



The exterior of Mercy Medical Center and Hall-Perrine Cancer Center is seen in this photo taken May 11, 2014, in Cedar Rapids. (Gazette photos)

Hall-Perrine Cancer Center celebrates 10th anniversary

Its creation brought all treatments, specialties under one roof

By Hannah Pinski, The Gazette

The Hall-Perrine Cancer Center at Mercy Medical Center Cedar Rapids is marking its 10th anniversary this summer.

Mercy's legacy of providing cancer care to the Cedar Rapids community dates back to 1956, when the first linear accelerator, a machine that aims radiation at cancer tumors with pinpoint accuracy, was gifted by Howard Hall. In 1977, a floor was established to provide inpatient oncology care, and the Hall-Perrine Cancer Center opened in 2012 to provide all cancer specialties under one roof.

Dr. Vincent Reid, the medical director of the Hall-Perrine Cancer Center, said the center has been able to develop an excellent team to help the community over the past 10 years.

"We have specialists in surgical oncology, medical oncology, and radiation oncology," Reid said. "And when you get those specialties working together in a collaborative effort, that ultimately results in a high level of cancer care for the community, and quite frankly, is what this community deserves."

By having all of its cancer specialties under one roof,



Jack Cosgrove of Cedar Rapids (from left) and Mary Quass of Mount Vernon, both members of the Mercy board of trustees, and Sister James Marie Donahue of Cedar Rapids, Mercy Foundation chairman of the board, cut the ribbon during the grand opening of the new Hall-Perrine Cancer Center on July 19, 2012, in Cedar Rapids. Hall-Perrine Cancer Center Executive Director Dee Eadie is at center, between Quass and Donahue.

Reid said centralized care benefits the patient by saving time and boosting the patient's confidence.

"(Fragmented) care takes longer to coordinate, and patients don't have as much confidence," Reid said. "But when you centralize the care, and you speak with a common voice, and you have a common purpose for that individual patient, I think you think the care can only be improved, and the patient satisfaction can be improved."

Reid said he has seen technology in the center change with the development of treatments that are tailored toward the patient for the past decade.

Reid believes that the future of cancer care will include an increase in biologic therapy. Instead of attacking the fast-growing cells like in chemotherapy, Reid said, the treatment

attacks the biological nature of the cancer, such as the markers and specific targeted proteins.

"So a lot of these technologies are tailored to the kind of cancer patients have," Reid said. "And it's really in the direction of what is individualized cancer therapy, meaning not one size fits all. And so that's kind of really the future of cancer care."

Additionally, Reid thinks there also will be an expansion of the center's genetic programs to try to look at all of the different kinds of mutations cancer can have.

Molly Angell, a member of Mercy's oncology team, said that having a genetics department and finding different markers in the patient's cancer allows them to give more personalized care.

In addition to increasing individualized care, Angell said the center

also is increasing oral chemotherapies.

"Now, (patients) are getting these outpatient treatments, or (else) they would be here for multiple days at our clinic getting treatment," Angell said. "Now there's an oral medication that can treat them and they can do that at home and continue to live their normal lives as best they can."

The cancer center also has a research department and participates in multiple national and international clinical trials, which Reid said brings the best data available to help the management of its cancer patients.

The most exciting thing Reid has enjoyed seeing, though, is the collaborative efforts that the center's team has taken to build to where it is today.

"Today, at our cancer center, the patient will have the benefit of seeing all of those providers, on the same day at the same setting, after these individuals have reviewed the details of that cancer, and have come up with a combined treatment plan for those patients," Reid said. "And that kind of collaborative team effort is a part of the future of cancer care."

For Angell, she said she enjoys establishing strong relationships with their patients.

"We pretty much know all of our patients by name, and they know all of us by name, too, so it's definitely more of a family environment," Angell said. "And you know, it's so scary to come here. But this is just such a welcoming area, and it's a beautiful clinic."



Vincent Reid
Medical director,
Hall-Perrine
Cancer Center