

# 2013 Annual Cancer Report



2012 Data

## Our Cancer Program Leadership...

Ben Ebrahimi, MD, Medical Oncology  
Chairman, Cancer Committee  
Cancer Liaison Physician  
Clinical Trials Director, U.S. Oncology

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Vice-Chairman, Cancer Committee  
Cancer Conference Coordinator

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Naveen Gupta, MD, Medical Oncology  
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Howard Charman, MD, Pathology

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Medical Director, Women's Breast and  
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Liz Aragon, RN, Chief Nursing Officer Vice  
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Mario Lopez-Luna, Ph. D, Director of Quality  
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Jeff Fujimoto, PT, DPT, OCS, Director of  
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CAS, Social Services Supervisor  
Psychosocial Social Services Coordinator  
Palliative Care Member

## MESSAGE FROM LEADERSHIP

On behalf of San Antonio Community Hospital's Cancer Committee, it is with great pleasure that we present the 2013 Cancer Program Annual Report. In August 2013, we were surveyed by the American College of Surgeons Commission on Cancer and were awarded another three year accreditation as a Comprehensive Community Cancer Program. A patient-centered approach is at the forefront of the new accreditation standards. These standards ensure the key elements of quality cancer care are provided to every person with cancer treated at San Antonio Community Hospital throughout their diagnosis and treatment process, as well as psychosocial support, care for cancer-related pain, and palliative and hospice care.



As our community grows, we meet the challenge by offering our patients and their families the highest standards of treatment and state-of-the-art services within a peaceful and healing environment that is close to home. We believe in a multidisciplinary team approach to coordinate the best treatment options available. This annual report highlights our clinical and programmatic accomplishments from 2010 through 2013, and our future initiatives as we move forward. We have also included other outcomes reporting including:

- Accountability and Quality Improvement Measures designed by the Commission on Cancer (CoC) to ensure that patients with cancer are treated according to nationally accepted guidelines.
- Prevention programs targeted to meet the needs of the community and designed to reduce the incidence of cancer. Our prevention programs are consistent with evidence-based national guidelines for cancer prevention.
- Screening programs that are focused on an identified community need and provided according to recognized evidence-based national guidelines.

I would like to extend my personal thanks to the cancer committee leadership for contributing to this report and for their continued support. The growth and success of our Cancer Program is a direct result of the work performed by this outstanding and committed group of professionals. Together, we will remain focused and hold ourselves to the highest standards of quality for our community, patients, and their families.

Best regards,

A handwritten signature in black ink, appearing to read 'Ben Ebrahimi'.

Ben Ebrahimi, MD  
Chairman, Cancer Committee  
Cancer Liaison Physician



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### CANCER PROGRAM OBJECTIVE

The objective of San Antonio Community Hospital's Cancer Program is to provide a multidisciplinary approach to give patients the best hope for cure and to offer a full continuum of coordinated cancer care services with a strong commitment to patient education and clinical research.

### ABOUT OUR CANCER PROGRAM

San Antonio Community Hospital has maintained an accredited program with the Commission on Cancer (CoC) since July 1980. This is a voluntary commitment to ensure that our patients will have access to a full scope of services to diagnose, treat, rehabilitate, and support patients with cancer and their families.



### WHAT THIS MEANS TO OUR PATIENTS AND COMMUNITY

- Quality care close to home
- Comprehensive care offering a range of state-of-the-art services and equipment.
- A multidisciplinary, team approach to coordinate the best cancer treatment options available.
- Access to cancer-related information and education.
- Access to patient-centered services such as psychosocial distress screening and navigation, and palliative care services.
- Options for genetic assessment and counseling.
- Ongoing monitoring and improvement of care.
- Assessment of treatment planning based on evidence-based national treatment guidelines.
- Information about clinical trials and new treatment options.
- Follow-up care at the completion of treatment, including a survivorship care plan.
- A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up.

## CANCER PROGRAM HIGHLIGHTS

### 2010

- Implementation of electronic medical record (EMR)
- Cancer registry access to U.S. Oncology EMR resulting in improved CP3R data (oncology measures)
- New CME: Weekly multi-disciplinary neuro-oncology case conference
- Reduced chemotherapy wait time by 40%

### 2011

- Robotic surgery program established
- Improved lymphedema program
- Creation of new evaluation form
- Addition of two lymphedema therapists
- 50% increase in Oncology Certified RNs
- All RNs certified in biotherapy and chemotherapy
- Educational program for increased nurse knowledge of oncology patients based on needs assessment

### 2012

- Palliative care power form created in ICIS
- House-wide implementation of barcode medication administration
- Smart IV pump technology on oncology unit to include chemotherapy library
- American College of Radiology (ACR) accreditation for stereotactic core biopsy
- Improved follow-up rate for patient call-back for abnormal mammogram needing biopsy

### 2013

- The hospital will be completing a 179,000 square foot addition which will include a new 52-bed emergency department and 92 private beds to better serve and care for our patients.
- Participation with the CoC's Rapid Quality Reporting System (RQRS) real-time tracking tool for accountability and quality improvement measures
- Chemotherapy specific consent form
- Rituxan order set including rapid infusion
- Pinnacle treatment planning system aids physicist to treat vital structures such as brain, head, and neck
- Smoke-free campus
- New oncology patient resource page on the SACH website

### Future initiatives...

- Expand patient navigation program

- Breast-specific treatment conference
- ACR accreditation for ultrasound
- Breast Center accreditation by ACR or NAPBC (ACoS)
- Replacement Linear Accelerator
- Improve integration of services
  - Patient Navigation
  - Psychosocial Distress Screening
  - Palliative care and symptom management
  - Survivorship care plan
  - Focus group methodology to drive decisions in program development

## **ACCOUNTABILITY & QUALITY IMPROVEMENT MEASURES**

Accountability and quality improvement measures are designed by the Commission on Cancer (CoC) to ensure that patients with cancer are treated according to nationally accepted guidelines. The report that follows measures the cancer program's compliance with the required measures. This data is monitored closely by the CoC and the hospital's cancer committee. If rates fall below established levels, an immediate multidisciplinary corrective action plan is implemented to safeguard and promote high-quality care.

Four Accountability measures, i.e., 3 breast and 1 colon (expected performance rate is 90% or 95% confidence interval):

- Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.
- 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.
- 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.
- 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.
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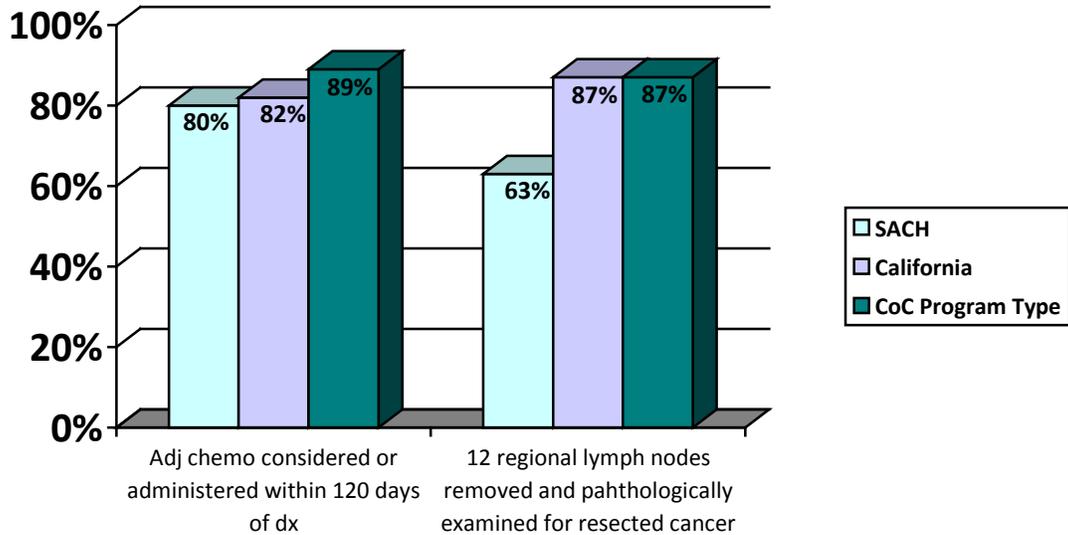
Two Performance Improvement measures, i.e., 1 colon, and 1 rectum (expected performance rate is 80%):

- At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.
- 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.

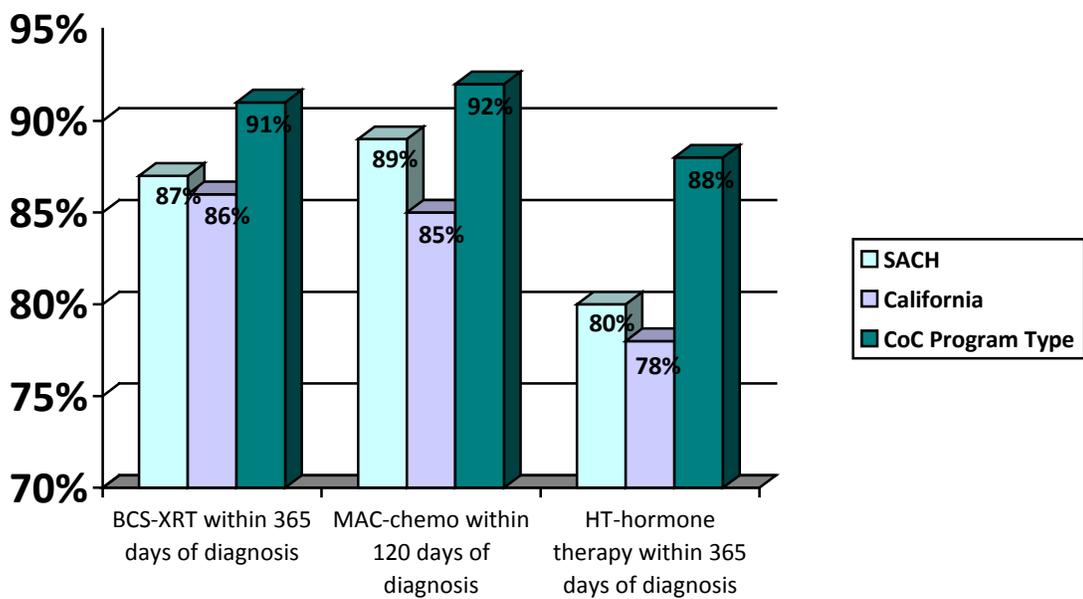
The following table explains the measure specifications as well current and historical performance rates.

Select Breast & Colorectal Measures		2009	2010	2011
<b>Breast</b>	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	87%	97.6%	87.2%
	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c NO MO, or Stage II or III ERA and PRA negative breast cancer.	92.9%	100%	88.9%
	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c NO MO, or Stage II or III ERA and/or PRA positive breast cancer.	81.7%	88.7%	79.5%
<b>Colon</b>	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.	75%	80%	81.8%
	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	71%	70%	63.9%
<b>Rectal</b>	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.	100%	100%	100%

## Colon Measures 2011



## Breast Measures 2011



## COMMUNITY OUTREACH

### Prevention Program Outcomes

San Antonio Community Hospital's Women's Breast & Imaging Center has partnered with Susan G. Komen for the Cure of the Inland Empire to fund a program specifically designed to bring the exceptional services offered by the Women's Breast & Imaging Center to low-income, uninsured, or underinsured women in the west end of the Inland Empire. The hospital's *Women Caring for Women* program bridges a critical gap in services by removing traditional barriers that prevent women from accessing critically important breast healthcare. Through this partnership, relationships with outside organizations, i.e., Holt Medical Center, Inland Empire Community Health, Ontario Clinica Medica Familiar, Planned Parenthood, San Bernardino County of Public Health Department, and Sunrise Medical Center, have been enhanced and goals have been aligned to reduce the incidence of breast cancer in this region.

In 2012, Women Caring for Women provided diagnostic services to 62 patients and 1 patient was diagnosed with breast cancer. *Women Caring for Women* was able to help the patient by providing diagnostic services that confirmed a cancer diagnosis so she could begin a proper treatment plan. This program continues to receive support from the hospital, community based organizations, and other community members.

The prevention program is consistent with American Cancer Society and/or NCCN guidelines for screening and cancer prevention.

### Screening Program Outcomes

The hospital traditionally offered prostate cancer screening during a special men's health event conducted during Prostate Cancer Awareness month in September. However, the cancer committee reevaluated the benefit of offering this screening in 2012 in light of recent literature questioning the benefits of broad-based community prostate screening. The committee also considered the American Cancer Society's recommendation that "men should discuss the benefits and risks of prostate cancer screening with their doctors." After careful deliberation, the cancer committee made the decision to forego screening in favor of an educational program about prostate cancer and the risks, benefits, and importance of discussing individual options for prostate cancer screening with a physician.



The cancer committee considered alternative screening programs, and after careful thought and deliberation a decision was made to implement a lower cost mammography program to address one of the hospital's top 5 late stage cancer diagnoses. This special \$49.95 pricing program was in effect from October 1—December 31, 2012. During this period a total of 55 patients received a reduced cost mammogram. The following were the results of the screening program:

- BiRADs “0” Needs additional Imaging = 3 cases
- BiRADs “1” Negative = 14 cases
- BiRADs “2” Benign = 34 cases
- BiRADs “3” Short Term Follow Up = 2 cases
- BiRADs “4” Suspicious Biopsy Requested = 2 case
- BiRADs “5” Malignancy Biopsy Requested = 0 cases
- BiRADs “6” Proven malignancy, Patient undergoing treatment = 0 cases

The Women’s Breast & Imaging Center annually offers \$100.00 Mammography and/or Ultrasound exams and 44 patients received these services. The results are as follows:

- BiRADs “0” Needs additional Imaging = 1 cases
- BiRADs “1” Negative = 15 cases
- BiRADs “2” Benign = 24 cases
- BiRADs “3” Short Term Follow Up = 2 cases
- BiRADs “4” Suspicious Biopsy Requested = 1 case
- BiRADs “5” Malignancy Biopsy Requested = 1 cases
- BiRADs “6” Proven malignancy, Patient undergoing treatment = 0 cases

The screening program is consistent with NCCN guidelines.

### **Other Activities**

In addition to the required screening and preventative programs, the hospital also participated in several health fairs, lectures, and special events. These activities enhance our prevention strategies with the intent to minimize the number of people diagnosed with various cancers. Through these activities information is disseminated about the importance of leading a healthy lifestyle through nutritious eating and regular exercise, as well as offering literature about important cancer screenings. The table that follows indicates the activities in 2012 and number served at each activity/event.

**San Antonio Community Hospital  
Community Outreach—Prevention & Early Detection Activities  
Year 2012**

<b>Activity</b>	<b>Date</b>	<b>Description</b>	<b>Attendance</b>
Lecture	April 27	Girls Day Out: Personalized Cancer Care-Transforming Lives Lecture	200
	June 28	Skin Cancer Lecture	82
	September 11	Prostate Cancer Lecture	40
	September 25	Girls Night Out: Breast Cancer Lecture	80
	October 23	Girls Night Out: Breast Cancer Lecture	74
	November 13	Smoking Cessation/Lung Cancer Lecture	Canceled
Health Fairs	April 28	Cucamonga School District Health Fair	400
	May 12	City of Rancho Cucamonga Health Fair	1200
	May 16	City of La Verne Employee Health Fair	150
	May 19	City of Chino Family Fitness Day	450
	June 8	Maglite Hennahan Company Health Fair	250
	June 23	Homecoming: Rancho Cucamonga	175
	June 27	Project Connect Health & Resource Fair	500
	August 9	C&D Zodiac Aerospace Health Fair	250
	August 25	Homecoming: Eastvale	150
	September 8	Fontana P.D. Health Fair	800
	September 12	City of Upland Employee Health Fair	150
	September 22	Upland Family Fun Day	400
	September 28	Rancho Cucamonga Senior Health Fair	600
	October 3	Breast Cancer Awareness Kick-off	250
	October 4	SACH Drive-Thru Flu Shot Clinic	300
	October 8	Upland Senior Health Fair	300
	October 14	Ontario Health Fair- Our Lady of Guadalupe	37
	October 15	City of Ontario Senior Health Fair	400
	October 17	City of Rancho Cucamonga Employee Health Fair	300
	October 20	Upland Hill Estates Health Fair	80
November 8	City of Claremont Senior Health Fair	200	
Special Events	April 27	Girls Day Out Cancer Awareness	800
	Prostate Cancer Screening	Did not Occur, per ACS guidelines	-
	September 25	Girls Night Out: Breast Cancer Event	80
	October 23	Girls Night Out: Breast Cancer Event	74

## **CANCER CENTER SERVICE LINES**

### ***Women's Breast & Imaging Center***

This state-of-the-art facility, located adjacent to the hospital, provides a full range of women's diagnostic and support services in one convenient location. These services include digital mammograms, ultrasound, breast MRI, stereotactic breast biopsies, bone density scans, breast health education, and patient navigation services.

### ***Nurse Navigation***

The Nurse Navigator is an integral part of the Women's Breast & Imaging Center at San Antonio Community Hospital (SACH) and someone who can help facilitate streamlined care as well as provide access to the information and resources one may need through treatment and recovery. Focused care includes a personalized guide for tracking appointments, treatment schedules, medications, dietary recommendations, and community assistance programs. Support comes from family members, group sessions at the Center, and breast cancer survivors who also volunteer their assistance. The Center understands that each woman has a specific set of circumstances, which is why it provides the Nurse Navigator to serve as a liaison between patients and their physician.



### ***Diagnostic Radiology***

Every day the power of modern medical technology is used to change lives. San Antonio Community Hospital was one of the first in the region to provide the latest technology in diagnostic imaging for a variety of health indications. From the 64-Slice CT to digital mammography, San Antonio Community Hospital delivers the latest technological advances.

[https://www.sach.org/home/Our\\_Services/Technology](https://www.sach.org/home/Our_Services/Technology)

### ***Endoscopic Services***

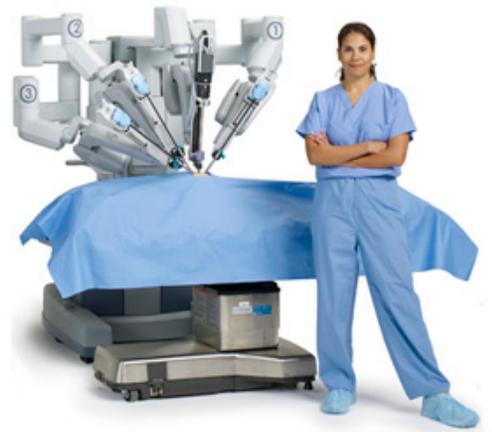
The Endoscopic Services Department performs a vital function in the early detection and identification of diseases and abnormalities. The colon, esophagus, stomach, and gall bladder can all be examined and evaluated using a videoscope or tiny camera. During the procedure, patients are provided moderate sedation for comfort. Procedures usually take less than 30 minutes, and patients are sent home shortly thereafter. These short and simple procedures can provide an early diagnosis, which helps to save lives.

[http://www.sach.org/home/Our\\_Services/Other\\_Clinical\\_Services/Endoscopic\\_Services/](http://www.sach.org/home/Our_Services/Other_Clinical_Services/Endoscopic_Services/)

### **Robotic Surgery**

While minimally invasive surgeries like laparoscopic surgery have been around for some time, there were limitations on the types of procedures surgeons could perform. The latest generation in minimally-invasive surgery—robotic surgery—was developed specifically to overcome these limitations. Robotic surgery has opened up a world of possibilities for more and more patients.

[https://www.sach.org/home/Our\\_Services/Robotics da Vinci Robot/](https://www.sach.org/home/Our_Services/Robotics_da_Vinci_Robot/)



### **Radiation Therapy**

Radiation Oncology, also known as Radiation Therapy, is the medical specialty that treats cancer with radiation. It is administered in the form of gamma rays or x-rays designed to destroy cancer cells, while allowing the adjacent normal cells to repair themselves. Radiation is the preferred form of treatment for some types of cancer, and in other cases it is used in conjunction with surgery or chemotherapy.



### **Gamma Knife**

San Antonio Community Hospital offers the only Gamma Knife radiosurgery system in the Inland Empire. Gamma Knife is a revolutionary way of conducting noninvasive brain surgery. Imagine undergoing brain surgery as an outpatient with a brief recovery period, and no incision.

Gamma Knife radiosurgery is performed as an outpatient procedure, usually in a single session lasting anywhere from 20 minutes to three hours. The patient remains awake throughout, with only a mild sedative and very little discomfort (mostly associated with the brace used to keep the head stationary.) After the procedure, patients typically rest at home for a day or two, and then resume normal activities.

[https://www.sach.org/home/Our\\_Services/Gamma\\_Knife\\_Center](https://www.sach.org/home/Our_Services/Gamma_Knife_Center)

### **Oncology Nursing**

The Oncology unit at SACH is a 20-bed inpatient unit. Oncology nursing care is provided by registered nurses with specialized knowledge focused in oncology care and treatment. RNs providing oncology care are trained on chemotherapy administration through the Oncology Nursing Society (ONS) and/or are oncology certified nurse (OCN). Chemotherapy administration competencies are evaluated annually. Quarterly oncology education is provided to the oncology nursing staff based on annual needs assessments from staff and physician Oncologists. All oncology policy and procedures that guide patient care are based on standards

and guidelines of ONS and/or other recognized organizations. Individual patient and family education is provided to all oncology patients.

### ***Rehabilitation Services***

San Antonio Community Hospital offers comprehensive inpatient and outpatient physical, speech, and occupational therapy to patients of all ages and diagnoses. Rehabilitation can often be a challenge, not only to the body as it repairs itself, but also to the human spirit. San Antonio Community Hospital's rehabilitation staff understand these hurdles and offers treatment, guidance, education, and support.

Special programs are offered to post mastectomy patients to reduce swelling and assist with lymphatic drainage.

[http://www.sach.org/home/Our\\_Services/Other\\_Clinical\\_Services/Rehabilitation\\_Services/](http://www.sach.org/home/Our_Services/Other_Clinical_Services/Rehabilitation_Services/)

### ***Nutritional Services***

Screening is conducted within 24 hours of patient admission and daily thereafter, via triggers generated from the nursing assessment, to determine the patient's need for a comprehensive nutrition assessment and to appropriately initiate nutritional care in a timely manner. The registered dietitian (RD) also reviews other reports available such as Braden Scale list, Food-Drug Interaction list, patients receiving TPN, diet order list, etc. as potential triggers for additional investigation to determine the patient's nutritional status. Referrals may come from physicians, nurses, patients, and the patient's family. Patients at nutritional risk are assessed according to the risk level determined through the Nutrition Assessment policy. A plan of nutrition care is implemented and monitored by the re-assessment procedure.

Patients are assessed to determine the need for nutrition education through nursing assessment triggers, as well as during the nutrition assessment by the RD. Education is provided by physician consult or may be triggered by patient or family request on both an inpatient and outpatient basis. Group classes regarding nutrition and cancer treatment or prevention are provided per request by community outreach department.

### ***Community Outreach***

In an effort to increase the health and wellness of the community, the Community Outreach department provides a comprehensive variety of health programs and services. Examples of community health improvement programs include health education seminars and screenings for breast, colon, and prostate cancer; health counseling and screenings at community centers; preventative services such as flu vaccines, diabetes education, and obesity management; and direct medical care for low income, uninsured and underinsured residents. The hospital conducts a comprehensive triennial community health needs assessment to further evaluate and prioritize community needs.

[https://www.sach.org/home/Our\\_Services/Community\\_Education\\_Support/](https://www.sach.org/home/Our_Services/Community_Education_Support/)

### ***Palliative Care***

Palliative care is active, total care for people with advanced medical illness, especially chronic and progressive conditions. The primary goal of palliative care is to help patients and their families live as fully and comfortably as possible and to have the best possible quality of life by helping to relieve their suffering. Patients who are facing serious illness often have special needs. Specialists treat pain, symptoms, and stress that can occur when fighting serious illness. The Palliative care team at San Antonio Community Hospital consists of a specially trained team of doctors, nurses, social workers, and chaplains. Ongoing education, support, and consultation is provided to healthcare professionals, seriously ill patients, and their families to assure relief of suffering and to improve the quality of living and dying.

### ***Social Services***

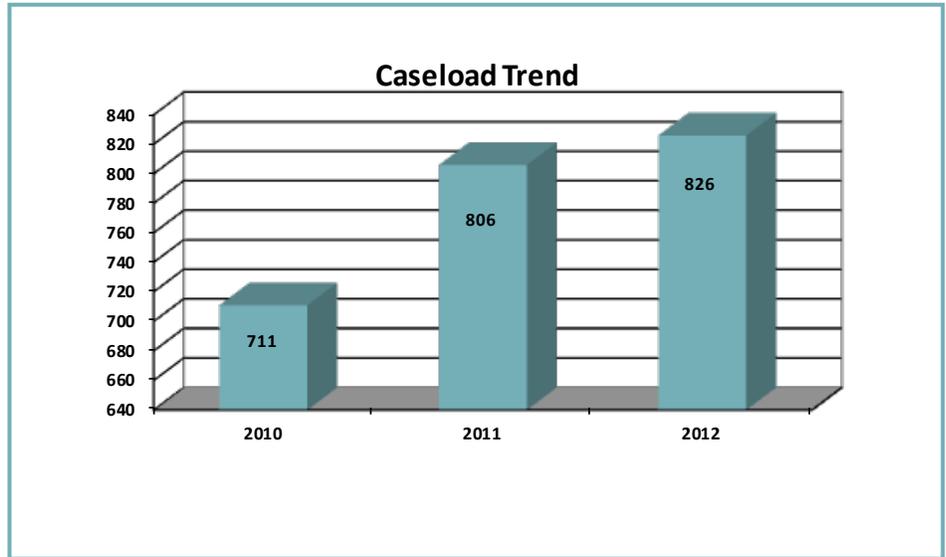
The social service department is an integral part of the cancer service program offering patients individualized, patient-centered services. The department works throughout the year providing social services to patients and families that are managing their diagnosis of cancer. They are supported during the many phases of grief and loss, initial diagnosis, treatment planning, rehabilitation, and end of life services. Patients are given community resources for follow up and are invited to the cancer service support groups held at the hospital. The social service department includes staff who are licensed therapists and Masters prepared social workers. Their competence and certification in oncology allows them to be the most highly qualified staff.



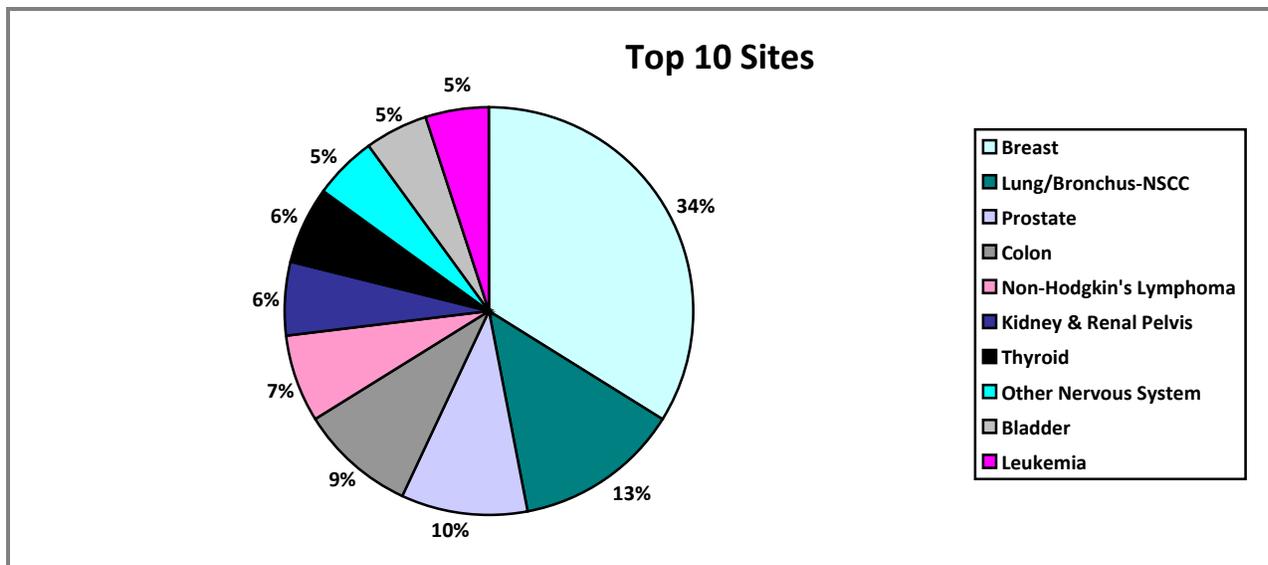
The Social services staff works with the American Cancer Society (ACS). Each year the ACS conducts an in-service training to ensure that the social service staff is aware of the changing programs available for patients and their families. During the year, the social workers provide individual, family, and group therapy for both inpatient and outpatient populations. They also provide telephone consultations and emergency services for patients in crisis. The social services staff works closely with the oncology nurse navigator to provide education and support. The Psycho–Social Oncology Coordinator provides palliative care with the support of the other palliative care team members.

## CANCER REGISTRY REPORT

The Cancer Registry Department at SACH has been in existence since 1978, and with a database of over 21,511 patients covering all sites and cell types. Data collected by our registry enable public health professionals to understand and address the cancer burden more effectively.



Information collected includes demographics, medical history, diagnostic findings, cancer information, treatment, and annual follow-up to maintain accurate surveillance information. Confidentiality of patient identifying information and related medical data is strictly maintained. Aggregate data are analyzed and published without patient identifiers. In 2012, SACH admitted 1,037 patients with a malignant diagnosis; 825 were analytic, initially diagnosed and/or treated at SACH; 200 were non-analytic, initially diagnosed and/or treated elsewhere; 12 were non-reportable. Displayed in the chart below are the most frequently diagnosed sites within SACH's analytic cases. Breast cancer continues to be number one, with 201 occurring in females and 3 in males; lung cancer was second, 28 were females and 48 were males; colon cancer is third with 19 occurring in females and 37 males.



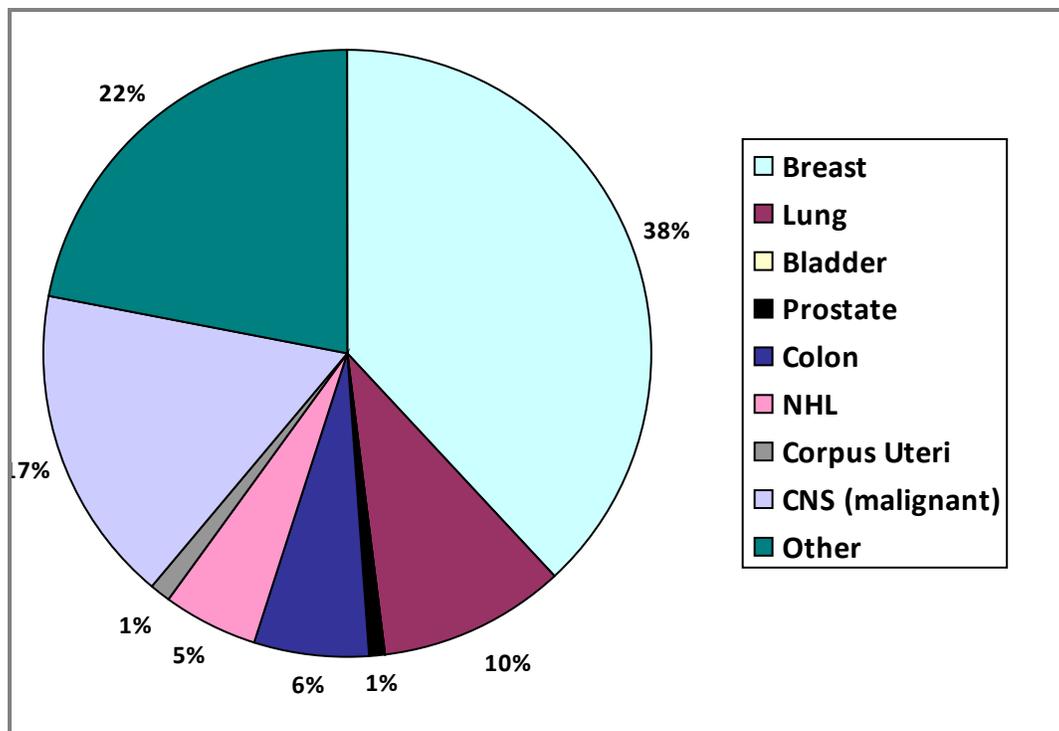
Group	Cases	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV
ALL SITES	825	355	470	96	231	123	64	103
BREAST	204	3	201	50	72	47	9	4
LUNG/BRONCHUS-NON SM CELL	76	48	28	3	26	5	7	24
COLON	56	37	19	8	9	15	11	11
PROSTATE	53	53	0	0	19	21	6	3
THYROID	39	4	35	0	30	4	2	1
NON-HODGKIN'S LYMPHOMA	34	17	17	0	7	2	4	12
KIDNEY AND RENAL PELVIS	31	17	14	0	17	2	5	5
BLADDER	30	25	5	19	3	4	0	1
RECTUM & RECTOSIGMOID	26	16	10	8	3	5	3	3
BRAIN	25	10	15	0	0	0	0	0
LEUKEMIA	24	13	11	0	0	0	0	2
MELANOMA OF SKIN	24	16	8	4	10	4	1	3
PANCREAS	20	13	7	1	2	2	2	8
CORPUS UTERI	20	0	20	0	15	2	1	0
OTHER NERVOUS SYSTEM	20	6	14	0	0	0	0	0
UNKNOWN OR ILL-DEFINED	20	13	7	0	0	0	0	0
LUNG/BRONCHUS-SMALL CELL	12	4	8	0	3	0	4	5
OVARY	12	0	12	0	3	0	2	4
STOMACH	11	7	4	0	2	1	1	2
LIVER	10	6	4	0	2	1	1	1
TESTIS	8	8	0	0	4	1	2	0
TONGUE	7	6	1	0	1	1	1	4
MYELOMA	7	2	5	0	0	0	0	0
OTHER HEMATOPOIETIC	7	5	2	0	0	0	0	0
SOFT TISSUE	7	5	2	0	0	1	0	1
OTHER ENDOCRINE	5	3	2	0	0	0	0	0
HODGKIN'S DISEASE	5	3	2	0	0	2	1	0
ESOPHAGUS	4	1	3	1	0	1	0	0
PLEURA	4	3	1	0	1	0	0	3
TONSIL	3	3	0	0	0	0	0	2
GALLBLADDER	3	1	2	1	1	0	0	1
OROPHARYNX	2	1	1	0	0	0	0	2
ANUS,ANAL CANAL,ANORECTUM	2	1	1	1	0	0	0	0
VAGINA	2	0	2	0	1	0	0	0
FLOOR OF MOUTH	1	1	0	0	0	0	0	0
PHARYNX & ILL-DEFINED	1	1	0	0	0	0	0	0
SMALL INTESTINE	1	0	1	0	0	0	0	1
BILE DUCTS	1	0	1	0	0	1	0	0
RETROPERITONEUM	1	1	0	0	0	0	0	0
PERITONEUM,OMENTUM,MESENT	1	0	1	0	0	0	0	0
OTHER DIGESTIVE	1	1	0	0	0	0	0	0
OTHER SKIN CA	1	0	1	0	0	0	0	0
CERVIX UTERI	1	0	1	0	0	0	0	0
UTERUS NOS	1	0	1	0	0	0	1	0
VULVA	1	0	1	0	0	0	0	0
OTHER URINARY	1	1	0	0	0	1	0	0

## CANCER CONFERENCE

A significant advantage of treatment at a Commission on Cancer accredited program is the tumor board or cancer conference. These weekly meetings give patients the benefit of multidisciplinary clinics where specialists from surgery, medical oncology, radiation oncology, radiology, and pathology collaborate to design the best course of action for each patient. Ancillary specialists such as the patient navigator and social worker are also in attendance. Patients can request that their care be discussed at a cancer conference by informing their healthcare provider.



The chart below illustrated the various presentations conducted during cancer conference.



## Glossary of Terms

**Multidisciplinary:** Combining or involving several academic disciplines or professional specializations in an approach to a topic or problem.

**Lymphedema:** Lymphedema is an abnormal buildup of fluid that causes swelling, most often in the arms or legs. The condition develops when lymph vessels or lymph nodes are missing, impaired, damaged, or removed.

**Rituxan:** Rituxan (rituximab) is a cancer medication that interferes with the growth and spread of cancer cells in the body. It is used to treat non-Hodgkin's lymphoma or chronic lymphocytic leukemia. It is also used in combination with another drug called methotrexate to treat symptoms of adult rheumatoid arthritis.

**Linear Accelerator:** A linear accelerator (LINAC) is the device most commonly used for external beam radiation treatments for patients with cancer. The linear accelerator is used to treat all parts/organs of the body. It delivers high-energy x-rays to the region of the patient's tumor. These x-ray treatments can be designed in such a way that they destroy the cancer cells while sparing the surrounding normal tissue. The LINAC is used to treat all body sites, using conventional techniques, Intensity-Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Stereotactic Radiosurgery (SRS) and Stereotactic Body Radio Therapy (SBRT).

**Analytical Case:** Case diagnosed and/or receiving all or part of the first course of therapy at a facility.

**Non-analytical Case:** Case diagnosed and receiving the first course of therapy elsewhere prior to the date of referral to the facility; case diagnosed at autopsy.

**Accessioned:** The number of cancer cases, both analytic and non-analytic, that are identified and numbered in the cancer registry.

**AJCC Staging Classification:** The American Joint Committee on Cancer staging classification.

**Biopsy:** Removal of a small tissue sample to examine under a microscope for cancer cells.

**Histology:** The science that deals with the microscopic identification of cells and tissues.

**Invasive Cancer:** Cancer that has spread beyond the area it developed in to involve adjacent tissues.

**Stage of Disease:** Extent of disease as determined at the time of the first course of therapy.

**Neoplasm:** Abnormal tissue growth.

**In Situ:** Neoplasm fulfills all microscopic criteria for malignancy except invasion.

**Localized:** Neoplasm appears entirely confined to the organ of origin.

**Regional:** Neoplasm has spread to adjacent organs or tissues and/or has metastasized to regional lymph nodes.

**Distant:** Neoplasm has spread beyond adjacent organs or tissues and/or has developed secondary or metastatic tumors, has metastasized to distant lymph nodes or has been determined to be systemic in origin.

**Unknown Stage:** Stage cannot be determined from the medical record or by the physician.

**Treatment:** Different modalities (methods) used in the treatment of cancer.

**Surgery:** Partial or total removal of a tumor (excluding diagnostic biopsy).

**Radiation:** Treatment with a radioactive beam or non-beam therapy that includes radium implants and radioactive isotopes.

**Chemotherapy:** Treatment of disease by chemical agents.

**Hormone Therapy:** Administration of hormones, steroids, and endocrine surgery.

**Immunotherapy:** The use of substances that occur naturally in the body to assist in fighting disease; also known as Biological response modifier (BRM) therapy.

**Other Combinations:** Forms of treatment not appropriate to other categories.

**No Treatment:** Include cases with any report of definitive treatment.

**Tumor:** A new growth of tissue with continuing, uncontrolled spread of cells; also called a neoplasm

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