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At Seattle Cancer Care Alliance (SCCA), agility is one of our guiding principles. During 2020, we have called upon our agility like never before to continue offering patients the best care possible throughout the pandemic. And we have drawn upon our agility to meet the growing demand for our expert care, leading us to expand across the greater region and in our own backyard.

Since 2019, we have opened three new community sites — SCCA Peninsula, SCCA Issaquah and SCCA at Overlake Cancer Center — to deliver top-quality cancer care in our patients’ own communities. And we broke ground on a six-story, 150,000-square-foot outpatient clinic that represents the single largest construction project in our two decades of history. This new building, expected to open in 2023, embraces the concept of “care neighborhoods,” which brings all care — including lab, provider visits and infusion — to the patient in one room. It’s just one more way we’re showing our patients that they come first.

Construction began amid the pandemic; even a global viral outbreak couldn’t sway us from our mission to offer groundbreaking research and leading-edge care to everyone who needs it. At the heart of our success is our staff, who created new processes to keep our patients safe and assumed new roles to make sure that our patients could continue to access the lifesaving care they need.

We are pleased to be able to highlight our work for the growing community that we serve. We have chosen to showcase two years of growth and accomplishments in this annual report because 2020 has presented so many unprecedented challenges and opportunities. These are historic times — times that have changed our organization in so many ways that we believe consolidating fiscal years 2019 and 2020 into one report allows us to better reflect on where we’ve been and where we’re headed.

We invite you to read on to explore how we’re serving more patients than ever before, bringing our state-of-the-art care to people in their home communities, from Kirkland to the Olympic Peninsula. As we expand to care for more people, our core commitment to helping our patients live better, longer, richer lives remains as deeply rooted as the day we opened our doors.

Nancy E. Davidson, MD
President and Executive Director, Seattle Cancer Care Alliance

Aaron Crane
Executive Vice President, Seattle Cancer Care Alliance
Seattle Cancer Care Alliance (SCCA) unites the leading research teams and cancer specialists from Fred Hutch, Seattle Children’s and UW Medicine. At SCCA, our sole purpose is the pursuit of better, longer, richer lives for our patients.

Our alliance partners had an ambitious vision two decades ago: to lead the world in translating scientific discovery into the prevention, treatment and cure of cancer. As we celebrate our 20th anniversary in 2021, that same pioneering vision inspires our work today. We are proud to be recognized as the 9th Best Cancer Hospital in the U.S. for 2020–21 by U.S. News & World Report and the top cancer hospital in the Pacific Northwest for more than 10 years.

SCCA combines innovative research with exceptional care. We provide state-of-the-art, patient- and family-centered care; run hundreds of clinical trials that advance the standard of care; support education; and enhance access to improved cancer interventions.

Based in Seattle’s South Lake Union neighborhood, SCCA is the only National Cancer Institute (NCI)-designated cancer center in Washington state. SCCA has nine treatment centers in the greater Seattle region encompassing hematology/medical oncology, radiation oncology and infusion services, as well as Network affiliations with hospitals in five states.

For more information about SCCA, visit seattlecca.org.
Organizational accomplishments

At SCCA, we’re always striving to improve the collaborative, multidisciplinary care we provide to our patients. The unprecedented COVID-19 global pandemic presented significant challenges in 2020 as we worked to deliver our unparalleled care even as our region found itself at the forefront of the emerging outbreak. Below, we’re pleased to highlight some of our most significant achievements, all of which we accomplished in the midst of the pandemic thanks to the steadfast dedication and commitment of our health care providers.

In May, we launched an Acute Clinical Evaluation (ACE) clinic at our South Lake Union campus. This three-bed clinic serves patients receiving cancer care at SCCA who experience cancer- and treatment-related pain and symptoms that they are unable to manage at home. We’re especially proud that the clinic, originally planned for summer 2020, opened ahead of schedule so that cancer patients would not have to visit an urgent care or emergency room during the pandemic.

The ACE clinic is staffed by an oncology advanced practice provider and registered nurses specializing in cancer care. SCCA providers can refer patients who need medical oncology care for pain and symptom management related to issues such as gastrointestinal discomfort, fever/chills, dehydration, dizziness/lightheadedness, urinary tract infections, swallowing difficulties, swelling or skin conditions/rashes.
“The ACE clinic provides our patients with access to care from our highly trained, compassionate staff, specifically for their treatment- and disease-related symptoms,” said Dr. Nancy Davidson, president and executive director of SCCA.

In June, the Gastrointestinal (GI) Care Neighborhood opened its doors at our South Lake Union campus. The clinic, designed to improve patient experiences for people with GI cancers, features innovative flex rooms that allow patients to check in once and receive all their medical oncology care — including nurse and provider visits, lab draws and infusions — in one place. This patient-centered model reduces the need to move throughout the building for appointments and services and reduces wait times.

“The Care Neighborhood was designed with our patients in mind, so they can receive all of their medical oncology care in one place,” said Terry McDonnell, chief nurse executive and vice president of clinical operations. “It reflects SCCA’s patient-centered approach to comprehensive, integrated cancer care.”

In July 2020, SCCA was recognized as the ninth Best Cancer Hospital in the nation for 2020–21 by U.S. News & World Report. SCCA is Washington state’s only National Cancer Institute (NCI)-designated comprehensive cancer center, and the only cancer hospital in the Pacific Northwest ranked number one for more than 10 years.

The annual rankings, now in their 31st year, are designed to assist patients and their doctors in making informed decisions about where to receive care for challenging health conditions or for common elective procedures. In addition to being recognized as a Best Hospital, SCCA earned “High Performing” ratings — the highest possible rating — for colon cancer surgery and lung cancer surgery. These ratings recognize care that is significantly better than the national average, as measured by factors including patient outcomes.

“This recognition is especially meaningful, as the evaluation was conducted in the early days of the COVID-19 pandemic,” said Dr. Davidson. “This means that in addition to reflecting our more than 20-year-long commitment to providing the highest-quality patient-centered care, this year’s ranking underscores the tireless work of our physicians and patient-facing staff in ensuring our patients had access to the cancer care they needed even as we face a global health crisis that has greatly disrupted our community.”
In August 2020, 68 of SCCA’s physicians, physician assistants and nurse practitioners were included in Seattle Met’s annual Top Doctors list of the best health practitioners in the Seattle area. The recipients represent 21 practice areas, including breast and cancer surgery, hematology/oncology and gynecologic oncology. Health care practitioners in King, Snohomish, Kitsap and Pierce counties nominated their peers based on criteria such as years of experience, patient satisfaction and the ability to work effectively with colleagues across specialties to deliver the best patient care.

“It is a great honor to have so many members of our multidisciplinary care teams recognized by Seattle Met for their work and for continuing to provide care during COVID-19 and the challenges this pandemic has presented for health professionals worldwide,” said Dr. David Byrd, interim service medical director.

One of our 2020 Top Doctors

Mukta Krane, MD, FACS

Physician, SCCA
Associate Professor, Department of Surgery, University of Washington School of Medicine

Dr. Krane, named a Top Doctor by Seattle Met, joined SCCA in 2014 as a board-certified surgeon who specializes in the treatment of colon, rectal and anal cancers as well as inflammatory bowel disease. Her clinical expertise includes using minimally invasive surgical techniques. In addition to caring for patients at SCCA, she is the chief of colorectal surgery at UW Medicine and the medical director of the surgical specialties clinic. She also serves on several committees for the American Society of Colon and Rectal Surgeons and the Society for Surgery of the Alimentary Tract.

“I became a doctor because I was drawn to the opportunity to use my abilities to help patients and their loved ones overcome medical challenges,” says Dr. Krane. “I believe cancer care should be personalized, combining your goals and beliefs with the latest evidence-based medicine, always with a focus on your quality of life.”
Expanding care across the region

At SCCA, putting our patients first has always been our guiding principle. This commitment has remained top of mind as we have expanded our footprint, adding clinical sites to bring our world-class care to more people throughout the region. Since January 2019, we have opened three new community practice locations.

The best cancer care, closer to home

Our three new community sites — SCCA Peninsula in Poulsbo, SCCA Issaquah and SCCA at Overlake Cancer Center in Bellevue — offer the same high-quality care that we deliver in Seattle. By partnering with existing, well-regarded institutions such as Overlake Medical Center and the former Peninsula Cancer Center, we are proud to increase regional access to our unparalleled care at locations that are closer to home for our patients.

Edmond “Eddie” Marzbani, MD

Medical Director, SCCA Medical Oncology at UW Medical Center – Northwest
Associate Medical Director for Community Sites, SCCA
Assistant Professor, University of Washington School of Medicine

Dr. Marzbani is the medical director of SCCA Radiation and Medical Oncology, located at UW Medical Center – Northwest. On staff at SCCA since 2010, he helps oversee SCCA’s community sites as part of the organization’s mission to ensure patients can access care closer to home.

“I consider it an absolute privilege and joy to care for patients,” says Dr. Marzbani. “Early in medical school, I recognized the strong bond that oncologists often have with their patients and patients’ families, and this had a great appeal for me.”

During a fellowship with the University of Washington’s Tumor Vaccine Group, he focused on clinical research and translational science. He studied the effectiveness of a vaccine for HER-2/neu (a protein that helps cancer cells grow) in the prevention and treatment of high-risk breast cancer. Dr. Marzbani plans to continue collaborating with research groups by offering high-priority clinical trials at UW Medical Center – Northwest so that patients can be treated closer to home.
“A central part of our mission is to ensure people have access to the best cancer treatments as close to their community and loved ones as possible,” said Dr. Nancy Davidson, executive director and president of SCCA. “These clinics will provide patients across our region with the highest level of care and the most advanced treatments available.”

In keeping with our focus on innovation, we strive to design each new facility to improve all aspects of our patients’ care experience. The new sites represent more than just additional clinic space; with each new care center, we are creating “care neighborhoods” that provide a more unified and streamlined patient experience. Each clinic offers universal care rooms with modular exam and treatment chairs. Patients no longer need to navigate between floors and through the clinic space to complete their labs and treatment for the day; instead, they can receive all their medical oncology care from the comfort of one room, including lab draws, nurse and provider visits, infusions and supportive care visits. In addition to making visits more comfortable and convenient for patients, care neighborhoods feature co-located care teams that enhance collaboration, communication and efficiency.

“There is no question that offering cancer treatment in a local setting — where patients can be closer to home and the people and things they love — can contribute to their healing. We are proud to offer the same superior outcomes patients have come to expect from our clinic in South Lake Union,” said Dr. Jennie Crews, medical director, SCCA Affiliate Network, Community Sites and Research Integration, and associate professor in the Division of Medical Oncology at the University of Washington School of Medicine. “We are humbled to be so warmly embraced by the great people of these communities.”
Expanding care in South Lake Union

In 2020, we broke ground on a brand-new, six-story clinic at our South Lake Union campus — a 150,000-square-foot outpatient clinic that will be connected to our existing clinic. The largest single construction project in SCCA history, this new building will feature highly specialized procedure suites with targeted capabilities including interventional radiology services, a new magnetic resonance (MR) room and a satellite mammogram suite that offers both MR and traditional mammography. This innovative design will help reduce the need for patients to move between buildings and enhance our ability to advance our leading-edge research and care.

When it opens in early 2023, the clinic will offer six care neighborhoods with more than 60 universal rooms for patient care — and enough room to expand to a total of nine care neighborhoods in the coming years. The soon-to-be-expanded South Lake Union clinic will support our mission to continue to be pioneers in cancer care in Seattle and beyond.

Learn more about our new clinic in South Lake Union at seattlecca.org/clinic-expansion.

An artist’s rendering of the new clinic expansion in South Lake Union.

Terry McDonnell, senior vice president of operations, and Kristie Logan, director of operations, clinic administration, at the groundbreaking for the new clinic.
Advancing the science: clinical trials

The breadth of clinical trials offered at SCCA truly sets our care apart. At any point in time, more than 520 treatment and supportive care trials are underway. Each year, more than 900 patients enroll in SCCA’s clinical trials, giving them the opportunity to shape the future of cancer treatment and take advantage of the most leading-edge science before it becomes widely available. In FY19 and FY20 alone, we launched more than 150 trials. We have chosen to highlight a few that demonstrate how SCCA providers are helping advance the standard of care.

**Dr. Christina Baik**, a thoracic medical oncologist at SCCA and associate professor of medicine at the University of Washington School of Medicine, served as principal investigator of a multi-center clinical trial that led to FDA approval of a new drug — one of two newly available targeted therapies for patients with tumors driven by changes in the gene RET, which can be present in lung cancer, thyroid cancer and other advanced solid tumors.

Trial data indicated that patients with solid tumors that express an RET oncogene can be treated effectively with the new drug. Up to 2 percent of patients with various solid tumors harbor this oncogene, although the proportion of thyroid cancer patients is significantly higher.

All patients enrolled in the trial expressed the RET alteration and received the drug. Tumors shrunk by 60 percent to 70 percent on average, and nearly all patients exhibited some degree of tumor regression or stable disease. Results were presented at the 2020 American Society of Clinical Oncology meeting.

The trial was administered through SCCA’s robust Phase 1 program, which runs early trials that look promising. “We were able to provide treatment for this rare patient population years ahead of FDA approval,” says Dr. Baik. “That’s a source of pride.”
When **Dr. Jing Zeng** sees lung cancer patients, they are eager to know how well their treatment is working. Standard treatment for unresectable stage III non-small cell lung cancer is six weeks of standard chemotherapy plus radiation. But providers have historically been unable to determine how effective the treatment is during the six weeks. A clinical trial that Dr. Zeng is leading is evaluating whether it’s possible to assess treatment while it’s underway to help inform next steps. If a PET scan midway through treatment shows significant tumor shrinkage, treatment continues as planned; if the tumor is not shrinking enough, radiation will be intensified for the final three weeks of treatment.

Early data from the trial presented at the 2020 American Society of Clinical Oncology (ASCO) annual meeting indicates that PET scans are useful in predicting which patients will be cured by treatment. “This is an important step toward personalized medicine in the sense that right now, we give everyone the same treatment, but we realize that’s too much treatment for some patients and not enough for others,” says Dr. Zeng, an SCCA physician, medical director of the SCCA Proton Therapy Center and associate professor in the Department of Radiation Oncology at the University of Washington School of Medicine. “We are excited to start figuring out when it is enough. For our next version of the trial, we will see if we can do a better job of preventing cancer from spreading by adding another drug.”

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**Dr. Petros Grivas**, an SCCA physician and clinical director of UW Medicine’s Genitourinary Cancers Program, served as the co-principal investigator in the Phase 3 JAVELIN Bladder 100 trial, which confirmed the overall survival benefit with avelumab as a first-line switch maintenance treatment for patients with locally advanced or metastatic urothelial cancer. The findings were published in *The New England Journal of Medicine*. Notably, that large trial showed that avelumab coupled with best supportive care significantly extended both overall and progression-free survival versus providing only best supportive care, while considerably more patients treated with avelumab survived to one year.

Globally, bladder cancer is one of the most common and challenging cancers; urothelial cancer makes up the majority of bladder cancer cases and can arise anywhere in the urinary tract. The results of the trial were considered so impactful that they have reshaped international guidelines and clinical practice for patients with locally advanced or metastatic urothelial cancer that has not progressed with first-line platinum-containing chemotherapy: In June 2020, the Food and Drug Administration approved avelumab for these patients. “Patients who go through this immunotherapy after chemotherapy live longer, and that led to FDA approval,” says Dr. Grivas. “We are very proud at SCCA that we have leading roles in major national and international clinical trials across all cancer types.”
The power of the human immune system to treat cancer is astonishing. At SCCA, we are embracing cellular immunotherapy as a powerful means of personalized treatment that combines new techniques with innovative twists on conventional approaches. Our goal remains the same: providing state-of-the-art therapies to our patients and their families through a single-minded focus on leading-edge science.

Cellular immunotherapy is an umbrella term that encompasses various cell-based methods of harnessing the power of the body's immune system, then adapting and unleashing it on a common enemy: cancer. Cellular immunotherapy includes CAR T cells, which are probably the best-known type of immunotherapy, as well as T-cell receptors (TCRs) and tumor-infiltrating lymphocytes (TILs).

Expanding immunotherapy options through research

Damian Green, MD
Physician, SCCA
Associate Professor, Division of Medical Oncology, University of Washington School of Medicine
Associate Professor, Clinical Research Division, Fred Hutchinson Cancer Research Center

Dr. Damian Green is principal investigator of an immunotherapy clinical trial evaluating the use of BCMA CAR T cells in treating patients with BCMA-positive relapsed or refractory multiple myeloma. BCMA is a good target because it is restricted to plasma cells and is often seen at higher levels on cells that have become malignant; Dr. Green is conducting a dose escalation study aimed at establishing the safety and tolerability of a blend of specially formulated CAR T cells in attacking this target. Patients are divided into two cohorts, one with a lower burden of disease and the other with a higher burden. CAR T-cell doses are initiated at low levels, then gradually increased to monitor for potential toxicity. “We saw very dramatic and rapid responses in patients who weren't responding to anything else, even at the lowest doses,” says Dr. Green. Next steps involve investigating how to maintain this robust response and how to prevent relapse. Early promising results were presented at the 2018 American Society of Hematology meeting and have been reported in Cancer Health; subsequent results are expected to be published later this year.

One unique component of the study is that it is administered at SCCA’s outpatient Bezos Immunotherapy Clinic, in contrast to other institutions that typically require inpatient stays for such treatment. The trial is also allowing patients who have received a wide range of prior treatments, including allogeneic transplants, to enroll; Dr. Green says SCCA’s approach is influencing that of other CAR T-cell trials, which are expanding the type of patients they enroll in similar research.
Here is a brief explanation of each of these cellular immunotherapy approaches:

- Chimeric Antigen Receptor (CAR) and T-Cell Receptor (TCR) therapies use immune cells called T cells, which are collected from the patient, isolated, modified and multiplied in a lab. When these T cells are reinfused during treatment, they go to work fighting the patient’s cancer.

- Tumor-infiltrating lymphocytes (TILs) are specific immune cells that are collected from a patient’s tumor, multiplied in a lab and then returned to the patient’s body without further modification to attack the cancer.

So far, three CAR T-cell therapies have been approved by the U.S. Food and Drug Administration (FDA) for patients with non-Hodgkin lymphoma: tisagenlecleucel (known commercially as Kymriah®), axicabtagene ciloleucel (known commercially as Yescarta®) and brexucabtagene autoleucel (known commercially as Tecartus™). Kymriah has also been FDA-approved for pediatric and young adult patients up to 25 years of age with acute lymphoblastic leukemia (ALL). We are proud to offer patients access to all three FDA-approved cellular immunotherapies. We are one of the first centers in the nation to offer this trio of innovative therapies, thanks to our expertise in developing these treatments and delivering them to patients.

“We’re not just giving you the latest, greatest standard of care,” said Dr. David Maloney, medical director of cellular immunotherapy. SCCA’s physician-scientists, in collaboration with our partner, Fred Hutchinson Cancer Research Center, have “access to clinical trials and the experience to know how to deliver these types of treatments,” he said.

In 2020, we marked a major milestone: Four years after opening the state-of-the-art Bezos Family Immunotherapy Clinic, we treated our 500th patient with cellular immunotherapy. The Bezos Clinic is dedicated to offering the latest advances in cancer immunotherapy to our patients, who come from all over the world to seek treatment and enroll in our clinical trials.

The clinic has forged a unique model, offering specialized outpatient care and serving as a medical home, which reduces the need for patients to move between different departments. “It’s really a huge accomplishment to bring these game-changing therapies to so many people,” said Dr. Maloney. “Our clinic is at the forefront of these therapies. We will continue to blaze the trail.”

New clinical trials of investigational therapies for an expanding number of cancers are on the horizon. Cellular immunotherapy was first approved for blood cancers, but researchers are conducting trials to expand its application to breast, prostate and lung cancers, among others.

At the end of 2020, SCCA had more than 25 cellular immunotherapy clinical trials in progress for many types of cancer, including blood cancers and solid tumors. As a field of research, immunotherapy is still in its early days, but our doctors are deeply involved in exciting research that will continue to make immunotherapy an option for more and more patients.
Keeping You Safe During COVID-19

At SCCA, our patients’ health and safety are our top priorities. We’ve always had extensive measures in place to protect patients, visitors and staff, but during the pandemic, preventing infection became even more critical to ensure everyone’s safety while continuing to deliver outstanding cancer care.

The earliest confirmed case of COVID-19 in the U.S. was in Washington, thrusting SCCA to the forefront of this public health crisis. We had to quickly figure out how to care for patients with cancer during a pandemic that created unprecedented challenges for health care providers. Our staff leaped into action, giving new meaning to agility — one of our guiding organizational values — as we developed brand-new procedures and protocols that reflected the importance of preparation and a shared vision for delivering the highest quality cancer treatment in the face of uncertainty and rapid change.

Adapting quickly to COVID-19

Steven Pergam, MD, MPH

Medical Director, Infection Prevention, SCCA
Associate Professor, Vaccine and Infectious Disease Division and Clinical Research Division, Fred Hutchinson Cancer Research Center
Associate Professor, Department of Medicine, Division of Allergy & Infectious Diseases, University of Washington School of Medicine

As SCCA’s medical director of infection prevention, Dr. Pergam has been a central figure in shaping SCCA’s response to COVID-19. When the pandemic began, he stepped into the role of infection prevention leader for SCCA’s Incident Command and sits on the FDA advisory committee that helped assess safety for COVID-19 vaccine candidates. He has also authored numerous COVID-19-related papers and studies about infection prevention standards and the need for increased diversity in COVID-19 vaccine trials.

“I work very closely as a team with the unified infection prevention group to organize and strategize around doing everything we can to protect our patients,” says Dr. Pergam.

In addition to caring for patients, Dr. Pergam does research on the prevention of infections in patients with cancer, transplant recipients and other immunocompromised populations. His current research projects seek to better understand the epidemiology of bacterial infections that originate in hospitals and respiratory viruses in cancer patients. At SCCA since 2009, Dr. Pergam is actively involved in developing new infection control strategies and educational programs.
Here is an overview of the comprehensive steps we’ve taken — and continue to take — to keep our patients, staff and SCCA community safe during COVID-19:

**Screening and testing**

Infection control begins long before arrival at SCCA. Triaging patients with respiratory symptoms is critical for reducing exposure, so all patients, visitors and staff are screened for symptoms before entering our outpatient clinics or hospital. Anyone with symptoms is given a mask and evaluated in a separate area. We also rapidly scaled up COVID-19 testing, allowing us to quickly test any patients with symptoms.

**Educating patients**

Patient education goes a long way toward boosting health and safety. We created digital and printed materials for patients, as well as a website to provide COVID-19 education. To answer questions, we set up a phone triage line for patients with mild symptoms, minimizing exposure in our clinic.

**Keeping you safe in our clinics**

Personal protective equipment (PPE) is essential to protect against infection. Even during the early PPE shortages, we made sure to provide procedure masks for all clinic staff and face shields for all health care workers. All patients, visitors and staff are also required to wear masks.

Protecting our staff helps us protect you. One of our first priorities was creating a coverage system for the clinics to cover staff shortages if our team members became sick or had family emergencies. Keeping all non-essential staff out of the clinic and limiting the number of caregivers that patients can bring to appointments also helps reduce the risk of exposure.

We increased the frequency of cleaning high-touch surfaces, such as door handles and elevator buttons, using disinfectants that are effective at killing COVID-19.

Because flu vaccines have been shown to reduce the risk of flu illness, hospitalization and death, we provided flu shots to SCCA patients and caregivers. Getting a flu vaccine also helps us save health care resources for patients with COVID-19.
Launching a new clinic

To help keep our patients away from urgent care or emergency rooms during COVID-19, we expedited the planned opening of an Acute Clinical Evaluation (ACE) clinic for our patients experiencing cancer- and treatment-related pain and symptoms that can’t be managed at home.

The three-bed ACE clinic, planned for summer 2020, opened ahead of schedule in May 2020 to serve SCCA patients at our South Lake Union clinic, helping them avoid emergency rooms during a time when COVID-19 rates were spiking.

Keeping you safe in the hospital

Patients who are in active treatment for any type of cancer are at higher risk for COVID-19. Early on, inpatient oncology units needed to prepare for a potential shortage of beds and resources if a COVID-19 surge filled up acute care and ICU beds. We also made plans for safely transferring patients from a clinic to the hospital, if needed. Fortunately, those plans were never implemented.

When PPE was in short supply, we came up with creative solutions. We prioritized soap-and-water handwashing to conserve hand sanitizer, limited the number of staff entering rooms and cut back on procedures that required PPE. We also set a no-visitor policy in our inpatient unit, both to reduce PPE use and to minimize exposure.

Dr. Nancy Davidson, president and executive director of SCCA, does a temperature check as part of COVID-19 vaccination.

Aaron Crane, executive vice president of SCCA, screens a patient for COVID-19 symptoms.
Telehealth from home

Our providers have embraced telemedicine, offering patients a safe and convenient option to continue their care during COVID-19. We rapidly expanded our telemedicine efforts by prioritizing physician credentialing and training. In 2019, we conducted a total of 30 telehealth visits. In 2020, due to COVID-19 and outstanding efforts by our clinical teams, we scaled up to provide nearly 25,000 telehealth visits. Patients are incredibly grateful and enthusiastic about telehealth, which allows them to continue receiving care without coming to the clinic. Check-ups and other non-urgent patient visits can be moved to virtual appointments. Supportive care services can easily be accessed via telehealth. We have even transitioned some of our multidisciplinary clinics, where patients see multiple providers during one visit, to virtual care.

Delaying treatment, when it’s safe

Surgery during a pandemic can be challenging, with limited staff, PPE and hospital beds. To reduce the risk, we worked with patients to delay surgeries and treatment when it was safe for them to do so. Some patients continued their treatment schedules; in other cases, we reversed the usual order of treatment, postponing surgery until the pandemic began to slow down. These patients were relieved to not have to undergo surgery while hospitals were busy caring for critically ill COVID-19 patients.

Clinical trials and research

Even during a pandemic, our research didn’t stop. As a National Cancer Institute-designated Comprehensive Cancer Center, we needed to figure out how to continue care for patients on clinical trials so that research to improve the lives of people with cancer could proceed.

During the initial surge, we limited access to some of our Phase 1 clinical trials, where the goal is measuring toxicity rather than improving patient well-being. We also closed some of our Phase 3 clinical trials, because a standard treatment option was already available for those patients. But we continued our Phase 2 clinical trials for patients who felt that clinical trial participation was important for their well-being. And, of course, we continued caring for everyone who was already enrolled in a trial.

As the surge receded, we were able to slowly begin ramping up clinical trials again, focusing on trials that are in patients’ best interests while balancing staff and patient safety.

Looking ahead

The COVID-19 pandemic has presented both unique challenges and learning opportunities. For many of us at SCCA, the months since March 2020 have represented the greatest health care challenge of our generation — one that modern cancer therapy has never before had to face.

We are proud that SCCA’s organizational response to the pandemic was highlighted in more than 25 publications, including the Journal of the National Comprehensive Cancer Network. The article, “Managing Cancer Care During the COVID-19 Pandemic: Agility and Collaboration Toward a Common Goal,” laid out our comprehensive approach, covering topics including managing outpatients and inpatients, revamping treatment approaches and ethical considerations.

More than a year in, the future trajectory of this pandemic is still uncertain, and we continue to prepare for its widespread impact long-term and adjust policies and procedures to prioritize our patients’ well-being. Our overarching goal remains the same: to provide high-quality, compassionate, safe care for patients with cancer.
Lisa Newell knows she’s an outlier. It’s been more than 13 years since she was diagnosed with stage IV breast cancer, just five months after giving birth to her third son.

Taking care of baby Joey, as well as his big brothers Sammy and Eli, is what helped Newell make it through the worst parts of treatment. She didn’t allow herself to go to scary places in her head. She had no time for that. “They still needed Mommy to cook dinner and do their stuff,” she says. “They kept me grounded.”

Newell’s cancer returned twice, but she’s been cancer-free since 2011. Or maybe it was 2010. Newell doesn’t keep track. “It happens when it happens, and when it doesn’t, it doesn’t,” says Newell. “I’m just living my life.”

Dr. Jennifer Specht, Newell’s breast medical oncologist, has helped reinforce that attitude. “No one is a textbook case,” Newell recalls Dr. Specht telling her husband after he asked about his wife’s life expectancy. “That is not how we treat people.”

Newell appreciates Dr. Specht’s approach. “No question is too silly to ask her,” says Newell. “I can’t imagine doing this without her.”

Several years ago, Dr. Specht and some of Newell’s infusion nurses were guests of honor at Newell’s 50th birthday party, a significant milestone considering that she was diagnosed a month before she turned 40. “She’s lived with stage IV breast cancer longer than many women do, and you wouldn’t know it by looking at her or talking with her,” says Dr. Specht, who researches the role of immunotherapy in treating breast cancer. “She manages to keep the cancer in its place. It’s just part of her life.”

As Newell puts it, “I don’t have time to dwell on what-ifs.”

Lisa Newell, right, with her SCCA oncologist, Dr. Jennifer Specht.
Alexes Harris was devastated when she was diagnosed with myelodysplastic syndrome (MDS), a rare form of leukemia. She was equally devastated to learn that although her only option for full recovery was a bone marrow transplant (BMT), as a woman of color, she didn’t have a donor match.

“I discovered that finding a non-related full match is difficult if you are a person of color, especially of mixed-race origin,” says Harris.

A 100 percent bone marrow match is key to a successful transplant. However, because Harris is Black, Filipino and white, the search for an ideal bone marrow donor proved challenging.

Individuals who are white have the highest chance (75 percent) of finding a full match in the existing bone marrow registry. Those who are Mexican (37 percent), Chinese (41 percent), South Asian (33 percent), Hispanic Caribbean (40 percent), American Indian (52 percent) and Black (21 percent) are less likely to find a full match.

Believing a genetic mismatch was her only treatment option, Harris met with her transplant physician, Dr. Filippo Milano. But Dr. Milano introduced Harris to another option: a stem cell transplant from donated umbilical cord blood.

“Cord blood transplant offers patients who have high-risk disease a better chance of survival than a mismatch BMT,” says Dr. Milano.

Harris underwent a cord blood transplant at SCCA. She is now in remission, off all immunosuppressant drugs and experiencing minimal problems with graft-versus-host disease, a common transplant side effect. She sees her hematologist-oncologist, Dr. Mary-Beth Percival, for checkups and has returned to her normal routine.

But Harris’ work is not done; she is advocating for more people of diverse ethnicities to join the national bone marrow donor registry. “We need people of all backgrounds to become potential matches to help people like me live,” Harris says. “When it comes to bone marrow donation and other blood products and organ donation, we can make a difference.”
Bob Ekblad had been working out, feeling strong and purposeful, when he noticed a large, hard lump in his abdomen. A biopsy led to a diagnosis of follicular lymphoma, which in turn led to a referral to Dr. Ryan Lynch, who specializes in treating blood cancers.

He offered Ekblad two options to treat his follicular lymphoma: standard chemotherapy or a clinical trial of a low-intensity treatment that had the potential to treat his cancer while offering Ekblad a better quality of life. Opting for the chemo regimen meant that Ekblad, a religious scholar, would have to cancel the half-dozen upcoming “transformational ministry” trainings he had scheduled in places including Morocco, Tanzania and New Zealand.

With hundreds of people already registered for the trainings, Ekblad knew he couldn’t cancel them. He decided to proceed with the clinical trial, which sounded refreshingly simple: one pill, called ixazomib, once a week.

After a few months on the trial, the tumor had shrunk to 10 percent growth, then continued shrinking. Within months, Dr. Lynch told Ekblad that he was in partial remission. Days before Thanksgiving 2019, Ekblad learned that he’d finally achieved a complete remission.

“What’s unique about this approach is that we are giving low-intensity treatments to patients who have never had chemotherapy,” says Dr. Lynch. “We hypothesize there are many patients who can do just as well with a pill as chemotherapy. It’s an area of investigation to find out if there are types of lymphomas where we can avoid chemotherapy.”

From Ekblad’s perspective, “being able to take a pill with minimal side effects that put me in partial remission is amazing. I am just so grateful it was an option. Nothing has held me back.”
When Terrie Asplund learned she had bladder cancer, she was heartbroken for many reasons, including the prospect of giving up her favorite sport. A community provider had told Asplund, a synchronized swimmer, that she would have to stop swimming. But her outlook changed when she came to SCCA for a second opinion. Dr. Brian Winters assured her that swimming would not be an issue.

“She was told she wouldn’t be able to continue doing what she loves,” says Dr. Winters, who was a fellow at SCCA and UW Medicine when treating Asplund. “We were very upfront and said: ‘You can do all these things.’”

Asplund was in the hospital for seven days after undergoing an extensive surgery involving removal and reconstruction of her urinary system. Dr. Winters, along with SCCA’s bladder cancer specialist, Dr. Jonathan Wright, performed the surgery.

Asplund is pretty bold about living bladder-free. “I had a bilateral mastectomy after I had breast cancer in 2011,” says Asplund. “I think I surprised Dr. Winters a little bit because I said, ‘Bring it on. Just think what a badass old lady I’m going to look like in the locker room.’”

Dr. Winters confirmed Asplund’s suspicion: “She’s a gamer. When we told her what to expect, she said, ‘Let’s do it.’”

Bladder cancer is the fifth most common cancer in the U.S., striking men more often than women. It is often diagnosed at a more advanced stage in women, due to a delay in diagnosis that Dr. Wright attributes to providers with less expertise misdiagnosing bladder cancer as a bladder infection. About 30 percent of bladder cancer patients need their bladders removed.

Two years after her bladder removal, Asplund continues to find joy with her synchronized swimming team. “Seeing her on the other side, back in the pool, is really powerful,” says Dr. Wright.
Outstanding outcomes

At SCCA, we’re proud to be the leader in adult cancer care in Washington state — and one of the top 10 cancer hospitals in the nation. As the No. 1 cancer hospital in the Pacific Northwest and Washington state’s only National Cancer Institute (NCI)-designated comprehensive cancer center, SCCA is at the forefront of leading-edge approaches to treatment and prevention.

SCCA is honored to be a member of the Alliance of Dedicated Cancer Centers (ADCC), made up of America’s leading cancer centers. After five years, survival at ADCC centers is 4 percent better compared to patients treated at other academic medical centers and 7 percent better than patients treated at other centers. In addition, the total cost of care for a patient treated at an ADCC is comparable to academic medical centers and community hospitals.

Here, we’ve highlighted some examples of how we strive to improve patient outcomes year after year.

A staff member provides care to a patient.
Immunotherapy is one of the greatest clinical care advancements of our time, and SCCA is a leader in the field, offering a broad range of immunotherapy options using T cells, monoclonal antibodies and gene therapy. In 2020, we became one of the first cancer centers in the nation to offer all three FDA-approved cellular immunotherapies for people living with certain types of blood cancers, including non-Hodgkin lymphoma.

- Our care providers ranked in the 97th percentile for patient satisfaction compared to national facilities and local hospitals. And we're especially proud to report that our overall patient satisfaction increased 1.3 points between FY19 and FY20.
- We had net patient revenue of $753M from FY20.

2019: Improving care across our region

- SCCA was recognized as a Best Hospital 2020–21 and No. 1 in Washington state by U.S. News & World Report for the 14th year in a row.
- Our providers saw nearly 42,000 patients.
- About 1,000 patients enrolled in clinical trials and over 130 new clinical trials were launched.
- In FY19, 6,209 patients were reached with supportive care screening at our main South Lake Union clinic, where we connected patients with supportive care services including social work, nutrition and financial counseling.
- The Fred Hutch Bone Marrow Transplantation (BMT) Program at SCCA was one of 17 stem cell transplant programs nationwide that outperformed its expected one-year survival rate for patients undergoing allogeneic transplants, and one of only five that have done so for the last four consecutive years.
- We had net patient revenue of $698M from FY19.

Seattle Cancer Care Alliance is #1 for adult cancer care in Washington state

SCCA is proud to be named one of the nation’s top 10 cancer hospitals by U.S. News & World Report’s 2020–2021 “Best Hospitals” survey. In addition to being ranked ninth among all U.S. cancer hospitals, SCCA earned “High Performing” ratings for colon cancer surgery and lung cancer surgery specialties, the highest possible rating.
Provider spotlights

At SCCA, we are proud that our doctors are expert clinicians and researchers, enabling our patients to benefit from the latest developments in cancer care. The following physicians represent a broad spectrum of specialties at SCCA, from radiation oncology to palliative care, showcasing our unrelenting focus on advancing the standard of care — from diagnosis to treatment and beyond.

Marianne Dubard-Gault, MD, MS

Medical Director, Cancer Genetics Program, SCCA
Assistant Professor, University of Washington School of Medicine

Dr. Dubard-Gault has served as the medical director of SCCA’s Clinical Cancer Genetics Program since 2019. This program offers patients access to genetic testing to assess their lifetime risk of cancer as well as counseling and strategies to help manage their increased risk. The program incorporates multidisciplinary tumor boards that bring together experts from a variety of specialties to discuss utilizing genetic testing in treatment planning.

“I really enjoy how sharing genetic information with patients can empower them to take control of their care and their future,” says Dr. Dubard-Gault. “Knowing the genetic profile of your cancer may help your doctors tailor a treatment plan specifically for you.”

Dr. Dubard-Gault’s areas of expertise include cancer genetics and medical oncology. Her main research focus involves better understanding how genetic information influences patients’ decision-making about health care and life choices. She is interested in exploring ways to help people access medical genetic information, talk about it with their families and use that knowledge to make decisions that fit their goals.
Stephanie Lee, MD, MPH

*Research Director, Long-Term Follow-Up, SCCA*
*Professor, Clinical Research Division, Fred Hutchinson Cancer Research Center*
*Professor, Division of Medical Oncology, University of Washington School of Medicine*

Dr. Lee specializes in blood and bone marrow transplants for patients with leukemia, myelodysplastic syndromes and other diseases of the blood, bone marrow and lymph nodes. Since 2013, she has served as the research director of the Fred Hutchinson Long-Term Follow-Up Program at SCCA, which provides monitoring and care for patients who have had bone marrow or stem cell transplants. Dr. Lee served as the president of the American Society of Hematology in 2020.

Dr. Lee’s research focuses on improving transplant outcomes, supporting survivorship and reducing the impact of chronic graft-versus-host disease (GVHD), a life-threatening condition that affects approximately four in 10 transplant recipients. She leads a national research network that seeks to better understand GVHD and create more effective therapies. Her research has helped identify genetic criteria that can improve donor-patient matches, lowering the risk of complications like GVHD.

“One of the best parts of my job is participating in team science, working with colleagues here and from all over the world, to improve the lives of stem cell transplant recipients,” says Dr. Lee. “We support and push each other to do better. I’m really fortunate to be part of such a collaborative environment.”
Elizabeth Loggers, MD, PhD

Medical Director, Palliative Care, SCCA
Associate Professor, Clinical Research Division,
Fred Hutchinson Cancer Research Center
Clinical Assistant Professor, University of Washington School of Medicine

Dr. Loggers is a medical oncologist and clinical trialist who treats patients with sarcoma, a rare cancer of the bones and soft tissue. In addition, she is board-certified in hospice and palliative medicine and has served as the medical director of Supportive and Palliative Care Services at SCCA since 2011. This service focuses on improving patients’ quality of life and symptom management during treatment.

“Often, there is little or no good information available about rare cancers like sarcomas, so patients need expert, trustworthy partners in finding the best care for their individual needs,” says Dr. Loggers. “I find it gratifying to fulfill that role.”

Dr. Loggers conducts research at Fred Hutchinson Cancer Research Center focusing on aggressive forms of sarcoma, like epithelioid (soft tissue) sarcoma and solitary fibrous tumor. She also studies ways to improve health care delivery and patient communication, especially for patients with advanced cancer or those at end-of-life and their families.
Ramesh Rengan, MD, PhD

Professor, Clinical Research Division,
Fred Hutchinson Cancer Research Center
Professor, Division of Medical Oncology,
University of Washington School of Medicine
Chair, Department of Radiation Oncology, University of Washington School of Medicine

Dr. Rengan is a member of SCCA’s senior management team; he also served as medical director of the SCCA Proton Therapy Center from 2014 to 2020. Dr. Rengan is chair of the Department of Radiation Oncology and a professor in the Division of Medical Oncology at the University of Washington School of Medicine. He enjoys how radiation oncology combines patient care, tumor biology and advanced technologies, providing new challenges and opportunities for scientific advancement every day.

“I became a physician because of my patients,” says Dr. Rengan. “Every day, I am inspired by oncology patients’ selflessness, even when faced with a difficult disease. There is nothing more fulfilling than providing care for patients. I am honored to be entrusted with their health.”

In addition to caring for patients, Dr. Rengan studies ways to make radiation treatment more effective. Radiation stimulates the immune system and can make a tumor work as a vaccine against itself. His goal is to individualize treatments to the biology of specific tumors and to the patient. This biologically directed treatment is already being used on leukemia and lymphoma; in his lifetime, Dr. Rengan hopes to see it applied to all solid tumors, including lung cancer, renal cell carcinoma, prostate cancer and melanoma.
Nursing

Nurses are at the core of our care

At SCCA, nurses are the backbone of the life-changing work we do. As caregivers and researchers, our nurses are fundamental to providing excellent patient care. Their knowledge, leadership and commitment help drive innovation and improve outcomes for patients.

We have selected some highlights from the last two years that showcase the accomplishments of our nursing teams. Awards honor excellence in day-to-day care, along with accolades for research and expertise shared through conference presentations and continuing education. For a more in-depth look at our nursing achievements, check out the Care in Action guide.

DAISY Wall

In 2019, SCCA hired Nathaniel, a local artist who goes by one name, to create a mural honoring and celebrating the DAISY Award-winning nursing staff at SCCA. The DAISY Award was established in 1999 when J. Patrick Barnes — a two-time survivor of Hodgkin lymphoma — spent eight weeks in treatment for an autoimmune disorder at SCCA. The nurses’ humility, kindness and compassion impressed Barnes’ family. After he died, they created the DAISY Award (Diseases Attacking the Immune SYstem), which has spread from SCCA to more than 4,500 health care facilities and nursing schools in every U.S. state and 28 countries.

The son of a DAISY recipient himself, Nathaniel is a Gig Harbor, Wash., artist who designed the mural to incorporate daisies and scenes honoring the Pacific Northwest in a bright, hopeful display. The mural is located at SCCA’s South Lake Union clinic, outside the popular Red Brick Bistro on the second floor. The artistic display stretches 30 feet long and includes an ongoing list of nurses honored with the DAISY Award as well as custom frames featuring the quarterly winners.

“We are often asked what kind of nursing inspires the DAISY Award,” says Kathleen Shannon Dorcy, PhD, RN, FAAN, director of clinical/nursing research, education and practice at SCCA. “Nurses who are patient, who listen, who work in partnership with our doctors to ensure the highest-quality care for our patients. That kind of care, that kind of time, that human connection is what inspires the DAISY Award.”

Local artist Nathaniel works on the mural.
March of Dimes

The March of Dimes pays tribute to the nursing profession, recognizing extraordinary nurses throughout the community. The Nurse of the Year award honors the positive impact that extraordinary nurses have on patients’ lives. During fiscal year 2020, SCCA’s Angie Rodriguez, MSN, RN, CNS-BC, AFN-BC, OCN, was named the March of Dimes 2019 Nurse of the Year in Ambulatory Care.

University of Washington Tacoma

The University of Washington Tacoma’s nursing school presented Michelle “Mitch” Mitchell, MN, RN, OCN, with the school’s Outstanding Scholar award in June 2020. Mitchell, immunotherapy clinic nursing supervisor, received her Master of Nursing degree at UW Tacoma.

Research

SCCA has a strong presence in the oncology nursing community. Our nurses present both regionally and nationally at professional conferences including the annual Oncology Nursing Society Congress, Transplantation and Cellular Therapy (TCT) meetings, the American Academy of Ambulatory Nursing Care (AAACN) Annual Conference and Puget Sound Oncology Nursing Society meetings.

Highlights from the last two years include:


“Developing Immune Effector Cell Standard Practice Guidelines Across Settings,” Anne Reese, BSN, RN, OCN; Merav Bar, MD; Angela Kirk, PA-C; and Lenise Taylor, MN, RN, AOCNS, BMTCN, at the 2020 TCT conference.

“Improved Collection Outcomes Using Higher Heparin Concentration with the Spectra OPTIA CMNC Program,” Oral Presentation by Michelle Flores, BSN, RN, HP (ASCO), at the 2019 American Society for Apheresis Annual Meeting, where she received the Allied Health Abstract Award.

“Integrating a Back-Office Medical Assistant into an Ambulatory Oncology Clinic,” by Jennifer Singer, MSN, RN, OCN; Phuong Huynh, BSN, RN, OCN; Naomi Heinecke, LPN; Rikka Quinanola, MA; and Raelyn Clarke, MA, at the 2020 AAACN conference.
Events and fundraisers

We are grateful for our donors

We offer our gratitude to the more than 2,400 people who donated a total of $5.8 million in fiscal year 2020 for critical programs that support our patients and families, as well as the generous in-kind donation support from our community. We are inspired by the willingness of so many to help.

One of the ways the community showed its support to health care workers was through “feeding the front line.” SCCA patient Ryan Dwyer created a non-profit organization, Fine Dine Front Lines, to provide free meals to essential workers, including those at SCCA. His story was shared across local and national news, and he was honored as part of ABC News’ inaugural Thrivership Awards, hosted by Good Morning America co-anchor Robin Roberts and presented by Russell and Ciara Wilson. Between March and June 2020, Safeway provided our clinic staff with 2,500 snacks a week, which were personally delivered by former Seahawks player Doug Baldwin. And catering company Maven Meals provided more than 4,000 meals to our clinic staff.

SCCA is also fortunate to be the beneficiary of many local fundraising events. Here are some highlights:

Swim Across America

Swim Across America (SAA)-Seattle is a volunteer-driven event that is part of a national nonprofit organization dedicated to raising funds and awareness for local institutions supporting cancer research, prevention and treatment.

Over the last 11 years, SAA-Seattle has raised nearly $4 million for SCCA. In 2019, SAA granted $450,000 to support the research of six young investigators. It was the best-attended event to date, with 450 participants, 162 volunteers and 1,200 spectators cheering on the swimmers.

SCCA is honored to be the beneficiary of such a powerful, passionate group of participants whose support helps ignite new research to benefit patients and their families.
Washington Aisles Alliance

Founded in 2016, the Washington Aisles Alliance (WAA) is a grocery industry coalition committed to raising funds in support of local, world-class cancer research. Proceeds from the Game Changer benefit event support groundbreaking therapies that harness the human immune system to attack cancer. The 2020 event raised more than $400,000.

Angie Downs Team Draft Super Bowl Challenge

SCCA patient Angie Downs participated in the Team Draft Super Bowl Challenge, which raises money for lung cancer research. As the top fundraiser, she won a trip to the 2020 Super Bowl. She raised over $50,000 to support the lung cancer research of her SCCA physician, Dr. Renato Martins.

Woeck Foundation Dinner and Auction

The Michael and Carrie Woeck Foundation’s inaugural event raised $30,000 for the SCCA Family Assistance Fund, which helps patients and their families with critical financial needs including food, transportation and temporary housing. The foundation was formed by the children of Michael and Carrie Woeck to honor their parents, who lost their lives to cancer.

SCCA House Hit Fore the House

Hit Fore the House is an annual golfing event hosted by the Women’s Division of the Meridian Valley Country Club. Inspired by some of their own members who have been affected by cancer, the Women’s Division created the fundraiser in 2012. Hit Fore the House donates 100 percent of its annual proceeds to the SCCA House, which offers 80 affordable suites near SCCA’s main clinic where patients can stay during treatment. The summer 2019 event raised more than $20,000 for the SCCA House.
Community outreach

At SCCA, the well-being of our patients is at the heart of our mission. Our work to promote health transcends the walls of our clinics, extending to the community that surrounds and supports our patients. Below are some of the initiatives we have been involved in over the last few years, including patient housing and assistance, accessibility to screening and education in underserved communities.

SCCA Initiatives

Patient Housing

For patients traveling from out of town to receive care at SCCA, we offer two residential temporary housing options that allow them to stay close to campus, making getting to and from treatment more convenient.

- SCCA House is located several blocks from SCCA’s main clinic. The 80 suites include kitchenettes and allow extended stays.
- Pete Gross House, located less than half a mile from the clinic, offers 70 apartments specifically designed for patients recovering from a stem cell or bone marrow transplant. The apartments feature a washer/dryer and a generously equipped kitchen with a dishwasher, microwave, range and full-size refrigerator.

Free shuttle service to the clinic is provided from both locations. To learn more, visit seattlecca.org/housing-information.

Shine

Oncology patients have needs that go beyond medical services. Shine, an SCCA-supported retail shop, helps patients navigate an unfamiliar world, offering oncology-related products and supportive services in one convenient location adjacent to SCCA House. Shine offers certified mastectomy fittings, post-surgical camisoles, head wraps, complimentary wig trims and head shaves as well as jewelry, clothing and gift items. Proceeds go to SCCA’s patient and family programs.

Find more information at seattlecca.org/shine.

Proceeds from the Shine store in South Lake Union go to SCCA’s patient and family programs.
Mammogram Van

SCCA is highly skilled at providing breast imaging care for women in the Pacific Northwest — including screening mammograms and breast MRI to look for cancer in women before symptoms develop and comprehensive diagnostic breast imaging and biopsies as part of diagnosis. Every mammogram is read by a fellowship-trained, dedicated breast imaging radiologist. Our breast imaging team has exceptional diagnostic performance rates that meet or exceed all standards set by the American College of Radiology.

Our mobile screening facility, the SCCA Mammogram Van, allows us to reach women throughout the King County region. From Edmonds to Des Moines, Rainier to Woodinville, and everywhere in between, we bring mammogram services to patients who might not otherwise have access to this potentially lifesaving technology.

Family Assistance Fund

The SCCA Family Assistance Fund helps SCCA patients and families with critical financial needs brought about by their treatment. Assistance typically includes transportation, food and/or housing; it does not cover medical treatment or medications. The fund is supported by donations from individuals and community groups, including Shine. Learn more at seattlecca.org/new-patients/insurance-coverage-and-bills/financial-assistance-resources.

Tobacco cessation and Tobacco 21

SCCA is dedicated to fighting tobacco-related cancers through our commitment to smoking prevention and lung cancer screening. In 2019, we advocated for the passage of Tobacco 21, a law raising the minimum age to purchase tobacco products in Washington state to 21. Gov. Jay Inslee signed the bill into law alongside our physicians. SCCA offers a Lung Cancer Screening
Program aimed at long-time smokers to support the earlier detection of lung cancer. We also work throughout the year to educate at-risk populations about the dangers of smoking and help them find resources to assist in quitting. Learn more about Tobacco 21 at seattlecca.org/press-release/Tobacco-21-bill-with-SCCA.

Organizations we support

**Cierra Sisters**
A breast cancer education and support organization, Cierra Sisters aims to empower black and underserved communities. They focus on evidence-based knowledge and provide access to resources, guidance, treatment and support to help community members through their breast cancer experience. Cierra Sisters predominantly serves communities in south King County and Pierce County.

SCCA’s grant to Cierra Sisters has helped support several activities, including wellness festivals that provide education and screening services and the group’s Community Empowerment Program training, which teaches peer leaders to conduct outreach in their communities.

**Korean Women’s Association**
The Korean Women’s Association (KWA), established in 1972, began as a group of volunteers helping fellow immigrants overcome language and cultural barriers and gain access to community services. Today, the organization serves clients of all races and ethnicities across 11 counties in Washington. KWA’s Community and Behavioral Health staff provides breast and colorectal cancer screening and multicultural patient navigators who provide support in several languages.

SCCA’s grant to KWA supported breast cancer screening events, as well as eight breast and colorectal cancer prevention seminars in Pierce, Snohomish and King counties. The grant also helped support the development of educational materials for various languages and communities and in-person cancer prevention education.

**Stilly Valley Health Connections**
Stilly Valley Health Connections serves the northeastern portion of Snohomish County, providing public health outreach programs and services to suburban and rural communities. Its areas of focus include mental health, nicotine prevention and cessation, and drug and alcohol prevention, as well as community health and wellness.

SCCA’s grant to Stilly Valley Health Connections supported the formation of a nicotine cessation program — a resource that was entirely lacking for community members in its service area. Stilly Valley Health Connections hosted e-cigarette education workshops for youth organizations and schools. The organization also implemented an American Lung Association curriculum for smoking cessation groups. Stilly Valley Health Connections distributed nicotine cessation information at health fairs, reaching high school students and members of the Sauk-Suiattle Indian Tribe.
Health care fairs

**Seattle Center Festál: Sea Mar Fiestas Patrias**

Sea Mar Community Health Centers holds an annual health care fair to celebrate Latinx culture and commemorate the independence of various Latin American countries. The health fair is free and open to the public.

**Somali Health Fair**

This annual health care fair is hosted by the Somali Health Board, a nonprofit founded in 2012 to help battle health disparities that affect new immigrants and refugees in King County. They celebrated their seventh annual event in 2019. The event is free and open to the public.

**Rainier Beach Health Fair**

Fred Hutchinson Cancer Research Center hosts an annual health fair at the Rainier Beach Community Center. This event features mammograms by the Mammogram Van, HIV screening and vaccine information, and testing for diabetes, cholesterol, blood pressure and hepatitis C. The event is free and open to the public.
Diversity, equity and inclusion is a priority at SCCA, a broad and wide-ranging organizational commitment that encompasses not only ethnicity, race and gender but also sexual identity, ability/disability and religion.

More than a decade ago, a group of highly committed staff members created SCCA’s Diversity Council to engage in the vital work of making SCCA an inclusive place for patients and staff. Renamed the DEI Council (DEIC) in 2019, the group meets monthly and is comprised of 24 staff members from a range of departments. Some recent accomplishments include:

- Establishing five new affinity groups for underrepresented employees who share a common identity, purpose and/or community: Black, Filipinx American, Indigenous Peoples, LGBTQIA and Polyglot Pals.
- Launching an Allyship Challenge to educate SCCA staff and encourage them to serve as allies to underrepresented patients and staff.
- Helping develop SCCA’s public position on Black Lives Matter, which resulted in the publication of an organizational statement and the installation of a permanent banner on the South Lake Union clinic building in the summer of 2020.
- Creating an organization-wide land acknowledgment recognizing that Seattle and SCCA exist on land belonging to Native American people.
As a result of the tragic events that sparked widespread protests in 2020, SCCA reaffirmed its commitment that racism is a public health crisis and that all our patients deserve the same lifesaving care. At the same time, we recognize that Black, Indigenous and People of Color (BIPOC) patients have historically been underserved. In 2020, we committed publicly to addressing institutional racism in health care in a statement posted on our website that pledges to “create a health care system for our patients and staff that is safe, effective, patient-centered, timely, efficient and equitable.”

We also created two new full-time positions to guide and oversee our DEI efforts and help lead the organization in sparking systemic change. Executive Vice President Aaron Crane is the executive sponsor of SCCA’s DEIC, providing support for pursuing and achieving health care equity for our patients through a robust DEI program.

Our DEI efforts also extend to patient care. SCCA provides interpreters and/or translated materials to patients and caregivers with limited English proficiency. We regularly translate patient materials into the top five non-English languages spoken by our patient population (Spanish, Chinese, Vietnamese, Korean and Russian), with the ability to translate information into virtually any language if requested.

SCCA employees participate in the 2019 Pride parade.
## Financials

SCCA’s fiscal year runs from July 1–June 30.

### Statement of Operations

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<tr>
<th>Fiscal Year (in thousands)</th>
<th>2020</th>
<th>2019</th>
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<tr>
<td>Operating Revenue</td>
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<td>Operating Expenses</td>
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<td>Income from Operations</td>
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<td>Net Income</td>
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<td>$70,452</td>
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### Balance Sheet

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<tbody>
<tr>
<td>Current Assets</td>
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<tr>
<td>Non-current Portion of Assets Whose Use is Limited</td>
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<td>Property, Plant, and Equipment, Net</td>
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<tr>
<td>Operating Lease Right-of-use Assets*</td>
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<td>Other Assets</td>
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<td>Total Assets</td>
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<td>Current Liabilities</td>
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<td>Long-term Liabilities</td>
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<td>Net Assets</td>
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<tr>
<td>Total Liabilities and Net Assets</td>
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### Key Statistics

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<td>Patient Treatment Episode</td>
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<td>Operating Margin</td>
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### Operating Expenses

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<tr>
<td>Compensation</td>
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<td>Purchased Services</td>
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<tr>
<td>Supplies</td>
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<td>Depreciation, Amortization and Interest Expense</td>
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<tr>
<td>Other</td>
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### Revenues

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<tr>
<td>Net Patient Service Revenue</td>
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<tr>
<td>Other Operating Revenue</td>
<td>6%</td>
</tr>
<tr>
<td>Non-operating Income &lt;Expense&gt;</td>
<td>1%</td>
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*This reflects a new accounting standard implemented in FY20.*
SCCA is a 501(c)(3) tax-exempt, nonprofit corporation. Its executive leadership team is comprised of 10 people.

Executive Leadership Team

- **Nancy Davidson, MD**, Executive Director and President: responsible for general administration and management of SCCA operations; Senior Vice President and Director, Clinical Research Division, Fred Hutch; Division Head, Department of Medicine, Division of Medical Oncology, University of Washington Medicine
- **Aaron Crane,** Executive Vice President: responsible for overall strategic leadership and operational management of SCCA
- **David Byrd, MD**, Interim Service Medical Director: oversees clinical care and conducts quality monitoring of medical practice on behalf of SCCA; responsible for SCCA outpatient clinics; Section Chief, Surgical Oncology, UW Medicine
- **Tami Deeb, MBA**, Chief Strategy Officer: responsible for overall strategic planning processes, Outreach, Marketing, Patient Intake, Service Line management and Business Development
- **Steve Huebner**, Chief Financial Officer: responsible for Finance, Revenue Cycle and Payor Relations, Patient Accounting, Facilities and Clinical Research Billing
- **L. Stephanie Mays, JD**, Vice President, Chief Legal Officer: responsible for primary legal counsel to SCCA, Risk Management, Insurance, Legal Program Management, Government Relations, Policies and the Compliance, Ethics and Integrity Program
- **Theresa McDonnell, DNP, ACNP-BC**, Senior Vice President of Operations, Chief Nursing Officer and Chief of Staff: responsible for Nursing, Operations, Pharmacy, Clinical Laboratories, Facilities, the Community Oncology and Network Affiliate Program, and Patient Access
- **Jennie Crews, MD, MMM, FACP**, Vice President and Medical Director, SCCA Community and Network Affiliate Programs: responsible for SCCA’s community sites and comprehensive regional oncology program
- **Moreen Dudley, MBA, MSW, LICSW**, Chief People Officer: responsible for developing and executing Human Resources strategy, specifically in the areas of succession planning, talent management, change management, organizational and performance management, training, development and diversity, equity and inclusion (DEI)
- **Kelly Patrick, MBA**, Chief Information Officer: responsible for Information Technology, Clinical Information Systems, Financial Systems, Clinical Analytics, Health Information Management and Enterprise PMO

Member Representatives

- **Thomas Lynch Jr., MD**, President and Director, Fred Hutch
- **Paul Ramsey, MD**, Chief Executive Officer, UW Medicine; Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of Washington
- **Jeff Sperring, MD**, Chief Executive Officer, Seattle Children’s
SCCA is governed by an 18-member board of directors. Our founders — Fred Hutch, Seattle Children’s and UW Medicine — each appoint six directors; at least four of the six are community representatives.

**Governance — Board of Directors**

- **Paula Rosput Reynolds, Chair;** Chair, Board Executive Committee; Chair, Board Facilities Committee; President and Chief Executive Officer, PreferWest LLC
- **Stewart Landefeld, Vice Chair;** Chair, Board Governance Committee; Partner, Perkins Coie
- **Mike Delman, Treasurer;** Chair, Board Finance, Investment & Audit Committee; Seattle Children’s Board Trustee; Corporate Vice President, Microsoft (retired)
- **Kimberly McNally, MN, RN, Secretary;** Chair, Board Patient Quality, Safety & Service Committee; UW Medicine Advisory Board Member; President, McNally & Associates
- **Karen Glover, Immediate Past Chair;** Chair, Board Compensation Committee; Global Integration Partner, K&L Gates (retired)
- **Suzanne Beitel,** Senior Vice President and Chief Financial Officer, Seattle Children’s
- **Lisa Brandenburg,** President, UW Medicine Hospitals & Clinics; Vice President for Medical Affairs, UW Medicine
- **Gerald Grinstein,** Strategic Director, Madrona Venture Group
- **Thomas Lynch Jr., MD,** President and Director, Fred Hutch
- **Ruth Mahan,** Chief Business Officer, UW Medicine; Vice President for Medical Affairs, University of Washington
- **Linda Mattox,** Chair, Board Development Committee; Seattle Children’s Research Institute Advisory Board
- **Richard McCune,** Partner, KPMG LLP (retired)
- **Jeff Nitta,** Seattle Children’s Board Trustee; Senior Finance, Treasury & Investment Management Executive, Weyerhaeuser (retired)
- **Bruce Pym,** Chair, Board Integrity Committee; Managing Director, Meridian Capital
- **Steve Stadum,** Executive Vice President and Chief Operating Officer, Fred Hutch
- **Russ Williams,** MHA, Senior Vice President and Chief Operating Officer, Seattle Children’s
- **Alvin Winterroth,** Seattle Children’s Board Trustee; Audit Partner, Ernst & Young (retired)
Our values

We are patient-centered

Everything we do must be linked to our ability to deliver better, safer outcomes for our patients. There is nothing else more important, and any choice that could lead us astray from that focus is no choice at all.

We approach everything we do with compassion, conviction and a constant striving because we know how profoundly important our work is to the lives of the patients we serve.

We are innovative

The existence of Seattle Cancer Care Alliance was the result of a truly innovative approach to fighting cancer. Each of us—regardless of the role we play—is here because we have the chance to push the boundaries of conventional wisdom in that fight.

We will nurture an environment that fosters unconventional thinking, a passion for discovery and the open-mindedness to invite discovery from unexpected places.

We are respectful

Our diverse range of backgrounds, perspectives and experiences offers us the ability to meet the widely varied needs of the community of patients we serve. Each person and every job at Seattle Cancer Care Alliance plays a role in the safety and care of our patients.

We are deeply respectful of our patients, their families and each of our colleagues who serve them in so many different and important ways.

We are collaborative

Our ability to be better together hinges on cultivating a culture of teamwork that is not only unusual, but unprecedented. Not just among the many different people of Seattle Cancer Care Alliance, but with our patients and caregivers as well.

We understand that asking for and offering help in how to do better is not just a right, but among our most important responsibilities.

We are agile

We cannot just be comfortable with change; we must embrace it as proof that we are making progress. The speed of our progress is entirely linked to how well we integrate new insights into our research, our teaching and our clinical work.

We will be known for our ability to adopt new approaches and practices, because our patients come to us for the most advanced care available.

We are responsible

Our work affects many dimensions of our patients’ lives. While our focus is on their health and safety, we are conscious of the impact cancer care can have on people’s emotional well-being, financial security and the environment we all share.

Because our work is centered on people’s well-being, we approach it with the highest level of ethical, fiduciary and environmental responsibility.