

Welcome

An appointment has been made for you at our **Midtown / West Omaha** location.

Your appointment is scheduled on _____ at _____ with Dr. _____

As a new patient to the oncology/hematology clinic, you likely have many things going through your mind right now. This packet serves as a resource to guide you through these first steps of your treatment program. Your healthcare team is always on hand to answer any questions you have and help you any way we can. You will be asked your name and date of birth with each appointment and with any procedures. This is a safety measure to protect our patients.

The Nebraska Medical Center is proud to offer one of the most respected oncology/hematology departments in the country. People from across the United States and around the world visit The Nebraska Medical Center to receive innovative treatment from some of the top specialists in the world.

And now this expertise in cancer care is available at two convenient locations.

Midtown location
Peggy D. Cowdery Patient Care Center
The Nebraska Medical Center, main campus
Lied Transplant Center – 3rd floor
43rd Emilie Streets

West Omaha location
The Cancer Center
111 N. 175th Street
Omaha, NE 68118
near Village Pointe shopping area

Your care plan is created by you, your physician and nurses. Other healthcare professionals are available to assist you with your treatment plan as needed.

The following information may help your first appointment go more smoothly:

- It is best if your medical records and pathology slides/reports are here as soon as possible; we will work with your referring physician to obtain these records. Please bring all radiology films/CDs and reports with you for your appointment.
- If your appointment is at the Peggy D. Cowdery Patient Care Center, please check in at the front desk. Our staff will take a photocopy of your ID and insurance card before notifying the physician of your arrival.

- If your appointment is at The Cancer Center's West Omaha location, check in at the clinic on the second level.
- Please bring all medication bottles with you for your physician to review. Bring all medication bottles to every appointment.
- Write down your questions and bring them to your appointment. There are a lot of things to understand, and we want to make sure that you are well informed. Remember, there are no foolish questions with regard to your health.
- Please bring a family member or friend with you. It is helpful to have another set of ears.
- Your first appointment may take two hours or longer depending upon the recommended treatment and plan of care.
- You will meet the nurse partnered with your physician on your first visit. She or he will assist you throughout your treatment. Please ask for your nurse's business card if you did not receive it in this packet.
- Your time is important to us and we try our best to be efficient. Please arrive 15 minutes ahead of your scheduled appointment time and notify us at (402) 559-6500 if you are unable to make your appointment.
- Parking for the Peggy D. Cowdery Patient Care Center in Midtown is available at the Lied Transplant Center. Free valet services are available.
- Parking for the new Cancer Center in West Omaha is available in front of the building
- The Peggy D. Cowdery Patient Care Center in Midtown is a hospital based outpatient clinic and treatment center. The Cancer Center in West Omaha is an outpatient clinic and treatment center

Thank you for choosing The Nebraska Medical Center. We look forward to meeting you!

Oncology Overview

WHAT IS CANCER?

Cancer is an abnormal growth of cells. Cancer cells rapidly reproduce despite restriction of space, nutrients shared by other cells, or signals sent from the body to stop reproduction. Cancer cells are often shaped differently from healthy cells. They do not function properly and can spread to many areas of the body. Tumors – abnormal growth of tissue – are clusters of cells that are capable of growing and dividing uncontrollably; their growth is not regulated.

Oncology is the study of cancer and tumors. The term cancer is used when a tumor is malignant, which is to say it has the potential to cause harm, including death.

Hematology is the medical specialty involved in the study and treatment of diseases related to the blood and blood forming tissue.

WHAT DO THE TERMS BENIGN AND MALIGNANT MEAN?

Tumors can be benign (noncancerous) or malignant (cancerous). Benign tumors tend to grow slowly and do not spread. Malignant tumors can grow slowly or rapidly, invade and destroy nearby normal tissues and spread throughout the body.

WHAT DO THE TERMS LOCALLY INVASIVE AND METASTATIC MEAN?

Cancer is malignant because it can be locally invasive and metastatic:

Locally Invasive - *the tumor can invade the tissues surrounding it by sending out fingers of cancerous cells into the normal tissue.*

Metastatic - *the tumor can send cells into other tissues in the body, which may be distant from the original tumor.*

WHAT ARE PRIMARY TUMORS?

The original tumor is called the primary tumor. Its cells, which travel through the body, can begin the formation of new tumors in other organs. These new tumors are referred to as secondary tumors. The cancerous cells travel through the blood (circulatory system) or lymphatic system to form secondary tumors. The lymphatic system is a series of small vessels that collect waste from cells, carrying it into larger vessels, and finally into lymph nodes. Lymph fluid eventually drains into the bloodstream.

HOW IS EACH CANCER NAMED?

Cancer is named after the part of the body where it originated. When cancer spreads, it keeps this same name. For example, if kidney cancer spreads to the lungs, it is still kidney cancer, not lung cancer. (The lung cancer would be an example of a secondary tumor.) Staging is the process of determining whether cancer has spread and, if so, how far. There is more than one system used for staging cancer.

DIFFERENT TYPES OF CANCER

Cancer is not just one disease but rather a group of diseases, all of which cause cells in the body to change and grow out of control. Cancers are classified either according to the kind of fluid or tissue from which they originate, or according to the location in the body where they first developed. In addition, some cancers are of mixed types. The following five broad categories indicate the tissue and blood classifications of cancer:

Carcinoma

A carcinoma is a cancer found in body tissue known as epithelial tissue that covers or lines surfaces of organs, glands, or body structures. For example, a cancer of the lining of the stomach is called a carcinoma. Many carcinomas affect organs or glands that are involved with

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Oncology Overview Continued

secretion, such as breasts that produce milk. Carcinomas account for 80 percent to 90 percent of all cancer cases.

Sarcoma

A sarcoma is a malignant tumor growing from connective tissues, such as cartilage, fat, muscle, tendons, and bones. The most common sarcoma, a tumor on the bone, usually occurs in young adults. Examples of sarcoma include osteosarcoma (bone) and chondrosarcoma (cartilage).

Lymphoma

Lymphoma refers to a cancer that originates in the nodes or glands of the lymphatic system, whose job it is to produce white blood cells and clean body fluids, or in organs such as the brain and breast. Lymphomas are classified into two categories: Hodgkin's lymphoma and non-Hodgkin's lymphoma.

Leukemia

Leukemia, also known as blood cancer, is a cancer of the bone marrow that keeps the marrow from producing normal red and white blood cells and platelets. White blood cells are needed to resist infection. Red blood cells are needed to prevent anemia. Platelets keep the body from easily bruising and bleeding. Examples of leukemia include acute myelogenous leukemia, chronic myelogenous leukemia, acute lymphocytic leukemia, and chronic lymphocytic leukemia. The terms myelogenous and lymphocytic indicate the type of cells that are involved.

Myeloma

Myeloma grows in the plasma cells of bone marrow. In some cases, the myeloma cells collect in one bone and form a single tumor, called a plasmacytoma. However, in other cases, the myeloma cells collect in many bones, forming many bone tumors. This is called multiple myeloma.

WHAT CAUSES CANCER?

There is no one single cause for cancer. Scientists believe that it is the interaction of many factors together that produces cancer. The factors involved may be genetic, environmental, or constitutional characteristics of the individual.

Diagnosis, treatment, and prognosis for childhood cancers are different than for adult cancers. The main differences are the survival rate and the cause of the cancer. The survival rate for childhood cancer is about 75 percent, while in adult cancers the survival rate is 60 percent. This difference is thought to be because childhood cancer is more responsive to therapy, and a child can tolerate more aggressive therapy.

Childhood cancers often occur or begin in the stem cells, which are simple cells capable of producing other types of specialized cells that the body needs. A sporadic (occurs by chance) cell change or mutation is usually what causes childhood cancer. In adults, the type of cell that becomes cancerous is usually an "epithelial" cell, which is one of the cells that line the body cavity, including the surfaces of organs, glands, or body structures, and cover the body surface. Cancer in adults usually occurs from environmental exposures to these cells over time. Adult cancers are sometimes referred to as "acquired" for this reason.

WHAT ARE THE RISK FACTORS FOR CANCER?

As mentioned, some cancers, particularly in adults, have been associated with certain risk factors. A risk factor is anything that may increase a person's chance of developing a disease. A risk factor does not necessarily cause the disease, but it may make the body less resistant to it. Persons who have an increased risk of developing cancer can help to protect themselves by scheduling regular screenings and check-ups with their physician and avoiding certain risk factors. Cancer treatment has been proven to be more effective when the cancer is detected early. The following risk factors and mechanisms have been proposed as contributing to the development of cancer:

Lifestyle Factors

Lifestyle and environmental factors such as smoking, high-fat diet, exposure to ultraviolet (UV radiation from the sun), or exposure to chemicals (cancer-causing substances) in the work place over long periods of time may be risk factors for some adult cancers. Most children with cancer,

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Oncology Overview Continued

however, are too young to have been exposed to these lifestyle factors for any extended time.

Genetic Factors

Family history, inheritance, and genetics may play an important role in some adult and childhood cancers. It is possible for cancer of varying forms to be present more than once in a family. Some gene alterations are inherited. However, this does not necessarily mean that the person will develop cancer. It indicates that the chance of developing cancer increases. It is unknown in these circumstances if the disease is caused by a genetic mutation, other factors, or simply coincidence.

Virus Exposure

Exposures to certain viruses, such as the human papillomavirus (HPV) and human immunodeficiency virus (HIV; the virus that causes acquired immune deficiency, or AIDS), have been linked to an increased risk of developing certain types of cancers. Possibly, the virus alters a cell in some way. That cell then reproduces an altered cell and, eventually, these alterations become a cancer cell that reproduces more cancer cells. Cancer is not contagious and a person cannot contract cancer from another person who has the disease.

Environmental Exposures

Environmental exposures such as pesticides, fertilizers, and power lines have been researched for a direct link to childhood cancers. There has been evidence of cancer occurring among non-related children in certain neighborhoods and/or cities. Whether prenatal or infant exposure to these agents causes cancer, or whether it is a coincidence, is unknown.

HOW DO GENES AFFECT CANCER GROWTH?

The discovery of certain types of genes that contribute to cancer has been an extremely important development for

cancer research. Over 90 percent of cancers are observed to have some type of genetic alteration. A small percentage (5 percent to 10 percent) of these alterations are inherited, while the rest are sporadic, which means they occur by chance or occur from environmental exposures (usually over many years). There are three main types of genes that can affect cell growth, and are altered (mutated) in certain types of cancers, including the following:

Oncogenes

These genes regulate the normal growth of cells. Scientists commonly describe oncogenes as similar to a cancer “switch” that most people have in their bodies. What “flips the switch” to make these oncogenes suddenly become unable to control the normal growth of cells and allowing abnormal cancer cells to begin to grow, is unknown.

Tumor Suppressor Genes

These genes are able to recognize abnormal growth and reproduction of damaged cells, or cancer cells, and can interrupt their reproduction until the defect is corrected. If the tumor suppressor genes are mutated, however, and they do not function properly, tumor growth may occur.

Mismatch-Repair Genes

These genes help recognize errors when DNA is copied to make a new cell. If the DNA does not match perfectly, these genes repair the mismatch and correct the error. If these genes are not working properly, however, errors in DNA can be transmitted to new cells, causing them to be damaged.

Usually the number of cells in any of our body tissues is tightly controlled so that new cells are made for normal growth and development, as well as to replace dying cells. Ultimately, cancer is a loss of this balance due to genetic alterations that tip the balance in favor of excessive cell growth.

About The Nebraska Medical Center

With a history dating back to 1869, The Nebraska Medical Center is known for excellence, innovation and quality patient care. As the teaching hospital for University of Nebraska Medical Center, this 689-licensed bed, nonprofit healthcare organization has one of the most recognized and respected oncology/hematology programs in the United States. It offers patients cutting-edge treatment options with some of the top oncology/hematology specialists in the world.

The Nebraska Medical Center is the only hospital in the region to earn a National Cancer Center (NCI) designation. The program is also accredited by the American College of Surgeons Commission of Cancer.

The Nebraska Medical Center is also a member of the National Comprehensive Cancer Network (NCCN), a not-for-profit alliance of 20 of the world's leading cancer centers dedicated to improving the quality and effectiveness of care provided to patients with cancer.

J.D. Power and Associates, one of the world's leading independent marketing information firms, named The Nebraska Medical Center as a Distinguished Hospital for Service Excellence. The hospital is the first in Nebraska to achieve this distinction.

Patients who seek treatment at The Nebraska Medical Center get the best of both worlds – the clinical expertise of both academic and private practice physicians and access to cutting-edge therapies and technology from researchers at the University of Nebraska Medical Center. The hospital has treated patients from all 50 states and 17 countries.

The Nebraska Medical Center's oncology/hematology program has experienced, dedicated oncologists/hematologists who manage all types of diseases, including:

- **Acute and chronic leukemia**
- **Breast cancer**
- **Hematologic malignancies/non-malignant**
- **Lung cancer**
- **Lymphoma**
- **Multiple myeloma**
- **Urologic cancers**
- **Head and neck cancers**
- **GI cancers**
- **Colorectal cancer**
- **Gynecologic cancers**
- **Sarcoma**
- **Brain tumors**
- **Melanoma**
- **Pediatric cancers**
- **Brain and spine center**

Abbreviations

ABGs	Arterial Blood Gases	cc	Cubic Centimeter; 1 cc = 1 ml
AGC	Absolute Granulocyte Count	CMV	Cytomegalovirus
ALL	Acute Lymphocytic Leukemia	CNS	Central Nervous System
AML	Acute Myelogenous Leukemia	CO2	Carbon Dioxide
ANC	Absolute Neutrophil Count	CSA	Cyclosporin
ANILL	Acute Nonlymphocytic Leukemia	CT	CAT Scan
ATG	Antithymocyte Globulin	CXR	Chest X-ray
BID	Twice Daily	DMSO	Dimethyl Sulfoxide
BMT	Bone Marrow Transplant	CVVHD	Slow Continuous Ultra-Filtration or Slow Continuous Dialysis
BUN	Blood Urea Nitrogen	drsg	Dressing
CBC	Complete Blood Count		
CCU	Cooperative Care Unit		

Patient Care

INPATIENT CARE

The Nebraska Medical Center has several inpatient special care units devoted to oncology/hematology care. Our healthcare teams treat patients for pediatric oncology/hematology, adult oncology/hematology, gynecologic oncology and other specialties such as musculoskeletal, orthopedic, head and neck, neurology and bone marrow transplantation.

OUTPATIENT CARE

Outpatient treatment can be received in the Peggy D. Cowdery Patient Care Center, located on the third floor of the Lied Transplant Center. Among the many services offered by the treatment center are chemotherapy, blood product administration, intravenous antibiotics and evaluation of urgent problems when the need arises. We provide primary treatment, second opinions, investigational drug studies and transplant services. The treatment center is open from 7 a.m. to 8 p.m. Urgent care is available 24 hours a day.

Outpatient treatment can be received in the Peggy D. Cowdery Patient Care Center in Midtown as well as the Cancer Center in West Omaha. Among the many services offered by the treatment center are chemotherapy, blood product administration, intravenous antibiotics and evaluation of urgent problems when the need arises. We provide primary treatment, second opinions, investigational drug studies. Our Midtown location also offers transplant services.

Peggy D. Cowdery Patient Care Center is located on the third floor of the Lied Transplant Center on The Nebraska Medical Center's main campus. This treatment center is open from 7 a.m. to 8 p.m. and urgent care is available 24 hours a day.

The Cancer Center is located in West Omaha near Village Pointe shopping area and is open from 7 a.m. to 9:30 p.m.

Support Groups

BRAIN TUMOR INFORMATION & SUPPORT GROUP

An educational group focused on the needs of those who have a brain tumor and their family members. The location and frequency of this meeting changes based on the number of attendees. Please contact the Social Work department at 402-559-4420 to RSVP for the meeting, information about meeting location or to be placed on the mailing list.

BREAST CANCER EDUCATION SERIES

An educational group focused on the needs of those who have breast cancer or have been treated for breast cancer and concerned family and friends. Each group presented by a healthcare professional and information is provided on community resources. This is a six-month series beginning in May through October. Meetings are held on the 4th Thursday of each month from 5 p.m. to 6:30 p.m. at the new Cancer Center near Village Pointe. Please contact the Social Work Department at 402-559-4420 to be placed on this mailing list or to RSVP for a meeting.

BLOOD & MARROW STEM CELL TRANSPLANTS (BMSCT)

There are three support groups offered to Blood and Marrow Stem Cell Transplant patients. The Leukemia – Lymphoma Society (LLS) helps sponsor The Nebraska Medical Center's BMSCT support groups.

An Introduction to Blood and Marrow Stem Cell Transplant provides information on the transplant process for patients and their support system.

Contact Jeanine at 402-559-7240 or Michelle at 402-559-6406.

Catheter and general care classes are taught by Sue Wardian, RN, MSN. Call 402-559-8019 to register.

Blood and Marrow Stem Cell Transplant Luncheon is hosted for Blood and Marrow Stem Cell Transplant or high-dose treatment leukemia patients, as well as caregivers and families. Contact 402-559-4420 for more information.

CANCER SURVIVORSHIP GROUP

An educational and support group concerned with survivorship issues for people with a cancer history, their family, friends, or health care professionals. Education presented by health care and community speakers. Meetings are held on the 1st Tuesday of each month in the Private Dining Room on 3rd floor of University Tower, next to the cafeteria, on The Nebraska Medical Center campus. A light dinner and social time will begin at 5 p.m. followed by speakers and presentations from 5:30 p.m. to 6:30 p.m. Contact the Social Work Department at 402-559-4420. Please call to register or to be placed on the mailing list.

LOOK GOOD, FEEL BETTER

This group provides assistance to patients who are in need of make-up and wigs and scarves after receiving cancer treatments. Meetings are held on the 1st Monday of the each month at 6 p.m. on the 3rd floor of the Lied Transplant Center in the Education Consultation Center. Pre-registration is needed and can be done by contacting the Volunteer Department at 402-559-4197.

SUPPORT FOR PEOPLE WITH ORAL, HEAD AND NECK CANCERS (SPOHNC)

The Omaha chapter of national self-help support group for patients with oral, head, and neck cancers. Spouses, family, & friends also welcome. Please contact the Social Work Department at 402-559-4420 for location, time and other information.

Innovative Treatment Options

Advances in technology are constantly providing promising new options for the treatment of cancer. The Nebraska Medical Center is continually striving to remain at the forefront of new technology.

CALYPSO (R)

The Calypso (R) 4D Localization System pinpoints the location of prostate cancers as accurately as a Global Positioning System (GPS) can locate your car. After participating in the clinical trial, The Nebraska Medical Center is the only center in the region now using the Calypso technology.

INTRABEAM

Intrabeam is low-energy radiation therapy, which has been FDA-approved, can offer two advantages to traditional radiation therapy. First, it provides a targeted dose of radiation therapy to the surgical site at the time of surgery, rather than delivering total breast radiation. Secondly, it may eliminate the six-week daily regimen of radiation therapy that normally accompanies lumpectomy without compromising the outcome.

IMAGE GUIDED RADIATION THERAPY (IGRT)

IGRT is the use of treatment room imaging modalities (i.e. X-ray, ultrasound and CT scans) to precisely target a tumor for daily radiation treatment. Using image guidance for tumors affected by organ motion and day-to-day set up changes can lead to increased tumor response and/or decreased side effects from treatment.

INTENSITY MODULATED RADIATION THERAPY (IMRT)

IMRT is another treatment technique used to deliver highly accurate doses of radiation to irregularly shaped tumors with fewer adverse side effects. Pencil-thin beams of varied intensity conform the radiation to the shape of the tumor, allowing physicians to attack the cancer with higher doses of radiation while minimizing damage to nearby healthy tissue and organs. The Nebraska Medical Center is the first and most experienced IMRT facility in the region.

BRACHYTHERAPY

Brachytherapy is a form of radiation that involves the placement of radioactive sources into a tumor or in an area where a tumor

was removed. This technique allows for the delivery of high doses of radiation therapy while simultaneously sparing normal tissue. Brachytherapy is often used to treat prostate, gynecologic and breast malignancies. The high dose rate unit at the Nebraska Medical Center allows for some brachytherapy procedures to be performed in the outpatient setting, increasing patient convenience, especially for patients from outside the Omaha area.

NOVALIS® SHAPED BEAM SURGERY

Novalis® is an innovative technology that offers patients more precise stereotactic radiosurgery and radiotherapy treatment. It shapes radiation beams to match the exact contour of a tumor or lesion, so even those that are irregularly shaped receive direct radiation treatment without damage to adjacent tissues and organs.

BLOOD AND MARROW STEM CELL TRANSPLANT PROGRAM

The Nebraska Medical Center has one of the busiest adult and pediatric blood and marrow stem cell transplantation programs in the world, with approximately 225 transplants performed annually. The program, established in 1983, is internationally respected as a pioneer in transplantation for lymphoma. The hospital has conducted groundbreaking studies on growth factors and performing transplants in settings other than a traditional hospital unit.

LYMPHOMA TREATMENT

The lymphoma treatment program is comprised of hematologists/oncologists who specialize in caring for patients with non-Hodgkin's and Hodgkin's lymphomas. A multidisciplinary research team explores the causes of lymphoma, the genes involved in lymphoma development and new therapies in pre-clinical models to individualize and optimize treatment. Studies are also underway that focus on novel therapies, including monoclonal antibodies, radioimmunoconjugates, vaccines, chemotherapy and immunotherapy.

LEADERS IN TECHNOLOGY AND EDUCATION

Our team has written a number of articles published in leading medical journals relating to implementation and outcomes of various treatments. To view these articles, visit www.unmc.edu.

Our Multidisciplinary Team

The Nebraska Medical Center takes a multidisciplinary approach to treating each of our patients. Many different disciplines work together toward a common goal of the best possible outcome for their patient. Each patient is unique with their own set of needs.

At The Nebraska Medical Center, patients have access to a full team of experienced cancer specialists, providing patients a comprehensive individualized approach to their care including medical oncologists, surgical oncologists, radiation oncologists, internal medicine specialist, case managers, Oncology Certified Nurses, pharmacists, psychiatrists, social workers, nutritionists, pastoral care representatives and rehabilitation specialists. We surround each patient with the clinical and professional help they need, when they need it.

The team works together to keep our patients' treatment on track for effective, efficient and comprehensive care.

Research Opportunities for Patients

Patients who visit The Nebraska Medical Center for treatment of hematological and solid tumor malignancies have the opportunity to consider options beyond standard of care.

The Oncology/Hematology team has several clinical studies available in multiple disease areas. These studies include investigator initiated studies (with protocol developed by our own physicians), cooperative group studies (multiple institutions come together as a group to compare new and standard treatments) and pharmaceutical-sponsored studies (pharmaceutical companies are testing new therapies).

At any point and time, we have 40 actively accruing studies that patients can consider for treatment and/or research purposes. These studies typically are Phase I (testing the best way to give a new treatment and the best dose), Phase I/II (studying the safety, dosage levels, and response to a new

treatment), Phase II (testing whether a new treatment has an anticancer effect and whether it works against a certain type of cancer), and Phase III (comparing the results of people taking a new treatment with the results of people taking the standard treatment) studies.

Expenses associated with participating in clinical trials vary from trial to trial. Many studies are covered by funding, while insurance companies and Medicare have varying levels of coverage for services associated with clinical trial participation. The expenses associated with a study will be reviewed with trial participants prior to entering a clinical trial. We do recommend that patients check with their insurance companies regarding coverage of services/treatments prior to starting a study.

Talk to your physician about which clinical trial options you should consider.

Case Managers

Physicians:	Case Manager and Phone#
C. Are	Sara 402-559-3920
M. Are	Sara 402-559-3920
J. Armitage	Kristin 402-559-3201
P. Bierman	Jane/Anne 402-559-7530
R. Bociek	Dawn 402-559-7795
K. Cowan	Dawn 402-559-7795
D. Darrington	Susan 402-778-5587
M. Devetten	Caralee 402-559-6465
A. Ganti	Melody 402-559-8039
W. Goldner	Nicole 402-559-2814
J. Grem	Beth 402-559-8608
M. Kessinger	Rose/Susan 402-559-3852
Q. Ly	Sara 402-559-3920
D. Lydiatt	Lora 402-559-1825
W. Lydiatt	Nicole 402-559-2814
L. Maness	Caralee 402-559-6465
O. Militsakh	Lora 402-559-1825
S. Rajan	Ellie 402-559-9650
W. Razaq	Ellie 402-559-9650
E. Reed	Ann 402-559-8010
A. Richards	Lora 402-559-1825
A. Sasson	Kelly 402-559-1826
R. Smith	Nicole 402-559-2814
J. Schwarz	Colleen 402-559-9651
J. Vose	Colleen 402-559-9651
J. Wang	Melody 402-559-8039

Map & Directions: Midtown Location

Peggy D. Cowdery Patient Center
The Nebraska Medical Center Main Campus



FROM EPPLEY AIRFIELD

Take Abbot Drive east to Downtown Omaha
Abbot Drive turns into Cuming Street
Take Cuming Street to 30th Street
Turn left onto 30th Street
Continue in left-hand lane, to Saddle Creek Road
Turn left onto Saddle Creek Road
Continue on Saddle Creek Road to Emile Street
Turn left on Emile Street
Turn right into circle drive at Lied Transplant Center
Utilize complimentary valet parking

FROM WEST OMAHA

Take I-80 East toward Omaha
Take Exit 451 – 42nd Street
Turn left and travel north on 42nd Street
Turn left onto Emile Street
Turn right into circle drive at Lied Transplant Center
Utilize complimentary valet parking

FROM EAST OF OMAHA

Take I-80 West into Omaha
Take Exit 451 – 42nd Street
Turn right and travel north on 42nd Street
Turn left onto Emile Street
Turn right into circle drive at Lied Transplant Center
Utilize complimentary valet parking

Department Locations

THE NEBRASKA MEDICAL CENTER IN MIDTOWN

Diagnostic Center

First floor, Durham Outpatient Center
Blood work, X-ray and EKG
Contact: 559-8780

Adult Dentistry/Oral Surgery/ Oral Maxillofacial Prosthetics

Third floor, Durham Outpatient Center
Dental oncologists, Oral Maxillofacial Prosthetics Clinic
Contact: 559-9200

Surgery Clinic

Fifth floor, Durham Outpatient Center
Contact: 559-4017

Ear, Nose and Throat Clinic

Second floor, Durham Outpatient Center
Contact: 559-5208

Radiation Oncology Department

Ground floor, Clarkson Tower
Contact: 552-3844

Inpatient Radiology Waiting Area

First floor, Hixson-Lied Center
CAT scan/MRI waiting area
Contact: 559-9001

Pre-Surgical Testing Center

First floor, Durham Outpatient Center
Anesthesia and pre-op nursing (*Please bring packet here*)
Contact: 559-9228

Access Services

First floor, Durham Outpatient Center
Patient check-in; please arrive 90 minutes
prior to scheduled surgery
Contact: 559-4222

Nuclear Medicine Department

First floor, University Tower
PET scan/bone scan/image scan
Contact: 552-3201

Lied Transplant Center

Emile at 43rd Street
Contact: 559-5599

Peggy Cowderly Patient Care Center

3rd Floor, Lied Transplant Center
Contact: 559-5600

Oncology Hematology Special Care Unit

Seventh floor, University Tower
Contact: 559-7402

Cooperative Care Unit

Fifth floor, Lied Transplant Center
Contact: 559-8019

Map & Directions: West Omaha Location

The Cancer Center

Near Village Pointe Shopping Area



FROM EPPLEY AIRFIELD

Take Abbott Drive east to Downtown Omaha
Abbott Drive turns into Cuming Street
Take Cuming street west to 30th Street
Turn left onto 30th Street
Follow signs I-480 South
Follow signs to I-80 West
Follow signs to I-680 North

Exit I-680 North onto West Dodge Road (West To Boys Town)
Continue on West Dodge Road to 180th Street exit
Exit 180th Street
Turn left onto 180th Street
Turn left onto Burke Street
Turn right on 175th Street
Take first left into The Cancer Center parking lot

FROM WEST OF OMAHA

Take I-80 East to Omaha
Exit #432
Turn left onto HWY 6/31
Continue to West Dodge Road
Exit West Dodge Road (east)
Turn right onto 180th Street
Turn left onto Burke Street
Turn right on 175th Street
Take first left into The Cancer Center parking lot

FROM EAST OF OMAHA

Take I-80 West into Omaha
Follow signs to I-680 North
Exit I-680 North onto West Dodge Road (West To Boys Town)
Continue on West Dodge Road to 180th Street exit
Exit 180th Street
Turn left onto 180th Street
Turn left onto Burke Street
Turn right on 175th Street
Take first left into The Cancer Center parking lot

Department Locations

THE CANCER CENTER IN WEST OMAHA

LEVEL ONE

Departments

Radiation Oncology

Monday – Friday, 8 a.m. to 4:30 p.m.

402-596-3300

Radiology

Monday – Friday, 8 a.m. to 4:30 p.m.

402-596-3300

Physicians

Charles Enke, MD

Chi Lin, MD

Robert Thompson, MD

Andrew Wahl, MD

LEVEL TWO

Departments

Laboratory

Monday – Friday, 7 a.m. to 5 p.m.

Multidisciplinary Clinic

Monday – Friday, 8 a.m. to 4:30 p.m.

402-596-3100

Infusion Center

Monday – Friday, 7 a.m. to 7:30 p.m.

402-596-3200

Physicians

Philip Bierman, MD

Gregory Bociak, MD

Deb Darrington, MD

Jean Grem, MD

James Harper, MD

Margaret Kessinger, MD

Rudy Lackner, MD

Lori Maness, MD

Sandeep Rajan, MD

Wajeeha Razaq, MD

Elizabeth Reed, MD

Edibaldo Silver, MD

Karin Trujillo, MD

Julie Vose, MD

Jue Wang, MD

LOWER LEVEL

Coffee Kiosk

Lounge Area

Healing Garden

Glossary of Terms

Absolute Granulocyte/Neutrophil Count the number of white blood cells mature enough to fight infections.

Afebrile without fever.

Allogenic stem cell transplant the process of treating a patient with chemotherapy and possibly radiation and giving them stem cells harvested from a specially matched donor.

Anemia a condition in which there is a decreased amount of hemoglobin due to a decreased number of red blood cells.

Anesthesia A process using medicines to put a patient into a sleep-like state, thereby eliminating the sensation of pain.

Antibiotic a drug used to fight bacterial infections.

Antithymocyte globulin (ATG) a drug used to fight graft verses host disease.

Antifungal a drug used to fight fungal infections.

Antiviral a drug used to fight viral infections.

Apheresis separating the blood into various components.

Arterial Blood Gases (ABGs) reports how much oxygen and carbon dioxide is carried by the arterial blood.

Arterial Line (art line) an IV-type catheter placed into an artery to monitor blood pressure and sample arterial blood.

Aspiration (of marrow) the process of drawing out bone marrow using a syringe.

Autologous Stem Cell Transplant the process of taking stem cells from a patient, treating the disease and giving the stem cells back.

Bands a form of granulocyte mature enough to fight infection.

Biopsy the removal of a small piece of tissue for microscopic examination.

Blood Urea Nitrogen (BUN) a waste product in the blood; used as a measurement of kidney function.

Bone Marrow the soft material in the center of the bones that produces new blood cells from the stem cell.

Bone Marrow Harvest the process of collecting marrow from the inside part of bones, usually from the back of the hips.

Bone Marrow Transplantation (BMT) a type of treatment for cancer and other diseases that includes a process of collecting bone marrow and stem cells and giving them to a patient after chemotherapy and possibly radiation. Also called a bone marrow stem cell transplant.

Bronchoscopy an examination of the large air passages in the lungs.

Broviac Catheter a type of central venous catheter.

Chemotherapy medications for cancer treatment.

Care Partner usually a spouse, friend or relative who stays with the patient 24 hours a day while he or she is in the Cooperative Care Unit or is an outpatient.

CAT or CT Scan computerized axial tomography; a three-dimensional X-ray.

Central Line see Central Venous Catheter.

Central Venous Catheter a small hollow tube inserted into blood vessels and used to painlessly draw blood and give medicines and fluids; Broviac catheter, Hickman catheter and implanted port are examples.

Consolidation Therapy chemotherapy treatment of acute leukemia given after initial or induction therapy and after the patient is in remission.

Chest X-ray examination of lungs using low-dose radiation to produce a picture of film.

Glossary Continued

Conditioning Regimen see Preparative Regimen.

Creatinine a waste product in the blood; used as a measure of kidney function.

Culture a process for identification of bacteria and other organisms in blood, sputum and other body fluids; this process may also be used to determine ability of stem cells to grow.

Cyclosporin (CSA) a drug used to prevent graft versus host disease.

Dialysis A process that filters impurities and excess fluids from the blood when the kidneys are not working well.

Dimethyl Sulfoxide (DMSO) a preservative added to autologous bone marrow or peripheral stem cells to prevent damage to the cells during freezing.

Echocardiogram (echo) a measurement of heart function and blood flow through the use of sound waves.

Electrocardiogram (EKG) a recording of the heart's electrical activity.

Electrolytes minerals in the blood such as potassium, sodium, etc., that must be maintained within a certain range to keep the body functioning well.

Endotracheal (ET) Tube a tube placed through the mouth or nose into the windpipe or airway.

Engraftment when infused bone marrow or peripheral blood stem cells “take” or are accepted by the patient and begin producing blood cells.

Erythrocytes another name for red blood cells.

Febrile with a fever.

Glo-fil a test that examines the blood flow through the kidneys to determine level of function.

Granulocyte a sub-type of white blood cells named because of the presence of granules in the cell. These cells protect the body against bacterial infection.

Graft Versus Host Disease (GVHD) a condition that can occur following an allogeneic transplant in which some of the donor's cells attack the patient's tissues and organs.

Growth Factors hormone-like medications that speed the growth of stem cells; examples are G-CSF and GM-CSF.

Hemoglobin the part of red blood cells that carries oxygen to tissues.

Hematology the medical specialty involved in the study and treatment of diseases related to the blood and blood-forming tissue.

HEPA Filter high efficiency particulate air filter used to provide clean air in transplant rooms on Oncology Hematology Special Care Unit.

Herpes Virus a group of viruses, one of which is herpes simplex virus.

Hickman Catheter a type of central venous catheter.

Human Leukocyte Antigen (HLA) markers found on white blood cells and most body cells which is used for typing tissues of donor and recipient for compatibility.

Hyperalimentation or “Hyperal” an IV solution with a high nutritional content given in place of oral food intake when someone is unable to eat; also called total parenteral nutrition (TPN).

Implanted Port a form of central venous catheter surgically inserted under the skin.

Incentive Spirometer a device or piece of equipment to aid the function of your lungs by having you breathe in deeply.

Induction Therapy initial course chemotherapy for treatment of acute leukemia.

Intake volume of fluids going into the body.

IgG immune gamma globulin used to increase resistance to certain infections.

Glossary Continued

Irradiation see Radiation.

Irradiated Blood Products treated with radiation to kill white cells that could attack other cells in your body.

Intrathecal (IT) an injection into the fluid of the spinal column.

Intubated having an endotracheal tube placed into the windpipe to assist a patient who has difficulty breathing.

Lied Transplant Cooperative Care (LTCC) inpatient unit in the Lied Transplant Center. The patient rooms are located on the fifth floor; treatment is given in the treatment center.

Lumbar Puncture (LP) a needle is placed into the spinal column to obtain samples of spinal fluid; also called a spinal tap.

Lymphoid Cells blood cells that mature in the lymph tissue.

Lytes abbreviated version of electrolytes; see Electrolytes.

Maintenance Therapy chemotherapy given after initial treatment of some types of acute leukemia to maintain remission.

Malignant cancerous.

Megakaryocytes another word for platelets.

Modified Protective Isolation (MPI) a type of isolation where increased precautions are taken to protect the patient from infection.

Mucositis Mouth sores.

Muga Scan/Heart Scan test that determines how the heart is functioning.

Myeloid Cells blood cells that mature in the bone marrow.

Neutrophil a type of white blood cells that is the body's primary defense against harmful bacteria.

OHSCU Oncology Hematology Special Care Unit. When acute hospital stay is required.

Output volume of fluid going out of the body.

Oximeter a device that clips to the finger or ear lobe and measures how much oxygen is being carried by the blood circulating in the body.

Perineal Care special care of the skin and tissue in the genital and rectal areas.

Peripheral Stem Cell Transplant (PSCT) a type of stem cell transplant that uses cells collected from the circulating blood; also referred to as a peripheral blood stem cell transplant.

PET Scan also called Positron Emission Tomography, a medical imaging technique that monitors metabolic, or biochemical, activity in the brain and other organs by tracking the movement and concentration of a radioactive tracer injected in the bloodstream.

Petechiae a small dark purple or red spots under the skin caused by blood leaking out of the vessels; may indicate a low platelet count.

Platelets blood cells that help prevent bleeding and help the blood to clot when vessels are broken.

Pneumocystis Pneumonia (PCP) a type of lung infection that may cause severe pneumonia in people with low resistance to infection.

Progenitor Cells cells that have the ability to produce a continuous family of cells; another term for stem cells.

Protocol a plan of care or treatment.

Preparative Regimen chemotherapy and/or radiation therapy given prior to transplant to kill diseased cells and/or make space for healthy new marrow; also called conditioning regimen.

Glossary Continued

Purging when certain types of cells are removed from bone marrow prior to infusion to patient; in autologous BMTs, marrow may be purged to remove lingering cancer cells; in allogenic BMTs, donor bone marrow that may be purged to remove cells that cause graft versus host disease.

Pulmonary Function Test (PFT) a study of how well the lungs are working, i.e., the amount of air you are breathing in and out.

Radiation (or Irradiation) Therapy a type of treatment for cancer that uses a type of radiant energy waves to damage or kill cancer cells. May include specifics such as total body irradiation or total mantle irradiation.

Red Blood Cells cells in blood that carry oxygen to blood and tissues.

Remission no evidence of disease.

Rescue Product a collection of stem cells from the peripheral blood or bone marrow.

Respirator/Ventilator a machine that pushes air and extra oxygen into the lungs.

Segs a form of granulocyte mature enough to fight infection.

Sepsis the presence of organisms or infection in the blood.

Septic Shock the body's reaction to infection in the blood characterized by a dangerous drop in blood pressure and altered function of other organisms.

Spinal Tap see Lumbar Puncture.

Stem Cells – a type of blood cell that can produce red cells, white cells, platelets and additional stem cells.

Stem Cell Transplant (SCT) a type of treatment for cancer and other diseases that includes the process of collecting stem cells from either the bone marrow (BMT) or peripheral blood (PSCT) and giving them to a patient after chemotherapy and/or radiation.

Steroid a drug used in combination with other drugs to prevent and/or control graft versus host disease.

Swan Ganz a catheter (or thin tube) used to measure pressures within the heart and lungs.

Syngeneic Stem Cell Transplant the process of taking stem cells from an identical twin for transplant to the twin patient.

Total Body Irradiation (TBI) the method of delivering radiation treatment to the entire body in order to suppress the immune system and treat the cancer.

Titer a special measurement of substance in blood or urine.

TPN or Total Parenteral Nutrition see Hyperalimentation (hyperal).

Veno Occlusive Disease (VOD) a disease that sometimes occurs following high-dose chemotherapy and/or radiation, in which the blood vessels that carry blood through the liver become swollen and clogged.

Ventilator see Respirator.

Virus a type of organism that invades cells and causes them to produce more virus, leading to an infection.

White Blood Cell a type of blood cell that helps fight infection.