Goshen Center for Cancer Care

2013 Annual Report

Indiana University Health
Goshen Hospital Cancer Program

Annual Report 2013

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Dear Friends and Colleagues,

Intense focus on our patients' needs is at the center of our care model at Indiana University Health Goshen Center for Cancer Care. Whether those needs reflect a relatively simple interaction or a highly complex, multidisciplinary and holistic approach we blend our leading-edge surgical, radiation and medical oncology with integrative medicine and a host of supportive services to provide the most complete, comprehensive care available. We work every day to provide you with personalized care, provided by a team of highly trained experts who know you and understand your needs.

The Center and our community partners received two significant, comprehensive accreditations during 2013. The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) once again declared this facility to be a Comprehensive Community Cancer Center with Commendation at the Gold Level. It gives our patients and community assurance that we meet or exceed all of the national standards for every aspect of radiation delivery and that we have implemented the best patient care procedures available to date. Patients receiving care at a CoC facility have access to information on clinical trials and new treatments, genetic counseling, and patient-centered services including psycho-social support, a patient navigation process, and a survivorship care plan that documents the care each patient receives and seeks to improve cancer survivors' quality of life.

In addition, the National Accreditation Program for Breast Centers (NAPBC) has once again awarded three-year, full accreditation to Indiana University Health Goshen The Retreat Women's Health Center. The NAPBC is administered through the American College of Surgeons, and accreditation is given only to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. Indiana University Health Goshen Retreat Women's Health Center is the only facility in Northern Indiana to provide the option of consulting with Dr. Laura L. Morris, a breast surgical oncologist and the only fellowship-trained breast disease specialist in Michiana.

Another focus of our program in 2013 has been to advance availability of clinical research trials to our patients and community. As a result of our efforts, more than 70 patients were placed on protocols to advance not only the care available to them and available right here, in the community where they live, but they were also given the opportunity to have the care they receive impact others in the global cancer community. Only through consistent dedication to research can we cure cancer. Our passion to cure the individual as well as the disease at large remains unsurpassed in the region.

Every day, our cancer care team – and all of us at IU Health Goshen – strive to provide innovative, outstanding care and services through exceptional people doing exceptional work. It's this relentless dedication and our commitment to further advance our cancer treatment capabilities, technology and research that allow us to provide advanced, multidisciplinary cancer care like nowhere else.

Sincerely,

Randy Christophel
President and Chief Executive Officer
IU Health Goshen

The Chairman's Report

The Indiana University Health Goshen Hospital Cancer Program was awarded a 3 year accreditation with commendation by the American College of Surgeons Commission on Cancer (CoC) during its recent survey. To earn this distinction, a cancer program must meet 34 CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. Three-year accreditation with commendation is only awarded to a facility that exceeds standard requirements at the time of its survey. The accreditation recognizes cancer centers that take a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary partnership results in improved patient care. The Center for Cancer Care has maintained this accreditation ever since opening its doors in 2000, and received 8 out of 8 commendations in 2013 for the highest possible accomplishment level.

Additionally, The Retreat Women's Health Center was once again awarded a three-year full accreditation by the National Accreditation Program for Breast Centers (NAPBC). During the survey process, the breast center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of: center leadership, clinical management, research, community outreach, professional education and quality improvement.

A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease. The Retreat is also accredited by the American College of Radiology as a Breast Imaging Center of Excellence.

The Indiana University Goshen Center for Cancer Care (IUGCCC) welcomed a new Medical Director this year, Roderich E. Schwarz, MD, Ph.D., FACS. Dr. Schwarz is a fellowship trained surgical oncologist specializing in pancreatic, hepato-biliary and upper GI malignancies. Prior to joining the IUGCCC he was a Professor of Surgery at the University of Texas Southwestern Medical School in Dallas, Texas. He maintains a research laboratory at the University of Notre Dame. With Dr. Schwarz's leadership we are able to offer a wider array of clinical trials to our patients.

We participate in several national databases including American Society of Clinical Oncology (ASCO), National Cancer Data Base (NCDB). The purpose of these databases is to compare treatments for various cancers across the United States. Information is entered retrospectively, after the patient has completed treatment. While this allows comparisons to treatment guidelines, there has always been a weakness in the system. The information provided by the data is not complete in time to improve an individual patient's treatment plan while it is active. The American College of Surgeons instituted the Rapid Quality Reporting System (RQRS) in which data is entered concurrent with the patient's treatment. This system alerts the providers monthly if there is any deviation in an individual's cancer treatment from national standards, thus enabling treatment changes if necessary. This demonstrates a clear improvement over the prior method of data management. We are proud as a cancer committee to participate in these modalities to ensure that our patients receive timely, state of the art care.

We remain committed to provide the best cancer care possible to our patients. We are the only program in the region where every physician is fellowship trained in oncology. Our truly integrated approach includes registered dietitians, naturopathic oncologists and mind-body counselors who all work together to heal you physically, emotionally and spiritually. Additionally, our palliative care program, patient navigation and survivorship plan ensure that every aspect of cancer care is addressed for every patient.

Respectfully submitted,

Laura L. Morris, MD, MBA, FACS
Chair, Cancer Committee

The Cancer Committee

PATIENT FOCUSED. MISSION DRIVEN.

Develop and evaluate the annual goals and objectives for the clinical, educational and programmatic activities related to cancer.

Promote a coordinated, multidisciplinary approach to patient management.

Ensure that educational and consultative cancer conferences cover all major sites and related issues.

Ensure that an active, supportive care system is in place for patients, families and staff.

Promote clinical research.

Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care and outcomes.

Supervise the cancer registry and ensure accurate and timely abstracting, staging and follow-up reporting.

Perform quality control of registry data.

Encourage data usage and regular reporting.

Ensure content of the annual report meets requirements.

Publish the annual report.

Uphold medical ethical standards.

2012 Facts and Figures

2012 **CANCER REGISTRY REPORT**

Indiana University Health Goshen Center for Cancer Care Cancer Registry department is a hospital-based cancer information center. Certified tumor registrars collect, interpret and record a wide range of demographic, diagnostic and treatment information on all cancer patients who are diagnosed and/or treated at this facility. Since 2004, Goshen Center for Cancer Care has been designated as a Community Hospital Comprehensive Cancer Center through the American College of Surgeons/Commission on Cancer. In September of 2013, this program received a three-year Accreditation with Commendation at the Gold level. This indicates the program performs at the highest level possible and achieved all 8 out of 8 possible commendations for exceptional achievement.

IU Health Goshen Center for Cancer Care is mandated by Indiana Code 16-38-2 to provide Indiana State Department of Health a detailed abstract for each case of malignant disease that is diagnosed and/or treated at this facility, as well as benign brain and related CNS tumors. Cancer data is also submitted to the National Cancer Data Base (NCDB), and comparisons are frequently performed to analyze state and national trends and benchmarking statistics.

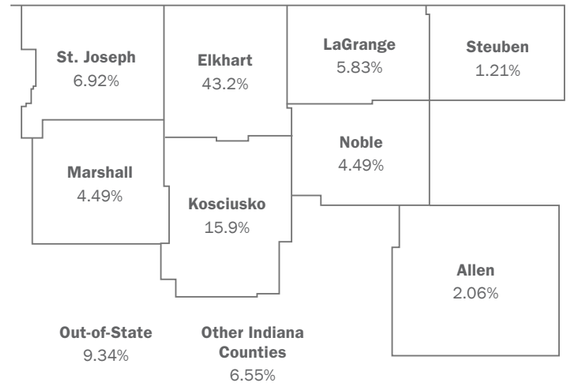
Quality of registry data is paramount. For this reason, quality assurance procedures, periodic audits from the Indiana State Department of Health, and internal quality assurance practices are performed to ensure that Cancer Registry data are complete and correct.

In 2012, a total of 823 cases were accessioned by the Cancer Registry: 660 were analytic (new cancer cases) and 163 were non-analytic. During 2012, the Cancer Registry followed 2,646 patients and maintained a follow-up rate of 89.5% on patients diagnosed since the Registry reference year (80% required by the Commission on Cancer) and a follow-up rate of 93.8% for patients diagnosed within the last five years (90% required by the Commission on Cancer). IU Health Goshen Center for Cancer Care is staffed by three certified tumor registrars who have worked under the guidance of Rhonda Griffin, BSN, OCN, Manager IU Health Goshen Center for Cancer Care.

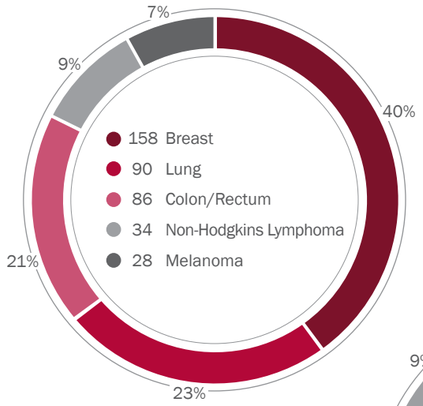
2012 **TOP FIVE SITES**

Breast - Female	158
Lung	90
Colon/Rectum	86
Non-Hodgkins Lymphoma	34
Melanoma	28

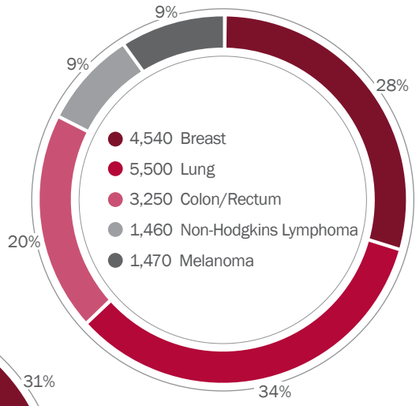
2012 **DISTRIBUTION BY COUNTY**



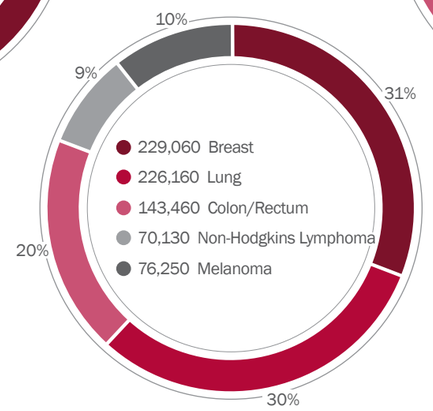
2012 **TOP FIVE SITES, STATE & NATIONAL COMPARISON**



IU Health Goshen*



State**



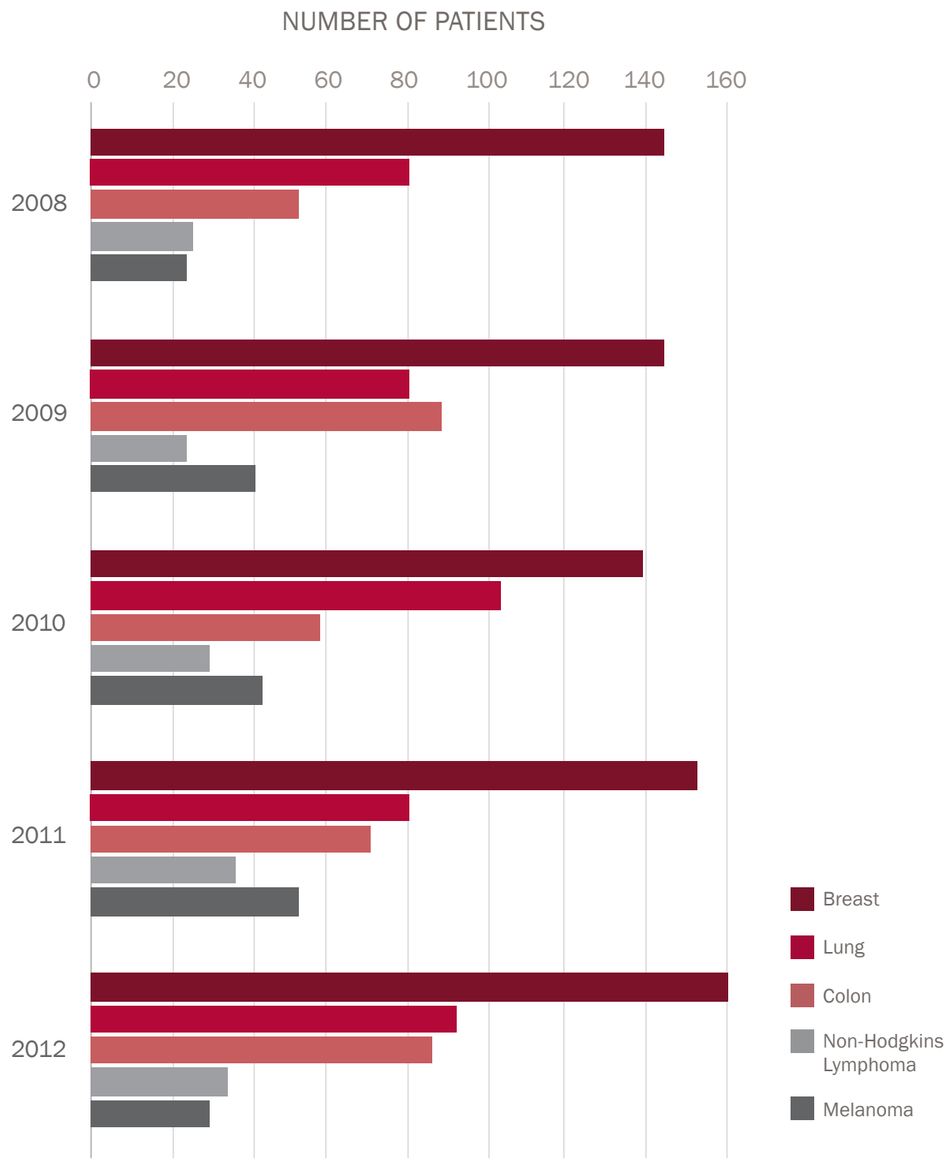
National**

* IU Health Goshen Hospital Cancer Registry - analytic cases

** Cancer Facts & Figures 2012, Estimated Numbers of New Cases for Selected Cancers by State, US, 2013* (American Cancer Society, 2013)

IUHG CENTER FOR CANCER CARE

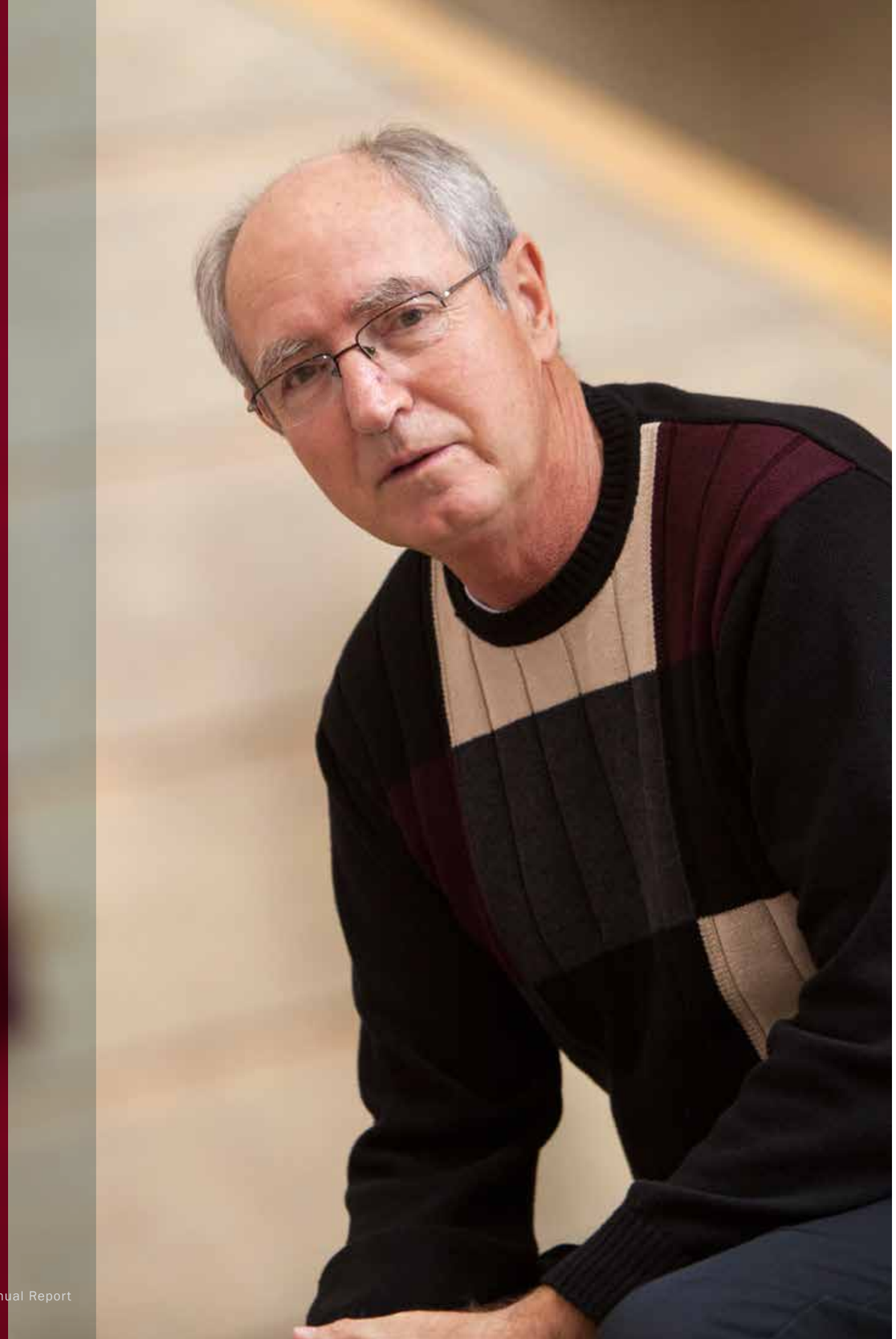
5-YEAR **COMPARISON OF TOP FIVE SITES**



2012 **PRIMARY SITES**

	# (%)	M	F	Analy	NA
Breast	175	0	175	168	7
Lung	106	56	50	60	46
Colon/Rectum	104	61	43	82	22
Non-Hodgkin Lymphoma	43	26	17	32	11
Melanoma of the skin	33	17	16	29	4
Kidney	30	21	9	26	4
Prostate	58	58	0	52	6
Pancreas	28	15	13	14	14
Esophagus	21	18	3	16	5
Lip/Oral/Cavity/Pharynx	22	17	5	18	4
Multiple Myeloma	16	11	5	15	1
Lymphoid Leukemia	23	12	11	23	0
Urinary Bladder	18	13	5	14	4
Corpus Uteri	16	0	16	15	1
Benign Brain and CNS	10	3	7	9	1
Thyroid	11	4	7	11	0
Other Hematopoietic	10	4	6	8	2
Stomach	11	9	2	8	3
Liver	9	7	2	5	4
Ovary	8	0	8	7	1
Hodgkins Lymphoma	6	3	3	6	0
Soft Tissue	7	4	3	6	1
Brain & Nervous System	6	3	3	5	1
Meyloid and Monocytic Leukemia	4	3	1	2	2
Small Intestine	5	3	2	4	1
Larynx	3	2	1	3	0
Eye and Orbit	2	2	0	1	1
Bones and Joints	1	1	0	0	1
Breast - Male	1	1	0	1	0
Other	4	4	0	2	2
Other Digestive Organ	10	2	8	6	4
Other Endocrine System	1	0	1	1	0
Other Femail Genital	2	0	2	2	0
Other Male Genital	4	4	0	4	0
Other Respiratory	3	2	1	1	2
Other Skin	1	1	0	0	1
Other Urinary	1	0	1	1	0
Unknown Sites	10	4	6	3	7

	# (%)	M	F	Analy	NA
TOTAL	**823**	**391**	**432**	**660**	**163**



“We’re not just going to cure you. We’re going to heal you.”

In a six-month period of time Lloyd suffered two massive heart attacks and was diagnosed with Stage 2 Rectal Cancer. Six weeks after his second heart surgery he had part of his colon removed. Throughout it all Lloyd remained positive, and the staff at IU Health Goshen Center for Cancer Care encouraged his outlook.

My doctor told me, “We’re not just going to cure you. We’re going to heal you.”

Lloyd’s family members worked for IU Health Goshen Center for Cancer Care and spoke highly of it, but he also did his own research and knew it was the place to go. During the Korean War he served as a line medic in the Army, so he knows a little something about taking care of people.

“At Goshen I was treated with respect and dignity from the nurses, doctors, lab technicians, and anybody I came into contact with for my cancer surgery. It was great.”

When his doctor came into the room to give the ‘all clear’ after a CT scan revealed the cancer was gone, Lloyd said, “the first thing Dr. Kio did was put his arms around me because he was so happy.”

The care he received during his time at Goshen made a lasting impression on him. “I was glad to leave, but I also miss the people I met along the way: the patients I got to talk to, the therapists and everyone else. I had a strong support group there.”

He mentioned to a staff member he would like to volunteer with the patients, and he’s since been nominated to serve a one-year term on the newly formed Patient & Family Advisory Council. He is excited for the possibility to “be a good shepherd.”

“Your outlook on life definitely changes,” Lloyd said about surviving cancer. As a history buff tracing his lineage back at least six generations, he now passes time going to battlefields where his ancestors fought, and checking other things off his “bucket list.”

After Lloyd’s treatment was complete, his brother was diagnosed with a rare, incurable, form of cancer and went to Goshen. He says it is difficult dealing with joy for himself while having sorrow for his brother, but in general, his upbeat outlook remains.

“I encourage everybody all the time—don’t ever give up. I’ve done so well and it’s due to the skill of the people at IU Health Goshen Center for Cancer Care.”

LLOYD STAGE 2 RECTAL CANCER SURVIVOR

First Treatment of Gynecologic Cancers 2012

by James Wheeler, MD, PhD

Each year the cancer committee performs a study to examine the evaluation and treatment of a specific cancer. This year the committee elected to review the treatment of gynecologic cancers. Gynecologic cancers include: cervical, ovarian (including Fallopian tube cancer), uterine (including endometrial cancer and sarcomas), vaginal, and vulvar. The goal of this study is to compare the first course of treatment given to national evidence based guidelines and identify any problems with the diagnostic evaluation or treatment planning process. This is the report submitted to the committee, which we provide for your information. This report concludes that at IUHGCC our treatment recommendations for gynecologic cancers are concordant with national treatment guidelines, assuring you of the highest quality of cancer care.

In 2012 Indiana University Health Goshen Center for Cancer Care (IUHGCC) treated nineteen new patients with the diagnosis of gynecologic cancer. One patient was a breast cancer survivor. The remaining 18 were newly diagnosed. These cases were reviewed utilizing the Tumor Registry to evaluate Stage using the American Joint Committee on Cancer (AJCC) Cancer Staging Manual, seventh edition based on the primary tumor (T), nodal (N), and metastasis (M) staging components to derive the clinical stage (I through IV with small letter designated subcategories). The first treatment rendered these patients was then compared to the recommendations for each of the gynecologic malignancies developed by the National Comprehensive Cancer Center Network Clinical Guidelines in Oncology (NCCN guidelines), which are available for cervical cancer, ovarian cancer (including Fallopian tube cancer), and uterine neoplasms (including endometrial cancer and endometrial sarcomas).

Stage 0 accounted for a single patient with vaginal carcinoma in situ treated with surgery. There are no NCCN guidelines specifically addressing vaginal cancer.

Stage I accounted for seven patients with endometrial cancer and three patients with ovarian cancer. Three patients with grade 1, T1a N0 M0 endometrial cancer were treated with hysterectomy alone, consistent with NCCN guidelines. Three patients with grade 2, T1a N0 M0 endometrial cancer were treated with surgery and vaginal apex brachytherapy. NCCN guidelines recommend either observation or brachytherapy, so all three were treated in accordance with these guidelines. One patient had grade 3, T1b N0 M0 endometrial cancer and was treated with surgery and vaginal brachytherapy. NCCN guidelines allow observation or vaginal brachytherapy, so this patient was treated according to guidelines.

Stage I accounted for three patients with ovarian cancer. One patient had grade 1, pT1a pN0 M0 ovarian cancer and had definitive surgery followed by observation in accordance with NCCN guidelines. Two patients had grade 2, pT1a pN0 M0 tumors. Both had definitive surgery. One also received carboplatin and taxol. The other was referred to a gynecologic oncologist. NCCN guidelines recommend either observation or 3 to 6 cycles of a taxane/carboplatin combination, so both were treated in accordance with NCCN guidelines.

There was only a single patient with Stage II cancer. This patient had a grade 3, pT2, pN0 M0 endometrial cancer. Following surgery she refused the recommended radiation therapy. She did accept hormonal therapy. NCCN guidelines recommend following definitive surgery for patients to receive pelvic radiation therapy and vaginal brachytherapy with or without chemotherapy. This patient was not treated in accordance with NCCN guidelines,

but there was clear documentation of the patient's refusal to follow the recommended adjuvant therapy.

Four patients were initially diagnosed with stage III cancer. Two patients had endometrial cancer, both stage IIIB, and two patients had ovarian cancer. One patient with endometrial cancer had grade 2, pT1b, pN1, M0 and underwent definitive surgery and vaginal brachytherapy. She refused chemotherapy. NCCN guidelines recommend tumor directed radiotherapy and/or chemotherapy, so these guidelines were followed. This patient was 83 years old and had undergone breast conserving surgery in 1999 followed by breast radiation therapy.

One patient had a grade 3 endometrial carcinosarcoma confirmed on peritoneal biopsy. She refused all further treatment. NCCN guidelines recommend for resectable patients total hysterectomy and bilateral salpingoophorectomy as well as resection of the metastatic foci followed by a consideration of chemotherapy and/or consideration of tumor directed radiation therapy. Patients whose tumors are unresectable are similarly recommended to receive chemotherapy and/or tumor directed radiation therapy. The NCCN guidelines could not be followed due to the documented patient refusal to accept any tumor directed treatment.

One patient was initially diagnosed with Stage III ovarian cancer, stage T3b Nx M0 with involvement of the omentum, small bowel, and colon. She underwent definitive surgery and was referred to a medical oncologist. NCCN guidelines advise surgery and adjuvant chemotherapy, so this patient was treated according to NCCN guidelines.

One Stage III patient had the relatively rare Fallopian tube primary. She had stage T3c N1 M0 tumor and was treated with definitive surgery followed by carboplatin and taxol. NCCN guidelines for Fallopian tube cancer are identical to those for the corresponding stage of ovarian cancer, so she was treated following NCCN guidelines.

Three patients were newly diagnosed with Stage IV cancers. One patient had T3a N1 M1 endometrial cancer (Stage IVb). She underwent complete cytoreductive surgery followed by chemotherapy. NCCN guidelines recommend surgical debulking followed by chemotherapy with or without radiation therapy, so the guidelines were followed.

Two patients were initially diagnosed with Stage IV ovarian cancer. Both received cytoreductive surgery followed by combination carboplatin and taxol chemotherapy, in conformity with NCCN guidelines.

The treatment recommendations for all nineteen patients were concordant with the NCCN guidelines for their respective gynecologic cancers. Two patients refused the recommended therapy.

Gynecologic Cancers | Results 2012

SITE	STAGE		TREATMENT	NCCN
Vagina	Tis	0	Surgery	None
Endometrium	G1, T1a, pNx,M0	I	Surgery	Followed
Endometrium	G2, T1a, pN0,M0	I	S & VBT	Followed
Endometrium	G3, T2, pN0, M0	II	S &hormones; refused XRT	pt refused
Endometrium	G2, T1a, pN0,M0	I	S & VBT	Followed
Endometrium	G1, T1a, pNx,M0	I	Surgery	Followed
Endometrium	G2, T1a, pN0,M0	I	S & VBT	Followed
Endometrium	G1, T1a, pNx,M0	I	Surgery	Followed
Endometrium	Gr 3 carcinosarcoma	IIIB	Bx only; pt refused Tx	pt refused
Endometrium	Gr2, T1b,pN1, M0	IIIB	S & VBT; refused chemo	Followed
Endometrium	T3a, N1, M1	IV	S & chemo	Followed
Endometrium	Gr3, T1b, N0, M0	I	S & VBT	Followed
Ovarian		IV	surgery & carbo/taxol	Followed
Ovarian		IV	surgery & carbo/taxol	Followed
Ovarian	Gr2, pT1a, pN0, M0	I	surgery & carbo/taxol	Followed
Ovarian	Gr2, pT1a, pN0, M0	I	S & gyn onc referral	Followed
Ovarian	Gr1, pT1a, pN0, M0	I	S & observation	Followed
Ovarian	T3b, Nx, M0	III	S & med onc referral	Followed
Fallopian Tube	T3c,N1,M0	III	surgery & carbo/taxol	Followed

"I live in fear with my cancer.
I wish I could go to sleep and never wake up."

~ Patient with breast cancer

"I'm so worried about my cancer; but really, it's not even the worst of my problems."

~ Patient with lung cancer

"Cancer has changed everything...forever."

~Patient with lymphoma

Easing Cancer Patients' Distress

by Rita Gingrich, LSCW, OSW-C

Although the majority of cancer patients have normal and healthy psychological functioning, distressed mental and emotional states are common with this disease. Besides creating new distress, a cancer diagnosis, treatment, and survivorship concerns can worsen pre-existing distress.

While common and understandable, the prevalence and intensity of distress with cancer should not be considered insignificant. Distress is disruptive and immobilizing if left undetected and untreated. It has been associated with outcomes such as reduced health related quality of life, increased suffering, longer hospitalizations, poorer adherence to prescribed treatment, and potential reduced survival rate.

Screening for distress has always been a part of routine cancer care at this facility. Our team approach provides an opportunity for all care providers to monitor patients for distress and refer them to counseling support and other psychosocial services available to them. In a more structured approach, we have adopted a standardized distress screening tool from the National Comprehensive Cancer Network. With this screening tool, patients rate their level of distress on a scale from 0 (no distress) to 10 (extreme distress), similar to a pain scale. Additionally, the tool provides checklists in five problem categories (practical, family, emotional, spiritual, and physical), which help patients to further describe the nature of their distress.

Currently, patients who are preparing for radiation or chemotherapy are given the opportunity to complete the screening, as are patients who come in for an office visit and receive a positive pathology report for breast cancer. These are times, among many in the cancer experience, that patients are known to be at higher risk for distress.

When there is clinical evidence of distress, counselors follow up with these patients to provide further evaluation, to identify and examine their concerns, to provide counseling support, and to link patients with other services as needed. Goals for the future expansion of the distress screening process include implementing screening of all patient groups and integrating data from the screening into the practice of clinicians across disciplines.

The management of distress is an integral part of total medical care. When the psychosocial aspects of cancer care are treated and alleviated, patients are more likely to participate fully in their health care, and together with their families, enjoy improved quality of life.

Goshen Center for Cancer Care | The Retreat Women's Health Center

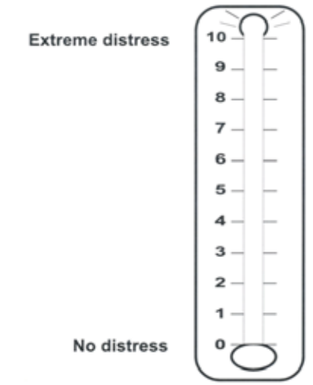
NCCN Guidelines Version 2.2013
Distress Management

Name: **Date:**

Date of Birth: ☐ **Check the box if you would like to decline completing this form.**

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES	NO	Practical Problems
☐	☐	Child care
☐	☐	Housing
☐	☐	Insurance/financial
☐	☐	Transportation
☐	☐	Work/school
☐	☐	Treatment decisions
		Family Problems
☐	☐	Dealing with children
☐	☐	Dealing with partner
☐	☐	Ability to have children
☐	☐	Family health issues
		Emotional Problems
☐	☐	Depression
☐	☐	Fears
☐	☐	Nervousness
☐	☐	Sadness
☐	☐	Worry
☐	☐	Loss of interest in usual activities
☐	☐	**Spiritual/religious concerns**

YES	NO	Physical Problems
☐	☐	Appearance
☐	☐	Bathing/dressing
☐	☐	Breathing
☐	☐	Changes in urination
☐	☐	Constipation
☐	☐	Diarrhea
☐	☐	Eating
☐	☐	Fatigue
☐	☐	Feeling Swollen
☐	☐	Fevers
☐	☐	Getting around
☐	☐	Indigestion
☐	☐	Memory/concentration
☐	☐	Mouth sores
☐	☐	Nausea
☐	☐	Nose dry/congested
☐	☐	Pain
☐	☐	Sexual
☐	☐	Skin dry/itchy
☐	☐	Sleep
☐	☐	Substance abuse
☐	☐	Tingling in hands/feet

Other Problems: _____

DISTRESS SCREENING TOOL

“It was comforting to know everybody was on the same page...”

Toyce has always felt that life is precious. In fact she signs her emails ‘Carpe Diem,’ Latin for seize the day. She got mammograms regularly, but when she felt something unusual she went to The Retreat Women’s Health Center at IU Health Goshen.

When the diagnosis came back as Stage III Breast Cancer and Cancer of the Lymph Nodes she never questioned going anywhere besides IU Health Goshen Center for Cancer Care for treatment.

“I absolutely loved Dr. Bruetman from the first time I met him. Quite often in my life I make it all about everybody else, but it felt like he was all about me and that’s exactly what I needed.”

Toyce put her faith in God and her trust in her team of doctors and specialists at Goshen. She also met with a nutritionist, dietician, and counselor prior to surgery, and says the integrative approach put her at ease.

“It was comforting to know everybody was on the same page. I didn’t have to worry if that person knew my plan. I’d walk into a room and everybody knew everything.”

At IU Health Goshen Center for Cancer Care, the staff makes time with patients a top priority. Toyce recalled spending 45 minutes asking her doctor questions before committing to start a 10-year prescription.

“Dr. Bruetman was so patient with me. I never felt like he was in a hurry or judging me for asking questions.”

From the naturopathic pharmacists, to the counselors, to the schedulers, and more, the full range of service and specialists available at Goshen all played a roll in Toyce’s recovery.

“I think it’s vital—it’s not something extra—to have a variety of services under one roof for the treatment of cancer patients. If I had to go to multiple locations to see all the people who treated me and helped me, I couldn’t have done it.”

Shortly after her surgery, Toyce’s son promised to take her to the Outer Banks of North Carolina the following year. She always dreamed of climbing to the top of the Cape Hatteras lighthouse, and happily, on the one-year anniversary of her mastectomy, she climbed the 20-story structure in 20 minutes.

“I really feel those doctors saved my life.”

She continues to seize the day and is currently planning her 90th birthday party, which will take place 35 years from now.

TOYCE STAGE III BREAST CANCER SURVIVOR