



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

2017 ANNUAL CANCER PROGRAM REPORT

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OUR VISION

To be the best hospital by exceeding patient expectations and advancing community wellness in a patient-centered, healing environment.

OUR MISSION

To provide quality health care and trauma services with compassion and respect.



OUR CANCER PROGRAM

Zuckerberg San Francisco General Hospital and Trauma Center is the sole provider of trauma and psychiatric emergency services for the City and County of San Francisco. **A comprehensive medical center, ZSFG serves approximately 106,000 patients per year and provides 20 percent of the city's inpatient care.** As San Francisco's public hospital, ZSFG's mission is to provide quality health care and trauma services with compassion and respect to patients that include the city's most vulnerable. ZSFG is also one of the nation's top academic medical centers, partnering with the University of California, San Francisco School of Medicine on clinical training and research.

The Cancer Program at Zuckerberg San Francisco General Hospital provides diagnosis and treatment services, as well as psycho-social support for patients and families. Cancer services include:

DIAGNOSIS AND TREATMENT

- ◇ Pathology
- ◇ Radiology
- ◇ Inpatient Services
- ◇ Oncology Clinic
- ◇ Infusion Center
- ◇ Surgical Clinic
- ◇ Pain Service
- ◇ Palliative Care Services

SUPPORT

- ◇ Rehabilitation
- ◇ Social Services
- ◇ Pastoral Services
- ◇ Interpreters
- ◇ Nutrition

PREVENTION

- ◇ Cancer Screening Services
- ◇ Cancer Support Groups
- ◇ Wellness Programs

CANCER COMMITTEE MEMBERS

The Cancer Committee at Zuckerberg San Francisco General Hospital is a multidisciplinary standing committee of the Medical Staff. Members include physicians from several medical and surgical specialties, including diagnostics. 2017 Members:

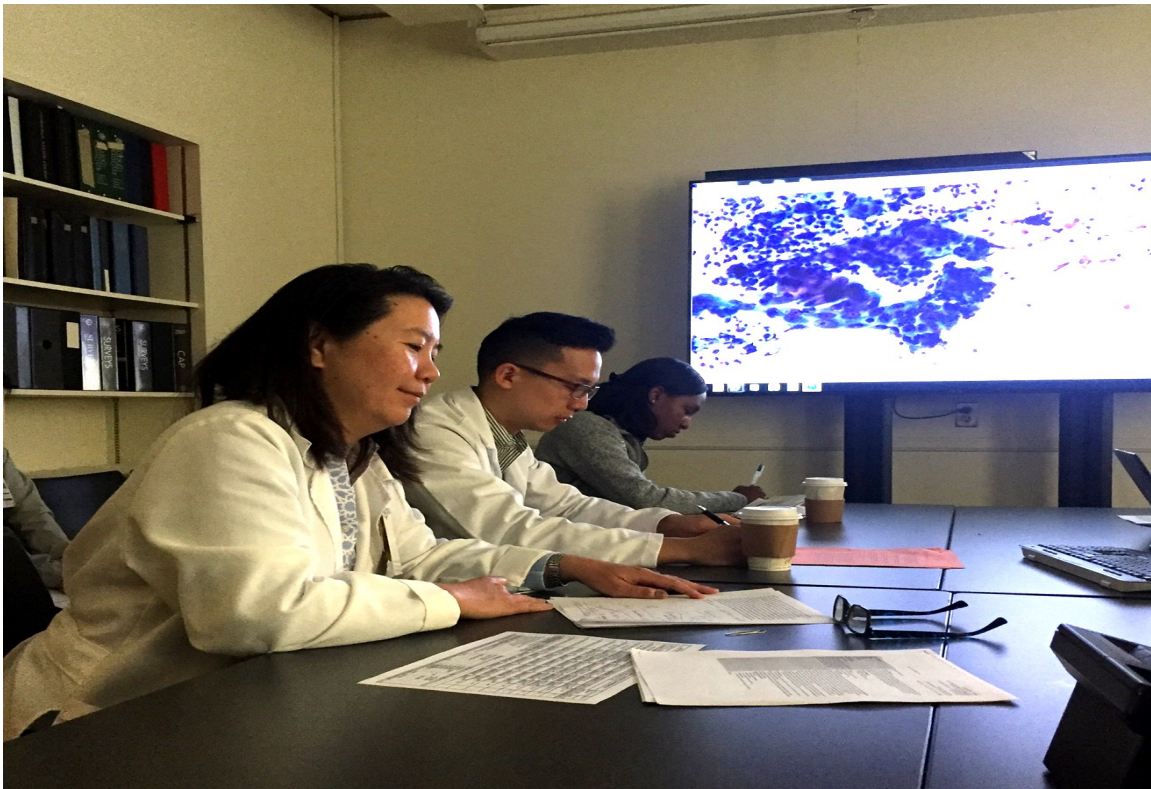
Medical Staff Members	Department
Adam Garsa, MD and Tracy Sherertz, MD	Radiation Oncology
Arthur Hill, MD Co-Chair	Surgery
Donald Abrams, MD Co-Chair	Oncology
Heather Harris, MD	Hospital Medicine, Palliative Care
Niharika Dixit, MD	Hematology/Oncology
Poonam Vohra, MD	Pathology
Thienkhai Vu, MD	Diagnostic Radiology
Non Physician Members	Department
Alice Lam	Tumor Registrar
Bernadette Currier	Rehabilitation
Carley Gill and Christina Rios	American Cancer Society
Carol Bird, RN	Quality Management
Carol Lam, MSW	Medical Social Service
Debby Schlanger, RD	Clinical Dietitian
Ditas Hernandez, RN	Oncology Nursing
Gemma Concepcion	American Cancer Society
Isabel Sandoval	Patient Navigator
Kathy Pang, Pharm. D.	Pharmacy
Kiana Said	Quality Management
Leslie Safier	Quality Management
Mary Ellen Kelly	Oncology Administration
Nelva Castillo, CTR	Tumor Registrar
Paul Couey	Research Coordinator
Piera Wong, RN	Oncology Nursing
Robin McBride, PA	Oncology
Robin Lee	Genetic Services
Shauna Brodie, NP	Otolaryngology
Sylvia Lieu, RD	Clinical Dietitian
Terry Dentoni, RN	Chief Nursing Officer, Hospital Administration

MULTI-DISCIPLINARY CANCER CONFERENCES

A multidisciplinary conference (Tumor Board) is held weekly to review cancer cases, which are selected by physicians for their complexity and the need for consultation. The conference includes other medical specialties in order to offer the best course of treatment for our patients.

The Tumor Board also serves as the referral source for patients in need of radiation treatment, which is provided through the UCSF Department of Radiation Oncology. A pathologist and radiologist attend each conference to interpret histologic and radiologic findings.

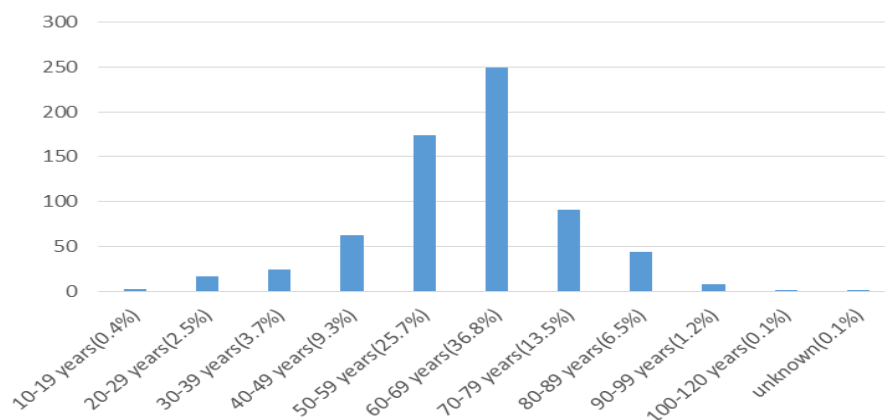
There were a total of 113 cases presented to the weekly general Tumor Board in 2017. In addition, we conduct monthly Gynecologic Oncology and Hepatocellular Carcinoma Tumor Boards at ZSFG. When necessary, our patients might be presented at the UCSF specialty tumor boards such as Pediatric or Thoracic Oncology. Treatment recommendations are made for each patient discussed.



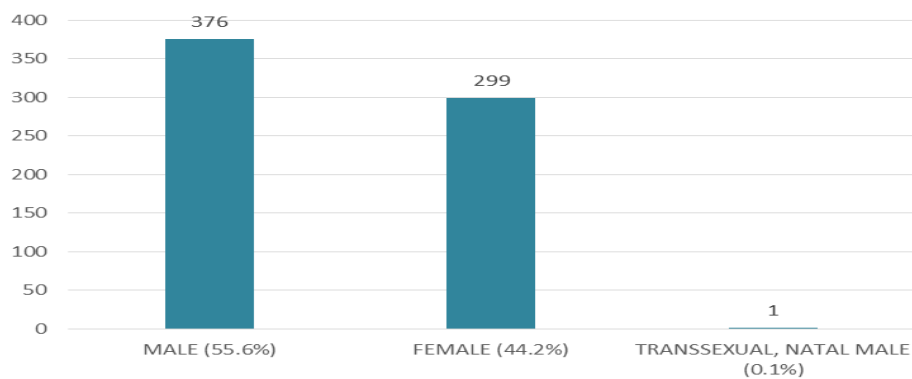
Tumor Board Meeting

OUR PATIENTS 2017

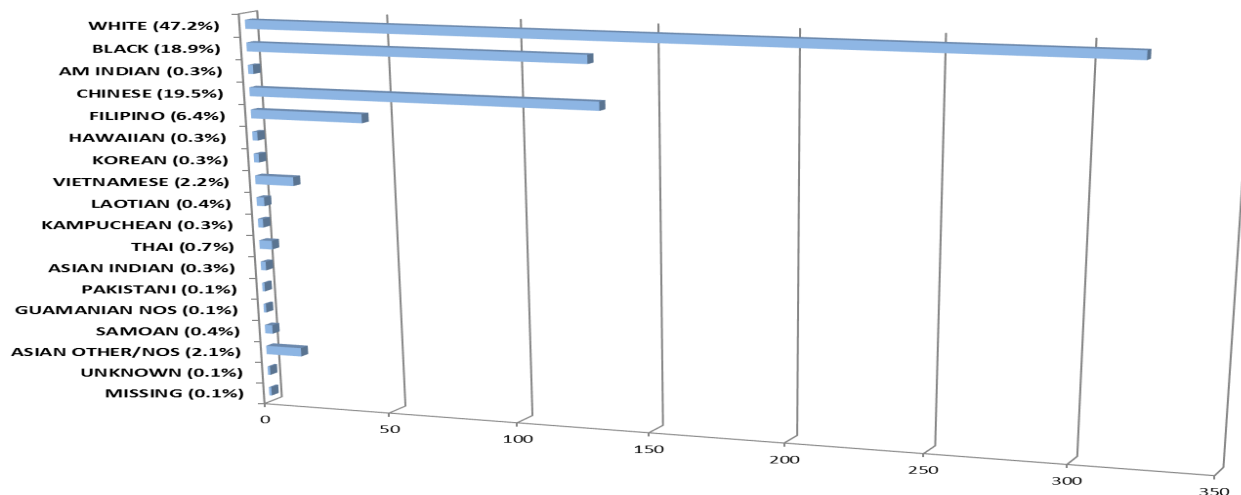
AGE AT DIAGNOSIS



GENDER



RACE

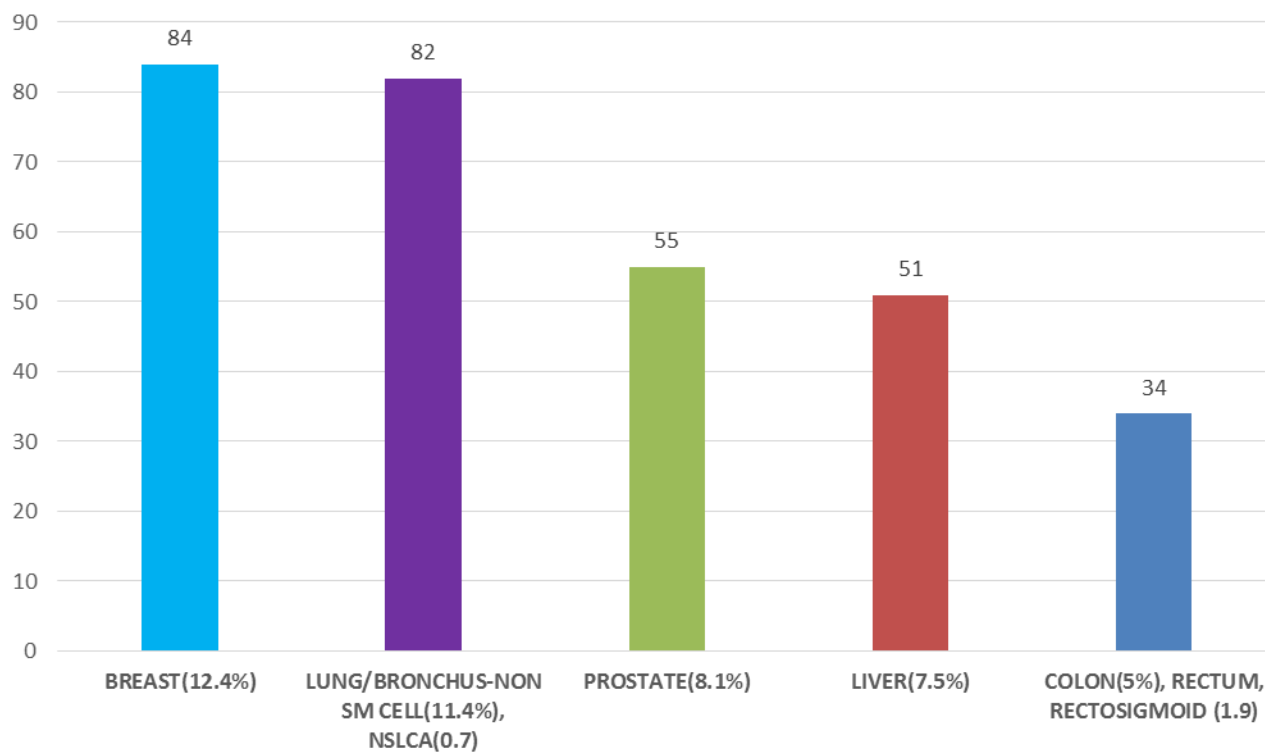


Database: SFGH

Facility: SFGH Filter: Cancer Committee Annual Report , Age, Race, Gender, Stage in 2017

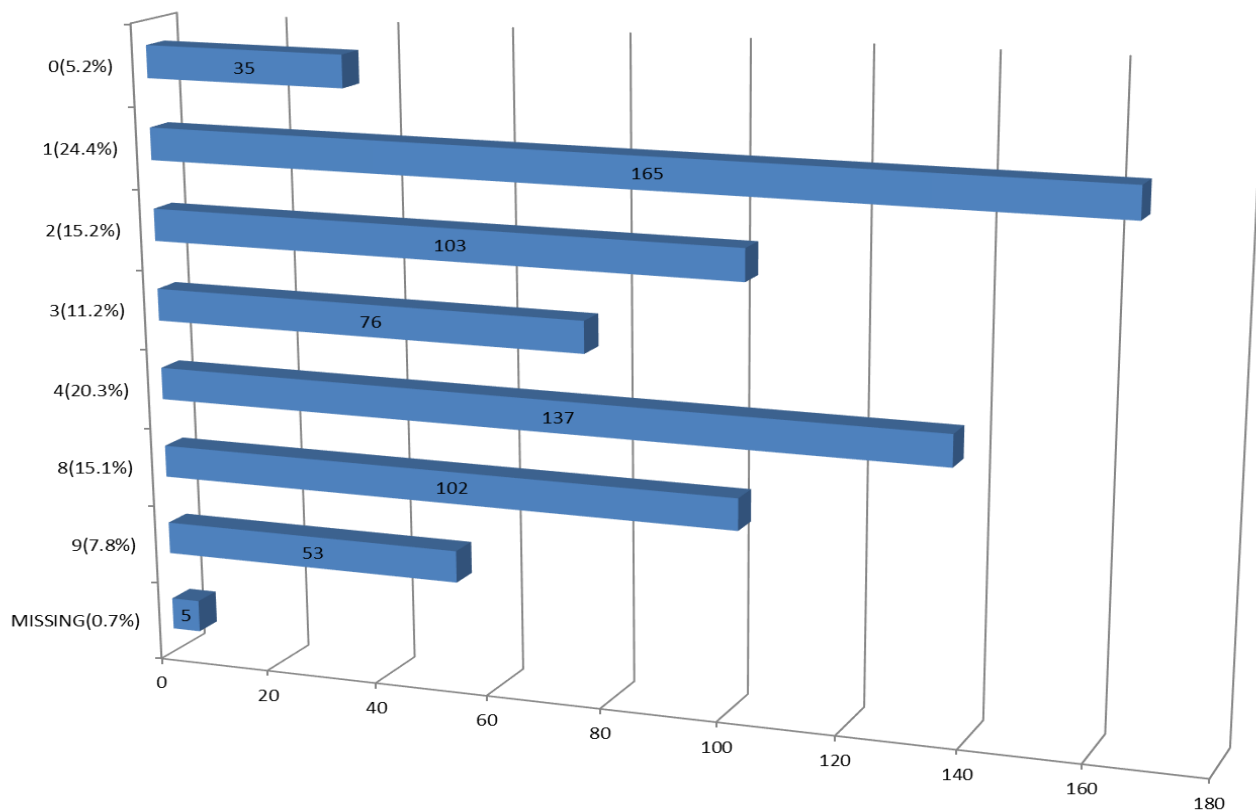
OUR PATIENTS 2017

Top 5 Disease Sites in 2017



Database: SFGH
Facility: SFGH Filter: Cancer Committee Annual Report, Top 5 Sites in 2017

TNM Mixed Stage

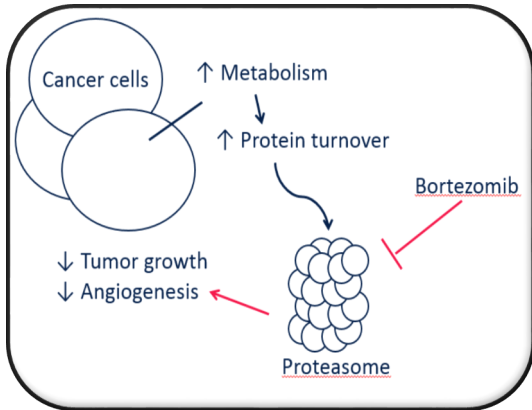


Database: SFGH
Facility: SFGH Filter: Cancer Committee Annual Report, Age, Race, Gender, Stage in 2017

STUDIES OF QUALITY HIGHLIGHTS

Each year, the cancer committee develops, analyzes and documents various studies that measure the quality of care and outcomes for cancer patients. This section outlines 2 Studies of Quality conducted by the Cancer Committee.

The Impact of Race on Bortezomib-Induced Peripheral Neuropathy



Background: Bortezomib, a proteasome inhibitor, has been used predominantly for treatment of multiple myeloma, mantle cell lymphoma and other dyscrasias. The use of bortezomib has shown adverse effects of peripheral neuropathy, myelosuppression, and gastrointestinal upset.

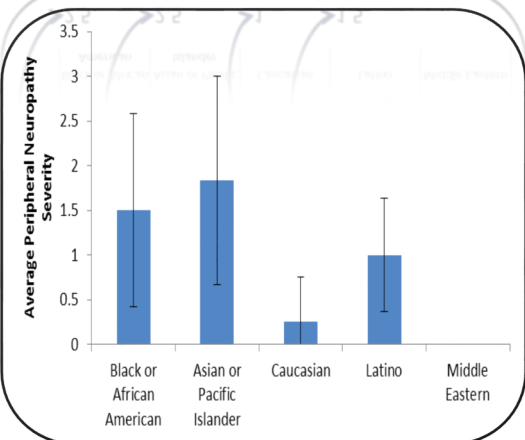
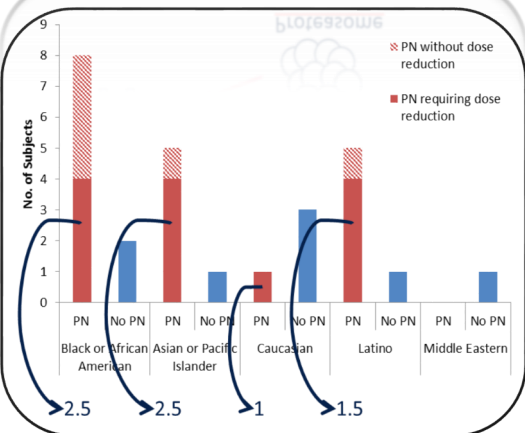
Study Design: This study's primary objective was to understand the impact of race on the development of treatment-emergent peripheral neuropathy in adults receiving bortezomib. Patients had to be greater than or equal to 18 years of age, have received subcutaneous bortezomib between 1/23/12 to 7/31/16, and have a ZSFG medical record with previous medical history and diagnosis. Patients who received intravenous bortezomib, had fewer than 5 cycles of bortezomib due to reasons other than peripheral neuropathy, and prisoners were not included in this study.

Results:

- ◊ A smaller proportion of Caucasian subjects (25%) developed peripheral neuropathy
- ◊ Of subjects developing neuropathy, the lowest proportion of Black or African American subjects (50%) obtained bortezomib dose reduction.
- ◊ The severity of neuropathy at dose reduction was similar for Black or African American and Asian or Pacific Islander subjects and higher than that of other races

Conclusions:

- ◊ The incidence of bortezomib-induced peripheral neuropathy may be higher in non-Caucasian patients
- ◊ Black or African American patients appear less likely to receive bortezomib dose reduction, potentially reflecting a disparity that warrants future study
- ◊ Future studies elucidating risk factors of bortezomib-induced peripheral neuropathy enable a more precise assessment of risk versus benefit for optimal bortezomib treatment.



Future Directions and Quality Improvements:

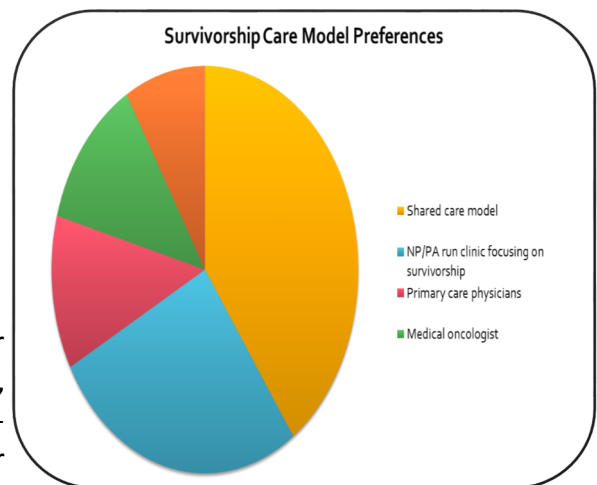
This study has increased awareness by hematology clinic staff in asking all patients about peripheral neuropathy. If peripheral neuropathy is present, the goal is for it to be addressed in an efficient manner for all patients. On the other hand, if patients miss clinic appointments, the goal is to follow up at the Infusion center to assess for the development of peripheral neuropathy.

STUDIES OF QUALITY HIGHLIGHTS

Rethinking Survivorship; Assessing Barriers to Primary Care Centered Care

Cancer Committee members have focused largely on improving survivorship care planning for patients at ZSFG. A survivor is defined as any person diagnosed with cancer, from the initial diagnosis until his or her death, according to the National Coalition of Cancer Survivorship. The Commission on Cancer mandates that all survivors are given a Survivorship Care Plan (SCP). An SCP is intended to address care coordination from oncology to patients and Primary Care Providers (PCP).

The Survey of Physician Attitudes Regarding the Care of Cancer Survivors (SPARCCS) helps identify perceptions, knowledge, and practices of primary care and oncology specialist physicians regarding post-treatment follow-up care of adult cancer survivors. This national survey can identify opportunities for improving care delivery experiences for cancer survivors and physicians.



This survey was conducted at ZSFG in order to assess barriers to primary care centered care. A primary care based survivorship care plan is more likely to focus on wellness, comorbidities and long term effects of treatment, in addition to cancer. Primary care engagement is central to high quality, comprehensive, long-term and sustainable cancer care. Members of the Cancer Committee have been engaged in creating a team based approach to cancer care—including PCP's, advanced practice providers, oncologists, urologists, gynecologists, pharmacists, genetic counselors, pain and palliative care specialists, mental health specialists, and physical therapists, in the survivorship care planning process.

Based on this survey conducted in 2017 among PCPs at ZSFG, the most preferred model was a shared care model with an oncologist and PCP, with the least preferred models being a primary care based model and an oncologist based model.

How often do you: (SPARCCS Survey)	Often + always %	Some- times + rarely %
Receive a comprehensive summary including cancer treatment information from the patient's oncology specialist	19	81
Provide a summary of the patient's past non-cancer medical history for the patient's oncology specialist	36	64
Have a specific discussion with the patient regarding recommendation for future care and surveillance	27	73

How confident are you: (SPARCCS Survey)	Confident (somewhat or Very)%	Not at all/Don't know %
Appropriate surveillance testing to detect recurrent cancer Breast	65	35
Long term and late Physical adverse effects of cancer and its treatment: breast	55	45
The potential adverse psychosocial outcomes of breast cancer or its treatment:	87	13
Appropriate surveillance to detect recurrent Colon cancer	73	27
Long term and late physical adverse effects of colon cancer and its treatment	51	49

Future Directions and Quality Improvements:

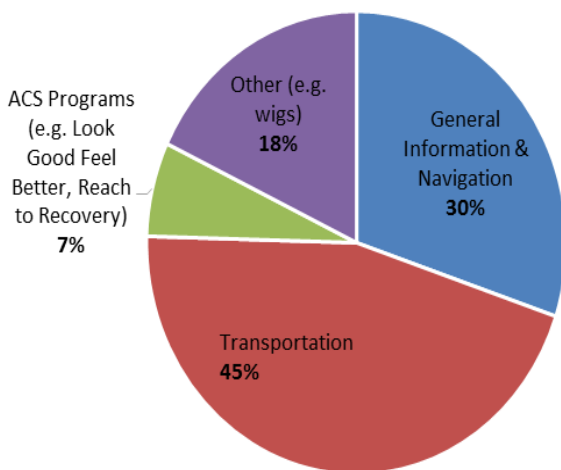
Data from this study can lead to further analysis of which group, practice or Primary care, and specialty has the largest need for survivorship care planning support. Since communication was found to be the weakest link between oncology, PCPs, and with patients, Cancer Committee is committed to emphasizing the importance of communicating to cancer patients to continue to engage with their primary care provider.

AMERICAN CANCER SOCIETY PATIENT NAVIGATION

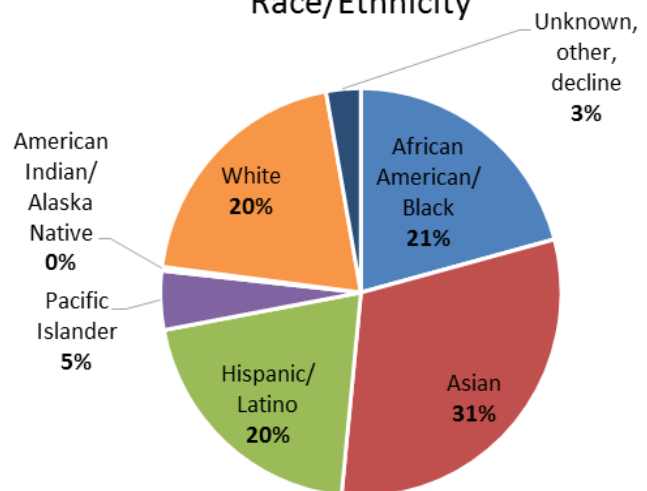


In partnership with the American Cancer Society (ACS) and ZSFG, an ACS patient navigator provides essential services to patients at ZSFG oncology clinics: a prime example of the ACS commitment to improve patients' access so that no one dies because they cannot get the care they need. The program has successfully helped cancer patients understand services available to them, connect to appropriate service agencies, and keep appointments for clinic visits and diagnostic/treatment procedures.

2017 ACS Patient Referrals by Type



2017 ACS Patient Referrals by Race/Ethnicity



In 2017, the ZSFG ACS patient navigator provided navigation services to 226 newly diagnosed patients of 322 unique cancer patients referred to ACS. In total, ACS addressed 607 navigation requests to a diversity of patients, about reflective of ZSFG cancer demographics (see "Our Patients 2017," pg.7). Of these requests, 45% were for transportation to and from medical appointments and 55% were for cancer-related information, including about the disease, treatment options, nutrition, side effects of therapy, and legal and financial issues.

BREAST CLINIC PATIENT NAVIGATION PROCESS

There is ample evidence that navigation is a successful model for increasing access to timely, appropriate cancer care. In 2017, ZSFG assessed 576 newly diagnosed cancer patients as of November 2017. 170/576 were referred to the Cancer Navigation Program, and 75 of those patients were diagnosed with breast cancer. The Cancer Navigation Program, formally known as Breast and Cervical Cancer Services, offers patient navigation to oncology patients diagnosed with cancer at ZSFG.

- ◇ **What is the role of CNP navigators?** Work with all patients seen at 3M breast clinic by providing emotional support, identify patient's barriers to care and problem solve issues by establishing and maintaining communication between patients, their families, medical and social service providers.
- ◇ **When do breast cancer patients meet their navigator?** During their first visit to breast clinic and are followed until completion of their treatment.
- ◇ **What is the clinic's current caseload?** 422. Patients are seen twice a year in BC and in contact with their navigators 3-4 times a year for wellness checks and survivorship support.

Culturally and linguistically appropriate navigation has a positive impact on patient satisfaction, but more importantly, on safety and survival through reduction of miscommunications in regards to treatment, instructions for medication, follow-up and any other barriers to care. Advocacy/intervention for barriers related to transportation, child-care or unmet needs for food, shelter, and other basic needs also reduce the likelihood that the patient will miss appointments or be lost to follow up and not receive recommended treatments.

2017 Breast Clinic Navigation Highlights

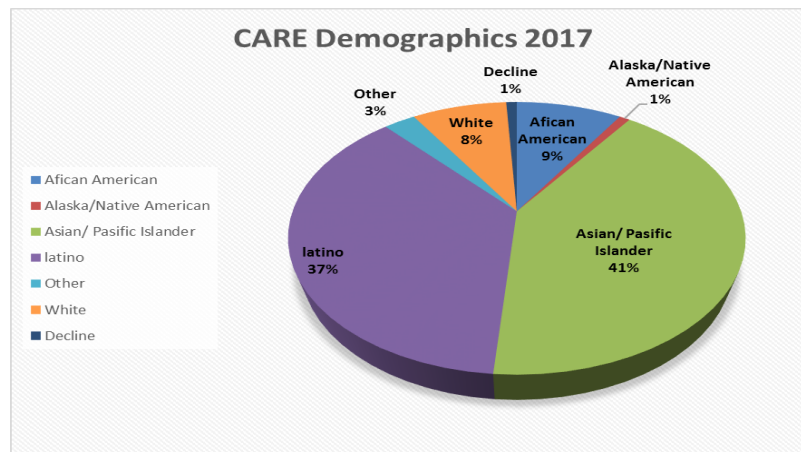
- ◇ Cancer Navigation Program moved to Zuckerberg San Francisco General Campus, which has allowed us to see more of our patients during their visits at ZSFG.
- ◇ Increased number of oncology patients navigated in 2017 by 23.5%
- ◇ Secured scholarships for two clients to participate in the Courage to Heal Women's Cancer Retreat in New Mexico.
- ◇ Partnered with research team for Cancer Survivorship pilot study in breast clinic
- ◇ Community Advisory Board meetings held monthly at our offices

COMMUNITY OUTREACH AND WELLNESS



Cancer Awareness Resources and Education

The CARE (Cancer Awareness Resources and Education) program was initiated in 2002 to provide education and psychosocial support to cancer patients who receive their medical care at Zuckerberg San Francisco General Hospital (ZSFGH). CARE offers series of six to nine-week classes in English, Spanish, and Cantonese. Below is the demographics of all three CARE groups.



The CARE program provides dinner and taxi vouchers, when necessary. The program includes relaxation setting exercises in each group session. We have a fabulous collection of guest speakers addressing topics such as What is cancer?, nutrition, complementary/alternative medicine, stress reduction, symptom management, and more.

By furnishing participants with comprehensive cancer-related education, as well as teaching self-care skills, the program enhances patients' understanding of their diagnosis and encourages them to gain a sense of control over their lives. Below is a list of CARE sessions from 2017...

- ◇ Herbal Medicine and Cancer
- ◇ Cancer Related Cognitive Changes, with Dr. Julio Rojas-Martinez
- ◇ Survivorship Holistic Nutrition
- ◇ Hospice and Palliative Care 101
- ◇ Sexual health and Cancer
- ◇ How to talk to your Doctor
- ◇ Dental Hygiene and Cancer Treatment
- ◇ Latest in cancer care, with Dr. Friedlander

COMMUNITY OUTREACH AND WELLNESS



Cancer Awareness Resources and Education



Left: "Know Your Rights" Session. Right: "Embodied Medicine: Inviting our bodies to health themselves" with Dr. Cohan.

In Fall 2017, the CARE group celebrated its 15th anniversary, since its inception. In honor of this, all three groups had a celebration session, where the Founding Director, Blue Walcer, presented on the history of CARE. The interactive session allowed participants express how the CARE program has supported them during their diagnosis, treatment and survivorship of cancer.

The CARE group facilitators, staff and volunteers are experienced professionals with backgrounds in health education, community organizing, social work, and social psychology. The CARE program has received numerous honors and awards including the American Cancer Society's Lane Adams Quality of Life Award, American Medical Association Award for Innovations in Patient Centered Communication, and the National Grand Prize for Excellence in Patient Education from California Pacific Medical Center.

COMMUNITY OUTREACH AND WELLNESS

Community Wellness Program at ZSFG

The Community Wellness Program works to promote and encourage wellness practices for patients, staff and all San Franciscans. The Community Wellness Program promotes interventions aimed at addressing lifestyle including diet and exercise. We also recognize the ways in which social determinants of health such as housing status, neighborhood safety, and access to affordable healthy food play a critical role in wellness promotion. With this in mind, we work to incorporate strategies such as public health education, access, and advocacy in addressing poor health outcomes. We also create clinic to community linkages that support our patients through the efforts of our Health Navigation.



Garden Class



Spring CARE Graduation —
Spanish Group



Spring CARE Graduation—
English Group



CARE Field Trip at Legion of
Honor

We support a holistic view of health in which physical, emotional, mental, social, and spiritual health are considered interconnected and essential in achieving improved health and wellness. Wellness classes are designed to accommodate patients at all levels of physical abilities and/or limitations. Programs available for patients include: Strength Training, Chair Stretch and Boogie, Zumba & Zumba gold (low-impact), Yoga (offered in English, Spanish) and bi-weekly chair massages. In our nutrition and cooking demonstration program, patients cook with others, and learn about new foods and simple, fresh, delicious budget friendly recipes. Likewise, in our Garden Giveaways program, interns and volunteers work with hospital gardeners to harvest and distribute hospital-grown vegetables and herbs to participants in hospital-based chronic and acute disease management groups.



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