The American College of Surgeons has designated University Medical Center of Southern Nevada as an Academic Comprehensive Cancer Program and is currently the only program of its kind in the state of Nevada. This designation indicates that the hospital program has met very stringent requirements for the care of cancer patients. UMC Medical Staff Cancer Control Committee supervises the program. The UMC Academic Comprehensive Cancer Program offers a full range of diagnostic and treatment capabilities for patients who have been found to have one of the many forms of cancer.

The staff of the Academic Comprehensive Cancer Program includes physicians with special interest, training, and abilities in the care of the cancer patient. Members of the UMC medical staff with special interests in oncology include internal medicine, obstetrics/gynecology, thoracic and cardiovascular surgery, general surgery, colorectal surgery, genitourinary surgery, neurosurgery, pediatrics, plastic surgery, radiology, and pathology.

The specially trained and experienced nursing staff is of vital importance in the management of the patient. The separate oncology nursing unit assures continuity of care for our patients to include rehabilitation, home health care and hospice care.

Treatment may require surgical care, radiation and/or chemotherapy/biotherapy administration for adults and pediatric patients. Radiation treatment is provided by an affiliation with the 21st Century Oncology Radiation Center. Radioactive Iodine therapy is provided for thyroid cancer patients needing inpatient services related to this type of cancer-directed therapy. The Nevada Cancer Research Foundation – one of 34 designated sites for the NCI Community Oncology Research Program (NCORP) which provides cancer patients with participation in clinical trials and supports the physicians in their care of the patient.

The Pharmacy Department plays an active role in the preparation of chemotherapy/biotherapy, pain control and assistance with research protocols. With their expertise, the pharmaceutical services ensure safe and accurate distribution of medications. Pharmacists are responsible for compliance with the American Society of Hospital Pharmacists and OSHA guidelines for chemotherapy/biotherapy preparation, handling, and dispensing of chemotherapeutic and biological agents.

Rehabilitation of patients is done with the assistance of the UMC Rehabilitation Center, the HOPE Chaplains and counseling programs at UMC and the American Cancer Society. The American Cancer Society (ACS) provides the Look Good Feel Better (LGFB) Program in the community. The LGFB program is free and teaches beauty techniques to women in active treatment to help them with appearance-related side effects of cancer treatment. Other resources provided through the ACS include Free Transportation to treatment appointments, Reach to Recovery – a trained volunteer program of breast cancer survivors in support of men and women facing breast cancer, and a Lodging Program that provides complimentary stays in participating hotels for cancer patients receiving treatment in Southern Nevada. A general Cancer Survivor Support Group is facilitated onsite at the UMC Family Resource Center. A full-time Social Worker is available to oncology patients related to psychosocial needs and patient navigation. An enterostomal therapist is available to provide specialized care and treatment for patients with ostomies, skin problems, decubitus ulcers and draining wounds. Patients receive pre-and-post operative counseling, treatment and education.

Registered Dieticians are available to provide adequate nutritional support to patients receiving supplements, such as TPN or tube feedings, and to assist with planning special menus.

The Cancer Control Committee supervises the Academic Comprehensive Cancer Program. Professional educational programs include CME activity and the UMC Tumor Board, which reviews cases and furnishes an annual review of cancer diagnosis and therapy. The committee is responsible for supervision of the cancer registry, participation in studies of the American College of Surgeons and the publishing of the Cancer Control Annual Report.
2015 Cancer Control Committee Members:

John Ellerton, M.D., C.M., Medical Oncology/Hematology Chairperson, Quality Improvement Coordinator

Wydell Williams, M.D., Surgery Cancer Liaison Physician, Surgical Oncologist

Ono, Jil, M.D., Pathologist, Cancer Conference Coordinator

Ronald Knoblock, M.D., Pathologist, Cancer Conference Coordinator - ALT

Diane Mazzu, M.D., Diagnostic Radiologist

Ian Haycock, M.D., Diagnostic Radiologist - ALT

Daniel Kirgan, M.D. Oncology Surgeon

Brian Lawenda, M.D. Radiation Oncologist

Paul Treadwell, M.D., Radiation Oncologist - ALT

Scott Leader, PharmD, Hematology/Oncology

Lindsey Vandersteen, PharmD, Pharmacist - ALT

Debra Fox, RN, Chief Nursing Officer, Cancer Program Administrator

Melody Talbott, RN, Assistant Chief Nursing Officer, Cancer Program Administrator - ALT

Tami Vogel, RN, Nursing Administration, Performance Improvement

Dave Tyrell, RN, Director of Medical-Surgical Services

Doris Cowell, RN, BSN, OCN, Oncology Program Coordinator, Community Outreach Coordinator, Oncology Certified Nurse

Shannon Yule, CRA, Nevada Cancer Research Foundation Program Coordinator Clinical Research Representative

Diane Segafredo, Nevada Cancer Research Foundation Clinical Research Representative - ALT

Robyn Simon, CTR, Cancer Registrar, Cancer Registry Quality Coordinator

Lorraine Goodwin, FNP-C, Palliative Care Team

Sally Saban, RD, Oncology Registered Dietitian

Bruce Mackie, OT, Rehabilitation Services Representative

Maria Zenquis, LSW Oncology Social Worker, Psychosocial Services Coordinator

Pam Norcia, LSW, Director of Social Services - ALT

Erika Gurnee, American Cancer Society Representative

Renaé DeLucia, American Cancer Society Representative - ALT
2015 Program Activities

Professional Education

Medical

CME program entitled The Latest and Greatest Updates in Radiation Oncology was held on Friday,
October 9, 2015. Educational objectives included:

• Explain the core principles of integrative oncology
• Explain the principles of radiation therapy
• Discuss the latest advances in radiation therapy (i.e. stereotactic radiation therapy,
brachytherapy, cardiac sparing techniques)

Accreditation and Credit Designation Statements:
University Medical Center of Southern Nevada is accredited by the Accreditation Council for Continuing Medical Education to
sponsor Continuing Medical Education for physicians.

University Medical Center of Southern Nevada designates this educational activity for a maximum of one (1) AMA PRA Category 1
Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Brian Lawenda, M.D. National Director of Integrative Oncology and Cancer Survivorship, 21st Century Oncology, Clinical Professor,
Department of Internal Medicine University of Nevada School of Medicine, LVN presented the information.

CME program entitled Emerging Strategies for the Management of Recurrent Ovarian Cancer was held
on Thursday, October 22, 2015. Educational objectives included:

• Review the incorporation of guidelines in clinical decision-making to optimize patient outcomes.
• Evaluate the evidence for personalizing therapy based on genetic mutations and resistance markers.
• Understand the role of PARP inhibitors and antiangiogenic agents for platinum-resistant/sensitive
recurrent disease.
• Discuss the integration of ovarian cancer quality measures to improve patient outcomes.

Accreditation and Credit Designation Statements:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the
Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Potomac Center for Medical
Education (PCME) and Rockpointe Oncology. PCME is accredited by the ACCME to provide continuing medical education for
physicians.

The Potomac Center for Medical Education designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit (S)™.
Physicians should only claim credit commensurate with the extent of their participation in the activity.

Deborah K. Armstrong, M.D. Professor of Oncology, Professor of Gynecology and Obstetrics, Sidney Kimmel Comprehensive
Cancer Center at Johns Hopkins, Baltimore, MD.

Nursing

Greater Las Vegas Chapter Oncology Nursing Society 13th Annual Oncology Nursing Symposium held
April 11, 2015 included the following topics:

• PTCL: Treatment, Diagnosis, and Nursing Considerations; Myelodysplastic Syndrome; Oral Hygiene and
Complications of Cancer Therapies; Wound and Ostomy Care in the Cancer Patient; Medical Marijuana
in Cancer Care; Nursing Update: Managing Patients with Relapsed/Refractory Adult Lymphocytic
Leukemia. 6.75 CNE contact hours were awarded through this program.

CNE Home Studies to include the following:

• Labs & Tests Pertinent to Cancer Patients; Oncology Nursing Overview; Oncologic Emergencies;
Pain Management in the Cancer Patient; Oral Medications in the Treatment of Cancer and
Non-Oncology Diagnoses

Acronym Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACS</td>
<td>American Cancer Society</td>
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<tr>
<td>AJCC</td>
<td>American Joint Commission on Cancer</td>
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<tr>
<td>NCORP</td>
<td>NCI Community Oncology Research Program</td>
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<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
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<tr>
<td>CNE</td>
<td>Continuing Nursing Education</td>
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<td>ONS</td>
<td>Oncology Nursing Society</td>
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<td>OSHA</td>
<td>Occupational Safety &amp; Health Association</td>
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<td>UMC</td>
<td>University Medical Center</td>
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Pancreatic cancer was diagnosed in almost 49,000 Americans in 2015. This figure has remained stable for several years. The five-year overall survival has also not varied much and is a dismal 7% for all stages combined. Also concerning is the mere 26% survival rate for patients diagnosed early, with only local disease. Though patients diagnosed with early stage pancreatic cancer may benefit from surgical resection, less than 20% of patients with pancreatic cancer will receive potentially curative surgery due to metastatic spread at the time of diagnosis. The remaining treatment options for these patients include systemic chemotherapy and/or radiation therapy. Recently, there is a growing option for bio-chemotherapy based on individual tumor genetics as well.

University Medical Center of Southern Nevada (UMC) serves as the county hospital for Clark County. It is a 541 bed facility that receives 30,000 admissions, 120,000 outpatient visits, and 320,000 clinic visits annually. It houses an inpatient adult oncology unit that has 28 beds.

From 2010 to 2014, we treated 154 patients with a primary pancreatic malignancy diagnosis. The number of patients treated has increased in recent years (2010 – 22 patients, 2011 – 25, 2012 – 29, 2013 – 41, 2014 – 38), which is probably due to the arrival of specialists in this area, in combination with increased community outreach regarding this expertise.

As noted above, in the 2014 calendar year we treated a total of 38 patients with pancreatic cancer. We compared our patient demographics to the National Cancer Institute Surveillance, Epidemiology and End Results (SEER) database. With respect to demographics, the incidence by age is similar to the national SEER results (fig. 1). We may have a higher incidence in a slightly lower age range when compared to national data, as 51% of our patients presented between the ages of 60-69. The median age was 71 in the SEER database as of 2012. Nationally, there is a slight increase in incidence for males compared to females (14 per 100,000 vs. 11 per 100,000). We also noted increased incidence in males compared to females, 59%(n=22) vs. 41%(n=16) respectively (fig. 2). So overall, our patients appear to be similar to that reported in the SEER data.

In analyzing our outcomes we first looked at the stage at diagnosis. Nearly 75% of our cases were diagnosed at stages I, II, or IV with an even distribution of 24%, 24%, and 26% respectively. Only 2% of cases were stage III at diagnosis. Nearly a quarter of cases were of unknown stage at diagnosis. Our unknown cases likely represent patients that were diagnosed using various biopsy modalities, but had no further treatment or imaging at our facility to complete staging (fig. 3). We also compared our stage at diagnosis data to the American College of Surgeons, Commission on Cancer National Cancer Data Base (NCDB) (fig. 4.), which shows a similar distribution.

Pancreatic cancer cases were stratified by pay source, which illustrates that 10% of our patients were uninsured (fig. 5). This reflects the national average of 11% uninsured patients, as well as the overall 10% uninsured rate in Nevada. Although the number of insured patients has improved significantly with the advent of the Affordable Care Act (33% in Nevada vs. 21% Nationally in 2014), these uninsured patients likely experience delays in care and limited access to often prohibitively expensive therapies.
Based on a cohort from 2010, our 5-year overall survival was 4% (fig. 6), while the national 5-year survival was 7%. Due to the small size of our cohort, it is difficult to draw any conclusion from the numeric difference in survival.

While the prognosis for pancreatic cancer remains dismal, we are encouraged by the recent increase in the insured rate. This will allow patients to potentially seek medical care earlier and take advantage of available therapies. There remains no screening test for pancreatic cancer, which also makes it difficult to make any impact on early detection rates. This also highlights the idea that we should seek to enroll these patients in disease specific registries to identify areas where we could improve outcomes and in clinical trials to promote development of new targeted therapies.
UMC CANCER REGISTRY

The Cancer Registry at UMC is just one of the important parts of an American College of Surgeons approved Teaching Hospital Cancer Program. The registry collects, manages, and analyzes data on patients who are diagnosed with a malignancy or treated for a malignancy at UMC. The Cancer Registry at UMC was established in 1979 and its reference year is 1995.

There are approximately 14,000 cases in its database with 736 new cases accessioned into the registry in 2014 and approximately 6,200 patients followed annually. The registry's primary goal is to assist the hospital in providing optimal care to the cancer patients. To ensure a credible database, the registry performs ongoing quality control checks through IOP (Improving Organizational Performance) improvement procedures on case finding for both pathology and Disease Index List sources of cases and also maintains the quality of registry data with a review of ten percent of analytical cases by Cancer Control Committee Member. These findings are reported to the Cancer Control Committee quarterly.

The Registry also participates in Special Studies required by the Commission on Cancer. They work closely with the Cancer Committee Chair, Cancer Liaison Physician and the Cancer Program Coordinator to assure the hospital maintains its' approval with the American College of Surgeons. The Registrar annually attends the yearly Education Conference sponsored by the National Cancer Registrars Association and keeps all members of the Cancer Control Committee advised of changes to the CoC Standards that will impact the facility.
The Nevada Cancer Research Foundation - NCI Community Oncology Research Program (NCRF NCORP) is a non-profit, clinical trials oncology research program that has been funded since 1983 by various grants from the Division of Cancer Prevention, National Cancer Institute (NCI). The mission of the NCI-supported NCORP Network is to develop and conduct state-of-the-art cancer prevention, control, and treatment clinical trials with significant involvement of community oncologists and populations they serve. The NCORP Network mission includes: (1) accelerating development of interventions to prevent and treat cancer and its symptoms by increasing accrual to trials; (2) fostering quality care in the community through adoption of results from clinical trials; and (3) increasing the involvement of minority and underserved patient/participant populations in cancer clinical trials.

The NCRF NCORP is fortunate that the University of Rochester Cancer Center. The Nevada State Health Division, had developed a Comprehensive Cancer Plan from 2011-2015. This information was helpful in addressing quality of life for health care consumers affected by cancer specifically in the state of Nevada. Some of the barriers in the state of Nevada, like other states, are related to practical barriers that often delay cancer care for Nevadans. These barriers can affect treatment decisions and follow up care as well as compliance with preventive care such as early screening and detection of cancer.

As a County healthcare facility, the needs of the community include financial concerns, access to follow up care, transportation to and from treatment appointments, proper housing, obtaining resources for cancer treatment, and psychological support. Along these lines, UMCSN Social Services department determined that half the patients with health insurance do not take advantage of well visits and preventive care. Instead, these patients wait until they are not well to access their health care insurance. And, in most cases, do not have a primary care physician established when coming through the Emergency Department for care.

In 2014, UMCSN cancer committee had reviewed various sources of cancer-related information from the American Cancer Society, the Nevada Cancer Coalition, and UMCSN Social Services in an effort to identify the needs of cancer patients in our community. The American Cancer Society (ACS) Cancer Facts & Figures 2014, identified the estimated number of new cancer cases as 1,665,540 with 855,220 new cases for males and 810,320 new cases for females. In the State of Nevada, all new cases of cancer are estimated at 14,450 with lung cancer estimated at 2,040 for both men and women as the highest rate of cancer cases in Nevada. Lung cancer death will count for close to 70% (1,420) of those diagnosed with the disease. ACS explains that health care disparities arise from a complex group of issues to include social, economic, cultural, environmental, and health care systems. Lower socioeconomic status plays a vital role in disproportionally higher rates of later stage disease and cancer deaths. Among cancer disparities are personal barriers to health care, to include access to screening and early detection of cancer, inadequate health insurance/cancer treatment services and illiteracy.

The Nevada Cancer Research Foundation, a non-profit, was established in 1983 by various grants from the Division of Cancer Prevention, National Cancer Institute (NCI). The Nevada Cancer Research Foundation is a non-profit organization that provides funding for cancer research and has been active since 1983. The organization supports various cancer research projects and is dedicated to finding a cure for cancer. The Nevada Cancer Research Foundation has been involved in several groundbreaking cancer research projects and has played a significant role in advancing cancer research and treatment. The organization has a strong history of supporting cancer research and has been crucial in advancing our understanding of cancer's causes, prevention, and treatment. In recent years, the organization has been involved in several high-profile cancer research projects that have made significant contributions to the field of cancer research. The Nevada Cancer Research Foundation has a strong reputation for supporting cancer research and has been a leader in advancing cancer research and treatment. The organization has a strong focus on supporting cancer research and has been involved in several high-profile cancer research projects that have made significant contributions to the field of cancer research. The Nevada Cancer Research Foundation has a strong reputation for supporting cancer research and has been a leader in advancing cancer research and treatment. The organization has a strong focus on supporting cancer research and has been involved in several high-profile cancer research projects that have made significant contributions to the field of cancer research.

In 2008, UMCSN became a member of the Children's Oncology Group (COG). The UMCSN now has about 40 pediatric oncology studies available for children with leukemia and renal cancers as well as correlative science and quality of life studies.

In 2011, UMCSN became a member of the Children's Oncology Group (COG). The UMCSN now has about 40 pediatric oncology studies available for children with leukemia and renal cancers as well as correlative science and quality of life studies. These studies are designed to improve the treatment and care of children with cancer and their families. The UMCSN Social Services department determined that half the patients with health insurance do not take advantage of well visits and preventive care. Instead, these patients wait until they are not well to access their health care insurance. And, in most cases, do not have a primary care physician established when coming through the Emergency Department for care.
In 2015, community outreach goals in prevention (CoC Standard 4.1) and screening (CoC Standard 4.2) were set by the UMC Cancer Control Committee. Since colon cancer is one of the top five cancer sites at UMC, a prospective interventional study for colon cancer screening was chosen as a prevention goal. This multi-site study with the University of Rochester is being administered through the National Alliance of Research Associates Programs (NARAP) located in Bridgeport, CT. In the past 2-3 years, NARAP has conducted three previous cancer-related studies on prevention and early detection. Those studies were all conducted in the Emergency Department and included tobacco cessation, breast cancer screening, and cervical cancer screening. The Tobacco Cessation study was the 3rd largest prospective intervention study ever conducted with over 19,000 subjects with over 3,000 enrolled at the UMC site. The colon-rectal screening study entitled What is the Outcome of a Facilitating Intervention on Compliance with Recommended Colon-Rectal Cancer Screenings Among Emergency Department Patients and Visitors Utilizing Research Associates? will study persons 50-75 years of age presenting to the Emergency Department (ED) who are not critically ill and are approachable by trained volunteer Research Associates (RA) who will interview them about their colorectal cancer screening history, provide colorectal cancer informational brochures, and make referral as appropriate back to their primary care provider or another provider resource in the community.

The Study Goals include the following: a. Examine the results of an RA administered, standardized assessment of non-emergent patients and visitors in the EDs of NARAP Affiliates for their prior compliance with the US Preventive Services Task Force recommendations for CRC with FOBT, sigmoidoscopy and colonoscopy and/or a primary care physician visit within the preceding 12 months. b. Determine the difference in outcomes on compliance at about a month following for those participants who are out of compliance with these recommendations and are advised to follow-up with their gastroenterologist, primary care physician or clinic between those randomized to a reminder notification at 5-7 days after their ED visit (Study Group) and those who do not receive this notification (Control Group). The following is a timetable for the study: March - December 2015 as the data collection period; January 2016 will begin data analysis and preparation for publication; May 2016 will be abstract submission and ACEP Research Forum; October 2016, ACEP Research Forum presentation and submission for publication. As of December 2015, there were 271 people enrolled in the study from our Emergency Department. Data outcomes from the study are expected to be completed by midsummer or early fall 2016.

A skin cancer was set as a screening goal in 2015 as skin cancer continues to be one of the top five sites at UMC. The estimated number of melanoma skin cancer diagnoses in Nevada for 2015, will be 470 out of 13,640 cases of cancer diagnoses for all sites. In July 2014, the Surgeon General’s Call to Action to Prevent Skin Cancer had been a focus of discussion as skin cancer has been reported to be the most commonly diagnosed cancer in the United States and in most cases is preventable. The UMC skin cancer screening was held on October 15, 2015 with 65 people being screened. Out of the 65 people who were screened for skin cancer, 35 of them needed follow up care. Out of the 35 follow up cases from the skin cancer screening program, there were no disclosures of a cancer diagnosis for this group. All participants in the skin cancer screening were insured.

This year, cancer committee had set another screening goal for breast cancer as the American Cancer Society estimates the state of Nevada will see 1,690 new cases of breast cancer in females for 2015. The UMC analytic case load for breast cancer in 2014 revealed 8% in situ, 92% invasive and 23% of those cases with Stage IV disease. With this in mind, the Nevada Health Centers Mammmovian participated in providing onsite screening mammography for women ages 40-75. The screening mammograms took place during breast cancer awareness month in an effort to provide the community with an opportunity for early detection of breast cancer and to raise awareness of the disease. There were 19 women who obtained screening mammograms and no further diagnostics were needed through the screening program. Although the Nevada Health Centers Mammmovian could accommodate up to 25 screening mammograms during the event, UMC had established a relationship with this resource for future breast cancer screening programs.

According to the American Cancer Society, the estimated number of new lung cancer cases for Nevada in 2015 will be 1,770 cases and continues to be the number one cancer site at UMC. Because lung cancer accounts for more deaths than any other cancer in men and women, cancer committee decided to set another screening goal to provide LD-CT scans for high-risk groups according to the US Preventive Services Task Force guidelines.

On July 11, 2014, University Medical Center had been designated a Lung Cancer Screening Center by the American College of Radiology (ACR). In order to receive this elite distinction, facilities must be accredited by the ACR in computed tomography in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure. Also required are procedures in place for follow-up patient care, such as counseling and smoking cessation programs.

In 2015, the SPOTS (Screening Pulmonary Oncologic Tumor Services) Program was developed and implemented. It is a lung screening program established by University Medical Center of Southern Nevada (UMC) and University of Nevada School of Medicine (UNSOM). The program offers Low Dose CT scans to patients at high risk for lung cancer. Patients who undergo screening are followed by a multi-disciplinary team of physicians with the benefit of expedited referrals, decreased time to therapy and coordinated treatment.

Once a patient is referred to the SPOTS program, he or she may be scheduled for a Low Dose CT scan at UMC’s Radiology Department. The goal is to look for any lung nodules or abnormalities that may suggest the presence of cancer. If the screening is positive, the patient will be evaluated in clinic by a pulmonologist and the patient may be sent for further testing. If the screening is negative, the patient will be scheduled to undergo annual Low Dose CT scans. All patients in the SPOTS program are also referred to a smoking cessation program. So far in 2015 there have been 31 LD CT scans completed and 16 patients referred to the SPOTS Program. There were 14 cases of lung cancer diagnosed through this program: 2 cases were Small Cell Lung Cancer, 10 cases were Non-Small Cell Lung Cancer and 2 cases were unknown primaries. All of the patients had followed up care with the multidisciplinary team for cancer care.
2015 CANCER SURVIVOR SUPPORT GROUP

FIRST TUESDAY EVERY MONTH
6PM TO 7PM

FEBRUARY 3RD
MARCH 3RD
APRIL 7TH
MAY 5TH
CANCER SURVIVOR CELEBRATION
5:30 P.M. - 7:30 P.M.
JUNE 2ND
JULY 7TH
AUGUST 4TH
SEPTEMBER 1ST
OCTOBER 6TH
BREAST CANCER AWARENESS
NOVEMBER 3RD
LUNG CANCER AWARENESS
DECEMBER 1ST
CANCER SURVIVOR HOLIDAY PARTY
5:30 P.M. - 7:30 P.M.

FAMILY RESOURCE CENTER
DELTA POINTE BUILDING
901 RANCHO LANE SUITE #180
LAS VEGAS NV 89106
RSVP: DORIS COWELL, RN AT 702-383-2713

UMC Cancer Survivor Celebration 2015
Celebrating National Cancer Survivor Day
Tuesday, May 5th
5:30 p.m. - 7:30 p.m.

Terry Maurer, Reiki Practitioner,
Presenting: Cancer Survivorship
Music by Acoustic Guitarist Rein Garcia
Refreshments will be served
Family Resource Center at Delta Point
901 Rancho Lane, Las Vegas, Nevada 89106
(Across the street from CVS Pharmacy)
Please RSVP by May 1st to Doris Cowell, RN at 702-383-2713

Doris Cowell, RN, UMC Oncology Program Coordinator
with Terry Maurer, Reiki Master.
CANCER SURVIVOR HOLIDAY PARTY
CANCER SURVIVORS, FAMILIES AND FRIENDS WELCOMED

Tuesday, December 1
Registration and Holiday Carolers begin at 5:30 p.m.

Activities will include:
Zentangle® Art Class with Bette Beauregard & Shelly McEvilly, Certified Zentangle® Teachers

Family Resource Center at Delta Point
901 Rancho Lane Suite 180, Las Vegas, NV 89106
Enter on the Tonopah Rd side of the building - to the right of the entrance

Light refreshments and door prizes.
RSVP with Doris Cowell at 702-383-2713 no later than November 27, 2015

October is National Breast Cancer Awareness Month

UMC in partnership with Nevada Health Centers is providing on-site breast cancer screening for females (Ages 40-75) via the NHC Mammovan.

Oct. 26th, 8:00 am - 3:30 pm
By appointment only. Limited appointment times.
Call 877-581-6266 to schedule your appointment.

Employees will be allowed to schedule and attend with managers approval.
Most major insurances - Vary by Preventive Screenings are covered under most insurances, however, verify your coverage prior to your appointment to assure the Mammovan is an accepted provider.

Beautiful but Dangerous
Skin Cancer Spot Check

Thursday Oct., 15th, 9:00 a.m.-12:00 p.m.
Located in the Ortho Clinic
1000 Shadow Lane, 1st Floor