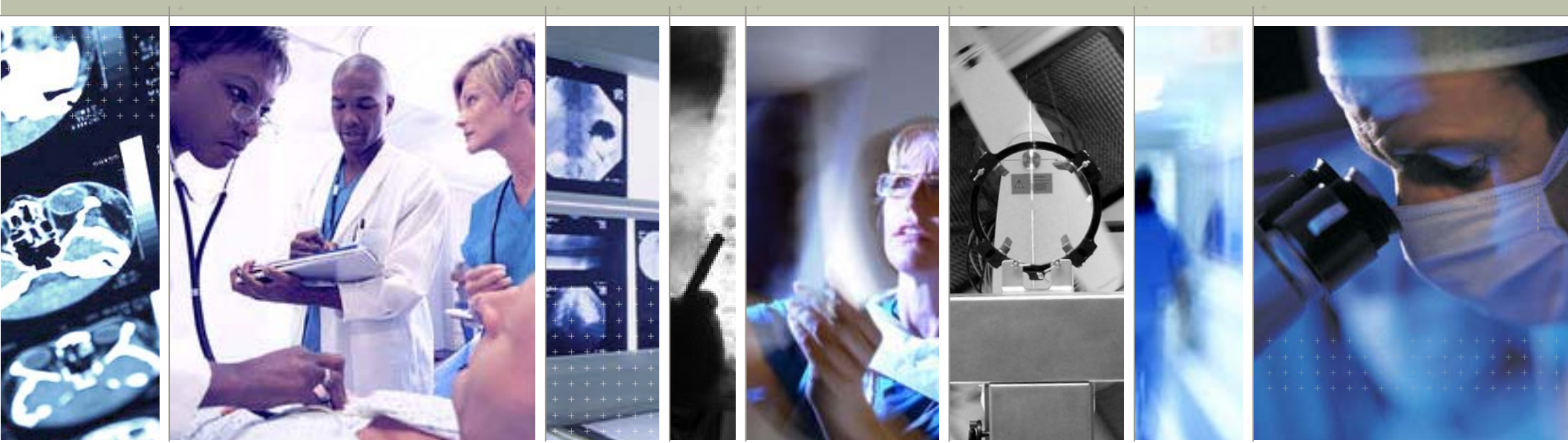


JOHN STODDARD CANCER CENTER
ANNUAL REPORT | 2007



HEALTH, HOPE & HEROES

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In 1990, John Stoddard's compassion for others compelled him to support Iowa Methodist Medical Center's new cancer center with a \$4 million gift. In recognition of his generosity, the center was named the John Stoddard Cancer Center and opened in 1992. We are happy that John Stoddard's vision remains today and are proud to be celebrating 15 years of providing cancer care at the John Stoddard Cancer Center.



A MESSAGE FROM THE LEADERSHIP



Each of the words in the phrase “*Health, Hope and Heroes*” plays a very important role in the care we provide to our patients. That’s why we’ve chosen them as the theme for the 2007 John Stoddard Cancer Center Annual Report.

In partnership with community physicians, it is our goal to provide only the highest quality *health*care possible to our patients. In 2006 we treated 5,634 cancer patients at Stoddard – representing 59 counties in Iowa and 25 states in the nation. But these patients are more than just numbers to us. We know that each individual and each cancer diagnosis is unique. Our physicians and staff work together every day to make sure that the therapies and treatment options are tailored for each patient’s specific needs.

In this time of great advancement in cancer care, we will continue to offer even more *hope* as new discoveries are made and new treatment options become available. Genetic testing is one of our programs that continues to grow, and we hope that as more people are aware of their risks, the number of early detection cases will continue to rise.

Most important to us are our patients. They are our *heroes* – the determination and strength they show day in and day out is why we are all a part of cancer care. The personalized care that Stoddard provides to each patient is very important to us. We want them to know they are not alone – we are in this fight together.

In closing, we would like to say thank you to all of the physicians, nurses, support staff and volunteers who have made the John Stoddard Cancer Center the place it is today. Your commitment and dedication to patient care is unmatched. With your help we will continue to provide only the highest quality of care to our patients today, tomorrow and everyday thereafter.

Sincerely,

J. Phil Harrop, FACHE

Executive Director
John Stoddard Cancer Center

Brad Brody

Board Chair
John Stoddard Cancer Center

BOARD OF DIRECTORS

JOHN STODDARD CANCER CENTER

In July 2006, the John Stoddard Cancer Center named its first Board of Directors. This is a huge step in Iowa Health's commitment to provide the best possible care to our patients and families. The Board has been charged with setting the mission and vision for Stoddard, providing overall strategic direction and

helping to support the services we offer through their time and commitment. Many of our board members have been touched by cancer either personally or through a family member or friend. Some have been participants in our programs and experienced firsthand the difference Stoddard makes in the lives of our

patients and their family members. In the months and years to come, you may not meet these individuals personally, but their hard work and dedication will be shown in the great care our patients will continue to receive. We'd like to introduce you to Stoddard's first Board of Directors.



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|------------------------------------|-----------------------|--------------------------|
| 1 BRAD BRODY | 6 BRYAN LARSEN, Ph.D. | 11 BRUCE SHERMAN |
| 2 J. PHIL HARROP, FACHE | 7 FRANK J. MARCOVIS | 12 DAVID A. STARK, FACHE |
| 3 BRADLEY K. HIATT, D.O. | 8 JAN MILLER-STRAUB | 13 TERI WOOD-TEBOCKHORST |
| 4 KIM JOHNSON | 9 ROBERT W. SAPP | |
| 5 DANIEL R. KOLLMORGEN, M.D., FACS | 10 DIANNE SHEARER | |



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One of the first and most important goals of the newly formed John Stoddard Cancer Center Board of Directors was to establish the Mission, Vision and Values for Stoddard. This guiding language was developed by the board after careful consideration to lead us into the future.

MISSION

The John Stoddard Cancer Center will provide compassionate, quality, comprehensive care for our patients and their families.

VISION

The John Stoddard Cancer Center will be the premier cancer center in the Midwest by providing fully-integrated programs and services.

This will be accomplished through the use of:

- Multi-disciplinary teams consisting of top talent throughout all levels of the organization
- Proven, leading edge technology and techniques
- Active participation in clinical trials

The result will be an extraordinary patient and family experience.

CORE VALUES

COMPASSION: We are committed to serving our community and each other with care.

OPENNESS: We are committed to communicating with others in an effective and honest manner.

RESPECT: We are committed to treating others with dignity.

EXCELLENCE: We are committed to exceeding the expectations of our patients, families and the community.



MAURINE BJORNSON (FRONT) CONSIDERS MICHAEL PAGE, M.D. (LEFT), ROBERT BEHRENS, M.D. (RIGHT), AND THE NURSES AND STAFF AT THE JOHN STODDARD CANCER CENTER AS HER HEROES.

MAURINE'S HEROES

LIKE MOST HEALTHY WOMEN in their 40s, Maurine Bjornson never expected to be facing a cancer diagnosis. But when she was, she needed state-of-the-art care by dedicated professionals, and she found it at the John Stoddard Cancer Center. Today, Maurine counts Michael Page, M.D., Robert Behrens, M.D., their nurses and the John Stoddard staff among her heroes.

Maurine was a fit 49-year-old in the summer of 2004 when a friend talked her into participating in a wellness screening through work. The screening revealed that Maurine's

hemoglobin was low, prompting a visit to her primary care physician, Jeffrey L. Bebensee, M.D., with Merle Hay Family Medicine. Dr. Bebensee prescribed iron pills, but Maurine's hemoglobin count remained low and she had begun feeling a bit tired. Dr. Bebensee recommended an endoscopy and colonoscopy to further research the source of Maurine's anemia.

In November 2004, Maurine had a colonoscopy at the John Stoddard Cancer Center. Dr. Page, a colorectal surgeon with The Iowa Clinic, was immediately brought in to review Maurine's results. The test revealed a

large cancerous mass in Maurine's right colon. "All tumors start out as polyps, and normally we think it takes five to ten years for those to turn into cancer," Dr. Page says. "Because of Maurine's young age, we suspect that her cancer may have developed quicker than normal. Her mass was large enough that we wanted to get it out right away and make sure it hadn't metastasized or spread."

"The word cancer is just so scary. I remember my husband asking Dr. Page if we should go to Mayo Clinic," Maurine recalls. "He said, 'You won't get any better care there than you'll get here,' and he was right. He was very reassuring, and his caring counseling helped us through that time."

Instead of spending Thanksgiving vacationing in Mexico as planned, Maurine spent her holiday at the John Stoddard Cancer Center recuperating from surgery to remove the mass. Pathology revealed a stage II colon cancer that had not metastasized. Dr. Page says Maurine came through surgery with no complications, and he was very pleased with her recovery.

Dr. Page then referred Maurine to Dr. Behrens, an oncologist with Medical Oncology and Hematology Associates. Dr. Behrens explains that even with a successful cancer surgery such as Maurine's, supplemental treatment is often wise. "Microscopic cancer cells that aren't visible at surgery, or even detectable by the most sophisticated scans, may later grow and become problematic tumors," he says. "Chemotherapy can eradicate these cells and lower the risk that cancer will return."

Maurine decided to participate in the C-08 nationwide clinical research trial testing new colon cancer chemotherapy drugs. C-08 participants either received FOLFOX—the current best proven therapy for colon cancer—or FOLFOX plus Avastin, a new drug that uses facets of the immune system to shrivel up blood vessels and starve out cancer cells.

Through the trial’s random selection process, Maurine received the standard FOLFOX regimen.

“As a society, the only way we can improve and attain higher cancer cure rates 20 years from now is to test new drugs,” Dr. Behrens explains. “Although she received the standard chemotherapy, Maurine’s participation in the trial was still very essential. She did something to help not only herself, but society as a whole.”

Over a six-month period, Maurine wore a waist pack that held her chemotherapy for two days every two weeks, as the medicine slowly entered her system through a port Dr. Page implanted in her shoulder. “It gave me a sense

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Dr. Page and Dr. Behrens were very good about listening and adjusting my treatments as necessary. I learned that they really treat each patient uniquely.

of normalcy to be able to continue working,” she explains. “Dr. Page and Dr. Behrens were very good about listening and adjusting my treatments as necessary. I learned that they really treat each patient uniquely.”

Maurine credits Dr. Behren’s nurse, Ramona, and other John Stoddard medical staff with being very caring, compassionate and “awesome” at explaining potential side effects. She knew in advance to expect hair loss, for example, but that she wouldn’t go completely bald. “Both of my daughters got married while I received chemotherapy, and I ended up not wearing wigs to either of their weddings. I decided

to embrace who I was at the time,” Maurine says.

Maurine’s diagnosis prompted her family members to be checked as well, including her 78-year-old mom, Dorothy, who’d experienced chronic cold symptoms. She was diagnosed with stage IV ovarian cancer that had metastasized to her colon. Through her ensuing surgery and chemotherapy, Maurine says Dorothy received wonderful care by Drs. Page and Behrens and the John Stoddard staff. Although Dorothy passed away in May 2007, “We had two-and-a-half wonderful years with her that we didn’t think we’d have,” Maurine says.

Since completing chemotherapy in July 2005, Maurine has had continued follow-ups with Dr. Page and Dr. Behrens. For clinical trial tracking, Dr. Behrens expects continued follow-ups with Maurine over the next decade. At his recommendation, she celebrated two years of being cancer-free in 2007. She looks forward to the five-year milestone as well, which Dr. Page says is when an individual who has had no recurring cancer is typically considered “cured.”

Drs. Page and Behrens continue to advance the treatment of colon cancer in cooperation with John Stoddard Cancer Center. The doctors meet regularly with their John Stoddard medical team, which today includes a colon cancer coordinator role developed at their recommendation, to discuss treatment plans and patient needs.

Today, thanks to her John Stoddard heroes, Maurine has her health and hope for a future with many more celebrations.

Genetic Testing Empowers Informed Choices

Genetic testing available through the John Stoddard Cancer Center may change the future for people with a cancer-causing genetic mutation. Pati Berger, RN, OCN, BSN, oncology research coordinator, says individuals with a genetic colon mutation have a 90 percent chance of developing colon cancer, a 63 percent chance of endometrial cancer, and a 40 percent chance of ovarian cancer.

“With a simple blood test, we can determine if a cancer-causing genetic mutation is present,”

Berger explains. “Our goal is to find cancer as early as possible. Parents can also use genetic testing to learn about their children’s health status at an early age, for example, to empower them to be as healthy as possible. Having this knowledge helps individuals make informed choices.”

To learn more about genetic testing, call Pati Berger, RN, OCN, BSN, at (515) 241-8704 or visit www.johnstoddardcancer.org.

A FAMILIAR FACE MAKES ALL THE DIFFERENCE

WHEN KAREN PETERSON and Elaine Berry found out their sister, Jean Peters, was diagnosed with colon cancer in February 2007, all they could think was, “Not again!” The sisters lost their mother, Norma Peters, to leukemia just three months earlier in November 2006.

When Karen, Elaine, Jean and other family members arrived at the hospital, they found a familiar face – Carol Frazell, RN, OCN, the colon cancer care coordinator at the John Stoddard Cancer Center. Carol was a staff nurse in the John Stoddard Adult Oncology Inpatient Unit for five years and cared for their mother during her treatment. In January 2007, Carol started coordinating care for colon cancer patients. “Carol is a quiet person with a gentle manner,” Elaine relates. “Her calm and caring manner, together with her strong faith, helped all of us, not just Jean,” she explains.

Carol prefers to meet with patients within 24 hours of their diagnosis. If the patient is scheduled for surgery, she talks through pain

medications and every step of the process so they know what to expect.

“I do an overview of what the doctor has proposed before they begin treatment to give the patient a thorough understanding,” Carol explains. “I ask what their biggest fear is and we talk that through.”

Carol strives to do three things for her patients: help coordinate their care; enhance the teaching and learning; and support them through their journey.

To coordinate care, Carol might work with patients to schedule two different appointments on the same day to reduce trips to the hospital. She also works to respect scheduled family vacations and may help a patient schedule their treatment around a precious family time.

To enhance teaching, Carol works to answer every question a patient might have so they aren’t fearful. “We could always count on seeing Carol’s smile each day,” remembers Karen. “We could ask as many questions as we might have that day and then get answers. If she didn’t have the answers right then, she would let us know and find out.”



CAROL FRAZELL, RN, OCN, STODDARD'S COLON CANCER CARE COORDINATOR, MEETS WITH JEAN PETERS' FAMILY MEMBERS (FROM LEFT TO RIGHT) KAREN PETERSON, MARK PETERS, LEONARD PETERS, FRAZELL, JOHN PETERS AND ELAINE BERRY.

Carol is the patient’s advocate through their cancer journey. “I want them to know about all the options for their care and have truthful understanding,” she explains. “I work closely with the doctors to respect the patient’s decisions and support them.” Cancer treatment is complicated with many options and choices. “Patients know that I’m available anytime by phone or in the office to answer their questions,” she adds.

Carol knows a lot about how patients feel. Not only is she a nurse certified in oncology, hospice and palliative care, she’s a 19-year breast cancer survivor. “I have always loved teaching and patient care,” Carol says. “I get to bring hope and encouragement to people and meet some very courageous families.” Carol would put the Peters family in that group. “I was blessed to have the privilege of working with their family.”

For more information on our Cancer Care Coordinator Program, call Carol Frazell, RN, OCN, at 515-241-4344.

FIGHTING CANCER

At Stoddard, our patients receive the most advanced treatment options and leading edge technology available today. Treatments may involve chemotherapy, surgery, radiation therapy, or any combination of these. Many treatment procedures can be performed on an outpatient basis, allowing lifestyles to continue with minimal disruption. The following is just a small sampling of the options we offer in our fight against cancer.

STEREOTACTIC RADIOSURGERY (SRS)

The John Stoddard Cancer Center was the first to offer SRS in central Iowa. Stoddard searched the country to find the system that best suited the needs of our patients – and we brought SRS to Des Moines in 2004. SRS offers sub-millimeter accuracy in the effective and efficient treatment of brain lesions. Only one treatment is necessary. Brain metastasis, AVMs, acoustic neuromas, pituitary adenomas and certain meningiomas can be effectively controlled with SRS. Our system has the highest dose rate available, which allows us to offer treatment to patients in as little as 30 minutes.

INTENSITY MODULATED RADIATION THERAPY (IMRT)

Stoddard introduced the first IMRT program to treat both prostate and head/neck cancer patients

in central Iowa. The newest treatment planning systems and the same optical localization we use for SRS combine to provide the highest level of accuracy and beam conformity for prostate, head/neck and other sites. What does this mean to the patient? It allows the linear accelerator to “paint” radiation doses around the tumor, lymph nodes and tissue at risk as well as shield critical structures. A computer-controlled linear accelerator moves around the patient while simultaneously changing the shape and intensity of the radiation field. Precise accuracy and efficiency are delivered as never before in the field of radiation oncology.

MAMMOSITE®

Radiation therapy with Mammosite® delivers radiation directly to the breast tissue surrounding the original tumor, minimizing radiation exposure to the rest of the breast, skin, ribs, lungs and heart. This form of treatment can be completed in just five days, compared to the traditional six weeks. Stoddard first introduced Mammosite® in March 2006, and is the only provider of this option in central Iowa. Candidates for this clinical trial have early-stage breast cancer (stage I or stage II) and have had a lumpectomy. If it is discovered that the woman’s tumor is too close to the surface of the skin, or if the lumpectomy cavity is not uniform, the cancer center will

administer external radiation from the high-dose-rate machine. Women from the clinical trial will be tracked to determine whether partial breast irradiation is as effective in treating breast cancer as whole-breast irradiation.

OVARIAN CANCER SCREENING TRIALS

The John Stoddard Cancer Center teamed up with the M.D. Anderson Cancer Center and Massachusetts General Hospital to offer ovarian cancer screening trials, which are designed to detect cancer earlier in women at risk for ovarian cancer. Among women in the United States, ovarian cancer ranks fifth in incidence, according to the National Cancer Institute. These trials are extremely important because ovarian cancer is not always hereditary, nor are there any obvious presenting symptoms. There are no proven methods of preventing ovarian cancer, and it is often a rapidly progressive disease. Women who are diagnosed early have a higher survival rate.

For more information on Stoddard treatment options, please call Kathy Hunnicutt, RN, OCN, at 515-241-8505 or visit our website at www.johnstoddardcancer.org.

CANCER COMMITTEE

The Cancer Committee at Stoddard is a dedicated multidisciplinary committee representing a number of areas within the organization. The Cancer Committee's responsibility is to maintain a role of leadership and to ensure compliance with the American College of Surgeons (ACoS) Commission on Cancer standards. The ACoS is an approvals program encouraging hospitals, treatment centers, and other facilities to improve their quality of patient care through various cancer-related programs.



MEMBERS OF THE 2007 STODDARD CANCER COMMITTEE

Daniel Kollmorgen, M.D., FACS, surgical oncologist with The Iowa Clinic, has served on the Cancer Committee for six years as Stoddard's Cancer Liaison Physician. In that role, Dr. Kollmorgen volunteers his time to help promote cancer-related activities within the organization and community.

CANCER LIAISON PHYSICIAN REPORT

DANIEL R. KOLLMORGEN, M.D., FACS

As the Cancer Liaison Physician at Stoddard for the past six years, I have seen and been a part of many exciting changes that have occurred. The amount of time and effort dedicated to cancer patients and education increases every year. The quality and variety of services at Stoddard has never been stronger.

An area of rapid change involves the definition and measurement of quality cancer care. Over the last several decades the Commission on Cancer (CoC) has invested an ongoing effort to record stage and outcome information on all new cancers. Locally, the Stoddard staff logged detailed information into the National Cancer Data Base on over 1,500 cases in 2006. As the Cancer Liaison Physician, I help to assure that the information is complete and accurate.

Recently, the CoC has been able to begin a feedback program to local institutions. Specifically, using their own submitted data, the cancer centers can compare their treatment results with recommended national standards. So far this information has been developed for breast and colorectal cancer. In the future all major cancer outcomes will be recorded and compared for institutions approved by the ACoS. It is our hope that this data – combined with the other CoC activities - will improve and standardize the quality of care for cancer patients throughout the country.

2007 CANCER COMMITTEE MEMBERS

Bradley Hiatt, D.O. (Chairperson) Medical Oncologist	Kevin DeRonde Outpatient Services Manager
Daniel Kollmorgen, M.D., FACS (Physician Liaison) Surgical Oncologist	David Edgar Foundation, Director of Development
Robert Behrens, M.D. Medical Oncologist	Donald R. Elly Pastoral Services
Stephen Elliott, D.O., Ph.D. Pediatric Oncologist	Carol Frazell, RN, OCN Colon Cancer Care Coordinator
John Glazier, M.D. Pulmonologist	Janet Eppard Freese, RHIA, CPHQ Clinical Quality Specialist
Kathleen Hansen, M.D. Pathologist	Evangelos P. Gavathas, Ph.D., DABR Chief Medical Physician
Steve Hedding, M.D. Medical Oncologist	J. Phil Harrop, FACHE Executive Director
George Lederhaas, M.D. Anesthesiologist	Laurie Hofbauer Administrative Assistant
Michael Mohan, M.D. General Surgeon	Kathy Hunnicutt, RN, OCN Oncology Outreach Coordinator
Roscoe Morton, M.D. Medical Oncologist	Don Ireland-Schunicht, CAP Foundation, Senior VP
Andrew Nish, M.D. Radiologist	Amy Leister, RN Blank Children's Hospital
Michael Page, M.D., FACS Colorectal Surgeon	Janice McCullough Clinical Quality Specialist
Mark Purtle, M.D. IH-DM VP of Medical Affairs	Julie Meuler, CTR Oncology Registrar
Joseph Rhoades, M.D. Radiation Oncologist	Corey Morrison Public Relations Specialist
Doug Schulte, M.D. Otolaryngologist	Steve Orazem, RN Adult Oncology Inpatient Manager
Jay Rosenberger, D.O. Internal Medicine	Shari Smith, RN, CMSRN Med-Surg Nursing Supervisor
Mark Westberg, M.D. Medical Oncologist	David Stark, FACHE Chief Operating Officer/EVP
Dianne Alber, Ed.D. Clinical Psychologist	Melanie Travis, RT(R)(T) Radiation Therapist
Pati Berger RN, BSN, OCN Oncology Research Coordinator	Jodi Waddell, CTR Oncology Registry Coordinator
Gretchen Burnett, RN, BSN Palliative Care	
Dwight E. Deason, MSW, LISW Oncology Social Worker	

COMMUNITY EVENTS AND FUNDRAISERS

RALLY AGAINST CANCER

The John Stoddard Cancer Center Rally Against Cancer was born out of the love for a mother—a mother that lost her battle with cancer in 1997. Her daughter, Kim Johnson, was so impressed with the care her mother and her family received that she approached the John Stoddard Cancer Center about establishing an event in Des Moines to benefit cancer patients and families. After much hard work and dedication, on January 26, 2002 the first John Stoddard Cancer Center Rally Against Cancer was held. This annual event includes silent and live auctions, dinner and a presentation by a special guest. Each year the event raises funds to assist patients and families at the John Stoddard Cancer Center. The 2008 Rally Against Cancer will be held Saturday, January 26, featuring guest speaker and NFL Hall-of-Fame player Gale Sayers.

CANCER SURVIVORS DAY

Cancer Survivors Day is a national event that the John Stoddard Cancer Center celebrates locally every year. Stoddard invites cancer survivors, their families, friends and caregivers to an annual celebration of life. During this event, cancer survivors and their family members enjoy visiting with staff and physicians involved in their care. It's always a special and memorable day for everyone who attends.

The 2008 Cancer Survivors Day celebration will be held Sunday, June 8 at Blank Park Zoo.

ONCOLOGY NURSING CONFERENCE

Every year Stoddard hosts an oncology nursing conference. The conference is designed for nurses and other healthcare professionals who care for patients with cancer. It provides information on the latest advances in the care of patients with cancer, including medical, pharmacological and symptom management. The conference will also enhance the knowledge base and skill level of participants in regard to



TOP: THE JOHN STODDARD CANCER CENTER RACE TEAM GATHERS FOR A PICTURE PRIOR TO THE START OF THE WALK. BOTTOM: FROM LEFT TO RIGHT, CORAL JOHNSON, EVENT EMCEE STEVE PILCHEN AND BROOKE JOHNSON CELEBRATE ANOTHER SUCCESSFUL RALLY AGAINST CANCER IN 2006.

complex issues that have a direct impact on patients, family members and caregivers. The 2008 Oncology Nursing Conference will be October 30-31.

DES MOINES RACE FOR THE CURE

The Susan G. Komen Breast Cancer Foundation Race For The Cure® is held annually in October. The John Stoddard Cancer Center is a proud sponsor of the event. Hundreds of participants register each year to be part of the John Stoddard Cancer Center team. People either partake in a 5K run/walk or 1-mile fun walk. Funds raised are used to provide mammograms to underserved Iowans and to help fund the Komen Foundation's Grant Programs. The 2008 Race for the Cure will be Saturday, October 25.

MAKING STRIDES AGAINST BREAST CANCER

The American Cancer Society's Making Strides Against Breast Cancer Walk is held annually in May. The John Stoddard Cancer Center is proud to sponsor this event and in 2007 became the presenting sponsor for the walk. Making Strides Against Breast Cancer is a national event that raises over \$25 million for life-saving American Cancer Society research, education, advocacy and service programs. The 2008 Making Strides Against Breast Cancer Walk will be Saturday, May 3.

For more information on any Stoddard events, please call Kathy Humnicutt, RN, OCN, at 515-241-8505 or visit our website at www.johnstoddardcancer.org

FACTS AND FIGURES

Each year the John Stoddard Cancer Center focuses on one type of cancer in the annual report, and the focus for the 2006 Annual Report is colorectal cancer. The following are colorectal cancer facts and figures from the John Stoddard Cancer Center, as well as figures on the patient volumes we see in all types of cancers.

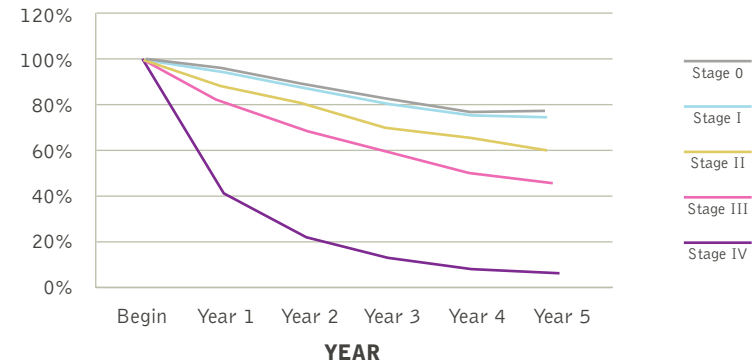
DATA ANALYSIS MICHAEL PAGE, M.D.

The five-year colorectal cancer survival rates shown to the right, compare survival rates for all Stoddard patients diagnosed with colorectal cancer in 1999, with the National Cancer Database (NCDB) of colorectal cancer patients diagnosed in 1999.

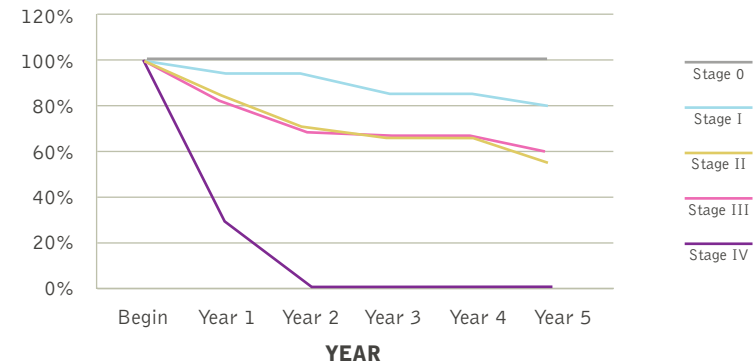
Broken down by cancer stage, the data shows that Stoddard's survival rates exceed those of the NCDB in all areas except stage II beginning in year two. When reviewing the data from 1999, we find variances in the overall aging population of Iowa. In 1999 there were 18 patients aged 75-79, 10 patients aged 80-89 and two patients aged 90 or greater. It is this distribution in the patient ages that causes the skewing of the stage II data because the cause of death may have been unrelated to their cancer diagnosis. This trend does not hold in the other stages, therefore Stoddard shows an average increase of 10% in colorectal cancer survival rates when compared with the NCDB.

For more information on colorectal cancer or the Stoddard Colon Cancer Care Coordinator Program, call Carol Frazell, RN, OCN, at 515-241-4344 or visit our website at www.johnstoddardcancer.org

5 YEAR SURVIVAL – 1999 NATIONAL CANCER DATABASE (COLORECTAL CANCER)

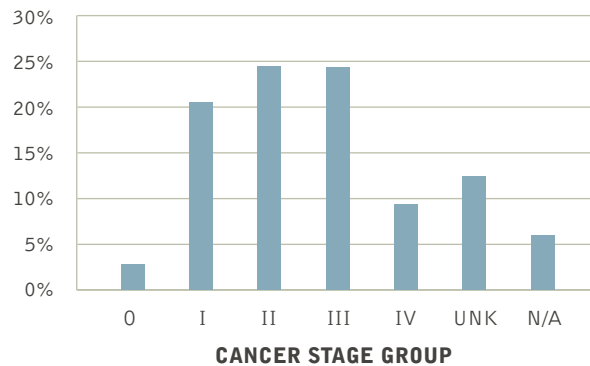


5 YEAR SURVIVAL – 1999 IMMC/JSCC (COLORECTAL CANCER)



2006 IMMC/JSCC COLON CANCER BY STAGE

CANCER STAGE GROUP	Number of Cases	Percent
0	6	3.05%
I	40	20.30%
II	48	24.37%
III	48	24.37%
IV	18	9.14%
UNKNOWN	24	12.18%
N/A	13	7%
TOTAL CASES	197	100.00%



PATIENT VOLUMES BY CANCER SITE

PRIMARY SITE	TOTAL	MALE	FEMALE
BREAST	304	14	290
LUNG/BRONCHUS	261	141	120
PROSTATE	202	202	0
COLORECTAL (Colon, rectum, anus/anal canal)	193	99	94
URINARY SYSTEM (Bladder, kidney/renal, other)	116	77	39
DIGESTIVE SYSTEM (Esophagus, stomach, liver, pancreas, other)	81	52	29
BLOOD & BONE MARROW (Leukemia, multiple myeloma, other)	63	39	24
LYMPHATIC SYSTEM (Hodgkin's and Non-Hodgkin's Disease)	61	36	25
FEMALE GENITAL (Cervix and corpus uteri, ovary, vulva, other)	46	0	46
ORAL CAVITY (Lip, tongue, oropharynx, hypopharynx, other)	42	32	10
SKIN	37	19	18
BRAIN (Benign and malignant)	31	20	11
ENDOCRINE (Thyroid and other)	29	11	18
RESPIRATORY SYSTEM (Nasal/sinus, larynx, other)	22	16	6
UNKNOWN PRIMARY	19	5	14
TESTIS AND OTHER MALE GENITAL	11	11	0
CONNECT/SOFT TISSUE	10	4	6
BONE	4	2	2
OTHER	2	0	2
TOTAL ALL SITES	1,534	780	754

GLOSSARY

BRCA1 A gene on chromosome 17 that normally helps to suppress cell growth. A person who inherits an altered version of the BRCA1 gene has a higher risk of getting breast, ovarian, or prostate cancer.

BRCA2 A gene on chromosome 13 that normally helps to suppress cell growth. A person who inherits an altered version of the BRCA2 gene has a higher risk of getting breast, ovarian, or prostate cancer.

BRACHYTHERAPY A type of radiation therapy in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into or near a tumor. Also called radiation brachytherapy, internal radiation therapy, and implant radiation therapy.

CHEMOTHERAPY Treatment with drugs that kill cancer cells.

GENETIC TESTING Analyzing DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease or disorder.

HEMOGLOBIN The substance inside red blood cells that binds to oxygen and carries it from the lungs to the tissues.

IRRADIATION The use of high-energy radiation from x-rays, gamma rays, neutrons, protons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy) or it may come from radioactive materials placed in the body near cancer cells (internal radiation therapy). Systemic irradiation uses a radioactive substance, such as a radiolabeled monoclonal antibody, that travels in the blood to tissues throughout the body. Also called radiation therapy and radiotherapy.

LUMPECTOMY Surgery to remove the tumor and a small amount of normal tissue around it.

LYMPH NODES A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymph (lymphatic fluid), and they store lymphocytes (white blood cells). They are located along lymphatic vessels. Also called a lymph gland.

MELANOMA A form of skin cancer that begins in melanocytes (the cells that make the pigment melanin). Melanoma usually begins in a mole.

METASTASIZE To spread from one part of the body to another. When cancer cells metastasize and form secondary tumors, the cells in the metastatic tumor are like those in the original (primary) tumor.

PALLIATIVE CARE Care given to improve the quality of life of patients who have a serious or life-threatening disease. The goal of palliative care is to prevent or treat as early as possible the symptoms of the disease, side effects caused by treatment of the disease, and psychological, social, and spiritual problems related to the disease or its treatment. Also called comfort care, supportive care, and symptom management.

RADIATION THERAPY Radiation therapy is the treatment of disease by ionizing radiation. Ionizing radiation could be in the form of X-rays, Gamma rays, subatomic particles or heavier ions. The source of radiation may be external to the body of the patient, or it may be instilled or implanted in the patient.

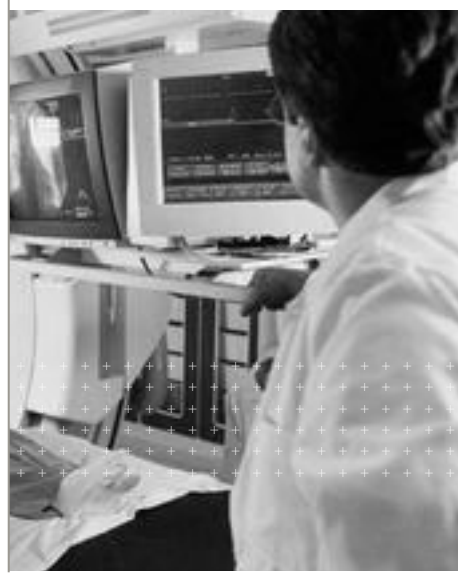
For more information on cancer definitions, please visit our website at www.johnstoddardcancer.org

STODDARD DIRECTORY

ADULT ONCOLOGY INPATIENT UNIT	(515) 241-8700
ADULT SOCIAL SERVICES	(515) 241-6676
CHILDREN'S CANCER CENTER (INPATIENT)	(515) 241-8100
CANCER INFORMATION LINE	(515) 241-4141
CANCER SUPPORT SERVICES	(515) 241-8505
CHAPLAIN	(515) 241-6411
ONCOLOGY RESEARCH COORDINATOR	(515) 241-8704
COLON CANCER CARE COORDINATOR	(515) 241-4344
EXECUTIVE DIRECTOR	(515) 241-4336
GENERAL INFORMATION	(515) 241-4141
IOWA HEALTH HOME CARE	(888) 584-6311

LOOK GOOD...FEEL BETTER	(515) 241-4243
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ONCOLOGY OUTREACH COORDINATOR	(515) 241-8505
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JOHN STODDARD CANCER CENTER

John Stoddard Cancer Center at



Iowa Methodist Medical Center