



2013-2014
*Cancer Program
Annual Report*

Including:

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Statistical Summary

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Program Components*

*Site-Specific Analysis
of Prostate Cancer*



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Chairman's Report

By Dr. Hamed Tewfik, Radiation Oncologist, Cancer Committee Chairman

The 2013-2014 Cancer Program Annual Report is issued by the Cancer Committee of Mercy Iowa City. This multi-disciplinary committee provides leadership for Mercy's cancer program.

The goal is to deliver evidence-based, high quality, personal targeted cancer care to our patients.

As chairman of the Mercy Cancer Committee, I am pleased to introduce this report, which includes a highlight of cancer services available at Mercy Iowa City; a focused review of prostate cancer by Dr. Margaret T. Ekroth, urologist; and a summary of activities and improvements in patient care.

Significant events and accomplishments since the publication of our last report include:

- Mercy Iowa City received notice from the American College of Surgeons Commission on Cancer (CoC) that it has achieved full accreditation status as a Comprehensive Community Cancer Program.
- Dr. Nathan Schneider, general surgeon, has assumed the position as our Cancer Liaison Physician (CLP) to the American College of Surgeons. In this role, Dr. Schneider monitors and interprets our program's performance using National Cancer Data Base (NCDB) reports. Many thanks go to Dr. Thomas F. Viner, otolaryngologist, who served as our CLP for many years.
- Mercy Breast Imaging and Stereotactic Services successfully met re-accreditation requirements of the Iowa Department of Public Health's Bureau of Radiological Health.
- The American College of Radiology (ACR) Committee on MRI Accreditation of the Commission on Quality and Safety has re-accredited Mercy's Magnetic Resonance Imaging Services. This accreditation is valid through February 6, 2018.
- A new oral antineoplastic agent ceritinib (trade name Zykadia) for non-small cell lung cancer (NSCLC) that is positive for ALK gene arrangement is now available. ALK gene arrangement is found in about 2% to 7% of NSCLC and it increases the growth of cancer cells. This targeted therapy received accelerated approval by the US Food and Drug Administration.
- Mercy's Laboratory has responded to increased requests for molecular testing and immunohistochemistry. Refinement of tumor analysis assists physicians with individualized cancer treatment planning.
- Inpatient room renovation continues as Mercy moves toward a single room environment. Medical and surgical patients appreciate the privacy and comfort this change provides.
- Mercy's dedicated inpatient hospice unit recognized its fifth anniversary with a community open house.
- Professional education included presentations on advance care planning, classification of polyps and treatments, colon cancer, CT colonography, DNA Mismatch Repair algorithm and prognostic factors, end of life care, and urological cancers.
- The Iowa City Cancer Treatment Center will soon be providing stereotactic body radiation treatments. This will be especially beneficial for early stage non-small cell lung cancer.
- Risk assessment and health screening results indicate that from 2012 to 2013 Mercy employees made significant lifestyle changes to reduce cancer risks. Of those surveyed in 2012 (N=690 employees), 48% had a higher cancer risk. Of those surveyed in 2013 (N=696 employees), 40% had a higher cancer risk. Initiatives such as Mercy's Blue Zones worksite certification, the New American Plate Challenge by the American Institute for Cancer Research (AICR), and Mercy's Fresh Fruit Fridays are helping employees make healthier lifestyle choices.
- Our medical and nursing staff members have been active with community cancer education. Program topics have included breast cancer, colon cancer, cancer risk reduction, and skin cancer.
- Identifying resources for patients as they navigate through care, treatment, and survivorship has been a focus of our cancer care team. Patients report high satisfaction with care navigation services provided by our Breast Care Coordinator.
- Community collaborations with the American Cancer Society, Iowa City Free Medical Clinic, and area hospices continue.
- The Cancer Committee wishes to acknowledge the generosity of the Mercy Hospital Foundation in supporting cancer-related activities. This support ranges from patient education resources to medical equipment. The 2014 Love Lights gifts will support Mercy Cancer Care services and patients who receive care.

In cooperation with the medical staff and health care professionals at Mercy Iowa City, the Cancer Committee strives for patient-centered care based on current standards of practice. We welcome opportunities during the next year to improve our patients' care, survival, and quality of life.

Statistical Summary

Incidence of Cancer by Site

Exhibit I summarizes the incidence of cancer by site at Mercy Iowa City in the 2013 calendar year. A total of 581 cases (490 analytic, 91 non-analytic) were seen at Mercy Iowa City. Digestive system, respiratory system, breast, and genitourinary cancers collectively comprised 71% of the cases in 2013. Prostate cancer is the subject of the site-specific analysis in this year's annual report.

Top Cancers in Females

According to "Cancer in Iowa -2013," published by the State Health Registry of Iowa, the three most common sites of cancer in females are breast, lung, and colorectal. The three most common sites in females at Mercy Iowa City were breast, lung, and colon. In 2013, approximately 46% of all cancers diagnosed at Mercy Iowa City occurred in women. Exhibit II lists the most frequent sites of cancer in females at Mercy Iowa City in 2013. Breast cancer accounted for approximately 31% of the female cases. Lung cancer is next, accounting for 15%. Colon cancer accounted for 10%, corpus uteri, bladder and other nervous system each accounted for 4%.

Top Cancers in Males

"Cancer in Iowa -2013" lists the three most common sites of cancer in males as prostate, lung, and colorectal. The three most common sites in males at Mercy Iowa City were prostate, lung, and colon. Approximately 54% of the total cancers diagnosed at Mercy Iowa City in 2013 occurred in men. Exhibit III summarizes the most common types of cancer occurring in males at Mercy Iowa City in 2013. Prostate cancer accounted for 25% of the male cases. Lung cancer was next most common in males at 13%. Colon accounted for 9%. Bladder cancer accounted for 8%. Kidney and non-Hodgkin's lymphoma each accounted for 5% of the total of male cancers diagnosed.

EXHIBIT I Incidence of Cancer by Site Mercy Iowa City, 2013

Primary Site	Analytic	Non-analytic	Combined Total	Percent of Total
Tongue	2	0	2	0.3%
Salivary glands, major	1	0	1	0.2%
Floor of mouth	1	0	1	0.2%
Mouth, other & NOS	0	1	1	0.2%
Oropharynx	2	0	2	0.3%
Hypopharynx	1	0	1	0.2%
Esophagus	6	1	7	1.2%
Stomach	4	0	4	0.7%
Colon	50	6	56	9.6%
Rectum, rectosigmoid	11	0	11	1.9%
Anus, anal canal, anorectum	0	1	1	0.2%
Liver	1	1	2	0.3%
Gallbladder	2	0	2	0.3%
Pancreas	9	4	13	2.2%
Peritoneum, omentum, mesentery	1	0	1	0.2%
Nasal cavity, sinus, ear	1	0	1	0.2%
Larynx	5	1	6	1.0%
Lung/bronchus	71	12	83	14.3%
Leukemia	8	7	15	2.6%
Myeloma	5	4	9	1.5%
Other hematopoietic	10	3	13	2.2%
Soft tissue	0	1	1	0.2%
Melanoma of skin	14	1	15	2.6%
Breast	83	2	85	14.6%
Corpus uteri	9	2	11	1.9%
Ovary	7	2	9	1.5%
Vulva	0	1	1	0.2%
Prostate	58	20	78	13.4%
Testis	4	0	4	0.7%
Penis	1	1	2	0.3%
Bladder	34	2	36	6.2%
Kidney & renal pelvis	22	0	22	3.8%
Ureter	3	0	3	0.5%
Eye	0	1	1	0.2%
Brain	4	1	5	0.9%
Other nervous system	14	2	16	2.8%
Thyroid	10	1	11	1.9%
Other Endocrine	2	3	5	0.9%
Hodgkin's disease	4	5	9	1.5%
Non-Hodgkin's lymphoma	20	5	25	4.3%
Unknown or ill-defined	10	0	10	1.7%
Totals	490	91	581	

Source: Mercy Iowa City Cancer Database

Cancer Committee Members

Hamed Tewfik, MD
Chairman
Radiation Oncology

Nathan Schneider, MD, FACS
ACoS Field Liaison Physician
General Surgery

James Feeley, MD
Medical Oncology

Timothy Light, MD, FACS
General Surgery

Colin O'Brien, MD
Radiology

John Van Rybroek, MD
Pathology

Julie Adam, RN, MSN
Nurse Manager, 3 West

Bruce Anderson, ARNP
Patient Navigator, Special Patient Populations
& Home Health Care

Tim Bernemann, M.Div.
Director of Pastoral Care

Heidi Berns, MS, RTR
Administrative Director of Radiology

Sally Conley, RN, OCN
Oncology Nurse

Barb Ditzler, RN, MSN, MBA
Nurse Manager, 3 Center Surgical & Cancer
Care of Iowa City

Kathy Marner, RHIT
Tumor Registrar

Mary McCarthy, BSN, RN-BC
Patient Education Coordinator

Vijay Medithi, CTR
Tumor Registrar

Laura Nielsen, LMSW
Social Worker

Cindy Penney, MA, RN, CENP, NEA-BC
Administration/Vice President of Nursing

Kim Powers, RN, BSN, MBA
Director of Quality, Patient Safety & Compliance

Sarah Schoner, RN
Quality Management Services

Dawn Whitehill, Pharm.D., R.Ph.
Pharmacy

Jessica Williams, RN, BSN, OCN
Breast Care Coordinator

Sheila Wright, RD, LD
Registered Dietitian

Shelley Walker
American Cancer Society Representative

Definition of Terms

Analytic: Cases which are first diagnosed and/or received all or part of the first course of treatment at Mercy Iowa City.

Non-analytic: Cases which are seen at Mercy Iowa City after diagnosis and a full course of therapy elsewhere or which were first diagnosed at autopsy.

Stage of Disease: A description of the extent of tumor spread determined at the first course of treatment as categorized by the Surveillance, Epidemiology, and End Results (SEER) Program.

In-Situ: Neoplasm that fulfills all microscopic criteria for malignancy except invasion.

Localized: Neoplasm that appears entirely confined to the organ of origin.

Regional: Neoplasm that has spread by direct extension to immediately adjacent organs or tissues, developed secondary or metastatic tumors, metastasized to distant lymph nodes, or been determined to be systemic in origin.

Distant: Neoplasm that has spread beyond immediately adjacent organs or tissues, by direct extension, developed secondary or metastatic tumors, metastasized to distant lymph nodes, or been determined to be systemic in origin.

Unknown, unstageable: Tumor cannot be assessed or is unknown, or there is not enough information to assign a stage.

TNM Staging: A tumor classification system published by the American Joint Committee on Cancer used to stage cases. TNM stands for tumor, node, and metastasis.

Tumor Registry: A cancer data system which provides a record of the diagnosis, stage, treatment, and follow-up of all types of cancer at Mercy Iowa City.

Mercy Cancer Care Program Components

Cancer Committee

The Mercy Iowa City Cancer Committee is a multidisciplinary committee responsible for planning and initiating all cancer-related programs and services at Mercy Iowa City. The committee is made up of physicians, nurses, and other health care professionals involved in the care of individuals with cancer. The Cancer Committee meets on a quarterly basis.

Tumor Registry

The Tumor Registry is a complete database of all cancer cases diagnosed and/or treated at Mercy Iowa City. The data in the Registry is available for use by the Cancer Committee, medical staff, and others for special studies, audits, and research.

Cancer Conferences

The Cancer Committee sponsors weekly cancer conferences which are an educational and consultative component of Mercy's Cancer Program. During 2014, 64 case studies on a variety of types of cancer were discussed, including breast, prostate, lung, colon, pancreas, lymphoma, leiomyosarcoma, and melanoma. Conferences focus on concurrent case reviews to allow for timely consultation and treatment planning. Each presentation includes review of the medical history and physical findings, clinical course, radiographic studies, and pathological interpretations.

Patient Care Evaluation Studies

The Cancer Committee conducts at least two patient care evaluation studies each year for the purpose of evaluating and improving the quality of cancer patient care at Mercy Iowa City.

EXHIBIT II
Top Cancers Among Females at Mercy Iowa City in 2013*

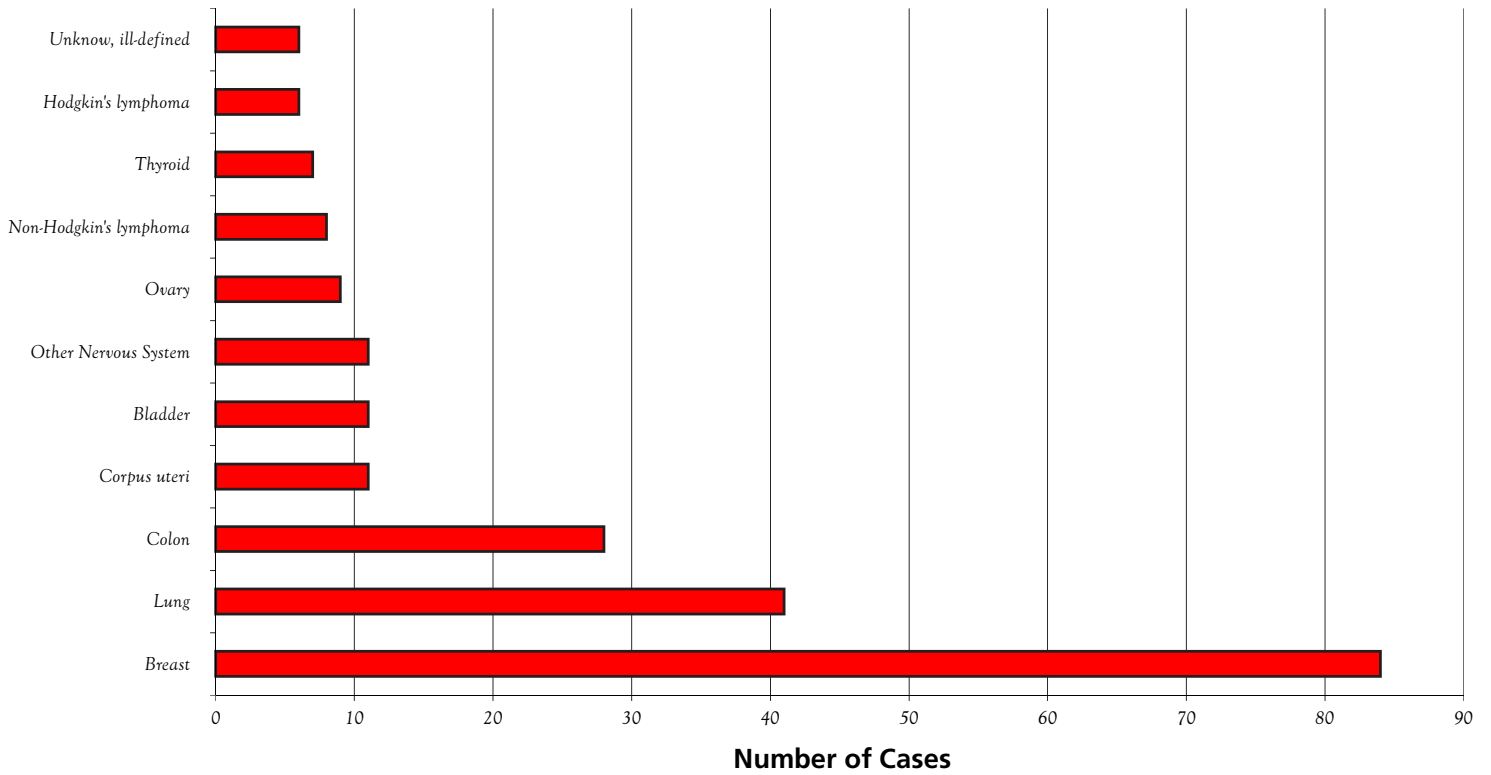
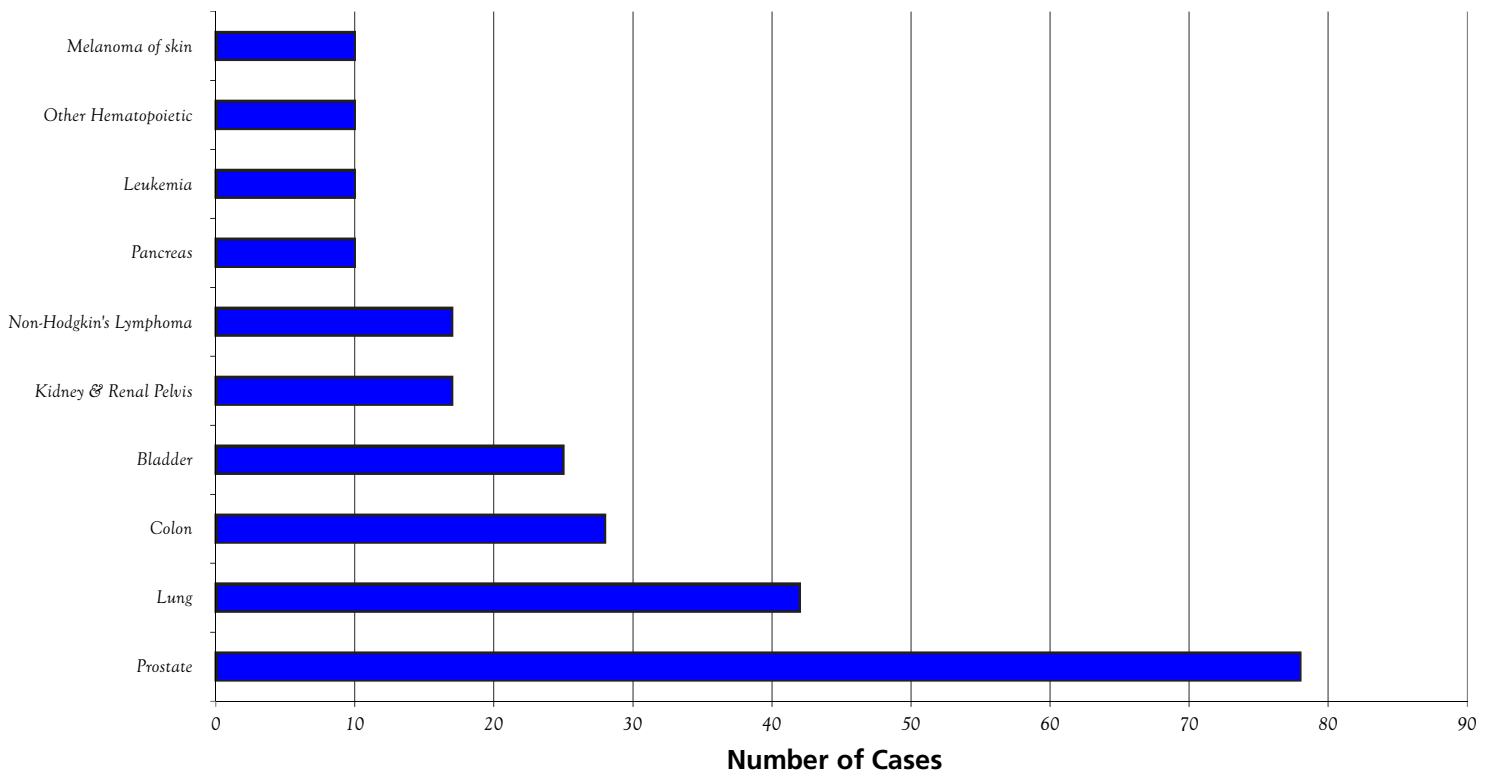


EXHIBIT III
Top Cancers Among Males at Mercy Iowa City in 2013*



*Source: Mercy Iowa City Cancer Registry



Site Specific Analysis of Prostate Cancer

By Margaret T. Ekroth, MD, urology

Prostate cancer is the most common (non-skin) cancer that occurs in men and is the second leading cause of cancer deaths in men.

Mercy Iowa City's 2012 Community Health Needs Assessment identified that within our service area there were 27.6 deaths per 100,000 population. The state of Iowa rate was lower, with 21.2 deaths per 100,000.

Approximately 1 in 7 men or 15% of men will be diagnosed with prostate cancer at some point in their life. There is a 1 in 36 (or ~3%) chance of dying of prostate cancer. The average age at diagnosis is 66.

Risk factors

Prostate cancer is very rare in young men; therefore, advancing age is a risk factor. The risk starts to rise after age 50 and is higher in African-American men. Some men with a family history of prostate cancer have a higher risk, particularly if a brother or father is affected. The risk is higher if the relative was diagnosed at a younger age or if multiple relatives were affected.

Symptoms

Prostate cancer doesn't usually cause any symptoms until it is very advanced. Symptoms may include difficulty urinating, blood in the urine, or back or bone pain. Many other things can cause these symptoms as well.

Diagnosis

A prostate biopsy is performed to confirm prostate cancer. This procedure can be done in the clinic setting with local anesthetic. It is performed with a trans-rectal ultrasound probe to provide imaging guidance while multiple needle biopsies are performed. A typical biopsy involves 12 cores (small pieces of tissue removed for pathology analysis).

Common biopsy side effects are temporary and include discomfort, blood from the rectum, blood in the urine, and discoloration of semen. These typically resolve within a few days. Potential complications of prostate biopsy include bleeding and infection. These typically occur less than 1% of the time. However, the national rate of post-prostate biopsy infection has increased to almost 4% due to increasing bacterial antibiotic resistance.

New developments in diagnosis involve the use of MRI imaging to guide biopsies; it is still under investigation to determine the best use of this new technology.

Prostate cancer grade and stage Cancer grade is determined by the pathologist's microscopic examination of the cells. The tumor grade

determines the tumor's aggressiveness. The grading scale used for prostate cancer is the Gleason grade. Tumor stage defines how much of the prostate gland contains cancer or if the cancer has spread elsewhere.

Cancer risk stratification based on tumor grade and stage Risk groups have been created to estimate the risk of prostate cancer growth and spread. There are a variety of definitions of these risk groups; one example is listed.

Low risk:

PSA \leq 10; Gleason \leq 6; Stage T1c or T2a

Intermediate risk:

PSA 10-20; Gleason 7; Stage T2b

High risk:

PSA $>$ 20; Gleason \geq 8; Stage T2c

Treatment Options

Active surveillance

Geared toward low risk disease. Typically follow PSA every 3-6 months and rebiopsy periodically to reassess tumor characteristics.

Radiation

External beam: radiation beams are administered from a machine outside body aiming at the prostate gland with imaging used to guide the radiation

Brachytherapy: tiny radioactive "seeds" are placed with needle guidance into the prostate tissue

Proton therapy: protons are used as the energy beams and administered from outside the body aimed at the prostate

Radical prostatectomy

Surgical removal of the prostate. This was classically performed as an open procedure with an incision above the pubic bone. It is now typically performed laparoscopically with the daVinci robot and robotic instruments guided by the surgeon. Use of the robot has significantly reduced intraoperative blood loss and length of stay. Most patients are able to go home the day after surgery with minimal discomfort or use of pain medication. Blood transfusion used to be common with open prostatectomy, but with robotics is rare.

Cryotherapy

Needles are placed into the prostate using ultrasound guidance. Cold gas is injected to freeze and destroy prostate tissue.

HIFU (high intensity focused ultrasound)

Ultrasound energy is used to treat focal areas of the prostate where cancer is believed to be located. This can be used to treat the whole prostate or to perform focal treatment only. The theory is that in limiting treatment to focal areas, side effects will be reduced. This is

one area where MRI imaging and MRI guided biopsies have been used to try to identify the exact location of tumors, therefore guiding treatment.

HIFU is not yet FDA approved in the US. Multiple studies are in progress to evaluate its effectiveness. Studies in the US that are currently recruiting patients involve those with recurrent cancer after radiation treatment; locations include Ohio, Indiana, Wisconsin, Louisiana, California, Florida, DC, and Texas.

Hormone therapy

Male hormone production is blocked with medication, causing regression of all prostate tissue including cancer cells. Over time, cancer cells can become resistant. Medication is typically administered as an injection every month, every 3 months, or every 6 months.

Chemotherapy

Anti-cancer drugs are administered intravenously in cycles. For prostate cancer, this is typically used when a cancer becomes resistant to hormone therapy.

Vaccine therapy

This treatment uses the patient's own cells to carry an antigen that will stimulate an immune response. White blood cells are collected from the patient, processed to add the antigen, and then infused back into the patient. The process is typically completed three times. This has been shown to prolong survival in hormone resistant cancers by several months.

Bone directed treatment

There are medications that can affect bone cells. Prostate cancer that spreads throughout the body commonly goes into the bones. Using medications such as bisphosphonates or denosumab may slow the progress of cancer growth in the bones. In addition, the medications can reduce the risk of bone fracture that can occur as the bones weaken due to cancer treatments or cancer growth.

Radiation can also be used on bones with cancer to reduce pain.

Radioactive medications can be used to treat cancer in the bone to slow growth and reduce pain.

Clinical trials

Patients who are eligible may also choose to participate in clinical trials. Clinical trials can help determine if a new treatment is safe and effective or better than the standard treatment.

The choice depends on whether the cancer is localized to the prostate or has spread.

Screening for prostate cancer

A digital rectal exam (DRE) of the prostate and the PSA blood test are the most common

screening tools. PSA (prostate specific antigen) is a protein produced by the prostate by both normal prostate cells and cancer cells.

Recent debate centers on the benefit of screening. One study performed in the US by the National Cancer Institute's Prostate, Lung, Colorectal, and Ovarian (PLCO) randomized cancer screening trial showed no change in prostate cancer mortality with screening. The other study from Europe (ERSPC, European Randomized Screening for Prostate Cancer) showed a decreased rate of death from prostate cancer with screening. Due to the different findings, as well as proposed faults in each study, PSA testing has become controversial. Many medical organizations have since reevaluated their recommendations regarding the use of PSA. For example, the U.S. Preventive Services Task Force recommends against PSA-based screening for prostate cancer. The National Comprehensive Cancer Network (NCCN), American Cancer Society (ACS), and American Urology Association (AUA) recommend discussing PSA testing with patients to allow each patient to make an informed decision.

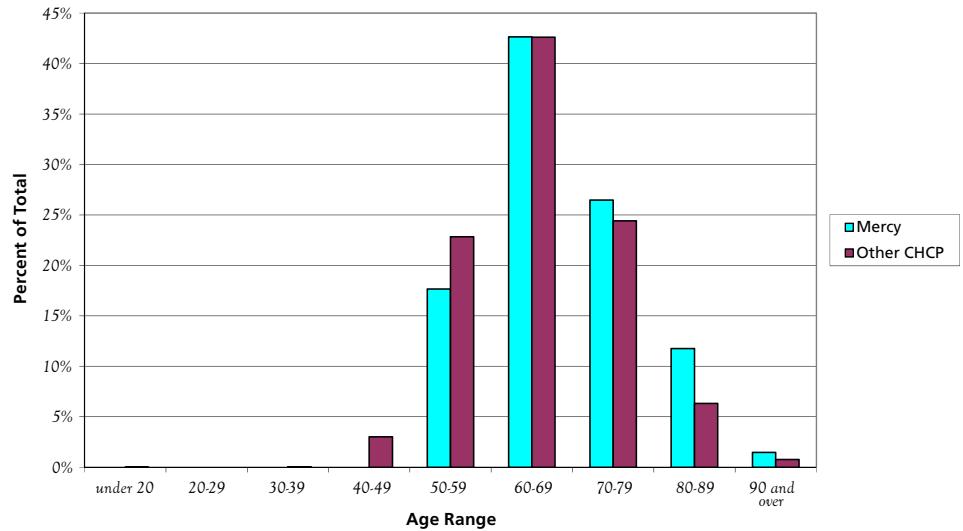
The studies looking at the benefit of PSA screening for prostate cancer were both published in the New England Journal of Medicine in 2009. The U.S. Preventive Services Task Force recommendations against screening were finalized in 2012. The American Urologic Association released an updated guideline regarding PSA testing in 2013. A recent study was performed to see if these changes have affected practice patterns. It showed a decline in the use of PSA within a large health system since the initial screening studies were released.

A review of our patient data also shows a decrease in the number of patients seen for elevated PSA. Patient records were retrospectively reviewed for a two-month period in 2012 and 2014. In 2012, 38 new patients were seen with elevated PSA. For the same time period in 2014, 26 new patients were seen with the diagnosis of elevated PSA. In the 2012 group, 47% of patients referred with an elevated PSA underwent prostate biopsy. The positive (cancer) biopsy rate in the 2012 group was 55.5%. In the 2014 group, 53.8% of patients referred with an elevated PSA underwent a biopsy. The positive (cancer) biopsy rate in the 2014 group was 85.7%. Only one patient from the review had a complication from biopsy.

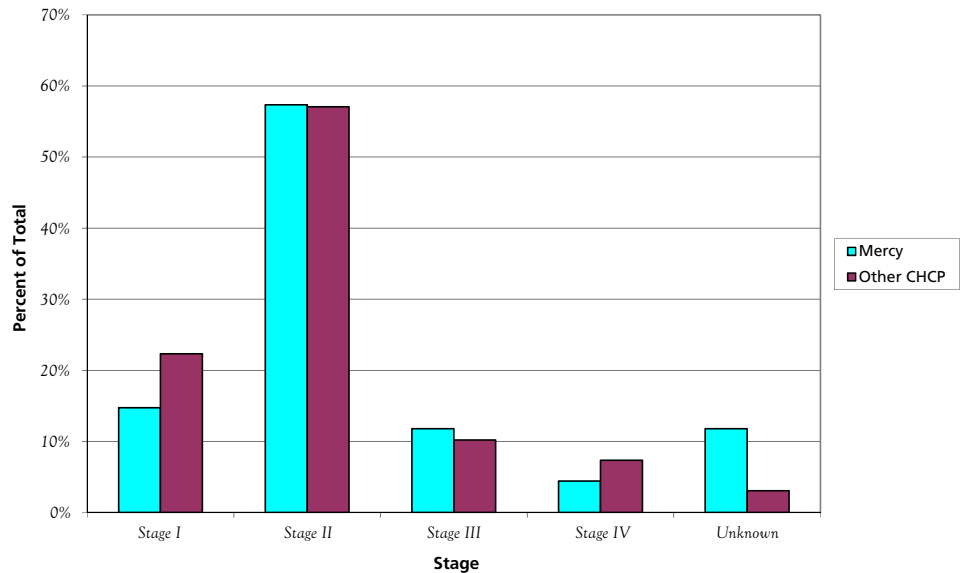
Summary

Clinical recommendations based on age, risk, preferences, and life expectancy now guide physicians and the public for prostate cancer screening and treatment. Moving forward, identifying men at greatest risk for prostate cancer development and progression would provide a means of targeted screening. The interaction between inherited risks and the environment and lifestyle choices could provide a means of prevention.

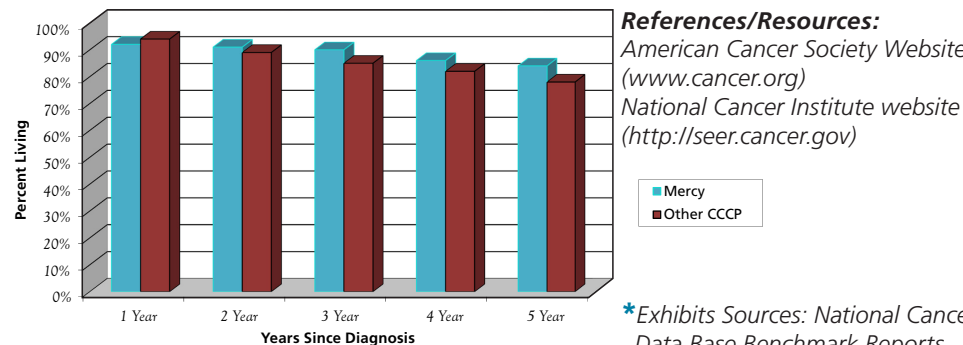
**EXHIBIT IV
Comparison of Age at Diagnosis for Prostate Cancer for Mercy Iowa City and other Community Hospital Cancer Programs in 2012***



**EXHIBIT V
Comparison of Stage at Diagnosis for Prostate Cancer for Mercy Iowa City and other Community Hospital Cancer Programs in 2012***



**EXHIBIT VI
Observed 5 Year Survival Rates for Prostate Cancer Diagnosed 2003-2007***



References/Resources:
 American Cancer Society Website (www.cancer.org)
 National Cancer Institute website (<http://seer.cancer.gov>)

*Exhibits Sources: National Cancer Data Base Benchmark Reports

Cancer Support Services at Mercy Iowa City

A full range of cancer services is available at Mercy Iowa City. More information can be obtained from Mercy On Call, 358-2767 or toll-free 1-800-358-2767.

Diagnostic services

- Digital diagnostic and screening mammography
- Stereotactic breast biopsy
- Sentinel node injections/localizations
- Magnetic resonance imaging (MRI) of all areas, including breast MRI
- Nuclear medicine imaging and testing
- PET/CT imaging
- Ultrasound imaging
- Computed tomography (CT), including CT colonography
- Special procedures—biopsies, paracentesis, thoracentesis, epidural and joint injection procedures

Cancer Care of Iowa City, LLC

Outpatient chemotherapy, hematology, care coordination, and educational services are provided in Cancer Care of Iowa City, LLC, located in the Mercy Cancer Center, 613 East Bloomington Street. Compassionate care is provided by medical oncology specialists in pleasant surroundings.

Iowa City Cancer Treatment Center

Radiation therapy is provided at the Iowa City Cancer Treatment Center. Inpatients and outpatients alike are cared for by radiation oncologists and the professional staff in the center's relaxed, home-like atmosphere. Many educational materials are available there as well.

Home Care Services

Mercy offers professional and personal services for patients and families who need extra support at home. These services include nursing and rehab services, skilled nursing, wound/ostomy nursing, nutritional counseling, home care aides, medical social worker services, and pastoral care. Mercy Home Care is Medicare/Medicaid certified.

Personal cares, 24-hour care, overnight companionship, homemaking, transportation, light housekeeping, medication reminders, and physician follow-up are also available on a private pay basis.

Mercy Lifeline is a home-based medical emergency response system. It provides a communication link for the subscriber 24 hours a day.

For information: 319-358-2740

Finances and Insurance

Questions about insurance coverage can be directed to Mercy's Patient Financial Services: 319-339-3616.

Mercy offers a Financial Assistance Program for those who meet specific criteria; call 319-339-3907.

American Cancer Society

The American Cancer Society and Mercy staff work together to provide such services as Look Good . . . Feel Better, Road to Recovery, Cancer Resource Network, and other information and support services.

Mercy Hospital Foundation

Mercy Hospital Foundation has a specific fund for cancer care. Donations to the Cancer Care Fund contribute to diagnostic and education services at Mercy. The Foundation also provides the funds for diversionary and support activities.

For information: 319-339-3657

Guest Lodging

Overnight lodging is available at a nominal cost in Mercy Guest Lodging, located on 3 Mercy North. These private rooms offer twin beds, television, telephone, and private bathroom.

For information: 319-339-3659

The Hope Lodge

The Russell and Ann Gerdin American Cancer Society Hope Lodge in Iowa City provides supportive, non-medical accommodations at no cost during cancer treatment for adult cancer patients and their caregivers. It is located near the Ronald McDonald House and is open to patients from Mercy, University of Iowa Hospitals and Clinics, and VA Medical Center who reside 40 or more miles away from their treatment facility.

Mercy Hospice Unit and Local Hospice Services

Mercy Iowa City provides a six-bed community hospice unit to serve the physical, emotional, and spiritual needs of patients facing the end of life and the needs of their loved ones.

Mercy's cancer care staff also works with area hospices to assist with patient care needs. Iowa City Hospice is one example of an agency that offers care and support to individuals at the end of life.

Rehabilitation Services

Physical, occupational, and speech therapy are provided through Progressive Rehabilitation Associates, LLC. The Mercy Wound & Vein Center provides treatment and healing of chronic wounds. Enterostomal nursing therapy is also available.

Education Services

Information on types, treatments, detection, and prevention of cancer is available through Cancer Care of Iowa City, patient care areas, and Mercy's Education Office. Mercy staff collaborate with the American Cancer Society to provide services.

Nutrition Counseling

Mercy dietitians provide individual assistance with nutritional assessments, special dietary instructions, and basic nutritional counseling.

Spiritual Support

Mercy's chaplains can help patients and their families when questions, fears, and concerns may seem overwhelming. Pastoral Care staff members can also help with specific religious needs, such as receiving the Catholic sacraments or arranging for clergy of any faith to visit with patients and family. Resources such as spiritual reading and music are also available through Pastoral Care.

Social Support

HOPE Cancer Support Group welcomes people with any type of cancer and their families. The Continuing After Breast Cancer Support Group provides women with mutual support and sharing after breast cancer. Monthly meetings of both groups take place at Mercy.

Support groups for people with other specific types of cancer are available in the Iowa City area.

For information: Mercy On Call, 319-358-2767 or 1-800-358-2767