2016 ANNUAL REPORT

Cancer Program

at Community Memorial Hospital

Community Memorial Hospital

Community Memorial Health System

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.

Community Memorial Health System

Message from the Chairman

Since 2005, we have worked to refine cancer care for patients and families throughout Ventura County. In this report, you will read about our accomplishments in 2016 and appreciate all that our cancer program has to offer the people in our community.

The foundation of any successful enterprise is people. Our cancer fighting team possesses expertise in a number of fields, including oncology-hematology, radiation oncology, surgery and gynecologic oncology. Community Memorial Health System's extended family provides additional support from fields as diverse as gastroenterology, plastic & reconstructive surgery, cardiology, pulmonary care, dermatology, radiologists, palliative care and primary care.

As we work toward our goal of finding better ways to prevent, diagnose and treat cancer, we will continue to aggressively treat our patients according to national standards, as well as support our cancer survivors. Throughout this annual report, we present for you a summary of the efforts that our medical oncologists, surgeons, radiation oncologists, palliative care team and supportive consultants can deliver in order to achieve the best care that we can deliver. Our oncology nurses, social services and administrative personnel play a key role in the delivery of exceptional care. We performed quality assessments and improvement projects; including an in depth analysis to ensure our patients with Melanoma were being treated according to evidence based national guidelines. Our results are presented to you here, along with a detailed discussion of the current state of the art in melanoma management.

As we prepare for the future while serving today's patients, our dedication to meeting the complex cancer care needs of our patients and their families remains stronger than ever. In the coming year, the new Community Memorial Hospital will open its doors, through the efforts of its broad leadership and interdisciplinary membership, to ensure and expand exceptional quality, service and access in the provision of care to the patients we serve.

Finally, our Cancer Resource Center represents a welcoming refuge for all who seek treatment here. We are extremely grateful for the contributions, expertise and dedication of our physicians, employees and volunteers and the generous support of our communities. Working together has made all of these accomplishments possible.

Lynn Kong, MD
Cancer Committee Chairman, Community Memorial Health System

CMH Cancer Program

Community Memorial Hospital has been in the throes of a 4 year construction project, set to be completed at the end of 2017. The hospital has changed considerably from what originated in 1902 as a single hospital serving its neighbors, to an expansive healthcare system that touches the lives of individuals throughout Ventura County, California and beyond.

Community Memorial Health System was established in 2005 when Community Memorial Hospital in Ventura merged with Ojai Valley Community Hospital. Our Health System 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 2016 including breaking the completion of a brand new parking garage. We plan to start the move into the new Hospital in November of 2017 and to be fully operational by January of 2018.

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. In that vein, it is incredibly important to us as a Health System to stay competitive and offer the best care possible, including specialty services that ordinarily a patient would have to travel a great distance to receive. Some of the specialty services that Community Memorial Hospital offers include: Brain surgery, Oncology services, Cardio-Vascular and Stroke programs. We also have a Residency training program.

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 2016, CMHS including Ojai Community Hospital, had 13,148 total admissions, 72,730 patient days and 166,713 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 2,978 births in 2016. Our Emergency Department, which is the designated critical heart patient receiving center, had over 57,564 visits in 2016. CMH has the region's leading surgical robotics program with over 800 procedures accomplished by the end of 2016 and has the most experienced DaVinci surgeons in Ventura County. 12,287 total surgical procedures and 150,748 radiological procedures were performed during 2016. 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.

2016 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 and we have completed 3 consecutive accreditation cycles. 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 will undergo he accreditation process again in September 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

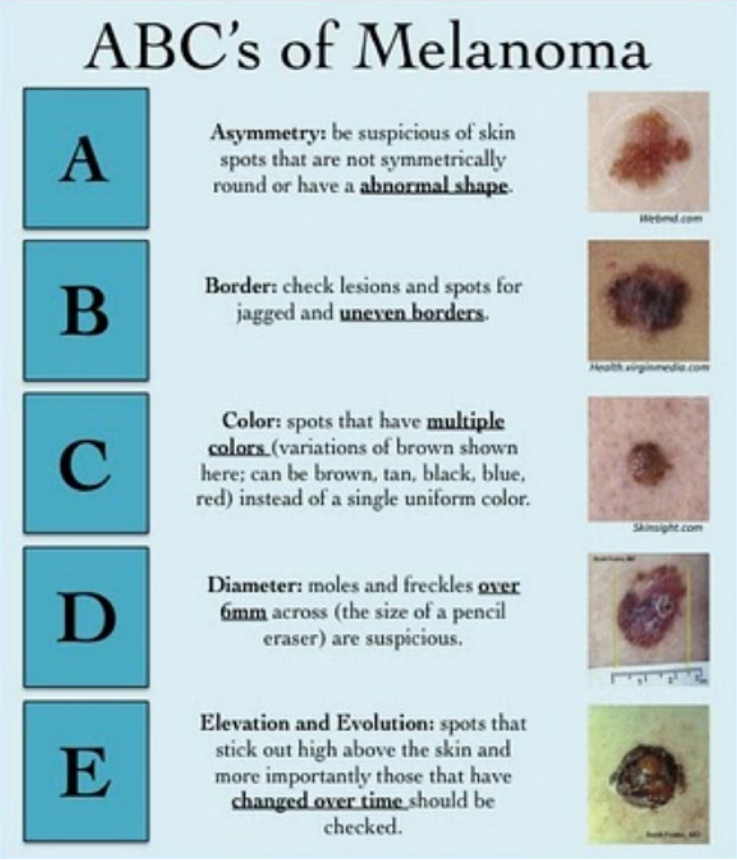
2016 Cancer Registry Report

The American Cancer Society *Cancer Facts & Figures 2017* estimated that 1,688,780 new cancer cases are expected to be diagnosed in 2017 in the United States. Of those cancer cases, an estimated 87,110 women and men are expected to be diagnosed with Melanoma. Melanoma is the 5th in (men) and the 6th in (women) most frequently diagnosed cancer

At Community Memorial Hospital, during 2016, a total of 653 cancer cases were entered into the cancer registry's database. Of those cases, 74 were newly diagnosed and/or treated Melanoma cancer cases.

THE TOP TEN SITES OF CANCER IN 2016 AT COMMUNITY MEMORIAL HOSPITAL INCLUDE:

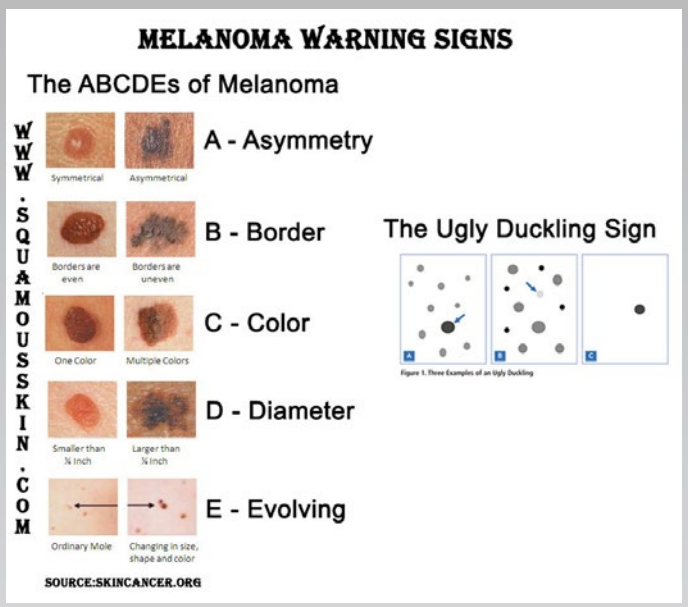
- Breast (21%)
- Prostate (15%)
- Melanoma (11%)
- Lung (7%)
- Corpus Uteri (7%)
- Colon (6%)
- Rectum & Recto-Sigmoid (4%)
- Urinary Bladder (4%)
- Kidney & Renal Pelvis (3%)
- Ovary (3%)

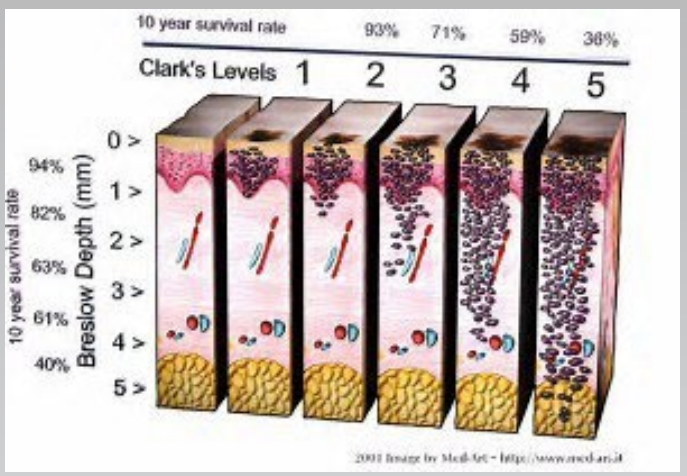


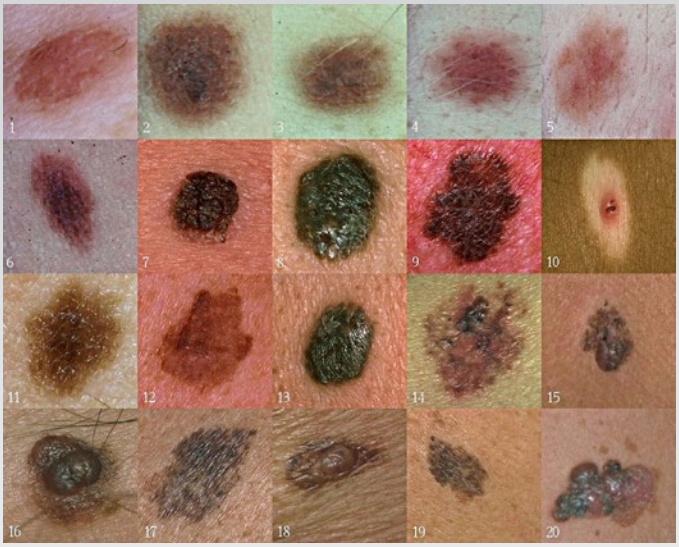
With a reference date of January 1, 2006 the Community Memorial Hospital (CMH) Cancer Registry data base now has ten years of complete data. This data includes information about the diagnostic work-up, primary site of origin, stage of disease at diagnosis, first course treatment and survival of all CMH 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.

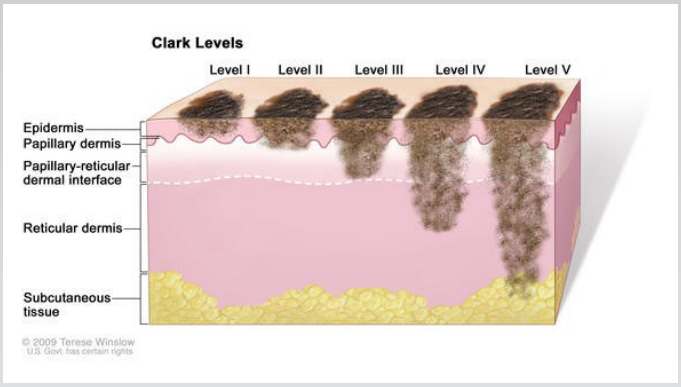
The statistical data provided to our medical staff and hospital administrators is used for cancer program development, evaluation of patient outcomes and assessment of patient services. The cancer registry data is also required to be reported to the American College of Surgeons National Cancer Data Base,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

Natalie Santi, CTR
Program Registrar


MELANOMA WARNING SIGNS
The ABCDEs of Melanoma
WWW.SQUAMOUSSKIN.COM
A - Asymmetry
Symmetrical
Asymmetrical
B - Border
Borders are even
Borders are uneven
C - Color
One Color
Multiple Colors
D - Diameter
Smaller than ¼ inch
Larger than ¼ inch
E - Evolving
Ordinary Mole
Changing in size, shape and color
The Ugly Duckling Sign
SOURCE:SKINCANCER.ORG


10 year survival rate
93%
71%
59%
36%
Clark's Levels
1
2
3
4
5
10 year survival rate
94%
82%
63%
61%
40%
Breslow Depth (mm)
0 >
1 >
2 >
3 >
4 >
5 >




Clark Levels
Level I
Level II
Level III
Level IV
Level V
Epidermis
Papillary dermis
Papillary-reticular dermal interface
Reticular dermis
Subcutaneous tissue
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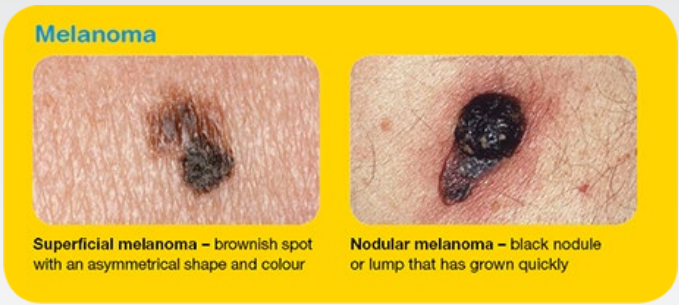
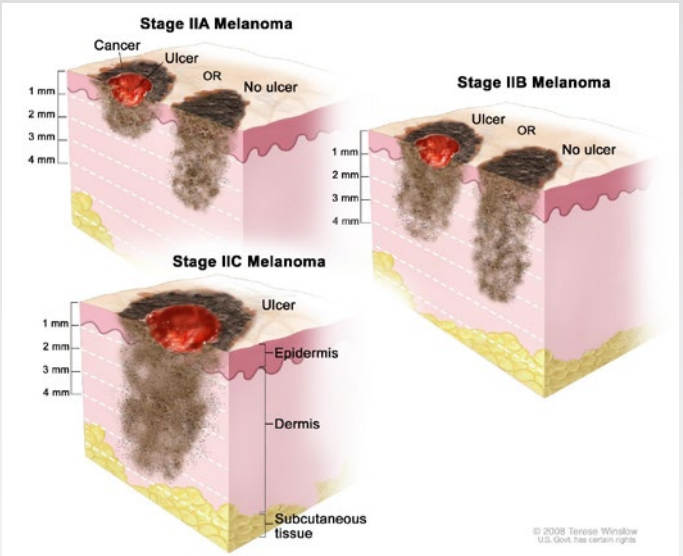

Melanoma
Superficial melanoma – brownish spot with an asymmetrical shape and colour
Nodular melanoma – black nodule or lump that has grown quickly


Stage IIA Melanoma
Cancer
Ulcer
OR
No ulcer
1 mm
2 mm
3 mm
4 mm
Stage IIB Melanoma
Ulcer
OR
No ulcer
1 mm
2 mm
3 mm
4 mm
Stage IIC Melanoma
Ulcer
Epidermis
Dermis
Subcutaneous tissue
1 mm
2 mm
3 mm
4 mm
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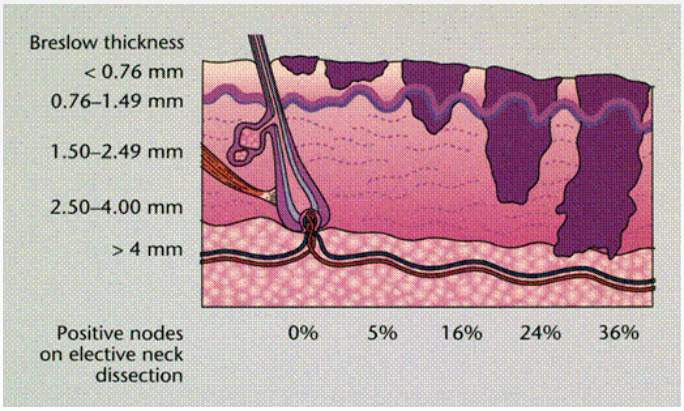

Breslow thickness
< 0.76 mm
0.76–1.49 mm
1.50–2.49 mm
2.50–4.00 mm
> 4 mm
Positive nodes on elective neck dissection
0%
5%
16%
24%
36%

COMPARISON OF 2016 MAJOR SITE DISTRIBUTION

PRIMARY SITE	CMH	CALIFORNIA	UNITED STATES
Breast	21%	22%	18%
Prostate	15%	17 %	17%
Melanoma of Skin	11%	12%	10%
Lung	7%	6%	6%
Corpus Uteri	7%	6%	4%

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.

2016 SITE TABLE

Group Code	Site Group	Total Cases	Class			Sex			Stage							
			Analytic	NonAn	Other	M	F	Other	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown ot Applicab		Missing
	ALL SITES	653	609	44	0	297	356	0	32	70	48	31	30	33	20	345
410	TONGUE	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0
420	SALIVARY GLANDS, MAJOR	2	1	1	0	1	1	0	0	0	0	0	0	0	0	1
461	TONSIL	3	3	0	0	2	1	0	0	0	0	0	3	0	0	0
480	HYPOPHARYNX	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1
500	ESOPHAGUS	5	4	1	0	3	2	0	0	0	0	1	0	2	0	1
510	STOMACH	7	5	2	0	5	2	0	0	0	1	0	1	0	0	3
520	SMALL INTESTINE	2	2	0	0	1	1	0	0	0	1	0	0	0	1	0
530	COLON	38	38	0	0	13	25	0	0	3	3	3	2	3	0	24
541	RECTUM & RECTOSIGMOID	25	25	0	0	15	10	0	0	1	2	2	1	1	0	18
550	LIVER	4	4	0	0	2	2	0	0	0	0	0	3	0	0	1
562	BILE DUCTS	2	2	0	0	2	0	0	0	0	0	0	0	1	0	1
570	PANCREAS	4	3	1	0	3	1	0	0	0	0	0	2	1	0	0
581	RETROPERITONEUM	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0
582	PERITONEUM,OMENTUM,MESENT	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
590	OTHER DIGESTIVE	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
600	NASAL CAVITY,SINUS,EAR	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0
610	LARYNX	4	4	0	0	3	1	0	0	1	0	0	0	1	0	2
621	LUNG/BRONCHUS-SMALL CELL	2	2	0	0	2	0	0	0	0	1	0	0	0	0	1
622	LUNG/BRONCHUS-NON SM CELL	46	43	3	0	23	23	0	0	5	3	2	3	1	2	27
640	PLEURA	2	2	0	0	2	0	0	0	0	0	0	0	1	0	1
691	HEMERETIC	9	9	0	0	5	4	0	0	0	0	0	1	0	4	4
692	MYELOMA	3	3	0	0	1	2	0	0	0	0	0	0	0	1	2
700	BONE	2	0	2	0	2	0	0	0	0	0	0	0	0	0	0
710	SOFT TISSUE	5	3	2	0	2	3	0	0	0	0	0	0	0	0	3
731	MELANOMA OF SKIN	74	74	0	0	44	30	0	11	16	3	4	1	0	0	39
733	OTHER SKIN CA	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0
740	BREAST	134	133	1	0	1	133	0	17	15	7	4	1	4	0	85
802	CERVIX UTERI	10	10	0	0	0	10	0	0	1	1	1	0	2	1	4
820	CORPUS UTERI	44	44	0	0	0	44	0	0	9	1	6	0	1	1	26
821	UTERUS NOS	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0
830	OVARY	18	17	1	0	0	18	0	0	2	1	1	0	0	0	13
842	VULVA	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1
850	PROSTATE	100	75	25	0	100	0	0	0	0	15	4	4	10	0	42
860	TESTIS	6	6	0	0	6	0	0	0	3	0	1	0	1	0	1
880	BLADDER	25	25	0	0	20	5	0	4	1	4	0	1	0	0	15
891	KIDNEY AND RENAL PELVIS	22	20	2	0	15	7	0	0	7	1	1	1	2	0	8
892	URETER	2	2	0	0	2	0	0	0	0	1	0	0	0	0	1
910	BRAIN	7	7	0	0	5	2	0	0	0	0	0	0	0	3	4
920	OTHER NERVOUS SYSTEM	2	2	0	0	0	2	0	0	0	0	0	0	0	1	1
930	THYROID	7	7	0	0	3	4	0	0	3	1	1	0	1	0	1
940	OTHER ENDOCRINE	2	2	0	0	1	1	0	0	0	0	0	0	0	1	1
961	HODGKIN'S DISEASE	3	3	0	0	1	2	0	0	0	1	0	0	0	0	2
962	NON-HODGKIN'S LYMPHOMA	13	12	1	0	5	8	0	0	2	1	0	2	1	0	6
999	UNKNOWN OR ILL-DEFINED	10	10	0	0	3	7	0	0	0	0	0	0	0	5	5

2016 Cancer Conferences

The CMH Cancer Conference (Tumor Board) continues to be held each Wednesday of the month at noon in the CMH Board room. Continuing Medical Education (CME) credit for physicians was established in 2016 and now all physicians are eligible for credit when attending. During the cancer conference, cancer cases are discussed with a variety of healthcare professionals from different specialties, thus enabling the physicians coordinating the patient's care to optimize his or her management. Resident physicians are also encouraged to attend and present cases in order advance their education.

THE DISCUSSIONS INCLUDE:

- Reviewing pertinent patient data including history, clinical findings, as well as pathologic and radiographic data.
- Interdisciplinary patient management options based on currentstandard of care
- References to the national guidelines i.e. NCCN
- Results of completed clinical trials and the relevance to the patient
- Availability of open clinical trials

After discussion, consensus recommendations regarding the patients' management are made and subsequently implemented by the involved physicians.

During the year 2016, a total of 183 cases were presented at Cancer Conference which comprised a wide range of cancer diagnoses. This total represents approximately 28% of CMH's annual caseload.

In 2016, there were also five educational conferences held. On March 30th, 2016 Collaborative Approaches to the Treatment of Chronic Myelogenous Leukemia was discussed. On June 29th, 2016 a presentation on Non- Small Cell Lung Cancer, EGFR Gene Mutation Testing was given. On August 31st, 2016, a presentation covering Novel Approaches for HR +/HER 2 Advanced Breast Cancer was given. On October 12th, 2016, a case study discussion was conducted covering recurrent or metastatic head and neck squamous cell carcinoma; and finally, on December 7th, 2016, a presentation covering recent treatment options in the management of NSCLC was given. Most of the presentations for 2016, with the exception of one were sponsored by Merck Oncology.

NUMBER OF CASES BY SITE THAT WERE PRESENTED TO THE CMH CANCER CONFERENCE IN 2016

	Totals - Jan - Dec
Breast	61
Melanoma	33
Colon/appendix	16
Skin (SCC)	13
Rectum/anus	13
Prostate	12
Lymphoma	12
Lung	7
Ovary	6
Bladder	5
Pancreas	4
Lymph nodes/unk primary, not lymphoma	4
Uterus	1
Kidney	3
Stomach/GIST	3
Unknown	3
Thyroid	2
Lip	2
Bone marrow/multiple myeloma	1
Salivary/buccal	1
Esophagus	1
Soft tissue	1
Cervix	1
Merkel cell	1
Liver	1
Spindle cell	1
Total	208

Oncology Nursing

CMH 6th floor is a 35 bed Medical/Surgical Oncology unit. Our nurses care for patients with a wide variety of diagnosis but our focus is caring for the Oncology patients in our community in every phase of their treatment. In 2016, 8 nurses completed the ONS Chemotherapy/Biotherapy Certificate Course and 12 nurses completed the ONS Chemotherapy Biotherapy: Fundamentals of Administration certificate course. In addition, there are 7 nurses currently studying to take the OCN (Oncology Certified Nurse) test. These nurses have advanced clinical assessment skills paired with an empathetic nature to ensure our Oncology patient population is provided the highest level of care. Our staff works very closely with the Palliative care team and encourages open communication with the patients and families so that their treatment goals can be identified and met. This collaboration helps us support our patient's physical, emotional, spiritual and cultural needs.

6th floor nurses continue to educate and be a resource for staff throughout the hospital regarding Cytotoxic precautions. These precautions are needed to protect themselves as well as others when caring for patients who are receiving chemotherapy and for the 48 hours post administration. The education also includes how healthcare workers can best protect themselves from exposure to potentially hazardous materials and waste. We also have a chemotherapy nurse on the linen task force to ensure safe handling of potentially contaminated linens and another chemo nurse joined the Cancer Committee.

Each year we will hold our annual Chemotherapy skills lab for all certified chemotherapy nurses and any other nurses interested in attending for informational purposes. This event along with mentoring will ensure the competency of our nurses administering chemotherapy. Our goal is to continually deliver the highest quality of care. These care models are derived from evidence based practice guidelines from the ONS and ASCO.

We are all looking forward to the new hospital opening this next year and with the bonus of all private rooms. This will help facilitate more opportunities for family to be at the bedside to support their loved one and facilitate patient/family centered care environment. This will allow us more opportunities to provide a calm, quiet and healing environment.

Jody McDonald, R.N.
6th floor Clinical Manager

"You have CANCER. . ." some of the most devastating words an individual will ever hear. There are so many questions and so many unknowns. Patients are no longer in control of their own destinies. How do patients and their loved ones pick up the pieces of their lives after this? How do they put their worlds back together?

This is where my role as the Cancer Patient Nurse Navigator comes into play.

I started with the CMH Cancer Center on the first of February, 2016. I bring with me nearly 30 years of Oncology Nursing experience. My background in oncology nursing is varied and includes acute care, outpatient clinic, nursing education and the pharmaceutical industry.

My goal is to walk with patients on this often times scary path, just as I would with any member of my family.

MY ROLE ALLOWS ME TO:

- Provide guidance and support for patients and their families through each step of the cancer journey from diagnosis through treatment completion and survivorship
- Guiding patients and families through the healthcare system including attending physician appointments at patient's request
- Educating patients on communication with their family and their healthcare team
- Educating patients and family regarding diagnosis, treatment and survivorship
- Provide patients with the tools and information they need to make informed decisions and actively participate in their own care
- Advocate for patients and act as a liaison between the patient and the medical team to make sure their questions and concerns are addressed
- Provide referrals to resources as needed

During 2016 I was able to provide guidance and resources to 392 new patients resulting in 1686 points of contact. Working with our LCSW Lyndsay, we have implemented and developed a number of outreach processes to market our CRC to the community. Next year we hope to make more progress in this area to increase our referral base.

It has been a privilege to work with our cancer patients and I am truly excited to be a part of the Cancer Resource Center.

Deb Lawry, R.N.
Nurse Navigator

Oncology Patient Navigation & Social Services

A diagnosis of cancer affects so much more than just a patient's body. Cancer can have an impact on emotional, financial and social needs of the patient and their loved ones. Addressing these psychosocial concerns can be paramount to adherence to treatment and post treatment healing. To assist in addressing these and other psychosocial concerns, we provide psychosocial services to help patients, their families and their extended support team during this challenging time. These services look different for each person and are tailored to fit each individual need.

SOME COMMON SERVICES INCLUDE:

- Providing resources and referrals for diverse needs such as financial resources, caregiver resources, housing. etc.
- Providing counseling with the patient and/or their family including bereavement counseling with the family.
- Assisting the patient with adjustment through the treatment process including survivorship.
- Educating patients on communication with their family and their healthcare team regarding diagnosis, treatment and survivorship and especially with children in age appropriate ways.
- Providing instruction in the completion of Advanced Healthcare Directives, Five Wishes and POLST forms.
- Helping patients apply for insurance, understand their insurance benefits and appeal insurance denials.
- Making sure patients are receiving the disability accommodations they are entitled to.
- Looking at which programs a patient or family member may be eligible for to replace lost income such as FMLA and disability.
- Supporting patients who want to go back to work in finding jobs and job training

In 2016, I made contact with 469 new patients and had over 870 points of contact. This is a large increase from last year thanks to an increase of 8 hours a week and the addition of our full time Nurse Navigator, Deb Lawry.

In July, the CMH Cancer Center decided to run all of its own programing rather than contract with a lot of outside staff in an effort to provide more services to patients. With this goal in mind, I started to facilitate the general cancer support group which meets weekly in the evenings. This group grew from one participant when I started to up to 15 per meeting with an average of around 5-6 people. I hope to continue to grow this much needed group as it is the only one in the community that is open to all types of cancers and is held in the evening.

I am very proud of the work we do here and consider it a privilege to walk through this journey with so many patients and families.

Lyndsay Heitmann, LCSW
Cancer Program Social Worker

COMMUNITY MEMORIAL HEALTH SYSTEM

2015 Cancer Program Study of Quality

The Cancer program at CMH is committed to providing the best quality care possible for our patients. We regularly look at the ways in which we provide care to patients and compare our findings with other facilities, locally and nationally to make sure that we are offering the recommended treatment recognized through the National Cancer Center Network Guidelines. As an accredited facility through the Commission on Cancer, we are required to conduct 2 quality program studies each year focusing on areas of potential improvement and report our findings. If those findings are below set benchmarks, we are then asked to conduct a Quality improvement outlining steps that were taken to improve the care for that particular area. In 2016, one of the studies that our physicians conducted involved looking at Neutropenic fever and the time it takes to administer antibiotic.

TIME TO ANTIBIOTIC IN NEUTROPENIC FEVER

Problem: Neutropenic fever is a common oncological emergency and the delay in administration of antibiotics in this patient population may result in adverse outcomes.

Methods: The study population comprised of adult patients who were admitted for neutropenic fever at CMH between January 2012 and December 2014. A retrospective chart medical record review was conducted and eligible patients were identified with ICD codes for drug induced neutropenia, cyclic neutropenia, fever unspecified, neutropenia unspecified and neutropenia due to infection.

Results:
Fourty-one unique patients (n= 44 admissions) with median age of 67 years (range: 30-86) and M:F of 21:20 were identified. Of the 44 admissions, 35 (80%) were from the emergency department. Median time to antibiotic administration for overall admissions was 171 minutes (range: 68-661) and median length of hospital stay was 4 days (range: 1-21). Using student's unpaired t-test, no statistical difference was found between mean time to antibiotic for emergency department admissions (207.54 ± 127.24 minutes) versus direct admissions (179.67 ± 69.7 minutes) (p= 0.52). Of 44 admissions, 10 (23%) had a hospital mortality, required ICU monitoring, or were transferred to a tertiary care center. No correlation was found between time to antibiotic administration and length of stay (r= 0.029, p= .85).

Cindy DeMotte
Vice President of Quality

Rehabilitation Services

The Oncology Rehabilitation and Lymphedema Program at the Cancer Resource Center is a partnership between the Rehabilitation Department and the Coastal Communities Cancer Center. Physical Therapy, Occupational Therapy, and Speech Therapy services are providing rehabilitation to oncology patients through the continuum of care from diagnosis through treatment, and all stages of survivorship. Survivorship care addresses late effects of cancer treatment such as fatigue, deconditioning, speech and swallowing difficulties, lymphedema, and mobility restrictions. As such we have developed a collaborative relationship with the Live Strong at the YMCA Program to allow patients to transition into community exercise programs upon completion of rehabilitation.

The majority of patients seen at the Lymphedema Program are patients with lymphedema as a result of lymph node removal surgery and/or radiation treatment e.g. breast cancer, melanoma, head-and neck cancers, gynecological cancers, and 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 and caregivers learn to reduce swelling, prevent infection, and exacerbation of this condition. Great emphasis is put on functional rehabilitation of the affected area to improve quality of life, return to prior activities of daily living, and resume occupational and recreational tasks.

Additionally, the Lymphedema Garment Fund has been established to provide compression garments to qualifying patients. The Garment Fund has been generously supported by donations from community members. The monthly Lymphedema Support Group and Lymphedema Screening / Follow-Up Clinics aim to provide guidance for patients transitioning into their next phase of survivorship. Community Outreach through public seminars, publications, and invitation of speakers who present on lymphedema related topics has been an increasing focal point of our program.

The Cancer Resource Center is an affiliate member of the National Lymphedema Network. Our therapists are members of the American Physical Therapy Association's Oncology Section, American Speech and Hearing Association, and the Lymphology Association of North America.

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

Palliative Care Services

The Palliative Care Department experienced tremendous growth and success over this past year. We have increased our overall inpatient coverage as well as expanding our outpatient service with community physician engagement. The service also has expanded their outreach into the community in multiple avenues including in services, education and participation in local as well as National projects.

Palliative Care aims to relieve suffering and improve quality of life for patients and their families with advanced illness. Unlike Hospice, Palliative Care can be provided as part of acute care plan, simultaneously with all other treatments. In the inpatient setting, The PC team increased their reach by 13.4% with a conservative total of days saved costs totaling $969,000. This cost savings is reflected at the same time as maintaining a patient centered approach to care with Physician and patient/family satisfaction rates of 99% and 93% respectively. Families have also maintained a 92% confidence that they would recommend our service to others.

CMHS Palliative Care Team

The outpatient service has seen similar results in excellence focused on patient centered care. The service saw a 70% increase over the last year in new referrals, with total visits increased by 113%. During this time of expansive growth, we maintained our goal of 100% discussion reflected in completion of advance care planning documents, advance directives and POLST forms.

In 2017, our goal remains on the Triple Aim of access to care, excellence in service and patient centered cost savings.

The Palliative Care team actively participates in community, regional and national projects with data submission as national competencies and goals for excellence in patient outcomes are developed. Many of our team members continue to show their dedication to advancing the specialty as instructors for advance courses in palliative care for Nurse Practitioners and Social Workers through the California State University San Marcos.

Despite last year's significant growth, we continue to look for new ways to best position the service to meet the needs of our patients and community. In 2017, we have new projects and pilots in the works with new contracts ready for implementation. We have looked beyond the physical building at possible alternative locations that may allow access for those patients that otherwise may not have the chance to receive our care. Early integration into the Oncologist office may allow patients to receive early services with the goal of initiating future care planning. This planning has been seen to lower utilization of unnecessary hospitalizations and ED usage at the end of life as it focuses on honoring patient's goals and wishes for their treatment. We have also initiated a plan to see patients that have been discharges from CMH in the Skilled Nursing facility for continued care planning and expectations of rehabilitation conversations that may clarify goals and decrease the need for unnecessary hospital readmission

The Palliative Care Team looks forward to our continued participation in the CMH Cancer Committee. We look toward the future as we strive to integrate Palliative care into the patient centered plan of care. Our sights are on meeting the patients "where they are" as we pilot projects to identify the best process to reach the patients while maintaining quality outcomes.

Charles Pankratz, M.D.
Medical Director Palliative Care Services

Diana Jaquez, R.N., OCN, CHPN
Director Palliative Care Services

Community Outreach Physician Report

The CMH Cancer Program is active in community outreach working with providers and community groups such a s 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 2016, 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.

2016 SCREENING, PREVENTION AND EDUCATIONAL ACTIVITIES

Advances in Diagnostic Imaging Technology

Presented by Irwin Grossman, M.D. – March 15th, 2016

The lecture covered the following: The use of dynamic contrast imaging to manage prostate cancer effectively; How to determine when to use metabolic breast imaging; when to screen for lung cancer in patients considered at risk; How to determine when to use FibroScan and non-contrast MR angiography, and the importance of recommending early prostate cancer screening in African American patients.

Cervical Cancer Update

Presented by Mihaela Cristea, M.D. – March 29th, 2016

List the current guidelines for cervical cancer screening, HPV screening, and HPV vaccination; Identify treatment options for metastatic and recurrent cervical cancer; identify the principles of primary treatment for cervical cancer, including surgery and chemo-radiation.

Collaborative Approaches to the Treatment of Chronic Myelogenous Leukemia

Presented by Michael Deininger, M.D. – March 30th, 2016

The goal of this activity is to provide clinicians with the latest clinical advances and emerging research in chronic myelogenous leukemia and strategies to optimally integrate evolving evidence into clinical practice to improve the quality of care delivery. Differentiate among the safety, tolerability, and clinical outcomes of available BCR-ABL tyrosine kinase inhibitors for the first- and second-line treatment of chronic myelogenous leukemia (CML) - Identify treatment response criteria and implement consensus response monitoring and cytogenetic/ molecular testing guidelines. Evaluate the latest clinical data on the treatment of resistant disease in the third-line setting and beyond- Identify, prevent, and manage drug and disease related side effects to minimize treatment modifications and discontinuations- Explain best practices for engaging patients with CML to make more informed treatment decisions and improve adherence to oral therapy.

Defining Personalized Treatment Approaches in Nsclc: The Significance of EGFR Mutations

Presented by Zofia Piotrowska, M.D. – June 29th, 2016

The goal of this activity is to further close knowledge, competence, and performance gaps by providing clinicians with appropriate context and practical application of the latest evidence-based data on current and emerging agents for the treatment of patients with EGFR-mutated NSCLC. Define the role of EGFR in tailoring treatment decisions in non–small cell lung cancer (NSCLC) – Assess evidence-based clinical data in the selection of current therapeutic options for the management of EGFR-mutated NSCLC – Develop appropriate strategies for the treatment of EGFR-mutated NSCLC according to mutational testing results and recent treatment guidelines – Evaluate emerging scientific evidence on novel agents and regimens for the treatment of EGFR-mutation-positive NSCLC – Integrate optimal treatment plans for elderly patients with metastatic NSCLC.

HPV Screening & Subsequent Vaccine – 2016

2975 patients were screened for HPV through the Centers for Family Health in 2016 and of those patients, 132 opted for the HPV vaccine.

FREE Breast & Cervical Cancer Screenings

Centers for Family Health were able to provide free cervical and mammography screening 2 times during 2016 with a total of 26 participants in March and 25 participants in June. If a positive finding is found during the free screenings, participants are contacted to return for further testing also provided at no cost. In 2016 there were no abnormal PAP tests or mammograms. Free cervical screenings were provided.

Each October, CMH presents its annual Cancer Symposium. The 2016 program focused on Colon Cancer. Various physician presenters provided lectures on screening modalities available, colon cancer risk factors, various surgical techniques, colon health tips, as well as a general overview on colon cancer survival and how far we have come in the last 10-15 years.

Thomas D. Fogel, M.D., FACRO
Community Outreach Coordinator

CANCER RESOURCE CENTER 2016 STATISTICS

2016 Patients Served	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2016
Information and Referrals					
Telephone Requests	too many to track				0
Walk In Requests	275	209	275	200	959
Other Assistance (Mandi)	9		5	5	19
New Referrals					0
Social Services	121	193	260	282	856
Patient Navigator	264	512	449	429	1654
Wig/Hat Bank	48	30	46	48	172
Spanish (Calls, Walk ins, One on One)	2		3	4	9
Educational Sessions					
English					0
Spanish					0
Support Groups/Programs					
Restorative Yoga	47	48	50	28	173
Level I Yoga - Tuesdays	77	87	47	30	241
Level I Yoga - Fridays	42	72	40	28	182
Prostate Education and Cancer Support Group	18	8	5	29	60
Bereavement Group (began 5/06/15)	19	16			35
Wednesday General Cancer Support Group	45	63	74	93	275
Bilingual Counseling (with Diane Martel)	3	5			8
Breast Cancer Support Group	100	130	70	58	358
Thursday General Cancer Support Group	12	3			15
Lymphedema Support Group	0	6	5	10	21
Lymphedema Screening	9	19	6	9	43
SPOHNC Support Group	16	21	26	13	76
Reiki	149	176	175	137	637
Reiki Circle	47	40	33	44	164
Reflexology	13	12	14	8	47
Nutition Series with Susan Speer	28	39	36	10	113
Stress Reduction with Kelle			24	5	29
Healthy Eating Workshop - CSC	21				21
ACS - Look Good Feel Better		6	6	*2*	14
Mindfulness Based Stress Reduction Class		37			37
National Cancer Survivior's Day Celebration		32			32
Annual Cancer Symposium				74	74
Auxiliary Member Workshop		16			16
Frankly Speaking about Cancer Treatment - CSC		17			17
Nutritional Consults with Susan Speer			18	27	45
Gynecological Cancer Suppport Group			3	9	12
Ostomy Support Group			11	7	18
Oncology Message Workshop				6	6
Monthly Totals	1365	1797	1681	1595	6438

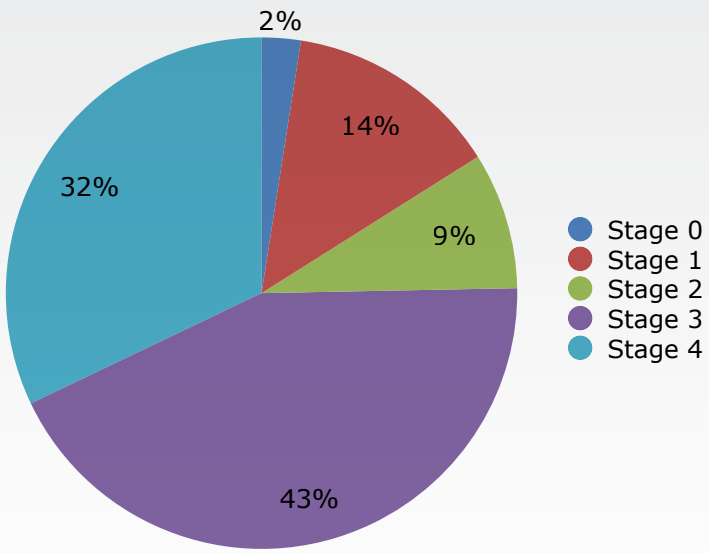
Melanoma Cases at CMH

The incidence of malignant melanoma has continued to increase almost eight fold over the last 30 years. This is likely due to increased exposure to ultraviolet radiation both from the sun and indoor tanning. The effect of the loss of the ozone layer is also a possibility, There were 87,000 new cases of melanoma in the United States last year. In 2016, California had 9,400, cases approximately a third of which were in the County of Ventura. We treated 74 new cases at Community Hospital in 2016, which is a gradual increase over the previous years, Melanoma is most commonly diagnosed in the sixth decade of life and our statistics follow that general trend. Melanoma has been found in all age groups though and all races. In our series, 99% of the cases are Caucasian with 6% of those being of Latino origin, Dark skinned patients are most likely to get the acral lentiginous form of melanoma in the hands and feet and under the nail beds. This is unrelated to skin pigmentation. 72% of the CMH patients were diagnosed as either in situ or stage 0 or stage I, localized to the outer dermis. This group has an excellent prognosis with over 92% long-term survival. Melanoma was the third most common malignant site at CMH.

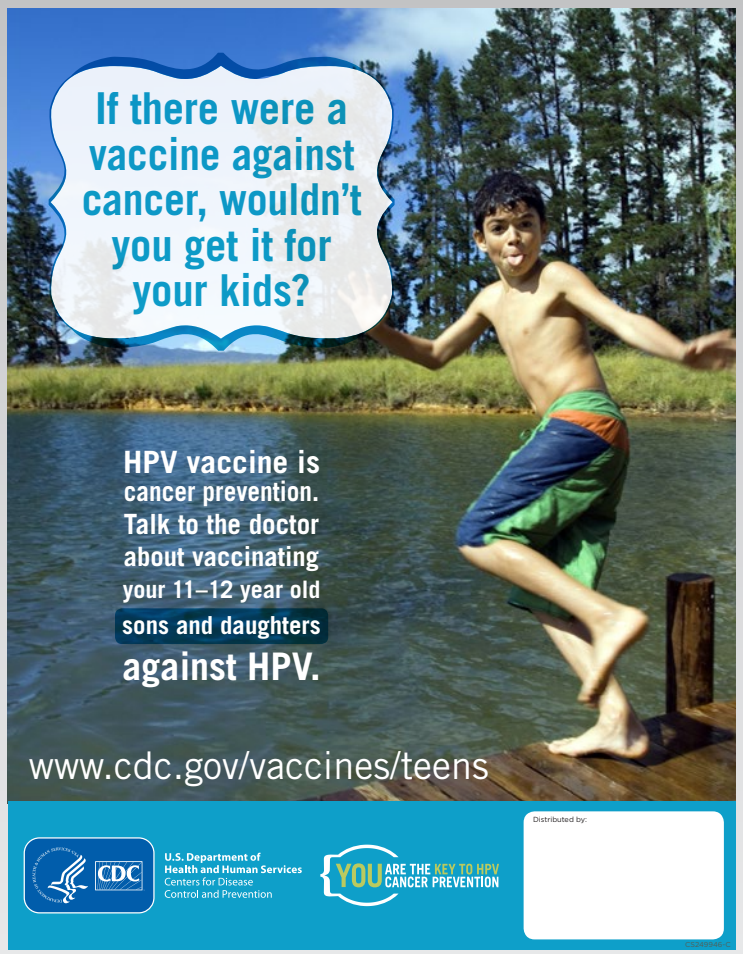
The surgical treatment of melanoma is undergoing an evolution, as is the medical treatment. Wide excision with a 1-2 cm margin as well as sentinel node biopsy still remains the standard of care. What has changed is that a new study has shown that completion lymph node dissection is probably not necessary in most cases. Therefore, completion dissection of positive sentinel node biopsies will not be done on a routine basis. Care has to be individualized given that there are many new effective medical treatments for advanced melanoma. Over the last five years, numerous immunotherapy drugs have been approved including Yervoy, which blocks the CTLA-4 receptor on T cells as well as Keytruda and Opdiva, which block the PD-1 receptor. There are also targeted agents that can be used for certain patients, which have a BRAF mutation in their melanoma genetic code. These new therapies both as adjuvant for high risk and stage IIC and III patients as well as therapeutic for stage IV patients have changed the long-term prognosis and outlook for patients with melanoma. There are now many long-term survivors with stage IV melanoma whose disease has completely regressed due to immunotherapy. This has created a lot of new hope for advanced melanoma patients, and the treatment guidelines are constantly evolving. New drugs are also in the pipeline for these and other receptors on the T-cell. These drugs work by harnessing the body's own immune system to fight the melanoma and are also useful for other malignancies such as small cell lung cancer. There are also new DNA testing for melanoma, which gives a prognostic profile as well as testing for familial forms of melanoma. The role of these tests is still experimental, but eventually may help to guide treatment. This is an exciting time for melanoma treatment and research and we are pleased to be able to offer the full range of treatment both including surgical treatment and advanced immunotherapy at the CMH Cancer Center.

Samuel A. Bern, M.D.
Plastic & Reconstructive Surgery

2016 MELANOMA CASES STAGE BREAKOUT



Prevention Programs



National Cancer Survivors Day® 2016 — A Celebration of Life

Community Memorial Hospital
Community Memorial Health System

In recognition of National Cancer Survivor's Day, Community Memorial Health System and the Coastal Communities Cancer Center are hosting a celebration.

When: Friday, June 03, 2016
Time: 10am-1pm
Where: Cancer Center at Coastal Communities Cancer Center
2900 Loma Vista Rd. Suite 105

Please join us for a fun filled day with lunch, games, chair massage, raffle give away items and games! Please RSVP with Patty by May 20th 652-5459.

Chair massage is available by appointment only and will be provided in 10 minute slots.

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 & Reconstructive Surgery
Samuel Bern, M.D.
Arthur Flynn, M.D.
Ryan Wong, M.D.

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

Medical Oncology
Melody Benjamin, M.D.
Kevin Chang, M.D.
Chirag Dalsania, M.D.
Ann Kelley, M.D.
Lynn Kong, M.D.
Austin Ma, M.D.
David Massiello, M.D.
Rashmi Menon, M.D.
Fred Mortazavi, M.D.
Joshua Rosenberg, M.D.
Todd Yates, D.O.

Dermatology
Peter Karlsberg, M.D.
Joel Siegel, M.D.

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**

SKIN CANCER SITES

Melanoma Research Foundation | **melanoma.org**
National Institute of Health MedlinePlus | **medlineplus.gov**
Skin Cancer Foundation | **skincancer.org**

For additional resources please visit cmhshealth.org/distinction/cancerprogram/resources.

Cancer Commitee

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.

2016 CANCER COMMITTEE MEMBERS

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

JEFFREY RODNICK, M.D.
RADIATION ONCOLOGY

NATALIE SANTI, CTR
CANCER REGISTRY

THOMAS FOGEL, M.D.
CANCER LIAISON PHYSICIAN
RADIATION ONCOLOGY

JAMES WOODBURN III, M.D.
GENERAL SURGERY

REVEREND CURTIS HOTCHKISS
SPIRITUAL SERVICES

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

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

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

ERWIN CLAHASSEY, M.D.
PATHOLOGY

CINDY DEMOTTE
VP QUALITY SERVICES

JODY MCDONALD, R.N.
ONCOLOGY NURSING

NICHOLAS HANSON, M.D.
RADIOLOGY

JENNIFER GIRTSMAN, R.D.
DIETARY/NUTRITION

CYNTHIA FAHEY, R.N.
VP, NURSING

JAMES HORNSTEIN, M.D.
FAMILY PRACTICE

LYNDSAY HEITMANN, LCSW
SOCIAL SERVICES

DEB LAWRY, R.N.
NURSE NAVIGATOR

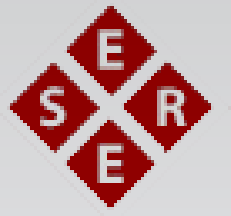
CHARLES PANKRATZ, M.D.
PALLIATIVE CARE SERVICES

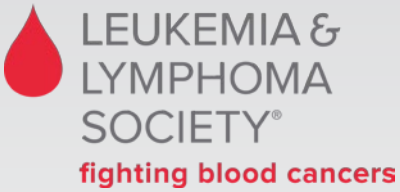
MANDI POLTL
CANCER PROGRAM MANAGER

GENE DAY, PHARM.D.
PHARMACY


Sunscreen.
Put it between you and the sun.
Sunscreen Lotion
SPF 15
SUNSCREEN
SPF 15
UVA/UVB Protection
UNSCENTED
Sunscreen SPRAY
sun screen
SUNSCREEN GEL
SPF 15
SUNSCREEN SPF 15 for KIDS
SPF 15 Sunscreen
SUNSCREEN STICK
SPF 15
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
Choose Your Cover

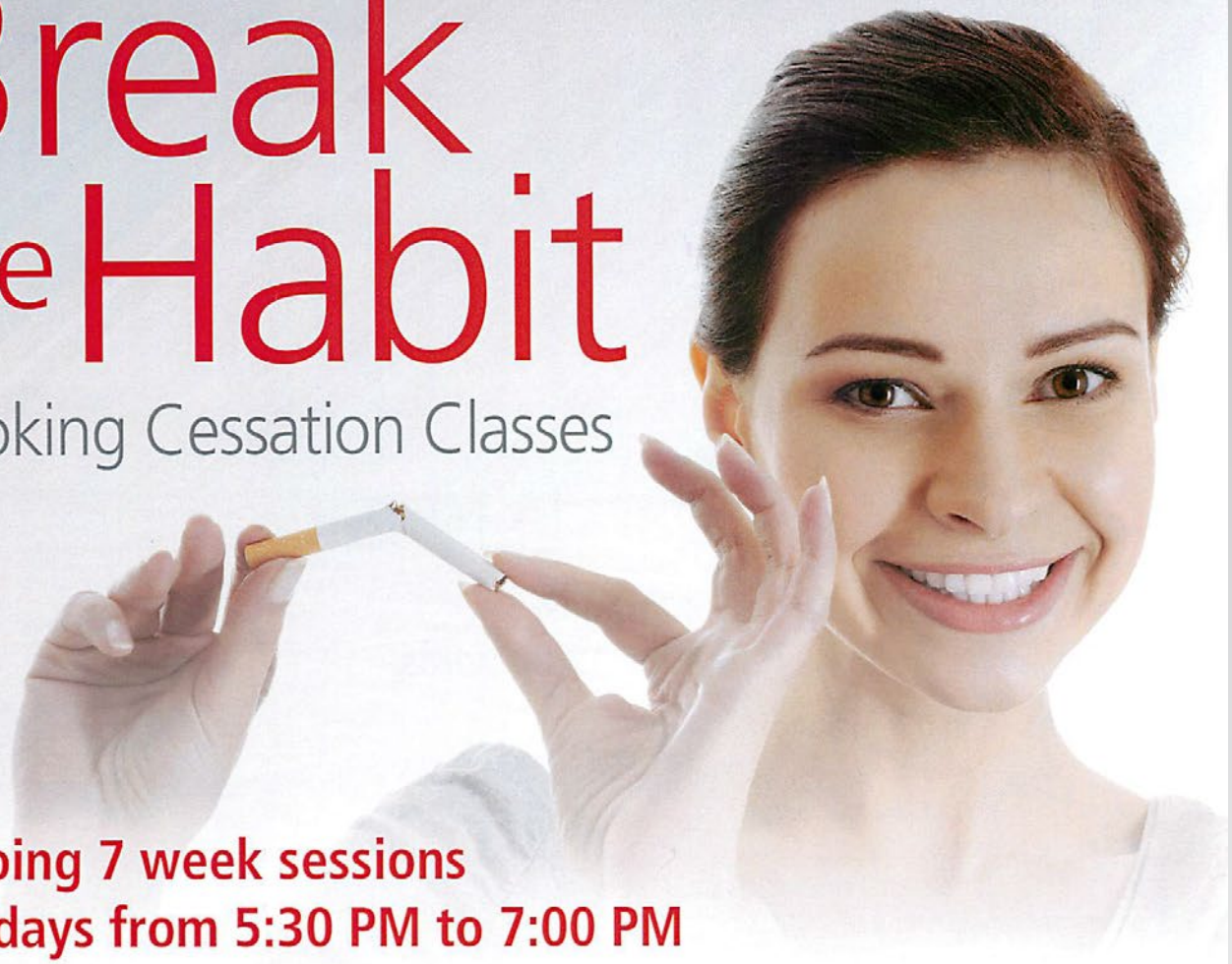
Our Partners in Cancer Care





Break the Habit

Smoking Cessation Classes



Ongoing 7 week sessions
Mondays from 5:30 PM to 7:00 PM

Cost is $50 and includes:

- 8 class sessions
- Workbook
- Relaxation CD
- First two weeks of nicotine replacement therapy products*

*After the two week period nicotine replacement therapy products will be provided to participants at a discounted rate.

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Please call to register 805/667-2818

HEALTHaware™
Community Memorial Health System

Community Memorial Health System

Where Excellence Begins with Caring

COMMUNITY MEMORIAL HEALTH SYSTEM
147 North Brent Street | Ventura, California 93003
805/652-5011 | cmhshealth.org

CMH CANCER RESOURCE CENTER
2900 Loma Vista Road, #105 | Ventura, California 93003
805/652-5459 | cmhshealth.org/cancer