2011 ANNUAL REPORT

Providing comprehensive one stop multidisciplinary service and advanced clinical research.

SJH Cancer Services

Frank and Edith Scarpa Regional Cancer Pavilion

South Jersey Healthcare
Fox Chase Cancer Center Partner
A Message from the President and CEO

Today there are more good reasons than ever to stay close to home if you, or a loved one, need cancer care. Our communities have been blessed for many years with highly skilled compassionate medical and radiation oncologists. Local surgeons have stepped up to provide surgical treatment options for numerous types of cancer. Area residents have also benefitted from the nationally certified oncology nurses, experienced radiation therapists and caring support staff that provide high quality patient-focused care day in and day out. Our long-term partnership with Fox Chase Cancer Center continues to enhance our program, while making dozens of cancer research studies available locally.

In just the past few years, we have added several oncologic surgery sub-specialists, new technologies and expanded research to our program. And of course, our expanded Frank and Edith Scarpa Regional Cancer Pavilion brings all of these services to one convenient location.

As you look over this year's annual report, take special notice of the scope and breadth of cancer services that South Jersey Healthcare now provides. Much has changed since the earliest days of our cancer program, but our commitment to providing high quality care - close to home - remains our guiding principle.

Chet Kaletkowski, SJH President and CEO
Report from the Assistant Vice President of Oncologic and Women's Health Service Lines

The mission of South Jersey Healthcare is to provide high quality health care that improves the lives of all we serve. To achieve this mission, SJH is committed to delivering the full continuum of primary, acute, and advanced health care services. The institution's dedication to this mission is clearly demonstrated in the ongoing growth and development of SJH Cancer Services. The 2010 opening of the expanded Frank and Edith Scarpa Regional Cancer Pavilion brought all of our cancer resources together in one location, making the program much more patient-centered and greatly improving patients' ability to access the full continuum of services that are offered to support the cancer patient.

Access is a critical component of health care and SJH is committed to providing advanced cancer care right here in our community. The SJH Cancer Program continues to expand the scope of services that it offers, with these efforts guided by a three-year, cancer-specific strategic plan. The cancer strategic plan outlines initiatives that will enable advancement of the program overall, as well targeted progression in providing care for several specific diseases, such as breast and lung cancer. Deliberate focus on physician recruitment resulted in not only the addition of new physician specialties such as surgical endocrinology, but also in expanded physician availability for subspecialty services for gynecologic, breast, and lung tumors.

The addition of high dose rate brachytherapy (HDR) has enabled us to deliver even more precise radiation therapy in a shorter amount of time - for some patients reducing their treatment time by nearly 80 percent. Our clinical research program continues to accrue patients to both treatment and non-treatment trials, providing a direct link between our cancer program and the latest investigative breakthroughs in cancer care. These accomplishments represent SJH's overall commitment to the cancer program and to lessening the burden of cancer for our community.

Michelle Marshall, M.B.A.
Report from the Director of Cancer Services

We celebrated our first year in the newly expanded Frank and Edith Scarpa Regional Cancer Pavilion by installing beautiful artwork throughout the cancer center in the spring. The "Colors of Hope" project, a partnership between South Jersey Healthcare, the Noyes Museum and the Cumberland County Cultural and Heritage Commission, invited artists from Southern New Jersey to submit their work. Twenty pieces were selected for the new cancer center and donors graciously placed plaques in memory and honor of loved ones.

Cancer prevention education, cancer screening services and comprehensive cancer treatments, including new therapies offered in clinical research studies, are provided in a caring, efficient and personalized manner in the expanded Scarpa Cancer Pavilion. SJH cancer specialists and sub-specialists work closely with one another to coordinate patient care and to provide supportive services along the way. Our Breast Center physicians and nurses are planning for national accreditation as a center of excellence in 2012.

Just as there are physician specialists in cancer care, registered nurses specialize in oncology as well. South Jersey Healthcare has seven nationally certified oncology nurses and one advanced oncology certified nurse in the cancer center.

SJH physicians and professional staff continue to benefit from our partnership with Fox Chase Cancer Center by having increased access to continuing education programs, mock surveys for planned inspections, and quality reviews and projects we participate in routinely. Patient satisfaction scores continue to be excellent and many patients have voiced approval of the new facility and the fact that most, if not all, of their cancer care can be obtained in one location.

Members of the community demonstrated generosity to the cancer center many times throughout the year: The Elmer Rotary, the Soroptomist International of Cumberland County, the hundreds of men and women who donated to the Breast Cancer Bridge and the cancer center, all helped to support our mission. The Barbara Cook Cancer Foundation and the Bill Bottino Mud Run for Cancer raised $50,000 for SJH Cancer Services.

Melanie Pirollo, M.S., R.N., A.O.C.N.
Report from the SJH Cancer Program Medical Director and Cancer Committee Chairman

The South Jersey Healthcare cancer program continues to grow and provide high quality cancer care to the citizens of Cumberland County and beyond. Since my report last year, there have been several changes that have positively impacted the program:

- We now have an active and excellent breast cancer service. This has significantly increased breast cancer surgical procedures performed at SJH. We also have a very active breast cancer tumor board which meets twice a month. We have applied for national accreditation as a breast care center of excellence and will be surveyed March 1, 2012.

- We have developed a much-needed plastic surgery service and have been able to provide various forms of reconstructive surgery, particularly for breast cancer patients.

- Surgical oncology care continues to expand and we have been able to provide additional surgical procedures, such as resecting metastatic liver disease.

- As noted previously, gynecologic oncology care has grown rapidly, and women rarely have to travel outside the area for this specialized care.

- We have also added quarterly GU tumor boards in collaboration with Fox Chase Cancer Center via teleconference.

Other aspects of the cancer program, such as cancer committee, outreach programs, and research have all been functioning efficiently. In conclusion, the overall state of the South Jersey Healthcare Cancer Services remains sound, and we will continue our efforts to provide our patients with the highest quality service.

Rama Sudhindra, M.D.
Report from the Cancer Liaison Physician

In 2011, South Jersey Healthcare continued to expand the format of its tumor boards, which have been very well attended. In July, the health system welcomed several medical residents and we have invited them to our meetings, which have been even more educational for their benefit. Our moderator, Dr. Rama Sudhindra, focuses on the educational value of our discussions and identifies many important points in our cases.

Our monthly cancer committee meetings include multidisciplinary representation from across our health system, as well as representatives from the American Cancer Society and the Fox Chase Cancer Center. I report regularly on the monthly communications from the American College of Surgeons' (ACOS) Committee on Cancer (COC) and also provided a report on my attendance at their Clinical Congress.

This year the Clinical Congress focused on the COC's role in cancer advocacy and the new standards that take effect in 2012. These have redefined the role of the cancer liaison physician with a stronger focus on quality reporting and monitoring. The key highlights of the standard revisions were discussed and I presented these to our cancer committee. They included five new patient-centered, continuum of care standards; new quality and outcome standards; and a psychological distress screening that will be phased in for future compliance.

I have also been actively involved with our county cancer coalition, a group that we maintain a very positive working relationship with. Melanie Pirollo, M.S., R.N., A.O.C.N., Director of SJH Cancer Services, provides excellent leadership for this committee and brings the coalition members together for regular meetings.

Thanks to the excellent cancer services team at South Jersey Healthcare, I see a bright future for our program as we continue to strive to provide the highest quality cancer care for our patients.

Condapuram Pasupathy, M.D., F.A.C.S., F.I.C.S.
Report from the Fox Chase Cancer Center Medical Director of Medical Oncology

This year marks the 25th anniversary of the Fox Chase Cancer Center Partners program. In 1986 Fox Chase Cancer Center Partners (then called Fox Chase Network) became the first cancer affiliate network in the United States. South Jersey Healthcare became a partner with Fox Chase Cancer Center in 1995. From the beginning of the relationship, South Jersey Healthcare has been recognized for its commitment to quality patient care, as well as providing access to the latest clinical trials and technologies. In 2011, 50 patients were referred between South Jersey Healthcare and Fox Chase for their cancer care.

Through our partnership with South Jersey Healthcare, Fox Chase Cancer Center has expanded research opportunities into the South Jersey community for the benefit of patients in the region. These trials have included national cooperative group trials, Fox Chase investigator-initiated studies, and pharmaceutical research collaborations. Over the last year, South Jersey Healthcare has enrolled 94 patients to research trials. In addition, research investigating patient decision-making has also flourished with the partnership. In an ongoing recent collaboration, Yu-Ning Wong, M.D., at Fox Chase has partnered with Kush Sachdeva, M.D., to understand how patients make trade-offs among treatments of varying cost, efficacy and toxicity.

Steven J. Cohen, MD
Report from the Medical Director of Radiation Oncology

The South Jersey Healthcare Department of Radiation Oncology completed its re-accreditation process and was awarded a three-year certificate from the American College of Radiology. This represents the fifth consecutive, triennial re-accreditation from the ACR and highlights the department’s commitment to quality in radiation oncology care. We are the first radiation oncology department in South Jersey to have received this accreditation five consecutive times.

During 2011, a high dose rate brachytherapy program was launched with breast, skin and gynecological applications. Together with our breast surgeon, Claudia Lago Toro, M.D., we are now able to offer our patients accelerated partial breast radiation as a viable treatment option. Patients who are candidates for this treatment can condense their entire course of radiation therapy into one to two weeks instead of the traditional six to seven week course of treatment.

Glenda Smith, M.D., also started our high dose rate gynecological brachytherapy program. We are now able to offer outpatient treatments that once required an in-hospital stay of up to three days. This has been well received by both the patients and the staff. In 2012 we anticipate bringing a new linear accelerator online, giving us the capability of performing on board imaging and stereotactic capability in both cranial and extra-cranial radio surgery.

Joseph Fanelle, M.D.
A Report from the SJH Research Program Medical Director

South Jersey Healthcare Cancer Services' Oncology Research Program began in July 1995 as a Fox Chase Cancer Center (FCCC) Partner. Since then, we have been actively striving to help create a future in which cancer prevention, diagnosis, treatment, psychosocial behavior and survivorship can be personalized - that is, tailored to the biology of individual patients and their cancers.

More than 600 patients have been enrolled in clinical cancer research studies at SJH during our 16-year partnership with FCCC. This year alone, more than 80 patients enrolled in clinical trials and another 113 cases were involved in a study with the New Jersey State Cancer registry. The SJH cancer research team is continuously and actively monitoring more than 170 previously enrolled SJH cancer study patients who have completed treatment, but remain in follow-up.

The SJH Cancer Services research department is eager to educate all local physicians and residents about the patient benefits of oncology studies. In August, we presented an education program which included new options for surgical oncology patients at SJH. The audience included more than 50 of our area physicians, along with another 50 medical professionals.

SJH was also one of the three sites in New Jersey to hold an AWARE for All event in November. The AWARE for All education program was free and open to the public for the purpose of providing education to help people make informed decisions about clinical research participation. The event included a "Thank You" reception for our SJH local clinical research participants.

With nine new studies opened this year, there are currently more than 20 cancer studies open to accrual. In addition to clinical cancer research, the SJH research team is working to support all aspects of our patients' well being. Therefore, we have also introduced supportive-care/non-treatment studies that include researching the impact of exercise on Cancer Related Fatigue (CRF), identifying problems of and resources for certain patient populations, and understanding how patients choose their cancer treatments.

After a year in the new John F. Scarpa Cancer Research Institute at the SJH Frank and Edith Scarpa Regional Cancer Pavilion, I am proud that the research team has not only made a smooth transition into the new location, but also exceeded set expectations in cancer participant accrual and care.

Kush Sachdeva, M.D.
Oncology Data Services Activity Report

Through the efforts of the Oncology Data Services Department, South Jersey Healthcare has access to demographic and disease related information on nearly 23,000 cancer patients. This data is utilized to monitor trends in cancer incidence, identify areas of concern in disease management, and allocate resources to best address the needs of our community.

Information contained in our detailed database includes:

- Demographics - Age, gender, race/ethnicity, and residence
- Medical History - Physical findings, screening information, occupation and any history of previous cancer
- Diagnostic Findings - Types, dates and results of procedures used to diagnosis cancer
- Cancer Information - Primary site, cell type and extent of disease
- Cancer Therapy - Surgery, radiation therapy, chemotherapy, hormone or immunotherapy
- Follow-up - Annual information concerning treatment, recurrence, and patient status is updated to maintain accurate surveillance information

The primary goal of Oncology Data Services is to improve cancer care. This is best accomplished by monitoring and comparing treatment options and measuring outcomes. The graphs contained in this report further detail the data we collect and report in an effort to provide our patients with the latest, most effective care available.

Evelyn Corwonski, R.H.I.T., C.T.R.
Supervisor, Oncology Data Services
Lung cancer represented the largest percentage of cancer cases diagnosed and treated at SJH. This was also true for the State of NJ. Across the United States prostate, breast and lung were most commonly diagnosed.

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SOUTH JERSEY HEALTHCARE PERFORMANCE RATES
NATIONAL QUALITY FORUM - 2008

Chemotherapy Administered in Stage III Colon Cancer
Radiation Therapy Administered After Breast Conserving Surgery in Breast Cancer
Hormone Therapy Administered in Stage I-III Receptor Positive Breast Cancer

SJH  NJ  US
LONG-TERM OUTCOME STUDY OF STAGE II/III RECTAL CANCER: RESULTS FROM A COMMUNITY HOSPITAL UTILIZING THE TUMOR REGISTRY DATABASE

Joseph W. Fanelle, MD, Chairman, Dept. of Radiation Oncology
Evelyn Corwonski, R.H.I.T., C.T.R, SJH Oncology Data Services

In 2011 it is estimated there will be close to 140,000 new cases of colorectal cancer in the United States. Approximately 29 percent of these cases will be rectal carcinoma. The overall lifetime risk of developing colorectal cancer is about one in 20. The risk is slightly lower in women than men. Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately and the second leading cause when both sexes are combined.

There is expected to be almost 50,000 deaths due to colorectal carcinoma in the United States during 2011. The death rate for colorectal carcinoma has been dropping in both men and women over the last 20 years. This is likely due to the fact that polyps are being found via screening colonoscopy and removed before they can develop into cancers. Screening is also allowing more colorectal carcinomas to be found earlier when the disease is easier to cure. In addition, treatments for colorectal carcinoma (surgery, chemotherapy and radiation therapy) have improved over the last several years. As a result there are now more than one million survivors of colorectal carcinoma currently living in the United States.

Surgery remains the primary treatment for the disease curing 45 percent of the all rectal carcinomas. The prognosis for rectal carcinoma is clearly related to the degree of tumor penetration and the status of nodal involvement. Recurrence of rectal cancer after surgery is a major cause of ultimate mortality. Radiation and chemotherapy are frequently given as adjuvant therapy in combination with surgery to treat higher stage disease.

Many large institutions have published treatment and survival data for Stage II/III rectal carcinoma. SJH Cancer Services is approved by the American College of Surgeon Commission on Cancer as a community hospital comprehensive cancer program. As part of its quality assurance program the SJH Cancer Committee elected to study the long-term survival of Stage II and Stage III rectal carcinomas in 2011.

This study includes 188 evaluable cases. The study was initially conducted in 1995 and was then updated in 2004. The study includes all patients in the SJH Tumor Registry database from 1/1/82 until 12/31/05 to allow for a minimum of five years of follow-up. The medical records from each case were reviewed and recorded in a user-friendly database. Prognostic factors were recorded and analyzed. These include case number, age at diagnosis, race, pathologic differentiation, surgical procedure, type of diagnostic procedures, distance from anal sphincter, number of nodes, number of positive nodes, chemotherapy, preoperative CEA, radiation, radiation dose, T stage, N stage, group stage, vital status, date of last follow up and disease study interval.
Of the 188 patients, 113 were male and 75 were female, representing a 60:40 male/female ratio. Age at diagnosis is represented in Graph 1. The majority of patients were diagnosed between the ages of 50 and 79.

The histological grade is recorded on Graph 3. The majority of the patients have moderately to well differentiated tumors. There were only three cell types which were not determined.
Race is represented in Graph 4. A majority of the patients are white, non-Hispanic. Although the staging of these patients changed throughout the study years, the group stage remained fairly consistent.

Graph 5 shows a representation of Stage II versus Stage III. A majority of the patients were Stage III at presentation. As of 11/3/11 only 44 of the patients were reported as being alive. One hundred forty-four had expired of all causes. The majority of patients underwent a low anterior resection.
Graph 6 shows the total number of patients treated with preoperative versus adjuvant intent. Those treated with adjuvant or postoperative intent had a dose range of 4500-6480.

Stage II-III Rectal Cancer 1982-2005 - SJH Pre and Post Operative Radiation Dose

Preoperative carcinoembryonic antigen is represented in Graph 7. The preoperative CEA was unknown in 78 cases. A majority of these represent patients in the earliest portion of the study. There were 21 patients with a preoperative CEA greater than 10, 42 patients with a preoperative CEA between 2.3 and 9.9, and 47 patients with a CEA of less than 2.3.

Stage II-III Rectal Cancer 1982 – 2005 - SJH Preoperative CEA
The distance from the anal verge is represented in Graph 8. There were 35 patients in which an exact endoscopic distance was not discernible. There were four patients in whom the tumor was palpable within the reach of the digital rectal exam. These were assumed to be tumors less than 5 cm from the anal verge. There were 15 tumors which were identified as being greater than 15 cm from the anal verge and 100 tumors identified between 5 and 15 cm from the anal verge.

Graph 9 shows the number of lymph nodes which were examined in the surgical specimen. A majority of the patients, 107, had positive lymph nodes at the time of surgery. Seventy three patients had nodes removed which were all negative. No nodes were removed in eight cases.
Graph 10 shows what initial diagnostic procedures the patient had. A majority of these patients were diagnosed by either colonoscopy or sigmoidoscopy. However, there were some tumors which were found by both a combination of both radiographic and endoscopic exam. In 20 patients this information was not collected.

Survival by age and decade is represented in Graph 11. Although there were fewer numbers of patients in the youngest and oldest decade of life, there appears to be a significantly decreased five-year relative survival by extremes of age.
Graph 12 shows relative survival by race. A majority of the patients were reported as being white, which included Hispanic and non-Hispanic. They had a five-year relative survival of 90 percent. The six Hispanic patients in the study had a five-year survival of 44 percent. There were only 11 patients identified as being African-American and they had an inferior five-year survival of approximately 36 percent.

Graph 13 shows relative survival by sex. The male/female ratio was skewed 60/40 but they had approximately the same five-year relative survival.
Graphs 14 and 15 show some external comparative data. The NCDB has supplied us with five-year observed survival for 2003. There were 4,789 stage II patients with a five-year observed survival of 63.8 percent. South Jersey Healthcare has 79 stage II patients in the study interval from 1982 to 2005 with a five-year observed survival of 70.9 percent. There were 5,351 patients in the NCDB Stage III group and they had an observed five-year survival of 57.4 percent. South Jersey Healthcare had 109 patients and a wider treatment interval with a survival of 52.9 percent. When a treatment interval of 1996-2005 was selected for the SJH patients, the stage II survival for the 24 patients in that group was 75 percent and the 38 stage III patients had a five-year relative survival was 68 percent.
Conclusion: The Tumor Registry database of South Jersey Healthcare is a valuable tool for performing retrospective studies. The cohort of patients followed at SJH appear to have similar survival when compared to NCDB data.
South Jersey Healthcare Institutional Review Board and Clinical Trials

The South Jersey Healthcare Institutional Review Board (SJH IRB) is an independent committee of individuals with diverse medical and non-medical backgrounds that reviews and approves all clinical study-related documents. The IRB approves protocols, informed consent forms, physician credentials and eligibility, as well as patient recruitment materials, including print advertisements and public service announcements.

The mission of the SJH IRB is to facilitate quality research, with quality in this context emphasizing balancing risks and benefits for human subjects. Every month the SJH IRB members continue their ongoing education regarding the protection of participants in research trials by reading and reviewing recently published articles.

In 2011, the SJH IRB approved seven new cancer treatment trials. The new cancer studies were opened through cancer cooperative groups and the Fox Chase Cancer Center Extramural Research Program, a pharmaceutical industry-sponsored research program. These newly opened studies treat breast, hematologic, lymphoma and non-small cell lung cancers. The following oncologists participated in the recruitment of patients and the opening of new cancer clinical trials in 2011: Tami Bach, M.D.; Joseph Fanelle, M.D.; Carl Minniti, Jr., M.D.; Benjamin Negin, M.D.; Shailja Roy, M.D.; Kush Sachdeva, M.D.; Glenda Smith, M.D.; and Rama Sudhindra, M.D.

This year the SJH IRB also approved two new, non-treatment cancer nursing studies. Melanie Pirolo M.S., R.N., A.O.C.N., Director of SJH Cancer Services, is serving as the primary investigator of a research study conducted in collaboration with Fox Chase and Villanova University. The research examines the thoughts and feelings of African American women undergoing treatment for breast cancer. Another study led by SJH Cancer Research Nurse Staci Oertle, RN, BSN, OCN, focuses on Cancer Related Fatigue (CRF). The study seeks to identify if post-treatment participation in the SJH Fitness Connection's Physician Referred Exercise Program, a supervised 60 day exercise program, will decrease a cancer patient's CRF and improve their quality of life.

The SJH IRB continues to participate in the Central IRB (CIRB) Initiative, which is designed to help reduce the administrative burden on local IRBs and investigators while maintaining a high level of protection for human research participants. The CIRB Initiative is sponsored by National Cancer Institute (NCI) in consultation with the Department of Health and Human Services Office for Human Research Protections (OHRP). Currently, SJH has three NCI CIRB approved trials open.

Mentoring of the SJH Nursing Research Council also continued in 2011, resulting in five new nursing research studies this year. This relationship has opened a positive pathway for nursing research studies at SJH. The SJH IRB was impressed by the SJH nurses' constant enthusiasm to create new and valid nursing studies and their desire to improve patient care at our health system.
2011 South Jersey Healthcare Cancer Committee Members

Physician Representatives

Rama Sudhindra, MD, Cancer Committee Chair, Medical Oncologist

Joseph Fanelle, MD, Radiation Oncologist, Medical Director, Dept. of Radiation Oncology

Robert Frelick, MD, FACP, Medical Oncologist

Robert Lazarus, MD, Radiologist

Larry Mapow, MD, Pathologist

Carl J. Minniti, Jr., MD, Medical Oncologist

Condapuram Pasupathy, MD, Surgeon, Cancer Liaison Physician

Kush Sachdeva, MD, Medical Oncologist

Raghuraj S. Tomar, MD, Internal Medicine

Non-Physician Representatives

Elizabeth Sheridan, Chief Operating Officer Regional Medical Center, Chief Nurse Executive

Jeanine Aussenberg, PharmD, Pharmacy

Ruth Ann Bishop-Sotak, RN, MS, CBCN, Breast Cancer Care Coordinator

Theresa Blum, MSN, Director, Palliative Care Services

Colleen M. Bodhuin, Administrative Assistant, Cancer Services

Evelyn Corwonski, RHIT, CTR, Supervisor, Oncology Data Services

Jill Darminio, RD, Nutrition

Irene Darpino, RN, NP, Cumberland County NJCEED Coordinator

Lisa Dickson, Supervisor, Pathology

Rev. Ray Elberson, Oncology Chaplain
Christine Gregory, Outreach Coordinator, Cumberland County NJCEED
Patricia Keeley, MSN, RN, OCN, Fox Chase Cancer Center Partnership Liaison
Michelle Marshall, MBA, AVP, Oncology & Women's Health Services
Doris Moore, RN, Breast Cancer Bridge Coordinator
Staci Oertle, RN, BSN, OCN, Research Nurse
Melanie R. Pirollo, MS, RN, AOCN, Administrative Director of Cancer Services
Greg Potter, MA, Director, Marketing and Public Relations
Joe Profetto, Men's Cancer Coordinator
Jane Robbins, MS, PT, Rehabilitation/Certified Lymphedema Therapist
Robert Robinson, MSW, CSW, Oncology Social Worker/Case Management
Mario Sergi, Jr., RT (R) (T) CTR, Director, Radiation Oncology, Radiology and ODS
Karen Swenson, RN, OCN, CCRP, Research Nurse
Colleen Thornton, MA, Executive Director, American Cancer Society