



Cancer Committee – 2010 Membership

ACOS Standard 2.2: The cancer committee membership is multidisciplinary representing physicians from the diagnostic and treatment specialties and non-physicians from administrative and supportive services.

Howard Kaufman, MD Colorectal Surgeon Medical Director, Cancer Program Cancer Committee Chairman	Steven Applebaum, MD Medical Oncologist Cancer Committee Co-Chairman	Maury Kulwin, PhD Executive Director, Ambulatory and Cancer Services
Dawn Hills, MD General Surgeon ACOS Physician Liaison	Bernadette Merlino Vice President Clinical Strategy and Physician Development	Sharon Carrillo, CTR Cancer Registrar, Cancer Data Center
Ruth Williamson, MD Radiation Oncologist	Susan Murakami, MD Pathologist	Martin Perez, PhD Psychologist
James Recabaren, MD Oncology Surgeon ACOS State Liaison	Robbin Cohen, MD Thoracic Surgeon Medical Director, Lung Program	Christopher Hedley, MD Diagnostic Radiologist
Cynthia Martel, MD Medical Oncologist Quality Control Coordinator	Christina Yeon, MD Medical Oncologist Cancer Conference Coordinator	Paul Lin, MD Gynecology Oncologist
Lawrence Jones, MD Urologist	Barbara Perry, LCSW Social Worker Community Outreach Coordinator	Daniel Spurgeon, MD Hospice/Palliative Care
Ann Brady, RN Palliative Care Symptom Management	Lisa Corbisiero, RN Palliative Care Symptom Management	Chrissy Kim Representative American Cancer Society
Mary Fischer, RN Manager, Clinical Research	Nancy Cushing, RN Breast Navigator	Tina Ivie, RN Breast Navigator
Edna DeLeon, RN Director, Quality Management	Saskia de Koomen, RN Colorectal and Gynecology Navigator	Christine Conti, RN Lung Navigator
Mays Chua, RN Prostate and Head and Neck Navigator	Gloria Tango, RN Oncology Nurse Manager 6 West	
Cindy Bacon, RN Lung Navigator		



*Howard Kaufman, MD
Medical Director
Huntington Hospital Cancer Center*

Huntington Hospital Cancer Center – 2010 Year in Review

For decades, Huntington Hospital Cancer Center (HHCC) has been delivering individualized, compassionate care to the cancer patients of the San Gabriel Valley and beyond. Far surpassing the traditional community hospital, HHCC's program has received excellent customer satisfaction ratings and holds accreditation with commendation and the Outstanding Achievement Award from the American College of Surgeon's Commission on Cancer.

Cancer Center Overview

Housed in the beautiful Huntington Pavilion, HHCC treats an array of non-esoteric cancers including breast, lung, prostate, head and neck, colorectal and gynecological cancers. Individual cases are brought to regular multidisciplinary tumor boards to collaborate on best practices, and a weekly palliative care clinic ensures cancer patients are made as comfortable as possible throughout their course of care. Our Cancer Committee meets quarterly to review the entire program, evaluating quality indicators and opportunities for improvement.

HHCC's care team includes an array of specially trained professionals including: physicians, registered nurse navigators, social workers and dietitians who have received specialized oncology certification, radiation oncology professionals, pain and symptom management specialists and a licensed cosmetologist.

Cancer Data Registry Center

Our Cancer Data Registry Center ensures tumor data is collected, maintained and reported effectively. This gives us the

opportunity to recognize community and nationwide trends and ultimately helps us glean information to improve clinical outcomes. Our Registry Center regularly participates in studies requested by the Commission on Cancer.

Support Groups

Patient support is an important component of our program and we accomplish this by hosting support groups available to most patients, including breast, lung, prostate and colon cancer patients, as well as those receiving radiation therapy. Mentor groups team patients with a cancer survivor for emotional support and guidance. HHCC also hosts a grief group, Return to Wellness workshops (including exercise and yoga) and the Write to Heal program.

Outreach

Reaching out to our community is a top priority and annual screening events (colorectal, prostate and lung screening) are held – often in conjunction with the American Cancer Society. Informative lectures by several of our physicians stress the importance of early detection and preventative lifestyle choices are offered throughout the year. In 2010, HHCC began a valuable partnership with the Herald Cancer Association, ensuring the Chinese members of our community have access to Huntington Hospital cancer services.

2010 Goals and Accomplishments

Our goals for 2010 were all successfully accomplished and included:

Clinical Goal: Cancer Center to relocate to the new Huntington Pavilion

We completed our move to the Huntington Pavilion in January 2010. The Pavilion is also 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. Our goal is for the Huntington-Hill Breast Center to become a National Accredited Breast Center in 2011.

Community Outreach Goal: Provide educational symposium to Chinese population

Cancer outreach services were expanded with specific educational symposia for the Chinese and Korean communities. Physician outreach and satisfaction was stressed, specifically in our lung and colorectal programs and 100 percent post treatment follow up was achieved in both of these new programs. By ensuring that diagnosis, treatment and outcome results were swiftly communicated to our patients' primary physicians, we emphasized continuity of patient care as we strengthened physician relations.

Programmatic Endeavors Goal: Implement gynecological cancer conference

A new specific multidisciplinary tumor board was established which focused upon women diagnosed with cancer of the reproductive organs. This group meets quarterly.

Quality Improvement Goal: Assess and review National Surgical Quality Improvement Performance studies to investigate quality improvement opportunities at Huntington Hospital.

2010 Accomplishments included:

Quality Improvement

Our constant focus on quality improvement, especially in the area of perioperative process, was associated with marked improvements in our ability to serve patients with evidence-based approaches to surgical care. In nationally reported data through the Surgical Care Improvement Project, Huntington Hospital exceeded national and state averages in efforts to reduce postoperative infections. Moreover, Huntington Hospital was among only 5 percent of United States hospitals to participate in a rigorous data driven quality improvement program known as the American College of Surgeons National Surgical Quality Improvement Program. Participation in this program has been proven to reduce complications related to surgical treatment of disease. We have utilized these outcomes data towards further reducing surgical site infection rates, and our intensive efforts have resulted in some of the lowest perioperative infection rates in the country.

MIS Surgery

Our minimally invasive surgery programs for colorectal, prostate, lung and gynecologic cancers continued to grow

throughout 2010. The daVinci robot is increasingly used for the treatment of prostate and rectal cancer. 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 2010, Huntington Hospital surgeons performed 92 percent of elective colon cancer surgeries laparoscopically, putting us far ahead of the national average. In an effort to make colon surgery even less invasive, the first single port access/single incision laparoscopic surgical resection for colon cancer performed on the West Coast was accomplished at the Huntington Hospital in late 2008. This approach, which allows for removal of a section of the colon through a 1.5 inch incision in the umbilicus, was offered to more patients in 2010.

Customer Satisfaction

Customer satisfaction remains a major focus of the Cancer Center and in 2010, our outpatient cancer services were rated in the 90th percentile.

Clinical Trials

HHCC offers adult patients significant opportunities to participate in clinical trials that may reduce their risk for cancer - or improve their prognosis once cancer has been diagnosed. The Center receives timely information on new clinical trials in the United States and Canada, and our physician investigators select the most promising of these to be offered to patients in our region, through our San Gabriel Valley Clinical Oncology Research Program. Patients taking part in a clinical

trial not only have the potential to benefit themselves; they are also helping to advance research in ways that may help thousands of additional patients in the future.

Current trials open to enrollment include:
 Phase III Randomized Trial: Lobectomy Versus Sublobular Resection for Small (less than 2 cm) Peripheral Non-Small Cell Lung Cancer
 Phase II Study: Clinical Outcomes Following Accelerated Partial Breast Irradiation with a Strut-Adjusted Volume Implant

Research

Finally, in a continued effort to improve cancer care, HHCC medical staff worked with residents of Huntington Hospital's Graduate Medical Education program and our affiliated academic centers on research initiatives. In 2010, Huntington Hospital general surgery residents presented four papers involving cancer care. Many of these will be published in peer reviewed journals. Overall, 617 Huntington Hospital patients were included in research and cancer related studies.

Donations over \$1 million were designated to HHCC in 2010, supporting programs integral to our services, such as our nurse navigators. This effective way of managing donor dollars ensures donations were used according to the donor's wishes, while concurrently offsetting the Center's operational costs.

Howard Kaufman, MD
 Medical Director
 Huntington Hospital Cancer Center



Roger W. Satterthwaite, MD

Roger Satterthwaite, MD
Urologist

Prostate Cancer

Prostate cancer continues to be a leading cause of cancer diagnosis and cancer deaths in American men. The National Cancer Institute predicts that in 2011, there will be about 300,000 new prostate cancer cases in the United States, and about 30,000 prostate cancer deaths. Approximately 15 percent of all American men will be diagnosed with prostate cancer during their lifetime. Widespread screening with prostate specific antigen (PSA) testing has provided an estimated 10 year lead time in diagnosis over digital rectal examination alone, yet we remain uncertain whether such screening actually decreases the overall mortality of prostate cancer. While 90 percent of the men diagnosed with prostate cancer are potentially curable at the time of diagnosis, the commonly long natural history of the disease combined with the increasing risk of prostate cancer with age means that many men with prostate cancer die with rather than because of their disease even without treatment. Paradoxically, we also have no curative treatment for metastatic disease.

Like cancer patients of all types, prostate cancer patients are assigned a clinical and pathologic stage, for the purpose of both planning therapy and predicting prognosis using the tumor, lymph node status, presence of

metastases (TNM) system. We initially diagnose the vast majority of men now through a transrectal ultrasound guided prostate biopsy prompted most of the time solely on the basis of PSA testing and occasionally on the basis of an abnormal digital rectal examination of the prostate. The biopsy provides important predictive characteristics of the disease, particularly the aggressiveness of the tumor, graded by the Gleason's Score (6 thru 10 with the higher number representing a more aggressive cancer). We then commonly assign the patient to a D' Amico risk category (low, intermediate and high) based on a combination of clinical stage, PSA and Gleason's score. Further staging with bone, CT or MRI scanning is based on the National Cancer Comprehensive Network guidelines and treating physician preference. Many patients require no further work-up. The initial prognosis is usually quite good.

The care of patients with prostate cancer at Huntington Hospital Cancer Center includes physicians from Southern California's most respected groups, including City of Hope, UCLA, USC, Wilshire Oncology and the South Pasadena Cancer Center. The patient with recently diagnosed prostate cancer commonly speaks with a radiation oncologist, urologist or urologist

oncologist. He may also discuss treatment with a medical oncologist, particularly if he has metastatic disease or desires a disinterested opinion regarding the treatment of clinically localized prostate cancer, including watchful waiting or active surveillance, since clinically localized prostate cancer is not treated with chemotherapy. Treatment modalities include surgery, external beam radiation therapy, radioactive seed implantation, cryosurgery, hormone deprivation therapy, watchful waiting and active surveillance.

After Huntington Memorial Hospital purchased a daVinci robot system in 2005, the volume of prostate cancer surgery rapidly grew for several years and has now leveled off at about 150 surgical cases per year, 90 percent of which are performed robotically, reflecting national trends. The average length of stay for robotic surgery is just under 36 hours and for open surgery just under 72 hours. Blood transfusions occur perhaps once a year for either method. Huntington Memorial Hospital recently upgraded their robotic system to a dual console Si, a significant capital investment that demonstrates the institution's commitment to surgical excellence.

Radioactive seed implantation is also offered at Huntington Hospital Cancer Center, while external beam radiation therapy is performed at a number of

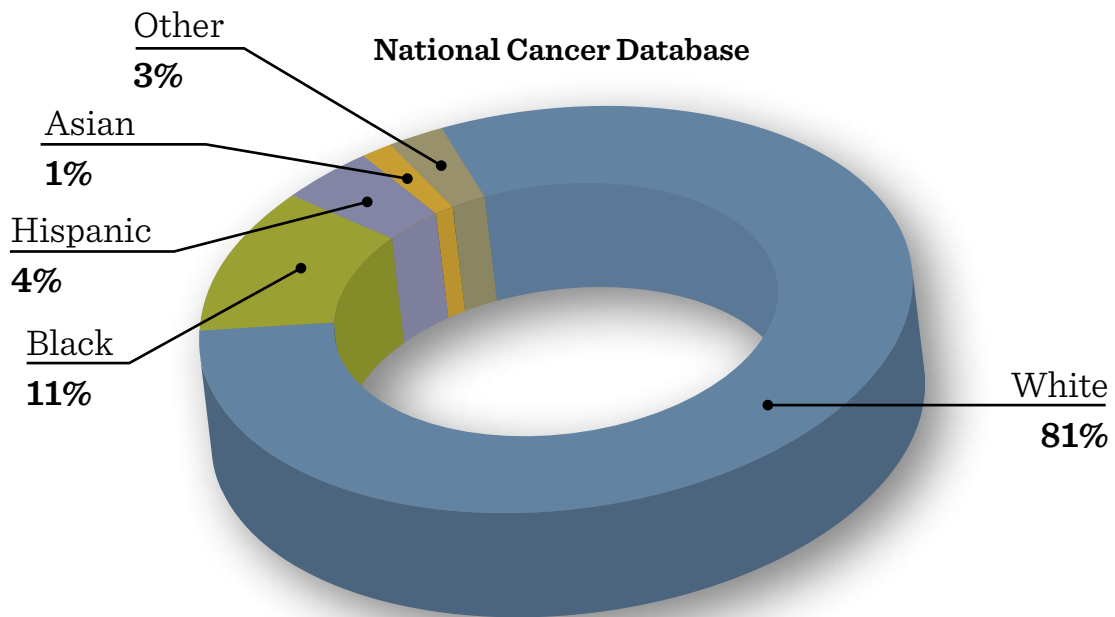
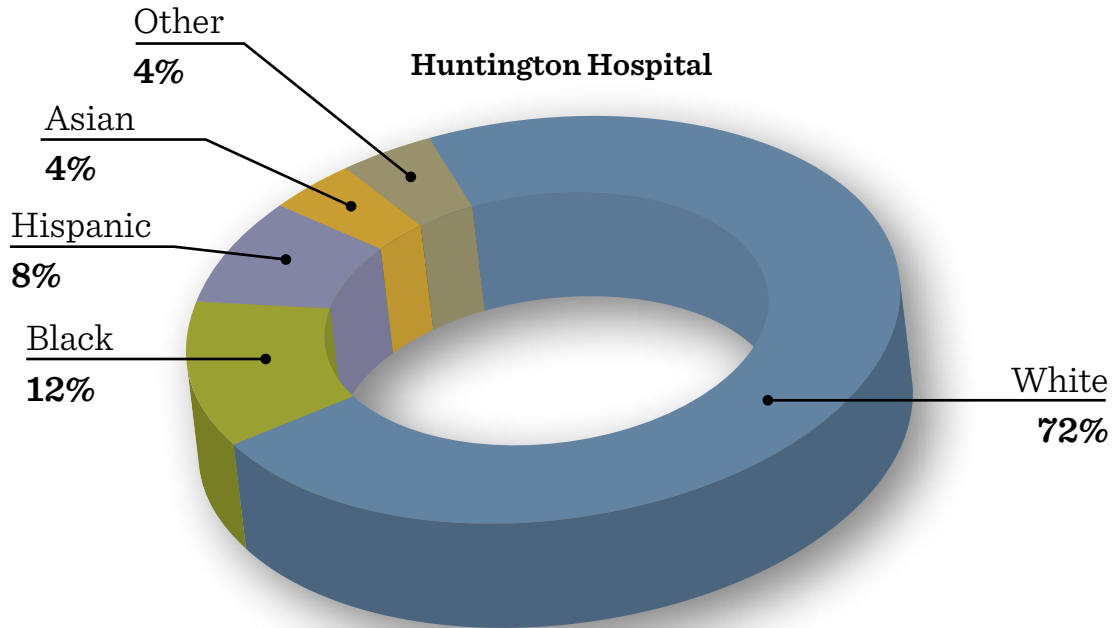
locations in the local area. About 15 percent of patients with prostate cancer will undergo treatment with more than one modality.

The Urology Tumor Board meets twice a month to discuss, and optimize treatment for patients with less than straight forward disease. At these conferences, patients are staged and treatment recommendations are made according to the guidelines provided by the National Comprehensive Cancer Network.

Huntington Hospital Cancer Center nurse navigator for prostate cancer, Mays Chua, RN, helps coordinate care, offers counsel to patients and their families and assists in data gathering. The hospital also provides an inpatient pain service for surgical patients, as well as in and outpatient palliative care.

Roger Satterthwaite, MD
Urologist

Prostate Cancer
Race/Ethnicity Comparison
Huntington Hospital and National Cancer Database





*Kenneth Lam, MD
Radiation Oncologist*

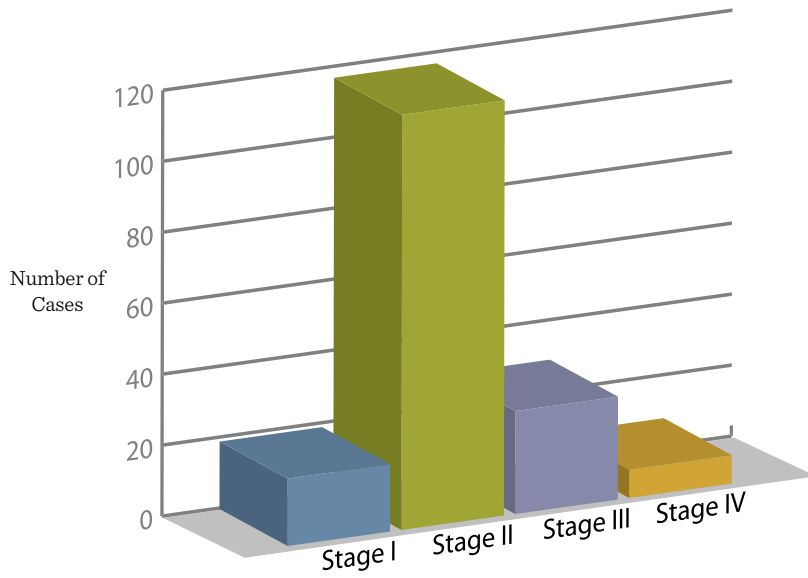
Radiation Therapy Treatment for Prostate Cancer 2010

With the opening of the new outpatient cancer center this year, Huntington Hospital has put in two state-of-the-art linear accelerators to provide the newest and most sophisticated radiation treatment for patients with prostate cancer in Southern California. The new equipment allows for more precise and conformal delivery of radiation to the prostate and minimizes any side-effects from treatment – both short term and, more importantly, long term. Patients are now treated with intensity modulated radiation therapy treatment planning with image guided radiation therapy radiation delivery. The new linear accelerators allow daily pre-treatment cone beam CT scan to double check target precision to within 1 millimeter .

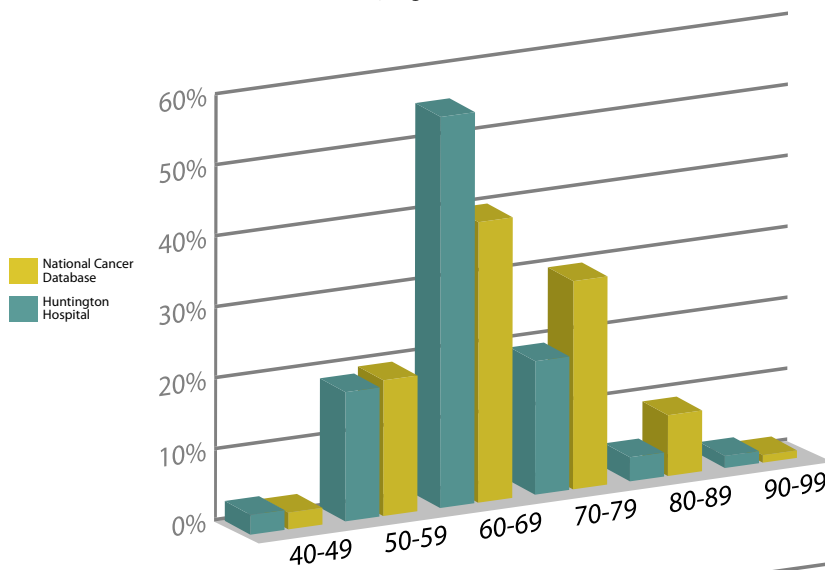
The dramatic advances in radiation therapy technology over the last decade has made the choice of external beam radiation treatment for prostate cancer very attractive to a lot of patients with prostate cancer. The success of treatment noted in the latest radiation literature is equal to that of the best surgical outcomes for patients with low risk prostate cancer. The results are at least equal to or better than surgery for patients with

more advanced cancer, especially for cancer that might have spread beyond the gland. Radiation treatment also has the additional benefit of being non-invasive with lower risk of hospitalization, reduced anesthesia risk, reduced risk of bleeding or catheter and reduced chance of post treatment urinary incontinence that often goes along with radical prostatectomy.

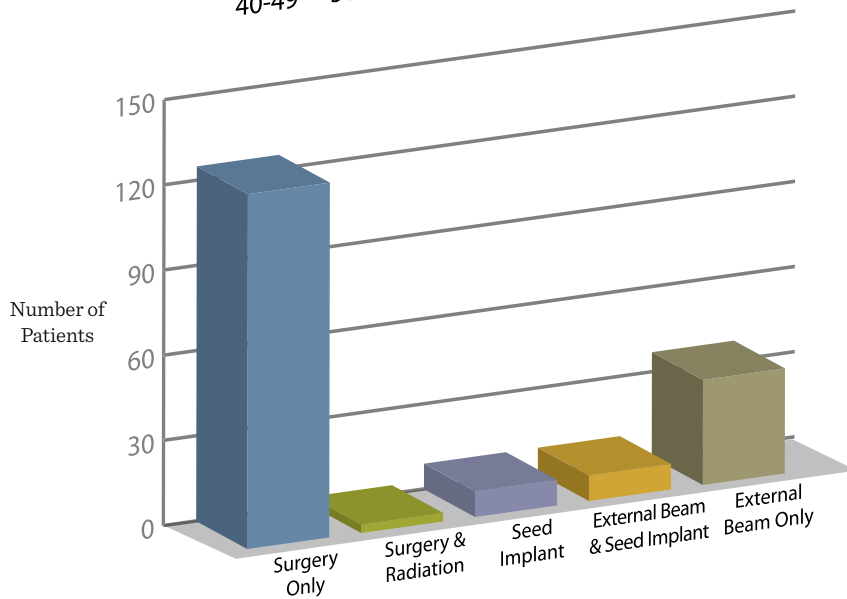
Kenneth Lam, MD
Radiation Oncologist



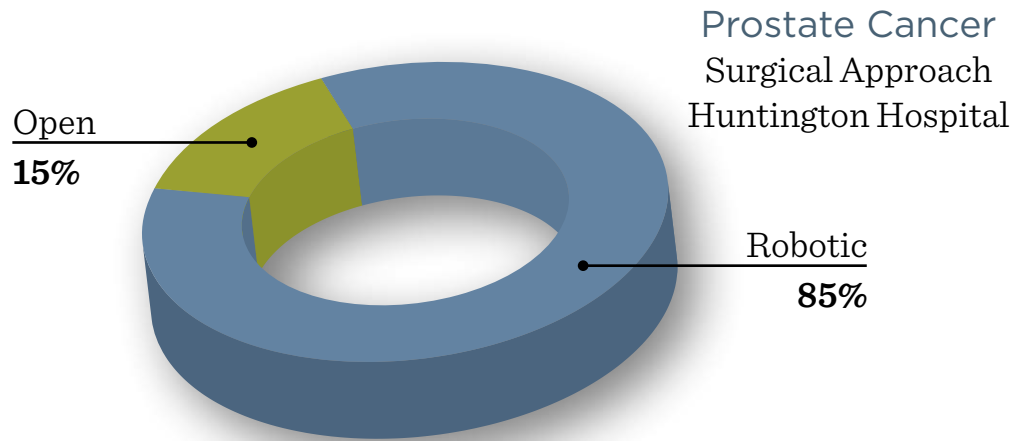
Prostate Cancer
Stage at Diagnosis
Huntington Hospital



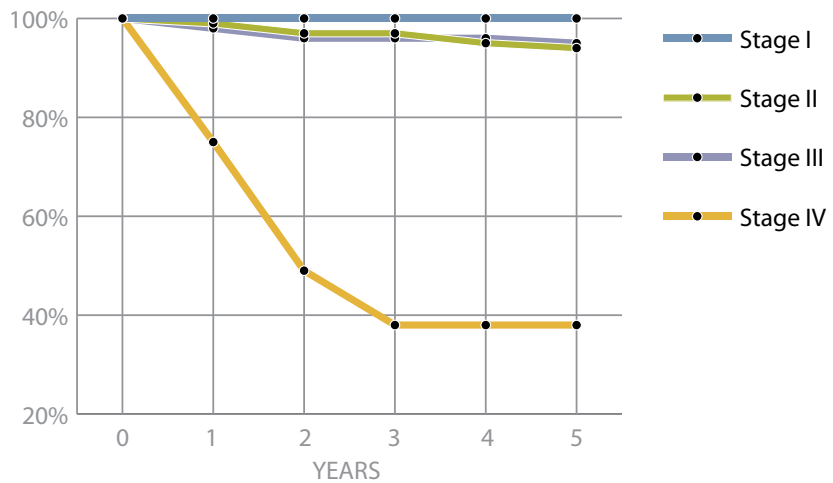
Prostate Cancer
Age at Diagnosis
Huntington Hospital



Prostate Cancer
First Course Treatment



Huntington Hospital





The Cancer Data Center staff includes (left to right) Diana Renard, follow-up clerk; Kathleen Lalonde, CTR, abstractor; Irina Dewar, case-finder and Sharon Carrillo, CTR, manager. Missing from the picture is Daniel Patino, CTR, abstractor.

Huntington Hospital's Cancer Data Center

The Cancer Data Center was established in 1979 to collect, manage, analyze and disseminate data on cancer patients seen at Huntington Hospital. Inpatients and outpatients who are either diagnosed at or have received some or all of their first course of treatment at Huntington Hospital are included in the Cancer Data Center's database. In 2010, a total of 2,003 cases were entered into the database.

The Cancer Data Center is an important component of the Huntington Hospital's cancer program. The center provides data management services to comply with mandatory state cancer reporting regulations, and the data needs of clinicians, administrators and other staff members involved in the care of cancer patients.

The database contains patient demographics, primary cancer site, histology, disease stage, treatment and annual lifetime follow-up. Since its inception in 1979, the Cancer Data Center has collected data on 42,206 cancer patients.

Annual follow-up is required by the American College of Surgeons (ACoS) Commission on Cancer (CoC) for all approved cancer programs. Follow-up is conducted through medical record review, physicians and patient contact. Each patient is followed and information is acquired about their disease status and

treatment outcomes, providing a valuable service for the physicians and reminding patients that regular check-ups play a crucial role in the early detection of recurrence or subsequent primaries. The Cancer Data Center is actively following 12,296 living patients with a successful follow-rate of 96.49 percent.

Each year the Cancer Data Center submits data to the National Cancer Database (NCDB) which measures cancer incidence and patient care across the nation. The NCDB is a joint program of the ACoS CoC and the American Cancer Society. It is a nationwide oncology outcomes database for more than 1,500 Commission-accredited cancer programs in the United States and Puerto Rico. The CoC and the NCDB maintain close working relationships with cancer surveillance and cancer registries.

Cancer Conferences

Huntington Hospital offers site specific multidisciplinary cancer conferences as well as a general multidisciplinary conference where any cancer site may be presented. Cancer conferences are essential to provide multidisciplinary consultative services to patients as well as offer education to physicians and allied health professionals. Each case presented is assigned a clinical/working stage and the National Comprehensive Cancer Network (NCCN) guidelines are used in the treatment plan.

Conference Title	Frequency	Physician Moderator
General Multidisciplinary	Every Tuesday	Stephen Koehler, MD
Genitourinary	First and Third Wednesday	Cynthia Martel, MD
Thoracic	First and Third Thursday	Robbin Cohen, MD
Breast	Every Friday	Ruth Williamson, MD

Site	Number of Cases
Breast	57
Lung	67
Prostate	22
Colon	25
Rectum	12
Bladder	11
Kidney	5
GYN Sites	18
Other Sites	76
Total	293

Total prospective case presentations 291/293 = 99%
10% required by Commission on Cancer standard

National Quality Forum

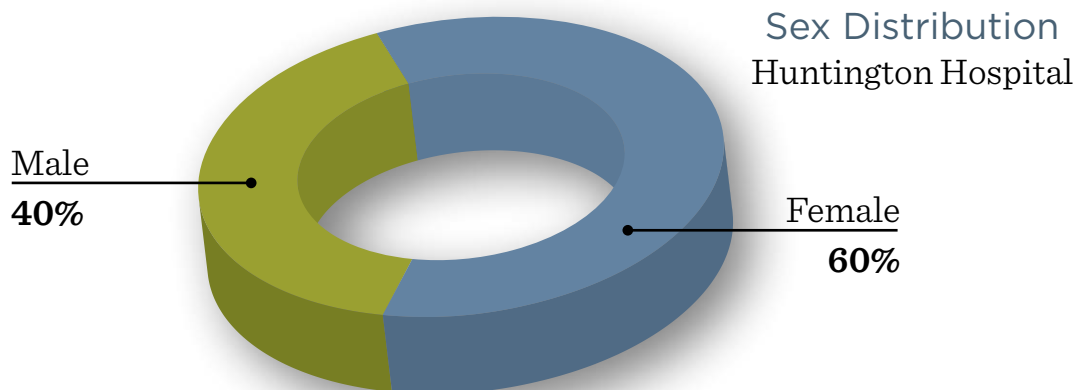
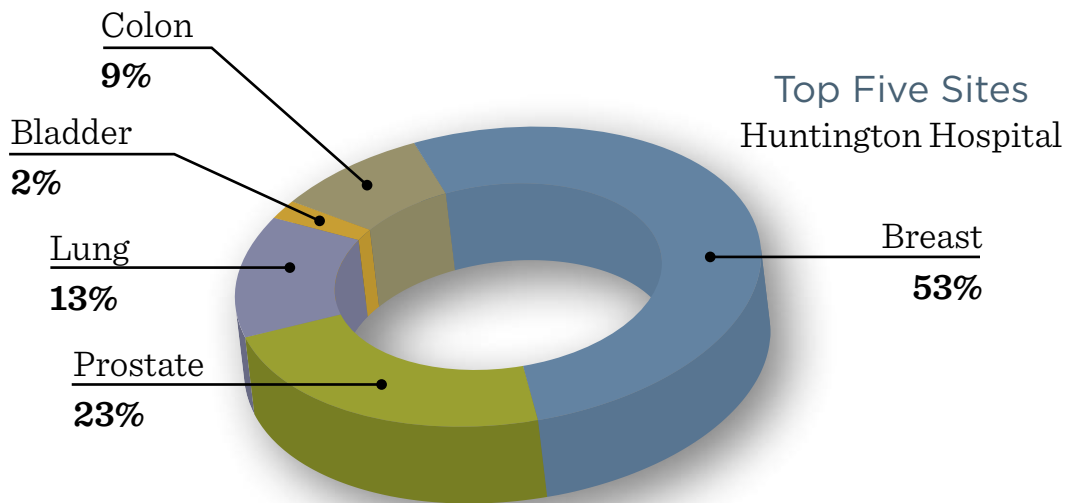
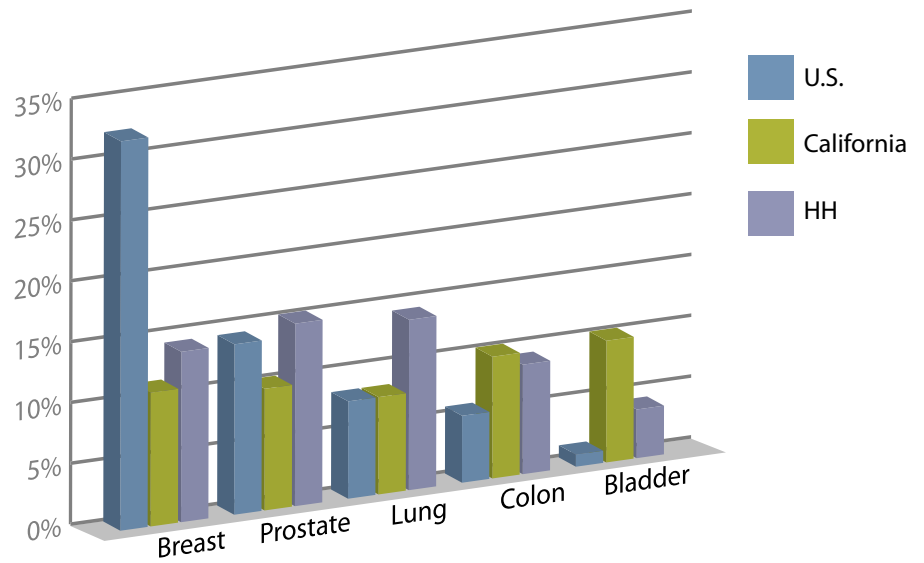
The National Quality Forum (NQF) brought public and private payers together with consumers, researchers and clinicians to broaden consensus on performance measures for breast and colorectal cancer. The performance rates shown match the specifications for the breast, colon and rectal cancer care measures endorsed by the NQF in April, 2007. The Commission on Cancer (CoC) has been actively engaged in this process. The CoC has instituted the CP3R as a

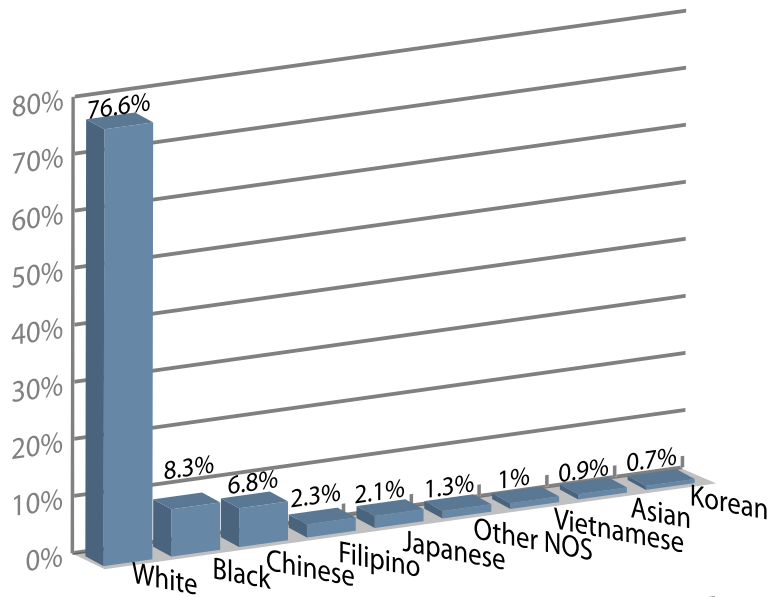
facility feedback mechanism to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines. In light of the national movement towards Pay for Performance, these reports provide CoC Approved programs with the ability to examine program- specific breast, colon and rectal cancer care practices.

Huntington Hospital Performance Rates and State of California Performance Rates

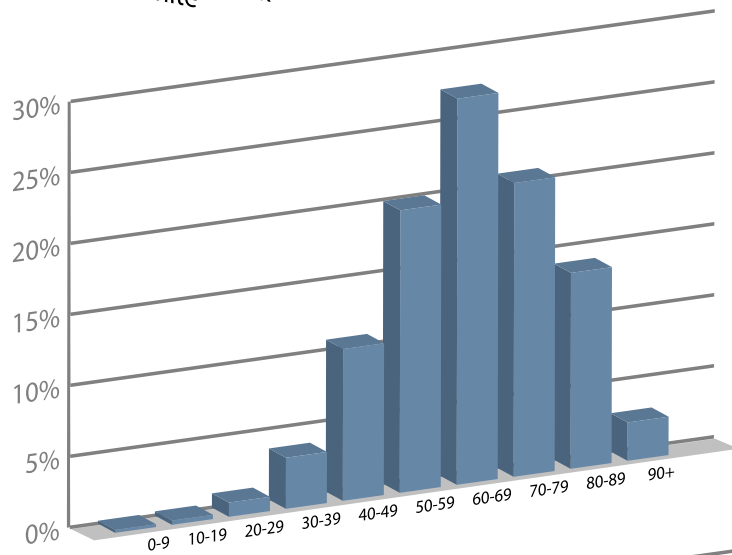
	Huntington Hospital	State of California
BREAST		
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCS/RT]	99%	83.5%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0 or Stage II or III ERA and PRA negative breast cancer. [MAC]	90.3%	80.4%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. [HT]	98.6%	76.2%
COLON		
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. [ACT]	100%	84.4%
At least 12 regional lymph nodes are removed and pathological examined for resected colon cancer. [12RLN]	93.2%	79.3%
RECTUM		
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. [AdjRT]	100%	88.9%

Major Site Comparison
Huntington Hospital

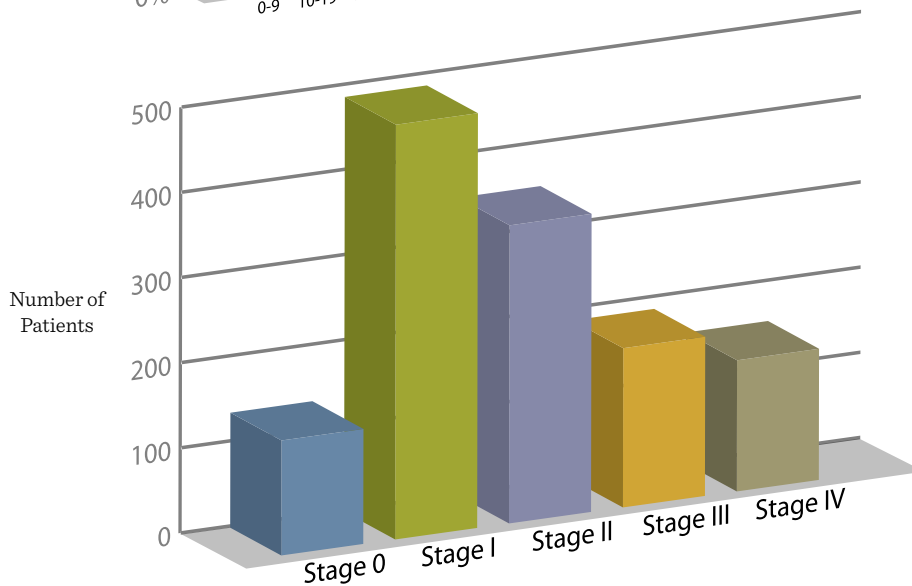




All Sites
Race/Ethnicities
Huntington Hospital



All Sites
Age at Diagnosis
Huntington Hospital



All Sites
Stage at Diagnosis
Huntington Hospital

Huntington Hospital Cancer Center Support Groups

- Breast Cancer
- Lung Cancer
- Prostate Cancer
- Transitions
- Smoking Cessation
- Write to Heal

2010 Community Outreach and Educational Programs

- Employee Awareness/Breast Cancer
- Employee Awareness/Colon Cancer
- Employee Awareness/Lung Cancer
- Silver Saturday
- Chinese Community Physician Panel Presentation
- We'll Bring the Doctors, You Bring your Questions!
(Physician Breast Cancer Panel)
- Smoking Stinks (lung cancer education for 7th graders)
- Frankly Speaking about Colorectal Cancer
- Colon Cancer — Scope it Out
- Colon Cancer — The Silent Killer
- 2010 Cal Tech Student Health Fair
- Community Prostate Screenings (two events)
- Acupuncture for Patients Undergoing Chemotherapy
and/or Radiation Therapy for Cancer
- Signs and Symptoms; Risk Factors; Do's and Don'ts for Managing Lymphedema
and its Side Effects
- Think About Breast Health
- Look Good Feel Better



Tina Ivie, RN; Ann Brady, RN; Cindy Bacon, RN; Saskia de Koomen, RN; Leah Kurihara, RD; Nancy Cushing, RN and Mays Chua, RN

Nutrition

Nutrition support services are available to all patients while they undergo cancer treatment at Huntington Hospital. The ability to eat when diagnosed and while receiving cancer treatment can be challenging. The out-patient dietitian, Board Certified Specialist in Oncology Nutrition for the Huntington Hospital Cancer Center counsels patients on managing nutrition-related symptoms and maintaining an optimal nutritional status during cancer treatment. A monthly nutrition class for the community is also available to cancer patients and their families to help prepare for their upcoming cancer treatment.

Oncology Social Workers

Oncology social workers are an important member of the cancer health care team. The oncology social worker helps patients and their families cope with the disease process. An oncology social worker provides counseling, education, information services and referrals to community resources to patients and their families – including resources to help with financial issues. Social workers always respect patient confidentiality when providing support and strive to respectfully assist cancer patients on an individual basis.

Nurse Navigators

Nurse navigators are registered nurses who are patient educators, care coordinators and advocates. The nurse navigators are a support system for the patient and their families at a critical time – after diagnosis and throughout the course of treatment. Nurse navigators provide information to help patients and their families fully understand treatment options. They work with doctors, nurses, and other members of the multidisciplinary team to ensure coordination of services and quality care and are a source of patient support throughout the patient's cancer treatment.



Navigator for colorectal cancer Saskia de Koomen, RN and colorectal surgeon Howard Kaufman, MD

2010 Quality Enhancements

In 2010, several quality enhancements were added to our cancer program. Clinical studies were performed, new oncology conferences were implemented and patient outcome were analyzed by Huntington Hospital Cancer Center physicians. A sample of these program enhancements are listed below:

Clinical Studies

- Robotic prostatectomy versus open radical prostatectomy
- Stage IIIA lung cancer patients receiving surgery post chemotherapy and/or radiation
- Clinical staging and national comprehensive cancer network standard guidelines for treatment planning at cancer conferences

Patient Enhancements in 2010

- Implemented gynecology cancer conference
- Implemented outpatient acupuncture service
- Implemented palliative care clinic for patients

Patient Outcomes Analysis

- Lung cancer survival rates
- Major cancer site analysis



Palliative care team – Daniel Spurgeon, MD; Abilene Enriquez, MD; Ann Brady, RN and Lisa Corbisiero, RN

Outpatient Palliative Care Services

In addition to inpatient palliative care, Huntington Hospital's palliative care team offers its service to cancer patients on an outpatient basis.

These services are set up in a once weekly clinic which provides follow up care, medication instructions and education related to the patient's symptoms – all coordinated by a registered nurse especially trained in symptom management. Issues such as finance, transportation and referrals to home health or hospice are managed by the team's licensed clinical social worker, and dietary issues related to cancer or its treatment are managed by our oncology certified registered dietitian.

The Palliative Care clinic provides a multidisciplinary approach to patient care and is comprised of a board certified palliative care physician, registered nurse(s), a social worker and an oncology certified dietitian. Symptom management and goals of care are the main focus of patient appointments, which also may include referrals to outside practitioners, acupuncture services, physical therapy, psychological services and more.

Monthly palliative care rounds take place in which cases are discussed by attending physicians, the palliative and radiation oncology physicians and the rest of the palliative care team. Session goals include discussion and a better understanding of how to manage this patient population.

Glossary of Terms

Analytic

Patients diagnosed at the institution since the registry's reference date regardless of whether or not the patient was treated at the reporting facility.

Chemotherapy

A chemical that binds to and specifically kills microbes or tumor cells.

First Course Treatment

Initial tumor directed treatment or multi-modalities of treatments initiated within four months from the date of diagnosis.

Five-year survival rate

The percentage of people who are alive five years after they were diagnosed with cancer.

Not Recorded

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

PSA

Prostate Specific Antigen, a protein produced by cells of the prostate gland.

Radioactive Seed Implant

Radioactive seeds are implanted directly into or close to the tumor.

Stage at Diagnosis

The extent of cancer within the body at the time of diagnosis.

Survival Rate

A statistical index that summarizes the probable frequency of specific outcomes for a group of patients at a particular point of time.

Tamoxifen

An antagonist of the estrogen receptor.

TNM

Staging classification of cancers by the size and extent of the primary tumor (T), involvement of regional lymph node (N), and the presence or absence of distant metastases (M).



Huntington Hospital

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