



2008

**CANCER PROGRAM  
ANNUAL REPORT**



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## 2008 CANCER COMMITTEE MEMBERS

Kranthi Achanta, M.D.  
*General Surgery*

Albert Assali, M.D.  
*Urology*

Michael Bastasch, M.D.  
*Radiation Oncology*

Jason Cheng, M.D.  
*Diagnostic Radiology*

Ranu Grewal-Bahl, M.D.  
*Radiation Oncology*

John Iocco, M.D.  
*Pathology*

Mark Saleh, M.D.  
*Urology*

Ahmed Sadiq, M.D.  
*Medical Oncology*

Byron Wilson, M.D.  
*Medical Oncology*

Jessie Xiong, M.D.  
*Pathology*

Minh-Thu Dennen  
*Pharmacy*

Fr. Jeff Finley  
*Social Services/Chaplain*

Barbara Goad  
*Quality Coordinator*

Kimberly Hartz-Foster  
*Associate Administrator of  
Ambulatory Services*

Marianne Heltzel  
*Tumor Registry Coordinator*

Lita Hughes, R.N.  
*Nursing, SSU*

Alice Santos, R.N.  
*Nursing Director, Med/Surg*





Each year in Alameda County, more than 5,500 people learn they have cancer. They, along with thousands of others who have been previously diagnosed and their loved ones, struggle with the consequences of this complex, often life-threatening disease in their everyday lives.

It is the mission of our Community Cancer Program at Washington Hospital to offer people with cancer and their families the most effective diagnostic services, treatment, information and support possible as they make this journey. Because quality care and excellent patient outcomes are our top priorities, we monitor, measure and continuously strive to improve our services. At the same time, guided by our hospital's Patient First Ethic, we focus on ensuring the comfort, privacy and dignity of each individual.

Our Breast Health Program combines all of these factors to fulfill the unique and varied needs of women for comprehensive, high quality, easy-to-access care to diagnose, treat and prevent breast cancer. We also offer a full range of educational and support programs to give women the information and support they need as they cope with all aspects of their condition. Consistent with our commitment to continuous quality improvement, a newly formed multidisciplinary Breast Health Committee monitors patient outcomes and makes recommendations to strengthen and expand our services at Washington Hospital. Additionally, this Committee is spearheading the effort to seek national accreditation for our Breast Health Program.

Effective treatment is a cornerstone of our cancer care program, and Washington Radiation Oncology Center provides many of the most advanced therapeutic radiation services available. A recent addition to the Center's array of leading edge technology is Image Guided Radiation Therapy (IGRT), which enables doctors to locate tumors more precisely at every visit before the radiation is delivered.

IGRT offers the significant benefit of more accurately targeting the tumor, making it possible to deliver a higher dose of radiation while minimizing exposure to nearby healthy tissue. As a result, greater tumor control can be achieved and patients experience fewer side-effects. This new technology is another example of Washington Hospital's dedication to continually improving the quality and effectiveness of our services to people with cancer.



We are proud that our cancer program is accredited by the American College of Surgeons, Commission on Cancer Program and we continuously strive to meet and exceed the established standards. As we have outlined above and you will see in the 2008 Cancer Program Annual Report for Washington Hospital, our accomplishments in cancer care demonstrate our commitment to providing high quality oncology services to our patients, their families and our community today and in the future.

Nancy Farber  
Chief Executive Officer



Byron Wilson, M.D.  
Chairman, Cancer Committee

# COMPONENTS & ACTIVITIES

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## WASHINGTON WOMEN'S CENTER AND THE BREAST HEALTH PROGRAM

Washington Women's Center combines advanced diagnostic services and an expert clinical staff with a host of wellness and support programs for women. Its warm, soothing surroundings and personal amenities are specifically designed to help women feel calm and comforted as they benefit from a wide range of easy-to-access health care programs in a single setting. Diagnostic services available at the Women's Center include:

- ❖ Digital Mammography Services
- ❖ Diagnostic Ultrasound/Breast Ultrasound
- ❖ Minimally Invasive Breast Biopsy
- ❖ Breast MRI and MRI Guided Breast Biopsy
- ❖ Bone Density Scanning (DEXA)

A vital part of the Washington Women's Center is the Breast Health Program. We offer a comprehensive, integrated breast program to ensure seamless access to hospital-based services, and a team approach to patient centered care. Beginning with diagnostic procedures, there is a nurse coordinator to ensure timely appointments as needed along with support and education at each step of the process.

The Washington Hospital Breast Health Program provides patients with a multidisciplinary approach to diagnosing and treating breast disease. A multidisciplinary Breast Health Committee, established in 2008, is dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. This committee meets once a month.

Other programs for Breast Health include:

**Breast Care Conference:** This unique conference offers the patient and family an opportunity to discuss the diagnosis and treatment options with all the members of the patient's multidisciplinary team present. Offered twice a month.

**Pre Operative Breast Surgery Class:** This class offers patients who will be having surgery an opportunity to ask additional questions and learn about available resources.

- ❖ Pre and post Operative care
- ❖ Resources
- ❖ Referrals to American Cancer Society
- ❖ Offered twice a month

**The Breast Cancer Support Group:** The group meets once a month. It is an open discussion format where women and their family and friends can discuss and share their experiences living with breast cancer. The nurse coordinator works closely with the American Cancer Society to utilize support services offered by the ACS after informed consent given by the patient.

**Newly Diagnosed Educational Series** (for breast cancer survivors): These informational sessions are offered free of charge on a rotational basis throughout the year. Topics include:

- ❖ Nutrition During and After Breast Cancer Treatment
- ❖ Q & A with the Radiation Oncologist
- ❖ Systemic Therapies
- ❖ Reconstructive Options
- ❖ Lymphedema

The Center also has a Resource Room with computer access and educational materials to take home free of charge. Free self breast exam education is also offered at the Center.

The Washington Women's Center is currently licensed and in good standing by the state of California, Department of Health Services, accredited by the American College of Radiology and inspected by the FDA under the Mammography Quality Standards Act. Breast MRI and MRI guided Breast Biopsy are offered adjacent to the center under the interpretation of the Washington Radiology Group by Alliance Imaging.

## COMMUNITY MAMMOGRAM PROGRAM

The Community Mammogram Program was formed in collaboration with two community clinics, Tiburcio Vasquez Health Center and Tri-City Health Center and is designed to serve women who have no health insurance or do not have coverage for mammograms and reside within the boundaries of Washington Township Health Care District. This program was established through funds raised by the Washington Hospital Foundation. Washington Hospital sees approximately 16 patients a month as part of this program.



## OUTPATIENT IMAGING CENTER

Washington Hospital's Outpatient Imaging Center, offers both high quality diagnostic programs and outstanding service and convenience.

The centerpiece of the Outpatient Imaging Center is the state-of-the-art 64-slice computed tomography (CT) scanner. While current generation CT scanners are fine for most applications, the newly installed equipment creates 64 high-resolution anatomical images per rotation. This will decrease scan times to several seconds which allows almost all patients to be scanned in high resolution. The slices are as thin as a credit card and support advanced cardiac studies, among other applications. These images are combined to form a three dimensional view of the patient's anatomy, allowing physicians to view such things as blockages in the coronary arteries, as well as the motion and pumping action of a patient's heart.

In addition to advances in imaging technology, the transition from traditional film-based radiology to digital images through the Picture Archiving and Communication System (PACS) greatly enhances the service provided by the Outpatient Imaging Center. PACS offers a much faster turnaround time, not only for capturing images, but also for getting the results from the radiologist who, read those images, to the patient's physician.

Washington Outpatient Imaging Center offers the most advanced, all-digital imaging technology available in one convenient location.

- ❖ 64 Slice CT (Computed Tomography)
- ❖ Diagnostic Ultrasound/Breast Ultrasound/Biopsy
- ❖ Bone Density Scanning (DEXA)
- ❖ General diagnostic radiology services
- ❖ Interventional radiology
- ❖ PET/CT

Washington Hospital and Alliance Imaging have installed a new, state-of-the-art open view PET/CT scanner on site, providing patients with convenient access - Monday through Friday - to one of the most accurate imaging technologies available. A PET (positron emission tomography) scan is a type of nuclear medicine imaging that helps doctors see how the cells, tissues and organs inside the body are

functioning. A CT (computed tomography) scan is a type of X-ray procedure that uses a computer to combine numerous X-ray images to produce detailed, cross-sectional views of the internal organs and structures of the body. By combining these two technologies, PET/CT scanners provide physicians with a powerful diagnostic and treatment-management tool.

### ❖ Breast MRI/Minimally Invasive Breast Biopsy

Washington Hospital strives to stay on the cutting edge of technology. We recently made a significant upgrade to the MRI equipment to bring you the latest software, faster exams and clearer images. This advanced, non-invasive imaging technology is an excellent tool for diagnosing disease of the brain, spine, joints, chest, abdomen, pelvis and blood vessels without side effects or discomfort for the patient. The MRI upgrade included breast imaging and biopsy services. MRI scans may be an effective breast cancer-screening tool for certain women.

## LYMPHEDEMA PROGRAM

The Lymphedema program provides evaluation, education, and treatment to patients who have a lymphatic system dysfunction either from birth or from any secondary cause. The goal of Lymphedema Therapy is to enable the patient to understand their condition so we may, together, reach their goal of significantly reduced edema, and confidence in self-management using the tools learned during treatment. Free, informational seminars are offered twice a month to help educate the community about lymphedema.

## GENETICS PROGRAM

The Washington Cancer Genetics Program is collaboration between Washington Hospital and the Stanford Cancer Genetics Clinic at Stanford University Medical Center. This relationship allows us to offer the community the latest in genetic counseling and testing. The Program offers genetic counseling for individuals concerned with the risk of an inherited cancer predisposition. The clinic staff includes genetic counselors, medical oncologists, and registered nurses.

# COMPONENTS & ACTIVITIES

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## CANCER COMMITTEE

The multidisciplinary Cancer Committee has adopted the standards for institutions accredited by the Commission on Cancer of the American College of Surgeons. The Cancer Committee provides the leadership for the Cancer Program and assures optimal cancer patient care by encouraging plans for improvement and change. Approval of hospital-based cancer programs has been the foundation for improving the quality of care of cancer patients

## ONCOLOGY UNIT

4-West houses the inpatient oncology services and provides chemotherapy and medical treatment. Symptom management, pain control and hospice care as appropriate are offered to the oncology patient. Nurses on the unit are specially trained oncology nurses with competencies to administer chemotherapy. Several nurses are oncology certified through the national organization of the Oncology Nursing Society. Enterostomal therapy services are available to oncology patients.

Oncology nurses are prompted to consider the appropriate vascular access needs for the patient based on the prescribed IV therapy. If indicated, a vascular access device referral is made to the IV/PICC Nurse. The PICC nurses have specialized training and are competent in the insertion of peripherally inserted central catheters using ultrasound guidance and micro-introducer technique. They are familiar with the special vascular needs of the oncology patient.

## TUMOR REGISTRY

The primary responsibility of the Tumor Registry is to ensure that timely, accurate, and complete cancer data is collected and maintained on cancers and selected benign tumors diagnosed and/or treated at Washington Hospital. The Registry maintains a complete summary of a patient's disease from diagnosis to death. Outcome data is analyzed by the Registry to ensure our patients receive quality of care. The National Cancer Data Base enables accredited programs to compare data with that of other health systems across the nation.

## COMMUNITY EDUCATION

The Cancer Committee continues to promote cancer awareness for the community through our Health Promotion Department and the American Cancer Society. Cancer educational programs provide the community with the knowledge for early detection and prevention.

## WASHINGTON RADIATION ONCOLOGY CENTER

The Washington Radiation Oncology Center offers patients access to leading edge treatment planning and treatment delivery systems offering the latest advances in radiation therapy. Our multi-disciplinary team of healthcare professionals is highly committed to maintaining a quality, state-of-the-art cancer treatment facility. The experienced staff at the Center includes board certified radiation oncologists, licensed radiation therapists, a medical physicist, a licensed dosimetrist, a licensed vocational nurse (LVN) and a manager.

The department is equipped with some of the most advanced technology including:

- ❖ Intensity Modulated Radiation Therapy (IMRT) - delivers multidirectional beams that not only improve the accuracy and effectiveness of the treatment but also limit the dose and minimize injury to the surrounding tissues.
- ❖ Image Guided Radiotherapy (IGRT) - enables doctors to locate the tumor before each dose is administered while the patient is in the treatment position. This minimizes the volume of healthy tissue exposed to radiation during treatment.
- ❖ Varian 21EX linear accelerator delivering dual energy photon and electron therapy. The accelerator is equipped with a 120 leaf multileaf collimator with the capability of 3D conformal radiation therapy, and image guided radiation therapy (IGRT).
- ❖ Philips CT simulator
- ❖ Philips Pinnacle Treatment Planning System

## TUMOR BOARDS

The Washington Hospital General Tumor Board, Breast Tumor Board, and Gamma Knife Care Conferences meet to discuss the management of patients with cancer. The multidisciplinary approach assures patients will receive timely and comprehensive recommendations regarding the diagnosis and treatment of cancer. We also offer a Breast Care Conference where patients and families meet with physicians to discuss their options for treatment.

### SOCIAL SUPPORT

The social worker/case managers and chaplain evaluate and address the psychosocial needs of oncology patients and their families. Services include supportive counseling to help patients and family members deal with the emotional impact associated with an initial cancer diagnosis, surgery and other psychologically stressful treatments and poor prognosis or recovery. Referrals are made to community agencies for assistance and home-care, transportation and financial needs. Support groups offer cancer patients and their loved ones opportunities to become acquainted with others who have experienced cancer diagnoses and treatment and to share their own experiences in a highly supportive environment. Our support groups include: Bereavement Support Group, Breast Cancer Support Group and Oncology Support Group.

### THE INHEALTH CHANNEL

Those who live throughout the Washington Township Health Care District now have another choice in television programming. Comcast Channel 78 - InHealth, A Washington Hospital Channel - airs original health programming produced by the caregivers of Washington Hospital. The channel airs throughout Fremont, Newark and Union City. The InHealth channel works as another facet of Washington Hospital's mission to enhance patient care and health promotion throughout the District. InHealth enables Washington Hospital to better serve the community by providing the viewing audience an opportunity to take advantage of hospital resources from home, 24 hours a day, seven days a week.

Among the regular program schedule are broadcasts of the District Board meetings and Washington Hospital's popular Health & Wellness classes. Programs on InHealth promote overall health and wellbeing by providing entertaining, educational and informative shows dealing with medical and non-medical health-related subject matter. Programs cover a large variety of health and safety topics ranging from men's health to the latest legislative health issues at both the state and federal levels. There will also be several interview-style programs that will focus on topics ranging from medical updates for men's, women's and children's health care issues.

### CLINICAL RESEARCH

Washington Hospital offers eligible patients the option of participating in clinical trials. In cancer research, the goals of clinical trials are to assess the effectiveness as well as toxicity of new cancer treatments. As a research site for cancer patients, the hospital participates in offering clinical trial cancer protocols from the Eastern Cooperative Oncology Group (ECOG) and the Clinical Trials Support Unit (CTSU). These protocols offer cancer patients the latest treatments in a community hospital setting. Information about the availability of cancer-related clinical trials is provided to the physicians to discuss with their patients and on the Washington Hospital website.

### GAMMA KNIFE PROGRAM

Washington Hospital's Gamma Knife Program is led by one of the most accomplished teams of specialized physicians, physicists and nurses. Medical Directors neurosurgeon Sandeep Kunwar, M.D. and radiation oncologist David Larson, M.D., PhD, are both nationally and internationally recognized for their expertise, innovation and leadership in the field of Gamma Knife radiosurgery. Both board certified physicians, together they have more than 23 years of experience performing thousands of successful procedures.

Teamwork is essential to the quality and effectiveness of Gamma Knife radiosurgery at Washington Hospital. Specially trained neurosurgeons, radiation oncologists, medical physicists and nurses collaborate to create an individualized treatment plan for each patient and utilize PERFEXION's sophisticated features to target and treat the condition painlessly and in just a few hours.

### SHORT STAY UNIT

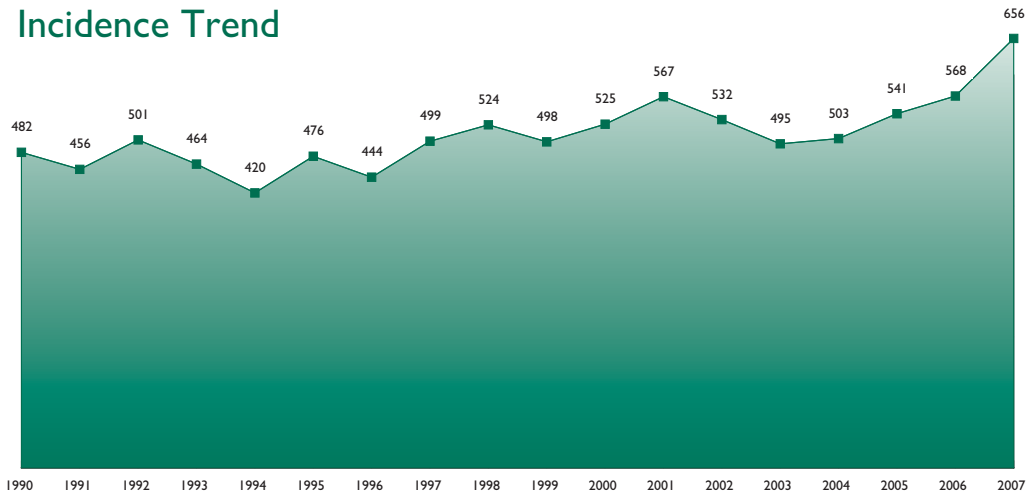
The Short Stay Unit is a unique department offering various services to all oncology outpatients, including:

- ❖ Diagnostic and outpatient surgery procedures
- ❖ Infusion of chemotherapy by competent (certified) nurses
- ❖ Blood transfusions, hydration and other supportive care
- ❖ Pre and Post Operative care for surgical insertion of vascular access devices for pain control or chemotherapy management
- ❖ Administration of chemotherapy via bladder instillation
- ❖ Services provided for intrathecal chemotherapy

# 2007 STATISTICAL REVIEW

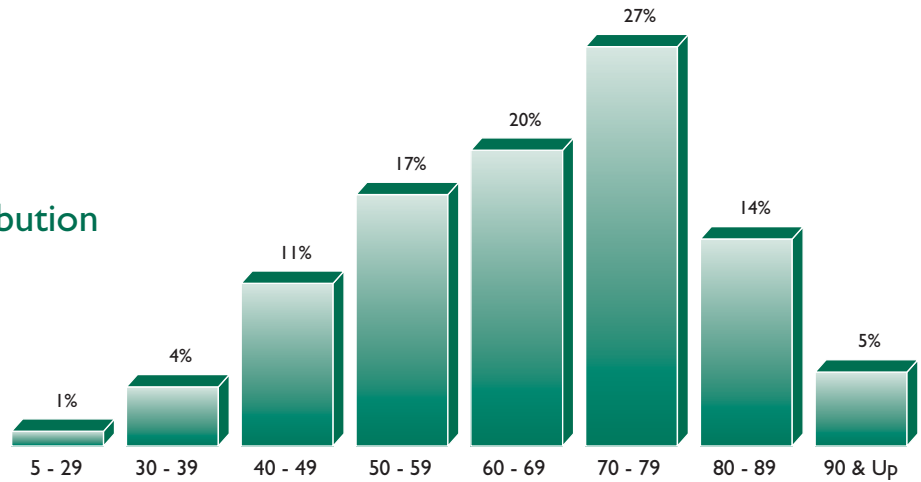


## Incidence Trend

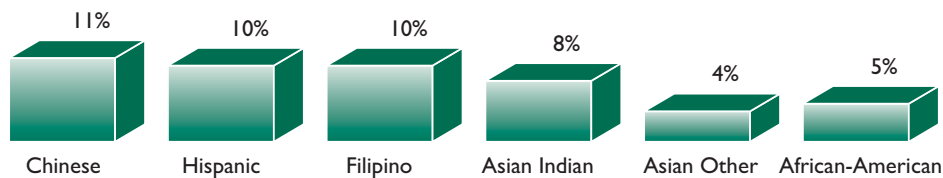


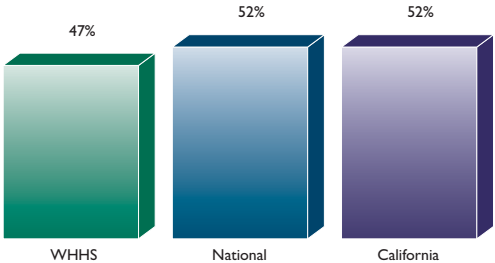
## Age Distribution

Median Age: 68



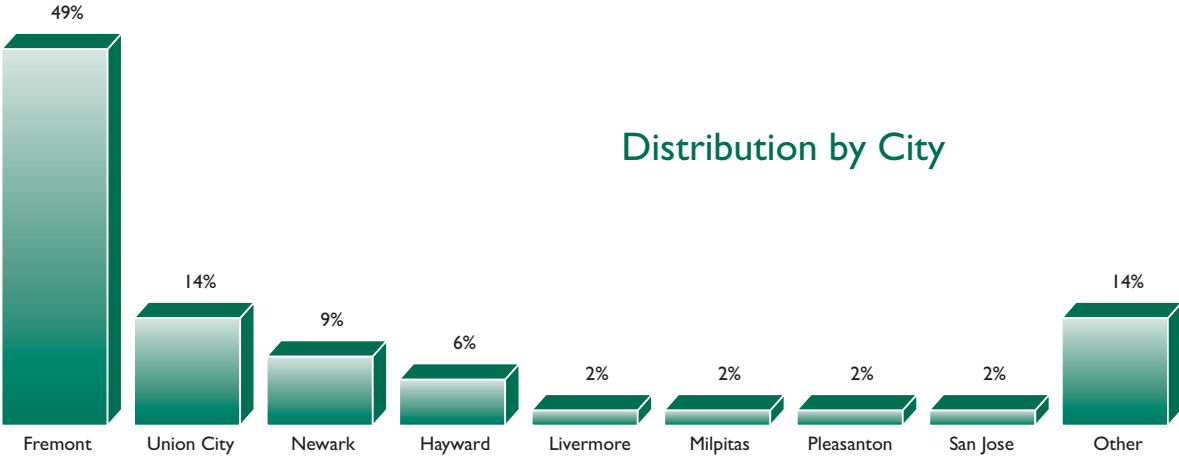
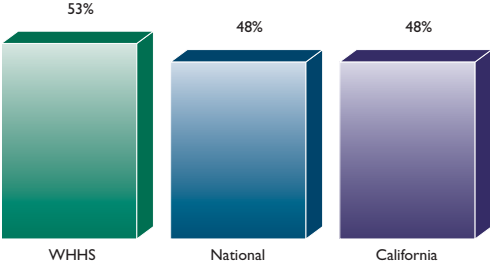
## Race/Ethnicity Distribution





Gender Distribution

WHHS National California



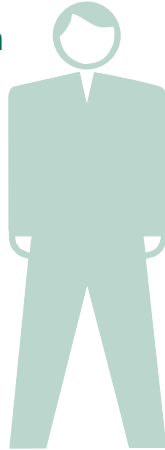
Distribution by City



# 2007 STATISTICAL REVIEW



## Male Incidence Comparison



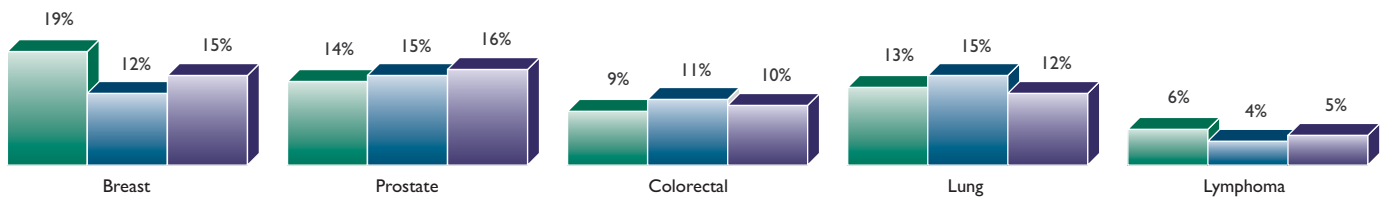
<u>SITE</u>	<u>WHHS</u>	<u>NAT'L</u>	<u>CALIF.</u>
ORAL	4%	3%	3%
LUNG	16%	15%	12%
COLON/RECTUM	9%	10%	10%
PROSTATE	29%	29%	31%
BLADDER	5%	7%	6%
LYMPHOMA	7%	4%	5%
ALL OTHERS	31%	32%	33%

## Female Incidence Comparison



<u>SITE</u>	<u>WHHS</u>	<u>NAT'L</u>	<u>CALIF.</u>
BREAST	35%	26%	31%
LUNG	10%	15%	12%
COLON/RECTUM	9%	11%	10%
OVARY	3%	3%	3%
UTERUS	3%	6%	6%
BLADDER	1%	2%	2%
LYMPHOMA	6%	4%	5%
ALL OTHERS	33%	33%	31%

## Major Site Distribution



# 2007 PRIMARY SITE TABLE

SITE GROUP	Total Cases	Non Analytic	Analytic	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	NA	NR
<b>ALL SITES</b>	<b>656</b>	<b>466</b>	<b>190</b>	<b>306</b>	<b>350</b>	<b>37</b>	<b>87</b>	<b>121</b>	<b>56</b>	<b>84</b>	<b>71</b>	<b>10</b>
<b>HEAD &amp; NECK</b>	<b>12</b>	<b>6</b>	<b>6</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>
Tongue	5	3	2	5	0	0	1	0	1	1	0	0
Salivary Glands, Major	2	0	2	1	1	0	0	0	0	0	0	0
Floor of Mouth	1	1	0	1	0	0	0	0	0	0	0	1
Tonsil	2	1	1	2	0	0	0	0	0	1	0	0
Oropharynx	1	0	1	1	0	0	0	0	0	0	0	0
Hypopharynx	1	1	0	1	0	0	0	0	0	1	0	0
<b>DIGESTIVE SYSTEM</b>	<b>117</b>	<b>80</b>	<b>37</b>	<b>61</b>	<b>56</b>	<b>4</b>	<b>15</b>	<b>20</b>	<b>14</b>	<b>16</b>	<b>5</b>	<b>6</b>
Esophagus	6	2	4	6	0	0	0	1	1	0	0	0
Stomach	18	13	5	12	6	1	2	1	1	5	1	2
Small Intestine	2	2	0	0	2	0	0	0	0	0	2	0
Colon	45	38	7	18	27	3	9	14	6	5	1	0
Rectum & Rectosigmoid	15	13	2	9	6	0	4	1	5	2	0	1
Anus, Anal Canal, Anorectum	2	2	0	1	1	0	0	2	0	0	0	0
Liver	14	3	11	11	3	0	0	0	1	1	1	0
Gallbladder	1	1	0	0	1	0	0	1	0	0	0	0
Bile Ducts	1	0	1	0	1	0	0	0	0	0	0	0
Pancreas	12	6	6	4	8	0	0	0	0	3	0	3
Peritoneum,Omentum,Mesent	1	0	1	0	1	0	0	0	0	0	0	0
<b>RESPIRATORY SYSTEM</b>	<b>90</b>	<b>79</b>	<b>11</b>	<b>53</b>	<b>37</b>	<b>0</b>	<b>12</b>	<b>1</b>	<b>22</b>	<b>42</b>	<b>1</b>	<b>1</b>
Nasal Cavity, Sinus, Ear	2	2	0	1	1	0	0	0	0	1	1	0
Larynx	3	2	1	3	0	0	1	0	0	1	0	0
Lung/Bronchus-Small Cell	13	12	1	5	8	0	1	0	5	6	0	0
Lung/Bronchus-Non Sm Cell	71	62	9	43	28	0	9	1	17	34	0	1
Pleura	1	1	0	1	0	0	1	0	0	0	0	0
<b>HEMATOPOIETIC</b>	<b>39</b>	<b>11</b>	<b>28</b>	<b>21</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>
Leukemia	18	5	13	8	10	0	0	0	0	0	5	0
Myeloma	11	3	8	8	3	0	0	0	0	0	3	0
Other Hematopoietic	10	3	7	5	5	0	0	0	0	0	3	0
<b>BONE</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>SOFT TISSUE</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SKIN</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Melanoma of Skin	2	1	1	2	0	0	0	0	0	1	0	0
Kaposi Sarcoma	1	0	1	0	1	0	0	0	0	0	0	0
<b>BREAST</b>	<b>123</b>	<b>104</b>	<b>19</b>	<b>0</b>	<b>123</b>	<b>26</b>	<b>30</b>	<b>32</b>	<b>12</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>FEMALE GENITAL</b>	<b>23</b>	<b>18</b>	<b>5</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>0</b>
Corpus Uteri	11	11	0	0	11	0	5	1	1	2	2	0
Ovary	11	6	5	0	11	0	2	0	1	2	1	0
Vagina	1	1	0	0	1	0	0	1	0	0	0	0
<b>MALE GENITAL</b>	<b>93</b>	<b>60</b>	<b>33</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>55</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>
Prostate	89	57	32	89	0	0	0	55	0	2	0	0
Testis	4	3	1	4	0	0	2	0	1	0	0	0
<b>URINARY SYSTEM</b>	<b>29</b>	<b>15</b>	<b>14</b>	<b>19</b>	<b>10</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Bladder	19	10	9	16	3	7	1	2	0	0	0	0
Kidney and Renal Pelvis	10	5	5	3	7	0	3	2	0	0	0	0
<b>BRAIN/NERVOUS SYSTEM</b>	<b>36</b>	<b>26</b>	<b>10</b>	<b>10</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26</b>	<b>0</b>
Brain	12	7	5	6	6	0	0	0	0	0	7	0
Other Nervous System	24	19	5	4	20	0	0	0	0	0	19	0
<b>ENDOCRINE SYSTEM</b>	<b>34</b>	<b>25</b>	<b>9</b>	<b>7</b>	<b>27</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>16</b>	<b>0</b>
Thyroid	11	9	2	2	9	0	7	0	1	1	0	0
Other Endocrine	23	16	7	5	18	0	0	0	0	0	16	0
<b>LYMPHATIC SYSTEM</b>	<b>41</b>	<b>29</b>	<b>12</b>	<b>21</b>	<b>20</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>11</b>	<b>0</b>	<b>1</b>
Hodgkin's Disease	1	1	0	1	0	0	0	0	1	0	0	0
Non-Hodgkin's Lymphoma	40	28	12	20	20	0	7	7	2	11	0	1
<b>UNKNOWN OR ILL-DEFINED</b>	<b>11</b>	<b>9</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>

# BREAST CANCER DATA 1990 - 2007



Breast cancer is the most common cancer among women. The breast cancer rates in the San Francisco Bay Area are the highest nationally. Studies show that women who are affluent, well educated and have few children have a greater chance of developing breast cancer.

At Washington Hospital breast cancer is the most common malignancy seen with 1,453 newly diagnosed breast cancer patients treated from 1990 - 2007. The age distribution of the patients seen at Washington Hospital is consistent with national patterns. The majority of our patients are staged at an early stage (Stage 0-I) due to the use of screening mammography in our community and community education programs provided to our patients. Our treatment and survival rates are similar to national data.

The Women's Center and Outpatient Imaging Center provide a broad range of health services enabling our physicians to provide patients with the latest technology for the diagnoses and treatment of breast cancer. Core biopsy is the preferred method of diagnoses in lesions amenable to core biopsy. In 2007, 66% of our patients were diagnosed by core biopsy. All of our surgeons are performing sentinel node biopsy with an identification rate of 91% (national benchmark is 85%) and pathology specificity and sensitivity rates are in line with national comparisons. Free-flap breast reconstruction is the most significant recent advancement in breast reconstruction and available to our patients by a specially trained reconstructive and plastic surgeon.

The National Quality Forum (NQF) has brought together payers, consumers, researchers, and clinicians to promulgate performance measures for breast cancer. The American College of Surgeons developed the Cancer Program Practice Profile Reports for the purpose of fostering quality improvement at approved cancer programs. Programs receive a facility performance rate and national comparison performance rates for four selected accountability measures from 2004 - 2006. We are proud of the high level of care our patients receive at Washington Hospital and the following information depicts our dedication to the care of our patients.

## NATIONAL QUALITY FORUM INDICATORS

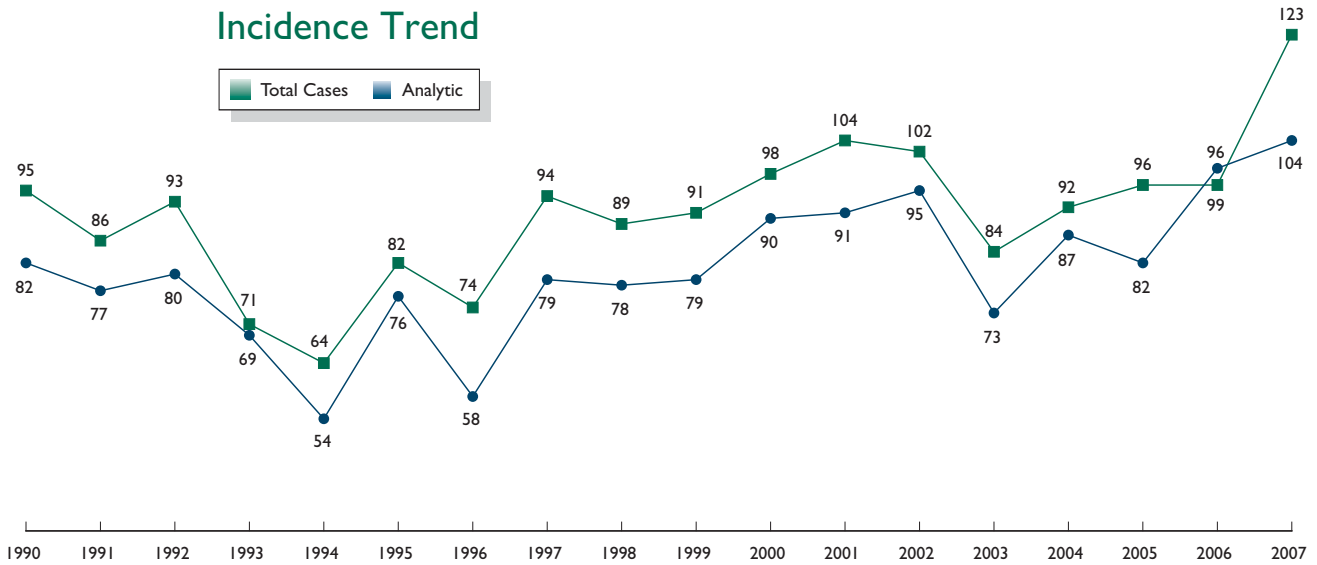
MEASUREMENT	2004	2005	2006			
	WHHS	NCDB	WHHS	NCDB	WHHS	NCDB
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	100%	85%	100%	83%	97%	78%
Combination chemotherapy is considered or administered within 4 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.	100%	80%	100%	78%	100%	76%
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.	100%	64%	100%	58%	100%	53%



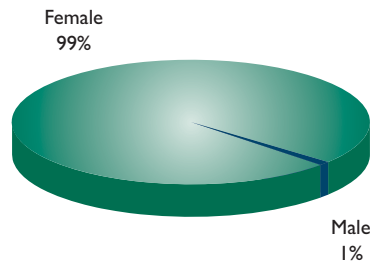
William Dugoni, M.D.  
Medical Director Women's Center

# BREAST CANCER DATA 1990 - 2007

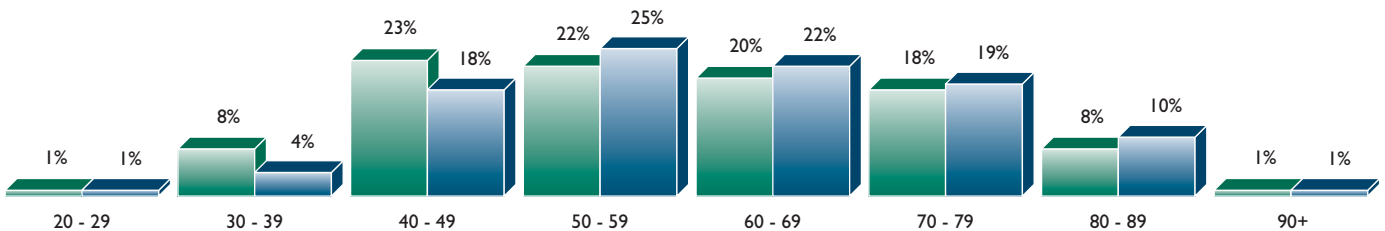
## Incidence Trend



## Sex Distribution



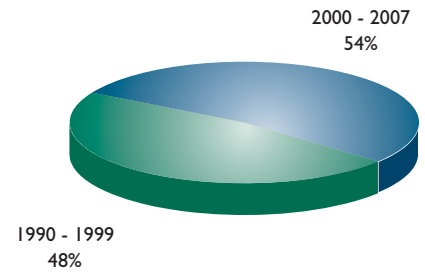
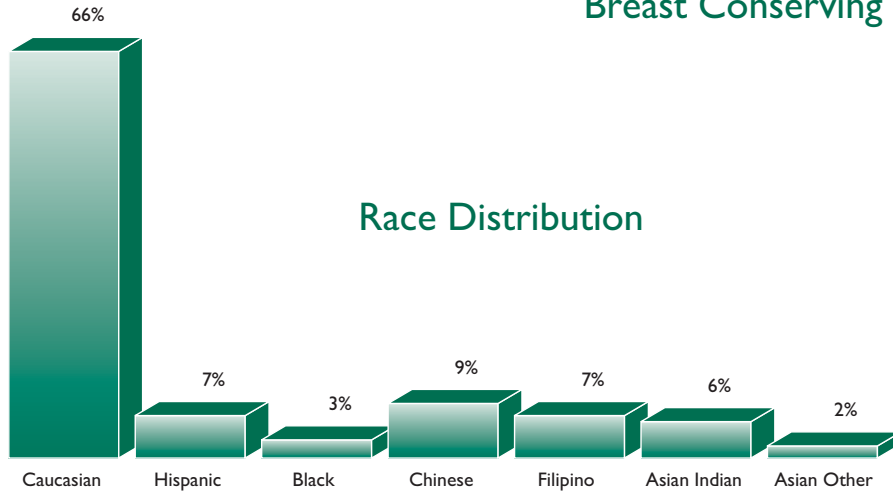
## Age Distribution



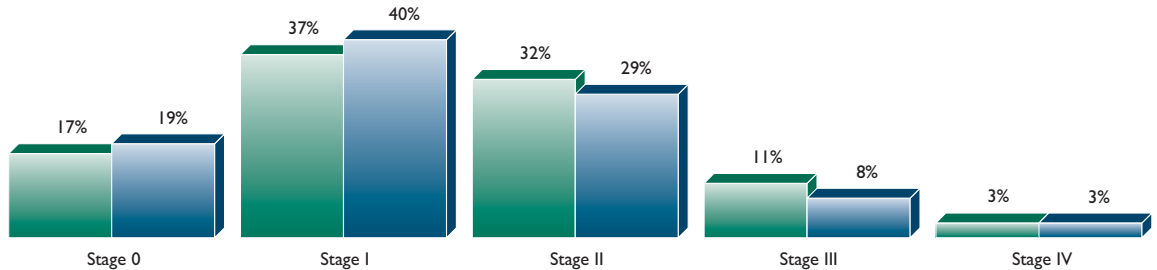
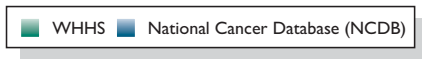
# BREAST CANCER DATA 1990 - 2007



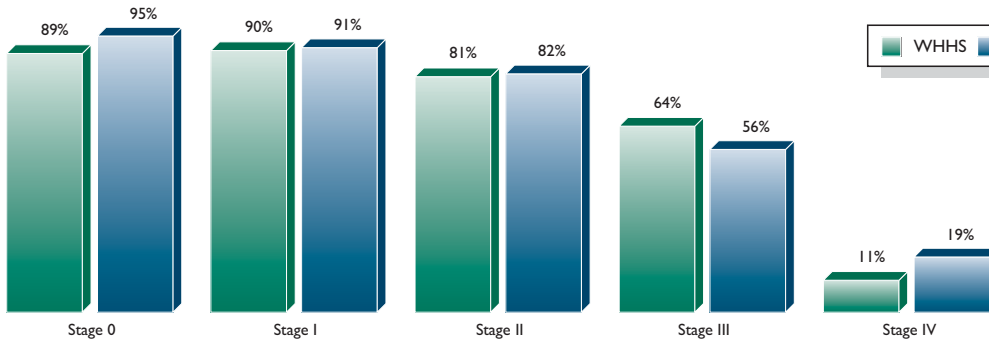
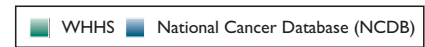
## Breast Conserving Treatment Trend Stage 0 - II



## Stage Distribution



## 5-Year Observed Survival Rates



## Terms

**Age of Patient:** Recorded in completed years at time of diagnosis.

**AJCC:** American Joint Committee on Cancer.

**Class of Case:** A determination of the patient's diagnostic and treatment status at first admission to this facility.

**Analytic:** A case diagnosed at this facility or outside but having all or part of the first course of treatment here.

**Non-analytic:** A case seen at this facility after all of the first course of treatment was completed elsewhere or cases diagnosed at autopsy.

**First Course of Treatment:** Generally, the initial tumor-directed treatment or series of treatments.

**New Case:** A patient admitted or seen for the first time at this facility with a new reportable neoplastic diagnosis.

**Stage of Disease:** SEER (Surveillance, Epidemiology and End Results Classification of Extent of Disease).

**In-situ:** A neoplasm that fulfills all microscopic criteria for malignancy except invasion.

**Localized:** A neoplasm that appears entirely confined to the organ of origin.

**Regional:** A neoplasm that has spread by direct extension to immediately adjacent organs or tissues and/or has metastasized to regional lymph nodes or organs but appears to have spread no further.

**Distant:** A neoplasm that has spread beyond immediately adjacent organs or tissues by direct extension and/or has either developed secondary or metastatic tumors; metastasized to distant lymph nodes or has been determined to be systemic in origin.

**Unknown/Not Recorded:** The stage could not be determined from the medical record or by a medical authority.

**TNM Staging:** A tumor classification scheme developed by the AJCC.

**TNM:** Is utilized in treatment planning through the assessment of tumor size, nodal involvement and distant metastases.

## Abbreviations

**A:** Analytic

**ACS:** American Cancer Society

**F:** Female

**LN:** Lymph node

**M:** Male

**NA:** Non-analytic

**NCI:** National Cancer Institute

**NCDB:** National Cancer DataBase

**No:** Number

**NR:** Not recorded

**PICC:** Peripherally Inserted Central Catheter

**SEER:** Surveillance, Epidemiology and End Results

## References

1. *Cancer Facts and Figures: 2007* American Cancer Society
2. *Manual for Staging of Cancer, Sixth Edition*, American Joint Committee on Cancer
3. *California Cancer Facts and Figures: 2007*, American Cancer Society
4. *National Cancer Data Base, Hospital Comparison Benchmark Reports and Survival Reports*



Washington Hospital  
Healthcare System

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Tumor Registry • 2000 Mowry Avenue  
Fremont, California 94538 • (510) 745-6433

