

# OHC CONNECT

ISSUE 1: 2016

NEWS AND INFORMATION FROM  
ONCOLOGY HEMATOLOGY CARE

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Don't Hibernate: **Staying Active When it's Cold Outside.**



## Cancer Patients Can Benefit from Yoga.

Helping to Manage  
Both Physical and  
Emotional Pain

# OHC

SPECIALISTS IN CANCER  
AND BLOOD DISORDERS

# Meet Sally. <sup>1</sup> Positive, upbeat and no easy mark for cervical cancer.

**W**hen Sally was a single parent raising four boys, working 11 hours a day and taking care of her elderly patients, nothing could get her down. Years later, it would be this can-do attitude that would help her through the diagnosis of cervical cancer.

Sally, who had already gone through menopause, began noticing occasional spotting during a time when she didn't have, and couldn't afford, insurance. Like so many of us, she took to the Internet for answers. And, like so many of us, she gravitated toward the reassuring information. "You read that stuff and you want to believe what you want to believe," she said. "I thought, 'Oh, yes, it's okay,' and that's all I needed to know."

Fast-forward a year later in October, 2014. The spotting was becoming more frequent and Sally finally mentioned it to her son, Brian and daughter-in-law, Katie. "He really got on me," she said. "That's when I started to panic."

### Care Provided Immediately

After talking to her son, things happened quickly. First, her primary care doctor got her an immediate appointment with a gynecologist. From there, she was referred to Dené C. Wrenn, MD, a gynecology oncologist at OHC. Dr. Wrenn did a thorough exam, which included a biopsy. Soon after, a diagnosis of stage 3 cervical cancer was confirmed.



Pictured left to right: Sarah Wilson, MSN, APRN; OHC patient Sally Cutter; Dr. Cynthia Chua, OHC Medical Oncologist

It had been nearly 14 years since Sally had a preventive Pap test screening.

"Me putting it off cost me a lot," she said. "Not only financially, but putting my family through things I didn't need to put them through. If I'd kept up with my routine tests every year, they probably could have diagnosed it earlier."

Sally began treatment with her OHC team, which included physicians Dene' Wrenn, MD; Cynthia Chua, MD, a hematologist and medical oncologist; John F. Sacco, MD and Sue Fenney, MD, both radiation oncologists, and Sarah Wilson, MSN, APRN, a gynecologic oncology advanced practice provider. Sally was scared, but trusted what the doctors were explaining to her.

After additional scans, which included an MRI and CT scan, Sally's plan of care was developed and started immediately. She received 27 radiation treatments, six rounds of chemotherapy, internal radiation and four rounds of chemotherapy, which concluded her treatment plan in April, 2015. "Sally was a motivated and compliant patient who understood that her treatment would be quite intense. She also understood that as a team, what we were asking of her, though quite challenging, was the best way to eradicate her tumor," states Dr. Dene' Wrenn.

Hi

### tell us your story

If patients or family members would like to share their stories, please email us at [jmanzo@ohcare.com](mailto:jmanzo@ohcare.com) or speak to an OHC associate.

## Strength, Resilience and Being True to Herself

This was when the strength and resilience she had displayed as a single mother of four kicked in.

“The most important thing is to have a positive attitude and a sense of humor. I look back on it now and I think, ‘Oh my gosh! I guess I’m stronger than I thought I was,’” notes Sally. That she was a strong, positive woman even in the face of cervical cancer doesn’t surprise Katie. “She’s a very strong woman,” Katie said. “So I guess looking at it from the outside, it wasn’t really surprising at how strong she was.”

Sally continued to live on her own throughout treatment, even though Brian and Katie wanted her to come stay at their house, just a few blocks away. “The kids couldn’t understand why I was happy being by myself,” Sally said. “To go stay with them for a day or so was okay, but Brian wanted to bring my recliner over to his house!”

“I’ve always been so independent and take-charge,” Sally said. “Though I admit there were times I wanted my mom.” Katie agreed. “There were definitely times when it was scary,” she said. “We would just kind of decide we had to hope for the best. While we prepared for things to be not so great, we always expected a good outcome.”

## The Supportive Nature of Positive Thinking

The caregivers and volunteers at OHC had a positive impact on Sally and Katie’s attitudes, as they do on every patient who comes through the door. “It’s hard to get down when you’re there,” Katie said. “It’s almost like you’re surrounded with all this stuff that’s happening, but it’s difficult to get down because everyone is so upbeat and so positive.”

“We didn’t even know the questions to ask. They were so helpful with telling us those little things that we wouldn’t even think about asking. It almost took away the stigma of talking about it because they were so open. It wasn’t like this thing you don’t talk about.”

“I think they were actually glad to see me!” Sally added. “They were very caring and personable, and always coming to see if I needed anything.” OHC volunteer Steve added the touch of humor Sally was accustomed to. “We would go back and forth joking during my treatment days; he was such a help.”

In fact, Sally’s own attitude was so positive, Dr. Chua even asked her to speak with another cervical cancer patient, one

who was having a difficult time coping. “I told her, ‘you know, it’s important to just take one day at a time. Think positive; you can do it!’”

Sally admits that thinking positive is probably in her nature. Katie agrees: “She’s a spitfire, all right.”

And the wonderful news: Sally just had her regular check-up with Sarah Wilson, MSN, APRN and is presently cancer free. Sally is eager to share her advice from this experience: keep up with your routine screenings, stay strong with a positive attitude and sense of humor, find comfort through your family and friends, and trust your doctors.

Sally is now doing what she loves: sitting for older people, spending time with her grandchildren and enjoying Katie’s delicious egg salad.



Pictured left to right: OHC team members Anita Longsdon, RN; Sally Cutter and Molly Mendenhall, RN.

“I can’t say enough positive things about OHC, both with Sally’s treatment and with being there and sitting with her.” – Katie, daughter-in-law

“Sometimes you go into a doctor’s office and you wonder if they’re even listening to you. I never had that at OHC, ever.” – Sally, cervical cancer patient



## Cervical Cancer: How You Can Take Action

According to the American Cancer Society's estimates for cervical cancer in the United States for 2016:

- About 12,990 new cases of invasive cervical cancer will be diagnosed.
- About 4,120 women will die from cervical cancer.

But over the last 30 years, the cervical cancer death rate has gone down by more than 50%. The main reason for this change was the increased use of the Pap test.

A well proven way to prevent cervical cancer is to have testing (screening) to find pre-cancers before they can turn into invasive cancer. The Pap test (or Pap smear) and the human papilloma virus (HPV) test are used for this. If a pre-cancer is found, it can be treated, stopping cervical cancer before it really starts.

The American Cancer Society recommends that women follow these guidelines to help find cervical cancer early:

- All women should begin cervical cancer (screening) at age 21.
- Women aged 21 to 29, should have a Pap test every three years. HPV testing should not be used for screening in this age group (it may be used as a part of follow-up for an abnormal Pap test).
- Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. This is called should continue until age 65.
- Another reasonable option for women 30 to 65 is to get tested every three years with just the Pap test.
- Women who are at high risk of cervical cancer because of a suppressed immune system (for example from HIV infection, organ transplant, or long term steroid use) or because they were exposed to DES in utero may need to be screened more often.

- Just because a Pap test may not be indicated does not mean you do not need a well woman exam with inspection of the vulva and vagina.
- Women over 65 years of age who have had regular screening in the previous 10 years should stop cervical cancer screening as long as they haven't had any serious pre-cancers (like CIN2 or CIN3) found in the last 20 years. ("CIN" stands for cervical intraepithelial neoplasia.)
- Women with a history of CIN2 or CIN3 should continue to have testing for at least 20 years after the abnormality was found.
- Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer).
- Women who have had a hysterectomy without removal of the cervix (called a supra-cervical hysterectomy) should continue cervical cancer screening according to the guidelines above.
- Women of any age should NOT be screened every year by any screening method.
- Women who have been vaccinated against HPV should still follow these guidelines.

Although annual (every year) screening should not be done, women who have abnormal screening results may need to have a follow-up Pap test (sometimes with a HPV test) done in six months or a year.

#### **What are some of the risk factors for cervical cancer?**

##### **Human papilloma virus infection**

The most important risk factor for cervical cancer is infection by the human papilloma virus (HPV). HPV is a group of more than 150 related viruses, some of which cause a type of growth called papillomas, which are more commonly known as warts. There are high risk types that are strongly linked to cancer, such as HPV types 16 and 18.

##### **Smoking**

Women who smoke are about twice as likely as non-smokers to get cervical cancer. Smoking also makes the immune system less effective in fighting HPV infections.

##### **Immunosuppression**

Human immunodeficiency virus (HIV), the virus that causes AIDS, damages the immune system and puts women at higher risk for HPV infection. This might, in part, explain the increased risk of cervical cancer in women with AIDS. Another group of women at risk of cervical cancer are those taking drugs to suppress their immune response.

##### **Chlamydia infection**

Some studies have seen a higher risk of cervical cancer in women whose blood test results show signs of past or current chlamydia infection (compared with women with normal test results).

##### **A diet low in fruits and vegetables**

Women whose diets don't include enough fruits and vegetables may be at increased risk for cervical cancer.

##### **Being overweight**

Overweight women are more likely to develop adenocarcinoma of the cervix.

##### **Long-term use of oral contraceptives (birth control pills)**

There is evidence that taking oral contraceptives (OCs) for a long time increases the risk of cancer of the cervix. Research suggests that the risk of cervical cancer goes up the longer a woman takes OCs, but the risk goes back down again after the OCs are stopped. The ACS believes that a woman and her doctor should discuss whether the benefits of using OCs outweigh this slight potential risk. Limiting the number of sexual partners and using condoms should be advised.

##### **Having a family history of cervical cancer**

Cervical cancer may run in some families. If your mother or sister had cervical cancer, your chances of developing the disease are two to three times higher than if no one in the family had it. Some researchers suspect that some instances of this familial tendency are caused by an inherited condition that makes some women less able to fight off HPV infection than others. In other instances, women from the same family as a patient already diagnosed could be more likely to have one or more of other non-genetic risk factors.

##### **Signs and symptoms of cervical cancer**

Women with early cervical cancers and pre-cancers usually have no symptoms. Symptoms often do not begin until a pre-cancer becomes a true invasive cancer.

*The most common symptoms are:*

- Abnormal vaginal bleeding, such as bleeding after sex (vaginal intercourse), bleeding after menopause, bleeding and spotting between periods, and having longer or heavier (menstrual) periods than usual. Bleeding after douching, or after a pelvic exam is a common symptom of cervical cancer but not pre-cancer.
- An unusual discharge from the vagina – The discharge may contain some blood and may occur between your periods or after menopause.
- Pain during sex (vaginal intercourse).

These signs and symptoms can also be caused by conditions other than cervical cancer. If you have any of these problems, you should see your healthcare professional right away – even if you have been getting regular Pap tests. Don't wait for symptoms to appear. Be screened regularly.

**To learn more, visit [cancer.org](http://cancer.org).**

OHC's nationally recognized clinical trial program has over 70 active clinical trials available to our patients. Please see the section on "What To Ask My Health Care Provider About Clinical Trials."

# WHAT IS A CLINICAL TRIAL?

It is important for every patient to be an active participant when it comes to their health care decisions and treatment. At OHC, we believe in providing education, support, and leading edge cancer care to our patients. That is why our clinical trial program is one of only six community oncology practices in the country recognized by the Conquer Cancer Foundation of the American Society of Clinical Oncology (ASCO) for its commitment to high quality clinical trials programs. Listed below are some of the commonly asked questions about clinical trials.

### **What is a clinical trial?**

A clinical trial is also known as a medical research study. These studies offer patients the opportunity to receive new medicines or treatment not yet on the market. It is a carefully designed test of medicines and treatment options under the supervision of your OHC physician and research team.

**To learn more information about clinical trials, where should I go?** You should discuss this option with any of your OHC team members. OHC is a nationally recognized program and has been recognized for its diversity of trials and participants. You can also view our trial menu by visiting our web site at: [ohcare.com](http://ohcare.com).

### **How is an OHC patient considered for a clinical trial?**

A patient's disease must meet specific requirements to qualify for a clinical trial. Your OHC team will do a thorough evaluation including testing to determine if you meet the criteria for the clinical trial. The first step is to learn about the trial and sign consent to begin the screening process. Your OHC research team will help coordinate and answer all of your questions.

**Can I come to OHC for a clinical trial from another cancer practice?** OHC treats many patients on clinical trials who have come to us from other practices within the tri-state, as well as outside the Cincinnati community. Our OHC research team works together with all providers to make sure your care is coordinated.

# Rich Schiano Accepts Donation on Behalf of OHC

## Can I receive a clinical trial drug at any of your offices?

The patient conversation about clinical trials can occur at any of our offices with your OHC provider. However, some trials are only available at certain OHC locations. Presently seven of our OHC locations are designated as clinical trial sites.

**What other treatment options do I have?** Your OHC provider will discuss all treatment options with you. As a team we will make sure you are well informed. Our clinical trial menu contains many options for a variety of cancer related conditions.

**Is there a difference being treated on a clinical trial versus not being on a clinical trial?** Clinical trials help researchers determine if the drug being investigated shows promise for cancer patients. Most patients placed on a clinical trial drug are paired with an existing FDA approved drug (standard of care drug). It is through clinical trial research that future drugs for the treatment and cure of cancer are developed.

**What trials for my disease do you offer here at OHC?** OHC maintains a current listing of our trial menu on our website, [ohcare.com](http://ohcare.com). We can also provide a patient with a listing of trials upon request.

**Will my insurance company pay for a clinical trial?** If your insurance is in network with OHC, there are regulations protecting your right to participate. Only the standard of care costs will be billed to your insurance company (those costs you would have incurred being treated off a clinical trial).



Pictured left to right: OHC medical oncologist Dr. Mauricio Escobar; Cengage Learning Representatives: Kathleen Benjey, Victoria Hershberger, Andrea Meyer and OHC CEO Rich Schiano.

Cengage Learning, a company located in Mason, OH with over 500 employees, recently held a Cancer Awareness Day. It provided its employees the opportunity to meet and talk to representatives from 22 different cancer related organizations. OHC and its clinical research team were among the representatives. The fair focused on prevention, advocacy and volunteer efforts available to employees from each participating organization. In correlation with the awareness day, Cengage also hosted a ribbon drive for two weeks in which employees were able to make a donation and post ribbons at their desk in memory of those close to them who had experienced cancer. The proceeds from this ribbon drive were recently presented to Rich Schiano at the OHC Eden Park office. Funds donated will be used for our underserved patients who receive care at our offices. OHC is grateful for the education Cengage is providing its employees around cancer and for their donation.

# It's Cold Outside But We Can Still Stay Active.

Cancer Patients Can  
Benefit From Yoga.

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**Exercising During Cancer Treatment:** If you have been recently diagnosed with cancer or are undergoing treatment, it's important to take special care of yourself. Studies show that one of the best ways to do this is to stay physically active. No need to run a marathon or bike 100 miles. It is smart to add some form of regular exercise to your daily life—even during cancer therapy. Moderate aerobic exercise, such as riding a stationary bicycle or taking a daily walk, coupled with the use of light weights for strength training, can enhance physical well-being and your recovery. We cannot ignore the benefits of exercise as they relate to our cardiovascular fitness, bone strength, lung function and overall mental well-being.

**Yoga Helps Manage Depression, Fear and Anxiety:**  
**The "Mood Boost" Effect:** It's a fact: exercise produces endorphins. Regular exercise, no matter how gentle the movements, allows the body to release endorphins so you can experience a positive boost in mood. In addition, a regular yoga practice can boost self esteem because you feel better about your appearance, strength, and overall physical condition.

**Help to Manage Physical Pain:** Beside the well known and painful physiological side effects of cancer treatment, emotional stress can also produce physical pain. Moderate, appropriately modified physical activity aids in managing the physical pain that can be experienced during treatment. Endorphins can also help reduce a patients perception of pain. Be sure to consult with your healthcare provider about concerns or questions you have around exercise during treatment.





**Other general exercise tips:**

- If you don't have the energy to exercise a full half hour, break it up; try three 10-minute walks during the day.
- Make exercise enjoyable; recruit a walking partner or listen to music with headphones while on a recumbent bike or treadmill.
- Dress comfortably and drink plenty of water.
- Warm up by swinging your arms or marching in place and cool down with gentle stretches.
- Do some gardening (in the summer) or house cleaning (in the winter) – both provide physical workouts.
- Consider yoga and tai chi; though not aerobic, they integrate movement and meditation and enhance wellness.

- Look for programs designed for cancer patients. Some health clubs and hospitals offer exercise classes that address the challenges and needs of people with cancer.
- Listen to your body; don't exercise if you're not feeling well or running a fever.
- Before the stores open consider walking a couple laps in the mall.

To learn more about exercise for the cancer patient visit [www.cancer.org](http://www.cancer.org)

**LIVESTRONG® at the Blue Ash YMCA**

This program is a free 12 week program for cancer patients who are in a transitional period between completing their treatments and feeling physically and emotionally strong enough to return to regular activity.

- Free 12-week Y membership for survivor and their family
- Fitness Assessment
- Two 75-90-minute classes each week
- Small group setting
- For adults who are undergoing or who have completed their cancer treatment

Please contact Jowelle Mitchell, Health and Wellness Director for more information at [jmitchell@myy.org](mailto:jmitchell@myy.org) or 513-362-2107.



## OHC West Now Offering Yoga Therapy

The OHC West office has been collaborating with Cancer Support Community (CSC) for the past two years to provide free psychosocial services to its patients, including a monthly networking/educational group and a CSC social worker on site twice a month. We are happy to announce that, starting in March, you can expect to see some additions in the programming offered at OHC West. Tina Walter, a yoga therapist, will be offering YCat yoga to those in the infusion suite every other month. This program has been made possible by funding secured by CSC.

YCat Yoga works on guided relaxation, breathing practices and coping skills that are perfect for patients receiving treatment in the infusion suite. Research has shown that people who participate in this gentle exercise show improvements in pain, anxiety, physical function, sleep quality and duration.

CSC will also be offering therapeutic art once a month on alternating months for those waiting to be seen by an OHC provider or who are in the infusion suite. Of course, all are welcome to attend and join. Feel free to call (513) 791-4060 for more information and to learn about other free programs in the Greater Cincinnati area.

# Volunteer Spotlight

## GIVING BACK AS A VOLUNTEER



*OHC volunteer Jeanine meets with patient.*

When we sat down to meet OHC volunteer Jeanine Monzel at our Eden Park location, we had to wait while she gently pushed a wheelchair-bound patient to the car, comforted a waiting patient in the lobby and paused to say hello to everyone she passed. It wasn't unusual.

Her positive attitude and life experiences made her a natural for the volunteer role, says Julie Chamber, OHC office manager. "She is kind, patient and helps calm many patients going through chemotherapy for the first time." Jeanine has first-hand experience with fighting cancer. Since her original 1985 diagnosis, she has moved to Cincinnati from Arizona, continued to work and travel, greeted grandchildren, said goodbye to a cancer-stricken son, and served as campaign treasurer for another son, Chris Monzel, Hamilton County Commissioner. She's also fought her own battle with cancer more than once.

She became part of the OHC family in 2001, when she was diagnosed with metastatic cancer of the bone. Jeanine knew after meeting Dr. Randy Drosick, OHC medical oncologist, for the very first time that he was the physician she needed. "He is honest, direct, likes to joke and made me feel like I was part of my treatment decisions," she said. "He listened to me." She also didn't hesitate to accept our invitation to volunteer at Eden Park. Keeping busy (and positive) is not new to this woman, who looks so much younger than her stated age of 74.

"When you give, you receive," she said. "I love to help others and keeping busy helps you not focus on yourself." And, although Jeanine is now receiving chemotherapy once again, it has not slowed her down. Patients are often surprised to see Jeanine volunteering one day and receiving treatment the next.

"I can help comfort those who are going through treatment and also comfort those who have lost a loved one from cancer," she said. "Neither group is one we'd choose, but it is how we choose to deal with it that makes the difference."

Her beautiful smile, infectious energy, and, yes, years of cancer treatment and uncertainty have made Jeanine an invaluable member of the OHC team she fondly refers to as her "second family."

**Join the OHC family! Our volunteers provide immeasurable comfort and support to patients, caregivers, and staff. To learn more, please call 513-751-2273 or email us at [care@ohcare.com](mailto:care@ohcare.com).**



### Beloved Physician Dr. John Bismayer to Retire

It was a mixed bag of emotions for our OHC family as we said farewell and good luck to Dr. John Bismayer, who retired. Dr. Bismayer has been serving patients since 1978.

One of his patients shared, "I am here to tell you that you are one of the most awesome physicians and friends I have ever had the privilege to meet. I have progressed due to your excellent care from a 46 year old with a family who you told had four to six years to live, to today, 12 years later, and I'm still in remission and feeling great!"

Dr. Bismayer plans to travel and spend time with his wife and family.

By Rita Nader Heikenfeld,  
CCP, CMH, Escoffier Hall  
of Fame, President's Medal  
ACF, [www.abouteating.com](http://www.abouteating.com)



## The Benefits of Root Vegetables & Cabbage

Beets, along with carrots, onions, potatoes, turnips, parsnips, radishes, horseradish, jicama, ginger and garlic are all considered roots. We know them as root vegetables or herbs since they grow underground and, in doing so, absorb huge amounts of nutrients from the soil.

When our kids were little, they had their own row in the garden where they planted root vegetables and cabbage. Now my grandkids are following in their parents' footsteps. They especially love digging potatoes and carrots, and are amazed at how large their cabbage plants get.

Members of the cabbage family are important for reducing the risk of cancers such as prostate, breast and colon cancer. Carrots, as we know, improve night vision and reduce the risk of cancer and heart disease. Onions and garlic are good for lowering blood pressure, relieving congestion, inflammation and are said to also decrease the risk of cancer. The disease-fighting and detoxifying benefits of the beet have been widely documented for health conditions such as lung cancer, prostate cancer, breast cancer and leukemia. They are also rich in B vitamins and iron.



Pictured: Rita's grandson, Will, tending to the garden.



## Energy in a Bowl: Vegetable Soup

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*No kidding, this is my go-to soup when I need a boost of what I call, "energy in a bowl." What's not to love when the recipe includes energy giving root vegetables and antioxidant filled cabbage, along with immune boosting herbs? The amounts given are a guide, not set in stone. This recipe evolved when I was teaching new cooks how to make homemade soups instead of relying on canned.*

1 carrot, sliced, a cup or so  
1/2 heaping cup diced onion  
2 nice sized garlic cloves, minced  
2-3 cans low sodium broth: beef, chicken or veggie  
2 cups diced green cabbage  
1/2 heaping cup green beans  
1 tablespoon tomato paste or more to taste  
3/4 teaspoon dried basil  
1/2 teaspoon dried oregano  
Salt and pepper to taste  
1 small zucchini, diced  
Shower of Parmesan to sprinkle on top

Film a pan with olive oil. Place carrot, onion and garlic in saucepan. Sauté vegetables over low heat for 5 minutes, until softened. Add broth, cabbage, beans or spinach, tomato paste, basil, oregano and salt. Bring to a boil, then lower to a simmer. Cover and cook until beans are tender, about 15 minutes. Serve with a sprinkling of Parmesan.

*Enjoy!*

*For another wonderful recipe by Rita, visit [ohcare.com](http://ohcare.com) under Blog tab.*

# Giving Back



## Friends of OHC Giving Back for Our Patients

Pictured from left to right: OHC employees Geshelle Simon; Julie Becker; Brandi Turner; Dr. Paula Weisenberger; Dollie Bishop (WOM); Christine Leak, MSN, APRN; Sarah Packer. Seated: Louise Shelley and Grace McKinney (WOM).

**The Richmond Road Baptist Church - Women on Mission (WOM)** delivered beautifully filled bags for OHC patients undergoing cancer treatment at our Hamilton location. Items in the bags included: snacks, warm socks, water, puzzle books, lip balm, bibles, pen and pencils. Vicky Mann, a project volunteer, is no stranger to cancer. Her husband was a patient at OHC. "I know personally how nice it was when people donated items during the time my husband was under treatment." The group hopes these will be beneficial as they continue to pray for our patients and their family members who struggle with cancer.

OHC is truly grateful for these wonderful bags that will no doubt bring a smile to many of our patients.



**OHC**  
SPECIALISTS IN CANCER  
AND BLOOD DISORDERS

**QCP**  
QOPI Certification Program  
Quality Cancer Care: Recognizing Excellence

**INDEPENDENT  
PHYSICIANS  
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