2018 Aspirus Wausau Hospital Annual Cancer Report

2017 Data

ASPIRUS™

Passion for excellence.
Compassion for people.

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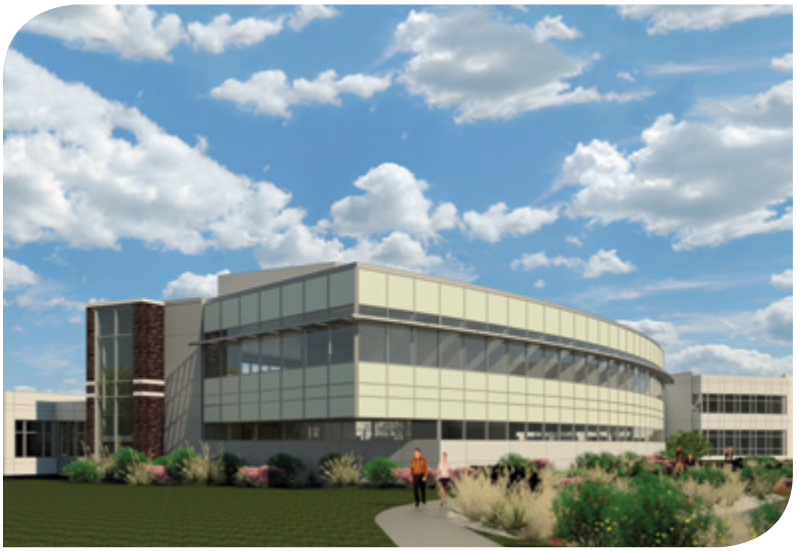


Welcome

A message from Christopher Peterson, MD

Christopher Peterson, MD

Growth and Excitement are two words that depict our cancer program at Aspirus Regional Cancer Center, a department of Aspirus Wausau Hospital.

We continue to grow as an organization. The Aspirus Health System now includes eight hospitals and 60 clinics. Our service area has expanded from Central Wisconsin, to include 18 counties in Wisconsin and Upper Michigan.

Other factors contributing to growth include the increasing incidence of cancer in an aging population, and the adoption of new treatment modalities with targeted drugs and immunotherapy. Our screening efforts are identifying cancers earlier, which allow earlier treatment and better outcomes for our patients.

Radiation therapy is provided at three different sites including Aspirus Regional Cancer Center in Wausau, Volm Cancer Center – Aspirus Langlade Hospital in Antigo, and Aspirus UW Cancer Center in Wisconsin Rapids. Our state-of-the-art radiation therapy allows for precise treatments being delivered to our patients.

Cancer care can be expensive, so we have financial counselors available to assist patients in obtaining additional resources for their care, along with education to understand their own health insurance.

Every day we see new developments in cancer care and treatment. Along with those new developments is the impact of genetic markers in the treatment of cancer. We are fortunate to have our own genetic counselor here to assist patients in determining if genetic testing is right for them.

Looking forward, we are excited to move into our new expansion, which includes a 21,600 square foot, two-story addition. This includes a remodeled and expanded infusion area; an increased number of exam rooms; a larger lab; and a greatly enlarged pharmacy area that will include new chemotherapy robot technology.

Our cancer program has held a Commission on Cancer Accreditation since 1978, adhering to the strict standards expected of a quality cancer program, and we look forward to continuing to serve our community.

We thank you for choosing Aspirus Regional Cancer Center for your care and the care of your family members. With our multi-disciplinary approach to care, we constantly strive to provide you with a personalized treatment plan to meet your needs with the highest in quality care.

Christopher Peterson, MD
Chair, Cancer Committee
Aspirus Wausau Hospital

Aspirus Regional Cancer Center Mission

Aspirus Regional Cancer Center is the region's premier cancer and blood disorder treatment provider, offering a full range of advanced diagnostic and treatment technologies.

Our patients say there is a "feeling of care" here – compassionate care that recognizes you as a person who has a life beyond cancer. We understand that cancer affects you and your family physically, emotionally, socially and spiritually. Our caring team offers unmatched encouragement, openness, acceptance, commitment and support.

Our medical providers focus on the patients as the focal point of the cancer and blood disorder care delivery. Our team works together for the entire spectrum of diagnoses to provide comprehensive care that includes prevention, diagnosis and treatment.

Commitment to Excellence

The Aspirus Regional Cancer Center is dedicated to preventing and treating all forms of cancer and blood disorders and has been accredited by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS). Receiving care at a CoC-approved cancer program ensures that a patient will have access to:

- Comprehensive care, including a range of state-of-the-art services and equipment.
- A multi-specialty, team approach to coordinate the best treatment options.
- Information about ongoing clinical trials and new treatment options.
- Access to cancer-related information, education, and support.
- A cancer registry that collects data on type and stage of cancers and treatment results and offers lifelong patient follow-up.
- Ongoing monitoring and improvement of care.
- And most importantly, quality care close to home.

Aspirus was named one of the 15 Top Health Systems by IBM Watson Health – formerly Truven Health Analytics.

In addition, Becker's Hospital Review included Aspirus Wausau Hospital on their 2017 list of "100 Hospitals and Health Systems with Great Oncology Programs." According to Becker's, hospitals to be chosen for the list are leading the way in terms of quality patient care, cancer outcomes and research.



2018 Cancer Committee

Gary Sweet, MD	Cancer Liaison Physician
Christopher Peterson, MD	Cancer Committee Chair
Derrick Siebert, MD	Diagnostic Radiologist
Fushen Xu, MD	Pathologist
Harish Ahuja, MD	Medical Oncologist
Christopher Platta, MD	Radiation Oncologist
Cecilia Stroede, MD	Surgeon
Heidi Somsen, MHA	Cancer Program Administrator
Renee Barwick, RN, OCN	Oncology Registered Nurse
Wendy Schultz, MSW, OSW-C	Psychosocial Services Coordinator
Samantha Reynolds, CTR	Cancer Registry Quality Coordinator Certified Tumor Registrar
Sally Konkol, RN, BSN, CPHQ	Quality Improvement Coordinator
Hilary Scully, MD	Palliative Care Team Member
Beth Knetter, RN, BSN, OCN	Clinical Research Coordinator
Tara Draeger, CHES	Community Outreach Coordinator
Rachel Hoyord, MS	Genetics Professional
Jami Ward	Cancer Conference Coordinator

Additional Supporting Membership:

Mary Kay Dreikosen – Administrative Coordinator Cancer Program

Hamied Rezazadeh, MD – Medical Oncologist

Steven Weiland, MD – Surgeon

Tracey Cousins, MD – Pathologist

Niaz Haque, MD – Medical Oncologist

Darryl Barton, MD – Radiation Oncologist

John Johnkoski, MD – Surgeon

Lori Slattery Smith – Cancer Program Administrator

Cynthia Feit, RN, BSN, OCN – Inpatient Oncology Nursing

Carla Bahr, RN, BSN, OCN – Inpatient Oncology Nursing

Mary Zahn, RN, BSN, OCN – Outpatient Oncology Nursing

Linda Kurtzweil, CTR, RHIT – Certified Tumor Registrar

Lisa Opatik, PharmD

Pamela Vetter, CNS, APNP

Valerie Gorichs, BSN, RN, OCN

Lisa Prell, MS, RD, CD

Cancer Care Team

Harish G. Ahuja, MD

Specialty: Oncology-Hematology

Main Location: Aspirus Regional Cancer Center at Aspirus Wausau Hospital

Also Sees Patients At: Aspirus Medford Hospital

Hamied R. Rezazadeh, MD

Specialty: Oncology-Hematology

Main Location: Aspirus Regional Cancer Center at Aspirus Wausau Hospital

Also Sees Patients At: Aspirus Stevens Point Clinic

Niaz M. Haque, MD, FACP

Specialty: Oncology-Hematology

Main Location: Aspirus Regional Cancer Center at Aspirus Wausau Hospital

Also Sees Patients At: Volm Cancer Center – Aspirus Langlade Hospital

Christopher G. Peterson, MD

Specialty: Oncology-Hematology

Main Location: Aspirus Regional Cancer Center at Aspirus Wausau Hospital

Also Sees Patients At: Aspirus Stevens Point Clinic,
Volm Cancer Center – Aspirus Langlade Hospital

Christopher S. Platta,MD

Specialty: Radiation Oncology

Main Location: Aspirus Regional Cancer Center at Aspirus Wausau Hospital

Also Sees Patients At: Volm Cancer Center – Aspirus Langlade Hospital

Darryl R. Barton, MD

Specialty: Radiation Oncology

Main Location: Aspirus Regional Cancer Center at Aspirus Wausau Hospital

Also Sees Patients At: Volm Cancer Center – Aspirus Langlade Hospital

Cancer Care Team

Survivorship Care Clinic

Pamela J Vetter, CNS APNP

The Aspirus Regional Cancer Center is dedicated to helping survivors lead full lives after completing cancer treatment. The survivorship clinic visit is an integral part of this goal.

Our survivorship clinic focuses on the physical, emotional, social, spiritual, and informational needs you may face after cancer treatment. We assist you to achieve the highest quality of life possible.

Our Clinical Nurse Specialist (CNS) with advanced training in cancer and survivorship will conduct your survivorship visit at Aspirus Regional Cancer Center. This specialist will work with your oncologists to best serve you.

Your oncologists and nurses will decide when you are ready for your survivorship clinic visit. This decision is determined by the type of cancer you have had, the treatments you have received, and where you are in your treatment recovery.

After your survivorship clinic visit, the CNS will send your survivorship care plan to your primary care physician and oncologists. This care plan will summarize your cancer and cancer treatment as well as recommendations for follow-up care.

Pharmacists - Transitional Care Pharmacist

Jason Majernik, PharmD

Pharmacists at Aspirus Regional Cancer Center are an integral part of your care team.

Our pharmacists work closely with the oncologists to help determine the chemotherapy regimens that will be most appropriate for you. They assist with dosing calculations and treatment schedules in order to reduce the risk for medication errors. Pharmacists also review your medical history to identify any potential food or drug interactions that may occur in an effort to minimize any treatment side effects.

Pharmacists take a lead role in assisting patients in understanding their oral chemotherapy regimens. We have a dedicated pharmacist who will provide educational support and also assist with obtaining financial support for oral chemotherapy medications when necessary. Our pharmacist is also available to answer questions and provide support and follow-up with any side effects that may occur with oral chemotherapy.

Cancer Care Accreditations

Aspirus Wausau Hospital is voluntarily accredited by the American College of Surgeons (ACoS) per the Commission on Cancer (CoC) Standards as a Comprehensive Community Cancer Program (CCCP). The program assesses more than 1,000 newly diagnosed cancer cases each year, provides a full range of diagnosis and comprehensive treatment services as noted below, either on site or by referral, as well as participates in cancer-related clinical research and cancer-related clinical trials, per CoC Standards.

Aspirus Wausau Hospital is also voluntarily accredited by the National Accreditation Program for Breast Centers (NAPBC). The NAPBC holds organizations to the highest standards of care for patients with diseases of the breast. Aspirus Wausau Hospital is also accredited by the Joint Commission and ACR Breast Imaging Center of Excellence.

Eligibility Requirements	Specifications
Facility Accreditation	The facility is accredited by a recognized federal, state, or local authority appropriate to the facility type.
Cancer Committee Authority	Cancer committee authority is established and documented by the facility.
Cancer Conference Policy	A cancer conference policy and procedure is used to establish the annual cancer conference activity.
Oncology Nursing Leadership	A designated oncology nurse provides leadership for oncology patient care across the care continuum.
Cancer Registry Policy and Procedure	The cancer registry policy and procedure manual in implemented and specifies that current Commission on Cancer data definitions and coding instructions are used to describe all reportable cases.
Diagnostic Imaging Services	Diagnostic imaging services are provided either on-site or by referral.
Radiation Oncology Services	Radiation treatment services are currently accredited by a recognized authority or, if not accredited, follow standard quality assurance practices. Services are available either on-site, at locations that are facility owned, or by referral.
Systemic Therapy Services	Policies and procedures are in place to guide the safe administration of systemic therapy provided either on-site, at locations that are facility owned, or at locations that are contracted by the facility or are supervised by members of the facility's medical staff, including physician offices.
Clinical Research Information	Policies and procedures are in place to provide cancer-related clinical research information to patients.
Psychosocial Services	Policies and procedures are in place to ensure patient access to psychosocial services either on-site or by referral.
Rehabilitation Services	Policies and procedures are in place to ensure patient access to rehabilitation services either on-site or by referral.
Nutrition Services	Policies and procedures are in place to ensure patient access to nutrition services either on-site or by referral.

Commission on Cancer® ACCREDITED PROGRAM

NAPBC® NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

THE JOINT COMMISSION NATIONAL QUALITY APPROVAL

MAMMOGRAPHY ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Cancer Conference

Cancer conferences, formerly known as tumor boards, improve the care of patients with cancer by providing multi-disciplinary treatment planning. They also contribute to physician and allied health professional education. In addition to the specialists noted below, a wide variety of individuals attend cancer conferences. These individuals include, but are not limited to: nurses, genetics counselor, research staff, residents, fellows, allied health professionals and students from various disciplines.

Breast Cancer Conference

This conference is held every Wednesday morning. Breast cancer cases that are diagnosed and/or treated with Aspirus Wausau Hospital are presented and discussed. Attendees include physicians and staff from oncology, radiology, surgery, pathology, plastic surgery and pathology.

Cancer Conference

This conference is held every Friday morning. Cases are added upon physician discretion. Attendees include physicians and staff from oncology, radiology, surgery, pathology, primary care and any other specialty as applicable on a case-by-case basis.

2017 Annual Report

Cancer Conference	
Number of conferences	39
Total cases presented	87
Prospective cases	81 (93%)
Retrospective cases	4 (7%)
Average number of attendees	16

Sites Discussed	# of cases	%
Colorectal	6	7%
Lung	9	10%
Liver	9	10%
Prostate	5	6%
Other (19 primaries)	58	67%

Breast Cancer Conference	
Number of conferences	39
Total cases presented	165
Prospective cases	161 (98%)
Retrospective cases	4 (2%)
Average number of attendees	20

Sites Discussed	# of cases	%
Breast	165	100%

Cancer Registry Report

The Aspirus Wausau Hospital Cancer Registry is directed by the Cancer Committee and is located within the hospital. A cancer registry is an information system designed for the collection, management, and analysis of data on all patients diagnosed with cancer. The data collected for these patients is then transmitted to the state and national registries as required by law. Maintaining a cancer registry ensures that health officials have accurate and timely information to influence the treatment and research of cancer. Healthcare providers, public health officials, and researchers use the data to:

- Calculate cancer incidence
- Evaluate efficacy of treatment modalities
- Determine survival rates
- Develop targeted educational and screening programs
- Conduct research on the etiology, diagnosis, and treatment of cancer

The cancer registry team collects data for Aspirus Wausau Hospital, Aspirus Langlade Hospital, Aspirus Medford Hospital, Aspirus Iron River Hospital, Aspirus Ontonagon Hospital, Aspirus Keweenaw Hospital, and Aspirus Ironwood Hospital. There are 25,874 cases in the computerized database. In 2017, there were 1,170 newly reported cancers at our facility. A physician reviews the abstraction of 10% of all analytic cases to ensure the quality of the data provided by the Cancer Registry.

Follow-up

To assist in research, provide survival and treatment information and to meet the Commission on Cancer (CoC) follow-up standard, all patients with a cancer diagnosis and/or treated within Aspirus are followed yearly. Follow-up information is obtained by reviewing the patient's medical record, from the managing physician and if necessary by contacting the patient. This data collection is ongoing and continued for the patient's lifetime, even after cancer remission.

Staffing

Aspirus cancer registry staffs four full-time employees to maintain cancer registry data and management. Cancer registrars are members of the National Cancer Registrars Association and Wisconsin Cancer Registrars Association. Educational conferences are provided by these organizations and regularly attended by staff.

Samantha Reynolds, CTR
Cancer Registry Manager
Certified Tumor Registrar

Linda Kurtzweil, RHIT, CTR
Certified Tumor Registrar

Paige Day
Cancer Registrar

Jami Ward
Cancer Registrar

2017 Primary Sites Using AJCC Staging

SITE GROUP	TOTAL CASES	CLASS		GENDER		STAGE						
		ANALYTIC	NON-ANALYTIC	MALE	FEMALE	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	N/A	UNKNOWN
HEAD AND NECK												
TONGUE	9	7	2	7	2	0	2	0	1	4	0	2
GUM	2	2	0	0	2	0	0	0	1	1	0	0
FLOOR OF MOUTH	2	1	1	0	2	1	0	0	0	1	0	0
PAROTID GLAND	2	0	2	1	1	0	0	0	0	0	2	0
TONSIL	10	7	3	9	1	0	2	0	2	2	0	4
OROPHARYNX	5	5	0	2	3	0	0	0	0	4	0	1
NASOPHARYNX	2	2	0	1	1	0	0	0	0	2	0	0
HYPOPHARYNX	2	2	0	1	1	0	0	0	0	2	0	0
DIGESTIVE SYSTEM												
ESOPHAGUS	13	11	2	8	5	0	2	3	4	3	0	1
GE JUNCTION	12	12	0	10	2	0	2	2	3	1	0	4
STOMACH	12	6	6	7	5	0	5	0	1	4	0	2
DUODENUM	5	4	1	4	1	0	0	0	1	3	0	1
JEJUNUM	1	1	0	0	1	0	0	0	1	0	0	0
ILEUM	3	3	0	2	1	0	0	1	1	1	0	0
CECUM	12	12	0	5	7	0	3	5	1	1	0	2
APPENDIX	4	3	1	3	1	0	0	1	0	2	0	1
COLON	41	36	5	16	25	0	10	11	12	6	0	2
RECTUM & RECTOSIGMOID	25	21	4	17	8	1	8	9	4	3	0	0
LIVER	15	11	4	11	4	0	2	2	2	2	0	7
BILE DUCT	8	8	0	6	2	0	1	0	0	3	0	4
GALLBLADDER	6	5	1	2	4	0	0	0	2	3	0	1
AMPULLA OF VATER	3	3	0	3	0	0	1	1	1	0	0	0
PANCREAS	36	35	1	19	17	0	4	11	2	17	0	2
OTHER DIGESTIVE	3	3	0	0	3	0	0	0	0	0	3	0
RETROPERITONEUM	5	2	3	4	1	0	0	0	1	3	0	1
RESPIRATORY SYSTEM AND THORAX												
NASAL, SINUS	6	6	0	2	4	0	5	0	0	1	0	0
LARYNX	4	4	0	2	2	0	0	1	1	1	0	1
BRONCHUS	7	6	1	4	3	0	0	2	2	1	0	2
LUNG	137	132	5	75	62	0	20	15	29	62	0	13
PLEURA	2	2	0	1	1	0	0	0	0	0	0	2
MUSCULOSKELETAL AND SOFT TISSUE												
BONE	54	45	9	33	21	0	0	0	0	0	54	0
SOFT TISSUE	7	5	2	5	2	0	4	1	1	0	0	1
SKIN	19	17	2	15	4	0	10	3	2	1	0	3
BREAST												
BREAST	199	188	11	2	197	42	83	46	10	7	0	9
GYNECOLOGIC												
CERVIX UTERI	12	5	7	0	12	6	2	1	1	2	0	0
CORPUS UTERI	34	33	1	0	34	0	22	3	1	5	0	3
UTERUS	2	2	0	0	2	0	0	0	0	0	0	2
OVARY	13	11	2	0	13	0	2	1	2	7	0	1
GENITOURINARY												
PROSTATE	217	146	71	217	0	0	29	90	29	30	0	39
TESTICLE	2	2	0	2	0	0	1	1	0	0	0	0
KIDNEY AND RENAL PELVIS	65	62	3	45	20	5	32	2	11	6	0	9
URETER	2	2	0	2	0	2	0	0	0	0	0	0
BLADDER	48	44	4	40	8	20	6	8	7	1	0	6
BRAIN AND CENTRAL NERVOUS SYSTEM												
MENINGES	7	5	2	1	6	0	0	0	0	0	7	0
BRAIN	18	15	3	10	8	0	0	0	0	0	18	0
THYROID AND OTHER ENDOCRINE												
THYROID	30	30	0	6	24	0	20	2	3	4	0	1
OTHER ENDOCRINE	3	1	2	1	2	0	0	0	0	0	3	0
LYMPHOID NEOPLASMS												
LYMPHOID	35	32	3	20	15	0	6	10	7	3	0	9
UNKNOWN PRIMARY												
UNKNOWN	9	9	0	4	5	0	0	0	0	0	9	0
TOTAL	1,170	1,006	164	625	545	77	284	232	146	199	96	136

Cancer Screening and Prevention Programs

Breast Cancer Screening Program

Breast cancer screenings are offered through a grant-funded program throughout the year and covers seven counties in central Wisconsin. Both women and men are eligible for this free screening mammography program. Our Community Needs Assessment identified a financial barrier to care for uninsured and under-insured women, due to the changes in funding for the Wisconsin Well Women Program, in which breast cancer screenings were covered. Our screening program provides free screening mammography, breast cancer risk assessment, and breast health education. This program also provides diagnostic mammograms, breast ultrasound, breast biopsy, MRI, genetic counseling and testing to participants with a need for indicated services. If there is an abnormal mammogram, the patient is called the next business day to be set up for additional views. If a patient needs a biopsy, the patient will meet with our Breast Health Navigator who will schedule the biopsy procedure. If the Radiologist recommends a three-month or six-month follow-up, a month before they are due a system-generated letter is sent reminding of need to set up an appointment.

For 2017, there were 286 screening and diagnostic mammograms. Ninety went on to have a breast biopsy. Nineteen of the biopsies were positive for breast cancer. Fifty-eight cases were referred to genetic counseling. This grant-funded breast screening program continues to be well utilized throughout our community.

Lung Cancer Smoking Prevention

One main priority of the Aspirus cancer program is to decrease the number of lung cancer diagnoses by utilization of lung cancer community education and better usage of the Wisconsin Quit Line. A smoking prevention education program was held at two local middle schools on February 2-3, 2017. One hundred thirty-nine students from the Health Occupations class participated. The educational program focused on the link between tobacco and lung cancer, deaths associated with smoking and second-hand smoke, cancer causing chemical in the tobacco products, e-cigarette information, and the marketing ploys geared to attract students to these products. National guidelines referenced included the American Cancer Society, CDC, and NIH. Student knowledge and learning was evaluated by pre- and post-testing.

Overall, students increased their knowledge and understanding of tobacco's link to lung cancer and e-cigarette concerns by 38%. All students were provided with the Wisconsin Quit Line cards to give to family and friends. Health Occupations teachers provided positive feedback regarding the program and the opportunity to learn more about cancer prevention in the school setting.

Hypofractionated Radiation Therapy in Early Stage Breast Cancer: A Quality Study

Study Overview

The role of radiation therapy in the treatment of early-stage breast cancer patients undergoing breast conservation has been well defined in several randomized studies. Radiation therapy has been shown to significantly reduce this risk of local regional recurrence. Standard post-lumpectomy radiation schedules have treated patients with approximately six weeks of radiation with satisfactory results. More recent data indicate that in appropriately selected early-stage breast cancer patients, a shorter "hypofractionated" course of radiation will produce similar results with an acceptable toxicity profile. Additionally, hypofractionated radiation saves the patient time, and is a significant cost savings due to the reduced number of treatments. However, the treatment has been slow to gain traction in the current health care setting for multiple reasons despite good quality data surrounding its use. In this analysis, we assessed Aspirus Wausau Hospital's current utilization of this treatment technique, abidance of the ASTRO guidelines, and compared to any available national benchmarks.

This study investigated the current utilization of hypofractionated radiation therapy in early stage breast cancer patients at Aspirus Wausau Hospital. Based on the ASTRO evidenced based guideline regarding hypofractionated radiation (Smith et al, IJROBP 2011), patients with stage T1 N0 and T2 N0 tumors, age 50 and older, and who do not receive chemotherapy should be analyzed. We compared our percentage with national benchmarks as well as determined any barriers to offering this treatment to patients.

Methodology

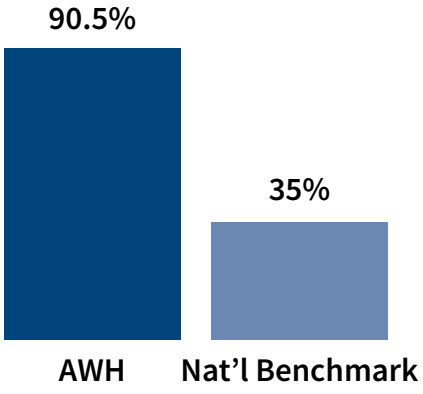
A data search was performed by Cancer Registry to identify patients diagnosed with breast cancer in 2016 that met the following criteria: stage T1 N0 or T2 N0 breast cancer, age 50 or older, negative lymph node involvement, and who did not receive chemotherapy. A retrospective chart review of these patients was completed. Literature search was completed to identify National Benchmark.

Outcome Analysis

Based on this analysis, the use of hypofractionation for breast cancer at Aspirus Wausau Hospital is excellent. We exceed currently published national data with regard to use of this novel treatment technique. This represents a substantial time and cost savings to the patients we serve. A total of 21 patients were identified meeting the aforementioned criteria. Of these, 19 (90.5%) were treated with hypofractionated radiotherapy schedules. The other two patients had a medical rationale for the use of standard fractionation. The first patient had received previous radiation to the contralateral breast for DCIS, and there was concern about field overlap medially. The second patient had a large separation, which has been used in studies as a relative contraindication to the use of hypofractionated radiotherapy.

Hypofractionated Radiation Therapy in Early Stage Breast Cancer

Aspirus Wausau Hospital
2016 cases, n=21



A search of the literature demonstrated that the current national average for the use of hypofractionated breast radiation ranges between about 13% (Jagsi et al, IJROBP, 2014) and 35% (Mitin et al, JAMA Oncol, 2015). Other studies were reviewed, all which lie within this range.

Clinical Trials

Clinical trials are research studies in which people help doctors find ways to improve health and cancer care. Each study tries to answer scientific questions and to find better ways to prevent, diagnose, or treat cancer.

Research in oncology has taken on a novel approach of examining tumor tissue to detect a genetic mutation. A number of oncology research studies available this past year at Aspirus Regional Cancer Center have focused on establishing whether patients have certain tumor mutations or genetic changes. This is known as targeted therapy. Some targeted therapies block the action of certain enzymes, proteins, or other molecules involved in the growth and spread of cancer cells, with less harm to normal cells.

Each year hundreds of patients are screened to determine if a clinical trial is right for them.

Aspirus Regional Cancer Center is able to offer access to the latest research studies and clinical trials through partnerships with various institutions and pharmaceutical companies.

Through our research affiliation with the University of Wisconsin Comprehensive Cancer Center (UWCCC) in Madison, we are a part of a satellite system called Wisconsin Oncology Network (WON) offering clinical trials to patients with advanced disease. In addition, we are also able to offer federally sponsored studies available through ECOG-ACRIN (Eastern Cooperative Oncology Group and American College of Radiology); and NRG (NSABP – National Surgical Breast and Bowel Project; RTOG – Radiation Therapy Oncology Group; and GOG- Gynecologic Oncology Group).

Glossary of Terms

Analytic: Cancers diagnosed and/or received all or part of the first course treatment at Aspirus Wausau Hospital.

Non-analytic: Cancer patients at Aspirus Wausau Hospital who receive care for recurrent or persistent disease, those who seek a second opinion or patients who receive care for other reasons (who cannot be classified as analytic).

Stage of Disease: The determination to describe where a cancer is located, its size, if or where it has spread, and whether it is affecting other parts of the body.

TNM Stage: American Joint Commission on Cancer (AJCC) Staging System, 8th Edition
T = the size and extent of the tumor
N = Involvement, or lack of, lymph nodes
M = Distant metastasis

First Course Treatment: Treatment that includes all methods of treatment recorded in the patient's treatment plan and administered to the patient before disease progression or recurrence.

Community Needs Assessment: An assessment conducted on a local, county, or state level to identify the community and local patient population, health disparities, barriers to care, available resources, and gaps in the availability of resources to overcome barriers.

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Passion for excellence.
Compassion for people.