

# FLOURISH

A Publication of Northwest Cancer Specialists • [www.nwcancer.com](http://www.nwcancer.com)



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**“My stethoscope  
keeps listening in on  
my conversations.”**

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**BRIEF SUMMARY OF INFORMATION FOR PATIENTS AND CAREGIVERS**

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

**What is Neulasta?**

Neulasta is a man-made form of granulocyte colony-stimulating factor (G-CSF), which is made using the bacteria *E. coli*. G-CSF is a substance naturally produced by the body. It stimulates the growth of neutrophils (**nu**-tro-fils), a type of white blood cell important in the body's fight against infection.

**What is Neulasta used for?**

Neulasta is used to treat neutropenia (**nu**-tro-**peen**-ee-ah) that is caused by drugs used to treat cancer. Neutropenia is a condition where the body makes too few neutrophils.

**How does Neulasta work?**

Neulasta works by helping your body make more neutrophils. To make sure Neulasta is working, the doctor will ask that the patient have blood tests to count the number of neutrophils. It is important to follow the doctor's instructions about these tests.

**Who should not take Neulasta?**

Do not take Neulasta if you have had:

- An allergic reaction to Neulasta (pegfilgrastim) or any of its ingredients, or to NEUPOGEN<sup>®</sup> (Filgrastim). See the end of this brief summary for a list of ingredients in Neulasta.

**What important information do I need to know about receiving Neulasta?**

Neulasta can reduce the chance of infection, but it does not prevent all infections. An infection can still happen during the time when your neutrophil levels are low. You must be alert and look for some of the common signs or symptoms of infection, such as fever, chills, rash, sore throat, diarrhea, or redness, swelling, or pain around a cut or sore. If you notice any of these signs or symptoms during treatment with Neulasta, tell your doctor or nurse immediately.

Occasionally pain and redness may occur at the injection site. If there is a lump, swelling, or bruising at the injection site that does not go away, talk to the doctor.

If you have a sickle cell disorder, make sure that your doctor knows about it before using Neulasta. If you have a sickle cell crisis after getting Neulasta, tell your doctor right away.

Make sure your doctor knows about all medicines and all herbal and vitamin supplements you are taking before starting Neulasta. If you are taking lithium, you may need more frequent blood tests.

The doctor, nurse, or caregiver will usually inject the dose of Neulasta a day after the last dose of chemotherapy in each cycle. Neulasta should only be injected on the day the doctor has determined and should not be injected until approximately 24 hours after receiving chemotherapy.

More information about Neulasta is available in the Physician Package Insert. If you have any questions, talk to your doctor.

**What are possible serious side effects of Neulasta?**

- **Spleen Rupture.** Your spleen may become enlarged and can rupture while taking Neulasta. A ruptured spleen can cause death. The spleen is located in the upper left section of your stomach area. Call your doctor right away if you have pain in the left upper stomach area or left shoulder tip area. This pain could mean your spleen is enlarged or ruptured.
- **Serious Allergic Reactions.** Neulasta can cause serious allergic reactions. These reactions can cause shortness of breath, wheezing, dizziness, swelling around the mouth or eyes, fast pulse, sweating, and hives. If you start to have any of these symptoms, call your doctor or seek emergency care right away. If you have an allergic reaction during the injection of Neulasta, stop the injection. Call your doctor right away.
- **A serious lung problem called acute respiratory distress syndrome (ARDS).** Call your doctor or seek emergency care right away if you have shortness of breath, trouble breathing, or a fast rate of breathing.

**What are the most common side effects of Neulasta?**

The most common side effect you may experience is aching in the bones and muscles. If this happens, it can usually be relieved with a non-aspirin pain reliever, such as acetaminophen.

**What about pregnancy or breastfeeding?**

Neulasta has not been studied in pregnant women, and its effects on unborn babies are not known. If you take Neulasta while you are pregnant, it is possible that small amounts of it may get into your baby's blood. It is not known if Neulasta can get into human breast milk. If you are pregnant, plan to become pregnant, think you may be pregnant, or are breastfeeding, you should tell your doctor before using Neulasta.

**How should Neulasta be stored?**

Neulasta should be stored in the refrigerator at 2° to 8°C (36° to 46°F), but not in the freezer. Neulasta should be protected from light, so you should keep it in its carton until you are ready to use it. Avoid shaking Neulasta. If Neulasta is accidentally frozen, allow it to thaw in the refrigerator before injecting. However, if it is frozen a second time, do not use. Neulasta can be left out at room temperature for up to 48 hours. Do not leave Neulasta in direct sunlight. For all questions about storage, contact your doctor, nurse, or pharmacist.

**What are the ingredients in Neulasta?**

Each syringe contains pegfilgrastim in a sterile, clear, colorless, preservative-free solution containing acetate, sorbitol, polysorbate 20, and sodium.

The needle cover on the single-use prefilled syringe contains dry natural rubber (latex), which should not be handled by persons sensitive to this substance.

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### Rose Quarter Cancer Center

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Vancouver, WA 98684  
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*On the cover: Northwest Cancer Specialists physicians (from left to right): Anthony Van Ho, MD; Devon Webster, MD; Jay Andersen, MD; Magdolna Solti, MD; Will Winter, MD; Scott Rushing, MD; Colleen McCormick, MD.*



## EXECUTIVE DIRECTOR'S LETTER



Welcome to the second edition of *Flourish*. We hope this issue continues to provide you with valuable resources for your own care and others who are affected by cancer.

Your fight against cancer is bigger than any one individual, organization or community. Just as your family, co-workers and friends have rallied around you, please know your physician, care team and administrative staff at Northwest Cancer Specialists are supporting you throughout every step in your journey.

Our clinicians have access to the latest research, innovative programs and comprehensive services available. In addition, your care team works in full partnership with your primary care physician and surgeon, sharing information to provide you with the best care possible.

Here in the greater Portland and Southwest Washington region, we are fortunate to have access to excellent healthcare resources. Northwest Cancer Specialists' affiliation with US Oncology also gives us access to the expertise of 1,300 cancer specialists across the United States. More than 700,000 patients have trusted their care to doctors in the US Oncology network.



Source: Sloan-Kettering, MD Anderson, and Mayo Clinic

As you read about ground-breaking programs such as genetics counseling (page 8), the next generation of physician leaders (page 10), the outreach efforts of our staff (page 16) and the amazing people right here in our community (page 17), I want you and your family to have the peace of mind that you have chosen the right physician and team to share in your battle against your disease. Rest assured, at Northwest Cancer Specialists, you have the best local and national resources and the finest minds in cancer.

Bradley Perrigo  
Executive Director  
Northwest Cancer Specialists

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Adventist Medical Center

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Teri,  
Breast Cancer  
Care Coordinator



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# Cancer RUNS IN MY Family



## An Introduction to Hereditary Cancer Syndromes

### All Cancer Is Genetic, but Not All Cancer Is Hereditary



by Lucy R. Langer,  
MD, MSHS  
Medical Director,  
Northwest Cancer  
Specialists Genetic  
Risk Evaluation &  
Testing Program

All cancer is caused by genetic mutations. Mutations, or errors in the genetic code, can cause healthy cells to lose the ability to detect and repair damage. Some mutations can cause healthy cells to become immortal, to grow into tumors or to gain the ability to travel throughout the body

in the blood stream or lymph system. Most of the mutations that cause cancer are acquired during a person's lifetime. These mutations may be caused by the food we eat; the air and smoke we breathe; the liquids we drink; and the toxins we are exposed to, like asbestos, plastics or radiation. However, some individuals are actually born with mutations that predispose to cancer.

Cancer is so common that many families have more than one member who has had cancer. But not all families will have an inherited risk of cancer. Up to 15 percent of all cancers may be hereditary, or caused by a mutation that a person inherited from their mother or father. Scientists have been able to identify several specific inherited mutations that lead to cancer. The Hereditary Breast and Ovarian Cancer (HBOC) Syndrome, caused by mutations in the genes BRCA1 and BRCA2, is probably the best known. In addition, it is

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well known that other types of cancer can be caused by inherited mutations, including colon cancer, endometrial (uterine) cancer, stomach cancer, kidney cancer, melanoma, brain tumors and thyroid cancers. Risks for these cancers vary by the gene affected and the specific mutation.

Some clues might indicate that cancer is hereditary. Cancer that occurs at a younger age than the general population, cancer that is present in multiple generations of a family or multiple cancers in the same person might signal an underlying inherited mutation. Certain combinations of specific cancer types in the same family might also signal hereditary cancer. For example, the HBOC syndrome can be associated with breast cancer, ovarian cancer, melanoma, prostate cancer and pancreatic cancer. Lynch syndrome (HNPCC) encompasses colon cancer, ovarian cancer, endometrial cancer, gastric (stomach) cancer, and several other cancer types. Any or all of these cancers may run in a family.

Family history of cancer is very important. Hereditary cancer can be passed down on the mother's side or on the father's side, so both sides of the family count. Each child born to a mutation carrier has a 50 percent chance of inheriting that mutation. Most genetics experts want to know about the family as far out as third-degree relatives (which includes not only offspring, siblings and parents but also nieces, nephews, aunts, uncles, cousins, great-aunts and great-uncles). As you might guess, people who come from smaller families or who don't know their family history can be easily missed. For example: if an individual is adopted, nothing is known about what might have happened to their parents or siblings. If a person comes from a very small family with a lot of only children, cancer might not be as prevalent as it otherwise would be in a larger family. Sometimes family members are estranged or die at a young age from other causes, so even if a cancer risk exists, it is not known to the family members.

## Genetic Testing Is Proven to Save Lives

The most exciting thing about testing for inherited mutations that lead to cancer is that there are clearly defined interventions that can detect cancer at an earlier — and more likely curable — stage and can also prevent cancer from occurring altogether. When scientists first started to learn about inherited mutations, little was

known about how to prevent the cancers that these mutations would cause. Now, years of research have helped to define the clear benefit of several risk-reducing interventions. For many cancers, the gold standard in risk reduction is to have preventative surgery. Prophylactic (preventative) mastectomy (removal of the breasts) or salpingo-oophorectomy (removal of the ovaries and fallopian tubes) can reduce the risk of breast or ovarian cancer by nearly 90 percent to 95 percent. If colon cancer is diagnosed in a mutation carrier, removing more of the colon at the time of the surgery for the cancer can be protective and reduce the risk of a second cancer. Furthermore, mutation carriers need to undergo much more rigorous screening. Breast MRI is recommended as an adjunct to mammography in all female BRCA carriers. And people with a risk of colon cancer need to have colonoscopy much more often (every one to two years) to detect and remove the polyps that can rapidly become cancer.

Although oncologists currently do not make treatment decisions based on inherited genetic mutations, this is very near on the horizon. In tumors such as breast cancer, colon cancer and lung cancer, genetic status and the protein expression profile of the tumor are now being used to select targeted therapies. Drugs like trastuzumab, cetuximab and erlotinib are only effective in cancers that have specific genotypes. Even now, the PARP-inhibitor drugs are being tested by US Oncology practices in clinical trials for “triple-negative” breast cancers, which have a lot of overlap with breast cancers in BRCA1-positive women. Through genetic testing and high-risk registries, the future dream of more effective, targeted therapies for tumor type and genotype will become a reality.

## Knowledge Is Power

If you think your family might be at risk for having an inherited mutation that can lead to cancer, it is important to seek expert genetic risk evaluation. Although there are several companies who advertise on the Internet and will allow you to do testing “in the comfort of your own home,” for the most part, these tests are incomplete and can be misleading. It is important to seek risk evaluation and testing in person with an expert in cancer genetics. Most insurance will cover genetic testing for individuals who meet basic criteria, and a simple blood test or even a mouth-wash swish-and-spit test is all it takes. Within

about two weeks, the results will come back, and an individual can then take steps to reduce his or her risk of cancer.

### Additional Resources

*Northwest Cancer Specialists Genetic Risk Evaluation And Testing (GREAT) program:*  
[www.nwccancer.com/genetic\\_testing](http://www.nwccancer.com/genetic_testing)

*National Cancer Institute:* [www.cancer.gov](http://www.cancer.gov)

*American Cancer Society: Heredity and Cancer*  
[http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6x\\_Heredity\\_and\\_Cancer.asp](http://www.cancer.org/docroot/CRI/content/CRI_2_6x_Heredity_and_Cancer.asp)

## Are You at Risk?

Signs of a hereditary breast-ovarian cancer syndrome may include:

- Breast cancer at age 45 or younger
- Breast cancer in both breasts in a woman at any age
- Both breast and ovarian cancer in the same woman
- Two or more family members with ovarian cancer and/or breast cancer
- Breast cancer in men
- Ashkenazi Jewish heritage and ovarian or breast cancer
- A number of relatives on the same side of the family with breast or ovarian cancer and one of these cancers:
  - Prostate cancer
  - Pancreatic cancer
  - Melanoma

Signs of a hereditary non-polyposis colon cancer syndrome (HNPCC, or Lynch syndrome) may include:

- Colon cancer at age 50 or younger
- Adenomatous polyps found at colonoscopy
- Colon cancer and endometrial cancer or ovarian cancer in the same woman
- Colon cancer in two first-degree relatives, regardless of age
- Colon cancer at any age and another related cancer in a close relative diagnosed before age 50. Related cancers include:
  - Endometrial cancer
  - Ovarian cancer
  - Stomach or gastric cancer
  - Small intestine cancer
  - Bile duct cancer
  - Medulloblastoma
- Colon cancer with MSI-high (microsatellite instability) in an individual age 60 or younger



# The Next Generation of Oncology

Northwest Cancer Specialists  
Mentors Up-and-Coming Young Physicians

by Michael Adkins

The next generation includes NCS physicians (left to right): Scott Rushing, MD; Magdolna Solti, MD; Jay Andersen, MD; Colleen McCormick, MD; Will Winter, MD; Anthony Van Ho, MD; and Devon Webster, MD.



Kevin Olson, MD



Anthony Van Ho, MD

It's the same story at nearly every major medical practice. A few older physicians determine the practice's focus and direction, while younger doctors stand by, waiting for their time to lead — maybe in 10 or 20 years....

This was the case for Northwest Cancer Specialists (NCS) a few years ago, according to Kevin Olson, MD, the practice's president. "As part of the US Oncology network, our practice's leaders meet regularly and interact with leaders from other US Oncology partners," Dr. Olson explained. "And as we would meet, we realized it was the same old guys always showing up. We had young doctors joining the practice, but they never came to the leadership meetings."

## Conquering the Intimidation Factor

The reason, it turned out, was a fairly common one: intimidation. "It's very intimidating for these young men and women to just show up for a leadership meeting when

you're dealing with doctors who have been meeting like this for 20 or 30 years," Dr. Olson noted. "The younger folks felt like it was their place to just listen and wait their turn, rather than taking an active role in leading. We recognized there was this unintentional intimidation factor, and we wanted to address it."

The practice's leadership addressed this trend through the formation of a group designed to give the young physicians of NCS a chance to interact with their peers without the pressure or requirements of formal leadership. "We wanted them to have a chance to break the ice — to gain confidence in their ideas and abilities," Dr. Olson said.

## Structure – Or the Lack Thereof

In contrast with the more formal Board of Directors and other leadership programs within NCS, the young physicians' group emphasizes flexibility and a relaxed atmosphere for its 10 members. "There's no official name, because there's no official program," said Dr. Olson — who, along with Anthony Van Ho, MD, serves as one of the group's unofficial mentors. "All we've done is encourage them to meet. We're allowing them to be in a place where they can explore their own ideas without us older doctors in the room.

"With the young docs' group, these younger folks can have a chance to explore their own visions for the practice and our future

without having those ideas stifled by the traditional governance system,” Dr. Olson continued. “These people have a ton of great ideas, and they’ve been trained at some of the best programs in the United States, but under the old governance structure, they might have to wait 20 years or more to have those ideas come out. We

wanted to make them feel free to share those ideas now.”

### Success Stories

And NCS’ young physicians have taken this goal to heart. Dr. Olson recalled a suggestion made by Lucy Langer, MD, hematologist/oncologist, that resulted from

her involvement in the young physicians’ group. “Lucy understood the value of a genetic risk evaluation and testing program to help determine which patients are most at risk from certain cancers,” Dr. Olson explained. “She told us she thought we could be doing better with our genetic testing for these cancers, and we agreed. We gave her

*Continued on page 18*



## Jay Andersen, MD

### Education

Undergraduate: bachelor of arts degree in philosophy, Cornell College  
Medical School: University of Kansas Medical Center  
Residency: internal medicine, University of Kansas Medical Center  
Hematology/Oncology Fellowship: University of Kansas Medical Center

### Board Certification

Internal medicine, medical oncology and hematology

### Clinical Focus and Interests

Breast cancer, general medical oncology and hematology

### Patient Philosophy

“My approach to patient care is collaboration. I emphasize education, so patients can play an active role in their treatment decision-making. It is my goal that patients understand their disease, risk and treatment options.”

### What Is It Like to Be Part of the Young Physicians Group?

“The young physicians group is an opportunity for the ‘younger generation’ of physicians to collaborate and support each other with respect to practice development.”

### Personal Interests

Biking, gardening and spending time with family

Hematologist/Oncologist  
Director of NCS Breast  
Cancer Consultation Service  
NCS Board Member  
(2008-present)



## Alice Hwang, MD

### Education

Undergraduate: University of Missouri BS/MD Program  
Medical School: University of Missouri BS/MD Program  
Residency: internal medicine, Tufts University School of Medicine  
Hematology/Oncology Fellowship: Mount Sinai Medical Center

### Board Certification

Internal medicine, medical oncology and hematology

### Clinical Focus and Interests

Breast cancer, colon cancer and general oncology

### Personal Interests

Running, reading, cooking and playing the violin and the piano

Hematologist/Oncologist



## Lucy Langer, MD

### Education

Undergraduate: bachelor of arts degree in economics, Columbia College  
Medical School: Stanford University School of Medicine  
Residency: internal medicine, Stanford University School of Medicine  
Hematology/Oncology Fellowship: UCLA David Geffen School of Medicine  
Graduate Study: master of science degree in health services, UCLA School of Public Health

### Board Certification

Internal medicine and medical oncology

### Clinical Focus and Interests

Breast cancer, cancer genetics and high-risk cancer families

### Patient Philosophy

“I like to emphasize that we are a team — the patient and their family and me and their other treating physicians. I see my role as one of guid-

ance and providing information so that the patient can make the decision about treatment that will be best for them at that point in their lives.”

### What Is It Like to Be Part of the Young Physicians Group?

“I really like being part of the young physicians’ group... This group will hopefully be tomorrow’s leaders in this practice, and I think it’s important for us to work together and get to know each other and share a common vision.”

### How Has Being Part of the Young Physicians Group Helped You?

“Being part of the group has helped me to build the genetics program and see venues for collaboration or co-promotion with the other initiatives that the others are taking on, like Dr. Solti’s survivorship program... Plus, I am never satisfied with just one or two balls up in the air. I get a big kick out of brainstorming ideas with this group.”

### Personal Interests

Family, cooking/food writing, running and theater

Hematologist/Oncologist  
National Medical  
Director of US Oncology  
Cancer Genetics



## Colleen McCormick, MD

### Education

Undergraduate: bachelor of arts degree, Earlham College  
Medical School: Johns Hopkins University School of Medicine  
Residency: obstetrics and gynecology, Johns Hopkins University School of Medicine  
Gynecologic Oncology Fellowship: Johns Hopkins University School of Medicine

### Clinical Focus and Interests

Gynecologic malignancies of the female reproductive tract, public health, epidemiology, patient preferences and public practices

Gynecologic Oncologist/  
Pelvic Surgeon

### Patient Philosophy

“I approach each patient as an individual — making sure I allow her to make the treatment decisions. I make sure she understands what’s going on and is involved with decisions.”

### How Has Being Part of the Young Physicians Group Helped You?

“I was at [Johns] Hopkins for 16 years during my training, so it’s been a long time since I’d been somewhere I wasn’t very familiar with. It’s been great to have people I can rely on for the challenges that arise.”

### Personal Interests

Traveling, learning to ride her motorcycle and cooking with her husband



## Scott Rushing, MD

### Education

Undergraduate: bachelor of arts degree, University of Utah  
Medical School: University of Tennessee Medical School  
Residency: obstetrics and gynecology, University of Missouri at Kansas City – Truman Medical Center/St. Luke’s Hospital  
Gynecologic Oncology Fellowship: University of Kentucky – Markey Cancer Center

### Board Certification

Gynecology, oncology

### Clinical Focus and Interests

Ovarian cancer screening, gynecological sarcomas and robotic surgeries

### Patient Philosophy

“The patient is the captain of the ship, and I’m the navigator. I provide her with information, and I support the team approach to care. My job is to help her make the best decision for her situation.”

Gynecologic Oncologist/  
Pelvic Surgeon

### What Is It Like to Be Part of the Young Physicians Group?

“The infrastructure and culture was already laid down by the senior members [of NCS], so it’s been great to transition from training into a well-run, organized group that puts patients first. To be part of the new wave of doctors, who have the latest training in different disciplines and with different experiences — it’s very gratifying.”

### How Has Being Part of the Young Physicians Group Helped You?

“The group has helped me introduce the practice to robotic surgeries — I performed the first GYN robotic surgery in the Portland area in March 2008, and I’ve helped train other surgeons in it since then while performing about 300 more robotic procedures. We’re at the forefront of medicine, and NCS has been great about adopting the technology necessary for us to be there.”

### Personal Interests

Serving as a bishop for his Vancouver-area Church of Latter-day Saints congregation, playing golf, genealogy and spending time with his family



## Miklos Simon, MD

### Education

Undergraduate: Semmelweis University of Medicine; Budapest, Hungary  
Medical School: Semmelweis University of Medicine; Budapest, Hungary  
Residency: State University of New York  
Neuron-Oncology Fellowship: Roswell Park Cancer Institute  
Hematology/Oncology Fellowship: Yale School of Medicine, Yale University

### Board Certification

Internal medicine, medical oncology and hematology

### Clinical Focus and Interests

Gastrointestinal cancer, breast cancer, other solid tumors and neuro-oncology

Hematologist/Oncologist

### Patient Philosophy

“Treat patients with compassion, and tailor decisions to individual needs. Try to emphasize the importance of lifestyle changes, encourage active participation in therapy planning and execution, and inform them about clinical research opportunities.”

### What Is It Like to Be Part of the Young Physicians Group?

“It gives me an opportunity to capture the experience and knowledge of the senior partners.”

### How Has Being Part of the Young Physicians Group Helped You?

“It has helped [the young physicians] to connect to one another.”

### Personal Interests

Traveling, skiing, art and spending time with his wife and two sons



## Magdolna Solti, MD

### Education

Undergraduate: Albert Szent-Gyorgyi Medical University; Szeged, Hungary  
Medical School: Albert Szent-Gyorgyi Medical University; Szeged, Hungary  
Residency: internal medicine; Department of Medicine; Huron Hospital; Cleveland Clinic Health System  
Hematology/Oncology Fellowship: Thomas Jefferson University  
Graduate Study: master of science degree in human clinical investigation, Thomas Jefferson University

### Board Certification

Internal medicine, medical oncology and hematology

### Clinical Focus and Interests

Breast cancer, clinical trials, general hematology and oncology

### Patient Philosophy

"It's important for me to work as a team with the patient. I give him or her options — aggressive treatment, less aggressive treatment or pal-

liative treatment — I hear what's in his or her mind, and together, we come to the conclusion that's best for him or her."

### What Is It Like to Be Part of the Young Physicians Group?

"It's been a very fruitful combination. Getting to hear from the more seasoned physicians about what's worked for them and what hasn't is wonderful. The group has given me a lot of great encouragement."

### How Has Being Part of the Young Physicians Group Helped You?

"NCS is scattered throughout the Portland area, so there's rarely a chance to get together with your peers under normal circumstances. It's nice to learn about each other and experiences so we, as young professionals, get a sense of who has experience with various areas, so we have a team we can rely on. Plus, it's a great way to learn leadership skills, participate in research and learn about project development. It helps us learn to be better oncologists as a whole."

### Personal Interests

Cooking, hiking, traveling and spending time with family

Hematologist/Oncologist  
Medical Director of NCS  
Survivorship Program  
NCS Executive  
Committee Member



## Devon Webster, MD

### Education

Undergraduate: bachelor of science degree in immunology, Stanford University  
Medical School: Stanford University School of Medicine  
Residency: internal medicine, Oregon Health & Science University  
Hematology/Oncology Fellowship: Fred Hutchinson Cancer Research Center; University of Washington

### Board Certification

Internal medicine and medical oncology

### Clinical Focus and Interests

Breast cancer treatment, including metastatic breast cancer, post-treatment survivorship planning and developing innovative clinical trials

### Patient Philosophy

"I'm a breast cancer survivor and an oncologist; because of my experiences, I'm able to connect deeply with my patients. Together, we create evidence-based treatment plans that fit the individual patient's lifestyle and needs."

### Personal Interests

Cycling, singing *a capella*, reading, writing, playing piano, ceramics, political advocacy and being creative

Hematologist/Oncologist



## William Winter, MD

### Education

Undergraduate: bachelor of science in liberal arts (concentration in scientific inquiry), Louisiana Scholars' College  
Medical School: University of Virginia School of Medicine  
Residency: obstetrics and gynecology, Oregon Health & Science University  
Gynecologic Oncology Fellowship: Walter Reed Army Medical Center; Washington, D.C.

### Board Certification

Gynecologic oncology

### Clinical Focus and Interests

Ovarian cancer, cervical cancer and borderline tumors

### Patient Philosophy

"The patient comes first. It is her opinion that matters most, both in the guidance of therapy and the decisions of when to start and stop. I see myself more as a guide or navigator."

### What Is It Like to Be Part of the Young Physicians Group?

"It is very important to have a sense of younger physicians who go through the same struggles as I do. Our older mentors have the hindsight to aid in their sage advice, but changes in a practice atmosphere, over time, often impact how we handle the same situation."

### How Has Being Part of the Young Physicians Group Helped You?

"It is very important to have a sense of younger physicians who go through the same struggles as I do. Our older mentors have the hindsight to aid in their sage advice, but changes in a practice atmosphere, over time, often impact how we handle the same situation."

### Personal Interests

Playing the guitar, skiing and spending time with family

Gynecologic Oncologist/  
Pelvic Surgeon



## Chris Yasenck, MD

### Education

Undergraduate: bachelor of science degree in biology, Millersville University  
Medical School: Pennsylvania State University College of Medicine  
Residency: internal medicine, Mayo Clinic College of Medicine  
Hematology/Oncology Fellowship: Mayo Clinic College of Medicine

### Board Certification

Internal medicine, hematology and medical oncology

### Clinical Focus and Interests

Lymphoma, multiple myeloma, stem-cell transplantation, gastrointestinal malignancies and clinical trials

### Patient Philosophy

"Shared decision-making. My goal is to provide patients and their families with the information necessary to make educated decisions regarding their cancer care. Goals of treatment can be quite different from patient to patient, and I do my best to tailor therapy to meet the needs of the individual patient."

### Personal Interests

Fly-fishing; running; and spending time with his wife, son and daughter

Hematologist/Oncologist  
NCS Board Member  
(2010-present)



Angela Kalisiak, MD, and Rosemary McDermott

# Northwest Cancer Specialists Connects with Patients

Practice's Outreach Programs Provide Educational, Emotional Support

by Alexandria Lopez

Cancer challenges patients on multiple levels. As they cope with their diagnoses, their need for better information about the changes happening to them becomes paramount. Recognizing the demand for classes that would educate patients about cancer treatment and survivorship led Northwest Cancer Specialists (NCS) to develop a series of patient and community outreach programs, including Getting Started, C.A.R.E.S., The New Norm and ongoing educational series presentations. "We saw that issues were arising for patients, and we knew we needed to address them," said Rosemary McDermott, RN, patient support. "Our goal is for our patients to be well-informed about possible side effects and long-term issues."

Often, the Getting Started Program serves as the patient's first introduction to Northwest Cancer Specialists' outreach programs. Developed in 2001, this program, led by McDermott, is offered five times a week and lasts for one and a half hours. During this time, patients learn some basic information about cancer, with a particular emphasis on chemotherapy education. By teaching patients what to expect from their treatments, NCS removes some of the uncertainty that often surrounds chemotherapy.

In 2008, C.A.R.E.S (Coordinated Advocacy, Resources, Education and Support) was created as a way to provide better palliative care to patients with incurable diseases. The program initially focused on improving communication between staff members in order to better support patients at the end of life, but it rapidly bloomed into a renewed emphasis on preventive and proactive care

to avert crises for *all* patients, not just those with terminal illnesses. "The program's name really reflects what we're trying to do for patients and families across the continuum," said Angela Kalisiak, MD. "We're trying to be really good patient advocates and make sure that they have access to whatever resources they may need."

Semimonthly care conferences and team meetings provide a forum where staff members can discuss patients' unique needs and how to meet them. "I think that the key component of successful care is a team that works well together," Dr. Kalisiak reflected. "C.A.R.E.S. really encourages more teamwork, and the value of many different individuals contributing their points of view to a conversation makes us more effective." With the awareness of NCS' staff to bolster them, patients receive the support they need at multiple junctures in their treatment.



When NCS staff members, including McDermott, realized that many patients needed to be better prepared for survivorship, the practice developed The New Norm, a semimonthly series of free educational sessions open to patients and the public. Developed in 2006, the sessions deal with recovery issues that tend to arise after cancer treatment; topics were suggested by multiple focus groups of cancer survivors who were upfront about the physical and psychosocial issues that most affected them throughout their recovery. The program consists of two sessions and include topics such as: Physical and Emotional Recovery; Financial, Insurance and Workplace Issues; and Long-Term Recovery. The sessions are designed to inform and educate patients nearing the end of treatment while offering them access to a broader support system of survivors and resources.

In 2009, NCS also began offering a series of educational presentations that focus on different aspects of treatment. "People want to know how to take care of themselves," McDermott said. To that end, some of the programs offered have included Intimacy Redefined, a presentation about sexuality and sexual dysfunction linked to cancer; a four-week cooking class focusing on improving patients' nutrition; and a program about managing medical bills, featuring financial counselors to assist patients one-on-one. "Our goal is to provide information and resources for our patients so they can take care of their needs during and beyond treatments," McDermott explained.

Find a list of upcoming programs at your local NCS treatment office and at [www.nwccancer.com/classes\\_events](http://www.nwccancer.com/classes_events).



## Meet Rosemary McDermott

Rosemary McDermott, RN, began her career as an oncology nurse in 1975. She has been with NCS since 2000. McDermott is responsible for patient support, leading several of the practice's educational programs and serving

as a liaison between patients and the community. She also serves as a source of information and support for NCS staff members.

McDermott's favorite aspect of her job is being able to help patients. "Living with cancer is a tough road to take," she said. "Sometimes, it's nice to have people there to walk it with you."

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# RUBYREDSHOE BOXES

## Motivated by Those in Need

by Deanna Strange



*Truly selfless acts are hard to come by, but witnessing them firsthand can be inspirational. RubyRedShoe Boxes has been a quiet source of inspiration for hundreds of people.*

RubyRedShoe Boxes was founded by two cousins — both had experienced major difficulties and deep losses in their personal lives. As a result of an accident, one cousin underwent major surgery that took eight months to overcome. The other cousin suffered the loss of first her husband and then her daughter to cancer in a short period of time. The two cousins comforted each other by making beautiful boxes filled with items to encourage and to help the healing process.

The cousin who lost her husband took notice of those who were in treatment alongside him, particularly the ones who were alone and seemed to be struggling. She knew she wanted to do something to make these people feel special and to remind them that they were in someone's thoughts. After her husband passed, she used the contributions made in his memory to make RubyRedShoe Boxes possible.

RubyRedShoe Boxes provides support to anyone in need, yet it does not operate as a nonprofit organization. The funding comes from memorials, garage sales and from the cousins' own pockets. The cousins remain anonymous to those whom they send boxes, refusing to accept credit or praise for these amazing gifts and making their only rewards the knowledge that they have offered encouragement when it was needed.

Among the few people who know the identity of the women are some of the nurses at Northwest Cancer Specialists. The nurses will often contact RubyRedShoe Boxes, asking that they make a box for a patient in need of a boost. One of the cousins fills the boxes with leather journals; books; nail polish, jewelry and lotions — luxurious items that make women feel beautiful; and blankets and flashlights for men because her husband loved them. But requests don't stop there. She recalled a story about a man whose niece had gone through leukemia treatment and received a gift to lift her spirits. He loved that idea and thought it would be great for adults also. When he began his own leukemia treatments some time later, the cousin was con-



tacted about his story, and she gladly made a special box for him. He was overwhelmed with emotion upon receiving his gift. The stories of the lives that have been touched by RubyRedShoe Boxes are countless.

Inspired by her husband and daughter, who were determined to help others, she does everything she can to make the boxes and other special gifts possible. Apart from the boxes, there have been jewel-encrusted stockings for patients in cancer treatment at Christmas, box-shaped cupcakes for Mother's Day and antique teacups for Valentines Day.

This small organization is not about raising funds or buying a gift for someone — it is about doing what is right and reaching out to mankind when in a position to do so. Bringing hope and love to people who need it is what inspires the two founders, and RubyRedShoe Boxes is a true testament to the kindness of strangers. The people who have stepped up and contributed to RubyRedShoe Boxes have been touched by the stories or personally by cancer and want to help others. One of the cousins explained, "It's nice for these people to know someone is caring about them."

For more information about RubyRedShoe Boxes, visit [www.rubyredshoebboxes.com](http://www.rubyredshoebboxes.com).

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"The Next Generation of Oncology," continued from page 11

the freedom to explore the issue and our support." Today, Dr. Langer runs NCS' genetic risk evaluation and testing program, as well as serving as the national medical director of US Oncology's Cancer Genetics program (see related article on page 8).

Dr. Olson also pointed out the accomplishments of Magdolna Solti, MD, who put forth the idea for a survivorship program focused on the needs of cancer survivors and their families and is now the medical director of that program; and Jay Andersen, MD, who runs the practice's Breast Cancer Consultation Service program.

Dr. Van Ho added, "Giving the young docs an open forum to discuss their ideas and passions ultimately benefits our patients, as innovative care and support initiatives arrive from this exchange of ideas."

The program's success, Dr. Olson emphasized, lies in giving young physicians the freedom to express themselves and to feel like they are part of the team. "If you're not able to hear the ideas these young professionals have, you can be behind the curve in meeting the needs of your patients," he said. "But when you give them the freedom to think outside the box and bring their ideas forward, successful programs like these can develop."

### Enthusiasm Meets Experience

The reactions from the rest of NCS' physicians to the contributions of their younger colleagues have been overwhelmingly positive, Dr. Olson noted. "It's been like a breath of fresh air," he beamed. The young docs are bringing their input and finding new, innovative ways to incorporate their ideas into our existing practice. It's really been great for us."

The renewed enthusiasm felt by participants in the young physicians' program spreads throughout the practice, Dr. Olson said. "For most of us, being a doctor

is more of a calling than just a career, but it can feel like just a job when all you do is do what you're told," he stated. "But now, it seems like these young docs are enjoying their work — and it's great being around people who are enjoying their work. It makes me feel like we're living up to the promises [we] made these young people when they first joined us."

### Passing the Torch

For Dr. Olson, that includes a promise he made to each of the participants of the young physicians group. "I told each of them, 'We'll know we're moving in the right direction when I'm not the president anymore,'" he declared. "Now, I'm going to be stepping down in the next year as the practice's president, and I'm the only one it's had in 10 years.

"I could never have done that if there hadn't been a program like this in place — letting other doctors explore their own leadership potential. But the only reason I was ever able to lead in the first place is because other people had done the same for me — helped me develop my own leadership potential."

In spite of the challenges that go along with a busy practice, Dr. Olson said the young physicians program's success means it is here to stay. "What we do here is time-consuming, and it's not easy to carve out time to engage with your colleagues," he acknowledged. "But being actively involved — taking the time — is important. It keeps us from being in that place we were at, with the same bunch of old men sitting around wondering, 'Why are no young docs showing up?'"

"There's a real sense of pride and fulfillment of the promise of what we wanted for the future of the practice," he concluded. "It's great to start seeing it all come together — to watch all the dominoes start to fall into place."

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