

GENE UPSHAW MEMORIAL TAHOE FOREST CANCER CENTER
COMMUNITY ONCOLOGY REPORT



GENE UPSHAW MEMORIAL
TAHOE FOREST CANCER CENTER



"Song" by Milton Heifetz, MD on display at the Gene Upshaw Memorial Tahoe Forest Cancer Center

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A *Loving* HANDOFF



Laurence J. Heifetz, MD, FACP

As many of you know, the cancer program here at Tahoe Forest Health System started back in 2006 with myself and three support personnel. It has been my honor to have witnessed the growth of a program that we all felt was a long shot into one of regional and national recognition as a model for rural oncology.



Within a short period of time, the program took on legs of its own growing beyond our wildest dreams and causing me to worry about how to sustain it. Out of the blue appeared my rescuing angel in the form of Dr. Ahrin Koppel. But let me tell you just how this happened.

Dr. Koppel and her not-yet husband Artin Matousian were on vacation mountain biking at Northstar in the summer of 2009 when she was brought to the Tahoe Forest Emergency Room with a concussion. At that time she was in her hematology oncology fellowship at UCLA. Being pretty fed up with LA, she asked the ER doc, "Do you guys have an oncologist up here?" "Sure, Larry Heifetz, he's a great guy, and here's his card." Returning to UCLA, she showed it to her nurse practitioner, Rose Malone, who told her "He's a great guy, and I was his nurse practitioner at Cedars-Sinai. And that group that you moonlight for, Tower Oncology, was his group!" Ahrin



Dr. Ahrin Koppel has taken over as the new Medical Director of the Gene Upshaw Memorial Tahoe Forest Cancer Center.

“Ahrin joined me after completing her training at UCLA in the summer of 2010. It was the best professional decision of my life.

” then sent me an email enquiring about a potential opportunity up here, referencing my former partners at Tower. So I emailed them asking what they thought of him. The response was “Ahrin is terrific. Make it happen, Larry, and by the way, he’s a she!” After just one breakfast at Jerry’s Deli in LA I was sold. Ahrin joined me after completing her training at UCLA in the summer of 2010. It was the best professional decision of my life.

I’m like an old silverback gorilla, the guy with battle scars who’s been there and seen a lot since graduating medical school 47 years ago in 1972. The opportunity to mentor this brilliant, energetic young physician became my greatest joy. Within a short period of time, it became clear to me that bringing her in was a great call. She took over our monthly cancer conference for the medical staff. She spearheaded our clinical trials program with the expertise she brought from UCLA. She developed her own voice with a huge following among our patients and staff. And she’s younger, smarter, and nicer than me.

For the past year, we have shared an office so she could pick up some of the subtleties of my job. Her leadership skills are first class and are always delivered with her infectious and extremely photogenic smile.

On July 1, 2019, I officially retired. It is with utmost pride and total security that I am able to hand over the reins to Dr. Ahrin Koppel as Medical Director of the Gene Upshaw Memorial Tahoe Forest Cancer Center.

I can’t thank all of you enough for your enduring support. You have no idea how much it has meant to me. And if you see me hanging around looking lost, it’s OK to say “hi.” 🍷



Our **STORY** *Continues...*

In our last issue we reported on the development of our cancer program from scratch back in 2006 based on addressing three fears from a cancer diagnosis enhanced in a rural setting — the fear of experiencing disjointed medical care, the fear of isolation from social support networks, and the fear of getting outdated therapy. The processes we created to address those fears have stood us and our community in good stead over this past year.

The Fear of Experiencing Disjointed Medical Care

The Tahoe Forest Health System has embarked on a significant commitment for a global electronic medical record (EMR) on the EPIC Platform. The hospital and most of the providers in our community are now using this common platform for both outpatient and inpatient care. The Cancer Center is using the EPIC platform along with the oncology specific ARIA platforms for medical oncology and radiation oncology from the Varian Corporation. Over the next year, the medical oncology side of the cancer center will have converted over to EPIC, while radiation oncology will maintain both systems due to special requirements of our radiation oncology equipment.

This conversion has resulted in improved doctor/doctor communication via the common EMR as well as improved doctor/patient communication via the MyChart functionality of EPIC. We have experienced an increased sense of security from our patients that all of their physicians are up to speed simultaneously with their conditions. This technology upgrade should significantly address the fear of experiencing disjointed medical care.

The Fear of isolation from Social Support Network

Life in the mountains can imply a culture of physical heartiness. Unfortunately, a cancer diagnosis can change that reality dramatically. This is the time when functional social support systems are most necessary.

We have addressed these issues with a no-charge comprehensive patient and family support program. These services include individual counseling/therapy, telehealth counseling, massage therapy, acupuncture, biofeedback, caregiver education and navigation workshops, yoga for patients and survivors, and deep relaxation for patients, survivors, and caregivers. We also provide these additional programs: “WeCARE! Peer Navigation,” “Suffering is Optional,” “The Walkabout Project,” “Exercise for Energy,” and “Kick Nicotine.”

Our position is that patients with a diagnosis of cancer should be entitled to these supportive care modalities free of charge. By supporting our fundraising activities through the Tahoe Forest Hospital Foundation, our local community has enabled this for us.

The Fear of Not Getting State-of-the-Art Therapy

Our intimate relationship with the UC Davis Comprehensive Cancer Center through our membership in the UC Davis Cancer Care Network helps to “keep us honest.” Eighty percent of cancer patients have either breast, colorectal, prostate, or lung cancer. Our daily virtual tumor boards with UC Davis on those four diseases have helped us maintain our knowledge base at the state-of-the-art. It has helped us feel confident that our patients are receiving the latest diagnostic and therapeutic interventions. It also provides a “back door” for us to get our patients seen at an academic center in a more efficient and timely manner. This holds true for the complete spectrum of malignancies, not just those four.

A necessary attribute of a meaningful oncology program is participation on clinical trials. We have developed a robust clinical trial capability and have enrolled a sizeable amount of our patients on these studies. We currently have 33 studies available for our patients, all of them sponsored by academic centers including UC Davis, UCLA, and Northwestern University.

We believe that our commitment to keeping up with updated technologies through our university collaborations, with special attention to those specific fears enhanced in a rural setting, has created a culture of safety for our patients. We are continually gathering data and adjusting our own processes to help us optimize our patients’ experiences. 🏡



The **WALKABOUT** *Project*

Exercise has numerous positive effects on active and recovering cancer patients. The purpose of the Walkabout Project is to utilize telehealth (Skype or Zoom) to engage cancer patients who are unable to attend a live class, by providing an alternative method to deliver a group exercise intervention.

In January of 2018, the first two participants were recruited. Both participants presented with reports of fatigue and decreased balance; neither participated in a regular exercise program. We established a 7-week telehealth program that enabled both participants and a physical therapist to communicate on a common smartphone platform. Classes incorporated stretching and strengthening. Following the first class, two new exercises were introduced each week. Participants were also asked to log minutes per week of walking or biking.

We measured quality of life with a questionnaire at the beginning and the end of the class and also assessed balance. Each participant had clinically significant improvement in both their quality of life as well as their balance.

Two additional sessions were completed in the spring and summer of 2018. In our most recent class, two of the participants were living 200 miles from our center and 388 miles from each other.

These results suggest that telehealth may be an effective delivery method to engage patients with cancer otherwise unable to attend an onsite class. Further research with a larger sample size on this promising, novel method for delivery of structured therapeutic exercise is needed.

If you are interested in participating please contact Michelle Larson, PT at (530) 582-7415 or mlarson@tfhd.com. Participants will need internet access and computer, smartphone, or tablet to participate.

CLINICAL TRIALS:

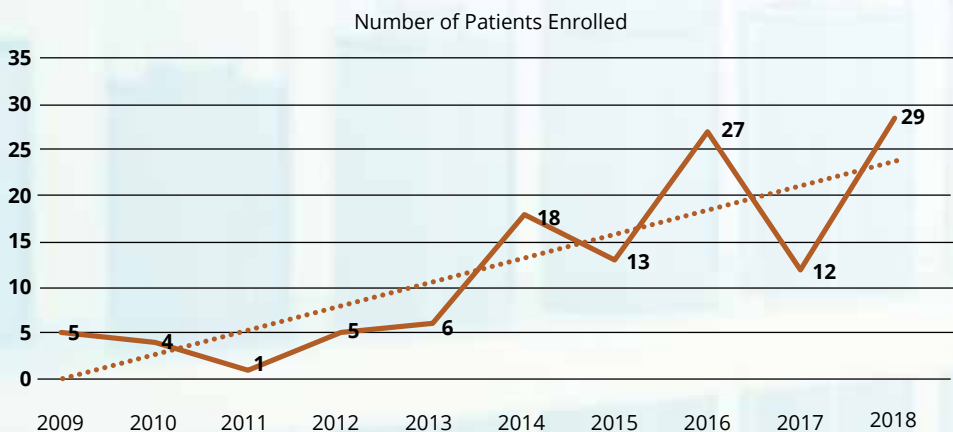
Providing New Treatment Options

Our patients have many opportunities to participate in clinical trials. These studies are a resource to our patients, as they provide new treatment options that would not otherwise be available outside of large hospital systems and academic centers. Indeed, most of the current standard of care treatment options were discovered through this process of clinical research.

We screen every new patient who comes through our doors for eligibility in any number of our 33 open clinical trials. These trials follow very strict guidelines to provide scientifically sound options and ensure the safety of participants. Access to these trials has been provided to our patients since 2009 through our relationship with UC Davis Cancer Care Network. In that time, we have enrolled at least 9-10 eligible patients to a clinical trial per year. More recently we have partnered with the UCLA TRIO-US network to offer access to even more investigational treatment options for our patients. We currently have two trials open through the UCLA TRIO-US network with several more to be activated in the coming year.

We currently offer studies which investigate and provide different treatment options for cancers of the bladder, breast, colon, lung, pancreas, prostate, kidneys, and several other types of solid tumors in addition to lymphomas.

**Tahoe Forest Breast Cancer Cases
Patients Enrolled in Clinical Trials**
(2009-2018)





The front desk at the Gene Upshaw Memorial Tahoe Forest Cancer Center

CoC BENEFITS

Tahoe Forest Cancer Center Earns National Accreditation

In 2018, the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) granted a Three-Year Accreditation with Commendation to the Tahoe Forest Cancer Program. To earn voluntary CoC accreditation, a cancer program must meet or exceed the CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. Three-Year Accreditation with Commendation is only awarded to a facility that exceeds standard requirements at the time of its triennial survey.

Because it is a CoC-accredited cancer center, Tahoe Forest Cancer Center takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary partnership results in improved patient care.

The CoC Accreditation Program provides the framework for Tahoe Forest Cancer Center to improve its quality of patient care through various cancer-related programs that focus on the full spectrum of cancer care including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent

disease, and end-of-life care. When patients receive care at a CoC facility, they also have access to information on clinical trials and new treatments, genetic counseling, and patient centered services including psycho-social support, a patient navigation process, and a survivorship care plan that documents the care each patient receives and seeks to improve cancer survivors' quality of life.

Like all CoC-accredited facilities, Tahoe Forest Cancer Center maintains a cancer registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society. This nationwide oncology outcomes database

is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care. CoC-accredited cancer centers, in turn, have access to information derived from this type of data analysis, which is used to create national, regional, and state benchmark reports. These reports help CoC facilities with their quality improvement efforts.

The American Cancer Society estimates that more than 1.7 million cases of cancer will be diagnosed in 2019. There are currently more than 1,500 CoC-accredited cancer programs in the U.S. and Puerto Rico. CoC-accredited facilities diagnose and/or treat more than 78 percent of all newly diagnosed cancer patients. When cancer patients choose to seek care locally at a CoC-accredited cancer center, they are gaining access to comprehensive, state-of-the-art cancer care close to home. The CoC provides the public with information on the resources, services, and cancer treatment experience for each CoC-accredited cancer program through the CoC Hospital Locator at www.facs.org/search/cancer-programs.

Established in 1922 by the American College of Surgeons, the CoC is a consortium of professional organizations dedicated to improving patient outcomes and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive, quality care. Its membership includes Fellows of the American College of Surgeons. For more information, visit:

www.facs.org/cancer 🏡

“

When cancer patients choose to seek care locally at a CoC-accredited cancer center, they are gaining access to comprehensive, state-of-the-art cancer care close to home.

”



BREAST CANCER REPORT

at Tahoe Forest 2009-2018

443 Newly Diagnosed Breast Cancer Cases at Tahoe Forest

- 3 male patients
- 440 Females

Community Screening Mammography Results

- 86% of patients are diagnosed at a low stage (validating our excellent mammography screening program)

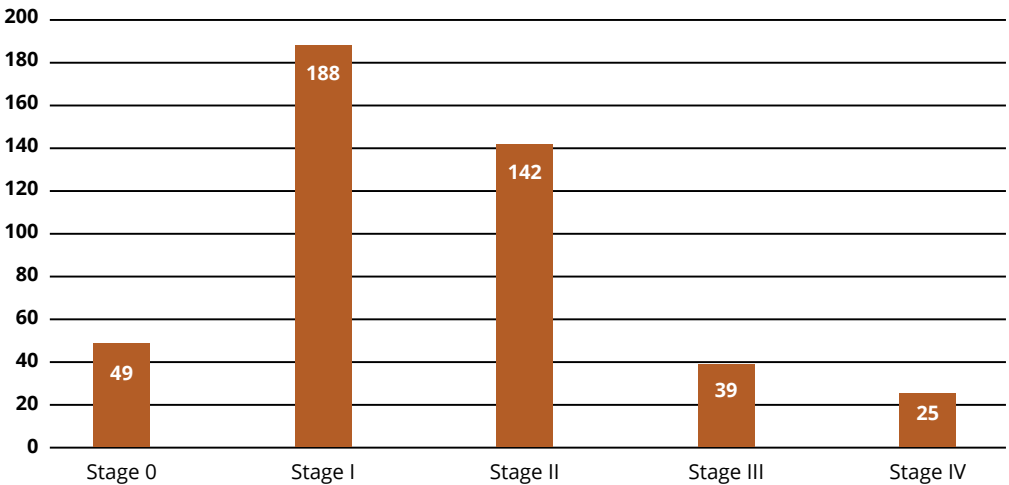
Patient Survivorship

- 75% of Diagnosed Patients are currently alive

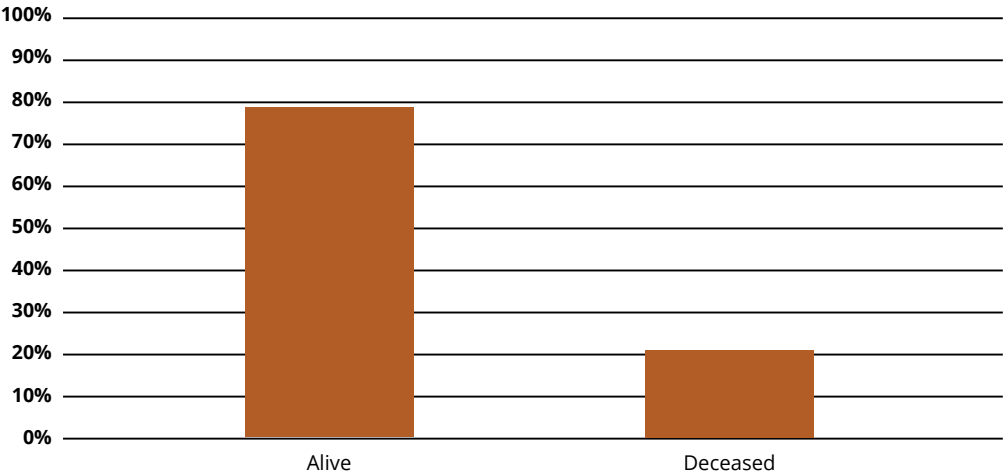
Local and Regional Functionality

- 28% Breast Cancer Patients from the Town of Truckee
- 72% Breast Cancer Patients from outside Truckee

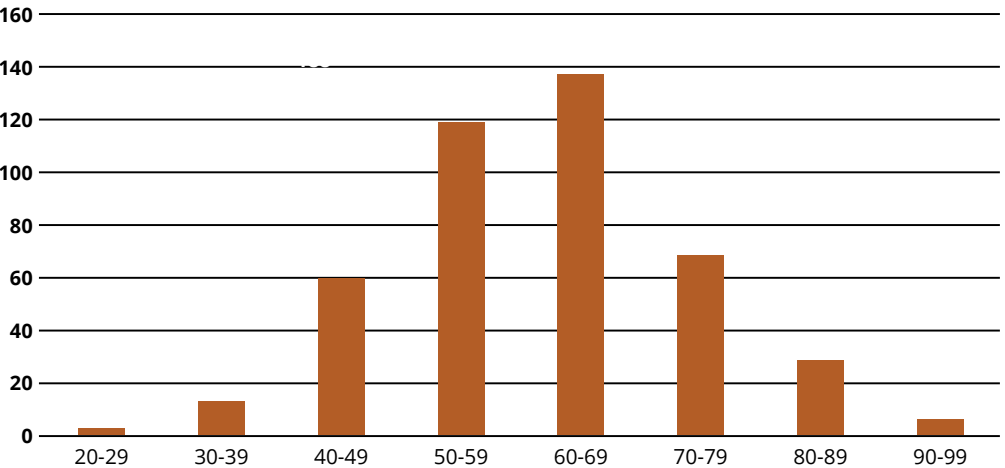
Tahoe Forest Breast Cancer Cases by Stage at Diagnosis
(2009-2018)



Tahoe Forest Breast Cancer Cases Patients Alive Status
(2009-2018)



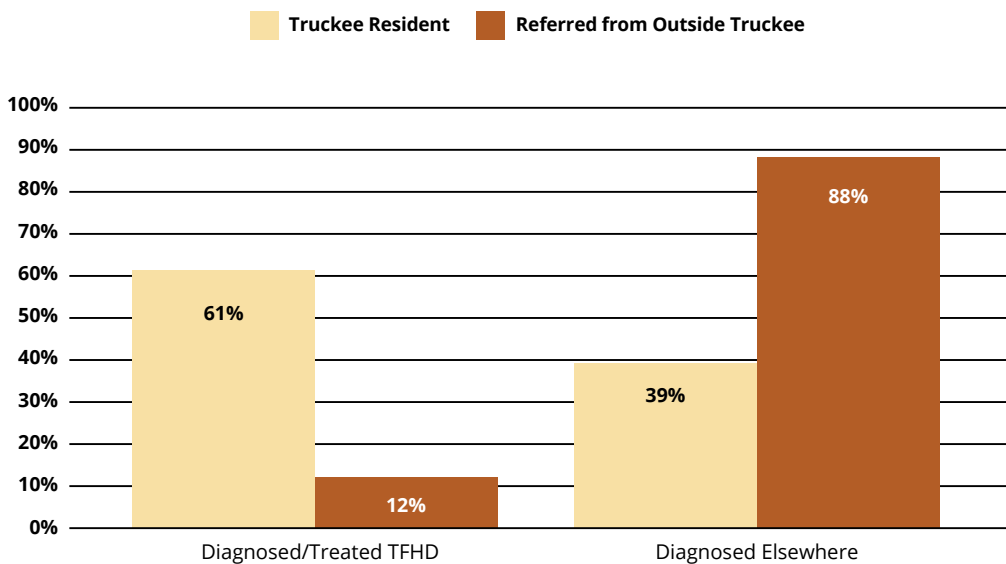
Tahoe Forest Breast Cancer Cases Age at Diagnosis
(2009-2018)



Tahoe Forest Breast Cancer Cases

Tahoe Forest District Cases vs. Rural Referrals

(2009-2018)



Tahoe Forest Cancer Program

CoC Measures for Quality of Breast Cancer Care (2019)

Site of Cancer	Expected Performance Rate	Measure Description	Tahoe Forest	State of California	National CoC Programs
Breast	90%	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer	100%	89%	92.1%
Breast	90%	Combination chemotherapy is recommended or administered within 4 months (120 days) or stage IB-III hormone receptor negative breast cancer	100%	89.2%	93.1%
Breast	90%	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1N0MO, or stage IB-III hormone positive breast cancer	100%	89.3%	92.8%
Breast	90%	Radiation Therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes	100%	83.1%	89.3%
Breast	80%	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	100%	92.9%	92.3%
Breast	NA Surveillance	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	88%	66.1%	66.3%

Source: CoC National Cancer Database

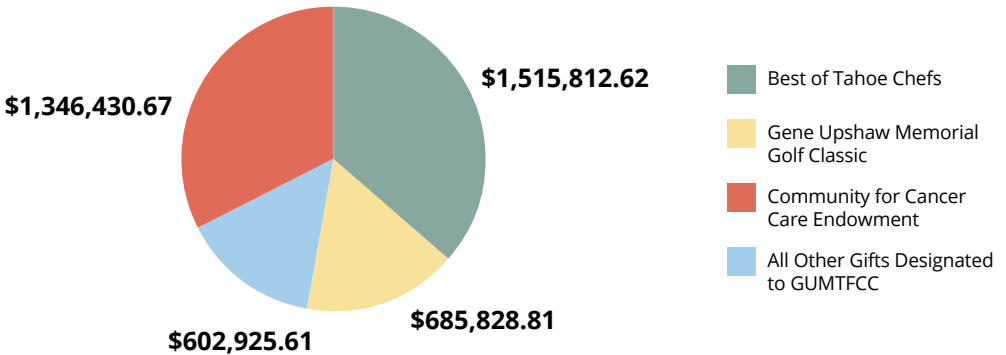


Tahoe Forest Health System Foundation

IMPACT OF YOUR SUPPORT

The **Tahoe Forest Health System Foundation** offers many ways to connect donors to the causes they care about. Through our special events, memorial gifts, direct donations, and endowment funds, a total of **\$4,150,997.71** was raised to support the **Gene Upshaw Memorial Tahoe Forest Cancer Center** from FY2009-FY2019.

Total Funds Raised to Support the Gene Upshaw Memorial Tahoe Forest Cancer Center FY2009-2019: \$4,150,997.71



FUNDRAISING *Events*

100% of the proceeds from the annual **Best of Tahoe Chefs** event provides patient and family Oncology Support services at the **Gene Upshaw Memorial Tahoe Forest Cancer Center**. These crucial programs, such as biofeedback, massage therapy, and acupuncture, reflect a whole-body approach to addressing the social, psychosocial, emotion and functional needs of patients — before, during and after treatment. Funds raised each year at **Best of Tahoe Chefs** go directly to sustaining these pivotal healing platforms.



Past proceeds from the **Gene Upshaw Memorial Golf Classic** have not only supported quality medical care for patients and their families, but have also contributed to the sustainability and advancement of medical technology. Providing critical funding for essential research in areas, such as pancreatic cancer and traumatic brain injury, has been of paramount importance. After ten successful years, the Executive Planning Committee made the decision not to continue the Golf Tournament in 2019. Because of the generosity of sponsors, participants, celebrities, volunteers and staff, we can proudly boast that over \$680,000 dollars were raised to directly support the **Gene Upshaw Memorial Tahoe Forest Cancer Center**.



Gene Upshaw

The Tahoe Forest Health System Foundation is dedicated to supporting the **Gene Upshaw Memorial Tahoe Forest Cancer Center's** mission – to advance superior, compassionate care. To make a gift donation to the **Gene Upshaw Memorial Tahoe Forest Cancer Center**, visit tfhd.com/giving.

PRESENTATIONS (2014-2018)

by Gene Upshaw Memorial Tahoe Forest Cancer Center



*Virtual Tumor Board Room at Gene Upshaw
Memorial Tahoe Forest Cancer Center*

Heifetz, Laurence J. **Addressing Cancer Care Disparities via Virtual Tumor Boards**, 2018 Lung Cancer Community Centers of Excellence Summit, Nashville, TN. December 6, 2018.

Heifetz, Laurence J. **Addressing Disparities in Cancer Care**, VuMedi online video, vumedi.com. August, 2018.

Kaime, Melissa. **Panelist, 19th Annual Advances in Oncology**, UC Davis School of Medicine, Sacramento, CA September 29, 2018.

Heifetz, Laurence J. **Addressing Disparities in Lung Cancer Care**, 19th Annual International Lung Cancer Congress, Huntington Beach, CA. July 26-28, 2018.

Heifetz, Laurence J. **Panelist, Multidisciplinary Tumor Board**, 19th Annual International Lung Cancer Congress, Huntington Beach, CA. July 26-28, 2018.

Semrad, Thomas J. **Panelist, GI Tumor Board**, 18th Multidisciplinary Treatment of Cancers: A Case Based Approach, Napa, CA March 18, 2018.

Heifetz, Laurence J. **Harnessing Telehealth for State-of-the-Art Rural Oncology**, 35th Annual Chemotherapy Foundation Symposium, New York, NY. November 9, 2017.

Semrad, T.J., Campbell, M., Keegan, T.H., Brunson, A., Semrad, A., Farwell, D.G. **Survival after tracheolaryngeal surgery for anaplastic/undifferentiated, insular and squamous cell thyroid cancer.** *Thyroid* 2017; 27(Supplement 1): Abstract 276. Presented at the 87th Annual Meeting of the American Thyroid Association, Victoria, BC, Canada. October 18-22, 2017.

Kaime, Melissa. **Panelist, 18th Annual Advances in Oncology**, UC Davis School of Medicine Sacramento, CA, September 23, 2017.

Chithra Kumaran Nair, Ronald Harder ,and Sonja Dieterich. **Pressure Monitoring at Two Clinics Using Calibrated Barometers Vs iPhone's Barometric Sensor.** Poster presented at the 2017 American Association of Physicists in Medicine (AAPM) meeting, Denver, CO. July 30 – August 3, 2017.

Heifetz, Laurence J. **Panelist, Multidisciplinary Tumor Board**, 18th Annual International Lung Cancer Congress, Huntington Beach, CA. July 28-29, 2017.

Heifetz, Laurence J. **A synaptic knowledge network for rural patient centered care.** Presented at the Nashville Health IT Summit, Nashville, TN. June 27, 2017.

Heifetz, Laurence J. **Panelist, Advancing Your Telehealth Strategy to Deliver Value-Based Care, Better Serve At-Risk Populations and Increase Efficiency.** Nashville Health IT Summit, Nashville TN. June 27, 2017

Laurence J. Heifetz, Ahrin B. Koppel, Elaine Melissa Kaime, Daphne Palmer, Thomas J. Semrad, Cathey Bervid, Christina Potter, Janet Goodall, Ann Truscott, Scott Christensen. **A virtual tumor board-driven synaptic knowledge network.** Poster presented at the 2017 ASCO Quality Care Symposium, Orlando, FL. March 2017.

Kaime, Melissa. **Panelist, 17th Annual Advances in Oncology**, UC Davis School of Medicine Sacramento, CA, October 1, 2016.

PUBLICATIONS (2014-2018)

by Gene Upshaw Memorial Tahoe Forest Cancer Center



Laurence J. Heifetz, MD; Ahrin B. Koppel, MD; Melissa Kaime, MD; Daphne Palmer, MD; Thomas J. Semrad, MD, MAS; Ralph W. deVere-White, MD; David R. Gandara, MD; Primo N. Lara, MD; Richard K. Valicenti, MD; Robert A. Schapper, MPH; and Scott D. Christensen, MD. **Harnessing Telehealth for State-of-the-Art Rural Oncology.** *Journal of Targeted Therapies in Cancer*, October, 2018:63-68.

Semrad, T.J., Keegan, T.H., Semrad, A., Brunson, A., Farwell, D.G. **Predictors of Neck Reoperation and Mortality after Initial Total Thyroidectomy for Differentiated Thyroid Cancer.** *Thyroid*. Epub 2018 June.

Kim, K.B., Semrad, T.J., Schrock, A.B., Ali, S.M., Ross, J.S., Singer, M., Kashani-Sabet, M. **A significant clinical response to a MEK inhibitor therapy in a patient with metastatic melanoma harboring a RAF1 fusion.** *JCO Precision Oncology*. Epub 2018 January.

Lin P.S., Semrad T.J. **Molecular Testing for the Treatment of Advanced Colorectal Cancer: An Overview.** In: Beaulieu, JF (ed), *Colorectal Cancer. Methods in Molecular Biology*, vol 1765. Humana Press, New York, NY, ISBN: 978-1-4939-7764-2. (2018)

Laurence J. Heifetz, MD. **How Telehealth Brought Advanced Care to the Wilds of California.** 35th Annual CFS Daily. *Chemotherapy Foundation Symposium*, November 9, 2017.

Chen, Y., Cress, R.D., Stewart, S., Semrad, T.J., Harvey, D., Tancredi, D.J., Beckett, L. **Mediating effect of post-surgical chemotherapy on presence of dementia and survival among patients 65 and older with Stage III colon cancer.** *Cancer Epidemiology, Biomarkers, and Prevention*. 26(10); 1-6. 2017 October.

Chithra Kumaran Nair, Ronald Harder and Sonja Dieterich. **Pressure Monitoring at Two Clinics Using Calibrated Barometers Vs iPhone's Barometric Sensor.** *Medical Physics – The International Journal of Medical Physics Research and Practice* v.44(6) p.2935, June 2017.

Laurence J. Heifetz, Ahrin B. Koppel, Elaine Melissa Kaime, Daphne Palmer, Thomas J. Semrad, Cathey Bervid, Christina Potter, Janet Goodall, Ann Truscott, Scott Christensen. **A virtual tumor board-driven synaptic knowledge network.** *ASCO Quality Care Symposium Proceedings, Journal of Clinical Oncology* v.35, 2017 (suppl 8S; abstr 89).

James M. Clark, Laurence J. Heifetz, Daphne Palmer, Lisa M. Brown, David T. Cooke, Elizabeth A. David. **Telehealth allows for clinical trial participation and multimodality therapy in a rural patient with stage 4 non-small cell lung cancer.** *Cancer Treatment and Research Communications* 9C (2016):139-142.

Laurence Heifetz, MD, FACP. **Milton D. Heifetz, MD (1921-2015), An American Story.** *AANS Neurosurgeon*: 24(4), December 2015.

Laurence J. Heifetz, MD. **Country Docs With City Technology Can Address Rural Cancer Care Disparities.** *Oncology*, 29(9):641-644, September 2015.

Zachary J Smith, Tingjuan Gao, Kaiqin Chu, Stephen M Lane, Dennis L Matthews, Denis M Dwyre, James Hood, Keith Tatsukawa, Laurence Heifetz, and Sebastian Wachsmann-Hogiu. **Single-step preparation and imaging-based counting of minute volumes of human blood.** *Lab on a Chip, Royal Society of Chemistry*, June 12, 2014.



Paying Back

By Mary "Dink" Rife

Too often we are told of what we do that's wrong.
Instead of giving praise for actions that are strong.

Each and every one of you are good at what you do.
Your kind and caring ways are always showing through.

Physicians, nurses, technicians and all....
Shows professional expertise in answering the call.

You work with life and death, but always stay up-beat.
Never giving up or admitting defeat.

You demonstrate respect for patients and their time.
The waiting time is short – just like this silly rhyme.

The facility is grand – it's like a fine resort.
One can feel the atmosphere is full of great support.

I come to you with praise – congratulations, too.
For being just the best in everything you do!



GENE UPSHAW MEMORIAL
TAHOE FOREST CANCER CENTER

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