

Guest Opinion

Service has defined our role in cancer care. Between the three of us, there are more than 50 years of experience caring for and helping people with cancer. Our commitment has been to serve the patients and people of this amazing community, reduce barriers to care, and advocate for efforts to strengthen cancer care.

We write speaking for ourselves, as community members deeply invested in oncology care. To be clear, as physicians, we have nothing to be gained or lost financially that is dependent on the location of the cancer center. Our concern is that a substantial portion of limited health care capital has been committed to building a second cancer center without input or meaningful engagement with the cancer physicians who have served this community for decades; we and our physician colleagues were not included in this decision nor the strategic planning phases. Confluence Health's dedication to cancer care and the significant investment this project represents are sincerely appreciated. However, this decision may divert limited resources from higher-impact investments that more directly improve patient outcomes.

Patients require a functional cancer care ecosystem. This includes prevention and screening in primary care with appropriate case management workforce (which was recently cut in half), timely diagnosis, coordinated specialty care, advanced imaging, modern interventional capability, state-of-the-art diagnostic pathology and laboratory services, and strong partnerships with surgical subspecialties. It also requires robust support such as nutrition, rehabilitation, mental health care, financial counseling, transportation assistance, and survivorship services, as well as partnerships with community programs which support our cancer patients and their families. Wenatchee and the surrounding counties have access to a comprehensive, fully accredited cancer program participating in the National Commission on Cancer and providing many of these services to Chelan County, Grant County, Douglas County, and Okanogan County, with close collaboration with colleagues in Seattle.

However, our cancer program can be improved. Today, patients are often sent to Seattle or Spokane for imaging, procedures, and surgeries unavailable locally, causing undesirable and stressful delays. At the same time, elements of the cancer ecosystem have contracted, including neurosurgical capacity, colorectal surgery, imaging, oncology mental health support, case managers, and interventional radiology resources. This fragments care, erodes trust, and disproportionately harms the communities we serve, such as Okanogan and Grant Counties that deal with additional barriers to care. Our responsibility is to reduce these disparities and make care available to all.

While this project will expand infusion capacity for a growing community and provide a deservedly nicer facility for our patients and staff, it does little to close the gaps described above. The Mares campus currently hosts urology, surgery, radiology, GI, primary care, ENT, acute inpatient rehabilitation, and other elements with which

oncology services interact with daily, and this coordination has been established over decades. A new center two miles away risks disrupting the daily collaboration that makes this possible. We are concerned that directing \$60 million, (plus potential financing costs), toward a second center may further contract services and ultimately weaken the system supporting cancer care, diverting resources from services that determine clinical excellence. Additional infusion space alone cannot replace the complex, collaborative specialty care patients require.

The shared goal is clear: to guide patients from diagnosis through treatment and into survivorship. Collaborative planning for strategic investment in the ecosystem supporting this journey will build a cancer program that is clinically excellent, trusted by the community, and financially durable. Cancer physicians have been the primary stewards of this ecosystem, which has thus far been successful. Our teams have recently been involved in space utilization planning and have done an amazing job to ensure the current plans provide a pleasing and functional environment for our patients and staff. We look forward to additional conversations to ensure we are prioritizing the most impactful care for our patients and sharing that work in a collaborative partnership.

Gratitude remains for the Confluence Health Board's commitment to cancer care, and these concerns are respectfully offered for thoughtful reconsideration and dialogue with physician leaders. By working "Better Together", we hope to continue to steward excellent cancer care closer to home for our communities.

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