



2012–2013
*Cancer Program
Annual Report*

Including:

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of Lung Cancer*



500 East Market Street, Iowa City, Iowa 52245
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Chairman's Report

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

On behalf of the Cancer Committee of Mercy Iowa City, I am pleased to introduce the 2012-2013 Cancer Report. The Cancer Committee is a multi-disciplinary team of physicians and staff that provides leadership for Mercy's Cancer Program. Quality care for cancer patients is the committee's goal. Our annual report includes an overview of the patients with different types of cancer cared for at Mercy, a focused review of lung cancer, a summary of cancer care activities and patient care improvements, and a listing of services. The following activities occurred since the publication of our last report:

- Mercy's Cancer Program was surveyed by the American College of Surgeons Commission on Cancer (CoC) in September 2013. Mercy Iowa City is an accredited Comprehensive Community Cancer Program. The voluntary accreditation process requires us to follow rigorous standards of care, provides benchmarks for reviewing outcomes, and promotes ongoing education for our team.
- In 2013 Mercy Hospital and Mercy Home Health Care were surveyed by Joint Commission; both met all accreditation standards.
- A community program on colorectal cancer was presented in April 2013 by Dr. Vivek Mittal, gastroenterologist, and Dr. Nathan Schneider, general surgeon. The program was recorded for Iowa City Channel 4 TV and video streaming at www.citychannel4.com
- Cancer Care of Iowa City patients have benefited from advances in chemotherapy agents. Oral antineoplastic agents available now include: ibrutinib (trade name Imbruvica) for mantle cell lymphoma and regorafenib (trade name Stivarga) for colorectal and gastrointestinal stromal tumors.
 - In September 2013 the U.S. Food and Drug Administration granted accelerated approval of pertuzumab (trade name Perjeta) as part of a complete treatment regimen for patients with early-stage breast cancer before surgery. It is the first approved drug for neoadjuvant treatment of breast cancer. Pertuzumab was approved in 2012 for patients with advanced or metastatic HER2-positive breast cancer. Effective treatment of breast cancer at an earlier stage may delay or prevent recurrences.
 - Additional chemotherapies available include: Ado-trastuzumab emtansine (trade name Kadcyla) for breast cancer, carfilzomib (trade name Kyprolis) for multiple myeloma, and ziv-aflibercept (trade name Zaltrap) for colorectal cancer.
 - Tbo-filgrastim (trade name Granix) is a new granulocyte colony-stimulating factor for patients who are neutropenic. Its subcutaneous administration is easier for patients.
- Mercy conducted a community health needs assessment (CHNA) of its southeast Iowa service area. Results were shared with the Cancer Committee and posted on Mercy's webpage www.mercyiowacity.org/community_health. Within Mercy's service area the rate of cancer was 171 per 100,000 people, which is higher than the Healthy People 2020 target of 160.6 people or lower. The Iowa rate of cancer was 174.4 people per 100,000. Lung cancer was identified as the leading cause of cancer deaths in our service area. The CHNA helps us focus on areas of education and patient services.
- Employee health risk assessments, biometric screenings, and health education initiatives are offered. In October 2013 Mercy Iowa City attained recognition as a Blue Zones Certified Worksites. The Blue Zones principles are consistent with Mercy's mission to improve the health of the community.
- Mercy's Laboratory was reaccredited by the Commission on Laboratory Accreditation and College of American Pathologists (CAP). All newly diagnosed colorectal cancers are now tested for defective DNA mismatch repair enzyme function; this has become a standard of care at Mercy. This testing complies with the recommendations of the Evaluation and Genomic Applications in Practice and Prevention (EGAPP) workgroup to reduce the morbidity and mortality from Lynch Syndrome in relatives.
- The Department of Radiology replaced an MRI system in May 2013 with the Siemens 1.5TAera MRI. It is a wide-bore system with a 70-cm opening, one of the largest on the market. It provides a higher weight limit and more patient comfort. The optimal image quality provides exceptional exams. The Mercy Hospital Foundation contributed to this purchase.
- Gifts to the Mercy Hospital Foundation helped develop a library of adult and children's literature for the Mercy Hospice Unit and helped women access breast screening and diagnostic procedures.
- Professional education programs included: quality indicators in endoscopy and methods of improving performance of colonoscopy; current guidelines for colon cancer screening and post-polypectomy surveillance; and care of the patient with esophageal cancer.
- The welcome addition of an experienced Certified Cancer Registrar to the Mercy Cancer Registry improves our ability to meet Commission on Cancer guidelines, handle changes in registry management, and utilize our cancer data efficiently.
- Patient education improvements include new DVDs on chemotherapy and an updated breast cancer patient education folder.
- Community outreach activities include screening awareness and risk prevention at the Johnson County Fair and area businesses.
- The Iowa City Cancer Treatment Center relocated to 3010 Northgate Drive, Iowa City, where other medical subspecialists are located. This location provides a friendly, warm atmosphere for patients while allowing future expansion for new technologies.
- Mercy staff helped lead and support local community events such as the Iowa City Hospice Walk for Dignity and the American Cancer Society's Making Strides Against Breast Cancer and Relay for Life.

In September 2013 Mercy Iowa City recognized the 140th anniversary of its founding by the Sisters of Mercy. Their legacy continues through the skilled and compassionate care provided by Mercy physicians and staff every day to the patients we are privileged to serve.

Statistical Summary

Incidence of Cancer by Site

Exhibit I summarizes the incidence of cancer by site at Mercy Iowa City in the 2012 calendar year. A total of 614 cases (521 analytic, 93 non-analytic) were seen at Mercy Iowa City. Digestive system, respiratory system, breast, and genitourinary cancers collectively comprised 74% of the cases in 2012. Lung cancer is the subject of the site-specific analysis in this year's annual report.

Top Cancers in Females

According to "Cancer in Iowa -2012," 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 2012, approximately 50% 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 2012. Breast cancer accounted for approximately 33% of the female cases. Lung cancer is next, accounting for 14%. Colon cancer accounted for 8%, corpus uteri accounted for 5%, and non-Hodgkin's lymphoma accounted for 5%.

Top Cancers in Males

"Cancer in Iowa -2012" 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 bladder. Approximately 50% of the total cancers diagnosed at Mercy Iowa City in 2012 occurred in men. Exhibit III summarizes the most common types of cancer occurring in males at Mercy Iowa City in 2012. Prostate cancer accounted for 32% of the male cases. Lung cancer was next most common in males at 14%. Bladder accounted for 11%. Colon cancer accounted for 7%, and rectum/rectosigmoid, leukemia, and kidney/renal pelvis each accounted for 5% of the total of male cancers diagnosed.

Exhibit I Incidence of Cancer by Site Mercy Iowa City, 2012

Primary Site	Analytic	Non-analytic	Combined Total	Percent of Total
Lip	1	0	1	0.2%
Tongue	5	1	6	1.0%
Mouth, Other & NOS	2	0	2	0.3%
Tonsil	2	0	2	0.3%
Oropharynx	2	0	2	0.3%
Esophagus	4	0	4	0.7%
Stomach	8	1	9	1.5%
Small Intestine	1	0	1	0.2%
Colon	40	5	45	7.3%
Rectum, rectosigmoid	18	0	18	2.9%
Anus, anal canal, anorectum	1	0	1	0.2%
Liver	5	3	8	1.3%
Pancreas	10	2	12	2.0%
Retroperitoneum	0	1	1	0.2%
Peritoneum, omentum, mesentery	1	0	1	0.2%
Larynx	2	1	3	0.5%
Lung, Bronchus	79	7	86	14.0%
Leukemia	6	15	21	3.4%
Myeloma	11	0	11	1.8%
Other Hematopoietic	9	3	12	2.0%
Bone	0	1	1	0.2%
Melanoma of skin	9	1	10	1.6%
Other skin	1	0	1	0.2%
Breast	94	6	100	16.3%
Corpus uteri	13	1	14	2.3%
Ovary	4	3	7	1.1%
Vulva	0	1	1	0.2%
Prostate	77	23	100	16.3%
Testis	2	0	2	0.3%
Other male genital	1	0	1	0.2%
Bladder	41	4	45	7.3%
Kidney & renal pelvis	18	2	20	3.3%
Eye	0	1	1	0.2%
Brain	1	1	2	0.3%
Other Nervous System	9	1	10	1.6%
Thyroid	6	1	7	1.1%
Other endocrine	2	4	6	1.0%
Hodgkin's Disease	3	0	3	0.5%
Non-Hodgkin's lymphoma	21	4	25	4.1%
Unknown or ill-defined	12	0	12	2.0%
Totals	521	93	614	

Source: Mercy Iowa City Cancer Registry

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

Colin O'Brien, MD
Radiology

Julie Adam, RN
Nurse Manager, 3 West Medical

Bruce Anderson, ARNP
Patient Navigator

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

Kathy Marner, RHIT
Tumor Registrar

Mary McCarthy, RN
Patient Education Coordinator

Vijay Medithi, CTR
Tumor Registrar

Cindy Penney, RN
Administration/Vice President of Nursing and CNO

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

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.

Cancer Conferences

The Cancer Committee sponsors weekly cancer conferences which are an educational and consultative component of Mercy's Cancer Program. During 2013, more than 72 case studies on a variety of types of cancer were discussed, including breast, prostate, lung, colon, esophagus, pancreas, testicular, lymphoma, gastric, cholangiocarcinoma, and kidney. 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 2012*

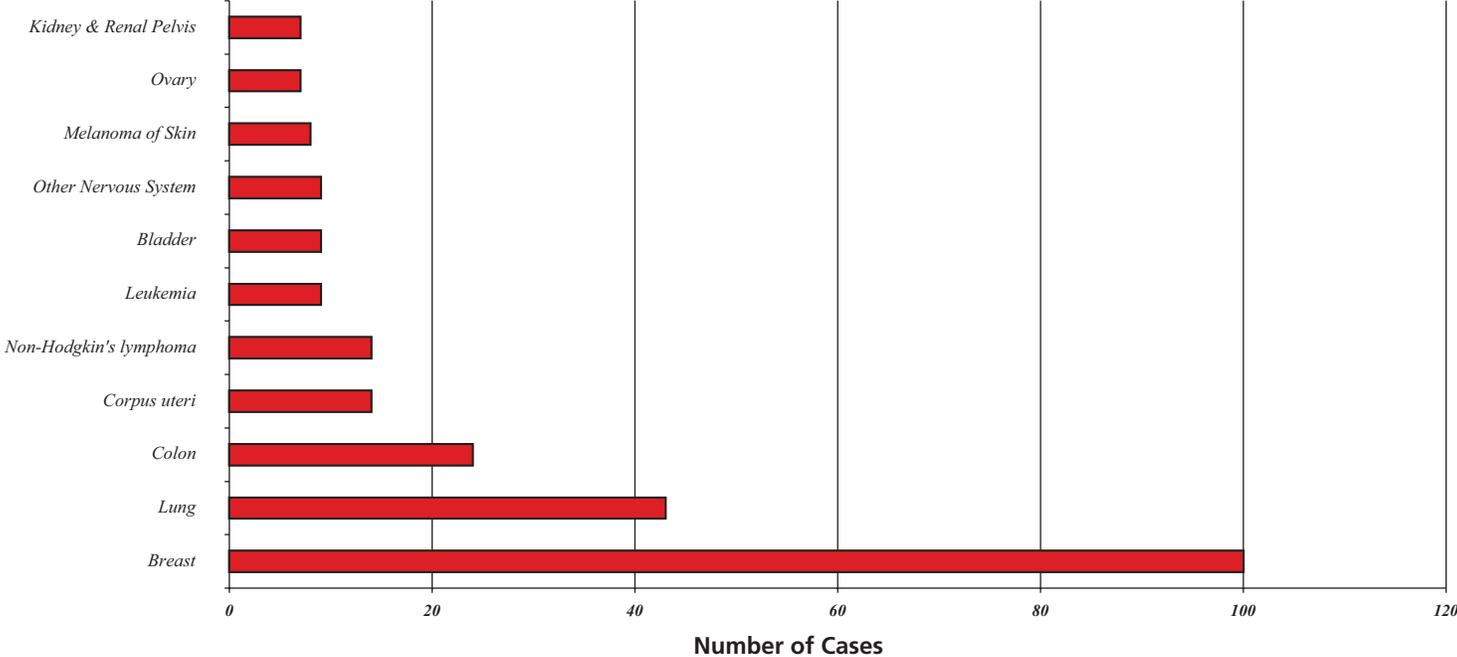
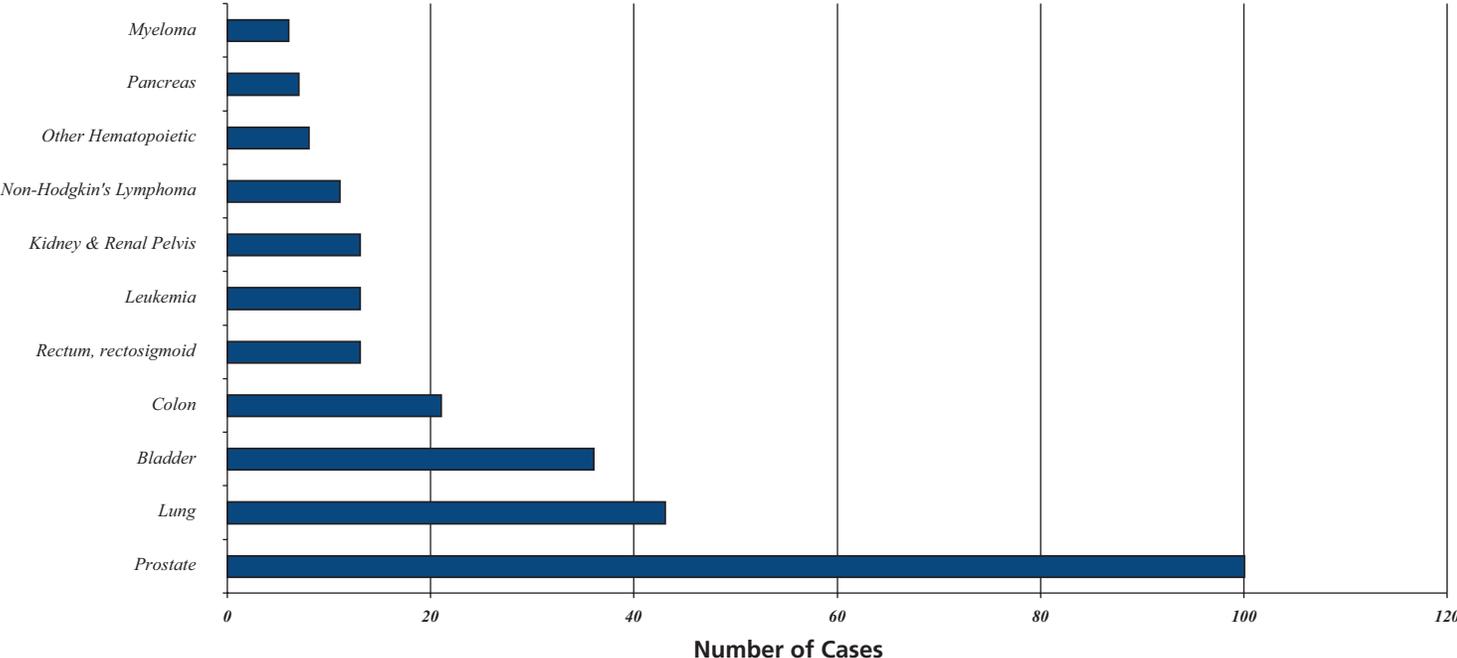


EXHIBIT III
Top Cancers Among Males at Mercy Iowa City in 2012*



*Source: Mercy Iowa City Cancer Registry

Site Specific Analysis of Lung Cancer

By Andrew Ashby, MD, pulmonology; James Feeley, MD, medical oncology; and Hamed Tewfik, MD, radiation oncology

Lung cancer remains prevalent and lethal in Iowa, despite efforts to curb smoking rates and increase awareness about smoking related health risks. It is the leading cause of cancer related death in the U.S.

Risk Factors Although many potential causes for lung cancer exist, the most important is tobacco use, in particular cigarette smoking. It accounts for the vast majority of cases (including active and passive effects). Exposure to asbestos, especially in smokers, and uranium mining are also etiologic factors. For individuals who have never smoked, radon, a colorless, odorless, tasteless radioactive gas produced by the normal decay of uranium in soil, is another contributing factor.

Diagnosis & Staging Accurate diagnosis and staging is the first step in treating lung cancer. The first distinction for lung cancer diagnosis is to determine the cell type. There are four major histological types of lung cancer – squamous cell, adenocarcinoma, large cell, and small cell (oat cell). The first three are usually classified together as non-small cell lung cancer (NSCLC). The fourth is classified as small cell lung cancer (SCLC). At Mercy Iowa City in 2012, 86 percent of lung cancers were NSCLC and 14 percent were SCLC.

The staging for SCLC is simpler in that it is either limited stage (limited in the chest cavity) or extensive stage (disseminated outside the chest cavity). This is important, because limited stage disease that can be covered in one radiation port has a more favorable prognosis.

NSCLC uses the TNM system, based on tumor size and location, lymph node involvement, and evidence of distant metastasis. When lung cancer is suspected, all patients should undergo chest CT with intravenous contrast (or without contrast if contraindicated). A chest CT allows for planning the initial diagnostic procedure. If there is a large central lung mass or mediastinal lymphadenopathy, then bronchoscopy is recommended. Mercy uses advanced imaging techniques during bronchoscopy with endobronchial ultrasound (EBUS) for lymph node biopsies. This allows for direct visualization of nodes, significantly higher diagnostic yield, and improved safety profile during the procedure. Nodules that are more peripheral and smaller in size can be biopsied via CT guided needle biopsy. Mercy is fortunate to have on its medical staff one of the most experienced and skilled radiologists in the state to perform lung biopsies.

We also utilize an advanced bronchoscopy technique called navigational bronchoscopy, which employs a guidance system similar to GPS to obtain minimally invasive biopsies. Mercy was the first hospital in eastern Iowa to employ this technique and remains a pioneer with it. Mercy recently added a new bronchoscopy suite dedicated to pulmonary procedures and staffed by nurses and radiation technologists who are comfortable with challenging cases. The role of the pathologist is crucial in lung cancer diagnosis. Mercy's pathologists are all skilled in cytopathology, enabling a diagnosis of cancer to be made in real time during the procedure. They also have vast experience in differentiating cell types in lung cancer. Finally, we have several thoracic surgeons who perform minimally invasive chest surgery employing video-assisted thoracic surgery (VATS) for wedge biopsies and lobectomies.

After an initial diagnosis, additional staging procedures are frequently necessary. One of the most important imaging modalities for staging lung cancer is the PET scan. PET scanning uses radio-labeled sugar that is taken up by highly metabolically active cells. This causes malignant nodules and masses to “light up” on a PET scan. Several radiologists at Mercy are trained to read PET scans. The positive predictive value of a PET scan is quite high; it can help identify extrathoracic metastasis as well as differentiate between reactive and malignant lymph nodes. If a patient has any new neurologic symptoms, a brain MRI is performed, as PET scanning is usually not able to detect brain lesions. If a PET scan identifies mediastinal nodes as positive, then these nodes are frequently sampled using EBUS guided bronchoscopic needle biopsy or by one of the thoracic surgeons via mediastinoscopy.

Treatment Surgery. NSCLC – For NSCLC, surgery to remove the cancer (often along with other treatments) may be an option. If the lesion is small and well localized, with no lymph node spread, it is best managed surgically; this offers the best chance for cure. The type of operation depends on the size and place of the tumor and on how well the lungs are working. People whose lungs are healthier can withstand having more of the lung removed.

Surgery. SCLC – Because SCLC is usually found in both lungs, surgery alone is not often used. Surgery may be used if the SCLC is found in one lung, with no spread in nearby lymph nodes or other organs.

Radiation therapy. Radiation therapy can

be used to treat both types of lung cancer if the cancer cannot be removed by surgery because of its size or location, if a person's health is too poor for surgery, or if the person does not want surgery. It can be used to shrink a tumor to make it easier to operate on or to relieve symptoms of advanced cancer.

Chemotherapy. NSCLC – Chemotherapy can be used before surgery to try to shrink a tumor (neoadjuvant therapy), after surgery to kill cells left behind (adjuvant therapy), as the main treatment for more advanced cancers, or for some people who aren't healthy enough for surgery.

Approaches to NSCLC have changed in recent years. In particular, 10-20 percent of patients with NSCLC will be found to harbor mutations that respond to alternative therapies with better survival and less toxicity. The information obtained by checking for EGFR (epidermal growth factor receptor) mutations, ALK (anaplastic lymphoma kinase) mutations, and other gene mutations seemed to offer a subgroup of patients better responses with less toxicity and a more focused treatment, although chemotherapy can still be considered if those medications fail.

Chemotherapy. SCLC – Because SCLC is very responsive to both single agent and combination chemotherapy, chemotherapy is usually the main treatment.

Clinical Trials Patients who are eligible to participate in lung cancer clinical trials receive the most effective therapy currently available—or they may receive treatments that are being evaluated for future use. These lung cancer drugs may be more effective than the current lung cancer treatment. The only way to determine if a newer treatment is better than the currently available treatment is by clinical trial participation.

Prognosis Despite advances in diagnostic techniques and treatment, the prognosis for lung cancer is often poor. Lung cancer is often not recognized until an advanced stage, and the median survival for Stage IV non-small cell lung cancer is only about four months. Outcomes can be improved by early detection and use of genetically tailored therapies. Lung cancer deaths have begun to slightly decline among men, but have remained stable in women (and remain the leading cause of cancer related death in both men and women). Our primary goal at Mercy Iowa City is to utilize a team approach, using evidence-based techniques for diagnosis and treatment, to provide comprehensive lung cancer care.

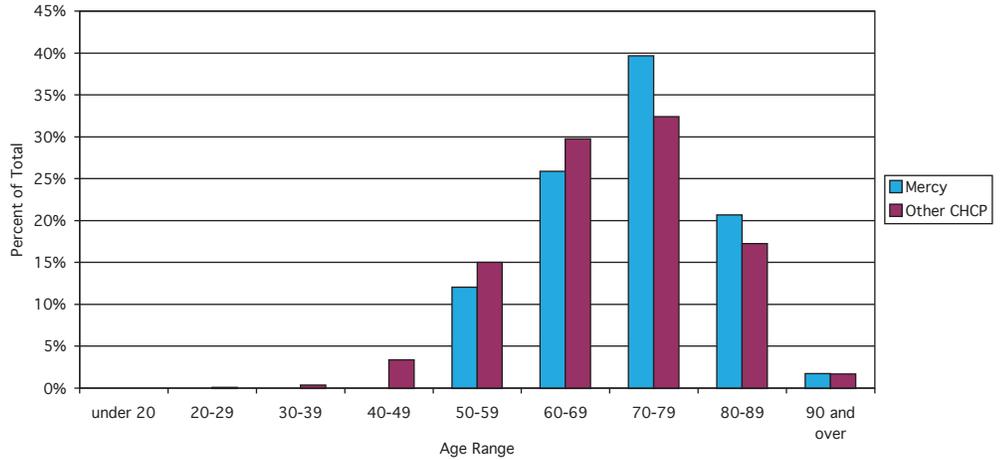
2012 Site-Specific Analysis

A systematic review was performed on 20 random lung cancer cases from the 2012 calendar year. Five were Stage IA NSCLC. Three were staged appropriately with PET scan and then underwent surgical resection. Two were felt to be poor resection candidates due to pulmonary comorbidities and were referred for definitive external beam radiation. There was one Stage IIIA that was considered for neoadjuvant chemotherapy and radiation. This patient underwent surgery only, as the decision was that additional therapy would add little to prognosis. There were three Stage IIIA NSCLCs in this series. One was staged with mediastinoscopy and the other two with PET scanning and EBUS guided lymph node biopsies. One underwent neoadjuvant chemotherapy and radiation and repeat staging, followed by successful surgical resection. The other two were felt to have such limited pulmonary reserve that resection was not feasible. Both were treated with chemotherapy, and one of the two also had palliative radiation for tumor mass causing local symptoms. Four patients with Stage IIIB NSCLC were identified. Three of these had palliative chemotherapy, and the fourth chose hospice care. One of these patients was restaged and determined to not be an appropriate surgical candidate. Six Stage IV NSCLC were identified.

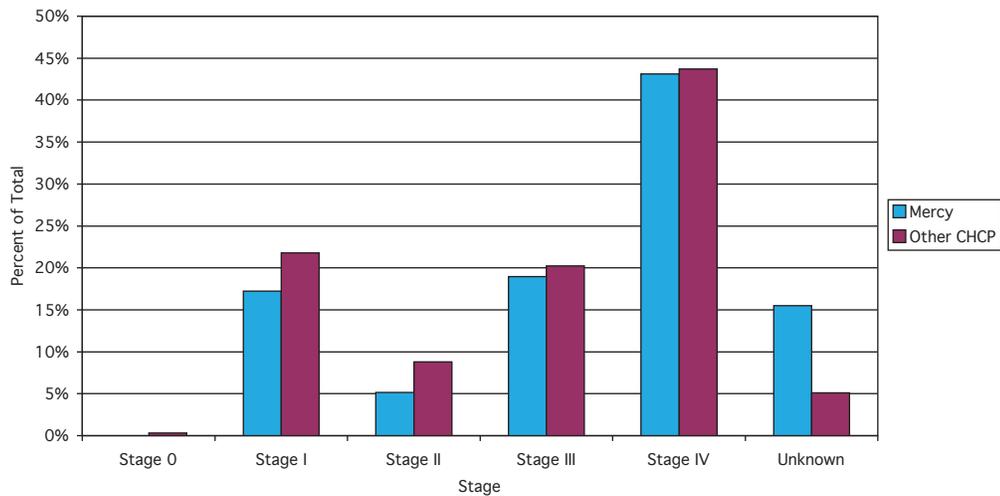
Of note, all patients with NSCLC of adenocarcinoma variety underwent genetic testing. Two of the Stage IV patients were identified as having the EGFR mutation. Both were treated with erlotinib (trade name Tarceva) and had good response. Two patients underwent palliative chemotherapy with a traditional regimen. One also received palliative radiation for hemoptysis. The final two elected to have hospice care only. One case of limited stage small cell lung cancer was identified, and this patient underwent combined chemo/radiation therapy.

In this study the National Comprehensive Cancer Network (NCCN) guidelines for standards of care for lung cancer were met. The National Lung Screening Trial, funded by the National Institute of Health, showed a statistically significant improvement in lung cancer mortality for those screened via low dose chest CT. A formal lung cancer screening protocol is one area of improvement that the Cancer Committee is exploring. Improved awareness of high risk patients and earlier interventions among primary care providers and specialists are two strategies of a lung cancer screening protocol.

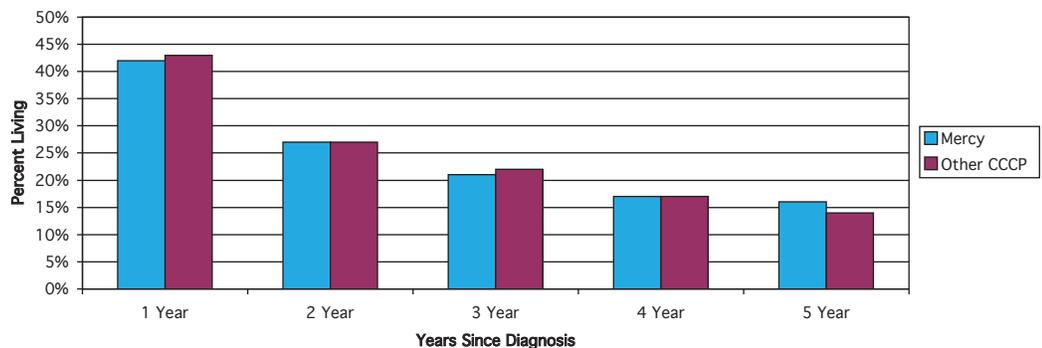
**EXHIBIT IV
Comparison of Age at Diagnosis for Lung Cancer for Mercy Iowa City and other Community Hospital Cancer Programs in 2011***



**EXHIBIT V
Comparison of Stage at Diagnosis for Lung Cancer for Mercy Iowa City and other Community Hospital Cancer Programs in 2011***



**EXHIBIT VI
Observed 5-Year Survival Rates for Lung Cancer Diagnosed 2003-2006***



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, 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 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 Unit 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.

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