Exceptional Care. Here in your Community. Here in your Hospital.

CANCER PROGRAM ANNUAL REPORT 2005
STATISTICAL DATA FROM 2004

Shady Grove Adventist Hospital
This is your hospital.
This year marked special recognition for the Shady Grove Adventist Hospital Cancer Program by the American College of Surgeons Commission on Cancer: Three-Year Approval with Commendation as a Community Hospital Comprehensive Cancer Program. Participation in this voluntary program, and this, the third successful survey, demonstrate Shady Grove's commitment and dedication to providing high-quality cancer care in our community.

Our cancer care services extend beyond the walls of Shady Grove Adventist Hospital. Community outreach remains a vital part of our program, and included breast cancer and colorectal cancer screening for low-income, under- and uninsured individuals, as well as numerous other educational and prevention programs. Our Cancer Screening Day provided testing for skin, colorectal, bladder, oral and prostate cancers (at no charge to the participant).

Within the hospital, state-of-the-art multimodality interventional approaches continue to be available and were expanded, including minimally invasive laparoscopic surgeries, and function-sparing approaches such as sentinel node biopsy. All of these innovative approaches support patients' early return to full function, and minimize sequelae related to the procedures.

New technologies, such as electronic medication administration systems and digital imaging systems in radiology, were implemented. These further support the program infrastructure to provide excellent services in prevention, diagnosis, treatment, rehabilitation and support for our patients.

Palliative care services were formalized and implemented for individuals for whom cure may no longer be the goal. A multi-disciplinary team began to see patients in April after attending intensive training at a Palliative Care Center of Excellence.

Shady Grove demonstrated its commitment to the highest standards of patient care by becoming a Planetree Affiliate in 2005. The Planetree philosophy focuses on patient-centered care within a healing environment.

2005 also saw groundbreaking for a $99 million expansion project at Shady Grove, which includes construction of a new four-story tower. This will house the dedicated oncology unit with designated palliative care beds, and will offer space for “healing gardens.”

As we prepare Shady Grove Adventist Hospital for the future, and serve our patients today, our dedication to serving the cancer care needs of the individual and of our community remain stronger than ever.

Sincerely,

Jerome Sandler, M.D.
Chairman, Cancer Committee

Gregory Dick, M.D.
Co-Chairman, Cancer Committee

The rendering on the left shows how Shady Grove Adventist Hospital will look when its $99 million expansion is complete.
Shady Grove Adventist Hospital’s cancer care services are an integrated system of hospital and community programs caring for patients, their families and the community. This year, we strengthened the foundation of our cancer care services and prepared for and implemented growth. The following are some of our many accomplishments for the year:

The Shady Grove Cancer Program received a Three-Year Approval with Commendation from the American College of Surgeons Commission on Cancer, attesting to the high quality of the cancer program and the care delivered to persons with cancer. In addition, the American College of Surgeons (ACoS) sought, and was granted permission, to use the Shady Grove’s “Admission Criteria/Guidelines for Admission to Oncology Unit” for publication in its “Best Practices” resource for the 1,430 ACoS - approved oncology programs.

Education serves an exceptionally important role in advancing the war against cancer. Shady Grove’s educational efforts were focused on the community at large, patients and the healthcare professionals who care for them:

- The Health & Wellness Department reached out to thousands of individuals to improve their awareness of cancer and encourage them to “take ownership” of their own health.
- Grand Rounds on topics such as end-of-life care were offered to medical and nursing staff.
- Weekly Tumor Board conferences offered the opportunity for discussion of individual cases regarding the complexities of treatment and care.
- In support of oncology nurses’ professional growth, a two-day “prep” course was offered to those interested in sitting for the Oncology Nursing Society certification exam.
- A multidisciplinary team representing administration, nursing, social services, pastoral care, medicine, senior living services and parish nursing attended three days of intensive training in palliative care at a Center for Excellence in Minnesota.

Unit 2 South (oncology outpatient) was awarded recognition by the Oncology Nursing Society for having more than 50 percent of Oncology Certified Nurses staffing the unit.

Mary Ann Yancey, RN, MSN, Oncology Clinical Nursing Specialist, received a grant from the Oncology Nursing Society to deliver education to nurses in Nicaragua working with persons with cancer.

Palliative care services were formalized and implemented for individuals to whom cure may no longer be the goal. The team is led by Nancy Gambill, RN, NP. Core team members represent medicine, administration, nursing, social services and pastoral care, and are available to see patients upon request.

Support services for persons with cancer were continued and expanded, including smoking cessation classes, “Look Good...Feel Better”, seniors programs, and support groups for persons experiencing cancer or the loss of a loved one.

The Radiology Department purchased and implemented a Picture Archiving Communications System to support timely and efficient communication for all radiology services, and to improve throughput times for our patients.

Pathology expanded its capabilities in the following ways:

- Continued expansion of in-house immunoperoxidase panel for use in cancer diagnostics.
- Added pathologists to the following subspecialty areas: cytopathology, OB-GYN and breast pathology, and gastrointestinal and liver pathology.
- Expanded outreach practices to offer outpatient pathology diagnostic services (including ThinPrep cervicovaginal cytology and cervical HPV screening) to patients in a wider area in Maryland, Pennsylvania, Virginia and Washington, D.C. by staffing a freestanding anatomic pathology laboratory in partnership with Adventist HealthCare.
Improving the Health of Our Communities

Shady Grove Adventist Hospital’s commitment to our community continues to grow, and there is no better evidence of this than the multitude of services made available by our Health & Wellness Department. These activities include public education, with a special focus on reaching underserved populations.

2005 Highlights

• 1,366 breast cancer screenings were completed.

• This year, through our relationship with the Montgomery County Cancer Crusade, we promoted the Colorectal Cancer Outreach program by providing low-income residents of Montgomery County with education and screening. Two hundred sixty-four colorectal screening interviews and 173 colorectal screenings were completed.

• The hospital’s annual Cancer Screening Day was once again a huge success. Free screenings were offered to the public for bladder, colorectal, oral, skin and prostate cancers. The event was preceded by outreach to minority, uninsured and underserved individuals. This year, 179 people attended and 667 screenings were completed. This surpassed the attendance of any other year.

Cancer Screening Day Summary

| Number of people participating | 179 |
| Number of males screened       | 101 |
| Number of females screened    | 78  |

| Minorities: Mainly African American and Asian | 58 |

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<th>Screens:</th>
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<tr>
<td>Bladder</td>
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<tr>
<td>Skin</td>
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<td>Oral</td>
<td>96</td>
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<td>Prostate, DRE</td>
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<td>Prostate, PSA</td>
<td>85</td>
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</table>

Total Number of Screens Conducted 667

A new partnership was established with Hoop It Up, an annual basketball tournament started by breast cancer survivor Donna Hopkins. Hoop It Up’s mission is to increase awareness and communicate what the individual can do to take control of her own health. The Health & Wellness department supported Ms. Hopkins’ effort by providing women with educational materials and screening information on breast and colorectal cancer.

• Cancer Outreach worked closely with the Adventist HealthCare Health Ministry Department to provide educational sessions on cancer-related topics at churches. In 2005, we educated 67 people in 14 local churches about the importance of cancer screenings.

• Shady Grove Adventist Hospital participated in the American Cancer Society’s Gift of Hope. Donations were made for daffodils that were delivered to cancer patients in the hospital or community. Shady Grove collected over $600 to support cancer research.

• We continued to partner with the American Cancer Society to provide a program for cancer survivors (at no charge to participants) called “Look Good...Feel Better.” Specially trained cosmetologists and beauticians helped cancer patients enhance their self-image and look their best. This program is held four times a year.

• We also continued our unique partnership with Montgomery County fire fighters. Since the establishment of the SCREEN (Sarris Colorectal Examination and Education Needs) program in March 2003, we have visited ten stations and educated 195 fire fighters about colorectal cancer, as well as contributed to the development of brochures for distribution to county fire fighters and the community.

• Shady Grove Adventist Hospital participated in a health fair at Montgomery College for students, faculty and the community. We provided information on colorectal cancer. The majority (85%) of persons attending the event were African American.
Walk Raises Funds for Ovarian Cancer Education

The Western Maryland Division of the National Ovarian Cancer Coalition (NOCC, a nonprofit organization with the mission of providing education to women about ovarian cancer) held its second annual Dorothy Leora Holmes 3K Walk for Ovarian Cancer Awareness on September 25 in Baker Park in Frederick, Maryland. More than 150 attendees participated, raising over $3,500 in cash donations, $1,600 in sponsorships, and $1,500 in in-kind donations. Gold sponsors included Shady Grove Adventist Hospital, Potomac Ridge Behavioral Health, and Adventist HealthCare.

Shady Grove Promotes ‘Healing Environment’ with Planetree

On June 1, Shady Grove Adventist Hospital became the only Planetree affiliate hospital in the state of Maryland. Planetree is a nonprofit organization that emphasizes a patient-centered philosophy of care and a healing environment.

The Planetree philosophy consists of patient care components that impact the complete healing experience of our patients. These components will be included in Shady Grove’s philosophy of care in our own unique way, and may include such elements as nutrition, patient education, integrative therapies, human interactions and social support, art and music for healing, and elements of architecture and environment, that can impact the patient’s experience.

For additional information, contact Carol Chandler, Planetree Coordinator, at 301-279-6005.

Maryland Regional Cancer Care: A Partnership for Specialized Treatment Solutions

Maryland Regional Cancer Care (MRCC) was formed as a partnership between Adventist HealthCare and Holy Cross Hospital. The goal: provide high-quality radiation oncology services to the communities of Montgomery and Prince George’s counties.

In 2005, MRCC expanded its capabilities with the purchase of Novalis — BrainLAB’s dedicated system for noninvasive stereotactic radiosurgery and radiotherapy. Novalis is a cutting-edge technology for highly precise treatment of brain, head and neck and spine tumors; arteriovenous malformations; and certain functional disorders. Its X-ray-based localization technology allows physicians to target tumors with sub-millimeter accuracy.

This technology offers an alternative for patients for whom surgical intervention is less than optimal, as well as offering a solution for patients who were previously untreatable. The treatment procedure is painless, fast and requires no hospitalization. BrainLAB’s Adaptive Gating enables an improvement in safety. While maintaining uniform dose distribution to the tumor, more normal tissue is spared from radiation, contributing to reduced side effects and better treatment outcomes.

The purchase of Novalis further enhances Shady Grove Adventist Hospital’s ability to deliver the best in treatment outcomes while ensuring maximal quality of life.
Prostate cancer is the most common form of cancer (excluding skin cancer) among men in the United States. The American Cancer Society estimates that in the U.S., there will be 232,090 new prostate cancer cases in 2005, and that 30,350 men will die from it*. In Maryland, the most recent data from the Maryland Cancer Registry shows 5,481 new cases in 2002. (See the table below for breakdown by county. The large number of cases in “unidentified/unknown” counties is attributed to non-hospital reporting sources such as freestanding laboratories and radiation centers.) Montgomery was the only Maryland county to demonstrate a prostate cancer death rate below the U.S. rate and continuing to fall**.

At Shady Grove Adventist Hospital, there were 246 new prostate cancer cases for the years 1999-2004. The most recent data from the National Cancer Data Base (NCDB) is from 2001, with a national total of 108,312 cases.

*American Cancer Society Facts and Figures 2005
Age at Diagnosis

Prostate cancer incidence before the age of 40 is extremely rare. Shady Grove had no patients younger than 40. Nationally, there were only 48 cases reported. Peak incidence at Shady Grove was in the 50-59 year age range, compared with 60-69 years nationally. This younger incidence at Shady Grove could be due to a younger demographic or could be because our primary treatment mode, surgery, is typically done on younger patients. Elderly prostate cancer patients may have comorbidities that preclude surgery from being a therapeutic option.

Stage at Diagnosis and Treatment

NCDB data shows 78 percent of patients nationally are diagnosed at Stage II (confined to the prostate), compared with only 54 percent Stage II at diagnosis at Shady Grove. This is attributed to the fact that the majority of the patients at Shady Grove are pathologically staged via prostatectomy, versus clinical staging done for patients undergoing radiation therapy. Eighty percent of Shady Grove patients had prostatectomy, while only 35 percent of NCDB cases had prostatectomy. Shady Grove implemented a new prostate seed implantation program in August 2004. It is expected that the number of Stage II patients will increase as more patients undergo radiation therapy here at Shady Grove.

Survival

Five-year survival for prostate cancer at Shady Grove compares favorably to NCDB for Stages I, II, and III. The difference in survival for Stage IV patients can be attributed to small sample size. There were only eight Stage IV patients at the hospital 1997-1998.
2005 Cancer Registry Report, with Data from 2004

The Cancer Registry plays a significant role in the Cancer Program at Shady Grove Adventist Hospital. The Registry collects, manages and analyzes data on patients with cancer, certain precancerous conditions, and benign brain and central nervous system tumors. Data are maintained on all cancer patients diagnosed and/or treated at Shady Grove since January 1, 1995, currently almost 8,000 patients. During 2004, 752 analytic or “new” cases were accessioned into the Registry.

As a cancer program approved by the American College of Surgeons Commission on Cancer, Shady Grove participates in contributing data to the National Cancer Data Base. The NCDB is the first national database used to track and compare the treatment of most types of cancers. The purpose of the NCDB is to improve the quality of cancer care by providing physicians, cancer registrars and others with the means to compare their management of cancer patients with the way similar patients are managed in other cancer care centers around the country. Shady Grove received Commendation during our 2005 survey for consistently submitting error-free data to the NCDB. Only 41 percent of programs nationally were able to achieve Commendation for this standard.

Shady Grove also participates in the National Cancer Information Center Project, sponsored by the American Cancer Society. This project provides the public with information on the resources, services and cancer treatment experience at Shady Grove and other Commission on Cancer-approved programs. On a local level, Registry data is reported to the Maryland Cancer Registry as mandated by state law.

In all circumstances, confidentiality of patient-identifying information is strictly maintained. Only aggregated data are analyzed and published. The individual cancer patient is never identified outside of the Registry system. Cancer Registry activities are covered under HIPPA privacy rules because they are considered to be healthcare operations addressing quality assessment/ improvement.

The Cancer Registry is also responsible for coordinating Tumor Board, a weekly multidisciplinary conference that reviews state-of-the-art information on the diagnosis and treatment of cancer patients and applies this information to the treatment of specific patients. In 2004, 47 conferences were held, and 92 case presentations were made. All were prospective, well exceeding the Commission on Cancer requirements. Attendees receive category I CME credit. Tumor Board is held every Tuesday morning at 7:30 a.m.

Linda Love, CTR, RHIT
Cancer Registrar

Observations: 61 percent of the new cancer cases at Shady Grove are women, and 39 percent are men. Breast cancer continues to be the most frequent cancer among women, lung cancer the most common cancer among men. Eighty-seven percent of our patients were Montgomery County residents, four percent were from Frederick, and the remaining eight percent were from other counties, states and foreign countries. The site table at right shows distribution for all cancers seen at Shady Grove in 2004.
### Shady Grove Adventist Hospital
#### 2004 Primary Site Distribution Table

<table>
<thead>
<tr>
<th>Primary Sites</th>
<th>Total Number of Cases</th>
<th>Class of Case</th>
<th>Sex</th>
<th>Stage Distribution Analytic Only</th>
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<td>Rectum &amp; Rectosigmoid Junction</td>
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*UNK - Stage Unknown
**N/A - NO AJCC staging system for site/histology
Cancer Program Practice Profile Report: An Outcomes-Driven Program

A new initiative of the Commission on Cancer, the Cancer Program Practice Profile Report enables Shady Grove Adventist Hospital to examine the quality of care we provide, based on specific process measures, and our ranking compared to approved programs in our state and nation.

The first such report was released in 2005 and assessed adherence to evidence-based guidelines for treatment of Stage III colon cancer patients. The threshold set by the commission is that ≥ 80 percent of Stage III colon cancer patients should receive adjuvant chemotherapy, a treatment proven to result in increased survival. At Shady Grove, over 90 percent of applicable patients received chemotherapy.

The Comparison Chart below shows the percentage of Shady Grove Stage III colon cancer patients who received chemotherapy by year, demonstrating the average at 92 percent. The last four bars represent what the rates are for 1) hospitals with same category designation (Community Hospital Comprehensive Cancer Program), 2) hospitals in the same American Cancer Society division (Mid-Atlantic), 3) hospitals in Maryland, and 4) hospitals in the U.S.
H.O.P.E. from Our Patients with Cancer

Anyone who has had the privilege of knowing, serving, working with or loving a person with cancer has had a wonderfully enriching experience. Many times, coping with cancer offers surprising opportunities for growth.

There are few better representations of this than the H.O.P.E. quilt, so beautifully adorning the walls of 2 West, adjacent to 2 South, the outpatient and inpatient oncology areas of Shady Grove Adventist Hospital. The quilt was a labor of love and represents a collaboration between those who in so many different ways are touched by the fight against cancer. H.O.P.E., the acronym chosen to stand for Healing Oncology Patients Everywhere, did just that.

It unified those who have personally experienced cancer, those who have lost a loved one to cancer, and those who are fortunate enough to care for those with cancer. The quilt, designed by Lauren Kingsland, quilting artist, displays a butterfly motif. “Butterflies are the symbol of rebirth,” says Lauren.

“The metamorphosis of each butterfly represents a story of hope and renewal,” explains Rhoda Lavyn, a member of the Patient Advisory Group, which is responsible for the initiation of this project funded by a grant from Johnson & Johnson. “A person diagnosed with cancer can undergo a similar metamorphosis and emerge stronger, freer of spirit, more graceful and more beautiful than before.”

Thank you to our patients who teach us so much.

Palliative Care Service Implemented at Shady Grove Adventist Hospital

People are living longer. Improvements in the development and delivery of symptom control and other aspects of palliative care needed in the late stages of cancer and other chronic illnesses have not kept pace with the medical advances that have allowed people to live longer. Today, more than 50 percent of people die in the hospital, often isolated, and spending their last hours undergoing diagnostic and therapeutic interventions that have no possibility of altering the eventual outcome. As a result, the need for a systematic approach to palliative care has grown.

Palliative care is defined as “medical treatment that aims to relieve suffering and improve quality of life simultaneously with all other appropriate treatments for patients with advanced illness and their families.” It seeks to relieve suffering, promote patient function, clarify goals of care and associated treatment alternatives, meet daily living needs, provide practical psychosocial support for patients and family caregivers, and achieve the best possible quality of life as determined by patient and family. Palliative care empowers patients, facilitating true decision-making and consumer choice.

Shady Grove administration recognized this need and took action. A plan was developed and a Palliative Care Team was put in place. The first patient was seen in April. This program represents the full commitment to holistic and compassionate care for all of our patients and the community.

To make a referral or for more information, contact Nancy Gambill at 240-453-5832.
2005 CANCER COMMITTEE

Jerome Sandler, M.D.
Chairman
General Surgery

Gregory Dick, M.D.
Co-Chairman
Plastic & Reconstructive Surgery

Joel Barton, M.D.
Cancer Conference Coordinator
Pathology

Bruce Bortnick, M.D.
Radiology

Donald Bridges, M.D.
Radiation Oncology

Cary Brown, M.D.
General Surgery

Ethel Finn, MSW
Social Work

Michael Franklin
COO, Shady Grove Adventist Hospital
Administration

Nancy Gambill
C.R.N.P., O.C.N.
Quality Improvement Coordinator
Director, 2 West

Mary Haddad, R.N.
Quality Improvement

Joseph Haggerty, M.D.
Cancer Liaison Physician
Community Outreach Coordinator
Hematology/Oncology

Elham Hekmat, Pharm.D.
Pharmacy

Linda Heckber, R.N.
Pain Management

Judy Lichy, M.P.H.
Director, Health & Wellness

Linda Love, C.T.R.
Data Quality Coordinator
Cancer Registry

Nancy Markus, M.D.
General Surgery

Candace Moran
Health & Wellness

Debra Pollak, R.N., M.S.N.
Executive Director, Cancer Care Services, Adventist HealthCare
Administration

Chitra Rajagopal, M.D.
Oncology

Anu Singh, M.D.
Radiation Oncology

Christopher Sinha, M.D.
Otolaryngology

Vijay Varma, M.D.
Nuclear Medicine

Robert Varney, M.D.
General Surgery

Mary Ann Yancey, R.N.
M.S.N., A.O.C.N.
Oncology Clinical Nurse Specialist

OUR MISSION

is to deliver excellent health care through a ministry of physical, mental and spiritual healing.