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"SCCA is the clinical intersection of three participating institutions: Fred Hutchinson Cancer Research Center, UW Medicine, and Seattle Children’s. The result is an unprecedented collaboration among a cadre of physicians and scientists, translating scientific discoveries into cancer prevention, diagnosis, treatment, and cure.

Our four institutions form a comprehensive cancer research and care delivery system—focused on patients and their families. We continue to coordinate our resources to make the system even stronger, bringing groundbreaking research to SCCA patients more quickly and effectively."

Robert Bakemeier, Board Chair
Today, cancer patients have more treatment options than ever before. We see this every day at Seattle Cancer Care Alliance (SCCA), where there’s a dramatic increase in the pace of innovation.

In part, this is a “compounding effect” as our legacy knowledge of the human immune system and the human genome begin to pay greater, more beneficial dividends. It’s also the result of our rapidly developing ability to command vast amounts of data, which now translates research into actionable therapies in a matter of months—rather than years or decades.

In this new environment, it no longer makes sense to talk separately about our clinical breakthroughs and the organizational efforts we are making to improve both our efficiency and the effectiveness of treatment protocols. There are amazing innovations taking place in both areas, which are becoming increasingly intertwined.

As you will see, SCCA remains dedicated to advancing the standard of care not only within our clinic and our network, but also throughout our region—and for cancer patients everywhere.
SCCA 2013 Annual Report

At Seattle Children's, there's great excitement about the nation's first inpatient cancer unit dedicated to teens and young adult patients, located on the top floor of Building Hope, which opened on April 21, 2013. The unit is physically spectacular, with 16 private, spacious rooms set up to allow two parents to stay overnight comfortably, a physical therapy gym, family lounge and lots of technology so these young people can stay connected with their peers. Research shows that teen and young adult patients with acute lymphoblastic leukemia (ALL) and bone tumors have a 25 percent improvement in their long-term survival when treated with pediatric protocols.

The cost to build Building Hope was $201.5 million and was funded through tax-exempt bonds, hospital reserve funds, and philanthropy. The Boeing family gave a generous gift of $1.5 million, including a donation to support a new rooftop terrace that will provide patients and their families with a calming environment geared toward reflection and emotional healing. In addition to the Boeing family, the hospital's Building Hope critical, cancer, and emergency care expansion was supported by many generous gifts from our community.

Consistent with this theme of giving, SCCA also does what it can to help patients in need. No one is more sensitive to the high cost of cancer treatment than we are. And when patients come to us whose insurance (or lack thereof) doesn’t cover the cost, we always try to find a way. Over the last three years, the value of uncompensated care we've provided has tripled. In 2013 it amounted to more than $21 million.

Looking forward, there is no doubt that we as an organization—as well as our government and our culture in general—must do a lot of hard thinking to "restate the cancer problem." Statistics about demographic trends and spiraling cost increases are well known, but here's a number that caught our attention: The number of people developing cancer each year is expected to increase 45 percent by 2030.

Currently, our funding system is in chaos, with budget cuts in federal programs and the entire insurance industry turned upside down and inside out. These conditions will

Message to the SCCA community

On September 7, 2013, two cancer survivors, Larissa Dhanani and Stan Barer, stood on a beach by chilly Lake Washington where they described their battles with cancer. Larissa recently beat leukemia and Stan triumphed over pancreatic cancer. About 300 people in the audience were wearing swimsuits and towels, or wetsuits. As Swim Across America participants, they’d just completed either a two-mile or a half-mile swim to raise funds for the newly christened Swim Across America Cellular Therapy Laboratory at SCCA and the SCCA Pancreas Cancer Specialty Clinic. Funds raised directly supported the research trials of the novel treatments that helped Larissa and Stan overcome their illnesses.

Understandably, it was an emotional morning. People were moved to tears, touching Stan and Larissa on the shoulder or exchanging hugs. As Larissa explains, “Research is such an intangible word. I thought it was a great idea to show them: This is why you’re out there swimming and trying to get people to donate. They were so grateful to see what the money was going towards.”

We are grateful in turn. Swim Across America has donated more than $1 million to SCCA in just five years. That’s remarkable in itself, but also significant because the research it supports has translated into clinical treatments that help patients become survivors in such a remarkably short period of time.

This year, your donations have filled funding gaps and enabled some of SCCA’s key advancements in cancer care. A good example is a therapy called Chimeric Antigen Receptor T-cell therapy (CAR), which is part of our immunotherapy program. Basically, CAR combines the targeting ability of antibodies with the antigen-destroying talents of specialized T-cells. The CARs themselves are, in fact, hybrids or “chimeras” that are created painstakingly in the laboratory. When administered to patients whose disease has not responded to any other treatment, the results have been miraculous: Many patients have achieved complete molecular remissions after being treated with only a tiny dose of cells. This therapy would not exist today without the generous gift of a grateful SCCA patient, who donated the funds for the laboratory where the CAR cells are manufactured.

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Currently, our funding system is in chaos, with budget cuts in federal programs and the entire insurance industry turned upside down and inside out. These conditions will
not last forever. They cannot. The need is too great. For our part, we are completely focused on innovating and delivering quality cancer care to patients. That said, a growing percentage of our resources will necessarily be directed to solving the systemic funding challenges we all now face. We are inventive. We will come up with solutions. In fact, we are already attacking the problem on multiple fronts. Here are several examples:

**Precision medicine** is one of our most important initiatives for treating cancer. It’s also an effective tool for controlling costs. Thanks to our diagnostic tool, UW-OncoPlex, we are able to identify specific genetic signatures for many patients’ diseases and match them with targeted therapies known to be most effective. Our increasing ability to avoid ineffective therapies will significantly lower the physical, emotional, and financial costs of cancer treatment.

**Translational medicine** is a relatively new specialty that focuses on improving the connection between laboratory sciences and actual patient care in the clinic. In 2013 we recruited a dynamic team—Solid Tumor Translation-al Research (STTR)—led by Eric Holland, MD, PhD. STTR harnesses the knowledge of experts in multiple disciplines including genomics, bioinformatics, and mathematical modeling to supplement the more traditional approaches to oncology. As STTR’s data set matures, we expect to see viable treatments move from the laboratory to the clinic at a much faster pace.

*Research is such an intangible word. I thought it was a great idea to show them: This is why you’re out there swimming and trying to get people to donate. They were so grateful to see what the money was going towards.*

Larissa Dhanani, Chronic Myeloid Leukemia survivor

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**High-value medicine** is the goal of HICOR, the Hutchinson Institute for Cancer Outcomes Research. Headed by Scott Ramsey MD, PhD, HICOR enters its second year with two major initiatives: The Value in Cancer Care Initiative brings together practitioners and insurers across the State of Washington to identify clinically actionable metrics that signify high value. On the national level, HICOR is working to solve a stubborn problem. Through its Choosing Wisely program, the American Society of Clinical Oncology (ASCO) has identified a number of frequently ordered and costly interventions that lack evidence supporting their use or value in clinical cancer care. Because many oncologists have not changed their practices in response, HICOR is now developing a program to address this gap between policy recommendations and implementation.

**Preventive medicine** has long been held forward as an obvious way to cut the cost of treatment. This is indisputable for colon cancer, for example. We often remark that colonoscopies are so effective in detecting this cancer that we should not only pay for the procedure, but also take patients to and from the treatment in a limousine, and buy them dinner afterwards. The system would still come out ahead. Standards for some other cancers are not so clear-cut, but they are evolving. This year we adopted new age- and risk-based guidelines for screening women for breast cancer. And we are acting on new recommendations that smokers be screened proactively for lung cancer with CT scans.
If you want to see how these four strands can be woven together successfully, look no further than the lung cancer program at SCCA, headed by Renato Martins, MD, MPH. This program starts with the broader use of CT scans as an early detection tool, as mentioned above. For patients needing surgery, we have implemented a national program called ProvenCare®. By following a step-by-step protocol for thoracic surgery, patients enjoy better outcomes, shorter hospital stays, and lower costs.

We are also using our precision diagnostic tool, UW-OncoPlex, to differentiate lung cancer on a genetic basis. More than 100 lung cancer patients have already received full molecular profiling, with actionable results in more than 50 percent of the cases. Concurrently, Dr. Martins is actively engaging the translational resources of STTR to better understand how combinations of therapies can benefit patients. And our Phase 1 Clinical Trials Program has established SCCA as a lead investigator for anti-PD-1 and anti-PD-L1, whose initial results are spectacular. As Dr. Martins says, “Now we can treat lung cancer patients with a very effective therapy that is pretty much free of significant side effects for the majority of patients. It’s incredible. In the nine years I’ve been at SCCA, it has never been this exciting.”

We couldn’t agree more. With your continued support, we look forward to helping more people like Larissa and Stan win their battles with cancer. They show us the way and inspire us to work harder, faster, more efficiently, and with greater compassion.

Fred Appelbaum, MD
Executive Director & President

Norm Hubbard
Executive Vice President
Inventive
The frontiers of cancer treatment are advancing on every front. We are seeing this across all of the established treatment disciplines.

For example, in radiation oncology, SCCA Proton Therapy, a ProCure Center, which opened last April, allows us to investigate the benefits of highly precise exposures that spare healthy tissue. In bone marrow transplants, our continuous refinements of treatment protocols are pushing the boundaries of survivorship for those who undergo this procedure here.

And we continue to make strides in our use of chemotherapy and cytokines (interferon and the interleukins). These treatments constitute the standard of care for many diseases and remain an important research focus throughout SCCA, with many clinical studies devoted to making them more effective.

But right now, the relatively new areas of immunotherapy and targeted therapies are generating a tremendous amount of excitement among everyone engaged in cancer research and treatment at SCCA. Major breakthroughs seem to occur on a monthly basis, with formerly untreatable cancers in retreat. In many cases, patients are resuming their normal lives—with few, if any, side effects.

Immunotherapy: Chimeric Antigen Receptor T-cells (CAR) and T-cell Receptor Chimera (TRC)

In immunotherapy, a pair of novel approaches called Chimeric Antigen Receptor T-cells (CAR) and T-cell Receptor Chimera (TRC) is showing promise. The chimera in Greek mythology was a monster with the heads of a lion, a goat, and a snake. Like the Greek chimera, CARs and TRCs are also hybrids, but they are created in the laboratories at Fred Hutchinson Cancer Research Center (Fred Hutch) headed by Philip Greenberg, MD, Stanley R. Riddell, MD, Michael Jensen, MD, and many others.

These anti-cancer chimeras consist of natural killer T-cells that are genetically engineered to include an antibody that is specific for a receptor site on a tumor cell. The binding of the antibody to the target triggers the T-cell’s natural mechanism, which is to divide and reproduce itself in large numbers—and then begin killing cancer cells.

These therapies have performed well in initial trials with patients who have lymphoid leukemia (where CARs are used) and acute myelogenous leukemia (treated with TRCs). The treatment itself is easy to administer. As Frederick R. Appelbaum, MD, explains,

The entire therapy is less than a fingernail’s full worth of cells that collect in the little “V” at the bottom of a test tube. These are infused into the patients, who get sick during the initial therapy—but that’s only because the chimeric T-cells are so active in fighting the cancer that they are giving off cytokines. In addition, they are killing the leukemia cells so effectively that the insides of the leukemia cells are being spilled out. After a couple of weeks this illness passes and these patients have achieved a standard we call “minimal residual disease”: In a sample of 10 million cells we cannot detect a single cancer cell.

Dr. Appelbaum points out that the patients in the study had previously failed standard treatments including, in many cases, bone marrow transplants. “To see such complete remissions in this group of patients,” he concludes, “is like a miracle.”
Immunotherapy: Tumor-Infiltrating Lymphocytes (TIL)

Another effective immunotherapy is called Tumor-Infiltrating Lymphocytes (TIL). The clinical trial run by Sylvia Lee, MD, has shown excellent results for patients with melanoma. As Dr. Lee notes,

_The key thing about TIL therapy is that it’s not a short-term response. It’s a real game changer because, for the people who do respond—completely or partially—the effect tends to last for years and years. The most mature data from the NIH are currently eight-plus years and counting._

SCCA is the only location on the West Coast where the treatment is available, and Dr. Lee reports that inquiries from patients are coming from across the U.S., Canada, and even Russia. Generally, the patients receiving TIL have not responded to other treatments, including the latest therapies like ipilimumab, vemurafenib, and anti-PD-1/PD-L1. Thus, the urgency for another avenue of hope.

TIL is a form of adoptive immunotherapy, which involves growing the patient’s own T-cells into the billions in the laboratory and then reinfusing them back into the patient. What’s unique about TIL is that the cells are selected from the patient’s tumor. The idea is to choose T-cells that have already shown the ability to “infiltrate” the tumor and fight the disease. Inevitably, a range of cell types will be included in the selection. Dr. Lee says this is an important advantage when fighting a disease like melanoma:

_Melanoma has hundreds of different mutations. If you attack just one type of melanoma cell, the other melanoma cells that aren’t being attacked can survive and continue to grow. I think the reason why TIL is so effective in melanoma is because we are infusing a lot of different types of cells that recognize many types of tumor targets._

Looking forward, Dr. Lee says she believes TIL could be an effective treatment for other cancers, such as lung cancer, which also carries a high mutation rate similar to melanoma. Interestingly, CARs share this potential for leveraging a promising treatment across multiple cancers. Dr. Appelbaum notes that SCCA researchers and clinicians are moving ahead to test CARs in solid tumors, including lung cancer, melanoma, and sarcoma.
Targeted therapies: Immune Checkpoint Inhibitors

Targeted therapies rely on our increasingly detailed knowledge of molecular pathways in the immune system. We know that T-cells have receptors that work like “on/off” switches. When working properly, the switches at these checkpoints prevent a natural immune response from going too far—attacking healthy tissue in what is known as an autoimmune response.

Unfortunately, cancer cells appear to have the ability to target the receptors and set them to the off position, shutting down a natural immune response when it is needed most. Immune checkpoint inhibitors are a new class of drugs that block cancer cells from accessing the off switches.

Two new related drugs that show great promise are called anti-PD-1 and anti-PD-L1. This is a unique situation, because scientists have located the precise receptor sites on both the cancer cell and the T-cell. Blocking either one prevents the cancer cell from making the connection and shutting down the body’s immune response.

The results have been spectacular for a number of reasons. First, anti-PD-1 and anti-PD-L1 have been shown to work against a broad spectrum of late-stage cancers—including melanoma, renal cell cancer, and lung cancer—that had not responded to other treatments. Second, the effectiveness of the drugs against lung cancer surprised everyone, as that disease has always been notoriously resistant to treatments. Third, the drugs have remarkably few side effects for most patients.

Targeted therapies: Immune Checkpoint Inhibitors

Based on this lack of side effects, some patients are now receiving anti-PD-1 and anti-PD-L1 as an initial therapy, instead of the standard chemotherapy. This practice allows patients who respond well to the drug to avoid systemic chemotherapy as long as possible.

Last year, upon the launch of UW-OncoPlex, the breakthrough diagnostic tool that utilizes genetic sequencing to identify driver cancer mutations, Dr. Martins stated, “SCCA is now second to none in terms of the genetic profiling of cancer cells.” In the course of the past year, 300 patients have been tested; approximately one-third of these are lung cancer patients. Dr. Martins reports that the test pointed to actionable therapies more than 50 percent of the time. Armed with this information, doctors can treat their patients with the most effective targeted therapy. Says Dr. Martins, “This is truly a gold mine in terms of understanding cancer mechanisms.”

Targeted therapies for lung cancer

Renato G. Martins, MD, MPH captures the optimism about the prospects for anti-PD-1 and anti-PD-L1 when he says: “We had a lung cancer patient whose tumor was resistant to chemotherapy. We put her on anti-PD-1 antibody, and she describes her only side effect from the treatment as, ‘When I wake up in the morning I’m a little stiff. But then I walk around and I don’t feel anything else the whole day.’” She has an almost complete response and an excellent quality of life.
A huge leap forward for lung cancer patients

When you talk with Renato G. Martins, MD, MPH, you quickly notice that themes of inclusiveness are an important part of his approach to medicine. His patient-care philosophy, for example: “An oncological diagnosis affects patients and their families in a profound way. Caring for the patients must include attention to their needs but also to their family’s needs.”

A native of Brazil, Dr. Martins has served as the medical director for thoracic/head and neck oncology since 2004. Creating a single department that includes “cousin diseases” like lung and head and neck cancers is consistent with his overall team approach. “We have open channels of communication between the medical oncologists, the surgeons, and the radiation oncologists. We exchange ideas about treatment options all the time. And that leads to better outcomes.”

Dr. Martins is deeply involved in SCCA research that targets the immune system. He says that the new, targeted therapies are a huge leap forward for lung cancer patients. And the ability to pinpoint the precise mutation causing a patient’s cancer and then to treat it with a therapy that enables the immune system to defend itself is an astonishing breakthrough.

“I compare it to AIDS, which in 1986, was a fatal disease. Today AIDS patients take a cocktail of pills and expect a normal lifespan. The goal with lung cancer is the same. Can we enable people to live with it indefinitely, as a chronic disease, with a good quality of life?”

Because targeted therapies are tailored to smaller populations of patients whose cancer is characterized by a specific mutation, the whole approach to clinical trials is changing. “It’s becoming more collaborative,” says Dr. Martins, “as academic research institutions share more data. That also contributes to the amazing pace of innovation we’re now seeing.”
Finally, one of the most promising new drugs, Trabectedin, is a DNA minor-groove binder. This refers to the fact that the two strands of normal DNA don’t wind in a perfectly symmetrical helix. There’s an alternating pattern of bigger and smaller spaces between wraps—and these are known as the major groove and minor groove. Trabectedin binds the minor groove of damaged DNA and prevents it from replicating. And, by the way, did we mention it is a compound derived from the Caribbean sea squid?

Dr. Jones says, “We have quite a few patients who’ve been on trials of these drugs for over two years, having been told elsewhere that there were no further treatments available. For somebody with metastatic disease who’s been told that they’re going to die, that’s a pretty big gain.” Word has been spreading about these successes. As Dr. Jones says, “SCCA’s sarcoma unit is going from strength to strength, which is reflected in the number of referrals we’re getting and the volume of patients we’re seeing.”

**Targeted therapies for breast cancer**

SCCA’s breast cancer group has recently initiated an innovative clinical trial for a compound called a PARP inhibitor. The development of this treatment is great news for women with an inherited mutation in BRCA1 and BRCA2, as well as the 15 to 18 percent of women with the form of breast cancer that’s called “triple negative.” In other words, breast cancers that do not express and are not driven by Estrogen Receptor, Progesterone Receptor or HER2 pathways, against which we already have targeted drugs available.

Until now, chemotherapy has been the only option for women with triple negative breast cancers. PARP inhibitors work by preventing the DNA in tumor cells from repairing itself properly; tumors with BRCA1/2 mutations and many with triple negative status appear to be more sensitive to drugs that impact DNA repair pathways. As director of SCCA’s Phase 1 Clinical Trials Program, John A. Thompson, MD, has had a close-up view of the development of this treatment. He explains, *Our team at SCCA had the idea of combining the PARP inhibitor with a certain type of chemotherapy. This damaged the cancer cells’ DNA and made it even more susceptible to the treatment. We engaged in a long, collaborative dialogue with the company that manufactured the PARP inhibitor, and in this case the protocol was written here entirely by our investigative team of breast cancer experts.*

According to Julie R. Gralow, MD, director of breast medical oncology at SCCA, initial trials are in patients with metastatic disease. However, if proven successful, researchers will work to study and make the PARP inhibitors available for triple-negative and BRCA1/2-positive patients with early-stage cancer.

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Robin Jones, MD, MRCP
Enlarging the conversation about women’s cancer treatment—and survival

“How do we help cancer patients live their fullest lives and deal with all the physical and emotional tolls that cancer takes?” For Julie R. Gralow, MD, this has been a guiding passion. “Since I began specializing in breast and women’s cancers,” she says, “it’s been clear that the majority of my patients have needed help with survivorship, with all of the quality-of-life impacts of cancer treatment.”

As SCCA’s director of Breast Medical Oncology, Dr. Gralow treats and cares for patients, conducts research, and oversees SCCA’s Breast Cancer Research Program. Over the past decade, she has also been a leader of WE CAN, the Women’s Empowerment Cancer Advocacy Network, headquartered at the University of Washington, the Hutch—and SCCA. WE CAN is a global network that aims to bring the advancements of “first world” cancer treatment to women in the developing world.

“I use my global health hat to be realistic and ask, ‘How are we going to get newer, targeted treatment approaches refined enough and cheap enough to give everyone access to these drugs?’ Because to my mind, it’s not a win if we’ve merely solved this for the U.S.”

Last fall, Dr. Gralow took part in two WE CAN-sponsored events, in Uganda and the Republic of Georgia, to meet with patient advocates in these regions. She also has a joint appointment in the UW Department of Global Health. “My niche has been to empower the patient advocates in breast and cervical cancers in order to bring change within their countries,” she says. “We help the advocates improve their skills in supportive and palliative care. By integrating them into the decision- and policy-making processes of their countries—I think we get better patient outcomes.”

Back home, one of Dr. Gralow’s biggest legacies has been Team Survivor Northwest (TSNW). She co-launched TSNW in 1995 after inviting breast cancer survivors to train and participate in a women’s triathlon. Since then, the group has grown into a national organization with independent affiliates around the country. TSNW offers year-round fitness opportunities for women who are survivors of—or are fighting—cancers of every type. At the group’s annual gala last October, she was honored as the first recipient of what is now the annual Gralow Award.

“It’s all been about supporting one another,” Dr. Gralow says. “Team Survivor has been one of the healthiest things I’ve ever done for our patients, as well as myself!”
SCCA patients’ five-year survival rates are among the highest of all cancer treatment programs nationwide

SCCA has stood at the top of the National Cancer Data Base (NCDB) rankings for aiding patients in surviving a wide range of cancers since 2002. When the milestone of survival is measured, more of our patients across virtually all types of cancers are living longer than those who were treated at other cancer centers.

In the graphs below, you will find NCDB’s most recent data for survival rates for Stage III breast cancer, Stage IV prostate cancer, multiple myeloma, and Stage IV lymphoma. This information was collected by the NCDB for patients who were diagnosed between 2003 and 2005 and then followed for five years.

The green line represents SCCA patients. Note that only patients who received all of their care from SCCA are included.

The orange line represents patients from all types of treatment centers—Community Cancer Centers, Comprehensive Community Cancer Centers, and other academic medical centers like SCCA.

The NCDB tracks the outcomes of 70 percent of all newly diagnosed cancers in the U.S. from more than 1,500 accredited cancer programs. The NCDB, founded in 1989, now contains approximately 29 million records from hospital cancer registries across the U.S.

To learn more about the methodology applied by the NCDB and to see the survival data on SCCA patients across a wide range of cancers, please visit our website at www.seattlecca.org/survivalrates.

**Observed Survival** 
- Seattle Cancer Care Alliance/UW Medical Center
- All NCDB Cases

### Breast Cancer Patients Stage III

The five-year survival rate for women diagnosed with Stage III breast cancer was 85 percent for SCCA patients versus 66 percent for all NCDB cases.

### Prostate Cancer Patients Stage IV

SCCA patients with a diagnosis of Stage IV prostate cancer had a five-year survival rate of 63 percent versus 37 percent for all NCDB cases.
The five-year survival rate for SCCA patients diagnosed with multiple myeloma was 65 percent versus 35 percent for all NCDB cases.

SCCA patients with a diagnosis of Stage IV prostate cancer had a five-year survival rate of 79 percent versus 50 percent for all NCDB cases.

“The quality of care that we give at SCCA is outstanding. The data we have supports this—our outcomes are superior. And so we feel a responsibility to extend our capabilities to the community.”

Fred Appelbaum, MD
Collaborative
Collaboration: Scientific opportunity and economic necessity

This year, innovation at SCCA occurred in offices and conference rooms, as well as in laboratories and clinics. Doctors worked together with nurses, technicians, pharmacists, researchers, data analysts, and regulatory and organizational specialists to develop new solutions to the most basic challenges of medicine:

- How can we take better care of patients in our clinics?
- What are the best treatment protocols for each disease and how can we improve them?
- How can we bring more clinical trials with life-saving potential for patients to our center and network?
- Where can we control the costs of treatment without sacrificing quality?
- And how can we make better use of the enormous amounts of data we’re collecting—to speed up the process of identifying new and better treatments?

The Phase 1 Clinical Trials Program

One of the key benefits for patients at SCCA is access to clinical trials that expand their treatment options. In fact, maintaining a strong clinical trials program is a priority for the organization. As John A. Thompson, MD, explains,

"Our job is to find the most promising new products coming down various research pipelines around the world, and bring these products to our center for our patients. That’s an ambitious goal: To be the first center to test the most promising drug candidates requires that we have a very capable, nimble group that can execute clinical trials well."

The foundation begins, logically enough, with Phase 1. As promising new drugs or biological molecules emerge from research labs, Phase 1 clinical trials are the first tests of these agents in patients. Scientists know a lot about how a new drug works based on experiments in test tubes and animals. In Phase 1 clinical trials, researchers administer the drug to patients to learn about side effects, the amount of drug that can be administered safely, how long the drug stays in the blood/tissue, how well the drug works on the biological process that is being targeted, and whether there are anticancer effects.

In 2008, Martin A. “Mac” Cheever, MD, who heads the Solid Tumor Oncology Program, won a $2.4 million grant from Washington State’s Life Sciences Discovery Fund to create the Phase 1 Clinical Trials Program. Dr. Cheever and Dr. Thompson, who is the director of SCCA’s Phase 1 Clinical Trials Program, assembled a team of research doctors and specialists in the complex administrative aspects of coordinating the research in each trial.

When the Phase 1 program won its initial funding, SCCA effectively matched the state grant with its own funds to create a dedicated suite designed for patients participating in clinical trials called the Clinical Trials Unit (CTU). Optimizing dosages for safety sometimes requires patients to remain in the CTU for up to eight hours for monitoring and blood tests. The CTU features rooms designed to keep patients more comfortable during test drug infusions and other procedures. There are also specialized areas for nurses and research coordinators, as well as laboratory facilities on site.

It all shows an institutional commitment to managing clinical trials at SCCA on a world-class level. Dr. Thompson notes that the number of Phase 1 trials at SCCA rose from two in the program’s initial year, to 30 studies, open and running, in 2013.

The quality of the treatments is also exceptional. Dr. Thompson notes that SCCA is a leading center for testing the immune-boosting antibodies to PD-1/PD-L1. These agents are showing remarkable success in patients with cancers of the lung, skin, kidney, and head and neck, including patients whose cancers are resistant to standard treatments.

In another example, SCCA researchers Sunil R. Hingorani, MD, PhD and William P. Harris, MD worked with the Phase 1 team to develop a new therapeutic approach to pancreatic cancer, emanating from basic research in Dr. Hingorani’s lab at Fred Hutchinson Cancer Research Center. The drug under development “opens up” pancreas cancer tissue to allow better penetration of chemotherapy into the tumor and more effective killing of the pancreas cancer cells. These treatments are just the first wave of a new generation of treatments that hold so much promise for patients.
Solid Tumor Translational Research

A different kind of “transplant” arrived at SCCA this year when world-renowned brain cancer researcher, Eric Holland, MD, PhD, and 10 members of his New York City-based team joined our faculty. Dr. Holland’s research focus is glioblastoma multiforme—a terrible and difficult-to-treat brain cancer. Over 13 years at Memorial Sloan Kettering, Dr. Holland and his team studied the disease in mice and then successfully translated those findings into personalized therapies for human cancer patients.

Now, he heads the Human Biology Division at the Hutch as well as the Solid Tumor Translational Research (STTR) group. STTR’s goal is to replicate their successful approach for brain cancer for other solid tumors, including breast, colon, lung, head and neck, ovarian, pancreatic, and prostate.

What’s unique about STTR is its focus on collaboration. As Dr. Holland put it when he joined SCCA, “I am thrilled at the prospect of working with the world’s leading experts in genome sciences, computational biology, and those involved in the development of novel platforms for delivering innovative therapies to cancer patients. The highly collaborative, multidisciplinary nature of cancer research at Fred Hutch and University of Washington Medical Center (UW Medical Center) provides a solid foundation to build on.”

In response, the excitement about STTR’s potential is palpable throughout SCCA. As Dr. Appelbaum explains,

We are now at the start where we can see the heterogeneity in patients’ tumors. But we also need to understand how those mutations are affected both by individual variations—or polymorphisms—and by the epigenetic changes that occur in cells. Then we will be very good at choosing the right medicines for each patient. That would be the dream.

He adds, “It’s a long road to understanding all of this. And that’s ultimately where we hope Eric Holland and STTR will take us.”

“This is personalized medicine—making decisions that are tailored to the tumor.”

Eric Holland, MD, PhD
Larissa Dhanani

Healing from leukemia and helping others

Larissa Dhanani's battle with leukemia began on a tennis court in Blaine, Washington. Larissa describes herself as "a healthy, active, working mother of three sons. I watched what I ate, didn’t smoke, and ran marathons."

So it surprised her when several bruises she’d sustained during the tennis match had unusually hard centers and didn’t go away. A blood test indicated a diagnosis of Chronic Myeloid Leukemia (CML). “And then,” says Larissa, “our life changed on a dime.”

Larissa’s oncologist referred her to SCCA where she consulted with Vivian Oehler, MD. Her initial treatment was with a tyrosine kinase inhibitor (TKI) called imatinib (Gleevec). Targeted therapy with TKIs has revolutionized CML treatment, enabling most CML patients to avoid the need for a stem cell transplant.

Larissa was not so lucky. Over a period of about two years, her cancer kept mutating, despite changing to another TKI called dasatinib (Sprycel). In January 2011 Larissa progressed to full blast crisis, an acute leukemic stage involving over 95 percent of her white blood cells.

Fortunately, the team at SCCA had taken the precaution of having Larissa and her brother’s tissue typed as possible donors for transplant. One of them—"I call him ‘Donor Doug,’” says Larissa—was a perfect match. She also responded well to the preparatory chemotherapy and received her transplant on April 19, 2011, her husband Asiff’s 50th birthday.

Larissa willingly participated in multiple SCCA clinical trials; she wanted to help other patients. Most significantly, her transplant was administered using only specially selected stem cells from her brother. This protocol is designed to reduce graft-versus-host disease. She also agreed to a study of nilotinib, another TKI, with which she continues as maintenance therapy after the transplant. She says she was happy to participate because “research into developing cures, better treatments, and better drugs is so very important.”

Coming up on three years post-transplant, Larissa is back at home, back at work, and doing well. “With every passing year,” says Dr. Oehler, “the chances of leukemia coming back are smaller.”

“When I got to the hospital, I was crying. The woman at registration said to me, ‘Honey, you didn’t come here to die, you came here to get healed.’ And I just started to get calmer and calmer.”

Larissa Dhanani
Choosing Wisely: SCCA is spearheading efforts to avoid unnecessary treatment practices

How do you best educate patients, and encourage doctors, to rethink medical interventions that are frequently ordered, costly—and unnecessary?

Choosing Wisely is a national program whose aim is to improve patient care by discouraging the use of tests and procedures that are not supported by available evidence—and are, in many cases, harmful. As SCCA executive vice president Norm Hubbard explains it,

"We're systematically trying to make sure that in every stage of our patients' care, we're applying the best evidence to the kind of care that they receive, both the things that should happen to them and the things that shouldn't. Choosing Wisely is focused around things you don't do. Cancer patients shouldn't be admitted into hospitals to treat pain, for example. And why subject patients to unnecessary radiation and the expense of CT scans that won't change the therapy or the outcome of the disease?"

Hutchinson Institute for Cancer Outcomes Research (HICOR) has designed a study for SCCA and members of the SCCA Network on how to best implement Choosing Wisely's suggested changes. HICOR is evaluating the existing patterns of use of these practices and working collaboratively with participating sites to design, implement, and monitor quality improvement programs. An objective of the study is to measure the impacts of these efforts on patients' outcomes as well as their overall treatment costs.

The American Society of Clinical Oncology's (ASCO's) Choosing Wisely recommendations consist of 10 practices physicians and patients should question. For our HICOR studies, SCCA is currently focusing on two of these:

- Not using white cell stimulating factors (CSFs) for patients undergoing chemotherapy at low risk for febrile neutropenia (a condition marked by fever and other signs of infection). Over-used in many cancers, CSFs are both costly (about $10,000 per injection) and can present painful side effects.

- For cancer survivors who have completed treatment and are symptom-free, Choosing Wisely recommends avoiding the use of tumor marker blood tests and advanced imaging tests (PET, CT, and radionuclide bone scans) as part of routine follow-up care to monitor for cancer recurrence.

In terms of the overreliance on costly PET and PET-CT scanning, the current HICOR study is looking at the widely followed practice of continuing intensive screening of breast cancer survivors who are at low risk of recurrence. Says Julie R. Gralow, MD, “ASCO is saying, ‘No study has shown that these tests prolong survival, and they can lead to false positive results that may be harmful, so stop doing them.’” She adds, “In the U.S. what we don’t account for very well—and this is where HICOR has real expertise—is what are the harms from doing this? We’ve got to weigh every practice and its impact on the patient, along with the costs, toxicities, and bad outcomes that result from unnecessary screening. We have to be leaders in delivering efficient health care. This really is a way of protecting the patient.”

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Choosing Wisely Study Participating Sites

- Skagit Valley Hospital
- Confluence Health (formerly Wenatchee Valley Medical Center)
- MultiCare Health System
- Olympic Medical Center
- SCCA on Lake Union and at EvergreenHealth
A multiplicity of research interests—and stunning lymphoma treatment breakthroughs

Oliver Press, MD, PhD has been engaged in finding ways to outwit and destroy cancers for almost four decades—particularly blood cancers, and most particularly, lymphomas. Best known for his breakthrough work in radiolabeled antibodies, Dr. Press has profoundly impacted the lives of countless people, including his patients and the many researchers he has mentored in his lab over the years.

“We have patients whom we treated many years ago—who had failed all conventional treatments—who have now been in complete remission after participating in clinical trials, some of them for 15, 20 years,” he says. “It is so gratifying. Seeing that spectrum of development, from taking treatments that we developed in the lab, tested on cell lines, tested in mice, and then having them be successful with patients: This has been one of the most rewarding aspects of my career.”

“Radiolabeling” refers to a process that attaches a radiation-emitting isotope to an antibody that will bind specific receptors in cancer cells. When injected into patients, they blast the cancer cells with radiation, leaving healthy tissue unaffected. Combined with stem-cell transplantation, this approach has produced some of the best lymphoma cure rates in the world.

This work is just one part of Dr. Press’ research pursuits. His lab is also engaged in investigating other antibody-based methods of delivering drugs and toxins to cancer cells, adoptive T-cell therapy techniques, and targeting “small interfering RNAs to cancer cells.

“We have a group of about 25 researchers in our lab group—and many of them are conducting clinical trials with exciting new agents. Right now at SCCA,” he says, “there are over 30 active clinical trials for lymphomas, not counting transplant trials.” Yet somehow, Dr. Press still finds the time to feed his love of “pure biology.” Outside of work he likes to fish, tidepool, and study native plants. And his lab office has a tank full of toads. “It can get pretty noisy,” he grins.

“I’m a believer that you shouldn’t put all your eggs in one basket. Right now, there are so many exciting developments in cancer research. I think it’s a mistake to make a premature, total commitment to any one area—the fields are constantly evolving.”
CPI succeeds in its first major undertaking—improving care for sarcoma patients

SCCA’s Continuous Performance Improvement (CPI) initiative has seen its first major effort bear fruit during the past year—in transforming the treatment experience of sarcoma patients. Two of the biggest breakthroughs? Reducing wait times for sarcoma patients in the clinics, and enabling new patients to be seen more quickly.

Launched in 2010, CPI aims to enhance patients’ experience of their care, while at the same time improving efficiency. CPI director Camille Rapacz compares the initial steps of process improvement to “peeling back the layers of an onion.” The work began with a design team that included, importantly, patients, as well as physicians and representatives from each of the areas that work with them—from registration to labs to the pharmacy to the clinics.

Says Rapacz, “We got everyone in the room and for six weeks, three days a week, we rewrote and redesigned the work. We defined new ways to deliver care. The idea was to improve the patient experience by bringing as many services to the patient as possible, instead of having them stop on three or four different floors when they would come for treatment.” Among the many changes, one that has been critical has been reconfiguring the schedules of SCCA’s multidisciplinary sarcoma specialists to improve patient access to care.

Robin Jones, MD, MRCP, a sarcoma specialist, also notes that the sarcoma clinic’s diagnostic process has improved. “Because sarcomas affect any part of the body,” he says, “it can be very difficult to triage and decide which doctor the patient should see first. Now we’ve brought the intake person into the clinic with us, so questions get answered right away and patients get seen right away.”

More work remains, says Rapacz, but already, along with reduced wait times, patients’ satisfaction scores have improved. And the volume of sarcoma patients that SCCA doctors are able to see has increased by 20 percent.

“Each of these programs is a unique discipline. You can’t replicate the delivery of care—but you can replicate the thinking.”

CPI Director Camille Rapacz
Garrett Clarke

A big-hearted boy beats a cancer named Bob

Garrett Clarke is “easygoing and kind-hearted and happy-go-lucky,” says his mom Monica. He is six years old. You’d never know from his buoyancy and brightness that he battled a rare and rapidly growing cancer during the past year. Called a rhabdomyosarcoma (RMS), the tumor pushed out of his right eyelid. Garrett named his tumor ‘Bob.’ “Our goal,” says Monica, “was to kill Bob.”

The Clarke family’s ordeal began last April. Two days before his birthday, Garrett’s parents first noticed something amiss. Diagnosed after several tests, the RMS was attached to the tear gland in his eye. The tumor—that close to his eye—was inoperable.

Monica dwells on the positives: the emotional support given by their community; the cancer treatment—and caregiving—Garrett received at Seattle Children’s and SCCA Proton Therapy, A Pro Cure Center; and the fact that Garrett, despite all the inconvenience from the tumor and his chemo treatment, kept bouncing back.

On October 24th, after completing 24 weekly treatments of chemotherapy and five weeks of daily proton therapy, Garrett’s scans were clean. The chemo destroyed the tumor; proton radiation, valued for its ability to target radiation to the cancer and spare healthy surrounding tissues and organs, was used to destroy any residual cancer cells that remained. With any childhood cancer, explains Garrett’s pediatric radiation oncologist Ralph Ermoian, MD, proton therapy gives kids better odds of avoiding the long-term side effects of radiation treatment.

Monica and Garrett’s dad Gregor say they’re grateful for how Dr. Ermoian and the staff at SCCA Proton Therapy worked with Garrett to find a way for him to avoid having to be knocked out by anesthesia for his 25 proton treatments. Many six-year-olds can’t hold still for long enough to ensure the proton beam is spot on. But Garrett was able to show that he could, and his treatment team made special modifications to his immobilization mask to take advantage of his ability to gaze in a direction that was helpful—and further fine-tune the proton beam. “The doctors were impressed with him, and we are, too,” says Gregor.
Launched in mid-2010, SCCA’s ProvenCare® program is reaping tremendous benefits for non-small cell lung cancer (NSCLC) patients who undergo surgery at UW Medical Center. This national pilot study began with six major U.S. medical centers; the program is proving so successful that it has already expanded to a dozen national partners.

ProvenCare follows and hard-wires evidence-based standards in order to minimize unjustified variation in medical care. The ProvenCare lung cancer surgery model promotes a specific care pathway of 38 standard elements that are followed all the way from the first preoperative clinic visit to postoperative phases of care. By adhering to this protocol, explains Renato G. Martins, MD, MPH, “you’re decreasing the variation in care that leads to errors and compromises in patient outcomes. UWMC/SCCA is the leading site in both accrual and compliance to the ProvenCare elements, a testament to our team’s commitment to high-quality and patient-centered outcomes.”

In terms of health care costs, diminished variation in care provides the promise of substantial reduction in the cost to care for someone undergoing lung cancer surgery due to earlier discharge, fewer complications, and fewer readmissions. This is what was found when ProvenCare principles were applied to routine heart surgery. For example, the costs involved in achieving an uncomplicated discharge after pulmonary lobectomy averages around $18,000. However, if a patient has complications and a prolonged length of hospitalization, the cost skyrockets to about $150,000.

But ProvenCare’s value is far more than dollars saved. Douglas Wood, MD, chief of the Division of Cardiothoracic Surgery at UW Medical Center and a co-leader of ProvenCare at SCCA, emphasizes the better outcomes and satisfaction that patients are experiencing. Patients’ active engagement with their care teams is also important. By asking questions when they don’t understand something and agreeing to get family members involved in the treatment plan, the patients themselves contribute to their potential for improved results.
Excited that proton therapy is now accessible to children in our region

Ralph Ermoian, MD is mostly known as 'Dr. Ralph' to his patients and their families. He is one of only a handful of doctors in the U.S. who are board-certified in both pediatrics and radiation oncology. How many years did that take? “Embarrassingly too many,” he laughs. “I credit the phenomenal patience of my wife—she’s a family physician—as I pursued my second residency.”

Dr. Ermoian was working as a civil engineer in his mid-twenties when his mother developed Alzheimer’s Disease. “I spent a lot of time with her doctors,” he says. “Civil engineering is a terrific career. But there was something about the role of a physician in individual people’s lives that drew me.” Pediatrics was his final rotation in medical school, “and I just loved it. Ultimately, I decided I wanted to be a cancer doctor for children.”

“Our goal at SCCA Proton Therapy, A ProCure Center is to have every child in a clinical study. This will range from observational studies—simply following these kids for as long as possible—to Phase II studies, in which we’re looking at the specific effectiveness of protons in treating various tumors.”

Today, Dr. Ermoian is medical director of radiation oncology at Seattle Children’s; he also treats children at SCCA Proton Therapy, A ProCure Center, which opened in April, 2013. His work involves treating children with radiation therapy for a variety of tumors including brain tumors, and conducting research on treatment outcomes. Another focus is working with both kids and adults with blood tumors that require stem cell transplants.

Dr. Ermoian is very excited about SCCA Proton Therapy’s impact in giving patients in our region access to this precise form of radiation therapy. “We’ve become a regional resource, which is fantastic. With proton therapy for kids, very often, the long-term benefits, in terms of reducing side effects, are quite clear.

“Every pediatric patient who comes for protons will be seen and cared for at Seattle Children’s,” he says, “and have a medical home while here. One of the things I love most about my job is working with my extraordinary colleagues at Seattle Children’s. There just aren’t many places that match the combined expertise of our proton radiation therapy with world-class surgeons, medical oncologists, radiologists, pathologists, and many others—truly a world-class team.”
The SCCA Network: Reaching out to patients—and their doctors—throughout the region

The SCCA Network is a core part of our mission. Since SCCA’s founding in 1998 we’ve committed ourselves to helping our community by extending access to improved cancer interventions and advancing the standard of care beyond our Seattle clinics. Currently, we have eight Network Member affiliates and one Community Partner, with locations across Washington state, and one in Montana.

And there’s a lot going on. The SCCA Network not only provides access to the SCCA faculty’s expertise in cancer care, but it also makes clinical trials available, monitors quality standards, keeps doctors abreast of the latest thinking on clinical best practices, and hosts a comprehensive cancer Continued Medical Education (CME) program in partnership with the University of Washington Medical Education office.

But as Network director Cecilia “Cec” Zapata, MS, explains, “it’s all about providing patients with access to the best standard of care and clinical studies, so people with cancer don’t have to travel hundreds of miles if not necessary.”

The access to clinical trials, of course, is an important benefit for patients who are not responding to standard treatments. Due to the regulatory complexity of administering these trials, the Network goes to great lengths to ensure that SCCA’s process is replicated accurately. Says the Network’s medical director, Benjamin E. Greer, MD:

We evaluate the sites before we bring them on as a member to make sure that they have the capability of doing research. Each affiliate receives comprehensive training in following protocols. Then we go to the different disease groups and say, “Do you have research trials that would be appropriate and safe to be done in the community?”

Based on SCCA doctors’ recommendations, and each site’s specific interest, the Network then initiates all of the regulatory compliance and contracting processes to establish the clinical trial for each site. Currently, there are approximately 30 trials already implemented or under development across the SCCA Network.

Additionally, the program has adopted the Network Clinical Performance Program, which is, essentially, a system for standardized quality measurement. Says Zapata, “We are measuring their performance—how they actually provide care—based on the national standards. In fact, they are the identical standards that SCCA is measured against and held accountable for meeting.”

Excellent communication, on an ongoing basis, is the bond that keeps the SCCA Network running efficiently. SCCA stages a strategic retreat each year with each individual Network member. The focus is always a set of specific initiatives that can raise the level of care in oncology throughout that Network member’s community. In addition, there are three phone conferences each month and, when a member requests educational updates on a specific disease or a diagnostic or treatment approach, SCCA will put together a multidisciplinary team to come on site to address those issues.

As Dr. Greer concludes, “Based on the feedback we collect, we believe we have positively impacted the level of care throughout the community. The doctors at our Network sites have an up-to-date understanding of the current standards of practice. And we have accelerated and improved access to clinical trials for their patients.”
A life-changing commitment to combating non-Hodgkin’s lymphoma

Severe back pain prompted Mike Heavey to head to the ER in early 2003. The cause was clear from his CT scan: The lymph nodes that outlined his spine were enlarged. “They had exploded,” Mike says. He was diagnosed with B-cell follicular non-Hodgkin’s lymphoma (NHL).

Mike, who retired as a King County Superior Court judge last year, doesn’t do things by half measures. “I was going to maximize my ability to heal,” he says. In addition to standard Western medical care, he read that diet had a lot to do with spontaneous cancer remissions, so he made radical changes to his lifestyle, including his diet.

Another change that Mike soon made was moving his care to SCCA to be treated by Oliver Press, MD, PhD, when his first oncologist was diagnosed with cancer. “Dr. Press’ name came up whenever I asked an oncologist who they would see if they had NHL,” Mike says. “I now know why.”

Mike’s primary treatment for NHL was rituximab (Rituxan). Rituximab is a chimeric monoclonal antibody against a protein found on the surface of immune-system B cells. B-cell follicular NHL is characterized by a proliferation of these cells. He has been in remission ever since he completed treatment; this type of cancer responds well to this therapy, but is difficult to cure.

Mike credits his commitment to healing his cancer, including a strong focus on the spiritual side of healing, with a different kind of “remission”: The back pain he’d experienced for 30 years disappeared.

In 2006, at the age of 59, he climbed Mt. Rainier for the first time. He has since taken on a number of formidable summits—including, last year, 19,340-foot Mt. Kilimanjaro in Tanzania.

He now sees Dr. Press for annual check-ups. “Hopefully, I’ll die from something else,” he says.
Compassionate
More than ever, as hope for a cure for cancer accelerates, so do the challenges. These include our aging U.S. population, which means a growing number of people are at greater risk of a cancer diagnosis. And our health care system, which continues to fall short in acknowledging—and measuring—how quality in cancer treatment translates into value, both in extending patients’ lives and reducing the costs of treatment.

Critically, as government support in the form of grants and reimbursements for cancer care and research decreases, SCCA’s challenge, to meet patients’ treatment needs and continue our exhilarating pace of research, is to fill these gaps. The best way forward, we believe, is to work with our partners in our community, region—and globally.

SCCA’s vision embraces educating people about proven ways to reduce their risk of cancer. We’re promoting better health in the community at large, including SCCA’s mobile breast imaging MammoVan, sponsored by Safeway, and the SCCA Survivorship Program.

We’re also working with entrepreneurial philanthropists to support creative efforts to raise funding for our initiatives. We welcome volunteers, patient advocates, families, and extended communities to work with us in continuing the work of accelerating hope.

**We invite you to partner with us.**

*“Measuring cancer care quality is a lot harder than you think. Right now, with health care reform, the focus is on paying less—there’s no attention to quality. And with cancer in particular, people don’t know what to measure. So we have to help them.”*

Norm Hubbard, SCCA Executive Vice President
Why we swim

Since 2009, Swim Across America has raised more than $1 million to benefit cancer research at SCCA

Swim Across America (SAA) events are a celebration of cancer patients and survivors. Participants honor loved ones who have battled cancer, and raise funding to help provide better answers to combating this disease. The Seattle chapter dedicates its fundraising efforts to SCCA. Last year, this volunteer organization donated more than $225,000 at its fifth annual Seattle swim, bringing its total gift to SCCA cancer research to over $1 million.

“You have to attend a SAA event, to feel it and see it—to understand our genuine sense of emotional involvement and pride,” says SAA Seattle founder and co-event director David Day. “We’re an energetic community with a singular mission. As volunteers and participants, we may be a small niche, but we’re entrepreneurial and grassroots oriented. That feeling permeates the entire swim.”

Every year since 2009, the numbers of people gathering in early September on the shores of Lake Washington for the Seattle SAA swim have grown. Now, hundreds of people come to pay tribute to the lives of people who have fought and are fighting cancer. These include David and co-event director Scott Whelan, more than 150 volunteers, as well as Olympic swimmers. The swimmers and their supporters make up about 35 teams. Team members train and swim the event together, dedicating their efforts to honor one or more cancer patients. And SAA continues to grow. Last year they added a second SCCA-focused fundraiser: an annual open swim in Moses Lake.

“One of our sayings is, This is why we swim. We’re a fundraiser for cancer research funding first and foremost,” says David. SAA Seattle has chosen to focus its major fundraising efforts on SCCA’s Cellular Therapy Laboratory, integral to the bone marrow transplantation process. “We wanted to target our contributions to make a significant impact.” To recognize SAA’s efforts, the lab was renamed The Swim Across America Cellular Therapy Laboratory last fall.

A second initiative of SAA has been to support pancreatic cancer research at SCCA through funding assistance to the Pancreatic Cancer Specialty Clinic. This support has helped the multi-disciplinary Pancreas Team at SCCA to improve a tissue repository for researchers, initiate investigator-led pilot studies, and support ongoing clinical trials, all work that is challenging to fund through traditional funding methods.

“We’re very proud to be with SCCA,” David concludes. “The people there have been incredibly generous with their time and support, and they work collaboratively with us. Our volunteerism and creative asks from event sponsors enable us to pass forward more of what we earn. This makes us a unique model of the effective use of charitable funds to directly impact a specific project of research at SCCA.”

“You have to attend a SAA event, to feel it and see it—to understand our genuine sense of emotional involvement and pride. We’re an energetic community with a singular mission.”

David Day, SAA Seattle founder and co-event director
Always looking forward

Stan Barer has been deep in the woods with three separate cancer diagnoses over the last two decades. Most recently, he “fought like hell to make it” through a rigorous SCCA clinical protocol for pancreatic adenocarcinoma. Standing here today, Stan credits his survival to the support of his family and “the outstanding care at SCCA”—along with his fighter’s attitude and sense of humor.

Stan lost much of his thumb to melanoma almost 20 years ago, and won his battle with prostate cancer about 10 years ago. “Those cancer cells really like me,” he laughs. “I have been very, very fortunate.”

“Having a near-death experience—when you are fortunate enough to survive it—gives you perspective on the value of life and what your priorities are. Cancer statistics look backward. But when you get cancer, you’re looking forward. The questions, for us as human beings, are Am I going to make it—and how is this going to impact my family?”

There are no screening tests for pancreatic cancer. “My only symptoms were leg cramps. But my primary doctor was a great detective,” says Stan. Finding the cancer took two months of exhaustive tests. The next day Stan met with SCCA’s Paul Lange, MD, who had treated his prostate cancer, to discuss his options.

He decided to take part in a SCCA Phase II protocol initiated by Sam Whiting, MD and since pursued by Andrew Coveler, MD. “My first reaction was, ‘Let’s get it out right away.’” Stan says. But this clinical study didn’t take that route. As Dr. Coveler explains, “The standard-of-care for pancreas cancer is surgery, followed by about six months of chemotherapy (gemcitabine) and a consideration of radiation therapy. The success of this regimen is not very good.”

Stan’s protocol started with a series of chemotherapy and radiation treatments prior to surgery, and then more chemotherapy afterwards. He completed treatment in May 2011; his early diagnosis and successful treatment mean that the cancer did not have a chance to metastasize.

Throughout his career, Stan has clearly made his mark—as an attorney and businessman, in U.S.-China trade relations and environmental initiatives, and as a former Regent of the University of Washington. “What I am most proud of is my family,” he says, adding, “We are very fortunate to have SCCA and the Hutch here in Seattle.”
Inaugural Cancer Care Champions

In 2012, SCCA launched a gift recognition program, Cancer Care Champions, which acknowledges generous donors who give $1,000 or more annually to our programs. We would like to recognize our inaugural members who gave in 2012, 2013—or both. On behalf of our patients, our staff, and our partners, thank you for your support! For more details, please contact champions@seattlecca.org.

Please join us in accelerating hope at SCCA.

Your gift to SCCA will help us transform lives, as we work to advance the standard of care for cancer patients everywhere—and provide SCCA patients with the most targeted and effective treatments available.

Donors to SCCA provide critical funding for:

- Advancing SCCA’s breakthrough clinical studies
- Helping SCCA provide supportive care services to our patients and families
- Providing a home away from home at the SCCA House
- Sustaining SCCA initiatives that promote cancer prevention and survivorship
- Supporting SCCA’s areas of greatest need

Every gift can be made as a memorial or tribute to a loved one, doctor, nurse, or other caregiver.

You can also join the SCCA community by becoming a volunteer, or hosting a fundraising event.

We’re committed to reaching as many patients as we can—your generosity helps make this possible.

To learn more about giving and volunteer opportunities, including making memorial and tribute gifts, and participating in SCCA community events, please visit our website at www.seattlecca.org/donate or contact us at (877) 308-3117.

Inaugural Cancer Care Champions

$250,000 – $499,999

The Safeway Foundation*

$100,000 – $249,999

Mr. and Mrs. William Boden
The Madhouse Project*
Swim Across America*

$50,000 – $99,999

Delta Dental of Washington*
Muckleshoot Tribe of Indians*
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$25,000 – $49,999

Drive Fore the Cure Northwest Foundation
Wings of Karen

$10,000 – $24,999

Carl and Renee Behnke*
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The Delman Family*
Elizabeth and Steven Deutsch
Donna's Tournament
Eastside Catholic School,
Eastlake High School
and Skyline High School
Ecotex Healthcare Linen
Dr. Sherman Ely
Eskennazi Hagen Family
Mr. and Mrs. Robert C.
and Vera Ellen Fahl*
The Ferguson Family
Ferguson Family Charitable Fund*
Janice L. Ferguson*
Foster Pepper PLLC
Mrs. Margaret Freitag
J. James and Margel Gallagher
Michael and Lynn Garvey
Kent Gavin
Deborah and Mark Gentzen*
Mr. and Mrs. Ralph & Bea Gilfilen*
The Giustina Foundation
In memory of Jason Glickman
GMS Metal Works Inc
Mr. and Mrs. Robert S. Gordon*
Greenbaum Home Furnishings
Ms. Cheryl Grimm
Mark Groudev and Cynthia Putnam*
Mr. Ramiro Gutierrez
Mark and Dana Hagenbaugh
Mit and Maureen Harlan*
Ms. Jessica Harlow
Mr. and Mrs. Gordon L. Harman
Brian and Kristin Hartnett*
George Heidorn and Margaret Rothscild
Iva and Lawrence Hirsch
Mrs. Loretta A. Hogg
Ms. Karyn R. Honigsfeld
Norman E. Hubbard*
Mr. Thomas Hull
Annual Hutch Winter Craft Fair
The Jagels Family
Jonelle M.C. Johnson*
Rich and Aimee Jones*
Jump for the Cure
Mr. and Mrs. John F. Kasse
Cynus Kazemi
The Kemper Freeman Foundation*
Kent School District #415
Edward B. “Ted” Kibble
James and Carol Kibble
Kitsap Destruction Derby Association*
Mr. Jamie Robert Korte
Mr. and Mrs. Ralph R. Krueger
Kvichak Marine Industries, Inc.*
Walter and Wilma Laita
Brian and Diane Langstraat
Dr. and Mrs. Edward C. Last
Mr. and Mrs. Kenneth D. Lawson*
Tom and Janet Leeds*
Lemon Aid 4 Life
LeRoss Family Foundation*
Janet Lefler and Will Poole*
Mr. Harry Linker*
Mr. Eric Lippke
Kristine A. Logan*
The Lookout Foundation, Inc.*
Low Pressure Promotions, LLC
Mr. and Mrs. Jeffrey A. Lubeckin
Scott F. Lundberg
Rob MacAulay and Keri Ellison*
Mr. Murdock MacPherson
Employees of Nissan
Lisa Magnusson*
David and Ruth Mahan*
Kristen Mattoni
Jeremy and Linda Mattox*
Cal McAusland
Caron and Richard McCune*
Kimberly McNally &
Mark Saliek, M.D.*
Meridian Valley Country Club
Women's Division*
Ms. Cheryl Meyer
Robert Middelburg
Mr. Andrew Miller
John and Camille Mills*
Wendy and Paul Mitsuyama
Mr. and Mrs. Scott Morris
Shan and Lee Mullin*
Bill and Mary Ann Mundy
The Newsome Family
Ms. Alice E. Nordwall
NW Spokes 4 Hope
Tom and Miggie Olsson
Wallace and Nicola Opdycke
Ms. Jane Palmer
Chuck and Lynn Patten
Nat and Poo Postrich
Research Support Services Inc.
Mr. Jonathan Tingstad*
Mr. and Mrs. Wade Price
Brooks & Suzanne Ragen*
Mr. Kartik Raghavan
Kathy Randall
Research Support Services Inc.
Team R4C — Riding for Cures
In honor of Donelle Ruzutto
and In Memory of Bill Dore
Sharon Romm, M.D.*
Bruno and Jackie Rudolph
The Runstad Foundation
Mr. and Mrs. Jon Runstad
Ms. Mary Jo Ryan
Sal’s Babeshop
Mr. and Mrs. Scott & Kelly Saunders*
Kevin and Linda Schemm
The Schneider Family Foundation*
Seattle School of Chen Style Taijiquan
Mr. and Mrs. Howard Seelig
Ron and Sharon Selset
Mr. and Mrs. Shahryar Shahrivar
Martin and Kari Shelle
Mr. and Mrs. Richard Shinstrom
Skagit Farmers Supply
Eugene Skiffington
Mr. and Mrs. Burton Smith
David G. Smith
Karen Marcotte Solimano
& James P. Solimano*
Mr. and Mrs. Jim K. Specht
Justin & Kathryn Speyer
Alexander C. and Tillie S. Speyer
Foundation
Mrs. Johnee Spisso and
Dr. Ross Hartling*
Mr. John Sourfe
Mr. Donald Stabbert
Dr. & Mrs. F. Bruder Stapleton*
In memory of John and
Louise Steegstra*
Ms. Gail St. Peter
Gary J. Strauss Estate
Tim and Kara Sullivan
Myra Tanita*
Mr. David Todd
Dr. Traube and Dr. White
Frank and Betty Vandermeer*
VitalSource Staffing, LLC
Mrs. Keith A. Vormsberg
Washington State Combined
Fund Drive*
Grace and Elliott Wilson
Keith and Debbie Winkle
Mr. Will Weinstein
Todd Wood
Mr. and Mrs. Richard Yarmuth
Mrs. Glen B. Youell
and In Memory of Bill Dore
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Mr. Will Weinstein
Todd Wood
Mr. and Mrs. Richard Yarmuth
Mrs. Glen B. Youell
* denotes donors who gave
in both 2012 and 2013
2013 community benefits in brief

SCCA devotes approximately nine percent of its operational costs to benefit our community (per the calculations of the IRS Schedule H). For the fiscal year 2013, this amounted to more than $34.7 million. During this period, SCCA funding for uncompensated care alone totaled more than $21.6 million.

We have also continued to invest significantly in education for our health professionals and research. At SCCA, so much of what we do to give back to our community goes beyond the expected, including the volunteer efforts made by our professionals, the health and nutrition programs we subsidize, and our Family Assistance Fund, which helps ease the financial strains that cancer treatment places on families.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncompensated patient care to SCCA patients</td>
<td>$21.6 million</td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations</td>
<td>$2.25 million</td>
</tr>
<tr>
<td>Health professions education</td>
<td>$4.0 million</td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>$.43 million</td>
</tr>
<tr>
<td>Family Assistance Fund</td>
<td>$.39 million</td>
</tr>
<tr>
<td>Research</td>
<td>$4.74 million</td>
</tr>
<tr>
<td>Cash and in-kind contributions</td>
<td>$1.66 million</td>
</tr>
<tr>
<td>Number of patients seen by MammoVan</td>
<td>4,400+</td>
</tr>
<tr>
<td>Hours contributed by SCCA volunteers each month</td>
<td>16,722</td>
</tr>
</tbody>
</table>
### Community Benefits Allocations

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncompensated Care</td>
<td>62%</td>
</tr>
<tr>
<td>Community health improvement services and community benefits operations</td>
<td>6%</td>
</tr>
<tr>
<td>Health professions education</td>
<td>12%</td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>1%</td>
</tr>
<tr>
<td>Research</td>
<td>14%</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit</td>
<td>5%</td>
</tr>
<tr>
<td>Financial Assistance and certain other community benefits at cost</td>
<td>100%</td>
</tr>
</tbody>
</table>

Camp Korey, part of SCCA’s Community Benefit program
### Financial Overview
*Source: audited financial statements, board report*

#### Statement of Operations

<table>
<thead>
<tr>
<th>FISCAL YEAR (IN THOUSANDS)</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$346,578</td>
<td>$393,731</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>324,716</td>
<td>363,819</td>
</tr>
<tr>
<td>Income from Operations</td>
<td>21,862</td>
<td>29,912</td>
</tr>
<tr>
<td>Non-operating Income</td>
<td>8,502</td>
<td>(23,334)</td>
</tr>
<tr>
<td>Net Income</td>
<td>$30,364</td>
<td>$6,578</td>
</tr>
</tbody>
</table>

#### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td>$258,197</td>
<td>$295,071</td>
</tr>
<tr>
<td>Assets Whose Use is Limited</td>
<td>9,207</td>
<td>9,643</td>
</tr>
<tr>
<td>Property, Plant, and Equipment, Net</td>
<td>111,351</td>
<td>109,337</td>
</tr>
<tr>
<td>Other Assets</td>
<td>36,842</td>
<td>26,934</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$415,597</td>
<td>$440,985</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$50,406</td>
<td>$56,431</td>
</tr>
<tr>
<td>Long-term Liabilities</td>
<td>103,179</td>
<td>101,492</td>
</tr>
<tr>
<td>Net Assets</td>
<td>262,012</td>
<td>239,062</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$415,597</td>
<td>$440,985</td>
</tr>
</tbody>
</table>

#### Key Statistics

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated Patients</td>
<td>5,599</td>
<td>6,200</td>
</tr>
<tr>
<td>Patient Visits</td>
<td>72,300</td>
<td>74,804</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>6.3%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>
### Revenues

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue</td>
<td>100%</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>6%</td>
</tr>
<tr>
<td>Non-Operating Income</td>
<td>-6%</td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation</td>
<td>26%</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>34%</td>
</tr>
<tr>
<td>Supplies</td>
<td>25%</td>
</tr>
<tr>
<td>Depreciation, Amortization, and Interest Expense</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>
Governance

Member Representatives

Larry Corey, MD
President and Director, Fred Hutchinson Cancer Research Center; Professor, UW Department of Laboratory Medicine

Thomas Hansen, MD
Chief Executive Officer, Seattle Children’s

Paul Ramsey, MD
Chief Executive Officer, UW Medicine; Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of Washington

SCCA Executive Management Team

Fred Appelbaum, MD
Executive Director and President: responsible for general administration and management of SCCA operations; Deputy Director and Executive Vice President, Fred Hutchinson Cancer Research Center

Norm Hubbard
Executive Vice President: responsible for overall strategic leadership and operational management of SCCA

David Ackerson
Chief Information Officer and Vice President: responsible for Information Technology, Clinical Information Systems, Information Security, Health Information Management, Enterprise Project Management, Continuous Performance Improvement, and Decision Support

Debby Gentzen
Chief Strategy Officer and Vice President: responsible for Strategy, Business Development, Marketing, Public Relations/Media, the SCCA Network, Program Management, Proton Therapy, and Research Integration

Barbara Jagels
Vice President, Quality, Safety & Value/Chief Quality Officer: responsible for Infection Prevention, Patient Safety, Outcomes (including Patient Satisfaction), Regulatory Affairs, and Risk Management/Patient Relations.

F. Marc Stewart, MD
Medical Director and Vice President, Clinic & Lab Operations: oversees clinical care and conducts quality monitoring of medical practice on behalf of SCCA; responsible for SCCA outpatient clinics and clinical laboratories.

Jonathan Tingstad
Chief Financial Officer and Vice President: responsible for Finance, Revenue Cycle and Payor Relations, Patient Accounting, Facilities, and Patient Access

At SCCA, we’re focused on delivering value to our patients and their families. SCCA’s oncology care delivery system is one of the best in the world—providing high-quality, cost-effective, safe clinical care with superior outcomes. We are working with our three founding organizations to anticipate the future of oncology, and positioning SCCA to continue on the leading edge of cancer treatment.

SCCA is doing extremely well; we’re pushing forward to do even better.

Robert Bakemeier, Board Chair
SCCA’s affairs are governed by an 18-member Board of Directors. Each founding organization appoints six of the 18 directors, with at least four of the six directors required to be community representatives. 2013 Board members include:

**Robert Bakemeier**  
*Chair; Chair, Board Executive Committee; Seattle Children's Board of Trustees; President, Bakemeier Law Firm*

**Carl Behnke**  
*Vice Chair; Chair, Board Compensation Committee; Chair, Board Governance Committee; President, REB Enterprises, Inc.*

**Kimberly McNally, MN, RN**  
*Secretary; Chair, Board Patient Quality, Safety & Service Committee; UW Medicine Board; President, McNally & Associates*

**Richard McCune**  
*Treasurer; Chair, Board Finance, Investment & Audit Committee; Fred Hutchinson Cancer Research Center Board of Trustees; Partner, KPMG LLP (retired)*

**Brooks Ragen**  
*Immediate Past Chair; Chair, Board of Directors, McAdams Wright Ragen & Manzanita Capital*

**Lisa Brandenburg**  
*President, Seattle Children’s Hospital*

**Mike Delman**  
*Seattle Children’s Board of Trustees; Corporate Vice President, Microsoft (retired)*

**Mark Groudine, MD, PhD**  
*Executive Vice President & Deputy Director, Fred Hutchinson Cancer Research Center; Professor, Radiation Oncology, UW School of Medicine*

**Jonelle M.C. Johnson**  
*Chair, Board Facility Committee; Consultant, Nordstrom*

**Rich Jones**  
*Chair, Board Integrity Committee; Vice Chair, UW Medicine Board; President and CEO, Washington Society of Certified Public Accountants; Partner, Ernst & Young (retired)*

**Robert MacAulay**  
*Principal, Meriwether Partners LLC (retired)*

**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 Advisory Board*

**Shan Mullin**  
*Partner, Perkins Coie LLP*

**Johnese Spisso**  
*Chief Health System Officer, UW Medicine; Vice President for Medical Affairs, University of Washington*

**Bruder Stapleton, MD**  
*Chief Academic Officer & Senior VP, Seattle Children’s; Ford/Morgan Professor & Chair, Department of Pediatrics, UW School of Medicine; Associate Dean, UW School of Medicine*

**Myra Tanita**  
*Executive Vice President and Chief Operating Officer, Fred Hutchinson Cancer Research Center*

**Richard Yarmuth**  
*Partner, Yarmuth Wilsdon PLLC*
SCCA unites doctors from Fred Hutchinson Cancer Research Center, UW Medicine, and Seattle Children’s. Our vision is to lead the world in preventing and treating cancer—and to give our patients the best possible options for surviving this disease.