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Partners in growth and continuity

Today at Seattle Cancer Care Alliance (SCCA), we are treating more patients, maintaining a larger faculty, offering more clinical trials, and collaborating across a broader network while never losing sight of our patients’ needs and improving their care.

One event in particular exemplifies the dynamic nature of 2016: On December 12, we celebrated the opening of the Bezos Family Immunotherapy Clinic. This first-of-its-kind clinic will double our capacity to conduct trials of promising new therapies that use patients’ own immune systems to fight cancer.

We were joined by members of the Bezos family, whose support of groundbreaking research at Fred Hutchinson Cancer Research Center (Fred Hutch) — such as the clinical trials that will be housed at the new clinic — has been transformative for the field. We were also pleased to welcome friends, community leaders, and other notables.

But the day was made poignant by the story of Stephanie Florence, whose life was saved by CAR T cells — one of the most promising immunotherapies in the world.

“Not only did it work,” she said, “but it worked 100 percent. I had a complete response. It was a miracle.”

That afternoon, flowing with health and vitality, we were privileged to watch Florence cut the ribbon at the world’s most advanced immunotherapy clinic, 18 months after her care — and cancer-free.

Our patients benefit from the world-class research performed by our founding partners: Fred Hutch, Seattle Children’s and UW Medicine. Innovative research relies on effective clinical practice to move innovations forward for patients, from fear to hope — to discovery. It’s called bench-to-bedside care and has always been the force driving our clinical successes.

Designing the new clinic space was a collaborative effort between SCCA’s Continuous Performance Improvement (CPI) department, patient care teams, and staff from throughout the organization.

The momentum we’ve gained from the design and launch of the immunotherapy clinic is already carrying over to our much larger SCCA clinic expansion project: a 200,000+ square foot expansion of our existing outpatient clinic on South Lake Union.
Placing our patients’ needs at the center of everything we do, we are including patients and their caregiver voices in the design at every step.

**Quality is paramount**

Rapid growth presents the challenge of maintaining the quality of our patient care. At SCCA, “maintaining” quality is simply not enough — we want to better define and measure it so that we know we are improving it.

We’ve been studying this since 2011. When we started, we recognized that “quality of treatment” was a buzzword that lacked a precise meaning. To make it a meaningful goal, we first needed to define it. “Successful patient outcomes” was too subjective.

We had to identify variables we could measure: What data would be relevant and how could we collect it? Next, we needed to establish benchmarks. And finally, we had to be able to optimize the interactions of all the variables in each treatment protocol.

The result is what we call Clinical Pathways (read more about Clinical Pathways on page 20).

**Basis for partnership**

Addressing the individual needs of each patient is essential in every aspect of our work. A remarkable example of this is a new insurance program that one of our key insurance partners, Premera, is launching with us (learn more about our partnership with Premera on page 19).

**Growing our team**

In closing, we want to welcome Dr. Nancy Davidson, who joined us as SCCA’s new president and executive director in December 2016. Nancy is an exceptional physician, researcher, and proven leader worldwide. In her new role, she will orchestrate SCCA’s programs for cancer treatment, as well as the clinical, translational, basic science and public health research at Fred Hutch, Seattle Children’s, UW Medicine and SCCA.

We are excited to engage this period of growth, knowing the team we have in place and the resources in our hands make us — more than ever — ready for the future.

Fred Appelbaum, M.D.      Norm Hubbard
Immunotherapy: A model for the future of care

Immunotherapy is one of the greatest clinical care advancements of our time. We’ve known that ever since Fred Hutch’s pioneering work in bone marrow transplantation began more than 40 years ago.

Now, we invite you to learn more about the promising research and results on CAR T-cell therapy taking place in the brand-new and innovative Bezos Family Immunotherapy Clinic at SCCA. One place, where doctors, nurses, clinicians and staff work together to create better outcomes.

Take an exclusive behind-the-scenes look at the new immunotherapy clinic, where the dual roles our doctors play — as laboratory researchers and bedside physicians — anchor the team approach to patient care at SCCA.

Karen Anderson, clinic operations manager for the Bezos Family Immunotherapy Clinic.
T cells, a type of white blood cell, are separated from the patient’s blood.

The cells are engineered to become cancer-fighting cells, called chimeric antigen receptor (CAR) T cells.

The CAR T cells are grown in the lab until there are millions of them.

Then the cells are returned to the blood, where they recognize and destroy cancer cells.
Realizing the promise of cellular immunotherapy

Dr. David G. Maloney is in an exciting position. As medical director of the Bezos Family Immunotherapy Clinic at SCCA, he finds himself at the helm of a first-of-its-kind clinic dedicated to cellular immunotherapy. His colleagues are world-class oncology scientists, Fred Hutch researchers and a support team of highly trained nurses, technicians, clinicians and data experts, all working together to perfect a breakthrough cancer-fighting technology that has already produced exceptional results.

Dr. Maloney describes the experimental treatment known as CAR T cells: “We can now take T cells from a patient and genetically modify them with a chimeric antigen receptor, or CAR, that’s actually based on an antibody. These modified CAR T cells then attack the patient’s own cancer. This has been remarkably effective, even in cases where cancer has been very advanced and has failed every known therapy — including bone marrow transplants.”

The results speak for themselves: Even in Phase I trials, where the goal is to establish the safety of the treatment, the outcomes have been impressive. The treatment has produced complete responses in approximately 90 percent of patients with acute lymphoblastic leukemia, 50 percent of patients with non-Hodgkin’s lymphoma, and 50 percent of patients with chronic lymphocytic leukemia.

The clinical trials are currently in Phase I and II. “As we learn about safety and efficacy,” Dr. Maloney said, “the next step is to start designing trials that challenge the hierarchy of the established treatment. It takes time to move from proof of concept to the establishment of a new treatment paradigm. But we’ve seen it happen with monoclonal antibodies, which are now included as a frontline treatment for almost every type of cancer. I expect T-cell treatments to follow that pattern.”

Currently, the immunotherapy clinic is enrolling patients for clinical trials. In addition to the three diseases mentioned above, investigations have expanded to include solid tumors such as non-small cell lung cancer and triple-negative breast cancer. New clinical trials on a number of acute leukemias, mantle cell lymphoma, and chronic lymphocytic leukemia are also being investigated.

In summarizing the new clinic’s strategy, Dr. Maloney stated, “We’re not going to find just one cure for cancer.
Lymphoma survivor Stephanie Florence cuts the ribbon at the grand opening of the Bezos Family Immunotherapy Clinic in December 2016.

Photo by Robert Hood / Fred Hutch News Service
We’ll continue to take major steps forward — not just with CAR T cells, but also with a number of other cellular therapies that take different approaches to defeating cancer’s ability to hide from the immune system.”

**Together is better: T cells and antibodies**

Redirected immune cells are what we now know as the most efficient killer of cancer cells, so it’s not surprising that cellular immunotherapies are the principal avenue of investigation in cancer research at the Bezos Family Immunotherapy Clinic. In addition to CAR T cells, clinical trials are underway that involve tumor-infiltrating lymphocytes (TILs) and other cellular therapies using genetically modified T cells. Intensive research on antibody-based treatments is also underway at our partner organizations, Fred Hutch, Seattle Children’s and UW Medicine. Antibodies interact with T cells in the body, so it’s logical to design clinical studies that investigate the combined power of both.

One of the most promising examples of this approach is the work of Dr. Paul T. Nghiem. Dr. Nghiem’s research focus is a rare and deadly form of skin cancer called Merkel cell carcinoma. Until recently, the only treatment available for patients was chemotherapy. “Ninety-five percent of patients... have their cancer come back before one year — and 50 percent within 90 days,” explained Dr. Nghiem. “We were desperately in need of something better.”

“Something better” has now arrived in the form of a pair of checkpoint inhibitor drugs called Bavencio (avelumab) and Keytruda (pembrolizumab). Tumor cells can trick T cells into not attacking them; checkpoint inhibitors stop the tumor cells from tricking T cells. Both drugs defend the same checkpoint (PD-1/PD-L1) from different angles. Because the drugs prevent tumor cells from tricking T cells, the T cells are able to recognize tumor cells as foreign and attack them through the body’s natural immune response system.

Dr. Nghiem has been intensively studying these drugs in patients with Merkel cell carcinoma. As the studies mature, the results have been increasingly promising for patients. In the Bavencio trial, 72 percent of patients experienced remissions, with no recurrence for an average of 16 months. “These extremely durable responses were unheard of until now,” said Dr. Nghiem, who notes that Bavencio is the first drug approved by the FDA for patients with Merkel cell carcinoma. Keytruda is not far behind.

Excited as he is about this progress, Dr. Nghiem noted that “only about half of patients do well in the long-term with the antibody therapies alone, and we need to do something about that.” The progress made never stops.
fact, a new clinical trial is already underway in the Bezos Family Immunotherapy Clinic with Dr. Aude G. Chapuis as principal investigator.

As Dr. Nghiem described it, “We are combining immune checkpoint therapy using Bavencio with adoptive T-cell therapy, where the patient’s own T cells are taken out, enriched and grown up enormously, and then put back in. We now have the technologies to genetically reprogram a patient’s own T cells to make them what we call ‘sticky.’ Sticky means they are capable of binding and recognizing tiny amounts of the virus protein that causes Merkel cell carcinoma and also have great capacity for growth and long-term survival.”

Dr. Nghiem said that initial results of this combination therapy are promising — not just for the patients with rare and advanced metastatic Merkel cell carcinoma in the current clinical trial, but also for patients with all cancers.

“These extremely durable responses were unheard of until now.”

— Dr. Paul T. Nghiem
Effective teamwork with patients at the center

Most observers would never notice the complexities behind the day-to-day operations. At most times of day, you’d observe an orderly scene of specialists scheduling arrivals; nurses administering infusions, possibly accompanied by a research nurse; and advanced providers or attending physicians consulting with their patients.

The sense of calm results from careful planning and a conscious effort to promote teamwork. It’s part of a program called Continuous Performance Improvement (CPI), which involves setting goals and then measuring how well you’re able to meet them.

“We have a daily huddle in the clinic every day at 8 a.m. where we outline what’s happening that day,” Dr. Maloney said. “We’re capturing all kinds of metrics: our on-time performance in terms of getting patients where they’re scheduled to be; how many times we may have or not needed to move the patient, because our goal is to try and keep each patient in their own room; or the turnaround times for lab results.” These metrics are reviewed on a weekly basis by a management group that uses the data to assess the overall performance of the clinic — and recommends changes as needed to improve the patient experience.

Staff members meet regularly in smaller, more focused groups. “Everyone has a voice and we listen,” said Dr. Maloney. “When there’s a good idea, we’ll queue it up and try to implement it.”

CPI is working well. Morale is high, and the benefits of the clinic are immediately apparent to doctors initiating and managing trials there. For example, Dr. Nghiem said, “Having a centralized, high-quality, well-organized immunotherapy clinic has greatly streamlined our ability to carry out our current trial, as well as making it easier to envision our new trial that employs transgenic T-cell receptors.”

Dr. Nghiem and Dr. Chapuis, the principal investigator of their current trial in treating patients with Merkel cell carcinoma, attend rounds at the clinic. Working as a team, the group discusses what happened that day, reviewing the treatment and status of every patient.

Dr. Nghiem said the welcoming and collaborative experience encapsulates what is special about the approach to care at SCCA. “It brings all the pieces together. It brings science together with the human aspects of being a physician, and the team nature of providing care for challenging diseases. It’s something to be proud of that we’re working together as a team to bring the best possible care to patients and working to perfect the way care is provided around the world.”
An artist rendering of the Bezos Family Immunotherapy Clinic.
Former Washington State Governor and Fred Hutch Board Chair Christine Gregoire hugs lymphoma survivor Stephanie Florence as Dr. David Maloney looks on.

Photo by Robert Hood / Fred Hutch News Service

Nurse Michelle Mitchell
Patient’s perspective: “It was a miracle”

By Stephanie Florence

Research has given me my life back. I have always felt that for someone like me — considered incurable — to get a miracle with modern medicine, it would come in the form of participating in a clinical trial. To beat the odds, I would have to do something different.

I was diagnosed December 20, 2006, with an incurable type of non-Hodgkin’s lymphoma. I was 34 and felt invincible. The diagnosis of cancer was a shock. My chemotherapy started the day after Christmas.

I researched everything I could find, knowing my cancer was likely to return. I was drawn to studies that could use the body’s own immune system to be taught to fight the disease — I wanted immunotherapy.

I had a scan in 2011 that showed something suspicious. That is when I sought out Fred Hutch and SCCA. In my mind, these are the rock stars of lymphoma. I was intimidated, but I was fighting for my life. These were the people I knew would fight with me. I had seen Dr. Oliver Press’s and Dr. David Maloney’s names on so many papers and knew that they were doing the most cutting-edge research. When I found out Dr. Maloney was involved in an immunotherapy trial using CAR T cells, I was ecstatic.

My relapse brought aggressive disease; I wasn’t a candidate for the trial. I needed a blood stem cell transplant instead. I had a successful transplant in 2014. Unfortunately, the results didn’t last.

But I had the opportunity to participate in the T-cell trial in 2015, and received my re-engineered cancer fighting T cells July 2, 2015.

Four weeks later, my test results showed the treatment was successful. It was the most emotional moment in my entire 10 years of lymphoma. Not only did it work, it worked 100 percent. I had a complete response. It was my miracle.
Partnering for better care — and better outcomes

We’re continuously seeking to expand our understanding of what will make a positive difference in the lives of our patients and their families. To help us achieve this, we’re refining our own practices.

We believe that listening to their experiences, hopes and desires throughout their treatment can have a meaningful impact on outcomes.

Several important SCCA initiatives-in-progress are highlighted in the following pages; many will take years to reach their full potential. But the payoffs are worth the commitment. By doing things thoughtfully and with the right set of patient goals in mind, we believe we will set a course for even better outcomes in the future. For SCCA, partnering in ambitious initiatives and strengthening connections with our community is all about achieving better results for patients.

SCCA’s Patient-Reported Outcomes

A new tool designed to capture patients’ experiences could also improve treatment outcomes.

As SCCA’s chief quality officer and vice president of quality, safety, and value, Barbara Jagels, RN, MHA, is helping lead a national effort to bring the patient’s voice to the center in transforming the way we talk about both quality and value in cancer care.

Patient-Reported Outcomes (PROs) are direct written reports from patients in response to questions. Patients describe their own symptoms, side effects, reactions and experiences as they move through care.

“The clinical research literature tells us that as patients experience cancer, their expectations may change,” Jagels said. “Our PROs initiative is intended to bring the patient’s voice to the center of our clinical decision-making.” For Jagels, that means every step of the way.
Tailored to each disease

This process of dedicated reporting started with prostate cancer patients in 2016. This was a logical first candidate for this initiative, Jagels said. Because each of the major interventions for early-stage prostate cancer come with a range of different side effects and profiles, uncensored information about patients’ quality of life is essential. “That’s what the PROs are meant to address: What’s your actual experience?”

Jagels pointed out that, when directly asked by a clinician about functional status, prostate cancer patients might downplay symptoms. But if you ask patients via the privacy of a mobile app or through a paper questionnaire, you’re more likely to get the full picture. Applying innovative ways to communicate with patients on different and many levels is critical to bettering their care, Jagels said.

Now, each care team is developing a customized PROs program. “We’ve had patients and caregivers involved in every step of the process to determine the key questions to ask that best relate to the patient experience,” she said.

Patient engagement is our advantage

Ultimately, Jagels said, the point of PROs is “to give patients a neutral, impartial way to truly share insights into their experience, both in the diagnostic phase and also systematically along the way, so that we can adjust. This helps ensure appropriate interventions that match patients’ hopes and desires.”
SCCA and Premera collaborate to meet patients’ needs

Norm Hubbard, SCCA executive vice president, and Dr. John Espinola, executive vice president of health care services at Premera Blue Cross, set out to change the way they do business.

“This time we said, what if we changed our whole approach by choosing a new starting point: How can we collaborate to meet the needs of cancer patients?”

Both organizations committed significant time from top leaders to an idea-generation process facilitated by Premera. The initial breakthrough came when, using Premera’s own data, SCCA presented compelling evidence of the effectiveness of its Clinical Pathways program.

Premera agreed that the discipline built into Pathways has the potential to make billings predictable enough that they could forgo preauthorizations and significantly reduce denials of coverage. Anyone who has experienced the time-consuming back-and-forth of coverage discussions can tell you how much time and energy this could save. This means our patients will experience less stress and receive the treatments they need much more quickly.

“Because we incorporated Premera’s utilization data into our evaluation, together we were able to significantly increase confidence that the right tests, images and interventions were being ordered at the right time for the right reason. Estimating Pathways are appropriate for four out of five patients, Premera agreed to waive the need for prior authorizations for this pilot. This will have a positive impact on patients as well as staff at both organizations,” Hubbard said.

In addition, two other initiatives of the SCCA-Premera partnership are also taking shape, with the goal of reducing patients’ financial, administrative, and logistical burdens:

- A program focused on addressing the full range of cancer patients’ challenges and needs, including their life at home and at work as well as financial questions concerning cancer treatment.

- Premera’s 360-degree patient experience pilot seeks to resolve difficult friction points for patients, including physical challenges. Solutions explored include in-home services, Skype and FaceTime consultations, and even physician visits to patients’ homes, where warranted.
What are Clinical Pathways?

At SCCA, “maintaining” quality is simply not enough — we want to better define and measure it so that we know we are improving it. We’ve been obsessively studying this since 2011. When we started, we recognized that quality of treatment was a buzzword that lacked a precise meaning. To make it a meaningful goal, we first needed to define it. “Successful patient outcomes” was too subjective.

We had to identify variables we could measure: What data would be relevant and how could we collect it? Then we needed benchmarks. And finally, we had to be able to optimize the interactions of all the variables in each treatment protocol.

The result is what we call Clinical Pathways. Based on evidence, we have identified, mapped and coded the recommended treatment pathways for 27 types of cancer, which account for more than 80 percent of the patient care administered at SCCA.

These are high-confidence blueprints for doctors to start with when creating treatment plans.

SCCA’s Medical Director Dr. F. Marc Stewart addresses Clinical Pathways from the patient’s perspective in the following conversation.

Q: How do patients benefit from Clinical Pathways?

The impetus for using Clinical Pathways is simply that we are always striving to deliver the best quality of care. In general, quality means effectiveness and safety. But in the context of our Clinical Pathways, we’ve measured which treatments have the best outcomes. So, ultimately, pathways put patients on the surest path to survivorship.

Q: Do pathways still allow doctors to get to know their patient in order to provide individualized care?

Absolutely. Every patient is different, and we understand and support the sacred nature of the doctor-patient relationship. Through our own research and that of the national Choosing Wisely initiative, we’ve identified a number of tests and procedures that are unnecessary and, in some cases, overly risky. We’re comfortable telling our doctors to avoid using those.
More commonly, we’d be looking at a decision point where two options have evidence of success. Which one do you try first? We don’t believe our doctors should automatically follow the Pathway in cases where their knowledge of the patient indicates the other option would be more appropriate. We’ve discussed this with insurance companies, and we think they understand that 60–80 percent compliance with Pathways is a reasonable expectation.

Q: Can you give some examples of treatments that would be added to the care protocol?

First and foremost would be clinical trials. We believe that the best treatment that patients can get is a carefully conceived research study. Thus, every pathway offers an opportunity to include one or more of these — and they are plentiful at SCCA. These would be Phase II or higher clinical trials designed with potential benefits and minimal risk compared to what patients might experience with standard therapy.

A different kind of option would be the inclusion of a palliative care consultation early on in the pathway. This could help the patient to begin to think about decisions about quality of life, not just end of life, with plenty of time to talk things over with loved ones, caregivers, and relatives. That’s a better scenario than trying to make difficult decisions at the last minute, when things are critical.

Q: How do Clinical Pathways allow for integration of the most promising new treatments and targeted therapies?

Pathways get more complex as we include subsets of patients with unique cancer profiles. Specifically, we can now identify hundreds of molecular genetic abnormalities that are present in the profiles of tumors. We are creating drugs that target the precise molecular defect that causes a specific tumor type. As we develop these new molecular drugs and understand more about the tumors, the pathways we create are increasingly complex, with forks in the road for treating people with specific tumor mutations or characteristics differently.
For anyone, a cancer diagnosis comes as a shock, even to someone who works around patients every day. Such was the case for Debbie Berg, who, just four months into a contract-turned-full-time position at SCCA, was diagnosed with multiple myeloma.

The cancer was caught during a routine physical, and after four months of chemotherapy, along with an autologous stem cell transplant, Berg’s cancer went into remission. A year of maintenance chemotherapy followed, and now Berg receives blood work and scans twice a year to make sure she’s still in the clear.

While her cancer has gone into remission, the experience is never far from Berg’s mind. In fact, her diagnosis set her on a mission to create an easier way for patients like herself to keep track of all their treatment plans, labs, symptom lists, procedure documentation, etc.

During her care, Berg hauled around a heavy “chemo bag” of all her paperwork from appointment to appointment, not knowing whether her treatment would require platelets, transfusions or blood draws.

That’s when Dave Ackerson, SCCA’s chief information officer asked Berg how her treatment was going. She responded by showing him her chemo bag. The response was well-timed, as Ackerson had been considering ways in which the center could use technology to improve the experience of its patients.

**There’s an app for that**

In a world where there’s an app for everything, cancer treatment is no exception. Between Berg, Ackerson and Brandon Jones, chief technology officer at SCCA, a digital solution to Berg’s “chemo bag” was born.

“When we talked to patients and caregivers, we learned that cancer is confusing, and all
the information is overwhelming,” said Jones. “Our patients said they want help remembering what their doctors said; they need to be able to access information 24/7 and they want to be empowered to manage their care. They want a search capability so they can look up what to do if they have a fever and when they should call their care team.”

With these goals in mind, Caresi®, the app specifically created for their patients, was born.

A new tool for cancer patients

Thanks to the Caresi® app, which hit the Apple App Store last October for SCCA breast cancer and leukemia patients — with more disease types currently in development — patients now have access to symptom trackers, lab results, notes, schedules and other information at their fingertips.

“Patients told us they wanted to understand and track their symptoms, so we added symptom trackers,” Ackerson said. “They also asked for a medication tracker that would include all medications, even those prescribed by their primary doctors, so that’s now included, too.” Another new feature is a simple recording device: “We heard from a patient that she and her caregiver struggled to remember details discussed during care appointments. Now, with the app, they can just record everything.”

For Berg, working as the implementation manager of the Caresi® app is particularly special. “We owe it to our patients to bring innovations to them — including empowering technology like Caresi®. Its design and functions have been entirely patient-driven from the get-go,” she said. Celebrating six years of being cancer-free, her primary focus is now on introducing the app to those who need it the most — cancer patients just like her.
Superior outcomes

We are proud to be in the top rankings for our consistently high survival rate for bone marrow transplant patients. We’re equally proud to be ranked among the top ten Best Hospitals in the Nation for Adult Cancer Treatment. Not because we seek accolades for our work, but because these rankings are objective indicators of our performance against the measures that matter most to cancer patients and their families.

Our consistently high survival rate for bone marrow transplant patients is testimony to the excellence of the bench-to-bedside medicine practiced by the partnership of Fred Hutch and SCCA. For the fourth consecutive year, the Fred Hutch Bone Marrow Transplant Program at SCCA earned recognition by the Center for International Blood and Marrow Transplant Research for outperforming its expected one-year survival rates for allogeneic transplant patients — those who receive donated adult blood-forming stem cells. The Fred Hutch-SCCA BMT program was among 9 percent of stem cell transplant programs nationwide — 17 of 179 — that placed in this top ranking, according to CIBMTR’s 2016 Transplant Center-Specific Survival Report.

“Superior outcomes after allogeneic transplantation at our center are likely attributable to many factors: highly dedicated teamwork, decades of transplant experience, well-defined and evidence-based care standards, and ground-breaking research,” said Dr. Marco Mielcarek, medical director for the Adult Bone Marrow Transplant Program at SCCA, and associate member of the Clinical Research Division at Fred Hutch. “Our team is committed to further improving outcomes for our patients.”

Bone marrow transplants have saved tens of thousands of lives worldwide. The program at SCCA has been a leader in the clinical use of bone marrow and stem cell transplantation for more than 40 years and has performed more than 14,000 bone marrow transplants — more than any other institution in the world.
Seattle Cancer Care Alliance is #1 for adult cancer care in Washington state

SCCA/University of Washington Medical Center (UWMC) ranked among the best in the nation for adult cancer care by *U.S. News & World Report* for 2016–2017. SCCA/UWMC is receiving a Top 10 ranking for the 11th year in a row.

*U.S. News* analyzed over 5,000 hospitals for adult and pediatric care to find the best in the nation, based on critical criteria, patient outcomes and survey results from more than 140,000 physicians.

2016 Leader in LGBT Healthcare Equality status

SCCA was recognized as a “Leader in LGBT Healthcare Equality” by the Human Rights Campaign (HRC) Foundation, the educational arm of the country’s largest lesbian, gay, bisexual and transgender (LGBT) civil rights organization. The honor is awarded to health care facilities that meet the HRC’s four core LGBT-inclusive benchmarks evaluating organizational policies and practices related to LGBT patients, families and employees.

Since 2013, SCCA has earned the designation for its commitment to equitable, inclusive care for LGBT patients, and their families, who can face significant challenges in securing the quality health care and respect they deserve. SCCA also received the designation for its commitment to employee non-discrimination policies that specifically mention sexual orientation and gender identity and that provide training to employees.

“We strive to be a model of diversity and inclusion in health care,” said Alphonso Emery, director of diversity and human resources at SCCA.
65 Top Docs

We have a long tradition of having a large number of our doctors in notable publications. More than 65 doctors were recognized in Seattle magazine and Seattle Met magazine’s Top Doctors lists.

Seattle Met magazine featured 65 SCCA oncologists and specialists as Top Doctors. Physicians from SCCA’s three partner organizations — Fred Hutch, Seattle Children’s, and UW Medicine — appear prominently throughout the list.

“Our care teams are the best of the best,” said Dr. Marc Stewart, medical director and vice president of SCCA.

SCCA nurses take top honors

We’re very proud of our nurses, who are fundamental to the excellent care that SCCA provides to patients. Two of our nurses, each reflecting the excellence of nursing leadership, research and expertise that exists at SCCA, earned distinguished awards.

Lenise Taylor, RN, AOCNS®, received the 2017 Oncology Nursing Society (ONS) Excellence in Blood & Marrow Transplantation Award. The award recognizes and supports excellence in nurses engaged in blood and marrow transplantation. The Oncology Nursing Society (ONS) is a professional association of more than 39,000 members committed to promoting excellence in oncology nursing and the transformation of cancer care.

Terri Cunningham, RN, was chosen as March of Dimes’ Distinguished Nurse of the Year for her extraordinary contributions to the nursing profession in Washington state.
Our community

We are devoted to the citizens of the Northwest and approach our mission to end cancer with compassion, collaboration, and creativity. We treasure the people and the places of the Puget Sound, where generous donors and volunteers give it their all to provide the critical funds for the vital work we do on behalf of our patients and their families.
Swim Across America’s banner year

The day dawned hopeful on September 10, 2016, as a fleet of 385 swimmers and 143 volunteers converged on Lake Washington in what would become Swim Across America (SAA)–Seattle’s banner year.

“From Olympians to novices, people facing cancer diagnoses or swimming in a loved one’s honor, and those compelled by their love of swimming or a passion for research are here,” said Scott Whelan, SAA’s event director.

Swimmers, each bearing the excitement to move forward and expand the cause, plunged into the cold waters and raced into the day.

Among the participants was Team Benoit, a powerful force of family and friends of Matt Benoit who passed away on April 24, 2016. He had been diagnosed with Ewing’s Sarcoma.

Matt Benoit loved to swim. He was a competitive college swimmer and SCCA patient who rallied friends, family and teammates to participate in Swim Across America–Seattle. While he underwent treatment, he encouraged his swimming community to help make an impact, to keep going with the goal to raise funds for the place that cared for him.

His father, Dan Benoit, led his son’s team, after Matt’s passing, working tirelessly to gain overwhelming support from 100 swimmers and scores of fundraisers. Team Benoit raised more than $200,000 alone, breaking the team fundraising record for all swims in SAA history, nationally. Matt’s Benoit’s memory will live on, as Team Benoit is set on returning even stronger in 2017.

SCCA is honored to be the beneficiary of such a powerful, passionate group of participants who are steadfast in their commitment to help ignite new clinical research to benefit patients and their families.

Remarkably, SAA–Seattle is an entirely volunteer-driven event. This includes 60 water volunteers, 80 land volunteers, a safety team, pancake-feast food prep and an event leadership committee. One of these dedicated volunteers is David Day, a father of two who brought the Swim to Seattle in 2009.
“We were looking to fund cancer research that would make an impact. We found the partnership at SCCA to be very integrative, and the people and programs were the best fit.”

Now, nine years and eight swims later, Day advocates even more passionately for what’s possible in the face of struggle and challenges. For him and his family, SAA has always been about supporting research. The urgency of that need became even more apparent in 2015, as David’s wife, Martha Ries, was getting ready to swim again, when a CT scan for a shoulder injury detected pancreatic cancer. She passed on May 29, 2016.

Said Day: “Swim helps people who are suffering — both caregivers and those with cancer. It brings about a sense of endeavor, hope, catharsis.”

Swim committee member Beth Hykes finds her drive in linking her passion and love of swimming to benefit others in the health care field where she works. Hykes is a lead volunteer at the event and organizes a family-friendly Belly Flop contest to raise more funds and build excitement ahead of the event.

“Swimming makes me feel strong and empowered,” said Hykes, who has participated in the swim for seven years. Now, she includes her children in the event. “I was really drawn to it because it seems like a perfect blend of two things I really care about.”

Swim Across America is a national non-profit dedicated to raising money for cancer research, prevention and treatment through swimming-related events. SAA–Seattle raised more than $540,000 for cancer research at SCCA in its eighth year and has raised nearly $2 million since its inception.

Swim Across America advances cancer care, research
By Dr. Venu Pillarisetty

I’ve dedicated my career to researching improved treatments for people who are diagnosed with pancreatic cancer and other aggressive types of cancer. My goal is to find something that’s lasting.

Because of generous gifts from Swim Across America–Seattle, several ideas were transformed into successful research.
Investing in tomorrow’s medicine

When I began my research in 2009, Swim Across America was essential to my progress.

My initial work involved studying the immune cells in human pancreatic cancer. As an early-stage researcher, I had limited startup funds provided by SCCA’s partner UW Medicine and the Cancer Center Support Grant. That’s why I was particularly grateful to receive $40,000 from SAA, which helped fund the salary for my laboratory technician. Thanks to SAA’s support, we worked together for three years, initially under the strong mentorship of Dr. Cassian Yee and, later, Dr. Stanley Riddell, both at Fred Hutch. Ultimately, our work was published and my lab technician was admitted to medical school.

Early SAA funding truly jump-started my career, ultimately granting me the opportunity to pursue studies outside of my pancreatic specialty (sarcoma, colorectal, and head and neck cancers), enabling me to look at different tumor types to help me understand each one better.

Today’s research is proving to be very promising, as we continue working towards understanding the interactions between immune cells and cancer cells. We have been very fortunate to have recently received another round of funding from SAA through a competitive grant program at Seattle Cancer Care Alliance. This funding will allow us to learn more about the way that T cells (the primary cancer-killing immune cells) proliferate in pancreatic cancer and some of the mechanisms that might prevent this from happening.

There is no way for a clinician scientist to be able to do cutting-edge, high-risk research without outside funding from forward-thinking organizations like Swim Across America.

Dr. Pillarisetty is a surgical oncologist at SCCA and a faculty member at the University of Washington.
SCCA House Hit Fore the House event

SCCA House was built with the purpose of reducing the level of stress on patients and their families during cancer care.

With the help of devoted organizations like Hit Fore the House, bringing the comforts of home is much easier to the people who need it the most.

Hit Fore the House is an annual golfing event hosted by the Women’s Division of the Meridian Valley Country Club. Inspired by some of their own members who have been affected by cancer, the Women’s Division created the fundraiser in 2012. Hit Fore the House donates 100 percent of its proceeds to the SCCA House each year.

“We wanted our event to have an impact that reached across our membership,” said Carol Fleck, a Women’s Division member and previous Hit Fore the House chair. “An event that both men and women could get behind. So we were excited to hear that every dollar goes toward the House.”

SCCA House can provide guests with amenities like furnished suites, a fully equipped kitchen, free laundry service, and other necessities to make their stay feel like a home away from home.

“SCCA House has helped our family through some of our hardest moments,” said an SCCA House guest. “It’s been such a relief to have peace of mind and a clean, safe, friendly place to go, no matter what our income.”

Built and designed to meet the needs of patients undergoing cancer treatment, the SCCA House makes it possible for families to travel to Seattle to receive their treatment. With 80 apartment-style units within blocks of SCCA and consistent infection-control measures, we can ensure that patients will feel safe, comfortable and taken care of beyond their time in the clinic.

The Hit Fore the House fundraiser raised $24,751 last year and has raised more than $86,300 since its inception.
glassybaby invests in future oncology nurses

Glassybaby has provided $25,000 to support a newly named scholarship for SCCA nurses and oncology nurse students training at area universities and colleges. The Rosemary Ford Future of Oncology Nursing Scholarship was created to honor Rosemary Ford’s 40-year legacy of nurturing the continuum of education in the nursing profession throughout SCCA.

Ford began her work at SCCA partner organization Fred Hutch as the nurse for Nobel Prize winner Dr. E. Donnall Thomas, during the early years of the Bone Marrow Transplant (BMT) program. There, she helped to establish the standard for BMT nursing. Now her work and influence extend to the broader field of oncology nursing through continuing education.

“We are grateful to glassybaby for allowing us to reach and empower even more oncology nursing students of promise,” said Kathleen Shannon Dorcy, director of clinical/nursing research, education and practice, at SCCA. “Their partnership will allow us to build on Rosemary’s legacy of lifelong learning and dedicated clinical excellence in cancer care in support of SCCA patients.”

The scholarships will support oncology nursing students at local colleges and universities, as well as SCCA nurses enrolled in advanced nursing programs. SCCA awarded 10 nursing scholarships on December 15, 2016 — three to SCCA nurses, and seven to students at five nursing schools across the Puget Sound region: Seattle Pacific University, Seattle University, University of Washington, Green River College and North Seattle College.

From left, glassybaby’s Vice President of Partnerships JP Liddle, scholarship recipient Arlyce Coumar, scholarship recipient Bonny Ogala, Rosemary Ford, Chukwuma Nwokei, and Glassybaby’s David Robinson.
“We are honored to partner with Seattle Cancer Care Alliance to expand its scholarship program for specialty oncology training,” said JP Liddle, glassybaby’s vice president of partnerships. “With thousands of grateful patients, family members and friends, we hold the work that nurses do at Seattle Cancer Care Alliance every day in the highest regard, all in support of the best possible outcomes for patients.”

The award builds on robust support received by SCCA from glassybaby, which totals more than $100,000 since 2004. SCCA also has a signature glassybaby giving color, called “goodness.” Glassybaby donates 10 percent of each sale of goodness votives to SCCA year-round. Proceeds support the Patient and Family Assistance Fund at SCCA, which provides support beyond medical care to patients in need.
Caring for our community

As a nonprofit, mission-driven organization, SCCA takes seriously our commitment to the communities we serve. Our mission unites the drive to improve cancer care and outcomes for patients and their families with the power of clinical research. The work we do in the community is an extension of this mission.

In 2016, we devoted more than 9.4 percent of our operational costs, or over $44.5 million, to benefit our community, including extending our high-quality clinical services to those who otherwise would be unable to afford them. Here’s a breakdown:

- **$25.7 million** in subsidized care for individuals
- **$3.3 million** in community health improvement services
  - Tobacco cessation counseling
  - Education for low-income populations
  - Mammography screenings for underserved populations
  - Educational offerings at community events on the latest developments in cancer treatment options
  - Providing subsidized health care support services such as housing and transportation to our patients
  - Cash and in-kind donations
- **$5.5 million** to educate health professionals on the latest best practices in cancer care
- **$10 million** on leading-edge research that improves treatment and prognosis for cancer patients
## Community benefit allocations

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uncompensated care</strong> includes free or discounted health services provided to patients who can’t afford to pay, and who meet SCCA or government criteria for assistance.</td>
<td>$25,699,992</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Community health improvement services and community benefit operations</strong> are services that are intended to improve the health of our communities, and go above and beyond direct patient care services to individuals.</td>
<td>$2,333,915</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Health professions education</strong> includes the work that SCCA does to train medical professionals in the community in the type of advanced care and support that SCCA provides, in order to share expertise and expand our reach beyond our immediate patient population.</td>
<td>$5,462,031</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Research</strong> includes clinical and community-health research that SCCA undertakes, with results that are shared outside SCCA and used to improve the practice of health care.</td>
<td>$10,072,968</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Cash and in-kind contributions for community benefit</strong> includes funds, in-kind services and staff volunteer time during work hours that is donated to individuals and community groups.</td>
<td>$944,206</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$44,513,112</td>
<td></td>
</tr>
</tbody>
</table>
Cancer Care Champions

We are humbled by each of the people and organizations who support our mission, and we hold a special place in our hearts for those who have personally invested at least $1,000 in SCCA’s programs and services. As we offer our gratitude to our Cancer Care Champions, we invite you to join their ranks. Please contact champions@seattlecca.org or call us at (206) 606-2070.

$250,000 >
The Safeway Foundation*
Swim Across America*

$100,000–$249,999
The Kaphan Foundation

$50,000–$99,999
glassybaby White Light Fund*
Hae-Joo (Helena) Park
Vitalogy Foundation

$25,000–$49,000
Mr. and Mrs. Mike G. Matz

$10,000–$24,999
Carl and Renee Behnke*
Mr. Christopher Corapi
Costco Wholesale*
In Memory of Donald M. Jasper
Mr. Paul Jinneman
Kurt and Kylee Shintaffer
Sterling Realty Organization*
Mr. and Mrs. Michael Truax
Voya Foundation

$5,000–$9,999
Ray and Armetta Burney, RLA Engineering
Linda and Ken Copper
Cosway Company Inc.
Ms. Jill Day
Mrs. Karen M. Gilhousen
Mr. and Mrs. Kevin P. Gosney
H.L.S.
In Memory of James Lee
Mr. Harry Linker*
In Memory of Andrea McKenzie
Dr. Daniel J. Moore and
Mr. John C. McCoy
Names Family Foundation
The Paul S. Pariser Foundation Inc.
Michael and Pauline Traino

*Inaugural Cancer Care Champions
Mr. Joseph Vultaggio
Barry Willis
Ms. Barbara P. Wimmer
Keith and Debbie Winkle*

$1,000–$4,999
Dave and Kim Ackerson*
Amazonsmile Foundation
The Family of Ponce Ancheta
Mr. and Mrs. Grant B. Anderson*
George W. Bacon*
Bahn Thai Restaurant
Karen and Robert Bakemeier*
Dr. Michael Balise
Drs. Pamela Becker and F. Marc Stewart*
Mr. David Beitel
Richard E. Berger, MD, and
Deborah M. Berger
The Berkman Family
George S. Berkman
Mr. and Mrs. Lynwood Bishop
Boeing*
In Honor of Tracy Kay Bohl

Gregory Bower
Bill and Toni Boyd*
Bremerton-Kitsap Airporter Inc.
Mr. David C. Brown
Dr. S. Lori Brown*
Jim Bruene and Kate Schultz
Mr. and Mrs. Raymond Burney
Mr. Russell Burns
Shari and Frederick Burns
Dr. David Byrd*
Mrs. Marlo Caldwell
Mr. Todd Carlton
Ross and Julie Case
Celgene Corporation
Mike and Karen Chadduck
Ms. Josephine Chen
Mr. and Mrs. Yung P. Chen
Denise and Joshua Chmela-Gerdon
Frank and Linda Colson
Compendium*
Philip and Marjorie Compton
Dr. Shannon Corbin and Mr. Jonathan Tingstad*
Mr. Vincent Costa
Lydia H. Dane

Nancy E. Davidson and Thomas W. Kensler
The Delman Family
Denny Park Lutheran Church
Ms. Michelle Desmond
Mr. Tyler Dodge
E.B.R. Foundation
Mr. and Mrs. Robert C. and Vera Ellen Fahl
Janice L. Ferguson*
Mr. Bruce Fetter
Mr. and Mrs. Alden J. Fischer, Jr.
Mr. Joseph F. Fisher
Bob and Micki Flowers
Ms. Rosemary J. Forte
Mr. and Mrs. Phillip F. Frink, Jr.
The Frye Family
Galiotto Family Foundation
Bill & Melinda Gates Foundation*
Mr. Kent Gavin
Deborah and Mark Gentzen*
Mr. and Mrs. Ralph and Bea Gilfilen*
Kari Glover and Thad Alston
Mrs. Teri Gobin
Ms. Maria M. Gonzalez
Google Matching Gift Program
Mr. and Mrs. Daniel C. Gover
Jerry and Lyn Grinstein
Mark and Dana Hagenbaugh
Mr. Philip Hamm
Mr. Jerry Hardie
Mrs. Shanon Hardie
Hargis Engineers
The Larry J. Harle Family Charitable Fund
Sally V. Harris
Mrs. Gabriela Hearst
Heating Works LLC
In Memory of Marilynn N. Hedell
Dr. and Mrs. Frederick T. Helmer
Mr. Harlan Hile
In Memory of Jordan Michael Hill
Ms. Karyn R. Honigsfeld
Jerry and Annamarie Hoobler
Hop Jacks
Norm and Carla Hubbard*
Mr. Jay Huck
Tom and Julie Hull
iHeart Media
Mr. and Mrs. Joseph L. Jacobsen
The Jagels Family*
In Honor of Tohid Jangi
Lars E. Johnson and Shannon P. Johnson
Rich and Aimee Jones*
Mr. Ken Kamm
John Kasonic Family
The Ko Family
Walter and Wilma Laity*
Tom and Janet Leeds*
LeRoss Family Foundation*
Janet Levinger and Will Poole*
Mr. and Mrs. Randolph M. Lindbald
Phyllis A. Lindsey
Ms. Kristine A. Logan*
Ms. Svetlana Loksh
Dr. and Mr. Susan C. Lubetkin
Mr. Murdock D. MacPherson, Jr.*
Ms. Lori A. Mason Curran
Jeremy and Linda Mattox
Caron and Richard McCune*
Mr. and Mrs. Greg McFarland
Michael and Nicki McMahan
Kimberly McNally and Mark Sollek, MD*
David L. and Victoria A. McNeely
Dr. Sandy Melzer and Ellen Evans
Merck Sharp and Dohme Corp.
Danny and Suzanne Meyer
Microsoft*
Mr. Frank Mirabelli
Robert and Gwen Moore
Dr. Michael Mulhern
Bill and Mary Ann Mundy*
Ms. Monica L. Names
National Breast Cancer Foundation
Neighborhood Grills
Management LLC
Mr. and Mrs. Stephen F. Norman
Mr. George Oh
Old Settlers Association of Whatcom County Inc.
Tom and Miggie Olsson*
Olympia High School Girls’ Volleyball and Soccer Teams
Mr. M. Omar
Mr. and Mrs. Richard J. Omata
Tom and Cynthia Ostermann
Mr. Dale Pedersen
Drs. Carl and Jeannette Pergam*
Perkins Coie Foundation
Pfizer Inc.
Doug and Cassie Picha
Jay and Julia Portnoy
Mr. and Mrs. Thomas Powers
Mr. Craig Prince
Puget Sound Speed-Crabbing
Brooks and Suzanne Ragen*
Monnette Rancour
Richard and Laurel Rand
Mr. Stephen R. Richards
Stephen and Victoria Richter
Ristorante Machiavelli
Tyler Robison
Mrs. Kerry Rogers
Sharon Romm, MD*
Edwin and Barbara Rossow
Dr. Ladd D. Rutherford
Safety Shirtz
The Saint Paul Foundation
Mr. and Mrs. Wiley E. Sampley
Ms. Carla Sarabia
Mr. and Mrs. Paul T. Schwedler
Howard and Beatrice Seelig*
Mr. and Mrs. Mark A. Segale
Mark and Erin Shagren
Mr. and Mrs. Shahryar Shahrivar*
Moreen Shannon-Dudley
Mrs. Linda Shaudis
Marlene and Arlene Shelley
Martin and Kari Shelley*
Eugene Skiffington*
Slalom
Smith Brothers Farm
Mr. Bradley Smith
Mr. David G. Smith*
Mr. and Mrs. Steve and Tanya Smith
Karen M. Solimano and James P. Solimano*
Marta and Jim Specht
Alexander C. and Tillie S. Speyer Foundation*
Dr. and Mrs. F. Bruder Stapleton*
The Staves Family
In Memory of John and Louise Steegstra
Ms. Elizabeth Stolpe
Jim Stratton
Mr. John W. Stroh Jr.
Tim and Kara Sullivan*
Tassi Vending LLC
Team R4C—Riding for Cures
Mr. and Mrs. Craig Timberlake
Mr. Hans Ulland
University of Phoenix
Bellevue Campus
Mr. Kent Van Valkenburgh
Mr. and Mrs. Kirkland D. Voll
Francie Warnekros with Putt Cancer in the Hole
Washington State Employee Combined Fund Drive*
Karla and Gary Waterman
Wells Fargo Community Support Campaign
Whatcom Community Foundation
Marie Legaz Whitley
Mr. Stephen R. Whyte
Dave and Joyce Williams
Ms. Heather Williams
Stephen and Marcia Williams
Frank and Betty Vandermeer*
Mrs. Keith A. Vormsberg*
External fundraising events

SCCA is grateful to be the beneficiary of many local fundraising events. Without the dedication and support of our community, we would not be able to achieve the standard of care for our patients that we work so hard to maintain.

31 Bags
A Puyallup mother wanted to give back, so she asked people to sponsor “chemo care bags” filled with goodies for patients, like warm socks and games, then passed them out in our clinic.

WIG fundraiser
An SCCA patient said her wig made continuing to go to work each day possible. She gathered friends and family for a “fun-draiser” where attendees each wore their own wig, spent time with loved ones, and donated to the SCCA House.

Jewelry Fundraiser
A former breast cancer patient and Burien-based jewelry designer was inspired to create a special “Give Back Collection,” from which a portion of proceeds were donated each year.

Chemo Knit Caps
The One Joy Foundation was formed to support cancer patients undergoing chemotherapy. They provided discounted yarn to anyone who wanted to create and donate knit hats for SCCA patients.

Quilt Raffle
A former breast cancer patient raffled off beautiful handmade quilts to friends and donated 100 percent of the proceeds to breast cancer research.

Really Angry Crabs
A speed-crabbing event, $1 per crab caught to SCCA’s Greatest Needs fund.
Seattle Rock & Roll
A mother-daughter team, joined by runners from Lake Washington Dermatology, completed 13.1 miles in support of melanoma research and clinical trials.

Safety Shirtz
Purchasing this special Seahawks apparel gave fans an opportunity to support the SCCA Mammogram Van, a mobile mammography service for women across Washington.

140.6 for the Fight
A Lynnwood mother joined the Iron Woman in memory of her best friend. Together, they completed 5 triathlons throughout her treatments, so she dedicated this race to raising money for cancer research.

Putt Cancer in the Hole
An Arizona woman was inspired to create this fundraiser on behalf of her late mother who had a brain tumor. She brought the putt-putt golf tournament to Seattle and encouraged participants to decompress, dress up wacky and play to benefit brain cancer research.

6th Annual Bob Miller Ride
Organized by the children of Bob Miller, who was an avid cyclist and patient at SCCA, this one-day memorial ride in Snoqualmie helps support lung cancer research.

Pink-a-licious Cookies
Smith Brothers Farms partnered with Alki Bakery to create and sell pink cookies to their customers, raising awareness and donations for breast cancer research at SCCA.

Miracle Minute
An Ingraham High School student and ASB member hosted a Miracle Minute fundraiser for breast cancer awareness month at her homecoming assembly.

Inspired by a friend diagnosed with cancer, the Marysville High School volleyball team hosted a Miracle Minute fundraiser benefitting lymphoma research.

Dig for a Cure
The Woodinville High School girls’ volleyball team hosted a tournament for breast cancer awareness month, collecting pledges for each dig and ace they achieved.

Stairing is Caring
Major companies around Seattle (including Expedia, HBO and Zillow) help host a stair-climbing competition at Safeco.
Bahn Thai Restaurant
After one of their partners received lung cancer care at SCCA, this family-run restaurant was inspired to host a philanthropy dinner benefitting stem cell research.

MegaPath Brunch
The Seattle-based company hosted a brunch fundraiser to engage employees and support breast cancer research.

Foundation Crossfit
Inspired by members of their community who have been affected by cancer in many ways, the gym hosted a burpee and weight lifting competition, which benefitted breast cancer research.

Compendium
A portion of proceeds from online sales in October are donated to Shine for breast cancer awareness month.

No Shave “Movember”
Employees of Hop Jack’s Restaurants who donate to SCCA are allowed to go the month of November without shaving, in support of prostate cancer research.

Anderson Community
An adult family home in Shoreline hosted ongoing cancer education programs during the month of November, concluding with a vintage wedding-themed silent auction to benefit SCCA.

Hourglass Escapes
Receiving treatment for liver cancer made one man understand the emotional stress it can have on patients and their families. During his treatment, he found solace in engaging with loved ones through games. This inspired him to open his own Escape Room in South Lake Union and donate tickets for the puzzle-adventure to SCCA families.
Event sponsorships

Seattle Cancer Care Alliance is proud to be a part of exciting events, where we focus on taking care of and being a part of our community and coming together.

Bloomsday Run
Dragonslayer Walk for Sarcoma — NW Sarcoma Foundation
Lung Force Walk — American Lung Association
5K Bra Dash — Wings of Karen
Northwest Folklife Festival
Race for the Cure — Susan G Komen
Taste For Life — Bloodworks NW Foundation
Celebration of Hope Gala — PanCan
Pride Parade — Seattle Pride
Richard Sherman/game and auction dinner
Family Fourth — Seafair
SLU Block Party
LUNGevity Foundation — Breathe Deep Seattle 5k
Seattle Swim Across America — Swim Across America
Pink Boat Regatta Celebration Dinner
Pink Boat Regatta
Get Your Rear In Gear (Colon Cancer Coalition)
Light the Night — Leukemia and Lymphoma Society
Purple Stride Walk — PanCan
Annual Meeting — American Society of Clinical Oncology (ASCO)
Be the Match/Cord Blood Reunion
Annual Meeting — American Society of Hematology (ASH)
Celebrating Life Calendar — BMTinfonet.org
STG/SCCA Partnership — Seattle Theater Group
Light it Blue — Blue Cure Foundation
SCCA-Starbucks Cycling Team
8th Annual Seattle Hope Gala — American Cancer Society
Cancer Action Network — American Cancer Society
### Financials

#### Statement of Operations

<table>
<thead>
<tr>
<th>Fiscal Year (in thousands)</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$525,214</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>473,690</td>
</tr>
<tr>
<td>Income from Operations</td>
<td>51,524</td>
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<tr>
<td>Non-Operating Income &lt;Expense&gt;</td>
<td>3,497</td>
</tr>
<tr>
<td>Net Income</td>
<td>$55,021</td>
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#### Balance Sheet

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<thead>
<tr>
<th>2016</th>
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<tbody>
<tr>
<td>Current Assets</td>
</tr>
<tr>
<td>Assets Whose Use is Limited</td>
</tr>
<tr>
<td>Property, Plant, and Equipment, Net</td>
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<tr>
<td>Other Assets</td>
</tr>
<tr>
<td>Total Assets</td>
</tr>
<tr>
<td>Current Liabilities</td>
</tr>
<tr>
<td>Long-term Liabilities</td>
</tr>
<tr>
<td>Net Assets</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
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#### Key Statistics:

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<tr>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Treatment Episode</td>
</tr>
<tr>
<td>Patient Visits</td>
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</table>

<table>
<thead>
<tr>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
</tr>
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#### Operating Expenses

<table>
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<tr>
<th></th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation</td>
<td>25%</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>32%</td>
</tr>
<tr>
<td>Supplies</td>
<td>29%</td>
</tr>
<tr>
<td>Depreciation, Amortization, &amp; Interest Expense</td>
<td>5%</td>
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<tr>
<td>Other</td>
<td>8%</td>
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#### Revenues

<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue</td>
<td>93%</td>
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<tr>
<td>Other Operating Revenue</td>
<td>6%</td>
</tr>
<tr>
<td>Non-Operating Income &lt;Expense&gt;</td>
<td>1%</td>
</tr>
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</table>
Laying the groundwork for the future

In 2018, SCCA expects to break ground, expanding our current South Lake Union clinic building, to the west and south. The resulting clinic expansion will more than double our current size — and enables us to extend our world-class cancer treatment to more people.

We launched an ambitious planning and design process for this new eight-floor clinical space in 2016. With the help of many stakeholders, we’re currently determining how to configure the structure to deliver the best possible experience for our patients, caregivers and their families.
Innovative ways of improving patient care

SCCA’s South Lake Union expansion has begun with intensive explorations and outside-the-box thinking into how to enhance patient-centered care.

It’s called Integrated Facility Design (IFD): a process that requires participants to think through — and experiment with — processes and structures to optimize experiences and workflow. The goal is to generate best-case solutions in clinical design.

SCCA staff, management, patients, and caregivers have successfully worked through this process for the development of clinic spaces.

As part of the design phase of SCCA Medical Oncology and SCCA Radiation Oncology at Northwest Hospital & Medical Center (opened in 2013) and the Bezos Family Immunotherapy Clinic (opened in 2016), stakeholders met extensively to collaborate on goals and fine-tune processes and clinic layouts. In both cases, participants ultimately walked through and carefully thought through full-sized cardboard mock-ups of proposed clinical spaces. Walls, passages, patient rooms, windows, workspaces, and waiting rooms were repeatedly taken down, cut down, and repositioned.

Ultimately, what emerged were design solutions that can best address patients’ needs and challenges and support the most effective treatment.

Jesse Kasten, SCCA service line manager, stands before a mock-up of the expansion project.
Patients at the center of care

When SCCA was first envisioned more than 15 years ago, the goal was to create a place where patients could receive the very best outpatient oncology services — in one place and reap the benefits of an integrated focus on research, and connection to world-class physician-scientists. This approach, everything in one building, was unique at the time.

We have remained steadfast in our drive and values to provide the best care possible, resulting in some of the world’s best outcomes.

Now, to fully realize the potential our expansion at South Lake Union holds for patient care, we’ve embarked on the same process, only on a larger scale: We’re super-sizing SCCA’s IFD for our main clinical facility.

This IFD process is just as much about care as it is about design. Barbara Jagels, SCCA chief quality officer, said, “The primary emphasis of the current building-expansion IFD is the new model of care that we’re developing. The whole point is to first determine the way to best deliver care, which then drives how the space should be built.”

In the current South Lake Union clinic, patients navigate from floor to floor — for blood draws, scans, care provider consultations, infusions, and many other care services. The new model we’re testing is focused on an SCCA-wide aspiration: bringing all these services to patients. This is the “universal room” concept we now utilize in our clinic at Northwest Hospital & Medical Center and in the new immunotherapy clinic.

These clinics offer incredible innovations, but can this model of care be accomplished on a much larger scale? And how would that be realized in terms of the physical space?

These are questions that our IFD teams address in all-day sessions, which last for weeks at a time. Team members are tackling ideas and challenges floor by floor, service by service, cancer type by cancer type. IFD members include doctors and nurses, SCCA administrators and managers, and architects, designers and contractors. Also on the IFD team are SCCA bone marrow transplant recipient Steve Lowell, and Tom Olsson, SCCA volunteer.
“We’re really excited that we have patient and family advisors collaborating on our building design,” Jagels said. “We are planning to bring in other patients and family members as this process proceeds. Their participation and perspectives are incredibly important.” She gave the example of the IFD process for the new immunotherapy clinic. “As a result of that IFD, SCCA made substantive, meaningful, and dramatic changes, based on patients’ and families’ input. I’m really proud of the collaboration and teamwork that enabled that to happen.”
Tom Olsson speaks from deep experience as a caregiver. A decade ago, when his wife Miggie Olsson was treated for an aggressive form of pancreatic cancer at SCCA, he accompanied her to every appointment — while also working full time. The experience left them with a deep desire to give back. She is a success story, and ten years out. “Miggie and I feel that it’s important for her to be there as a beacon of hope for other patients and their families,” Olsson said. Since then, they have both invested their time and talents as volunteers for SCCA.

Miggie and Tom volunteer widely at SCCA. Miggie helps staff SCCA’s Guest Services desk. Tom serves on SCCA’s Executive Quality Committee. Both participate in new employee orientations, share their experiences as part of Continuous Process Improvement efforts, and serve on SCCA’s Patient and Family Advisory Council. Now, Tom is making a significant volunteer commitment as a participant in the South Lake Union Clinic Expansion IFD.

“We’re going through this exercise with each one of SCCA’s care teams,” he says. “Everything is on the table: We’re examining practices throughout the entire building. And we’ll go through this exercise for each floor.” A key focus is on minimizing stress on patients, while maximizing amenities for them and their caregivers — including areas where they can relax and decompress.

“We’re considering the experience of patients from the moment they first walk through the door into the clinic,” Olsson concludes. “Our whole team has really embraced this process, and is very open-minded about thinking outside the box. We’re working extremely hard to come up with a world-class cancer-treatment facility that will be highly effective for SCCA patients and their care providers.”
Seattle Cancer Care Alliance Leadership

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Back row (left to right): Linda Mattox, Jacque Cabe, Norm Hubbard, Robb Bakemeier, Brooks Ragen, Mike Delman, Carl Behnke, Richard Yarmuth, Rich McCune, Gerald Grinstein.
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Not pictured: Bob Flowers and Steve Stadum.
Our collective success hinges on each of us conducting ourselves in accord with a set of values — operating principles — in everything we do. Together.

**We are patient-centered**

Everything we do must be linked to our ability to deliver better, safer outcomes for our patients. Nothing is more important, and any choice that could lead us astray from that focus is no choice at all. We approach everything we do with compassion, conviction, and a constant striving because we know how profoundly important our work is to the lives of the patients we serve.

**We are collaborative**

Our ability to be better together hinges on cultivating a culture of teamwork that is not only unusual, but unprecedented. Not just among the many different people of SCCA, but with our patients and caregivers as well. We understand that asking for and offering help in how to do better is not just a right, but among our most important responsibilities.

**We are innovative**

The existence of SCCA is the result of a truly innovative approach to fighting cancer. Each of us — regardless of the role we play — is here because we have the chance to push the boundaries of conventional wisdom in that fight. We will nurture an environment that fosters unconventional thinking, a passion for discovery, and the open-mindedness to invite discovery from unexpected places.

**We cannot just be comfortable with change;** we must embrace it as proof that we are making progress. The speed of our progress is entirely linked to how well we integrate new insights into our research, our teaching, and our clinical work. We will be known for our ability to adopt new approaches and practices, because our patients come to us for the most advanced care available.

**We are respectful**

Our diverse range of backgrounds, perspectives, and experiences offers us the ability to meet the widely varied needs of the community of patients we serve. Each person and every job at SCCA plays a role in the safety and care of our patients. We are deeply respectful of our patients, their families, and each of our colleagues who serve them in so many different and important ways.

**Our work affects many dimensions** of our patients’ lives. While our focus is on their health and safety, we are conscious of the impact cancer care can have on people’s emotional well-being, financial security, and the environment we all share. Because our work is centered on people’s well-being, we approach it with the highest level of ethical, fiduciary and environmental responsibility.

**We are responsible**

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