Summer 2013
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CANCER CARE TODAY
A publication from Minnesota Oncology Hematology, P.A.

- Bringing It Home
  Cancer Care in Greater Minnesota

- The Radiation Therapy Moratorium
  What It Means for Patient Care

- CPS-3 Study Looks at the Impact of Lifestyle on Cancer

- Minnesota Oncology’s Complementary Care Program
  A Way to “Stop the Spinning”
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1. January 2012-September 2012 medication possession ratio data.
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Bringing It Home – Cancer Care in Greater Minnesota
Minnesota Oncology is dedicated to providing quality health care to those who need it throughout Minnesota — including those outside the Twin Cities area.

Cancer Care Close to Home
A profoundly personal story from a cancer survivor illustrates the importance of personal, patient-centered care.

A Way to “Stop the Spinning”

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ON THE COVER
Dr. Sanda Morar, Oncologist and head of the Cambridge Medical Center’s cancer program

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Leadership and Longevity

As the new President of Minnesota Oncology, I feel humbled to be following in the steps of so many fine leaders.

Minnesota Oncology is now the premier cancer care organization in the Twin Cities. This stature is the culmination of many years of hard work and coordinated activity by many cancer care providers in our area. We have benefited from the vision and leadership of Dr. Burton Schwartz, who has been instrumental in assembling the best and brightest community hematologists and oncologists during the past two decades, to form Minnesota Oncology.

Dr. Tom Flynn has served as Practice President for the past 12 years, during which the organization has seen rapid growth throughout the Twin Cities market. Tom’s solid leadership and our organization’s affiliation with US Oncology have strengthened Minnesota Oncology’s stature and position as the largest independent provider of cancer care in the region.

In the critical area of clinical research, Dr. Patrick (P.J.) Flynn has played an instrumental role in developing community cancer research in conjunction with the National Cancer Institute through the Metro Community Oncology Program (Metro CCOP), which he has led for many years. His efforts were recognized nationally this year by the Association of Community Cancer Centers (ACCC).

As we move into the future, we will stand on the shoulders of these dedicated leaders and the fine physicians and staff members, past and present, who have made Minnesota Oncology the organization it is today.

Dr. Mark Sborov has served as Quality Medical Director for many years, and now serves as Practice Medical Director, joining me in our mission to sustain and promote Minnesota Oncology as the leader in Twin Cities cancer care.

In this issue, you will learn about Minnesota Oncology’s outreach programs that are bringing comprehensive cancer care to smaller cities that may not have access to specialty physician services. You will also get a thoughtful look at the radiation therapy moratorium and how it impacts the patient experience. Finally, we want to congratulate Dr. Joe Cardamone, who, as of May 20, 2013, has been practicing medicine for 50 years! He has served as a leader, a mentor and a role model for many of us in the cancer care community and has won our praise and admiration for his past and continuing efforts to promote cancer care excellence within Minnesota Oncology.

I am privileged to join all of my colleagues in ensuring that Minnesota Oncology will build on its past success and continue to define excellence and quality in cancer care throughout our region.

Dean Gesme, MD
President
Minnesota Oncology
As many as 20 percent of Americans live in non-urban areas where specialty care may not be found locally. Access to health care is a continuing priority for many of Minnesota’s outlying communities. Although many of the smaller cities have excellent primary care services for their citizens, it is frequently cost-prohibitive to build and staff a full-service cancer care clinic in smaller cities and towns, as the demand for such specialty services may not warrant the investment.

**Minnesota Oncology’s Commitment to Outstate Minnesota**

Minnesota Oncology is helping to meet this need through its long-term commitment to an overarching principle that calls for taking the latest evidence-based cancer care to non-urban communities. This is done via two different partnership business models in which Minnesota Oncology provides local access to state-of-the-art care to citizens outside the Twin Cities urban area. The two models used for outreach specialty cancer care service include the following:

1. **Traditional outreach model.** In this model, an arrangement is made with a local community hospital to initiate a visiting cancer consultant (VCC) program. A board-certified oncologist from Minnesota Oncology holds regular office hours in the local hospital or clinic to consult with patients referred by the local primary care physicians. Locations that employ this model include River Falls Area Hospital in River Falls, Wisconsin; District One Hospital in Faribault, Minnesota; Northfield Hospital in Northfield, Minnesota; and Buffalo Hospital in Buffalo, Minnesota.

2. **Regional partnership clinics.** This model calls for a full-time board-certified oncologist to lead a fully staffed cancer clinic in an outlying town or city via a partnership with the local community hospital. The locations that utilize this model include Cambridge Medical Center in Cambridge, Minnesota; Aitkin Hospital in Aitkin,
Cambridge Medical Center

The Cambridge Medical Center (CMC) is a regional health care facility affiliated with Allina Health providing comprehensive health care services to the residents of Isanti County and the surrounding areas. The medical center includes a large multispecialty clinic, an 86-bed hospital, a same-day retail pharmacy, Sister Kenny Rehabilitation Services and an eye care center. Although located in the community of Cambridge, population 8,100, the medical center has 900 employees, more than 150,000 clinic patient visits each year, 4,000 inpatient admissions and more than 100,000 outpatient visits annually. There are more than 90 providers on staff and more than 25 consulting physicians providing specialty care such as cardiology, oncology, ENT and urology, among others.

Cambridge Medical Center’s Cancer Program – A Shining Example of Outreach Cancer Care

The cancer care program of the Cambridge Medical Center is a laudable success story. Beginning in 2007 as a traditional outreach program with visiting cancer consultants on-site each week, the program is now led by Dr. Sanda Morar, a full-time, on-site, board-eligible oncologist from Minnesota Oncology who came on board in October 2010.

Over the course of the past two years, the cancer program was developed to its current level of excellence. Pam Whitehead, RN, BSN, MA, is the Nurse Manager of Surgery and Outpatient Services and works alongside Dr. Morar and the Care Team to develop, implement and manage a full spectrum of support services, patient education and survivorship care. The expert care team consists of a physician assistant, dietitians, oncology nurses, a care coordinator, social workers and pharmacists. Chemotherapy and IV therapy services are provided in Surgery and Outpatient Services, where 13 specially trained nurses administer chemotherapy. Three oncology-certified nurses also assist Dr. Morar in the clinic, and an experienced Cancer Care Coordinator meets with patients and their families to provide support and assist them in navigating the medical system — from diagnosis through treatment and into follow-up care.

Cambridge Medical Center Receives Virginia Piper Cancer Institute (VPCI) Designation

The Cambridge Medical Center recently achieved recognition as a Virginia Piper Cancer Institute (VPCI) site. “The VPCI branding is an endorsement of our oncology program and shows that we maintain the same excellent quality of care the VPCI does,” says Pam Whitehead, Nurse Manager of Surgery and Outpatient Services. “It is also a commendation of the great

Chemotherapy RNs Charlene Schultz, Arlene Asleson and Mari Erickson provide clinical support for the Cancer Program in Surgery and Outpatient Services.
things that are taking place in oncology care at CMC and recognizes the quality measures that are already in place.”

VPCI’s mission is to offer patients choices in their cancer care that fit with their lives. VPCI also believes that every patient deserves the best technology, with care delivered by a compassionate staff in an environment that focuses on the patient’s needs. This mission is a perfect fit for the oncology services offered at Cambridge.

“The VPCI designation is important because we are now recognized as an affiliate of a great organization, and we will continue to offer superior oncology services to our area north of the Twin Cities,” says Dr. Sanda Morar, oncologist. “This designation validates the good work we are doing. Personally, I am very pleased with this accomplishment. Being part of VPCI indicates to the community that we rank with the very best cancer centers in the state.”

“We will continue to work hard to provide top-quality services that enable the patient to remain close to home whenever possible.”
— Dr. Sanda Morar, Oncologist

Accreditation by the American College of Surgeons Commission on Cancer
In 2013, the Cambridge Medical Center Oncology Program is focusing on meeting the standards and eligibility requirements of the American College of Surgeons – Commission on Cancer and will pursue this nationally recognized accreditation in 2014.

Applying for and maintaining CoC accreditation is a voluntary commitment by a cancer program that ensures its patients will have access to the full scope of services required to diagnose, treat, rehabilitate, and support patients with cancer, and their families. A cancer program is able to continually evaluate its performance and take proactive corrective action when necessary. This continuous evaluation reaffirms the commitment of the program to provide quality cancer care. (Statement taken from the Commission on Cancer website.)

Special Patient Support Services
People dealing with a cancer diagnosis often need an extra measure of care and support during the time they are undergoing treatment. Psychosocial and spiritual care and services are a critically important component of a comprehensive cancer center program. CMC’s Cancer Center meets this need as well:
• “Beautiful You” provides makeup application instruction and offers various cosmetic options for women dealing with hair loss and skin changes while undergoing cancer treatment.
• The Men’s Cancer Support Group meets the third Tuesday of every
month from 7 to 8:30 p.m. Men can discuss anything about their cancer journey or the journey of someone in their lives. A male facilitator leads the group. All men dealing with any cancer, in any way, are encouraged to attend.

• The Women’s Cancer Support Group meets the first Thursday of every month from 2 to 3:30 p.m. The meeting focuses on issues specific to women who are dealing with cancer. All women touched by cancer, in any way, are welcome to attend.

• The STAR Program (Survivorship Training and Rehabilitation) is a nationally certified evidence based program for cancer survivors. STAR is offered through the Sister Kenny Rehabilitation Institute in Cambridge. Therapy is provided by STAR-certified therapists in the areas of swallowing, speech, language, cognition, activities of daily living, and physical disabilities, such as weakness, fatigue, peripheral neuropathy or balance.

• The Cancer Resource Center offers a wide range of support services for anyone affected by cancer. The Harbor Room provides educational materials including print and online resources, support groups, wigs, mastectomy bras and a host of other forms of assistance.

The Cambridge Medical Center Foundation
The CMC Foundation, supported by generous individuals, businesses and organizations, has played a key role in the development of the Cancer Center. Led by Julie Gotham, Executive Director, the Foundation is committed to meeting the needs of families in the five-county region who are facing a cancer diagnosis. Their commitment is evident in their funding and managing of the Harbor Room Cancer Resource Center where patient services are offered at no charge. In addition, the Foundation recently conducted a $1 million capital campaign to contribute toward a $9.8 million construction project resulting in a new emergency department and a new 2,500-square-foot addition to the Surgery and Outpatient Services Department. This project was completed in 2012, adding five new spacious chemotherapy suites, two bathrooms and an additional nurses’ station for the Chemotherapy and Infusion Center and greatly improving patient comfort and privacy.

Dr. Morar greets her patient, Kathy Prestige, at the entrance of Surgery and Outpatient Services where chemotherapy and IV therapy are provided.

People dealing with a cancer diagnosis often need an extra measure of care and support during the time they are undergoing treatment. Psychosocial and spiritual care and services are a critically important component of a comprehensive cancer center program.

Cambridge Medical Center’s Cancer Center is a powerful testament to what can be accomplished when a variety of partners come together energetically around a common vision, with a firm commitment to meet the needs of the citizens of their community. Dr. Morar sums it up nicely when she states, “We will continue to work hard to provide top-quality services that enable the patient to remain close to home whenever possible.”

Cancer Care Today

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Kathy Prestige with her grandchildren, Emily and Johnny

S
urging through the hallowed halls of every cancer care clinic — flowing into exam rooms and swirling through treatment areas — moves a river of humanity made up of hundreds, perhaps thousands, of distinctly unique people experiencing private crisis moments, undisclosed fears and desperate hopes as they journey through their own personal experiences of cancer. In describing a cancer clinic, it is not enough to merely list the features of a program — how many physicians, how many treatment rooms, what kind of technology. Such a description does not do justice to the singular, most profoundly important element of all — the lived experience of patients and their families. The patient must be the pivot point around which everything else revolves. Kathy Prestidge speaks as the voice of many as she chronicles the events of her personal story.

Kathy enjoys a quiet, fulfilling and contented life with her husband, Jon, in the little town of Isanti, located about eight miles south of Cambridge. Their two adult children live nearby with their families, assuring Kathy and Jon of frequent, happy access to their two young grandchildren. Kathy works as a practice assistant for the Stoel Rives law firm in Minneapolis.

About two years ago, Kathy became aware of several alarming symptoms that became more pronounced over time. She began to have right-sided headaches, her right eyelid began to droop, and her voice came and went. She later learned that this cluster of symptoms is known as Horner syndrome, a predictor of a rare type of lung cancer known as pancoast tumor. Her tumor was found nestled in the nerves at the top of her right lung. This particular tumor is associated with a history of smoking.

When a biopsy confirmed the diagnosis, Dr. Achenbach, a Cambridge Medical Center physician, made an appointment for Kathy to see Dr. Morar, oncologist at the Cambridge Medical Center’s cancer program. Kathy describes the panic she experienced when she learned she had cancer: “My first thought was, I am going to go to Mayo Clinic in Roch-
I'm not going to mess around with a local physician who may not know the best treatment for me! But my doctor encouraged me to keep the appointment and meet with Dr. Morar, and I am so glad that I did! I immediately felt comfortable with her. She put me at ease and took the time to answer all my questions. Looking back, I can see that it was the smartest decision I made. It felt right because I was able to get the very best care close to home without driving five hours to the Mayo.”

As it turned out, the treatment regimen for Kathy was extremely rigorous. She took 12 weeks off work and focused all her energy on getting well. “I had chemotherapy every Thursday, three weeks on and one week off, then again every 28 days. The chemo depleted my magnesium level, and I had to get infused every Friday. I needed to have radiation treatment at the same time. I lost all my energy. When you are that sick, putting one foot ahead of the other is just grueling. It takes everything you have just to move.”

The closest radiation therapy center was located in Wyoming, a small community about 30 miles southeast of Cambridge. Kathy’s course of radiation treatment consisted of daily treatments, five days each week for two months for a treatment that took just five minutes. “At first, my husband took time off work to drive me to treatment. But, after awhile, he could not take any more time; so for the last month I drove myself to radiation, even though I was so totally drained and exhausted and could barely manage to drive. It would have been so much easier if the radiation center were not so far away.”

Kathy has now completed her treatment and is enjoying good health. She is back to work and happy that she is well.

As she reflects on the course of her journey through cancer, Kathy expresses her gratitude that the staff at Cambridge Cancer Center and Dr. Morar were there for her when she needed them and that she was able to stay in her own community close to her loving family instead of traveling long distances to get the treatment she needed. “I am very glad I was able to get my care close to home.” Kathy states. “I like the small community feel of the clinic. I wasn’t just a number. They knew me and they cared about me.”

“Dr. Morar is such a positive person, very kind and also very honest. She was never rushed. She took the time to explain things to me, as well as to my husband who was full of questions. She helped us understand everything. They saved my life,” Kathy declares. “Everyone at the Cambridge Cancer Clinic was so wonderful; it brings tears to my eyes just to talk about it. They cared so much! Every one of them had a hand in saving my life!”

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The blend of energy medicine and massage therapy can be one of the vital connections between patients and their chemotherapy or radiation treatments. Complementary care, defined as therapeutic disciplines that are used together with conventional medicine, frequently allows patients to experience reduced pain, stress and even nausea. When the body can relax, side effects of chemotherapy such as headaches, peripheral neuropathy in hands and feet, bruising and injection-site pain are reduced, according to responses from our patients. The complementary care providers assist patients in “jump-starting” their natural, built-in ability to change how they feel.

History of the Complementary Care Program
In 2010, a three-month pilot program of healing touch complementary care was implemented at St. Paul Cancer Center by Julie Weaver, Healing Touch Practitioner, who spent one afternoon each week in the chemotherapy bay offering this modality at no charge to patients who were interested. A pre-treatment and post-treatment self-report test was conducted, with each patient using the 1-to-10 scale to assess pain, nausea and anxiety. The final aggregate score showed an overall 58 percent reduction in these symptoms. The positive reception from patients led to expanding the program to additional clinics.

Since then, Weaver has formed a working relationship with Globe University’s Massage Therapy Program to offer a site for the program to do its 45-hour senior internships on a volunteer basis. The program is now offered at our Edina Clinic and Maplewood Cancer Center.

Clear Benefits to Patients
Weaver continues to keep summary reports on the patients who have received...
complementary care. The patients’ individual assessments of their own pain, stress and nausea are noted before complementary care is provided, and patients are asked to assess the same symptoms before and after each session is completed. Quarterly reports continue to show self-assessed changes ranging from 48 to 59.6 percent less pain, stress and nausea than before receiving complementary care.

Some comments from the patients after their sessions include: “I can’t believe how relaxing this is. I feel great!”, “My headache is gone,” and “I feel like I could float away.”

2013 Oncology Massage Healing Summit
Weaver recently attended the 2013 Oncology Massage Healing Summit, held at Northwestern Health Sciences University in Bloomington, Minnesota. The three-day conference focused on oncology massage techniques and other modalities designed specifically to help massage therapists work effectively with clients who have cancer.

Megan Cole is an award-winning actor of the Broadway stage and served as keynote speaker at the conference. Cole has performed at M.D. Anderson Cancer Center in Houston and the Mayo Clinic Continuing Nursing Education Conference, teaching the art of compassion to medical students and providing techniques on how to regain it after burnout in the healing professions.

Cole’s keynote address pointed out that massage therapists can be on the forefront of helping clients/patients release grief through oncology massage. All the fears of aloneness — the “anticipatory grief” — for what we’ve lost to cancer — independence, mobility, dignity — are often the same things we feel if we live, and age, all alone.

Her seminar session, “Hearing True Voices from the Healing Arts,” discusses how to regain a sense of compassion when working in the healing professions, where burnout can be commonplace. She refers to all art — poetry, music, theater and visual — as the “healing arts,” because through them, health care providers can experience a situation, a condition or a loss from a distance where they are not in front of the patients. This brain response works against “heart chi,” which simply seeks for all our organs to work well together in an integrated way, helping us relate to others in our life. Adkins describes our contemporary culture as one of “spinning” — not allowing us to sit and think or be quiet. She believes heart chi craves “devotion to the task at hand,” as opposed to the multi-tasking that is prevalent in modern culture.

A Way to Stop the Spinning
Even in a busy chemotherapy clinic, there is an oasis of quiet and relaxation, because our complementary care providers work one-on-one with patients...

Isabel Adkins, BA, CMT, CMLDT, developed and is the primary instructor for the 300-hour certification program in Oncology Massage – Blending East with West™ at the Massage Therapy Institute in Davis, California. Her work includes integrating comfort-based massage with Eastern bodywork modalities to strengthen the body during cancer treatment, disease and its trauma. Adkins says that stress, chemotherapy, surgery and contemporary life itself activate the “fight-or-flight” response in our brain that has been active since humans first fought for survival.

Adkins describes our contemporary culture as one of “spinning” — not allowing us to sit and think or be quiet. She believes heart chi craves “devotion to the task at hand,” as opposed to the multi-tasking that is prevalent in modern culture.

Weaver summarizes the complementary care program at Minnesota Oncology as a quiet, effective way to “stop the spinning” for a while. "Those of us who provide energy medicine or massage therapy help our patients to reconnect themselves,” she observes. “We are present just for them.”
In 2007, the Minnesota State Legislature enacted a law commonly referred to as the Radiation Therapy Moratorium, which prohibits the construction of any new radiation treatment facilities in 14 Minnesota counties that encompass the greater Twin Cities region as well as St. Louis County.

Does the Radiation Therapy Moratorium Law Accomplish Anything?
The stated purpose of the moratorium has been to control health care costs by limiting the development of expensive medical facilities, to prevent a medical arms race and protect a revenue source for some hospitals where radiation treatment centers have traditionally been found. While these appear to be laudable goals, there is no credible data to demonstrate that such a moratorium controls costs.

In response to the argument that, without the law, too many radiation therapy centers would be built, it is important to acknowledge that radiation therapy is obviously not going to be administered unless it is needed, and reimbursement for medical treatment is determined by government payers and negotiated contracts with insurance companies. No provider can gain additional reimbursement by simply building additional facilities or raising its charges for care.

In terms of protecting hospital revenue, there has been a separate statute in place since 2003 that requires any new radiation facility to be built by a hospital or in partnership with a hospital, a requirement that we support (witness Minnesota Oncology’s 50/50 joint venture on the radiation facility in St. Paul with United Hospital). Therefore, the core stated reasons for the moratorium — cost control and protection of hospital revenues — are moot. It is interesting to note that not one other state in the union has a radiation moratorium law in place.

What Effect Does the Moratorium Law Have on Patients with Cancer?
It is well-documented that the limitation of radiation therapy facilities does have a negative impact on the experience of patients who need radiation treatment and may be required to travel significant distances for necessary care. Patients are frequently receiving chemotherapy treatment while receiving radiation, the combination of which can cause them to be very sick, weak and exhausted. From a patient and family’s point of view, it makes a great deal of sense to find a radiation treatment center as close to home as possible (see Kathy Prestidge’s story on page 14).

Nowhere in all of the discussion at the Legislature does there appear to be serious consideration of the patient. Although many patients have testified before the Legislature regarding the struggles they face when treatment involves the rigors of traveling long distances daily for radiation several days a week for up to seven weeks when they are weak, nauseated and in pain, their needs have fallen on deaf ears. Patient preferences for where to receive care and from whom, as well as how difficult it may be to access care, have not been given serious consideration. The patient story included in this edition demonstrates how moratorium legislation has real consequences for real people facing a life-threatening illness.

What Happens Now with the Radiation Therapy Moratorium Law?
A study commissioned by the 2012 Legislature on radiation capacity and future needs concluded that there will be a 23.5 percent increase in cancer cases in Minnesota by 2022 and a 23.9 percent increased need for radiation treatments, but that this can be addressed by “capital investment” (presumably additional radiation equipment) at existing facilities along with expanded hours at these facilities. Adding capacity to existing facilities seems counter to the concept of a moratorium.

Speaking to the ongoing need, since the enactment of the moratorium in 2007, the Mayo Clinic built a radiation facility in Northfield just outside the moratorium boundary, and HealthPartners, along with Minneapolis Radiation Oncology, built a new facility in western Wisconsin. With an anticipated 23.5 percent increase...
in cancer cases within the next 10 years, it is clear that the demand for facilities will continue to grow. It makes far more sense to space the additional facilities across the community in convenient locations for patients rather than limiting them far into the future to existing locations.

Despite the expected substantial increase in cancer cases, bills were passed by both houses of the Minnesota Legislature in the current session that extend the moratorium until 2020 and thereafter require in these 14 counties that any new radiation facility must be at least 15 miles from any existing facility, creating in effect a permanent moratorium. The bill was signed into law by Gov. Dayton in April.

Integrated Care – The Ideal Approach to Delivering Cancer Care

So what does this mean for the cancer patient? At Minnesota Oncology, we concluded many years ago that the best way to deliver cancer care is by using an integrated approach that brings all the specialists and support personnel together in one place so that the patient can receive care in one location, as close to home as possible. Integrated care is delivered by a team that is focused on the cancer patient, is attuned to his or her unique needs, and can provide a personal approach in a facility that requires a minimal amount of travel and the most convenience possible. The current moratorium and the future extension means that more such integrated facilities will never be developed — that existing facilities will be the only options. Patient access to care and choice of providers will be forever limited. There is also legitimate concern that such a moratorium will have a chilling effect on innovation, given the limits imposed on competition.

Millions of dollars have been spent on lobbying and political contributions by those on both sides of the issue. This money could have been better spent on programs and services for cancer patients. At Minnesota Oncology, we offer patients a full spectrum of supportive care: social workers, oncology dietitians, genetic counseling services, patient financial counselors (who help patients understand the complexities of insurance and assist them in accessing patient assistance programs), nurse navigators, a survivorship and supportive care program, and numerous collaborative practice nurses (RNs who respond to patient’s questions, coordinate their follow-up and provide a familiar voice in time of need).

At Minnesota Oncology, we see all patients who come to us for care, regardless of insurance or ability to pay. We focus on patient preference and convenience when our patients are referred for radiation, and we always honor their choices on where they wish to receive treatment. Our wish is that those choices not be limited arbitrarily. Minnesotans deserve better as our population ages.
Leadership Changes at Minnesota Oncology

As of April 1 of this year, a number of key physician leadership changes occurred at Minnesota Oncology.

President Dr. Tom Flynn stepped down from the post as President — a position he held for the last 12 years. We are very grateful for his years of dedicated service and committed leadership as the practice has grown and changed during the last decade. His firm hand at the helm, his thoughtful approach to issues and his vision have provided a clear line of sight for the organization. Dr. Flynn will continue to practice medical oncology and hematology at the Minneapolis Clinic.

The position of Practice President was filled by Dr. Dean Gesme who has practiced at the Minneapolis Clinic for the past seven years and who is also credentialed as a Certified Physician Executive. Dr. Gesme is Past President of the Iowa Oncology Society as well as Board Member and Chair for the National Coalition for Cancer Survivorship (NCCS). He has also been a Board Member for the American Cancer Society, Midwest Division.

Medical Director Dr. Burton Schwartz resigned from his role as Medical Director for the practice for the past 12 years and will continue with his medical oncology and hematology practice at the Minneapolis Clinic. Dr. Schwartz’s vision, enthusiasm and inspired leadership played an enormous role in the success Minnesota Oncology has enjoyed over the years. He will continue to be an inspiration and role model for the entire organization.

The position of Medical Director was filled by Dr. Mark Sborov. The appointment of Dr. Sborov will assure that the progress and achievements in providing excellent cancer care in our community will continue to grow and thrive.

Dr. Nicole Hartung was appointed to the role of Quality Medical Director for the practice. She will continue to carry forward the Patient Centered Care initiative begun by Dr. Sborov and will focus on building the Clinical Program Groups (breast, lung and GI cancers), along with the supportive care and survivorship programs.

Dr. Nicole Hartung was appointed to the role of Quality Medical Director for the practice. She will continue to carry forward the Patient Centered Care initiative begun by Dr. Sborov and will focus on building the Clinical Program Groups (breast, lung and GI cancers), along with the supportive care and survivorship programs.
Only XGEVA® is proven to be better to the bone than zoledronic acid in preventing serious bone problems caused by bone metastases.

Bone metastases from breast cancer put you at risk for devastating bone problems like painful fractures—and only XGEVA® is proven better than zoledronic acid at helping to prevent these serious bone problems caused by bone metastases. XGEVA® has been researched in 3 large clinical studies.

- In a study of patients with breast cancer, XGEVA® lowered the chance of serious bone problems by 18% more than zoledronic acid.
- In a study of patients with prostate cancer, XGEVA® lowered the chance of serious bone problems by 18% more than zoledronic acid.
- In a study of patients with other solid tumors or multiple myeloma, XGEVA® was no worse than zoledronic acid in lowering the chance of serious bone problems.

ASK YOUR DOCTOR IF XGEVA® IS RIGHT FOR YOU.

XGEVA® is a prescription medicine used to prevent fracture, spinal cord compression, the need for radiation, or surgery to the bone in patients with bone metastases from solid tumors.

XGEVA® is not used to prevent these bone complications in patients with multiple myeloma.

IMPORTANT SAFETY INFORMATION

What is the most important information you should know about XGEVA®?

Low calcium levels in your blood (hypocalcemia)

XGEVA® can significantly lower the calcium levels in your blood. You may experience severe low calcium levels, including symptoms. Your low blood calcium must be treated before you receive XGEVA®. Your doctor may prescribe calcium and vitamin D to help prevent low calcium levels in your blood while you take XGEVA®. Take calcium and vitamin D as your doctor tells you to.

Severe jaw bone problems (osteonecrosis)

Severe jaw bone problems may happen when you take XGEVA®. Your doctor should examine your mouth before you start and while you are taking XGEVA®. Tell your dentist that you are taking XGEVA®. It is important for you to practice good mouth care during treatment with XGEVA®.

Possible harm to your unborn baby

You should not become pregnant while taking XGEVA®. Tell your doctor right away if you are pregnant or plan to become pregnant. XGEVA® can harm your unborn baby.

Before taking XGEVA®, tell your doctor if you:

- Have low blood calcium
- Cannot take daily calcium and vitamin D
- Have kidney problems or are on kidney dialysis
- Plan to have dental surgery or teeth removed
- Are pregnant or plan to become pregnant
- Are breastfeeding or plan to breastfeed
- Are taking a medicine called Prolia® (denosumab)

What are the possible side effects of XGEVA®?

The most common side effects of XGEVA® are tiredness/weakness, low phosphate levels in your blood, and nausea. The most common serious side effect of XGEVA® is shortness of breath. Cases of severe low calcium levels, including some deaths, have occurred. These are not all the possible side effects of XGEVA®. For more information, ask your doctor or pharmacist. Call your doctor for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Visit myXGEVA.com for more information.

Please see brief summary of Prescribing Information on the adjacent page.

XGEVA® is a convenient injection under the skin given once every 4 weeks.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION

XGEVA® (X-gee-va) (denosumab) Injection

This brief summary of the package insert provides information for people who will be receiving Xgeva or their caregivers. This brief summary does not tell you everything about Xgeva. You should discuss any questions you have about treatment with Xgeva with your doctor.

What is the most important information I should know about Xgeva?

Xgeva can cause serious side effects including:

1. Low calcium levels in your blood (hypocalcemia). Xgeva can significantly lower the calcium levels in your blood. You may experience severe low calcium levels, including symptoms. Your low blood calcium must be treated before you receive Xgeva. Call your doctor right away if you have symptoms of low blood calcium such as:
   - Spasms, twitches, cramps, or stiffness in your muscles
   - Numbness or tingling in your fingers, toes, or around your mouth
   Your doctor may prescribe calcium and vitamin D to help prevent low calcium levels in your blood while you take Xgeva. Take calcium and vitamin D as your doctor tells you to.

2. Severe jaw bone problems (osteonecrosis).
   Severe jaw bone problems may happen when you take Xgeva. Your doctor should examine your mouth before you start Xgeva. Your doctor may tell you to see your dentist before you start Xgeva. It is important for you to practice good mouth/dental care during treatment with Xgeva.

3. Possible harm to your unborn baby
   If you are pregnant, Xgeva can cause harm to your unborn baby. You should not become pregnant while taking Xgeva. Tell your doctor right away if you are pregnant or plan to become pregnant.

Call your doctor right away if you have any of these side effects.

What is Xgeva?

Xgeva is a prescription medicine used to prevent fracture, spinal cord compression, the need for radiation, or surgery to the bone in patients with bone metastases from solid tumors. Xgeva is not used to prevent these bone complications in patients with multiple myeloma. It is not known if Xgeva is safe and effective in children.

What should I tell my doctor before taking Xgeva?

Before taking Xgeva, tell your doctor if you:

- Are taking a medicine called Prolia (denosumab). Prolia contains the same medicine as Xgeva.
- Have low blood calcium.
- Cannot take daily calcium and vitamin D.
- Have kidney problems or are on kidney dialysis.
- Plan to have dental surgery or teeth removed.
- Are pregnant or plan to become pregnant. Xgeva may harm your unborn baby. Tell your doctor right away if you become pregnant while taking Xgeva. Pregnancy Surveillance Program: You should not become pregnant while taking Xgeva. If you become pregnant, talk to your doctor about enrolling in Amgen’s Pregnancy Surveillance Program or call 1-800-772-6436 (1-800-77-AMGEN). The purpose of this program is to collect information about women who have become pregnant while taking Xgeva.
- Are breastfeeding or plan to breastfeed. It is not known if Xgeva passes into your breast milk. You and your doctor should decide if you will take Xgeva or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and nonprescription drugs, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of medicines with you to show to your doctor or pharmacist when you get a new medicine.

How will I receive Xgeva?

- Xgeva is injected under your skin (subcutaneous).
- You will receive Xgeva 1 time every 4 weeks.
- You should take calcium and vitamin D as your doctor tells you to while you receive Xgeva.
- Take good care of your teeth and gums while you receive Xgeva. Brush and floss your teeth regularly.
- Tell your dentist that you are receiving Xgeva before you have dental work.

What are the possible side effects of Xgeva?

Xgeva may cause serious side effects.

- See “What is the most important information I should know about Xgeva?”

The most common side effects of Xgeva are:

- tiredness/weakness
- low phosphate levels in your blood
- nausea

The most common serious side effect of Xgeva is shortness of breath. Cases of severe low calcium levels, including some deaths, have occurred. Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of Xgeva. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about Xgeva

The prescribing information summarizes the most important information about Xgeva. If you would like more information, talk with your doctor.

For more information, go to www.myxgeva.com or call Amgen at 1-800-772-6436.

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Oncology
Volunteer Today for a Cancer-Free Tomorrow

What if you could prevent even one family from hearing the words “you have cancer”?

Right now, you have a unique opportunity to fight back against cancer by enrolling in the American Cancer Society’s new research study called the Cancer Prevention Study-3 (CPS-3). By joining CPS-3, you can help researchers better understand the genetic, environmental and lifestyle factors that cause or prevent cancer, which ultimately saves lives.

Who can join the study?
The study is open to anyone who:

• Is willing to make a long-term commitment to the study, which means completing periodic follow-up surveys at home for the next 20-30 years
• Is between 30 and 65 years old
• Has never been diagnosed with cancer (not including basal- or squamous-cell skin cancer)

How can you participate?
Participation is easy. Your initial enrollment requires two steps and will involve the following:

• After scheduling your enrollment appointment, you will receive a confirmation e-mail with instructions to go online and complete your first, most comprehensive survey. This survey will ask you questions regarding medications you are taking, family history of cancer, lifestyle and other behaviors and will take approximately 45 to 60 minutes to complete.
• At your appointment, you will be asked to sign an informed consent form, complete a brief survey, and provide a waist circumference measurement and a small blood sample (similar to a doctor’s visit). The blood sample will be taken by a certified, trained phlebotomist. Your appointment should last approximately 20 to 30 minutes.

To schedule an appointment, visit CPS3TwinCities.org.

What else can you do?
Make sure to bring friends with you when you show up to change the world. And tell everyone you know about this historic opportunity to save lives and fight for every birthday threatened by every cancer in your community.

“If you have ever had a friend or family member diagnosed with cancer, one of the hardest things is feeling like we can’t do anything to help. CPS-3 is something we can do to help in the fight against this disease.”

— Study participant
Woodbury Clinic “Alley Cats” Bowl for St. Paul Listening House

Led by Dr. Karin Armstrong and her family, Woodbury Clinic’s six-member Alley Cats bowling team dedicated its Saturday afternoon on February 9 to raising money to benefit the Listening House of St. Paul. Sixteen teams participated, raising a grand total of $20,000.

Listening House is a sanctuary from the streets and is affectionately called “Living Room for the Homeless,” offering practical assistance, counsel and a listening ear to the homeless, disadvantaged or lonely. Approximately 200 adults are served each day, supported by financial contributions, in-kind donations, professional services, fundraisers and more than 8,000 hours of volunteer assistance annually.

Dressed in Blue for YOU!

On March 1, each of Minnesota Oncology’s nine clinics enthusiastically supported the Colon Cancer Alliance’s national Dress in Blue Day to raise community awareness about colorectal cancer.

Fact sheets were made available, and clinic staff members and physicians sported “Ask Me Why I’m Blue” stickers to encourage conversation about the importance of colon cancer screening.

The facts remain…

- Approximately 150,000 Americans are diagnosed with colon cancer every year
- Colon cancer often has no symptoms until it’s at an advanced stage
- Colon cancer is up to 90 percent preventable

“Sheared” Goals

When Connie Meyer was diagnosed with breast cancer in 2012, it was quite a shock, and she opted for aggressive treatment that included surgery, chemotherapy and radiation therapy, under the supervision of her oncologist, Dr. Mark Sborov, at our Edina clinic.

As part of the Survivorship Program at the clinic, Connie heard about Angel Foundation and the help it provides for families facing cancer. And, as time went on, she had a growing desire to help other cancer patients.

With help from her colleagues at Salon Ultimo in Woodbury, Connie hosted a silent auction and fashion show with a goal of raising $5,000. To encourage her to achieve her objective, Dr. Sborov agreed to let Connie shave his head clean at the end of the event if she hit her fundraising target.

Connie far exceeded her goal, with the event generating more than $14,000 for Angel Foundation. Dr. Sborov was as good as his word — submitting to the razor with good humor and grace.
Angel Foundation, the Twin Cities nonprofit organization that has provided $3 million in emergency financial assistance and has helped 18,000 adults with cancer since 2001, kicked off the year raising more than $437,000 at its annual Angel Awards Gala January 26 at the Hilton Minneapolis. This increase of 56 percent over 2012’s gala puts the organization on a path to provide $1 million in emergency financial assistance this year to adults with cancer and their families. This is up from $650,000 in 2012.

For founder Margie Sborov, these milestones are significant because they mean more help for more adults with cancer and their families. “I’m amazed how far we’ve come since our founding just 12 short years ago,” Sborov says. “From me working solo at a corner of a counter at Minnesota Oncology to now, where Angel Foundation is on track to have provided 4 million dollars in emergency financial assistance since 2001, I am so grateful for this support for the people we serve.”

In addition to providing emergency financial assistance for non-medical needs, Angel Foundation’s Facing Cancer Together Program continues to provide help and support to families who have a parent facing cancer. Highlights of the program this year include:

- **Teen Music Outreach**: In March, 12 teens in this program, with the help of local professional musicians, spent 12 weeks writing and recording an original song and unveiled their work at a music release party at Hell’s Kitchen. The project provided the teens with an opportunity for artistic and emotional expression, sharing the feelings and milestones of adolescence within the context of a serious family illness.
- **Kids Kamp**: The free three-day summer camp for children 5 to 18 who have a parent with cancer is one of the most anticipated events of the year for the families served by Angel Foundation. Each year, parents witness the power of the camp to transform the lives of their children who attend. In a post-camp evaluation last year, 81 percent of the campers reported feeling more comfortable communicating with their family about cancer as a direct result of Kids Kamp, and 90 percent said they felt less alone in the experience of having a parent with cancer.
- **Summer outings**: In June, Angel Foundation will host a first-ever Urban Experience Kids Kamp, where they will explore the Minneapolis mill district. In July, families who have a parent facing cancer are invited to the Family Aquatic Center in Apple Valley for a private pool party.

Angel Foundation continues to raise funds via events. The biggest fundraiser of the summer is the 11th annual Angels & Eagles Golf Classic, on July 29 at Minnesota Valley Country Club. Thanks to generous support, this golf event has raised nearly $1 million for local adults with cancer and their families. For more information, contact Angel Foundation at (612) 627-9000 or go to www.mnangel.org.

Logan U’u from the band the Level Heads gives recording tips to Angel Foundation Teen Outreach program participants Evelyn (left) and Natalie. The girls were among 12 Angel teens who wrote and recorded original songs and released them at a launch party in March.

Children at Angel Foundation’s Kids Kamp report feeling less alone in the experience of having a parent with cancer because of the camp.
Dr. Nisha Jacobs Joins Minnesota Oncology
Dr. Nisha Jacobs has joined the physician team at our Coon Rapids clinic.

Dr. Jacobs received her medical degree from the University of Missouri, Kansas City, and completed a fellowship in medical oncology and hematology at the University of Minnesota, Minneapolis.

Her areas of special interest include the treatment of breast malignancies, prostate and renal carcinoma, melanoma, and hematologic disorders.

New Practice Manager Joins Burnsville Clinic
Ms. Kelly Adams has assumed the role of Practice Manager at our Burnsville clinic.

Her educational background includes a BSBA degree from Thomas Edison State College, Edison, New Jersey, and a B.S. degree in liberal arts from Excelsior College USNY, Albany, New York. Kelly is also pursuing her MBA degree from Amberton University, Garland, Texas.

Minnesota Oncology Physicians Receive Local and National Recognition

P.J. Flynn, MD
Dr. Patrick (P.J.) Flynn was awarded the David King Community Clinical Scientist Award at the 39th national meeting of the Association of Community Cancer Centers in Washington, D.C., on March 8, 2013.

The David King Community Clinical Scientist Award recognizes active community clinical research leaders. Award winners are physicians who have demonstrated leadership in the development, participation and evaluation of clinical studies and/or are active in developing new screening, risk assessment, treatment or supportive care programs for cancer patients.

As part of the Love to Find a Cure Benefit on February 21, 2013, Dr. P.J. Flynn and his wife, Jody, were honored with the Lymphoma Research Foundation’s Minnesota Hope Award.

This award is given “to outstanding individuals who have worked diligently in Minnesota to foster the LRF mission through support of research and outstanding patient care.”

Dr. Rajini Katipamula-Malisetti Receives Award of Excellence
Dr. Rajini Katipamula-Malisetti was recognized with an Award of Excellence at the 19th Annual Convention of the Telugu Association of North America (TANA) for her contributions to the health and well-being of Telugu people in Minnesota and India.

The Telugu are an ethnic group originating in the southern province of Andhra Pradesh, India, and the mission of this nonprofit organization is to identify and address social, cultural and educational needs of the North American Telugu community and Telugu people in general.

Leading the Way on Survivorship
Minnesota Oncology’s Survivorship Development Team was honored to share its paper “Integration of Survivorship in Community Oncology Practice” at the ASCO Quality Conference, November 30-December 1, 2012.

Dr. Philip Dien, MD
Burnsville clinic Site Medical Director
Dr. Phil Dien was recently recognized for significant contributions to patient care through the Fairview Foundation’s Champion of Care program. This program allows patients to distinguish their caregiver as a superb clinician through a donation in his or her name, which is used to ensure community access to vital medical care.
Dr. Katipamula-Malisetti has practiced medical oncology and hematology at Minnesota Oncology’s Coon Rapids clinic since 2009. In her professional capacity, she not only provides state-of-the-art cancer care but also holistically addresses the psychosocial needs of her patients and helps Telugu-speaking patients and their loved ones to navigate the often-complicated treatment process and make informed health care decisions. Her contributions to the Telugu community also extend to India, as she gladly interprets medical records via e-mail and offers second opinions for indigenous Telugu patients.

This physician enjoys the complete trust and confidence of her patients and is highly respected by her colleagues and staff members at Minnesota Oncology, as well as area physicians who refer their cancer patients for specialty care.

As one colleague noted as part of the nomination process, “It is a privilege to work alongside such an intelligent and caring individual who was obviously placed on this earth to help others.”

National Cancer Institute Research Awards
Dr. Matt Boente and Dr. Joe Leach, and their research teams, were awarded the Gold Certificate of Excellence for “Outstanding achievement in patient enrollments in National Cancer Institute Treatment and Cancer Control Clinical Trials” (June 2011-May 31, 2012).

Our physician-led research teams play a vital role in gathering data that lead to the approval of new cancer treatment drugs and protocols for the expanding ‘tool kit’ of options available in the ongoing fight against cancer.

Rep. Keith Ellison Tours Minneapolis Clinic

On March 22, 2013, Rep. Keith Ellison and members of his staff toured the Minneapolis clinic to see and hear for themselves how Minnesota Oncology serves the cancer care community.

“We were very pleased that the congressman was willing to visit our clinic and see firsthand what we do in community cancer care to better understand the challenges we and our patients face,” Dr. Tom Flynn stated.

Reflecting on his visit to Minnesota Oncology, Rep. Ellison shared, “I want to commend your clinic for its demonstrated commitment to strengthening the health and vibrancy of our community. This work is vital to making Minnesota a great place to grow, live and work. There is much more to be done in making medical treatment more affordable, researching more effective ways to combat cancer and offering quality treatment to all of our nation’s citizens. I know that Minnesota Oncology has strong leaders who advocate for positive and sustainable change toward these goals, and I look forward to working with you to achieve them. I will bring back with me to Washington, D.C., all that I learned about treatments, clinical trials and the difficulties that specialized medical groups face.”

Practice President Dr. Dean Gesme noted, “Rep. Ellison was extremely interested in assuring access to quality cancer care for all patients and understands the important part that adequate reimbursement for Medicare and Medicaid plays in assuring patient access.”

Dr. Joe Cardamone Celebrates 50 Years of Service
Congratulations to Dr. Joseph Cardamone, who, on May 20, celebrated 50 years as a practicing oncologist in the north metro Twin Cities area and as a health care leader at the national level. During his career, Dr. Cardamone was named first author and co-author of a number of research papers published in academic magazines such as The Journal of the American Medical Association (JAMA). He has also presented at national conventions, including the American College of Physicians and the American Society of Hematology. Dr. Cardamone continues to play an important role with the American College of Surgeons – Commission on Cancer as a site surveyor helping cancer programs achieve and maintain national accreditation.