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Cancer has a far-reaching impact that touches virtually all of us – either through our own experience or that of a loved one. Cancer is now the leading cause of death in South Dakota, followed by heart disease. To answer this significant health care need in our region, Avera McKennan has made a strong commitment to world-class cancer care. Through generous partnerships, we have been able to fulfill this dedication to the community.

Our commitment has been building for the past three decades. Most recently, we’ve built a state-of-the-art facility, which is home to excellent treatments, programs and the latest technology. We’ve developed tumor specific navigation programs, case conferences, Integrative Medicine and survivorship care.

We’re involved with cutting-edge genetics work in breast cancer, gynecologic cancer, thyroid cancer and more. We are also thrilled to expand our arsenal of cancer-fighting tools to include Stereotactic Radiosurgery/Stereotactic Body Radiation Therapy (SRS/SBRT), thanks to a grant through The Leona M. and Harry B. Helmsley Charitable Trust. SRS/SBRT targets small tumors by aiming hundreds of very precise beams directly at the site while sparing surrounding tissue and organs. We’re pleased to offer patients with inoperable cancer a new option, which will make a difference in the lives of many.

As an accredited comprehensive community cancer center, the Avera Cancer Institute is providing care and outcomes that meet or exceed those of national cancer centers. We thank all our dedicated physicians, staff and donors as well as our partners who make care of this caliber possible.

Dr. Dave Kapaska
Regional President and CEO
Avera McKennan Hospital & University Health Center
A Message from Avera’s Cancer Liaison Physician

It’s my privilege to serve as the Cancer Liaison Physician (CLP) for Avera McKennan and for the state of South Dakota via the Commission on Cancer, providing leadership and direction to cancer programs. The Commission on Cancer is a consortium of national organizations dedicated to improving survival and quality of life for cancer patients. CoC accreditation is voluntary and only granted to programs that provide the best cancer care and comply with established cancer care standards.

The cancer program at Avera McKennan has been accredited for the past 25 years, and we received the CoC’s Outstanding Achievement Award in 2009. Accreditation ensures that comprehensive care including a complete range of state-of-the-art equipment and services is available, and that data analysis, ongoing cancer clinical trials, cancer registry and prevention/early detection programs are in place.

The CoC’s recognition validates that Avera McKennan’s cancer program is on par with the best cancer centers in the country.

Dr. Wade Dosch
Surgeon and Cancer Liaison Physician to the CoC
Avera McKennan Hospital & University Health Center
The American College of Surgeons Commission on Cancer accreditation ensures the highest standards of care for cancer patients. Avera McKennan received the CoC’s Outstanding Achievement Award in 2009.

CEO Cancer Gold Standard™ accreditation recognizes the commitment of organizations to reduce the risk of cancer for employees and their families. Avera McKennan Hospital & University Health Center is the first company in South Dakota to receive this accreditation.

Foundation for the Accreditation of Cellular Therapy (FACT) accreditation for autologous and allogeneic adult transplantation, donor collection and lab processing of cellular products.

The Avera Breast Center received National Accreditation Program for Breast Centers (NAPBC) accreditation, administered by the American College of Surgeons; NAPBC accreditation is given to those centers that have voluntarily committed to provide the highest level of quality breast care.

American College of Radiology Breast Imaging Center of Excellence accreditation was earned by the Avera Breast Center in all of the ACR’s voluntary breast-imaging programs and modules.

Three-year American College of Radiology (ACR) accreditation in radiation oncology has been awarded to the Radiation Oncology Department at the Avera Cancer Institute.
Comprehensive Breast Program

BREAST CANCER CONSULT CLINIC
A woman diagnosed with breast cancer is faced with important decisions concerning the best possible treatment options. This consultation service gives patients the opportunity for a second, third and fourth medical opinion – all in one visit, so patients don’t have to juggle multiple appointments.

The woman’s diagnosis is discussed at the weekly Breast Cancer Conference before a multidisciplinary panel of breast cancer experts. The patient then meets with a

- Breast surgeon
- Radiation oncologist
- Medical oncologist

Patients will also meet with a

- Breast health navigator
- Clinical trials nurse
- Lymphedema specialist
- Social worker
- Genetic counselor
- Dietitian

At the end of the clinic visit, the patient has a comprehensive document listing all recommendations and these recommendations are sent to the patient’s physician.

“When women are diagnosed with cancer, they often feel they must rush to treatment. There is time to arrive at the best possible treatment plan. We have designed the Breast Cancer Consult Clinic to give patients all the information they need to make the best decision for their present and future health,” said Dr. Julie Reiland, Breast Surgeon with Avera Medical Group Comprehensive Breast Care.

HIGH RISK BREAST CANCER PREVENTION CLINIC
Avera Medical Group Comprehensive Breast Care has developed a specialized education and prevention clinic for women with an elevated risk for breast cancer, involving breast surgeons, a genetic counselor and a medical oncologist.

The goal of this clinic is to help women maintain breast health, and provide early detection and individualized intervention through personalized prevention strategies and surveillance plans.

The clinic serves women who have high-risk personal or family history, or changes and conditions that increase their risk for breast cancer, such as:

- Family history of breast cancer
- Lobular carcinoma in situ (LCIS), a pre-malignant condition
- Atypical hyperplasia
- Dense breast tissue
- Difficult breast exams

Thanks to funds from the Avera Race Against Breast Cancer, we are able to offer this type of care.
BeASurvivorAvera.com
This unique and comprehensive education web site features information, 3-D graphics and video interviews with Avera physicians, staff and patients to help patients and their support persons cope with a breast cancer diagnosis. Information covers the patient experience from time of diagnosis to end of treatment.

Podcasts
Educational podcasts at AveraThinkPink.org offer support to breast cancer patients and their loved ones. Avera’s team of physicians and support staff answer the most frequently asked questions in an easy-to-understand manner. Podcasts provide a convenient option for additional information anytime, from anywhere. This project is funded from a Susan G. Komen grant.
Pancreatic adenocarcinoma is widely recognized as a very serious, often deadly, type of cancer. However, evidence supports that complete surgical resection offers the only known curative treatment. This cancer often presents in the pancreatic head. In order to completely remove a cancer in this area, a very intricate, aggressive surgery known as a pancreaticoduodenectomy (or Whipple procedure) is required.

The Whipple procedure has potential for and is often associated with significant complications and a high mortality rate (up to 12-16 percent). However, when performed by an experienced surgeon in a high-volume center, the Whipple procedure mortality rate is less than 5 percent and is associated with better outcomes for patients.

The National Comprehensive Cancer Network (NCCN) recommends that Whipple procedures be performed at a high-volume center that has multidisciplinary consultation and performs more than 15 Whipple procedures annually.

Avera McKennan Hospital & University Health Center meets all these criteria and is considered a high-volume center. “Avera McKennan has developed an opportune environment for caring for pancreatic cancer through our multidisciplinary team. We’re able to provide diagnosis, plan of care, surgery, post-operative care, and adjuvant chemotherapy or radiation, all within the environment of a tertiary care center. There is virtually no patient with this diagnosis that we cannot treat with the latest approaches, right here in Sioux Falls,” said Dr. Michael Person, General Surgeon with Surgical Institute of South Dakota, who performs the Whipple procedure.
TECHNOLOGY THAT MAKES A DIFFERENCE
The Avera Imaging Center has added a 1.5 Tesla wide-bore magnetic resonance (MR) scanner, which is a problem-solving tool in diagnosing, staging or monitoring gastrointestinal cancer.

A key benefit of the new MR scanner is its enhanced scanning speed. Patients experience less time in the scanner, and it also captures better images of the colon, which is a mobile organ. MR does not expose patients to increased radiation, which is a concern with repeated CT scans.

“We utilize MR in the rectal and pelvis region to stage disease, help identify where the lesion is, and determine if there is extension beyond the wall of the colon or rectum into soft tissues or lymph nodes. It can help us determine whether a tumor is operable, or if chemotherapy or radiation is necessary before surgery. It also helps us look for liver metastasis, as the liver is a common site for spread of colorectal cancer. In addition, MR can pick up smaller tumors which are not often detected by PET/CT,” said Dr. Sabina Choudhry, Radiologist with Avera Medical Group Radiology.
Avera’s Comprehensive Lung Program has a weekly lung conference to review new cases of lung disease and lung cancer. Over 15 dedicated physicians meet to discuss and plan the care for patients presented. Newly diagnosed lung cancer patients are immediately connected with a Lung Patient Navigator who provides one-on-one education and support. All this provides the highest quality of care to those affected by lung cancer.

**AVERA LUNG CANCER SCREENING**

Lung cancer continues to be the number one cause of cancer deaths for both men and women. Through early detection, 60 percent of lung cancers can be successfully treated.

Low-dose CT screening of the chest offers the best chance of finding lung cancer in its earliest and most curable stages. National screening criteria are:

- Persons age 55-74 years and
- Current smokers with a smoking history of at least 30 pack years (For example one pack/day for 30 years, two packs/day for 15 years, etc.) OR
- Former smokers with at least a 30-pack-year smoking history who have quit within the last 15 years

The Avera Comprehensive Lung Program reviews all persons who have any positive findings to determine the next steps in reaching a diagnosis. All persons are guided through this process by the Lung Patient Navigator who is there for them and available to answer their questions. No referral is needed. A screening can be scheduled by calling 1-877-AT-AVERA (1-877-282-8372).

**GPS TECHNOLOGY FOR LUNG NODULES**

Electromagnetic Navigation Bronchoscopy® (ENB™) is a state-of-the-art procedure using GPS-like technology to diagnose and plan treatment for a lesion located deep in the lung – in one procedure.

ENB uses a unique set of catheters that can go deep into the lungs, where more than two-thirds of all lung lesions are found, enabling physicians to diagnose, stage and prepare to treat lesions in one procedure.

ENB detects lung disease and lung cancer earlier, even before symptoms are evident, enhancing treatment options for patients.

“ENB is an important addition to the tools we use to diagnose early lung cancer. ENB can also be used to guide radiation therapy and sometimes even assist the surgeon while performing resection surgery,” said Fady Jamous, MD, with Avera Medical Group Pulmonary & Sleep Medicine.

Fady Jamous, MD
Prostate cancer is the most common cancer diagnosed in men. Urologists, radiation oncologists and medical oncologists collaborate to ensure that men receive the most comprehensive treatment.

**OFFERING THE LATEST TREATMENTS**
The latest treatment options for prostate cancer include robotic prostatectomy and low-dose seed implants, as well as PROVENGE® therapy for men with advanced prostate cancer. All of these options are available at the Avera Cancer Institute.

**PROSTATE NAVIGATOR**
Prostate cancer patients now have access to the services of a Prostate Patient Navigator. The Prostate Patient Navigator works with patients newly diagnosed with prostate cancer. She works alongside patients and their families or support persons to answer any questions about their care or side effects, provide support and connect them to resources. For the convenience of patients, Tavane is based at Urology Specialists Clinic. This allows her to be connected immediately to patients at the time of diagnosis. This program is offered thanks to a generous gift from Doug and Mary Bowden in honor of their fathers, who both had prostate cancer.

Patients have an “options talk” with their urologist and other consulting physician. “I am there with the patient and his loved ones to ensure they understand the options in treating prostate cancer,” Tavane said.

Tavane is part of a twice-monthly multidisciplinary conference which reviews prostate and urinary cancers. At this conference, urologists, pathologists, radiologists, medical oncologists and radiation oncologists discuss the patient’s case to determine the best treatment plan or options.

**MEN’S CANCER SUPPORT GROUP**
Avera’s prostate cancer support group has been expanded to include all types of cancer that men experience. Members of the group can be newly diagnosed, in treatment or in the survivorship phase. They can come to the group either alone, or with their spouse, friend or caregiver. The Men’s Cancer Support Group meets the first Tuesday of each month from 5:30-6:30 p.m. in the board room of the Prairie Center.

Meetings involve a half-hour learning session and a half-hour discussion. Topics vary from different cancer types to intimacy and sexuality, Integrative Medicine and coping with fear of recurrence.

“There is always a physician or two present — a urologist and/or radiation oncologist — which is very unique for a support group. It offers a well-rounded perspective if group members have medical questions,” said Brenda Ling, Social Worker at the Avera Cancer Institute who facilitates the group with Tavane Harrison, CNP, Prostate Patient Navigator.
Bob York, of Sturgis, was receiving hormonal therapy to treat his prostate cancer in 2010. Through a friend, Bob heard about Avera. After coming to Avera, his treatment plan included external-beam radiation therapy, chemotherapy and immunotherapy known as PROVENGE® – which is offered only by Avera in the state and region.

Bob discovered Integrative Medicine, including aromatherapy and tai chi. “The aromatic oils and tai chi helped immensely,” Bob said.

Bob says, “The Avera Cancer Institute is such a warm place, with an ambiance of hospitality. It feels like a family of caregivers. So many great people there are passionate about first-class health care, and being a leading-edge health care provider.”

Integrative Medicine is part of Avera McKennan’s commitment to caring for the whole person – body, mind and spirit. It’s through generous donations that this form of therapy is available.

“My cancer was a runaway horse – I feel like Avera has helped rein it in.”
- Bob York
How Ovarian Cancer Changed this College Student’s Future Goals

At the age of 19, Tori Zalaznik of Mason City, Iowa, was diagnosed with ovarian cancer. Tori received such supportive, holistic care that she is now enrolled in an accelerated degree program to become a registered nurse.

“I really liked the oncology nurses I had at Avera. They just made the experience so much better than it could have been,” Tori said. “After this happened to me, I made the decision to go into nursing so I could use this experience to help others.”

Dr. Luis Rojas served as Tori’s surgeon and cancer specialist. Dr. Rojas wrote a letter of recommendation for Tori to send with her application to the accelerated nursing program at the University of Sioux Falls. “He was like a big brother to me. I could tell he really cared about how everything turned out, and he wanted to make sure I stayed healthy. Something about him is just awesome.”

“After this happened to me, I made the decision to go into nursing so I could use this experience to help others.”

- Tori Zalaznik
Two Cleveland Clinic-trained gynecologic oncologists offer the latest treatment options and personalized plans of care for the best possible outcomes for cancer of the cervix, uterus, ovary, vulva and vaginal area.

**BETTER PATIENT OUTCOMES WITH ROBOTIC SURGERY**
Avera McKennan is home to two state-of-the-art robotic surgical systems – the da Vinci® S HD and the da Vinci Si™. Robotics are used for gynecologic procedures, including hysterectomy, in the treatment of malignant and non-malignant conditions.

“We are among the many facilities that are using robotic surgery for benign cases, but are among only a few that use robotics to minimally invasively treat malignant conditions, including staging of cancer,” said Dr. David Starks, Gynecologic Oncologist. Dr. Luis Rojas, Gynecologic Oncologist and Surgeon, notes that Avera surgeons are among pioneers in the nation in the use of robotics and innovative techniques such as laparoscopic single site (LESS) or “scarless” procedures.

**With robotics, patients experience several benefits:**
- Less bleeding
- Less surgical trauma
- Less pain
- Quicker recovery time

**2012 GYNECOLOGIC CANCER SURGERY**

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**COMPREHENSIVE CARE**
Rather than being referred to multiple places after a diagnosis of gynecologic cancer, patients at Avera Cancer Institute can experience all their care at one location where they have the benefit of combined expertise.

- Convenience of receiving comprehensive, seamless care in one location, including chemotherapy infusion
- Consultations with a social worker, clinical trials research nurse, genetic counselor and experienced nursing staff
- Survivorship care
- Access to Integrative Medicine which includes chaplaincy care, dietitian, the Arts in Healing, massage, acupuncture and movement therapies
- Convenient access to state-of-the-art radiation therapy services, frequently used in the treatment of gynecologic cancers
Gynecologic Oncology

BIOBANKING ENHANCES CANCER CARE FOR TODAY AND THE FUTURE

In cooperation with the Avera Research Institute and Avera Institute for Human Genetics, the physicians of Avera Medical Group Gynecologic Oncology maintain a Gynecologic Specimen Bank in order to identify genetic biomarkers which place individuals at increased risk for cancer. The cancer biobanking team uses state-of-the-art genetic analysis techniques and various disciplines to identify these genetic biomarkers.

Goals include development of prevention programs to effectively reduce the incidence of gynecologic cancers, and personalization of treatment regimens to optimize patient care and recovery, and reduce side effects.

Specimens are removed from participating gynecologic oncology patients at the time of surgery, and are stored with the patient’s consent. Having these specimens available allows researchers to study differences between tumors in different patients or the same patient, as well as genetic markers or mutations. Using genetic sequencing, physicians can create personalized treatment regimens.

“Biobanking is a critical tool in cancer research,” said Dr. Luis Rojas, Gynecologic Oncologist. “What we learn through biobanking will help us develop future prevention strategies, as well as personalized medicine in order to treat each individual case of cancer in the most effective way.”
South Dakota’s only physicians dedicated to malignant and non-malignant hematology and bone marrow transplant are located at the Avera Cancer Institute and Avera Transplant Institute. Bone marrow transplant has become a standard of care, as it offers disease-free survival for leukemia, lymphoma and multiple myeloma. This program is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT).

HEMATOLOGICAL CLINICAL TRIALS
Clinical trials offer cutting-edge treatments to patients right here in our community. All hematological patients are offered the opportunity to participate in clinical drug trials sponsored by the National Cancer Institute and pharmaceutical companies.

“We select the trials that are most appropriate for our patient population, and we look at all new patients who come into our system in order to consider if they would benefit from participating in a clinical trial. We always ensure that patients have the best possible plan of care, whether that is our current treatment protocols, or a cutting-edge clinical trial,” said Michaela Bertram, RN, Oncology Research Nurse.

HEMATOLOGICAL DIAGNOSIS

- 37% Non-Hodgkin Lymphoma
- 16% Chronic Leukemia
- 15% Acute Leukemia
- 14% Myelodysplastic Syndrome
- 12% Multiple Myeloma
- 6% Hodgkin Lymphoma
KELLY MCCaul, MD
BONE MARROW TRANSPLANT
HEMATOLOGIST
BONE MARROW TRANSPLANT COORDINATORS
At the Avera Transplant Institute in conjunction with the Avera Cancer Institute, specialized Transplant Coordinators are available, alongside the transplant patient every step of the way, from transplant evaluation, through search and evaluation of donors if needed, to transplant cell collection, to transplant cell infusion, to post-transplant follow-up care.

- Specialized Transplant Coordinators arrange and follow patients’ care in concert with multidisciplinary team members throughout all transplant phases.
- Across the continuum of care, coordinators help patients navigate through multiple inpatient and outpatient settings.
- Once the patient is referred to transplant, the Coordinator meets with transplant physicians, the patient and family to provide an overview of the transplant journey and to develop an individualized calendar of care, and will be by their side each step of the way.

Referrals to the Hematology & Bone Marrow Transplant program
On Sept. 4, 2012, Joyce Meland of Watertown, S.D., was the 1,000th transplant patient when she received an autologous stem cell transplant to treat a relapse of large cell lymphoma.

The 1,000 transplants included 363 bone marrow transplants, 605 kidney transplants and 32 pancreas transplants.

Joyce says she opted for bone marrow transplant because it was the best chance for a cure. “I have grandchildren, and I want to see what they do and be with them. It was not easy to go through, but I felt like I was in good hands. When I couldn’t take care of myself, my nurses did things for me that I will never forget.”

“When I couldn’t take care of myself, my nurses did things for me that I will never forget.”

- Joyce Meland
Unexpected Hurdle for College Runner

A leukemia diagnosis was an unexpected hurdle for collegiate track and cross country runner Dan Pearson of Spirit Lake, Iowa. At the Avera Cancer Institute, Dan was cared for by Dr. Kelly McCaul. Dan was given the opportunity to take part in a clinical trial that involved six months of treatment, and then two and a half years of maintenance treatment. “Within two weeks of beginning treatment, I was completely in remission. There were no cancer cells at all.”

Dan is thankful to his caregivers at Avera. Just one example is Melanie Hericks, Social Worker, who helped Dan apply for scholarships that are available to young cancer patients. “The nurses were just awesome, and the doctors, too. They were always so caring and so nice to me. I felt like I wasn’t just another patient to them.”

“I felt like I wasn’t just another patient to them.”

- Dan Pearson
“This technology delivers a high dose with high precision from hundreds of different angles which all converge on the single spot of a small tumor.”

- Dr. James Simon
Radiation Oncology

Our Commitment to Improve the Health Care of the People We Serve:
“Traditional radiation delivers a lower dose of radiation in a larger field. This technology delivers a high dose with high precision from hundreds of different angles which all converge on the single spot of a small tumor. It is so precise, it is referred to as radiosurgery,” said Dr. James Simon, Radiation Oncologist.

This approach is appropriate for a wide variety of diagnoses – brain, spine, lung, liver, pancreas, kidney and prostate cancers.

State-of-the-Art Technology: Elekta Versa HD
- “One solution, unlimited possibilities”
- Combines the very best multi-leaf collimator in the market with cutting-edge flattening filter-free technology – this translates into dramatically reduced treatment times and unmatched precision

Why Choose This Option?
- Specifically engineered to deliver SRS/SBRT treatment
- One of the first machines of its kind to be installed in the nation

- Reduces the number of daily treatments to one to five treatments as opposed to 25 or more
- Reduces the treatment delivery time to minutes that once took hours
- Effective treatment for patients with inoperable tumors or who are not surgical candidates
- Noninvasive – yet as precise as surgery
- No pain, no incision, no anesthesia
- Few side effects
- Immediate return to normal activities

Avera Medical Group Radiation Oncology announces the addition of a powerful new tool in the fight against cancer that targets tumors with precise beams of high-dose radiation.
Research and clinical trials offer better outcomes and quality of life for cancer patients today, as well as hope for improved treatment and cures in the future.

Patient enrollment in research trials is on the rise. Avera’s patient enrollment in clinical research trials is currently at **12 percent** of all patients seen at the Avera Cancer Institute, compared to the national average of 3 to 5 percent. This is an outstanding percentage for a community cancer program. “We have increased our staff, and have forged new research affiliations,” said Cheryl Ageton, Oncology Clinical Research Manager.

Research nurses and physicians ensure that *every* patient who may qualify for a clinical trial is offered that opportunity.

### Patient Enrollment in Research Trials

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Cancer registries
Breast Cancer Collaborative Registry (BCCR) Thyroid Tumor and Cancer Collaborative Registry (TCCR) in partnership with the University of Nebraska Medical Center Fred and Pamela Buffett Cancer Center.

The registries have been established as a resource for future research endeavors that will study the factors that influence the risk of developing cancer, prognosis and who might benefit from screening measures to detect cancer at an earlier stage.

GENETIC RESEARCH – NEXT HORIZON TO CANCER CARE
The Avera Institute for Human Genetics houses state-of-the-art genetics analysis equipment, including a system for whole genome sequencing.

TODAY’S GENETIC RESEARCH FOR TOMORROW’S TREATMENTS
Currently tissue samples of both normal tissue and tumor tissue are being collected during surgical procedures for patients with ovarian, uterine, cervical and breast cancer. Researchers will study differences between tumors in different patients or the same patient, as well as genetic markers or mutations. Genome sequencing is being completed to study DNA and RNA differences between the tumor and normal tissue in selected patients. Using the results of these findings, physicians can create personalized treatment regimens.

“Without a doubt, our new facility and latest advanced sequencing equipment elevate us to the next level in genetic research and personalized medicine,” said Dr. Gareth Davies, Scientific Director of the Avera Institute for Human Genetics.
Chris Gant, Oncology Nurse Practitioner at Avera St. Mary’s Hospital in Pierre, provides the “eyes, ears and hands” for cancer specialists in Sioux Falls, who are present via interactive video through eConsult.

“There is not a lot that we would do face to face that we cannot do via telemedicine,” said Dr. Vinod Parameswaran, Hematologist with Avera Medical Group Hematology & Bone Marrow Transplant. “You can only physically go to a community once or twice a month. But with telemedicine, you can offer your services every day throughout a wide region,” Dr. Parameswaran said.

Dr. Heidi McKean, Oncologist with Avera Medical Group Oncology & Hematology, physically goes to Pierre once a month, and devotes an entire day each month to eConsult visits in Pierre. “And on most days, I’m seeing a patient or two via telemedicine. I really feel the patients I see in Pierre are my patients – and they get to sleep in their own bed at night.”

“A cancer diagnosis often comes with a great deal of anxiety. Through telemedicine, we can take time with patients, calm their fears, help them know what to expect, and formulate a plan – and they don’t have the anxiety of having to wait to see an oncologist in person,” Dr. McKean said.
Dr. Sally Williams will join Dr. Dawn Flickema in the practice of Avera Medical Group Integrative Medicine. Both physicians are family practitioners with specialized training in medical acupuncture.

Integrative Medicine benefits cancer patients and the community
Dr. Flickema has additional training in herbal supplements, and Dr. Williams has a special interest in weight management. They work with the other practitioners in Avera’s Integrative Medicine program which includes:

- The Ideal Living weight loss program
- Massage
- Aromatherapy
- Guided imagery
- Mind-body movement
- The Arts in Healing
- Nutritional consults

Integrative Medicine serves the community because of the support of so many partners. “A lot of our acupuncture visits are pain related – back and neck pain, carpal tunnel syndrome and headaches,” Dr. Flickema said. Other significant areas are digestive complaints and hormonal imbalance. Acupuncture also has applications in weight loss, seasonal allergies and smoking cessation. Group sessions, for smoking cessation for example, provide patients with additional support from peers and professionals.

“Our cancer care aspect is growing,” Dr. Flickema said. Cancer patients may seek out acupuncture and other integrative therapies for relief of pain or nausea, and also anxiety and stress-related issues such as insomnia.

As a prevention strategy, cancer patients have taken advantage of the Ideal Living program after treatment, in light of the increased risk of recurrence that overweight patients have for certain types of cancers, including breast and colon cancer.
The Avera Cancer Institute offers a comprehensive team of doctors and clinicians who understand that cancer affects all aspects of a person’s life. This team works together to create a personalized treatment plan to support each person’s body, mind and spirit. In furthering our mission, we are grateful to the community for making these services possible. Through private gifts and funds from the Avera Race Against Breast Cancer, we continue to provide these vital services to patients and families.

Navigators
The navigator assists patients and their support persons through diagnosis, treatment and survivorship. The navigator:
- Provides education
- Helps patients focus on treatment decisions
- Expedites appointments
- Connects patients with resources and support services

Social Worker
Cancer patients and their families often carry emotional and psychological burdens. A social worker can:
- Help patients learn to cope with their cancer
- Assist with needs such as transportation, lodging or in-home help
- Work with patients and their employers

Integrative Medicine Practitioners
Integrative Medicine therapies complement traditional medical treatments. These therapies include:
- Acupuncture
- Aromatherapy
- Massage therapy
- Mind-body movement
- Arts in Healing
- Nutrition counseling
- Ideal Living weight loss program
- Herb and vitamin counseling
Patient Advocate

Financial concerns rise at the time of a cancer diagnosis. The patient advocate:
- Helps patients understand their insurance coverage
- Ensures insurance prior authorizations are completed
- Helps patients apply for assistance for co-payments or other uncovered expenses

Genetic Counselor

When physicians suspect a possible genetic risk or link to cancer, they can refer patients for genetic counseling. The genetic counselor:
- Takes a detailed family and medical history
- Determines the likelihood of hereditary disease
- Explains the benefits, risks and limits of genetic tests
- Provides education

Wig and Cosmetology Consultant

When patients feel good about their appearance during cancer treatment, they can gain a new sense of confidence. Our consultant helps patients:
- Find that perfect wig free of charge
- Deal with skin changes through the American Cancer Society’s Look Good, Feel Better program

Dietitian

Optimizing nutrition before, during and after cancer treatment is important for healing. The dietitian helps patients:
- Gain knowledge about their nutritional needs
- Develop an individualized eating plan
- Address weight gain or loss
- Manage side effects of cancer treatment

Chaplain

Spiritual care can be a significant need during cancer treatment. The chaplain helps with:
- Emotional support
- Contact with the patient’s pastor or church
- Searching for meaning in life
Avera Cancer Institute

**AVERA MEDICAL GROUP ONCOLOGY & HEMATOLOGY**

- David Elson, MD, FACP  
  605-322-6900
- Mark Huber, MD  
  605-322-6900
- Amy Krie, MD  
  605-322-6900
- Heidi McKeen, MD  
  605-322-6900
- Addison Tolentino, CNP  
  605-322-6900
- Missy Hoogeveen, CNP  
  605-322-6900
- Luis A. Rojas, MD  
  605-322-7535
- David Starks, MD  
  605-322-7535
- Jennifer Reiner, CNP  
  605-322-7535
- Nellie Ruzhitsky, CNP  
  605-322-7535

**AVERA MEDICAL GROUP INTEGRATIVE MEDICINE**

- Michael McHale, MD, FACP  
  605-339-4464
- Theresa Mehrman, CNP  
  605-339-4464
- Haider Yusufi, PA-C  
  605-339-4464
- Dawn Flickema, MD  
  605-322-3241
- Sally Williams, DO  
  605-322-3241

**AVERA MEDICAL GROUP MCHALE INSTITUTE**

- Benjamin Solomon, MD  
  605-339-4464
- Theresa Mehrman, CNP  
  605-339-4464
- Haider Yusufi, PA-C  
  605-339-4464

**AVERA MEDICAL GROUP GYNECOLOGIC ONCOLOGY**

- Michael McHale, MD, FACP  
  605-339-4464
- Benjamin Solomon, MD  
  605-339-4464
- Theresa Mehrman, CNP  
  605-339-4464
- Haider Yusufi, PA-C  
  605-339-4464
- Luis A. Rojas, MD  
  605-322-7535
- David Starks, MD  
  605-322-7535
- Jennifer Reiner, CNP  
  605-322-7535
- Nellie Ruzhitsky, CNP  
  605-322-7535
Avera Cancer Institute

PATIENT NAVIGATORS

Carole Chell, CNP
Lung

Elizabeth Harden, CNP
Gastrointestinal

Nancy Terveen, CNP
Breast

Tavane Harrison, CNP
Prostate

Jessica Muth, RD

Kayla York, MS

Mary Guth, MS

DIETITIAN

GENETIC COUNSELOR

CHAPLAIN

SOCIAL WORKERS

Christina Early, MSW

Melanie Hericks, MSW

Lynne Hunter, MSW

Brenda Ling, MSW

Donna Kiley, CTR

Marianne Siegfried, CTR

Emily Whiting, CTR

Norma Wise, CTR

CANCER REGISTRY
# 2012 Summary by Body System and Sex Report

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>Thyroid</td>
</tr>
<tr>
<td>19 (3%)</td>
<td>34 (4%)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>Lung &amp; Bronchus</td>
</tr>
<tr>
<td>111 (15%)</td>
<td>85 (9%)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Breast</td>
</tr>
<tr>
<td>25 (3%)</td>
<td>326 (34%)</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>Kidney &amp; Renal Pelvis</td>
</tr>
<tr>
<td>33 (4%)</td>
<td>25 (3%)</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>Ovary</td>
</tr>
<tr>
<td>24 (3%)</td>
<td>34 (4%)</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>Uterine Corpus</td>
</tr>
<tr>
<td>72 (10%)</td>
<td>67 (7%)</td>
</tr>
<tr>
<td>Prostate</td>
<td>Colon &amp; Rectum</td>
</tr>
<tr>
<td>149 (20%)</td>
<td>80 (8%)</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>Non-Hodgkin Lymphoma</td>
</tr>
<tr>
<td>44 (6%)</td>
<td>37 (4%)</td>
</tr>
<tr>
<td>Melanoma of the Skin</td>
<td>Melanoma of the Skin</td>
</tr>
<tr>
<td>43 (6%)</td>
<td>41 (4%)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Leukemia</td>
</tr>
<tr>
<td>45 (6%)</td>
<td>23 (2%)</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>All Other Sites</td>
</tr>
<tr>
<td>187 (25%)</td>
<td>208 (22%)</td>
</tr>
</tbody>
</table>

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The Avera Cancer Institute – bringing care, hope and healing to your community with physicians seeing cancer patients at these locations:

- Aberdeen, S.D.
- Brookings, S.D.
- Hendricks, Minn.
- Marshall, Minn.
- Pierre, S.D.
- Rock Valley, Iowa
- Sioux Center, Iowa
- Spirit Lake, Iowa
- Watertown, S.D.
- Worthington, Minn.
- Armour, S.D.
- Estherville, Iowa
- Huron, S.D.
- Le Mars, Iowa
- Parkston, S.D.
- Pipestone, Minn.
- Sibley, Iowa
- Spencer, Iowa
- Tyler, Minn.
- Windom, Minn.

Avera Regional Cancer Centers also include:

- ★ Avera Queen of Peace Hospital, Mitchell, S.D.
- ★ Avera Sacred Heart Hospital, Yankton, S.D.
- ★ Avera St. Luke’s Hospital, Aberdeen, S.D.