Seattle Cancer Care Alliance (SCCA) is a world-class cancer treatment center bringing together doctors from three internationally renowned institutions: Fred Hutchinson Cancer Research Center, UW Medicine, and Seattle Children’s. Together these organizations form the only National Cancer Institute-designated comprehensive cancer center in the Northwest. We offer the latest treatments, leading-edge studies, state-of-the-art prevention and early detection services, and the best hope for a cure.

This report will introduce you to our extended community, and will highlight stories about our patients and doctors. The SCCA family begins with the approximately 155,000 patients whom we’ve cared for since 2001 and their families. It also includes more than 300 cancer specialists from our founding institutions. Their unique expertise and accomplishments continue to contribute to our global reputation as a leader in the fight against cancer.

Together with our professional staff in Seattle and SCCA Network Members in 11 medical centers throughout the greater Northwest, our combined team numbers almost 1,500 strong. And when you add to that the hundreds of volunteers and donors who give so generously, you’ll see what a broad and dedicated community SCCA encompasses.

We’re extremely proud of the strides made by SCCA over the past 10 years in curing patients—and saving thousands of lives. The vision that first launched our organization could never have become a reality without the remarkable commitment, courage, and contributions of our community.
SCCA’s tenth anniversary comes at a pivotal moment for cancer research and treatment. Scientists today have achieved breakthroughs that were the stuff of dreams a mere generation ago. At the same time, our population has never had such a large percentage of people over the age of 55, when the incidence of cancer increases by a factor of ten.

A cancer diagnosis poses a dire threat not only to individuals’ health, but also their psychological and financial well-being—and that of their families. With approximately 10,000 people turning 65 every day in the U.S., this translates to an enormous social burden. And, we confront this challenge while we are in the midst of a revolution in the way our health care system is organized and paid for.

As a care-giving organization with a unique history and accomplishments, SCCA is ideally positioned to take a leadership role in creating solutions. Backed by the resources and intellectual horsepower of our three parent organizations—Fred Hutchinson Cancer Research Center, UW Medicine, and Seattle Children’s—SCCA came into being with an exceptional pedigree. In our first 10 years, SCCA has achieved broad recognition as the leading resource for the treatment of cancer in the Pacific Northwest. Other principal accomplishments include:

» We now treat more than 5,000 new patients annually for a broad range of cancers.

» We are among the top U.S. centers in one-year survival rates for bone marrow transplants, and achieve consistently superior survival rates for other cancer treatments.

» SCCA’s treatment space has tripled, including state-of-the-art research facilities; linear accelerators; a proton therapy center at Northwest Hospital scheduled to open in 2013; and our mobile mammography unit.

» The SCCA Network, our regional affiliation of cancer care providers, has grown to encompass 11 facilities throughout the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) region.

“When I became chairman of the Board in July of 2010, I wanted to strengthen the bonds between SCCA and its founding organizations—Hutchinson Center, UW Medicine, and Seattle Children’s. Each has a fabulous pedigree in its own right, and the synergy of these organizations working together creates amazing potential for the future.”

—Brooks Ragen, Board Chair

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—Brooks Ragen, Board Chair
In the remainder of this letter, we’ll discuss the spirit of SCCA that enabled us to achieve these results over the past decade. We’ll also share some key elements of our vision for the next 10 years. Frankly, it’s impossible to discuss the future of medical care without acknowledging that the current cost structure is not sustainable. Our scientific vision cannot become a reality unless we demonstrate clear thinking on the economic front. So be prepared to read some hard facts about funding.

It takes a community to cure cancer

The key metric in any discussion about cancer treatment is survivorship. We attribute our excellent clinical outcomes to the spirit of teamwork that inhabits SCCA. Successful cancer treatment requires skills in many disciplines that no single physician, or even a small group, could possibly possess. SCCA is populated with a community of scientists who conduct research and also see patients in the clinic.

Our team members meet on a frequent basis in working groups that are organized by disease. For example, our acute leukemia group meets every Friday at 9 a.m. We generally attract about 30 people, including clinicians who treat the patients; a biostatistician who helps us understand the epidemiology of the disease; a cytogeneticist who focuses on what the chromosomes look like in leukemia; and representatives of many other relevant disciplines. Our research nurses also come to the meetings. Their constant presence in patients’ lives places them in a unique position as observers. By sharing perspectives and compiling data, we are able to constantly improve our treatment protocols.

For instance, over a 10-year period we were able to cut in half the negative outcomes in our bone marrow transplant program. In studying our data we concluded there was no single innovation that accounted for the improvement. Instead we had made multiple advances on many fronts. We developed better anti-viral and anti-fungal therapies; we learned to do a better job of donor matching; and by noticing the dramatic differences in patients’ blood levels, we have been able to fine-tune dosages of chemotherapy, depending on how each patient metabolizes the drug.

As a result of our persistent commitment to improvement, our overall survival rate has dramatically improved.

This approach is totally consistent with that of Hutchinson Center founder, Dr. E. Donnall Thomas, who won the Nobel Prize for his work on bone marrow transplants. Don recently spent an evening with several first-year fellows. One of them asked, “Did you ever think that transplantation wouldn’t work? Was there ever a moment you wanted to give up?” Don explained that he never got discouraged because he always had another experiment, another approach, another solution he could try.

Don’s spirit of persistence and commitment to patients informs our vision for fighting cancer over the coming decade. We believe that new diagnostic tools such as proteomic measures or levels of micro ribonucleic acid (RNAs) in the peripheral blood will enable us to detect cancer earlier than ever before. Primary care doctors will include these markers for cancer in their patients’ annual blood tests. For example, if a woman tested positive for breast cancer, we would find it at an early stage and remove it. Then she could be vaccinated so that her immune system would attack any new tumor in case of a recurrence.

That would be a cost-effective way to treat cancer. And it’s doable over the next 10 years. It won’t be 100 percent effective the first time we do it, but like Don, we’ll build on our successes and keep finding ways to solve problems until we’re successful all the time.

“SCCA has a fine reputation among our peers and we are proud to be considered among the nation’s premier cancer treatment organizations, such as MD Anderson, Dana Farber, and Sloan-Kettering.”

—Brooks Ragen, Board Chair
Honoring our obligation to bring treatment innovations to patients

Going forward, contending with the cost of delivering the existing standard of care presents a tremendous challenge that we are tackling on a number of fronts. A key initiative is developing meaningful quality standards for every type of treatment. For example, what’s the best practice for patients who have failed second-line chemotherapy? No one wants to deny patients a therapy that would help them—and certainly not on the basis of cost. But if evidence shows that a third round of chemo typically produces a worse result than palliative care, isn’t it best to approach these patients with informed compassion? The truth is that the ethical decision isn’t always the most expensive treatment: This is a reality all of us must learn to accept.

We also have the opportunity to save substantial amounts of money and actually improve patients’ experiences by enhancing our understanding of the genetics of each individual’s cancer. Whether you call this “personalized” medicine—or “rationally driven” medicine, which is the term that we prefer—the key point is that knowing the details of the germ line of patients’ cells, and how their DNA has been shaped by experience, we can eliminate a lot of trial and error, and proceed with the correct treatment right away.

There’s a large and steadily growing group of donors who support us with their hard-earned dollars, and this support has been critical to everything we’ve accomplished at SCCA. However, the challenge of obtaining government and institutional resources is becoming so difficult that our need for community investment and support can only increase. The potential of imminent scientific breakthroughs simply adds to our mandate to use our resources wisely so we can take advantage of these opportunities. We know that those of you who are current and future donors are well aware of these economic realities, and we deeply appreciate your consideration.

We also want to acknowledge our fabulous community of volunteers. You currently contribute more than 1,500 hours of your time each month. We can’t thank you enough.

In conclusion, we hope this report will give you a sense of SCCA’s excitement about the future. While we take great pride in our accomplishments of the last 10 years, the real focus here is a solemn resolve to meet every challenge that lies ahead. Cancer is a lethal disease, and all of us have a sober view of how much more remains to be done. As many people as we’ve helped in the last decade, it’s really about how many we can help tomorrow.

FRED APPELBAUM, MD
Executive Director & President

NORM HUBBARD
Executive Vice President
Ten Years of Clinical Accomplishments
Cancer never rests—and neither can we. Researchers from SCCA’s three founding institutions, physicians, and scientists across many disciplines, build on our knowledge of effective treatment every day.

Many of our greatest advances have been the result of one astonishing insight, pursued with almost superhuman tenacity. Over the past decade, the brilliant, painstaking work of our physician researchers has continued to change the course of cancer prevention, detection, and treatment, and give SCCA patients the opportunity to live longer, healthier lives.

Pioneering work in gene mapping at Hutchinson Center and UW Medicine is expanding our understanding of prostate and breast cancer. Doctors at Seattle Children’s and Hutchinson Center are investigating the use of radioisotopes in treating cancers in children and young adults. We are breaking new ground in cancer vaccines, lymph node mapping, imaging techniques, and early detection.

These advances would not be possible without our patients. Every SCCA doctor has been witness to the enormous generosity of our patient volunteers in clinical trials.

Here are some of the highlights of SCCA’s past decade of clinical accomplishments:

**A leader in adoptive immunotherapy**

The field of immunotherapy has the potential to revolutionize cancer treatment. It relies on the body’s own healing powers, rather than toxic agents, to defeat the disease. Dr. Cassian Yee is on the forefront of this discipline. His treatment regimen involves cloning a patient’s own T-cells, enhancing them to target a specific antigen, and then transplanting billions of them back into the patient. This approach, says Dr. Yee, “can have better results and far fewer side effects for patients than current chemotherapy drugs or radiation treatment.”

Dr. Yee and his team have already achieved promising clinical results, including cancer-free, long-term remissions in two patients with refractory metastatic melanoma. Says Dr. Yee, “Our T-cell research program has gained a lot of momentum recently, both from the research aspect and with funding from donors and the National Institutes of Health. We continue to work in melanoma, but have also made inroads into other cancers, including advanced ovarian cancer.”

**A revolutionary tool that “illuminates” cancer cells for surgeons**

Imagine a new tool for surgeons that can help them be 500 times more precise than MRIs in distinguishing between cancer cells and normal cells. This was Dr. Jim Olson’s vision; he and his team of researchers at Seattle Children’s and the Hutchinson Center made it a reality. Their tumor paint is a scorpion-derived peptide called chlorotoxin that binds to brain tumor cells and literally lights them up. For the first time, surgeons can see tumors “live” during surgery.

Now imagine what this means for patients in terms of accuracy and safety. Applicable to many cancers, the paint is especially helpful in removing brain tumors. Approximately 80 percent of malignant brain cancers recur at the edges of the surgical site. Tumor paint also enables surgeons to avoid removing normal tissue. A pediatrician and researcher at UW Medicine, Dr. Olson studies and develops new therapies for children’s brain tumors and genetic abnormalities. “My greatest hope is that tumor paint will fundamentally improve cancer therapy,” he says.

**Children are living longer with pediatric bone marrow transplants**

SCCA doctors continue to develop innovative approaches to bone marrow transplants to make them safer, more accessible, and more effective. The result has been a steady climb in survival rates in children and teens who undergo this procedure.
Many of our pediatric patients who cannot find a donor any other way have benefited from stem cells derived from umbilical cord blood. By 2006, about 50 children had received cord blood transplants at SCCA. Thanks to the outstanding research of Colleen Delaney, MD, in this area, the source of stem cells is expanding, leading to the growth of the transplant donor pool, and making stem cell transplants available to a greater number of patients. This can be especially important for ethnic minorities and those who have mixed ethnicity or unusual tissue types—in all these cases, it’s more difficult to find a suitably matched donor.

Helping children with nonmalignant diseases, stem cell transplants may also help treat immune deficiencies, autoimmune diseases like juvenile rheumatoid arthritis, and blood diseases, like sickle cell disease. Even infants may benefit from transplantation.

“Our results here are the best in the world,” says Dr. Jean E. Sanders, pediatric blood and marrow transplant specialist, about stem cell transplants for infants with acute lymphoblastic leukemia.

“We’ve come tremendously far in the past 10 years in terms of developing safer transplant regimens as well as expanding donor choices,” says Dr. Lauri Burroughs, an SCCA pediatric blood and marrow transplantation specialist.

Over the last decade, doctors at the Fred Hutchinson Blood and Marrow Transplant Program at Seattle Children’s and SCCA have performed more than 577 bone marrow transplants in children and teens. The most recent data reveal excellent survival rates, even in children who present the toughest cases. For example, nearly 25 percent of these transplants were more difficult “unrelated donor” procedures. Transplantation remains risky, but we’re making advances in a multitude of critical ways.

A huge leap forward in breast cancer detection

Many times, significant strides in medical science come about through investigating what may seem obvious in hindsight. Dr. Constance Lehman’s landmark study accomplished just that. She and her team investigated MRI use in women with a diagnosis of cancer in one breast. In her
study, MRI scans of these women detected over 90 percent of cancers in the other breast that were missed by mammography and a clinical breast exam at the time of the initial diagnosis. Adding an MRI scan to the initial evaluation effectively doubled the number of cancers immediately found in these women.

In conjunction with this news, the American Cancer Society announced new recommendations for the use of MRI for women at increased risk for breast cancer. “We can now identify the vast majority of contralateral cancers at the time of a woman’s initial breast cancer diagnosis,” says Dr. Lehman, who is director of breast imaging at UW Medicine and SCCA. “This means that instead of these women having another cancer diagnosis years after their initial treatment, we can diagnose and treat these opposite breast cancers right away.”

**VATS: Less invasive lung surgery**

Video-assisted thoracic surgery, or VATS, is a radically different approach to chest surgery that has evolved significantly over the last two decades. A less-invasive alternative for lung cancer patients, VATS enables doctors to perform chest surgery through two to four small incisions, most less than an inch long. A camera inserted through one of the incisions guides their work. Here in Seattle, a team led by UW Medicine’s Dr. Michael Mulligan continues to expand the number of different kinds of lung cancers that are good candidates for VATS.

VATS is a vast improvement over traditional open-chest surgery, in which surgeons generally make about an eight-inch incision, cutting through muscle and cutting or spreading apart the ribcage. VATS patients recover far more quickly, typically with far less pain. And, reports Dr. Mulligan, “patients who’ve had a videoscopic approach as compared to a traditional approach tolerate any needed chemotherapy after surgery much better: They’re less beat up by the procedure.” Mulligan is a world-class practitioner of VATS; he and SCCA are committed to fine-tuning this technique—and training other surgeons across the country to make it available to more lung cancer patients.
Five–year Survival Rates of SCCA Patients are Highest Among Cancer Programs Nationwide

Patients treated by SCCA for many types of common cancers have higher five-year survival rates than those treated by most other academic medical centers and community hospitals according to data compiled by the National Cancer Data Base (NCDB).

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. Notably, the five-year survival rates of SCCA patients with these cancers and their disease stages were higher than most of those of cancer patients treated at the 235 academic research hospitals from which the NCDB collects data.

“We are delighted that our survival rates were so good, especially because these patients were treated 10 or more years ago, and treatment was based on what was considered the state of the art in cancer care at the time,” says Dr. David Byrd, SCCA associate director of surgery. “When compared to other teaching hospitals the NCDB tracks, we did even better than we had hoped.”

Byrd said the data also reinforces his belief that where cancer patients are treated first matters.

“We really think that the best time to cure a cancer, or have the best survival statistics, depends on how the patient is treated initially, from the time of diagnosis.”

Byrd says he is confident that subsequent survival-rate reports will continue to show SCCA at the forefront because of our ongoing commitment to providing patients with research-based treatments and clinical trials of the latest drugs and other therapies.

The NCDB’s survival curves provide overall survival estimates for selected cancer sites at one, two, three, four, and five years from the date of diagnosis. The curves show the percent of each patient group alive at these different time points. We’ve reproduced the data for two different groups of patients—treated for stage I breast cancer and stage II colon cancer—at right.

We encourage you to visit our website at www.seattlecca.org/survivalrates. You can learn more about the methodology applied by the NCDB—and the remarkable survival rates of SCCA patients diagnosed with several types of cancer, including breast, colon, leukemia, lung, lymphoma, melanoma, myeloma, and prostate.

“In areas such as bone marrow transplantation, we have very carefully measured outcomes. Over the last 10 years, SCCA has consistently been better than what the 95 percent confidence limits would predict for all transplant centers in the country.

“We beat these confidence limits better, more often, than any other transplant center in the country. And our outcomes continue to improve. Why? It’s not because of any one innovation, it’s because of multiple advances on many, many fronts.”

—Dr. Fred Appelbaum, Executive Director
Observed Survival: Stage I Breast Cancer Rates

Five-year survival rates for stage I breast cancer patients treated by SCCA compared to patients who were treated for stage I breast cancer elsewhere. This information was collected by the NCDB for patients who were treated between 1998 and 2002 and followed for five years.

Observed Survival: Stage II Colon Cancer Rates

Five-year survival rates for stage II colon cancer patients treated by SCCA compared to patients who were treated for stage II colon cancer elsewhere. This information was collected by the NCDB for patients who were treated between 1998 and 2002 and followed for five years.

H. Joachim Deeg, MD

Joachim Deeg believes in seizing the moment when he senses an opportunity to communicate with patients. “I can be very spontaneous,” he says, “talking through difficult problems without necessarily arranging for a formal meeting with various other participants. This may at times be challenging to nurses and other attending physicians; however, I believe the patients appreciate it.”

A self-described adventurer, Dr. Deeg focuses in the laboratory on an enigmatic condition called myelo-dysplastic syndrome or MDS. MDS is an umbrella term for a several different diseases where the bone marrow doesn’t function normally. About one-third of the time, MDS patients develop leukemia, so the disease used to be referred to as “preleukemia.”

In addition to its different manifestations, MDS is also puzzling in the way it progresses to cancer in individual patients. Says Dr. Deeg, “It is not clear what triggers the switch from a disease where the most prominent finding is actually an excessive rate of cell death—apoptosis—to a disease where the most prominent finding is an exaggerated proliferation of cells. That is a very intriguing question, and that is really where my work is centered.”

He’s also excited by the opportunity that SCCA provides to combine clinical work with ample time in the laboratory. “It’s a privilege to be here,” he notes, “but with that comes also an obligation to strive for the best.”

- Seattle Cancer Care Alliance/University of WA Medical Center
- Academic/Research Hospitals
- Comprehensive Community Cancer Centers
- Community Cancer Centers
Organizational Accomplishments: A Decade of Growth, Recognition, and Giving Back
So much is required in furthering a great organization and measuring its progress. SCCA impacts patients and their families in countless ways. Without question, the ultimate yardstick for SCCA is patients’ lives saved. This goal is made possible every day by our efforts in growing and sustaining SCCA as a world-class cancer treatment center.

Over the past decade, SCCA has experienced significant growth in virtually every sense of the word. We’ve expanded awareness and support for SCCA’s mission, extended our ability to share what we’re learning clinically with other treatment centers in the Pacific Northwest—and remained financially strong.

Let’s start with awareness. When Puget Sound residents were asked in a recent survey “If, in the future, you or someone close to you were diagnosed with cancer, would you prefer to go to...?” 49 percent answered: “Seattle Cancer Care Alliance.” When area physicians were asked which hospital is best for oncology care, more than five times as many doctors named SCCA over the next leading competitor.

The public’s and regional doctors’ views are supported by national rankings. UW Medicine and Seattle Children’s are ranked #6 and #8, respectively, in US News and World Report’s 2011 National Cancer Program Rankings.

Our reputation is making SCCA the most-used resource for cancer care in our region. The most recent numbers, from 2009, placed us at 19 percent market share—up from 13 percent in 2003. Growing demand for our services—along with gratifying donor support—has bolstered our financial strength over our 10-year history.

SCCA’s organizational milestones also include:

**Giving back to our community**

In 2011 (the most recent year for which numbers are available), we documented $26.2 million in benefits that SCCA provided directly to our community. This included $16.3 million in uncompensated care.

**Expanding our ability to treat more patients**

We’ve doubled the numbers of new patients SCCA has treated annually from 2,825 in 2001 to 5,508 in 2011. In the process, we’ve nearly tripled our patient care facilities.

**Growing our network of community affiliates**

A critical part of SCCA’s mission is to give more patients in our region greater access to treatments at the forefront of cancer research—and to many of the world’s leading cancer experts. Since 2002, when we began the SCCA Network with Olympic Medical Center in Sequim, we’ve expanded to 11 community-based providers, including one in Alaska and two in Montana. For these Network Members, this meant that in 2011 alone, their patients had access to 34 SCCA clinical trials.
Reaching Out To—and Benefiting—Our Greater Community
From the very beginning, inspired by the legacies of our founding organizations, SCCA has sought to re-envision what cancer care can accomplish—and encompass.

Our primary mission is to turn cancer patients into cancer survivors. We’re striving to advance the standard of care by supporting promising research and increasing our patients’ access to ever-better interventions. And we’re committed to sharing what we learn. Beyond this is the whole wide world of SCCA’s prevention, education, and support efforts in our broader community: Of attending to far more than patients’ medical needs.

Programs, services, advocacy, aspirations
SCCA is reaching out to those who live and work in our greater community in a myriad of ways. We frequently hear from the people these programs impact that they’ve made a difference in their experience of cancer treatment, and in their lives. We’ve singled out below several of SCCA’s many mission-driven programs and initiatives.

Uncompensated care
SCCA gives our patients access to the latest cancer treatments regardless of their insurance coverage or financial situation. We also make available many new drugs and alternative treatments being investigated in SCCA clinical studies. In Fiscal Year 2011 alone, we provided $16,344,703 in uncompensated patient care.

Medical staff education
We’re dedicated to furthering the knowledge of our own medical staff, as well as professionals who practice in the region. This includes Research Fellowships, continuing medical education events for regionally, nationally, and internationally based medical professionals, and the many seminars we co-sponsor on specialized cancer topics every week. SCCA’s investment in education amounted to approximately $3.8 million in 2011.

MEDCON Line
The expertise of our cancer specialists is available to community physicians anywhere in the country through MEDCON, a 24-hour, toll-free phone service operated by UW Medicine. MEDCON enables doctors to consult with world-renowned specialists about their patients, and to learn more about the latest research and treatment options available.

Shine, a unique cancer specialty store, opens
In autumn 2011, SCCA opened “Shine,” a specialty store for cancer patients no matter where they receive their care. “Shine provides a service unlike any other in Seattle,” says Moreen Dudley, SCCA director of supportive care and specialty clinics. “It is a place for patients to regain their identity where they are not defined by their cancer diagnosis but understood and cared for because they have a cancer diagnosis.” Many SCCA patients asked for more services directed to their unique needs and Shine is SCCA’s response to that.
MammoVan mobile breast imaging
As part of our efforts to promote annual mammograms for women aged 40 and older, we launched a mobile mammography service—a colorful, attention-getting, customized digital breast imaging clinic on wheels. The “MammoVan” is far more than a mobile marketing effort. It brings state-of-the-art technology and expert care to the neighborhoods where women live and work. Over the past three-plus years, SCCA’s MammoVan has provided more than 10,000 mammograms, including close to 1,000 sponsored for uninsured women.

SCCA’s Patient Navigator program
Fighting cancer is an epic journey. Patient Navigators are invaluable guides, mentors, and advocates for cancer patients and their caregivers. SCCA’s Patient Navigators help by connecting patients with resources and services to make that journey more successful and less stressful. They assist with practical issues like childcare and home health care, recommend classes and support groups, and provide help in suggesting grants and other solutions to patients’ financial and medical concerns.

SCCA House
Completed in 2009, SCCA House is an 80-room facility that provides an affordable home for many cancer patients who come to Seattle for extended treatment. The six-story “built-green” building was designed to address our patients’ physical, emotional, and logistical challenges. Just a few blocks from the outpatient clinic, SCCA House offers wellness and exercise rooms and a rooftop garden. The common areas serve as meeting centers for our community partners, including Cancer Lifeline, Team Survivor NW, and Gilda’s Club.

Family Assistance Fund
We all know the kinds of financial strains that cancer treatment places on families. Our caseworkers comb through the resources available in the community to help our patients. The SCCA Family Assistance Fund is a powerful resource for many when basic necessities like housing, food, and transportation are simply not being met. In 2011, for example, we provided $341,178 to families through the fund.
Volunteer Services Program

Day after day, SCCA volunteers are our hugely valued heroes. Each month, over 200 volunteers give more than 1,500 hours to help SCCA patients and their families. Their ways of giving are essential—and heartwarming. Holiday programs to share warmth and cheer. Rides to and from the airport. Playing soothing live music in our patient areas. Compassionate head shaving and wig fitting. Companion-ship for kids. And innumerable other practical and social acts of kindness and support for patients and their families.

Survivorship Program

SCCA’s Survivorship Clinic is dedicated to providing education and support to patients and family members, helping them adjust to their post-cancer lives. As a member of Lance Armstrong Foundation’s LiveSTRONG™ Survivorship Center of Excellence Network, we are among the leaders of a nationwide effort to empower cancer survivors.

SCCA medical specialists teach cancer survivors how to cope with late-onset effects of treatment, including pain, fatigue, sexual dysfunction, and memory loss. Open to all cancer survivors, the clinic also offers access to a host of other treatment and counseling professionals in areas including nutrition, physical therapy, mental health, and fitness. The point is to help survivors thrive.

Doctor Profile

Keith D. Eaton, MD, PhD

Keith Eaton always meant to be a physicist. But while in graduate school, his conversations with his future wife, then a medical student, drew him to the field of medicine. “She was doing more interesting things than I was,” Dr. Eaton recalls. Knowing his intensity and drive, his friends weren’t surprised when he simultaneously earned his medical degree and a PhD in physics.

For Dr. Eaton, oncology enables him “to use everything I learned in medical school.” He is a passionate researcher, a gifted teacher, and an absolutely dedicated physician. After completing his residency, he received fellowship training at the University of Washington and Hutchinson Center. He continues to study the influence of genetic factors in lung cancer—why some smokers get cancer while others don’t—and is a principal investigator in many trials.

One of his current studies investigates the use of Positron Emission Tomography (PET) in guiding how chemotherapies are selected for patients with late-stage non-small cell lung cancer. “There are a number of options for chemotherapy for lung cancer, but we don’t know enough about how to choose which to try first,” he says. “Right now, it takes six to eight weeks of treatment before we can evaluate and change the regimen if necessary.”

Dr. Eaton’s patients know him as a compassionate doctor and a good listener. “My job as their doctor is to keep them informed and answer their questions honestly to help them make decisions about their treatment. If people feel well cared for and they trust their doctor, they’re usually willing to participate in clinical trials.”
To Make a Donation

Our mission is to bring the best care possible to cancer patients, to enhance access to improved interventions, and to advance the standard of cancer care in our region and beyond.

Will you join us?

There are many ways you can participate, among them:

- Making a gift as a memorial or tribute to a loved one
- Donating to SCCA’s general fund
- Directing a donation to honor a doctor, nurse, or other caregiver
- Supporting a specific type of cancer research
- Contributing to SCCA patient and family programs
- Becoming a volunteer
- Hosting a fund-raising event for SCCA

We’re committed to reaching as many patients as we can. With help and generosity, we can accomplish so much more.

Please contact us to make a gift, or to learn more. Information about the ways that you can take part is available at (877) 308-3117 or donate@seattlecca.org or by visiting our website: www.seattlecca.org/donate.

“We’re focused on: What can we accomplish in the next 10 years?”
— Norm Hubbard, Executive Vice President

Patient Story

Danel Lawrence  MERCER ISLAND, WASHINGTON

Patients who are first diagnosed when their disease is already in the acute stage face a uniquely difficult problem: They can find themselves in treatment before they’ve even had a chance to adjust to the idea that they are fighting for their lives.

That’s what happened to 15-year-old Danel Lawrence. One day he felt unusually tired at track practice. A few days later he was hearing a diagnosis of acute myeloid leukemia (AML) from a specialist at Seattle Children’s. “I remember the day it happened,” says Danel. “The first question I asked was, ‘Am I going to die?’”

AML is a cancer of blood-forming tissues such as bone marrow and lymph nodes. Danel’s disease had progressed to the point where he wasn’t likely to survive longer than eight weeks without treatment. Because of the urgency, Danel recalls, “I didn’t actually get to go home. I started treatment that day.”

Fortunately, there was a promising clinical trial underway at Seattle Children’s and Danel was enrolled right away. Equally important was the support he received to help him adjust to his ten-and-a-half month hospital stay. Thanks to the understanding of SCCA’s child life specialist, Joanne Patten, Danel was allowed to have friends visit every day, even while he was receiving chemotherapy. His parents provided the love and support he needed on a deeper level. And SCCA’s professional staff played a key role as well. “They always kept us up to date and provided us with the best options, the best steps for treatment,” says Danel. “It was very comforting for me to know that.”

Swim Across America participants complete a two-mile Lake Washington course, helping support SCCA.
The Madhouse Project
FIVE UW ALUMNS JOIN EFFORTS TO CREATE A REMARKABLE FUNDRAISER

The Madhouse Project is anything but crazy. It’s the ongoing inspiration of five long-time college friends who shared a desire to make a difference. Launched in 2005, the Project celebrated their 7th annual event benefitting SCCA.

After graduating from the University of Washington in 1996, Phil Friedman, John Fiala, Mitch Morando, Brad Newcomer, and Kurt Shintaffer lived together in a house in Seattle’s Madison Valley that they affectionately called “The Madhouse.” Eight years and many moves across the country later, all five found themselves back in Seattle—and in search of a meaningful cause that they could support together.

Each of their lives had been affected by cancer in different ways. Motivated to join the fight, they chose to focus their energies on raising much-needed financial support for SCCA. The project took its name—and some of the spirit—from their former home; Erin Friedman and Randy Tennant signed on to help. The Madhouse Project’s signature annual event is a cocktail reception and silent auction called Night Out For a Cure. The first year they raised some $10,000 from less than 50 people. Last year the event drew 250 supporters and raised over $150,000!

Says Kurt Shintaffer, “We wanted to create a group who ordinarily wouldn’t be active donors at such an early stage in their lives. We were looking to make connections with people in their 20s and early 30s who identified with cancer-related causes. We knew people of this age group probably weren’t going to be writing big checks at first. “But as they’ve grown with us over time and we’ve expanded our network and the scope of our events, they’ve built a long-term association with SCCA. And as they become more able to give at a different level, we hope that they will.”

“When we decided to create the Madhouse Project, we thought it was going to be difficult to choose which cancer-related organization to support. In looking at SCCA, what resonated with us was the model of bringing together three world-class organizations. They’ve knocked down the walls: Everyone is working together to deliver better results, faster. That’s what led us to pick SCCA.”

— Madhouse Project Co-Founder Kurt Shintaffer

2011 Donor List

$250,000 – $500,000
AEG Live
Safeway Inc.

$100,000 – $249,999
Swim Across America
The Madhouse Project

$50,000 – $99,999
Muckleshoot Indian Tribe
Seattle Symphony

$25,000 – $49,999
Broadway Across America
Microsoft Corporation

$10,000 – $24,999
Dendreon Corporation
LeRoss Family Foundation
Liberty Mutual
Eldon and RoJean Mount
Sterling Realty Organization
Mr. Ernest Yeck

$5,000 – $9,999
Carl and Renee Behnke
Employees Community Fund of The Boeing Company
Mr. and Mrs. Robert L. Gerth
glassybaby
Group Health Cooperative
Low Pressure Promotions, LLC
Market Optical
Pacific Northwest 7-Eleven
Mrs. Elizabeth O. Pinkerton
Request Foods, Inc.
Skagit Farmers Supply
United Way of King County

Donor Story
**Doctor Profile**

**Colleen S. Delaney, MD, MSC**

Colleen Delaney has a unique specialty. She’s developing techniques for stem cell transplants derived from cord blood, which is the blood remaining in the placenta and umbilical cord after childbirth. These cells have the ability to change into other types of cells, and they don’t require the extremely close genetic matching that bone marrow cells do.

Dr. Delaney’s work represents a potentially big breakthrough for African Americans, Hispanics, and other ethnic groups. The National Bone Marrow Registry simply doesn’t have a lot of donors of non-Caucasian ancestry. When a sibling match isn’t available for a bone marrow transplant, thousands of people haven’t had another option—until now.

Over the last 10 years, researchers in Dr. Irwin Bernstein’s lab where Dr. Delaney works have developed a technique to dramatically multiply the number of stem cells per unit of blood. Describing the experience of the initial patient receiving this novel treatment, she notes, “If we had given him a conventional two-unit transplant that day, he would have received a dose of about 200,000 stem cells per kilogram of body weight. After we expanded them, he received a dose of 13 million stem cells per kilogram, a huge boost.”

This technique has shown promising results in its initial clinical trials. Patients have engrafted (developed a new immune system) in as little as nine days. That’s about half the time of a standard bone marrow transplant.

“It’s great work,” says Delaney’s mentor Irwin Bernstein. “Colleen really took our basic-science findings and effectively translated them into the clinic—a true bench-to-bedside success story.”

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**2011 Donor List, cont.**

**$1,000–$4,999**

- Sue Albrecht
- Alderbrook Ladies Golf Club First Mates
- American Construction Company
- Anonymous
- The Apex Foundation
- Athena Partners
- Auburn School District No. 408
- Mr. and Mrs. George S. Berkman
- Mr. and Mrs. William Boland
- Beats for Boobs, a project of Breast Cancer Emergency Fund
- Burlington-Edison High School
- Mr. and Mrs. Ross N. Case
- Collective Editorial
- Ms. BJ Connolly
- Continental Food Sales, Inc.
- Creative Recognition, Inc.
- Mr. and Mrs. Kenneth Dayton
- Ms. Julie Dittmar
- Ms. Andrea Dramer
- Edmonds School District No. 15
- Ms. Catherine L. Fallen
- Mr. and Mrs. Bradley Feldman
- Ms. Janice L. Ferguson
- Ms. Charlotte Fish
- Michael and Lynn Garvey
- Mrs. Kristi L. Gray
- Peter M. Gray
- Mark Groudine and Cynthia Putnam
- Mr. and Mrs. Robert E. Hawkins
- Ms. Candi Hoog
- Rich and Aimee Jones
- JPMorgan Chase & Co Employee Giving Campaign
- JustGive.org
- The Kemper Freeman Foundation
- Stacie Lyn Kentop
- Kitsap Destruction Derby Association
- Kvichak Marine Industries, Inc.
- L&L Exhibition Management, Inc.
- Ms. Jane M. Lauritzen
- Ms. Kristine A. Logan
- Mrs. Correen Major
- Mr. and Mrs. Jeremy Mattox
Becky Greenway  MARYSVILLE, WASHINGTON

Cancer survivor Becky Greenway was fortunate to have the right kind of support in every stage of her battle. At age 17, Becky experienced pain in her left leg. She suffered through eight months of misdiagnoses before she was referred to Dr. Ernest “Chappie” Conrad, at Seattle Children’s.

That was her first lucky break. Dr. Conrad is known internationally as a leader in limb salvage surgery. He diagnosed Becky’s condition as an unusual combination of Ewing’s sarcoma and small-cell osteosarcoma. Dr. Conrad believed he could save her leg. But Becky would have to endure months of in-patient chemotherapy followed by surgery to remove the tumor and replace the diseased bone.

News like this could have discouraged anyone. But Becky’s mother, Jackie Fuller, knew what to do. Says Becky, “Anyone who was emotional at all wasn’t allowed in my room. She wanted everyone to stay upbeat, happy, and positive.”

Finally, Becky benefitted from the care she received during her year-long treatment at Seattle Children’s: “The doctors, nurses, and staff there were like extended family to me,” she recalls. “They were there to support me, sitting by my bedside, talking, rubbing my back, just getting me through everything. I can never thank them enough.”

Though she needed several surgeries to replace the bone graft with an artificial knee, Becky won her battle. She’s been cancer-free for nearly 20 years and experiences no pain in her knee or leg. And her support team is still here. Her mother proudly points out, “Whenever there’s a problem, Becky just says, ‘Dr. Conrad will fix it.’”

“SCCA has a demonstrated commitment to providing quality care to everyone who needs the service—even if they can’t afford it. We are grateful for all of the donor support we’ve received. Much of it comes from patients who have experienced SCCA firsthand. We recently received a substantial anonymous gift supporting the construction of our new proton therapy facility. Large or small, every gift helps, and we want to sincerely thank all of you for your support.”

—Brooks Ragen, Board Chair
Careful Financial Stewardship is Critical to the Mission of a Non-Profit Health Care Organization Like SCCA
Even in the best of times, a prudently managed organization will build sufficient reserves to allow it to weather periodic economic storms. Our reserves will be used to maintain and replace existing infrastructure and to invest in new technology. And, by maintaining a healthy balance sheet and efficiently managing outstanding debt, the need for leverage is minimized. In SCCA's case, the result is that any necessary borrowing to invest in our Strategic Plan comes at a lower cost.

Throughout its history, SCCA has been financially healthy, enjoying consistent growth in a dynamic industry. But financial flexibility will be increasingly critical in the challenging environment that lies ahead. We expect demand for patient care services will grow rapidly—even as payment levels for these services decrease. Continued financial success will require scale, including new facilities and substantial additions to staff so that we can meet the demand for effective, leading-edge cancer treatment — and save more lives.

Looking forward, our board has established targets to ensure continued financial stability and access to capital on favorable terms. SCCA's Strategic Plan identifies efficiencies that increase both productivity and effective resource use. Through these efforts—and with the continued help of our donors—we expect to have and maintain the capital capacity necessary to invest strategically for continued success.
Pamela Clark was in the midst of a busy life when she was diagnosed with Hodgkin’s lymphoma. While attending a work-related conference in Washington D.C., she developed a persistent cough, accompanied by a large bump on her neck. The diagnosis was stage III Hodgkin’s disease. Pamela found herself thinking, “You shouldn’t be 33 years old and dying of cancer.”

Pamela underwent a six-month course of chemotherapy treatments in 2002, but in her case the benefit only lasted for about one year. When the cancer returned in December 2003, Pamela’s oncologist advised her to pursue a bone marrow transplant.

A bit of research quickly convinced her that Fred Hutchinson Cancer Research Center had the most experience with transplants in the country. Even so, she couldn’t help worrying about her future. “Bone marrow transplants aren’t a walk in the park,” says Pamela. She still remembers her fears—not knowing what her quality of life would be like after the transplant.

In fact, her transplant went exceptionally well. “I had no problems, no infections.” She went home after only 22 days under SCCA’s care. And, just over a month after returning home, she felt well enough to go surfing.

Looking back on the ordeal, Pamela offers a frank assessment: “I’ve had cancer twice and I still operate at a fairly high level. My lungs aren’t compromised. I have no chronic health conditions… I’m probably in better shape now than I was before the transplant. I consider it a gift.”
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<th><strong>STATEMENT OF OPERATIONS</strong></th>
<th><strong>FISCAL YEAR</strong></th>
<th><strong>IN THOUSANDS</strong></th>
<th><strong>2011</strong></th>
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<td>Net Income</td>
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<td>Assets Whose Use is Limited</td>
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<td>Property, Plant &amp; Equipment, Net</td>
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<td>$404,530</td>
<td>$372,893</td>
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<th><strong>KEY STATISTICS</strong></th>
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<td>New Treated Patients</td>
<td>5,508</td>
<td>5,342</td>
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<td>Visits</td>
<td>72,217</td>
<td>62,406</td>
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“In 10 short years, SCCA has become a major treatment center for cancer patients in the Seattle area and throughout the whole Pacific Northwest region. That’s based on the services we offer and the spectacular results that we’ve been achieving in the treatment of cancer. We operate in a highly competitive environment, so I think our record of growth and accomplishment is very significant.”

—Brooks Ragen, Board Chair
Leadership

Governance

SCCA’s affairs are governed by an 18-member Board of Directors. Each member institution appoints six of the 18 directors, with at least four of the six directors required to be community representatives. 2011 SCCA Board members include:

Brooks Ragen  
Chair; Chair, Board Executive Committee; Chair, Board of Directors, McAdams Wright Ragen & Manzanita Capital

Robert Bakemeier  
Vice Chair; Chair, Board Compensation Committee; Chair, Board Governance Committee; Seattle Children’s Board of Trustees; President, Bakemeier Law Firm

Carl Behnke  
Secretary; Chair, Board Development Committee; President, REB Enterprises, Inc.

Bob Gerth  
Treasurer; Chair, Board Finance, Investment & Audit Committee; Partner, Deloitte & Touche LLP (retired)

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

Mark Groudine, MD, PhD  
Executive Vice President & Deputy Director, FHCRC; Professor, Radiation Oncology, UW School of Medicine

Pat Hagan  
Chair, Board Patient Quality, Safety & Service Committee; President and Chief Operating Officer, Seattle Children’s

Jonelle Johnson  
Chair, Board Facility Committee

Robert MacAulay  
Principal, Meriwether Partners LLC (retired)

Ruth Mahan  
Chief Business Officer, UW Medicine; Vice President for Medical Affairs, University of Washington

Linda Mattox  
Seattle Children’s Research Advisory Board

Richard McCune  
FHCRC Board of Trustees; Partner, KPMG LLP (retired)

Kimberly McNally, MN, RN  
President, McNally & Associates

Shan Mullin  
Chair, UW Medicine Board; Partner, Perkins Coie

Kathy Randall  
Chair, Board Integrity Committee

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, FHCRC

“I have never served on a more engaged Board of Directors than that of SCCA, either in a corporate or a not-for-profit capacity. Everyone on the board has either had cancer or knows people who’ve been treated by SCCA. So there’s a real interest in what this organization’s trying to accomplish. It’s a very dedicated group of people.”

—Brooks Ragen, Board Chair
Member Representatives

Larry Corey, MD
President and Director, FHCRC;
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;
Director, Clinical Research Division and Member, FHCRC;
Professor and Head, Division of Medical Oncology, UW School of Medicine

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

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

Madeline Buelt, MSN, RN
Chief Nurse Executive and Vice President of Operations: Responsible for the administrative and clinical operations of SCCA

Debby Gentzen
Chief Strategy Officer and Vice President: Responsible for Strategy, Business Development, Marketing, the SCCA Network, Program Management, and Radiation Therapy

F. Marc Stewart, MD
Medical Director and Vice President: Oversees clinical care and conducts quality monitoring of medical practice on behalf of SCCA

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