# Table of Contents

- **Cancer Program Accomplishments** 3–4
- **Site Table for 2012** 5–6
- **Public Reporting of Outcomes** 6–11
- **Patient Care Evaluation — Ovarian Cancer**
  - **Ovarian Survival Graph, St Jude Medical Center/National** 10
    - All Stages
- **Community and Professional Outreach**
  - Support Groups 12
  - Prevention Education 13
  - Community Cancer Awareness Activities 13–14
  - Medical Education 14–15
  - Nursing /Multidisciplinary Education 15–16
- **Cancer Conference Report** 16
SJMC Cancer Program Accomplishments

Cancer Committee accomplishments spanned a broad spectrum during 2012 and resulted in improvements in programmatic, clinical, quality improvement, and community outreach endeavors listed as follows:

**PROGRAMMATIC**

- The Breast Center received the American College of Radiology (ACR) accreditation for Breast Ultrasound and Ultrasound-Guided Biopsy — May 2012–May 2015.

- GYN Oncology surgeons present cases at General Cancer Conferences.

- A CT Lung Screening Program is established.

- Lung Nodule Screening is ongoing.

- The Genetics Program consists of St Jude Medical Center (SJMC) & City of Hope Genetics Program. The number of patient referrals was 315 with 180 initial consults. Of the original 315 referrals 135 declined, were not appropriate or never responded. From the 180 initial consults 116 were seen for a subsequent or follow up consult, 64 did not require an in person follow up.

- GU Workgroup encouraged Urology physicians to increase the presentation of prostate cancer cases at Cancer Conferences

- 2012 Breastival event at SJMC for employees-Mammogram appointments scheduled at SJMC Breast Center

- “Breast Health Education and Cancer Awareness: A Community Hospital Embracing a Novel Approach”, published article by Danelle Johnston, RN, MSN, OCN, CBCN.

- Living Well with Breast Cancer education series of 4 classes which focuses on promoting a low fat diet and healthy eating habits to reduce risk of recurrence of Breast Cancer.

- The Head and Neck Cancer Support Group was initiated and scheduled monthly.

- NAPBC standards presented as required at the monthly Breast Work Group meetings.

- National Quality Measures for Breast Centers (NQMBC) participation by submitting 19 quality indicators. SJMC Breast program received Level One Certification and became a Certified Participant in September, 2012.

- Shared Journey Program 17 Survivors are volunteers. Twenty-three women have gone through the program.

- Clinical Trial Screening is ongoing for all new oncology and radiation oncology patients. In 2012, a total of 1218 SJMC cancer patients were screened for clinical trials and a total of 78 patients or 6% of analytic cases were accrued to clinical trials. The Commission on Cancer threshold is 2% for Comprehensive Community Cancer Program and 4% for commendation.

- Stereo Body Radio Therapy (SBRT) was initiated in May of 2012. Total of 2 patients received treatment in 2012.

- New Chief Physicist recruited to join Radiation Oncology in September.

- In October first Cranial Stereotactic Radiotherapy introduced in Radiation Oncology. One patient received treatment in 2012.

- Every 2 months the Oncology Buzz was sent to Cancer Program staff. This newsletter communicates education & community events, news updates related to cancer care, cancer program department updates, staff recognitions and sacred encounters.
SJMC Cancer Program Accomplishments

CLINICAL/QUALITY IMPROVEMENT

- Radiation Oncology 2012
  - CT simulation dose rate was recorded at 97% in PACS the digital imaging storage system.
  - Patient arrival on time to radiation appointments was at 85%.

- 2012 Cancer Conference case discussion for AJCC Staging is at 92%, NCCN Guidelines discussed is at 93% and Prognostic Indicators discussion is at 90%.
  1. 63% of all newly diagnosed breast cancer cases were presented at Breast Cancer Conference
  2. 96% of all newly diagnosed Lung Cancer cases were presented at Lung Cancer Conference
  3. 8% of all newly diagnosed GU Cancer cases were presented at General Cancer Conference

- 84% of all newly diagnosed Lung Cancer patients were referred to the Lung Nurse Navigator.

- Distress Management working group initiated a process to coordinate and implement the utilization of the NCCN distress screening tool. A policy and procedure was developed for its use that includes documentation of patient responses and referral when required.

- The Oncology Nurse Navigator role was further developed and clarified. SJMC sponsored, in conjunction with Mission Hospital Regional Medical Center and St Joseph Hospital, an Orange County Nurse Navigator conference.

- Accelerated Partial Breast Irradiation for Early Stage Breast Cancer (APBI) Study

- Monitoring of AJCC TNM Cancer Staging for 2012 demonstrates an overall rate of completion of 98% with an accuracy rate of 90%

- Monitoring for CAP data elements validated their presence in SJMC Pathology Reports at 100%.

- St. Jude continues to participate in The American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) and conducts biannual data collection utilizing QOPI quality indicators.
  - St. Jude exceeded the 2012 QOPI national data base in
    1. Patient emotional well-being assessed by the second office visit.
    2. Chemotherapy intent documented (curative vs. palliative).
    3. Hospice enrollment and enrolled more than 7 days before death.
  - St. Jude 2012 scores were at 100% in the following indicators
    1. Adjuvant chemotherapy recommended within 4 months of diagnosis for patients with AJCC stage III colon cancer.
    2. Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy.
    3. Anti-EGFR MoAb therapy not received by patients with KRAS mutation.
    4. KRAS testing for patients with metastatic colorectal cancer who received anti-EGFR MoAb therapy.
    5. Adjuvant chemotherapy received within 9 months of diagnosis by patients with AJCC stage II or III rectal cancer.

- Physician review of Cancer Registry Data demonstrates
  - Coding histology, grade, primary site, first course of treatment, and class of case correctly from 99% to 100%.
  - Accuracy of Collaborative Stage as well as match to the physician TNM stage is measured. Compliance is 98%.
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<td>0</td>
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</tr>
<tr>
<td>KAPOSIS SARCOMA</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<td>0</td>
<td>0</td>
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<td>UTERUS NOS</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>OTHER FEMALE GENITAL</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>PENIS</td>
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<td>1</td>
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<td>1</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EYES</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Analysis of Site Table

In 2012 Saint Jude Medical Center had a total of 1430 cancer cases. Of the 1430 cases 1183 were new analytic cancer cases. These analytic cases were diagnosed at Saint Jude and or received their first course of treatment at SJMC. 53% of the cases were female and the remaining 47% of the patients were male. The top five cancer sites at Saint Jude Medical Center are Breast, Prostate, Lung, Colon and Melanoma cancers. 58% of the cancer cases at Saint Jude in 2012 were diagnosed in Stage 0, Stage I, or Stage II.

Saint Jude Medical Center
Cancer Committee
An Evaluation of the Quality of Ovarian Cancer Patient Care:
Years 2007–2012

Purpose of the Study: To review Ovarian Cancer cases at St. Jude Medical Center to monitor whether evaluation and treatment is compliant with NCCN Guidelines

In 2013 the Center for Disease Control (CDC) reports that approximately 20,000 women in the United States are diagnosed with ovarian cancer each year. Ovarian cancer is the eighth most common cancer in US women and the fifth leading cause of death.

DEMOGRAPHICS OF SJMC OVARIAN CANCER PATIENTS
At SJMC ninety-four ovarian cancer analytic cases were diagnosed from 2007 to 2012. The majority of the 94 patients ranged in age from 50–79 years. This group is 76% of the total patients. (Table 1) The Stage at Diagnosis (Table 2) of the 94 patients includes 19 (20%) diagnosed at Stage I, 12 (13%) Stage 2 patients. Stage 3 patients are 38 (41%) and are the largest number of patients in the study with Stage 4 patients at 21 (22%). Lastly there is an unknown stage group of 4 (4%) patients.

The Race/Ethnicity and the stage of the patients diagnosed with ovarian cancer from 2007–2012 is displayed in Table 3. Eighty-one or 86% of the 94 cases were white with thirty-two of the 81 patients in Stage 3 at diagnosis. The remaining cases are 10 (11%) Hispanic, 2 (2%) are Asian and 1 (1%) one patient is Pacific Islander. The reason is unknown for apparent under representation of Hispanics and Asians.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Ovarian Cancer, Age at Diagnosis</th>
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<tbody>
<tr>
<td>N = 94</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td># Cases</td>
</tr>
<tr>
<td>20-29</td>
<td>2</td>
</tr>
<tr>
<td>30-39</td>
<td>1</td>
</tr>
<tr>
<td>40-49</td>
<td>5</td>
</tr>
<tr>
<td>50-59</td>
<td>21</td>
</tr>
<tr>
<td>60-69</td>
<td>20</td>
</tr>
<tr>
<td>70-79</td>
<td>30</td>
</tr>
<tr>
<td>80-89</td>
<td>9</td>
</tr>
<tr>
<td>90-99</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Ovarian Cancer, Stage at Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 94</td>
<td></td>
</tr>
<tr>
<td>Stages</td>
<td># Cases</td>
</tr>
<tr>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 3

<table>
<thead>
<tr>
<th>Race/Ethnicity &amp; Stage</th>
<th>Ovarian Cancer Patients N=94</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stages</strong></td>
<td><strong>White</strong></td>
</tr>
<tr>
<td>Stage 1</td>
<td>19</td>
</tr>
<tr>
<td>Stage 2</td>
<td>12</td>
</tr>
<tr>
<td>Stage 3</td>
<td>38</td>
</tr>
<tr>
<td>Stage 4</td>
<td>21</td>
</tr>
<tr>
<td>Unknown Stage</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>81</td>
</tr>
</tbody>
</table>

OVARIAN CANCER TREATMENT AT SJMC FOLLOWING NCCN GUIDELINES

NCCN Guidelines are standard of care at SJMC. “Usual Treatment by Histology and or Stage Group (from NCI PDQ); Ovarian Epithelial Tumors

**Ovary Stage I and II**
- If well- or moderately well-differentiated, TAH and BSO for Stage I. A careful staging laparotomy with multiple biopsies is critical.
- Unilateral salpingo-oophorectomy in selected patients with grade I tumor who want to maintain childbearing capacity.
- If the tumor is poorly differentiated, densely adherent, adjuvant treatment such as: intraperitoneal (IP) chemotherapy, platinum-based systemic chemotherapy with or without alkylating agents, or combination platinum-paclitaxel chemotherapy.

**Ovary Stage III and IV**
- Adequate staging laparotomy, TAH-BSO with omentectomy, and as much surgical debulking of tumor as can be safely performed.
- Intraperitoneal regimens following surgery
- Standard intravenous cisplatin, paclitaxel or combinations

Table 4 displays by stage all of the SJMC ovarian cancer patients and indicates individual patient treatment
- Of the 19 Stage 1 Ovarian patients, five (26%) were treated with surgery only. Fourteen (74%) received surgery and chemotherapy and are compliant with NCCN guidelines.
- Stage 2 cases totaled 12 (13%) patients: one case had surgery only. Nine of the 12 patients had surgery and chemotherapy. Two of the patients had no treatment: one of these patients died within a week of diagnosis, at the age of 88; one patient died within 3 days of diagnosis, she was 78 years old.
- Stage 3 cases were the largest number with 38 (41%) patients. Thirty of the cases had surgery and chemotherapy meeting compliance with NCCN guidelines. Two of the 38 patients had surgery only: one of the patients expired prior to receiving the recommended chemo and one patient died within two months of diagnosis. Two of the 38 patients had chemotherapy only: one of the patients the surgery was not recommended and one patient was lost to follow up. Three of the 38 patients had no treatment: one of the patients was 95 years old with dementia and went to hospice; two of the patients declined chemotherapy. One patient moved out of the country and it was unknown if treatment was given.
- A total of 21 (22%) were Stage 4 ovarian cancers. Ten of the 21 cases had no treatment. Eight of those ten cases died within 2 weeks to 2 months of diagnosis. Of the remaining 10 cases two (either family or patient) opted for palliative care. The remaining patient was 92 years old and had additional comorbidities. Of the remaining eleven Stage 4 cases: one patient had surgery only; five cases had chemotherapy only; four cases had both surgery & chemotherapy; one case treatment was unknown due to the patient moving out of state after diagnosis.
Table 4

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Only</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>9</td>
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<tr>
<td>Chemo Only</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Surgery/Chemo</td>
<td>14</td>
<td>9</td>
<td>30</td>
<td>4</td>
<td>0</td>
<td>57</td>
</tr>
<tr>
<td>No Treatment</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Unknown Lost to Follow up</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19</td>
<td>12</td>
<td>38</td>
<td>21</td>
<td>4</td>
<td>94</td>
</tr>
</tbody>
</table>

SURGERY

Sixty-six (70%) of the 94 ovarian cancer patients had surgery. Nineteen cases were Stage 1, 10 cases are Stage 2, 32 of the cases are Stage 3, and 5 are Stage 4. See Table 4 for the details of the surgical procedure.

Fifty-one (77%) of the 66 patients that had surgery are patients of the GYN Oncologist. Thirteen cases were Stage 1, 5 are Stage 2, 30 are Stage 3, and 4 are Stage 4. (Table 4)

Table 5

<table>
<thead>
<tr>
<th>Stage</th>
<th>Gyn Oncologist</th>
<th>Hysterectomy or prior hysterectomy</th>
<th>Removal of or surgical absence of one or both ovaries (at surgery end, both ovaries gone)</th>
<th>Omentectomy</th>
<th>Pelvic nodes positive</th>
<th>Para-aortic nodes positive</th>
<th>Debulking procedure</th>
<th>Surgical outcome, no residual lesion &lt; (less than) 1 cm, optimal</th>
<th>Surgical outcome, residual lesion &gt; (greater than) 1 cm, suboptimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13</td>
<td>12</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>6</td>
<td>18</td>
<td>15</td>
<td>3</td>
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<tr>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>*0</td>
<td>3</td>
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<tr>
<td>TOTAL</td>
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<td>21</td>
<td>19</td>
<td>4</td>
<td>10</td>
<td>29</td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

*2 unknown

PATHOLOGY

As part of SJMC Pathology Departmental QI process, all malignancies, including borderline ovarian tumors, are reviewed by a second pathologist. This is not a national standard of practice and it is unknown if there are any guidelines that recommend this.

CHEMOTHERAPY & CLINICAL TRIALS

Of the 94 patients a total of 64 or 68% received chemotherapy. (Table 3) Fifty-one of the 64 patients received first course chemotherapy drugs Carboplatin and Taxol. Two of the patients received chemotherapy nos. Four of the patients were on the GOG clinical trial and received Carboplatin, Taxol & Avastin. One patient received Carboplatin, Taxol & Alimta. One patient received Carboplatin. One patient received Ifosfamide and Taxol. One patient received Carboplatin & Gemzar. Two patients received Carboplatin & Abraxane. One patient received Carboplatin, Taxol & Taxotere.

Two of the fifty-three patients with ovarian cancer were documented as receiving intra-peritoneal chemotherapy. One patient was stage 2 and the second patient was stage 3.
GENETICS
Ten percent of epithelial ovarian cancer is genetic in origin. NCCN guidelines, recommend that all ovarian cancer cases have a genetic referral. A review was conducted by the Genetics department to determine the genetics referral percentage. Graph 1 below demonstrates, between 14% and 46% of analytic cases have been referred to genetics each year. Years 2011 and 2012 showed a marked improvement compared to previous years, with 44% and 46% genetic referrals.

Although genetics services are onsite since 2003, availability of genetics staff limited the genetic referral process. In late 2010 additional genetics services became available, which may explain the recent increase in genetics referrals. Improvement in referrals may also reflect the change in NCCN guidelines suggesting all ovarian cancer patients should be referred. However, this continues to be an improvement opportunity given that 100% of cases should be referred.

Limitations in the current analysis include inability to determine if some patients received genetic services at another location and if patient referral was not documented in a standard location in the EMR. Moving forward, processes are to be put in place to ensure that genetics referral is discussed and documented for all epithelial ovarian cancers to be consistent with the national guidelines and standard of care.

HOSPICE
Forty-one of the 94 SJMC patients diagnosed with ovarian cancer from 2007–2012 died. Of those forty-one patients 23 (56%) had a Hospice referral prior to death. Twenty of those patients were stage 3 and 4 cases; two of the patients were stage 2 and one patient's stage is unknown.

SURVIVAL: SJMC VS. NATIONAL DATA
The following 5 year survival graph is a comparison of SJMC to National ovarian cases diagnosed in the years 2003–2005; the most current survival comparison data available in the National Cancer Database – Commission on Cancer. As shown in the graph overall survival in ovarian cancer for all stages SJMC (38 cases) survival rates exceeds National (33,768) survival rates in each of the five years.
SJMC vital status currently as of 2013 for the 94 ovarian cases in this study, diagnosed 2007–2012 are 53 (56%) patients are alive and 41 (44%) of the patients have died.

**BORDERLINE MALIGNANT OVARIAN**

Tumors of low malignant potential (i.e., borderline tumors) account for 15% of all epithelial ovarian cancers. Nearly 75% of these tumors are Stage I at the time of diagnosis. These tumors must be recognized because their prognosis and treatment is clearly different from the frankly malignant invasive carcinomas. Patients with ovarian low malignant potential tumors have a good prognosis, especially when the tumor is found early and treated with surgery the standard of care.

In 2007–2012 15 patients were diagnosed with borderline malignant ovarian cancer at SJMC. The patients ranged in age from 21 to 72 years. Seven of the 15 patients were seen by a Gyn Oncologist. All 15 patients had surgery, either a unilateral or bilateral salpingo-oophorectomy with or without a hysterectomy. (Table 6)

<table>
<thead>
<tr>
<th>Age</th>
<th># Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>30-39</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>40-49</td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td>50-59</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>60-69</td>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td>70-79</td>
<td>1</td>
<td>7%</td>
</tr>
</tbody>
</table>
STUDY ANALYSIS
SJMC ovarian cancer patients are diagnosed and treated following NCCN Guidelines. This study indicates that the majority of the treatment given to the 94 patients analyzed in the study is compliant with NCCN Guidelines. Patient age, comorbidities, clinical status and patient and family treatment choices influenced some of the treatment provided.

RECOMMENDATIONS
• The UCI GYN Oncology Surgeons will initially see cancer patients in the outpatient setting starting end of 2013.
• Additional GOG clinical trials will be available for patients with SJMC being a UCI sub site starting January, 2014.
• Review and improve FIGO stage documentation in the EMR.
• Increase ovarian cancer patient referrals to Genetics by initiating an improved tracking of ovarian cancer cases. Discuss process at Cancer Committee in December when the final draft of PCE is presented.
• Suggest the establishment of a GYN Nurse Navigator to assist case managing GYN Oncology patients.

David Park MD; Leslie Randall MD; William Lawler, MD; Patrick Fitzgibbons, MD; Kimberly Banks MS, CGC; Linda Concepcion, RN, CTR; Susan Vitt, CTR; Maureen Mikuleky, RN, MA, CTR
SJMC Community Outreach & Professional Education

COMMUNITY OUTREACH
At St. Jude Medical Center cancer care Supportive Services, Prevention Activities and programs are based on a Community Assessment. “In 2012 patients were served in 13,335 encounters such as Support Groups, Community Screenings, Oncology Nurse Navigators, Research, and support for Expressions, a specialty store for needs of cancer patients.”

ST JOSEPH HOSPICE REPORT 2012, SJMC PATIENTS
- 334 referral form hospital — 204 admitted
- 35 referral from cancer center — 22 admitted
- 76 referral GIP Program — 74 admitted
- Cancer Patients: 68 lung, 25 breast, 26 pancreas, 18 prostate, 15 liver
- 53% length of stay less than 7 days — National average 26 days. Working to educate physicians on referring sooner.
- Expanded services 2 shifts of nurses for admissions.

Palliative Care Referrals (Light Up A Life Funding) — 11 patients

CANcer RESOURCE LIBRARY
The library provides information on comprehensive cancer treatment & support groups, books & brochures from ACS & NCCN, and computer internet. The library volunteers are available to assist patients & family members.

Volunteer Hours and Visitor Tally January–December 2012
- Total Volunteer Hours: 1151.5
- Total Visitor Encounters: 898

SUPPORTIVE SERVICES
Support Groups:
The goal of the support groups is to provide a setting in which patients with cancer and their families can discuss living with cancer with others who have similar experiences. Support group discussion assists patients and families to cope with cancer care and treatment throughout the cancer care continuum.

At SJMC these groups are led by a psychologist, social worker, nurse navigator and/or dietician.

Support Groups Offered Monthly:
- Brain Tumor Patient and Family Support Group
- Head and Neck Cancer Support Group
- Breast Cancer Support Group – Focused on women with breast cancer under the age of 50
- Breast Cancer Support Group – For all women who have or had breast cancer
- HOPE: Cancer Patient and Family Support Group – For patients with any type of cancer and features a special breakout group for friends and family
- Look Good Feel Better – Self Image Promotion and Support
- Shared Journey Peer to Peer Support Program for breast cancer patients
- Relaxation and Visualization for Well-Being
- Go with the Flow Lymphedema Awareness for breast cancer patients
- Craft Night for Cancer Survivors and Support People
- Healthy Steps – Exercise Group (Requires Physician Order)
- Nutrition for Health and Cancer Survivorship

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1 St. Jude Medical Center; St. Jude Heritage Medical Group Fiscal Year 2012 Psychosocial Report.
2 Wikipedia:
Other Support Sessions
- Pink Ribbon Tea — October
- Magic of Support — December Christmas Holiday Support Presentation
- Healing Hearts — Grief Group meets every Thursday (52 meetings) — 87 attended weekly
- Living Well With and After Breast Cancer: Lifestyle Matters: February, May, August, October, 4–6 classes each month, total attendance all four months = 102
- Healing Touch — Treatment Sessions, Ongoing Program, patients seen in 32 encounters

Prevention and Early Detection Programs
These programs identify risk factors and use strategies to modify activities and behaviors to reduce the chance of developing cancer
- The Every woman Counts Program, although severely reduced by the state of California continues to provide free breast examinations, mammograms and follow-up care
- Genetic Testing and Counseling — Major population is Breast and Colon
- Yoga For Cancer Health — offered monthly
- Breastival Event – Mammogram appointments scheduled at SJMC Breast Center
- SJMC Lung Nodule Screening Program

COMMUNITY EDUCATION
"Nutrition & Breast Health: The Power of Your Plate", partnering with Susan G. Komen
Date: June 5, 2012
Presented by: Karen Godinez, RD, CSO
Attendees: 25

The Talk Show for Breast Cancer Awareness
October 4, 2012
Attendees: 14

Breastival event — improving & maintaining breast health, nutrition & breast cancer prevention, survivorship, schedule a mammogram appointment
Date: October 12, 2012
St Jude Medical Center
Attendees: 750

Slim Down Your Thanksgiving Feast
November 15, 2012
Attendees: 21

COMMUNITY CANCER AWARENESS ACTIVITIES
"With Flying Colors"
Date: April 30, 2012
Presented by: David Grant Wright
Attendees: 42

Relay for Life — Cancer Center Dream Team
Date: June 9th & 10th, 2012
Fullerton High School

“With Flying Colors”
Date: June 21, 2012
Presented by: David Grant Wright

Race For The Cure
Date: September 23, 2012
Attendees: 72
Family Wellness Festival, Yorba Linda Site  
Date: September 29, 2012  
Attendees: 500  

Untie Your Ribbon Survivor’s Retreat (Breast Cancer Survivors)  
Date: October 20, 2012  
Attendees: 40  

Walk Among The Stars: Luncheon and Fashion Show for Cancer Awareness  
Date: October 21, 2012  
Models: 21  
Attendees: 558  

Bra Purse Exhibit  
Date: November 13 – November 30, 2012  
“Carrying a Message of Inspiration & Courage”  
Exhibit in the St. Jude Crosson Comprehensive Cancer Center Lobby

PROFESSIONAL EDUCATION  
MEDICAL  

“Ensuring the Delivery of Patient Centered Cancer Care” – CoC Standards  
Date: February 24, 2012  
Cyber Seminar Webinar: Connie Bura & Teresa Ponn, MD, FACS  
Attendance: 11  

“New Antineoplastic Agents”  
Date: April 10, 2012  
Presented by: Jody Wedret, RPh, FASHP, FCSHP, Senior Pharmacist, UCI Medical Center  
Attendance: 35  

“Breast Cancer Treatment & Reconstruction”  
Date: July 24th, 2012  
Presented by: Sanjay Sharma, M.D. & Michael McConnell, M.D.  
Attendance: 41  

“Breast Cancer Staging”  
Date: September 20, 2012  
Presented by: William Lawler, M.D.  
Attendance: 15  

“Frontline Treatment Options in Multiple Myeloma”  
Date: October 16, 2012  
Presented by: Ann Mohrbacher, M.D.  
Attendance: 13  

“Management of Peritoneal Metastasis from Colon Cancer”  
Date: November 15, 2012  
Presented by: Andrew Lowy, M.D.  
Attendance: 22  

“Prostate AJCC Clinical Staging”  
Date: November 16, 2012  
Presented by: William Lawler, M.D.  
Attendance: 9
NURSING/MULTIDISCIPLINARY CANCER TEAM

Oncology Nursing Journal Club — “Potpourri”
Date: January 17, 2012
Presented by: Kathy Pearson, RN, CNS

Back to Work Night – Education and information on Cancer Program departments
Date: March 14, 2012
SJMC, Cancer Program
Attendance: 80

ONS Chemotherapy and Biotherapy class
Date: March 24th and 31st, 2012
Presented by: OCONS
Attendance: 28

Oncology Nursing Journal Club
Date: May 15, 2012
Presented by: Ruth Dooley, LCSW
Attendance: 26

3rd Annual Navigator Retreat
Date: September 21, 2012
St Jude Medical Center, St Joseph Hospital, Mission Hospital Regional Medical Center
Attendance: 45

“Value of Humor When Confronted with Breast Cancer” — Navigator Retreat
Date: September 21, 2012
Presented by: Lillie Shockney, RN, BS, MAS, CBCN, CBPN-C
Attendance: 12

Cancer Survivorship Education Series, SJMC
“State of Survivorship”
Presented by: Danelle Johnston, RN & Gianna Laiola, RN
Date: October 18, 2012
Attendance: 24

“Screening and Surveillance”
Presented by: Sanjay Sharma, M.D.
Date: November 8, 2012
Attendance: 15

Cancer Conference Report 2012

Total Cancer Conferences presented in 2012 were 110. There are weekly specialty conferences in Breast and Lung cancer with a General conference presented every other week, with one a month designated for gynecologic cases. There were 479 cases presented and an average physician attendance of 10 per conference. There were 466 prospective cases presented or 97% of the cases and 13 or 3% of cases presented retrospectively. During case presentation the stage of cases at diagnosis is discussed, clinical trial availability, if appropriate, Genetic referrals, and NCCN Guidelines are reviewed as well as prognostic indicators, if appropriate.