The mission of the Rivers Cancer Center is to provide expert, compassionate, personalized, and multidisciplinary cancer care.

The vision of the Rivers Cancer Center is to promote the overall health and well being of cancer patients in the communities of western Wisconsin.
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In 2007 the River Falls Medical Clinic, the River Falls Area Hospital, St. Paul Radiology, and Minnesota Oncology entered into a partnership with the goal of offering comprehensive cancer care to patients living in the River Falls area. The model for cancer-related services that has emerged is focused on delivering multidisciplinary specialized care that mobilizes the expertise of medical, surgical, and radiation oncologists while maintaining a central role for the patient and for their family physician in the battle against cancer.

While most care and services can be delivered locally, The Rivers Cancer Center also has an affiliation with the Virginia Piper Cancer Institute that provides our patients with access to additional surgical expertise, support services, and laboratory diagnostics. We follow standards for cancer care outlined by the Commission on Cancer (CoC), the national organization that oversees cancer care and programs throughout the United States.

There are five essential elements that the CoC has identified as being key to the success of accredited cancer programs:

1. That clinical services provide state-of-the-art pretreatment evaluation, staging, treatment and clinical follow-up for cancer patients seen at the facility.
2. That the local cancer committee leadership guide the program through setting goals, monitoring activity, evaluating patient outcomes, and improving care.
3. That there is a cancer conference to provide a forum for patient consultation and physician education.
4. That a robust quality improvement program is the mechanism for evaluating and improving patient outcomes.
5. That the cancer registry and database is the basis for monitoring the quality of care.

The Rivers Cancer Center will evaluate 200-300 newly diagnosed cancer cases each year and will provide these patients with a full range of diagnostic and treatment services. We now have eight different organ-focused programs. Each team is led by a medical director and nurse coordinator, and is composed of specialists from a wide variety of fields who work together to facilitate the diagnostic process, to consider all available therapeutic options, to establish a care plan and to monitor progress. As clinical trials are one of our most important tools to improve the outcome and quality of life for patients with cancer, the teams review eligibility and appropriateness of each patient for trials whether they are available locally, regionally, or nationally.

Patient-centered cancer care is difficult and it requires substantial resources. Nurse navigators and care coordinators are central to the process and act as readily available liaisons between patients and their treatment teams. There are also patient educators and advocates whose involvement in the delivery of cancer care greatly enhances patient satisfaction, reduces treatment-related complications, and avoids duplication of services. The electronic medical and radiographic records available at the River Falls Area Hospital and River Falls Medical Clinic dramatically facilitate the care of our patients. Features such as MyChart will improve timely follow-up, information transfer and coordination of care with both patients and referring physicians.

Patients diagnosed with cancer are being cured in greater numbers each year. When cure is not possible, cancer can often be managed as a chronic disease, much like diabetes or heart disease. In both of these circumstances rehabilitation and survivorship become critical goals. Through our Wellness program our patients can begin to restore their health and maintain their level of function at home at work and in our community. Through our social services patients can receive help with the financial and emotional burdens that a diagnosis of cancer often brings.

What we have included in the pages that follow are a description of our services, an introduction to our team members, a summary of our activities during the past 2 years, as well as an outline of our vision for the future. The future of cancer care in the River Falls area is actually quite bright and exciting. We are proud of the services that our Minimally Invasive and Advanced Endoscopy Centers offer, and we anticipate that new ultrasound and robotic technologies will further shorten recovery time and reduce pain and disability from procedures. We are also looking forward to expanding our partnerships with the Virginia Piper Cancer Institute, members of the UW River Falls faculty, and local businesses and community members. I am certain you will agree that this document clearly showcases the dedication, expertise, and commitment of members of the Rivers Cancer Center to both today’s and tomorrow’s patients.
Letter from Vladimir Hugec, MD, Minnesota Oncology

The physicians of Minnesota Oncology collaborate closely with the Rivers Cancer Center to deliver world-class cancer care in western Wisconsin. The goal of our partnership is to provide state-of-the-art services in the area.

Minnesota Oncology physicians participate in multidisciplinary cancer care team conferences that discuss the full spectrum of medical, surgical, radiation, and palliative care for each patient. These clinical conferences allow close interaction between all medical professionals and lead to highly integrated and well-coordinated services.

Along with nurse navigators, coordinators, and primary care physicians, we manage the side effects of radiation and chemotherapy, and arrange appropriate tests and consultations. We provide access to national and regional clinical trials which we encourage all patients to consider.

We welcome the opportunity to participate in patient-centered, comprehensive cancer care in western Wisconsin. As you can see from the charts below, our program is growing steadily. As more patients receive care at the Rivers Cancer Center, you can rest assured that we will continue to focus on what has led to our success. That is exceptional quality, local delivery of services, and efficient and effective interactions with primary care physicians.

“I enjoy working with the fine physicians and staff at River Falls Area Hospital and River Falls Medical Clinic, and look forward to continuing to build the program in years ahead.”

Vladimir Hugec, MD
Minnesota Oncology
About Our Community and Surrounding Region

River Falls is part of the scenic St. Croix Valley that includes historic river towns, spectacular scenery, and outdoor recreation including six state parks and more than 50 public and privately owned preserves. It’s a growing community located 25 miles from the Twin Cities metro area. Natives from the Sioux and Chippewa Indian tribes were the earliest inhabitants of the region. The modern town began with the milling industry that grew up along the Kinnickinnick River around 1850.

Today River Falls is a major agricultural, educational, industrial, medical, and recreational community. The city has embraced the arts with several theatres, museums, heritage centers and art festivals throughout the year. The town is home to the University of Wisconsin - River Falls, which had its beginnings in 1874.
History of Health Care in River Falls

The practice of modern medicine in River Falls began in private homes in 1917 when Margaret and Hilma Melander, recent nursing graduates of Northwestern Hospital, Minneapolis, started a hospital in the old Farnsworth place on W. Cedar Street. Cost of a hospital stay in those days was $6.00 per day for a double room; $8.00 for a single. The charge for delivering a baby was $25. Soon, World War I and the 1918 flu epidemic had decimated the ranks of the college’s ROTC unit. A new hospital was set up in the Ellerton house on the east side of the campus and Margaret took over as head nurse.

In 1927, Louise C. Ingram donated lots to the City of River Falls “for use as a hospital or public park”. The city opted for a hospital and opened the 26 bed City Hospital on the Ingram lots. The hospital’s 12 employees included “nurses, helpers, maids and a cook.”

Four years after the City Hospital opened, the River Falls Medical Clinic was established. The founders of the clinic bought the barbershop at 106 South Main St. and formed one of the first small group practices of medicine in western Wisconsin. Some years later, in the early 1960’s, the Sisters of St. Joseph built a Hospital on N. Main Street. Then in 1975, the City purchased the hospital from the nuns, combined it with City Hospital, and renamed the merged organization the River Falls Area Hospital.

In 1992 the building that currently houses both the River Falls Area Hospital and the River Falls Medical Clinic was built on Division Street. Today more than 30 physicians in 14 different medical specialties practice in River Falls, and each year more than 3000 surgical procedures are performed at the hospital.
Introduction to Cancer

What is cancer?
What causes cancer?
Who is likely to get cancer?
How can cancer be treated?

All interesting biological questions suddenly take on a very profound personal, even a life and death significance to the patient newly diagnosed with cancer.

Cancer cells are remarkably similar to normal cells in the body. Cancer can affect blood cells (leukemia and lymphoma) or "solid" organs such as the lung, the colon, or the breast. It is a disease caused by genetic changes that affect a cell's DNA, but cancer cells are usually more than 99.9% identical to the normal tissue from which they are derived. Those few changes in the genes - usually forty to fifty for each type of cancer - result in cells that 1) reproduce faster than normal, 2) are resistant to the signals that tell a cell it is time to die, and 3) grow across normal boundaries and spread through the bloodstream or through the lymphatic system. In fact, most cancer-related deaths result from tissue destruction caused by the metastasis rather than from the primary tumor itself.

Most genetic abnormalities found in cancer cells affect either cancer-promoting oncogenes or cancer-protecting tumor suppressor genes. The individual changes can be caused by carcinogens such as tobacco smoke, radiation, chemicals, or infectious agents, but many are due random events that occur often but are usually caught and repaired by the body. Some individuals inherit a predisposition to develop cancer that is associated with difficulties in repairing damaged DNA. As scientists have learned more about the biology of cancer cells, it has, however, become apparent that many other factors are involved in the pathogenesis of cancer. Exploiting these differences between cancer cells and their normal counterparts is the foundation of much of current cancer related research and drug development.

Cancer treatment usually begins with imaging studies and a biopsy of abnormal tissue, which is then examined by a pathologist. Once diagnosed a cancer is accurately staged using imaging tests such as PET scans, CT scans, and MRI. Sampling of the bone marrow is usually necessary for cancers of the blood cells. Staging information is typically the single most important factor in determining appropriate cancer therapy and predicting the patients likelihood of surviving the disease process. Treatment often involves multiple modalities including surgery, chemotherapy, and radiation treatment. As cancer research and therapeutics have matured, therapies have been more targeted to the specific abnormalities that caused the cancer to develop. These therapies are also designed to minimize damage to normal cells.
Patient-centered, multidisciplinary care is essential for optimal cancer care across the spectrum of diseases. The Rivers Cancer Center has developed multidisciplinary, organ-specific treatment programs for the following cancers:

- Breast
- Gastrointestinal
- Gynecological
- Lung
- Skin
- Urologic
- Hepatobiliary
- Head & Neck

Each program is built around a core of energetic, specialized providers driven by the desire to better serve their patients and advance cancer care. Each team includes a medical director who oversees the program, a nurse coordinator, family doctors, and multiple specialists including; medical and radiation oncologists, surgeons, palliative care physicians, radiologists, and pathologists.

Patient-centered cancer care requires substantial resources. Nurse navigators and coordinators are central to the process and act as readily available liaisons between patients and their treatment teams. There are also patient educators and advocates whose involvement in the delivery of cancer care greatly enhances patient satisfaction, reduces treatment-related complications, and avoids duplication of services. The electronic medical and radiographic records available at Rivers Cancer Center dramatically facilitates the care of our patients.
Care Coordination

Care Coordination is a team approach to helping patients and their families manage cancer care. These nurses provide support and assist in efficiently navigating the complexities of the medical system, from cancer diagnosis through treatment. The role of the nurse navigator ranges from communicating with referring physicians to providing patients and families with information regarding treatment planning and support programs. They teach patients about their disease process, address concerns and expectations, and ensure that the specialists involved have complete records. They are essential in helping patients through the turmoil surrounding evaluation and diagnosis so that they are both physically and emotionally prepared for treatment.

One of the unique features of the Rivers Cancer Center care coordination model is the position of Dr. Patrick Sura as the family medicine cancer liaison. He is a resource for referring physicians or nurses who have primary care cancer-related questions about:

- Currently recommended screening and prevention strategies
- Treatment-related complications
- Side effects of chemotherapy
- Survivor cancer follow-up
- Referral to one of our programs

“We truly value our patients here,” stresses Dr. Sura, “We’re committed to providing high-quality and efficient care for the entire spectrum of life.” Dr. Sura has been in practice since 1988, and is a graduate of the University of Wisconsin-Madison. He served his residency at the University of Wisconsin Hospital.

Surgical Nurse Coordinators are always available to answer questions via a single telephone call. They often can arrange prompt appointments for both new and established patients.
Genetic Consultation

The Rivers Cancer Center family physicians, surgeons and oncologists work with genetic counselors at Virginia Piper Cancer Institute and Minnesota Oncology to help accurately assess a patient’s risk for developing cancer.

For example, about 10% of breast cancers occur in patients that have inherited a predisposing genetic mutation in the BRCA1 or BRCA2 genes. Lifetime breast and ovarian cancer risks can be as high as 85% and 45%, respectively. Testing is reasonable for any patient with a predicted chance of inheriting the mutant gene greater than 10%. That risk is based on several factors including:

- Personal history of breast or ovarian cancer especially of early onset
- Family history of early onset breast or ovarian cancer
- Bilateral breast cancer
- Biopsies showing atypical proliferative changes
- Ashkenazi Jewish ancestry

Similar strategies are applied for colorectal cancer genetic testing.

Genetic consultations incorporate:
- An evaluation of the patient’s personal and family history
- Clinical examination
- Review of imaging and any biopsy information available
- Patient education attuned to personal and family situations
- Information on medical and surgical risk reduction to help prevent cancer
- Computer-based predictive modeling of risk and interpretation of results

Cancer specific genetic susceptibility tests are available when indicated.
Infusion Services

The Infusion Center’s primary function is to provide treatment to patients who need oncology and infusion-related care and other specialized procedures. Infusion Services at River Falls Area Hospital provides inpatient and outpatient care that is comprehensive and convenient for patients.

The Infusion Center coordinates care with the patient’s primary care physician and other specialists. Services include:

- Port placements
- Chemotherapy
- Infusion therapies
- Blood transfusions
- Central line cares
- Injections
- Bladder installations
- Lab draws
- Nutrition consults
Radiation Therapy
Dr. Vic Liengswangwong is the head of radiation oncology services at the Rivers Cancer Center. Radiation therapy is currently available at the Minnesota Oncology radiation facility in Maplewood and at United Hospital in St. Paul.

Many patients with breast, colorectal, lung, and prostate cancer will be prescribed radiation therapy as part of their treatment. Radiation therapy works by damaging the DNA within cancer cells. Normal cells are also affected by radiation, but they are able to repair themselves in a way that cancer cells cannot.

Many new methods of radiation are available that maximize the anti-tumor effects of treatment while minimizing side effects. One advantage of this technology is that often the duration of the treatment course can be shortened. Below is a summary of some of the radiation techniques that are available for patients.

- 3-D conformal radiation therapy uses three-dimensional treatment planning to shape the treatment beam according to the physical characteristics of the tumor, sparing healthy tissue.

- IMRT (Intensity Modulated Radiation Therapy) is a three-dimensional radiation therapy treatment that allows the radiation therapist to optimize the planning and delivery of high does of radiation to targeted areas.

- IGRT (Image Guided Radiation Therapy) allows very precise, treatment delivery to cancer cells using radiographic images to specifically target the treatment area with sub-millimeter accuracy. This is particularly important when the tumor is located near critical structures such as the spinal cord.

Clinical Trials
Clinical trials are the most important tools oncologists have to improve the outcome and quality of life for patients with cancer. The program teams review eligibility and appropriateness of each patient for trials whether they are available locally, regionally, or nationally.

The research infrastructure of Minnesota Oncology and the Virginia Piper Cancer Institute is available to patients treated at Rivers Cancer Center. Protocols from the following list of cooperative groups are available.

- Community Clinical Oncology Program (CCOP)
- Eastern Cooperative Oncology Group (ECOG)
- Gynecologic Oncology Group (COG)
- M.D. Anderson Cancer
- National Surgical Adjuvant Breast Program (NSABP)
- North Central Cancer Treatment Group (NCCTG) Mayo Clinic
- Virginia Piper Cancer Institute

Since opening in 2007, the number of patients treated at the infusion center has steadily grown, and new services will be added soon.

Patients receiving infusion treatment at River Falls Area Hospital.
Cancer Pathology & Lab

Dr. Michael Trump coordinates pathology and laboratory services which are an indispensable part of oncology patient care. Using cutting edge technologies, the lab diagnoses cancer and differentiates it from inflammatory, infectious and benign diseases. As a result, the patient’s care team can more accurately predict the outcome of a patient’s illness and choose the most appropriate treatment.

Cancer Care Laboratory technologies include:
• Molecular biology
• Histology and immunohistochemistry
• Fluorescent in situ hybridization
• Cytogenetics.

Complete and standardized staging reports that guide cancer treatment are generated for each patient.
Cancer Patient Support Services

Cancer rehabilitation is integrated into the care of cancer patients to enhance the quality of their lives, and increase their independence and ability to complete their cancer treatments. The goal is to help patients bring more control to their lives and restore function.

Cancer rehabilitation also includes consultation for fitness and exercise programs individualized for cancer survivors.

The River Falls Area Hospital Wellness Center specializes in the following:

• Activities of daily living, including dressing, bathing, meal preparation, house cleaning, etc. We’ll even visit their homes to evaluate how to improve function and safety.

• Strength and exercise training to speed rehabilitation.

• Dietary assessment and guidance for enduring the rigors of cancer treatment.

Lymphedema Prevention and Treatment for Breast Cancer Patients

Laura Schatz, Occupational Therapist at River Falls Area Hospital Wellness Center, has completed rigorous training and received her lymphedema certification. Lymphedema services include:

• Education and treatment prior to surgical intervention if edema is an issue

• Consistent communication with physicians to update on patient progress following surgery

• Instruction with patients so each can achieve maximal functional independence following procedures.
Cancer Survivorship

Cancer survivorship has become an increasingly important focus of cancer care. The term “cancer survivor” includes those people who have been diagnosed with cancer as well as the family members, friends and caregivers affected by the diagnosis.

The Rivers Cancer Center strives to take a holistic approach in addressing cancer survivorship.

Support Programs
Several support and education groups are available to address psychosocial needs of patients. A psychologist, social worker, or registered nurse facilitates each group.

- **American Cancer Society: Look Good, Feel Better** This free national public service program helps women undergoing cancer treatment learn to cope with the appearance-related side effects of treatment.

- **Smoking Cessation:** This program designed by the American Lung Association helps prepare patients to quit smoking, explores reasons to quit, helps take the actual steps and teaches how to maintain a new non-smoking lifestyle. The program emphasizes stress management, relaxation techniques, healthy eating and physical activity.

- **Wellness Center Classes:** yoga, tai chi, circuit training and cardio options.

- **American Cancer Society’s I Can Cope Program:** I Can Cope is an educational program for people facing cancer – either personally, or as a friend or family caregiver. Call 1-800-227-2345.

- **Women Newly Diagnosed with Breast Cancer:** A structured series of four sessions designed for women who have been diagnosed with breast cancer in the last six months. Group sessions offer support and education to help women manage the stressors of diagnosis and treatment. Call 612-863-5310.

- **Breast Cancer Support Group:** Ongoing groups provide a supportive environment for women who have breast cancer to share concerns and information with each other. Each group is facilitated by a clinical psychologist and registered nurse and is open to women in any phase of their breast cancer experience. Call 612-863-5310

- **Hospice:** Coordinators and navigators help arrange a variety of hospice and palliative care services including pain management, home nursing, and end of life comfort cares. For information on these services call ADORAY Home Health and Hospice 1-800-359-0174

- **Spiritual Guidance:**
  - Abundant Life Church, Ted Marsh, Pastor (715) 425-9564
  - Ezekiel Lutheran Church, Mark Hall, Senior Pastor or Bill Montgomery, Retired Pastor (715) 425-8294
  - United Methodist Church, Rev. Janet Ellinger, Pastor (715) 425-6233
  - St. Bridget Catholic Church, Father Gerald Harris (715) 425-1870
A Few of Our Heroes

Patients diagnosed with cancer are a continual source of inspiration to their family members and to their care providers. Here are stories from two of our “heroes”.

Barb Cernohous was treated by Drs. Hallman and Clayton.

Barb Cernohous was treated by Drs. Hallman and Clayton.

Relationship
When Barb scheduled an appointment with long-time family physician Dr. Bob Johnson for stomach pain, she didn’t realize her life was about to change forever.

Diagnosis
Barb was having stomach problems that ultimately led to a CT scan. Abnormalities were seen in the liver, and a biopsy showed metastatic stage IV colon cancer. Barb met with surgeon Dr. Matthew Clayton who gently walked her through the next steps that included surgical removal of the “lime-sized” cancerous tumor, and treatment with an oncologist.

Treatment
“The decision to have my surgery and treat my cancer in River Falls is a decision I’ll never regret,” says Cernohous. “I had world-class care in my hometown where I was close to family and friends. They knew me by name, not by my case number.”

Monique Hall of Hudson was treated by Drs. Clayton, Hallman and Gaertner.

Monique Hall of Hudson was treated by Drs. Clayton, Hallman and Gaertner.

Relationship
When Monique Hall experienced pelvic pain that wouldn’t subside, she scheduled an appointment with Dr. Hallman who had performed her hysterectomy years before. “I was confident in his expertise and knew he’d let me sit in his office and cry until he figured out the pain and a plan,” said Hall.

Diagnosis
Dr. Hallman called Monique at home to deliver the news. “He told me he had found a cancerous lump that was blocking the urinary bladder. In the same breath, he told me he had options for fixing it.” Hall’s trust and confidence in beating it stirred her to find her fight.

Treatment
Working in tandem, Drs. Hallman, Gaertner and Clayton performed the unique surgery. Monique had a perseverance that may have halted a lesser person, said Dr. Clayton. “That kind of spirit is priceless in the war against cancer.” Hall says, “the excellent outcome is a result of Dr. Hallman’s connection and calm confidence in her and his team. The relationship was critical to the success, and cancer care close to home was priceless, too.”
Letter from David Miller,
River Falls Area Hospital

Introduction to Areas of Focus

As part of Allina Hospitals and Clinics, River Falls Area Hospital along with our clinical partners and our affiliation with the Virginia Piper Cancer Institute, we are proud to provide this story of our developing Cancer Center.

Allina has implemented Clinical Service Lines (CSL), also known as areas of focus, as a vehicle to assure consistent quality, care integration across care settings, and the establishment of a common patient care platform with physician led leadership structure.

As you can readily see, the program is extensive and continues to grow both in patient volume and services provided. This can only be accomplished with the support of medical leadership.

Program expansion and enhancement is occurring in many areas and we have established core cancer treatment modalities including minimally invasive surgery, infusion, and radiation therapy. Let me elaborate on each.

Minimally Invasive Surgery
We specialize in minimally invasive surgery (sometimes called laparoscopic surgery) that is done through small incisions. For our patients, minimally invasive surgery means less trauma to the body, less blood loss, smaller surgical scars and less need for pain medication. Patients leave the hospital sooner after minimally invasive surgery and return to normal activities sooner than with conventional open surgery. Several of our physicians have been trained in the use of Robotic surgery. We are able to offer this advanced capability to our patients and currently perform these procedures at United Hospital. In the future our goal is to offer Robotic surgery locally.

Infusion Center
Our team of registered nurses and pharmacists are experienced in infusion services, certified in chemotherapy administration and available to provide information and answer questions. Our partner, Minnesota Oncology provides dedicated medical oncologists. Patient and family education is an essential part of care. We encourage all of our patients to be informed and active partners in their treatment and healing process. We help treat the disease and care for the whole person – our patient.

Radiation Therapy
Radiotherapy is used for the treatment of malignant tumors, and may be used as the primary therapy. It is also common to combine radiotherapy with surgery, chemotherapy, hormone therapy or some mixture of the three. Our partner, Minnesota Oncology, supports our cancer center by providing radiation oncologists along with the latest facilities, equipment and techniques to perform treatments. Currently, radiation is done at United Hospital or Minnesota Oncology Maplewood Office.

I continue to look forward to a bright future for the Rivers Cancer Center, as it continues to distinguish itself as the leader in cancer care for patients in our region.
Areas of Focus

Service Lines, or areas of focus, are organized to streamline care of patients diagnosed with common malignancies. They are also useful to programs as tools to standardize care whenever possible, to encourage camaraderie and communication among providers, and to regularly assess and measure quality and outcomes of care.

At the Rivers Cancer Center, service lines utilize core resources provided by the affiliated physician groups, the River Falls Area Hospital, and the greater community. Examples include the diagnostic imaging center with St. Paul Radiology for staging and biopsies; the Centers for Minimally Invasive Surgery and Advanced Endoscopy for procedures; and Minnesota Oncology radiation centers for radiation planning and treatment.

### Cancer Types Diagnosed in 2008-09

- **Gastrointestinal**: 22%
- **Breast**: 25%
- **GYN**: 5%
- **Lung**: 19%
- **Urologic**: 15%
- **Skin**: 4%
- **Hepatobiliary**: 10%

### Stage of cancer at diagnosis (%) 2008 & 2009

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<th>Stage</th>
<th>Percentage</th>
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<tr>
<td>Stage 0</td>
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<tr>
<td>Stage I</td>
<td>37%</td>
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<td>Stage II</td>
<td>23%</td>
</tr>
<tr>
<td>Stage III</td>
<td>14%</td>
</tr>
<tr>
<td>Stage IV</td>
<td>23%</td>
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</tbody>
</table>

*Stage of cancer at diagnosis (%) 2008 & 2009*
Our multidisciplinary team includes a nurse navigator, diagnostic radiologists, oncologic and reconstructive (plastic) surgeons, medical oncologists, and pathologists. Diagnostic testing and treatment decisions follow guidelines issued by the National Comprehensive Cancer Network (NCCN – www.nccn.org), and these guidelines are reviewed with patients at their initial consultation and throughout treatment. In addition, consultations are readily available with health specialists including genetic counselors, psychologists, a healing coach, integrative medicine specialists, nutritionists, social workers, and physical and occupational therapists.

Today, many breast cancers are diagnosed at a small size and early stage on routine mammography. Digital mammography has been shown to be more sensitive in detecting cancer in women with dense breasts, women under the age of 50 and pre-menopausal women. The digital mammogram decreases the radiation dose, eliminates film processing and storage requirements, decreases a patient’s time to obtain a routine mammogram, and allows electronic transfer of mammograms from one facility to another. Many other tools are available for evaluating patients presenting with lumps, nipple drainage, dimpling on the skin, or breast pain.

**Diagnostic services and specialized skills available through the Rivers Cancer Center breast program include:**

- Risk assessment and high risk counseling
- Full field digital mammography systems with high resolution multi-modality work station support
- Breast ultrasound systems for evaluation and biopsy
- Stereotactic biopsy system
- MRI imaging and biopsy system
- Breast-specific gamma imaging
- Expert histopathology and cytopathology support

**Treatment planning after diagnosis:**

Once a patient has been diagnosed with a breast cancer, treatment usually involves surgery, chemotherapy, and in many cases radiation therapy. A wide variety of surgical procedures are performed by Rivers Cancer Center surgeons. Surgeons have the same goals which are: 1) to perform an oncologically sound operation, 2) to minimize disability related to the surgery, and 3) to restore the shape, feel, and appearance of the breast. Our plastic surgeon Dr. Rucker, has over 22 years of experience and has performed approximately 800 restorative breast procedures. Plastic surgical evaluation is part of each surgery-related discussion.

**Breast cancer related operations performed at the Rivers Cancer Center include:**

- Lumpectomy
- Mastectomy and nipple-sparing mastectomy
- Sentinel lymph node identification and removal
- Axillary lymph node dissection
- Breast lift in conjunction with lumpectomy
- Reconstruction utilizing implant
- Tissue flap procedures
- Nipple and areolar reconstruction

**Breast cancer procedures at Rivers Cancer Center**

- 2007: 4
- 2008: 11
- 2009: 24
Treatment after surgery:
Chemotherapy recommendations following breast cancer surgery are made at the multidisciplinary cancer conference and will depend on the histologic features of the tumor. Many post-menopausal women are treated with hormonal therapy, which is effective and well tolerated. Cancers with a more aggressive biological profile may require additional cytotoxic chemotherapy or in cases of HER2 positive tumors an antibody directed against the amplified growth factor receptor. All patients are evaluated for suitability for inclusion in clinical trials whether or not a specific trial is open at the Rivers Cancer Center.

Radiation therapy works by damaging the DNA within cancer cells. Normal cells are also affected by radiation, but they are able to repair themselves in a way that cancer cells cannot. Radiation is used in cases of DCIS or invasive cancer when a lumpectomy rather than a mastectomy is performed.

Many new methods of radiation are available that maximize the anti-tumor effects while minimizing side effects. One advantage of such technology is that often the duration of the treatment can be shortened.

Many services are available at the Rivers Cancer Center for breast cancer survivors including:

• A lymphedema clinic
• Rehabilitation consultation that addresses the musculoskeletal concerns of breast cancer patients including shoulder and chest wall muscle dysfunction
• Highly skilled nurse coordinators and navigators

We build quality measures into the Rivers Cancer Center breast program. We routinely assess the size and stage of tumors that are diagnosed, the time after an abnormal mammogram that it takes make a definitive diagnosis, the percentage of our patients who receive breast conservation therapy, and other quality measures, and we compare them to national and hospital system standards. Our goals are to minimize unnecessary testing, to reduce waiting times for appointments and pathology reports, to improve the communication between specialists and referring physicians, and to reduce the anxiety that comes with being a patient.

Breast cancer program quality metrics.

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<tbody>
<tr>
<td>Screening Mammograms</td>
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<tr>
<td>Diagnostic Mammograms</td>
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<tr>
<td>Biopsy Rate</td>
<td>1.3%</td>
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<tr>
<td>Callback Rate</td>
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<td>True Positives (+/+)</td>
<td>38%</td>
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<td>Average Tumor Size</td>
<td>2.2 cm</td>
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<tr>
<td>Days Diagnosis to Surgery</td>
<td>13.8</td>
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<tr>
<td>% Sentinel Node Procedure</td>
<td>95%</td>
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<td>Cancers Treated Breast Conservation</td>
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<td>Immediate Reconstruction After Mastectomy</td>
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Rita Raverty, M.D., Family Practice
“As soon as an abnormality is noted on a screening exam, I confer with my radiologists, surgeons and patients to come up with diagnostic or treatment plan. Our goal is to minimize the time patients have to wait for studies or for test results.”

Joseph W. Rucker, MD, FACS Plastic Surgeon
With over two decades of experience, Dr. Rucker offers his patients considerable reconstructive surgical expertise. Dr. Rucker is board certified in Plastic and Reconstructive Surgery in 1986 and attained the position of Fellow in the American College of Surgeons in 1989.

Peter Dahlberg, MD, Ph.D
“Everything about breast cancer seems complicated to a newly diagnosed patient. The goal of the initial consultation is to make sense of the biopsy results, to discuss the surgical options and to outline a treatment plan that starts as soon as possible.”
Multidisciplinary Care
Dr. Clayton heads the Rivers Cancer Center Gastrointestinal team which is composed of family medicine doctors, general and thoracic surgeons, a medical oncologist, pathologists, radiation oncologists, nurses, nutritionists and integrative medicine practitioners dedicated to gastrointestinal cancer care. They work together to provide comprehensive care for patients with cancers of the esophagus, stomach, small bowel, colon, and rectum. Clinical nurse coordinators ensure the integration of care, keeping the patient, referring doctors and treatment team working together for the best outcome. All members meet for a tumor conference to discuss patient care and formulate treatment plans.

Colorectal Cancer
Screening
Colon cancer is a disease with a long natural history. Reasonably well-defined genetic effects are associated with progression from normal tissue to adenomatous polyps to cancer. The goal of colonoscopy and other screening programs is to identify and remove adenomas before they progress to invasive cancers. Primary care physicians play an essential role in ensuring that patients are screened appropriately on the basis of family and personal history. High-risk patients are referred for genetic counseling and high-risk screening programs. Colonoscopy beginning at age 50 is appropriate for most patients but several prevention programs and services are available including:

- Occult blood testing
- Sigmoidoscopy
- Colonoscopy with intravenous sedation
- Advanced polypectomy techniques
- Transanal excisions
- Virtual colonoscopy
- Genetic testing

Once a diagnosis of colon or rectal cancer has been made, patients are staged according to established NCCN guidelines (www.nccn.org). Most patients with tumors of the colon are candidates for minimally invasive colon resection, either laparoscopic or robotic. Dr. Clayton, Dr. Dahlberg, and Dr. Carlson have performed over 100 minimally invasive procedures with the subsequent patient benefits of less pain and disability with earlier return to normal activity levels.
Rectal cancers are staged with MRI or endorectal ultrasound, and if they are found to be locally advanced, the patients are usually treated with induction chemotherapy and radiotherapy followed by surgery. Every attempt is made to avoid a permanent colostomy, and many operations can be performed either laparoscopically or with robotic assistance.

Chemotherapy and radiation therapy are integral components of colorectal cancer treatment whenever the tumor has extended beyond the bowel wall. Many agents used in treatment target either mutations that have occurred in the cancer cells or the ability of the tumor to recruit a blood supply in order to grow.

Upper Gastrointestinal Cancer – Esophagus, Stomach, and Small Intestine

Dr. Dahlberg is a thoracic surgeon and an expert in esophageal diseases. He has lectured and published several papers about the genetics and treatment of esophageal cancer.

Esophageal cancer is a clinically heterogeneous disease. Smoking and alcohol consumption are risk factors for developing squamous cell carcinoma of the esophagus whereas chronic gastrointestinal reflux disease (GERD) predisposes patients to esophageal adenocarcinomas (EAC). The incidence rate of EAC has risen fourfold since the 1970s and now accounts for about 7,000 deaths per year in the United States. The most important risk factor for EAC is gastroesophageal reflux, which can increase the risk of cancer developing in a patient by 40-fold. As in colon cancer, where most tumors begin as polyps, there is a premalignant stage of EAC where the normal squamous epithelium is replaced by a specialized type of columnar epithelium known as Barrett’s esophagus (BE). Consensus estimates are that 700,000 Americans have BE, and that 1 in about 250 each year progress to EAC.

Diagnostic and surgical procedures available include:

- Upper GI endoscopy
- Endobronchial and esophageal ultrasound with biopsy
- Endoscopic dilation and stenting for benign and malignant disease of the esophagus and colon
- Ablation and photodynamic therapy for Barrett’s esophagus
- Minimally invasive and traditional open techniques for resection of the esophagus

Matthew Clayton, M.D., General Surgery

“Shared decision-making with patients makes for better decisions and better outcomes.” – that’s what Dr. Clayton believes. A graduate of the University of Minnesota Medical School, he served his residency at the university’s medical center. In practice since 1999, he’s developed special interests in the laparoscopic treatment of colon cancer, hernias and gastro esophageal reflux disease (GERD).

Peter Dahlberg, MD, Ph.D

“Not all patients with upper GI cancers can be cured, but even in the more difficult cases we are able to improve pain control, maintain normal swallowing, and quality of life.”

Thomas Johnson, MD, Ph.D

Dr. Johnson walks his patients through the complexities of a diagnosis to options that make the most sense for them and their families.” Dr. Johnsons attended medical school at the University of Nebraska Medical Center and completed his general surgery at the University of Nebraska Medical Center. He completed a trauma surgery fellowship at St. Paul Ramsey Medical Center, and a critical care fellowship at the University of Minnesota.
Dr. Hallman leads the program in gynecologic oncology, which treats women with cancers or precancerous lesions of the cervix, vagina, uterus, and ovary. His team includes family physicians, medical and radiation oncologists, pathologists, radiologists, genetic counselors, oncology nurses and social workers. With the availability of laparoscopy and more recently the da Vinci Surgical™ system, some patients with gynecologic cancers are eligible to be treated by oncologically sound, minimally invasive techniques.

Cervical Cancer

The focus of the cervical cancer program is on prevention and early detection of disease. It turns out that cervical cancer is largely an infectious disease caused by the oncogenic effects of the human papilloma virus (HPV). Although there are over 120 varieties of HPV and 40 that infect the genital tract, only 4 types are frequently associated with cancer of the cervix (16, 18, 33, & 45). In fact over 70% of cases are associated with HPV 16 infection.

Worldwide, HPV infection directly causes over 6 million cancer deaths, an extremely sobering statistic. Vaccination strategies however, offer a tremendous opportunity to prevent the vast majority of cervical cancers. The currently available vaccine, Gardasil™, provides protective immunity against HPV strains 16, 18, 6, and 11 (the 6 and 11 subtypes cause over 90% of the cases of genital warts). Immunization is recommended for girls ages 11-12, before the onset of sexual activity. This early immunization strategy is necessary because 40% of women will acquire the HPV infection within three years of becoming sexually active.

Pap smears are still essential for the detection of abnormal cells on the cervix. The Rivers Cancer Center screening program has been extremely effective in diagnosing a far greater percentage of precancerous changes than invasive cancers. Several treatment options are available for patients with these changes including colposcopy and the LEEP procedure.

Other services available include:

- Pelvic ultrasound
- Laparoscopy
- Hysteroscopy
- Dilation and curettage
- Surgical
- Radiation

Endometrial (Uterine) Cancer

Endometrial cancer usually occurs in women older than 50. The good news is that it is usually cured when it is found early, and most of the time, the cancer is found in its earliest stage, before it has spread outside the uterus. Treatment begins with a surgical staging procedure, often done minimally invasively, the results of which will determine the need for any other additional treatment.

As more women at high risk for developing breast cancer are treated with chemoprotective agents such as tamoxifen, concern about the risk of new endometrial cancers has grown. Treatment prior to menopause is associated with a relatively small risk of endometrial cancer, but tamoxifen treatment in the 7th and 8th decades of life is associated with a significant risk. The Rivers Cancer Program screens all women who are treated with anti-estrogen therapy for breast cancer with yearly pelvic ultrasounds.
**Ovarian Cancer**

Ovarian cancer is an aggressive disease that has proven difficult to diagnose at an early stage. There are many different types of ovarian cancer, and hereditary forms are associated with mutations in both the BRCA1 and BRCA2 genes. Epithelial carcinoma of the ovary is the most common gynecologic malignancy and the fifth most frequent cause of cancer death in women. The most important risk factor for developing ovarian cancer is a family history of a first-degree relative with the disease. Prognosis in ovarian cancer is influenced by several factors including:

- Age
- Stage at diagnosis
- Performance status
- Disease volume prior to and after debulking surgery
- Presence of fluid in the abdominal cavity.

Chemotherapy is a critical component of treatment and consideration of enrollment in clinical trials is strongly encouraged.

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**Prevention & Screening**

**Christopher Tashjian, M.D., Family Practice**

“I chose family practice because I believe the family is the center of one’s life,” says Dr. Tashjian. He’s been in practice since 1988, following graduation from the University of Minnesota Medical School and a residency at Broadlawns Medical Center in Des Moines, Iowa. His special interests include public health, and physician leadership.

**Kerith Lijewski, M.D., Family Practice**

Dr. Lijewski says her job as a physician is to “let patients know their options and help them make the decision that’s right for them.” She comes to us from West Virginia’s Marshall University School of Medicine and a residency with University of Minnesota - North Memorial Family Practice. Certified since 2003, she has special interests in obstetrics and adolescent medicine.

**Gregory Miller, M.D., Family Practice**

Dr. Miller believes “having a positive impact on people’s lives makes this job worthwhile.” His education includes the Medical College of Wisconsin and a residency at University of Minnesota at North Memorial. He also has a Rural Family Medicine Fellowship and has undergone additional training in ultrasound and colonoscopy.

**Gregory Goblirsch, M.D., Family Practice**

Dr. Goblirsch has been in practice since 1993, following graduation from the University of Minnesota Medical School and a residency at Iowa’s Cedar Rapids Medical Education Program. He has special interests in chronic disease and skin cancer and emphasizes that “I want my patients to feel like active participants in maintaining their health.”

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**Kevin Hallman, M.D., OB-GYN**

Dr. Hallman has 20 years of experience treating women with gynecologic cancers. He has been a local pioneer in minimally invasive surgical approaches to treatment. He has trained in robotic surgery and makes these services available to patients through Rivers Cancer Center.
Lung cancer has an enormous impact on U.S. mortality, with an estimated 219,440 new cases (15% of cancers) and 159,390 deaths (28% of cancer deaths) in 2009. Cigarette smoking is the primary risk factor for developing lung cancer with second hand smoke, asbestos or radon exposure, accounting for a minority of cases. Surgical removal or radiation therapy is the treatment of choice for early stages of cancer, however only a minority of tumors are diagnosed at this stage.

There are two main types of lung cancer: small cell lung cancer and non-small cell lung cancer. The two types spread in different ways, and are treated differently. Small cell lung cancer is much less common than non-small cell lung cancer. The cancer cells rapidly spread to the lymph nodes and throughout the body. Non-small cell lung cancer is often detected at an early stage and can be cured by surgical removal.

Screening
Unfortunately, no screening test has been found that reliably detects lung cancer at an early and treatable stage. The primary focus of our prevention programs is on smoking cessation, which has benefits that extend far beyond cancer prevention. Family physicians utilize every conceivable resource at their disposal to encourage patients to quit smoking.

Smoking cessation programs are the most important tools available to reduce the burdens of chronic lung disease and lung cancer. Many new treatments are available for patients, and our family physicians tailor approaches to meet specific needs and challenges. These include:

- Nicotine replacement
- Non-nicotine pharmacologic (chantix)
- Quit Plans
- Behavioral counseling

Diagnosis and Treatment
Most patients with lung nodules are evaluated using CT scans. Specific abnormalities can be followed or sampled by percutaneous image guided biopsy, bronchoscopy, or endobronchial ultrasound. All of these techniques are routinely performed at the Rivers Cancer Center. Once the diagnosis of lung cancer has been established, tumors are typically staged using MRI, PET scans, and either mediastinoscopy or endobronchial ultrasound. Favorable cases are treated with surgery alone whereas treatment of regionally advanced disease involves a multimodal approach.

Endobronchial Ultrasound, a minimally invasive technique is available for lung cancer staging.

PET Scan showing lung cancer.
Surgical procedures available at the Rivers Cancer Center include:

- CT-guided lung biopsy
- Bronchoscopy and laryngoscopy
- Rigid bronchoscopy
- Endobronchial resection and stenting
- Endobronchial ultrasound
- Mediastinoscopy
- Video-assisted thoracoscopic wedge resection and lobectomy
- Robotic thoracic surgery
- Chest wall resection for locally invasive tumors
- Combined thoracic and neurosurgical procedures for apical lung tumors and vertebral invasion
- Pleurectomy for malignant effusions
- Pleurex™ catheter placement
- Extrapleural Pneumonectomy for mesothelioma

Patients presenting with stage III lung cancers are treated with combined chemotherapy and radiation therapy whereas patients with stage IV tumors receive chemotherapy alone. Every attempt is made to enroll patients in clinical trials with the goal of 5-year survival when standard therapy alone is poor.
Skin Cancer

Skin cancer is the most common form of cancer in the United States with more than 1,000,000 cases diagnosed annually. One in five Americans will develop a skin cancer during their lifetime. There are 3 common types of skin cancer. Basal cell carcinoma, the most common form, is rarely fatal but can be disfiguring. Squamous cell carcinoma is the next most common form. These tumors occasionally metastasize especially in patients whose immune system is suppressed. Melanoma is less common than basal or squamous cancers, but it accounts for many more cancer deaths.

Ultraviolet (UV) light emitted by the sun is a form of electromagnetic radiation with a wavelength shorter than that of visible light. The spectrum of UV light is divided into 3 portions: UVA (400-320 nm), UVB (320-280 nm), and UVC (280-100 nm). The ozone layer high in the atmosphere blocks 98% of the UV solar emission that strikes the earth. Of the transmitted UV light 98% is UVA, which penetrates into the deeper layers of the skin where it can damage collagen (premature aging of the skin) and generate free radicals which in turn may alter DNA and cause cancer. UVB is absorbed, primarily by the photoprotectant melanin in the superficial layers of the skin, and the energy is converted to heat. It is also essential for the normal metabolism of vitamin D. UVB can, however, also directly damage DNA in melanocytes (melanin-producing cells) and keratinocytes (skin cells) causing mutations in the cells genetic code. BRAF mutations are frequently associated with melanoma skin cancers. Very little UVC radiation reaches the surface of the earth, but it is used industrially and in the laboratory as a germicidal agent.

Sunscreen block UV radiation before it has a chance to penetrate the skin. SPF ratings measures the amount of UV radiation required to cause sunburn after product application relative to the amount without the sunscreen. It is solely a measure of UVB protection.

Risk factors for developing skin cancer include:

- A blistering sunburn in childhood
- Excessive sun exposure including high altitude
- A family history of melanoma
- Fair skin that burns or freckles easily (especially skin types I-II)
- Personal history of dysplastic nevi
- Personal history of actinic keratosis
- Congenital melanocytic nevi syndrome
- A weakened immune system

Prevention and early diagnosis

Limiting sun exposure, wearing protective clothing, and regular use of a waterproof UVA and UVB protective sunscreen are the foundations for skin cancer prevention. Invasive melanomas, however, may develop from existing atypical moles and thus it is important that high risk individuals be examined on a regular basis. Total body photodocumentation and digital archiving systems are quite useful for comparison of previous and current exams. The hand held dermatoscope is another invaluable tool to evaluate skin lesions. It is a specialized microscope for high-resolution imaging and characterization of individual moles. This technique improves the diagnostic accuracy of the skin examination by about 20-30% when compared to observation alone.
Rivers Cancer Center skin cancer diagnostic tools include:

- FotoFinder bodystudio for total body photodocumentation, digital archiving, and computer-assisted detection
- Digital dermoscopy
- Dermoscopy-based scoring algorithms for decision making
- Comprehensive and standardized dermoscopy reporting
- Skin cancer self-examination education

Once a decision has been made to biopsy a lesion, the procedure is often performed during the same office visit. Slides are examined by experienced dermatopathologists, and results are typically available in 2-3 days.

Surgical treatments of premalignant and cancerous lesions are highly individualized depending on location and specific pathology. Sentinel lymph node sampling is done for melanomas that penetrate to a level of 0.8mm or greater beneath the skin. Some form of wide local excision is often recommended, but other less destructive surgical and non-surgical techniques are also utilized in special circumstances.

Mohs micrographic surgery is performed by Rivers Cancer Center surgeons, and plastic surgical consultation with Dr. Rucker is readily available for challenging reconstructive cases in cosmetically important areas.

Techniques used in the Treatment of Skin Cancers

- Curretage
- Wide local excision
- Cryosurgery
- Mohs micrographic surgery
- Topical chemotherapy
- Skin grafting
- Local and distant skin flap reconstructions
- Lymphosintigraphy and sentinel node identification
- Axillary and groin lymph node dissections for metastatic melanoma

Patients with advanced stage melanomas are evaluated by the medical oncologist for consideration of chemotherapy, immunotherapy, vaccine and other clinical trials.

Carrie Torgersen, M.D., Family Practice

“My favorite patient is the one who wants to be actively involved in their healthcare and wellness decisions,” says Dr. Torgersen. She is a graduate of the University of Minnesota Medical School, and served her residency at North Memorial. Board certified since 2002, she has built a reputation as an empathetic listener and has a special interest in skin cancer.

Gregory Goblirsch, M.D., Family Practice

Dr. Goblirsch has been in practice since 1993, following graduation from the University of Minnesota Medical School and a residency at Iowa’s Cedar Rapids Medical Education Program. He has special interests in emergency medicine, chronic disease and has special training in skin cancer diagnosis.

Joseph W. Rucker, MD, FACS Plastic Surgeon

Through our experience we have found the direct excision of skin cancers to be the best mode of treatment. We give the specimen to a certified pathologist who immediately can examine the lesion microscopically to ensure that all of the lesion has been removed. (frozen section). Our main goal is to remove the carcinoma. With this type of approach and we can usually achieve a 98%-99% cure rate if the tumors are treated in the early stages. Following this total excision we then employ plastic surgical techniques to close the defect, seeking to avoid as much scarring as possible.
Dr. Robert Gaertner, from Metro Urology, leads the program in urologic cancer care. Cancers of the urinary tract include kidney, adrenal, bladder, prostate, and testicular. Prostate cancer is the most common cancer in men and the second leading cause of cancer related deaths in the United States. If detected early, long term survival is greater than 90%. Dr. Gaertner is specialty trained to help navigate through the various treatment options for prostate cancer and other urologic problems.

Below is a summary of options for treatment of prostate cancer offered by Metro Urology through the Rivers Cancer Center.

- **Da Vinci prostatectomy (dVP)** is a minimally invasive, robotic-assisted surgical procedure, and the most effective, least invasive prostate surgery performed today.

- **Cryoablation** uses freezing of the prostate gland to destroy cancerous cells. This technology may be used to treat the entire gland, or, for some carefully selected patients, part of the prostate gland.

- **Active Surveillance** is a treatment plan for carefully selected patients who may not require treatment for their prostate cancer. Metro Urology has developed an innovative program designed to carefully balance the risk of treatment with the risk of allowing the progression and spread of prostate cancer.

- **Radiation therapy** is the use of high-energy rays to kill cancer cells. External beam radiation and brachytherapy (“radioactive seeds”) are the two standard forms used. These treatments are done in conjunction with a radiation oncologist.

- **High Intensity Focused Ultrasound (HIFU)** uses high frequency ultrasound to destroy prostate tissue with pinpoint accuracy. Metro Urology is one of few practices that will facilitate access to this new technology through an arrangement with International HIFU Corporation, allowing our patients to travel with our physicians to treatment sites outside of the U.S.

- **Medical treatments**, such as androgen deprivation (hormonal therapy) and chemotherapy, are available through Metro Urology and affiliated medical oncology groups.
The hepatobiliary system includes the liver, gallbladder, bile ducts, and the pancreas. Upper abdominal pain, a sense of bloating, weight loss, and occasionally jaundice are the presenting symptoms of tumors in these locations. The typical initial evaluation would start with a careful history and physical examination. Depending on the findings, upper endoscopy, ultrasound, or an abdominal CT scan might be ordered. MRI is quite useful for evaluation of the bile ducts and for characterization of abnormalities found in the liver. Endoscopic ultrasound, ERCP, and image-guided biopsy are techniques that are used to biopsy suspicious findings.

The Rivers Cancer Center surgeons work closely with the physicians at the Virginia Piper Cancer Institute (VPCI), including Dr. Sielaff who heads this specialty area, to diagnose, stage, and treat patients with hepatobiliary malignancies. Referral appointments to their surgeons or gastroenterologists can be scheduled and coordinated locally. Since many cancers in this region of the body are notoriously difficult to treat, patients are encouraged to enroll in clinical trials or innovative treatment protocols. Many services, including medical oncology consultation and chemotherapy can be delivered locally.

Liver Cancer
There are several types of liver cancer, both primary and metastatic. About 80-90% of primary tumors are hepatocellular carcinomas. The cause of most of these tumors is cirrhosis (chronic scarring) of the liver, that develops from alcohol abuse, hepatitis B or C, a variety of autoimmune diseases, or from iron overload. Since immunization against the hepatitis B virus is available, many cases are potentially preventable, and River Falls Medical Clinic family physicians encourage vaccination for all patients.

Pancreatic Cancer
The pancreas makes digestive enzymes and hormones such as insulin. Tumors in the pancreas are classified as exocrine (99% of cancers) or endocrine (1% islet cell tumors). Almost all (95%) of pancreatic exocrine tumors are classified as adenocarcinomas. After evaluation of these patients, about 20% are found to have disease limited to the pancreas and are candidates for surgery (Whipple procedure). Although outcomes are improving and surgery has become safer, the 5-year survival rate from the disease remains dismal. VPCI is a member of the Pancreatic Cancer Research Team (www.pcrt.org), a group dedicated to rapidly advancing the field of pancreatic cancer care through basic research and new drug investigation. Over 80% of surgical patients are participating in clinical studies and we offer some of the most promising new agents for clinical evaluation. The ras protooncogene is mutated and activated in 95% of pancreatic cancers, and there is hope that therapeutics that target ras will soon improve survival of patients with pancreatic cancer.

Metastatic Cancer
The liver is a frequent site of metastasis for many cancers. Occassionally, the liver is the only site of spread, and the metastasis can be surgically removed or treated with radio frequency ablation or cryoablation (freezing). This is not an unusual situation in colorectal cancer. Patients with liver metastasis are typically evaluated with CT, MRI or PET scanning. If no other anatomic site of cancer spread is evident, patients are referred for evaluation and treatment.

Timothy D. Sielaff, MD, PhD, MBA, FACS
Timothy D. Sielaff is the medical director for the Virginia Piper Cancer Institute. His training includes: a Surgery Residency at the University of Minnesota Hospital and Clinics; a Surgical Infectious Diseases Fellowship; a Surgical Endoscopy Fellow; and a fellowship in hepatobiliary surgery at the University of Toronto - Toronto General Hospital. His special interests include liver, pancreatic, and bile duct cancers.
Dr. Thomas is in charge of the head and neck cancer program. Cancers of this region are divided by the area in which they begin:

- Thyroid gland
- Oral cavity
- Salivary glands
- Paranasal sinuses and nasal cavity
- Pharynx
- Larynx
- Lymph nodes

Tobacco and alcohol use are the most important risk factors for head and neck cancers. Other risk factors for cancers of the head and neck include infection with the human papillomavirus.

The treatment plan for a patient depends on the location of the tumor, the stage of the cancer, and the patient’s age and performance status.

- The surgeon may remove the cancer and the surrounding lymph nodes. Surgery is often followed by radiation treatment.
- In advanced cases where complete tumor removal is not possible, radiation and or chemotherapy therapy are used.

In contrast to most other head and neck cancers, thyroid cancer has an exceedingly good prognosis with treatment. Nodules are often discovered on physical examination or incidentally on imaging studies. Aspiration of the nodule is the first step in diagnosis. Cancers are treated with thyroidectomy and most often radioiodine ablation. All thyroid procedures from diagnosis to removal can be performed locally at the Rivers Cancer Center.

Jon Thomas, M.D.
Jon V. Thomas specializes in Head and Neck tumor surgery including thyroid cancer. He enjoys all aspects of Ear, Nose and Throat/Head and Neck Surgery.
Commitment to Quality and Clinical Team

At the River Falls, Ellsworth and Spring Valley Medical Clinics, we are committed to patient health and wellness and collaborate with health care partners to ensure our healthcare providers are on the cutting edge of patient care. Our pursuit of excellence has earned us the recognition of our peers. We’re not bragging, but think it’s important to share how much we strive to be the healthcare campus of choice in western Wisconsin.

- HealthPartners Quality & Innovation Award 2008
- Medica Innovation Award 2008
- Buyers Health Care Action Group (BHCAG) for Optimal Cardiovascular Care
- Buyers Health Care Action Group (BHCAG) for Optimal Diabetes Care
- Health Front Excellence in Quality
- Patient Choice Award
- HealthPartners Outcomes Recognition for Tobacco Assessment/Advice in 2000
- HealthPartners Outcomes Recognition for Patient Satisfaction in 2001, 2003 and 2005
- HealthPartners Outcomes Recognition for Comprehensive CAD, 2003
- Diabetes Care Award 2006, 2007
- IMPACT Improving Diabetes through Primary Care Translation
- Hospital of Choice Award 2008/2009 by the American Alliance for Health Care Providers
The Rivers Cancer Center recognizes the primary care physician is the patient’s greatest advocate and should be a central figure in their cancer care.

Jeffrey Larsen, M.D., Internal Medicine
Dr. Larsen brings the experience of his 17 years in practice to treating conditions like hypertension, cardiovascular disease, rheumatology, endocrinology and sleep disorders. He sums up his approach as “looking at the whole person, not just the symptoms.” His training includes the University of Minnesota Medical School and a residency at University of Minnesota Medical Center and Clinics.

William Platz, M.D., Psychiatry
Dr. Platz joined our clinic in 2007 with 15 years of experience in practice, following graduation from the University of Iowa College of Medicine, a residency in psychiatry as well as a fellowship in Child and Adolescent psychiatry at the Mayo Clinic. He is Board Certified in Psychiatry specializing in the diagnosis and treatment of mental illnesses.

Timothy Steinmetz, M.D., Family Practice
“I enjoy taking care of families, from birth to geriatrics,” Dr. Steinmetz says, and with 22 years of experience, families are in very capable hands. Dr. Steinmetz graduated from the University of Wisconsin School of Medicine and served his residency at St. Mary’s Hospital in Madison. Preventive medicine, emergency medicine and sports medicine are among his special interests.

David Wilhelm, M.D., Family Practice
“I enjoy the smaller Spring Valley community, where the care I provide can be more personal and friendly,” Dr. Wilhelm says. He has special interests in emergency medicine, dermatology procedures, obesity treatment and geriatrics. Dr. Wilhelm was board certified in 1985, following graduation from the University of Minnesota Medical School and Bethesda Lutheran Medical Center in St. Paul.

Daniel Zimmerman, M.D., Family Practice
Dr. Zimmerman says one of the most rewarding aspects of his 16 years in practice has been “understanding complex conditions and explaining them to patients in a way they too can understand.” His background includes the Mayo Medical School, a residency at Madigan Army Medical Center in Tacoma and special interests in obstetrics, pediatrics and sleep medicine.

Robert Johnson, M.D., Family Practice
Having been in practice since 1978, Dr. Johnson speaks from experience when he says, “Healthcare is a team effort always centered on the patient.” He’s a graduate of the University of Minnesota Medical School and served his residency at Bethesda Lutheran Hospital in St. Paul. Dr. Johnson is especially interested in treating diabetes, heart disease and hypertension.

Paul McMillan, M.D., Family Practice
Being in practice since 1992 has instilled in Dr. McMillan a strong belief in the importance of “comprehensive, compassionate care for people throughout their lives.” This belief underlies his additional interests in women’s health, adolescent medicine and sports medicine. He’s a graduate of Michigan State University and served his residency at Michigan’s College of Human Medicine.
Community Partners

During the past two years, collaborations have been established between the Rivers Cancer Center and leaders of the University of Wisconsin-River Falls Tissue and Cellular Innovation Center. In 2009, Timothy Lyden, Ph.D., presented a paper at the New York Academy of Sciences cell biology meeting describing his work on human tumor artificial tissue studies.

Planning is also well underway on a master’s degree program in health related careers at the University. Rivers Cancer Center members will lecture and collaborate with University faculty interested in cancer-related public health and epidemiology, as well as in clinical and basic science cancer research.

Cancer Prevention in Our Community
The River Falls Medical Clinic and River Falls Area Hospital are committed to reducing the cancer incidence rates in our community. We reach patients through our leadership and participation in the American Cancer Society’s Relay for Life; a Breast Cancer Awareness Event each October; Nutrition & Health Classes quarterly; and other initiatives to educate the community on cancer prevention.
Rivers Cancer Center Director’s Biography

Peter Dahlberg, M.D., Ph.D., FACS
Staff General and Thoracic Surgeon
Director, Rivers Cancer Center

EDUCATION

Undergraduate
University of California at Berkeley.
B.S. with honors in Chemistry

Medical/Graduate
Mayo Clinic: Cardiothoracic surgery fellowship
University of Minnesota Department of Surgery: General Surgery Residency
University of Minnesota Graduate School: Ph.D.
University of Minnesota Medical School: M.D.
University of Minnesota Department of Surgery: Fellowship
Surgical Infectious Disease

CURRENT BOARD CERTIFICATIONS

American Board of Surgery – General Surgery
American Board of Thoracic Surgery – Cardiovascular and Thoracic Surgery

PUBLICATIONS


Prekker ME, Herrington CS, Whelan TPM, Hertz MI, Dahlberg PS. Primary graft dysfunction and long-term pulmonary function following lung transplantation. Accepted for publication J Heart Lung Transplant October 2007.


PH.D. THESIS
Development and testing of novel endotoxin antagonists.

BOOK CHAPTERS
Dahlberg PS, Battafarano RJ, Hertz MI, Thompson DJ, Park SJ. Recent trends in lung transplantation; the University of Minnesota experience. Clinical Transplants 2002;243-51.


ORAL AND POSTER PRESENTATIONS

Targeting mRNA Translation in Esophageal Cancer. ASCI annual meeting April 2007.
Dahlberg PS, Dahal G. Targetting ERBB2 signalling pathways in esophageal cancers. Presentation at the annual meeting of the American Association for Cancer Research 2005.


Prekker ME, Nath DS, Johnson AC, Walker AR, Hertz MI, Dahlberg PS. Validation of the proposed ISHLT grading system for primary graft dysfunction following lung transplantation. Oral presentation ISHLT annual meeting April 2005.


Braver than you believe,
stronger than you seem,
smarter than you think.

~A.A. Milne