

## **Working Wonders**

*New Providence Cancer Center built for positive patient attitudes and outcomes*

By Alaina Buller

Dr. Walter Urba and Dr. Bernie Fox have had many successes throughout their work at Providence Cancer Center, but the story of one young woman who passed before her time stands out in their memories.

Karen Bender McCuen was in her early 20s when she first sought treatment at Providence for metastatic melanoma, a rare form of skin cancer. Previously, a number of standard treatments failed to control the disease, so she and her young husband were hopeful that Providence could provide additional care. McCuen's family traveled from Michigan to Portland to be with her.

Fox and Urba tried a number of experimental treatments, and all the while McCuen and her family were optimistic about the outcome. Unfortunately, McCuen's treatments were not successful, and the melanoma caused her early death. Both doctors had grown close with their patient, and Fox was able to attend her funeral in Michigan.

"As the doctor and the researcher you have this sense of failure because the patient didn't benefit like you wanted them to and the patient died," Urba says. "But the amazing thing is ... months later a check comes back to support further research with a description of how important this was to them and how they're forever grateful. This gave them hope at the most difficult time in their life."

McCuen's parents donated money to create the McCuen Memorial Scholars Fund, a fund that allows the most promising science student from Grant High School each year the opportunity to work in the hospital laboratory over the summer.

"It's important not to underestimate the positive effect you can have on a patient and their family by being there, by working hard and trying hard to make things better," Urba says.

It was the personal attention and positive attitude that McCuen's parents appreciated, and with the growing number of cancer diagnoses over the years, Providence has to work harder to maintain that level of care with each patient.

In February 2008, their job will get just a bit easier. Providence of Portland will open the doors to the new 11-story, 500,000-square-foot Cancer Center. The center will house treatment facilities, research labs, patient and family counseling, spa amenities, a library, and much more all under one roof.

"On one hand, it's too bad that they have to build a cancer center," says cancer survivor Deb Bridges. "And on the other hand, it's a reality, and I just think that they're doing what needs to be done for the well-being of the patient."

That sentiment rings true for most people heavily involved in cancer care. Cancer is not a choice; it's a reality. Many staff members and volunteers have experienced the effects of cancer — either as a patient or as family or the friend of a patient. And now they're doing what they have to, what needs to be done.

In 2007, the American Cancer Society estimated 1,444,920 Americans would be diagnosed with cancer. About 559,650 Americans were expected to die of cancer — that's more than 1,500 people a day.

The big numbers are overwhelming, but it's the smaller numbers that really hit home.

Approximately one of two American men and one of three American women will have some type of cancer during their lifetime. Cancer is the second most common cause of death in the U.S., exceeded only by heart disease. It accounts for one of every four deaths.

The new Providence Cancer Center was not only built to combat those figures, but it was also carefully designed to make sure the patient doesn't feel like a statistic.

Bridges was diagnosed with colon cancer in 2004 at age 37. The hustle and bustle of daily life caused her to ignore her symptoms at first. But when she finally made an appointment, things proceeded quickly. A colonoscopy one week, surgery the next week, and chemotherapy soon after.

"Everything with me happened so fast that it was sort of surreal," Bridges says. She distinctly remembers the shocked reactions she received when she broke the news to family and friends. "They would look at me and say, 'How do you have cancer? You're the healthiest person I know.'"

The initial diagnosis is scary, but what immediately follow are several hospital visits and even some extended stays. The first order of business in the new center was to create a welcoming environment and to remove the typical hospital atmosphere. This task was accomplished by commissioning about 12 local artists to create paintings and glasswork placed throughout the center, all with a Northwest theme. The furnishings and color palette reflect the calm nature feeling as well. Sage greens, dusty purples and soft yellows grace the walls, while leaf and vine patterns appear throughout the décor.

Each of the 94 patient rooms is situated on the exterior of the building to take advantage of the views and natural light, which is also utilized with skylights in the private bathrooms. The rooms are equipped with wireless Internet connections and flat screen televisions. But perhaps the most useful addition to these spacious rooms is the family area with a sleeper couch — family members can gather to visit or catch up on some much needed sleep without leaving the patient. There's even a curtain to separate the patient bed and the sleeper couch for added privacy. Four extended stay rooms have a larger family and reading area.

Recognizing that the family spends nearly as much time at the hospital as the patient, Providence placed family waiting rooms on each floor. Each waiting room has a bathroom with a shower, a TV and play room, a separate room with a cot for sleeping, and a kitchen and dining area.

"Cancer is a disease that affects the entire family. It's not like high blood pressure or pneumonia. This is a disease that's threatening to take your husband or wife, your son or daughter," says Urba, who speaks from personal experience as well as professional — his mother had cancer. "So the decisions are all family decisions. The care is often unfortunately such that it requires hospitalizations or treatments with medicine that

causes side effects. The care giving is often provided by the family. So what the center is recognizing is the importance of all those aspects of care.”

Bridges also understands the stress families can go through during treatment. Her mother’s father died of cancer and her partner’s best friend also died of cancer. She says for them, the c-word equals death.

“Cancer is always much harder on the caregiver and the family. Because as a patient you just kind of keep putting one foot in front of the other,” Bridges says.

Bridges is thankful that her chemotherapy was easier than most, and she credits it to the complimentary care she received at the Integrative Medicine Clinic. Providence is unique in the fact that they offer a wide range of complimentary services. As Bridges says, “they look at the whole patient” and the patient’s entire experience — from beginning to end — with cancer. The new Cancer Center will house all these services in one building for the convenience of the patients, including patient and family counseling, spa services for patients and family, a Transitions Center to purchase prosthetics and wigs, healing and meditation gardens, and a bistro-like café.

Bridges knew she wanted to explore Eastern techniques as well as utilizing Western medicine. She found her doctor very receptive to the idea.

“She said, ‘If that’s the way you want to go, that’s great to do both. But please think about going (to the Integrative Medicine Clinic) first because these folks know what the chemo is doing to your body,’” Bridges says. “That’s so cutting edge for a hospital to not only encourage complimentary care but to embrace it, to say so many of our patients want this that we’re listening. Here’s a program for it.”

She started visiting the Integrative Medicine Clinic right after her first chemotherapy appointment. Her doctor focused on techniques that would support the digestive system, since that is one of the hardest hit areas of your body during chemo. She received acupuncture, massage, and a technique called cupping that utilizes glass globes to create suction and negative pressure against the skin.

“I really had a remarkable experience with chemo,” Bridges says. “I was able to work most of the time. I never had mouth sores, I never got diarrhea, I never lost weight, and I never had to miss a chemo treatment, which is amazing.”

She even continued to play soccer most of the time during her treatments. Bridges says getting the alternative treatments created a sense of balance for her and her well-being.

“I think Western medicine saved my life and Eastern medicine made my life bearable. I’m not going to deny that I think Western medicine saved my life definitely. Definitely. But what I did with the Integrative Medicine Clinic made my experience with chemo almost ... not enjoyable, but definitely tolerable.”

While most patients are probably not as lucky as Bridges, the new center seeks to make the chemotherapy experience as pleasant as possible. When attending chemo appointments, patients will have the option of using a semi-private room. These rooms have large windows with a view and room for a friend or family member to join them.

Their current chemotherapy area is a large open room where all patients sit in recliner chairs and face the nurses. Now, if patients prefer a little privacy, there is a choice.

Also, patients can take advantage of the gorgeous Northwest summer days with the chemotherapy garden. Patients can roll out to the private garden with their IV bag and enjoy the weather during their several hours of treatment. The garden area has plenty of shade and it is wired so nurses can be called at any time. Urba played a pivotal role in creating the concept for this patient-only garden.

Another integral addition to the new Cancer Center is the Jill Lematta Learning Resource Center, a library that provides access to literature and computers so patients and families can gather as much information as possible on the cancer treatments.

Wes and Nancy Lematta, long-time supporters of Providence Cancer Center and owners of Columbia Helicopters Inc., donated the money for the resource center in honor of their daughter. Jill Lematta dealt with various types of cancer for about 15 years until she died in 1995 at age 47. After treating Hodgkin's disease in the 1980s, sickness returned to Jill's body in the form of breast cancer in the early 1990s. That's when she visited Providence and became close with Urba and the staff.

Though her bout with the various diseases was rough, Jill maintained a positive attitude and was able to earn her college degree and complete law school. She lived her dream of practicing law for one year before she was forced to stop working. Wes and Nancy were so pleased with the service she received that they began donating to and volunteering at the center right away.

When the plans for the new building started taking shape, the Lemattas asked the doctors at Providence to put their heads together and help them decide where they could assist the most. Nancy says that since Jill had such a quest for knowledge, it seemed only fitting that they fund the library.

"The reason we chose the Jill Lematta Learning Resource Center in her name is that she researched everything that was being done to her," Nancy says. "One time Wes said to Dr. Urba, 'You and Jill have gotten to be good friends through all of this.' And he said, 'Yep, she just tells me what to do and I do it.'"

Wes, also a five-time cancer survivor, donated \$1 million in 2003 to provide funding for a new cancer research laboratory that was named in his honor. Since research is a huge part of the process at Providence, the doctors are always thrilled when they acquire new lab space.

And in speaking with Urba and Fox, they are elated that the new center will immediately double their lab space, and over time possibly triple it.

"Obviously for me, the first thing that jumps out is the potential to enhance the basic science and clinical research program," Urba says. "Half the people who get cancer die every year, and the only way that's going to get better is through combining research and taking what we learn about cancer and applying it clinically."

Urba is the director of the Robert W. Franz Cancer Research Center in the Earle A. Chiles Research Institute at Providence. The Research Center was founded in 1993 and

today collects more than \$2 million annually in federal grants. Fox heads the Laboratory of Molecular and Tumor Immunology, where the major focus of study is immunotherapy — triggering the immune system to fight cancer. Through this lab they've been able to test vaccines in patients with cancers of the lung, prostate, kidney, breast, and malignant melanoma.

Across the nation, 3-5 percent of patients are placed on clinical trials, Urba says. At Providence, they've increased that number to 24 percent. With the center specializing in experimental treatment, several patients are referred to Providence when their traditional treatments fail. Of course, with experimental treatments come unknown results.

“Honestly, there's a little bit of fear and nervousness, particularly for the first patients,” Urba says. “We can sit there and say, ‘Well, this is what happened to the mice, and we don't think anything bad is going to happen, but ...’ So these people have a lot of courage in what they do and how they step forward and participate. I think that while there's a little fear, there's usually a positive sense of giving back. I can't tell you how many times I hear, ‘I know that this may not help me, but it may help somebody else or it may help my children.’”

In fact, the doctors are still studying the tumor cells of McCuen. Though the experimental treatments did not benefit her directly, doctors are able to use her cells in current experiments.

“Her tumor did all kinds of crazy things that shut off the immune system, and the students who study her cells get told that, so there's still a connection to her,” Fox says.

The best example of a current clinical trial is the anti-OX40 treatment program, based on years of laboratory work by Dr. Andrew Weinberg. He has been examining whether the same white blood cells that destroy healthy tissue in autoimmune diseases can become very potent activators against cancer cells to eliminate tumors.

“It's very exciting, but the challenge is that it's in a mouse,” Urba says. “How do you translate that to the patients?” It was a collaborative effort between the lab, the clinic and a donor committee to help raise money to fund the project.

Currently, patients with a variety of cancers who no longer have effective treatments available to them are being treated with antibodies to OX40. The trial is about one-third complete right now. Urba says they've seen a couple hints that the tumors have shrunk and there is good evidence that the immune system is being activated in a positive way.

“It gives us a lot of hope that we'll see even better results when we go to the next 10 patients, which is a higher dose,” he says.

The collaboration between lab workers and clinicians is an important one, and something they took into consideration when designing the new building. The researchers have easy access to patients and the clinical trial nursing areas. And since cancer requires multi-disciplinary treatments — there's usually a surgeon, medical oncologist, radiation oncologist, nurses, physical therapists, etc. — the building allows for better care because the doctors and patients are in such close proximity.

But patients won't be the only ones benefiting from the new facilities. Employees are excited about the changes as well.

One of the most innovative modifications is placing sterile processing on the fifth floor right above the operating rooms. Generally, due to possible leaks, sterile processing is placed on the ground floor or basement area. But the building crew was able to completely seal the fifth floor, and allow the sterile processing workers a room with large windows and a view.

Ken Brooks, project coordinator for design and construction, was fortunate enough to give employees a tour of their new area. "One of the girls started crying when she came up here. It broke my heart. She was so excited," he says. "But it's cool just to have the department up here. Their place now is really ... creepy."

The operating rooms, most of which are currently 25 years old, went from 450 square feet or less to 600 square feet. All operating rooms are fully equipped and can cater to any type of surgery, which cuts down on the waiting time for available rooms — a problem they are currently encountering.

Two operating rooms are even set up for a robot called "The Davinci." Surgeons can sit at a console and control the robot through two independent cameras working each one of the robot's eyes. This process started out as "a cardiac toy," as Brooks says, and urologists are discovering that they are able to use it successfully as well. It's less invasive; they are cutting surgery times in half and recovery times are shorter.

Zimmer Gunsul Frasca Partnership and Turner Construction had their hands full while designing and building the new space. Their creativity was truly challenged to provide the best solutions for a very unique area. For example, Paula Gunness, senior public relations coordinator, says radiation oncology is almost always down in the basement where it's dark. Part of that is because linear accelerators and radiation equipment need to be shielded. However, the architects were adamant about getting some light in the area. They designed boxed skylights that sit decoratively in the public garden on the first floor, but they allow light going down to the basement, or garden level. It's not possible to see through the skylights to patients down in radiation, but it sheds some much-needed natural light into the area.

"I think it's a beautiful place to work. So the nurses will love where they work, the surgeons will have brand new operating rooms, and it will allow us to recruit," Urba says.

It's a concern that the doctor population is aging and many valued physicians will be retiring in the next 10 years. State-of-the-art facilities will only make it easier to lure the best to Portland.

"What the new space is also going to give us is a place to train more people, more scientists," Fox says. This will allow them to expand the diseases they currently treat, and to bring in new ideas and treatments through educating doctors.

"It's one of the neat things about us here is that we have all this experience, people that have been involved in doing this for a long time, which really sets us apart from a lot of other centers," Fox says.

And if the experts they need aren't right here in Oregon, they now have high-tech facilities to communicate with physicians around the world. Their conferencing room will be equipped with two 60-inch flat screens and one large projection screen. The V-shaped table and balcony seating maximizes the number of researchers that can attend conferences.

Over the past 14 years, Providence has created a relationship with an international network of doctors, including those in China, Germany and Holland. Visiting scientists come to Providence to study, and local doctors like to stay in contact with them after they've returned to their home countries.

In the end, everything done at the Providence Cancer Center is still focused on the patient. The cancer care providers do what is needed to create the best result possible.

For Nancy Lematta, it's the wish to give back to an organization that's been so good to her family. Being involved was not a hard decision to make. From the moment her husband first contracted cancer to when their daughter was being treated, they've been active on various boards and committees. They've donated their money and given their time.

For Gunness, it's the desire to see the patient happy. Being a tumor patient herself, she knows what it's like to be stuck in a hospital. And given any opportunity, she is eager to share details about the new building's positive and calming atmosphere.

For Fox and Urba, it's the ultimate goal — to find a cure.

“I think that Providence has been a pioneer in incorporating very strong basic and clinical research into what otherwise would be a community hospital setting,” Urba says. “It's such a terrible thing to be faced with cancer. The idea to simplify, of building a big building and trying to focus on what's important for the patient with a single kind of disease like cancer — I think Providence is a pioneer in doing that.”