

Cancer Center

2010 Annual Report

Based upon 2009 Cancer Registry Data



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Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Core Values

Dignity

We respect each person as an inherently valuable member of the human community and as a unique expression of life.

Service

We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community and society.

Justice

We foster personal and professional development, accountability, innovation, teamwork and commitment to quality.

Excellence

We advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

Diagnostic and Treatment Services

The Queen of the Valley Cancer center offers patients and their families access to the best diagnostic techniques and most innovative treatments offered today in one centralized, comfortable setting close to their home. Only the rarest forms of cancer are referred to university hospitals for care.

We are proud to have many board certified oncology specialists on our team. We have a multidisciplinary tumor board and offer access to clinical trials, nutritional, pastoral and social services support as well as a Cancer Wellness program. The Cancer Center offers an integrated approach to cancer treatment. Our staff are talented, experienced caring professionals who are committed to the patient and family quality of life.

Diagnostic and treatment services include:

- Laboratory (inpatient and outpatient)
- Hematology Oncology
- Imaging:
 - Magnetic Resonance Imaging (MRI)
 - Computed Tomography (CT)
 - Positron Emission tomography and Computed Tomography (PET/CT)
 - Diagnostic Radiology
 - Interventional Radiology
 - Diagnostic Ultrasound and Echocardiography
 - Nuclear Medicine
 - Women's Imaging Center:
 - Digital Mammography with CAD
 - DEXA Bone Density Scans
 - Stereotactic Breast Biopsy
- Pathology
- Surgery:
 - Inpatient (comprehensive procedures)
 - Outpatient Surgery & Procedure Center
 - Minimally Invasive Surgery:
 - Robotic Assisted
 - Advanced Laparoscopy
 - Endoscopy
- Radiation Oncology (Therapeutic Radiology)
- Rehabilitation Services



Queen of the Valley Medical Center
2009 Annual Report

Primary Site Table

Group	Total Cases	Class Analytic	Stage					NA	UNK
			0	I	II	III	IV		
ALL SITES	740	641	38	146	167	92	112	71	15
LIP	1	0	0	0	0	0	0	0	0
TONGUE	8	8	0	1	0	1	5	0	1
FLOOR OF MOUTH	1	1	0	0	0	0	1	0	0
MOUTH, OTHER & NOS	2	2	0	0	0	1	1	0	0
TONSIL	5	5	0	0	0	3	2	0	0
OROPHARYNX	1	1	0	0	0	0	0	0	1
NASOPHARYNX	2	2	0	1	0	0	0	0	1
HYPOPHARYNX	1	1	0	0	0	0	1	0	0
ESOPHAGUS	14	11	0	1	1	3	4	0	2
STOMACH	12	10	0	0	2	1	6	0	1
COLON	36	32	1	12	6	8	5	0	0
RECTUM & RECTOSIGMOID	17	16	1	6	5	4	0	0	0
ANUS,ANAL CANAL,ANORECTUM	5	4	0	1	1	2	0	0	0
LIVER	10	9	0	3	2	2	1	0	1
GALLBLADDER	2	2	0	2	0	0	0	0	0
BILE DUCTS	1	1	0	0	0	0	1	0	0
PANCREAS	18	17	0	4	2	1	8	1	1
RETROPERITONEUM	1	1	0	1	0	0	0	0	0
NASAL CAVITY,SINUS,EAR	2	2	0	0	1	0	1	0	0
LARYNX	9	9	0	2	2	3	2	0	0
LUNG/BRONCHUS-SMALL CELL	8	7	0	0	0	1	6	0	0
LUNG/BRONCHUS-NON SM CELL	97	90	0	23	3	24	39	0	1
LEUKEMIA	16	8	0	0	0	0	0	8	0
MYELOMA	17	11	0	0	0	0	0	11	0
OTHER HEMATOPOIETIC	13	7	0	0	0	0	0	7	0
SOFT TISSUE	4	2	0	0	0	0	2	0	0
MELANOMA OF SKIN	12	7	0	4	0	1	2	0	0
OTHER SKIN CA	2	0	0	0	0	0	0	0	0
BREAST	131	123	27	54	27	9	4	0	2
CERVIX UTERI	2	1	0	0	0	1	0	0	0
CORPUS UTERI	7	6	0	1	1	4	0	0	0
UTERUS NOS	1	0	0	0	0	0	0	0	0
OVARY	3	3	0	0	1	1	1	0	0
VAGINA	2	0	0	0	0	0	0	0	0
OTHER FEMALE GENITAL	2	2	0	0	0	1	0	1	0
PROSTATE	126	113	0	0	103	3	6	0	1
TESTIS	1	0	0	0	0	0	0	0	0
BLADDER	30	25	9	10	3	3	0	0	0
KIDNEY AND RENAL PELVIS	30	26	0	16	0	5	3	0	2
EYE	2	1	0	0	0	0	0	1	0
BRAIN	7	6	0	0	0	0	0	6	0
OTHER NERVOUS SYSTEM	20	18	0	0	0	0	0	18	0
THYROID	3	3	0	1	0	0	1	0	1
OTHER ENDOCRINE	5	2	0	0	0	0	0	2	0
HODGKIN'S DISEASE	5	5	0	0	4	1	0	0	0
NON-HODGKIN'S LYMPHOMA	29	25	0	3	3	9	10	0	0
UNKNOWN OR ILL-DEFINED	17	16	0	0	0	0	0	16	0

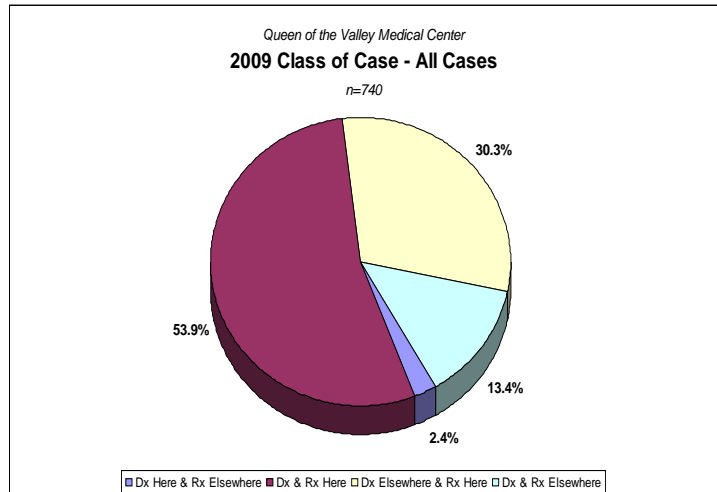


Cancer at Queen of the Valley Medical Center

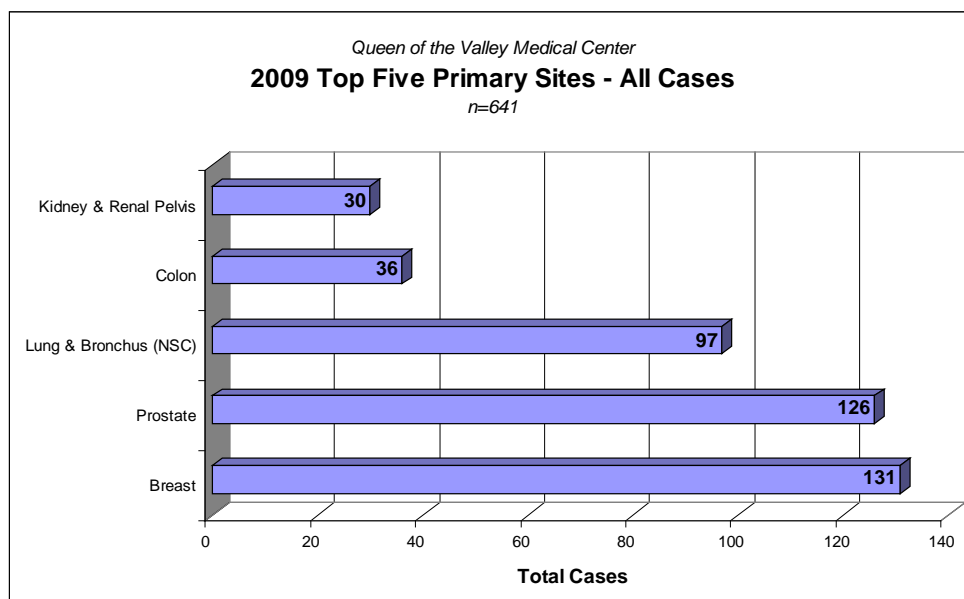
The Cancer Registry collects cancer case information in accordance with the Commission on Cancer (CoC), American College of Surgeons (ACoS), California State and Surveillance, Epidemiology and End Results (SEER) program requirements.

Cases are classified as either **analytic** (*diagnosed and/or treated with at least part of first course of treatment at QVMC*) or **non-analytic** (*diagnosed and received first course of treatment elsewhere*). Data analysis included in this report denotes the type of cases selected for each table or graph. Clinical data analysis is conducted on the QVMC analytical cases.

In 2009 a total of 740 cases were collected and reported, of which 641 (or 87%) were analytic (class 0, 1 and 2). Ninety-nine (99) cases were non-analytic (class 3-9) and represented 13% of the cancer incidence at QVMC in 2009.

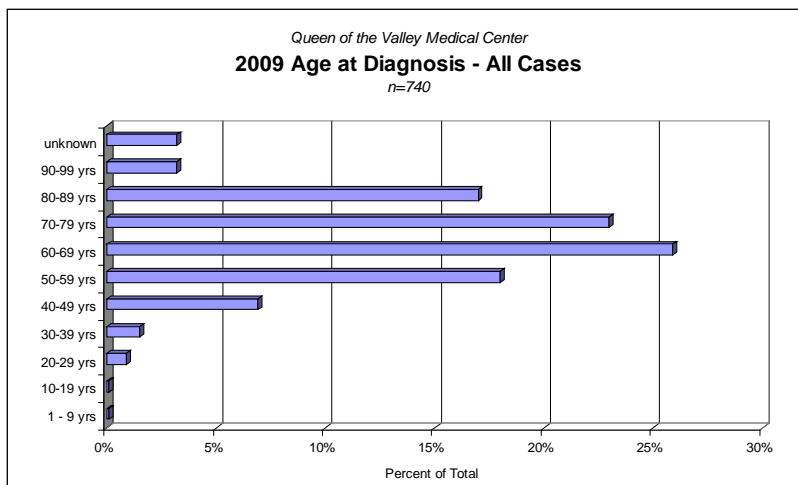


The top five (5) primary sites, distribution of cases by primary site and age at diagnosis demonstrate an expected distribution for the overall population and community served by QVMC.

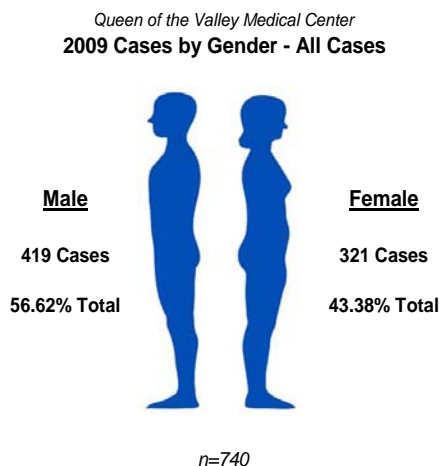


Queen of the Valley Medical Center
2009 Distribution by Primary Site - Analytic Cases
 n=641

Site	Total Cases	Percent of Total
Breast	131	21.4%
Prostate	126	20.6%
Lung & Bronchus (NSC)	97	15.9%
Colon	36	5.9%
Kidney & Renal Pelvis	30	4.9%
Bladder	30	4.9%
Non Hodgkin Lymphoma	29	4.7%
Other Nervous System	20	3.3%
Pancreas	18	2.9%
Unknown & Ill-Defined	17	2.8%
Myeloma	17	2.8%
Rectum & Rectosigmoid	17	2.8%
Leukemia	16	2.6%
Esophagus	14	2.3%
Other Hematopoietic	13	2.1%



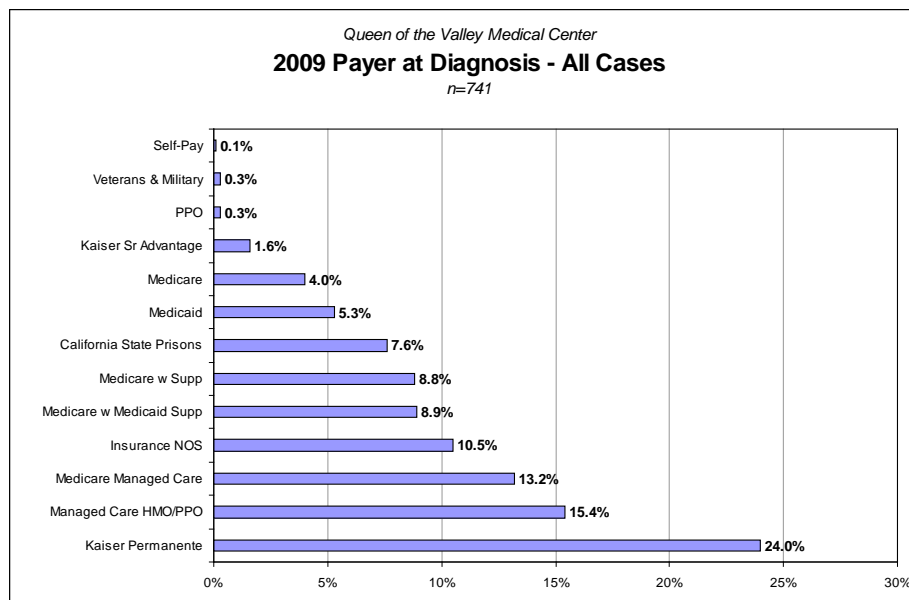
Distribution of cases by gender and city at diagnosis are as follows:



Queen of the Valley Medical Center
2009 City at Diagnosis - All Cases

Napa	398
Vallejo	69
Yountville	62
Vacaville	55
American Canyon	28
Saint Helena	19
Sonoma	19
Fairfield	15
Benicia	11
Calistoga	8
Angwin	7
Represa	5
Clearlake	4
Clearlake Oaks	3
Hidden Valley Lake	3
Lower Lake	2
Middletown	2
Pope Valley	2
Roseville	2
Suisun City	2
All Cities /w 1 Case	24
Total Cases	740

Analysis on the distribution of primary payer, or insurance is as follows:



In the American Cancer Society's *Cancer Facts & Figures 2010*, it was noted that about 78% of all cancers are diagnosed in persons 55 years and older. In the United States, men have a slightly less than a 1 in 2 lifetime risk of developing cancer. For women the risk is 1 in 3 adult women.

The National Cancer Institute estimates that about 1.5 million new cancer cases will be diagnosed in the year 2010 (excluding CIS of any site except bladder and basal and squamous cell skin cancers).

In 2010 about 569,490 Americans are expected to die of their disease which is more than 1,500 people per day. Cancer is the second most common cause of death in the United States and is exceeded only by heart disease. One (1) in every four (4) deaths in the United States can be attributed to cancer.

The US population has a changing demographic and in the past decade we have seen increases in decreases in selected primary sites of disease. Based on the 2010 statistics presented by the ACS, QVMC could see a fluctuation in local incidence numbers as well. Early predictions are shown below.

Queen of the Valley Medical Center
**Comparison of QVH 2009 Analytic Cases to American Cancer Society
Estimated 2010 New Cancer Cases By Primary Site**

	Male		Female		
	QVH	ACS Estimated Percent Increase/D decrease in 2010*	QVH	ACS Estimated Percent Increase/D decrease in 2010*	
Prostate	18%	0.0%	Breast	20%	-2.0%
Lung & Bronchus	9%	-1.3%	Lung & Bronchus	7%	0.0%
Colon & Rectum	7%	2.0%	Colon & Rectum	3%	2.0%
Urinary Bladder	3%	0.0%	Uterine Corpus	1%	-0.5%
Non Hodgkin Lymphoma	3%	0.0%	Non Hodgkin Lymphoma	1%	1.1%
Kidney & Renal Pelvis	3%	1.8%	Melanoma Skin	1%	4.1%
Oral Cavity & Pharynx	3%	2.0%	Kidney & Renal Pelvis	1%	2.4%
Pancreas	2%	0.0%	Pancreas	1%	1.7%
Melanoma Skin	1%	5.1%	Ovary	0.5%	0.0%
Leukemia	1%	-2.7%	Thyroid	0.3%	1.0%

*American Cancer Society, *Cancer Facts and Figures 2010*



Fighting Back Against Colorectal Cancer

The term colorectal cancer refers to an abnormal growth of cells that line either the colon or the rectum. Fundamental advances in understanding the biology and genetics of colorectal cancer are taking place now. This knowledge is slowly making its way into clinical practice and is being employed to better stratify individual risks of developing the disease, discovery of better screening methodologies, allowing for better prognostication and improving one's ability to predict benefit from anticancer therapies.

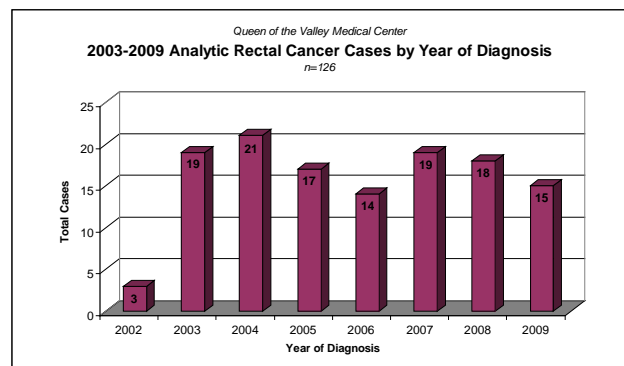
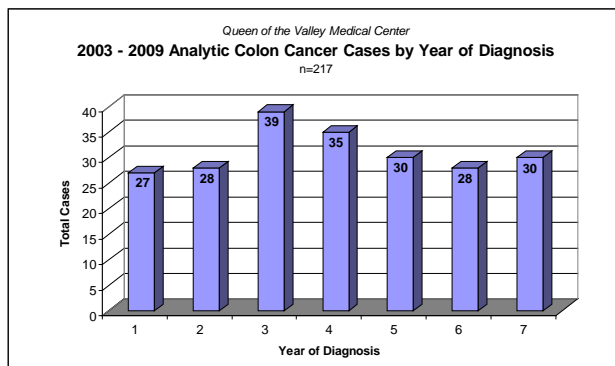
For purposes of this report colon and rectal cancer data from the year 2003 through 2009 is made between the Queen of the Valley Medical Center and the National Cancer Database (NCDB) as part of our participation in the Commission on Cancer (CoC) accreditation program.

About Colorectal Cancer

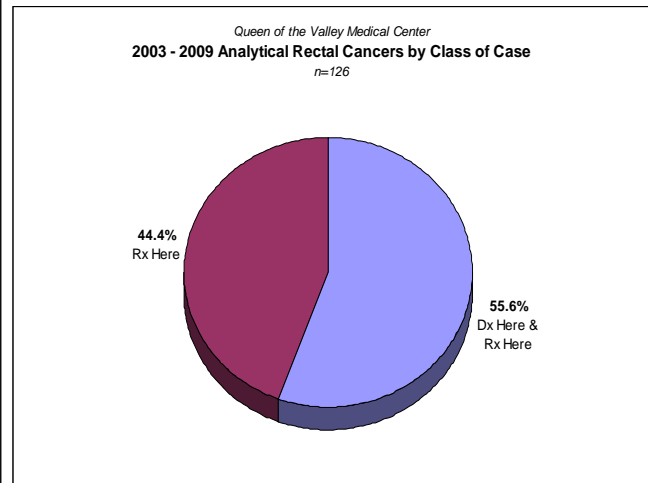
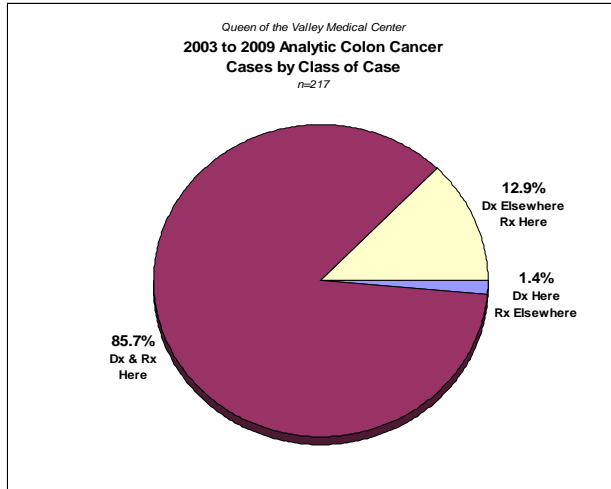
Colorectal cancer begins in the innermost layer of tissue and slowly spreads to the other layers as the disease progresses. Inflammatory polyps and most hyperplastic polyps do not have the potential to develop into cancer, although some hyperplastic polyps have been associated with cancers in the ascending colon. Dysplasia, such as in patients with ulcerative colitis, can also be a precancerous condition due to the chronic inflammation of the tissues within the colon. However, more than 95% of colorectal cancers begin with a non-cancerous adenomatous polyp. These types of polyps can take several years to develop into cancer. Once it becomes cancerous, the polyp can grow through the tissue and into the wall of the colon or rectum where it has access to blood and lymph vessels. These vessels allow the cancer to spread, or metastasize, through the rest of the body. Other rarer types of tumors can develop in the colon or rectum and include carcinoid, gastrointestinal stromal, and lymphomas.

Incidence

In the *Cancer Facts and Figures 2010* the American Cancer Society estimates that 102,900 cases of colon and 39,670 cases of rectal cancer will be diagnosed in the United States in 2010. Colorectal cancer is the third most common cancer in both men and women. From 1998 to 2006 the decline in incidence has accelerated (3.0% per year in men and 2.2% per year in women) which is largely attributed to increases in the use of colorectal cancer screening tests. Incidence rates at Queen of the Valley Medical Center for analytic cases in 2009 are as follows:



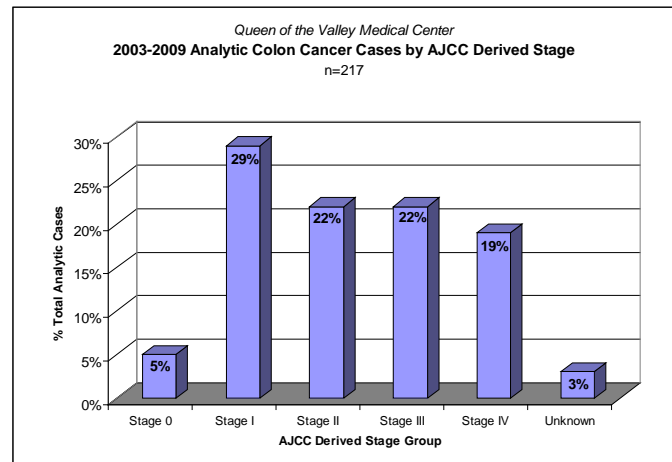
QVMC incidence rates can be further analyzed by looking at the class of case. Analytic cases are defined as those diagnosed and/or treated with at least part of first course of treatment at QVMC.



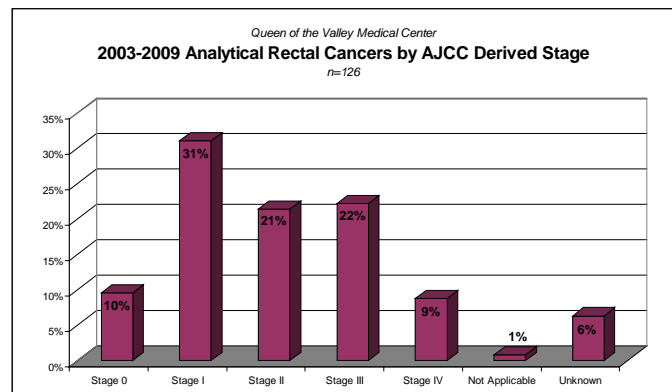
Causes and Risk Factors

The exact cause of colorectal cancer has not yet been determined in all cases. However, there is a number of preventive measures that can be taken to decrease a person's chance of developing the disease. Many of these measures involve lifestyle changes that have been found to decrease the number of colorectal cancer diagnoses as well as the death rate. It is important to remember the value of early detection of the disease. In its early stages, colorectal cancer is highly curable, and possibly even prevented if the adenomatous polyps are removed before cancer develops.

QVMC analytic cases by AJCC Stage are shown in the graphs to the right. For each, most QVMC cases are diagnosed at an early stage, or Stage 0 and I (29% for colon cancer and 31% of all rectal cancers) supporting our efforts for detection and screening.



Diet and exercise are two important lifestyle factors that can be controlled by the patient. Diets that are low in fat and high in fiber (5 servings of fruits and vegetables each day) are recommended by the National Cancer Institute. Recommendations also include taking a multivitamin with folic acid, increasing calcium intake and increasing vitamin D intake with milk.



Some studies have proposed that aspirin and other non-steroidal anti-inflammatory drugs (i.e., ibuprofen) may decrease the risk of colorectal cancer by 20-50% by inhibiting the multiplication of cancer cells and decreasing the size of adenomatous polyps, but studies are still ongoing to determine the exact effects that aspirin and NSAIDs may have as well as to determine the proper dosage. It is also well understood that aspirin and NSAIDs can have serious side effects such as gastrointestinal problems, bleeding and interactions with other medications. Therefore, these recommendations are not made as preventive therapy for low to average risk patients.

Some research has shown that hormone replacement therapy (HRT) in postmenopausal women may have a slight effect to lower the incidence of colorectal cancer and osteoporosis. However, HRT may also contribute to heart disease, blood clots, breast and uterine cancers.

Although a family history of colorectal cancer cannot be controlled, there are ways to lower the risk of developing the disease. Family members who have inherited the risk can be identified through genetic testing. Those diagnosed with FAP or HNPCC should begin routine colonoscopy screening at a young age. Due to the high number of polyps that are formed in FAP patients, it is also recommended that those affected with the disease have their colon surgically removed before the age of 20. Approximately 80% of all people who inherit the HNPCC gene will ultimately develop colorectal cancer. They are also at increased risk for other cancers including endometrium, uterine, ovarian, small bowel and stomach.

There is limited data that indicates the I1307K APC mutation found in Ashkenazi Jews may also slightly increase the risk for colorectal cancer, although this has not yet been definitely shown. People who have diseases in which the colon is chronically inflamed, such as in Crohn's Disease should also be screened for colorectal cancer. Dysplasia, or abnormal growth, of cells in the tissue layer of the colon or rectum is often the first sign of cancer.

Treatment of Colorectal Cancer

In the past ten years an unprecedented advance in systemic therapy for colorectal cancer has dramatically improved outcome for patients with metastatic disease. Until the mid-1990's, the only approved agent for colorectal cancer was 5-fluoracil. New agents that became available in the past ten years include cytotoxic agents such as irinotecan and oxaliplatin, oral fluropyrimidines (capecitabine and tegafur) and biologic agents such as bevacizumab, cetuximab, and panitumumab.

**Queen of the Valley Medical Center
2003-2009 Analytic Colon Cases by Stage and First Course of Treatment**

	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Total
None	0	4	0	0	9	5	18
Radiation Oncology	0	0	0	1	3	0	4
Radiation + Chemotherapy	0	0	0	0	0	1	1
Surgery Only	11	54	43	15	15	0	138
Surgery + Chemotherapy	0	1	7	27	9	0	44
Surgery + Hormone	0	1	0	0	0	0	1
Surgery + Radiation	0	0	1	0	0	0	1
Surgery + Radiation + Chemotherapy	0	0	2	1	0	0	3
Surgery + Chemotherapy + Hormone	0	0	0	1	0	0	1
Chemo Only	0	0	0	0	5	0	5
Chemotherapy + Immunotherapy	0	0	0	0	1	0	1
Total	11	60	53	45	42	6	217

**Queen of the Valley Medical Center
2003-2009 Analytic Rectal Cases by Stage and First Course of Treatment**

	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unk / NA	Total
None	0	0	0	0	0	0	0
Radiation Only	0	2	2	0	1	0	5
Radiation + Chemotherapy	1	3	4	5	5	7	25
Surgery Only	9	26	4	1	1	1	42
Surgery + Chemotherapy	1	1	0	5	3	0	10
Surgery + Hormone	0	0	0	0	0	0	0
Surgery + Radiation	0	4	1	2	0	0	7
Surgery + Radiation + Chemotherapy	1	3	16	15	1	1	37
Surgery + Chemotherapy + Hormone	0	0	0	0	0	0	0
Chemo Only	0	0	0	0	0	0	0
Chemotherapy + Immunotherapy	0	0	0	0	0	0	0
Total	12	39	27	28	11	9	126

Though surgery remains the definitive treatment modality, these new agents will likely translate into improved cure rates for patients with early stage disease (stage II and III) and prolonged survival for those with stage IV disease. Further advances are likely to come from the development of new targeted agents and integration of those agents with other modalities such as surgery, radiation therapy, and liver-directed therapies.



Support and Rehabilitation Services

The Queen of the Valley Cancer Center provides a complete range of patient care services, cancer prevention and a variety of rehabilitation and support services. The team includes certified oncology nurses, social workers, psychologists, pharmacists, radiation therapists, physical therapists, dietitians and clergy. Supported by the latest technology and medications they work together to meet the physical, emotional and spiritual needs of cancer patients from the time of their initial diagnosis through recovery and survivorship.

Support and rehabilitation services for cancer patients and their families include:

- A **Health Library** located in the medical center that includes a broad selection of cancer resources covering cancer-related topics.
- **Breast Cancer and Early Detection** services for women at risk or who are concerned about breast cancer by offering convenient access to numerous prevention and early detection services through the *Women's Imaging Center / Breast Center*.
- **Nurse Navigators** at the Queen of the Valley Cancer Center are Registered Nurses with many years experience who provide personal support and education to patients and their families. Nurse navigators work in collaboration with physicians and multidisciplinary team members to integrate clinical services into the patient's care by coordinating resources, services and support. They ensure that the patient's physical, psychological, spiritual and cultural needs are met long after discharge.
- **Cancer Wellness** the mission of the Cancer Wellness Program is to help cancer 'patients' become proactive 'survivors' to feel secure mentally, physically and spiritually. The 12-week program requires physician referral and provides participant support through scholarships made possible through community donations and the Queen of the Valley Medical Center Foundation.
- **Lymphedema Treatment** is provided by the Queen of the Valley Rehabilitation services and is highly regarded as a comprehensive lymphedema treatment program. Queen of the Valley is the only facility in the North Bay that offers a comprehensive program.



- **Case Management** and cancer care at Queen of the Valley is a person-centered, medical and psychosocial case management approach that determines the client's needs and helps to identify the appropriate resources to meet those needs. Our goal is to empower each client as they deal with his/her cancer diagnosis. Un- and under-insured cancer patients may be eligible for free cancer case management services, called *Cancer Care*, through the QVMC's Community Outreach Department.



- **Hospice Care** for terminally ill patients, their families and caregivers is provided through Hospice of Napa Valley. This team of healthcare professionals includes physicians, nurses, medical social workers, chaplains, pharmacists, counselors and hospice aides who focus on making the patients as comfortable possible. Services are provided in a number of settings based on the patient's individual and cultural needs.

- **Support Groups** meet routinely to share ideas and resources to help patients and their families through the cancer experience. Popular support groups include The Cancer Support Group and Bosom Buddies.
- **Cancer Research** at Queen of the Valley is one of only four programs in the State of California to bring clinical trials for new chemotherapy treatments to local patients. Our physicians partner with Stanford University Medical Center on important studies involving breast cancer and a variety of other cancer issues.

"Research has consistently shown that cancer patients do better, live longer and generally have an easier experience - if they feel supported by other people."

*~ Queen of the Valley
Medical Center website*



Highlights ~ In The News

Queen of the Valley Medical Center's Communication Services Department provides communication support to both the hospital staff and public. They are instrumental in creating bridges of information and encouraging participation from the communities served in Queen of the Valley programs and events. The following are some of the cancer- or medical center related communications that speak to the quality cancer care delivered at Queen of the Valley.

Press Releases



- “Kids Invited to Help ‘Name the Queen’s Robot,’” October 27, 2010
- “The Cancer-Fighting Kitchen,” October 22, 2010
- “National Study Confirms Significantly Higher Quality of Catholic-Health Systems,” September 30, 2010
- “Robotically-Assisted Surgery – The Wave of the Future,” September 13, 2010
- “Site Preparation Underway for Queen of the Valley Medical Center’s Advanced Diagnostic and Surgical Pavilion,” August 19, 2010
- “Queen of the Valley Medical Center Named National ‘Overall Best Performer’ by Avatar International,” August 11, 2010
- “Guardians of the Ribbon – ‘Pink Heals Tour’ Brings Message of Support for Women to Napa,” May 24, 2010
- “Congressman Thompson Talks Health Care Reform and Tours Wellness Center at Queen of the Valley Medical Center,” May 13, 2010
- “Queen of the Valley Medical Center Introduces New and Improved ‘da Vinci’ Robotic Surgery System,” January 18, 2010





Cancer-Related Committees

Executive Team

<i>Dennis Sisto</i>	<i>President and CEO</i>
<i>Barbara Eusebio, RN, JD</i>	<i>Vice President, Patient Care Services, Chief Nursing Officer</i>
<i>Dick Green</i>	<i>Vice President, Foundation, Chief Development Officer</i>
<i>Walt Michens, FACHE</i>	<i>Executive Vice President, Chief Operating Officer</i>
<i>Don Miller</i>	<i>Vice President Finance, Chief Financial Officer</i>
<i>Vincent Morgese, MD</i>	<i>Vice President Medical Affairs, Chief Medical Officer</i>
<i>Sr. Marian Schubert, CSJ</i>	<i>Vice President, Mission Integration</i>
<i>Ron Scott</i>	<i>Vice President, Human Resources</i>

Cancer Committee - 2009

<i>Ari Umutyay, MD</i>	<i>Chairman, Medical Oncology</i>
<i>Robert Dunham, MD</i>	<i>Vice Chair, General Surgery</i>
<i>Christian Anderson, MD</i>	<i>Radiation Oncology</i>
<i>Elizabeth Cunningham, MD, CLP</i>	<i>General Surgery</i>
<i>Paul Dugan, MD</i>	<i>Medical Oncology</i>
<i>James Hendricks, MD</i>	<i>Urology</i>
<i>Samer Kanaan, MD</i>	<i>Thoracic Surgery</i>
<i>James Knister, MD</i>	<i>Radiation Oncology</i>
<i>Zita Latona, MD</i>	<i>FP/Clinical Ole</i>
<i>Michael Merwin, MD</i>	<i>Pathology</i>
<i>Daniel Mirda, MD</i>	<i>Medical Oncology</i>
<i>Vincent Morgese, MD</i>	<i>Neurosurgery</i>
<i>Benjamin Platt, MD</i>	<i>Pain Management</i>
<i>Bruce Troup, MD</i>	<i>Radiology</i>
<i>Mike Ball, RHIA</i>	<i>Health Information Services</i>
<i>Debbie Benzoni, OCN, RN</i>	<i>Radiation Oncology</i>
<i>Pam Byrne, RN</i>	<i>Hospice</i>
<i>Sandy Clarke</i>	<i>American Cancer Society</i>
<i>Jamie Cline</i>	<i>Manager, 2N & 3N</i>
<i>Adele Cotter, RN</i>	<i>Breast Center</i>
<i>Beverly Dunbar, RHIT, CTR</i>	<i>Cancer Registry</i>
<i>Scott Dube</i>	<i>Physicist, Radiation Oncology</i>
<i>Kathy Flossman, RN</i>	<i>Performance Improvement</i>
<i>Larry Hazen, RPT</i>	<i>Physical Therapy</i>
<i>Linda Jund, BS, CTR</i>	<i>Cancer Program</i>
<i>Ruth LaRue, RN</i>	<i>Manager, 3S</i>
<i>Angie Mueller, RN</i>	<i>Community Outreach</i>
<i>Joann Munski, CNS</i>	<i>Pain Management</i>
<i>Adrienne Nazareno, PharmD</i>	<i>Pharmacy</i>
<i>Marianne Pecorella</i>	<i>Medical Records</i>
<i>Pam Randall, RHIT, CTR</i>	<i>Cancer Program</i>
<i>Susan Stanton (Suki), RN</i>	<i>Strategic Services</i>
<i>Mike Smith, RPT</i>	<i>Physical Therapy</i>
<i>Charles Vincent</i>	<i>Social Services</i>
<i>Jill Vohs</i>	<i>Medical Imaging</i>
<i>James Warnock, BCC</i>	<i>Spiritual Care</i>



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