CANCER CARE
DONE DIFFERENTLY
Lifesaving Intervention

Nicole Ellingson considers the high-tech breast care she received at Avera nothing short of lifesaving.

Because her mother was diagnosed with breast cancer at age 43, Nicole had regular mammograms beginning in her 30s. Nothing was detected until May 2015, when Nicole had a 3-D mammogram, thanks to the latest technology recently implemented in Aberdeen. The tumor was covered in dense breast tissue – more common in younger women. 3-D mammography, which takes multiple images from multiple angles, is especially helpful for detecting cancer in women with dense breasts.

“Having the 3-D mammogram completely saved my life,” Nicole said.

Nicole found out about her cancer – diagnosed in stage I – on her 45th birthday. At first, she felt hurt and shocked. “But in a way, I felt lucky, because I’m young and healthy and I can fight this.”

Nicole, of rural Stratford, S.D., was backed by the resources of the entire Avera system. She had diagnostic testing in Aberdeen. In Sioux Falls, her breast surgery was performed by Julie Reiland, MD, and she consulted with breast oncologist Amy Krie, MD.

Her treatment plan also included follow-up radiation at Avera Cancer Institute Aberdeen, under the care of Troy Adolfson, MD, radiation oncologist.

Along with friends and family, Avera Cancer Institute caregivers were a constant source of support, many of whom went “amazingly above and beyond,” Nicole said. “They made me feel valued. They relate and they empathize. Truly, you can feel the love.”

Nicole says cancer helped her realize how much she values the foundations of her life – faith, family and friendship – and led her to appreciate even the small things. “I truly think I’ll look back and think this was one of the best blessings.”

“I met with an extensive panel of experts at Avera. I can’t tell you how amazing every person was – so thorough, professional and personable.”

-NICOLE ELLINGSON

Nicole describes herself as a stay-at-home mom who’s never home. “I am the mom who volunteers for everything and loves to be involved with everything our kids are involved in.”

-NICOLE ELLINGSON
Avera has a 30-year history as a leader in innovative cancer care—from prevention, to early detection, treatment and survivorship.

In the past, Avera delivered cancer care through related, yet separate programs. Now, Avera Cancer Institute is one name, and more importantly one unified program, at six regional centers and 40 outreach sites.

This unity is not in name only. Oncology is one of 10 Service Lines at Avera. Wherever patients access care, they have access to the resources of the entire system, with the same high level of quality. In other words, patients who come to any one of our sites will experience Avera’s approach to cancer care. And we do cancer care differently!

How? Avera is caring for the whole person—body, mind and spirit. We’re using the latest cutting-edge science. And, each of our locations is backed by the interconnectedness of the Avera system.

Our physicians are using the best current thinking and evidence-based treatment. Clinical pathways are consistent. The patient experience is seamless.

In concert with our mission, Avera is concerned for the spiritual well-being of each patient. Patients experience this through the compassion of caregivers and the small touches that help patients realize they are not just a “number.”

For the first time this year, we are publishing ONE Avera Cancer Institute Annual Report that speaks about the accomplishments of all our locations—together, as one institute.

Thank you for your partnership and interest in cancer care at Avera.

Sincerely,

Dave Kapaska, DO
Clinic, Radiation Oncology

Dave Elson, MD
Clinic, Medical Oncology

Michael Peterson, MD
Administration, Radiation Oncology

Although all services may not be available at every location, Avera’s comprehensive approach to cancer care provides patients with easy referral and seamless access to a wide range of cancer specialists and services located throughout our extensive Avera Health system.
Avera Cancer Institute delivers the most often needed types of care close to home, backed by the resources of the entire Avera system.

Regional centers are equipped with state-of-the-art technology to treat most cases of cancer, for most patients. Yet careful stewardship of resources requires that certain pieces of equipment are available only at the tertiary care center in Sioux Falls. These often involve modes of treatment that can benefit only selected patients.

Even when patients do need to travel, follow-up care can take place in or near their home community. In other cases, Avera’s advanced telemedicine network allows patients to have real-time, face-to-face visits with cancer specialists through Avera eConsult.

Avera Cancer Institute Marshall's new facility opened in early 2015, with enhanced space for chemotherapy and the addition of radiation therapy.

In 2015, Avera Cancer Institute Mitchell began preparations to upgrade its linear accelerator.

STEPHEN DICK, MD, MPH
RADIATION ONCOLOGIST
JENNIFER JACKS
RADIATION THERAPIST
At weekly lung conferences, a multidisciplinary team reviews new cases, and a lung patient navigator provides one-on-one education and support.

**DIGESTIVE SYSTEM**

The Avera Digestive Disease Institute offers accurate diagnosis through experienced use of endoscopy, colonoscopy, endoscopic ultrasound (EUS) and more.

Minimally invasive surgical techniques, radiofrequency ablation (RFA) in the treatment of Barrett’s esophagus, and interventional radiology are among advanced treatment approaches.

Cases are discussed at a weekly Digestive Disease Conference. Patients are offered navigation and support services, and genetic counseling and testing for cases possibly related to heredity, so family members can take advantage of a more aggressive cancer screening program.

**GYNECOLOGIC ONCOLOGY**

Avera’s gynecologic oncology program focuses on patient-centered care and innovation while incorporating the latest expertise and technology.

Examples include robotic surgery, laparoscopic single site (LESS) or scarless procedures, and IORT for recurrent gynecologic cancers.

Treatment plans, personalized for each patient, may include aspects of surgery, chemotherapy and radiation therapy. Patients have access to an experienced nursing staff, social worker, clinical trials research nurse, genetic counselor, integrative therapies, survivorship care and more.

**HEMATOLOGY**

Avera is home to the region’s only bone marrow transplant program, offering the best disease-free survival in certain cases of leukemia, lymphoma, multiple myeloma and myelodysplastic syndrome.

Bone marrow transplantation is standard of care that may involve self-donation of stem cells (autologous), or donation of stem cells by a donor that is matched by blood type and tissue (allologeneic). Healthy stem cells can also be obtained through donated umbilical cords.

Patients receive an infusion of healthy stem cells to rebuild the immune system after high-intensity chemotherapy or radiation to kill cancer cells, offering patients a second chance at life or extended quality of life.

**PROSTATE**

Avera’s prostate cancer program features effective treatment options including robotic prostatectomy, low-dose seed implants, precisely targeted radiation treatment using the Elekta Versa HD, and national clinical trials.

PROVENG™, an option for men living with advanced prostate cancer, is individually tailored therapy that stimulates a patient’s immune system to target prostate cells.

A navigator is available to answer questions, expedite appointments, and ensure patients are getting the appropriate care at opportune times during the course of the disease.

**RADIATION ONCOLOGY**

Avera’s radiation therapy program collaborates with Elekta for equipping its cancer care sites with state-of-the-art treatment technology.

Brachytherapy and electron-based intraoperative radiation therapy (IORT) are among specialized aspects of Avera’s radiation oncology program. IORT provides a radiation boost at the time of surgery. It is used as part of an international trial in the treatment of breast cancer, and is also used for treating gynecologic and digestive cancers.

Read more on page 16.

**MEDICAL ONCOLOGY**

Avera’s board-certified medical oncologists diagnose and treat all forms of cancer with evidence-based protocols. This includes chemotherapy, immunotherapy, hormonal therapy, biological therapy and targeted therapy.

Medical oncologists are involved in the multidisciplinary teams for the full range of Avera’s tumor programs, including breast, lung, digestive and prostate cancers.

The drugs are given via infusion, or inf. Frequency is generally once every two or three weeks. Immunotherapy is generally better tolerated than chemotherapy, for example, patients do not experience nausea, or hair loss, as with chemotherapy. The drugs can cause inflammation in organs, which can be reversed with steroid treatment.

Avera Cancer Institute offers these drugs when appropriate based on the recommendation of medical oncologists, allowing patients to get the full advantage of advancements in cancer care.

**IMMUNOTHERAPY**

A major development in the world of oncology is immunotherapy – treatment targeting the body’s own immune cells.

Among the most promising class of drugs are checkpoint inhibitors.

The immune system’s checkpoint proteins, including PD-1 and CTLA-4, regulate the immune system to prevent it from attacking normal cells in the body by blocking Tox-T-cell activation. Cancer cells can take advantage of these checkpoints to hide from the immune system.

These drugs inhibit checkpoints so that the body’s own immune system can identify and eliminate cancer cells.

The Food and Drug Administration has approved checkpoint inhibitors for lung cancer and melanoma, and they are showing to be effective and more modestly toxic than traditional chemotherapy.

These drugs are approved as a second-line treatment for stage IV lung cancer if the patient is not seeing a response with chemotherapy.

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2014 SUMMARY BY BODY SYSTEM AND GENDER REPORT

Combined totals for Avera Cancer Institute in Sioux Falls, Yankton, Mitchell and Aberdeen, S.D.

Oral Cavity & Pharynx - 36 (3%)
Lung &Bronchus - 186 (14%)
Prostate - 38 (3%)
Kidney & Renal Pelvis - 64 (5%)
Urinary Bladder - 74 (6%)
Colon & Rectum - 143 (11%)
Prostate - 252 (19%)

Pancreas - 30 (2%)
Kidney & Renal Pelvis - 64 (5%)
Urinary Bladder - 74 (6%)
Colon & Rectum - 143 (11%)
Prostate - 252 (19%)

Non-Hodgkin Lymphoma - 76 (6%)
Melanoma of the Skin - 84 (6%)
Leukemia - 59 (4%)

Thyroid - 90 (4%)
Lung & Bronchus - 143 (9%)
Breast - 505 (34%)
Kidney & Renal Pelvis - 37 (2%)
Ovary - 51 (3%)
Urinary Bladder - 75 (5%)
Colon & Rectum - 109 (7%)
Non-Hodgkin Lymphoma - 62 (4%)
Melanoma of the Skin - 75 (5%)
Leukemia - 39 (3%)

All Other Sites - 314 (24%)

Wherever patients walk in the door to receive cancer care – whether in Aberdeen, Mitchell, Pierre, Marshall, Yankton or Sioux Falls – they have access to all resources of the Avera system. We’re working to ‘right size’ everything and make best use of our resources to provide care as locally as possible.

DAVE KAPASKA, DO, ADMINISTRATIVE LEADER OF THE AVERA ONCOLOGY SERVICE LINE

Comprehensive Care

Supportive Services
- Chaplains
- Social Workers
- Support Groups
- Wig Salons
- Integrative Medicine

Physicians
- Gynecologic Oncologists
- Radiation Oncologists
- Genetic Counselors
- Support Groups
- Wig Salons
- Integrative Medicine

Therapies
- Chemo
- Genomic Medicine
- Radiation Therapy
- Surgery

Cancer Research
- Bone Marrow Transplant
- Gene Therapy
- Bone Marrow Transplant
- Gene Therapy
- Surgery
- Genomics

PatienNavigators
- Lung
- Breast
- Gynecologic Oncology
- Genomics
GENOMICS
Emerging Science Offers New Hope

Genomics at Avera is a complex science that involves multiple experts locally and across the nation and world. Yet for patients, it’s a new glimmer of hope that begins with a blood test and tumor biopsy, and ends with a recommendation for the best possible ways to treat their particular type of tumor.

Since January 2014, the Avera Center for Precision Oncology has seen more than 300 patients, many of which are breast and gynecologic patients, and participates in multiple research projects.

Currently, standard therapies exist for the type of cancer, for example, breast cancer, ovarian cancer, lung cancer and so on. Yet in the future, treatment will be based on changes at the molecular level, and the best drugs to target those changes.

The team has treated patients who now have no obvious disease – termed a “complete response” to treatment. They have helped patients whose only option would have been palliative care to keep them comfortable at end of life, who are now enjoying quality time with their families.

Early results are exciting. For example, a localized study of 77 breast cancer patients showed a 43 percent response rate in reduction of cancer, compared to an approximate 10 percent or less expected response rate for patients who have received more than four previous lines of therapy.

GENETIC TESTING
Genetic counseling and testing is a service available when genetic mutations may place family members at higher risk for cancer, or patients at higher risk for developing another type of cancer. Common examples include mutation of the BRCA1 or BRCA2 genes which cause a higher risk of breast and ovarian cancer, and a gene mutation for Lynch syndrome, which predisposes people to colon and endometrial cancer.

AVERA CANCER RESEARCH
Cancer research at Avera offers patients access to cutting-edge treatment options through national clinical trials, and participates in finding new prevention, diagnosis and treatment strategies.

Research nurses and physicians ensure that patients who could potentially qualify for a clinical trial are a closely followed opportunity.

Avera’s enrollment of cancer patients in clinical research trials is 25 percent, compared to the national average of 5 percent.

Avera Cancer Institute recently became the fifth medical institution in the United States to join the Worldwide Innovative Networking (WIN) Consortium.

The WIN Consortium is a global network of leading academic, industry, insurance and non-profit research organizations, working to make personalized cancer care a reality for patients worldwide.

Avera joins prestigious medical institutions including Memorial Sloan-Kettering Cancer Center in New York, New York University Langone Medical Center, University of Texas MD Anderson Cancer Center and University of California San Diego Moores Cancer Center.

“Personalized medicine is a concept of giving the right drug at the right time for the right person,” said Vladimir Lazar, MD, PhD, founder and Chief Operating Officer of the WIN Consortium. “WIN was created with a goal to go beyond what is now possible. As a member of the WIN Consortium, Avera will be on the front line of this transition. Not only will this work benefit patients at Avera, it will benefit cancer patients throughout the world.”

Highlights of Avera’s cancer research program include:
- Participation in genomics research and personalized medicine
- Cancer registries for breast and thyroid tumors
- National Cancer Institute affiliations - National Surgical Adjuvant Breast and Bowel Project (NSABP) - Alliance for Clinical Trials
- More than 90 open clinical trials
- An oncology research team including specialized nurses and pharmacist and other key members
With more than 20 years experience in providing virtual care, Avera has developed a world-class telemedicine network that extends the availability of specialists, including cancer physicians.

For cancer patients, a key benefit is being able to have specialty physician consults in or near their home community, without having to leave the comfort of family and friends. It also saves the expense and physical toll of travel.

eConsult is the eCARE service that allows a face-to-face physician visit with specialists.

During the last 12 months, eConsult has been accessed for more than 10,000 visits, saving 2.5 million miles in travel and an estimated $1 million in health care costs. In Avera surveys, 98 percent of patient respondents report high satisfaction with their eConsult visits.

Often, much of a cancer treatment plan can be carried out closer to a patient’s home, for example, chemotherapy. When radiation therapy is needed, patients have numerous options through Avera Cancer Institute locations. In those cases, it’s possible to consult with medical and radiation oncologists using telemedicine, then plan for the rest of treatment and coordinate care at outreach sites.

Avera eCARE™ uses interactive video and technology to connect with outlying sites through a virtual hub in Sioux Falls. Avera eCARE is the largest and most robust telehealth service in the United States and world that serves a rural area.
PATIENT NAVIGATION
New Call Center Offers 24/7 Support

Avera Cancer Institute will soon have a specialized cancer call center, so patients and families can dial in any time of the day or night when they have concerns or need assistance.

Avera Cancer Institute Navigation Center, funded by philanthropic support, will serve all patients and their families wherever they live throughout the Avera region.

All six Avera Cancer Institute locations are collaborating in this project, as well as the Avera Call Center. Avera often hears from patients who say they had unexpected questions but hesitated to call a doctor after business hours, and from family and friends who didn’t know what to do when their loved one was facing an acute health crisis. Call center staff will assist with such decisions.

The nurses and social worker staffing the service will respond to questions about cancer diagnoses, treatment side effects and cancer care resources. Navigation Center staff will also be able to make calls to patients after a cancer diagnosis to answer questions and link patients to Avera cancer specialists.

Navigators not only answer health questions, they address emotional concerns, help coordinate care and assist with access to providers, services and support. Goals include easing the burden upon patients and their families, and overcoming barriers to care.

INSIGHTS AND INPUT
Rural Stakeholders Serve as Advisors

The Avera Rural Cancer Advisory Board is a new forum in which 22 stakeholders are sharing their insights and input, through a project funded by a $200,000 Community Innovation Grant from the Bush Foundation.

Understanding that rural communities often have limited access to cancer treatments and care facilities, Avera has invited patients, their families and others to serve on the Rural Cancer Advisory Board. Avera will use their valuable insights to better understand the barriers to cancer treatment, how to remove them and how to change the course of care delivery.

Members gather to have conversations about how to best assist people in getting the help they need, when they need it.

“Our purpose is to create a forum to seek input from farmers, ranchers and other stakeholders about how to better meet the needs of those affected by cancer in rural and frontier locations. This input will guide research activities and ultimately help direct the way we deliver our care,” said Kris Gasior, Assistant Vice President for Outpatient Cancer Clinics at Avera Cancer Institute Sioux Falls.

Jim Woster, a South Dakotan who is well known in the state’s agriculture industry, is co-chair of the Rural Cancer Advisory Board. “Avera is always looking for new ways to reach out to the rural areas it serves. They believe that all residents of our state deserve equal access to the same high level of care, and so they use technology and innovation to make that happen.”
CANCER TREATMENT TECHNOLOGY

Elekta linear accelerators feature preconfigured and custom delivery techniques in order to tailor treatment to individual patients, hardware and software to compensate for breathing or other body functions that change the position of the tumor, beam-shaping capabilities, advanced 3-D and 4-D imaging systems, and patient positioning features that emphasize patient comfort, safety and optimal treatment.

Treatment planning software helps clinicians deliver the exact right dosage at the exact right location for every patient, every time.

ELEKTA VERSA HD™

Advanced capabilities of the Versa HD include stereotactic body radiation therapy and stereotactic radiosurgery. This involves delivering a high dose of radiation with high precision from hundreds of different angles, all of which converge on the single spot of a small tumor. It’s treatment so precise that it is known as radiosurgery, and can be a potentially curative option for certain inoperable cancers.

The ultimate goal is to treat the tumor as strongly and precisely as possible, while sparing healthy tissues and organs as much as possible to minimize side effects.

The Versa HD is often used to treat patients with pancreas and kidney tumors, head and neck cancers, inoperable tumors in the brain and lung, prostate cancer and left-side breast cancer after lumpectomy to minimize exposure to the heart.

The Versa HD is located in Sioux Falls.

Avera collaborates with Elekta to equip its locations with advanced cancer treatment technology.

- Cancer treatment technology: Linear accelerators, gamma knife and brachytherapy
- Treatment planning software
- MOSAIQ® electronic medical record specially designed for cancer care

ELEKTA INFINITY™

The Infinity provides the capability and versatility to treat everything except for the more rare and complicated treatments. Using Elekta treatment planning software, every treatment plan is tailored to the specific tumor and patient.

The Elekta Infinity is located in Mitchell and Aberdeen, S.D., and Marshall, Minn.

ELECTRONIC MEDICAL RECORD

MOSAIQ® is Elekta’s electronic medical record specially designed for cancer care. A typical electronic medical record like the Meditech system used by Avera, does not handle the complex records needed for cancer care. Patients are getting not only surgery, chemotherapy and radiation, but also drugs to minimize side effects, at different times throughout the disease process.

All Avera cancer registries will be tied together, so physicians can view outcomes or results real time across the system.

Avera’s Oncology Service Line has created treatment pathways, using the National Comprehensive Cancer Network as a guide, with adaptations and added detail to create an Avera way of treating various cancers.

While variation is offered as needed, patients can be assured that their treatment reflects the most current standards, regardless of where they access care within the Avera system.
From prevention and early detection, to treatment and survivorship, Avera offers all aspects of breast care with the latest technology. The fourth dimension of Avera breast care is care for the whole person – body, mind and spirit. Avera’s expert and compassionate team ensures that the patient’s experience is the best it can be.

**4-D BREAST CARE**

Avera’s Suite of Breast Services

**MOBILE DIGITAL MAMMOGRAPHY**

Through its state-of-the-art mobile unit, Avera takes digital mammography technology to 50 sites in South Dakota, Minnesota and Iowa.

**CESM**

Contrast Enhanced Spectral Mammography (CESM) is an imaging tool that helps evaluate suspicious areas identified on a mammogram or other breast imaging. For this diagnostic test, patients have an injection of contrast immediately prior to a mammogram. Through a combination of low-and high-energy X-rays, the contrast agent highlights areas where there is increased blood flow – a sign that may be associated with cancer. This tool complements Avera’s suite of other breast diagnostic tools, including digital 3-D mammography, ultrasound, breast MRI and BSGI (breast-specific gamma imaging).

**GENETIC COUNSELING AND TESTING**

Patients who may be at higher risk of breast and ovarian cancer can be referred for genetic counseling and possible testing. Test results may help patients and their families make decisions as to whether they wish to pursue surgical options or enhanced screening.

**BIOPSY AND STEREOTACTIC BREAST BIOPSY**

If diagnostic mammograms and other imaging tools do not rule out a possible malignancy, biopsy is the next step.

**IORT**

Avera Cancer Institute is one of 10 cancer centers in the United States using electron-based intraoperative radiation therapy in the treatment of early-stage breast cancer. Using a precise and concentrated dose, IORT treats the actual tumor bed – where cancer is most likely to recur. For certain women with early-stage breast cancer, IORT is followed by three weeks of external beam radiation therapy. Typical radiation treatment after lumpectomy is six weeks of daily radiation.

A very rare option for certain patients age 60 and over is lumpectomy with a one-time IORT treatment, eliminating the need for additional radiation. This means that selected patients are completely finished with treatment once surgery is performed.

**DIGITAL MAMMOGRAPHY WITH 3-D TECHNOLOGY**

Digital mammography is considered the gold standard in breast imaging. Compared to traditional breast X-rays, digital mammography provides sharper, clearer views that help radiologists detect breast cancer earlier.

3-D is the newest version of digital mammography technology. The mammography experience for patients is very similar. The 3-D mammography unit sweeps around part of the positioned breast. 3-D mammography takes images using nine slightly different angles, and each view shows different depths of breast tissue.

Certain women will especially benefit from 3-D mammograms – women with dense breast tissue, those who have experienced call backs for diagnostic imaging, and women at high risk with a family history of breast cancer, lobular carcinoma in situ (LCIS), atypical hyperplasia, and/or difficult breast exams.

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WALKING FORWARD
Preventing Cancer in Innovative Ways

In 2015, Avera launched a new partnership with Walking Forward, a South Dakota-based research project that uses innovative ways, such as customized text messages, to promote smoking cessation among American Indians and ultimately prevent lung cancer deaths.

Walking Forward was started in 2002 by Daniel Petereit, MD, FASTRO, as principal investigator, in partnership with Rapid City Regional Hospital (RCRH) and the National Cancer Institute.

Walking Forward has been involved with improving cancer cure rates and treatment in the American Indian population through various programs, including patient navigation, access to clinical trials and the latest technology, palliative care, and screening for colorectal, cervical, breast and prostate cancer.

Through the new partnership, Walking Forward became a program of Avera Health.

Walking Forward’s smoking cessation program, “American Indian mHealth Smoking Dependence Study (PQ4),” is funded by a four-year grant through 2016 from the National Cancer Institute. The program provides cell phones so participants can receive tailored text messages, as well as pre- and post-cessation counseling, and nicotine replacement therapy.

Walking Forward has found that approximately 44 percent of American Indians on the Northern Plains of South Dakota smoke, compared with 18 percent of all American adults.

A pillar of the program is patient navigators on reservations who are members of those tribes, and can relate to the people and gain their trust. Navigators help patients and families overcome barriers that exist in order to concentrate on their health care and healing.

SPIRITUAL CARE
Comfort and Strength for the Journey

Cancer is a diagnosis that impacts all aspects of life, including spirituality. Based on its Christian heritage and values, Avera encourages patients and their families to engage with spiritual aspects of the cancer journey as part of the healing process.

Spiritual care at Avera is as individual as each patient. Patients of all faith backgrounds—or no faith background—benefit. Patients might desire prayer, Scripture readings or participation in sacraments. They might wish to discuss the meaning of life, or ways to find strength, courage and hope. Patients and families may wish to be connected with others who have experienced a similar journey. Or, they might simply want to play a friendly game of cards to pass the time.

Avera chaplains are available throughout the region to answer this need, in addition to Sisters, volunteers and prayer groups. As they live out the Avera mission, doctors, nurses and other caregivers are known to join in the spiritual aspect of care by praying with patients, offering words of hope and encouragement, and caring with compassion.

The Prayers and Squares ministry is one of many examples. The prayer quilt ministry began in 2010 as a way to “blanket” cancer patients in love and support. Volunteers sew the quilts, which are then blessed by prayer before they’re given to patients.

A first knot is tied in each tie, representing the prayer of blessing. Ties are long enough for additional knots, to represent prayers from caregivers, family or friends.

As one patient wrote, “Thank you for the beautiful quilt. I know that I am not alone and have hope and faith to get through and take it one day at a time.”
SUPPORTIVE SERVICES

INTEGRATIVE MEDICINE
Integrative therapies complement traditional cancer treatment, helping patients cope with side effects, or the fatigue and anxiety that may accompany their disease. Various forms of integrative medicine include acupuncture, aromatherapy, herbal supplements and nutrition, massage, mind-body movement and music therapy.

ARTS IN HEALING
The Arts in Healing range from painting, crafts or multi-media explorations to help patients express feelings, explore their talents and experience a pleasant distraction during cancer treatment.

WIG AND COSMETOLOGY CONSULTATIONS
When patients feel good about their appearance during cancer treatment, they can gain a new sense of confidence. Patients can receive a wig through funds raised at the Avera Race Against Breast Cancer, and participate in the American Cancer Society’s Look Good, Feel Better program.

MUSIC THERAPY
Music can serve to spark conversation, evoke warm memories, promote relaxation and teach coping skills. It can honor a special relationship, elevate mood, and help patients experience hope and connection to others.

SOCIAL WORKERS
Coping with a cancer diagnosis is very personal and individual. Cancer patients and their families may carry emotional burdens, or need a connection to vital resources such as transportation or lodging. Avera Cancer Institute social workers help with these needs.

PATIENT ADVOCATES
When patients have financial concerns during the cancer journey, advocates help patients understand their insurance coverage, work through insurance requirements and authorizations, or apply for assistance with co-payments or other uncovered expenses.

SUPPORT GROUPS
Avera support groups for cancer patients and their families offer a safe place where people can honestly share fears and hopes. The power of peer-to-peer support helps people realize that they are not alone.

Through various supportive services, Avera Cancer Institute places a priority upon caring for the whole person, body, mind and spirit.
COMMUNITY OUTREACH

**SIoux Falls**

The 27th Annual Avera Race Against Breast Cancer on May 9, 2015, in Sioux Falls was a day to celebrate heroes. More than 5,500 participants hit the streets, along with 450 volunteers, 500 survivors and countless supporters. The event raised $400,000 to benefit cancer patients through the wig and fitness programs and genomic research.

**Marshall**

Look Good, Feel Better workshops at Avera, sponsored by the American Cancer Society, help women experiencing hair loss and skin changes resulting from cancer treatment. Hands-on sessions provide style, skin care and makeup tips to help women improve self-esteem so they can manage their treatment and recovery with greater confidence.

**Yankton**

All proceeds from the Avera Sacred Heart Foundation’s annual Simply d’Vine event in October go to assist cancer patients with transportation to and from treatment, housing while in treatment, screenings, and wellness education. Funds also provide greater access to cancer care services to medically underserved residents and exercise programs at the Avera Sacred Heart Wellness Center.

**Yankton**

All proceeds from the Avera Sacred Heart Foundation’s annual Simply d’Vine event in October go to assist cancer patients with transportation to and from treatment, housing while in treatment, screenings, and wellness education. Funds also provide greater access to cancer care services to medically underserved residents and exercise programs at the Avera Sacred Heart Wellness Center.

**Mitchell**

Avera Cancer Institute Mitchell and Avera Queen of Peace Foundation hosted a Cancer Survivor Day Celebration on June 9 at Cadwell Park. More than 50 attendees enjoyed a picnic meal and fellowship, and received a free T-shirt and entrance into the Legion Post 18 baseball game.

**Pierre**

Sreekanth Donepudi, MD, began full-time practice in Pierre in July. He offers a range of diagnostic tests such as bone marrow biopsies, provides chemotherapy and coordinates care with surgeons and radiation oncologists to provide local comprehensive cancer care.

**Aberdeen**

Care Day at Avera St. Luke’s Hospital is designed to renew and inspire staff toward the facility’s mission. This year’s theme, “Bringing Hope to the Fight,” celebrated the new Don and Carmen Meyer Center of Excellence, home to Avera Cancer Institute Aberdeen, with powerful messages of hope from patient families. Former Navy SEALs and founder of Frog Logic, David Rutherford, spoke on how love can bring hope to the fight.
ONCOLOGY SERVICE LINE
STEERING COMMITTEE MEMBERS:

Aberdeen:
Richard Conklin, MD
Lee Ann Tople
Scott Lounan

Marshall:
Barbara Schlagter, MD
JoAnn Williams Ruppert

Mitchell:
Stephen Dick, MD
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