2015
Annual Report Contents

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The IU Health Goshen Cancer Program is the regional leader in providing state-of-the-art, interdisciplinary, patient-centered cancer care. Our program continues to expand, as demonstrated by our increase in patient volume and the addition of new providers and locations. Our remarkably high patient satisfaction scores are living proof of the value that we create for our patients and their families.

Building on our already established disease-specific, multidisciplinary discussions, we have implemented Disease Oriented Teams as a way to ensure ongoing state-of-the-art, evidence-based, value-driven care for our patients with breast, lung, gastrointestinal and genitourinary malignancies. These teams also reflect the highly complex reality of delivering personalized oncologic care in a rapidly changing environment. Another example of our commitment to interdisciplinary care is the addition of a plastic surgery specialist to our breast cancer team. This approach ensures proper care coordination as well as the provision of needed cancer care in a timely manner.

Our cancer program continues to excel in clinical research. We have an expanding number of clinical trials focusing specifically on drugs in early development. We have become a pioneer in creating patient access to investigational agents in a community setting.

The IU Health Goshen Hospital Cancer Committee has made a commitment to formally integrate palliative care into our delivery of oncologic services. We have created a team structure, templates and monitoring tools with the specific goal of incorporating palliative care as early as possible in conjunction with cancer therapy, when appropriate. Again, this is consistent with our values to provide compassionate, state-of-the-art cancer care from the time of diagnosis through treatment and end of life.

We continue to support our local communities through sponsorships programs, such as the American Cancer Society’s Relay for Life of Elkhart County and the Look Good...Feel Better program as well as the Borden Waste-Away Trash Cancer campaign.

Our cancer screenings and smoking cessation initiatives at the Elkhart County 4H Fair brought life-changing educational information to our community. Other activities that touched hundreds of lives include our HeartStrings Sisters Program, Link for Hope Newsletter, Noontime Nosh cooking demonstrations by our registered dietitians and support groups for our patients and their families.

The team of cancer experts at the IU Health Goshen Hospital Center for Cancer Care, which includes surgical, medical and radiation oncologists, as well as counselors, dietitians and integrative medicine specialists, is able to provide unparalleled, high quality, patient-centered cancer care to a large and expanding service area. Our vision is to create a new standard for interdisciplinary, high quality expert care for those we serve and beyond.

Sincerely,

Daniel Bruetman, MD, MMM
Medical Oncology Director
IU Health Goshen Center for Cancer Care
The Cancer Committee

COMMITTEE RESPONSIBILITIES:

- Develop and evaluate the annual goals and objectives for the clinical, educational and programmatic activities related to cancer.
- Promote a coordinated, multidisciplinary approach to patient management.
- Ensure that educational and consultative cancer conferences cover all major sites and related issues.
- Ensure that an active, supportive care system is in place for patients, families and staff.
- Promote clinical research.
- Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care and outcomes.
- Supervise the cancer registry and ensure accurate and timely abstracting, staging and follow-up reporting.
- Perform quality control of registry data.
- Encourage data usage and regular reporting.
- Ensure content of the annual report meets requirements.
- Publish the annual report.
- Uphold medical ethical standards.

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General Surgeon, Cancer Liaison Physician; IU Health Goshen

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MD, Diagnostic Radiologist; IU Health Goshen

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BSN, RN, NE-BC
In Patient Nurse Manager; IU Health Goshen Hospital

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Director of Goshen Home Care & Hospice; IU Health Goshen Hospital

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M.S.Ed., Community Outreach Coordinator, The Retreat Women’s Health Center at IU Health Goshen

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Medical Director, Surgical Oncologist; IU Health Goshen Center for Cancer Care

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The Cancer Committee

2014 Facts and Figures
Cancer Registry Report

IU Health Goshen Center for Cancer Care
Cancer Registry department is a hospital-based cancer information center. Certified tumor registrars collect, interpret and record a wide range of demographic, diagnostic and treatment information on all cancer patients who are diagnosed and/or treated at this facility. Since 2004, Goshen Center for Cancer Care has been designated as a Community Hospital Comprehensive Cancer Center through the American College of Surgeons/Commission on Cancer. In September 2013, this program received a three-year Accreditation with Commendation at the Gold level. This indicates the program performs at the highest level possible and achieved all eight out of eight possible commendations for exceptional achievement.

IU Health Goshen Center for Cancer Care is mandated by Indiana Code 16-38-2 to provide Indiana State Department of Health a detailed abstract for each case of malignant disease that is diagnosed and/or treated at this facility, as well as benign brain and related CNS tumors. Cancer data is also submitted to the National Cancer Data Base (NCDB), and comparisons are frequently performed to analyze state and national trends and benchmarking statistics. Quality of registry data is paramount. For this reason, quality assurance procedures, periodic audits from the Indiana State Department of Health, and internal quality assurance practices are performed to ensure that Cancer Registry data are complete and correct.

In 2014, a total of 873 cases were accessioned by the Cancer Registry: 679 were analytic (new cancer cases) and 194 were non-analytic. During 2014, the Cancer Registry followed 3,163 patients and maintained a follow-up rate of 88.16% on patients diagnosed since the Registry reference year (80% required by the Commission on Cancer) and a follow-up rate of 94.19% for patients diagnosed within the last five years (90% required by the Commission on Cancer). IU Health Goshen Center for Cancer Care is staffed by certified tumor registrars and cancer registry specialists who work under the guidance of Rhonda Griffin, BSN, OCN, Manager, IU Health Goshen Center for Cancer Care.

2014 Top Five Sites
FOR GOSHEN, STATE & NATIONAL

- **29%** Lung
- **23%** Prostate
- **16%** Colon
- **8%** Breast
- **2%** Melanoma

IU Health Goshen*

- **26%** Breast
- **26%** Prostate
- **25%** Colon
- **15%** Lung
- **8%** Melanoma

State**

- **23%** Lung
- **22%** Prostate
- **13%** Colon
- **10%** Pancreas
- **8%** Non-Hodgkin’s Lymphoma

National**

- **29%** Breast
- **29%** Prostate
- **26%** Colon
- **13%** Lung
- **8%** Melanoma

* IU Health Goshen Hospital Center for Cancer Registry – analytic cases
**2014 DISTRIBUTION BY COUNTY**

- St. Joseph: 3.39%
- Elkhart: 50.88%
- LaGrange: 6.49%
- Noble: 3.98%
- Kosciusko: 17.11%
- Allen: 1.03%
- Marshall: 2.65%
- Steuben: .66%
- St. Joseph: 3.39%
- Elkhart: 50.88%
- LaGrange: 6.49%
- Noble: 3.98%
- Kosciusko: 17.11%
- Allen: 1.03%
- Marshall: 2.65%
- Steuben: .66%
- Out-of-State: 7.37%
- Other Indiana Counties: 6.19%

**5-Year Comparison of Top Six Sites**

**IU HEALTH GOSHEN CENTER FOR CANCER CARE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Breast</th>
<th>Lung</th>
<th>Prostate</th>
<th>Colon</th>
<th>Melanoma</th>
<th>Non-Hodgkin Lymphoma</th>
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<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>2011</td>
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<td>2012</td>
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**NUMBER OF PATIENTS**
## 2014 Primary Sites

**IU Health Goshen Center for Cancer Care**

<table>
<thead>
<tr>
<th>Site</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>AJCC Stage</th>
<th>Remarks</th>
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<tr>
<td>Lip</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Tongue</td>
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<td>0</td>
<td>2</td>
<td>II</td>
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<tr>
<td>Salivary Gland</td>
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<td>0</td>
<td>2</td>
<td>II</td>
<td></td>
</tr>
<tr>
<td>Gum and Other Mouth</td>
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<td>0</td>
<td>1</td>
<td>II</td>
<td></td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>II</td>
<td></td>
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<tr>
<td><strong>DIGESTIVE SYSTEM</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Esophagus</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>6</td>
<td>4</td>
<td>10</td>
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<tr>
<td>Small Intestine</td>
<td>7</td>
<td>0</td>
<td>7</td>
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<tr>
<td>Colon and Rectum</td>
<td>106</td>
<td>57</td>
<td>163</td>
<td>III</td>
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<tr>
<td>Liver and Intrahepatic Bile Duct</td>
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<td><strong>RESPIRATORY SYSTEM</strong></td>
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<tr>
<td>Nose, Nasal Cavity and Middle Ear</td>
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<tr>
<td>Larynx</td>
<td>5</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Trachea, Mediastinum, Other Resp.</td>
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<td></td>
<td></td>
<td></td>
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<td><strong>BONES AND JOINTS</strong></td>
<td>2</td>
<td>1</td>
<td>3</td>
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<td><strong>SOFT TISSUE INCLUDING HEART</strong></td>
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<td>195</td>
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<tr>
<td>Corpus Uteri</td>
<td>23</td>
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<td>23</td>
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<td></td>
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<tr>
<td>Ovary</td>
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<td>0</td>
<td>12</td>
<td>I</td>
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<tr>
<td>Vagina</td>
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<td>0</td>
<td>1</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Vulva</td>
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<td>0</td>
<td>2</td>
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<td>53</td>
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<tr>
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<td>100</td>
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<td>Testis</td>
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<td>3</td>
<td>6</td>
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<td><strong>URINARY SYSTEM</strong></td>
<td>42</td>
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<td>70</td>
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<tr>
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<td>33</td>
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<td>OTHER EXTERNAL INCLUDING THYMUS</td>
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<td>Lymphoma</td>
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<tr>
<td>Hodgkin Lymphomas</td>
<td>8</td>
<td>2</td>
<td>10</td>
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<tr>
<td>Non-Hodgkin Lymphomas</td>
<td>16</td>
<td>12</td>
<td>28</td>
<td>I</td>
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<tr>
<td><strong>MYELOMA</strong></td>
<td>13</td>
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<td>17</td>
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<tr>
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<tr>
<td><strong>MESOTHELIOMA</strong></td>
<td>3</td>
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<td>8</td>
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<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td>11</td>
<td>5</td>
<td>16</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>873</td>
<td>385</td>
<td>1258</td>
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Whether on the golf course — where he is one of the city of Goshen’s most notable golfers — or as a former Indiana State Police detective where winning meant scoring one for the good guys — winning is something Neil Graves knows a thing or two about.

So when he found himself facing an unexpected cancer diagnosis last September, he wanted to surround himself with those who believed he would win the battle.

“I still remember it clearly. It was a Friday in September, and I started coughing up copious amounts of blood,” Neil recalled. “I was a smoker in the past and it worried me.”

Neil’s family physician, Dr. David Kay, agreed to see him immediately, and everything moved quickly from there. Later that afternoon, Neil found himself at the IU Health Goshen Heart & Vascular Center seeing Dr. Walid Hadid to get a better understanding of what might be happening with his health.

“Dr. Hadid told me I definitely had some suspicious growths in my right lung and that he would need to take some tissue and check my lymph nodes that same day,” Neil explained.

Tests revealed that Neil did, in fact, have lung cancer in the top and middle lobes of his right lung. That was when he found himself meeting with Dr. Ebenezer Kio at IU Health Goshen Center for Cancer Care. While Dr. Kio was confident he and his cancer center colleagues could help, Neil was honest with Dr. Kio about wanting a second opinion due to a family member’s employment at another well-known cancer center in the area.

“That doctor gave me very little hope for survival,” Neil confessed of the second opinion. “The thoughts that run through your mind when given such a grim view are sobering. For Neil, it was the two great loves of his life — Susan, his wife of 32 years, and his golf game. Neil is a five-time Goshen Men’s City Golf champion, five-time Wawasee Country Club champion, and a MapleCrest Country Club champion, in addition to holding titles as Senior Goshen Men’s City Golf champion, Senior MapleCrest Country Club champion and Michiana Senior champion.

“I wondered if I might have played my last round of golf,” he said.

Neil returned to IU Health Goshen Center for Cancer Care, where doctors had given him a much better outlook.

“When I told Dr. Kio what that other doctor had said, well, it fired him up a little bit,” Neil revealed. “I think he took it personally. He really laid out a plan of attack — chemotherapy, surgery — and he did it in such a way that I never doubted that I would get through this.”

And from that point on, explained Neil, his confidence never wavered. Losing his fight with cancer wasn’t a potential reality that he acknowledged. Adding another level of comfort was that Neil shared the same faith convictions as both Drs. Kio and Kay. Sharing that faith, and having the reassurance of their church family as well, gave Neil and Susan greater hope throughout Neil’s fight with lung cancer. Instead of being fearful, when Neil saw cancer survivor commercials on television — showing smiling people who had overcome cancer and were back to doing the things they loved — he began to think, “That is going to be me swinging a golf club on TV once I beat this.”

Neil began his chemotherapy in September and continued treatment leading up to his surgery in December. Throughout his time spent at IU Health Goshen Center for Cancer Care, Neil said he has never been so impressed with the caliber of an entire group of individuals.

“The care given to me by the nurses in the chemotherapy unit, the nutritionists, the pre-op staff, the nurses on the oncology floor, my surgeon Dr. von Holzen — all they did was instill confidence and show me how much they care,” he said.

“Thanks to this professional, reassuring staff, I never lost faith that this was going to turn out right. I am so thankful that I live in Goshen and have a place like IU Health Goshen Center for Cancer Care just five miles from me, right here.”
the wire is placed and confirmed to be in the correct position at and the operating room need to be tightly coordinated so that the schedules of the diagnostic radiologist, the breast surgeon, and March 1, 2014, before the RSL technique was introduced. With breast-conserving surgery, was the standard for many years, there are several problems associated with it. When several patients are scheduled for breast surgery the same day, this can place undue stress on the radiologist to optimally place the localization wire quickly so as to not delay the operating room schedule. Since the localization wire sticks out of the breast, the longer the wire is in the patient prior to the planned surgery, the greater the opportunity for the needle to be moved out of its correct position.

2015 Quality Study Report


Breast cancer screening programs are based on the concept that the earlier a breast cancer is detected, the more likely the patient is to be cured with subsequent treatment. Routine screening mammography can detect many breast cancers that are too small to be detected through self-examination or even a physical examination performed by trained nurses or physicians. Not all abnormalities detected on a mammogram are malignant, and breast biopsy is recommended in most cases before surgical removal of the mass.

If the biopsy shows cancer, the breast surgeon meets with the patient to discuss the various surgical options, including mastectomy, mastectomy with immediate reconstruction, or breast-conserving surgery. When the mass is too small to be felt, the usual technique has been for a diagnostic radiologist to place a wire under image guidance into the breast mass to guide the surgeon in removing the appropriate part of the breast. Although this technique has been the standard for many years, there are several problems with this technique.

The schedules of the diagnostic radiologist, the breast surgeon, and the operating room need to be tightly coordinated so that the wire is placed and confirmed to be in the correct position at the appropriate time for the patient to be in the operating room for the scheduled procedure. When several patients are scheduled for breast surgery the same day, this can place undue stress on the radiologist to optimally place the localization wire quickly so as to not delay the operating room schedule. Since the localization wire sticks out of the breast, the longer the wire is in the patient prior to the planned surgery, the greater the opportunity for the needle to be moved out of its correct position.

With radioactive seed localization (RSL), a small, low radioactive activity iodine 125 source is placed under image guidance by the diagnostic radiologist a few days prior to the planned surgery. The radiation dose is so low that the patient can carry out her normal activities without restriction. At the time of breast-conserving surgery, a radioactive counter is used to guide the surgeon to the correct location. The schedules between the diagnostic radiologist and the surgeon are consequently much more flexible. The patient never has a wire sticking out of her breast. There is little opportunity for the marker to be displaced between the time it is placed by the radiologist and the time it is removed in surgery.

The Nuclear Regulatory Commission places strict requirements on the storage and handling of all radioactive materials and their use in all medical procedures. The operating room team and the pathology team must follow the appropriate procedures related to the handling of the radioactive breast specimen. Careful records must be kept, recording the location of the small radioactive source at all times until it has decayed sufficiently to allow safe disposal.

When a new procedure is introduced in clinical practice, it is important to carefully evaluate its effectiveness compared to the prior technique. We reviewed the records of the 48 patients who underwent breast-conserving surgery for nonpalpable breast tumors between March 17, 2014, and December 31, 2014. We compared them to the 36 patients who underwent breast-conserving surgery between September 1, 2013 and March 1, 2014, before the RSL technique was introduced. With breast-conserving surgery, sometimes the tumor is not fully removed on the first attempt, and the pathologist determines that there is a positive margin, indicating there are tumor cells at the edge of the removed breast tissue. These patients typically are advised to undergo additional surgery before they continue the rest of their treatment course, which may include chemotherapy and/or radiation therapy.

Of these, two of 36 wire localization (WL) patients had positive margins, for a positive margin rate of 5.6%. For the patients undergoing radioactive seed localization, five of the 48 patients (10.4%) had a positive margin, but since the likelihood of obtaining a positive margin was low, this small difference was not statistically significant.

We also examined the weight of the breast specimens removed, and these were not statistically significantly different between the radioactive seed in the wire localization patients. There was a trend for older patients to have a slightly higher rate of having a positive margin.

Physicians at Memorial Sloan Kettering Cancer Center (MSKCC) published in 2013 the results of their first year of experience with the radioactive seed localization technique. Their patients who underwent radioactive seed localization had a 7.7% positive margin rate compared to 5.5% for their patients undergoing wire localization. At MSKCC, they likewise did not see a difference in the weight of the excision specimens between both groups of patients. Physicians from Canada, the Netherlands and many other institutions also found approximately a 10% positive margin rate with either RSL or WL.

The radioactive seed localization approach allows for greater patient comfort and greater scheduling convenience with no significant difference between the positive margin rate, the amount of the breast removed (and consequently the same overall cosmetic result), with no added adverse side effects or other significant disadvantages. The results obtained at IU Health Goshen Center for Cancer Care are consistent with those obtained at Memorial Sloan Kettering Cancer Center as well as several other excellent cancer centers.
What you have isn’t compatible with life. Those are the words Carole Petre heard when she received her cancer diagnosis. Stage four colon cancer, metastasized in the liver.

“It was a very grim diagnosis from the surgeon,” Carole, age 63, recalled. “Not compatible with life. I guess that was his way of telling me not to expect to live long.” That was almost three and a half years ago, and before Carole found IU Health Goshen Center for Cancer Care.

Originally receiving care for diverticulitis, Carole thought she knew what she was facing. Her cancer diagnosis was a shock, but the fact that no hope for survival was given, was even harder to process. Treatment was not discussed, and her doctor openly admitted that he would typically never operate on a patient in her situation – but because she had a bowel obstruction that required surgery, he had to move forward.

“It was not until I went back for my first post-op appointment that anyone even asked me if I had been to see an oncologist,” Carole said. “I said no, I had not. There had never been any mention of treatment, chemo or radiation.”

Friends and acquaintances who heard about Carole’s diagnosis began telling her family that she needed to go to IU Health Goshen Center for a second opinion. At her family’s urging, Carole agreed to make the trip to Goshen from her home in the Fort Wayne area.

“I knew I was ill, but I thought I knew what I was facing with diverticulitis,” Carole recalled. “Hearing the word cancer was a shock for everyone – and then the way it was put to me, well, I went to Goshen just completely sure there was nothing anyone could do because that is what I had been told.”

From the moment Carole walked through the doors of the cancer center, however, she knew things were going to be different at Goshen.

“When I got there, they already had a plan. They knew exactly what they wanted to do,” Carole said. “I didn’t expect that. They were talking about surgery – and I had been told surgery wasn’t an option, that my cancer was inoperable. I met with Dr. Leonard Henry on that first day and told him that. He said ‘We do things differently here. We intend for you to be able to have this surgery.’”

Carole began her chemotherapy treatments in October 2012, and after just eight treatments, Dr. Henry and medical oncologist Dr. Daniel Bruetman stopped chemo and scheduled Carole’s surgery in which she had two-thirds of her liver removed.

“I don’t believe that I could have gone anywhere else and received any better treatment,” Carole said. “I consider myself very blessed by the two doctors I have had – they are so determined to do everything they can do for you. I remember, during one of my early treatments, a nurse telling me, ‘You are on their radar. You are talked about weekly in the doctors’ meetings.’ That is a great thing to hear, and I am sure it is that way with every single patient.”

Chemo resumed once Carole was recovered from surgery on her liver, and it wasn’t long before Dr. Bruetman came to Carole about an exciting new application called Erbitux that could be given in conjunction with chemo. Based on tissue samples taken during Carole’s surgery, Dr. Bruetman already knew Carole’s tumor should respond to the new medication.

“Two or three months later I read about that new medication in a cancer publication and realized, truly, how the doctors at the cancer center are on top of any advancement,” Carole said. “If something becomes available that will help you, they know about it and are bringing it to you.”

Because of the advanced stage of her cancer initially, Carole continues to visit the cancer center every Monday for an infusion treatment of Erbitux as a maintenance drug. There have been no indications of any tumor activity, and today Carole can say she is currently free of cancer.

“I just want to say, I’m now three years on the other side of my diagnosis,” Carole said. “When I began treatment in October 2012, my wedding anniversary was coming up in February 2013. That was my goal – to spend my 20th anniversary with my husband, John. I made it and am well beyond that now. I expected so little and I received so much.”