# Table of Contents

Chairman’s Message .......................... 5  
Director’s Report ............................ 6  
American College of Surgeon: Commission on Cancer Updates ................................. 7  
Quality Improvements for 2015 ............................ 7  
Pathology Services .............................. 8  
Fund Development ............................... 9  
Food and Nutrition .............................. 10  
Survivorship Care Plans .......................... 10  
Cancer Care Conferences .......................... 11  
Gratiot Cancer Conferences Annual Report ....................... 12  
Frequency of Cancer Summary Report ....................... 13  
Tumor Registry Report ............................ 14  
Radiation Oncology .............................. 15  
Clinical Education .............................. 16  
Infusion Center ................................. 17  
Pharmacy ................................. 17  
Cancer Genetic Counseling Program ....................... 18  
Medical Oncology Unit ....................... 18  
Marketing Overview ............................. 19  
Clinical Trials and Research ....................... 20  
MidMichigan Home Care ....................... 21  
Gratiot Breast Health Program Annual Report for 2015 ....................... 22  
Cancer Prevention and Screenings Programs ....................... 23  
Spiritual Care Program ....................... 24  
Pardee Cancer Treatment Fund Annual Report ....................... 25  
American Cancer Society ....................... 26  
Lung Cancer ....................... 27  
Gratiot Cancer Center Service Directory ....................... 29
2015 Gratiot Cancer Committee Members

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General Surgeon,
Co-Chairman

Sherry Anderson, B.S.N.
Regulating & Compliance Manager,
Quality Improvement Coordinator

Alana D'Ambrosio-Berry, R.N., B.S.N., O.C.N.
Clinical Trials Coordinator

Andrea Casell
American Cancer Society

Mark Fireman, M.D.
Radiation Oncology

Ginger Greenwood, C.P.H.Q., R.H.I.T.
Tumor Registry

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Continuing Medical Education Coordinator

Maged Hanna, M.D.
Pathology

Shanna Hensler, B.S., M.H.A.
Community Outreach Coordinator

Joan Herbert, Pharm.D.
Director of Oncology Service Line/Cancer Committee Administrator

Melissa Hoag, R.N., O.C.N., C.N.-B.N.
Breast Health Nurse Navigator

Kristina Ivan, M.S.G.C.
Genetic Counselor

Mohammed Naveed, M.D.
Radiology

Sara Morel, C.T.R., A.A.S., B.A.S.
Lead Tumor Registrar/Cancer Conference Coordinator

Mohammed Naveed, M.D.
Radiology

Angela Miller, N.P.
MidMichigan Home Care Palliative Care Services Coordinator

Soledad Poquiz
Physical Therapy

Shella Vallee, L.M.S.W.
Oncology Social Worker/ Psychosocial Services Coordinator

Robin Whitmore, R.N., M.S.N., M.B.A.
Vice-President, Administration

Larry Randall, M.B.A., R.N.
Manager, Infusion Center

Tannu Sahay, M.D.
Hematology/Medical Oncology Cancer Physician Liaison

Adrianne Scates
Dietary

Melwyn Sequeira, M.D.
Surgeon, Chief of Oncology Chairman

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Manager, Radiation Oncology

Ginger Greenwood, C.P.H.Q., R.H.I.T.
Tumor Registry

Kristina Ivan, M.S.G.C.
Genetic Counselor

Shella Vallee, L.M.S.W.
Oncology Social Worker/ Psychosocial Services Coordinator

Robin Whitmore, R.N., M.S.N., M.B.A.
Vice-President, Administration
Our cancer committee is an integrated multidisciplinary team comprising medical staff, nursing and clinical staff and administration who serve in various capacities in the care of cancer patients. This committee meets quarterly to discuss the progress of the program, review policies and assign goals for the following year. Our cancer program is accredited by the American College of Surgeons Commission on Cancer, last undergoing a survey in 2016. It is dedicated to providing mid-Michigan and neighboring regions with quality, comprehensive cancer care through all phases of detection, management, rehabilitation and survivorship, once someone is affected by cancer. Other services include education, screening, palliative and supportive care, hospice, pre-habilitation, and enrollment in clinical trials.

According to the National Cancer Institute 1,685,210 new cancer cases are expected to be diagnosed in 2016 and 595,690 patients will die from cancer. Some cancers are curable when treated at an early stage while others have better long-term survival data with advances in treatment.

Early Detection is Key
It comes as no surprise that cancers treated at an early stage have better outcomes than those presenting with advanced disease. Finding and treating a cancer through screening protocols, before it becomes manifest in an otherwise healthy individual, has proved to be a hot topic of discussion over the years for even those cancers that currently have published screening guidelines. We continue to offer screening for breast, colon and prostate cancer, continuously updating the protocols to meet new accepted national guidelines. We have over the year added lung cancer screening and will be showcasing this during the month of November 2016 which is lung cancer awareness month. There is no controversy regarding detection and treatment of patients harboring genetic mutations that pose a significant life-time risk of getting a cancer such as exists with BRCA1 and BRCA2 genes even when there is no evidence of any cancer. Our genetic counseling program at MidMichigan Health assists patients and their family members in assessing their risk and determining if testing is warranted and then how to respond to the test results.

Dedicated Medical Professionals
The strength of our program lies in our personnel. Our team continues to give unselfishly of their time and talent. Each physician, physician assistant, nurse practitioner, nurse, therapist, pharmacist and other members of our cancer team provide compassionate care, with genuine respect and concern for the individual patient. This has made our Cancer Center the preferred provider for oncology care in our primary service areas of Midland, Alma, Clare and Gladwin counties. Many patients from surrounding counties also sought care at our Cancer Center including those from Arenac, Bay, Gratiot, Isabella, Montcalm, Ogemaw, Roscommon and Saginaw.

Strong Community Support
Our cancer program is fortunate to have strong community support. Volunteers at MidMichigan Medical Center - Gratiot are generous with their time in our inpatient and outpatient treatment areas. The Elsa U. Pardee Foundation for many years has been generous in their support of our Tumor Registry and the annual Elsa U. Pardee Lecture. Many past patients and family members continue to provide financial support with donations to our MidMichigan Home Care and Hospice programs. We continue to collaborate with area schools that are supportive of our cancer program through fund development such as Freeland High School “Clash for a Cure” and Dow High School “Volley for a Cure.”

These have provided funding for our Cancer Fund and our Mammography Fund. Both of these have been used to assist patients going through treatment.

MidMichigan employees and physicians have given personal time to participate in committees and the General, Thoracic, Colorectal and Breast Cancer Conferences. Cases are discussed at these conferences with experts from our program and the University of Michigan reviewing all aspects of the diagnosis and collaboratively discussing treatment options.

A Look Back at 2015 and 2016
A number of new initiatives have taken place over the year which broadly covers the major cancers we are focusing on. We have added breast tomosynthesis and MRI to our diagnostic toolkit for breast cancer patients. We have started initial discussions into the creation of a high-risk breast cancer clinic. We are working closely with our colleagues at U of M to create a rectal cancer center of excellence, started collaborating on a joint data set for rectal cancer patients to monitor and track outcomes of patients undergoing surgery for rectal cancer. We now have a lung cancer detection clinic and offer low dose CT scan for detection of lung cancer in high risk individuals. We have a lung navigator who monitors and tracks all newly detected lung nodules, helps coordinate referrals to specialists, and in addition to streamlining care for all newly diagnosed lung cancer patients also help with formulating survivorship care plans for the patients following treatment. We plan to offer robotic prostatectomies in Midland for patients needing surgery for prostate cancer through our affiliation with University of Michigan. We offer patients with gynecological malignancies the ability to consult with specialists from U of M and in some instances are able to provide surgery closer to home.
A Look Ahead to 2017

The single biggest event that should significantly affect how we interact with each other and the patients is slated for April 2017 with the implementation of the single patient, single record electronic medical record. This should have the most significant impact for a patient as they journey through their cancer treatment and survivorship thereafter. We will strengthen our diagnostic capability with the addition of a bronchoscopic lung navigational system and the UroNav fusion MRI/ ultrasound system for prostate cancer. We are working closely with our partners at U of M to provide plastic surgery options for patients undergoing breast surgery. We are formalizing the creation of a lung nodule/ cancer clinic. As always our aim is to expand the coverage and scope of our practice, but our focus over the next few years would be on improving quality to exceed all national benchmarks in different aspects of cancer care and treatment in the region.

Our goal is to provide patients with the best quality and a comprehensive cancer program, served seamlessly and close to home, with little or no disruption to their time or commitments and with outcomes that match or exceed national benchmarks. Our experts run weekly multidisciplinary cancer conferences, breast cancer conferences and have further expert input from our colleagues in University of Michigan via teleconferencing. This report provides a snapshot of our activities and goals and hopes to increase awareness of the broad range of oncology services available through MidMichigan Health.

Director’s Report

Under the leadership of President Mark Santamaria and Vice President Robin Whitmore the oncology program at MidMichigan Medical Center – Gratiot continued to provide state of the art care for the patients in the counties that we serve.

The volume of cancer cases in 2015 was 166 newly diagnosed patient cases. Our goal of obtaining the status of a Community Comprehensive Cancer Center as designated by the American College of Surgeons Commission on Cancer was achieved in July 2016. We are awarded Accreditation with Commendation.

Below are some of our key accomplishments in 2015 and 2016 to date:

- Ginger Greenwood has completed AHIMA training and will be taking her certified tumor registry exam in winter 2017. We continued regular cancer conferences on a bi-weekly basis and have had excellent participation from all specialties. 24 Cancer Conferences were held in 2015 and 16 in 2016 to date.
- Our breast health team led by Dr. Jeff Smith and Melissa Hoag RN OCN Breast Nurse Navigator increased the volume of breast cancer visits and discharges by 24 percent since inception in May 2015.
- We remodeled the Gratiot Cancer Center and were able to move oncologist, Dr. Tannu Sahay and outpatient chemotherapy into the center with radiation oncology and other supportive services.
- Dr. Mark Fireman joined the staff at MidMichigan Medical Center – Gratiot in Radiation Oncology in June 2014 and referrals to the center have increased with a full time radiation oncologist presence.

The future of oncology is promising and new discoveries have moved cancer from an acute disease with a high mortality to a chronic disease with longer periods of time between progression and a decreased mortality rate. This is an exciting time to be part of a state of the art cancer program like that at MidMichigan Health.

Joan Herbert, Pharm.D.
Administrator Director, Oncology Service Line
Cancer Program Administrator

Melwyn Sequeira, M.D.
General Surgeon, Chairman/Chief of Oncology
MidMichigan Earns National Accreditation with Commendation from the Commission on Cancer of the American College of Surgeons

The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) has granted Three-Year Accreditation with Commendation to the cancer program at MidMichigan Medical Center – Gratiot. To earn voluntary CoC accreditation, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process and maintain levels of excellence in the delivery of comprehensive patient-centered care.

Because it is a CoC-accredited cancer center, the Medical Center takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, pathologists and other cancer specialists. This multidisciplinary partnership results in improved patient care.

“Our accreditation from the Commission on Cancer is just one example of our commitment to provide the highest level of quality care to each of our patients,” said Joan Herbert, Pharm.D., director of oncology services at MidMichigan Health. “As an accredited facility, our patients can expect state-of-the-art care, in a location that is close to home. The cancer team at MidMichigan will continue to strive to provide the best in cancer diagnosis and treatment, coordinating the best available care plan for each individual patient.”

The CoC Accreditation Program provides the framework for the Medical Center to improve its quality of patient care through various cancer-related programs that focus on the full spectrum of cancer care, including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation and lifelong follow-up

MidMichigan Health is a non-profit health system, headquartered in Midland, Michigan, affiliated with the University of Michigan Health System. Recently named one of the nation’s 15 Top Health Systems® by Truven Health Analytics™, MidMichigan Health covers a 20 county region with medical centers in Midland, Alma, Clare, Gladwin, and Alpena. In addition to the Medical Centers, MidMichigan Health also includes home care and MidMichigan Physicians Group which offers urgent care and medical offices with more than 31 specialties and subspecialties. These include cardiology, hematology/oncology, orthopedics, vascular surgery, family medicine and more. MidMichigan has more than 7,200 employees, volunteers and physicians and provided $76 million in community benefits in fiscal year 2015.

American College of Surgeon: Commission on Cancer Updates

Quality Improvements for 2015:

1. **Online Risk Assessment:**
   Follow up is done via telephone with all increased or high risk patients.
   We are providing education on their results, risk factors, breast density, supplemental screening options, and genetic counseling. This is a quality improvement from our Study of Quality and will be continued to be monitored.

2. **Regional Lymph Nodes for Colon Cancer:**
   Implemented use of fat dissolving solution to increase likelihood of obtaining 12 regional lymph nodes.
Pathology Services

College of American Pathologist (CAP) protocols are followed to report the required data elements in 90 percent of the eligible cancer pathology reports each year. The Commission on Cancer also requires that a 10 percent CAP Compliance review be done each year and we are compliant with this as our Pathology Department does this review of randomly selected cases.

MidMichigan Health Laboratory Services is accredited by the College of American Pathologists (CAP) and includes the following main testing Locations:

**Clare**
Rapid Response Laboratory
703 N. McEwan Street
Clare, Michigan 48617
Phone (989) 802-8850
Outpatient Services
6:30 a.m. - 5 p.m. Monday - Friday
8 a.m. - Noon Saturday

**Gladwin**
Rapid Response Laboratory
515 Quarter
Gladwin, Michigan 48624
Phone (989) 246-6263
Outpatient Services
7 a.m. - 6 p.m. Monday - Friday
8 a.m. - Noon Saturday

**Gratiot**
Rapid Response Laboratory
300 E. Warwick Drive
Alma, Michigan 48801
Outpatient Services
7 a.m. - 6 p.m. Monday - Friday
8 a.m. - Noon Saturday

**Midland**
Core Laboratory and Microbiology Laboratory
4000 Wellness Drive
Midland, Michigan 48670
Phone (989) 839-3460
Outpatient Services
7 a.m. - 6 p.m. Monday - Friday
8 a.m. - Noon Saturday

Quality Initiatives

Each year quality indicators are developed and approved by the Clinical Optimization Team and in alignment with MidMichigan Health’s Quality Dashboard. This process is summarized in the Laboratory Quality Assessment policy.

The laboratory quality indicators include, but are not limited to, the following:

- Laboratory Accreditation
- Troponin Turn Around Time
- Total Expense/Unit
- Patient Satisfaction Scores
- Proficiency Testing-CMS reportable analytes
- Occurrence Management

Quality Information Reporting

Quality Dashboard information is reported by the Administrative Director to the Clinical Optimization Team. Laboratory Managers and supervisors will communicate Quality information to the team they oversee.
Fund Development

There is another special, valuable dimension that assists those with cancer. Many joined together in 2015 to donate time, talent and treasure to the Medical Centers in Gratiot and Midland to support the needs of those we serve with this disease. These contributions came through memorials, grant requests for specific cancer-related purposes, events and outright gifts.

Homes for the Holidays

During the Christmas holiday season, MidMichigan Health and Cobblestone Homes partnered to bring the 2015 “Homes for the Holidays” event. Guests enjoyed walking through and viewing festively-decorated homes as part of this fundraiser. Monies raised from this event are creating a comfortable family room for loved ones of patients hospitalized for cancer care at MidMichigan Medical Center – Midland.

Clash for a Cure

Donning T-shirts and well deserved pride, Freeland High School’s varsity football players and their head coach, Kevin Townsend, raised $5,000 to help MidMichigan Medical Center – Midland fight cancer. The monies came from the “Clash for a Cure” football game played against Hemlock High School. In addition to ticket sales, sponsorships, entertainment activities and the sale of pink t-shirts supplemented funds raised. The donation was placed in the Cancer Fund, which provides funds for new cancer treatment and diagnostic technology and support for patients in need. Since the event began in 2010, the school has donated nearly $60,000 to the Medical Center’s Cancer Fund.

Game to Remember

Saginaw Valley State University and Northwood University joined together in a “Game to Remember” cancer awareness fundraiser football game held to raise money for the Medical Center in Midland’s Cancer Fund. Fan and community members were asked to donate money in exchange for a pink helmet decal on which they could write the name of a cancer survivor or a person who lost their life to the disease. Both teams then wore the pink helmet decals throughout the game to support the cause.

Free Mammograms for Uninsured

Those uninsured in Gratiot and Midland Counties received free mammograms during a special program offered thanks to donations received. The program focused on those who could not otherwise afford a mammogram.

We appreciated the support received from individual gifts and memorials, as well as donations raised from fundraisers held by Roy Kutchey Greenhouses, LUX The Salon, Old Oaks Trails Estates Booster Club, River Rock Bar & Grill, St. Louis Variety and the Breckenridge, Midland and H. H. Dow High Schools. We are also grateful to the Zonta Club of Midland who approved a funding request to help support this effort.

Susan G. Komen Foundation

MidMichigan Medical Center – Gratiot was one of a select few nationwide who was awarded a grant of nearly $200,000 from the Susan G. Komen Foundation. This gift is supporting the services of a registered nurse who guides patients diagnosed with breast cancer from the point of diagnosis through the course of their treatment. The nurse navigator translates medical information and helps patients and their families understand the plan of care and what to expect from treatments and medications. She also coordinates care with other treatment team members, including appointments for consultation and physician visits.

Elsa U. Pardee Foundation Support

We would like to add our voice to the many others in recognizing and acknowledging the Elsa U. Pardee Foundation. This Foundation continues to be instrumental in developing MidMichigan’s cancer program including its ongoing support of the annual Elsa U. Pardee Memorial Cancer Lecture and Tumor Registry. Our deepest appreciation is extended to the Elsa U. Pardee Foundation and to all who have chosen to help those who face the challenges of cancer through their gifts of generosity and hope.
The Commission on Cancer has implemented this standard to provide Survivorship Care Plans to eligible patients. A survivorship care plan will be done by personnel in various locations that can reach patients that are diagnosed and treated for cancer. These locations will be the following: Employed Medical Oncology, Radiation Oncology & Breast Health Program: Center for Women’s Health. A survivorship care plan will be completed on patients Stages 1-3, receiving their first course of treatment and are of curative intent. This excludes Stage IV patients and also patients who were diagnosed at one of our facilities and did not receive any treatment with our health system. The disease sites will be for all Cancer sites. After the completion of treatment, the patient will have a survivorship meeting or their survivorship care plan will be reviewed over the telephone and mailed to their primary residence. The mailing will be done for patients who do not have resources for transportation, insufficient funds for transportation, and other means by which would cause a hardship to the patient. The survivorship care plan will be imported into the patients’ EMR and sent to all physicians that the patient has stated as part of their care team. A report will be generated to the Director of Oncology Services to present at Cancer Committee annually by the Tumor Registry. This report will include the amount of patients seen and quantity of disease sites.

Phase in schedule:
2015: Implement and pilot SCP process involving 10% of eligible patients; 2016: Provide SCP for 25% of eligible patients; 2017: Provide SCP for 50% of eligible patients; 2018: Provide SCP for 75% of eligible patients.

Gratiot was meeting and exceeding this requirements and was at 26% overall.

Food and Nutrition
The practice of oncology nutrition covers research, prevention, treatment, recovery and palliative care. The clinical registered dietitian provides medical nutrition therapy for both inpatient medical patients, and outpatients to provide optimal nutrition intervention and plan of care. Following a nutritional assessment, an individualized care plan is formulated integrating diagnosis, stage of the disease and treatment into the overall plan. Nutrition counseling is part of the first time chemotherapy teaching that is provided in the inpatient setting. Other acute care patients who are at nutritional or potential nutritional risk are evaluated and a care plan is appropriately created. A registered dietitian is also available for community programs, cancer support groups, health fairs, professional conferences and other educational venues for patients and professionals.

Oncology Social Work
Who We Are
Oncology social workers are master level clinicians (MSW) trained in prevention, education, advocacy, research and counseling. They provide multilevel assessment and intervention for patients (and families) undergoing cancer treatment.

What We Do
An oncology social worker can assist patients with:
- Attending to the needs of the whole person and family.
- Serving as a bridge to the medical team.
- Providing access to resources, including assistance with physical, emotional and financial needs.
- Link patient to Patient Assistance Programs and Pharmaceutical drug programs.
- Helping with relationship issues.
- Assisting in the adjustment to life during and after treatment.

Anyone who receives care for cancer through MidMichigan Health is eligible to undergo an initial social work assessment, to determine needs and ensure they are receiving all services/resources available to them.

Survivorship Care Plans
The Commission on Cancer has implemented this standard to provide Survivorship Care Plans to eligible patients. A survivorship care plan will be done by personnel in various locations that can reach patients that are diagnosed and treated for cancer. These locations will be the following: Employed Medical Oncology, Radiation Oncology & Breast Health Program: Center for Women’s Health. A survivorship care plan will be completed on patients Stages 1-3, receiving their first course of treatment and are of curative intent. This excludes Stage IV patients and also patients who were diagnosed at one of our facilities and did not receive any treatment with our health system. The disease sites will be for all Cancer sites. After the completion of treatment, the patient will have a survivorship meeting or their survivorship care plan will be reviewed over the telephone and mailed to their primary residence. The mailing will be done for patients who do not have resources for transportation, insufficient funds for transportation, and other means by which would cause a hardship to the patient. The survivorship care plan will be imported into the patients’ EMR and sent to all physicians that the patient has stated as part of their care team. A report will be generated to the Director of Oncology Services to present at Cancer Committee annually by the Tumor Registry. This report will include the amount of patients seen and quantity of disease sites.

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Cancer Care Conferences

Bi-weekly multidisciplinary Cancer Conferences are scheduled and held at MidMichigan Medical Center-Gratiot. They are held every other Friday and alternate between Breast Cancer Conferences and General Cancer Conferences. The cancer conferences provide support and recommendations from all cancer specialties based on the information provided at the conference. Pathology and Radiology scans and reports are reviewed during these conferences and it offers a multidisciplinary approach to determining a patient’s treatment plan.

Video conferencing with MidMichigan Health-Midland was started for each cancer conference in 2016 and still continues each week. This has been a great asset to our conferences and beneficial for the physicians presenting cases. The interaction is positive and as we move forward we hope to grow this part of our Cancer Conferences with the goal of having physicians attending from the University of Michigan via Video Conferencing for the Gratiot Cancer Conferences.

The conferences are attended by specialists required by the American College of Surgeons Commission on Cancer and/or the National Accreditation Program for Breast Centers: radiology, pathology, surgery, medical oncology and radiation oncology. They are also attended by other specialists and hospital staff involved in cancer care. These professionals come together for discussion of individual cases, reviewing diagnostic imaging studies, pathology, surgery and other treatments, the stage of disease, established clinical guidelines, and standards of care to arrive at the best plan and approach for treatment of the patient. This is beneficial to the patient with input from many specialists, without the inconvenience of traveling from physician to physician. Cancer Conferences are an integral part of patient care management and outcomes. Continuing Medical Education (CME) credits are offered for Cancer Conferences.

During the year of 2015 a total of 88 cases were presented at the Gratiot Cancer Conferences. 87 were presented prospectively and 1 case was present retrospectively. The top five most frequently discussed were breast, lung, colon, rectum and prostate.

The number of Cancer Conferences and attendance by the required specialties exceeded the goals set by the Cancer Committee for 2015. A goal of at least 15 Gratiot Cancer Conferences is set for the year and the goal was exceeded and 24 Cancer Conferences were held in 2015. A goal of 70 percent attendance for all required specialties was met, with attendance by the required specialties of an average of 95 percent attending.
## 2015 GRATIOT: GENERAL CANCER CONFERENCE REPORT

Conferences through: 12/31/2015

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### CASE MIX

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### % Discussed

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### PHYSICIAN ATTENDANCE

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### CLINICAL STAGING

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### % Elig cases discussed

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<td>100%</td>
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### CLINICAL TRIALS DISCUSSED/OFFERED IF APPLICABLE

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### TREATMENT GUIDELINES

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<td>% guidelines discussed</td>
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### SPECIALLY ATTENDANCE

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<th>PERCENTAGE</th>
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</tbody>
</table>
Each year the Cancer Committee is responsible to monitor the Cancer Conference frequency and format. The attendance required must be multi-disciplinary and discussion of stage, including prognostic factors and treatment planning using national evidence based treatment guidelines also must be discussed. We are also required to offer patients participation into Clinical Trials. MidMichigan Health also has a Genetic Counselor so these services are provided to many patients as well if they are eligible.
The Tumor Registry at MidMichigan Medical Center-Gratiot is responsible for collecting data and maintaining life-long follow-up on every analytic cancer case, and all benign brain and central nervous system tumors diagnosed and/or receiving first-course treatment at our facility. The cases diagnosed and/or receiving first-course treatment are considered analytical cases. During 2015, 167 analytic cases were added to the database in Midland. Basic data is also collected from affiliated MidMichigan Medical Centers in Midland, Clare and Gladwin for planning and reporting purposes. There were 39 cases added for Clare and Gladwin. Midland collected and reported on 715 cases for 2015.

Follow-up is conducted annually on analytic patients in the Gratiot database since our reference date of 1-1-2013. Follow-up is to determine the patient’s cancer status and add any further treatments, and to analyze the effectiveness of treatments. The Registry is currently following 10,436 patients with a success rate of nearly 96% exceeding the American College of Surgeons (ACoS) standard of 80%. Follow-up from our 5-year reference of 1-1-2013 is nearly 96% following 436 patients, also exceeding the target of 90%.

The cases collected by the Tumor Registry are reported to Michigan Cancer Surveillance Program (MCSP), Michigan’s state-wide population based cancer registry. In addition, the analytic cases are reported to the National Cancer Data Base (NCDB) yearly as requested.

Cancer Committee Objectives and Goals for 2015:

Establish a Breast Health Program and the 2nd goal was to combine the infusion center and Cancer Center into one location for patient convenience. Both have been met for 2015.

The Registry data contributes to treatment planning, staging, continuity of care for patients, evaluating outcomes and for comparative analysis with other hospitals. In order to maintain high-quality data, it is required by the ACoS that 10% of the Registry’s case abstracts be reviewed by a physician to ensure accuracy. According to ACOs all of abstracting must be performed by a (CTR) or supervised by a (CTR) in order to meet ACOS Standards. This goal was met, with Dr. Tannu Sahay and Sara Morel, C.T.R., conducting weekly reviews of Registry abstracts.

The full-time employees participate in Cancer Conferences and are members of the Cancer Committee, in addition to maintaining the day-to-day activities in the Registry. The casual CTR focuses on abstracting cases for all affiliates. All four are active members of the Michigan Cancer Registrars Association and the National Cancer Registrars Association. In order to maintain the CTR credential, 20 continuing education credits must be earned during a two-year cycle.
Radiation Oncology

MidMichigan Medical Center – Midland has three radiation oncology centers. They are located in Midland, Alma, and Bay City. The Bay City location is a joint venture with McLaren Bay Region.

Our mission is to provide state-of-the-art radiation oncology services in a caring and compassionate environment while preserving the dignity and hope of each patient and their loved ones.

In 2015, Midland and Alma sites began preparation for the American Society of Therapeutic Radiology and Oncology program of Accreditation Program for Excellence. This preparation includes newly written policies and procedures for every quality assurance process and practice within the departments. We plan to be accredited in 2017.

In Midland and Alma we updated our quality assurance equipment which will allow for increased accuracy and the ability to forecast any potential issues with equipment.

We continue to provide the most state-of-the-art techniques such as Intensity Modulated Radiation Therapy, Volumetric Adjusted Therapy by the RapidArc feature, Image Guided Radiation Therapy, 3D and 4D treatment planning, Stereotactic Ablative Radiotherapy (SABR), High Dose Rate Brachytherapy and Prostate Seed Implants.

Dr. Rajesh Kotecha and Dr. Rajnikant Mehta, Board Certified Radiation Oncologists, continued to provide excellent patient care in Midland including Gamma Knife treatments.

We continue community support by employees volunteering their time and talent to the Relay for Life in multiple counties and Making Strides against Breast Cancer. These activities provide our community with access to free screenings and information on the services our Health System has to offer.

We continue to provide state-of-the-art treatments close to home and stay on the forefront with the fight against cancer.

Courtney Szelesi, M.B.A., R.T. (R) (T)
Radiation Oncology Manager

Moments from Relay for Life for Midland County, Making Strides Against Breast Cancer Walk and the Cancer Survivors Day at Dow Diamond. (All were events in 2015)
Clinical Education

2015 Activities

1. Lung Cancer Screening from Science to Practice, Friday October 2, 2015
   Ella A Kazerooni M.D., Professor, Associate Chair for Clinical Affairs: Department of Radiology, University of Michigan. Discuss who is appropriate to screen for lung cancer with CT. Describe the basics of LungRADS for structured reporting of lung cancer CT screening exams and management of positive CT screening exams. Explain the coverage requirements for lung cancer CT screening, as it relates to the USPSTF recommendation and the Affordable Care Act, CMS coverage and registry reporting requirements. Attendance: 15 physicians, 20 nurses and 7 allied health. Areas of discussion: AJCC Staging, treatment guidelines and prognostic factors.

   E. Wesley Ely, Jr., M.D. Professor of Medicine, Vanderbilt University Medical Center: Discuss issues related to end-of-life (EOL) care in the real world clinical setting incorporating secular and faith based concerns. Discuss modern controversies related to physician assisted suicide and euthanasia. Focus means of prioritizing human dignity and self-worth through the dying process. October 15, 2015.

3. Oncology Dinner Symposium
   Thursday, March 12, 3-8:30 p.m. Midland and Gratiot (Slides available): Cancer Screening Guidelines, Richard Wender, M.D. Attendance: 20 physicians, 9 nurses and 11 allied health. Areas of discussion: AJCC Staging, treatment guidelines and prognostic factors.

4. Immunizations and Patients with Cancer by John Epling, MD, Department of Family Public Health and Preventative Medicine
   March 12, 2015  Cancer Dinner Symposium

5. Myeloproliferative Neoplasms: Update on Treatment and Research Pipeline
   Monday, April 27 – Midland only: Marie Huong Nguyen, M.D; University of Michigan.
   Attendance: 7 physicians, 0 nurses and 0 allied health. Areas of discussion: AJCC Staging, treatment guidelines and prognostic factors.

6. New Hope in the Fight Against Cancer
   Dr. R. Kevin Reynolds: Pardee Lecture: University of Michigan. He will provide an exciting update on breakthroughs in prevention and screening as well as the latest treatments for these cancers. He will be followed by our own Kristina Hermann MS – genetic counselor. Kristina joined the MidMichigan Health oncology team in June and will provide some valuable information on hereditary cancers and the importance of knowing your family history in determining your cancer risk. October 27, 2015.
   Attendence: 30 physicians, 10 nurses and 5 allied health. Areas of discussion: AJCC Staging, treatment guidelines and prognostic factors.

   Attendence: 30 physicians, 10 nurses and 5 allied health. Areas of discussion: AJCC Staging, treatment guidelines and prognostic factors.

8. Immunizations and Patients with Cancer by John Epling, MD, Department of Family Public Health and Preventative Medicine
   March 12, 2015  Cancer Dinner Symposium
Infusion Center

The Gratiot Infusion Center expanded this year to 10 chairs and 2 private rooms to deliver infusion services to MidMichigan Health outpatients in the Alma area. Our patient population includes all medical and oncology related infusions that do not require cardiac monitoring, for oncology outpatients. Our average number of patients per month for Jan-Sep 2016 is 326 with a high of 421. This includes being the primary site for chemotherapy delivery for outpatients. The nursing staff includes 3 full time RN’s and 2 casual RN’s. All are certified through the Oncology Nursing Society (ONS/ONCC) Chemotherapy / Biotherapy Certificate program for safe handling. Continuing the focus on patient safety we are actively engaged in design, build, test and implementation of a fully integrated Electronic Medical Record (EMR) this year, including electronic order entry.

The Gratiot Infusion Center includes a satellite clinic at the Mount Pleasant Health Park which has 4 infusion chairs. Our average number of patients per month for Jan-Sep 2016 is 76 with a high of 65. This clinic treats carefully selected patients and allows convenience for those living in the Mount Pleasant area. It is staffed with nurses from the Alma clinic and is currently offering services 2 days a week.

Pharmacy

The Pharmacy Department at MidMichigan Medical Center – Gratiot continues to play an important role in the oncology services offered to our patients in both Alma and Mt. Pleasant. This past year we started making chemotherapy not just for patients coming to Alma, but also for Mt. Pleasant patients being treated at the MidMichigan Health Park. In order to facilitate this process the pharmacy hired a full-time courier to transport the medication to both the Alma and Mt. Pleasant infusion sites.

The oncology pharmacists were involved in the design and implementation of our health-system wide standardized chemotherapy order-sets for NSCLC (Non-small cell lung cancer) and SCLC (Small cell lung cancer). The order-sets help the communication between the oncologist, nurse, and pharmacist. Each order-set is for a defined chemotherapy protocol and then personalized by the oncologist for each individual patient. Moving forward we will have more standardized order-sets for other types of cancer, i.e. breast.

The oncology pharmacy team is involved with:

- Double-checking chemotherapy orders for appropriateness pertaining to - established protocols, the correct dosage of each medication, and patient specific factors- such as weight change, side effects, labs, and kidney function
- Chemotherapy order entry – making sure each patient’s individual chemotherapy orders are entered into the pharmacy software system in the appropriate order, with the correct pre-medications
- The sterile compounding of the chemotherapy and pre-medications – making sure each patient gets the correct amount of medication; that is safe and stable
- Inventory Control – we are in constant communication with the oncology office/nurses to always have the appropriate amount of chemotherapy stocked in the pharmacy when it is needed
- Working with other oncology medical professionals - to standardize our protocols and continue to develop chemotherapy order-sets

The pharmacy department at MidMichigan Medical Center – Gratiot continues to be an integral and dynamic part of the Oncology Services provided by our health system. We are striving to take excellent pharmaceutical care of the patients we serve.

Jeffrey Olen, R.Ph.

Larry Randall, M.B.A., R.N.
Infusion Center Manager
Oncology Nurse Leader
Cancer Genetic Counseling Program

About 5 to 10 percent of cancers are hereditary, meaning they are caused by a germline mutation that can be passed down in families. Individuals with a hereditary predisposition to develop cancer have a higher chance of developing cancer and at a younger age, may have more than one cancer in their lifetime, and/or have several family members with the same or related cancers (such as breast and ovarian or colon and uterine cancers). It is important to identify people with an inherited cancer risk because they and their families can benefit greatly from increased cancer screening and prevention.

Genetic counselors are trained to review family and medical histories and assess the likelihood that someone has an inherited tendency to develop cancer or another disease. Kristina Ivan, M.S.G.C. is a genetic counselor at the Cancer Genetics Program at MidMichigan Health and offers cancer genetic counseling and testing to patients who are at increased risk for having an inherited cancer predisposition. Individuals who are found to carry a harmful gene mutation are recommended to undergo increased surveillance and may have access to enhanced options for cancer prevention, such as prophylactic surgery and/or risk-reducing medications. Even for individuals who do not carry a known gene mutation, having a family history of cancer may increase one’s risk over the general population. Genetic counselors are trained to perform empiric risk calculations using cancer risk assessment models to identify potential candidates for enhanced management options based upon personal and family history factors.

With advances in genetic testing, we can simultaneously test for mutations in multiple genes if there is a compelling personal and family history of cancer. While exciting, this technology is still new. The Cancer Genetic Counseling Program collaborates with the cancer genetics physicians and counselors at the University of Michigan to ensure best practices and continued growth and development of the program. Through this collaboration, MidMichigan Health offers patients the opportunity to enroll in research, including the U of M Cancer Genetics Registry. Kristina participates in the University of Michigan weekly Cancer Genetic Conference.

The Cancer Genetic Counseling Program offers an important opportunity for individuals to become aware of the chance they may carry a genetic change that increases their risk to develop breast or other types of cancer. Referring patients to explore their risks through genetic counseling can help patients and providers assess and manage their cancer risks appropriately.

Medical Oncology Unit

MidMichigan Medical Center
Gratiot PCU/CCU department is a 18-bed adult medical unit with the capabilities of monitoring 18 patients. Oncology patients who need inpatient care are admitted to this unit for diagnosis, cancer treatment, symptom management, and/or secondary health complications. The PCU/CCU unit supports a multidisciplinary team approach for our patients. Our team includes several hospitalist medical physicians, family practice residents and physicians, two hematologist/oncologists, patient care technicians, a clinical dietitian, a master’s prepared medical social worker, an RN case manager, an occupational therapist, a chaplain, and multiple registered nurses who have received specialty training through the Oncology Nurses Society to provide chemotherapy and biotherapy agents. Staff continues to strive towards excellence by maintaining clinical competency with oncology treatments and therapies and providing the very best patient and family centered care possible.

Kristina Ivan, M.S.G.C.
Genetic Counselor

Lisa Whitney, R.N.
Medical Oncology Nurse Manager
Since launching its online health assessments on January 1, 2015, MidMichigan Health has generated over 18,500 visitors to MoreLifeMoreHealth.org. Additionally, more than 5,300 individuals have completed health assessments to calculate their risk levels for breast, lung or colorectal cancer, heart and peripheral artery disease (PAD); as well as assess their joint health and weight. The seven assessments, each of which takes about five minutes to complete, are free and generate results instantly while providing actionable steps for health improvement. The most recent additions to the assessment offerings include a weight loss assessment which was launched last October and a colorectal health assessment which was launched in February 2016.

Specific results for the cancer risk assessments include:

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Completions</th>
<th>% at High/Increased Risk</th>
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<tbody>
<tr>
<td>Breast Health</td>
<td>777</td>
<td>23%</td>
</tr>
<tr>
<td>Lung Health</td>
<td>453</td>
<td>9%</td>
</tr>
<tr>
<td>Colorectal Health</td>
<td>190</td>
<td>33%</td>
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*Based on data as of 4/13/16

MidMichigan launched these assessment tools – unique in the Great Lakes Bay Region – to offer a research-backed alternative to the many unreliable sources of health risk information online and to encourage people to take an active role in improving their health. This personalized approach also serves as an extension of MidMichigan’s vision: “We celebrate the power of health throughout life – with you.”

After completing one of the assessments, participants receive a personalized health report they can print or receive via email. Additionally, all participants receive a results-specific email with recommended follow-up steps. Those who are at elevated risk for medical conditions also receive a secondary follow-up via email or phone by a MidMichigan staff member. This may include an offer for a free screening, screening kit or assistance with scheduling an appointment (i.e., a mammogram).

MidMichigan continues to raise awareness of the assessments through traditional marketing such as television, radio, print and direct mail, as well as digital advertising and social media. Grassroots efforts such as health fairs and community presentations are also used to help spread the word. Those interested in taking one or more of the assessments may visit MoreLifeMoreHealth.org.

Health Assessment Helped Detect Her Breast Cancer at an Early Stage

The free online breast health assessment offered by MidMichigan Health helped April Karns find her breast cancer at Stage 1. Discovering it at the most easily treatable stage meant a faster, easier recovery and less disruption to her family life and work.

With a family history of cancer and dense breast tissue, Karns had been careful to get a mammogram every year since age 40. “The mammograms did not show anything,” she said. Last year, when a Facebook friend posted a link to a free, five-minute online breast health assessment, she paused for a look. Karns said she’s a “Facebook fanatic,” but in real life she’s also an internal auditor for the State of Michigan. Would she take the assessment?

“I deal with fraud all day long, and I tell people at work, ‘Don’t click on that link. Don’t give out that information,’” she said. “But I felt comfortable taking the online assessment, because it was from MidMichigan, an organization that I’ve dealt with for a long time and feel I can trust.” At the end of the assessment, instead of the expected online pop-up with her score and perhaps some general advice, Karns was asked for her name and email so that she could be contacted. She was surprised to receive a phone call from MidMichigan’s Breast Cancer Nurse Navigator Jessica Podrocy, R.N., B.S.N., C.B.C.N., C.N.-B.N., who works at the Center for Women’s Health at MidMichigan Medical Center - Midland. “I already knew I was at high risk, but she told me something new,” Karns said.

“She explained that now, for high-risk patients, they’re doing breast MRIs. I hadn’t heard that,” she said. “She talked to me about the pros and cons of having the test, and we found that my insurance would cover it.” When the MRI of Karns’ right breast showed...
Health Assessment Helped Detect Her Breast Cancer at an Early Stage

continued from page 19

a suspicious spot, the care process intensified. “From that point on, every step flowed perfectly,” she said. “They did an ultrasound first, because that makes the biopsy easier, then the biopsy came back and showed it was cancer.” Karns said she would probably have been upset, but her mother, sister, son and husband have all had cancer. “I just kicked into attack mode and told myself, ‘Until they tell me there’s something to worry about, I’m just going to keep going and do what they tell me I have to do.’”

She was glad to have Fodrocy’s support, especially early on. “She’s calm and very straightforward, very focused through every step. She called me up all the time and was very proactive in making sure I was being taken care of.” For the surgery, Fodrocy referred Karns to General Surgeon Kelly Wirsing, M.D., medical director of MidMichigan’s Breast Health Program located at the Center for Women’s Health at MidMichigan Medical Center – Midland. Fodrocy met her at the doctor’s office and stayed for the whole appointment. Dr. Wirsing was also ready to give Karns all the time and information she needed to make a decision about her next step. “She made me feel like she had no place else to be for the rest of the day as she explained every kind of breast cancer surgery,” Karns said. Both women were comfortable with Karns’ decision: a lumpectomy, followed by radiation. After the surgery, she met with Medical Oncologist Michel Hurtubise, M.D., to confirm that she did not need chemotherapy, and could move forward with radiation. To minimize driving, Karns decided to have the radiation treatment closer to home in Corunna. She also has physical therapy to control edema in her arm that resulted when lymph nodes were removed during surgery. She is also having genetic counseling and genetic testing, along with some family members. “Thank goodness for Facebook, MidMichigan’s breast health assessment and the MRI. I told all my girlfriends at work about the MRI and talking with your doctor if you have dense breast tissue,” Karns said. “I could have been looking at a double mastectomy, with months of chemotherapy and radiation. But I took the assessment and, with the new tools out there, my cancer was caught at Stage 1. I had full service from MidMichigan, and it’s been wonderful. It’s been the best possible scenario.”

MidMichigan Health currently offers seven free online health assessments. These profilers take approximately five minutes to complete, and help individuals determine their heart, breast, lung and colorectal health, risk for PAD, assess their hip and knee pain and learn weight loss recommendations. Those interested in evaluating their health, may visit www.moremorerebalance.org. Those who would like more information about the Breast Health Program at MidMichigan Medical Center – Midland’s Center for Women’s Health may visit www.midmichigan.org/breast.

Clinical Trials and Research

Experienced Research Team

The Clinical Trials Program at MidMichigan Health is essential to providing exceptional cancer care in this region. The research team includes experienced oncology physicians, oncology certified nurses, pharmacists and administrators who are all instrumental in the success of the program. MidMichigan Health’s Clinical Trials Program is an Aligned Affiliate with the University of Michigan and the Southwest Oncology Group (SWOG).

Clinical research studies serve to improve cancer treatment and ensure the highest possible level of patient care. Patients involved in research studies play an important role in advancing evidence-based medicine to future patients. There are tremendous advantages for patients having access to nationally sponsored clinical trials closer to home including treatment options that might otherwise not be available and by avoiding treatment delays and decreasing lengthy travel times. Patients are eligible to participate in research studies only after specific eligibility criteria have been met.

In 2015, six patients participated in the Michigan Radiation Oncology Quality Consortium MROQC study while another two patients participated in clinical trials through our affiliation with the University of Michigan Health System.

Thanks to MidMichigan Health’s free online breast health assessment, April Karns’ breast cancer was detected early, allowing her to have a faster, easier treatment and recovery.

Alana D’Ambrosio-Berry, R.N., B.S.N., O.C.N.
Clinical Trials Associate
Home Health Oncology Nursing
MidMichigan Home Care offers a specialized oncology program, which includes a complete range of in-home services to meet the complex needs of patients with cancer. Home care helps patients avoid emergency visits to the hospital and provides care in the comfort of patients' own homes.

MidMichigan Home Care cares for hundreds of home health cancer patients each year. The specialized program involves education for the patient and their family, as well as nurses to assist patients and families in managing the disease process, side effects of treatment and intravenous antibiotics.

Palliative Care
Living with cancer can cause patients great difficulty in all aspects of their lives – physical, emotional, spiritual and social. Palliative care helps these patients manage the pain and other symptoms related to cancer, or other chronic disease. Patients who utilize palliative care services have access to a multidisciplinary support team which may include physicians, nurse practitioners, and social workers to improve their overall quality of life. Palliative care services may be delivered at an outpatient clinic, in a patient’s home, or as a consultation in the hospital setting. The determination of where to receive this care is determined between the care team and patient, depending on the patient needs.

Hospice
Hospice is a program for terminally ill individuals and their families. It provides clinical management of symptoms and pain, enabling patients to live as fully and comfortably as possible while remaining in the familiar surroundings of home, or wherever the patient is most comfortable. Hospice regards dying as a normal process – one of life’s greatest challenges. This past year, MidMichigan Home Care worked to cover end-of-life needs for 458 patients in twelve counties, with an average length of stay of 71 days. The number of patients with cancer served by MidMichigan Home Care’s hospice program was 102.

Under the hospice program, patients with cancer are provided with necessary medical equipment, medications, volunteer support, short-term respite, symptom management and therapies, as well as 13 months of bereavement support for families. However, supplemental funds are needed to assist patients who do not have adequate hospice benefit coverage in their time of need. Fundraisers, including the Stars in the Gardens holiday event and Butterflies in the Park butterfly release, assist the program in ensuring all patients that wish to receive hospice services are able to do so with peace of mind, free from financial concerns.

Private Duty
Private duty services include private pay nursing, therapy, social work or home health aide services for patients who require extra assistance. Services may include transportation to medical appointments, meal preparation, light housekeeping, personal care or medication management, among other tasks.

The Looking Glass Shoppe
Patients with cancer sometimes have difficulty maintaining confidence. MidMichigan Home Care’s Looking Glass Shoppe has locations in the N. Saginaw Road home medical equipment showroom in Midland, the Alma home medical equipment showroom in Alma and a satellite office in the Center for Women’s Health on the campus of MidMichigan Medical Center–Midland. The Shoppe specializes in products and services that assist women who have undergone some form of breast surgery or have experienced hair loss due to chemotherapy. The Shoppe offers private consultations by certified fitters and a variety of women’s health care products to help patients feel natural and confident after surgery or hair loss due to a cancer diagnosis and subsequent treatment.
The MidMichigan Health Breast Health Program expanded to MidMichigan Medical Center-Gratiot in May 2015. This expansion included the addition of a breast nurse navigator and office assistant to the comprehensive cancer care team. The program also partners with the Great Lakes Surgical Associates team to expedite patient care and breast cancer treatment. Team members started the summer by creating education materials and visiting area provider offices to discuss the services and benefits to patients that the Breast Health Program can offer. The program was also awarded a generous two year grant from the Susan G. Komen Foundation for $199,999 to support the nurse navigator position.

The two key team members responsible largely for the program success are the office assistant and breast nurse navigator. The office assistant facilitates the scheduling of additional breast imaging views when a change is noted in a yearly mammogram as well as scheduling breast biopsies. By having a dedicated staff member monitoring this, a significant decrease in the number of business days between testing and biopsy has been realized. This has led to faster diagnosis and treatment for patients treated in the Alma and Mt. Pleasant areas.

The certified breast nurse navigator has made significant impacts on patients with breast health concerns and questions. Focuses include education, counseling, providing financial resources assistance, breast biopsy education prior to the procedure, and follow up phone contact after the biopsy. Once a patient is diagnosed with breast cancer, the nurse navigator becomes an integral part of the patient’s breast cancer care by coordinating provider appointments, connecting with financial and transportation resources, translating medical terminology, educating patients and family members on the disease and treatment plan, and providing emotional support. Breast cancer patients are provided with a breast cancer treatment handbook and a post-surgical support camisole. At the end of breast cancer treatment, patients and their health care providers are given a survivorship care plan that summarizes their specific disease and treatment received. All of the Breast Health Program services provided by the nurse navigator, education materials, and surgical camisole are provided to the patient free of charge.

In 2016, the Breast Health Program will continue to work on goals to improve patient care. This includes implementing a breast cancer risk assessment tool to identify patients with a high risk of developing breast cancer in their lifetime or that have a high risk of a genetic mutation. MidMichigan Medical Center-Gratiot will be starting a stereotactic breast biopsy program and offer biopsies several days per week. Additionally, Digital Breast Tomosynthesis (3D mammography) will also be installed to improve the detection of breast cancer. The Breast Health Program will continue to raise awareness in the community and amongst health care providers of the services offered and the benefits of seeking out breast health care at a MidMichigan Health location.
Cancer Prevention and Screenings Programs

MidMichigan Health Cancer Community Outreach provides cancer prevention and screening programs as well as evidence-based health information to assist in disease prevention and early detection. The outreach is intended to encourage informed decision making regarding cancer care, and often results in referral to hospital or other community services. Based on health needs identified through data collected in the MidMichigan Medical Center - Gratiot Community Health Needs Assessment, the outreach offered each year intends to address risk factors within the population, and includes actions to help prevent the development of cancer. The Community Education Coordinator monitors the effectiveness of community outreach on an ongoing basis, and reports activities and outcome measures to the Oncology Committee.

Community Outreach

Focus areas:

Health Care Access

The goal is to continually improve access to seamless, comprehensive, quality health care services to include health care providers, diagnostic services and area referral resources; and includes initiation and coordination of care. This is partially accomplished by connecting people to services through MidMichigan Health Line and the use of Health Navigators. MidMichigan Access Line, a provider office resource line, provides health care providers with information about what services and physicians are available through MidMichigan Health. The counselors are available to help determine if a program or service is available locally, or can transfer callers to a physician office or department. (800) 395-1355.

Certified application counselors at MidMichigan Health are available to help people understand, apply, and enroll for health coverage. Insurance coverage is needed to help those diagnosed with cancer pay for their care. In 2015, the Gratiot Counselors assisted approximately 1030 community members in the application process.

In 2015, MidMichigan Medical Center - Gratiot introduced a Breast Health Program which encompasses a Breast Cancer Nurse Navigator, Melissa Hoag, RN, OCN, CN-BN. Since initiated, there have been 879 contacts made through the Breast Health Center.

Patient navigation process by American Cancer Society and MidMichigan Medical Center: Gratiot. In 2015, 52 patients were referred to the American Cancer Society by MidMichigan Medical Center - Gratiot and 59 services were provided. Of those patients 38 were newly diagnosed and 10 were either uninsured or on Medicaid. There were 48 Personal Health Managers gifted to the patients of MidMichigan Medical Center - Gratiot.

Clinical Preventive and Supportive Services

The goal is to reduce cancer prevalence and lifetime risk through prevention and early detection. This is can be accomplished through provision of free or reduced cost screenings such as mammogram screenings for underinsured women. In 2015, MidMichigan Health implemented free online health risk assessments, inclusive of a Breast Health Risk Assessment and a Lung Cancer Risk Assessment added in April 2015; both assessments stress early detection is the key to effective treatment and provide additional education regarding controllable risk factors.

In 2015, there were 702 Breast Cancer Health Risk Assessment completions. Of those, 155 or 22% were at high risk or increased risk for breast cancer and were followed up with by the Gratiot Breast Nurse Navigator. This resulted in 72 visits from 30 patients. The Lung Cancer Assessment had 405 completions and 10% were recommended for a low dose CT scan. There were 39 follow ups, and 10 visits by 6 patients.

In 2015 there were 23 Free Mammogram Screenings provided to patients in Gratiot & Isabella County. Out of the 23 patients there were 4 abnormal mammography screenings. The guidelines followed are from the ACR-American College of Radiology. After follow up, it was concluded:

- 2 were clear until their next mammogram
- 1 was graded a BIRAD score of 3 which indicates a follow up in 6 months
- 1 received a biopsy that resulted negative

Smoking Prevention for 2015: Tobacco cessation was offered in 2015 and we had 3 people participate:

- 10 Well Coaches attended the American Lung Association Freedom from Smoking Facilitator class and were available. Tobacco Cessation Program cards were distributed throughout the region and one-on-one sessions with Well Coaches were available. The facilitator are available by referral from patients also who are a part of the Lung Cancer Screening Clinic. The goal is to have more people quit smoking to decrease the chances of getting cancer. National Evidence Based Guidelines followed were from the American Lung Association, preventable task force. The process developed to follow up on all positive findings: Once a person has stated they would like to quit smoking, they would be referred to a Well coach where they would participate.

continued on page 24
in 8 sessions focusing on lifestyle and behavioral changes

Health Care Behaviors

The goal is to encourage health behaviors that promote health and reduce the risk of disease such as eating a healthy diet and participating in regular physical activity. This is accomplished through media campaigns and targeted education as well as programs directed at formation of a healthy habit. Examples include using brief, recurring messages to inform and motivate tobacco users to quit, and exercise programs of at least 12 weeks duration to ensure formation of a healthy habit.

Tobacco Cessation classes for MidMichigan Health staff and other community members throughout the region are offered throughout MidMichigan Health. Ten Well Coaches attended the American Lung Association Freedom From Smoking Facilitator® Training in September and have been certified as Trainers. Tobacco Cessation Program cards were distributed throughout the region and one-on-one sessions with Well Coaches from MidMichigan Health is now available. The facilitators are available by referral for patients who participate in a lung cancer screening.

MidMichigan Health continues participation in the Choosing Wisely, a national campaign to bring together physician groups to identify specific tests, procedures or medications that are common — but often may not be necessary. Addressing January, Cervical Cancer Month, information from Choosing Wisely on Understanding Pap Smear Guidelines was provided in the MidMichigan E newsletter. This newsletter is sent to 6,545 emails with an overall e-mail open rate of 21.9% (or 1,412 opens), as well as 80 unique click-through for this specific article.

In the month of May, a More Knowledge about Cancer Prevention for Women Program was provided on-line and to live audiences in Alma, Gladwin, and Midland; reaching fifty-four women in our service area. The program highlighted cancer risk for women, and reviewed the recommended preventive screenings.

American Cancer Society’s program; Look Good . . . Feel Better is for women, designed to address the appearance related side effects of cancer treatments. In 2015 there were 8 participants in the Look Good . . . Feel Better program hosted at MidMichigan Medical Center - Gratiot.

Chaplains Offer Caring Support

Spiritual Care is available for all patients, families and staff throughout MidMichigan Health. There is a chaplain at MidMichigan Medical Center - Midland, Rev. W. Roger Stauffer, MDiv, BCC, who is available to assess and see that appropriate spiritual care is provided for all people in their course of care. There is also a chaplain who oversees our MidMichigan Home Care - Hospice care and that is Chaplain Joe Atchinson. We, also, have on-call chaplains available at our Gladwin, Clare, Alma and Alpena medical centers.

Along with having a chaplain at Midland, there is also a beautiful, spacious and comforting Spiritual Care Center available for patients, families and staff. It is a place of refuge for one to be with their God, away from the busy-ness of the hospital and the rest of life.

Each year, the Spiritual Care Program also hosts the annual Spiritual Care Bioethics Seminar at the hospital to address resources, care and end-of-life issues. This seminar continues to be open to the community, as well as all healthcare personnel.

Shanna Hensler, B.S., M.H.A.
Community Education Coordinator

Spiritual Care Program

Rev. W. Roger Stauffer
Chaplain, MDiv, BCC
In 1944, following the wishes of Mrs. Elsa U. Pardee to “provide for others the benefit of scientific knowledge and skill yet undiscovered and hence not available to herself,” Elsa G. Allen and Carl A. Gerstacker formed the Elsa U. Pardee Foundation. Research into the control and cure of cancer has always been the central purpose of the Pardee Foundation. However, in 1951, due to the concern of the Foundation Trustees about the high cost involved in cancer treatment, the Pardee Cancer Treatment Committee was formed. It is funded by a yearly grant from the Pardee Foundation to help cancer patients who need financial assistance. (The Pardee Cancer Committee name was changed to The Pardee Cancer Treatment Fund in 1985.)

The Pardee Cancer Treatment Fund is comprised of representatives of business, clergy, the medical profession and citizens-at-large who serve without pay and meet once a month to review cases for which applications have been submitted to the Pardee Cancer Treatment Fund office.

The Pardee Cancer Treatment Fund of Midland/Gladwin Counties and Williams Township administers approximately $600,000.00 per year which is used in rendering financial assistance, when needed, to cancer patients residing in Midland/Gladwin Counties and Williams Township. Major support of the Pardee Cancer Treatment Fund’s work is provided by the Elsa U. Pardee Foundation plus donations and memorials from the public.

The Pardee Cancer Treatment Fund is a last resort payer on patient’s medical bills when there is a financial need. Pardee cannot pay on medical bills until the insurance or insurances have processed and paid properly on the claims. We also assist the patient by helping them to apply for financial assistance through different facilities on an as needed basis.

Midland Pardee Fund’s success inspired the creation of sister funds in Bay County, Clare County, Isabella County and Gratiot County. With a limited annual budget, the Funds’ committee works very hard to constantly stretch the dollars so that more patients can be helped. The Midland Pardee office implemented utilizing special cost-cutting drug programs through the pharmaceutical companies and other co pay assistance programs to save the offices money. The Midland office has 3 staff members available as pharmaceutical advocates who can help in getting the medications at reduced cost, free or as a replacement to the hospital or doctor’s office when there is a patient in need. We are also able to try to locate other programs that may offer copay assistance for medications, chemotherapy treatments and specific disease categories.

The Midland office handles this process for the other four Pardee offices when they have a patient in need. Utilizing these drug and co pay assistance programs saved the 5 Pardee Cancer Treatment Fund offices over $400,000 for the fiscal year of October 1, 2014 to September 30, 2015. These savings were based on patient enrollment applications for the pharmaceutical and co pay assistance programs for 91 patients. Of the 91 patients, 77 were approved for assistance with their prescriptions and this was for 101 different medications.

Pardee Cancer Treatment Fund staff in Midland offers services that go beyond the financial realm. In addition to these, the staff regularly helps patients understand the terms of their insurance or applying for Medicaid and Social Security Disability benefits when warranted. We also have a large referral book of organizations that provide important services for patients that they may be in need of. When there is a particular need expressed, we will do the research to attempt find help and make a referral for the patient to the supporting agency.

The Midland/Gladwin Pardee Cancer Treatment Fund financially assisted over 250 patients in 2014-2015 and we assisted over 1400 patients with non-financial means during the same period of time. By providing these mentioned services, we try to relieve the patients’ and their families of the financial and emotional burdens and the overwhelming challenges that they have to deal with as they go through their cancer journey. Many times, it is an elderly person never being sick before, a newly married young couple or a family with a sick child who is getting a medical education as a result of the cancer diagnosis. By providing a “safe place” for them to share and vent their feeling and cry if needed, this allows them to focus on what matters most.
Our Story
The American Cancer Society’s vision is a world free from the pain and suffering of cancer. Our purpose is to achieve it. We are a united force against all cancers. And we’re on a mission to save lives and celebrate life. Every single day. We do this by drawing on our humanity. Humanity made up of courage, determination, innovation, passion, empathy, and caring. Every action we take moves us one step closer to a world free from the pain and suffering of cancer. Every action we take moves us one step closer to a world free from the pain and suffering of cancer.

- **We ENCOURAGE PREVENTION** by advocating for lifesaving changes, promoting early screening, and empowering others to make healthy lifestyle choices.

- We are relentless in our efforts to **RAISE AWARENESS** by honoring the people we’ve lost, supporting those in treatment, and celebrating the lives we’ve saved.

- **We FOSTER INNOVATION** by conducting groundbreaking research and funding pioneering scientists.

- **We INSPIRE GENEROSITY** by motivating communities to donate and mobilizing them to act.

- **We DEEPEN UNDERSTANDING** by listening to those in need of support, and guiding them to essential resources.

- **We PROVIDE CARE** for everyone affected by cancer by delivering crucial health information and vital patient services.

Fighting cancer isn’t a task for a single organization, or even any single sector. Continuing the progress against cancer is going to take all of us, working together.

Lung Cancer
Lung cancer is the second most common cancer in both men and women (not counting skin cancer), and is by far the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined.

Impact of Tobacco
- Single largest preventable cause of death.*
- Responsible for death in about half of all long-term users.
- Over 480,000 Americans die from tobacco-related illnesses each year.*
- Since 1964, 20 million have died from smoking and secondhand smoke exposure.*
- Recent research shows that smoking is responsible for up to 60,000 more U.S. deaths annually

Smoking is by far the leading risk factor for lung cancer. About 80 percent of lung cancer deaths are thought to result from smoking. The risk for lung cancer among smokers is many times higher than among non-smokers. The longer you smoke and the more packs a day you smoke, the greater your risk.

Cigar smoking and pipe smoking are almost as likely to cause lung cancer as cigarette smoking. Smoking low-tar or “light” cigarettes increases lung cancer risk as much as regular cigarettes. Smoking menthol cigarettes might increase the risk even more since the menthol allows smokers to inhale more deeply.

**Secondhand smoke**: If you don’t smoke, breathing in the smoke of others (called secondhand smoke or environmental tobacco smoke) can increase your risk of developing lung cancer. Secondhand smoke is thought to cause more than 7,000 deaths from lung cancer each year.

If you or someone you care about needs help quitting, see our **Guide to Quitting Smoking** or call the American Cancer Society at 1-800-227-2345

Support
MidMichigan Health has partnered with the American Cancer Society to help cancer patients with their diagnosis and treatment with information, day-to-day help, and emotional support. Your American Cancer Society is here for you 24 hours a day, 7 days a week.

- Breast cancer support - Women with breast cancer can talk with a trained Reach To Recovery® volunteer who is a breast cancer survivor.

- Cancer education classes - If you and your family have questions about cancer, our I Can Cope® classes can help. These classes are online at [www.cancer.org/onlineclasses](http://www.cancer.org/onlineclasses).
Help with appearance-related side effects of treatment - Some cancer treatments can affect your appearance. At a Look Good…Feel Better session, you can learn ways to help with side effects like hair loss and skin changes. This program is offered jointly by the American Cancer Society, the Personal Care Products Council Foundation, and the National Cosmetology Association. In 2015, 8 women within your community benefitted from the program.

Online community - You can get share experiences, practical tips, and hope through the American Cancer Society Cancer Survivors Network®. This is a free online community created by and for people with cancer and their families.

The American Cancer Society is available 24 hours a day, seven days a week, by referral from your hospital or treatment center, by phone at 1-800-227-2345 or online at cancer.org. When you are connected to the ACS, you will talk with a trained Cancer Information Specialists. We can also help those who speak a language other than English or Spanish find the help they need. In 2015, MidMichigan Health Medical Center - Gratiot referred 52 cancer patients for programs, services, support, and information.

Lung Cancer

Lung cancer has become increasingly prevalent since the 1900's and now is the second most prevalent cancer in both males and females, second only to prostate and breast cancer respectively. It is the leading cause of cancer-related mortality not only in USA but worldwide, and has overtaken heart disease as the leading cause of smoking-related mortality. In 2016 it is estimated that approximately 158,000 patients will die from lung cancer more than colorectal, breast and prostate cancer combined. Because 85 – 90% of non-small cell lung cancer is caused by smoking, it has become the leading cause of preventable death in the United States.

Signs and symptoms:

It is usually insidious in presentation and produces symptoms only in the later stages of the disease. Only approximately 25 – 30% of patients are diagnosed at an early stage with the majority of patients presenting when it has spread to the mediastinum or other distant sites such as bone, brain, spine, adrenals, liver etc. The most common signs and symptoms of lung cancer include a chronic persistent cough, chest pain, shortness of breath, hemoptysis or coughing up of blood, wheezing, hoarseness of voice, recurrent bronchitis or pneumonia, loss of weight and appetite and fatigue. Signs of spread to distant organs involve bone pain, paresthesias, muscle weakness, headache, blurred vision, seizures.

Causes of lung cancer:

Active smoking is possibly the single-most important risk factor for developing lung cancer in 90% of cases. Other causes include exposure to asbestos, radon, halogen ether, chromium, nickel, inorganic arsenic, vinyl chloride, ionizing radiation and radioisotopes, and outdoor air pollution. Pre-existing benign lung disease such as COPD, tuberculosis and idiopathic lung fibrosis also predispose individuals to lung cancer. Genetic studies would suggest that certain amplifications of oncogenes and inactivation of tumor suppressor genes are associated with lung cancer such as those involving the RAS pathway, c-myc, c-raf, retinoblastoma gene and 53.

Classification of lung cancer:

It is divided into two main categories; small cell and non-small cell lung cancer. The latter accounts for 85% of lung cancers and comprises of Squamous cell cancer (25 – 30%), adenocarcinoma (35 – 40%) and large cell cancer (10 – 15%).

Diagnosis of lung cancer:

After a history and physical the first test usually performed is a Chest X-ray. Today we are performing low dose CT scanning for patients at risk of developing lung cancer. Other methods of diagnosing lung cancer include bronchoscopy, sputum cytology, thoracentesis, mediastinoscopy, thoracoscopy, transthoracic needle biopsy usually CT guided, or via EBUS (endobronchial ultrasound) or EUS (endoscopic ultrasound).
Lung Cancer

continued from page 27

Staging of lung cancer:
Broadly speaking lung cancer may present in three groups, the early resectable group where the tumor is localized to the lung and peripheral lymph glands if any, the locally advanced group with lymph nodes involving the central mediastinal structures and the last group where it has metastasized to the opposite lung or other parts of the body. Tests that help in staging include mediastinoscopy, EBUS, EUS, PET-CT scan, bone scan, CT or MRI of the brain, skeletal surveys.

Management of lung cancer:
Based on your stage of presentation you may be offered one or more of the following modalities of treatment

Surgery:
This is the treatment of choice for resectable lung cancer. This may comprise of either a wedge resection, lobectomy (removal of part of the lung) or pneumonectomy (removal of an entire lung). Traditional approach is via an opening in your chest a thoracotomy but minimally invasive options such as VATS (video-assisted thoracoscopic surgery) and robotic surgery are newer options available that help to speed up recovery and associated with shorter hospital stays and faster healing, whilst limiting pain and discomfort. More elaborate and extensive surgeries are occasionally required for more extensive disease.

Chemotherapy:
Almost 80% of patients with lung cancer would at some point in time require chemotherapy as they journey through their lung cancer treatment. It forms the basis of treatment for locally advanced and metastatic lung cancer and many different options are available today. Newer agents and immunotherapy are making significant in-roads into the management of advanced lung cancer adding days and months to a patient’s overall survival. Personalized therapy based on patients tumor genetic profile are becoming common place today and help tailor the treatment accordingly.

Radiation:
For patients unable or unwilling to undergo surgery but yet have resectable lung cancer radiation therapy is providing an exciting new option for treating lung cancer. Radiation provided through continuous hyperfractionated accelerated radiotherapy (CHART) may be associated with improved survival. Improved techniques of delivering radiation through SBRT (stereotactic body radiation therapy), IGRT and IMRT all provide exciting opportunities to treat and ablate lung cancer whilst limiting collateral damage to healthy surrounding tissues. Radiation therapy is also valuable in providing symptomatic relief for painful metastatic disease or limiting life or limb-threatening effects from spinal compression or brain involvement.

Palliative care:
For patients who choose not to go the traditional route or who have disease progression all standard therapies and have advanced disease, palliative care specialists provide the needed expertise to add quality to life and are an important part of the consultative process during your journey with lung cancer.

Prognosis:
For locally resectable disease the 5-year survival is around 55% (range 40 – 75%), for regional disease the 5-year survival is around 27% (range 10 – 35%) and for those with metastatic disease it is less than 5%.
Gratiot Cancer Center Service Directory

Breast Health Nurse .............................. (989) 463-9312
Melissa Hoag, R.N., O.C.N., C.N.-B.N.

Cancer Rehabilitation .............................. (989) 839-3584

Central Scheduling (Outpatient Services) .............................. (989) 466-3295
For all imaging studies

Clinical Trials ........................................... (989) 839-1678
Alana D’Ambrosio-Berry, R.N., B.S.N., O.C.N.

Director of Oncology Strategic Business Unit .......... (989) 839-6190
Joan Herbert, Pharm. D.

Gamma Knife ............................................ (989) 839-1781
Dennis Ouillette, R.N., B.S., R.T(R), Manager

Genetics Counseling
Kristina Ivan, M.S.G.C. ......................... (989) 839-6185

Hematologists/Oncologists
Gratiot Cancer Center ............................. (989) 463-5400
Tannu Sahay, M.D.
Mohamed Akkad, M.D.

Laboratory .............................................. (989) 466-7235
Ted Price, Manager

Maria Mencia Cancer Caregiver Network.. (989) 839-1364
Jesika Lee, M.S.W.

MidMichigan Home Care ......................... (989) 633-1400
Toll Free Number ......................... (800) 852-9350

Hospice .................................................. (989) 633-1400
Toll Free Number ......................... (800) 852-9350

Looking Glass Shoppe .............................. (989) 633-1400
Toll Free Number ......................... (800) 388-7721

Oncology & Dietitian ............................... (989) 466-3378
Adrienne Scates, R.D., C.N.S.C.

Oncology Social Worker ......................... (989) 463-5400
Shelly Vallee, L.M.S.W.

Palliative Care and Hospice ....................... (989) 837-9200
Hernan Maldanado, M.D., Medical Director,
 Palliative Care & Hospice
Angela Miller, N.P. ......................... (989) 633-1438

Pardee Cancer Treatment Fund .................. (989) 463-9319

Pharmacy .............................................. (989) 466-7218
Jeff Olen, R.Ph.

Radiation Oncology ................................. (989) 463-9300
Courtney Szelesi, R.T(R)(T) ................... (989) 839-1319

Tumor Registry
Sara Morel, C.T.R., A.A.S., B.A.S........ (989) 839-3405
Ginger Greenwood, C.P.H.Q., R.H.I.T.... (989) 466-3549
Our Communities

MidMichigan Health
- Medical Centers
  - MidMichigan Medical Center - Alpena
  - MidMichigan Medical Center - Clare
  - MidMichigan Medical Center - Gladwin
  - MidMichigan Medical Center - Gratiot
  - MidMichigan Medical Center - Midland
- Medical Offices
  - MidMichigan Medical Offices - Auburn
  - MidMichigan Medical Offices - Beaverton
  - MidMichigan Medical Offices - Clare
  - MidMichigan Medical Offices - Farwell
  - MidMichigan Medical Offices - Gladwin
  - MidMichigan Medical Offices - Harrison
  - MidMichigan Medical Offices - Midland
  - MidMichigan Medical Offices - Roscommon
  - MidMichigan Medical Offices - Sanford
  - MidMichigan Medical Offices - Shepherd
- Other Medical Offices:
  - Alma, Bay City, Breckenridge, Edmore, Ithaca, Mt. Pleasant, Pigeon
- Outpatient Centers
  - MidMichigan Health Park - Freeland
  - MidMichigan Health Park - Harrison
  - MidMichigan Health Park - Houghton Lake
  - MidMichigan Health Park - Mt. Pleasant
  - MidMichigan Health Park - West Branch
- Urgent Care Centers
  - MidMichigan Urgent Care - Alma
  - MidMichigan Urgent Care - Clare
  - MidMichigan Urgent Care - Freeland
  - MidMichigan Urgent Care - Gladwin
  - MidMichigan Urgent Care - Houghton Lake
  - MidMichigan Urgent Care - Midland
  - MidMichigan Urgent Care - West Branch
- Physician Services
  - MidMichigan Physicians Group
- Continuing Care
  - Gratiot RehabCentre
  - MidMichigan Home Care
- Other Services and Joint Ventures
  - Advanced PET Imaging Network
  - ConnectCare / MidMichigan Health Network
  - Jeppesen Radiation Oncology Center
  - Great Lakes Bay Surgery & Endoscopy Center
  - MidMichigan Assurance Group
  - MidMichigan Collaborative Care Organization
  - Open MRI - Mt. Pleasant
  - Wound Treatment Centers

MidMichigan Health
UNIVERSITY OF MICHIGAN HEALTH SYSTEM