Cancer is not an easy journey, but at John Stoddard Cancer Center, we are committed to making sure you have the services available to help make that journey as easy and positive as possible. We offer many specialty services to patients and their families, including:

- Adolescent and Young Adult Program (AYA)
- Case Management
- Chaplains
- Child Life Specialists
- Clinical Trials
- Counseling Services
- Education and Outreach
- Genetic Counseling/Testing
- Home Care
- Hospice
- Look Good...Feel Better
- Lymphedema Clinic
- Multidisciplinary Programs
- Nutrition Services
- Oncology Navigation Program
- Oncology Pharmacists
- Palliative Care
- Patient Education Classes
- Social Workers
- Support Groups
- Survivorship Program

For more information on John Stoddard Cancer Center Specialty Services, visit johnstoddardcancer.org or call (515) 241-3343.
Philanthropy at John Stoddard Cancer Center

Philanthropy plays an integral role in the full-continuum of care provided by the dedicated team at John Stoddard Cancer Center. In 2015, John Stoddard Cancer Center received $956,114 in gifts from individuals, foundations and organizations. This support helps to make possible the programs that are provided free to patients and not reimbursed through insurance. Some of those programs include the Oncology Navigation Program, the Stoddard Compassion Fund, the What’s On Your Mind? Program, the Adolescent & Young Adult (AYA) Cancer Program, and the Survivorship Program.

#### 2015 CHARITABLE CONTRIBUTIONS

- **Foundations and Organizations**: $401,656 (42%)
- **Individuals**: $554,458 (58%)

#### ALL JOHN STODDARD CANCER CENTER PATIENT VOLUMES BY CANCER SITE (2015)

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>325</td>
<td>3</td>
<td>322</td>
</tr>
<tr>
<td>Lung/Respiratory</td>
<td>306</td>
<td>159</td>
<td>147</td>
</tr>
<tr>
<td>Colorectal</td>
<td>198</td>
<td>103</td>
<td>95</td>
</tr>
<tr>
<td>Urinary System</td>
<td>178</td>
<td>125</td>
<td>53</td>
</tr>
<tr>
<td>Prostate</td>
<td>152</td>
<td>152</td>
<td>-</td>
</tr>
<tr>
<td>Other Digestive</td>
<td>151</td>
<td>91</td>
<td>60</td>
</tr>
<tr>
<td>Female Genital</td>
<td>142</td>
<td>-</td>
<td>142</td>
</tr>
<tr>
<td>Leukemia/Lymphoma</td>
<td>142</td>
<td>86</td>
<td>56</td>
</tr>
<tr>
<td>Skin</td>
<td>65</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>50</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>Endocrine</td>
<td>46</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>40</td>
<td>28</td>
<td>12</td>
</tr>
<tr>
<td>Other/Ill-Defined</td>
<td>26</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>24</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,845</td>
<td>834</td>
<td>1,011</td>
</tr>
</tbody>
</table>

#### PATIENT SATISFACTION SCORES (2015)

<table>
<thead>
<tr>
<th>Department</th>
<th>Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Unit</td>
<td>86.6</td>
<td>57th</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>94.0</td>
<td>82nd</td>
</tr>
</tbody>
</table>
Community Outreach

It’s Your Skin Iowa

John Stoddard Cancer Center, Mercy Cancer Center, the American Cancer Society, and the Iowa Cancer Consortium have partnered to educate high school students on the dangers of indoor and outdoor tanning for the second year in a row. It’s Your Skin Iowa involves reaching out to high school students, and through friendly competition, encourages teens not to tan for events like spring break and prom. Students were encouraged to sign an online pledge not to tan and participate in an Instagram contest. There were nineteen high schools in twelve Iowa counties participating in 2016, with 482 pledges not to tan signed. Diagonal High School in Diagonal, Iowa won $500 cash for having the most pledges signed per total of the student body. There were sixteen Instagram posts. Students from Centerville High School and Baxter High School won $100 Amazon gift cards for their posts. The project committee visited and/or presented at fifteen Iowa high schools with the Dermascan, which shows damage below the surface of the skin. For more information visit www.itsyourskiniowa.org.

Fight Strong Fight Together Campaign

John Stoddard Cancer Center and the Polk County Health Department have partnered on a grant from the National Breast Cancer Foundation. African American women are oftentimes diagnosed with breast cancer at later stages, thus making it harder to treat and having less successful outcomes. The grant involves reaching out to those in the African American community to educate on the importance of breast health, raising awareness about breast cancer, and getting those in need of mammograms connected with that service.

The Fight Strong Fight Together Campaign is the result of the grant money awarded to John Stoddard Cancer Center. There are several components of the campaign. Women in the African American community have received training through this grant to educate and inform others in the community on the importance of mammograms and to create awareness. Some of those women educating in the community have also administered a survey to women they talk with to better understand what barriers are present to getting mammograms and clinical breast exams. A newsletter has also been developed for people within the African American community to raise awareness.

A free, community wide event was held called Fight Strong Fight Together as part of the grant. The goal of the evening was to bring together the community to promote awareness of breast cancer screening and the importance of early detection within the African American community. This evening also served as the forum to premier two videos featuring members of the African American community who have been impacted by breast cancer and their experiences. Approximately 60 to 70 women and men attended the event.

We are pleased to continue this work and, at the same time, reach other underserved communities along with our partner, the Polk County Department of Public Health. This is not something that would have happened in this way without the support of the grant from the National Breast Cancer Foundation.
Rally Against Cancer

The 2016 Rally Against Cancer featured speaker was cancer survivor, former Buffalo Bills All Pro Quarterback and Hall of Fame inductee Jim Kelly. He was diagnosed in June of 2013 with squamous cell carcinoma, a form of cancer in his upper jaw. Jim spent part of his day sharing his story with patients, visitors, and staff members on the Oncology Inpatient unit. In the evening, more than 500 members of the community came together to show their support and joined together in the fight against cancer, a disease that affects us all in some way. The event raised more than $210,000 to support the Oncology Navigator Program, which is provided free of charge to patients of John Stoddard Cancer Center. The Oncology Navigators help patients navigate through the cancer journey and provide ongoing support beyond the last treatment.

Other programs supported through the Rally Against Cancer include:

- Coffee, Cookies & Conversation
- Support Groups & What’s On Your Mind? Program
- Adolescent & Young Adult Cancer Program
- Stoddard Compassion Fund
- Survivorship Program

Over 90 cancer survivors and guests attended Cancer Survivor’s Day at Raccoon River Park

Fun at the Iowa State Fair with the Honorary Co-Chairs of our booth, Iowa Senator Chuck Grassley and Mrs. Barbara Grassley

Rally Against Cancer featured speaker Jim Kelly

Girls’ Night in the Village

Race for the Cure

Former Buffalo Bills quarterback Jim Kelly pictured with Staff before Rally Against Cancer Annual Fundraiser

Iowa State Fair

Health Awareness & Screening Booth

Milton Riepe Solarium

John Stoddard Cancer Center
The pancreas is an organ located behind the stomach that runs diagonally across the upper abdomen. It is about 6 inches long and 2 inches wide. The pancreas is composed of 2 different types of cells: exocrine cells that make up most of the pancreas and produce digestive enzymes released into the bowel to aid in digestion and endocrine cells that produce hormones released into the blood. The 2 most important hormones are insulin and glucagon that help regulate blood sugar.

The most common cancer of the pancreas is adenocarcinoma that originates from the exocrine cells and represents 95% of all pancreas cancers. Cancers of the endocrine pancreas are called neuroendocrine tumors or islet cell tumors and represent 5% of pancreatic cancers. About half of these tumors produce hormones causing symptoms (functional) while the other half do not produce hormones (non-functional). The remainder of the discussion on pancreas cancer will pertain to adenocarcinoma as this is by far the most common form of pancreas cancer.

Key statistics about adenocarcinoma of the pancreas:
- The American Cancer Society estimates that in 2016 there will be about 53,070 new cases of pancreas cancer (27,670 men and 25,400 women).
- About 41,780 people will die from the disease (21,450 men and 20,330 women).
- Pancreas cancer accounts for 3% of all cancers and 7% of all cancer deaths
- New cases of pancreas cancer have increased 0.6% each year over the past 10 years.
- Pancreatic cancer death rates have been stable from 2004-2013.

Risk factors for pancreas cancer:
A risk factor is defined as anything that affects your chance of getting a disease such as cancer. Some risk factors can be changed, such as smoking and obesity (modifiable), whereas others cannot, such as family history or age (non-modifiable).
- Smoking – doubles your risk for pancreas cancer
- Overweight and obesity
- Type 2 Diabetes
- Chronic pancreatitis
- Age – almost all patients are older than 45 with 2/3rds older than 65
- Inherited genetic syndromes – accounts for up to 10% of pancreas cancers

Signs and symptoms of pancreas cancer:
Signs and symptoms can be vague and are more likely to be caused by other conditions. Signs and symptoms include abdominal or back pain, poor appetite and weight loss, nausea and vomiting, jaundice (yellowing of the skin due to blockage of the bile duct by the cancer) and occasionally the first sign may be venous blood clots. Symptoms are usually late in the course of the disease due to the position of the pancreas deep in the abdomen. There is no effective screening test for pancreas cancer.

How is pancreas cancer diagnosed?
The first step in diagnosis is a complete history and physical by your doctor. If your doctor is suspicious of possible cancer she/he may order some lab tests and possibly a CT scan or MRI of the abdomen. These tests will define the anatomy of the pancreas and will be able to tell if there is a mass and if it has spread to lymph nodes or other organs.

If a mass is found then diagnosis can be made by performing a biopsy. This can be done by inserting a needle through the skin into the mass using CT to guide the needle (CT guided percutaneous biopsy) or it may be performed by inserting a scope down your throat into the stomach or small bowel where ultrasound is used to guide a needle into the pancreas mass (endoscopic ultrasound guided biopsy).
Survival rates:
Survival rates refer to the number of people with a disease that are alive after a certain amount of time – usually 5 years. For pancreas cancer 5 year survival rates are uniformly poor. For all stages the 5 year survival is 7.7%. For early stage disease (cancer confined to the pancreas) 5 year survival is 14% but for late stage disease (the cancer has spread beyond the pancreas to lymph nodes or other organs) 5 year survival is 1-3%.

Treatment of pancreas cancer:
Treatment options depend on how advanced the disease is (confined to the pancreas vs. spread outside the pancreas) and the person’s overall health.

- **SURGERY**: definitive, potentially curative surgery can only be accomplished if the surgeon thinks that all of the cancer can be removed. Fewer than 1 in 5 cancers will be confined to the pancreas and can potentially be removed. Despite imaging suggesting that the cancer can be removed, once the surgeon starts the operation it may become clear that the tumor cannot be completely removed. The most common surgical procedure for removing pancreas cancer is the Whipple procedure where the pancreas head, duodenum, distal stomach, gallbladder and part of the bile duct are removed.

- **CHEMOTHERAPY**: chemotherapy may be given before surgery to shrink the tumor (neoadjuvant) or after surgery to kill any cells left behind (adjuvant). If the tumor cannot be removed surgically then chemotherapy can be given to help prolong the person’s life. Depending on the person’s overall health 2 or more chemotherapy drugs may be given at the same time.

- **RADIATION**: radiation may be used before surgery to shrink the tumor possibly making it easier to remove. Radiation may be used if the tumor has grown beyond the pancreas and cannot be removed surgically.

As with most cancers the best way to minimize your risk is to modify your risk factors. For pancreas cancer this means not smoking and if you do, quitting, maintaining a normal weight, minimizing your alcohol intake and lead a lifestyle that minimizes your risk of diabetes.

### 2015 Hepatobiliary Cases by Stage

<table>
<thead>
<tr>
<th>SITE NAME</th>
<th>NBR Cases</th>
<th>Stage 0</th>
<th>Stage I</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
<th>Stage Unknown</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QTY</td>
<td>%</td>
<td>QTY</td>
<td>%</td>
<td>QTY</td>
<td>%</td>
<td>QTY</td>
<td>%</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>12</td>
<td>17%</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>8%</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Live and Bile Ducts</td>
<td>8</td>
<td>11%</td>
<td>0</td>
<td>0%</td>
<td>2</td>
<td>25%</td>
<td>1</td>
<td>13%</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>3</td>
<td>4%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other Biliary Tract</td>
<td>5</td>
<td>7%</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>20%</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>43</td>
<td>61%</td>
<td>0</td>
<td>0%</td>
<td>6</td>
<td>14%</td>
<td>17</td>
<td>40%</td>
</tr>
<tr>
<td><strong>OVERALL TOTALS</strong></td>
<td>71</td>
<td>100%</td>
<td>0</td>
<td>0%</td>
<td>10</td>
<td>14%</td>
<td>21</td>
<td>30%</td>
</tr>
</tbody>
</table>

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases. Percentages are rounded and therefore may not add up to 100.
Cancer Committee Members

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Dwight Deason
Oncology Social Worker

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Surgery

Steven Elg, MD
Gynecology

Jan Freese
Clinical Outcomes

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Steve Hedinger, MD
Medical Oncology/Committee Chair

Anne Heun
Genetics

Liddy Hora
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Rachael Johnson, RN
Adult Oncology Inpatient Unit

Greta Lange
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Gina Mandernach, RN
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Ione Wilson
Secretary

Wendy Woods-Swafford, MD
Pediatric Oncology

Sarah Zeidler
Executive Director

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Jim Rasmussen, UnityPoint Health – Des Moines
David Stark, UnityPoint Health – Des Moines
Sarah Zeidler, Executive Director

For more information about the programs and services of John Stoddard Cancer Center, visit JohnStoddardCancer.org