

## COMPREHENSIVE CANCER CENTER/DESERT REGIONAL MEDICAL CENTER 2017 COMMUNITY OUTREACH SUMMARY AND OUTCOMES REPORT

The Health Assessment and Research for Communities (HARC) report, published in January 2017, is used as a resource to provide information on population, demographics, health status, the most common cancers, and risk factors for residents in the Coachella Valley. Based on the HARC report and discussions with the Cancer Committee, barriers to care such as language preference, understanding insurance coverage, and transportation were addressed this year.

During 2017, Cancer Center physicians and staff presented over 47 programs that focused on cancer awareness, prevention, early detection, available services, and treatments for the top five cancer sites.

### Prevention Program

- *Breast Cancer Study – the MINDACT* presentation – July 2017
- *How the Immune System Helps Fight Cancer*—lecture-- November 2017

### Effectiveness of Prevention Programs:

- Programs reached a large audience (via in-person presentations, newspaper articles, radio and television) to raise awareness and educate the community about the importance of healthy lifestyle and early detection.
- The MINDACT study provided new information on breast cancer tumor markers which enhanced the management of breast cancer. Forty-five people attended the lecture (25 MDs). Eleven MDs completed an evaluation; 7 said the information would affect how they practice; 4 stated the information wasn't applicable. Post conference, the preferred breast marker to assess cancer risk for recurrence changed to mammaprint.
- In a post survey given after the *How the Immune System Helps Fight Cancer* lecture, 7 out of 15 participants stated the information was useful. The Cancer Committee recommended the lecture be offered again in 2018.

### Screening Programs:

Screening programs focused on lung cancer, as it is the leading cause of cancer deaths in the United States. Lung cancer is frequently diagnosed in the late stage of the disease.

- Lung Nodule Program – All Lung CTs taken on the Desert Regional campus are reviewed and nodules greater than 4 millimeters are referred to the Lung Nodule Program for evaluation.

### Effectiveness of Screening Programs:

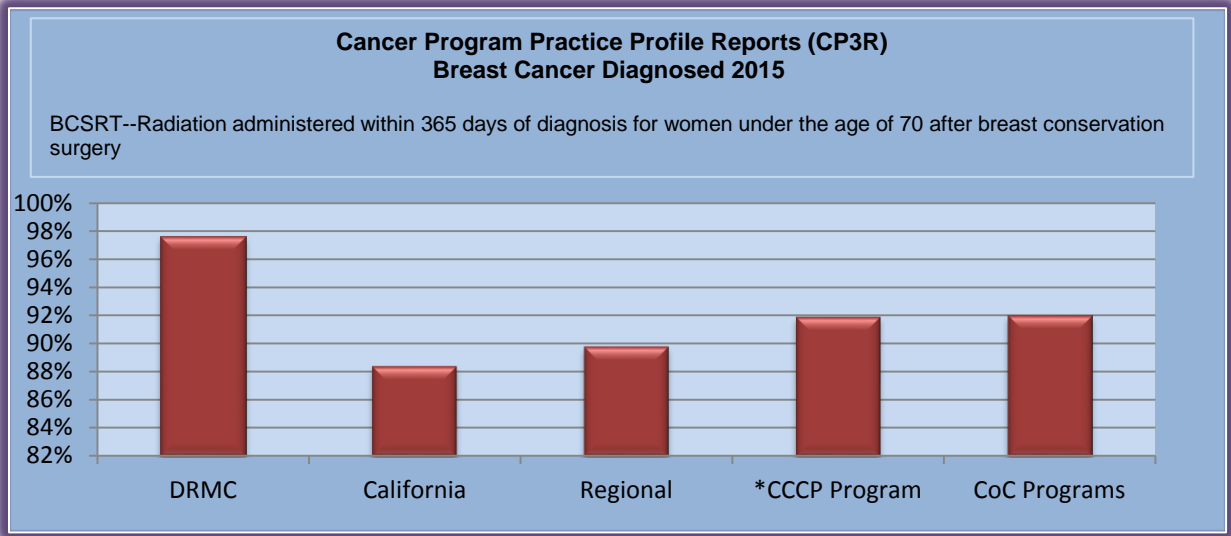
- Patients are reviewed by the Lung Nodule Program Physician Team (thoracic surgeon, pulmonologist, oncologist, and radiologist) on an ongoing basis and assigned a follow-up physician.
- For 2017, 41 patients were screened with 0 positive findings.

### Program Plans for 2018:

- Continue to target top 5 sites at Desert Regional Medical Center and the needs identified by the HARC report.
- Develop, initiate, and evaluate the effectiveness of community outreach programs designed to reduce the incidence of specific cancer sites and raise cancer awareness.
- Implement a formalized process to evaluate effectiveness through participant questionnaires.
- Provide an Oral Cancer Screening program
- Continue the Lung Nodule Screening program

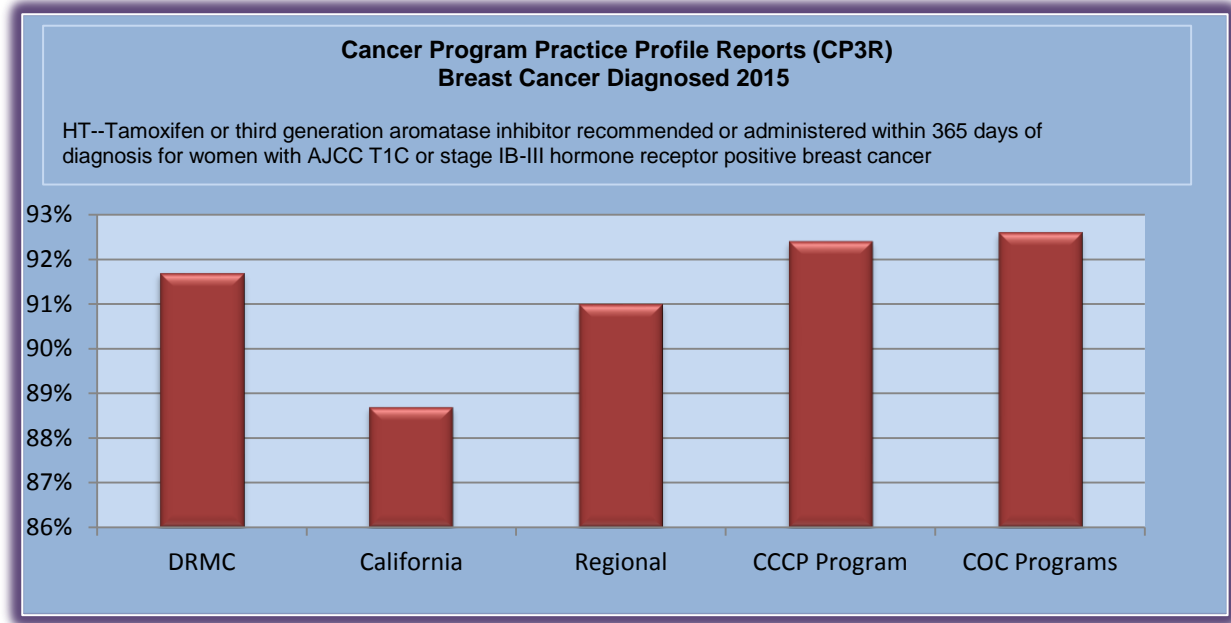
**Desert Regional Medical Center/Comprehensive Cancer Center  
Cancer Treatment Outcomes Comparison with State, Regional, and National Data**

As a result of our American College of Surgeons, Comprehensive Community Cancer Program accreditation, Desert Regional Medical Center has the opportunity to evaluate the quality of our cancer care. The Commission on Cancer monitors treatment of 10 cancer sites that include 23 measures. In the following pages, our top three sites (breast, lung, and colorectal) for patients diagnosed in 2015 are featured. Our treatment patterns compare favorably across state, regional and national program categories.



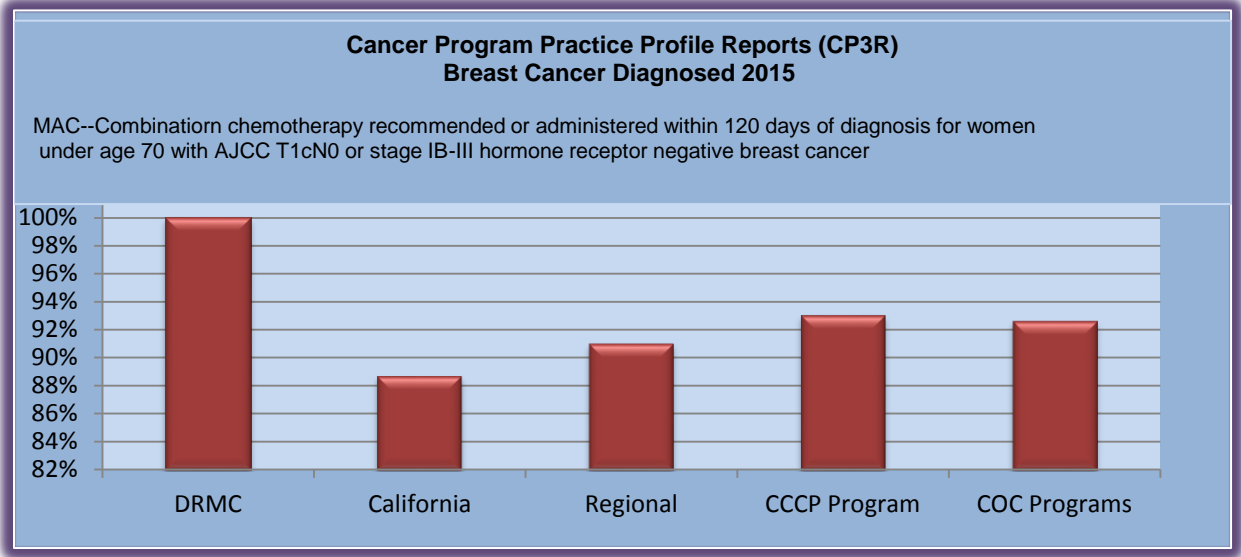
Graph 1

DRMC demonstrated a 97.6% rate for radiation administered within 1 year (365 days) after breast conservation surgery. Comparison of statistics for California show 88.4%, Regional 89.8%, \*Comprehensive Cancer programs 91.9%, and all COC approved programs 92%. (Accountability, COC Standard 4.4)



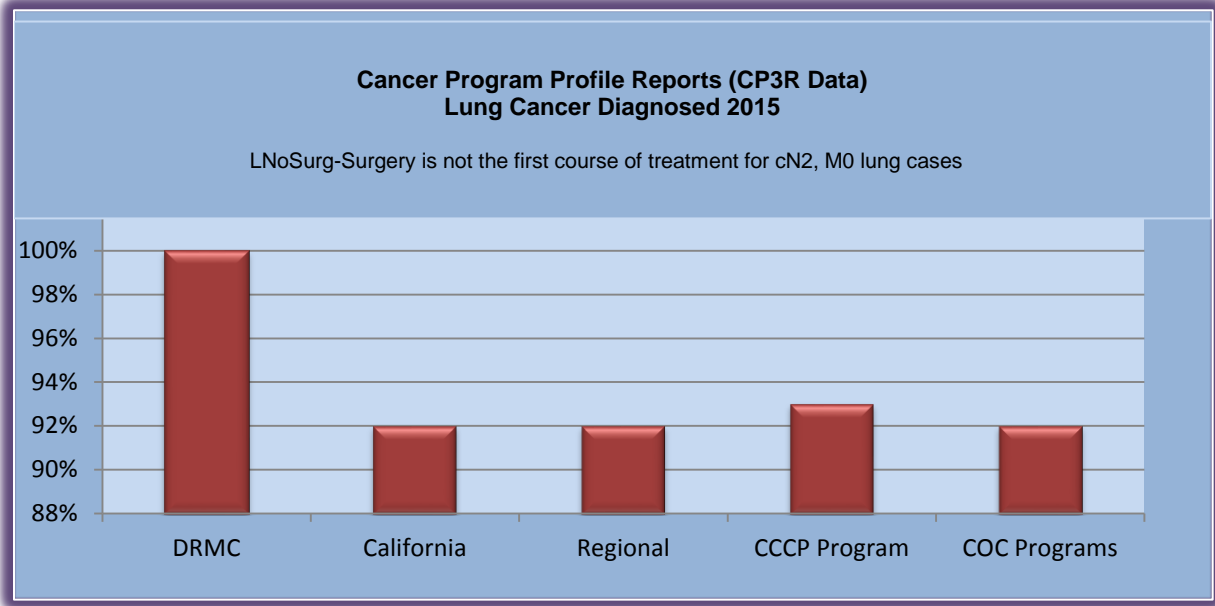
Graph 2

DRMC demonstrated a 91.7% rate for Tamoxifen or third generation aromatase inhibitor recommended or administered within 1 year (365 days). Comparison of statistics for California show 88.7%, Regional 91%, Comprehensive programs 92.4%, and all COC approved programs 92%. (Accountability, COC Standard 4.4)



Graph 3

DRMC demonstrated a 100% rate for combination chemotherapy administered within 4 months (120 days) for women under age 70 with AJCC T1cN0, stage 1B-III hormone receptor negative breast cancer. Comparison of statistics for California show 89.2%, Regional 91.3%, Comprehensive programs 93.1%, and all COC approved programs 93.1%. (Accountability, COC Standard 4.4)

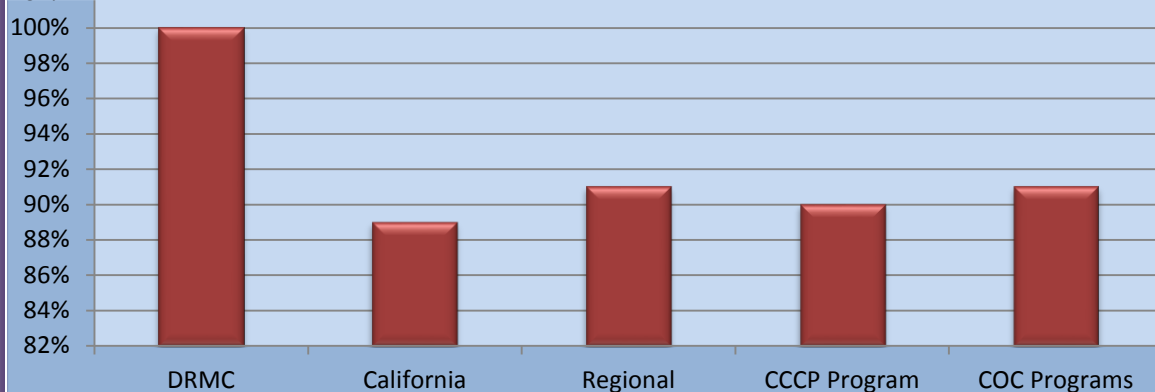


Graph 4

DRMC demonstrated a 100% rate for surgery not the first course of treatment for cN2 M0 lung cancer. Comparison of statistics for California show 91.9%, Regional 91.9%, Comprehensive programs 93%, and all COC approved programs 92.4%. (Quality Improvement, COC Standard 4.5)

**Cancer Program Profile Reports (CP3R Data)  
Lung Cancer Diagnosed 2015**

LCT-Systemic chemotherapy administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or recommended for surgically resected cases with pathologic lymph node positive (pN1 or pN2) NSCLC

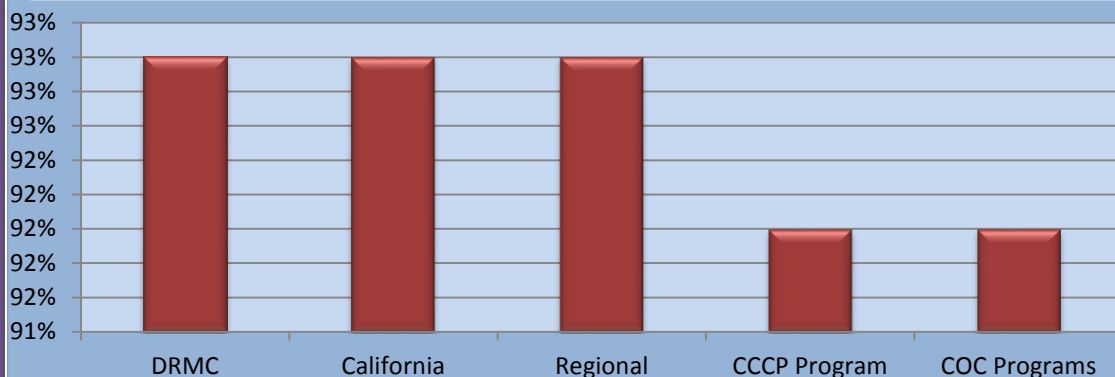


Graph 5

DRMC demonstrated a 100% rate for chemotherapy administered within 4 months to day preoperatively or day of surgery to 6 months Postoperatively, or is recommended for surgically resected cases with pathologic lymph node positive (pN1 and pN2) NSCLC. Comparison of statistics for California show 89%, Regional 90.8%, Comprehensive programs 90.3%, and all COC approved programs 91.4%. (Quality Improvement, COC Standard 4.5)

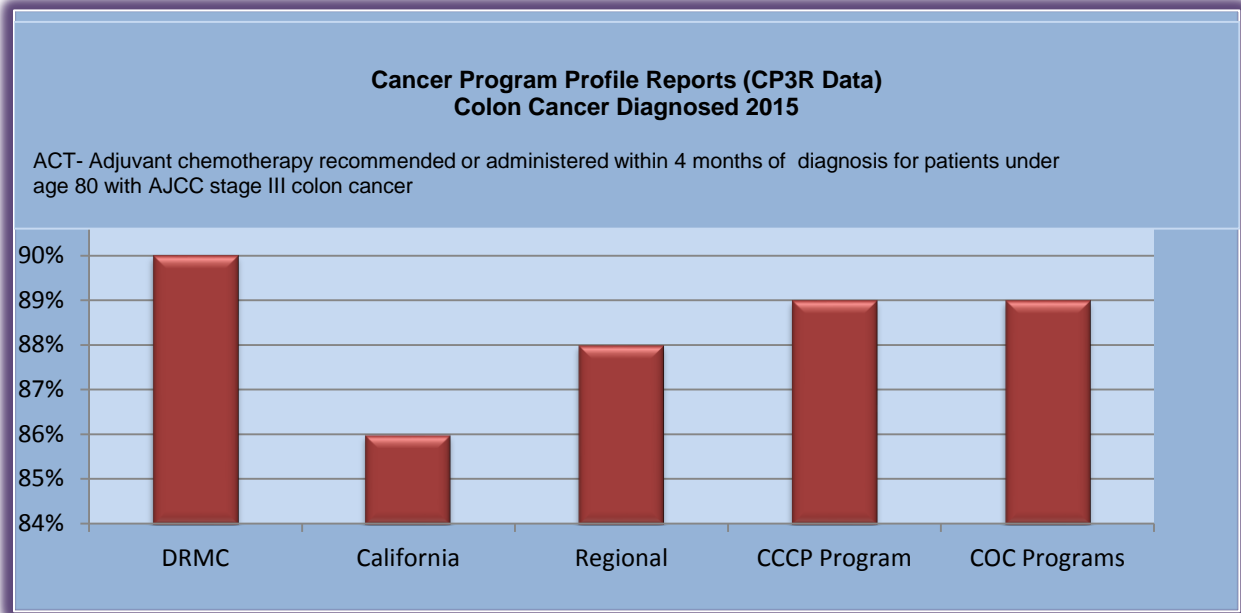
**Cancer Program Profile Reports (CP3R Data)  
Colon Cancer Diagnosed 2015**

12LN-At least 12 regional lymph nodes removed and pathologically examined for resected colon cancer



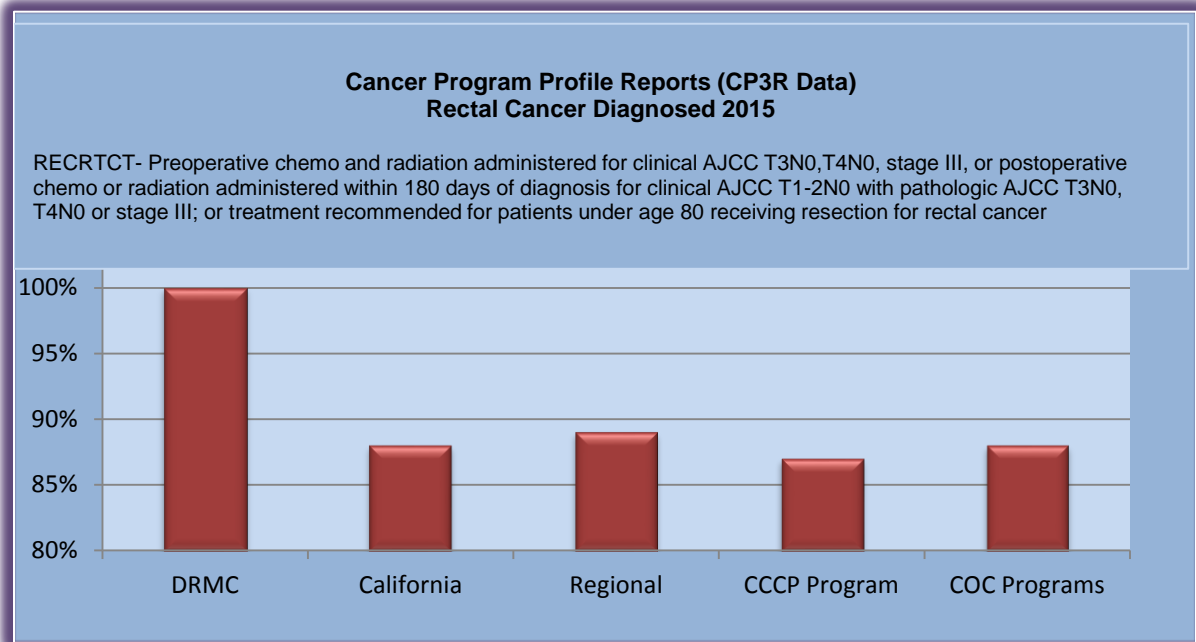
Graph 6

DRMC demonstrated a 92.9% rate for at least 12 regional lymph nodes removed and pathologically examined after resected colon cancer. Comparison of statistics for California show 92.7%, Regional 93.2%, Comprehensive programs 91.9%, and all COC approved programs 92.2%. (Quality Improvement, COC Standard 4.5)



Graph 7

DRMC demonstrated an 89.5% rate for adjuvant chemotherapy recommended or administered with 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph nodes positive) colon cancer. Comparison of statistics for California show 85.7%, Regional 87.7%, Comprehensive programs 88.9%, and all COC approved programs 88.7%. (Accountability, COC Standard 4.4)



Graph 8

DRMC demonstrated a 100% rate for preoperative chemotherapy and radiation administered for clinical AJCC T3N0, T4N0 or stage III; or postoperative chemotherapy and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0 or stage III, or treatment is recommended for patients under the age of 80 who received resection for rectal cancer. Comparison of statistics for California show 87.9%, Regional 89.4%, Comprehensive programs 86.9%, and all COC approved programs 87.8%. (Quality Improvement, COC Standard 4.5)

Source: American College of Surgeons, Cancer Program Practice Profile Reports (CP3R)/National Cancer Database data, released October 23, 2017