

P O M O N A V A L L E Y H O S P I T A L M E D I C A L C E N T E R



THE ROBERT & BEVERLY LEWIS FAMILY
CANCER CARE CENTER

CANCER PROGRAM

A N N U A L R E P O R T 2 0 2 4

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Cancer Committee Report

Preeti Chaudhary, MD, Chair

In the past year, the cancer program at Pomona Valley Hospital Medical Center (PVHMC) remained true to its mission of delivering comprehensive cancer care. The dedicated teams in Medical Oncology, Radiation Oncology, Gynecological Oncology and Breast Cancer Imaging (Breast Health Center) collaborate seamlessly within The Robert & Beverly Lewis Family Cancer Care Center (Cancer Care Center), ensuring well-coordinated care. Our physicians and support staff remained committed to our patient population. I extend my gratitude to them for their unwavering dedication.

Medical Oncology

Our Oncology practice is located within a campus adorned with tranquil foliage and soothing fountains. We are known for our excellence in various crucial areas, including the Food and Drug Administration (FDA) approved "DigniCap" Delta for minimizing chemotherapy-induced hair loss, onsite blood transfusion facilities and a convenient blood draw station.



**Swarna S. Chanduri, MD, Bebnam Ebrahimi, MD
and Preeti Chaudhary, MD**

We focus on personalized care, meticulously identifying predictive markers to guide treatment decisions and improve outcomes through precision oncology. We work closely with our multidisciplinary team, engaging in shared decision-making rooted in evidence-based guidelines, which is the foundation of our success.

Facilitating access to clinical research trials underscores our commitment to continuous improvement. Regular pre-treatment and cancer conference meetings, involving nurses, navigators, and physicians, ensure tailored, integrated care plans. In 2024, we provided over 20,000 patient visits and delivered almost 6,000 specialized chemo/immunotherapy treatments.

Our holistic approach addresses medical, familial, social and spiritual needs. By integrating National Comprehensive Cancer Network (NCCN) protocols and Companion & Complementary Diagnostics, we uphold the highest standards of care. Our oncology electronic medical record system fosters seamless communication among teams, enhancing patient engagement and care continuity.

Patient comfort is paramount, with iPads/tablets available for entertainment and privacy during treatments.

While recognizing the challenges in curing all cancers, our dedicated team of patient navigators, oncology nurses, a social worker, a genetic counselor and a nutritionist supports patients throughout their treatment journey.

Direct consultations with physicians ensure personalized attention from the outset. New patients are scheduled promptly, and STAT appointments are available as needed. Our patient portal grants 24/7 access to medical charts, empowering patients in their treatment decisions.

Our mission centers on quality patient care with a personal touch, guiding every aspect of our practice. In summary, our commitment to excellence in oncology care is defined by compassion, expertise, and innovation. We ensure each patient and their family receive comprehensive support and optimal outcomes.



DigniCap C3

Breast Health Center

The primary goal of the Breast Health Program at PVHMC is to deliver the highest quality care to our patients. We exclusively offer digital breast tomosynthesis mammography at The Robert and Beverly Lewis Family Cancer Care Center and at our Pomona Valley Health Centers in Claremont, Chino Hills and La Verne. Digital breast tomosynthesis is a 3D mammogram that allows the radiologist to examine breast tissue in fine detail, 1 mm at a time. The technology has been shown in multiple studies to significantly increase cancer detection rates and reduce recall rates compared with standard digital mammography. We were also the first in the region to offer the SmartCurve™ breast stabilization system, which is clinically proven to deliver a more comfortable mammogram without

compromising image quality, workflow or dose. The Breast Health Program at PVHMC has full American College of Radiology accreditation in mammography, stereotactic breast biopsy, breast ultrasound, and ultrasound-guided biopsy, demonstrating that our facility has achieved high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures and quality assurance programs.



We are a major partner with local community health clinics to provide screening and diagnostic mammography services for medically underserved patients in conjunction with the state-funded "Every Woman Counts" program. We are dedicated to ensuring that every woman in our community has timely access to high-quality breast care through our low-cost mammogram program, offered twice a year for \$50; no physician referral is required. Our goal is to help women overcome barriers such as access to care, a lack of understanding or fear of the care process, fear of a positive diagnosis, financial barriers to treatment, and a myriad of additional psychosocial, emotional, and family concerns in the event of a positive diagnosis.

Radiation Oncology

In 2024, patient numbers remained stable at 500 consults and we administered over 8,000 external-beam treatments. Due to the changes in fractionation patterns, our total number of treatments delivered decreased. This is primarily due to the employment of a shortened course of 5 fractions known as Stereotactic Body Radiation Therapy (SBRT). This treatment pattern has shown improved outcomes for certain diagnoses. There is also a trend toward shortened courses for primary breast and prostate cancer, which adds to a decrease in total treatments.

The top primary cancer diagnoses for our patient population are:

- Breast Cancer
- Prostate Cancer
- GYN (cervical & uterine) Cancer
- Lung Cancer

The two modes of radiation medicine we offer are:

- **Teletherapy** – Linear accelerator based treatments or external beam treatment



- o Accuray TomoTherapy HiArt Unit
- o Varian Trilogy with Rapid Arc & Cone Beam CT Unit
- o External Beam Treatment Options
 - Photons (x-rays)
 - Electrons
 - Intra-fraction tracking with VisionRT
 - 3D Conformal
 - IMRT with IGRT
 - SBRT with IGRT
 - Respiratory gating & Deep Inspiration Breath Hold

- **Brachytherapy** – Radioactive material based treatments

- o Varian BRAVOS HDR
 - APBI for Select Early Stage Breast Cancer
 - Interstitial Implants for GYN Cancers
 - Intracavitary Implants for GYN Cancers
- o Radioactive Iodine Ablations for Thyroid Cancer and Hyperthyroidism
- o Radioactive Applications for Various Other Conditions

We look forward to providing our community with leading-edge and high-quality radiation medicine for decades to come. We do this through our team of board-certified expert physicians, medical radiation physicists, dosimetrists, therapists, nurses and an outstanding clerical team.

Lung Cancer Program

The Lung Cancer Program (LCP) at PVHMC was founded in January 2008. It is comprised of a team of primary care physicians, radiologists, cardiothoracic surgeons, pulmonologists, medical oncologists, radiation oncologists, pathologists and a clinical trials coordinator.

We have a dedicated Lung Cancer Nurse Practitioner Navigator who provides patients with individualized, comprehensive education to translate complex medical information into understandable language, helping patients and families understand diagnosis, treatment options, side effects and what to expect. They coordinate care among the multidisciplinary team, assist with scheduling appointments and tests, and remove barriers by connecting patients with community resources or support groups. They provide emotional support and advocacy,

helping patients cope with the psychological impact of cancer and advocating for their needs and preferences. They educate on symptom and side effect management, guide the transition from treatment to survivorship with follow-up care plans, and facilitate discussions about palliative care and end-of-life wishes. They also participate in community outreach on lung cancer prevention, risk factors and early screening.

Our primary goal is to promote early diagnosis and to eliminate treatment delays by expediting patients through the health care process once a suspicious radiologic screening abnormality is identified. We work to replace late-stage cancer diagnoses with earlier diagnoses, thereby improving treatment outcomes.

To promote early detection of lung cancer, PVHMC offers the public low-cost, low-dose CT chest screening. While not appropriate for everyone, current publications suggest that CT screening could reduce lung cancer mortality by 20% in heavy smokers through early detection of this lethal disease. We also provide smoking cessation literature and community outreach programs to raise awareness.

GYN Oncology

In 2020, we proudly welcomed GYN oncologist Raffi Chalian, MD to our community. Dr. Chalian is a board-certified gynecologic oncologist, a surgeon specializing in gynecologic cancers. His enthusiasm and dedication have enhanced our ability to serve patients and the broader community. Thanks to his expertise, our patients can now receive comprehensive gynecologic cancer treatments locally, including care in our infusion center. This is a significant convenience and benefit to our patients. At PVHMC, we are committed to providing state-of-the-art care for women with gynecologic cancers. Our advanced treatment options include minimally invasive laparoscopic and robotic surgery, precision and targeted systemic treatment, cutting-edge radiation therapy with TomoTherapy and Trilogy, which deliver IMRT treatments with IGRT, and high-dose-rate brachytherapy. This approach precisely targets radiation to the cancer site, where the cancer was, or areas in the pelvis where recurrence may occur, ensuring our patients receive the most effective and targeted care available. All these advanced treatments options provide our patients with the latest, most effective treatments available.

Palliative Care

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from symptoms (pain, shortness of breath, nausea, anxiety, fatigue, depression) and addressing the stress of a serious illness. The goal is to improve the quality of life for both the patient and the family. Palliative care is provided by a team of specially trained physicians, nurses, chaplains, social workers and specialists who work with the patient's other doctors to provide an extra layer of support. The palliative care team discusses goals of care, treatment options, pain and symptom management, and advance care planning. Palliative care can be provided at any age and any stage of a serious illness. It can also be provided together with other medical treatments. PVHMC's Palliative

Care service has been certified by The Joint Commission since 2014. It works collaboratively with Oncology services to provide a holistic approach to our patients and families. This partnership is committed to achieving best practices in all aspects of care.

Clinical Trials

Clinical trials have been available since 1995, and we are now under the leadership of Sri Gorty, MD, Radiation Oncologist, Medical Director of Radiation Oncology. Since 1995, we have enrolled over 801 patients into non-National Cancer Institute (NCI) and NCI-sponsored cooperative group clinical trials. The Cancer Care Center continues to participate and actively enroll cancer patients in clinical trials through the NCI, other cooperative groups such as NRG Oncology (formerly NSABP, RTOG, and GOG) and pharmaceutical company-sponsored clinical trials.

All study designs are created to focus on answering various scientific questions that will assist in discovering enhanced ways to prevent, diagnose and/or treat various cancers. All clinical trials are entirely conducted in compliance with the FDA guidelines, including but not limited to "Good Clinical Practice" (GCP) guidelines.

Phase III and some Phase II clinical trials are made available to the community, providing patients with easy access to the latest cancer research regimes. At any given time, there are more than a dozen clinical trials open to patients with various types and stages of cancer. Cancer clinical trials are a significant part of the care and services provided. Clinical trials offer new options for patients seeking access to experimental procedures and drugs in all phases of development.

Our clinical trial portfolio generally includes six categories of cancer-related studies:

Treatment trials test new treatments (e.g., a new cancer drug, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy).

Prevention trials test new approaches, such as medicines, vitamins, minerals, or other supplements that physicians believe may lower the risk of a specific type of cancer. These trials look for the best way to prevent cancer in people who have never had cancer or to prevent cancer from coming back or a new cancer occurring in people who have already had cancer.

Quality of life / weight management trials (also called supportive care trials) explore ways to implement a patient-centered approach to improve comfort, quality of life, safety and costs for cancer patients.

Pain relief (palliative care) and pain progression (comparing relief after radiation and re-irradiation, comparing overall pain progression for symptoms of bone metastases).

Observational trials utilizing screening tools such as Multiomics Blood Tests, the primary goal of which is to learn things that will help patients in the future.

Quality - improving trials explore ways to implement a patient-centered approach to improving quality, safety and cost.

All potential study patients are presented with the most recent version of the Institutional Review Board (IRB)-approved consent document for each specific trial. All consent documents contain

the "Experimental Subject's Bill of Rights" (California law under Health & Safety Code Section 24172) and a Health Insurance Portability and Accountability Act Authorization (HIPAA) to Use or Disclose (Release) Identifiable Health Information for Research.

The Department of Health and Human Services (HHS) issued the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) under HIPAA in 1996 to provide the first comprehensive Federal protection for the privacy of personal health information.

Patients who participate in clinical trials are cared for by leading physicians and receive the same quality of care as other patients. They may also have extra support from a dedicated clinical trials team. Care staff monitor lab results to ensure the treatment is working and to identify any side effects. They also provide contact information for patients to address concerns. Potential study patients undergo the consenting process to its entirety before initiating any study-related procedures or assessments. All potential study patients are reminded that their participation is entirely voluntary and that they have the right to refuse without any bias from our medical and ancillary staff.

Customer Satisfaction

Customer satisfaction is always a top priority. Most of our patients are surveyed regarding the service and their satisfaction. The surveys provide us with timely feedback on our patients' experience. We also offer "Feedback Forms" throughout the Cancer Care Center that allow patients to express appreciation or concerns immediately. All compliments, suggestions and concerns are forwarded to the appropriate manager and department for recognition or follow-up as appropriate.

Cancer Registry

The Cancer Registry at PVHMC has collected cancer data for analysis, research and mandatory reporting to the California Cancer Registry since 1985. The Registry also contributes data annually to the American College of Surgeons Commission on Cancer and the National Cancer Database (NCDB). The NCDB contains cases submitted by Commission on Cancer-approved programs nationwide, providing valuable benchmarking data for patient care, treatment and survival outcomes.

Our computerized database now contains 34,833 cancer cases. In 2024, the Cancer Registry accessioned 920 cancer cases, comprising 832 analytic (newly diagnosed and/or treated at PVHMC) and 88 non-analytic (previously diagnosed elsewhere). Lifetime annual follow-up continues to be performed on all analytic patients, as required by the American College of Surgeons.

The top ten primary cancer sites accounted for 624 analytic cases, representing 75% of all new cancers diagnosed and/or treated at PVHMC in 2024. The top ten cancers are: Breast (216 cases or 34.6%), Prostate (80 cases or 12.8%), Non-Small Cell Lung (72 cases or 11.5%), Colon (71 cases or 11.4%), Rectum (36 cases or 5.8%), NH Lymphoma (34 cases or 5.4%), Pancreas (34 cases or 5.4%), Kidney/Renal Pelvis (28 cases or 4.5%), Corpus Uteri (27 cases or 4.3%), and Bladder (26 cases or 4.2%). The remaining 208 cases (25%) represent all other cancer sites combined.

The gathered data demonstrates that breast, prostate, lung

and colorectal cancers remain the most frequently diagnosed malignancies at PVHMC, consistent with national incidence patterns that continue to show these as the leading cancer sites across the United States.

Support Programs

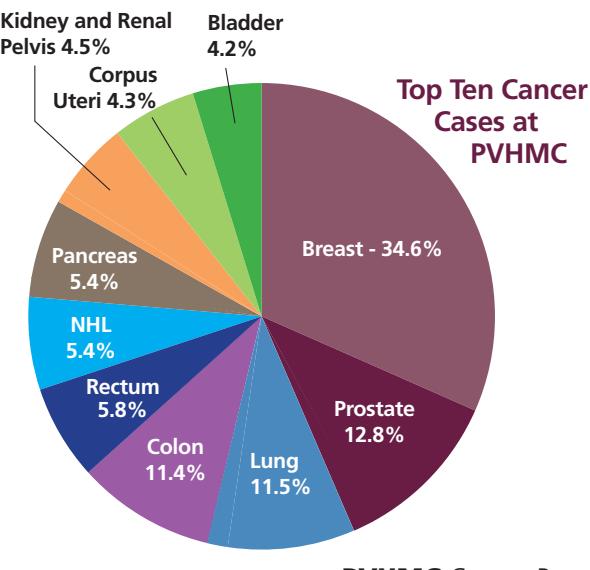
Since the pandemic, many of our support and wellness groups have evolved to meet the changing needs of our patients. We now offer a mix of in-person and virtual options, ensuring flexibility and accessibility for everyone. Some of the ongoing support groups and classes we offer include breast cancer and general cancer support groups, nutrition consultations, Pilates classes tailored to patients, chemotherapy education, newly diagnosed orientation meetings and Advanced Care Planning. Our dedicated team includes an on-site social worker and specialized breast and lung navigators, all focused on providing compassionate support and guidance to our patients. These professionals serve as invaluable resources not only for patients but also for their families, offering personalized assistance tailored to each individual's journey. Whether through phone calls, virtual meetings, or face-to-face interactions, our team is committed to connecting with and supporting patients in the way that best suits their preferences, ensuring they feel supported every step of the way.

Genetic Counseling Services

We began offering genetic counseling services in 2020 in conjunction with Keck Graduate Institute. In 2024, we provided specialized genetic counseling and tested 134 patients. This counseling is highly valuable to patients. This service is not offered at every comprehensive community cancer center, but we are pleased to provide it to our patients.

Fundraising

In 2024, the Foundation raised \$112,687.07 for the Cancer Care Center. This total included funding for the Breast Health Fund, Living Well After Cancer, The Robert and Beverly Lewis Family Cancer Care Center Endowment, and unrestricted gifts to the cancer program. Of the \$112,687, \$6,000 came from the Pomona Police Department's Pink Patch Project. At the end of 2024, The Robert and Beverly Lewis Family Cancer Center Endowment was valued at \$4,329,642.



New Cancer Cases 2024

POMONA VALLEY HOSPITAL MEDICAL CENTER

SITE GROUP	Total Cases	Class		Sex				Stages						
		A	N/A	M	F	Other	0	I	II	III	IV	Unk	N/A*	Missing
Oral Cavity/Pharynx	16	14	2	12	4	0	0	4	4	3	0	0	3	0
TONGUE	5	5	0	4	1	0	0	1	3	0	0	0	1	0
SALIVARY GLANDS, MAJOR	2	2	0	2	0	0	0	0	0	2	0	0	0	0
MOUTH, OTHER & NOS	1	1	0	0	1	0	0	1	0	0	0	0	0	0
TONSIL	1	0	1	0	1	0	0	0	0	0	0	0	0	0
OPHOPHARYNX	4	4	0	4	0	0	0	2	1	1	0	0	0	0
NASOPHARYNX	1	0	1	1	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	1	1	0	1	0	0	0	0	0	0	0	0	1	0
PHARYNX & ILL-DEFINED	1	1	0	0	1	0	0	0	0	0	0	0	1	0
Digestive System	216	199	17	119	97	0	8	49	38	29	63	1	11	0
ESOPHAGUS	6	5	1	5	1	0	0	1	1	1	2	0	0	0
STOMACH	19	16	3	8	11	0	0	5	0	0	10	0	1	0
SMALL INTESTINE	6	6	0	2	4	0	0	1	2	0	3	0	0	0
COLON	73	71	2	45	28	0	6	16	15	14	18	1	1	0
RECTUM & RECTOSIGMOID	37	36	1	19	18	0	2	11	10	5	8	0	0	0
ANUS,ANAL CANAL,ANORECTUM	5	4	1	1	4	0	0	3	1	0	0	0	0	0
LIVER	19	13	6	13	6	0	0	3	3	2	3	0	2	0
GALLBLADDER	2	1	1	1	1	0	0	0	0	0	1	0	0	0
BILE DUCTS	7	7	0	4	3	0	0	3	1	1	0	0	2	0
PANCREAS	36	34	2	18	18	0	0	6	5	5	18	0	0	0
RETROPERITONEUM	1	1	0	0	1	0	0	0	0	1	0	0	0	0
OTHER DIGESTIVE	5	5	0	3	2	0	0	0	0	0	0	0	5	0
Respiratory & Intrathoracic System	109	100	9	52	57	0	0	28	9	12	32	3	16	0
NASAL CAVITY;SINUS;EAR	2	1	1	2	0	0	0	1	0	0	0	0	0	0
LARYNX	3	3	0	2	1	0	0	0	1	0	0	1	1	0
LUNG/BRONCHUS-SMALL CELL	6	6	0	3	3	0	0	0	0	2	4	0	0	0
LUNG/BRONCHUS-NON SM CELL	79	72	7	34	45	0	0	27	4	10	28	2	1	0
HEMERETIC	12	12	0	7	5	0	0	0	0	0	0	0	12	0
MYELOMA	6	5	1	3	3	0	0	0	4	0	0	0	1	0
OTHER HEMATOPOIETIC	1	1	0	1	0	0	0	0	0	0	0	0	1	0
Bone	2	2	0	0	2	0	0	0	0	0	1	0	1	0
Soft Tissue	5	4	1	3	2	0	0	1	0	1	2	0	0	0
Skin	22	19	3	9	13	0	7	6	3	3	0	0	0	0
MELANOMA OF SKIN	22	19	3	9	13	0	7	6	3	3	0	0	0	0
Breast	234	216	18	1	233	0	32	116	31	20	12	4	1	0
Female Genital	61	54	7	0	61	0	0	33	2	8	8	3	0	0
CERVIX UTERI	11	9	2	0	11	0	0	3	1	4	1	0	0	0
CORPUS UTERI	28	27	1	0	28	0	0	24	0	1	1	1	0	0
UTERUS NOS	3	3	0	0	3	0	0	1	0	0	2	0	0	0
OVARY	14	11	3	0	14	0	0	3	1	3	4	0	0	0
VAGINA	1	0	1	0	1	0	0	0	0	0	0	0	0	0
VULVA	2	2	0	0	2	0	0	2	0	0	0	0	0	0
OTHER FEMALE GENITAL	2	2	0	0	2	0	0	0	0	0	2	0	0	0
Male Genital	100	84	16	100	0	0	0	10	37	18	14	1	0	0
PROSTATE	93	80	13	93	0	0	0	10	37	18	14	1	0	0
TESTIS	6	3	3	6	0	0	0	3	0	0	0	0	0	0
PENIS	1	1	0	1	0	0	0	0	0	0	0	0	1	0
Urinary Tract	60	55	5	37	23	0	13	19	8	7	7	0	1	0
BLADDER	29	26	3	23	6	0	13	3	8	1	1	0	0	0
KIDNEY AND RENAL PELVIS	30	28	2	14	16	0	0	15	0	6	6	0	1	0
URETER	1	1	0	0	1	0	0	1	0	0	0	0	0	0
Ophthalmic	1	1	0	1	0	0	0	0	0	0	0	1	0	0
Brain and other Nervous System	17	17	0	6	11	0	0	0	0	0	0	0	17	0
BRAIN**	9	9	0	5	4	0	0	0	0	0	0	0	9	0
OTHER NERVOUS SYSTEM	8	8	0	1	7	0	0	0	0	0	0	0	8	0
Thyroid and Other Endocrine	23	23	0	8	15	0	0	16	4	0	1	0	2	0
THYROID	20	20	0	5	15	0	0	15	4	0	1	0	0	0
OTHER ENDOCRINE	3	3	0	3	0	0	0	1	0	0	0	0	2	0
Hodgkin/Non-Hodgkin Lymphoma	44	36	8	24	20	0	0	11	4	7	10	0	4	0
HODGKIN'S DISEASE	2	2	0	2	0	0	0	0	1	1	0	0	0	0
NON-HODGKIN'S LYMPHOMA	42	34	8	22	20	0	0	11	3	6	10	0	4	0
Unknown or Ill-Defined	10	8	2	3	7	0	0	0	0	0	0	8	0	0
TOTALS	920	832	88	375	545	0	60	296	140	108	150	12***	66	0

Lymphoma: Table includes lymphoma cases coded to lymphatic and extranodal sites.

* Not Applicable: Benign tumors, hematopoietic malignancies and tumors and histopathology in a particular primary site not included in AJCC TNM staging scheme.

** Benign tumors: collection and reporting has been a requirement of the American College of Surgeons and/or the State of California.

*** Unknown stage: ACoS, CoC allow 10% or less of the analytic case load to be unstaged. Starting 1/1/2006, analytic Class 0 cases (diagnosed at our hospital but received all 1st course of treatment elsewhere) are no longer required to be TNM staged. The table reflects a total of 12 cases, divided by 832 analytical cases = 1.44% unstaged cases (less than 10%).



Breast Cancer Update

Swarna Chanduri, MD, Chair

Breast cancer remains the most commonly diagnosed malignancy and the second leading cause of cancer death among women in the United States. According to the American Cancer Society's 2024 projections, there will be an estimated 310,720 new cases of invasive breast cancer and 56,500 cases of ductal carcinoma in situ (DCIS) diagnosed among women. Male breast cancer accounts for an additional 2,790 new invasive cases, with an estimated 530 deaths among men. In total, 42,250 women are expected to die from breast cancer in 2024.

Breast cancer mortality rates have declined by approximately 44% since 1989, primarily due to earlier detection, improved screening, and advances in multimodality, personalized treatment approaches. Nationwide, these efforts have increased the five-year survival rate to nearly 80%, underscoring the success of precision medicine and patient-centered care in the fight against breast cancer.

At PVHMC's Cancer Care Center, our multidisciplinary team continues to provide individualized care to patients diagnosed with breast cancer. Each case is carefully reviewed by a team of specialists — including medical oncologists, radiation oncologists, surgeons, radiologists and pathologists — with participation from social workers, palliative care specialists, nurse navigators, and genetic counselors, when indicated.

Our weekly pretreatment conference and general tumor board serve as the cornerstone of coordinated care. Patients benefit from a team-based approach that ensures accurate staging, timely treatment initiation and adherence to evidence-based standards. The breast nurse navigator guides patients from an abnormal mammogram through diagnosis and into survivorship, addressing barriers to care and connecting patients with

supportive services. Genetic testing and molecular profiling are incorporated into treatment planning to tailor systemic therapy and reduce unnecessary chemotherapy exposure. While we strive to follow National Comprehensive Cancer Network (NCCN) guidelines, individualized clinical judgment remains central to every care decision.

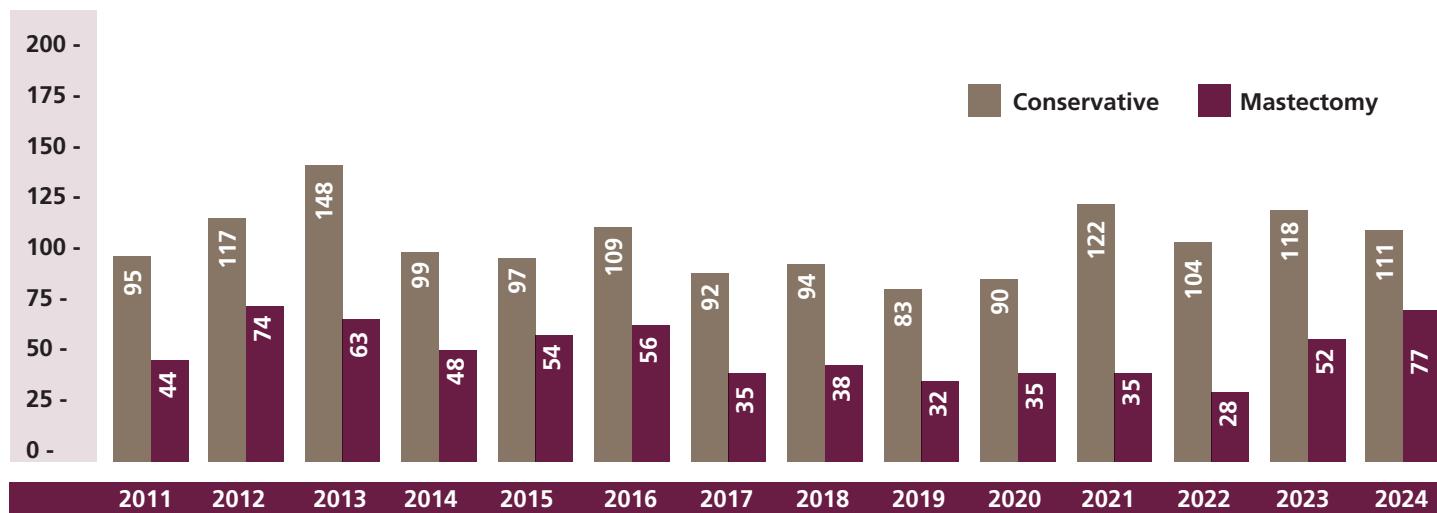
The incidence of breast cancer at PVHMC has remained relatively stable over the past three years, with 182 new analytic cases in 2022, 220 in 2023, and 216 in 2024. (Table 1). Surgical treatment trends continue to reflect an institutional preference toward breast-conserving surgery whenever clinically appropriate. In 2023, 111 patients underwent conservative surgery and 77 patients were treated with mastectomy. Preliminary 2024 data demonstrate a similar distribution, with a continued emphasis on lumpectomy and segmental resections for early-stage disease.

Bilateral mastectomy was primarily offered to women with hereditary breast cancer syndromes or high-risk genetic mutations, as determined through counseling and risk assessment. This data is summarized in Table 2, which details surgical management trends (conservative versus mastectomy) for the past three years.

As shown in Table 3, the majority of breast cancers diagnosed at PVHMC continue to present at early stages (Stage I-II), reflecting the success of screening and awareness programs. However, a notable subset of patients still present with locally advanced or metastatic disease (Stage III-IV). Many of these late-stage presentations are associated with either delayed diagnosis, limited screening access, or complex comorbidities that restrict therapeutic options.

Breast Cancer - PVHMC Surgical Treatment - 2011-2024

Table 1



Breast Cancer - NCDB vs PVHMC - Stage at Diagnosis

Table 2

Stage at Diagnosis	NCDB		PVHMC					
	NCDB 2023	% of total NCDB	PVHMC 2022	% of total PVHMC	PVHMC 2023	% of total PVHMC	PVHMC 2024	% of total PVHMC
0	57,616	17%	27	15%	25	11%	32	15%
I	173,619	53%	103	57%	123	56%	116	54%
II	40,160	12%	31	17%	32	15%	31	14%
III	16,300	5%	11	6%	21	10%	20	9%
IV	12,424	4%	8	4%	13	6%	12	6%
Unknown	26,481	8%	1	1%	3	1%	4	2%
Not applicable	3,597	1%	1	1%	3	1%	1	1%
Total	330,197	100%	182	100%	220	100%	216	100%

Breast Cancer - NCDB vs PVHMC - Age at Diagnosis

Table 3

Age Group	NCDB		PVHMC					
	NCDB 2023	% of total NCDB	PVHMC 2022	% of total PVHMC	PVHMC 2023	% of total PVHMC	PVHMC 2024	% of total PVHMC
Under 20	14	0%						
20-29	1,589	1%	4	2%	1	1%	1	1%
30-39	13,368	4%	13	7%	7	3%	11	5%
40-49	48,021	15%	32	18%	33	15%	42	19%
50-59	67,678	21%	32	18%	50	23%	39	18%
60-69	94,327	29%	48	26%	71	32%	55	26%
70-79	76,186	23%	30	17%	37	17%	47	22%
80-89	25,589	8%	18	10%	15	7%	18	8%
90+	3,424	1%	5	3%	6	3%	3	1%
Unk	1	0%						
Total	330,197	100%	182	100%	220	100%	216	100%

Breast cancer remains a disease of older women, consistent with national demographic trends. In 2023, 81% of patients treated at our Cancer Care Center were age 50 and older, a figure that has remained consistent through 2024. This reinforces the importance of targeted outreach and screening adherence in postmenopausal populations, while continuing to educate younger women with familial or genetic risk.

Table 4 summarizes the treatment modalities used at PVHMC compared with national data from the National Cancer Database (NCDB). The data illustrate a modest increase in the proportion of patients who did not receive first-course treatment, rising from 4% in 2021 to 6% in 2022 and 7% in 2023, consistent with national trends showing an increase from 3% to 4% during the same period.

Most of these patients had biopsy-only or advanced metastatic disease, often with transfer of care, hospice transition or treatment refusal documented. These patterns mirror national observations suggesting that delayed presentation, comorbidities and social determinants of health continue to influence first-course treatment initiation.

Long-term outcome data from our cancer registry, covering patients diagnosed between 2013 and 2018, are summarized in Tables 5-8. Our five-year overall survival rate for breast cancer across all stages is 83.2%, comparable to national benchmarks.

Survival outcomes at PVHMC vary by tumor biology and receptor status. Patients with estrogen receptor (ER)-positive tumors demonstrate an 84.3% five-year survival, while triple-positive and ER/PR-positive subtypes achieve an even higher 86.2% survival rate. In contrast, ER-negative and triple-negative tumors have lower survival rates, at 76.4% and 76.9%, respectively, reflecting the aggressive clinical behavior of these molecular subtypes.

These findings underscore the importance of tumor biology in guiding treatment and prognosis. Patients with hormone-responsive disease benefit from targeted endocrine therapy, while those with HER2-positive or triple-negative disease often require more intensive chemotherapy or biologic regimens.

Age at diagnosis continues to significantly influence outcomes. Younger women (<35 years) and older adults (>70 years) experience lower survival rates, largely due to biologically aggressive disease in the former and competing health factors in the latter. Collectively, these age groups represent more than 30% of the PVHMC breast cancer population and likely contribute to

NCDB vs PVHMC Treatment

Table 4

Stage at Diagnosis	NCDB 2023	%	PVHMC 2022	%	PVHMC 2023	%	PVHMC 2024	%
No 1st course Treatment	11,692	4%	11	6%	14	7%	29	14%
Surgery Only	41,787	13%	33	19%	48	23%	64	31%
Radiation Only	489	0%						
Hormones Only	5,855	2%	2	1%	2	1%		
Hormones and Other			1	1%				
Chemotherapy Only	2,064	1%	2	1%	3	1%	2	1%
Immunotherapy Only								
Chemotherapy and Immunotherapy	3,874	1%	5	3%	6	3%	5	2%
Chemotherapy and Hormones	3,592	1%	1	1%	2	1%	1	1%
Chemotherapy, Hormones and Immunotherapy	750	0%	1	1%				
Radiation and Hormones	552	0%						
Radiation, Hormones, Immunotherapy								
Radiation and Chemotherapy	372	0%						
Radiation, Chemotherapy and Immunotherapy			1	1%			1	1%
Radiation, Chemotherapy and Hormones			1	1%			1	1%
Surgery and Immunotherapy	373	0%			1	1%		
Surgery and Radiation	22,968	7%	7	4%	22	11%	13	6%
Surgery and Chemotherapy	8,871	3%	15	9%	20	10%	8	4%
Surgery and Hormones	51,427	16%	7	4%	17	8%	10	5%
Surgery, Hormones and Immunotherapy			1	1%				
Surgery, Radiation and Hormones	94,030	29%	52	30%	43	21%	40	19%
Surgery, Chemotherapy and Immunotherapy	11,436	4%	12	7%	16	8%	11	5%
Surgery, Chemotherapy and Radiation	8,348	3%	12	7%	4	2%	5	2%
Surgery, Chemotherapy and Hormones	6,767	2%	2	1%	4	2%	4	2%
Surgery, Chemotherapy, Hormones and Immunotherapy							1	1%
Surgery, Chemotherapy, Radiation, Hormones and Immunotherapy			2	1%			1	1%
Surgery, Radiation, Chemotherapy and Immunotherapy			4	2%			9	4%
Surgery, Radiation, Chemotherapy and Hormones	22,258	7%	4	2%	1	1%	1	1%
Surgery, Radiation, Hormones and Immunotherapy					4	2%		
Other specified Treatment	32,390	10%						
Active Surveillance	302	0%						
TOTAL	330,197	100%	176**	100%	207**	100%	206**	100%

**Reflects cases diagnosed @ PVHMC, but patient has not sought any further treatment due to personal, spiritual or other reasons (including treatment recommended but patient refused or unknown, patient expired or went into Hospice). This is based on exhaustive research to physicians offices and other facilities.

**Reflects updated totals, from previous year and/or excludes Analytic Class of Case 0 cases (diagnosed here, and treated elsewhere)."

PVHMC Five-Year Survival Table for Breast Cancer Cases Diagnosed 2013 - 2018 Comprehensive Community Cancer Program - PVHMC

Table 5

Stage	Cases	At Diagnosis	1 year	2 Years	3 years	4 years	5 years
0	115	100	100.0	100.0	100.0	99.1	98.2
I	244	100	98.4	95.5	92.6	90.1	88.9
II	199	100	98.0	91.9	86.3	82.8	77.6
III	72	100	97.2	90.3	75.0	68.1	63.9
IV	18	100	31.4	25.1	18.9	12.6	12.6
Overall	648	100%	96.6%	92.7%	88.0%	84.9%	82.2%

PVHMC Five-Year Survival Table for Breast Cancer Triple neg. Cases
Diagnosed 2013 - 2018 Comprehensive Community Cancer Program - PVHMC

Table 6

Stage	Cases	At Diagnosis	1 year	2 Years	3 years	4 years	5 years
0	0	-	-	-	-	-	-
I	2	100	100.0	100.0	100.0	100.0	100.0
II	3	100	100.0	100.0	100.0	100.0	100.0
III	0	-	-	-	-	-	-
IV	0	-	-	-	-	-	-
Overall	5	100%	100%	100%	100%	100%	100%

PVHMC Five-Year Survival Table for Breast Cancer ER/PR + Cases
Diagnosed 2013 - 2018 Comprehensive Community Cancer Program - PVHMC

Table 7

Stage	Cases	At Diagnosis	1 year	2 Years	3 years	4 years	5 years
0	84	100	100.0	100.0	100.0	98.8	97.6
I	194	100	99.5	96.9	94.3	91.7	90.7
II	117	100	100.0	94.0	86.3	83.8	79.4
III	43	100	95.4	90.7	79.1	74.4	69.8
IV	10	100	50.0	40.0	30.0	20.0	20.0
Overall	448	100%	98.2%	94.9%	90.4%	87.7%	85.4%

PVHMC Five-Year Survival Table for Breast Cancer Triple + Cases
Diagnosed 2013 - 2018 Comprehensive Community Cancer Program - PVHMC

Table 8

Stage	Cases	At Diagnosis	1 year	2 Years	3 years	4 years	5 years
0	0	-	-	-	-	-	-
I	0	-	-	-	-	-	-
II	4	100	100.0	100.0	100.0	100.0	100.0
III	0	-	-	-	-	-	-
IV	0	-	-	-	-	-	-
Overall	4	100%	100%	100%	100%	100%	100%

PVHMC Five-Year Survival Table for Breast Cancer ER + Cases
Diagnosed 2013 - 2018 Comprehensive Community Cancer Program - PVHMC

Table 9

Stage	Cases	At Diagnosis	1 year	2 Years	3 years	4 years	5 years
0	96	100	100.0	100.0	100.0	99.0	97.9
I	213	100	99.5	96.7	93.9	91.0	90.1
II	145	100	100.0	93.1	85.4	82.6	77.0
III	55	100	96.4	87.3	72.7	67.3	61.8
IV	13	100	38.5	30.8	23.1	15.4	15.4
Overall	522	100%	97.9%	93.7%	88.6%	85.7%	83.0%

PVHMC Five-Year Survival Table for Breast Cancer ER neg Cases Diagnosed 2013 - 2018 Comprehensive Community Cancer Program - PVHMC

Table 10

Stage	Cases	At Diagnosis	1 year	2 Years	3 years	4 years	5 years
0	8	100	100.0	100.0	100.0	100.0	100.0
I	22	100	90.9	86.4	86.4	86.4	86.4
II	48	100	91.7	89.6	89.6	83.2	81.0
III	16	100	100.0	100.0	87.5	75.0	75.0
IV	5	100	36.8	24.6	24.6	12.3	12.3
Overall	99	100%	11.1%	11.1%	11.1%	11.1%	11.1%

the institution's slightly lower overall survival rate compared with national averages.

Multiple factors contribute to these outcomes, including patient refusal of treatment, racial and ethnic disparities that can limit access to care, and socioeconomic barriers affecting timely treatment. Ongoing initiatives at PVHMC aim to address these disparities through navigation support, outreach education, and financial assistance programs.

The Cancer Care Center remains committed to improving survival outcomes through equitable access to care and multidisciplinary collaboration. Our nurse navigators assist patients in coordinating appointments, managing insurance or financial barriers, and connecting with PVHMC Foundation's support programs, which

help provide resources such as Dignicap® scalp-cooling assistance for patients in need.

Interpreter services are available for all patients with limited English proficiency; over 30% of our total patient population is Hispanic, many of whom require language assistance. Continued partnerships with tertiary centers expand patients' opportunities to participate in clinical trials not available locally, ensuring access to the most advanced therapies.

Each day, the Cancer Care Center strives to deliver comprehensive, compassionate, and equitable breast cancer care, integrating data-driven improvement and personalized treatment to enhance outcomes for every patient we serve.



Definition of Terms

Age of Patient	Recorded in completed years at the time of diagnosis for analytic cases or the age of the patient at the time they were first seen at this hospital for non-analytic patients.
Class of Case	<p>Analytic: Patients with a malignant neoplasm (or benign brain or CNS tumor diagnosed in 2001 or after), newly diagnosed and/or received all or part of their 1st course of treatment at Pomona Valley Hospital Medical Center.</p> <p>Non-Analytic: Patients who have been previously diagnosed and treated for a malignancy (or benign brain or CNS tumor after 2001) elsewhere who receive treatment at PVHMC for progressive, recurrent or metastatic disease.</p>
Stage of Disease	<p>Analytic cancer cases at PVHMC are staged according to the American Joint Commission on Cancer (AJCC), 6th Edition Cancer Staging manual as required by the American College of Surgeons, Commission on Cancer.</p> <p>The AJCC, TNM Classification Systems is based on the premise that cancer of similar types (histology) or site of origin share similar patterns of growth. There are no AJCC TNM Staging Classifications for malignant brain and CNS tumors or hematopoietic diseases. These cases are designated as not applicable (N/A) under stages on the New Cancer Cases 2006 table. This system expresses the anatomic extent of disease based on:</p> <p>T = tumor size, and/or tumor invasion, N = node involvement, M = metastases, spread to distant sites (lung, liver, bone, brain, etc.)</p> <p>A Stage Group, i.e. I, II, III, IV is assigned after the TNM elements have been determined.</p>
Survival Rate	The proportion of patients surviving a particular interval from the time of diagnosis, expressed in terms of percentage, and then computed.
Treatment	Refers to the first course of planned treatment after initial diagnosis.

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The Robert and Beverly Lewis Family Cancer Care Center is a comprehensive ambulatory oncology facility where a collaborative partnership of health care professionals are dedicated to community-focused cancer education, prevention, screening, diagnosis, treatment, research and recovery.

The Cancer Care Center is committed to providing the broadest range of effective cancer care and related services currently available in a community setting.



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