ACS Cancer Conference 2025

March 12–14 | Phoenix, AZ

Success Stories: Linking Small and Large Programs

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Surgical Oncology Program
Kalispell Montana

ACS Cancer Programs
American College of Surgeons

No Disclosures

Outline

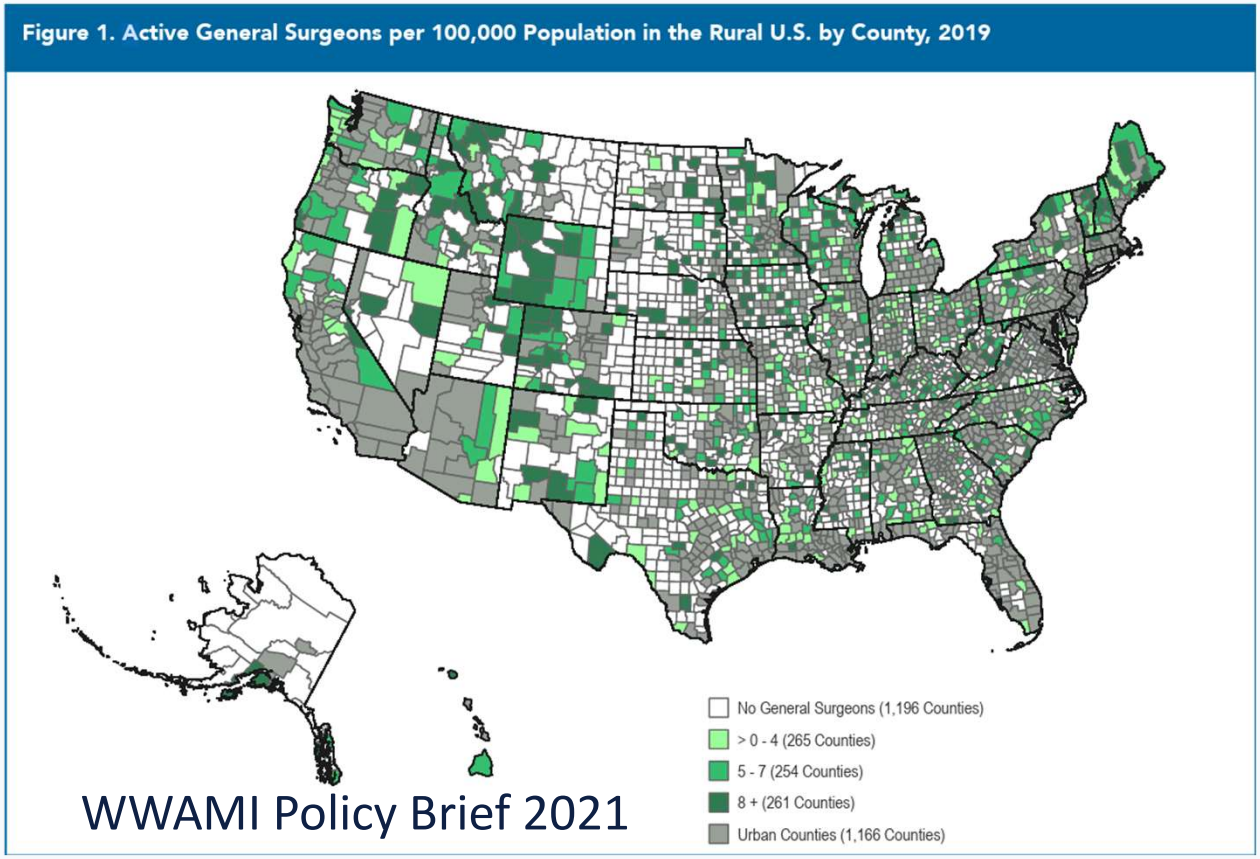
- Status of Rural Medical Care
- Montana Specific
- Surgical Oncology Model
  - How Created
  - Threats to Success & Viability
- Commission on Cancer Impact & Opportunity

The Basics of Rural Surgery:

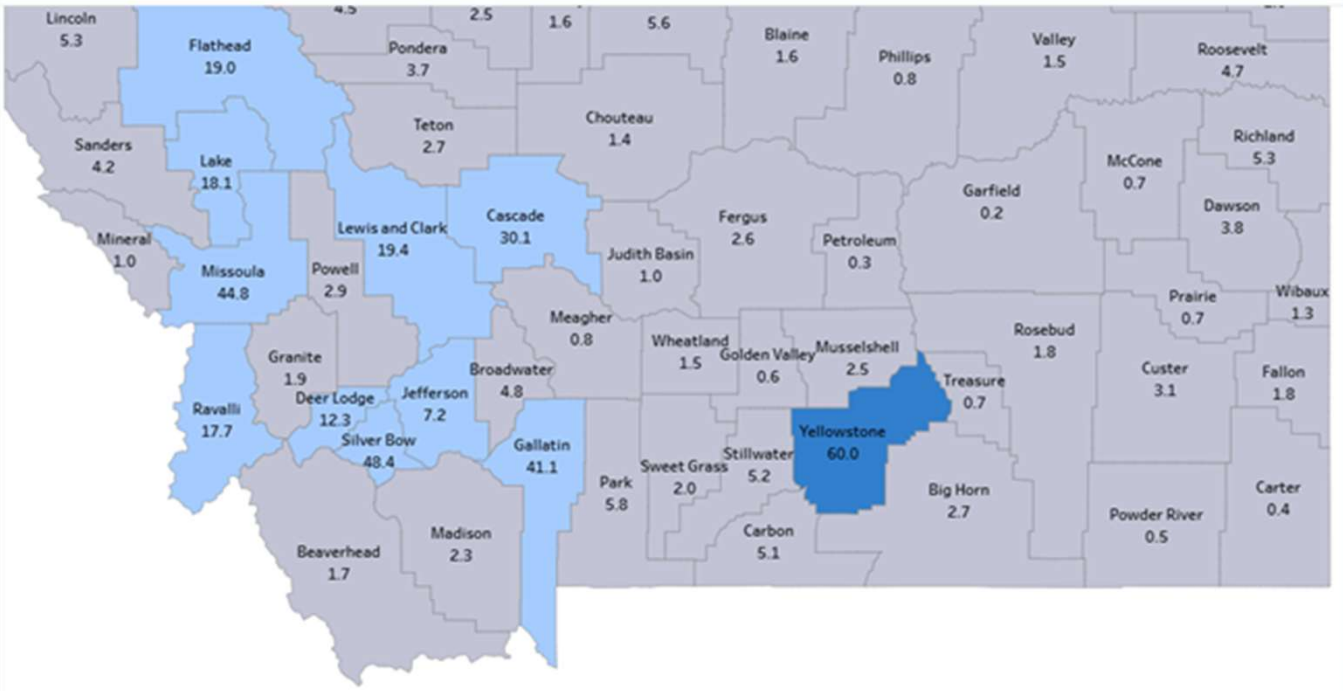
- 60 Million: older, sicker, poorer, less educated, less insured
- 25% Population//7% General Surgeons//?? Surgical Oncologists

Standard of Care:

- General Surgeon manages Breast/Colon cancer
- Tertiary Referral for Esophagus, Pancreas and Rectal Cancer



Rural vs Frontier?



1.2 Million total (2024)

Population Centers:

Billings	122,000
Missoula	79,000
Great Falls	60,000
Bozeman	60,000
Kalispell	25,000*

*112,000 including Whitefish/Columbia Falls

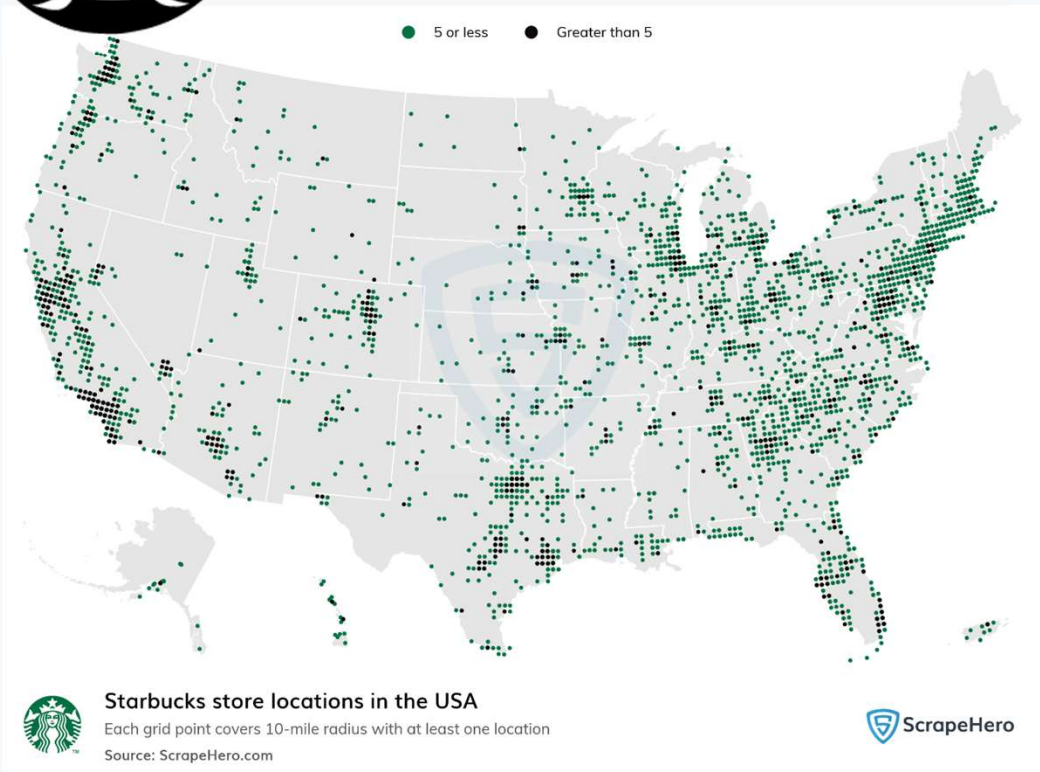
WWAMI Medical Education Program

Limited Future Training and Replenishment from within Rural Region

- No Regional Medical School
- No Surgical Residency
- 275 WWAMI Students
- Family Practice Residency

FAMILY MEDICINE RESIDENCY NETWORK

WASHINGTON • WYOMING • ALASKA • MONTANA • IDAHO



Montana is a Big State

7 Hospitals >100 beds
2 Hospitals Complex Surgery
40-50 Critical Access Hospitals

4-6 hr with mountain passes

6 hour Drive from DC

Newport RI
Cleveland OH
Charlotte SC
Wilmington NC
Toronto Canada

Military Model Southern USA

Army Medical Centers
Eisenhower MEDCEN

Fort Stewart
Army Community Hospital

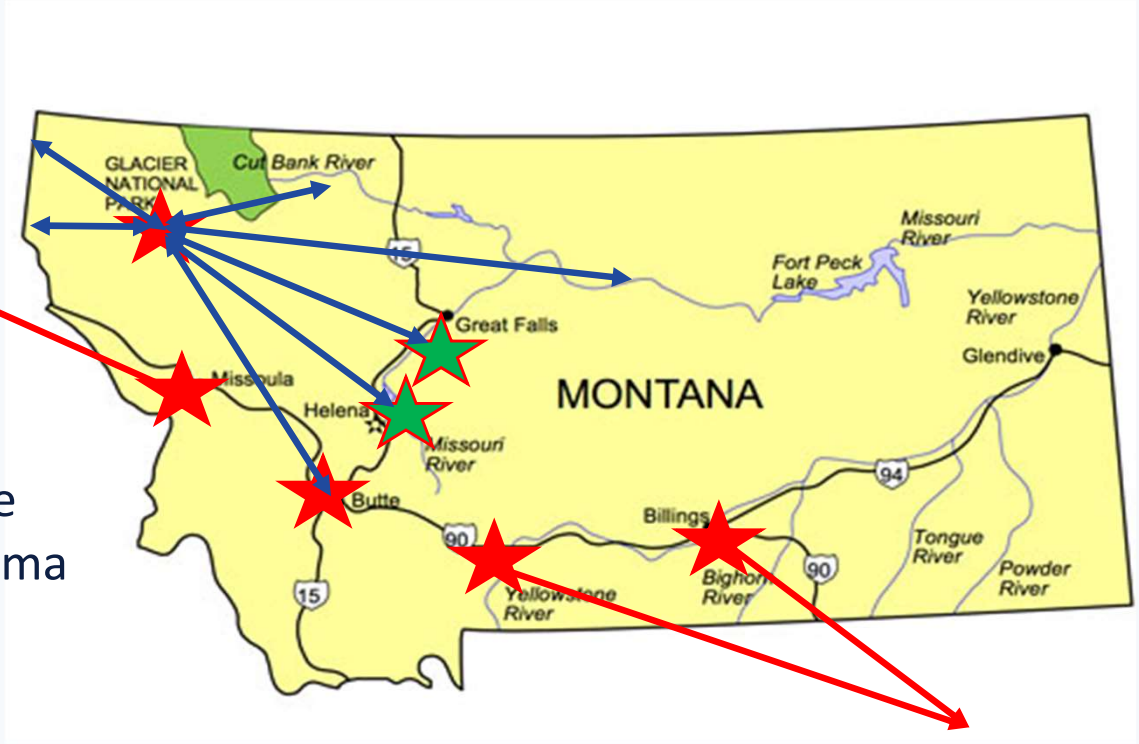
Fort Bragg
Army Community Hospital

Fort Jackson
Army Community Hospital

Surgical residency training
Unified practice model
Unified credentialing and standards
Unified goal and readiness

Replicate Model Rural Surgical Oncology?

Spokane WA



Different training/experience
Differing focus-General/Trauma
Differing credentialing
Competing Hospital Systems
Out of state Referral

Salt Lake & Denver

Surgical Oncology Program

- Velinda Stevens President KRMC (1952-2016)

  Prolong battle with breast cancer

ALERT Helicopter Program

Open Heart Surgical Program

Neurosurgery Program

Cancer Treatment with Surgical Oncology

The very essence of leadership is that you have a vision. It's got to be a vision you articulate clearly and forcefully on every occasion. You can't blow an uncertain trumpet.
Theodore M. Hesburgh

Initial Attempts and Growth

- Prior to 2010: No Advanced Surgical Oncology or HPB performed
- Visionary plan to start Surgical Oncology Program
  - Surgical Oncology Team
  - Advanced Endoscopy with EUS
  - Advance Interventional Radiology
- 2010-2015: Surgical Oncology Growth and Stabilization
- 2015-2020: Thoracic & Cyto/HIPEC Team & Surgical Residency added
- 2020-2025: Rapid Fluctuations

Surgical Oncology Accomplishments

- Surgical Oncology with wide range treatments introduced to MT
  - Esophageal surgery/ Pancreatic surgery/ Cyto-reduction HIPEC/Hepato-Pancreatic-Biliary surgery/GYN Oncology
  - Established Outreach clinics and wide referral pattern
  - Quality Metrics to include NSQIP/COC
- Maintenance and Support from Multidisciplinary Teams
  - Medical and Radiation Oncology (local and regional)
  - Advanced Endoscopy
  - Interventional Radiology

Esophageal Cancer 2023 Audit n=15

8 Ivor Lewis for esophagus and GE junction

7/8 Neo-adjuvant

8/8 Adenocarcinoma

7 Nonsurgical: 2 SCC & 5 Adeno

Referral Pattern:

- Regional facilities-6
- Local facilities -2

Payer Mix:

- Private Insurance-1
- Medicare-5
- Medicaid-2
- VA-1

Esophagectomy for Cancer

Pancreatectomy Cancer 2023 Audit n=17

10 PD; 6 DP & 1 Total

13 Adenocarcinoma

4 Neuroendocrine

5/10 Adeno Tx Neoadjuvant

3 non-diagnostic but suspicious

2 resect able and offered adjuvant

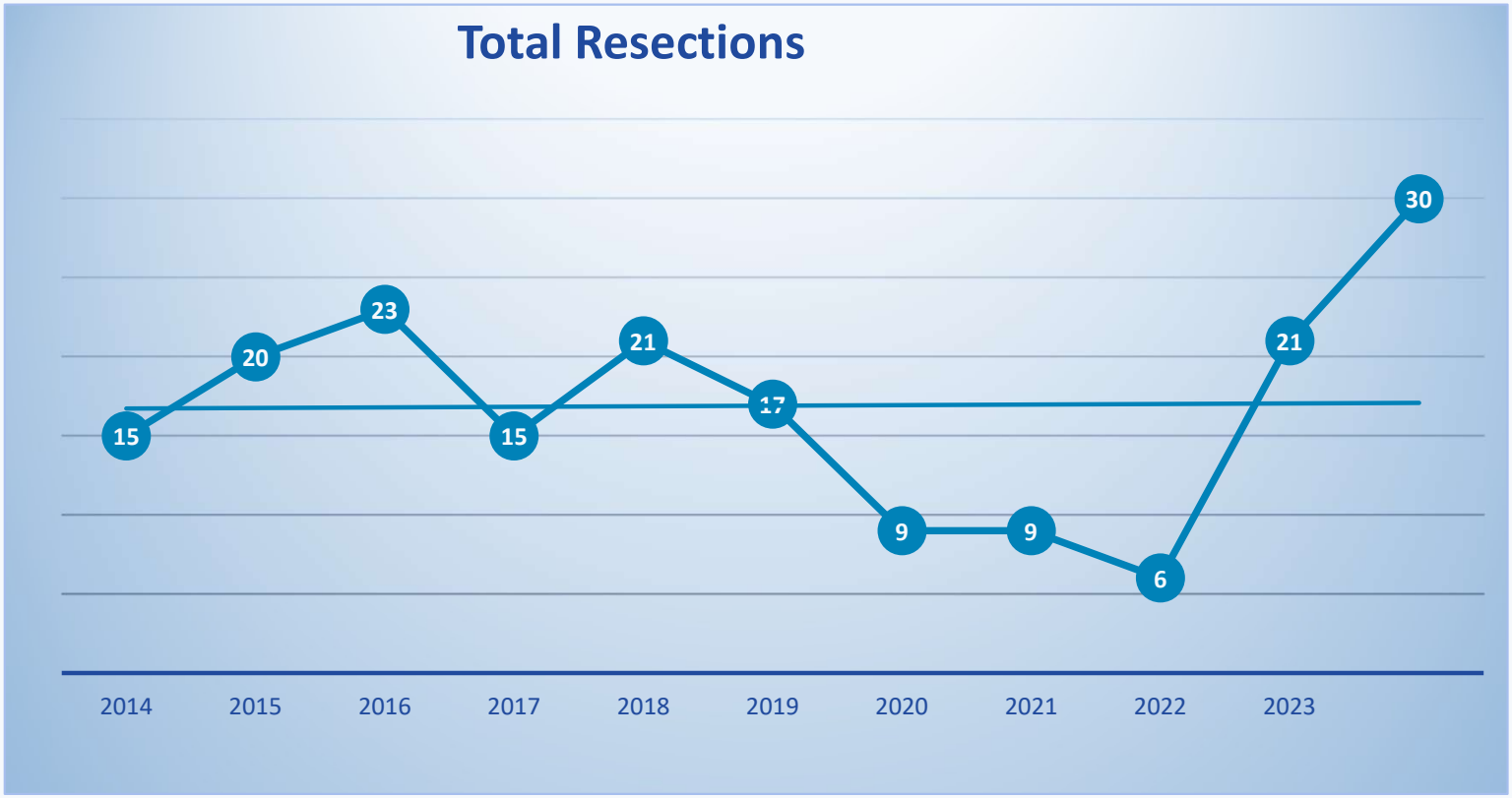
Referral Pattern:

- Regional facilities-13
- Local facilities-4

Payer Mix:

- Private Insurance-2
- Medicare-12
- Medicaid-1
- VA-2

Pancreatectomy for Cancer



Colon Cancer 2023 Audit n=50

Appendix Neoplasm Unexpectedly=10/50 (20%)*

- Adenocarcinoma=2
- Goblet Cell Adenocarcinoma=6
- LAMN=2

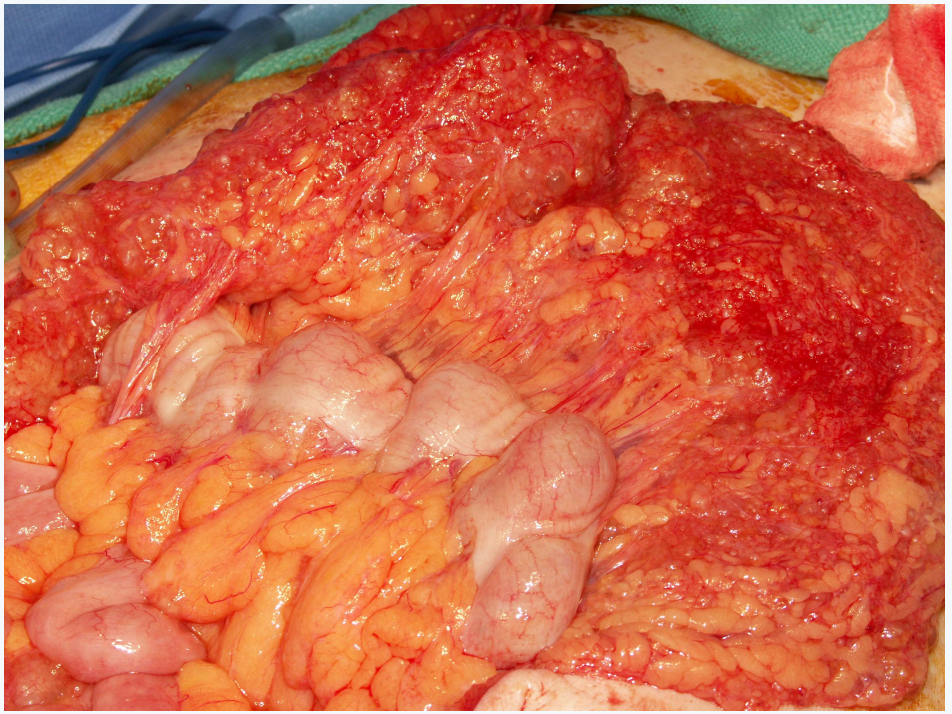
    HIPEC n=7

    Right Hemicolectomy n=3

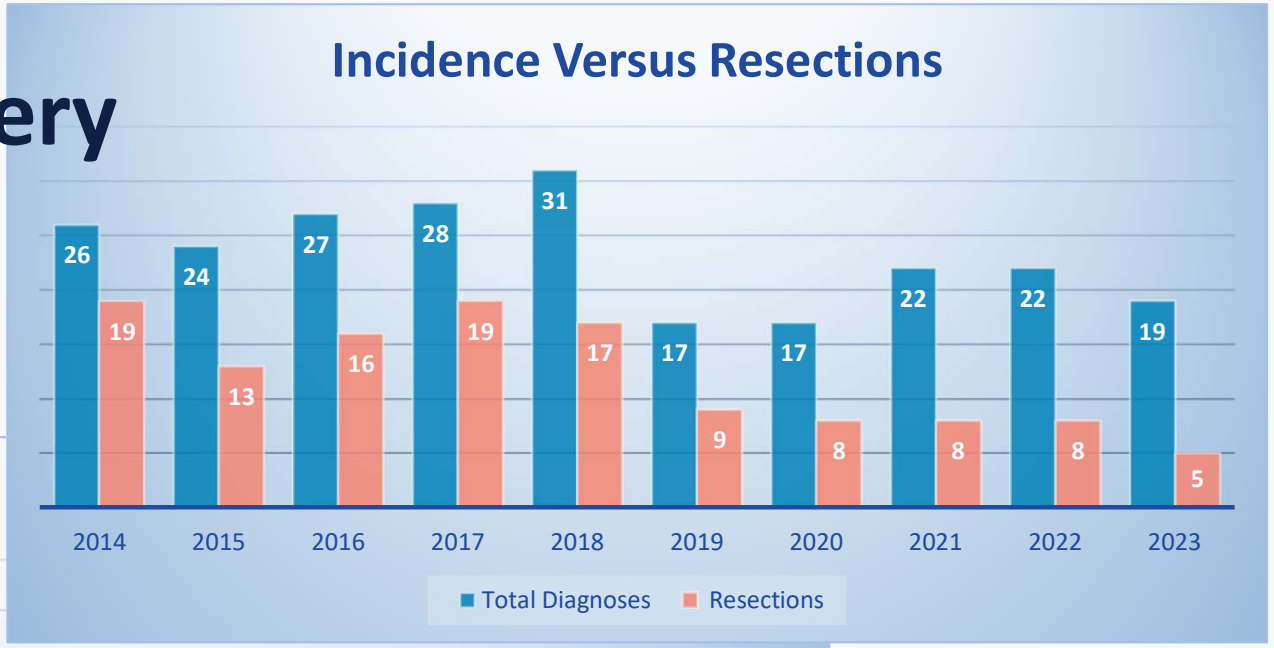
*excluding Neuroendocrine (n=3)

Appendix Cancer

- 1-2 case appendix cancer/million
- Colorectal cancer 36.5/100,000
  365 incidence CRC/million
  1-2 incidence appendix/million
- Appendix to CRC ratio 1-2 to 365
  .27% -.55% *not 20%*



Rectal Cancer Surgery



High Volume & Diverse Diseases

January 2022	
Left Hemicolectomy	Colon
Nephrectomy	Sarcoma
Left Hepatectomy (cholangiocarcinoma)	Liver
PPPD	Panc
Open post pelvic excentertion	Rectal
Deltoid Resection	Sarcoma
Open Right hemicolectomy	Colon
Robotic LAR	Rectal
Robotic LAR	Rectal

February 2022	
Robotic Partial Right Hepatectomy	Liver
Robotic Sigmoid	Colon
PPPD	Panc
PPPD	Panc
Robotic Partial Hepatectomy	Liver
Popliteal Sarcoma	Sarcoma
Exploratory Laparotomy GSW	Colon
Robotic Small Bowel Resection	Small Bowel
Robotic Partial Gastrectomy GIST	Sarcoma
Robotic LAR	Rectum

March 2022	
Robotic APR	Rectum
Right extended Hemicolectomy (open)	Colon
Robotic Cholecystectomy	Biliary
Robotic LAR	Rectum
Abdominal wall resection (wound recurrence)	Abd wall
Robotic Perineal Hernia(s/p APR)	Abd wall
Klatskin Tumor CBD resction	Biliary
Robotic Splenectomy	Spleen
Partial Gastrectomy	Gastric
Small bowel/Liver Neuroendocrine	Liver
PPPD	Panc
Esophagogastrectomy	Esophagus
Diverting colostomy	Colon
Partial hepatecomy	Liver
Left Nephrectomy	Sarcoma

Threats to Success

- Administration Priorities
  - Pediatrics vs Trauma vs Oncology
  - Cost and Up keep (EUS/IR for example)
  - Loss Medical Oncology (locums)
  - Too Dependent on Individual Surgeons
- Legislative Priorities
  - National Rural Support
  - MT Medicaid Renewal
  - Out of State Migration
- Recruitment and Retention
  - Training Competent Surgical Oncologists
  - Broad Scope of Practice

Threats to Success

- COC Opportunities
  - Entice and Encourage Participation
  - Should Help and Assist (Think NCCN)
- COC Rural Hospital Withdrawing Participation
  - Loss Viable and Accurate National Database
  - No need to advertise in Rural Regions
- Legislative Priorities
- Wild West Mentality
- Can We Train Future Rural Oncology Teams?

Review:

- Rural Cancer Treatment faces Differing Challenges
- Each Rural State Needs Multidisciplinary and Regional Hospital Units/Teams
- No Lack of Clinical Volume and Acuity
- New Models for Care are Required
  - Appropriate Support
  - Broad Training & Practice