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CANCER SERVICES ANNUAL REPORT

# Quality of Care





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# Welcome

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Adventist Health Glendale (AHGL) is pleased to present the 2019 Cancer Services Annual Report with a special highlight on quality measures for colon cancer, lung cancer and transportation for our cancer patients. Throughout this report, you will also learn about our family of dedicated physicians, nurses, associates, guild members and volunteers who work tirelessly every day to provide the most compassionate care for our patients.

Since I started in my role at AHGL in November 2018, I have been both impressed by and delighted with the fact that our AHGL Cancer Center offers many sophisticated resources for our community. From state-of-the-art technology to advanced treatments, community outreach to support programs, we are able to treat patients with the best care close to home.

I am also honored that the American College of Surgeons Commission on Cancer, once again, accredited AHGL as a Comprehensive Community Cancer Program, a three-year accreditation, which recognizes professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, which promotes cancer prevention, research, education, and monitoring of comprehensive quality care. Congratulations to the entire cancer care team!

Providing this level of cancer care requires the collaboration of many specialists and their expertise. We are able to accomplish this through AHGL's multidisciplinary tumor conferences, where our physicians have meaningful discussions about treatments on an individual patient basis. We analyze every aspect of care and leave no stone unturned. This is where we start our journey, as a team, to make sure our patients have a chance for a future.

It is also through AHGL's clinical trials that we are able to provide patients with hope. We develop treatments based on personal genetics and immunotherapy, and our team is always committed to finding the best options for our patients. The research in these areas is still in the early phases. We don't have a cure, yet; however, we do believe that we are getting closer with each step forward.

At AHGL, we are paving the road for more survivors. We believe in staying true to the promise of our mission to 'Living God's love by inspiring health, wholeness and hope' in all our patients, so together we can help win the fight against cancer!



**Liz Cochran**  
Operations Executive

Liz Cochran  
Operations Executive

# Cancer Committee Chairman's Message

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**Boris Bagdasarian, DO**  
Chairman, Cancer Committee

It is my distinct pleasure to introduce the 2019 annual report of the Adventist Health Glendale Community Comprehensive Cancer Program. Our cancer program continues its commitment to provide comprehensive, multidisciplinary and patient-oriented care to patients diagnosed with cancer. The cancer team is a diverse and extraordinarily talented group of professionals dedicated to pursuing and diagnosing cancer, staging disease, designing treatment plans, and coordinating and delivering cancer treatment. The program provides clinical services adept in the prevention, education, early diagnosis and optimal treatment of cancer, as well as, surveillance for recurrent disease, support services, palliative care and end-of-life care for our patients. Our goal is to restore lost health and hope to patients and their loved ones.

In 2018, the Cancer Center installed a new linear accelerator, the TrueBeam, for radiation therapy. This new technology offers several updated features, including shorter treatment times, lower toxicity, real-time imaging for tracking tumors and extremely precise targeting for radiation treatments.

Also in 2018, our Cancer Program received approval from the Commission on Cancer (CoC)—American College of Surgeons (ACoS), with a three-year certification of accreditation. The CoC requires accredited cancer programs to treat cancer patients according to nationally accepted accountability measures indicated by the CoC quality reporting tool Cancer Program Practice Profile Reports (CP3R). An accountability measure is the standard of care derived from evidence-based data, including multiple randomized control trials.

On this topic, I would like to thank surgeon Sam Carvajal, MD, the cancer liaison physician for Adventist Health Glendale with the CoC, for his dedication in analyzing the Adventist Health Glendale data and providing us with a potential solution to patients without adequate lymph node dissection recommended by the CoC Quality of Care Measures. This plan, which began on January 2018 cases, will require that registry staff flag cases for Dr. Carvajal to review if the inadequate node dissection was due to other reasons, such as palliation, rather than cure. Each abstract that does not meet this quality measure will be presented to him for review so that it can be documented on the abstract prior to submission whether this is due to patient needs or a fall-out. We appreciate Dr. Carvajal's commitment to monitor the Quality of Care Measures for Standards 4.4 and 4.5 of the ACoS!

Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that our cancer program patients are evaluated and treated according to evidence-based national treatment guidelines, Standard 4.6. Oncologist Mihran Shirinian, MD, accepted this request as an opportunity to look at the documentation in which PD-L1 expression was available in our lung cancer patients' pathology reports as a prognostic factor. His study indicated

the value of this information to treating physicians at the time of diagnosis for making treatment decisions. Our thanks to Dr. Shirinian for his study. New to our cancer screening program this past year was the addition of a skin screening, conducted by dermatologist Don Mehrabi, MD. The event provided free skin screening to the Glendale Police and Fire departments.

Our continuing education program was on the topic of Endoscopic Ultrasound in the Diagnosis and Treatment of Gastric Cancer, presented by gastroenterologist Michael Mello, MD.

I am extremely proud of and privileged to be part of the amazing team at Adventist Health Glendale. By providing multidisciplinary, collaborative and specialized care, we are ensuring that those who entrust their cancer care to our talented team are getting the most effective, customized treatment plan for their particular disease. The combination of state-of-the-art treatments, cutting-edge research, and access to a multitude of promising clinical trials enables our patients to have the best possible outcome, while maintaining a high quality of life.

The excellence of our cancer program is a team effort, with so many names to mention among the members of the Cancer Committee, the Cancer Center, 2 East Oncology, the other departments at the hospital that care for our patients, the Guild for raising funds to help our patients, and many others. Thank you!

# Cancer Care Guild

Supporting Cancer Services with love, hope and funding



The 2019 Guild and Board of Directors

In 2018, the Foundation's volunteer Cancer Care Guild and the Founders Guild united to form **The Guild at Adventist Health Glendale**.

Alice Petrossian served as Guild president during the transition. At last December's year-end holiday party and installation, the leadership torch was passed to Anita Aghajanian, who also chaired the successful "Laugh 4 a Cause" comedy fundraiser last October at the Alex Theatre.

Among the Guild's star accomplishments in 2018 was leading a significant fundraising campaign to help purchase a state-of-the-art, 3-D mammography imaging system, is a better tool to detect invasive breast cancers earlier and more accurately. Patients' lives will be saved; families will be saved.

"The new mammography system increases the chances of early detection of breast cancers too small or too faint to be seen on existing 2-D imaging equipment," said Linh Chen, MD, director of Diagnostic Radiology.

"The earlier we are able to detect cancer, the greater chance patients will have for a full recovery. The 3-D imaging system is the latest and most advanced technology available. We will be

able to view breast tissue more clearly than before," Dr. Chen said. The new imaging system is scheduled to be installed in early 2019.

Guild members also were active throughout the year in their support of several cancer-related activities and events. Among these were the annual Bras for a Cause, sponsored by Soroptimist International of Glendale; Cancer Survivors Luncheon, presented by Adventist Health Glendale's Cancer Services; the community-wide Relay for Life; Breast Cancer Awareness Month in October; and Cancer Services' annual Christmas party for cancer patients, planned and coordinated by the Guild.

Also throughout the year, the Guild invites the community to make donations to support the Cancer Center's Ingeborg's Place Apart/Positive Image Center, which provides free wigs, scarves, counseling, and special interest classes to patients with a cancer diagnosis, no matter where they are receiving treatment.

For further information on the Guild's support of Cancer Services, please contact Gayle Craig, the Foundation's annual giving officer, at **818-409-8055**.

# Community Outreach 2018

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The Adventist Health Glendale Cancer Services program reaches out to our community by hosting and participating in a number of health-related activities



## HIGHLIGHTS INCLUDE:

### **Bras for a Cause**

February 24, 2018. This annual event, sponsored by Soroptimist of Glendale, raises money and awareness for breast cancer. Supported by Cancer Services, a group of cancer patients and survivors submitted an entry for Bras for a Cause and attended the fundraising dinner. Their entry, titled A Golden Marilyn, won the Most Beautiful award.

### **Relay for Life**

April 25, 2018. Cancer Services donated snacks to this annual event.

### **Cancer Prevention Through Good Nutrition**

June 4, 2018. Adventist Health Glendale dietitian, Julie Ji, provided information regarding good eating habits and teaching about healthy fats and the importance of fiber in your diet for prevention of cancer. Samples of nutritious foods were provided. Pre- and post-presentation survey questionnaires were distributed to participants. Follow-up regarding opportunities for improvement were undertaken.

### **Cancer Survivors Day**

June 15, 2018. The Create to Heal themed event was attended by more than 120 cancer survivors and their caregivers. Patricia Varga, a cancer survivor and author of the book Create to Heal, was the keynote speaker. The Flame of Hope award was presented to two amazing community leaders, Adventist Health Glendale Guild President Anita Aghajanian for continued support of Cancer Services and patient needs; and Ann Marie Smith, Adventist Health Glendale Cancer Services art instructor. Their continued support for the hospital's Cancer Services has blessed many patients and their caregivers. A special feature of this event was a performance by Trinity Rose, a 15-year-old award-winning singer, songwriter and musician.

### **Prostate cancer screening and colon cancer screening via occult blood tests**

August 30, 2018. A prostate cancer screening was held at the Cancer Center, with 61 participants, and 57 occult blood testing kits were distributed for colon cancer screening. Physicians and family practice residents volunteered, as well as many employees. Follow-ups were conducted with patients and their physicians for any suspicious findings.

### Glendale Police Department Health Fair

October 13, 2018. Cancer Services partnered with Glendale PD to inform the community about various programs offered through Adventist Health Glendale Cancer Services. Over 500 flyers and information about Cancer Services were handed out.

### Senior Health Fair

October 14, 2018. Adventist Health Glendale held a senior fair for the community. Cancer Services provided information about the various programs offered at Adventist Health Glendale Cancer Services. More than 250 flyers and information about Cancer Services were shared.



### Pampered in Pink: Breast Cancer Awareness

October 15 and 29, 2018. Cancer Services and Adventist Health Glendale Radiology hosted the Pampered in Pink Breast Cancer Awareness program at the Women's Pavilion Mammography Center. Over the course of the two days, 56 scheduled mammograms were conducted; seven of them were free because the patients met the required protocol.



### Lung Force Walk

November 18, 2018. As part of Lung Cancer Awareness Month, Adventist Health Glendale Cancer Services partnered with the American Cancer Society for Lung Force Walk, bringing awareness about lung cancer. On the lots of CBS studios in Los Angeles, hundreds of participants walked together to raise awareness and funds to defeat lung cancer. Cancer Services participated in the walk, along with providing flyers and Adventist Health Glendale Cancer Services program information.

### Good Nutrition During Cancer Treatment

December 10, 2018. Adventist Health Glendale dietitian, Julie Ji, led informative classes regarding healthy proteins to eat during treatments. Healthy snacks were provided.

### Christmas Party

December 13, 2018. An annual Christmas Party at the Cancer Center featured wonderful music and food, along with the opportunity to celebrate the season with staff, fellow patients and survivors. The Adventist Health Glendale Guild made it possible for Cancer Services to host this event, always mindful of the joy of giving and helping our patients at Christmas and throughout the year.



Melissa Varraveto and Marguerite Marsh



# Community Support

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## FREE SUPPORT GROUPS AND COUNSELING

### Individual & Family Counseling

Individual and family counseling for cancer survivors is provided at no charge. For more information or to schedule an appointment, call Cynthia Klinger, MFT, at **818-409-3530**. An Armenian-speaking therapist is also available. Call Anchor Counseling Group at **818-937-1095** for more information.

### Brain Tumor Support Group

This support group is open to people with primary brain tumors and brain metastases. Caregivers are welcomed. Every third Wednesday of the month, **6–7:30 p.m.**, in the Cancer Center conference room.

### Cancer Support Group

This support group is designed for cancer survivors at any stage of cancer, from the newly diagnosed to those with years of survivorship. Caregivers are welcomed. Wednesdays, **11 a.m.–12:30 p.m.**, in the Cancer Center conference room.

## FREE CLASSES AND SERVICES

### Positive Image Center/Ingeborg's Place Apart

Wigs, caps and scarves are provided free of charge. Appointments are encouraged.

### Chair Yoga

Learn gentle yoga movements and relaxation techniques. Good for any level of fitness. Mondays and Wednesdays, **5:30–6:30 p.m.**, in the Cancer Center. Wear comfortable clothing.

### Knitting Class

Learn the art of knitting. No previous experience required. Needles, yarn and instruction are provided. Mondays, **11 a.m.–1 p.m.**, in the Cancer Center conference room.

### Fun With Art

Express your creativity with other survivors. Every second and fourth Friday of the month, **10 a.m.–12 p.m.**, in the Cancer Center conference room.

### Jewelry-Making Class

Learn to design and create jewelry. Supplies are provided. Every third Friday of the month, **12–2 p.m.**, in the Cancer Center conference room.

### Fitness Classes

Recapture strength and balance during and after treatment and recovery. Tuesdays and Thursdays, **10–11 a.m.**, in the Therapy & Wellness Center. Call **323-255-5409** for a mandatory assessment prior to your first class.



## The Guild - “Laugh 4 a Cause” celebrates cancer survivors

An evening of comedy and top-flight entertainment on Oct. 21, 2018 raised more than \$80,000 to support cancer survivors with free wigs, special interest classes, counseling and other services provided by the Cancer Center’s Ingeborg’s Place Apart/Positive Image Center.

Sponsored by the Adventist Health Glendale Foundation and presented as a community service by the Guild, a support group for the hospital’s Cancer Center, “Laugh 4 a Cause” attracted nearly 1,000 donors and friends.

“Cancer survivorship is something to celebrate—and what an amazing evening!” said Anita Aghajanian, the Guild’s vice president of fundraising, who coordinated the event.



Confetti rains as cancer survivors, physicians and supporters join in a grand finale.

Addressing the audience during the event, Aghajanian said, “Working as partners to the hospital, we also are raising hope on behalf of courageous cancer survivors, their families and their caregivers.” The performance also raised cancer awareness and brought the community together in a spirit of outreach and love to those affected by cancer.

The Guild extends a welcome to anyone interested in donating to the Cancer Center’s Ingeborg’s Place Apart/Positive Image Center. For details, contact Gayle Craig, the Foundation’s annual giving officer, at **818-409-8055**.

Contact  
Vic Pallos & Gayle Craig, Foundation,  
**818-409-8055**

# Spiritual Reflection

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Chaplain Alice Parsons Zulli

## Overcoming obstacles

After a screening mammogram led to a breast cancer diagnosis, Vicky underwent chemotherapy, surgery and radiation. She turned to the Cancer Center for help dealing with difficult side effects then started her own support group for other women with cancer. “The thing that gives me power and strength is my deep desire to help others,” Vicky says. “It makes me feel more in control. It gives me a purpose in life. I forget about being scared.”

Cancer has not been a stranger in my own life. One brother died after living with prostate cancer for three years. A second brother died of the same diagnosis after 18 years! My third brother had an operable malignant brain tumor. He lived into his eighties. My sister has defeated breast cancer twice and is thriving.

In each of their lives, the scriptures in Romans 8 played a large part in their cancer journey: *I am convinced that nothing can ever separate us from God's love. Neither our fears for today, nor our worries about tomorrow. Not even the powers of darkness can separate us from God's love.*

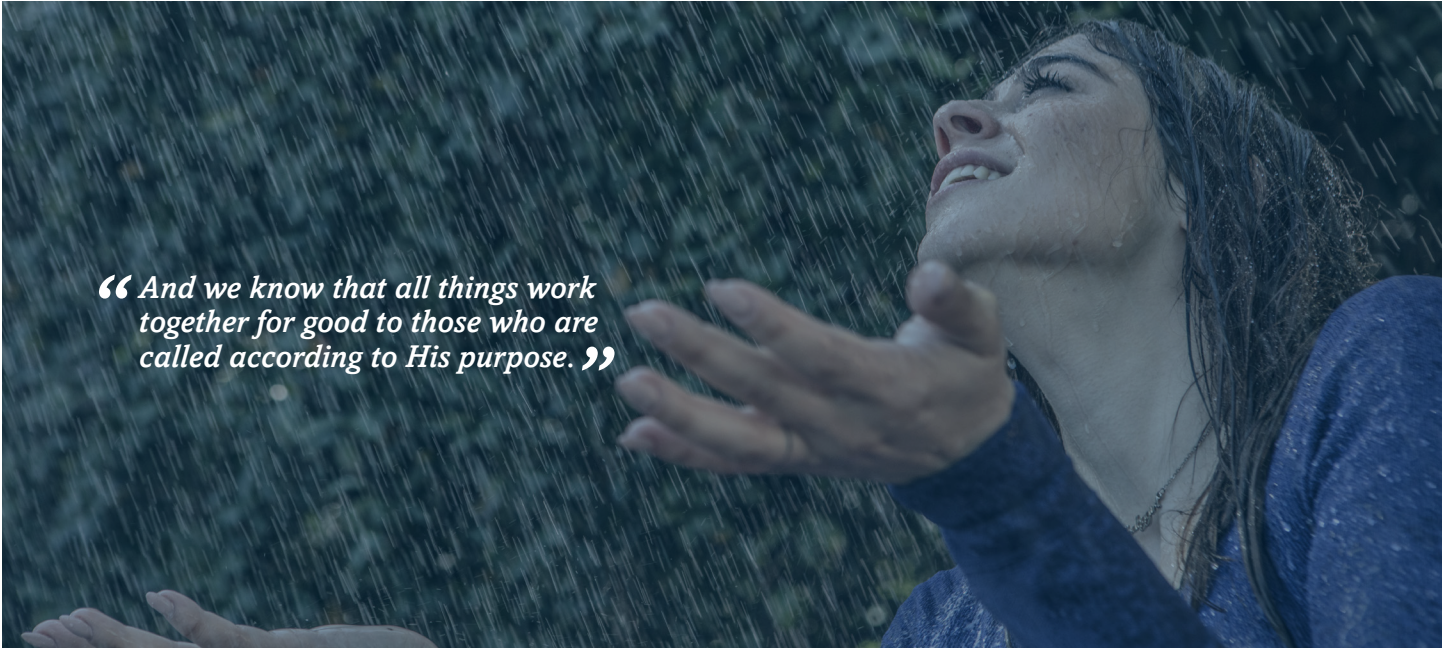
Yet the “C word” still carries the power to raise fear and anxiety. Questions flood the highways of the mind: “Will I survive this?” “Will I be able to care for my family during treatment?” “Will I be financially devastated?” “Will I ... Will I... Will I...”

In answering these questions, I asked my friend Chrissy, who defied pancreatic cancer and shared that “every day is beautiful, and I’ve learned to look at things as blessings that I used to take for granted.”

My friend, Julie—a healthy, strong, non-smoker—was diagnosed with lung cancer. She aggressively pursued treatment and a new life outlook. She says, “Getting through is day-by-day.” And 34-year-old Aubrey was diagnosed with male breast cancer. It’s a rarity, but Aubrey claims it was just one more obstacle to overcome! He says, “It is important to stay positive and take one day at a time. What may seem like the most devastating news in your life can always open doors to a whole new world of possibilities.”

These courageous people are my heroes. They have taught me to stay present, stay positive, help others and handle challenges as they arise—and not a minute before. And my faith has taught me to trust.

Romans 8:28 says, *And we know that all things work together for good to those who are called according to His purpose.*



*“And we know that all things work together for good to those who are called according to His purpose.”*

# American Cancer Society: Quality of Patient Care



By Irene Tamayo  
Health System Manager

The quality of patient care is of great importance to patients, caregivers, families, physicians, nurses and the health institution providing expert treatment, guidance and resources. The first responsibility for patient care is with the patient. There are several things we all can do to put ourselves on a lifelong, healthy path:

- Stay away from all forms of tobacco.
- Achieve and maintain a healthy weight.
- Get moving with regular physical activity, including around 150 minutes of exercise per week.
- Eat healthy, with plenty of fruits and vegetables.
- Limit alcohol, if you drink at all.
- Protect your skin.
- Know yourself, your family history and your risk for diseases.
- Get regular checkups and age-appropriate cancer screening.



If a patient is diagnosed with illness or disease, their healthcare team will be their primary partners. Patient care can also be supplemented by community and non-profit organizations. These groups improve the quality of life for patients and their families, while supporting the patient's treatment program. The American Cancer Society provides a variety of free patient services, both locally and nationwide, for those who are undergoing cancer treatment.

## Transportation

Driving to a medical facility is necessary to see your doctor and have access to treatment. However, sometimes patients cannot drive themselves, and their family or friends are not available, either. The

American Cancer Society provides free transportation to treatment for cancer patients through the Road To Recovery program. Skilled and trained volunteer drivers pick up patients, drive them to treatment and bring them home again. Drivers volunteer their own cars, gas, insurance coverage and time to be of service to cancer patients who need a lift to treatment. Volunteers love this job, since it is a great service for the patients they serve.

## Lodging

Some patients decide to seek treatment far from home, and lodging becomes an issue. The American Cancer Society offers free and reduced rates for lodging, thanks to hotel partners such

as Extended Stay America. The hotel partners donate thousands of rooms per year so patients who are travelling far for treatment can stay near the treatment facility. This helps them save energy for getting well, instead of worrying about travel. The freeways of Southern California are jammed with traffic, making some commutes impossible on a daily basis for radiation or other treatment. That's when the lodging program can help.

## Wigs

Cancer treatment sometimes includes chemotherapy, resulting in the loss of hair. Appearance-related side effects of cancer treatment are devastating. However, the American Cancer Society offers new, free wigs through many "wig banks," both locally and throughout the nation. When a patient looks good because of a new wig, they feel better! The wigs come in all styles and colors and can be the one thing to put a smile on a patient's face.

## Cancer Information Specialist 24/7

For cancer patients, their families and their caregivers, questions can pop up any time of the day—even in the middle of the night. The American Cancer Society's 24/7 National Cancer Information Center is available to speak with anyone who has questions or concerns about cancer treatment choices, diagnosis, staging, recovery, local patient services, support groups, or even clinical trials. By calling **1-800-227-2345**, anyone can find help, day or night, and in multiple languages. For help online, visit **cancer.org**.

# Multidisciplinary Tumor Conferences

## MULTIDISCIPLINARY SURGICAL TUMOR BOARD CONFERENCES

A forum that provides our cancer specialists opportunity for meaningful discussion relating to the treatment of cancer on an individual patient basis. This promotes excellence in cancer patient care

Adventist Health Glendale's Tumor Board Conferences are held weekly, Wednesdays, at 7 a.m. in Committee Rooms A/B.

The Surgical Tumor Boards are held the 1<sup>st</sup> through 4<sup>th</sup> Wednesdays of every month. Tumor Boards are not held on Thanksgiving week and Christmas week.

The cancer registry staff gathers the information required for discussion including: medical history and pertinent pathology and radiology materials for review. Multi-disciplinary tumor boards are moderated by a surgeon, medical oncologist or radiation oncologist. Both prospective and retrospective cases are discussed. Sometimes a case may be represented for further follow-up education and to report outcome. Physicians are encouraged to bring any and all cases they feel treatment discussion would be of benefit to both them and their patients for further care.

Tumor boards provide the presenting physicians with the opportunity to obtain treatment information from the multi-disciplinary perspective. Physicians take with them the treatment recommendations to advise their patients accordingly of their treatment options.

The American College of Surgeons requires that the number of cases presented annually is proportional to 15% of the analytic caseload and represents the institutions case mix. Our 2017 analytic caseload was 684 & 23% of this caseload was presented at the Tumor Board Conferences.

Total cases presented at tumor board, both analytic and non-analytic. Some of these cases are analytic from neighboring hospitals that may not have tumor boards.

The Cancer Registry participates in Cancer Program Practice Profile Reports (CP3R) and Rapid Quality Reporting System as quality of care based on monitoring compliance with evidenced based guidelines supported by the American College of Surgeons.

2018 Primary Sites Discussed	Cases
Ampulla	1
Anus	4
Appendix	2
Bladder	5
Brain	1
Breast	25
Carcinoid	2
Cervix, Uterine	2
Corpus Uteri	3
Gallbladder	5
GIST	2
Intestine – Large	18
Intestine – Small	1
Kidney	2
Leukemia	1
Liver	5
Lung	18
Lymphoma	5
Ovary	3
Pancreas	8
Parotid Gland	1
Prostate	12
Rectum	6
Soft Tissue	6
Stomach	5
Testis	3
Thyroid	2
Vulva	1
Unknown Primary	6
<b>Total:</b>	<b>155</b>

# Continuing Medical Education Lectures 2018

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**Chandrika Seneviratne, MD**  
Pathology



**Michael Mello, MD**  
Gastroenterology

## Continuing Medical Education Lectures 2018

### **Target Audience**

Physicians, residents, nurses,  
and allied health professionals.

Wednesday, August 29, 2018  
12:30–2:00 p.m.

Main Auditorium  
Adventist Health Glendale

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## Current Applications of Endoscopic Ultrasound in the Diagnosis and Treatment of Gastric Cancer

### **Featuring Glendale Physicians**

Michael Mello, MD, Gastroenterology  
Chandrika Seneviratne, MD, Pathology

### **Attended by**

Physicians:	12
Residents:	18
Allied Health:	2
Nursing Staff:	8
Medical Students:	3

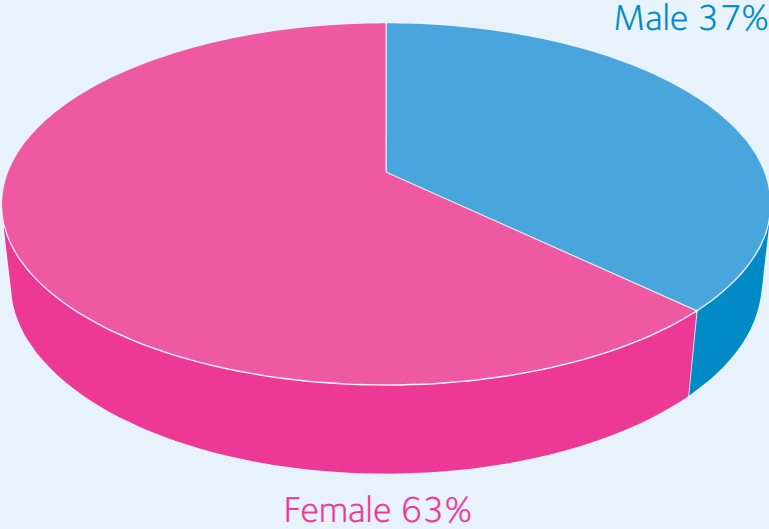
# 2017 Primary Site Table

Group Code	Site Group	Total Cases	CLASS		SEX		STAGE							
			Analytic	NonAn	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Not Applicable	Missing
	<b>ALL SITES</b>	<b>732</b>	<b>684</b>	<b>48</b>	<b>274</b>	<b>458</b>	<b>46</b>	<b>130</b>	<b>115</b>	<b>101</b>	<b>106</b>	<b>105</b>	<b>81</b>	<b>0</b>
740	BREAST	201	190	11	1	200	28	56	42	31	9	24	0	0
622	LUNG/BRONCHUS-NON SM CELL	88	86	2	54	34	1	13	6	15	40	10	1	0
530	COLON	49	47	2	18	31	4	5	16	12	3	7	0	0
850	PROSTATE	45	38	7	45	0	0	5	16	6	5	6	0	0
880	BLADDER	35	34	1	27	8	11	6	6	1	4	6	0	0
920	OTHER NERVOUS SYSTEM	31	29	2	7	24	0	0	0	0	0	0	29	0
962	NON-HODGKIN'S LYMPHOMA	27	25	2	15	12	0	4	11	2	6	2	0	0
820	CORPUS UTERI	24	24	0	0	24	0	8	1	3	2	10	0	0
510	STOMACH	23	21	2	13	10	0	0	2	2	8	9	0	0
930	THYROID	23	23	0	7	16	0	12	0	5	2	4	0	0
570	PANCREAS	21	18	3	5	16	1	2	2	2	8	3	0	0
541	RECTUM & RECTOSIGMOID	19	18	1	9	10	1	3	1	1	4	8	0	0
910	BRAIN	14	13	1	5	9	0	0	0	0	0	0	13	0
691	HEMERETIC	13	13	0	10	3	0	1	1	2	0	0	9	0
550	LIVER	11	10	1	7	4	0	2	2	2	1	0	3	0
961	HODGKIN'S DISEASE	11	10	1	6	5	0	0	5	0	2	3	0	0
692	MYELOMA	9	8	1	4	5	0	0	0	0	0	0	8	0
710	SOFT TISSUE	8	8	0	3	5	0	2	0	3	1	1	1	0
999	UNKNOWN OR ILL-DEFINED	8	8	0	5	3	0	0	0	0	0	0	8	0
830	OVARY	7	5	2	0	7	0	0	0	3	2	0	0	0
891	KIDNEY AND RENAL PELVIS	7	6	1	3	4	0	3	0	2	0	1	0	0
940	OTHER ENDOCRINE	7	4	3	3	4	0	0	0	0	0	0	4	0
562	BILE DUCTS	5	5	0	3	2	0	1	1	2	0	1	0	0
802	CERVIX UTERI	5	5	0	0	5	0	2	0	1	1	1	0	0
470	NASOPHARYNX	4	4	0	2	2	0	0	0	2	0	2	0	0
520	SMALL INTESTINE	4	3	1	3	1	0	1	0	2	0	0	0	0
621	LUNG/BRONCHUS-SMALL CELL	4	4	0	4	0	0	0	0	0	4	0	0	0
731	MELANOMA OF SKIN	4	4	0	0	4	0	1	1	1	0	1	0	0
860	TESTIS	4	4	0	4	0	0	1	0	0	0	3	0	0
590	OTHER DIGESTIVE	3	3	0	0	3	0	0	0	0	0	0	3	0
420	SALIVARY GLANDS, MAJOR	2	2	0	2	0	0	0	0	1	0	1	0	0
842	VULVA	2	1	1	0	2	0	0	0	0	1	0	0	0
410	TONGUE	1	1	0	0	1	0	0	0	0	1	0	0	0
461	TONSIL	1	1	0	1	0	0	0	0	0	1	0	0	0
462	OROPHARYNX	1	0	1	1	0	0	0	0	0	0	0	0	0
480	HYPOPHARYNX	1	1	0	1	0	0	0	0	0	1	0	0	0
490	PHARYNX & ILL-DEFINED	1	1	0	0	1	0	0	0	0	0	0	1	0
500	ESOPHAGUS	1	0	1	1	0	0	0	0	0	0	0	0	0
542	ANUS,ANAL CANAL,ANORECTUM	1	1	0	1	0	0	0	0	0	0	1	0	0
561	GALLBLADDER	1	1	0	1	0	0	0	0	0	0	1	0	0
600	NASAL CAVITY,SINUS,EAR	1	1	0	1	0	0	1	0	0	0	0	0	0
610	LARYNX	1	1	0	1	0	0	0	1	0	0	0	0	0
640	PLEURA	1	0	1	1	0	0	0	0	0	0	0	0	0
732	KAPOSIS SARCOMA	1	1	0	0	1	0	0	0	0	0	0	1	0
733	OTHER SKIN CA	1	1	0	0	1	0	0	1	0	0	0	0	0
843	OTHER FEMALE GENITAL	1	1	0	0	1	0	1	0	0	0	0	0	0

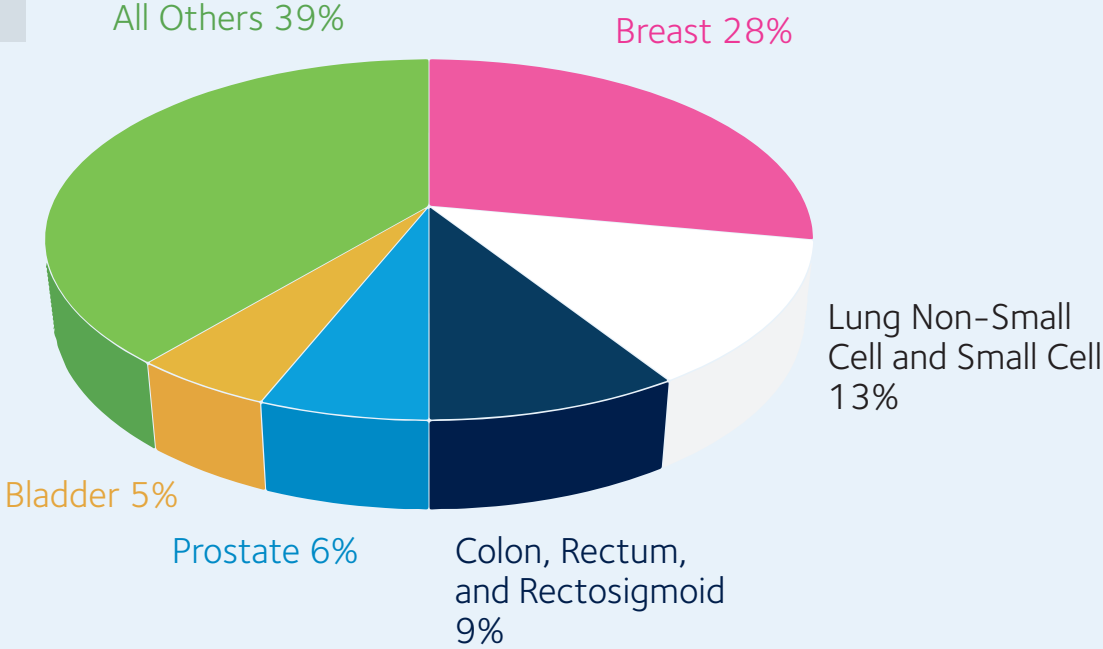
\*AHGL Registry data

# Cancer Facts and Figures

**2017  
MALE/FEMALE RATIO**  
N=732



**2017  
TOP SIX SITES**  
N=732





# Clinical Trials: The Future of Cancer Research

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**Lily Villalobos**  
Director, Research-Office of  
Integrated Research

The future of cancer research is optimistic. It is more optimistic now than ever before. Historically cancer research was centered around the catch-all treatment modality of chemotherapy. Chemotherapy is inherently non-specific and toxic to the patient, leading to low quality of life.

The optimistic view of the future of cancer research can be attributed to the following reasons: precision medicine, checkpoint inhibitors, cell-based therapy, epigenic therapy, and research on metastasis. Precision medicine brings with it the hope that a person with cancer can be treated with customized care, treatments that match the persons genetics. Checkpoint



inhibitor therapy, also known as immunotherapy, works by helping the patient's own immune system to fight cancer. Cell-based therapy or CAR therapy (chimeric antigen receptor therapy), is a treatment where T cells (the body's natural cancer cell killers) from a patient's own blood are genetically engineered to recognize certain proteins on cancer cells. These enhanced T cells become aggressive cancer cell killers. Epigenic therapies re-program cancer cells to behave like normal cells.

Research on metastasis has been the most elusive of understanding. Genes and pathways that drive the spread of cancer have only recently being discovered. Further research into this process is promising in the hope for new treatment approaches.

The emerging research in these promising areas is still in the early phases. None of these approaches offer a cure. However, what they do offer is a hope for treatments that might provide the patients better quality of life while a cure is still being researched.

Clinical trials conducted through the Adventist Health Glendale's (AHGL) Office of Integrated Research support the hospital's mission, "Living God's love by inspiring health, wholeness and hope." As part of the exceptional standards that accompany the accreditation awarded to AHGL's Cancer Center by the American College of Surgeons Commission on Cancer as a Community Hospital Comprehensive Cancer Program, we are able to effectively coordinate cancer research activities involving the various applications of treatments among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists, resulting in improved patient care.

Building relationships within the oncology research community has helped to expand our research activities, thereby offering patients treatment options that include innovative therapies targeted at reducing the burden of cancer. Clinical trials being conducted at AHGL include NGS diagnostic testing, breast cancer, lung cancer, prostate screening, and biobanking.

If you are interested in participating in or hearing more about clinical research trials at Adventist Health Glendale please contact the Office of Integrated Research at:  
**818-409-8009.**

# National Cancer Database – Participant User Files (PUF)

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**Avo Artinyan, MD**  
General Surgery

The Participant User Files (PUF) is designed to provide investigators at Commission on Cancer accredited cancer programs, like Adventist Health Glendale, with a data resource they can use to review and advance the quality of care delivered to cancer patients through analyses of cases reported to the National Cancer database (NCDB).

My colleagues and I applied for and were granted access to the NCDB PUF. Using data from thousands of cancer patients across the country, we examined the benefit of additional colon surgery for patients diagnosed with cancers of the appendix and identified a subset of patients who may be spared additional major surgery.

In a similar study, my colleagues and I examined the benefit of additional surgery in patients with advanced colon polyps.

We were able to identify risk factors for the spread of disease to regional lymph nodes and we developed a model to predict which patients would benefit from additional surgery.

The results of these studies were submitted for presentation at the annual meetings for the Society of Surgical Oncology and the American Society of Colon and Rectal Surgeons.

Currently, Mihran Shirinian, MD and I are working on another NCDB PUF research study to determine the effect of genetic changes in colon cancer in response to chemotherapy.

# Quality Measures

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## Colon Cancer – Cancer Program Practice Profile Reports (CP3R)



**Sam Carvajal, MD**  
Surgeon - Physician Liaison

### Colon Cancer Regional Lymph Nodes American College of Surgeons – CP3R Standard 4.5

#### Measure

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

Standard 4.5 states that “Each calendar year, the expected performance rate is met for each selected quality improvement measure as defined by the Commission on Cancer (CoC).”

#### Compliance

According to Cancer Quality Improvement Program (CQIP) Colon 2015 data, Adventist Health Glendale’s performance rate was 95% compared to all CoC Programs at 92.2%. The most current available published data is 2016 with a performance rate of 88.9%

The expected percentage of resected colon cancer cases with at least 12 regional lymph nodes removed is 85%.

#### Quality Improvement

The cancer registry is instructed through the cancer committee to flag cases of colon cancer to the physician liaison to review cases beginning with 2018 that do not meet this measure to investigate whether the lymph node dissection was done for palliation, cure, or other reason. This study will be performed for education and documentation in the abstract as to why the measure was not met.

# High Expression of PDL1



**Mihran H. Shirinian, MD**  
Medical Oncology

## High Expression of PD-L1 in Lung Cancer as a Prognostic Treatment Indicator Standard 4.6

### Background & Purpose

Biomarker testing with PD-L1 is recommended by the American Lung Association. PD-L1 is a protein that may help determine a tumor’s likelihood of responding well to certain immunotherapy drugs, such as pembrolizumab. Published studies have indicated that patients with either adenocarcinoma or survival time after surgery less than 3 years showed a higher expression rate of PD-L1, thus indicating an elevated PD-L1 might be regarded as a poor prognostic factor.

The purpose of this study at Adventist Health Glendale (AHGL) was to analyze pathological reporting of PD-L1 results in an effort to reveal the consistency of documentation and that documentation’s availability to physicians when treating non-small cell lung cancer patients. Furthermore, the study aimed to discern what proportion of patients/reports having high expression of at least 50% of tumor cells could have benefited from pembrolizumab as a first line treatment.

Year First Seen at AHGL	Eligible Cases	PD-L1 not Documented	PD-L1 Documented	PD-L1 Below 50%	PD-L1 50% or Above
2016	37	32	5	4	1
2017	44	22	22	10	12

This 2-year study of lung cancer consisted of data from 2016 and 2017, with the following additional criteria:

- **Analytic** = Diagnosed or treated at AHGL with first course of treatment.
- **Stage** = Stage 2 to Stage 4 (metastatic).
- **Histology** Small cell carcinomas were excluded from study.

### Results & Analysis:

In patients with advanced NSCLC and PD-L1 expression on at least 50% of tumor cells, pembrolizumab was associated with significantly longer progression-free and overall survival and with fewer adverse events than was platinum-based chemotherapy as front line treatment.

The study indicates that:

- **During 2016**, 87% of the eligible cases did not have PD-L1 documentation available to physicians. Of the 5 patients that did have PD-L1 documented, 80% had expression below 50% and 20% of the patients had expression over 50%.
- **During 2017**, 50% of the eligible cases did not have PD-L1 documentation available to physicians. Of the 22 patients that did have PD-L1 documented, 45% had expression below 50% and 55% of the patients had expression over 50%.

### Conclusion & Recommendation:

As the studies indicate, there is a benefit from the usage of immunotherapy up front in advanced non-small cell lung cancer patients with PD-L1 results above 50% in comparison to standard chemotherapy regimens. We recommend that all newly diagnosed non-small cell lung cancer patients beyond Stage T1, N0, lesions receive PD-L1 testing as that could be important in decision making for treatment. The Cancer Committee recommends going forward with the implementation of this policy.

# Transportation of Cancer Patients During Treatment



Denise Cleveland, RHIT, CTR  
Cancer Registry Manager

## Transportation for Cancer Patients During Treatment Standard 4.8

A Quality Improvement – Assist patients with managing their transportation needs during the treatment of cancer.

### Prompt

The Quality Improvement was identified by the front office staff, Nicole Kalout, as an area that required attention to improve the delivery of care.

### Problem Statement

Cancer patients frequently are unable to drive themselves for treatment or do not have a family member that is available during the day to assist them with meeting their appointment schedules. This lack of transportation can result in patients cancelling their appointments. These cancelled appointments can affect their cancer treatment plans and, therefore, have an effect on their potential cure and survival.

### Recommendation

At our March 22, 2018 Cancer Committee meeting it was recommended that Adventist Health Glendale collaborate this need with the American Cancer Society. Our American Cancer Society representative suggested that we can improve our patients transportation needs by utilizing a shuttle services that is being provided for \$1 for residents of Burbank and Glendale that are receiving cancer care at our hospital.

### GAMC Performance

The Chairman of the Cancer Committee, Boris Bagdasarian, D.O., stated that this shuttle service is a great service for his patients and that reimbursement to

vendors has been an issue in the past. When comparing 2017 and 2018, the number of patients that we have coordinated with the American Cancer Society transportation program for radiation oncology has shown an impact to our patient's transportation needs:

2017 Transportation Assisted by the American Cancer Society	0
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2018 Transportation Assisted by the American Cancer Society	24
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This data reflects patient utilization of American Cancer Society's transportation program since the recommendation at Cancer Committee from March 22, 2018 to November 21, 2018.

### Process/Plan

The patient referral form provides a check-box for the facility to fill in and fax back to the American Cancer Society.

The American Cancer Society contacts the patient for follow-up of their needs.

### Goal

To identify those patients who require transportation for their cancer treatment and physician visits.

### Summary

As an outcome of this quality improvement, patients are able to be compliant with their cancer care plans, know that they will have the best opportunity to get well and have confidence that they will be able to arrive to their appointments on time and leave to go home in a timely manner.



# Cancer Committee

A special thank you to the Cancer Committee members for their dedicated leadership and tireless efforts.

Member	Specialty/Department
Boris Bagdasarian, DO Chairman – Cancer Committee	Medical Oncology
Emillie Battig, RN Marc Cruz, RN	2-East Oncology; Nursing Director; Nursing Admin. OCN 2-East Manager
Wende Brookshire-DePietro, RN Gus Lomeli – Alternate	Home Care/Hospice/Administrative Dir
Irene Bourdon	Healthcare Foundation President
Sam Carvajal, MD Physician Liaison; Simon Keushkerian, MD – Alternate	Surgery
Denise Cleveland, RHIT, CTR	Data Manager; Cancer Registry
Liz Cochran	Operations Executive
Val Emery, RHIA Joan Burns, RN – Alternate	Dir. Organizational Perf/Quality Manager
Julie Fu	Case Management/Social Work
Al Garcilazo	Senior Chaplain
Julie Ji, RD Barbara Schons, RD – Alternate	Nutrition Services
Nicole Kalout	Ingeborg's Place Apart/Positive Image Coord
Sara Kim, MD	Radiation Oncology
Cynthia Klinger, MFT	Focus on Healing Coord.
Sze-Ching Lee, MD	Urology
Linh Chen, MD Judy Liu, MD – Alternate	Radiology
Stefano Mauro, MHA	Director of Cancer Services
Allen Molina, RN, OCN	Infusion Center
Viktoriya Stepanyan Jonathan Nasser, Director – Alternate	Palliative Care Case Management/Social Work
Chandrika Seneviratne, MD Michele Cosgrove, MD – Alternate	Pathology
Irene Tamayo	American Cancer Society
Suzanna Tamazyian, RN	Infusion Center
Lily Vilalobos	Clinical Research Director
Marion Watson, PT, MBA, Dir PM & R & Orthopedic Services Jan Adduci – Alternate	Rehab

# Class of Case Collaboration

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## Class of Case

### **Analytic**

Cases that are first diagnosed and/or receive all or part of their first course of treatment at Adventist Health Glendale.

### **Non-Analytic**

Cases that have been diagnosed and have received their entire first course of treatment elsewhere and are first seen at Adventist Health Glendale for subsequent care.

## Collaboration

In order to accomplish the wide-ranging and ambitious goals involved in designing and supporting a comprehensive community cancer program, many people have contributed and continue to give their energy and expertise.

The contributions and support of the medical staff, nursing staff and many other professionals who have offered their expertise for the implementation of our cancer program throughout the year are greatly appreciated.

Special appreciation is given to all members of the Cancer Committee and the Cancer Registry for their involvement in preparing this annual report.

### **Editorial Board**

#### **Liz Cochran**

Operations Executive

#### **Whitney Davis**

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