Our Commitment to You

The goal of Huntington Hospital Cancer Center is to provide you with the best possible care and experience. We will strive to exceed your expectations, and encourage you to be an active participant in your care. We will treat you with courtesy and respect. We will listen carefully to you. We will address your needs. We will respond to your concerns. We will answer your questions and keep you informed. We will provide a safe and clean environment. We will include you and your family in developing your plan of care. We will be sensitive to your cultural needs.

We will work together as a team to care for you.
Caring, Capable Leadership

Programs and services provided by Huntington Hospital Cancer Center are overseen by the center’s Cancer Committee. The committee is comprised of one or more representatives from each of the medical departments involved in cancer care — including, for example, radiology, radiation oncology and medical oncology.

Committee members also include a variety of health professionals who provide supportive care for patients. In addition to providing program oversight, the Cancer Committee is responsible for Huntington Memorial Hospital’s participation in various cancer conferences as well as the hospital’s Cancer Data Center (see page 24 for additional information).

2013 CANCER COMMITTEE MEMBERS

Steven Applebaum, MD  
Co-Chair, Cancer Committee  
Medical Oncology

Ann Brady, RN  
Symptom Management

Sharon Carrillo, CTR  
Manager, Cancer Data Center

Mays Chua, RN  
Prostate, Head and Neck Navigator

Robbin Cohen, MD  
Thoracic Surgery  
Medical Director, Lung Program

Christine Conti, RN  
Lung Navigator

Lisa Corbisiero, RN  
Symptom Management

Nancy Cushing, RN  
Breast Navigator

Saskia deKoomen, RN  
Colorectal, GYN Navigator

Edna DeLeon, RN  
Director, Quality Management

Christopher Hedley, MD  
Radiology  
Medical Director, Radiology

Tina Ivie, RN  
Breast Navigator

Howard Kaufman, MD  
Chair, Cancer Committee  
General Surgery  
Medical Director, Cancer Center

Chrissy Kim  
American Cancer Society

Suzie Kline  
Integrative Medicine

Leah Kurihara, RD  
Clinical Dietitian

Cynthia Martel, MD  
Medical Oncology

Janet Mayeda  
Rehabilitation Services

Bernadette Merlino  
VP, Clinical Strategy and Physician Development

Susan Murakami, MD  
Pathology

Susie Nakao, RN  
Clinical Research

Martin Perez, PhD  
Psychology

Daniel Spurgeon, MD  
Hospice and Palliative Medicine

Gloria Tango, RN  
Manager, 6 West

Ruth Williamson, MD  
Medical Director, Radiation Oncology

David Yu  
Pharmacy
For decades, Huntington Hospital Cancer Center has delivered personalized, compassionate care to patients from across the San Gabriel Valley and beyond.

Far surpassing the traditional community hospital in quality and scope, our cancer center is accredited – with commendation – by the American College of Surgeons Commission on Cancer. The center continues to receive excellent patient satisfaction ratings: In 2013, our outpatient cancer services were rated in the 97th percentile by the nationwide Press Ganey Patient Satisfaction Survey. (Inpatient satisfaction ratings are consolidated with hospital-wide data.)

Excellence in cancer care

Huntington Hospital Cancer Center provides comprehensive screening, diagnosis and treatment for the most prevalent cancers affecting our community – including breast, lung, prostate, head and neck, colorectal and gynecological tumors. The center’s high-quality outpatient services are located in the beautiful Huntington Pavilion.

Huntington Hospital Cancer Center’s care team includes an array of specially trained professionals including physicians, cancer nurse specialists, social workers and dietitians with specialized oncology certification, radiation oncology professionals, nurse specialists, and a licensed cosmetologist. Nurse navigation services help coordinate the potentially complex array of services needed by patients and their families and provide vital education and other support. Palliative care professionals offer a weekly clinic, co-located with the center’s other outpatient services. As a result, even patients with the most serious conditions can remain as comfortable as possible throughout the course of their care.

Individual patient cases are reviewed during regular multidisciplinary tumor boards, further promoting multidisciplinary collaboration and best practices. A Cancer Committee, comprised of members of Huntington Hospital’s medical, administrative, nursing and key support staff, meets quarterly to review the entire program. The committee identifies strategies to satisfy all 34 standards established by the American College of Surgeons Commission on Cancer. Annual goals for the program are set and reviewed, and quality indicators are discussed to identify opportunities for improvement.

As part of ongoing quality review, the committee utilizes quality measures developed by the National Quality Forum. These measures are accepted by the Commission on Cancer, which in turn publishes data regarding hospital performance. Statistics for 2012 were made available in 2013 and showed Huntington Hospital Cancer Center significantly outperforming other California hospitals (consolidated data) with regard to several important quality measures.

The Cancer Data Center – supporting continuous quality improvement

Huntington Hospital’s Cancer Data Center collects, maintains and effectively reports tumor data – allowing Huntington Hospital Cancer Center to identify community and nationwide trends. Our cancer physicians and cancer nurse specialists also utilize this data to identify opportunities for further quality enhancements in caring for cancer patients at Huntington Hospital. Our Cancer Data Center regularly participates in studies mandated by the American College of Surgeons Commission on Cancer.
**Providing support for patients and their loved ones**

Patient support is an essential component of Huntington Hospital Cancer Center’s work. We host support groups for breast, lung, prostate and colon cancer patients, as well as for those receiving radiation therapy. Patients who are interested can also be matched with a cancer survivor for mentorship, emotional support and guidance. Additionally, the cancer center provides a variety of monthly workshops, including Return to Wellness workshops – specially designed for cancer patients – in exercise and yoga, and a Write to Heal workshop that includes not only writing, but also art and music therapy. A grief support group is available for those who have lost a loved one to cancer.

**Reaching out to our community**

Huntington Hospital Cancer Center places great emphasis on community outreach and education. Through these efforts, we seek to ensure that local and regional residents are aware of cancer risk factors and symptoms, understand how to reduce their risk for cancer, and know how they can access high-quality cancer-related services.

Annual screening events (often held in collaboration with the American Cancer Society) provide screenings for colorectal, prostate and lung cancer. Informative lectures involve cancer physician specialists from Huntington Hospital and other invited national experts, who provide information that emphasizes preventive lifestyle choices and early detection. These lectures are offered regularly throughout the year.

In 2013, Huntington Hospital Cancer Center continued to build on our valuable partnership with the Herald Cancer Association. This community organization addresses the healthcare needs of Chinese communities in the greater Los Angeles area. Our partnership helps enhance access to cancer care among members of these communities in Huntington Hospital’s service area.

Continued outreach to and communication with referring physicians helped us maintain physician satisfaction. In our lung and colorectal programs, for example, 100 percent post treatment follow-up was achieved. By ensuring that information regarding diagnosis, treatment and outcomes is swiftly communicated to patients’ primary-care physicians, Huntington Hospital Cancer Center promotes continuity of patient care and further strengthened physician relations community-wide.

**Clinical leadership — minimally invasive surgery**

Our minimally invasive surgery programs for colorectal, prostate, lung and gynecologic cancers continued to grow throughout 2013, with our advanced da Vinci robotic system increasingly used in treating such cancers. Huntington Hospital remains ahead of the curve with regard to minimally invasive (laparoscopic) surgery for colon cancer. Several years ago, The Health Care Advisory Board predicted that 65 percent of patients who require colon resection for cancer would undergo a laparoscopic procedure by 2014. However, just one third of these procedures in the United States to date are performed laparoscopically. In contrast, in 2013, Huntington Hospital surgeons performed 94% of elective colon cancer surgeries laparoscopically, putting us far ahead of the national average. The benefits of laparoscopic surgery can include smaller incisions and reduced scarring, less pain, shorter hospital stay, lower rates of surgical-site infection, and a more rapid return to presurgical activity for the patient. Rectal cancer procedures were performed exclusively by minimally invasive approaches in 2013 which included not only laparoscopic operations, but robotic and transanal endoscopic microsurgery (TEM) as well. TEM allows for removal of early cancers and advanced polyps without any abdominal incisions.

Minimally invasive surgery is only one component of improving care for patients with colon and rectal cancer. In 2012, a multidisciplinary team was established to develop an accelerated care pathway for patients undergoing colon and rectal surgery. Using evidenced-based data and guidelines, we were able to reduce length of stay by one full day without any increase in readmission rates. More than half of our patients undergoing minimally invasive colon and rectal surgery now go home on postoperative day 2 or 3, reducing costs to all stakeholders.
Research — expanding knowledge, enhancing care

Huntington Hospital Cancer Center offers patients significant opportunities to participate in clinical trials in areas as diverse as prevention of cancer to treatment of advanced disease.

The cancer center receives early information regarding new clinical trials in both the United States and Canada. After careful review, our physician investigators select the most promising of these to be offered through our San Gabriel Valley Clinical Oncology Research Program. Adult cancer patients in our service region who meet eligibility requirements and are interested in taking part in a clinical trial can enjoy significant benefits — and help to advance research in ways that may also impact thousands of other cancer patients in the future. For example, a few studies active in 2013 were: ASBrS Collaborative Nipple Mastectomy Registry, Variables Influencing Outcomes in Colorectal and Pelvic Floor Patients, Colon Cancer Related Epigenetic Changes in Obesity, and DNA Methylation and Colorectal Cancer.

Huntington Hospital Cancer Center’s medical staff also worked with surgical residents – from both the hospital’s Graduate Medical Education program and our affiliated academic centers – on a variety of research initiatives in 2013. This work contributes to improved delivery of cancer care at Huntington Hospital and beyond.

Specifically, over the course of the year, Huntington Hospital general surgery residents presented four papers involving cancer care, some of which have already been approved for publication in peer-reviewed journals. Overall, more than 600 Huntington Hospital patients were included in cancer-related research and studies.

Update on 2013 Cancer Center Goals:

Huntington Hospital Cancer Center is proud to have accomplished all goals established for 2013, as follows:

Clinical Goal: Develop and implement an “Enhanced Recovery after Surgery” (ERAS) pathway for postoperative care of colorectal cancer patients.

Great variability can exist in postoperative protocols following colorectal surgery procedures which may affect clinical outcomes, patient satisfaction, and cost of care. Research completed at Huntington Hospital before and after implementation of an Enhanced Recovery program demonstrated our ability to reduce length of hospital stay and costs without increasing complications or readmission rates. In 2013, we were successful in more widely implementing this protocol and preparing it for “go live” with our new electronic health record.

Programmatic Endeavors Goal: Implement an Integrative Oncology Program for East-West Medicine.

Complementary medicine is used to describe therapeutic techniques that are not part of conventional medicine (also called “standard” or “western” medicine). Complementary therapies are used as a “complement” or addition to conventional medicine. When complementary medicine is integrated with conventional medical treatment for cancer patients, it is also called “Integrative Oncology.” The goal of Integrative Oncology is to balance the whole person — physically, mentally, and emotionally — while conventional medicine does its work. Several studies in cancer patients suggest that complementary medicine can improve mood and quality of life, and relieve symptoms. This stress relief might help the immune system function better and allow patients to better cope with treatment-related side effects.

The Integrative Oncology Program at Huntington Hospital Cancer Center enjoyed tremendous growth in its first year. This program currently offers acupuncture, massage therapy, hypnotherapy, music therapy, spirituality and prayer, support groups, Tai Chi, and yoga.

Huntington Hospital Cancer Center continues to rely on charitable contributions from the community it serves. We are deeply grateful for all donations designated to the center in 2013 – all gifts designated by donors to a specific aspect of the cancer center’s work are used strictly for that purpose. These gifts supported essential services and programs, ensuring we could continue delivering superior cancer care.

Howard Kaufman, MD,
Medical Director, Huntington Hospital Cancer Center
Huntington Memorial Hospital’s cancer program has been approved with commendation by the Commission on Cancer, and received accreditation from the American College of Surgeons’ National Accreditation Program for Breast Centers (NAPBC) — demonstrating our commitment to providing superior cancer care. Additionally, Huntington-Hill Breast Center was recognized as a Breast Imaging Center of Excellence by the American College of Radiology. These prestigious distinctions further illustrate the high quality of care available at Huntington Hospital.

Cancer patients benefit from being treated at an accredited facility:

• Multidisciplinary team approach to coordinate care
• Comprehensive care with state-of-the-art services and equipment
• Assessment of treatment planning based on evidence-based national treatment guidelines
• The highest quality of care
• Ongoing monitoring and improvement of care
• Information about clinical trials
• Options of palliative care services
Compassionate, Supportive Care

Cancer care at Huntington Memorial Hospital extends beyond clinical care. The hospital’s skilled multidisciplinary team also provides a comprehensive range of programs and services to help patients and their families navigate the challenges of cancer diagnosis and treatment.

Constance G. Zahorik Appearance Center

Constance G. Zahorik Appearance Center, located in the Huntington Pavilion, assists patients in managing the cosmetic side effects of their cancer treatment. The following services are provided in a private setting by a licensed cosmetologist:

- A selection of attractive wigs
- Clothing that provides protection from the sun
- Personalized fitting and styling of wigs
- Referral to We Care, a provider of custom human-hair prostheses
- Scarves and hats
- Skin and make-up consultation

Support Services

Huntington Memorial Hospital’s Palliative Care Program provides treatment designed to relieve pain and other side effects related to cancer treatment. The program is led by specially trained registered nurses who work closely with physicians to improve patients’ comfort and quality of life during their cancer treatment.

Early diagnosis and treatment can help reduce symptoms of lymphedema — swelling in the arms and legs that can occur as the result of cancer treatment — and prevent the condition from progressing. Huntington Hospital’s Lymphedema Review Class helps participants understand the signs, symptoms and risk factors of lymphedema and provides information on managing lymphedema and its associated side effects. The class is free of charge.

Over the past several years, researchers have identified inherited factors, or genes, that can contribute to the development of some forms of breast, ovarian, colorectal and other types of cancer. Huntington Hospital Cancer Center offers hereditary cancer-risk assessment and genetic counseling for people who are concerned about their personal and/or family history of cancer and risk to other family members.

Established in 2009, Huntington Hospital’s outpatient ostomy clinic provides pre- and postoperative ostomy services for our patients and their families. Nurses who are specially trained and certified in wound care, ostomy and continence provide education for patients and family members regarding daily maintenance of temporary and permanent stomas. In addition, they assist patients in addressing the emotional issues that can arise when living with an ostomy.

INPATIENT AND OUTPATIENT OSTOMY SERVICES PROVIDED BY HUNTINGTON HOSPITAL INCLUDE:

- Preoperative counseling and stoma site marking
- Postoperative education
- Product selection
- Hygiene management
- Stoma Care
- Lifestyle adaptation counseling
- Evaluation and treatment of skin and/or stomal problems
- Referral for medical supplies
- Referral to We Care, a provider of custom human-hair prostheses
- Scarves and hats
- Skin and make-up consultation

Huntington Hospital’s outpatient ostomy clinic is located on the first floor of the La Vina building in our outpatient rehabilitation department. In addition, the hospital offers an ostomy support group, held on the third Thursday of each month.

Rehabilitation Services

Patients receiving care at Huntington Hospital Cancer Center have access to Huntington Memorial Hospital’s high-quality, comprehensive inpatient rehabilitation services. A variety of therapeutic and rehabilitation programs are available via our state-of-the-art, 24-bed acute rehabilitation facility. The facility’s expert team helps patients achieve optimal levels of activity, independence and self-sufficiency.

Rehabilitation services team members carefully design each rehabilitation program based on the patient’s individual needs. Rehabilitation programs typically provide the patient with two or more hours of combined therapy each day.

Rehabilitation specialties include occupational therapy, physical therapy, speech pathology, audiology, and recreational therapy.
Compassionate, Supportive Care

Christine Conti, RN with lung cancer survivors Mick and Cynthia

Education and Learning

Huntington Hospital’s Health Sciences Library provides health information and educational programs to meet the clinical, research and educational needs of the hospital’s medical staff, employees, research personnel, volunteers and the general public. Access to the latest medical research helps ensure patients at Huntington Hospital Cancer Center receive the best possible care.

Support Groups and Classes

Patients receiving care at Huntington Hospital Cancer Center, as well as their families and caregivers, have access to a variety of support groups, which take place monthly and are free of charge.

- Breast Cancer Support Group
- Eating Well Through Cancer Therapy
- Look Good, Feel Better
- Lung Cancer Support Group
- Lymphedema Class
- Ostomy Support Group
- Pink Ribbon Exercise
- Prostate Support Group
- Savi-Sisters Support Group
- Therapeutic Yoga for Cancer Patients
- Transitions Grief and Loss Support Group
At Huntington Memorial Hospital, a multidisciplinary team of healthcare professionals provides high-quality cancer care with a personal touch.

TEAM MEMBERS INCLUDE THE FOLLOWING:

Dietitians with far-reaching knowledge of the nutritional needs of cancer patients — including special considerations during radiation or chemotherapy treatment. These professionals consult regularly with our medical team to ensure patients’ needs are met.

Medical oncologists, experts in the diagnosis and treatment of cancer.

Oncology research coordinators who, with our physicians and patient-care coordinator, assess patients’ eligibility for participation in available clinical trials. Our research coordinators are also responsible for ensuring proper documentation and patient follow-up regarding the trials available at the center — and for referring patients as appropriate to other clinical trials around the United States and Canada.
Skilled, Compassionate Caregivers

Oncology social workers, who understand the emotional and psychosocial pressures faced by cancer patients, and who are available to provide a comprehensive range of support services and referrals.

Pathologists with extensive training and experience in analyzing body tissue to confirm or rule out a diagnosis of cancer — and identify disease characteristics that may influence treatment decisions.

Pharmacists, who collaborate extensively with our physicians to design appropriate drug therapies for patients.

Radiation oncologists, physicians who oversee the provision of radiation therapy, including via the leading-edge therapeutic techniques such as linear-accelerator radiation and intensity-modulated radiation.

Radiologists skilled in the use of radiologic technology for cancer screening and diagnosis. Our radiologists are also experts in the diagnostic use of PET scans, which indicate cancer-related cellular changes before they are visible via CTs or MRIs.

Registered nurses who are specially trained to provide inpatient and outpatient care for patients receiving radiation-oncology treatment. Nurses help assess patients’ needs and work closely with physicians to provide exceptional cancer care. Inpatient oncology nurses are all experts in the administration of chemotherapy and are rigorously trained in all other aspects of cancer care.

RN nurse navigators, registered nurses who are responsible for streamlining and coordinating the often-complex diagnosis, treatment and follow-up process for patients with cancer.

Specialists, physicians with specialized training in the treatment of many diseases and types of cancer. Through extensive training and experience in the field, these physicians have become leading experts in the diagnosis of cancer.

Surgeons with expertise and experience performing a wide range of cancer-related surgical procedures.

Symptom-management care coordinators, registered nurses who assist patients experiencing cancer-related pain and other side effects. Care coordinators assess the patient’s need for symptom-management services, work with physicians to ensure that appropriate pain-management treatment is provided, and coordinate needed complementary therapies.
Going Above and Beyond for Our Community

Ayman Saad, MD with lung diagnostic technology

Professional Education

Each year, Huntington Memorial Hospital’s Cancer Committee provides physicians, nurses and other health professionals the opportunity to participate in a cancer-related educational activity. By providing access to important learning opportunities, the committee helps caregivers earn continuing-education credits — and ensures that cancer care at the hospital remains in keeping with the latest best practices in the field.

2013:

- **Screening for Lung Cancer: Has it Finally Arrived?**
  *Speaker:* Robbin Cohen, MD

- **Update in Breast Imaging**
  *Speaker:* Lakshmi Tegulapalle, OD

- **Update from San Antonio Oncology Conference**
  *Speakers:* Ruth Williamson, MD, and Cynthia Martel, MD

- **Vulvar Cancer**
  *Speakers:* Jason Chou, MD, and Timothy Oh, MD

- **Breast Related Lymphedema Treatment**
  *Speaker:* Jeannie Shen, MD

- **Colorectal Cancer – A Decade of Progress**
  *Speaker:* Afsaneh Barzi, MD

- **Breast Related Lymphedema Treatment**
  *Speaker:* Jeannie Shen, MD

- **Adventure in Therapeutic Discovery**
  *Speakers:* Robert Hickey, MD, and Lynda Malkas, MD

- **Colorectal Cancer – Silent, but Deadly**
  *Speaker:* Howard Kaufman, MD
Going Above and Beyond for Our Community

Prevention and Screening Programs

- Knowing Breast & Cervical Cancer
- Eat Right
- Freedom from Smoking
- Colorectal Cancer Screening and Treatment
- Caltech Health Fair
- PSA and You: Screening for Prostate Cancer
- Colorectal Cancer: Silent but Deadly
- Breast Panel

Community Outreach Events

Knowing Breast Cancer
Sponsors: Herald Christian Association and Mandarin Baptist Church

Colorectal Cancer Screening
Sponsors: Huntington Hospital Senior Care Network and Huntington Hospital

Breast Health Seminar
Sponsors: Chinese Chamber of Commerce of Los Angeles

Health Fair
Sponsors: Huntington Hospital Cancer Center and Huntington-Hill Breast Center

Screening for Prostate Cancer
Sponsors: Huntington Hospital Senior Care Network

Colon Cancer
Sponsors: Gastroenterologist and Colorectal Surgeon

Paint the Wall Pink
Sponsors: Huntington Hospital Cancer Center

Breast Health Fair and Breast Panel
Sponsors: Huntington Hospital Cancer Center

Shine a Light on Lung Cancer
Sponsors: Huntington Hospital lung program
Quality Improvement Studies

Studies are completed, evaluated, and reviewed annually. The following studies were presented and reviewed by the Cancer Committee in 2013:

- Patients undergoing mastectomy are offered a preoperative referral to a reconstructive, plastic surgeon
- Estrogen and Progesterone testing accuracy results on breast needle core biopsies
- The Effect of Para vertebral blocks on Length of Stay for Patients undergoing Total Mastectomy with Immediate Breast Reconstruction
- Preoperative Neutrophil to Lymphocyte Ratios in Stage 2 Colorectal Cancer: A Predictor for Recurrence?
- Partial Colectomy Outcomes Based on Diagnosis: Data from the National Surgical Quality Improvement Program
- Does the Timing of Unfractionated Heparin Administration Affect Outcomes in Colon Surgery?
- Stress Management Group; Psychotherapy Intervention for Early Stage Breast Cancer Patients-Outcomes

Patient-care Enhancements

- Implemented “Integrative Oncology Program” to include acupuncture, trigger point injections, aromatherapy, and self-care education.
- Participated in the National Cancer Database “Rapid Quality Reporting System” to improve quality measure performance rates.
- Purchased new equipment in radiation oncology department, which offers high resolution beam shaping, including interdigitation, to patients.
- Provided a 10-week cognitive-behavioral stress-management therapy course for early-stage breast cancer patients who recently completed treatment.

Cancer Committee Goals for 2013

Clinical Goal:

- Develop and implement an “Enhanced Recovery” (ERAS) pathway for post-operative colorectal cancer patients.

Programmatic Goal:

- Implement integrative oncology program for East-West medicine.
Radiation therapy is no longer a “one-size-fits-all” technique. We can now customize our radiation treatments to the patient...with more convenience to the patient, less cost, and excellent outcomes and quality of life.

*Ruth Williamson, MD*

*Ruth Williamson, MD*, medical director, radiation oncology, shares recent, significant advances in radiation therapy that are enhancing outcomes for patients with breast cancer at Huntington Memorial Hospital. There have been some great advances in the treatment for breast cancer in the last several years. Our current recommendations for radiation therapy for breast cancer have dramatically changed as well. It was originally back in the 70s when initial randomized studies showed that lumpectomy and radiation is together equivalent to mastectomy for breast cancer survival. Since that time, the standard whole-breast radiation over five weeks has been routinely recommended. Recently, large randomized trials in the UK (START trial) have shown five weeks of whole-breast radiation is equivalent to three weeks of a shorter course of radiation. This short course of radiation is known as “hypofractionated” radiation therapy. In fact, in these trials, it appeared that the shorter course of radiation, which involves giving a higher dose per day, is actually slightly more effective than the five-week course. The women selected for these shorter courses of radiation were women mostly over 50 with low- or intermediate-grade breast cancers. A shorter course of radiation therapy is certainly much more convenient for patients — with fewer treatment visits — and it is significantly less expensive for our patients. The side effects were similar for standard or hypofractionated radiation, and the cosmetic results were comparable.
Studies over the past 10 years have also shown that partial-breast irradiation can be given with short courses of radiation therapy in selected patients. Patient selection is very important for partial-breast irradiation. In general, it is offered for low-risk women: Women over 60, without any lymph node involvement, without lymphovascular invasion, and excluding invasive lobular pathology. Partial-breast irradiation can be given over a five-day course with brachytherapy. This involves placing an implant into the lumpectomy site surgically and treating twice a day with internal high-dose radiation therapy. Jeannie Shen, MD, medical director of the breast surgery program at Huntington Hospital — as well as the hospital’s radiation oncology department — have a great deal of experience with accelerated partial-breast irradiation using the SAVI (strut adjusted volumetric implant) catheter. Huntington Hospital has been deemed a center of excellence for this technique. But breast brachytherapy does have increased risks of infection and healing problems. Huntington Hospital Cancer Center is now able to offer another type of partial-breast irradiation, provided over three weeks using external beam treatment without the surgical placement of a catheter. This therapy is extremely well tolerated, and the majority of our patients choosing partial-breast irradiation have chosen partial-breast irradiation using external beam techniques. Again, partial-breast irradiation can only be given in a highly selected group of patients with early-stage breast cancer.

Another breakthrough in radiation treatments involves treating with radiation instead of a complete axillary lymph-node dissection in selected patients. A complete axillary lymph-node dissection has historically been indicated when nodes in the armpit (or axilla) are positive for metastatic carcinoma. An axillary node dissection has a significant risk of pain, frozen shoulder, and chronic lymphedema of the upper extremity. A randomized trial with long-term data, called the ZOO10-11 trial, has shown that in patients with lumpectomy and sentinel lymph-node biopsy, that if limited lymph nodes are involved with metastatic carcinoma, radiation can be given in lieu of axillary lymph-node dissection. Another related trial, the AMAROS trial — after mapping of the axilla, radiation or surgery — found that both axillary lymph-node dissection and axillary radiation after a positive sentinel lymph node provides excellent and comparable regional and local control. The AMAROS trial found that axillary radiation therapy reduced the risk of short-term as well as long-term lymphedema when compared to axillary lymph-node dissection. In addition, axillary radiation was better tolerated overall than the axillary lymph-node dissection. Therefore, radiation is often an alternative to a complete lymph-node dissection in our patients found to have limited axillary involvement.

In conclusion, radiation therapy is extremely effective after lumpectomy in decreasing the risk of local regional recurrence. In the lumpectomy site, the risk of local recurrence with current techniques in early-stage breast cancer patients is reduced to just 1 to 3 percent. Radiation therapy reduces the risk of local recurrence by 75 to 80 percent. In addition, radiation is now more conveniently delivered for whole-breast or partial-breast irradiation using an external beam technique over approximately three weeks. These “hypofractionated” techniques are also extremely well tolerated with equivalent cosmetic results. Radiation to the axilla can also be used as an alternative to axillary node dissection in selected cases. Axillary radiation is better tolerated than axillary node dissection with better quality of life. Radiation therapy is no longer a “one-size-fits-all” technique for whole-breast irradiation for our patients with breast cancer. We can now customize our radiation treatments to the patient, allowing excellent local and regional control, with more convenience to the patient, less cost, and excellent outcomes and quality of life.
Spotlight on Breast Cancer

The breast program at Huntington Hospital Cancer Center continued to expand in response to growing community needs in 2013. Using state-of-the-art screening and diagnostic tools, Huntington-Hill Breast Center screened more than 27,000 women and diagnosed 436 new breast cancers. Using a multidisciplinary approach and the latest advances in treatment, surgeons, medical oncologists, and radiation oncologists worked together to coordinate the care of almost 600 women diagnosed with breast cancer.

In addition, Huntington Memorial Hospital continued its outreach efforts into the Chinese community — providing education and resources to help Chinese women understand their risks and treatment options — in response to the growing number of Chinese patients now coming to Huntington Hospital for breast-cancer care. This year, in collaboration with Herald Cancer Care Network, the hospital hosted Joy Luck Academy, a 10-week course that provides education and peer-mentor support for Chinese breast-cancer survivors. In October, Huntington Hospital hosted the 6th-annual Pink Ribbon Conference. This one-day event brought together 200 Chinese breast-cancer survivors and treated them to a day of learning and sharing — demonstrating to this group of women that Huntington Hospital cares about the members of all our surrounding communities.
More than 200 survivors, family members, friends and employees attended Huntington Memorial Hospital’s first-ever Paint the Wall Pink event on September 28, designed to honor those who have fought or are fighting breast cancer – and to raise awareness about breast health.
By the Numbers: 2013 Breast Program Data

There were a total of 355 early stage breast cancers of which 212 received breast conservation treatment.
Early stage breast cancer cases (Stage 0, I & II) treatment are shown in these graphs.
Breast continues to be the number one site of new cancer cases seen at Huntington Hospital. There is a higher proportion of breast cases treated at Huntington Hospital (30.5 percent) when compared to the incidence rates of new cancer cases seen in California (15 percent) and U.S. (14 percent). This may be due in part to the Huntington-Hill Breast Center where breast mammograms, ultrasound and biopsies are performed on hundreds of women every year. Prostate cancer accounted for (8 percent) of new cancers and colorectal (8 percent). Lung cancer is slightly lower than the incidence rates for California (11 percent) and U.S. (14 percent) Corpus Uteri (4.6 percent) is slightly higher than the incidence rates for California (3 percent) and U.S. (3 percent).
## 2013 Primary Site Table

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<td>21</td>
<td>127</td>
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<tr>
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<tr>
<td>Blood &amp; Bone Marrow</td>
<td>37</td>
<td>34</td>
<td>71</td>
</tr>
<tr>
<td>Leukemia</td>
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<td>18</td>
<td>36</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>9</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
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<td>12</td>
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<td>Bone</td>
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<tr>
<td>Connect/Soft Tissue</td>
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<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Skin</td>
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<td>4</td>
<td>52</td>
</tr>
<tr>
<td>Melanoma</td>
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<tr>
<td>Other</td>
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<td>Breast</td>
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<tr>
<td>Female Genital</td>
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<td>35</td>
<td>199</td>
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<tr>
<td>Cervix Uteri</td>
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<td>15</td>
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<tr>
<td>Corpus Uteri</td>
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<td>9</td>
<td>94</td>
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<td>Ovary</td>
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<td>15</td>
<td>61</td>
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<tr>
<td>Vulva</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Vagina</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Male Genital</td>
<td>154</td>
<td>24</td>
<td>178</td>
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<tr>
<td>Prostate</td>
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<td>22</td>
<td>162</td>
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<tr>
<td>Testis</td>
<td>9</td>
<td>2</td>
<td>11</td>
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<td>Other</td>
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<td>0</td>
<td>5</td>
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<tr>
<td>Urinary System</td>
<td>141</td>
<td>24</td>
<td>165</td>
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<tr>
<td>Bladder</td>
<td>69</td>
<td>14</td>
<td>83</td>
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<tr>
<td>Kidney/Renal</td>
<td>65</td>
<td>9</td>
<td>74</td>
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<tr>
<td>Other</td>
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<td>1</td>
<td>8</td>
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<tr>
<td>Brain &amp; CNS</td>
<td>43</td>
<td>9</td>
<td>52</td>
</tr>
<tr>
<td>Brain</td>
<td>20</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>5</td>
<td>28</td>
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<tr>
<td>Endocrine</td>
<td>72</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>Thyroid</td>
<td>64</td>
<td>7</td>
<td>71</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Lymphatic System</td>
<td>52</td>
<td>12</td>
<td>64</td>
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<tr>
<td>Hodgkin Lymphoma</td>
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<td>1</td>
<td>3</td>
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<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>50</td>
<td>11</td>
<td>61</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>43</td>
<td>5</td>
<td>48</td>
</tr>
<tr>
<td>All Sites</td>
<td>1754</td>
<td>268</td>
<td>2022</td>
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</table>
## ONCOLOGY METRIC

<table>
<thead>
<tr>
<th>Description</th>
<th>Huntington</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer</td>
<td>61.3</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer</td>
<td>91.5</td>
<td>Not yet established</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes</td>
<td>100</td>
<td>Not yet established</td>
</tr>
<tr>
<td>Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer</td>
<td>99.1</td>
<td>$&gt;90%$ or upper bound of 95%</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB-III hormone receptor negative breast cancer</td>
<td>96.3</td>
<td>$&gt;90%$ or upper bound of 95%</td>
</tr>
<tr>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer</td>
<td>98.4</td>
<td>$&gt;90%$ or upper bound of 95%</td>
</tr>
<tr>
<td>Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer</td>
<td>100</td>
<td>$&gt;90%$ or upper bound of 95%</td>
</tr>
<tr>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer</td>
<td>95.2</td>
<td>$&gt;80%$ or upper bound of 95%</td>
</tr>
<tr>
<td>Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or stage III receiving surgical resection for rectal cancer</td>
<td>100</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
In keeping with Cancer Program Standards established by the American College of Surgeons’ Commission on Cancer, Huntington Hospital Cancer Center gathers comprehensive, standardized data regarding patients who are diagnosed and treated at our center. Staff from our Cancer Data Center collect detailed information — including symptoms, diagnostic tests performed, clinical and pathologic stage, and treatments provided — for all patients who receive care at Huntington Memorial Hospital.

Data collected is anonymous, disease-specific, and standardized according to Commission on Cancer and California Cancer Registry (CCR) guidelines — in order to ensure accuracy and to facilitate comparison with state and national outcomes data. All data gathered by our Cancer Data Center is automatically added to the CCR, allowing health researchers to analyze demographic and geographic factors that affect cancer risk, early detection, and effective treatment of cancer patients.

In 2013, a total of 2,022 patient cases from Huntington Hospital Cancer Center were added to the California Cancer Registry. Of these, 87 percent (or 1,754) were analytic cases, representing patients who were:

- diagnosed at Huntington Hospital and went elsewhere for treatment,
- diagnosed and treated at Huntington Hospital, or
- diagnosed elsewhere and received all or part of their first course of treatment at Huntington Hospital.

The remaining 13 percent were non-analytic cases — representing patients who were diagnosed and received their entire first course of treatment elsewhere, prior to receiving care at Huntington Hospital.

MEASURING LONG-TERM IMPACT

In order to evaluate the effectiveness of cancer care provided by Huntington Hospital — and in keeping with requirements of the American College of Surgeons’ Commission on Cancer — our hospital engages in lifetime follow-up regarding patients who receive cancer care here. Regular follow-up during our patients’ lifetimes benefits patients by reminding them that routine medical exams are encouraged. In addition, gathering long-term data regarding patient outcomes allows Huntington Hospital to assess, and continually improve, the effectiveness of our care.

In 2013, Huntington Hospital’s follow-up rates were:

- 92 percent for cases diagnosed within the last five years
- 91 percent for all cases

**Best-practice Care, Team-based Approach**

Multidisciplinary cancer conferences at Huntington Hospital Cancer Center provide an opportunity for the center’s care team to review patient cases and develop a treatment plan guided by best practices. Conferences are held weekly or bimonthly, by diagnosis and involve a range of cancer-care professionals, including physicians, nurses, nurse navigators, dieticians, clinical researchers and others. During conferences, cases are assigned a clinical stage based on available diagnostic data. Team members then work collaboratively to develop a best-practice treatment plan based on National Comprehensive Cancer Network guidelines. In addition to ensuring that patients receive high-quality, evidence-based care, the cancer conferences’ team-based approach provides ongoing learning opportunities for members of the care team.

**2013 Cancer Conferences**

<table>
<thead>
<tr>
<th>Type of Conference</th>
<th>Interval</th>
<th>Number of Conferences</th>
<th>Number of Analytic Cases Presented</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Multidisciplinary</td>
<td>Weekly</td>
<td>44</td>
<td>73</td>
</tr>
<tr>
<td>Site-focused Breast</td>
<td>Weekly</td>
<td>43</td>
<td>184</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>Bi-weekly</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Thoracic</td>
<td>Bi-weekly</td>
<td>17</td>
<td>59</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>128</td>
<td>355</td>
</tr>
</tbody>
</table>

*Data/statistics provided throughout this report are drawn from Huntington Hospital’s Cancer Data Center.
Top Major Sites

The number-one cancer site of all new cases during 2013 was breast (44 percent), the other major cancer sites accessioned were prostate (11 percent), colorectal (8 percent), lung (7 percent), and corpus uteri (7 percent) shown in figure A. Sex distribution (figure B) shows 64 percent of the cases were females and 36 percent were males. The median age was 65 years (figure C).

Race distribution shown in figure D was White (73.3 percent), Black (7.4 percent), Chinese (6.5 percent), Asian (3.7 percent), Vietnamese (1.5 percent) and all others (7.6 percent).

American Joint Committee on Cancer (AJCC) staging is the staging system used for determining the extent of disease of patients at Huntington Hospital. AJCC stage, illustrated in figure E, shows Stage 0 (11.1 percent), Stage I (29 percent), Stage II (17.1 percent), Stage III (12 percent), Stage IV (12 percent) unknown or not recorded (10 percent) and not applicable to the use of AJCC staging (9.5 percent).