Remarkable care. For the whole person.
For the *GROWING* community.

Cancer Program Annual Report 2006
Statistical Data from 2005

*Remarkable care. One life at a time.*
Dear Colleague,

As we ponder the past year, it is with pride that I see a growing cancer program, increasingly delivering on the promise—the MISSION of Adventist Health Care:

To Deliver Excellent Health Care through a Ministry of Physical, Mental and Spiritual Healing.

For our patients and families with cancer, this is particularly imperative as we strive to deliver comprehensive, state-of-the-art care in an atmosphere of support and total healing. It is with confidence that I present just a few of our Cancer Program highlights and accomplishments which demonstrate this commitment and our achievement in the past year.

Our Expanding Community Outreach

Our cancer care services have and continue to extend beyond the walls of Washington Adventist Hospital. Community outreach remains a vital keystone of our program and continues to evolve to optimally serve the diverse needs of our growing community. We continued with and expanded our Cancer Screening Day this past year and are adding new approaches in our cancer outreach activities which will take our Cancer Program to the next level enabling us to further positively impact the lives we touch.

Our Provision of State-of-the-Art Care

New technologies in diagnostic and therapeutic approaches to cancer care further advance our abilities to deliver fully on Washington Adventist’s promise to provide remarkable care, remarkably close. This year we saw the addition of a 64-slice CT scanner in diagnostic radiology and a new integrated patient Treatment Planning System and High Dose Radiation Therapy (HDR) equipment in our radiation oncology department. Renovations on our oncology unit which include the completion of a dedicated patient education room equipped with an NCI-designed computer system developed specifically for those interested in cancer care, and plans to create an out-patient infusion area integrated within the unit demonstrate our total commitment to providing the best in state-of-the-art capabilities.

Our Emphasis on Patient-Centered Care

While the daily dedication exhibited by our many talented professionals—physicians, nurses, pharmacists, nutritionists, pastoral counselors, and social workers—continues to ensure our resolute conformity to high-tech, yet holistic approach to care, we have adopted the Plantree philosophy of patient-centered care and have appointed a Cancer Care Navigator to help patients and their families through the cancer experience. These are just a few of our Cancer Program highlights, and I invite you to read further to get a better understanding of what Washington Adventist Hospital has to offer.

As we prepare for the future, while we serve our patients today, our unwavering resolve to meet the entire array of needs of the individual, as well as those of our changing community, maintains our focus on providing the best there is to offer one patient at a time.

H. Lyndon Marter, M.B., Ch.B., FACS
Chairman, Washington Adventist Hospital Cancer Committee

Washington Adventist Hospital Cancer Committee

| MEMBERSHIP | Chairmen | William Levin, MD  
| | Cancer Committee | Radiation Oncology |
| | H. Lyndon Marter, M.D., Ch.B., FACS | Debra Nedley Pollak, MSN  
| | General Surgery | Executive Director, Cancer Care Services |
| Coordinators: | | Adventist Health Care |
| | | Valerie Pomper, MD  
| | | Radiology |
| | | Bryan Steinberg, MD  
| | | Thoracic Surgery |
| | | Keisha Stafford, RD, LDN  
| | | Nutritional Services |
| | | Amy Thomas, MSW  
| | | Social Work |
| | | Chitra Venkatraman, MD  
| | | Hematology/Oncology |

MEMBERSHIP

Chairman
H. Lyndon Marter, M.D., Ch.B., FACS  
General Surgery

Coordinators:
Patrice d’Entremont, RN  
Executive Director, Women’s Services  
Quality Improvement Co-Coordinator  
In-Patient Oncology

Linda Gannett, RN  
Quality Improvement Co-Coordinator  
QI Department

Shailendra Kumar, MD  
Community Liaison  
Urology

Judy Lichty, M.P.H.  
Community Outreach Coordinator  
Health and Wellness

Caryl Liptak, RHIA  
Director, Medical Records  
Tumor Registry Quality Coordinator  
Health Informatics

Janet Therrien, CTR  
Tumor Registrar  
Cancer Conference Coordinator  
Tumor Registry

Members:
Ivy Bazensky  
Breast Screening Program  
Health & Wellness

David Bianchi, MD  
Otolaryngology

Joy Burbach, MD  
Pathology

Christine Butler, RN, NP  
Palliative Care

Chan Chung, MD  
Medical Director, Radiation Oncology

Ann Marie Evans, M.Div, BCC  
Pastoral Care

Lisa Hawkins, RN  
Director, Unit 3200  
In-Patient Oncology  
Infusion Nursing

Sung B. Kim, MD  
General Surgery

Beatrix Lam  
Pharmacy

Marvin Lawrence, MD  
Gastroenterology

Rena Lazo  
Breast Screening Program  
Health & Wellness
Washington Adventist Hospital Becomes a Planetree Affiliate, Embodying Patient-Centered Care in a Healing Environment

Washington Adventist Hospital has become a proud affiliate of Planetree, a nonprofit organization that emphasizes a philosophy of patient-centered care and healing. As a Planetree affiliate, Washington Adventist distinguishes itself in the community as providing a healing environment where extraordinary care is delivered and shaped by the patient perspective.

Angelica Thieriot established Planetree 25 years ago, after experiencing what she felt was a cold, impersonal, and dehumanizing medical care while being hospitalized. Thieriot began Planetree a crusade dedicated to improving the hospital experience for patients and their families.

*Planetree’s philosophy embodies the holistic, patient-centered care model, which is increasingly evident at health organizations across the country. It changes the way patients and their families traditionally experience health care by empowering patients and their families to become more active participants in decisions affecting their health and well-being.*

The Planetree philosophy consists of patient care components that impact the complete healing experience of a patient. Washington Adventist Hospital will be seamlessly merging these components with our philosophy to provide remarkable care, remarkably close. These components include nutrition, patient education, integrative therapies, human interactions, social support, the healing benefits of art and music, and the inclusion of nature into elements of architecture and design. These combined elements help to enhance the patient's experience in an environment that supports patients, their families, and our staff in the healing process. This vision will unfold as we introduce a variety of concepts in patient-centered healing throughout the hospital.

Every Planetree hospital is different and unique in its design. Because Planetree works to provide a unique experience the program will be developed exclusively for and by the staff of Washington Adventist Hospital with input from our most important stakeholder, our community.

For additional information, contact Judi Christensen, at 301-891-6076.
Health & Wellness

Washington Adventist Hospital’s commitment to our community continues to grow, and there is no better evidence of this than the many services provided by our Health & Wellness Department. While the expanse of these services is vast, cancer prevention and early diagnosis constitutes a significant portion of the effort.

Cancer has become the number one cause of death in the United States. In Maryland, cancer is the second leading cause of death, and one in four deaths is attributable to this disease. While many cancers are related to non-controllable risk factors, others have well-established and efficacious prevention approaches and many cancers are impacted dramatically with early detection. This is the focus of the Health and Wellness Program.

**This Year**

**Breast Cancer Screening Program:**
A partnership with the Montgomery County Women’s Cancer Control Program and the State of Maryland Breast and Cervical Diagnosis and Treatment Program, our Breast Cancer Screening Program offers a continuum of care to patients, including screenings and individual patient education, instruction on breast self-examination, and access to treatment.

- 1,508 breast cancer screenings were completed
- 5 breast cancer diagnoses were made from the screenings

**Colorectal Cancer Screening Program:**
Supported by the Cigarette Restitution Fund, our Colorectal Cancer Screening Program provides education, outreach, and free screenings to eligible men and women residing in Montgomery County. The goal of the Colorectal Cancer Screening Program is to target men and women who are considered to be “at risk” for colorectal cancer. This includes persons who are age 50 and over, medically uninsured or underinsured, and who are low income. African American and Hispanic/Latinos have been identified as our main target population, based upon increased incidence of cancer in these minority groups.

- 1,688 persons were educated on colorectal cancer
- 18 colonoscopies were done free of charge for low-income persons

**SCREEN Program:**
The SCREEN (Sarris Colorectal Education and Examination Needs) Program provides educational health sessions for the Montgomery County Fire and Rescue Department. Unique in nature, the program continues to be a great success, yielding significant outcomes. We will be expanding the program to include screenings for skin cancer. The second round of educational sessions for the Montgomery County Fire and Rescue Department was completed.

- 486 firefighters were educated on colorectal cancer
- 5 cancers were found, of which 3 were in men younger than 50
- 22 men and women registered to receive free colonoscopy screenings.

**In-patient Smoking Cessation Program:**
Funded by a grant from the Montgomery County Department of Health and Human Services and Adventist HealthCare, the In-patient Smoking Cessation Program at Washington Adventist Hospital continues to deliver services to encourage and enable smoking cessation as both a lung cancer prevention and an overall health enhancer.

- 1,490 patients were seen for tobacco cessation
- 50% requested additional smoking cessation information and/or counseling
- 33 reported being smoke-free at 3 months
- 19 reported being smoke-free at six months
- 7 reported being smoke-free at one year

**Cancer Screening Day:**
The annual Washington Adventist Hospital Cancer Screening Day, which is offered to the public free of charge, continues to be a great success. This year thyroid cancer screening was added to our offered screenings for bladder, colorectal, skin, oral, and prostate cancer.

- 869 screenings were performed

Judy Lichty, M.P.H., is Regional Director of Washington Adventist’s Health & Wellness program.
Competent and Compassionate Caregivers

Competent and compassionate care is the standard for patients who come to Unit 3200, Washington Adventist Hospital's oncology unit. The unit's staff includes 18 chemotherapy certified nurses. Chemo-therapy certification signifies that a nurse has met or exceeded rigorous criteria for knowledge and experience and possesses a measured competency. Each has attended hours of intense curriculum to become certified for administering chemotherapy. Yearly refresher courses maintain skills and certification. While all of our oncology nurses are chemotherapy certified, several of our nurses have taken their practice to the next level and have acquired oncology nursing certification. Washington Adventist Hospital is proud of our oncology certified nurses.

Oncology Nursing Certification

Washington Adventist Hospital recognizes the importance of certification by professional organizations. For our oncology certified nurses (OCNs), this process is administered by the Oncology Nursing Certification Corporation of the Oncology Nursing Society, an international professional organization for oncology nurses. This significant designation, while quite challenging to acquire, is one which our OCNs wear with pride. Congratulations to our OCNs, and thank you for your contributions to Washington Adventist Hospital's Cancer Program.

In-Patient Care on Unit 3200

Healing Environment

In addition to caregivers, the physical environment has an impact on the patient and family experience. With this in mind several enhancements have been made and are in the process of being accomplished for Unit 3200.

--Unit 3200 functions as a medical, surgical, hematology and oncology unit, which presently has 29 beds. Pending renovations, the unit will provide 13 beds dedicated to oncology and 12 rooms for Women's Health.

--Another development in Unit 3200 is the Patient Education Room. This is a quiet space where patients, their families and friends can go to obtain information about the diagnosis and treatment of cancer. Available within the education room is an interactive computer program called “Cancer Help.” This program developed by the National Cancer Institute is a touch screen system that is user friendly providing information in both English and Spanish.

--The unit will also expand to include an Outpatient Infusion Center, for comfortable and private treatment, delivered by the specialized oncology nurses. This center will provide for the delivery of outpatient chemotherapy regimes, antibiotics, IV fluids, other injections and hormonal therapies, accommodating both our patients and our physicians.
The advancement of HDR is a primary example of how technology supports total patient care. HDR stands for “high dose rate” brachytherapy. Brachytherapy, which is a Greek term meaning therapy at a short distance, is a safe method that gives our physicians the ability to treat cancerous lesions with a higher dose, as compared to conventional external beam radiotherapy, while effectively sparing healthy adjacent organs. The HDR equipment, which is used to administer brachytherapy, is very versatile and can be utilized in treating breast, gynecologic, lung, and other cancers in a most effective and efficient manner.

With HDR, the course of treatment can be delivered in fewer daily fractions, thus significantly shortening the length of overall treatment time. For example, a woman with early breast cancer, who meets specific treatment criteria and is undergoing treatment with the Mammosite™ approach, can complete treatment in five days versus six weeks. In other cases, in addition to patient treatment, immobilization times are shorter, decreasing patient discomfort. Shorter treatment times also allow for constant and reproducible geometry of the source position, which means better precision. Lastly treatments with HDR can be performed on an outpatient basis without the need for an operating room and hospitalization.

Generous Donations Contribute $189,000 for Brachytherapy

Philanthropic gifts from individuals, corporations, foundations, and organizations have a profound impact on Washington Adventist Hospital’s ability to make the latest in medical technology available remarkably close to home. To date, donations made to the Washington Adventist Hospital Foundation have helped raise $189,000 for the new, state-of-the art HDR (high dose rate brachytherapy) unit called, GammaMedPlus 3 Channel.

“There has been a ground swell of support from the community for this brachytherapy HDR equipment. It’s going to impact a lot of lives and our donors are happy to be involved,” said Sheree Parris Nudd, Vice President and Executive Director of the Washington Adventist Hospital Foundation.” Money generated from the hospital’s annual Black Tie Gala as well as contributions in response to letters and phone calls all help towards reaching the ultimate goal of raising the entire $260,000 to make this equipment operational.”

To learn how you can make a contribution to help fund this life impacting technology, please contact Sheree Parris Nudd at 301-445-4224.
Newly Appointed Director of Oncology Unit, Leading in Commitment to Care

Lisa M. Hawkins, RN, OCN, is the newly appointed Director of Unit 3200, Washington Adventist Hospital’s oncology unit. In her role, Lisa provides leadership, direction, and coordination for the department in a manner that is consistent with our mission and values.

Lisa’s commitment to oncology care began over 16 years ago when she made a surprising transition from medical/surgical nursing to oncology nursing. A 1987 graduate of Columbia Union College, Lisa had an initial interest in Labor and Delivery but shifted her focus to “general” medical/surgical nursing when she started her career at Phoenixville Hospital in Pennsylvania.

Upon relocating to Maryland in 1990, Lisa’s focus shifted once again. Working at Washington Hospital Center at the time, she was assigned to the oncology unit. Hesitant at first to accept the assignment, Lisa prayed for guidance and with the encouragement of the nurse manager decided to give oncology a try. said Lisa. “I no longer wished to be an OB nurse.”

“I’ve been in oncology for almost 17 years. All it took was my first patient experience,”

After a successful 10 year tenure in oncology nursing, Lisa began to transition to leadership roles, a move that came naturally to her.

“I’ve always loved nursing; however, I’ve had a calling towards leadership since elementary school,” notes Lisa. “I often found myself the leader of teams or projects. I believe that it’s a gift, and I never forget that it is one that I must continue to develop and learn in order to grow.”

Leading the oncology unit in care and commitment, Lisa is a valuable addition to our cancer care team.

Chair of Cancer Committee, Honored with Physicians R.I.S.E.S. Award

Washington Adventist Hospital launched the Physician R.I.S.E.S. Program to honor physicians who minister to our patients with the highest quality technical skills and who live the R.I.S.E.S. values: Respect, Integrity, Service, Excellence, and Stewardship.

Lyndon Marter, M.D., Chairman of Washington Adventist Hospital’s Cancer Committee, which serves to advise and direct the cancer program, was selected to receive the Physicians R.I.S.E.S Award for the first quarter of 2006.

Dr. Marter, who has been a part of the medical staff at Washington Adventist Hospital for 37 years, was selected from numerous nominations submitted by hospital staff, patients, patients’ families, and professional peers. Thoughts expressed by the nominators included, among others: “Dr. Marter’s compassion for his patients and the time he takes with each of them is rare by most hospital standards…” “He is highly respected by all who know him, regardless of whether they are a patient, colleague or both.”

During his awards presentation, Dr. Marter shared how his experience as a hospital messenger influenced his decision to ultimately become a surgeon: “There are many things that could not have been accomplished without the little cogs. They make this not a good hospital, but a great one.”

The award was presented to Dr. Marter by Jere Stocks, President of Washington Adventist Hospital, and Dr. Nick Cacciabeve at a hospital Leadership Meeting on July 6, 2006.

Dr. Cacciabeve congratulates Dr. Marter on his Physicians R.I.S.E.S. award.
Opportunities:
Even though the exact cause of colon cancer is not known, it is possible to prevent many forms of colorectal cancer. Risk can be reduced by regular physical activity; maintaining a healthy body weight; limiting consumption of high-saturated fat foods, particularly red meat and processed meats; not smoking; limiting alcohol consumption; and eating plenty of fruits, vegetables, and whole grain foods.

Along with having some controllable risk factors, colon cancer is extremely amenable to early detection and is very treatable when identified in this manner. It can almost always be caught in its earliest and most curable stages by colonoscopy. Screening for this disease is extremely effective.

For persons of average risk, screening begins at age 50. (This is based upon incidence data which demonstrates that 90% of cancers develop after age 50.) Screening is initiated earlier (at age 40) for persons at high risk, those who have a personal history or family history of colon cancer; adenomas or benign tumors; other familial cancer syndromes; or longstanding inflammatory bowel disease.

Screening tests can largely prevent colon cancer deaths by the colonoscopic removal of premalignant polyps and by early detection of colon cancer at its most curable stage. Colonoscopy offers the ability to visualize the entire colon and to remove all polyps. It is the gold standard for colon cancer screening and reduces mortality by as much as 70% to 90%.

The Future of Colon Cancer Surgery—Here Today:
When colorectal cancer does occur, surgery is almost always suggested. For most colon cancers, it is the first-line treatment. Today, surgery can be done either in the open traditional fashion or laparoscopically. Regardless of the approach, the goal is to achieve clear margins, obtain adequate numbers of lymph nodes to accurately determine the stage of the cancer, and ultimately achieve long-term, disease-free survival.

Laparoscopic surgery for colon cancer is performed through three to four small incisions, usually less than a ½ inch in length, through which a thin fiberoptic camera and special instruments are inserted into the abdominal cavity. Once the diseased portion of the colon has been “isolated” and separated from the surrounding structures, it is removed from the body through an additional incision, usually two to four inches in size.

Washington Adventist is proud to offer this service to its patients.

Systemic Therapy for Colorectal Cancer:
Treatment depends partly on the stage of the cancer. The prognosis of patients with colon cancer is clearly related to the degree of penetration of the tumor through the bowel wall, the presence or absence of nodal involvement, and the presence or absence of distant metastases. These characteristics form the basis for all staging systems for this disease:

- **Stage 0**: Very early cancer on the innermost layer (more accurately considered a precursor to cancer)
- **Stage I**: Tumor in the inner layers of the colon
- **Stage II**: Tumor has spread through the muscle wall of the colon
- **Stage III**: Tumor that has spread through the muscle wall of the colon and to the lymph nodes
- **Stage IV**: Tumor that has spread to distant organs

Almost all patients with stage III colon cancer should receive adjuvant chemotherapy after surgery for approximately six to eight months. With the lack of comparative head-to-head studies between many first-line and second-line regimens, the choice of one regimen versus another for first-line treatment depends on factors such as physician and patient preferences, comorbidities, and convenience, rather than efficacy parameters. In addition, the newer colorectal cancer chemotherapy schemas are serving as the platform on which combined novel targeted agents such as inhibitors of the epidermal growth factor receptor and vascular endothelial growth factor are based. Accepted first-line regimens are either irinotecan-based (IFL, FOLFIRI, AIO) or oxaliplatin-based (FOLFOX4, FOLFOX6). There remains some debate as to whether patients with stage II colon cancer should receive chemotherapy after surgery, and patients should discuss this with their oncologist.

A recent quality of care study demonstrated that patients treated for colorectal cancer at Washington Adventist Hospital exceed the standard of care for receiving adjuvant chemotherapy (see Cancer Registry Report)

Chemotherapy is also used for patients with stage IV disease in order to shrink the tumor, lengthen life, and improve the patient’s quality of life.
Radiation Therapy for Colorectal Cancer:
While combined modality therapy with chemotherapy and radiation therapy has a significant role in the management of patients with rectal cancer (below the peritoneal reflection), the role of adjuvant radiation therapy for patients with colon cancer (above the peritoneal reflection) is not well defined. Occasionally there are indications for radiation in colon cancer particularly if the cancer has grown into the adjacent organs or into the lining of the abdominal wall. Preoperative radiation is used to shrink large tumors, allowing for easier surgical resection, as well as for low lying rectal tumors where tumor shrinkage may change the surgical technique to allow sphincter-preservation and improve long-term quality of life.

Emerging Trends:
New developments are evolving daily, particularly in the areas of:

- Diagnosis
- Genetics
- Chemotherapy
- Chemoprevention
- Tumor Growth Factors and Angiogenesis Factors

Washington Adventist Hospital pledges to continue to keep abreast and offer the best there is to offer... One patient at a time
2006 Cancer Registry Report Utilizing 2005 Data

The Cancer Registry is essential to the success of the overall cancer program at Washington Adventist Hospital. Staffed by two CTRs (Certified Tumor Registrars), the Registry submits data quarterly on all newly diagnosed cancer cases to the Maryland Cancer Registry as required by state law.

The Registry collects and analyzes cancer-related patient data including demographic, diagnostic, treatment, and follow-up information.

These data (with no patient identifiers) are available to physicians and administrators, and are used to benchmark treatment modalities by stage for site specific cancers and to help to demonstrate the need for and value of new services for Washington Adventist Hospital.

The cancer program at Washington Adventist Hospital, under the advisement and with the support of the Cancer Committee is actively seeking accreditation from the Commission on Cancer of the American College of Surgeons as a Community Hospital Cancer Program. This accreditation will further attest to Washington Adventist Hospital as a quality cancer center in the region. The Registry is assisting in assuring all COC standards are met by the multidisciplinary team when surveyed in 2007.

The Cancer Committee includes physicians, nurses, administrators, social workers, pastoral care, the cancer registry and other disciplines that care for cancer patients and their families.

During the calendar year 2005 a total of 406 cancer cases were accessioned into the Washington Adventist Hospital cancer registry database. Of these, 353 (87%) were analytic -- newly diagnosed cancer cases. The top five sites seen in 2005 were breast, prostate, lung, colorectal and stomach cancers. These comprised 63.7% of the cancers seen.

All newly diagnosed cancer cases are staged by the managing physician using the sixth edition of the AJCC Cancer Staging Manual. Site specific staging forms become a part of the permanent medical record once a diagnosis of cancer is made. The managing physician completes the TNM (Tumor, Nodes, Metastases) and group stage (I, II, III, IV) to ensure accuracy of the data to be submitted. The Cancer Registry staff are available to support these activities and answer any questions that may arise, and are reachable at (301)891-5710.

2005/2006 Colon Patient Care Evaluation

In 2005, the Commission on Cancer began a new initiative, the Cancer Program Practice Profile Report, to examine the quality of care based on specific process measures for approved programs across the nation. The first of these examined adherence to evidence-based guidelines for the treatment of Stage III colon cancer. The threshold set by the commission is >/= 80% of patients with stage III colon cancer should receive adjuvant chemotherapy. Due to small numbers, Washington Adventist Hospital chose to review data from both 2004 and 2005 to assure a level of accuracy. Findings demonstrate that in both years, 100% of patients eligible* to receive adjuvant chemotherapy (ACT) did so, exceeding the goal.

*Note: In both years, there were patients who for age or comorbid conditions were not eligible to receive adjuvant chemotherapy, and these criteria for ineligibility were well documented.
## 2005 Primary Site Distribution Table

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**TOTAL**                                         | 408              | 191        | 217 | 354 | 54  | 30  | 48  | 86  | 41  | 49  | 65  | 35  |

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

![Washington Adventist Hospital](image)
Important Numbers for Washington Adventist Hospital

- Main Number: 301-891-7600
- Radiation Oncology Department: 301-891-5100
- Cancer Registry: 301-891-5826
- Breast Screening Program: 301-891-6179
- Health & Wellness: 800-542-5096
- Radiology Department: 301-891-5106
- Physician Referral: 800-642-0101

One-Call Cancer Service Line, 301-891-5559

For information about the full range of cancer services available at Washington Adventist Hospital and in our community.