



2011 Annual Report
The Huntington Hospital
Cancer Center

Cancer Committee – 2011 Membership

The Cancer Committee is composed of representatives of primary and specialty care physicians, as well as team members involved in the care of cancer patients. The multidisciplinary committee meets at least quarterly to review and evaluate the quality and direction of the overall cancer program and make recommendations for improvement.

Medical Staff

Howard Kaufman, MD

Chairman Cancer Committee
Quality Improvement
Coordinator

Steven Applebaum, MD

Co-chair Cancer Committee
Medical Oncology

Dawn Hills, MD

ACOS Physician Liaison
General Surgery

Ruth Williamson, MD

Medical Director
Radiation Oncology

Susan Murakami, MD

Pathology

Christopher Hedley, MD

Director of Diagnostic Radiology

Robbin Cohen, MD

Medical Director
Lung Program
Thoracic Surgery

James Recabaren, MD

General and Oncology Surgery

Cynthia Martel, MD

Medical Oncology and
Quality Control Coordinator

Paul Lin, MD

Gynecologic Oncology
Surgery

Lawrence Jones, MD

Urology

Daniel Spurgeon, MD

Hospice and Palliative
Medicine

Martin Perez, PhD

Medicine/Psychiatry

Allied Health Professional Members

Bernadette Merlino, VP

Clinical Strategy and
Physician Development

Maury Kulwin, PhD

Executive Director
Ambulatory and
Cancer Services

Sharon Carrillo, CTR

Manager, Cancer Data Center

Barbara Perry, LCSW

Social Services

Edna DeLeon, RN

Director of Quality Management

Gloria Tango, RN

Manager, 6 West Unit

Susie Nakao, RN

Clinical Research

Mary Fischer, RN

Clinical Research

Ann Brady, RN

Symptom Management

Lisa Corbisiero, RN

Symptom Management

Chrissy Kim

American Cancer Society

Nurse Navigator Members

Tina Ivie, RN

Breast Navigator

Saskia de Koomen, RN

Colorectal and
Gynecology Navigator

Nancy Cushing, RN

Breast Navigator

Christine Conti, RN

Lung Navigator

Cindy Bacon, RN

Lung Navigator

Mays Chua, RN

Prostate and Head
and Neck Navigator



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

Huntington Hospital Cancer Center – 2011 Year in Review

For decades, Huntington Hospital Cancer Center has delivered personalized, compassionate care to patients drawn from across the San Gabriel Valley and beyond. Far surpassing the traditional community hospital in both its quality and its 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 2011, its outpatient cancer services were rated in the 90th 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 supports. 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 Memorial Hospital's medical, administrative, nursing and key support staff, meets quarterly to review the entire program. The committee identifies strategies to satisfy all standards established by the American College of Surgeons Commission on Cancer.

Annual goals for Huntington Hospital Cancer Center are also set — and progress toward them is reviewed — by the Cancer Committee. Throughout, committee members carefully analyze and discuss quality indicators and identify opportunities for ongoing improvement in cancer services at the hospital. 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 hospitals' performance. Statistics for 2010 were made available in 2011, and showed Huntington Hospital Cancer Center significantly outperforming other California hospitals (consolidated data) with regard to several important quality measures.

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 these 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 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.

Reaching out to our community

Huntington Hospital Cancer Center places great emphasis on community outreach and education, in order to ensure that local 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, who provide information that emphasizes preventive lifestyle choices and early detection. These lectures are offered regularly throughout the year.

In 2011, Huntington Hospital Cancer Center built 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. In 2011, we also collaborated with additional organizations in our service region to reach their Chinese-American constituents — further supporting access to information and needed care.

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 2011, with our advanced daVinci 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. The Health Care Advisory Board predicts that 65 percent of patients who require colon

resection for cancer will 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 2011, Huntington Hospital surgeons performed 88 percent 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.

Research — expanding knowledge, enhancing care

Huntington Hospital Cancer Center offers patients significant opportunities to participate in clinical trials with the potential to reduce their risk for cancer or improve their prognosis once cancer has been diagnosed.

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.

Trials open to enrollment are a phase-III randomized trial regarding lobectomy versus sublobular resection for small (less than two-centimeter) peripheral non-small-cell lung cancer, and a phase-II study regarding clinical outcomes following accelerated partial breast irradiation with a strut-adjusted volume implant.

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 2011. 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, 617 Huntington Hospital patients were included in cancer-related research and studies.

Goals: Achieved!

Huntington Hospital Cancer Center is proud to have accomplished all goals established for 2011, as follows:

Clinical Goal: Expand Palliative Care Program

Palliative care is increasingly recognized as an integral component of comprehensive cancer care. (Palliative care focuses on patient comfort and management of symptoms related to cancer care and chronic disease. However, unlike hospice care — which is available only at the end of life — palliative care may be offered at any point in the care continuum, as deemed helpful by the patient's physician.)

Huntington Hospital Cancer Center's palliative cancer care clinic, co-located with our other outpatient services, helps patients manage the physical and psychological side-effects of cancer treatment. It is staffed by a specialized team that includes physicians, symptom-management nurses, a social worker and psychologists. These professionals also help coordinate care across inpatient and outpatient boundaries.

Given the volume of patients referred to the weekly palliative cancer care clinic in 2011, the clinic will expand its hours to cover two days per week in 2012.

Community Outreach Goal: Offer a symposium regarding colorectal cancer to the Chinese community

In 2011, Huntington Hospital Cancer Center initiated a program providing

information regarding colorectal cancer risk, prevention, screening and treatment to Chinese-American communities within the hospital's service area.

The program involved an informational presentation by Howard Kaufman, MD, medical director, Huntington Hospital Cancer Center. Dr. Kaufman presented in English, and Dai Shi, a nurse manager at Huntington Hospital, presented in Mandarin Chinese. All presentation slides were translated into Mandarin Chinese. Ms. Shi also translated questions from the audience during the program's question-and-answer session.

***Programmatic Endeavors Goal:
Hire a medical director for the
Robotic Surgery Program***

Robotic surgery represents an important technological advancement in the treatment of prostate, lung, rectal, gynecologic and other cancers. To help provide leadership to our own robotics program, we have selected Armen Dikranian, MD, to serve as medical director, robotics surgery. He will oversee growth of our robotics surgery program and work with other surgeons and caregivers to ensure continued high quality.

***Quality Improvement Goal: Assess
and review National Surgical
Quality Improvement Program***

***studies to investigate quality-
improvement opportunities at
Huntington Hospital.***

Active involvement in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) has been proven to reduce complications related to surgical treatment of disease. However, only five percent of hospitals in the United States participate in this rigorous program. Huntington Hospital is one of the few. Our Cancer Center has utilized NSQIP outcomes data to inform and further enhance its work.

Specifically, by comparing our performance to other hospitals in a risk-adjusted fashion, we have been able to identify areas in which we could further improve. Our intensive follow-up has resulted in some of the lowest postoperative infection rates in the nation.

Huntington Hospital Cancer Center continues to rely on charitable contributions from the community it serves. We are deeply grateful for the more than \$3 million in donations designated to the center in 2011. 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.

Howard Kaufman, MD
Medical Director
Huntington Hospital Cancer Center



*Ruth Williamson, MD
Medical Director
Radiation Oncology*

Breast Cancer

Spotlight on...Breast Cancer Services

Huntington Hospital's breast cancer program reported a number of significant accomplishments in 2011 including, in July, accreditation by the National Accreditation Program for Breast Centers. We were only the third breast center in California to achieve this distinction.

The National Accreditation Program for Breast Centers is administered by the American College of Surgeons, which represents a consortium of national professional organizations. These organizations are collectively dedicated to improving the quality of care and monitoring outcomes among patients with breast cancer.

Advanced radiation therapy for breast cancer patients

Huntington Hospital's radiation oncology department has been a pioneer in the implementation of partial breast irradiation therapy. In 2011, the hospital was recognized as a Center of Excellence for accelerated partial breast irradiation using the SAVI catheter — thanks to the continued efforts of the radiation oncology team; Ruth Williamson, MD, medical director, the breast program and radiation oncology; and Jeannie

Shen, MD, medical director, breast surgery.

SAVI is now the preferred method for the administration of accelerated partial breast irradiation therapy at Huntington Hospital. This therapy allows selected early-stage breast cancer patients to receive radiation treatment over a period of just five days — as compared to the more traditional six weeks of radiation treatment. As a result, it can provide significant benefits in terms of convenience for our patients.

In November 2011, we also initiated a SAVI Sisters Support Group for women who have been treated with accelerated partial breast irradiation using the SAVI catheter. The group meets four times per year.

Multidisciplinary case planning

Huntington Hospital's breast cancer program continued to conduct weekly multidisciplinary breast conferences throughout the year. Through these conferences, cancer specialists from Huntington Hospital; City of Hope Medical Center; the University of California, Los Angeles; and the University of Southern California reviewed prospective breast cancer cases and provided advice and counsel regarding the most efficacious treatment methodologies.



*Ruth Williamson, MD; Jeannie Shen, MD
and SAVI patient, Carolyn Daniels*

Outreach and education

Huntington Hospital's breast cancer program is a vital component of Huntington Hospital Cancer Center, and plays an important role in the center's outreach and education services. In 2011, the center created a Chinese YouTube channel, for example, through which our cancer physician specialists answer questions about radiation therapy, surgery and other treatments for breast cancer patients. (The channel also provides information regarding prostate cancer.) Information is available in both Cantonese and Mandarin Chinese.

Huntington Hospital Cancer Center also hosted a number of breast cancer symposia for communities served by the hospital, during 2011. At these events, a panel of breast cancer specialists discussed available treatment methodologies and answered community members' questions.

In addition, the cancer center initiated a variety of outreach to Chinese patients in the greater San Gabriel Valley. Dr. Shen, Kenneth M. Lam, MD, and other representatives of Huntington Hospital worked with Chinese community organizations in the region to provide information to this population and enhance access to care.

Improving outcomes through research

In 2011, with Dr. Williamson serving as principal investigator, Huntington Hospital Cancer Center began participation in a clinical trial for breast cancer patients with noninvasive stage-0 breast carcinoma who have undergone lumpectomy. Through the NSABP-B-43 trial, patients with this condition whose tumor tests positive for the oncogene HER-2/neu are randomly assigned for treatment with Herceptin — a “smart bomb” to combat cancer cells that over-express this oncogene.

Patients randomized to the Herceptin arm of the trial receive two infusions of the drug during the course of their radiation treatments. Herceptin is generally highly effective and extremely well-tolerated among patients with invasive tumors and this trial will determine its efficacy in treating non-invasive breast tumors.

Ruth Williamson, MD
Medical Director
Radiation Oncology



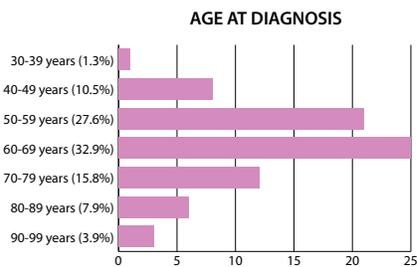
Ramona Kyaw, MD
Radiation Oncology

Uterine Cancer

Endometrial Cancer – What You Should Know

Uterine cancer is the most common malignancy of the genital tract in women, and the fourth most common female malignancy. In 2011, the American Cancer Society estimated that there were 46,470 new cases of uterine cancer nationwide. Uterine cancer is also known as endometrial cancer because the tumor cells typically arise from the lining, or endometrium, of the uterus.

Endometrial cancer is primarily a disease of postmenopausal women, though approximately 25 percent of cases occur in pre-menopausal women. Peak incidence is seen in women between 50 and 70 years of age. At Huntington Hospital, more than 88 percent of patients diagnosed with uterine cancer 2011 were over the age of 50. (Fig. 1)

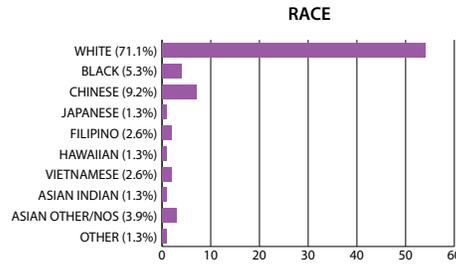


(FIG. 1)

Evaluating your risk

Endometrial cancer is more commonly seen in Caucasian women, and the incidence of endometrial

cancer is higher in western nations than in the eastern world. (Fig. 2)



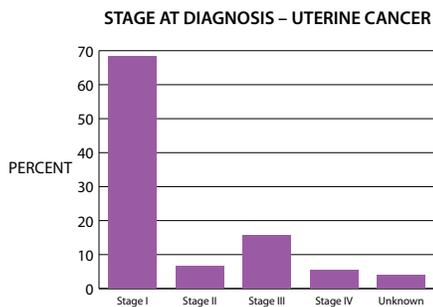
(FIG. 2)

Several factors contribute to increased risk for endometrial cancer. Most significant is chronic exposure to estrogen. This hormone, when taken alone, can act as a potent stimulator of the uterine lining. Of note, past use of oral contraceptives has been proven to protect against endometrial cancer because these contraceptives contain progestins.

Women who have early menarche or late menopause are also at risk, as are women who have never had children. Obesity increases the risk of endometrial cancer because of increased circulating levels of estrogen. Adipose, or fat tissue, can be a source of estrogen.

Another, though less common, risk factor is an inherited disease, known as hereditary nonpolyposis colorectal cancer, or HNPCC — also called Lynch syndrome. Women with Lynch syndrome have a greater-than-40-percent lifetime risk of developing endometrial cancer.

Women with hypertension and



(FIG. 3)

diabetes also have increased risk. And Tamoxifen, a drug used in the treatment of breast cancer, can cause a slightly increased risk for developing endometrial cancer.

Symptoms and diagnosis

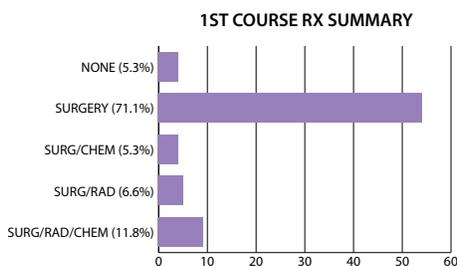
Symptoms of endometrial cancer include postmenopausal vaginal bleeding and an abnormal vaginal discharge. Pelvic pain may also be experienced. Although endometrial cancer can be more difficult to diagnose in pre-menopausal women, most pre-menopausal patients with this form of cancer experience prolonged periods or bleeding between periods.

Because most women consult their physician when they have postmenopausal bleeding or abnormal discharge, endometrial cancers are typically found at an early stage, providing a high chance for cure. At Huntington Hospital, nearly 70 percent of new cases seen in 2011 were diagnosed as Stage I tumors. (Fig. 3)

Available treatments

Surgery is the primary treatment for endometrial cancer and more than 90 percent of patients receiving an initial course of treatment at Huntington Hospital undergo surgical interventions. Surgical treatment involves a hysterectomy with removal of the fallopian tubes, ovaries, and lymph nodes.

Open surgery, with one incision in the abdomen, or laparoscopic surgery using smaller incisions, are both accepted treatment options. The da Vinci robotic surgical system at Huntington Hospital may provide advantages when minimally invasive (laparoscopic) surgery is selected. An increasing percentage of surgical interventions for endometrial cancer at Huntington Hospital are performed using minimally invasive techniques.



(FIG. 5)

These techniques use much smaller incisions, which may lead to a more rapid return to presurgery activities, among other benefits. (Fig. 5)

Patients with certain risk factors or a higher stage of cancer may also require radiation treatment and/or chemotherapy following surgery, in order to decrease the potential for tumor recurrence. Almost one in four patients receiving surgery for endometrial cancer at Huntington Hospital in 2011 also received radiation treatment and/or chemotherapy.

Postsurgical radiation therapy, for example, has been proven to decrease local recurrence for women whose cancer has certain pathologic features. Most commonly, this involves treatment using external-

beam radiation targeting the pelvis. However, a study reported in 2010 demonstrated that for certain intermediate-risk patients, treatment with internal radiation — or brachytherapy — to the vagina alone can be sufficient to decrease the risk of a local recurrence. The advantage is that, using brachytherapy, radiation is focused on a smaller area, helping to reduce side-effects. In 2011, all eligible patients at Huntington Hospital were offered brachytherapy as a treatment option.

Women who are not good candidates for surgery may be treated with radiation alone, while chemotherapy can be used in women with more aggressive cancers and in cases where the lymph nodes are involved. At Huntington Hospital, our surgeons work in close collaboration with the patient's radiation oncologist and medical oncologist to provide the best care possible for all patients. A weekly multidisciplinary cancer conference provides the opportunity to discuss and coordinate care.

Patients with endometrial cancer at Huntington Hospital Cancer Center also have access to a gynecologic care coordinator. This specially trained registered nurse helps patients navigate the potentially complex array of treatment and other services they require and provides additional support to both patient and loved ones as needed.

Ramona Kyaw, MD
Radiation Oncology



Tina Ivie, RN, Breast Navigator; Leah Kurihara, RD, Dietitian; Saskia de Koomen, RN, Colorectal/GYN Navigator; Christine Conti, RN, Lung Navigator and Mays Chua, RN, Prostate/Head & Neck Navigator

Cancer Program Components

Huntington Hospital provides a complete range of cancer prevention, diagnostic and treatment options, as well as a wide array of rehabilitation and support services. Certified oncology nurses, palliative care coordinators, social workers, radiation therapists, certified lymphedema therapist, registered dietitian, nurse navigators, and clergy are part of the team. Supported by the latest technology and medications, they work together to meet the physical, emotional and spiritual needs of cancer patients from initial diagnosis through recovery. Huntington Hospital received three-year approval of the cancer program from the American College of Surgeons (ACoS) Commission on Cancer (CoC). Huntington-Hill Breast Center received approval as a National Accepted Program for Breast Centers.

Nurse Navigators

Nurse navigators are registered nurses with many years of experience who personally offer medical guidance, support and education for patients and their families. They work collaboratively with physicians and the multidisciplinary team to integrate clinical services by coordinating resources, services and support. The health and comfort of a patient are top priorities of a nurse navigator.

Nutrition

The multidisciplinary nutrition care program identifies patients who are at nutritional risk, require education or medical nutrition therapy and provide nutritional care accordingly. 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 outpatient dietitian is a Board Certified Specialist in Oncology Nutrition for the Huntington Hospital Cancer Center. A monthly nutrition class for the community is available to cancer patients and their families.



Lisa Corbisiero, RN, Symptom Management; Barbara Perry, LCSW; Ann Brady, RN, Symptom Management; Suzie Kline, NP, Manager Integrative Oncology and Daniel Spurgeon, MD, Hospice and Palliative Medicine

Oncology Social Worker

The social worker offers a wealth of resources to help patients and their families cope with the disease process. The oncology social worker provides counseling, education and referrals to community resources.

Palliative Care

Palliative Care is the comprehensive care and management of the physical, psychological, emotional and spiritual needs of patients with serious, advancing and/or life-threatening illnesses, as well as the needs of their families.

Lymphedema Treatment

Rehabilitation services provide a comprehensive lymphedema treatment program. Evaluation, assessment and treatments are performed by licensed physical therapists with certification and training in the treatment of lymphedema.

Symptom Management

Registered nurses specially trained in symptom management as part of the palliative care team offer services to cancer patients on an outpatient basis. Weekly clinics are held to provide follow-up care, medication instructions and education related to the patient's symptoms.



Breast Symposium

Professional Educational Events

New Advancements in Post Breast Cancer Surgery Treatment
through Radiation Therapy
Acupuncture as a Complement to Patients Receiving Chemotherapy and/or Radiation
Colorectal Cancers Prognostic Factors, Treatment and Staging
New Directions in Breast Cancer Treatment
Moving Beyond Gleason and PSA
Metastatic Melanoma
Surgical Treatment of Early Stage Lung Cancer
New Treatments in Renal Cell Carcinoma
Cancer Caused by Infectious Organisms
Addressing Challenges in End-of-Life Care

Prevention and Screening

Prostate Screening
Breast Screening
Colon Cancer Screening
Smoking Cessation
Smoking Stinks Presentation to Students

Cancer Program Goals

Expand Palliative Care Program
Colorectal Symposium to Chinese Community
Track and monitor NSQIP Data

Quality Studies and Improvements

Surgical Site Infections in Colorectal Surgeries

Tiffany Wu, MD and Gabriel Akopian, MD

Early Complications following Mastectomy with Immediate Breast Reconstruction followed by Post-Mastectomy Radiation Therapy

Stu Schroff, MD and Jeannie Shen, MD

Intra-Operative Imaging of Sentinel Lymph Node as an Alternative to Frozen Section in Breast Cancer Surgeries

Rahim Aimaq, MD and James Recabaren, MD

Lymph Node Harvest in Emergent Versus Elective Colon Resections

Aaron Lewis, MD and Howard Kaufman, MD

Open Radical Prostatectomy versus Robotic Surgery

Mays Chua, RN and Roger Satterthwaite, MD

CP3R Measures for Breast, Colon and Rectum

Community Outreach Programs

Breast Cancer Panel Discussion

Silver Saturday

Spa Day for Breast Cancer Patients

Colorectal Cancer Prevention

Breast Cancer Awareness

Colorectal Cancer Awareness

Colon Cancer “The Silent Killer”

Support Groups

Breast Cancer Support Group

Write to Heal

Transitions

Prostate Support

Lung Cancer Support Group

Ostomy Support Group

Programs Offered

Pink Ribbon Exercise

Constance G. Zahorik Appearance Center

Look Good, Feel Better in conjunction with American Cancer Society

Eating Well Through Cancer Therapy

Smoking Cessation

National Cancer Database

Data is submitted annually to the National Cancer Database (NCDB), a joint program of the Commission on Cancer of the American College of Surgeons and the American Cancer Society. The NCDB collects data on all types of cancer, which are tracked and analyzed. Data is used to explore trends in cancer care and to create benchmarks for hospitals to use as a basis for quality improvements.

National Quality Forum

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]	83.5%	84.3%
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]	85.2%	86.5%
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]	87.4%	77%
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]	90.9%	85%
At least 12 regional lymph nodes are removed and pathological examined for resected colon cancer. [12RLN]	97.6%	85.3%
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%	87.4%

Each of these quality measures were developed by the Commission on Cancer and endorsed by the National Quality Forum. All measures are designed to assess performance at the hospital level. Cancer registry data elements are nationally standardized and considered open source. The table above demonstrates performance at Huntington Hospital for the year 2010 compared to the State of California for the same year.



*Sharon Carrillo, Manager of Cancer
Data Center and Irina Dewar,
Case finder*

Huntington Hospital's Cancer Data Center

The Cancer Data Center (cancer registry) is an essential component of the hospital's cancer program. The Cancer Data Center staff works closely with the cancer committee to maintain accreditation as a Comprehensive Community Hospital Cancer Program by the Commission on Cancer of the American College of Surgeons (ACoS) and accreditation as a National Accredited Program for Breast Centers.

The registry has responsibilities including the accurate and timely collection of information on cancer diagnosed and/or treated at Huntington Hospital as well as the management and analysis of data. Information collected such as demographics, anatomic site, tests, treatment and extent of disease is used in reporting patient outcomes, patient care reviews, physician education and hospital planning.

The Cancer Data Center has three full-time employees and two contracted case abstractors who are Certified Tumor Registrars (CTR). The registry is managed by a CTR to ensure the quality and accuracy of data.

In 2011 the Cancer Data Center accessioned 1,948 cases of which 1,705 were analytic (diagnosed and/or treated at Huntington Hospital.) Breast cancer cases accounted for 35.2%, prostate 14%, lung 7.1% colorectal 8.6%, kidney 5.9% and corpus uteri 5.8%. The primary site table

included in this report demonstrates the total number of cases by cancer site.

The data collected by the Cancer Data Center is electronically submitted via secure website to the Cancer Surveillance Program Regional reporting office for Los Angeles County and transferred to the California State Cancer Registry. Data is submitted annually to the National Cancer Database, which allows for comparative analysis with other hospitals or databases. Site specific data analysis such as stage of disease, histology, treatment modalities and survival can be compared to state, regional or national data. This information provides the cancer program benchmarking opportunities to look at patterns of patient care and survival.

The registry provides annual lifetime follow-up of every patient diagnosed and/or treated for cancer at Huntington Hospital. Follow-up ensures continuous medical surveillance, end results and survival statistics.

The Cancer Data Center staff participates in ongoing cancer-related education at the local, state, regional and national levels to maintain cancer registry skills and credentials in their field.

Physicians, residents and other healthcare professionals are encouraged to utilize data collected. For request, call (626) 397-5119.

Cancer Conference Coordinator

The cancer conference coordinator is designated by the cancer committee. The coordinator monitors and evaluates cancer conference activities and reports the findings to the cancer committee. There were 285 patients presented at cancer conferences in 2011 and 284 were prospective presentations. Attendance by specialty, surgery, medical oncology, diagnostic radiology, pathology and radiation oncology are required to attend at least 90% of the conferences throughout the year.

Community Outreach Coordinator

A community outreach coordinator is appointed from within the cancer committee membership. The coordinator monitors outreach activity, annually implements two preventive and early detection programs, and ensures the minimum number of activities required by the Commission on Cancer are met. The coordinator partners with that the American Cancer Society representative on strategies to accomplish community outreach goals. The coordinator reports the outreach activities annually to the cancer committee.

Cancer Registry Quality Control Coordinator

The quality control coordinator reviews, monitors and evaluates the quality of data in the Cancer Data Center.

Random selection of at least 10% of analytic cases are reviewed for data entry, primary site, histology, AJCC clinical stage, collaborative staging data elements, timeliness of abstracting, appropriate treatment following NCCN guidelines and the CAP protocols. The coordinator reports quarterly to the cancer committee.

Quality Improvement Coordinator

The quality improvement coordinator evaluates and implements policies and procedures for improving patient outcomes. The coordinator monitors the quality improvement program activity and reports the findings to the cancer committee and recommends corrective action if the activity falls below the goals or requirements.

Quality Improvement Activities 2011

Implemented as a result of the National Surgical Quality Improvement Program findings:

- Implemented factors to reduce surgical site infections
- Implemented change in surgical site skin
- Press Ganey Scores

Cancer Conferences

Cancer conferences are a key component to the multidisciplinary approach of a Commission on Cancer accredited Comprehensive Community Hospital Cancer Program. Cancer conferences bring the multidisciplinary team together (surgery, medical oncology, radiation oncology, pathology and radiology) to discuss cases recently diagnosed, difficult and of interest. This approach enables the managing physician to discuss patient care with a broad spectrum of specialties.

Case discussion includes the patient medical history, imaging studies, clinical stage and procedures performed. The National Comprehensive Community Network Clinical Practice Guidelines in Oncology are used in case treatment planning.

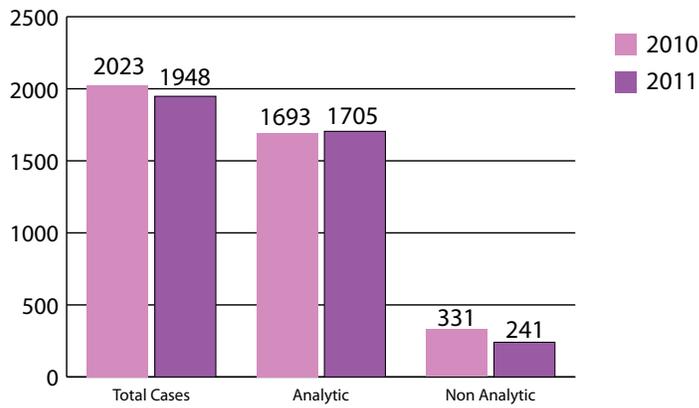
Cancer conferences are used to educate physicians in new techniques, tools and technology in the field of cancer diagnosis and treatment. Physicians and healthcare professionals are encouraged to present their case(s) to any of the conferences.

Day	Title	Contact Person	Phone Number
Tuesday	General Multidisciplinary Conference	Ruby Furumasu	(626)397-2054
Bi-Weekly (1st and 3rd Wednesdays)	Genitourinary Conference	Mays Chua, RN	(626)397-5071
Bi-Weekly (1st and 3rd Thursdays)	Thoracic Conference	Christine Conti, RN	(626)397-2528
Friday	Breast Conference	Nancy Cushing, RN Tina Ivie, RN	(626)397-2526 (626)397-2527

2011 Primary Site Table

Site Group	Total Cases	Class of Case			Sex			Stage					Not Recorded
		Analytic	Non An	Other	M	F	Other	Stage 0	Stage I	Stage II	Stage III	Stage IV	
ALL SITES	1948	1704	241	3	717	1230	1	154	522	419	240	165	146
TONGUE	9	6	3	0	5	4	0	0	3	0	1	1	0
SALIVARY GLANDS, MAJOR	4	4	0	0	2	2	0	0	0	0	0	3	1
FLOOR OF MOUTH	1	1	0	0	1	0	0	0	0	0	1	0	0
MOUTH, OTHER & NOS	4	3	1	0	2	2	0	0	0	1	0	2	0
TONSIL	4	3	1	0	4	0	0	0	1	0	0	2	0
NASOPHARYNX	1	1	0	0	0	1	0	0	0	1	0	0	0
HYPOPHARYNX	2	2	0	0	2	0	0	0	0	0	0	2	0
PHARYNX & ILL-DEFINED	3	0	3	0	2	1	0	0	0	0	0	0	0
ESOPHAGUS	9	8	1	0	5	4	0	0	0	1	2	4	0
STOMACH	18	13	5	0	7	11	0	0	2	2	4	2	0
SMALL INTESTINE	11	10	1	0	5	6	0	0	2	0	4	3	0
COLON	90	76	14	0	48	42	0	3	22	15	21	13	0
RECTUM & RECTOSIGMOID	48	40	8	0	31	17	0	0	8	8	16	3	0
ANUS,ANAL CANAL,ANORECTUM	5	4	1	0	3	2	0	1	0	1	1	0	0
LIVER	28	16	12	0	17	11	0	0	5	2	4	5	0
GALLBLADDER	6	4	2	0	0	6	0	0	0	1	1	1	1
BILE DUCTS	12	10	2	0	6	6	0	1	3	2	1	0	0
PANCREAS	49	42	7	0	25	24	0	0	3	8	6	19	0
RETROPERITONEUM	1	0	1	0	0	1	0	0	0	0	0	0	0
PERITONEUM,OMENTUM,MESENT	3	3	0	0	0	3	0	0	0	0	1	0	1
OTHER DIGESTIVE	1	1	0	0	1	0	0	0	0	0	0	0	1
NASAL CAVITY,SINUS,EAR	1	0	1	0	1	0	0	0	0	0	0	0	0
LARYNX	5	3	2	0	4	1	0	0	2	0	1	0	0
LUNG/BRONCHUS-SMALL CELL	14	12	2	0	7	7	0	0	0	2	2	7	0
LUNG/BRONCHUS-NON SM CELL	129	101	28	0	66	63	0	0	29	14	13	41	0
PLEURA	4	3	1	0	3	1	0	0	0	1	0	2	0
LEUKEMIA	26	18	8	0	15	11	0	0	0	0	0	0	18
MYELOMA	9	7	2	0	5	4	0	0	0	0	0	0	7
OTHER HEMATOPOIETIC	32	9	23	0	19	13	0	0	0	0	0	0	9
SOFT TISSUE	12	10	2	0	3	9	0	0	3	3	3	1	0
MELANOMA OF SKIN	41	37	4	0	22	19	0	3	18	8	5	1	0
OTHER SKIN CA	3	3	0	0	3	0	0	0	0	0	2	0	1
BREAST	615	592	23	0	5	610	0	113	213	181	54	15	1
CERVIX UTERI	10	8	2	0	0	10	0	0	4	0	4	0	0
CORPUS UTERI	81	78	3	0	0	81	0	0	52	5	12	4	0
UTERUS NOS	1	0	1	0	0	1	0	0	0	0	0	0	0
OVARY	45	30	13	2	0	45	0	0	9	5	11	2	0
VAGINA	4	1	3	0	0	4	0	0	1	0	0	0	0
VULVA	9	7	2	0	0	9	0	0	5	1	0	1	0
OTHER FEMALE GENITAL	1	1	0	0	0	1	0	0	0	0	0	0	1
PROSTATE	208	176	32	0	208	0	0	0	10	132	29	4	0
TESTIS	10	9	1	0	10	0	0	0	7	1	1	0	0
PENIS	1	1	0	0	1	0	0	0	0	0	1	0	0
BLADDER	72	64	8	0	52	20	0	33	18	9	3	1	0
KIDNEY AND RENAL PELVIS	83	78	4	1	49	33	1	0	47	7	17	7	0
OTHER URINARY	1	1	0	0	1	0	0	0	0	0	0	0	1
EYE	3	2	1	0	2	1	0	0	0	0	0	0	2
BRAIN	23	21	2	0	10	13	0	0	0	0	0	0	21
OTHER NERVOUS SYSTEM	35	33	2	0	5	30	0	0	0	0	0	0	33
THYROID	58	58	0	0	11	47	0	0	40	2	8	8	0
OTHER ENDOCRINE	19	19	0	0	10	9	0	0	0	0	0	0	19
HODGKIN'S DISEASE	5	5	0	0	2	3	0	0	2	0	1	2	0
NON-HODGKIN'S LYMPHOMA	52	45	7	0	24	28	0	0	13	6	10	9	4
UNKNOWN OR ILL-DEFINED	27	25	2	0	13	14	0	0	0	0	0	0	25

PRIMARY SITE COMPARISON

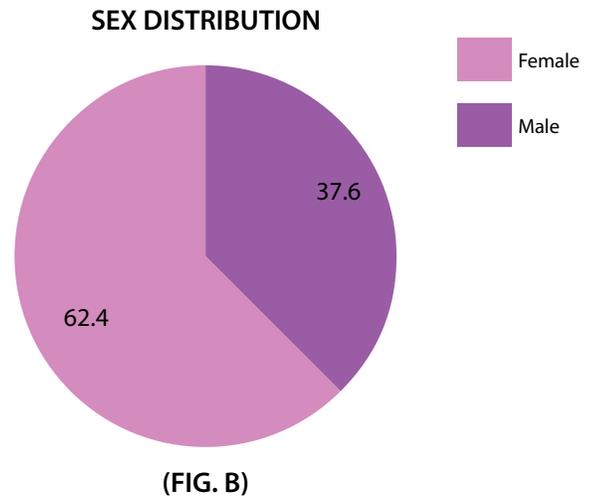
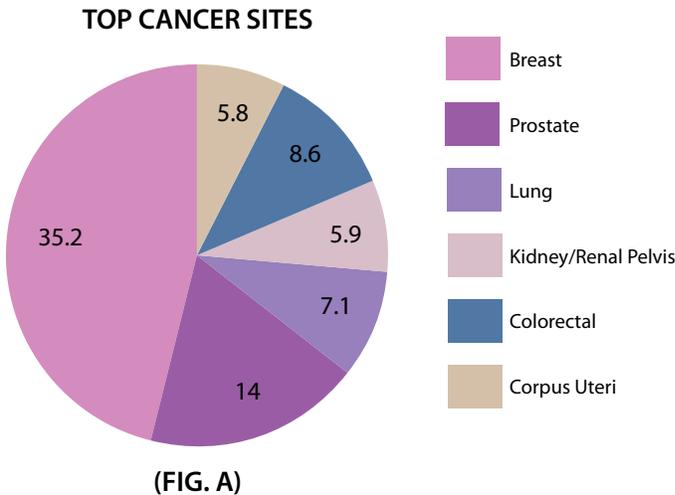


Analytic - Diagnosed and/or first course treatment at Huntington Hospital
Non-Analytic - Diagnosed and treated elsewhere

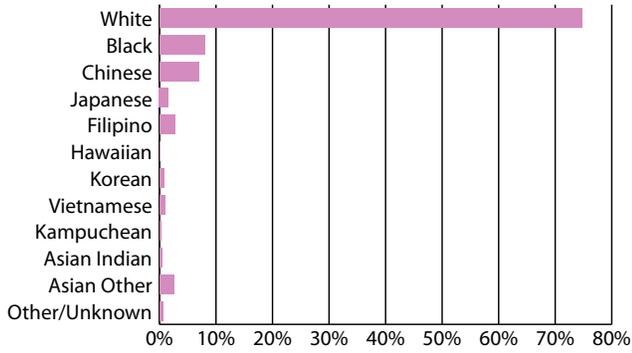
Cancer Site Analysis

In 2011 a total of 1,948 cases were accessioned into the cancer database, 1,704 analytic and 241 non-analytic. The top cancer sites include breast 35.2%, prostate 14%, lung 7.1%, kidney/renal pelvis 5.9%, colorectal 8.6% and corpus uteri 5.8% (fig a).

Females accounted for 62.4% and males 37.6% (fig b) The graphs below demonstrate race-ethnicity (fig c), Spanish origin (fig d), age distribution (fig e) and stage at diagnosis (fig f).

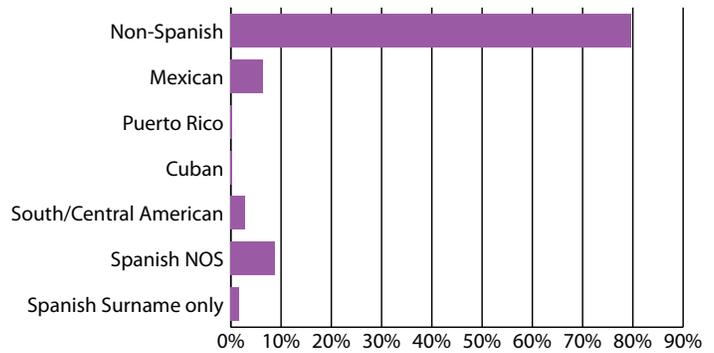


RACE/ETHNICITY – ALL SITES



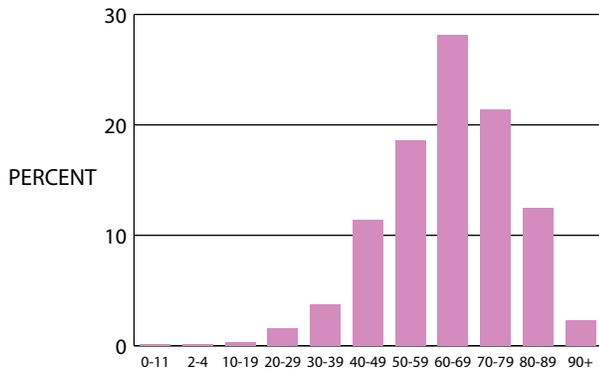
(FIG. C)

SPANISH ORIGIN – ALL SITES



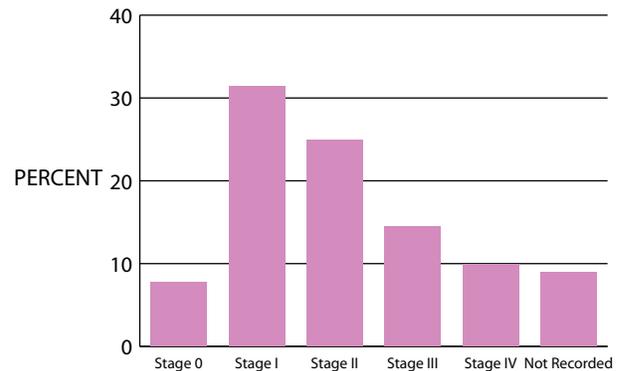
(FIG. D)

AGE DISTRIBUTION AT DIAGNOSIS – ALL SITES



(FIG. E)

STAGE AT DIAGNOSIS – ALL SITES



(FIG. F)

Glossary of Terms

Analytic

Patients diagnosed at the reporting facility and/or received first course of treatment at the facility.

Brachytherapy

Treatment of cancer by placing radioactive sources directly into or next to the area requiring treatment.

Contraceptives

A method or device used to prevent pregnancy.

Estrogen

The main sex hormone in women.

First Course Treatment

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

Laparoscope

A flexible fiber optic instrument passed through a small incision in the abdominal wall and equipped with biopsy forceps, an obturator, scissors or the like with which to examine the abdominal cavity or perform minor surgery.

Lynch Syndrome

Hereditary nonpolyposis colorectal cancer, a type of inherited cancer of the digestive tract .

Menarche

The first menstrual cycle, or first menstrual bleeding, in female humans.

Menopause

The end of monthly cycles (stopping of menstruating), marking the end of reproductive period.

Non-analytic

Patients diagnosed elsewhere.

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 first diagnosed.

Survival Rate

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



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