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We’re dedicated to offering the best cancer care in the area. In fact, since 1998, our oncology program has been recognized with commendation by the Commission on Cancer of the American College of Surgeons as offering the very best in cancer care. It is a recognition of the quality of our comprehensive, multidisciplinary patient care. We’re proud to have brought the very best in today’s cancer treatment closer to home.

For over 20 years, the Mercy Regional Cancer Center has touched the lives of individuals throughout southern Wisconsin. From our finest physicians and caring staff, to our state-of-the-art cancer fighting technology, we continue to do work hard every day to keep raising the bar to provide the best cancer care possible.

I’m proud of the fact that the Mercy Regional Cancer Center has once again earned three-year accreditation from the American College of Surgeons Commission on Cancer. Our staff puts forth tremendous effort to earn this recognition, and has earned CoC accreditation continuously since 1998.

This has been a growing year for our cancer program. Our new medical oncology department on the top floor of the Mercy Michael Berry Building serves our patients and families well. Each chemotherapy treatment bay features sophisticated technology and a beautiful view of the Rock River. The new Cancer Resource Center offers individuals multi-media access to information on their condition. Mercy volunteers staff the Center and offer guidance on Internet searches. Other Mercy volunteers bring refreshments to patients and families and knit prayer shawls for the chilly shoulders of patients.

In our radiation oncology department, a new treatment option will soon join our Siemens® PRIMATOM™ intensity modulated radiation therapy system. Once installed in spring 2012, the Siemens® ARTISTE™ linear accelerator will enable our clinicians to choose the appropriate treatment technique for each patient, make critical adjustments on the spot, and deliver adaptive radiation therapy (ART) according to individual patient needs.

As we install the Siemens ARTISTE, we will also add Mosaic™, a high-tech record-and-verify software system that will enhance Mercy’s practices. This efficient, online, quality assurance tool will help radiation therapists set up and document our patients’ treatments quickly, accurately and safely, while ensuring that essential treatment information is recorded securely and directly in the patient’s electronic medical record (EMR).

At the Mercy Regional Cancer Center, many minds and hearts provide comfort to our patients and their families when they need it most. After all, our patients are our greatest inspiration. That’s why we do what we do—work hard every day and keep raising the bar to provide the best cancer care possible.

Sincerely,

Javon R. Bea, President/CEO, Mercy Health System
At the time this is being written, the major project for the committee is the re-accreditation survey by Commission on Cancer scheduled for August 2011. It is hard to believe that three years already went by since the last survey.

These efforts are supported by our energetic new administrative team of Eric, Natalie and Sean. A small subcommittee is working diligently to assure perfect compliance with Commission standards, while our registrars, Trish and Martha, coordinate everything and tackle every little detail.

Our cancer program has improved in many ways during the last 12 months. Our new medical oncologist, Dr. Douglas Puffer, joined the team. The number of tumor boards per month has increased to allow discussion of more current cases, and the Mercy Cancer Committee meeting was moved to a new time to accommodate that goal. This will help us meet the new standards affecting the next survey cycle.

We currently have 14 active research protocols covering malignancies of breast, lung and colorectum, plus melanoma and leukemia, under the continued leadership of Dr. Emily Robinson. Dr. Keith Konkol, internal medicine specialist, joined the Mercy Cancer Committee to represent Mercy’s palliative care program and the newly formed palliative care committee. Dr. Shahid Shekhani, medical oncologist, and I are working to add doctors from remote Mercy locations to our cancer committee via the modern technology of videoconferencing.

May 11, 2011 was the date of Mercy’s hospitals’ conversion to inpatient electronic medical record. We are quickly getting used to the new way of doing things and learning more and more advantages of having our patients’ charts available from anywhere.

The stunning new hospital entrance, to be completed November 2011, will be an appropriate symbol of the high standards and quality found beyond those doors.
Since 1990, the Center has helped thousands of cancer patients and their families meet the challenges of cancer head on. Our comprehensive cancer care program offers the full range of resources necessary to detect and treat cancer, and help our patients not only recover, but thrive. Our entire staff—with our combined knowledge and expertise—understands what each patient is experiencing. We know that our patients require not only state-of-the-art technology to heal, but also the human touch. It is this spirit of compassion and kindness that makes our Center stand out. How do we know? Our patients tell us, every day.

Your Mercy Regional Cancer Center team

American Cancer Society .................................................................(800) 227-2345
American Cancer Society Navigator ..............................................(608) 266-6025
Mercy Cancer Registry ..............................................................................(608) 756-6139
Mercy Hospice Care .................................................................(800) 369-2201
Mercy Hospital and Trauma Center .................(608) 756-6000/(800) 756-4147
Administrative director, oncology ......................................................(608) 756-6871
Clinical trials data manager ...............................................................(608) 756-6871
Dietitian/nutritionist .............................................................................(608) 756-6151
Financial counselor .............................................................................(608) 756-6500
Genetic counseling ................................................................................(608) 756-6871
Hematology/medical oncology .........................................................(608) 756-6871/(800) 928-1103
Inpatient special care unit (SCU) .......................................................(608) 756-6897
Manager, oncology ................................................................................(608) 756-6770
Oncology social worker .........................................................................(608) 756-6824
Outpatient transfusion/infusion (Treatment Coordination Center) .....(608) 756-6601
Pastoral care ..........................................................................................(608) 756-6000
Radiation oncology .................................................................................(608) 756-6500/(800) 261-6565
Surgical oncology ...................................................................................(608) 756-7277
Urology .....................................................................................................(608) 741-6990
Mercy Pain Center ...................................................................................(608) 756-6049
Mercy Cancer Registry report 2011

The Cancer Registry of the Mercy Cancer Program provides data management services to comply with mandatory state cancer reporting regulations, as well as the data needs of clinicians, administrators and other qualified users.

In addition, the registry also provides data to national-level cancer surveillance organizations for incidence measurement and epidemiological studies. Since its inception in 1994, the registry has collected data on more than 9,900 cancer patients, with 679 new cases entered for the calendar year 2010, the last complete year of data collection.

What is a cancer registry?
This computerized system is designed for the collection, management and analysis of cancer data. Interpretation of cancer data is essential for optimal patient care, evaluation, cancer program planning and management, administrative planning, and education.

• Lifetime patient follow-up
One of the cancer registry’s primary responsibilities is to provide lifetime follow-up on all patients diagnosed or treated at Mercy Health System or Dean Riverview Clinic.

Our patients or their primary physicians are contacted at least annually and asked for follow-up information regarding their health status. This helps us assess the patient’s treatment and assess the need for future cancer programs.

• Research
Data collected and maintained in our cancer registry serves as a valuable resource for physicians interested in the cause, diagnosis and treatment of cancer. The patient’s identity is kept strictly confidential.

• Education
Cancer registry data (including patterns of care and length of survival) is used to further the education of physicians, nurses and other health care providers.

• National database
Our connection to a large national database enables us to compare Mercy’s cancer registry statistics with national statistics.

How this benefits patients
Our cancer registry helps your doctor and health care team provide the most comprehensive, up-to-date treatments available. The registry extracts information regarding your diagnosis and treatment from your medical record and enters it into a computerized data bank. Your doctor can then request data to assess the benefits of your treatment program and to assimilate data from other medical facilities.

How the Mercy Cancer Registry benefits our patients

Our concern for our patients with cancer continues long after they leave treatment. That’s why each person who is diagnosed with cancer at Mercy Health System becomes part of the Mercy Cancer Registry. Our primary responsibility is to provide lifetime follow-up on all registry patients, and either the patient or his physician will be contacted at least annually to see how the patient is doing. At all times, strict confidentiality is maintained. Maintaining regular contact helps us follow our patients’ treatment, if any, and identify new or recurring physical problems they might have. It also helps us assess the need for future cancer programs.
Stay in touch

It is important that we are able to maintain contact with all our past cancer patients. Patients who move or change their phone number are asked to call the Mercy Cancer Registry at (608) 756-6139.
Tumor Board conferences are held with the purpose of providing a multidisciplinary, consultative forum to openly discuss, plan and educate on the diagnosis, treatment, and appropriate follow-up of cancer patients at Mercy Health System. Doctors submit prospective cases to registry staff the week before the conference. Patient selection is often determined by criteria such as cases that are prospective, interesting or challenging.

A brief clinical summary—including patient history, clinical stage, diagnostic studies and pathologic information—is prepared and presented. The moderators encourage a consultative approach regarding recommended surgical and therapeutic options. They also offer educational information concerning staging, innovative therapies, appropriate National Comprehensive Cancer Network guidelines, and discuss other related topics. Following the presentation of all pertinent information, discussion regarding further recommendations is encouraged.

In addition, multidisciplinary Breast Case Conferences are held the second week of each month. This provides a forum for cooperative care of breast cancer patients at Mercy Health System, and to create a consultative environment conducive to planning the best possible course for these patients. Each conference includes breast cancer cases diagnosed at Mercy Health System from the previous month. In 2010, 44 breast cases were presented at these conferences.

Periodically, educational speakers with informative forums on a range of cancer-related subjects are featured. In cooperation with the Continuing Medical Education office, seven didactic presentations were given in 2010:

1. “Talking About End of Life Care ... Why We Should Not Be Afraid,” Dr. Dena Green
2. “Esophageal Cancer,” Dr. Guilherme Campos, University of Wisconsin
3. “Colon Cancer Screening,” Dr. Terry Frick, University of Wisconsin
4. “Stem Cell Research Update,” Dr. Timothy Kamp, University of Wisconsin
5. “Liver Metastases from Colorectal Cancer,” Dr. Emily Winslow, University of Wisconsin
6. “Outpatient Thyroid Surgery, State of the Art 2010,” Dr. Bohdan Wasiljew
7. “Topics in Rehabilitation,” Dr. Ronald Garcia

Tumor Board conference is held on the first, third, fourth and fifth Thursday of each month. Breast Conference is held the second Tuesday (even months) or Thursday (odd months) of each month. Participants include doctors, residents, nurses, medical students and other allied health professionals. Educational value is available to those who attend.

For more information regarding Breast Conference or Tumor Board, or to inquire about having a case presented, please call Martha Roberts in the Cancer Registry at (608) 756-6107.
**Malignant Melanoma at Mercy Hospital and Trauma Center: 2000-2008**

B. K. Wasiljew, MD, FACS
Department of Surgery
Mercy Health System

Mercy Hospital and Trauma Center’s experience with melanoma is provided by the Mercy Cancer Registry. Mercy’s data, as compared to the National Cancer Data Base, form the backbone of this report.

Malignant melanoma is the most lethal of all skin cancers and its incidence is, unfortunately, rising faster than any other cancer in the United States. Ultimately, at least one in 74 citizens will be diagnosed with this disease that tends to affect younger patients. Men and women are affected equally.

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**Age Distribution Melanoma**

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<th>30-39</th>
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<td>39</td>
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</table>

**Gender Distribution Melanoma**

- **Female**: 58%
- **Male**: 42%

**NCDB Data from 2000-2008**

- **Female**: 53%
- **Male**: 47%

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**Mercy Health System Volume of Analytic Melanoma Cases by Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
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</thead>
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<td>2009</td>
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</table>
**Malignant Melanoma at Mercy Hospital and Trauma Center: 2000-2008**

**Risk factors for melanoma** are well known and include white skin, fair hair, freckling, personal or family history, excessive childhood sun exposure, and immunosuppression.

At this time, routine population screening is still not helpful. However, people with one or more risk factors are likely to benefit. There is certainly no downside to teaching patients and their families the basics of screening and self-examination for melanoma. Free skin cancer screening clinics are also helpful and are encouraged.

Suspicious skin lesions may be more readily identified by the five (previously four) ABCDE signs. These are: asymmetry, border, color, diameter, and elevation/evolution.

When melanoma is suspected, ideally an excisional full-thickness biopsy should be performed. Sometimes, a punch biopsy or shave biopsy is substituted, but may provide an erroneous stage.

The staging of melanoma depends on its thickness as measured in millimeters to two decimal points. The most recent American Joint Committee on Cancer (AJCC) staging manual dropped Clark level from staging scheme but added >1 mitoses per mm² to ulceration as the two negative features that make a “b” tumor.
First Course Treatment for Melanoma

Most recent studies recommend a sentinel lymph node biopsy for all tumors T1b and thicker. All melanomas require wide local excision down to fascia with 1-2 cm margins and usually primary wound closure.

Patients with negative sentinel lymph nodes require no additional treatment. Those with positive sentinel lymph nodes require full regional lymphadenectomy and are considered for adjuvant immunotherapy with interferon. There is no effective chemotherapy. Radiation therapy is useful sometimes. Studies of interferon therapy have given contradictory results.

Survival is related to the stage at diagnosis. Localized disease survival rates are 88-95%, while only 60% survive regional disease and 9% when melanoma metastasizes. Patients staged by sentinel lymph node biopsy have improved survival over those who do not.

Very close, long-term follow-up is crucial as the risk of developing another melanoma in these patients is over 10 times higher than general population.

5-Year Survival Rates Melanoma 1998-2002

References:
Skin cancer is quickly becoming an epidemic in the United States and around the world. In fact, more than half of all cancers diagnosed are skin cancers. As with most cancers, early detection and treatment of skin cancer are the keys to a cure.

One very successful way to treat the most difficult types of skin cancer, including melanoma, is with Mohs Micrographic Surgery, an outpatient procedure developed by Dr. Frederic Mohs in the 1930s at the University of Wisconsin.

With local anesthesia, the surgeon performs Mohs surgery in stages, first preparing the affected area, then proceeding to remove thin layers of the cancer. These layers are frozen and examined under a microscope. This sequence continues until all cancerous tissue has been removed. This process of immediate and complete microscopic examination of removed tissue ensures that all cancerous “roots” are eliminated.

Mohs surgery has been shown to be a highly effective treatment for certain types of skin cancer, with a cure rate of up to 99% for certain tumors. It is the most precise method for removing cancerous tissue, while sparing the greatest amount of healthy tissue. For this reason, Mohs surgery may result in a much smaller, less noticeable scar, as compared to other methods of skin cancer treatment.

The Mohs procedure is recommended for removing skin cancer in areas where maximum preservation of healthy tissue is desirable for cosmetic and functional reasons. It may also be used for skin lesions that have recurred following prior treatment, or for lesions that have the greatest likelihood of recurrence.
From our patients …

When Irene Enstrom found out she had skin cancer, she was scared. Irene recounts, “Hearing a cancer diagnosis is terrifying, no matter what kind.”

After she had her initial biopsy, Irene went about her day, going to work and getting her hair done. Each person she encountered shared with her their story of skin cancer. “I know people were only trying to share with me, but the stories were terrifying to me.” From hearing about skin cancer spreading, to people being disfigured, Irene could not escape the stories or her own anxious feelings. That all changed when she called Mercy Walworth Hospital and Medical Center in Lake Geneva and talked to Dana, Dr. Manish Gharia’s nurse. Dr. Gharia is a dermatologist and Mohs surgeon.

“I told Dana how scared I was and she knew exactly what to do. She listened to where my fear and anxiety were coming from and helped put my mind at ease. I knew I was in good hands.

“I cannot say enough about how wonderful the nurses and Dr. Gharia were. They explained everything along the way, took their time and never rushed me along. I can’t tell you how much that meant to me. They made what was a serious procedure and diagnosis less scary. I just couldn’t believe what a calming effect each of them had.”

Irene feels very fortunate to have met Dr. Gharia and his team. “It is paramount to be with people who are caring and giving at such a time. I consider each of them my friend.”
Skin cancer is the most common cancer diagnosed in the U.S. Dermatologists—doctors who specialize in diagnosing and treating skin disorders—are at the front line in the fight against skin cancers. Their special in-depth training and expertise puts them in a unique position to identify and treat everything from acne and warts to psoriasis and all forms of skin cancer, including melanoma.

Mercy Health System’s dermatologists and dermatology physician assistants help thousands of patients yearly find answers to their skin-related concerns. Our dermatologists and dermatology physician assistants offer:

- Annual skin checks and screenings
- Complete diagnosis services, including biopsy
- All forms of treatment, from medicines to surgery
- Follow-up care
- Skin care and skin cancer prevention education

To locate a Mercy Health System dermatologist or dermatology physician assistant in your area, please call Mercy HealthLine at (888) 39-MERCY or visit MercyHealthSystem.org.
After-surgery options for skin cancer treatment

Jacob Gerzenshtein, MD
Department of Plastic Surgery
Mercy Health System

The word melanoma is not a pleasant one. Hearing it from your doctor can be devastating. In spite of this, improvements in public education have raised awareness of the disease such that many cases are detected early enough to achieve a cure.

The challenge with the current management of melanoma is that it may result in some noticeable deformities in the soft tissue of the treated areas, leading to significant contours and scarring. Surgically removed tissue cannot be placed back and scars cannot be completely erased. There are, however, ways to minimize the appearance of post-surgery changes, and they are improving all of the time.

Contour deformities are usually due to divots, or depressions, in the soft tissue. The simplest way to address these is to inject the area with a biosynthetic filler. The advantages of this treatment are that it’s simple and quick to do. The disadvantage is that the filler only lasts six months. Bi-annual injections can get costly, and are not likely covered by insurance.

Another method is to remove fat from another area of the body and transplant it to the area in need. This is very cost-effective, can last anywhere from one year to a lifetime, and is not very invasive. It is more time consuming, but may in some cases be approved by insurance carriers.

However, any treatment beyond injecting the area with a filler involves taking soft tissue next to the defect and rearranging it to minimize the effects of a skin depression, or transplanting soft tissue from another body part entirely. Of course, this method is more invasive than a filler, and creates new incisions in the donor areas. However, for multiple reasons and where possible, fat grafting is recommended.

Scars, often a concern for surgery patients, can be softened to be less noticeable. The easiest method to reduce a scar’s redness and thickness is to use silicone sheeting or gel. These are widely available over the counter, and do not need to be an expensive brand. Sheetng and gel are affordable and easy to apply. They are likely the most effective treatment we have for scars today, barring surgery.

If the appearance of a silicone-treated scar is still unsatisfactory or very noticeable, the scar may be surgically removed and brought together in a thin line. Afterward, it can be dermabraded (sanded down) to match the height and appearance of surrounding skin more closely.
The hematology/medical oncology clinic of Mercy Regional Cancer Center is located on the second floor of the Sister Michael Berry Building on the Mercy Campus, Janesville. Additional services are offered at the newly expanded Mercy Walworth Hospital and Medical Center in Lake Geneva.

The clinic provides care to patients with hematology (blood related) or cancer diagnoses. Our care team includes medical oncologists, a nurse practitioner, registered nurses, medical assistants, a social worker, a patient financial counselor and support staff including a medical records clerk and several receptionists. All care team members work together with the common goal of giving quality, compassionate care to the patients who enter our doors seeking our services. On-going communication with the patient’s primary care doctor, radiation oncologist and/or surgical oncologist is maintained to ensure continuity of care.

Individualized chemotherapy treatments are given to patients in our spacious infusion room by specially trained RNs under the direction of the medical oncologist. Chemotherapy treatment plans are based on numerous factors, including the patient’s cancer type, stage of disease, and the patient’s response to treatment. These treatments are based on well-established protocols as well as new and innovative approaches to fighting cancer. Our nurses also provide supportive treatments like intravenous infusions, lab draws, injections and immunizations.

Our hematology/oncology patients also have the option to participate in national clinical trials. Mercy’s hematology/oncology clinic is affiliated with the Eastern Cooperative Oncology Group of the National Cancer Institute, as well as the Wisconsin Oncology Network. Chemotherapy treatments for breast cancer, lung cancer and colorectal cancer are just some of the clinical trials available through these affiliations.

608.756.6871  800.928.1103

Mercy Regional Cancer Center: hematology/medical oncology

Mercy Regional Cancer Center
hematology/medical oncology clinic mission statement

The Hematology/Medical Oncology Clinic of Mercy Health System exists to provide patients superior care and state-of-the-art therapy for cancer and blood disorders. The Mercy Hematology/Medical Oncology Clinic will achieve a high level of patient satisfaction through coordination of treatment, commitment to quality, superior patient care, and an exceptional degree of caring and compassion for our patients and their families.
My husband and I have two sons in college. Our youngest son just went to college this fall, so we are empty-nesters.

I have been a registered nurse for 29 years and attended Madison General Hospital (MGH) School of Nursing. I was offered my first job on a medical oncology floor at MGH and that’s where my career began. Little did I know then that this is where God wanted me to be.

For a good 27 years, I have worked in oncology with most of that time spent in a clinic setting. I thought I was burned out in oncology a couple of times and took jobs in different areas. But each time it never seemed a good fit and I always came back to oncology. I now feel that this is what I was meant to do. It is my calling in life.

I was thrilled when the position came up in Mercy’s oncology clinic 16 years ago. I had small children at the time and did not want to commute to Madison anymore. I also like the smaller clinic atmosphere. We get to know our patients and their families quite well and I think this leads to greater patient satisfaction.

We have a wonderful, dedicated team of doctors, nurses and staff in the oncology clinic—we are a family within ourselves. I believe our patients feel our sense of commitment to what we do every day, giving them a sense of security and confidence at a very scary time in their life.

When I am asked what area of nursing I work in and I tell people oncology, the usual response, along with a sad face, is, “Oh, that must be really hard.” And I usually say, “Some days are difficult, but I have met and cared for so many special people that have blessed and enriched my life.” If a patient feels that I have done the same for him, and that I have helped make a scary time a little less scary, then I have made a difference. And that’s what it’s all about.

I now feel that this is what I was meant to do. It is my calling in life.
-Molly Kempema, RN
Thom as’s brother-in-law, Art Langlois of Michigan, was diagnosed with melanoma and went through 18 different surgeries and 10 very hard treatments to try to help treat his cancer. Art said most people who went through the treatments didn’t make it past the first one because they are so hard on the body. Unfortunately, after completing the treatments, the doctors weren’t able to get his brother-in-law’s cancer under control and he passed away.

In February 2010, Thomas was diagnosed with Stage 4 melanoma and didn’t know if he wanted to endure the hardship and fight he saw his brother-in-law go through. He wasn’t sure he even wanted to treat his cancer. Fortunately, an opportunity to be part of a new set of clinical trials for treatment became available and Thomas said, “God was looking out for me.”

Thomas started his first clinical trial, using Luptima, with Dr. Samuels and his nurse Becky at Dean Health System. During his treatment, Thomas’s employer changed health insurance plans from DeanCare to MercyCare. Thomas then continued his treatments at Mercy with Dr. Emily Robinson and Linda Brethauer, APNP.

They are great at getting me the right medicines to help with side effects ...

-Thomas Chapin

Thomas is very happy with Dr. Robinson and Linda and says he felt they picked up right where Dr. Samuels left off without a hitch. “They are great at getting me the right medicines to help with side effects and other complications associated with the treatments,” said Thomas.

Since going through the clinical trials, his MRIs have shown visible improvements and other medical tests have shown less cancer. Thomas equates the improvements to “less than half. Fewer spots are showing signs of the cancer too.”

Thomas is so grateful for the treatments and care he is receiving because he can spend more time with his grandchildren, whom he adores.
At the Mercy Regional Cancer Center, we continually strive to offer cutting-edge treatments in a coordinated care approach to ensure the best possible patient experience and provide access to the latest advances in cancer care, close to home.

When patients with newly diagnosed cancer are seen in the medical oncology clinic, they are often considered for clinical trials. As members of the Eastern Cooperative Oncology Group and the Wisconsin Oncology Network, we have several phase II and phase III trials available for patients with the most common diagnoses. Our clinical trial program opened in 1997, and we currently have 17 trials open for accrual in breast cancer, lung cancer, colorectal cancer, prostate cancer, melanoma, multiple myeloma, and chronic lymphocytic leukemia/small lymphocytic lymphoma.

Most of the trials open at Mercy Regional Cancer Center are large, phase III clinical trials comparing promising new treatments with standard treatments. We also have a few phase II trials that are testing new treatments in smaller groups of patients to determine effectiveness. Our patients have recently participated in trials that led to the FDA approval of several new cancer therapies.

The clinical trial program closely works with the Mercy Health System Institutional Review Board (IRB) to make sure the patient’s needs are being met. The IRB is made up of physicians, community representatives and clergy. The IRB approves all studies before they are opened, and monitors the research on a regular basis. The role of the IRB is to protect the rights of research participants and to ensure the safety of the patients participating on trials.

Our research team consists of the patient’s oncologist, the research nurse and data manager, the principal investigator, the chemotherapy nurse, and the oncology nurse practitioner. Each member has a specific role in making sure patients participating on research studies are treated according to the protocol in a safe manner. One advantage of clinical trials is the extra attention patients receive before, during and after their treatments.

Clinical trials are an opportunity for patients to benefit from advances in cancer care. Through our community program, many patients are able to receive the newest treatments close to home, without having to travel to a larger city. If there is not a clinical trial available for patients locally, our research team has access to researchers at nearby major universities and cancer centers, and is able to help interested patients navigate the way to appropriate care.

If you’d like more information about your suitability as a clinical trial participant, talk to your doctor or call the Mercy Regional Cancer Center at (608) 756-6871 or toll-free (800) 928-1103.
Mercy’s clinical trial program

Your cancer clinical research team

Oncologist
- Identifies patient for clinical trial
- Conducts discussion of risks and benefits
- Obtains informed consent
- Directs study treatment as outlined by the protocol
- Monitors response and side effects

Research nurse/data manager
- Screens patient for eligibility
- Monitors treatment plan, response and toxicity
- Collects data to send to study sponsor
- Reports adverse events to sponsor and the National Cancer Institute
- Communicates with IRB

Principal investigator
- Reviews potential studies for participation
- Presents new studies and follow-up reports to IRB regularly
- Oversees adherence to study protocol
- Reviews adverse events in study patients

Oncology social worker/counselor
- Meets with all new cancer patients
- Provides emotional support before, during and after treatment
- Provides resources for patients as needed

Chemotherapy-certified oncology nurse
- Administers study treatment
- Monitors side effects

Oncology nurse practitioner
- Monitors patients between visits with oncologist
- Assesses for side effects
Genetic testing for hereditary cancer syndromes

Genetic information and testing is a part of cancer care. Individuals who are diagnosed with breast, ovarian, colon and/or other specific cancers at a young age, or have a strong family history of those cancers, are recommended to receive personalized information and counseling for hereditary cancer syndromes.

Some families have a gene mutation that can be passed from parent to child, causing an increased risk for particular cancers. Mercy Health System provides counseling and assistance with testing for hereditary breast/ovarian cancer syndrome and hereditary colorectal cancer.

Most individuals tested will not have the gene mutation. In fact, less than 10% of those tested are found to have the gene mutation that increases their risk of cancer. Patients who have the gene mutation are offered treatment options that significantly decrease their risk of developing cancer.

Family members may also be tested. If there is a gene mutation in the family, each person has a 50% chance of inheriting it. Genetic testing is recommended when certain risk factors or “red flags” are present. These include:

- Being diagnosed with breast, colon, intestinal or uterine cancer before the age of 50, or ovarian cancer at any age.
- Strong family history of a combination of these cancers.

Genetic testing can be a valuable tool for decreasing the risk of cancer in families with these gene mutations, and for decreasing anxiety in individuals without the gene mutation.

If you or your family has any of the “red flag” risk factors for having hereditary colon cancer syndrome, or hereditary breast/ovarian cancer syndrome, talk to your doctor about your concern.
We are excited to be able to offer the same high-quality radiation oncology care to residents of Janesville and surrounding communities that used to be seen only in larger hospitals and medical centers. Treatment options available at the Mercy Regional Cancer Center include external beam radiation therapy, intensity modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT), high-dose rate brachytherapy (HDR) including Mammosite®.

But we are committed to always raising the bar. In fact, Mercy Regional Cancer Center’s radiation oncology department has some exciting changes in store. Construction is underway within the Regional Cancer Building to accommodate a new Siemens® ARTISTE linear accelerator, and the installation of Mosaiq™, a new, high-tech record-and-verify system that will enhance Mercy’s already cutting-edge practices.

We now treat nearly 300 patients annually on our Siemens® Primatom unit. This unit offers excellent image guidance due to its built-in computed tomography (CT) scanner. This allows for the daily check of a patient’s treatment location to ensure accuracy measured in millimeters.

The Center’s Lantis record and verify system, which verifies all treatment parameters, will be updated to Mosaiq™, which has the same precise verification ability, but allows us to implement a fully electronic medical record. This will help us go green by becoming paperless while still providing precise radiation treatments.

One of the most significant assets of the radiation oncology department is the staff. Our team consists of a radiation oncologist, a medical physicist, dosimetrists, radiation therapists, plus a registered nurse, case manager and patient financial counselor. Support services are provided by our friendly receptionist and cancer registry staff.

Our team members come from a wide variety of health care settings, including large metropolitan hospitals. The expertise they bring from their former jobs, as well as the education they receive at the continuing education conferences they attend annually, combine to offer our patients the best of the best close to home.

During the course of radiation treatment, our patients visit every day, Monday through Friday, for five to seven weeks. Our staff takes pride in putting patients first and providing the highest quality care available. Our patients have very positive statements about the care they receive and the relationships they form:

“From the very first set-up session, I felt the team was dedicated to doing their part in making me cancer-free. I looked forward to each radiation session as one more day of assurance that the cancer wouldn’t come back.”

“I will always be thankful for your dedication and compassion, and will miss seeing all of you.”

“I will never forget your kindness and caring ways.”

The Mercy Regional Cancer Center has always been dedicated to providing the finest quality care and the best equipment and services to the patients, families and communities it serves. This is evident in the Center’s continued updates in equipment and the staff’s continued education.

Mercy Regional Cancer Center’s radiation oncology department is located in the Regional Cancer Building on the Mercy Janesville Campus, adjacent to Mercy Hospital and Trauma Center and the Sister Michael Berry Building and parking structure.

608.756.6500   800.261.6565
I have always known that my purpose in life is to help people, although I was not sure how I was going to fulfill that purpose until my third year at the University of Wisconsin-La Crosse, where I was introduced to the field of radiation therapy. I knew immediately that this was where I belonged. I completed my undergraduate degree in radiation therapy in 2004.

I yearned for a challenge and a life on my own so I moved to Colorado. There I was able to pursue my dream and train in medical dosimetry. A medical dosimetrist creates the treatment plan for each patient based on the radiation oncologist’s prescription for a treatment volume, which is determined from the patient’s CT scan images. My job is to ensure the treatment volume receives the prescribed radiation dose, while minimizing the dose to surrounding normal structures. This is accomplished through the manipulation of beam angles, beam energy and various beam modifiers.

After moving back home to Wisconsin six years later, I started working at Mercy in May 2011. I am so thankful that I was offered the job here. Before I started with Mercy, I was uncertain about my decision to enter the field of medical dosimetry, but working here has helped me realize that I really do love dosimetry and the field of radiation therapy in general; in fact, I recently finished my Master of Science degree in medical dosimetry.

Mercy has given me the opportunity to work with an amazing group of professionals who put the patient first no matter what. I can honestly say that I would trust each and every one of my coworkers to treat one of my family members under Dr. James Richardson’s direction. Dr. Richardson puts 100% into every single treatment plan that crosses his desk and ensures each patient receives the optimal treatment by keeping up with recent clinical studies and the ever-changing technology in radiation oncology.

One of the things I like best about working here is the extraordinary teamwork. Everyone in our department works together to ensure the patients are our number one priority. After all, the patients are the reason we love our jobs and look forward to coming to work each day. They constantly amaze us and motivate us to see life’s challenges in a more positive light. They come in for their daily treatments with a smile on their face and an upbeat attitude. They make our jobs and our lives worthwhile. Our patients are what make this job so rewarding.

Jennifer Hagen, MS, CMD, RT(T)
Department of Radiation Oncology
Mercy Health System

“Everyone in our department works together to ensure the patients are our number one priority.  
-Jennifer Hagen, MS, CMD, RT(T)"
“About five years ago, my sister, Sister Mary James Geenen, was diagnosed with peritoneal cancer by a doctor in Milwaukee. Following surgery, also in Milwaukee, she started chemotherapy at the Mercy Regional Cancer Center. She stopped treatment in March 2011.

“Sister Mary has lived a very giving and rewarding life. Throughout her 92 years, she has lived throughout the Midwest. She has lived in Beloit for the past 20 years and has a very strong bond with the Lady of the Assumption Church there. Together, we have been very active, visiting patients at local hospitals, tutoring children and teaching religious education. Sister Mary has also delivered Meals On Wheels.”

“Sister Mary had excellent care at the Mercy Regional Cancer Center by all of the well-trained nurses. We were especially pleased with Dr. Emily Robinson and Linda Brethauer, APNP, because they took time with us—as much time as we needed—to make sure we understood everything. They also were very helpful at providing suggestions to combat various side effects of the cancer therapy. My sister felt very privileged to be taken care of at Mercy.”

As told by Sister Rose Marie
**Mercy Regional Cancer Center: surgical oncology**

Patients whose cancer treatment regimen requires surgery look to the Mercy Regional Cancer Center’s surgical oncology department, staffed by board certified surgeons and support professionals with years of experience. Our surgeons’ offices are located at the Terrace Building, just across the parking lot from Mercy Hospital and Trauma Center, where the surgical procedures are performed. The surgical oncology department employs:

**Technologically advanced procedures, including minimally invasive techniques that use a small scope.** The small incision needed for the scope to enter the body offers the advantages of faster in-hospital recovery, faster healing, less pain, and minimum risks as compared to traditional surgical techniques. Screening, surveillance and diagnostic upper and lower gastrointestinal fiberoptic endoscopy is also provided by the department.

**A wide variety of cancer-related surgeries for all stages of cancer treatment.** These include removing cancers completely in the majority of patients to permanently cure them; removing cancer that has spread (metastasized) beyond the original tumor; removing the majority of malignant tissue (called debulking) in preparation for chemotherapy; and reconstructive surgeries that help patients look and feel their best, leading to emotional healing.

**Continuous multidisciplinary review of individual cases, through pathways such as the Tumor Board and the Mercy Cancer Registry.** In this way, Mercy’s surgical oncologists review and implement quality controls, provide and receive ongoing physician education, and evaluate existing technology to guarantee our patients receive quality care that’s held to the highest standards.

608.756.7277
From our partners ... 

Kathy Stuttgen, RN
Department of General Surgery
Mercy Health System

My nursing career spans almost 45 years. Thirty of those years are with the general surgeons, having been Dr. Steven Falk’s full-time RN since 1981. So many changes, sometimes, so little time.

I feel an affinity to our patients who have cancer. Gratefully, there have been many advancements. But each time I hear a diagnosis, it evokes a visceral reaction within me. Something kicks in, and I feel a connection with my patient. I can sense what they must also be experiencing. With my own family, I’ve walked through the seasons of cancer diagnosis: the fall of devastation, the winter of treatment, the spring of recovery and the summer delight of living on.

We assure our cancer patients that we have excellent resources within our system, from knowledgeable doctors, to a fully supportive staff, to state-of-the-art technology and facilities. Cancer patients are desperate for direction and so appreciate any help with navigation through the processes.

Over my years of experience, I’ve gained confidence as a nurse. In helping ease my patients’ burdens of anxiety and helplessness, I benefit in reward and fulfillment as well. There are occasions of seeing second and even third generations of families reaching out for a helping hand, a tissue, a ray of sunshine. Through the healing process, I love to see their smiles and hear their stories.

As I near the seasonal change of my career, I will eventually leave my job, but I will always be a professional nurse. Mercy has provided the avenue for me to always extend better care, with all my heart, with all my mind.

Through the healing process, I love to see their smiles and hear their stories.
-Kathy Stuttgen, RN
Phillip grew up not really too concerned about skin protection or staying out of the sun. However, that all changed in 2011.

Phillip was concerned about a spot on his left shoulder that itched and hurt. “It just never healed, so I thought I better have someone take a look at it,” he said. That is when he sought the care of Tina Schnell, PA-C, a dermatology physician assistant at Mercy Clinic East in Janesville.

As Tina took a look at the spot and performed an overall skin check, she discovered another spot on his upper back that looked even more suspicious. It was black and irregularly shaped, but because of its location on the body, Phillip never even noticed it. Tina suspected melanoma and referred him to Dr. B.K. Wasiljew, general surgeon at Mercy Regional Cancer Center. Dr. Wasiljew performed a biopsy that showed it was indeed melanoma.

Phillip was in shock at the discovery but really credits the overall skin check that caught the cancer. A grateful Phillip said, “If Tina only looked at that one spot, we would have never found the melanoma.” He was relieved to find out that his lymph nodes showed no cancer and his recovery was smooth.

Phillip is very thankful to everyone who helped him through this stressful time, especially Dr. Wasiljew and Tina Schnell. “I don’t know where I’d be without them.”

Today, Phillip is very much aware of the sun’s affect on the skin and wants everyone to know this too. From avoiding the sun, when possible, and wearing a hat and shirt outdoors to applying sunscreen liberally, he hopes everyone will take precautions.

—from our patients …

If Tina only looked at that one spot, we would have never found the melanoma.
-Phillip Becker
Hospitalists ensure exceptional inpatient cancer care

Doctors who devote most of their practice to providing care to hospitalized patients are called hospitalists. They are experts in treating very sick patients requiring comprehensive inpatient care and are available to patients around the clock each and every day.

Mercy’s cancer team works closely and collaboratively with hospitalists at Mercy Hospital and Trauma Center, offering the best possible care for our patients. In many cases, Mercy hospitalists take responsibility for the care of our cancer patients during their hospital stay.

When a patient requires hospitalization, the oncologist contacts the hospitalist team to make arrangements. After discussing the patient’s history and treatment details, they work together to formulate the patient’s inpatient treatment plan.

During the patient’s hospitalization, Mercy hospitalists offer evaluation and treatment, and frequently consult with the patient’s oncologist. While the patient’s oncologist stays involved during the entire hospital stay, most of the patient’s ‘round-the clock care is provided by hospitalists.

The patient’s complete electronic medical record is accessible to all collaborating doctors at all times; this ensures timely and accurate communication between doctors and nurses, and the best possible treatment for the patient.

Once the patient is discharged from the hospital, he is scheduled for follow-up care with his primary care doctor and oncologist.

Mercy Hospital and Trauma Center’s hospitalist services are provided by:

M. Javaid Akbar, MD
Heather Chady, APNP, RN
Juan Hernandez, MD
Mark W. Menet, MD
M. Jawad Miran, DO
Balvindar S. Sareen, MD, MBA
Gabriel Szekely, MD

Hospitalist, board certified internal medicine
Hospitalist services, advance practice nurse practitioner
Hospitalist, board certified family medicine
Hospitalist, board certified internal medicine
Hospitalist, board certified internal medicine
Hospitalist medical director, board certified internal medicine
Hospitalist, board certified family medicine
Mercy Palliative Care Program

Keith A. Konkol, MD
Director of Mercy Palliative Care Program

Since January 5, 2009, Mercy Hospital and Trauma Center has had an active in-hospital palliative care consultative service.

The World Health Organization has succinctly stated that, “palliative care affirms life and regards dying as a normal process, neither hastens nor postpones death, provides relief from pain and other distressing symptoms, integrates the psychological and the spiritual aspects of care, offers a support system to help patients live as actively as possible until death, offers a support system to help the family cope during the patient’s illness and in their own bereavement.” In light of that definition, the Mercy Palliative Care Program strives to offer a high-quality service for patients, and their families with serious or life-limiting illness who are seeking life-prolonging or curative care, or are nearing the last stages of life.

The Mercy Palliative Care Program accomplishes these goals by using an interdisciplinary team approach. This team includes the patient’s primary care physicians, medical and nursing specialists in palliative care, direct care nurses, clergy and discharge planners. By using the interdisciplinary team, patients and their families have the opportunity to discuss and plan the complicated goals of care, code status, transition to hospice, symptom management and their care at the end of life.

Many studies have shown that effective palliative care can manage fatigue, anxiety, breathlessness, nausea, depression, constipation and other distressful patient symptoms. A recent study demonstrated patients with advanced lung cancer actually lived longer when they were involved with early palliative care intervention in their diagnosis when compared to those patients who were not offered palliative care until later.

Although this report focuses on patients with cancer, the benefits of palliative care can also be used in patients with congestive heart failure, emphysema, AIDS and other serious illnesses.

The Mercy Palliative Care Program strives to coordinate complicated medical decisions through communication and excellent medical care to provide the highest quality of life possible for our patients with serious and life-limiting illnesses.
Mercy Hospice Care

We’re here when you need us most

Hospice is a philosophy of caring, respecting, supporting and honoring the needs of an individual with a terminal illness and his family.

The goal of hospice is to improve the person’s quality of life by managing his pain and symptoms so his final days can be spent in comfort and with dignity.

Mercy Hospice Care’s team is here to offer help at life’s most difficult time. At the center of the team is always the person receiving hospice care. His needs, desires and comfort come first and are central to all forms of care he receives.

Also in his circle of care are his friends and family and Mercy’s hospice-trained staff, including doctors, nurses, social workers, chaplains, therapists, dietitians, bereavement counselors and volunteers.

Mercy Hospice Care offers its services to patients wherever they call home—in their own home, in a hospital, in an assisted living facility or a nursing home. Respite care for caregivers is also available.

Mercy Hospice Care offers an extensive bereavement program that includes grief care support groups, monthly mailings, quarterly memorial services and individual counseling when requested. To learn more about our GriefCare Support Group, see p. 39.

Anyone can make a referral to Mercy Hospice Care. We’re here to help. To learn more, or to schedule an evaluation visit, please call (608) 754-2201 or toll-free (800) 369-2201. You may also visit MercyHospiceCare.org.
Mercy Home Health Care

A comforting complement to Mercy Hospice Care

Mercy Home Health Care’s Journey Program offers a different type of care for individuals still actively seeking treatment, but still needing help with symptoms. Journey’s cross-trained nurses can offer chemotherapy and pain management in a person’s residence. If the person’s condition becomes worse, the same nurses will gently help the person transition to hospice care.

Mercy Home Health Care also offer its patients telemonitoring, a special at-home service that collects and records a patient’s vital health information and sends it to a nurse, over the phone lines, for review seven days a week.

The benefits of telemonitoring are many. It:
• Records health statistics such as weight, temperature, blood pressure and blood oxygen levels
• Can alert a Mercy Home Health Care nurse to a patient’s change in health status
• Provides early detection of health problems
• Reminds patients to take their medicines and eat their prescribed diet
• Asks health-related questions and records the answers
• Encourages patients to take better care of themselves
• Saves the patient from making many stressful visits to the hospital and clinic
• Offers a sense of security for patients and their families.

To learn more about Mercy Home Health Care’s Journey Program or telemonitoring, please call (608) 754-2201 or toll-free (800) 369-2201. You may also visit MercyHomeHealthCare.org.
Pathology’s important role in cancer care

Over the last 50 years, cancer has become a more common disease, with increased numbers of both diagnoses and deaths. With lung, colon, breast, prostate and other cancer rates steadily rising each year, early detection has become a primary tool to manage cancer. At the forefront of early detection are pathologists around the world.

Imagine you’re in your doctor’s office getting a basic checkup, but your doctor finds something wrong during your physical examination. With further testing, a small mass is found. Your primary care doctor or another specialist will biopsy this area, most likely taking a tissue or fluid sample for further diagnosis. The biopsy sample is then sent to the pathology department, where it will be analyzed to determine the disease.

Unsung heroes of the medical world, pathologists deal in determining the nature, cause of, and ultimate treatment of disease in patients. The vast majority of cancer diagnoses are made or confirmed by pathologists. While pathologists don’t see patients directly, they act as consultants and diagnosis specialists to other doctors, offering their advice and diagnoses for the classification, stratification, and ultimate treatment of a disease, cancerous or not.

Pathology, by definition, is the study and diagnosis of disease through examination of tissues, organ systems, body fluids and even autopsies. Using hospital and other clinical laboratories, pathologists and lab technicians work to tirelessly test samples and diagnose disease through molecular, microscopic and chemical testing, ensuring that each patient receives the correct diagnosis and treatment.

The Mercy Health System Pathology Department is here for the diagnosis and determination of disease. Ensuring that all patients are cared for correctly and comfortably is a big part of Mercy Health System’s commitment to the communities it serves, and our pathology department is on the front line of diagnosing, treating, and stopping disease in its tracks.
Mercy's new da Vinci Si HD Dual-Console Surgical System provides surgeons with an alternative to traditional laparoscopic or open surgeries, putting a surgeon’s eyes and hands at the controls of a state-of-the-art robotic platform. The da Vinci system enables Mercy surgeons to perform even the most complex and delicate procedures through very small incisions with unmatched precision.

To a surgeon, da Vinci surgery looks and feels like traditional surgery, but with more intricate robotic capabilities. With greater color magnification and depth of field, the da Vinci Surgical System’s high-resolution 3-D vision provides surgeons improved clarity and detail of tissue and anatomy—critical factors when performing delicate procedures.

Da Vinci’s dual consoles also allow two Mercy surgeons to simultaneously collaborate during surgery. This ensures that two surgeons—meaning two sets of eyes, hands and skills—are involved in the surgery.

To learn more about the da Vinci, visit daVinci.MercyHealthSystem.org, or call (877) 922-2350.

Benefits to our patients:

• Reduced complications
• Reduced hospital stays
• Reduced recovery time
• Requires just a few tiny incisions for minimal scarring
• Faster post-surgery recovery (days versus weeks)
• Significantly less pain and less blood loss
• Less risk of infection
• Faster return to normal activities
• Overall increased satisfaction
Having cancer is hard. Finding help shouldn’t be.
No matter what you need, the American Cancer Society can help.

- Easy-to-understand information to help you make decisions about your care
- Referral for day-to-day questions such as financial, insurance, transportation and lodging
- Connections to others who have been there for emotional support

American Cancer Society Cancer Resource Network goals
- Reach more newly diagnosed patients, with a focus on the medically underserved
- Deliver timely information and support programs
- Promote informed decision-making
- Enhance quality of life for cancer patients, survivors and caregivers
- Enhance our relationships with patients, survivors and caregivers
- Allow for a coordinated approach to promote ACS programs and services

The American Cancer Society is able to provide support to cancer patients through its fundraising efforts. Events such as Daffodil Days, Walk/Run, and Relay for Life supply the necessary funding to continue the mission of the American Cancer Society.

Mercy Health System is proud to continue to partner with the American Cancer Society through sponsorships and support services. In 2011, the American Cancer Society raised more than $66,000 in the Janesville area, with the help of Mercy Health System participants.

American Cancer Society Cancer Resource Network offerings

Information
- 24-hour free phone help: (800) 227-2345
- On the Internet: www.cancer.org
- Advice on clinical trials
- Tools to help with your treatment

Day-to-day help
- Help finding transportation and lodging
- Help with prescription medicine questions
- Help with financial and insurance questions

Emotional support
- Help finding local support groups
- Cancer education classes
- An online community for cancer survivors and their families

Help us fight for more birthdays
Mercy Foundation

Since the late 1800s, Mercy Health System has saved thousands of lives, brought tens of thousands of babies into the world, and improved the health and well-being of millions of individuals throughout southern Wisconsin and northern Illinois. In the work we do, there is no one and nothing more important than you and your experience with us.

Through Mercy Foundation, two cancer-specific funds honor a Mercy patient and a Mercy partner.

The Chrissy Fund was started by Bill Tischer whose wife Chrissy passed away in April 2011 at Mercy Hospital and Trauma Center due to a rare form of uterine cancer. Bill wanted to find a way to carry on his “wife’s glory” by suggesting a fund in memory of his wife to help other families who go through similar medical experiences. To date, the Chrissy Fund has purchased three sofa sleepers for families to use while their loved ones are in the Mercy Hospital and Trauma Center intensive care unit.

The Holly J. Barten Fund was started by the family of Holly, a longtime Mercy partner who passed away due to cancer. In Holly’s memory, the fund serves as a resource for people living with the effects of cancer. Beneficiaries of the fund can include a Mercy patient, volunteer, partner or family member of a Mercy partner. The funds can be used to allay the expenses of treatment.

Other funds you may earmark your donation to include:

- General fund
- Mercy Regional Cancer Center
- Mercy Hospice Care
- House of Mercy Homeless Center
- Mercy Health System Family Medicine Residency Program
- Mercy Medical Technology Fund
- Mercy Regional Plastic Surgery, Skin and Laser Center

In addition, our Grateful Patient donor program offers you a way to show your appreciation for a Mercy caregiver—a doctor, nurse, technician or other Mercy partner—who touched your life. Your gift of gratitude becomes an instrument of healing for others and can be used in any number of ways at your request.

For information about the Mercy Foundation, or how to donate, please call (608) 755-8821.
Mercy Cancer Resource Center

Whether you need reliable information on a particular type of cancer or simply want some privacy when you visit the medical oncology and hematology clinic, you’ll find that and more at our Cancer Resource Center, located off the main waiting area in the Mercy Michael Berry Clinic.

Here, you have multi-media access to a wealth of information about various types of cancer, nutrition, coping strategies for symptoms and side effects of treatment, communicating with family and work, support groups, and local and national cancer-related resources. You are welcome to take and keep these resources, or return them when you are finished so that others may use them.

The Center also is a place to find refuge on days when you need some privacy, you aren’t feeling well, or have low white blood counts and want less interaction with others.

Feel free to enjoy the coffee and cookies, and use the computers with free Internet access to check your Mercy MyChart account or other websites. The Mercy Cancer Resource Center is open during regular business hours.
Support services

Mercy Regional Breast Center
Breast cancer is the second leading cause of cancer death in women in the U.S. Regular screening, including monthly breast self-exams, is vital in order to find and treat breast cancer early. The Mercy Regional Breast Center now offers digital diagnostic and screening mammography, plus breast MRI, breast ultrasound, stereotactic breast biopsy, and DEXA bone density testing. For more information, call the Center at (608) 741-6999.

Especially for breast cancer patients
Whether you’ve had a lumpectomy or a mastectomy, Mercy’s certified post-mastectomy fitters at the new Women’s Boutique at the Mercy Health Mall in Janesville can enhance your quality of life by helping you find just the right breast forms and bras. They meet with each woman privately to assess her needs and suggest products for a natural appearance and all-day comfort. The Women’s Boutique carries the top brands in breast forms and bras, and also offers breast form covers, bra extenders, swimwear, lingerie, lymphedema sleeves and pumps, turbans, hats, lotions and product cleansers. For appointments and more information, call (608) 755-7989 or toll-free (800) 279-5810.

Community cancer screenings
For most cancers, finding and treating them early are the keys to living a longer life and enjoying a better quality of life. Early detection is key to winning the war on cancer. Mercy Health System offers periodic cancer screenings—most are free—throughout the year. Call Mercy HealthLine at (888) 39-MERCY or visit MercyHealthSystem.org for more information about upcoming screenings.

Mercy Complementary Medicine Center
True health requires a delicate balance of physical, emotional and spiritual wellness. When that balance goes awry—as it often does with cancer—your health may require several forms of medical treatment. That’s where complementary medicine’s greatest strength lies. As its name implies, it is used as a complement to conventional medicine, and the two together can offer powerful medicine that can restore health.

Whether you choose acupuncture, chiropractic or massage therapy as a complement to your traditional treatment, you’ll find the experience and understanding you want at the Mercy Complementary Medicine Center, located inside the Mercy Health Mall, Janesville. While its practitioners work closely with Mercy’s physicians, a physician referral is not required to make an appointment. For more information, call the Center at (608) 741-6799.

Help for emotional healing
Having cancer means more than treatment for the disease itself. Some individuals struggle with anxiety, depression and other emotional problems that require more than talking with family members or friends. When life seems overwhelming, the mental health therapists, psychologists and psychiatrists at Mercy Options Behavioral Health Services are here to listen and help you heal. For referral information, please call (800) 341-1450.

Exercise programs:
Journey to Health Exercise Program
This is an exercise and stress management program designed to help cancer patients combat the effects of cancer treatment and improve their quality of life. Offered at the Mercy Cardiac Fitness Center at the Mercy Health Mall, Janesville. For complete information, call (608) 755-7996.

Financial counseling
Mercy’s oncology patient financial counselor assists patients with their concerns about the unexpected costs of treatment and/or lack of insurance coverage. This includes help deciphering forms and referrals to appropriate community resources. For more information, call (608) 756-6500.
Support services

A health library at your fingertips
You may have general questions about your condition outside of your doctor’s appointment. If you have access to the Internet, you have access to the comprehensive health library at Mercy Health System’s website, MercyHealthSystem.org. Here you’ll find a huge online library that discusses conditions, procedures, medications, natural and alternative treatments, plus offers a dictionary, interactive tools and more—in English or Spanish.

Comprehensive Inpatient Rehabilitation
Some cancers require only a quick fix. But others may require hospitalization and rehabilitation to address serious side effects caused by treatment. When these patients are discharged from the hospital, but are not yet ready to return home, the Comprehensive Inpatient Rehabilitation Unit (CIR) at Mercy Hospital and Trauma Center provides an excellent option. CIR’s experienced team of physicians, therapists and rehabilitation nurses design patient-specific treatment plans to help each patient achieve his or her greatest level of function and independence. When patients are almost ready to return home, a therapist will visit the home and assess it for safety concerns and make recommendations. Acute care coordinators will also coordinate any services needed after discharge from the CIR. A physician’s referral is required to enter CIR programs.

Lymphadema Treatment Program
Cancer treatment that includes radiation therapy or removal of lymph nodes can sometimes lead to lymphedema, a condition characterized by uncontrolled swelling of a limb. If left untreated, the damage caused by lymphedema is irreversible and progressive. Prevention is the key. However, if it does occur, Mercy’s Lymphedema Treatment Program can be very effective in helping individuals learn to control their condition and improve their quality of life.

A physician’s referral is required to begin therapy. For more information, call the Mercy Sports Medicine and Rehabilitation Center in Janesville at (608) 755-7880, or in Lake Geneva (Mercy Walworth Sports Medicine and Rehabilitation Center) at (262) 245-4980.

Nutrition counseling
According to the American Cancer Society, a third of all cancers are related to diet and activity factors. Maintaining a healthy weight—and thus lowering your risk of getting cancer—is made easier by knowing what to eat. Knowing what to eat is also a concern for those battling cancer. Mercy Health System has several registered dietitians who can help you make healthy choices. A physician’s referral is required. For more information, or to make an appointment, call Mercy HealthLine at (608) 756-6100 or (888) 39-MERCY.

Mercy Orthotics and Prosthetics Center
Some cancer treatments can affect walking and movement or require the removal of a limb. The certified orthotists and prosthetists at the Mercy Orthotics and Prosthetics Centers are experts at fabricating and custom-fitting orthopaedic braces and prosthetic devices to help improve the patient’s quality of life. To find a center near you, call Mercy HealthLine at (888) 39-MERCY.

Mercy Pain Center
The physicians and nurses at the Mercy Pain Center, located on the ground floor of Mercy Hospital and Trauma Center, offer consultation for complex pain problems, whether chronic or acute. Upon referral by a physician or health care professional and acceptance into the program, the patient receives a comprehensive evaluation and individualized pain management plan. For more information, call the Center at (608) 756-6049.

Pastoral care
Part of Mercy’s mission is to meet the spiritual needs of all patients, including those in our cancer treatment programs. When indicated or requested, our hospital chaplain will meet with patients and family members to assess spiritual needs. We are happy to make a referral to the patient’s own faith group for spiritual care and our chaplain will provide direct care when there is no faith group affiliation or when that person is unavailable. We also provide a chapel and healing garden at Mercy Hospital and Trauma Center as serene spaces for prayer, meditation, and reflection. For more information about Mercy’s pastoral care, call (608) 756-6000.
Support services

Mercy Regional Plastic Surgery, Skin and Laser Center
The plastic surgeons at the Mercy Regional Plastic Surgery, Skin and Laser Center perform some of the most advanced medical procedures in the world with the eye of an artist, bringing new shape and attractiveness to the human form. They can refashion and repair to wholeness the unique features that once were present but chance has altered. Our estheticians (Janesville) can help show cancer patients how to improve their skin tone and texture, and ways to apply makeup to minimize the visible side effects of treatment. The Center has locations in Janesville and Lake Geneva, Wisconsin, and Woodstock and Vernon Hills, Illinois. For more information, please call (800) 236-6868 or visit MercyPlasticSurgery.org.

Effective treatment for skin cancer
As with most cancers, early detection and treatment of skin cancer is the key to a cure. Because some skin cancers can be large with an extensive root system, traditional treatments do not always detect and remove these deep areas of cancerous tissue. One very successful way to treat skin cancer is with Mohs micrographic surgery. Only cancerous tissues are removed, which spares healthy tissue in the affected area. Due to the methodical way in which tissue is removed and examined, Mohs surgery has one of the highest reported cure rates of all skin cancer treatments. Manish Gharia, MD, board certified dermatologist and Mohs surgeon, practices at Mercy Walworth Hospital and Medical Center. For complete information, call the Center at (877) 893-5503.

Mercy Regional Urology Center
People with cancer of the bladder, prostate, testes and other urological cancers will find expert care at the Mercy Regional Urology Center. Here, the board certified urologists and support staff offer the latest diagnostic tests, procedures, therapies and ongoing treatments available. Services are offered in Janesville and Lake Geneva, Wisconsin, and Harvard and Woodstock, Illinois. For general referral information, call (608) 741-6991 or (866) 486-6991.

Wigs for Patients
For many people, especially women and children, the loss of hair due to medical conditions can often lead to a loss of self-esteem and self-confidence. The Mercy Health System Association of Volunteers established its award-winning Wigs for Patients program because it knows that when people look good, they feel good. And when they feel good, they can deal with health challenges with confidence and a hopeful attitude.

The Wigs for Patients program offers high-quality wigs, free or at limited cost, to patients in need. Features Hair & Nail Company and Coulterz Cutz in Janesville have specially trained cosmetologists available to consult with our patients, cut and style their wigs, and teach them how to properly care for their new wigs at home. For more information, or to make an appointment for a confidential appointment in a private room, call Features Hair & Nail Company at (608) 756-0307 or Coulterz Cutz at (608) 752-2490.

Transfusion/infusion services
Outpatient transfusion and infusion services are not only cost-efficient, but save time for our patients. Education sessions describing treatment, alternatives and possible side effects allow patients the opportunity to have their questions answered. Transfusion services are coordinated through the Mercy Treatment Coordination Center. For complete information, call (608) 756-6601.
**Mercy Health System Support Groups**

**Breast Cancer Support Group**
When fighting breast cancer, it helps to know you’re not alone. Connecting with others can inspire you and help you cope. This group will give you a safe place to express your feelings, fears and anxieties, as well as your experiences, strengths and hopes.
Second and fourth Friday of every month
10-11:30 am
Mercy Michael Berry Clinic
1000 Mineral Point Ave., Janesville
To register and for more information, call (608) 756-6824.

**GriefCare Support Group**
Mercy Hospice Care invites you to share and receive the support of others facing the challenges of grieving the loss of a loved one. Family, friends and children are welcome to this free support group.
First and third Thursday of every month
6 pm
Emmanuel Church, 4224 Whilden Court, Janesville
To register, call (608) 756-6100.

**Mercy Networking Cancer Support Groups**
**Women’s group**
First and third Monday of every month
10:30 am-noon
Mercy Michael Berry Clinic
1000 Mineral Point Ave., Janesville

**Men’s group**
Second and fourth Thursday of every month
1-2:30 pm
Mercy Michael Berry Clinic
1000 Mineral Point Ave., Janesville
To register and for more information, call (608) 756-6824.
Mercy MyChart helps you manage your life

Battling cancer often means seeing different doctors, having a lot of tests and taking several medications. Mercy MyChart takes the hassle out of juggling all that information. It’s free, it’s easy, it’s secure and confidential. Best of all, you can check your information any time of the day or night. All you need is an Internet connection.

What you’ll find at Mercy MyChart

View your medical information online
• Review your medications, immunizations, allergies and medical history.
• Review new and past test results.
• Review health education topics and discharge instructions provided by your physician.
• Alerts will be sent to your personal email address when new information has been added to your account.

Stay in touch with your physician
• Communicating with your physician is as simple as sending an email—but even more secure.
• Request renewals of your medications.

Manage your appointments
• Request your next appointment.
• View summaries of your past and upcoming appointments.

Access your family’s records
• Access family members’ records, including your children or other family members you care for (authorization required).

How to sign up for Mercy MyChart
• To request an activation code, go online to https://MyChart.MercyHealthSystem.org
• Click on “Sign Up Now”
• Complete the online form and click “Submit”
• Your activation code will be mailed to you in 5-10 business days

The activation code allows you to log on and create a Mercy MyChart ID and password. Use these to log on to our secure site. Mercy MyChart is available at no charge to our patients.
With all our heart. With all our mind.