



2011–2012
*Cancer Program
Annual Report*

Including:

Cancer Committee Chairman's Report

Statistical Summary

*Mercy Cancer Care
Program Components*

*Site-Specific Analysis
of Tonsil and Tongue Cancer*



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Extraordinary Care.*

500 East Market Street, Iowa City, Iowa 52245
www.mercyiowacity.org



Chairman's Report

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

National trends in prevention, diagnosis, care, and treatment of cancer provide direction for Mercy Iowa City's Cancer Committee. The Cancer Committee is a multidisciplinary group of physicians and staff that leads Mercy's Cancer Program. The Committee also uses the patient-centered standards of the American College of Surgeon's Commission on Cancer to guide and benchmark our performance.

Our 2011-2012 Cancer Program Annual Report includes a focused review of tonsil and tongue cancer by Dr. Thomas F. Viner, M.D., head and neck surgeon; a summary of activities and patient care improvements; and a listing of cancer services provided at Mercy.

The Iowa Cancer Facts & Figures 2012 Report* indicates that cancer survivorship is on the rise. Today there are more than 13 million cancer survivors in the United States; of those, 135,000 are Iowans. Improvements in survival reflect both progress in diagnosing certain cancers at an earlier stage and improvements in treatment.

Highlights of Mercy's cancer care services since the publication of our last report include:

- Cancer Care of Iowa City and Iowa City Cancer Treatment staff have fully implemented electronic health records in accordance with the Centers for Medicare and Medicaid Services (CMS) criteria.
- Mercy Hospital has expanded its electronic health record capabilities in the documentation of patient care, medication administration, and physician order entry.
- All Mercy Hospital inpatient care units are being renovated into a single-room environment with the goals of patient safety, comfort, and privacy.
- Oral chemotherapies continue to be developed. Crizotinib (trade name Xalkori) for patients with advanced or metastatic non-small cell lung cancer is an oral treatment option now available.
- Other improvements in chemotherapy include: bortezomib (trade name Velcade) for multiple myeloma and mantle cell lymphoma, which can now be given subcutaneously, which is easier for patients; ipilimumab (trade name Yervoy) for metastatic melanoma; and pertuzumab (trade name Perjeta), a monoclonal antibody available for breast cancer.
- Radiation oncology has implemented accelerated hypofractionation in certain types and stages of breast and lung cancer. Technical advances in radiation oncology and medical physics are increasing the precision of radiation delivery. This enables the radiation oncologist to deliver higher doses of radiation per fraction.
- Some cancers will show errors in a DNA repair system due to loss of enzymes. Identifying these errors, called mismatch repair, is proving useful in colon cancers. This may help guide prognosis and therapy for patients and will also identify patients who have Lynch syndrome.
- Mercy Breast Imaging and Stereotactic Services underwent a successful inspection by the Iowa Department of Public Health's Bureau of Radiological Health.
- Mercy's Continuing After Breast Cancer Support Group recognized its twentieth year.
- Ongoing quality monitoring is done by evaluating individual and collective feedback. These avenues include patient feedback and collective information from sources such as HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), National Cancer Data Base reports, and evidence-based outcome standards.
- In August 2012, Mercy Hospital Foundation sponsored a community education forum, "What's Next? Life after a Cancer Diagnosis." The multi-disciplinary faculty addressed cancer survivorship issues.
- Donations from Bras for the Cause and Carousel Motors will help provide screening and diagnostic mammograms for underserved patients in our community.
- Professional continuing education addressed detection and treatment of digestive tract cancers, end of life care, and pain management.
- Community education programs addressed breast cancer, cancer risk screening, music therapy, nutrition during cancer care, the incidence of breast cancer in women with diabetes, relaxation skills, and skin cancer.
- Mercy has been involved with the Healthiest State Initiative and local efforts to become a Blue Zone community. Blue Zone efforts support cancer risk reduction and quality of life strategies.
- Tanner Goodrich, MHA, joined Mercy Iowa City in July 2012 as Oncology Service Line Administrative Director.
- In April 2012, Mercy hosted Lilly Oncology on CanvasSM: Expressions of a Cancer Journey. This collection of artwork was well-received by our patients, staff, and community.

In summary, the clinical and support services at Mercy Iowa City continue to change and grow to meet the needs of our communities in southeast Iowa.

* First edition of a collaborative document of The American Cancer Society, the Iowa Cancer Consortium, the State Health Registry of Iowa, and the Iowa Department of Public Health

Statistical Summary

Incidence of Cancer by Site

Exhibit I summarizes the incidence of cancer by site at Mercy Iowa City in the 2011 calendar year. A total of 501 cases (464 analytic and 37 non-analytic) were seen at Mercy Iowa City. Digestive system, respiratory system, breast, and genitourinary cancers collectively comprised 74% of the cases in 2011. Tonsil and tongue cancer are the subjects of the site-specific analysis in this year's annual report.

Top Cancers in Females

According to "Cancer in Iowa-2011," 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 2011, approximately 54% 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 2011. Breast cancer accounted for approximately 39% of the female cases. Lung cancer is next, accounting for 12%. Colon cancer accounted for 7%, non-Hodgkin's lymphoma accounted for 7%, and corpus uteri accounted for 4%.

Top Cancers in Males

"Cancer in Iowa-2011" 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 46% of the total cancers diagnosed at Mercy Iowa City in 2011 occurred in men. Exhibit III summarizes the most common types of cancer occurring in males at Mercy Iowa City in 2011. Prostate cancer accounted for 29% of the male cases. Lung cancer was the next most common in males at 14%. Colon accounted for 8%. Bladder cancer accounted for 7%, and rectum/rectosigmoid accounted for 5% of the total of male cancers diagnosed.

Exhibit I Incidence of Cancer by Site Mercy Iowa City, 2011

Primary Site	Analytic	Non-analytic	Combined Total	Percent of Total
Lip	1	1	2	0.4%
Tongue	0	1	1	0.2%
Salivary Glands	2	0	2	0.4%
Mouth, Other & NOS	2	0	2	0.4%
Tonsil	3	0	3	0.6%
Oropharynx	1	0	1	0.2%
Hypopharynx	1	0	1	0.2%
Pharynx & ill-defined	1	0	1	0.2%
Esophagus	8	0	8	1.6%
Stomach	4	0	4	0.8%
Colon	38	0	38	7.6%
Rectum, rectosigmoid	17	1	18	3.6%
Anus, anal canal, anorectum	2	0	2	0.4%
Liver	4	0	4	0.8%
Gallbladder	4	0	4	0.8%
Pancreas	1	1	2	0.4%
Retroperitoneum	1	0	1	0.2%
Nasal cavity, sinus, ear	2	0	2	0.4%
Larynx	3	1	4	0.8%
Lung, Bronchus	58	6	64	12.8%
Pleura	2	0	2	0.4%
Other respiratory & thoracic	2	0	2	0.4%
Leukemia	9	3	12	2.4%
Myeloma	3	0	3	0.6%
Other Hematopoietic	15	2	17	3.4%
Soft Tissue	1	0	1	0.2%
Melanoma of skin	5	2	7	1.4%
Breast	104	3	107	21.4%
Cervix uteri	1	1	2	0.4%
Corpus uteri	11	0	11	2.2%
Uterus, NOS	1	0	1	0.2%
Ovary	4	1	5	1.0%
Prostate	62	3	65	13.0%
Testis	2	0	2	0.4%
Penis	1	0	1	0.2%
Bladder	18	5	23	4.6%
Kidney & renal pelvis	14	1	15	3.0%
Ureter	3	1	4	0.8%
Brain	2	0	2	0.4%
Other Nervous System	6	0	6	1.2%
Thyroid	9	0	9	1.8%
Other Endocrine	4	0	4	0.8%
Hodgkin's Disease	2	0	2	0.4%
Non-Hodgkin's lymphoma	24	4	28	5.6%
Unknown or ill-defined	6	0	6	1.2%
Totals	464	37	501	

Source: State Health Registry of Iowa / Cases abstracted by SHRI Field Representative

Cancer Committee Members

Hamed Tewfik, MD, *Chairman*
Radiation Oncology

Thomas. F. Viner, MD, *ACoS Field Liaison Physician*
Otolaryngology

Henry Carson, MD
Pathology

James Feeley, MD
Medical Oncology

Timothy Light, MD
General Surgery

Vivek Mittal, MD
Gastroenterology

James Wiese, MD
Radiology

Julie Adam, RN
Nurse Manager, 3 West Medicine and
5 North Hospice

Bruce Anderson, ARNP
Patient Care Coordinator & Hospitalist

Tim Bernemann, M.Div.
Director of Pastoral Care

Heidi Berns, MS, RTR
Administrative Director of Radiology

Sally Conley, RN, OCN
Oncology Nurse

Jan Copeland, RN
Strategic Objectives Coordinator

Barb Ditzler, RN
Nurse Manager, 3 Center Surgical

Tanner Goodrich, MHA
Administrative Director of Oncology Services

Kathy Marner, RHIT
Tumor Registrar

Mary McCarthy, RN
Patient Education Coordinator

Carol Northup, RN
Director of Nursing Operations

Cindy Penney, RN
Vice President of Nursing and Chief Nursing Officer

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

Theola Rarick, CTR
State Health Registry of Iowa

Kimbra Truby, LISW
Social Worker

Katie Wera, RN
Breast Cancer Coordinator

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

Kathy Wisgerhof, RN
Quality Management Services

Sheila Wright, RD, LD
Registered Dietitian

Christy Thurman
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. The Mercy Iowa City Tumor Registry is a shared service registry developed in cooperation with the State Health Registry of Iowa.

Cancer Conferences

The Cancer Committee sponsors weekly cancer conferences which are an educational and consultative component of Mercy's Cancer Program. During 2011, more than 73 case studies on a variety of types of cancer were discussed, including breast, prostate, lung, colon, tonsil, parotid gland, esophagus, thyroid, parathyroid, stomach, kidney, liposarcoma, leukemia, and lymphoma. 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 2011*

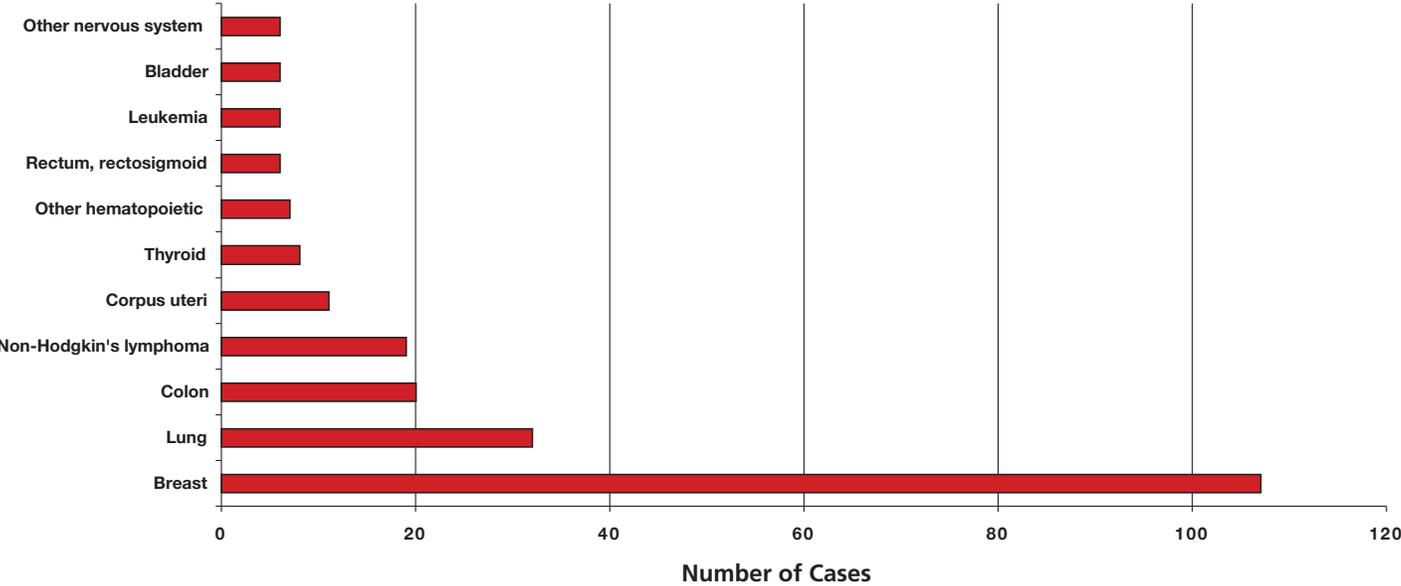
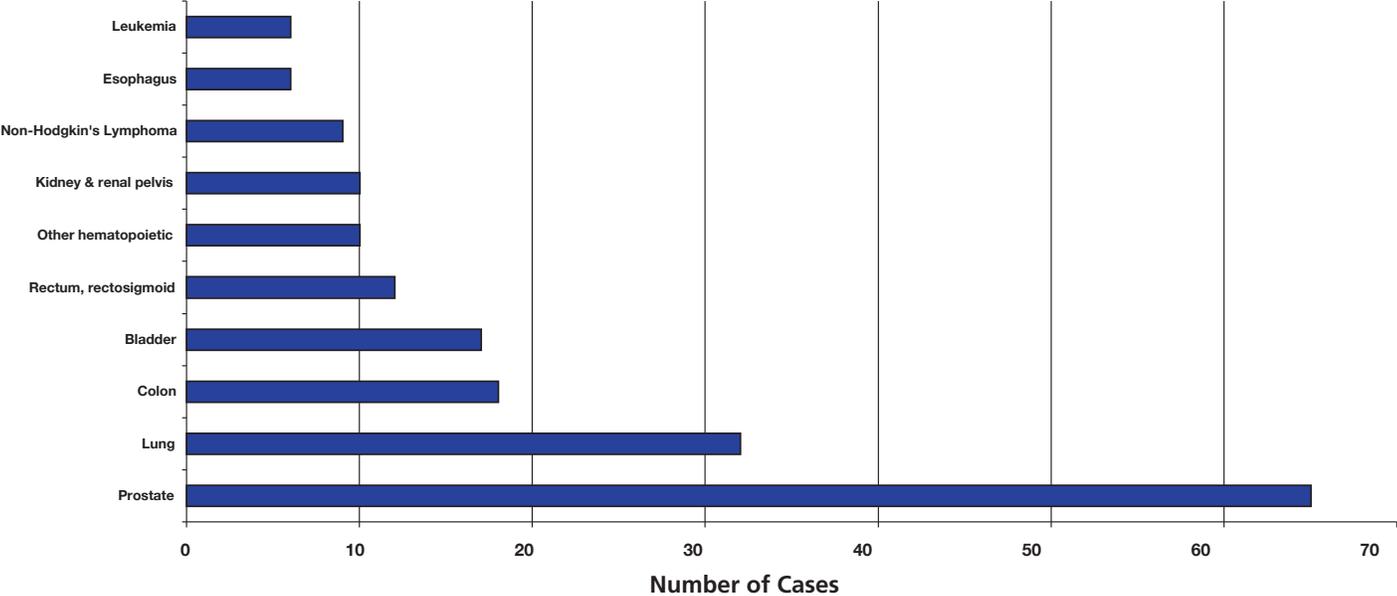


EXHIBIT III
Top Cancers Among Males at Mercy Iowa City in 2011*



*Source: State Health Registry of Iowa



Site Specific Analysis of Tonsil and Tongue Cancer

By Thomas Viner, MD, Otolaryngology, Head and Neck Surgeon

Tonsil and tongue cancers are classified as oral or oropharyngeal cancers. The vast majority are squamous cell carcinomas.

Tonsil. There are three kinds of tonsils: the *pharyngeal* tonsils, or adenoids, behind the nose; the *palatine* tonsils at the back of the throat (what most people think of as the tonsils); and the *lingual* tonsils at the base of the tongue. The palatine tonsils are the most likely to become cancerous.

Tongue. There are two portions of the tongue. The part that you normally see and can voluntarily move makes up the majority of the tongue. If cancer originates in this portion, it is usually called oral cancer.

The bottom third of the tongue is sometimes called the base of the tongue. You cannot directly visualize the base of your own tongue. If cancer originates in this portion, it is usually called oropharyngeal cancer.

Risk factors

Some individuals are more likely to get tonsil or tongue cancer because of lifestyle choices or other circumstances. Factors known to increase the risk of tonsil or tongue cancer include the use of tobacco products, frequent and heavy alcohol consumption, being age 50 or older, being male, and a weakened immune system or organ transplant. Additionally, an individual is more likely to get tonsil or tongue cancer if infected with the human papilloma virus (HPV).

The HPV Connection. A significant increase in incidence of tonsil and tongue carcinomas, base of tongue, tonsillar, and anterior tongue cancers has been noted over the last decade. These have occurred mainly in men with little use of tobacco or alcohol, the standard cause in the past. This type of cancer is called squamous cell carcinoma and is now being attributed to the effects of human papilloma virus (HPV) infection. There is integration of the virus into the cells of the oral mucosa that create the eventual cancer. HPV is now one of the most common sexually transmitted diseases. There are two strains associated with cervical cancer in women:

HPV-16 and HPV-18. These are associated with increased risk with oropharyngeal cancer in men and seem to be tied to sexual practice through mucosal to mucosal contact upon infected women.

While the tobacco/alcohol cancers seen in the past seem to affect the older population, we are now seeing HPV virus cancers in younger age groups. HPV viruses are presenting with a more advanced stage of the disease, and the pathology is more poorly differentiated compared to tobacco/alcohol related tumors.

The good news is that there is a better response to treatment with combined therapy in the 80-90 percent range, making these cancers twice as curable as the tobacco/alcohol tumors. Just recently testing for the virus strains in oropharyngeal tumors has begun. Over the last few years we have noticed, in our practice, that of 33 infected patients, 22 have been men and most of these have been in the younger age group. Our treatment at Mercy Iowa City has been radiation alone for earlier stages, but combined treatment for the later stages has been very successful. However, this does seem to be a tumor that would have the potential to respond to the vaccination program that is now in place for pediatric females.

Exhibit IV shows a comparison of age at diagnosis for tonsil and tongue cancer in 2010 (*most recent statistics available for comparison from the National Cancer Database Benchmark Reports*).

Symptoms of tonsil or tongue cancer can include:

- Sore in the mouth or on the lip that does not heal (the most common symptom)
- Red or white patch on the gums, tongue, tonsil, or lining of the mouth
- Lump on the lip, mouth, neck, or throat or feeling of thickening in the cheek
- Persistent sore throat or feeling that something is caught in the throat
- Hoarseness or change in voice
- Numbness of the mouth or tongue
- Pain or bleeding in the mouth
- Difficulty chewing, swallowing, or moving the jaws or tongue
- Ear and/or jaw pain
- Chronic bad breath
- Changes in speech
- Loosening of teeth or toothache
- Dentures that no longer fit
- Unexplained weight loss

- Fatigue
- Loss of appetite, especially when prolonged; this may happen later in the course of the illness

People who notice any of these warning signs should consult a doctor and/or dentist as soon as possible.

Diagnosis

For most types of cancer, a biopsy is the only way to make a definitive diagnosis. Other diagnostic tools include endoscopy, x-rays, CT, MRI, ultrasound, and PET scan.

Treatment

Classifying cancers into four stages indicates in a clear and concise manner how far a cancer has progressed. The amount of treatment received depends on the stage, the type, and how aggressive patient and physician would like to be with treatment. Cases that are caught very early on may only need surgical treatment, while an advanced case may require all three types. In general, three types of treatments are used:

Surgery. Most patients will need surgery to remove the cancerous tissue and some of the healthy tissue around it, called a margin. The goal of surgery is to remove the entire tumor and leave negative margins.

Radiation therapy. This is the use of high-energy x-rays or other particles to kill cancer cells. After surgery, radiation can be used to kill any remaining cancer tissue that could not be removed surgically.

Chemotherapy. This is the use of drugs to kill cancer cells. Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body.

Exhibit V shows a comparison of stage at diagnosis for tonsil and tongue cancer in 2010 (*most recent statistics available for comparison from the National Cancer Database Benchmark Reports*).

Clinical Trials

Clinical trials are scientific studies created to look for better ways to treat patients. Clinical trials have led to a greater understanding of how cancer progresses, new methods of detecting and diagnosing it, and new prevention and treatment strategies. People enter clinical trials for a variety of reasons. Patients who participate in clinical trials may stop at any time and for any reason.

Prevention

Anything that decreases your chance of developing cancer is called a cancer protective factor. Some risk factors for cancer can be avoided, but many cannot. Avoiding risk factors and increasing protective factors may lower your risk but it does not mean that you will not get cancer.

The following *protective* factors may decrease the risk of oral cancer:

- Avoiding the use of tobacco products
- Limiting alcohol consumption
- Lowering the risk of HPV infection by using protection
- Maintaining good oral hygiene
- Eating a diet high in fruits and fiber-rich vegetables

Chemoprevention is the use of drugs, vitamins, or other agents to prevent or delay the growth of cancer or to keep it from coming back. Studies of chemoprevention are underway in patients at high risk for oral cancer.

Screening

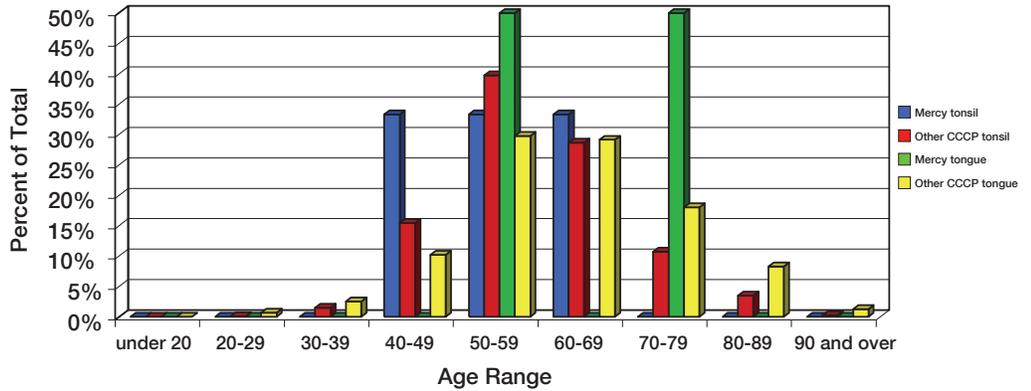
There is no standard or routine screening test for oral cancer. Screening for oral cancer may be done during a routine check-up by a dentist or doctor. The exam will include looking for lesions, including areas of leukoplakia (an abnormal white patch of cells) and erythroplakia (an abnormal red patch of cells). Leukoplakia and erythroplakia lesions on the mucous membranes may become cancerous. Unfortunately, more than half of oral cancers have already spread to lymph nodes or other areas by the time they are found.

Prognosis and Survival

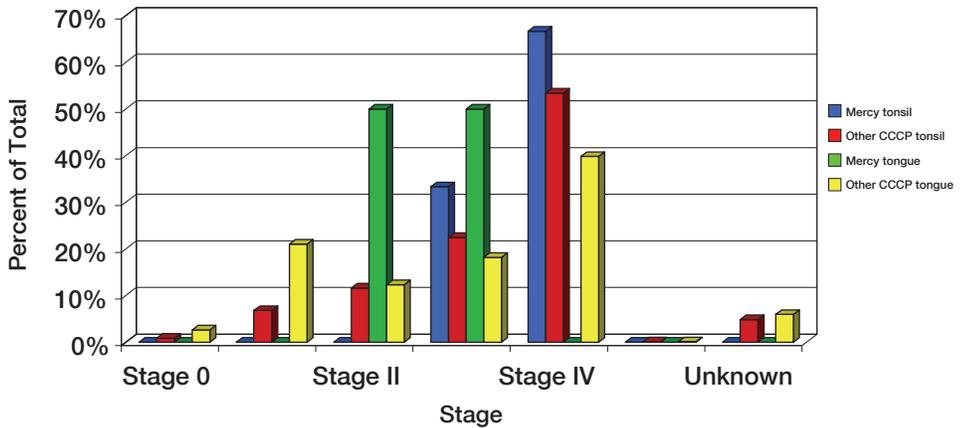
Survival rates for oral and oropharyngeal cancer vary widely depending on the original location, whether HPV is a risk factor, and the extent of the disease. Cancer survival statistics should be interpreted with caution. It is not possible to tell a person how long he or she will live with oral or oropharyngeal cancer. Because survival statistics are often measured in multi-year intervals, they may not represent advances made in the treatment or diagnosis.

Exhibit VI compares the observed five-year survival rate for tonsil and tongue cancer in 2003-2005 (*most recent statistics available for comparison from the National Cancer Database Benchmark Reports*).

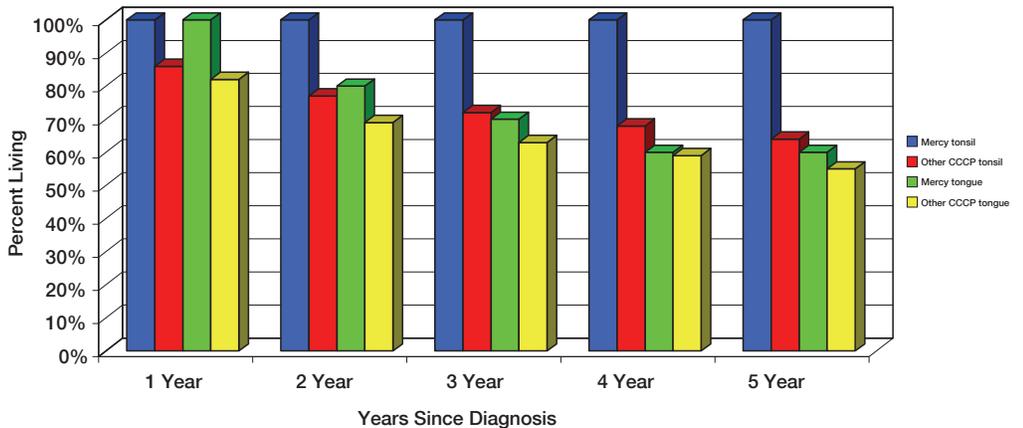
**EXHIBIT IV
Comparison of Age at Diagnosis for Tonsil & Tongue Cancers for Mercy Iowa City and other Comprehensive Community Cancer Programs in 2010***



**EXHIBIT V
Comparison of Stage at Diagnosis for Tonsil & Tongue Cancers for Mercy Iowa City and other Comprehensive Community Cancer Programs in 2010***



**EXHIBIT VI
Observed 5-Year Survival Rates for Tonsil & Tongue Cancers Diagnosed 2003-2005***



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
- PICC line placements

Cancer Care of Iowa City, LLC

Outpatient chemotherapy, hematology, 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 Accounts Office: 319-339-3616.

Mercy offers a Financial Assistance Program for those with identified needs 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 Care and Local Hospice Services

Mercy Iowa City opened a new six-bed community hospice unit in April 2009. It is designed 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 Center opened in September 2011 to offer an evidence-based approach to the 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.

Pastoral Care

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