OUR MISSION IS SIMPLE: Support our specialists in providing the best in personalized cancer care. Kaiser Permanente’s integrated health care system brings together a team of specialized physicians and cutting-edge technology to provide each patient with the best in personalized cancer care.
OUR COMMITMENT to Patients

Cancer care touches our lives both professionally and personally. It is a top priority at Kaiser Permanente. All of our physicians work on cancer in one way or another—whether to prevent it, detect it early, treat it when we find it, care for the survivors, or comfort those who may pass away as a result of the disease. We’ve made huge strides and continue to challenge ourselves through our commitment to every patient.

OUR WORLD-CLASS Cancer Care Team Includes:

- Experienced specialists who treat high volumes of patients
- Support at every step of care: risk reduction, screening, diagnosis, treatment, and survivorship
- Seamless and timely care coordination
- Cutting-edge technology
- Patient-centered care

Our specialists work collaboratively to ensure world-class cancer care treatment and outcomes for every patient, by leveraging our expertise, investing in cutting-edge technology, and pushing the boundaries of what’s possible.
Cancer Care Achievements

Cancer care is complex. We simplify screening, diagnosing, and treating patients with cancer through our integrated approach to care.
INTEGRATED Approach to Cancer Care

As one of the largest integrated health care systems in the United States, we can quickly adapt to advances in treatment. We bring those benefits to our patients every day to perform thousands of treatments each year. At the same time, we create truly transformational innovations. Both rapidly adapting and developing new advancements is only possible by leveraging our specialists’ knowledge from many disciplines and medical centers linked together by our electronic health record system.

We continuously weave advancements in equipment and techniques with each patient’s medical history, preferences, and unique needs. This means we can automatically review incidental findings, such as a thoracic imaging study that can be reviewed by various experts. This process facilitates rapid and consistent follow-up on unexpected cancer discoveries at imaging.

Our expert care team will work together to:

• Review newly flagged cases
• Meet with each patient to discuss next steps, treatment options, and personalized care recommendations

It is the same as getting a second, third, and fourth opinion at the start of the process.

Our integrative approach to care also allows us to apply the most effective screening protocols to save more lives, such as using universal reflex genetic testing for Lynch Syndrome of all newly diagnosed colorectal cancer patients.

Our multispecialty physician team will:

• Recommend multiple ways to provide patient-centered care
• Bring cutting-edge treatment to patients

This multidisciplinary approach is distinctive of our medical group and doesn’t exist in the fragmented fee-for-service health care sector. We’re able to standardize the best possible care, giving our patients their best chance to beat cancer.
CANCER CARE represents a large portion of our work at Kaiser Permanente. Only heart disease affects more people than cancer in the United States, and the number of cancer cases is quickly growing to surpass heart disease soon. We have an opportunity that other health care systems may not—to change that trajectory. The Commission on Cancer provides a foundation to focus on key quality care standards and our cancer program can lead this change.
COMMISSION on Cancer Accreditation

There are more than 1,500 Commission on Cancer (CoC) accredited cancer programs in the United States, representing only 30 percent of all hospitals and treating more than 70 percent of all cancer patients. All Kaiser Permanente facilities are accredited or pursuing accreditation. To earn this prestigious accreditation, a cancer program must meet or exceed 34 quality care standards, be evaluated every 3 years, and maintain levels of excellence in the delivery of comprehensive patient-centered care.

When cancer patients seek care at a CoC-accredited cancer center, they gain access to comprehensive, state-of-the-art cancer care close to home. Kaiser Permanente takes this one step further. Our integrated health care system allows for true multidisciplinary, end-to-end care, and treats cancer as a complex group of diseases treated by a team of specialists. Because of this approach, patients have access to clinical trials, new treatments, genetic counseling, and patient-centered services, including psychosocial support, patient navigation, and a survivorship care plan. We improve our patients’ quality of life—both before and after cancer. These integrated partnerships result in improved patient care.
Clinical Trials Matter to Us

We’re proud to offer cancer patients access to cutting-edge treatment through participation in clinical trials.
Kaiser Permanente’s Cancer Research Paves the Way for Improved Outcomes

We’re recognized for participating in numerous clinical trials with national and international research organizations. All of our medical and radiation oncologists are investigators on our cancer research team. There are more than 70 clinical trials available to patients at any given time. Because of this, we offer patients access to cutting-edge treatment options and research in symptom management, screening, and prevention.

In 2014, Kaiser Permanente was awarded a 5-year grant of 10.4 million dollars from the National Cancer Institute (NCI) to conduct cancer clinical trials and cancer care delivery research studies. We joined 4 other Kaiser Permanente Regions to form an NCI Community Oncology Research Program (NCORP). This new program represents 1 of every 40 patients in the United States and continues to bring cutting-edge treatment options to our patients while comparing existing cancer treatments on a patient-by-patient basis.

The new funding will allow Kaiser Permanente to expand its focus on research into care delivery by:

- Evaluating alternative treatment delivery systems
- Examining disease prevention
- Exploring pain and symptom management
- Investigating disparities in cancer outcomes and how to eliminate them
TRENDS in Cancer Diagnosis

The cancer registry is an essential component of the Commission on Cancer (CoC) accredited cancer program and an invaluable tool in the fight against cancer. Like all CoC-accredited facilities, Kaiser Permanente maintains a cancer registry and contributes data to the National Cancer Database (NCDB). This nationwide oncology outcomes database is the largest clinical disease registry in the world. All types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care. CoC-accredited cancer centers, in turn, have access to information derived from this type of data analysis, which is used to create national, regional, and state benchmark reports.

Our cancer registry data aids in identifying trends, assists in program planning, and allows our continuous evaluation of cancer care.

Specialists at this hospital interface with patients throughout our system. Our specialists' experience within the system is summarized in Table 1.
### Table 1. Kaiser Permanente, Northern California Region
All Cancer Cases Diagnosed 2011–15: All Behaviors, All Stages
Leading Diagnoses by Year of Diagnosis (Ranked for 2015 Diagnoses)

<table>
<thead>
<tr>
<th>PRIMARY SITE OR TYPE</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>BREAST</td>
<td>3,600</td>
<td>3,737</td>
<td>3,866</td>
<td>3,738</td>
<td>3,856</td>
<td>18,795</td>
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<td>MELANOMA</td>
<td>1,887</td>
<td>1,753</td>
<td>2,016</td>
<td>2,230</td>
<td>2,379</td>
<td>10,065</td>
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<tr>
<td>LUNG/BRONCHUS</td>
<td>1,721</td>
<td>1,679</td>
<td>1,738</td>
<td>1,740</td>
<td>1,684</td>
<td>8,562</td>
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<tr>
<td>PROSTATE</td>
<td>2,789</td>
<td>2,588</td>
<td>2,417</td>
<td>1,392</td>
<td>1,623</td>
<td>10,809</td>
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<tr>
<td>COLORECTAL</td>
<td>1,658</td>
<td>1,528</td>
<td>1,549</td>
<td>1,650</td>
<td>1,578</td>
<td>7,963</td>
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<tr>
<td>URINARY BLADDER</td>
<td>790</td>
<td>791</td>
<td>836</td>
<td>859</td>
<td>860</td>
<td>4,136</td>
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<tr>
<td>NON-HODGKIN LYMPHOMA</td>
<td>686</td>
<td>704</td>
<td>695</td>
<td>779</td>
<td>724</td>
<td>3,588</td>
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<tr>
<td>CORPUS UTERI</td>
<td>661</td>
<td>693</td>
<td>646</td>
<td>754</td>
<td>721</td>
<td>3,477</td>
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<tr>
<td>KIDNEY/RENAL PELVIS</td>
<td>621</td>
<td>583</td>
<td>599</td>
<td>565</td>
<td>655</td>
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<tr>
<td>BRAIN/OTHER NERVOUS</td>
<td>608</td>
<td>638</td>
<td>649</td>
<td>667</td>
<td>557</td>
<td>3,119</td>
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<td>LEUKEMIA</td>
<td>490</td>
<td>498</td>
<td>534</td>
<td>531</td>
<td>486</td>
<td>2,549</td>
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<tr>
<td>ORAL CAVITY/PHARYNX</td>
<td>424</td>
<td>447</td>
<td>461</td>
<td>506</td>
<td>494</td>
<td>2,332</td>
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<tr>
<td>PANCREAS</td>
<td>449</td>
<td>485</td>
<td>472</td>
<td>469</td>
<td>460</td>
<td>2,375</td>
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<tr>
<td>THYROID</td>
<td>411</td>
<td>414</td>
<td>393</td>
<td>410</td>
<td>452</td>
<td>2,080</td>
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<tr>
<td>LIVER/INT. BILE DUCT</td>
<td>324</td>
<td>305</td>
<td>366</td>
<td>436</td>
<td>354</td>
<td>1,785</td>
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<tr>
<td>STOMACH</td>
<td>233</td>
<td>257</td>
<td>245</td>
<td>294</td>
<td>280</td>
<td>1,309</td>
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<tr>
<td>Ovary</td>
<td>266</td>
<td>293</td>
<td>244</td>
<td>292</td>
<td>269</td>
<td>1,364</td>
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<tr>
<td>MYELOMA</td>
<td>235</td>
<td>246</td>
<td>235</td>
<td>243</td>
<td>231</td>
<td>1,190</td>
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<tr>
<td>ESOPHAGUS</td>
<td>161</td>
<td>166</td>
<td>150</td>
<td>164</td>
<td>175</td>
<td>816</td>
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<tr>
<td>ANUS/ANAL CANAL</td>
<td>156</td>
<td>150</td>
<td>162</td>
<td>150</td>
<td>147</td>
<td>767</td>
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<tr>
<td>SOFT TISSUE</td>
<td>123</td>
<td>138</td>
<td>156</td>
<td>147</td>
<td>139</td>
<td>703</td>
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<td>VULVA</td>
<td>175</td>
<td>151</td>
<td>160</td>
<td>163</td>
<td>132</td>
<td>761</td>
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<tr>
<td>OTHER ENDOCRINE</td>
<td>173</td>
<td>151</td>
<td>169</td>
<td>142</td>
<td>129</td>
<td>764</td>
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<td>TESTIS</td>
<td>102</td>
<td>94</td>
<td>105</td>
<td>119</td>
<td>127</td>
<td>547</td>
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<tr>
<td>OTHER SKIN</td>
<td>73</td>
<td>60</td>
<td>84</td>
<td>96</td>
<td>100</td>
<td>433</td>
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<td>LARYNX</td>
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<td>76</td>
<td>81</td>
<td>69</td>
<td>91</td>
<td>400</td>
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<tr>
<td>CERVIX UTERI</td>
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<td>96</td>
<td>88</td>
<td>92</td>
<td>89</td>
<td>441</td>
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<td>Hodgkin disease</td>
<td>112</td>
<td>73</td>
<td>83</td>
<td>112</td>
<td>85</td>
<td>465</td>
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<tr>
<td>Small intestine</td>
<td>81</td>
<td>73</td>
<td>79</td>
<td>77</td>
<td>80</td>
<td>390</td>
</tr>
<tr>
<td>OTHER BILARY</td>
<td>73</td>
<td>60</td>
<td>67</td>
<td>72</td>
<td>51</td>
<td>323</td>
</tr>
<tr>
<td>ILL DEFINED/UNSPEC</td>
<td>578</td>
<td>631</td>
<td>617</td>
<td>525</td>
<td>410</td>
<td>2,761</td>
</tr>
<tr>
<td>All Others</td>
<td>358</td>
<td>395</td>
<td>393</td>
<td>407</td>
<td>401</td>
<td>1,954</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>19,979</td>
<td>19,973</td>
<td>20,357</td>
<td>19,908</td>
<td>19,849</td>
<td>100,066</td>
</tr>
</tbody>
</table>

SOURCE: Kaiser Permanente—Northern California Cancer Registry (08/22/2016)
Program GOALS: Cancer Prevention

50,000 quitters = 160,000 years of life saved

Each calendar year, our cancer committee organizes and offers at least one cancer prevention program designed to reduce the incidence of a specific cancer type and targeted to meet the prevention needs of the community.

Tobacco is the leading preventable cause of death in the U.S., with more than 137,000* lung cancer deaths attributable each year to cigarette smoking. As a result, KP Central Valley has developed a robust tobacco cessation program. We know that:

- 2 weeks after quitting, circulation & lung function improve
- After 5 years, the risk of mouth, throat & bladder cancer is cut in half
- And after 10 years, the risk of developing lung cancer is cut in half

Our 2016 goal was to get 18% of our Central Valley patients to quit smoking, or 50,000 patients across our Kaiser Permanente region.

Our program

Evidence based, clinical practice guidelines show that the combination of medications & counseling is the most effective intervention, increasing the effect on quitting success by 40 to 70%**.

As a result, we have developed a program in which we:

Ask “Do you smoke or use tobacco, even sometimes?”
Advise “Quitting is the most important thing you can do for your health”
Assist Order medications

Patients are referred to our Health Education Department’s Quit Tobacco Workshop & encouraged to use our Wellness Coaches for support. The California Smokers’ Helpline (1-800-NO-BUTTS) is a suggested resource.

Helping another 50,000 members quit in the next 5 years would lead to a smoking prevalence of 5% across Kaiser Permanente’s Northern California region. A 5% smoking prevalence would reduce our cancer mortality by 12% or about 2,000 lives saved every year regionally.

As a result, our journey continues…

*Per CDC data, 2005-2009.
Kaiser Permanente Central Valley has a comprehensive cancer website offering easily accessible information and resources related to cancer care:

kp.org/mydoctor/centralvalley/cancer

Classes & resources open to KP members and the community:
- **Food, Fit & Thrive for Life**: provides an overview of nourishing foods that are essential for health and healing.
- **Survive & Thrive: Living with & Beyond Cancer**: find information & tips on emotional wellness & staying active & healthy during & after cancer treatment.

**Breast Cancer Support Group**: targeted at women who are undergoing or have completed breast cancer treatments.

**Cancer Support Group**: explore the topic of cancer through the various aspects of diagnosis, treatment & survivorship.

**General Caregiver Support Group**: provides coping techniques & resources for caregivers.

We partner with the American Cancer Society by providing sponsorship & education resources at community events including:
- Relay for Life
- Making Strides Against Breast Cancer
- Look Good, Feel Better
We understand how difficult it is to confront a diagnosis of breast cancer. Our mission is to personalize your treatment and provide you with the information and support you need during and after your treatment. In April of 2016, we piloted a Multidisciplinary Breast Cancer Clinic designed for newly diagnosed breast cancer patients to have the opportunity to meet with some of the relevant specialists who may be involved in their treatment and care in one visit. When asked their overall satisfaction with this new model of care, more than 90% of our patients felt the care was “excellent.” As a result, it has become our new standard of care.

Our goal is to provide a setting in which a patient, along with family or loved ones, can meet with an expert team of Breast Cancer Specialists to develop an individualized treatment plan. Specialists include physicians from Surgery, Oncology and Reconstructive Surgery. Input from a Radiation Oncologist, Radiologist, Pathologist, Genetics, Clinical Trial Nurse and Breast Care Coordinator will also be a part of the team approach to treatment planning. Our Breast Tumor Board is a multidisciplinary team of health care providers, including breast surgeons, medical oncologists, radiologists, radiation oncologists, pathologists and geneticists, who meets weekly to discuss new breast cancer cases and determine treatment plans.
ABOVE and BEYOND:

Nearly 70 years ago, Kaiser Permanente founders Henry J. Kaiser and Sidney Garfield first articulated their pledge for total health and their vision for high quality, affordable health care. In pursuit of excellence, we, the physicians and employees of Kaiser Permanente, strive to deliver that vision every day.

No one is ever prepared for their image of health & happiness to be interrupted by cancer: suddenly thrust into a whirlwind of appointments, treatments & emotions. We are committed to offering high-quality care and hope for our patients. Our integrated model of care is represented by a team of dedicated physicians & staff from various specialties, collaborating closely to ensure streamlined & personalized support from the time of diagnosis to life after treatment.

We take great pride in the successful and well received multidisciplinary treatment teams to better meet the care needs of our members and reduce the “sleepless nights” when faced with a diagnosis of cancer.

Our accomplishments are built from the firm commitment & relentless work towards enhancing the care and services we provide to our cancer patients. We thank you for your trust & your partnership in your journey to getting well.
COMMISSION on Cancer Committee Members

Oncology
- Megumi Tomita, MD
- Chun Ng, MD
- Naresh Patel, MD
- Cynthia Lan, MD
- Jasmine Ingraham, RN
- April Spiller, LCSW
- Nick Baker, PharmD

Cancer Care Services
- Sharon Likely, RN
- Deshawn Jackson

Surgery
- Saif Ghole, MD
- John deGraft-Johnson, MD
- Tony Chang, MD
- Michelle Smith, RN

Pathology
- Caishu Deng, MD

Radiology
- Sandeep Ahluwalia, MD
- Charlyne Wu, MD
- Alma Van denRaadt

Palliative Care
- Paul Luong, MD

Adult & Family Medicine
- Janet Thaung, MD
- Sukhjit Samra, MD

Pulmonology
- Theodore Fong, MD

Obstetrics & Gynecology
- Jaime Michaelson, MD

Gastroenterology
- Merle Sogge, MD

Head & Neck Surgery
- Elizabeth Lai, MD

Urology
- John Weedin, MD

Psychiatry
- Doreen Samelson, PhD
- Inderpreet Dhillon, MD

Clinical Trials
- Vanessa Sheldon, RN

Genetics
- Megahn Hanely, LGC
- Karin Wagner, LGC

Nutrition Services
- Raquel Moreno, RD
- Rehabilitation
- Beatina Agagon, PT

Administration
- Grace Yee, MBA
- Christian Cheung, PhD, RN
- Mauro Garcia, RN
- Domenique Narimanfar
- Melinda Hamon

American Cancer Society
- Samantha Ruegsegger