

POMONA VALLEY HOSPITAL MEDICAL CENTER

CANCER PROGRAM
ANNUAL REPORT
FOR 2015



POMONA VALLEY HOSPITAL

MEDICAL CENTER

THE ROBERT & BEVERLY LEWIS FAMILY CANCER CARE CENTER

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CANCER COMMITTEE REPORT

by Sri Gorty, MD, *Chair*

The Cancer Program at Pomona Valley Hospital Medical Center (PVHMC) offers an integrated approach to all aspects of patient care. The unique opportunity to provide Radiation Oncology, Medical Oncology, Psychosocial Support and Breast Health Center (breast cancer imaging) under one roof at The Robert & Beverly Lewis Family Cancer Care Center allows patients to find support, quality care and multidisciplinary excellence in a positive and caring environment.

Medical Oncology

Our medical oncologists continue to collaborate weekly by presenting new cancer cases at the Cancer Care Center pre-treatment conference. These conferences enable patients to have multiple opinions developing the best treatment plan available based on NCCN Guidelines for that patient. Surgeons, pathologists and radiologists, along with medical and radiation oncologists, nurses, clinical trials coordinator and therapists offer their knowledge and expertise to each individual's case.

Weekly Tumor Board conferences provide physicians an opportunity to present challenging cases to a multidisciplinary forum for review and recommendations. This team, in addition to the members stated above, also includes physicians from many different specialties and other health care professionals.



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 our Pomona, Claremont, and Chino Hills sites. Digital breast tomosynthesis is a 3-dimensional mammogram, which allows the radiologist to examine the breast tissue in fine detail, 1 mm at a time. The technology has been shown in multiple studies to significantly increase the cancer detection rate and reduce recall rates relative to standard digital mammography.

Again in 2015, The Breast Health Program at PVHMC was the only facility in the area to be designated as an American College of Radiology Breast Imaging Center of Excellence, which indicates full 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 over age 40, in conjunction with the state funded "Every Woman Counts" program.

The Breast Health Program at PVHMC also provides diagnostic breast imaging services to underinsured and uninsured patients under the age of 40, and men of any age, made possible by a community grant from the Los Angeles County Affiliate of Susan G. Komen.

We are dedicated to ensure that every woman in our community has timely access to our high quality breast care, helping 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

2015 was a busy and productive year providing more than 8,300 high quality radiation treatments to over 450 patients diagnosed with cancer and several benign conditions such as but not limited to adenomas, meningiomas and keloids. The top four diagnoses for this patient population is as follows:

- Breast Cancer
- Prostate Cancer
- GYN (cervical & uterine) Cancer
- Colo-Rectal Cancer

The two modes of radiation therapy that are offered by our department are as follows:

- Teletherapy - Linear accelerator based treatments
 - Accuray TomoTherapy HiArt Unit
 - Varian Trilogy with Rapid Arc & Cone Beam CT Unit
 - External Beam Treatment Options
 - Photons (x-rays)
 - Electrons
 - Intra-fraction tracking
 - 3D Conformal
 - IMRT with IGRT
 - SBRT with IGRT
 - Respiratory Gaiting & Deep Breath Hold
 - Electrons





- Brachytherapy – Radioactive material based treatments
 - HDR
 - APBI for Select Early Stage Breast Cancer
 - Interstitial Implants for GYN Cancers
 - Intracavitary implants for GYN Cancers
 - Permanent Radioactive Seed Implants for Prostate Cancer
 - Radioactive Iodine Ablations for Thyroid Cancer and Hyperthyroidism
 - Radioactive Injections for Metastatic Bone Cancer
 - Radioactive Applications for Various Other Conditions

We look forward to providing our community with leading edge and high quality radiation medicine for many more years.

Lung Cancer Program

The Lung Cancer Program (LCP) at PVHMC was founded in January 2008. The LCP comprises a team of primary care physicians, radiologists, cardiothoracic surgeons, pulmonologists, medical oncologists, radiation oncologists, pathologists and a clinical trials coordinator. The PVHMC LCP manages our CT Lung Cancer Screening Program. 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, and thereby improve treatment outcomes.

To promote diagnosing lung cancer at the earliest of stages, PVHMC offers the public low cost and low dose CT Chest Screening, not requiring a physician referral. 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 counseling, support sessions and literature.

GYN Oncology

Our GYN Oncology services continue to expand since Gynecologic Oncology Associates (GOA), a group of five board certified gynecologic oncologists, joined our medical staff in 2011. GOA continues to be a valuable asset to our community providing GYN oncology expertise to our patients. PVHMC can now serve women with gynecologic cancers right here. Our patients receive the most up to date in gynecologic cancer treatments. This includes minimally invasive laparoscopic or robotic surgery, ultra-precise radiation therapy utilizing TomoTherapy and Trilogy, both of which deliver IMRT treatments with IGRT and high

dose rate brachytherapy which places the radiation directly at the site of the cancer, where the cancer was or where the cancer may recur in the pelvis.

Palliative Care

Palliative Care is specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, chaplains, social workers and other specialists who work with the patient's other doctors to provide an extra layer of support in discussing goals of care, treatment options, pain and symptom management, and advance care planning. Palliative care can be provided at any age and at any stage in a serious illness, and can be provided together with curative treatment.

Palliative Care is not to be confused with Hospice Care. Palliative Care is pain and symptom management provided at any time during an illness, even while curative treatments are pursued. Hospice Care provides palliative care to terminally ill patients no longer seeking curative treatment.



Clinical Trials

Clinical trials have been offered since 1995 under the leadership of Y. S. Ram Rao, MD, Director of Radiation Oncology and the Cancer Program. We have enrolled over 531 patients into NCI sponsored cooperative group clinical trials since 1995.

The Cancer Care Center continues to participate and actively enrolling cancer patients onto clinical trials through the National Cancer Institute, (NCI) through Cooperative Groups such as: NRG and occasionally Pharmaceutical Company sponsored clinical trials.

Each study design is 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 fully conducted in compliance with the FDA guidelines including but not limited to, "Good Clinical Practice" guidelines (GCP).

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.

There are 9 types of cancer related clinical trials:

- Treatment trials test new treatments (like 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 doctors believe may lower the risk of a certain 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.

- Screening trials test the best way to find cancer, especially in its early stages.
- Quality of Life trials (also called supportive care trials) explore ways to improve comfort and quality of life for cancer patients.
- Pain relief (palliative care) and pain progression (comparing relief after radiation and re-irradiation, comparing overall pain progression for symptomatic bone metastases).
- Psycho-Social (Coping with cancer at the end of life).
- Surplus Surgical Tissue and Biofluids Collection for research and some include, but not limited to, one or more of the following: RNA or DNA isolation and analysis, gene and protein expression, diagnostic device and biomarker development, tissue micro array construction, laboratory test and compound identification and validation tests. This is a two part study both Retrospective and Prospective.

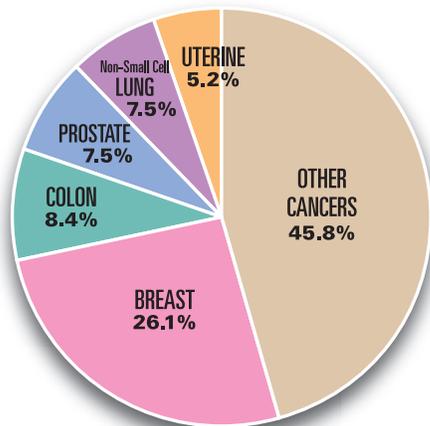
All potential study patients are presented with the most recent version of the IRB Approved Consent Document for each specific trial. All consent documents contain the "Experimental Subject's Bill of Rights." (California law under Health & Safety Code Section 24172) and a "HIPPA," (Authorization) to 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 the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide the first comprehensive Federal protection for the privacy of personal health information.

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 study participation is completely voluntary and they have the right to refuse study participation without any bias treatment from our medical staff.

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 Cancer Registry also contributes data to the American College of Surgeons (ACoS), Commission on Cancer, and National Cancer Data Base (NCDB) annually. The NCDB contains data from American College of Surgeons approved hospitals nationally. The physicians at PVHMC utilize benchmark reports from the NCDB to measure and evaluate patient care, treatment and survival of our cancer patients. Our computerized database contains 25,976 cancer patients.



Percentages of Total Cancer Cases at PVHMC

In 2015 the Cancer Registry accessioned a total of 1,000 cancer cases. There were 902 analytic or new cases and 98 non-analytic or previously diagnosed and treated cases. We also perform lifetime annual follow-up on all analytic patients in our database as a requirement of the American College of Surgeons approved Cancer Programs.

The top five sites comprise a total of 489 cases or 54.2% of the total cancer cases seen at PVHMC for 2015. The top five cancers are: Breast (235 cases or 26.1%), Colon (76 cases or 8.4%), Prostate (68 cases or 7.5%), Non-small cell lung (63 cases or 7.0%) and Uterine cancer (47 cases or 5.2%). Other Cancers 45.8%.

Customer Satisfaction

Customer Satisfaction is always a top priority. Many of our patients who utilize the hospital based departments are called and surveyed regarding the service and their satisfaction. The phone surveys allow us more timely feedback about our patients' experience. We also offer "Feedback Forms" throughout the Center that allows patients an immediate opportunity to express appreciation or concerns. All compliments, suggestions and concerns are forwarded to the appropriate manager and department for recognition or follow-up as appropriate. In 2015, we continued to experience excellence in Customer Service.

Support Programs

Support Services continued to offer a wide variety of support programs, workshops and wellness groups.

Two workshops were held for patients and family members on "Do We Really Need to Talk About It?" on the importance of Advance Directives and other end-of-life issues. A special workshop for patients, called "Cancer Fighting Foods" was held to educate and support the community and also survivors. We also celebrated survivors day with a special day workshop "Let the Sunshine In" including creative journaling, tai chi, meditation, longevity stick, centering prayer and nutrition tips. It was a great day for connecting with others, recognizing supporters, honoring survivors, and celebrating life.

The PVHMC's Foundation's special fund was once again utilized to offer four different sessions of the "Living Well After Cancer" program in 2015. This program, in conjunction with The Claremont Club's goal is to help cancer survivors improve their fitness level, quality of life and self-esteem. We want them to know that life can improve after cancer treatment ends. The participants (men and women) experienced many forms of exercise specifically designed for them. They met a minimum of twice weekly for 13 weeks. In addition to weight training and cooking classes the program included yoga, Pilates, balance, and aqua classes.



Survivor's Day

We had 384 different support or wellness group meetings with an attendance over 3,300. We also had 7 patient workshops, community events and forums, speaking engagements including over 2,000 in attendance. We also ended the year with our annual holiday open house where we celebrate the holidays with over 125 of our current and past patients.

Fundraising

In addition to the ongoing support of The Robert and Beverly Lewis Family Cancer Care Center, donors supported the 12th Annual Celebrating with Style Fashion Show and Luncheon. Six cancer survivor models from The Cancer Care Center fashioned clothes from Susa's and Xerxes for Gents both located in Claremont Village. Guests enjoyed a reception; theme basket raffle drawings; lunch and an emotional and up-lifting fashion show.

Once again, we are very appreciative of Ladies Plastics Golf Organization holding their 16th annual Golf Tournament to benefit The Robert and Beverly Lewis Family Cancer Care Center's Breast Health fund. The board of LPGO presented a check in the amount of \$40,000 at

the Cancer Care Center early 2016. These funds will be used to fund a full-time Breast Health Navigator position that was a part-time position.

Other community supporters for the Breast Health Fund were Ink'd Chronicles who hosted their annual "Tattoos For The Cure," Power of Pink raised \$5,900 and the Inland Valley Golf Championship donated \$900.

In 2015, we provided 135 wigs for patients who have lost their hair due to chemotherapy. We are very proud to offer numerous educational and wellness programs to anyone touched by cancer "free of charge."

Thank you to our community family for your ongoing support in our efforts to raise funds for The Robert and Beverly Lewis Family Cancer Care Center.



"We won first place in the Hospital's Breast Cancer Awareness Door Decorating Contest in October!"



Celebrating With Style Fashion Show and Luncheon



Power of Pink

New Cancer Cases 2015

Pomona Valley Hospital Medical Center

SITE GROUP	Total Cases	Class		Sex		Stages							N/A* Missing
		A	N/A	M	F	0	I	II	III	IV	Unk		
Oral Cavity/Pharynx	12	8	4	12	0	0	0	0	3	5	0	0	0
Tongue	4	3	1	4	0	0	0	0	1	2	0	0	0
Salivary Glands, Major	2	2	0	2	0	0	0	0	1	1	0	0	0
Tonsil	3	2	1	3	0	0	0	0	1	1	0	0	0
Oropharynx	2	1	1	2	0	0	0	0	0	1	0	0	0
Nasopharynx	1	0	1	1	0	0	0	0	0	0	0	0	0
Digestive System	186	175	11	97	89	15	26	42	34	43	10	5	0
Esophagus	5	5	0	5	0	0	1	2	1	1	0	0	0
Stomach	22	22	0	12	10	1	2	3	4	7	5	0	0
Small Intestine	2	2	0	2	0	0	0	1	1	0	0	0	0
Colon	78	76	2	33	45	10	11	23	19	11	2	0	0
Rectum/Rectosigmoid	26	24	2	15	11	3	7	3	3	7	1	0	0
Anus, Anal Canal, Anorectum	6	6	0	0	6	1	0	3	1	0	1	0	0
Liver	13	11	2	11	2	0	2	3	4	2	0	0	0
Gallbladder	4	3	1	1	3	0	0	1	0	2	0	0	0
Bile Ducts	4	3	1	3	1	0	0	0	0	0	1	2	0
Pancreas	23	20	3	12	11	0	3	3	1	13	0	0	0
Other Disgestive	3	3	0	3	0	0	0	0	0	0	0	3	0
Respiratory & Intrathoracic System	95	82	13	53	42	4	12	9	8	46	2	1	0
Nasal Cavity, Sinus, Ear	1	1	0	1	0	0	0	0	1	0	0	0	0
Larynx	7	5	2	7	0	0	0	1	1	3	0	0	0
Lung/Bronchus-Small Cell	11	9	2	6	5	0	0	1	1	7	0	0	0
Lung/Bronchus-Non Small Cell	72	63	9	37	35	4	12	6	5	34	1	1	0
Pleura	4	4	0	2	2	0	0	1	0	2	1	0	0
Hematopoietic	35	24	11	14	21	0	2	0	0	0	0	22	0
Leukemia	15	11	4	5	10	0	2	0	0	0	0	9	0
Myeloma	12	9	3	5	7	0	0	0	0	0	0	9	0
Other Hematopoietic	8	4	4	4	4	0	0	0	0	0	0	4	0
Bone	1	0	1	1	0	0	0	0	0	0	0	0	0
Soft Tissue	5	5	0	2	3	0	1	1	2	1	0	0	0
Skin	36	34	2	24	12	3	13	3	2	3	10	0	0
Melanoma of Skin	35	34	1	23	12	3	13	3	2	3	10	0	0
Other Skin CA	1	0	1	1	0	0	0	0	0	0	0	0	0
Breast	244	235	9	124	120	45	88	72	20	8	2	0	0
Female Genital	107	93	14	0107	2	43	9	19	12	5	3	0	0
Cervix Uteri	21	21	0	0	21	0	9	2	4	5	0	1	0
Corpus Uteri	49	47	2	0	49	0	29	4	7	3	3	1	0
Uterus Nos	2	1	1	0	2	0	1	0	0	0	0	0	0
Ovary	26	16	10	0	26	0	2	2	7	4	1	0	0
Vagina	1	1	0	0	1	0	0	1	0	0	0	0	0
Vulva	5	4	1	0	5	2	1	0	0	0	1	0	0
Other Female Genital	3	3	0	0	3	0	1	0	1	0	0	1	0
Male Genital	94	76	18	94	0	1	15	42	9	9	0	0	0
Prostate	86	68	18	86	0	0	8	42	9	9	0	0	0
Testis	7	7	0	7	0	0	7	0	0	0	0	0	0
Penis	1	1	0	1	0	1	0	0	0	0	0	0	0
Urinary Tract	61	57	4	44	17	20	18	12	1	5	1	0	0
Bladder	42	41	1	29	13	19	9	10	0	3	0	0	0
Kidney and Renal Pelvis	17	14	3	14	3	1	9	2	0	2	0	0	0
Ureter	1	1	0	1	0	0	0	0	0	0	1	0	0
Other Urinary	1	1	0	0	1	0	0	0	1	0	0	0	0
Brain and Other Nervous System	26	23	3	11	15	0	0	0	0	0	0	23	0
Brain**	14	12	2	8	6	0	0	0	0	0	0	12	0
Other Nervous System	14	13	1	5	9	0	0	0	0	0	0	13	0
Thyroid and Other Endocrine	35	33	2	7	28	0	22	1	4	1	1	4	0
Thyroid	30	29	1	5	25	0	22	1	4	1	1	0	0
Other Endocrine**	5	4	1	2	3	0	0	0	0	0	0	4	0
Hodgkin/Non-Hodgkin Lymphoma	42	37	5	22	20	0	11	9	5	10	1	1	0
Hodgkin's Disease	7	6	1	1	6	0	1	4	0	1	0	0	0
Non-Hodgkin's Lymphoma	35	31	4	21	14	0	10	5	5	9	1	1	0
Unknown or Ill-Defined	21	20	1	6	15	0	0	0	0	0	0	20	0
TOTALS	1000	902	98	388	612	90	251	200	107	143	32***	79*	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 32 cases for 2015. 9 Class 0 cases were subtracted thus leaving 23 cases divided by 902 analytical cases = 2.5% unstaged cases (less than 10%).



BREAST CANCER UPDATE

by Preeti Chaudhary, MD, *Medical Oncologist*

In the United States, breast cancer is the most common female cancer, the second most common cause of cancer death in women. In the United States, breast cancer accounts for 230,000 cases each year and is responsible for over 40,000 deaths. Breast cancer mortality rates have been decreasing since the 1970s. This decrease in mortality is likely due to improved breast cancer screening and adjuvant treatment.

Over the last 3 years at PVHMC, the incidence of breast cancer across all stages has more or less remained the same. There were total 235 new cases of breast cancer diagnosed at PVHMC out of which 194 cases were treated at our center in 2015 (Table 3). In planning treatment for these patients at our cancer care center we try to adhere to NCCN clinical guidelines for treatment. However, guidelines cannot replace good clinical judgment. The management of breast cancer requires the expertise of several disciplines including surgical oncologist, radiation oncology, radiology, pathology, palliative care specialists, social workers and geneticists when indicated. Each and every case of newly diagnosed breast cancer is discussed in our pre-treatment Monday afternoon conference attended by various sub-specialists routinely involved in the management of breast cancer. Cases are also presented at the Thursday afternoon multidisciplinary tumor board meeting.

Our hospital's breast cancer data collected by our cancer registry for the last 3 years from 2013-2015 is reported in the graphs and tables depicted below. The data depicts the stage at diagnosis as well as age at diagnosis (Table 1 and 2). Breast cancer remains a disease of older women and 78% women treated at our center were above the age of 50 (Table 2).

Table 3 depicts treatment modalities used in the management of breast cancer at PVHMC. Our 5 year survival data for breast cancer patients across all age groups is depicted in Table 4. Our 5 year overall survival data for all stages is 81%. Various factors may be responsible for these results such as patient refusal to undergo treatment, racial disparities, socioeconomic status of patients etc. Both younger (<35 years) and older (>70 years) age at diagnosis is associated with a worse prognosis. Over 30% patients treated at PVHMC fall in this category and may account for our slightly inferior 5 year survival rates. Poor documentation, inability to acquire outside medical records and patients lost to follow up may be other confounding factors. Overall, each day we strive to provide superior care and tailor individualized plans for adjuvant therapy for patients diagnosed with breast cancer at our center. We also provide them with referrals to tertiary centers to give them opportunities to participate in clinical trials not open at our center.



BREAST CANCER • Stage at Diagnosis • NCDB vs PVHMC

TABLE 1

Stage at Diagnosis	NCDB		PVHMC					
	NCDB 2013	% of Total NCDB	PVHMC 2013	% of Total PVHMC	PVHMC 2014	% of Total PVHMC	PVHMC 2015	% of Total PVHMC
0	21,023	20%	40	18%	37	18%	45	19%
I	44,647	43%	89	39%	84	40%	88	37%
II	24,872	24%	57	25%	60	28%	72	31%
III	7,805	8%	33	15%	13	6%	20	9%
IV	3,478	3%	4	2%	8	4%	8	3%
Unknown	1,384	1%	5	2%	9	4%	2	1%
N/A	68	0%	-	-	-	-	-	-
Totals	103,277	100%	228**	100%	211**	100%	235**	100%

** Reflects updated totals, and includes all analytical cases.

BREAST CANCER • Age at Diagnosis • NCDB vs PVHMC

TABLE 2

Age Group	NCDB		PVHMC					
	NCDB 2013	% of Total NCDB	PVHMC 2013	% of Total PVHMC	PVHMC 2014	% of Total PVHMC	PVHMC 2015	% of Total PVHMC
Under 20	2	0%	-	-	-	-	-	-
20-29	388	0%	2	1%	3	1%	2	1%
30-39	3,377	3%	7	3%	11	5%	10	4%
40-49	15,491	15%	44	19%	42	20%	40	17%
50-59	24,659	24%	49	22%	57	27%	52	22%
60-69	29,013	28%	59	26%	54	26%	73	31%
70-79	20,148	20%	38	17%	29	14%	37	16%
80-89	8,961	9%	24	11%	14	7%	19	8%
90+	1,238	1%	4	2%	1	0%	2	1%
Unknown	-	-	1	0%	-	-	-	-
Totals	103,277	100%	228**	100%	211**	100%	235**	100%

** Reflects updated totals, and includes all analytical cases.

BREAST CANCER • Treatment • NCDB vs PVHMC

TABLE 3

Treatment at Diagnosis	NCDB 2013		PVHMC 2013		PVHMC 2014		PVHMC 2015	
	# Cases	%	# Cases	%	# Cases	%	# Cases	%
No 1st Course Treatment	1,881	2%	5*	2%	5*	3%	15*	7%
Surgery Only	17,552	17%	21	10%	26	14%	29	14%
Radiation Only	143	0%	-	-	-	-	-	-
Hormones Only	1,303	1%	-	-	1	1%	1	1%
Chemotherapy Only	809	1%	3	1%	1	1%	3	1%
Immunotherapy Only	-	-	-	-	4	0%	-	-
Surgery and Immunotherapy	47	0%	-	-	-	-	-	-
Surgery and Radiation	7,788	8%	16	7%	10	5%	17	8%
Surgery and Chemotherapy	5,332	5%	5	2%	5	3%	16	8%
Radiation and Hormones	379	0%	-	-	1	1%	1	1%
Radiation, Hormones, Immunotherapy	-	-	1	1%	-	-	-	-
Surgery and Hormones	15,046	15%	30	14%	22	12%	21	10%
Surgery, Hormones and Immunotherapy	-	-	1	0%	-	-	-	-
Surgery, Radiation & Hormones	24,809	24%	59	27%	61	33%	57	27%
Surgery, Chemo & Immunotherapy	1,216	1%	4	2%	3	2%	3	2%
Surgery, Chemo, Hormones & Immunotherapy	-	-	-	-	-	-	5	2%
Radiation and Chemotherapy	220	0%	1	1%	-	-	-	-
Chemo and Immunotherapy	214	0%	1	1%	1	1%	1	1%
Chemotherapy and Hormones	254	0%	-	-	-	-	-	-
Chemo, Hormones, and Immuno	48	0%	2	1%	-	-	-	-
Hormones and Other	-	-	-	-	-	-	1	1%
Surgery, Radiation, Hormones and Immunotherapy	-	-	4	2%	-	-	1	1%
Surgery, Radiation, Chemo and Immunotherapy	-	-	7	3%	3	2%	4	2%
Surgery, Chemo and Radiation	5,367	5%	16	7%	11	6%	14	7%
Surgery, Chemo and Hormones	4,181	4%	7	3%	7	4%	5	2%
Surgery, Chemo, Radiation, Hormones and Immunotherapy	-	-	8	4%	5	3%	5	2%
Surgery, Chemo, Radiation and Hormones	9,790	9%	25	12%	23	12%	9	4%
Other Specified Treatment	6,874	7%	-	-	-	-	1	1%
Active Surveillance	24	0%	-	-	-	-	-	-
TOTAL	103,277	100%	216**	100%	185**	100%	209**	100%

* Reflects cases diagnosed at 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 excludes Analytic Class of Case 0 cases (diagnosed here, and treated elsewhere).

PVHMC Five-Year Survival Table for Breast Cancer Cases*

TABLE 4

Diagnosed in 2004-2009 – Comprehensive Community Cancer Program - PVHMC

Stage	Cases	At dx	1 year	2 years	3 years	4 years	5 years
0	202	100.0	99.5	99.0	96.5	94.0	93.5
I	337	100.0	98.2	96.1	94.3	91.9	89.5
II	294	100.0	98.3	94.2	91.4	86.6	81.4
III	117	100.0	95.7	86.3	79.4	70.0	69.2
IV	39	100.0	68.8	47.6	28.5	14.3	11.4
Overall	989	100.0	96.5%	92.2%	88.3%	84.1%	81.4%

*Based on the TNM Staging 6th Edition which reflects updated changes to tumor staging based on previous research.

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. 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 style="padding-left: 40px;">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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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 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 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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