AT OWENSBORO HEALTH, EVERYTHING WE DO REVOLVES AROUND OUR MISSION TO HEAL THE SICK AND TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. We are dedicated to the people of our communities, offering them world-class care when they are sick and working tirelessly to help them live healthier, longer lives when they are well.

THE MITCHELL MEMORIAL CANCER CENTER IS COMMITTED TO THIS MISSION WITH A CRITICAL FOCUS. CANCER IS A THREAT TO ALL KENTUCKIANS, WITH BOTH OCCURRENCE AND DEATH RATES ABOVE THE NATIONAL AVERAGES. The work done by the Mitchell Memorial Cancer Center is multi-faceted: It is not enough to simply treat individuals with cancer. It is absolutely essential to take a proactive approach, educating and engaging people throughout the region on the importance of both preventing cancer and detecting it early.

At the heart of all Owensboro Health’s efforts is one critical component: Cooperation. Owensboro Health, its One Health medical group and providers throughout the region have established a system of communication that doesn’t just make cooperation possible, but also easy. We recognize that to positively impact the health of our communities, it takes a unified approach to major health issues. This isn’t just a job for doctors and nurses. Each day, we call upon the talents of many individuals, with roles clinical and non-clinical, to help make a difference in the lives of residents in Kentucky and Indiana.

TOGETHER, WE CAN MAKE A DIFFERENCE IN THE FIGHT AGAINST CANCER.
WHAT IS KIDNEY CANCER?

FOR REASONS WHICH ARE NOT FULLY UNDERSTOOD, KIDNEY CELLS CAN UNDERGO CHANGES WHICH CAUSE THEM TO BECOME CANCEROUS.

These cancer cells form tumors, which then grow over time. After enough time passes, these cancer cells can travel elsewhere in the body through a process called “metastasis.” When this happens, the cancer can spread to other organs and parts of the body. Ultimately, this process is fatal if untreated. For this reason, survival of kidney cancer is highest when the cancer is caught and treated early.

Kidney cancer is one of the top 10 causes of cancer-related deaths in the United States, with men being at higher risk for the cancer and also being more likely to die from it. The 2015 estimates on kidney cancer from the American Cancer Society are as follows:

- An estimated 61,560 new cases of kidney cancer will be diagnosed.
  - 38,270 of these cases will be in men,
  - 23,290 will be in women.
- An estimated 14,080 people will die from kidney cancer.
  - 9,070 of these deaths will be men,
  - 5,010 will be women.

Kidney cancer survival is highly tied to the stage at which the cancer is detected. The following national survival statistics, according to the National Cancer Data Base, are from 2001-2002 (Note: Because kidney cancer correlates with increasing age, these survival rates include those that died from causes other than kidney cancer):

- Stage I: 81 percent survival after five years
- Stage II: 74 percent survival after five years
- Stage III: 53 percent survival after five years
- Stage IV: 8 percent survival after five years

Despite not knowing what the root causes are for kidney cancer, medical science does know that there are certain factors which increase the risk for developing it.

“Smoking is a definite correlation for kidney cancer. Stopping smoking is the No. 1 way that we know of at the present time to prevent renal cell carcinoma,” said Dr. Robert Lewe, a board certified urologist with One Health Urology.

Other risk factors cited by the American Cancer Society include:

- OBESITY: The risk of developing kidney cancer is higher for people who are very overweight. For those who have kidney cancer, obesity can

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also create more difficult recovery from
treatment, Dr. Lewe said. “If they have to have surgery, they’re going to do better in surgery (if they are at a healthy weight). It’s easier on them, the surgery takes less time and they do better during recovery.”

• GENETICS AND FAMILY HISTORY: Certain genetic causes have been shown to greatly increase kidney cancer. These include von Hippel-Lindau Disease and familial papillary renal cell carcinoma. For these reasons, people with a family history of kidney cancer should talk to their doctor about genetic testing and their own risk factors.

• EXPOSURE TO CERTAIN SUBSTANCES: Certain substances, including the metal cadmium and organic solvents like trichloroethylene, have been connected to higher risks of kidney cancer.

• AGE: Kidney cancer risk typically increases with age, though it can happen to people at any phase of their life. Most cases are seen in individuals age 60 or older.

• DIABETES: Individuals with diabetes face an increased risk because cysts which commonly form on the kidneys due to this disease can later become cancerous.
As evidenced in the table above, Kentucky and Indiana both demonstrate incidence and death rates above the national averages. In the Owensboro Health coverage area, data is sparse for a few Kentucky counties in the areas of incidence and death for most counties in both Kentucky and Indiana because of a lack of cases. However, a few statistics stand out:

**HIGH INCIDENCE RATES**
- Grayson County
- Webster County
- Perry County, Ind.
- Spencer County, Ind.

**HIGH DEATH RATE**
- Hopkins County

**LOW INCIDENCE RATE**
- Muhlenberg County

**LOW DEATH RATE**
- Daviess County

The numbers paint a critical picture: Incidence is high across the region. This may largely be in part because of tobacco use and smoking, which was mentioned earlier is a major contributor to the risk of kidney cancer. However, the news is not all bad. The low death rate in Daviess County is definitely a good sign and could indicate that better access to medical care, especially because this might increase chance of incidental discovery of kidney cancer, increases the likelihood of survival.
DETECTION AND DIAGNOSIS

IN THE EARLY STAGES, KIDNEY CANCER IS MORE DIFFICULT TO DETECT, SAID DR. LEWE. BECAUSE OF THIS, MOST EARLY-STAGE KIDNEY CANCER DETECTION IS INCIDENTAL, OR HAPPENS BY ACCIDENT.

“The diagnosing of this cancer is almost always on imaging studies,” Dr. Lewe said.

In later stages, kidney cancer typically presents with a classic triad of symptoms, Dr. Lewe said:

- **Hematuria** (blood in the urine): Blood may cause a color change in urine, making it pink, red or brown in color.
- **Pain**: Pain with kidney-related problems is typically felt in the flank areas. These are located on a person’s back, above the pelvis (hip-bone), and off-center from the spine or closer to the sides.
- **Fever**: Low-grade and/or intermittent (off-and-on) fever is one of the classic symptoms that may suggest kidney problems, along with the two other above symptoms.

Patients with these three classic symptoms typically will undergo further imaging studies, Dr. Lewe said.

“Whether that imaging is done for some other reason, or for workup for blood in the urine, that’s crucial to diagnosing and evaluating kidney cancer,” Dr. Lewe said.

Typical imaging tests used for kidney cancer testing and diagnosis include:

- **Ultrasound**: Using high-frequency sound waves, a computer can generate a picture of internal structures. These images can be used by physicians to look for problems with or abnormalities of the kidneys.
- **Computerized Tomography (CT)**: Using X-rays and computer technology, doctors can image and examine internal structures. Modern CT technology can allow for a detailed examination of the kidneys and other internal structures. These studies typically take 10-15 minutes to perform and then are examined by a radiologist.
- **Magnetic Resonance Imaging (MRI)**: Using powerful magnets and radio waves, doctors can generate highly detailed images of the inside of a person’s body. These also are examined by a radiologist. Though more costly, these produce the most detailed images of a person’s internal structures.

Diagnostic testing may also be recommended by physicians to help diagnose kidney cancer and related problems. These tests include:

- **Urine testing**: Examination of urine can help determine if blood is present or if other problems are occurring. Lab tests can also identify certain cancer cells in a person’s urine.
- **Blood testing**: By examining the chemical makeup or composition of a person’s blood.

“SMOKING IS A DEFINITE CORRELATION FOR KIDNEY CANCER. STOPPING SMOKING IS THE NO. 1 WAY THAT WE KNOW OF AT THE PRESENT TIME TO PREVENT RENAL CELL CARCINOMA,” said Dr. Robert Lewe, a board certified urologist with One Health Urology.
doctors can find clues or signs that a person may have kidney cancer. However, this is not always possible, as there is no test for cancer itself.

- Biopsy: Though much less common, doctors can take a sample of kidney tissue for lab examination and testing to determine if a person has cancer. This is not commonly performed, but is still an option for diagnosis.

According to the National Cancer Institute, kidney cancer is staged using the following guidelines:

- Stage I: Tumors can be up to 7 cm in diameter, but are still confined to the kidney.
- Stage II: Tumors are larger than 7 cm in diameter, but are still confined to the kidney.
- Stage III: Tumors in this stage extend beyond the kidney to surrounding tissue and may also have spread to nearby lymph nodes.
- Stage IV: In this stage, the cancer has spread to multiple lymph nodes or elsewhere in the body, such as other organs.

FAMILY AND GENETIC HISTORY

THOUGH THE SPECIFIC CAUSES BEHIND KIDNEY CANCER REMAIN ELUSIVE, THERE ARE CERTAIN LINKS TO GENETICS AND FAMILY HISTORY WHICH HAVE BEEN DISCOVERED. In particular, certain genetic syndromes (though rare) have been tied to increased risk for kidney cancer.

**THESE INCLUDE:**

- von Hippel-Lindau Disease: This disease is characterized by an increased risk for tumors (some of which are cancerous) throughout the body, including the kidneys. The incidence of this disease is 1 in every 36,000 individuals.

- Familial papillary renal cell carcinoma: This hereditary condition makes a person more likely to develop the papillary type of kidney cancer. The condition is extremely rare and there is no data on how often it occurs.

- Tuberous sclerosis: This rare disease affects multiple systems throughout the body, causing tumors to appear at various locations. Though cancerous tumors are rare with this disease, they primarily occur in the kidneys. Incidence of this disease is 1 in every 6,000, with about 25,000 to 40,000 individuals affected throughout the United States and 1 million to 2 million affected worldwide.

According to the National Cancer Institute, family history is a strong factor to consider in individuals with kidney cancer. Diagnosis of a family member with kidney cancer more
than doubles a person's risk of developing it also. As a result, the diagnosis of an individual with kidney cancer typically leads to family members being encouraged to undergo genetic testing to determine risk, said Leigh Anne Autullo, a genetic counselor with the University of Louisville who works in partnership with the Mitchell Memorial Cancer Center.

"If somebody is tested and is affected by hereditary renal cancer, we can then go ahead and test their children and unaffected family members so they can know if they are also at an increased risk," Autullo said. "We now have what are called multi-gene panels for renal cancer and they look for multiple genes that can cause an increased risk for renal cancer. These panels can help us assess someone's risk for having hereditary renal cancer or if their diagnosis is more likely to be sporadic."

Aulullo said that genetic testing is a useful means to safeguard family members because of the genetic risk.

"The biggest thing I can provide my patients is recommendation for screening of other health problems or cancers and helping identify other family members who might be at risk," Autullo said. "At a minimum we can try to catch those cancers early, when they're most treatable."

Aulullo added that having genetic testing and counseling available locally is especially advantageous for local residents as opposed to travelling to larger cities like Louisville.

"In Owensboro it's good that somebody is looking out for these other types of cancer that people and their families might be at risk for," Autullo said.

TREATMENT - SURGICAL
FOLLOWING A KIDNEY CANCER DIAGNOSIS, THE FIRST LINE OF DEFENSE IS SURGICAL INTERVENTION AND SURGERY OPTIONS FOR KIDNEY CANCER DEPEND ON THE NEEDS OF THE INDIVIDUAL, DR. LEWE SAID. Wherever possible, the goal is to engage in nephron-sparing surgery (nephrons are the cells that make up the kidney itself).

Surgeries can take the following forms:
• Tumor only: The surgeon leaves the kidney itself intact and only excises the tumor and a small amount of surrounding tissue. This option is pursued with early-stage kidney cancer.
• Partial nephrectomy (partial kidney removal): In some cases it may be possible to remove the tumor and leave some healthy parts of the kidney intact.
• Total nephrectomy (total kidney removal): Where necessary, a surgeon can remove the entire kidney and also any lymph nodes that might be affected in the vicinity of the tumor. Most people have two kidneys and removal of one does not compromise their kidney function, allowing an individual to live a normal life with a single kidney.
“The gold standard is surgical removal,” Dr. Lewe said. “If it's possible to just remove the tumor and leave the rest of the kidney, we do that. That is ideal.”

Over the course of his career, Dr. Lewe said surgeons have been working to reduce impact to the patient, including the magnitude of the surgery.

“In my career, it’s moved toward partial nephrectomy and now we’re moving toward minimally invasive surgeries, including laparoscopy and now robotic-assisted laparoscopic surgery,” Dr. Lewe said. “That’s huge progress on the surgery side.”

Minimally invasive surgeries, including robotic-assisted surgeries, are especially advantageous because instead of operating through a large incision, the surgeon works through a few small ones, typically about an inch in length.

Robotic-assisted surgery is a recent advent in the field of urological surgery. These robots are operated by the surgeon, offering better dexterity and 3-D vision within the patient through a few small incisions rather than a large one.

“THERE’S LESS PAIN, LESS BLEEDING, QUICKER RECOVERY WITH MINIMALLY INVASIVE LAPAROSCOPIC SURGERY. THERE’S ALSO THE COSMETIC BENEFIT BECAUSE THERE’S LESS SCARRING,”

said Dr. Robert Lewe, a board certified urologist with One Health Urology.
TREATMENT - ONCOLOGY

WORKING HAND-IN-HAND WITH THE SURGEONS TO TREAT KIDNEY CANCER ARE ONCOLOGISTS, WHO OFFER A RANGE OF TREATMENT OPTIONS THAT INCREASE SURVIVAL AND CURE RATES.

Oncology options include:

• Chemotherapy: Pharmaceutical research has created medications that attack tumors, starve them of things they need to survive or block functions that allow tumors to grow. These medications can stand alone or be administered in various combinations, depending on the type of tumor and the patient’s needs, either intravenously or orally.

• Clinical trials: Advanced research on drugs and therapies can – in some cases – offer patients new opportunities to survive kidney cancer or prolong life expectancy with advanced-stage cancers. However, the real benefit of these trials is how drugs being tested now may offer better survival chances to those diagnosed with kidney cancer in the future.

Dr. Jewraj Maheshwari, a medical oncologist with One Health Hematology and Oncology, said oncology options for kidney cancer are highly dependent on the stage of the cancer at the time of diagnosis.

When patients are diagnosed in stages I, II and III, surgery is the primary option, followed by oncological treatment. In Stage IV, there are also options now for patients that were not available before.

“The treatments are offered based on prognostic features,” Dr. Maheshwari said. “The whole scenario has changed (for patients with advanced kidney cancer).”

Offering oral treatment, Dr. Maheshwari said, is a significant advancement because it is much easier for patients to take.

The Mitchell Memorial Cancer Center is especially advanced because of the center’s ability to follow treatment plans recommended by physicians at much larger medical centers that specialize in cancer, said Dr. Maheshwari.

“We can do any chemotherapy treatment here in Owensboro. We are equipped to do any treatment, including immunotherapy,
Chemotherapy and radio-immunotherapy,” Dr. Maheshwari said. “Even if they want to go for a second opinion, they still need to have a local oncologist so that the treatment can be delivered nearby their home. That will cut down on patient visits for treatment to tertiary care centers, and patients will be able to spend more time with their family and friends.”

Dr. Maheshwari said that the Mitchell Memorial Cancer Center has particular strengths in the area of chemotherapy treatment, with dedicated oncology pharmacy staff who offer advanced training and expertise in cancer treatment.

Whenever possible, Dr. Maheshwari said that the goal is to cure a patient. When that is not possible, medical options are still available.

“We have a system in place where we have social workers, hospice and palliative care and a team of people who are involved,” Dr. Maheshwari said.

“The most important thing to do is to guarantee quality of life, because the person wants and needs to spend time with their loved ones.”

Jewraj Maheshwari, MD
Medical Oncologist
RADIATION ONCOLOGY HAS A VARIETY OF ROLES TO PLAY IN THE TREATMENT OF KIDNEY CANCER, depending on the patient’s stage of cancer, said Dr. S. Ryan Faught, a radiation oncologist at the Mitchell Memorial Cancer Center.

Using focused, high energy photons (also known as X-rays), radiation oncologists can treat kidney cancer or cancer that has metastasized, meaning it has spread to elsewhere in the body. Types of radiation treatment such as stereotactic body radiation therapy (SBRT) may be employed, which uses a high dose of radiation in a single treatment or small number of treatments to a specific area.

“Radiation therapy is most useful in advanced metastatic cases, where cancer has spread from the kidney to elsewhere in the body,” Dr. Faught said. “Radiation also can occasionally be used after surgery to decrease the chances that the primary cancer could recur.”

In more advanced cases, such as when the cancer spreads to bones or the brain, radiation can help ease pain for the patient.

“In these cases, we are using radiation treatments to improve the patients’ quality of life, relieving pain or alleviating other symptoms related to their disease,” Dr. Faught said.

Owensboro Health cancer services have multiple nationally recognized accreditations that require a rigorous evaluation and performance review. Dr. Faught said people seeking treatment at Owensboro Health from around the region receive radiation therapy that meets nationally accepted standards of care.

“Radiosurgery and SBRT used to be more limited to academic centers,” Dr. Faught said. “Since 2010, Owensboro Health has offered these treatments. That means patients don’t have to travel long distances, but instead can be treated close to home while being supported by their families. We can offer these kinds of treatments right here at the Mitchell Memorial Cancer Center because we have a fully accredited cancer center.”
LIFE AFTER KIDNEY CANCER

For patients who successfully undergo treatment for kidney cancer, it’s critical to monitor them to make sure their cancer does not return or reappear in another part of the body, Dr. Lewe said. Patients typically will undergo the same type of tests used to detect or diagnose their cancer.

“Imaging is a major part of the follow-up, as well as labs,” Dr. Lewe said. If patients remain cancer free after five years, they are usually considered cured, Dr. Lewe said. Follow-up care and monitoring typically depends on the stage and grade of their cancer.

“Follow-up for low-grade and low-stage tumors after complete surgical removal has been relaxed somewhat. Those cancers don’t usually recur. If it’s low-grade, low-stage and completely excised, there’s only a very small chance that it will come back,” Dr. Lewe said.
A STORY TO TELL
Kidney Cancer Patient, Allen Davis

FOR ALLEN DAVIS, A DAUGHTER’S CONCERN LED TO A DISCOVERY THAT ULTIMATELY SAVED HIS LIFE. Davis, 72, lives in Semiway in McLean County with his wife of 51 years, Lorena. The Davises have a daughter who is a nurse now studying to be a nurse practitioner. The Davises also have two grandchildren from their daughter, one of whom is also studying to be a nurse.

Davis is a retired teacher and school principal. In 2002, Davis retired from Muhlenberg South Middle School, but continues to substitute teach in Muhlenberg and McLean counties.

In 2014, Davis noticed that he had blood in his urine and spoke to his daughter about it. She encouraged him to seek medical treatment without delay.

“She’s the one who told me I needed to see the doctor. She’s guided me a lot,” Davis said.

A CT scan showed that Davis had Stage III kidney cancer. A week later he had surgery to remove his kidney, which was about the size of a football (kidneys are normally about the size of a person’s fist). After surgery, Davis also underwent treatment through a clinical trial.

“You dread the word cancer, but I had faith that everything would be fine,” Davis said.

Davis said he and his loved ones did all that they could to carry on with life as usual during his treatment, some parts of which were especially memorable.

“Judy Strobel was my nurse. She’s very nice and guided me through the process. She got my pills for me, talked with me and was encouraging,” Davis said. “All the nurses were very encouraging. I was in the hospital on my birthday and they brought in a little cake and we had a good time.”

Davis said he got plenty of extra care and support from his loved ones, too.

“My wife and family have been so supportive,” Davis said. “They babied me and took care of me.”

Davis completed chemotherapy on May 29, 2015. A follow-up scan on July 23 showed no remaining cancer. He’ll undergo CT scans every three months for at least the next two years as part of his follow-up care and monitoring.

“So far, everything is coming out fine,” Davis said.

Davis said he’s glad to receive the care he did and is looking forward to many more years ahead. As a cancer survivor, Davis said he tries to also encourage others close to him fighting the same fight.

“I have never had an anxious moment. It seemed like everything was smooth. I trusted in the doctors, I trusted in God and I trusted my family,” Davis said. “I just tell them (others I know with cancer) they have to believe in the doctors, believe in God and believe in themselves. You need to believe that everything will work out.”

FOR MORE INFORMATION ABOUT OWENSBORO HEALTH’S MITCHELL MEMORIAL CANCER CENTER AND THE CANCER RESOURCES AVAILABLE TO YOU, CALL 270-688-3600 OR TOLL FREE 800-947-7102.
OWENSBORO HEALTH FOUNDATION MAKES AN IMPACT
ONE OF THE MOST CRITICAL PIECES TO THE MITCHELL MEMORIAL CANCER CENTER PUZZLE IS THE OWENSBORO HEALTH FOUNDATION, which raises money and funds a number of the programs at the center. Without the help of the foundation and its supporters, many of the programs at the Mitchell Memorial Cancer Center would not exist or have the reach that they enjoy today.

Programs supported by the Owensboro Health Foundation include:
• LIFESPRING: This program provides a combination of education, nutrition, complementary service, rehabilitation, exercise, and support group services for cancer survivors.

• MITCHELL MEMORIAL CANCER CENTER MEDICATION FUND: This fund provides financial assistance to cancer patients who cannot afford the medicines needed for controlling or relieving symptoms.

• CANCER CENTER TRANSPORTATION FUND: This program includes two separate funds. These provide mileage reimbursement to needy and retired cancer patients, who must travel to the cancer center multiple times per week for treatment.

• OWENSBORO CANCER RESEARCH PROGRAM INTERNSHIPS: These funds provide a 10-week internship for pre-med/dental candidates to work alongside doctors and scientists on advanced plant-based cancer research.

• OWENSBORO HEALTH ONCOLOGY CONFERENCE: This is an annual educational event for medical professionals that provides information and updates on trends in staging, diagnosis and treatments of predominant cancers in our area.

Pat Serey, executive director of the Owensboro Health Foundation, said he is proud to see the foundation support the worthy programs found at the Mitchell Memorial Cancer Center.

“Owensboro Health Foundation is a part of the health system and it is our charge to do all we can to help meet unmet needs of people served throughout the system. We support Owensboro Health Mitchell Memorial Cancer Center in treating cancer patients and cancer survivors,” Serey said. “It's widely known how effective the Mitchell Memorial Cancer Center is in caring for patients, survivors and their families. The Foundation has great admiration for our medical and professional staff at the center and the work they do.”
2015 OWENSBORO HEALTH CANCER COMMITTEE
Brian Ward, MD – Pathology, Cancer Committee Chairman
Alan Mullins, MD – General Surgery, Cancer Liaison Physician
Jewraj Maheshwari, MD – Medical Oncology/Hematology, Cancer Conference Coordinator
J. Randall Thomas, MD – Medical Oncology/Hematology, Quality Improvement Coordinator
Doug Adams, MD – Cardiothoracic Surgery, Community Outreach Coordinator
S. Ryan Faught, MD – Radiation Oncology, Clinical Research Coordinator
Dattatraya S. Prajapati, MD – Medical Oncology/Hematology
Kevin Ridenhour, MD – Medical Oncology/Hematology
Thomas Logan, MD – Otolaryngology
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Robert Lewe, MD – Urology
Ryan Abel, MD – Radiation Oncology
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Bonnie Roberts, MSN, RN, OCN, CTR – Director of Cancer Services
Vanessa Sorrels, CTR – Supervisor, Cancer Registry Quality Coordinator
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Debbie Zimmerman, BSN, RN, OCN – Patient Navigator
Colleen Brey, BSN, RN, OCN – Patient Navigator
Ann Simmons, RD, CSO, LD – Nutrition Services
Sarah Campbell, CTR – Cancer Registrar
Barbara Taylor – Director of Marketing
Bonnie Brown, BCC – Director of Pastoral Services
Ellen Schroeder – American Cancer Society

ACCREDITATION
Owensboro Health’s Mitchell Memorial Cancer Center is dedicated to providing care that meets nationally accepted standards to residents of Kentucky and Indiana. To demonstrate that commitment, the center has earned accreditation by multiple governing healthcare bodies, reflecting that we deliver treatment in keeping with the highest recognized standards of care.

The following accreditations have been earned by Owensboro Health’s Mitchell Memorial Cancer Center.

THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER
In October 2015, the Mitchell Memorial Cancer Center was fully reaccredited with commendation by the American College of Surgeons, earning a gold rating (the highest possible award). To earn this, the Mitchell Memorial Cancer Center demonstrated compliance in 46 different standards of operation, with special excellence shown in seven key areas surveyed. This accreditation will remain current through 2018.

THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
This accreditation is awarded to facilities which voluntarily commit to providing the highest level of breast care. This accreditation requires a rigorous process of evaluation, survey and review before being granted.

THE AMERICAN COLLEGE OF RADIOLOGY CERTIFICATE OF ACCREDITATION IN RADIATION ONCOLOGY SERVICES
The American College of Radiology requires all facilities which seek accreditation to demonstrate a commitment to following nationally accepted standards of care. The process also includes a peer-review evaluation process involving respected experts in the field of radiation oncology.

The process of accreditation is rigorous. We are proud to have earned these accreditations, in keeping with our mission to heal the sick and to improve the health of the communities we serve.