



EISENHOWER HEALTH  
CURCI CANCER CENTER  
*A Healing Place Like No Other®*



CANCER PROGRAM

ANNUAL REPORT 2022

UTILIZING 2021 CANCER DATA



Eisenhower Health's  
Cancer Program  
Physicians and Specialists

# Eisenhower Cancer Program Annual Report 2022

*Utilizing 2021 Data*

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## Cancer Committee Members

Eisenhower Health Cancer Committee has had a significant impact on the Eisenhower Lucy Curci Cancer Center Program. A special thank you to the Cancer Committee members for their dedicated leadership and tireless efforts.

Iyoob Ilyas, MD, *Chair, Cancer Committee*

Delshad Ahmad, MD, *Medical Oncology*

Constantin Dasanu, MD, PhD, *Medical Oncology*

Mehran Elly, MD, *Radiology*

Azadeh Elmi, MD, *Radiology*

Dennis Frisman, MD, *Pathology*

Varun Gupta, MD, *Medical Oncology*

Vasudha Lingareddy, MD, *Radiation Oncology*

Kamal Patel, MD, *Radiation Oncology*

Anil Perumbeti, MD, *Pulmonology*

Steven Plaxe, MD, *Gynecologic Oncology*

Justin Reckard, MD, *Vice President, Surgical Services*

Patti Richardson, MD, *Pathology*

Stephen Saponaro, MD, *Radiology*

Paul Sylvan, MD, *Radiology*

Henry Tsai, MD, *Medical Oncology  
Cancer Liaison Physician*

Raeln Anderson, BSN, RN  
*Quality Outcomes Analyst*

Nancy Cordova, NP, MSN, RN, OCN, CPC  
*Nurse Practitioner*

Rebecca Dabbs, MPH  
*American Cancer Society®*

Ben Farber, DNP, RN, CNL, NEA-BC, CENP  
*Chief Nursing Officer and Vice President,  
Patient Care Services*

Stephanie Farrell, MBA, BSN, RN, CCRC, CPHQ  
*Director, Research Administration*

Patricia Garcia, BSN, RN, CCRC, OCN  
*Oncology Nurse Navigator*

Danielle Higgins, BS, RT(R), (M), (BS) (ARRT)  
*Director, Eisenhower Schnitzer/Novack  
Breast Centers*

Lainie Hughes  
*Clinical Research Coordinator*

Pamela Jones-Vandernagel, MSW, LCSW, OSW-C  
*Psychosocial Services*

Sireesha Kavipurapu, EdD, MS, RT  
*Manager, Radiation Oncology*

Mimi Kraft, MBA-HM, BSN RN, MICN  
*Director, Clinical Operations*

Jose Magana  
*Manager, Oncology Clinic*

Jody McLeish, MSN, RN  
*Quality Outcomes Analyst*

Danielle Meglio, COTA/C, MLD/CDT  
*Occupational Therapy*

Tijuana Parker, MSN, RN, OCN  
*Director, 3 East/Medical Oncology*

Jim Reed, PT  
*Manager, Physical Therapy*

Deborah Roberson, MSM, CTR  
*Manager, Cancer Data Systems*

Kimberly Roberts, CTR  
*Certified Tumor Registrar*

Alison Mayer Sachs, MSW, CSW, OSW-C  
*Director, Community Outreach  
and Cancer Support Services*

Katie Schnaser, MHA, FACHE  
*Chief Administrative Officer*

Joaquin Zabalza Seguin  
*Director, Business Operations*

## Eisenhower Lucy Curci Cancer Center: Past, Present and Future

### Martin J. Massiello

President and Chief Executive Officer  
Eisenhower Health



This year, Eisenhower Health's Commission on Cancer-accredited (CoC) cancer program underwent a comprehensive re-accreditation process. Historically, our survey takes place every three years, but was delayed due to the COVID-19 pandemic. Preparation for the re-accreditation provides a wonderful opportunity to review past achievements and plan for future opportunities. We are proud to have been continually accredited by the American College of Surgeons' CoC since 1980.

The cancer program is anchored by the Eisenhower Lucy Curci Cancer Center, which performed more than 110,000 patient visits in the most recent fiscal year at its main location, as well as four satellite locations in the community. Outpatient services include hematology/oncology clinics and infusion centers, radiation oncology, gynecologic oncology, ACR-accredited breast imaging centers, and cancer support services.

In 2021, the Cancer Center proudly achieved Quality Oncology Practice Initiative (QOPI) certification through ASCO. The hospital also has inpatient medical oncology and surgical services, radiology, pathology, a dedicated Mohs surgeon, rehabilitation services, palliative care services and multiple formal cancer screening programs. Further augmenting the strength of the program is a formal affiliation with UC San Diego Health Cancer Network, including the NCI-designated Moores Cancer Center. Since 2018, the affiliation with UC San Diego Health Cancer Network has yielded numerous enhancements to the cancer program. Highlights include onsite and telemedicine-based support for blood and marrow transplant, personalized cancer therapy, orthopedic oncology,

hepatology, genetic counseling, onco-fertility, and pancreatic cancer screening and prevention. Additionally, collaboration between cancer programs includes multiple joint tumor boards, significant clinical trials support, access to participate on UCSD's disease teams and regular consultation related to further program development.

Members of Eisenhower's executive and medical leadership continue to carry on a longstanding legacy of active participation in the Cancer Committee. Participation includes attendance at quarterly Cancer Committee meetings, hands-on support and involvement in activities designed to achieve accreditation goals, and review of certain quality and safety initiatives at hospital quality meetings. The Cancer Committee Chair is appointed biennially by the hospital's Medical Executive Committee. The Cancer Committee is conveyed the authority to guide the hospital's cancer program strategy and goals via the multi disciplinary make-up of its membership with the ability to execute these goals through representation from the organization's highest levels.

During the most recent accreditation cycle, the Cancer Committee led a number of initiatives that were launched to ensure the quality and safety of the cancer program.

Pathology was an area of focus for multiple quality initiatives, including improving compliance with MMR/MSI testing for colorectal cancer patients and working to improve timeliness and completeness of bone marrow biopsy reports to ensure more fully informed treatment decisions. Another area for quality improvement initiated by the Committee has been improving documentation of pain scores and addressing plan for pain. The Committee also initiated and implemented a very successful oncology nurse navigation program. Since its inception in 2020, the navigation program has expanded to include the following areas with hundreds of patients navigated: breast cancer, lung cancer, GI cancers, incidental cancer findings in ED, melanoma in the head and neck, and all patients needing advanced oncology services through UC San Diego Moores Cancer Center. Finally, during this time period the Committee set a bold program goal to pursue NAPRC accreditation. This was initiated under the leadership of Scott Gering, MD, colorectal surgeon, Cancer Committee



participant, and Eisenhower Vice President of Surgical Services, and has since transitioned to the leadership of Iyob Ilyas, MD, colorectal surgeon and current Cancer Committee Chair.

Given the increasing demand for oncology care in our community, Eisenhower has heavily invested in resources to develop and grow the cancer program in recent years. In 2021, the Eisenhower Board of Directors approved a five-year strategic plan called Vision 2025 that outlines broad strategies for delivering world-class, nationally recognized cancer care locally. The plan's goals all require major investments of time, money, and leadership at all levels of the organization and across all care settings. Significant achievements have already been made.

#### Highlights include the following:

- Established a combination of onsite and virtual specialty oncology clinics in affiliation with UC San Diego Health to extend the affiliation for another five years for blood and marrow transplant, personalized medicine, tele-genetic counseling, pancreatic cancer screening/prevention, multi-disciplinary liver tumor clinic, and male and female onco-fertility
- Recruitment of physicians to improve access or close gaps in the cancer care continuum in the areas of medical oncology, radiation oncology, breast imaging, advanced endoscopy, pulmonology, and cardiothoracic surgery
- Invested millions in technologies for 3D mammography, wireless needle localization, 3D breast specimen imaging, robotic bronchoscopy, computer-aided radiologic lung cancer detection, and more precise radiation oncology treatments
- Added specialized staffing to support the launch of the oncology nurse navigator program, expanded oncology clinical trials, and oral chemo nurse navigation
- Committed millions in infrastructure and staffing to support new cancer screening programs, including a new Breast Center in Palm Springs that can serve up to 7,000 patients annually, a new Lung Cancer Screening Program for patients qualifying for low dose CT screening or monitoring of lung nodules, and a new High Risk Esophageal Cancer Screening Program

Future investments in Eisenhower's cancer program are anticipated to be just as substantial with a full three years left to achieve *Vision 2025* strategic plan goals. Some examples of planned commitments include:

- A \$15-20 million dollar renovation of the Lucy Curci Cancer Center to support expansion of all outpatient oncology services and further service line development
- Renewal of the affiliation agreement with UC San Diego Health to extend the affiliation for another five years
- Recruitment of physicians to improve access or close gaps in the cancer care continuum such as three to four additional medical oncologists, a fellowship trained breast cancer surgeon, a dedicated palliative care physician, and additional physicians for urology and dermatology
- Investment in new technologies to support prevention, early detection and advanced treatment of breast, lung, and other cancers, as well as improve remote monitoring and symptom management of chemotherapy patients
- Establishment of an onsite complex GI surgical oncology clinic, in affiliation with UC San Diego Health, expected to serve at least 60 unique patients annually and eliminate the need for hundreds of long-distance roundtrips by this group of patients
- Additional specialized staffing to support expansion of oncology nurse navigation and financial navigation programs

Eisenhower Health is the only non-profit health system delivering care to the greater Palm Springs area, and the only hospital in the local region with a 5-star CMS quality rating. We hold ourselves to the highest standards and expect all of our services — including the cancer program — to achieve and maintain that level of excellence. Our administrative and medical leadership takes great pride in the high level of quality our oncology patients are already experiencing today, and looks forward to taking the program to new heights in the coming years. You will learn more about some of the endeavors in the following pages.

## Taking Cancer Care to New Heights: The Mark and Paula Hurd Cancer Pavilion

Eisenhower Health is so fortunate to have Paula Hurd step forward with a \$6 million gift in support of the expansion of the Lucy Curci Cancer Center. The 12,000-square-foot remodel and facility expansion of the Center's second floor will be named the *Mark and Paula Hurd Cancer Pavilion*.

On January 6, 2023, a gathering was held at the Cancer Center in appreciation of the generous philanthropic gift made in the summer of 2022. "We are so fortunate to have Paula Hurd as part of our family of major donors. Ms. Hurd understands how extremely important philanthropy is to Eisenhower Health," states Laura Fritz, Senior Vice President, Eisenhower Health Foundation, "It is an honor and a pleasure to express our gratitude to her and her dynamic daughters."



*Drone camera captures the celebration naming the new Mark and Paula Hurd Cancer Pavilion.*

The Mark and Paula Hurd Cancer Pavilion will bring capacity for today and for the future by delivering integrated, patient-centered cancer care under one roof. The new build will add 17 exam rooms and other clinical space to support four medical oncologists/hematologists, including a full-time dedicated breast oncologist, as well as four nurse practitioners/physician assistants, and clinic support staff. The repurposing and renovation of existing second floor space will add 13 exam rooms and allow for the addition of a new fellowship-trained breast cancer surgeon, expansion of gynecologic oncology services, expansion of specialty oncology services delivered in collaboration with

UC San Diego Health medical experts, and new clinics focused on patients that are newly diagnosed or at high risk for developing breast cancer.

"We have excellent care, we have expert physicians in multiple specialties, access to clinical trials, the newest treatments and medications, new equipment and technology and a staff that cares about our patients," says Steven Plaxe, MD, Medical Director, Eisenhower Lucy Curci Cancer Center.

"Now, we have the funds to take Eisenhower's truly remarkable cancer treatment to new heights by adding the Mark and Paula Hurd Cancer Pavilion — a facility which will bring together, in one place, quality cancer services with the healing focus on the whole person."



*Paula Hurd*



*Katie Schnaser, Chief Administrative Officer, Eisenhower Lucy Curci Cancer Center introduces the team of specialists who will assist patients in the new Mark and Paula Hurd Cancer Pavilion.*



## Anne and Kirk Douglas Breast Center Opens in Palm Springs

In January, 2023 Eisenhower Lucy Curci Cancer Center expanded its breast imaging services to Palm Springs — made possible by the Douglas Foundation's generous donation.

In recognition of this donation, Eisenhower Health named its newest breast center location the Anne and Kirk Douglas Breast Center. Mr. and Mrs. Douglas had a long-standing presence in the Coachella Valley.

Through the Douglas Foundation's gift, Eisenhower Health was able to renovate the existing space at the Eisenhower Health Center at Sunrise.

The new Anne and Kirk Douglas Breast Center will use the same state-of-the-art digital tomosynthesis mammography equipment found at our Rancho Mirage and La Quinta locations including:

- **Screening Mammography**
  - Advanced equipment that performs exams faster and uses 60 percent less radiation.
  - Computer-aided detection (CAD) software improves the accuracy of every mammogram.
  - Specialized mammography radiologists — physicians dedicated to breast health — are the foundation of the Center and truly understand the concerns and needs of women.
- **Bone Density Screening**
- **Streamlined scheduling and registration reduces wait time**



Left to right: Arnold Rosenstein, Board Vice President, The Douglas Foundation; Jim Greenbaum, Board of Trustee, The Douglas Foundation; Joel Douglas; Katie Schnaser, Chief Administrative Officer, Eisenhower Lucy Curci Cancer Center and Martin Massiello, President and Chief Executive Officer, Eisenhower Health

## Eisenhower Health Launches Prevention and Screening Programs for Lung and Esophageal Cancer

### Lung Cancer Screening Program

The Eisenhower Lung Cancer Screening Program evaluates current and former smokers to determine their risk for lung cancer and provides assessment and evaluation for persons at



risk for lung cancer. Appointments are available in-person and via telemedicine. In many cases insurance will cover this evaluation.

### Early Detection with a Low Dose Computed Tomography (LDCT) Scan Saves Lives

In November 2010, the National Cancer Institute (NCI) released results from a National Lung Screening Trial (NLST) confirmed that the best method to detect early lung cancer is achieved through low-dose CT scanning.

### Why get a Low Dose CT Lung Screening?

If you are high-risk, it can save your life — annual LDCT screenings can find lung cancers or lung nodules in their earliest stages, when up to 92 percent of them can be treated successfully (*New England Journal of Medicine 2006: 355: 1763–1771*).

The LDCT scan can also detect old or new pneumonia, tuberculosis, cardiac disease and emphysema.

### Am I High-Risk for Developing Lung Cancer?

Screenings are tests that look for diseases before you have symptoms. Screenings can find diseases early, when they are easier to treat. Most people who develop lung cancer (more than eight in 10) get it from smoking. If you currently smoke, the best way to lower your risk of lung cancer is to quit.

### Persons are considered high risk for lung cancer if:

- Over 50 years of age, and
- Have a history of heavy smoking. An example of heavy smoking is smoking one pack (or more) of cigarettes a day for 20 years — or two packs a day for 10 years.
- Smoke now or quit within the last 15 years

Note: You are not eligible for LDCT if you have symptoms of lung cancer or have had lung cancer.

Your doctor may suggest that you get screened once a year with LDCT (low-dose computed tomography). LDCT takes pictures of your lungs, which can help find lung cancer early — when it may be easier to treat.

Discuss with your primary care physician if you qualify for Lung Cancer Screening Program or call 760-837-8880 for more information.

### Why Choose Eisenhower For Lung Cancer Screening

Eisenhower Health is a designated "Screening Center of Excellence" by the Go2 Foundation. We are committed to offering responsible screening and care.

The Eisenhower Imaging Center earned American College of Radiology (ACR) Lung Cancer Screening Center designation in August 2014.

Eisenhower Lucy Curci Cancer Center participated in the International Early Lung Cancer Action Program which has been pioneering research leadership in detecting early lung cancers for more than 20 years.

With more than a decade of experience, our team has unrivaled experience and expertise in lung cancer screening. The team of lung cancer detection specialists at Eisenhower Health has been doing low dose CT screening for lung cancer since 2003.

Patients screened for lung cancer at Eisenhower are followed with a proven screening regimen starting with a low-dose CT scan, which minimizes unnecessary additional testing and invasive procedures.

Positive findings are reviewed by a multidisciplinary team of professionals which includes board certified physicians in pulmonology, interventional pulmonology, thoracic surgery, radiology, interventional radiology, medical oncology and pathology, nurse practitioners and cancer research.

### Esophageal Cancer Prevention and Screening Program

Eisenhower Health now offers prevention and screening services for those who may have an increased risk of developing esophageal cancer. Screening used for both prevention and detection may result in early diagnosis, at a stage when the cancer is more treatable.

### Risk Factors for Esophageal Cancer

An increased risk could be based on (but not limited to) any of these factors:

- Barrett's Esophagus — This condition can develop in some people who have chronic gastroesophageal reflux disease (GERD) or inflammation of the esophagus called esophagitis. People with Barrett's esophagus are more likely to develop adenocarcinoma of the esophagus, but the risk of developing esophageal cancer is still fairly low.
- Chronic GERD — symptoms lasting five years or more with no previous EGD exam.

- Achalasia — A condition when the lower muscular ring of the esophagus does not relax during swallowing of food. Achalasia increases the risk of squamous cell carcinoma.
- HPV, Human Papilloma Virus — Researchers are investigating HPV as a risk factor for esophageal cancer, but there is no clear link that squamous cell esophageal cancer is related to HPV.
- Lifestyle Factors — Such as smoking, obesity and heavy alcohol consumption

### Services

#### Recommendations may include:

- Ongoing surveillance
- Evaluation and diagnosis using our advanced imaging techniques
- Nutrition and lifestyle changes

### How to Get Started

Patients should talk with their doctor about whether they meet the criteria for referral to the Eisenhower esophageal cancer screening program.

Patients meeting criteria will be scheduled for a thorough review of their medical records. They will be evaluated by a gastroenterologist and/or a surgeon. Their case will then be reviewed by the multidisciplinary team, which includes gastroenterologists, surgeons, radiologists, nutritionists and others. The team will create a personalized plan focusing on prevention, early detection and (if necessary) treatment.

## Triggered Imaging

Physicians at the Eisenhower BIGHORN Radiation Oncology Center are now able to employ a new technique called triggered imaging. This sophisticated technique allows the radiation oncologist to more accurately and precisely target a tumor, sparing healthy tissue nearby.

Triggered imaging uses markers implanted in the tumor (fiducials), allowing the therapist to visualize the tumor during treatment. Low dose X-ray images are generated throughout the treatment, enabling our TrueBeam® linear accelerator to automatically detect the position of the markers. This helps the therapist account for any movement during treatment, resulting in pinpoint accuracy to the tumor while sparing the healthy, surrounding tissue.

This innovative technology can be used for a wide variety of cancers, including prostate, lung, liver, pancreas, and more. Kamal Patel, MD, notes that the standard course of IMRT radiation treatment for prostate cancer can take eight weeks. Using targeted imaging, curative radiation therapy can be delivered in just one and a half weeks for eligible patients. Similarly, curative radiation therapy for lung cancer patients can be shortened from the typical six weeks, to just one and a half weeks for certain patients.



## New Tumor Treatments Available through UC San Diego Health Cancer Network Affiliation

Eisenhower Lucy Curci Cancer Center is excited that certain patients with neuroendocrine tumors (NET) or prostate cancer now have access to new cutting-edge treatments. For patients who meet the treatment criteria, these novel treatments can be accessed through Eisenhower's affiliation with UC San Diego Health Cancer Network.

LU-177 is a radioisotope used to treat certain types of cancer via nuclear medicine. It is currently available in two forms — Lutathera® and Pluvicto™. The first is used to treat neuroendocrine tumors and the second is administered for certain prostate cancer patients.

Nurse Navigator Patty Garcia, BSN, RN, CCRC, OCN, will help coordinate the care the patients receive in San Diego.

## LeanTaaS Partners with Eisenhower Infusion Center

The LeanTaaS project has resulted in improvements for both patients and staff in the two largest infusion centers. These are some of the highlights:

- Patient wait time has been reduced by 16.7%, while at the same time, volumes have increased by 11.7%.
- Reduced scheduling complexity for patients with linked appointments.
- Reduced after-hours stays for both patients and staff.
- Better protected lunch hour for nurses and other staff.



## American Cancer Society Welcomes Alison Mayer Sachs as New Board Chair in Southern California



In February 2022, the American Cancer Society appointed Alison Mayer Sachs to the Society's Area Board of Directors in Southern California as Board Chair. Sachs, who has been an American Cancer Society volunteer for more than 15 years, will provide strategic leadership to the organization's mission in Southern California.

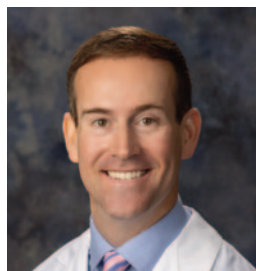
"We are honored to have Alison as our Chair for the Southern California Area Board of Directors," says Amy Myers, Executive Leader at American Cancer Society, Southern California.

"Alison is a natural leader and a veteran board member who is committed to helping the American Cancer Society attack cancer from every angle. She is a seasoned public health professional who truly understands the needs of cancer patients and caregivers. She brings a wealth of practical knowledge and a passion for community service to our mission that will guide our work from the Coachella Valley to the coast."

The Society's Area Board of Directors consists of 14 members, which includes the Chair and Vice Chair officer positions. The Chair and Vice Chair positions are appointed for a two-year term, and members will serve for a three-year term, with a limit of two consecutive terms.

*Congratulations,*  
Alison!

## Eisenhower Health Welcomes Jeff Burkeen, MD, MS



**Jeff Burkeen, MD, MS**, is Board Certified in Radiation Oncology and has maintained his certification through the American Board of Radiology. He sees patients at the Eisenhower Lucy Curci Cancer Center in Rancho Mirage.

After earning a Master of Science in Biology from the University of Texas A&M University, College Station, TX, he then earned his medical degree at Texas A&M University. During medical school, Dr. Burkeen also participated in the Medical Research Scholars Program — National Cancer Institute/Radiation Oncology Branch at the National Institute of Science in Bethesda, MD. He then completed an internal medicine preliminary year at Tulane University Hospital, New Orleans, LA, before heading West to complete a Radiation Oncology residency at the University of California, San Diego where he served as Chief Resident.

Dr. Burkeen was always on the path to become a physician. His mother is a nurse practitioner, exposing him to many medicine-related conversations growing up at home, and he volunteered at a local hospital in junior high school and high school. Together with his aptitude for science, becoming a doctor was always his goal. "I specialized in radiation oncology because it is a great mixture of science and allows me to have a patient-facing practice," states Dr. Burkeen. "I gain great satisfaction in meeting patients at a very difficult time in their lives and seeing how their inner strength and strength and encouragement from their loved ones play a part in their treatment and healing."

Dr. Burkeen focuses on patient-centered care, desiring to understand how his patients are feeling, what their concerns are about treatment, and answering any questions they may have. "I usually see patients frequently during an intense period of time in their lives and it is imperative that they have confidence and trust in me as well as being heard and understood," reflects Dr. Burkeen.

## Endometrial Cancer Review 2022



Mark Genesen, MD

Endometrial cancer continues to provide the opportunity to improve personalized cancer care, perpetuating efforts that began in 1971. The first National Cancer Institute-sponsored, multi-institutional trial (GOG 33) changed how women with endometrial cancer were treated all over the world. When the results of GOG 33 were published in 1984, 1987 and 1991, GOG 33 redefined how endometrial cancer spreads and could be best addressed surgically. Continued collaborative research, leading to improvement in care has validated newer approaches that allow

cancer specialists to continue refining their approach to endometrial cancer care.

In the late 1990s, Dr. Paul Morrow and the leaders of the GOG 33 trial identified the Coachella Valley as a community that should be supported to transition to implement these groundbreaking changes, hence markedly improving the care for endometrial cancer patients. With their guidance and support, Eisenhower Health developed its gynecologic oncology program. Subsequent national and international collaborative efforts have led to continued impactful improvements in care.

### The most notable improvements include:

- Validation of minimally invasive laparoscopic approach to surgery as opposed to traditional large incisions, allowing not only for decreased discomfort and accelerated healing but also to decreased surgical complications without compromising cancer outcomes while reducing length of hospital stays, opioid utilization and decreasing costs of care
- Validation of sentinel lymph node sampling, leading to a reduction in morbidity in surgical staging by reducing

the number of lymph node removal — providing important prognostic information, allowing us to better predict a tumors behavior with less complications

- Understanding of the value of selected surgical removal of tumor that has been found to have spread at the time of initial surgery
- Improved assessment of unique issues of geriatric patients
- Development of effective chemotherapy agents
- Identification of a tumor's unique molecular characteristics, allowing for selective application of targeted agents such as immunotherapy
- Development of improved radiation therapy techniques when indicated
- Understanding of different subtypes of endometrial cancer that allows a more individualized approach to patient care
- Understanding of fertility-sparing approaches for women who are diagnosed before completion of desired child bearing
- Identification of women at risk for endometrial cancer through either a genetic predisposition or other factors, such as menstrual irregularities or medication (unopposed estrogen or tamoxifen)

With the support of our community providers and institution, our team feels privileged to be able to offer the best of this care to our patients. We are pleased to present the following broad overview of endometrial cancer.

### Key Statistics for Endometrial Cancer

The endometrium is the lining of the uterus that changes with each menstrual cycle. In the United States, cancer of the endometrium is the most common cancer of the female reproductive system. It affects mostly post-menopausal women. It is uncommon in women under 45 years of age, with 60 being the average age at diagnosis. Caucasian women have a 2.81% lifetime risk of getting endometrial cancer, and is more common in Black women with Black women more likely to die from it. Here are some key statistics for year 2022, based on information from the American Cancer Society®.

- Approximately 65,950 new cases of cancer of the uterus will be diagnosed
- About 12,550 women will die from uterine body cancers
- There are approximately 600,000 survivors of endometrial cancer in the United States
- 70% of cases are stage I with 90% five-year survival rate

The estimates above include both endometrial and uterine sarcomas, so the numbers for endometrial cancers and deaths will be slightly lower. Uterine sarcomas comprise about 10% of uterine body cancers.

### Types of Endometrial Cancer

Endometrial cancers are divided into histologic types based on their characteristics as seen under a microscope. They can be categorized broadly by two types:

- **Type 1** — Adenocarcinoma
- **Type 2** — Papillary serous and clear cell carcinoma

Less common, but more aggressive types include mucinous adenocarcinoma, undifferentiated carcinoma and dedifferentiated carcinoma. These types have often spread beyond the uterus by the time they are diagnosed.

The majority of endometrial cancers are adenocarcinomas, and the most common type of endometrial adenocarcinoma is endometrioid cancer. There are a number of endometrioid subtypes or variants.

### Grading Endometrial Cancer

The grade of an endometrial cancer is assigned based on how abnormal individual cells look as well as how similarly the cancer cells are organized into glands compared to the glands found in normal, healthy endometrial tissue. Lower grade cancers (grades 1 and 2) tend to form glands, while higher grade cancers (grade 3) are disorganized and do not form glands. Grade 3 tumors tend to grow and spread more rapidly, have worse outcomes than grades 1 and 2, and are typically treated more aggressively.

#### Risk factors for endometrial cancer include:

- Obesity
- Unopposed estrogen

- Abnormal vaginal bleeding
- Genetic predisposition (Lynch II syndrome) or HNPCC
- Tamoxifen

### Prevention

While endometrial cancer can't be prevented, there are ways to reduce the risk of developing this disease, including:

- Get to and maintain a healthy weight. Overweight or obese women are three times more likely to develop endometrial cancer compared to women at a healthy weight.
- Increase physical activity. Regular exercise can help maintain a healthy weight, and lower the risk of high blood pressure and diabetes, which are risk factors for endometrial cancer.
- Weigh the pros and cons of hormone therapy with your physician. Progestins can decrease the risk of endometrial cancer in women taking estrogen, but the combination can increase the risk of breast cancer.
- Seek treatment for endometrial problems. Precancerous endometrial changes, such as endometrial hyperplasia, if untreated, may develop into cancer over a period of time.
- Women with hereditary nonpolyposis colorectal cancer (HNPCC or Lynch II syndrome) have a very high risk of developing endometrial cancer, and should consider hysterectomy and bilateral salpingo-oophorectomy once child-bearing is complete.
- Oral contraceptives reduce the risk by 50%.
- Progestins reduce the risk by countering the effects of estrogen on the endometrium.

### Early Detection

For anyone experiencing endometrial cancer, it's important to see a health care provider. Most women with endometrial cancer experience abnormal vaginal bleeding. Early detection improves the odds that treatment will be successful.

- **Average risk:** There are currently no screening tests for early detection for women who are at average risk and symptom-free.

- **Increased risk:** Women at increased risk should be educated about their risk and counseled to see a physician any time they experience abnormal vaginal bleeding.
- **High risk:** Women with HNPCC (or at risk for HNPCC) should be offered annual testing for endometrial cancer with endometrial biopsy starting at age 35. This includes those known to carry HNPCC-linked gene mutations, those with a mutation present in their family, and those who have multiple family members with colon cancer where genetic testing has not been performed.

### Signs and Symptoms

Abnormal vaginal bleeding occurs in about 90% of women with endometrial cancer. This could be a change in periods, bleeding between periods, or post-menopausal bleeding. Any abnormal bleeding, especially post-menopausal bleeding, should be reported to a physician.

Those with later stage disease may notice other symptoms, such as pelvic pain, a palpable mass, or unintentional weight loss. Any of these symptoms may have causes other than cancer, but should be checked by a physician.

### Tests

A gynecologist should examine any woman with possible endometrial cancer, as they are trained to diagnose it. Gynecologic oncologists specialize in treating all stages of endometrial cancers, as well as cancers of other female reproductive organs.

- **Medical history and physical exam:** The physician will ask about symptoms, risk factors and medical history. A physical and pelvic exam will also be performed.
- **Ultrasound:** Ultrasound can be used to detect endometrial polyps and measure endometrial thickness. Pelvic ultrasounds can help visualize the uterus, ovaries and fallopian tubes. Transvaginal ultrasound may offer a better look at the uterus, and whether it contains a mass or abnormally thickened endometrium. It may be useful in detecting whether cancer is growing in the muscle layer — the myometrium. A saline infusion sonogram injects saline into the uterus prior to ultrasound, and may aid in more clearly visualizing the uterine lining.

- **Endometrial tissue sampling:** Several procedures may be employed to remove endometrial tissue for microscopic examination, such as:

- **Endometrial biopsy:** This is the most common test for endometrial cancer and is very accurate for postmenopausal women. It can be performed in the doctor's office. A thin tube (e.g., catheter) is inserted through the cervix into the uterus and a small amount of endometrial tissue is aspirated out through the tube.
- **Hysteroscopy:** This procedure is usually performed using anesthesia. A very tiny microscope (e.g., endoscope) is inserted into the endometrial cavity through the cervix. The cavity is filled with saline, allowing the physician a better view of the uterine lining. Anything within an abnormal appearance will be biopsied.
- **Dilation and curettage (D&C):** If the endometrial biopsy yields insufficient tissue or the biopsy results are unclear, a D&C will be performed. This procedure is usually performed at a hospital or outpatient surgery clinic, and may require general anesthesia or conscious sedation with local anesthesia or an epidural. The cervix is dilated and tissue is scraped from the uterus.

- **Testing endometrial tissue samples:** If cancer is found, the pathologist will determine what type of cancer it is, as well as the grade, on a scale of one to three, with three being most aggressive. Tumor cells may also be tested for protein and gene changes. Genetic testing may be ordered.

### Tests to Look for Cancer Spread

If advanced cancer is suspected, other tests may be ordered to look for cancer spread, such as:

- **Chest X-ray:** May be performed to see if cancer has spread to the lungs.
- **Computed tomography (CT):** This is not used to diagnose endometrial cancer, but can help determine if it has spread to other organs or returned after treatment.
- **Magnetic resonance imaging (MRI):** Can be helpful in looking at the brain and spinal cord. It may also be used to determine whether or how far the cancer has grown into the body of the uterus. It is also useful for detecting whether cancer has spread to lymph nodes.



- **Positron emission tomography (PET):** Not routine for early endometrial cancer, but may be used in more aggressive cases. Radioactive glucose tends to collect in cancer cells because they use sugar at a higher rate than normal cells. The scanner spots the radioactive deposits, helpful in detecting small clusters of cancer cells.
- **Cystoscopy and proctoscopy:** These tests may be used if a patient has symptoms that suggest cancer has spread to the bladder or rectum. While widely used in the past, these procedures are now less commonly used as part of the work-up for endometrial cancer.

### Endometrial Cancer Staging

Staging is the process of determining whether the cancer has spread, and if so, how far. The treating physician uses the stage to determine the best treatment, and make predictions about how successful that treatment will be. Stages for endometrial cancer are determined from information obtained at the time of surgery as was defined by GOG 33. (Stage I to Stage IV). In general, the lower the number, the less the cancer has spread. A higher number indicates spread to other parts of the body. While each person's cancer is unique, cancers within a stage typically receive similar treatment and have similar outcomes.

Endometrial cancer may be staged according to two systems: International Federation of Gynecology and Obstetrics (FIGO) and the American Joint Committee on Cancer (AJCC) TNM staging system. They are virtually the same, as both stage this cancer based on three factors, including:

- **T:** The extent or size of the tumor. How far into the uterine wall has the tumor grown or has it reached nearby structures?
- **N:** Spread to nearby lymph nodes. Has it spread to pelvic lymph nodes or those around the aorta?
- **M:** Metastasis to distant sites. Has the cancer spread to distant lymph nodes or organs in other parts of the body?

Once the **T**, **N** and **M** categories have been determined, they are combined to assign a stage group. Staging can be complicated, but the treating physician will explain it.

### Treatment for Endometrial Cancer

Treatment options are chosen primarily based on the stage of the endometrial cancer, but are influenced by factors such as age, overall health, type of cancer, grade and other prognostic factors and whether or not a younger patient desires to preserve fertility. Most recently, molecular characteristics of individual tumors has been suggested to provide additional guidance for treatment.

#### Below includes the various treatment options for endometrial cancer:

- **Surgery:** Often the main type of treatment for endometrial cancer, this may entail hysterectomy, salpingo-oophorectomy, lymph node dissection, and sometimes pelvic washings, omentectomy, and peritoneal biopsies. Debulking surgery may be performed for cancer that has spread outside of the uterus. Removing as much tumor as possible may help other treatments work more effectively.
- **Radiation therapy:** Two types of radiation therapy can be used. Brachytherapy is a type of internal radiation therapy. External beam radiation therapy focuses a beam of radiation on the tumor. They may sometimes be used together. Stage and grade help determine whether radiation therapy is needed. If indicated, it is most often delivered after surgery. In limited cases, it may be used prior to surgery to shrink the tumor, making removal of the tumor easier. If health status does not allow for surgery, radiation therapy may be used as the main treatment.
- **Chemotherapy:** Chemotherapy is most commonly given for high grade cancers or when cancer has spread beyond the endometrium. It is not typically used for Stage I or II endometrial cancer. Chemotherapy may be delivered intravenously or orally. Often, a combination of drugs is used because the combination often works better than a single drug. Chemoradiation (chemo with radiation) may be used in order to make the radiation treatment more effective.

- **Hormone therapy:** This treatment is most often used to treat Stage III or IV cancer, or recurrent cancer. Often, it will be combined with chemotherapy. These hormones or hormone-blocking drugs are not the same as the hormone therapy used to treat symptoms of menopause.
- **Targeted therapy:** Targeted therapy targets certain changes in cancer cells. These drugs tend to have different and sometimes less severe side effects than chemotherapy. Only a few are available for use in endometrial cancer (e.g., Bevacizumab/Avastin), and some may be available only as part of a clinical trial. They are most often employed to treat high risk cancers, and those that have metastasized or recurred.
- **Immunotherapy:** Checkpoint proteins on immune cells act as switches that can be turned on or off to start an immune response. Cancer cells sometimes avoid attack from the immune system by using these checkpoints. Endometrial cancers, that have certain molecular characteristics, can be treated with immune checkpoint inhibitors.

### Survival Rates

Survival rates can give an idea of the percentage of people with the same type and stage of cancer who are still alive after a certain period of time from diagnosis, typically five years. It's important to remember that these are simply estimates based on previous outcomes for a large group of patients. The numbers apply only to stage at diagnosis, and do not apply if the cancer spreads or returns following treatment. The statistics also do not account for age, overall health, response to treatment, and other factors that can influence individual outcomes. In addition, it's important to remember that women being diagnosed today may well have better outcomes because treatments improve over time.

The survival statistics below are based on information from the Surveillance, Epidemiology and End Results (SEER) program database, which is maintained by the National Cancer Institute.

- Localized: 96%
- Regional: 71%
- Distant: 20%

### Living as a Survivor

Completing treatment for cancer is both exciting and stressful. Many women worry that the cancer will return. For some women, the cancer may never go away completely, and they will continue to get regular treatment to control the cancer. Follow-up care is essential. Depending upon the stage and grade of your cancer based on evidence-based guidelines from the Society of Gynecologic Oncology, a specific schedule of follow-up appointments will be made. It is important to keep all appointments. Watch for signs of recurrence such as swelling in legs or abdomen, unexplained weight loss, pain, bleeding, cough, shortness of breath, or decreased appetite. Most recurrences are found due to symptoms, so share these with the treating physician right away. Routine surveillance evaluations consist of a review of symptoms and focused physical exam (including a pelvic exam). Additional imaging (e.g. CT, MRI or PET/CT) is only helpful to monitor disease that has been documented to have spread). Other blood tests have not been found to be helpful.

Keep health insurance intact and keep a copy of all medical records, in the event a physician change is necessary. Adopt healthy behaviors such as not smoking, eating well to maintain a healthy weight, limiting alcohol intake, and getting regular physical activity. Depression and anxiety can be normal for those dealing with a cancer diagnosis. Get the emotional support you need through friends and family, religious groups, support groups, or professional counselors.

There has been remarkable progress over the past generation with well organized and thoughtful collaborative research both nationally and internationally. We remain grateful to be able to access and implement the best of the changes for our patients with the support of our clinical staff, Eisenhower Lucy Curci Cancer Center administrative and research teams (including UC San Diego Health Cancer Network), and Eisenhower Health.

References: American Cancer Society, Society of Gynecologic Oncology and American College of Obstetrics and Gynecology

# 2021 Eisenhower Health Primary Cancer Cases Index

Site Group	Total Cases	Class			Sex			Stage								
		Analytic	NonAn	Other	M	F	Other	0	I	II	III	IV	Unkn	NotAp	Miss	
<b>ALL SITES</b>	<b>2268</b>	<b>1937</b>	<b>322</b>	<b>9</b>	<b>1106</b>	<b>1162</b>	<b>0</b>	<b>186</b>	<b>497</b>	<b>273</b>	<b>238</b>	<b>272</b>	<b>175</b>	<b>287</b>	<b>9</b>	
<b>HEAD and NECK</b>	<b>20</b>	<b>17</b>	<b>3</b>	<b>0</b>	<b>14</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	
Lip	1	1	0	0	1	0	0	0	0	0	0	1	0	0	0	
Tongue	5	5	0	0	2	3	0	0	0	0	0	1	2	1	1	
Salivary Glands, Major	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	
Floor of Mouth	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	
Mouth, Other and Nos	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	
Tonsil	8	6	2	0	6	2	0	0	3	2	0	0	0	1	0	
Oropharynx	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	
Nasopharynx	2	2	0	0	1	1	0	0	0	0	1	1	0	0	0	
<b>DIGESTIVE SYSTEM</b>	<b>343</b>	<b>289</b>	<b>53</b>	<b>1</b>	<b>207</b>	<b>136</b>	<b>0</b>	<b>5</b>	<b>30</b>	<b>46</b>	<b>72</b>	<b>75</b>	<b>48</b>	<b>12</b>	<b>1</b>	
Esophagus	19	14	5	0	14	5	0	0	0	1	3	3	5	2	0	
Stomach	20	17	3	0	13	7	0	0	2	1	1	5	8	0	0	
Small Intestine	13	12	1	0	9	4	0	0	1	3	3	2	2	1	0	
Colon	108	97	10	1	54	54	0	3	14	20	32	18	10	0	0	
Rectum and Rectosigmoid	51	49	2	0	31	20	0	0	5	7	21	8	6	1	1	
Anus, Anal Canal, Anorectum	31	17	14	0	27	4	0	2	2	5	4	1	3	0	0	
Liver	22	15	7	0	18	4	0	0	2	1	3	3	5	1	0	
Gallbladder	5	5	0	0	1	4	0	0	0	0	1	4	0	0	0	
Bile Ducts	5	5	0	0	5	0	0	0	0	0	0	1	4	0	0	
Pancreas	59	49	10	0	31	28	0	0	4	8	4	28	5	0	0	
Peritoneum, Omentum, Mesent	3	3	0	0	1	2	0	0	0	0	0	2	0	1	0	
Other Digestive	7	6	1	0	3	4	0	0	0	0	0	0	0	6	0	
<b>RESPIRATORY SYSTEM</b>	<b>235</b>	<b>210</b>	<b>25</b>	<b>0</b>	<b>116</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>23</b>	<b>39</b>	<b>76</b>	<b>10</b>	<b>5</b>	<b>0</b>	
Nasal, Cavity, Sinus, Ear	2	1	1	0	2	0	0	0	0	0	0	0	0	1	0	
Larynx	11	11	0	0	7	4	0	0	2	0	4	4	1	0	0	
Lung/Bronchus – Small Cell	21	20	1	0	11	10	0	0	1	3	3	11	2	0	0	
Lung/Bronchus – Non Small Cell	197	175	22	0	93	104	0	0	54	20	32	60	6	3	0	
Pleura	2	2	0	0	1	1	0	0	0	0	0	1	1	0	0	
Other Respir and Thoracic	2	1	1	0	2	0	0	0	0	0	0	0	0	1	0	
<b>HEMIC and LYMPHATIC</b>	<b>223</b>	<b>175</b>	<b>48</b>	<b>0</b>	<b>126</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>16</b>	<b>13</b>	<b>30</b>	<b>11</b>	<b>92</b>	<b>1</b>	
Hemeric	62	52	9	0	27	35	0	0	0	0	0	0	0	53	0	
Myeloma	35	27	8	0	20	15	0	0	0	0	0	0	0	27	0	
Hodgkin's Disease	7	7	0	0	4	3	0	0	0	2	5	0	0	0	0	
Non-Hodgkin's Lymphoma	114	84	30	0	72	42	0	0	12	14	8	30	11	9	0	
Other Hematopoietic	5	4	1	0	3	2	0	0	0	0	0	0	0	3	1	
<b>BONE</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Bone	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	
<b>SOFT TISSUE</b>	<b>13</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	
Soft Tissue	13	8	5	0	4	9	0	0	1	0	0	3	1	3	0	
<b>SKIN</b>	<b>157</b>	<b>145</b>	<b>11</b>	<b>1</b>	<b>107</b>	<b>50</b>	<b>0</b>	<b>42</b>	<b>47</b>	<b>16</b>	<b>13</b>	<b>10</b>	<b>12</b>	<b>4</b>	<b>1</b>	
Melanoma of Skin	143	135	8	0	98	45	0	42	46	16	10	10	10	0	1	
Kaposi's Sarcoma	3	3	0	0	3	0	0	0	0	0	0	0	0	3	0	
Other Skin Cancer	11	7	3	1	6	5	0	0	1	0	3	0	2	1	0	
<b>BREAST</b>	<b>467</b>	<b>419</b>	<b>45</b>	<b>3</b>	<b>5</b>	<b>462</b>	<b>0</b>	<b>78</b>	<b>210</b>	<b>55</b>	<b>17</b>	<b>17</b>	<b>28</b>	<b>12</b>	<b>2</b>	
Breast	467	419	45	3	5	462	0	78	210	55	17	17	28	12	2	
<b>FEMALE GENITAL SYSTEM</b>	<b>123</b>	<b>106</b>	<b>16</b>	<b>1</b>	<b>0</b>	<b>123</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>5</b>	<b>20</b>	<b>17</b>	<b>15</b>	<b>6</b>	<b>0</b>	
Cervix Uteri	9	8	1	0	0	9	0	0	1	2	3	1	1	0	0	
Corpus Uteri	64	61	3	0	0	64	0	0	36	2	9	3	10	1	0	
Uterus Nos	7	4	3	0	0	7	0	0	0	0	2	2	0	0	0	
Ovary	24	18	6	0	0	24	0	0	1	0	5	8	4	0	0	
Vulva	11	8	3	0	0	11	0	0	4	1	1	2	0	0	0	
Other Female Genital	8	7	0	1	0	8	0	0	1	0	0	1	0	5	0	
<b>MALE GENITAL SYSTEM</b>	<b>295</b>	<b>212</b>	<b>82</b>	<b>1</b>	<b>295</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>26</b>	<b>83</b>	<b>45</b>	<b>31</b>	<b>20</b>	<b>2</b>	<b>3</b>	
Prostate	284	203	80	1	284	0	0	0	25	82	43	31	18	1	3	
Testis	6	5	1	0	6	0	0	0	1	0	2	0	1	1	0	
Penis	5	4	1	0	5	0	0	2	0	1	0	0	1	0	0	
<b>URINARY SYSTEM</b>	<b>217</b>	<b>191</b>	<b>24</b>	<b>2</b>	<b>160</b>	<b>57</b>	<b>0</b>	<b>59</b>	<b>57</b>	<b>25</b>	<b>15</b>	<b>12</b>	<b>20</b>	<b>3</b>	<b>0</b>	
Bladder	121	107	13	1	95	26	0	55	26	17	2	3	4	0	0	
Kidney and Renal Pelvis	82	71	10	1	57	25	0	1	30	8	13	7	12	0	0	
Ureter	11	10	1	0	6	5	0	3	1	0	0	2	4	0	0	
Other Urinary	3	3	0	0	2	1	0	0	0	0	0	0	0	3	0	
<b>EYE</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Eye	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	
<b>BRAIN/NERVOUS SYSTEM</b>	<b>98</b>	<b>90</b>	<b>8</b>	<b>0</b>	<b>36</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	
Brain	26	22	4	0	12	14	0	0	0	0	0	0	0	22	0	
Other Nervous System	72	68	4	0	24	48	0	0	0	0	0	0	0	68	0	
<b>THYROID/ENDOCRINE</b>	<b>26</b>	<b>23</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>0</b>	
Thyroid	25	22	3	0	9	16	0	0	12	1	1	1	7	0	0	
Other Endocrine	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0	
<b>OTHER/UNKNOWN</b>	<b>62</b>	<b>59</b>	<b>3</b>	<b>0</b>	<b>29</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>58</b>	<b>0</b>	
Unknown or Ill-Defined	62	59	3	0	29	33	0	0	0	0	0	1	0	58	0	

## 2021 Top Cancer Cases

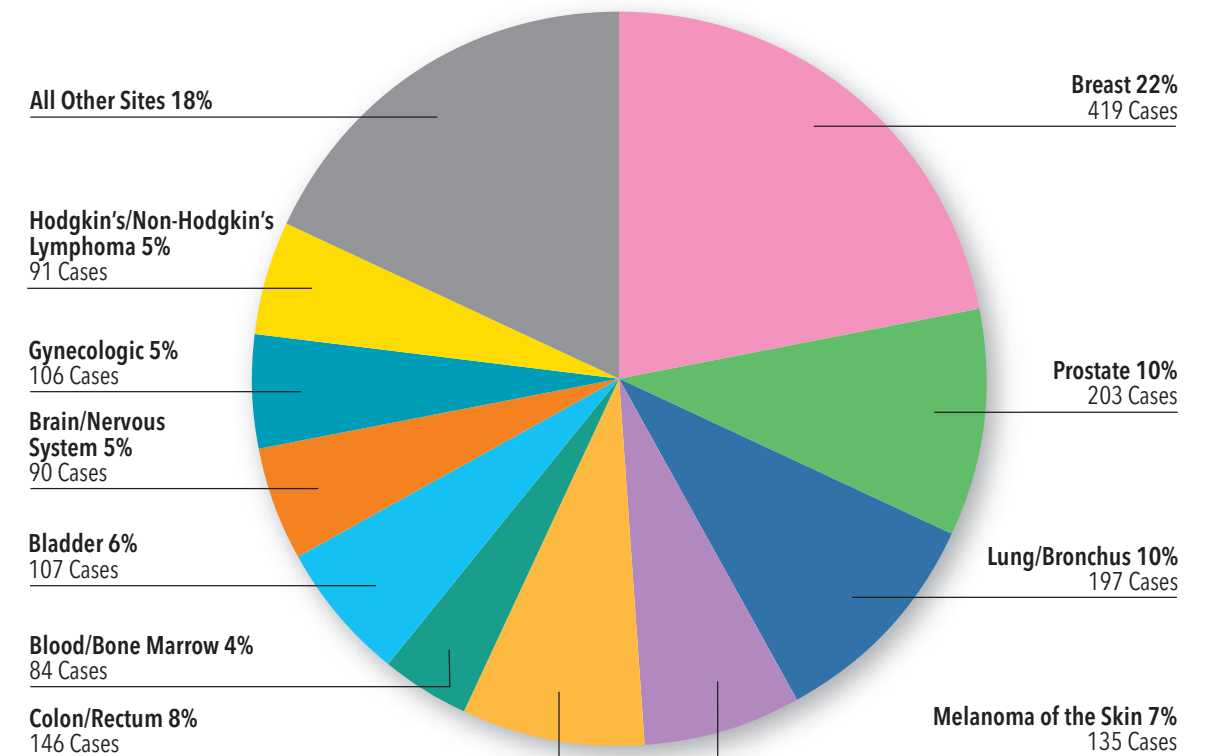
There were 1,937 total analytic cases accessioned for Eisenhower Health in 2021. Analytic cases reflect patients who were diagnosed and/or received part or all of their first course of treatment at Eisenhower Health. The 2021 Primary Site table outlines each cancer site.

The pie chart compares the incidence of each of the top 10 cancer sites in 2021 at Eisenhower Health.

At 22 percent of total cases, breast cancer continues to be the most frequent cancer site receiving care at Eisenhower Health.

This is followed by cancers of the prostate, lung/bronchus and colon/rectum. Melanoma cancer rounds out the top five sites.

2021 Eisenhower Health  
Top 10 Sites of Total Analytic Cases  
1,937 Cases Total



## Cancer Conference Report

Multidisciplinary cancer conferences are vital to the patient care process. Formerly known as Tumor Boards, the conferences bring together physicians and other health care professionals to plan treatment on individual cases. Cancer conferences are an opportunity to review diagnostics and to recommend treatments for optimal patient care. These conferences provide excellent educational benefits for attendees and valuable multidisciplinary consultative and treatment guidance benefits for our patients. Cancer conference case presentations are open to staff physicians and allied health care professionals focused on oncology care. Eisenhower Health currently has a Main Tumor Board with case presentations from all sites, as well as specialty tumor boards in breast, lung, gastrointestinal, brain, urological and gynecological cancer sites. We also offer molecular, bone marrow/stem cell transplant, lung, gastrointestinal and radiation oncology tumor boards in collaboration with our partners at UC San Diego Health.

**Please email the Cancer Registry to schedule a cancer conference case at [CancerRegistry@EisenhowerHealth.org](mailto:CancerRegistry@EisenhowerHealth.org).**

Through the commitment of many physicians at Eisenhower Health, 285 cancer cases were discussed at cancer conference in 2021. The cancer conferences were attended by representatives from Medical Oncology, Radiation Oncology, Surgery, Pathology, Radiology, Nursing, Social Services, Nurse Navigation Clinical Research, Cancer Registry and other medical professionals.

Following the outbreak of the COVID-19 pandemic, all tumor boards transitioned to virtual presentations via ZOOM. This allows us to continue multidisciplinary treatment planning, while maintaining social distancing. We hope to implement a hybrid model in the near future, with a return to in-person attendance and an option to attend via ZOOM when that is more convenient. Currently, the Breast and Gastrointestinal tumor boards are offered twice monthly, while Thoracic and Brain/CNS tumor boards meet monthly. UCSD tumor boards are offered on an as-needed basis.

### 2021 Tumor Board (TB) Case Presentations

TB Type	Number of Cases
Main .....	36
Brain/CNS .....	21
Lung .....	34
Genito Urinary .....	18
Breast .....	75
Gastrointestinal .....	55
UCSD .....	46
Total number of cases .....	285

The Annenberg Center for Health Sciences at Eisenhower hosts Grand Rounds, Main Tumor Boards, and many other educational programs. In 2021, cancer-related Grand Rounds included topics such as Lung Cancer Screening, Palliative Care, Latest Advances in Gastrointestinal Bleeding, Principles and Practice of Cancer Immunotherapy, and Cardio-Oncology.

**For more information on upcoming Grand Round topics, call 760-773-4500.**

## Overview of the Eisenhower Lucy Curci Cancer Center

### Unrivaled Medical Care

The Eisenhower Lucy Curci Cancer Center is truly a remarkable cancer treatment facility, bringing together in one place a tremendous technological strength and a profoundly human environment.



We offer cancer patients state-of-the-art medical care and comprehensive cancer services. At Eisenhower Lucy Curci Cancer Center, we not only treat the cancer, we care for the person in a healing place like no other®.

### Simply the Best

There is a reason that more people choose the Eisenhower Lucy Curci Cancer Center for all of their cancer care when facing the diagnosis of cancer.

The Eisenhower Lucy Curci Cancer Center is accredited by the American College of Surgeons (ACOS), one of only a few hospitals to attain this accreditation in Riverside County. The Commission on Cancer's (CoC) accreditation program encourages hospitals, treatment centers and other facilities to improve their quality of patient care through various cancer-related programs. There are

currently more than 1,500 CoC-accredited cancer programs in the United States and Puerto Rico, representing 30 percent of all hospitals. CoC-accredited facilities diagnose and/or treat more than 70 percent of all newly diagnosed cancer patients each year. For more information on the CoC, visit: <https://www.facs.org/quality-programs/cancer>.

The Cancer Center maintains the highest standards of care and is accredited by the American College of Radiology, which, on behalf of the United States government, accredits all facilities providing mammography.

Eisenhower Health is accredited by The Joint Commission, the leader in accreditation and certification of health care organizations, and is a member of the prestigious Eastern Cooperative Oncology Group, one of the largest clinical cancer research organizations in the United States. One of only nine participating organizations in the state of California, Eisenhower currently has 27 active cancer treatment clinical trials. Additionally, the Cancer Center is designated a Lung Cancer Screening Center by the American College of Radiology and a Screening Center of Excellence by the Lung Cancer Alliance.

### The Clear Choice for Your Cancer Care

The Eisenhower Lucy Curci Cancer Center is an extraordinary facility, nationally accredited and clinically distinguished. The healing environment, the uncompromising care, the personalized services, the team of professionals coming together to care for you and your loved ones are critical components to top notch cancer treatment.

If you have questions or would like to learn more about services and treatment options at the Eisenhower Lucy Curci Cancer Center, please call **760-674-3602**, or visit our website at **[EisenhowerHealth.org/cancer](https://EisenhowerHealth.org/cancer)**.



The Infusion Centers are recipients of the Press Ganey Guardian of Excellence Award<sup>SM</sup> in Patient Excellence — an award given to organizations that have consistently achieved the 95th percentile for patient satisfaction.

### Comprehensive Cancer Services

Our Breast Center services offer access to complete breast care, from screening mammography through diagnosis and follow-up. The compassionate healing environment at our convenient Breast Center locations is the very hallmark of clinical excellence, melding the best technologies with passionate patient care — creating the most nurturing, welcoming and affirming surroundings.

**The Infusion Center** staff understand the challenges, both physical and emotional, that affect every patient and their loved ones. That is why our team of registered nurses is experienced in infusion services, certified in chemotherapy administration and available to provide information and answer questions.

**The Eisenhower BIGHORN Radiation Oncology Center** strives to meet patients' individual needs and provides access to some of the most advanced equipment and newest technology including the TrueBeam<sup>®</sup> Radiotherapy System — a fully integrated platform for image-guided radiotherapy (IGRT), intensity-modulated radiotherapy (IMRT) and stereotactic radiosurgery (SRS).

**The Eisenhower Imaging Center** is on the leading edge of the most advanced technology and a model for imaging facilities worldwide.

**Cancer Support Services** are designed to meet the specific needs and concerns of cancer patients and their families and friends every step of the way. We incorporate the latest information on cancer treatment and research into an array of programs to help strengthen the body physically, spiritually and emotionally. Our goal is to nurture hope and healing for our patients and their families.

## Breast Center Services

### Woman-centered care in a warm, supportive environment.

The compassionate healing environment of our breast centers is the very hallmark of clinical excellence, melding the very best technologies with passionate patient care — creating the most nurturing, welcoming and affirming surroundings at our two convenient locations.



Services at the Eisenhower Schnitzer/Novack Breast Centers and the Anne and Kirk Douglas Breast Center offer an approach to women's health care that is comprehensive, convenient and caring. Here you have access to complete breast care, from screening mammography through diagnosis and follow-up. Diagnostic findings and best treatment options for women diagnosed with breast cancer are discussed at collaborative biweekly multidisciplinary patient care conferences. A breast nurse specialist is available to act as guide throughout the entire diagnosis, treatment and follow-up process for the benefit of our patients.

While our focus is breast health care, our goal is your peace of mind.

### Getting your mammogram here offers distinct advantages.

Whether it is your annual check-up or an advanced procedure, utilizing Eisenhower's Breast Center services means you benefit from:

- Streamlined scheduling and reduced registration wait time.
- Having your mammography breast exam performed at either of our beautifully appointed facilities.
- Board certified, fellowship-trained radiologists — physicians dedicated to breast health — who are the foundation of the Center and truly understand the concerns and needs of women.
- State-of-the-art digital three-dimensional tomosynthesis mammography equipment.
- Computer-aided detection (CAD) software that improves the accuracy of every mammogram.
- Certified mammography and breast ultrasound technologists.
- Additional diagnostic tools for follow-up exams, offered in cases of suspicious lumps or lesions, or difficult-to-read mammograms.

The Eisenhower Schnitzer/Novack Breast Centers in Rancho Mirage and La Quinta, and the Anne and Kirk Douglas Breast Center in Palm Springs offer convenient locations for annual breast exams.

## COVID-19 Safety Precautions

Precautions have been put in place to ensure all patients are safe during their scheduled appointment. Additional cleaning of exam rooms, equipment and patient waiting areas occurs before and after each patient is seen. Patients are spaced six feet apart in all patient waiting areas to ensure social distancing. All patients are required to wear a facial covering. Additionally, all staff are equipped with masks, gloves, and a face shield or goggles.

## Providing excellence in all aspects of breast imaging.

The Eisenhower Schnitzer/Novack Breast Centers and the Anne and Kirk Douglas Breast Center are designated an American College of Radiology Breast Imaging Center of Excellence.

If you have questions or would like to learn more about Breast Center services, please call **760-773-2038**, or visit **EisenhowerHealth.org/breast**.

## Comprehensive Program Services

The Eisenhower Schnitzer/Novack Breast Center is the only place you need for your breast care.



### Screening mammography:

With advances in the treatment of breast cancer, the best chance for survival remains early detection. And the key to early detection is regular mammograms. The Center offers state-of-the-art digital three-dimensional tomosynthesis mammography

equipment enhanced with computer-aided detection software, as well as education to encourage women to stay on top of their health. As a service to our patients, we send reminders when it is time to make an appointment for a mammogram.

**Accurate diagnosis and evaluation:** Our fellowship-trained physicians provide our patients with personalized, experienced, expert care, complemented by state-of-the-art technology. A variety of imaging methods are available to accommodate every woman and her unique needs.

**Breast MRI:** Eisenhower offers a dedicated breast MRI, which may aid in showing spots in the breast that may or may not be cancer. A breast MRI is generally used to complement a mammogram for women with certain conditions, family history or other factors.

Our fellowship-trained physicians will recommend the best imaging capability for your body and needs if such follow-up is required.

**Breast Ultrasound:** Eisenhower offers breast ultrasound which may aid in the detection of breast cancer. This study helps health care professionals efficiently and consistently identify lesions or other areas of concern in fatty and dense breast tissue. Breast ultrasound can be used in conjunction with diagnostic mammography or as an additional screening study.

### Contrast Enhanced Spectral Mammography (CESM):

Eisenhower was the first facility in the desert to offer CESM. Performed as an adjunct to inconclusive mammography and ultrasound, SenoBright® contrast-enhanced spectral mammography highlights areas of unusual blood flow patterns.

The system automatically acquires the spectral data necessary to automatically create two images per view: a standard mammographic image showing tissue density and a contrast-enhanced image in exactly the same position with the background signal subtracted out.

**Stereotactic breast biopsy** is a safe, minimally invasive biopsy that obtains tiny samples from an identified abnormal breast mass for examination. A sample of suspicious breast tissue is precisely located with computer-guided imaging and removed with a needle. Eisenhower is the first breast center in Southern California to offer the Hologic® Affirm® Breast Biopsy Guidance System, ensuring comfortable positioning for patients while allowing 360-degree access of the breast. This outpatient procedure requires no hospitalization or surgical incision and is performed using only local anesthesia. We have recently added an upright stereotactic biopsy unit, so the same stereotactic biopsy procedure can now be done either with the patient lying prone or sitting upright. This gives us maximum flexibility in accommodating the particular needs of each patient. Additionally, we have added the Brevera® biopsy system, which takes a picture of each tissue sample as it is obtained in real time. This results in a faster biopsy procedure, and also allows us to take fewer tissue samples with no compromise of the accuracy of the biopsy.

**Bone density screening (Dexa Scan):** This comprehensive X-ray measures the strength of your bones and provides important information for the treatment and prevention of osteoporosis. The test is safe, painless, quick and accurate.



**Ultrasound Guided Core Biopsy** is a safe, minimally invasive biopsy that obtains tiny samples from an identified abnormal breast mass for examination. A sample of suspicious breast tissue is precisely located with ultrasound guidance and removed with a vacuum assisted needle. This outpatient procedure requires no hospitalization or surgical incision and is performed using only local anesthesia.

## Cancer Registry

A state mandate in 1985 required all cancers diagnosed in California to be reported to the California Department of Health Services in an effort to better understand cancer and to develop strategies for its prevention, treatment and management. Federal law now requires state reporting, and an information collection system has been designed to obtain specific data on all cancer patients nationwide. Cancer programs that are accredited through the Commission on Cancer are also required to submit cases to the National Cancer Data Base.

Cancer case abstraction is completed by Certified Tumor Registrar (CTR) staff, and follow up is completed by equally highly-skilled staff. Operated by specially trained staff, the Eisenhower Health Cancer Registry utilizes a highly sophisticated computer system designed to document details of diagnosis, treatment and follow up of each cancer patient.

While strictly maintaining patient confidentiality, the Cancer Registry provides statistical cancer information vital to saving lives and ultimately, defeating cancer.

## How It Works

Cancer patients are automatically enrolled in the registry database after receiving medical care at Eisenhower Health. The Cancer Registry tracks a patient's health status annually in the following ways:

- The patient's re-admission to the hospital or outpatient visit is automatically updated in the registry.
- The patient's physician will be contacted if the patient has not received any service from Eisenhower Health during the previous year.
- If these update attempts are unsuccessful, a patient letter will be sent to the last known address as these statistics are vital to ensure accurate survival statistics.

## How You Can Help

If you receive a letter, please complete and return it to the Cancer Registry in the envelope provided. It is also important to include any address or physician changes. If you prefer, you can also call us directly at **760-674-3630**.

## How It Helps

The state uses this information to identify preventable causes of cancer, observe treatment outcomes to help identify the best therapies, and track survival rates. All diagnostic information, treatment data and follow-up history submitted is strictly confidential and provided in statistical form only. Periodic reports are also utilized by the hospital in an effort to maintain the highest treatment quality and provide insight on improving patient care.

## Evaluating, Monitoring and Improving Patient Care

Ever wonder how the American Cancer Society® compiles their statistics? Or, how physicians predict the outcomes of certain cancers or know which treatments were the most effective? This information is gathered from Cancer Registries.

If you have questions or would like to learn more about our Cancer Registry, please call **760-674-3630**.

**Cancer screening and early cancer detection change patient outcomes!**



## Cancer Support Services

### It's hard to be a cancer patient.

Whether you or someone you care about is a cancer patient, the journey from diagnosis through treatment and recovery is filled with many questions. At the Eisenhower Lucy Curci Cancer Center, we offer guidance, support and understanding to help you every step of the way.



Our support services are designed to meet the specific needs and concerns of cancer patients and their family and friends. We incorporate the latest information on cancer treatment and research into an array of programs to help strengthen the body, physically and emotionally.

Our goal is to nurture hope and healing for our patients and their families. During the Covid-19 pandemic, the Cancer Center has continued to provide this supportive care, adapting its programs, support groups and classes to provide a virtual experience and a vital outlet for all.

### Cancer Support Services

Every individual is unique and so is every cancer patient. That is why we have a variety of programs and services available to help each of our patients and their families.

#### ■ Social Work/Case Management

Sometimes, just talking with someone can be healing. Short-term individual and family counseling with trained oncology social workers is available to help you develop the emotional and social resources to deal with cancer.

#### ■ Nutrition

Cancer and cancer treatments can change eating habits, affecting appetites and nutritional needs. Treatment side effects can result in loss of appetite, and patients need to pay special attention to nutrition in order to maintain their health and strength. Our Cancer Center provides a registered dietitian, available to meet with patients to evaluate their needs and provide follow-up care through the phases of their cancer treatment and recovery. Lectures on diet and nutrition are offered throughout the year.

#### ■ Stress Management and Relaxation Program

Classes on Mindfulness Meditation and weekly Healing Touch Massage are offered through our Stress Management and Relaxation Program. The program teaches new approaches to working with stress, pain, chronic illness and the challenges of living with a cancer diagnosis. The goal of the program is to help restore a sense of balance, hope and well-being for cancer patients and their caregivers.

#### ■ Support Groups

According to the National Cancer Institute: *Often, support groups can help people affected by cancer feel less alone and can improve their ability to deal with the uncertainties and challenges that cancer brings. Support groups give people who are affected*

*by similar diseases an opportunity to meet and discuss ways to cope with illness.*

We offer various support groups, including a group in Spanish, where participants can share personal experiences or just listen with other cancer patients and survivors. There is no fee to participate and new members are always welcome.

#### ■ Exercise for Cancer Patients

Patients undergoing treatment are looking for ways to combat fatigue, maintain muscle strength, and feel as though they maintain control over some part of their lives. Studies have shown patients may benefit from certain exercises, with many reporting improved appetite, lessening of fatigue, improvement in sleep patterns and overall improvement in quality of life. Partnering with Eisenhower Health's Rehabilitation Services, we offer a variety of on-site exercise classes.

#### ■ Cancer Lecture Series

Learning about cancer is an important part of treatment. That is why we offer ongoing lectures and educational presentations about treatment options and the latest in cancer prevention and detection.

The Eisenhower Lucy Curci Cancer Center also hosts teleconferences, community meetings, cancer screenings and other workshops.

#### ■ Genetic Counseling

Science and research have shown that genes contribute to the development of certain types of cancer. In affiliation with UC San Diego Health Cancer Network, the Eisenhower Lucy Curci Cancer Center provides risk assessment and genetic counseling with the only Certified Genetic Counselors (CGC) in the Coachella Valley. Our genetic counselors provide consultation to our physicians, educational programs for the community as well as genetic counseling.

#### ■ Community Partnerships

Working with our non-profit community partners, the Eisenhower Lucy Curci Cancer Center is able to provide a safety net for cancer patients and their families to help cover the costs of basic needs during cancer treatment such as food, gas, lodging and insurance premiums and co-pays, ensuring no one goes without cancer care in the Coachella Valley.

#### ■ Concierge Services

Ensuring that our patients, loved ones, visitors and vendors get to where they need to be with limited hassle and on-time is the primary responsibility of the concierge. Our cancer center concierge is extremely knowledgeable about Eisenhower Health and is a valuable resource in making sure patients get to where they need to be. The concierge helps orient visitors to the Cancer Center's many services and departments, and facilitates a positive experience through oversight of the building's lobbies, waiting areas, gardens and grounds. Taking to heart the Center's motto — *a healing place like no other*® — the concierge ensures our physical environment sets the tone for our commitment to your care. From the soothing sounds of our lobby's grand piano to the healing rainbow art that graces its walls, the concierge sees to it that all are working in harmony to provide a sense of welcome and caring.

#### ■ Financial Navigation

We provide a specialized Oncology Financial Navigator to help meet the financial needs of our patients. The financial navigator focuses on mitigating the financial toxicity of a cancer diagnosis, offers information about and helps connect our patients to the many local, state and national programs and non-profit organizations that may help ease the financial burden so many people experience as a result of their cancer diagnosis. With new cancer treatments often attached to ever increasing costs of care, our financial navigator also connects patients to pharmaceutical programs that might help lower, or possibly remove, co-pays associated with certain cancer therapies.

**Learning about cancer is an important part of treatment.**

### We're here for you.

The Eisenhower Lucy Curci Cancer Center is a resource for the entire community. You don't have to be a patient to take advantage of all that we offer. If you or someone close to you has cancer, we're here for you.

If you have questions or would like to learn more about any aspect of Cancer Support Services, please call **760-834-3798**, or visit **EisenhowerHealth.org/cancersupport**.



## Cancer Research

For the past several decades, clinical trials have been integral in the advancement of cancer treatment. Before medical advances in cancer or other disease states can be offered to the general public, they must be evaluated and approved through rigorously structured research studies, called clinical trials, involving human volunteers.



Participation in cancer research is an important commitment of the Eisenhower Lucy Curci Cancer Center in its mission to provide the best cancer treatment. In support of its mission, Eisenhower Health has affiliated with UC San Diego Health Cancer Network to offer National Cancer Institute-endorsed phase II and III, multi-center, randomized and clinical trials. Treatment within a clinical trial is just one of the aspects of the advanced care that the Center offers. Clinical trials available through the Eisenhower Lucy Curci Cancer Center are helping to find new and better treatments for those diagnosed with cancer. Today's cancer treatments are yesterday's clinical trials. Every cancer treatment that is used today began with research in a clinical trial.

As a patient, there are potential benefits from participation in clinical trials, including:

- Health care provided by leading physicians in the field.
- Access to new drugs and interventions before they are widely available
- Close monitoring of our patient's health care and any side effects
- More active patient participation in own health care

### Patient participation is key to the success of cancer research.

Today's cancer treatments are yesterday's clinical trials.

"Our ability to offer national clinical trials, endorsed by the National Cancer Institute, ensures our patients receive *health care as it should be* by providing world-class treatment right here on the Eisenhower Health campus," says Stephanie Farrell, MBA, BSN, RN, CCRC, CPHQ, Director, Research Administration.

For a listing of current trials at Eisenhower Health, visit [EisenhowerHealth.org/clinicaltrials](https://www.eisenhowerhealth.org/clinicaltrials), or for more information or to inquire about enrolling a patient, call **760-837-8034**.

- If the approach being studied is found to be helpful, patient may be among the first to benefit
- Opportunity to make a valuable contribution to cancer research

### Types of Clinical Trials

**Prevention trials** test new approaches, such as medicines, vitamins, minerals, or other supplements that doctors believe may lower the risk of a certain type of cancer or may prevent cancer from coming back or developing a new cancer in people who have already had cancer.

**Screening trials** test the best way to find cancer, especially in its early stages.

**Treatment trials** test new treatments like a new cancer drug, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy.

**Diagnostic trials** study new tests or procedures that may help identify, or diagnose, cancer more accurately. Diagnostic trials usually involve people who have some signs or symptoms of cancer.

**Quality of life, or supportive care, trials** explore ways to improve comfort and quality of life for cancer patients.

Patient participation is key to the success of cancer research. Patients who participate in clinical trials play a critical role in the development of advancements in the

treatment of cancer. "Clinical trials give patients opportunities to have the most advanced treatments, developed by teams of experts, that may not be widely available. Patients who participate in clinical research studies are monitored closely and their results carefully tracked; the knowledge gained from these trials advances cancer care for current and future patients," says Steven Plaxe, MD, Medical Director, Eisenhower Lucy Curci Cancer Center.

Since 2006, the clinical research program at the Eisenhower Lucy Curci Cancer Center has been recognized for exceeding the required standard during the tri-annual American College of Surgeons *Cancer Center Survey*. The clinical research program has been recognized for providing patients with information about cancer-related clinical trials and enrolling our patients in screening, prevention or treatment trials. The Eisenhower Lucy Curci Cancer Center's pursuits in clinical research ensure that our patients receive the five-star treatment they have come to expect from Eisenhower Health.

### Clinical Trial Participation — A Best Practice in the Care of Cancer Patients

The National Comprehensive Cancer Network (NCCN) believes that the "best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged." ([www.nccn.org](http://www.nccn.org))

The American Society of Clinical Oncology honors practices that are dedicated to developing new ways to slow, halt, cure and prevent cancer through clinical research. Today, there are nearly 16.9 million cancer survivors in the United States, mainly because of the work done in clinical trials. New clinical trials are opened throughout the year. Contact the research office for the most up-to-date availability. The Cancer Center currently has more than 27 active studies. Visit [EisenhowerHealth.org/clinicaltrials](https://www.eisenhowerhealth.org/clinicaltrials) for more information.

**Every cancer treatment used today is a direct result of clinical trials and the people who took part in them. That is why it is so important to continue cancer research.**

## Steps to Find a Clinical Trial

### Step 1: Details to Gather About Your Cancer

1. What kind of cancer do you have?  
Many cancers spread to the bones, liver or elsewhere. However, the type of cancer you have is determined by where it started. For example, breast cancer that spreads to the bone is still breast cancer.
2. Where did the cancer first start?  
This information will be in your pathology report.
3. What is the cancer's cell type?  
This information will be in your pathology report.
4. If you have a solid tumor, what size is it? If you have a solid tumor, where is it located?
5. What is the stage of your cancer?
6. If the tumor has spread, list all locations.
7. Have you had cancer before that is different from the one you have now?
8. What is your current performance status score?  
This is an assessment by your doctor of how well you are able to perform ordinary tasks and carry out daily activities.
9. Have you been treated for your current cancer? If not, what treatment(s) have been recommended to you?
10. If you have been treated for your current cancer, please list the treatments you have received (for example: type of surgery, chemotherapy, immunotherapy or radiation therapy).

### Step 2: Find Clinical Trials for Your Cancer

Contact the Cancer Center's research office at 760-837-8034 or [cancerresearch@eisenhowerhealth.org](mailto:cancerresearch@eisenhowerhealth.org)

### Step 3: Take a Closer Look at the Trials that Interest You

Ask for a copy of the informed consent for the clinical trial.

### Step 4: Ask Questions

Meet with the study team and your physician.

## Eisenhower BIGHORN Radiation Oncology Center

Eisenhower BIGHORN Radiation Oncology Center offers some of the most advanced equipment and treatment techniques available. Located at the



Eisenhower Lucy Curci Cancer Center in Rancho Mirage, it provides a wide range of therapeutic options designed to meet your individual needs. Our caring staff takes time to explain what's happening, answer questions and provide information every step of the way. We're here to make a difficult situation not just bearable, but better.

### Understanding Radiation Oncology

Radiation has been used to treat cancer since the early 1900s. Therapeutic techniques have advanced continuously over the years. Treatments are now available that minimize exposure to surrounding healthy tissue while maximizing the radiation dose to the cancer.

### Treatment Planning Starts with You

If your physician decides that radiation therapy is appropriate for you, the first step is to develop a plan for your individual treatment. To ensure the highest level of patient safety and compassionate care, your care team, including Board Certified Radiation Oncologists, oncology trained/certified nurses, oncology certified social worker, radiation therapists, dosimetrist, physicist, registered dietitian and experienced front desk personnel, work collaboratively with your primary physician, surgeon and/or medical oncologist to ensure ease of referral and seamless care, and an individualized treatment plan.

### Intensity Modulated Radiation Therapy (IMRT)

This has been one of most significant innovations in radiation therapy. IMRT uses sophisticated computer technology to create extremely precise and accurate treatment plans with precision and accuracy. The variable beam intensity, which is the hallmark of the IMRT technique, allows the radiation beams to be shaped in ways previously thought impossible. Due to its advanced accuracy, radiation is often delivered at higher doses without increased side effects. This allows us to treat tumors that, even a few years ago would have been considered untreatable due to their size or proximity to vital, healthy organs.

### Stereotactic Radiation

A specialized type of external beam radiation therapy called stereotactic radiation uses focused radiation beams targeting a well-defined tumor, relying on detailed imaging studies, computerized three-dimensional treatment planning and precise treatment set up to deliver a radiation dose with extreme accuracy.

### There are two types of Stereotactic Radiation:

- Stereotactic radiosurgery (SRS) does not actually involve surgery. It is a non-invasive method of delivering a precise dose of intense radiation to a tumor located in the brain. SRS offers an important alternative for many brain tumors, benign and malignant, which have traditionally been treated with invasive surgical methods. Depending on the type of tumor, one or several radiation treatments may be involved. This treatment technique can reach virtually any area in the brain, including those not accessible by conventional surgery.
- Stereotactic body radiation therapy (SBRT) refers to stereotactic radiation treatments delivered within the body (e.g., lung). A customized plan allows physicians to administer high doses of radiation to the cancer with fewer treatments, typically one to five days rather than several weeks.

### TrueBeam® Radiotherapy System

The TrueBeam System brings leading edge cancer care to Eisenhower Health. Its platform is a fully-integrated system for image-guided radiotherapy (IGRT), intensity-modulated radiotherapy (IMRT) and stereotactic radiosurgery (SRS). Designed to treat targeted areas with advanced speed and accuracy, TrueBeam rotates around the patient to deliver a prescribed radiation dose from virtually every angle. The system's multileaf collimator (MLC) shapes the beam with 120 computer-controlled leaves or fingers that create apertures of different shapes and sizes. The leaves sculpt the beam to match the 3-D shape of the tumor. The leaves can move and change during treatment to target the tumor while minimizing radiation dose to the surrounding healthy tissue.

TrueBeam treats cancer anywhere in the body where radiation is indicated for the patient, including lung, breast, prostate, head and neck

### Triggered Imaging

Physicians at the Eisenhower BIGHORN Radiation Oncology Center are now able to employ a new technique called triggered imaging. This sophisticated technique allows the radiation oncologist to more accurately and precisely target a tumor, sparing healthy tissue nearby.

Triggered imaging uses markers implanted in the tumor (fiducials), allowing the therapist to visualize the tumor during treatment. Low dose X-ray images are generated throughout the treatment, enabling our TrueBeam® linear accelerator to automatically detect the position of the markers. This helps the therapist account for any movement during treatment, resulting in pinpoint accuracy to the tumor while sparing the healthy, surrounding tissue.

This innovative technology can be used for a wide variety of cancers, including prostate, lung, liver, pancreas, and more. Kamal Patel, MD, notes that the standard course of IMRT radiation treatment for prostate cancer can take eight weeks. Using targeted imaging, curative radiation therapy can be delivered in just one and a half weeks for eligible patients.

Similarly, curative radiation therapy for lung cancer patients can be shortened from the typical six weeks, to just one and a half weeks for certain patients.

### HyperArc™

BIGHORN Radiation Oncology also has acquired new HyperArc™ technology that enables patients with multiple brain metastases to be treated faster and more efficiently, cutting treatment time from hours to minutes.

### Align RT

Align RT is a Surface Guided Radiation Therapy (SGRT), contact-free technology that uses 3D cameras and computer vision to help ensure radiation therapy is delivered safely to cancer patients. It helps to monitor the precise location and movement of a patient during setup for the treatment with radiotherapy. Monitoring and maintaining a patient's position is especially important when treating the breast (particularly the left breast), because movement from breathing can result in unintended irradiation. Align RT is used for patients with breast cancer to help ensure that breath hold position is exactly the same each day for the treatments. Deep inspiration breath hold (DIBH) is a radiation therapy technique used for left breast cancer in whom radiotherapy is suitable. With this technique, lungs fill with air and heart will be moved away from the chest.

### Aggressive Treatment, Compassionate Care

When you or someone you love is facing cancer, it helps to know you have a team of experienced, compassionate medical professionals with access to the most advanced treatment options available. This is what you'll find at the Eisenhower BIGHORN Radiation Oncology Center.

Beyond the state-of-the-art medical technology and warm, healing environment is a team of experienced and compassionate health care professionals, greeting individuals by name, getting to know them as more than just a patient, making special efforts to break through the "high tech" and provide our patients with "high touch" care, making this a *healing place like no other*®.



## Eisenhower Infusion Centers

### Combining Clinical Excellence with Compassionate Care

We understand the challenges, both physical and emotional, that affect every patient and their loved ones. That is why our team of registered nurses are experienced in infusion services, certified in chemotherapy administration and available to provide information and answer questions.



**Our nurses' stations are located in the middle of the Infusion Center, allowing our staff to provide the care and attention necessary while reducing surrounding noise and distractions that may make it difficult for patients to rest and relax.**

Patient and family education is an essential part of your care. We encourage all of our patients to be informed and active partners in their treatment and healing process. Whether it is special instructions for taking care during and after treatments, or tips to help reduce unpleasant side effects associated with some infusions, we help treat the disease and care for the whole person—our patient.

### A Place Where Your Needs Come First

When you have cancer or another diagnosis that calls for infusion treatment, you can rely on the Infusion Centers at the Eisenhower Lucy Curci Cancer Center to support your care. We have locations open 365 days a year, including weekends and holidays to meet your needs. Our team of experienced, caring medical professionals and facilities focused on patient comfort and convenience—we're here for you.

If you have questions about infusion therapy or services available, please call **760-773-1500**, or visit **EisenhowerHealth.org/infusion**.

### Comprehensive Infusion Services to Help You Regain Your Health

**Chemotherapy**—treatment of cancer with powerful medications to destroy cancer cells by stopping their growth and reproduction. Often referred to as “anti-cancer” drugs, they are most often administered intravenously (IV) or by injection or orally. Chemotherapy can be used alone, or in conjunction with radiation therapy and/or surgery.

**Biotherapy**—treatment to stimulate or restore immune system abilities. Used in various illnesses.

**Blood transfusions**—administration of blood components such as red blood cells and platelets when individuals have low blood counts due to various illnesses.

**Subcutaneous and intramuscular injections**—administration of injectable drugs such as those used to boost production of red or white blood cells, or in anticoagulant therapy.

**Hydration therapy**—infusion therapy to treat dehydration in patients undergoing chemotherapy or persons dehydrated due to insufficient fluid intake.

### Uncompromising Clinical Care in a Comfortable Setting

When you don't feel well, the comfort of your home is especially important. From the picture windows to the welcoming smiles of our staff, our Center was designed with you in mind—to make your treatment experience as pleasant and comfortable as possible.

We've taken every detail into account to help you feel at home.

- Oversized reclining treatment chairs
- Pillows and heated blankets
- A variety of refreshments are available
- Semi-private and private rooms available in most locations upon request and according to individual circumstances
- Complimentary Wi-Fi

The unique environment within our Infusion Centers is complemented by the additional features of the Eisenhower Lucy Curci Cancer Center, such as a tranquil Auxiliary Healing Garden available for strolls in the fresh air, sunlight or personal meditation. All of these details combined create a *healing place like no other*® for our patients.

### Infusion Center Locations

There are now six locations in Rancho Mirage, Yucca Valley, La Quinta and our newest Infusion Center at the Eisenhower Health Center at South Palm Canyon in Palm Springs.

### National Oncology Nursing Certification Makes a Difference

In both the inpatient and outpatient departments of Eisenhower's Oncology Center of Excellence, oncology nursing care is delivered by nurses with specialized knowledge and skills. Nurses complete additional education and training focused on cancer care. All nursing staff have completed the National Oncology Nursing Society standard chemotherapy and biotherapy training for specialized competency in the handling, administration, and management of chemotherapy drugs and side effects.

Many of Eisenhower's chemotherapy-trained nursing staff have attained a specialized national certification as an Oncology Certified Nurse (OCN), a distinctive certification for qualified and experienced registered nurses. Oncology Certified Nurses have demonstrated specialized knowledge in cancer care by meeting specific eligibility requirements and passing a rigorous certification exam.





## Community Support Keeps Eisenhower Lucy Curci Cancer Center a Leader in Cancer Care

Eisenhower Health is proud to provide the very best in patient care which is made possible by the generous community it serves. Thanks to community-led organizations like Bighorn Behind A Miracle and new supporters like The Anne and Kirk Douglas Foundation (article on page six) and so many more, donations to Eisenhower Lucy Curci Cancer Center reached nearly \$10 million in 2022. Gifts large and small make a significant impact on patient care as do the volunteers who donate their time. The following are just a few highlights from 2022 of how the community supported the Cancer Center and its patients.

### Bighorn Behind A Miracle: The Miracles Continue

Over the course of 15 years, BIGHORN Behind a Miracle (BAM) has contributed nearly \$10 million to the Eisenhower Health. Since its inception in 2007, BIGHORN BAM has assisted more than 100,000 local patients in their treatment of cancer. BAM is dedicated to providing critical funding needed to help in the diagnosis, treatment, research, services and education for those affected by cancer.

In 2022, their donations totaled \$500,000!

Through its BAM Van transportation service, BAM has given more than 12,000 rides to assist people who would normally rely on public transportation in getting to and from treatment.

This extraordinary fundraising feat is made possible through hard-working volunteers and generous donors who understand the importance of finding a cure for cancer while at the same time adding fun and flair to BAM's exciting events.



Left to right: Cathy Johnson, Co-chair, BIGHORN BAM; Paul Sylvan, MD, Medical Director, Eisenhower Breast Centers, Julie Simon, Chair, BIGHORN BAM; Selby Dunham, Founder, BIGHORN BAM; Danielle Higgins, Director, Eisenhower Breast Centers; Katie Schnaser, Chief Administrative Officer, Eisenhower Lucy Curci Cancer Center; Kamal Patel, MD, Medical Director, Eisenhower BIGHORN Radiation Oncology Center; Laura Fritz, Senior Vice President, Eisenhower Health Foundation; Kelly Levy, Charities Director, BIGHORN Golf Club

### The Shoopy Scramble

In 2013, Brett Shoopman decided to host a small golf tournament to raise awareness of the danger of sun exposure and skin cancer. Shoopman, an assistant golf pro and melanoma survivor felt passionate about educating others as well as raising money to support cancer services.

Since then, the Shoopy Scramble has funded annual skin cancer screenings, educational presentations for the community and the many programs offered through the Eisenhower Lucy Curci Cancer Center's Patient and Family Cancer Support Services programs such as nutritional counseling, stress management classes, exercise classes, healing touch massage and support groups.



Left to right: Maribelle Kim, Shoopy Scramble; Lee Noyes, Shoopy Scramble; Olivia Gazis, Shoopy Scramble; Mary Hamilton, Shoopy Scramble; Katie Schnaser, Chief Administrative Officer, Eisenhower Lucy Curci Cancer Center; Brett (Shoopy) Shoopman, Founder, Shoopy Scramble; Alison Mayer Sachs, Director, Cancer Support Services and Community Outreach, Eisenhower Lucy Curci Cancer Center; Derek White, Shoopy Scramble; Jacky Shoopman, Shoopy Scramble; Ryan Syzlowski, Shoopy Scramble; Chuck Cervello, Shoopy Scramble; Laura Williamson, Annual Giving Senior Director, Eisenhower Health Foundation.

### Giving Back is Shay's Way

A breast cancer survivor and the founder of Shay's Warriors Life After Cancer, Shay Moraga formed the Coachella Valley nonprofit to help the cancer survivorship community. In 2022, Moraga and her supporters donated comfy blankets and socks as part of Shay's Warriors' GIVE WITHOUT EXPECTATIONS — where they "give things with love and life from our hearts." In addition to the blankets and socks, personalized handmade cards from second and third grade students were also delivered to patients.



### Honda and Toyota of the Desert

Honda and Toyota of the Desert shared the love by delivering gift baskets to patients. Inspired by the cancer journey of one of their own, they asked a fellow employee and cancer survivor to help them choose the items she wished she had had during her cancer treatments and delivered baskets filled with socks, blankets, puzzle books, and Amazon® and food delivery gift cards. The gesture certainly put smiles on many patients' faces.





**It's Game On for 3D Mammography**

During a routine screening in 2015, Jo Hillyard was diagnosed with breast cancer using tomosynthesis, or 3D Mammogram.

Tomosynthesis is an advanced form of mammography, a specific type of breast imaging to detect cancer early when it is most treatable. For Jo Hillyard, it was a life-saver.



*Jo Hillyard*

During a discussion with her physician, Jo was surprised to hear that this life-saving technology was not readily available to everyone due to insurance issues, financial constraints related to high co-pays or for those with no insurance or who are underinsured. Jo decided she needed to do something to change that and she created the 3D Access Fund Game Day. This annual event raises funds to ensure that everyone who is scheduled for a mammogram at Eisenhower's Schnitzer/Novack Breast Centers or the Eisenhower Anne and Kirk Douglas Breast Center is offered a 3D/tomosynthesis mammogram regardless of their ability to cover the out-of-pocket costs.

**A Patient's Journey Back to Health Leads to Giving Back**

As Sherri Geschwind describes it, her healing journey began as she was dressing to return home after a bi-lateral mastectomy and a nurse asked her if she had a "recovery shirt" at home. A shirt designed specifically for post mastectomy patients, it has pockets to hold surgical drains, is easy to take on and off, and is soft and comfortable. Sherri made it her mission to see to it that every person who has a mastectomy at Eisenhower goes home with a Post Mastectomy Gift Bag, and she established a foundation to ensure her gift will be ongoing.

The post mastectomy gift bags have appropriately sized recovery shirts, mesh bags to hold drains during showering and other items to help smooth the way for an easier recovery for all.



*Contents included in post mastectomy gift bag*

**Eisenhower Lucy Curci Cancer Center — The Survivor and Kids' Dash Sponsor for The 2022 ZERO Prostate Cancer Run/Walk Coachella Valley**

Eisenhower Lucy Curci Cancer Center was proud to partner with ZERO in the fight against prostate cancer in 2022. The Cancer Center strives to provide a healing place like no other offering guidance, support and understanding to help our cancer patients every step of the way.

Despite the heat, there was an incredible display of community, support, and hope.



**Painting El Paseo Pink for a Cause**

Dozens of Eisenhower Health employees donned their finest pink ensembles in support of Desert Cancer Foundation's 16th Annual Paint El Paseo Pink. Eisenhower Lucy Curci Cancer Center, once again served as the event's Pink Diamond Sponsor in 2022. The Desert Cancer Foundation's mission is to pay for cancer care on behalf of Coachella Valley residents who need financial assistance with treatment for any type of cancer.





# Remembering Selby Dunham – A Force for Good



**Selby Dunham**, breast cancer survivor and founder of Bighorn Behind A Miracle was **A FORCE FOR GOOD.**

Her philanthropic efforts through Bighorn BAM supported many of the Coachella Valley's non-profit cancer organizations, including Eisenhower Lucy Curci Cancer Center and the Pendleton Foundation, providing much-needed funds for new technologies, transportation, comforts for patients, and so much more.

Selby was also a longtime friend to Eisenhower, serving as a member of the board of directors and board of governors – her impact making a difference not only at Eisenhower Health but in the lives of cancer patients across the Coachella Valley.

Sadly, in 2022, Selby lost her courageous battle against cancer.

In honor of Selby's legacy, Eisenhower named its community cancer education program the **Selby Dunham Community Lecture Series.** These lectures are provided free of charge to the community.

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*Thank you, Selby.*

*You are and will always be a part  
of our Eisenhower Family.*



**EISENHOWER HEALTH**  
CURCI CANCER CENTER  
*A Healing Place Like No Other®*

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