

2020/2021

ADVENTIST HEALTH GLENDALE

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# Cancer Program Annual Report



American College of Surgeons  
Comprehensive Community Cancer Program

**Adventist Health**  
Glendale



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# Welcome

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Adventist Health Glendale is pleased to present the 2020 Cancer Services Annual Report with a special highlight on Breast cancer. 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.

With pride, I look back at 2020 with the accomplishments of our Cancer Program during a global pandemic.

- Our Cancer Center did not close its doors during this pandemic. Instead, they provided a safe environment for both patients and staff. We did every effort to provide an environment that required masks, temperatures taken, and sanitation of the environment with each patient.
- The Infusion Center provided all their usual services from chemotherapy to injections.
- Radiation Oncology treated their patients and encouraged hope and determination for recovery.
- Our Nurse Navigator provided patients compassionate care and assisted them with conquering any barriers to treatment and education regarding their needs.

Adventist Health Glendale has an accredited Comprehensive Community Cancer Program. During the midst of the pandemic, our Cancer Program was surveyed by the American College of Surgeons/Commission on Cancer. The survey encompassed a review of three years of patient care. Adventist Health Glendale passed this survey with full compliance to all 46 standards. This was accomplished through the guidance of Boris Bagdasarian, D.O., Chairman of our Cancer Program, Sam Carvajal, M.D., Physician Liaison with the Commission on Cancer/Surgeon, Nancy Loporchio, RN, BSN, PHN, OCN, Director of Cancer Services, and Denise Cleveland, RHIT, CTR, Cancer Registry Manager.

As I reflect on the year that we've had, it's apparent that what our amazing physicians and nurses have done is invaluable. It's the high caliber of world class care and sophisticated resources that allow us to treat our patients with the best care possible. From state-of-the-art technology to advanced treatments, we are paving the road for more survivors.

We believe in staying true to the promise of our mission of "Living God's love by inspiring health, wholeness and hope" in all our patients, so together we can help the fight against cancer!

Regards,

Liz Cochran  
Operations Executive



**Liz Cochran**  
Operations Executive

# Cancer Committee Chairman's Message

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**Boris Bagdasarian, D.O.**  
Chairman, Cancer Committee

It is my distinct pleasure to present the Adventist Health Glendale Cancer Program Annual Report for 2021, reflecting 2019 data and 2020 activities. The institution continues to see a steady annual rise in the number of cancer cases over the years. In 2018, we saw a 13% increase in the number of cases both diagnosed and treated at Adventist Health Glendale when compared to previous years. We additionally presented 177 cases at our 2019 tumor boards, the greatest number of cases ever presented at our tumor board. This number significantly exceeding the minimum of 103 cases required annually by the American College of Surgeons. The current annual report is data and study driven; two of the studies we performed along with the 2018 data have been chosen.

Our cancer program continues its commitment to provide comprehensive, high-quality, patient-oriented care. The program provides clinical services adept in prevention, education, surveillance for recurrent disease, support services, palliative and end-of-life care for our patients.

The annual cancer screening for prostate cancer, as overseen by Dr. Sze-Ching Lee, was a success. We want to send a heart-felt thank you to Dr. Lee for the amazing job that he has done over the past 25 years with the program. A comprehensive multidisciplinary CME program was conducted on prostate cancer in November 2019. The presenters were: Ben Shenassa, M.D., Sara Kim, M.D., and myself. We thank Dr. Shenassa and Dr. Kim for their wonderful presentations. Also, a special thank you to Dr. Kim for reviewing the majority of abstracts for quality-of-data assurance.

Our breast cancer screening program took a major step forward in March 2019 with improvements in mammogram technology with the introduction of 3D tomography. Additionally, we enhanced the breast cancer program by searching for and hiring an ideal nurse navigator in the summer of 2019.

The Cancer Center underwent remodeling to better meet the needs of our patients which included a new greeting center and upgrades to the infusion center with new infusion chairs. An Armenian therapist was introduced to the Focus on Healing program, which was a much-needed service for our large Armenian population.

I am extremely proud and privileged to be part of the amazing team at the 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, allows our patients to have the best possible outcome while maintaining a high

quality of life.

Every physician involved in patient care is a highly skilled, board certified specialist. All treatment cases are compliant with guidelines from the National Comprehensive Cancer Network. Patients are evaluated to determine if they meet the criteria for participating in meaningful and novel clinical trials provided in our program.”

# Navigation Report

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**Nancy Grotefend, RN**  
Nurse Navigator

## What is an Oncology Nurse Navigator?

The Oncology Nurses Society definition: A professional RN with oncology-specific clinical knowledge who offers individualized assistance to patients, families and caregivers to help overcome healthcare system barriers.

The goal of navigation is to reduce cancer mortality and morbidity by eliminating barriers to timely access to cancer care. Barriers may be financial, psychological, logistic or related to communication in the healthcare system. The navigator provides education and resources to facilitate informed decision-making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum.

The following are examples of the navigation resources and referrals that have been provided to our patients:

### Logistical barriers:

- Arrangements for non-emergency medical transport through various health plans to treatment/office visits/diagnostic testing
- Assistance with obtaining durable medical equipment required for safe transport, i.e. wheelchair

### Psychosocial barriers:

- Referrals for counseling are made to a Focus on Healing counselor
- Providing contact details for various cancer support groups/meetings

### Financial barriers:

- Assistance with obtaining expensive medication through patient foundations and drug discount programs
- Assistance with free home meal delivery.
- Assistance with obtaining in-home support services

### Communication barriers:

- Use of hospital-approved translators – live and CyraCom – and use of educational booklets in patient's preferred language when available

The nurse navigator is also responsible for the completion and delivery of treatment summaries/Survivorship Care Plans (SCP) to patients who have completed treatment for their cancer.

### Changes to the SCP process:

- Now using American Society of Clinical Oncology (ASCO) recommended templates for Survivorship Care Plans
- Copies of SCP are now sent to primary medical doctor (PMD), surgeon and medical oncologist for continuity of care
- During the COVID-19 pandemic, SCP are being delivered via phone and then mailed to patient to prevent any unnecessary exposure to patient or staff
- All patients receive National Cancer Institute Facing Forward – Life After Cancer Treatment resource booklet with their SCP
- SCP focus is primarily on breast and prostate cancer patients but currently all cancer patients treated that are eligible for SCP are receiving one

### Survivorship Care Plan Stats

- New process started with hire of Nurse Navigator in March 2020. Prior to hire of nurse navigator, approximately 10 SCP were provided to patients in Jan./Feb. 2020

March 2020 .....	26 patients
April 2020.....	26 patients
May 2020 .....	28 patients
June 2020 .....	26 patients
July 2020 to date .....	20 patients
(total SCPs provided to date= 136 patients)	

### Breakdown as follows:

Breast .....	62 SCPs
Colorectal.....	8 SCPs
General .....	15 SCPs
Non-Small Cell, Lung.....	5 SCPs
Prostate.....	36 SCPs

### Quality Improvement

- Currently coordinating with Breast Center/Radiology Department to work on decreasing time from abnormal screening mammogram to diagnostics to meet six-day benchmark

Stats as follows:

1. **March 2020**  
average 17 days (2 patients)
2. **April 2020**  
no screening mammograms performed due to Covid-19 pandemic precautions
3. **May 2020**  
average decreased to 9.5 days (3 patients)
4. **June 2020**  
average decreased to 6 days without outliers due to prior authorizations, 9.4 days with outliers included (22 patients)
5. **July 2020 to date**  
average has decreased to 8 days (11 patients to date)

# Cancer Care Guild

Supporting Cancer Services with love,  
hope, and funding



The 2019 Guild and Board of Directors

This past year was an eventful year for the Guild under the leadership of President Anita Aghajanian. The Guild has accomplished many wonderful and important endeavors, not to mention raising some significant funds for the Cancer Center.

Among the Guild's star accomplishments during 2019 was leading a significant fundraising campaign to help purchase the services of a "Beauty Bus." The Beauty Bus is a traveling "pop-up" salon that offers free beauty and grooming services for patients with a diagnosis of cancer. The program is open to patients two days each month at the Center for Cancer Services and serves both women and men. The program is one of several free services offered by the Center's

Ingeborg's Place Apart/Positive Image Center that is sponsored by the Guild.

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 Cancer Services; 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 any patients with a cancer diagnosis, no matter where they were diagnosed or receiving treatment. The Cancer Fundraising Committee also hosted a fashion show at Bloomingdale's for the Courage Awards honorees and others connected to the Guild on Thursday, Nov. 21, 2019. The event raised \$2,800. In addition, the Cancer Fundraising Committee held a non-event fundraiser in May, "Paint 4 a Cause," and raised just over \$5,000.

For further information on the Guild's support of Cancer Services, please contact Megan Filippello, Philanthropy Manager, at the Foundation office, **818-409-8055**.





Courage Awards 2019 honorees (from left), Paula Devine, Dr. Calvin Devnich, Dr. Boris Bagdasarian, Mary Wang, and Allen Molina, RN.

## COURAGE AWARDS 2019

### Extraordinary role models in the battle against cancer

The Guild devoted an evening to recognizing patients, health care professionals and community members who are extraordinary role models in the battle against cancer.

An appreciative audience joined in congratulating recipients of the Guild's 2019 Courage Awards.

Held every other year in October, the event also raised funds to support the Cancer Center's Ingeborg's Place Apart/Positive Image Center, which provides free services such as wigs, classes, and counseling to anyone in the community with a diagnosis of cancer.

Attendees donated nearly \$15,000 to enable the Cancer Center to host twice-monthly visits of the Beauty Bus, a traveling salon that offers free haircuts/hairstyling/wig fitting, facials and manicures to current and former cancer patients.

## COURAGE AWARD HONOREES



Dr. Bagdasarian accepts his award from Guild President Anita Aghajanian.

**Boris Bagdasarian, D.O.**, specialist in hematology and oncology, joined the medical staff in 1999. “Dr. B” has cared for thousands of patients with a diagnosis of cancer and is praised by his patients for advancing the hospital’s quality of cancer care, his positive approach, and sense of hope, kindness, and calm manner.

**Allen Molina, R.N., OCN**, has been an oncology nurse at Adventist Health Glendale for nearly 30 years. Patients say she has never lost her passion for helping others. She is credited with starting the outpatient infusion center at the hospital. One of her rewards as a nurse is when patients say that the care she provides “makes them feel at home.”



Dr. Calvin Devnich (right) accepts his award from Sam Carvajal, Sr.

**Calvin Devnich, DDS**, now retired from his Glendale dental practice, was treated for a rare form of breast cancer. His path to recovery was the most challenging time in his life. However, his confidence in the doctors of Adventist Health Glendale and a strong faith in God served as role models and helped pull him through.



Paula Devine (left) receives her award from Adventist Health Glendale President Alice Issai.

**Paula Devine** has championed the fight against cancer for many years, supporting Adventist Health Glendale, Relay for Life, and City of Hope. She has volunteered in Ingeborg’s Place Apart/Positive Image Center and was the first recipient of the Cancer Center’s Flame of Hope Recognition.

**Mary Wang** is “the backbone of Adventist Health Glendale’s cancer survivors,” according to Cancer Center staff. She is a “pillar of support” for other cancer survivors, and she is a leader in promoting classes and events that bring people together and foster friendships.

# 2020 Cancer Program Support Group and Outreach during COVID

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During the global pandemic, it was necessary to alter the way we provided outreach and support services.

These services are provided free of charge by our Foundation through fund-raising by our Guild.

- We continued to provide our **Fun with Art**, art therapy program virtually throughout 2020 for cancer patients. Project supplies were provided at a remote location for participant pick-up. Art instruction was provided virtually by Ann Marie Smith.
- The **Positive Image Center/ Ingeborg's Place Apart** had limited services. Wigs were provided to patients in need. Patients were provided a wig of their choice but were requested to try it on in the safety of their home.
- Our **Focus on Healing** support groups continued providing psycho-social healing virtually. Patients were provided services as individuals or as a group. Focus on Healing Counseling is provided in both English and Armenian.
- A **Nutrition Class** was held virtually on October 16, 2020 by our Dietary department. It was an excellent program with the emphasis on healthy eating during and after the diagnosis of cancer.



- A **cancer screening program** was held during August–September 2020 on colorectal cancer. This screening was provided by occult blood testing. Participants that signed up were provided occult blood testing kits that were returned directly to our lab for processing. Results were provided to both physician and patient.
- The following activities were suspended during COVID: Yoga4Cancer, Knitting Class, Jewelry-Making Class, and the Fitness Classes.

The staff at the Cancer Center have missed the social interactions with our patients and look forward to reinitiating these programs as soon as it is safe.

# Community Support

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## 2019 OUTREACH HIGHLIGHTS

**Bras for a Cause**, March 30, 2019. This annual Soroptimist of Glendale-sponsored event 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 fundraiser dinner. This year's entry won the Best Depiction of Theme award.

**Health & Lifestyle Expo**, April 4, 2019. This was a great opportunity to resource City of Glendale employees. The demographics of this event: 70% males and 30% female. Cancer Services were partnering with Adventist Health Glendale's Live Well Senior Program to provide information on health, programs and events that Cancer Services provides throughout the year. Approximately 2,200 employees were invited to this event.

**Senior Street Fest**, May 15, 2019. Glendale Senior Street Fest is held to celebrate Older Americans Month. This fest provided live music, delicious lunch, prizes and health and wellness booths for health screenings and other resources. The City of Glendale Community Services & Parks organizes this annual event in cooperation with event sponsor, Adventist Health Glendale. Cancer Services taught about skin protection and prevention of melanoma and other skin carcinoma. Flyers and resource information about Cancer Services were shared with the Glendale senior community.

**Federal Credit Union Employee Wellness Fair**, June 4, 2019. Cancer Services partnered with FCU to inform the community about various programs offered through Adventist Health Glendale Cancer Services. Over 200 flyers and resource information about Cancer Services were shared with the Glendale community.

**Good Nutrition During Cancer Treatment**, June 24, 2019. Adventist Health Glendale Dietitian Julie Ji led an informative class regarding healthy PRE/PRObiotics. Samples of nutritious foods were provided. Pre- and post-survey questionnaires were distributed to participants. Follow-up regarding opportunities for improvement were undertaken.

**Cancer Survivors' Day**, August 1, 2019. This event was attended by over 120 cancer survivors and their caregivers. Keynote speaker was cancer survivor, former Mayor Paula Devine. Dr. Sara Kim was presented with the Physician Hero of the year award. The following community member has gone above and beyond supporting the Adventist Health Glendale Cancer Services and community. This year we recognized our very own Cynthia Klinger for her work with our cancer patients, family members and caregivers. Cynthia has been part of the Cancer Services team since 2010, facilitating our support groups, individual sessions and Cancer Services events. One of Cynthia's greatest attributes is going the extra mile and visiting patients while in the hospital, advocating for the complete aspect of a patient's care and showing such amazing compassion towards everyone.

## **Prostate Cancer Screening and Colon Cancer**

**Screening via Occult Blood Tests**, September 26, 2019. A prostate cancer screening was held at the Cancer Center with 62 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.

**Breast Cancer Awareness** October 18, 2019. Cancer Services and Radiology partnered with Adventist Health Glendale Foundation to host a Breast Cancer Awareness Event. This beautiful event was held at 1509 Wilson Terrace, Glendale, CA 91206. Adventist Health Glendale was joined by the Glendale Police Department to celebrate Breast Cancer Awareness Month. Information packets were handed out to both men and women of the Glendale community.

**Christmas Party**, December 13, 2019. An annual Christmas Party at the Cancer Center featured wonderful music, food and the opportunity to celebrate the season with staff, fellow patients and survivors. The Cancer Services staff hosted this event, always mindful of the joy of giving and helping our patients at Christmas and throughout the year.

# Spiritual Reflection

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**Al Garcilazo**  
Senior Chaplain

Living with cancer is a challenge. And having to endure the coronavirus pandemic doesn't make it any easier. We've all had to change our normal routine. Face masks, social distancing, and stay-at-home orders are now part of our lives, not to mention the introduction of new terms like COVID-19. This only adds to the feelings of fear, anger, disbelief and sadness that many cancer patients already experience. Yet there is hope. You can live with these challenges if you practice certain coping strategies. Here are some suggestions:

**Reach out to family and friends.** Whenever I visit patients, I often ask them how they cope. Sometimes they have no idea how to cope. That's when I gently suggest they consider the three F's: faith, family and friends. (I will discuss the importance of faith when we get to the third coping strategy.)

You've probably heard the expression "no man is an island." What that means is that no man or woman is self-sufficient. We all need the comfort and support of family and friends in order to thrive. That's especially true when dealing with a serious illness or disease. In her book *Daily Inspirations of Comfort*, Carolyn Larsen reminds us that "God places people in your life to surround you with love and care. Those who know you best and love you most care about what you're going through. Let them minister to you and be a comfort through this time."

**Develop an attitude of gratitude.** This is another way of saying "count your blessings." It seems like we often focus on the negative things taking place in our lives rather than the positive things. Gratitude is a powerful emotion and if practiced consistently can improve your outlook on life. Sonja Lyubomirsky in her book *The How of Happiness* says, "Gratitude is an antidote to negative emotions, a neutralizer of envy, avarice, hostility, worry and irritation."

**Turn to God for strength and comfort.** My faith in God is one of the best coping tools that I have. And I know from experience that prayer can be an excellent path to inner peace. You can recite a written prayer or just carry on a conversation with God. If you choose the latter, this is a time when you can tell God what's on your mind and express the feelings that may be welling up inside of you. There's great value in externalizing your pain, and believe me, God can handle whatever you have to say.

Reading Scripture can also provide strength and encouragement. For example, the apostle Paul reminds us that nothing can separate us from God's love. "For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God (Romans 8:38-39, NIV).

Living with cancer isn't easy. You face many challenges. But you can overcome these challenges by utilizing coping strategies. May God bless you as you seek peace and comfort.

Here are a few simple ways that you can make gratitude a part of your life, taken from Ciara Conlon's article "40 Simple Ways to Practice Gratitude."

1. Tell someone you love them and how much you appreciate them.
2. Notice the beauty in nature each day.
3. Nurture the friendships you have. Good friends don't come along every day.
4. Avoid negative media and movies with destructive content.
5. Say thank you for the little things your loved ones do for you, things you normally take for granted.
6. When times are bad, focus on your family and friends who are at your side.

# Adventist Health Glendale 2020 Annual Report: COVID-19 Cancer Resources



By Raquel Arias, MPH  
Manager, Cancer Control  
Strategic Partnerships Manager

Under the best of circumstances, a cancer diagnosis can be frightening and devastating. Now, with the the COVID-19 pandemic, cancer patients – many who already have compromised immune systems – are more vulnerable than ever.

Healthcare institutions and community organizations have adapted quickly to meet the shifting needs of cancer patients and communities. We find ourselves in a new reality, but cancer hasn't stopped, so neither has the American Cancer Society.

We are assisting cancer patients, caregivers, and communities, even during these challenging times. Here is some of what we are doing and what services we have available:

## 24/7 Cancer Helpline (with videoconferencing)

The American Cancer Society's 24/7 National Cancer Information Center is available to provide accurate, up-to-date information and help callers find valuable services and resources. By calling 1-800-227-2345, anyone can find help day or night, and in multiple languages. To reduce isolation, the American Cancer Society is now offering video conferencing so people can get the answers they need while interacting face-to-face with one of our caring specialists.

## COVID-19 Information for Cancer Patients

Information is a critically important resource during these uncertain times. Visit [cancer.org/coronavirus](https://cancer.org/coronavirus) for the latest information and guidance for cancer patients, relevant podcasts, suggested questions to ask your doctor, and more.

## Ongoing Support Groups

- Springboard Beyond Cancer – a joint venture between the National Cancer Institute and the American Cancer Society, this web tool enables and empowers people with cancer to play an active role in the management of their health. This includes management of illness and treatment, relationships, emotional and psychological stressors and healthy lifestyle behaviors. Taking charge of these things can help patients feel confident about navigating the health care system, managing their illness and effectively coping with challenges along the way.

- Reach to Recovery: This peer-to-peer breast cancer support program is now 100% phone-based. Breast cancer patients are matched with breast cancer survivors.
- Cancer Survivors Network: This online community offers an opportunity for cancer patients, caregivers and friends to find others with similar experiences and interests on discussion boards and chat rooms.

## Tender Loving Care (“tlc”)

“tlc” is the American Cancer Society's online catalog which exists to help patients deal with the appearance-related side effects of cancer treatment. Wigs, head coverings, scarves and mastectomy products are available at affordable prices. All purchases benefit the American Cancer Society.

## Research

As always, lifesaving cancer research continues, aiming to find more- and better- treatments, uncover factors that may cause cancer, and improve cancer patients' quality of life.

The American Cancer Society is available 24/7 at **1-800-227-2345** and **[cancer.org](https://cancer.org)**.

# Surgical Tumor Boards



**Denise Cleveland, RHIT, CTR**  
Cancer Registry Manager

**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 Tumor Board Conferences were held weekly during 2019 on Wednesdays at 7 a.m. in Committee Rooms A/B. During 2020, we hosted tumor boards virtually.

The Surgical Tumor Boards are held the first through fourth Wednesdays of every month. Tumor Boards are not held on Thanksgiving week or 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.

Every case is discussed with reference to the National Comprehensive Cancer Network guidelines by our physician liaison, staged by the attendees. Breast cases are discussed for consideration of reconstructive surgery, genetic testing and availability of clinical trials by our research department.

The American College of Surgeons requires that the number of cases presented annually is proportional to at least 15% of the analytic caseload and represents the institution's case mix. The prior year, 2018, analytic caseload was 791 & 25% of this caseload was presented at the Tumor Board Conferences during 2019.

Primary Sites Discussed	Cases 2019	Cases 2020
Adrenal Gland	1	2
Ampulla	2	1
Anus	2	
Appendix	1	
Bile Duct	1	2
Bladder	2	2
Brain	1	
Breast	85	54
Carcinoid	4	
Cervix, Uterine	1	
Corpus Uteri	1	
Esophagus	2	1
Fallopian Tube		2
Gallbladder	9	2
Gist	3	4
Intestine – Large	14	5
Intestine – Small	4	
Kidney	1	6
Liver	1	
Lung	7	1
Lymphoma	4	5
Ovary	3	
Pancreas	9	6
Penis	1	
Prostate	9	4
Rectum	6	6
Skin- Melanoma	3	
Skin-Squamous Cell		1
Soft Tissue	1	6
Stomach	8	3
Testis	6	1
Thymoma	1	
Thyroid	2	2
Unknown Primary	3	2
Ureter		1
Uterine-Endometrium		1
<b>TOTAL:</b>	<b>198</b>	<b>120</b>

This total reflects sites presented. Note: No tumor boards were held March 18 – June 10, 2020 due to COVID

# Continuing Medical Education Lectures 2019

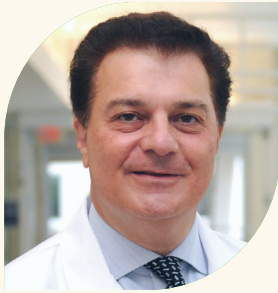
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Ben Shenassa, MD



Sara Kim, MD



Boris Bagdasarian, DO

## PROSTATE CANCER

### Continuing Medical Education Lectures 2019

#### Target Audience

Physicians, residents, nurses,  
and allied health professionals.

Wednesday, Nov. 6, 2019  
12:30-2 p.m.

Main Auditorium  
Adventist Health Glendale

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#### Attended by

Physicians:	31
Residents:	12
Allied Health:	3
Nursing Staff:	7
Medical Students:	2

**Total participants: 55**

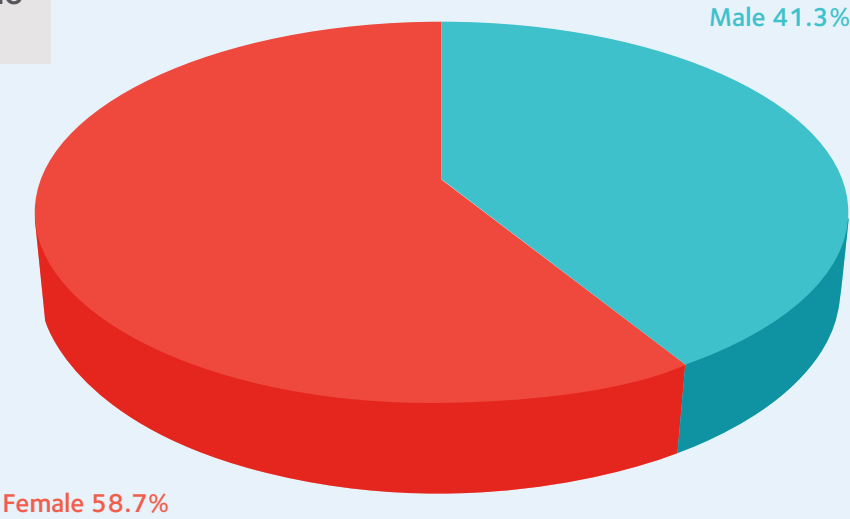


# 2018 Primary Site Table

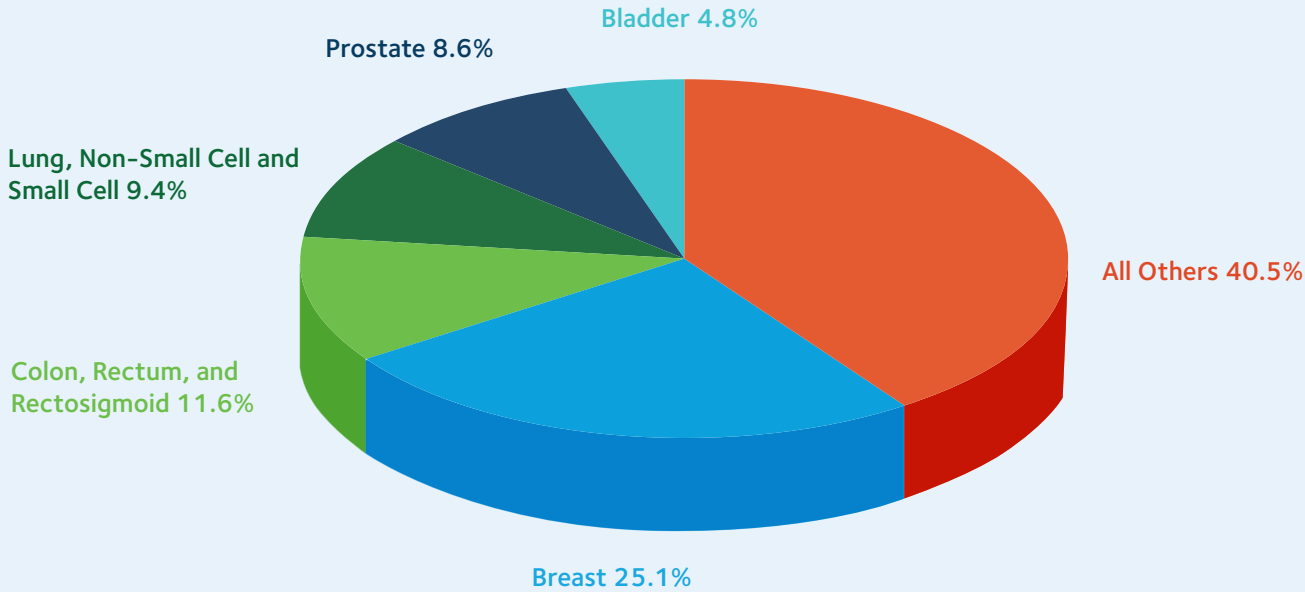
	Total Cases	CLASS			SEX		STAGE						
		Analytic	NonAn	Other	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk	N/A
ALL SITES	858	791	66	1	354	504	39	163	133	93	139	118	106
Breast	215	202	13	0	4	211	25	61	40	25	12	39	0
Prostate	74	64	10	0	74	0	0	8	26	15	7	8	0
Lung/Bronchus-Non Sm Cell	72	67	5	0	39	33	0	10	6	9	31	8	3
Colon	67	59	8	0	32	35	0	9	18	11	13	8	0
Bladder	41	37	4	0	32	9	13	10	1	1	4	8	0
Pancreas	35	35	0	0	17	18	0	4	4	2	21	4	0
Rectum & Rectosigmoid	33	31	2	0	23	10	1	6	8	8	4	3	1
Thyroid	30	29	1	0	9	21	0	17	5	2	2	3	0
Non-Hodgkin's Lymphoma	27	27	0	0	9	18	0	10	3	2	7	2	3
Corpus Uteri	26	22	4	0	0	26	0	8	2	0	2	9	1
Hemeretic	25	23	2	0	11	14	0	0	0	1	2	0	20
Stomach	20	17	2	1	10	10	0	2	3	3	3	5	1
Ovary	19	15	4	0	0	19	0	2	2	5	5	1	0
Brain	18	18	0	0	9	9	0	0	0	0	0	0	18
Other Nervous System	17	15	2	0	5	12	0	0	0	0	0	0	15
Myeloma	15	13	2	0	11	4	0	0	0	0	0	0	13
Unknown Or Ill-Defined	14	14	0	0	7	7	0	0	0	0	1	0	13
Kidney And Renal Pelvis	12	12	0	0	9	3	0	6	0	3	2	1	0
Melanoma Of Skin	10	10	0	0	8	2	0	2	5	0	1	2	0
Lung/Bronchus-Small Cell	9	8	1	0	8	1	0	1	0	0	5	2	0
Liver	7	7	0	0	4	3	0	0	0	0	4	2	1
Cervix Uteri	7	4	3	0	0	7	0	1	0	1	2	0	0
Small Intestine	6	6	0	0	1	5	0	1	0	1	1	1	2
Anus, Anal Canal, Anorectum	6	5	1	0	3	3	0	0	2	2	0	1	0
Soft Tissue	6	6	0	0	2	4	0	1	0	0	1	0	4
Gallbladder	5	5	0	0	1	4	0	1	0	0	2	2	0
Bile Ducts	5	5	0	0	3	2	0	0	1	0	2	2	0
Other Digestive	5	5	0	0	2	3	0	0	0	0	0	0	5
Larynx	5	5	0	0	4	1	0	0	2	0	0	3	0
Esophagus	4	4	0	0	3	1	0	0	1	0	3	0	0
Other Endocrine	4	4	0	0	3	1	0	1	0	0	0	0	3
Salivary Glands, Major	3	2	1	0	1	2	0	0	1	1	0	0	0
Other Urinary	3	3	0	0	2	1	0	1	0	0	0	0	2
Tongue	2	2	0	0	0	2	0	0	1	0	1	0	0
Mouth, Other & Nos	2	2	0	0	2	0	0	1	1	0	0	0	0
Tonsil	2	2	0	0	2	0	0	0	0	0	0	1	1
Testis	2	2	0	0	2	0	0	0	0	0	0	2	0
Hypopharynx	1	1	0	0	1	0	0	0	0	0	0	1	0
Nasal Cavity, Sinus, Ear	1	1	0	0	0	1	0	0	0	1	0	0	0
Uterus Nos	1	1	0	0	0	1	0	0	0	0	1	0	0
Vulva	1	0	1	0	0	1	0	0	0	0	0	0	0
Hodgkin's Disease	1	1	0	0	1	0	0	0	1	0	0	0	0

# Cancer Facts and Figures

2018  
MALE/FEMALE RATIO  
N=858



2018  
TOP FIVE SITES



# Clinical Trials: A Look Back at Progress in 2019

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**Lily Villalobos, MHA, CCRC**  
Clinical Research Coordinator

Year over year for the past 70 years, progress has been made in the prevention, diagnosis, and treatment of cancer. The central source of this progress is, and has always been, clinical research. A look back at the advances and promising progress achieved in 2019 in major areas such as immunotherapy, poly(ADP) ribose polymerase (PARP) inhibitors, and cyclin-dependent kinase (CDK) 4/6 inhibitors, demonstrates the wide expansion of treatment options and, in some areas, transformation of patient care.

Notably, much of the progress realized in 2019 was driven by federally funded research. In 2019, three of the five advances in rare cancers were supported by the National Institutes of Health (NIH) and the National Cancer Institute (NCI).

## BELOW ARE HIGHLIGHTS OF THE MOST CELEBRATED CLINICAL TRIAL ADVANCES OF 2019

**KEYNOTE-001 and CheckMate 067:** These trials led to the FDA approval of pembrolizumab as a first-line treatment for patient with stage III non-small cell lung cancer (NSCLC). In most recent history, NSCLC patients had a 5% or less likelihood of living five years after diagnosis. Data presented at the 2019 American Society of Clinical Oncology annual meeting demonstrated that almost 25% of patients receiving pembrolizumab who were treated naïve were alive at five years.

**Targeted Inhibitor Combination Therapy in CLL:** Venetoclax, approved in 2019, in combination with ibrutinib, which was approved in 2016 as a first-line therapy for CLL, was found to extend progression-free survival in clinical trials.

**MONARCH 2:** This trial provided evidence of the superiority of CDK 4/6 inhibitors added to hormonal therapy for advanced ER-positive breast cancer. Progression-free survival significantly improved and now these combinations are considered standard of care.

**PROfound and PRIMA:** These trials offered a biomarker-driven treatment approach with PARP inhibitors for metastatic castration-resistant prostate cancer in patients with DNA repair defects. Not only did these patients experience improved progression-free survival, PARP inhibitor therapy showed to also be a promising option for advanced ovarian cancer patients regardless of BRCA mutation status.

**BEACON:** This trial showed that a triplet regimen for patients with metastatic colorectal cancer who have BRAF V600E mutation—approximately 15% of this population—improved survival and had lower toxicity. This triplet regimen is desirable because it involves three targeted drugs and no chemotherapy.

**RADICALS-RT:** This study provided strong evidence that men can be spared radiotherapy after surgery. In patients who had disease recurrence at 5 years, there was no difference in progression-free survival between those who had radiotherapy after prostatectomy to those who did not have radiotherapy after prostatectomy.



Clinical trials conducted through Adventist Health Glendale's Office of Integrated Research support the hospital's mission, "Living God's love by inspiring health, wholeness and home."

These included hard-to-treat thyroid cancer, desmoid tumors, a new therapy that delivers targeted radiation to tumor cells, trastuzumab (a HER2-positive treatment that significantly slows progression of HER2-positive uterine serous carcinoma), and pexidartinib (a colony-stimulating factor-1 (CSF-1) inhibitor) for a rare cancer of the joints. Also, approximately 30% of the other advances made in 2019 were funded by NIH and NCI.

Access to advancements such as those described above have historically been an issue for patients. High-quality cancer care and clinical trials are usually concentrated at healthcare facilities associated with academic institutions in large metropolitan areas. Here at Adventist Health Glendale, we are privileged to have experienced investigators with the knowledge and research industry acumen to bring cutting edge studies that are appropriate to our unique population. As a community hospital we can offer treatments to our patients that other community hospitals must migrate out to other institutions.

Clinical trials conducted through the Office of Integrated Research support the hospital's mission, "Living God's love by inspiring health, wholeness and home." As part of the exceptional standards that accompany the accreditation awarded to the 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 here include NGS diagnostic testing, breast cancer, lung cancer, prostate screening, urothelial cancer, solid tumors 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**.

# Blood and Blood Product Utilization Review

The functions of blood and blood products are monitored through the Blood Master Report and a multi-discipline approach that retrospectively collects data and reports quarterly to the appropriate oversight committee(s). One hundred percent of all blood products given are reviewed by a quality physician. This includes blood, plasma, platelets, and cryoprecipitate. All inpatient, emergency department and outpatient blood products are reviewed.

Blood Group	Inpatient	Outpatient	Grand Total
CRYO	55	0	55
FFP	162	0	162
PLATELETS	184	16	200
PRBC	998	149	1,147
<b>TOTAL</b>	<b>1,399</b>	<b>165</b>	<b>1,564</b>

## Findings/Conclusions 1Q 2019:

- 89% of the blood and blood products were given to hospital inpatients. 11% to outpatients.
- 73% of all blood products given were PRBCs
- An increased number of transfusions to patients with cancer and blood diseases were seen this quarter with five patients accounting for 127 units of blood and blood products, 8% of all products given.

## Recommendations/Actions:

Drill down on patients with cancer and blood diseases for appropriateness of administration of blood products. Report results to the Cancer Committee.

## Drilldown:

### Cancer and Immunocompromised patients (5) – 127 units

- 30 units – 70M lung CA mets to spine; GI bleed, nosebleed, DIC, expired
- 27 units – 72F AML w significant thrombocytopenia d/t chemo, sepsis
- 22 units – 85M metastatic melanoma to brain, severe thrombocytopenia, liver failure, sepsis
- 23 units – 53F multiple myeloma w chemo induced pancytopenia, expired
- 25 units – 68M mantle cell lymphoma on chemo. Enlarged spleen, now w splenic tear, hemorrhagic shock

## APPROPRIATENESS

### Scoring definitions are as follows:

- Classification C – No issues seen
- Classification NC – Educational Opportunity/Alternative Method
- Classification NCR – Possible Clinical Care Concern

### Findings/Conclusions:

All 127 units in the 5 patients were reviewed for appropriateness by the Quality Physician. All 127 units were scored C (no issues seen)

### Recommendations/Actions:

Report findings to the Cancer Committee (done Aug. 20, 2019). Continue to monitor for blood and blood product utilization. Drill down on any outliers and report findings to appropriate Committees. Implement recommendations/actions.

Standard of Quality – American College of Surgeons – Standard 4.7

# Breast Cancer Care During a Pandemic

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**Dennis R. Holmes, M.D.,  
F.A.C.S**  
Breast Cancer Surgeon

Dennis R. Holmes, M.D., F.A.C.S is an internationally renowned breast surgeon specializing in the surgical treatment of breast cancer. As a dedicated breast cancer researcher and educator, Dr. Holmes has dedicated his career to raising the standard of breast cancer care through treatment innovation. In recognition of his leadership in the national breast surgery community, he was elected as Program Chair of the 20<sup>th</sup> annual national conference of the American Society of Breast Surgeons. Dr. Holmes now serves as medical director of the breast cancer program at Adventist Health Glendale.



In keeping with his vision, leadership, and commitment to reducing the burden of breast cancer care, Dr. Holmes has been a pioneering researcher in cryoablation as an alternative to breast cancer surgery for qualifying patients.

As a visionary leader, Dr. Holmes has been at the forefront of numerous innovations that are changing the practice of breast cancer surgery in America and abroad, including oncoplastic surgery, intraoperative radiotherapy, and breast cancer cryoablation or cancer freezing. He is a lead co-investigator in the 2,298-patient **TARG**eted Intraoperative Radio**T**herapy (TARGIT-A) Trial, an international phase III randomized controlled trial comparing single-dose partial breast radiation to the conventional three- to six-week course of daily whole breast radiotherapy given after surgery for the management of early stage breast cancer. Dr. Holmes recently co-authored the long-term results of the TARGIT-A trial, published in the August 2020 issue of the British Medical Journal, which demonstrated no difference in the local recurrence rate, breast cancer-specific survival rate, or overall surgery rate between the two groups with 8.6 years median follow-up and 18.9 years maximum follow-up. Largely due to this trial, intraoperative radiotherapy is now accepted across the nation as a standard treatment option for early stage breast cancer. In addition to being efficacious, separate publications have shown targeted IORT to be associated with fewer side effects, improved quality of life, and reduced healthcare. Dr. Holmes now proudly offers intraoperative radiotherapy at the time of lumpectomy at Adventist Health Glendale.

Dr. Holmes continues his leadership in the field of intraoperative radiotherapy as co-principal investigator of the 700-patient TARGIT U.S. Registry Phase IV Trial, president of the TARGIT Collaborative Group (TCG), a national organization of surgeons, radiation oncologists, and physicists committed to improving cancer patient care through education, patient advocacy, mentorship, and collaborative research, and co-principal investigator of the TCG Quality Collaborative quality improvement initiative.

Cryoablation has a long history in the management of intra-abdominal cancers, and partly due to Dr. Holmes' leadership, it is now emerging as an accepted treatment option for selected breast cancer patients.

In keeping with his vision, leadership, and commitment to reducing the burden of breast cancer care, Dr. Holmes has been a pioneering researcher in cryoablation as an alternative to breast cancer surgery for qualifying patients. He was a co-investigator in the original American College of Surgeons Oncology Group's "cryoablation followed by cancer resection" trial in 2009 and currently serves as lead principal investigator of the Freezing Instead of Resection of Small Tumors (FROST) Trial, a national phase II trial evaluating the role of cryoablation as a stand-alone treatment for the

management of stage I invasive breast cancer. His research interests also include investigation of the immune response to tumor cryoablation, cryoablation for the management of ductal carcinoma in situ, and cryoablation as a breast cancer prevention strategy.

Cryoablation has a long history in the management of intra-abdominal cancers, and partly due to Dr. Holmes' leadership, it is now emerging as an accepted treatment option for selected breast cancer patients as discussed in the featured journal article, "Breast Cancer Care

During A Pandemic: An Opportune Time for Cryoablation?" published in the June 2020 issue of Breast Cancer Research and Treatment. "Although we are still years away from achieving wide adoption of cryoablation in the management of breast cancer," explains Dr. Holmes, "the COVID-19 crisis has raised the profile of this minimally-invasive, percutaneous, office-based procedure as a pragmatic stand-alone or stopgap measure capable of expediting definitive treatment in some patients, minimizing the risk of disease progression of the primary tumor site in others, reducing the anxiety of delayed elective surgery, and saving healthcare resources when personnel or operative services are limited."



Visit [link.springer.com](https://link.springer.com) to learn more.  
Breast Cancer Research and Treatment  
By Dennis R. Holmes  
DOI [10.1007/s10549-020-05724-0](https://doi.org/10.1007/s10549-020-05724-0)

# Cancer Committee Membership

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

Member	Specialty/Department
Avo Artinyan, M.D.	Surgery
Boris Bagdasarian, D.O. Chairman, Cancer Committee	Medical Oncology
Nina Behdin, M.D.	Surgery
Wende Brookshire-DePietro, RN	Home Care/Hospice/Administrative Director
Irene Bourdon Megan-Filippello-Alternate	Healthcare Foundation/President
Sam Carvajal, M.D. Simon Keushkerian, M.D.-Alternate	Surgery
Linh Chen, M.D. Shanna Enriquez-Alternate	Radiology
Denise Cleveland, RHIT, CTR	Data Manager, Cancer Registry
Liz Cochran	Operations Executive
Susan Connor, RN, 2020 Karen Grotefend, RN 2021	Navigation
Marc Cruz, RN, OCN	2-East Oncology, Manager
Val Emery, RHIA Joan Burns, RN-Alternate	Director, Organization Performance/Quality Manager
Julie Fu	Case Management/Social Work
Al Garcilazo Adena Sarkian-Alternate	Senior Chaplain Spiritual Care Counselor
Julie Ji, RD Barbara Schons, RD-Alternate	Nutrition Services
Nicole Kalout	Ingeborg's Place Apart/Positive Image Coord
Sara Kim, M.D.	Radiation Oncology
Cynthia Klinger, MFT	Focus on Healing Coord
Sze-Ching Lee, M.D.	Urology
Nancy Loporchio, RN, OCN 2020 Stephano Mauro 2019	Cancer Services, Director
Allen Molina, RN, OCN	Infusion Center
Jonathan Nasser, Director Cristy Quon Viktoriya Stepanyan-Alternate Eleonora Terteryan	Palliative Care Case Management/Social Work
Chandrika Seneviratne, M.D. Michele Cosgrove, M.D.-Alternate	Pathology
Suzanna Tamazyan, RN	Infusion Center
Lily Villalobos, MHA, CCRC Javier Valeriano, CCRC-Alternate	Clinical Research Coord.
Marion Watson, PT, MBA, Jan Adduci-Alternate	Administrative Director, Rehabilitation, Neuroscience, Orthopedic Services
Guests/Support Staff	
Karine Arakelyan	Follow-up, Cancer Registry
Christina Constantino, CTR	Cancer Registrar
Romic Eskandarian	Director, Pharmacy
Dennis Holmes, M.D.	Surgery



# 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

#### Denise Cleveland

Manager, Cancer Registry





**Our Mission**

Living God's love by inspiring health,  
wholeness and hope.