Mills-Peninsula’s Dorothy E. Schneider Cancer Center is renowned for expert and compassionate patient care, state-of-the-art technology and a soothing environment designed to promote healing.

With an outstanding team of staff and physicians leading the way, we continue to introduce new programs and invest in the latest technologies that help us deliver world-class cancer care right here in our local community.

As you will read in this year’s report, Mills-Peninsula has pioneered treatments, such as prostate brachytherapy, which implants radioactive seeds inside the body to directly target cancer cells. We also offer stereotactic radiosurgery with the Varian TrueBeam STx, a noninvasive targeted treatment that reduces radiation exposure to surrounding tissues.

We were early adopters of emerging technologies, including digital tomosynthesis for finely detailed 3D mammography, accelerated partial breast radiation for speedier radiation treatments and we had one of the first integrated PET/CT simulators in California.

Mills-Peninsula’s Cancer Center also keeps developing new approaches to cancer prevention. In March of 2015 we launched low-dose computed tomography as an additional service for lung cancer prevention. We also offer a Breast Cancer High-Risk Program that monitors women at increased risk for developing breast cancer, and helps reduce that risk as much as possible.

After our patients finish active treatment, we are still by their side with supportive services. This year we introduced a cancer survivorship program to help survivors transition from treatment to the next phase in their healing journey. At the conclusion of treatment, patients work one-on-one with a nurse navigator to connect to community resources and other healing support services. We also launched a pilot program called the Enhanced Recovery After Surgery for Colorectal Patients, designed to improve health outcomes for colorectal surgery patients.

In this report you will also hear from two of our patients who, with the help of their care team at Mills-Peninsula, beat cancer and are once again pursuing their passions.

Since we opened the Cancer Center in 2000, we have maintained a strong commitment to advancing quality and technology, while keeping our patients and their families at the center of everything we do.

I am proud of the talent and vision of our Cancer Center physicians and staff and of our clinical outcomes that exceed national benchmarks, year after year. I’m also deeply grateful to our patients who choose to partner with us on their healing journey.

Janet Wagner, CEO
CANCER PROGRAM TEAM 2015
Our multidisciplinary team works together to ensure we provide the highest level of care

<table>
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<tr>
<th>Role</th>
<th>Member Name</th>
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<tr>
<td>Committee Chair/Medical Oncologist</td>
<td>Bradley Ekstrand, M.D.</td>
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<td>Kimberly Dalal, M.D.</td>
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<td>Diagnostic /Interventional Radiologist</td>
<td>Clay Napper, M.D.</td>
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<td>Pathologist</td>
<td>Keith Duncan, M.D.</td>
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<td>Radiation Oncologist</td>
<td>Al Taira, M.D.</td>
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<tr>
<td>Medical Director, Breast Imaging</td>
<td>Harriet Borofsky, M.D.</td>
</tr>
<tr>
<td>Medical Director, Breast Cancer Services</td>
<td>Andrea Metkus, M.D.</td>
</tr>
<tr>
<td>Cancer Service Line Administrator</td>
<td>Laura Arroyo, MPH</td>
</tr>
<tr>
<td>Oncology Nurse</td>
<td>Elvie Vengco, R.N., BSN</td>
</tr>
<tr>
<td>Social Worker/Case Manager</td>
<td>Victoria Erslovas, LCSW</td>
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<tr>
<td>Certified Tumor Registrar (CTR)</td>
<td>Lisa Syrett, CTR</td>
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<tr>
<td>Quality Management Representative</td>
<td>Bonnie Holland, R.N.</td>
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<tr>
<td>Palliative Care Team Member</td>
<td>Suzanne Pertsch, M.D.</td>
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<tr>
<td>Cancer Conference Coordinator</td>
<td>Lisa Syrett, CTR</td>
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<td>Quality Improvement Coordinator</td>
<td>Lalaine Durand, R.N., CCRP</td>
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<tr>
<td>Cancer Registry Quality Coordinator</td>
<td>Al Taira, M.D.</td>
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<td>Community Outreach Coordinator</td>
<td>Jennifer Vickerman, R.N., M.S.</td>
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<tr>
<td>Clinical Research Coordinator</td>
<td>Lalaine Durand, R.N., CCRP</td>
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<tr>
<td>Psychosocial Services Coordinator</td>
<td>Victoria Erslovas, LCSW</td>
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<tr>
<td>Genetic Counselor</td>
<td>Sharon Chan, M.S., LCGC</td>
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<tr>
<td>Registered Dietitian</td>
<td>Debbie Kurzrock, R.D.</td>
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<tr>
<td>Pharmacist</td>
<td>Kamran Shirazi, R.Ph.</td>
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<tr>
<td>Rehabilitation Representative</td>
<td>Tiffany DeAsis, P.T.</td>
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<tr>
<td>Pastoral Care Representative</td>
<td>Sam Ortega, Chaplain</td>
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<td>American Cancer Society Representative</td>
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Mills-Peninsula Health Services is accredited with commendation by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS)
# Mills-Peninsula Cancer Program Services

**Providing a complete array of care and support during your cancer treatment and beyond**

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## Chemotherapy and Infusion Treatment

### Radiation Oncology Services
- Stereotactic Ablative Radiation Therapy (SABR/SBRT)
- Stereotactic Radiosurgery
- Real-time Motion Management Techniques and Tumor Tracking
- Image-Guided Radiation Therapy
- High-Dose Rate (HDR) Brachytherapy for Accelerated Partial Breast Irradiation
- Low-Dose Rate (LDR) Brachytherapy
- PET/CT On-site

## Surgical Services
- Cancer Surgery/Fellowship-Trained Surgical Oncologists
- Minimally Invasive Surgery
- Robotic-Assisted Surgery

## Comprehensive Breast Services
- 3D Mammography/Tomosynthesis
- Core Needle Biopsy — Stereotactic and Ultrasound
- High-Risk Breast Clinic
- Multidisciplinary Breast Cancer Clinic

- Low-Dose CT Lung Cancer Screening

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CUSTOMIZED CANCER CARE
We specialize your care to suit your unique needs

At Mills-Peninsula Health Services, we provide state-of-the-art cancer treatment in a healing setting that meets the physical and emotional needs of you and your family. You’ll work with doctors, nurse navigators and staff who provide personalized care designed for your comfort and well-being. We stand by you throughout your treatment journey. A few examples of the options we offer to customize your care include:

**Breast and Gastrointestinal Cancer Clinic.** We offer specialized treatment planning in which each member of your medical team provides individual consultations with you on the same day. This may include a surgeon, a medical oncologist, a radiation oncologist, a plastic surgeon and a nurse navigator to guide you through the process. This same team reviews each new diagnosis, working together to create the most effective treatment plan for you.

**Prostate Brachytherapy.** Mills-Peninsula is a pioneer in the use of highly targeted implanted radioactive seeds to treat early stage and more advanced prostate cancer. Our providers are among the most experienced on the West Coast. We were an early adopter of real-time planning, integrating intra-procedural ultrasound imaging with computer-modeled dose distributions to increase the accuracy and effectiveness of the treatment. Prostate brachytherapy, which is not available at all cancer centers, is a highly convenient and effective treatment option for men with lower-risk disease and a powerful tool as part of integrated treatment for men with higher-risk disease.

**Stereotactic Radiosurgery.** Radiosurgery is a noninvasive treatment that can remove tumors and cancers without a surgeon having to cut into the body. Mills-Peninsula doctors use an advanced technology called the Varian TrueBeam™ STx radiosurgery system to deliver a precise dose of radiation to the tumor. The radiation surgery ablates a targeted area while limiting radiation exposure to surrounding normal tissue. This can significantly shorten length of treatment for suitable patients and can increase effectiveness of treatment.

**Breast Cancer High-Risk Program.** Women who are at high risk of developing breast cancer live with daily stress and worry. Yet no one should have to sit back and wait for a possible diagnosis. At Mills-Peninsula Health Services, we offer a Breast Cancer High-Risk Program that monitors women at increased risk, and helps reduce that risk as much as possible. We provide an in-depth evaluation based on a woman’s individual risk factors. Our staff works in partnership with your primary care doctor and OB/GYN to provide you with a personally tailored plan to manage your risk.
**Genetic Counseling.** Our on-site genetic counselor will help guide you through the complexity of understanding how genetics may affect the decisions you make regarding your cancer treatment. The genetic counseling team may:

- Provide risk assessments based on personal and family history
- Coordinate genetic testing to detect genetic mutations that are associated with cancer risk
- Provide education, support and resources for families with a hereditary syndrome or a strong personal and/or family history of cancer
- Make recommendations for cancer screening and management based on a genetic mutation or family history

**High-Dose Rate Breast Radiation.** High-dose rate radiation brachytherapy lets doctors insert radioactive material directly in or near cancerous tissue. This internal radiation can dramatically shorten treatment time and may result in fewer side effects. For breast cancer, radioactive seeds are inserted through a catheter directly into the breast where the tumor was removed. The seeds deliver a highly targeted dose of radiation to this area, called the tumor bed, for a few minutes, and then they are removed. Catheter brachytherapy is done twice a day for five days. This is an outpatient procedure, so patients can go home between treatments. Doctors typically use high-dose breast radiation on smaller tumors with clear margins. It takes far less time than external beam radiation, which is given five days a week for five or six weeks.

**Lymphedema Clinic.** At Mills-Peninsula, we offer a combination of lymphedema therapy and self-care education, the only program of its type on the Peninsula. Our therapists use Complete Decongestive Physiotherapy, a painless, noninvasive treatment that includes:

- Proper skin and nail care to reduce risk of infections
- Manual lymph drainage — a gentle manual technique that routes lymph fluid away from the obstructed area toward adjacent functioning lymph nodes
- Specialized compression bandaging
- Remedial exercises or exercises that address related orthopedic dysfunctions and improve lymphatic flow
- Instruction in self-care techniques, including self-manual lymph drainage and self-bandaging

**Financial Counseling.** During a serious illness such as cancer, people are often concerned about finances. Depending on your treatment, you may want to take time off work. You may need personal assistance. Our qualified financial counselors provide the information and resources you need to manage your finances so you can concentrate on your cancer treatment and recovery.
Our financial counselors provide:

- Estimates for future treatments, co-pays and deductibles based on diagnosis and chosen treatments
- Help with questions about medical bills and payment history
- Guidance on health insurance benefits and obligations
- Help completing paperwork for patient-assistance programs
- Advice through the appeals process, if your insurer denies coverage
- Aid to the business office in resolving claims issues
- Help finding financial assistance if you are uninsured

If you have limited resources, it’s important to know that many national and local organizations help people with cancer in different areas of their lives. Some pharmaceutical companies provide grants and assistance with the costs of medication. There are also government programs that allow uninsured or underinsured people with certain cancers to immediately enroll in state health plans.
MARLOWE CONDE
Breast Cancer Survivor

“I was in a meeting when I got the call. It was gut wrenching, like being sucker punched,” breast cancer survivor Marlowe Conde says of receiving the news that she had breast cancer. “I cried. One of my co-workers followed me out of the meeting and gave me a bear hug.”

Marlowe counts the continuing support she received during her diagnosis and treatment as key to her recovery. From the time she first got her diagnosis in January 2008 through her surgery, chemotherapy and radiation, she always had friends with her.

When Marlowe met with her team of doctors — surgeon Andrea Metkus, M.D., oncologist Brian Henderson, M.D., and radiation oncologist Stephen A. Weller, M.D., she brought a friend to help her absorb the information and terminology. Her experience as an information developer/technical writer also helped. She kept detailed records of her treatment, and recorded her meetings with the doctors.

“That way I could listen back at my leisure. It’s pretty overwhelming. It’s all new terminology,” she says.

One of the things she learned was that she had been diagnosed with HER2 positive ER negative breast cancer. HER2 positive cancers grow more quickly and have a higher chance of recurrence. For this reason, she had an extra year of chemotherapy. Following this, she had radiation therapy starting just four days before her 60th birthday.

Through all her treatments, Marlowe attended patient support groups, which proved invaluable. Whether it was getting tips on making it through chemotherapy or gathering strength from a survivor, support groups fueled Marlowe’s recovery. She attended her first support group a week before her surgery, and one of the attendees was just two weeks out of surgery.

“I thought, well it didn’t debilitate her,” says Marlowe. “If she can do it, I can. She clearly felt strong enough and found enough value in the group to get out of bed and come.”

Once her own treatment was underway, Marlowe was able to be a mentor and resource to other patients beginning cancer treatment. “I know how scared you feel when you’re first diagnosed,” says Marlowe. “I’ve been able to give back.”

Now cancer-free, Marlowe is planning to retire and move to Vancouver, Wash. If there isn’t a cancer support group near her new home, she plans to start one.

“I think that a big part of my recovery was the support I got in the group,” says Marlowe. “I want to give back by helping others with cancer.”
LAVERNE HENDRICKS
Mammogram revealed early cancer

When Laverne Hendricks’ annual mammogram showed a small lump in 2013, she’d been half-expecting the diagnosis for decades. Her sisters, both heavy smokers, had died in their 50s, one from breast cancer and the other from ovarian cancer.

To better her own odds, Laverne, 72, had lived healthfully and gotten mammograms each year at the Mills-Peninsula Women’s Center. Still, with every screening the retired nurse wondered, would this be the year? “When it finally happened, I wasn’t shocked,” she says. “I thought, let’s get going with treatment.” What she didn’t expect was the type of care she would receive. “The staff was so great about explaining everything before I went through it,” she says. “That really helped ease my anxiety about treatment.”

Thanks to her diligence, Laverne’s breast cancer was caught early, in stage 1. Her doctor, Brian Henderson, M.D., told her she wouldn’t need chemotherapy. She was an ideal candidate for a lumpectomy followed by high-dose rate (HDR) brachytherapy, in which a catheter is placed into the breast tissue so radioactive pellets can be inserted and removed twice a day for five days. HDR spares patients five to six weeks of treatment with traditional external radiation.

Laverne was full of questions after her diagnosis. She wanted to know more, not less. No question was too small for her nurses and doctors. “They were always there if I needed to call. I felt like I had the support of everyone there, and they really helped me understand my treatment.” Treatment went better than she ever expected. “Within 30 minutes of recovering from surgery, I was dressed and walking around, waiting for my son to pick me up,” she recalls. “It was so successful, I never took any pain medicine.”

But what matters most to her, looking back, is that she was well-informed, and treated with intelligence and respect. “Education has always been important to me,” she says. “My philosophy is that you meet your problems head on and do what you can. You don’t wait for someone to tell you things. You get in there and learn.”

After her husband, Donald, died in 2006, Laverne travelled to Jerusalem, Egypt, Italy. She perfected her recipes for pies, pickles, jams and BBQ sauce, already famous in her family, to win awards at the San Mateo County Fair. And, after a lifetime of sketching, she took up impressionistic painting. “I’d never held a brush in my hand,” she says, chuckling. Just a few years ago, her painting of sunflowers growing outside a country cottage won second place at the San Mateo County Fair.

Today her treatment is over and Laverne is cancer-free. She spends most of her time thinking about what new challenge to take on next. “Most of my early paintings are copies of someone else’s work. That’s how I learned,” she says. “Now I want to do my own. It’s time to establish my own style.”
VARIAN TRUEBEAM STX SYSTEM

TrueBeam STx is fast and powerful, with most treatments lasting only a few minutes

The TrueBeam™ STx system from Varian Medical is a powerful noninvasive radiosurgery system that opens up treatment options for some of the most complex cancers in the brain and spine and rest of the body. TrueBeam STx technology was developed from its inception to deliver cancer treatments with pinpoint accuracy and precision.

It works by choreographing highly sophisticated systems-imaging, beam delivery and motion control. These allow your clinician to "see" the tumor they are about to treat and apply accurate and precise beams of radiation to kill cancer cells while compensating for your movement.

The TrueBeam STx system at Mills-Peninsula's Dorothy E. Schneider Cancer Center is designed with your comfort in mind. You can be in constant contact with the therapist running the system, thanks to an enhanced communications system that enables constant interaction between you and the therapist. It’s almost as if they are there in the treatment room with you. Music can be played during the treatment, which can help create a more soothing treatment environment.

Summary of Benefits:

- **TrueBeam STx** gives medical professionals the tools to treat more challenging cancers such as cancers of the brain
- **TrueBeam STx is fast and precise.** A complex radiosurgery treatment that typically takes 30 to 60 minutes can be completed in just five to 20 minutes
- With advanced imaging, the TrueBeam STx system allows clinicians to deliver treatment accurately by enabling them to "see" the tumor they treat and target tumors with heretofore unachievable accuracy
- Enhanced motion-management tools synchronize beam delivery with the tumor motion that occurs as you breathe in and out
- TrueBeam STx was developed with an emphasis on your comfort.

TrueBeam STx radiosurgery is not appropriate for all cancers. Serious side effects, including fatigue and skin irritation, can occur. Treatment times may vary. Ask your doctor if TrueBeam STx treatment is right for you.
The Dorothy E. Schneider Cancer Center at Mills-Peninsula Health Services is proud of the many successes that have been achieved during 2015. 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.

Survivorship Program. In 2005 the Institute of Medicine (IOM) identified a significant gap in care for people who survive cancer. In addition, the number of cancer survivors in the United States has steadily been growing as early detection and treatment advances have often turned cancer into a chronic disease. At Mills-Peninsula we have begun a program to help cancer survivors transition from active treatment to follow-up and survivorship care. As a patient completes active treatment they are invited to meet with an advanced practice nurse navigator to review their individualized Survivorship Care Plan (SCP) and identify continued resources to support any ongoing needs at the end of treatment. The SCP includes details of their cancer diagnosis, treatment received, any ongoing treatment as well as the schedule for future surveillance and follow-up exams. During the visit, any barriers to optimizing the cancer survivor’s health are identified and appropriate referrals are made.

Survivorship visits were initiated with breast cancer survivors and will be expanded to include survivors with prostate, colon and rectal cancer. In addition, as we identify unmet needs within the survivorship population, we will explore offering additional services. Programming under consideration includes survivor support groups, peer support services and rehabilitation services to improve physical and cognitive function.

Enhanced Recovery After Surgery (ERAS) for Colorectal Patients. In 2015, Mills-Peninsula Health Services launched a pilot program based on the American Cancer Society’s National Surgical Quality Improvement Program (NSQIP). This pilot program, called Enhanced Recovery After Surgery (ERAS), aims to improve health outcomes for patients undergoing colorectal surgery. Together, the clinical care teams used evidence-based protocols to create new and better standards of surgical care for our patients. Preliminary results suggest that ERAS pathways have been impactful to the patient experience and include a decrease in physiologic stress of surgery, a reduction in risks of complication and shortened recovery time. ERAS was originally developed for colorectal cancer patients but has the potential to be impactful for many other patient modalities. Our team remains committed to identifying the best and most effective innovations in care, and will continue to find ways to bring such advances to our community hospital setting.
Low-Dose CT Screening of Lung. Lung cancer is the third most prevalent tumor type and the leading cause of cancer-related deaths in the United States. Typically, lung cancer is diagnosed at a late stage due to the lack of screening mechanisms, which leads to a poorer prognosis and a lower chance of overall survival.

In February 2015, Medicare issued a final decision memo and determined that the evidence was sufficient to include low-dose computed tomography (LDCT) as an additional preventive service benefit.

Mills-Peninsula Health Services launched the LDCT program immediately after the Medicare decision memo was announced and screened its first patient in March 2015. Several important factors play a role in the success of the program, including:

- Physician participation (e.g. shared decision-making, LDCT adherence and smoking cessation counseling)
- Individual review of all cases by a radiologist and nurse
- Key schedulers trained to screen and register LDCT patients
- Follow-up tool to maintain adherence

As part of Mills-Peninsula’s commitment to quality care, the clinical team has monitored all of the LDCT appointments to assess for patient adherence since the inception of the program. Out of 48 patients scheduled, 100 percent were in compliance with their appointments (including any follow-up visits, when applicable). As of November 2015, only 10 cases are still pending appointments. The cases were reviewed by a radiologist and nurse to assess for compliance with Medicare’s eligibility criteria1.

Outreach and education efforts to our community are currently underway to further promote the LDCT screening program. Due to the anticipated increase in volumes, the radiology team plans to implement an automated registry and a computer-aided design (CAD) system in 2016.

Research. Mills-Peninsula Health Services is committed to advancing the field of cancer treatment and prevention through research. Our center conducts various types of research studies headed by the National Cancer Institute (NCI), pharmaceutical companies as well as studies initiated by our physicians. We currently have access to over 50 NCI national research studies, including some of the most innovative trials involving targeted therapies.

- Immunotherapy
- Novel investigational agents
- Precision medicine through molecular testing to determine the best treatment approach

1 See cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274
Technology. We continually strive to be at the forefront of technologic advancement that allows us to more effectively treat our patients. Among our areas of innovation:

- **Digital Breast Tomosynthesis (DBT).** Our center was an early adopter in digital tomography equipment for breast cancer screening, committing early on to a full suite of machines so all of our patients could benefit from this technology. DBT significantly improves our ability to detect cancers and reduces our rate of call backs for findings that are not cancer.

- **Varian TrueBeam STx System.** Early acquisition of this technology has allowed for dramatic improvements in treatment times, dose and precision for our patients with the most complicated disease presentations.

- **Integrated PET/CT Simulators.** Mills-Peninsula has one of the first integrated PET/CT simulators in California. This enables highly accurate tumor delineation required for our new complex, highly conformal radiation therapy techniques.

- **4D Computed Tomography (4DCT):** We implemented a sophisticated approach to better treat cancers that move with respiration, such as lung tumors. A 4DCT scan captures the movement of a tumor, resulting in a more accurate image that improves the treatment-planning process.

- **Accelerated Partial Breast Irradiation (APBI).** Mills-Peninsula was among the early providers of this technology and currently has a highly active APBI program. Appropriate patients can complete their entire radiation course in one week, rather than a more typical four to six weeks of daily treatments.

- **Prostate Brachytherapy.** Mills-Peninsula has one of the most experienced prostate brachytherapy programs on the West Coast and also adopted this technology earlier than other centers. Appropriate patients can receive definitive treatment for their prostate cancer with a single outpatient procedure.

- **MarginProbe System.** A single-use probe attached to a portable console to potentially identify positive margins for immediate resection. The probe applies a localized radiofrequency spectroscopy field and captures reflected signals from the tissue that contain information to allow the tissue to be characterized as cancer or non-malignant.

- **Robotic Surgery.** With a team of two board-certified surgeons for every oncologic operation, the use of robotic surgery techniques in lobectomies has resulted in decreased length of stay, fewer complications and increased nodal upstaging. Robotic low anterior resections reduce complications and improve total mesorectal excisions.

We are committed to exploring and embracing new technologies and treatment paradigms to ensure our patients have access to the best possible care available.
ASSESSMENT ON COMMUNITY NEEDS
Jennifer Vickerman, R.N., M.S., Community Outreach Coordinator

Purpose
To provide an updated assessment on community needs for cancer care in San Mateo County and to identify opportunities to improve cancer care in San Mateo County.

Goal
To update knowledge base regarding common risk factors and cancer prevalence within the community, and conduct a focused assessment of cancer patients’ needs in the community. This content will further guide program and resource development.

Methods
Updated assessment obtained from web-based survey of 292 health care consumers in San Mateo County and in-depth phone interviews of 20 cancer patients diagnosed at Mills-Peninsula Health Services conducted in October and November 2014 (Preliminary Summary of Cancer Care Research Conducted for Mills-Peninsula Health Services, EMC Research, 2015). San Mateo County data included in 2014, reassessed if updates available.

Overview
Supporting our community is a primary focus for Mills-Peninsula and the Dorothy E. Schneider Cancer Center. Our 2014 community needs assessment focused on broad community needs in San Mateo County based upon available population statistics and research for San Mateo County, neighboring counties, California and the United States as a whole. This 2015 update provides information on the opportunities identified in 2014 as well as new information collected specifically on San Mateo County and Mills-Peninsula cancer patients.

San Mateo County Overview
Although numbers have shifted slightly, the major findings in the 2014 initial report still hold true for San Mateo County. Leading health issues in the San Mateo community continue to be heart disease, stroke, Alzheimer’s disease, lung cancer and chronic lower respiratory disease (gethealthysmc.org, 2014).

Compared to national averages, San Mateo’s obesity rate is within the best 10 percent of the country, but rates are increasing within the county (Healthdata.org, 2015). Of particular note, not specifically addressed in the 2014 community assessment, is San Mateo County’s high rate of heavy alcohol intake and binge drinking. San Mateo County ranks among the worst counties on both these metrics, particularly for women (Healthdata.org, 2015). However, prevalence of smoking continues to decline.

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Cancer in San Mateo County

Incident and mortality rates for the six major cancers in San Mateo County (breast, prostate, lung, colon, pancreas and thyroid) have remained stable or improved since the 2014 assessment, with one exception, thyroid cancer incidence, which has increased (statecancerprofiles.cancer.gov, 2015). Notably, breast and lung cancer incidence and mortality have both declined. San Mateo County exceeds the Healthy People 2020 mortality objective for the major cancers (thyroid and pancreatic cancers do not have an objective). Of the less common cancers, melanoma and uterine cancers have both had rising incident rates over the past five years in the wider Bay Area, and San Mateo County’s incident rate is higher than the U.S. or California incident rate.

The web-based survey of San Mateo County health care consumers revealed that the top five most important factors they consider when choosing a health care provider are:

- High-quality care
- Experience with specific type of cancer
- Up-to-date medical technology and treatments
- Insurance coverage
- Patient involvement in treatment discussions.

The in-depth phone interviews of 20 cancer patients diagnosed at Mills-Peninsula revealed that the most important factors in considering a health care provider were insurance coverage, physician recommendation and family/friend recommendation. Patients were most likely to receive care where their physician directed them. Patients were generally satisfied with care no matter where they received care. Regardless of their treating facility, patients’ most often identified need was better access to support groups of like patients.

Implications for Navigation Services at Mills-Peninsula

Navigator services, which are disease-specific, offer a clinical expertise across the full care experience — from diagnosis, treatment and survivorship issues pertinent to the specific cancer type. Navigators develop relationships within the community that champion issues important to a specific cancer, including support groups. In collaboration with other members of the treatment team, such as social workers, navigators explore and develop support systems that connect patients with similar diagnoses at Mills-Peninsula. Navigators also develop patient education materials that actively involve and aid patients in treatment discussions with all providers.

When interacting with individual patients, navigators are attentive to lifestyle factors that may impact development of the current or future cancer, as well as treatment tolerance. Specifically, issues of tobacco and alcohol usage, diet and weight management are actively addressed, when needed. Interventions are developed for both the treatment and survivorship periods, involving other treatment team members as appropriate.
Implications for Prevention and Screening Services

As noted in the 2014 Community Assessment, services to address smoking and obesity are important for San Mateo County as both contribute substantially to cancer development. Although San Mateo County’s rates for both are within the top 10 percent best performing counties in the U.S., our goal should be to eliminate tobacco usage and our obesity rates continue to increase, indicating these are still important issues to address. Mills-Peninsula continues to offer smoking cessation services, lung cancer screening, and individual and group diet and weight management services. Programs offered by our affiliated community groups, such as the African American Community Health Advisory Committee, also support community education and outreach on smoking cessation, diet, obesity and exercise.

Given the contribution of alcohol to the development of multiple cancers (National Cancer Institute, cancer.gov, 2015) and the high prevalence of heavy and binge drinking in the county, consideration should be made to partner on education and treatment services to curb alcohol use. Prevention and screening services that target uterine cancer and melanoma, less common cancers with rising incidence, can also be considered. Efforts to control obesity already target prevention for uterine cancer. Sun safety and skin screening could be considered for melanoma.
In May, Mills-Peninsula offered a free skin cancer screening to the community in collaboration with Peter Webb, M.D., and the American Academy of Dermatology (AAD). Dr. Webb, Susan Wolf, M.D., and Hannah Zare, N.P., provided full-body skin screenings to participants. Ten cancer center staff members provided education and coordination for the event. In addition to the skin screening, participants received sun safety education from the AAD and free samples of sunscreen and lip balm. In all, 50 participants were screened and three potential cancers identified as well as eight findings, which required further evaluation. The screening was conducted in accordance with the AAD guidelines.

**Number of participants screened:** 50

**Abnormal Results:**

<table>
<thead>
<tr>
<th>Presumptive Diagnosis</th>
<th>Number</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma</td>
<td>1</td>
<td>Referred for evaluation/biopsy/treatment</td>
</tr>
<tr>
<td>Basal cell/squamous cell carcinoma</td>
<td>1</td>
<td>Referred for evaluation/biopsy/treatment</td>
</tr>
<tr>
<td>Basal cell carcinoma</td>
<td>1</td>
<td>Referred for evaluation/biopsy/treatment</td>
</tr>
<tr>
<td>Seborrheic or Actinic keratosis or mole</td>
<td>5</td>
<td>Referred for evaluation/biopsy/treatment</td>
</tr>
<tr>
<td>Actinic keratosis</td>
<td>2</td>
<td>Referred for treatment</td>
</tr>
<tr>
<td>Herpes simplex or zoster virus</td>
<td>1</td>
<td>Referred for treatment</td>
</tr>
</tbody>
</table>
The Mills-Peninsula Health Services Cancer Program serves the needs of our community and surrounding areas. The chart below reflects the numbers and disease sites of the 1,159 cancer patients served at Mills-Peninsula in 2014.

- **ESOPHAGEAL** 0.7%
- **CNS** 1.1%
- **HEPATOBILIARY** 2.0%
- **PANCREAS** 2.3%
- **HEAD/NECK** 2.3%
- **THYROID** 2.4%
- **RENAL** 2.6%
- **GYNECOLOGIC** 4.3%
- **BLADDER** 4.7%
- **MELANOMA** 5.2%
- **OTHER** 7.4%
- **LUNG** 7.6%
- **COLORECTAL** 8.4%
- **HEMATOLOGIC** 9.5%
- **PROSTATE** 9.7%
- **BREAST** 29.8%
The chart below reflects the age of diagnosis of the 1,159 cancer patients served at Mills-Peninsula in 2014. The median age of cancer patients at diagnosis nationally is 66 to 68 years of age (source: seer.cancer.gov/archive/csr/1975_2003/results_single/sect_01_table.11_2pgs.pdf), which accurately reflects Mills-Peninsula’s median age of incidence.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>1.2%</td>
</tr>
<tr>
<td>30-39</td>
<td>2.8%</td>
</tr>
<tr>
<td>40-49</td>
<td>9.0%</td>
</tr>
<tr>
<td>50-59</td>
<td>16.6%</td>
</tr>
<tr>
<td>60-69</td>
<td>25.6%</td>
</tr>
<tr>
<td>70-79</td>
<td>25.0%</td>
</tr>
<tr>
<td>80-89</td>
<td>15.7%</td>
</tr>
<tr>
<td>90+</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Mills-Peninsula Health Services is accredited with commendation by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS)