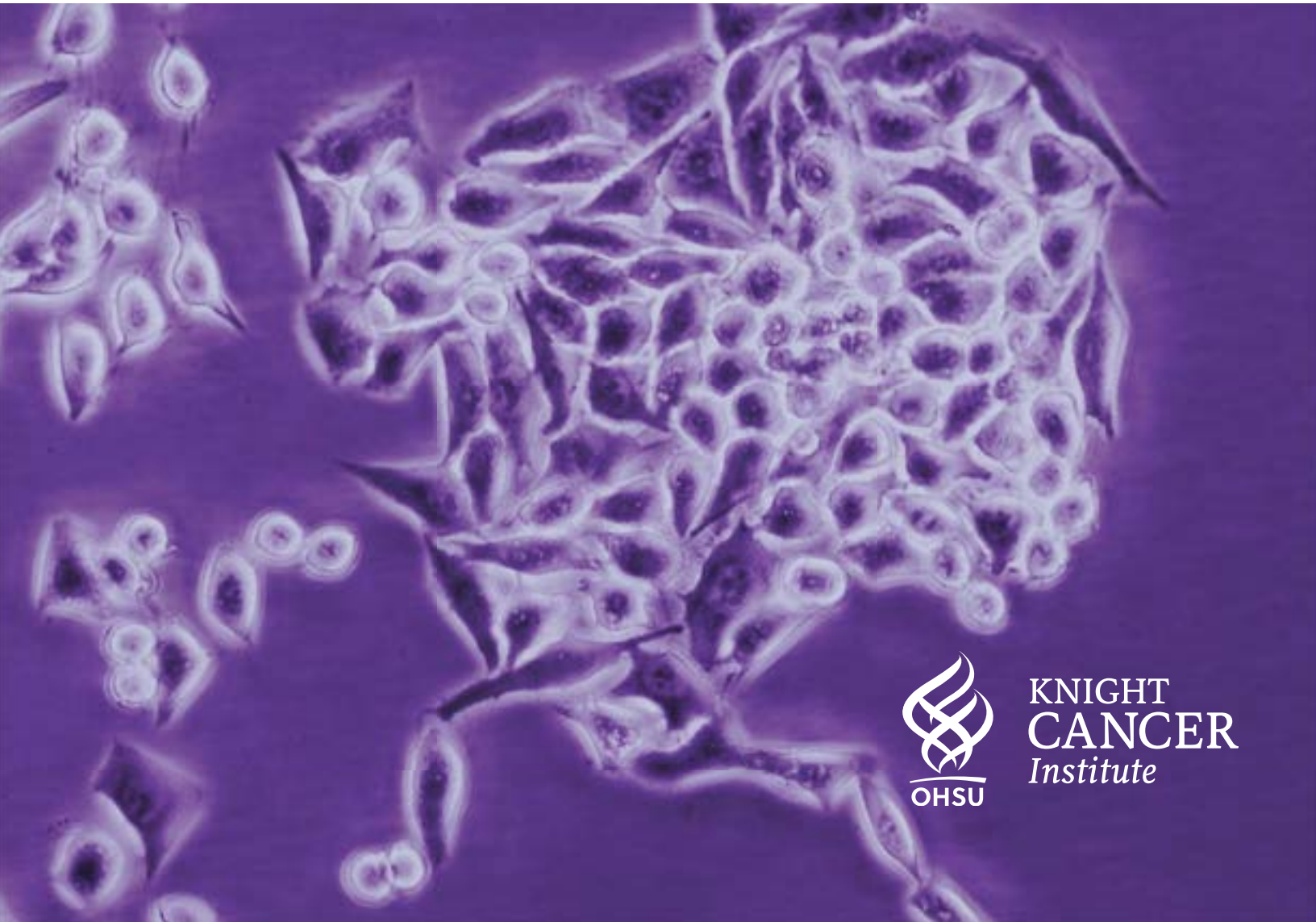
2016 ANNUAL REPORT

Gynecologic Oncology



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A message from the chairman

Kevin Billingsley, M.D.

CHAIR, CANCER COMMITTEE
CHIEF, DIVISION OF SURGICAL ONCOLOGY
HEDINGER PROFESSOR OF SURGERY

Dear colleagues and friends,

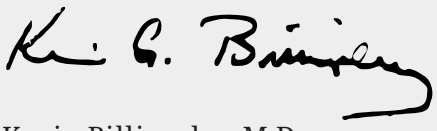
Every year, we are honored to share the progress we are making at the OHSU Knight Cancer Institute in our efforts to eliminate this disease that impacts so many in our communities in Oregon and around the world. I am delighted to present the 2016 OHSU Cancer Committee Annual Report. There are many clinical and research programs at OHSU Knight Cancer Institute that are growing to serve our patients even better cancer care. For this annual report, we are highlighting our gynecologic oncology program. As chair of the Cancer Committee, it is my job to support our vision of providing world-class, compassionate, individualized care for everyone in the Pacific Northwest. Due to the impressive activity within the OHSU Knight Cancer Institute, I am proud to say we have had much growth in the number of multidisciplinary clinics offered, giving even greater care for our patients.

Thanks to the donations from the Knight Cancer Challenge, in the past year the Knight Cancer Institute has broken ground on the new Knight Cancer Research Building, a house for our growing team of physicians and researchers. Plus, the plan is underway for not only a new cancer treatment facility at Portland's South Waterfront, but the Gary and Christine Rood Family Pavilion — a guest house for OHSU patients who are undergoing extended evaluation or treatment at the OHSU Knight Cancer Institute. We are confident this "home away from home" will create a healing environment for patients and families facing challenging treatments.

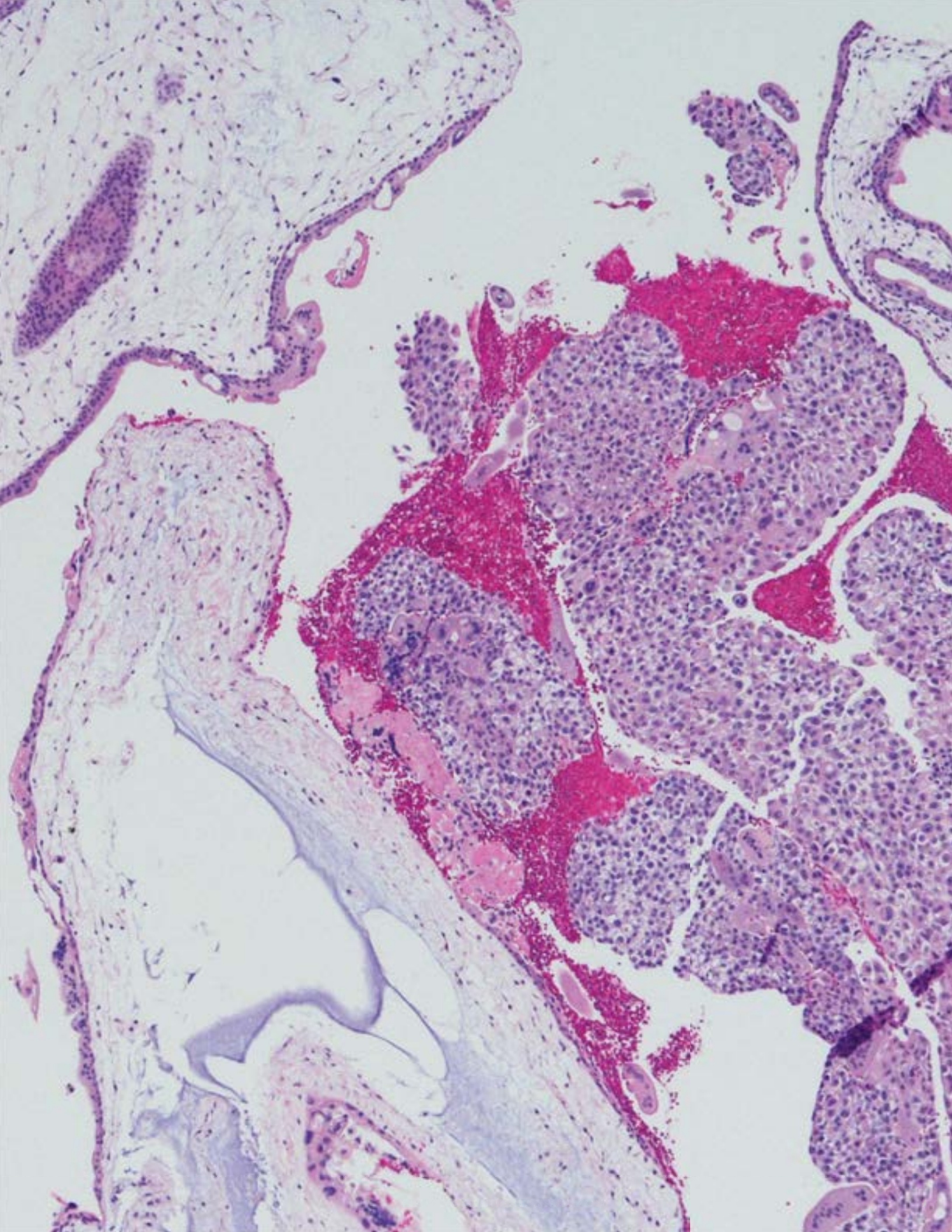
In this report, we are excited to highlight developments within our gynecologic oncology program. We will feature the work of Dr. Elizabeth Munro and Dr. Tanja Pejovic and the integrated care collaborations with Salem Health and Asante. The research of the gynecologic oncology team, including Dr. Koenraad De Geest, Dr. Tanja Pejovic and Adam Krieg, Ph.D., will be explained in detail to share updates on relationships between Fanconi anemia and ovarian cancer. Our minimally invasive procedures, including laparoscopic, robotic and sentinel lymph node biopsies, will be described as well as the evolving role of intraperitoneal therapy and intraoperative radiation therapy. And as the only Native American treating cancer in the Pacific Northwest, Dr. Amanda Bruegl will share insights on her effort to uncover prevention methods and treatments specifically for Native American gynecologic cancer patients. Plus, we will feature our survivorship program led by Lisa Egan, P.A.-C.

At the OHSU Knight Cancer Institute, our mission is to end cancer as we know it. We are here to give patients the most advanced, timely and compassionate care in the Pacific Northwest. Collaboration is the source of many success stories, and through our partnership with you, we are proud to help provide the best possible cancer care for your patients. So please join us to help move our communities forward to a world without cancer.

Sincerely,



Kevin Billingsley, M.D.



Expert cancer care for more Oregonians, closer to home

Dr. Tanja Pejovic and patient

> "Being able to provide surgery and other treatment near a patient's home is about much more than convenience. It's also about a patient's emotional well-being during very trying times."
> Tanja Pejovic, M.D.

A diagnosis of cancer is challenging, even without additional difficulties for patients such as hours of travel to see their doctor or of having life-changing surgery and follow-up care hundreds of miles from home.

At OHSU Knight Cancer Institute, we collaborate with health care partners in Salem and Medford to give patients in these communities, far outside of the Portland metropolitan area, access to state-of-the-art cancer care and some of the nation's best gynecologic cancer specialists.

With this partnership, our specialists provide genetic testing, surgeries, follow-up care and a range of other services, both at the Salem Cancer Institute in Salem and at the Asante Rogue Regional Medical Center in Medford.

"Being able to provide surgery and other treatment near a patient's home is about much more than convenience," says Dr. Tanja Pejovic, a gynecologic oncologist who has worked at Asante in Medford for at least four consecutive days each month for the past eight years. "It's also about a patient's emotional well-being during very trying times. They have their family there. They have their social support. They don't want to go anywhere else."

Because Medford is several hours away from any major medical center, having Dr. Pejovic's expertise in the community is invaluable to her patients.

Dr. Pejovic is not the only physician committed to providing access to OHSU beyond the waterfront location and on Marquam Hill: Three other OHSU gynecologic oncologists routinely spend part of their week in Salem, and Dr. Melissa Moffitt provides care at Salem Health's Salem Cancer Institute two days per week. "My patients absolutely love being able to have the specialist services they need in their own community, rather than having to come to Portland to receive that care," she says.

Spending time in Medford and Asante also allows OHSU Knight Cancer Institute gynecologic oncology specialists to develop relationships with cancer specialists in those communities, enabling them to collaborate more closely. “It just makes things a lot smoother for the patients. The open communication you have between physicians is better for patients, often leading to better outcomes. Plus, the physicians in the community love having us down there. It gives them security so they can lean on us for expertise,” says Dr. Elizabeth Munro, another OHSU Knight Cancer Institute gynecologic oncologist who also sees patients in Salem.

Of course, many OHSU gynecologic oncology patients get all of their care at OHSU’s Marquam Hill and South Waterfront campuses in Portland. And some procedures and surgeries are performed only in Portland, because those campuses have the more specialized technology and staffing needed for certain procedures.

Still, Koen De Geest, M.D., chair of the gynecologic oncology division at OHSU Knight Cancer Institute, says the Institute’s outreach to other parts of the state fits within OHSU’s mission to provide individually tailored, compassionate care for its patients. “We really want to reach out to Oregonians everywhere — not necessarily just where the largest concentration of people are,” he says. “We want to not only provide clinical service but education. Giving patients access to genetic testing, early detection and prevention measures creates better cancer care for all Oregonians.”

Dr. Elizabeth Munro

Dr. Melissa Moffitt and patient

Patient story: Claudia Burton

Claudia Burton had watched her 56-year-old mother die of ovarian cancer. So it was always in the back of her mind that she might have to confront it one day as well.

That didn't make the diagnosis any easier. She had been traveling with her Salem community chorus group for an event in Denver, Colorado, when she noticed odd bloating in her abdomen. When she got back home to Salem, she immediately went to her physician. She had the diagnosis seven days later: stage III ovarian cancer.

"I assumed it was a death sentence," says Burton, who was 73 when she was diagnosed. "It certainly was for my mother."

But with help from the Salem Cancer Institute and its partnership with the OHSU Knight Cancer Institute, Burton attacked the disease. She underwent chemotherapy in Salem, then had surgery performed by the OHSU Knight Cancer Institute's Melissa Moffitt, M.D., in Portland. Then she had more chemotherapy treatment back in Salem — including intraperitoneal therapy, in which anti-cancer drugs are injected directly into the space between the muscles and organs in a patient's abdomen. "I was willing to go through hell, and it was truly hell," says Burton.

But six months after her last chemotherapy treatment, she finally started to feel better. As of December 2016, almost four years after her last treatment, the cancer remains in remission.

Burton, a former law professor at Willamette University in Salem, credits Moffitt's expertise and knowledge of the latest research on ovarian cancer for her treatment success, along with the expertise and careful monitoring of her chemotherapy treatments by her Salem Cancer Institute oncologist, Bud Pierce, M.D.

Burton adds that it was critically important that she could have her chemotherapy done, and her pre- and post-surgery appointments with Moffitt, near her home in Salem, rather than having to travel to Portland.

"It's hard for me to imagine having to make that regular drive to Portland," she says, especially when she felt so horrible for much of that time. "In fact, I don't know that I would have done the chemo if the resources had not been available in Salem."

Thanks to the team of oncology experts including Moffitt, Burton now cautiously believes the cancer may not come back. "I never thought there was any significant chance of nonrecurrence," she says. "But at this point I do."

OHSU Knight Cancer Institute research is providing real hope for gynecologic cancer patients

It's an exciting time in cancer research, including in research into gynecologic cancers.

A year and a half after meeting the Knight Cancer Challenge, which will provide $1 billion for cancer research, the OHSU Knight Cancer Institute is blazing new frontiers, including working to understand how to detect cancer earlier. Gynecologic oncology is an important part of that quest. Researchers within the division are studying novel technologies for the early detection of ovarian cancer while also working to reduce barriers to established screening guidelines for cervical cancer in underserved communities. And the division continues its work to find better ways to fight all gynecologic cancers.

Here are some highlights of our research work with a focus on gynecologic oncology:

We are testing relationships

Tanja Pejovic, M.D., Ph.D., is working to better understand ovarian cancer by understanding one pathway that might be contributing. Pejovic, a gynecologic oncologist with the Knight Cancer Institute, is studying the relationship between Fanconi anemia and a high risk for ovarian cancer to gain a better understanding of potential links in order to better identify genetic markers that may suggest a higher risk of developing the cancer. Ultimately, her goal is to help scientists develop drugs that do a better job of fighting the cancer.

Adam Krieg, Ph.D., who works in collaboration with Pejovic, is studying why many tumors develop — at times, even more strongly — as the cancer cells are naturally deprived of oxygen as they grow. Krieg's work focuses on trying to understand the "hypoxic" tumor mechanisms that allow for that growth, with the belief that better understanding those processes will help scientists develop drugs to fight that growth.

We are getting the data

Knight Cancer Institute researchers, led by Pejovic, have developed the Oregon Ovarian Cancer Registry to gather data — and in some cases blood and tissue samples — from more than 500 women. The data and samples give our researchers a wealth of information to guide their studies and test their theories on how cancers grow and how they can be stopped.

We are aiming at targets in the tumor and its "microenvironment"

Known as a pioneer in developing personalized cancer therapies, the OHSU Knight Cancer Institute is taking advantage of new insights into the biology of gynecological cancers. Professor and chief of OHSU's gynecologic oncology division, Koen De Geest, M.D., said that what's common in much of his division's cancer research is "combining new insights into the biology of gynecologic cancers with novel targeted therapies and immune system modulation studied in more common cancers such as of the lung, breast, colon and prostate." The team of researchers works to learn ways we might steer cancer therapy away from traditional chemotherapy in the direction of treatments designed for the specific biological traits of a specific tumor in a specific person, which might have fewer side effects for the patient.

Pejovic is leading a clinical trial in ovarian cancer that is testing one aspect of the burgeoning field of immunotherapy cancer research. The trial is investigating whether a combination of an investigational cancer vaccine with an already approved cancer drug and a drug that modulates the body's immune system may better fight ovarian cancer.

"It definitely feels that with the targeted treatment on one side and the immune approach on the other side, something will happen within the next five years," Pejovic says. "We are not there yet. But I don't think it's ever been as exciting as it is now — just because of how quickly things are developing in our understanding and the new treatment options. There is hope."

OHSU Knight Cancer Institute: using new and better ways to fight gynecologic cancer

Surgical techniques, along with the technology that makes them possible, are constantly evolving and improving. The gynecologic surgeons at OHSU Knight Cancer Institute are at the forefront of using those techniques to improve patient care and outcomes.

Some of the techniques involve "minimally invasive" surgery, which allows surgeons to operate with much smaller incisions and much less damage to the body. The result is often remarkable: less pain, fewer complications and shorter hospital stays — potentially only one overnight rather than several nights.

Other techniques help fight cancer in more direct and effective ways. Here are minimally invasive procedures used by gynecologic oncology surgeons at OHSU Knight Cancer Institute:

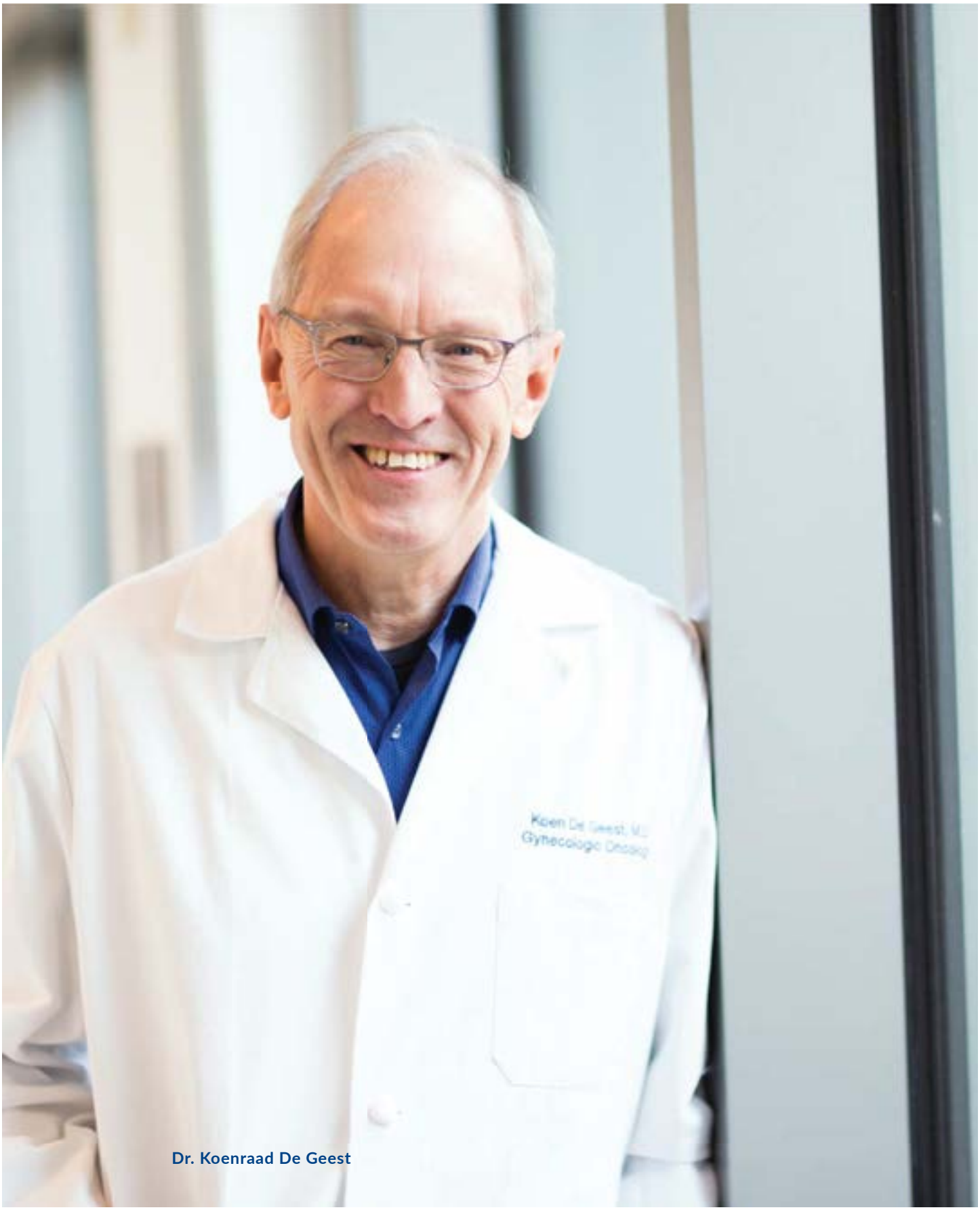
Sentinel lymph node biopsy

A sentinel lymph node is the first lymph node to which cancer cells are most likely to spread from a primary tumor. In a sentinel lymph node biopsy, oncologists can determine the stage of cancer by examining whether the tumor cells have spread to the first lymph node near the affected organ or tissue. Years ago, surgeons would remove several or many lymph nodes to determine if the cancer had spread. That often led to lymphedema, or tissue swelling in an arm or leg that also often causes pain and an abnormal buildup of fluid after lymph vessels are affected by surgery. However, if the sentinel node is negative, then removing additional lymph nodes is unnecessary, thus significantly decreasing the chance of lymphedema and other complications.

Laparoscopic surgery

Laparoscopic surgery involves the surgeon making small incisions, usually less than a centimeter, often on either side of the abdomen, instead of opening the abdomen to reach the site of the cancer.

"It's sparing the patient a big incision, which is associated with all sorts of potential problems — more pain, longer hospital stays, longer recovery after discharge from the hospital, increased risk of blood clots and infection," says Koen De Geest, M.D., professor and chair of OHSU's gynecologic oncology division.



Dr. Koenraad De Geest

In laparoscopic surgery, a very small camera and long, thin surgical instruments are moved into the body through ports in those incisions to the surgery site inside the body. With help from the tiny camera inside the body, the surgeon then views a video monitor while performing the intricate surgery.

Robotic surgery

Robotic surgery is very similar to laparoscopic surgery. Both surgeries are minimally invasive and use very small incisions. With robotic surgery, a computer screen and hand controls are used by the surgeon to manipulate the robot that is actually doing the cutting, rather than using the laparoscopic tools with his or her own hands.

Robotic surgery offers added advantage in allowing very precise movements and giving the surgeon a much better 3-D view of the abdominal and pelvic area. OHSU gynecologists were the first in Oregon to perform robot-assisted surgery for gynecologic conditions using the da Vinci Surgical Robot.

Intraoperative radiation therapy

OHSU Knight Cancer Institute is also one of 16 medical centers in the United States that offers intraoperative radiation therapy.

This therapy allows oncologists to deliver a precise and intense dose of radiation directly to a tumor site, immediately after the tumor has been removed during surgery. That direct dose of radiation can destroy many more microscopic cancer cells near the tumor that surgery often leaves behind. The radiation is delivered while nearby organs and tissues are moved aside and shielded from the radiation, which means less damage to tissue and fewer side effects for the patient.

Standard external beam radiation therapy, in which X-ray beams are targeted at a tumor from outside the body, often requires five days of treatment per week for five or six weeks. Intraoperative radiation therapy can deliver “a week or a week-and-a-half’s worth of radiation in two minutes,” says Dr. Charles Thomas, chairman of OHSU’s Department of Radiation Medicine, who has performed the procedure 16 times since OHSU started performing the therapy in the fall of 2014.

Traditional surgery often doesn’t remove all of a tumor, and the cancer could return, Dr. Thomas says. “This intraoperative radiation therapy may control the disease longer, and is potentially curative in some patients.”


Versa HD

Native American healthcare, a focus at OHSU Knight Cancer Institute

Amanda Bruegl, M.D., is on a mission. As a member of the Oneida and Stockbridge-Munsee tribes, Bruegl is one of two Native American gynecologic oncologists in the United States.

So it is no surprise that she is leading an effort by the OHSU Knight Cancer Institute to understand health issues among Native American tribes and communities in the Pacific Northwest, with a special focus on gynecologic cancer issues in Native American women.

Throughout Bruegl's medical training, her commitment to work with Native Americans never faltered. "When I was looking for a job, it was really important to me to do something to advocate for Native American women's health." That's what made working at OHSU so attractive to her, Bruegl says. "When I applied, I was looking for places where there was a significant Native American population and the opportunity to do outreach," she says.

Now, with support and help from her colleagues at the OHSU Knight Cancer Institute and the OHSU Department of Obstetrics and Gynecology, Bruegl has started building relationships with Native American tribes in the Pacific Northwest, especially through the Northwest Portland Area Indian Health Board. The board is an organization with delegates from each of the 43 federally recognized tribes of Oregon, Washington and Idaho. Its mission is to address multiple facets of the health and wellness of Native American people.

Bruegl has given talks about cancer prevention and treatment to Native American groups and health providers, and is working with leaders and members of the communities to share her knowledge of the disease.

With her passion and personal mission to reach out to the community, she is also paving the way to help researchers learn more about Native American women's gynecologic health. She is working to get approval for a retrospective study on Native American women's health, which will take a new look at data that has already been collected, focusing specifically on details on gynecologic cancers in Native American women.

"I think Native Americans are chronically overlooked in the health care system," Bruegl says. "So our unique issues don't get the attention they deserve."

Bruegl says if her proposed study can move forward, she will share the results with Native American communities. She hopes health care professionals can then work in concert with the communities to help Native American women prevent gynecologic cancers — like cervical and endometrial cancer — that are often preventable.

In the meantime, Bruegl is continuing her outreach to Native American communities by having conversations, building relationships and sharing knowledge. “For us to get to know each other, and for community providers in clinic to be able to simply text me about a case — asking ‘can I run this by you?’ — provides the frontline care that is incredibly helpful for both the patient and the providers treating Native American women,” she says.

Dr. Amanda Bruegl

Patients ask “what now?” after cancer treatment. OHSU Knight Cancer Institute offers a survivorship program to help them through.

Lisa Egan, P.A., and patient

More and more women diagnosed with cancer are living longer, with their cancer in remission or cured.

That's the great news.

But there's a complicated side to that great news: More women are now confronting a range of issues in their lives after treatment ends, from depression to anxiety over cancer returning, long-term physical changes and new challenges in their sex lives.

Health providers within OHSU Knight Cancer Institute's gynecologic oncology division recognize those issues. A survivorship program, "Sexual Health in Women Affected by Cancer," was developed to help women who have finished treatment find ways to work through the challenges.

"Now that we're getting more patients through cancer treatment and more patients have long-term remissions, we are starting to realize there's a lot on the other side of cancer," says Melissa Moffitt, M.D., a gynecologic oncologist with the Knight Cancer Institute, who helped start the survivorship program.

"We have such an intense relationship with our patients during their diagnosis and treatment," Lisa Egan, P.A., a physician assistant in the gynecologic oncology division. "And then when their treatment is done, we release them to this new stage of their life. To us, it's very satisfying, because their treatment has gone well. To a patient, you can understand how unnerving it is."

Women who've had cancer treatment can deal with a range of issues afterward. They often suffer delayed depression, or anxiety about their future. There can be long-term effects of radiation and chemotherapy such as lost feeling in their fingers and toes to constant fatigue or forgetfulness.

Plus, their sexual lives can be changed significantly. Surgery may have changed their bodies, thus intercourse and sexual relations can be painful. For those reasons and others, their desire for sex can also decline.

As Moffitt and Egan began to understand the extent of the issues for many women, they worked to start the survivorship program. Moffitt oversees the program while Egan has hour-long sessions with women who come to the program, either as current patients or as patients referred by other OHSU oncologists or physicians.

During the sessions, Egan offers advice, referrals and treatment options to help with the full range of issues. But a primary program focus is on sexuality and sexual health. Egan talks to women about possible medication, physical therapy, counseling, coaching and other programs that can help with their sexual function and intimacy issues.

"As gynecologists and caregivers, this is what we should be doing for our patients," says Egan. "We should be helping them live their lives to the fullest."

Cancer Program Practice Profile Report (CP3R)

The Commission on Cancer's Cancer Program Practice Profile Report, or CP3R, is a web-based reporting tool that offers providers a platform to assess adherence to and consideration of standard of care therapies for major cancers. CP3R currently reports estimated performance rates for six quality improvement measures and five accountability measures from five primary sites including breast, colon, rectum, gastric and lung. The most recent data set available for review is from 2014. The CP3R reporting tool aims to promote improvement in the quality of patient care at the local level and also allows hospitals to compare their care to that of other providers.

Annually, the Commission on Cancer requires their accredited facilities to review performance levels for selected accountability and quality improvement measures. OHSU appoints a cancer liaison physician (CLP) to their Cancer Committee who is responsible for analyzing and presenting these data to the committee each year. The OHSU Cancer Committee CLP for 2016 is Liana Tsikitis, M.D.

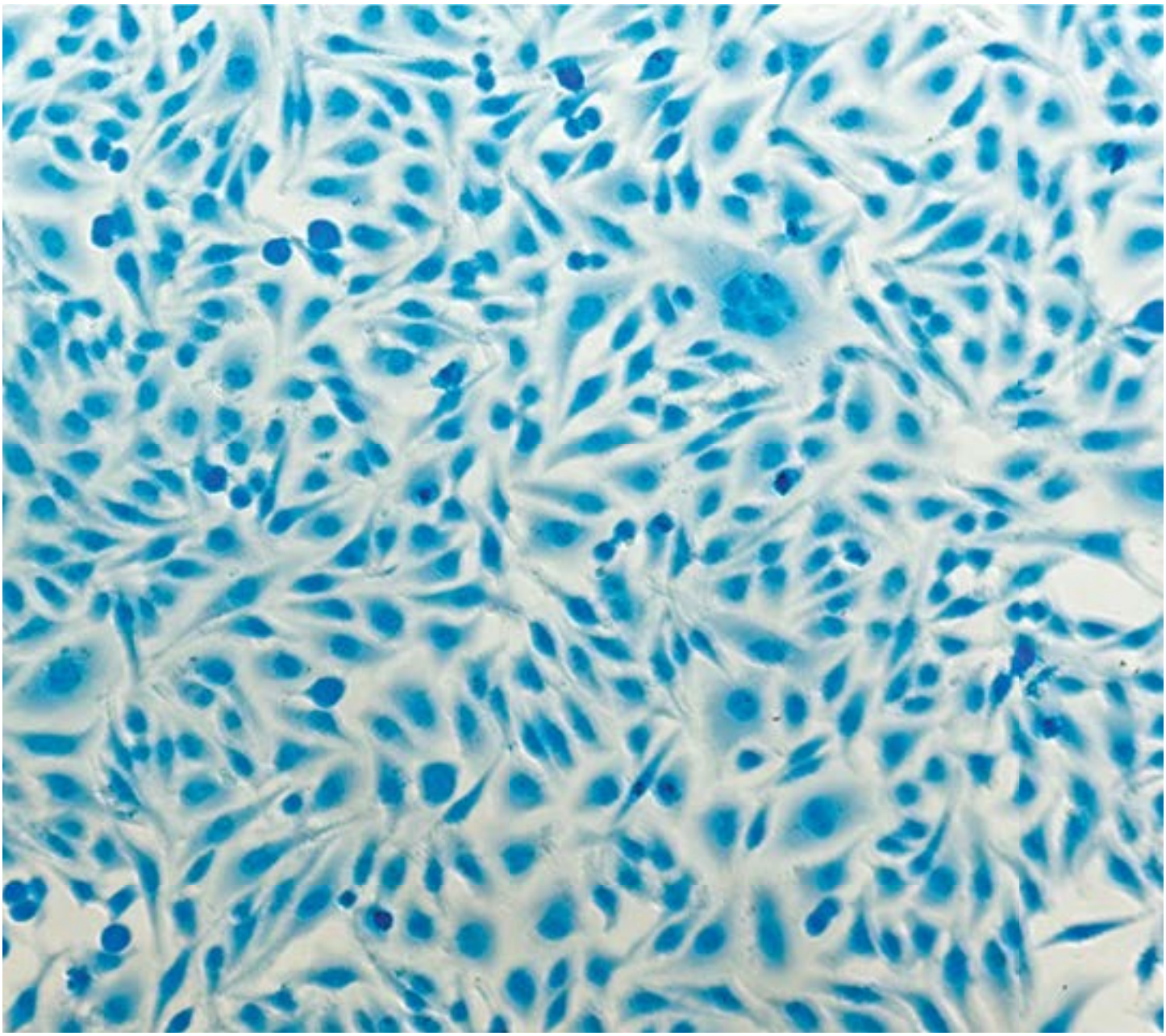
Dr. Tsikitis and the Cancer Committee members review every case for every CP3R measure that falls below 100 percent to ensure no quality of care issues have occurred. An action plan is developed for any CP3R measure that falls below thresholds established by the CoC.

C3PR measures focused on in 2014

MEASURE NAME AND DEFINITION		COC STANDARD	OHSU	ALL COC APPROVED PROGRAMS
BREAST				
nBx	Image- or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	80%	87%	88.2%
HT	Tamoxifen or third-generation aromotase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB–III hormone receptor-positive breast cancer (Accountability)	90%	96.3%	88.3%
MASTRT	Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (Accountability)	90%	94.4%	78.5%
BCSRT	Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)	90%	97.4%	89.6%
MAC	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0 or stage IB–III hormone receptor negative breast cancer (Accountability)	N/A	96.4%	91.2%
COLON				
ACT	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node-positive) colon cancer (Accountability)	N/A	100%	86%
12RLN	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	85%	96.6%	90.8%
GASTRIC				
G15RLN	At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)	80%	50%*	56.7%
LUNG				
LCT	Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)	85%	90%	86.5%
LNoSurg	Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)	85%	90.3%	91.3%
RECRTCT	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0 or stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1–2N0 with pathologic AJCC T3N0, T4N0 or stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	85%	100%	84.8%

*Three noncompliant gastrectomy cases were identified. In one of the cases, the patient had received neoadjuvant therapy that may have compromised lymph node retrieval — although the extent of lymphadenectomy was not clear from the operative note. In two of the cases, the surgeon elected to perform a more limited regional lymphadenectomy because the patients had early-stage gastric cancer. Both had extensive comorbidities, making more involved surgery particularly risky.

2015 Analytic Cases — site and stage distribution



SITE	MALE	FEMALE	TOTAL	0	I	II	III	IV	UNK	NA
Breast	3	594	597	62	280	179	42	24	4	6
Lung	221	133	354	1	102	38	67	143	0	3
Melanoma (Skin)	219	182	401	121	173	56	34	10	7	0
Prostate	250	0	250	0	26	138	32	43	11	0
Brain / CNS (Benign)	50	78	128	0	0	0	0	0	0	128
Leukemia	139	104	243	0	0	0	0	0	0	243
Lymphoma	98	75	173	0	28	46	29	61	3	6
Liver	126	31	157	0	69	39	22	18	5	4
Thyroid	47	96	143	0	95	1	19	22	6	0
Kidney	61	36	97	0	51	4	9	18	10	5
Colon / Rectum	107	66	173	0	26	36	58	48	5	0
Pancreas	80	52	132	2	31	60	7	31	1	0
Brain / CNS (Malignant)	67	38	105	0	0	0	0	0	0	105
Soft Tissue	51	34	85	0	16	15	31	17	6	0
Other Urinary	6	6	12	1	1	1	0	7	0	2
Esophagus	58	10	68	1	10	14	26	13	4	0
Lip / Oral Cavity / Pharynx	168	73	241	6	48	30	30	120	7	0
Bladder	59	22	81	16	19	17	8	21	0	0
Corpus Uteri	0	81	81	0	45	4	19	8	5	0
Eye and Orbit	39	27	66	0	25	21	4	0	5	11
Multiple Myeloma	38	36	74	0	0	0	0	0	0	74
Other Hematopoietic	39	20	59	0	0	0	0	0	0	59
Ovary	0	51	51	0	14	2	23	11	1	0
Other / Ill-defined Sites	7	0	7	0	0	0	0	0	0	7
Larynx	34	8	42	0	5	11	5	21	0	0
Other Digestive	18	15	33	0	2	7	9	8	2	5
Small Intestine	24	23	47	0	5	6	10	22	4	0
Unknown Primary	15	6	21	0	0	0	0	0	0	21
Bones and Joints	17	8	25	0	7	11	0	5	2	0
Other Skin	21	13	34	0	15	3	1	3	2	10
Anus	6	9	15	0	1	3	9	1	1	0
Other Female Genital	0	19	19	0	9	1	3	3	1	2
Other Endocrine	49	50	99	0	0	0	0	0	1	98
Cervix	0	29	29	0	20	3	4	0	1	1
Other Respiratory	23	11	34	0	1	8	5	9	1	10
Stomach	43	12	55	0	16	16	12	7	4	0
Other Male Genital	19	0	19	1	11	3	3	0	1	0
TOTALS	**2202**	**2048**	**4250**	**211**	**1151**	**773**	**521**	**694**	**100**	**800**

NOTE Figures above represent patients first seen at OHSU in 2015 and include analytic cases only (diagnosed here and/or received part or all first course here).

OHSU Cancer Committee and leadership teams 2016

OHSU Cancer Committee Program Activity Coordinators

Kevin Billingsley, M.D.
CANCER COMMITTEE CHAIR,
CANCER CONFERENCE COORDINATOR

Melissa Alvarado, B.S., C.T.R.
CANCER REGISTRY QUALITY COORDINATOR

Elizabeth Anderson, M.P.H., B.S.N.
CLINICAL RESEARCH COORDINATOR

Ellen Distefano, R.N., M.N., C.E.N.
QUALITY IMPROVEMENT COORDINATOR

Susan Hedlund, M.S.W., L.C.S.W., O.S.W.-C.
PSYCHOSOCIAL SERVICES COORDINATOR

Katie Hennis, M.S.
COMMUNITY OUTREACH COORDINATOR

OHSU Cancer Committee

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CANCER REGISTRY MANAGER

Connie Amos, M.S.
REHABILITATION SERVICES DIRECTOR

Elizabeth Anderson, M.P.H., B.S.N.
KNIGHT CANCER CLINICAL TRIALS

Kevin Billingsley, M.D.
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Amanda Bryant, R.D., C.S.O., L.D.
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Malinda Burt, B.S.N., R.N., O.C.N.
BMT/HEMATOLOGIC MALIGNANCIES

Jeremy Cook, R.N., M.S.N., V.A.-B.C.
ADULT INPATIENT ONCOLOGY

Claudia Cooksie, C.T.R.
TUMOR REGISTRAR

Erin Corella, Pharm.D.
PHARMACY

Ellen Distefano, R.N., M.N., C.E.N.
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