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FOUNDATION & AUXILIARIES

by Muffie Signalness, Director of Auxiliaries

The Cancer Center receives support from a number of endowments that have been established by generous donors. Proceeds from the endowments support enhancements to cancer program offerings such as new technologies, materials for patients and staff education. In 2008, funds were used for gift bags of comfort items for newly-admitted cancer patients, office furniture for the patient navigator, CD players for inpatient rooms and nursing staff educational offerings. The Ash Endowment supports the dedicated Cancer Center social worker.

As mentioned previously, inpatient oncology patients and their families have benefited from a donation from the Kovach family, enabling a new oncology family waiting room to be established on the inpatient oncology unit. This past year, the Cancer Center also received funds from glassybaby, a local glassware company that makes and sells glassware and donates a portion of funds raised to a worthy cancer program.

In addition, two Auxiliary groups of community volunteers devote their time to raising funds annually to provide additional support for cancer patients and their families.

The Cancer Center Auxiliary was established in 2000 and each year hosts the Tree of Hope candle-lighting ceremony in the hospital main lobby. This ceremony honors and remembers friends, family members and others who are facing, or have faced the challenges of cancer. Donations are used to support the Ash Endowment for the Cancer Center social worker and for the patient assistance program. This program provides financial support in the form of rent, utilities or health insurance payments to relieve some of the financial pressures faced by cancer patients.



The Elsie Barker Cancer Care Auxiliary hosts the Perfect Pairings with Perfect Settings event each fall. This unique two-day event showcases the talents of local merchants and designers as they create imaginative and unique table settings. The proceeds from this event purchase items to comfort patients at a very difficult time. Recently, they purchased eyebrows for chemo patients, breast cancer patient post-surgery camisoles, wig caps and books for the “Look Good...Feel Better” class.

Both groups are passionate and enthusiastic supporters of Overlake and new members are always welcome.

VOLUNTEERS

by Kathleen Craig, Supervisor, 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, help 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 health care 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 and in two on-site Sit and Knit groups. Volunteer duties cover a wide range of activities from 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 2008 by the volunteers is an impressive number. 18 volunteers donated approximately 3,744 hours. The two on-site Sit and Knit groups donated a total of 5,724 hours and donated 635 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.

In April 2008, the Cancer Center team hosted a special volunteer luncheon, in recognition of National Healthcare Volunteer Week, to honor Cancer Center volunteers. Approximately 40 volunteers enjoyed an excellent lunch and received a small gift as a token of our appreciation.

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

Personalized, integrated cancer care
through a team of medical experts
providing excellent outcomes.
That's our vision.
That's our commitment.



2008 brought renewed focus on advancing the quality of cancer care available to Eastside residents. Expanded support services, community outreach, equipment and technology upgrades, new quality and outcomes tracking and the tireless efforts of Cancer Center physicians, nurses, technologists, support staff and volunteers all contributed to a year of success.

In September, following a rigorous evaluation and on-site survey, the American College of Surgeons (ACoS) Commission on Cancer (CoC) awarded Overlake a three-year approval with commendation. Less than a third of evaluated programs in the state earn this three-year CoC approval which is reserved for facilities committed to the highest standards in the diagnosis and treatment of cancer. The CoC issued Overlake commendations in seven of nine specific areas of performance. This recognition, while gratifying, wasn't surprising because the Cancer Center at Overlake continues to progress toward its goal of becoming *the* destination for cancer treatment on the Eastside.

American Cancer Society – Cancer Action Network Fight

Back Express In 2008, the American Cancer Society Cancer Action Network (ACS-CAN) Fight Back Express traveled across the country, stopping in hundreds of communities to build momentum to make cancer issues a national priority.



Designed as a mobile action center, the bus stopped at Overlake in August, carrying the message that Americans have the power to fight cancer with their voices. Visitors to the bus took the opportunity to share their cancer stories with their congressman via e-mail and signed a petition to support access to quality healthcare for all. Visitors also had the opportunity to write their message on the outside of the bus.

Breast Cancer Program Seminar One way the Cancer Center supported National Breast Cancer Awareness month in October 2008 was by providing a free community education presentation entitled "Bad Genes or Bad Luck." Five Overlake breast cancer program physicians discussed the latest medical information about breast cancer including who's at risk, current treatment options and genetic testing.

Washington Breast and Cervical Health Program Overlake has been a partner with The Washington Breast and Cervical Health Program (WBCHP) since 2003. During that time Overlake has made a substantial difference in the lives of 884 economically challenged women, assuring this population had a community resource for early detection screening. In partnership with WBCHP, Overlake provided screening mammograms, diagnostic services and prompt access to needed cancer treatment for 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 their screening could potentially lead to a much later-stage cancer diagnosis, resulting in these very same women entering the hospital as an uncompensated care patient. Unlike other King County screening mammography providers, Overlake is committed to providing no-cost diagnostic services and prompt access to cancer treatment if a suspicious or positive finding is detected.

COMMUNITY OUTREACH & EVENTS

Making Strides Against Breast Cancer - Bellevue



Making Strides Against Breast Cancer is a non-competitive walk to help fight breast cancer and provide hope to people facing the disease. Funds raised at the event help support ACS research, prevention and early detection, and support programs for breast cancer patients. In 2008, the kick-off breakfast featured Kristi Harrington, MD, Overlake breast surgeon and the 2008 walk began with opening remarks by Overlake breast surgeon Richard Clarfeld, MD. More than 125 enthusiastic Overlake walkers participated, along with approximately 60 Overlake volunteers working behind the scenes to make the event successful. The Overlake team raised \$15,000.

Team Survivor Northwest

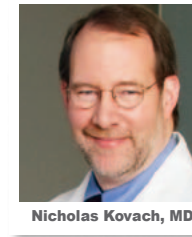


Team Survivor Northwest provides a broad range of fitness and health education programs to enable women cancer survivors, in any stage of treatment or recovery and at any fitness level, to take an active role in their ongoing physical and emotional healing.

In 2008, Overlake was a sponsor and team participant in the Team Survivor fundraising event "Northwest Dragon Boat Festival." This event honored and celebrated women cancer survivors and their commitment to reclaiming their health and wellness.

ONLY THE BEST FOR OUR PATIENTS AND FAMILIES

Cancer Committee Chair Report by *Nicholas Kovach, MD*



With participation from local physicians, we've expanded our cancer program with services, staff and technologies strategically chosen to optimize cancer care for each patient and provide the best possible support for their families and loved ones.

Program Development A dedicated lung cancer tumor board reviews each lung cancer case at Overlake to assure the very best course of care is taken for the individual patient. Lung Cancer Patient Navigator, Pauline Osborne, RN, MN, OCN helps patients and their caregivers with coordination and management of their care.

Outstanding Support Understanding and utilizing the myriad treatment plans and support options that accompany a cancer diagnosis can be overwhelming. American Cancer Society Patient Navigator, Kelly Zant, MSW, and Oncology Social Worker, Desiree Hobson, MSW, provide the guidance and counseling patients and families need to manage the process.

New Technology The adoption and effective use of new technologies such as endoscopic ultrasound (EUS) and endoscopic bronchial ultrasound (EBUS) for the evaluation of gastrointestinal and pulmonary malignancies, respectively, has resulted in less invasive biopsies and faster recovery times for our patients.

Clinical Research Growth has occurred in oncology research, allowing patients to benefit from treatment protocols at Overlake, rather than having to go elsewhere. Research advocate, Tanya Wahl, MD, has championed efforts to increase trial offerings, reviewing new trials and making recommendations on trials to add.

CANCER COMMITTEE 2008 GOALS

by Nicholas Kovach, MD, Cancer Committee Chair

Program Goal: Establish an American Cancer Society (ACS)

Patient Navigator at Overlake. In December 2008, an ACS Patient Navigator joined us to guide patients, family members and caregivers to resources at Overlake, the American Cancer Society and within the community. The navigator is being integrated into the inpatient and outpatient oncology areas, and a referral process has been established.

Clinical Goal: Implement equipment upgrades in the Radiation

Oncology department. Enhancements to the electronic medical record/information system, acquisition of a new CT scanner and the addition of image guided radiation therapy (IGRT) capability to an existing linear accelerator are among the equipment upgrades completed in 2008.

Quality Improvement Goal: Increase the offerings and materials related to nutrition for cancer patients.

The Cancer Resource Center library has been augmented with nutrition education materials. Beginning with a spring 2008 series for cancer patients held in the Atrium Cafe, nutrition classes will be offered several times a year at Overlake.

Community Outreach Goal: Hold a breast cancer educational seminar for the community featuring expert breast program physicians.

In October 2008, a panel of five Overlake breast cancer team physicians presented the program "Breast Cancer: Bad Genes or Bad Luck" to a crowd of 50 attendees. Feedback was overwhelmingly positive.

Therapy is based on performing activities of daily living such as self-care, education, work and leisure. Maximum participation is achieved through the use of adaptive equipment, modifying the environment, instruction on compensatory techniques, energy conservation techniques, sensory integration, fine-motor coordination, strengthening and coordination exercises. Patient and caregiver education and training is provided and home-safety evaluations are available through our outpatient services.

Speech Therapy Services Speech pathology provides evaluations and treatment to cancer patients who are experiencing difficulty with swallowing, speech, language or cognition as a result of the disease and/or treatment for the disease. The primary emphasis of speech therapy is treatment for head and neck cancer patients. Staff has expertise in swallow evaluations, modified barium swallows and appropriate compensatory strategies and treatment for dysphagia. Patient and caregiver education and access to resource materials is provided along with recommendations for long-term, follow-up care. Continuity of care is provided through the inpatient and outpatient settings.

CANCER COMMITTEE MEMBERS 2008

NAME		TITLE	DEPARTMENT
Acheson, Marita	MD	Breast Radiologist	Breast Health Center
Chen, Eric	MD	Medical Oncologist	Group Health Cooperative
Clarfeld, Rick	MD	Breast Surgeon	Northwest Breast Associates
Craig, Kathleen		Supervisor	Cancer Support Services
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 Trials
Hobson, Desiree	MSW	Social Worker	Cancer Support Services
Hubbard, Judi	RN	Interim Manager	Inpatient Oncology Unit
Kovach, Nicholas	MD	Medical Oncologist	Overlake Cancer Center
Kraemer, Kenneth	MD	Medical Oncologist	Eastside Oncology/Hematology
McCoubrey, Sara	CTR	Cancer Registrar	Cancer Registry
Medina, Marj	RN, BSN	Clinical Research Coordinator	Clinical Trials
Osborne, Pauline	RN	Oncology Clinical Nurse Specialist	Cancer Center
Reece, Brent	MD	Radiation Oncologist	Radiation Oncology
Rock, Pam	MHSA	Director	Cancer Center
Shaw, Kelly	MPH	Manager	Radiation Oncology
Smethurst, Debra	CTR	Cancer Registrar	Cancer Registry
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
Wahl, Tanya	MD	Medical Oncologist	Overlake Cancer Center
Zant, Kelly	MSW	ACS Patient Navigator	Cancer Support Services
Zobel, Mark	MD	Radiologist	Radiology

COMMUNITY OUTREACH & EVENTS

by Kathleen Craig, Supervisor, 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 taking the Cancer Resource Center offerings out into the community to advance awareness of cancer screening, prevention, treatments and support for our cancer community.

In 2008, the Cancer Resource Center presented information on cancer at more than 15 health-related community events and health fairs.



Relay for Life - Issaquah

Relay For Life is a fun-filled, overnight event designed to celebrate survivorship and raise money for research and programs for the American Cancer Society (ACS). During the event, teams of people gather at schools, fairgrounds or parks and take turns walking or running laps. Each team tries to keep at least one team member on the track at all times. In 2008, the Overlake team had 60 members including three physicians who carried the 2008 Relay for Life banner at the start of the Survivor Lap. The team raised nearly \$8,000 for the American Cancer Society with fundraising ideas including bake sales, a Go-Fish Pool at the Relay event and an on-site massage therapist offering massages during the walk.

REHABILITATION SERVICES

by Catherine Kanda, Director, Patient Therapy Services

Overlake Hospital Medical Center provides a continuum of inpatient and outpatient services in the areas of medical nutrition therapy, physical therapy, occupational therapy and speech therapy. Services are comprehensive and provided by highly trained, knowledgeable and skilled staff in each respective discipline. Efforts were made in 2008 to further meet the needs of oncology patients and educate staff and physicians on the rehabilitation services available in the Overlake Outpatient Center.

Medical Nutrition Therapy Services A nutritionist is available in Radiation Oncology one day per week. Each patient's nutrition status and intake are monitored to ensure that nutritional needs are being met despite food-related difficulties such as mouth pain, difficulty swallowing, mucositis or poor appetite. Referrals to speech pathology are often recommended for patients who are having difficulty swallowing. Food choices are considered to balance foods that can be tolerated and enjoyed with sufficient calories for weight gain/maintenance, improving appetite and maintaining energy. Individualized nutritional counseling is available for outpatients.



Physical Therapy Services Evaluation and treatment of cancer patients includes therapeutic exercise and manual techniques to relieve swelling and increase functional range of motion, strength and mobility. Services focus on safety to prevent falls and caregiver education to assist with mobility, activities of daily living, home exercises and equipment to make mobility and activities of daily living easier.

Individualized outpatient physical therapy services include graded therapeutic and functional exercise progression, aquatic therapy, postural re-education/body mechanics, prosthetic/orthotic assessment, energy conservation techniques, compensatory strategies, gait/balance training with assistive device recommendations and pain modalities such as manual techniques and non-thermal modalities.

Occupational Therapy Services Occupational therapy is designed to enable cancer patients experiencing pain, fatigue, weakness or confusion to continue active independent living and experience a better quality of life.

CoC CANCER LIAISON PHYSICIAN

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. Accruals increased from three percent in 2007 to five percent in 2008. As a National Surgical Adjuvant Breast and Bowel Project (NSABP) Pacific Northwest Principal Investigator, efforts are being made to add appropriate NSABP offerings at Overlake.

Over the past three years, Overlake has increased its participation in the annual Making Strides Against Breast Cancer walk held in downtown Bellevue, boosting Overlake's presence, sponsorship level, walker recruitment and total funds collected for ACS.

Community outreach is another key focus for the Cancer Liaison Physician. In October 2008 (Breast Cancer Awareness Month) an educational event, "Breast Cancer: Bad Luck or Bad Genes?" was held at the hospital. In addition, Overlake worked with the American Cancer Society Cancer Action Network (ACS-CAN) to bring its Fight Back Express bus to the Overlake campus to increase awareness of advocacy efforts underway by ACS. Overlake also sponsored the ACS-CAN breakfast in 2008.



CANCER CENTER HIGHLIGHTS

by Pam Rock, MHSA, FACHE, Director, Cancer Center

Commission on Cancer (CoC) Standard 4.3 Changes for 2009

A Commission on Cancer (CoC) workgroup reviewed survey results from 2005, 2006 and 2007 and determined that the standards relating to cancer staging were the most common standards identified as survey deficiencies. The CoC examined the survey data to identify the issues with staging documentation and accuracy. It was determined that the staging procedures used in most facilities were cumbersome and difficult for the physician and the cancer registry staff, i.e., recording of the stage in the medical record *after* the patient had been treated.

The group identified three priorities:

- National Cancer Data Base (NCDB) data must be of the highest quality. An accurate, collaborative stage will serve this purpose.
- Reduce unnecessary administrative burdens on the cancer registry, the hospital and the physician.
- Identify measures that will assess how physicians are making their treatment choices appropriate to the stage of the patient they are treating.

The new standard requires that the physician record the American Joint Committee on Cancer (AJCC) or appropriate stage in the patient record. For cases presented at cancer conferences, the presenting physician should discuss the clinical or working stage and incorporate and discuss the use of site-specific prognostic indicators and evidence-based national treatment guidelines in the evaluation of treatment planning.

Cancer staging charts and National Comprehensive Cancer Network (NCCN) guidelines are being made available to physicians at all three cancer conferences at Overlake.

Educational Offerings

The Commission on Cancer requires that the Cancer Committee offer one cancer-related educational activity each year to physicians, nurses and allied health staff. In 2008, the Cancer Center at Overlake offered 10 continuing education opportunities to the Cancer Center staff, all focused on improving standards of care and meeting best practices for the cancer patient. Classes included a presentation on Breast Cancer Surgeries by Richard Clarfeld, MD; Grand Rounds – Ultrasound in the Diagnosis and Staging of Gastrointestinal Cancers presented Roanne Selinger, MD and a two-day chemo and biotherapy class co-facilitated by Pauline Osborne, RN, MN, OCN, Oncology Clinical Nurse Specialist.

CLINICAL TRIALS

by Tina Fortney, RN, Clinical Research Nurse

A research conference was held in October 2008 in the PACCAR Education Center entitled “Clinical Research Local and Global Perspectives.” Elyse Summers, J.D., Acting Director, Division of Education and Development Office of Human Research Protection, was the keynote speaker. Tanya Wahl, MD was also a featured speaker and spoke about her oncology research experience at Overlake.

When Mommy or Daddy Gets Cancer A new research study for children ages five to 12 began in 2008. This program is designed to enhance communication between parents and their children. It is conducted by Mary Ellen Shands, RN, MN from the University of Washington School of Nursing.

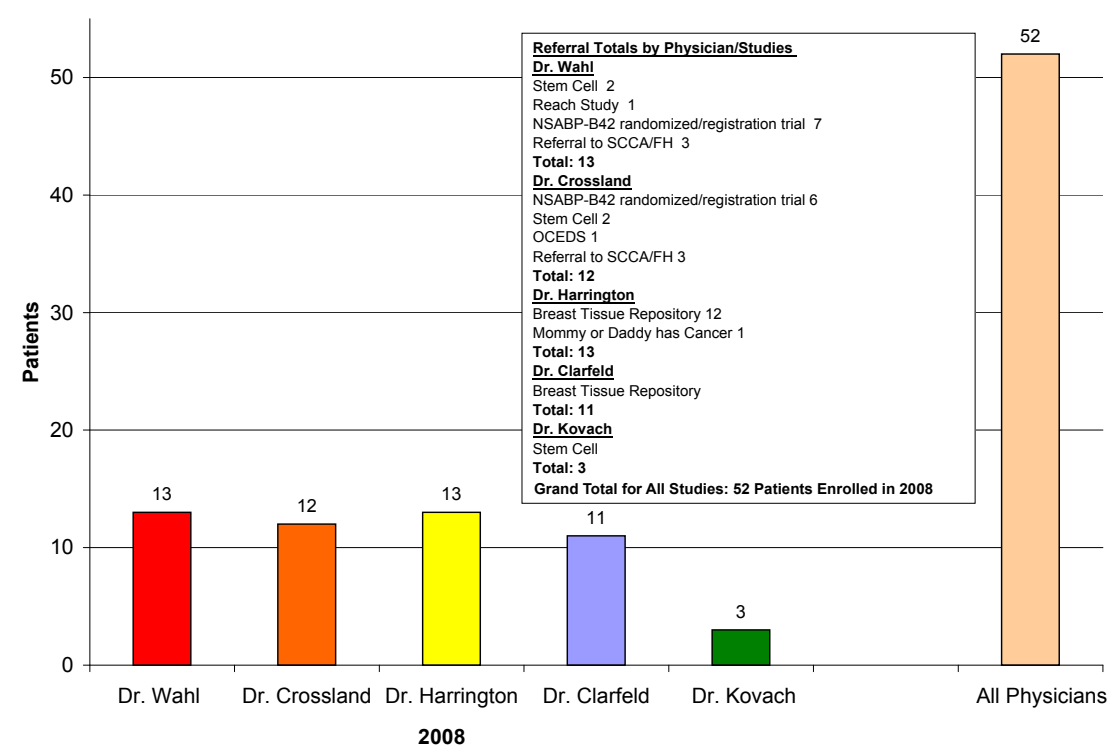
NSABP-42 This trial is continuing to enroll patients to learn whether or not continuing hormonal therapy with Letrozole for five years after taking five years of hormonal therapy can reduce the chance of breast cancer recurrence.

Breast Tissue Repository This is a study involving collection of tissue samples from patients diagnosed with breast cancer.

Amgen Lung Trial Overlake was included in the site selection process from the Amgen Company to be considered for a Phase II trial of Chemo for Advanced Non-Small Cell Lung Cancer.

Patients are tracked quarterly, and this also includes those patients who are sent for stem cell transplants.

Clinical Trials-Clinical Research Total Patient Referral by Physician



PATIENT AND FAMILY ASSISTANCE



Patient Navigator In partnership with the American Cancer Society, Overlake now offers an on-site Patient Navigator, the first position of its kind on the Eastside. 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.

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 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 treatment plan.

PASTORAL CARE

by Russ Staples and Sue Carlson, Chaplains



In 2008, 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.

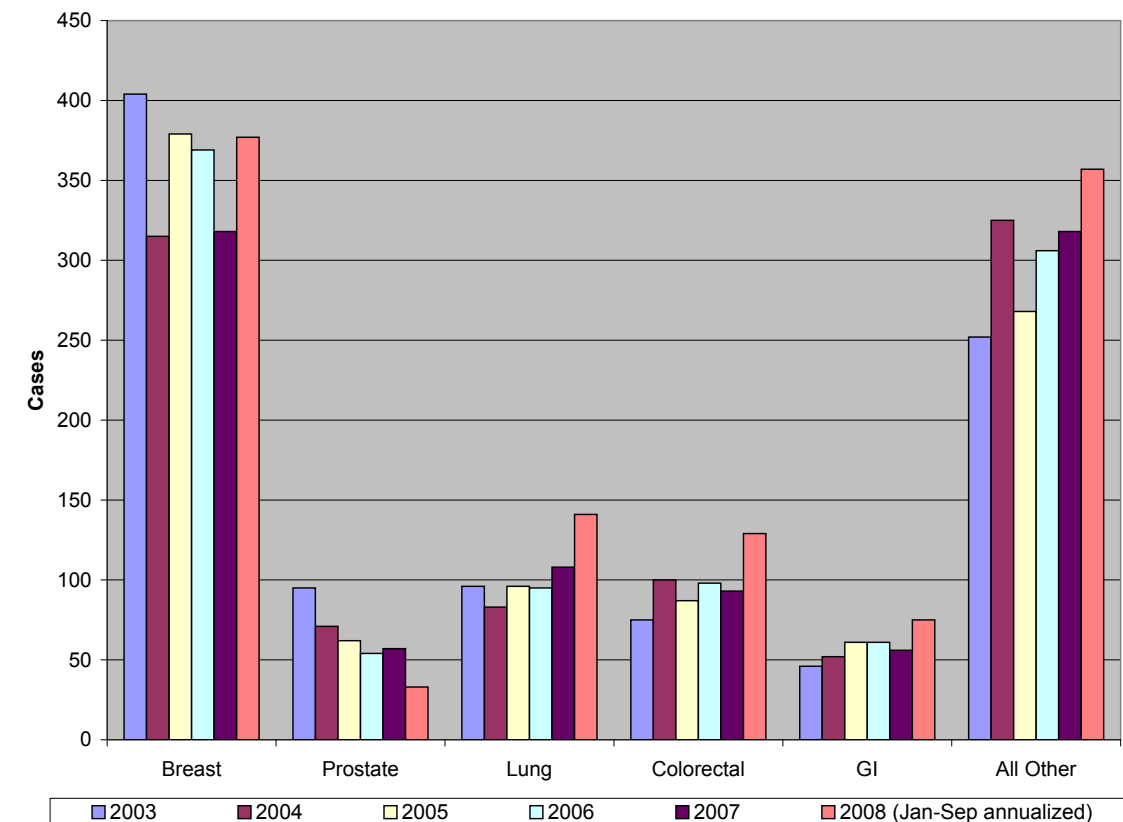
A new Chapel and Meditation Room was established in 2008 on the second floor of the hospital. It is located in an area of the hospital that is easily accessible for patients and families. The quiet space provides patients and families with a meditative atmosphere. The pastoral department office is located within the facility, which provides easy access to spiritual support as needed.

Quality Improvements

A number of quality improvements that directly impact patient care were put into place in 2008:

- Additional nutrition education materials were added to the Cancer Resource Center and a four-part series on nutrition was held in spring 2008.
- A dedicated oncology patient/family waiting room was added to the inpatient oncology unit (West 4).
- Patient comfort bags were purchased and delivered to inpatient oncology patients.
- Artwork was added to the designated oncology inpatient rooms and to the hallways and family waiting area on the inpatient unit (West 4).
- A cancer symptom management and prevention booklet was developed for patients.
- An oncology resource intranet site was established, with policies, standards, patient educational materials and other resources for oncology patient caregivers.
- A new 16-slice CT scanner for radiation treatment simulations was added in Radiation Oncology.
- Image guided radiation therapy (IGRT) was added to an existing linear accelerator in Radiation Oncology.
- The turnaround time for breast health patients who need to return for additional imaging was reduced to five days.

New Cancer Case Volume by Disease Site



BREAST CANCER PROGRAM

Breast Cancer Team Chair Report *by Kristi M. Harrington, MD, PhD*

Attendance of key physicians representing each specialty (breast imaging, pathology, radiation oncology, medical oncology and breast surgery) have enlightened quarterly Breast Cancer Team meetings. Topics ranged from development of breast cancer care quality indicators (to monitor trends and use benchmarks to provide goals for improving patient care) to discussion of ACoS CoC standards and their implementation. Member suggestions led to the implementation of a regular journal club discussion of significant articles chosen by representatives from each discipline.

BREAST CANCER PROGRAM STUDIES

Factors Impacting Patient Breast Cancer Surgery Selection

by Kristi M. Harrington, MD, PhD

The purpose of the study was to evaluate the rate of mastectomy at Overlake and to assess factors that impact the decision-making process for selecting mastectomy versus lumpectomy. The study also aimed to determine the Overlake breast surgery mastectomy rate compared to national rates, evaluate the frequency of prophylactic mastectomy, and learn of patient satisfaction with their surgical decision. It had been hypothesized that the increased mastectomy rate was due to increased genetic testing (BRCA1 and BRCA2), with patients having these genetic mutations wanting to mitigate risk for developing a second breast cancer.

Patients of the two dedicated breast surgeons at Overlake were sent a survey via mail and 53 patients (45 percent) returned the surveys. Findings included:

- Of the Overlake breast surgery patients, age was a factor in decision making with 19 percent of patients age 50 or younger opting for bilateral mastectomies compared with six percent of patients over age 50.
- Respondents indicated that they were initially uncertain as to what type of surgery they would select and that advice received from their surgeon was the most important factor in their decision-making process. However, in only 34 percent of cases did the surgeon recommend mastectomy, but 54 percent of patients underwent mastectomy.
- The rate of contralateral prophylactic mastectomy was also at an elevated level for those surveyed. Thirteen percent of patients undergoing mastectomy for treatment of breast cancer opted to remove their normal, healthy breast (versus the 2003 national rate of 11 percent).
- 89 percent indicated they were very satisfied with their surgery choice.
- Patients facing a complex decision-making process are often overwhelmed. Psychosocial support provided during the decision-making process may aid patients in making more objective decisions during this difficult time.

Review of Nipple-Sparing Mastectomies *by Richard Clarfeld, MD*

Eighty-four nipple-sparing mastectomies have been performed at Overlake since 2005. In a review of cases, the following findings were identified:

- Using the histologic findings within the central milk ducts has been a reliable indicator of recurrence risk. This is based on the fact that this approach has resulted in no local recurrences in those performed by the two Overlake dedicated breast surgeons.
- Cosmetic results have been excellent, with only five occurrences of nipples having ischemic changes resulting in significant cosmetic deformity.
- Another finding from the research was related to a delay of reconstructive

Breast Cancer Support Groups By meeting other people who share similar experiences, breast cancer patients state 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 the hope of teaching breast cancer patients new ways to cope with their diagnosis. The two groups offered each month are:

- **Breast Cancer Support** Open to all women who have, or have had breast cancer.
- **Reconstruction After Breast Cancer Surgery** Open to women who have, or have had breast cancer and are considering reconstruction surgery.

Reach to Recovery Program The Reach to Recovery program provides information and support to anyone facing breast cancer through one-on-one contact with American Cancer Society volunteers. The Reach to Recovery volunteers are trained to provide information and support to women or men who have been diagnosed with breast cancer or who may be facing a breast cancer diagnosis. Volunteers may meet with someone face-to-face or by telephone. Whenever possible, the program attempts to match the person with a volunteer who is similar in age and who has had a similar breast cancer experience.

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:



Desiree Hobson, MSW

Oncology Social Worker Desiree Hobson, MSW, Oncology Social Worker for the Cancer Center at Overlake complements the medical treatment available 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.

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.

CANCER RESOURCE CENTER

by Kathleen Craig, Supervisor, Cancer Support Services

The Cancer Resource Center (CRC) offers a comfortable, relaxed environment where patients and their families can stop by to use the extensive resource library, learn about our support groups or speak with the Patient Navigator or the Oncology Social Worker. The CRC is staffed with caring and knowledgeable volunteers, many of whom have had a personal experience with cancer.



EDUCATIONAL 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.

New educational materials are continuously evaluated and added. In April of 2008, a Food for Life – nutrition and cooking four-week series was offered free to our cancer patients. This series was intended to help cancer survivors take advantage of the healing power of foods. A new nutrition section was added to the Cancer Resource Center in response to numerous requests from patients for additional nutritional information.

The Cancer Resource Center also offers a private area for women who are experiencing hair loss to try on wigs. Wigs are offered free to women who are unable to purchase one on their own.

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 women cancer patients to help 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 are given to each attendee in the program. In 2008, Overlake added five classes to its existing four classes offered each year and each class was typically filled to its maximum capacity of 12 attendees.

surgery by patients. All patients had consulted with a reconstructive surgeon prior to mastectomy. However, approximately one fourth of patients delayed reconstruction after mastectomy. Reasons cited included satisfaction with post-mastectomy appearance and fatigue from multiple surgeries. Further review of the policy and approach used by the breast surgeons will occur in an effort to improve reconstruction post mastectomy.

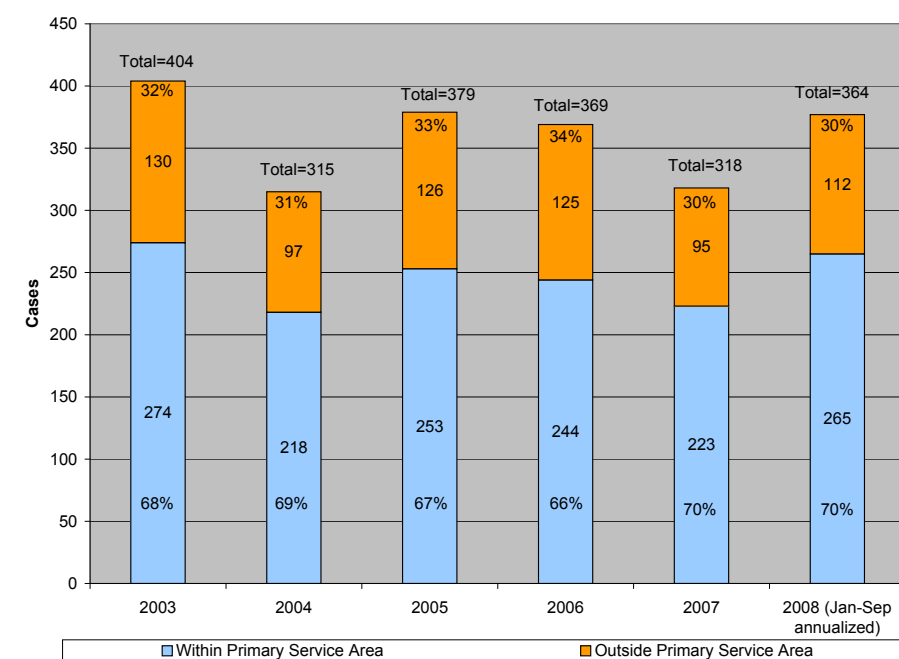
BREAST HEALTH CENTER

by Kathy Crandall, Manager, Breast Health Center

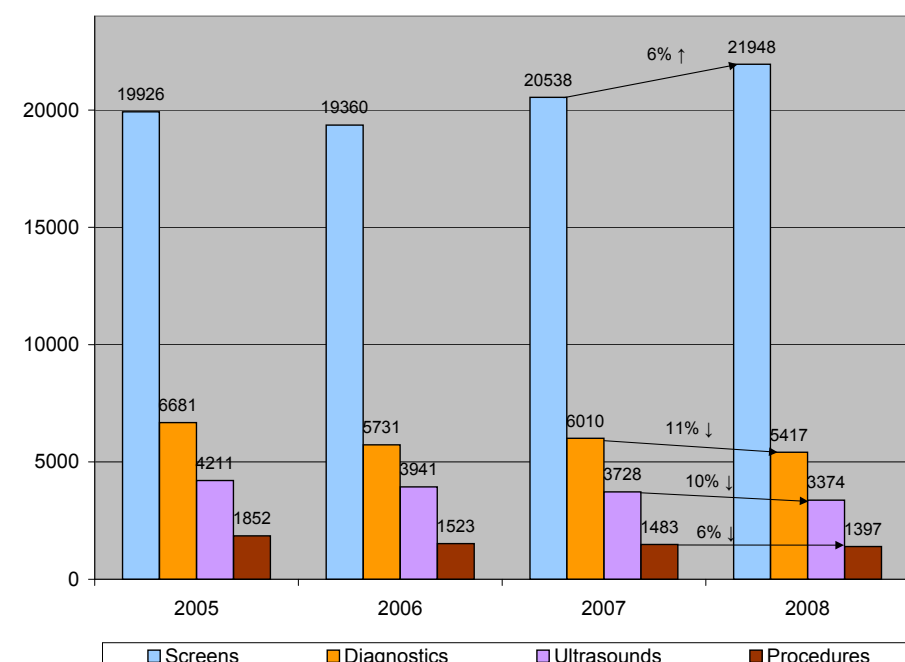
The Breast Health Center continued to provide excellent services to patients in its two screening centers in Bellevue and Issaquah, and in the breast diagnostic center on the second floor of Overlake Medical Tower. Many changes were implemented in 2008 to streamline workflow, improve processes and enhance the patient experience. Volumes continued to be strong (see chart below) and success was achieved in reducing wait times for screening, diagnostic and procedure appointments.

Breast Cancer Program Quality Indicators

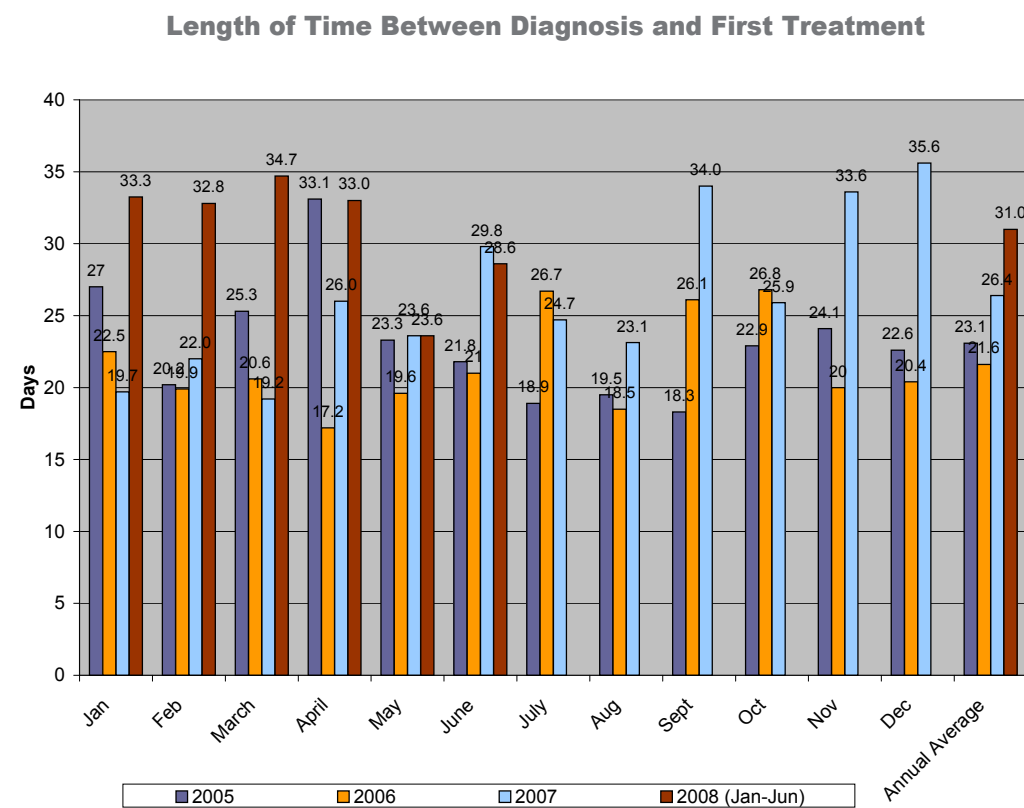
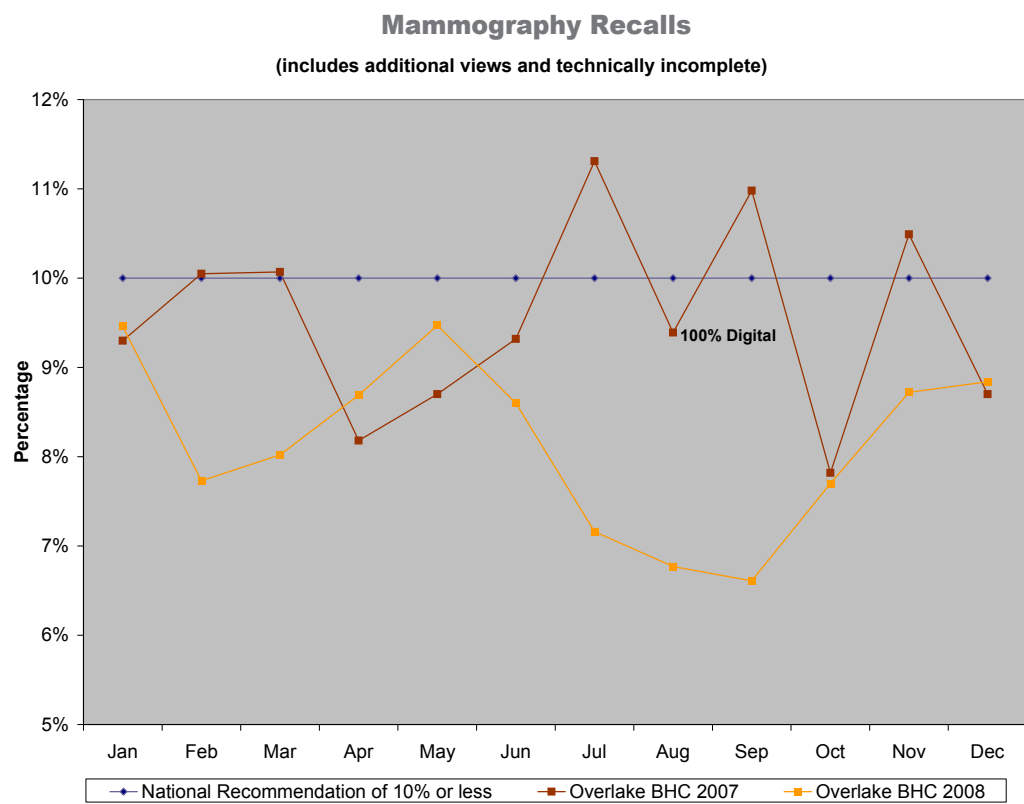
Breast Cancer Case Volume



Mammography Volume

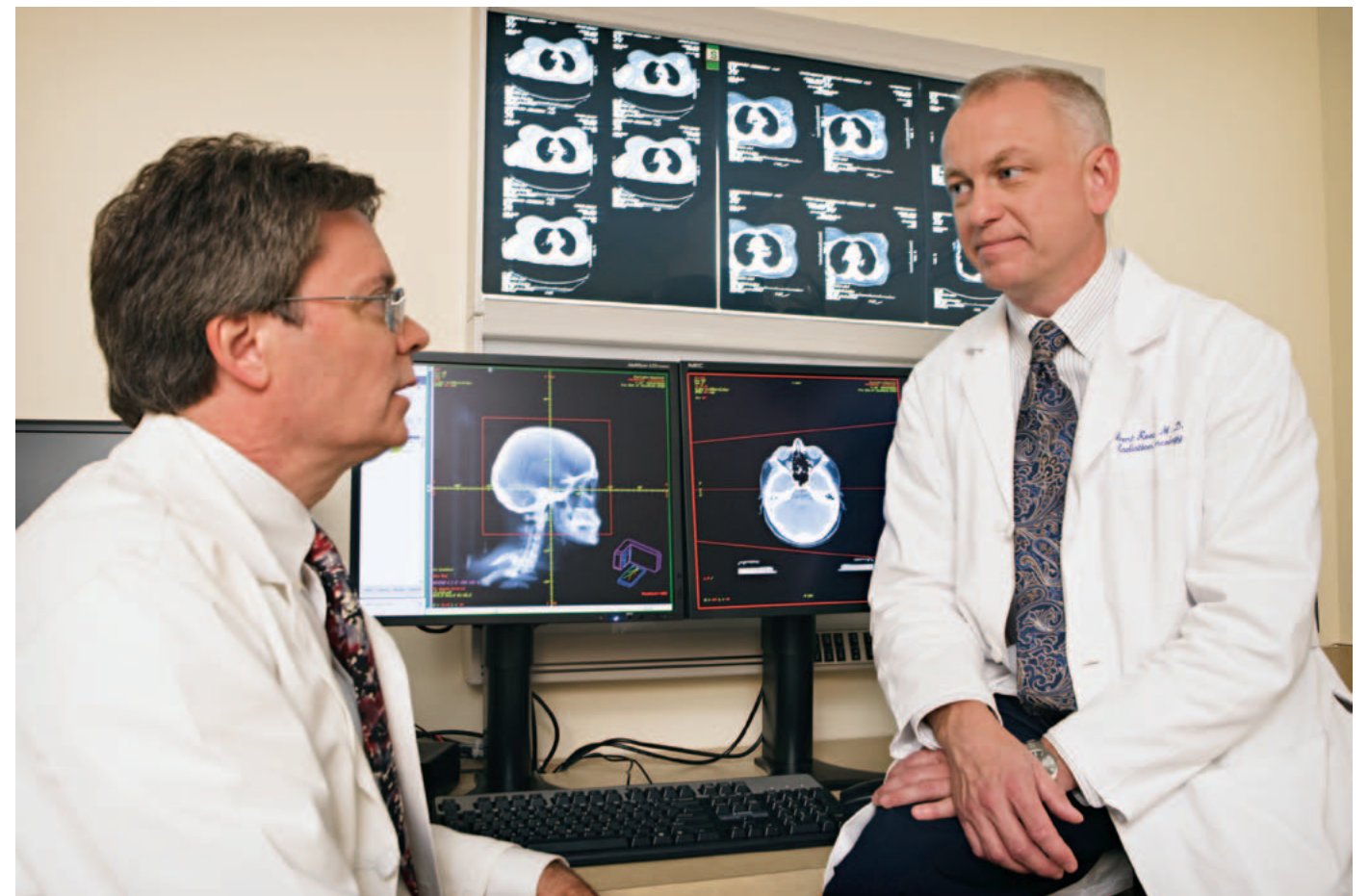


Breast Cancer Program Quality Indicators



Radiation Oncology Key Statistics

- 9,022 external beam treatments
- 137 brachytherapy treatments
- 1,134 IMRT treatments
- 1,657 CT simulations
- Average of 40 patients/day on active treatment



RADIATION ONCOLOGY

by William B. Reece, MD, Co-Medical Director, Radiation Oncology

Significant improvements were made in 2008 in the Radiation Oncology department at Overlake Hospital Medical Center. Upgrades in information technology, new equipment in simulation planning and treatment, and continued expansion of services all contributed to a very successful year. Further capital improvements and exciting new treatments are being planned for 2009 which will greatly benefit our patients.

The Radiation Oncology department introduced new clinic management software, Aria®, in 2008. This system performs all of the record and verify functions associated with daily treatments. Further, the clinic is well on its way to a complete Electronic Medical Record (EMR) utilizing Aria®. Laptop computers were placed in all exam rooms and real time charting/data entry has replaced the traditional paper chart. Benefits include improved clinic efficiencies, less chance of errors, improved data management and better analysis of trends in referral network and patient characteristics.

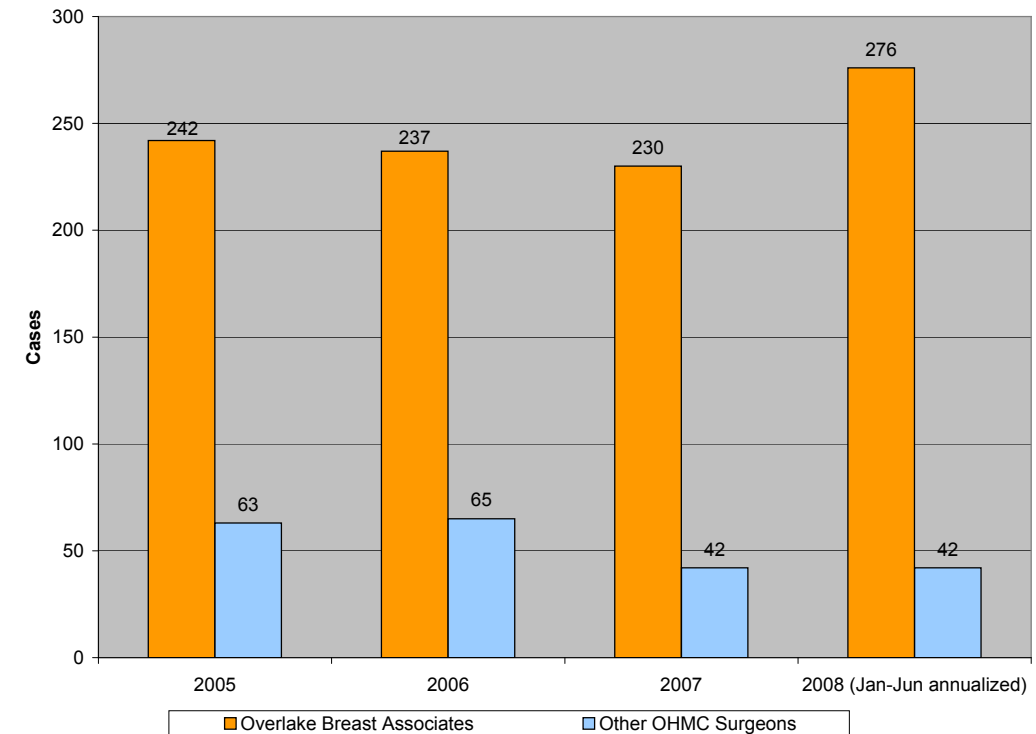
A new Computerized Tomography (CT) scanner was installed. The GE 16-slice “wide bore” CT scanner was selected for use in planning radiation therapy treatment fields. The scanner is fast and easy to use with the “wide bore” allowing us to scan patients in the many different positions needed for radiation oncology treatment delivery. The GE CT scanner came with a GE Advantage workstation where the doctors and simulation therapist begin the process of tumor volume and treatment area localization for dosimetry planning of the radiation treatments. This workstation then directly transmits that data to the Pinnacle ADAC treatment planning system (which was upgraded to version 8.10M this year). New servers have made the treatment planning process faster and Intensity Modulated Radiation Treatment (IMRT) plans are increasingly used when indicated.

One linear accelerator (LINAC) was retrofitted with On-Board Imaging (OBI). This new technology allows for diagnostic quality imaging of the patient with kilovoltage (kV) filming/fluoroscopy or cone-beam CT (CBCT) at the time of treatment delivery. Not only does this give improved accuracy, but also paves the way for Image Guided Radiation Therapy (IGRT) treatments which began in 2008. With plans to install a new LINAC in the second treatment room in 2009, all patients will have some form of IGRT for their treatments. The new LINAC will allow for Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) to be provided at Overlake.

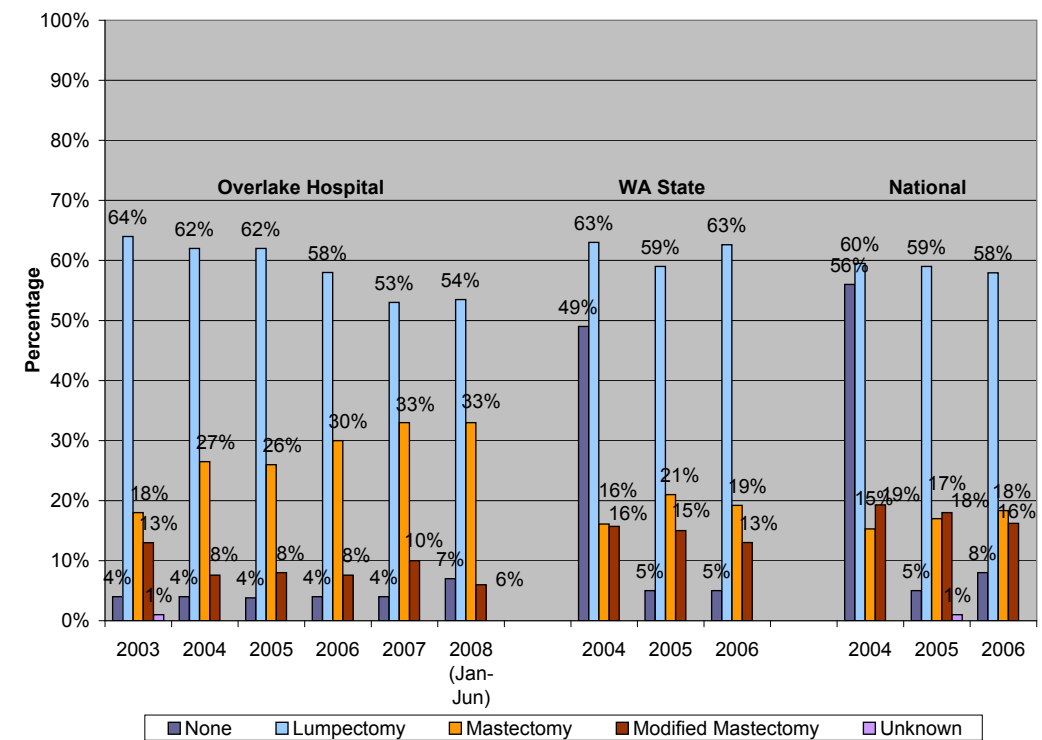
The high dose rate (HDR) Gammamed® system for Mammosite® accelerated partial breast irradiation (APBI) continued to be offered and used in selected breast cancer cases. Additionally, some patients with gynecologic malignancies are being treated with HDR brachytherapy. Prostate brachytherapy with low dose rate permanent radioactive seed implantation was offered in conjunction with Bellevue Urology and those implants are now being performed in the Bellevue Urology Surgical Center.

The goal in radiation oncology is to bring state-of-the-art treatments to our Eastside community and deliver that treatment in an efficient, coordinated and compassionate manner.

Breast Cancer Surgery Volume



Breast Cancer Surgeries: Lumpectomy vs. Mastectomy



INPATIENT ONCOLOGY

by Janette Pavone, Director, Medical Surgical Inpatient Services

In 2008, the Lang Oncology Inpatient Unit relocated from West 3 to West 4. Oncology rooms were designated on the unit: rooms 414 through 424. With endowment funds allocated to the Cancer Center, additional artwork was added to these rooms as well as to hallway and waiting spaces to provide a more soothing environment.

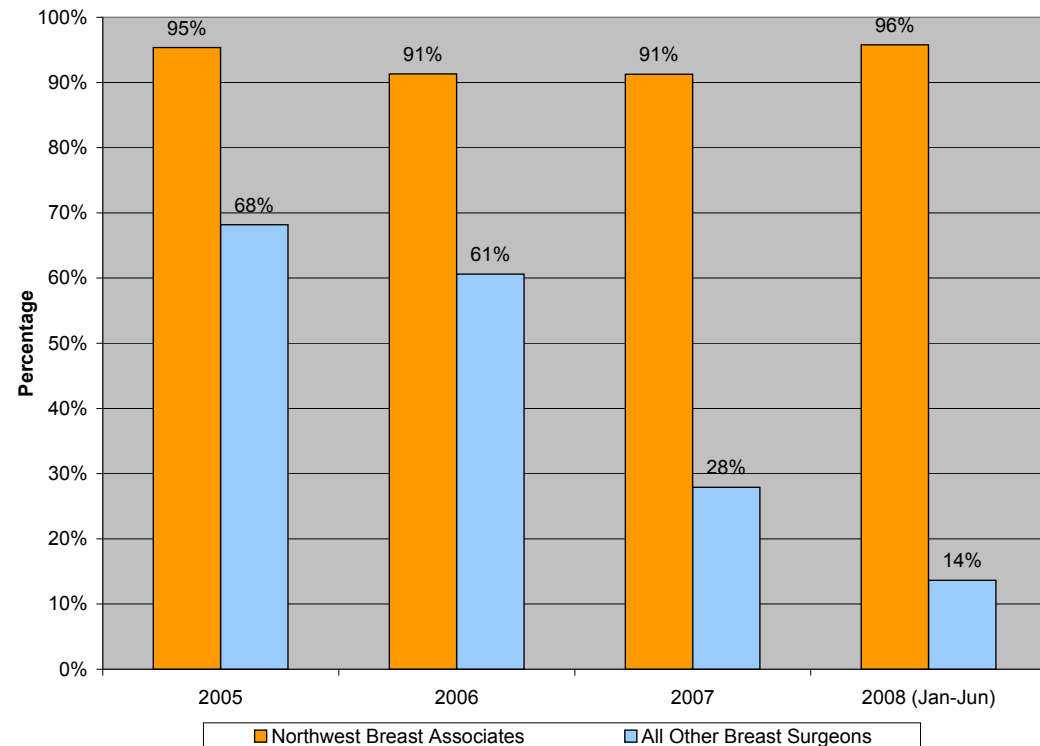
The inpatient service relocation resulted in reallocation of staff and the need to develop an aggressive education program. Pauline Osborne, RN, MN, OCN, Oncology Clinical Nurse Specialist, in conjunction with the unit nursing leadership, developed and implemented a plan to train medical nursing staff on the unique needs of cancer patients. Approximately 20 staff attended the Fundamentals of Oncology course in 2008 as well as participated in skills labs. The number of chemo-certified nurses increased from five to 19. With the support of oncology program endowment funds, several nurses were able to attend various educational offerings to further bolster the expertise of nurses.

In addition, standardized care plans for the care of oncology patients were developed and implemented. Physician orders for chemotherapy were revised and implemented, a unit-based quality committee structure was developed, and an oncology-focused pharmacy and nursing subcommittee of the house-wide Medication Use Safety Team (MUST) was established to address revisions to the Administration of Chemo policy.

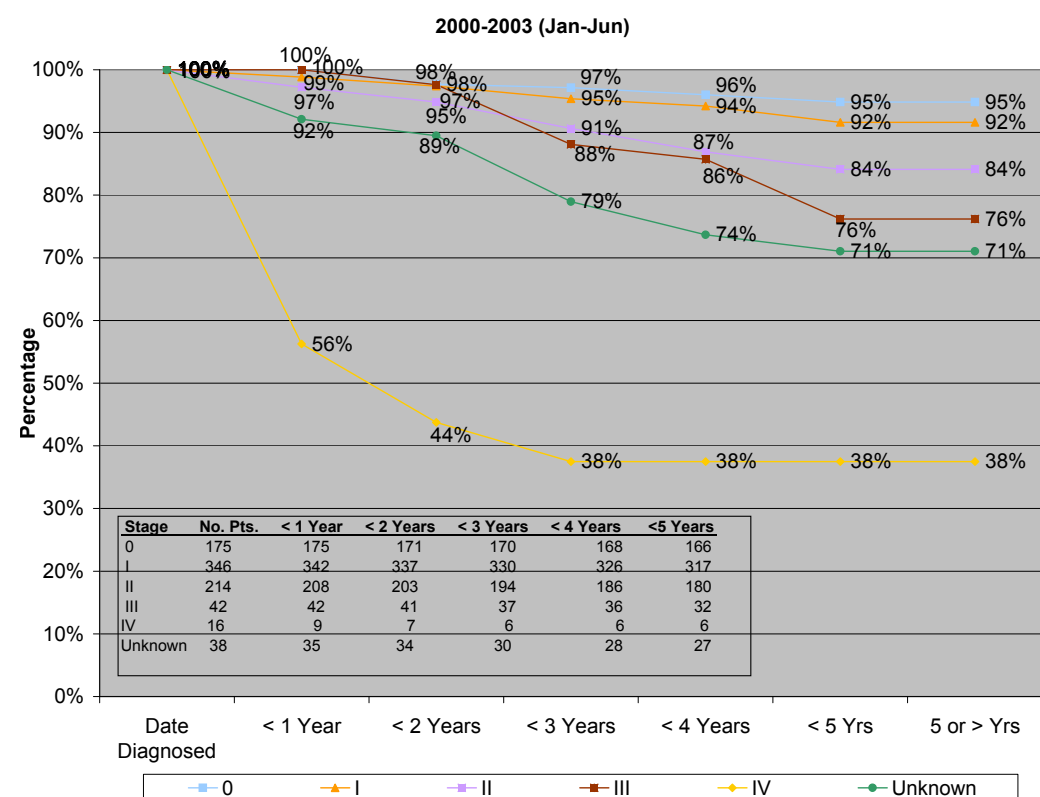
In the summer of 2008, thanks to a generous contribution from Dr. and Mrs. Nicholas Kovach, the Oncology Family Waiting Room was established in the West 4 Medical - Lang Oncology Unit. This space was transformed into a peaceful retreat for patients and their families. Dr. Kovach recognized that cancer patients and their families need a quiet space to relax, reflect or consult privately with physicians and staff away from the clinical setting. The room is enjoyed on a daily basis by patients and their families and always receives compliments from those who visit.

Breast Cancer Program Quality Indicators

Breast Cancer Cases Presented at Multidisciplinary Conference



Breast Cancer Survival by Stage



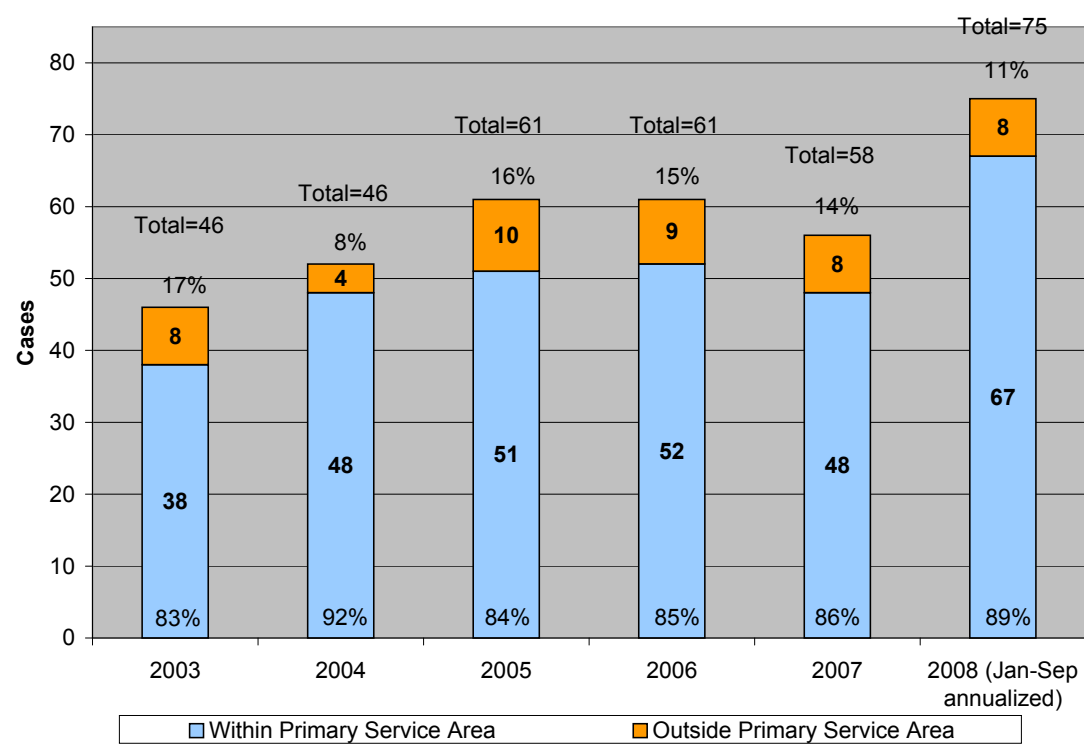
GI/COLORECTAL CANCER PROGRAM

GI/Colorectal Cancer Team Chair Report by *George R. Winters III, MD*

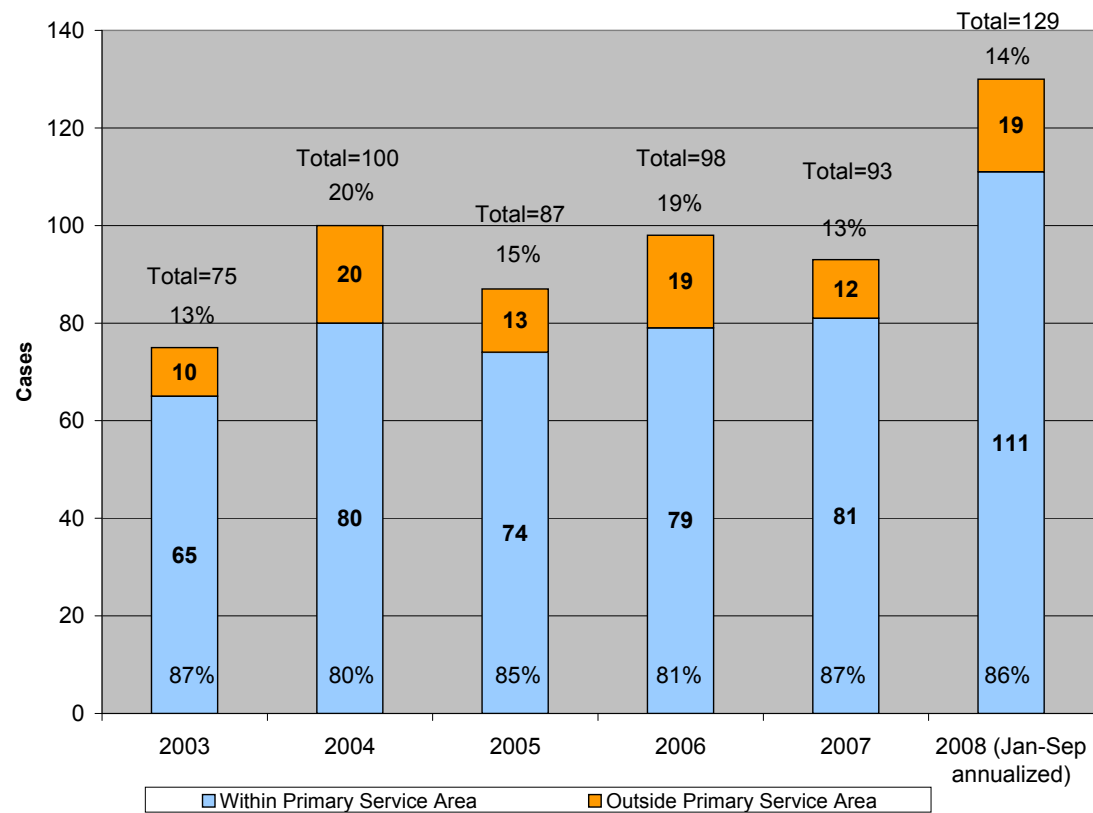
Quarterly team meetings began in 2008 with the goal of improving the quality of the gastrointestinal (GI) and colorectal cancer care experience. Using the existing framework of the weekly tumor board, the multidisciplinary treatment team agreed to increase review of GI/colorectal cases at the tumor board. This provides multidisciplinary input and is a desire of patients. Marketing/outreach and patient educational opportunities are also topics of discussion for these quarterly meetings.

Anticipated initiatives include development of quality indicators which will be reviewed quarterly, creation and deployment of patient education packets, and implementation of a number of marketing and outreach initiatives.

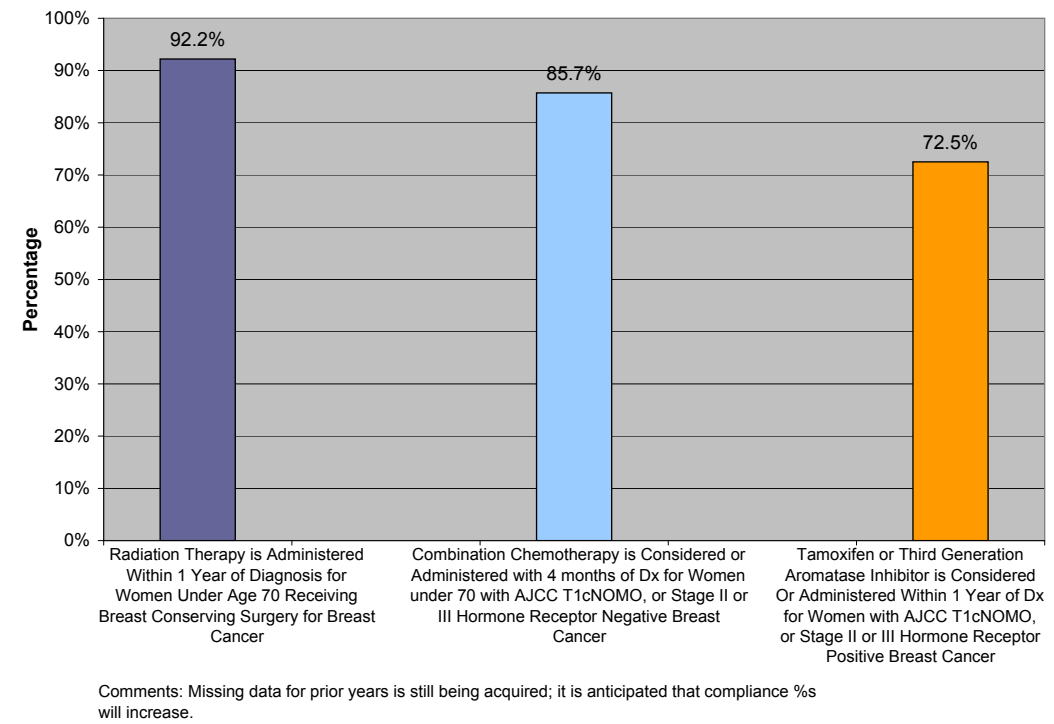
GI Cancer Case Volume



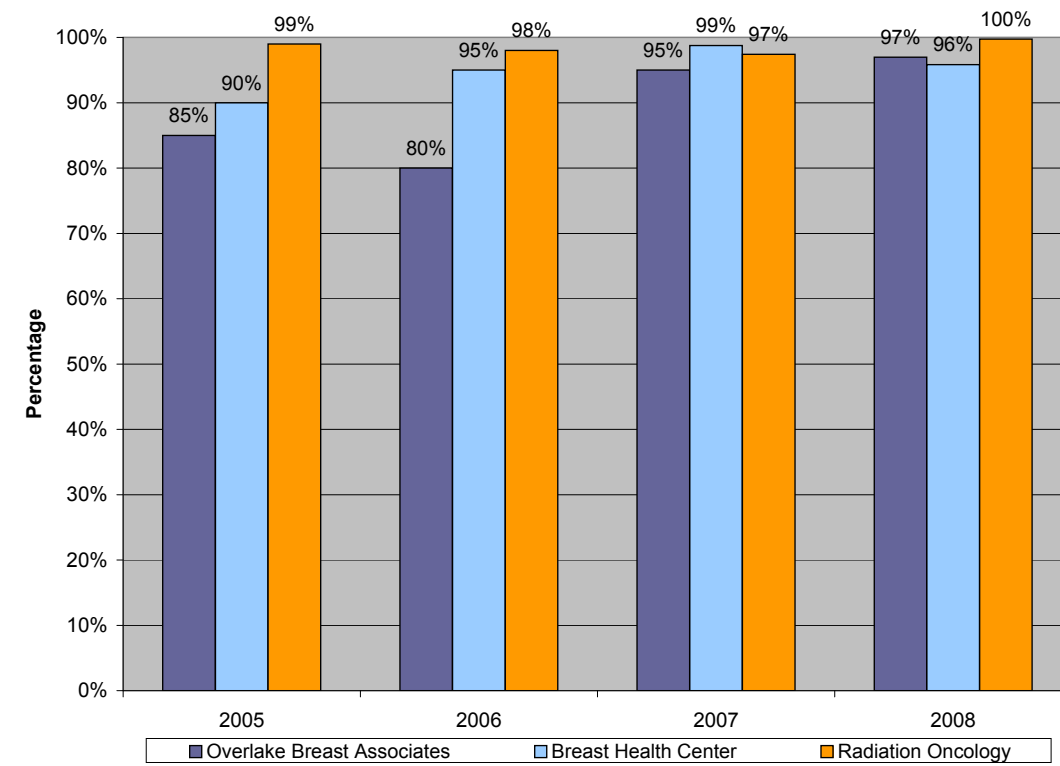
Colorectal Cancer Case Volume



Performance Rates for Selected Breast Cancer Measures (ACOS)



Patient Satisfaction: Would you Recommend?



LUNG CANCER PROGRAM

Lung Cancer Team 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. Recently, the Cancer Center at Overlake and its affiliated physicians provided patients with new state-of-the-art technology such as Video-Assisted Thoracic Surgery (VATS), including VATS lobectomy, Endobronchial Ultrasound (EBUS) and Image-Guided Radiation Therapy (IGRT).

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, 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 evidenced-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 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.

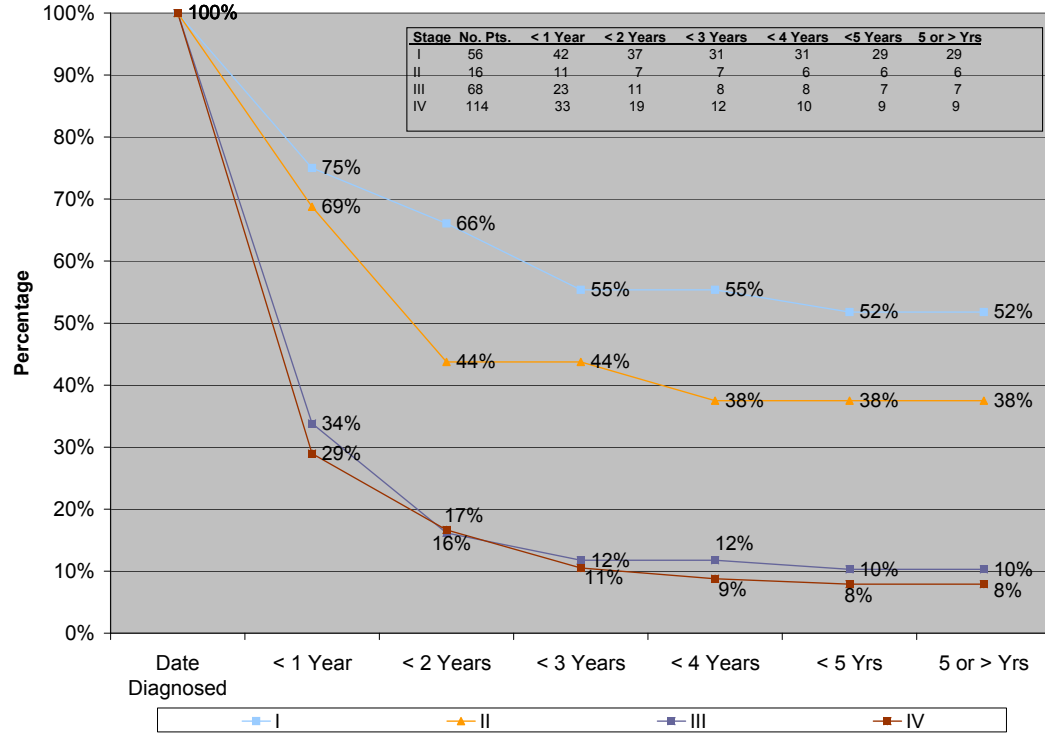


Our Lung Cancer Program surrounds patients with a network of experts seamlessly connected and singly devoted to achieving the best-possible outcomes.

Lung Cancer Program Quality Indicators

Non-Small Cell Carcinoma Survival by Stage

2000-2003 (Jan-Sep)



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. Beginning in 2008 thoracic surgery at Overlake began applying VATS technology to perform definitive cancer surgery such as lobectomy. To date, more than twenty cases of VATS lobectomy have been performed with excellent outcomes. 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) Beginning in January 2009, Overlake will offer endobronchial ultrasound (EBUS) for the diagnosis and staging of lung cancer and for other neoplastic, infectious, and inflammatory conditions associated with mediastinal or hilar lymphadenopathy/mass. This highly-effective technique will reduce the need for more invasive procedures such as mediastinoscopy or VATS. Currently Overlake is the only Eastside facility offering patients the diagnostic procedure using EBUS technology.

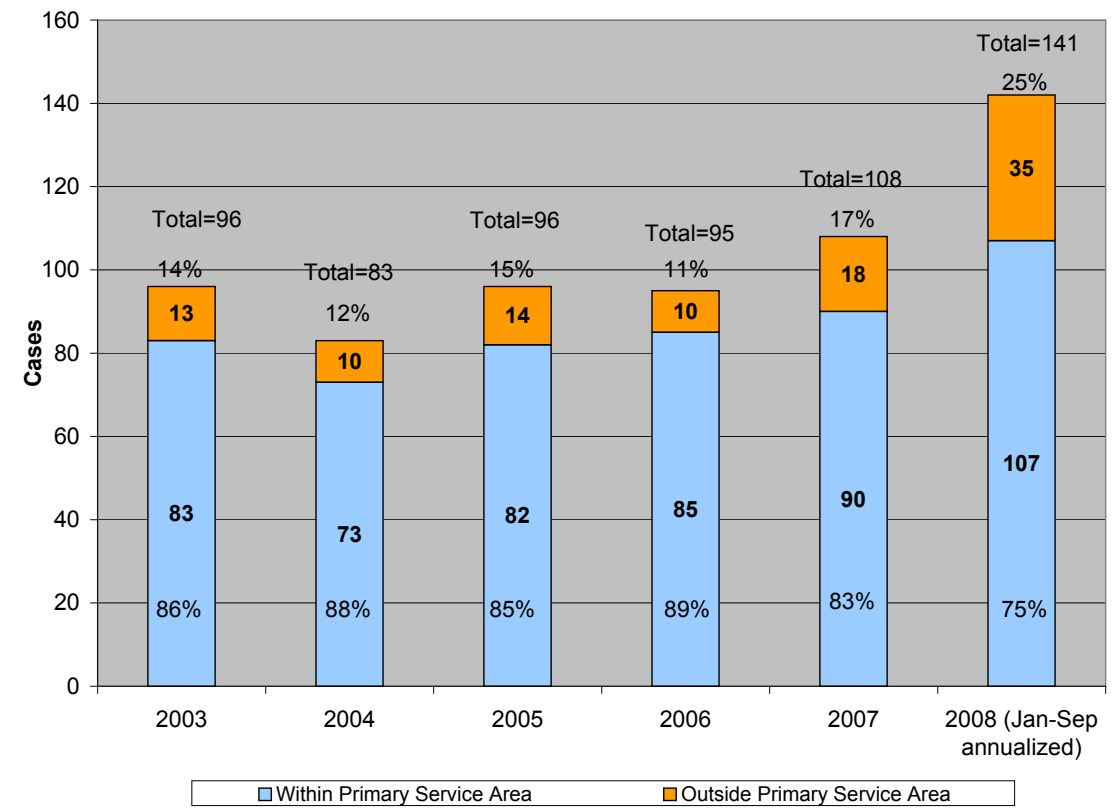
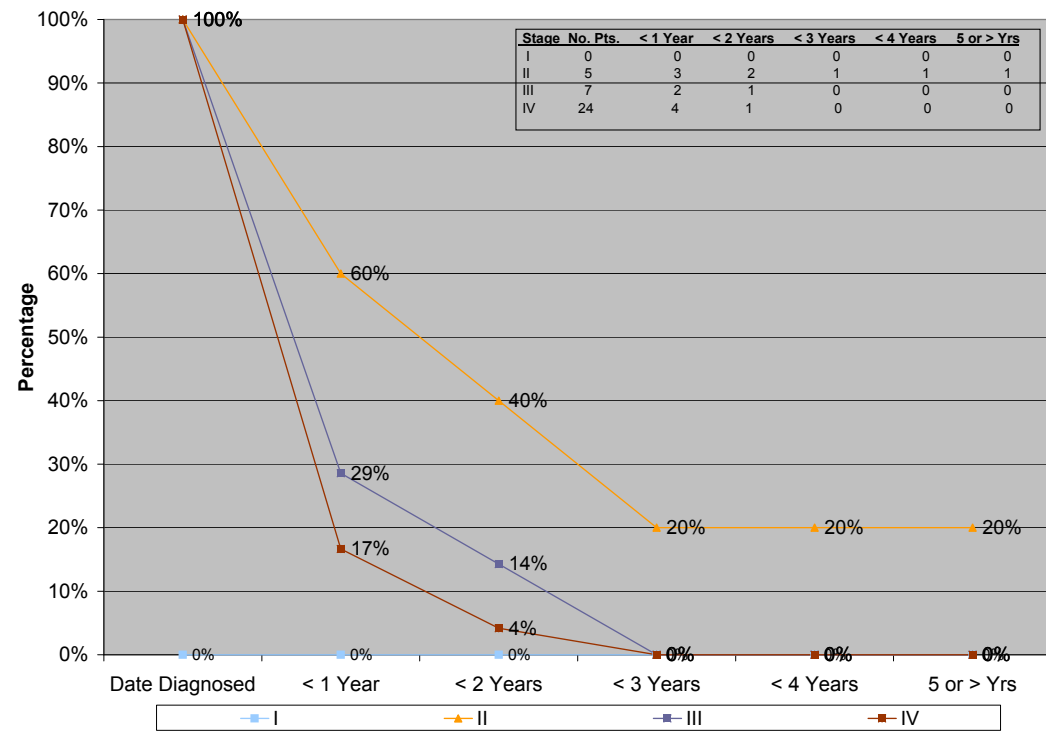
Image-Guided Radiation Therapy (IGRT) Finally, Overlake has the capacity to treat lung cancer patients with image-guided radiation therapy (IGRT). This technique, which uses three-dimensional imaging to guide radiation treatment, allows the radiation oncologist to more accurately narrow the radiation field and therefore reduce radiation exposure to normal tissue.

Lung Cancer Program Quality Indicators

Lung Cancer Case Volume

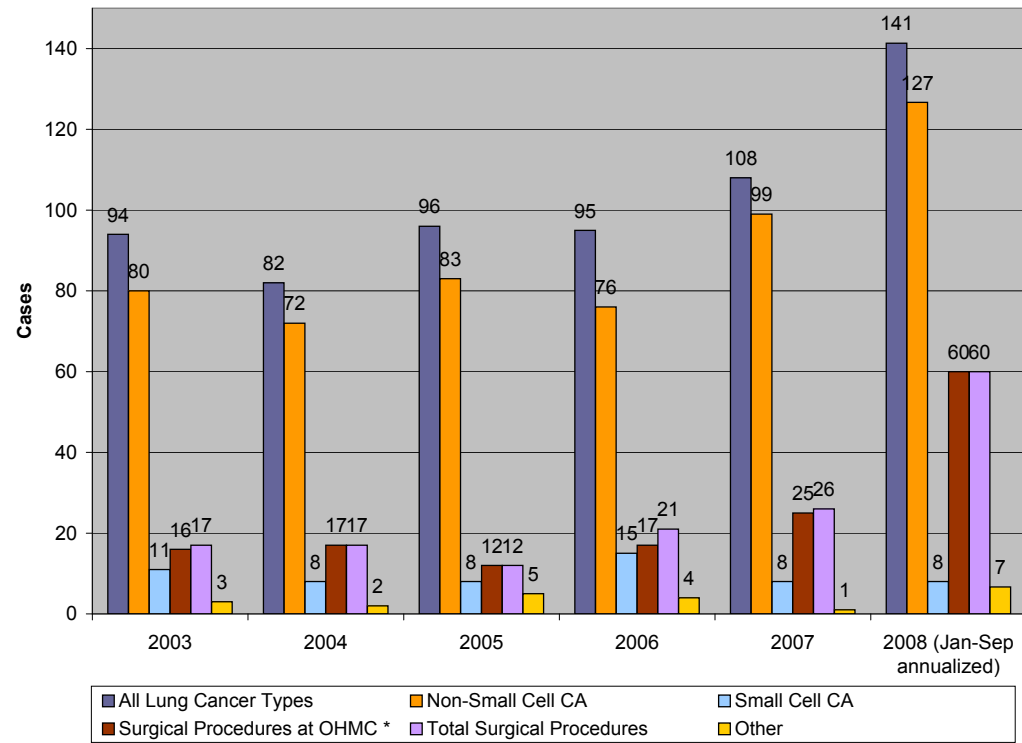
Small Cell Carcinoma Survival by Stage

2000 - 2003 (Jan-Sep)

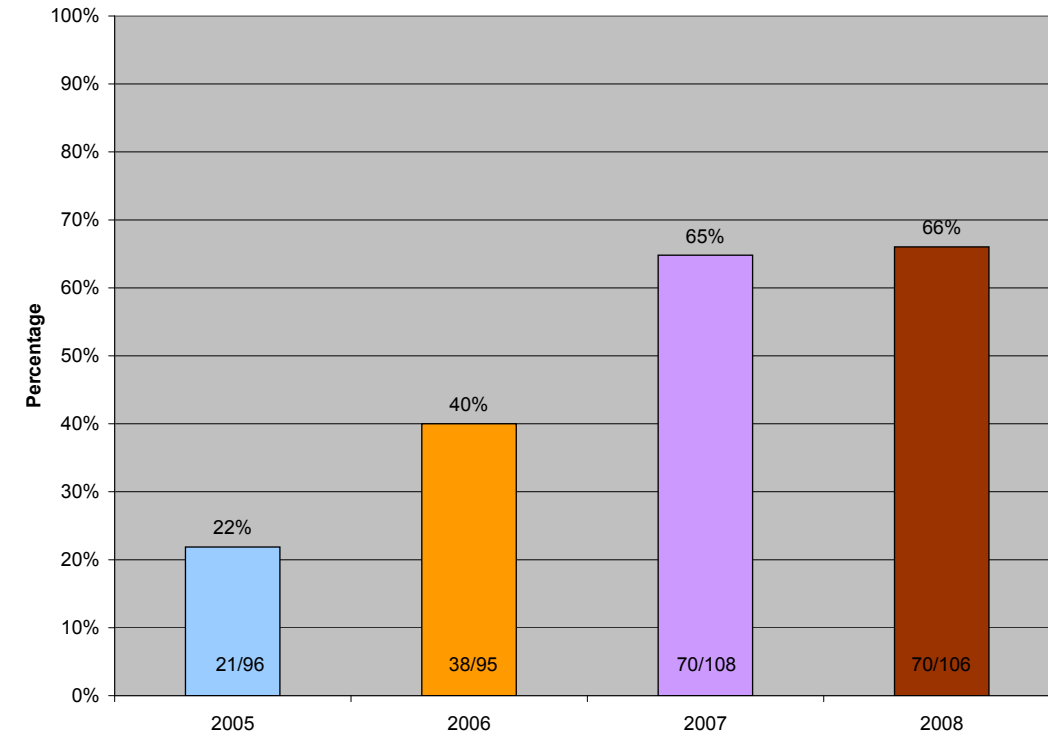


Lung Cancer Program Quality Indicators

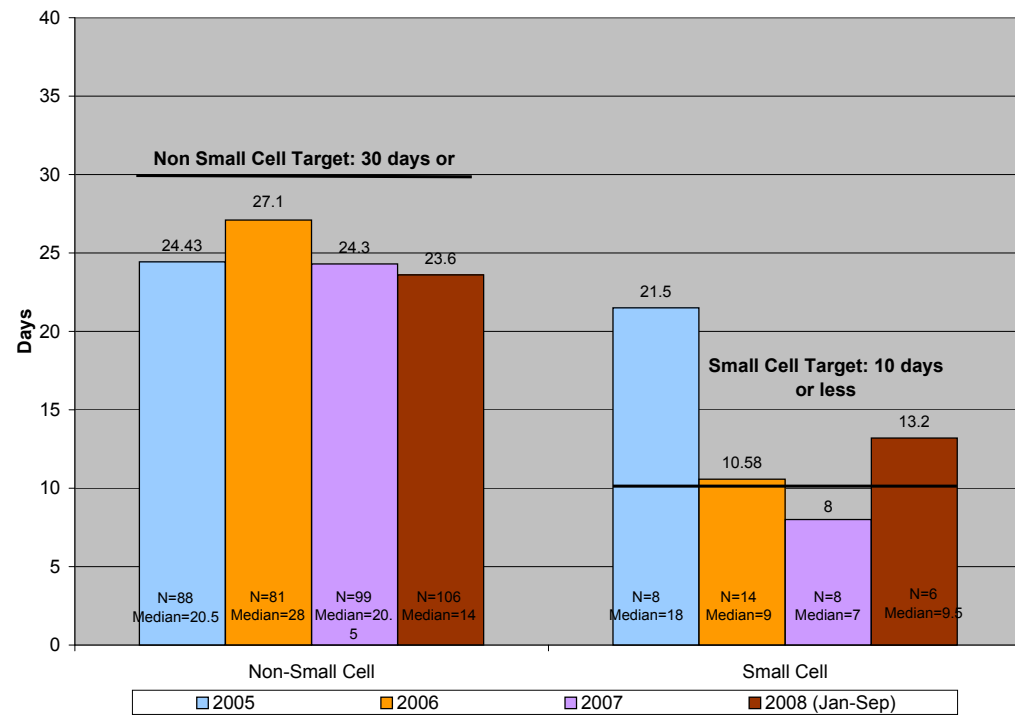
Lung Cancer Volume



Lung Cancer Cases Presented at Multidisciplinary Conference



Average Number of Days Between Diagnosis and Treatment (Chemo, Surgery, Radiation)



Lung Cancer Surgeries by Stage

