

Cancer Annual Report

2018

Jefferson

Healthcare



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A message from Mike Glenn, CEO

The mission of Jefferson Healthcare is working together to serve our community with personalized care and medical excellence. Without a doubt, our cancer services caregivers live this mission. In the last 30 months, we have relocated cancer services to a new, state of the art facility, achieved National Accreditation with Commendation from the Commission on Cancer and welcomed two additional providers to the care team. All of these advancements will help us continue to deliver quality, comprehensive care to patients undergoing oncology treatment right here at home.

Under Jeinell Harper, RN and Anne Murphy, MD's leadership, the program continues to grow, add new treatments and protocols and educates our community on the most effective cancer treatment; screening and preventive measures. We will continue to provide the highest quality care available because we believe cancer care is best delivered close to home.

Mike Glenn, CEO



A message from Ann E. Murphy, MD

I am once again happy to be able to contribute to Jefferson Healthcare's Third Cancer Program Annual Report.

Here are some of this year's achievements that I am especially proud of:

Our program was accredited by the Commission on Cancer (CoC) in 2017; The CoC is a program of the American College of Surgeons which sets standards for cancer programs to ensure patients who receive care in a CoC-accredited program receive high quality care that encompasses all of their needs. Each year, as part of the requirements for accredited programs, we participate in various initiatives to assess our program, develop plans for improvement and measure our work.

This year as part of our ongoing commitment to quality improvement we developed a formal 24-hour on-call system to ensure our patients are able to get in touch with one of our providers in case of emergencies. We believe this will not only be a boon to patients to get their urgent questions answered, but also may decrease the need for emergency department visits.

We are also proud of our ongoing partnership with the Northwest Community Oncology Research Program (NW NCORP) based at Multicare in Gig Harbor, since 2015. As a member, we can offer our patients participation in cancer clinical trials without the need to travel. Every year of our affiliation, the number of patients enrolled in clinical trials has increased.

We are growing! We expanded our team to include two additional providers: Mary Towns, ARNP, joined us in November, and in January, we will welcome Dr. Deborah Abrams as our third medical oncologist in our clinic.

We look forward to the coming year, and to continued work to provide the best possible cancer care to our friends and neighbors in our community.

Ann Murphy, MD

2018 Cancer Committee Membership

Jefferson Healthcare's Cancer Committee plays a very important role. Cancer program success depends on an effective multidisciplinary committee. The cancer committee is responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities in the program. Below is a list of committee members.

Marc Koenig, MD Diagnostic Radiology	Kelly Lloyd, MD Pathology	Ann Murphy, MD Medical Oncology
Heath Foxlee, MD Radiation Oncology	Joseph Mattern, MD Cancer Liaison Physician	Jay Lawrence, DO General Surgery
David Schwartz, DO General Surgery	Tina Toner, RN Chief Nursing Officer	Carla Woodward, MSW, CTR Cancer Registry
Jeinell Harper, RN Director Oncology	Rebecca Strona, RN Quality/Patient Safety	Brittany Huntingford Cancer Conference Coordinator
Lanny Turay, R.PH. Pharmacy	Kathy Anderson, RD Dietician	Mitzi Hazard, DPT Rehabilitation
Ryan Whisnant ACS Representative	Mary Fortman, LICSW Social Work	Tina Herschelman Community Outreach
Rebecca Kimball, ARNP Oncology	LuAnn Rogers, RN, OCN Clinical Research	Lisa Lawrence, LICSW Social Work
John Nowak Community Outreach	Deb Kaldahl Palliative Care	Christina Manzoni Pastoral Care

Recent statistics from the American Cancer Society estimate that one out of every two American men and one out of every three women will be diagnosed with cancer at some point in their lifetime.

Cancer has remained the largest single cause of death in Jefferson County as it is in the whole of Washington State. (Community needs assessment 2017; U.S. Census Quick Facts: Jefferson County, WA 2013-2015 deaths)

Jefferson Healthcare Oncology Services

The Cancer Program at Jefferson Healthcare treats many types of cancer each year. In 2017 there were 194 patients seen for a new diagnosis or first course treatment at Jefferson Healthcare, with the most common primary sites of prostate, breast, lung, colon, melanoma of the skin, and bladder.

It is the goal of the Jefferson Healthcare's Cancer Program to provide high quality patient centered cancer care. Jefferson Healthcare strives to offer as many cancer treatment services as possible, so patients do not have to travel outside of their community for their cancer care.

In 2018 Jefferson Healthcare provided medical oncology and infusion services on the third floor in its new Cancer Center. The Cancer Center offers a warm, caring and supportive environment to patients and families, as well as expanded services such as a survivorship program, on site radiation oncology consultation, genetic counseling and support groups all at one convenient location.

Jefferson Healthcare's Cancer Center believes in a team-oriented approach that includes board certified medical oncologists, oncology ARNPs, oncology certified nurses, pharmacists, social workers, dietitians, and physical therapist.

Support Services

Jefferson Healthcare offers many support services to help patients with a diagnosis of cancer deal with their cancer.

- **Cancer Navigation Services** – Available to all cancer patients throughout and after their treatment. Our Medical Social Workers provide support and resources through cancer diagnosis, treatment and recovery.
- **Genetic Counseling – In partnership with Myriad Labs.** For cancer patients and those at risk for the disease. Results are shared by a certified genetic counselor in coordination with the patient's physician.
- **Oncology Resource Center** – Located on the oncology unit. This library is available to all patients.
- **Lymphedema Treatment** – A Certified Lymphedema Therapist helps patient experiencing this side effect of the disease and treatment.
- **Nutrition Services** – A registered Dietician helps patients experiencing difficulty with nutrition during cancer treatment.
- **Home Health Services** - Provides skilled nursing, social work and rehabilitation services in the home
- **Palliative Care** – Helps improve a patient's quality of life by lessening the physical, emotional and spiritual pain he or she is experiencing.
- **Cancer Support Groups** – Offer cancer patient emotional support and education.
- **Pain Management Services** - Patients receive pain management services through the Oncology Clinic but can also be referred for consultation.
- **Rehabilitation Services** - Includes physical, occupational and speech therapy to assist patients with strengthening and activities of daily living.
- **Survivorship Program** – Offered to all patients as they complete treatment to disseminate a treatment summary and follow-up plan.
- **Tai Chi**- A specially designed 8-form Tai Chi class focusing on balance, strength and function movement, also a chance to build a social network over the 12 week series.
- **Harmony Hill** – Offers retreats for cancer patients, their loved ones and care givers to help cope with the effects of cancer.
- **Hospice** – Offers holistic care to patients with a terminal diagnosis. Supports both the patient and their family at the end of life.

Clinical Trials

In 2015 Jefferson Healthcare's Cancer program joined the Northwest NCI Community Outreach Research Program (NW NCORP) spearheaded by MultiCare Health System, Virginia Mason Medical Center, Intermountain Healthcare and other health partners from Alaska to Utah. Jefferson Healthcare's participation in NW NCORP allows patients to be entered into cancer clinical trials without leaving our community.

Cancer clinical trials are research studies or protocols that test how well detection methods and therapies work in people, with the goal to find better ways to treat and eventually prevent cancer. Through clinical trials, researchers can determine the safety and effectiveness of new treatments under the supervision of a physician and other research professionals.

Volunteers who participate in clinical trials receive new, innovative research treatments before they are widely available. Knowledge on treatments gained from clinical trials can influence cancer care and help prevent cancer or treat people with cancer in the future.

NW NCORP brings researchers together with community-based physicians to conduct high quality studies for cancer patients and people at risk of cancer in their local setting, where most people receive their care.

Jefferson Healthcare is proud to be able offer this option for our local community.

Learn more about NW NCORP at www.nwncorp.org.



Cancer Conference

The goal of Cancer Conference is to provide current information to the medical staff and to provide consulting services to the clinicians about specific cancer cases presented at the conference. Physicians present a brief medical history of the patient, presenting symptoms and staging evaluations. Radiology and Pathology discuss the pertinent information of the diagnostic work-up. This multidisciplinary approach and discussion is important to improving the care of the cancer patients.

The cases presented can include:

- Newly diagnosed patient where treatment has not yet been initiated
- Newly diagnosed patients where treatment has been initiated but additional treatment is needed
- Previously diagnosed where initial treatment is completed but discussion about treatment to prevent reoccurrence is needed
- Previously diagnosed cases and discussion of palliative care is needed

Cancer Conference is held monthly. In 2018 one hundred twenty-seven cases were presented.



Performance Improvement

With the direction of the Cancer Committee, our cancer program has continued to give attention to performance improvement work during 2018. Our focus this year has been on services provided and on clinical improvements for patients.

This year the committee looked at three areas of potential improvement. The first area we looked at was our hospice length of stay for oncology patients. Early enrollment in Palliative care and hospice is linked with better optimization of quality of life for cancer patients. We wanted to better understand why patients decline hospice or palliative care. We thoroughly analyzed available data and found refusals were not an issue and the major factor influencing acceptance of hospice and palliative care was continuing in treatment. The committee's recommendation was to continue to raise awareness by educating patients and staff regarding end of life planning, including promoting our Hospice program and the new Palliative Care program.

For second and clinical area of focus in 2018, our committee wanted to focus on Rehabilitation (Rehab) referrals for our oncology patients. Early rehabilitation services, physical, occupational and speech therapy, can help reduce disability and promote survivorship for our oncology patients. We studied the available Jefferson Healthcare data for Rehab referrals and found that our referral rate was low in some areas and there was opportunity to bring in Rehab care providers early in our patients' journeys. To improve this process an educational presentation was held for Oncology Providers in November on the benefits of early partnering with Rehab services. In addition, the clinical staff decided to focus on our new oncology chemotherapy patients, making sure they each received a Rehab assessment referral. Tools to trigger Rehab referrals were put into place and monitored. To date, as a result of these changes, we have had a 68% improvement in Rehab referrals for new chemotherapy patients.

In 2018, an additional third clinical care enhancement for the JH Oncology department was to improve the percentage of patients who had a current POLST or Advance Directive (AD) present in their medical record. A variety of actions were undertaken, including the education of staff and patients about POLST/AD, adding teaching tools to facilitate the process and teaching staff how to add the POLST/AD to the medical record. We started the year at 38% compliance and are currently at 66%.

We believe these changes have had a constructive impact on our patients and we will continue to look for ways to enhance the patient experience for patients receiving cancer treatment at Jefferson Healthcare.

Cancer Registry Data from 2017 Data

Commission on Cancer accreditation challenges cancer programs to enhance patient care by addressing patient-centered needs and measuring the quality of the care they deliver against national standards. Like all CoC-accredited facilities, Jefferson Healthcare maintains an onsite cancer registry program.

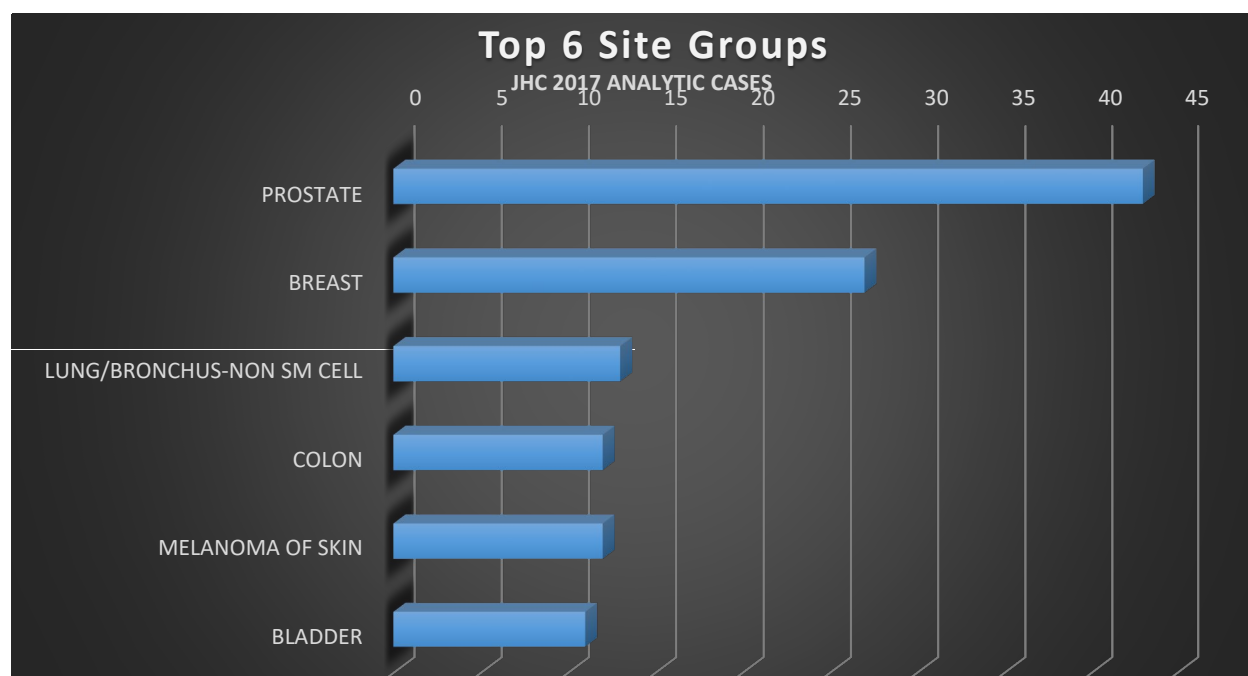
The Jefferson Healthcare cancer registry currently contains records of 1,091 individual tumor occurrences and is growing at the rate of approximately 200 new case accessions per year. Complete, computerized abstracts containing demographic, diagnostic, treatment, and outcome information on all cases diagnosed since January 1, 2014 are maintained in the registry and updated annually.

Jefferson Healthcare Cancer Registry made its first data submission to the National Cancer Data Base (NCDB) on April 5, 2018. The NCDB is a joint program of the CoC and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care.

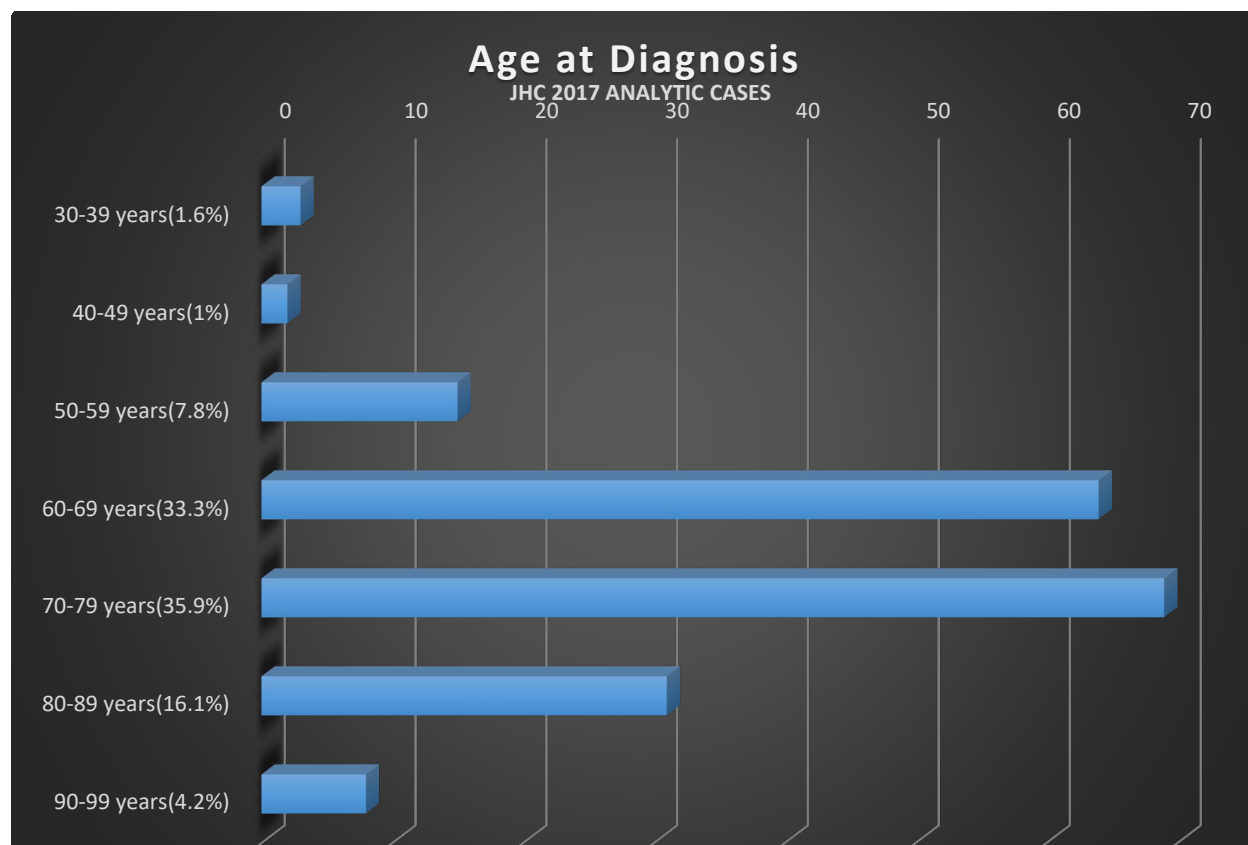
CoC-accredited cancer centers have access to information derived from this data analysis, which is used to create national, regional, and state benchmark reports. These reports help CoC facilities with their quality improvement efforts.

In 2017, the most recent complete year of available data, 192 new cancer records were added to the JHC registry for cases in which a cancer was diagnosed at or in which the patient received all or part of their first course of treatment at Jefferson Healthcare.

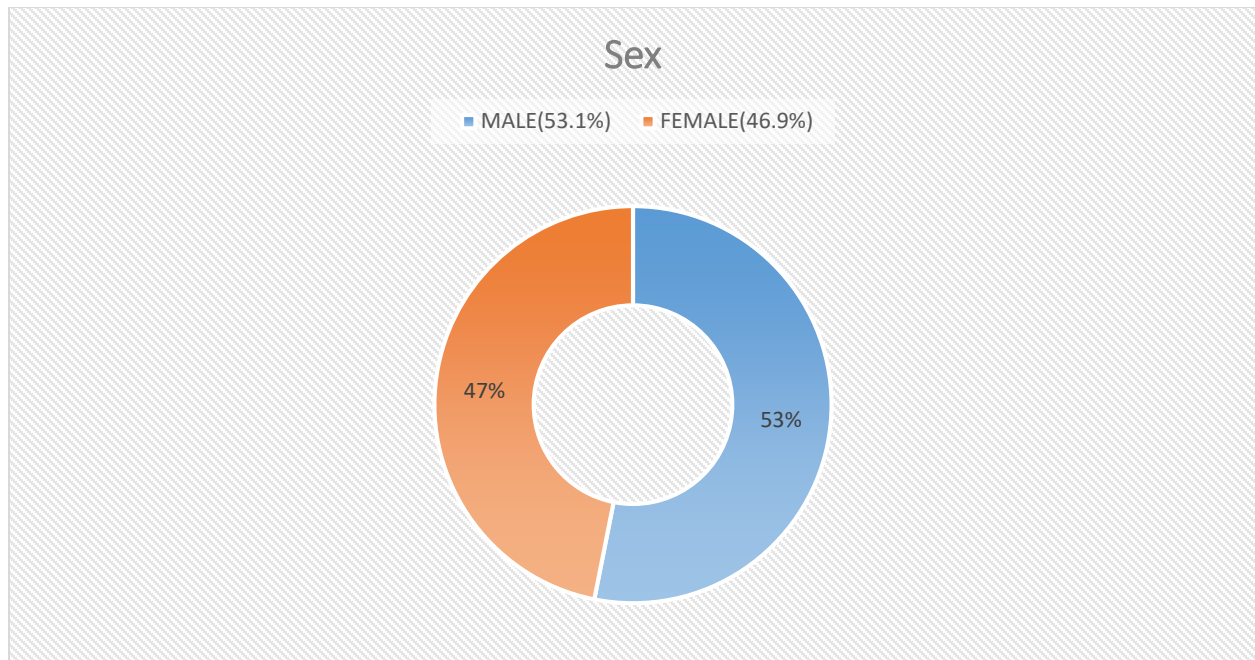
The most frequent primary sites of cancer diagnosed or treated at JHC in 2017 were: Prostate (22.4%), Breast (14.1%), Non-small Cell Lung/Bronchus (6.8%), Colon (6.3%), Melanoma (6.3%), Bladder (5.7%).



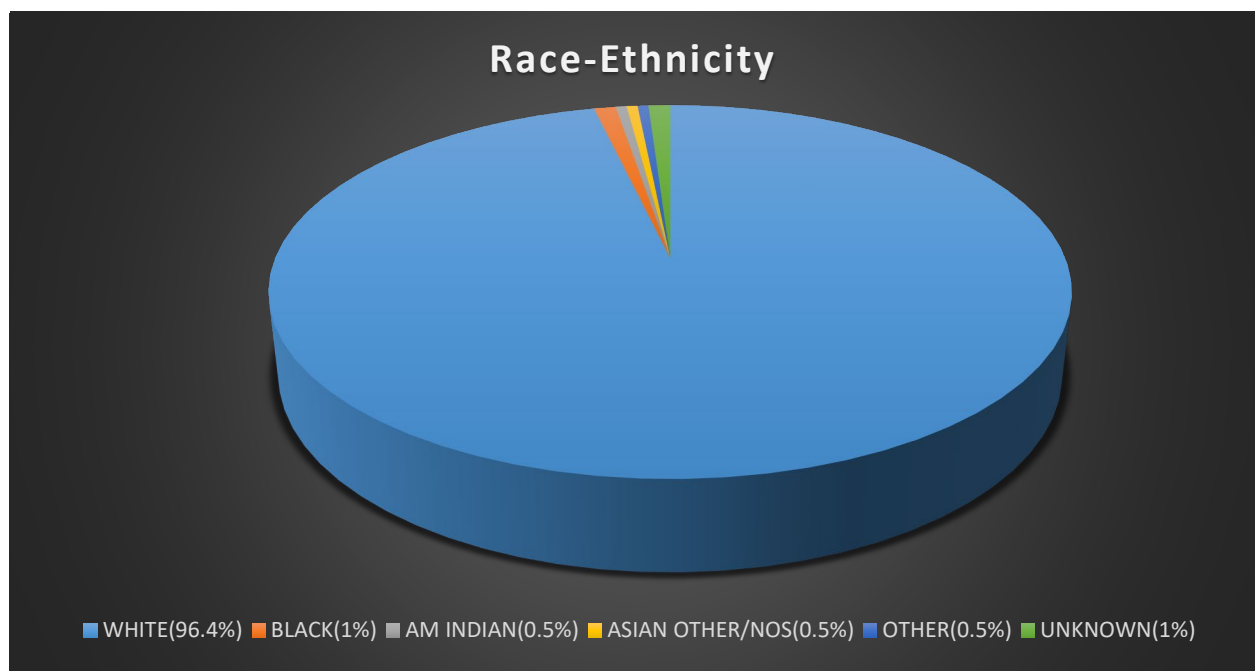
Patient age at diagnosis ranged from 30s (1.6%) to age 90 or older (4.2%). The majority of patients were age 60 and older, with the greatest number of cases clustered in the age range of 70-79 (35.9%). Patients under age 50 constituted less than 3% of all patients.



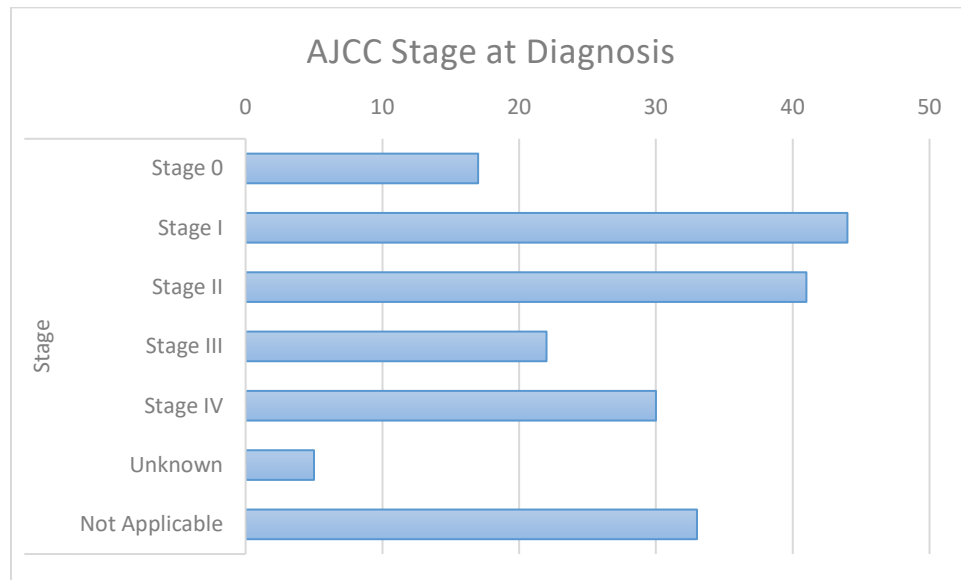
53.1% of patients diagnosed or treated in 2017 were male, and 46.9% percent were female.



More than 96% of patients diagnosed with or treated for cancer at JHC in 2017 were white. One percent of patients identified themselves as being of Spanish/Hispanic ethnic origin.



American Joint Commission on Cancer (AJCC) TNM staging distribution shows that 102 patients diagnosed in 2017 had stage 0, I, or II cancers (53.1 percent). Patients with stage III disease represented 11.5 percent of cases, while 15.6 percent had stage IV cancers at diagnosis. AJCC staging information was insufficient for 2.6 percent of all analytical patient cases, and not applicable for 17.2 percent of cases.



Spotlight

Spotlight on Low Dose CT for Lung Cancer Screening

Lung cancer is cancer that occurs in several kinds of cells in the lung. As with other cancers, lung cancer happens when abnormal cells grow out of control. These cells can form a tumor or spread to other parts of the body.

Lung cancer is the leading cause of cancer-related death in the United States. Because early-stage lung cancer is associated with lower mortality than late-stage disease, early detection and treatment may be beneficial.

Screening is the use of tests or exams to find a disease in people who don't have symptoms. Regular chest x-rays have been studied for lung cancer screening, but they did not help most people live longer. In recent years, a test known as a low-dose CAT scan or CT scan (LDCT) has been studied in people at a higher risk of getting lung cancer. LDCT scans can help find abnormal areas in the lungs that may be cancer. Research has shown that using LDCT scans to screen people at higher risk of lung cancer saved more lives compared to chest x-rays. For higher risk people, getting yearly LDCT scans before symptoms start helps lower the risk of dying from lung cancer.

Four studies reported the effectiveness of LDCT for lung cancer screening. The largest trial, the NLST, showed a reduction in lung cancer mortality of 16% and a reduction in all-cause mortality of 6.7%. This trial included more than 50,000 asymptomatic adults aged 55 to 74 years who had at least a 30 pack-year smoking history.

Although lung cancer screening is not an alternative to smoking cessation, there is adequate evidence that annual screening for lung cancer with LDCT in a defined population of high-risk persons can prevent a substantial number of lung cancer-related deaths. Direct evidence from a large, well-conducted, randomized, controlled trial (RCT) provides moderate certainty of the benefit of lung cancer screening with LDCT in this population. Screening cannot prevent most lung cancer-related deaths, and smoking cessation remains essential.

If something abnormal is found during screening:

- Sometimes screening tests will show something abnormal in the lungs or nearby areas that might be cancer. Most of these abnormal findings will turn out not to be cancer, but more CT scans or other tests will be needed to be sure.
- CT scans of the lungs can also sometimes show problems in other organs that just happen to be in the field of view of the scans. Your provider will discuss any such findings with you if they are found.

Facts about LDCT

- Lung cancer screening with CT scans is the only screening test shown to lower the chance of dying from lung cancer. The effect of screening may vary depending on how similar you are to the people who participated in the study. The benefit of screening may be bigger if your lung cancer risk is higher. The harm may be bigger if you have more medical problems (like heart or severe lung disease), which could increase problems from biopsies and surgery.
- For perspective, the reduction in deaths from lung cancer with CT screening is larger than the reduction in deaths from the target cancers of other common screening tests, such as mammograms for breast cancer.
- There is a tradeoff: CT screening decreases your chance of death but increases your chance of having a false alarm.
- If you choose to have CT screening, it is important to have it done at a medical center with special expertise in lung cancer screening and treatment

Cancer Prevention Program

Standard 4.1 Cancer Prevention 2018 Project Increase rates of HPV Vaccine

Program Rationale

Human papillomavirus (HPV) causes most cervical cancers, as well as some cancers of the vagina, vulva, penis, anus, rectum, and oropharynx (cancers of the back of the throat, including the base of the tongue and tonsils).

HPV vaccines are recommended for preteen girls and boys to protect against HPV infection. All kids who are 11 or 12 years old should get the HPV vaccine. Teens who did not get the vaccine or did not get all doses when they were younger should get it now.

Jefferson County HPV immunization rates among 13-17 year olds as of January, 2016 are below the statewide rates for both initiation and completion of the series, and both are well below Healthy People 2020 goals:

Geographic Area	= or > 1 HPV		= or > 2 HPV		= or > 3 HPV	
	2015	2016	2015	2016	2015	2016
Jefferson County	39%	43%	29%	31%	20%	20%
Washington State	46%	52%	36%	40%	26%	29%
Healthy People 2020 goal*	80%		80%		80%	

Source: Washington State Immunization Registry, *HealthyPeople.gov/2020/

The Committee selected to address HPV immunization rates in accordance to CDC guidelines and evidence based interventions because:

HPV causes most cervical cancers, as well as some cancers of the vagina, vulva, penis, anus, rectum, and oropharynx (per CDC);

HPV vaccines are recommended for preteen girls and boys to protect against HPV infection;

11 and 12 year olds should get the HPV vaccine, and teens that have not yet gotten the vaccine or did not complete the series, should get it immediately (per CDC).

Program Summary

According to the CDC the most effective intervention to increase the rate of the 1st dose of immunization is through strong, routine, physician recommendation at age 11-12 years. Patient

reminder and recall systems are the most effective strategies for completing the series. Combined interventions are the most effective for overall completion and timeliness.

Program Goals:

Family and Provider based event to provide education and information to high school aged students in Port Townsend and Chimacum. This event will be hosted by a medical student and follow a guest lesson in health classes. Information will be provided to students via the health classes and information tables. The student names will be tracked to see the number of students that follow-up with immunizations. The school-based nurse will follow-up with interested students to provide counseling and the immunization

Goal: Contact and provide information to 50 students combined from both schools.

Goal: Provide 1st dose HPV immunization to 10 youths in West Jefferson County.

Program Outcomes

Goal: Contact and provide information to 50 students combined from both schools.

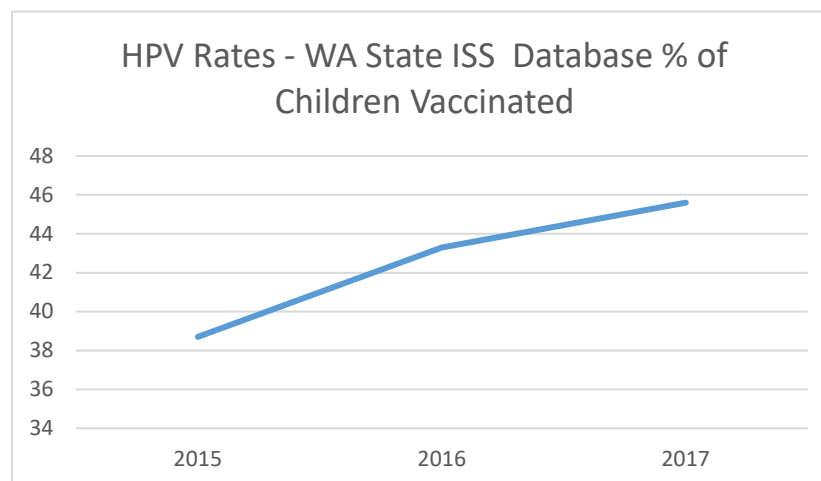
The freshman classes at both Port Townsend and Chimacum viewed a presentation from Emma Robson medical student from the University of Washington. Sophomores at Port Townsend also attended this presentation. About 218 students attended this presentation

In addition to the Classes a table was set up at lunchtime in both schools. Emma passed out materials answered questions and had the PowerPoint playing in the background. About 61 students participated in this activity

Goal: Provide 1st dose HPV immunization to 10 youths in West Jefferson County.

In Port Townsend 39 students said they were interested in getting the vaccine and were called to schedule the vaccination. None followed up to actually receive the vaccine at school.

In Chimacum 12 students expressed an interest and on one followed up at school.



Conclusion

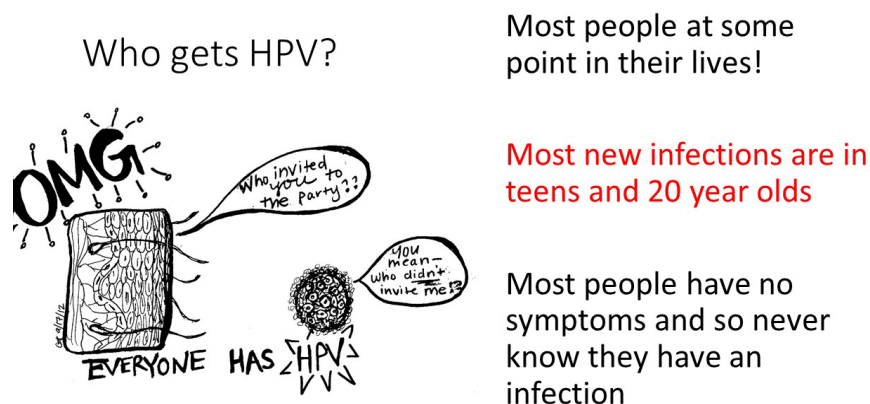
While the number of children actually immunized was below the targeted goal, rates of HPV vaccination in our community have risen significantly in the past two years. (See graphs below).

We believe the rates have increased at least in part as a result of the increased awareness about HPV in our community as a result of our efforts in the last two years. HPV immunization rates are climbing fast than other types of vaccines for children in this age-group.

We also believe the high number of children reached during these presentations will be helpful in increasing our rates.

The ages of the children for this event was above the primary CDC recommendation but are still within the effective range for the vaccine.

The continued focus on HPV vaccination rates is an important health issue for our community. We will continue to track and report on the vaccine rates for this important health issue.



What can you do to protect yourself from infection with HPV?



Abstinence

avoid contacting anyone else's mouth or genitals with your mouth or genitals

Barrier methods of contraception

male condoms, female condoms, dental dams

Only protect the tissue that is covered by the barrier

HPV Vaccine

Cancer Screening Program

Cancer Screening 2018 Project Low Dose CT Lung Cancer Screening

Program Rationale

Washington State and Jefferson County lung cancer incidence rates:

While the overall age adjusted lung for Jefferson County is low compared to state and national averages, the rate for women has experienced a 7.2% increase in the last reporting period. The newly available modality for low dose CT screening has not be widely promoted or utilized in Jefferson County, making this screening an identified need in our community.

Age adjusted annual lung and tracheal cancer incidence rates:

Location	Time Period of data	Age adjusted lung and tracheal cancer rates per 100,000
Jefferson County	2012-2014	48.8
Washington State	2012-2014	57.8
United States	2012-2014	55.8

Source: Washington State Cancer Registry

Lung cancer screening guidelines:

- The American Cancer Society recommends that doctors talk to their patients about having a low-dose CT scan to check for lung cancer if they meet all of these criteria:
 - 55 to 74 years old
 - In fairly good health (healthy enough to withstand treatment)
 - Have at least a 30 pack-year smoking history (equal to smoking a pack a day for 30 years or 2 packs a day for 15 years)
 - Are either still smoking or have quit smoking within the last 15 years

- The screening should be done at facilities that have the right type of CT scanner, a lot of experience using the scanners for lung cancer screening, and a team of specialists who can

provide appropriate follow-up care for people whose results indicate a possible problem.

Lung cancer screening rates

- Screening rates are not available by state or county, however national estimates currently are projected 2-4 percent

Program Summary

The personal and public health consequences of lung cancer are enormous, and even a small benefit from screening could save many lives. This review found that in 1 large, good-quality trial that used 3 annual LDCTs to screen high-risk persons aged 55 to 74 years, lung cancer and all-cause mortality were reduced in the LDCT group compared with the annual chest radiography group by 20% and 7%, respectively.

Program Goals:

November is Lung Cancer Awareness month. A one hour event with multiple speakers and the opportunity for patients to register for a follow-up appointment with their provider was presented.

- Goal: Provide instruction about low dose lung cancer screening to an audience of 20 targeted community members and have five follow-up by scheduling a screening.

Program Outcomes

Goal: Provide instruction about low dose lung cancer screening to an audience of 20 targeted community members and have five follow-up by scheduling a screening.

A community presentation on Low-dose CT Lung Cancer Screening was held on November 29. Three presenters created a 60-minute program with information about LDCT and Smoking Cessation. Registration staff were present to schedule patients for a follow-up appointment if patients were interested. Two members of the public attended. Neither of them qualified for LDCT screening.

Conclusion

While the number of community members attending the presentation was below the goal, Jefferson Healthcare has successfully launched the LDCT program and 71 patients have already been screened (See the results below).

- As of 11/15/2018 Jefferson Healthcare's Low Dose Lung Screening program has enrolled 71 patients.
- 5 of those patients have been labeled category 3 – 6 month follow up
- 3 of those patients have been labeled category 4A – 3 month follow up or PET/CT
- 3 of those patients have been labeled category 4B – additional diagnostics or biopsy recommended
- That's 11 potential cancers identified (15%)

More effort needs to be expended to increase the awareness about this service. The information from this event has been re-packaged and will be available to patients in multiple ways.

Facts about low dose CT scans

facts about low dose ct scans

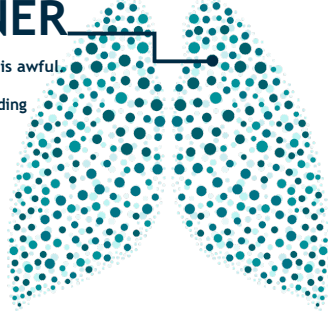
- Lung cancer screening with CT scans is the only screening test shown to lower the chance of dying from lung cancer. The effect of screening may vary depending on how similar you are to the people who participated in the study. The benefit of screening may be bigger if your lung cancer risk is higher. The harm may be bigger if you have more medical problems (like heart or severe lung disease), which could increase problems from biopsies and surgery.
- For perspective, the reduction in deaths from lung cancer with CT screening is larger than the reduction in deaths from the target cancers of other common screening tests, such as mammograms for breast cancer.
- There is a trade-off: CT screening decreases your chance of death but increases your chance of having a false alarm.
- If you choose to have CT screening, it is important to have it done at a medical center with special expertise in lung cancer screening and treatment.

Jefferson Healthcare
360.385.2200

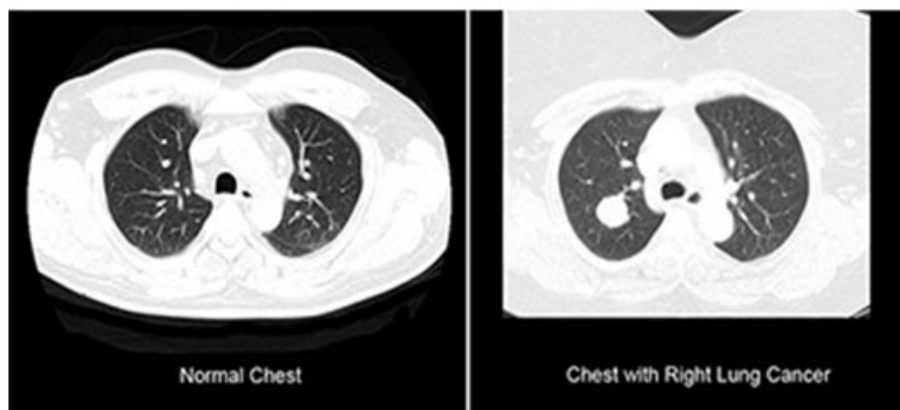
Low Dose CT Scans

FIND CANCER SOONER

Finding cancer is awful.
Worse is not finding it soon enough.



What does it look like?...



What is Low Dose CT

Screening is the use of tests or exams to find a disease in people who don't have symptoms. Regular chest x-rays have been studied for lung cancer screening, but they did not help most people live longer. In recent years, a test known as a low-dose CAT scan or CT scan (LDCT) has been studied in people at a higher risk of getting lung cancer. LDCT scans can help find abnormal areas in the lungs that may be cancer. Research has shown that using LDCT scans to screen people at higher risk of lung cancer saved more lives compared to chest x-rays. For higher risk people, getting yearly LDCT scans before symptoms start helps lower the risk of dying from lung cancer.

Testimonial



Life is full of changes and opportunities to learn and grow. In late July 2016, I was presented with the challenges of dealing with Stage 3 cancer. Though I was scared I decided right away to remain as positive as I could be.

My husband and I were in the process of selling our home in Arlington and getting ready to move to Port Townsend. In early August I had debulking surgery at the UW Medical Center to remove some of the cancer. Looming in the distance was the prospect of receiving chemotherapy right around the same time we were making our big move in late August. September first I received my first of three chemotherapy treatments in Seattle at the University of Washington Medical Center. Fortunately for us, with collaboration between my specialist in Seattle and Dr. Norman at the Jefferson Healthcare Oncology Clinic, my chemotherapy plan continued just five minutes from my new home.

The treatment I received in the Oncology Clinic at Jefferson Healthcare was impressive. I was treated with respect and care and was always greeted with a smile and kind words from every employee I met. The nurses and doctors not only shared their medical knowledge to make my experience comfortable and safe, but also shared things about themselves with my husband and me. In return these wonderful people listened to us. To have this personal connection with my healthcare professionals was very important to me. Meeting so many caring people during the scariest time of my life was uplifting. They helped me stay positive about my treatment plan.

I actually looked forward to my visits and enjoyed my time there. There were pillows, warm blankets, food and beverage and caring treatment. It was always a very relaxing time. Providers and nurses shared recent research regarding dealing with cancer. The importance

of exercise was a consistent theme from the oncology team to combat fatigue and when I found out there was research supporting the idea of exercising for 30 minutes after chemo, I went home and lightly jogged in place. This activity, I believe, paid off with my “bad after-chemo days” being much better. Good nutrition was another aspect of treatment that was shared. I learned about workshops that were available for cancer patients. The mindfulness workshop was life changing for me. I found out about cancer groups that met on a regular basis and joined one.

Each member of the oncology team brought something unique to my treatment. All of the people on the third floor and those in pharmacy and nutrition were a major plus in making me feel I was in good hands. These people have the biggest hearts. The doctors, nurses, social worker, pharmacist, and nutritionist all work together to care for their patients. Thanks to a provider and the social worker, I contacted other women that were diagnosed with a similar type of cancer and we formed a small, informal support group. The providers at Jefferson Healthcare truly care about their patients and go over and above the call of duty. It is very comforting to know that I can call an oncology provider, at any time of day, if I have a concern. These people are my friends and my life has been made all the richer for knowing them.

In July 2017, it was confirmed that my cancer had returned, coincidentally on the same day that I picked up my volunteer badge. I was able to volunteer in oncology during my next line of treatment. I am so grateful for the opportunity to give back to the oncology nurses and help make other patients’ time up on the third floor a pleasant experience.

Volunteering in oncology has widened my group of friends and acquaintances since moving to Port Townsend. Every person I have met in the different departments of the hospital has treated me with great kindness. I have enjoyed getting to know other volunteers on the third floor who have also become new friends. I am truly lucky to be able to volunteer at Jefferson Healthcare. Volunteering is a part of my cancer treatment.

My husband Michael and I are extremely grateful that we have the Oncology Clinic at Jefferson Healthcare here in Port Townsend. Thank you to everyone that has helped me on this journey.

Leslie Faxon