Cancer Program

MERCY HEALTH SYSTEM 2008 ANNUAL REPORT
Dear friends,

A cancer diagnosis creates many new challenges in one’s life. At the same time, it presents opportunities to improve one’s health and to create an entirely new life. The many cancer experts at the Mercy Regional Cancer Center are here to guide individuals affected by cancer all along the way, from diagnosis and treatment to recovery and aftercare. It’s what they do best, and they do it with a special sense of compassion and caring.

It is also Mercy Health System’s duty to provide top-level technology and services to better serve our patients. We are committed to holding our comprehensive cancer care program to the highest standards possible. With that commitment, we’ve added some exciting new programs and advanced diagnostic technologies, which are detailed in this report:

- NEW digital mammography
- NEW oncology social work department
- NEW palliative care program
- NEW 64-slice CT scanner
- NEW support groups for cancer patients and their families

In addition, I am proud to share that the Commission on Cancer of the American College of Surgeons has granted three-year approval with commendation to the cancer program at the Mercy Regional Cancer Center. This commendation recognizes the quality of the full scope of our cancer program—leadership, data management, clinical services, research, community outreach and quality improvement.

If you or a loved one have cancer, you want the best care possible from highly trained medical professionals dedicated to your recovery, comfort and well being. You’ll find those professionals—plus innovative services and the latest treatment protocols—right here in your community, close to home.

Sincerely,

Javan R. Bea
President/CEO
Mercy Health System
B. K. Wasiljew, MD, FACS
Chairman, Mercy Cancer Committee

This year’s annual report is presented in a new format that we hope will be informative to health care providers and community members alike.

During the last 12 months, new technologies were implemented at Mercy Hospital-Janesville. Our new digital breast MRI is now used to diagnose malignant and pre-malignant conditions and contributes to clinical decision-making. Rectal cancers are routinely staged by endoluminal ultrasound following national standards. Laparoscopic colorectal surgery offers patients a less-invasive alternative and is performed with good results with a very low conversion rate. Genetic testing and counseling is increasingly used to evaluate cancer patients and their families. As in the past, multiple research protocols are available to patients with malignancies.

Our progress continues. During the next 12 months (by fall 2009) we expect to have a comprehensive breast clinic up and running. Our new digital mammography is available and has greatly simplified access to patients’ images. We were happy to receive a full, three-year (2009-2011) approval with commendation from the Commission on Cancer. And as the number of cancer cases we diagnose and treat at Mercy Hospital-Janesville continues to increase, recruitment of additional medical oncologist(s) continues.

I would like to thank not only the members of the Cancer Committee and staff, but also all of the hospital employees for the hard work they do every day in providing the best care to our patients with malignancies.

Since 1990, the Center has helped hundreds 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 so, every day.

Your Mercy Regional Cancer Center team

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society</td>
<td>(800) 227-2345</td>
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<td>American Cancer Society Navigator</td>
<td>(608) 833-4555</td>
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<tr>
<td>Mercy Cancer Registry</td>
<td>(608) 756-6139</td>
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<td>Mercy Hospice Care</td>
<td>(800) 369-2201</td>
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<tr>
<td>Mercy Hospital Janesville</td>
<td>(608) 756-6000, (800) 756-6147</td>
</tr>
<tr>
<td>Administrative director, oncology</td>
<td>(608) 756-6671</td>
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<tr>
<td>Clinical trials data manager</td>
<td>(608) 756-6671</td>
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<tr>
<td>Dietary/nutritional</td>
<td>(608) 756-6151</td>
</tr>
<tr>
<td>Financial counselor</td>
<td>(608) 756-6500</td>
</tr>
<tr>
<td>Genetic counseling</td>
<td>(608) 756-6671</td>
</tr>
<tr>
<td>Hematology/medical oncology</td>
<td>(608) 756-6871, (800) 928-1103</td>
</tr>
<tr>
<td>Inpatient special care unit (SCU)</td>
<td>(608) 756-6877</td>
</tr>
<tr>
<td>Manager, oncology</td>
<td>(608) 756-6770</td>
</tr>
<tr>
<td>Oncology social worker</td>
<td>(608) 756-6671</td>
</tr>
<tr>
<td>Outpatient transfusion/infusion (Treatment Coordination Center)</td>
<td>(608) 756-6601</td>
</tr>
<tr>
<td>Pastoral care</td>
<td>(608) 756-6000</td>
</tr>
<tr>
<td>Radiation oncology</td>
<td>(608) 756-6500, (800) 261-5655</td>
</tr>
<tr>
<td>Surgical oncology</td>
<td>(608) 756-7277</td>
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<tr>
<td>Urology</td>
<td>(608) 714-6990</td>
</tr>
<tr>
<td>Mercy Pain Center</td>
<td>(608) 756-6049</td>
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2008 cancer registry report
The Cancer Registry at Mercy Health System plays an active role in the cancer program by providing multiple services and support for the components of a Commission on Cancer (CoC) Approved Cancer Program. The Cancer Registry coordinates the collection, research, analysis and dissemination of cancer information. In addition to routine cancer collection, research, analysis and dissemination of registry responsibilities, registrars have key roles on the Cancer Committee and ensure that the Mercy Cancer Program meets or exceeds all CoC Cancer Program Standards.

Since the inception of the cancer registry in 1994, data has been collected on more than 8,000 cancer patients. Last year, we accessioned 645 cases. Of these cases, 95% were analytical. Analytic cases are those patients who were diagnosed and/or received first course treatment at Mercy. Non-analytical cases, patients who were diagnosed and/or treated elsewhere and were referred for a recurrence or subsequent treatment, represented the remaining 5% of the total cases.

The total number of cases, including both analytic and nonanalytic cases, has increased over time. With greater availability and variety of screening, early detection and prevention programs, the medical community can identify more cancer patients at an earlier stage than in the past. It is also possible that higher cancer incidence can be attributed to an increased public awareness that cancer is both a preventable and treatable disease.

**Data use**

A hospital’s cancer registry is an important public health tool that can be used to verify suspected cancer clusters, provide useful information for researchers and help physicians determine the results of various cancer treatments. In the past year, administrators and clinicians accessed registry data for clinical research, treatment evaluation, patient follow-up, quality improvement and clinical outcome measurement activities, administrative planning, education and public relations.

Our data is also reported to the National Cancer Data Base (NCDB) and the Wisconsin State Department of Health and Human Services according to state and federal mandates. The data is compiled with data of other registries, both state and nationwide, for statistical analyses. This collaboration among cancer registries throughout the United States enables us to conduct comparative studies of prevalence, survival and outcomes.

**Probability of developing cancer**

The likelihood of being diagnosed with cancer increases as we age. Most cancer, approximately 77%, occurs in people age 55 and older. Men are slightly more at risk of cancer than women. Risk factors and heredity also play a role. While only about 5% of all cancers are hereditary, all cancers are a result of malfunction in the genes that control cell growth and division. This table demonstrates the lifetime probability of developing the most frequently diagnosed cancers.

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Birth to 39 (%)</th>
<th>40 to 59 (%)</th>
<th>60 to 69 (%)</th>
<th>70 and older (%)</th>
<th>Birth to Death (%)</th>
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<tbody>
<tr>
<td>All sites</td>
<td>Male: 1 in 70</td>
<td>1 in 49</td>
<td>1 in 6</td>
<td>1 in 3</td>
<td>1 in 2</td>
</tr>
<tr>
<td></td>
<td>Female: 1 in 49</td>
<td>1 in 12</td>
<td>1 in 10</td>
<td>1 in 4</td>
<td>1 in 3</td>
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<tr>
<td>Urinary bladder</td>
<td>Male: 1 in 12</td>
<td>1 in 11</td>
<td>1 in 10</td>
<td>1 in 29</td>
<td>1 in 27</td>
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<tr>
<td></td>
<td>Female: 1 in 9,462</td>
<td>1 in 244</td>
<td>1 in 104</td>
<td>1 in 29</td>
<td>1 in 27</td>
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<tr>
<td>Breast</td>
<td>Female: 1 in 210</td>
<td>1 in 26</td>
<td>1 in 18</td>
<td>1 in 101</td>
<td>1 in 85</td>
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<tr>
<td>Colon and rectum</td>
<td>Male: 1 in 1,329</td>
<td>1 in 109</td>
<td>1 in 63</td>
<td>1 in 21</td>
<td>1 in 18</td>
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<tr>
<td></td>
<td>Female: 1 in 1,394</td>
<td>1 in 138</td>
<td>1 in 89</td>
<td>1 in 23</td>
<td>1 in 19</td>
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<td>Leukemia</td>
<td>Male: 1 in 624</td>
<td>1 in 1108</td>
<td>1 in 63</td>
<td>1 in 21</td>
<td>1 in 18</td>
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<tr>
<td></td>
<td>Female: 1 in 837</td>
<td>1 in 468</td>
<td>1 in 89</td>
<td>1 in 23</td>
<td>1 in 19</td>
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<tr>
<td>Lung and bronchus</td>
<td>Male: 1 in 3,357</td>
<td>1 in 97</td>
<td>1 in 40</td>
<td>1 in 15</td>
<td>1 in 13</td>
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<tr>
<td></td>
<td>Female: 1 in 2,964</td>
<td>1 in 121</td>
<td>1 in 55</td>
<td>1 in 22</td>
<td>1 in 16</td>
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<tr>
<td>Melanoma of skin</td>
<td>Male: 1 in 656</td>
<td>1 in 164</td>
<td>1 in 151</td>
<td>1 in 64</td>
<td>1 in 41</td>
</tr>
<tr>
<td></td>
<td>Female: 1 in 389</td>
<td>1 in 200</td>
<td>1 in 297</td>
<td>1 in 140</td>
<td>1 in 61</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma (NHL)</td>
<td>Male: 1 in 760</td>
<td>1 in 222</td>
<td>1 in 174</td>
<td>1 in 62</td>
<td>1 in 46</td>
</tr>
<tr>
<td></td>
<td>Female: 1 in 1,212</td>
<td>1 in 312</td>
<td>1 in 221</td>
<td>1 in 75</td>
<td>1 in 53</td>
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<tr>
<td>Prostate</td>
<td>Male: 1 in 10,553</td>
<td>1 in 39</td>
<td>1 in 15</td>
<td>1 in 7</td>
<td>1 in 6</td>
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<tr>
<td>Uterine cervix</td>
<td>Female: 1 in 638</td>
<td>1 in 359</td>
<td>1 in 750</td>
<td>1 in 523</td>
<td>1 in 142</td>
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<tr>
<td>Uterine corpus</td>
<td>Female: 1 in 1,569</td>
<td>1 in 142</td>
<td>1 in 126</td>
<td>1 in 81</td>
<td>1 in 41</td>
</tr>
</tbody>
</table>
cancer registry report, continued

Primary sites
The distribution of the most prevalent cancers seen at Mercy has changed very little over the years. The top seven cancer sites account for over 65% of all newly diagnosed cancers seen at Mercy. The most common types of malignancies diagnosed and treated at Mercy include breast, prostate, lung, colorectal, bladder, melanoma of the skin, and hematopoietic cancers.

Age distribution
According to the Surveillance Epidemiology and End Results (SEER) National Database, 77% of all cancers are diagnosed in persons 55 and older, with the median age of 67 years. Approximately 1.1% are diagnosed under the age of 20; 2.7% between 20 and 34; 5.9% between 35 and 44; 13.8% between 45 and 54; 21.3% between 55 and 64; 25.3% between 65 and 75; 22.4% between 75 and 85, and 7.5% at 85+ years of age.

The age range for females diagnosed at Mercy Hospital Janesville between 2003 and 2007 was 15-101 years of age, with a median age of 63; 68% of all females were diagnosed at age 50 and older. The median age of males diagnosed at Mercy during the same timeframe was 64, with the ages ranging from 10 to 98 years of age; 88% of all males were diagnosed at age 50 or greater. The age distribution compares quite similarly with the national statistics, with 78% of all our patients diagnosed with cancer in their 50s or older.

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.

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.
cancer registry report, continued

Stage at diagnosis

Staging describes the extent or spread of disease at time of diagnosis. It is essential in determining the choice of therapy and in assessing the prognosis. The classification scheme for determining the extent of disease used at Mercy is the American Joint Committee on Cancer (AJCC), sixth edition. The organization’s premise is “cancers of the same anatomic site and histology share similar patterns of growth and similar outcomes.” In the life of cancer, three measures determine what treatment would be most effective: local tumor growth (T), spread to regional lymph nodes (N) and distant metastasis (M). Once the T, N and M are determined, a stage group of I, II, III or IV is assigned, with stage I being early and stage IV being advanced.

Thirty-two percent of all patients diagnosed with cancer during 2003-2007 were staged with a non-invasive or stage I invasive cancer; 70% of all patients had a stage III or earlier cancer. Mercy’s goal is to increase the number of patients who are diagnosed with an earlier, more treatable stage, with continued public awareness and patient education programs, screening and prevention programs, and earlier detection.

New 64-slice CT scanner offers numerous benefits to cancer patients

Computed tomography, CT for short (also referred to as CAT, for computed axial tomography), uses X-ray technology and sophisticated computers to create 3-D images of cross-section “slices” of the body. CT exams and CAT scanning provide a quick overview of pathologies and enable rapid analyses and treatment plans.

Since its introduction to the medical industry, CT imaging has seen advances in technology, software applications and clinical performance that enable the diagnoses of a wider array of illnesses and injuries than ever before.

CT scanners are fast, patient-friendly and boast the capacity to image a combination of soft tissue, bone and blood vessels.

The Siemens® Definition dual-source, 64-slice CT scanner was acquired and installed at the Mercy Regional Imaging Center at Mercy Hospital Janesville in the spring of 2008. The scanner is used extensively to scan oncology patients for purposes of diagnosis, treatment planning and follow-up.

Clinical improvements include:

- Comfortable, patient-friendly environment
- Faster scanning times: only 15 seconds to scan the chest, abdomen and pelvis
- Reduced radiation doses to the patient
- Large opening to accommodate greater comfort and flexibility for larger patients
- Software that offers improved image quality, resulting in accurate 3-D visualization of tumors and other body structures
- Image-guided intervention offering a new level of confidence for preventive care, staging, follow-up exams and real-time guided tissue sampling of suspected cancerous tissue
- Techniques that facilitate highly accurate determination of tumors, helping to preserve healthy tissue and reduce side effects following radiation therapy

The Mercy Regional Cancer Center is proud to provide this state-of-the-art, 64-slice technology to the patients it serves.
Tumor Board conferences are held with the intention of providing a multidisciplinary forum to openly discuss, plan and educate on the diagnosis, treatment, and appropriate follow-up of cancer patients at Mercy Health System. Physician coordinators select three to four cases to be discussed at each conference. Patient selection is often determined by criteria such as: cases that are prospective, interesting, challenging or high-volume. A brief clinical presentation and a synopsis of diagnostic and pathologic studies are prepared. The moderators encourage conversation about recommended surgical and therapeutic options along with providing educational information regarding staging, innovative therapies, and various related topics. Subsequent to the presentation of all pertinent information, discussion regarding further recommendations is encouraged. See p. 14 for sites discussed.

Periodically, educational speakers with informative forums on a range of cancer-related subjects are featured. In cooperation with the Continuing Medical Education office, there were 11 didactic presentations given last year:

1. “Evaluation of the Breast Mass,” Dr. Patricia Garner
2. “Management of Abnormal Pap Smears,” Dr. Sarina Schrager, UW Hospital and Clinics
3. “Interventional Approaches to Pain Management,” Dr. Gregory Love
4. “Prostate Cancer,” Dr. Mitchell Kopnick
5. “Ethics,” Panel Discussion
6. “Treating Tobacco Addiction,” Dr. Douglas Jorenby, UW Hospital and Clinics, and Dr. Jane Anderson
7. “Image-Guided Tumor Ablation,” Dr. Louis Hinshaw, UW Hospital and Clinics
8. “Lung Cancer,” Drs. Tracey Weigel and Tien Hoang, UW Hospital and Clinics
10. “PET,” Dr. Charles Stone, UW Hospital and Clinics
11. “Obesity and Weight Management,” Dr. David Murdy

Tumor Board conferences are held on the first, third and fifth Thursday of each month. Attendees include physicians, residents, nurses, medical students and other allied health professionals. Educational value is available to those who attend. For more information regarding the Tumor Board or to inquire about having a case presented, contact Martha Roberts in the Cancer Registry at (608) 756-6107.
Lung cancer study

Incidence and mortality

An unfortunate turn in cancer care took place this century. Lung cancer became the leading cause of cancer death among both men and women, surpassing all gastrointestinal cancers and breast cancer. Lung cancer has a huge impact on U.S. mortality. An estimated 215,020 new cases and 161,840 deaths will occur in 2008. The trends in lung cancer cases and deaths have mirrored closely the patterns of smoking in men and women, with women catching up with men in this deadly race. Because of typical differences in smoking rates between men and women, lung cancers in men have been consistently declining since 1990, but not women. Fifteen percent of new cancer cases are lung cancer and 29% of all cancer deaths are attributed to lung cancer each year in the U.S. In 2008, it is estimated that over 71,000 deaths will occur among U.S. women due to lung cancer, compared with 40,930 deaths due to breast cancer.

There are no known effective screening tools for lung cancer, and this is reflected in the low incidence of early diagnosis. The 75% mortality rate for all lung cancers is a reflection of the high rate of diagnosis at a late stage, when the cancer has metastasized or spread beyond our ability to remove it or treat it.

Mercy Health System’s lung cancer incidence and staging

The rate of lung cases analyzed at Mercy has remained stable for over 10 years, averaging 75 cases per year. The majority is non-small cell lung cancer (NSCC), with one of eight being small cell lung cancer (SCC). Half of all lung cancers at Mercy are found in the upper lobes. This mirrors the incidence of tuberculosis in the upper lobes and is due to the preferential ventilation of the upper lobes and, therefore, the greatest exposure to inhaled carcinogens.

Small cell lung cancer (SCC)

At Mercy, the age at diagnosis of SCC tends to be slightly younger than nationally, with a majority of cases being diagnosed in the sixth and seventh decades. There is a slight preponderance of both stage I and stage IV disease, compared to the National Cancer Data Base (NCDB), and the survival of early stage (I and II) SCC at Mercy is nearly double the national average. There were no late-stage survivors, which correlates with lower rates of combination therapy [chemotherapy and radiation] for late-stage disease. Mercy provided early-stage patients with combination therapy at more than double the national rate.

Cigarette smoking is the primary risk factor

The epidemic of lung cancer in the 20th century was due to increases in cigarette smoking, the single most important cause of lung cancer. The variation in lung cancer mortality rates across the U.S. parallels long-standing differences in cigarette smoking. For example, average annual lung cancer death rates from 1996 to 2000 were highest in Kentucky (78 per 100,000) where 31% of the population smoked in 2001, whereas the lung cancer death rates were lowest in Utah (26 per 100,000), which had the lowest rate of cigarette smoking (13%).

Surgical treatment or radiation therapy are the treatments of choice for early stages of cancer, and multimodality therapy for later stages. Unfortunately, initial success with these treatments is overshadowed by the potential for long-term development of new, second cancers. New approaches for controlling lung cancer are being developed, including prevention strategies, such as cancer chemoprevention. However, these have yet to bear fruit and the only reliable means of prevention is abstinence from tobacco and radon abatement.
Lung cancer study, continued

Non-small cell lung cancer (NSCC)

Similarly to SCC, the experience at Mercy is toward slightly younger people being treated for this cancer, with most cases of NSCC being discovered and treated in patients’ sixties and seventies. Mimicking national trends very closely, the stage at diagnosis unfortunately trended toward the late stage, with more patients presenting with disseminated cancers (stage IV) than any other stage. Only one-third of Mercy patients were diagnosed at the more treatable first and second stages of NSCC. While there were very few survivors with stage III and stage IV NSCC, this was consistent with the national figures.

Survivors of stage I NSCC were 42% (43% nationally), and survivors for stage II NSCC were 36% (23% nationally). Since our treatment regimens were exactly in line with national trends for all stages and all modalities, it is difficult to attribute this difference to anything other than statistical variation.

Since lung cancer remains so difficult to treat successfully, and is so closely linked with cigarette smoking and other uses of tobacco, we at Mercy remain committed to prevention through smoking cessation programs and getting the word to parents to prevent initiation of smoking. We will continue to encourage our primary care specialists to provide cessation alternatives to all smoking patients and document current smoking status as a vital sign on all medical records. We are proud to be an example to our neighboring businesses by maintaining our workplace as 100% smoke free.

Helping smokers break their tobacco addiction

Smokers know why they should quit smoking. Mercy Health System shows them how. Quitting smoking sounds much easier than it actually is. We’ve found that going it alone makes quitting harder than necessary. That’s why we offer the Fresh Start program and the Commit to Quit support group.

Fresh Start is a four-session program designed to encourage and support the quitter and a support person. The cost is only $25 and classes can be held at the Mercy Health Mall in Janesville or at a business worksite. Topics covered include making the decision to quit, setting a quit date and choosing a quit plan, dealing with withdrawal, and maintenance.

Those who choose to attend our free Commit to Quit support group receive the encouragement and support of others who understand how difficult it is to stop smoking and stay quit. The group meets the first and third Tuesdays of each month, 5 pm, at Mercy Assisted Care.

For complete information about these programs, please call (608) 741-2411.
In 2008, Mercy Health System partnered with the American Cancer Society to implement the Man to Man® Prostate Cancer Education and Support Group. Specialists in various fields related to prostate cancer share information on medical topics and quality-of-life issues. A comfortable and confidential meeting environment encourages men and their families to discuss their concerns openly and honestly and to share solutions to common problems.

The Man to Man group meets the second Tuesday of each month, 7-8 pm, at the Holiday Inn Express, Janesville. For more information or to register, call (608) 756-6824.
digital mammography now available at Mercy

Early detection is the single most effective way to beat breast cancer—the earlier, the better. When breast cancer is found early, the five-year survival rate is an amazing 96%. To offer patients every possible advantage in early detection, Mercy recently installed its first digital mammography system at the Mercy Regional Breast Center.

The new FCRm (Fuji Computed Radiography for mammography) represents the latest generation of digital mammography technology. Traditional mammography uses x-ray film that must be developed, viewed on a light box and stored. With digital imaging, the x-ray can be viewed instantly on a computer monitor so the technician can immediately see if the image was taken correctly, freeing patients from waiting till films are developed or from being called back for additional x-rays after they’ve gone home. With the click of the radiologist’s mouse, the high-resolution image can be magnified, adjusted for contrast or zoomed in on to examine specific areas. The radiologist can also store, retrieve and send digital images electronically, making it much easier to facilitate long-distance consultations with other mammography specialists for prompt diagnosis and the best possible treatment for our patients.

A major clinical study of nearly 50,000 women showed that digital mammography is more accurate than film mammography in detecting breast cancer in three groups of women: women under 50, pre- and peri-menopausal women, and those with dense breasts. Many of the cancers detected were the most serious, potentially fatal types.

Digital mammography has completely replaced film mammography at the Mercy Regional Breast Center. For more information, please call the Breast Center at (608) 741-6999.

cancer survivor now offers a new source of guidance, support and compassion

When Linda DiStefano was diagnosed with Stage IV non-Hodgkin’s lymphoma in May of 2007, she had no idea that her cancer journey would lead to a new and exciting career. At the time, Linda, a licensed clinical social worker, worked at Mercy Options-Comprehensive Mental Health and Addiction Treatment Services in Janesville, specializing in individual and family therapy. While undergoing chemotherapy, she had a life-changing experience. “I had this epiphany … I have cancer because I have to help other cancer patients. It was that clear,” said Linda. Soon after, she discussed the possibilities with Karol Huenerberg, RN, OCN, CRNI, manager of Mercy’s oncology department.

In October 2008, Linda became Mercy’s first oncology social worker at the Mercy Regional Cancer Center’s new social work department in Janesville. In her new role, Linda helps radiation and medical oncology patients and their families cope with diagnosis and treatment. “It’s a wonderful new support service for our patients and people have been so grateful that we offer it. Typically, only large, metropolitan cancer centers offer this service, so Mercy is really ahead of the game by recognizing how important emotional support is for cancer patients in our community. Cancer patients simply want someone to listen to their concerns, to validate their feelings, and to point them toward community support resources. They also appreciate the fact that I can understand their concerns.”

Linda not only helps patients get their bearings, but assists family caregivers as well. “Those who care for a person with cancer often feel frightened and don’t know what to do. I try to help them communicate their concerns and we talk about the treatment process,” Linda said.

For more information, call Linda at (608) 756-6824.
new Mercy Palliative Care Program

Dena Green, MD
Medical director
Mercy Palliative Care Program

What is palliative care?
Palliative care is a philosophy of care that expands upon the western medical model to include the goals of relieving suffering and improving quality of life while providing high-quality, cost-effective treatment of serious illness. It uses a multidisciplinary approach to address physical, psychological and spiritual components of illness along with all other forms of appropriate medical treatment.

Why are palliative care services important?
Hospitals and health care systems are under increasing pressure to provide high-quality and cost-effective care for the aging population. It is estimated that by 2030, the number of Americans over age 85 will reach 8.5 million. Many of these patients will be living with chronic debilitating illnesses or will be diagnosed with terminal illnesses. Palliative care programs are able to provide a multidisciplinary focus that responds to the episodic and changing nature of these illnesses. Patients work with staff to determine appropriate goals of care resulting in cost-savings for the organization and improved patient satisfaction. The Joint Commission, a national agency that provides accreditation for hospitals, is currently developing palliative care certification standards to be launched later this year.

Mercy Hospice Care: Offering comfort, support and caring

Since 1994, the Mercy Hospice Care team has been committed to ensuring that every terminally ill person we serve lives out his or her remaining days in comfort. Mercy Hospice Care provides a special team-oriented concept of care to provide comfort and support to clients and their families when a life-limiting illness no longer responds to cure-oriented care. Members of the hospice care team include the:

- Patient
- Family members
- Hospice medical director
- Patient’s primary care physician
- Registered nurses
- Social workers
- Spiritual counselors
- Bereavement counselors
- Volunteers
- Hospice aides and others

Mercy Hospice Care offers comfort (palliative) care and hospice home care services for patients with life-limiting conditions. The hospice care team addresses all symptoms of disease with a special emphasis on controlling a patient’s pain and discomfort and the emotional, social and spiritual impact of the disease on the patient and their family members.

In addition, specially trained Mercy Home Health Care staff, including nurses and aides, provides comfort care to patients with chronic or life-threatening conditions including heart, respiratory, neurological and orthopaedic diseases or cancer. These patients may continue to receive treatment, including chemotherapy, and other cure-oriented services.

For further information, please call (608) 755-6920 or toll-free (800) 369-2201.

new social work department added to meet the needs of Mercy cancer patients

The Mercy Regional Cancer Center has created a social work department to help meet the many needs of cancer patients. At the onset of treatment, the social worker and patient partner with the doctors, nursing staff and radiation therapists in developing strategies and tools to help the patient better understand his illness while building on his strengths.

Cancer patients are given vast amounts of information pertaining to their cancer diagnosis and treatment regimen. Working with the patient and his caregiver is a vital role of the oncology social worker. During the treatment phase, the social worker meets with the patient and family to answer questions, to connect the patient with community resources, and to promote a healthy, positive outlook. Having a social worker available to assist, listen and be supportive is an integral part of the patient’s path to wellness. This wrap-around service gives the patient and family a sense of security while undergoing treatment.

The oncology social work department continues to follow patients after treatment. The need to stay connected is a vital tool for cancer survivorship. The department offers support groups to active and prior cancer patients. Mercy recognizes the critical need to address the emotional, physical, and psychosocial needs of the patient and his caregiver. The Mercy Regional Cancer Center social work department is available to facilitate these services.
new Mercy Palliative Care Program, continued

Many health care systems are responding to the changing health care environment by developing palliative care programs. About 40% of hospitals now offer palliative care services in addition to traditional hospice services. Palliative care includes hospice care, but targets a wider group of patients who may not be eligible or ready for hospice services. Palliative care can benefit patients throughout the course of their illnesses, including patients who are pursuing curative treatments, and those living with long-term chronic illnesses.

The focus of palliative care includes aggressive symptom management, facilitation of communication between patients and health care providers, discussions regarding appropriate goals of care for patients, and transitions to hospice care. Palliative care programs have been found to offer significant cost savings by appropriately decreasing acuity of care and lengths of stay in ICUs, and improving patient/family satisfaction with care.

Mercy Palliative Care Program

We now have formalized our comprehensive palliative care services for patients. Our expanded home health and hospice care programs include a transitional home care program for patients who may not meet insurance criteria for hospice services, or are not ready to stop life-prolonging treatment, but would benefit from the multidisciplinary approach of palliative care. These patients are seen by our hospice RNs and may be discussed at weekly multidisciplinary team rounds. This results in a smoother transition into hospice care at the appropriate time.

We have also developed a hospital-based consultation service for inpatients with palliative care needs that started in January 2009. The multidisciplinary team includes a physician, a palliative care certified nurse, specially trained resource nurses available on each unit every shift, social services, a chaplain, and other consultants as appropriate. We provide recommendations and follow-up for symptom management, coordinate patient care meetings, and assist with transitions between levels of care.

These are examples of potential referrals for a palliative care consult:
- A physician, patient or family needs help with complex decision-making and determination of goals of care
- An unacceptable level of pain or other symptoms for more than 48 hours
- Uncontrolled psychosocial or spiritual issues
- Frequent emergency room visits or hospitalizations for the same diagnosis
- Prolonged length of hospital or ICU stays without improvement
- An ICU patient with a poor prognosis
- Assistance is needed to determine hospice eligibility and discharge options

We are excited to offer these high-quality care options to our patients and their families, as these programs are an important part of Mercy Health System’s mission of “providing exceptional health care services resulting in healing in the broadest sense.”

new focus group provides improved patient care

The Mercy Institute of Neuroscience (MIND) is proud to offer personalized, multidisciplinary care for neuro-oncology patients. Consistent with the Institute’s mission to provide comprehensive, coordinated care for all their neurological patients, the Neuro-Oncology Focus Group was developed to ensure that patients with brain or spinal tumors also receive this level of high-quality care. Specialists from a variety of disciplines, including neurosurgery, medical and radiation oncology, neuro-radiology, pathology, pain management, and health and rehabilitation psychology, are involved in the group.

The central goals of the Neuro-Oncology Focus Group involve tailoring treatment to the individual patient’s needs as well as facilitating ongoing communication across involved practitioners, the primary care provider, and the patient. Once a patient is referred to the group, a treatment team is developed as indicated by the patient’s initial presentation, and a meeting between the patient and team is arranged. The first half of the meeting includes discussion of the patient’s case among the team practitioners and developing a tentative treatment plan based on review of medical records and imaging. The patient and his or her support persons (e.g., family, friends) are invited to the second half of the meeting to meet treatment team members, hear the team discuss the diagnosis and treatment plan, and ask any questions they have. Following the meeting, the Institute’s administrative staff schedules and informs the patient of initial appointments.

In accordance with recommendations from the American Cancer Society, efforts are made to keep the patient informed and actively engaged in his own treatment and decision-making. The patient receives a folder that includes information about his treatment plan and providers, as well as a personal notebook to document important information during his treatment (e.g., test results, symptoms, appointment schedules, side effects, questions). Information about education and support resources are also given to the patient by the Hematology/Oncology clinic.

Practitioners have reported their appreciation of this team-based approach that allows them to more easily facilitate coordinated, and thus, higher quality, care for their patients, while patients continue to appreciate the involvement they have in their care throughout this interactive treatment process.

The MIND office then continues to coordinate care across providers and serves as a central resource for the patient regarding any concerns he may have as treatment progresses.

In accordance with recommendations from the American Cancer Society, efforts are made to keep the patient informed and actively engaged in his own treatment and decision-making. The patient receives a folder that includes information about his treatment plan and providers, as well as a personal notebook to document important information during his treatment (e.g., test results, symptoms, appointment schedules, side effects, questions). Information about education and support resources are also given to the patient by the Hematology/Oncology clinic.

For more information about the Mercy Institute of Neuroscience, call (608) 756-6830 or toll-free (866) 901-MIND or visit http://mind.mercyhealthsystem.org
leading the way in oncology nursing certification

Karol Huenenberg, MSN, FNP-BC, OCN®, CRNI
Manager, Mercy Health System Cancer Services

The journey from cancer diagnosis through cancer treatment can be challenging. Family and friends play an important role in providing support during those challenges. Oncology certified nurses (OCNs) offer additional expertise and support along that journey as well.

Oncology certified nurses are registered nurses who specialize in cancer care. Oncology nursing certification is a voluntary process. Certification is granted through the Oncology Nursing Certification Corporation. To qualify for the examination, RNs must have an extensive amount of oncology nursing experience. The certification exam covers content areas such as health promotion and disease prevention; screening, early detection and diagnosis; the scientific basis for practice, including research; cancer treatment modalities; symptom management; psychosocial dimensions of care; oncologic emergencies; sexuality; survivorship; end-of-life care and professional performance. Certification validates an RN’s qualifications and knowledge in the specialty area of oncology nursing.

The exam for certification in oncology nursing is based on current professional practice and validates that an RN’s knowledge is up to date. The treatment of cancer is becoming increasingly complex. Oncology certified nurses possess the knowledge and experience to effectively deliver that complex care.

Mercy Health System is proud to support the professional development of the oncology RNs who are interested in becoming oncology certified nurses. At the present time, 83% of the RNs in Mercy’s hematology/oncology clinic have achieved OCN® status.

what our patients say ...

Melody Allred
Mercy Regional Cancer Center patient, anal cancer survivor

When I was diagnosed with anal cancer in December of 2006, I truly didn’t know what to expect. The treatment plan called for six weeks of radiation, with chemotherapy to complement this treatment at the beginning and end of my radiation.

From the beginning, the staff met with me and discussed my needs. They explained to my husband and family what they would need to do to help me through this difficult time. My husband became my advocate and total caregiver—a side of him I hadn’t experienced in the past—and I feel the credit for his transformation belongs to the nursing staff.

Throughout my entire treatment, I never once saw or heard a negative word or mood from any of the staff. They were always there to comfort me and cheer me on in my journey to be a cancer survivor.

The entire nursing staff at the Mercy Regional Cancer Center surrounded me, and my husband, with courage, strength and care. I can’t thank them enough.

The entire cancer team worked to put my mind at ease ...

Melody Allred
Mercy Regional Cancer Center: Radiation oncology

608•756•6500  800•261•6565
Mercy Regional Cancer Center’s radiation oncology department is located adjacent to Mercy Hospital Janesville and Mercy Clinic West. Patients receiving radiation therapy have easy access to the Center.

Radiation therapy is performed by multiple members of the care team. Team members include the radiation oncologist, a medical physicist, dosimetrist, radiation therapists, plus a registered nurse, social worker, patient financial counselor and dietitian. Support services are provided by the receptionist and cancer registry staff. The care team carefully coordinates the therapy to be administered to the patient, assuring quality care. Ongoing communication is maintained with the patient’s primary care physician, and referring specialty physician such as the urologist, gynecologist, otolaryngologist, medical oncologist, and/or surgical oncologist to ensure continuity of care.

Radiation 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 radiation therapy (HDR) and Mammosite.

Radiation treatments are individualized based on numerous factors including cancer type, stage of disease and site to be radiated. The goal of all therapy is to deliver a high dose of radiation directly to the tumor while minimizing damage to surrounding healthy tissue. The Mercy Regional Cancer Center uses the PRIMATOM™ treatment system to deliver some of its radiation treatments.

Patients receiving radiation therapy at the Mercy Regional Cancer Center also have the option to participate in clinical trials through an affiliation with the Radiation Therapy Oncology Group. Clinical trials in prostate cancer are currently available through this affiliation.

what our patients say ...

George Charovano
Mercy Regional Cancer Center patient,
Stage 4 lung cancer

In the fall of 2005, Dad had pain in his back and shoulder. His primary doctor ordered a scan. The findings shocked my family—Dad had lung cancer. When my parents went to Mercy for his first chemo session, he was amazed at how compassionate, informative and caring the nurses and doctors were. He didn’t want for anything when he was there, from a comfy pillow to a great lunch. It didn’t take long for the “The Girls,” his incredible nursing team, to figure out that my Dad was a sarcastically funny man and they played right along with him.

When Dad didn’t want to take our word for something, his oncologist, Dr. Dena Green, would explain it to him in “plain English” that allowed him to make his own decision. We trusted that the team was making the correct decisions based on the information they had.

He always felt like he was going to a family gathering when he went for his weekly Mercy visits. He was treated with respect and compassion, and they listened to every question or concern we had. Yes, I said WE. The whole family was treated when Dad was going through treatment. There was never a time limit on office visits and we never felt like any question was “stupid” or wasting the doctors’ or nurses’ time. They never “dumbed-down” an answer and they were up front with what they could or couldn’t do. The main thing for our family was that they never had a “give up” attitude. They just kept trying.

My father lost his battle with cancer in 2008. He was inpatient at Mercy Hospital and they did a tremendous job making him comfortable. The doctors and nurses came to see him fairly often. Some even came on their day off to tell him he did a great job fighting and that he could rest now, knowing that he did all he could.

We believe that Dad wouldn’t have been “gifted” with that year of remission if not for the valiant efforts and positive ways of “The Girls” and always willing to try just one more thing. They never gave up. That helped us to not give up either. For those amazing efforts, we are forever grateful to the staff at Mercy Health System.

The George Charovano Family... they never had a “give up” attitude. They just kept trying.

-daughter of George Charovano
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 Mercy Terrace, just across the parking lot from Mercy Hospital Janesville, 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 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, the 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.

Casey Freeman
Mercy Regional Cancer Center patient, melanoma survivor

“I wasn’t just another number at Mercy. We were part of a family,” explained Casey Freeman, cancer survivor.

In 2006, Casey was a mom to a toddler, 27 years old, and noticed the mole on her leg had changed a lot throughout her pregnancy and afterward. She discussed the mole with her doctor, who agreed it needed further examination.

The mole was removed on a Thursday and by Monday, Casey had her diagnosis—malignant melanoma. Casey was scheduled for surgery by that Friday.

The doctors were very reassuring,” recalls Casey. “Although they couldn’t tell me I would be absolutely fine, they were positive and upbeat, offering me comfort and hope.”

Casey knew cancer all too well. Her own mother had lost her battle with cancer four years prior. Casey’s first appointment with her oncologist, Dr. Dena Green, was actually scheduled on the anniversary of her mom’s passing.

In Casey’s case, her cancer was completely removed through surgery, so no follow-up treatment was needed. However, she still needs to visit her oncologist and dermatologist every three months, for a chest x-ray, blood draw and skin-mapping.

Casey is more aware of her own skin, and as a nail technician, she is quick to mention her concerns about moles or skin changes on her customers.

She is grateful for all the wonderful people she has met during her care at the Mercy Regional Cancer Center, and appreciates the personal interest they have taken in her and her family.
support services
One call puts you in contact with experts trained to give in-depth information to cancer patients, their families and their caregivers. They’ll put you in touch with community resources, including those offered at Mercy Health System, and help you deal with the multiple medical, financial, emotional and social concerns of having cancer. See p. 19-20 for more information. These experts are available 365 days a year and can be reached at (800) 227-2345.

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 postmastectomy 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 www.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—you 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—Comprehensive Mental Health and Addiction Treatment Services, are here to listen and help you heal. For referral information, please call (800) 341-1450.

Exercise programs

Horizons Cancer Exercise Program

An exercise and stress management program designed to help cancer patients combat the effects of cancer treatment and improve their quality of life. Located at the Mercy Cardiac Fitness Center at the Mercy Health Mall, Janesville. For complete information, call (608) 755-7996.

Mercy Health System also offers a variety of fitness classes. For complete information, call Mercy HealthLine at (608) 756-6100 or toll-free (888) 39-MERCY, or visit www.mercyhealthsystem.org.

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.

Mercy Health System Foundation

As Mercy Health System’s philanthropic arm, the Mercy Health System Foundation was established in 1980 as a structure to financially support community service initiatives, select Mercy Health System capital improvements, and unfunded or underfunded programs that are integral to the mission of Mercy Health System. As such, it seeks charitable gifts and bequests from individuals, organizations and government agencies to support the Foundation’s many medical, educational and health promotion activities created to enhance the health of the communities Mercy serves. Your gift can be earmarked to the following areas:

• General fund
• Holly J. Barten Memorial Fund to help cancer patients and their families
• House of Mercy Homeless Center
• Mercy Hospice Care
• Mercy Health System Family Medicine Residency Program
• Mercy Regional Cancer Center
• Mercy Regional Plastic Surgery, Skin and Laser Center

For complete information about the Mercy Health System Foundation, please call (608) 741-2422 or visit www.mercyhealthsystem.org.
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 Web site, www.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 Janesville 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 highest 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.

Lymphedema 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 Center 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 Janesville, 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.

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 aestheticians (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 www.mercyplasticsurgery.org.

Effective treatment for skin cancer
As with most cancers, early detection and treatment of skin cancers 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.

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 Janesville as serene spaces for prayer, meditation, and reflection. For more information about Mercy’s pastoral care, call (608) 756-6000.

support services
support services

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 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 in Janesville has a full staff of 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.

Support Groups

Bereavement Support Group
For individuals who are grieving the loss of a loved one.
Location: Mercy Assisted Living Center, Janesville
For complete information: (608) 754-2201

Cancer Support Group
For individuals affected by cancer and their support person.
Location: Mercy Hospital Janesville
For complete information: (608) 756-6824

Caregiver Support Group
For individuals who provide care for a loved one.
Location: Mercy Assisted Living Center, Janesville
For complete information: (608) 754-2201

Commit to Quit Support Group
For individuals who seek support in their efforts to quit smoking.
Location: Mercy Assisted Living Center, Janesville
For complete information: (608) 741-2411

Man to Man® Prostate Cancer Education and Support Program
For men affected by prostate cancer and their support person.
Location: Holiday Inn Express, Janesville
For complete information: (608) 756-6824

Mercy Health System also offers support groups for stroke and polio survivors, children and adults with diabetes, individuals with multiple sclerosis, and those affected by sleep apnea. For complete information, call Mercy HealthLine at (608) 756-6100 or toll-free (888) 39-MERCY.