

BOULDER COMMUNITY HOSPITAL
Cancer Program
Community Report
for 2011



Boulder Community Hospital

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BCH Cancer Services

Over the past many years, Boulder Community Hospital has worked diligently to maintain the highest quality our cancer services. We provide the community with local access to a broad range of inpatient and outpatient services, including the latest diagnostic technologies and cancer treatments available.

BCH is accredited by the American College of Surgeons' Commission on Cancer (CoC) program. The CoC is a group of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. The CoC's Approvals Program recognizes select programs throughout the nation that offer high-quality, comprehensive cancer care and have proven that they meet the stringent standards of the American College of Surgeons. To become an accredited cancer program such as Boulder Community Hospital, excellence must be proven in the areas of: clinical trials, cutting edge treatment service, support services, prevention and early detection, community outreach, cancer monitoring, education, quality improvement, research, clinical services, and state/federal data reporting.

In March of 2011, BCH was re-accredited, 3 years with Commendation, as a Community Hospital Comprehensive Cancer Program. BCH underwent a rigorous evaluation process, which covered the entire scope of our cancer services. In order to maintain approval, facilities with approved cancer programs must undergo an onsite review every three years.

Inpatient and Outpatient Care

BCH offers both inpatient and outpatient care and services to cancer patients. Acutely ill cancer patients are cared for on the second floor of the beautiful Foothills Hospital. The unit boasts spacious rooms with mountain views. The nurses who care for cancer patients have earned certification from the Oncology Nursing Society.

Boulder Community Foothills Hospital (BCFH) has been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR), a national professional organization serving more than 32,000 radiology specialists. In order to receive this honor, BCFH underwent ACR's thorough review and successfully achieved accreditation in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy. In addition, Boulder Medical Center, Community Medical Center and Medical Imaging Center are accredited by the ACR in mammography and ultrasound.

The Tebo Family Medical Pavilion is a state-of-the-art outpatient cancer treatment center. Located on the campus of Foothills Hospital, the Tebo Pavilion was designed in a unique partnership between BCH and Rocky Mountain Cancer Centers (RMCC), Boulder County's largest group of physicians specializing in cancer diagnosis and treatment. This 42,000 square foot complex is armed with state-of-the-art specialty imaging including the staffed Grillo Health Information Center, a PET/CT scanner and an advanced linear accelerator that can provide cutting edge Intensity Modulated Radiation Therapy and Image-Guided Radiation Therapy. The Tebo Center also offers an array of cancer support services.

Breast Cancer Center of Excellence

Breast cancer is the most common and deadliest form of cancer afflicting Boulder County women. Luckily, breast cancer is also highly treatable if detected early.

At BCH, we've made a very deliberate effort to improve the quality of our breast cancer care. We're fully committed to providing the most comprehensive, multidisciplinary breast cancer program in Colorado. Our approach is based on three major pillars: providing local access to the most advanced diagnostic and treatment technologies available, a high level of communication and coordination by our physicians, and providing a wide range of in-house cancer support specialists and programs.

In 2010, we treated 203 breast cancer patients.

COMPREHENSIVE DIAGNOSTIC RESOURCES

Digital Mammography

Digital mammography is a groundbreaking technology in the fight against breast cancer. It is available at three BCH locations: Boulder Community Foothills Hospital, Community Medical Center and Boulder Medical Center. A digital mammogram produces quicker results and uses less radiation than standard film mammography. It also offers significant advantages in image storage and transmission. For the patient, these benefits translate into shorter exam times, reduced need for repeat mammograms, and more accurate detection of abnormalities. Medical studies indicate digital mammography is better at screening women in three specific categories: those under age 50; of any age with extremely dense breasts; and pre- or perimenopausal women of any age.





Breast Gamma Camera

Through a BCH Foundation grant, the Women's Imaging Center at Foothills Hospital obtained a new Breast Gamma Camera. This new device provides clearer and more concise images for women with questionable mammograms. Several views are taken during a single examination, and even dense breast tissue can be clearly visualized. Tumors that are smaller than 10 millimeters can be found using this new method.

MRI

BCH features the most advanced breast MRI technology currently available. MRI is a non-invasive procedure that doctors can use to determine what the inside of the breast looks like without having to do surgery or flatten the breast (as in a mammogram). Each exam produces hundreds of images of the breast, cross-sectional in three directions (side-to-side, top-to-bottom, front-to-back) which are then read by a radiologist. No radiation is involved. Breast MRI screenings can detect small breast abnormalities sometimes missed in a traditional mammogram, and can successfully visualize breast implants and the dense breast tissue common in younger women.

Stereotactic Breast Biopsy

Stereotactic breast biopsy is an important tool in the fight against breast cancer. This outpatient, non-surgical procedure is used to determine if breast abnormalities, often called lesions, are cancerous or non-cancerous. Fortunately, approximately 85 percent of breast abnormalities are benign and do not present health risks. With stereotactic breast biopsy, a tiny amount of tissue is removed from the breast lesion in order to determine if cancer is present. The advantage of this procedure is that physicians can make a rapid, accurate, and conclusive cancer diagnosis without surgery. For the patient, a biopsy causes minimal scarring and involves less trauma, pain, time and expense than surgery. Breast size, the location of the lesion and other medical conditions determine whether a woman is a candidate to have this type of procedure.

PHYSICIAN COMMUNICATION & COORDINATION

Weekly Breast Cancer Conference

BCH's weekly breast cancer conference is the cornerstone of our multidisciplinary breast cancer program. Doctors in medical oncology, radiology, radiation oncology, breast surgery, plastic surgery and pathology meet weekly to jointly plan care for every newly diagnosed breast cancer patient. In this way, patients benefit from the collective expertise and experience of multiple physicians. Each patient is followed with the help of a Breast Health Navigator (described later in this report) until the decisions regarding that patient's care are finalized. This highly coordinated team approach offers patients the most optimal care.

Continuing Education

We firmly believe that staying on top of clinical innovations is crucial to maintaining our commitment to be a breast cancer center of excellence. Our physicians accomplish this goal in several ways, from reading professional journals to attending clinically relevant national meetings. Physicians in different specialties have attended the nationally recognized School of Breast Oncology program (SOBO) at Emory University in Atlanta. SOBO training utilizes a panel of experts to review all aspects of breast oncology, including biology, pathology, radiation, surgery and medical therapy. BCH has a core group of physicians who have been certified by SOBO.



INPATIENT/OUTPATIENT TREATMENT

The decision to pursue breast cancer treatment—surgery, then perhaps radiation, hormonal (anti-estrogen) therapy, and/or chemotherapy—can be emotionally overwhelming. As a breast cancer center of excellence, Boulder Community Hospital is committed to providing the technology and expertise to guide patients through the entire continuum of care. We believe in a holistic approach to breast cancer, which includes integrative therapies, counseling and emotional support as part of the treatment process.

POST-MASTECTOMY REHABILITATION

BCH offers one of the best post-mastectomy programs available, with skilled therapists providing one-on-one care to help ensure a successful recovery. Rehabilitation can decrease swelling and pain and help patients regain their range of motion more quickly.

BREAST HEALTH NAVIGATOR

BCH also offers a Breast Health Navigator, an experienced oncology nurse that provides services solely for breast cancer patients and their families. She offers patients much needed educational and emotional support and guides them through breast cancer treatment, from diagnosis to recovery and beyond. She leads and facilitates support groups for patients and their families and can recommend resources and provide referrals to social workers, psychologists, support and medical staff.

OTHER SERVICES

Breast cancer patients can take advantage of other resources offered by BCH to all cancer patients, including the extensive rehabilitation services and Center for Integrative Care described later in this report.

Breast Cancer: Study of care at Boulder Community Hospital/ Rocky Mountain Cancer Centers

Breast cancer is the most common female cancer in the United States and the second most common cause of cancer death in women. In 2010, there were 207,090 new diagnoses of invasive breast cancer and 54,010 new diagnoses of non-invasive (in situ) disease in the United States. The lifetime probability of developing breast cancer is 1 in 6 (1 in 8 for invasive disease). Approximately 39,840 deaths were attributed to breast cancer in 2010. Male breast cancer accounts for approximately 1% of all cases.

In 2010 in Colorado, there were 3,100 new diagnoses of breast cancer and 500 deaths attributed to the disease. During the same year in Boulder County, there were 220 new diagnoses of breast cancer, 203 of which were treated at Boulder Community Hospital. In 2010, 40 deaths in the county were attributed to the disease. The graph below (Figure 1) tracks the trend in the number of breast cancer cases diagnosed at Boulder Community Hospital (BCH) since 2006. The graph is notable for a 14% increase in the number of new cases diagnosed from 2007 (198 cases) to 2008 (255 cases). The number of new diagnoses decreased in 2009 and 2010 with 220 and 203 cases respectively.

Cases

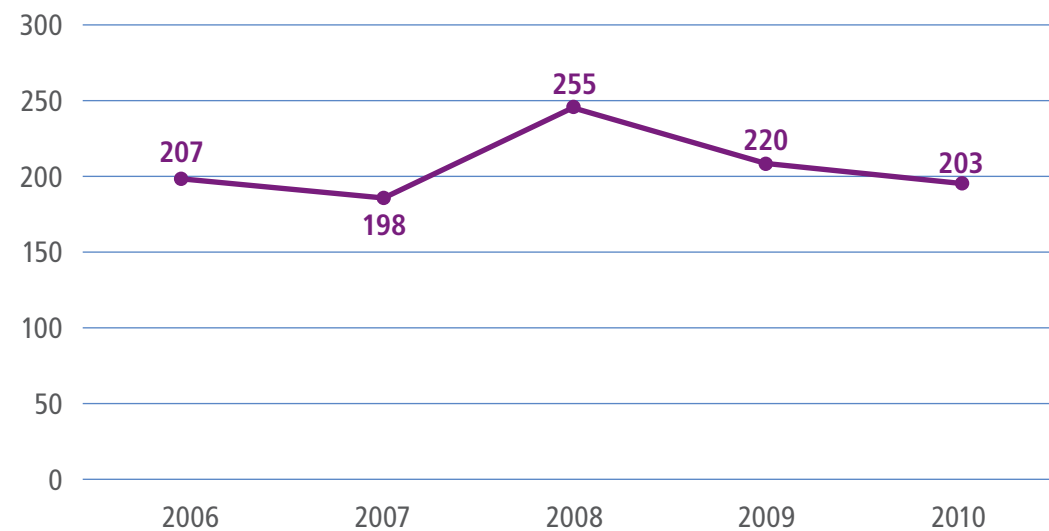


Figure 1

The reason for the increase in number of newly diagnosed cases in 2008 is likely attributed to the onset of routine screening digital mammography at BCH that same year. Digital mammography is more sensitive than older film mammography at detecting breast cancers, especially in women with denser breasts. With improved screening techniques, it would be expected to see a single annual increase in the number of cases diagnosed. The decline in new diagnoses after 2009 is also notable. With ongoing use of screening digital mammography, one would expect a decline in the subsequent years with a new baseline incidence. Additional explanations include a decline in the number of women at BCH undergoing screening mammography in 2009 and 2010. This decline was seen at national level as well and felt in part to be related to economic factors as well as the controversial recommendations from the US Preventative Task Force recommending screening mammography starting at age 50 as opposed to age 40.

Age at Diagnosis

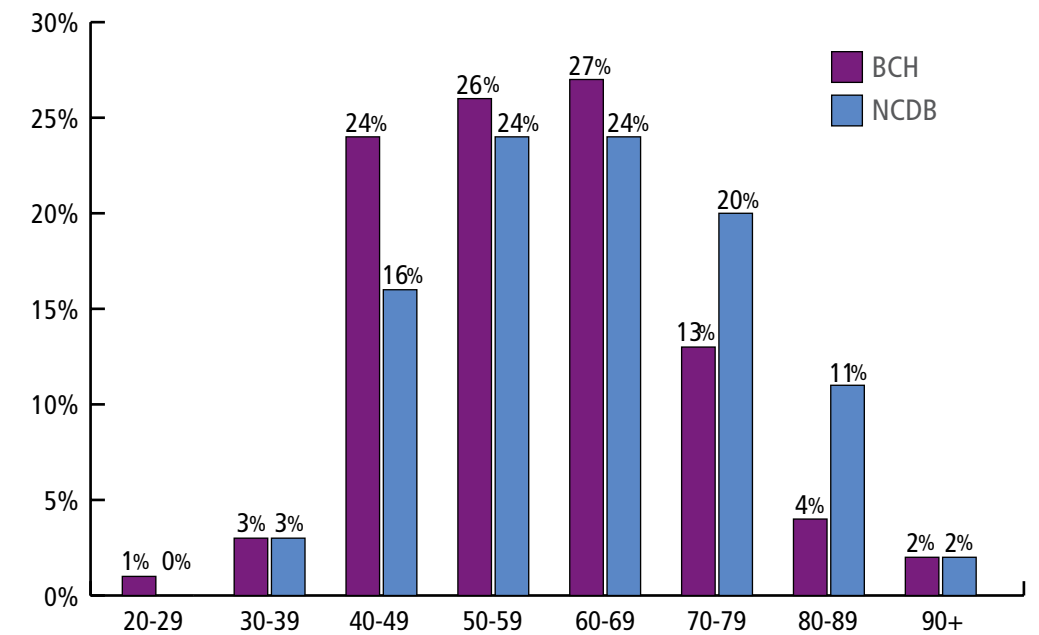


Figure 2

The graph from 2010 (Figure 2) depicts the age distribution of women at the time of diagnosis, comparing BCH cases to the National Cancer Data Base (NCDB). Evident on the graph is the general trend for younger age at the time of diagnosis for our population. As you can see, 24% of women diagnosed at our hospital were age 40-49 compared to 16% in the NCDB and 26% were diagnosed within the 50-59 age range, compared to 24% in the NCDB. We had 19% of our cases diagnosed between the ages of 70-89 compared with 31% in the NCDB. This significant trend for diagnosis at a younger age is likely multi-factorial. In may in part be related to a younger population more committed to screening strategies compared to areas elsewhere in the country. The fact that 24% of the new diagnoses in our population fall into the 40-49 age range gives further support to recommending screening mammography starting at age 40.

Annual mammography with clinical examination starting at age 40 remains the mainstay for screening the average risk patient for breast cancer. As of 2009, screening mammograms done at BCH and its satellite locations have been digital. Breast MRI is available as an adjunct to mammography for high risk patients. Breast cancer is typically identified by an abnormality seen on screening mammography (either a density or abnormal calcifications) or a lump that the patient or her physician identifies. Once an abnormality has been recognized, additional diagnostic imaging might include ultrasound or breast specific gamma imaging (BSGI). A biopsy is then performed, targeting the area of concern. In certain situations after a breast cancer has been confirmed, a breast MRI might be recommended to determine if there are additional areas of concern in the same or opposite breast. Once a diagnosis has been established, the cancer will ultimately be given a stage. The stage establishes the extent of the cancer. Stage 0 is early non-invasive disease. Stage 1 breast cancers are less than 2 cm in size without lymph node involvement. Stage II and III breast cancers are larger and/or have lymph node involvement. Stage IV breast cancers have spread to other organs outside the breast and draining lymph nodes. Obviously, prognosis is more favorable with lower stage disease. As one would expect, the majority of cases are diagnosed at earlier stages (Stage 0 and Stage 1). The following graph (Figure 3) depicts the stage at diagnosis for women at BCH compared to stage at diagnosis for the NCDB in 2010.

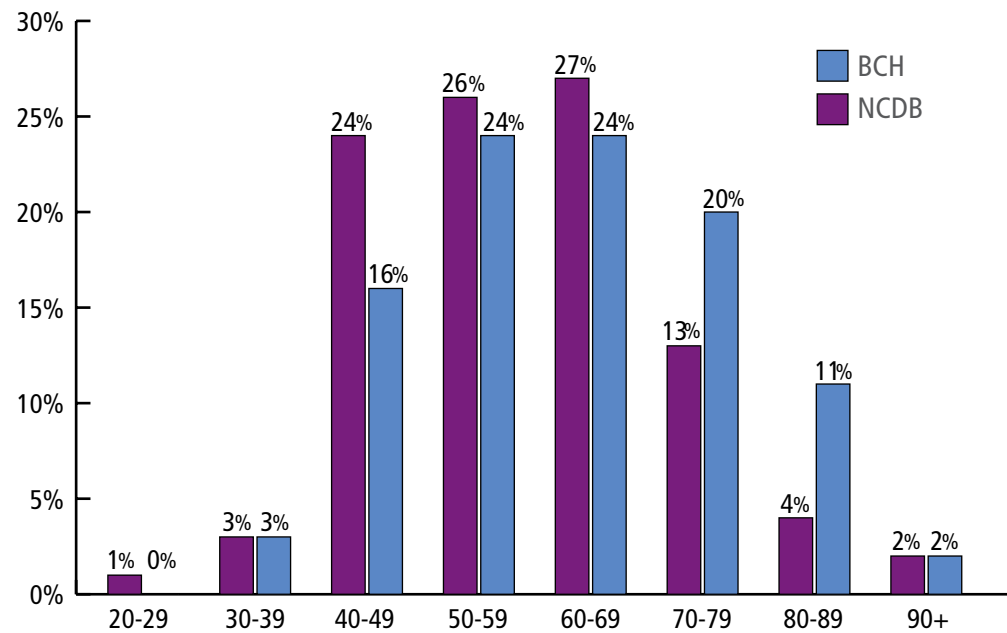


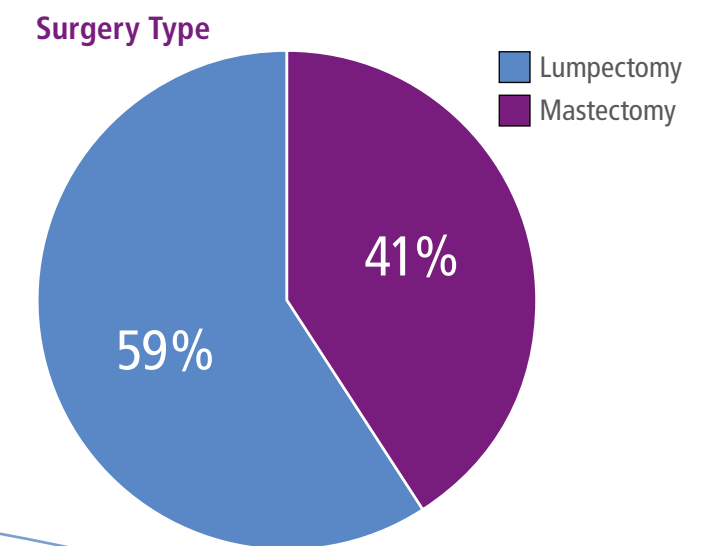
Figure 3

Once a diagnosis of breast cancer has been established, the breast health navigator plays a pivotal role in facilitating support, navigation and education services. These services include guidance through treatment options, financial, emotional and physical resources, family support, scheduling of appointments and help with navigating the health care system. Patients receive personal support in office, by phone conversations and visits while in the hospital setting or in the cancer center for treatment. Our breast health navigator provides services from the time of diagnosis and throughout the different phases of treatment and well into the post treatment survivorship phase.

A central aspect of our breast program is our weekly breast cancer conference. Physicians from all disciplines involved in the care of breast cancer patients regularly attend the meeting, including general surgeons, radiologists medical oncologists, radiation oncologist, plastic surgeons and pathologists. Other important attendees include the breast health navigator, genetic counselor, social workers, lymphedema specialists, clinical trial nurses and cancer registrar. Each and every patient that is diagnosed at BCH or diagnosed at another facility, but cared for by a BCH physician is presented and discussed in this multidisciplinary forum. Patients' cases are frequently reviewed on more than one occasion as they move through the treatment process. Radiographic images and pathology are reviewed and discussed. Surgical options are reviewed (lumpectomy versus mastectomy), as well as recommendations for radiation, anti-estrogen therapy and/or chemotherapy. Other important issues that might be raised include need for genetic testing, identifying patients appropriate for clinical trials, identifying the need for social or financial assistance, etc. We feel that this type of multidisciplinary approach offers substantial benefit to our patients, allowing for multiple opinions to "weigh in" on final treatment recommendations offered by the physicians.

For women who are diagnosed at a younger age or who may have a strong family history of breast, ovarian or other cancers, genetic counseling and/or testing may be appropriate. BRCA mutations or other genetic disorders may increase a women's risk for breast cancer, ovarian cancer or additional cancers. Genetic counseling and testing is available for patients and their families. In 2010, 64 women underwent testing for BRCA mutations and six were found to be positive. On average, approximately 5% of all women diagnosed with breast cancer carry a BRCA1 or BRCA2 mutation.

Surgical options for early stage breast cancer include breast conserving therapy (lumpectomy) or mastectomy. The prognosis for early stage breast cancer is equivalent when treated with lumpectomy versus mastectomy. Recommendations for the type of surgery are generally based on tumor size relative to breast size, number of involved sites and patient preference. Of the patients that received surgery at BCH in 2010, 59% underwent breast conserving surgery and 41% underwent mastectomy (figure 4). Breast reconstruction is an important option offered to women who undergo mastectomy. Options for reconstruction generally include implants versus tissue flaps.



Radiation plays an important role in reducing the risk of recurrence of the cancer in the breast and regional lymph nodes. Radiation is almost always recommended after lumpectomy and sometimes recommended after mastectomy. Options for radiation after lumpectomy include standard whole breast radiation (a daily treatment for 4-6 weeks) or a newer technique of partial breast radiation (twice daily treatment for one week). Our radiation oncologists are members of Rocky Mountain Cancer Centers and actively participate in clinical research (both through US Oncology and the National Cancer Institute), offering trials to patients in appropriate clinical situations.

Systemic treatments are treatments that are recommended by the medical oncologist to reduce the risk of breast cancer recurring in other areas of the body (most commonly bone, liver, lung and brain). These treatments may include anti-estrogen therapy (tamoxifen or aromatase inhibitors) or chemotherapy with or without herceptin (a specifically targeted antibody against a protein that some breast cancers make in excess). For early stage breast cancers, it is sometimes difficult to determine which patients may or may not benefit from chemotherapy. To assist in decision-making recommendations for chemotherapy, we may offer a genomic test called Oncotype DX® to women with hormone receptor positive and lymph node negative tumors. Oncotype Dx evaluates the activity of 21 different genes in a woman's breast tumor tissue and estimates the risk of a recurrence (high, low or intermediate) assuming that anti-estrogen therapy is given. If the risk is "high," then there is likely added benefit of chemotherapy to the anti-estrogen treatment. If the risk is "low," there is not thought to be added benefit of chemotherapy. The benefit of chemotherapy in the "intermediate" range is uncertain and is currently being evaluated in a national clinical trial through the NCI. In 2010, 28 women underwent oncotype testing. Eighteen were found to have a low recurrence score and ten an intermediate score. None of the women had a high recurrence score.

The medical oncologists at Boulder Community Hospital are also members of Rocky Mountain Cancer Centers. They are active participants in clinical trials both with US Oncology and the National Cancer Institute. We have two clinical research nurses who screen patients for clinical trials and assume responsibility for the oversight involved with managing data, complying with regulatory requirements, assuring tests and disease evaluation are completed at appropriate times, patient and family education about all aspects of clinical trials, and training for physicians, staff and themselves on any new initiatives or changes to existing protocols.

Many other services are also available to breast cancer patients, including support groups, nutrition talks, counseling, rehabilitations services, integrative care services, educational talks, meditation, music, art and yoga classes. Resources on other community services are also provided.

Quality measures are very important in assessing breast cancer programs and outcomes. We evaluated several quality measures at our institution, and compared our results to state and national data. As previously mentioned, radiation therapy is an important component of breast conservation therapy. At Boulder Community Hospital, over 87% of women undergoing breast conservation therapy received radiation therapy, exceeding national data (figure 5). A second quality measure is the recommendation for chemotherapy in hormone receptor negative patients with tumors exceeding 1 cm in size. Again, BCH far exceeded national results. 100% of women with this type of cancer were considered for or underwent chemotherapy treatment within 4 months of diagnosis in 2008 (figure 6). Finally, endocrine therapy remains an important part of treatment for hormone receptor positive breast cancer. 88% of women diagnosed with this type of breast cancer in 2008 at BCH received a recommendation for endocrine therapy, again exceeding state and national results (figure 7). Many of the remaining 12% received treatment elsewhere and were lost to follow-up.

Quality measures by ASCO and NCCN:

1. Radiation administered within 1 year for women <70 years old after receiving breast conserving surgery

NQF Measure: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

Performance Rate	2006	2007	2008
BCH	86.8%	96.9%	95.9%
Colorado	88.8%	87%	85.5%
ACS Division (Great West)	86%	85.7%	85.1%
Census Region (Mountain)	82.9%	82%	80.4%
CoC Program Type (COMP)	85.9%	86.3%	85.8%
All CoC Approved Programs	84.3%	85.1%	83.5%

Figure 5

2. Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, N0, M0 or Stage II or III ERA and PRA negative breast cancer

NQF Measure: Combination chemotherapy is considered or administered within 4 months (120 days of diagnosis for women under 70 with AJCC T1c, N0, M0, or Stage II or III ERA and PRA negative breast cancer.

Performance Rate	2006	2007	2008
BCH	75%	100%	100%
Colorado	91%	86.8%	83.3%
ACS Division (Great West)	87.9%	88.1%	87.5%
Census Region (Mountain)	85.2%	87%	84.6%
CoC Program Type (COMP)	87.3%	87.6%	86%
All CoC Approved Programs	86.5%	86.5%	84.6%

Figure 6

3. Tamoxifen or aromatase inhibitors are considered or administered within one year of diagnosis for women with AJCC T1c, N0, M0 or Stage II or III hormone receptor positive breast cancer

NQF Measure: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c, N0, M0 or Stage II or III ERA and PRA positive breast cancer.

Performance Rate	2006	2007	2008
BCH	93.9%	78.3%	88.1%
Colorado	79.2%	77.2%	77%
ACS Division (Great West)	77.4%	82%	78.1%
Census Region (Mountain)	75%	77.7%	72.7%
CoC Program Type (COMP)	78.1%	80%	77.3%
All CoC Approved Programs	76.8%	78.2%	75.2%

Figure 7

Breast cancer has one of the highest survival rates of any cancer. This is primarily due to the fact that two-thirds of the patients are diagnosed at an earlier stage when curative treatment is possible. Earlier diagnosis and referral to specialist teams make a significant difference to survival rates. When comparing the overall survival for Boulder Community Hospital breast cases in 2002-2006 to the most recent survival data available from the NCDB 1998-2002 there is greater benefit in survival at 5 years.

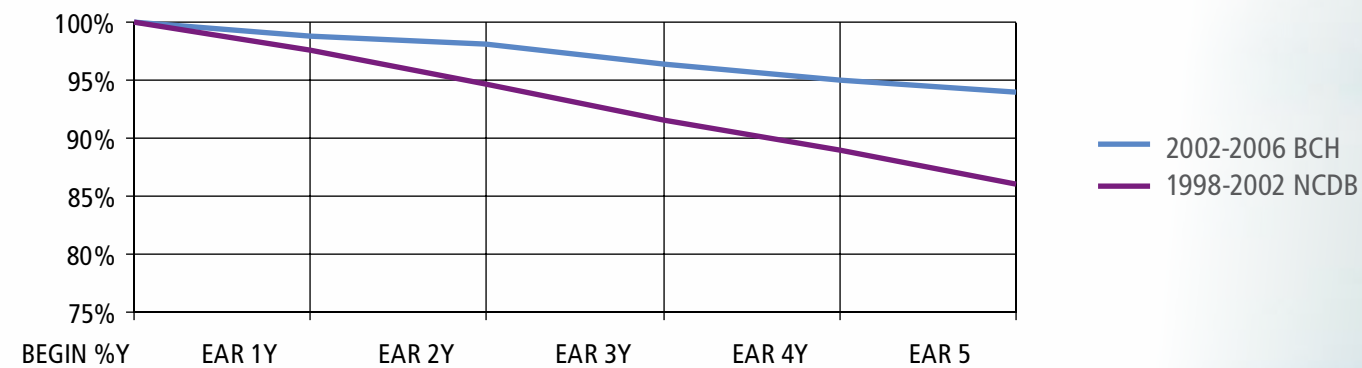


Figure 8

In summary, the breast cancer program at Boulder Community Hospital provides exceptional and comprehensive cancer care. Our physicians and nurse navigator present educational talks within our community to increase awareness, education and prevention of breast cancer. Our review of breast cancer patients diagnosed and treated at Boulder Community Hospital found our demographics and treatment standards to be comparable to the state of Colorado and national data. We are proud to exceed state and national standards on all quality measures and overall survival. We strive to continue to uphold this high level of care with every individual patient.



Prostate, Colon, Melanoma

BCH physicians treat a very broad range of cancers. The most common cancers afflicting our community—besides breast cancer—are prostate cancer, colon cancer and melanoma. Our comprehensive screening, diagnostic and treatment resources provide a full spectrum of care for these patients.

Prostate Cancer

Nearly a quarter of a million American men were diagnosed with prostate cancer in 2010. Here at BCH, we diagnosed and/or gave first course of treatment to 96 prostate cancer cases in 2010. Digital rectal exams, PSA and urine tests are done regularly at BCH to help detect this cancer at an early stage. We also have the technology to perform additional diagnostic tests, such as ultrasound, cystoscopy and transrectal biopsy. Our comprehensive Imaging Department can perform nuclear medicine bone scans, CT scans and MRIs to determine if prostate cancer has spread. Prostatectomy is the most widely used treatment in the U.S. BCH offers the latest approach to prostatectomy—the innovative da Vinci robotic surgery system. Benefits of the minimally invasive da Vinci approach include significantly less pain, fewer complications, less scarring and a quicker recovery from surgery. Whether a patient pursues surgery, radiation therapy, hormone therapy, or no treatment at all, BCH is well equipped to meet his physical and emotional needs.

Colon Cancer

Approximately 103,000 Americans are diagnosed with colon cancer each year. In 2010, BCH diagnosed and/or gave first course of treatment to 40 colon cancer patients. BCH performs a full range of screening and diagnostic procedures, including stool blood and DNA tests, colonoscopy, virtual colonoscopy, and x-rays. BCH is armed with the technology and resources needed to treat colon cancer, including surgery, chemotherapy, and radiation therapy. Surgery is the primary treatment for colon cancer. BCH offers the latest approach to colorectal surgery—robot-assisted surgery with the da Vinci Surgical System. Benefits of the minimally invasive da Vinci approach include significantly less pain, fewer complications, less scarring and a quicker recovery from surgery.

Melanoma

An estimated 68,000 cases of melanoma were diagnosed in the United States in 2010. Given Colorado's sunny climate and high altitude, the incidence of melanoma in Colorado is nearly 30% higher than the overall U.S. rate. In 2010, BCH diagnosed and/or gave first course of treatment to 17 melanoma patients. Our physicians can provide an extensive range of screening options for melanoma, including thorough skin exams, biopsy, dermoscopy, mole mapping, CT scan, MRI, and PET scan. BCH offers a full range of melanoma treatments, including surgery, chemotherapy, radiation therapy and drug therapy.





Cancer Support Services

BCH has integrated innovative, high-tech cancer fighting equipment and expertise with a full range of support services. Those resources include our extensive rehabilitation programs, the innovative Center for Integrative Care, Registered Nurse Breast Health Navigator, the Seven Levels of Healing® program and support groups.

Rehabilitation Programs

The hospital offers a comprehensive range of inpatient and outpatient rehabilitation services that support cancer patients throughout their recovery. Cancer patients can receive specialized therapy on our Inpatient Rehab Unit to improve strength and their ability to function independently. They also learn strategies and coping mechanisms to help them function in their home and work environments. We address a variety of conditions, such as weakness related to lymphoma, neurological deficits caused by brain or spinal cord tumors, and speech deficits caused by tumors in the throat. After leaving the hospital, many patients continue to receive services through the extensive outpatient program offered by BCH's Neurologic, Orthopedic and Cancer Rehabilitation Center.

Oncology patients who are significantly limited by pain have access to BCH's respected Pain Management Program. The rehabilitation center offers cancer survivors a variety of classes that focus on stretching, strengthening, conditioning and balance. Integrative therapy services, such as bodywork, emotional support and relaxation training, also are available.

Center for Integrative Care

The Tebo Family Medical Pavilion on the Foothills Hospital campus is home to the Center for Integrative Care, which provides an array of complementary therapies that can aid in healing and recovery. Available services include acupuncture, massage therapy, Healing Touch/Reiki therapy, music therapy, and wellness and integrative care consultation with a registered nurse. The center also has a small meditation/labyrinth area and provides access to support groups and counseling services.

Seven Levels of Healing

The Seven Levels of Healing, introduced to Colorado by Rocky Mountain Cancer Centers, is a comprehensive, seven-week educational program offered at the Tebo Family Medical Pavilion. The program focuses on the emotional concerns universally shared by cancer patients and their loved ones and how to effectively navigate the journey through cancer. Seven Levels of Healing is based on the belief that many dimensions—mental, emotional, spiritual, and physical—must be addressed in order for the healing process to be complete.

Support Groups

In addition to Seven Levels of Healing, BCH patients have access to an extensive range of support and educational groups. BCH also provides support groups for caregivers, loved ones, newly diagnosed breast cancer patients, advanced breast cancer patients and prostate cancer patients. We also offer information on non-BCH programs available in our area, including support groups for ovarian cancer, leukemia/lymphoma cancers, and other cancers.

Clinical Research

Many significant advances in cancer treatment over the past 30 years can be linked directly to trials evaluating new cancer-fighting drugs and therapies.

Together, BCH and Rocky Mountain Cancer Centers provide the broadest access to clinical research trials in Colorado. Via the Colorado Cancer Research Program, BCH has access to National Cancer Institute trials.



Additional Information

Visit the BCH website at www.bch.org for more details on our cancer services.
For additional cancer-specific information, visit www.cancer.org or call 1-800-227-2345.

Boulder Community Hospital, Tebo Family Medical Pavilion
4715 Arapahoe Avenue, Boulder, CO 80303

Breast Cancer Information and Support

Nanna Bo Christensen,
RN, CBCN, OCN,
Breast Health Navigator

office: 720-854-7057

fax: 720-854-7058

email: nchristensen@bch.org

Boulder Community Hospital Cancer Program Services and ACOS Accreditation/ Approval Information

Cheryl Varela, CTR
Lead Cancer Data Registrar

office: 720-854-7732

fax: 720.854.7735

email: cvarela@bch.org

Clinical Trials

Lynne Bentley,
RN, PhDc, MBA, AOCNS
Cancer Research Coordinator

office: 720-854-7296

fax: 303-385-2050

email: lbentley@bch.org



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The best place to get better

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