“My goal is to help other people with my experience and give them hope and get them to the right treatment. It’s very gratifying when I can help, and I want to get the good news out there.”

—Dean A., Ohio, US

**First, the bad news:** every year, more than 1 million Americans are diagnosed with cancer. The good news is that medical and technological advances now make most cancers treatable. One important step toward becoming a cancer survivor is choosing the right place to be treated—a facility with excellent staff, innovative technologies, and a comprehensive treatment approach. Cancer Treatment Centers of America® (CTCA)—a recognized national leader in cancer care—offers all three.

Specializing in the treatment of late stage cancer, CTCA emphasizes both clinical outcomes and patient satisfaction. Although clinical outcomes at CTCA are impressive, the most compelling reasons to consider CTCA come from the long list of survivors who take time to share their stories both online and in conversation with new patients.

In this special Focus On: Cancer Treatment Centers of America, the authors and editors of Patients Beyond Borders invite you to learn more about CTCA and its innovative approach to patient-focused care and treatment results for many complex and advanced-stage cancers.

The *Patients Beyond Borders Focus On* series gives patients an in-depth look at the facilities and medical offerings of leading international hospitals and specialty centers.

Visit patientsbeyondborders.com for more information and additional patient resources.
Patients Beyond Borders Focus On: Cancer Treatment Centers of America

is a collaboration between Healthy Travel Media and Cancer Treatment Centers of America. Special thanks to Evelyn Meade and all the wonderful staff at CTCA, whose efforts have made this publication possible.

The Patients Beyond Borders® series offers comprehensive information for patients considering medical tourism. Less about travel and all about healthcare choices, Patients Beyond Borders provides practical answers for the increasing number of healthcare consumers seeking access to the best, most affordable hospitals in the world.
Focus On: CANCER TREATMENT CENTERS OF AMERICA

It would be wonderful if cancer did not exist, if there were no need for facilities that offer cancer treatments, and if no one in the world had any reason to be interested in the information in this publication. But it does, there is, and if you or your family member has been diagnosed with cancer, especially an advanced or complex disease, I hope you and your loved ones will find the information provided in this edition helpful.

A number of facilities in the US and abroad offer innovative cancer treatments using the latest approaches and technologies. CTCA, however, stands out from most of those hospitals and clinics in its additional focus on supportive therapies, quality of life, and the emotional well-being of patients during treatment.

When I visited the CTCA Midwestern Regional Medical Center in suburban Chicago, Illinois, I felt like I was visiting a vibrant community—the residents and staff were friendly and the atmosphere was actually cozy. Far from being isolated, patients are encouraged to meet and make friends. The doctors know patients by name and appear to have greater personal and clinical contact with them.

The goal of this integrated, personal approach to cancer treatment is to empower patients, reduce fear, and make life a lot more pleasant under difficult circumstances. While the supportive therapies offered by CTCA are not all considered mainstream, these adjunct therapies can certainly make treatment options more palatable and the process more comfortable. This is particularly important for cancer patients, as radiation and chemotherapy treatments can be difficult to endure for a body already under great stress.

If you or a family member has been diagnosed with cancer, I suggest you check out the CTCA hospital in your region. If you are seeking excellent medical care, but lean toward a more integrated, clinically excellent experience, CTCA might offer the right kind of cancer treatment for you.

Josef Woodman,
Founder and CEO, Patients Beyond Borders
Founded in 1988 by Richard J Stephenson, CTCA sprang from personal experience. When his mother, Mary Brown Stephenson, was diagnosed with cancer, Mr. Stephenson and his family searched for the most advanced, effective treatments available. They were frustrated to find that many world-renowned cancer hospitals did not provide comprehensive care.

Following his mother’s death in 1982, Mr. Stephenson vowed to create a new and better model of cancer care, ultimately developing a whole-person cancer treatment approach. His commitment to establishing a patient-centered treatment experience has been, and still is, the organization’s guiding vision. Appropriately, patients receive the Mother Standard® of care—that is, the way you would want your mother to be treated if she were diagnosed with cancer.
Accessibility

CTCA constitutes a growing network of regional destination hospitals specifically designed for cancer patients. Its physicians treat only cancer and are experienced in complex and advanced-stage cancers. It is a privately owned organization, with corporate offices in Schaumburg, Illinois. CTCA hospitals currently serve patients in all regions of the continental US:

- **Eastern Regional Medical Center** (Eastern, for short) in Philadelphia, Pennsylvania;
- **Midwestern Regional Medical Center** (Midwestern) in Zion, Illinois, near Chicago;
- **Southwestern Regional Medical Center** (Southwestern) in Tulsa, Oklahoma;
- **Western Regional Medical Center** (Western) in Goodyear, Arizona, near Phoenix; and
- **Southeastern Regional Medical Center** (Southeastern) in Newnan, Georgia, near Atlanta.

This regional distribution provides convenient access to patients in all areas of the US, and CTCA locations near several major US cities served by direct international flights provide easy access to global patients.

Clinical Expertise

Physicians at CTCA have expertise in many types of cancer, including bone, brain, breast, colon, esophageal, kidney, liver, lung, oral, ovarian, prostate, skin, stomach, and thyroid cancers; as well as leukemia, lymphoma, and melanoma. Using a personalized approach to promote healing of body, mind, and spirit, the doctors and clinicians at each CTCA hospital provide a combination of advanced cancer treatments—medical, surgical, and radiation oncology, pathology, hematology, gastroenterology, gynecology, neurosurgery, anesthesiology, and plastic/reconstructive surgery—with supportive therapies ranging from physical and nutritional therapy, pain management, chiropractic support, and psychiatry to mind-body and naturopathic medicine.

Each patient at a CTCA hospital is assigned a fully integrated healthcare team. Known as **Patient Empowered Care**, this approach brings experts in advanced cancer treatment together with providers of supportive therapies. This unified team designs and implements an individualized treatment plan that is customized according to the patient’s unique health needs.

**MISSION AND PROMISE**

“CTCA is the home of integrative and compassionate cancer care.

“We never stop searching for and providing powerful and innovative therapies to heal the whole person, improve quality of life, and restore hope.”

Beyond attempting to maximize the success of cancer treatment, the goal of CTCA is to make every patient’s experience as positive as possible. Most or all of the advanced medical and surgical therapies a patient receives are available in one hospital—plus therapies to help manage side effects. Patients benefit from a high level of efficiency, which translates to less time spent in waiting rooms and waiting for test results. In the words of CTCA founder, Richard Stephenson, “It’s always and only about the patient.”

With this vision in mind, CTCA makes a promise to cancer patients:

“You and your healing are at the center of our hearts, minds, and actions, every day. We rally our team around you, delivering compassionate, integrative cancer care for your body, mind, and spirit. We offer clear information, powerful and thorough treatment options, all based on your needs. We honor your courage, respect your decisions, and offer to share your journey of healing and hope.”
Throughout treatment, a series of ongoing evaluations, personal consultations, and education enable patients and their families to work with their team and take an active role in decision-making. Each patient is supported by a personal Care Manager, who is available from the time of arrival at the hospital, throughout the visit, and after the return home, and is always on call to answer questions or facilitate direct contact with the doctors.

**Advanced Treatment and Supportive Therapies**

Each CTCA hospital provides state-of-the-art cancer treatment using modern diagnostic tools, minimally invasive surgical techniques, and safer, more precisely targeted radiation and drug therapies. A number of different methods are used, depending on the specific type and stage of cancer, the extent of the disease, and the patient’s general state of health. CTCA doctors utilize a powerful combination of traditional protocols—surgery, radiotherapy, immunotherapy, and chemotherapy—in combination with advanced adjunct treatments that support whole-body health.

CTCA provides innovative treatment approaches, some of which are not available at many other facilities. In 2011, CTCA medical centers were among the first cancer facilities to provide Provenge, the first immunotherapy “vaccine” approved by the FDA. Patients who have exhausted other treatment options may benefit from clinical trials being conducted at CTCA hospitals.
Accreditations and Achievements

Reflecting the high quality of their medical and clinical staff, facilities, and services, CTCA hospitals have earned a long list of accreditations: Joint Commission, AABB (American Association of Blood Banks), College of American Pathologists, American College of Radiology, American College of Surgeons’ Commission on Cancer, ADA’s Diabetes Self-Management Education Program, Clinical Laboratory Improvement Act, Nuclear Regulatory Commission, American College of Radiology’s Mammography Accreditation Program, Department of Environmental Quality, and National College of Natural Medicine, among others.

CTCA is a member of the Translational Research in Oncology (TRIO) network, a UCLA-affiliated, nonprofit partnership of healthcare providers and companies that evaluates novel agents for the treatment of cancer. As a member of TRIO, CTCA is able to participate in clinical studies that offer potential new cancer-fighting tools.

Patient Satisfaction

As reported in the 2011 Hospital Consumer Assessment of Healthcare Providers and Systems, surveys administered by the US Department of Health and Human Services showed that CTCA hospitals scored above both state and national averages on patient satisfaction. On a scale of 0 (lowest) to 10 (highest), most patients rated CTCA hospitals a 9 or 10. Also in 2011, Women Certified recognized CTCA Eastern Regional Medical Center as one of the country’s “Top 100 Hospitals for Patient Experience,” based on female patient satisfaction; Eastern ranked sixth in the patient experience category.

The American College of Surgeons’ Commission on Cancer selected Southwestern Regional Medical Center as a 2010 Outstanding Achievement Award recipient, honoring CTCA for the third consecutive year as an approved cancer program exceeding the national standard in quality patient care. Midwestern Regional Medical Center has received the Health Grades Outstanding Patient Experience Award for three years in a row, ranking among the top 5 percent in the US.

In 2012, the CTCA website, cancercenter.com, was recognized by Experian Hitwise as the most visited hospital website in the US. The website provides extensive information on disease and treatments, statistics on results, insurance information, and the backgrounds of doctors and clinicians, as well as a library of patient stories. CTCA is one of the first cancer-fighting institutions to post its length-of-life, quality-of-life, speed-of-care, and patient-experience results on its website.
At CTCA, a highly trained team of physicians, nurses, radiologists, laboratory technicians, pharmacists, rehabilitation therapists, dieticians, chiropractors, spiritual counselors, acupuncturists, naturopathic doctors, and other care providers supplies the clinical and supportive services required to meet every patient’s needs. The following profiles represent a few members of the dedicated team at CTCA.

**Senior Vice President of Clinical Affairs and National Director of Medical Oncology for CTCA National:**

**MAURIE MARKMAN, MD**

A nationally renowned oncologist, Dr. Markman is the Senior Vice President of Clinical Affairs and National Director of Medical Oncology at CTCA and also serves patients as a medical oncologist at Eastern Regional Medical Center. His philosophy: “From the beginning of my career, I recognized the importance of practicing medicine as a ‘people’s doctor.’ All of my research and work has been motivated by the thought of giving patients every option to beat their disease.”

When Dr. Markman joined CTCA in 2010, he brought his more-than-20 years’ experience in cancer treatment and gynecologic research at some of the country’s most recognized facilities, including MD Anderson Cancer Center in Houston, Taussig Cancer Center at the Cleveland Clinic Foundation, and Memorial Sloan-Kettering Cancer Center in New York. He is regularly listed in *Best Doctors in America* and *America’s Top Doctors*. In 2011, Dr. Markman received the esteemed Statesman Award from the American Society of Clinical Oncology.

**President and CEO of Western Regional Medical Center:**

**EDGAR D. STAREN, MD, PHD, MBA**

A renowned surgical oncologist with a doctorate in tumor immunobiology, Dr. Staren is President and Chief Executive Officer of Western Regional Medical Center, having previously served as Senior Vice President for Clinical Affairs and Chief Medical Officer for CTCA Western. Dr. Staren is recognized for his clinical and research activities, with specific expertise in diseases of the breast, liver, and endocrine glands.

Before joining CTCA in 2005, Dr. Staren practiced at Medical College Hospital, St. Luke’s Hospital, and Mercy St. Vincent Medical Center in Ohio, and also served as medical director of Toledo’s MCO Cancer Institute. In 2010, he was selected as one of Chicago’s “Top Doctors” by *Chicago* magazine, and he has been featured in *Best Doctors in America, America’s Top Surgeons*, and *America’s Top Doctors*. 
Director of Naturopathic Medicine and Vice Chief of Staff at Western Regional Medical Center: Shauna M. Birdsall, ND, FABNO

As Vice Chief of Staff and Director of Naturopathic Medicine at Western Regional Medical Center, Dr. Birdsall provides clinical oversight for all medical staff. Prior to joining the Western team in 2008, she spent eight years as a naturopathic clinician at CTCA Midwestern. Her focus is on the effective, evidence-based use of natural therapies, such as vitamins, minerals, botanical medicines, amino acids, and homeopathic remedies, to help improve patients’ health and quality of life.

Dr. Birdsall is particularly committed to the Mother Standard of care, as several members of her family have had cancer. She believes it is extremely important that patients’ every need be met, no matter how small. In each visit with a patient, she asks, “What else can I do for you?”

Medical Oncologist at Midwestern Regional Medical Center: Dennis Citrin, MD, PhD

When Dr. Citrin joined Midwestern Regional Medical Center as a medical oncologist in 2004, he was most attracted to the concept of multidisciplinary cancer specialists focused on the unified goal of providing the very best care possible for the individual patient.

Dr. Citrin already had more than three decades of oncology experience, including service at Mt. Sinai Hospital North and Northwestern University’s Feinberg School of Medicine in Chicago, Albert Einstein College of Medicine in New York, and University of California–San Diego. He is a strong advocate of the patient-empowered approach at CTCA, and particularly appreciates the freedom it gives healthcare providers to concentrate their efforts on attending to patients.

National Clinical Director of Pulmonary/Critical Care, Director of the Lung Center, and Chief of Staff at Southwestern Regional Medical Center: Daniel Nader, DO, FCCP

Dr. Nader serves as the National Clinical Director of Pulmonary/Critical Care for CTCA, as well as Director of the Lung Center and Chief of Staff at Southwestern Regional Medical Center. Dr. Nader, who has been with CTCA since 1992, is board certified in internal medicine, pulmonary disease, and critical care medicine. He has performed more than 4,500 bronchoscopy procedures and provided more than 1,500 high-dose rate (HDR) brachytherapy treatments.

Dr. Nader has served as the Oklahoma Governor of the American College of Chest Physicians, a role that allowed him to lobby for medical issues and act as a patient advocate. Thanks to his vision and determination, CTCA offers patients current advances in the diagnosis and treatment of lung cancer.
Facilities

The regional distribution of CTCA hospitals provides convenient access for patients in all areas of the US and, with locations near several major US cities, direct international flights provide easy access for global patients. Each facility offers a comprehensive range of advanced cancer treatments and supportive therapies so patients can receive treatment at a single location.

Eastern Regional Medical Center

Eastern opened in Philadelphia in 2005, and the facility treated more than 5,000 patients in its first six years. In addition to advanced diagnostic and treatment capabilities and supportive therapies, Eastern offers a number of breakthrough technologies, including intraoperative radiation therapy (IORT), deep tissue hyperthermia, TomoTherapy, NanoKnife, and TheraSphere. Specialty programs include orthopedic oncology, lung and thoracic oncology, sleep disorders, and genetics counseling.

Eastern’s on-site Advanced Center for Lung and Thoracic Oncology provides high-tech diagnostic procedures and aggressive therapies to maximize lung function, as well as treatment to manage fatigue and sleep difficulties. Its sophisticated treatment offerings include bronchoscopy, airway stenting, laser tumor destruction, photodynamic therapy, brachytherapy, and cryotherapy.

In 2012, Eastern earned a full three-year accreditation from the National Accreditation Program for Breast Centers (NAPBC), which assures that all patients with breast disease receive the highest quality of care.

Midwestern Regional Medical Center

Richard Stephenson acquired Zion-Benton Hospital in 1975, laying the foundation for the first CTCA hospital. Additional ground at Midwestern’s current site was broken in 1991, and there have been several renovations and additional build-outs since then. The hospital currently employs more than 100 physicians.

Midwestern offers breakthrough radiation technologies, such as the Varian Trilogy™/RapidArc® system and the Calypso 4D Localization System®; leading chemotherapy protocols and immunotherapies; and sophisticated surgical procedures. Midwestern also employs advanced diagnostic tools, such as Siemens’ Angio-CT MIYABLI system, which uses integrated angiography to guide intra-arterial chemotherapy in treating metastasized colorectal cancer and liver tumors. Advanced treatment offerings include
deep tissue hypothermia, fat grafting, hyperthermic intraperitoneal chemotherapy (HIPEC), IORT, microsurgery, NanoKnife, and TheraSphere. Midwestern is accredited by NAPBC and has specialty programs devoted to gynecologic oncology and hematologic oncology. As a member of the National Marrow Donor Program, Midwestern’s Stem Cell Transplant and Cell Therapy Program provides high-level treatment for hematologic cancers. Transplant options include autologous and allogeneic hematopoietic progenitor cell transplantation using match-sibling, unrelated, family mismatch, and unrelated double umbilical cord grafts.

**Southwestern Regional Medical Center**

Southwestern opened its doors in Tulsa in 1990, and quickly became a major regional presence in cancer care. To meet the growing demand for services, CTCA opened a new, state-of-the-art building in Tulsa in 2005. More than 100 CTCA patients and their family members were involved in the design. The 195,845-square-foot (about 18,190-square-meter) hospital is Oklahoma’s only major hospital totally devoted to cancer treatment.

Southwestern is one of two facilities in the US evaluating use of the Calypso Anchored Transponder for lung cancer patients receiving radiation
therapy. Doctors at Southwestern are also pioneering chemotherapy as an innovative treatment for non-small cell lung cancer and as an adjuvant treatment for pancreatic cancer. The center offers specialty programs in breast, gastric, and neurological cancers and advanced treatment therapies, including deep tissue hypothermia, CyberKnife VSI, HIPEC, and IORT.

Southwestern’s Outpatient Clinic is the locus of most of its diagnostic and treatment activities—approximately 200 outpatients receive care there each day. The new Quality of Life Clinic, which opened in 2011, averages more than 500 patients per month and focuses on addressing symptoms and co-morbidities to optimize quality of life before, during, and after cancer treatment. Southwestern’s Net Promoter Score in 2011 was an outstanding 95.5 percent.

**Western Regional Medical Center**

Western, which opened in Goodyear in 2008, was the first all-digital cancer hospital in the nation. Western pioneered the use of Multi-Organizational Service Units in Arizona: each of Western’s 24 inpatient rooms is fully equipped to serve patients at every level of care, making it unnecessary for patients with more severe conditions to move from room
to room. Nursing stations are directly outside of patients’ rooms, reducing the time required to respond to their needs.

Western is currently the only US medical center offering Interleukin-2 (IL-2) for treatment of melanoma and kidney cancer. This advanced form of immunotherapy enhances the growth and function of T-cells, which are able to destroy tumor cells and improve recovery of the immune system. The center’s other advanced treatment therapies include fat grafting, HIPEC, IORT, selective internal radiation therapy, and TheraSphere.

Western also pioneered the Pod Appointment Concept, in which the patient is surrounded by a team of care providers who come to the patient in one exam room. The pod design increases communication among providers and reduces unnecessary, and sometimes painful, patient shuffling. Since Western’s first patient satisfaction surveys in 2009, the hospital has maintained an average Net Promoter Score above 90. When asked if they would recommend CTCA to a family member or friend, more than 90 percent of Western’s patients said yes.

**Southeastern Regional Medical Center**

The newest CTCA hospital, Southeastern opened in 2012 in Newnan, Georgia, near Atlanta. The 226,000-square-foot (about 21,000-square-meter)
building, designed to feel like an elegant hotel or spa, incorporates 60 in-house accommodations for patients and caregivers, including intensive-care rooms and surgical suites. An atrium provides centralized access to the Patient Empowered Care Clinic, medical departments, and organic food service.

Southeastern utilizes a completely digitized patient documentation system connecting physicians, Care Teams, patients, and caregivers. The system places patients at the center of their Care Team and ensures they are an integral part of treatment decisions. The center offers a full range of medical treatments and technologies, including state-of-the-art radiation and infusion therapy, rehabilitation, and physical therapy. The Quality of Life Clinic is open 24 hours a day, 365 days a year.

Southeastern’s landscaped grounds and rooftop terraces are designed to promote peaceful relaxation. There are even full-service parking spots for patients and caregivers who arrive by motor-home or recreational vehicle.
Regional Directors

The leading administrator at each of the CTCA regional medical centers is responsible for maintaining the organization’s high standards of cancer treatment and patient care.

Midwestern’s President and CEO, Scott Jones, has been with CTCA since 2007 having served most recently as Midwestern’s COO. Under his leadership, Midwestern expanded its surgical services, stem cell outpatient unit, radiation department, infusion center, and added space for inpatient care. These improvements have resulted in more than 30 percent capacity growth as well as reduced patient wait times.

Steve Mackin, President and CEO of Southwestern, has been with CTCA for more than 14 years and has a deep understanding of the organization’s vision, mission, and values. Under his leadership, the hospital has dramatically expanded its technology platform, implemented new services, increased its physician base, and experienced record levels of patient satisfaction with an average Net Promoter Score of 95 percent.

John McNeil, Eastern’s President and CEO, is no stranger to healthcare, having worked as a nurse prior to becoming a hospital administrator. After serving as administrator of hospitals in Hawaii and California, he began working for CTCA at Southwestern and then moved to Philadelphia in 2004 to open Eastern. He received the Silver Award for “CEO of the Year” from the Philadelphia Business Journal in 2011.

Western’s President and CEO, Dr. Edgar Staren, is a renowned surgical oncologist with specific expertise in diseases of the breast, liver, and endocrine glands. In 2010, he was selected as one of Chicago’s “Top Doctors” by Chicago magazine, and he has been a featured physician in Best Doctors in America, America’s Top Surgeons, and America’s Top Doctors. He joined CTCA in 2005, after 20 years of medical practice and administration.

Southeastern’s President and CEO, Anne Meisner, is a masters prepared nurse and has worked at CTCA for more than 15 years, previously serving as Midwestern’s President and CEO. She successfully led Midwestern through two Joint Commission surveys that resulted in commendations.
National Management Team

Founder and Chairman of the Board:
RICHARD J STEPHENSON

Richard Stephenson, a merchant banker, founded CTCA in the late 1980s. After his mother died of cancer, he was determined to develop hospital facilities both with a holistic philosophy and the most advanced cancer treatments. The result is an integrated care approach combining advanced medical treatments with supportive therapies.

Mr. Stephenson pioneered a new paradigm known as Patient Empowered Care®. His model, in which a team of caretakers focuses on individualized treatment for each patient, differs from standard American cancer treatments, in which doctors refer patients back and forth and typically do not work together. Mr. Stephenson also serves as a board member for many other proprietary and philanthropic enterprises.

Vice Chairman:
ROBERT W. MAYO

Robert Mayo is a cofounder of CTCA and currently serves as vice chairman of the board. He met Richard Stephenson after retiring from the US Navy and joined the new organization as Director of Human Resources in 1980. During the past 30 plus years, Mr. Mayo has served CTCA as Executive Vice President as well as President and CEO. He created the cornerstone of the CTCA patient-centered model, the first Oncology Information Specialist Center, which enabled patients to learn more about CTCA from trained representatives over the phone.

Mr. Mayo’s current role is to represent the company in industry, government, and payer relationships and to oversee business development and growth initiatives. His vision for providing state-of-the-art cancer treatment is driven by more than a business passion. His philosophy: “Our desire to grow is not a business imperative. It is a moral one.”
President and Chief Executive Officer:
STEPHEN B. BONNER

Stephen Bonner has served on the CTCA board since 1996 and became President and CEO in 1999. Prior to joining CTCA, he held leadership roles in such companies as Keyport Life Insurance Company, the Construction Information Group of McGraw-Hill Companies, and the Prudential Insurance Company of America. A passionate advocate of patient-centered healthcare, Mr. Bonner has championed the process of empowering patients with comprehensive, unbiased information about their medical conditions.

Under his leadership, CTCA has achieved a marked improvement in patient satisfaction and evolved into one of the preeminent cancer treatment centers in the US. Modern Healthcare listed Mr. Bonner as one of the “100 Most Influential People in Healthcare.”

Chief Operating Officer:
ROGER C. CARY

Roger Cary is the COO of CTCA. Previously, as the COO of Midwestern for ten years, he led the hospital to record-breaking patient growth and exceptional service, as measured by the Joint Commission. Among his system-wide responsibilities, Mr. Cary has been instrumental in growing CTCA by overseeing the development of new hospitals.

According to Mr. Cary, “We differentiate ourselves with our technology, our quality of service, our staffing, and the delivery time of our service. I just recruited a doctor with a stellar resume, but what I wanted to know was, would I want him to take care of my mother? So, I had some of our patients interview him. We treat every patient here as though they were a family member, and that makes all the difference.”
**LEADING SPECIALTIES**

**Length and Quality of Life** are the two most important outcomes for cancer patients. They want access to innovative, proven therapies, and they want to be in control of their treatment decisions. CTCA focuses on treating patients with complex and advanced-stage cancer (typically stage III or IV) and often with multiple co-morbidities, such as diabetes or heart disease. Two-thirds of CTCA patients tried other facilities or cancer programs and chose to seek an alternative—then found their way to CTCA.

The common need of these and all other cancer patients is information about the type of cancer they are battling and the available treatment options. The CTCA philosophy of patient empowerment gives each patient the information and power to make informed decisions about his or her own treatment.

**Medical Technology**

Each CTCA hospital is equipped with state-of-the-art technologies to diagnose and stage cancer, to provide sophisticated treatment, to track treatment response, and to monitor tumors with precision.

Cancer patients who have reached their maximum-tolerance dose of traditional radiation may be candidates for TomoTherapy®, which combines intensity-modulated radiation with the accuracy of computerized tomography (CT) scanning to treat hard-to-reach tumors. TomoTherapy provides a detailed 3D image of the body, so the radiation beams can be fine-tuned according to the tumor’s specific size, shape, and location, while minimizing damage to surrounding tissues and organs.

The Calypso 4D Localization System®, humorously termed “GPS for the body,” delivers focused doses of external beam radiation with greater precision to prostate cancer patients. By targeting cancer cells and avoiding nearby healthy tissue, Calypso minimizes side effects. And the GE Discovery 600 scanner combines positron emission tomography (PET) and CT in sodium fluoride bone scans, providing higher accuracy in detecting osteolytic and osteoblastic metastases and monitoring the effectiveness of treatment.

**Treatment and Innovation**

CTCA clinicians can access and utilize innovative treatment approaches that are not available at many other facilities. These leading-edge therapies combined with a patient-centered approach deliver high-quality treatment for cancer patients at any stage.
**High-Dose Rate Brachytherapy.** In brachytherapy, radiation is delivered through isotope implantation inside the treatment area, precisely targeting cancer cells and causing fewer, milder side effects than conventional radiotherapy. For many cancer types, the entire brachytherapy treatment takes one to two days, compared to five to seven weeks for external beam radiation.

**Cryotherapy.** Cryotherapy, the application of extreme cold to destroy abnormal or diseased tissue, is used at CTCA for lung cancer tumors as well as obstructions in the airway and other parts of the body. During cryotherapy, an image-guided probe is placed on the tumor or obstruction, and then liquid nitrogen or argon gas flows through the probe and freezes the cells. After the procedure, the frozen tissue is either removed by a doctor or absorbed by the body.

**Deep Tissue Hyperthermia.** In 2011, Southwestern and Eastern hospitals became two of only a few facilities in the US that have BSD-2000 deep tissue hyperthermia machines. Currently used to treat cervical cancer in conjunction with radiation therapy, deep tissue hyperthermia is also being investigated for other abdominal and pelvic tumors. The technique dilates blood vessels around the tumor, causing oxygen-carrying red blood cells to spread into it. When the patient is later exposed to therapeutic radiation, the radiation reacts with the high levels of oxygen in the tumor, potentially destroying the cancer cells.

**Intraoperative Radiation Therapy.** In 2010, Eastern Regional Medical Center became one of the first US institutions to offer intraoperative radiation therapy (IORT) with a Novac7 mobile linear accelerator. Patients can receive IORT at the same time as their surgery, allowing highly concentrated beams of radiation to be delivered directly to the tumor bed immediately after tumor removal. The surrounding healthy tissues and organs are shielded, so this technique significantly increases the dose that can be delivered—for example, the equivalent of several weeks’ standard radiotherapy in a single session—thereby decreasing the number of additional radiation treatments needed for many patients.

IORT also destroys microscopic tumor cells left behind by surgery, before the cells have a chance to divide or migrate to other areas of the body. IORT is utilized with a wide range of diseases, including breast, colon, esophageal, ovarian, prostate, and skin cancers.

**Hyperthermic Intraperitoneal Chemoperfusion.** Hyperthermic intraperitoneal chemoperfusion (HIPEC), a relatively new procedure performed by only a few doctors in the US, was initiated at Southwestern Regional Medical Center in 2011 and later made available at the CTCA Eastern, Midwestern, and Western locations. In HIPEC, a heated chemotherapy solution is delivered directly to the abdomen during surgery,
and after surgical oncologists remove visible tumors within the abdomen, the solution penetrates and destroys any remaining cancer cells. HIPEC is a treatment option for people who have advanced surface spread of cancer within the abdomen but without disease involvement outside of it.

**Molecular Biology and Profiling.** For patients with melanoma that has spread or has been surgically removed, CTCA offers Yervoy, a man-made monoclonal antibody that blocks a crucial switch in immune cells. CTCA hospitals also employ molecular biology techniques to detect genetic abnormalities. This information is beneficial in determining prognoses and designing effective treatments.

Tumor molecular profiling is used to identify the most effective chemotherapy drugs and other targeted therapies. The Caris Target Now Molecular Profiling system compares a tumor’s molecular “blueprint” with data from thousands of clinical studies and matches therapies to the specific biomarker information.

**Stem Cell Therapy.** Stem cell therapy is used to replace ailing tissues or tissues destroyed by cancer or treatment. Hematologic oncologists at CTCA hospitals perform two types of stem cell transplantation to treat blood-related diseases, including lymphoma, multiple myeloma, and leukemia. In autologous transplants, stem cells are harvested from the patient’s own blood, frozen and stored, then re-infused into the bloodstream after any

### Cancer Types

CTCA hospitals treat most types of cancer, with an emphasis on complex and advanced-stage disease.

- Acute Lymphocytic Leukemia (ALL)
- Acute Myelogenous Leukemia (AML)
- Adrenal Cancer
- Anal Cancer
- Appendix Cancer
- Bile Duct Cancer
- Bladder Cancer
- Bone Cancer
- Bone Sarcoma
- Brain Cancer
- Breast Cancer
- Cervical Cancer
- Cervix Uteri Cancer
- Chronic Lymphocytic Leukemia (CLL)
- Chronic Myelogenous Leukemia (CML)
- Colon Cancer
- Colorectal Cancer
- Endometrial Cancer
- Esophageal Cancer
- Ewing Sarcoma
- Extrahepatic Bile Duct Cancer
- Fallopian Tube Cancer
- Gallbladder Cancer
- Gastric Cancer
- Glioblastoma Multiforme
- Hairy Cell Leukemia
- Head and Neck Cancer
- Hodgkin Lymphoma
- Intestinal Cancer
- Intrahepatic Bile Duct Cancer
- Jaw Cancer
- Kaposi Sarcoma
- Kidney Cancer
- Laryngeal Cancer
- Leukemia
- Liver Cancer
- Lung Cancer
- Lymphoma
- Melanoma
- Mesothelioma
- Multiple Myeloma
- Nasopharyngeal Cancer
- Non-Hodgkin Lymphoma (NHL)
- Non-Small Cell Lung Cancer (NSCLC)
- Oral Cancer
- Oropharyngeal Cancer
- Ovarian Cancer
- Pancreatic Cancer
- Peritoneal Cancer
- Pharyngeal Cancer
- Prostate Cancer
- Rectal Cancer
- Renal Cell Cancer
- Renal Pelvis Cancer
- Skin Cancer
- Small Cell Lung Cancer (SCLC)
- Small Intestine Cancer
- Soft Tissue Sarcoma
- Squamous Cell Cancer
- Stomach Cancer
- Testicular Cancer
- Throat Cancer
- Thyroid Cancer
- Tongue Cancer
- Tonsil Cancer
- Transitional Cell Cancer
- Tubal Cancer
- Ureter Cancer
- Uterine Cancer
- Uterine Sarcoma
- Vaginal Cancer
- Vulvar Cancer
remaining cancer cells have been destroyed by high-dose chemotherapy and sometimes radiation therapy. The stem cells travel to the patient’s bone marrow and produce new blood cells. Procedures for allogeneic transplants are similar, but stem cells are collected from a matching donor and transplanted into the patient to suppress the disease and restore the patient’s immune system.

**Clinical Outcomes.** On its website, CTCA publishes advanced-stage survival statistics for ten of the most prevalent cancers treated at CTCA; these are also compared to the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) database. The CTCA and SEER figures are presented in an accessible, consumer-friendly format, and patients and caregivers are encouraged to review them during the treatment planning process. Across the ten most prevalently treated cancer types, for the most part, treatment results at CTCA have remained constant or have improved over time. Visit the Cancer Treatment Statistics and Results section of cancercenters.com for more information.
At CTCA, each patient has a Care Team of healthcare professionals who pool their expertise. Depending on the patient’s diagnosis and wishes, team members might include medical, surgical, radiation, gynecologic, and orthopedic oncologists, as well as hematologists, immunologists, pulmonologists, anesthesiologists, pathologists, neurologists, internists, oncology-certified nurses, pain management physicians, registered dieticians, rehabilitation therapists, naturopathic and mind-body medicine providers, and spiritual support providers.

The Care Team prepares ahead of time and then meets with the newly arrived patient in a single, comfortable location at the CTCA hospital. Scheduling is fast, easy, and automatically created in a block of sequential appointments. Providers visit, one right after another, and meet the same day to review and discuss the patient’s current situation and treatment. During the consultation, team members have the opportunity to communicate directly with each other and share updates right away. Care Team members work together to ensure their patient’s streamlined care and wholly personalized treatment plan.

Patient Evaluation

The CareEdge® Program at CTCA guarantees new patients with breast, colorectal, lung, or prostate cancers a diagnosis and treatment plan in five days or less at an all-inclusive package price. Prices range from US$10,000 to US$14,500 and cover professional and facility services, travel, and lodging in connection with the evaluation.

For example, for a patient with lung cancer, doctors first review the medical history and any pathology and staging information available from previous providers. The next step is an on-site physical exam and laboratory testing, including bronchoscopy, sputum cytology, and a variety of lung function tests. Imaging, such as a CT scan, PET scan, or ultrasound, is then used to confirm a lung mass and to look for metastases. Once the diagnosis is confirmed, a lung or lymph node biopsy might be performed to determine the specific type and stage of the disease. All of the obtained information is used to design an appropriate treatment plan and to assess the patient’s progress during treatment.

The evaluation process for patients with other types of cancer would be similar: medical history, review of previous diagnostic information, physical exam, laboratory tests, imaging, and biopsy, if appropriate.
Patient Orientation

New patients at a CTCA hospital are greeted by the First Connections Team, which provides efficient, personal, one-on-one assistance with getting oriented. As some paperwork is necessary to begin treatment, the team works in advance to expedite this process, allowing patients to complete the majority of their paperwork in the comfort of home.

When a patient arrives at the hospital, a Patient Advocate provides a New Patient Care Guide and introduces the patient and companions to the facility and its services. Advocates discuss their role with new arrivals during the initial evaluation period and make sure all of their needs are being met.

CTCA Patient Advocate Nancy Murphy says, “I always tell patients, ‘I know that you are frightened right now, but by the end of today, you are going to feel a little different.’ And, they usually do.”

Nurse Navigation

CTCA launched its Nurse Navigation Program at Southwestern in 2011 to coordinate patient care throughout the initial intake process. Now at all of the regional centers, Nurse Navigators help new patients communicate with their multidisciplinary team and make informed decisions about their treatment. They talk to patients before they arrive at the hospital, answer questions, and identify any special needs, such as pain management.

With the help of a Nurse Navigator, the time from a patient’s first contact with CTCA to the initiation of treatment is minimized. After the patient meets with a medical oncologist and receives a treatment plan, the Nurse Navigator transitions the patient to his or her Care Management Team.

Care Management

Care Managers at CTCA are registered nurses with oncology expertise who help coordinate the many different aspects of inpatient or outpatient care. Their goal is to facilitate patients’ wellness and autonomy through a collaborative process of assessment, planning, communication, education, and advocacy. Care Managers serve as advisors and advocates during treatment, and they continue to do so after treatment is finished, through the Survivorship Support Program.

If a CTCA patient has medical questions or concerns, Care Managers are the first point of contact. They communicate with doctors, caregivers, and health insurance companies on the patient’s behalf. Care Managers review medical history, assist with referrals to specific departments, consult daily with the patient’s integrated Care Team, discuss the treatment plan, provide information needed to make informed decisions, help keep track of test appointments and results, identify questions/concerns for the oncologists, provide information about managing side effects, and
coordinate discharge planning when it’s time to leave the hospital. They transition patients to outpatient/home care services, conduct regular follow-up interviews to help patients at home manage symptoms, and serve as an ongoing link to CTCA.

The Care Management Concierge Program provides 24-hour access to a registered nurse, seven days a week. Patients can stop by the office without an appointment to ask questions or talk about concerns. Social work assistance is also available to collaborate with Care Managers on such issues as crisis management, applying for disability, help with paying for medication, and linking to appropriate community resources.

**PATIENT EMPOWERED CARE**
Financial and Insurance Advocacy

CTCA offers financial support in a number of forms: information, advocacy, monetary assistance, and additional resources. Patients can meet with Financial Advocates in person or talk over the phone to discuss financial issues. CTCA Financial Advocates can acquire summaries of the applicable insurance coverage, help explain benefit options, and provide a general assessment of what will and won't be covered before patients even arrive at the hospital. They can also help patients fight to obtain appropriate payment of insurance claims, assist with denied claims or other issues, and help write an appeal.

The Patient Accounts Team at CTCA answers billing and insurance questions and keeps patients informed about their healthcare costs by explaining out-of-network coverage, confirming whether insurance providers have paid claims, providing itemized statements, and checking on statement balances. CTCA offers a Financial Hardship Program to help patients who experience financial difficulty while undergoing treatment; a need-based payment plan is arranged for patients who qualify for this program. CTCA has relationships with several external companies, nonprofit organizations, and foundations to assist patients facing financial difficulties.

Travel Assistance

CTCA Travel Consultants handle all visit details, including transportation and lodging arrangements. A CTCA representative schedules the air or train travel, reserves accommodations at on-site guest rooms or a nearby hotel, and greets the patient at the airport or train station with personal transport to the hospital or lodging.

Each CTCA hospital has a Transportation Team for patients. For local patients (typically living within 50 miles [about 80 kilometers] of the hospital), a CTCA driver picks them up for appointments and takes them back home afterward. For patients staying at off-site accommodations, CTCA shuttles make frequent, daily trips to and from the hospital.

Dining and Nutritional Support

Each CTCA hospital features a modern, self-service dining room offering healthy meals at affordable prices. An executive chef manages each Culinary Team and coordinates patients’ meals with the hospital’s registered dieticians. The Culinary Team strives to accommodate special requests. To help patients and caregivers maintain healthful eating habits during and after their visit, CTCA offers cooking demonstrations, grocery shopping tours, and recipe cards featuring healthful dietary options.
**Colon Cancer:**
**PHIL B., WISCONSIN, US**

“I’m a retired firefighter, so I know what fighting is, and I’m not going to let the dragon slay me.” That’s how Phil B. took on his battle with stage IV colon cancer.

His personal war began in 2006 when, at age 48, Phil noticed some blood in his stool. “A typical male, I didn’t see anything to be concerned about,” he says, but his wife, a registered nurse, took him immediately to an urgent care facility. The next day, he had a colonoscopy. By the time the anesthesia wore off, Phil found himself an inpatient in his hometown hospital, with colon surgery scheduled for the following day.

A week later, Phil had done his homework. He contacted the surgeon and agreed to the removal of 9 inches (about 23 centimeters) of his colon, but his plans didn’t stop there. “I’m going to Cancer Treatment Centers of America,” he declared. Phil had a friend at work that was going to CTCA, and she was full of praise for the personalized attention she was receiving there.

Phil understood his friend’s reasons when he first arrived at the center in Zion, Illinois. “You walk in the door at CTCA and it’s a totally different world,” Phil says. He quickly noticed that every staff member, from the receptionist to the CEO, remembered his name, inquired about his family, and offered a hug or a joke when needed.

At CTCA, Phil immediately began a course of 15 monthly five-day chemotherapy treatments through a port surgically implanted in his shoulder to feed drugs directly into his arteries. The treatment was, in Phil’s judgment, “rough,” and Phil’s fight against cancer during that time was intense. Fortunately, it showed results quickly. “My biggest tumor was the size of a baseball. With three of those intra-arterial treatments, we knocked it down significantly,” Phil reports.

Even at his weakest point, Phil never lost his sense of humor. In December, at his lowest weight, he walked into the infusion clinic with battery-operated Christmas lights wrapped around his body, dragging his pump on wheels behind him, and handed out candy to the other patients on chemo. “I got some people to laugh and feel better, so I felt better, too,” he says.

Today Phil is cancer-free and is a regular advisor to CTCA physicians and managers in the ongoing improvement of their services. His first “rule” is, *Be comfortable with your doctor:* His second rule is, *Never let cancer defeat you.* “You can do all the medicine you want, but you’ve got to have the attitude and the fight,” he asserts. “My family, my friends, my pride, my work, everything was 110 percent.”
Breast Cancer:
MARIE B., OREGON, US

With a history of breast cancer in her family, Marie knew mammograms were essential. Her regular physician recommended she have a mammogram early, at age 35, to establish a baseline. That turned out to be good advice. Her mammogram at age 39 revealed a slight change, and a biopsy determined she had cancer. “The mammogram at 35 saved my life because, without it to compare to, they would not have noticed the change in my breast. I was very fortunate!” Marie says.

Marie opted for surgery. Based on her pre-operative x-rays, which showed only the tip of what turned out to be a 2-inch (6-centimeter) tumor, she went in for a double mastectomy with a stage I diagnosis. She came out, however, with a stage IIIB diagnosis.

Having seen ads for Cancer Treatment Centers of America on TV, Marie suggested her husband check the CTCA website: “He came out of our home office a couple hours later (I think it was around 1:00 a.m.) and said we were going to CTCA in Chicago, Illinois. I said, ‘Okay.’”

In 2004, the couple traveled to CTCA to get a second opinion. In the CTCA New Patient Clinic, Marie met several physicians and underwent a battery of tests and scans. “It was a scary process, but we felt very reassured by the amount of care and attention to detail they showed us,” Marie says. Ultimately, she chose treatment at CTCA because the CTCA staff and physicians were, in her words, “so much more informed, didn’t take any chances with my health, gave me a complete examination to make sure I was in good enough health to handle the treatments they offered, and gave me choices, with clear communication on the potential outcomes and risks for those choices.”

Today, Marie has been cancer-free for eight years and counting. She goes back to CTCA only once a year. “They never stop caring about me,” Marie says. “The quality of care I received and still receive at CTCA is unmatched.”
Stomach Cancer:  
DEAN A., OHIO, US

Dean A. lives with his wife in a small town in northeastern Ohio. Dean is a self-employed handyman, and he owns and operates an electronic security company—a business he started after beating cancer! He is also a reverend. His spiritual faith runs deep, and he tries to offer hope and support to all he meets, just as God has done for him over the years.

His battle against cancer began innocuously and painlessly, with only some trouble swallowing when he ate. “I thought it was nothing,” Dean says. “I did notice I was losing a little bit of weight and getting tired easily, and you just write stuff like that off as part of getting older, but my wife made me go to a doctor.”

The doctor suggested an endoscopy, which identified an ulceration in Dean’s stomach. The next step, a biopsy, disclosed a stage III cancerous stomach tumor, which had grown up around his esophagus and was causing his difficulty swallowing.

“We called CTCA and they had us on a plane three days later [to travel to the center in Zion, Illinois]. They arranged everything, and drove us to the hospital from the airport.” Dean soon discovered that the CTCA approach is different. His treatment plan was developed not by a single doctor but in collaboration with a team of specialists who shared their knowledge and skills. “At CTCA, they’d put us in a room and the doctor would see us, and then they’d send in the naturopathic doctor, and then the nutritionist, and then the pastoral care. We didn’t have to traipse all over the place. We just stayed in the same room, and everybody came to see us. That’s very convenient and comforting,” Dean says.

Because of the cancer’s stage, the CTCA doctors prescribed chemotherapy first. Dean completed a 13-week course of drug treatment, flying to Chicago for three days every three weeks. Dean favors the three-day regimen over the “all-in-one-day” option: the body tolerates the drugs better and the patient doesn’t feel so sick. When chemo was over, Dean’s physicians did a number of scans and tests. These showed shrinkage of his tumor and no “live” cancer, but his medical team wanted to do exploratory surgery to make sure he was cancer-free.

Dean woke up from the surgery to find that half his stomach and part of his esophagus had been removed. “I wasn’t in shock or anything at the outcome,” he says. “They found a couple of live spots, so they had to take it. They had to do what they had to do.”

Dean recovered in the hospital for a week before returning home to Ohio to recuperate, but his treatment had not yet ended. After the surgery, the doctors recommended radiation therapy. Dean replied, “You’ve got to be kidding. Why?” They explained that removing every cancer cell surgically is nearly impossible. When the capillaries heal from surgery and reattach to the remaining microscopic spots of cancerous cells, blood can start feeding those cells again, and a tumor can start to grow. That explanation made sense to Dean, so he chose to go ahead with the radiation.

For his radiotherapy, Dean lived in the CTCA guesthouse for six weeks. His treatment took five minutes daily, and he had the rest of his time free. Dean soon learned that staying in the guest quarters with other patients had many advantages. “Some of the folks had musical instruments, and almost every night we’d gather in a room and play and sing songs, and it was super. I very much enjoyed my time there. I started a Bible study while I was there, and they carried it on for a few years afterward,” he says.

Dean’s battle against cancer lasted a total of ten months. “I don’t have nearly the stress that I used to,” he says. “I feel better today than before I had cancer.” In the seven years since his treatment, Dean has been sick only once—with nothing more troublesome than a cold. He’s leaner and more energetic than he was before treatment, and stronger, too. “You’d be amazed at what this skinny little guy can do,” he quips. His only prescription drug is an antacid, and he can eat whatever he likes, although he admits that wolfing food or indulging in sweets can cause him discomfort. For medical follow-up, Dean goes back to CTCA once a year.
Breast Cancer: 
HELEN C., MARYLAND, US

Helen C. is a crafter turned artist. She designs jewelry, clothes, window treatments, and more—a vocation that keeps her bustling. But one day her busy life changed. She discovered a lump in her right breast. “Sometimes swelling just goes away, so I waited and watched for about three days, and I’d touch it and say, ‘Nah, this is not a lump,’” she confesses. But she soon knew she could not wait any longer. The lump in her breast was the size of a plum pit, and it persisted.

She called her primary-care doctor and scheduled tests for the next week. When all of the test results came back, Helen was informed that her breast tumor was at stage 0, noninvasive. The diagnosis meant she could have a lumpectomy (instead of a mastectomy), but her surgeon mentioned some of the lymph nodes under her arm might have to be removed surgically, too. Helen asked if lymph node removal might be avoided, and her surgeon replied that if a biopsy of the nodes came back negative, their removal would be unnecessary. Helen had the biopsy and was told the result was indeed negative.

Helen proceeded with her lumpectomy and planned to start six weeks of radiation treatments two weeks later at a facility near her home and then was told she needed more surgery.

Wanting a second opinion, Helen called CTCA. Her impression was positive from the start. Her first conversation with a CTCA representative in Chicago made her feel respected and hopeful. When asked for her medical records, Helen said, “Please don’t make me travel to all those places to get them,” and she was thrilled to learn she would not have to—she simply signed a consent form and CTCA arranged for most of her records to be sent to their facility in Philadelphia, Pennsylvania, where she would be treated. All the appointments she needed for a six-day consultation there, plus train travel and hotel reservations, were set up for her, too. “It de-stresses you to have that kind of help,” Helen says.

From testing at CTCA, Helen was re-diagnosed as stage II, so her CTCA surgeons cleaned up
the margins and removed some lymph nodes for biopsy. While she was under anesthesia, Helen also received intraoperative radiation therapy (IORT) targeted to the tumor area, a treatment she had never heard of before contacting CTCA.

Afterward, Helen’s surgeons and oncologists were with her to explain everything that had happened. They had taken four nodes, found no more cancer, and administered IORT. “They talked about my whole body, asked how I was feeling, and asked if I wanted to talk to a minister. They explained that after surgery you’re always in danger of blood clots, so they kept me in bed overnight with massagers on my legs to keep the circulation going,” Helen says. During her stay in the hospital, a friend stayed with her and CTCA took good care of him, too.

After Helen started feeling better, CTCA physical therapists sat her in a recliner and showed her some chair exercises. They also shared tips to help her during recovery. “There’s a contraption with a pole and a strap that wraps around your foot for getting out of bed one leg at a time, and there’s a grabber for reaching and picking things up, and another thing that looks like a PVC half-pipe with a rope on it that you use to get your socks on. They didn’t miss anything,” Helen reports.

Then came the day when Helen’s surgeon and oncologist brought in the latest test results and announced, “You’re cancer-free!” Helen jumped from her bed to hug the doctors and the nurse and was so excited she walked out to the nursing station and shared the good news. “An elderly lady with an oxygen tank said she was so happy for me and I thanked her and hugged her, too,” says Helen. “A light bulb went on in my head in that moment and I thought, If this lady can be happy for me, then I can put time in to get someone else to try to understand what CTCA can do for them.”

Helen says her experience has taught her a great deal. For one thing, self-examination saved her life, so she encourages all women to begin screening early and to self-test frequently. “You have to be in tune with your body,” she says. She is also now more aware of some steps she can take, such as maintaining good nutrition, to reduce the risk of disease. Her CTCA oncologist found that the level of vitamin D in Helen’s blood was low. A prescription brought her level up, and she now takes a supplement every day as a part of her regular diet. Most of all, Helen advises everyone to ask questions. “Say to yourself, ‘This is about me and my survival and I deserve the best help I can find,’” she recommends. “That’s what I went for, and no one I’ve seen is better than CTCA.”
“They never stop caring about me. . . . The quality of care I received and still receive at CTCA is unmatched.”
—Marie B., Oregon, US

THE SUCCESS IN TREATING COMPLEX AND ADVANCED-STAGE CANCERS AT CTCA is a tribute to Richard Stephenson’s caring, insight, and determination. And his integrated approach—combining advanced treatment with supportive therapies, a focus on Patient Empowered Care, and a dedication to providing the Mother Standard—has made CTCA a national leader in cancer care.

While only a face-to-face meeting with a physician can provide specific medical information and advice, CTCA Oncology Information Specialists can help a prospective patient decide whether its services fit his or her specific needs. These specialists can be reached by phone (1 888 841.9129, US and Canada toll-free and +1 847 342.6883, International) or through cancercenter.com for an online chat or email connection.