

strength in numbers

Great Lakes
Cancer Institute
-McLaren
2011 Annual Report

2010 Statistical Data



McLAREN REGIONAL MEDICAL CENTER
A McLAREN HEALTH SERVICE



The **STRENGTH** of our cancer program *resides in* the number of team **members** dedicated to providing the gold standard in cancer care. The cover features members of the Cancer committee, who guide all aspects of cancer care at Great Lakes Cancer Institute - McLaren.



2011 cancer committee

Back Row (left to right)

Frederick Armenti, MD
Thoracic Surgery

Jack Nettleton, MD
Radiation Oncology

David Wiese, MD
Pathology

Lisa Salmons
VP, Hospice and Palliative Services

Sukamal Saha, MD
Surgical Oncology,
Cancer Liaison Physician

T. Trevor Singh, MD
Cancer Committee Chairman,
Medical Director of Medical Oncology

Sunil Nagpal, MD
Medical Oncology

Middle Row (left to right)

Delynn Ruddy
Office Manager

Colleen Streeter, CTR
Cancer Registrar

Linda Lawrence, MD
Medical Director of McLaren Imaging

Elizabeth Bowie, RN, BSN, OCN
GLCI Research Manager

Mindi Odom
American Cancer Society

Lisa Ash, CPHQ
Quality Improvement

Karla Grunow
Director of Oncology Services

Jean Battles, LMSW
Medical Social Worker

Kathi Scruggs, RN
Assistant Nurse Manager,
Inpatient Oncology

Front Row (left to right)

Kimberly Wright, CTR
Cancer Registrar

David Eilender, MD
Medical Oncology

Kim Johnson, RN
Director, Medical/Surgical Services

Kristin Chevrette, RN, OCN
Oncology Nurse Navigator-
Breast Services

Hesham Gayar, MD
Medical Director of
Radiation Oncology

Members Not Pictured

Madan Arora, MD
Medical Oncology

Ray Demers, MD
CEO, GLCI

Cindy Dougherty, RN
Nurse Manager, Inpatient Oncology

W. Edward Naill, MD
Radiation Oncology

Sankar Nair, MD
Pain Medicine

Venkatasiva Peram, MD
Medical Oncology

Ann Roat, RD
Dietician

Harold Rutila, MD
Urology

Cathy Sudborough, CTR
Oncology Data Coordinator

Brent Wheeler
VP, Ancillary/Support Services

Dale Wilson, MD
Gynecology

fighting cancer takes strength.

As a treatment center, we operate under the guiding principles to provide precise care with professionalism and a passion for what we do. Of course, the greatest strength resides in the spirit of the people who face cancer and of their families. We work hard to give them the tools they need.

The number of advanced treatment options offered, additional support services and statistical data analysis are all tools that can help our patients. This year's annual report highlights some of our program strengths and a statistical study for breast cancer. We take pride in the depth of care provided at GLCI-McLaren to address the whole patient for many types of cancer diagnoses. The treatment process includes advanced forms of therapy targeting the disease itself as well as treating the secondary effects a cancer diagnosis can cause. Emotional and financial concerns are addressed through our support service team of professionals.

As our program continues to grow, we are able to offer a wider array of complementary services along with greater access to sophisticated therapeutic options. We invite you to take a moment to discover more about our services and our people and hope you consider GLCI-McLaren as an extension of your healthcare team.

T. Trevor Singh, MD, FACP
Chairman, McLaren Cancer Committee

Karla Grunow, RN, BSN
Director of Oncology Services



Sungyong Park
Chief Physicist

T. Trevor Singh
Medical Oncologist/Chairman,
Cancer Committee

David Eilender
Medical Oncologist/
Hematologist

Cathy Sudborough
Oncology Data
Coordinator

Karla Grunow
Director,
Oncology
Services



professionalism. precision. passion. program depth.

The staff at Great Lakes Cancer Institute (GLCI)-McLaren provides quality care with professionalism. Physicians, caregivers and support staff are highly trained, up-to-date on industry trends and techniques, and maintain high ethical standards to ensure the best patient experience.

Nurse Navigator Guides Breast Cancer Patients through Treatment Journey

A diagnosis of breast cancer can thrust one into unfamiliar territory. All of a sudden there are a host of new words entering a patient's vocabulary like staging, doses, infusion and radiation therapy. GLCI-McLaren has designed their program to make the process easier with the assistance of a designated oncology nurse navigator for breast services – reducing the anxiety and some of the barriers that can occur with comprehensive cancer care.

Kristin Chevrette, RN, BSN, OCN completed an intensive training program which qualifies her to coordinate the clinical, educational and support needs of breast cancer patients and their families. Her specialized training and experience enables her to provide guidance throughout the entire treatment process and connect patients to helpful community resources.

Specifically the oncology nurse navigator seeks to:

- Address questions and concerns
- Link patients to resources regarding insurance and payment assistance
- Refer patients to transportation services, if needed
- Direct patients to further healthcare services
- Identify local resources and support services
- Assist in tracking appointments
- Act as a resource for healthcare information

205

new breast cancer cases diagnosed and/or treated at McLaren in 2010




professionalism. **precision.**
passion. program depth.

Leading Michigan in Advanced Radiation Oncology Treatment

Under the leadership of Hesham E. Gayar, MD, since the cancer center's inception in 1990, the radiation oncology program at GLCI-McLaren has embraced the evolution of technology and treatment practices to remain at the forefront of care. Currently, patients may receive targeted radiation therapy on one of three photon linear accelerators, including the TrueBeam STx, which is the most advanced form of photon radiation therapy available. In addition, the center is experienced in administering several forms of brachytherapy (internal radiation) for qualifying patients with prostate, breast, gynecological and skin cancers, allowing patients and their physicians more options in determining the treatment that is the best suited to their condition.

The next generation of care in radiation oncology is taking shape at GLCI-McLaren as construction of the McLaren Proton Therapy Center nears completion. The Center will have three treatment rooms, each with an isocentric gantry, modulated pencil beam scanning treatment delivery and cone beam CT. With a total cost of \$65 million, the McLaren Proton Therapy Center will take further steps toward better treatment delivery and will open doors for future clinical research for proton beam treatment.

 **2** millimeters,
the size of this
point and the
range of patient
treatment
accuracy in
radiation
delivery.



professionalism. precision.
passion. program depth.

Sometimes it is the little things that make the biggest impression. Members of the team at GLCI-McLaren have a passion for what they do that extends beyond the treatment room. Beyond providing superior medical care, GLCI-McLaren is strongly committed to their patients extra needs, cancer survivors, and the community.

Through two unique programs; the Ever Living Tree and Extra Mile Program, patients are provided financial assistance to overcome some of the obstacles they encounter that may interfere with receiving treatment. For the second year, Extra Mile received a boost from the Forbidden Wheels motorcycle club who hosted the Extra Mile Ride to benefit the fund. As a result of this event, and the generous support of all donors, GLCI-McLaren helps ease the financial burden associated with care for many of their patients. In 2011, more than 56 patients received a one-time check from the Ever Living Tree Fund and more than 100 patients received a \$10 Kroger gift card to help them meet an immediate need. In addition, over 1,440 bottles of nutritional supplements were distributed to patients at no charge.



\$16,678

the financial assistance distributed to GLCI patients in 2011. These funds help offset the cost of non medical expenses during their treatment.

professionalism. precision.
passion. program depth.



A Tribute to the Fab Four

Family. Friendship. Fulfillment. Fun. These were the four fabulous things in life shared at the 17th Annual Cancer Survivor Celebration hosted by GLCI-McLaren. The event also featured a tribute to the better known Fab Four group-The Beatles. More than 500 survivors, GLCI physicians and staff enjoyed an evening of laughter and music together.

Community Involvement

In 2011, GLCI-McLaren participated in the following community outreach programs:

Event	Collaborating Agency	Date	2011
Colorectal Screening	GLCI	March	GLCI total kits requested: 3412 McLaren Kits: 330 Number of Kits Returned: 147 Percent returned: 45% Positives: 6.8%
Daffodil Days	American Cancer Society (ACS)	March	\$2,034.00 in fundraising efforts
Skin Cancer Screening	Internal Medicine physicians and residents	September 7	139 screened 40 diagnosed w/malignancy
Cancer Survivor Celebration		June 14	Over 500 guests attended
Relay for Life	ACS 2011 Sponsor \$7,500.00 commitment	June	10 Relays Genesee/Shiawassee Counties April - June
Prostate Screening	Genesee County Cancer Connection (GCCC)	September 13 & 28	233 men screened Abnormal PSA = 33 Abnormal DRE = 26
Breast Screening	GCCC	October 5	44 people screened
Making Strides Against Breast Cancer	ACS	October	Owosso: Oct. 1 Lapeer: Oct. 8 Flint: Oct. 15



Vijeshwar Sharma
Sr. Medical Physicist

Susan Knopp
Physician Biller

Kathi Scruggs
Assistant Nurse
Manager,
Inpatient Oncology

Cindy Dougherty
Nurse Manager,
Inpatient Oncology

Michelle de Boyrie
Clinical
Dietitian

Claire Smith
Radiation Therapist

Gail Singer
Art Therapist

Sunil Nagpal
Medical Oncologist

Sukamal Saha
Surgical Oncologist



professionalism. precision. passion. **program depth.**

The strength of any great team is its depth. Likewise a strong cancer program requires excellence in all aspects of the care process. Direct care specialists and support staff recognize the strength of working together and utilizing community resources to give the best care experience. Commitment to this process is reflected in accreditations and special project partnerships. GLCI-McLaren is an accredited multidisciplinary program by the Commission on Cancer, and is a participating Michigan Breast Oncology Quality Initiative (MiBOQI) hospital. MiBOQI is the first statewide effort to examine practice patterns in surgical, radiation and medical oncology to improve breast cancer treatment and outcomes. Services offered through GLCI-McLaren include:

Multidisciplinary Conferences

Weekly: Breast, Thoracic, General Oncology
Monthly: Neuro Oncology
Quarterly: Head and Neck

Diagnostic Services

- PET/CT
- Digital Mammography
- MRI
- Computer-Aided Detection (CAD)



Radiation Oncology

Advanced external beam radiotherapy services:

- Image-Guided Radiation Therapy (IGRT)
- Intensity Modulated Radiation Therapy (IMRT)
- Brachytherapy (internal radiation) services include:
 - Low Dose Rate (LDR) permanent seed implantation
 - High Dose Rate (HDR) computer-guided treatment and placement of fiducial marker seeds
- On-Board CT scanning on TrueBeam Linear Accelerator

Medical Oncology and Hormone Therapy

- Biologic Therapy
- Chemotherapy
- Clinical Trials
- Hormonal Therapy
- Genetic Counseling
- Targeted Therapy

Surgical Oncology

- Robotic-assisted laparoscopic surgery
- Minimally-invasive laparoscopic surgery

Pathology

Inpatient Oncology Unit

27,549

the number
of cancer
patients who
have received
treatment at
GLCI-McLaren*

* in the Registry
database beginning
1/1/82 up through the
calendar year 2010

professionalism. precision.
passion. program depth.

Continued...

Support Services

- Nutritional counseling
- Medical social work
- Spiritual support
- Support groups
- Lymphedema Clinic
- Art Therapy
- Physical, occupational and speech therapy

Palliative Care

Hospice

Research

Patients may choose to include a research protocol as part of their treatment plan. Because many of the oncologists on staff serve as investigators for national and international studies, patients have a greater number of treatment options. Currently, there are 24 clinical trials available to qualifying patients.

The Medical Oncology practice at GLCI-McLaren provides advanced care by offering Phase II and Phase III investigative protocols approved by the National Cancer Institute through the following organizations:

- National Surgical Adjuvant Breast and Bowel Project (NSABP)
- Eastern Cooperative Oncology Group (ECOG)
- Cancer and Leukemia Group B (CALGB)

The Radiation Oncology practice participates in several protocols approved by the RTOG.

For a description of the individual studies taking place at GLCI-McLaren, visit mclarenregional.org/cancer and select the tab Clinical Trials, or access the listing by scanning the QR code on this page.



case study. statistical data.

2011 Breast Cancer Study

This study provides an overview of breast cancer according to Cancer Facts and Figures 2011, a comparative analysis between McLaren's data and that of the National Cancer Data Base for the year 2008. This comparison includes age at diagnosis, AJCC stage of disease at presentation, and first course of treatment provided. A comparison of five year observed survival is included for the year 2003, which is the most recent data available from NCDB for comparative purposes. Information is also provided regarding an initiative McLaren has been participating in since 2007. And finally, the results of two GLCI corporate-wide quality initiatives McLaren participated in are shown.

According to Cancer Facts & Figures 2011, an estimated 230,480 new cases of invasive breast cancer and 57,650 new cases of in situ breast cancer will be diagnosed in the year 2011 in the United States. Breast cancer is the most commonly diagnosed cancer (excluding skin cancer) in women and it ranks second as the cause of cancer death in women (after lung cancer).

An estimated 39,520 breast cancer deaths are expected in 2011. Since 1990, death rates for breast cancer have steadily decreased in women younger than 50 than in women 50 and older. The decrease in breast cancer deaths is attributed to earlier detection and improved treatment.

Age is the most important risk factor for breast cancer. Some other risk factors include use of combined

estrogen and progesterone hormone therapy, physical inactivity, never having children and having one's first child after the age of 30. Risk is also increased by a personal or family history of breast cancer and inherited genetic mutations in the breast cancer susceptibility genes BRCA1 and BRCA2. Although, these mutations account for approximately 5-10% of all breast cancer cases, they are rare in the general population (less than 1%), so widespread genetic testing is not recommended.

This comparative study includes 158 cases from McLaren Regional Medical Center and 2,872 cases from the National Cancer Data Base (NCDB), teaching and research facilities in the Great Lakes (Indiana and Michigan) ACS Division.



Tiffany Kreiner
Radiation Therapist

McKenzie Bigger
Radiation Therapist

Linda Lawrence
Radiologist,
Medical Director of
McLaren Imaging

Lisa Salmons
VP, Hospice and
Palliative Services

Jean Battles
Medical
Social Worker

Mindi Odom
American Cancer Society
Community Program
Representative

Tamara Cramer
Administrative Assistant

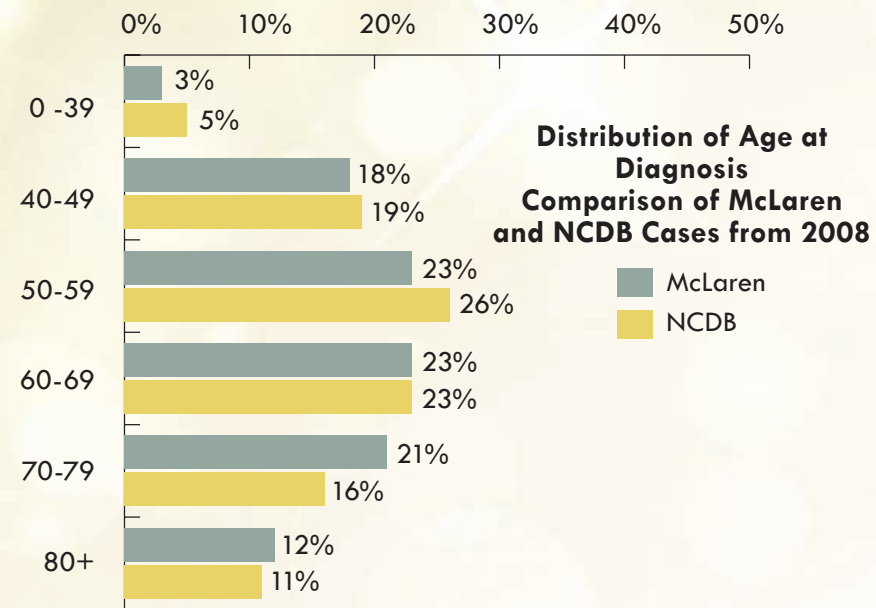
Stacey Hoffman
Clerk

Travis Schultz
Physicist

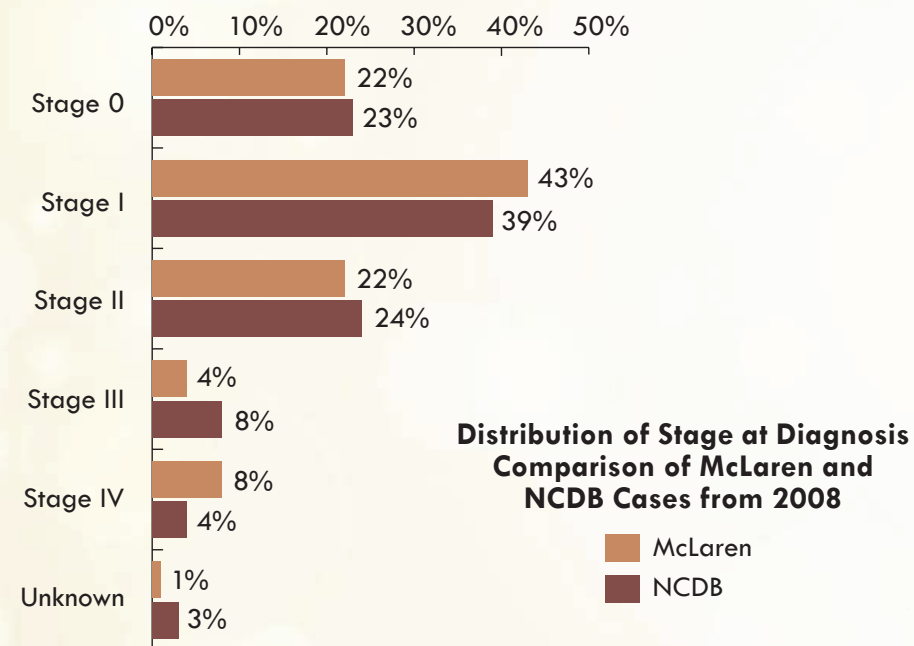
Art Ewald
Sr. Medical
Physicist

case study. statistical data.

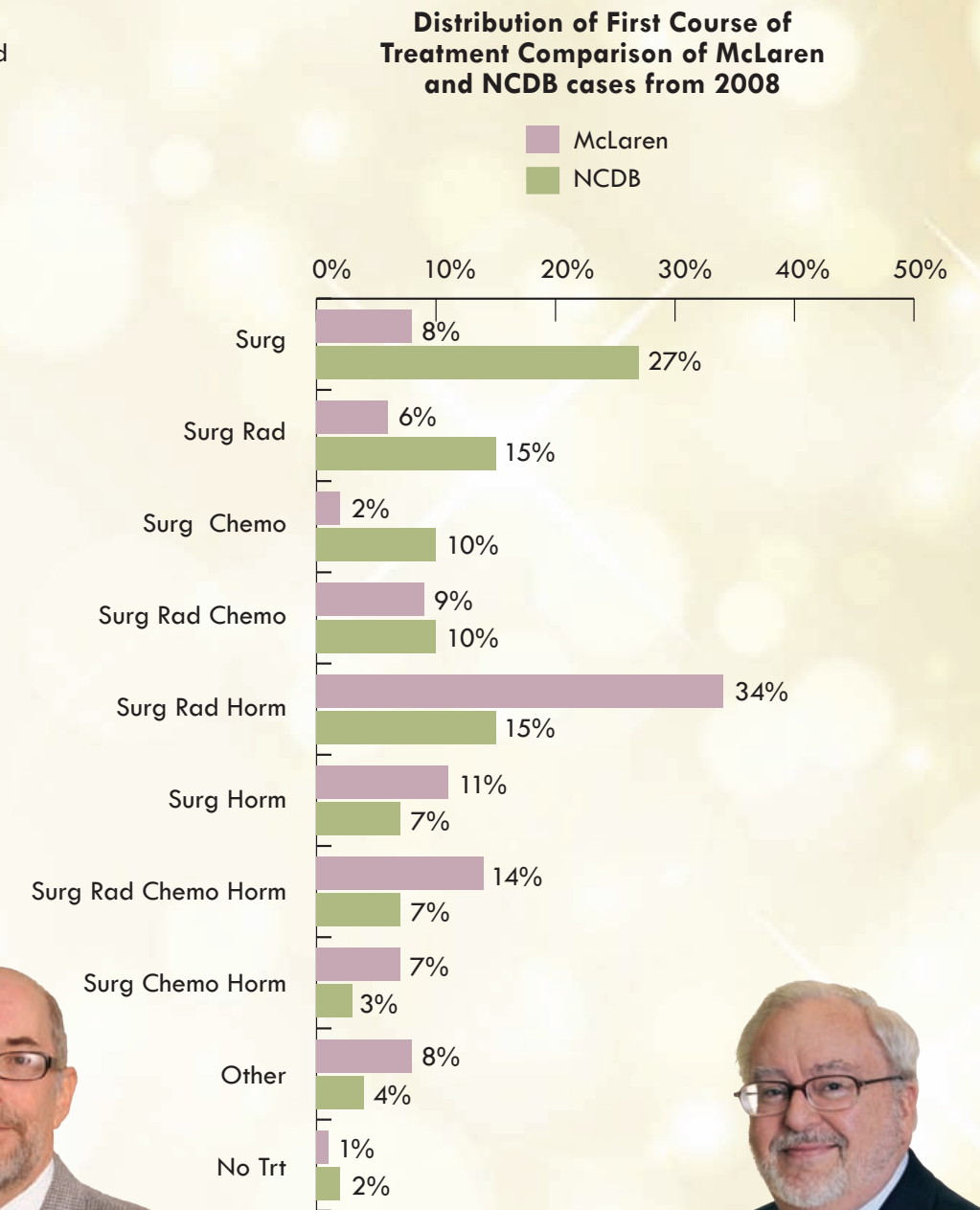
When the age at diagnosis comparison was reviewed from the graph on the right, the majority of McLaren's patients were diagnosed between ages 50-59 followed by ages 60-69. NCDB's data revealed similar findings.



The majority of patients were diagnosed with Stage I disease for both McLaren and NCDB as you can see from the graph to the right. Stage II was the next most common stage diagnosed with almost identical results for Stage 0 patients, again, for both McLaren and NCDB.



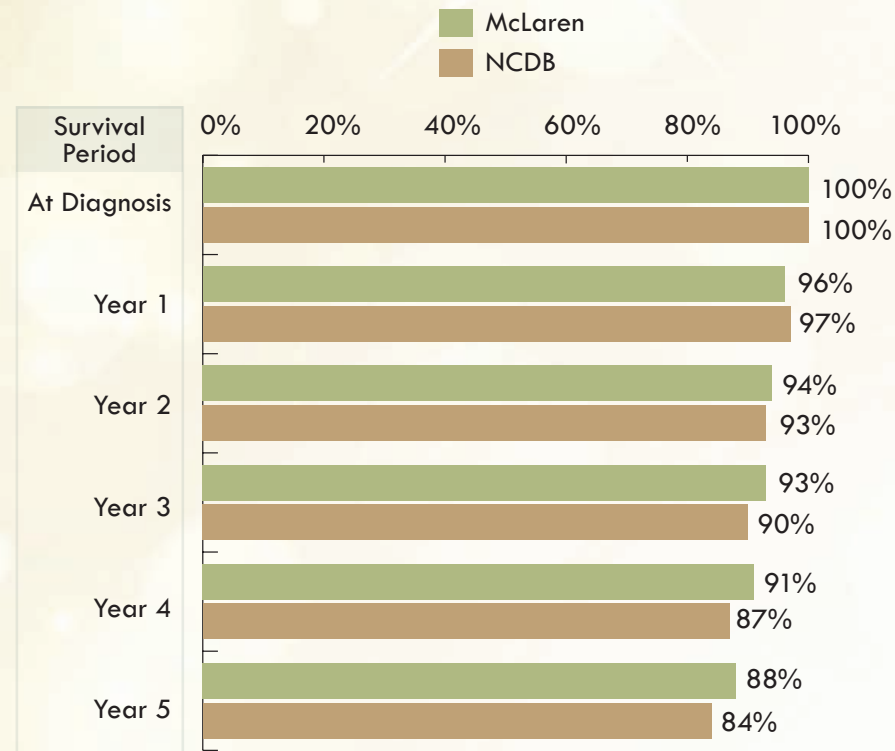
First course of treatment revealed 34% of McLaren patients received combination treatment including surgery, radiation, and hormone, followed by 14% of patients receiving surgery, radiation, chemotherapy and hormone treatment. NCDB data showed surgery alone being the most common treatment at 27% followed by multimodality treatment consisting of surgery, radiation, and hormone. The only explanation for this is possibly more patients received mastectomy rather than breast-conserving surgery.



case study. statistical data.

Survival data used in this comparison between McLaren and NCDB was from the year 2003, which was the most current data available from NCDB. McLaren's five-year observed survival was 88%, which is slightly higher when compared to NCDB survival rate of 84%. This most likely is not statistically significant due to the small number of patients included in each data set.

2003 Breast Cancer - Five Year Observed Survival McLaren vs National Cancer Data Base



Collaborative Initiatives

McLaren began participating in the Michigan Breast Oncology Quality Initiative (MiBOQI) in 2007, which is a collaboration between Blue Cross Blue Shield of Michigan, the National Comprehensive Cancer Network (NCCN), Michigan hospitals, and the Coordinating Center located at the University of Michigan. This program was first launched in 2006 and is the first statewide effort to examine practice patterns in surgical, radiation, and medical oncology to improve treatment and outcomes for breast cancer patients. There are currently 19 cancer centers around the State participating in this initiative. The purpose of MiBOQI is as follows:

- Assist hospitals and associated medical practices compare treatment methods

- with nationally accepted treatment guidelines
- Identify and address the variability of breast cancer care quality
- Establish patterns and trends within Michigan institutions which can in turn promote standardization of breast cancer care
- Compare site specific findings to other community sites in Michigan and also to NCCN findings
- Identify patients who did not meet specific NCCN guideline requirements and investigate why
- Explore reasons for non-concordance, including technological and therapeutic advances which alter the standard of care for certain subgroups

- Apply results of analysis as an input into the annual updating of practice guidelines
- Use aggregate data for health services publications that will present studies of patterns of care, quality of care and outcomes.

McLaren receives Concordance Reports annually. These reports measure outcomes specific to McLaren patients and high priority quality measures per NCCN guidelines and compares other participants and NCCN centers. An audit is conducted annually to ensure patients entered have accurate information relating to the diagnostic workup and treatment.



McKenzie Flannery
Clerk II

Leslie Sedlarik
Clerk II

Tricia Sedlarik
Clinical Patient Scheduler

Lauren Beaudry
Chief Radiation Therapist

Amy Strang
Patient Account Coordinator

Reg Tidball
UsTOO Support Group

Lisa Ash
Quality Improvement

Dennis Wallace
Certified Physician Assistant

Melody Henry
Nurse Manager

Wanda O'leary
Nurse Coordinator

case study. statistical data.

Collaborative Initiatives Continued

Participation in this initiative provides an opportunity for education and advancing practices, promotes routine monitoring of practices at McLaren and comparisons to local institutions as well as national norms, and supports National Accreditation Program for Breast Centers (NAPBC), which McLaren is currently pursuing. The Breast Cancer Advisory Committee (BCAC) serves as a forum to identify quality measures related to breast cancer management. Concordance reports are shared with BCAC for an internal review and presented to the Cancer Committee at least annually.

Site	Number of Cases Compliant	Total Number of Cases Reviewed	Compliance Percentage
McLaren	81 cases	86 cases	94%
GLCI System	268 cases	298 cases	87%

McLaren participated in two GLCI corporate-wide studies this year utilizing 2010 data from the Cancer Registry. As mentioned previously, the first study evaluated the use of PET and/or PET CT in the diagnostic work-up for Clinical Stage I and II breast cancer. According to the NCCN guidelines, PET CT is NOT indicated in the staging work-up for Stage I and Stage II breast cancer patients. This study evaluated the prevalence of PET use throughout the GLCI system in the diagnostic phases for Stage I and Stage II breast cancer patients. At McLaren, 86 patients were included in this study. McLaren's compliance rate was 94%. The patients that had a PET were reviewed by a sub-committee, and it was determined that five did not meet criteria to have a PET performed. These findings were discussed at the Breast Cancer Advisory Committee and Cancer Committee. The recommendation of both Committees was to determine an acceptable goal and monitoring method. The average compliance rate among all GLCI sites (8 locations) was 87%.

Site	Number of Cases Compliant	Total Number of Cases Reviewed	Compliance Percentage
McLaren	73 cases	73 cases	100%
GLCI System	247 cases	279 cases	86%

The second study evaluated surgical axillary staging practices for Clinical Stage I and Stage I breast cancer patients. Per NCCN guidelines, sentinel lymph node biopsy is the preferred method of axillary lymph node staging in clinically node negative Stage I and Stage II breast cancer patients based on study data reflecting more morbidity with no improvement in locoregional recurrence rates and no difference in overall survival with axillary node dissection as compared to sentinel lymph node procedure alone. There were 73 McLaren patients that met the criteria for inclusion in this study. All 73 patients had a sentinel lymph node biopsy performed, for a compliance rate of 100%. The average compliance rate overall for GLCI corporate-wide was 87%.

Quality Comprehensive Care

McLaren's Multidisciplinary Breast Conference meets weekly to review all newly diagnosed breast cancer patients and designs a treatment plan for each patient utilizing the NCCN guidelines, aiming to provide the highest quality comprehensive care. With McLaren receiving an "Excellent" rating from their most recent MiBOQI audit conducted August 15-16, 2011, patients can be assured they will receive the best quality care possible. McLaren is in the process of seeking accreditation through the National Accreditation Program for Breast Centers. This will bring McLaren national recognition once this accreditation is achieved.

T. Trevor Singh, MD, FACP
 Medical Director, Medical Oncology
 Cancer Committee Chair

Kimberly Wright, CTR
 Cancer Registrar

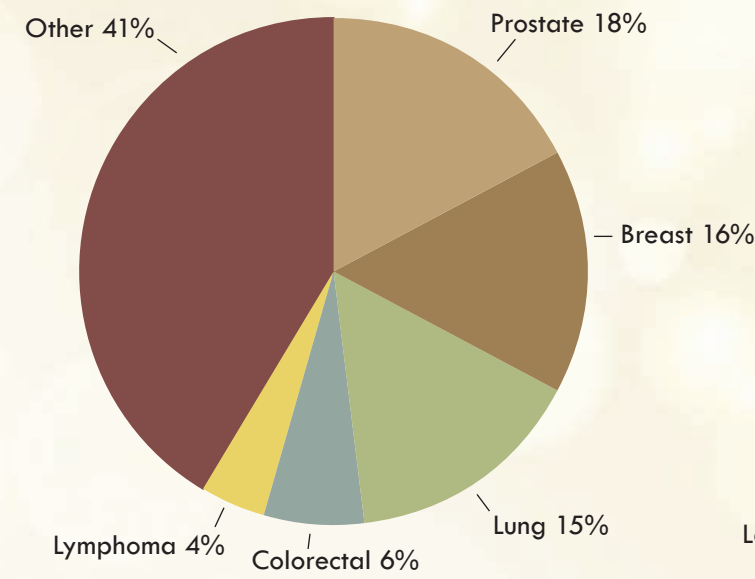
Cathy Sudborough, CTR
 Oncology Data Coordinator

case study. statistical data.

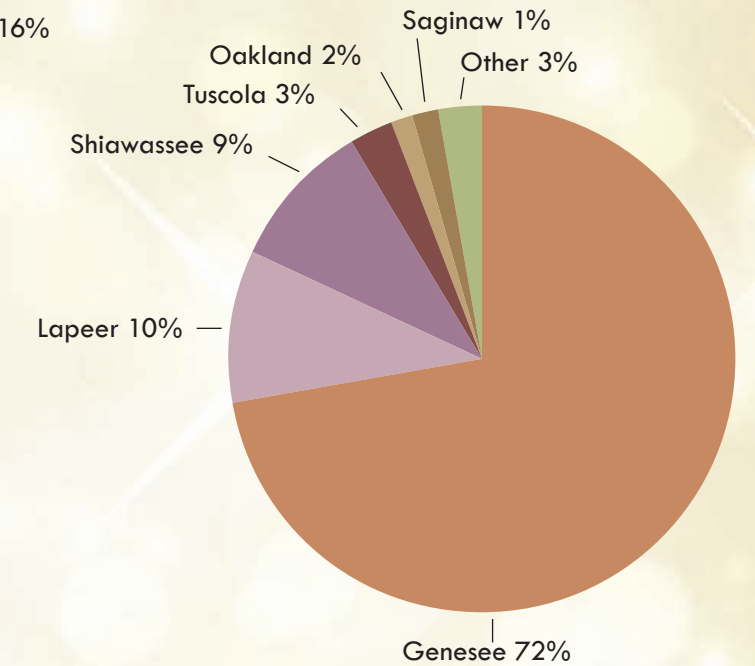
The team of certified tumor registrars at GLCI-McLaren identify and compile patient data for use in cancer management programs and to comply with government regulations. The information gathered is collected through review of patient records such as demographics, diagnostic workup, stage of disease at presentation, and initial treatments. They also contact patients and physicians to collect follow-up information such as quality of life and length of survival of cancer patients. Physicians and researchers use this high quality data to understand and address the cancer burden more effectively.

2010 Data Summary	
Total Number of Cases Reviewed	2,310
Total Number of Completed Cases	1,341
Total Number of Analytic Cases (diagnosed and/or treated at McLaren)	1,231
Total Number of Cases Reportable to State of Michigan Cancer Registry	129
Total Number of Cases Reviewed which were non-reportable	840

2010 Distribution of Top Five Malignancies
1,231 Analytic Cases

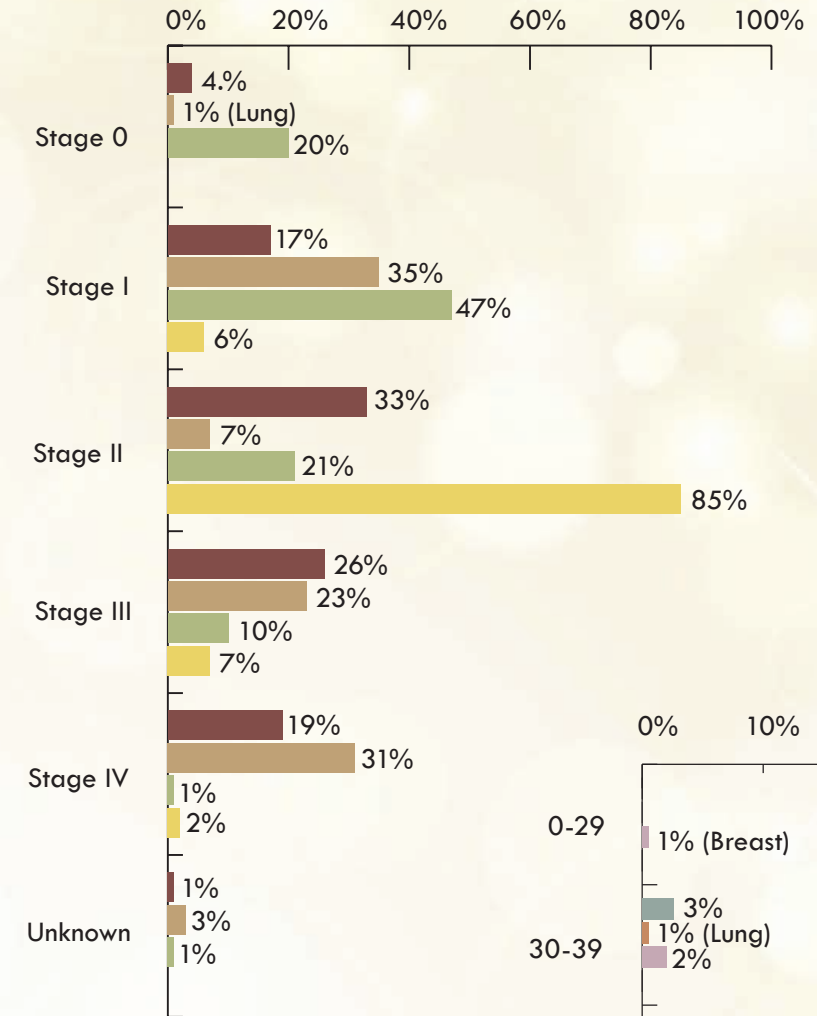
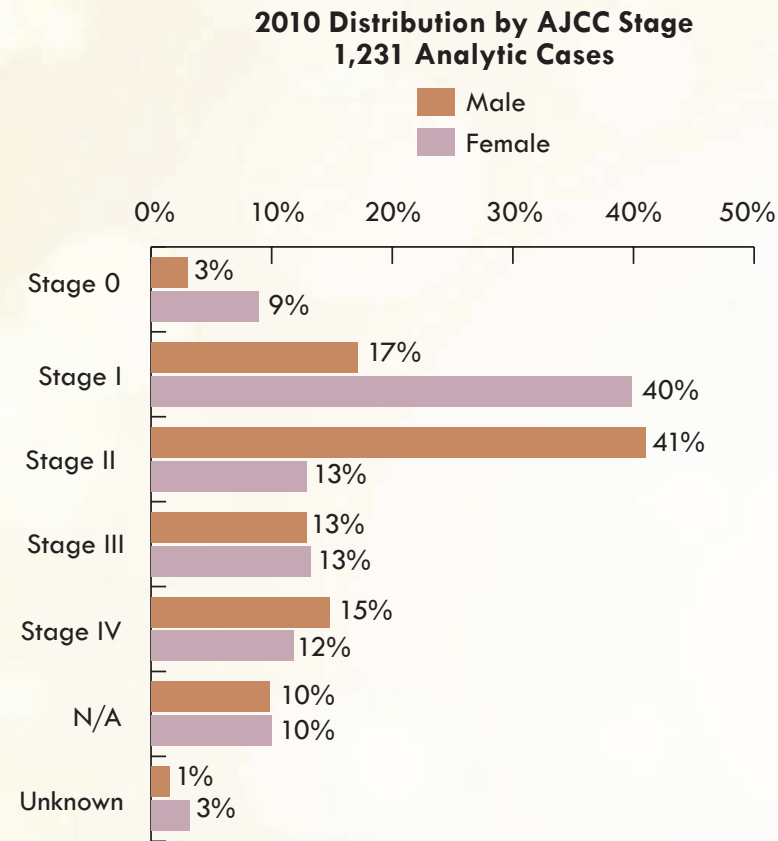
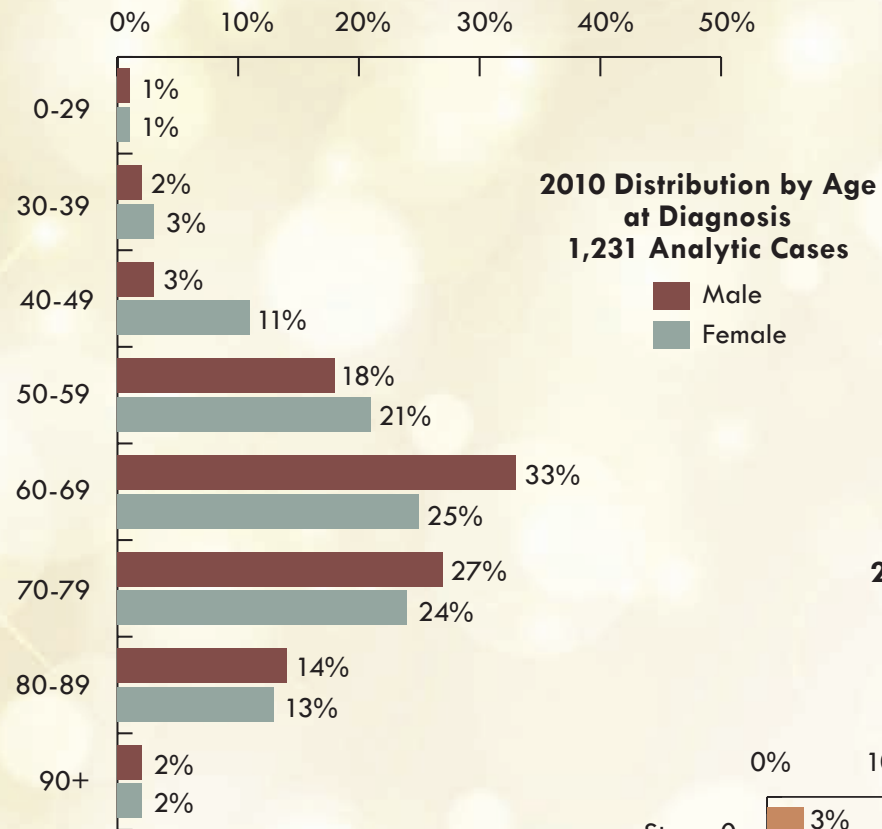


2010 Distribution Percentage by County at Diagnosis
1,231 Analytic Cases



Primary Site	Total	Percent	Sex		Class of Case		Status		Stage Distribution - Analytic Cases Only						
			Male	Female	Analytic	Non-Analytic	Alive	Expired	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	N/A	Unknown
Oral Cavity & Pharynx	25	1.9%	17	8	23	2	21	4	0	1	3	7	9	1	2
Digestive System	183	13.6%	91	92	158	25	104	79	3	30	47	29	35	3	11
Respiratory System	229	17.1%	124	105	216	13	112	117	3	73	17	50	64	3	6
Bone & Joints	2	0.1%	1	1	2	0	1	1	0	1	1	0	0	0	0
Soft Tissue	14	1.0%	4	10	13	1	8	6	0	4	1	4	4	0	0
Skin Excluding Basal & Squamous	26	1.9%	8	18	22	4	24	2	5	14	1	1	0	0	1
Breast	220	16.4%	2	218	205	15	208	12	40	97	43	20	3	0	2
Female Genital System	76	5.7%	0	76	70	6	66	10	8	36	2	13	8	1	2
Male Genital System	255	19.0%	255	0	233	22	250	5	0	14	197	17	5	0	0
Urinary System	77	5.7%	53	24	70	7	60	17	16	31	7	5	7	0	4
Brain & Other Nervous System	23	1.7%	8	15	22	1	17	6	0	0	0	0	0	22	0
Endocrine System	45	3.4%	12	33	44	1	44	1	0	32	1	4	3	4	0
Lymphoma	73	5.4%	40	33	63	10	56	17	0	19	8	10	24	1	1
Myeloma	18	1.3%	7	11	18	0	13	5	0	0	0	0	0	18	0
Leukemia	36	2.7%	21	15	34	2	21	15	0	0	0	0	0	34	0
Mesothelioma	3	0.2%	2	1	3	0	1	2	0	0	1	1	1	0	0
Miscellaneous	36	2.7%	18	18	35	1	15	21	0	0	0	0	0	35	0
TOTAL	1,341	100.0%	663	678	1,231	110	1,021	320	75	352	329	161	163	122	29

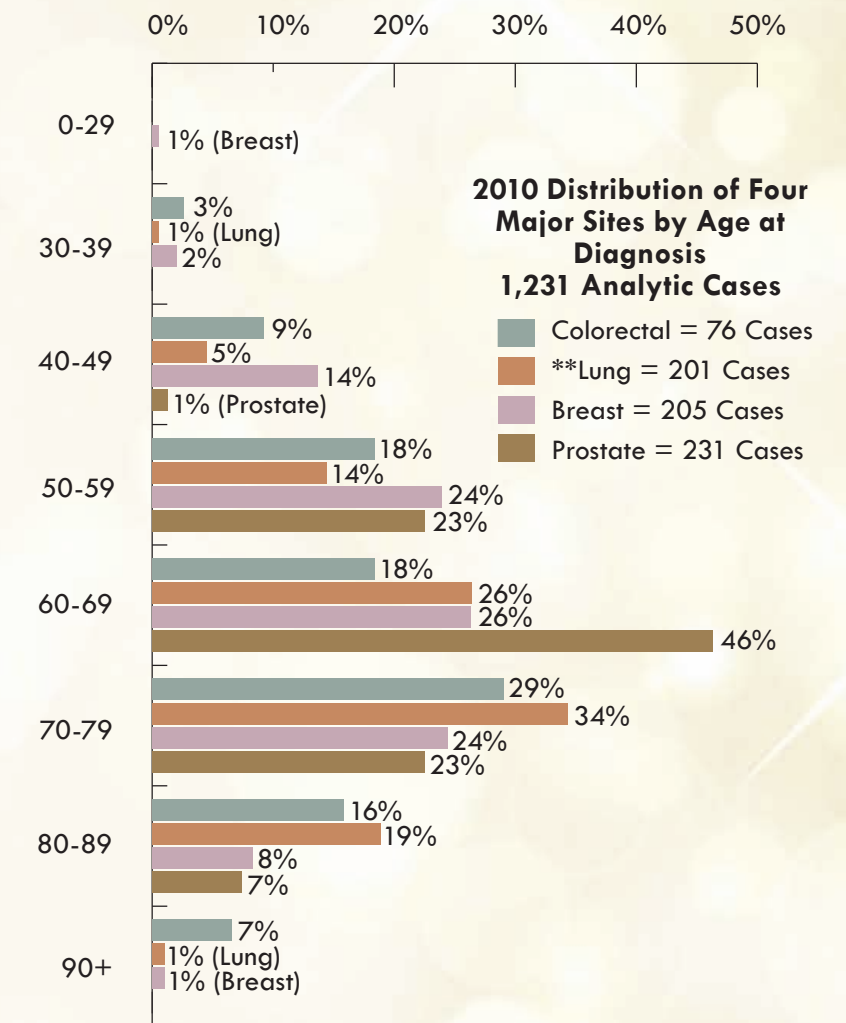
case studies. statistical data.



**2010 Distribution of Four Major Sites by AJCC Stage
1,231 Analytic Cases**

- Colorectal = 76 Cases
- **Lung = 201 Cases
- Breast = 205 Cases
- Prostate = 231 Cases

***Lung patients excluded: 2 lung primary lymphoma cases and 1 sarcoma, which requires different staging schemas; 1 carcinoid diagnosed in 2009 with 1st date of contact in 2010, requiring 6th Edition AJCC staging, which excludes carcinoids.*



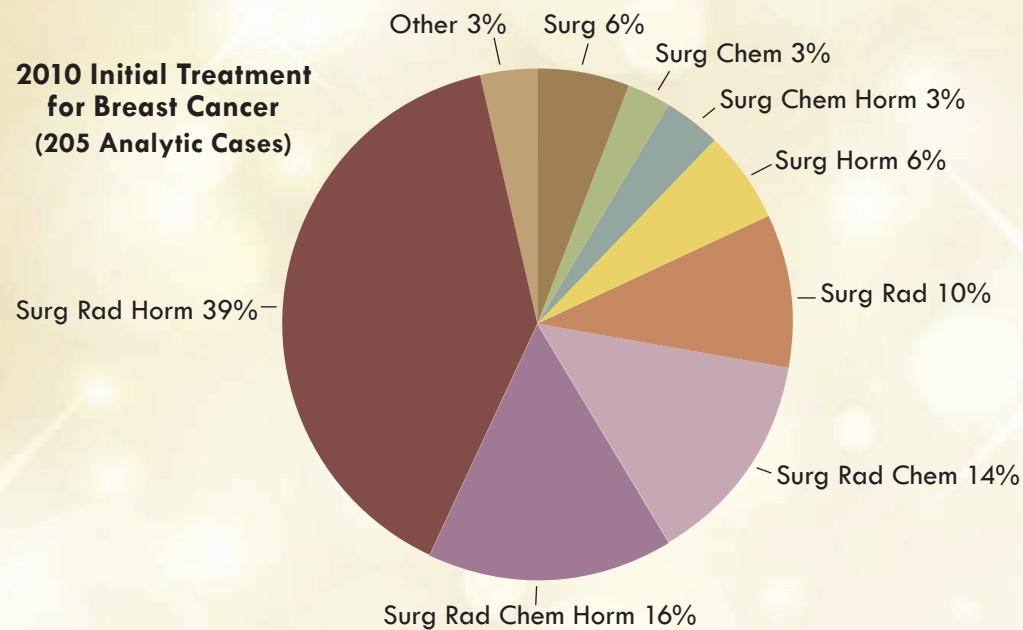
***Lung patients excluded: 2 lung primary lymphoma cases and 1 sarcoma, which requires different staging schemas; 1 carcinoid diagnosed in 2009 with 1st date of contact in 2010, requiring 6th Edition AJCC staging, which excludes carcinoids.*



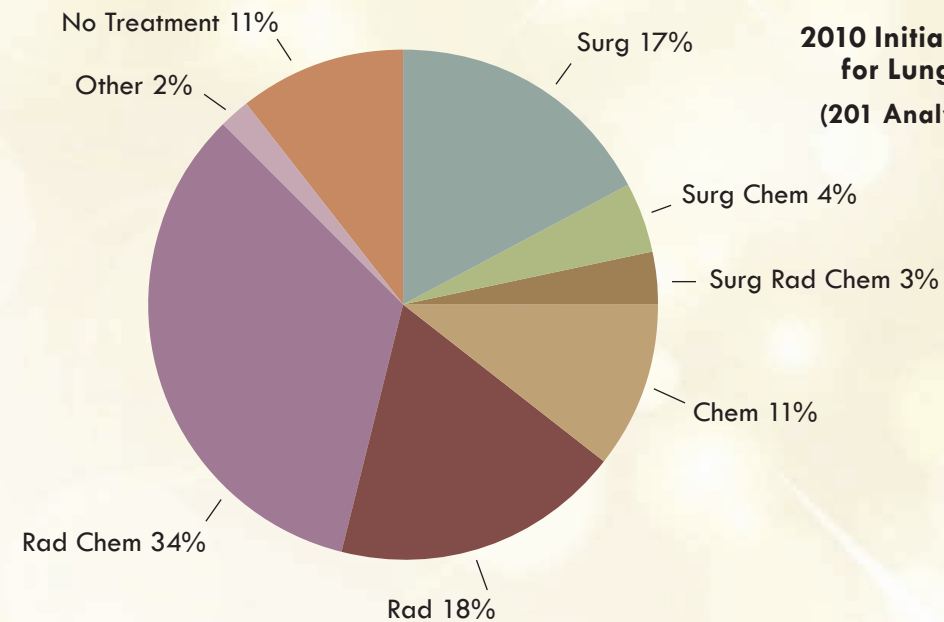
Delynn Ruddy
Office Manager

Amy Nolin
Administrative Assistant

2010 Initial Treatment for Breast Cancer
(205 Analytic Cases)

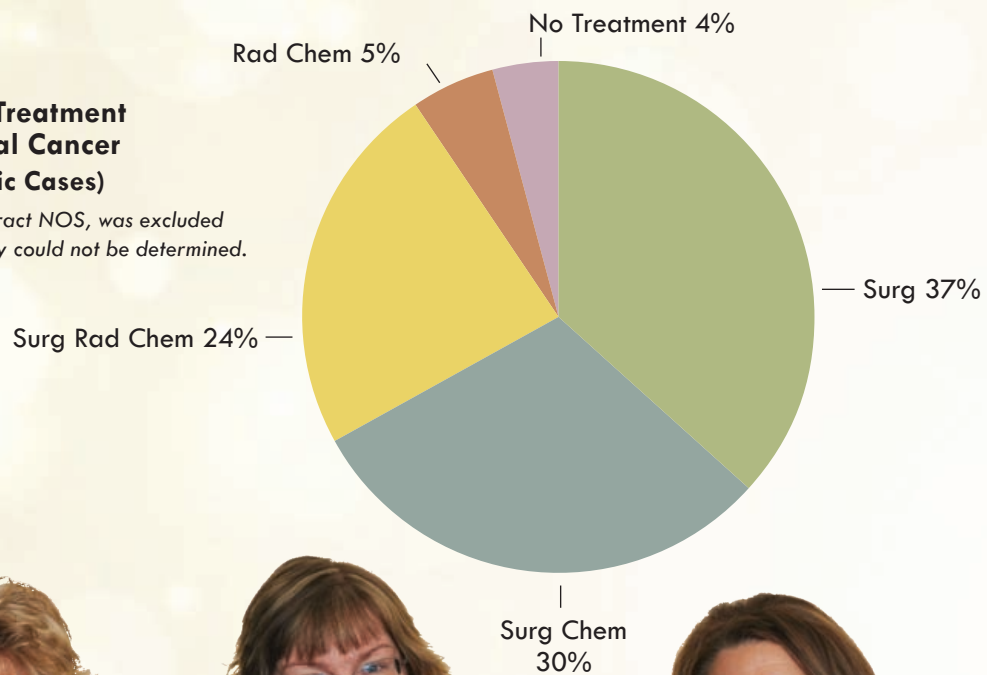


2010 Initial Treatment for Lung Cancer
(201 Analytic Cases)

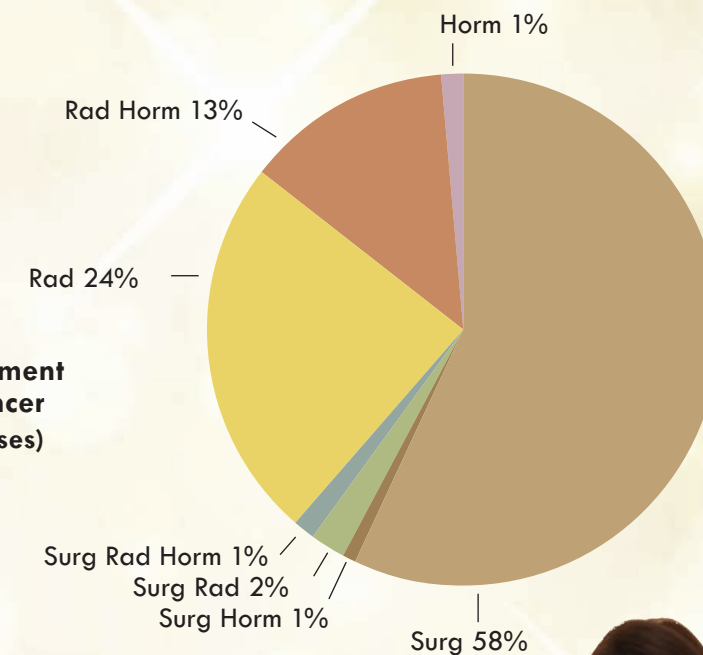


2010 Initial Treatment for Colorectal Cancer
(*76 Analytic Cases)

* 1 case, coded as intestinal tract NOS, was excluded since exact location of primary could not be determined.



2010 Initial Treatment for Prostate Cancer
(231 Analytic Cases)



Kimberly Wright
Cancer Registrar

Colleen Streeter
Cancer Registrar

Nancy Dunn
Research Nurse

Debbie Hoffman
Radiation Therapist

Lindsey Nelson
Oncology Research Associate

Hari Menon
Director,
Oncology Business Development

Marisa Bailey
Radiation Therapist

Collette Newbill
Radiation Therapist

Stacy Corlew
Radiation Therapist



4100 Beecher Road
Flint, Michigan 48532

NONPROFIT ORG
US POSTAGE PAID
McLAREN
REGIONAL
MEDICAL CENTER

For more information visit mclarenregional.org/cancer