

Dorothy E. Schneider Cancer Center



We Plus You

2013 Annual Report



ROBERT MERWIN MILLS-PENINSULA CEO



Mills-Peninsula Health Services and our Dorothy E. Schneider Cancer Center are committed to excellence in cancer care and state-of-the-art technology to meet our community's needs.

In 2013, we continued to invest in the technology that helps us offer world-class care close to home. Our TrueBeam linear accelerator was upgraded. And we launched our campaign to add a 4D PET/CT scanner, which will work in tandem with the TrueBeam to improve the accuracy of each treatment and the machine's ability to adjust to individual patient movements during treatment.

We also brought greater expertise to key areas of cancer care. We started a multidisciplinary GI Tumor Board and cancer clinic where a team of experts work together to tailor an individual treatment plan for each patient with cancer in the pancreas, liver, stomach, small intestine, esophagus, colon or rectum.

For women at increased risk of breast cancer, we started the Breast Cancer High Risk Program, which provides women with an in-depth evaluation and prevention plan tailored to their individual risk factors.

Our report focus this year is on the cancer center's gastrointestinal cancer program. As you'll see we have an excellent record for early treatment.

Our cancer center is known for compassionate, holistic patient care that includes the most advanced treatments. With that foundation, we are now strengthening our ability to record and report our progress, and to expand our role in cancer research. We're providing the support our expert doctors need to participate in cancer clinical trials.

At Mills-Peninsula and the Dorothy E. Schneider Cancer Center, we provide the information, the expertise and the technology that our patients need to navigate their treatment journey. We partner with our patients, and the results are outstanding outcomes. I hope you find this report about our cancer care informative and helpful.

A handwritten signature in black ink that reads "Bob Merwin". The signature is written in a cursive, flowing style.

CANCER COMMITTEE MEMBERSHIP 2013

Role	Member Name
Committee Chair/Medical Oncologist Liaison Physician/Surgical Oncologist Diagnostic Radiologist Pathologist Radiation Oncologist Interventional Radiologist	Brian Henderson, MD Kimberly Dalal, MD Gregory Lim, MD Keith Duncan, MD Stephen Weller, MD Gregory Lim, MD
Cancer program Administrator Oncology Nurse Social Worker or Case Manager Certified Tumor Registrar (CTR) Quality Management Representative Palliative Care Team Member	Bonnie Quinonez, MSA-HCM Marie Rinaldi RN, MS Victoria Erslovas, LCSW Lisa Syrett, CTR Bonnie Holland, RN Suzanne Pertsch, MD
Cancer Conference Coordinator Quality Improvement Coordinator Cancer Registry Quality Coordinator Community Outreach Coordinator Clinical Research Coordinator Psychosocial Services Coordinator Genetic Counselor	Lisa Syrett, CTR Brian Henderson, MD Stephen Weller, MD Jennifer Vickerman RN, MS Sue Neale-May RN, BSN, CCRC Penney Mitchell, LCSW Melissa Mills, MS, CGC, LGC
Registered Dietitian Pharmacist Rehabilitation Representative Pastoral Care Representative American Cancer Society Staff Representative	Debbie Kurzrock, RD Kamran Shirazi, R.Ph. Tiffany DeAsis, PT Sam Ortega, Hospital Chaplain Cheryl Sinclair

2013 PROGRAM IMPROVEMENTS

Brian Henderson, M.D., Cancer Program Medical Director
Bonnie Quinonez, MSA-HCM, RHIT, CTR, Director, Cancer Center

The Dorothy E. Schneider Cancer Center at Mills-Peninsula Health Services (MPHS) is proud of the many successes that have been achieved during 2013. From new patient programs to the latest technology, the cancer center continues to provide our community with the most advanced treatments available in a healing environment that meets the physical, psychosocial and emotional needs of patients and their families.

The cancer center continues to see growth in our ancillary programs, including multispecialty treatment clinics, clinical research, genetic counseling and dietary support. In addition, MPHS has a strategic planning committee consisting of physicians, nurses and administrative leaders who are committed to developing the course for the future of our cancer program.

RESEARCH PROGRAM

The Dorothy E. Schneider Cancer Center participates in clinical trial research with the National Cancer Institute, pharmaceutical companies and physician-initiated studies. This allows our patients to enroll in a variety of prevention, screening and treatment studies, which lead to the most innovative and cutting-edge treatment options.

Our research program was re-organized in 2013 to better align with our goal of improving research and ensuring compliance with good clinical practice guidelines and FDA regulations. A dedicated cancer research nurse was hired, and began the process of standardizing procedures. We set up the Collaborative Institutional Training Initiative (CITI) to train research physicians and staff. This year, physicians are using their expertise to initiate clinical trials in areas to better the health of our oncology patients. MPHS continues to partner with Sutter Health affiliates to strengthen our research program, keeping us on the forefront of technology.

In addition, with collaboration from our research team, we designed our own clinical trial to study the effects of a nutritional product in head, neck or thoracic cancer patients while undergoing treatment. We have already enrolled two patients and plan to recruit up to 40.

We are also in negotiations to participate in a tissue banking program to open the doors to future discoveries in cancer care.

CANCER REGISTRY PROGRAM

Cancer registries are critical for improved understanding, early detection and treatment of the types of cancer affecting people throughout the U.S., and in our region. The cancer program increased our registry staff in 2013 to keep pace with the advanced level of data collection and to maintain the high level of case reporting and follow-up timeliness that has made our program a success. Cancer registrars are nationally certified experts who provide data management for newly diagnosed cancer cases, as well as critical follow-up information regarding disease status and treatment outcomes for our patients. The cancer program at Mills-Peninsula Health Services maintains data on more than 30,000 cases, and added 1,061 new cases in 2012 while maintaining quality reporting (see below).

ACoS~Timeliness of Case Reporting



Chart 1: Accurate case specific information within 4-6 months of diagnosis is required for all analytic cases and compliance is monitored. (Note: 2013 is to date only)

ACoS~Timeliness of 5 Year Follow-up



Chart 2: Accurate follow-up data is collected to enable the program to compare outcomes with regional, state and national statistics. Compliance requires follow-up information is obtained at least annually for all analytic cases. (Note: 2013 is to date only)

2013 NEW PROGRAMS

Kimberly Moore Dalal, M.D., FACS Cancer Liaison Physician

MULTIDISCIPLINARY GASTROINTESTINAL (GI) TUMOR BOARD AND CANCER CLINIC

In 2013, the cancer center launched a multidisciplinary clinic and tumor board for patients with newly diagnosed or recurrent gastrointestinal cancers, arising from the pancreas, liver, stomach, small intestine, esophagus, colon or rectum.

Cases are presented to the Multidisciplinary GI Tumor Board. The patient's medical history, radiologic studies, endoscopic studies and pathology results are reviewed by the multidisciplinary board, which includes a surgical oncologist, medical oncologist, radiation oncologist, interventional radiologist, pathologist, gastroenterologists, GI nurse navigator, clinical trials nurse, physician liaison and primary care physicians. A comprehensive, prospective treatment plan is tailored to each patient based on the extent of disease and other medical problems. This Tumor Board occurs on the 2nd and 4th Tuesdays of the month at Mills-Peninsula Medical Center, 1501 Trousdale Drive, Burlingame.

After this meeting, patients and their families attend the Multidisciplinary GI Cancer Clinic and meet individually with the people who may be involved in their treatment journey:

- A **surgical oncologist** reviews the patient's personal history and performs an examination. This doctor then discusses surgical treatment options for cure. Surgeries are performed with two board-certified general surgeons, and often by our two fellowship-trained surgical oncologists, Dr. Kimberly Dalal and Dr. Aziz Ahmad. Whenever possible, procedures are performed minimally invasively, laparoscopic or robotic-assisted to speed recovery.
- A **medical oncologist** also meets with the patient to discuss options for chemotherapy or targeted therapy. Our oncology team includes Dr. Kent Adler, Dr. Brian Henderson, Dr. Bradley Ekstrand and Dr. Karen Chee, who go over the best plan for chemotherapy and/or targeted therapy for each patient.
- One of our **radiation oncologists**, Dr. Stephen Weller or Dr. Al Taira, meets with each patient to discuss the role for radiation therapy and its unique targeted approach that uses the latest technology to tailor an individualized treatment plan.
- A GI nurse navigator, one of our **clinical nurse specialists**, coordinates the visits with the physicians and provides educational information to the patient.

At Mills-Peninsula Health Services and the Dorothy E. Schneider Cancer Center, we are able to provide state-of-the-art care to well-informed patients close to their homes.

BREAST CANCER HIGH RISK PROGRAM

In January 2013, the cancer center started our Breast Cancer High Risk Program to provide monitoring and education to women who are at an increased risk of developing breast cancer. Women are considered at an increased risk if they have:

- A diagnosis of atypical ductal hyperplasia (ADH), Lobular Carcinoma in Situ (LCIS) or lobular neoplasia
- A known BRCA1 or BRCA2 mutation or family member with a known mutation
- Two first-degree relatives diagnosed with breast cancer, at least one who was 50 or younger
- First-degree relative diagnosed with ovarian cancer
- Multiple first- or second-degree relatives with breast and/or ovarian cancer

The Breast Cancer High Risk Program provides women with an in-depth evaluation tailored to their individual risk factors. The program also works as a partner with a woman's primary care doctor and OB/GYN to provide a personally tailored plan to manage her increased risk. During the appointment, a woman will meet with:

- A breast surgeon to review personal and family history, as well as perform a clinical breast exam. The surgeon provides options to manage increased risk such as intensive surveillance, chemoprevention and prophylactic surgery.
- A breast health clinical nurse specialist to discuss lifestyle modifications that reduce breast cancer risk. The nurse specialist makes referrals to community agencies that help support the patient in making these lifestyle changes.
- Clinical research staff, to determine if there are appropriate risk- reduction research trials

Women will be referred to a genetic counselor if they have a personal/family history that suggests a hereditary cancer syndrome.

CANCER PROGRAM OUTCOMES

CANCER PROGRAM PRACTICE PROFILE REPORTS (CP3R)

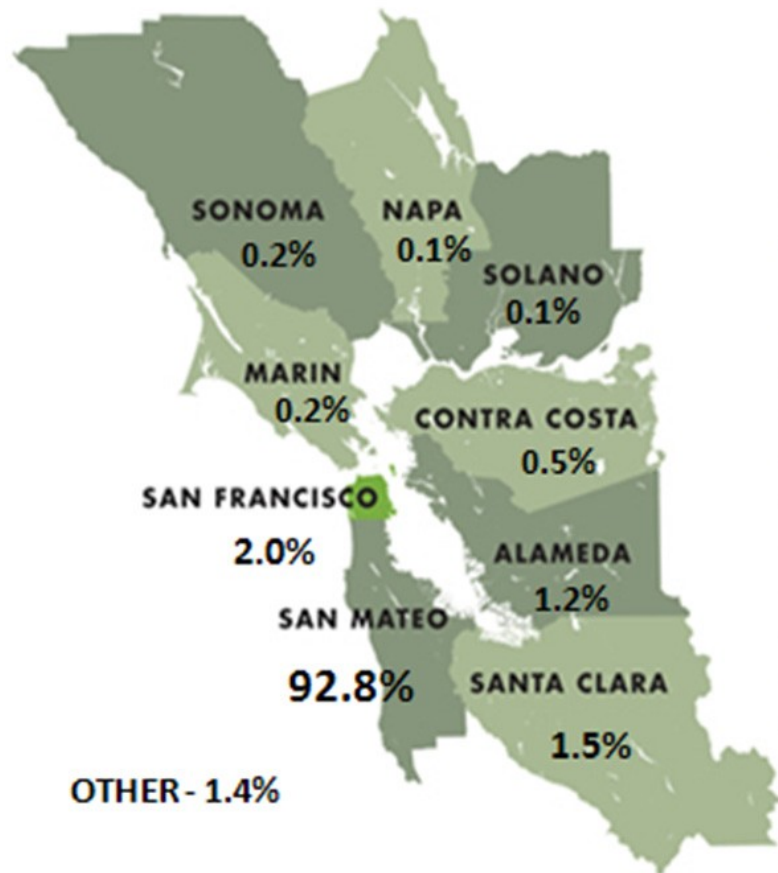
The Cancer Program Practice Profile Reports (CP3R) is a quality reporting tool from the National Cancer Data Base of the Commission on Cancer (CoC) that is used to measure compliance of cancer care as compared to nationally accepted measures. Each year, the cancer committee reviews Mills-Peninsula's performance using the CP3R to demonstrate that our performance rate is equal to or greater than the rate specified by the CoC.

NATIONAL CANCER DATA BASE 2011 MEASURES

Outcome Measure	MPHS	Performance Target
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	92.6%	≥ 90% or upper bound of 95%
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0Mo, or stage II or III hormone receptor positive breast cancer.	98.5%	≥ 90% or upper bound of 95%
Adjuvant chemotherapy is considered and 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%	≥ 90% or upper bound of 95%
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical pathological AJCC T4N0M0 or stage III receiving resection for early rectal cancer.	100%	Not established

WHO WE SERVE – 2012

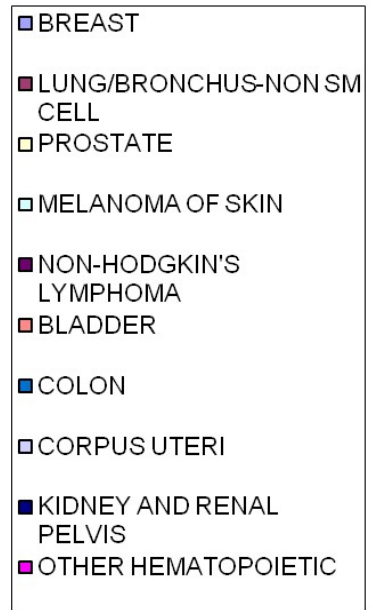
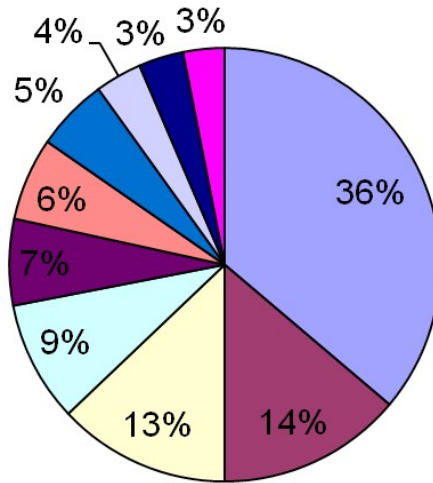
Cancer continues to be one of the leading causes of death in San Mateo County and in California. In 2012, there were 1,061 new cancer patients at MPHS, 93 percent of whom reside in San Mateo County. MPHS serves approximately 25 percent of cancer patients in San Mateo.



OUR ANALYTIC CASES BY DISEASE SITE – 2012

The Mill-Peninsula Health Services Cancer Program serves the needs of our community and surrounding areas. The chart below reflects the specific sites of the 1,061 cancer patients served in 2012.

Top 10 Sites



OUR ANALYTIC CASES BY AGE – 2012

This graph displays the age at diagnosis among the top 10 sites diagnosed in MPHS. For 2012, breast cancer has the youngest population, with half of those diagnosed with breast cancer below 63 compared to 70 for all other cancers.

