On behalf of the dedicated physicians, nurses, volunteers and support staff at John Stoddard Cancer Center, we are proud to share our 2017 accomplishments and milestones with you.

The 2017 report focuses on lung cancer with an in-depth look from our Medical Director, Dr. Andrew Nish. This report also features several of our community outreach events. In addition, you’re able to read about our philanthropy and specialty services and the impact philanthropy has on the care we provide.

We are proud of the high quality, compassionate care we provide and thank you for your continued support of John Stoddard Cancer Center. The support of our community allows us to continue to be one of the top cancer programs across the nation and to offer patients the care they need throughout their entire cancer journey, close to home.

Sarah Zeidler, FACHE
Executive Director
John Stoddard Cancer Center
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
• Chemo Brain Education
• 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
• Oncology Rehabilitation
• 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.
The Philanthropic Impact Summary below provides detail of how charitable gifts were used to support the programs and services of John Stoddard Cancer Center. Many of these are provided free of charge and not reimbursed through insurance.

2016 John Stoddard Cancer Center Philanthropic Impact

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2016 John Stoddard Cancer Center Philanthropic Impact

Charitable gifts provide the medical team with the resources they need to provide the very best care possible and the free support programs and services designed to provide the extra assistance patients and families need in the fight against cancer.
### PATIENT VOLUMES BY CANCER SITE (2016)

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
<tr>
<td>Breast</td>
<td>341</td>
<td>1</td>
<td>340</td>
</tr>
<tr>
<td>Lung/Respiratory</td>
<td>298</td>
<td>146</td>
<td>152</td>
</tr>
<tr>
<td>Female Genital</td>
<td>206</td>
<td>0</td>
<td>206</td>
</tr>
<tr>
<td>Colorectal</td>
<td>204</td>
<td>99</td>
<td>105</td>
</tr>
<tr>
<td>Urinary System</td>
<td>173</td>
<td>113</td>
<td>60</td>
</tr>
<tr>
<td>Other Digestive</td>
<td>152</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td>Prostate</td>
<td>148</td>
<td>148</td>
<td>0</td>
</tr>
<tr>
<td>Leukemia/Lymphoma</td>
<td>140</td>
<td>87</td>
<td>53</td>
</tr>
<tr>
<td>Skin</td>
<td>75</td>
<td>41</td>
<td>34</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>54</td>
<td>23</td>
<td>31</td>
</tr>
<tr>
<td>Endocrine</td>
<td>49</td>
<td>19</td>
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<tr>
<td>Oral Cavity</td>
<td>46</td>
<td>35</td>
<td>11</td>
</tr>
<tr>
<td>Other/Ill-Defined</td>
<td>30</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>11</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,927</strong></td>
<td><strong>811</strong></td>
<td><strong>1,116</strong></td>
</tr>
</tbody>
</table>

### PATIENT SATISFACTION SCORES (2016)

<table>
<thead>
<tr>
<th>Department</th>
<th>Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Unit</td>
<td>87.6</td>
<td>53rd</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>93.7</td>
<td>80th</td>
</tr>
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</table>
Oncology Navigator Program  
(formerly Care Coordinator program)  
Together with members of the multidisciplinary care team, the Oncology Navigators help answer questions, provide emotional support and bridge and connect patients and their families with resources in the cancer center and out in the community. In 2016, this program served 870 patients and families and an additional 277 patients through the survivorship program. In 2016 a social worker was added to the navigation team to further meet the needs of patients and families.

What’s On Your Mind? Program  
More than 610 patients and families were served through the What’s On Your Mind? program, which is an increase from 475 in 2015. This program is unique to the Cancer Center and is designed to help those struggling with life issues, such as depression, substance, physical and emotional abuse and other difficult life situations made worse because of their cancer diagnosis. In 2016, due to a generous gift, an additional mental health provider was added to the team which increased the ability to serve more patients and families.

Compassion Fund  
The Compassion Fund provides assistance to patients and families in financial need beyond the care provided at the Cancer Center. This program is entirely supported through philanthropy. Assistance can include, but is not limited to gas cards, lodging, prescription medication, small pieces of equipment, and transportation.
Pink Days Free Mammogram Program
Over 110 free mammograms were provided in 2016 to uninsured or underinsured women who, without this program, would not have had this important screening. Through a partnership with Polk County Health department, those needing follow-up due to abnormalities receive the necessary care. This program is entirely supported through philanthropy.

“Managing the Effects of Chemo Brain” Class
Chemo brain can present itself in a number of ways in those patients who have undergone chemotherapy treatment. It can range from feeling foggy-headed to having poor memory, to having trouble concentrating, just to name a few. A need to address chemo brain was identified in the patients we serve. John Stoddard Cancer Center teamed up with Outpatient Therapy at Penn to offer an ongoing class called, “Managing the Effects of Chemo Brain”. This class is offered to cancer survivors affected by cognitive changes caused by chemotherapy. Participants in this class are educated on chemo brain, learn to identify and recognize their own symptoms of chemo brain, practice strategies to improve memory, learn exercises to train the brain, and learn how to get additional help if needed.

Cancer Survivors Nutrition Camp
At John Stoddard Cancer Center, we recognize nutrition is important not only during cancer treatment, but also after treatment. The Cancer Survivors Nutrition Camp was developed as a free four week educational series for all cancer survivors who would like to better understand the role of nutrition in cancer prevention and life after treatment. This class covers topics including goal setting, plant based diet, meal planning and building a better plate, changing the food environment and making better choices in the grocery store. Survivors may also bring a guest at no cost because we recognize the importance of including family, friends, and caregivers in making food choices.

Nearly 700 cancer survivors and guests attended the Cancer Survivor’s Day picnic and baseball game at Principal Park
Shannon Miller, American’s most highly decorated Olympic gymnast, entrepreneur, and cancer survivor

Olympic gymnast Shannon Miller pictured with staff before Rally Against Cancer Annual Fundraiser

**Rally Against Cancer**

The 2017 Rally Against Cancer featured Shannon Miller, American’s most highly decorated Olympic gymnast, entrepreneur, and cancer survivor. She was diagnosed in 2011 with a rare form of ovarian cancer. Now cancer free, Shannon continues to be a strong advocate for awareness and early detection. Shannon spent part of her day sharing her story with patients, visitors, and staff members on the Oncology Inpatient Unit. In the evening, more than 570 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 a record $300,000 in support of the Oncology Navigator Program, which is provided free of charge to patients at John Stoddard Cancer Center.

Other programs supported through the Rally Against Cancer include:
- Adolescent & Young Adult Cancer Program
- Stoddard Compassion Fund

For more information and for a list of current classes, visit [www.unitypoint.org/cancer classes and events](http://www.unitypoint.org/cancer classes and events).

Get Connected.

Join our mailing list for the quarterly Stoddard Connections newsletter at [www.unitypoint.org/desmoines/stoddard-connections-newsletter](http://www.unitypoint.org/desmoines/stoddard-connections-newsletter).
Lung Cancer
Written by Andrew Nish, MD

Key statistics
Lung cancer is the second most common cancer diagnosis in both men (prostate is most common) and women (breast is most common) and accounts for 14 percent of all new cancer diagnoses. Yet, lung cancer is by far the leading cause of annual cancer deaths for both men and women and accounts for more deaths than breast, prostate and colon cancers combined. It is estimated that in 2017 there will be 222,500 new cases of lung cancer and 155,870 deaths from lung cancer in the United States. One in four cancer deaths will be from lung cancer. Two-thirds of lung cancers will occur in persons over 65 years old and African American men are 20-40 percent more likely to develop lung cancer compared with white men.

Chance of getting lung cancer
The chance of developing lung cancer over a lifetime is 1:14 for men and 1:17 for women. Men who smoke are 23 times more likely to develop lung cancer compared with men who never smoked and for women smokers they are 13 times more likely to develop lung cancer than those who never smoked.

Risk factors
- **SMOKING** is by far the greatest risk factor accounting for 90 percent of lung cancer deaths in men and 80 percent in women. The longer you smoke and the more packs you smoke per day, the greater your risk of developing lung cancer. Cigar and pipe smoking are almost as likely to cause lung cancer as cigarette smoking. Smoking low tar or “light” cigarettes increases lung cancer risk as much as regular cigarettes and smoking menthol cigarettes may increase the risk of lung cancer even more since the menthol allows smokers to inhale more deeply.
- **Second-hand smoke** (breathing in the smoke of others) can increase your risk of developing lung cancer. Second-hand smoke is thought to cause more than 7,000 deaths from lung cancer each year.

Radon
Exposure to radon (a naturally occurring substance from the breakdown of uranium in the rocks and soil) is the second leading cause of lung cancer.

Types of lung cancer (**There are 2 types of lung cancer**)
- **Non-small cell lung cancer (NSCLC)**
  - The most common accounting for 80-85 percent of all lung cancers.
  - Staged as 1-4.
- **Small cell lung cancer (SCLC)**
  - Accounting for 15-20 percent.
  - Staged as limited or extensive.

Prognosis and survival
- Survival rates tell you what proportion of people with the same type and stage of cancer are still alive at a certain amount of time (usually 5 years) after they were diagnosed.
- Survival is dependent on the stage of the disease (staging takes into account the tumor size and location, whether the cancer has spread to lymph nodes in the chest or to other organs outside of the chest). In general, the larger the cancer and the more it has spread the higher the stage and the shorter the survival.
- Overall 5 year survival including all stages of lung cancer is 17 percent. Compare this with colon cancer (65 percent), breast cancer (89 percent) and prostate cancer (98 percent) so you see just how deadly lung cancer is.
- For stage 1 lung cancer (single tumor confined to one lung with no spread to lymph nodes or distant organs) overall 5 year survival is around 50 percent. For stage 4 disease (the cancer has spread to other organs) the overall 5 year survival is around 3 percent. Stage 2 and 3 cancers are in-between.
- 85 percent of lung cancers are diagnosed at a late stage (stage 3 or 4) accounting for the poor overall prognosis.

Signs and symptoms
A cough that does not go away or gets worse, coughing up blood or rust colored sputum, chest pain often worse with deep breathing or coughing, hoarseness, weight loss or loss of appetite, feeling tired or weak and infections such as bronchitis or pneumonia that come back frequently or won’t go away. If the cancer has spread to other organs, symptoms may include bone pain, nervous system changes such as headaches, limb weakness, new back pain and new seizures. By the time lung cancer symptoms are present the cancer in most cases (85 percent) is advanced and incurable.

THE BEST WAY TO REDUCE YOUR RISK OF LUNG CANCER IS TO NEVER SMOKE AND MINIMIZE YOUR EXPOSURE TO SECOND HAND SMOKE. IF YOU SMOKE – QUIT! THE LONGER YOU ARE SMOKE-FREE THE LOWER YOUR RISK OF DEVELOPING LUNG CANCER.
Early detection
Screening is the use of a test to find a disease in people who do not have symptoms of that disease. The goal of any screening test is to detect the disease at an earlier stage thus reducing the risk of dying from that disease.

The National Lung Screening Trial (NLST) was a large study (53,000 patients) looking at the use of low dose CT scans to detect lung cancers that were asymptomatic, with the goal being to improve the death rate associated with lung cancer. What the study found is that there was a 20 percent reduction in lung cancer deaths in the screened population as well as a 7 percent reduction in deaths of any cause. The main reason for the decrease in lung cancer associated deaths was detecting the cancer at an earlier, more treatable stage. Using statistical models this suggests that 12,000 deaths from lung cancer could be prevented yearly with low dose CT lung cancer screening.

Medicare eligibility requirements for lung cancer screening include:
- Age 55-77; no symptoms of possible lung cancer
- Have a 30 or more pack year smoking history (how many packs of cigarettes are smoked per day multiplied by the number of years smoked)
- Must be a current smoker or have quit within the last 15 years

In the NLST study:
- For every 100 people scanned, 1 lung cancer was found. That means 99 percent of people scanned will NOT have lung cancer.
- 24 percent of people scanned had a small mass detected on the CT scan and these required further imaging or biopsy but 96 percent of these turned out NOT to be lung cancer.
- 70 percent of lung cancers found were stage 1 or 2 and were thus potentially curable. In an unscreened population 15 percent of the cancers are stage 1 or 2 and are not curable.

As part of the study all patients screened who currently smoked were directed to a smoking cessation program. What was found was that those who had a 30 pack year or more smoking history and had stopped smoking for at least 7 years had a 20 percent reduction in deaths from lung cancer.

Lung cancer screening at the John Stoddard Cancer Center
The John Stoddard Cancer Center started a low dose CT lung cancer screening program in March, 2015. Eligibility requirements are the same as the Medicare requirements. To date have performed 368 scans. Out of those 368 scans, six lung cancers performed for a detection rate of 1.6 percent (33 percent higher than the NLST trial, where the detection rate was 1.2 percent). Three of the 6 cancers were stage 1 (50 percent) and 3 were stage 3 (50 percent). Detection of early stage cancers (stage 1 or 2) was slightly lower than the NLST trial (70 percent).

We are early in our data collection so we do not have a statistic on mortality (death from lung cancer) reduction yet.

Lung cancer is a deadly yet largely preventable disease. By far the best preventative strategy is to never smoke. If you do smoke, quitting now will reduce your risk of lung cancer over time. In the NLST trial, lung cancer specific death and all cause deaths were lower in those who quit smoking compared with those who continued to smoke. If you care about your health, your family and loved ones never smoke and if you do, quit now before it is too late.

### Lung Cancers Treated at John Stoddard Cancer Center (Analytic)

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<thead>
<tr>
<th>Year</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Unknown</th>
<th>NA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>42</td>
<td>13</td>
<td>55</td>
<td>118</td>
<td>6</td>
<td>2</td>
<td>236</td>
</tr>
<tr>
<td>2013</td>
<td>46</td>
<td>26</td>
<td>52</td>
<td>130</td>
<td>10</td>
<td>1</td>
<td>265</td>
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<tr>
<td>2014</td>
<td>61</td>
<td>17</td>
<td>54</td>
<td>106</td>
<td>3</td>
<td>1</td>
<td>242</td>
</tr>
<tr>
<td>2015</td>
<td>63</td>
<td>21</td>
<td>46</td>
<td>135</td>
<td>3</td>
<td>3</td>
<td>271</td>
</tr>
<tr>
<td>2016</td>
<td>64</td>
<td>26</td>
<td>51</td>
<td>111</td>
<td>4</td>
<td>4</td>
<td>260</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>276</strong></td>
<td><strong>103</strong></td>
<td><strong>258</strong></td>
<td><strong>600</strong></td>
<td><strong>26</strong></td>
<td><strong>11</strong></td>
<td><strong>1,274</strong></td>
</tr>
</tbody>
</table>

For additional information about Lung Cancer Screening, visit [www.unitypoint.org/desmoines/lung-cancer-screening.aspx](http://www.unitypoint.org/desmoines/lung-cancer-screening.aspx), talk to your doctor or call UnityPoint Health – Des Moines Radiology at (515) 263-5370.
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For more information about the programs and services of John Stoddard Cancer Center, visit JohnStoddardCancer.org