

ANNUAL REPORT

2009



OVERLAKE Hospital Medical Center
Medical excellence every day™

CANCER CENTER

35 years of accreditation by



the Commission on Cancer

Contents

CANCER COMMITTEE

Chair Report	3
Goals 2009	4-5
CoC Cancer Liaison Physician Report	5
Roster 2009	6

HIGHLIGHTS

35 Year Celebration	7
SCCA Network Affiliation	7
Radiation Oncology New Trilogy Linear Accelerator	8
Cancer Center Program Plan	8
Cancer Liaison Physician Outstanding Performance Award	8
Educational Offerings	8
Quality Improvements	9

STUDIES

Mammosite Brachytherapy: Patient Satisfaction Survey	10
Cancer Survivorship Study	10-11

BREAST CANCER PROGRAM14-17

LUNG CANCER PROGRAM

Thoracic Tumor Board	18
Lung Cancer Patient Navigator	18
Lung Cancer Team Quarterly Meetings	18
Video-Assisted Thoracic Surgery	18
Endobronchial Ultrasound (EBUS)	19
Lung Cancer Community Program	19
Lung Cancer Program Data	19-20

GI/COLORECTAL CANCER PROGRAM21-23

INPATIENT ONCOLOGY 24

CANCER RESOURCE CENTER

Educational Materials	26
Patient Counseling	27
Patient & Family Assistance	27

PASTORAL CARE 28

CLINICAL TRIALS

Medical Directorship	29
Trial Accrual	29
Enrolling Clinical Trials at Overlake	30

REHABILITATION SERVICES

Physical Therapy & Occupational Therapy	31
Speech Therapy	31
Medical Nutrition Services	31-32

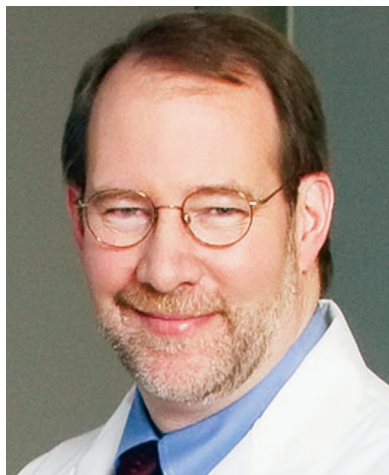
COMMUNITY OUTREACH & EVENTS

Relay For Life	33
Making Strides Against Breast Cancer - Bellevue	33
Washington Breast & Cervical Health Program	33

VOLUNTEERS 34

FOUNDATION & AUXILIARIES 35

Cancer Committee



Chair Report

By Nicholas Kovach, MD

Overlake Hospital Medical Center's Cancer Center staff and physicians remain committed to delivering quality cancer care for Eastside residents. The rigorous program evaluation and review process to earn accreditation by the American College of Surgeons Commission

on Cancer (ACoS CoC) is testimony to that. The CoC defines itself as "a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and monitoring of comprehensive quality care."

To achieve this, ACoS routinely evaluates programs such as Overlake's on 36 specific standards. This ensures accredited programs offer the full scope of services required to diagnose, treat, rehabilitate and support patients with cancer and their families. This is a voluntary process and one that sets Overlake apart from many cancer programs in the state. It allows us to assess our performance and identify areas to further strive to improve. Overlake now proudly has 35 years of ACoS CoC accreditation—a reflection of the excellent multidisciplinary and integrated team approach to quality cancer care here.

Concurrent with this outside review, we also monitor quality internally and have established specific multidisciplinary working groups in areas including lung, GI/colorectal and breast care. These groups meet regularly to review established quality indicators of care for these disease-specific sites. The summary of these results are presented and reviewed at several other Overlake Hospital Medical Center committees involved in quality assurance. This scrutiny helps us maintain our quality of care for all our patients. In addition to this commitment of quality, Overlake continues to enhance patient care with continued work toward

increasing availability of research trials internally, as well as in association with the Seattle Cancer Care Alliance (SCCA). Becoming part of the SCCA Network in 2009 has helped us broaden available trials and support for our cancer patients. We look forward to growing and maturing this relationship over the upcoming year.

There were many other program expansion efforts initiated in 2009 that you can read about in the Radiation Oncology section, Cancer Center highlights and other sections of this report. But perhaps the most important accomplishment is the continued commitment to supporting our community with educational programs about breast and lung cancer, and in the near future, about colorectal and gastrointestinal cancers. These programs are designed to offer help and information in understanding prevention, diagnosis, and treatment options as well as to enhance survivorship. As we have grown in developing improved means to treat cancers, the focus has grown internationally on now helping people deal with the aspects of having survived cancer. Overlake shares in that focus and in June 2009, we offered our first survivorship event and have also established a new Breast Cancer Survivorship Clinic. We hope to expand and grow this support in many ways.

The year 2009 was tremendous in terms of long-range vision and initial implementation of some initiatives and has laid the foundation for what we expect to be a truly spectacular 2010.

CANCER COMMITTEE *GOALS* 2009

1. Programmatic Goal

Develop plan to expand capacity of Breast Health Centers by June 2009.

A plan was developed and implemented and included:

- Right sizing exam appointment times – Screening exams were decreased from 20 to 15 minutes. Operational workflows were improved to allow technologists to focus their efforts on the patients rather than paperwork.
- Reducing technical incomplete (TI) rate through targeted training of technologists.

These efforts have resulted in improved turnaround times, with the goal to sustain these results:

Screens	10 days
Additional Views	5 days
Diagnostic	5 days
Procedures	2 days
Ultrasounds	5 days

Volume increased 4% (July 1, 2008 - June 30, 2009).

Additional efforts were made to enhance the patient experience, particularly related to consistent messaging to patients regarding expected wait times and any delays. Staffing was adjusted to augment scheduling in the Diagnostic Center. Ongoing education and cross-training of staff was implemented to ensure adequate coverage of all modalities within the department.

2. Quality Improvement Goal

Develop GI/colorectal cancer quality indicators by March 2009.

Quality indicators were developed in January 2009. The quality indicators were reviewed with the GI/colorectal cancer team (a multidisciplinary group of specialists) on March 30, 2009. Ongoing review of the quality indicators occurs at the quarterly GI/colorectal cancer team meetings.

3. Community Outreach Goal

Hold cancer survivor day event at Overlake Hospital Medical Center in June 2009.

On June 13, 2009, the Cancer Center at Overlake hosted Survivorship: Looking to Your Future, a one-day conference for cancer survivors and caregivers. The event connected survivors and caregivers with healthcare providers who provided new and valuable information about survivorship. The conference helped attendees identify common themes relating to quality of life following a cancer diagnosis.

- Approximately 94 survivors and caregivers attended the daylong conference.
- The event started with a breakfast hosted by the Cancer Center at Overlake.
- Debra Jarvis, author of *It's Not About the Hair*, was the keynote speaker and opened the conference.
- Throughout the course of the conference, attendees had the opportunity to choose three of six presentations.

I Will Survive: Getting Back to a Real Life, and
Keeping it That Way After Cancer Treatment
-Tanya Wahl, MD

Restoring Health and Wellness – Beyond Survivorship
-Janile Martin, ND, ARNP, LAC

Legal Rights of the Cancer Patient
-Joslyn Donlin

Genetics and Cancer
-Sara Wiyrick, MS and Kristi Harrington, MD, PhD

Healthy Caregiving; Mind, Body and Spirit
-Desiree Hobson, MSW

Nutrition for Cancer Survivors

-Mel Smith, MS, RD

- Fourteen patient support and advocacy groups staffed educational and resource tables during the conference.
- Feedback regarding the conference was very positive. Sixty-three (63) attendees completed a post-conference survey.
 - > 63 indicated that the conference met their expectations
 - > 41 identified themselves as a “Cancer Survivor”
 - > 14 identified themselves as a “Caregiver”
 - > 8 identified themselves as “Other”

4. Clinical Goal

Develop clinical protocols for stereotactic radiosurgery utilizing Varian’s Trilogy linear accelerator by December 2009.

Willam B. Reece, MD, radiation oncologist, and Christopher J. Smythies, MD, neurosurgeon, along with our physicist and dosimetrist attended a week-long program for BrainLab treatment planning for stereotactic radiosurgery in Chicago, IL in November 2009. In early January 2010, radiation oncology staff will have three days of on-site training at the same time that our Varian Trilogy will become operational. This will lead to the acquisition and submission of quality assurance data to an outside reference institution and, finally, the development of clinic-specific workflow and procedures in anticipation of treating patients with stereotactic radiosurgery in February 2010.



CoC Cancer Liaison Physician Report

***By Tanya Wahl, MD,
Cancer Liaison Physician***

The Cancer Liaison Program of the CoC is a volunteer-based program, whereby a volunteer physician from each CoC-approved facility serves to facilitate delivery of comprehensive quality cancer care at the local level.

This is a requirement of accreditation. This role also includes developing and strengthening the organization’s relationship with the American Cancer Society in an effort to improve the health of the community and advance research. Overlake continues to make progress in the clinical trials arena, with clinical trials actively reviewed for interest in participating.

In 2009, the Cancer Center at Overlake opened the BETH and B-46 trials. Overlake continues to work to add trials in lung cancer, colon cancer, and further offerings in breast cancer via our affiliation with the Seattle Cancer Care Alliance (SCCA) Network and through The National Surgical Adjuvant Breast and Bowel Project (NSABP) (for which I have been the Principal Investigator since September 2008).

Throughout 2009, Overlake continued its strong support of the American Cancer Society with its sponsorship of events such as the Relay For Life Issaquah, ACS Cancer Action Network legislative breakfast, and the Making Strides Against Breast Cancer walk in King County.

CANCER COMMITTEE *ROSTER* 2009

Chen, Eric, MD, Medical Oncologist, *Group Health Cooperative*

Clarfeld, Rick, MD, Breast Surgeon, *Overlake Breast Associates*

Crandall, Kathy, Manager, *Breast Health Center*

Crossland, Kathryn, MD, Medical Oncologist, *Overlake Cancer Center*

Crow, Stephanie, RN, Clinical Effectiveness Director, *Quality Management*

Fortney, Tina, RN, BSN, Program Coordinator, *Clinical Research*

Hobson, Desiree, MSW, Social Worker, *Cancer Support Services*

Knappe, Garrett, Physical Therapy Supervisor, *Rehabilitation Services*

Kovach, Nicholas, MD, Medical Oncologist, *Overlake Cancer Center*

Kraemer, Ken, MD, Medical Oncologist, *Eastside Oncology/Hematology*

McCoubrey, Sara, CTR, Cancer Registrar, *Cancer Registry*

McGann, Amy, Manager, *Cancer Support Services*

Osborne, Pauline, RN, Oncology Clinical Nurse Specialist, Lung Cancer
Patient Navigator, *Overlake Cancer Center*

Reece, Brent, MD, Radiation Oncologist, *Radiation Oncology*

Rock, Pam, Director, *Cancer Center*

Scallon, Steven, MD, Radiologist, *Breast Health Center*

Shaw, Kelly, MPH, Manager, *Radiation Oncology*

Smethurst, Debra, CTR, Cancer Registrar, *Cancer Registry*

Smith, Melicent, MS, RD, Dietitian, *Nutrition Services*

Smith, Walter, MD, Medical Oncologist, *Overlake Cancer Center*

Staples, Russ, Chaplain, *Pastoral Care*

Stenbakken, Kathy, CTR, Cancer Registrar, *Cancer Registry*

Tan, Lennart MD, Pathologist, *Pathology*

Viggiano, Deborah, RN, Manager, *Inpatient Oncology Unit*

Wahl, Tanya, MD, Medical Oncologist, *Overlake Cancer Center*

Zant, Kelly, MSW, ACS, Patient Navigator, *Cancer Support Services*

Zobel, Mark, MD, Radiologist, *Radiology*

Highlights

By Pam Rock, Director,
Cancer Services



35 Year Celebration

In 2009, Overlake's cancer program achieved a significant milestone - 35 years as an American College of Surgeons (ACoS) Commission on Cancer (CoC) approved program. To meet the standards necessary for CoC approval, the program must undergo a rigorous evaluation process with an onsite survey every three years. In our most recent survey in September 2008, the Cancer Center at Overlake was granted a Three-

Year Approval with Commendation (received commendation in 7 out of 9 possible areas). With coral being the 35-year anniversary symbol, an underwater theme set the stage for a festive celebration on April 30. Nicholas Kovach, MD, and Walter Smith, MD, provided thoughts on the past, present and future of the cancer program at Overlake.



SCCA Network Affiliation

In June 2009, the Cancer Center at Overlake became a member of the Seattle Cancer Care Alliance Network. The SCCA is a partnership between Fred Hutchison Cancer

Research Center, University of Washington Medical Center and Seattle Children's Hospital. The SCCA Network is a group of community healthcare organizations working together to enhance access to improved interventions and advancing the standard of cancer care.

Overlake is the first major medical center on the Eastside to join the network. This affiliation brings our patients access to SCCA clinical trials on the Overlake campus. Additionally, the network provides access to SCCA's medical expertise for program development initiatives such as survivorship programs at Overlake and provides medical educational opportunities for physicians and staff. The groundwork was laid in 2009 to add three to five clinical trials within the first few months of 2010. In addition, a breast cancer survivorship clinic was established at Overlake in October 2009, tapping into the survivorship expertise of SCCA, which is a Lance Armstrong LIVESTRONG™ Center of Excellence designee. Additionally, a number of co-branding and co-marketing initiatives were implemented.



Radiation Oncology New Trilogy Linear Accelerator

The radiation oncology department has implemented a significant capital project plan over the last two years. In 2009, a new Varian Trilogy linear accelerator was purchased and installed. This machine provides the latest in radiation therapy including Volumetric Modulated Arc Therapy (VMAT) and Stereotactic Radiosurgery/Stereotactic Body Radiation Therapy (SRS/SBRT) at Overlake. The machine will be operational in January 2010, with SRS cases beginning in February 2010.

Cancer Center Program Plan

In fall 2009, a new three-year Cancer Center program plan was completed. The plan included a thorough market assessment, physician and administrative leadership input, and goals and initiatives were outlined for the next three years for the Cancer Center overall and for the major disease site programs at Overlake.

Cancer Liaison Physician Outstanding Performance Award

Tanya Wahl, MD, a Cancer Liaison Physician (CLP) in the Cancer Center, received an Outstanding Performance Award in 2009 for going above and beyond the scope of the normal duties of serving as a liaison between the cancer program and the American College of Surgeons Commission on Cancer (CoC). Wahl is serving a three-year appointment and is among a national network of more than 1,600 volunteer physicians who are responsible for providing leadership and direction to establish, maintain and support their facility's cancer program. Cancer Liaison

Physicians are an integral part of cancer programs accredited by theCoC. Nationally, 36 Cancer Liaison Physician Outstanding Performance Awards were given to recognize liaison physicians' work in developing and/or implementing an idea(s) that improved the quality of care delivered at their facility; directly contributing to the accreditation status of the cancer program; exceeding the expectations set forth for CLPs to strengthen the cancer program; demonstrating leadership and support for cancer control activities in the community and with the ACS; or serving as a role model for other staff and exhibiting characteristics that truly make them a physician champion for the cancer program.

As a Cancer Liaison Physician, Dr. Wahl is responsible for spearheading CoC initiatives within the hospital's cancer program; collaborating with local agencies, such as the American Cancer Society; and facilitating quality improvement initiatives utilizing data submitted to the CoC's National Cancer Database (NCDB). The NCDB currently contains patient demographics, tumor characteristics, treatment and outcomes information for over 25 million malignant cancers diagnosed and treated at hospital cancer programs in the United States. The CoC collects data from its approved cancer programs and provides tools these facilities can use to facilitate the analysis of patterns of diagnosis and treatment. Dr. Wahl has also worked to provide Overlake oncology patients with greater access to clinical trials, and facilitated efforts to expand clinical research at Overlake.

Educational Offerings

A number of educational offerings were provided for physicians and clinical staff in 2009 including:

Moving (Slowly) Towards Personalized Breast Cancer Care

by Tanya Wahl, MD, medical oncologist

Caring for the Cancer Patient

by Pauline Osborne, CNS, MS, RN

Understanding Slide Pathology

by David Nordin, MD, pathologist

Quality Improvements

Many quality improvements were initiated in 2009 including the following:

- Oncology rounds were initiated on the medical oncology unit, W4, with 4-5 complex cancer cases reviewed weekly by the multidisciplinary care team including CNS, nursing staff, PT/OT, nutrition, social worker, ACS patient navigator, discharge planner, etc.
- A service of having the oncology social worker or ACS patient navigator meet/greet new inpatient oncology patients was begun, with an introduction to their services provided along with a gift of a fleece blanket and information on cancer support services.
- Funding was obtained from Overlake Auxiliaries to purchase It's Not About the Hair books for Look Good Feel Better class attendees, as well as for eyebrows and wigs to provide free to cancer patients in the Cancer Resource Center.
- A breast cancer survivorship clinic was developed and implemented in October 2009, staffed by an ARNP.
- A medical directorship was established for oncology research to provide leadership for increasing the clinical trial offerings at Overlake.

“I’ve spent a lot of time at Overlake. The staff and physicians cared for me through one of the most difficult challenges in my life – breast cancer. They helped me through it, not just once, but twice.”

–Michelle Trumbull, Breast Cancer Survivor



Studies



MammoSite Brachytherapy: Patient Satisfaction Survey

By James Pelton, MD

Accelerated partial-breast irradiation (API) has been shown in several studies to be an effective method of primary

radiation for women with low-risk breast cancer. An on-going NCI trial seeks to determine if this approach is appropriate for more advanced stages in combination with systemic therapies. This study examines patient satisfaction utilizing the MammoSite balloon catheter method of API at a single community-based hospital. Overlake introduced MammoSite API in February 2004 and registered the first 19 patients in the national MammoSite Registry. To date, Overlake has treated approximately 140 patients with this technique.

Selection criteria includes: tumor size 3cm or less, all histologies including DCIS and small lobular cancers, age 40 or older, negative surgical margins and negative lymph nodes. A pre-MammoSite CT scan is done to determine adequate skin bridge and conformance to the lumpectomy cavity. Patients are treated twice daily, 340cGy per treatment, to a 1 cm distance from the catheter surface for 10 fractions.

A MammoSite Radiation Questionnaire was mailed to 103 patients to elicit their overall satisfaction with the procedure, complications and its effectiveness. The questionnaire consisted of 11 multiple-choice questions and space on the back to elaborate on any given question or to give additional feedback.

The form was designed to be anonymous and was accompanied by a cover letter explaining the nature of the study and its confidential nature and included a stamped self-addressed return envelope. This study was approved by the hospital IRB. A total of 90 surveys (87% response) were received.

In summary, the patient-satisfaction survey was a strong endorsement of the current MammoSite partial breast radiotherapy option for selected patients. 84% of patients indicated they were very satisfied with the procedure and 86% indicated that they would choose it if they had to do it again. Avoidance of infection and keeping the skin/balloon distance to less than 100 percent of the prescribed dose is key to good cosmesis and overall patient satisfaction. Newer multichannel catheters are being introduced which will assist in optimizing the dose distribution and minimize skin surface exposure. Based on the survey results, on a question related to pain, opportunity to improve the patient experience includes consideration of perhaps a more generous dose of local anesthetic and/or time for it to take effect to prevent the transient pain associated with insertion and removal of the catheter.

A full copy of this study is available upon request.

Cancer Survivorship Study

By Pam Rock, Director,

Cancer Services

The Cancer Survivorship Study survey had three objectives:

1. Gain a better understanding of the views and needs of cancer survivors treated at Overlake, including:
 - The survivor experience while undergoing treatment at Overlake.

- The cancer survivor’s perspective on issues of greatest priority.
 - The cancer survivor’s perspective on the services provided by the Cancer Center at Overlake, during and after treatment.
 - The challenges facing the cancer survivor and his/her family.
 - The outlook for the future for the cancer survivor and his/her family.
2. Obtain information for planning, funding and providing support programs for the cancer survivor and his/her family.
 3. Assess the degree to which survivors are willing to attend an annual survivorship conference and/or participate in a survivor/caregiver hospital based advisory council.

The Cancer Registry at Overlake was used to define the study population. Survey sample was 500 Overlake survivors from all disease sites who received chemotherapy, radiation therapy or surgery at Overlake in 2007. The survey was conducted via U.S. Mail. Participation in this study was voluntary and anonymous.

The 12 questions with the highest *Yes* response, indicating a desire for more information:

1. What to look out for (signs of cancer returning).	64%
2. Fear of cancer recurrence.	59%
3. How to prevent cancer in the future.	51%
4. The difference between remission and cured.	50%
5. Whether the treatment has worked.	49%
6. Side effects – fatigue.	49%
7. Lacking confidence that the cancer has gone away.	47%
8. Nutritional information.	46%
9. Coping with changes – expecting yourself to be back to ‘normal.’	46%
10. Fear – questions about minor illness, aches or pains.	44%
11. Would you be interested in attending a one-day free survivorship conference?	41%

12. Would you like to participate in a survivor/caregiver advisory panel? 25%

The overall results of this survey were very positive. Approximately 25 respondents wrote detailed additional comments on their survey tool. Overall, this survey indicates a substantial, knowledgeable and satisfied base of survivors treated by the Overlake team. The non-medical aspects of cancer care are considered very important to the survivor’s well-being.

Increasing expectations by patients for a good quality of life following cancer treatments has necessitated healthcare providers to place greater emphasis on patient-centered issues by looking at the quality of life following treatment. The majority of ‘yes’ responses within non-medical concerns suggests patients would benefit from a meeting with the oncology social worker or the patient navigator.

Recommendations

Proceed with the planned June survivorship conference on the Overlake campus.

Address subject topic “Fear and Anxiety” as a lecture presentation during the survivorship conference – to be presented by a medical oncologist.

Address the subject topic “Informational Needs,” specifically nutritional needs, during the survivorship conference - to be presented by an Overlake registered dietitian.

Proceed with forming the survivor/caregiver advisory panel.

Address the stated need for more information by referring every survivor to either the oncology social worker or the patient navigator.



Personalized, integrated cancer care through a team of medical experts providing excellent outcomes.

That's our
vision

That's our
commitment

Breast Cancer Program



Chair Report

By Kristi M. Harrington, MD, PhD

The Breast Cancer Team continued to have productive quarterly meetings throughout 2009. These meetings focused on program development, predicting future needs of patients and identifying ways to meet those needs. The

team continued with journal article review, both scheduled and impromptu, as physicians often brought in articles to discuss topics relevant to active patient issues. This team continued to follow and track established patient care quality indicators, and also look for novel ways to measure our performance as a program.

The services to breast cancer patients at Overlake were expanded in 2009 to include an ARNP, Heidi Dishneau, who provides excellent patient education and support to the breast surgeons' practice. Heidi also staffs the newly developed Breast Cancer Survivorship Clinic, and was aided in development of this clinic by Overlake's recent membership in the Seattle Cancer Care Alliance Network.

In October 2009, in recognition of National Breast Cancer Awareness Month, the Cancer Center at Overlake hosted a breast cancer community education presentation – Navigating Breast Cancer Survivorship. The program addressed common issues facing breast cancer survivors and featured comprehensive presentations including surgery, medical oncology, social work, rehabilitation and nutrition. The seminar was a part of an

ongoing series of community presentations offered at Overlake called Eastside Vitality Health Talks.

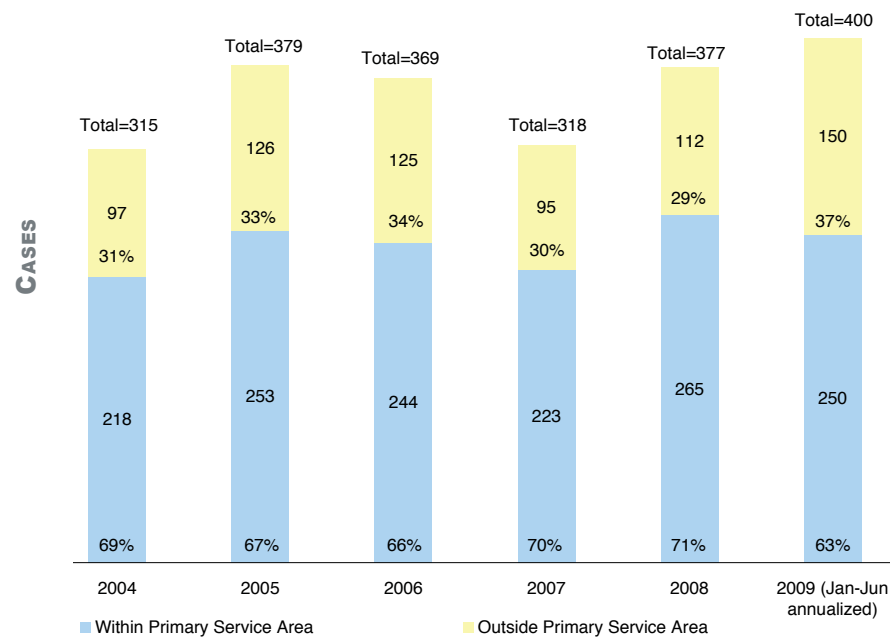
Breast Health Center

**By Kathy Crandall, Manager,
Breast Health Center**

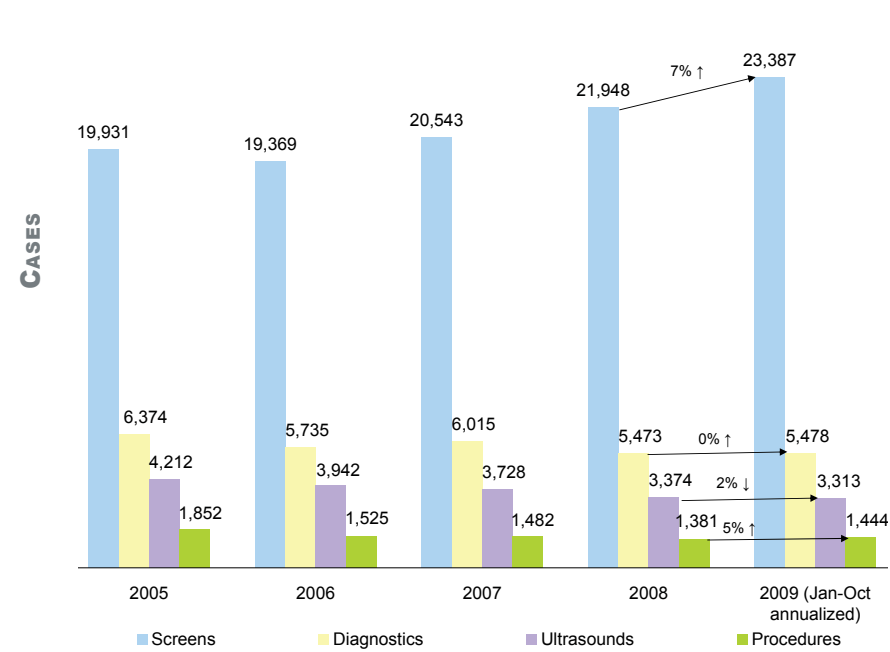
The Breast Health Center continued to provide excellent services to patients in its two Screening Centers in Bellevue and Issaquah, and in the Breast Diagnostic Center on the second floor of the Overlake Medical Tower. Significant changes in 2009 included relocation of the Issaquah Screening Center to a newly built and upgraded facility at Overlake's new Medical Center Issaquah. New uniforms for staff contribute to a less clinical, more spa-like environment that enhances the patient experience.

In October 2009, Valley Radiologists began to provide professional breast radiologist services at the Overlake Breast Centers. Valley Radiologists have served the community since 1970 and has nearly 30 radiologists who serve multiple hospitals and private systems. Valley Radiologists brought expertise in breast imaging as well as a commitment to compassionate communication with patients and timely follow-up with referring physicians. Steve Scallon, MD serves as the medical director and is fellowship-trained in breast imaging. Additionally, the following breast imaging specialists are at Overlake: Scott Bowen MD, Mark Justus, MD, Michael Nelson, MD, Elliot Sacks, MD, and Steven Schoenecker, MD.

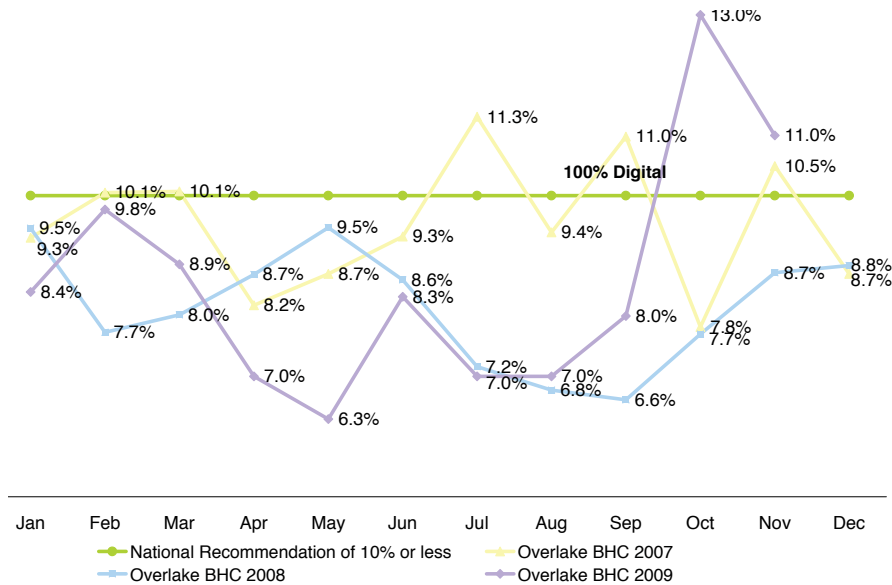
BREAST CANCER CASE VOLUME



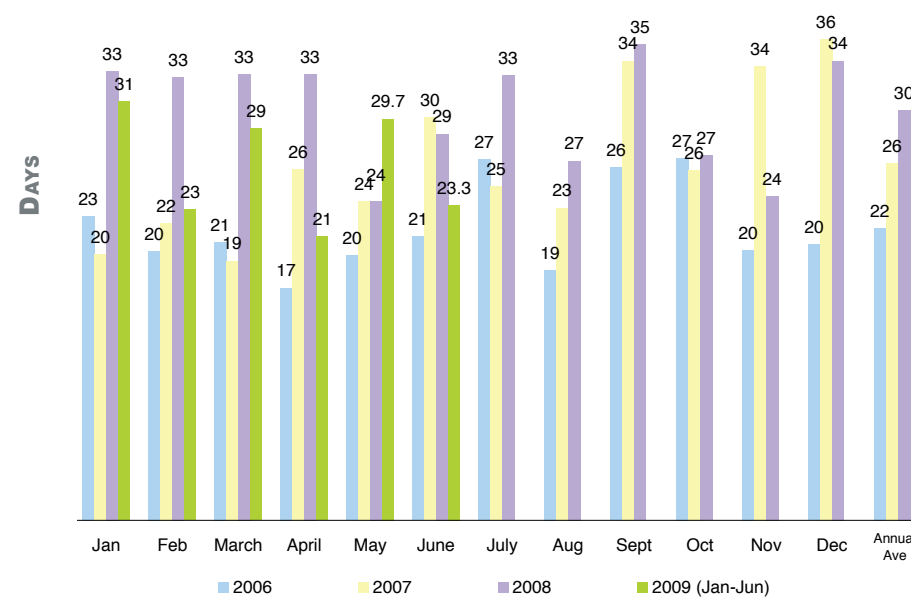
MAMMOGRAPHY VOLUME



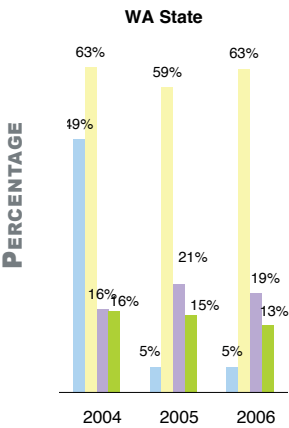
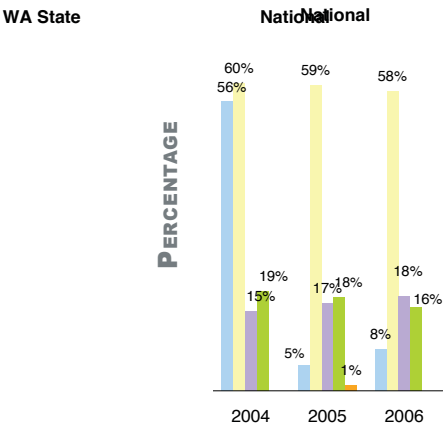
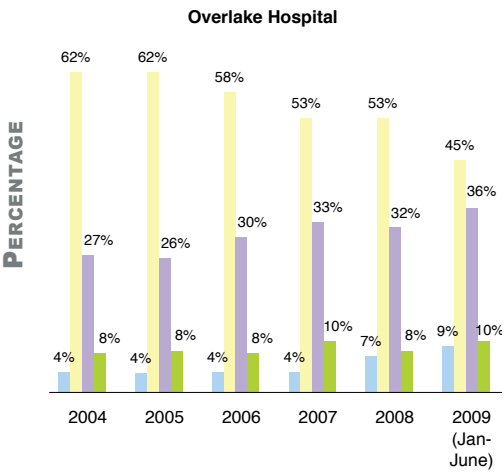
MAMMOGRAPHY RECALLS



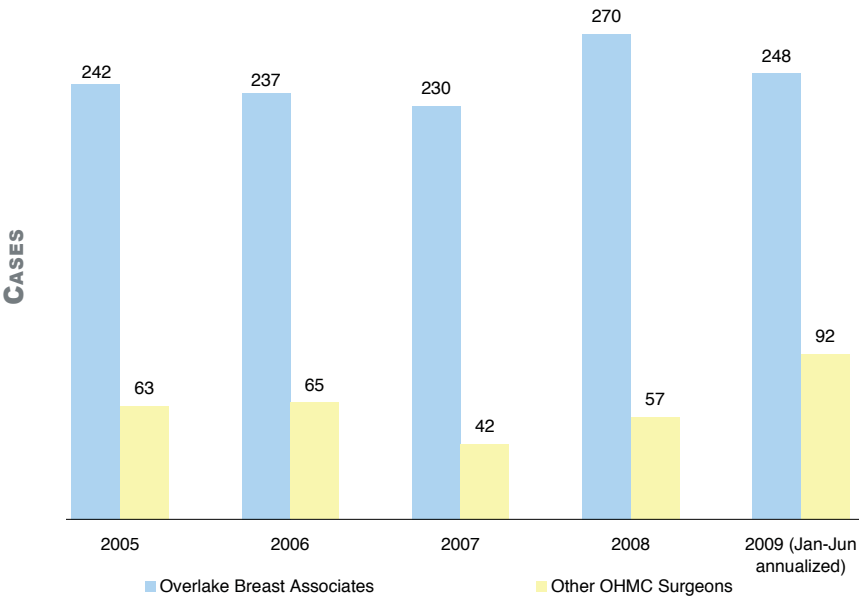
LENGTH OF TIME BETWEEN DIAGNOSIS AND FIRST TREATMENT



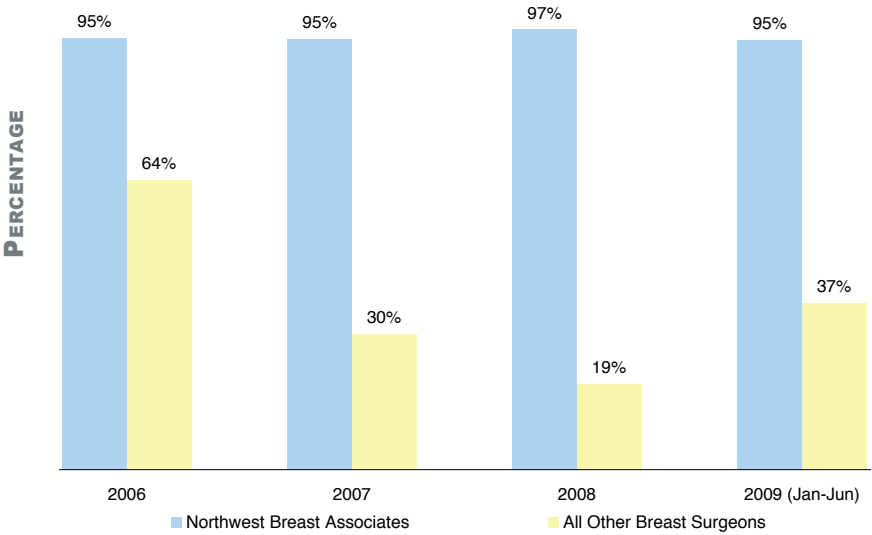
BREAST CANCER SURGERIES: LUMPECTOMY VS. MASTECTOMY



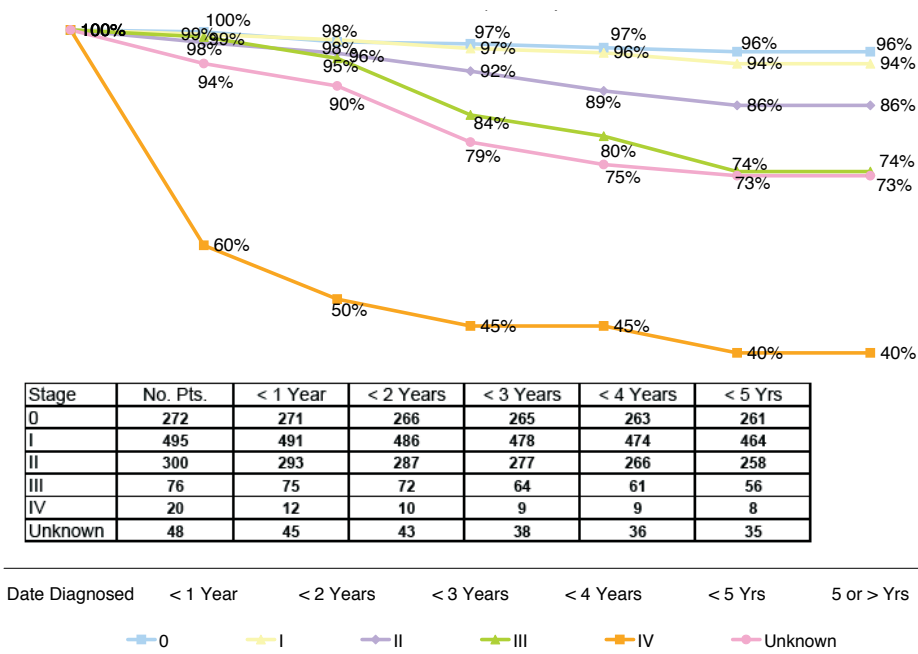
BREAST CANCER SURGERY VOLUME



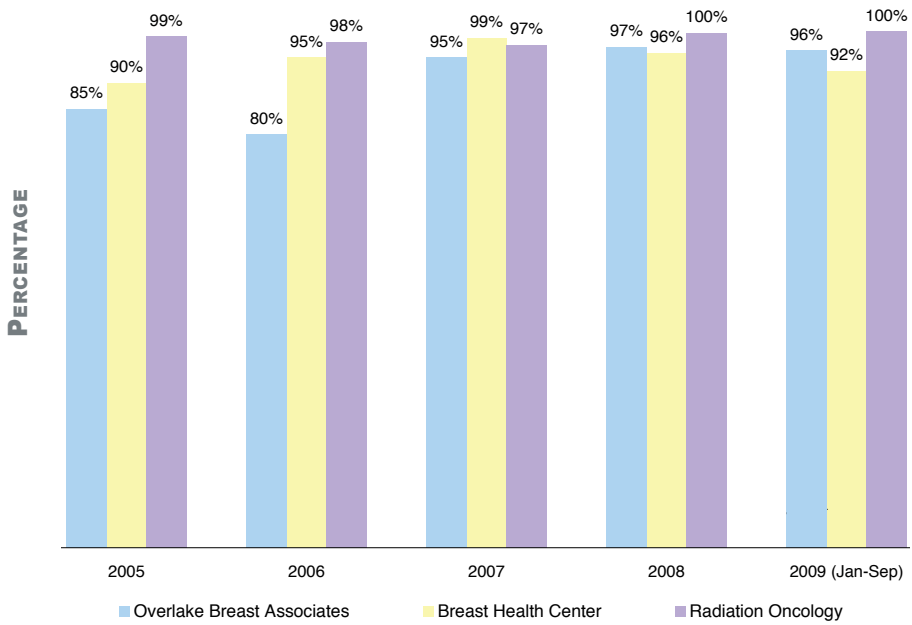
BREAST CANCER CASES PRESENTED AT
MULTIDISCIPLINARY CONFERENCE



BREAST CANCER SURVIVAL BY STAGE



PERFORMANCE RATES FOR SELECTED BREAST CANCER MEASURES (ACOS)



Lung Cancer Program



Co-Chairs Report

By Todd Freudenberger, MD and Vu Hoang, MD

The Lung Cancer Program at Overlake Hospital Medical Center surrounds patients with a network of experts seamlessly connected and singly devoted to achieving the best-possible outcomes for this special cancer population. The cornerstones of the program are the Thoracic Tumor Board, the Lung Cancer Patient Navigator and the lung cancer team quarterly meetings. The Cancer Center at Overlake and its affiliated physicians provide patients with excellent care using the hospital's state-of-the-art technology.

Thoracic Tumor Board

To optimally diagnose, stage and treat lung cancer patients, a multidisciplinary and systematic approach is critical. The Thoracic Tumor Board meets bimonthly to ensure that all patients diagnosed with lung cancer at Overlake experience this comprehensive approach. The tumor board consists of pulmonologists, medical oncologists, radiation oncologists, pathologists, radiologists, thoracic surgeons, social workers and the Lung Cancer Patient Navigator. New cases of lung cancer

are reviewed prospectively and an individualized treatment plan is created utilizing the experience of the specialists present. An evidence-based approach is emphasized with application of NCCN guidelines whenever possible. Time is reserved toward the end of each conference to provide follow-up on difficult or complicated cases or to obtain additional input regarding subsequent treatment needs.

Lung Cancer Patient Navigator

Overlake's Lung Cancer Patient Navigator, Pauline Osborne, RN, MN, OCN is available to help guide lung cancer patients and their family members through the complexities of cancer care and treatment. Working with the patient's primary care physician, the patient navigator collaborates with the specialty physicians and other members of the integrated care team to be sure the patient receives the care needed.

Lung Cancer Team Quarterly Meetings

The lung cancer team quarterly meetings continued, with focus on reviewing lung cancer quality indicators such as volume of cases treated, number of days between diagnosis and the delivery of treatment, accuracy and thoroughness of staging and survival data. The group performs chart reviews on all unexpected deaths or on cases that fall out of the pre-determined quality parameters. Finally, the group also considers participation in clinical trials, new technologies, results of pivotal research, changes in regulatory requirements and other relevant topics.

Video-Assisted Thoracic Surgery (VATS)

The Cancer Center at Overlake and its physicians strive to provide cutting-edge technologies to ensure their patients

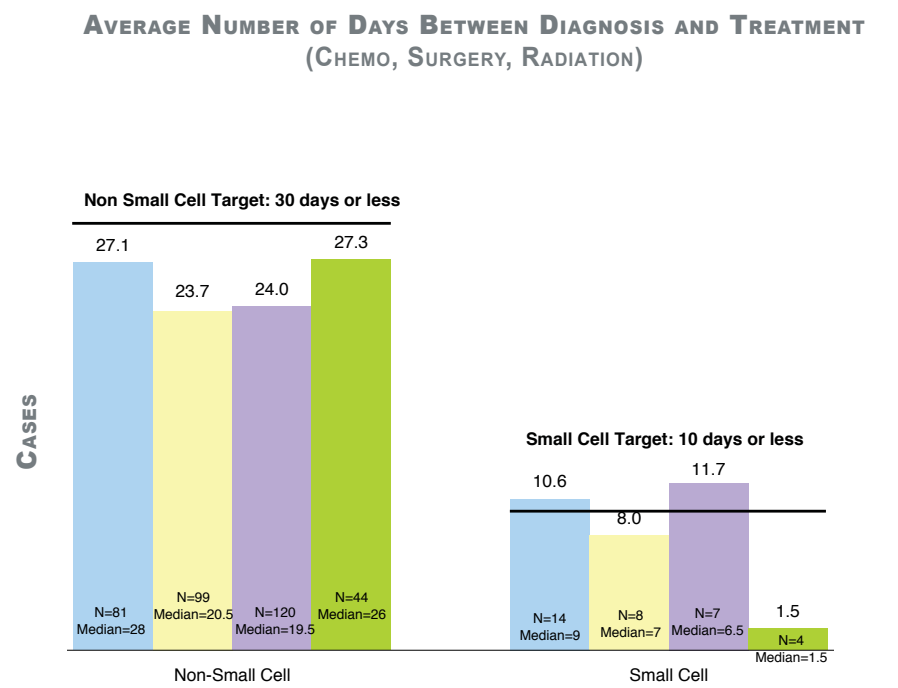
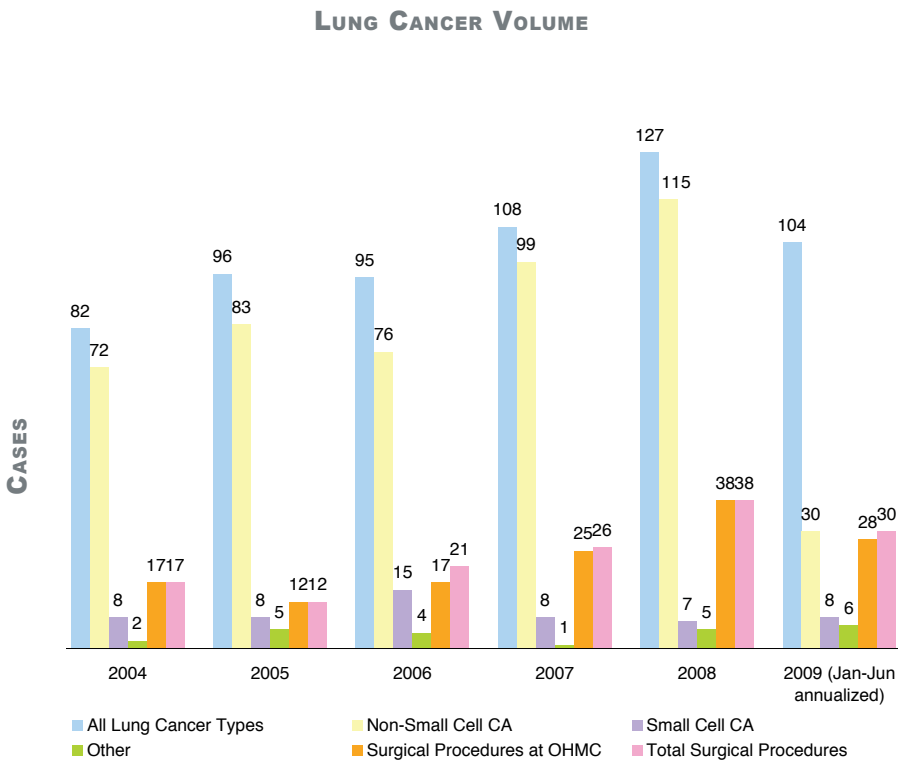
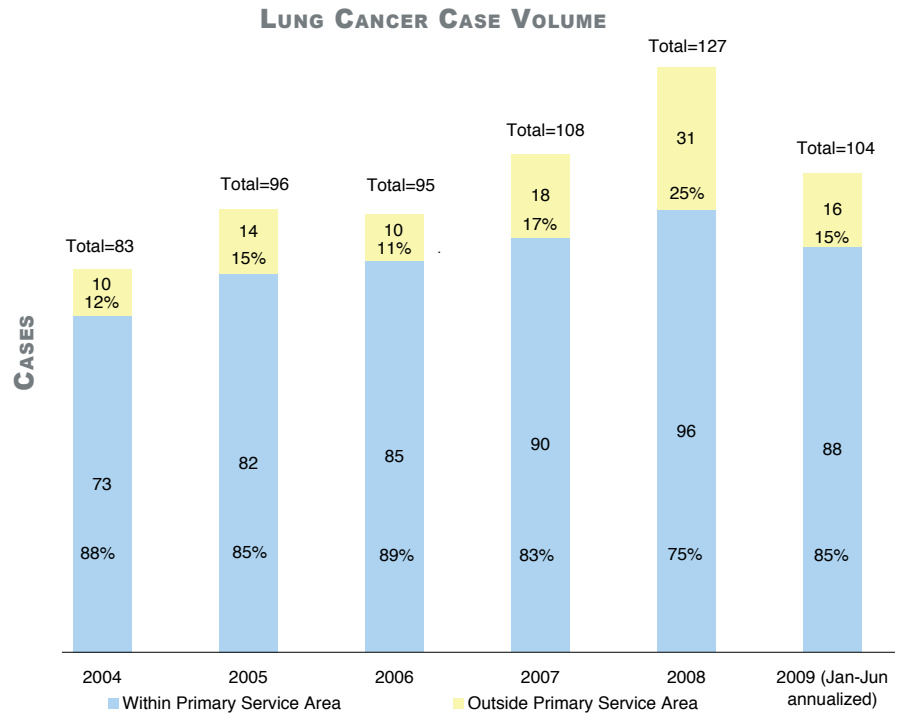
receive the best-possible care. 2009 was the second year that thoracic surgery at Overlake applied VATS technology to perform definitive cancer surgery such as lobectomy. Advantages of this technique include reduced hospital length of stay, decreased costs, decreased patient discomfort and a faster return to normal activities.

Endobronchial Ultrasound (EBUS)

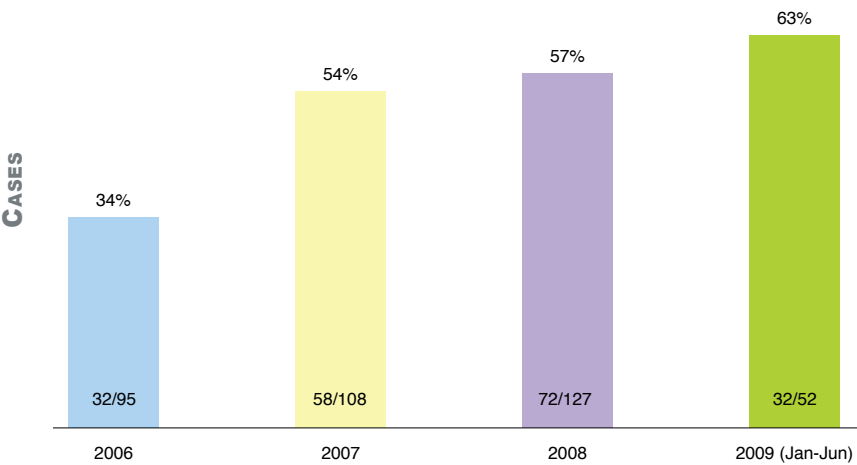
In January 2009, Overlake began offering its patients endobronchial ultrasound (EBUS) and EBUS-FNA for the diagnosis and staging of lung cancer and for other neoplastic, infectious, and inflammatory conditions associated with mediastinal or hilar lymphadenopathy/mass. To date, approximately twenty-five procedures have been performed clarifying diagnoses and facilitating management of patients with lung cancer, lymphoma and sarcoidosis. In the future this procedure will be crucial for non-invasively staging patients with lung cancer prior to surgery. Currently, Overlake is the only Eastside facility offering patients diagnostic procedures using this technology.

Lung Cancer Community Program

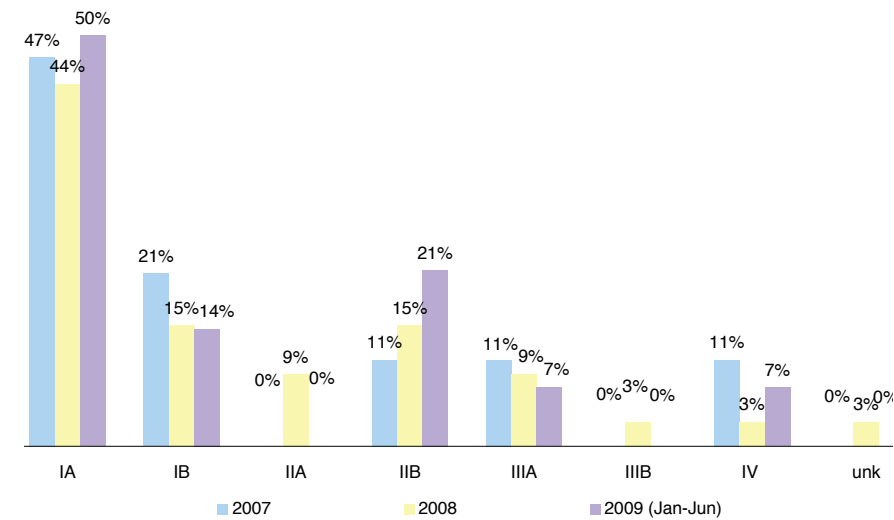
The Latest in Lung Cancer Prevention and Treatment was held in November 2009 for Lung Cancer Awareness Month. The program featured presentations on prevention, diagnosis and treatment options as well as on support services and community resources.



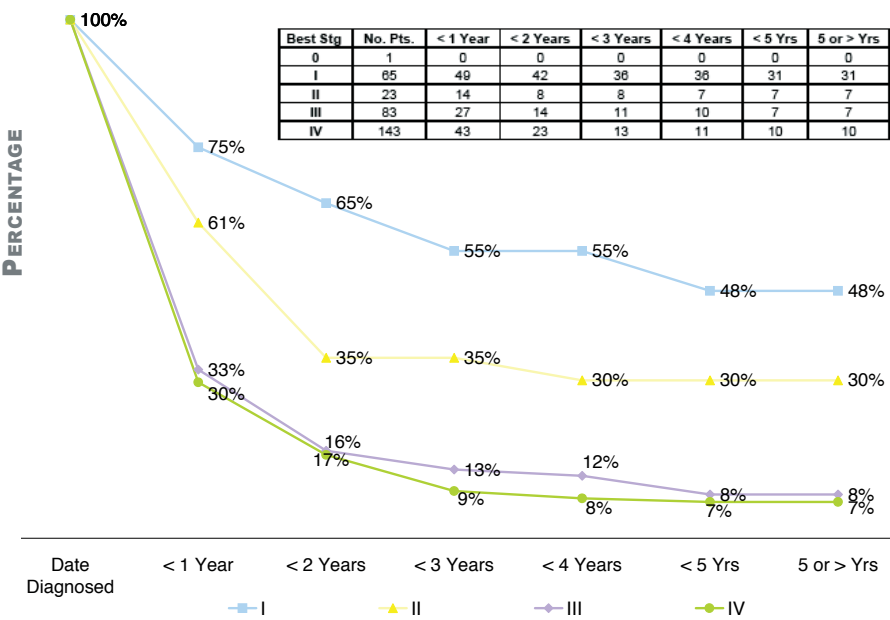
LUNG CANCER CASES PRESENTED AT MULTIDISCIPLINARY CONFERENCE



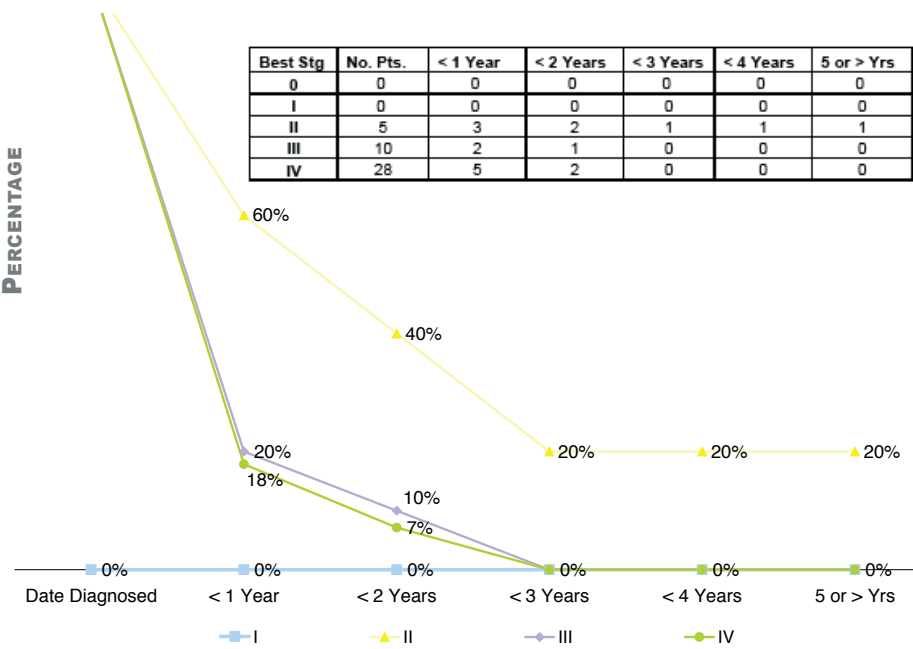
LUNG CANCER SURGERIES BY STAGE



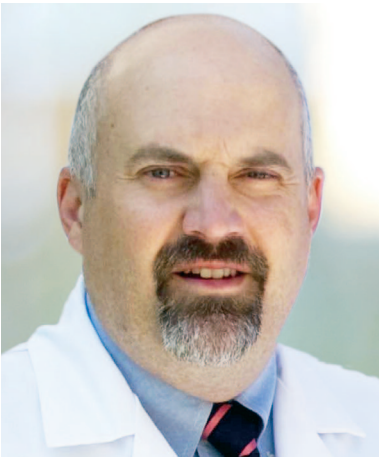
NON-SMALL CELL CARCINOMA SURVIVAL BY STAGE



SMALL CELL CARCINOMA SURVIVAL BY STAGE



GI/Colorectal Cancer Program



Chair Report
By George R. Winters III, MD

Last year we began the process of developing a multidisciplinary approach to the care of gastroenterology and colorectal cancer patients. As we begin our first full year of the Gastroenterology (GI) and Colorectal Cancer Program, we

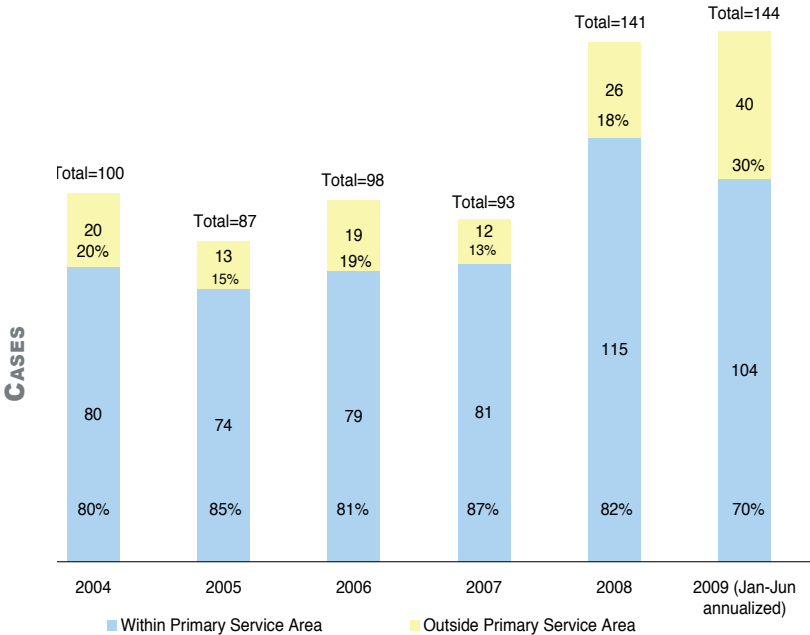
have already made some significant steps.

A group of quality indicators have been developed and are being tracked, and the percentage of GI and colorectal cancer cases presented at the weekly tumor board has dramatically increased. Both of these should lead to improved quality of care. We continue in our efforts to facilitate multidisciplinary treatment planning, with quarterly team meetings involving gastroenterologists, surgeons, radiologists, medical oncologists and radiation oncologists. At these meetings the quality indicators are reviewed to identify trends and patient care improvement opportunities.

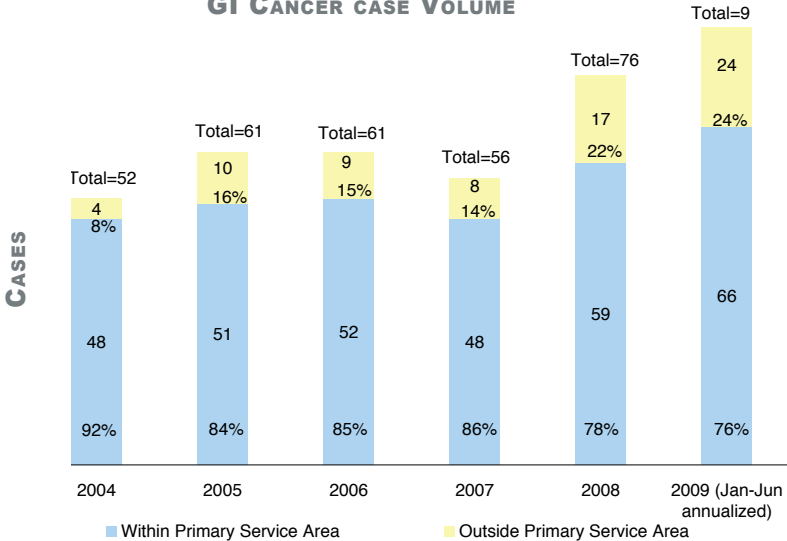
March is Colon Cancer Awareness Month, and several events are being planned for marketing/outreach and patient education, including a Community Education Event featuring several speakers from the GI/Colorectal Cancer team. Also, the Cancer Center is a sponsor of the Mercer Island Rotary Half Marathon for Colon Cancer Prevention in March 2010, and team members will be present at the event representing the Overlake program.

While we're still early in the process, progress has been made in a short time period.

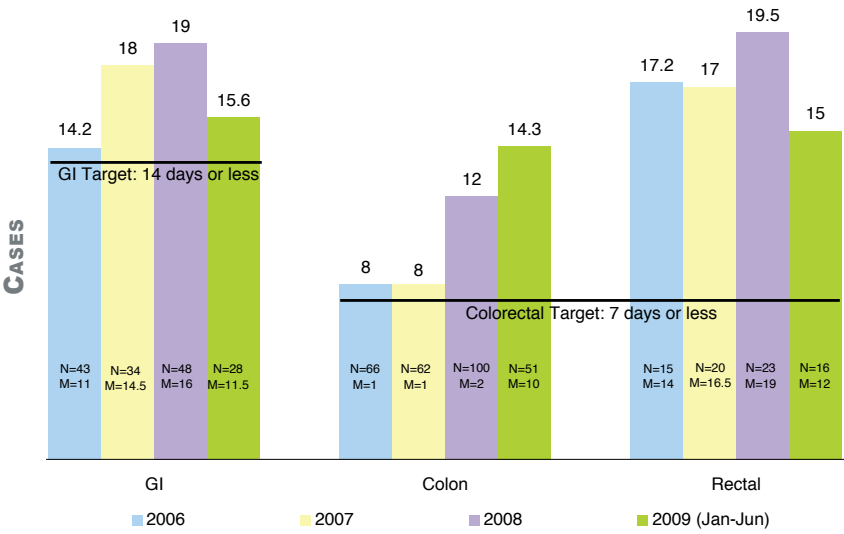
COLORECTAL CANCER CASE VOLUME



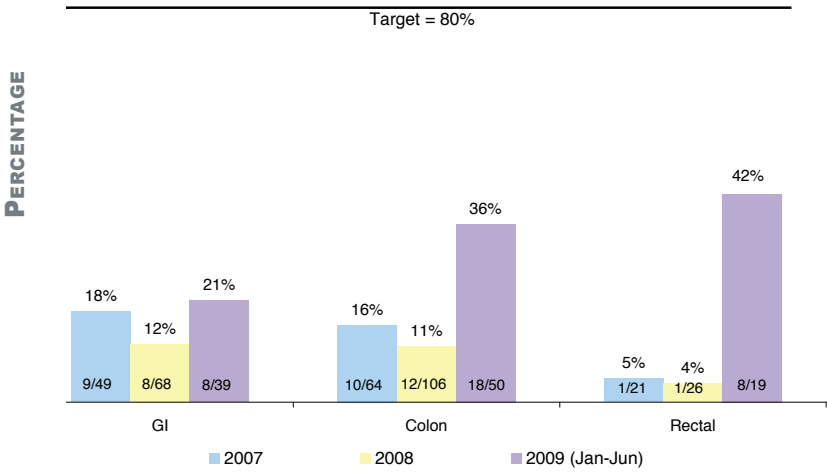
GI CANCER CASE VOLUME



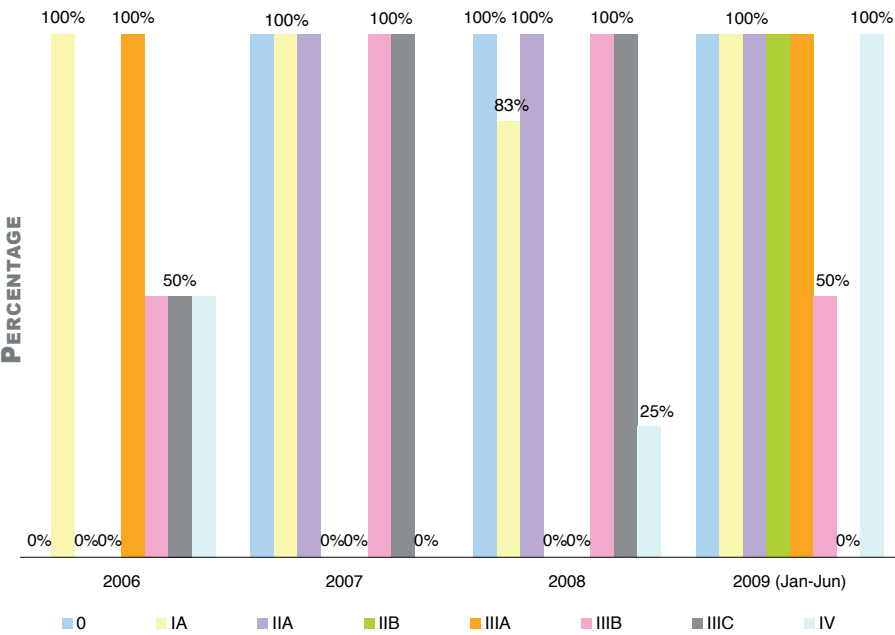
TURN AROUND TIME FROM DIAGNOSIS TO TREATMENT



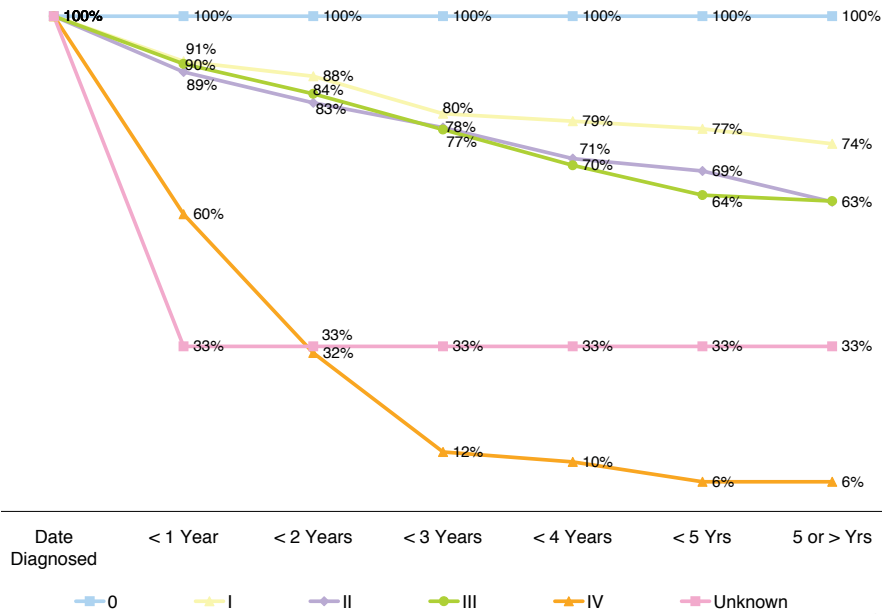
GI AND COLORECTAL CANCER CASES PRESENTED AT MULTIDISCIPLINARY CONFERENCE



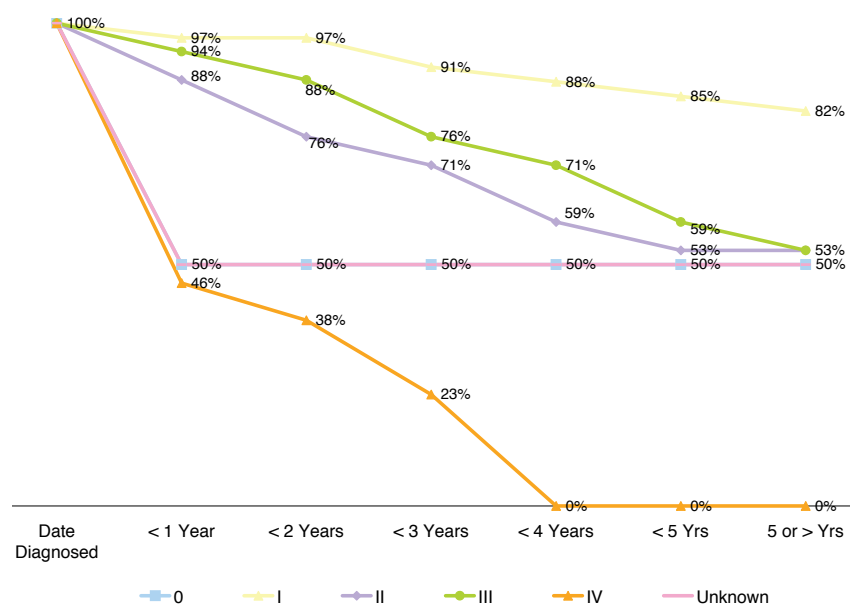
PERCENTAGE OF RECTAL CANCER CASES WHO HAD SURGERY



SURVIVAL RATE BY STAGE - COLON CANCER 2000 - 2004 (JAN-JUN)



SURVIVAL RATE BY STAGE - RECTAL CANCER
2000 - 2004 (JAN-JUN)



George says he can't control his cancer, but he can control his treatment and attitude. "Life goes on; I try to keep an optimistic attitude."

—George Anderson, Rectal Cancer Survivor



Inpatient Oncology

**By Janette Pavone, Director,
Medical Surgical Inpatient Services**

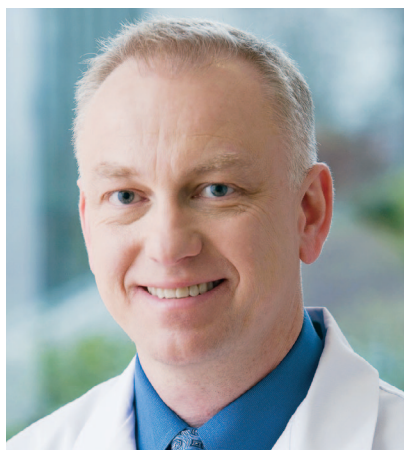
In September Deborah Viggiano, RN joined Overlake as the Nurse Manager for the West – 4 Medical/Lang Oncology inpatient nursing unit. Deborah has continued the focus on education of staff regarding the unique needs of cancer patients.

One of the staff members recently received his Oncology Nursing Certification and two additional staff members are currently in the process of obtaining this certification. An education program was recently established with the Charge Nurses whereby the Charge Nurses are researching the most common cancer diagnoses seen on the unit and presenting educational offerings that can be attended by all hospital staff.

In addition, a unit-based Shared Governance committee structure was established that will help the unit work on issues such as patient and staff satisfaction. Changes related to the nurse call system were made to improve response time to patient call lights. Oncology rounds were fully implemented in 2009. This is an opportunity for all disciplines to review the patient care plan and work with the patient and family to plan their care during their hospital stay. In addition, discharge rounds were implemented to expand on the multidisciplinary approach to planning for the patient's discharge. Volunteer Services was also further incorporated onto the unit, offering services such as massage therapy and pet therapy.



Radiation Oncology



**By William B. Reece MD,
co-Medical Director,
Radiation Oncology**

Radiation Oncology at Overlake Hospital Medical Center had a tremendously successful year in 2009. Our continued upgrades in information technology, treatment delivery, and

expansion of services all contributed to this success.

The Electronic Medical Record (EMR) was fully implemented this year. Real time charting and data entry have replaced the traditional paper chart. Physicians are now using voice recognition software and finished documents are immediately available. Archived older charts have now been entered electronically and the clinic has seen improved efficiencies with this transition.

A new linear accelerator, Varian Trilogy®, was installed and commissioned in Radiation Oncology during 2009. Patients began receiving treatment from the machine in January 2010. The Trilogy® is the state-of-the-art linear accelerator in the radiation oncology field and will allow us to expand services. Intensity Modulated Radiation Therapy (IMRT) usage was increased during the year and the Trilogy® allows us to perform Volumetric Modulated Arc Therapy (VMAT®) which is, essentially, dynamic delivery of IMRT. This provides tighter conformation of the radiation dose to the tumor target and improved speed of treatment.

Further, the Trilogy® with our BrainLab® hardware/software package allows us to offer stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT), which will begin in early 2010. Staff completed education courses and on-site training.

Great credit must go to the department staff who continued to perform at the highest possible level during the implementation of these changes. Thanks to our staff stability and dedication, our patient volumes and patient satisfaction remained at the top in the face of many long days during the new linear accelerator installation. We look forward to continuing our success in 2010.

RADIATION ONCOLOGY KEY STATISTICS

7,946 EXTERNAL BEAM TREATMENTS

1,793 IMRT TREATMENTS

174 BRACHYTHERAPY TREATMENTS

1,333 CT SIMULATIONS

**AVERAGE OF 35 TO 40 PATIENTS/DAY
ON ACTIVE TREATMENT**

Cancer Resource Center

**By Amy McGann, Manager,
Cancer Support Services**

The Cancer Resource Center (CRC) offers a comfortable, relaxed environment where patients and their families can use the extensive resource library, learn about our support groups or speak with the ACS™ patient navigator or oncology social worker. The CRC is staffed with caring and knowledgeable volunteers, many of whom have had a personal experience with cancer.

EDUCATION MATERIALS

The Cancer Resource Center has a wealth of information to help with understanding a cancer diagnosis, the treatment types available and what to expect in managing the disease. An 'Awareness Month' table is set up each month coinciding with the specific cancer awareness public education campaigns. Table information includes information on screening and prevention, diagnosis, treatment, nutrition for the cancer patient and caregiver support.

For women who experience hair loss due to cancer treatment, the Cancer Resource Center offers a private area to try on wigs. Wigs are available free of charge. This year, the CRC provided 95 wigs to 71 women.

Look Good...Feel Better Class

Through our partnership with the American Cancer Society, this free class offers instruction on skin care and beauty techniques to female cancer patients, helping them combat the appearance-related side effects of active cancer treatment. Trained cosmetologists teach women how to cope with skin changes and hair loss using cosmetics, and skin care products which are given to each attendee of the program. In 2009, Overlake added three classes

to its existing nine classes. Classes are now offered monthly with day and evening options. On average eight women participate in each class monthly.

Support Groups

By meeting other people who share similar experiences, patients state that they feel less isolated and better understood. Two breast cancer support groups are offered on campus and provide a safe place to share joys, sorrows, worries and laughter in hope of teaching breast cancer patients new ways to cope with their diagnosis. In 2009, we revised our Grief and Loss Support group on campus. We provide information and support in a safe environment to those who have suffered the loss of a loved one due to cancer. Discussions cover the grief process, practical issues and coping skills to move forward. Throughout the year, an average of five individuals attended each group session.

- ***Breast Cancer Support*** - Open to all women who have, or have had, breast cancer.
- ***Breast Cancer Reconstruction*** - Open to women who have, or have had, breast cancer and are considering reconstruction surgery.
- ***Grief and Loss Support*** - Open to those who have lost a loved one through cancer.

Reach to Recovery

Through one-on-one contact with American Cancer Society volunteers, The Reach to Recovery program provides information and support to anyone facing breast cancer.

Road to Recovery

The Road to Recovery program provides

transportation for patients to cancer treatment and related appointments through American Cancer Society volunteers.

Patient Lodging

In 2009, the American Cancer Society expanded the Patient Lodging program to include two hotels on the Eastside for those patients and families traveling greater than 50 miles for treatment at Overlake. Six families received eight nights of lodging through this valuable program.

PATIENT COUNSELING

To complement medical treatment at the Cancer Center at Overlake, support staff provide patients, families and caregivers access to counseling, support groups, educational programs and cancer disease site-specific materials. Two staff members are key in connecting patients to these resources:

Oncology Social Worker

Desiree Hobson, MSW, oncology social worker for the Cancer Center at Overlake complements medical treatment by providing emotional support, teaching coping skills and addressing complex family or social concerns that could hinder treatment. Patient or family conferences with the oncology social worker can encourage and support compliance with recommended treatment protocols. In 2009, Desiree made more than 1,500 contacts to 500 patients and their families.

Our oncology social worker can provide:

- Individual, family and caregiver counseling.
- Information on talking to children, family or friends about a cancer diagnosis.
- Support to the patient, family and caregiver through the active treatment phase.
- Resources to help the patient understand the diagnosis and treatment plan.

- Resources to help the patient cope with common treatment side effects.

PATIENT AND FAMILY ASSISTANCE

Patient Navigator

In partnership with the American Cancer Society, Overlake offers an on-site patient navigator. Kelly Zant, MSW, is located in the Cancer Resource Center, Overlake Medical Tower. Kelly is available to meet with patients, caregivers or anyone affected by a cancer diagnosis. Patients may self-refer to the patient navigator. In 2009, Kelly provided services and resources to 543 patients and their families.

Patient Navigators can help with:

- Providing site-specific cancer information to patients and their caregivers including literature on screening and prevention, diagnosis and treatment.
- Assisting patients and their families in navigating through the healthcare system.
- Facilitating access to services at the Overlake Outpatient Center.
- Assisting with practical problem-solving related to concrete needs such as temporary housing and transportation during treatment.
- Identifying other barriers that could affect a patient’s ability to participate in his/her treatment plan.



Pastoral Care

***By Russ Staples and Sue Carlson,
Chaplains***

In 2009, spiritual support continued to be provided to those in the hospital and also to outpatients who are referred for care. Services are offered every day of the week. Referrals come from nursing staff when patients or their family members request to speak to a chaplain. Referrals also automatically occur for anyone who goes on to palliative care. Follow-up occurs on a daily basis for patients in the hospital. Care is offered in a manner that meets individual needs including facilitating a denominational clergy visit if desired.

The Chapel and Meditation Room that opened in 2008 on the second floor of the hospital continues to serve patients and families well and is easily accessible, quiet and meditative. The pastoral department office is located within the facility, which provides easy access to spiritual support as needed.

An area of focus for 2009 was to explore ways to provide proper and timely care for the caregivers. We have been experimenting with Tea for the Soul, a meeting currently open to the oncology staff with the intent of providing spiritual support. It is offered quarterly in the chapel. We continue to seek to improve this offering to better meet the spiritual and emotional needs of staff, physicians and volunteers.



Clinical Trials

**By Tina Fortney, RN,
Clinical Research Nurse**

Medical Directorship

In October 2009, the Cancer Center established a Medical Director position for Oncology Research. This position is important as the cancer program strives to increase the number of trials available at Overlake and the number of patients enrolled into trials. Tanya Wahl, MD was selected to serve in this role and fulfilled many of the responsibilities prior to formally accepting this position. The Medical Director oversees the clinical trial selection process, advocates for oncology research at Overlake by promoting research activities and trial offerings, monitors trial accrual to ensure compliance with American College of Surgeons Commission on Cancer accreditation criteria, and serves as the liaison with the various outside research entities in which we participate. (SCCA, PSOC, NSABP, etc.)

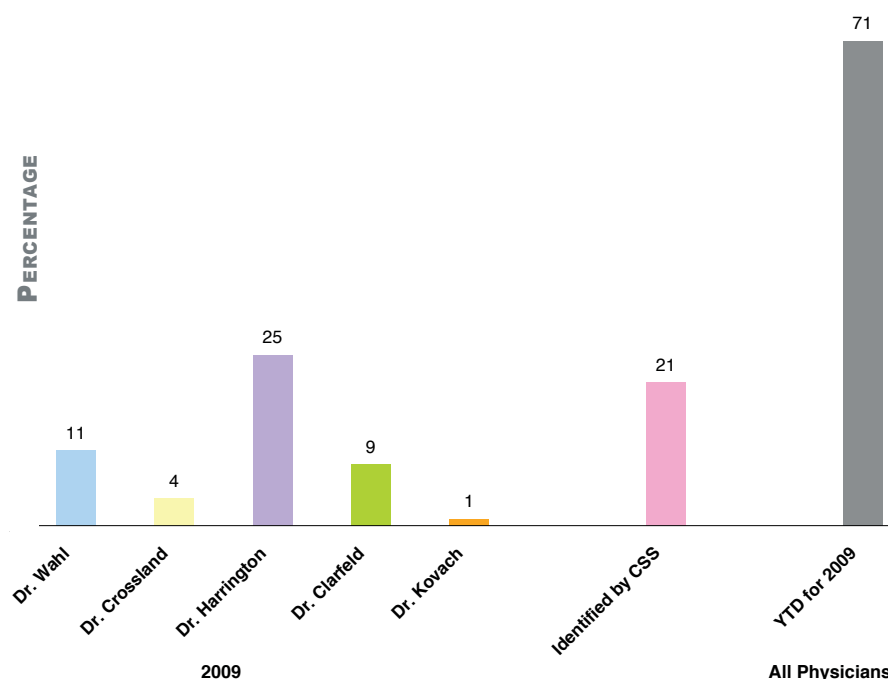
Trial Accrual

A written process for how we select clinical trials for Overlake participation was established in 2009. Determining which trials are beneficial to Cancer Center patients and our community and assessing if the trial is viable for Overlake are factors considered in this selection process. As each trial begins the enrollment period, physicians and staff involved in the trials are educated on the process for referring a patient for study enrollment.

Clinical research is an essential component of Oncology Centers of Excellence and is critical for American College of Surgeons (ACoS) accreditation. Overlake, as a Community Hospital Comprehensive Cancer Program accredited by the ACoS, must fulfill the minimum required clinical trial enrollment of 2

percent of the number of annual analytic cases enrolled in trials. In order to achieve the ACoS Outstanding Achievement Award, hospitals must receive commendation for clinical trial enrollment by enrolling 4 percent of the number of annual analytic cases every year over a three-year period. During 2009, Overlake enrolled a projected 6% of cases (based on predicted cancer case volume in 2009) in clinical trials.

**CLINICAL TRIALS: CLINICAL RESEARCH TOTAL PATIENT
REFERRAL BY PHYSICIAN**



ENROLLING *CLINICAL TRIALS* AT OVERLAKE

Adjuvant Hormonal Therapy - ER Positive

NSABP B-42

- Randomized, Blinded, Phase III
- ER Positive and/or PR Positive, s/p 5 Years Adjuvant AI (or 2-3 years AI)
- 5 Additional Years Femara vs. Placebo

DCIS

NSABP B-43

- Randomized, Phase III
- DCIS s/p Lumpectomy
- HER-2/neu Positive (central lab tested only)
- Standard External Beam XRT vs. XRT Plus 2 Doses of Herceptin

Adjuvant Chemotherapy - HER-2/neu POSITIVE

NSABP BETH (44-I)

- Randomized, Phase III
- High-Risk Node-Negative or Node-Positive
- HER-2/neu Positive (central lab confirmed)
- Taxotere/Carboplatin/Herceptin vs. Same + Bevacizumab

Adjuvant Therapy - Node Positive or High Risk Node-Negative, HER2-Negative

Breast Cancer

NSABP B-46-I

- Open-Label, Randomized, Phase III
- Node-Positive or High-Risk Node-Negative
- HER-2-Negative Breast Cancer
- Comparing the Combination of TC Plus Bevaczumab to TC Alone and to TAC

Radiation

NSABP B-39

- Randomized, Phase III
- Age<50, LN Negative or LN 1-3, or DCIS; Age>50 LN Positive or ER Neg only (no DCIS or low risk over age 50)
- External Beam XRT vs. Mammosite

Social Services

- *When Mommy or Daddy Gets Cancer* – UW; Any parent, curative intent treatment, children ages 5-12
- *Helping Her Heal* – UW School of Nursing; A program for spouses or significant others of women with breast cancer. Pt. Must be diagnosed with Stage 0, 1, II or III breast cancer (local or regional involvement), diagnosed within 6 months of her first diagnosis of breast cancer.
- Study contact for both social services studies: Mary Ellen Shands, RN, MN, **206-685-0837**

Breast Tissue Repository Study

Breast tissue repository, a collection of tissue samples from patients diagnosed with breast cancer. For patients undergoing a lumpectomy or mastectomy.

Triple Negative Breast Cancer

Combined Targeted Therapies for Triple Negative Advanced Breast Cancer - A Phase II Trial of Weekly Nab-Paclitaxel and Bevacizumab followed by Maintenance Targeted.



Rehabilitation Services

**By Catherine Kanda, Director,
Patient Therapy Services**

Overlake offers a continuum of inpatient and outpatient services in the areas of physical therapy, occupational therapy, speech therapy and medical nutrition therapy services. Our goal is to address impairments, symptoms and related functional limitations as a result of the cancer or response to treatments, and to help cancer patients maintain their strength and energy and overall quality of life.

Physical Therapy and Occupational Therapy

At the June 2009 survivorship conference, staff presented Managing the Effects of Cancer and Related Treatments from a physical therapy perspective – addressing what patients can do to combat cancer-related fatigue and pain. This included exercise prescription and guidelines, body mechanics considerations, contraindications and response to medical treatment and effects on tissues affected and how to modify exercise programs accordingly.

Occupational therapy staff worked with patients on activities of daily living such as self-care, education, work and leisure and, the use of adaptive equipment, modifying the environment, home equipment needs and energy conservation techniques. Staff continues to build upon their knowledge and expertise in treating cancer patients by participating in oncology training and attending advanced education courses on cancer treatments and considerations for rehabilitation.

In the year ahead, outcome measures will be implemented to determine patient progress using fatigue and confidence scales. In addition, an inpatient/outpatient referral process will be

implemented to ensure that the needs of cancer patients continue to be met upon discharge from the hospital.

Speech Therapy

Speech pathologists provide evaluation and treatment of cancer patients who are experiencing difficulty with swallowing, speech, language or cognition. The primary emphasis is head and neck cancer patients, with many patients undergoing treatment in Radiation Oncology seen by our speech therapists. In addition to expertise in swallow evaluations and modified barium swallows, the speech therapy staff has recently begun to provide an instrumental assessment of swallowing called FEESST (Fiberoptic Endoscopic Evaluation of Swallowing with Sensory Testing) for inpatients.

The procedure involves the passage of a flexible scope to view the base of tongue, soft palate, pharynx and larynx. FEESST provides the physician and Speech staff with direct visualization of the structures involved in swallowing and provides objective measurements of potential tissue changes as a result of cancer treatment. Staff can also assess secretion management, vocal cord function and efficacy of compensatory strategies. FEESST will be beneficial for assessment of swallowing with head and neck cancer patients.

Medical Nutrition Therapy Services

Clinical dietitians work with patients to ensure that nutritional needs are being met. The dietitians help patients select foods that can be tolerated and enjoyed and have sufficient calories for weight gain/maintenance and maintaining strength and energy. Nutrition services are provided one day a week in the Radiation Oncology clinic, covering topics such as, nutrition supplements,



managing side effects and general health nutrition information. Nutrition Services staff presented at the survivorship conference and breast cancer educational events in 2009, discussing basic guidelines for adapting a plant-based diet – that focuses on fruits and vegetables, whole grains, legumes and lean protein. The diet is low in sodium and focuses on healthy fat sources. Also discussed were special survivor-focused topics such as nutrition supplements – particularly vitamin D and soy – and breast cancer.

Gradually adapting a plant-based diet is one of the recommended steps to prevent secondary cancers. The diet is high in fiber, low in sodium and focuses on healthy fat sources and is appropriate for cancer, diabetes and heart disease prevention.



Community Outreach & Events

**By Amy McGann, Manager,
Cancer Support Services**

The Cancer Center at Overlake is committed to providing personalized cancer care from awareness and prevention through treatment. A critical part of this commitment is extending the Cancer Resource Center offerings into the community to advance awareness of cancer prevention, screening, treatment and support services for our Eastside community. In 2009, the Cancer Resource Center presented information on cancer at more than 10 health-related community events and health fairs.

Relay For Life – Issaquah



Relay For Life is a fun-filled, overnight team event celebrating survivorship and raising money for research and programs for the

American Cancer Society (ACS). In 2009, the Cancer Center at Overlake was a Gold Level sponsor and had 52 team members participate. In total, Overlake raised \$7,900 in sponsorship and individual funds.



**Making Strides
Against Breast
Cancer – Bellevue**
The Cancer Center at Overlake was the Flagship Hospital Sponsor of the

American Cancer Society's Making Strides Against Breast Cancer walk, held at Bellevue Downtown Park. Dr. Kristi Harrington spoke on behalf of Overlake during the opening ceremony. It was a beautiful day and the Overlake spirit was strongly represented by more than 140 enthusiastic Overlake walkers. In total Overlake raised more than \$27,000 in individual and matching funds helping support ACS research, prevention, early detection, and support programs for breast cancer patients.

Washington Breast and Cervical Health Program

Overlake has been a partner with the Washington State Breast and Cervical Health Program (WBCHP) since 2003. During this time, Overlake has made a substantial difference in the lives of 959 economically challenged women, assuring this population had a community resource for early detection screening. In partnership with WBCHP in 2009, Overlake provided 75 women with screening mammograms, diagnostic services and prompt access to needed cancer treatment. The program serves women age 40 through 64 whose income is at or below 250 percent of the federal poverty level and who were uninsured or underinsured.

Overlake is a crucial provider to less fortunate, underserved women and plays a significant role in providing mammography screening and follow-up treatment for our East King County community. Without Overlake's participation in the program, these women would most likely not be able to afford these preventive procedures. Forgoing screenings could potentially lead to a much later-stage diagnosis, resulting in these very same women entering the hospital as uncompensated care patients.

Volunteers

**By Amy McGann, Manager,
Cancer Support Services**

The volunteers in the Cancer Center at Overlake make a difference every day in the lives of patients and their families. As an important part of our healthcare team, our volunteers work alongside the Cancer Center staff and physicians to provide personalized care to all who seek support, healing and reassurance through their cancer treatment.

Our volunteers are a diverse group and represent a cross section of our community. We have cancer survivors who wish to give back to the organization, volunteers who serve in memory of a loved one, retired healthcare professionals, and working professionals who wish to contribute to the well-being of the cancer patient.

Volunteers can be found in all areas of the Cancer Center including Breast Health Services, Radiation Oncology, the Cancer Resource Center, in the Lang Oncology Inpatient Unit, and in two on-site Sit-and-Knit groups. Volunteer duties cover a wide range of activities including greeting and welcoming visitors to the Cancer Resource Center, providing clerical support in several areas of the Cancer Center, and offering their talent in one of our special groups of knitters who meet each week to knit 'chemo caps' and afghans for cancer patients.

The number of Cancer Center volunteers and the hours contributed in 2009 by the volunteers are impressive numbers. Fifteen volunteers donated approximately 3,200 hours. The two on-site Sit-and-Knit groups donated approximately 6,000 hours and donated more than 750 knitted items to our cancer patients. Along with their in-house volunteer hours, the Cancer Center

volunteers are also generous with their time, participating in a number of Overlake-sponsored community events.

During Volunteer Week, the Cancer Center held a potluck lunch to celebrate and recognize the Cancer Center volunteers who generously give their time to make a difference for cancer patients.

Volunteers at Overlake are a vital part of the compassionate care delivered in the Cancer Center.



Foundation & Auxiliaries

**By Dorothy Finlay, Director,
Foundation Relations and Muffie Signalness, Director,
Auxiliaries**

The Overlake Hospital Foundation and Auxiliaries raise funds to support programs and services at Overlake to better serve our community. The Foundation and Auxiliaries are honored to support the Cancer Center at Overlake.

In 2009, two groups of passionate volunteers, the Elsie Barker Cancer Care Auxiliary and the Cancer Center Auxiliary, raised funds to provide comfort and financial support to cancer patients and their families. It is often the smaller things that can have a big impact on patients. Our Auxiliaries provide wigs for chemo patients to feel and look their best; blankets to cuddle in while receiving infusions and financial assistance for rent, utilities, gasoline, health insurance premiums and prescriptions when jobs are lost.

Both Auxiliaries depend on the generosity of our community for the success of their events – *Perfect Settings with Perfect Pairings* and *Tree of Hope*. These events receive sponsorships from local businesses, community leaders, and our Overlake doctors, as well as philanthropic support from many individuals in our community.

The Foundation made the Cancer Center at Overlake its main focus for its direct mail campaign in May, raising funds to support the increasing costs of day-to-day patient care. A local business with a strong commitment to this community, glassybaby, who donated \$21,664 in 2009, continues to host fundraisers to benefit the Cancer Center. Often the compassionate care that Overlake provides leads directly to donations from grateful patients. One such contribution is helping patients find their way through

an often complex array of treatments and services by supporting the Cancer Center's patient navigators.



glassybaby products

The Regence Foundation recently awarded a grant to Overlake to develop a formal hospital-based palliative care program. Palliative care is a medical specialty geared toward helping seriously ill patients find relief from the symptoms of their disease. This grant will help improve patient care at the Cancer Center and across all hospital service lines for many years to come.

Several donor-designated endowments have been established to provide ongoing funding for various areas of the Cancer Center. These endowments support the oncology units, the family resource coordinator, and clinical education for oncology care providers.

We are very grateful to our generous community for all they do to enhance medical care and bring compassion and comfort to our cancer patients and their families at very challenging times.

www.overlakehospital.org/cancercare



C A N C E R C E N T E R

35 years of accreditation by  *the Commission on Cancer*

The 35th anniversary logo consists of a dark gray circle containing the number "35" in a white, stylized serif font.