We asked the kids of Pasadena, “Why is smoking bad?”

Smoking is cancer
Taylor, 5

It makes your lungs hurt
Daniel, 9

It ruins your teeth
Kevin, 7

Your bones will turn black if you smoke
Jillian, 7
2014 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  
Head & Neck,  
Prostate Navigator

ROBBIN COHEN, MD  
Medical Director,  
Lung Program  
Thoracic Surgery

CHRISTINE CONTI, RN  
Lung Navigator

LISA CORBISIERO, RN  
Symptom Management

NANCY CUSHING, RN  
Breast Navigator

ROBERTA DE LA ROSA  
Director, Medical Staff Office

EDNA DE LEON  
Director, Quality Management

CHRISTOPHER HEDLEY, MD  
Diagnostic Radiology

TINA IVIE, RN  
Breast Navigator

HOWARD KAUFMAN, MD  
Chair, Cancer Committee  
ACOS Physician Liaison  
Medical Director,  
Cancer Center  
General Surgery

SUZIE KLINE, PHD, NP  
Integrative Oncology

SASKIA DE KOOMEN, RN  
Colorectal/GYN Navigator

LEAH KURIHARA, RD  
Registered Dietician

CYNTHIA MARTEL, MD  
Quality Control  
of Cancer Registry  
Medical Oncology

JANET MAYEDA  
Director  
Rehabilitation Services

BERNADETTE MERLINO  
Vice President  
Ambulatory Services

SUSAN MURAKAMI, MD  
Pathology

SUSIE NAKAO  
Clinical Research  
Research Coordinator

MARTIN PEREZ, PHD  
Psychology

BARBARA PERRY, LCSW  
Social Worker  
Psychosocial Coordinator

SHERYL RUDIE  
Executive Director  
Ambulatory Services

ROGER SATTERTHWAITE, MD  
Urology

DANIEL SPURGEON, MD  
Palliative Care

GLORIA TANGO, RN  
Manager, 6 West-Oncology

RUTH WILLIAMSON, MD  
Medical Director,  
Radiation Oncology

ANNIE YESSAIAN, MD  
GYN Oncology Surgery

DAVID YU  
Pharmacy

LOIS ZAGHA  
Community Outreach  
Coordinator
For decades, Huntington Hospital Cancer Center has delivered personalized, compassionate care to patients throughout the San Gabriel Valley and beyond. Far surpassing the traditional community hospital in its quality and scope, our cancer center is accredited — with commendation — by the American College of Surgeons Commission on Cancer (CoC).

The center continues to receive excellent patient satisfaction ratings: In 2014, its outpatient cancer services were rated in the 94.6 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 multi-disciplinary 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 2013 were made available in 2014 and showed Huntington Hospital Cancer Center significantly outperforming other California hospitals (consolidated data) with regard to several important quality measures.
The American College of Surgeons Commission on Cancer evaluated our program in September, 2014. Accreditation is awarded only to hospitals that satisfy a rigorous evaluation of cancer care data management, clinical management, quality improvement activities, and research including clinical trials. Accreditation by the CoC assures patients that they are receiving the highest quality care in a multidisciplinary setting with comprehensive services and advanced treatment options. Huntington Hospital Cancer Center was awarded a Three Year with Commendation Accreditation at the Gold Level. This award is given to programs that not only meet all of the standards, but also achieve commendations in at least seven standards.

Our Integrative Oncology Program for East-West Medicine was launched in 2013, and demand has continued to rise for complementary therapies as part of cancer care. 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 an 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 has continued to grow in 2014. This program currently offers acupuncture, massage therapy, hypnotherapy, guided imagery and mindfulness, music therapy, spirituality and prayer, support groups, Tai Chi, and yoga.

The Cancer Data Registry Center — supporting continuous quality improvement
Huntington Hospital’s Cancer Data Registry 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 Registry 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. The cancer center also 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 group is available for those who have lost a loved one to cancer.
2014 Year in Review

Reaching out to our community
Huntington Hospital Cancer Center places great emphasis on community outreach and education. In fact, our outreach activities consisting of lectures, screening events, and support groups touched more than 2,500 people in 2014. 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 2014, 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.

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.
2014 Year in Review

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 2014. 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 three papers involving cancer care, some of which have already been approved for publication in peer-reviewed journals. Overall, 107 Huntington Hospital patients were included in cancer-related research and studies.

Update on 2014 Cancer Center Goals
Huntington Hospital Cancer Center is proud to have accomplished all goals established for 2014, as follows:

CLINICAL GOAL:
DEVELOPMENT OF A RESEARCH PROTOCOL TO ENROLL PATIENTS IN THE INTEGRATIVE ONCOLOGY PROGRAM.
Since its inception in 2013, the Huntington Hospital integrative oncology program has enjoyed tremendous growth and continues to offer clinical services to patients before, during, and after their acute cancer care. As a responsible cancer program, we were not just satisfied offering the services but sought to understand the benefits of integrative oncology in a more rigorous fashion. Therefore, the cancer committee adopted this clinical goal to enroll patients in a research trial for patients affected by lymphedema as a side effect of breast cancer treatment. The protocol was approved by the Institutional Review Board and began enrolling patients late in 2014. Results will be presented in 2015.

PROGRAMMATIC ENDEAVORS GOAL:
DEVELOP AND IMPLEMENT A LUNG CANCER SCREENING PROGRAM.
Lung cancer remains the second most common cancer among both men and women and is the leading cause of cancer death in the United States. In December 2013, the US Preventive Services Task Force issued a position statement determining that high-risk individuals age 55 – 80 should have annual low dose computed tomography (LDCT) to screen for lung cancer. The cancer committee set a goal to begin this program which is now underway in a collaborative effort between the Huntington Hospital and the Huntington Hill Imaging Center.

Huntington Hospital Cancer Center continues to rely on charitable contributions from the community it serves. We are deeply grateful for the more than $5 million in donations designated to the center in 2014. These gifts supported essential services and programs, including — for example — the work of our nurse navigators. Gifts designated by the donor to a specific aspect of the cancer center’s work are used strictly for that purpose.
Supportive Services

Nurse Navigation Services
Our nurse navigators guide patients from diagnosis through their treatment process and follow-up. They answer questions and offer emotional support every step of the way.

Nutrition Services
Our dietitians work closely with each patient’s healthcare team as a part of the comprehensive care plan, with the goal of keeping patients strong, promoting healing and treating nutritional deficiencies.

Prevention and Screening

**JOY LUCK ACADEMY**
Herald Cancer Center
Chinese cancer survivors

**SCIENCE AND ART OF WHOLE PERSON HEALING**
Suzie Klein, NP, Acupuncturist
Integrative Oncology

**COLORECTAL CANCER SCREENING AND AWARENESS**
Senior Care Network
Mark McNamara, MD
Medical Oncology

**STAYING AHEAD OF PROSTATE CANCER**
Ramin Khalili, MD
Urology

**PINK RIBBON CONFERENCE** *(pictured)*
Addressing Breast Cancer
Jeannie Shen, MD
Breast Surgeon

**BREAST HEALTH FAIR AND PHYSICIAN PANEL**
Huntington Senior Care Network
Multidisciplinary Team of Physicians

**GYNECOLOGICAL CANCER AWARENESS**
What you should know
Ramona Kyaw, MD
Radiation Oncology

**CAL TECH HEALTH FAIR**
Awareness and Education
Cal Tech Students

**SHINE A LIGHT ON LUNG CANCER**
Lung cancer survivors, friends and families
Robbin Cohen, MD

**LOW COST MAMMOGRAMS**
Huntington-Hill Breast Center
Supportive Services

**Palliative Care Services**
The multidisciplinary care team includes a physician, chaplain, social worker, specially trained nurses and a volunteer. The goal is to accompany patients throughout their journey, from diagnosis to progression. Every week a “Palliative Care Clinic” was held where patients were followed.

**Personal Appearance Services**
Located in the Pavilion Cancer Center, the appearance center is dedicated to helping patients overcome appearance obstacles with dignity and style.

**Rehabilitation Services**
Rehabilitation services are available to both the inpatient and outpatient. The goal is to help patients’ maintain and improve their functional abilities, alleviate pain, minimize fatigue and improve their quality of life.

**Social Services**
Our social workers assist patients in both inpatient and outpatient settings. They help patients and their loved ones cope with the distress related to cancer diagnosis and treatment. Social workers provide resources for transportation, financial concerns, information for Social Security disability, Medicaid and make referrals to community resources.

**Spiritual Services**
Spiritual care services are offered to our patients to help meet their spiritual needs. Members of the spiritual care team are available by request every day.

**Support Groups**
- FREEDOM FROM SMOKING
- BREAST CANCER SUPPORT GROUP
- THERAPEUTIC YOGA
- LEARNING TO THRIVE AFTER CANCER
- TRANSITIONS: GRIEF AND LOSS SUPPORT GROUP
- LUNG CANCER SUPPORT GROUP
- LYMPHEDEMA SUPPORT GROUP
- OSTOMY SUPPORT GROUP
Further Enhancing Cancer Care for our Community

Clinical Education Standard 1.10

New Development in Breast Imaging
Presenter: Jon Foran, MD

Tomosynthesis
Presenter: Hologic and Huntington-Hill

Hepatocellular Carcinoma
Presenter: David Fischel, OD and Christopher Dagher, MD

Lung Cancer Screening
Presenter: Robbin Cohen, MD

Pain Management
Presenter: Daniel Spurgeon, MD

Prostate Cancer: To Screen or Not to Screen
Presenter: Michael Bishai, MD and Ramin Khalili, MD

Quality Studies & Improvements Standard 4.7 & 4.8

In 2014, the following studies were completed, and evaluated by cancer committee.

- “Age as a Predictor of Outcome in Colon Cancer”
- “Comparison of the Prognosis for Breast Cancer Patients with Advanced Local-Regional Nodal Disease in T1 versus T2 versus T3 Tumors”
- “Mastectomy Outcomes in Men and Women”: Data from the National Surgical Quality Improvement Program
- Suzie Kline, PhD, NP implemented a “Lymphedema” IRB approved study
- Barbara Perry, LCSW performed a “Distress Screening” Pilot Program
- “Stereotactic Radiosurgery and Tomosynthesis” Quality Improvement: the purchase of Tomosynthesis
- “Surgical Site Infections” Quality Improvement is to decrease the Number of Surgical Site Infections on Breast and Colon Cancer Cases
- A patient enhancement – Quality Improvement: Establish and Open an Outpatient Blood Transfusion Clinic
Further Enhancing Cancer Care for our Community

Cancer Program 2014 Goals Standard 1.5

Clinical Goal: Development of a research protocol to enroll patients into the “Integrative Oncology Program”.

Programmatic Goal: Develop and implement a “Lung Cancer Screening Program”.

Monitoring Compliance with Evidence-Based Guidelines Standard 4.6

The quality control coordinator, a cancer committee physician, reviews patient records to examine the evaluation and treatment to ensure it is compliant with evidence-based national guidelines. The study must determine the diagnostic evaluation is adequate and the treatment plan is concordant with the evidence-based National Comprehensive Cancer Network guidelines.

THE FOLLOWING TABLE LISTS THE PHYSICIAN MEMBER ALONG WITH THE STUDY METHOD, AND OUTCOME FOR EACH STUDY IN 2014:

<table>
<thead>
<tr>
<th>BREAST CANCER</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN: Cynthia Martel, MD Medical Oncologist</td>
<td>AJCC clinical stage was assigned and used in the treatment plan. Treatment recommendations are generally in concordance with evidence-based national guidelines (89%). There were patients that refused treatment accounting for (11%).</td>
</tr>
<tr>
<td>METHOD: Random Chart Audit</td>
<td></td>
</tr>
<tr>
<td>STUDY: Compliance with NCCN guidelines for breast cancer and AJCC Clinical Stage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLON CANCER</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN: Cynthia Martel, MD Medical Oncologist</td>
<td>Appropriate work-up performed and AJCC clinical stage used in treatment plan (55.2%). Appropriate work-up performed however, no documented AJCC clinical stage prior to definitive surgery (41.3%). One of the cases there was no suspicion of cancer prior to surgery (3.4%).</td>
</tr>
<tr>
<td>METHOD: Random Chart Audit</td>
<td></td>
</tr>
<tr>
<td>STUDY: Evaluation of diagnostic work-up, AJCC clinical stage, adherence to NCCN guidelines</td>
<td></td>
</tr>
</tbody>
</table>
Distress Screening Standard 3.2

Barbara Perry, LCSW and Dr. Martin Perez, psychologist performed a “Pilot Study” using the Distress Thermometer in 2014.

THE RESULTS OF THE STUDY ARE BELOW:

<table>
<thead>
<tr>
<th>RADIATION ONCOLOGY PATIENT STUDY “DISTRESS SCREENING”</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORKER: Barbara Perry, LCSW</td>
<td>Median score of all patients screened during the study 2.84. Three patients scored “5”, one patient scored “8”, three patients showed “0” and remaining patients scored between “1” and “4”. Physical problems were the largest category. Emotional problems were the second largest concern. Practical problems were the least of patients’ concerns, followed by family problems. Appropriate referrals were made to include psychologists, symptom management nurses, dietitians, nurse navigators, the American Cancer Society and cancer support groups in the community.</td>
</tr>
<tr>
<td>METHOD: Screening of New Radiation Therapy Patients</td>
<td></td>
</tr>
<tr>
<td>STUDY: Evaluate and Assess Patients Distress Using the Distress Thermometer</td>
<td></td>
</tr>
</tbody>
</table>
Huntington Hospital continues to serve lung cancer patients and their families with one of the most comprehensive thoracic oncology programs in the Greater Los Angeles Area. Our services continue to expand – including the latest advances in lung cancer screening, thoracic surgery, medical and radiation oncology, and a host of ancillary support services.

The prevalence of lung cancer is declining, but it is still the leading cause of cancer death among both men and women.

The lung cancer epidemic of the twentieth century was initiated by the American invention of the cigarette-rolling machine in 1880, enabling the mass production of cigarettes. The incidence of lung cancer, previously a rare disease, paralleled their rocketing consumption. Lung cancer became the number one cancer killer of American men in the mid 1950’s, and women in the late 1980’s, but it wasn’t until 1964 that scientific evidence compelled the Surgeon General to declare that cigarette smoking caused most lung cancers. Nearly 160,000 Americans died from lung cancer in 2014, including approximately 13,000 in California and 3,000 in Los Angeles County. Southern California lung cancer losses include icons like Walt Disney and John Wayne, not to mention countless veterans and other loved ones in our community.

Since approximately 85% of lung cancers are found in current or ex-cigarette smokers, prevention has mostly been aimed at decreasing cigarette consumption. Thanks to anti-smoking measures like cigarette taxes, teen education, and expanded smoking regulations in public areas, the incidence of lung cancer in the United States is on the decline. California has been particularly successful in this effort and boasts one of the lowest smoking rates in the country, as well as a lung cancer rate that is decreasing more sharply than most other states (figure 1). Despite this, California continues to report more overall lung cancer cases than any other state due to its large population. Furthermore, lung cancer continues to cause more deaths than any other cancer. In California, three times as many men die of lung cancer than prostate cancer yearly, and more women die from lung cancer than from breast cancer.
Diagnostic imaging and lung cancer screening:
The second most effective way to decrease lung cancer deaths is to make the diagnosis at an early stage when it is potentially curable with surgery. Currently, most lung cancers go undiagnosed until the disease is advanced and not treatable with surgery.

Research initiated by the Early Lung Cancer Action Program (ELCAP) in the 1990’s showed that the use of low dose computerized tomograms (CT scans) to screen people at risk for lung cancer can detect early lung tumors where surgery offers the best chance of cure. Further studies have demonstrated 5 year survival rates in excess of 80% for patients with lung cancers found in this manner. The National Lung Cancer Screening Trial (NLST), funded by the National Institutes of Health and published in 2011, showed that performing screening CT scans in over 53,000 current or former cigarette smokers resulted in a 20% reduction in lung-cancer mortality. In other words, lung cancer screening has the potential to save tens of thousands of lives annually in the United States alone.

Last year, the United States Preventive Services Taskforce (USPSTF) sanctioned lung-cancer screening for patients at high risk for lung cancer. This paved the way for mandating that both private payers and Medicare pay for lung cancer screening in patients deemed high risk by virtue of their smoking history. Medicare eligibility for lung cancer screening dictates that patients be between the ages of 55 and 77, are current smokers or have quit smoking within the last 15 years, and have a smoking history of 30 “pack years” or more (an average of a pack per day for 30 years).

Members of Huntington Hospital’s thoracic oncology program lobbied our elected representatives in congress to pass lung cancer screening legislation (figure 3), and have been active in educating and encouraging local primary care physicians regarding their ability to prescribe lung cancer screening to their high risk patients. The Huntington Hill Imaging Center is designated by the American College of Radiology as a lung cancer screening center, and has screened over 100 high risk patients in the past year. Patients with positive screening CT scans are presented to the biweekly multidisciplinary thoracic oncology board at Huntington Hospital where further diagnostic tests and therapeutic plans are recommended, in conjunction with the patients’ primary care physicians.
**Comprehensive Lung Cancer Care**

**Pulmonary medicine:**
Pulmonologists at Huntington Hospital are expanding their role in the diagnosis and treatment of lung cancer. One new diagnostic modality performed by our pulmonologists is navigational bronchoscopy, where a computer generated guidance system helps lead the bronchoscope through the airways of the lung in order to obtain an accurate and less invasive biopsy. Our pulmonologists also play an important role in evaluating the pulmonary function of patients in need of lung cancer surgery, and in the postoperative care of seriously ill patients in the intensive care unit.

**Thoracic surgery:**
For the past 20 years, the thoracic surgical program at Huntington Hospital has been staffed by full-time faculty from the Department of Surgery and the Division of Cardiothoracic Surgery at the Keck/USC School of Medicine. In addition, Huntington Hospital is one of the few hospitals in Los Angeles to host a full-time thoracic surgical resident as part of USC’s thoracic surgical training program (accredited by the American Board of Thoracic Surgery). Recently, thoracic surgeons from City of Hope National Medical Center have joined our program. Thoracic surgeons at Huntington Hospital work closely with primary care physicians, pulmonologists, medical oncologists and radiation oncologists throughout the San Gabriel Valley in order to serve as a regional referral center for thoracic oncology. Our surgeons are experts in minimally invasive techniques, including video assisted thoracic surgery (VATS) and more recently robotic surgery. They also have extensive experience with advanced or complicated tumors of the lung, chest wall, and mediastinum.

**Radiation oncology:**
Radiation therapy can be used to treat several forms of more advanced lung cancer, and is also frequently combined with concurrent chemotherapy. Chemoradiation can be used alone or in combination with surgery in selected patients. At the Helen and Jim Gamble Radiation Oncology Center at Huntington Hospital, we offer the most advanced techniques in radiotherapy. These include 3-D localization with a new wide-bore CT for proper positioning of the patient for radiation. We also perform intensity-modulated radiotherapy which allows a “designer beam” to treat the tumor with high doses and spare adjacent normal tissues. Furthermore, we provide image-guided radiation therapy, or IGRT, which allows us to perform a CT scan on the linear accelerator at the exact time of the patient’s treatment, allowing for increased accuracy. This allows us to give higher doses to the patient or “dose escalate” with minimal side effects. Increased doses to the lung tumor have been shown to dramatically increase local control. Some studies have shown local control rates with dose escalation to approach 80-90 percent. The radiation oncology department at Huntington Hospital now offers patients stereotactic body radiation treatment (SBRT) and stereotactic radiosurgery (SRS) with targeted precision delivering a very concentrated and large dose of radiation to the tumor and avoiding injury to normal organs in the surrounding regions.

*Members of Huntington Hospital’s lung cancer program met with Congressman Chu to support Medicare payment for lung cancer screening.*
Comprehensive Lung Cancer Care

**Medical oncology:**
The thoracic oncology program at Huntington Hospital includes medical oncologists representing City of Hope, UCLA, and USC. This gives our patients the advantage of expertise from prominent oncology programs without having to seek them outside of our community. It also allows them access to clinical trials. Medical oncologists at Huntington Hospital collaborate with the surgical and radiation therapy teams to provide multimodality therapy, including pre and post-operative chemotherapy for appropriate patients, chemotherapy in conjunction with radiation therapy, and isolated chemotherapy for patients with advanced lung cancer. In addition, newly approved immunotherapies are now available both on and off clinical trials that are showing promising benefits for many lung cancer patients.

**Community outreach and our Thoracic Oncology Program:**
The central core of Huntington Hospital’s thoracic oncology program is our Lung Cancer Navigator, Christine Conti, RN. Christine serves as the patient advocate throughout the entire evaluation and treatment process. She facilitates and coordinates patient care, enhances physician-to-physician communication and has developed a lung cancer support group that meets regularly at the hospital. Christine has also developed a community outreach program called “Smoking Stinks” to educate middle-school children about the dangers of cigarette smoking, and presides over “Shine a Light”, a national program that recognizes the courage of patients with lung cancer and honors their families and caregivers.

Huntington Hospital provides a pain service managed by the department of anesthesia, as well as access to the Palliative Care Team which is physician-led and focuses on symptoms related to a cancer diagnosis whether they are physical, emotional, or spiritual. Additionally, we provide RNs specifically trained in and dedicated to the management of all aspects of cancer care.

Finally, Huntington Hospital has a bi-weekly multidisciplinary thoracic oncology conference. This conference includes surgeons, radiation oncologists, medical oncologists, radiologists, pathologists, pulmonologists and nurse specialists. The purpose of this conference is to provide a multidisciplinary environment in which to discuss cases of all levels of complexity in order to design, individualize and coordinate patients’ cancer care.

**The future of lung cancer care at Huntington Hospital:**
As our programs at Huntington Hospital continue to evolve, we will work to develop resources and utilize advanced technology that will enhance our ability to serve our patients. In the coming year, we hope to increase the number of patients undergoing lung cancer screening in order to improve the results of the treatment for lung cancer. We also strive to develop diagnostic and treatment strategies based on collaboration, and focused on patient comfort. Finally, we seek to improve the pulmonary health of Pasadena and the San Gabriel Valley by emphasizing anti-smoking education, and by serving as a major player in the fight against lung cancer.
In November, more than 100 lung-cancer survivors, family members and friends attended a special event at Huntington Hospital to Shine a Light on Lung Cancer.

Part of a national campaign, the event helped raise awareness and provide support to those impacted by the disease.
2014 Lung Cancer Cases

Gender Distribution

Male: 35
Female: 55

Lung Subsites

Main Bronchus: 10
Upper lobe: 40
Middle lobe: 16
Lower lobe: 39
Lung NOS: 18

Age Distribution at Diagnosis

90-99: 3
80-89: 16
70-79: 39
60-69: 20
50-59: 10
40-49: 2

Main Bronchus
Upper lobe
Middle lobe
Lower lobe
Lung NOS
2014 Lung Cancer Statistics

Race Distribution

Stage at Diagnosis

First Course Treatment
The Cancer Data Center submits data annually to the National Cancer Data Base (NCDB). The data submitted to the NCDB is utilized by the Commission on Cancer (CoC) in evaluating the quality measures that have been developed to ensure patient treatment outcomes.

In 2014, new measures were added; one gastric measure and two lung measures. Dr. Howard Kaufman, Cancer Liaison Physician, presents the measures and Huntington Hospital’s estimated performance rates to cancer committee for review. If a quality improvement measure falls below the CoC requirement, an action plan is developed.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure Type</th>
<th>Measure Specifications</th>
<th>CoC Requirements</th>
<th>HMH estimated performance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>nBx (NEW)</td>
<td>Quality Improvement</td>
<td>Image or palpation-guided needle biopsy (core of FNA) is performed to establish diagnosis of breast cancer</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>MASTRT (NEW)</td>
<td>Accountability</td>
<td>Radiation therapy is considered or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with greater than or equal to four positive regional lymph nodes</td>
<td>90%</td>
</tr>
<tr>
<td>Colon</td>
<td>ACT</td>
<td>Accountability</td>
<td>Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>12RL</td>
<td>Quality Improvement</td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer</td>
<td>85%</td>
</tr>
<tr>
<td>Gastric (NEW)</td>
<td>G15RLN</td>
<td>Quality Improvement</td>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Lung (NEW)</td>
<td>LCT</td>
<td>Quality Improvement</td>
<td>Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
### 2014 Primary Site Table

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>M</th>
<th>F</th>
<th>Stage I</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
<th>NR</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALL SITES</strong></td>
<td>2014</td>
<td>1700</td>
<td>233</td>
<td>742</td>
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| **2014 Annual Report** | **Huntington Hospital Cancer Center** | **20** |
Breast continues to be the number one cancer site diagnosed and treated at Huntington Memorial Hospital. The graph shown below illustrates by cancer site, the percent seen at Huntington Hospital, the state of California and across the United States.

Approximately 232,670 breast cancer cases were seen across the United States in 2014, 233,000 prostate cancers, 136,830 colorectal cancers and 224,210 lung cancer cases.

In 2015, California is estimated to see 172,090 new cancer cases and 1,658,370 in the United States (Cancer Facts & Figures, 2015).

### Comparison of Major Cancer Sites

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Glossary of Terms

ACCESSION NUMBER:
A unique number assigned to each patient entered into Huntington Hospital’s Cancer Data Center Database. The first two digits specify the year of the diagnosis. The last four numbers are the numeric order in which the case was entered into the database.

AJCC STAGE:
A staging system developed by the American Joint Committee on Cancer and the International Union Against Cancer. It takes into account the tumor size (T) and/or depth of invasion, lymph node involvement (N) and distant metastases (M). A combination of T, N and M elements gives an overall classification of stage 0, I, II, III, IV or unknown stage.

ANALYTIC CASE:
A case that is first diagnosed and/or receives all or part of the first course of treatment at Huntington Hospital.

NON-ANALYTIC CASE:
Patients diagnosed and treated elsewhere.

FIRST COURSE TREATMENT:
Initial tumor directed treatment or multi-modalities of treatments initiated within the first four months from the date of diagnosis.

NOT RECORDED:
Cases that the extent of disease could not be determined or no staging system exists for that particular primary cancer site.

STAGE AT DIAGNOSIS:
The extent of cancer within the body at the time of first diagnosis.

SURVIVAL RATE:
A statistical analysis that summarizes the probable frequency of specific outcomes for a group of patients at a particular point of time.

ACKNOWLEDGEMENT:
A special thank you to Robbin Cohen, MD for his support of the cancer program and for providing an article for this report.