



2018 Public Reporting  
of Outcomes

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# Cancer Prevention Program – CoC 4.1

## Colorectal Cancer (CRC) Education/Prevention

### Cancer Related Prevention (Educational) Needs Identified in the Community Needs Assessment:

- Modifiable risk factors for CRC include diet, exercise, and maintaining a healthy weight (American Cancer Society, 2018).
- While the benefits of healthy eating are well known, the cost of a healthy diet makes it difficult for many to follow. In SJMC's primary and secondary service areas, many live 100% or 200% below the poverty level while needing to pay a significant portion of their income (over 30% of income) for rent.
- Obesity is common in the SJMC service area, specifically 18.5% in Primary Service Area and 25.1% in Secondary Service Area. Only 16.9% of youth in PSA and 15.7% of youth in SSA get regular physical activity. The SJMC CHNA found that it can be difficult for people to get enough exercise because some parks, streets, and sidewalks are unsafe.
- The last three years (2013-2016) have shown an increase in Stage IV CRC. On average, 30% of CRC are diagnosed at Stage III. Colon cancer is the third leading cause of cancer-related deaths in men and women in the U.S. (American Cancer Society, 2018).
- Based on the above statistics, the Cancer Committee identified colon cancer as the priority need for the prevention program. The focus is to educate the community on how healthy nutrition, exercise, genetic testing (when appropriate), and early screening (colonoscopies) decrease the risk and incidence of colon cancer in the SJMC Community.

### Cancer Site Selected for Cancer Prevention Activity: Colorectal Cancer

#### Program Goals:

At the conclusion of the program the participants will:

- Explain the importance of screening
- Verbalize that diet, exercise and maintaining a healthy weight can decrease a person's risk for CRC
- Describe the significance of an adequate bowel prep regimen for a colonoscopy
- Identify a modifiable behavior that individual participants could alter to decrease their risks for CRC

#### Evidenced-Based Guidelines:

- American Cancer Society
- NCCN

#### Overview of Program:

- Prevention event at St. Jude Medical Center Breakaway Lounge on March 22, 2018 from 10 a.m. – 2 p.m. included:
  - Dr. Sainburg, Gastroenterologist, presentation on "The Importance of Colorectal Screening"
  - Attendees have the opportunity to visit six stations that focus on the following topics addressed by an expert with educational material for attendees:
    - Colon Cancer facts and general cancer screening guidelines – ACS Rep and Michaela Toney, RN
    - Go Further With Food – Karen Godinez, RD
    - Exercise and Wellness – Jane Wang, MPH
    - The Impact of Genetics on CRC - Rebecca Haskins, MS, CGC
    - Colonoscopy: Experience and Bowel Prep Education – Knott Family Endoscopy RN
    - Demystifying the Scope – Knott Family Endoscopy RN
  - Colon Wall
  - Video of a colonoscopy
  - GI Staff onsite to schedule colonoscopies
  - All attendees received a roll of toilet paper that had "Check your #2 to prevent #3" on it

## Cancer Prevention Program – CoC 4.1

- Opportunity to win raffle prizes
- Three games: Corn hole, Celebrity Booty, and Craps
- Colon Cancer Prevention Education provided at Primary Care Physician's office on March 30, 2018 from 12 a.m. – 2 p.m. by the GI Oncology Nurse Navigator
- Colon Health Quiz posted on Facebook in March with the opportunity to win 4 rolls of toilet paper and a \$100 gift card
- Video of GI Oncology Nurse Navigator Michaela Toney posted on Facebook in March regarding the importance of colorectal screening
- Facebook posting from St. Jude Medical Center reaching out to the "Class of 1958" to inform them that they are due for their first colonoscopies

### Program Outcomes:

- March 22, 2018 Event Outcomes
  - 116 people attended the event
  - 108 people filled out the survey (93% overall response rate)
    - 76% (n=82) had not attended a cancer awareness event before
    - 39% (n=42) learned that they were due for a colonoscopy
      - ✦ 11 people signed up to schedule their colonoscopies
    - 60% (n=65) ranked "Ability to ask experts/HCP questions" as their favorite part of the health fair
    - 80% (n=86) identified things that they could change in their behavior to lower their risk
      - ✦ 58% (n=50) stated they identified diet as a way to lower their risk for colon cancer
      - ✦ 13% (n=11) stated they identified exercise/activity as a way to lower their risk for colon cancer
      - ✦ 32% (n=28) didn't specify a behavior
- 40% (n=43) of respondents stated they were over 50 but had not completed a colonoscopy before.
  - ✦ 63% (n=27) of these respondents stated that they are more inclined to complete a colonoscopy after this health fair
  - ✦ 30% (n=13) of these respondents stated that they are not more inclined to complete a colonoscopy after this health fair
- Although attendees only had to go to 3 educational stations to be eligible for the raffle, a majority went to all 6.
- Respondents were asked to name one thing they learned that increased their understanding of colon cancer, the associated risk factors, and/or colonoscopies.
  - ✦ 82 respondents
    - ◆ 13% stated risk factors (other than diet, genetics, or exercise)
    - ◆ 22% stated the appearance of stool
    - ◆ 18% stated genetics or family history
    - ◆ 24% stated diet
    - ◆ 2% stated exercise
    - ◆ 15% stated the scope
    - ◆ 6% stated the bowel prep
    - ◆ 9% stated the importance of getting screened
  - ✦ Some interesting comments included:
    - ◆ "Feeling the scope machine helped reduce fears"
    - ◆ "How easy the prep is"
    - ◆ "It [colonoscopies] saves lives if detected early"
    - ◆ "That it [colonoscopy] is not scary"
    - ◆ Staff received a lot of verbal confirmation that seeing the scope in person was interesting and helped reduce anxiety and increase understanding.

## Cancer Prevention Program – CoC 4.1

- 36 people attended Dr. Sainburg's presentation
- Facebook Quiz Outcomes
  - 63 participated in the quiz
    - Question number one correct: 89%
    - Question number two correct: 84%
    - Question number three correct: 68%
    - Question number four correct: 89%
    - Question number five correct: 97%
- Primary Care Education Outcomes
  - Patient encounters at the PCP office: 42
  - Colonoscopies scheduled: 8
  - Gave out 60 rolls of toilet paper

### Dates Reported to Cancer Committee

- February 22, 2018
- March 21, 2018
- September 19, 2018

#### References:

American Cancer Society. Cancer Facts & Figures 2018. Atlanta, GA: American Cancer Society; 2018.

<https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

American Cancer Society (2018). Special Section: Colon Cancer Causes, Risk Factors, and Prevention.

<https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/risk-factors.html>

# Monitoring Compliance with Evidenced Based Guidelines - CoC Standard 4.6

## Site: Brain Cancer – Glioblastoma

### Overview of Brain Cancer and Glioblastoma:

The National Brain Tumor Society estimates for primary brain tumors including malignant brain tumors or brain cancer in the United States for 2018 are:

- Estimated 700,000 people in the U.S. are living with primary brain tumor.
- 80% of the 700,000 people will have benign tumors but 20% will have malignant brain tumors or brain cancer.
- In 2018, an estimated 78,980 people will receive a primary brain tumor diagnosis and 55,150 will be benign and 23,830 will be malignant (i.e.: brain cancer).
- The average survival rate for ALL brain cancer is only 34.7%. But for the most common form of primary brain cancer, Glioblastoma, the five-year relative survival rate is only 5.5%.
- An estimated 16,616 people will die from brain cancer in 2018.
- More than any other cancer, brain tumors can have lasting and life-altering physical, cognitive and psychological impacts on a patient's life. This means brain cancer can often be described as equal parts neurological disease and deadly cancer.
- Despite the amount of brain tumors and their devastating prognosis, there have only been 4 FDA approved drugs and 1 device (Optune) to treat brain tumors in the past 30 years.
- Between 1998 and 2014 (16 years), there were 78 investigational brain tumor drugs that entered the clinical trial evaluation process; 75 FAILED.

### Reason Glioblastoma was selected to review in 2018:

SJMC has been dedicated in developing and improving the care for our Neuro Oncology patient population. In June of 2014, SJMC and our sister hospital, St. Joseph's Hospital in Orange (SJO) began a monthly, joint brain tumor cancer conference. Our Neuro Oncology Cancer Conferences are attended by oncologist, neurosurgeons, radiation oncologist, neurologist, radiologist, pathologist, genetics counselor, research coordinators and Neuro Oncology nurse navigators, to encourage better discussion in our multidisciplinary care management of this complicated and deadly brain cancer patient population. SJMC obtained and initiated the use of an intraoperative MRI in 2015. In October 2016, SJMC hired a nurse navigator dedicated to our Neuro Oncology patients. By the beginning of 2019, SJMC will be initiating a specialty clinic of Neuro Oncologist, Dr. Santosh Kesari and Dr. Jose Carrillo, from our sister hospital Providence St. John's (John Wayne Cancer Institute/Pacific Neuroscience Institute). This will assist our patients in better access to clinical trials that are not available at SJMC with Dr. Kesari and Dr. Carrillo, without having to travel the long distance to Santa Monica, CA in our infamous Southern California traffic, as well as better, specialized care for our metastatic brain cancer patients (i.e.: other primary cancers that have metastasized to the brain). In addition, by the beginning of 2019, SJMC will be one of the first community hospitals to initiate the use of a new approved agent called Gleolan. This is a specialized fluorescence oral drug that is given approximately 2 hours before the tumor resection surgery for suspected Glioblastoma. Gleolan will light up the tumor in blue light for better visualization and improvement in maximal tumor resections. Our neurosurgeons have already done their training for use of this medication and our pharmacy and nursing staff are working to get a standardized protocol to initiate and educate our patients and staff in the Gleolan use and aftercare, which includes 48 hours of light precautions due to the photosensitivity side effects.

## Monitoring Compliance with Evidenced Based Guidelines - CoC Standard 4.6

**Purpose of Study:** To ensure January 1, 2016 to July 31, 2017 Glioblastoma cases are monitored for compliance with NCCN Clinical Presentation and Diagnostic Workup Guidelines.

**Study Team:** Lars Anker, MD, Neurosurgery, Team Leader.

**Team Members:** Neuro Oncology Cancer Conference members which includes at a minimum diagnostic imaging, medical/neuro oncology, radiation oncology, surgery, pathology, neurology, Deborah Yoon, Neuro Oncology nurse navigator, along with Susan Vitt, CTR from Cancer Data Management.

**Guidelines:** NCCN 2017 Version 1.2017 (August 18, 2017); Anaplastic Gliomas/Glioblastoma.

### January 1, 2016 to July 31, 2017: Glioblastoma Patient Population at SJMC = 17 Total cases

- Males = 10; Females = 7; Age range was 18 to 85 years old with a median of 61.8 years old.
- As of October 31, 2018, 12 patients expired, 3 patients are alive and 2 patients are lost to follow up (**See Table #1**).

TABLE #1

TOTAL GLIOBLSTOMA PATIENTS	17
EXPIRED	12 (70%)
ALIVE	3 (18%)
LOST TO FOLLOW UP	2 (12%)

### Radiologic Presentation

Per NCCN guidelines, a MRI of the brain with and without contrast is the “gold standard” to determine if a brain lesion is suggestive of a high grade glioma, like Glioblastoma. If a patient is unable to have an MRI done due to an implantable device, then a CT of the brain with and without contrast would be the next best radiological option. Of the 17 cases of glioblastoma patients analyzed in this study, 16 of these patients had a brain MRI with and without IV contrast performed. 1 of the patient was

not able have a MRI due to her implanted pacemaker and instead had a CT of the brain with and without IV contrast.

**Analysis/Recommendations:** SJMC was in 100% compliance with the recommended NCCN guidelines for radiologic presentation. It is the recommendation of this study to continue this standard practice.

### Multidisciplinary input for treatment planning if feasible

Per NCCN guidelines, once an MRI suggests a high grade glioma, it is recommended that multidisciplinary input for treatment planning is recommended, if feasible. Of the 17 cases of Glioblastoma reviewed in this study, 11 cases presented to the ER due to persistent or worsening symptoms that caused them to seek further evaluations. The remaining 6 cases were evaluated by out-patient primary physicians or other specialty physicians because patient was seeking care for persistent symptoms. All 17 cases had radiologic testing done as noted above in “**Radiologic Presentation**” and were found to have suggestion of a high grade glioma. All 17 cases had a neurosurgical consult. 15 cases of the 17 cases of Glioblastoma also had medical oncology and radiation oncology consult to discuss treatment planning, mainly in the in-patient hospital setting. 2 of the remaining cases did not have medical oncology and/or radiation oncology consult because patient decided to seek no further treatments and instead opted for hospice and/or palliative care. But these 2 cases did opt for the initial maximally safe resection surgery and post-surgery, did get other multidisciplinary input such as a rehabilitation physician, neurologist, psychiatrist and/or neuro psychiatrist. 9 of 17 the cases of Glioblastoma were discussed at our monthly joint Neuro Oncology tumor conference. Of the remaining 8 cases not discussed at tumor conference, 3 of these cases opted to not receive treatment and either expired within one month or received hospice care at home and was not discussed at tumor conference. It is unknown as to why the other 5 cases were not presented at tumor conference.

## Monitoring Compliance with Evidenced Based Guidelines - CoC Standard 4.6

**Analysis /Recommendations:** SJMC's neuro oncology program is in 100% compliance with multidisciplinary input during the patient's hospital care with consults from neurosurgery, medical oncology and radiation oncology. It is recommended that 100% of Glioblastoma cases should be discussed at the monthly tumor conference because only 53% of the 17 cases were discussed.

### Clinical Impression/Surgery

Per NCCN guidelines, once a high grade glioma is suspected and multidisciplinary team input has been gathered, a clinical impression is determined as to whether maximal safe resection is feasible with goal for image-verified complete resection, or if it is not feasible. Of the 17 cases of Glioblastoma, 13 cases were deemed feasible for maximal safe resection. In all 13 cases, MRI navigation was used during the surgery and 3 of the cases utilized our intraoperative MRI to determine that all resectable tumors were removed. In 1 of these 3 intraoperative MRI cases, 2 small areas of residual tumors were found post first attempt and further resection was immediately done for a gross total resection. Of these 13 cases that were feasible for maximal safe resection, 12 of them had a post-operative MRI 24 to 72 hours after surgery. The 1 case that did not have a MRI done had CTs done, and this patient after surgery, opted for palliative care due to severe performance status loss. 4 cases of the total 17 cases of Glioblastoma were not deemed feasible for maximal safe resection. Of these 4 cases, 1 case was an open biopsy only, for pathological confirmation and 3 cases did opt for surgery to have subtotal resection. None of the 17 cases had a carmustine (CCNU) wafer placed in the resection cavity. The primary reason this was not done was because it is known that this is a common exclusion criteria for the majority of Glioblastoma clinical trials. **(See Table #2)**

**Analysis /Recommendations:** SJMC was 92% compliant with this specific category. Of the 13 out of 17 cases, that were deemed feasible for maximal safe resection, 1 case did not have a post-surgery MRI done for evaluation of the resection, but instead had a CT scan. Though not a NCCN guideline, the question does arise as to why the intraoperative MRI was not utilized more often than 3 of the 13 cases (23%) where maximal safe resection was feasible. It

is the recommendation of this study that more cases should utilize the intraoperative MRI for better image verified complete resection while patient is still in the OR, so that if more resection is needed, it can be done immediately without the need for a second surgery.

TABLE #2

Total Glioblastoma Cases	17
Maximal Safe Resection	13 (76%)
Subtotal Resection	3 (18%)
Biopsy Only	1 (6%)
Carmustine (CCNU) Wafer placement	0

### Pathology

Per NCCN guidelines, Glioblastoma pathology follows the 2016 World Health Organization (WHO) classification of brain tumors. All Glioblastoma are considered a grade IV WHO classification and further molecular characterization of MGMT (O6 –methyl guanine-DNA methyltransferase) Promoter Methylation and Isocitrate Dehydrogenase 1 and 2 (IDH1 and IDH2) mutation are performed in the pathology report. All 17 cases had their IDH status performed and 16 cases had MGMT status performed. It is unknown why 1 case had the IDH status performed but not the MGMT status. In addition to the MGMT and IDH status testing, there were a few cases that had additional markers tested via testing panels such as CARIS and/or Foundation ONE. Specifically, 4 cases had additional CARIS testing, 1 case had Foundation ONE testing and 2 cases had both CARIS and Foundation ONE testing. Additionally, 1 case had additional BRAF only testing done, which was positive and 1 case had EGFR only testing done that was negative. Both of these 2 cases did not have further CARIS and/or Foundation ONE testing done. These additional marker testing are helpful in differentiating more accurately in terms of prognosis and in some instances, for response to different therapies. Molecular characterization of primary brain tumors has substantially impacted clinical trial eligibility and risk stratification in the past 10 years, thereby evolving the standard of care towards an integrated tumor diagnosis in Neuro Oncology. **(See Table #3)**



## Monitoring Compliance with Evidenced Based Guidelines - CoC Standard 4.6

TABLE #3

Total Glioblastoma Cases	MGMT Positive	MGMT Negative	IDH1/2 Positive	IDH1/2 Negative	CARIS Done	Foundation ONE Done	Other Specific Markers Done
17	5 (30%)	11 (1 not done) (70%)	0	17 (100%)	6	3	2

**Analysis /Recommendations:** SJMC is 94% compliant with the NCCN guidelines of MGMT & IDH status testing. It is the recommendation of this study that further integrated tumor diagnosis such as CARIS and Foundation ONE would improve the quality of care for our neuro oncology patients and positively impact clinical trial eligibility.

### Adjuvant Treatment/Performance Status

Per NCCN guidelines, after gross total resection OR subtotal resection OR biopsy, the next treatment decision for Glioblastoma is whether adjuvant therapy is appropriate. NCCN recommendation for determining this is based on patient's age (< 70 years or > 70 years), performance status (KPS of > 60 or KPS < 60) and MGMT status (positive = methylated OR negative = unmethylated). Of the 17 cases, 11 cases were negative for MGMT, 5 cases were positive for MGMT and 1 case the MGMT was not done. 12 of the 17 cases were of age < 70 years and 5 cases were of age > 70 years. Unfortunately, only 9 cases had documented performance status. There were 8 cases with undocumented performance status. Of the 9 cases documented with a performance status, 5 cases had a KPS > 60 and 4 cases had a KPS < 60. For patients that are < 70 years and has a KPS of > 60 with MGMT positive tumor, the recommendation would be standard brain radiation therapy with concurrent temozolomide and adjuvant temozolomide with alternating electric field therapy (AKA Optune), OR all the above but without Optune. If this same group of patients is MGMT negative or indeterminate, the recommendations still is both of the above treatment options, in addition to just standard brain

radiation therapy alone. Lastly, NCCN recommendation for KPS < 60 and/or age > 70 years the recommendation is standard or hypofractionated brain radiation therapy or temozolomide alone or palliative care. For patients who are >70 years with a KPS > 60, the same treatment option as < 70 years are also a recommendation or the treatment recommendation of KPS < 60. Of the 17 cases, 4 cases decided on standard brain radiation therapy with concurrent temozolomide and adjuvant temozolomide with Optune, 5 cases decided on the above treatments but without Optune, 4 cases received hypofractionated RT (these were the 4 cases with KPS < 60) and 4 cases opted for no treatment and/or hospice/palliative care.

**(See Table #4 AND Table #5)**

**Analysis /Recommendations:** In the performance status documentation, SJMC was only in 53% compliance in regards to following the NCCN guidelines for adjuvant treatment post-surgery. 9 of the total 17 cases had documented performance status/KPS, but 8 cases did not. It is recommended that a better system of documenting performance status/KPS for our Glioblastoma patient be developed to make following this guideline easier for the physicians.

TABLE #4

< 70 years	12 (70%)
> 70 years	5 (30%)
KPS not done	8 (47%)
KPS > 60	5 (56%)
KPS < 60	4 (44%)

## Monitoring Compliance with Evidenced Based Guidelines - CoC Standard 4.6

TABLE #5

Total Glioblastoma Cases	Standard RT/ Temodar w Adjuvant Temodar & Optune	Standard RT/ Temodar w Adjuvant Temodar Only	Hypofractionated RT and/or alternative treatment	Palliative Care or Hospice
17	4	5	4	4

### Summary

This study was undertaken to assure NCCN Guidelines are followed for Glioblastoma patients diagnosed and treated at SJMC from January 1, 2016 to July 31, 2017. There were 17 analytic cases in the study and the majority of care is compliant with the NCCN guidelines. The improvement opportunities are:

- To have 100% of Glioblastoma patients be presented at the monthly Neuro Oncology Conference.
- Increase the use of the intraoperative MRI for cases where maximal safe resection is feasible.
- Increase the use of integrated tumor diagnosis like CARIS for better treatment planning and possibly better access to clinical trial opportunities
- Develop a charting tool where physicians can document the performance status of Glioblastoma patients with a KPS.

# Community Outreach Activities for 2018

## Community Outreach Activities Summary Report

2018

The St. Jude Comprehensive Cancer Institute recognizes the importance of reaching out to our community in a multitude of ways. By reaching out in various manners and with different community populations, the Cancer Institute touches and connects with more of our community and has a bigger impact on the health and well-being of those in our service area. The following report is a summary of the community activities hosted by the St. Jude Comprehensive Cancer Institute for 2018 and includes supporting evidence from the Community Needs Assessment.

For 2018, the SJMC Crossen Cancer Institute completed the following outreach activities:

### Colon Health Fair – March 22, 2018

Please see Standard 4.1 Report for this Community Outreach Prevention Event summary.

### National Decisions Week Activities – April 16-20, 2018

National Healthcare Decisions Day (NHDD) exists to inspire, educate and empower the public and providers about the importance of advance care planning. NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be.

#### Objectives

- To partner with SJMC Senior Services, St Jude Heritage Health Care, St Joseph Health; The Center for Advance Care Planning and Advocacy, along with SJMC Oncology Social Workers to Educate the Staff (Caregivers) and Community about Advance Directives and distribute Advance Care Planning information.
- Focus on St Jude Medical Center and St Jude Heritage Employees (Caregivers) and Community.

- To comply with the Federal Patient Self-Determination Act – “All Medicare-participating healthcare facilities inquire about and provide information to patients on Advance Directives; it also requires these facilities to provide community education on Advance Directives.”

#### Activities:

- St Jude Medical Center – Display Table for Staff and Community and Rounding at SJMC. Monday, Wednesday, and Friday, April 16, 18, and 20th, 2018.
- St Jude Val Mesa Office/TMC – Display Table for Community. Monday, April 16, and Wednesday, April 18.
- St Jude Community Services Building/Conference Room, Tuesday, April 17, 2018  
8:30- 10:00 a.m. North Orange County Senior Collaborative Screening of “Extremis” with Panel discussion, featuring Rochelle Clayton, Paz Maria Battung, and Chaplin Bill Boylan.
- St Jude Medical Plaza, Tuesday, April 17, 2018 Display Table for Staff and Community and Rounding at MOB I & II: Radiation Oncology, Breast Center, Cancer Center.
- Friday, April 20, 2018 SJMC Annual Fair, Environmental Sustainment and Wellness Committees, Provided information on Advance Health Care Directives.

#### Outcomes of the Event

- Total encounters: 200 Encounters (with staff and community at SJMC and Medical Plaza Building I & II)

### Cancer Survivor’s Day- Celebrating Survivorship with Healthy Living - June 12, 2018

Event Location: SJMC Plaza Lobby

Supported by the Care Delivery Council, American Cancer Society and Cancer Rehabilitation and Wellness center

One of the key findings in the Community needs assessment was the high prevalence of cancer in our community. However, there are currently over 15 million cancer survivors in the United States. Despite cancer being the second leading cause of death in SJMC service area, we celebrate those who have survived cancer as well as those who continue to live with cancer as a long term illness. We also want to bring awareness that we are able to lower our risk of getting cancer by living a healthy lifestyle. We can make healthy choices by not smoking, limiting our alcohol intake, exercising, making healthy

## Community Outreach Activities for 2018

food choices, and maintaining an appropriate BMI. We do this by setting aside one day a year to celebrate life and provide education.

### Objectives

- This event was held to recognize and celebrate cancer survivors.
- To bring awareness to cancer survivors and the community of healthy lifestyle changes that can help to lower their risk of cancer occurrence or reoccurrence.

### Outcomes

- Attendees: A total of 246 people stopped by the information tables interacting members of the CDC members, American Cancer Society and staff from the Cancer Rehabilitation & Wellness program.
- Educational literature was provided on: smoking cessation, limiting alcohol intake, participating in regular exercise, healthy food choices, maintaining an appropriate body weight and sun protection.
- Healing touch and aromatherapy were offered.

### Survivorship Educational Series

Quarterly; facilitated by Alice Daugherty, RN, Oncology Survivorship Nurse Navigator

The Community Needs Assessment indicates that cancer is the second leading cause of death in the St. Jude service area, but there are over 15 million people in the United States that have survived or are living with cancer as a chronic disease. In order to support survivors and address their continued need for education, a series of presentations were held at the SJMC Cancer Center.

- April 23, 2018 Presentation: Hot Topics in Cancer and Nutrition. A one hour presentation on the common hot topics related to cancer and nutrition including sugar and cancer connection, alkaline diets, and the use of supplements during treatment. Presented by Karen Godinez, RD, CSO.
- June 25, 2018 Presentation: Cancer in the Family Tree – What Does It Mean For Me? A one hour presentation on the implications of a cancer diagnosis for family members and red flags for a hereditary or genetic component in a cancer diagnosis. Presented by Rebecca Haskins, MS, LCGC, Genetic Counselor.

### Objectives

- Identify and address the needs of people who have been diagnosed and treated for cancer
- Provide coping mechanisms for dealing with the late and long term effects of cancer treatment
- Provide an opportunity for cancer survivors to feel supported and connect with each other
- Provide education to cancer patients and survivors regarding topics that are most concerning to them

### Outcomes

- A total of 86 people attended the educational series and class surveys were administered at each presentation.
  - 4/23/18: 68 participants
  - 6/25/18: 18 participants
- Usefulness of the presentation was overwhelmingly positive with a majority of participants answering that the information will definitely be useful.
- Patients and family members have the opportunity to ask questions of the speakers to help increase their understanding.

### Preoperative Prostatectomy Class

Offered monthly; facilitated by Rebecca Carigma, RN, BSN and the Pelvic Rehab Therapy Team

Knowledge deficit is identified as a top priority from the Community Health Needs Assessment, especially for those who are underserved. Education is a key nursing role to help with knowledge deficit as well as decrease distress and set expectations for hospital stay and recovery. The Preoperative Prostatectomy class offers patients and their caregivers the opportunity to learn about a prostatectomy surgery, what will occur in the hospital, and what to expect for recovery. It encourages patients to take a more active role throughout the perioperative period. Patients are also educated on the Pelvic Floor Rehab Program and pelvic floor rehab concepts in light of a recent prostatectomy.

### Objectives

- To educate patients and their families about prostatectomies and the Pelvic Floor Rehab Program
- To inform patients of the post-operative expectations and care in the hospital and at home

# Community Outreach Activities for 2018

## Outcomes

- For January through November, a total of 62 people attended the class
- Hospital nurses caring for these patients report a significant difference in the patients' level of anxiety (less) as well as increased involvement in their own recovery
- Patients state they appreciate the information and feel better educated on the perioperative needs and expectations
- Number of Classes for 2018: 9

## Celebration of Life – Honoring the Community in Life and Death

Occurs twice a year; facilitated by the Oncology Care Delivery Council

The Community Health Needs Assessment reports that cancer is the second leading cause of death in the SJMC community. At SJMC, we honor our diverse community in life and in death, regardless of their race, ethnicity, socioeconomic status, or whether they are insured or uninsured. While we provide our community with the highest quality of healthcare for all cancer patients through the care continuum, we also continue to support them even at end of life.

All SJMC staff is welcome to attend. The celebration occurs on the top of our parking structure at the medical plaza, or the Healing Garden located at St. Jude Medical Center. It begins with an opening prayer or reflection, followed by inspirational songs led by some of our gifted singers at St. Jude Cancer Center. The ceremony concludes with blowing bubbles to help symbolize the releasing of emotions. It's just one way we express support for our community and each other so we can continue to care for our community.

## Objectives

- To provide our employees an opportunity twice a year to reflect and celebrate the lives of those cancer patients who have died and had an impact on our lives.
- This celebration has been repeated year after year because of the heartfelt response of all those who attend.

## Outcomes

- Staff reports a feeling of comradery and support through the use of this program.
- Staff also reports that it is a beneficial opportunity to reflect and memorialize patients whom we have cared for.
- This year we hosted the April event at the outpatient plaza, but re-located the November event to the inpatient oncology garden area. This was better suited to include inpatient staff members and so moving forward, we will offer one of the Celebrations at the inpatient oncology gardens.
- April 19, 2018: 30 staff members attended.
- November 8, 2018: 30 staff members attended.

## WeGive Day- April 18th & September 12th, 2018

Facilitated/Coordinated by Sue Lepich, RN, and Marie Sloan

The Community Health Needs Assessment reports that cancer is the second leading cause of death in the SJMC community. At SJMC, we provide our community with the highest quality of healthcare for all cancer patients through the care continuum, honoring the whole person – body, mind, and spirit. Breast cancer patients often begin their journey feeling fear and a sense of uncertainty. Partnering with The Breast Cancer Fundraiser, Inc. to bring We Give Day to SJMC has allowed us the opportunity to deliver We Care packages to newly diagnosed breast cancer patients. These packages are complete with a variety of items that will help patients and their families get through the initial stages of diagnosis. From informative reading materials to comforting socks, this package is full of resources and materials to help breast cancer patients in a tangible, caring way.

## Objectives

- To partner with the Breast Cancer Fundraiser, Inc. to distribute We Care packages to newly diagnosed breast cancer patients.
- To provide resources and tools to St. Jude's breast cancer patient population that will alleviate a number of emotions that may be endured along their journey.

# Community Outreach Activities for 2018

## Outcomes of the Event

- Total number of patients given We Care packages in 2018: 47
- Partnering with The Breast Cancer Fundraiser, Inc. allowed SJMC to offer support to our patients in a tangible way. This fostered our patients' faith in our ministry to serve others as we champion for a healing outcome.

## Relay for Life – American Cancer Society – May 19-20, 2018

The Community Needs Assessment indicates cancer is the leading cause of death in the St. Jude service area. North Orange County has disparities in regards to seeking health care and obesity which can decrease the early detection and treatment of cancer. Relay for Life events are an opportunity to bring about awareness of cancer prevention and screenings in order to improve detection and treatment. At the event, the staff provided healthy fresh fruits to the participants. Brochures about the services at the Cancer Center and Breast Center were handed out. Also information about SJMC genetic screening, smoking cessation program, dermatology physicians, low dose CT lung screening, and general cancer screenings were provided. The two day event occurred at the Splash Aquatic Center in La Mirada, CA on May 19-20, 2018.

### Objectives

- To partner with the American Cancer Society to reach out to our diverse population
- To provide education about the cancer programs that are available in their community at SJMC.
- To promote healthy diet and exercise

## Outcomes of the Event

- Total Participants provided information: approximately 200
- Most of the participants have had a loved one with a diagnosis of cancer. By educating our community of the services provided at SJMC, our hope is that the participants will contact our accredited program and have appropriate screening for early detection and treatment.
- Through our partnership with the American Cancer Society, a large area of North Orange County was made aware of the event and SJMC staff was able to provide cancer screening and SJMC Cancer Prevention information to a population of the community that was unaware of our services.

## Healing Touch for Those Living With Chronic Conditions – August 17, 2018

Facilitated by Denise Yoshihara, MSW, LCSW, OSW-C

The Community Needs Assessment indicates that cancer is the second leading cause of death in the St. Jude service area, but there are over 15 million people in the United States that have survived or are living with cancer as a chronic disease. SJMC is dedicated to supporting patients with alternative ways of coping with chronic diseases and cancer diagnoses.

### Objectives

- Discuss the benefits, purpose, and use of Healing Touch with patients living with chronic illness, including those patients living with cancer.
- Participate in the demonstration of "Self-Mind Clearing:" a light touch technique that balances the energy flow in the brain.
- To promote relaxation and Peacefulness

### Outcomes:

- 16 attendees

# Community Outreach Activities for 2018

## OC Brain Tumor Walk – National Brain Tumor Society – Saturday, September 15, 2018 – Angel Stadium of Anaheim

The Community Needs Assessment indicates cancer is the leading cause of death in the St. Jude service area. North Orange County has disparities in regards to seeking health care and obesity which can decrease the early detection and treatment of cancer. The OC Brain Tumor Walk is an opportunity to bring about awareness for the treatment of brain cancer. St. Jude Medical Center collaborated with our sister hospital, St. Joseph's Hospital for this event. The Walk was a broad show of support from the Orange County cities with high school cheer squads present throughout the 5k course, cheering the participants and teams along. There was also a booth set up at the main event circle where event participants could pick up information about our hospitals and our joint neuro-oncology program as well as ask more questions about brain tumors with both the Nurse Navigators for St. Jude and St. Joseph available to answer any questions.

### Objectives

- To collaborate with St. Joseph Hospital in marketing our joint Neuro-Oncology Program
- To promote our comprehensive joint Neuro-Oncology program that incorporates St. Jude's state of the art intra-operative MRI machine for better surgical outcomes of brain tumor resections along with our joint efforts in promoting shared clinical trial resources
- To promote healthy practices with a 5K jog/walk around a set course of the Angel Stadium.

### Outcomes

- National Brain Tumor Society Raised a total of \$230,009.34 at this event.
- There were a total of 116 teams. St. Jude and St. Joseph Neuro-Oncology Team raised a total of \$1,105 with 25 registered members.
- Two of the teams at the event were dedicated to patients of St. Jude and St. Joseph. These friends and families of both St. Jude and St. Joseph raised for the walk a grand total of approximately \$20,690.
- There were 1,896 registered participants at this event and a total of 2,000 estimated attendees.
- 300 St. Joseph Health backpacks were distributed at the event along with St. Jude/St. Joseph neuro-oncology and oncology program information.

## Advance Care Planning – September 13, 2018

The Community Health Needs Assessment reports that cancer is the second leading cause of death in the SJMC community. At SJMC, we honor our diverse community in life and in death, regardless of their race, ethnicity, or socioeconomic status. While we provide our community with the highest quality of healthcare for all cancer patients through the care continuum, we also continue to support them even at end of life. National Healthcare Decisions Day (NHDD) exists to inspire, educate and empower the public and providers about the importance of advance care planning. NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be.

### Objectives

- To educate attendees on advance care planning
- Discuss concepts around making decisions for living and dying
- Notary public was made available to assist with advance directive documents

### Outcomes of the Event

- Total Participants: 7

# Community Outreach Activities for 2018

## Love Is In The Hair – October 3, 2018

Facilitated by Marie Sloan

Patients in the North Orange County and surrounding communities, enduring hair loss and/or thinning due to cancer treatment, were invited to receive 2 free wigs courtesy of Vogue Wigs, Inc. Each patient also received a free fitting and styling from compassionate, licensed cosmetologists, complete with special care instructions and wig stand. Additionally, American Cancer Society partnered with Vogue Wigs to distribute stylish head coverings. Cancer support materials were offered to patients in attendance on behalf of SJMC. This was the first event of its kind for St. Jude.

### Objectives

- To serve our patient population undergoing or having recently received cancer treatment, with free wigs, which are very costly making them unattainable for many.
- To build a strong partnership with Vogue, Inc. alongside American Cancer Society.
- To provide our patients alternative hair options in the form of cranial prosthesis and support during a difficult and trying time.

### Outcomes of the Event

- Total number of patients served: 32
- Patients left the event feeling confident and grateful. The staff heard positive feedback from their patients.

## Untie Your Ribbon- October 6, 2018

Offered yearly; facilitated by Denise Yoshihara, MSW, Sue Lepich, RN, BSN, CBCN, and Marie Sloan

As seen in our Community Needs Assessment, our North Orange County is a community of great wealth and poverty. Many patients have a desire to “give back” following their diagnosis and treatment. A group of breast cancer survivors have spearheaded a yearly program that celebrates the breast cancer survivor during their journey. Survivors can be at various stages of treatment and includes people diagnosed at stage 0 to metastatic disease

### Objectives

- To celebrate, emotionally heal and connect with other breast cancer survivors

### Outcomes

- Total attendees: 74
- This event is a kick off to Breast Cancer Awareness month. The attendees provided positive feedback to the organizers of the event. The attendance to this event grows every year.

## Walk Amongst the Stars Fashion Show and Luncheon – October 14, 2018

The Walk Amongst the Stars Fashion Show and Luncheon is a yearly fundraising event that brings together the community and the Oncology Care Team to celebrate patients and their families. Patients are chosen as models for the fashion show and celebrate their fight by strutting down the runway. Physician speakers bring awareness to new treatments and technologies offered at St. Jude. This year’s focus was to bring awareness to the new advancements in breast cancer screening technology – 3D mammography.

The Community Needs Assessment found that North Orange County is a community of great wealth and great poverty. This area is also a highly-rationally, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes and obesity.



## Community Outreach Activities for 2018

### Objectives

- To raise funds to support the advancement of programs and services at the St. Jude Crosson Cancer Institute
- To bring about awareness of new treatments and technologies offered at SJMC

### Outcomes

- Raised over \$400,000 for 3D Mammography

### Lung Force Walk- American Lung Association- November 3, 2018

The Community Needs Assessment indicated that cancer is the second leading cause of death in the SJMC service area. Lung cancer is among the top five cancers treated at SJMC. Lung cancer is also the number one cancer death of both women and men in the U.S. SJMC and the St. Joseph Hoag Health System partnered with the American Lung Association at the Lung Force Walk held at Mason Regional Park in Irvine, CA. SJMC provided information and education to the community about the programs available at SJMC such as Low Dose CT lung Screening, smoking cessation and the lung program. The Specialty Clinic/Thoracic Nurse Practitioner, Joy Amundson was asked to speak about lung cancer and the growing technology and programs that are being implemented to fight against lung cancer.

### Objectives

- To raise awareness of lung cancer and the services provided at St. Jude Medical Center and within the St. Joseph Hoag Health System
- To fundraise for research for lung cancer

### Outcomes of the Event

- Total participants provided information: 150
- Participants were provided information on the Lung Program at SJMC and the St. Joseph Hoag Health System as well as education on Low Dose CT Lung Screening.

### Magic of Support – December 5, 2018

Held yearly; facilitated by the Oncology Care Delivery Council and the St. Jude Crosson Cancer Institute

The Magic of Support program is the St. Jude Crosson Cancer Institute's holiday party for those patients that attend any of the support groups. It offers an opportunity for patients and family members to socialize in a way that does not typically occur during a normal support group. It also allows attendees to celebrate the holiday season together. Refreshments, desserts, entertainment, a visit from Santa, socialization, and other fun activities are part of the evening's program.

### Objectives

- To provide an opportunity for patients and family members to socialize and celebrate the holiday season

### Outcomes

- Approximately 80 people attend yearly
- Patients self-report that this event is fun, a great opportunity to get to know others affected by cancer, and a chance to build friendships

### Unical Cancer Awareness Lunch and Learn, December 12, 2018

The Community Needs Assessment indicates that cancer is the second leading cause of death in the St. Jude service area. It is important that the Oncology team educate and inform the local community of the risks of cancer, how it can be prevented, and what the recommended cancer screenings are. Three nurse navigators presented "Know the Big Four," a presentation educating about cancer screenings for colon, breast, prostate, and lung cancers with opportunity for questions and answers following. Information about our CT lung cancer screening for those with a history of past or present smoking or exposure to second hand smoke were provided. There were pamphlets about the oncology nurse navigator program along with more information about St. Jude Virginia Crosson Cancer Institute.

### Objectives

- To promote cancer screening and good annual follow up with primary doctors
- To educate our local community on the necessary cancer screenings

# Community Outreach Activities for 2018

## SJMC Support Groups

*“An important part of coping with a cancer diagnosis is recognizing emotions and feelings. Treatment that deals with our emotions and relationships (sometimes called psychosocial interventions) can help people with cancer feel more upbeat and have a better quality of life. But there’s no good evidence to support the idea that these interventions can reduce the risk of cancer, keep cancer from coming back, or help the person with cancer live longer. Still, things like group support, individual therapy, mindfulness, and relaxation techniques can be used to help reduce distress and cope with the emotions that come with a cancer diagnosis.”*

**American Cancer Society**

St. Jude’s Comprehensive Cancer Institute’s Support Groups are dedicated to three common goals: to reduce distress, to assist with coping, and to educate our attendees on various topics related to a cancer diagnosis, its treatments, and psychosocial well-being.

At the writing of this report, for 2018, the SJMC Crossen Cancer Institute held 166 support group meetings, at which there were 1,109 encounters.

## Advanced Prostate Cancer Discussion Group

Meets monthly; facilitated by Rebecca Carigma, RN, BSN

Support groups provide a myriad of resources, education and psychosocial support for cancer patients. Prostate cancer patients and their spouses need the support and education that a support group can provide. For some men, prostate cancer is similar to a chronic disease. Men can live with prostate cancer for several years and during that time deal with many disease- and treatment-related side effects that can decrease quality of life. There are also psychosocial concerns and distress that come with living with cancer. A support group for men with advanced cancer can provide the needed support and education that these men and their spouses require.

Through a literature review, it was found that more than half of all prostate cancer support groups are a combined educational meeting and personal sharing. The educational part of the meeting can include speakers, information and updates, brochures and videos, and news and newspaper articles. The proposal for this support group will be a combined approach to meet the needs of the patients and family members. Significant others/spouses are invited to come as well.

### Objectives:

- To provide educational information regarding prostate cancer, its diagnosis, treatments, and symptom management for improved quality of life
- To provide psychosocial and emotional support for men living with prostate cancer and their family members

### Outcomes

- Topics for 2018 included: Genetics – Cancer in the Family Tree; Rehab and Managing Cancer-Related Symptoms; Masculinity and Prostate Cancer (Depression/ Psychosocial); Open Discussion nights
- Patient frequently provide verbal feedback that they feel as though this group is a “family” to them, that they receive psychosocial, mental, and spiritual support through these meetings and those that attend.
- Number of attendees for 2018: 52
- Number of meetings for 2018: 10

# Community Outreach Activities 2018

## Brain Tumor Support Group

Meets monthly; facilitated by Dr. Robert Merlino, Psychiatrist, PhD.

The target community population for our monthly brain tumor support group is patients and caregivers that are coping with the many challenges related to brain tumors. Whether the brain tumor is a chronic condition of meningioma or an aggressive glioblastoma, the support group creates a trusting environment for patients and caregivers to discuss the difficulties and challenges they are facing as well as provide feedback and advice on how each individual is coping with their immediate barriers. Some of the common topics that are discussed are symptoms associated with the brain tumor, how to manage these symptoms, and how to move forward with everyday life activities after brain tumor diagnosis and treatments have been completed.

### Objectives:

- To assist patients and caregivers with symptom management
- To educate on positive coping skills and provide an environment to decrease distress

### Outcomes

- Patients and families self-report that it is helpful for them to discuss their experiences and challenges among peers and this also helps them knowing that as a patient and a caregiver they are not alone in their diagnosis
- Number of attendees for 2018 as of the end of October: 37
- Number of meetings for 2018 up to November: 8

## Craft Night for Cancer Survivors and Support People

Meets monthly; facilitated by Denise Yoshihara, MSW, LCSW, OSW-C

“Creative arts therapy is based on the idea that the creative act can be healing. According to therapists, it can help people express hidden emotions, and reduce stress, fear, and anxiety. Many cancer patients and survivors use creative arts therapies including music, art, dance, drama, and writing to help manage the emotional and psychological side effects that often result from cancer diagnosis and treatment” (American Cancer Society).

This group is for patients, family, and friends; children are also welcome. Guest artist Tamara Lujan has presented many canvas painting workshops for the past 5 years. Canvas painting themes: Winter Fun- Polar Bear, Celebrating Love – Heart, Spring-Butterfly and Flower, April Showers – Umbrella, Fireworks, Sunrise, Koi Fish, Pumpkins, and Quiet Winter. This past year we also created “Succulent Planter Box” and Terrariums. All participants look forward to receiving succulent plants every month from one of the survivors.

### Objectives

- To decrease stress and anxiety through art therapy
- To provide psychosocial and emotional support to those going through cancer treatments as well as survivors

### Outcomes

- Patients self-report that the group helps them cope better with their diagnosis and treatments, improves their quality of life, and decreases their distress.
- Per the participants, the group provides fun activities and the opportunity to socialize with others going through the same experience as them; it is nurturing to their spirit.
- Number of attendees for 2018 as of the end of October: 353
- Number of meetings for 2018: 11 (Last meeting scheduled for 11/28/18)

# Community Outreach Activities 2018

## Head and Neck Cancer Support Group

**Meets Monthly:** Facilitated by Shannon Lindop, RN, BSN, OCN and Karen Godinez RD, CSO

Patients that have Head and Neck cancer and undergo treatment for this disease, not only have to cope with a life-threatening diagnosis, but also cope with the life altering consequences of the disease and treatment. Patients can suffer many short term and long term effects including a change in facial appearance, loss of sense of taste and smell, swallowing difficulties, dry mouth, lymphedema, and hearing loss. Many patients require the placement of feeding tube to provide nutrition support during and after treatment. The consequences of the disease and treatment can impact their quality of life. Topics for 2017 included personal sharing, open discussion, gratitude and wishes.

### Objectives

- To provide an opportunity for Head and Neck cancer survivors to fellowship through a common experience, personal sharing, learn more about their illness, share concerns, offer and receive emotional and psychosocial support during their cancer journey.
- To provide an opportunity for family members to offer and receive emotional and psychosocial support from other family members.

### Outcomes

- Patients self-report that they are able to cope better through the support of the group.
- Newly diagnosed patients self-report that they understand better what to expect from treatment and long term side effects because survivors have shared their experiences in the group.
- Number of attendees for 2018: 60
- Number of meetings for 2018: 10

## HOPE: Cancer Patient and Family Support Group

**Meets twice a month;** facilitated by Alice Daugherty RN, MSN, OCN, FNP-BC and Dr. Robert Merlino, LMFT

The community needs assessment indicates that cancer is the second leading cause of death in the St. Jude service area. There is much death related to cancer but there are so many more people that are living today with cancer. SJMC recognizes the unique needs for support for those people going through cancer treatment, after cancer treatment and living with cancer as a chronic disease by offering many supportive services.

One of the longstanding support groups offered at SJMC is the HOPE support group. The group has been established for over 20 years and is offered to patients with any type of cancer and features a special breakout group for caregivers - family and friends of those cancer patients. Discussion topics are led by the participants and are based on the current needs of those in attendance. Common discussion topics include the physical side effects of cancer treatment such as losing your hair, chemo-brain, fatigue, and coping with chronic pain. The aspects of living with the stigma of a cancer diagnosis, finding a "new normal" to life and issues surrounding the challenges of returning to the workplace are just some of the psychosocial aspects discussed during the group meetings.

### Objectives:

- To discuss and demonstrate management techniques for disease-related and treatment related symptoms and side effects
- To discuss and demonstrate coping skills and communications skills to improve overall quality of life, particularly psychosocial, mental and spiritual well-being

### Outcomes

- Support group members self-report that the Hope Group provides a special place where they can be surrounded by people who really understand them and have walked in their shoes.
- Patients and caregivers also self-report that they feel a strong sense of connection with the group's members and that they encourage and support one another.
- Number of attendees for 2018: 252
- Number of meetings for 2018: 16

# Community Outreach Activities 2018

## Journey to Health Support Group

Meets twice a month on Mondays, and twice a month on Fridays; facilitated by Karen Godinez, RD, CSO

According to the Centers for Disease Control and Prevention, more than one-third (36.5%) of adults have obesity. American Institute for Cancer Research has found a strong link between excess body fat an increased risk of certain cancers, including postmenopausal breast, prostate (advanced), colon, stomach, and esophagus.

The Community Health Needs Assessment ranked obesity as the second highest ranked health need. The Committee selected Obesity as a top priority because of its prevalence, particularly in low-income communities and its impact on health status.

## Mission Statement

To inspire and provide support as we continually pursue the challenges of achieving and maintaining a healthy lifestyle so that we can live life to the fullest. Members will do this by respecting and supporting each other as we discuss nutritional concerns and direction. We strive to maintain a positive and proactive attitude to nutrition, exercise and a healthy lifestyle.

## Objectives

- To provide cancer survivors, who have completed treatment, an opportunity to receive nutrition education and on-going support from a registered oncology dietitian
- To educate patients on weight management tips and making healthier food choices to help manage weight and improve health and wellness
- To provide an opportunity for cancer survivors to fellowship through a common bond, share information, offer and receive support as they work toward regaining and maintaining optimum health

## Outcomes

- Patients self-report that the nutrition information provided is helpful and weighing in at each meeting provides a level of accountability and assists them with making healthier lifestyle choices.
- Patients also self-report that the group provides an opportunity for friendship among people who have a shared cancer experience, to bond and share with survivors, and to learn healthy tips and ideas among the attendees.
- Nutrition education topics for 2018 include: sensible eating for success, physical activity guidelines for Americans, problem solving, fats 101, mindful eating, snack attacks, handling weight plateaus, ketogenic diet, dining out, social eating, getting support, triggers and cues, managing slips, and positive thinking.
- Number of Attendees for 2018: 112
- Number of Meetings for 2018: 39

References: <https://www.cdc.gov/obesity/data/adult.html>

[http://www.aicr.org/reduce-your-cancer-risk/weight/reduce\\_weight\\_cancer\\_link.html?\\_ga=2.47975457.740339527.15110545073-1755117946.1505616007](http://www.aicr.org/reduce-your-cancer-risk/weight/reduce_weight_cancer_link.html?_ga=2.47975457.740339527.15110545073-1755117946.1505616007)

# Community Outreach Activities 2018

## Ladies Night Cancer Support Group

Meets monthly; facilitated by Denise Yoshihara, MSW, LCSW, OSW-C

This group is support for women in treatment or who have completed cancer treatment. Meetings feature “Girl Talk” and “Guest Speakers.” Topics this year include: An Evening of Self Care: Chair Massage, Advance Care Planning: Important Choices for Living and Dying, Gentle Chair Yoga, Acupuncture, Drum Circle for Health and Wellness, and Create the Body Your Soul Desires – How to Feel Good Again in Your Body. In addition, we hosted the Pink Ribbon Brunch for those ladies that participated in Ladies Night Cancer Support Group. Patients have an opportunity to give suggestions for guest speaker topics and/or programs. This helps to meet their needs.

### Objectives:

- To provide a comfortable setting for women to discuss their concerns – both physical and emotional – regarding their cancer diagnosis and treatments

### Outcomes

- Patients self-report an “increased awareness of life beyond the day-to-day workday,” a decrease in their distress and also reported attending the group had an effect on their quality of life.
- Patients also self-reported the ability to “discuss fears, problem areas and find ways to overcome them,” feeling “better about myself because others were supportive of me and being able to empathize with others and lending support,” and a decreased level of anxiety and stress.
- Number of attendees for 2018: 28
- Number of meetings for 2018: 7

## Look Good... Feel Better Program

Meets twice a month; facilitated by the American Cancer Society and Marie Sloan

Many treatments for female cancers cause side effects that impact a woman’s body image. This can negatively affect a woman’s body image and cause further distress and anxiety during a woman’s cancer treatment journey. This is a free program for women receiving cancer treatment that teaches make-up, hair styling, and skin care techniques to help deal with changes that may occur with cancer treatments. Classes are taught by trained cosmetology professionals.

### Objectives

- To educate women on beauty techniques that may prove helpful as they go through cancer treatment
- To assist with body self-image disturbances that may occur due to the side effects of cancer treatments
- To provide support to woman coping with cancer treatment

### Outcomes

- Patients are provided with free beauty products to get them started with appropriate self-care
- Patients self-report that the impact on their looks and outlook is immeasurable.
- Number of attendees for 2018: 21
- Number of meetings for 2018: 6

# Community Outreach Activities 2018

## Relaxation and Visualization for Well-Being

Meets monthly; facilitated by Dr. Robert Merlino, PhD.

This group is for patients, families and caregiver who are coping with cancer. Classes provide the opportunity and the education on how to utilize relaxation and visualization techniques to decrease stress, anxiety, and depression.

### Objectives

- To reduce anxiety and stress
- To promote relaxation by teaching skills that patients can use independently from the group

### Outcomes

- Patients self-report an increase in coping skills and a decrease in stress
- Patients also self-reported that the group provided the opportunity for friendship, that their expectations of the program were met, and that the class improved their quality of life
- Number of attendees for 2018:
- Number of meetings for 2018:

## Tai Chi Chuan for Health

Meets weekly; facilitated by Diane Globerman

The Community Health Needs Assessment indicates that North Orange County has a highly racially, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes, and obesity. The rate of overweight and obese adults has increased. Therefore, exercise is an important health promotion activity, especially for patients undergoing treatment and cancer survivors. Tai chi is for Cancer patients and their caregivers. Practicing Tai Chi is an excellent way to promote good health while quieting the mind and lifting our spirits. It helps the body heal itself and is available to everyone regardless of ability, age, and belief system or life circumstances.

## Objectives

To relieve stress and anxiety. Lower blood pressure, increase bone density, improves balance, strength and flexibility, adjusts posture, helps with memory and can boost the immune system.

### Outcomes

- Number of attendees for 2018: 104
- Number of meetings for 2018: 24

## Yoga for Cancer Health

Offered twice per month; facilitated by Deborah Kuryan

The Community Health Needs Assessment indicates that North Orange County has a highly racially, ethnically, and socio-economically diverse population, which results in health disparities, particularly in regards to access to health care, diabetes, and obesity. The rate of overweight and obese adults has increased. Therefore, exercise is an important health promotion activity, especially for patients undergoing treatment and cancer survivors. This program includes gentle movement exercises to help improve flexibility. It also offers directed breathing exercises. This helps trigger the body's relaxation response and increase the amount of oxygen available to the body.

### Objectives

- Increase the health and well-being of patients and survivors through yoga, stretching, and directed breathing exercises
- Decrease anxiety and stress through exercise

### Outcomes

- Patients self-report that this class improves mobility.

