Remarkable care. For the whole person.
For the whole community.
Dear Colleague:

The past year has been one of strengthening the foundation of our cancer care services, as well as preparing for and implementing growth. The importance of this relates to our patients and our community. As a result of the remarkable advances in cancer care — both related to interventions from prevention and risk management through aggressive treatments for what used to be untreatable cancers — the complexities of experiencing this disease are essentially unparalleled in medical history.

We have the responsibility not only to provide the best care but to assure that care is seamless, and that we help to continually balance the impact of interventions on the person as a whole. There is no substitution for compassionate care, and there is no need for trade-off — quality outcomes and quality of life go hand-in-hand at Washington Adventist Hospital.

It is with pleasure that I present the 2005 Cancer Program Annual Report.

We at Washington Adventist Hospital seek to serve the community at large, and this was well demonstrated this year by the multitude of outreach activities coordinated by our Health and Wellness Department, and guided by the leadership of our Cancer Liaison, Dr. S. Kumar, and our Director of Health and Wellness, Judy Lichty.

Within the hospital, full multimodality interventional approaches continue to be available with new capabilities being added. Advanced approaches now being employed include minimally invasive surgery, where appropriate, and function-sparing approaches, such as sentinel node biopsy. Our Radiation Oncology Department, too, has expanded — both by adding a new board-certified radiation oncologist and by adding technologies to assure the provision of the full-spectrum of state-of-the-art treatments available. Medical oncology expertise is complemented by the care delivered by our oncology nurses on our designated oncology unit. There, through organized continuous quality improvements and professional development, we can assure the best in care.

A formalized Palliative Care Program was developed. The addition of a Palliative Care Certified Nurse Practitioner, with expertise and role responsibilities in chronic pain management, will solidify this program and coordinate these services for persons who need and want them.

The complexity of care for the individual with cancer means that teamwork behind the scenes is also of the essence, and optimal outcomes are reliant upon many interdependent functions. This year, a number of departments, such as Pathology and Radiology, have added state-of-the-art diagnostic equipment and support technologies. These represent investment in enhancing the level of precision, and improving timeliness and communication of results within the team, contributing further to the excellent care delivered.

Washington Adventist has also added a centralized cancer service telephone line, 301-891-6702, to provide a “one call” approach, for the community, patients and their providers. This will ensure ease of access to information, and if needed, to the full range of services available at Washington Adventist and throughout the community.

As we look forward to the next year, it is with enthusiasm and great expectation. We anticipate further building of our infrastructure to support new services in prevention, diagnosis, treatment, rehabilitation and support; welcoming new talented professionals to our ranks; and expanding current technologies and adding new ones to provide the best quality of care — remarkably close to home.

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

H. Lyndon Marter, M.B., Ch.B., FACS
Recent Advances in Cancer Care Services at Washington Adventist Hospital

Washington Adventist Hospital Cancer Care Services are a comprehensive system of hospital and community-based programs established to serve the individual patient as well as the community. The year 2005 gave us many opportunities to do just that through the entire continuum of education, awareness building, prevention, screening, early diagnosis, state-of-the-art treatment, and coordination of care and support. Following are some of Washington Adventist’s many accomplishments for the year.

Education serves an exceptionally important role in advancing the war against cancer. In 2005, we provided education to the community at large, patients and health care professionals:

- 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.
- Monthly Grand Rounds on topics such as new therapies and technologies in cancer care were offered.
- Biweekly Tumor Conferences engaged discussion of individual cases and the complexities of care.
- Nursing Grand Rounds offered numerous topics relating to cancer care and end-of-life issues.
- Radiation Oncology hosted “New Perspectives on Breast Cancer 2004.” Faculty included several renowned speakers from NCI, Lombardi Cancer Research Center, Johns Hopkins University, and Harvard Medical School.
- 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.

In 2005, Washington Adventist provided cancer screenings to low-income and uninsured/underinsured individuals who might otherwise have gone unserved, completing:

- 1,366 breast cancer screenings
- 264 colorectal screening interviews and 173 colorectal screenings
- 195 county fire fighters’ education about colorectal cancer
- 1,190 tests for colorectal, prostate, skin, oral and bladder cancer at the annual Cancer Screening Days
- 1,651 inpatients’ counseling about smoking cessation

A “one call” cancer telephone line — 301-891-6702 — was established for the community, current and potential patients, and health care providers to allow ease of access to services.

Radiation Oncology, which provides therapy for 65 percent of all persons with cancer, expanded its staff in 2005. Dr. Bill Levin, a board-certified radiation oncologist, joined the staff. In addition, a number of new technology acquisitions expanded the department’s ability to offer even more precise therapies.

Surgical Oncology enhanced its medical staff with the credentialing of two surgeons, both highly specialized in cancer surgery. Dr. Cynthia Plate brings expertise in breast cancer surgery, while Dr. Sung Kim specializes in laparoscopic cancer surgery.

Palliative Care Services were formalized and implemented for individuals for whom cure may no longer be the goal.

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

Five oncology nurses at Washington Adventist Hospital successfully completed the chemo-certification process: Rachel Bedminster, RN; Ratchada Chambers, RN; Unomo Okigbo, RN; and Giselle Huynh, RN. Not pictured is Carol Fields, RN.
Department of Surgery

Surgery is a major intervention for many individuals with cancer, and the operating rooms of Washington Adventist Hospital are heavily utilized for the treatment of this disease. State-of-the-art approaches are employed by the many specially trained surgeons practicing at the hospital. Examples of current surgical methods include:

- **Sentinel node techniques** in breast surgery. This approach limits the sequelae associated with more extensive axillary surgery and improves long-term functionality for the many women who are diagnosed with breast cancer each year.
- **Reconstructive surgery** to restore maximal outcomes and facilitate full rehabilitation following cancer surgery.
- **Laparoscopic approaches** to colon cancers. For patients for whom this approach is appropriate, laparoscopic surgery offers less post-operative pain and a shorter hospital stay.

Surgical advances mean better outcomes in terms of survival and disease-free survival, as well as supporting overall quality of life for the person with cancer.

Radiation Oncology

Washington Adventist Hospital’s Radiation Oncology continues to provide the best, most personalized treatment for its cancer patients. The department has the distinction of being the only facility in the metropolitan Washington, D.C. area to be accredited by the American College of Radiation Oncology. It is the only hospital-based facility in Montgomery and Prince George’s counties. The advantage: patients receive total cancer care — nutritional services, social services, pastoral care, physical therapy, diagnostic imaging, pain management, support groups, and 24/7 emergency services — in a single location.

The hospital’s full complement of state-of-the-art therapeutic tools in radiation oncology enables our Radiation Oncologists to precisely treat cancer at any location in the body. Examples include 3-D conformal radiotherapy, Intensity Modulated Radiation Therapy (which optimizes precise delivery of radiation to the targeted area), brachytherapy for gynecologic cancers, prostate seed implants and advanced CT simulation for accurately defining the treatment area.

Inpatient Oncology

Oncology nurses are essential to the care of the person with cancer. Competent and compassionate care is the goal of the nursing team of Unit 3200. In 2005, patients with all stages of cancer received care from a specialized team of chemotherapy certified nurses. Services included diagnosis, surgery, chemotherapy, biological therapies, aggressive symptom control, blood transfusion, antibiotic therapies, pain management, and all supportive therapies.

Also in 2005, a new electronic system supporting the accurate and safe delivery of drugs was instituted facility-wide. Medication Administration Check represents an investment in the safety of all of our patients.

Radiology

Diagnostic Radiology provides numerous services that aid in the detection of cancer in its early stages, as well as allow for the staging and tracking of the patient’s progress once diagnosed. In 2005, X-Ray, CT, MRI, Ultrasound and Nuclear Medicine provided diagnostic imaging services to help detect cancer and other diseases. These include:

- **Women’s Imaging**
  - Screening and diagnostic mammography
  - Sterotactic biopsy and needle localization services
- **CT**
  - Biopsy services
  - CT scanning for treatment planning for oncology patients
- **Nuclear Medicine**
  - I-131 therapy for the treatment of thyroid cancer
  - Sentinel Node tracking for breast cancer surgery
- **Ultrasound**
  - Planning and treating prostate cancer with prostate seeds
  - Biopsy services
- **Picture Archiving Communications System**, which supports timely and efficient communication for all radiology services. PACS, implemented in 2000, offers:
  - improved throughput throughout the hospital;
  - immediate access to X-rays by physicians at numerous locations;
  - online viewing of X-rays by physicians; and
  - efficient and effective options for transporting X-rays.

William Levin, M.D., joined the Radiation Oncology team at Washington Adventist Hospital.
**Pathology**

Pathology staff is critical for the accuracy and timeliness of primary diagnosis, predicting the risk of recurrence, treatment planning and participating in the continuing surveillance of cancer patients. Washington Adventist Hospital’s Pathology Department expanded its capabilities in 2005:

- 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, GI and liver pathology.
- Greatly expanded outreach practices to offer outpatient pathology diagnostic services to patients in previously unserved areas in Maryland — as well as in Pennsylvania, Virginia and Washington, D.C.

**Rehabilitation Services**

Cancer care does not end with surgery or chemotherapy. A team of rehabilitation professionals from many disciplines is necessary to meet each person’s unique needs. In 2005, Washington Adventist Hospital employed an interdisciplinary approach to rehabilitation. Physiatrists, medical doctors, physical therapists, occupational therapists, nutritionists and nurses all took part in the specialized care for individuals with physical disabilities resulting from cancer or from treatment. Speech therapy, occupational therapy and case management served people in their totality, with the goal of returning them to their optimal capability.

**Pastoral Care**

To help us offer meaningful and appropriate spiritual care, cancer patients were invited to express their religious preferences as they entered our hospital. Patients and their families had opportunities to explore the meaning of, and adjustments to, life with cancer.

Our chaplains provided spiritual care for people of all faiths, as well as those who had no specific denominational affiliation. Washington Adventist Hospital also employed a hospital-wide prayer ministry. Staff members volunteered to pray for patients and their families.

Resources for families experiencing death of a loved one included a “Grief Packet” containing suggestions for making needed arrangements, information on community resources and grief support materials. Follow-up support was provided through a bi-annual Service of Remembrance and a quarterly support group, Grief Care.

At Washington Adventist Hospital, our mission is to honor and serve each patient as a whole person, as well as family members and friends of that person.

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**The Inpatient Smoking Cessation Program**

Washington Adventist Hospital’s Inpatient Smoking Cessation Program is funded through a grant from the Montgomery County Department of Health and Human Services Cigarette Restitution Fund Program and Adventist HealthCare. In 2005, counselors visited 1,599 hospitalized patients, surpassing our goal of 1,200 patients. These patients all received counseling and materials on how to quit smoking.

Fifty percent of patients report quitting two weeks after the inpatient counseling. Fifteen percent of these remain smoke-free three months after their hospital stay. These rates are above national averages.

Our motto: Anyone can quit. One of our patients, a 59-year-old man suffering from coronary artery disease, had smoked close to one pack per day for 30 years. During his initial evaluation in January, the patient seemed a little resistant to the idea of quitting smoking. Now he carries toothpicks in his pocket as a quitting aid and has shared the information and advice he received from the program to friends who smoke. In May, he reported that he had not smoked one cigarette since his visit in January.
Reaching Out to Our Community

Public Education and Outreach Activities in 2005

• The Cancer Outreach program partnered with the Cardiac Outreach program to provide colorectal education at three Sister-to-Sister events in February. Sister-to-Sister is a national organization that seeks to raise awareness of cardiovascular disease in women. The venue was three major health fairs, all of which were sponsored by Channel 7.

• 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 85 people in 16 local churches about the importance of cancer screening.

• Cancer Outreach worked with the Seventh-Day Adventist Church world headquarters, providing education on breast and colorectal cancer to employees. This was followed up with an evangelistic series for the community.

• Through our relationship with the Montgomery County Cancer Crusade, we promoted the Colorectal Cancer Outreach by providing low-income residents of Montgomery County with education and screening for colorectal cancer.

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

• Health & Wellness participated in the Taste of Takoma, a community-wide event sponsored by Washington Adventist Hospital and Columbia Union College. During the event, we educated 58 people about colorectal, oral and breast cancer screening, and about the role nutrition plays in cancer prevention.

• 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.” A specially trained cosmetologist and beauticians helped cancer patients enhance their self-image and look their best. This program is held four times a year.

• Washington Adventist Hospital participated in Share the Health at Wheaton Mall. At this NIH-sponsored event, we educated 43 people on the importance of colon cancer screening and scheduled them for screening. We also educated individuals about lung cancer through carbon monoxide screening. Eighty-seven people were tested. In addition, 75 people were screened for skin cancer using the DermaScan method.

• Washington Adventist Hospital continued our unique partnership with Montgomery County fire fighters in 2005. Since the inception of the SCREEN (Sarris Colorectal Examination and Education Needs) program in March 2003, we have visited ten stations, educated 195 fire fighters and developed brochures that will go out to all county fire fighters and the community.

• Washington Adventist 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 strong outreach to minority, uninsured and underserved individuals. This year, 132 people attended and 533 screenings were completed. This surpassed the attendance of any other year.

Cancer Screening Days reach hundreds of people within our community, providing screening and education for the most prevalent cancers.
Reaching Out to Our Community
Making a Difference, One Life at a Time

Keith Brown attended Washington Adventist Hospital’s Cancer Screening Day in October 2004. Dr. Shailendra Kumar, who examined him that day, reported a suspicious DRE (digital rectal exam), a possible mass on the prostate. Although Mr. Brown’s PSA value was only 3.4, he was African American and almost 45 years old, putting him at higher risk for prostate cancer. Ivy Bazensky in Health & Wellness felt that he needed further evaluation.

Montgomery County has a free prostate screening program for county residents, but Mr. Brown lived in Prince George’s County and did not qualify. Ivy contacted Dr. Kumar and asked if he would see this patient for a free consultation. He happily complied.

At the appointment, Dr. Kumar felt that Mr. Brown needed a biopsy. Since the patient was unable to pay, Ivy applied for Charitable Care through Financial Services to have the biopsy performed at no cost. Dr. Kumar was also generous enough to donate his surgical services free of charge. The best news, however, was when Dr. Kumar told Mr. Brown the biopsy was negative.

After thanking God, Mr. Brown said he feels fortunate to have Dr. Kumar on his side, a “humble man who is truly a blessing.” He will never forget what Dr. Kumar and Washington Adventist Hospital did for him and hopes he can one day give as much to someone else’s life.

Low-Income Breast Cancer Program

In 2004, Washington Adventist Hospital Foundation made it possible to continue the Low-Income Breast Cancer Program by providing financial support. In prior years, this program was funded by the Susan G. Komen Breast Cancer Foundation. This year, the funds came from donations from employees and community members, whose commitment to this most important endeavor shone through.

In 2004, 710 low-income, uninsured women were screened for breast cancer. We also conducted 618 screening mammograms, 412 clinical breast exams, 67 unilateral diagnostic mammograms, and 43 bilateral diagnostic mammograms. Two cases of breast cancer were discovered and treated.

In keeping with the goal of this program, those served were predominantly minorities (97%) and all were low-income.

Cancer Screening Day 2004 Results

<table>
<thead>
<tr>
<th></th>
<th>Screened</th>
<th>Abnormal Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people participating</td>
<td>132</td>
<td></td>
</tr>
<tr>
<td>Number of males screened</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Number of females screened</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Minorities: Mainly African American &amp; Asian</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Screens:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>120</td>
<td>15</td>
</tr>
<tr>
<td>Colorectal</td>
<td>113</td>
<td>16</td>
</tr>
<tr>
<td>Skin</td>
<td>59</td>
<td>2</td>
</tr>
<tr>
<td>Oral</td>
<td>94</td>
<td>31</td>
</tr>
<tr>
<td>Prostate DRE (digital rectal exam)</td>
<td>72</td>
<td>7</td>
</tr>
<tr>
<td>Prostate PSA (prostate-specific antigen)</td>
<td>75</td>
<td>11</td>
</tr>
<tr>
<td>Total number of screens conducted</td>
<td>533</td>
<td></td>
</tr>
</tbody>
</table>
The incidence of prostate cancer has been increasing (1.0% annually 1995-1999), while the age-adjusted death rate from prostate cancer has begun to decline (-1.3% annually 1994-1999), according to the American Cancer Society (CA Cancer J Clin 2003; 53: 5-26). This trend suggests that unless prostate cancer is becoming biologically less aggressive, increased public awareness with earlier detection and treatment of prostate cancer have begun to make an impact on this prevalent disease.

As a result of widespread PSA (prostate-specific antigen) testing, most patients are diagnosed with asymptomatic, clinically localized cancer. The combination of Gleason’s score, PSA level and clinical stage can effectively stratify patients into categories associated with different probabilities of achieving a cure. In addition to considering the impact on cure, the choice of initial treatment is highly influenced by estimated life expectancy, existing comorbidities, potential side effects of therapy and patient preference.

The primary treatment options for initial therapy of localized prostate cancer include radical prostatectomy and radiation therapy. Frequently, the treatment is selected or recommended on the basis of patient consideration of the potential morbidity of the treatment rather than clear differences in rate of tumor control.

Optimal treatment of prostate cancer requires assessment of risk. Prostate cancers are best characterized by their clinical stage, determined by digital rectal exam (DRE), Gleason’s grade in the biopsy specimen, and the serum PSA level. Each of the key characteristics predicts pathologic stage and prognosis. The most widely used nomogram in prostate cancer is an algorithm that combines clinical stage, biopsy Gleason’s grade and preoperative PSA level to predict the pathologic stage, assigned as one of four mutually exclusive groups: organ-confined, extracapsular extension, seminal vesicle invasion, or lymph node metastasis (Prostate Cancer 1998; 1: 197-203).

**Low Risk of Recurrence**

Low-risk patients include those with tumors of Stage T1-2a, a low Gleason’s score (2 to 6) and a PSA level below 10 ng/mL. Treatment options are based on anticipated life expectancies. In patients whose age or comorbidity leads to a life expectancy of less than ten years, expectant management or radiation therapy in the form of three-dimensional external beam radiotherapy or brachytherapy are acceptable strategies. If the patient’s life expectancy is greater than ten years, treatment recommendations are the same with the addition of a third treatment option — radical prostatectomy with or without a pelvic lymph node dissection (NCCN: National Comprehensive Cancer Network, 2005).

**Intermediate Risk of Recurrence**

The intermediate risk category is defined as patients with any T2b to T2c cancer, Gleason’s score 7, or PSA value of 10-20 ng/mL. For these patients with a life expectancy of less than ten years, expectant management remains a reasonable option. Recommended treatment options include external beam radiation therapy with or without brachytherapy, or radical prostatectomy with or without pelvic lymph node dissection.

For patients with an expected survival of greater than ten years, expectant management should not be considered a reasonable alternative to active treatment. Patients should be offered surgery with or without a pelvic lymph node dissection or external beam radiation therapy with or without brachytherapy. Brachytherapy as a monotherapy is not recommended for this risk group.
High Risk of Recurrence

This high-risk group includes Stage T3A, with the Gleason’s score eight to ten, or PSA more than 20 ng/mL. Hormonal therapy plus external beam radiotherapy is recommended.

Very High Risk of Recurrence

This group is defined as clinical stage T3b-T4 or with non-localized disease (any T, N1). The options for this risk group include either androgen ablation or a combination of radiation therapy and androgen ablation for three years. Radiation therapy may be administered to prevent or delay the onset of local symptoms. Radical prostatectomy is not considered a treatment option. If the disease has metastasized (any T, any N, M1), androgen ablation alone is recommended.

Summary

Prostate cancer is a complex disease with many controversial aspects of management, and there is a dearth of sound data to support treatment recommendations. Several variables, including life expectancy, disease characteristics, predicted outcomes and patient preference must be considered by the patient and physician in tailoring prostate cancer therapy to the individual patient.
The Cancer Registry at Washington Adventist Hospital supports the activities of the Cancer Committee and Cancer Program, and functions as the central data clearinghouse for the facility. The Registry’s functions include the collection, management, quality assurance and analysis of data for persons diagnosed with cancer who receive all or part of their care here at the facility. The Cancer Registry is also instrumental in ensuring compliance with all standards of the American College of Surgeons, as Washington Adventist works toward accreditation by that body. Our cancer data is reported to the Maryland Cancer Registry quarterly, which then submits it to the National Cancer Data Base.

The Cancer Registry is critical to the success of any cancer program, and Washington Adventist Hospital both supports this function and relies heavily on the expertise housed within this department.

In 2004, a total of 392 cancer cases were either diagnosed or treated at Washington Adventist Hospital. Ninety-five percent (374) of the cases were analytic, indicating that either the patients were diagnosed or received all or part of their therapy at the hospital. Twenty-one cases (5%), the non-analytic cases, represent patients referred to the hospital after receiving treatment elsewhere. The most common cancer sites seen at Washington Adventist Hospital are represented in the accompanying graphs.

### 2004 Analytic Cases Gender/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>82</td>
<td>56</td>
<td>138</td>
</tr>
<tr>
<td>Black or African American</td>
<td>71</td>
<td>84</td>
<td>155</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>28</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>26</td>
<td>24</td>
<td>50</td>
</tr>
</tbody>
</table>

### Frequency of Cancer

By Primary Site
2004 All Cases = 392*

- **BREAST**: 19%
- **LUNG**: 16%
- **PROSTATE**: 15%
- **COLON & RECTUM**: 15%
- **BONE MARROW**: 3%
- **THYROID GLAND**: 3%
- **PANCREAS**: 2%
- **ALL OTHER**: 29%

### Treatment of Prostate Cancer

Washington Adventist Hospital, 2004
Comparison with NCDB Data*, Prostate Cancer 2001

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT</strong></td>
<td>Cases</td>
<td>% of total</td>
</tr>
<tr>
<td>Surgery Only</td>
<td>7845</td>
<td>36.55</td>
</tr>
<tr>
<td>Radiation Only</td>
<td>3918</td>
<td>18.25</td>
</tr>
<tr>
<td>Surgery &amp; Radiation</td>
<td>160</td>
<td>0.75</td>
</tr>
<tr>
<td>Surgery, Radiation &amp; Hormone Therapy</td>
<td>125</td>
<td>0.58</td>
</tr>
<tr>
<td>Radiation &amp; Hormone Therapy</td>
<td>3923</td>
<td>18.28</td>
</tr>
<tr>
<td>Surgery &amp; Hormone Therapy</td>
<td>860</td>
<td>4.01</td>
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<tr>
<td>Hormone Therapy Only</td>
<td>1507</td>
<td>7.02</td>
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<tr>
<td>Other Specified Therapy</td>
<td>637</td>
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<tr>
<td>No First Course RX</td>
<td>2488</td>
<td>11.59</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>21463</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Source: NCDB, CoC, ACoS, 2005*
One Woman’s Story

Every day, more people join the ranks of cancer survivors because of the extraordinary strides being made in cancer treatment. Washington Adventist Hospital is proud to offer some of the most medically advanced and comprehensive patient care for the prevention, detection and treatment of cancer.

Brenda McCullough, age 57, was diagnosed with breast cancer in August 2004. Brenda clearly remembers her oncologist’s specific recommendation to undergo radiation treatment at Washington Adventist Hospital despite it being more than an hour from her home. “Washington Adventist Hospital’s Radiation Oncology Program is tops, and their physicians and staff will take the best care of you,” he said.

Brenda traveled daily for treatment for nearly seven weeks. With the help of her treating physician, Dr. Chan Chung, and her supervisor at the IRS, William H. Holmes, a schedule was developed that allowed her to continue to work full-time during treatment. She completed therapy without missing a single day of work.

Brenda describes her treatment period as “an amazing journey of beautiful fellowship, where I was treated like a special member of the Washington Adventist Hospital family. The entire Radiation Oncology staff lifted me up every day, and taught me how to take good care of myself physically and emotionally during a difficult time.”

Brenda thoughtfully reciprocated the compassion she received by making pink teddy bears (to symbolize breast cancer) for members of the hospital staff.

Washington Adventist Hospital continues to put our cancer patients and their families first by providing the highest quality care and ministering to their physical, emotional and spiritual health needs. For information about the hospital’s cancer services, contact Kim Marter, Director of Radiation Oncology, at 301-891-5100.

Maryland Regional Cancer Care: A Partnership for Specialized Treatment Delivery

Adventist HealthCare and Holy Cross Hospital have partnered to form Maryland Regional Cancer Care (MRCC), with the goal of providing high-quality radiation oncology services to the communities of Montgomery and Prince George’s counties. In 2005, MRCC purchased Novalis — BrainLAB’s dedicated system for non-invasive stereotactic radiosurgery and radiotherapy. Novalis is a cutting-edge technology for specific patients and delivers highly precise treatments for brain, head and neck and spine tumors; arteriovenous malformations and certain functional disorders. Its X-ray-based localization technology allows physicians to localize tumors with sub-millimeter accuracy.

BrainLAB’s Adaptive Gating enables an improvement in safety. While maintaining uniform dose distribution to the tumor, much more normal tissue is spared from radiation, contributing to reduced side effects and better treatment outcomes. The treatment procedure is painless, fast and requires no hospitalization. Patients can usually return to their daily routine shortly after treatment.

The purchase of Novalis further enhances Washington Adventist Hospital’s ability to deliver the best in treatment outcomes while ensuring maximal quality of life.
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

One-Call Cancer Service Line, 301-891-6702
For information about the full range of cancer services available at Washington Adventist Hospital and in our community