SwedishAmerican Regional Cancer Center
Annual Oncology Report 2019

We are growing!
Welcome!

It is our pleasure to present you with the SwedishAmerican Regional Cancer Center 2019 Annual Report. In keeping with our organization’s commitment to environmental sustainability, our report continues to be offered in an electronic format at: www.swedishamerican.org/CAR.

Our 2019 annual report contains a summary of the cancer center’s programs along with analytic and non-analytic incidences of cancer cases in 2018. The SwedishAmerican Regional Cancer Center continues to implement innovative programs inspired by listening to what our patients want and need and keeping abreast of advancing technology and treatment options. In 2019, the Regional Cancer Center added Paxman Scalp Cooling treatments for patients undergoing specific chemotherapy regimens. We aimed high to improve patient and physician satisfaction with the addition of medical scribes to our patient exam room visits. We welcomed new providers Dr. Alaeddin Maeza to Medical Oncology, Dr. Harnett Gahley to Palliative Care and Carly Vormezeele, PA-C to Radiation Oncology all great additions to help serve the needs of our patients. SwedishAmerican continues to support the community in many meaningful ways, and you will see examples throughout the report of how staff and providers at the Regional Cancer Center are involved in community events and how each year we honor and celebrate our cancer survivors!

The SwedishAmerican Regional Cancer Center is committed to providing compassionate care and excellent clinical outcomes. Some of our program enhancements include upgrades to maximize our clinical documentation in HealthLink allowing us to continue to enhance patient care. 2019 marks 30 years that the Center has had a clinical trials program. And this year we have seen tremendous advances in the trials and services our research program has been able to offer. We have expanded clinical trials by growing Strata Oncology in collaboration with UW and adding clinical trials for our Head and Neck patients, which will continue to provide our patients an opportunity to participate in more clinical trials.

Our mission continues to be to offer world-class treatment while keeping patients close to home. We believe through our continued partnership with UW Health, we offer the very best collaboration between a large academic cancer center and a community-based cancer center. In this, we strive to be the preeminent destination for comprehensive cancer care in northern Illinois.

With Kindest Regards,

Natalie Wilson RN, BSN, MBA
Director of Oncology & Infusion Services
SwedishAmerican Regional Cancer Center

William C. Schulz MD
Medical Director
SwedishAmerican Regional Cancer Center
CANCER COMMITTEE REQUIRED MEMBERS
Chairman ~ Medical Oncology.......... Harvey Einhorn MD
Cancer Liaison Physician ~
Director of Medical Oncology Services...William Schulz MD
Surgery..............................................Amanda Bush MD
Pathology..........................................Tarek Jazaerly MD
Radiation Oncology..........................Ben Durkee MD, PhD
Radiology..........................................Tammy Carrillo MD
Director of SwedishAmerican Regional Cancer Center ~ Administration........ Natalie Wilson RN, BSN, MBA
Medical Oncology Dept. Manager ~
Oncology Nurse.................................Michelle Pember RN, BSN, OCN
Genetics Counseling via UW Health.....Angela Tess MS, CGC
Community Outreach Coordinator.......Amanda Lynch RN, BSN, OCN
Quality Improvement Coordinator.......Anthony Orlandi BS
Social Services..................................Marci Molina MA
Cancer Registry Quality Coordinator....James E. Ponder Jr. RHIT, CTR
Cancer Registry Tumor Conference Coordinator..............Valerie Johnson, Data Clerk
Clinical Research Clinical Research Coordinator.................................Lori Kline RN, BS, CCRP

CANCER COMMITTEE EX-OFFICIO MEMBERS
Family Health & Integrative
Srivani Sridhar MD, ABIHM
Pharmacist ~ Outpatient Medical
Terra Naumowich PharmD
Radiation Oncology Dept. Manager.....Kathy Stukenberg BS RT (R)(T)
Breast Nurse Navigator....................Kathi Bouland RN, BSN, CBPC-IC
Radiation Oncology Nurse Navigator...Linda Lennon RN, OCN, ONN-CG
Lung Clinic Nurse Navigator..............Carly Schutte RN, BSN
Oncology Nutrition.........................Andrea Sutherland RD, CSO, LDN
Physical Therapy.............................Alane Curry PT, MPT, STAR/C
Manager Home Health Services........Doug Strand RPH
Home Health Educator....................Judith Weissbeck RN
Holistic Health...............................Jane Greenlee RN
Chaplain.........................................Colin Eversmann MDiv, ThM
Oncology Palliative Care...................Julie Kalweit MD

ACCREDITATIONS
OUR COMMUNITY

SwedishAmerican continues to be a leader in cancer care and treatment. Our dedication to exemplary cancer care extends beyond the patients and into our community. Each year, the SwedishAmerican Regional Cancer Center partners with community organizations to provide and support cancer awareness events, cancer screening events, education opportunities and cancer-related events.
SWEDISHAMERICAN REGIONAL CANCER CENTER CELEBRATES CANCER SURVIVOR WEEK

Because SwedishAmerican Regional Cancer Center realized that one day wasn’t enough time to honor cancer survivors, Cancer Survivor Day became Cancer Survivor Week in 2019. From Monday, June 3 to Friday, June 7, all cancer survivors were honored with events and activities centered on the theme, “Using our Five Senses to Help Us Heal.” The five senses of smell, sight, taste, touch and hearing were highlighted with special speakers, prizes, gift basket giveaways, tasty snacks and live music. More than 340 patients and guests learned about the healing benefits of aromatherapy, oncology rehab, palliative care and the anti-inflammatory benefits of spices.

Each day, special gift baskets donated by Regional Cancer Center employees were raffled off to patients. Local artist Ariel Peacey created a pencil drawing on Tuesday and guitarist Tim Shaffer played and sang on Friday. Feedback from attendees was enthusiastically positive, so it appears Cancer Survivor Week is here to stay.

KATY’S PLACE LAUNCHES MORE THAN SKIN DEEP

When the American Cancer Society discontinued its sponsorship of the popular Look Good Feel Better program at the end of 2018, licensed cosmetologist Cindy Genrich knew something needed to be done to replace it. A cancer survivor herself, Cindy knew how much an afternoon of pampering helped women dealing with the affects of cancer treatment. Working collaboratively with Katy’s Place, a two-hour event focused on hair loss, wigs, hats, scarves, skin care and makeup was developed. Offered bi-monthly in 2019, the programming will continue in 2020.

MORE THAN SKIN DEEP: HOW CANCER IMPACTS BODY, MIND AND SPIRIT

August 28, 1:00 pm - 3:00 pm
October 23, 1:00 pm - 3:00 pm

There is no doubt that cancer can be very stressful. But it is possible for you to achieve peace, balance, and harmony through this journey. Please join us as Cindy Genrich, Licensed Cosmetologist and Hair Loss Consultant, and Deb Schwarze, MS, MA, LCPC, discuss the following topics:

- Emotional impact of a cancer diagnosis
- Dealing with physical changes during treatment
- Hair loss and hair replacement options
- Skin care
MAKING STRIDES AGAINST BREAST CANCER

The SwedishAmerican Breast Program was honored to be a sponsor of Making Strides Against Breast Cancer on October 19th, 2019. Led by Dr. Lacey Stelle, Megan Buja, PA-C, and the Breast Health Center, there were over 20 employees from multiple departments who volunteered the day of the event. There were over 4,000 attendees that were able to visit the Glam Tent with Photo Booth, stay warm with SwedishAmerican gloves, and learn more about our Breast Services. More than 1,000 re-usable pink grocery bags were given away to members of our community.

Other highlights included having one of Swedish American’s own survivors be this year’s Making Strides Survivor Speaker and having Dr. Ben Durkee be one of the top Real Men Real Pink Candidates.

In addition to the amazing turnout, the SwedishAmerican team raised over $5800 to help the American Cancer Society fund research and patient services. Our patients frequently utilize these services, including wig vouchers, lodging assistance, and transportation assistance.

Megan Buja, PA-C
Breast Surgery

THE PATIENT EXPERIENCE

KAREN ASHENS RECEIVES SEPTEMBER BEE AWARD

Congratulations to Karen Ashens, a medical receptionist at the Regional Cancer Center, for being our September BEE Award recipient. Karen was nominated by a patient, who reminds us that the smallest acts of thoughtfulness, kindness and caring have the biggest impact. Here is what her nominators said:

“Karen has gone above and beyond for me during my whole treatment. She made sure all of my appointments coordinated with all of my doctors at other facilities. She also made sure I wasn’t waiting too long for my appointments. She really made my day while receiving chemo on my birthday. Karen is special!”

The Bee Award was established by the BEE Award Council at SwedishAmerican to recognize staff that is “Being Extraordinary Everyday” (BEE). Those eligible for the BEE Award include all nursing supportive roles.
BRINGING NEW HOPE TO CHEMOTHERAPY-INDUCED HAIR LOSS

Cancer. There are few words that conjure up as much fear, stress, and anxiety as cancer does. We fear the disease, treatments and possible side effects.

One of the most feared side effects of cancer treatment is chemotherapy-induced alopecia or hair loss (Ross & Fischer-Cartlidge, 2017). Our hair is a critical part of our identity and self-esteem. Losing one's hair during treatment for cancer can be upsetting and overwhelming. When chemotherapy treatments start and hair becomes thinner, more brittle, and possibly even begins to fall out, the effect can be devastating. Up to this point, someone with cancer still might have looked like themselves -- maybe not even looking like they were 'sick.' Suddenly, the loss of their hair has given something else to cancer – their identity.

Preventing chemotherapy-induced alopecia has been researched for many decades. Scalp cooling has been one treatment found to have some positive effects in preventing this potential side effect. In other areas of the world, it has become an accepted practice alongside some chemotherapy regimens. However, in the US, the adoption of scalp cooling has been slower until recent years. As evidence supporting scalp cooling has grown, more and more cancer centers are offering this intervention for those chemotherapy regimens where alopecia is more common. Scalp cooling lowers the temperature of the scalp before, during and after chemotherapy, which reduces the blood flow to the hair follicles and can prevent or minimize hair loss. This is thought to work in two ways: 1.) by decreasing blood flow to the hair follicle, therefore decreasing the follicle’s exposure to the cytotoxic effects of the chemotherapy, and 2.) slowing the hair follicle’s metabolism, making it less sensitive to damage from the chemotherapy.

SwedishAmerican’s Regional Cancer Center was excited to announce use of the Paxman scalp cooling system beginning in July 2019. We are thrilled to partner with Paxman, a leader in scalp cooling with over 20 years of experience treating thousands of individuals with cancer. Offering this technology allows individuals the opportunity to have greater control over potential side effect management. While scalp cooling is not 100 percent effective in all instances, it can make a significant difference, allowing the individual to forego wigs and head coverings.

Upwards of 10 percent of women refused chemotherapy or choose a less effective chemotherapy regimen because of fear related to chemotherapy-induced alopecia. Offering scalp cooling will hopefully diminish that fear and empower more individuals to face cancer treatment more confidently.

If you or someone you know is interested in scalp cooling as a part of their cancer therapy, please contact the SwedishAmerican Regional Cancer Center.


BREAST HEALTH

Dr. Lacey Stelle, MD, Breast Surgery

The Breast Care Team at SwedishAmerican – a division of UW Health and the UW Health Breast Center, strives to provide compassionate, comprehensive breast care to our community. The team is led by Illinois-native, Dr. Lacey Stelle, who is Board Certified in General Surgery and who completed a Breast Surgical Oncology fellowship at Anne Arundel Medical Center in Annapolis, Maryland. She recently joined SwedishAmerican in the fall of 2018, with a goal of expanding the breast care services currently offered in the region. At the core of the team, there are several critical specialties, including Breast Surgery, Plastic Surgery, Medical Oncology, Radiation Oncology, Radiology, and Pathology. In addition to these disciplines, SwedishAmerican offers many other services, including, but not limited to: Lymphedema specialists, Physical Therapists, financial and transportation services, support groups and psych-social support. Finally, the Breast Care Team includes two very specialized members, including a Breast Health Nurse Navigator and a Physician Assistant (PA).

Dr. Stelle and her PA, Megan Buja, see patients (both men and women) with a variety of breast health concerns. These include, but are not limited to, breast pain, breast “lumps,” abnormal breast imaging, nipple discharge, fibrocystic breasts, benign breast biopsy results, family history of breast cancer, history of genetic mutation related to breast disease and finally, breast cancer. As indicated, they also provide breast cancer related genetic risk assessment in the Breast Clinic and refer patients for genetic counseling services when appropriate. Our partnership with UW Health has allowed us to direct these referrals to a UW Genetic Counselor who travels to the Regional Cancer Center to see patients here locally in the Rockford area.

One of the initiatives that the Breast Program is currently focusing on is developing and growing their “High Risk Program” in conjunction with UW Health’s PATHs (Prevention, Assessment and Tailored Health Screening) program. The goal of the High Risk Program is to provide increased screening and risk reduction strategies to women who are at a higher risk of developing breast cancer based on family history, genetics, and other factors. By providing these services, we hope to reduce the risk of some women from developing breast cancer and to allow for early detection if a woman is to develop a breast cancer.

BREAST HEALTH CENTER NURSE NAVIGATOR

The year of 2019 for the Breast Health Center continues to show many positive changes. Tomosynthesis, also known as 3D mammography, is the latest in mammography technology. It allows radiologists to view abnormalities in much sharper images which eliminates unnecessary biopsies and benefits our patients. Our screenings are trending up 12% from year 2018 with positive cancers remaining about the same. Diagnostic testing is down about 30% as this is due to the 3D mammography (less false positives).

Our Breast Health Center team has grown in the past year with the addition of Dr. Lacey Stelle, fellowship trained breast surgeon and Megan Buja PA-C, physician assistant. We continue to hold weekly multidisciplinary breast care conferences where every individual case is analyzed for the best treatment plan. This aligns with our mission by achieving excellence in care and better patient outcomes.
The use of neoadjuvant (NAC chemotherapy) – systemic therapy before definitive surgery -- has dramatically increased in recent years. Historically, it was used for a locally-advanced breast cancer that had features which made it either unresectable or not amenable to breast conserving therapy.

In this report, I will compare the uses of NAC during two time periods: 2005 to 2008 and 2014-2017. Reviewing the data from SwedishAmerican Cancer Registry and medical records with attention to stage of disease, hormone receptor status and HER 2 status, some very notable changes can be seen.

2005-2008
During these years, 22 out of a total of 630 patients with invasive breast cancer were treated with NAC. Of those, five patients had stage II disease and 17 had stage III disease. All had clinically-involved lymph nodes and/or large unresectable tumors. Chemotherapy typically consisted of doxorubicin/cyclophosphamide and a taxane. Trastuzumab was used for HER 2 positive.

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<thead>
<tr>
<th>Stage</th>
<th>Number of Patients</th>
<th>ER Status</th>
<th>HER 2 Status</th>
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<tbody>
<tr>
<td>III</td>
<td>17</td>
<td>6 positive (1 HER 2 positive)</td>
<td>11 neg (2 HER 2 positive)</td>
</tr>
<tr>
<td>II</td>
<td>5</td>
<td>2 positive (0 HER 2 positive)</td>
<td>3 neg (1 HER 2 positive)</td>
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<tr>
<td>I</td>
<td>0</td>
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2014-2017
In this time, approximately 87 out of a total of 683 patients with invasive breast cancer were treated with NAC. Chemotherapy consisted of doxorubicin/cyclophosphamide and a taxane. Some of the ER-negative patients also received carboplatin and HER 2-positive patients received trastuzumab with or without pertuzumab.

<table>
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<th>ER Status</th>
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<tbody>
<tr>
<td>III</td>
<td>33</td>
<td>16 positive (1 HER 2 positive)</td>
<td>17 neg (3 HER 2 positive)</td>
</tr>
<tr>
<td>II</td>
<td>36</td>
<td>25 positive (9 HER 2 positive)</td>
<td>11 neg (4 HER 2 positive)</td>
</tr>
<tr>
<td>I</td>
<td>18</td>
<td>7 positive (3 HER 2 positive)</td>
<td>11 neg (1 HER 2 positive)</td>
</tr>
</tbody>
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As the numbers reflect, there has been a significant change in the utilization of neoadjuvant chemotherapy as it is now employed in stage 1 disease for patients who are at high risk. That includes patients classified as ER negative and HER2 positive, as well as certain people who will clearly benefit from postoperative adjuvant chemotherapy. Standardization of neoadjuvant chemotherapy in breast cancer evolved rather slowly. Between 1990 and 2000, studies showed similar survival data for matched patients who received Neoadjuvant chemotherapy, when compared to postoperative adjuvant same chemotherapy. When Neoadjuvant chemotherapy results in a complete pathologic response, it appears to give a survival advantage. The likelihood of a pathologic complete response is dependent on characteristics of the tumor ranging from 7 percent for ER-positive, grade 1 tumors, 30 percent for ER positive HER2 positive, 50 percent for ER negative, HER2 positive tumors, and 34 percent for triple negative tumors with a higher CR for those who receive carboplatin.

As we know, historical studies have also shown the largest benefit for chemotherapy in those patients who are ER negative.

Neoadjuvant chemotherapy has been generally accepted as a very common practice for those patients who are estrogen receptor negative with a tumor size that would indicate chemotherapy and those patients who are HER2 positive. In general, we are broadening its use to include patients who we feel will be getting adjuvant chemotherapy. Most oncologists agree that we need to better define which estrogen receptor positive patients truly will benefit from this treatment approach.

Neoadjuvant treatment continues to offer respectability, potentially breast conserving surgery, reduced chance of lymphedema, lowered risk of wound problems and some predictor of responsiveness. NAC allow patients to get the portion of their treatment that might be the most unpleasant over with early in the course of the treatment phase.

Stage of disease and tumor characteristics have historically been the main determinants of who should get chemotherapy. Since 2004, we’ve been utilizing gene expression of tumors such as OncotypeDx (or other genomic tests) to help determine which patients may or may not benefit from the addition of chemotherapy for estrogen receptor positive, HER2 negative patients.

Moving forward, we will likely be able to better identify - using genomic assays and prospective clinical trials - where NAC fits in our rapidly-evolving treatment of breast cancer.
COMMUNITY EVENTS & PROFESSIONAL EDUCATION

SwedishAmerican is a regional leader in cancer care. This dedication and commitment extends not only to the patients we serve, but to our community at large. We recognize the power in educating our community. Sharing knowledge gives others the tools to make informed choices about their health and well-being. Each year, the Regional Cancer Center partners with community organizations to provide education on a variety of cancer topics. Below is a summary of the programs and events the Regional Cancer Center participated in over calendar year 2019.

COMMUNITY EVENTS

CANCER IN YOUNG ADULTS
April and November 2019 at Rockford University
Amanda Lynch, RN BSN OCN, Program Presenter

Since 2013, we have worked with Rockford University to provide presentations to students enrolled in its Wellness course. Presentation objectives include: defining and explaining what cancer is, overview of cancer treatments, discussion of two cancer types that have clear prevention and early detection principles, and review of general cancer prevention guidelines. The program reviews human papillomavirus (HPV)-related cancers, including cervical cancer and colorectal cancer. The screening guidelines for each tumor type, along with specific preventative measures, are also reviewed. References include the American Cancer Society (ACS) and United States Preventive Services Task Force (USPSTF) recommendations for cervical cancer and colon cancer screening. The second half of the presentation reviews general cancer prevention information. This section details the effects that nutrition, obesity, physical activity, and smoking/tobacco use/vaping have on the risk for developing cancer. The fall 2019 presentation was updated to include information regarding the lung illness related to vaping.

Each class completed a questionnaire evaluating the student’s openness to learning and their plans to change a health related behavior based on the presentation. Students were asked to rate their openness to learning and plans to change behavior on a four-point Likert scale. The average score for openness to learning was 3.6 out of four, and the median score was four out of four for both classes combined. This indicated a moderately high likelihood to change a behavior based on the information. The average score for plans to change a health related behavior was 3.2 out of four and a median score of three out of four for both classes. This represents a moderate likelihood of planning a behavior change based on the presentation. A total of 40 students attended the presentations and completed the questionnaire.

Summary of effectiveness: Based on the survey responses, the students show an interest and willingness to change a health-related behavior based on the presentation. Students are engaged during the presentation, answering and asking questions. This continues to be an excellent opportunity to educate our community’s young adults. Since 2013, more than 600 students have participated in the presentations.

AFRICAN AMERICAN WOMEN PURPLE TEA
WITH FRIENDS, APRIL 2019

This is an annual education event organized by the Purple Tea Coalition, a local non-profit and sponsored by local health systems, including SwedishAmerican. More than 300 people attended the event. Attendees were predominantly African American women. The topic of this year’s program topic was prostate cancer, and the keynote speaker was Dr. Joycelyn Speight, Radiation Oncologist at the RCC. The program also included a panel of local healthcare providers discussing questions from the audience.

Summary of effectiveness: The program is well-received and informative. It reaches a key population within the Rockford community. Participants rate the event favorably according to post-event surveys.
PROFESSIONAL EDUCATION

Cancer care is evolving at breakneck speed with new treatments and regimens being developed each day. The Regional Cancer Center is dedicated to providing the clinicians and professionals the education needed to stay up-to-date with these changes. Below is a summary of professional education activities in 2019.

IMPROVING OUTCOMES WITH CDK4/6 INHIBITORS IN HR+/HER2- BREAST CANCER, THROUGH CLINICAL CARE OPTIONS (CCO), 1/31/19, 1600-1700

Program offered by an external education provider and accredited for physician CME. Program presenter was Kari Wisinski, MD from UW’s Carbone Cancer Center. The program reviewed the care of metastatic breast cancer using CDK4/6 inhibitors. There was discussion regarding current NCCN guidelines along with the information being presented. There was also a brief discussion regarding breast cancer staging. There were 21 participants in the program - 14 nurses and seven physicians. Overall, the program was well received.

MONTHLY EDUCATION MODULES, ONGOING

Each month, Regional Cancer Center clinical staff completes an education module focusing on an oncology-related topic. Modules consist of an article and quiz, many of which are available for nursing continuing education credit. Topics over 2019 have included lung cancer, breast cancer reconstruction, chemotherapy-related cardiotoxicity, survivorship, and a variety of oncology medication treatments. The Regional Cancer Center Nurse Education Council is instrumental in identifying, procuring and developing the modules.

GENERAL EDUCATION AND IN-SERVICES

Each year brings a variety of changes that staff needs to prepare for and adapt to. The following is a summary of additional education topics provided to Regional Cancer Center staff.

- Environment of Care education
- Hazardous waste disposal
- Blood administration
- Somatuline in-service
- Paxman in-service and scalp cooling education
CANCER REGISTRY

At the start of each year, the Cancer Registry department navigates many changes as advancements in data collection continue to evolve. The same held true for 2018, but over a longer, extended period. Materials used by Cancer Registrars were put on hold, as we waited for the final results of the 8th edition American Joint Committee on Cancer (AJCC), Cancer Staging Manual.

Many projects were delayed during this time. They included the Rapid Quality Reporting System (RQRS) and the Standards for Oncology Registry Entry (STORE) Manual, both managed by the American College of Surgeons, Commission On Cancer (CoC). Also delayed was the Summary Stage and Extent of Disease and Solid Tumor Rules, along with website updates to the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database, maintained by The National Cancer Institute’s Surveillance, Epidemiology, and End Results Program (SEER).

Effectively managing registry data timelines was critical within this change-over period. However, doing that became complicated because states falling under the purview of North American Association of Central Cancer Registries (NAACCR) couldn’t receive transmission of completed cases from local hospital cancer registries or standalone clinics.

The extended transition time lasted well into 2019 as software vendors responsible for the safe and secure transmitting of patient data were the last to receive the final and or latest changes. All these elements together created the perfect storm, which are reflected in our final numbers reported at the time of this report for 2018.

CANCER REGISTRY STAFF

Our Cancer Registry team is made up of four dedicated individuals committed to doing their part in the fight against cancer.

Tracy Golden BS, RT, (R)(T), CTR ~ Tracy began her career as a Radiologic Technologist in 1991 and as a Radiation Therapist in 1993. She also has CT and MRI experience. Tracy transitioned to the Cancer Registry in 2012.

James Ponder Jr RHIT, CTR ~ James came to the SwedishAmerican Regional Cancer Center is 2013. After trying his hand at auto manufacturing, he found that his heart was in the medical field and that he could do his best in the Cancer Registry.

Lynette Johnson RHIT ~ Lynette began working for SwedishAmerican Health System in 2008 as a Rehab Tech for the Physical Therapy department. Her career changed tracks when she received her RHIT in 2015 and she began to learn more about the Cancer Registry. The more she learned, the more she knew that the Registry was where she belonged. She transferred to the Regional Cancer Center in 2018 and is currently working to obtain her CTR. Lynette assists in coordinating Cancer Committee, Cancer Conferences, and NAPBC data collection. She is thrilled to be working in the Cancer Center and Registry.

Valerie Johnson, Cancer Registrar Assistant ~ Valerie has been with SwedishAmerican Regional Cancer Center for 19 years. Valerie handles all of the patient follow up and manages our General Tumor Conferences.

AS WE CONTINUE TO GROW, SO DOES OUR NAME!

Other 32.9% 61101 61102 61103 61104 61105 61106 61107 61108 61109 61110 61111 61112 61113 61114 61115

7.0% 4.3% 4.2% 4.6% 5.2% 9.6% 6.2% 6.5% 4.9% 4.9% 4.4% Other
Diagnosis by Stage
All Cancer Types

2018 Diagnosis by Gender
Analytic Incidence

Diagnosis by Age
All Cancer Types
WELCOME NEW MEMBERS

Carly Vormezeele, PA-C
Carly Vormezeele is a board certified Physician Assistant working in the department of Radiation Oncology at SwedishAmerican. She completed her Bachelor of Science at Iowa State University then earned her Master's in Physician Assistant Studies from the University of Iowa Carver College of Medicine. Carly works as a team with Dr. Durkee, Dr. Speight, and Dr. Pedapati to help manage patient side effects during treatment, monitor patients during follow ups, and provide survivorship education.

Megan Buja, PA-C
Megan Buja is a certified Physician Assistant that earned her Master's of Physician Assistant Studies from University of Iowa. She has her Bachelor of Science from the University of Maryland Eastern Shore. Megan has teamed up with Dr. Lacey Stelle (Breast Surgeon) to see patients with a variety of breast health concerns. These include, but are not limited to, breast pain, breast “lumps”, breast infections, abnormal breast imaging, nipple concerns, family history of breast cancer, history of genetic mutation related to breast disease and finally, breast cancer.

Alaeddin Maeza, MD
**Board Certifications**
Hematology/Oncology

**Medical School Education**
University of Tripoli
Tripoli, Libya

**Residency**
School of Medicine - Wayne State University
Detroit, MI

**Fellowship**
Wright State University
Dayton, OH

Dr. Maeza was a Chief resident while at Wayne State University, Detroit, MI and also received the resident award for 2nd year while at Wright State University, Dayton, OH.

RADIATION ONCOLOGY

Dr. Joycelyn Speight, MD, PhD, DABR
Dr. Speight is a diplomate of the American Board of Radiology and is a member of the American Society of Therapeutic Radiation Oncology (ASTRO). She has been a practicing physician for 17 years. She received her medical degree from State University of New York Health Science Center and completed her residency and fellowship at UCSF Medical Center at Parnassus. Dr. Speight is board certified in both Radiation Oncology and Hospice and Palliative Medicine. Dr. Speight is widely published in peer reviewed journals, has won multiple awards for teaching and clinical research, and has also been selected as one of the Best Doctors in America multiple years in a row.

Dr. Benjamin Durkee, MD, PhD
Dr. Durkee is a member of the American Society for Radiation Oncology and is board certified in radiation oncology. He completed his medical degree at University of Wisconsin School of Medicine & Public Health and his residency/fellowship at Sanford University Palo Alto, California. Dr. Durkee has a special interest in stereotactic radiotherapy/radiosurgery and in women’s health and oncology. Dr. Durkee has won multiple awards for his clinical research, including Best of JCO 2016.

Dr. Prakash Pedapati, MD
Dr. Prakash Pedapati has practiced at SwedishAmerican Health System since 1981. He is chairman of SwedishAmerican’s radiation safety committee and is a member of the multidisciplinary cancer committee. Dr. Pedapati completed his medical degree at Osmania Medical School Hyderabad, India. He completed his residency and fellowship at Rush Presbyterian St. Luke’s Medical Center at Chicago, Illinois. He also serves as a clinical instructor at the University Of Illinois School Of Medicine at Rockford.
MEDICAL ONCOLOGY

Dr. Harvey Einhorn, MD
Dr. Einhorn is board certified in Internal Medicine and Hematology/Oncology. He completed his Medical Degree at University of Illinois College of Medicine. He also serves as a clinical assistant professor of medicine at the University of Illinois College of Medicine at Rockford.

Dr. Merat Karbasian-Esfahani, MD
Dr. Esfahani is board certified in Hematology and Medical Oncology. He completed his Medical Degree at Tehran University of Medical Sciences, Tehran, Iran. Dr. Esfahani completed his residency as Chief Resident of Internal Medicine at New York Medical College. He also completed his fellowship as Chief Fellow for Hematology and Oncology at New York Medical College.

Dr. Fauzia Khattak, MD
Dr. Khattak is board certified in Internal Medicine, Medical Oncology and Hematology. She completed her Medical Degree at Khyber Medical College in Peshawar Pakistan. Dr. Khattak completed her residency as Chief Resident. She also completed her Hematology/Oncology fellowship at Brooklyn Hospital – Cornell University, New York.

Dr. Nameer Mardini, MD, MPH
Dr. Mardini is board certified in Internal Medicine, Medical Oncology and Hematology. He completed his Medical Degree at University of Damascus in Damascus, Syria. Dr. Mardini completed his residency at University of Missouri-Columbia for Internal Medicine and Hematology/Oncology and Blood and Bone Marrow Transplantation fellowship at Stanford University.

Kristin Rindt – PAC
Kristin Rindt is a Certified Physician Assistant. Kristin completed her Master of Science Physician Assistant Studies Degree at University of St. Francis in Fort Wayne, Indiana.

Dr. William Schulz, MD
Dr. Schulz is board-certified in Hematology/Oncology. He completed his Medical Degree at University of Illinois College of Medicine at Rockford, completed his residency at Advocate Lutheran General Hospital and fellowship at Loyola University Medical Center.

See you next year!