

2017 Cancer Care Report

Data collected in 2016 and reported in 2017

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Edmund Paloyan, MD, Medical Director of Oncology Services, is pleased to announce the following achievements over the past year.

Medical advancements in cancer care are happening at a rapid pace. To stay current in this field and continue to provide quality care, nurses at Marie Yeager Cancer Center are earning additional certifications in oncology.

The Oncology Nursing Certification Corporation (ONCC) develops and administers certification programs that provide nurses with the knowledge required to effectively provide care to patients experiencing the complex problems associated with a diagnosis of cancer. Studies have shown that certified nurses have a significant impact on patient care and patient safety.

The medical staff at Lakeland Health recently welcomed three new physicians who will provide specialized cancer care as part of the extended team:

Ginard Henry, MD, is board-certified in plastic and reconstructive surgery as well as certified in a subspecialty of surgery of the hand. He completed a Hand and Microsurgery Fellowship in San Antonio, Texas and received his medical degree with honors from the University of California, San Francisco. In 2013, he was awarded the University of Chicago Medicine Section of Plastic Surgery Robert Parsons Teaching Award for his work as an assistant professor at the University of Chicago.

Dr. Henry's work has been published in several journals and books, as well as online and in magazine articles.

Peter Paximadis, MD, earned his medical degree and completed his residency in radiation oncology at Wayne State University in Detroit. He is specially trained in Stereotactic Body Radiation Therapy, Stereotactic Radiosurgery, Image-Guided Radiation Therapy, and Intensity Modulated Radiation Therapy. In 2016, Dr. Paximadis was awarded Educator of the Year by the Association of Radiation Oncology Residents at Wayne State University. He is currently an executive committee member of the Michigan Radiation Oncology Quality Consortium.

Dr. Paximadis is published in numerous peer-reviewed journals including the *International Journal of Radiation Oncology, Biology and Physics*, and most recently in *Practical Radiation Oncology*.

Rafeek Woods, MD, completed his six-year neurological surgery residency, as well as a minimally-invasive and complex spine fellowship, at Loma Linda University Medical Center in California where he also earned his medical degree. He earned a Bachelor's of Science degree in biology, graduating magna cum laude, from Andrews University in Berrien Springs, Michigan.

Dr. Woods is extensively published, most notably for his work on biomechanical properties of upper cervical spine injuries, which was recently published in *Neurosurgery* journal. He is a member of the Congress of Neurological Surgeons and American Association of Neurological Surgeons.



Access to 3D Mammography Launched in 2017

41% Increase in Breast Cancer Detection

Women in southwest Michigan have access to new 3D mammography technology, also known as digital breast tomosynthesis, at Lakeland Center for Outpatient Services, St. Joseph – Berrien County's only "Breast Imaging Center of Excellence" as designated by the American College of Radiology. Used in combination with 2D, or traditional mammography, 3D mammography requires no additional breast compression.

"Clinical studies have concluded that 3D mammography is able to detect 41 percent more invasive cancers at an early stage when compared to conventional 2D mammography," said **Mark Ottmar, MD**, Lakeland Health radiologist. He continued, "It also reduces the need for additional follow-up mammograms by 40 percent, reducing patient callbacks."

The generated 2D images and 3D slices are reviewed together to make a clinical decision or diagnosis. In comparison to conventional mammogram images, 3D mammography allows radiologists the ability to examine breast tissue one thin layer at a time, making fine details more visible and less likely to be hidden by overlapping tissue – especially for women with dense breast tissue.

Michigan Radiation Oncology Quality Consortium

The Michigan Radiation Oncology Quality Consortium (MROQC) is a collaborative group of specialists across the state of Michigan working together on quality improvement projects to improve the radiation treatment experience for patients with breast or lung cancer. MROQC's goal is to identify best practices in radiation therapy to minimize the side effects that patients may experience from radiation treatment.

Lakeland has been participating in this consortium since May 2013 when the site initiation visit took place. The first patient was enrolled in June 2013. Physicians and radiation oncology nurses identify the potential patients and ask them to consider participating in MROQC. Patients as well as their radiation oncologist, complete weekly visit questionnaires that are then submitted to the consortium for analysis.

At the MROQC meeting in June 2016, Lakeland was recognized as one of three sites for having consistent high scores in the audits that have taken place over the last three years.



New Breast Cancer Therapy Introduced

When breast cancer is caught early, there is now an option that could help individuals avoid weeks of radiation treatment.

Lakeland physicians are now using the ZEISS INTRABEAM® Intraoperative Radiation (IORT) therapy system to deliver a targeted single-dose of radiation to the site of the tumor after a lumpectomy.

Traditional external high-beam radiation requires patients to undergo daily radiation to the whole breast for a five or six-week period. The new therapy minimizes radiation exposure to healthy tissue and organs. It has also proven less costly, with limited side effects.

31 people have been able to use IORT therapy at Lakeland Health since the program began December 2016; 52 weeks of radiation therapy and over \$1,000,000 in costs to patients have been saved.

Clinical Trials Expand Care for More Women

TARgeted Intra-Operative Radio Therapy (TARGIT)

Lakeland Health is proud to be one of the only health systems locally, offering Intraoperative Radiation Therapy (IORT). Shortly after introducing this new technique in radiation treatment, Lakeland Health was asked to participate in two clinical trials which can potentially expand this treatment option to patients of all ages who are both high and low risk. TARGeted Intra-operative RadioTherapy (TARGIT) is changing the way breast cancer is treated and saving patients valuable time and money.

Working with the University of California, San Francisco, one clinical trial aims to replace the total course of radiation therapy by offering IORT to patients who are 45 years and older and/or who are considered "low risk" for recurrence.

Younger patients and those who meet "high risk" criteria qualify for a separate international trial with University College London that offers a replacement for the additional five to eight day "boost dose" that is usually given at the end of the three-to six-week radiation therapy.

Early data indicates that this technique offers reduced side effects and the time spent going back and forth to the hospital for radiation treatments – this, coupled with the money IORT can potentially save patients – paves the way for a new "standard of care" in breast cancer treatment. This data is based on thousands of women to date who have received IORT for treatment of their breast cancer.



Recently **Barbara Schmidtman, PhD**, attended and spoke at a conference on Intraoperative Radiation Therapy (IORT). She is pictured here with the group of international researchers and clinicians leading the efforts for IORT using Zeiss Intrabeam technology.



Ruth Firme-McMillen knew breast cancer ran in her family. That's why every year, like clockwork, she visited her doctor to get a routine mammogram. And every year the results came back the same – all clear. That was until just before her 79th birthday, when the scan showed a lump which turned out to be Stage I breast cancer.

After receiving the startling news, Ruth turned to her family for guidance.

"My niece had just gone through a battle with Stage II breast cancer and suggested that I seek out the care of general surgeon, **Dr. Elizabeth Jeffers**, who had traveled to Germany to become trained on a new surgical technique for breast cancer patients."

Upon her initial consultation, Dr. Jeffers explained to Ruth that Lakeland had recently acquired a new form of therapy for treating breast cancer using the ZEISS INTRABEAM® intraoperative radiotherapy (IORT) system. Up until then, the treatment had been offered primarily at large university medical centers and research hospitals.

Ruth valued the extra time Dr. Jeffers took to explain everything.

"She went over every detail very thoroughly and was extremely patient with me when I had questions, which means the world to someone facing a cancer diagnosis," said Ruth. "Going into surgery I was confident this was the best course of treatment for me."

After undergoing lumpectomy surgery to remove the cancer and other abnormal tissue from her breast, Ruth became the first patient at Lakeland to undergo IORT therapy. IORT delivers a single dose of radiation directly to the lumpectomy cavity while the patient is still asleep from the surgery.

"Traditionally, after patients undergo lumpectomy, they require five to six weeks of daily radiation treatment," said radiation oncologist, **Benjamin Gielda, MD**. "With this new treatment option, the single dose may replace weeks of radiation as well as improve the accuracy of therapy and help patients get back to their lives more quickly."

Returning to her normal life is something Ruth is thankful for every day.

"I woke up from the procedure feeling no pain or nausea," she said. "What seemed scary to me at first turned out to be a rather minimal procedure. I can't stress enough what a miracle it was to have this type of treatment available in our area."

While she still has to undergo follow-up diagnostics, Ruth is happy to be cancer free and back to living the life she once knew – a feat she credits to early detection.

"I encourage everyone to get a yearly mammogram no matter what," said Ruth. "I am so thankful that Lakeland was able to detect my cancer early, which saved me a lot of pain down the road. I highly recommend our local cancer specialists and surgeons – I couldn't have asked for better care."

Woman 40 or older should have a mammogram every 365 days to ensure optimal health. You do not need a doctor's order or a referral for screening mammograms. **Schedule yours today** – Call **(800) 791-2810** to schedule an appointment in Niles, St. Joseph, or Watervliet.

Statistical Summary and Review of Registry Data 2016

In 2016, 926 cases were added to the Lakeland Health Cancer Registry. Of these cases, 848 cases were considered analytic, which means that they received all or part of their first course treatment at Lakeland, or were diagnosed at Lakeland and received all first course treatment elsewhere. The number of male patients was **436 (47.08%)** and the number of female patients was **490 (52.92%).**

Patients diagnosed at age 60 years or older accounted for 71.14% of cases. Patients 30 through 59 years of age accounted for 26.81%, while 2.05% of cases were 29 years old or younger. The mean age of cancer patients in 2016 was 65.

Non-analytic cases are those that were diagnosed and received all first course treatment elsewhere, and came to Lakeland for subsequent treatment for either recurrence or persistence of their disease.

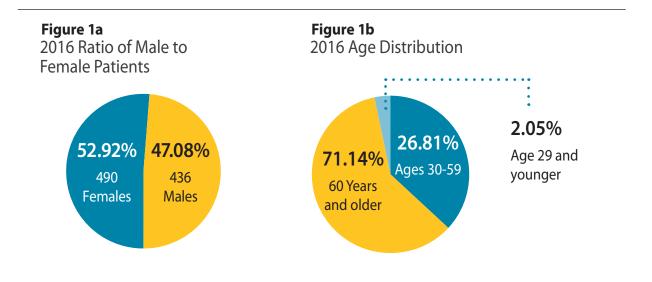


Figure 2
Percent Distribution of Lakeland Hospitals' 2016 Cancer Cases by Age Decade

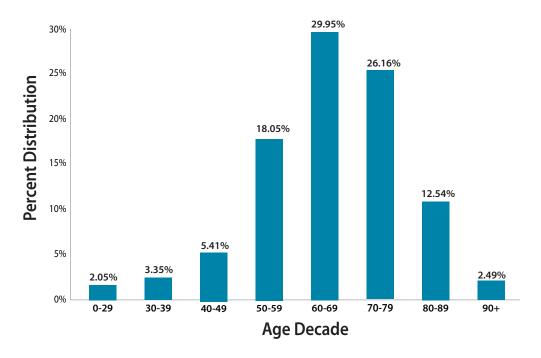


Table 1Site Distribution by Stage for the Four Most Common Cancer Sites at Lakeland Hospitals*

	Cases	Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Staged
Lung	146	0	30	12	37	68	0
Female Breast	144	23	58	34	14	15	0
Prostate	98	0	22	44	14	18	0
Colorectal	73	5	24	16	16	9	3*

^{*2} cases refused a staging workup, and 1 case lived out of state and returned home after his colonoscopy (did not receive staging workup at Lakeland)

Table 2Comparison of Four Most Common Cancer Sites, Lakeland Hospitals, State of Michigan, and United States

Lakeland Hospitals				Mich	nigan	United States		
Site	Rank	Cases	% of Total	Rank	% of Total	Rank	% of Total	
Lung	1	146	15.77%	1	14.93%	2	13.31%	
Female Breast	2	144	15.55%	2	14.42%	1	14.64%	
Prostate	3	98	10.58%	3	10.61	3	10.73%	
Colorectal	4	73	7.88%	4	8.08%	4	5.65%	

^{*}American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016, pg 4-5.

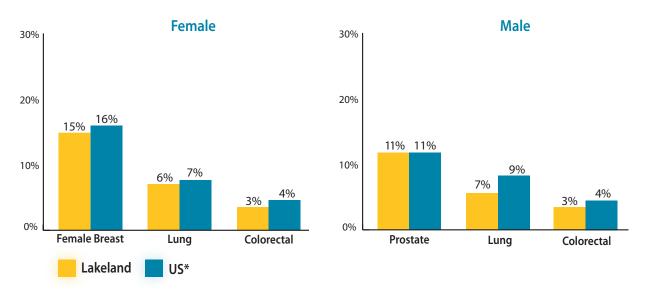
Table 3Comparison of Percent Distribution of Lakeland Hospitals' 2016 Cancer Cases and United States Data by Gender and Lakeland's Four Most Common Cancer Sites

N	Tale Cancer Cases	Female Cancer Cases: 490		
Site	United States*	Lakeland	United States*	Lakeland
Female Breast	NA	NA	14.64%	15.55%
Prostate	10.73%	10.58%	NA	NA
Lung	7%	9.07%	6.32%	6.7%
Colorectal	2.83%	3.89%	2.82%	4%

^{*}American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016, pg 4.

^{*}Excludes cases ineligible for staging.

Figure 3
Comparison of Percent Distributions of Lakeland Health's Four Most Common Female and Male Cancer Sites for 2016 and United States Data*



*American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015, pg 4.

Figure 4Comparison of Percent Distribution of Lakeland Hospitals' 2016 Cancer Cases by Gender

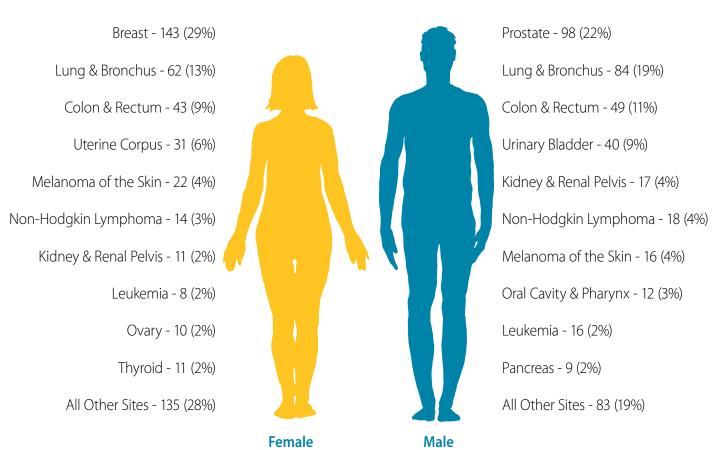


Figure 5aDistribution of Lakeland Cancer Cases by County

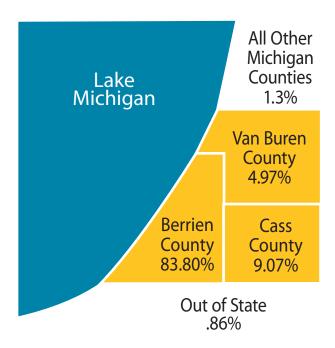


Figure 5bDistribution of Lakeland Cancer Cases by City (Berrien, Cassopolis, Van Buren Counties)

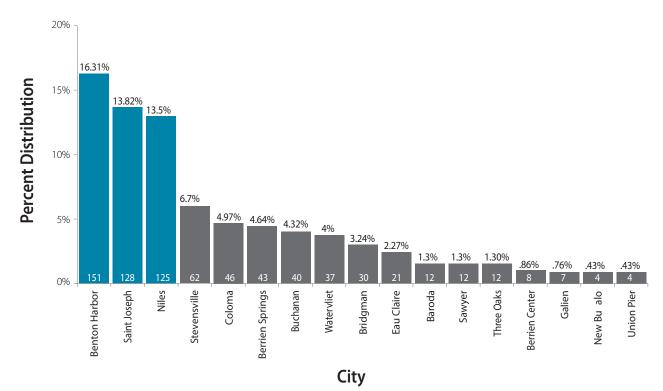
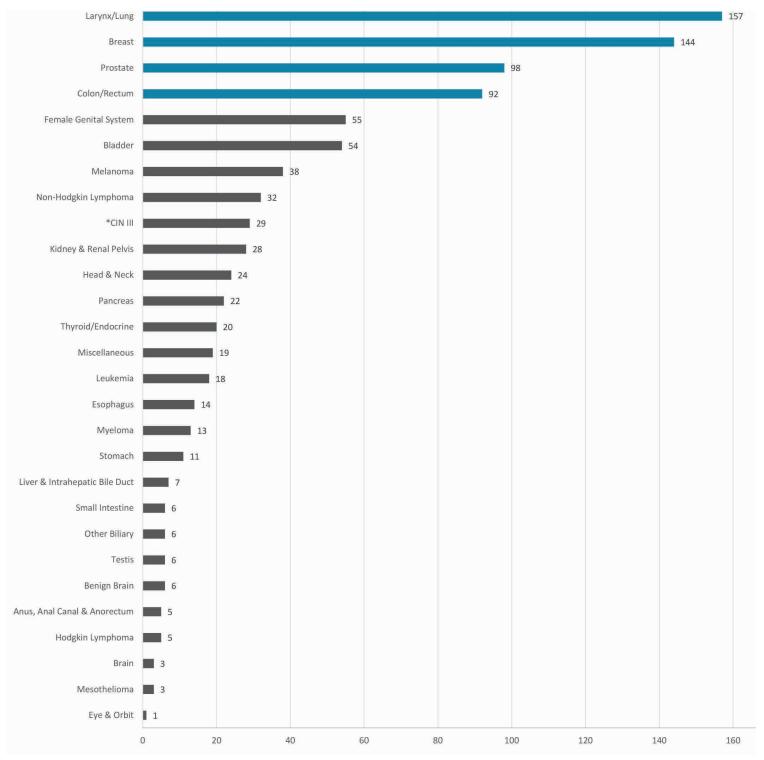


Figure 6Distribution of Total Cancer Cases by Primary Site



^{*}CIN III (non-invasive cervical severe dysplasia) is accessioned by agreement, but for 2016 the collection of this data was mandated by the State of Michigan

Table 4 Summary: By Body, System, and Gender

Primary Site	Total	Total %	Male	Male %	Female	Female %
Oral Cavity & Pharynx	24	2.6%	12	2.8%	12	2.4%
Floor of Mouth	2	0.2%	1	0.2%	1	0.2%
Gum & Other Mouth	3	0.3%	1	0.2%	2	0.4%
Nasopharynx	2	0.2%	1	0.2%	1	0.2%
Tongue	8	0.9%	3	0.7%	5	1.0%
Tonsil	9	1.0%	6	1.4%	3	0.6%
Digestive System	164	7.7%	89	20.5%	75	15.3%
Anus, Anal Canal & Anorectum	5	0.5%	1	0.2%	4	0.8%
Colon Excluding Rectum	73	7.9%	36	8.3%	37	7.6%
Appendix	5		2		3	
Ascending Colon	18		11		7	
Cecum	18		7		11	
Descending Colon	2		1		1	
Hepatic Flexure	4		2		2	
Sigmoid Colon	17		10		7	
Splenic Flexure	2		1		1	
Transverse Colon	7		2		5	
Esophagus	14	1.5%	12	2.8%	2	0.4%
Liver & Intrahepatic Bile Duct	7	0.8%	4	0.9%	3	0.6%
Intrahepatic Bile Duct	1		0		1	
Liver	6		4		2	
Other Biliary	6	0.6%	2	0.5%	4	0.8%
Other Digestive Organs	1	0.1%	0	0.0%	1	0.2%
Pancreas	22	2.4%	9	2.1%	13	2.7%
Rectum & Rectosigmoid	19	2.1%	13	3.0%	6	1.2%
Rectosigmoid Junction	2		1		1	
Rectum	17		12		5	
Stomach	11	1.2%	8	1.8%	3	0.6%
Small Intestine	6	0.6%	4	0.9%	2	0.4%
Respiratory System	159	17.2%	94	21.6%	65	13.3%
Larynx	11	1.2%	8	1.8%	3	0.6%
Lung & Bronchus	146	15.8%	84	19.3%	62	12.7%
Nose, Nasal Canal & Middle Ear	2	0.2%	2	0.5%	0	0.0%
Skin Excluding Basal and Squamous	42	4.5%	19	4.4%	23	4.7%
Melanoma - Skin	38	4.1%	16	3.7%	22	4.5%
Other Non-Epithelial Skin	4	0.4%	3	0.7%	1	0.2%
Breast	144	15.6%	1	0.2%	143	29.2%
Female Genital System	84	9.1%	0	0.0%	84	17.1%
Cervix Uteri	37	4.0%	0	0.0%	37	7.6%
Corpus & Uterus, NOS	31	3.4%	0	0.0%	31	6.3%
Corpus Uteri	27		0		27	
Uterus, NOS	4		0		4	
Ovary	10	1.1%	0	0.0%	10	2.0%
Other Female Genital Organs	1	0.1%	0	0.0%	1	0.2%

Table 4 (continued)
Summary: By Body, System, and Gender

Vagina	1	0.1%	0	0.0%	1	0.2%
Vulva	4	0.4%	0	0.0%	4	0.8%
Male Genital System	107	11.6%	107	24.6%	0	0.0%
Other Male Genital Organs	1	0.1%	1	0.2%	0	0.0%
Penis	2	0.2%	2	0.5%	0	0.0%
Prostate	98	10.6%	98	22.5%	0	0.0%
Testis	6	0.6%	6	1.4%	0	0.0%
Urinary System	82	8.9%	57	13.1%	25	5.1%
Kidney & Renal Pelvis	28	3.0%	17	3.9%	11	2.2%
Urinary Bladder	54	5.8%	40	9.2%	14	2.9%
Eye & Orbit	1	0.1%	1	0.2%	0	0.0%
Brain and Other Nervous System	9	1.0%	2	0.5%	7	1.4%
Brain	3	0.3%	1	0.2%	2	0.4%
Cranial Nerves Other Nervous System	6	0.6%	1	0.2%	5	1.0%
Endocrine System	20	2.2%	8	1.8%	12	2.4%
Other Endocrine including Thymus	2	0.2%	1	0.2%	1	0.2%
Thyroid	18	1.9%	7	1.6%	11	2.2%
Lymphoma	37	4.0%	21	4.8%	16	3.3%
Hodgkin Lymphoma	5	0.5%	3	0.7%	2	0.4%
Non-Hodgkin Lymphoma	32	3.5%	18	4.1%	14	2.9%
NHL - Extranodal	10		6		4	
NHL - Nodal	22		12		10	
Myeloma	13	1.4%	5	1.1%	8	1.6%
Leukemia	18	1.9%	10	2.3%	8	1.6%
Lymphocytic Leukemia	9	1.0%	5	1.1%	4	0.8%
Myeloid & Monocytic Leukemia	7	0.8%	4	0.9%	3	0.6%
Acute Myeloid Leukemia	4		2		2	
Acute Monocytic Leukemia	1		0		1	
Chronic Myeloid Leukemia	2		2		0	
Other Leukemia	2	0.2%	1	0.2%	1	0.2%
Mesothelioma	3	0.3%	1	0.2%	2	0.4%
Miscellaneous	19	2.1%	9	2.1%	10	2.0%
TOTAL	926		436		490	

Study of Quality:

Navigating the Way – Changing Breast Health in Southwest Michigan

In the southwestern Michigan counties served by Susan G. Komen, African American women have the highest breast cancer death rate (35.8 per 100,000 women) as well as the highest rate of late-stage diagnosis (52.3 per 100,000 women) compared to state averages. In addition, African Americans in Berrien County have been found to be almost three times as likely as Caucasions to be unemployed and nearly six times more likely to live below 100% of the Federal poverty level. This supports the need for a continued breast screening focus within the African American communities.

Vision

The goal of this program was to increase access to breast cancer screening and diagnostics by reducing financial, individual, and other barriers of timely and complete access to care. Priority populations include: low-income, rural, uninsured and underinsured, African American, Hispanic/Latino, and high risk women under 40 years of age.

Another goal is to provide culturally appropriate education and community navigation – to support strong community outreach focused on dispelling myths, reducing fears and providing support services related to breast cancer, including navigation and barrier-reduction programs to connect clients to screening services. Priority populations include: African American, Hispanic/Latino, and rural.

Measures

The focus of this quality study was to reduce late-stage diagnosis and breast cancer mortality of African American and medically underserved men and women in southwest Michigan through the provision of 150 free screening and diagnostic mammograms, as well as provide transportation assistance and breast health education for the identified targeted populations in the Lakeland Health service areas.

Previous community screening programs have failed to reach the African American women within Lakeland's service area. In an effort to target education to African American women, Lakeland partnered with Strong Women of Faith, a local, community-based support group comprised predominantly of African American women. Twenty support group members, including five registered nurses, were trained on the importance of breast health by Lakeland's certified breast health navigator. This targeted education from trusted culturally-diverse members of the community was felt to be needed to assimilate breast health education and open conversations about the need for screening into the daily lives of African American women in our service area.



Study of Quality - (continued)

Results

The oncology program at Lakeland Health was able to collaborate with the Strong Women of Faith group, share knowledge, and begin to change breast health attitudes and practices.

The results of this collaborative, targeted education proved to be very successful and exceeded expectations. The Strong Women of Faith hosted 35 educational events throughout Berrien County between August and December of 2016. Events were held in 22 churches, seven low-income housing apartment complexes, and at the Benton Harbor Soup Kitchen, Michigan Works, Emergency Shelter Services, Planned Parenthood and the Berrien County Health Department.

2015 SCREENING RESULTS

SERVICES	GOAL	ACTUAL
Cancer Diagnosed	3	4
Screening Mammogram, Diagnostic Mammogram, Ultrasound	100	115
Transportation	100	53

2016 SCREENING RESULTS

SERVICES	GOAL	ACTUAL
Average Days from Definitive Diagnosis After Abnormal Mammogram	12	6
Breast Cancer Diagnosed	3	4
Education Classes	20	35
Educational Hours	100	509.5
First Time Mammogram (all races)	30	44
First Time Mammogram Performed on African American Women	30	38
Mammograms Performed on African American Women	60	157
Screening Mammogram, Diagnostic Mammogram, Ultrasound	150	262
Transportation Episodes	150	308

2016 Susan G. Komen Michigan Quantitative Data Report

The Dream Team

It's like a monkey inside your brain – it just keeps jumping around. That's how oncologist, **Sapna Patel, MD**, described the idea of a cancer diagnosis to [now] 63-year-old **Jackie Johnson**.

One morning while getting dressed, Jackie looked in the mirror and noticed that her right breast looked more pulled back than normal. Although her yearly mammograms had come back clear for the past two decades, at age 59, it was knowing her own body and performing self-exams which Jackie credits for saving her life.

"I knew almost instinctively that something was wrong, but I didn't want to admit it to myself," she said.

Jackie scheduled an appointment with her primary care provider, **Jonathan Osburn**, **MD**. After ordering an ultrasound on her breast, Dr. Osburn recommended that Jackie see general surgeon, **Roy Winslow**, **MD**, to have the tissue biopsied.

"When the biopsy results came back and confirmed it was breast cancer the first thing I asked Dr. Winslow was whether or not I could survive this – his response was yes," said Jackie. "He was very confident and comforting throughout the whole process and quickly became a very important person in my life."

A few weeks after receiving the news, Jackie began chemotherapy treatments. Five months later she underwent a mastectomy, or breast removal surgery, which was performed by Dr. Winslow, followed by six weeks of radiation treatment at Lakeland Health.

"I really am convinced I had the dream team," said Jackie. "From Drs. Patel and Winslow, to my radiation oncologist **Dr. [Peter] Paximadis**, and the rest of the team at the Marie Yeager Cancer Center, all the way to the staff at Van's Medical Equipment who helped fit me for my prosthesis bras – I knew I was in good hands every step of the way."

In addition to her care team at Lakeland, Jackie also had the support of her friends and family. Her grandson's football team, and the fans at River Valley School in Three Oaks, showed their support by wearing pink socks and "Team Grammy" shirts during the last game of the season.

"It made me realize that my battle with cancer wasn't just about me, and that I had other people behind me, who supported me and cared about me," said Jackie. "You see other people battle cancer but you never think it will be you. I am so thankful to everyone who supported me throughout this journey – even if it was one I didn't necessarily want to go on."

A year and a half after her original diagnosis, Jackie received the news that she was cancer free. Since then, she also opted to undergo reconstruction surgery on her right breast.

But her relationship with her care team hasn't ended there. To show her gratitude for "taking the monkey out of her brain," Jackie recently brought Dr. Winslow a stuffed monkey with a "Winslow" bracelet around the ankle. She continues to wear her "Team Grammy" sweatshirt with pride as well as her new title of "survivor."



Under a Watchful Eye



One day when **Larry Easton** noticed a strange bump had appeared on his eyelid, he didn't hesitate to make an appointment with ophthalmologist, **Stanley Pletcher**, **MD**. Since the bump wasn't painful, which is common for a stye, Dr. Pletcher decided to take a biopsy. A week later when the results came back, Larry was surprised to hear the bump was cancerous.

"When you hear the 'C word' you always think of it as something that happens to somebody else – and when it happens to you it really changes your whole way of looking at it," said Larry.

Dr. Pletcher connected Larry with local oncologist, **Edmund Paloyan, MD** the next day. During his initial consultation, Dr. Paloyan informed Larry that the cancer on his eyelid was Merkel cell carcinoma (MCC) – a rare, aggressive type of skin cancer that usually appears on the face, head, or neck and is common in older people.

"You could ask him anything and it was like he had all the time in the world."

- Larry Easton

"Dr. Paloyan reassured me that although the cancer was aggressive, we had caught it early which was a tremendous advantage," said Larry. "They didn't waste any time beginning treatment, which I was thankful for."

Due to the rare location of the tumor, the radiation oncology team at Lakeland Medical Center, St. Joseph had to put their creativity to work in order to find a solution for safely administering radiation to the affected area. Under the "watchful eye" of radiation oncologist, **Benjamin Gielda, MD**, the team fashioned a porcelain-covered lead shield which was placed over Larry's eye and taped into place.

"It was a bit of trial and error for the first couple of visits and then it was very efficient – I was in and out in 15 minutes or less," he said. "The eyelid is a bit delicate and by the 20th treatment it was really sensitive from both the radiation and the tape being pulled off each time. I am so thankful for my radiation therapist, Sara's steady hand; she was empathetic to my discomfort and was careful each time she removed the tape."

A total of 30 radiation treatments were administered over the course of a month and a half. Although Larry saw his care team five times each week, he said the compassion they showed him never went unnoticed.

"Each time I was there for treatment I felt like I was the only person they were caring for that day," he said. "It's hard to exhibit that kind of compassion on a day-to-day basis, but they did it – their professionalism never wavered."

"Dr. Gielda was also there every day to ensure everything was correct before the radiation was delivered," said Larry. "You could ask him anything and it was like he had all the time in the world. He even gave me his phone number and told me to call if I ever had any questions."

Although the radiation treatments were able to remove the cancerous cells from Larry's eyelid, Merkel cell carcinoma has a high risk of recurring and spreading throughout the body. As a result, Larry will need to undergo CT scans for the next three years to ensure the cancer doesn't appear somewhere else.

"My fight with cancer caused me to reflect on how things would be if I were no longer here," said Larry. "As a pastor who has a personal relationship with Christ, I was able to look at my situation perhaps with apprehension, but never fear. I am so thankful for the top-notch patient care, comfort, and hospitality my care team at Lakeland showed me – because of them I still have time left on earth to spend with my kids and grandkids."



Contact Us

Telephone Directory

Marie Yeager Cancer Center (MYCC)

Cancer Registry	(269) 428-7293 or (269) 428-7290
Clinical Research	(269) 556-2881
Executive Director of Oncology	(269) 556-2880
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MYCC Front Desk	(269) 556-7180
Nurse Navigator	(269) 556-2885
Psychology Services	(269) 428-4411

Infusion Clinics

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Radiation Oncology

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