Annual Report 2014
Cancer Program Report

Utilizing 2013 data

Dignity Health™
St. Bernardine Medical Center

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Mission, Vision and Values

Our mission sets a clear focus for our work. Our values define how we carry out the mission. Our vision demands that we consistently and effectively live up to both.

Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life

Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- **Dignity** – Respecting the inherent value and worth of each person.
- **Collaboration** – Working together with people who support common values and vision to achieve shared goals.
- **Justice** – Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- **Stewardship** – Cultivating the resources entrusted to us to promote healing and wholeness.
- **Excellence** – Exceeding expectations through teamwork and innovation.

History

Founded on Collaborative Community Service

St. Bernardine Medical Center's history is a story of caring, compassion and community service that began in 1928 in a rural setting with Wild West "cow-town" origins. The roots of the hospital and its well-deserved reputation for state-of-the-art, quality medical care, come from a collaborative consortium of dedicated individuals working toward a common goal – building a healthier Inland Southern California Community.

The architects of this dream of bringing "big city" medical care to then rural San Bernardino were a physician with a vision, a determined and supportive local pastor, a generous and dedicated group of citizens, and a mission-driven group of women religious.

A New Hospital is Born

The original 125-bed hospital was built in the mission style of the valley's early history and included five surgery rooms, an operating theater for observation and teaching, six solariums, well-equipped laboratories, special treatment and X-ray rooms and modern kitchens. On October 10, 1931, Governor James J. Rolph laid the cornerstone of the new hospital and convent. It was named in honor of Bernardino Albizeschi, who exhibited exceptional courage and compassion during the plague of 1400 and earned him the title of "Saint Bernardine."

St. Bernardine Today and Making a Difference

Today, St. Bernardine Medical Center is a 463-bed nonprofit acute care hospital with the latest technology and advanced services, from family care to open heart surgery. Much of the expansion and innovation has been achieved with the significant ongoing support and generosity of the community and the Sisters.

St. Bernardine continues to serve the diverse health care needs of the Inland Southern California communities. Whether through direct care in the hospital or a network of free and low-cost outreach services, St. Bernardine leads the way in building a healthier environment.

Message from the Chairman

Samir V. Kubba, MD
Chairman, Cancer Committee
St Bernardine Medical Center

It is my distinct privilege to present to you the 2013th cancer program at St. Bernadine Medical Center. The Cancer Committee has been working hard throughout the year in putting together a program which is consistent with best practices accompanied by compassion in these challenging times. A multidisciplinary body, the Cancer Committee is comprised of medical oncologists, radiation oncologists and surgeons dedicated to cancer treatment, as well as radiologists, interventional radiologists and pathologists. This team is ably supported by physicians from other specialties, oncology and palliative care nurses as well as a breast cancer navigator and members from physical therapy, nutrition services, social services and pastoral care. Administration and other staff round out our robust program.

We continue to have an aggressive tumor board program which meets twice a month, plus an additional monthly breast cancer dedicated tumor board. These provide a multidisciplinary approach to the care of our patients. Efforts are also being made for our patients to access clinical trials as appropriate. NCCN guidelines are used as a framework for recommendations for treatment of each case.

The purpose of our cancer committee is to ensure high quality of care, in a safe environment with compassion so that the needs of our community are met. We continue to have community events for education and awareness, including talks on colon and breast cancer. We celebrate life for our survivors and with an annual event in June. The American Cancer Society continues to support us and their resources are invaluable.

Efforts are being made to get GYN oncology services more available at St Bernadine. The imaging center has a dedicated state-of-the-art unit for digital mammography and stereotactic biopsy. In-house PET scan arrangements are also being made.

We continue to be excited about the future of cancer care at St. Bernardine. We will keep enhancing our services and coordination of care as we look forward to continued improvement in both delivery of care and improving access for our community.

2013-14 St. Bernardine Medical Center Cancer Committee Members

These Physicians and other Health Professionals were responsible for promoting a coordinated and multidisciplinary approach to cancer patient management

Physician Members

Steven P. Bleiweiss, MD
Pathology

Joel H. Block, MD
Radiology

Samir Kubba, MD
Medical Oncology Chairman

Fariborz Lalezarzadeh, DO
Surgery

Vinh Mai, DO
Internal Medicine

Rajiv Malik, MD
Director of Medical Oncology Services

Maira Simental, MD
Director of Radiation Oncology,
Cancer Liaison Physician

Dwayne Thomas, MD
Director of Medical Affairs,
Cancer Program Administrator

Leslie Yonemoto, MD
Radiation Oncology

Non-Physician Members

Susan Anderson, CTR
Cancer Registry, Cancer Conference Coordinator

Cindy Bean, RN
Director Onc/Med, Ortho/Neuro

Daryl Cannon, RHIT *Director of HIM*

Joanne Claytor, LCSW
Social Services Supervisor, Psychosocial Services Coordinator

Richard Dobiesz, PharmD
Director of Pharmacy Services

Ann Flasschoen
Medical Staff /CME Coordinator

Nora Flores, RD *Clinical Nutrition Manager*

Val Head
Director Strategic Business Development

Lorene Morris *American Cancer Society*

Barbara Kalman, CTR
Cancer Registry, Registry Quality Coordinator

Jackie Kimball, RN
Manager Clinical Support Services
Community Outreach Coordinator

Michelle Melancon, RN
Breast Navigator/Palliative Care

Melissa Moelter, MSW *Social Services*

Stefanie Morrell, RT
Quality Services, Quality Improvement Coordinator

Anne Poole, PT
Director of Rehabilitative Services

Chris Welebir, RN
Manager of Medical Oncology

Mark Winick, Chaplain
Pastoral Care Representative

St. Bernardine Medical Center Cancer Registry Report

The SBMC Cancer Registry has maintained an approved cancer program since 1978 which benefits patients, professional and hospital staff as well as the community it serves. Our Registry works along with the Cancer Committee to assure that all the components for an approved cancer program are maintained.

The Registry plays a vital role in improving the means of detection, prevention, and treatment of cancer. Our primary role is the collection of data, both demographic and clinical, beginning at diagnosis and continuing throughout the cancer patient's lifetime. This collection is an invaluable tool in the fight against cancer. Among its many uses are:

- Diagnostic and treatment research
- Calculation of survival rates by various data items
- Submission of data to state and national databases for comparison
- Development of staff, patient and public education
- Evaluation of the effectiveness of current treatment modalities
- Treatment planning at Cancer Conferences

According to the American Cancer Society (ACS), there will be an estimated 1,660,290 new cancer cases and 580,350 estimated deaths in the United States from cancer in 2013. In California alone, the number of new cases was expected to be 171,330 and the deaths 57,290.

SBMC's Registry added 484 new cancer cases to its database in 2013; 244 males and 240 females. This includes data on analytic and non-analytic cases, excluding basal and squamous cell skin cancers, localized. Of the 484 cases, 428 were analytic.

Analytic Cases are:

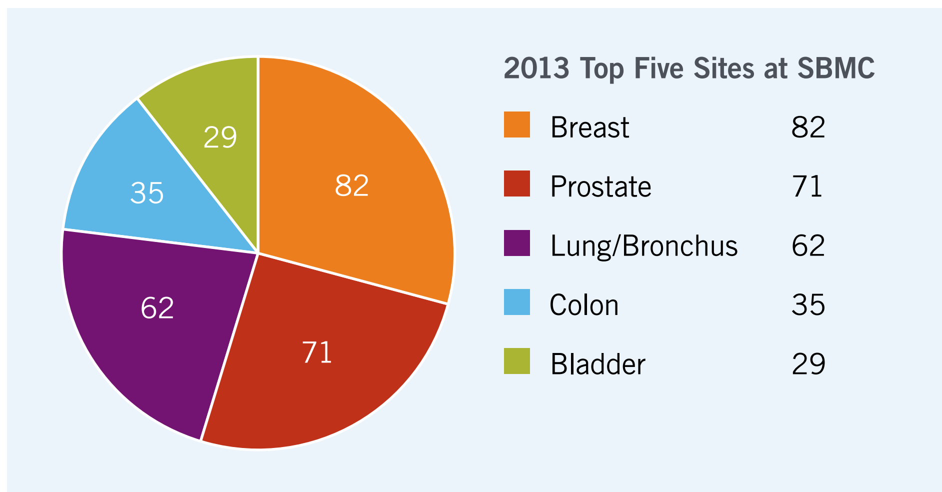
- Patients whose cancers were diagnosed and initially treated at SBMC.
- Patients whose cancers were diagnosed at SBMC and initially treated elsewhere.
- Patients whose cancers were diagnosed elsewhere, but who received all or part of their treatment at SBMC.

Non-Analytic Cases are:

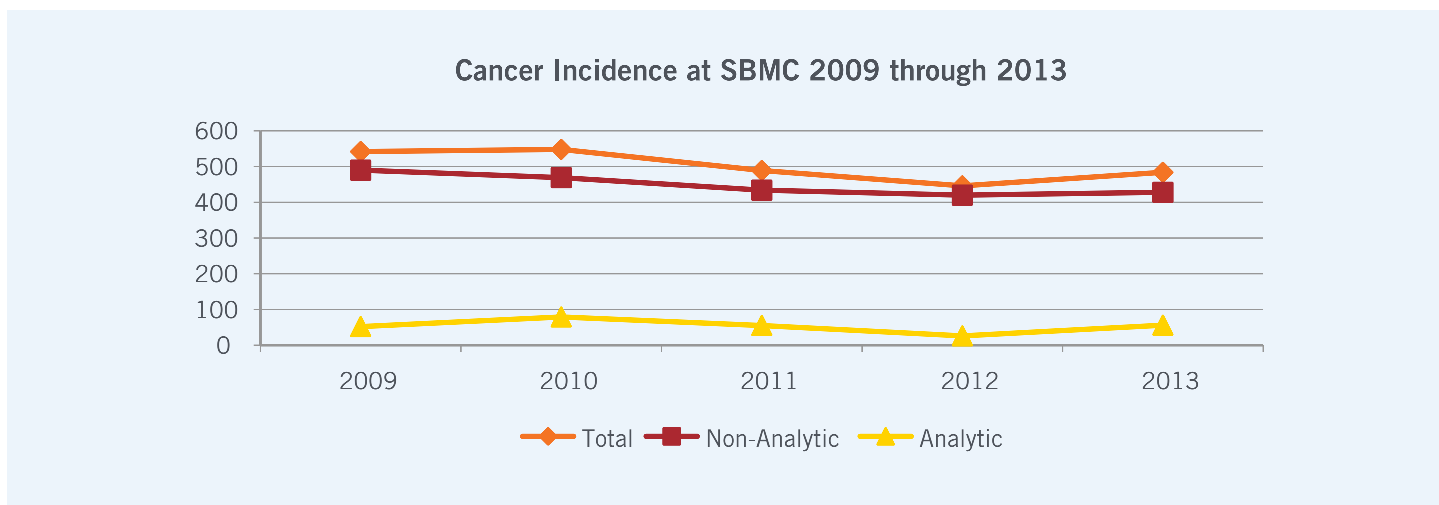
- Patients whose cancers were diagnosed and initially treated elsewhere and who present to SBMC for disease recurrence or persistence.
- Patients whose cancers were diagnosed and initially treated elsewhere and have active cancer, recurrent, metastatic, or persistence, and present for other medical conditions.

We follow approximately 3,248 analytic cancer patients in the Registry. Follow-up is conducted annually and throughout the lifetime of each cancer patient.

In 2013, our top five sites of newly diagnosed cancer cases were breast (82), prostate (71), lung and bronchus (62), colon (35), and bladder (29) as shown in the pie chart below.

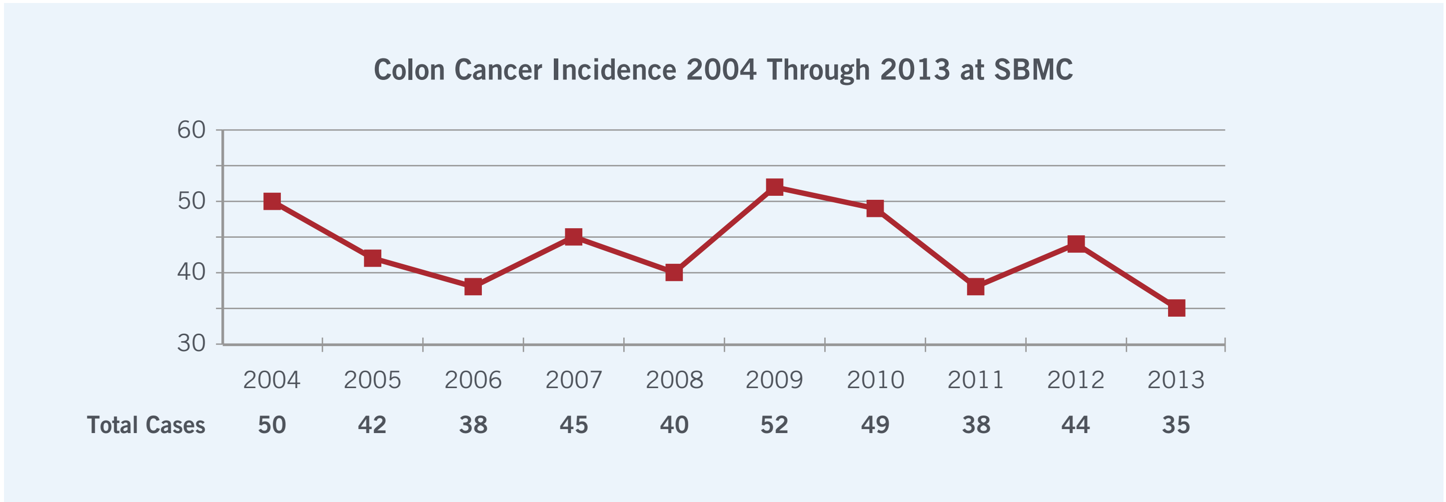


Below is a graph of the cancer incidence here at St. Bernardine over the past five years. In the last year, we have seen a slight increase in our cancer cases.

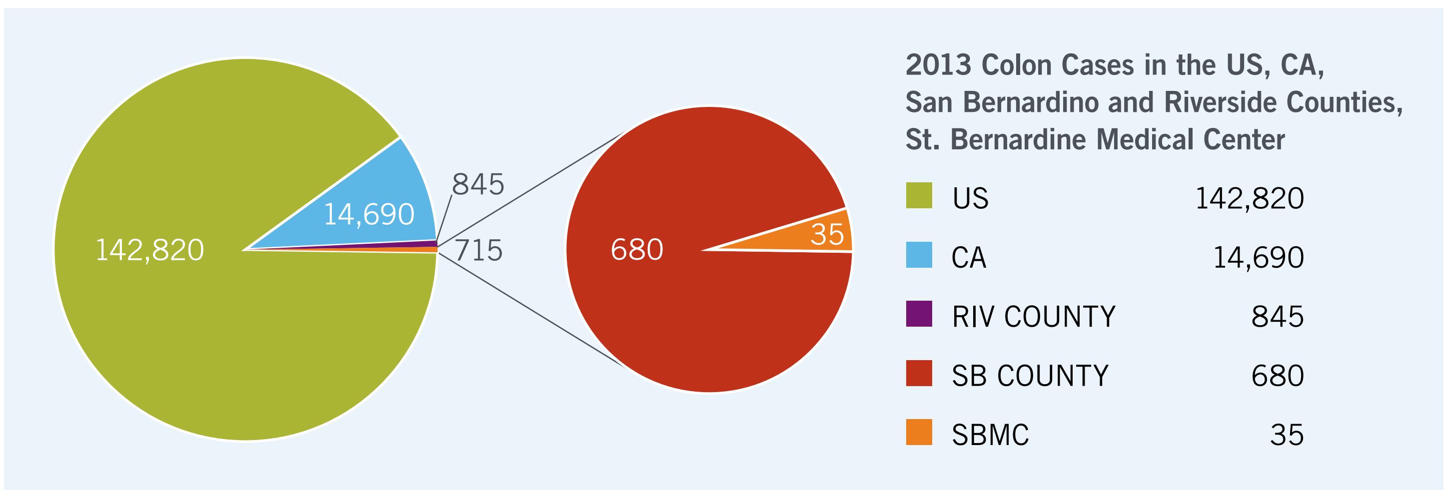


Colon cancer, according to the American Cancer Society's (ACS) "Cancer Facts and Figures", is the third most common cancer in both men and women in the United States. The colorectal cancer incidence rates have been decreasing over the past two decades, largely due to the increases in

the usage of colorectal screening tests. This allows for the early detection and removal of colorectal polyps before they progress to cancer. The graph below shows the Colon Cancer Incidence here at SBMC over the last ten years.



The graph shows that colon cancer cases peaked in 2009 and have slowly decreased in the following years. At SBMC, we have diagnosed and/or treated 433 colon cancer cases over the last 10 years. The National Cancer Data Base (NCDB) benchmarks showed 70,935 colon cases that were diagnosed in the year 2012; data was collected from 1614 hospitals nationwide. According to the American Cancer Society (ACS), in California alone, an estimated 14,690 new colon cases will be diagnosed. Of those new cases, approximately 680 will be from San Bernardino County and 845 from Riverside County. See chart below for the comparisons.



2013 St. Bernardine Medical Center Primary Site Table

Site Group	Total Cases	Analytic	Non Analytic	Sex		Stages						
				M	F	0	I	II	III	IV	NA	UNK
All Sites	484	428	56	244	240	35	112	91	60	69	34	27
Breast	82	74	8	1	81	14	25	21	6	3	0	5
Prostate	71	66	5	71	0	0	2	46	17	1	0	0
Lung/Bronchus-Non Sm Cell	62	56	6	35	27	1	11	4	11	26	1	2
Colon	35	28	7	20	15	5	7	4	3	7	0	2
Bladder	29	26	3	21	8	11	9	4	1	1	0	0
Kidney and Renal Pelvis	27	25	2	10	17	1	11	2	6	4	0	1
Non-Hodgkin's Lymphoma	22	22	0	14	8	0	8	4	3	4	0	3
Thyroid	20	20	0	1	19	0	15	0	2	1	0	2
Unknown or Ill-Defined	13	12	1	7	6	0	0	0	0	12	0	0
Melanoma of Skin	13	11	2	9	4	2	5	1	2	0	0	1
Rectum & Rectosigmoid	11	9	2	5	6	1	6	0	1	0	0	1
Lung/Bronchus-Small Cell	9	9	0	5	4	0	0	0	3	5	0	1
Stomach	8	6	2	5	3	0	1	0	1	4	0	0
Soft Tissue	7	7	0	2	5	0	3	1	0	2	1	0
Pancreas	7	4	3	3	4	0	0	0	0	3	0	1
Liver	7	7	0	4	3	0	0	0	1	2	1	3
Leukemia	7	6	1	2	5	0	0	0	0	0	6	0
Brain	6	5	1	2	4	0	0	0	0	0	5	0
Ovary	5	4	1	0	5	0	0	1	0	3	0	0
Other Nervous System	5	4	1	4	1	0	0	0	0	0	4	0
Myeloma	4	1	3	2	2	0	0	0	0	0	1	0
Esophagus	4	3	1	3	1	0	1	0	1	0	0	1
Cervix Uteri	4	4	0	0	4	0	3	0	0	1	0	0
Corpus Uteri	3	2	1	0	3	0	2	0	0	0	0	0
Pleura	2	2	0	1	1	0	0	0	1	1	0	0
Penis	2	2	0	2	0	0	0	2	0	0	0	0
Nasopharynx	2	1	1	2	0	0	0	0	0	1	0	0
Hodgkin's Disease	2	1	1	2	0	0	0	0	1	0	0	0
Melanoma of Eye	2	0	2	2	0	0	0	0	0	0	0	0
Gallbladder	1	1	0	0	1	0	0	1	0	0	0	0
Uterus Nos	1	1	0	0	1	0	1	0	0	0	0	0
Tonsil	1	1	0	1	0	0	0	0	0	0	0	1
Pharynx and Ill-Defined	1	0	1	1	0	0	0	0	0	0	0	0
Larynx	1	1	0	1	0	0	0	0	0	0	0	1
Tongue	1	1	0	0	1	0	0	0	0	0	0	1
Testis	1	1	0	1	0	0	1	0	0	0	0	0
Other Skin CA	1	1	0	1	0	0	0	0	0	0	1	0
Floor of Mouth	1	1	0	1	0	0	0	0	0	1	0	0
Mouth, Other and NOS	1	1	0	1	0	0	0	0	0	0	0	1

Multidisciplinary General Tumor Board and Breast Tumor Board

The Multidisciplinary General Tumor Board is designed to be a consultative board for our cancer patients and also serves as an educational forum in which physicians and ancillary staff may earn continuing education credits. The Tumor Board is comprised of physicians from Medical Oncology, Radiation Oncology, Pathology, Radiology and Surgery. There is also in attendance, ancillary staff from Social Services and Occupational Therapy. General Tumor Board is held on the 2nd and 4th Tuesday of each month.

The Breast Tumor Board is also a Multidisciplinary Tumor Board and is attended by the five groups of physicians mentioned above. Our Breast Navigator also attends along with one of our Mammogram Technicians. Most of these Breast cases are newly diagnosed with cancer or are in the very beginning stages of their treatment(s). Breast Tumor Board is held on the 3rd Tuesday of every month.

Cancer patients are presented for many reasons including the following:

- Treatment recommendations
- Difficult management issues
- Cases creating opportunities for improvement in patient care
- Other disease(s) affecting patient management
- Patient non-compliance
- AJCC Clinical Staging and Pathological Staging, when applicable
- Discussion of NCCN treatment guidelines
- Cases of Cancer occurring in unusual sites

Number of Cancer Cases Presented by Site at Both General and Breast Tumor Boards in 2013

Site	Number of Presentations
Breast	36
Lung	12
Unknown Primary	1
Prostate	4
Melanoma	1
Lymphoma	6
Head/Neck	1
Colorectal	10
Brain	2
Gynecology	1
Digestive Tract	2

Diagnostic Radiology

The Center for Imaging offers some of the most comprehensive, state-of-the-art outpatient and inpatient imaging services available to patients in the Inland Empire

The Department of Radiology continues to maintain a full range of diagnostic services; Computerized tomography, Ultrasound, MRI, Mammography, and Nuclear Medicine are utilized in the diagnosis and treatment of our cancer patients. The radiologists and staff work closely with our surgeons and oncologists continually and also at the Multidisciplinary Cancer Conferences to determine the best possible approach in treatment.

The Center for Imaging offers some of the most comprehensive, state-of-the-art outpatient and inpatient imaging services available to patients in the Inland Empire. Equipment is integrated with PACS (Picture Archive and Communication System) which gives radiologists, physicians, and specialists the opportunity to communicate in real time about the images.

As the community has grown and technology has advanced, the Center for Imaging continues to expand to meet their needs. The Center performs over 400 Computerized Tomography procedures, 1132 MRI's, 500 Ultrasound procedures, and many other diagnostic procedures each year. The Radiology Department follows The American Registry of Radiologic Technologist (ARRT) code of conduct, and adheres to the California Administrative Code, Title 17, and The American College of Radiology (ACR).

Women's Health Imaging Center

Since its opening in 2011, the Women's Center at St. Bernardine Medical Center has provided thousands of imaging procedures to Inland Empire residents utilizing the latest technology. This has significantly expanded the patient's access to a full complement of women's diagnostic and biopsy services, as well as educational programs. Below are listed many of the services offered at the Health Center:

- Short wait-times for scheduled exams, including some same-day services
- Three-dimensional digital mammography technology
- Stereotactic biopsy suite with a dedicated biopsy system, available five days a week
- Ultrasound technology with the capability to perform ultrasonic breast biopsies
- Bone densitometry equipment to diagnose osteoporosis
- A nurse navigator dedicated to providing individualized guidance and support for women diagnosed with breast cancer, helping patients navigate the system and providing education about the disease process for the best possible outcome

Milton L. Gittens, B.S., R.T. (R)
Director

Joel Block, MD
Medical Director

Pathology and Laboratory Services

The Department of Pathology and Laboratory Medicine at St. Bernardine Medical Center provides an integral role in the multidisciplinary approach to serving our Inland Empire oncology patients.

As a medical specialty, Pathology has experienced unprecedented change over the past 10 years. Here at St. Bernardine, we have found opportunity in change and are now able to offer "cutting edge" diagnostic services. Working hand-in-hand with our surgeons and radiologists, we are today able to offer advanced diagnostic information from a miniscule thread of tissue or cells. Due to these advanced diagnostic services, we are frequently able to confirm tumor origin to avoid additional diagnostic testing or surgical intervention.

Overnight reporting is in most circumstances routine so that our oncologists, radiotherapists, and surgeons can immediately develop a plan for discussion at our interdisciplinary tumor conference. We live in an era where very specific individualized patient plans can now be developed, frequently on a molecular basis to ensure the very best personal outcome.

Steven Bleiweiss, M.D.
Medical Director of Pathology and Laboratory Services

Mildred Ramos, M.D.
Linda Enriquez, M.D.

Oncology Nursing Services

We provide in-patient chemotherapy and thyroid ablation (I-131) radiation therapy as well as supportive care

Overview:

Our Medical Oncology Unit has 32 private rooms, with an average census of 25-30 patients. Approximately 30% of our patients are being treated for cancer conditions, and the remainder is the typical med/surg population. We provide in-patient chemotherapy and thyroid ablation (I-131) radiation therapy as well as supportive care.

Staffing:

We have 34 Registered Nurses which are about evenly divided between the (12 hr.) night and day shift. The R.N.'s care for no more than 5 patients. Our actual nurse to patient ratio has been running an average of 3.7 overall. A charge nurse (who does not have a patient assignment) is scheduled for each shift to give direction and assistance to the staff R.N. and to oversee the workflow on the unit. The Nurse Manager reports to the Senior Director. There are also 9 support staff of Certified Nurse Aides and Ward Clerks.

Competency and Experience of Staff:

Our unit is unique in that we have many long term employees and extremely low turnover. Despite the nursing shortage, there are rarely openings on the unit. We have found success over the last decade in hiring mostly new RN grads and training them with a generous orientation program customized to their progress with preceptors on the unit and formal educational classroom time. All the R.N.'s are encouraged and expected to become chemotherapy certified, but not until they have had a year's experience to develop their skills and confidence before taking on this responsibility. Each staff member goes through an annual competency testing on our policies on chemotherapy and radiation isolation care in addition to the annual job performance evaluation by the manager.

Currently, two R.N.'s have their Oncology Nurse Certification through the Oncology Nursing Society, and are also certified trainers of the O.N.S. "Chemotherapy and Biotherapy" two day course.

Other Key Discipline Personnel:

Our staff works closely with the Palliative Care Nurses, and our Breast Cancer Navigator. We have a dedicated M.S.W. and R.N. Case Manager on our unit, and a Chaplain. The Music Ministry staff sings to patients and adds an atmosphere of calm when playing the harp at the nurses' station.

Caring for the Caregivers:

Dealing with end of life issues can have a heavy emotional impact on the staff. Our chaplain is keenly aware of the need for support for our nurses and nurse aides, and interacts with the staff to help staff cope with the loss of a patient to whom we have become especially attached.

Patient Education and Continuum of Care:

Our nurses have quick access on the computers to a patient education program, and give printed information to patients on medications and diagnoses as part of their patient teaching. We also keep a supply of brochures from the American Cancer Society, National Cancer Institute, and Leukemia and Lymphoma Society. Referrals are made to the American Cancer Society. Patients are given a patient education binder to keep all the written handouts they receive while in the hospital, and are encouraged to bring it to their physician follow up appointments.

Weekly Meetings:

Every Thursday morning, our Oncologists, Radiation Oncologists, Social Worker, Dietician, Discharge Planner, Chaplain, Palliative Care Nurses and Staff nurses meet in our conference room for an hour meeting to discuss the oncology cases. The current treatment plan is reviewed with a multidisciplinary approach to achieve the best outcome for each patient. This collegial exchange promotes respect and fosters a spirit of teamwork. Many of the RN staff consider these meetings to be extremely informative and the highlight of their day.

Future Projects:

We are currently working to expand our Oncology service line to include outpatient chemotherapy, with eleven infusion chairs and two private rooms for those who may need further treatment. The center will include a resource library and access to the Breast navigator and social workers.

Nicole Whims, RN, MSN, OCN
Oncology Nurse Manager

Inland Hematology Oncology Medical Group, Inc.

With state of the art treatment of blood disorders and cancer, Inland Hematology Oncology Medical Group employ today's most innovative and effective treatments, offering patients real hope for recovery.

We at Inland Hematology Oncology Medical Group have been providing Oncology and Hematology services in the Inland Empire area since 1976. Our group is one of the oldest in the area, serving community for all oncological and hematological needs. We are committed to provide the best cancer care treatments to our patients in a multidisciplinary approach.

When it comes to cancer and blood disorders, only exceptional care from compassionate hematologist and oncologist will do. With state of the art treatment of blood disorders and cancer, Inland Hematology Oncology Medical Group employ today's most innovative and effective treatments, offering patients real hope for recovery. We follow current NCCN and other national guidelines and believe in a multidisciplinary approach by coordinating the care with all other specialists.

Dr. Rajiv Malik, Dr. Samir Kubba, and Dr. Dennis Hilliard are highly trained specialists dedicated to patients, their families and loved ones. Each patient is seen by a board-certified oncologist and the prescribed therapy is given by a highly qualified and experienced chemotherapy certified nursing staff.

Our patients are under the constant care of their physicians and compassionate staff. These services we provide include bone marrow biopsies, chemotherapy infusions, labs and IV hydrations and are given in an large, several thousand square feet comfortable infusion Center.

Rajiv Malik, M.D.
Diplomat Hematology and Medical Oncology,
Medical Director, Oncology services, St. Bernardine Medical Center

Radiation Oncology

Vantage Oncology believes in a comprehensive approach to cancer care. Last year we evaluated more than 250 patients in our practice. Our treatments are individualized and coordinated in a multi-disciplinary fashion with the physicians and staff at St. Bernardine Medical Center.

Our facility is one of 12 centers in Southern California that operate under the same published practice management guidelines. This assures uniform quality and ultimately allows for systematic peer review of practice data, assessing risk factors, and promoting patient self-assessments.

Our practice provides some of the most advanced technology in the industry. As with other modalities, different radiation delivery equipment provide alternatives on how to best treat and target different types and stages of cancer.

Amongst the options, we offer are:

- 3D conformal radiotherapy which involves the use of CT images to construct a computer-generated re-creation of the internal organs and tumors.
- Intensity Modulated Radiation Therapy (IMRT) which involves multiple beams with the strength of the beams adjusted as necessary depending on the size, location and stage of the cancer.
- Brachytherapy, Low Dose Rate for prostate cancer
- Brachytherapy, High Dose Rate for Gynecological cancers.
- Accelerated Partial-Breast Irradiation (APBI) which works by delivering radiation from inside the lumpectomy cavity directly to the tissue surrounding the cavity where the breast cancer is most likely to recur.
- We also have affiliated experts available to treat with Stereotactic Radiosurgery and Stereotactic Body Radiotherapy.

Image Guidance Radiation Therapy (IGRT) which is radiation treatment supported by enhanced graphic imaging allows for daily retargeting of the treatment area. We also use in-vivo dosimetry to ensure the prescribed dose is delivered as planned. Through a standardized approach to building a comprehensive clinical information system, we have successfully integrated electronic health records with network-wide treatment planning systems.

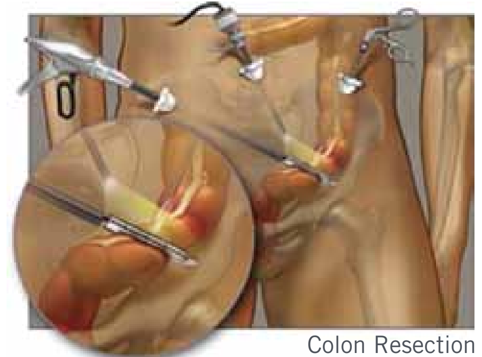
We are committed to continue to offer the most technologically advanced treatments which provide excellent patient care and improved outcomes.

Maira Simental, M.D.
Director of Radiation Oncology Services

Colorectal Cancer Surgery

Most minimally invasive options are available along with the standard techniques. Our surgeons use advanced techniques using the da Vinci robot platform and/or laparoscopy to perform colectomies which has added to better patient outcomes. In recent years these techniques have provided many patients with the options they did not have before. Patients are now enjoying smaller incisions, less pain, less hospital stay, less blood loss, and fewer complications while keeping the standards of oncologic resection a reality. These advances have greatly added to quality of life for patients with colorectal cancer.

Fariborz Lalezarzadeh DO, FACS
General Surgery



Colon Resection

Breast Cancer Nurse Navigator

The Breast Cancer Nurse Navigator provides individualized support and guidance for women and men diagnosed with breast cancer. Navigating the healthcare system, providing education about disease processes and treatment, discussing treatment decision making and addressing barriers to care are some of the issues addressed . Patients having financial issues related to their disease process and/or treatment are referred to a host of outside resources with whom I have a working relationship including; American Cancer Society (ACS), Komen Inland Empire, Breast Cancer Solutions, and the Patient Advocate Foundation which assists with treatment co-pays. Women who are undergoing treatment and express concern related to self-esteem, I refer them to Look Good Feel Better, a program of the ACS that holds classes every other month on site. I also receive referrals from the Women's Health and Wellness Center, Staff Surgeons and Medical and Radiation Oncologists. Clients can also be self-referred.

In 2013, this position was part time and the focus was on providing educational materials, individual support and group support via our two support groups. In addition, we host Healthy Habits, a half day program for women diagnosed with breast cancer to learn techniques to keep themselves healthy and well balanced during their treatment and into survivorship.

2014 endeavors: Now that this position is full-time, I intend to reach out into the community to provide education and resources for those who are underserved. I look forward to building stronger relationships with the physicians and their office staff in order to provide a more seamless journey for women and men with breast cancer. I am assisting the oncologists with Distress screening and survivorship care planning. I am excited about building this program to include more tools available for clients with metastatic disease and women and men of color.

Michelle Melancon, RN, CN-BN
Breast Cancer Nurse Navigator

Palliative Care

We evaluate patients for pain and symptom management and additionally help facilitate patient and family understanding of diagnosis, treatment plan and prognosis

At St Bernardine Medical Center, we seek to enhance quality of life primarily by preventing illness and restoring health, but we also recognize that alleviating suffering and caring for the dying are essential aspects of our Mission and values. We offer an Inpatient Palliative Care Consult service, established in 2004. The service was borne out of a need that was described primarily by our Medical Oncologists and nursing staff. Initial program development was in the Oncology department, so we have a special sensitivity to the unique needs of our Oncology patients. Our staff attends weekly Oncology team rounds, and interacts closely with the team to meet needs of cancer patients.

We are a nurse led service, working with the physicians on any given case. Our nurses are available five days per week to respond to referrals. We evaluate patients for pain and symptom management and additionally help facilitate patient and family understanding of diagnosis, treatment plan and prognosis. Recommendations are made to physicians on the case.

Emotional, spiritual and social aspects of our patients and families are recognized as important by the Palliative Care Department, and as such we also offer:

Music Ministry Harpists and one bilingual vocalist provide live music ministry to our patients. The vocalist is referred to sing and pray for individual patients.

CARE Channel & Music Channels Each television has soothing music and visuals.

No One Dies Alone Trained volunteers companion patients with no local family or friends through their final hours and minutes.

Bereavement Support Group Held twice per month. Also, quarterly services are held to honor those lost.

Palliative Care is actively involved with Cancer Committee, and looks forward as part of our growing Cancer program to serve patients in any way that meets patients' needs.

Jackie Kimball, RN
Manager, Clinical Support Services

Social Services Department

As cancer rates continue to rise, research has shown that a multidisciplinary team approach is vital in helping patients cope with the diagnosis and treatment of cancer. Social workers are members of this multidisciplinary team and are the primary providers of psychosocial services. They are knowledgeable about cancer and the manner in which this impacts the patients and their families. The social worker can assist with issues such as anxiety, fear, strained family relationships, and lifestyle changes that may occur after being diagnosed with cancer.

Along with emotional struggles, patients and families need help with practical needs. The social worker connects the patient to community resources to help ease the financial burdens they may be experiencing as result of the inability to work. Some patients may not have medical insurance and need assistance applying to the appropriate agencies for these services.

Realizing that cancer treatment happens in stages, social workers are there to guide and support patients through all phases of care. They help to navigate the process from initial diagnosis to recovery or support with palliative care.

Once diagnosed with cancer, a person's life ultimately changes and can be filled with a variety of new challenges. Patients and their families need to realize they are not alone. The social worker is there to provide support in one's journey through the disease process and help make that journey a little more manageable.

Joanne Claytor, LCSW
Social Services Supervisor

Cancer Program Food and Nutrition Services

The Department of Nutrition and Food Services at St. Bernardine Medical Center consists of skilled food service staff, culinary and dietetic professionals and registered dietitians who provide non-patient and patient care services to the hospital community.

Our clinical nutrition service provides nutrition care and education to oncology patients in the inpatient and outpatient environment. Routine nutrition screens are performed for patients with cancer diagnosis or history of cancer to prioritize nutritional care and facilitate the early identification and treatment of malnourished patients and those who are high risk for malnutrition. Malnourished and high risk patients with specific needs are immediately referred to the registered dietitian for intensive nutritional assessment with appropriate supportive, adjunctive and definitive nutrition interventions, counseling, support and monitoring on a recurring basis every 3 - 5 days.

Registered dietitians are available seven days a week and attend weekly oncology interdisciplinary team meetings to provide recommendations on specific therapeutic diet modifications and specialized nutrition services; such as enteral and parenteral nutrition whenever indicated. Nutrition intervention becomes a primary form of support for the patient during cancer treatment.

Selective menu services are given to all patients receiving oral nutrition to allow meals to be provided within 24 hours or two meals after admission. A telephone hot line is available to all patients to contact the Diet Office directly for their immediate menu-related concerns and/or requests. Oral nutritional supplements and between-meal snacks are made available to augment compromised food intake associated with the underlying illness and the effects of cancer therapy.

To maximize the quality of nutrition care provided to our oncology inpatients, we would like to develop and implement an “On Call Dining” program, designed specifically for our high risk patients undergoing cancer treatment. Special attention, focused on side effect management through extended meal times and symptom-specific food and menu items.

Our clinical nutrition service provides nutrition care and education to oncology patients in the inpatient and outpatient environment

In addition, outpatient nutrition services are provided to Outpatient oncology patients through regularly scheduled nutrition classes and individual Medical Nutrition Therapy.

For the past decade, St. Bernardine Medical Center's clinical nutrition services have been providing outpatient nutrition counseling services for high-risk radiation oncology patients at the Vantage Oncology Radiation Treatment Center located on the Medical Center campus. The type of nutrition counseling provided is both patient and disease-specific ranging from simple yet consistent intake encouragement to detailed and highly specific menu plans. Alternative nutrition support counseling for tube feeding and parenteral nutrition is also provided when needed.

Patients receive face-to-face counseling, education and encouragement from an experienced and knowledgeable registered dietitian. Family and other support people are encouraged to be present during counseling and education sessions if the patient is agreeable. Educational reading material is provided for patients and their families or support people for home reference when requested or deemed necessary.

Patients are seen weekly and monitored closely for any significant changes. Resident physicians are notified immediately if any serious medical concerns or issues arise during a counseling session. Successful treatment of cancer requires a multidisciplinary approach with other staff members. Therefore, staff who have the potential to assist in the resolution of any medical center or issue, are also contacted immediately.

Lower risk patients are never excluded from receiving counseling, education or encouragement. The dietitian is always available and willing to help any cancer patient requesting assistance.

Our outpatient oncology dietitian is a cancer survivor who often speaks at support group meetings to provide hands - on and practical advice on healthy eating and living well during cancer treatment and after cancer.

We would like to extend these services to staff Oncologists whose patients could benefit from the services of our outpatient oncology dietitian.

Nora V. Flores, RD
Clinical Nutrition Manager

Community Outreach | Patient Support

As part of the program at St. Bernardine, regular patient support groups, fundraisers and educational events are held. For 2013, these included:

- "Healthy Habits for Breast Cancer Survivors" event in May. Speakers discussed nutrition, exercise/lymphedema prevention, chair yoga and meditation. Feedback from the 32 attendees stated the event met or exceeded expectations, and that continuation would be appreciated. Also suggested were events on healthcare and finances.
- "Celebration of Life" in June, for cancer survivors. This was a patriotic-themed evening of dinner music and fellowship, with 120 attendees.

Ongoing patient support groups include monthly "Fighters & Survivors" breast cancer group, Spanish-language "Esperanza para Mujeres" breast cancer group and the twice-monthly bereavement support group. The Look Good, Feel Better group which began in November, meets every other month.

Community Leadership

St Bernardine is active in the IEATCC, a local cancer coalition seeking to identify and minimize barriers for those facing cancer in the Inland Empire. We also host and participate in the Susan G. Komen Inland Empire Circle of Promise Initiative meetings. The focus of this California program is to address breast cancer disparities in the African-American community.

Fundraisers / Employee Engagement

Participation in fundraising and encouraging involvement of our employees is a core element of our program at St. Bernardine. In October we were involved with the "Believe Walk: Inland Women Fighting Cancer" through Stater Brothers Charities, as well as the "Susan G. Komen Breast Cancer Walk" in Temecula. Employees also participated in the Pink Glove Dance Competition in September.

Community Education/Physician Talks

Engaging our physicians in outreach to the community is another vital part of St. Bernardine's commitment to patient care and education. Two such events included:

- "Prostate Health Education," held in September. It featured health care professionals and physicians Anne Lama, RN, BSN; Daniel Lama, MD, Urologist; Steve Dong, MD, Urologist and Maira Simental, MD, Radiation Oncologist. The event was attended by 40 people.
- "Are You at Risk for Breast Cancer?" held in October, attracted 93 attendees and the speakers included Rajiv Malik, MD, Oncologist; Joel Block, MD, Radiologist and Fariborz Lalezarzadeh, DO, Surgeon. At both events attendee feedback stated these talks met or exceeded expectations.

Patient/attendee feedback encouraged possible future topics such as discussion of other types of cancer (colon, melanoma, etc.), women's health and wellness, side effects and how to manage them, best food and supplements to eat, and everyday management of cancer. These suggestions will certainly be considered for scheduling of future events and talks.

Jackie Kimball, RN
Manager, Clinical Support Services

Spiritual Services

This close-knit, dedicated team is available to provide spiritual care services around-the-clock, wherever needed in the hospital and regardless of faith preferences

We have a staff of 7 chaplains, a full-time office support person and 24 volunteers. They work together for the purpose of providing spiritual support for all of our patients, their families/caregivers and our hospital staff. This close-knit, dedicated team is available to provide spiritual care services around-the-clock, wherever needed in the hospital and regardless of faith preferences.

The members of the team include trained chaplains, volunteer Eucharistic ministers, "No One Dies Alone" volunteers, and volunteers who support patients going into surgery.

The daily duties of this caring team are as expansive as its list of members. Each day, the Spiritual Care team works to fulfill a variety of identified needs including:

- Support and counseling to patients and their families
- Work with the Palliative Care staff and their patients
- Support SBMC staff
- Provide daily Catholic Mass in the chapel
- Maintain the Chapel as a place of worship and meditation
- Offer daily Communion and overall support for SBMC's outreach efforts
- Support for ethics consults
- Provide quarterly memorial services for families of deceased patients
- Offer prayer cards for patients and staff for holidays and sacred seasons
- Provide grief support for patients, families and staff
- Leadership for bereavement support groups
- Support Spanish-speaking survivors and their families through "Esperanza para Mujeres" support group

It is our goal to provide a caring presence to all those we care for, as well as the caregivers.

Mark Winick
Chaplain

MMR-MSI Colon Cancer 2014

Study Purpose:

Review colorectal cancers for years 2012, 2013, and through June 2014 for stages T2, T3, T4, lymph node negative with no metastasis and all cases less than 50 years of age, regardless of stage, for MMR/MSI testing.

Microsatellite instability (MSI) and /or immunohistochemistry IHC) testing is performed to analyze colon and other tumor tissue samples for features suggestive of Lynch Syndrome/hereditary non-polyposis colon cancer (HNPCC).

The tests aid in targeting gene sequencing of the mismatch repair genes (MLH1, MSH2, PMS2 and MSH 6) and to screen out individuals who are unlikely to have a Lynch Syndrome. MSI and/or IHC testing are often the first steps for individuals suspected to have Lynch Syndrome/HNPCC.

MSI and IHC testing identifies:

Tumors from individuals with mutations in the mismatch repair genes have two distinguishing characteristics:

- Microsatellite instability, which is the expansion or reduction in the length of repetitive DNA sequences (known as microsatellites) in the tumor DNA compared to the normal DNA
- Loss of 1 or 2 of the mismatch repair proteins in the tumor as compared to normal tissue

MSI testing can detect an abnormal number of microsatellite repeats, which indicates that the cancer more likely arose from cells with defective mismatch repair genes. A result of "MSI high" means that a high number of microsatellite repeats were found.

IHC testing can detect the presence or absence of the protein products of the mismatch repair genes. A missing protein suggests a mutation in the genes that code for that protein.

MSI/IHC sensitivity and specificity:

MSI testing:

- Has 80-91% sensitivity among those with MLH1 or MSH2 mutation; depending on composition of MSI panel, specificity may be as high as 90%
- It has 55-77% sensitivity among those with MSH6 or PMS2 mutations; depending on composition of MSI panel, specificity may be as high as 90%.

IHC testing:

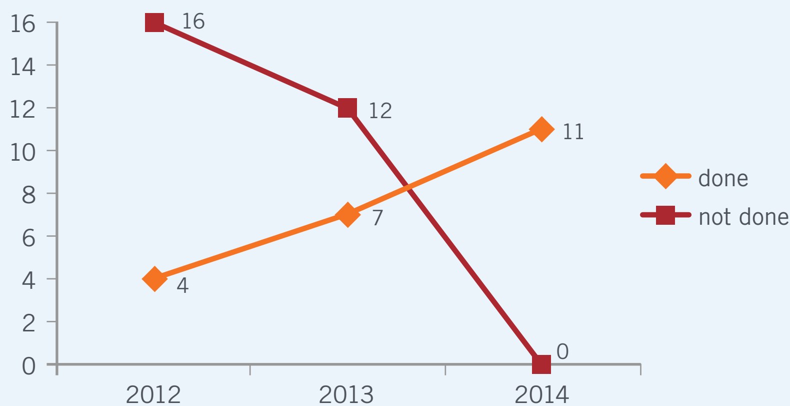
It has 83% sensitivity regardless of MMR gene involved; specificity is 89%.

NCCN recommendations for MMR/MSI testing of colorectal cancer based on "Revised Bethesda Criteria:"

- Colorectal cancer diagnosed in a patient who is less than 50 years old
- Presence of synchronous, metachronous colorectal or HNPCC associated tumors, regardless of age
- Colorectal cancer with MSI–high histology in a patient less than 60 years of age
- Colorectal cancer diagnosed in a patient with one or more first degree relatives with an HNPCC related cancer when one of the cancers was diagnosed prior to age 50
- Colorectal cancer diagnosed in a patient with 2 more first degree relatives or second-degree relatives with an HNPCC related cancer, regardless of age

High risk factors for recurrence of colon cancer: Poorly differentiated histology (exclusive of those cancers that are MSI–H), lymphatic/ vascular invasion, bowel perforation, less than 12 lymph nodes examined, perineural invasion, localized perforation, or close, indeterminate, or positive margins.

Stage II MSI–H patients may have a good prognosis and do not benefit from 5-FU adjuvant chemotherapy.



Conclusion:

As of July 1st, 2014, our study shows progressive improvement in the utilization of MMR/MSI testing for colorectal cases, per criteria used in this study.

High risk factors for recurrence include poorly differentiated histology, lymphatic/vascular invasion, bowel obstruction, less than 12 lymph nodes examined, perineural invasion, localized perforation or close, indeterminate or positive margins.

Testing for mismatch repair (MMR) proteins should be considered for all patients less than 70 years of age or with stage II disease. Stage II MSI-H patients may have a good prognosis and do not benefit from 5-FU adjuvant chemotherapy.

Rajiv Malik, M.D.
Director, Oncology Services, St. Bernardine Medical Center

American Cancer Society

The good news is that when adults get screened for colorectal cancer, it can often be detected early at a stage when treatment is most likely to be successful

The American Cancer Society and the American College of Surgeons Commission on Cancer (CoC) are dedicated to improving survival and quality of life for cancer patients, as well as increasing the early detection rates in the communities they serve. Together, these organizations offer hospitals a host of resources and services to support the quality of care delivered to cancer patients.

The American Cancer Society's account representative supports St. Bernardine Medical Center by providing educational materials, access to free patient programs, and resources to support accreditation standards.

Recently through joint efforts, the American Cancer Society and St. Bernardine Medical Center introduced the Look Good Feel Better® program to the community. This free program – a collaboration of the American Cancer Society, the Personal Care Products Council Foundation, and the Professional Beauty Association – helps cancer patients improve their appearance and self-image by teaching them hands-on beauty techniques to manage the appearance-related side effects of cancer treatments. The classes are held on the 3rd Wednesday every other month from 4-6pm at the Rezek Centre.

This year, St. Bernardine Medical Center has signed the 80% by 2018 pledge, committing to join dozens of groups, including the American Cancer Society and the Centers for Disease Control and Prevention, to work together to increase the nation's colon cancer screening rates and embrace the goal of reaching 80% of age-eligible Americans screened for colorectal cancer by 2018.

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Colorectal cancer is a major public health concern. According to the Society's own Cancer Facts & Figures 2014, an estimated 96,830 cases of colon cancer and 40,000 cases of rectal cancer are expected to be diagnosed in 2014. Colorectal cancer is the third most common cancer in both men and women in the United States, causing considerable suffering among adults diagnosed with colorectal cancer each year. The good news is that when adults get screened for colorectal cancer, it can often be detected early at a stage when treatment is most likely to be successful, and, in some cases, it can be prevented through the detection and removal of precancerous polyps.

We can save thousands of lives by increasing screening rates to 80%. We know what we need to do to get more people screened for colorectal cancer, prevent more cancers, and save lives, and we share a commitment to eliminating disparities in access to care.

Lorene Morris, MPS
Health Systems Manager, Hospitals

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