

I CAN,  
You CAN,



Together We CAN Fight Cancer



2011 Leavey Cancer Center Annual Report  
*for the year 2010*



Northridge Hospital Medical Center  
*Thomas and Dorothy Leavey  
Cancer Center*

A member of CHW

The Leavey Cancer Center is fully-accredited by two prestigious organizations: the Association of Community Cancer Centers and the American College of Surgeons as a Comprehensive Cancer Center.



Northridge Hospital Medical Center is a 411-bed facility serving the San Fernando Valley for more than 55 years. As a nonprofit, community-based hospital, Northridge Hospital offers a full spectrum of healthcare programs and Centers of Excellence.

Northridge Hospital is affiliated with Catholic Healthcare West (CHW) and shares with them a long and rich legacy of caring and compassion.



Northridge Hospital Medical Center  
 18300 Roscoe Blvd.  
 Northridge, CA 91328  
 Main: 818-885-8500  
 Cancer Center: 818-885-5431  
 FREE Find-A-Doctor: 855-A-DOC-4-ME  
[www.NorthridgeHospital.org/CancerCenter](http://www.NorthridgeHospital.org/CancerCenter)



# I CAN, YOU CAN, TOGETHER WE CAN FIGHT CANCER

Nowhere in the San Fernando Valley will you find more leading-edge cancer technology and world-class Oncology Specialists than at the Thomas and Dorothy Leavey Cancer Center. We CAN now locate and treat cancers so precisely, that outcomes are better, faster and less invasive than ever before!

**Leading-Edge Cancer Surgery** — Using traditional approaches, minimally invasive techniques or the latest in image-guided technology, our Cancer Specialists are extraordinarily precise in removing the cancer while preserving as much normal tissue and function as possible. These leading-edge cancer approaches increase the chances for survival: **da Vinci Robotic Assisted Surgery** for gynecological and prostate cancer; **BrainLAB Image-guided Navigation System** for surgery of head and neck cancers; **Gamma Knife** for radiosurgery of brain cancer; and **Radiofrequency Ablation and Portal Vein Embolization** for liver cancer.

**Advanced Radiation** — The **Harold & Carole Pump Department of Radiation Oncology** is the only treatment center in the San Fernando Valley that provides an impressive selection of advanced treatment options like **IMRT, Brachytherapy** and **Mammosite**. In addition, the Department proudly boasts a paperless electronic patient medical record system ensuring the utmost in accuracy. The **Trilogy® Linear Accelerator Stereotactic System** presents a new direction in cancer care with power, precision and versatility that revolutionizes radiation therapy.

**Trusted Chemotherapy** — Innovative multi-modality therapies offer patients the newest approaches while minimizing side-effects. Some of the most exciting and promising advances in cancer treatment today are in the field of targeted therapy when used with chemotherapy.

This 2011 Annual Report is a product of the efforts of many professionals who have contributed their expertise and energy to the improvement of cancer care in our community. This report reflects the activities of the Leavey Cancer Program for 2010. Please enjoy this annual report for the community and feel free to contact us for more information on cancer services for you or your patients.

Sincerely,



A handwritten signature in black ink that reads "J. Gary Davidson".

J. Gary Davidson, MD  
Medical Director,  
Thomas & Dorothy Leavey Cancer Center



A handwritten signature in black ink that reads "A. Safa".

Afshin Safa, MD  
Chairman, Cancer Committee



# 2011 Leavey Cancer Center Annual Report

*for the year 2010*

## Our Mission

Northridge Hospital Medical Center is dedicated to developing healthier communities by assuring access for all and facilitating compassionate, quality healthcare services with a commitment to clinical and service excellence provided by caring professionals who respect the dignity of each individual.

## Our Values

Northridge Hospital is committed to providing high-quality, affordable healthcare to the communities we serve.

Above all else we value:

Dignity • Stewardship • Justice  
Collaboration • Excellence

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# Together We

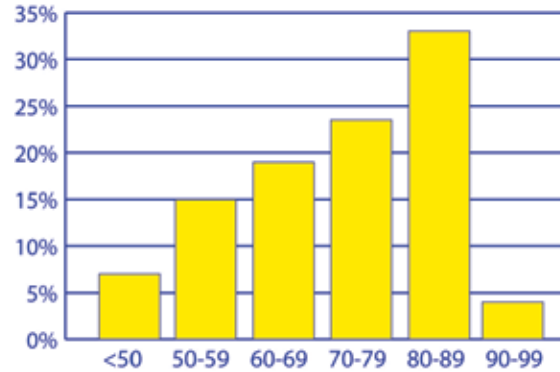
Colorectal Cancer (CRC) is the third most common solid tumor among men and women in the United States and is the fourth most prevalent cancer seen at Northridge Hospital Medical Center. It is estimated that 150,000 new cases will be diagnosed and approximately 50,000 patients are expected to die from colon cancer in 2011. While the incidence of CRC worldwide has been on the rise during the last 15 years, recent data indicates a decrease in incidence and mortality from CRC in the U.S. This steady decline has been attributed to numerous factors and initiatives, such as an improved screening process and early diagnosis, tumor specific and targeted chemo and radiation therapy, minimally invasive surgical treatments, and long-term follow-up and surveillance for early treatment of recurrent disease.

**2010 Stage Distribution Colorectal Cases  
n=42**

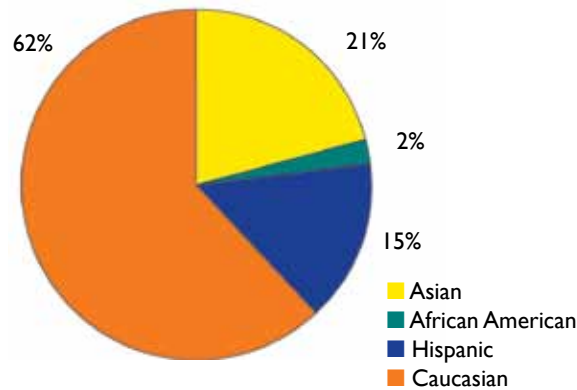
Stage	# of cases	% of Total
0	3	7%
1	8	19%
2	11	26%
3	12	29%
4	8	19%

\*5 cases treated elsewhere: removed from total

**2010 NHMC Colorectal Cancer  
by Age at Diagnosis**



**2010 NHMC Colorectal Cancer  
by Race**



Keeping these statistics in mind, our multidisciplinary team of highly-trained, expert Physicians, Oncology-Certified Nurses, Support Staff and Administrators have partnered to bring the same type of state-of-the-art CRC therapy typically offered at major academic university hospitals to our community at the Thomas and Dorothy Leavey Cancer Center.

# Colorectal Cancer Annual Report 2010

*Walid Arnaout, MD*  
 Medical Director,  
 Surgical Oncology,  
 Liver & Pancreas Cancer Program



# TREATMENT OF CRC

In an attempt to “push the envelope” and continue our aggressive approach to locally advanced, unresectable metastatic CRC, our multidisciplinary team of doctors have worked closely together to provide a multimodality approach to these tumors.

We provide these patients with a customized treatment plan that involves systemic chemotherapy and interventional radiologic minimally invasive techniques to “downsize or down stage” the “unresectable tumors” to a point where they become potentially resectable.

## Surgical Therapy and Techniques

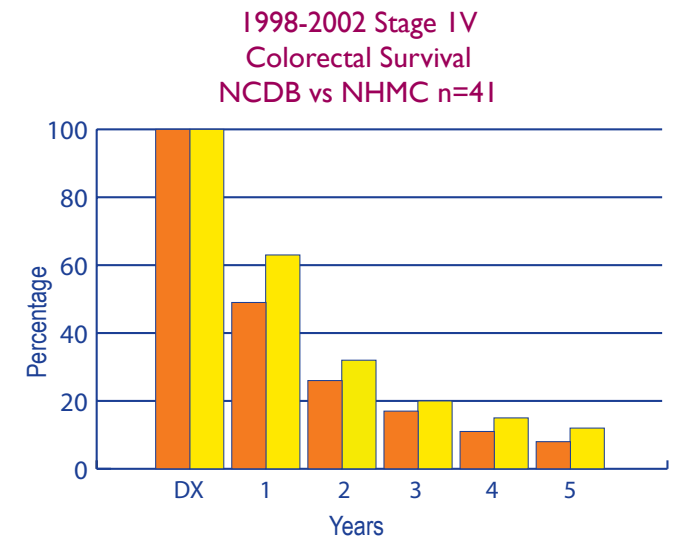
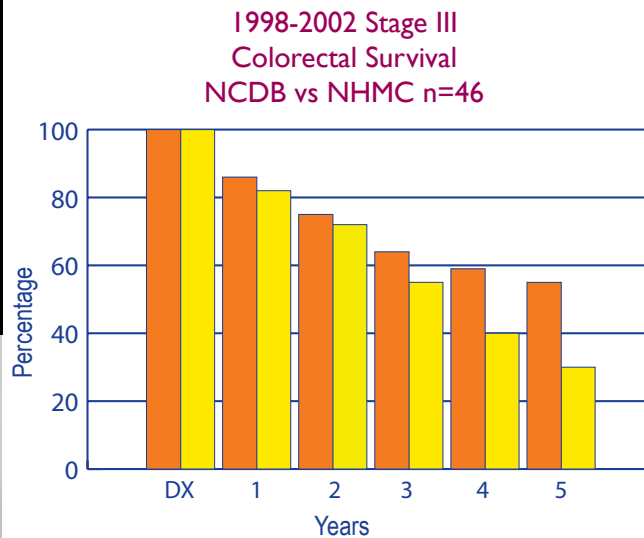
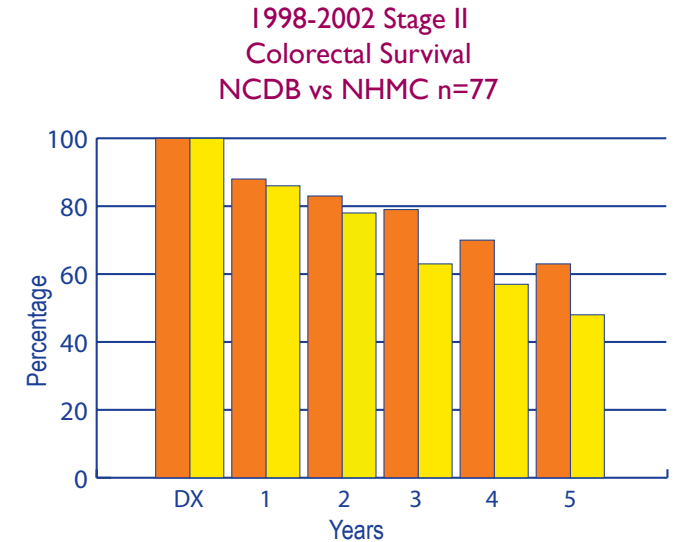
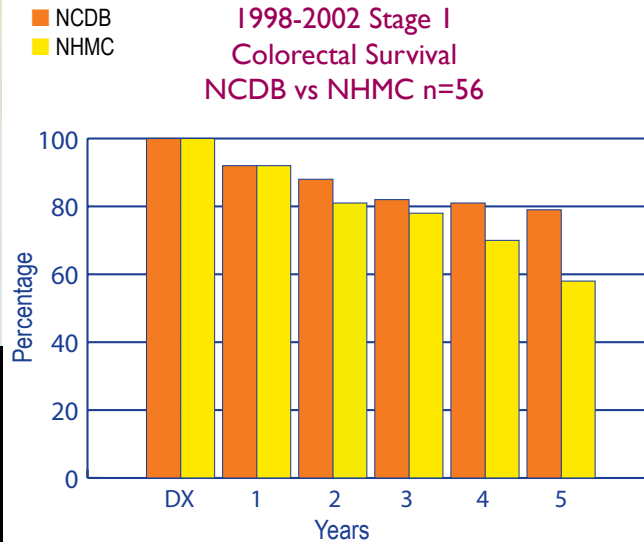
Surgical therapy continues to be the mainstay and often the first line of treatment for early stage CRC. Surgery for colon cancer was traditionally done using the conventional “open” surgical techniques. While those procedures were very effective in achieving a curative resection of the tumor and adjacent tissues and lymph nodes, conventional open surgery is usually associated with increased post-operative pain, a longer hospital stay, an increased risk of adhesions and other post-



operative complications, and an overall slower recovery time.

Our surgeons have embraced minimally invasive-surgery as an alternative to conventional open surgery for CRC. This has numerous advantages such as decreased post-operative pain, less

surgical scarring, improved cosmetic results, decreased length-of-stay and an earlier return to work. Laparoscopic procedures, and in some cases using the **da Vinci® robotic-assisted laparoscopic techniques**, are becoming the standard of care for CRC treatment and will in most cases, replace conventional operations.



While laparoscopic or minimally invasive surgery offers all these advantages and benefits, our data (similar to other national data) shows no difference in adequacy of resection or short-term and long-term survival.

## Minimally Invasive Non-Surgical Techniques

**Radiofrequency Ablation (RFA)** — An alternative non-surgical, minimally invasive treatment for carefully selected patients using heat to treat tumors. Using high-energy radio waves to heat and destroy abnormal tissues, this very potent and precise technique obliterates cancerous tumors while minimizing damage of surrounding tissue. A thin, needle-like probe is guided into the tumor by ultrasound or CT scan.

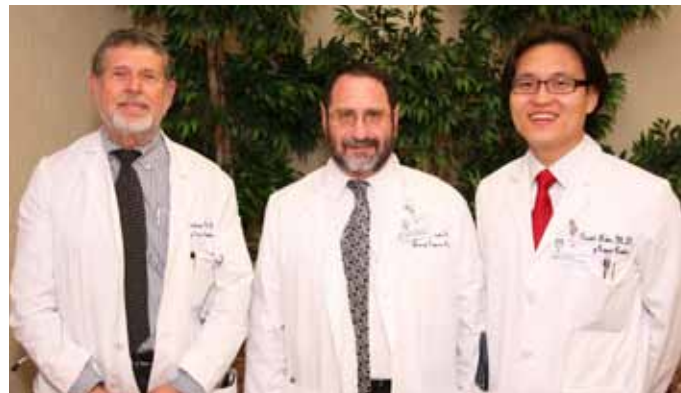
**Hepatic Artery Chemoembolization** — The liver is unique in that it has two sources of blood supply: the hepatic artery and the portal vein. Most of the healthy liver receives blood flow through the portal vein, while most tumors receive blood flow through the hepatic artery. Therefore, chemotherapy injected into the



hepatic artery reaches the tumor(s) directly and spares the healthy liver tissue. Chemoembolization will not cure liver cancer. The goal of the treatments is to stop the tumor(s) from growing, reduce tumor size, decrease pain and preserve liver function.

## Medical Oncology

In addition to the new surgical techniques and management, our colleagues from Medical



*Medical Oncologists: Sheldon Davidson, MD; Carl Singerman, MD; and David Kim, MD (l-r)*

Oncology provide us with a wide-range of treatment options that complement the surgical treatment in a neo-adjuvant fashion before the surgical procedure, or more commonly in an adjuvant fashion following surgery, using both conventional protocols, as well as experimental clinical trials. The use of oral chemotherapy treatments, in combination with IV chemotherapy, has greatly increased patients' compliance to treatment and chances of survival. In addition, clinical trials are underway to examine drugs that halt the growth of cancer cells, and early research is being conducted on new, genetic therapies.

# Colorectal Cancer Annual Report 2010



Some of the most exciting and promising advances in cancer treatment today are in the field of targeted therapy. The use of new breakthrough target agents, such as Avastin® or Erbitux®, to treat metastatic colorectal cancer, have also been proven to increase patient survival. They are FDA-approved when started with the first or second intravenous 5-FU-based chemotherapy. As additional new treatment protocols for colorectal cancer targeted therapies continue to be approved, our team of Medical Oncologists will remain on the forefront of emerging treatments and protocols through experimental or investigational trials for our patients (through their affiliation with UCLA Medical Oncology Services and their TORI Oncology Research Group).

## Radiation Oncology

Our Radiation Oncologists can target colorectal tumors with one of the most advanced radiation therapy tools available today, the **Varian Trilogy™ system**. Radiation Oncologists use any one or more of the Trilogy system's advanced methods for treating cancer:

- **3D Conformal Radiation Therapy** — A radiation therapy technique that sculpts radiation beams to the shape of a tumor. This is ideal for tumors that have irregular shapes or that lay close to healthy tissues and organs.
- **Intensity Modulated Radiation Therapy (IMRT)** — Delivers a beam of high-dose radiation, which can take on the precise size and shape of the cancerous growth and preserve as much healthy, non-cancerous tissue as possible.
- **Image Guided Radiation Therapy (IGRT)** — The process uses two and three-dimensional imaging, during a daily course of radiation treatment, to direct radiation therapy directly to the tumor utilizing the imaging coordinates of the actual radiation treatment plan.
- **Stereotactic Radiation Therapy (SBRT)** — In selected cases, the treatment can be completed in five sessions of very high dose precise treatments, which are received over a period of only one week. Because of the sophisticated three-dimensional computer-aided planning and the high degree of immobilization, these stereotactic treatments can be completed safely within one week.

## CRC Liver Metastasis

Our experts now routinely perform Hepatic Artery Chemoembolization or Radiofrequency Ablation to shrink the tumor before surgery and liver resection. In addition, for CRC liver metastasis, we recently started using **Portal Vein Embolization (PVE)**, which is similar to Hepatic Artery Chemoembolization. The results have been remarkable and very promising, with some patients showing no signs of recurrence. This

PVE technique is aimed at diverting the blood flow through the portal vein from the heavily diseased part of the liver to the relatively smaller, disease free, opposite side of the liver. Using this technique, all the nutrients in the portal vein are then directed to the smaller side, which hypertrophies within six to eight weeks. At this point, liver resection can be performed safely and without the risk of post-operative liver failure.

PVE has been shown to be extremely successful. It provides a chance for liver resection and sometimes a cure to a subset of patients with extensive CRC liver metastasis, who otherwise would not be candidates for surgery. Within the last year, several of our patients have been treated with PVE followed by liver resection in six to eight weeks with very promising results.

## Spiritual Support and Palliative Care

If a patient decides to make Spiritual Care part of their colorectal cancer treatment plan, our Chaplains will nurture your spiritual health as you undergo treatment.

## Nutritional Therapy

Unfortunately, many people undergoing colorectal cancer treatment don't receive the nutrition and metabolic support they need to stay strong and



Radiation Oncologists: Afshin Safa, MD and Daniel Schiffner, MD (l-r)

nourished throughout treatment. However, at the Leavey Cancer Center, licensed and registered dietitians help colorectal cancer patients through every step of their cancer journey.

## COLORECTAL CANCER ADVANCEMENTS

The following steps were adopted to continue our fight against CRC.

### Physician Compliance

We focused on increasing physician compliance to meet and exceed national standardized treatment protocols and guidelines. To this end, we have established several programs and strategies, such as weekly cancer rounds, a multidisciplinary conference to review the care and outcome of inpatient Oncology Services and meeting patient and family needs. This includes a retrospective review of data, an outcome analysis and peer review.

### Tumor Board

Our monthly Graduate Medical Education accredited Tumor Board has proven to be one of the most successful programs available to our Physicians, Nurses and Support Staff. We use the current National Comprehensive Cancer Network (NCCN) guidelines for treatment of CRC. Our Tumor Board provides concurrent individualized optimal management of patients. Postoperative care involves a multi-disciplinary approach. The team is constantly involved in a patient's ongoing cancer treatment and continued health maintenance. The NHMC Tumor Boards

are multidisciplinary with an attendance rate of more than 95 percent. Tumor Boards are open to primary care community physicians.

Physicians can present a patient's case for prospective consultation to a panel of Surgeons, Medical Oncologists, Radiation Oncologists, Pathologists and other physicians experienced in the diagnosis and treatment of cancer. Presenting a case at the Tumor Board provides a valuable service, which allows our patients access to the expertise of many physicians and a second opinion without the additional expense. During these conferences, the physicians review the patient's medical history, physical exam findings, laboratory tests, surgical findings, X-rays and pathology. Each case is discussed individually and evaluated; recommendations are then made for the patient's care.

Follow-up letters are sent after every meeting to our referring physicians for treatment guidelines and recommendations. Our Tumor Registry has become an effective tool for the collection and submission of our data to the National Cancer Data Base (see page 20).

### Physician Education

In addition to quarterly reporting, the Cancer Registrar has been active in physician education on compliance with documentation of preoperative clinical staging and adequacy of lymph node sampling after colorectal surgery. These are both quality of care indicators, which will ensure that our patients undergoing surgery for CRC are being offered stage-appropriate medical and/or surgical treatment or a combination of both.

## Early Detection and Prevention Education

With a focus on the uninsured and underinsured, outreach efforts offer free colonoscopies and take-home fecal occult tests. Numerous community health education classes, the community magazine *HealthSpeak* and the email newsletter *bloom*, stress cancer prevention and provide readers with information on signs and symptoms of colorectal cancer.



Based on a previous needs assessment, the Leavey Cancer Center began a bi-lingual Spanish cancer support group. See page 13 for more information on these programs.

*With the combination of these services, expert techniques and the support of a comprehensive cancer program, Together **WE CAN** Make a Difference in the lives of our colorectal cancer patients.*

# Comprehensive Cancer Center



## Comprehensive Cancer Program

Northridge Hospital Medical Center's Thomas and Dorothy Leavey Cancer Center believes the "Big C" stands for "Can," as in "Together We CAN Fight Cancer." That's because more and more people are surviving cancer thanks to advancements in prevention, early detection and treatment.

It's our belief that cancer treatment is not simply a matter of giving the right medicine for the right illness. We understand it's the entire person who is going through this difficult time and we strive to help our patients physically, psychologically and spiritually. Each patient is unique, every family's history is diverse and every cancer is different. Our specialized cancer team addresses this by customizing a treatment plan that meets our patients' needs and goals.

## 2010 HIGHLIGHTS

### Cancer Center Redesign

A multi-million dollar commitment by Northridge Hospital started the Cancer Program in 1980. Thirty years later, in October, 2010, the Thomas and Dorothy Leavey Comprehensive Cancer Center underwent a major redesign and inauguration.

From the most advanced technology resulting in better clinical outcomes, to a healing environment that fosters integrative health and a sense of well-being—the newly expanded Cancer Center's research-based design offers treatment for the entire person.

For the convenience of our patients, the new Center combines clinical and support services in one location.

With the redesign, the Harold & Carole Pump Department of Radiation Oncology became the most comprehensive treatment center in the San Fernando Valley. The Center provides an impressive selection of advanced treatment

options such as the **Trilogy® Linear Accelerator Stereotactic System**, **Gamma Knife**, **MammoSite®**, **IMRT**, **IGRT**, **Brachytherapy** and **Prostate Seed Implant**.

The Center's services are easily accessed from within the hospital. They include:

- **Chemotherapy** — an expanded area that includes comfortable lounge chairs for patients and family or a choice of infusion suites equipped with an individual television with headset, DVD players, iPods and Wi-Fi for laptop access.



- **Look Good, Feel Better**

*sponsored by the American Cancer Society* — teaches female cancer patients beauty techniques to help restore their appearance and self-image during chemotherapy and radiation treatments.

- **Patient and Family Resource Library** — patients, families and the public can borrow or purchase books, DVDs and other materials, as well as access the Internet.

## In-House Oncology Services

In 2010, Northridge Hospital strengthened ties with **Gary Davidson, MD; Carl Singerman, MD; Sheldon Davidson, MD;** and **David Kim, MD,** to create a first class medical clinic for Hematology and Oncology services at the Hospital.

For nearly 20 years, their North Valley Hematology-Oncology Medical Group leased space in the Leavey Cancer Center as a private practice. The new **West Valley Hematology Oncology Medical Group (WVHOMG)** is now the first and only Hospital-based medical clinic for Hematology and Oncology services in the San Fernando Valley.

WVHOMG also results in a seamless integrated process for patients as this dedicated group creates a truly comprehensive Center that is aligned with Northridge Hospital's high standards, values and mission.



In addition, all of the clinical research studies offered in conjunction with the UCLA Translational Oncology Research International network were transitioned to the Hospital.

## Electronic Medical Record

The Radiation Oncology and Surgical Oncology Departments boast an Electronic Medical Record system, making them completely film-free and paper-free. The numerous benefits to patients include: faster and easier access, ability for files to be easily shared with the treatment team, integration of all relevant clinical and diagnostic data in one place and the decreased fear of lost records due to fire or natural disaster. Important information—such as blood type, prescribed drugs, medical conditions and other aspects of the medical history can be accounted for more easily.

## SUPPORTIVE THERAPIES

Northridge Hospital's patient-focused therapy begins with diagnosis and continues through treatment and remission. For the convenience of our patients, our new Center combines clinical and support services in one location.

### Navigator Program

The **Navigator Program** encompasses the following services:

- Connects newly diagnosed patients with a **Navigator** for all cancers.

- Connects newly diagnosed patients with a **Navigator for breast cancer** patients through a partnership with the Avon Foundation for Women.
- **Provides material support** such as wigs and prostheses through in-kind donations.
- **Educates parents** of local LAUSD schools in partnership with the Hospital's SODI (School-Based Obesity and Diabetes Initiative) Program.

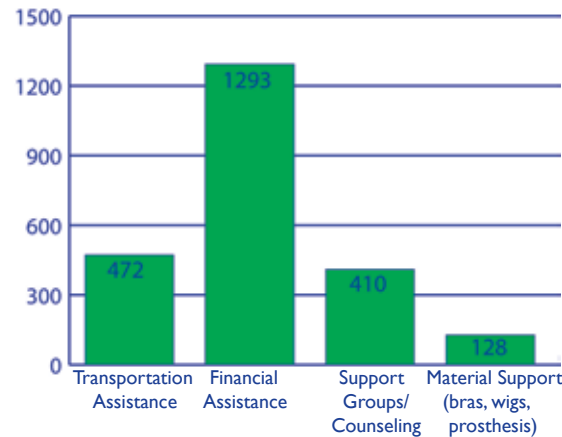


- Provides free **cancer screenings** for the uninsured and underinsured.
- Screens and educates the community through free **"Reaching Out"** health fairs four times per year.
- **Colonoscopy Program** provides free colonoscopies.

# Comprehensive Cancer Center



## 2010 Navigator Program Resources



In addition, Navigators help patients and their families connect with psychosocial support such as the Northridge Hospital's partnerships with the American Cancer Society and weSPARK to offer support groups, classes and programs.

Navigator Programs are nationally recognized for increasing a cancer patient's chances for survival and quality of life. Our Navigators support more than 2,000 patients a year. This is an increase over previous years as we have expanded our outreach and our ability to identify patients in need of our services.

## Patient Navigator

In 2006, the Leavey Cancer Center implemented the Navigator Program through a grant from the **Avon Foundation For Women**. Today, this multi-funded, multi-faceted approach to cancer education provides services from screening to diagnosis (see Outreach Section p. 18) and connects newly diagnosed cancer patients with a "Navigator" who meets with patients one-on-one to better acquaint them with our Oncology Unit, Thomas & Dorothy Leavey Cancer Center, Carole Pump Women's Center, Harold Pump Department of Radiation Oncology and Surgical Oncology.



uninsured and underserved individuals. The goal of this initiative is to support programs that improve access to quality breast diagnostics and access to

Patients can rely on their Navigator for compassionate support, encouragement and education to ensure they have every available resource to make informed decisions regarding treatment options and symptom management.



Marie McCombs, MD, Radiology, Carole Pump Women's Center Medical Director

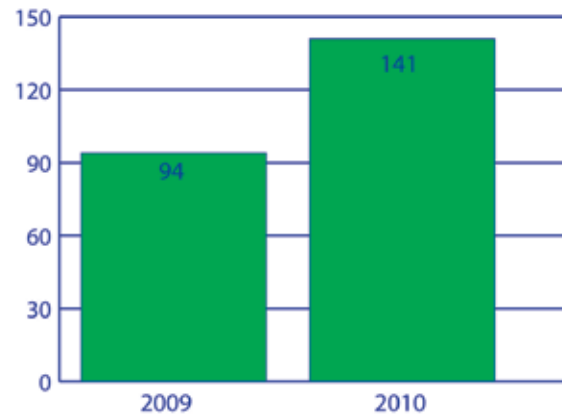
treatment for the medically underserved. The Breast Cancer Patient Navigator Program, **Diagnosis to Recovery**, connects patients with their own specialized breast cancer coordinator, who meets with them individually to personally guide them through the management and recovery phases of their illness. The Navigator Program also partnered with the SODI Program,



an outreach component of the NHMC **Center for Healthier Communities**. The Navigator Program teaches parents of Los Angeles Unified School District 1 students how to decrease their risks for cancer through awareness and education on screening guidelines. This program educated 4,832 individuals in 2010.

The **Colonoscopy Program** provides free colonoscopies to all men and women over the age of 50 who are underinsured or uninsured. Funding for this program is provided by the Harold Pump Foundation. This program screened 141 people for colorectal cancer in 2010.

### Colonoscopies Performed as a Result of the Navigator Program



### Angie's Spa

Massage is proven to decrease stress and alleviate some side-effects of cancer treatment.



As a 501(c)(3) Foundation, Angie's Spa provides funding for patients undergoing oncology treatment to receive free therapeutic massages. In 2010, Angie's Spa provided 714 massages to more than 370 patients.



### Music Therapy

In 2008, NHMC implemented the Music Therapy Program to address the social, emotional and spiritual needs of patients by using listening, song-writing, drumming, improvisation, singing, imagery and breathing techniques. A Board-Certified Music Therapist from California State University, Northridge, Music Therapy Wellness Clinic, and music therapy students provide this relaxation. More than 300 patients benefited from this service in 2010.



### Palliative Care

NHMC was awarded a three-year grant to support the Enhanced Palliative Interdisciplinary Care (EPIC) program. This program is led by a coordinated interdisciplinary Palliative Care team of professionals responsible for designing customized treatment plans based on the patient's needs (clinical, psychosocial and/or spiritual) and establishing an environment that encourages palliative education and communication throughout multiple disciplines.

# Comprehensive Cancer Center



## Look Good, Feel Better

In association with the American Cancer Society, this unique program teaches patients about skin care and how to use make-up, wigs and other accessories to enhance their physical appearance. This helps restore confidence after undergoing chemotherapy or radiation therapy treatments. Approximately 15 patients benefit from this service each session.

## Healing Garden

Opened in 2011, this lush garden provides patients and family a relaxing place to compose their thoughts or clear their mind. Located within the Cancer Center, beautiful trees, flowers and plants provide a tranquil respite from the Hospital.



## Spiritual Care

As a Hospital affiliated with Catholic Healthcare West, we value the diversity of ways in which faith is expressed. We are committed to seeing that our patients' faith, beliefs and values are honored while here. The Spiritual Care Department aims to be aware of a patient's spirituality and how it influences their values, decisions and practice. During visits from our professional team of Chaplains and Spiritual Care Volunteers, patients and families receive emotional and spiritual support to ease the stress of coping with cancer.

Our Chapel and Meditation Garden provide a nurturing and peaceful place for silence, reflection or prayer. Religious services for different faiths are scheduled throughout the week. The comprehensive, multi-faith Spiritual Care Program also includes a complete Bereavement Program to support patients, families and staff.

### *No One is Here Alone:*

Introduced in 2008, this special program provides a Compassionate Companion to patients who may be having a difficult time during their hospital stay, who are alone and in the process of dying or who are without the support of family or friends.

### *Surgery Spiritual Support:*

Volunteer Chaplains are available to help comfort patients prior to surgery, and if requested during recovery or to sit with the family while a loved one is in surgery.

### Tea for the Soul:

The Spiritual Care Department's "Care Pogram" provides herbal teas and snacks to staff members on both shifts to show appreciation for the care they give. It helps to promote self-care, prevent burnout and provides an opportunity for staff to debrief about their work and work environment, so they can continue to provide the best care to their patients.



Mi Kyung Ko, MD

### Bereavement Support:

Options are available to attend workshops, support groups and ongoing classes to support family members in their time of need.

### Pet Therapy

The use of therapy dogs has been shown to help reduce stress in patients. A dose of puppy love is sometimes just what the doctor ordered.



### Support Groups and Cancer Education

Dedicated to cancer education, the Cancer Center hosts numerous cancer education and Healing Arts classes and Support Groups throughout the year. Approximately 20 people attend the Breast Cancer Support Group and approximately 10 people attend the monthly brain tumor support groups.

### weSPARK

The weSPARK Cancer Support Program offers Northridge Hospital's cancer patients a variety of free healing workshops to encourage self-expression, calm the mind and promote healing. The weSPARK workshops average 25 participants per session.

#### weSPARK classes:

- Acupressure
- Anxiety
- Stress Management
- Making a Jewelry Keepsake
- Give Yourself a Gift
- Guided Imagery-Restful Sleep
- The New Normal



# Site Table

Sorted from Most to Least Common

Site Group	Total Cases	Class			Sex		Stage					Not		
		Analytic	NonAn	Other	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Applicable	Unknown	Missing
ALL SITES	777	678	99	0	380	397	29	162	171	106	89	56	65	0
PROSTATE	167	158	9	0	167	0	0	18	103	23	9	0	5	0
BREAST	124	111	13	0	0	124	10	31	31	8	3	0	28	0
LUNG/BRONCHUS-NON SM CELL	65	53	12	0	30	35	0	14	1	14	20	1	3	0
COLON	48	36	12	0	25	23	1	7	8	11	6	0	3	0
THYROID	33	31	2	0	2	31	0	21	2	3	3	0	2	0
NON-HODGKIN'S LYMPHOMA	33	29	4	0	19	14	0	11	4	6	6	0	2	0
CORPUS UTERI	30	28	2	0	0	30	0	18	1	8	1	0	0	0
BLADDER	28	26	2	0	23	5	13	9	3	0	1	0	0	0
OVARY	23	17	6	0	0	23	0	2	1	7	5	0	2	0
LIVER	21	19	2	0	13	8	0	6	2	3	3	2	3	0
LEUKEMIA	20	12	8	0	10	10	0	0	0	0	0	12	0	0
KIDNEY AND RENAL PELVIS	16	13	3	0	12	4	0	5	1	2	3	0	2	0
PANCREAS	14	12	2	0	11	3	1	2	1	0	6	0	2	0
RECTUM & RECTOSIGMOID	13	11	2	0	8	5	2	1	3	1	2	0	2	0
CERVIX UTERI	11	10	1	0	0	11	0	2	2	5	1	0	0	0
STOMACH	10	7	3	0	7	3	0	1	0	1	4	0	1	0
LUNG/BRONCHUS-SMALL CELL	10	9	1	0	4	6	0	1	0	4	4	0	0	0
MYELOMA	10	7	3	0	5	5	0	0	0	0	0	7	0	0
MELANOMA OF SKIN	10	7	3	0	7	3	0	2	2	0	2	0	1	0
BRAIN	10	10	0	0	4	6	0	0	0	0	0	10	0	0
OTHER NERVOUS SYSTEM	10	7	3	0	2	8	0	0	0	0	0	7	0	0
UNKNOWN OR ILL-DEFINED	8	7	1	0	2	6	0	0	0	0	0	7	0	0
VULVA	6	5	1	0	0	6	2	2	0	0	1	0	0	0
SMALL INTESTINE	5	5	0	0	3	2	0	0	0	3	2	0	0	0
LARYNX	5	5	0	0	4	1	0	2	2	0	0	0	1	0
OTHER HEMATOPOIETIC	5	4	1	0	2	3	0	0	0	0	0	4	0	0
TESTIS	4	4	0	0	4	0	0	4	0	0	0	0	0	0
TONGUE	3	3	0	0	1	2	0	0	0	2	0	0	1	0
GALLBLADDER	3	3	0	0	1	2	0	1	1	0	1	0	0	0
BILE DUCTS	3	3	0	0	1	2	0	0	1	0	0	0	2	0
PERITONEUM,OMENTUM,MESENT	3	3	0	0	0	3	0	0	0	3	0	0	0	0
SOFT TISSUE	3	2	1	0	2	1	0	0	0	1	0	0	1	0
OTHER ENDOCRINE	3	2	1	0	1	2	0	0	0	0	0	2	0	0
LIP	2	2	0	0	0	2	0	1	0	0	0	0	1	0
SALIVARY GLANDS, MAJOR	2	2	0	0	1	1	0	0	0	1	1	0	0	0
ESOPHAGUS	2	2	0	0	2	0	0	0	0	0	1	0	1	0
NASAL CAVITY,SINUS,EAR	2	2	0	0	0	2	0	0	0	0	1	1	0	0
OTHER SKIN CA	2	2	0	0	1	1	0	0	1	0	0	1	0	0
VAGINA	2	2	0	0	0	2	0	0	0	0	1	0	1	0
EYE	2	2	0	0	2	0	0	0	0	0	0	2	0	0
HODGKIN'S DISEASE	2	1	1	0	2	0	0	1	0	0	0	0	0	0
FLOOR OF MOUTH	1	1	0	0	0	1	0	0	0	0	1	0	0	0
MOUTH, OTHER & NOS	1	1	0	0	0	1	0	0	0	0	0	0	1	0
TONSIL	1	1	0	0	1	0	0	0	0	0	1	0	0	0
NASOPHARYNX	1	1	0	0	1	0	0	0	1	0	0	0	0	0

# Oncology Conferences

Oncology Conferences are an opportunity for physicians to review and discuss treatment options available for specific malignant processes. The conferences are multidisciplinary and include physicians from Medical Oncology, Radiation Oncology, Surgery, Radiology and Pathology. Each case is reviewed for the medical history, physical findings, diagnostic imaging and therapeutic approaches. For each case presented, the conference focuses on pretreatment evaluation, clinical and pathological staging and National Comprehensive Cancer Care Network treatment guidelines.

Cases presented at the Oncology Conferences are at least 10 percent of the annual analytic cases accessioned into the Cancer Registry database and include cases from the five major sites seen at Northridge Hospital Medical Center. At least 75 percent of the cases presented are required to be prospective. Prospective cases are defined as those that are presented at a time when management of the patient's disease process could be influenced by discussion. This includes newly diagnosed cases not yet treated; cases in which treatment has been initiated and additional treatment options may be needed; and cases of disease recurrence following completion of initial treatment. In 2010, 36 Tumor Boards were held with 146 of the total 150 case presentations being prospective cases.

The Cancer Registry monitors Oncology Conference activity and reports their findings to the Cancer Committee on an annual basis to ensure compliance with the ACoS Cancer Program standards.

Physicians are encouraged to contact the Cancer Registry at 818-885-8500, ext. 2835 or ext. 2833 to schedule case presentations for the following conferences:

## **Breast Conference:**

2nd and 4th Thursday of each month

## **General Tumor Board:**

3rd Thursday each month

## **Head and Neck Tumor Board:**

1st Thursday every other month

*Northridge Hospital Medical Center is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.*

*Northridge Hospital Medical Center designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*



Harold Marks, MD, Surgery



# Pumping Up Cancer Services



The Pump family and the Harold Pump Foundation (HPF) have raised millions to fight cancer—a cause that took flight when their father Harold lost his battle with the disease in 2000. The HPF has contributed more than \$4.2 million to the Hospital since its inception.



David, Carole and Dana Pump

THE *Harold Pump*  
FOUNDATION

## Education Saves Lives

Educating the community about cancer prevention and early detection is vital to the health of our residents. In 2010, the HPF Outreach Program educated 4,832 people at 46 community events. Education is provided in both English and Spanish. In addition, the HPF supports free mammograms throughout the year for the underinsured and uninsured.

The HPF partnered with several community organizations to provide this vital outreach including California State University, Northridge, Northridge Fashion Center, Avon Foundation, Stop Cancer, Vallarta Supermarkets, Los Angeles Unified School District (LAUSD), weSPARK, West Valley YMCA, Relay for Life, and local community health fairs and churches.

The HPF allocated \$100,000 in 2010 towards

outreach efforts in education and early detection. The HPF's three primary goals are to 1) Bring the best diagnostic therapeutic technology to our community. 2) Reach out to our underprivileged community to educate and screen for cancer. 3) Comfort patients and families through a variety of holistic and supportive services. With these goals in mind, the Leavey Cancer Center and the Carole Pump Women's Center supported the following community services:

## Screening and Education

- Established in 2006, the Harold Pump Foundation began support of quarterly health fairs. These fairs have reached a colossal number of at-risk community members who otherwise would not have had access to such information and screenings.
- In 2009, the Harold Pump Foundation implemented the Colonoscopy Program to



provide free colorectal screenings to those over age 50 that are underinsured or uninsured.

- Using an existing relationship with LAUSD and local organizations, a partnership to educate parents of students with cancer was funded by the Harold Pump Foundation.

## The Family Plan

The Family Plan Fund was established to assist patients and their families with payment for home services or equipment needs. In 2010, more than 8,485 hours of home healthcare, one-on-one therapy and rides to and from the hospital were provided to patients free of charge. Also, for cancer patients with no means of travel, the Family Plan made transportation available to and from the Hospital for treatment and tests with more than 410 rides.

## Patient Navigator Program

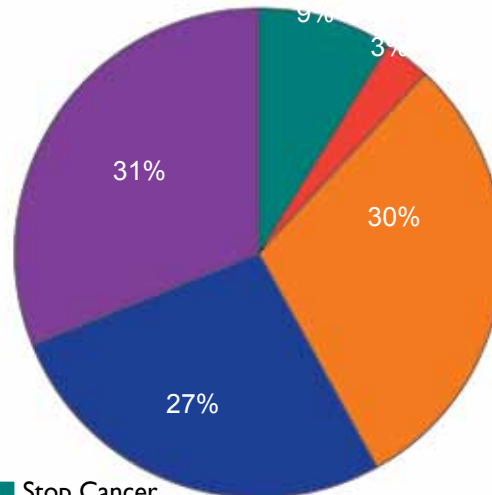
This program connects newly diagnosed patients with a Patient Navigator to better acquaint them with our services. There is a

Breast Health Navigator who helps women navigate the hospital system through their journey from a cancer diagnosis to recovery. There is also a Navigator “Concierge” service to help guide all other cancer patients on their journey to recovery.

## Advanced Technology

The Harold Pump Foundation allocated \$300,000 towards the purchase of the Trilogy™ Stereotactic System, which allows the Leavey Cancer Center to treat patients more accurately with fewer side-effects. In 2010, HFP provided more than \$17,000 to the Leavey Cancer Center’s Harold Pump Department of Radiation Oncology to ensure they continue to have the most advanced cancer-fighting equipment.

## Harold Pump Foundation 2010 Allocations



- Stop Cancer
- Equipment
- Family Plan
- Screenings and Education
- Non-Profit Community Charities



The 11th Annual Harold Pump Foundation Celebrity Golf Tournament and Dinner hosted 1,200 guests to raise money for cancer.



# Reaching Out To Our Community



In 2006, Northridge Hospital's Leavey Cancer Center, with financial support from the **Harold Pump Foundation**, began an unprecedented outreach program in the San Fernando Valley. Today, the **"Reaching Out"** program has continued to flourish with a focus on the uninsured and underinsured.

Nearly 2,000 FREE cancer screenings provided for the underinsured and uninsured!

As part of the Navigator Program, the Outreach Team has forged partnerships with local churches, organizations, low-income apartment complexes, high schools, senior centers and the local grocery chain Vallarta Supermarkets to provide education and awareness of cancer. The screenings and seminars are held at the Hospital four times a



J. Gary Davidson, MD, Oncology



year. Attendees receive free prostate, cervical and breast cancer screenings in addition to free blood pressure, blood glucose and diabetes testing. The Vallarta Markets also assist in the promotion of "Reaching Out" through the distribution of event flyers in grocery bags.

During 2010, approximately 925 people were screened at the four Leavey Cancer Center outreach events.

- 383 mammograms were performed at the "Reaching Out" events with 12 patients resulting in a positive breast cancer diagnoses and referral to treatment.
- Pap smears for cervical cancer were performed with one abnormality, but no cancer finding.
- Digital rectal exams and prostate-specific antigen tests for prostate cancer were performed with no cancer finding.

A total of 1,254 free mammograms to screen for breast cancer were performed in 2010.

## Free Screenings at Reaching Out 2010

Date	Mammograms	Pap Smears	Digital Rectal Exam	Prostate Specific Antigen	Total Screened at each Fair
2/26/10	89	85	18	18	167
5/1/10	65	57	22	23	167
9/11/10	109	114	36	35	294
12/4/10	126	122	0	49	297
<b>Total</b>	<b>389</b>	<b>378</b>	<b>76</b>	<b>125</b>	<b>925</b>



### “Life is Precious” Fashion Show

A unique way to celebrate the lives of our cancer survivors is through our Fashion Show. Survivors’ stories are shared in an effort to educate and inspire others. Professional retailers and hair and make-up artists provide the runway look for the participants. More than 300 people attended this event in 2010.



# Cancer Registry



The Cancer Registry at Northridge Hospital Medical Center was first established in 1976, and is a required component for approval by the American College of Surgeons Commission on Cancer (ACoS- CoC), which has accredited the Leavey Cancer Center since 1980.

The registry has added 8,945 cases into the database since the reference date; 7,582 of those cases are analytic cases with initial diagnosis and/or first course of treatment at Northridge Hospital. The additional 1,363 cases are non-analytic cases of patients with recurrent disease, initially diagnosed and treated elsewhere. Confidentiality of patient identification and related medical data are strictly maintained.

The primary function of the Cancer Registry is to collect and manage statistical data on our cancer population. Information collected includes patient demographics, medical history, anatomical site and histology of the primary cancer, extent of disease and treatment. Data is obtained through review of patients' medical records, radiographic studies, pathology and cytology reports. As some patients



*Mark Liker, MD, Neurosurgery; Asher Taban, MD, Neurosurgery; and David Huang, MD, Radiation Oncology (l-r)*

visit multiple institutions, patient data is obtained by request from other hospitals and private medical offices. Cancer Registry data provides our physicians and administration with statistical reports to study survival and improve patient care.

## National Cancer Data Base

The Cancer Registry provides information to the regional and state registries as required by the California Department of Health Services. The Cancer Registry participates in the annual call for data for the National Cancer Data Base (NCDB), as required of ACoS approved programs. The NCDB, a joint program of the CoC and the American Cancer Society, is a nationwide oncology outcomes database. The NCDB tracks and analyzes data on all types of cancer. This data is used to monitor trends in cancer care, to create regional and state benchmarks for participating hospitals and as a basis for quality improvement. The Medical Staff at Northridge Hospital uses data from the NCDB to compare our cancer experience with hospitals across the nation in an effort to provide the best possible care for our patients.

## Patient Follow-Up

Follow-up is an important part of cancer care. Each patient in our database is followed annually to update information on disease recurrence, subsequent treatment, length of survival and overall well-being. Follow-up information is obtained through letters to physicians and patients. The Registry depends heavily on the participation of our physicians and their support is greatly appreciated.



Sheldon Davidson, MD, Oncology

## Top Five Cancers at Northridge Hospital

The 2010 Primary Site Table shows that 678 newly diagnosed (analytic) and 99 non-analytic cases were accessioned into the Cancer Registry database. The Registry monitors the American Joint Committee on Cancer (AJCC) TNM Staging system, 7th Edition, for eligible analytic cases. The chart below shows the percentages of distribution for the top five cancer sites seen at Northridge Hospital as compared to the expected distribution of those sites in California and the United States.

### 2010 Comparison of Percent of New Cancer Cases

Primary Site	NHMC (actual)	California (estimated)	United States (estimated)
Prostate	23%	14%	14%
Female Breast	16%	13%	14%
Lung/Bronchus	9%	12%	15%
Colon/Rectum	5%	9%	9%
Thyroid	5%	3%	3%

Percentages include newly diagnosed (analytic) cases only.

\*Source: American Cancer Society & California Cancer Registry

## Cancer Committee Membership 2010

The membership of the Cancer Committee or other appropriate leadership body, is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from Administrative and Supportive Services.

### Cancer Committee Physician Members:

**Afshin Safa, MD**, Radiation Oncology, Cancer Committee Chair

**Walid Arnaout, MD**, Surgical Oncology, Liver and Pancreas Program Medical Director

**J. Gary Davidson, MD**, Oncology, Leavey Cancer Center Medical Director

**Jeremy Grosser, MD**, Internal Medicine, Pain Control/Palliative Care Medical Director

**Harold Marks, MD**, Surgery, Cancer Liaison Physician

**Kimberly Mislick, MD, PhD**, Pathology and Laboratory Services Medical Director

**Anil Wadhvani, MD**, Imaging Medical Director

### Administrative Members:

Nana Deeb, VP, Clinical Services

Rev. Leon Directo, M.Div., Chaplain

Glorivic Fazon, RN, Quality Management

Debra Flaherty, MSPT, Rehabilitation and Neuroscience Director

Chrissy Kim, American Cancer Society

Diane Killian, RT, (R) (T), Clinical Research Associate

Cheryl Lovett, RHIT, Health Information Management

Judy Luskin, RHIT, CTR, Certified Tumor Registrar

Angie Martinez, LCSW, Social Services/Case Management

Lori Muir, MHA, Cancer Program Director

Robert Sakamoto, PharmD, Pharmacy

Candice Upham, RN, Inpatient Oncology Director

Jenny Zeltser, MPH, Community Outreach

Northridge Hospital Medical Center  
18300 Roscoe Blvd.  
Northridge, CA 91328  
Main: 818-885-8500  
Cancer Center: 818-885-5431  
FREE Find-A-Doctor: 855-A-DOC-4-ME  
[www.NorthridgeHospital.org/CancerCenter](http://www.NorthridgeHospital.org/CancerCenter)

