

OHSU Cancer Committee

Focus on Head & Neck Cancer

2009 Annual Report



Knight Cancer Institute

Oregon Health & Science University



Prevention and Early Detection of Head and Neck Cancer. Head and neck cancers are not difficult to see, but are easily overlooked. April 16th, 2010 will mark the third annual Head and Neck Cancer Awareness and Free Screening Day.

OHSU Cancer Committee

2009 Annual Report

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Our goal is to provide compassionately delivered, cutting edge cancer treatments to all Oregonians.

Dear Colleagues,

It is a privilege for me to lead the OHSU Cancer Committee and to present the 2009 annual report to you. This year's report highlights head and neck oncology, one of the many comprehensive programs offered at the OHSU Knight Cancer Institute. In this program, as with all our clinical programs, our goal is to provide compassionately delivered, cutting-edge cancer treatments to all Oregonians. At our annual head and neck cancer screenings during the past two years, we saw nearly 250 people over an eight-hour period and are already planning the third annual event for April 2010.

2009 has been a year of growth and recognition. Our community partnerships strengthen our outreach, and our multidisciplinary clinical and research teams continue to attract some of the nation's best and brightest talents. The end result for which we all strive is better care for our patients. You will read about one patient's journey in the pages to follow; we hope her story inspires and encourages you.

The OHSU Knight Cancer Institute enjoyed national recognition in September when director Brian Druker, M.D., was honored with the coveted Lasker-DeBakey Clinical Medical Research Award for his discovery of the cancer fighting drug, Gleevec. We are honored to have Dr. Druker as a leader and a colleague. We are all behind his drive to radically improve cancer treatment for all patients, and someday to end cancer as we know it.

There are many battles yet to win. Our resolve gives us strength to keep pushing for ever better treatment and more success stories.

Kevin Billingsley, M.D.

Chairman, OHSU Cancer Committee

Hedinger Associate Professor of Surgery and Chief of the Division of Surgical Oncology

OHSU Knight Cancer Institute

At the OHSU Knight Cancer Institute, we have more than 500 medical experts and staff working together to reduce the impact of cancer. Through their efforts, hundreds of research findings are published each year.

Our investigators seek to develop innovative, less toxic and more effective strategies for cancer prevention, treatment, diagnosis and control. Our multidisciplinary clinical teams deliver the region's broadest array of care, and provide access to clinical trials, including Phase 1 trials. We are active in federally funded, multicenter cancer study groups as a part of our commitment to developing institutional clinical trials of a translational nature.

Our faculty trains tomorrow's cancer experts, teaches advanced specialty courses to community oncologists, and partners with healthcare organizations throughout the region.



Ending on a High Note

When Lorraine Barr noticed a small lump on the side of her neck in 2005, she went to her doctor. A test for lymphoma came back negative, and she was told it was probably stress-related.

Several weeks later the lump was still there, and people were noticing. “I had a singing competition in May,” says Lorraine, “so I made my doctor’s appointment for the day after. I didn’t want anything to get in the way of that competition.”

Two days after a needle biopsy, Lorraine’s doctor called her at work with the news: it was cancer.

Lorraine’s daughter, a high school junior at the time, started doing internet research to find her mother the best doctor. They chose Peter Andersen M.D., F.A.C.S, head and neck cancer surgeon at the OHSU Knight Cancer Institute, who worked with Arthur Hung, M.D., radiation oncologist.

“We will help you through this,” the nurse told Lorraine over the phone. Scared and full of questions, Lorraine began to relax into the comfort of knowing she was in good hands. “Everyone worked together. I didn’t have to repeat myself. Dr. Andersen prepared me and my family for what we had to do. I never felt hurried through my appointments, and my family was a part of the process. He and Dr. Hung were exceptional at helping me work out a plan for my treatment.”

Lorraine had a tumor at the base of her tongue. Dr. Andersen presented the case of the patient he referred to as ‘the singer’ during tumor grand rounds. Special consideration needed to be taken to preserve Lorraine’s vocal cords and saliva production so she could sing again. During surgery to remove Lorraine’s cancerous lymph nodes, Dr. Andersen worked closely with the anesthesiologist to make sure intubation was gentle on Lorraine’s vocal cords. “It made the procedure more difficult for him,” recalls Lorraine. “He took special care of me, knowing how important the outcome would be on my life.”

Thirty-five radiation treatments lay ahead for Lorraine. The risk of severe damage to her saliva glands was high, and the end of her singing

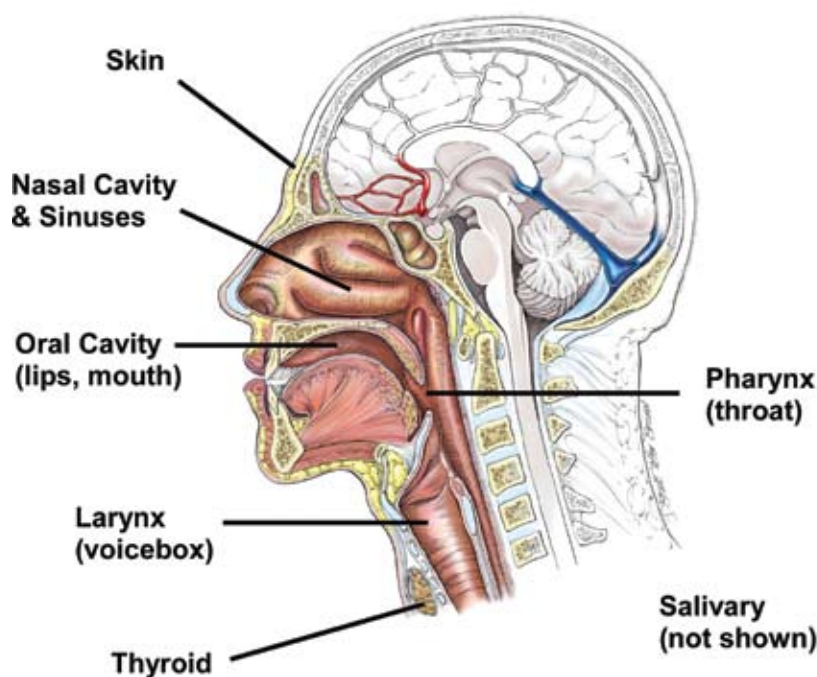
was a distinct possibility. Because of this, Dr. Hung decided to treat Lorraine with Amifostine, a drug designed to protect the salivary glands during radiation. But timing would be everything. After the drug is injected, a small window opens during which patients must get their radiation treatment, or the drug has no effect. “It meant special coordination between oncology and radiation medicine,” explains Lorraine. “But everyone was behind me.” Dr. Hung used intensity modulated radiation therapy, or IMRT, to treat Lorraine. IMRT conforms to the tumor shape but also allows the strength of the beams to be changed in some areas to lessen damage to normal body tissues. This provides even more control in reducing the radiation reaching normal tissue while getting a higher dose to the tumor. It may result in even fewer side effects.

During her 6-month ordeal, Lorraine refused to spend any energy on feeling sorry for herself. She instead tried to stay focused and determined, working with a speech therapist to strengthen her voice. She recalled a line written by poet Emily Dickinson: “Hope is the thing with feathers that perches in the soul – and sings the tunes without the words – and never stops at all.” Lorraine focused on the future: “I had a ladies quartet who depended on me and 125 chorus members who needed me back to sing harmony. I promised myself and Dr. Andersen that I would sing again.”

Fast forward to Valentine’s Day, 2006. Dr. Andersen is with a patient, and is repeatedly paged to the clinic nurse’s station. He finishes with the patient and rushes to the desk, wondering what could be so important. Lorraine and the ladies of her singing quartet are there. With broad smiles they serenade him with “Our Best to You.” “Here’s one of my success stories,” Dr. Andersen told the clinic. It’s a chorus Lorraine Barr will never tire of hearing. “I had one opportunity to get a second chance; I went with the best.”

IMRT conforms to the tumor shape but also allows the strength of the beams to be changed in some areas to lessen damage to normal body tissue.

Figure 1 Common Sites for Head and Neck Cancers



Treatment of head and neck cancer varies greatly depending on the site of disease.

Curing Head and Neck Cancer at OHSU Knight Cancer Institute

Last year brought more than 370 patients with head and neck cancer to OHSU.

At the OHSU Knight Cancer Institute, experts have assembled as a team to provide integrated, multidisciplinary care for patients with head and neck cancers. In addition to a core of specialized surgeons, medical and radiation oncologists, the team includes experienced radiologists and endocrinologists to provide risk assessment and treatment and pathologists to ensure the correct diagnosis of these tumors. Together with specialized researchers, this team is working together to find new approaches to reduce the number of head and neck cancer deaths in our region.

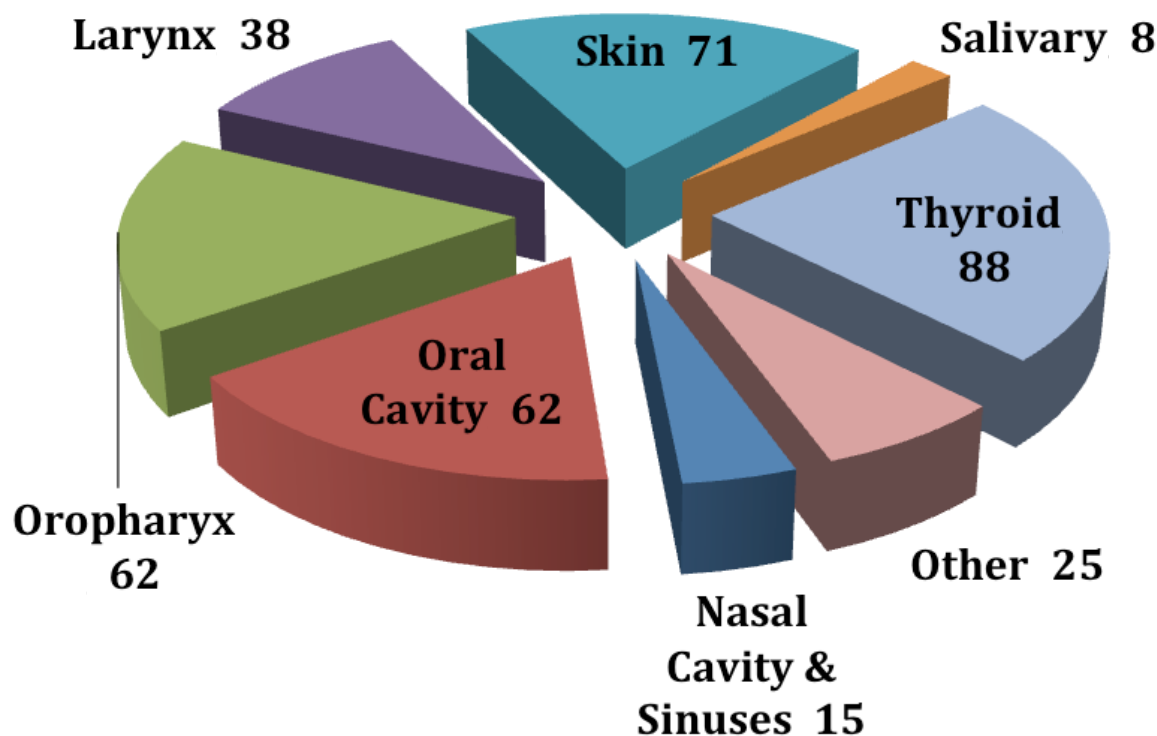
HEAD AND NECK CANCER: WHAT IS IT?

Head and neck cancer represents a broad group of dangerous cancers that arise from the nasal cavity and sinuses, oral cavity (mouth), pharynx (throat), larynx (voicebox), salivary glands, thyroid or skin.

[Figure 1] Together, these cancers represent nearly 7% of the cancers diagnosed in the United States every year, roughly equal to the proportion of body surface represented by the head and neck.¹

Head and neck cancers may lack the notoriety of breast, lung and prostate cancers, yet they are far from uncommon. Last year brought more than 370 patients with head and neck cancer to OHSU. **[Figure 2 - see next page]** Overall, head and neck cancer is the 6th most common cancer worldwide. The incidence continues to rise dramatically, particularly for melanoma and cancers of the thyroid and pharynx.^{2,3} Many head and neck cancers can severely impact quality of life by affecting speech, breathing and eating. Head and neck cancer can also be fatal, particularly if not discovered until an advanced stage of disease. Given the complexity of the multidisciplinary treatment and rehabilitation of vocal function, swallowing and cosmetic appearance, it is critical that head and neck cancer patients receive care from an integrated team of experts.

Figure 2. Head and Neck Cancer Treated at the OHSU Knight Cancer Institute



In 2008, at least 370 patients were seen for head and neck cancer. The most common head and neck cancers treated were thyroid, skin, oral cavity and oropharynx (throat).

RISK FACTORS

Most head and neck cancers are preventable. Traditional risk factors for head and neck cancer include excess sun exposure (skin), radiation (thyroid), poor oral hygiene, tobacco and alcohol abuse and Agent Orange exposure (mouth, throat). Recent studies have also shown a strong link between the human papilloma virus (HPV) and some head and neck cancers.⁴ Most head and neck cancer patients are male smokers over the age of 50. There is, however, an increasing number of young people, females and non-smokers afflicted.⁵

DIAGNOSIS AND STAGING

Most head and neck cancers can be cured if found early. Head and neck cancers are not difficult to see, but are easily overlooked. Unfortunately, most patients (and many physicians) are unaware of the early signs of head and neck cancer and referrals are frequently delayed. Therefore, at the OHSU Knight Cancer Institute, we make every effort to expedite the workup of suspected head and neck cancer cases.

Expeditious, accurate diagnosis and staging is critical to the successful treatment of head and neck cancer. Experienced cytopathologists are readily available to perform a fine needle aspiration (FNA) biopsy during any clinic visit. Preliminary results of the biopsy are available immediately. Same day state-of-the-art imaging is also available. Highly-skilled, dedicated head and neck neuroradiologists review imaging to ensure an accurate assessment of disease. This coordinated diagnostic effort affords a more timely discussion of treatment. **[Figure 3]**

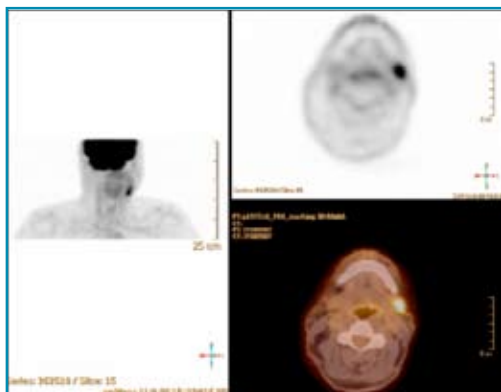
MULTIDISCIPLINARY APPROACH TO INDIVIDUALIZED CARE

Treating head and neck cancer requires a well-coordinated team. At OHSU, head and neck cancer surgeons, endocrinologists, radiation and medical oncologists work closely together with members of our nursing, dental, nutrition, speech and hearing team to create a personalized treatment plan for each patient. The multidisciplinary head and neck cancer team

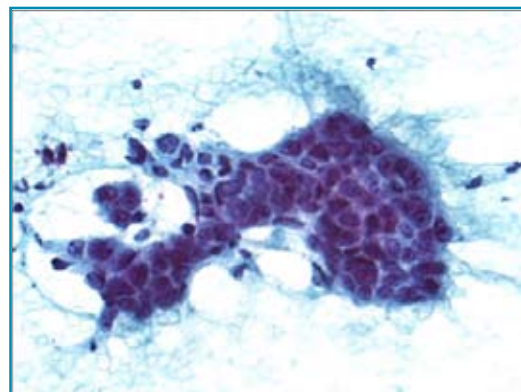
Recent studies have also shown a strong link between the human papilloma virus (HPV) and some head and neck cancers.⁴

Figure 3. Diagnosis and Staging

High quality diagnostic imaging (A) and pathology (B) services available at OHSU are critical to curing head and neck cancer.



A. Imaging techniques such as Positron Emission Tomography (PET) can help pinpoint the extent of disease.



B. Fine Needle Aspiration (FNA) biopsy can be performed during the clinic visit making preliminary results available immediately.

Head and neck cancers are not difficult to see, but are easily overlooked.

meets weekly to discuss all new head and neck cancer cases, giving every patient the benefit of their collective knowledge and expertise. This multidisciplinary approach helps make sure every head and neck cancer patient receives the best care available.

Researchers at the OHSU Knight Cancer Institute are also committed to help provide an individualized cancer care plan to each head and neck cancer patient.^{6,7} Our clinical scientists are pioneering the use of statistical tools to predict response to treatment for individual patients. **[Figure 4 - see next page]** We offer a full array of treatment options for head and neck cancer patients, including surgery, radiation therapy and chemotherapy.

Surgery- Surgery is an important part of diagnosing and treating almost all head and neck cancers. Many head and neck cancers can be cured with surgery alone. Surgery is the first line of treatment for head and neck cancers involving the skin, oral cavity, salivary glands and thyroid. Expert surgery is also critical for reconstruction and rehabilitation.

OHSU Knight Cancer Institute surgeons are the most experienced in treating head and neck

cancer as they treat more than 700 patients annually including exposure procedures for brain and skull base tumors and thoracic and esophageal cancers. Our head and neck surgeons are skilled in many leading-edge techniques, including the latest minimally-invasive approaches, microsurgery, endoscopic and endoscopic-assisted surgery, stereotactic surgery, laser surgery and nerve monitoring. There are also plans to incorporate robotic surgery into the treatment of selected head and neck cancer cases starting in 2010.

Endocrinology- Endocrinologists at OHSU work closely with the head and neck surgeons to provide essential risk assessment for thyroid cancer patients and recommendations for post-surgical management. Radioactive iodine ablative therapy is often recommended and this therapy is provided using either the traditional thyroid hormone withdrawal or with recombinant human TSH stimulation. New, dedicated radiation rooms in the OHSU Knight Cancer Institute inpatient unit provide enhanced comfort for RAI ablation patients during this treatment. Lastly, OHSU endocrinologists provide long-term management of thyroid hormone suppressive therapy and surveillance for tumor recurrence utilizing PET scanning ultrasound.

Figure 4. Individualized Treatment Planning



Every head and neck cancer patient treated at OHSU Knight Cancer Institute receives an individualized treatment plan. Our researchers are pioneering the use of statistical tools to predict response to treatment for individual patients.

Radiation- Radiotherapy is an important aspect of care in the management of head and neck cancer. Radiotherapy can be used as definitive therapy either alone for early-stage tumors or together with chemotherapy or targeted therapy for locoregionally advanced disease. Radiation is also delivered postoperatively for patients with high-risk pathologic features including close or positive surgical margins, multiple malignant lymph nodes or nodes with extracapsular extension, perineural spread or lymphovascular invasion.

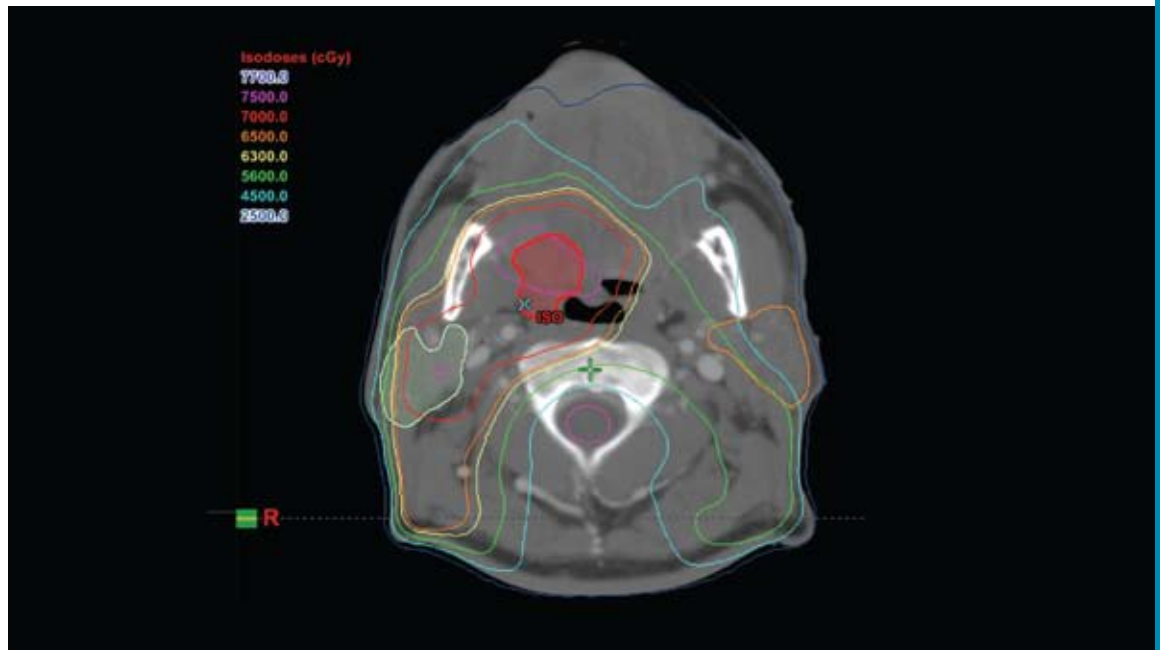
Intensity modulated radiotherapy (IMRT) is a system of treatment planning and delivery that results in a more precise and conformal dose of radiation. IMRT allows improved dose delivery to the tumor and neck, and results in better sparing of critical normal structures like the mandible, larynx and the salivary glands. This should result in better tumor control and less late side-effects including dry mouth. **[Figure 5]**

Chemotherapy- There are numerous opportunities to impact the natural history of head and neck cancer with chemotherapy. The use of traditional cytotoxic chemotherapy offers the prospect of improved survival when combined with radiotherapy (concurrent chemoradiation). This strategy may obviate the

need for surgery while preserving a patient's ability to speak and swallow. Chemotherapy is also increasingly recommended either before surgery (induction chemotherapy) or with radiation after surgery (postoperative chemoradiation) to improve survival. Even in the face of incurable disease, systemic chemotherapeutics and novel biologic therapies may offer individuals the opportunity to maintain quality of life.

For thyroid cancer patients in particular, there have been tremendous advances in the application of new chemotherapies. Patients in Oregon and around the region are benefiting from unique interest and expertise in this area. Located on the 7th floor of the OHSU Center for Health & Healing at the South Waterfront, the medical oncology treatment staff is instrumental in providing state-of-the-art cytotoxic and biologic therapies, and investigational treatment on clinical trials and daily supportive care to head and neck cancer patients.

The medical oncology treatment staff is instrumental in providing state-of-the-art cytotoxic and biologic therapies, and investigational treatment on clinical trials.



Newer methods of delivering radiation treatments such as Intensity Modulated Radiation Therapy (IMRT) are available at OHSU. IMRT allows physicians to better target head and neck cancer cells (shaded red) while sparing important structures such as the spinal cord and salivary tissue.

RESEARCH AND CLINICAL TRIALS

We are fully committed to improving the lives of patients with head and neck cancer by offering the highest quality care and innovative research. Our scientists are exploring many promising lines of research including: identifying novel molecular targets for therapy, profiling cancer stem cells in head and neck cancer, genotyping high-risk thyroid and melanoma cancers, assessing the impact of radiation on wound healing and exploring the link between HPV and head and neck cancers.

OHSU INVESTIGATORS RECEIVED NUMEROUS PRESTIGIOUS RESEARCH AWARDS IN 2009 INCLUDING:

AHNS/AAO-HNSF Surgeon Scientist Career Development Award

Neil D. Gross, M.D.

Phase I/II Study of Postoperative Adjuvant Chemoradiation for Cutaneous SCCN

AAO-HNSF Resident Research Grant

Vivian Wu, M.D., Ph.D.

New Mechanisms That Regulate c-Myc Oncogenic Activity In HNSCC

ASCO Young Investigator Award

Patrick Gagnon, M.D.

Positioning and Motion Tracking for Patients Undergoing Intensity Modulated Radiation Therapy for Head and Neck Cancer Using the Calypso® 4D Image Guided Radiation Therapy System

Radiation Society of North America Medical Student Research Award

Rubinstein Radiation Research Scholar

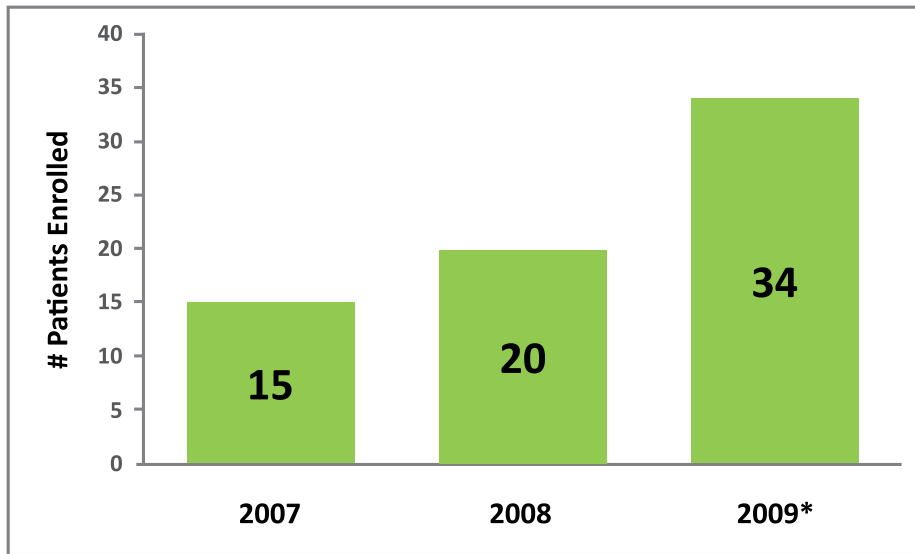
Kristina Hoot, Ph.D.

Efficacy of targeted molecular therapies combined with irradiation on skin squamous cell carcinomas

Experts at the OHSU Knight Cancer Institute strive to make novel clinical trials available to head and neck cancer patients. Our head and neck cancer patients have the opportunity to participate in well-conceived national and international studies involving newer therapies. Our investigators are also working diligently to bring discoveries from the laboratory directly to patient care. Not surprisingly, accrual to head and neck cancer clinical trials has increased more than 100% over the last two years. **[Figure 6 - see next page]**

For more information on how to donate to head and neck cancer research at OHSU please contact Tim Coffey at 503 494-3686 or coffeyt@ohsu.edu.

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Figure 6. Head and Neck Cancer Clinical Trials Activity

Accrual to head and neck cancer clinical trials has increased more than 100% over the last 2 years.
2009 enrollment numbers are estimated (*) based on accrual to date.

CURRENTLY, WE HAVE 11 HEAD AND NECK CLINICAL TRIALS OPEN INCLUDING:

RTOG 0514, National Tumor Repository

This study is supported by the National Cancer Institute to establish a central tumor bank as a resource for current and future scientific studies.

RTOG 0619, National Study of Novel Chemotherapy after Surgery

This study is supported by the National Cancer Institute to test whether or not a new drug called Vandetanib (an inhibitor of VEGF and EGFR molecules) improves survival after surgery for aggressive head and neck cancer.

Genmab 205, International Study of Novel Chemotherapy after Prior Treatments

This study tests a new drug called Zalutumumab (a targeted inhibitor the EGFR molecule) in combination with best supportive care in non-curable patients with recurrent head and neck cancer.

UPMC Dasatinib, National Study to Identify Tumor Markers in Head and Neck Cancer

This study is designed to determine how new cancer drugs effect tumor markers in patients with head and neck cancer.

HF10, 1st Study using Cancer-Killing Herpes Virus in Head and Neck Cancer Patients

This study is the first in the world to test a “live” cancer-killing virus by direct injection into recurrent head and neck cancer.

HOTSPOT, National Study to track Human Papilloma Virus (HPV) Transmission in Head and Neck Cancer

This study tests how HPV infection may or may not be transmitted between head and neck cancer patients and spouses or significant others.

ImClone Head and Neck Cancer Registry

This study is funded by ImClone is to describe, in detail, patterns of care for head and neck cancer patients.

Calypso Radiation Registration Study

This pilot study is investigating the use of the Calypso 4D image guidance electromagnetic transponders to improve daily alignment for patients undergoing radiation therapy for head and neck cancer.

XL184, National Study of Novel Chemotherapy in Medullary Thyroid Cancer

This study compares treatment with a new drug called XL184 (a multiple target tyrosine kinase inhibitor) versus placebo in patients with unresectable or metastatic medullary thyroid cancer.



Advanced Surgical Techniques. The surgical expertise at OHSU Knight Cancer Institute for function-preserving head and neck cancer resection and reconstruction is unmatched in Oregon.

Last year volunteers screened nearly 250 patients at the OHSU Knight Cancer Institute Head and Neck Cancer Screening.

CS-7017, National Study of Novel Chemotherapy in Anaplastic Thyroid Cancer

This study tests a new drug called CS-7017 (a PPAR-gamma inhibitor) in combination with traditional chemotherapy in patients with a rare, aggressive form of thyroid cancer.

Oxigene, National Study of Novel Chemotherapy in Anaplastic Thyroid Cancer

This study tests a new drug called Combretastatin A-4 Phosphate in combination with traditional chemotherapy in patients with a rare, aggressive form of thyroid cancer.

Zactima, National Study of Novel Chemotherapy in Medullary Thyroid Cancer.

This study tests a new drug called Zactima (a tyrosine kinase and VEGFR-2 inhibitor) versus placebo in patients with unresectable or metastatic medullary thyroid cancer.

For more information on head and neck cancer clinical trials please contact Will Stott at 503 418-9235 or stottw@ohsu.edu.

IMPROVED OUTCOMES

We believe that efficient, multidisciplinary clinical care and research delivered by highly-skilled experts can improve the outcome of head and neck cancer patients. At the OHSU

Knight Cancer Institute, we are dedicated to saving lives from head and neck cancer and to improve quality of life during and after treatment. Tracking improvement in treatment results can be a difficult task. Fortunately, the OHSU Cancer Registry contains more than 50,000 cases with detailed follow-up data extending for decades. Results from a recent review of registry data for oropharynx (throat) cancer patients shows that patients treated at OHSU had substantially improved survival compared to the national average. **[Figure 7 - see next page]**

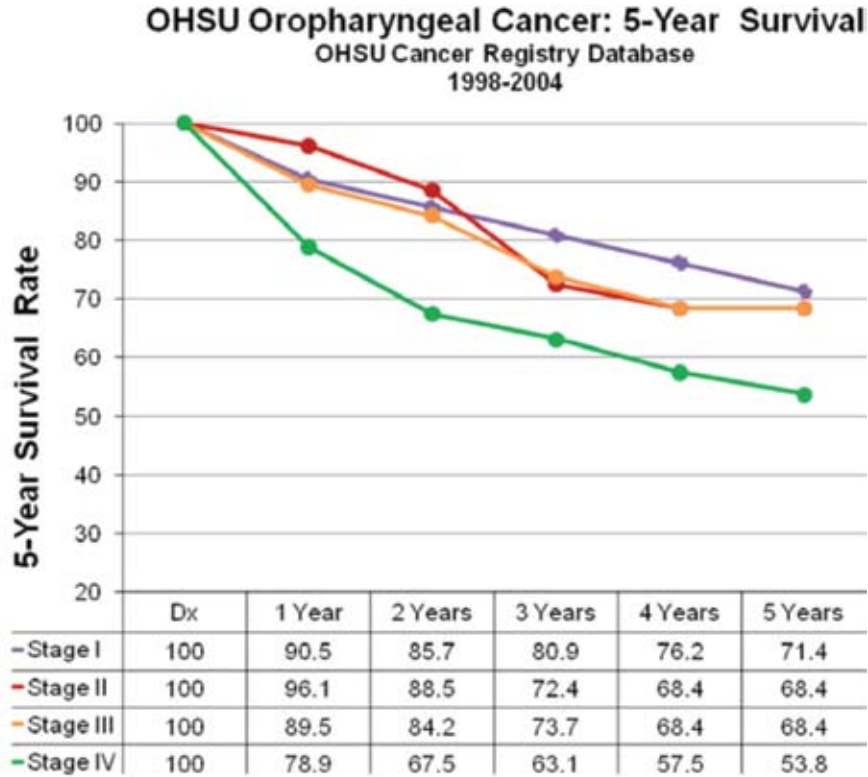
COMMUNITY OUTREACH

There is a tremendous public need for a greater awareness of risk factors for head and neck cancer, improved community screening and early intervention. For the last two years, head and neck cancer experts from OHSU have teamed with medical and dental students, residents, fellows, staff, faculty and community physicians to screen patients and promote head and neck cancer awareness. Last year, with generous support from the Albert and Elaine Borchard Foundation and the Oregon Academy of Otolaryngology, volunteers screened nearly 250 patients.

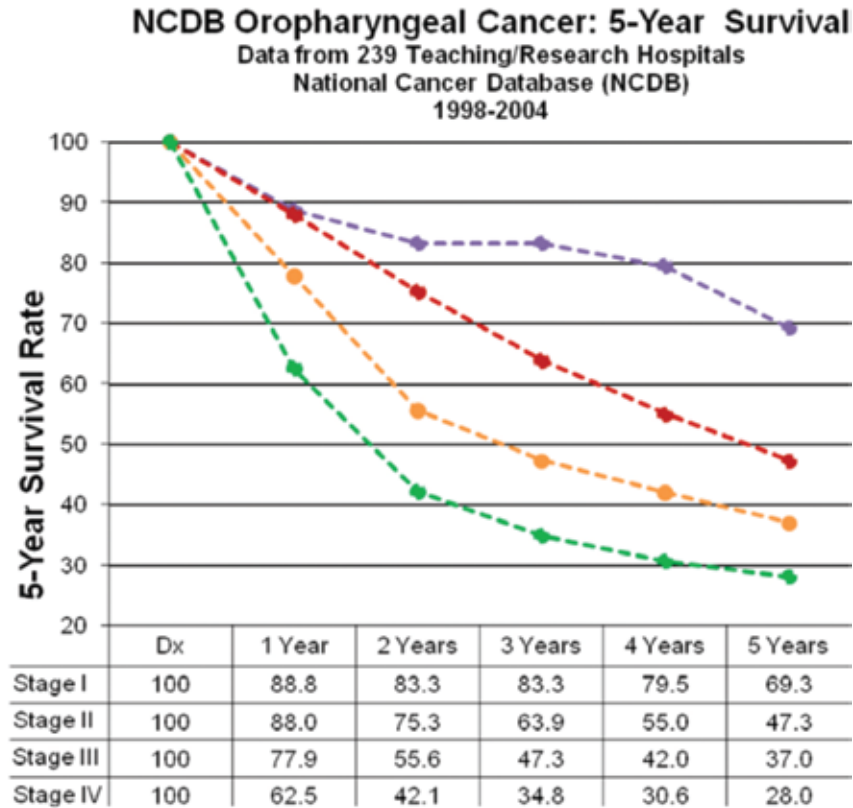
For information on how to volunteer this year, please contact Katie Hennis at 503 494-4580 or hennis@ohsu.edu.

Figure 7. Survival Curves

A. Patients treated at OHSU for oropharynx squamous cell carcinoma have a much better survival than the national average.



B. National average of oropharynx squamous cell carcinoma survival.





Head and Neck Cancer Screening, 2009

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2008 Analytic Cases - Site and stage distribution

SITE	MALE	FEMALE	TOTAL	0	I	II	III	IV	UNK	N/A
LIP/ORAL	40	25	65	0	20	11	3	28	2	1
PHARYNX	38	8	46	0	3	6	7	28	0	2
LARYNX	34	7	41	2	13	3	10	12	0	1
NASAL CAV/SINUS	8	6	14	1	3	1	2	2	0	5
THYROID	19	63	82	0	57	6	6	13	0	0
ESOPHAGUS	49	6	55	4	9	15	13	9	5	0
STOMACH	26	12	38	1	6	7	5	3	1	15
SMALL INTESTINE	13	7	20	1	0	2	2	1	0	14
COLON/RECTUM	39	31	70	3	13	14	21	16	1	2
ANAL CANAL	11	5	16	6	3	4	1	0	0	2
LIVER/BILE DUCT	75	20	95	0	29	30	28	7	1	0
OTHER BILIARY	6	5	11	1	0	6	2	1	1	0
GALLBLADDER	6	8	14	0	0	6	3	5	0	0
PANCREAS	45	38	83	0	3	36	15	22	0	7
LUNG	108	59	167	0	34	13	41	62	5	12
BONE	19	8	27	0	8	11	1	5	0	2
SOFT TISSUE	55	29	84	0	27	5	23	7	1	21
MELANOMA/SKIN	167	152	319	123	137	27	17	5	0	10
OTHER SKIN	14	10	24	0	7	4	1	1	0	11
BREAST	3	187	190	44	69	48	20	7	2	0
CERVIX UTERI	0	19	19	0	10	3	2	4	0	0
CORPUS UTERI	0	46	46	0	29	9	7	0	0	1
OVARY	0	27	27	0	3	1	17	4	1	1
OTHER FEMALE	0	18	18	6	6	2	1	2	0	1
PROSTATE	189	0	189	0	0	164	9	15	1	0
TESTIS	20	0	20	0	10	2	7	0	1	0
OTHER MALE	6	0	6	0	1	1	0	0	0	4
KIDNEY/RENAL	50	29	79	2	35	7	13	21	0	1
BLADDER	53	16	69	21	7	14	5	22	0	0
EYE	33	21	54	0	14	19	5	0	1	15
BRAIN/CNS (BENIGN)	71	146	217	0	0	0	0	0	0	217
BRAIN/CNS (MALIG)	51	36	87	0	0	0	0	0	0	87
LYMPHOMA	65	43	108	0	34	24	15	33	2	0
LEUKEMIA	64	54	118	0	0	0	0	0	0	118
MULTIPLE MYELOMA	25	7	32	0	0	0	0	0	0	32
OTHER BLOOD	23	13	36	0	0	0	0	0	0	36
OTHER/ILL-DEFINED	55	23	78	0	0	1	0	4	0	73
UNKNOWN PRIMARY	16	21	37	0	0	0	0	0	0	37
TOTALS	1496	1205	2701	215	590	502	302	339	25	728

Note: Figures above represent analytic cases only (diagnosed here and/or received part or all first course treatment). Basal and squamous cell carcinoma of the skin and CIS of the cervix are not collected.

OHSU Cancer Committee and Leadership Teams 2009

OHSU CANCER COMMITTEE

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Kevin Billingsley, M.D.

Cancer Registry Data Quality Coordinator:
Teresa Mason, C.T.R.

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