



Huntington<sup>®</sup>  
Cancer Center

# 2018 Annual Report





## Cancer Committee Membership 2018

**Howard Kaufman, MD**  
Medical Director  
Cancer Program,  
Cancer Committee Chair,  
Quality Improvement  
Coordinator,  
Commission on Cancer  
Physician Liaison,  
General Surgery

**Steven Applebaum, MD**  
Vice Chair  
Cancer Committee,  
Medical Oncology

**Denise Badaruddin, PhD**  
Psychology

**Kapinga Brown, MBA, HCM**  
Director  
Quality, Risk Management  
and Patient Safety

**Sharon Carrillo, CTR**  
Manager  
Cancer Data Center

**Mays Chua, RN**  
Navigator  
Head and Neck, Prostate

**Robbin Cohen, MD**  
Medical Director  
Lung Program, Thoracic Surgery

**Christine Conti, RN**  
Lung Navigator

**Lisa Corbisiero, RN**  
Symptom Management

**Nancy Cushing, RN**  
Breast Navigator

**Irina Dewar, CTR**  
Cancer Conference Coordinator

**Armen Dikranian, MD**  
Urology

**Abilene Enriquez, MD**  
Palliative Care

**Christopher Hedley, MD**  
Director  
Diagnostic Radiology

**Chrissy Kim**  
American Cancer Society

**Suzie Kline, RN**  
Integrative Oncology

**Saskia de Koomen, RN**  
Colorectal and GYN Navigator

**Leah Kurihara, RD**  
Dietician

**Julie Kwon, CTR**  
Cancer Conference Coordinator

**Cynthia Martel, MD**  
Quality Control Coordinator  
Medical Oncology

**Ilin Ohannessian**  
Director  
Ambulatory, Rehab Services  
and Neurosciences  
Administrator

**Barbara Perry, LCSW**  
Psychosocial Coordinator  
Social Services

**Ashleigh Reid, RN**  
Manager  
6 West and Oncology

**Sheryl Rudie**  
Executive Director  
Ambulatory Services,  
Community Outreach  
Coordinator

**Roger Satterthwaite, MD**  
Urology

**Jeannie Shen, MD**  
Director  
Breast Program,  
Breast Surgery

**Sachiv Sheth, MD**  
Pathology

**Maureen Uhlir**  
Manager, Clinical Research,  
Clinical Research Coordinator

**Ruth Williamson, MD**  
Director  
Radiation Oncology,  
Radiation

**Annie Yessaian, MD**  
Gynecologic Oncology,  
Obstetrics and Gynecology

**David Yu**  
Pharmacy



# Huntington Cancer Center – 2018 Year in Review

Howard Kaufman, MD, MBA  
Medical Director, Huntington Cancer Center  
Chair, Cancer Committee

*For decades, Huntington 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 continues to be accredited by the American College of Surgeons Commission on Cancer.*

Every 3 years, the Commission on Cancer requires each participating center to undergo a site visit to determine compliance with CoC eligibility requirements and standards. This structure is designed to ensure that accredited programs can provide patients with appropriate diagnostic, treatment, and supportive services either on-site or by referral to alternate locations. Community outreach and screening programs are also key components of accreditation. During our last site visit in July of 2017, our compliance with 34 standards was evaluated, and we received full accreditation including 4 commendations. At the same time, the Jim and Eleanor Randall Breast Center was evaluated as part of the National Accreditation Program for Breast Centers (NAPBC). Our Breast Cancer Program received accreditation for the third consecutive time since its inception.

## Excellence in cancer care.

Huntington 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. Many of the center’s high-quality outpatient services are located in the beautiful Huntington Pavilion.

Huntington Cancer Center’s care team includes an array of specially trained professionals including physicians, cancer nurse specialists, social workers and dietitians with specialized oncology certification, radiation oncology professionals, nurse specialists, and a licensed cosmetologist. Nurse navigation services help coordinate the potentially complex array of services needed by patients and their families and provide vital education and other support. Our navigation process also continues beyond the acute treatment phase of cancer to now include longer-term survivorship care plans. Palliative care professionals offer an outpatient clinic, located on Huntington Hospital’s campus. 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. The clinical presentation, imaging, and pathology for each presented patient are reviewed, and treatment plans are derived in accordance with the most up-to-



date guidelines from the National Comprehensive Cancer Network (NCCN). In addition to a consensus plan for clinical cancer care, the tumor board also explores options for symptom management, psychosocial needs, genetic counseling, and opportunities for patients to participate in clinical research trials. In 2018, 373 unique patients were formally discussed at our multidisciplinary tumor boards.

A Cancer Committee, comprised of members of Huntington Hospital's medical, administrative, nursing and key support staff, meets quarterly to review the entire program. The committee identifies strategies to satisfy all 34 standards established by the American College of Surgeons Commission on Cancer. Annual goals for the program are set and reviewed, and quality indicators are discussed to identify opportunities for improvement.

As part of ongoing quality review, the committee utilizes quality measures developed by the National Quality Forum. These measures are accepted by the Commission on Cancer, which in turn publishes data regarding hospital performance. Statistics for 2016 were made available in 2018 and showed that the Huntington Cancer Center continued to significantly outperform other California hospitals (consolidated data) with regard to several important quality measures.

### **Integrative Oncology Program.**

This program for East-West medicine was launched in 2013, and demand has continued to rise for complementary therapies as part of cancer care. Complementary medicine is used to describe therapeutic techniques that are not part of conventional medicine (also called "standard" or "western" medicine). Complementary therapies are used as a "complement" or addition to conventional medicine. When complementary medicine is integrated with conventional medical treatment for cancer patients, it is also called "Integrative Oncology." The goal of Integrative Oncology is to balance the whole person — physically, mentally, and emotionally — while conventional medicine does its work. Several studies in cancer patients suggest that complementary medicine



can improve mood and quality of life and relieve symptoms. This stress relief might help the immune system function better and allow patients to better cope with treatment-related side effects.

The Integrative Oncology Program at Huntington Cancer Center continued to grow in 2018 with more than 2,750 patient visits last year (a 19% increase over 2017). This program currently offers acupuncture, massage therapy, hypnotherapy, guided imagery and mindfulness, training in post traumatic growth, music therapy, spirituality and prayer, support groups, and yoga. A study was performed looking at the effectiveness of the post traumatic growth program, with 17 subjects successfully completing the assessment. All showed an increase in post traumatic growth scales and overall reductions in cancer distress scores.

The cancer center also launched a new support program in 2018 through Integrative Oncology — "Beat Cancer Thru Drumming." This group activity is run in association with the Beat the Odds® Program and is designed to cultivate emotional resilience and mental focus while having fun. This 5-week program includes breathing exercises, body movements, personal affirmation, and drumming as well as exploring, expressing, and reflecting on hidden emotions and creativity. We surveyed participants before and after the program and found improvements in mood, energy levels, concentration, a feeling of connectedness to others, memory, and concentration. At the time, participants reported reductions in tension, anxiety, and stress.

## 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 Cancer Center to identify community and nationwide trends. Our cancer physicians and cancer nurse specialists also utilize this data to identify opportunities for further quality enhancements in caring for cancer patients at Huntington Hospital. Our Cancer Data Registry Center regularly participates in studies mandated by the American College of Surgeons Commission on Cancer. Data is formally submitted to the National Cancer Database during the annual “call for data” as well as on an ongoing basis as part of the Rapid Quality Reporting System (RQRS). We began reporting to RQRS in 2012, which allows our program to see real time adherence to quality cancer measures and provides us with opportunities for quality improvement.

a cancer survivor for mentorship, emotional support and guidance. The cancer center provides a variety of monthly workshops, including Return to Wellness workshops — specially designed for cancer patients — in exercise and yoga. A grief group is available for those who have lost a loved one to cancer.

## Reaching out to our community.

Huntington Cancer Center places great emphasis on community outreach and education. In fact, our outreach activities consisting of lectures, screening events, and support groups touched nearly 1,300 people in 2018. Through these efforts, we seek to ensure that local and regional residents are aware of cancer risk factors and symptoms, understand how to reduce their risks 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 Hun-

tington Hospital and other invited national experts who provide information that emphasizes preventive lifestyle choices and early detection. These lectures are offered regularly throughout the year.

In 2018, Huntington Cancer Center continued its valuable partnership with the Herald Cancer Association. This community organization addresses the healthcare needs of Chinese communities in the greater Los Angeles area. Our partnership helps enhance access to cancer care among members of these communities in Huntington Hospital's service area.

Continued outreach to and communication with referring physicians helped us maintain physician satisfaction.

In our lung and colorectal programs, for example, 100 percent post treatment follow-up was again achieved. By ensuring that information regarding diagnosis, treatment and outcomes is swiftly communicated to patients' primary care physicians, Huntington Cancer Center promotes continuity of patient care and further strengthened physician relations community-wide.



## Providing support for patients and their loved ones.

Patient support is an essential component of Huntington 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

## Research — expanding knowledge, enhancing care.

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

The cancer center receives early information regarding new clinical trials in both the United States and Canada. After careful review, our physician investigators select the most promising of these to be offered through our San Gabriel Valley Clinical Oncology Research Program.

Adult cancer patients in our service region who meet eligibility requirements and are interested in taking part in a clinical trial can enjoy significant benefits — and help to advance research in ways that may also impact thousands of other cancer patients in the future. Overall, 121 (6%) of newly diagnosed cancer patients at Huntington Hospital participated in cancer-related clinical trials in 2018.

Huntington 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 2018. 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 5 papers involving cancer care, some of which have also been presented at national scientific meetings and approved for publication in peer-reviewed journals. These research projects involved the study of the records of 238 cancer patients from Huntington Hospital and City of Hope as well as 21,826 unique de-identified patient records from large national surgical quality improvement program databases.



## Update on 2018 Cancer Center Goals:

Huntington Cancer Center is proud to have accomplished all goals established for 2018, as follows:

### **Clinical Goal:**

*Establish a baseline on HPV vaccine compliance.  
Investigate mechanism to broaden compliance by 10%.  
Collect and analyze available data.*

Human Papilloma Virus (HPV) is a common virus that is thought to infect the majority of people in the US. Most individuals are infected after they become sexually active, never know that they have been infected, and are able to clear the virus. However, those who cannot adequately clear the virus are at risk for development of HPV-related cancers.

There are more than 150 subtypes of the virus, and 2 subtypes, 16 and 18, have been proven to cause a variety of cancers including cervical, vaginal, vulvar, penile, anal, and oropharyngeal. In the US from 2011 to 2015, there were an estimated 34,000 cases of HPV-related cancers diagnosed per year. Other HPV subtypes are associated with cervical and anal dysplasia (precancerous changes), anal and genital warts, or common skin warts (mostly occurring on the hands and feet).

The FDA approved an HPV vaccine in 2006. The initial vaccine contained either 2 or 4 subtypes (no live virus), and initial vaccination strategies focused on adolescent females for cervical cancer prevention.



Routine male vaccination was approved for males in 2011. A more advanced vaccine against 9 subtypes was licensed in 2014, and more than 250 million doses of all of these vaccines have been given worldwide.

Unlike other common vaccines given during adolescence which have an approximately 90% compliance rate, HPV vaccination rates are less than 50% across the country. The American Cancer Society has launched an initiative to improve vaccination rates to >80% by 2026 (the 20th anniversary of release of the first HPV vaccine). Huntington Cancer Center has endorsed this program and is committed to increase vaccination rates in our community to help eradicate these preventable cancers. In order to determine our need for targeting specific populations, we obtained data on HPV vaccination rates from our local pediatricians and primary care practices. Preliminary data suggest that 69% of eligible adolescents have been vaccinated. Additional efforts will be made in 2019 to further refine this information, so that we may develop effective educational and access strategies to increase HPV vaccination rates in our community.

**Programmatic Endeavors Goal:**

*Develop recommendations for cancer screening and post our approved guidelines on the hospital website.*

**Rationale:** Cancer screening guidelines have recently changed on many screening sites. Educate our physicians and patients of current guidelines.

Cancer screening guidelines are updated by the American Cancer Society and other partner organizations according to changes in the burden of disease and advances in technology. In order to adequately educate our community on the most recent guidelines for the most common cancers, we asked Cancer Committee members to provide the most recent guidelines, so that we could publish them on our website. These guidelines all went live by the end of 2018. Up-to-date screening guidelines for breast, cervical, colorectal, lung, and prostate cancer can be found at: [www.huntingtonhospital.org/Our-Services/Cancer-Treatment/Screening-Guidelines.aspx](http://www.huntingtonhospital.org/Our-Services/Cancer-Treatment/Screening-Guidelines.aspx)

**Howard S. Kaufman, MD, MBA,**  
Medical Director, Huntington Cancer Center

*Huntington Cancer Center continues to rely on charitable contributions from the community it serves. We are deeply grateful for the more than \$300,000 in donations designated to the center in 2018. These gifts supported essential services and programs, including — for example — the work of our nurse navigators. We are also grateful for philanthropic support to the hospital, which has helped us acquire new state-of-the-art equipment that can be used for all patients, including those with cancer. Gifts designated by the donor to a specific aspect of the cancer center's work are used strictly for that purpose.*



# Colorectal cancer is increasing at alarming rates in young adults.

Gabriel Akopian, MD  
Huntington Cancer Center

*Colorectal cancer is the fourth most common and second most lethal cancer in the United States, accounting for roughly 8% of all new cancers diagnosed and 8% of all cancer deaths. Approximately 4.2% of the population will be diagnosed with colon or rectal cancer during their lifetime.*

**H**istorically, colorectal cancer has been a disease of the older population with a median age at diagnosis of 67. Although the overall incidence of colorectal cancer and death have been decreasing over the past 3 decades, the incidence of the disease among younger patients has been increasing at an alarming rate. Those younger than 55 years of age account for roughly 21% of new colorectal cancer diagnoses and 13% of colorectal cancer deaths. According to the National Cancer Institute, cases of colorectal cancer diagnosed before the age of 50 have increased by 51% since 1994. To make matters worse, these newly diagnosed cancers tend to be discovered at a more advanced stage.

Several factors for this trend are likely at play. Although there is no clear evidence, the increasing rate of colorectal cancer in the younger population parallels the obesity epidemic. Others have variably blamed increasing consumption of sugary drinks, a sedentary lifestyle, alcohol consumption, a low fiber/high fat diet, and increased red meat consumption. An even more interesting idea has linked the microbiome (the diverse community of microorganisms) of the gastrointestinal tract to this increase. A typical gut microbiome may comprise trillions of microbial cells from several hundred different species. This complex ecosystem interacts with the host in many ways, contributing at times to beneficial processes such as nutritional absorption, metabolism, and immunity while at other times contributing to detrimental processes such as carcinogenesis.

## Screening

There are several societies which provide guidelines for physicians to follow when recommending screening for colorectal cancer. The U.S. Multi-Society Task Force (MSTF), which represents the American College of Gastroenterology, the American Gastroenterological Association, and The American Society for Gastrointestinal Endoscopy suggests beginning screening at age 50 for average risk adults (such as those with no family history). The U.S. Preventive Services Task Force, an independent, volunteer panel of national experts in disease prevention and evidence-based medicine also recommend starting screening at age 50. Until recently, the American Cancer Society (ACS) had nearly identical recommendations to the other societies. In response to the increasing incidence of colorectal cancer in younger patients, the ACS changed its screening guidelines in 2018 calling for earlier screening to begin at age 45.

## Future trends

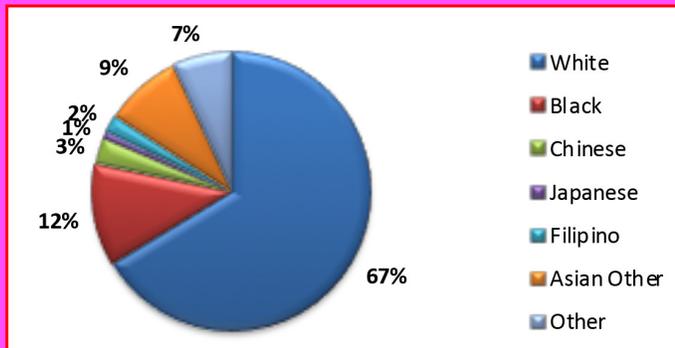
Several changes are taking shape in the diagnosis and treatment of colorectal cancer. New frontiers in genomic medicine and the study of the microbiome are giving us new insight into the development of this disease. Specifically, we are beginning to identify individual bacterial species associated with the development of colorectal cancer.

No doubt, many of the guidelines for screening will continue to evolve and will likely call for even younger adults to undergo screening for this deadly but preventable cancer. For now, we are focused on increasing adherence to already established guidelines. Future recommendations will hopefully help identify and treat younger patients.

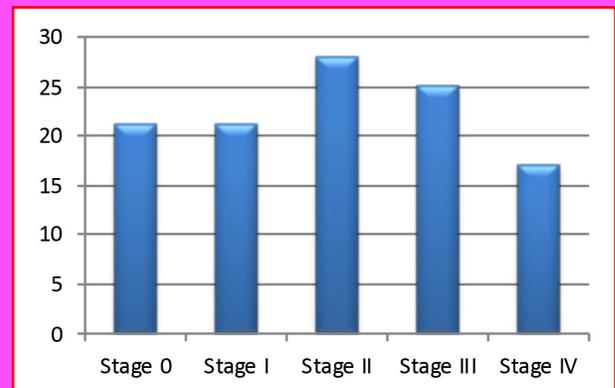


# 2018 Colon Cancer Data Center review

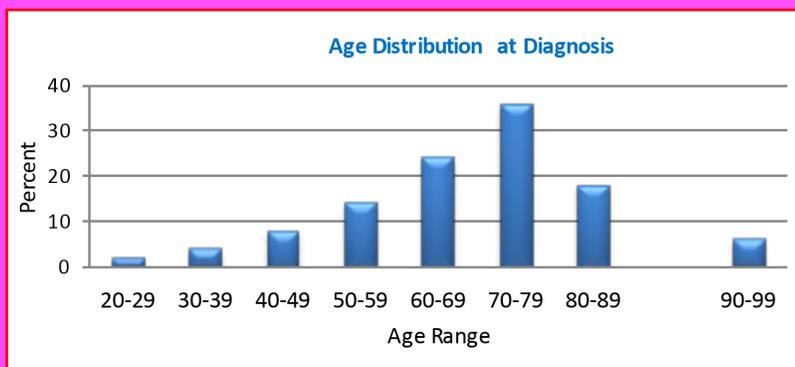
## Race Distribution at Diagnosis



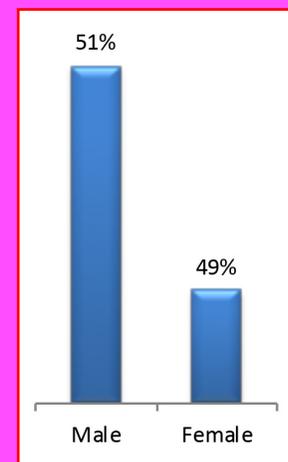
## Stage at Diagnosis



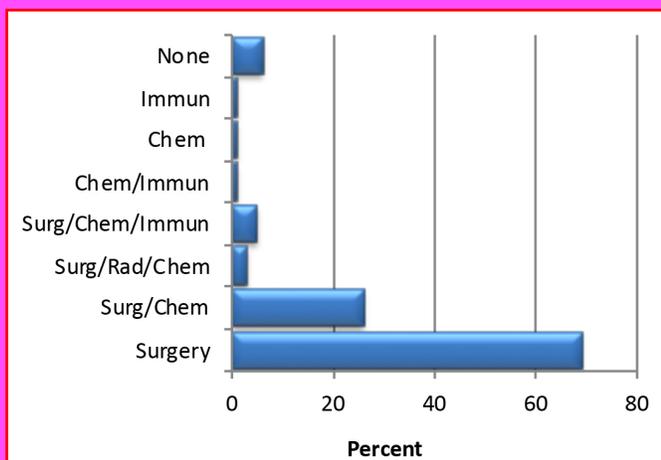
## Age at Diagnosis



## Sex Distribution



## First Course treatment Summary



# Monitoring, measuring and improving the quality of patient care

## Commission on Cancer (CoC) Quality of Care Measures

The CoC quality reporting tool, Cancer Program Practice Profile Reports (CP3R), is utilized to review the quality of patient care at Huntington Hospital. There are 5 measures included in the CP3R table below designate with a measure type of “Accountability” endorsed by the National Quality Forum (NQF).

The most recently released data from the American College of Surgeons on Cancer for these quality measures is for 2016 cases. Huntington Cancer Center’s results demonstrate the dedication of our multidisciplinary team to providing the highest quality of care to our patients.

Primary Site	Measure Type	Measure Description	EPR % 2016
BL2RLN	Surveillance	At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy	100
BLCSTRI	Surveillance	Radical or partial cystectomy; or Tri-modality therapy (Local tumor destruction/excision with chemotherapy and radiation) for clinical T234N0M0 patients, first treatment within 90 days of diagnosis	71
BLCT	Surveillance	Neo-adjuvant or adjuvant chemotherapy offered or administered for patients with muscle invasive cancer undergoing radical cystectomy	100
BCSRT	Accountability	(NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	97
MAC	Accountability	(NQF #0559) Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.	90
HT	Accountability	(NQF #0220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor-positive breast cancer.	99
MASTRT	Accountability	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.	100
nBx	Quality Improvement	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.	92
BCS	Surveillance	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.	72
CBRRT	Surveillance	Use of brachytherapy in patients treated with primary radiation with curative intent in any stage	86
CERRT	Surveillance	Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer	89
CERCT	Surveillance	Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2)	100
ACT	Accountability	(NQF #0223) Adjuvant chemotherapy is recommended 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	100
12RLN	Quality Improvement	(NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	95
ENDCTR	Surveillance	Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer	100
ENDLRC	Surveillance	Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV	87
G15RLN	Quality Improvement	At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	85
PD1RLN	Surveillance	Pediatric Measure: At least 1 regional lymph node is removed and pathologically examined for primarily resected unilateral nephroblastoma	No Data
10RLN	Surveillance	At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC	76
LCT	Quality Improvement	Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.	100
LNoSurg	Quality Improvement	Surgery is not the first course of treatment for cN2, M0 lung cases	100
OVSAL	Surveillance	Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer	89
RECRCT	Quality Improvement	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.	100

# Further enhancing cancer care for our community



## Prevention and screening programs

- Breast Cancer Awareness Event
- Breast Cancer Prevention Outreach to Chinese Community
- Employee Wellness Fair
- Low Cost Mammograms
- Lung Screening
- Pasadena Goes Pink for Breast Cancer
- Pink Ribbon Event for Chinese Community

## Clinical staff education programs

**Colorectal Cancer Update: New Screening Recommendations and Strategies for Improving Outcomes**

**Speaker:** *Howard Kaufman, MD*

**Breast Cancer Genetics**

**Speaker:** *Richard Frieder, MD*

**AJCC 8th Edition Cancer Staging**

**Speaker:** *Cynthia Martel, MD*

## Studies of quality

### Press Ganey Survey

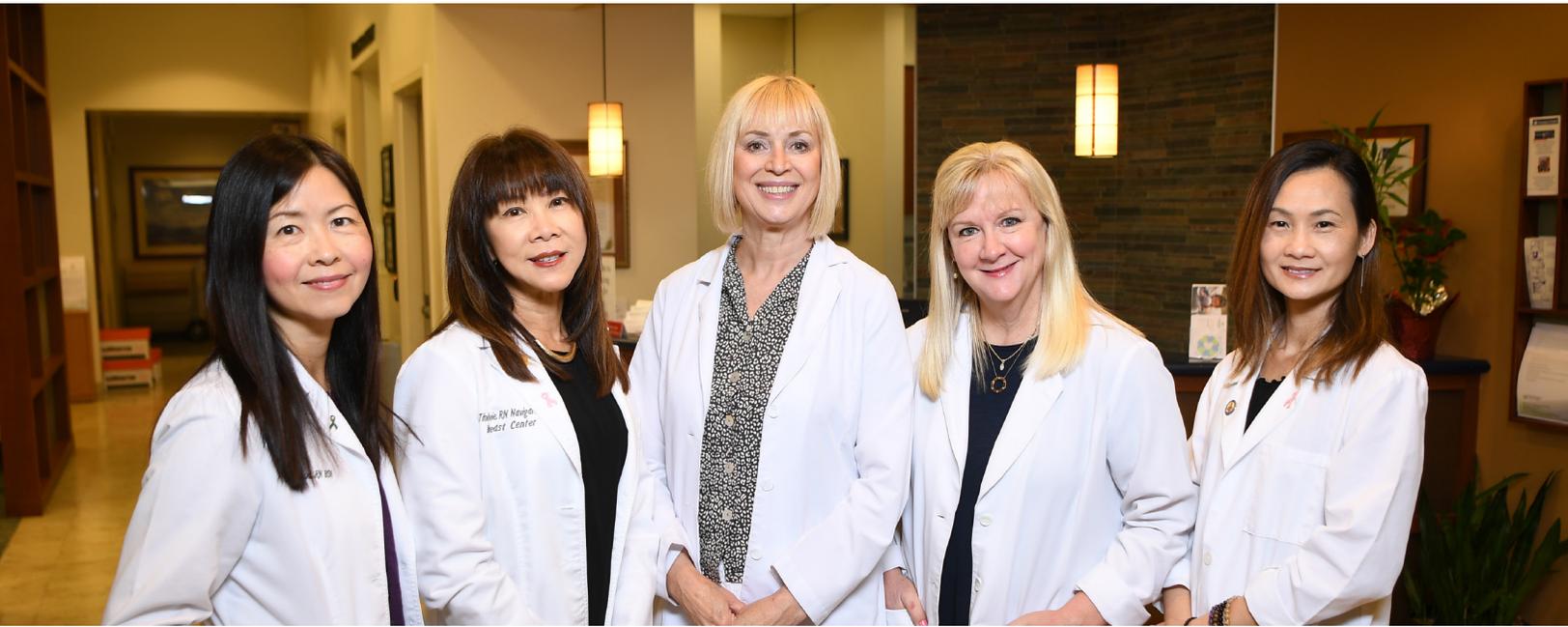
Survey results revealed breast cancer patients were dissatisfied with the process in place from the time of localization wire placement to surgery. The process was reviewed, and the procedure was revised. Promoting patient enhancement and improvement. Results presented to cancer committee for evaluation.

### Papillary and Complex Sclerosing Lesions

Papillary and complex sclerosing lesions diagnosed on biopsy are routinely managed by surgical consultation with high rates of excision. Anecdotally, most of these excisions show benign features. Therefore, determination of rates of upstaging to a malignant lesion were reviewed. Results presented to cancer committee for evaluation.

### Does the Use of Pre-Operative Antibiotics Lower the Risk of Ileus After Colorectal Surgery?

Patients undergoing colectomies for cancer in 2015 were reviewed. Results presented to cancer committee.



## Multidisciplinary cancer conferences

The following conferences are available to physicians and staff at Huntington Hospital:

- Breast conference
- Genitourinary conference
- General conference
- Thoracic conference

## Monitoring compliance with evidence-based treatment guidelines

The Quality Control Coordinator reviewed thirty-three Her2 positive breast cancer patients to see if treatment with chemotherapy and trastuzumab were administered. Results were presented to Cancer Committee for evaluation.

A second review consisted of triple negative receptor breast cancer patients were treated following the National Comprehensive Cancer Network guidelines. Results presented to cancer committee for evaluation.

## Quality improvements

The pre-operative use of oral antibiotic prophylaxis (POAP) to decrease ileus after colorectal surgery was implemented.

Facilitate guidance to Enhanced Recovery after Surgery (ERAS) and increase usage of the pathways.

The process and procedure of breast cancer patients undergoing localization of wire placement was

revised. The radiologists were scheduled at earlier times to ensure the localization was complete and surgery started on time. Patient registration to be completed the day prior to scheduled surgery.

## Cancer Program goals

**Clinical Goal:** Establish a baseline on HPV vaccine compliance. Investigate mechanisms to broaden compliance by 10 percent.

**Programmatic Goal:** Develop recommendations for cancer screening guidelines and post them on Huntington Hospital's website.

## Supportive services

- Nurse Navigation
- Nutritional Guidance
- Palliative Care
- Personal Appearance
- Social Services
- Spiritual Care
- Support Groups
- Rehabilitation

