



**CANCERCENTER**  
at SAN ANTONIO COMMUNITY HOSPITAL

# 2014 Annual Cancer Report

2013 Data



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## MESSAGE FROM LEADERSHIP



It is with great pride and excitement that we present our 2014 Cancer Program Annual Report. Our cancer program has been accredited by the American college of Surgeons, Commission on Cancer (CoC) as a Comprehensive Community Cancer Program since 1980. Since then, we have continuously aligned ourselves with nationally recognized programs and standards; all of which are designed to help our program deliver high-quality cancer care.

2014 has been a remarkable year for San Antonio as we continue to expand our oncology service-line in ensuring patient-centered care across the continuum. Cancer is a complex disease process that affects patients in a variety of ways. While our focus remains on diagnosis and treatment, we also recognize the need for multilevel support. We are happy to announce that we have expanded our services to include access to our oncology social worker and nurse navigator. Together, they complement the medical treatment team by providing services that empower, support, and guide patients and their families throughout their journey.

Our Women's Breast and Imaging Center has taken steps towards becoming a nationally accredited breast center. As of June 2014, all of our imaging modalities are accredited by the American College of Radiology. We have voluntarily gone through the rigorous review process to ensure that we meet nationally accepted standards and practices.

As we prepare to become an accredited breast center, we are proud to implement a Breast Treatment Conference. Patients diagnosed with breast cancer at San Antonio are presented to a multidisciplinary forum consisting of a medical and radiation oncologist, surgeon, radiologist specializing in mammography, and pathologist; our oncology nurse navigator and oncology social worker are also in attendance to maximize the collaboration process. The goal of this conference is to create a treatment and support plan specific to each patient.

We hope you enjoy this year's annual report. Included are clinical and programmatic goals achieved, patient-related quality and performance measures, and community outreach summary. As we continue to build a stronger partnership, we fully recognize that your support and trust are the pillars of our success.

My deep thanks to the cancer committee leadership and other supporters who helped us meet and overcome challenges and implement these life-changing programs.

Respectfully,

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

Ben Ebrahimi, MD  
Chairman, Cancer Committee  
Cancer Liaison Physician

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## SAN ANTONIO COMMUNITY HOSPITAL CANCER PROGRAM

### ***Cancer Program Objective***

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 required to diagnose, treat, rehabilitate, and support patients with cancer and their families.



### ***What this means to Patients and our 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.
- Options for genetic assessment and counseling, and palliative care services.
- 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 OVERVIEW

2014

- Hospital expansion project
- 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
- Multidisciplinary breast-centered treatment conferences
- Newly ACR accredited diagnostic modalities
- Launched online Policy and Procedure and Quality Assurance manual for radiology department
- Expanded oncology service line to include
  1. Patient navigation for all patients with active cancer
  2. On-site psychosocial distress screening
  3. Distribution of survivorship care plan to eligible patients

Future initiatives...

- Breast Center accreditation by ACR or NAPBC (ACoS)
- Replacement Linear Accelerator
- Development of new community programs based on needs assessment
  - Focus group methodology to drive decisions in program development

## CANCER PROGRAM PRACTICE PROFILE REPORT (CP3R)

### Introduction

The March 2014 updates to the Commission on Cancer's (CoC) include cases from the diagnosis years 2010- 2012. The success of the Commission on Cancer's (CoC) Cancer Program Practice Profile Reports (CP3R) have demonstrated that improvements in data quality and patient care are possible when the entire cancer committee supports system level enhancements to ensure complete and precise documentation.

### Measure Development

The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) submitted quality of care measures for breast and colorectal cancer to the National Quality Forum (NQF) in response to its call for proposed breast measures in late 2004 and colorectal measures in early 2005. Since then, additional sites have been added including one gastric and one NSCC lung.

### Current Measures

CP3R version 3, currently reports estimated performance rates with six breast, two colon and one rectal. The following illustration explains the measure specifications as well as current and historical performance rates.

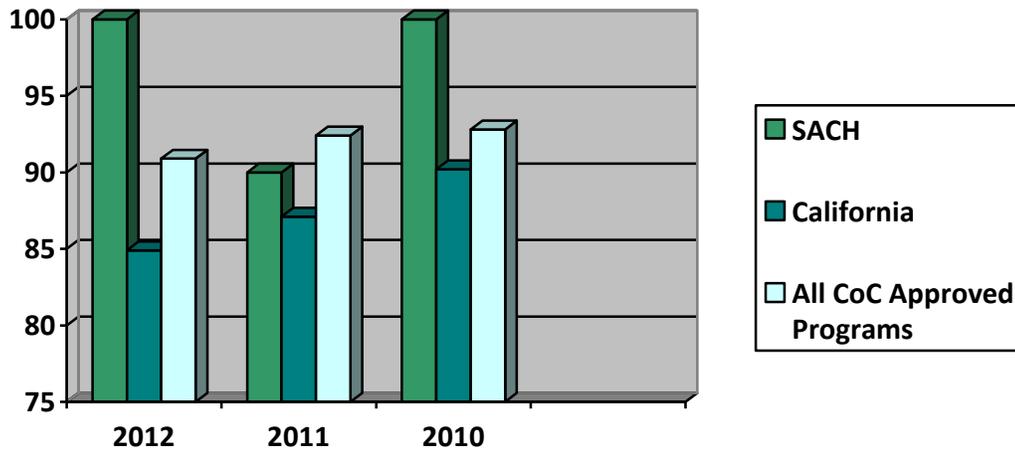
**ACCOUNTABILITY AND QUALITY IMPROVEMENT MEASURES**

Select Breast, Colon and Rectal Measures		Performance Rates or *95% CI Rate	2010	2011	2012
<b>Breast</b>	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (BCS/Surveillance)	N/A	61.5%	72.5%	71.4%
	Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer (nBx/Quality Improvement)	80%	78.8%	92%	90.2%
	Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer women with >=4 positive regional lymph nodes (MASTRT/Accountability)	90% or * [13.4-100]	*66.7%	*66.7%	*50%
	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (BCSRT/Accountability)	90% or *[70.3-92.3]	97.6%	*81.3%	92.3%
	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 hormone receptor negative breast cancer (MAC/Accountability)	90%	100%	90%	100%
	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis of women with AJCC T1c NO MO, or Stage II or III ERA and/or PRA positive breast cancer (HT/Accountability)	90% or *[67.6-91.4]	*88.7%	*79.5%	90%

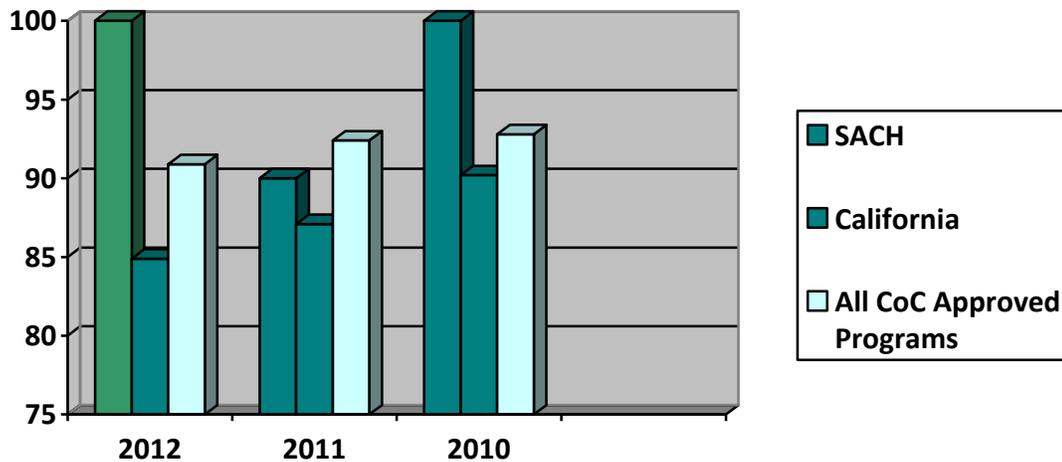
Select Breast, Colon and Rectal Measures		Performance Rates <u>or</u> *95% CI Rate	2010	2011	2012
<b>Colon</b>	Adjuvant chemotherapy is considered or administer within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (ACT)	90% or * [59-100]	*60%	*81.8%	100%
	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (12RLN)	85% or * [51.9-81.5]	*72%	*67%	*55.2%
<b>Rectum</b>	Radiation therapy is considered or administered within 6 months (180) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or stage III receiving surgical resection for rectal cancer (RECT)	N/A	100%	100%	100%

**Comparison of our Estimated Performance Rate to other Commission on Cancer accredited program.**

MAC - Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer



nBx - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer



## COMMUNITY OUTREACH

### **Prevention Program Outcomes**

**Standard 4.1-** Each year, the cancer committee provides at least 1 cancer prevention program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. The prevention program is consistent with evidence-based national guidelines for cancer prevention.

**Outcomes-** San Antonio Community Hospital for several years has annually hosted a celebration for Breast Cancer awareness month with a special prevention program called *Girl's Night Out*. This program is a result of an identified community need and addresses one of the hospital's top five cancers, breast cancer. The *Girl's Night Out* program is open to women of all ages and provides women with an opportunity to tour the facilities at the Women's Breast & Imaging Center. More importantly, the staple of the program is providing education to women about prevention activities to detect the onset of breast cancer. Consistent with ACS and NCCN guidelines, *Risk Reduction Interventions- Lifestyle Modifications*, *Girl's Night Out* addresses diet, body weight, exercise, alcohol consumption, and smoking.

One of the hospitals' highly regarded female oncologists, Dr. Linda Bosserman, opened the program with a dynamic and informative presentation about breast cancer prevention and set the stage for the presentations that would follow. Following her lead, other female colleagues continued the dialogue by addressing topics ranging from the role of genetics to adopting lifestyle changes that affect and can reduce the risk of breast cancer. This year participants were introduced to interactive education demonstrations and were offered basic screenings, including BMI. The message of prevention was consistent from the informational packets that each participant received to the educational poster display that lined the hallways of the hospital. The goal of the program was to encourage positive healthy lifestyle changes and inform about reducing one's risk for breast cancer. *Girl's Night Out* attracted over 250 women from the hospital service area and beyond.

**Barriers-** Our efforts for effective change are measured by our reduced screening voucher program. The vouchers are distributed to each participant in attendance. In 2013 a tracking method to track redeemed vouchers had not been in place. It was recommended by the Women's Breast & Imaging staff to distinguish the vouchers distributed at *Girl's Night Out* in order to capture data and report on outcomes.

**Corrective Action or Recommendations-** In 2014 two sets of vouchers were created, one for the purpose of the *Girl's Night Out* program and the other that was made available at the Women's Center and the Rancho San Antonio satellite facility. Staff was able to identify the method in which the vouchers were obtained and keep a record of those received from the *Girl's Night Out* program. Additionally, every participant received specific educational handouts that informed about risk factors for breast cancer.

## **Screening Program Outcomes**

**Standard 4.2-** Each year, the cancer committee provides at least 1 cancer screening program that is targeted to decreasing the number of patients with late-stage disease. The screening program is based on community needs and is consistent with evidence-based national guidelines and evidence-based interventions. A process is developed to follow up on all positive findings.

**Outcomes-** To complement the hospital's prevention program a lower cost mammography program was implemented to address one of the hospital's top 5 late stage cancer diagnoses, breast cancer. This reduced \$49.95 pricing program was in effect from October 1—December 31, 2014. During this period a total of 250 vouchers were distributed and 52 patients redeemed the vouchers to receive a reduced cost mammogram. The vouchers were distributed at Girls Night Out and the hospital Radiology departments. The vouchers were marked to distinguish where they were obtained. The following were the results of the overall screening program:

- BiRADs "0" Needs additional Imaging; 9 cases
  - 1 required an MRI
- BiRADs "1" Negative; 20 cases
- BiRADs "2" Benign; 22 cases
- BiRADs "3" Short Term Follow Up ; 0 cases
- BiRADs "4" Suspicious Biopsy Requested 1 case
- BiRADs "5" Malignancy Biopsy Requested; 0 cases
- BiRADs "6" Proven malignancy, Patient undergoing treatment ; 0 cases

On an annual basis, the Women's Breast & Imaging Center offers \$100.00 Mammography and/or Ultrasound exams for the community. The total number of patients that benefitted from this reduced pricing program was 65 persons. The following were the results of the overall screening program:

- BiRADs "0" Needs additional Imaging; 5 cases
  - Referred for MRI
- BiRADs "1" Negative; 0 cases
- BiRADs "2" Benign; 0 cases
- BiRADs "3" Short Term Follow Up ; 0 cases
- BiRADs "4" Suspicious Biopsy Requested 1 case
  - Ultrasound follow-up required
- BiRADs "5" Malignancy Biopsy Requested; 0 cases
- BiRADs "6" Proven malignancy, Patient undergoing treatment ; 0 cases

The screening program is consistent with NCCN guidelines version 1.2014

**Barriers-** In 2013 a tracking method was not in place to record how vouchers were being obtained. This information is important as we evaluate locations to expand the distribution of vouchers. Reporting on outcomes can only be done manually; this process must be improved to retrieve information quicker in order that it can be included in annual reporting.

**Corrective Action or Recommendations-** In 2014 two sets of vouchers were created, one for the purpose of the Girl's Night Out program and the other that was made available at the Women's Center and the Rancho San Antonio satellite facility. It was recommended by the Women's Breast & Imaging staff to distinguish the vouchers distributed in order that they could be easily identified for tracking purposes. Tracking still occurs manually and we continue to work with Information Technology to simplify this process. Staff recommends that we expand our distribution sites and work with physician offices to identify patients that could benefit from this reduced cost screening.

**Other Activities-** In addition to the required screening and preventative programs, the hospital also participated in numerous 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 we disseminate information about the importance of leading a healthy lifestyle through nutritious eating and regular exercise, as well as offering literature about important cancer screenings. The tables below indicate the activities in 2014 and number served at each activity/event. The screening and prevention programs are consistent with nationally recognized organizations.

**San Antonio Community Hospital**  
**Community Outreach—Prevention & Early Detection Activities**  
**Year 2014**

<b>Activity</b>	<b>Date</b>	<b>Description</b>	<b>Attendance</b>
<b>Health Fairs</b>	<b>March 29</b>	<b>RCMS Health Fair</b>	<b>200</b>
	<b>April 12</b>	<b>YMCA Family Day</b>	<b>150</b>
	<b>May 10</b>	<b>Healthy Upland Kick-off</b>	<b>200</b>
	<b>May 21</b>	<b>La Verne Employee Health Fair</b>	<b>100</b>
	<b>June 7</b>	<b>Daily Bulletin Kids Expo</b>	<b>700</b>
	<b>August 16</b>	<b>Health Fair</b>	<b>20</b>
	<b>September 6</b>	<b>Stephen's Hope</b>	<b>150</b>
	<b>September 13</b>	<b>Fontana Safety Fair</b>	<b>300</b>
	<b>September 16</b>	<b>Upland Employee Health Fair</b>	<b>100</b>
	<b>September 26</b>	<b>Rancho Cucamonga Senior Health Fair</b>	<b>400</b>
	<b>September 27</b>	<b>Lewis Homecoming Health Fair</b>	<b>50</b>
	<b>October 2</b>	<b>Rancho Cucamonga Employee Health Fair</b>	<b>300</b>
	<b>October 11</b>	<b>Let's Move Fontana</b>	<b>800</b>
	<b>October 11</b>	<b>Upland Safety Fair</b>	<b>150</b>
	<b>October 12</b>	<b>Reach Out Ontario Health Fair</b>	<b>400</b>
	<b>October 13</b>	<b>Upland Senior Health Fair</b>	<b>100</b>
	<b>October 19</b>	<b>Susan G. Komen Race for the Cure</b>	<b>1000</b>
	<b>October 20</b>	<b>Ontario Senior Health Fair</b>	<b>200</b>
<b>November 7</b>	<b>Claremont Colleges Health Fair</b>	<b>800</b>	

**San Antonio Community Hospital  
Community Outreach—Prevention & Early Detection Activities  
Year 2014**

<b>Health Fairs</b>	<b>November 13</b>	<b>City of Chino Health Fair</b>	<b>150</b>
<b>Special Events</b>	<b>April 12</b>	<b>Hoops for Hope</b>	<b>300</b>
	<b>June 21</b>	<b>Health &amp; Hot Rods- Men’s Health Month</b>	<b>150</b>
		<b>Tune Up Your Pistons: Prostate Cancer (Dr. Tsai)</b>	<b>-</b>
	<b>October 1</b>	<b>Good Health Looks Good on Everyone- Girl’s Night Out</b>	<b>254</b>
		<b>Good Health Looks Good on Everyone (Dr. Bosserman)</b>	<b>-</b>
		<b>Fabulous at Any Age- The Importance of Prevention (Dr. Valenzuela)</b>	<b>-</b>
		<b>Early Detection Saves Lives! (Dr. Bosserman)</b>	<b>-</b>
<b>October 8</b>	<b>Breast Cancer Awareness Café Event</b>	<b>200</b>	
<b>Screening</b>	<b>Oct 1 – Dec 31</b>	<b>\$49.95 Screening Mammogram</b>	<b>54</b>

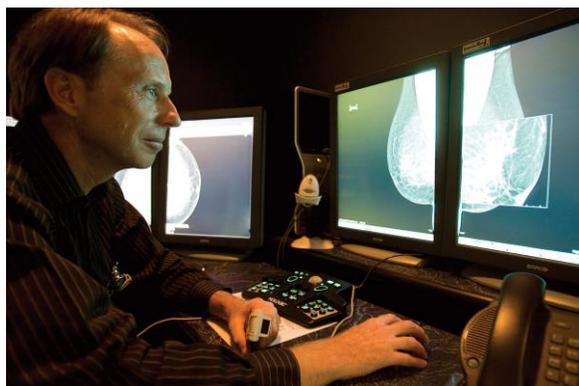
## CANCER CENTER SERVICE LINES AND COMMUNITY RESOURCES

### ***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 we use the power of modern medical technology to change lives. We were 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***

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.

The department has three procedure suites available 24 hours a day and meets all state regulatory requirements for safe patient care and strict videoscope cleaning/processing.

These short and simple procedures can provide an early diagnosis, which may save your life. We encourage you to talk to your physician about any specific questions or concerns that you may have about these procedures. You may also call our department weekdays, from 7:30 am to 4 pm, at 909.920.4991.

### ***Robotic Surgery- da Vinci***

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. Click the link below for additional information.

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



### ***Radiation Oncology***

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.

A full-time physician, board certified in radiation oncology, directs our Radiation Oncology Program. The radiation oncologist works with the patient, primary care physicians, and oncologists to develop the best treatment plan. Our radiation oncologist uses computerized treatment planning to design an individualized radiation therapy regimen based upon the type of cancer and its location, as well as the patient's age, general physical condition, and other health and psychological factors. With the aid of CT simulation, the radiation oncologist tests the plan by verifying the treatment parameters, and checking the process to guarantee that the actual treatment will be as precise as possible. In addition to planning and monitoring radiation treatments, the radiation oncologist is involved in the patient's overall well-being during and after radiation therapy. This includes monitoring nutritional status and treating any side effects that may arise. The radiation oncologist also has access to a nationwide network of cancer treatment centers, as well as individual cases reviewed by the hospital's tumor board.

A team of professionals supports the radiation oncologist. Physicists assist in the treatment planning, calculation of the appropriate radiation dosage, and the potential risk to normal tissues. Radiation therapists operate our complex treatment machines delivering the precise radiation doses to the tumor site and assist patients in controlling side effects and other concerns relating to radiation treatment.

To contact a representative in the Radiation Oncology department, please call: 909.920.4841.

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

### ***Gamma Knife***

We are proud to offer 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.



Click here to view Perflexion Videos:

[http://www.sach.org/home/Our\\_Services/Gamma\\_Knife\\_Center/PerflexionVideo\\_2/](http://www.sach.org/home/Our_Services/Gamma_Knife_Center/PerflexionVideo_2/)

[http://www.sach.org/home/Our\\_Services/Gamma\\_Knife\\_Center/Perflexion\\_Video\\_1/](http://www.sach.org/home/Our_Services/Gamma_Knife_Center/Perflexion_Video_1/)

For more information please contact our Program Liaison Heather Bierman at (909) 579-6818 or hbierman@sach.org.

### ***Oncology Nursing***

The Oncology unit at SACH is a 20-bed inpatient unit. The 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 and/or are OCN (Oncology Certified Nurse) Certified. 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 organization. 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. We understand your hurdles and we are here to offer treatment, guidance, education, and support.

Special programs are offered to post mastectomy patients to reduce swelling and assist with lymphatic drainage. To schedule an appointment or for more information, you may contact the Rehabilitation Services at 909.920-4920.

### Nutritional Services

Screening is conducted daily and within 24 hours of patient admission, via triggers generated from 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 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 regarding 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 for nutrition education need through nursing assessment triggers as well as during the nutrition assessment by the RD. Education are provided by physician consult or may be triggered by patient or family request on both an in-patient and out-patient basis. Group classes regarding Nutrition and Cancer treatment or prevention are provided per request by Community Benefits Department.

### Super Foods For Cancer Prevention

Color	Phytochemicals	Fruit and Vegetables
White and green	<u>Allyl sulphides</u>	Onions, garlic, chives, leeks 
Green	<u>Sulforaphanes, indoles</u>	Broccoli, brussel sprouts, cabbage, cauliflower 
Yellow and green	Lutein, <u>zeaxanthin</u>	Asparagus, collard greens, spinach, winter squash 
Orange and yellow	<u>Cryptoxanthin</u> , flavonoids	Cantaloupe, nectarines, oranges, papaya, peaches 
Orange	Alpha and beta carotenes	Carrots, mangos, pumpkin 
Red and purple	<u>Anthocyanins</u> , polyphenols	Berries, grapes, plums 
Red	Lycopene	Tomatoes, pink grapefruit, watermelon 

### **Community Outreach**

In an effort to increase the health and wellness of our community, the Community Outreach department provides a comprehensive variety of health programs and services. Examples of our 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. We also conduct a comprehensive triennial community health needs assessment to further evaluate and prioritize community needs. Click the link below for Community Education and Support.

[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 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. We provide ongoing education, support, and consultation 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**

Social services department works throughout the year providing social services to patient and families that are managing their diagnosis of cancer. They support them in 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 invited to the cancer service support groups held here at the hospital. The social service department includes staff who are licensed therapist and Master 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 in their communities. During the year the social workers provide individual, family and group therapy for both inpatient and outpatient populations. They also provide telephone consultations as well as emergency services to 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.

The social service department is an integral part of the cancer service program offering patient individualized and patient centered services.

Getting Help for Distress

# Getting Help for Distress

Distress is pain and suffering of the body and mind. Here we use the word distress to cover the many emotions you may have as you deal with cancer and its treatment. Distress is also common in the loved ones of people with cancer.

A certain amount of distress is normal. People are scared about what may happen to their bodies. They worry how they will cope with the cancer. And they have fears about the future. People often wonder, "Am I going to die?" and "Why is this happening to me?"

Learning how to talk about and cope with distress can help you and your loved ones.



## Talking about your distress

The first step toward coping with distress is talking to your cancer care team about how you feel. Then, they can get you help if you need it. They are treating YOU, not just your cancer. They count on you to tell them how you are doing and what you are feeling. No one can do that except you.

Saying that you are distressed can mean that you feel:

- Sad
- Guilty
- Hopeless
- Anxious
- Powerless
- Angry
- Afraid
- Panic

The stress of dealing with cancer may affect areas of your life other than your feelings. It can affect how you think, what you do, and how you interact with others.

## Is distress normal?

Some distress is normal with cancer. But certain signs can warn you that your distress level is too high and is getting serious. Some of these are:

- Feeling overwhelmed to the point of panic
- Being overcome by a sense of dread
- Feeling so sad that you think you can't go on with treatment
- Being more grouchy or irritable than usual
- Feeling unable to cope with pain, tiredness, and nausea
- Trouble getting to sleep or early waking (less than 4 hours of sleep a night)
- "Fuzzy thinking" and memory problems
- Having a very hard time making decisions, even little ones
- Feeling hopeless – wondering if there is any point in going on
- Thinking about cancer and/or death all the time
- Questioning faith and religious beliefs that once gave you comfort
- Feeling worthless and useless



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# Tips to help with distress

## Do –

- ✓ Use coping styles that have worked for you in the past.
- ✓ Find someone you can talk to about your illness.
- ✓ Deal with cancer “one day at a time.” It’s hard to do, but try not to worry about the future.
- ✓ Use support and self-help groups if they make you feel better.
- ✓ Find a doctor who lets you ask all your questions. Know what to expect.
- ✓ Explore spiritual and religious beliefs and practices that have helped you in the past. Look at new practices if you think they might offer you comfort.
- ✓ Keep a personal journal as a way to express yourself without holding back.

**Remember:** There is no one way to diagnose or treat distress. Let your doctor or nurse know how you are feeling so you can get the help you may need.

## Don’t –

- ✓ Believe that “cancer equals death.” There are nearly 14 million Americans alive today who have had cancer.
- ✓ Blame yourself for causing your cancer.
- ✓ Feel bad if you can’t act “positive” and upbeat. Your attitude doesn’t help the cancer or make it worse. Low times will come, no matter how good you are at coping.
- ✓ Suffer in silence. Don’t try to go it alone – get help with what you need.
- ✓ Be embarrassed to get help from a mental health professional.

No matter who you are, we can help. Contact us anytime, day or night, for information and support to help you get well. Call us at 1-800-227-2345, or visit [www.cancer.org](http://www.cancer.org).



We **save lives** and create more birthdays by helping you stay well, helping you get well, by finding cures, and by fighting back.

[cancer.org](http://cancer.org) | 1,800,227,2345

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# Hospital Resources for Patients with Cancer

## Psychosocial Consults: Daily, 8 am - 5 pm

Ask your nurse for a protocol order for social services.

After hours and weekends: Call the operator to contact the on-call Social Worker, who will coordinate your request for a consult with other team members.

## Pain & Palliative Medicine Consults:

For urgent consults 24 hours, 7 days a week, speak with your nurse directly about pain management. He or she will contact your physician immediately.

<h3>Social Work</h3> <p>Ask your nurse to place an order for a social worker</p>	<h3>Oncology Nurse Navigation</h3> <p>Ask your nurse to place an order for an oncology nurse.</p>	<h3>Pain &amp; Palliative Medicine</h3> <p>Ask your nurse to call your physician to provide palliative support or ask for a Palliative Care Consult.</p>
<p><b>909.920.4820</b></p>	<p><b>909.920.6265</b></p>	<p><b>Ask your Nurse</b></p>
<ul style="list-style-type: none"> <li>• Urgent assessment of suicidal, homicidal or upset patient</li> <li>• Suicide assessment</li> <li>• Adjustment to illness</li> <li>• Coping skills</li> <li>• Stress management</li> <li>• Family counseling</li> <li>• Advance directives</li> <li>• Community referrals</li> <li>• Bereavement</li> <li>• End-of-Life counseling</li> <li>• Compliance enhancement</li> <li>• Spiritual support arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation for education to patients who need additional information</li> <li>• Information about community resources, support groups, etc.</li> <li>• Empathetic and knowledgeable about the cancer diagnosis, process, and treatment decisions.</li> <li>• Liaison to connect patients with other patients for support and comfort.</li> </ul>	<ul style="list-style-type: none"> <li>• Pain Assessment and management</li> <li>• Symptom assessment and management                             <ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Nausea or vomiting</li> <li>• Constipation</li> <li>• Fatigue</li> <li>• End-of-life symptom management and communication</li> </ul> </li> <li>• Goals of care discussions</li> <li>• Substance abuse consultation</li> <li>• Infection prevention &amp; treatment</li> </ul>

# Meet Your Oncology Nurse Navigator

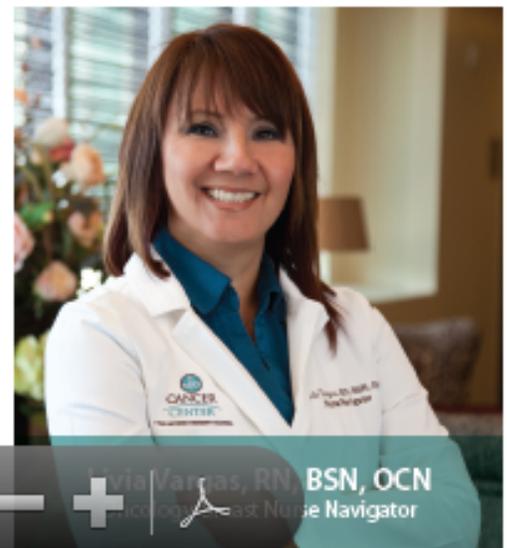
The Oncology Nurse Navigator guides and directs patients across the Continuum of Care. She is a proactive member of the interdisciplinary team, serving as a liaison between you and your physician. The Navigator understands that a cancer diagnosis can be frightening and distressing. Your Navigator is invaluable, offering emotional support, education about the disease process and treatment plan, identifying barriers, and voicing the message that survivorship begins at diagnosis. Connecting with the Navigator will help bridge the gap between informational and supportive needs.

“The complexity of cancer care can be overwhelming. Navigators step in to assist patients facing cancer by providing disease-specific education, managing symptoms, social support, and ensuring adherence to quality treatment,” says Livia Vargas, RN, BSN, OCN, Oncology Nurse Navigator. The goal of the Oncology Nurse Navigator is to streamline your care as well as to provide access to the information you may need through treatment and survivorship.

The Oncology Nurse Navigator offers a Personal Health Guide tailored to support your specific needs and provide education with items that includes San Antonio Community Hospital’s Health & Wellness guide, information on managing anxiety, clinical trials, understanding laboratory values, infection and sepsis prevention and managing chemotherapy side effects. Your Navigator aims to promote preparedness and provide ongoing guidance to meet your healthcare needs.

San Antonio Community Hospital’s Cancer Resource Center offers comfort and community to anyone facing cancer. Our hope is that you will identify with others to learn about coping strategies, symptom management, and become more hopeful to take the next step on your journey. Available at the Cancer Resource Center are support groups, a lending library, the American Cancer Society’s Look Good Feel Better Program, Pilates, nutrition, and a wig salon.

For more information or to set up a meeting with your Oncology Nurse Navigator contact Livia Vargas, RN, BSN, OCN at 909.920.6265 or by email at [lvargas@sach.org](mailto:lvargas@sach.org) between the hours of 8:00 am – 4:30 pm Monday through Friday.



Navigation and sharing icons: save, print, up/down arrows, page 1 of 1, zoom in (+), zoom out (-), and a PDF icon. Below the icons, the text reads: "Livia Vargas, RN, BSN, OCN, Oncology Nurse Navigator".

# Support Resources for Patients with Cancer

A new cancer diagnosis can be frightening and distressing. The Cancer Center at San Antonio Community Hospital extends support to anyone who may be going through a cancer diagnosis. The following support groups and activities are available to patients and their caregivers. *Please call 909.579.6700 for class reservations.*

## **Orientation Class for the Newly Diagnosed**

For men and women with a new diagnosis of cancer. This class provides information on SACH resources for care, treatment, and support for you and your family. Meet our oncology nurse navigator and learn about resources in your local community that can help you manage your care.

4th Wednesday of each month  
2 pm - 3:30 pm

## **Look Good...Feel Better**

Workshop to help women offset appearance-related changes from cancer treatment. Cosmetologists and volunteers will help participants with skin care, make-up application, options for dealing with hair loss, and nail care techniques.

2nd Monday of each month  
10 am - 12 pm

## **Cancer Support Group**

Designed for men and women experiencing any type of cancer. Group provides a safe environment to enrich your spirit.

Third Wednesday of each month  
3 pm - 4 pm

## **Pilates for Cancer Health**

Helps cancer patients improve their general well-being.

Every Monday  
3:30 pm - 4:30 pm

## **Breast Cancer Support Group**

Provides a safe, supportive environment in which participants can share their personal experiences and exchange thoughts and feelings with others.

2nd & 4th Thursday of each month  
11 am - 12 pm

## **Cancer Caregivers**

Provides support to those who are caregiving; sharing resources, experiences, and helpful tips.

First Wednesday of each month  
3 pm - 4 pm

## **Nutrition Counseling**

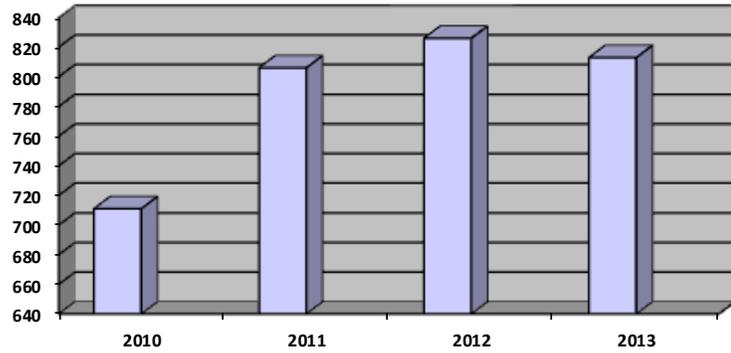
One-on-one counseling with a registered dietitian. Learn ways to help maintain body weight and strength while undergoing cancer treatment. Nourished body tissues are beneficial to help fight infection.

By appointment only by calling 909.944.WELL (9355).  
Fee applies.

**CANCER REGISTRY**

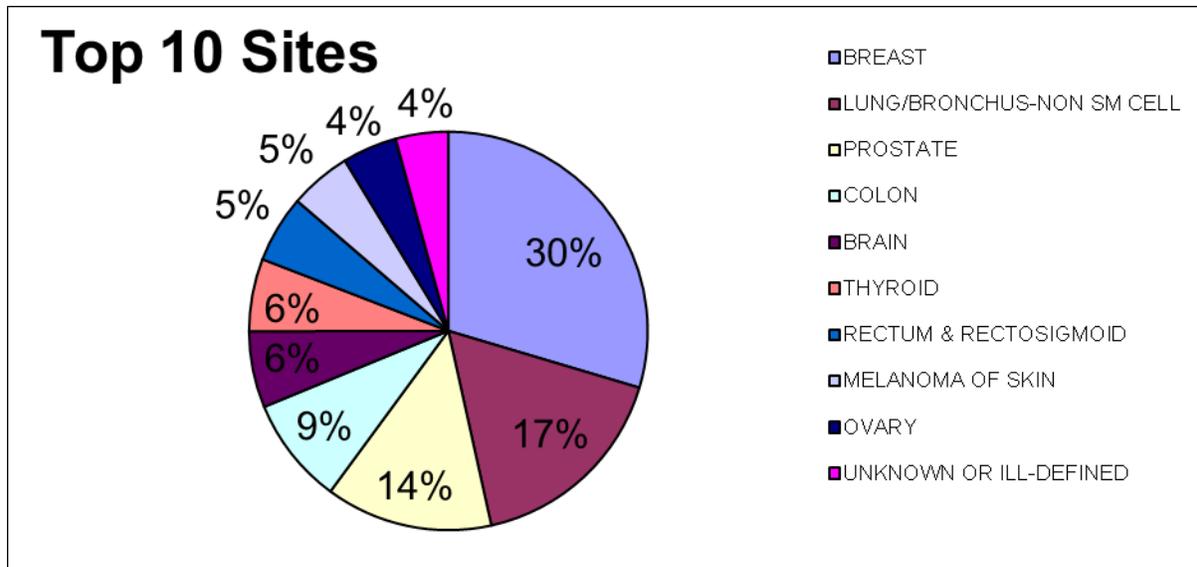
The Cancer Registry Department at SACH has been in existence since 1978, and we have a database of over 21, 511 patients, covering all sites and cell types. Data collected by our registry enable public health professionals to understand and address the cancer burden more effectively.

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.



Caseload Trend

In 2013, SACH admitted 1005 patients with a malignant diagnosis; 813 were analytic, initially diagnosed and/or treated at SACH; 192 were non-analytic, initially diagnosed and/or treated elsewhere. Displayed in the chart below are the top most frequently diagnosed sites of our analytic cases. Breast cancer continues to be number one, with 201 occurring in females; lung cancer (NSCC) was second, 56 in females and 59 in males; prostate is third with 81 cases.



Primary Site Table 2013 Data

Group	Cases	Analytic	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV
ALL SITES	1005	813	461	544	62	208	113	83	123
BREAST	201	170	0	201	39	69	32	9	8
LUNG/BRONCHUS-NON SM CELL	115	95	59	56	1	29	5	11	37
PROSTATE	92	81	92	0	0	15	34	12	7
COLON	59	55	32	27	1	8	12	16	13
BRAIN	42	30	19	23	0	0	0	0	0
THYROID	40	40	6	34	0	27	5	1	2
RECTUM & RECTOSIGMOID	37	34	25	12	3	6	6	11	3
MELANOMA OF SKIN	34	25	23	11	1	10	2	2	3
OVARY	30	16	0	30	0	2	1	4	7
UNKNOWN OR ILL-DEFINED	29	27	20	9	0	0	0	0	0
OTHER NERVOUS SYSTEM	28	17	9	19	0	0	0	0	0
NON-HODGKIN'S LYMPHOMA	27	22	17	10	0	2	1	2	5
BLADDER	26	24	21	5	15	1	7	1	0
LEUKEMIA	23	16	14	9	0	0	0	0	1
KIDNEY AND RENAL PELVIS	21	17	15	6	0	12	2	0	1
CORPUS UTERI	20	18	0	20	0	14	1	2	1
STOMACH	19	15	11	8	0	4	2	2	4
PANCREAS	18	13	11	7	0	1	0	0	9
MYELOMA	16	12	11	5	0	0	0	0	0
ESOPHAGUS	14	10	13	1	1	1	0	1	4
LIVER	14	9	8	6	0	1	1	0	3
LUNG/BRONCHUS-SMALL CELL	14	12	8	6	0	0	0	5	5
OTHER ENDOCRINE	14	7	7	7	0	0	0	0	0
OTHER HEMATOPOIETIC	9	3	6	3	0	0	0	0	0
LARYNX	7	5	7	0	0	2	0	1	0
GALLBLADDER	6	4	1	5	1	0	1	1	1
OTHER DIGESTIVE	6	6	4	2	0	0	0	0	0
SOFT TISSUE	6	6	4	2	0	0	0	2	2
TONGUE	4	4	2	2	0	0	0	0	1
BONE	4	2	1	3	0	0	0	0	1
CERVIX UTERI	4	2	0	4	0	2	0	0	0
HODGKIN'S DISEASE	3	3	2	1	0	1	0	0	1
MOUTH, OTHER & NOS	2	1	2	0	0	0	1	0	0

<b>BILE DUCTS</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PLEURA</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TESTIS</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER URINARY</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GUM</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TONSIL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>OROPHARYNX</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ANUS,ANAL CANAL,ANORECTUM</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>RETROPERITONEUM</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PERITONEUM,OMENTUM,M ESENT</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>NASAL CAVITY,SINUS,EAR</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER SKIN CA</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>UTERUS NOS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER FEMALE GENITAL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>PENIS</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>URETER</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>EYE</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## CANCER CONFERENCE

A significant advantage of treatment at a Commission on Cancer accredited program is our 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 service are also in attendance.

Patients can request that their care be discussed at a cancer conference. Please inform your healthcare provider.



Conference Type	Frequency	Format
<b>General/Multi-Site</b>	First and third Thursday of each month	Facility-Wide
<b>Breast</b>	First and third Thursday of each month	Facility-Wide
<b>Neuro/CNS</b>	Every Wednesday	Site-Focused

## 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 no report of definitive treatment.

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