seattle
Puget Sound Cancer Centers ....................206-365-8252

Kidney Cancer
(see listing for Renal/Kidney Cancer)

Leukemia
(see listing for Medical Oncology/Hematology)

Liver Cancer
www.swedish.org/cancer/liver
www.swedish.org/LiverCenter

The SCI offers multiple locations for patients who need care for liver cancer. The Swedish Liver Center takes a comprehensive, multidisciplinary approach to treating patients with liver cancer. Treatment teams are personalized and may include a hepatologist, a surgeon, an oncologist, diagnostic and interventional radiologists, a pathologist, a pharmacist, a dietician, and other specialists, nurses and technicians. Treatment options may include:

- Open and laparoscopic liver resection
- Chemoembolization
- Radioembolization
- Systemic chemotherapy
- Biological therapies
- Stereotactic radiosurgery
- Radiofrequency and microwave ablation
- Robotic liver resections

Some patients also may be evaluated by the Swedish Organ Transplant team for liver transplantation. Swedish is one of only two adult liver transplant centers serving the four-state organ-procurement region that includes Washington, Alaska, Montana and Idaho.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............206-781-6010
Bellevue
SCI Medical Oncology/Hematology ............425-646-9340
Edmonds
SCI Medical Oncology/Hematology ............425-673-8300
First Hill
SCI Medical Oncology/Hematology ............206-215-3600
Swedish Liver Center .............................206-386-3660
toll free: 800-996-7426
True Family Women’s Cancer Center ........206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology ............425-313-4200
North Seattle
Puget Sound Cancer Centers ....................206-365-8252
Lung Cancer
(also see listing for Thoracic and Esophageal Cancer)
www.swedish.org/cancer/lung
www.swedish.org/ThoracicSurgery

The SCI is leading the way in lung cancer prevention and screening (see page 15). For those diagnosed with lung cancer, a team approach provides patients a comprehensive, integrated and highly personalized care experience, including dedicated oncologists who have treated more lung-cancer patients than any other program in the state. Advanced diagnostics can detect lung cancers in their earliest stages. Treatment options are determined by the stage of the cancer, as well as the patient’s overall health, physical condition and other factors. In general, treatment may include surgery, radiation therapy and chemotherapy.

LOCATIONS:
Ballard
  Swedish Gastroenterology.......................... 206-215-4250
  SCI Medical Oncology/Hematology ............. 206-781-6010
Bellevue
  SCI Medical Oncology/Hematology ............. 425-646-9340
Edmonds
  Endoscopy.................................................. 425-640-4062
  SCI Medical Oncology/Hematology ............. 425-673-8300
First Hill
  SCI Medical Oncology/Hematology ............. 206-215-3600
  Swedish Gastroenterology.......................... 206-215-4250
  Swedish Thoracic and Esophageal Surgery ... 206-215-6800
  True Family Women’s Cancer Center ........... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
  SCI Medical Oncology/Hematology ............. 425-313-4200
  Swedish Gastroenterology.......................... 425-313-5345
  Swedish Thoracic and Esophageal Surgery ... 425-394-1690
North Seattle
  Puget Sound Cancer Centers....................... 206-365-8252
Redmond
  Swedish Gastroenterology.......................... 206-215-4250

Lung Cancer Screening Program
www.swedish.org/lcsp

SCI’s Lung Cancer Screening Program was established in 2012 to help detect cancers earlier in high-risk individuals and to improve the chance of survival in these patients. For more information about this new program, please go to page 15.

LOCATION:
First Hill .................................................... 206-386-6800

Lymphoma
(see listing for Medical Oncology/Hematology)

Massage Therapy
www.swedish.org/CancerMassageTherapy
On-site massage therapy from a licensed massage therapist is one of many complementary therapies available at the SCI. Massage therapy is effective in controlling and managing pain associated with cancer. It also has been shown to help relieve symptoms related to cancer, and side effects from cancer treatments and medical procedures, such as nausea, fatigue, insomnia, pain and distress. Patients may experience increased relaxation, reduced muscle tension, and improved circulation and function, all of which support the healing process.

LOCATIONS:
First Hill .................................................... 206-215-3007
Issaquah....................................................... 425-455-0088
The medical oncology/hematology program at the SCI offers an interdisciplinary team of physicians, oncology nurses and other oncology specialists who have years of experience treating a wide variety of cancers, including leukemia, lymphoma, multiple myeloma and sarcoma. The medical staff includes oncologists who have specialized in lung, breast, blood, gastrointestinal, brain and ovarian cancers. The oncology nurses at the medical oncology clinics average 17 years of specialized experience.

Care teams include physicians, oncology nurses and schedulers, which allows patients to develop relationships with individuals who are intimately familiar with their needs and are able to coordinate care. Additional clinical and support resources are added to the care teams when necessary to provide the best possible outcomes.

Treatment plans may include:
- Surgery
- Hormone therapy
- Radiation therapy
- Stem cell transplant
- Chemotherapy
- Vaccine therapy
- Biological therapy

Medical oncologists at the SCI are also active in numerous clinical trials, including trials sponsored by SWOG, one of the largest of the National Cancer Institute-supported cancer clinical trials cooperative groups.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............ 206-781-6010
Bellevue
SCI Medical Oncology/Hematology ............ 425-646-9340
Edmonds
SCI Medical Oncology/Hematology ............ 425-673-8300
First Hill
SCI Medical Oncology/Hematology ............ 206-215-3600
True Family Women’s Cancer Center ............ 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology ............ 425-313-4200
North Seattle
Puget Sound Cancer Centers .................. 206-365-8252

Meditation
www.swedish.org/CancerMeditation

Throughout the year, the SCI offers multi-week sessions in meditation and stress reduction techniques. These classes are intended to complement the patient’s medical care. They are made available at no cost to patients. Meditation may help control pain, decrease heart rate and blood pressure, and reduce headaches and anxiety. Many patients find meditation particularly helpful during chemotherapy and radiation treatments.

LOCATION:
First Hill ............................................. 206-386-3200

Melanoma
(see listing for Skin Cancer)

Multiple Myeloma
(see listing for Medical Oncology/Hematology)

Musculoskeletal Cancer
www.swedish.org/cancer/bone

Specialists in musculoskeletal cancers diagnose and treat:
- Primary cancers – those originating in the bone or tissues adjoined to the bone
- Secondary cancers (bone metastases) – those originating in another place in the body and subsequently spreading to the bone.

Musculoskeletal cancer specialists are available for initial consultations and second opinions. Individualized treatment plans may include a combination of surgery, radiation therapy and chemotherapy.

The musculoskeletal treatment team is personalized to the patient’s individual needs. The team may include: diagnostic radiologists, pathologists, surgeons, radiation oncologists and medical oncologists as the primary treating physicians. Other team members may include specialists in pain management, physical fitness and rehabilitation, mental and spiritual wellbeing, naturopathic medicine, and nutrition.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............ 206-781-6010
Bellevue
SCI Medical Oncology/Hematology ............ 425-646-9340
Edmonds
SCI Medical Oncology/Hematology ............ 425-673-8300
First Hill
SCI Medical Oncology/Hematology ............ 206-215-3600
True Family Women’s Cancer Center ............ 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology ............ 425-313-4200
North Seattle
Puget Sound Cancer Centers .................. 206-365-8252
Music Therapy
www.swedish.org/CancerMusicTherapy
The Music Therapy Program at the SCI offers patients a wide range of music experiences to create, restore, maintain and improve the patient’s emotional, physical, physiological and spiritual health and well-being. Medical experts believe that music therapy can reduce pain, anxiety and nausea caused by chemotherapy, and has been shown to lower blood pressure, reduce anxiety and depression associated with cancer treatment, provide non-pharmacological management of pain and discomfort, reduce stress and promote relaxation, and effect positive changes in mood and emotional states. Prior music experience is not required.

LOCATION:
First Hill ...................................................... 206-386-3200

Naturopathic Care
www.swedish.org/CancerNaturopathic
Through its relationship with the Northwest Natural Health Specialty Care Clinic, the SCI offers onsite naturopathic services for patients with cancer. The holistic quality-of-life approach of naturopathic medicine enhances the state-of-the-art treatments and procedures of conventional medicine at the SCI. Having specially trained and accredited naturopathic doctors as an integral part of a patient’s health-care team ensures a safe, sensible and scientific complementary therapy plan that respects and supports all other treatments. Treatment plans may include botanical medicines, clinical nutrition, diet, lifestyle and other adjunctive therapies that support the patient’s immune system and help manage treatment side effects. All naturopathic treatment plans are coordinated directly with the patient’s medical oncologist and health-care team.

LOCATION:
First Hill, Issaquah................................. 206-386-3015

Neuro-Oncology
(see listing for Brain Cancer)

Nutrition Care
www.swedish.org/CancerNutrition
Registered and certified dietitians are available at the SCI for individual counseling sessions to help patients make optimal dietary choices based on their health needs. They counsel patients on dietary concerns, including meal ideas, shopping tips, and guidelines on gaining or maintaining weight during treatment. Free quarterly classes are also available to patients and their caregivers.

LOCATIONS:
First Hill ...................................................... 206-781-6228
Issaquah...................................................... 425-313-5301

Occupational Therapy
(see listing for Cancer Rehabilitation)

Oral Cancers
(see listing for Head and Neck Cancers)

Ovarian Cancer
(see listing for Gynecologic Cancers)

Pancreatic Cancer
www.swedish.org/cancer/pancreatic
Pancreatic cancer specialists at the SCI have the expertise and experience needed to diagnose and treat adenocarcinoma and islet cell neoplasms, which account for the majority of pancreatic cancers. Treatment options may include a combination of surgery, radiation therapy, stereotactic radiosurgery and chemotherapy. Some patients also may be evaluated for transplantation by the Swedish Organ Transplant Program, which has a long tradition of excellence as a regional transplant center for pancreas transplantation.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology............ 206-781-6010
Swedish Gastroenterology....................... 206-215-4250
Swedish Surgical Specialists............... 206-215-3500

Bellevue
SCI Medical Oncology/Hematology............ 425-646-9340

Edmonds
Endoscopy................................................. 425-640-4062
SCI Medical Oncology/Hematology............ 425-673-8300

First Hill
SCI Medical Oncology/Hematology............ 206-215-3600
Swedish Gastroenterology....................... 206-215-4250
Swedish Surgical Specialists............... 206-215-3500
True Family Women’s Cancer Center........ 206-215-5900
toll free: 855-TRUECTR (855-878-3287)

Issaquah
SCI Medical Oncology/Hematology............ 425-313-4200
Swedish Gastroenterology....................... 425-313-5345
Swedish Surgical Specialists............... 425-313-7124

North Seattle
Puget Sound Cancer Centers.................. 206-365-8252

Redmond
Swedish Gastroenterology....................... 206-215-4250
Swedish Surgical Specialists............... 425-313-7124

West Seattle
Swedish Surgical Specialties............... 206-215-3500
Pathology Services
www.cellnetix.com
CellNetix Pathology provides fellowship-trained and board-certified subspecialty pathologists in every area of oncology. Its state-of-the-art anatomic pathology laboratory on First Hill in Seattle provides local histology, cytology, flow cytometry, immunohistochemistry, fluorescent in situ hybridization and molecular genomics testing. CellNetix supports SCI reporting needs with information technology systems, staff and customized software solutions.

LOCATION:
First Hill .................................................. 206-215-5960

Patient Education and Support Services

Cancer Education Centers
www.swedish.org/CancerEducation
The Cancer Education centers at First Hill and Issaquah are unique resources that provide patient education to the public free of charge. The centers offer a wide variety of brochures, books, videos and audiotapes about cancer, and an expansive computer database that can be used to search for and print information about specific types of cancer.

LOCATIONS:
First Hill, Issaquah................................. 206-386-3200

Classes
www.swedish.org/classes
The Swedish Cancer Institute offers programs and classes to assist patients and their families and caregivers making treatment decisions, managing symptoms and accessing complementary programs. Classes are offered in multiple locations.

LOCATIONS:
Please go to www.swedish.org/classes for class locations
Class information/reservations ...................... 206-386-2502

Counseling, Social Work Services, Support, Financial Counseling
www.swedish.org/CancerSupport
The SCI offers a variety of support services. Support groups at the SCI are led by experienced support group facilitators and are open to anyone in the community. Individual and group counseling sessions are also available at the SCI. These sessions help patients and their family members and caregivers cope with treatment, improve communication, manage depression or anxiety, and connect with community agencies and services. They also provide resources for relaxation techniques and stress management.

LOCATIONS:
First Hill .................................................. 206-540-0477
Issaquah................................................. 425-313-4224
Penile Cancer

Patients with cancer of the penis benefit from Swedish's comprehensive approach to care. Beginning with state-of-the-art diagnostic imaging and continuing through the latest treatment procedures, each patient receives the highest quality of care. Patients’ personalized treatment plans may include radiation therapy, chemotherapy and surgery. Patients with penile cancer can choose from a variety of locations for their care.

LOCATIONS:

Ballard
  SCI Medical Oncology/Hematology .......... 206-781-6010
  Swedish Urology Group ................... 206-386-6266

Bellevue
  SCI Medical Oncology/Hematology .......... 425-646-9340

Bothell
  Western Washington Medical Group ........ 425-420-1655

Edmonds
  SCI Medical Oncology/Hematology .......... 425-673-8300
  Sound Urological Associates ............ 425-775-7166

Everett
  Western Washington Medical Group ........ 425-252-8102

First Hill
  SCI Medical Oncology/Hematology .......... 206-215-3600
  Seattle Urological Associates .......... 206-292-6488
  Swedish Surgical Specialists ............ 206-215-3500
  Swedish Urology Group ................... 206-386-6266

Issaquah
  SCI Medical Oncology/Hematology .......... 425-313-4200
  Seattle Urological Associates .......... 206-292-6488
  Swedish Surgical Specialists ............ 425-313-7124

Kirkland
  Washington Urology Associates .......... 425-899-5800

Mountain Terrace
  Urology Northwest ...................... 425-275-5555

North Seattle
  Puget Sound Cancer Centers ............. 206-365-8252

Redmond
  Seattle Urological Associates .......... 206-292-6488

Pharmacy Services

www.swedish.org/CancerPharmacy

The pharmacy provides clinical monitoring and preparation of all inpatient and outpatient chemotherapy at the SCI’s facilities in Seattle, Ballard, Bellevue, Edmonds and Issaquah. The preparation and administration is done within national and state guidelines to assure patient and staff protection. The SCI pharmacies qualify for special drug contract pricing due to its extensive disproportionate patient-care program. The department also provides a comprehensive retail prescription service for oncology patients and operates a robust Investigational Drug Service to allow the SCI’s involvement in local and national cancer drug research.

LOCATIONS:

Ballard ........................................... 206-781-6343
Edmonds ........................................ 425-673-8330
First Hill ...................................... 206-386-6020
Issaquah ....................................... 425-313-5200

Physical Therapy

(see listing for Cancer Rehabilitation)
Prostate Cancer
www.swedish.org/cancer/prostate
The SCI has one of the nation’s top prostate cancer programs. Because of the expertise at the SCI, prostate-cancer patients have multiple treatment options, including: active surveillance, radiation seed implantation (brachytherapy), stereotactic radiosurgery using CyberKnife® technology, cryotherapy, chemotherapy, hormone therapy, vaccine therapy, and open, laparoscopic or robot-assisted laparoscopic surgery. The SCI also has the state’s most experienced prostate cancer medical team, including dedicated urologists, oncologists and radiation oncologists who have specialized in treating prostate cancer. These physicians are also involved with clinical research into new medications, and treatment technologies and techniques. Some prostate-cancer patients are candidates to participate in a clinical trial as part of their treatment protocol.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology .......... 206-781-6010
Swedish Urology Group ...................... 206-386-6266
Bellevue
SCI Medical Oncology/Hematology .......... 425-646-9340
Bothell
Western Washington Medical Group ......... 425-420-1655
Edmonds
SCI Medical Oncology/Hematology .......... 425-673-8300
Sound Urological Associates ............... 425-775-7166
Everett
Western Washington Medical Group .......... 425-252-8102
First Hill
SCI Medical Oncology/Hematology .......... 206-215-3600
Seattle Urological Associates............... 206-292-6488
Swedish Surgical Specialists ............... 206-215-3500
Swedish Urology Group ...................... 206-386-6266
Issaquah
SCI Medical Oncology/Hematology .......... 425-313-4200
Seattle Urological Associates............... 206-292-6488
Swedish Surgical Specialists ............... 425-313-7124
Kirkland
Washington Urology Associates ............ 425-899-5800
Mountain Terrace
Urology Northwest ............................ 425-275-5555
North Seattle
Puget Sound Cancer Centers ............... 206-365-8252
Redmond
Seattle Urological Associates............... 206-292-6488

PsychoOncology
www.swedish.org/cancer/counseling-support
The PsychoOncology department specializes in assessing cancer patients and their families who may be experiencing distress. Services include:
• Assessment and care of emotional problems that arise from living with cancer
• Help with practical matters such as housing, transportation, insurance and related financial issues
The team consists of psychiatrists and socials workers who are available Monday through Friday.

LOCATIONS:
First Hill ............................................. 206-540-0477
Issaquah ............................................. 425-313-4224

Radiation Oncology/Radiation Therapy
www.swedish.org/cancer/radiationtherapy
Swedish offers the most extensive selection of radiation therapy on the West Coast. Radiation oncologists at Swedish are nationally recognized experts who personalize each treatment plan to reflect the specific needs of each individual patient. With their years of experience and access to the full range of therapy options, these physicians are able to guide their patients to the optimal course of treatment. The Centers for Advanced Targeted Radiation Therapy are the only locations in the region offering TomoTherapy, CyberKnife and Gamma Knife treatment systems.
Radiation therapy technologies available through the SCI include:
• Active Breathing Coordinator™
• Brachytherapy
• 4-D electromagnetic localization
• 4-D PET/CT targeting
• 4-D treatment planning
• Image-Guided Radiation Therapy (IGRT)
• Intensity-Modulated Radiation Therapy (IMRT)
• Laser-guided surface mapping
• Localized internal radiation therapy
• Radioimmunotherapy
• Respiratory gated radiotherapy
• Stereotactic radiosurgery (CyberKnife® and Gamma Knife®)
• TomoTherapy®
• Volumetric-Modulated Arc Therapy (VMAT)

(continued next page)
Radiation Oncology

LOCATIONS:
Edmonds...................................................... 425-640-4300
First Hill ..................................................... 206-386-2323
Issaquah..................................................... 425-313-4200
SCI at Highline............................................. 206-386-2626

Centers for Advanced Targeted Radiation Therapy

LOCATIONS:
Ballard
SCI Radiation Treatment Center
(TomoTherapy®)............................................ 206-386-6707
Cherry Hill
Swedish Radiosurgery Center
(CyberKnife® and Gamma Knife®)................. 206-320-7130

Radiosurgery (CyberKnife®, Gamma Knife®)
www.swedish.org/radiosurgery

The Swedish Radiosurgery Center is the only medical facility in Seattle – or the Pacific Northwest – that offers both a CyberKnife and a Gamma Knife under one roof. Stereotactic radiosurgery may be used alone, or in combination with traditional surgery, chemotherapy and radiation therapy. The center provides a serene and comforting environment for patients who are receiving these highly sophisticated treatments.

LOCATION:
Cherry Hill
Swedish Radiosurgery Center ................. 206-320-7130

Renal/Kidney Cancer
www.swedish.org/cancer/kidney

Patients with kidney cancer benefit from a comprehensive approach to care at the SCI. State-of-the-art diagnostic imaging and the latest treatments are used to develop a personalized treatment plan for each patient. Treatment may include a combination of traditional or robotic surgery, radiation therapy, stereotactic radiosurgery, cryotherapy, biological therapy and chemotherapy. Some patients may be evaluated by the Swedish Organ Transplant team for transplantation. Swedish has a long tradition of excellence as a transplant center for kidney transplantation.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............. 206-781-6010
Swedish Urology Group ......................... 206-386-6266
Bellevue
SCI Medical Oncology/Hematology ............. 425-646-9340
Washington Urology Associates ............... 425-454-8016
Bothell
Western Washington Medical Group .......... 425-420-1655
Edmonds
SCI Medical Oncology/Hematology ............. 425-673-8300
Sound Urological Associates ................... 425-775-7166
Everett
Western Washington Medical Group .......... 425-252-8102
First Hill
SCI Medical Oncology/Hematology ............. 206-215-3600
Seattle Urological Associates ................... 206-292-6488
Swedish Surgical Specialists .................... 206-215-3500
Swedish Urology Group ......................... 206-386-6266
True Family Women’s Cancer Center ........... 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
Athena Urology & Urogynecology ............. 425-392-8611
SCI Medical Oncology/Hematology ............. 425-313-4200
Seattle Urological Associates ................... 206-292-6488
Swedish Surgical Specialists .................... 425-313-7124
Kirkland
Washington Urology Associates .............. 425-899-5800
Mountain Terrace
Urology Northwest ................................. 425-275-5555
North Seattle
Puget Sound Cancer Centers ................... 206-365-8252
Redmond
Seattle Urological Associates ................... 206-292-6488
Research/Clinical Trials
www.swedish.org/CancerResearch

The SCI is one of the leading clinical trial sites in the western United States. The SCI Research Division works closely with other medical and research organizations, as well as pharmaceutical and biotech companies. In addition to its own physician-initiated research, the SCI offers clinical trials through other cancer-focused organizations, such as the Southwest Oncology Group (SWOG), the National Cancer Institute’s Cancer Trials Support Unit (CTSU), the American College of Surgeons Oncology Group (ACOSOG), the Radiation Therapy Oncology Group (RTOG) and the National Surgical Adjuvant Breast and Bowel Project (NSABP).

LOCATIONS:
First Hill .................................................. 206-215-3086
Issaquah ..................................................... 425-313-4066

Sarcoma
(see listing for Medical Oncology/Hematology)

Skin Cancer
www.swedish.org/cancer/skin

The SCI offers people with various types of skin cancer – including melanoma – services provided by a renowned team of physicians, surgeons and other cancer specialists. Swedish skin-cancer patients benefit from an integrated approach to care that begins with state-of-the-art imaging techniques and features the latest and best treatments. Treatments may include:
• Surgery
• Chemotherapy
• Radiation therapy
• Hormone therapy

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............. 206-781-6010
Washington Urology Associates ............... 206-386-6266

Bellevue
SCI Medical Oncology/Hematology ............. 425-646-9340
Washington Urology Associates ............... 425-454-8016

Bothell
Western Washington Medical Group ............ 425-420-1655

Edmonds
SCI Medical Oncology/Hematology ............. 425-673-8300
Sound Urological Associates .................... 425-775-7166

Everett
Western Washington Medical Group ............ 425-252-8102

First Hill
SCI Medical Oncology/Hematology ............. 206-215-3600
Seattle Urological Associates .................... 206-292-6488
Swedish Surgical Specialists ..................... 206-215-3500
Swedish Urology Group ......................... 206-386-6266

Issaquah
SCI Medical Oncology/Hematology ............. 425-313-4200
Seattle Urological Associates .................... 206-292-6488
Swedish Surgical Specialists ..................... 425-313-7124

Kirkland
Washington Urology Associates ............... 425-899-5800

Mountain Terrace
Urology Northwest ................................. 425-275-5555

North Seattle
Puget Sound Cancer Centers ...................... 206-365-8252

Redmond
Seattle Urological Associates .................... 206-292-6488

Speech Language Pathology
(see listing for Cancer Rehabilitation)

Stem Cell Transplant
(see listing for Medical Oncology/Hematology)

Testicular Cancer
www.swedish.org/cancer/testicular

Testicular cancer is relatively rare, but treatable. At the SCI, a multidisciplinary team of medical oncologists, radiation oncologists, and surgeons have the expertise and experience, along with the most advanced imaging, diagnostic tools, and technologies, to treat men with testicular cancer. Treatment may include surgery, chemotherapy, radiation therapy, stereotactic radiosurgery and hormone therapy.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology ............. 206-781-6010

Bellevue
SCI Medical Oncology/Hematology ............. 425-646-9340
Washington Urology Associates ............... 425-454-8016

Bothell
Western Washington Medical Group ............ 425-420-1655

Edmonds
SCI Medical Oncology/Hematology ............. 425-673-8300
Sound Urological Associates .................... 425-775-7166

Everett
Western Washington Medical Group ............ 425-252-8102

First Hill
SCI Medical Oncology/Hematology ............. 206-215-3600
Seattle Urological Associates .................... 206-292-6488
Swedish Surgical Specialists ..................... 206-215-3500
Swedish Urology Group ......................... 206-386-6266

Issaquah
SCI Medical Oncology/Hematology ............. 425-313-4200
Seattle Urological Associates .................... 206-292-6488
Swedish Surgical Specialists ..................... 425-313-7124

Kirkland
Washington Urology Associates ............... 425-899-5800

Mountain Terrace
Urology Northwest ................................. 425-275-5555

North Seattle
Puget Sound Cancer Centers ...................... 206-365-8252

Redmond
Seattle Urological Associates .................... 206-292-6488

Treastment may include surgery, chemotherapy, radiation therapy, stereotactic radiosurgery and hormone therapy.
Thoracic and Esophageal Cancers
www.swedish.org/ThoracicSurgery

Since 2004, Swedish Thoracic and Esophageal Surgery has become the largest thoracic and esophageal surgical practice in a five-state region that includes Washington, Wyoming, Alaska, Montana and Idaho.

In addition to being recognized as one of the top programs in lung cancer and benign esophageal surgery, the staff has developed a strong malignant esophageal program. They have been significant contributors to the development of the robotic surgery program at Swedish, and quickly became nationally recognized innovators in thoracic and esophageal robotic surgery.

A robust research program and prolific publishing have earned the medical staff recognition as national and international leaders in the field of thoracic and esophageal surgeries. Services include:
- Lung Cancer Screening Program
- Minimally Invasive Thymus Program
- Sympathectomy Surgery Program
- Pectus Excavatum Repair
- Acute Adult Rib Fracture Clinic
- Central Airway Obstruction Program
- Center for Pleural Disease
- Gastroesophageal Reflux Disease and Swallowing Center
- The LINX Reflux Management System
- Foregut Oncology Program
- Mesothelioma Program

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology.............206-781-6010
Edmonds
SCI Medical Oncology/Hematology.............425-673-8300
First Hill
SCI Medical Oncology/Hematology.............206-215-3600
Swedish Thoracic and Esophageal Surgery...206 215-6800
Issaquah
SCI Medical Oncology/Hematology.............425-313-4200
Swedish Thoracic and Esophageal Surgery 425-394-1690
North Seattle
Puget Sound Cancer Centers....................206-365-8252

Thyroid Cancer
www.swedish.org/cancer/thyroid

A multidisciplinary team of oncologists, surgeons, endocrinologists and nuclear medicine specialists collaborate to provide patients a comprehensive treatment plan for thyroid cancer. This core team identifies and adds additional cancer specialists and resources to ensure the best possible outcomes for thyroid cancer patients. Treatments may include a combination of surgery, radiiodine treatment, chemotherapy and radiation therapy.

LOCATIONS:
Ballard
SCI Medical Oncology/Hematology.............206-781-6010
Bellevue
SCI Medical Oncology/Hematology.............425-646-9340
Edmonds
SCI Medical Oncology/Hematology.............425-673-8300
First Hill
SCI Medical Oncology/Hematology.............206-215-3600
Swedish Head and Neck Surgery...............206-292-6464
Swedish Surgical Specialists.....................206-215-3500
True Family Women’s Cancer Center.........206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
SCI Medical Oncology/Hematology.............425-313-4200
Swedish Surgical Specialists.....................425-313-7124
North Seattle
Puget Sound Cancer Centers....................206-365-8252

TomoTherapy®
www.swedish.org/CancerTomoTherapy

The SCI designed its community-based radiation treatment center on the Swedish/Ballard campus to provide convenient access to the only TomoTherapy® Hi-Art® system in the Seattle metropolitan area. 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.

LOCATION:
Ballard
SCI Radiation Treatment Center................206-386-6707
Women’s Cancer Care
www.swedish.org/WomensCancer
www.swedish.org/TrueCenter

The SCI recognizes that a woman’s physiology, emotional needs and communication style are different from a man’s – as is her body’s response to cancer, chemotherapy, radiation and other treatments. Therefore, the SCI offers clinical, screening and diagnostic imaging, and patient and family support resources that are designed specifically for women with any type of cancer. The SCI has located these services in multiple locations throughout the Greater Puget Sound Area in order to make it convenient for women to access care close to where they live or work. Clinical team includes medical oncologists and surgeons who specialize in treating women, as well as oncologists with site-specific subspeciality training.

In June 2012, the SCI opened the True Family Women’s Cancer Center to offer women with cancer a unique experience – a facility focused exclusively on treating women. The natural collaboration that comes from co-locating specialists who have dedicated the majority of their medical careers to women’s cancer offers a tremendous benefit to women and their families. A specially trained care coordination team works with every patient to help make appointments, answer questions, and work behind the scenes to make everything go as smoothly as possible. A satellite cancer education center is located in the True Center, providing women and their families and caregivers access to information and classes on nutrition, exercise, managing symptoms and maintaining a positive outlook. Multiple support services are also located in the True Center, including: oncology social work, financial counseling, psychiatric care, genetic counseling, nutritional care, and expert-facilitated support groups. See page 10 for more information about the True Center.

Medical And Surgical Oncology

LOCATION:
Ballard
SCI Medical Oncology/Hematology .......... 206-781-6010
Bellevue
Pacific Gynecology Specialists .............. 206-965-1700
SCI Medical Oncology/Hematology .......... 425-646-9340
Edmonds
SCI Medical Oncology/Hematology .......... 425-673-8300
First Hill
Pacific Gynecology Specialists .............. 206-965-1700
SCI Medical Oncology/Hematology .......... 206-215-3600
True Family Women’s Cancer Center ........ 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Issaquah
Pacific Gynecology Specialists .............. 206-965-1700
SCI Medical Oncology/Hematology .......... 425-313-4200
Swedish Surgical Specialists ................. 425-313-7124
North Seattle
Puget Sound Cancer Centers................. 206-365-8252

Women’s Imaging

LOCATION:
Ballard
Swedish Breast Center ......................... 206-781-6349
Edmonds
Swedish Breast Center ......................... 425-673-3930
First Hill
Swedish Breast Imaging Center .............. 206-215-8100
First Hill Diagnostic Imaging ................. 206-329-6767
True Family Women’s Cancer Center ........ 206-991-2337
Issaquah
Swedish Breast Center ......................... 425-313-5400
Mill Creek
Swedish Imaging Center ...................... 425-357-3920
Mobile Mammography Program ............. 206-320-2500
Redmond
Swedish Imaging Center ...................... 425-498-2030
Swedish Cancer Institute Clinics and Services
Quick Reference

Information (toll free) ...... 855-XCANCER (855-922-6237)
Information (local) ..................206-215-3600

American Cancer Society Cancer
Resource Navigator ..................206-215-6557
Art Therapy ..........................206-215-6178

Athena Urology & Urogynecology
(Issaquah) ..........................425-392-8611

Brain Cancer – The Ivy Center for Advanced
Brain Tumor Treatment (Cherry Hill).......206-320-2300
Breast Center (Ballard) .................206-781-6349
Breast Center (Edmonds) ...............425-673-3930
Breast Imaging Center (First Hill) ......206-215-8100
Breast Imaging Center (Issaquah) ......425-313-5400
Breast Imaging Center (Mill Creek) ....425-357-3920
Breast Imaging Center (Redmond) ......425-498-2030

Cancer Education Centers
(First Hill, Issaquah) ..................206-386-3200
Cancer Rehabilitation (First Hill) ......206-215-6333
CellNetix Pathology (First Hill) ........206-215-5960
Classes ..............................206-386-2502

Colon & Rectal Clinic (Ballard, First Hill,
Mill Creek, North Seattle, Redmond) ....206-386-6600
Colon & Rectal Clinic (Issaquah) .......425-313-7075
Counseling (First Hill) ................206-540-0477
Counseling (Issaquah) .................425-313-4224
CyberKnife® (Cherry Hill) ..........206-320-7130
Diagnostic Imaging (First Hill) .........206-329-6787
Endoscopy (Edmonds) ................425-640-4062
Financial Counseling (First Hill) ......206-540-0477
Financial Counseling (Issaquah) ......425-313-4224
Gamma Knife® (Cherry Hill) ..........206-320-7130
Gastroenterology
(Ballard, First Hill, Redmond) .........206-215-4250
Gastroenterology (Issaquah) ...........425-313-5345
Genetic Counseling and Testing (First Hill)......206-215-4377
Head and Neck Surgery (First Hill) ......206-292-6464
Liver Center (First Hill) ................206-386-3660
toll free: 800-996-7426
Lung Cancer Screening Program (First Hill) ...206-386-6800
Massage Therapy (First Hill) ..........206-215-3007
Massage Therapy (Issaquah) ..........425-455-0088
Medical Imaging (Ballard) ............206-781-6361
Medical Imaging (Cherry Hill) .........206-320-3700
Medical Imaging (Edmonds) ..........425-640-4260
Medical Imaging (First Hill) ..........206-386-3990
Medical Imaging (Issaquah) ..........425-313-5400
Medical Imaging (Mill Creek) .........425-357-3920
Medical Imaging (Redmond) ..........425-498-2030

Medical Oncology/Hematology (Ballard) .....206-781-6010
Medical Oncology/Hematology (Bellevue) ....425-646-9340
Medical Oncology/Hematology (Edmonds) ...425-673-8300
Medical Oncology/Hematology (First Hill) ....206-215-3600
Medical Oncology/Hematology (Issaquah) ....425-313-4200
Medical Treatment Center (Ballard) ......206-781-6107

Meditation (First Hill) ...............206-386-3200
Mobile Mammography Program ..........206-320-2500
Music Therapy (First Hill) ................206-386-3200

Naturopathic Care/Northwest Natural Health
Specialty Care (First Hill, Issaquah) ......206-386-3015
Nutrition Care (First Hill) .............206-781-6228
Nutrition Care (Issaquah) ..............425-313-5301
Occupational Therapy (First Hill) ......206-215-6333
Occupational Therapy –
Outpatient (Issaquah) ..................425-313-7800
Onco-Physiatry (First Hill) ............206-215-6333

Otolaryngology Specialists
(First Hill, Ballard) ..................206-215-1770
Otolaryngology Specialists (Issaquah) ....425-313-7089

Pacific Gynecology Specialists
(Bellevue, First Hill, Issaquah) ......206-965-1700

PET/CT Imaging Center (First Hill) ......206-215-6487
Pharmacy (Ballard) ....................206-781-6343
Pharmacy (Edmonds) ..................425-673-8330

(continued next page)
Swedish Breast Imaging Center (First Hill) ................................. 206-540-0477
PsychoOncology (Issaquah) .................................................. 425-313-4224
Puget Sound Cancer Centers
(North Seattle) .......................... 206-365-8252
Radiation Oncology (Edmonds) ................. 425-640-4300
Radiation Oncology (First Hill) ............... 206-386-2323
Radiation Oncology (Issaquah) ............... 425-313-4200
Radiation Oncology (SCI at Highline) ...... 206-386-2626
Radiosurgery Center (CyberKnife, Gamma Knife) ................ 206-320-7130
Research/Clinical Trials (First Hill) .......... 206-215-3086
Research/Clinical Trials (Issaquah) .......... 425-313-4066
SCI Radiation Treatment Center - TomoTherapy® (Ballard) .... 206-386-6707
SCI Treatment Center (First Hill) .......... 206-386-2525
Seattle Urological Associates
(First Hill, Issaquah, Redmond) ............... 206-292-6488
Social Work Services (First Hill) ............ 206-540-0477
Social Work Services (Issaquah) ............ 425-313-4224
Sound Urological Associates (Edmonds) .... 425-775-7166
Speech Language Pathology (First Hill) .... 206-215-6333
Speech Language Pathology – Outpatient (Issaquah) .......... 425-313-7800
Support Groups (First Hill) .................. 206-540-0477
Support Groups (Issaquah) .................. 425-313-4224
Swedish Breast Center (Ballard) .............. 206-781-6349
Swedish Breast Center (Edmonds) .......... 425-673-3930
Swedish Breast Center (Issaquah) .......... 425-313-5400
Swedish Breast Imaging Center (First Hill) .... 206-215-8100
Swedish Colon & Rectal Clinic (Ballard, First Hill,
Mill Creek, North Seattle, Redmond) ......... 206-386-6600
Swedish Colon & Rectal Clinic (Issaquah) .... 425-313-7075
Swedish Gastroenterology (Ballard, First Hill, Redmond) ....... 206-215-4250
Swedish Gastroenterology (Issaquah) ....... 425-313-5345
Swedish Head and Neck Surgery (First Hill) ..... 206-292-6464
Swedish Imaging Center (Issaquah) .......... 425-313-5400
Swedish Imaging Center (Mill Creek) ......... 425-357-3920

Swedish Imaging Center (Redmond) ............ 425-498-2030
SCI Medical Oncology/Hematology (Ballard) ... 206-781-6010
SCI Medical Oncology/Hematology (Bellevue) ........................................ 425-646-9340
SCI Medical Oncology/Hematology (Edmonds) ........................................ 425-673-8300
SCI Medical Oncology/Hematology (First Hill) ...... 206-215-3600
SCI Medical Oncology/Hematology (Issaquah) ........................................ 425-313-4200
Swedish Liver Center (First Hill) ............ 206-386-3660
toll free: 800-996-7426
Swedish Otolaryngology Specialists
(Frist Hill, Ballard) ............................... 206-215-1770
Swedish Otolaryngology Specialists
(Issaquah) ........................................ 425-313-7089
Swedish Radiosurgery Center - CyberKnife®
and Gamma Knife® (Cherry Hill) .......... 206-320-7130
Swedish Surgical Specialists (Ballard,
First Hill, West Seattle) .................... 206-215-3500
Swedish Surgical Specialists
(Issaquah, Redmond) .......................... 425-313-7124
Swedish Urology Group (Ballard, First Hill) .... 206-386-6266
Swedish Thoracic and Esophageal Surgery
(First Hill) ........................................ 206-215-6800
The Ben and Catherine Ivy Center for Advanced
Brain Tumor Treatment (Cherry Hill) ....... 206-320-2300
TomoTherapy® .................................. 206-386-6707
True Family Women’s Cancer Center
(First Hill) ........................................ 206-215-5900
toll free: 855-TRUECTR (855-878-3287)
Urology Northwest (Mountain Terrace) ....... 425-275-5555
Washington Urology Associates (Bellevue) .... 425-454-8016
Washington Urology Associates (Kirkland) .... 425-899-5800
Western Washington Medical Group
(Bothell) ......................................... 425-420-1655
Western Washington Medical Group
(Everett) ........................................ 425-252-8102

This directory is current as of the date of publication.
For additional assistance locating a specific Swedish
Cancer Institute program, clinic or physician for your
patient, please call:
Information (toll free) - 855-XCANCER (855-922-6237)
Information (local) - 206-215-3600