

THE
HUNTINGTON HOSPITAL
CANCER CENTER

2008 ANNUAL REPORT



Cancer Committee – 2008 Membership

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Sharon Carrillo, CTR	Cancer Data Center
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Barbara Perry, LCSW, Community Outreach Coordinator	Social Worker
Gloria Tango, RN	Oncology Manager
Maury Kulwin	Executive Director of Ambulatory and Cancer Services

The Huntington Hospital Cancer Center – 2008 Year in Review

Accredited by the American College of Surgeons, the Huntington Hospital Cancer Center has been delivering personal, high-quality care with superior clinical performance and quality outcomes for many years. Serving patients throughout the San Gabriel Valley and beyond, the Cancer Center received top ratings in customer satisfaction from both patients and physicians. 2008 saw an increase in inpatient and outpatient cases and the realization of several of our clinical, programmatic and outreach goals. The Cancer Center underwent a rigorous external review in 2008 and received the Outstanding Achievement Award (OAA) from the American College of Surgeons Commission on Cancer (CoC), which recognizes cancer programs that strive for excellence in providing quality care to their patients.



Cancer Center Overview

The Cancer Center at Huntington Hospital features a support team of highly specialized professionals who understand that patients need to be treated as a whole person, not just a cancer diagnosis. Our team is made up of physicians, nurses, social workers, dietitians, radiation oncology professionals and pain management specialists.

Strong partnerships with specialists from City of Hope, University of Southern California (USC), University of California at Los Angeles (UCLA) and Huntington's exemplary staff physicians ensure Huntington Hospital patients get the benefit of some of the most prestigious cancer physicians in California. These doctors, together with Huntington's support teams conduct regular tumor boards for general oncology (including colorectal and gastrointestinal cancers), breast, genitourinary, thoracic and neurological cancers.

The Nurse Navigator program sets the Huntington Hospital Cancer Center apart from the others. This care model has been recognized by the Advisory Board Oncology Roundtable as a best practice model. These dedicated and specialized nurses help patients through the complex health care system by assisting with scheduling consultations and procedures, providing education and the vital emotional support essential to helping patients cope with a cancer diagnosis.

The Constance G. Zahorik Breast Center is dedicated to improving the overall breast health of our community and provides an array of customized services including care coordination, education and prevention programs. Support groups, mentor relationships and a post-diagnosis exercise class are all integral elements to our program. The center features an on-site Appearance Center where licensed professionals provide guidance about make-up, wigs and breast prostheses.

The Helen and Jim Gamble Radiation Oncology Center offers a wide variety of the latest radiation treatment options including IMRT, HDR brachytherapy (including Mammosite

breast brachytherapy) and low dose rate (LDR) prostate and seed implant treatment. Two state-of-the-art linear accelerators with multileaf collimation (MLC) allow for more precise delivery of radiation using advanced CT stimulation technology equipped with the most modern treatment planning software available, ensuring optimal sparing of healthy adjacent tissue.

Huntington's Prostate Program offers prevention and patient education, care coordination and yearly screening programs to the men of Pasadena – and often well beyond. Our program was the first on the West Coast to affiliate with the Seattle Prostate Institute by meeting its stringent criteria for quality control. Patient education is the hallmark of the prostate program, and in addition to a monthly support group where patients and families are presented the latest information in prostate care, a myriad of radiation treatment options are available including a very successful “destination” seed implant program.

Patients continued to be followed in ongoing national clinical trials including the NSABP B-35 and SELECT trials, sponsored by groups such as Southwest Oncology Group (SWOG), the Radiation Therapy Oncology Group (RTOG), the American College of Surgeons Oncology Group (ACOSOG) and the National Surgical Adjuvant Breast and Bowel Program (NSABP). In addition, members of the Huntington medical staff may offer patients opportunities to participate in important cancer focused clinical research programs including advanced imaging for early detection of cancer, as well as outcomes studies.

Cancer Data Center: To adhere to state, federal and the American College of Surgeons' guidelines, Huntington Hospital's Cancer Data Center (registry) has been maintaining a database of cancer cases since 1974. Data from the registry is submitted to the Cancer Surveillance Program, Los Angeles County reporting Region 9 and to the National Cancer Data Base (NCDB). Information on cancer cases are submitted to the NCDB annually. The NCDB combines data from hospitals in all 50 states to provide insight into long-term outcomes of treatments and survival.

The Huntington Cancer Committee meets quarterly to review the entire program looking at quality indicators and ideas for improvement. Goals are set annually ensuring that Huntington Cancer Center maintains its accreditation and continues to provide excellence in comprehensive cancer care.

Cancer Conferences: Tumor Boards provide an opportunity for physicians to prospectively review cases with the multidisciplinary team. Huntington Hospital holds conferences on breast cancer, genitourinary, thoracic, and general cancer cases. The multidisciplinary team works together to determine the best treatment plan on each individual case. The conferences also serve as an important education offering to the physicians and other allied healthcare team.

Patient support is an important component of our program and we accomplish this by hosting support groups for those newly diagnosed with cancer, for our breast and prostate patients and those undergoing radiation therapy. Mentor groups team patients with a cancer survivor for

emotional support and guidance. Outreach is also a top priority and annual screening events (colorectal, prostate and lung screening) are held – often in conjunction with the American Cancer Society. Informative lectures stressing the importance of early detection and preventative lifestyle choices are also offered throughout the year.

2008 Accomplishments

Huntington received the Outstanding Achievement Award (OAA) from the American College of Surgeons Commission on Cancer (CoC) after a rigorous on-site evaluation process performed by a CoC physician surveyor. The hospital had to demonstrate a Commendation level of compliance with seven standards representing the full scope of the program. In addition they were judged on compliance to 29 other standards. Only 19 percent of programs surveyed received the OAA in 2008.

Standards evaluated included leadership, data management, clinical services, research, community outreach and quality improvement. In particular Huntington's nurse navigator position exemplifies quality service, with specially trained registered nurses guiding patients through every aspect of a cancer diagnosis. A plethora of cancer support groups are available at Huntington Cancer Center, providing compassionate care and valuable resources to the community.

Physician outreach and satisfaction was stressed in our lung and colorectal programs and 100 percent post treatment follow up was achieved in these both of these new programs. By ensuring that diagnosis, treatment and results are communicated to a patient's primary physician, we emphasize continuity of patient care as we strengthen physician relations.

Our minimally invasive surgery programs for colorectal, prostate, lung, and gynecologic cancers continue to grow. The daVinci robot is increasingly used for the treatment of prostate and rectal cancer. In November, 2008, Dr. Howard Kaufman performed the first laparoscopic single port access colon resection in the western United States at the Huntington Hospital. Huntington Hospital continues to be ahead of the curve in performing minimally invasive surgery for colon cancer. The Advisory Board predicts that 65 percent of patients who have surgery for colon cancer will undergo a laparoscopic procedure by 2014. Currently, just one third of the country has adopted this procedure. In contrast, in 2008, Huntington surgeons performed 88 percent of elective colon cancer surgeries laparoscopically, putting us far ahead of the national average.

Patient education was addressed in 2008, with a formalized process for distribution of educational binders for lung, prostate and colorectal cancer. Developed on 2007, these comprehensive books are given to each patient and outline every aspect of a cancer diagnosis, from detection to treatment, with resourceful information presented in easy to understand language. A total of 500 binders were provided to patients in 2008.

Support is essential for cancer patients, and Huntington continued to offer support groups for patients and families who have been affected by breast, prostate, lung and colorectal cancer.

Huntington also hosts meetings for a grief group and Return to Wellness workshops (including exercise and yoga).

Customer satisfaction is always a major focus of the Cancer Center and in 2008, our outpatient cancer services were rated in the 99th percentile three out of four quarters.

Extensive planning and construction continued in preparation for the upcoming move of the Huntington Hospital Cancer Center to the Huntington Pavilion. The Pavilion will also be home to The Huntington-Hill Breast Center, a joint venture between Huntington Hospital and the Hill Medical Corporation. The Center features a team of radiologists with specialty training in breast imaging and procedures and state-of-the art imaging technology in a beautiful, spa-like setting.

Designated as a Breast Imaging Center of Excellence by the American College of Radiology (ACR), the radiologists at HHBC have demonstrated excellence in breast imaging by successfully achieving accreditation in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.

Over \$1 million dollars of donations designated to the Cancer Center were used to support integral programs such as our nurse navigators. This effective way of using donor dollars ensures donations are used according to the donor's wishes while at the same time offsetting operational costs to our Center.

Howard Kaufman, MD
medical director, Huntington Hospital Cancer Center



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Breast Cancer Report

Surgical Therapy for Breast Cancer

This year saw the continued growth of the breast cancer treatment program at Huntington Hospital, as we strove toward newer and more innovative techniques in breast conserving surgery and breast reconstruction. It has long been established that the overall survival rates following breast conservation therapy (lumpectomy and radiation therapy) and total mastectomy are the same. For breast conservation to be effective, surgeons need to remove cancers completely with an adequate surgical margin width and maintain the breast's shape and appearance.



The undertaking of both goals together in the same operation can be challenging, depending on the tumor location and relative size of the breast. In the past, these patients have been offered mastectomy due to inability to maintain good cosmesis following a lumpectomy.

Oncoplastic surgery has evolved as a new tool for breast surgeons to cover or fill in the defect created by large partial breast excisions. In this procedure, breast tissue is locally advanced to fill in the defect created by lumpectomy. Often times, this can be done in conjunction with a mastopexy or breast lift procedure by a plastic reconstructive surgeon for optimal cosmetic outcome. The addition of oncoplastic surgery to breast cancer treatment has increased the ability of surgeons to offer breast conservation therapy. In addition to enhancing cosmesis, it also allows the surgeon to perform a wider resection, thus creating a wider margin. Studies are ongoing to determine whether this translates into a lower risk of recurrence in the future.

For women who need or choose total mastectomy, immediate breast reconstruction has been increasingly offered as a means to enhance cosmetic outcomes, reduce the need for additional anesthetic procedures and alleviate some of the psychological difficulties involved in making this decision. For patients undergoing immediate breast reconstruction, skin-sparing total mastectomies have become routinely offered to decrease scarring and facilitate a more natural appearance.

At Huntington, our team of qualified experienced plastic reconstructive surgeons offer the latest advances in single-stage implant reconstruction, latissimus flap reconstruction and abdominal free flap reconstruction (TRAM transverse rectus abdominus myocutaneous, DIEP deep inferior epigastric perforator, SIEA super inferior epigastric artery), also known as the "tummy tuck" procedure. Other less commonly performed reconstructive approaches such as the TUG (inner thigh flap) and SGAP (superior gluteal artery perforator) flaps are also available in select candidates.

Together, the Huntington Hospital team of surgical specialists are working together to help women diagnosed with breast cancer understand that breast cancer surgery does not have to be disfiguring. Instead, women should know that one can be cancer free, and still feel whole and look beautiful at any age.

Jeannie Shen, MD

Review of 2008 Accessions

With increasing technologies and methods of early detection, Huntington Hospital's Cancer Program continues to grow. From 2005 to 2008, Huntington has seen a steady increase in its annual caseload each year. The Cancer Data Center (registry) continues to maintain accurate, quality data even with this increasing population. The registry diligently performs the tasks of tracking, collaboratively staging, and performing follow-up on cases within the database. In an effort to improve how cancer is approached today, the registry complies data for the incidence of cancer occurrence and forwards the information to the California Cancer Registry and the National Cancer Database (NCDB) for state and national studies.

In 2008 the Cancer Data Center identified a total of 1,814 new cases of cancer. Of those, 1,623 (89%) were analytic cases—either diagnosed and/or treated at Huntington Hospital. The remaining 11% were classified as non-analytic—meaning that those cases did not receive first course treatment at Huntington Hospital.

Breast cancer continues to account for most of the analytic cases. In 2008 a total of 517 breast cancer cases were identified. Of those 491 (95%) were analytic. From 2007 Huntington observed a 9% increase in breast cases.

In addition to breast cancer, prostate, lung, colorectal and bladder round out the top five cancer sites at Huntington Hospital. In 2008 there were 216 prostate cases, 147 colorectal cases, 129 lung cases, and 90 bladder cases added to the database.

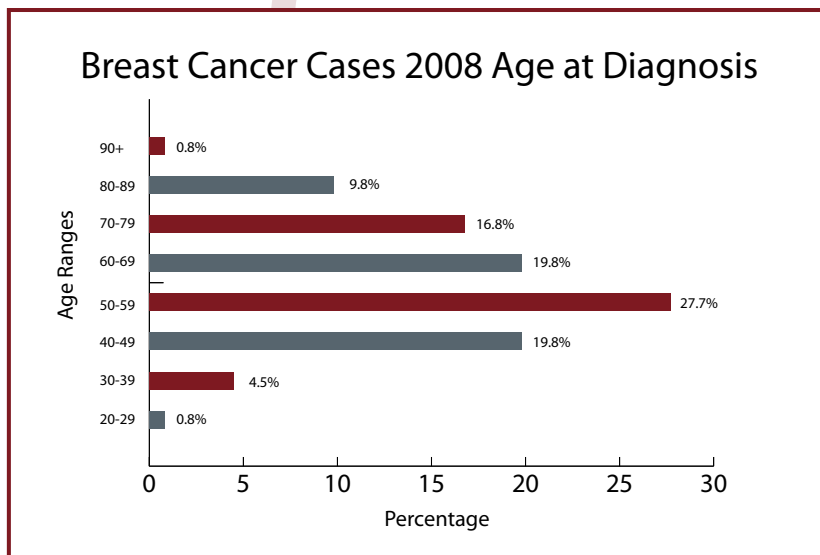
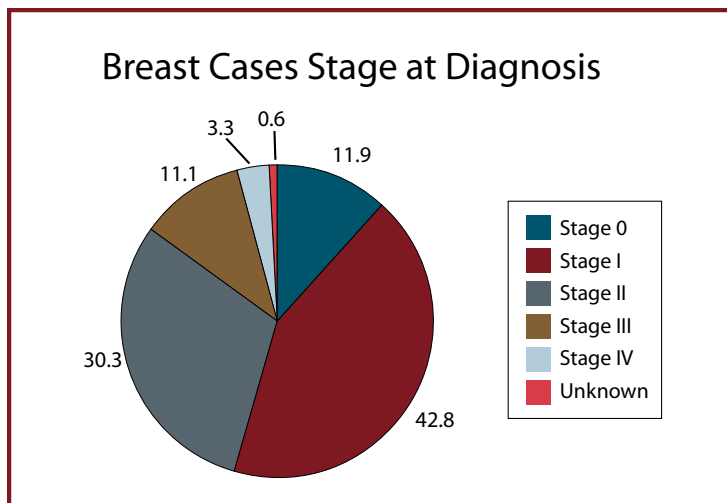
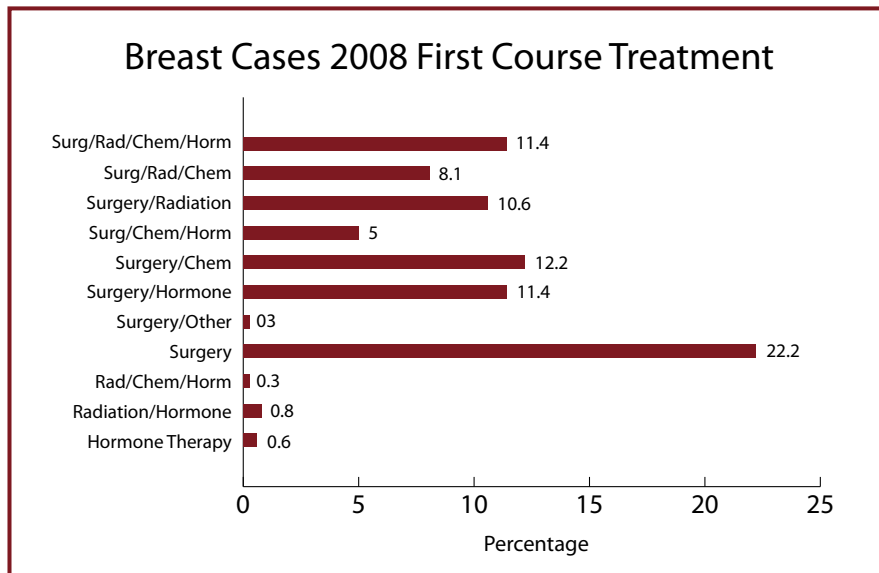
Overall, Huntington Hospital experienced an increase in almost every cancer site during 2008. As early detection methods improve, the Cancer Data Center expects to observe an increase in its annual caseload each year.

Sharon Carrillo, CTR
Cancer Data Center Supervisor

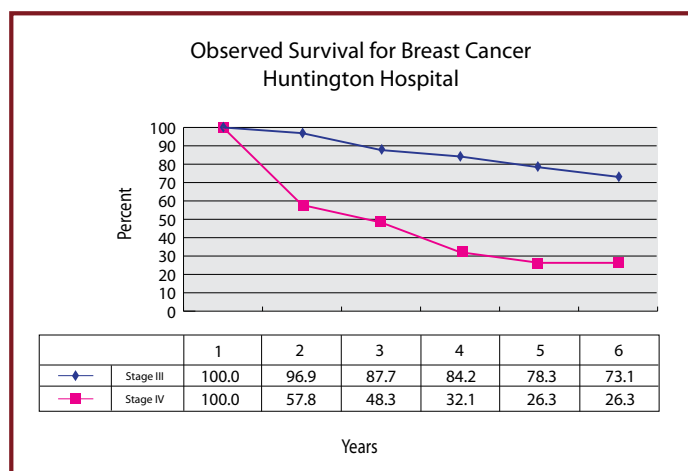


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Breast Cancer Data



Breast Cancer Data (continued)



Addendum

Stage I and stage II breast cancer patients have excellent 5-year survival rates from 85-95%. However, “locally advanced” or stage III patients have traditionally fared much worse with 5-year survival rates approximately 55%. Stage IV patients, or patients with distant spread at time of diagnosis, have a very poor prognosis with a 5-year survival rate of about 15%. I am proud to report that our observed survival of our Huntington Cancer Center breast cancer patients from 2008 was significantly better than the National Cancer Database patients. We reported a 5-year survival of 73.1% for our stage III Huntington patients versus 56.9% for stage III patients in the National Cancer Database. This is a remarkable difference which I would attribute to fellowship trained breast surgical oncologists familiar with resection of advanced disease, superior medical oncologists, and radiation oncologists that specialize in breast cancer and practice techniques to ensure coverage of the areas at risk for recurrence. We also reported an improvement in survival in the stage IV patients with a 5-year survival of 26.3% in our Huntington patients versus a 17.9% 5-year survival in the National Cancer Database patients. I would attribute this improvement in stage IV patients to our medical oncologists that provide state-of-the-art hormonal therapy and chemotherapy as well as access to a multitude of clinical trials.

Congratulations to our patients and the Huntington Cancer Center breast team!

Ruth Williamson, MD, Medical Director, Radiation Oncology

2008 Primary Site Table

Site Group	Total Cases	Class		Sex			Stage						
		Analytic	NonAn	M	F	Other	Stage 0	Stage I	Stage II	Stage III	Stage IV	*N/A	Unk
ALL SITES	1814	1623	191	730	1083	1	128	448	433	182	183	158	91
TONGUE	10	9	1	8	2	0	2	1	1	0	3	0	2
SALIVARY GLANDS, MAJOR	2	1	1	2	0	0	0	0	0	0	1	0	0
GUM	1	1	0	1	0	0	0	0	0	0	1	0	0
FLOOR OF MOUTH	1	1	0	1	0	0	0	1	0	0	0	0	0
MOUTH, OTHER & NOS	2	2	0	0	2	0	0	0	1	0	0	0	1
TONSIL	1	1	0	1	0	0	0	0	0	0	1	0	0
OROPHARYNX	1	1	0	1	0	0	0	1	0	0	0	0	0
NASOPHARYNX	2	2	0	1	1	0	0	1	1	0	0	0	0
ESOPHAGUS	23	19	4	20	3	0	2	1	4	2	3	0	7
STOMACH	24	19	5	14	10	0	0	1	2	4	6	3	3
SMALL INTESTINE	5	5	0	4	1	0	0	0	1	2	0	2	0
COLON	91	80	11	33	58	0	4	11	26	20	14	0	5
RECTUM & RECTOSIGMOID	56	49	7	34	22	0	1	16	11	7	6	3	5
ANUS,ANAL CANAL,ANORECTUM	9	9	0	4	5	0	2	2	2	0	1	0	2
LIVER	21	19	2	16	4	1	0	5	3	3	5	0	3
GALLBLADDER	5	5	0	1	4	0	0	0	4	0	1	0	0
BILE DUCTS	12	11	1	6	6	0	0	2	3	1	1	0	4
PANCREAS	51	49	2	23	28	0	0	6	18	1	15	0	9
RETROPERITONEUM	1	1	0	0	1	0	0	1	0	0	0	0	0
PERITONEUM,OMENTUM,MESENT	3	2	1	0	3	0	0	0	0	0	0	2	0
OTHER DIGESTIVE	3	2	1	0	3	0	0	0	0	0	0	2	0
LARYNX	7	5	2	5	2	0	2	1	1	0	1	0	0
LUNG/BRONCHUS-SMALL CELL	8	8	0	4	4	0	0	0	0	1	7	0	0
LUNG/BRONCHUS-NON SM CELL	121	105	16	65	56	0	1	29	8	21	39	5	2
PLEURA	2	1	1	1	1	0	0	0	0	0	1	0	0
OTHER RESPIR & THORACIC	1	1	0	1	0	0	0	0	0	0	0	1	0
LEUKEMIA	32	23	9	16	16	0	0	0	0	0	0	23	0
MYELOMA	11	7	4	4	7	0	0	0	0	0	0	7	0
OTHER HEMATOPOIETIC	21	11	10	15	6	0	0	0	0	0	0	11	0
BONE	1	1	0	0	1	0	0	1	0	0	0	0	0
SOFT TISSUE	19	17	2	8	11	0	0	7	0	2	1	0	7
MELANOMA OF SKIN	40	33	7	32	8	0	6	10	7	6	1	0	3
KAPOSIS SARCOMA	1	1	0	1	0	0	0	0	0	0	0	1	0
OTHER SKIN CA	7	7	0	5	2	0	1	0	0	0	1	1	4
BREAST	517	491	26	4	513	0	70	196	149	44	14	0	18
CERVIX UTERI	18	17	1	0	18	0	0	9	2	2	4	0	0
CORPUS UTERI	63	59	4	0	63	0	0	35	8	7	2	5	2
UTERUS NOS	3	0	3	0	3	0	0	0	0	0	0	0	0
OVARY	45	32	13	0	45	0	1	14	3	8	2	2	2
VAGINA	5	5	0	0	5	0	4	0	0	1	0	0	0
VULVA	10	10	0	0	10	0	4	3	1	1	1	0	0
OTHER FEMALE GENITAL	4	4	0	0	4	0	0	1	0	1	0	2	0
PROSTATE	216	195	21	216	0	0	0	0	153	28	14	0	0
TESTIS	8	8	0	8	0	0	0	4	1	3	0	0	0
PENIS	1	1	0	1	0	0	1	0	0	0	0	0	0
BLADDER	70	64	6	48	22	0	24	24	7	0	7	0	2
KIDNEY AND RENAL PELVIS	60	54	6	38	22	0	2	32	5	6	8	1	0
URETER	4	4	0	3	1	0	1	2	1	0	0	0	0
OTHER URINARY	2	2	0	1	1	0	0	0	1	0	1	0	0
EYE	3	3	0	2	1	0	0	0	0	1	0	2	0
BRAIN	29	27	2	17	12	0	0	0	0	0	0	27	0
OTHER NERVOUS SYSTEM	22	19	3	3	19	0	0	0	0	0	0	19	0
THYROID	45	41	4	11	34	0	0	24	3	8	5	0	1
OTHER ENDOCRINE	13	13	0	7	6	0	0	0	0	0	0	13	0
HODGKIN'S DISEASE	7	7	0	3	4	0	0	0	4	0	2	0	1
NON-HODGKIN'S LYMPHOMA	43	33	10	25	18	0	0	7	2	2	14	0	8
UNKNOWN OR ILL-DEFINED	31	26	5	16	15	0	0	0	0	0	0	26	0



 **Huntington Hospital**

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