

El Camino Health Cancer Center  
**Breast Cancer Report**  
2020 Capabilities and Outcomes



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# Breast Cancer

## Leading-Edge Treatment Paired with Personalized Support

At El Camino Health, we are known for our strong outcomes in breast cancer care. But to a newly diagnosed patient, our superior survival rates, advanced technology and continuous pursuit of leading-edge treatments are just the start.



Breast cancer is a highly personal journey. While each of our patients receives appropriately aggressive tailored treatments, they can also draw on a wealth of services for emotional and spiritual health — from our multipurpose healing space to complementary wellness services to follow-up support after treatment ends.

Patients are encouraged to get involved and participate in their care by engaging with the care team for

discussion and education. Cancer is a disease with a strong emotional component. We provide a medical team they can talk to as well as a personal oncology coordinator who guides each patient every step of the way. Our cancer centers in Los Gatos and Mountain View provide the warmth and friendliness of a community hospital with the caliber of care patients expect to find at a large academic medical center.

## The Stages of Breast Cancer

“Stage” describes how much and how widespread the cancer is. It helps doctors determine the best treatment.

### STAGE 0: ABNORMAL CELLS

Cancer cells are present but have not spread into nearby tissue.

### STAGE 1: EARLY STAGE

A small mass or tumor is present in a small area.

### STAGE 2: LOCALIZED

The tumor is 2-5 cm and may have spread to lymph nodes (small infection-fighting glands).

### STAGE 3: REGIONAL SPREAD

The tumor is larger than 5 cm and involves more lymph nodes across a wider region.

### STAGE 4: DISTANT SPREAD

Cancer has spread beyond the breast to other tissues and organs.

## Breast Cancer Five-Year Survival Rates

Based on the most recent data, relative survival rates for women diagnosed with breast cancer are

- 91%** at five years after diagnosis
- 84%** after 10 years
- 80%** after 15 years

(ACS 2019-2020)

Note that survival rates are estimates. They do not predict individual outcomes because each patient is unique.

## Breast Cancer (continued)

### 2020 Breast Cancer Study

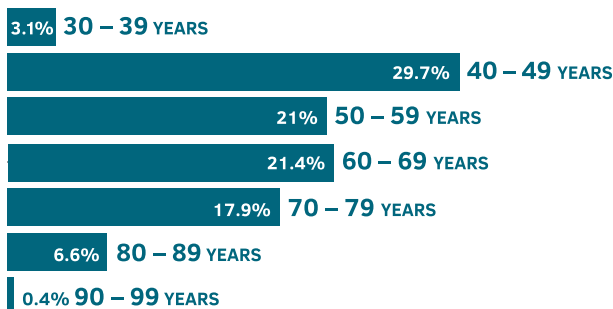
Cancer outcomes are measured by five-year survival rates — the percentage of patients who are alive at least five years after their cancer is diagnosed. Patient outcome data from the El Camino Health Cancer Center registry shows our survival rates exceed national benchmarks. The data presented below also includes demographic details of patients treated for Breast Cancer in 2019.

#### 5-Year Survival Rates

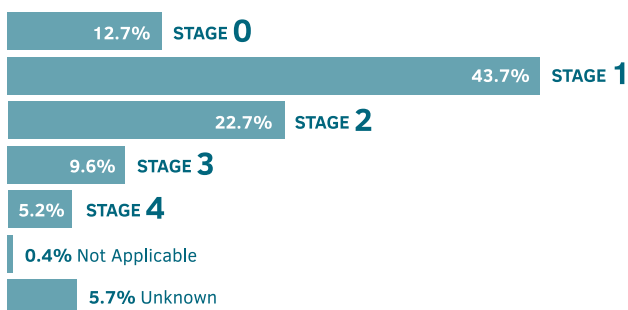
STAGE 0	100%
STAGE 1	95%
STAGE 2	94%
STAGE 3	92%
STAGE 4	90%

**229**  
Participants  
**226 Female**  
**3 Male**

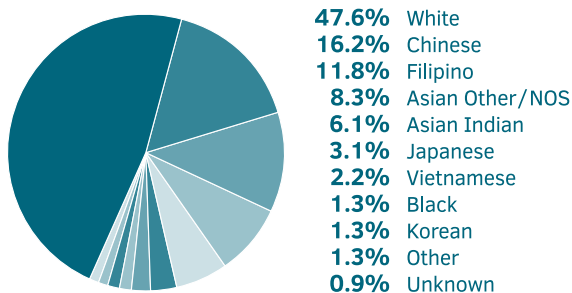
#### Age at Diagnosis



#### Stage at Diagnosis



#### Race / Ethnic Breakdown



### Increased Breast Cancer Survival Rates

Breast cancer is the most common cancer in women in the U.S. About 1 in 8 women will develop breast cancer during her lifetime. But thanks to increased awareness, earlier detection and advancements in treatment, more and more women are surviving breast cancer.

In general, the earlier we diagnose and treat breast cancer, the better the chance for a patient to become disease-free or progression-free (meaning the cancer isn't getting worse). Even for the more advanced stages of breast cancer or in cases of recurrence, new treatments are helping many women enjoy longer lives.

Of course every patient is different, and their doctor and care team will be able to help them understand their unique diagnosis.

“The El Camino Health Cancer Program is breast cancer’s worst enemy. Whether it be superlative outcomes, personalized care or just a simple hug from a member of your care team, we deliver. Our cancer program is where you want YOUR family member treated for breast cancer.”

— Shane Dormady, MD, PhD  
Medical Oncologist

## Breast Cancer (continued)

### Cancer Treatment Is a Team Effort

El Camino Health uses an intensely integrated approach to care. Our top oncology experts work as a team to determine individualized treatment plans. We place an equally high importance on providing a full support team for patients and families challenged by breast cancer. Together, we create pathways to the best outcomes.

“We deliver leading-edge and personalized treatment in a friendly environment.”

— Elie Richa, MD, Medical Oncologist

Medical specialists in the El Camino Health cancer program include:

- + **Breast reconstruction surgeons** are skilled in reconstructing a natural-looking breast following mastectomy.
- + **Breast surgeons** specialize in the surgical treatment of breast cancer.
- + **Medical oncologists** administer chemotherapy and targeted therapy to shrink tumors.
- + **Pathologists** examine tissue to diagnose the type and stage of tumors.
- + **Radiation oncologists** use precise radiation therapy to shrink or destroy tumor cells.
- + **Radiologists** interpret results of advanced imaging procedures that detect tumors.



El Camino Health Radiation Oncology team

## Breast Cancer (continued)



*El Camino Health Cancer Center care team*

Other members of our breast cancer care teams include:

- + **Complementary care providers** offer art therapy, spiritual care, massage and more.
- + **Genetic counselors** assess risk and develop treatment plans based on a patient's genetic profile.
- + **Nurse practitioners** help patients manage treatment side effects.
- + **Dietitians** address the unique nutritional needs of each cancer patient.
- + **Oncology coordinators** act as the single point of contact, guide, educator and patient advocate.
- + **Social workers** provide emotional support and help patients access in-home, family and medical resources.

“Specialized oncology dietitians assist patients to optimize their nutrition health during cancer treatment. They also help design a survivorship nutrition plan so that patients can be well nourished and strong as they recover, improve their overall health and prevent cancer recurrence.”

— Charis Spielman, MPH, RD, CSO, CNSC  
Oncology Dietitian



## Risk and Prevention

Cancer is made up of abnormal cells that may grow to form a lump or tumor. In the case of breast cancer, these cells can spread to other parts of the body. Doctors don't yet know exactly what causes it, but certain factors can make it more likely that a person will develop breast cancer.

“Breast cancer changes life forever but it does not have to be a death sentence. With courage and strength, we can win the fight!”

— Shiva Singhal, MD, Medical Oncologist

### Risk Factors

- + **Age.** Most breast cancer occurs in women over age 55. However, evidence suggests that advanced breast cancer in young women is on the rise, making it important to get yearly mammograms starting at age 40, or prior to age 40 if you are at high risk.
- + **Alcohol.** Drinking one or more alcoholic beverages a day increases risk.
- + **Benign breast disease.** A condition such as hyperplasia (noncancerous cell proliferation) can increase risk.
- + **Childbirth.** Risk is slightly higher among women who have not given birth or who have their first child after age 30.
- + **Dense breast tissue.** Tissue that is particularly fibrous occurs in approximately 40% of U.S. women.
- + **DES (diethylstilbestrol) exposure.** This medicine taken during pregnancy adds risk.
- + **Estrogen / progestin medicines.** Taking birth control pills or using hormone replacement therapy long-term increases risk.
- + **Gender.** Breast cancer occurs about 100 times more often in women than in men.
- + **Genetics.** Hereditary breast cancer accounts for about 5% to 10% of all cases. BRCA1 and BRCA2 genes are the most common genes linked to breast cancer. In the U.S., BRCA changes are most common in women of Ashkenazi Jewish ancestry.
- + **History.** Having a parent, sibling or child with breast cancer increases risk.
- + **History of cancer.** Risk increases when a patient has already had cancer in one breast or has had chest radiation for another cancer.
- + **Menstruation.** Women whose periods began before age 12 and women who entered menopause after age 55 are at increased risk.
- + **Race / ethnicity.** White women develop breast cancer slightly more often than Black women, who tend to die of breast cancer more often. The risk for having breast cancer and dying from it is lower in women who are Hispanic, Native American or Asian.
- + **Weight.** Excess weight, especially after menopause, increases risk. Overall, your risk of breast cancer is lower if you stay at a healthy weight.

## Risk and Prevention (continued)

### Protective Factors

Increasing a patient’s protective factors — that is, actions that may decrease the chance of getting a certain disease — may lower the risk of breast cancer. Protective factors include:

- + **Regular physical activity**
- + **Maintaining a healthy weight**
- + **Eating nutritious foods**
- + **Not smoking tobacco or marijuana or vaping**

Studies suggest that a decreased length of time a woman’s breast tissue is exposed to estrogen may help prevent breast cancer. Two protective actions include:

- + **Early pregnancy (before age 30). Estrogen levels are lower during pregnancy.**
- + **Breastfeeding. Estrogen levels may remain lower while a woman is breastfeeding.**

At El Camino Health, we offer the latest methods to assess a patient’s risk. Once we have a risk estimate, our doctors can set up individual prevention and screening plans.

### High-Risk Breast Cancer Care

Our Women’s Imaging Center helps identify, monitor and protect women who have an elevated risk for breast cancer.

High-risk patients include those who test positive for BRCA1 or BRCA2 determined through genetic testing. (BRCA stands for BREast CANcer genes 1 and 2, which have been found to impact a person’s chances of developing breast cancer).

Patients with a higher risk often require additional methods of screening beyond an annual mammogram. Our imaging specialists use fast, accurate state-of-the-art breast screening and diagnostic equipment to detect even slight changes in breast tissue.



### The Cancer Healthy™ Program

El Camino Health’s Cancer Healthy program helps patients and their families fight cancer in all its stages using medically proven approaches for healthy living. We have combined the most current medical advancements with our real-world experience to create an easy-to-understand road map for cancer patients. Through classes and one-on-one support, patients learn how to incorporate cancer-fighting behaviors in daily life.



# Symptoms and Screenings

## Breast Cancer Symptoms

Many breast cancer symptoms can't be detected without a professional screening, but some symptoms can be seen or felt. They include:

- + **A lump or thickening in or near the breast or underarm area**
- + **Breast pain in one spot unrelated to the menstrual cycle**
- + **Discharge from the nipple when the patient is not lactating**
- + **Dimpling on the skin of the breast**

These signs and symptoms do not always indicate cancer. Most changes, lumps and even abnormal mammograms turn out to be noncancerous. But they still need to be checked out by a physician.



## El Camino Health Cancer Centers Makes It Easy for Referring Physicians to Do Their Best for Patients with Breast Cancer



Primary care physicians choose El Camino Health based on our patient resources and our nationally recognized clinical quality, combined with fast access to physicians and information.

- + **Access.** Our expert schedulers and coordinators streamline the patient care process, offering access within 48 hours. They coordinate appointments and workups to ensure convenience and efficiency.
- + **Technology.** We offer Varian Ethos™ adaptive radiation therapy (ART), Varian Bravos™ brachytherapy, Varian RapidArc® intensity-modulated radiation therapy (IMRT), Varian Edge™ stereotactic radiosurgery and Calypso® 4-D localization system radiation therapy. We also offer the da Vinci Xi® Surgical System.
- + **Facilities.** El Camino Health Cancer Center understands patients' needs and offers a full range of services, providing an exceptional emotional / physical experience for patients and their families.
- + **Specialists.** Oncology coordinators, nurse practitioners and support staff make patient / physician engagement seamless. Our nurses are all certified in oncology.
- + **Information.** We provide comprehensive, relevant information about our treatment programs, five-year survival rates and outcomes specific to the type of breast cancer being treated.
- + **Support.** We support our doctors by caring about their well-being, too. We take care of the details so referring physicians can devote their time to their patients.

## Symptoms and Screenings (continued)

### Screening for Breast Cancer

Screenings are the tests and exams used to detect breast cancer in patients who display no symptoms. Regular screening mammograms can be one of the most effective defenses against breast cancer because they detect tumors long before a patient can see or feel them — when they are easier to treat. According to the National Cancer Institute, when breast cancer is found early and is still localized, the relative survival rate at five years is up to 96%.

Experts at El Camino Health advocate annual mammograms beginning at age 40, and every year until a woman's life expectancy is less than five to seven years. Mammography is the most common screening test for breast cancer.

Routine mammography may be supplemented with a whole breast ultrasound or breast magnetic resonance imaging (MRI). For women at high risk for breast cancer, an ultrasound or MRI may be added to their screening, typically beginning at age 30.

Women with **dense breast tissue** may need additional imaging, such as an ultrasound or an MRI. All breasts are made of up glandular, fibrous and fatty tissue. But dense breasts have a higher amount of glandular and fibrous tissue, which makes it hard to see a tumor during a mammogram. About half of women who are 40 years old or older have dense breasts.

### Free Breast Screenings for Uninsured and Underinsured Women

Thanks to generous support from a group of young philanthropists, women who can't afford preventive healthcare or whose insurance will not cover additional screenings, can get free breast screenings through the Free Mammogram Program.

Since 2009, the soccer-playing boys and girls of the Santa Clara Sporting Club have donated over \$465,000 to the program through their annual Goals for a Cure fundraiser — almost 100% of its funding.

The sporting club athletes, ages 8 to 18, come from all economic backgrounds. Many know what it's like to lose a mother or loved one to breast cancer. For more than a decade, the club's work has had a remarkable impact, helping reduce breast cancer mortality in our community.

Each year on average, the Free Mammogram Program performs 150 mammograms, 60 breast ultrasounds and 15 biopsies for uninsured and underinsured women.

To learn more about the program, call 800-216-5556. To make a donation to the Free Mammogram Program, please call 650-940-7154.



# Diagnosis

## Diagnostic Services, Precise Technology, Expanded Resources

If a mammogram shows abnormalities, our radiologists may recommend a biopsy.

- + **Biopsies.** During a biopsy, samples of breast tissue are removed and examined under a microscope to see if cancer or other abnormal cells are present. Types of breast biopsies include:
  - o Fine needle aspiration biopsy — A small needle with a syringe is used to extract a small tissue sample.
  - o Core needle aspiration biopsy — Similar to a fine needle aspiration, except a slightly larger needle is used to remove multiple, larger tissue samples. In some cases, doctors identify exactly where to insert the needle using X-rays (stereotactic core needle biopsy), ultrasound (ultrasound-guided core needle biopsy) or MRI.
  - o Open (surgical) biopsy — Requires an incision be made in the breast for tissue to be removed. There are two types of open biopsies: an incisional biopsy is used to remove a portion of the abnormal tissue, while an excisional biopsy is used to remove the entire abnormal area.

### The Women's Imaging Center at El Camino Health



**We perform more than 7,000 mammograms each year, using the latest technology.**

The El Camino Health Women's Imaging Center has been accredited as a Breast Imaging Center of Excellence by the American College of Radiology (ACR).

To achieve the ACR Gold Standard of Accreditation, our facility's personnel qualifications, equipment requirements, quality assurance and quality control procedures undergo a rigorous review process. Every aspect of the ACR accreditation process is overseen by board-certified, expert radiologists and medical physicists in advanced diagnostic imaging.

Our diagnostic breast imaging technology includes:

- + **Digital mammography including tomosynthesis (3D mammograms).** Our low-dose digital X-ray system takes pictures of each breast view electronically, giving us a detailed image of the breast. Tomosynthesis takes multiple pictures of each breast view and allows even higher cancer detection and fewer false positives, especially for those with dense breast tissue.
- + **Whole breast ultrasound technology (ABUS™).** Used to supplement routine mammography, whole breast ultrasound uses high-frequency sound waves to create a computer image. A technologist applies gel to the skin and uses an ultrasound wand (transducer) to scan all areas of the breast. Ultrasound helps locate tiny tumors that may be hidden in dense tissue.
- + **Magnetic resonance imaging (MRI).** A breast MRI is an extremely sensitive way of finding breast cancer. It uses no radiation. Powerful magnets, radio frequency waves and computers capture high-detailed images of breast tissue.

## Treatment

**The exceptional outcomes at El Camino Health Cancer Center are the result of advanced treatments and comprehensive, compassionate care.**

**Surgery.** The most common treatment for breast cancer, surgery is sometimes used in combination with chemotherapy and radiation therapy.

Breast surgeons, medical oncologists and radiation oncologists in our breast cancer program work together to develop a personalized care plan for each patient depending on the stage of the disease, the results of precise tests and the patient's age and general health. Surgical procedures include:

- + **Breast conservation surgery (lumpectomy).** Our surgeon removes only the cancer and leaves the breast. Sometimes a biopsy serves as a lumpectomy.
- + **Mastectomy.** Surgery for the removal of one or both breasts. In some cases, the surgeon also removes lymph nodes under the arm.

**Radiation therapy.** High-energy radiation beams disable cancer cells' ability to reproduce. In some cases, we give radiation therapy to shrink tumors before a mastectomy. It may also be used following a mastectomy, depending on the size of the tumor and other factors.

“Our mission is to provide patients with the most advanced cancer fighting technologies in a highly personalized, caring environment.”

— Robert Sinha, MD, Radiation Oncologist

Procedures include:

- + **Adaptive radiation therapy (Varian Ethos™).** A revolutionary form of radiation therapy with advanced imaging driven by artificial intelligence, Varian Ethos allows for a high level of customization during therapy. By identifying the exact size, shape and location of the treatment area, oncologists have a greater ability to deliver radiation precisely — without incisions or hospital stays.
- + **Brachytherapy (Varian Bravos™).** This internal radiation therapy technology treats cancer by placing radioactive sources directly into or near a tumor to kill cancer cells and destroy the tumor. Three techniques used to administer brachytherapy include high-dose rate, low-dose rate and short pulses of radiation over a period of time.
- + **4-D localization system radiation therapy (Calypso®).** This advanced system works like GPS for the body. Doctors insert tiny electromagnetic transponders into the tumor to send radio frequency signals to the radiation machine. Knowing the exact location of the tumor during treatment allows doctors to deliver radiation beams more precisely.



## Treatment (continued)

“At El Camino Health, we take care of our patients like they are family. We’re with them every step of the way, helping them get through this challenging time.”

— Jiali Li, MD, Medical Oncologist

### + Intensity-modulated radiation therapy (Varian RapidArc®).

A form of 3D therapy, Varian RapidArc uses a computer-driven machine that moves around the patient as it delivers radiation. The intensity of the beams can be adjusted to preserve normal tissue and deliver higher doses to cancerous tissue.

### + Stereotatic radiosurgery (Varian Edge™ and Varian Trilogy®).

These high-precision radiosurgery systems delivers radiation beams to hard-to-reach tumors, using a real-time tracking system to detect even the slightest tumor movement. It then destroys the DNA of cancer cells while leaving healthy tissue untouched. Varian Edge will be available in late 2021.

**Chemotherapy.** Anticancer drugs, called chemotherapy, may be given as pills or by injection into a vein. The drugs enter the bloodstream and travel throughout the body, affecting cancer cells, as well as other rapidly dividing cells in the body. Side effects depend mainly on the specific drugs and the dose.

- + To reduce any side effects of chemotherapy, we respond quickly to give patients anti-nausea and pain medication, as well as intravenous hydration. By individually managing symptoms, we keep treatment maximally effective with discomfort at a minimum.

**Targeted therapy.** El Camino Health is unique among community hospitals in using targeted therapy to create a singular combination of drugs to combat the specific type of breast cancer.

- + We study a tumor sample to analyze its proteins and chemicals. We then draw on the most current therapy data to decide which drugs will have the maximum effect in eliminating the specific cancer.

**Hormone and biological therapies.** Hormone therapy works well for some types of cancer. It can prevent the growth or recurrence of breast cancer by managing the body’s levels of estrogen. Biological therapy increases the body’s natural ability to fight cancer.

**Complementary therapies and specialized services.** We offer therapies that complement care and promote healing, such as:

- + Acupuncture and massage, as well as lymphedema therapy to reduce fluid retention and swelling in the lymph nodes following surgery
- + A variety of specialized services to address the psychological, emotional and spiritual needs of patients and family members throughout treatment and recovery.

**Clinical trials.** Clinical trials are new treatments being studied by scientists. El Camino Health works with the National Cancer Institute and other medical centers in ongoing clinical trials.



## The Cancer Centers at Los Gatos and Mountain View

Designed to be comfortable, healing environments, our Cancer Centers help reduce stress for patients and their families. We offer innovative technologies and comprehensive programs for whole-patient care — all delivered by a caring, compassionate staff. Coordinated services include:

- + **Advanced imaging**
- + **Clinic**
- + **Infusion center**
- + **Laboratory**
- + **Pharmacy**

## Breast Reconstruction Program

Breast reconstruction refers to the plastic surgery procedures that restore the breast’s shape, appearance or symmetry after a mastectomy or lumpectomy. Today’s surgical advances are less invasive, provide better scar placement and improved cosmetic results.

At El Camino Health, our breast reconstruction surgeons are committed to being on the forefront of new techniques and surgical advancements.

## Carol: My Year of Treatment for Triple-Positive Breast Cancer



“Because of my age and cancer type — I was 29 in 2015 when this all began — Dr. Dormady and I opted for the whole shebang,” says Carol. “Two weeks after I gave birth, we started with targeted chemotherapy.”

— Carol

**In the third trimester of her first pregnancy, Carol was scratching at the pregnancy rash covering her body when she felt a lump in her breast.** At her biweekly checkup, she brought it to the attention of her El Camino Health obstetrician Dr. Maureen Khoo, who immediately ordered an ultrasound. A biopsy confirmed triple-positive breast cancer.

“I was so stunned and shocked,” says Carol, who remembers the first part of her cancer journey as a crazy time. “They induced my baby at 39 weeks so we could start treatment. The day I checked out of the hospital after giving birth, I checked back in to finish my scans.”

Carol was grateful that the El Camino Health scheduling staff took charge of the details, shepherding her along to each of her appointments. When it was time to talk about treatment options, she met with top oncologist Dr. Shane Dormady.

### **With So Much at Stake Carol Seeks a Second Opinion**

Dr. Dormady designed a personalized plan of treatment for her, but before beginning Carol sought a second opinion outside the El Camino Health network. She needed more assurance that she wasn’t going to be overtreated and left infertile. The second opinion concurred with Dr. Dormady’s recommended treatment plan.

“I had spoken with a couple other oncologists even before meeting Dr. Dormady,” shares Carol. “But I was really drawn to the level of care at El Camino Health. They deal with cancer every day, but instead of being jaded or callous, they are sincerely caring and personal.”

## My Year of Treatment for Triple-Positive Breast Cancer (continued)



Shane Dormady, MD, PhD

### Finding the Right Balance of Treatment

“Triple-positive” refers to breast tumors that are ER-, PR- and HER2-positive. It means the cancer cells grow in response to estrogen (ER), progesterone (PR) and a growth-promoting protein that’s on the outside of all breast cells known as HER2. These cancers tend to grow and spread quickly but are very responsive to medical treatment. In Carol’s case, the tumor was small (2.5 cm), but cancer had spread to a lymph node.

“Because of my age and cancer type — I was 29 in 2015 when this all began — Dr. Dormady and I opted for the whole shebang,” says Carol. “Two weeks after I gave birth, we started with targeted chemotherapy.” That included four rounds of Adriamycin and Cytosin followed by 12 rounds of Taxol and 12 months of Herceptin.

Dr. Shyamali Singhal performed the lumpectomy, which was followed by radiation treatment with Dr. Robert Sinha. “I am now on my last year of five years of hormone treatment with Arimidex to lower my estrogen levels,” says Carol.

When asked if she built in any time for emotional and psychological therapy, she says, “Staying at home with a new healthy, happy baby. That was therapy.” All told, Carol would end up taking a year and a half off from work to concentrate on recovery.

### Faith in the El Camino Health Cancer Care Team

Through it all, Carol drew strength from knowing she had an entire team in her corner fighting her cancer. In fact, she says she can’t begin

to describe how much she has grown to love everyone at the El Camino Health Cancer Center.

“The whole team is amazing,” she says. “Dr. Dormady and nurse practitioner Katie are the best! They put up with my questions and quirks with the best humor and love. They understood my desire to be treated but not overtreated.”

“The nurses are like family. I have to give a shoutout to my nurse Hannah. We shared our lives together every week for a whole year. That was the biggest blessing ever. I still drop by with treats when I’m in the area as an excuse to say hi.”

### Cancer Alters Your Life and It Never Really Leaves You

For those beginning their cancer journey, Carol has two bits of advice. “Definitely don’t put off getting anything suspicious checked.” She doubts she would have found the cancer early if she weren’t seeing Dr. Khoo regularly. “Lastly, know that cancer never leaves you. Post-cancer PTSD [post-traumatic stress disorder] and anxiety are real, even after treatment ends, and that’s OK.”

Because El Camino Health knows that the emotional toll may continue long after cancer treatment ends, they’ve developed the Survivorship Program to support patients like Carol who may have questions or fears about what’s happening with their mind, body or emotions.

Now at age 33, Carol’s life is basically back to normal, although she still struggles with the possibility that she may not be able to have more children through natural means.

“As much as cancer sucked,” states Carol, “I truly appreciate the many new perspectives it gave me: A glimpse of the lives of the doctors and nurses providing care. The depths of empathy of everyone on a cancer journey. And it forced me to jump off the never-ending achievement treadmill with no regrets. Life is such a gift!”

## Susana: Thankful for Early Detection and Confident in Her Care

“...everyone at the Cancer Center goes out of their way to handle your details, so you don’t have to worry. They do things thoughtfully and well. I had confidence in them.”

— Susana



**Susana, now 74, has gotten her annual breast screenings at El Camino Health since she was 40.**

In 2016, her mammogram revealed abnormal tissue that required a biopsy. “I have dense breasts,” says Susana, referring to the dense tissue that can make it harder to find cancer in a mammogram. “There have been a few times over the years when I’ve been asked to return for a second screening to make sure nothing had been missed. But this time felt different, and I was a little worried.”

### Talks with Her Care Team Eased Her Fears

Susana’s radiologist performed an ultrasound-guided biopsy that confirmed breast cancer. Although she was naturally upset by the news, Susana recalls that the technologists and doctors helped reduce her anxiety by addressing her fears. “It was really wonderful how they took the time to explain everything,” says Susana.

Once it was clear Susana needed surgery for a small tumor, the staff at the Women’s Imaging

Center at Mountain View Hospital immediately made an appointment with Dr. Shyamali Singhal, a surgeon who specializes in cancer surgeries. “Dr. Singhal was cheerful and encouraging.” Susana also met the rest of her team, a breast reconstruction surgeon, her radiation oncologist Dr. Robert Sinha, and her oncologist Dr. Shane Dormady.

Dr. Singhal performed a lumpectomy. Tumor analysis identified the cancer as HER2 positive, the type of breast cancer that uses the hormone estrogen to grow. Susana underwent a second surgery to remove additional tissue for safe margins around the tumor. Reconstructive surgery was not needed.

“When Dr. Dormady performed a genetic analysis of my tumor cells,” says Susana, “it indicated I did not need chemotherapy.” He prescribed radiation-only treatment to be followed by a daily anti-estrogen pill that Susana would take for the next five years. She would also have follow-up appointments with Dr. Singhal twice a year.



## Thankful for Early Detection and Confident in Her Care (continued)



*Shyamali Singhal, MD, PhD*

*Dr. Singhal in surgery*

### As Health Returned, Her Attitude Changed

“I took off work for three and a half months,” shares Susana, who fills two roles at a nonprofit grief support agency. As a staff member she provides administrative assistance and as a volunteer she provides peer counseling for clients. But it was time for her to focus on herself. “My cancer diagnosis taught me the importance of being an advocate for oneself.”

“I also think the experience has altered my attitude about life,” reflects Susana. “I’m more conscious of where I put my energy, how I spend my day.” When she’s not working, Susana enjoys reading, daily walks, visits with her grandchildren and yoga classes, something she’s been engaged in for 20 years.

Susana also finds she is more appreciative of the kindness of people like technologists, schedulers and receptionists. “And of all the people I met along the way, one nurse at the radiation center stands out. Something about her rapport, attitude and humor. I even told her she was perfect for the job. But everyone at the Cancer Center goes out of their way to handle your details, so you don’t have to worry. They do things thoughtfully and well. I had confidence in them.”

While Susana gives high praise to El Camino Health, perhaps the greatest takeaway from her story is the importance of annual screenings. “I had no symptoms,” Susana reminds us. But she never missed her annual mammogram, which led to early detection and a return to good health.

## Laura: Taking Charge of Her High Risk for Breast Cancer



“I didn’t think at all about cancer,” recalls Laura. “I thought it was just a clogged milk duct. There was no pain so I thought it would go away.”

— Laura

**When Laura, mother of two, felt a lump in her breast, she assumed her milk ducts were clogged.** She was about to stop breastfeeding her infant son and knew mastitis was often a side effect. But the lump didn’t go away. Two months later, she visited her gynecologist, who immediately sent her to Dr. Peter Naruns at El Camino Health for a biopsy.

In January 2017, Laura received a diagnosis of stage 3 invasive ductal carcinoma (IDC) that involved several lymph nodes. She was also found to be BRCA2 positive — at very high risk for breast and ovarian cancer.

“I didn’t think at all about cancer,” recalls Laura. “I thought it was just a clogged milk duct. There was no pain so I thought it would go away.”

After the jolting diagnosis, things moved really fast. Dr. Naruns referred her to top oncologist Dr. Shane Dormady and his renowned team at El Camino Health. Laura and Dr. Dormady agreed on an aggressive treatment based on her age (39) and stage. It would include chemotherapy, a double mastectomy, radiation, menopausal hormone therapy, and eventually, when Laura is ready, she will undergo surgical menopause.

As Laura recalls, “Dr. Dormady said, ‘So that we have the best chance of beating this, I’m going to throw it all at you,’ and we started with chemo right away to shrink the tumor.”

### Swept Along on a Wave of Care

By February, Laura was visiting the treatment center at Mountain View regularly for a dose-dense regimen of the chemotherapy drugs Adriamycin and Cytoxan with Taxol (AC-T).

“The Cancer Center at Mountain View is such a great environment — nice, private and quiet,” shares Laura. “The nurses are outstanding, really knowledgeable. They knew how to help me with extra hydration and the right balance of meds to manage nausea. They get to know you and are so caring and supportive.”

### Buoyed by Emotional Support and Meaningful Work

“I’d work all week except Thursdays, when I’d take off for chemo,” says Laura. She had just joined the team at Gilead Sciences as a research scientist working to develop investigational medicines in the formulation and process development group.

## Taking Charge of Her High Risk for Breast Cancer (continued)



Robert Sinha, MD; Shane Dormady, MD, PhD; and Shyamali Singhal, MD, PhD

But she also made sure to find the emotional support she needed for this life-altering journey.

“During chemo, I joined a great support group called BAYS, Bay Area Young Survivors. You can learn so much from what people have been through,” says Laura. “It is very emotional, and they’re all there to tell you it’s OK and to help you navigate through treatment and beyond. Understanding and support are very important.”

### A Double Mastectomy, Radiation and Breast Reconstruction

In August, Dr. Naruns performed a skin and nipple-sparing surgery to remove the affected breast tissue. To prepare for breast reconstruction after radiation, Laura’s surgeons inserted temporary expanders to maintain breast shape in the absence of breast tissue.

“I wore the expanders throughout radiation, which began six weeks after surgery,” recalls Laura. She highly praises the patient interaction she enjoyed with Dr. Robert Sinha, radiation oncologist, and the radiation nurses who took care of her.

In December 2017, Laura was done with radiation. In April of 2018, Dr. John Connolly performed the permanent breast implant surgery. “I had a pretty quick recovery,” says Laura. “I only needed two weeks off.”

### Treatment Continues, but Life Doesn’t Slow Down

“It happened so fast, I can’t believe it’s been four years since my diagnosis,” marvels Laura. Her son is now 5 and her daughter 9. “Life continues on as it must with children, school, marriage and my research work.”

In 2020, Laura worked tirelessly with her Gilead colleagues on an investigational medicine in response to the COVID-19 pandemic. “I was so honored to be able to work on such an important project with highly dedicated coworkers all focused on bringing our treatment option to patients in need,” reflects Laura.

Now at age 44, Laura has been put into menopause and is learning how to deal with that. “I have the body of an older lady now. Chemotherapy and the hormone therapy have impacted my bone density. I’m not as strong physically as I was before and need to start working out again regularly to build my muscles and bones back up,” says Laura.

After four years, however, her cancer journey isn’t over. Laura’s treatment plan includes menopausal hormone therapy for a total of 10 years and regular check-ins with Dr. Dormady and his team. Laura is choosing to undergo a total hysterectomy (removal of the uterus) with a bilateral salpingo-oophorectomy (the removal of both ovaries and both fallopian tubes) to further reduce her genetic cancer risk. For the next few years, she will be relying on the support she gets from BAYS and the “awesome” experience she continues to have with El Camino Health.

## Cancer Survivorship Services

**During and after treatment, patients often face emotional and physical struggles. El Camino Health makes sure no one feels abandoned when treatment stops.** Gatherings and classes in our multipurpose healing space help survivors adapt to the new normal of life after cancer. A coordinator and nurse practitioner link patients to resources that include:

- + Social workers who connect patients to in-home family and medical resources. They also provide emotional support.
- + Nutritional counseling and dietary guidance from oncology dietitians that encourage survivors to eat foods that support their best possible health.
- + Wellness activities such as yoga, meditation, relaxation classes and spiritual care.
- + Support groups that allow cancer survivors to share experiences of their journey.



“Cancer treatment is increasingly complex due to the rapid development of new medications and therapies. As a result, there are unique side effects related to combinations of medications that need to be evaluated by trained professionals. Our clinical team are experts in managing side effects. The close relationship of the patient and the clinical team make for better outcomes.”

— Shyamali Singhal MD, PhD, Surgical Oncologist

### A Superior Standard of Care and Outstanding Five-Year Survival Rates for Breast Cancer

**The nationally recognized specialists at El Camino Health fight cancer tirelessly. Because we remain on the leading edge of screening, diagnosis and treatment, we’ve achieved superior five-year survival rates for breast cancer.**

We also understand the emotional effects of breast cancer. That’s why our care is highly personal and our support services plentiful.

At El Camino Health, patients receive customized treatment in a warm, friendly environment from a compassionate staff. Our experts make a point of being readily available — from a patient’s first appointment through their final treatment, to life after breast cancer.

# 2020 Community Outreach Coordinator Report

	<p><b>3/8/2021</b></p>
PROGRAM TYPE	<p><b>STANDARD 8.1 — ADDRESSING BARRIERS TO CARE</b></p>
CANCER SITE SELECTED	<p><b>FEAR, ANXIETY, DEPRESSION DURING CANCER TREATMENT</b></p>
NEED ADDRESSED / REASON FOR PROGRAM	<p>Based on the El Camino Health Cancer Center's Community Needs Assessment 2019-2021: Patients are overwhelmed with fear stemming from the unknown and uncontrollable nature of cancer. Symptoms include fear, anxiety and depression when faced with treatment options such as surgery, chemotherapy and chemo drugs (56%). People with Generalized Anxiety Disorder find it difficult to control their anxiety and stay focused on daily tasks per the National Institute of Mental Health (NIMH). According to the National Comprehensive Cancer Network (NCCN), screening tools empower doctors to ask patients about distress and empower cancer patients to share how they are feeling. In NCCN, a study showed that distressed people who were referred to early distress screening were less distressed 3 months later. Better management of distress in turn improved self-care and health outcomes. Two studies addressing cancer patients' barriers to care were Generalized Anxiety Disorder (GAD) Study and Oncology Distress Assessment (ODA) Study in 2020.</p>
DATE NEED IDENTIFIED AND DOCUMENTED IN MINUTES	<p>3/4/2020</p>
DATE OF ACTIVITY	<p>Between January and August 2020, the Cancer Center conducted two studies on fear, anxiety and depression relating to cancer patients.</p>
ACTIVITY & LOCATION	<p>Measuring and reducing disparities in cancer care consist of collaboration with allied health care professionals with the hospital oncology psychologist and oncology social worker at El Camino Health Cancer Center in Mountain View, CA.</p>
TOOLS OFFERED	<p>The instruments are self-reported tools to effectively screen for symptoms of fear, anxiety and depression. The GAD score is used as a screening tool for patients and interpretation of anxiety. New outpatients' GAD scores were examined (1-5 Mild, 5-10 Moderate, 10-15 Moderate to Severe and 15+ Severe). The Distress Thermometer is a tool to effectively screen for symptoms of distress according to outpatients' thermometer scores. High distress to no distress were measured with scores (1-10).</p>
NUMBER OF PARTICIPANTS	<p>15 new outpatients in the Generalized Anxiety Disorder study and 120 outpatients in the Oncology Distress Assessment study.</p>
SUMMARY OF ACTIVITY	<p>Specific interventions from the GAD study were recommended to cancer patients such as sleep hygiene, relaxation, psychological therapies and social support. Interventions from the Distress Thermometer study were recommended to cancer patients including practical problems, family / social issues, emotional concerns, physical problems, spiritual/religious issues and advance care planning.</p>
EFFECTIVENESS	<p>Summary of effectiveness of the GAD study, based on 15 outpatient responses:</p> <ul style="list-style-type: none"> <li>+ 93.3% patients were recommended relaxation including mindfulness and meditation (14). 60% patients were recommended Cognitive Behavioral Therapy (9).</li> <li>+ 53% were recommended sleep intervention (8).</li> <li>+ 46.7% majority of the patients indicated GAD score, moderate to severe anxiety (7).</li> </ul> <p>Summary of effectiveness of the Distress Thermometer study, based on 120 outpatient responses:</p> <ul style="list-style-type: none"> <li>+ Out of the thermometer scores 1-10: 20 patients answered score 2 (less distress); 10 patients answered score 6 (moderate distress); and 10 patients answered score 8 (somewhat high distress).</li> <li>+ The main interventions for distressed patients related to physical problems (21), emotional concerns (17), and practical problems (6).</li> </ul>
NATIONAL GUIDELINE OR INTERVENTION FOLLOWED	<p>National Comprehensive Cancer Network (NCCN) and National Institute of Mental Health</p>
DATE ACTIVITY ASSESSED	<p>3/8/2021</p>

## 2020 Community Outreach Coordinator Report (continued)

PROGRAM TYPE	<p><b>3/8/2021</b></p> <p><b>STANDARD 8.2 — PREVENTION</b></p>
CANCER SITE SELECTED	<p><b>BREAST CANCER</b></p>
NEED ADDRESSED / REASON FOR PROGRAM	<p>Breast cancer is the most common cancer in women and is the second leading cause of cancer death among women overall in the United States, according to the Centers for Disease Control and Prevention (CDC) in 2000. In the American Cancer Society (ACS) 2020 Facts and Figures, an estimated 276,480 new cases of invasive breast cancer were diagnosed in women, 2,620 cases diagnosed in men, and 48,530 cases of ductal carcinoma in situ diagnosed in women. As noted in our Community Needs Assessment 2019-2021, breast cancer is one of the top five most common cancer sites diagnosed at El Camino Health in Mountain View, California from 2016 to 2017. Early diagnosis reduces the risk of morbidity from breast cancer and increases treatment options. ACS recommends that those 40 to 44 years of age have the option to begin annual mammography, 45 to 54 to continue annual mammography, and 55 years of age and older transition to biennial mammography or continue annual mammography. Furthermore, ACS indicates for women at high risk of breast cancer, annual breast magnetic resonance imaging (MRI) is recommended to accompany mammography, starting at age 30.</p>
DATE NEED IDENTIFIED AND DOCUMENTED IN MINUTES	<p>3/4/2020</p>
DATE OF ACTIVITY	<p>Between October 1 and October 20, 2020, the El Camino Health Cancer Center hosted a breast cancer prevention survey online.</p>
ACTIVITY & LOCATION	<p>El Camino Health Cancer Center, Breast Cancer Prevention Survey online.</p>
TOOLS OFFERED	<p>El Camino Health offered prevention education and electronic informational handouts on breast cancer. Information contained the recommended age to discuss breast cancer prevention, mammogram guidelines, symptoms of breast cancer, breastfeeding, inherited genetic variations e.g. BRCA1 or BRCA2, lifestyle changes, the importance of healthy diet, regular exercise, stress reduction and cancer care services.</p>
NUMBER OF PARTICIPANTS	<p>28 survey respondents.</p>
SUMMARY OF ACTIVITY	<p>Our outreach effort included online prevention survey, distribution of electronic education materials, email and newsletter marketing.</p>
EFFECTIVENESS	<p>Summary of effectiveness of breast cancer prevention activities, based on 28 survey responses:</p> <ul style="list-style-type: none"> <li>+ 96% have performed a breast self-exam before (27).</li> <li>+ 92% responded that a doctor or other medical provider routinely check their breasts for abnormalities (26).</li> <li>+ 89% strongly agree women should get a mammogram every year between the ages of 45 and 54 (25)</li> <li>+ 82% strongly agree that screening MRI is important for women that are at high risk for breast cancer (23).</li> <li>+ 71% were 46 years old and older (20).</li> <li>+ 53% strongly agree that improved diet, regular exercise, reduced stress, mammogram screening, limited alcohol, avoidance of smoking and secondhand smoke are all changes in health practices that decrease the risk of developing breast cancer (15).</li> <li>+ 42% responded BRCA2 gene mutation in the family is a risk factor in men (12).</li> <li>+ 14% responded have not had a doctor or other medical provider check their breasts for abnormalities because their doctor did not advise them — ages: less than 45 years old [2], 60-69 [1], 70-79 [1] (4).</li> </ul>
NATIONAL GUIDELINE OR INTERVENTION FOLLOWED	<p>Centers for Disease Control and Prevention, American Cancer Society (ACS), El Camino Health Cancer Care (ECH)</p>
DATE ACTIVITY ASSESSED	<p>3/8/2021</p>

### REFERENCES

[www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html](http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html) | [www.cdc.gov/cancer/breast/basic\\_info/index.htm](http://www.cdc.gov/cancer/breast/basic_info/index.htm)  
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**800-216-5556**

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