THE QUEEN’S MISSION
To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai‘i.

OUR HISTORY
Queen’s began with a single hospital founded in 1859 by Queen Emma and King Kamehameha IV to address the health care needs of the people of Hawai‘i during a time when epidemics were sweeping the islands. Named after Queen Emma, the hospital was called The Queen’s Hospital, which became The Queen’s Medical Center in 1967. The Queen’s Health Systems was established in 1985 to provide expanded health care services and programs to the people of Hawai‘i and the Pacific Basin. The Queen’s Health Systems became the state’s largest private employer in 2017, with more than 7,450 employees and over 1,700 physicians networked statewide. Today, the Queen’s mission extends to four hospitals and 70 health care centers and labs throughout Hawai‘i and the Pacific.

HAWAI‘I’S HEALTH CARE LEADER
The Queen’s Health Systems is a nonprofit health care organization with a legacy of caring for the people of Hawai‘i that dates back to 1859. As Hawai‘i’s oldest and preeminent family of hospitals and health care companies, we provide preventive and specialty health care services throughout the Pacific.

OUR VISION
To be the preeminent health care system of the Pacific, providing superior patient care that is continually advanced through education and research.

GUIDING PRINCIPLE & C.A.R.E. VALUES
To serve as one team committed to the best patient C.A.R.E. for our community. In the footsteps of our Founders, we believe that Compassion guides our actions; Aloha inspires us in all that we do; Respect and understanding are essential for the dignity of all; and Excellence is our quest.

Queen Emma’s legacy and aloha—the Queen Emma Way—is expressed through living these C.A.R.E. Values. When we bring these values to our work with patients, we honor our Founders and live the Queen Emma Way.
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PREFACE

On behalf of The Queen’s Medical Center (QMC) and the oncology service line, we are honored to update our community on the continued development and evolution of the Queen’s Cancer Center. We strive to provide complete inpatient and outpatient cancer care of the highest quality—from cancer screening and treatment, to survivorship and beyond. Our comprehensive health care team includes outstanding physicians, nurses, nurse navigators, lay navigators, case managers, a survivorship team, medical assistants, social workers, and other key patient service staff.

The Queen’s Cancer Center’s quality metrics are equal to and often greater than national benchmarks. We continually measure ourselves against national benchmarks and take every opportunity to institute quality improvement programs. This constant quest for excellence has resulted in nationally recognized accreditations, and led QMC to become a certified member of MD Anderson Cancer Network® in 2015. Cancer Network is a program of MD Anderson Cancer Center, one of the nation’s top-ranked cancer centers.

INTRODUCTION

By the leaders of the Queen’s Cancer Center

MD ANDERSON CANCER NETWORK®

MD Anderson’s mission is to eliminate cancer not only in the U.S., but across the world. To fulfill its mission, MD Anderson has established relationships with local mission-aligned community hospitals to provide high quality care to patients within their own communities. As Queen’s is committed to providing quality cancer care in the state of Hawai‘i, QMC sought to enhance its program through access to the expertise and pioneering evidence-based guidelines of MD Anderson. Our collaboration with the network holds QMC to the highest standards, and provides access to treatment plans, best practices, and disease-specific guidelines. Additionally, there are routine discussions on challenging cases with MD Anderson cancer experts via physician to physician consultations. This access, matched with QMC’s established excellence in cancer care, serves to further improve the likelihood of positive outcomes for our cancer patients, right here in Hawai‘i.

The Queen’s Medical Center’s Cancer Committee thanks the Queen’s Board of Trustees and Art Ushijima, President & CEO of The Queen’s Health Systems, for their unwavering support of our oncology program. While we are delighted to gain local and national accolades for our accomplishments, none of this would have been possible without the support of our leadership.

The process of taking this cancer program to the next level began many years ago when the Queen’s Board of Trustees approved the building of the Queen’s Cancer Center. This dream soon became reality, shaped by Mr. Ushijima’s desire to integrate the concepts of The Queen’s Health Systems’ five-year plan, Ke Ake Pono (striving to perfect the vision), into the Queen’s Cancer Center.

The Queen’s Cancer Center (QMC) has established itself as the provider of choice for oncology patients in the state of Hawai‘i. Additionally, QMC is the employer of choice for the majority of oncology nurses, health professionals, and support staff in keeping with the request of the Board of Trustees, QMC has escalated its oncology research efforts and increased the number of patients who participate in clinical trials.

Our philosophy of care is inspired by the life of Queen Emma, for whom the hospital was named. Her legacy of aloha (love) is expressed through living “the Queen Emma Way,” which encompasses our C.A.R.E. Values of Compassion, Aloha, Respect, and Excellence. The ultimate goal is to live these values as we fulfill the Queen’s Vision and Mission, and to incorporate the latest medical advances and technologies to heal the mind, body, and spirit.

The oncology service line and the Cancer Committee expresses their most sincere appreciation to Mr. Ushijima and the Board of Trustees for believing in our dreams and providing the support needed to create this world-class oncology program.

1 Chair of the Cancer Committee
Paul T. Morris, MD, FACS

2 Chief of Oncology, Queen’s Cancer Center
Clayton Chong, MD, MPH

3 Surgical Oncology Medical Director
Shane Y. Morita, MD, MS, PhD, FACS

4 Medical Director, Radiation Oncology
Stuart Tsuji, MD

5 Vice President of Patient Care
Darlena Chadwick, MSN, MBA, FACHE

6 Director of Oncology
Michael Morimoto, RN

1 2 3 4 5 6
To initiate the collaboration, MD Anderson Physicians Network reviewed all QMC chemotherapy infusion sites, the radiation oncology department, the inpatient oncology floor, and the pharmacy. Site recommendations and changes were implemented to meet MD Anderson standards of practice.

The official collaboration between QMC and MD Anderson Cancer Network was launched, and our certified physicians gained access to resources, such as consultations to discuss challenging cases via telephone with physician experts in MD Anderson’s “peer-to-peer” program. The program enables patient cases to be reviewed by respected experts in their fields, resulting in feedback and valuable treatment advice. Through the network collaboration, patients have the knowledge that their individual cases have been carefully scrutinized and are able to confidently move forward with therapy. This resource has become very popular with our physicians and patients, with nearly 300 phone consults on a wide variety of cases from the top four disease sites (breast, colon, lung, and prostate), as well as gastrointestinal (GI), genitourinary, thoracic, and hematological sites. The collaboration has also allowed QMC multidisciplinary teams to access video conferenced tumor boards for gastrointestinal and breast cases. This continued person-to-person experience with MD Anderson physicians has allowed Queen’s practitioners to build an outstanding collegial relationship. In 2018, over 80 cases were presented at these multidisciplinary video tumor conferences. Our MD Anderson Cancer Network certified physicians may also request expedited referrals to MD Anderson oncologists, 15 surgeons, 2 gynecology oncologists, and 3 pain and palliative physicians who have been certified to provide cancer care for patients and payers by achieving set quality measures for breast cancer treatment. This resource has become an ongoing educational process that guide treatment and ensure the highest quality patient-centered care for patients and payers by achieving set quality measures, safety standards, and on-site surveys. Data are collected and compared to more than 100 quality measures determined by published care recommendations and expert opinion. In 2015, the Queen’s Cancer Center successfully underwent a three-year QOPI reaccreditation site survey that evaluated outpatient chemotherapy nursing staff, facilities, and processes.

A highlight of our affiliation was a complex and ground-breaking surgery performed at QMC to remove a cancerous tumor which was starting to invade a cancer patient’s heart and surrounding blood vessels. The complex procedure included a cardiopulmonary bypass and reconstruction of blood vessels, and was performed by Paul Morris, MD, Queen’s thoracic surgeon, and Reza Mehran, MD, a thoracic surgeon with MD Anderson in Houston. It was the first time this type of surgery had been conducted in Hawaii.

COMMISSION ON CANCER ACCREDITATION

The Queen’s Cancer Center continues to maintain its accreditation with the American College of Surgeons Commission on Cancer (CoC), the only multidisciplinary accreditation program for cancer programs in the U.S. Maintaining CoC accreditation allows the Queen’s Cancer Center to be rated on comprehensive standards that guide treatment and ensure the highest quality patient-centered cancer care. The CoC program requires continuous reporting to benchmark performance and improve outcomes. In October of 2017, the CoC granted Queen’s a three-year re-accreditation with commendation, a gold rating which is only awarded to facilities that exceed standard requirements at the time of their triennial survey. Additionally, Queen’s was a recipient of the 2017 Outstanding Achievement Award, only one of 16 CoC-accredited programs surveyed July 1 to December 31, 2017 to earn this designation.

Support for QMC is comprised of leadership from many medical disciplines, and upholds nationally recognized quality performance measures for breast cancer treatment. Queen’s is the only hospital in Hawaii that has been accredited by the NAPBC. Queen’s is also designated as a Breast Imaging Center of Excellence by the American College of Radiology.

QUALITY ONCOLOGY PRACTICE INITIATIVE CERTIFICATION

The Queen’s Cancer Center continues to be certified by the Quality Oncology Practice Initiative (QOPI). An affiliate of the American Society of Clinical Oncology, QOPI is a voluntary program designed to help hematology-oncology practices evaluate the quality-of-care they provide to patients. Through the certification process, practices demonstrate their commitment to quality cancer care for patients and payers by achieving set quality measures for breast cancer treatment. Queen’s is the only hospital in Hawaii that has been accredited by the NAPBC.

COMMISSION ON CANCER ACCREDITATION (Continued)

Having fulfilled all quality and patient safety standards, the QMC Radiation Oncology Department is the only radiation facility in Hawaii fully accredited by the American College of Radiology (ACR). The Radiation Oncology Department received full re-accreditation by the ACR in 2018.

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

The QMC Breast Center continues to be fully accredited by the National Accreditation Program for Breast Centers (NAPBC), a coalition of professional organizations dedicated to providing the most efficient and current breast care using scientific evidence. The NAPBC board is comprised of leadership from many medical disciplines, and upholds nationally recognized quality performance measures for breast cancer treatment. Queen’s is the only hospital in Hawaii that has been accredited by the NAPBC. Queen’s is also designated as a Breast Imaging Center of Excellence by the American College of Radiology.
During the year 2018, The Queen’s Medical Center (QMC) was the principal facility that established the initial diagnosis and/or performed the treatment for a total of 2,634 patients. This was a slight reduction in comparison to the previous year of 2,760 patients. In 2017 (the latest statewide data available at the publication of this report), there were 8,668 analytic cancer cases in Hawai‘i, and QMC was the institution that managed the most oncology patients in the state.

### SUMMARY OF 2018 CASES – THE QUEEN’S MEDICAL CENTER

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Stg 0</th>
<th>Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
<th>N/A</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>113 (4.3%)</td>
<td>83</td>
<td>33</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>Lip</td>
<td>7 (0.3%)</td>
<td>5</td>
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<tr>
<td>Tongue</td>
<td>45 (1.7%)</td>
<td>31</td>
<td>14</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Salivary Glands</td>
<td>13 (0.5%)</td>
<td>8</td>
<td>5</td>
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<tr>
<td>Floor of Mouth</td>
<td>9 (0.3%)</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Gum &amp; Other Mouth</td>
<td>14 (0.5%)</td>
<td>8</td>
<td>6</td>
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</tr>
<tr>
<td>Nasopharynx</td>
<td>7 (0.3%)</td>
<td>5</td>
<td>2</td>
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</tr>
<tr>
<td>Tongue</td>
<td>9 (0.3%)</td>
<td>6</td>
<td>3</td>
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<td></td>
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<td></td>
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<tr>
<td>Oropharynx</td>
<td>2 (0.1%)</td>
<td>2</td>
<td>2</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hypopharynx</td>
<td>7 (0.3%)</td>
<td>3</td>
<td>4</td>
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<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Stg 0</th>
<th>Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
<th>N/A</th>
<th>Unk</th>
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<tr>
<td><strong>Digestive System</strong></td>
<td>499 (18.9%)</td>
<td>297</td>
<td>202</td>
<td>128</td>
<td>110</td>
<td>82</td>
<td>49</td>
<td>2</td>
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<tr>
<td>Esophagus</td>
<td>19 (0.7%)</td>
<td>16</td>
<td>3</td>
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<tr>
<td>Stomach</td>
<td>54 (2.1%)</td>
<td>29</td>
<td>25</td>
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</tr>
<tr>
<td>Small Intestine</td>
<td>8 (0.3%)</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Colorectum Extending to Rctm</td>
<td>133 (5.0%)</td>
<td>70</td>
<td>63</td>
<td>21</td>
<td>21</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Cecum</td>
<td>16 (0.6%)</td>
<td>10</td>
<td>6</td>
<td></td>
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<tr>
<td>Appendix</td>
<td>8 (0.3%)</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Ascending Colon</td>
<td>22 (0.8%)</td>
<td>17</td>
<td>5</td>
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<tr>
<td>Hepatic Flexure</td>
<td>4 (0.1%)</td>
<td>2</td>
<td>2</td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Transverse Colon</td>
<td>18 (0.7%)</td>
<td>14</td>
<td>4</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Splenic Flexure</td>
<td>4 (0.2%)</td>
<td>2</td>
<td>2</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Descending Colon</td>
<td>11 (0.4%)</td>
<td>7</td>
<td>4</td>
<td></td>
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<tr>
<td>Splenic Flexure</td>
<td>48 (1.8%)</td>
<td>24</td>
<td>24</td>
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<tr>
<td>Large Intestine, NOS</td>
<td>2 (0.1%)</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Rectum &amp; Rectosigmoid</td>
<td>34 (1.3%)</td>
<td>25</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rectosigmoid Junction</td>
<td>19 (0.7%)</td>
<td>10</td>
<td>9</td>
<td></td>
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</tr>
<tr>
<td>Rectum</td>
<td>70 (2.7%)</td>
<td>37</td>
<td>33</td>
<td></td>
<td></td>
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<tr>
<td>Anal, Anal Canal &amp; Anorectum</td>
<td>8 (0.3%)</td>
<td>6</td>
<td>2</td>
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<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>80 (3.0%)</td>
<td>50</td>
<td>30</td>
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<td></td>
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<tr>
<td>Liver</td>
<td>4 (0.2%)</td>
<td>4</td>
<td>0</td>
<td></td>
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<tr>
<td>Intrahepatic Bile Duct</td>
<td>12 (0.5%)</td>
<td>8</td>
<td>4</td>
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</tr>
<tr>
<td>Gallbladder</td>
<td>1 (0.0%)</td>
<td>1</td>
<td>0</td>
<td></td>
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<tr>
<td>Other Biliary</td>
<td>18 (0.7%)</td>
<td>11</td>
<td>7</td>
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<tr>
<td>Pancreas</td>
<td>70 (2.7%)</td>
<td>41</td>
<td>29</td>
<td></td>
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<tr>
<td>Retropertioneum</td>
<td>2 (0.1%)</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Posterior, External &amp; Rectoure</td>
<td>9 (0.3%)</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Other Digestive Organs</td>
<td>5 (0.2%)</td>
<td>4</td>
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### RESPIRATORY SYSTEM

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<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Stg 0</th>
<th>Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
<th>N/A</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose, Nostril &amp; Middle Ear</td>
<td>5 (0.2%)</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Nose</td>
<td>5 (0.2%)</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Lawye</td>
<td>16 (0.6%)</td>
<td>11</td>
<td>5</td>
<td></td>
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</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>266 (10.2%)</td>
<td>114</td>
<td>152</td>
<td>96</td>
<td>60</td>
<td>33</td>
<td>10</td>
<td>1</td>
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<tr>
<td>BONES &amp; JOINTS</td>
<td>4 (0.2%)</td>
<td>3</td>
<td>1</td>
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</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>4 (0.2%)</td>
<td>3</td>
<td>1</td>
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<td>SOFT TISSUE</td>
<td>37 (1.4%)</td>
<td>22</td>
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<td>Soft Tissue (excluding Heart)</td>
<td>37 (1.4%)</td>
<td>22</td>
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<td><strong>Skin, including Mucous &amp; Salivary</strong></td>
<td>79 (3.0%)</td>
<td>33</td>
<td>46</td>
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<td>Melanoma—Skin</td>
<td>36 (1.4%)</td>
<td>20</td>
<td>16</td>
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<tr>
<td>Other Non-Epithelial Skin</td>
<td>5 (0.2%)</td>
<td>4</td>
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<td>BREAST</td>
<td>128 (4.9%)</td>
<td>44</td>
<td>84</td>
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### SUMMARY OF ONCOLOGY DATA REGISTRY TRENDS

In 2018, The Queen’s Medical Center (QMC) was the principal facility that established the initial diagnosis and/or performed the treatment for a total of 2,634 patients. This was a slight reduction in comparison to the previous year of 2,760 patients. In 2017 (the latest statewide data available at the publication of this report), there were 8,668 analytic cancer cases in Hawai‘i, and QMC was the institution that managed the most oncology patients in the state.
CANCER COMMITTEE ANNUAL REPORT 2018

SUMMARY OF ONCOLOGY DATA REGISTRY TRENDS (Continued)

PLACE OF RESIDENCE AT DIAGNOSIS – THE QUEEN’S MEDICAL CENTER, 2018

In 2018, there was no significant change in the distribution of residence for patients who received their oncologic care at QMC compared to the prior year. The overwhelming majority of patients (80.7%) live on the island of O’ahu; 17.4% of patients who received their cancer care at QMC were neighbor island residents.

AGE & GENDER DISTRIBUTION AT DIAGNOSIS – THE QUEEN’S MEDICAL CENTER, 2018

Most patients diagnosed with cancer were between age 50 and 79 years. However, more than 13% were less than 50 years old, which emphasizes that this condition can afflict young individuals. Additionally, about 12% were greater than 80 years old, which demonstrates that it can also burden the elderly population.
SUMMARY OF ONCOLOGY DATA REGISTRY TRENDS (Continued)

TOP 10 CANCER SITES REPORTED AT THE QUEENS' MEDICAL CENTER & THE STATE OF HAWAI'I

With respect to cancers reported at QMC and the state, the most common cases included breast, prostate, and lung.

5 LEADING CANCER SITES BY GENDER, THE QUEEN’S MEDICAL CENTER VS. STATE OF HAWAI’I

Caucasian was the most common group affected. Regarding the state, it is compelling that approximately 5% of cancer patients managed at QMC were Pacific Islanders. This underscores the fact that QMC not only serves Hawai‘i, but the Pacific Basin as well. QMC also continues to care for Native Hawaiians, who comprised 14.7% of all cancer patients treated in 2018.

DISTRIBUTION OF ETHNICITY, THE QUEEN’S MEDICAL CENTER VS. STATE OF HAWAI’I

Distribution By Ethnicity – QMC, 2018

Note: Data excludes basal and squamous cell skin cancers.

STATE OF HAWAI‘I DISTRIBUTION BY RACE, 2017

*2018 data were not available during the preparation of this report.

Note: Data excludes basal and squamous cell skin cancers.

QMC DISTRIBUTION BY RACE, 2018

*2018 data were not available during the preparation of this report.

STATE OF HAWAI‘I MALE/ FEMALE 5 LEADING SITES, 2017

Note: Data excludes basal and squamous cell skin cancers.

DISTRIBUTION OF ETHNICITY, THE QUEEN’S MEDICAL CENTER VS. STATE OF HAWAI’I

QMC MALE/ FEMALE 5 LEADING SITES, 2018

*2017 data for the state of Hawai‘i are incomplete, and 2018 data for the state of Hawai‘i were not available during the preparation of this report.

Note: Data excludes basal and squamous cell skin cancers.
When the Queen’s Cancer Center (QCC) was established in the fall of 2007, it brought the people of Hawai‘i a comprehensive, multidisciplinary cancer treatment and research center with a mission to provide superior cancer care. As Hawai‘i’s premier cancer treatment facility, it continues to demonstrate our commitment to uphold the highest standards. Consistently ranking among the best of its kind in the nation, the QCC has earned accreditation and the Outstanding Achievement Award from the Commission on Cancer (CoC) since 2011.

Today, the QCC is a part of an elite network of hospitals that offer quality, leading edge research-based cancer care at community hospitals close to home to improve the health care of disparate communities. Fully integrated with oncology services, the QCC provides advances in cancer treatments, such as in chemotherapy, biotherapy, radiation therapy, and surgery.

Actively treating all types of cancer, the QCC offers advanced technology combined with patient-centered, multidisciplinary care in a comfortable place of healing. At the QCC, virtually every aspect of cancer diagnosis, treatment planning, and treatment is brought together in one place, minimizing the need for patients and their caregivers to make outpatient visits to different providers, or to travel to the mainland for treatment.

QCC physicians and staff are experienced, knowledgeable, and caring individuals who are active in the community beyond their work. They work together as one team to deliver integrated care tailored to each patient’s individual needs. They are focused on providing care, support, and guidance to patients throughout their journey. This means that medical treatments are fully integrated with oncology services, which may include medical, surgical, and radiation oncologists, as well as oncology-certified registered nurses, clinical coordinators, patient navigators, licensed social workers, registered dietitians, pain and palliative practitioners, physical therapists, and spiritual care providers. Our staff also includes multidisciplinary specialists, such as cardiothoracic surgeons, head and neck surgeons, gynecological oncologists, endocrinologists, and others. Available to respond to all medical emergencies, the QCC is also backed by a hospital-based full code team and crisis nurse.

Beyond medicine, we strive to ensure that treatment and cancer care coordination is as convenient and stress-free as possible. Our pledge is to put patients first by providing care focused on each individual’s needs, and offering a full array of expert services to promote healing of the body, mind, and spirit.

Patient navigators serve as guides to help patients through the confusing and often overwhelming nature of having cancer, from diagnosis and treatment to survivorship. Patient navigation works hand-in-hand with many collaborative services, including social work, genetic counseling, psychiatry, nutrition, spiritual guidance, rehabilitation, and education on cancer care. Care during and after treatments is covered as well. After cancer treatments have been com-

INTEGRATED ONCOLOGY

**Cancer Treatment Services**
- Medical Oncology
- Outpatient Chemotherapy Infusion
- Radiation Oncology
- Surgical Oncology

**Other Integrated Services**
- Advanced Radiology
- Cancer Registry
- Clinical Trials
- Community Outreach and Education
- Complementary & Alternative Medicine (e.g., acupuncture, Healing Touch)
- Diagnostic Imaging Services
- Diagnostic Laboratory Services
- Genetic Counseling
- Healing Through Art Program
- Lymphedema Clinic
- Nutritional Counseling
- Pain & Palliative Care
- Pathology Services (including molecular pathology)
- Patient and Family Support Groups
- Patient Navigation
- Pet Therapy with certified facility dog
- Physical, Occupational & Speech Therapies
- Psychiatric Services
- Social Work
- Spiritual Care
- Survivorship Program
The Queen’s Cancer Center—West O’ahu

The growth of the Queen’s Cancer Center continues to be our focus. The Queen’s Cancer Center—West O’ahu provides outpatient cancer care for Central and West O’ahu residents. Located in the Sullivan Care Center on The Queen’s Medical Center—West O’ahu campus, the Cancer Center provides expert cancer care close to home for residents of the region, minimizing the need for patients and their caregivers to travel to Honolulu for doctor visits and treatment.

Our expert cancer care team includes a board-certified medical oncologist, certified chemotherapy nurses, navigator associate, social worker, oncology nurse, and APRN support. Just as the Queen’s Cancer Center in Honolulu, the West O’ahu location is accredited by the Commission on Cancer (CoC) and follows the CoC standards. Team members are dedicated to providing the highest quality care to their patients at every visit.

The Queen’s Cancer Center—West O’ahu’s multidisciplinary approach provides patients with convenient access to treatment, referral services, and care coordination. This approach results in less duplication of medical testing, less travel for treatment planning, and the opportunity to learn about clinical trials.

Services provided include:
- Onsite visits with medical oncologist
- Chemotherapy and other infusion therapy services
- Radiation oncology consultation
- Genetic counseling
- Transportation coordination for treatment at Queen’s Cancer Center in Honolulu

2018 Highlights:
- Established a West O’ahu Survivorship program
- Participation in community cancer screening events
- Over 100 new patient consults to hematology and medical oncology
- Continued collaboration with Queen’s Cancer Center in Honolulu to ensure seamless care

MULTIDISCIPLINARY CARE: A TEAM APPROACH TO CANCER CARE

The diagnosis and management of cancer is complex. It requires the expertise of many highly trained individuals. Multidisciplinary Care (MDC) clinics at the Queen’s Cancer Center (QCC) optimize care for cancer patients by bringing together a team of experts in cases where prior treatments have been unsuccessful; clarification of roles is needed; or for other complex cases. The result is faster access to treatment and referral services, improved care coordination, less duplication of medical tests, less travel for treatment planning, and a greater opportunity to hear about clinical trials.

An MDC clinic brings together health professionals with the necessary skills to consider a patient’s treatment and care options. The team considers all of the patient’s medical, physical, and support care needs. Together, they develop the best individualized care and treatment plan using National Comprehensive Cancer Network (NCCN) guidelines.

Patients receive appropriate and consistent information from all team members, who are also aware of personal choices. They have access to support services, including patient navigation, social workers, financial assistance, and participation in Queen’s Survivorship and Pain & Palliative Care programs.

Multidisciplinary Care Clinic Team Members
- Medical Oncologist: A physician with expertise in the diagnosis and management of cancer. A medical oncologist can prescribe chemotherapy, immunotherapy, and targeted therapy to treat cancer, and is usually the primary doctor who treats cancer-related problems.
- Radiation Oncologist: A physician who uses radiation to treat cancer. Examples of radiation therapy are external beam radiation, brachytherapy, stereotactic body radiation, and radioimmunotherapy.
- Surgical Oncologist: A physician who specializes in treating cancer with surgery.
- Pathologist: Although patients may never meet a pathologist, these physicians play an essential role by making accurate diagnoses of cancer through evaluating blood and tissue samples. This is a critical step, because further treatment of cancer depends on the diagnosis.
- Other Physician Specialists: Depending on the complexity of the cancer or the treatment plan, physicians who specialize in other areas may contribute to care. Examples include specialists who treat infections or other medical/psychosocial issues. Others may specialize in the gastrointestinal system, the nervous system, respiratory tract, or other areas of the body.
- Chemotherapy Nurse: A registered nurse who plays an important role in a patient’s overall care. Most chemotherapy nurses are certified in oncology, which means they have completed special training and are experienced in taking care of cancer patients.
- Oncology Nurse Navigator: A registered nurse with oncology-specific clinical knowledge who helps patients, families, and caregivers overcome health care system barriers to improve health outcomes. This nurse assists patients through their course of care from diagnosis through treatment and survivorship. They provide education and resources to facilitate informed decision-making and timely access to quality cancer care.
- Oncology Programs Coordinator: A registered nurse with oncology-specific clinical knowledge who coordinates peer-to-peer telephone consults between MD Anderson Cancer Center physicians and the Queen’s Cancer Center’s MD Anderson network-certified physicians. This nurse expedites MD Anderson patient referrals to The University of Texas MD Anderson Cancer Center in Houston, Texas.
- Patient Navigator Associate: Patient navigators help patients, families, and caregivers coordinate appointments and services, and also assist with practical issues, such as children’s and senior care. Services include housing and coordination of transportation to and from the airport for those who do not live on O’ahu.
- Social Worker: Social workers assess the impact of cancer diagnoses on patients, families, and caregivers. They address issues related to coping, adjustment to the diagnosis, disease progression, and end-of-life care needs. Social workers also provide guidance on advance health care directives and make referrals to community resources as needed.
Queen’s Cancer Center Patient Navigator Associates, Nurse Navigators, and Social Workers

- Physical and Occupational Therapists: These therapists help patients regain strength so they can perform basic functions at home.
- Speech-Language Pathologist: A therapist who addresses speaking and swallowing issues.
- Clinical Research Nurse: A nurse who helps enroll patients in available clinical trials. They provide education and resources to facilitate informed decision-making and timely access to quality cancer care. Services clinical nurse navigators provide include:
  - Educating patients and families about disease, treatment, side effects, and adverse reactions
  - Initiating and completing patient treatment summary plans
  - Participating in tumor board conferences

Patient navigator associates are warm, compassionate, empathetic, and culturally competent. They use their years of expertise to provide cancer patients with seamless coordination of services and connect them to the right people and programs. Some of the many services patient navigator associates provide for patients and their caregivers include coordinating or facilitating:
  - Appointments
  - Transportation, travel, and lodging
  - Access to financial assistance

Queen’s Inpatient Oncology

- Access to community resources
- Access to support groups and classes
- Access to educational materials
- Interpreter services
- Referrals to other support team members

2018 Highlights:

- Integration of the Patient Navigation Program at North Hawai‘i Community Hospital, The Queen’s Medical Center – West O‘ahu, and Molokai General Hospital.
- 676 new patients assisted by the Patient Navigation Program.
- Collaborating with the American Cancer Society’s Hope Lodge for neighbor island patients.
- Initiating weekly huddles with nurse navigators, social workers, and patient navigators to discuss complex cases.
- Assessment of patient needs and barriers by chemotherapy nurses, radiation oncology nurses, APRNs, and physicians.
- Access to specialized physicians and services focused primarily on Hawai‘i Island patients’ distance to care.

The Queen’s Cancer Center (QCC) Patient Navigation Program is to guide and help patients through this difficult journey. Serving over 10,000 patients since 2006, the award-winning Patient Navigation Program has become a service that patients, families, medical staff, and the community rely on and trust. The Queen’s Patient Navigation Program is unique in that it is staffed by both clinical nurse navigators and non-clinical navigators who work together to coordinate a seamless continuity of care. Clinical nurse navigators are registered nurses with oncology-specific clinical knowledge. They provide education and resources to facilitate informed decision-making and timely access to quality cancer care. Services clinical nurse navigators provide include:
  - Educating patients and families about disease, treatment, side effects, and adverse reactions
  - Initiating and completing patient treatment summary plans
  - Participating in tumor board conferences

INPATIENT ONCOLOGY

At The Queen’s Medical Center (QMC), Inpatient Oncology Unit, cancer patients who need hospital care receive the personalized care of a community hospital combined with the advances of a respected teaching medical center. Our 24-bed private room unit provides a complete continuum of care with full access to specialized clinical services, rehabilitation therapies, and support services that aid in the treatment of and recovery from cancer. During a patient’s stay at the hospital, multidisciplinary rounds are conducted daily to communicate, collaborate, and coordinate efficient and effective transitions of care. All nurses are specialty-trained in chemotherapy administration, and have expert knowledge of different types of cancers and symptom management. An increasing number of the unit’s registered nurses have national certification in oncology, demonstrating dedication and commitment to providing the best cancer care.

The Inpatient Oncology Unit places great emphasis on continually improving the quality-of-care provided to patients. For example, QMC was the first to administer the peptide receptor radionuclide called Lutathera for the treatment of somatostatin receptor positive gastroenteropancreatic

INPATIENT ONCOLOGY

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Cancer Committee Annual Report 2018

Unique in Hawai‘i, the TomoTherapy HiArt. The only one of its kind in Hawai‘i, the Elekta Infinity provides advanced technology with enhanced patient safety features. Designed with proven, 7th generation digital technology, the Elekta Infinity redines treatment position, speed, and control to give superior radiation treatments. Features include built-in 3D CT imaging, real time motion tracking, and a 5mm multi-leaf collimator. A unique capability of the Elekta Infinity is volumetric intensity modulated arc therapy (VMAT), which allows the radiation beam to be continuously shaped around a tumor like shrink wrapping for better accuracy and faster treatment times. VMAT also requires significantly lower doses of radiation for effective treatments.

RADIATION ONCOLOGY

The Queen’s Radiation Oncology Department mission is to uphold the highest standards in cancer treatment with advanced technologies while providing high quality patient care through professionalism and treating each patient as ‘ohana (family). As Hawai‘i’s premier radiation oncology facility, Queen’s Radiation Oncology is the only one in Hawai‘i accredited by the American College of Radiology (ACR). Only 15 percent of radiation oncology facilities in the U.S. have this distinction, which gives patients the assurance the treatments they receive are safe and accurate.

As the largest and most comprehensive radiation facility in Hawai‘i and the Pacific Basin, Queen’s Radiation Oncology offers many of the most advanced technologies and equipment. All treatments are based on peer-reviewed, evidence-based protocols and National Comprehensive Cancer Network (NCCN) guidelines.

In 2015, the Queen’s Cancer Center became a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center, one of the top ranked cancer centers in the United States. This certification required a rigorous evaluation of our radiation oncology program. Site recommendations and modifications were made to meet MD Anderson standards of care. MD Anderson’s Physician Network® board also certified all Queen’s radiation oncologists after reviewing their patient chart documentation.

Being a certified member of Cancer Network combines the exceptional cancer care Queen’s offers to the people of Hawai‘i with the expertise of one of the world’s leading cancer centers. Certified membership gives Queen’s health professionals access to best practices, innovative treatment plans, and evidence-based guidelines, as well as peer-to-peer consultations with MD Anderson physicians. Patient cases can be reviewed by respected experts in individual fields, resulting in feedback with valuable treatment advice.

In 2018, Queen’s Radiation Oncology received recertification from the American College of Radiology of Radiation Therapy. The department remains the only ACR-accredited facility in Hawai‘i. Queen’s Radiation Oncology provides care to cancer patients of all ages with both curative and palliative radiation treatments. Over 90 percent of radiation treatments are delivered to outpatients, most of whom are ambulatory and self-supportive. Inpatients who require intensive monitoring or other services also receive radiation treatments.

A radiation oncologist consults with each patient upon referral from an attending or primary care physician. A registered nurse interviews the patient and completes a comprehensive evaluation that includes the patient’s medical history, reason for treatment or diagnosis, treatment, side effects, and education. Psychosocial and/or physical concerns are also addressed.

A treatment recommendation is discussed with the patient. After a specific course of treatment is agreed upon by the patient and the radiation oncologist, the patient undergoes treatment planning. In this step, the medical physicist and dosimetrist provide treatment planning plans for the radiation oncologist.

Precise radiation treatments are delivered by certified radiation therapists prescribed by and under the direction and supervision of a radiation oncologist. During the course of radiation treatments, each patient is evaluated once each week for any treatment-related side effects, and questions or concerns the patient may have are addressed. The entire team also helps monitor each patient with regard to symptom management.

If any issues outside the scope of the immediate team arise, the patient is referred to an appropriate health professional, such as a dietitian, social worker, pain management physician, and/or patient navigator. After the completion of a treatment course, the patient is scheduled for periodic follow-ups with the radiation oncologist to help monitor treatment outcomes.

In addition to standard treatments, patients are diligently screened to determine eligibility for enrollment in radiation clinical trials, some of which are only available at Queen’s.

Queen’s Radiation Oncology Technologies & Therapies

Queen’s Radiation Oncology offers an extensive range of advanced treatments and treatment technologies, many of which can be found nowhere else in Hawai‘i. Safe and accurate radiation treatments are given with ionizing radiation (linear accelerators) and radioactive sources. All equipment and sources are inspected, tested, and calibrated regularly by board-certified medical physicists. Collaborative approaches to treatment ensures unsurpassed clinical care in the delivery of radiation treatments to our patients.

Technologies and treatments:

- Three external beam radiation therapy treatment machines that provide a variety of effective ways to deliver radiation treatment protocols depending on each patient’s individual case:
  - Elekta Infinity. The only one of its kind in Hawai‘i, the Elekta Infinity provides advanced technology with enhanced patient safety features. Designed with proven, 7th generation digital technology, the Elekta Infinity refines treatment position, speed, and control to give superior radiation treatments. Features include built-in 3D CT imaging, real time motion tracking, and a 5mm multi-leaf collimator. A unique capability of the Elekta Infinity is volumetric intensity modulated arc therapy (VMAT), which allows the radiation beam to be continuously shaped around a tumor like shrink wrapping for better accuracy and faster treatment times. VMAT also requires significantly lower doses of radiation for effective treatments.
  - TomoTherapy HiArt. Unique in Hawai‘i, the TomoTherapy HiArt system combines an advanced form of intensity modulated radiation therapy (IMRT) with CT scanning for image-guided radiation therapy (IGRT). This system provides unprecedented accuracy in treating tumors effectively while dramatically reducing toxicity to surrounding healthy tissues.
  - Dual-Energy Varian Multi-Leaf 2100. A radiation treatment machine capable of a wide range of photon and electron energies, and varying sizes of treatment fields that can attack cancerous tumors at different depths and locations within the body.

- Other specialized treatments:
  - Stereotactic body radiation therapy (SBRT) using Tomotherapy HiArt
  - Accelerated partial breast irradiation (APBI)
  - Variseed prostate seed implants (PSI)
  - Elekta Lutathera microselectron high dose rate (HDR) brachytherapy for gynecologic, prostate, and other malignancies
Multiple treatment planning systems:
- Philips Big Bore CT Simulator designed specifically for radiation oncology with the latest in radiation treatment planning, including 4D gating, which enables the most accurate treatment of tumors that move with breathing, particularly in the lung, liver, and breast.
- TomoTherapy HAD Planning Station for IMRT, IGRT, and SBRT
- Philips Pinnacle for IMRT and 3D teletherapy
- Elekta Oncentra for High Dose Rate (HDR) Brachytherapy
- Variseed prostate seed treatment planning
- Elekta Oncentra for IMRT, IGRT, and SBRT
- Variseed prostate seed treatment planning

SURGICAL ONCOLOGY

By Shane Y. Morita, MD, MS, PhD, FACS, Medical Director of Surgical Oncology, The Queen’s Medical Center

The Surgical Oncology Program at the Queen’s Cancer Center was launched more than 10 years ago and continues to honor the mission of The Queen’s Health Systems by caring for the people throughout the Hawaiian Islands and Pacific Basin. A multidisciplinary approach is used wherein referring providers and other specialists interface to deliver high-quality, comprehensive treatments. Surgeries on diverse types of cancers, such as cutaneous melanoma, soft tissue sarcoma, GIST, and desmoid at various sites like the appendix, breast, colon, stomach, pancreas, thyroid, skin, trunk, extremity, etc., are performed. When indicated, clinical trials are implemented, as Queen’s has fostered a strong partnership with the University of Hawai‘i Cancer Center. Multicenter studies led as principal investigator in 2018 for metastatic melanoma and metastatic thyroid cancer embodied this philosophy.

Other aspects of this initiative include surveillance follow-up appointments conducted in Hilo as part of the Queen’s Health Care Centers – Hilo Specialty Center. Our navigators have alleviated some of the burden for neighbor island patients through their relationship with the American Cancer Society (ACS) by way of Hope Lodge, which opened in 2018 and provides a place to stay for patients and caregivers. I have been able to serve as a liaison, as I have had the opportunity to serve on the ACS Board of Directors and have been appointed chief medical officer for the upcoming year.

Our program has also placed an emphasis on education. In 2018, we participated in planning cancer symposiums on Maui and O‘ahu, respectively: “Practical Recommendations in Immune and Molecular Oncology (PRIMO)” and for the Hawai‘i Society of Clinical Oncology, where I have had the privilege of serving on the Board of Directors. Physicians, nurses, and allied health care professionals from across the U.S., as well as from other countries, convene to discuss new diagnostic tests and therapeutic advances with the principal goal of improving the outcomes of patients with cancer.

In addition to caring for patients, conducting clinical trials and research, and educating health care providers, an opportunity to engage the government and the public became possible through my involvement as chair of the Hawai‘i Comprehensive Cancer Coalition (HCCC). In 2018, U. S. Senator Mazie Hirono was honored with the HCCC inaugural Courage Award for her personal fight against cancer. She delivered an inspirational message that we must continue to work together in the fight against cancer.

QUEEN’S HEAD AND NECK INSTITUTE

Head and neck tumors are devastating. Even with today’s advanced procedures, the surgery necessary to remove tumors can leave significant cosmetically deformity, as well as functional problems, such as facial paralysis, or issues with speech and swallowing. The goal of the Queen’s Head and Neck Institute is to not only eradicate head and neck tumors, but to return people to their life before diagnosis through advanced and often extensive reconstructive surgery. The Head and Neck Institute’s goal of restoring quality of life before surgery is a type of advanced cancer care that goes beyond most institutions.

Focusing on patients with malignant and benign tumors, the Queen’s Head and Neck Institute is a Queen’s Cancer Center specialty clinic that delivers the best possible care using a multidisciplinary approach. The team includes head and neck surgeons, radiation oncologists, medical oncologists, neuroradiologists, dentists, pain and palliative care specialists, a counselor, and a social worker. Inpatient and outpatient nurses are also a part of the team, as well as speech pathologists, physical therapists, and dietitians. All team members specialize in head and neck cancer treatment and dedicate their work solely to the Head and Neck Institute.

Patients are usually referred by their primary care physician or other specialty physician. A full outpatient evaluation normally takes three to five business days, depending on the amount of testing and consultation needed to assess the patient’s condition and recommend a specially designed treatment plan. All new cancer patients are presented to a multidisciplinary Head and Neck Tumor Board that includes specialists in head and neck surgery, radiation oncology, medical oncology, dentistry, speech pathology, and research. Treatments may include advanced technology robotic and minimally invasive surgical techniques, X-knife stereotactic radiosurgery, and the most current targeted therapies, as well as clinical trials. Treatment may involve non-surgical options for many patients, including radiation therapy and/or chemotherapy.

Recently, the Head and Neck Institute included a Surivsorship Program to address the unique and diverse needs of patients affected by head and neck cancers. The program uses a multidisciplinary approach that supports the patient from the time of diagnosis through treatment and long-term follow-up. The Head and Neck APRN focuses on medical care, risk reduction, symptom control, monitors for late effects, and makes assessments for psychosocial functioning and support needs.

Major types of tumors treated:
- Oral cavity
- Pharynx
- Larynx
- Thyroid and parathyroid
- Salivary glands
- Skin cancers, including melanoma
- Nasal cavity and paranasal sinuses
- Skull base (including pituitary gland)
- Ear and temporal bone
- Neck
- Acoustic neuroma (vestibular schwannoma)

Other conditions treated:
- Head and neck issues in patients with tumors elsewhere in the body
- Longstanding facial nerve paralysis
MOLECULAR DIAGNOSTICS LABORATORY

Molecular diagnostics is a technique used to analyze biomarkers in an individual’s complete set of genetic instructions, or genome. By identifying certain biomarkers, we can predict which subgroups of patients are likely to respond to specific anti-cancer drugs. As Hawaii’s only personalized medicine program, the Molecular Diagnostics Laboratory offers over 15,000 tests per year, providing cancer genomic profiling for hereditary cancer screening, targeted therapy, and clinical trial selections.

The Molecular Diagnostics Laboratory offers innovative techniques to define gene expression in cells and tissues, including next-generation sequencing and fluorescence in situ hybridization (FISH). There is an operating agreement with MD Anderson Cancer Center’s Genomic Technology program where two pathology fellows a year visit for advanced diagnostics.

COMPREHENSIVE GENETICS CENTER

Staffed by a team of two genetic counselors and a patient services coordinator, the Queen’s Comprehensive Genetics Center offers genetic counseling for individuals and families with histories of cancer to determine if there is a hereditary basis for cancer and to assess risk. Genetic counselors offer guidance on appropriate genetic screening and testing; coordination of testing when recommended; and interpretation of results. They help patients understand and adapt to the medical, psychological, and familial implications of genetic contributions to cancer. Genetic education and counseling allows individuals to consider various medical uncertainties, diagnoses, or medical management based on test results. Individuals are also better able to weigh the risks, benefits, and limitations of genetic testing. Genetic counselors review all cases presented at Queen’s Multidisciplinary Oncologic Treatment Planning and Research Conference (tumor boards) to identify patients who may benefit from genetic counseling and/or genetic testing. Pathology reports are also reviewed to identify cases appropriate for genetics referral, based primarily on abnormal immunohistochemistry results of new cancer specimens suggestive of an underlying hereditary syndrome.

In 2018, the Queen’s Comprehensive Genetics Center had six percent of new patients who came to the Queen’s Cancer Center and Queen’s Head & Neck Institute in 2018 had a self-distress questionnaire rating high enough for social work intervention, which was performed by Queen’s Cancer Center social workers, referrals and collaboration with other QMC departments, and community resources.

Clinical Social Work Services

- Assessment, diagnosis, planning, and treatment of psychosocial needs of patients and families
- Brief therapy for newly diagnosed patients and families with adjustment to illness issues and for patients experiencing progression of disease.
- Community resource linkage
- Crisis intervention
- Substance abuse counseling
- Grief/bereavement therapy
- Advance care planning

Continuing & New Initiatives

- Facilitation of monthly caregiver, breast cancer, and lung cancer support groups.
- Participation in community cancer screening events.

CANCER SURVIVORSHIP

The Queen’s Cancer Center social work staff consists of master-level trained and licensed social workers (LSW/LCSW) who provide counseling for patients diagnosed with cancer. The staff helps answer questions, as well as addresses feelings that could include being lonely, sad, or worried. The social workers help plan for the future, provide education, and access community resources.

As creative problem solvers, the social work staff works as a team with physicians, nurses, navigators, a psychiatrist, and other medical professionals to provide services for the benefit of the total person beyond the diagnosis.

A diagnosis of cancer can have a major emotional and financial impact on a patient’s life. Queen’s Cancer Center social workers have been leaders in using the National Comprehensive Cancer Network (NCCN) Distress Thermometer since 2013. The Distress Thermometer was integrated into a brief standardized Psychosocial Distress Questionnaire and incorporated into the electronic medical record. High quality, cancer care is provided through routine assessment, screening, and use of the Psychosocial Distress Questionnaire. Fifty-six percent of new patients who came to the Queen’s Cancer Center and Queen’s Head & Neck Institute in 2018 had a self-distress questionnaire rating high enough for social work intervention, which was performed by Queen’s Cancer Center social workers, referrals and collaboration with other QMC departments, and community resources.

Clinical Social Work Services

- Assessment, diagnosis, planning, and treatment of psychosocial needs of patients and families
- Brief therapy for newly diagnosed patients and families with adjustment to illness issues and for patients experiencing progression of disease.
- Community resource linkage
- Crisis intervention
- Substance abuse counseling
- Grief/bereavement therapy
- Advance care planning

Continuing & New Initiatives

- Facilitation of monthly caregiver, breast cancer, and lung cancer support groups.
- Participation in community cancer screening events.

CANCER SURVIVORSHIP

The Queen’s Medical Center (QMC) Cancer Survivorship Program is the first adult, hospital-based, survivorship program in Hawaii. Established in 2009, the goal of the program is to assist cancer survivors’ transition from active cancer treatment to a focus on health and wellness after treatment. In 2018, the program hosted the annual Cancer Survivorship Celebration, as in previous years.

Personalized survivorship care plans are given to cancer survivors when they complete active treatment. The care plans address their cancer diagnosis and treatment and include a treatment summary, follow-up recommendations, and education regarding potential late effects from their cancer or cancer treatment. The program is staffed by an oncology-certified RN (OCN) and a survivorship associate at the hospital. Advanced practice nurses, clinical navigators, and oncology nurses deliver and review care plans with patients.

THE QUEEN’S CANCER CENTER (Continued)
ONCOLOGY RESEARCH DEPARTMENT

Staffed by oncology research nurses, research asso- ciates, and other clinical research professionals, the Queen’s Oncology Research Department provides a wide range of support services for patients, physicians, and Queen’s Cancer Center staff to participate in clini- cal research. Cancer clinical research offers patients access to leading-edge therapies while helping research- ers find better ways to prevent and treat cancer. Clinical tri- als offer patients the opportunity to take advantage of all kinds of new therapies, including new drugs or new ways of using existing drugs, types of surgeries, radiation the- rapeutics, and new ways to combine cancer treatments. Some studies evaluate new therapies while others compare two different treatments to determine which is better. All stan- dard cancer treatments used today are available because earlier cancer research trials offered patients the opportunity to take advantage of all kinds of new therapies, including new drugs or new ways of using existing drugs, types of surgeries, radiation thera- peutics, and new ways to combine cancer treatments. Some studies evaluate new therapies while others compare two different treatments to determine which is better. All stan- dard cancer treatments used today are available because of earlier cancer research trials.

Clinical trials are classified based on four clinical phases (I – IV) of new drug or new treatment development.

Phase I: Studies that test a new drug or treatment in a small group of people for the first time to evaluate its safety, determine a safe dosage range, and identify side effects. The staff and facilities to conduct both inpatient and out- patient Phase I clinical trials are available at The Queen’s Medical Center.

Phase II: Studies in which a new drug or treatment is given to a larger group of people for a few hundred to test its effectiveness and further evaluate its safety in the dosage range established from Phase I trials.

Phase III: Multi-institution studies in which the new drug or treatment is given to thousands of people to confirm effec- tiveness compared to currently available standard treat- ments. This phase also monitors side effects and assesses the risk/benefit relationship for the intended use of the drug or treatment, which supports FDA-approval to market the drug or treatment.

Phase IV: Studies done after a drug or treatment has mar- keting approval. These studies, also known as post-market- ing studies, are often required as a condition of approval by the FDA to provide additional long-term safety and effi- cacy data. Phase IV clinical trials may also be conducted to increase awareness of a new drug among physicians, or to compare the drug or treatment to other marketed products.

Major Types of Tumors Treated

In 2018, QMC’s portfolio of clinical research studies (treatment and non-treatment) included the disease sites below. Overall, patient accrual to clinical trials was 10.5% with respect to QMC’s 2017 total analytic cases.

- Breast
- Gastronintestinal (Colon/Rectal, Esophagus, Esophageal Gastric Junction, Liver, Pancreas)
- Genitourinary (Prostate, Bladder, Renal)
- Gynecologic (Cervical, Vulva, Endometrial, Ovary, Fallopian, Peritoneal)
- Head & Neck
- Hematologic (Non-Hodgkin’s Lymphoma, Leukemia, Myeloma)
- Lung
- Thyroid

Comprehensive Cancer Biorepository

The Queen’s Medical Center continually seeks out opportunities to improve clinical trials accrual. In 2018, the department implemented a quality improvement initiative to help improve clinical trial accrual. The team analyzed the accrued patient population compared to the available patient population to help identify modifiable areas for accrual improvements. It was identified that racial/ethnic breakdown was one area in which the accrued population varied significantly from the available population.

As a part of quality improvement, the department partici- pated in research-specific Cultural Competency Training created by the University of Hawai‘i Center for Native and Pacific Health Disparities Research. The training provid- ed an introduction for researchers to better understand communities, especially Native Hawaiian and Pacific Islander populations. Learning modules included: Brief Health Related History; Ethical Conduct of Research Involving Native and Pacific Peoples; Communication and Relationship Development; Understanding Research from Community Perspectives, and Models That Work. The research staff is now more aware of unique research concerns the Native Hawaiian and Pacific Islander popula- tion may have.

Community Outreach

The Queen’s Medical Center’s oncology staff is dedicat- ed to the support of community efforts that raise aware- ness and funds for cancer programs, such as annual participation in the Honolulu Marathon to benefit the Leuke- mia and Lymphoma Society; the American Cancer Society’s Relay For Life; the Making Strides Against Breast Cancer Walk; the Susan G. Komen Race for the Cure; and the Hospice Hot Pursuit. The staff also supports Oncology on Canvas and the American Cancer Society’s “I Can Cope” classes for oncolo- gy patients and their families. An Artist in Residence Program offers cancer patients, caregivers, and staff the opportunity to explore their creativity to cope with the challenges of cancer.
Cancer Committee Annual Report 2018

Survivors share and help

A beauty class for women facing cancer

- www.queens.org
- newspaper ads, flyers, and a quarterly calendar of events. The QCC also educates the public about the importance of screening and prevention at community events and conferences throughout the year.

Colon Cancer Awareness Events

The American Cancer Society’s cancer awareness calendar marks March as colon cancer awareness month. This annual event educates people about the importance of colon health, targeting mainly people age 50 or older. In 2018, QMC hosted two events, one of which was offered at The Queen’s Medical Center – West O’ahu (QMC – West O’ahu), and the other at the Fort Street Mall open market.

At QMC – West O’ahu, educational booths were staffed by Queen’s GI Services, Oncology, and Endoscopy departments. Information and materials provided on awareness and prevention follow guidelines from the American Society of Gastroenterology and the Society of Gastroenterology of Nursing. A giant inflatable educational colon was an attraction. Staff walked people through to show the public what polyps look like at different stages. The visuals help remind why prevention is important. Health care professionals encouraged people to schedule a colonoscopy at age 50, and talk to their doctor if they have a family history of colon cancer.

QMC had an estimated 70 people in attendance; QMC – West O’ahu had 60 to 80. Participant evaluations indicated that conducting the event at QMC – West O’ahu was helpful, and a significant number noted that they want to see more of these events at this location. As QMC – West O’ahu and its surrounding community grows, we predict attendance at community outreach events will increase, and more people will be reached with awareness and prevention education on colon cancer. Forty participant surveys were completed; all indicated the information they received was helpful. Participants were also asked what they liked most: 47 percent responded “information;” 31 percent responded “games and prizes;” and 22 percent responded “location.”

Movember

Each November, male staff participate in the Movember Challenge, which raises awareness of early cancer prevention and detection in the male population. Movember is known for the growing of mustaches, but the Queen’s Movember includes a mustache and full beard. Contestants participate in games demonstrating the fullness of their beards to raise funds for the winner’s cancer charity of choice.

Skin Cancer Screening Events

Annual skin cancer screening events have been held at QMC for the past eight years. Dermatologists volunteer to give free screenings using guidelines from the American Academy of Dermatology. Of the 59 people screened from the 2018 event, 17 had abnormal findings (29%). For all abnormal findings, copies of screening forms were sent to patients’ PCPs for follow-up.

Head and Neck Cancer Screening Events

Oral screening was performed by physicians from the Queen’s Head and Neck Cancer Institute and dentists from the Queen’s Dental Clinic. Two oral screenings were done—one at QMC, and the other at the University of Hawai‘i Campus Center—with screening forms and guidelines from the Oral Cancer Foundation. At the QMC screening event, 38 people were screened, 3 of whom had abnormal findings (compared to 73 people screened with 17 abnormal findings in 2017). Abnormal screening forms were sent to the patients’ PCPs. Calls were made to ensure forms were received and a follow-up appointment was made to discuss the findings with the patients.

Other Community Activities & Educational Classes

- Healing Through Art: An art program for cancer patients that meets twice a month.
- Oncology on Canvas: An annual event that brings cancer patients and their caregivers together to enjoy a therapeutic day of painting.
- Support Groups
  - Breast Cancer Support Group: A forum for women to discuss and share issues related to breast cancer.
  - Caregiver Support Group: Addresses the needs of caregivers and gives them the resources to have a balanced lifestyle while caring for a loved one.
- GI Cancer Support Group: For patients with gastrointestinal cancer. Includes esophagus, stomach, liver, gall-bladder, colon, pancreas, rectum, and anal cancers.
- Lung Cancer Support Group: Survivors share and help each other cope with the difficulties of the disease.
- Head & Neck Support Group: Survivors share and help each other cope with the difficulties of the disease.

- Look Good Feel Better: A beauty class for women facing cancer.
- Cancer Survivorship Celebration: Annual “Celebration of Life” event for cancer survivors and their caregivers.

THE QUEEN’S CANCER CENTER (Continued)
Queen’s Imaging Services offers many types of advanced imaging technologies to diagnose diseases and develop therapy plans. All procedures are performed by registered and certified technologists and interpreted by board-certified radiologists. Imaging Services has the broadest range of radiology and ultrasound services at The Queen’s Medical Center (QMC), as well as various imaging capabilities at The Queen’s Medical Center – West O‘ahu and the Physicians Office Buildings 2, 3, and West – O‘ahu.

Recently, Imaging Services acquired a SPECT/CT system in Nuclear Medicine. Combining functional SPECT and anatomic CT data together improves the ability to find lesions, reduces false positives, and clarifies questionable lesions by better localization compared to SPECT alone. SPECT/CT is also superior in the assessment of endocrine and neuroendocrine tumors. The system is better in tumor localization and characterization, leading to a decrease in the number of ambiguous findings. In addition, SPECT/CT has been very beneficial in ruling out metastatic disease bone scans, and in determining the location of sentinel lymph nodes to tumors in lymphoscintigraphy (the study of the lymphatic system).

Imaging Services also provides lung cancer screenings with low dose CT scans of the chest for patients with a high risk of lung cancer due to significant smoking history. Research has shown an approximately 20 percent reduction in mortality from lung cancer due to early detection.

Queen’s Imaging Technologies
- 64-Slice CT Scanners. Queen’s CT scanners are low dose and have high diagnostic quality. They produce scans of all anatomical areas of the body, and are also used for CT-guided interventional procedures.
- Short-bore 1.5 Tesla MRI (2) & Short-bore 3 Tesla MRI (1). QMC has advanced MRI technologies that offer the clearest imaging capabilities available today. QMC also has an advanced technology coil geometry breast MRI system that works with a 1.5T MRI scanner to provide physicians with enhanced quality images of breast tissue for more accurate diagnoses and intervention. The breast MRI program is accredited by the American College of Radiology.
- PET/CT Scanner. A PET/CT scanner is available at QMC in the Hamamatsu/Queen’s PET Imaging Center, a joint venture between Hamamatsu Photonics, K.K., and QMC. Because of their short half-life, radiopharmaceuticals used in PET scanning are manufactured at Queen’s. A tumor’s size, shape, mass, and location can be imaged by the CT scanner, while the PET shows where and how rapidly it is growing.
- Biplane & Single Plane Angiography/Interventional Imaging Suites. These systems are used to perform various types of diagnostic and interventional procedures, such as chemoembolization, radiofrequency (RF) ablation, and Y-90 therapy. The equipment includes flat panel technology that supports the integration of angiography images with CT and MRI images during procedures, and 3D images that assist radiologists in diagnoses and therapy plans.

Queen’s Pharmacy Services plays a vital role in cancer treatment. Queen’s clinical pharmacists function as intermediaries between patients and physicians, and are specifically assigned to care for cancer patients, verifying all medication orders, including chemotherapy. A pharmacist counsels each patient who takes certain high-risk medications, such as oral chemotherapy, and monitors patient compliance. Counseling includes explaining medications and how they work, how much and how often to take them, and what the patient can do to manage side effects.

Clinical pharmacists collaborate daily with physicians, nurses, case managers, and social workers to help with the management of patients from admission through discharge. They help optimize therapy by adjusting medications to each patient’s clinical response. Pharmacists also provide antibiotic monitoring and intravenous nutrition.

Pharmacy Services assists with implementing research protocols through The Queen’s Medical Center and the University of Hawai‘i Cancer Center. They have instituted protocols that include growth factor support, management of nausea and vomiting, chemoembolization, and high-dose methotrexate administration.

The Queen’s Women’s Health Center (WHC) offers a full spectrum of clinical, diagnostic, and therapeutic services for women of all ages in a beautiful setting. Breast health screening, education, outreach, and patient navigation services are specialties. Services include mammography, breast ultrasound, stereotactic- and ultrasound-guided biopsies, bone density testing, physical therapy, prenatal screening, and wellness services such as massages, facials, and acupuncture.

The WHC is accredited by the National Accreditation Programs for Breast Centers (NAPBC), an affiliate of the American College of Surgeons, which requires an onsite survey every three years. The NAPBC represents a consortium of national professional organizations dedicated to quality-of-care improvement and the monitoring of outcomes of patients with diseases of the breast. This mission is pursued through standard-setting, scientific validation, and patient and professional education. The NAPBC board of directors has worked diligently to ensure multidisciplinary leadership representation, and to include nationally recognized breast cancer quality performance measures in NAPBC standards that serve as a platform for measuring quality improvement.

Objectives of the NAPBC include:
- Consensus development of criteria for breast centers and a site visit process to monitor compliance
- Strengthening of the scientific basis for improving quality-of-care
- Reducing the morbidity and mortality of breast cancer by improving screening mammography and advocating for increased access to and participation in clinical trials
- Expanding programs of quality improvement measurement and benchmark comparison

Each week, Tumor Board meetings are held to discuss prospective breast cases with a multidisciplinary team consisting of surgeons, radiologists, pathologists, medical and radiation oncologists, physical therapists, clinical trials staff, social workers, patient navigators, and more. The WHC’s mission is to improve patient care and treatment as treatment options for patients are presented and discussed.

The WHC is the only oncology program to offer women in the state of Hawai‘i access to any of these services. The program is expanding to offer patients living in the state of Hawai‘i access to advanced technology and minimally invasive treatments not available on O‘ahu.

Mammography
Early detection is the best defense against breast cancer. At the WHC, digital mammography is available in 2D and 3D. Queen’s 3D digital mammography technology, or Tomosynthesis, is an advanced technology screening and diagnostic tool designed for early breast cancer detection that can be done at the same time as 2D mammography. The equipment allows for a better way to find smaller breast cancer tumours, which can be treated with simpler procedures with greater success.

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A majority of health insurance providers now cover 3D mammography. It is anticipated that more patients will request it as the standard of care by insurers, research evidence must be provided in order for 3D mammography to be completely accepted as the standard of care by insurers, research evidence must be provided. In 2018, the WHC was a site for a clinical trial called the Tomosynthesis Mammographic Imaging Screening Trial (TMIST). TMIST is a randomized breast screening trial designed to help researchers find the best way to detect breast cancer in women who have no symptoms. The trial compares two types of Food and Drug Administration-approved digital mammography: standard digital mammography (2D) and tomosynthesis mammography (3D). The goal is to determine which type of screening is better at detecting breast cancer early when it may be easier to treat.

TMIST is supported by NCI and is coordinated by ECONG-ACRIN Cancer Research. Women seeking more information about screening mammograms, they are asked to complete a short, seven-question survey to identify if physical therapy could help improve residual issues after treatment. Many of these patients have an improved quality-of-life after physical ther-

Patient Navigation Program

Patient navigator associates assist patients from abnormal mammmogram appointment and evaluates the needs of the patient, including financial assistance, emotional support, and transportation services. The navigation process continues if a breast biopsy is recommended. If there is a cancer finding, the second patient navigator associate assists and guides the patient from treatment to survivorship. The patient navigator associate works with the patient through-out treatment, meeting them when they arrive, giving them support when needed, and answering questions about the process. The third patient navigator associate is responsible for community outreach, educating girls and women about breast health, and matching eligible women with facilities to schedule their annual mammograms.

Physical Therapy

Women’s Health Physical Therapy is offered to improve quality-of-life for all women. WHC physical therapists have specialized training to perform comprehensive examina-tions, identify problem areas, and formulate treatment plans to reduce pain, maximize function, and enable patients to manage issues at home. Cancer-related treatments include:

- Breast cancer rehabilitation for pain, weakness, and tightness, and
- Lymphedema treatments for swelling after breast cancer treatment.

An amazing 48 percent of breast cancer patients benefit from physical therapy. When patients return for follow-up mammograms, they are asked to complete a short, seven-

No Biopsy

Participant called by Patient Naviga-tor to schedule 6-mo follow-up appointment.

Biopsy Recommended

All Patients Receive Patient Navigation

Positive Pathology

WHC Navigator reviews daily biopsy schedule & determines positive pathology reports, calls patient for wound check, f/up if patient received results; continues to assess needs/ barriers, calls referring MD to f/up with getting reports/ scans to referring surgeon; any other needs

Negative Pathology

(100%) Participant is contacted by WHC Navigator for Wound check; schedules f/up imaging as recommended

Patient in WHC for Screening

Patient Navigation begins if additional imaging is needed.

Questions: Social, Emotional, Financial, Transportation needs

In order for 3D mammography to be completely accepted as the standard of care by insurers, research evidence must be provided. In 2018, the WHC was a site for a clinical trial called the Tomosynthesis Mammographic Imaging Screening Trial (TMIST). TMIST is a randomized breast screening trial designed to help researchers find the best way to detect breast cancer in women who have no symptoms. The trial compares two types of Food and Drug Administration-approved digital mammography: standard digital mammography (2D) and tomosynthesis mammography (3D). The goal is to determine which type of screening is better at detecting breast cancer early when it may be easier to treat.

TMIST is supported by NCI and is coordinated by ECONG-ACRIN Cancer Research. Women seeking more information about this study may visit https://www.cancer.gov/about-can.

SUPPORTING SERVICES (Continued)
Of these requests, over half were for oncology patients, with nearly a thousand requests for consultation throughout QMC.

In 2018, the Pain and Palliative Care Department received 58 percent of its targeted goal, compared to 32 percent statewide. It is hoped that continued work with government partners, churches, homeless shelters, and other agencies to identify women in the targeted groups will help meet the WHC’s annual goal.

The Queen’s Women’s Health Center continues to be a Breast Center of Excellence and an accredited member of the National Accredited Program for Breast Care. The WHC’s goal is to enroll 70 women in the program per year, including 30 of Native Hawaiian ancestry. Grant funding covers 13 percent of targeted groups in the state.

The WHC reached 58 percent of its targeted goal, compared to 32 percent statewide. It is hoped that continued work with government partners, churches, homeless shelters, and other agencies to identify women in the targeted groups will help meet the WHC’s annual goal.

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