



SAN ANTONIO REGIONAL HOSPITAL



2015 Annual Cancer Report

2014 Data



Our Cancer Program Leadership...

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Assistant Clinical Professor,
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Therapeutics Research

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Jennifer Amlani, LCSW, MSW
Psychosocial Social Services Coordinator
Palliative Care Member
Social Services Supervisor



SAN ANTONIO REGIONAL 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 Regional Hospital, formerly known as 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

Goals Achieved

- Create chemotherapy powerplans for 5 of our most used chemotherapy agents
 - 7+3 Induction
 - FOLFOX 6
 - VIP
 - Treanada Rituxan
 - R-ICE
- Patients diagnosed at the Women's Breast and Imaging Center: Increase collaboration with surgeons to educate patients prior to surgery.

Programs Implemented

- Patient Navigation Process
 - Process established to address health care disparities and barriers to cancer care
 - Addition of one full time nurse navigator to assist inpatients. Total of two full time oncology nurse navigators
- Psychosocial Distress Screening
 - Patients are screened and referred for further care as necessary.
- Survivorship Care Plan
 - Patients diagnosed and/or treated at San Antonio Regional Hospital will be contacted by our nurse navigator or a member of our medical staff to deliver a comprehensive treatment summary and follow-up plan for patients who are completing treatment
- American College of Radiology awarded the Women's Breast & Imaging Center "Breast Imaging Center of Excellence" distinction.
 - All of our diagnostic modalities are accredited: mammography, ultrasound, stereotactic biopsy, breast ultrasound, breast MRI, and breast MR-guided biopsy
- Tomosynthesis
- Closed IV system



CANCER REGISTRY REPORT

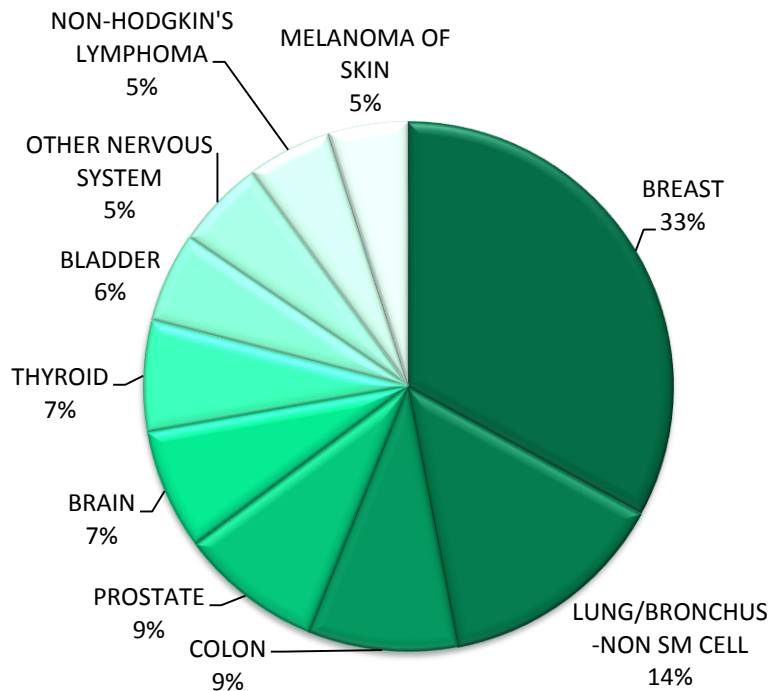
The Cancer Registry Department at San Antonio Regional Hospital has been in existence since 1978, and we have a database of over 23,622 patients, covering all sites and cell types. Data collected by our registry enable public health professionals to understand and address the cancer burden more effectively.

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 2014, we admitted 1,014 patients with a reportable diagnosis: 760 were analytic, initially diagnosed and/or treated at San Antonio; 243 were non-analytic, initially diagnosed and/or treated elsewhere; and 7 were non-reportable. Displayed in the chart below are the most frequently diagnosed sites of our analytic cases. Breast cancer continues to be number one, with 221 occurring in females and 3 in males; lung cancer was second, 54 were females and 41 were males; and colon cancer is third with 28 occurring in females and 34 in males.

We have provided the chart below for additional information regarding the most common sites diagnosed and or treated at our facility.

2014 Data



Site Group	Total Cases	Class			Sex		Stage				
		Analytic	NonAn	Other	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV
ALL SITES	1010	760	243	7	418	592	80	193	121	82	100
BREAST	223	193	28	2	2	221	52	70	49	5	6
LUNG/BRONCHUS-NON SM CEL	95	65	30	0	41	54	3	14	7	11	24
COLON	62	48	14	0	34	28	2	10	15	12	6
PROSTATE	59	45	14	0	59	0	0	9	18	16	1
BRAIN	50	30	19	1	29	21	0	0	0	0	0
THYROID	46	37	9	0	12	34	0	21	4	4	6
BLADDER	37	28	9	0	26	11	13	4	5	0	2
NON-HODGKIN'S LYMPHOMA	35	23	12	0	22	13	0	6	1	5	4
OTHER NERVOUS SYSTEM	34	19	15	0	8	26	0	0	0	0	0
MELANOMA OF SKIN	33	22	10	1	18	15	4	10	2	1	1
LEUKEMIA	29	16	13	0	15	14	0	0	0	0	0
KIDNEY AND RENAL PELVIS	27	20	7	0	17	10	0	11	0	5	1
RECTUM & RECTOSIGMOID	26	24	2	0	11	15	4	2	5	2	3
PANCREAS	26	20	6	0	17	9	0	0	2	0	13
OVARY	26	17	9	0	0	26	0	3	0	7	6
CORPUS UTERI	23	23	0	0	0	23	0	18	1	2	0
OTHER ENDOCRINE	18	13	5	0	8	10	0	0	0	0	0
MYELOMA	17	11	6	0	9	8	0	0	0	0	0
UNKNOWN OR ILL-DEFINED	15	12	3	0	8	7	0	0	0	0	0
LUNG/BRONCHUS-SMALL CELL	14	14	0	0	7	7	0	1	1	2	8
STOMACH	13	9	4	0	10	3	0	2	1	1	4
LIVER	11	7	4	0	9	2	0	1	1	2	2
OTHER HEMATOPOIETIC	9	7	2	0	7	2	0	0	0	0	0
TONGUE	8	6	2	0	5	3	1	1	0	2	1
ESOPHAGUS	6	4	2	0	3	3	0	0	1	1	1
SOFT TISSUE	6	5	1	0	3	3	0	1	1	1	1
OTHER SKIN CA	6	2	2	2	5	1	0	1	0	0	1
GALLBLADDER	5	4	1	0	1	4	0	1	1	2	0
LARYNX	5	5	0	0	4	1	0	1	2	0	1
HODGKIN'S DISEASE	5	2	3	0	4	1	0	1	0	0	0
ANUS, ANAL CANAL, ANORECTUM	4	2	2	0	2	2	0	0	1	0	0
BILE DUCTS	4	3	1	0	2	2	0	1	0	0	0
OTHER DIGESTIVE	4	3	1	0	3	1	0	0	0	0	0
CERVIX UTERI	4	1	3	0	0	4	0	0	0	0	1
TESTIS	4	2	2	0	4	0	0	2	0	0	0
SALIVARY GLANDS, MAJOR	3	3	0	0	2	1	0	0	1	0	2
OROPHARYNX	2	2	0	0	2	0	0	0	0	0	1
HYPOPHARYNX	2	2	0	0	2	0	0	0	0	0	2
PERITONEUM, OMENTUM, MESEN	2	2	0	0	1	1	0	1	0	0	1
PLEURA	2	1	1	0	2	0	0	0	1	0	0
VULVA	2	1	0	1	0	2	1	0	0	0	0
OTHER FEMALE GENITAL	2	2	0	0	0	2	0	0	1	0	0
MOUTH, OTHER & NOS	1	1	0	0	0	1	0	1	0	0	0
TONSIL	1	1	0	0	1	0	0	0	0	0	0
PHARYNX & ILL-DEFINED	1	1	0	0	1	0	0	0	0	0	0
RETROPERITONEUM	1	1	0	0	1	0	0	0	0	1	0
UTERUS NOS	1	1	0	0	0	1	0	0	0	0	1
URETER	1	0	1	0	1	0	0	0	0	0	0



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 through their healthcare provider.



CANCER PROGRAM PRACTICE PROFILE REPORT (CP3R)

Introduction

The success of the Commission on Cancer's (CoC) Cancer Program Practice Profile Reports (CP3R) has 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. The August 2015 updates include cases from diagnosis years 2011-2013.

Measure Development

The Commission on Cancer 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.

The Quality Integration Committee (QIC) of the CoC partners with internal and external clinical experts to develop quality measures. The development and approval of quality measures encompassing multiple primary sites relies on the specialized expertise of members of the QIC and CoC Member Organizations. The currently reported gynecologic measures were developed in conjunction with the Society of Gynecologic Oncology (SGO). Additionally, the QIC is collaborating with experts from the Society of Surgical Oncology (SSO) and the Society of Urologic Oncology (SUO)/American Urologic Association (AUA) on quality measures.

Current Measures

CP3R version 3 currently reports estimated performance rates with 20 quality measures from 8 primary sites including breast, colon, rectum, lung, cervix, gastric, ovary, and endometrium.



ACCOUNTABILITY AND QUALITY IMPROVEMENT MEASURES

BREAST

Select Measures	Measure	CoC Standard	CoC Benchmark (%)	Estimated Performance Rates (%)		
				2011	2012	2013
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	Quality Improvement (nBx)	4.5	80	92	94	86
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC Stage IB-III hormone receptor positive breast cancer	Accountability (HT)	4.4	90	80	92	95
Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	Accountability (BCSRT)	4.4	90	82	93	91
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with \geq 4 positive regional lymph nodes	Accountability (MASTRT)	4.4	90	100	100	100



ACCOUNTABILITY AND QUALITY IMPROVEMENT MEASURES
COLON AND RECTUM

Select Measures	Measure	CoC Standard	Benchmark (%)	Estimated Performance Rates (%)	
				2012	2013
Colon: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	Quality Improvement	4.5	85	55	67
Rectum: Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for Clinical AJCC T1-T2N0 with pathologic AJCC T3N0, T4N0, Stage III; or treatment is recommended; for patient under the age of 80 receiving resection for rectal cancer	Quality Improvement	4.5	85	100	100



COMMUNITY OUTREACH

Prevention Program Outcomes

Standard 4.1- Each year, the cancer committee provides at least one (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- For several years, San Antonio Regional Hospital has hosted an annual 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 reduce the risk 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, health screenings, and smoking.

One of the hospital's highly regarded female family practice physicians, Dr. Kimberly Bekemeier, opened the 2015 program with a dynamic and informative presentation about mindfulness and the idea of opening one's consciousness in regards to lifestyle choices and how these behavioral choices impact long-term health. Following her lead, other female colleagues continued the dialogue by addressing topics ranging from exercise, nutrition, and adopting lifestyle changes that affect and can reduce the risk of breast cancer. The keynote speaker for the evening was Dr. Linda Bosserman, one of the hospital's celebrated oncologists, who presented the idea of laying a foundation for long-term health improvement and prevention by making key lifestyle changes. This idea was further encouraged by challenging the participants to a 30-Day Health Challenge designed to inspire them to make a positive change in their daily lives. The challenge goals included making lifestyle changes pertaining to healthy eating, exercise, health screenings, smoking, and alcohol consumption. In total, 79 women enrolled in the health challenge and received weekly health education, practical techniques, and messages of encouragement relevant to their chosen challenge topic. At the conclusion of the 30 days, participants were encouraged to share their stories and successes.



In 2015, *Girl's Night Out* participants were introduced to interactive educational demonstrations and were offered comprehensive screenings, including cholesterol, blood glucose, blood pressure, and 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. All of these resources were consistent with the messages delivered in the physician presentations as well as the health challenges.

Another element to the event that was introduced in 2015 was the inclusion of a pre and post survey. Guests were chosen at random to participate in a pre-survey upon registration that asked questions to establish a baseline for health knowledge and behaviors as well as socioeconomic demographics. The surveys were designed with a reasoned action approach, relying on the theory of social exchange to encourage participation. The survey participants were invited to return at the conclusion of the event to complete a post survey where they would receive a special gift. The post survey included questions that identified knowledge gained from the evening's presentations as well as a commitment to make specific lifestyle changes in health, nutrition, and physical activity. In total, we distributed 50 surveys and received 26 surveys back. The results of the survey showed an overall 20% increase in knowledge of the importance of lifestyle changes, especially pertaining to physical activity. Additionally, 68% of responses indicated intent to increase physical activity at least 30 minutes per day over the next 30 days and 92% of the responses indicated they were very likely to be more *MINDFUL* of making healthier food choices. 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 nearly 250 women from the hospital service area and beyond.

Barriers- Our efforts for effective change are measured by an increase in knowledge and a commitment to adopt healthier behaviors based on the information, educational materials, and services participants received during the *Girl's Night Out* event. It was determined that results were directly attributed to poor survey participation. The survey distribution area would have been more effective in a more prominent location.

Corrective Action or Recommendations- It is recommended that the surveys are introduced with a clear objective about what is meant to be accomplished and how the process will be completed. A designated area to conduct the surveys will be established, and explanations will be provided in order to effectively capture data, identify trends, and report outcomes.

Screening Program Outcomes

Standard 4.2- Each year, the cancer committee provides at least one (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, 2015. During this period a total of 250 vouchers were distributed and 72 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; 6 cases
 - 1 patient has not returned
- BiRADs "1" Negative; 25 cases
- BiRADs "2" Benign; 41 cases
- BiRADs "3" Short Term Follow Up ; 0 cases
- BiRADs "4" Suspicious Biopsy Requested 0 case
- BiRADs "5" Malignancy Biopsy Requested; 0 cases
- BiRADs "6" Proven malignancy, Patient undergoing treatment ; 0 cases

The hospital's Women's Breast & Imaging Center offers \$100.00 Mammography and/or Ultrasound exams for the community on an ongoing basis. The total number of patients that benefited from this reduced pricing program was 78 persons. The following were the results of the overall screening program:

- BiRADs "0" Needs additional Imaging; 6 cases
 - Referred for MRI
- BiRADs "1" Negative; 19 cases
- BiRADs "2" Benign; 42 cases
- BiRADs "3" Short Term Follow Up ; 7 cases
- BiRADs "4" Suspicious Biopsy Requested 4 cases
 - 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- There was a noticeable decrease in the number of \$49.95 voucher utilization from 2014 to 2015. However, there was an increase in the total number of mammogram screenings provided by the hospital in 2015. Given these results, the decrease in vouchers utilized is most likely attributed to an increase in the population insured through California's health insurance exchange established under the Affordable Care Act (*Covered California*), especially given that the number of Medi-Cal beneficiaries insured through the Inland Empire Health Plan (IEHP), the Medicaid managed care plan in our region, has grown to over 1.3 million covered lives.

Corrective Action or Recommendations- Providing additional educational materials in physician offices and clinic locations, as well as capitalizing on opportunities to market the benefits and expanded capabilities of 3D technology, should increase the number of \$49.95 vouchers utilized, thereby increasing the number of screening mammograms performed during the special promotion.

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 2015 and number served at each activity/event. The screening and prevention programs are consistent with nationally recognized organizations.



San Antonio Regional Hospital
Community Outreach—Prevention & Early Detection Activities
Year 2015

Activity	Date	Description	Attendance
Health Fairs	January 24	Loveland Church Health and Resource Fair	75
	February 26	AHA Go Red for Women	150
	April 11	Cucamonga School District Health Fair	150
	April 18	YMCA Kids Day	200
	June 6	Daily Bulletin Kids Expo	700
	July 4	Claremont Fourth of July Festival	1000
	September 15	Upland Employee Health Fair	100
	September 25	Rancho Cucamonga Senior Health Fair	400
	September 26	Lewis Communities Homecoming Health Fair	100
	September 26	Rancho Cucamonga Senior Health Fair	400
	October 7	Project Connect Health Resource Fair	100
	October 8	Rancho Cucamonga City Health Fair	300
	October 10	Let's Move on the Trail Fontana	800
	October 11	Reach Out Ontario Health Fair	400
	October 12	Upland Senior Health Fair	50
	October 19	Ontario Senior Health Fair	200
	November 7	Pacifica Senior Health Fair Chino	150
	December 12	Ontario 5K Reindeer Run	2000



San Antonio Regional Hospital
Community Outreach—Prevention & Early Detection Activities
Year 2015

Activity	Date	Description	Attendance
Special Events	February 7	Day of Dance	500
	June 26	Health & Hot Rods- Men's Health Month	109
		Tune Up Your Pistons: Prostate Cancer (Dr. Tsai)	-
	October 7	You Were Born to Sparkle - Girl's Night Out	2258
		Mindfulness (Dr. Bekemeier)	-
		Physical Activity and Nutrition (Jennifer Liddel, PT)	-
		30 Day Health Challenge (Dr. Bosserman)	-
	October 8	Breast Cancer Awareness Café Event	200
Screening	Oct 1 – Dec 31	\$49.95 Screening Mammogram	72
	Mar 1 – Oct 1	Know Your Numbers Screening Ontario	101

