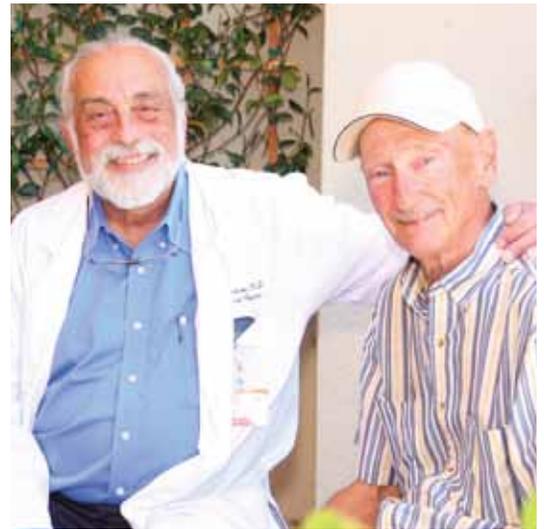
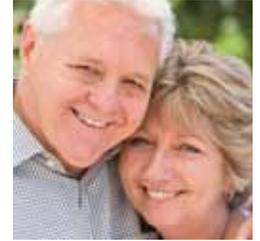


# 2013 Leavey Cancer Center Annual Report for the year 2012



## Celebrating Survivorship



**I am a...**  
breast cancer  
lung cancer  
ovarian cancer  
prostate cancer  
**...survivor.**



**Dignity Health™**

Northridge Hospital  
Medical Center

Leavey Cancer Center

The Leavey Cancer Center is fully-accredited by two prestigious organizations:



Northridge Hospital Medical Center is a nonprofit, community-based, 411-bed facility serving the San Fernando Valley for nearly 60 years. With a Medical Staff of more than 800 physicians in nearly 60 specialties, we are pleased to provide patients with technologically-advanced, safe, effective and compassionate care. But, what we are most proud of is the positive impact we've had on the lives of the patients we have touched.

Northridge Hospital is affiliated with Dignity Health and shares with them a long and rich legacy of caring and compassion.

The Thomas & Dorothy Leavey Cancer Center is fully-accredited by the Association of Community Cancer Centers and the American College of Surgeons as a Comprehensive Cancer Center. To learn more about our cancer experts, advanced radiation therapy, cancer surgery, and how we support you during your recovery and beyond, please call **818-885-5431**.

## I am a ...



lung cancer



breast cancer



ovarian cancer



breast cancer

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## ...survivor.



# Greetings from the Medical Director and Chairman

*The renowned American College of Surgeons Commission on Cancer (CoC) has accredited Northridge Hospital Medical Center's Cancer Center each year since 1980. With decades of cancer experience, we know what patients need and want—comprehensive care and services for active cancer patients and survivors all in one location.*

## Together WE CAN Fight & Survive Cancer

Northridge Hospital Medical Center's **Thomas and Dorothy Leavey Cancer Center** believes the "Big C" stands for "Can," as in "Together WE CAN Fight & Survive Cancer."

Nowhere in the San Fernando Valley will you find more cutting-edge cancer technology, superior Oncology Specialists and personalized care to achieve optimal wellness than at the **Thomas and Dorothy Leavey Cancer Center**.

**The Leavey Cancer Center Program continues to advance in all ways to better treat patients. Highlights of the past year's achievements include:**

- ❖ A Cancer Program rating of 1 from the CoC, which indicates the highest rating for a cancer program.
- ❖ Launch of a Survivorship Program and Support Group.
- ❖ Participation in the Rapid Quality Reporting System Project, a reporting and quality improvement tool, which is required to garner the Outstanding Achievement Award (OAA) at the next survey.
- ❖ Initiation of a quality study for the Inpatient Unit to improve communication between nurses and doctors, discharge instructions, patient communication on medications and pain management.
- ❖ Transition of the entire cancer center to electronic health records.
- ❖ Ensured 100% of radiation therapy patients received a high standard of skin care through baseline and weekly skilled assessments.
- ❖ Creation of a Smoking Prevention educational community campaign.
- ❖ Launch of a Smoking Cessation Program.

This 2013 annual report is a product of the efforts of many professionals who have contributed their expertise and energy to the improvement of cancer care in our community and is based on 2012 statistical data. Please enjoy this comprehensive report and feel free to contact us for more information on cancer services for you or your patients.

Sincerely,



  
J. Gary Davidson, MD  
Medical Director  
Thomas & Dorothy Leavey  
Cancer Center



  
Afshin Safa, MD  
Chairman, Cancer Committee

# Celebrating Survivorship



# Celebrating Survivorship

*J. Gary Davidson, MD, Medical Director, Leavey Cancer Center; Kathy Dukes, Ovarian Cancer Survivor, and Green Hsueh, MD, Gynecologist (l-r)*

*“My first visit to the Leavey Cancer Center was a month after my surgery,” recalls Kathy Dukes, an ovarian cancer survivor. “Before my surgery, I was terrified. When my mom had cancer in 1979, getting treatment was scary and depressing and I couldn’t get that image out of my head. But, what I experienced at the Leavey Cancer Center was 180 degrees from what my mom went through.”*

*“Dr. Gary Davidson, MD, Medical Director, Leavey Cancer Center, was so approachable and kind. He gently explained what my next steps were and reassured me that cancer treatment had come a long way since 1979. To alleviate my fears even more, he gave me a tour of the Cancer Center and introduced me to the Cancer Center Staff. Instantly, I felt my fears disappear and empowerment taking over. I realized I was not fighting this cancer by myself, but now had a team of experts guiding and caring for me each step of the way,” says Kathy.*

## A One-Stop Approach to Cancer Care

After she was diagnosed with cancer, Kathy had multiple appointments with many specialists and a host of questions along the way. “I’m so grateful my physician referred me to Northridge Hospital’s Leavey Cancer Center. They have everything I need all in one place. I didn’t have to go to any other locations,” says Kathy.

At the Leavey Cancer Center, every program and service was designed with this in mind. We begin with a **Patient Orientation Program** and partner each new patient with a **Registered Nurse Navigator** to answer questions and help guide them through their treatment process. For those who otherwise would go without cancer screenings and education, our **Outreach Navigators** come to them. In short, we are doing what is easiest and best for our patients from diagnosis and treatment to recovery and survivorship—all in one location.

## Team Approach

Our comprehensive program is enhanced by our team approach. By hosting multi-disciplinary conferences between Medical and Radiation Oncologists, Surgeons, Pathologists, Radiologists and other experts, the Leavey Cancer Center Specialists formulate the most appropriate, individualized treatment care plans.

All of the Leavey Cancer Center staff are focused on healing and treating the mind, body and spirit through comprehensive services and advanced technology. Specially-trained Oncology Nurses provide the balance between innovative, expert treatment and personalized care.

“I have seen many acts of kindness and grace from survivors, fighters, thrivers, caregivers, family and friends. In fact, I was so inspired by my care team, I decided to become an ovarian cancer advocate to educate young women on the signs and symptoms of ovarian cancer. If I’ve learned anything on my journey, it’s that when faced with a major life crisis, you step up to the plate. I was given a top-notch team to support me and I chose not to surrender. Instead, I decided to become an inspiration,” declared Kathy.

Learn more about Kathy’s journey to survivorship on p. 12.

# Cancer Survivorship Program

## A Public Health Concern

In 2005, the Institutes of Medicine (IOM) released a 500-page report that outlined the public health concern of cancer survivorship. Cancer survivors look forward to returning to a normal life after treatment ends. However, for many, blending back into daily living can be a stressful period. According to the IOM report, many cancer survivors have questions about follow-up care, are faced with changes in their relationships and/or dealing with the emotional and residual effects of treatment.

In 2012, the Thomas and Dorothy Leavey Cancer Center implemented a **Cancer Survivorship Program**. This Survivorship Program facilitates a positive transition from the end of active cancer care to optimal wellness.



A cancer survivor is anyone who has ever been diagnosed with cancer and is living today. One in three individuals have a risk of getting cancer in their lifetime. However, as cancer becomes more treatable, there is an increasing number of cancer survivors. In fact, there are approximately 12 million people in the United States who have a history of cancer.

## Survivor Support Group

Our 2011 focus groups mirrored the results reflected in the IOM report. As a result, the Leavey Cancer Center initiated its first Survivorship Support Group, named “**Moving Forward.**” Facilitated by Registered Nurses and Navigators, this support group provides an opportunity for cancer survivors to network, obtain survivor-to-survivor advice and encouragement, celebrate victories, speak with experts regarding the long-term effects of their treatment and disease, and share their hopes with others.



*Carl Singerman, MD, Medical Oncology*

Such a plan is essential so that routine follow-up visits become opportunities to promote a healthy lifestyle, improve physical and psycho-social complications, check for cancer recurrence and manage lasting effects of the cancer experience. Approximately 70 percent of survivors experience conditions that require a more comprehensive approach to their care. Moreover, Oncologists understand the risks of secondary cancers and the rates of recurrence for the primary cancer.

## Follow-Up Care and Survivor Care Plan

Follow-up care and the transition from active treatment to post-treatment care is critical to the long-term health of survivors. Therefore, with funding from the **Hearst Foundation** and the **Harold and Carole Pump Foundation**, the Leavey Cancer Center purchased specialized survivor software. This program is in the early stages of development and we anticipate completion in 2014.

### Key Survivor Care Software Features

- ❖ Clinical knowledge base that models industry guidelines for cancer survivorship
- ❖ Productivity tools that free clinical staff to focus on providing care to survivors
- ❖ Web-based portal that links each survivor to their care team
- ❖ A patient electronic health record (EHR)

## Facebook

In 2012, the Leavey Cancer Center launched a Facebook social media page to allow all cancer patients and survivors a chance to share their individual journeys and support one another, and for the hospital to notify “friends” of upcoming cancer events and support group meetings.

## Cancer Center Patient and Family Advisory Council

In April 2012, the Cancer Center Patient and Family Council was formed. The council consists of a team of staff members, patients and families whose purpose is to:

- ❖ Improve the patient experience based on feedback from the Council.
- ❖ Assist the Cancer Center Staff with a better understanding of unique cultural traditions, values and lifestyles.
- ❖ Allow patients and families the opportunity to provide input on Cancer Center services and how to better involve the patient/family in the care process.

## Progressive Treatment Options

### ❖ **daVinci Si Robotic Surgical System** - Patients

can get back on their feet even faster with the newly acquired and more refined **daVinci Si Robotic Surgical System**. It allows physicians at Northridge Hospital to perform a gallbladder removal



*Green Hsueh, MD, Gynecology*

(cholecystectomy) or a hysterectomy through one small incision in the bellybutton. daVinci Si also allows physicians to perform prostatectomy and other urological and gynecological procedures through a few incisions the size of a dime. daVinci Si's enhanced high-definition 3D vision and unparalleled precision enables surgeons to maneuver and control instruments in ways not humanly possible, which increases accuracy. Patient advantages include a shorter hospitalization, reduced pain, less scarring and a faster recovery.

### ❖ **Trilogy Linear Accelerator Stereotactic System** -

for image-guided radiation therapy and stereotactic radiosurgery. The Trilogy can treat cancer anywhere in the body by delivering a dose of radiation with pinpoint accuracy, resulting in completing treatment in 3 to 5 sessions.



*Radiation Oncologists Afshin Safa, MD, and Daniel Schiffner, MD (l-r)*

### ❖ **Gamma Knife Radiosurgery** - the gold standard in controlling brain metastases without the need for conventional surgery or whole-brain radiation therapy.

### ❖ **BrainLAB Image-guided Navigation System** - for surgery of head and neck cancers.

### ❖ **Chemotherapy** - innovative, multi-modality therapies offer patients the latest approaches, while minimizing side effects. We offer the most advanced methods of chemotherapy and hormonal therapy treatment in a comfortable lounge or infusion suites equipped with an individual television with headset, DVD players, iPods and Wi-Fi for laptop access.



### ❖ **Advanced imaging services include:**

- PET/CT
- Digital Mammography
- 64-Slice CT
- Triphasic CT scanning
- Angiography

### ❖ **Precise Radiation Therapy, including:**

- MammoSite®
- IMRT
- Brachytherapy
- Seed Implant



*Karin Fu, MD, Medical Director  
Carole Pump Women's Center*

## Supportive Services

❖ **Chapel** - A nurturing and peaceful place for silence, reflection or prayer

❖ **Electronic Health Records** - Medical, Radiation and Surgical Oncology Departments are film-free and paper-free

❖ **Healing Garden** - A relaxing place for patients and visitors to compose their thoughts



❖ **Learning Library** - free information on a wide range of cancer topics

❖ **Look Good, Feel Better** - classes to enhance patients' appearance with make-up and wigs

❖ **Navigator Program** - a patient's concierge service that ensures a smooth transition among hospital services

❖ **Nutritional Counseling** - patients learn to optimize nutrition to repair the effects of cancer treatments

❖ **Pain Program** - ensures that patients who have pain are identified and treated effectively

❖ **Pet Therapy** - utilizes special therapy dogs to help reduce stress in patients



❖ **Social Services** - helps patients beyond their physical concern

❖ **Spiritual Care** - honors patients' faith, beliefs and values and provides spiritual support to ease the stress of coping with cancer



❖ **Support Groups and Cancer Education** - opportunities to share and learn from others in similar situations

- **Breast Cancer and Brain Tumor support groups**
- **Cancer Education classes**
- **Bereavement Program** - supports patients and families through a compassionate, multi-faith Spiritual Care Program

❖ **Palliative/Supportive Care** - optimizes the patient's quality of life throughout the continuum of curable and terminal illnesses.

❖ **Partnerships with outstanding organizations:**

- **American Cancer Society** - collaborates with the Leavey Cancer Center to provide free additional supportive services, education and assistance to our patients

- **Angie's Spa Cancer Foundation** - provides free in-hospital massages for patients undergoing chemotherapy, radiation and surgery

- **Wellness Community** - offers a free professional program of emotional support, education and hope



- **weSpark** - offers a variety of free mind/body healing workshops

# I am a Lung Cancer Survivor



“ I thought I was there for another office visit, but Dr. Davidson wasted no time. He took me right into chemo that day. That quick response saved my life. ”



**My name is Kenneth Davis  
and I am a Lung Cancer Survivor.**

At first, I thought I'd sprained my ankle because it was so swollen. My physician thought otherwise and referred me to the Leavey Cancer Center. Even as a long-time smoker, I was surprised to hear that I had stage 4 lung cancer that had metastasized to my brain. A tumor was pressing on a nerve, resulting in numbness in my leg. Time was of the essence.

Two days after my diagnosis, I started chemotherapy and then radiation treatments off and on for about two years to prevent the cancer from returning. Eight years later, I'm still beating the odds of my two-week to a year prognosis.

**J. Gary Davidson, MD, Medical Director,** Leavey Cancer Center, who oversaw my care, calls me 'the miracle man.'

# Brain Metastases in Advanced Cancer

According to the American Cancer Society, between 20 and 40 percent of all cancer patients develop metastatic tumors in the brain. This is the single most common type of intracranial tumor. In the U.S. about 150,000 people are diagnosed with brain metastases each year. Diagnoses continue to increase as advances in treatment are made and people with cancer are living longer than ever before.

Brain tumors develop from the different types of brain cells. Because brain metastases still occur in many patients months or even years after their initial cancer treatment, it is important to be aware of the current diagnostic modalities, as well as therapeutic options for these patients.



*Juan Alcantar, MD  
Hematology/Oncology*

## Epidemiology

In adult patients, the most common type of tumor responsible for brain metastases are carcinomas arising from solid organs. Primary carcinomas that can spread to the brain include cancers originating in the breast, lung, kidney, colorectal region and skin cancer, such as malignant melanomas.

The incidence of brain metastasis is increasing for two reasons. 1) There has been a significant improvement in diagnostic imaging modalities, such as contrast-enhanced MRI (magnetic resonance imaging). This type of advanced imaging is an important component in determining the “stage” of cancer once a diagnosis has been established. 2) Patients with metastatic stage four cancers are living longer, partly due to the increased use of molecular diagnostics.

## Molecular Diagnostics

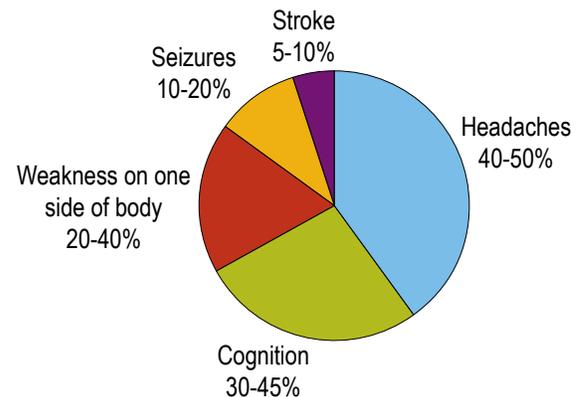
By gaining a better understanding of the molecular biology of the cancer, targeted therapies can be used to block the expansion of the tumor cell pathways for cellular division and growth. In contrast to cytotoxic chemotherapeutic agents that have the ability to kill all rapidly dividing cells, including some normal cells, molecularly targeted drugs are less likely to cause severe side effects because they act on very specific molecules within the cell.



*Kimberly Mislick, MD, PhD  
Medical Director, Laboratory/Pathology*

## Clinical Manifestations

Patients with brain metastases often present with the onset of new neurologic symptoms and/or changes in behavior such as:



## Diagnosis: Imaging & Biopsy

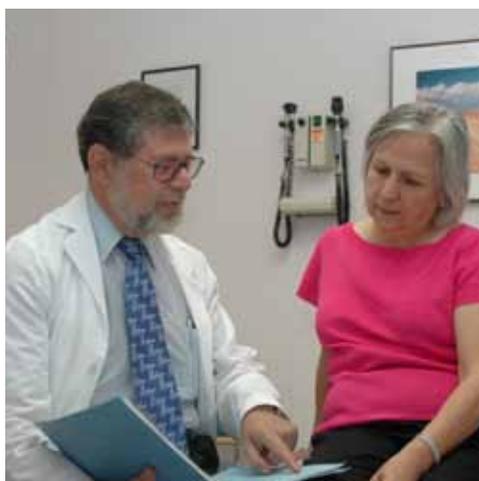
A contrast enhanced MRI of the brain and brainstem is believed to be more sensitive than either a non-enhanced MRI or CT scan when diagnosing brain metastases. Certain radiologic features can help differentiate between aggressive brain metastases from low-grade malignancies and non-malignant brain lesions.

A biopsy of brain metastases is not always necessary to confirm a diagnosis, but in certain clinical scenarios a biopsy allows for a pathological diagnosis to be established. This is particularly important in patients noted to have a single lesion on brain imaging. Technical advances in neurosurgery now allow for a biopsy to be obtained by stereotactic biopsy or open surgery.

# Brain Metastases in Advanced Cancer

## Supportive Treatment

All patients with brain metastases require supportive treatment to provide significant relief of neurological symptoms. This might include Corticosteroids, such as Dexamethasone to attenuate the inflammatory response and provide significant relief of neurologic symptoms. In some cases anti-seizure medications, such as Levetiracetam can be used to treat or prevent the onset of seizure activity. The median survival of patients who are only treated with supportive measures, including corticosteroids is one to two months.



Sheldon Davidson, MD, Medical Oncology

## Multidisciplinary Treatment: Medical Oncology, Radiation Oncology and Neurosurgery

The overall prognosis of patients with brain metastases is determined by different factors such as the type of primary cancer, the extent of the primary cancer outside of the brain, age, performance status and chronic medical conditions. As such, it is very important that the treatment be coordinated by a multi-disciplinary team.



Gamma Knife Multidisciplinary Review Board

Fortunately, advances in medicine have provided neurosurgeons with novel therapeutic options, including chemotherapeutic agents, radiation-based treatments and surgical approaches.

## Targeted Agents with CNS Penetration

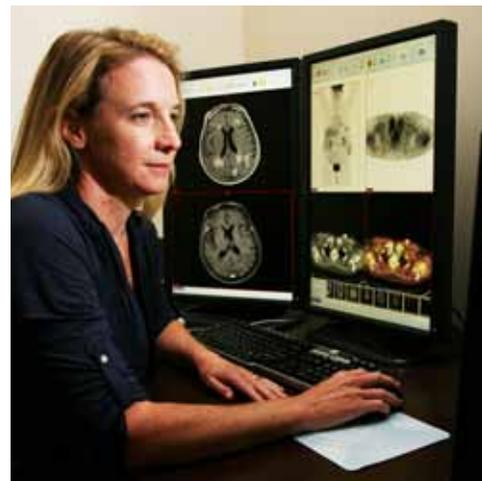
**Juan Alcantar, MD**  
*Hematology/Oncology*

Temozolomide is one of the few standard chemotherapeutic drugs that are capable of penetrating brain tissue. Unlike older drugs, these targeted agents can better penetrate the brain to provide a therapeutic effect.

A number of targeted drugs are currently available for the treatment of advanced stage four cancer. Lapatinib is an oral medication that specifically targets and blocks the activity of the HER2 receptor in breast cancer.

## Whole-Brain Radiation

Radiation therapy is a very effective treatment when surgery is not an option. Depending on the number and size of brain metastases, patients can be treated with whole-brain radiation therapy (WBRT) or with focally-targeted radiation therapy in the form of stereotactic radiosurgery (SRS).



Bonnie Freitas, MD, Neuroradiologist

Recently published guidelines by the *American Society of Radiation Oncology*, attest to different treatment options for patients with a single brain metastasis or a limited number of metastases. In patients with a resectable single brain lesion, surgical resection can be followed by WBRT or radiosurgery with WBRT. A combination of radiosurgery with WBRT is also used to treat patients with multiple metastases who do not require a surgical intervention or a single brain metastasis that is not amenable to surgery.

## Gamma Knife Radiosurgery

**Afshin Safa, MD**  
Pump Department of  
Radiation Oncology,  
Medical Director and  
Gamma Knife Expert

Radiosurgery with the Leksell Gamma Knife® by Elekta has extended the average survival rate of brain metastases patients by 14 months compared to the previous treatment of whole brain radiation. For patients who met the Gamma Knife selection criteria for brain metastases and whose systemic disease was controlled, survival can be extended by several years due to this advanced technology.

Gamma Knife Radiosurgery is the Preferred Treatment Method for Brain Metastases. Stereotactic Radiosurgery provides excellent treatment for brain metastases while allowing for continued systemic treatments without the side effects of whole brain radiation (learning and memory deficit and alopecia).



**Afshin Safa, MD, Medical Director**  
Pump Department of  
Radiation Oncology

### Gamma Knife for Brain Metastases:

- ❖ **Safe:**
  - A single dedicated machine to treat the brain—gold standard due to the safety and accuracy.
  - Reduced complications due to an accuracy of less than 0.3mm.
- ❖ **Convenient:**
  - The non-invasive, outpatient procedure is completed in a matter of hours.
  - The ability to treat multiple metastases during the same session.
- ❖ **Effective:**
  - Today more than 100,000 patients have been treated with Gamma Knife surgery for brain metastases.
  - An excellent control rate of greater than 90 percent—especially effective in renal cell or melanoma tumors, traditionally thought to be resistant to conventional radiation.

## Trilogy Stereotactic Radiotherapy

Although Gamma Knife is the preferred treatment for brain metastases, some patients do not meet the selection criteria. That is why Northridge Hospital invested in the **Varian Trilogy Stereotactic System**. This state-of-the-art technology focuses high doses

with extreme precision to treat cancerous tumors in just three to five sessions. Using multiple radiation beams that converge on the target area, we can safely deliver high doses of radiation while avoiding damage to the surrounding normal tissue. The system offers continual imaging during treatment, detecting movements and constantly adjusting the patient position in three dimensions using advanced robotic technology. It operates at least 60 percent faster than conventional accelerators, reducing the effects of tumor motion.



**Radiation Oncologists Mi Kyung Ko, MD, and Afshin Safa, MD (l-r)**

## Neurosurgical Approaches in the Treatment of Brain Metastases

**Parham Yashar, MD**  
Neurosurgery

Although most patients are treated with nonsurgical means, there continues to be a significant role for surgical treatment. In appropriately-selected patients, research proves the positive effect that surgical resection has on the quality of life and survival for patients with intracranial metastatic lesions.



**Parham Yashar, MD, Neurosurgeon, placing the stereotactic frame**

Surgery is recommended for the resection of lesions on or near the surface of the brain, especially those imposing significant pressure or swelling around the surrounding brain.

# I am a Uterine & Breast Cancer Survivor



“ Since cancer, I have developed stronger relationships, become more involved in outside activities and conquered many fears. ”



My name is Yvonne Rowerdink  
and I am a Uterine & Breast Cancer Survivor.

It seems cliché to say cancer changes one's life, until it enters your life—not once, but twice. In 2001, my gynecologist discovered I had a rare type of uterine cancer. Even though it was Stage 1, I was told there was only a five percent chance of survival. But, I survived and was able to continue on with all that life has to offer.

In November 2009, I felt a lump in my left breast that seemed to have appeared overnight. A subsequent mammogram and biopsy confirmed Stage 3 adenocarcinoma, otherwise known as breast cancer. After 18 weeks of chemotherapy, together with my doctors, I decided to have a mastectomy and eight lymph nodes removed, which was performed by **Harold Marks, MD, Breast Surgeon**. Then, I had 33 sessions of radiation by **Afshin Safa, MD, Medical Director**, Radiation Oncology.

A few months later, I decided to have a preventative mastectomy on my right side and two more lymph nodes removed. Dr. Marks performed this surgery, and **Jacob Saleh, MD, Plastic Surgery**, carried out the reconstruction of both sides.

I've since retired from teaching, my relationship with my husband has grown stronger and I am involved in more outside activities than ever before. I am now an active member of our Patient and Family Advisory Council and assist new cancer survivors in our Breast Cancer Support Group.

# The Growth of the Supportive/Palliative Care Program

In 2004, Northridge Hospital Medical Center instituted the Palliative Care Program. The program was designed to prevent, relieve, reduce and/or soothe the symptoms of a serious illness. Palliative Care differs from hospice care in that, hospice care is about preparing for a dignified death while palliative care is about making the most of life while fighting a serious illness.



*Jeremy Grosser, MD, Medical Director  
Palliative/Supportive Care Program*

*Co-Author: Alison S. Knapp, MSN FNP-BC, Nurse Practitioner, Palliative/Supportive Care*

## Palliative Care Team Expands

The program grew slowly, with an average of only 129 consults per year. In 2011, Northridge Hospital, with the help of a three-year, one million dollar grant from Unihealth, restructured the program by expanding from a single coordinator position to a multi-disciplinary team.

This team approach is now comprised of a Physician, Nurse Practitioner, Registered Nurses, Licensed Social Worker and a Chaplain who work together to go beyond strictly medical issues to address all of the patient's needs. In addition, the program strategy is to decrease the length-of-stay and reduce the rate of readmission.

The program has continued to grow to 401 consults/year FY12 and 643 consults/year FY13.

## A Team Approach

Cancer patients are usually introduced to Supportive/Palliative Care as an inpatient.

- ❖ The Nurse performs an assessment upon admission to determine if the services provided are in alignment with the patient's short- and long-term goals of care and include symptom management and psychosocial and spiritual support.



*Palliative Care Team*

- ❖ Family conferences are arranged with the Team Physician and a member of the Supportive/Palliative Care Team to ensure all involved understand the current medical condition, the trajectory of the illness/recovery and the prognosis of the disease.
- ❖ Advance Care planning is discussed, issues of outside support are pursued, and conversations with Primary Care Physicians are facilitated.

## Support to the End

The Supportive/Palliative Care Team is trained to help patients understand all of their treatment options as well as the quality-of-life ramifications, so the patient can make truly informed decisions about what is best for them.

Supportive/Palliative Care focuses on improving quality of life by reducing the physical and emotional stress often associated with a serious illness. Most importantly, it is available at any age and at any stage of an illness. Care is focused on the total patient—emotionally, physically and spiritually. Palliative Care programs have been shown to improve patient outcomes, increase patient and family satisfaction, and reduce fragmentation of care delivery.

We care deeply for each patient and understand that preparing oneself or a loved one to die is very difficult. When a cure is no longer possible, we hold hands; comfort; make hand-prints of the loved one who may be in their last moments of life as a keepsake for the family; make follow-up phone calls after the death of the loved one to ensure that the family feels supported; and we sometimes attend the memorial service for our patients.



*Inpatient Cancer Unit Team*



# I am an Ovarian Cancer Survivor

“This may sound crazy, but cancer has been a real blessing in my life. I am now **CANCER-FREE** and am a strong, confident, happy **Ovarian Cancer Warrior** who will try to make teal the new pink. I’m alive today to make a difference and I’m well on my way.”



**My name is Kathy Dukes  
and I am an Ovarian Cancer Survivor.**

In 2012, my Gynecologist Green Hsueh, MD, noticed a cyst on my ovaries. Upon watchful waiting, she discovered it was growing. Dr. Hsueh brought in Michael Lin, MD, Gynecological Oncologist. We immediately scheduled a video-assisted laparoscopy, bilateral salpingo-oophorectomy. My diagnosis was ovarian cancer stage 1C, which means both ovaries were involved and my left ovary had ruptured.

Unable to remove just the tumor, Dr. Lin performed debulking surgery to remove all the visible cancer and my lymph nodes. My cancer was caught early and six chemotherapy sessions later, I’m cancer free! J. Gary Davidson, MD, Medical Director, Leavey Cancer Center, has been my Guru and lifesaver. My Nurses are now good friends and the Leavey Cancer Center is like home to me—they are my new family.

Upon diagnosis, I became a true warrior. I became a different person, something like when Clark Kent ripped his shirt off and became Superman. I was on a mission. I was not going to die from this disease.

In an effort to help newly diagnosed patients’ journey a little more comfortable, I’ve created “Bravery Bags” for Northridge Hospital with comfort items and the “Cancer Warrior Handbook.”

# Cancer Navigator Program

Navigator Programs are nationally recognized for increasing a cancer patient's chances for survival and quality of life.

Northridge Hospital's patient-focused therapy begins with diagnosis and continues through treatment, remission and beyond. This is demonstrated by a total net community benefit for the Cancer Center of \$178,322 for FY12 for educational activities, mammogram/prostate screenings, support groups and patient assistance.

In 2006, the Leavey Cancer Center implemented the Navigator Program through a grant from the **Avon Foundation for Women** and began the Navigator Outreach Program with generous funding from the **Harold & Carole Pump Foundation**. In 2011, the Leavey Cancer Center restructured the Navigator Program to encompass the following services:

- ❖ **Harold & Carole Pump Foundation-Sponsored "Reaching Out" Screening Fairs** - These events provide free cancer screenings for those who are uninsured or underinsured.

Annually, the Leavey Cancer Committee ensures that a Community Needs Assessment is conducted and screenings, prevention and health education are based on national evidence-based guidelines. The Cancer Committee recommended screenings for the disenfranchised population, which reflect Northridge Hospital's top cancer sites: breast and prostate. Therefore, mammogram screenings at the Reaching Out Fair are offered once a month. In addition, quarterly screenings are held for prostate cancer.

- ❖ **Patient Advocate/Librarian** - A part-time, bilingual Patient Advocate assists the Outreach Navigator with both outreach and inpatient needs, including assistance with transportation and home health issues. Moreover, the Patient Advocate assumes the role of Librarian to provide education and information to all patients and families at the Cancer Center Library.

- ❖ **Navigator Program Community Outreach** - The goal of this program is to educate the community about cancer in general, ways to decrease risk factors and specific cancer screening guidelines. The Outreach staff also alleviates barriers to care by enrolling



## Navigator Program

those who are uninsured or underinsured into the free mammogram screening program and provide assistance with obtaining health insurance. This program is also funded by the Leavey Cancer Center and the **Harold & Carole Pump Foundation**.

- **Community Group Outreach** - This program has increased cancer awareness for 6,098 individuals in 107 different community groups. Guardian Angel Church members, Vaughn School-based Clinic clients and the M.E.N.D.



*Mi Kyung Ko, MD, Radiation Oncologist*

- Community Center comprise a few of the community groups educated.
- **School Wellness** - The Navigator Program has partnered with Northridge Hospital's School Wellness Initiative (formerly known as the School-based Obesity and Diabetes Initiative) to educate parents of the program's students on screening guidelines and how to decrease cancer risk factors.
- **Support Groups** - The Navigator Program provides a professional liaison for the cancer support groups at the hospital. Approximately 15 patients attend per session. The support groups include the Brain, Breast, Trigeminal Neuralgia and Moving Forward Survivorship Support Groups.

❖ **The RN Navigator** - The Registered Nurse

Navigator is the patient's point-of-contact concierge for any issues or questions. As a resource for each patient's unique needs during their care at the Cancer Center, patients can rely on their Navigator for compassionate support, encouragement and education. The Navigator's role is to ensure a smooth transition among all hospital services by assisting with:



*Doris Rivas and Kathleen Gentile, RN Navigator*

- Coordination of patient appointments with other specialists.
- Acquainting patients with all of our services including our Oncology Unit, Thomas & Dorothy Leavey Cancer Center and the Carole Pump Women's Center.
- Pre-and-post operative surgery education.
- Connecting patients and families with psychosocial support and groups, classes and programs.
- Enrolling patients in the Hospital's comprehensive Patient Orientation Program, Navigating Through Your Cancer Journey.

❖ **Oncology Welcome Packages** - These are given

to patients before treatment at their initial consult. These packages are designed to help ease anxiety and to provide simple comforts to common treatment side effects.



**Cancer Center Staff Team Up for Massage Therapy Match Grant**

Northridge Hospital is privileged to be one of only six hospitals in the nation selected by Angie's Spa to receive funding to provide free in-hospital massages for men and women undergoing chemotherapy, radiation and surgery. These services are designed to alleviate painful side effects, provide relaxation, enhance traditional treatments and give cancer patients a self-esteem boost.



In 2012, Northridge Hospital Foundation received a continuing grant of \$40,000 to provide FREE therapeutic

massage services for our in-hospital cancer patients. In addition, Angie's Spa provided a Matching Grant of up to \$3,000. A Matching Grant is a gift made with the specification that the



*J. Gary Davidson, MD, Medical Director, Leavey Cancer Center, Brian Hammel, Vice President of Philanthropy, Dignity Health - Southern California West Service Area and Nancy Berry, Angie's Spa Executive Director (l-r)*

amount donated must be matched by the organization. Motivated by this challenge, the Leavey Cancer Center Staff and patients held two bake sales to raise the matching funds. Moreover, Massage for You, the massage company for the Leavey Cancer Center, held a one-day massage therapy event at Everest College to provide massages by donation to Northridge Hospital. These three events ensured that Northridge Hospital exceeded the challenge by raising \$3,186 for a combined total of \$46,186. Enough to fund 1,847 massages.

In 2012, our Navigators scheduled massages for 1,588 individuals.

# Honoring Their Memory by Raising Money to Fight Cancer



David, Carole & Dana Pump

*Harold & Carole Pump*  
FOUNDATION

The Harold and Carole Pump Foundation (H&CPF) honors a

beloved father who lost his battle with cancer in 2000 and a loving mother who passed away in 2012. Using their unique relationship-building talents and skills, their sons David and Dana Pump working with Northridge Hospital Foundation, have raised more than \$5.5 million for the Carole Pump Women's Center, the Pump Department of Radiation Oncology and the Thomas and Dorothy Leavey Cancer Center.



Carole & Harold Pump on their Wedding Day

The mission of the H&CPF is to create awareness and raise funds for the treatment and cure of cancer. By engaging the community, sports figures and those touched by the disease, financial support is given to the development of cancer treatments, programs and services as well as the procurement of advanced medical technologies.

## Education Saves Lives

The Outreach Program's staff attended 107 community events and educated 6,098 people on cancer awareness in 2012. This education was provided in English and Spanish.

Northridge Hospital and the H&CPF partnered with several community organizations to provide the vital outreach services listed below.

❖ **Harold Pump Foundation-Sponsored "Reaching Out" Screening Fairs** – the Carole Pump Women's Center hosted 12 free "Reaching Out" events to provide free cancer screenings for those who are uninsured or underinsured. The Northridge Family Practice Clinic provides follow-up care for all patients with abnormal test results.

- 1,019 women were provided with free mammograms. There were two positive breast cancer diagnoses, which were referred for treatment
- 15 diagnostic mammograms
- 23 ultrasounds
- 8 ultrasound needle placements
- 8 biopsies
- 16 prostate exams

❖ **Patient Home Aid** – This program provides funding for home care to families who wish to discharge their loved one and continue their care in the comfort of their own home. Sponsored by



At the Annual Celebrity Golf Tournament Honoring Jamie Foxx and Shaquille O'Neal: MLB Executive VP of Baseball Operations Joe Torre; Cedric the Entertainer; Comedian Kevin Hart; Philanthropist Dana Pump; NBA Basketball Star Shaquille O'Neal; Academy Award winning Actor Jamie Foxx; CEO of Covington Capital Management Jeffrey Glassman; former NBA player and current CBS Sports Analyst Greg Anthony, and Philanthropist David Pump (l-r)

H&CPF's Family Fund, this program provided 113 hours of service in 2012.

❖ **Transportation** – For those lacking transportation to-and-from medical appointments and the Leavey Cancer Center, 334 rides were provided.

## Advanced Technology

The **Endoscopic Video System** purchased by the H&CPF is used for minimally invasive endoscopic procedures, which are far more beneficial to the patient than traditional open surgical approaches.



# I am a Breast Cancer Survivor

“Some said I had it all. I was a world-renowned opera singer and voice teacher at the Thornton School of Music at USC and Cal State Long Beach, I had a successful singing career, deeply appreciative students, a husband who adored me and then... breast cancer.”



**My name is Shigemi Matsumoto  
and I am a Breast Cancer Survivor.**

Three months after my clinical breast exam, Green Hsueh, MD, Gynecologist, felt a lump and ordered a mammogram. The mammogram was negative, but still suspicious, Dr. Hsueh and the Radiologist ordered an ultrasound mammogram, which located a just under one-centimeter lesion. Through a needle biopsy, the growth was confirmed as cancerous.

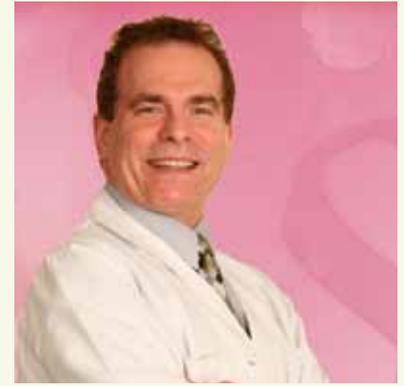
I was referred to Harold Marks, MD, General Surgeon, who successfully performed a lumpectomy and sentinel node removal. This procedure removes only the cancerous tissue and a small bit of the surrounding tissue to make sure the cancer hasn't spread. I also decided to undergo a combination of chemotherapy and radiation to reduce the likelihood of recurrence with Afshin Safa, MD, Radiation Oncology and Carl Singerman, MD, Oncology.

I was able to take control of my destiny. My physicians worked with me to choose the best treatments that fit into my schedule. Nearly 10 months after my diagnosis, I underwent my final chemotherapy treatment with my hair thinning only a little and my schedule uninterrupted. Today, I'm still teaching and have performed with over 50 national and international opera companies.

# Cancer Liaison Report

## Accountability Measures

The Leavey Center Cancer Committee ensures that patients with cancer are treated according to nationally accepted compliance measures, such as the current Commission on Cancer's (CoC) quality reporting tool (Cancer Program Practice Profile Reports [CP3R]). An accountability measure is the standard of care based on clinical trial evidence.



Harold Marks, MD, Cancer Liaison Physician

Currently, Northridge Hospital's Cancer Program has received a rating of 1 from the CoC, which indicates the highest rating for a cancer program.

The Cancer Committee has approved participation in the **Rapid Quality Reporting System (RQRS)**, a reporting and quality improvement tool, which is required to garner the Outstanding Achievement

Award (OAA) at the next survey. Through this participation, the Cancer Program can:

- ❖ Improve patient care with access to real-time performance rates.
- ❖ Evaluate historical performance to compare with current practice.
- ❖ Use the information in RQRS to develop real-time interventions to enhance the quality of care.

## ACoS National Cancer Data Base CP3R 2011 Measures

The American College of Surgeons Commission on Cancer has defined six Cancer Program Practice Profile Reports (CP3R) that must be evaluated and publicly reported in 2012 for commendation.

Oncology Metric	NHMC (2010)*	New Required Performance Rate
<b>Breast</b>		
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	87.1%	≥90% or upper bound of 95%
Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0 or Stage II or III hormone receptor positive breast cancer	100%	≥90% or upper bound of 95%
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage II or III hormone receptor positive breast cancer	93%	≥90% or upper bound of 95%
<b>Colon</b>		
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	71.4%	≥80% or upper bound of 95%
Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	70.6%	≥90% or upper bound of 95%
<b>Rectal</b>		
Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathological AJCC T4N0M0 or Stage II receiving surgical resection for early rectal cancer	N/A	Not yet established

\* Latest data available.

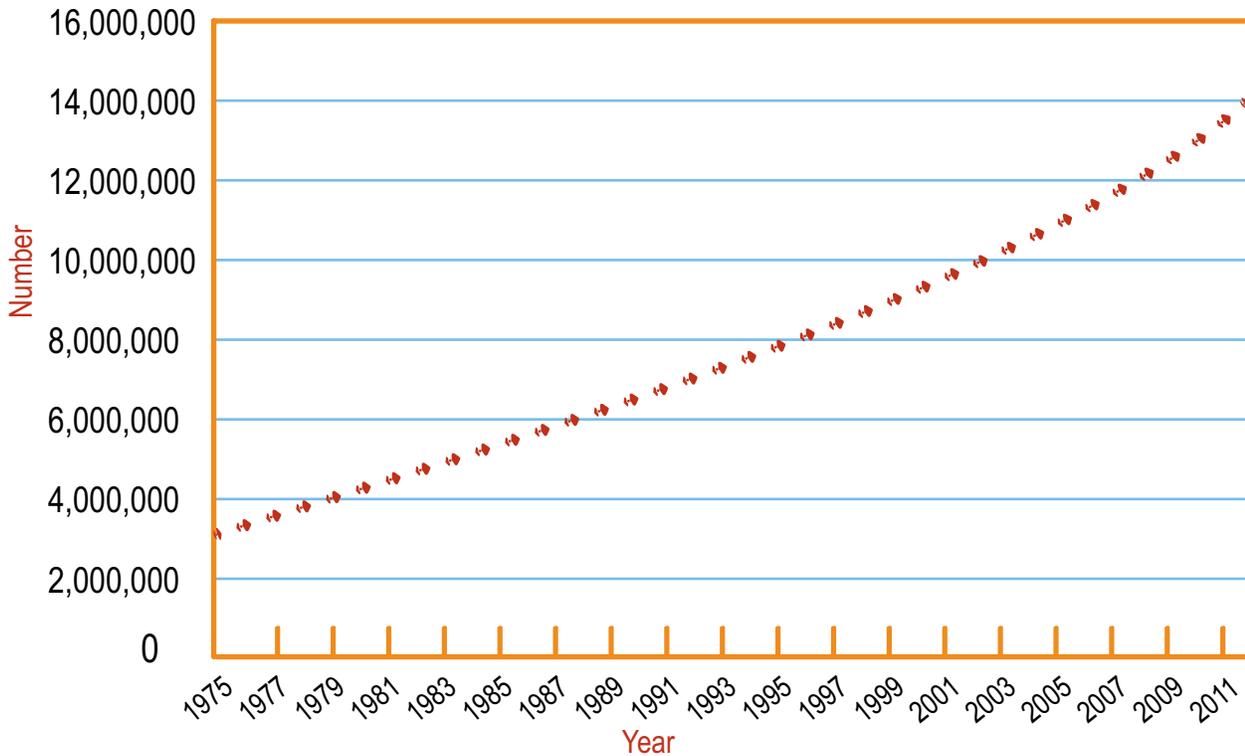
## Action Plan

In 2013, the Cancer Registry Department will begin adding pathology cases, and reportable diagnosis index cases to the CNExT Cancer Registry Software suspense list. Suspense cases will then be entered as daily pathology is reviewed, and when monthly diagnosis index data is available. Additionally, the Cancer Committee has approved participation in the Rapid Quality Reporting System (RQRS).

## 2012 Primary Site Table

SITE GROUP	ANALYTIC	NON-ANALYTIC	ALL CASES	% ALL CASES
TONGUE	2	0	2	0%
FLOOR OF MOUTH	2	0	2	0%
MOUTH, OTHER & NOS	1	0	1	0%
TONSIL	1	0	1	0%
OROPHARYNX	1	0	1	0%
PHARYNX & ILL-DEFINED	1	0	1	0%
ESOPHAGUS	7	2	9	1%
STOMACH	9	2	11	2%
SMALL INTESTINE	3	0	3	0%
COLON	27	11	38	6%
RECTUM & RECTOSIGMOID	14	3	17	2%
ANUS, ANAL CANAL, ANORECTUM	4	2	6	1%
LIVER	10	0	10	1%
GALLBLADDER	4	0	4	1%
BILE DUCTS	4	1	5	1%
PANCREAS	17	4	21	3%
OTHER DIGESTIVE	1	0	1	0%
LUNG/BRONCHUS-SMALL CELL	9	0	9	1%
LUNG/BRONCHUS-NON SM CELL	54	16	70	10%
PLEURA	2	0	2	0%
LEUKEMIA	16	9	25	4%
MYELOMA	6	1	7	1%
OTHER HEMATOPOIETIC	19	8	27	4%
SOFT TISSUE	2	1	3	0%
MELANOMA OF SKIN	3	4	7	1%
BREAST	95	20	115	17%
CERVIX IN SITU CA	0	4	4	1%
CERVIX UTERI	12	0	12	2%
CORPUS UTERI	29	1	30	4%
UTERUS NOS	1	1	2	0%
OVARY	9	1	10	1%
VAGINA	2	0	2	0%
VULVA	1	1	2	0%
PROSTATE	59	8	67	10%
TESTIS	1	1	2	0%
BLADDER	19	2	21	3%
KIDNEY AND RENAL PELVIS	15	2	17	2%
EYE	0	2	2	0%
BRAIN	12	1	13	2%
OTHER NERVOUS SYSTEM	11	1	12	2%
THYROID	24	4	28	4%
OTHER ENDOCRINE	8	2	10	1%
HODGKIN'S DISEASE	1	0	1	0%
NON-HODGKIN'S LYMPHOMA	31	6	37	5%
UNKNOWN OR ILL-DEFINED	14	1	15	2%
<b>TOTAL</b>	<b>563</b>	<b>122</b>	<b>685</b>	

## Survivor Graph 1975-2007

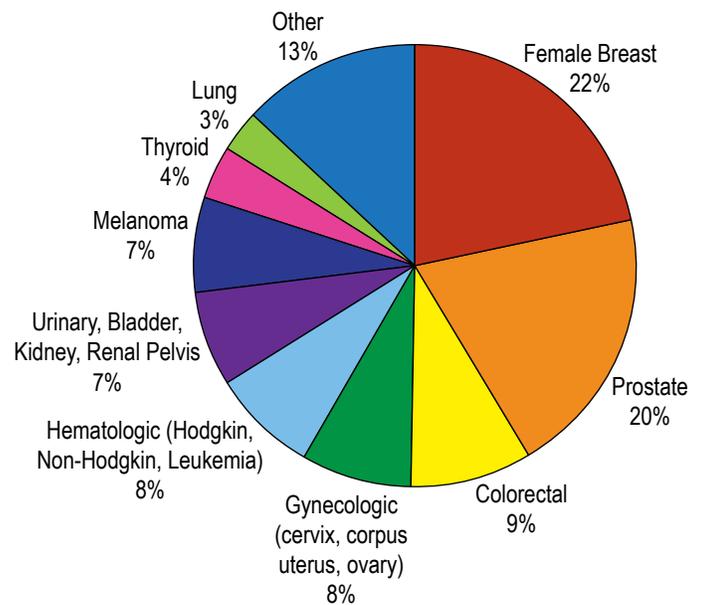


## 2003-2005

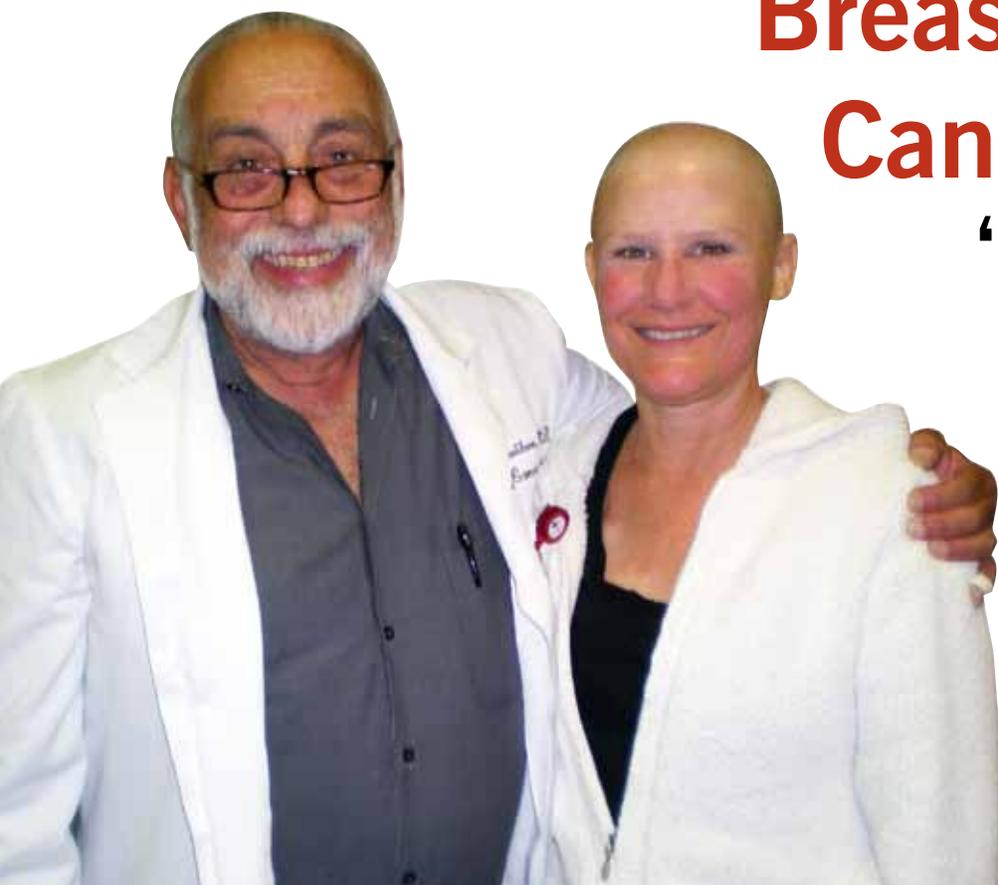
### Overall (all stages combined) Survival

	DX	YR 1	YR 2	YR 3	YR 4	YR 5
NHMC - Breast	100%	92%	87%	84%	78%	76.4%
NCDB NTL - Breast	100%	97%	94%	91%	88%	85%
NHMC - Lung NSCL	100%	39%	27%	19%	16%	15%
NCDB NTL - NSCL	100%	46%	30%	23%	19%	17%
NHMC - Prostate	100%	97%	92%	89%	86%	82%
NCDB NTL - Prostate	100%	86%	77%	71%	67%	62%
NHMC - Colon	100%	78%	66%	62%	58%	53%
NCDB NTL - Colon	100%	97%	94%	91%	88%	85%
NHMC - Bladder	100%	71%	66%	59%	59%	53%
NCDB NTL - Bladder	100%	81%	72%	65%	60%	55%

## Number of Persons Alive with Cancer by Site 2008



# I am a Breast Cancer Survivor



“When I found out I had cancer, everything changed. The great gift in the whole experience, if such can be said of a cancer diagnosis, was finding out how well I am loved and how highly I am valued by those closest to me.”

*J. Gary Davidson, MD, and Sherrie Padelford*



**My name is Sherrie Padelford  
and I am a Breast Cancer Survivor.**

Before my diagnosis in January, 2011 my daily life was jam-packed—I taught school, worked out at the gym, spent time with friends and family. Then, during my monthly self-breast-exam, I noticed a lump. It happened to coincide with my yearly mammogram at the Carole Pump Women’s Center, so I mentioned it to the Technician at my appointment. The Radiologist recommended an ultrasound of my breast to confirm the mass. Shortly after, a biopsy revealed I had breast cancer.

Without saying a word, I was suddenly on the receiving end of more giving from friends and family than I could have imagined. My loved ones rallied around me in a way I never expected.

Harold Marks, MD, Surgeon, performed a lumpectomy, followed by six weeks of chemotherapy and then radiation. I am now officially CANCER-FREE. Though cancer changed my life in many ways, my days are once again filled with activities I happily call “normal.”

# Oncology Conferences

Oncology Conferences are an opportunity for physicians to review and discuss treatment options available for specific malignant processes. The conferences are multidisciplinary and include physicians from Medical Oncology, Radiation Oncology, Surgery, Radiology and Pathology.

Cases presented at the Oncology Conferences are at least 10 percent of the annual analytic cases accessioned into the Cancer Registry database and include cases from the five major sites seen at Northridge Hospital Medical Center. At least 75 percent of the cases presented are required to be prospective. In 2012, 38 Tumor Boards were held with 144 of the total 146 case presentations being prospective cases.



*Monthly Tumor Board*

Physicians are encouraged to contact the Cancer Registry at 818-885-8500, ext. 2835 or ext. 2833 to schedule case presentations for the following conferences:

***Breast Conference:***

2nd and 4th Thursday of each month

***General Tumor Board:***

3rd Thursday each month

***Head and Neck Tumor Board:***

1st Thursday, every other month

*Northridge Hospital Medical Center is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.*

*Northridge Hospital Medical Center designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s).™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

# Clinical Research

## Helping Shape the Future of Cancer Through Clinical Research

Groundbreaking medical advances are the result of new ideas and approaches developed through clinical research. Northridge Hospital Medical Center remains on the forefront of current research developments by participating in clinical research and partnering with some of the nation's most credible institutions, such as UCLA. We currently have open and accruing clinical trials in the areas of breast, lung, colorectal, prostate and multiple myeloma.

For more information on Clinical Research Trials, please call 818-885-5458.



*David Kim, MD, Medical Oncology*

# Cancer Committee Membership 2012

The membership of the Cancer Committee or other appropriate leadership body, is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from Administrative and Supportive Services. Coordinators who are responsible for specific areas of program activity are designated by the membership.



## Physician Members:

**Afshin Safa, MD**

Radiation Oncology, Cancer Committee Chair

**Walid Arnaout, MD**

Surgical Oncology, Liver and Pancreas Program  
Medical Director

**J. Gary Davidson, MD**

Oncology, Leavey Cancer Center Medical Director

**Jeremy Grosser, MD**

Internal Medicine, Pain Control/Palliative Care  
Medical Director

**Harold Marks, MD**

Surgery, Cancer Liaison Physician

**Kimberly Mislick, MD, PhD**

Pathology and Laboratory Services, Medical Director

**Anil Wadhvani, MD**

Diagnostic Radiology



**Sonja Flores, CTR, Cancer Registrar**  
**Joanne Jones, Cancer Registry**  
**Department Specialist (l-r)**

*Attendance Requirement to be set by Cancer Committee*  
*Quorum Requirement: 7 voting members.*

## Administrative Members:

Nana Deeb, VP

Clinical Services

Jill Dickson, RN, OCN

Cancer Program Director/Performance Improvement

Rev. Leon Directo, M Div

Director, Spiritual Care

Holly Hessel-Altman, BSN, MS, CPHQ

Director, Quality Management

Debra Flaherty, MSPT

Director, Rehabilitation and Neuroscience

Chrissy Kim

American Cancer Society

Diane Killian, RT (R) (T)

Clinical Research Coordinator

Cheryl Lovett, RHIT, Director

Health Information Management

Sonja Flores, CTR

Certified Tumor Registrar

Angie Martinez, LCSW

Social Services/Case Management

Robert Sakamoto, PharmD

Pharmacy

Candice Upham, RN, BSN, NE-BC

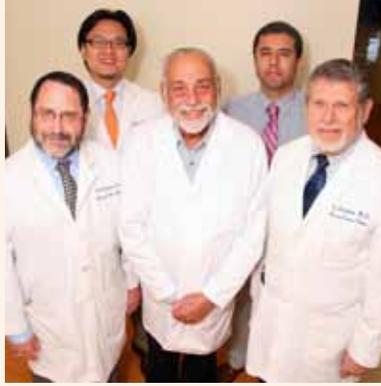
Manager, Inpatient Oncology

Jenny Zeltser, MPH

Community Outreach

## Medical Oncology

In partnership with Northridge Hospital Medical Center, West Valley Hematology Oncology Medical Group (WVHOMG) provides diagnosis, evaluation and treatment of all malignant disorders, including solid tumors and hematologic malignancies. They treat patients with the most current anti-cancer drugs and treatment protocols available. WVHOMG doctors are board-certified in Hematology and Oncology, and their distinguished affiliations include South West Oncology Group and the University of California, Los Angeles (UCLA) Cancer Network.



WVHOMG doctors are faculty members at UCLA. While working in conjunction with the Leavey Cancer team, these dedicated physicians also embrace a multifaceted, holistic approach that includes the latest therapies, clinical trials and symptom management.

**J. Gary Davidson, MD**, is a board-certified specialist in Internal Medicine and Hematology. He serves as the Medical Director of the Leavey Cancer Center.



**Sheldon Davidson, MD**, is a board-certified specialist in Internal Medicine and Hematology.



**Carl Singerman, MD**, is a board-certified specialist in Internal Medicine and Medical Oncology.



**Juan Alcantar, MD**, is a board-certified specialist in Internal Medicine and Medical Oncology.

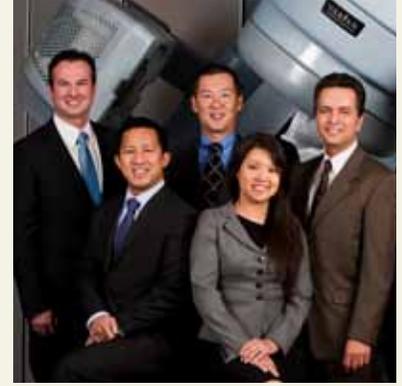


**David Kim, MD**, is a board-certified specialist in Internal Medicine and Medical Oncology.



## Radiation Oncology

The Harold & Carole Pump Department of Radiation Oncology is the only treatment center in the Valley that provides an impressive selection of advanced treatments options like the minimally invasive Gamma Knife, Intensity Modulated Radiation Therapy (IMRT), Brachytherapy, Mammosite and high-dose rate treatment for all stages of cancer.



Cancer Care Consultants is a specialized Radiation Oncology physician group founded on the principle of using the latest medical and computer technologies. It is one of the largest groups of its kind in the area, providing treatment to over 1,200 cancer patients annually. Accordingly, they have been recognized and listed in the “Best Doctors in America” and “The Essential Guide to Los Angeles’ Best Doctors.”

**Afshin Safa, MD**, is board-certified in Radiation Oncology and serves as the Medical Director at the Harold & Carole Pump Department of Radiation Oncology.



**Mi Kyung (Micki) Ko, MD**, is board-certified in Radiation Oncology.



**Daniel Schiffner, MD**, is a board-certified Radiation Oncology.



**Sayana Shah, MD**, is a Radiation Oncologist with broad clinical expertise in the treatment of a wide range of cancers.



## Surgeons

Northridge Hospital boasts outstanding Surgical Oncologists as well as specialized surgeons in Thoracics, Neurology and Gynecology. Our surgical team is dedicated to providing our patients with a complete range of options best suited to their individual needs. Our Cancer Specialists are extraordinarily precise in removing cancer while preserving as much normal tissue and function as possible.



*Azmi Atiya, MD, Thoracic Surgeon*

Studies show that, for many cancers, patients have fewer complications if their surgery is performed at a hospital performing a high volume of these operations and if the surgery is performed by a surgeon who has expertise in the procedure, like those found at Northridge Hospital.



*Mark Liker, MD, Neurosurgery,  
Asher Taban, MD, Neurosurgery and  
David Huang, MD, Radiation Oncology (l-r)*

## Sub-Specialized Radiologists

Renaissance Imaging Medical Associates (RIMA) employs an extraordinary team of highly sub-specialized Radiologists. RIMA offers distributed sub-specialty radiology services along the lines typically seen only in top academic Radiology Departments.



*Anil Wadhvani, MD, Interventional Radiologist*

## Oncology Nursing

As integral members of a multidisciplinary team, specially-trained Oncology Nurses provide the balance between innovative, expert treatment and personalized care. They are committed to maintaining the highest professional standards and continue to keep abreast of the latest treatments and technologies through research, certification and life-long learning.

Nurses maintain certifications in the implementation of specialized treatments such as chemotherapy, radiation therapy, IV therapy and blood transfusion and many are certified specifically in Oncologic Nursing.



## Our Mission

Northridge Hospital Medical Center is dedicated to developing healthier communities by assuring access and facilitating compassionate quality healthcare service with a commitment to clinical and service excellence provided by caring professionals who respect the dignity of each individual.



## Values

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

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

### The Thomas & Dorothy Leavey Cancer Center Northridge Hospital Medical Center

18300 Roscoe Blvd. • Northridge, CA 91328  
Main Hospital • 818-885-8500  
FREE Find a Cancer Doctor • 818-908-8677  
[www.NorthridgeHospital.org/cancercenter](http://www.NorthridgeHospital.org/cancercenter)

### West Valley Hematology & Oncology Medical Group

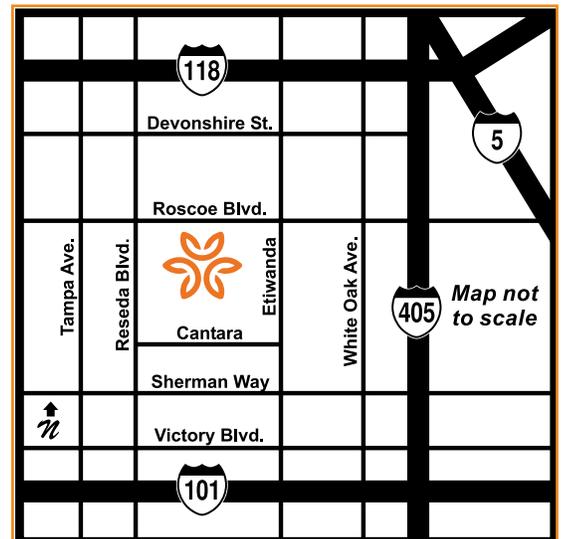
Telephone: 818-700-2336  
*J. Gary Davidson, MD, Medical Director*  
*Sheldon J. Davidson, MD*  
*Carl L. Singerman, MD*  
*David D. Kim, MD*  
*Juan Alcantar, MD*

### The Pump Department of Radiation Oncology

Telephone: 818-885-5331  
*Afshin A. Safa, MD, Medical Director*  
*Micki Ko, MD*  
*Daniel Schiffner, MD*  
*Sayana Shah, MD*

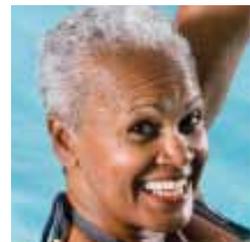
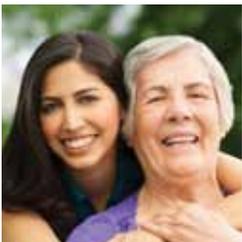
### Gamma Knife Center

Telephone: 818-885-5432  
*Afshin A. Safa, MD*  
*David Huang, MD*  
*Daniel Schiffner, MD*



Free valet parking is available, enter by Leavey Cancer Center off of Roscoe Blvd.

Languages spoken: English, Spanish, Korean, Tagalog, Farsi, Arabic, Malayalam, Afrikaans, Urdu



**The Thomas & Dorothy Leavey Cancer Center**  
**Northridge Hospital Medical Center**  
 18300 Roscoe Blvd. • Northridge, CA 91328  
 Main Hospital • 818-885-8500  
 FREE Find a Cancer Doctor • 818-908-8677  
[www.NorthridgeHospital.org/cancercenter](http://www.NorthridgeHospital.org/cancercenter)



**Dignity Health™**

Northridge Hospital  
 Medical Center

Leavey Cancer Center

