MISSION
To Heal, Comfort and Promote Health for the Communities We Serve.

VISION
To be the regional, integrated health system of choice for patients, physicians, payers and employees. To be an indispensable community treasure.

VALUE
Integrity, Service, Excellence, Caring and Transparency.
We are excited to announce that the Cancer Program of Community Memorial Health System renewed its accreditation by the American College of Surgeons in 2014 as a Comprehensive Community Cancer Program. This designation indicates that we diagnose more than 500 cases of cancer each year and offer a full range of diagnostic and treatment services. In this annual report we will highlight these services and focus more closely on breast cancer as it pertains to our community.

Quality care is a team effort. Through a collaborative, multidisciplinary approach, our physicians, nurses, dietitians, pharmacists, social workers, therapists, members of the administration and volunteers work closely to provide the highest quality and compassionate care available, right here in our own community. Each of these components of our program will be discussed within this annual report, emphasizing what was accomplished in 2014, including:

Radiation Oncology  
Medical Oncology  
Surgery – Gynecology, Oncology, General Surgery and Oncologic Surgery  
Radiology – Diagnostic and Interventional  
Rehabilitation Services  
Community Outreach  
Quality Improvement Projects  
Support Groups and Cancer Education  
Palliative Care  
Spiritual Care  
Cancer Registry  
Oncology Nurse Navigator  
Cancer Screening Programs  
Cancer Prevention Programs  
Clinical Trials  
Social Services  
Survivorship Care  
Multidisciplinary Cancer Conference  
Genetic Testing and Counseling  
Physician and Staff Education

We strive to offer excellence in oncology care before, during and after a cancer diagnosis. Please stop by and see all that we offer!

Lynn Kong, MD  
Ventura County Hematology Oncology Specialists
CMH Cancer Program

What originated in 1902 as a single hospital serving its neighbors has today grown into an expansive healthcare system that touches the lives of individuals throughout Ventura County, California and beyond.

Community Memorial Health System, established in 2005 when Community Memorial Hospital in Ventura merged with Ojai Valley Community Hospital, is comprised of these two hospitals along with eleven family-practice health centers serving various communities within Ventura County. Big changes have been happening at Community Memorial Hospital with the construction of a brand new, state of the art facility. Many construction milestones were achieved throughout 2014 and continue to amaze each day. The new Hospital is slated to be completed in the spring of 2016 and staff should be taking occupancy by summer or early fall.

Our health system is a community-owned, not for profit organization. As such, we are not backed by a corporate or government entity, nor do we answer to shareholders. Rather, we depend on—and answer to—the communities we serve.

Guiding us on this esteemed mission is a volunteer and diverse Board of Trustees that represents a cross section of leaders in our community, and who govern Community Memorial Health System with a focus aimed on what is best for our citizenry.

In 2014 CMHS had 11,962 total admissions, 48,118 patient days and 141,650 outpatient visits. CMH is an eight story, 242 bed state-of-the-art facility which provides a vast array of medical services and programs. We have 530 physicians on staff and over 2,000 employees and are one of Ventura County’s largest employers. CMH also has 400 volunteers.

CMH is the regional leader in cardiac care with the lowest coronary artery bypass graft mortality rate in the county, as well as one of the lowest in the country, and has received

The Blue Cross/Blue Shield award of Distinction for cardiac care. CMH has the busiest orthopedic program in the county.

CMH is also a Primary Stroke Center and the leading birth facility in Ventura County with 2,965 births in 2014. Our Emergency Department, which is the designated critical heart patient receiving center, had over 45,713 visits in 2014. CMH has the region’s leading surgical robotics program with over 800 procedures accomplished by the end of 2014 and has the most experienced DaVinci surgeons in Ventura County. CMH also has an outstanding Palliative Care Program dedicated to helping patients and their loved ones cope with serious illness. This team includes Palliative Care physicians, Palliative Care nurses, Social Workers and a Chaplain. CMH has an outstanding wound care center including hyperbaric medicine. The Breast Center has been designated as a Breast Imaging Center of Excellence by the American College of Radiology and CMH is also an accredited bariatric center.
CMH is accredited by Det Norske Veritas (DNV) and undergoes survey by this organization annually. DNV has extensive worldwide healthcare experience and has a reputation for quality and integrity in certification. CMH has been voted #1 by the community consistently for the last decade in the Consumer Choice and Ventura County Star polls.

2014 was a year of change and growth for the CMH Cancer Program and within the Cancer Resource Center with the addition of new staff and program offerings for our patients. We continued to partner with the American Cancer Society, the Cancer Support Community and local physicians to provide free programs, education, and support to cancer patients and their families.

Community Memorial Hospital has long been committed to assisting cancer patients from diagnosis through recovery and helping enhance the level of services provided, CMH is extremely proud to provide a wide range of services within the Cancer Program. Many of these services are provided at the CMH Cancer Resource Center.

The CMH Cancer Program has been accredited by the American College of Surgeons (AC0S) Commission on Cancer (CoC) since 2008. Accreditation is an extremely high honor for a Cancer Program, and not one that every center achieves. In fact, CMH was the first accredited program in Western Ventura. Accreditation ensures that cancer patients at CMH receive the highest quality of care. The goal of the cancer program at Community Memorial Hospital is to provide high quality services to both the patient and their family. Our greatest asset is the compassionate, personalized care afforded our cancer patients. We are proud to note that we just completed and were awarded our 3rd consecutive accreditation in September of 2014. We will undergo this process again in 2017.

Quality cancer care is a team effort. The spectrum of cancer care at Community Memorial Hospital is monitored by the cancer committee, a group of physicians and departmental representatives involved directly or indirectly in the treatment of cancer patients. The committee ensures that consultative services are available to all cancer patients and their families.

Patient-oriented multidisciplinary cancer conferences are held weekly. Current case treatment and management options are discussed during these conferences, affording the cancer patient with a broad spectrum of comprehensive specialty input. The Cancer Registry maintains a database of the cancer patient's history, diagnosis, stage, and treatments for all patients diagnosed and/or treated at CMH. Treatment outcomes and survival statistics are maintained by conducting lifelong annual follow-up on all cases. The Cancer Registry data generates accurate and meaningful information to be used by the cancer committee, medical staff and hospital administration to improve quality care.

Mandi Poltl
CMH Cancer Program Manager
2014 Cancer Registry Report

The American Cancer Society Cancer Facts & Figures 2015 estimated that 1,658,370 new cancer cases are expected to be diagnosed in 2015 in the United States. Of those cancer cases, an estimated 231,840 women are expected to be diagnosed with invasive breast cancer and 60,290 are expected to be diagnosed with Breast Carcinoma in Situ, 83% of which will be DCIS. Breast cancer is the most frequently diagnosed cancer in women, with the exception of cancers of the skin.

At Community Memorial Hospital, during 2014, a total of 805 cancer cases were entered into the cancer registry's database. Of those, 784 were newly diagnosed and/or treated cancer cases. The remaining 21 cases were previously diagnosed and/or treated elsewhere but came to CMH for subsequent care.
TOP TEN SITES AT CMH IN 2014

The top ten sites of cancer in 2014 at Community Memorial Hospital include: breast (21%), prostate (18%), melanoma (16%), lung (11%), bladder (9%), colon (8%), Corpus Uteri (6%), Ovary (4%), Non-Hodgkin’s Lymphoma (4%) and Kidney and Renal Pelvis (3%).

With a reference date of January 1, 2006 the Community Memorial Hospital (CMH) Cancer Registry database now has nine years of complete data. This data includes information about the diagnostic work-up, primary site of origin, stage of disease at diagnosis, first course treatment and survival of all CMH cancer cases. The Cancer Registry data is available to CMH physicians to evaluate the effectiveness of early diagnosis, treatment and survival. Staff physicians are encouraged to access the data available in the Cancer Registry. Requests for data can be made by calling 805/652-5459.

The statistical data provided to our medical staff and hospital administrators is used for cancer program development, evaluation of patient outcomes and assessment of patient services. The cancer registry data is also required to be reported to the American College of Surgeons National Cancer Data Base, the California Cancer Registry and the National Cancer Institute’s SEER Registry.

Natalie Santi, CTR  
Program Registrar
2014 Cancer Registry Report

COMPARISON OF 2014 MAJOR SITE DISTRIBUTION

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DEFINITIONS

The CMH Cancer Registry collects data on all analytic and non-analytic cases with the exception of basal and squamous cell cancers of the skin.

**Analytic Cases**
- Patients who were diagnosed and initially treated at CMH.
- Patients who were diagnosed at CMH, but received their first course of treatment elsewhere.
- Patients whose cancers were diagnosed elsewhere, but who received all or part of their first course of treatment at CMH.

**Non-Analytic Cases**
- Patients whose cancers were diagnosed and initially treated elsewhere and were referred to CMH for disease persistence or recurrence.
- Patients whose cancers were diagnosed and initially treated elsewhere and were referred to CMH for care of either persistent, recurrent or metastatic cancer.

**AJCC Staging**
American Joint Commission on Cancer (AJCC) TNM (Tumor, Nodes, Metastasis) Staging and Classification system is a method for measuring the extent of disease, usually at the time of diagnosis. Clinical and pathologic staging are both used as appropriate based on the type of cancer.
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2014 Cancer Conferences

The CMH Cancer Conference (Tumor Board) is held every Wednesday of the month at noon in the CMH Board room. During cancer conference, patient’s cancer cases are discussed, enabling the physicians coordinating the patient’s treatment to gain input from a number of healthcare professionals representing a variety of specialties.

THE DISCUSSIONS INCLUDE:

• Interdisciplinary patient management options based on current standard of care
• References to the national guidelines
• Results of completed clinical trials
• Availability of open clinical trials

Recommendations relevant to the patient’s care are thoroughly evaluated before a treatment plan is created.

During the year 2014, a total of 212 cases were presented at Cancer Conference which comprised a wide range of cancer diagnoses. This total represents approximately 20% of CMH’s annual caseload.

In 2014, there were also three educational conferences held. On January 29, 2014, Karen Reckamp, MD, MS from City of Hope Comprehensive Cancer Center, spoke on Non-small cell lung cancers and appropriate treatment regimens. On April 23, 2014 Derek Maetzold, Scientific Founder and President of Castle Biosciences, Inc. presented on advances in the management of non-metastatic cutaneous melanoma using gene expression profile testing. Lastly, on October 29th, 2014 Jasmine Zain, M.D. from City of Hope National Medical Center presented on the new challenges and progress in treating T-Cell Lymphoma.

Jeffrey Rodnick, M.D.
James Woodburn, III, M.D.
Cancer Conference Coordinators
NUMBER OF CASES BY SITE THAT WERE PRESENTED TO THE CMH CANCER CONFERENCE IN 2014

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>NUMBER OF CASES</th>
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<td>Breast</td>
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<tr>
<td>Skin</td>
<td>25</td>
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<td>Soft Tissue</td>
<td>3</td>
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<tr>
<td>Colon/Appendix</td>
<td>6</td>
</tr>
<tr>
<td>Uterus</td>
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<tr>
<td>Prostate</td>
<td>5</td>
</tr>
<tr>
<td>Lung</td>
<td>19</td>
</tr>
<tr>
<td>Bladder</td>
<td>6</td>
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<tr>
<td>Rectum/Anus</td>
<td>10</td>
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<tr>
<td>Kidney</td>
<td>3</td>
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<tr>
<td>Merkel Cell</td>
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<tr>
<td>Unknown Site</td>
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<td>Melanoma</td>
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<td>Bile Duct</td>
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<td>Vagina</td>
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<td>Endometrium</td>
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<tr>
<td><strong>TOTAL CASES</strong></td>
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Oncology Nursing

CMH 6th floor is a 35 bed Medical/Surgical Oncology unit. We currently have 16 trained chemotherapy nurses who provide high level care for our Oncology patients in every phase of their treatment. These nurses have advanced clinical assessment skills that are balanced with an empathetic nature to ensure we provide the best care to address patients with their physical, emotional, spiritual and cultural needs. We strive to help the patients and their families maintain a high quality of life despite the cancer diagnosis. We encourage open communication with patients and their loved ones so that we can help them achieve their treatment goals. Our staff works very closely with the Palliative Care team. They are an asset and support to patients, families and staff to help ensure those goals of care are identified and met.

Each year we offer an Oncology/Chemotherapy skills lab to ensure that staff remains proficient in the safe delivery of care to our patients. This is mandatory for all chemotherapy nurses but is open and encouraged for all members of the department to participate. Currently we have several nurses studying for the OCN certification test and the ONS Chemotherapy certification. This increased interest and desire reflects our staff's commitment to excellence and continuing education. In September 2014 six Oncology nurses participated in educating nursing staff from 4th, 5th, 6th and ICU/CCU at MODE meetings in the use and maintenance of Port-a-Caths. That was followed up with an education booth at our mandatory skills fair in June 2015.

Our goal is to continually deliver the highest standards of patient care and provide a calm and healing environment.

Jody McDonald, RN
6th floor Clinical Manager
At the CMH Cancer Resource Center, we recognize that a diagnosis of cancer can feel overwhelming and can be far reaching in its effects both physically and emotionally. There are often several psychosocial concerns that are brought to the forefront after a diagnosis of cancer. To address those psychosocial concerns, we provide psychological services to help patients, their families and their extended support team during this challenging time.

In 2014 the CMH Cancer Center social worker, Jody Giacopuzzi and nurse navigator, Cheryl Ryan assisted patients and families affected by cancer in the following ways:

- Providing resources and referrals for diverse needs such as insurance, financial resources, caregiver resources, long term planning, healthcare decision making, housing etc.
- Guiding patients and families through the healthcare system including attending patient’s appointments at their request
- Providing short term counseling with the patient and/or their family
- Assisting the patient with the adjustment through the treatment process including life after treatment
- Educating patients on communication with their family and their healthcare team regarding diagnosis, treatment and survivorship including communication with children in age appropriate ways
- Encouraging patients to make their healthcare wishes known by providing education in the completion of Advanced Healthcare Directives, Five Wishes and POLST forms
- Holding classes for patients and their loved ones in areas such as accessing financial assistance and coping

The oncology nurse navigator was available to patients 40 hours a week starting in October of 2014 and 24 hours a week prior to that. The social worker was available 16 hours a week from January until March. Both positions were partially funded through a grant by the Avon Foundation. This grant was awarded in 2012 and ran until the end of 2014. The cancer center social worker and nurse navigator were able to provide services to 132 cancer patients and their families in 2014.

I started as the cancer center social worker in May of 2015 and work 16 hours a week. I receive referrals from the oncologists, surgeons and in patient social workers. My goal is to see newly diagnosed cancer patients in the hospital to introduce them to the Cancer Resource Center as well as patients that are referred in other ways. Our goal is to be a source of guidance and support through the cancer treatment journey.

Lyndsay Heitmann, LCSW  
Cancer Program Social Worker
Quality is a very important aspect of the care we give to patients in the Cancer Program at Community Memorial Hospital. Quality is also strongly emphasized in the standards that our program is required to meet each year in order to maintain accreditation status through the American College of Surgeons Commission on Cancer.

The cancer program at CMH undergoes survey once every three years. During that survey, the CoC looks at all aspects of the Cancer Program to make sure that it meets high standards of care and quality. We are required to perform two annual quality studies in which we look at an aspect of our care and compare it with National benchmarks and standards to gauge whether or not we are doing a good job. If we determine during these studies that there is room for improvement, we are then tasked with completing a Quality Improvement on those areas that require attention in order to fix the problems and improve care in that area. As an example, two of our quality studies that became quality improvements are outlined below.

PORT-A-CATH USE
Problem: Patients with port-a-caths in place were not always cared for by nurses who felt competent accessing and maintaining them thereby requiring additional vascular access line to be placed. This additional vascular access resulted in increased discomfort for patients, as well as introduced increased risk of infection.

Aim: Increase the number of nurses competent to access and maintain port-a-caths.

Actions taken: Training module developed. Six training sessions were conducted in Sept 2014. 217 nurses from the medical-surgical and critical care units attended.

Results: Prior to the training, 25% of the nurses indicated they felt confident accessing and maintaining port-a-caths. 100% of the training attendees indicated that the in-service was helpful to them. After the training, 43% of attendees indicated they felt confident, a 33% increase. Several respondents reported that they would feel more confident after a hands on experience monitored by an experienced oncology nurse. This mentoring process has been provided on an ongoing basis. Nursing staff have been encouraged to call for assistance at any time.

Next steps: Port-a-Cath use and maintenance was included in the 2015 Mandatory Skills Fair for medical-surgical and critical care nurses conducted in June 2015.

CHEMOTHERAPY SAFETY
The Pharmacy Department has been working with Oncologists to receive orders for Chemotherapy with an adequate lead time to allow them to perform safety checks and ensure availability of ordered agents. Initial steps taken included a letter to all Oncologists requesting that orders be provided to pharmacy 48 hours in advance of admission, whenever possible. Additional actions were to improve coordination between Clinical Manager, Oncology, Case Management and Pharmacy to ensure orders are received by Pharmacy in a timely manner.

Maintaining and improving the quality of the Cancer Program is a group effort and one that each and every member of the Cancer Committee takes great pride in. We choose to view each area of improvement as an opportunity to provide better care and a better experience to our patients and their family members. The examples listed above outline our dedication to making sure we always put our best foot forward and provide staff with the training and education necessary to provide the very best care possible.

Cindy DeMotte
Vice President of Quality
Rehabilitation Services

The Lymphedema Program at the Cancer Resource Center is a partnership between the Rehabilitation Department and the Coastal Communities Cancer Center. It serves oncology patients through the continuum of care from diagnosis through all stages of survivorship. Additionally it serves patients with chronic venous insufficiencies and has developed a close working relationship with the Center for Wound Care and Hyperbaric Medicine.

The majority of patients seen at the Lymphedema Program are patients with lymphedema as a result of cancer related lymph node removal surgery and/or radiation treatment e.g. breast cancer, melanoma, head-and neck cancers, gynecological cancers as well as others.

Secondary lymphedema presents as swelling in the region where lymph nodes were removed. This chronic swelling can be successfully treated with Complete Decongestive Therapy, the standard of care for lymphedema. Through manual lymphatic massage, compression therapy, exercise, and education in self-care the patient learns to reduce swelling, prevent infection, and prevent exacerbation of this condition. Great emphasis is put on functional rehabilitation of the affected area to improve the patient’s quality of life, return to normal activities of daily living, and resume occupational and recreational tasks.

In addition to providing one-on-one therapy the Lymphedema Program assists patients through the Garment Fund, the monthly Lymphedema Support Group, monthly Lymphedema Screenings, public seminars, and community outreach. A team approach with all members of the healthcare team is emphasized.

The Lymphedema Program is a member of the National Lymphedema Network, the Lymphology Association of North America, and the American Physical Therapy Association. As such patient care meets the high standards of care and up-to-date treatment methods these affiliations impose.

Claudia Steele-Major, PT, CLT
Lymphedema Therapist
Rehabilitative Services, CMH
Palliative Care Services

In 2014, the inpatient Palliative Care Service continued growth providing service to patients with life limiting illnesses. Palliative care aims to relieve suffering and improve the quality of life for patients with advanced illness and their families. Unlike hospice, palliative care can be provided as part of acute care, simultaneous with all other treatments. In 2014, the service saw over 600 patients which is an 8% increase from previous year. While it is a difficult time for patients and families, when surveyed, they report a 93% overall satisfaction score with their Palliative Care experience, in addition to maintaining a 95% physician satisfaction score.

Looking to the future of Palliative Care, the CMH Palliative Care team continues with Ventura Care Partners, a Palliative Care medical group, providing outpatient Palliative Care in the ambulatory clinic focusing on early intervention and enhancing quality of life for patients in the community. As this service has evolved, we have increased our service by 156% while meeting our quality measures: completion of advance care planning, coordination of care, symptom management, and psychosocial support while patients undergo treatment.

Our goals for 2015 focused on the Triple Aim of access to care, excellence in service and cost savings. The Palliative Care team actively participates in community, regional and national data submission as national competencies and goals for excellence in patient outcomes are developed. We established partnerships with third party payers to increase access and determine appropriate care plans focusing on patient education and goal clarification. As a result our service will play an integral part of the CMHS Medicare ACO and expansion of population health.

To meet the needs of our expanding role in hospital and outpatient care, CMHS has hired a full time Nurse Practitioner to meet the goals of timely and effective palliative care consultations. We look forward to our continued participation in the CMH Cancer Committee and earlier integration of Palliative Care into the plan of care for patients diagnosed with cancer or any life limiting illness promoting population health.

Charles Pankratz, M.D.
Diana Jaquez, MSN, RN, OCN
Palliative Care Services
Community Outreach
Physician Report

The CMH Cancer Program is active in community outreach working with providers and community groups such as the American Cancer Society, Cancer Support Community and American College of Surgeons to provide the public with information on cancer prevention, early detection, screening and follow-up. All activities are based on national guidelines and evidence based interventions. We monitor and evaluate all outreach activities to judge their effectiveness. The results of our activities are reviewed annually by the CMH cancer committee.

Various programs and presentations are available each year and are actively promoted and advertised via collaborations with local and regional media, healthcare facilities, community organizations and businesses.

In 2014, medical staff members continued to provide informational seminars and lectures to the community. Cancer screening programs, prevention strategies, and supportive services were offered through the Cancer Resource Center, the hospital and the affiliated Centers for Family Health. The following screening and prevention activities took place during 2014:

- **Melanoma Testing with Samuel Bern, M.D. on January 14, 2014** – This presentation was in partnership with Castle Biosciences and discussed the management of non-metastatic cutaneous melanoma using gene expression profile testing. Derek Maetzold, CEO, presented on behalf of Castle Biosciences. His presentation covered the molecular test which was designed to predict if patients with early stage melanoma are at high or low risk of metastasis based upon their primary tumor biology.

- **Community Outreach Program with Andrea Ricketts, RN, PHN, MSN, ACNP on June 10, 2014** – Various programs offered through the HealthAware program were discussed including the new LungAware module. The module includes an on-line assessment that will prompt participants to schedule follow up if they meet certain criteria set forth by the American Lung Association, and the American Cancer Society.

- **Breast Cancer Reconstruction with Samuel Bern, M.D. on June 14, 2014** – This talk discussed breast reconstruction following surgery; various methods used based on the type of procedure as well as examples of final outcomes. The role of radiation in early and late stages of disease was also discussed.
Community Outreach Physician Report

• Screening for Gynecologic Cancers with Lois Barnes, M.D. on June 14, 2014 – The discussion centered around the value of the PAP test and the changes and improvements that have been made over time as well as Ovarian cancer screening by way of a Pelvic Ultrasound and or the CA-125 blood test. Endometrial cancer screening and Lynch syndrome were also discussed. This talk utilized information from the American Cancer Society and their recommendations regarding screening.

• FREE Breast and Cervical Cancer screenings through the Centers for Family Health – We were able to provide free cervical and mammography screening four times during 2014 with a total of 25 participants in February; 25 participants in March; 25 participants in October; and 25 participants in November. If a positive finding is found during the free screenings, they are contacted to return for further testing also provided at no cost. In 2014 there were no abnormal PAP tests or mammograms. 23 free cervical screenings were provided.

Each October, CMH presents its annual Cancer Symposium. The 2014 program focused on smoking related cancers. Various physician presenters provided lectures on screening modalities available including low dose CT screening, lung cancer risk factors, Prostate, Kidney and Bladder cancer information and risk factors as well as a general overview on tobacco and the dangers of smoking. In partnership with the Department of Public Health, the Tobacco Bus of Horrors was on site for participants to tour and learn the harmful effects of tobacco products and smoking.

Thomas D. Fogel, MD, FACRO
Cancer Liaison Physician
Community Outreach Coordinator
## CANCER RESOURCE CENTER 2014 STATISTICS

### PATIENT INFORMATION AND REFERRALS

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<td>Spanish (Calls, Walk ins, One on One)</td>
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### SUPPORT GROUPS/PROGRAMS

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<td>Restorative Yoga</td>
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<td>Level I Yoga</td>
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<td>Tai Chi For Health Program</td>
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<td>Prostate Education and Cancer Support Group</td>
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<td>Caregiver’s Support Group</td>
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<td>ACS - Look Good Feel Better</td>
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<td>Pamper Yourself Spa Day</td>
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<td><strong>TOTAL</strong></td>
<td><strong>4203</strong></td>
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Radiation Therapy Advances at Coastal Communities Cancer Center

With the advent of advanced imaging, treatment planning, and radiation delivery systems, radiation can now be delivered with greater precision, convenience and safety. Specifically, three advances have become part of our armamentarium.

Accelerated partial breast irradiation is appropriate for certain early stage breast cancer patients and avoids treatment to the whole breast. It is given twice a day for only one week and is delivered with precision targeting and dose delivery. Recently published studies from Canada and England have confirmed that many patients can complete a course of whole breast radiation in 4 weeks as opposed to the traditional 7 weeks. These studies have shown equivalent success with comparably low short and long term toxicity between the two schedules.

We have been working with Grossman Imaging Center to allow for the use of respiratory gating during radiation delivery. We are able to monitor patients’ breathing patterns and treat while they hold their breath. This allows us to miss the heart (and more specifically the left anterior descending coronary artery) during treatment to reduce the risk of later cardiac injury.

These innovations improve treatment delivery, efficacy and safety.

Thomas Fogel, M.D.
Radiation Oncologist
Coastal Communities Cancer Center
Medical Oncology in Breast Cancer Care

Medical oncologists in the Coastal Communities Cancer Center (CCCC) in Ventura are all board certified specialists in oncology. They are highly trained in the integration of systemic therapy, such as chemotherapy, endocrine therapy, targeted therapy, and immunotherapy. They work closely with our surgeons, radiation oncologists, pathologists, radiologists, and other participants in the CCCC, treating cancer patients with a multidisciplinary approach. They discuss treatment options with patients, create individual treatment plans, coordinate effective therapy, and manage complications of disease.

Breast cancer remains one of the most fatal cancers amongst women in the U.S. Recent molecular analyses have shown that breast cancer is not a single disease, but a collection of diseases with different genetic alterations and different biological behaviors. Instead of a “one size fits all” approach, a more personalized approach to prescribing cancer treatment has been taken in recent years. This personalized approach is starting to be integrated at different stages of breast cancer management, including prognosis, prediction of therapy efficacy, and treatment.

Advances in personalized cancer medicine have made a notable impact on the lives of breast cancer patients; two examples of these are gene expression testing and HER2-directed therapies.

**Gene Expression and Gene Mutation Testing**
Tests determining the types of genes a certain cancer expresses/mutates have allowed medical oncologists to tailor therapies to a breast cancer patient’s individual needs. Assays, such as Oncotype DX and MammaPrint, have helped determine a patient’s risk of recurrence or metastasis based on the types of gene expression profile. Utilizing these gene expression assays, our medical oncologists are able to determine which patients are likely to benefit from treatment with chemotherapy in addition to hormonal therapy.

**HER2-Directed Therapies**
One subset of breast cancers (about one in five) grows and spreads more aggressively than other subsets. Researchers have found that these cancers harbor an amplified gene, called her2. Its protein promotes the growth of cancer cells. Identification of HER2 overexpression and therapies targeting HER2 have made an important impact on breast cancer survival.

A recent clinical trial has studied the patients with HER2-positive, locally advanced breast cancer for pre-surgery chemotherapy. It has showed that 39% of those who received trastuzumab, pertuzumab, (two HER2 directed monoclonal antibodies), and docetaxel (a conventional cytotoxic chemotherapy agent) achieved a pathological complete response, the absence of invasive cancer in the breast and lymph nodes, before their surgery. Based on the results of this study and others, our medical oncologists now apply the combination HER2-directed therapies in patients with both early and late-stage diseases, which have revolutionized the treatment of HER2-positive breast cancer.

Breast cancer is a systemic, heterogeneous, and complex disease. It is fundamentally a disease of the genome. Identifying the abnormal genes and proteins defines how we diagnose breast cancer and determines how we use targeted therapies to treat breast cancer. Treating breast cancer is a collaborative endeavor. Our medical oncologists at CCCC will continue working with other cancer specialists to offer the most personalized and comprehensive care to the breast cancer patients in our community.

Kevin Chang, M.D., Ph.D.
Ventura Hematology Oncology Specialists
Radiology is an industry of technological advancement. So it is not surprising that the mainstays of breast imaging, mammography, ultrasound and MRI have undergone multiple significant technological iterations since their inception in the 1960s, 1980s and 2000s, respectively. What is perhaps more unexpected is that these three imaging modalities have remained the cornerstones to all we do in breast imaging.

All iterations are driven by the same underlying desire for increased clarity. For example, film screen mammography has transformed to digital mammography and soon to tomosynthesis mammography by the promise of more accurate diagnoses. Ultrasound has evolved with increasing transducer power and increasing applications, including whole breast ultrasound screening. MRI is perhaps unique in that it enables increased powers of diagnosis not just based on anatomy but also by function. MRI utilizes the premise of tumor affinity to blood flow or neovascularity for the detection of cancer.

In 2015 and beyond, imaging will move away from pure anatomical resolution to the arena of function, which is in the realm of molecular imaging. Other modalities that fall under the auspices of molecular imaging include CT PET which is routinely used in staging the whole body for metastatic disease when appropriate. Positron emission mammography (PEM) and breast specific gamma imaging (BSGI) are also other molecular imaging uses that are currently limited for routine screening but hold promise for diagnostic applications. In addition, ultra fast breast MRI and contrast enhanced mammography are also potential candidates for future screening modalities.

Winifred Leung, M.D.
Medical Director, CMH Breast Center
Most cancer chemotherapies can be administered safely and effectively in a physician office or through home healthcare services. However, because of the risk of certain toxicities or patient comorbidities risks which cannot be effectively dealt with in an outpatient setting, some cancer chemotherapy may need to be administered either in a hospital observation unit or an inpatient unit to minimize risk to the patient.

At Community Memorial Hospital, the Pharmacy Department has been working on process changes to increase the safe use of chemotherapy medications. These changes began with an update to the Chemotherapy Preparation policy regarding the prescribing of chemotherapy regimens; orders are now written forty-eight hours prior to the patient’s arrival and follow a standardized format for prescribing. Well-designed, standardized ordering decreases potential errors by organizing treatment information in a clear, consistent, and uniform format; these new orders have been coupled with a forty-eight hour lead time to reduce the potential for error by allowing ample time for clarifications, transcription, double-checks, drug procurement and preparation. After implementing these changes, a performance improvement study was conducted to analyze if the new policy changes were effective in practice. Initial results from this study showed increased compliance with placing outpatient orders in advance of patients’ arrival and timely preparation by pharmacy. It was noted that ordering in advance for inpatient use is more difficult to implement; this observation is being used to improve the inpatient chemotherapy ordering process with multidisciplinary department involvement.

Currently, all chemotherapy order entries are double-checked by a second pharmacist to ensure accuracy. Going forward, this process will be regulated via computerized order entry as chemotherapy orders will be entered by a primary pharmacist as unverified and a secondary verification of the entry will occur by another pharmacist before compounding of the dose occurs. Errors related to missing data such as dose, route, and frequency of administration are avoided with the use of computerized order entry. A copy of all finalized orders is then archived for historical reference.

Additionally, the pharmacy will soon implement a closed system transfer device for the preparation and administration of chemotherapy as occupational exposure to chemotherapy agents during preparation and administration is a concern. Literature has shown that when used in conjunction with traditional safety precautions, the use of a closed system provides better protection for both pharmacy and nursing staff. To close the loop on safe use, a staff education module is currently underway to reinforce proper disposal methods of chemotherapy medications, as they may be hazardous to the environment. Pharmaceutical waste is not one single waste stream, but many distinct waste streams that reflect the complexity and diversity of the chemicals that comprise pharmaceuticals; however, healthcare providers generally do not receive training on hazardous waste management during their academic studies. Thus, an interdisciplinary effort with environmental services, nursing, and pharmacy has been initiated to address the education and workflow needs necessary to ensure that hazardous drugs enter their correct waste streams for proper disposal.

In preparation for the coming year’s anticipated regulatory standards, we have been working towards implementing changes to meet the requirements for the safe handling of hazardous drugs, specified in the United States Pharmacopeia’s draft chapter 800. Safe handling refers to various steps including receiving and unpacking, storing, preparing, compounding, dispensing, and administering. To prepare for deployment of the proposed standards we will be identifying hazardous drugs used within the establishment, making modifications to our facility, and providing didactic and experiential training for our personnel on the new regulations and equipment which will be implemented.

**Gene Day**  
Director of Pharmacy
CMH Radiation Therapy in Breast Cancer

This year’s report focuses on Breast Cancer. According to the American Cancer an estimated 231,840 new cases of invasive breast cancer will be diagnosed among women in the United States in 2015 as well as an estimated 60,290 additional cases of in situ breast cancer. 25,270 cases will be diagnosed in California in 2015 and approximately 600 cases are estimated to be diagnosed in Ventura County this year. Breast cancer remains the most common cancer in females in the U.S. In addition, it remains the second leading cause of cancer death in women. Approximately 40,290 women are expected to die from breast cancer in 2015.

One hundred three (103) cases of breast cancer were diagnosed at CMH in 2014. The stage distribution was as follows:

- Stage 0 (in situ): 16
- Stage 1: 49
- Stage 2: 11
- Stage 3: 8

There were 80 cases of invasive ductal cancer, 13 cases of ductal carcinoma in situ (DCIS), 7 cases of invasive lobular cancer and 3 cases of lobular carcinoma in situ (LCIS).

Advances in the diagnosis, treatment and prevention of breast cancer have been highlighted in Community Memorial Health Systems recent Cancer Symposium held in October of 2015.

We are entering an exciting era of Personalized Medicine where refinements in screening and diagnostic imaging, genetic evaluation, treatment and recovery allow for the selection of the right technology for the right patient at the right time.

Our diagnostic radiologists utilize screening and diagnostic mammography, ultrasound, magnetic imaging and positron emission tomography. Targeted biopsies now allow many women to avoid more invasive biopsy procedures and proceed with the best next step whether that involves follow-up or treatment.

Genetic counseling and evaluation are now available to find high risk individuals and help them direct appropriate prevention, testing and treatment approaches.

Surgical advances include the use of lymphatic mapping and sentinel node biopsy, oncoplastic procedures and a variety of reconstructive techniques.

At CMH, there are a number of radiotherapeutic options available. Several different treatment schedules have been shown to be effective. Standard whole breast irradiation, hypofractionated treatment and accelerated partial breast irradiation are being employed regularly. Deep inspiratory breath hold is now used to protect the heart from radiation injury.

Medical oncologists now employ a number of different strategies to deliver systemic therapy. Traditional chemotherapy and hormonal manipulation have been expanded and refined. Novel immunotherapy has now been added to the therapeutic armamentarium.

Physical and emotional supportive services have been expanded through the CMH Cancer Resource Center including lymphedema prevention and treatment, support groups, exercise programs, and complementary therapies.

As always, our efforts include a robust preventative component, encouraging healthy living, weight control and exercise.
2014 BREAST CANCER BY STAGE

2014 BREAST CANCER BY HISTOLOGY

Thomas D. Fogel, MD, FACRO
Cabrillo Radiation Oncology Center
Coastal Communities Cancer Center
A cancer clinical trial is a medical research study in which cancer patients participate as volunteers to test new methods of prevention, diagnosis, or treatment of cancers. Coastal Communities Cancer Center (CCCC) in Ventura remains on the forefront of the cancer research by participating in national clinical trials. It brings the benefits of clinical research to the cancer patients in our community.

Ventura County Hematology-Oncology Specialists (VCHOS), a member of CCCC, had 10 clinical trials opened in the areas of breast cancer, prostate cancer, lung cancer, kidney cancer, lymphoma, myeloma, and other malignancies in 2014. Our accrual strategies included 1) a weekly Research Meeting to discuss potential research participants, 2) pre-screening new patients, 3) data base searching on existing patients, 4) displaying a list of clinical trials at all three of our office locations (Oxnard, Ventura, and Camarillo), 5) providing lists of clinical trials to the Cancer Centers at both Community Memorial and St. John’s hospitals, and 6) publishing the available clinical trials on our website.

In 2014, 117 patients were evaluated and 20 patients were enrolled in our clinical trials. An additional 15 patients who were enrolled prior to 2014 continued their follow up. Thirty patients were referred to outside research facilities for clinical trials which were not available at VCHOS.

SAMPLE CANCER CLINICAL TRIALS OPENED AT VCHOS IN 2014:

- **Myeloma** – A Phase II single arm study of safety of Elotuzumab administered over approximately 60 minutes in combination with Lenalidomide and Dexamethasone for newly diagnosed or relapsed/refractory multiple myeloma patients
- **Lymphoma** – A Phase II study of Carfilzomib in relapsed Waldenström’s macroglobulinemia (WM)
- **Breast Cancer** – A randomized, double-blind, Phase II study of Ruxolitinib or placebo in combination with Capecitabine in subjects with advanced or metastatic HER2-negative breast cancer
- **Prostate Cancer** – A randomized Phase II study of Cabozantinib in combination with Abiraterone in chemotherapy naive men with bone-metastatic castration-resistant prostate cancer.
- **Lung Cancer** – A randomized, double-blind, Phase III study evaluating the efficacy and safety of ABP215 compared with Bevacizumab in patients with advanced non-small cell lung cancer.
- **Malignancy** – A phase 2, open-label study of brentuximab vedotin in patients with CD30-positive nonlymphomatous malignancies

We are deeply indebted to the patients and their families for their participation in cancer clinical trials. Their involvement benefits not only themselves, but future generations of cancer patients.

For the most current open and pending cancer clinical trials, please contact our research coordinators at Ventura County Hematology-Oncology Specialists at (805)485-8709 ext. 129 or visit our website at venturaoncology.com

Kevin Chang, M.D., Ph.D.
Clinical Trial Coordinator
Ventura Hematology Oncology Specialists
Prevention Programs

SMOKING CESSATION

In 2014 CMHS obtained licensing through the American Lung Association, ALA. After acquiring ALA licensing CMH was able to train two smoking facilitators and host one smoking cessation class. There were two participants involved in the first smoking cessation class, one of which was a CMHS employee. After completing all eight sessions both participants were smoke free. The first session offered under this new partnership started on 11/08/14 and ended on 10/20/14.

Smoking facilitators made rounds in the hospital three times per week contacting newly admitted patients that were recognized to be current smokers. Information regarding classes and lung cancer screening program was provided to patients at this time.

In an effort to promote the smoking cessation class, cancer program and educate the community on the negative effects of smoking, facilitators attended the following community events in 2014:

• Tobacco Coalition Meeting – 9/16/14
• Parking in Ventura Event – 9/19/14
• October Classic 5K/10K Run/Walk in Ojai – 10/04/14
• Ventura County Get Moovin’ Event – 10/11/14
• Binational Health Week, BHW Health Fair – 10/18/14
• Cancer Symposium: Smoking Related Cancers – 10/25/14
• Centers for Family Health in Fillmore: Resources Available to Patients – 11/11/14
• Tobacco Coalition Meeting – 11/18/14
• Fillmore Community Health Fair – 11/22/14
• Pacific View Mall Health Event – 11/29/14
• Centers for Family Health Santa Paula: Resources Available to Patients – 12/01/14
• Tobacco Coalition Meeting – 12/16/14

BREAST AND CERVICAL SCREENING PROGRAM

Cancer Screening is a vital component of the Cancer Program. In an effort to encourage women in the appropriate age group to take an active role in their breast and cervical health, Community Memorial Health System provides low cost mammograms and PAP testing several times per year. Fortunately, in most cases, findings are negative meaning no suspicious activity was detected. If patients have a positive finding, a system has been set up for those patients to be contacted to return for further testing. In 2014, there were a total of 23 free cervical screenings with no positive findings. Through November of 2014 there were a total of 100 free screening mammograms.
CMH Physicians

**Radiology**
Wook Chin-Chong, M.D.
Jennifer Kosek, M.D.
Winifred Leung, M.D.
Ivan Hayward, M.D.
Christopher Herzig, M.D.
Ramona Clark, M.D.
Sean Freyne, M.D.
Irwin Grossman, M.D.

**General Surgery**
James Woodburn III, M.D.
Douglas Woodburn, M.D.
Constanze Rayhrer, M.D.
Lisa Babashoff, M.D.
Patricia Luckeroth, M.D.
Timothy Bryant, M.D.
Scott Davis, M.D.
Neal Dixon, M.D.
Michael Sparkuhl, M.D.
Brian Tui, M.D.

**Pathology**
Erwin Clahassey, M.D.
Dang Bui, M.D.
MeeAe Kwon, M.D.

**Plastic and Reconstructive Surgery**
Samuel Bern, M.D.
Arthur Flynn, M.D.
Michael Pickart, M.D.

**Radiation Oncology**
Thomas Fogel, M.D.
Jeffrey Rodnick, M.D.

**Medical Oncology**
Kevin Chang, M.D.
Chirag Dalsania, M.D.
Ann Kelley, M.D.
Lynn Kong, M.D.
Austin Ma, M.D.
David Massiello, M.D.
Rosemary McIntyre, M.D.
Kooros Parsa, M.D.
Todd Yates, D.O.

Patient Resources

**ALL CANCER SITES**
American Society of Clinical Oncology | cancer.net
American Society for Radiation Oncology | astro.org
Lance Armstrong Foundation | livestrong.org
Cancer Information Service of the National Cancer Institute | cancer.gov
National Comprehensive Cancer Network | nccn.org
National Coalition for Cancer Survivorship | canceradvocacy.org
Cancer Support Community | cancersupportcommunity.org
American Cancer Society | cancer.org
American Association for Cancer Research | aacr.org
Cancer Care | cancercare.org
Cancer Legal Resource Center | disabilityrightslegalcenter.org/cancer-legal-resource-center
Partnership for Prescription Assistance | pparx.org

**BREAST CANCER SITES**
CMH Breast Center | cmhshealth.org/breastcenter
Komen | ww5.komen.org
National Breast Cancer Foundation | nationalbreastcancer.org
Ribbons of Life Breast Cancer Foundation | ribbonsventura.org

For additional resources please visit cmhshealth.org/distinction/cancerprogram/resources.
Breast Cancer Awareness Month

OCTOBER

Raising awareness  Inspiring hope  Celebrating the survivor  Encouraging early detection  Working for a cure

The National Accreditation Program for Breast Centers and the Commission on Cancer—quality programs of the American College of Surgeons—support this important event.
Cancer Committee

The CMH Cancer Committee is comprised of physicians from various specialties, allied healthcare professionals and supportive services professionals. The Committee meets bi-monthly to assess, plan and implement cancer related programs and activities for our community.

The multidisciplinary Cancer Committee is composed of both medical staff members and hospital personnel with a full range of specialty skill sets invoked in the diagnosis, treatment, rehabilitation and support of cancer patients. The committee is responsible for reviewing and maintaining the standards of care for cancer patients at Community Memorial Hospital to meet the accreditation requirements of the American College of Surgeons.

2014 CANCER COMMITTEE MEMBERS

LYNN KONG, M.D.
CHAIR, CANCER COMMITTEE
HEMATOLOGY/ONCOLOGY

LYNDSAY HEITMANN, LCSW
SOCIAL SERVICES

KEVIN CHANG, M.D., PH.D.
CLINICAL TRIALS COORDINATOR
HEMATOLOGY ONCOLOGY

CLAUDIA STEELE-MAJOR, PT, CT-LANA
REHABILITATION SERVICES

ERWIN CLAHASSEY, M.D.
PATHOLOGY

NICHOLAS HANSON, M.D.
RADIOLOGY

JAMES HORNSTEIN, M.D.
FAMILY PRACTICE

CHARLES PANKRATZ, M.D.
PALLIATIVE CARE SERVICES

JEFFREY RODNICK, M.D.
RADIATION ONCOLOGY

JAMES WOODBURN III, M.D.
general surgery

CINDY DEMOTTE
VP QUALITY SERVICES

JENNIFER GIRTSMAN, R.D.
DIETARY/NUTRITION

LYNDSAY HEITMANN, LCSW
SOCIAL SERVICES

MANDI POLTL
CANCER PROGRAM MANAGER

NATALIE SANTI, CTR
CANCER REGISTRY

REVEREND CURTIS HOTCHKISS
SPIRITUAL SERVICES

DIANA JAQUEZ, R.N. MSN, OCN
PALLIATIVE CARE SERVICES

JODY MCDONALD, R.N.
ONCOLOGY NURSING

CYNTHIA FAHEY, R.N.
VP, NURSING

NOT PICTURED
CHERYL RYAN, MSN, OCN
NURSE NAVIGATOR

GENE DAY, PHARM.D.
PHARMACY
Our Partners in Cancer Care