

Cancer Care Associates Congratulates its 2009 Oklahoma “Best Doctors in America”



*Kathy Dagg, MD,
Medical Oncology*



*Ralph Ganick, MD,
Medical Oncology*



*Alan Keller, MD,
Medical Oncology*



*Alan Langerak,
MD, Medical
Oncology*



*John Lohrey, MD,
Medical Oncology*



*Craig Reitz, MD,
Medical Oncology*



*Charles Strnad, MD,
Medical Oncology*



*Daron Street, MD,
Gynecologic Oncology*

Eleven Cancer Care Associates physicians were recently named as some of Oklahoma’s “Best Doctors in America” by *Oklahoma Magazine*.

These doctors were chosen by their peers, and the distinguished list is compiled every two years but updated constantly by Best Doctors, Inc. a company specializing in medical polling.

Not pictured are:

Clinton Amos Medberry III, MD, Radiation Oncology

Astrid Elizabeth Morrison, MD, Radiation Oncology

Marianne M. Young, MD, Radiation Oncology

Congratulations to all of these distinguished physicians on this honor.

On the Move...

Hefner PET Addition

Construction continues at CCA’s Lake Hefner campus to make way for the PET/CT scanner to be moved from the trailer into the new PET/CT suite.



The trailer housing the PET scanner will soon be removed allowing patients to use the new imaging suite.

While recent bitter cold weather slowed construction progress, the expected completion is mid-April.



Construction is progressing on the interior of the new PET / CT suite at CCA Lake Hefner.

PET, or positron emitting tomography, is a superior diagnostic unit in detecting cancer cells. PET is a nuclear medicine imaging technique that produces a three-dimensional image or map of functional processes in the body.

CCA has PET scanners at both the Lake Hefner Cancer Center in Oklahoma City and the South Tulsa Cancer Center.

See page 7 for more great news about CCA’s PET scanners.

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From the Desk of ...

Paul Bukofzer, CEO

Health care reform has a significant impact on us at Cancer Care Associates. CCA believes that meaningful health care reform is critical for current and future generations, especially the growing number of Americans now living with cancer. We

applaud the aspects of health care reform legislation that expand insurance coverage, eliminate lifetime payment caps and ban coverage discrimination based on preexisting conditions. Certainly, nobody faced with the challenge of fighting cancer should have to delay or forego treatment because of insufficient insurance coverage or funds. Our country's recent financial crisis has shown just how fragile the health care system is — more and more individuals are falling through the cracks because they are out of work, without insurance, and unable to afford cancer care services.

Unfortunately, the proposed health care reform legislation still comes up short in addressing a growing crisis in cancer care. The United States has the best cancer care delivery system in the world, but Medicare is truly broken when it comes to cancer care. **Health care reform needs to fix cancer care and not break it further.** The proposed health care reform legislation fails to:

- Stop the Medicare cuts for the administration (mixing and nursing time) of life-saving cancer drugs. Since 2004, payment for drug administration services has declined by more than 25 percent and will be cut another 20 percent by 2013.
- Address the problem of an excessive 20 percent Medicare co-payment, an extreme burden for seniors with insufficient co-insurance and/or funds to cover out-of-pocket expenses. The failure of patients to cover treatment costs creates escalating bad debt expense for our clinics.
- Recognize that there is a growing shortage of oncologists. Based on published estimates, one out of every four cancer patients will be short an oncologist by 2020.
- Mandate the Centers for Medicare & Medicaid Services (CMS) to fulfill the congressional intent of the Medicare Modernization Act of 2003 to better balance cancer drug costs and payments for services. The intent was for CMS to create new payment codes for essential services such as treatment planning and follow-up care planning. This has not occurred and has created additional shortfalls in payments for cancer services.
- Address the flawed sustainable growth rate (SGR) formula. A cut for physician services of 21.2 percent is scheduled for 2010, which would further worsen the oncology-specific payment cuts.
- Eliminate payment cuts for advanced diagnostic imaging, such as CT and PET scans. This component of cancer care is for the diagnosis and management of cancer treatment, which was based on scant data not specific to oncology.
- Correct a technical problem with the way CMS calculates payments for drugs that artificially reduces the average price by 2 percent, resulting in many cancer drugs being reimbursed less than it costs to purchase them.

On a broader basis, cancer care needs to be empowered by public policy, not pressed into defending vital and necessary services. Congress must act now as health care reform legislation is being crafted because the price of getting this wrong is too great, both in terms of dollars associated with medical costs, as well as the lives of thousands of Americans.

Ways You Can Help

Community Oncology Alliance Petition

The Community Oncology Alliance (COA) — a non-profit organization whose mission is to foster and protect the community oncology delivery system in the U.S. through public policy, advocacy and education — has launched a petition to Stop Cancer Care Cuts.

We need your help. If Congress doesn't act by March 1, 2010, reimbursement for all physician services will be reduced by more than 21 percent. Please visit www.communityoncology.org to sign the petition online. It takes less than 60 seconds to sign and confirm your signature after receiving a confirmation e-mail.

If you don't have access to the Internet, please contact your CCA physician office, where printed copies will be available.

Contact Your Legislators Online

Contact your congressional leaders at www.house.gov and www.senate.gov and ask them for their support on this issue.

Call Your Senators

Senator Tom Coburn can be reached at (405) 231-5051 or (918) 581-7195.

Senator Jim Inhofe can be reached at (405) 608-4120 or (918) 748-5119.

Help us fix cancer care and not break it further!

CCA Information Technology Update

The second implementation of CCA's new Electronic Records Management (EMR) software Mosaic began in June 2009 and was completed in December. This phase addressed building up patient charts within the EMR and involved primarily the POD areas, treatment room and medical records. A large amount of manual data entry and paper scanning was involved with this phase. The second clinical phase will address ordering patient treatment online.

Accomplishing this statewide implementation required significant CCA resources, including the work of an Implementation Team, an EMR Committee, the Clinical Process Flow Committee and the Practice Management Steering Committee. CCA staff and physicians attended hours of training presented by CCA and Impac staff. In addition, more than 90 scanners were installed, over 160 terminals mounted and at least 120 computers replaced or upgraded.

Many people are involved in the implementation of the EMR. This is a project that has created significant change, but in many ways we have become a smaller community as we have worked together and shared our growing pains and successes.

Applause Please ... Star Super Users

Completing Phase I has shown that we have STAR Super users at all CCA sites. The Implementation Team would like to recognize and thank the following individuals:

Alan Langerak, MD, Midtown
Anthony Morton, South Tulsa
Barbara Hiatt, Bartlesville
Briana McGinnis, West Float
Kathe McClure, Mercy
Charles Taylor, MD, Midtown
Cheryl Gilbert, West Clinical Trainer
Connie Nguyen, MD, South Tulsa
David Hatfield, Stillwater
Denise Jackson, Bartlesville
DJ Thompson, Lake Hefner
Jackie McDougal, Midtown

Janis Elliott, Yale
Jess Armor, MD, Mercy
Julie Johnson, Lake Hefner
Kathy Dagg, MD, Norman
Kristi Johnson, Mercy
Lacy McCutchen, Midtown
Laura Grissom, Norman
Leesa Boyles, Yale
Liz Cromack, Southwest
Lory Porter, Lake Hefner
Shiela Plasencia, Yale
Stephanie Dartez, Lake Hefner
Sue Jones, Bartlesville
Vikki Canfield, MD, Mercy

A Letter From ... Dr. Mark Olsen, CCA President



FUD

FUD is an acronym which stands for fear, uncertainty and doubt. It was first defined in the mid 1970s by Gene Amdahl after he left IBM to start his own company, Amdahl Corp.: "FUD is the fear, uncertainty, and doubt that IBM sales people instill in the minds of potential customers who might be considering Amdahl products." In other contexts the terms were in use as early as the 1920s. By spreading questionable information about a competitor's product, a company discourages buyers from choosing those products. FUD has become a powerful and widely used tactic in sales, business, politics and now medicine.

Generally, people are afraid of uncertainty or the unknown. By playing on this fear, the practitioner of FUD is able to manipulate the decision maker. Microsoft was able to beat IBM at its own game in the OS wars of the 1990s utilizing the technique. Currently, Apple Inc. has been accused of utilizing FUD to steal Microsoft's thunder (Get a Mac campaign). As politicians have embraced advertising techniques in their campaigns and to spin the message once elected, FUD has assumed a central role in manipulating public opinion and voter preferences. Prominent recent examples include the Swift Boat Veterans For Truth in the 2004 U.S. presidential election and the claim of Iraqi weapons of mass destruction in the days leading up to the second Iraq war. The current debate on climate change is rife with FUD on both sides of the issue.

I'm afraid we are experiencing unprecedented levels of FUD in the ongoing health care debate. Elected officials on both sides of the aisle are using FUD to play on peoples fears in order to shape and manipulate public sentiment. This is further fueled by an inflammatory and polarized press and numerous special interest groups. Who can forget the claims regarding "Death Panels"? One of Oklahoma's U.S. Senators proclaimed in an op-ed piece in the Wall Street Journal that cancer patients would certainly have shorter survival in a reformed health care system. To this din we can add all of the special interest groups and lobbies (Insurance Companies, the Pharmaceutical Industry, the AMA, etc.). To make matters worse, the current state of the economy only serves to make people more anxious, uncertain and ultimately manipulable.

So what's a sane person to do? There is no doubt it is hard to avoid the constant ranting we are exposed to on a daily basis. Personally I think it's important to read and listen critically. Just because someone proclaims him or herself an expert does not make it so. Just because someone says something with great force or conviction does not make it true. Finally, while not always easy, I find it useful to read or listen to points of view I don't necessarily agree with, because it forces me to constantly reexamine my own beliefs. The resolution of the current health care mess will not be easy, but I hope that ultimately cooler heads will prevail and a realistic, reasonable outcome is reached.

AND NOW FOR SOMETHING COMPLETELY DIFFERENT

On a cheerier note, kudos to staff at the Yale office for forming a "Green Committee" to look into ways to improve our environmental stewardship. Preliminary plans include increasing paper, plastic, glass and aluminum recycling as well as eliminating Styrofoam cups from the office. Any and all ideas are welcome and anyone interested in participating in the effort should contact Kim Cupples. Go Green Machine!



In the News ...

Dr. Ali Moussa, Tulsa

(Editor's Note: The following article was published in the Tulsa World, Oct. 1, 2009.)

Breast cancer is the most common cancer in women. This awful disease is the second most common cause of cancer death in women and the main cause of death in women age 45 to 55.

Annually approximately 182,460 American women are diagnosed with breast cancer and 40,480 women die from that disease. However, amongst those grim numbers there is a ray of hope. Breast cancer mortality has been declining.

This decrease is likely contributed to screening, and advances in therapy also have contributed to the decline in mortality.

Most breast cancers are diagnosed after an abnormal mammogram. More tests, such as ultrasound, are needed to determine the need for a tissue biopsy. Up to 20 percent of new breast cancers are not detected or visible on a mammogram and a suspicious new lump should not be neglected or disregarded just because the mammogram is negative. Mammograms and self-exams are critical pieces of beating breast cancer.

Those with a family history of breast cancer need to be especially vigilant. Approximately 10 percent of women with breast cancer have a positive family history, although genetic mutations like BRCA1 and BRCA2 mutation are rare.

Every patient is unique and there are a variety of factors that influence the treatment of breast cancer. These are lymph node involvement, the size of the tumor, the histology, hormone receptor, HER-2 overexpression, and the age of the woman. For example, women who are under age 50 at the time of breast cancer may benefit from chemotherapy after the surgery. In contrast, the benefit of chemotherapy for older women is less. However, there is still a benefit.

The type of surgery also can be between conservative such as a lumpectomy or more extensive like a mastectomy. There are some contraindications for breast conserving therapy like multicentric disease (multiple tumor within the breast) or pregnancy or history of previous radiation to the breast.

Breast reconstruction has increased in popularity. Women who undergo lumpectomy do not typically require reconstruction. For those with more extensive surgeries, there are two similar reconstructive options, implant and tissue reconstruction. Both of these procedure may be performed at the time of initial breast surgery or at a later time.

There is a strong consensus that routine screening mammogram should be offered to women ages 50 to 69. There is no agreement for screening women ages 40 to 49 or women over age 70, but women of those ages who have a high risk for breast cancer should also have a mammogram. The combination of MRI and mammogram is recommended for those at very high risk of breast cancer (those having a 20 percent to 25 percent lifetime risk). Clinical breast examinations can detect up to 50 percent of a tumor while imaging studies can detect more than 90 percent of a tumor.

People Who Care ...

Cherokee Strip Piecemakers Quilt Guild



Left to right: Mary Butler, Cherokee Strip Piecemakers Quilt Guild and Brenda Arnold, front office supervisor, Cancer Care Associates, Enid.

Members of the Cherokee Strip Piecemakers Quilt Guild have been making throw quilts for the patients at Cancer Care Associates, Enid.

When patients begin chemotherapy, they are given a quilt to bring with them to treatment. Patients have stated that the quilts have been a real blessing, keeping them cozy during treatments and bringing comfort. Each quilt has been prayed over by the Quilting Guild for the patient.

The members of the Guild meet at the Central Christian Church, Enid, on the third Monday of every month. The group of approximately 80 is led by Guild President Becky Claborn.

The Guild also participates in Make a Difference Day, making quilts for Cancer Care Associates.

Many thanks to this group for providing warmth and comfort to our patients.

Holiday Fun at CCA ...



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Pictured:

1. **McAlester Halloween.** Front row, left to right: Amisty Beck, Mary Livingston, Brandy Henry. Back row, left to right: LaWanna Thompson, Eron Duncan, Karen Price, LouAnn Grantham, Ruth Houlton, Deanna Gagg.
2. **Mercy Halloween.** Left to right: Tammy Tims, Carol Levy, Connie Broadhurst, Erin Shelley, Brenda Lenhart, Susie Timi, Tami Westrope.
3. **Yale Halloween.** Front row, left to right: Mezha Parker, Ashley Cano, Resa Landrum. Back row, left to right: Renee Geyer, Jamie Breedlove, Kim Sides, Ruth Dunn, Rebecca Armstrong, Carla Graham, Hyawatha Dry.
4. **Bartlesville Christmas.** Front row, left to right: Wendy Mitchell, Corina Lazcano, Ashley Hedges, Alisha Haley. Middle row, left to right: Denise Jackson, Deb Hendricks, Barbara Hiatt, Sue Jones, Becki Banther (kneeling), Jennifer Stacey. Back row, left to right: Dr Jeffrey DeLo, Robyn Banks, Holly Kuehler, Mary Rooks.
5. **Techridge Halloween.** Front row, left to right: Tonya Rockwell, Tammy Ballard, Amy Lawhead. Back row, left to right: Bob O'Neil, Keela Baker (partially hidden), Alisha Marcotte, Christina Carlton, Jon Shumaker, Angela Norris, Denise Pennington, Robert Christian. Background, left to right: Yalonda Blake, Cindy Vogt, Lauri Rice.



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Getting To Know Cancer Care ...

Khader K. Hussein, MD, FACP Integris Southwest Medical Cancer Center

Dr. Hussein received undergraduate and medical degrees from the American University in Beirut, Lebanon, where he also completed his internship.

He completed his residency in Internal Medicine and fellowship in Hematology and Medical Oncology at the University of Oklahoma Health Sciences Center.

Dr. Hussein is board certified by the American Board of Internal Medicine in Internal Medicine, Hematology and Medical Oncology. He is also a Fellow of the American College of Physicians. Dr. Hussein serves as Clinical Professor of Medicine at the University of Oklahoma Health Sciences Center.

Dr. Hussein is a member of the American Society of Clinical Oncology, American Society of Hematology, Oklahoma City Clinical Society, Oklahoma County Medical Society, Oklahoma State Medical Association, and the International Society of Thrombosis and Hemostasis.

In his spare time, Dr. Hussein enjoys gardening.



Dr. Khader Hussein, FACP

Jeffrey DeLo, MD Jane Phillips Cancer Center



Dr. Jeffrey DeLo

Dr. Jeffrey DeLo received both his undergraduate and his doctor of medicine degree from West Virginia University where he graduated magna cum laude.

He completed his Internal Medicine residency at York Hospital in York, Pennsylvania. He completed his three year medical hematology and oncology fellowship at the Penn State University Hershey Medical Center.

Prior to coming to Cancer Care Associates, Dr. DeLo was the director of the Patterson Cancer Care Center, in Coudersport, Pennsylvania, for nine years. The cancer center scored consistently in the upper 95th percentile on national patient satisfaction scores. During this time, he served as director of hospice and was a member of the board of directors at Charles Cole Memorial Hospital.

Dr. DeLo is board certified in both Internal Medicine and Medical Oncology. He also recently became board certified in Hematology. Dr. DeLo practices at the Jane Phillips Cancer Center in Bartlesville.

CCA Lake Hefner Cancer Center Welcomes ... Sheryl Standage, ARNP



Sheryl Standage, ARNP

Sheryl Standage, ARNP, began her nursing career as an RN at Blackwell General Hospital after graduating from nursing school at Northern Oklahoma College in Tonkawa in 1976.

She was director of the hospital's operating room and central service for eight years before transferring to St. Joseph Regional Medical Center in Ponca City, where she served as director of the operating and recovery rooms and outpatient surgery.

Sherry owned and operated Wellness Enterprises for two years and later worked as a Family Nurse Practitioner for St. Joseph Regional Medical Center clinics in Newkirk, Tonkawa, and Ponca City. She successfully opened a family practice clinic in Ponca City with Dr. Jackie Garland.

She began her work with CCA in 2009 and currently works with Dr. James Hampton at CCA's Lake Hefner campus.

Sherry holds a bachelor's degree in Nursing from St. Mary of the Plains College, Dodge City, Kansas, a master's in Health Promotion and Wellness from Oklahoma State University, and a master's in Nursing from the University of Oklahoma.

She is certified by the American Nurse Credentialing Committee of the American Nurse's Association and the American Academy of Nurse Practitioners as an Advanced Registered Nurse Practitioner (ARNP).

She has served as President of the Association of Operating Room Nurses Chapter of Northern Oklahoma, was the research coordinator for the FDA approval process of the lithotripsy machine for two years and has published book reviews for the Association of Operating Room Nurses. She has also served on the Board for the Opportunity Center of Northern Oklahoma for the Developmentally Handicapped and volunteered for the St. Joseph free clinic.

Sherry lives in Edmond with her husband of three years, Kenneth, has one son, three step-children and five grandchildren.

Applause Please ...

Awards in the CCA Community

Duncan Earns Breast Care Certification



Eron Duncan, RN, OCN, CBCN, McAlester

Congratulations to **Eron Duncan, RN, OCN, CBCN**, at Cancer Care Associate's McAlester location for recently passing her Certified Breast Care Nurse (CBCN) exam! The CBCN examination tests the knowledge necessary for, and is a validation of, a nurse's knowledge of breast care.

Congratulations New OCNs

The following Cancer Care Associates nurses have recently passed their Oncology Certified Nurse (OCN) exam. Congratulations!



Marilyn Isbell, RN, OCN, Lake Hefner



Georgette Jurczewsky, RN, OCN, Mercy



Briana McGinnis, RN, OCN, West-Side Float Pool

CT, PET Units Accredited

The PET units at the Lake Hefner and South Tulsa facilities have been approved and are now both accredited by the American College of Radiology. The PET is specifically approved for Oncology patients. Additionally, the CT unit at Lake Hefner has been accredited. Congratulations and thanks to the Radiology staff at both sites on their work to achieve these accreditations!

Physician Key

FACOI: Fellow of the American College of Osteopathic Internists

FACP: Fellow of the American College of Physicians

FACOG: Fellow of the American College of Obstetricians and Gynecologists

* Board Certified Medical Oncology

** Board Certified Medical Oncology/Hematology

*** Board Certified Radiation Oncology

**** Board Certified Gynecologic Oncology

Patient Satisfaction Survey

A great BIG THANK YOU to all the patients who participated in CCA's Patient Satisfaction Survey! While CCA has conducted many patient satisfaction surveys, this was the first time a survey was taken electronically. We appreciate your feedback!

The next survey will be conducted in March 2010.

Marketing Committee

Abby Bova, MD, Vikki Canfield, MD, James Hampton, MD, Michael Keefer, MD, John Lohrey, MD, Connie Nguyen, MD, Daron Street, MD, Maril Weber MD

CCA Physicians

Bashar S. Alasad, MD** - OKC

Jess F. Armor, MD* - OKC

Abby R. Bova, MD* OKC

L. Michael Bowen, MD** - OKC

Steven C. Buck, DO, FACOI* - Tulsa

Vikki A. Canfield, MD** - OKC

Lawrence Cibula, MD*** - East OK

JaNae M. Clapp, MD* - Norman

Douglas Clark, MD*** - West OK

Kathy K. Dagg, MD** - Norman

Jeffrey S. DeLo, MD** - Bartlesville

Sherri L. Durica, MD** - Norman

Ralph G. Ganick, MD** - OKC

Mark C. Genesen, MD**** - Tulsa

James W. Hampton, MD, FACP** - OKC

Khader K. Hussein, MD, FACP ** - OKC

Nasser Janbay, MD** - OKC

Michael J. Keefer, MD* - OKC

Alan M. Keller, MD, FACP* - Tulsa

Pamela C. Landon, MD* - Tulsa

Alan D. Langerak, MD** - Tulsa

John H. Lohrey, MD* - Tulsa

Edwin L. McCreary, MD - Tulsa

Scott A. McHam, DO** - Tulsa

Renae M. Mayer, MD - Tulsa

Clinton Medberry, MD*** - West OK

Astrid Morrison, MD*** - West OK

Ali H. Moussa, MD* - Tulsa

Daniel Murphy, MD *** - East OK

Connie Nguyen, MD*** - East OK

Thy K. Nguyen, MD* - OKC

Mark R. Olsen, MD, PhD* -Tulsa

Ritwick Panicker, MD, FACP** - Tulsa

Christopher A. Puckett, MD* - Stillwater

Gary W. Rahe, MD* - OKC

James E. Reeves, Jr., MD* - OKC

Craig L. Reitz, MD, FACP* - OKC

Daron G. Street, MD, FACOG**** - Tulsa

Charles M. Strnad, MD** - Tulsa

Kristin Thorp, MD, -Norman

Charles W. Taylor, MD* - Tulsa

Maril J. Weber, MD* - Norman

Kevin S. Weibel, DO, FACP** - Tulsa

Marianne Young, MD*** - West OK

Advancing the Standard for Cancer Care & Making a Difference in Oklahoma!

● Cancer Care Offices

Ardmore

Bartlesville

Enid

McAlester

Oklahoma City

Hefner Pointe,

Mercy, Southwest,

St. Anthony

Norman

Stillwater

Tulsa

Yale, Midtown, Mingo

★ Satellite locations

Chickasha, Elk City

