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>
<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>
</thead>
<tbody>
<tr>
<td>BREAST</td>
<td>3,600</td>
<td>3,737</td>
<td>3,866</td>
<td>3,736</td>
<td>3,856</td>
<td>18,795</td>
</tr>
<tr>
<td>MELANOMA</td>
<td>1,687</td>
<td>1,753</td>
<td>2,016</td>
<td>2,230</td>
<td>2,379</td>
<td>10,065</td>
</tr>
<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>
</tr>
<tr>
<td>PROSTATE</td>
<td>2,789</td>
<td>2,586</td>
<td>2,417</td>
<td>1,392</td>
<td>1,623</td>
<td>10,809</td>
</tr>
<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>
</tr>
<tr>
<td>URINARY BLADDER</td>
<td>790</td>
<td>791</td>
<td>836</td>
<td>859</td>
<td>860</td>
<td>4,136</td>
</tr>
<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>
</tr>
<tr>
<td>CORPUS UTERI</td>
<td>681</td>
<td>693</td>
<td>648</td>
<td>754</td>
<td>721</td>
<td>3,477</td>
</tr>
<tr>
<td>KIDNEY/RENAL PELVIS</td>
<td>621</td>
<td>537</td>
<td>593</td>
<td>569</td>
<td>655</td>
<td>3,023</td>
</tr>
<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>
</tr>
<tr>
<td>LEUKEMIA</td>
<td>490</td>
<td>498</td>
<td>534</td>
<td>531</td>
<td>496</td>
<td>2,549</td>
</tr>
<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>
</tr>
<tr>
<td>PANCREAS</td>
<td>449</td>
<td>485</td>
<td>472</td>
<td>489</td>
<td>480</td>
<td>2,375</td>
</tr>
<tr>
<td>THYROID</td>
<td>411</td>
<td>414</td>
<td>393</td>
<td>410</td>
<td>452</td>
<td>2,080</td>
</tr>
<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>
</tr>
<tr>
<td>STOMACH</td>
<td>233</td>
<td>257</td>
<td>245</td>
<td>294</td>
<td>280</td>
<td>1,309</td>
</tr>
<tr>
<td>OVARY</td>
<td>266</td>
<td>293</td>
<td>244</td>
<td>292</td>
<td>269</td>
<td>1,364</td>
</tr>
<tr>
<td>MYELOMA</td>
<td>235</td>
<td>246</td>
<td>235</td>
<td>243</td>
<td>231</td>
<td>1,190</td>
</tr>
<tr>
<td>ESOPHAGUS</td>
<td>161</td>
<td>166</td>
<td>150</td>
<td>164</td>
<td>175</td>
<td>816</td>
</tr>
<tr>
<td>ANAL/ANAL CANAL</td>
<td>158</td>
<td>150</td>
<td>162</td>
<td>150</td>
<td>147</td>
<td>767</td>
</tr>
<tr>
<td>SOFT TISSUE</td>
<td>123</td>
<td>138</td>
<td>156</td>
<td>147</td>
<td>139</td>
<td>703</td>
</tr>
<tr>
<td>VULVA</td>
<td>175</td>
<td>151</td>
<td>160</td>
<td>163</td>
<td>132</td>
<td>781</td>
</tr>
<tr>
<td>OTHER ENDOCRINE</td>
<td>173</td>
<td>151</td>
<td>169</td>
<td>142</td>
<td>129</td>
<td>764</td>
</tr>
<tr>
<td>TESTIS</td>
<td>102</td>
<td>94</td>
<td>105</td>
<td>119</td>
<td>127</td>
<td>547</td>
</tr>
<tr>
<td>OTHER SKIN</td>
<td>73</td>
<td>80</td>
<td>84</td>
<td>96</td>
<td>100</td>
<td>433</td>
</tr>
<tr>
<td>LARYNX</td>
<td>83</td>
<td>76</td>
<td>81</td>
<td>69</td>
<td>91</td>
<td>400</td>
</tr>
<tr>
<td>CERVIX UTERI</td>
<td>76</td>
<td>96</td>
<td>88</td>
<td>92</td>
<td>89</td>
<td>441</td>
</tr>
<tr>
<td>HODGKIN DISEASE</td>
<td>112</td>
<td>73</td>
<td>83</td>
<td>112</td>
<td>88</td>
<td>485</td>
</tr>
<tr>
<td>SMALL INTESTINE</td>
<td>81</td>
<td>73</td>
<td>79</td>
<td>77</td>
<td>60</td>
<td>390</td>
</tr>
<tr>
<td>OTHER BILIARY</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>678</td>
<td>631</td>
<td>617</td>
<td>525</td>
<td>410</td>
<td>2,761</td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td>356</td>
<td>395</td>
<td>393</td>
<td>407</td>
<td>401</td>
<td>1,954</td>
</tr>
</tbody>
</table>

**TOTAL** 19,979 19,973 20,357 19,908 19,849 100,066

*SOURCE: Kaiser Permanente—Northern California Cancer Registry (08/22/2016)*
Adherence to Evidence-Based Guidelines

Kaiser Permanente San Francisco is committed to providing cancer care consistent with evidence-based guidelines to ensure that patients receive optimal diagnostic, treatment, and supportive services that lead to the best outcomes.

In 2016, Kaiser Permanente-San Francisco’s Cancer Committee conducted a study to identify whether Kaiser Permanente San Francisco Medical Center patients diagnosed with stage II or III non-small cell lung cancer (NSCLC) have routinely received adjuvant chemotherapy within 60 days of curative surgery as part of their care. Lung cancer is an aggressive cancer which is often diagnosed at late stages of the disease. The American Society of Clinical Oncology's Quality Oncology Practice Initiative (ASCO QOPI) recommends that chemotherapy be given as part of the standard of care for patients who are physically fit to receive chemotherapy in order to improve long term outcome. The ASCO QOPI quality measures summary stipulates that platinum based chemotherapy should be given within 60 days of surgery.

An in-depth review conducted by the Committee’s Cancer Liaison Physician, Dr. Michael Lee, of all stage II or III non-small cell lung cancer cases from January 1, 2015 to December 31, 2015 found that 100% of patients with stage II/III NSCLC who were appropriate to be treated by chemotherapy in fact did receive chemotherapy within 60 days of curative surgery. This study demonstrates the optimal care provided for patients with early stage NSCLC to improve their outcomes.

Kaiser Permanente San Francisco strives to provide patient care supported by the best and most comprehensive evidence available. Our compliance with evidence-based guidelines demonstrates our commitment to providing the most clinically appropriate and effective treatment strategies in cancer care.
Quality Study

At Kaiser Permanente San Francisco, our goal is to provide exceptional care and service for our patients. Quality studies serve to identify opportunities for improvement.

One area that was a focus of a Kaiser San Francisco quality study was comprehensive oncological care, which serves to improve patients’ quality of life and provide additional assistance to patients and their family toward end of life. Palliative care has become a critical component of comprehensive cancer care. Palliative care focuses on management of symptoms, psychosocial support, and assistance with end of life care decision making. This is especially critical for patients diagnosed with stage IV lung cancer. Lung cancer is the leading cause of death related to cancer. Patients with advanced lung cancer have poor prognosis, experience heavy burden of symptoms and have poor quality of life.

National lung cancer treatment guidelines recommend that patients with advanced lung cancer receive concurrent oncological and palliative care in order to improve survival and optimize quality of life. A quality study was conducted to assess the proportion of newly diagnosed stage IV lung cancer patients in 2015 who received early palliative care. The study demonstrated that while Kaiser Permanente San Francisco provides concurrent oncology and palliative care to many stage IV lung cancer patients, we are continuing to enhance the care of these patients.

Recognizing that we have opportunities to improve the quality of care for stage IV lung cancer patients by increasing provision of concurrent palliative care, a quality improvement project was carried out. Timely referral to a palliative care specialist helps to ensure optimal care for late-stage patients whose expected survival is limited. By involving the palliative care team for symptom management and patient and family support we improve the patients quality of life.
Breast Cancer Screening

According to the American Cancer Society, breast cancer is the most common cancer for U.S. women. The chance that breast cancer will be responsible for a woman's death is about 1 in 36. With such high rates, routine screening is imperative to mitigate the effects of breast cancer and increase survival. Routine screening is designed to detect breast cancer while it is still in an early stage and when more effective treatment options are available. At Kaiser Permanente San Francisco, women members between ages 50-74 years old are screened every 2 years (or every year if indicated). In 2016, approximately 25,000 Kaiser San Francisco women were due for a breast cancer screening.

Members are reminded that they are due for a routine mammogram screening when they come in for an office visit. They are also contacted by a phone call, secure message and/or mailed letter.

Members with a positive or abnormal screening result are contacted to schedule a diagnostic mammogram and/or other diagnostic procedures as appropriate. If the diagnostic procedure returns positive for breast cancer, the patient is scheduled to visit the Multidisciplinary Breast Clinic. At the Multidisciplinary Breast Clinic, the patient has consultations with a surgeon, oncologist, health educator, and radiation oncologist. A plastic surgeon, geneticist, and social worker are available as needed.
Women’s Hereditary Cancer Risk

The work of the Women’s Hereditary Cancer Risk Program is designed to identify patients with a hereditary cancer risk and prevent cancer by giving patients options for risk reduction as well as screen patients for early detection of cancer.

Germline mutations in BRCA1 and BRCA2 genes are responsible for the large majority of hereditary breast and ovarian cancer syndrome, and equate to approximately 10% of total ovarian cancer cases and 3-5% of breast cancer cases. Women found to have mutations in the BRCA1 and BRCA2 genes have 39-46% and 12-20% increased risk of Ovarian Cancer, respectively. Mutations in either BRCA1 or BRCA2 have 65-74% increased risk of Breast Cancer.

The Kaiser Permanente Northern California (KPNC) Genetics Department has developed an online class that provides education about Hereditary Breast and Ovarian Cancer. The class is designed to provide important background information about hereditary breast and ovarian cancer with the goal of empowering members with knowledge to apply to their own personal and/or family history of cancer and seek hereditary cancer risk assessment. This has the downstream effect of ultimately identifying those at higher risk for cancer due to a hereditary cancer susceptibility such as the genes BRCA1 and BRCA2. Subsequently, members who are identified to have increased risk for cancer due to a hereditary factor such as BRCA1 or BRCA2, are referred to the hereditary cancer risk program for consultation about increased cancer screening and options for reducing cancer risk and preventing cancer.
In the COMMUNITY

Kaiser Permanente San Francisco has partnered with Shanti on the Woman-2-Woman Project. Shanti’s services and educational programs are aimed at improving the lives of people in difficult life situations, through their peer support model. The goal of the Woman-2-Woman Project is to identify women cancer survivors to become peer mentors who can offer support and services to patients with gynecological cancers.

While breast cancer patients have a number of support services that they can be referred to, there are very few services targeting women with gynecological cancer, despite the drastic difference in treatment regiments, recovery protocols, and the social stigma uniquely associated with gynecological cancers.

Kaiser Permanente San Francisco also partnered with the American Cancer Society for the Relay for Life Event on June 11, 2016. The event provides the opportunity to communities to celebrate the lives of people who have battled cancer and remember loved ones lost.

Each year, more than 4 million people in over 20 countries take part in this global phenomenon and raise much-needed funds and awareness to save lives from cancer.
The 69-year-old had some big plans and didn’t want anything to get in the way. As it turned out, she had nothing to worry about as her procedures were performed using robotic-assisted minimally invasive surgery (MIS). Through several small incisions, she had her uterus, fallopian tubes, ovaries and lymph node removed at Kaiser Permanente San Francisco by Bethan Powell, MD. For the patient, utilizing this procedure allowed for a shorter stay in the hospital, shorter recovery period, and decreased the risk of surgery complications. She was back on her feet in no time and flew to Australia with her husband just as she had planned. A few weeks later, she headed to the Philippines for a week of scuba diving to celebrate her 700th dive.

For many cancer survivors, it takes times to recover and readjust to life. It’s not always possible to immediately return back to normal activities. That was what a Kaiser Permanente San Francisco patient feared when she was diagnosed with endometrial cancer in 2015.
Shawna Hedley, MD, has been a GYN physician for 15 years. In the last 2 years, she has led the creation of the Women’s Cancer Survivorship Clinic at Kaiser San Francisco. The clinic is designed to help ensure women with breast or gynecologic cancers live as full and healthy a life as possible after being treated for cancer.

Patients come to the clinic every 6-12 months where a physician or nurse practitioner monitors patients cancer surveillance schedule as well as connects patients to survivorship resources. During the appointments, providers also provide medication review and lifestyle counseling for patients.

The model for survivorship developed by Dr. Hedley has now been translated to survivorship for all types of cancers.
COMMISSION on Cancer Committee Members

**PRINCIPAL MEMBERS**
- Committee Chair
- Committee Co-Chair
- Cancer Liaison Physician
- Medical Oncologist
- Surgeon
- Pathologist
- Diagnostic Radiologist
- Radiation Oncologist

**NAME**
- James Constant, MD
- Bethan Powell, MD
- Michael Lee, MD
- Raymond Liu, MD
- Samantha Langer, MD
- Eric Suba, MD
- Ania Azziz, MD
- Milan Patel, MD

**PRINCIPAL MEMBERS**
- Executive Administrator Sponsor
- Cancer Program Administrator
- Oncology Nurse
- Cancer Conference Coordinator
- Cancer Registry Coordinator
- Clinical Research Coordinator
- Community Outreach Coordinator
- Genetics Professional
- Palliative Care Professional
- Psychosocial Services Coordinator
- Quality Improvement Coordinator
- Rehabilitation Representative
- Social Worker/Case Manager

**NAME**
- Scott Keech, RN
- Colleen Ferguson, RN
- Catherine Jansen, RN
- Ramey Littell, MD
- Michael Oehrli, CTR
- Alfredo Lopez, MD
- Dr. Raymond Liu
- Christine Kobelka, LCGC
- Meredith Heller, MD
- Laura Matthews, MSW
- Samuel Baptiste
- Daisy Chiu, PT
- Laura Matthews, MSW
Some photos may include models and not actual patients.

© 2016, TPMG, Inc. All rights reserved. Regional Health Education. 05736 (Revised 9/16)