2012 ANNUAL CANCER PROGRAM REPORT

San Francisco General Hospital and Trauma Center

OUR MISSION

To provide quality health care and trauma services with compassion and respect

OUR VISION

To advance community wellness by aligning care, discovery, and education.

TABLE OF CONTENTS

OUR CANCER PROGRAM

San Francisco General Hospital and Trauma Center is the sole provider of trauma and psychiatric emergency services for the City and County of San Francisco. A comprehensive medical center, SFGH serves some 104,000 patients per year and provides 20 percent of the city's inpatient care. As San Francisco's public hospital, SFGH's mission is to provide quality health care and trauma services with compassion and respect to patients that include the city's most vulnerable. SFGH is also one of the nation's top academic medical centers, partnering with the University of California, San Francisco School of Medicine on clinical training and research.

The Cancer Program at San Francisco General Hospital provides diagnosis and treatment services, as well as psycho-social support for patients and families. Cancer services include:

DIAGNOSIS AND TREATMENT

Pathology
Radiology
Inpatient Services
Oncology Clinic
Infusion Center
Surgical Clinic
Pain Service
Palliative Care Services

SUPPORT

Rehabilitation
Social Services
Pastoral Services
Interpreters
Nutrition

PREVENTION

Cancer Screening Services
Cancer Support Groups
Wellness Programs

CANCER COMMITTEE MEMBERS

The Cancer Committee at San Francisco General Hospital is a multidisciplinary standing committee of the Medical Staff. Members include physicians from several medical and surgical specialties, including diagnostics. 2012-2013 Members:

Medical Staff Members	**Department**
Arthur Hill, MD Co-Chair	Surgery
Donald Abrams, MD Co-Chair	Oncology
Shannon Fogh, MD	UCSF Radiation Oncology
Heather Harris, MD	Hospital Medicine, Palliative Care
Christina Herrera-Biondilillo, NP	Head and Neck Surgery
Stephen Nishimura, MD	Anatomic Pathology
Thienkhai Vu, MD	Diagnostic Radiology
Non Physician Members	**Department**
Monica Bien, PA	Oncology
Carol Bird, RN	Quality Management
Nelva Castillo, ATR	Tumor Registrar
Paul Couey	Research Coordinator
Terry Dentoni, RN	Chief Nursing Officer, Hospital Administration
Ditas Hernandez, RN	Oncology Nursing
Mary Ellen Kelly	Oncology Administration
Carol Lam, MSW	Medical Social Service
Robin Lee	Genetic Services
Sylvia Lieu, RD	Clinical Dietitian
Giemma Concepcion	American Cancer Society
Kathy Pang, Pharm. D.	Pharmacy
Isabel Sandoval	Patient Navigator
Debby Schlanger, RD	Clinical Dietitian
Sue Schwartz	Quality Management
Bonnie Seaman	Rehabilitation
Piera Wong, RN	Oncology Nursing

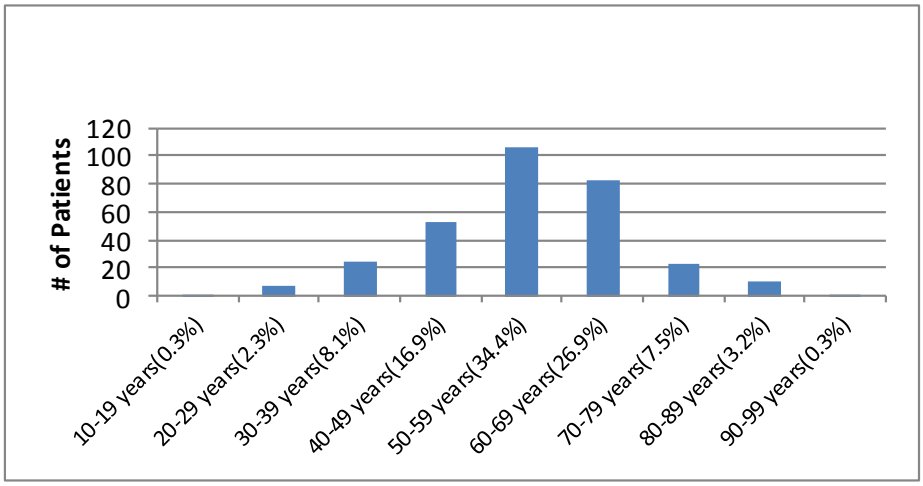
MULTI-DISCIPLINARY CANCER CONFERENCES

A multidisciplinary conference (Tumor Board) is held weekly to review cancer cases, which are selected by physicians for their complexity and the need for consultation. The conference includes other medical specialties in order to offer the best course of treatment for our patients.

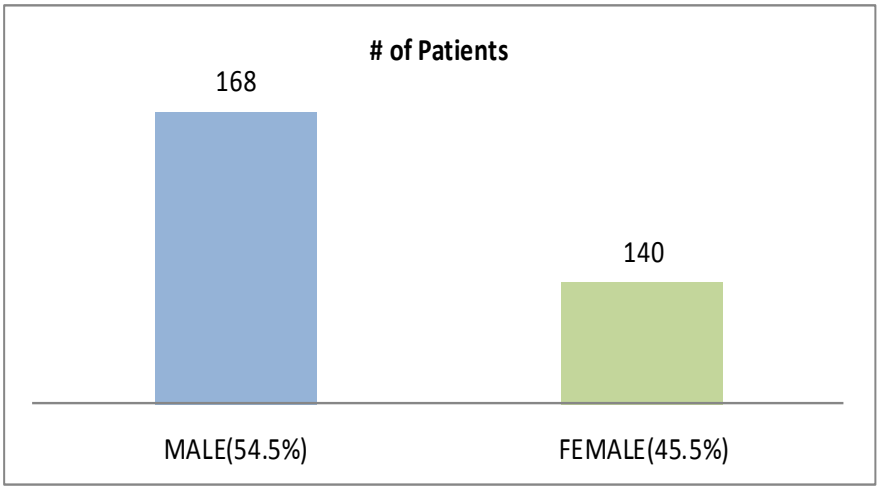
The Tumor Board also serves as the referral source for patients in need of radiation treatment, which is provided through the UCSF Department of Radiation Oncology. A pathologist and radiologist attend each conference to interpret histologic and radiologic findings.

There were 168 cases presented to the General Tumor Board during 2012, as well as additional cases presented to UCSF specialty tumor boards such as gynecology, pediatric, hepatocellular carcinoma, and pulmonary boards. Treatment recommendations are made for each patient.

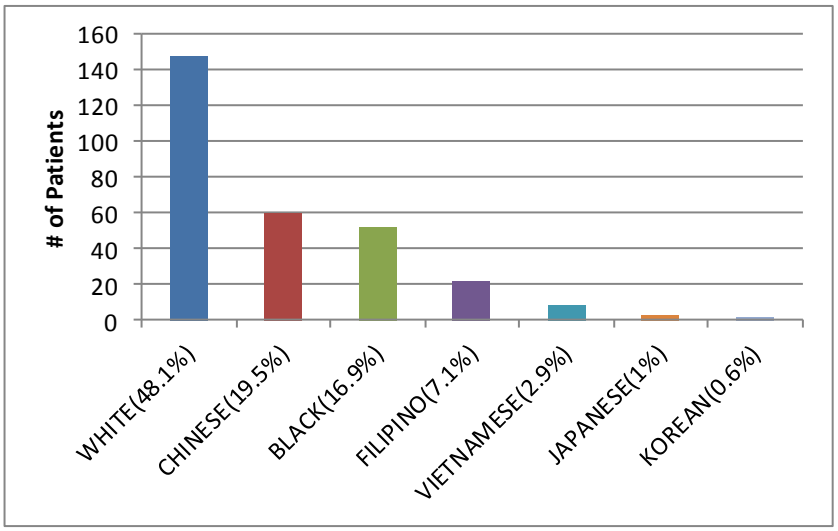
OUR PATIENTS 2012



AGE AT DIAGNOSIS

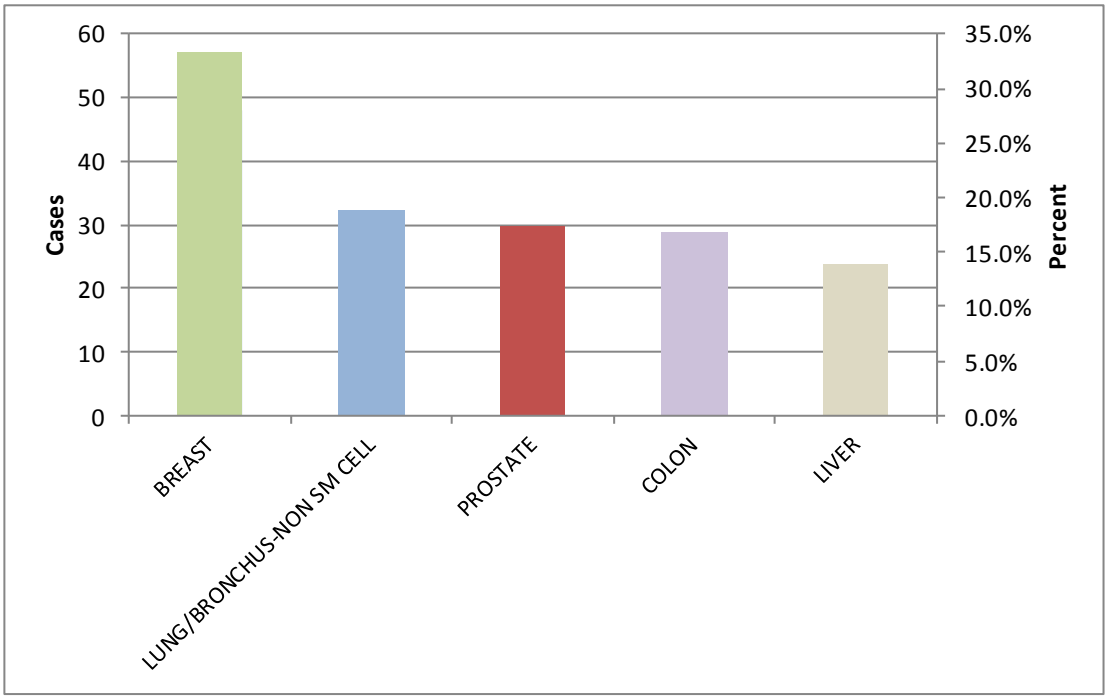


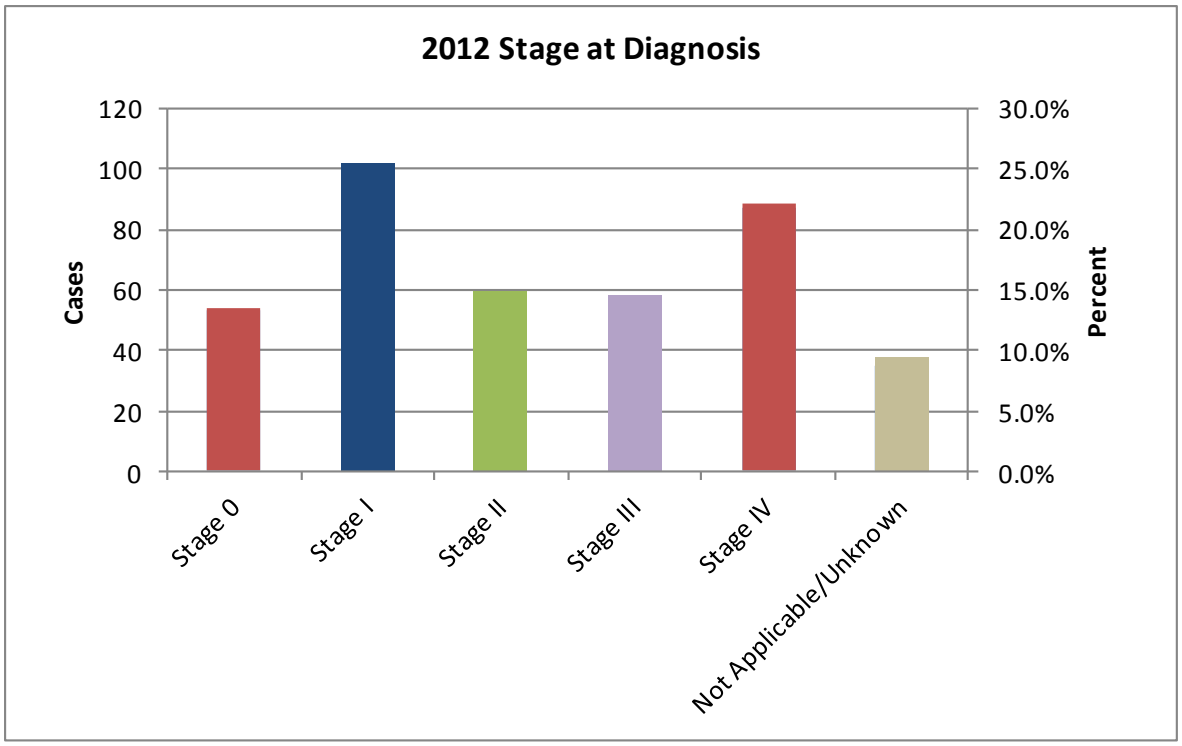
GENDER



RACE

OUR PATIENTS 2012





ACCOUNTABILITY MEASURE PERFORMANCE

The Cancer Committee ensures and monitors patient treatment in alignment with nationally accepted quality measures. Performance data from the Commission on Cancer practice profile reports are reported and discussed by the Cancer Committee, including analysis of our performance and development of action plans to improve performance. Below is a summary of our performance on these measures for 2009-2011 cases (data available for analysis from the Commission on Cancer):

	Select Breast & Colorectal Measures	Estimated Performance Rates (click rate for comparisons)			Case Review
		2009	2010	2011	
BREAST	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. **[BCS/RT]**	65%	75%	77.8%	BCS
BREAST	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. **[MAC]**	75%	100%	100%	MAC
BREAST	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. **[HT]**	90.5%	95.2%	91.3%	HT
COLON	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. **[ACT]**	100%	80%	83.3%	ACT
COLON	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **[12RLN]**	100%	100%	87.5%	12 RLN
REC	Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. **[AdjRT]**	100%	100%	n.a	Adj RT

Analysis of the this data continues to drive improvement work to ensure patients are provided with appropriate treatment options in accordance with national treatment guidelines.

QUALITY IMPROVEMENT

Clinical Outcome Study

Each year, the Cancer Committee selects a cancer site specific topic for a study of treatment and outcomes. For 2012, the topic was:

Survival of Human Papillomavirus (HPV) positive vs. negative Oropharyngeal Carcinoma Patients Diagnosed at SFGH 2008-2010.

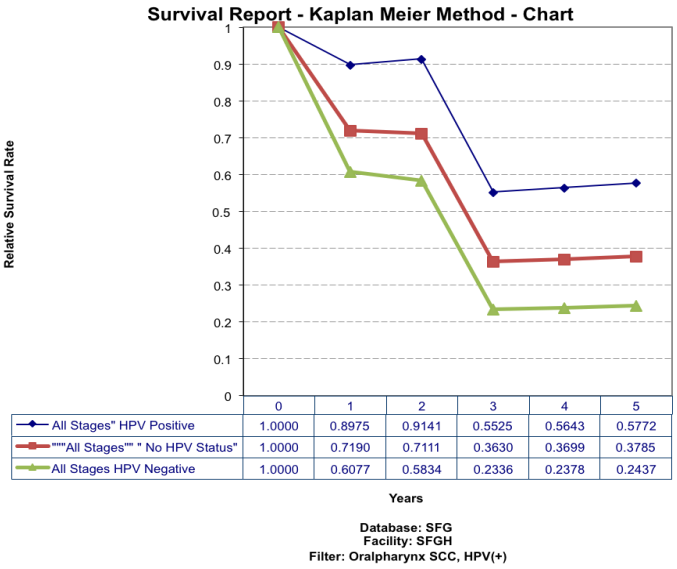
Human papillomavirus is one of the most common sexually transmitted diseases worldwide that has long been associated with the development of cervical and anal carcinomas. With greater access to testing technology, it has become increasingly clear that human papillomavirus (HPV) subtypes are involved in the etiology of an increasing number of cases of squamous cell carcinoma of the head and neck – particularly oropharyngeal carcinomas, i.e lingual and palatine tonsil and base of tongue. Distinguishing HPV positive from HPV negative variants has important prognostic implications as the HPV positive subset is reported to have a better prognosis than the negative subset where tobacco and alcohol are the main risk factors. It is felt that future clinical trials evaluating interventions for patients with oropharyngeal squamous cell carcinomas may need to control for HPV status. There is also interest in creating specific treatment strategies for patients with HPV-positive lesions.

This study compared the outcomes in the recent SFGH cohort of oropharyngeal carcinoma patients by their HPV status to see how our patients fare compared to published reports in other populations. To this end, we reviewed the survival data for patients diagnosed with oropharyngeal carcinomas from 2008-2010.

SURVIVAL ANALYSIS

In general, despite presentation at a later stage, HPV-associated oropharpyngeal squamous cell carcinoma has been shown to be more responsive to therapy and have a better outcome than HPV-negative tumors. This has been the experience from a number of retrospective and prospective analyses as well as large treatment intervention protocols.

Figure 2 is the Kaplan-Meier survival curve for the aggregate groups (all stages) of HPV positive and HPV negative oropharyngeal squamous cell carcinoma cases seen at SFGH over the study period. Whereas the 50% survival has not yet be reached for the HPV positive cohort, the HPV negative cohort appears to have a 50% survival of just over 2 years. Figure 3 compares our cohort to the RTOG 0129 trial participants.



	0	1	2	3	4	5
All Stages" HPV Positive	1.0000	0.8975	0.9141	0.5525	0.5643	0.5772
"""All Stages"" " No HPV Status"	1.0000	0.7190	0.7111	0.3630	0.3699	0.3785
All Stages HPV Negative	1.0000	0.6077	0.5834	0.2336	0.2378	0.2437

CONCLUSIONS

Patients with HPV positive oropharyngeal squamous cell carcinomas are being seen at San Francisco General Hospital but at about half the rate of HPV negative tumors during the evaluated study period, likely reflecting the large tobacco and alcohol using population that the hospital serves. Our HPV positive population, as previously reported, tends to be more often white and male. As reported in the literature, the HPV positive cohort has better survival statistics than the HPV negative, although in this small sample of SFGH patients, outcomes are inferior to previously reported in both subsets, again likely reflecting the complexity and comorbidity of the patients we serve.

IMPROVEMENTS IN CANCER CARE AT SFGH

Oral Chemotherapy Education

Traditionally, patients have received cancer treatment in infusion centers, where healthcare practitioners are readily available to answer questions, assess the patients, and determine treatment scheduling. However, there are currently 50 oral drugs approved by the FDA to treat cancer, and 25% of new compounds being studied are intended for oral use. Some of these oral anti-neoplastic medications have complicated dosing regimens, such as requiring periodic one-week breaks or having food-specific instructions. Since 2010, SFGH has implemented an education program, in which patients starting a new oral anti-neoplastic medication are counseled by an oncology pharmacist or nurse regarding how to take the medication, what to do in case of missed doses, side effects to watch for, necessary handling precautions, and tips on adherence. The pharmacist and nurse also double check the medication's dose and streamline the insurance approval process to ensure appropriate and timely medication initiation. This initial education session is then followed up with oncologist visits or at least two phone calls by an oncology pharmacist or nurse, to assess the patient for side effects, questions regarding the regimen, and other patient concerns. These follow up sessions take place every 2-3 weeks until the patient is comfortable and knowledgeable about his/her regimen.

Patient Navigator Program

In partnership with the American Cancer Society (ACS), a patient navigator provides essential services to patients in our Oncology Clinic. This program has been hugely successful in helping cancer patients to understand the services available to them, to connect them with appropriate service agencies, and to keep appointments for clinic visits and diagnostic/treatment procedures. Over the last 2 years, , the ACS patient navigator has provided navigation services to approximately 589 unique cancer patients and addressed 1018 navigation requests. Of these requests, 49% were for transportation to and from medical appointments and 51% were for cancer-related information, including disease, treatment options, nutrition, side-effects of therapy, and legal and financial issues.

Improved Identification of New Cancer Cases

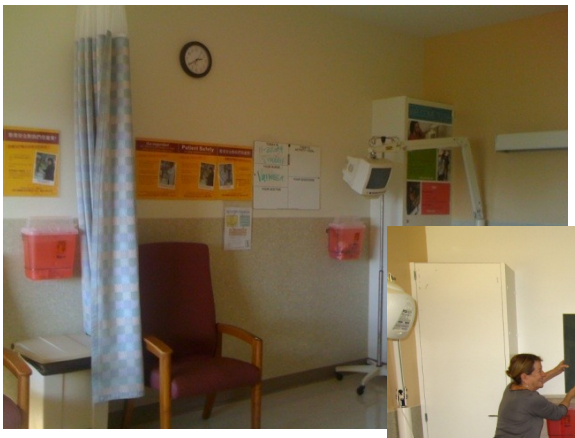
As part of continually improving our Cancer Registry, a computerized pathology system was installed in 2012. E-Path searches for cancer cases from multiple information systems and electronically transmits the case information to Registry staff. Implementation of this system benefits the cancer program by allowing more complete and timely case abstraction. We are now able to more accurately identify all cancer cases.

PALLIATIVE CARE SERVICES

As an institution that serves the city's most vulnerable populations, San Francisco General Hospital and Trauma Center (SFGH) is committed to the principle that all people should be treated with dignity through all stages of life—including the end of it.

Initiated in 2010, the Palliative Care Service at SFGH is an interdisciplinary program that addresses not just the medical needs, but the psychological, social and spiritual needs of patients and their families. The Palliative Care Team has the time and expertise to focus on relieving physical suffering, as well as supporting the family and the patient.

Palliative care focuses on improving quality of care for patients, regardless of the prognosis. Ideally, it's happening at the same time as curative or life-prolonging treatments, so that patients can have better quality of care even as they fight their illness. To make life as comfortable and homelike as possible in the last days and weeks of a patient's life, two rooms in the hospital's Oncology/HIV unit have been remodeled as comfort care suites.



BEFORE

DURING

AFTER

In addition to providing treatment and support in the hospital, the Palliative Care Service helps patients communicate with medical teams and connect with social service programs throughout the city.

With palliative care, the most appropriate services are provided to each patient, often instead of invasive and unnecessary medical treatments.

COMMUNITY OUTREACH AND WELLNESS

CARE

The CARE (Cancer Awareness Resources and Education) program was initiated in 2002 to provide education and psychosocial support to cancer patients who receive their medical care at San Francisco General Hospital (SFGH). CARE offers series of eight to twelve-week classes in English, Spanish, and Cantonese. We provide dinner, taxi vouchers, and childcare reimbursements, when necessary. The program includes relaxation and goal setting exercises in each group session. We have a fabulous collection of guest speakers addressing topics such as What is cancer?, nutrition, complementary/ alternative medicine, stress reduction, symptom management, and more.

By furnishing participants with comprehensive cancer-related education, as well as teaching self-care skills, the program enhances patients' understanding of their diagnosis and encourages them to gain a sense of control over their lives.

The CARE group facilitators are experienced professionals with backgrounds in health education, community organizing, social work, and social psychology. The groups are co-facilitated by UCSF medical students. A prestigious Advisory Board provides valuable guidance and support for the program. The CARE program has received numerous honors and awards including the American Cancer Society's Lane Adams Quality of Life Award, American Medical Association Award for Innovations in Patient -Centered Communication, and the National Grand Prize for Excellence in Patient Education from California Pacific Medical Center.

COMMUNITY OUTREACH AND WELLNESS

Community Wellness Program at SFGH

San Francisco General Hospital's (SFGH) Community Wellness Program works to promote and encourage wellness practices for patients, staff, and all San Franciscans. We support a holistic view of health in which physical, emotional, mental, social, and spiritual health are considered interconnected and essential in achieving improved health and wellness. Wellness classes are designed to accommodate patients and staff at all levels of physical abilities and/or limitations

Programs available for cancer patients include:

Working on Wellness classes— yoga, strength training, zumba, salsa

Nutrition and Cooking demonstration classes

One on One Smoking Cessation classes