

Dignity Health of the Central Coast

An In-depth Review of Lung Cancer



Arroyo Grande Community Hospital
Marian Regional Medical Center

Caring for the Whole Patient, Not Just a Disease

We integrate cancer prevention and early detection in our community outreach efforts through education and screenings.

WE ARE VERY grateful to have the opportunity to talk about the great things going on and in development for the Marian Regional Medical Center and Arroyo Grande Community Hospital providing the most comprehensive cancer program. It is a privilege to work alongside a dedicated team of healthcare professionals who strive for the very best in cancer care for each patient. As an accredited cancer program by the Commission on Cancer of the American College of Surgeons, we set high standards for cancer care and continually review processes and outcomes to ensure we are meeting or exceeding those standards. We integrate cancer prevention and early detection in our community outreach efforts through education and screenings. We employ the latest technology for the diagnosis of cancer. We offer a multispecialty team approach to coordinate the best treatment options. And, we provide a Cancer Registry that offers lifelong patient follow up. We are true to our vision to care for people and improve the quality of life in the communities we serve. By offering comprehensive services, the latest technology, highly-trained physicians and experienced staff, we are fulfilling our vision and ensuring that the highest quality cancer care is available close to home. We have continued to see more growth this past year. As our volume grows we continue to add more staff (both clinical and non-clinical) to support the expanding and evolving needs of our patients. We care for the whole patient and not just the disease.

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Comprehensive Community Cancer Program



A Multispecialty Team Approach to Care

Marian Regional Medical Center and Arroyo Grande Community Hospital are each accredited as a Comprehensive Community Cancer Program by the Commission on Cancer (CoC) of the American College of Surgeons. Receiving care at a CoC-accredited cancer program ensures that a patient will have access to:

- Comprehensive care, including a range of state-of-the-art services and equipment
- A multispecialty, team approach to coordinate the best treatment options
- Information about ongoing clinical trials and new treatment options
- Access to cancer-related information, education, and support
- A cancer registry that collects data on type and stage of cancers and treatment results and offers lifelong patient follow up
- Ongoing monitoring and improvement of care
- Quality care close to home

A multispecialty team approach is best demonstrated by two weekly Tumor Conferences. The conferences allow for recently diagnosed cancer cases to be discussed with Radiation Oncology, Medical Oncology, Surgery, Radiology, Pathology, and other medical specialties. Attendees offer advice on treatment or further diagnostic studies after determining the stage of the disease. Treatment recommendations utilizing national treatment guidelines are also reviewed.

An example of the advanced technology we offer at Mission Hope Cancer Center is the TrueBeam Linear Accelerator (shown below). This advanced technology represents an exponential leap forward in the speed, power and precision of radiation therapy.



Cancer Documentation

Data collected by the Cancer Registry is an invaluable tool in the fight against cancer.

Cancer Registry

Our Cancer Registry has been collecting cancer data for all patients diagnosed and/or treated at our facility since 1988. The Cancer Registry is an essential component of the Commission on Cancer (CoC) accredited cancer program. Data collected by the Cancer Registry is an invaluable tool in the fight against cancer and is utilized by physicians, administration, and other healthcare professionals. National Comprehensive Care Network (NCCN) treatment guidelines are used to achieve excellence in cancer care. We are enrolled in the Rapid Quality Reporting System (RQRS) to support our efforts in maintaining a high level of evidence based cancer care. By collecting data for our top sites on a real time basis, the data can be used to develop interventions in order to enhance the quality of care in our cancer program.

Thorough documentation of cancer information is essential to the Cancer Registry and is included in the patient abstract. The abstract contains demographic information including age, gender, race/ethnicity, and residence. Medical, family, and social histories include physical findings, family cancers, occupation, personal history of cancer, and exposure to carcinogens. Diagnostic findings list types, dates and results of procedures used to diagnose cancer. Information specific to a patient's current cancer diagnosis includes the primary site, histology, and staging. Treatment lists cancer-directed therapy, including surgery, radiation therapy, chemotherapy, hormonal therapy, and other modalities. Any palliative care is also documented. Follow-up data records annual information about treatment, recurrence and patient status, and provides accurate survival data. This information is reported to the California Cancer Registry and the National Cancer Data Base. The Cancer Registry staff participates in ongoing cancer-related education at the local, state, and national levels to maintain abstracting skills and to maintain credentials in their field.

In 2013, **1628 new cases** were added to the registry, with 1077 of those being analytic (cases diagnosed and/or treated at the medical center for the patient's first course of treatment). Nonanalytic cases (cases receiving first course of treatment at other facilities and receiving subsequent treatment at our medical center) counted for the remaining 551 cases. Only analytic cases are used for statistical analysis and reporting. The top five sites for 2013 were breast, lung, colorectal, prostate, and non-hodgkin's lymphoma. There were **715 new males** and **913 new females** diagnosed/treated with cancer at our medical centers. (See chart on page 5.)

Fact:

1,628

new cases were added to the registry in 2013.

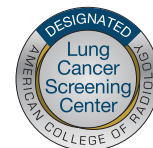
Dignity Health of the Central Coast cancer programs in Arroyo Grande and Santa Maria provide documentation of cancer information at Arroyo Grande Community Hospital and Marian Regional Medical Center. This chart contains the data collected for the top five cancers diagnosed and/or treated at our medical centers in 2013.

The Five Top Cancer Sites for 2013

Arroyo Grande Community Hospital
Marian Regional Medical Center



To ensure the ongoing quality of the care we provide, our Cancer Care Program is measured against national benchmarks that has earned numerous distinction awards.



Dignity Health Community Outreach



Mission Hope Cancer Center is happy to ease the burden for patients by providing them with needed transportation to and from cancer treatments.

Support and Education

We believe that the fight against cancer begins with empowerment—knowing how to prevent cancer and how to detect it in its early stages. In **2014**, through a variety of avenues, our medical centers educated over **2,800 community members** on cancer prevention and the importance of cancer screening. We worked with our poor and vulnerable communities and provided over **300 people** with free colorectal, skin, prostate and breast cancer screenings. Support and education is available for individuals with cancer and their family members and caregivers. Support Groups enhance the quality of life for people with cancer by offering healthcare information, giving comfort, helping to reduce anxiety, and providing a place for people to share concerns and receive emotional support. This past year there were **900 participants** in our various groups. Additionally, our oncology specialized nurses and social worker assisted with **25,000** one-on-one or telephonic encounters with patients and their loved ones during their cancer journey. In order to personalize our services, the nurse navigator meets with the patient to be certain that all questions and concerns are being addressed as well as to coordinate the “next steps” in the plan of care.

We have also delivered training on conducting focused assessments. These assessments are based on symptoms the patient reports versus a head to toe assessment. The National Comprehensive Cancer Network (NCCN) Distress Screening Tool serves as a starting point for the focused assessment. Through this tool, a patient rates their distress on a 0-10 scale and then completes a checklist of symptoms and financial, logistical and spiritual concerns which will guide the focused assessment. Over 1,100 assessments were filled out by our patients and from these identified needs, we work on addressing barriers that may delay or prohibit treatment and survival strategies. A consistent need is transportation; a donated wheelchair-equipped transport van was utilized in **1,800 trips** to take cancer patients to and from treatments.

Cancer Rehabilitation Program Instituted

Treating cancer can bring side effects, such as reduced range of motion from scar tissue, muscle weakness or imbalance due to surgery, chronic cancer-related fatigues, balance issues and lymphedema. To address these post-treatment problems, Mission Hope Cancer Center has designed a Cancer Rehabilitation Program. This program allows our patients to be followed over a greater time frame and solidify their transition into a healthier state. Our goal is to help individuals learn exercise in a safe, effective manner based on their surgeries and treatments. We had **4,000 cancer survivors**

taking part in our exercise classes and feeling more confident. Knowing that once treatment is finished there is still more work to do. Our oncology nurse navigator prepared over **100 survivorship plans**. The Survivorship Program is designed to address the long term effects as well as any issues that may occur during recovery and follow-up time. The plan outlines a summary of diagnosis, staging, therapies received, and a follow up plan to monitor late and long term side effects as well as how to monitor for new or recurring cancer. It is a tool to be shared with survivor's primary care provider and other members of the health care team as needed.

Teen Smoking and E-Cigarette Education Program

The Cancer Committee recognized a need and heard a request by the Lucia Mar School District for an educational outreach to the school districts regarding teen cigarette smoking as well as electronic cigarettes (also known as e-cigarettes). A physician approved and age-appropriate brochure was designed to educate students about both the health hazards of smoking traditional cigarettes and inhaling the nicotine vapor of e-cigarettes as well as chewing tobacco and herbal products. As a result of this request, 15,000 brochures in English and Spanish were distributed during Red Ribbon Week to 25 Junior High Schools and High Schools in Santa Barbara and San Luis Obispo school districts. Additionally, Oncology Certified Nurse Navigators presented informative workshops and answered questions, referring students to smoking cessation classes.



Did you know?

Big Tobacco spends more than \$700 million in marketing. Why so much? They see it as an investment to help replace the people that die from smoking: 1,200 people a day. And guess who they're trying to replace them with? Teens! Or, as one tobacco executive calls them, "replacement smokers."

What You Need to Know...

Lung cancer accounts for more deaths than the three most common cancer cases of colon, breast and prostate combined.



Don't miss our special presentations, "Lung Cancer Screening, Diagnosis and Treatment"

(See page 16 for details.)

Lung Cancer Basics

Although lung cancer is a largely preventable medical condition, it is the most common cancer mortality in both men and women in the world. In 2014, 228,000 new lung cancer diagnoses and 159,000 deaths due to lung cancer have been projected. Lung cancer represents approximately 27 percent of all United States cancer deaths and will be the largest cancer "killer" over the next 30 years. Twice as many people will be living with lung cancer in 2040 than in 2010. This is mainly due to longer life spans and cancer being more common as we age.

Fortunately for us, lung cancer death rates have begun to decline. Risk factors have not changed much over the years and smoking is present in 90 percent of all lung diagnosed. Other lung cancer risk factors include radiation, genetics, diet, HIV infection, emphysema, scarring of the lungs, and environmental toxins. Toxins include second-hand smoke, asbestos, dust exposure, and radon which is radioactive gas produced by decay of uranium in soil.

Tobacco smoking is responsible for nearly one in five deaths in general. The smoking rate in the U.S. has dropped by half from 1965 to 2012. At the height of adult U.S. smoking, it was estimated that 42 percent of the population smoked. Now that estimate has dropped to 18.1 percent. However, in developing countries, tobacco consumption is rising at 3.4 percent per year as of 2002. Young adults are the most likely to start smoking with new onset of older smokers showing a marked decline.

Prognosis in lung cancer is generally poor because of not being able to diagnosis it due to lack of symptoms until it is in advanced stages. One year survival after diagnosis is at approximately 43 percent and five year survival is at 17 percent. Most cases are in patients greater than 65 years of age when diagnosed and has already been developing for several years.

What Is Lung Cancer?

Lung cancer is the abnormal growth of abnormal cells in one or both lungs. These abnormal cells do not carry out the functions of normal lung cells and do not develop into healthy lung tissue. As they grow, the abnormal cells can form tumors and interfere with the functions of the lung which provides oxygen to the body via the blood.

What Are the Types of Lung Cancer?

Non Small Cell Lung Cancer (NSCLC) accounts for approximately 85% of all lung cancers

- Adenocarcinoma:** the most common type of lung cancer in the U.S among men and women
- Squamous Cell** (also called epidermoid cancer): usually forms in the lining of the bronchial tubes.
- Large Cell:** often occur in the outer regions of the lungs and tend to grow more rapidly and spread more quickly than Adenocarcinoma or Squamous Cell.

Small Cell Lung Cancer (SCLC) accounts for approximately 15% of all lung cancers in the U.S. Occurs primarily from smoking and grows more rapidly and spreads to other parts of the body earlier than NSCLC. It is also more responsive to chemotherapy.

Staging for Lung Cancer

Stage I – Cancer that is confined to the lung.

Stage II & III – Cancer that is confined to lung and lymph nodes.

Stage IV – Cancer that has spread outside of the lung to other body parts.

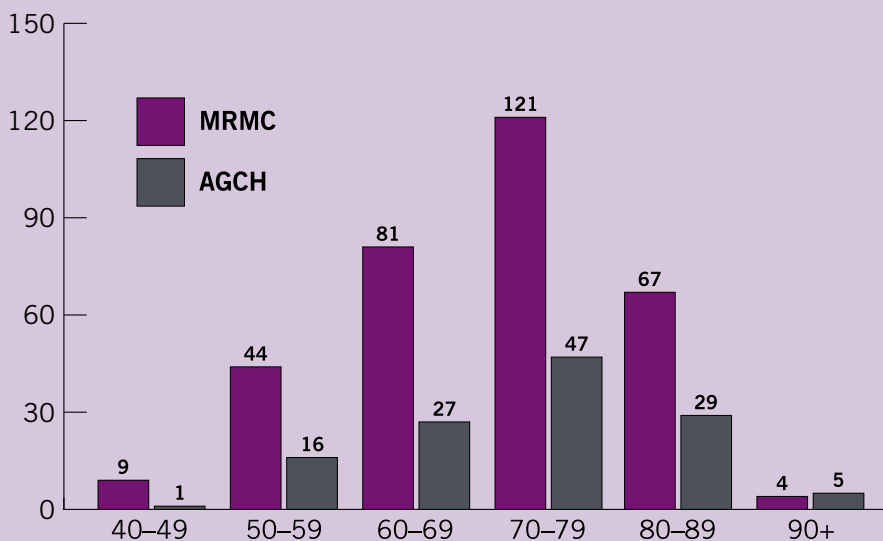


Lung cancer is the abnormal growth of cells that can form tumors that interfere with the functions of the lung.

Lung Cancer Diagnosed and/or Treated in 2013

Arroyo Grande Community Hospital

Marian Regional Medical Center



Why CT Screening for Lung Cancer? Three Reasons



Did you know?

A National Cancer Institute study estimates that early detection and treatment of high risk people could save over 70,000 lives per year.

One of those could be yours.

Ten million individuals nationwide are eligible for lung screenings.

1. Symptoms Show Up Late

Lung cancer shows no symptoms in the early stages. But in those early stages, it's very treatable. Most lung cancers are first diagnosed based on late stage symptoms, when there's far less chance for cure. Symptoms of lung cancer are not very specific and generally reflect damage to the lungs' ability to function normally. The most common symptoms are a worsening cough that will not go away and chest discomfort. Other symptoms include shortness of breath, coughing up small amounts of blood, unexplained weight loss, back pains, decreased appetite and general fatigue.

2. Lung Cancer Can be Screened

Unlike mammography for breast cancer or colonoscopy for colon cancer a widely accepted screening tool for early stage lung cancer has not been available until recently. Regular chest x-rays are not reliable enough to find lung tumors in their earliest stages when many doctors believe the tumors are at their smallest and most curable. Recent guidelines from the American Society of Clinical Oncologist (ASCO) suggest annual screening with low dose CT scan for smokers and former smokers who are high risk for developing lung cancer.

3. More Than Smokers

Smoking is a leading cause of lung cancer. But thousands of non-smokers die of lung cancer every year. Other factors can be just as critical, including exposure to certain chemicals at work, prolonged exposure to second-hand smoke, a family history of lung cancer and more.

As opposed to other cancers, where screening tools such as mammography, colonoscopy, and PSA levels are available, lung cancer screening has been slow to develop. However, that changed in 2013 when the United States Preventive Services Task Force published new guidelines that recommend physicians discuss lung cancer screening in high risk individuals (see page 11). It is recommended that testing be completed with low dose computerized tomography (CT) in a facility experienced in lung cancer screening. It is also emphasized that screening is not a substitute for quitting smoking; the most effective way to lower lung cancer risk is to stay away from tobacco.

Be First for a Second Chance

Early detection can save your life.

Lung cancer is the number one cancer killer in the United States. More people die from lung cancer than from breast, colon, pancreas and prostate cancer combined. The early-stage survival rate is 53.5%; unfortunately, however, only 15% of lung cancer cases are currently found in the early stage. A sad fact is that most cases are not diagnosed until later stages, when survival rate drops to only 3.9%. That is why Lung Cancer Screening is so important!

Recent federal guidelines recommend that long-term, pack-a-day smokers receive an annual screening for lung cancer using low-dose spiral computed tomography (CT) imaging. The guidelines are based on findings from a large study conducted by the National Cancer Institute that proved screening people at high risk for developing lung cancer with low-dose CT scans reduced mortality from lung cancer by 20%. This study estimates that early detection and treatment could save over 70,000 lives per year.

Who should be screened?

Lung cancer screening is not appropriate for everyone. You may qualify if you fall into one of these categories:

CATEGORY 1

- Those between the ages of 55–74 years of age
- Currently a smoker or have quit within the past 15 years, and
- Have smoked at least the equivalent of a pack of cigarettes a day for 30 years or more.

CATEGORY 2

- Those between the ages of 50–74 years of age
- Have smoked at least the equivalent of a pack of cigarettes a day for 20 years or more, and
- Have one additional lung cancer risk factor (not to include second-hand smoke exposure).

To schedule an exam or for more information, please call our nurse navigators (see side bar) to discuss the benefits and risks associated with lung cancer screening, and determine if the test is appropriate for you.

Are you a smoker? Or did you smoke in the past?

Smoking puts you at high risk for lung cancer. Take charge of your health: get screened!

Dignity Health Lung Cancer Screening Program

Arroyo Grande
Community Hospital
Mary Fedel, RN, OCN,
Nurse Navigator
805.481.7245

Marian Regional Medical Center
Carol Herrin, RN, OCN,
Nurse Navigator
805.346.3463



Need help to quit smoking?

Ask your doctor about medicine or nicotine replacement therapy, such as a patch, gum, lozenge, nasal spray or inhaler. Your doctor can suggest a number of treatments that have helped people quit.

Every patient referred for a lung cancer screening CT scan will also receive a referral to a free smoking cessation program.

Why CT Screening for Lung Cancer? *continued*

Frequently Asked Questions:

What is a low-dose screening CT scan of the chest and what are the associated risks?

A low-dose screening computerized tomography scan of the chest, commonly called a CT or CAT scan, produces detailed images of the lungs and other structures located inside your chest. The low-dose scan exposes you to less radiation than you would receive from a normal CT scan of the chest. It only takes 15 minutes.

What is the cost to me?

Low-dose CT scans of the chest are not currently covered by all insurances, but low-cost, cash pricing is available.

What if I have an abnormal finding?

At Dignity Health, each abnormal CT scan is reviewed by a dedicated multi-disciplinary team of physicians who specialize in the treatment and diagnosis of lung cancer. After review, our physicians will discuss the results with you and your primary care doctor, and will discuss options for further evaluation and treatment if necessary.

What if something other than cancer is found on a low-dose screening CT scan of the chest?

CT scans may detect other findings, such as infections or emphysema. This will be reported to your doctor for appropriate treatment.

What can I do to reduce my risk of cancer?

People with a family history of lung cancer have an increased risk of developing lung cancer by twofold; however, it is uncertain whether this is from genetics or from second-hand smoke. The most important thing you can do to reduce your risk of developing lung cancer is to stop smoking or to never start smoking in the first place. Following a healthy diet, regular check-ups and getting adequate exercise is also very important.

(See page 14 for suggestions.)

Stop Smoking Time Line

What happens to your body when you quit smoking?



WITHIN 20 MINUTES:

Blood pressure and pulse rate drops to normal. The temperature of your hands and feet increases to normal.

debris from your lungs grow back, increasing your lungs' ability to handle mucus, clean the lungs and reduce infection. Your energy increases.

WITHIN 8 HOURS:

That delightful smoker's breath disappears, the carbon monoxide level in your blood drops (yes, this is the same chemical your car produces as a waste product) and the oxygen level rises to normal.



WITHIN 1 YEAR:

Your excess risk of coronary disease is half that of a person who smokes.



We hope you find these statistics a motivating factor to resolve to stop smoking. Every single minute that you are a nonsmoker, you are doing something wonderful for your health.

RESOURCES TO QUIT SMOKING

For help and/or information, please contact:

San Luis Obispo County Public Health Department Tobacco Control Program
805.781.5564

Statewide Cessation HELPLINE
1-(800)-NO-BUTTS or
1-(800)-662-8887

NCI's Smoking Quitline
(1-877-44U-QUIT) or instant message them through LiveHelp:
www.cancer.gov/help

American Lung Association
(1-800-LUNGUSA or 1-800-586-4872) or support program, www.ffsonline.org

Go online to www.Smokefree.gov. This federal government website offers a guide to quitting smoking and a list of other resources.



WITHIN 24 HOURS:

Well done! Your chance of a heart attack decreases.



WITHIN 5 YEARS:

Lung cancer death rate for the average former pack-a-day smoker decreases by almost half. Your risk of

having a stroke reduces. Your risk of developing mouth, throat, and esophageal cancer is half that of a smoker.

WITHIN 48 HOURS:

The nerve endings start to regroup. Your ability to taste and smell improves. For your tastebuds, it's like switching from black and white to technicolor!



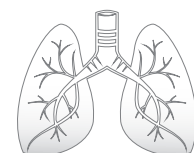
WITHIN 10 YEARS:

Lung cancer death rate is similar to that of a person who does not smoke. The precancerous cells are replaced.



WITHIN 3 DAYS:

Breathing is easier for you. Finally you can run without wheezing.



WITHIN 15 YEARS:

Your risk of coronary heart disease is the same as a person who has never smoked.

WITHIN 1 TO 9 MONTHS:

Sinus congestion and shortness of breath decrease. Cilia that sweep



Source: <http://stopsmoking.stanford.edu/facts.html>

How to Prevent Lung Cancer

Choices and Chances: Daily Habits Make a Difference

Cancer does not develop all at once. It's a long process in which damage to the cells or mutations accumulate over many years. That means it's never too early, and never too late, to start making healthy, protective changes that may slow or halt the process.



- Avoid cigarette, cigar, and pipe smoking.
- Stay away from second-hand smoke.
- Avoid exposure to radon, asbestos, arsenic, chromium, nickel, beryllium, cadmium, tar and soot.
- Reduce your exposure to air pollution as much as possible.
- Avoid Beta Carotene supplements which cause an increased risk of cancer especially in smokers.

Recommendations for General Cancer Prevention

- Be as lean as possible without becoming underweight.
- Be physically active for at least 30 minutes every day. Limit sedentary habits.
- Avoid sugary drinks. Limit consumption of energy-dense foods.
- Eat more of a variety of vegetables, fruits, whole grains and legumes such as beans.
- Limit consumption of red meats (such as beef, pork and lamb) and avoid processed meats.
- If consumed at all, limit alcoholic drinks to two for men and one for women a day.

Turn to Us for Answers About Cancer

Arroyo Grande Community Hospital Coastal Cancer Care Center

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Pismo Beach, CA 93449

805.481.7245

www.arroyograndehospital.org

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Did you know?

More than 8 out of 10 adults
DO NOT smoke? It's TRUE!
And it is important to know
the facts. Busting the myth of
the number of smokers makes
smoking less appealing and
it makes it easier to enforce
rules that protect everyone from
second-hand smoke.

1325 East Church Street, Suite 102
Santa Maria, CA 93454

Worried about lung cancer? Come meet our experts.

In these presentations, our specialists will explain the current guidelines on lung cancer screening, the new minimally-invasive advanced procedure called Electromagnetic Navigation Bronchoscopy, advancements in lung cancer surgery and clinical research trials available.

The Lung Cancer Screening Program at Marian Regional Medical Center and Arroyo Grande Community Hospital offers those with high-risk for developing lung cancer the opportunity to be screened, which could help them receive a diagnosis at an early stage before symptoms have developed. This is critical because the early-stage survival rate is 53.5%; but currently only 15% of the lung cancer cases are found in the early stage.

You are welcome to ask questions at the interactive segment that follows the presentation. Additionally, our Nurse Navigator will be available to assist you in determining if you are a candidate for the screening program.



Please join us for these free community forums to learn the latest on...

Lung Cancer Screening, Diagnosis and Treatment

TWO EVENTS:

Thursday, March 12, 2015 • 6:00 p.m.

Panel featuring: Thomas Bosshardt, M.D., FACS, Surgeon • Robert Dichmann, M.D., Medical Oncologist • Barry Feldman, M.D., Pulmonologist

Mission Hope Cancer Center • 1325 East Church Street, Santa Maria

Space is limited. Please call Mission Hope to register: 805.219.HOPE (4673).

Thursday, April 30, 2015 • 6:00 p.m.

Panel featuring: William Ashley, M.D., Radiologist • Edwin Hayashi, M.D., Surgeon, Howard Hayashi, M.D., Surgeon • David Palchak, M.D., Medical Oncologist

Arroyo Grande Community Hospital Annex • 345 South Halcyon Road, Arroyo Grande

Space is limited. Please call to register: 805.481.7245.