

# 2007 Annual Report



& 2006 Statistical Review

**2007** has brought significant enhancement to our breast cancer treatment program. Dr. Patricia Dawson has joined our staff as a dedicated breast cancer surgeon and brings extensive experience to our hospital. Given the complexity of modern breast cancer care, we have added a nurse navigator program to help patients negotiate the complex system of health care. Lori McArdle, RN, one of our experienced oncology nurses, assumed this role in March.

On May 8th, an American Cancer Society resource volunteer program became available to our patients. Billy Eberlee, a former oncology nurse, is the community representative on our cancer committee and lead volunteer for this program. Our volunteers are already providing significant help to our patients.

We have seen an improvement in surgical representation on the cancer committee this year with the addition of Dr. Jeffrey Evans for urology and Dr. Michael Schlitt for neurosurgery. In addition, my colleague and fellow oncologist, Bonnie Takasugi, MD, received the honor and distinction of being named Physician of the Year by the Home Care Association of Washington. We all congratulate her on this well deserved recognition.

Overall, our cancer care program continues to grow as reflected in an increasing patient population. Incremental improvements like those above continue to allow us to provide the best care possible for our community.



*Robert M. Levenson, Jr., MD*

Robert M. Levenson, Jr., MD

## Program Activities

### Support Groups

- Breast Cancer Support Group
- Prostate Cancer Support Group
- Women's Yoga, Fall 2006
- General Cancer Support Group, since Winter 2007
- Grief Support Group
- Cancer Fitness and Support Program, thru January 2007

### Community Education

- Caring for Caregivers, Fall 2006
- "Look Good ... Feel Better," Co-sponsored with American Cancer Society, Quarterly 2006 and 2007
- "Understanding Lymphedema," Co-sponsored by Highline Physical Therapy, Semiannually
- Yoga Classes, Fall 2006, Winter 2007
- Acupuncture Integration with Your Medical Treatment, Fall 2006
- Healthy Holidays — Giving Meaning to the Season, December 2006

### Community Activities

- Race for the Cure – Seattle – Susan G. Komen Breast Cancer Foundation, June 2007
- Relay for Life – ACS Highline, June 2007

### Health Fairs

- Race for the Cure, June 2007
- Relay for Life – ACS Highline, June 2007
- Benefits Fair – Highline School District, August 2007

### Screening Activities

- Breast and Cervical Health Program, since 1995
- Highline Medical Center Employee Breast Health Early Detection Birthday Reminder, 13th year
- Prostate Cancer Screening Clinics (Annually Since 1991), September 2006
- Skin Cancer Screening Clinics, May-July 2007

### Professional Education

- Fundamentals of Oncology Nursing, Fall 2006, Spring 2007
- Optimizing Wellness, August 2006
- Stress Management- Balance Work and Life, Fall 2006
- Tired of Anemia, November 2006
- Managing Side Effects Associated with Chemotherapy, January 2007
- Dr. Sujatha Rao- Metastatic Colorectal Cancer Update, March 2007
- Assessment and Management of Bone Metastasis, May 2007
- Shared Governance, September 2006
- Acupuncture Implications for Nursing, September 2006
- Fundamentals of Colon Cancer, September 2006
- Heart Failure, September 2006
- Lymphedema for Staff, October 2006
- Colorectal Cancer for Surgical Staff, Fall 2006
- Fluid and Electrolytes, April 2007
- Shared Decision Making—Gregg Crow, April 2007
- Reality Nursing 2007 and Beyond, May 2007
- De-escalation of the Agitated Patient—Code Orange, May 2007
- Urology Update, May 2007
- ABGs, May 2007
- Naturopathic Interventions for Mucositis and Fatigue, April 2007
- Lung Cancer Update, Dr. Jack West, November 2006
- MDS Dr. Liao, January 2007
- Breast Cancer Update, Dr. Julie Gralow, April 2007
- Blueprint for Leadership, December 2006
- Journal Club Facts, February 2007

# Cancer Center Research Studies

Knowledge is power. Through research, we gain the knowledge to defeat cancer. If you have any questions or have patients you know who might be interested in participating in the studies below please contact Randa Pycard at (206) 439-5572 or at [rpycard@highlinemedical.org](mailto:rpycard@highlinemedical.org)

Non-Small Cell Lung Cancer	
<b>Study #1</b>	This is a study for patients who have recurrent or progressive non-small cell lung cancer after receiving platinum-based therapy. Some of the medication provided by the study.
<b>Study #2</b>	This is a study for patients who have advanced non-small cell lung cancer (stage 3B or stage 4). Some medications provided by the study.
<b>Study #3</b>	This is a study for patients with stage 3B or stage 4 non-small cell lung cancer who have no prior history of receiving chemotherapy. Some medication provided by the study.
<b>Study #4</b>	This is a study for patients who have failed at least one or two prior chemotherapy regimens. It compares the efficacy of two oral medications for the treatment of progressive non-small cell lung cancer.

Small Cell Lung Cancer
This is a phase 3 study for patients with extensive stage small cell lung cancer comparing two chemotherapy regimens.

Colon Cancer	
<b>Study #1</b>	This is a study for patients with stage 2 or stage 3 colon cancer. The study compares the effectiveness of different drug regimens. Some medication provided by the study.
<b>Study #2</b>	This is a study for patients with metastatic colorectal cancer. It compares effectiveness of two different treatment regimens as a first line treatment for metastatic colorectal cancer. Some medications provided by the study.

Breast Cancer	
<b>Study #1</b>	This is a study for patients who have metastatic breast cancer with no prior treatment for metastatic cancer. Neoadjuvant or adjuvant treatment is allowed. Both medications provided by the study.
<b>Study #2</b>	This is a study for women who have stage 0, stage 1 or stage 2 breast cancer with the intention of receiving radiation therapy. The study compares Conventional Whole Breast Radiation (usually daily for 6 weeks) with Partial Breast Radiation (twice daily for 1 week).
<b>Study #3</b>	This is a study for patients with HER-2 negative early stage breast cancer receiving first time chemotherapy treatment.
<b>Study #4</b>	This is a study for patients with HER-2 positive early stage breast cancer receiving first time chemotherapy treatment.

Androgen Independent Prostate Cancer
This is a study for patients who have progressive metastatic prostate cancer with no prior chemotherapy (except for estramustine). Some medications provided by the study.

Chemotherapy-Induced Anemia
This is a study for patients who have anemia due to chemotherapy. Study medication, including IV iron, provided by the study.

# Intracranial Tumors

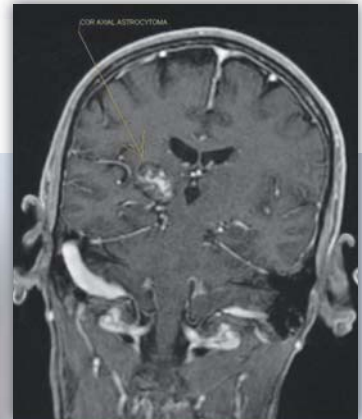
Michael Schlitt, MD

Intracranial tumors — brain tumors — are more frequently recognized and openly talked about than in the past. Our society has experienced a major shift in brain tumor awareness. This parallels the great advances made in overall cancer care. In the 1940s and 1950s, a diagnosis of cancer was only mentioned fleetingly, so as to minimize the impression of impending and inevitable death for the patient and the family. Now cancer is openly discussed and aggressive treatment is sought.

The vast improvements in cancer care over the last 40 years have greatly changed the incidence and relative frequency of brain tumors in the United States. Because of improved survival after an initial diagnosis of primary cancer, one-third of all tumors of the brain are now found to be due to secondary deposits — *metastases* — of the original tumor to the brain. Of the remaining 70% of intracranial tumors that are discovered, there is a slight preponderance of primary malignant tumors of the brain, i.e., brain cancers that have started within the brain itself rather than spread from somewhere else. Approximately one-third of the remaining third of primary intracranial tumors are completely benign. There are two types that predominate — the meningioma and the pituitary tumor. Benign tumors can be cured by surgical removal.

In essentially all cases, whether benign or malignant, the basis of therapy rests on *tissue diagnosis* and *internal decompression*. The skull encases a space of only approximately one and a half quarts; this space is further subdivided into three compartments, which are rigidly separated. Because of this, even a 30-60ml (2-4 tablespoons) growth can cause significant pressure on the brain.

Therefore, brain tumor removal establishes both tissue diagnosis and internal decompression. With Highline's new Stealth technology, single lesions of the brain can be localized and approached through very small openings in the skull. This minimizes surgical and anesthesia time and often permits a cosmetic approach with preservation of much of the hair and little residual cosmetic incongruity. For malignant lesions, or multiple brain tumors, Highline's medical and radiation oncologists and neurosurgeons can plan for focused radiation treatment, sometimes referred to as radiosurgery, which can alleviate symptoms without any incision on the scalp or skull whatsoever.



T2 coronal MRI image of a slow growing astrocytoma, brain tumor.

# Navigating Cancer Care

One of the key components of the cancer care program at Highline is the role of our nurse navigator. We examined our system and found on average a breast cancer patient has more than 60 connections with and between providers. This system is complex and sometimes difficult to work through as a practitioner and overwhelming to patients and families. Therefore, in an effort to decrease delays and improve coordination, a nurse navigator role was created.

When a patient is diagnosed with breast cancer, the nurse navigator takes on a proactive role in assessing the needs of the patient and coordinating care. Nurse Navigator, Lori McArdle, RN, explained that she is available to coordinate medical appointments and facilitate communication with physicians, provide information on resources like support groups and integrative therapies, and attend to other individual needs. "We recognize that every patient has different needs, so we personalize and tailor care for each patient," she said. McArdle was formerly an infusion nurse at Highline Cancer Center and is familiar with the help patients need to leverage all the resources available to them. "My job is to be the support person and the advocate so that breast cancer patients get all the care they need," she explained. She works to ensure the right connection at the right time for patients.

These issues are important not only from a patient and family satisfaction perspective but from an outcome perspective as well. There are several studies that demonstrate how delays in treatment can impact survival.<sup>1</sup> The chart below illustrates



Lori McArdle, RN, Highline Nurse Navigator

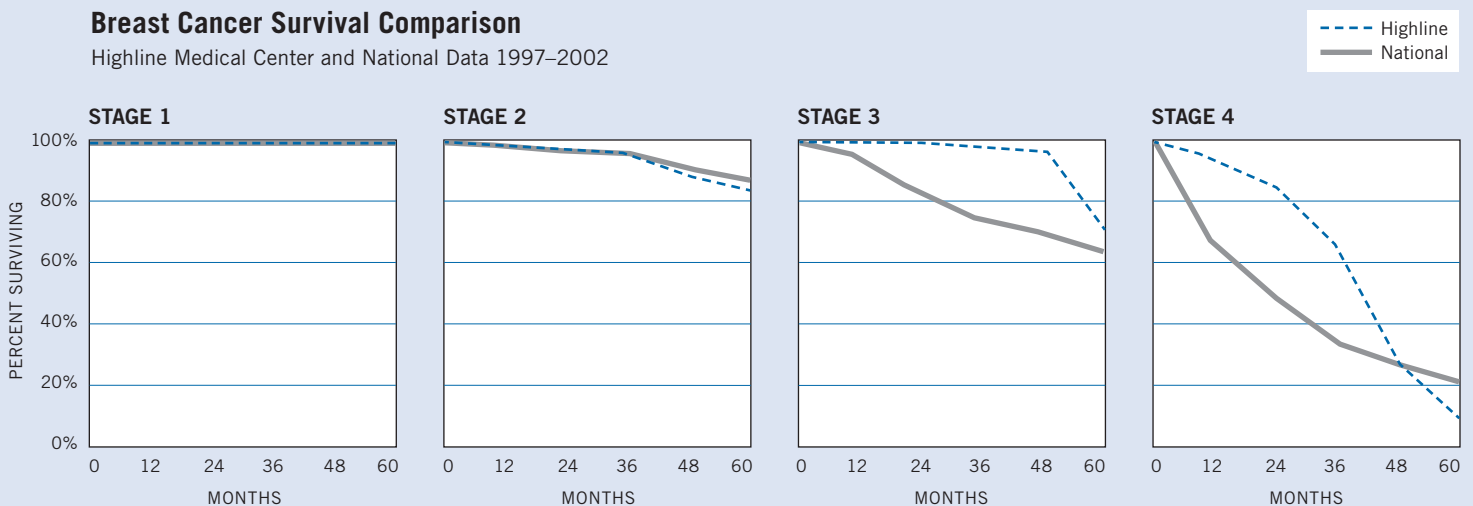
Highline's breast cancer survival statistics over five years, and although our survival rates are above average, early detection and early intervention are key. We are currently in the process of evaluating what areas of coordination and care we can improve and how to decrease overall time from detection to treatment.

We will continue to look at how we can impact outcomes and coordination of care for our breast cancer patients. Our goal is to create a process that we will be able to apply to other diagnoses and similarly impact outcomes.

1. Journal of Clinical Oncology, Vol 21, Issue 3 (February), 2003: 555-563  
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## Breast Cancer Survival Comparison

Highline Medical Center and National Data 1997–2002



# Partnership Provides Invaluable Services To Patients And Families

Questions are just the beginning for patients diagnosed with cancer, not to mention their loved ones. Do I have the strength for this? What about my family? Physicians can address the medical concerns, however questions like how to connect with other cancer patients, how to deal with insurance coverage, or where to find help with things like childcare, home health, or transportation can be overwhelming.

Understanding that people need help with these issues, Highline Cancer Center and the American Cancer Society have teamed up to provide support and services for anyone touched by cancer. The American Cancer Society Resource Center, staffed by volunteers, is located in the Wellness Center of Highline Cancer Center. These volunteers are trained by the American Cancer Society to guide cancer patients and their families through the challenging terrain of a cancer diagnosis. “The collaboration between Highline and the American Cancer Society allows us to expand on one another’s services and provide exceptional comprehensive support,” said Rachel Kirk, executive director of the American Cancer Society’s Quality of Life program in the Puget Sound region. “It is very challenging for any one organization to provide all the support services patients may need,” added Dyanne Lane, Director of Highline Cancer Center. “The American Cancer Society has a unique set of supportive resources that complement the services we provide at Highline. Partnering with them really supports our vision of providing everything a patient could need — from treatment to support — in one place.”

Kay Workman is one of several volunteer navigators ready to help those who visit the resource center. As an eight-year survivor of breast cancer, Workman understands how important support and information can be for cancer patients and their families. “The list of resources available through Highline and the American Cancer Society is endless,” she said, “and there are so many things that a lot of people don’t realize are available to them.” Navigators are trained extensively on the physical and emotional effects of cancer and how to connect patients, families and caregivers with the services they need.

“We don’t want anyone to feel like they’re going through cancer alone,” explained Kirk. “Our goal is to make sure that patients and those who care about them are being fully supported right from the beginning.”

“Cancer affects every aspect of a person’s life including spiritual, physical and financial, and it puts a strain on all of their resources,” explained Lane. “Volunteer navigators help augment the support people already have and connect them with anything they might be missing, whether it’s a support group, the right wig or a ride to treatment.”

Located in the Wellness Center of Highline Cancer Center on the Main Campus of Highline Medical Center, is a resource center staffed by volunteer navigators Monday through Friday from 8:30 AM to 4:30 PM. Please contact Highline Cancer Center at 206-439-5577 for more information. If you are interested in being a volunteer navigator, please contact Highline Volunteer Services at 206-988-5767.

## Tumor Board Conferences

Tumor Board conferences at Highline Medical Center are a forum for discussion of recently diagnosed cancer cases. In 2006, the Tumor Board met weekly with an average attendance of 22 physicians and allied health-care professionals from primary care and various medical and surgical specialties.

These clinicians give advice to the patient's attending physician about additional diagnostic studies required, treatment options available, and clinical trials/studies currently open. In 2006, a total of 218 patients were presented for discussion at Tumor Board conferences. Tumor Board meetings also provided 590 hours of Category I continuing medical education (CME) credits for the medical staff that attended those Tumor Board conferences.

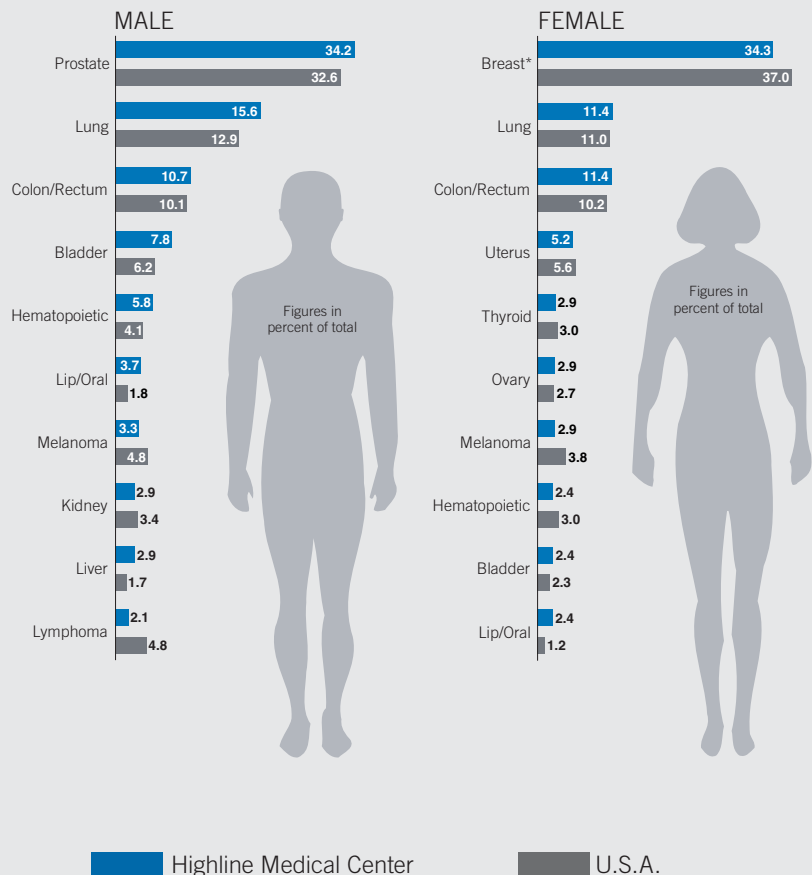
The Tumor Board continues to be an important component of Highline's cancer care program by providing timely advice to guide the care of our cancer patients and by providing education to members of the medical and clinical staff.



Thomas Dean, MD  
Pathology

## Major Sites Comparison By Gender

Percent Of 2006 Cases



Source: Highline Cancer Center Registry • U.S.A. percentages from American Cancer Society 2006 Facts & Figures

## Cancer Registry

A cancer diagnosis is the start of a difficult and challenging journey. During this journey, patients and families rely on research and statistics to make treatment decisions. Additionally, many individuals contribute to cancer research as well as national statistical databases. At Highline Medical Center, individual participation is fostered by the Cancer Registrar — a specialized medical professional who collects information on every patient diagnosed or treated for cancer at Highline. This information includes demographics, results of diagnostic procedures, the stage (extent) of cancer, treatment received and lifetime follow-up of each patient. Strict confidentiality of all



Joy Busch-Perez, CTR



Rhea Hunt, CTR

Highline Cancer Center  
Cancer Registrars

information is maintained according to federal and hospital guidelines. The information is then entered into a data bank and is used to evaluate the outcomes of cancer treatment and contributes to research on cancer patients all over the world. New cases diagnosed and/or treated at Highline Medical Center in 2006 totaled 436, bringing the total number of cases in the registry to 10,686.

While it is truly an irony, it is a fact: research to cure cancer begins with the individual cancer patient. Highline Medical Center's Cancer Registry is dedicated to providing quality data on each of our patients for cancer research, contributing to better outcomes for cancer patients everywhere.



Highline Cancer Center is located on Highline Medical Center's Main Campus in Burien. It is part of Highline Medical Center's comprehensive system of care, which includes two healthcare campuses and more than 20 clinics across Southwest King County. No matter what you might need — from orthopedic surgery to obstetrics, from heart care to home health — you'll find it at Highline, where you'll have access to leading medical experts supported by sophisticated technology. And the only thing more advanced than our medicine is how we treat our patients. Through our progressive Planetree model of care, we are committed to caring for each patient and his or her family with genuine respect, understanding and compassion. To learn more, visit our website at [www.HighlineMedicalCenter.org](http://www.HighlineMedicalCenter.org)

**Highline Cancer Center**  
 16233 Sylvester Road SW  
 Burien, WA 98166  
 (206) 439-5577

## 2007 Cancer Committee



Bonnie Takasugi, MD  
*Chair, Medical Oncology\*  
 and Internal Medicine\**

Michael Blatner, MD  
*Plastic, Reconstructive  
 and Hand Surgery\**

Thomas Dean, MD  
*Pathology\**

Jeffrey Frankel, MD  
*Urology\**

Robert Griffith, MD  
*Family Practice\**

Andrew Haputa, MD  
*Surgery\**

Peter Hartwell, MD  
*Gastroenterology\**

David Henley, MD  
*Radiology\**

Jennifer James, MD  
*Pain Management*

Robert Levenson, Jr., MD  
*Medical Oncology\*  
 and Internal Medicine\**

Elie Levy, MD  
*Dermatology\**

Patrick McClean, MD  
*Head and Neck Surgery,  
 Facial Plastics\**

Alejandro Paves, MD  
*OB/Gyn\**

Robert Randolph, MD  
*Medical Oncology\*  
 and Internal Medicine\**

David Reed, MD  
*Urology\**  
 Alan Tesler, MD  
*Radiation Oncology\**  
 N. Jack Vo, MD  
*Interventional Radiology*

Pat Ablar  
*Director of Home Health and Hospice*

Tiffany Bowser  
*American Cancer Society,  
 Quality of Life Manager*

Joy Busch-Perez, CTR  
*Cancer Registrar*

Matthew Christianson, PharmD  
*Oncology Pharmacist*

Matthew Crockett, MHA  
*Assistant Administrator, Specialty Campus*

Billie Eberle, RN  
*American Cancer Society  
 and Highline Medical Center Volunteer*

Amy Hitchens, MDiv  
*Chaplain*

Rhea Hunt, CTR  
*Cancer Registrar*

Dyanne Lane, RN, MSN, MBA, OCN  
*Director, Highline Cancer Center*

Karen Lautermilch, CPO  
*Associate Administrator/Chief Patient Officer*

Irene Lester, MSW  
*Oncology Social Worker*

Lori McArdle, RN, BSN, OCN  
*Nurse Navigator*

Michelle McCullom, RN, BS  
*Manager, Medical/Oncology Unit*

Debbie Melo, BSN, MBA  
*Assistant Administrator, Nurse Executive*

Wendy Poskanzer, MSN, RN  
*Director, Quality Assurance*

Randa Pycard, RN, OCN  
*Clinical Trials Coordinator*

Mona Stage, BSN, RN, OCN  
*Oncology Clinical Coordinator,  
 Education and Outreach*

*\*Board certified*

**HIGHLINE CANCER CENTER**  
*Taking Cancer Care To A Whole New Place*