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ANNUAL
CANCER
REPORT



Message from the President



I am pleased to share with you the first annual Doctors Community Hospital Cancer Annual Report. With the addition of radiation oncology services 12 years ago, we

have provided cancer treatment for thousands of patients. The opening of Doctors Regional Cancer Center on our campus in 2009 brought state-of-the-art cancer radiation treatment and high dose brachytherapy to the Prince George's County community.

We are proud of our collaborative approach with our surgeons, medical oncologists, radiation oncologists and staff that has had a significant benefit to our patients. Treating more than 40 percent of all breast cancer patients in Prince George's County last year alone, we have grown to be recognized by our patients as a comprehensive cancer treatment resource within the community. We look forward to continuing to provide quality, cutting-edge cancer care in the years to come.

Sincerely,

Philip B. Down
President

Doctors Community Hospital

Message from the Cancer Committee Chair



In August of 2010, the first Cancer Committee met at Doctors Community Hospital. A group of physicians and staff had a vision to create a cancer institute at Doctors Community Hospital. Our mission is to deliver excellent cancer treatment with care and compassion to the community close to home. In order to build this center, we have been working hard to become an accredited cancer center by the American College of Surgeons Commission on Cancer.

An important part of the committee's work is to document and create the robust programs we have for our cancer patients. This designation will confirm the high-quality cancer care that we strive to bring to our community.

A key component to cancer care is a multidisciplinary approach to the care of the patient. Our CME credited tumor boards facilitate this process. The Breast Cancer Tumor Board meets weekly and General Tumor Board meets twice a month. Surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, nurses, navigators, a genetic counselor and support staff gather to prospectively discuss and deliberate about each individual case.

Our nurse navigators act as the advocate, interpreter and educator for our oncology patients. They coordinate patient tests and treatment through the continuum of care in collaboration with the multidisciplinary team. They provide a vital connection to the resources available to patients and their families along with emotional support and encouragement.

I would like to thank everyone for their hard work and time they have given to working towards our goals. The entire oncology team at Doctors Community Hospital is committed to growing our cancer center and services. Our goal is to become a premier cancer center in Prince George's County to provide compassionate and exceptional care to our community.

Sincerely,

Heather Lee, M.D.

Chair, Cancer Committee, Doctors Community Hospital

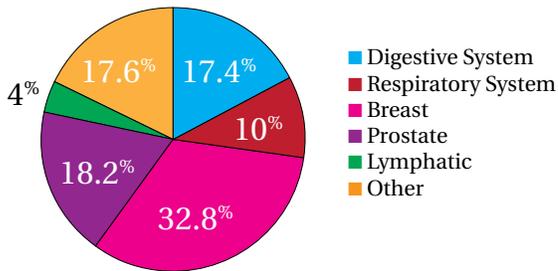
What Is a Cancer Registry?

According to the Centers for Disease Control and Prevention, a cancer registry collects detailed information about cancer patients and the treatments they receive. The cancer registry shares the answers to these questions with other groups like the state comprehensive cancer control coalition to find out what can be done to prevent and treat cancers. They may find that some people aren't getting the cancer screening tests they need or are making choices that make them more likely to get cancer. They also look to see if something in their home or workplace is causing cancer. After changes are made to improve prevention or treatment, new data from the cancer registry can show if the changes were successful.

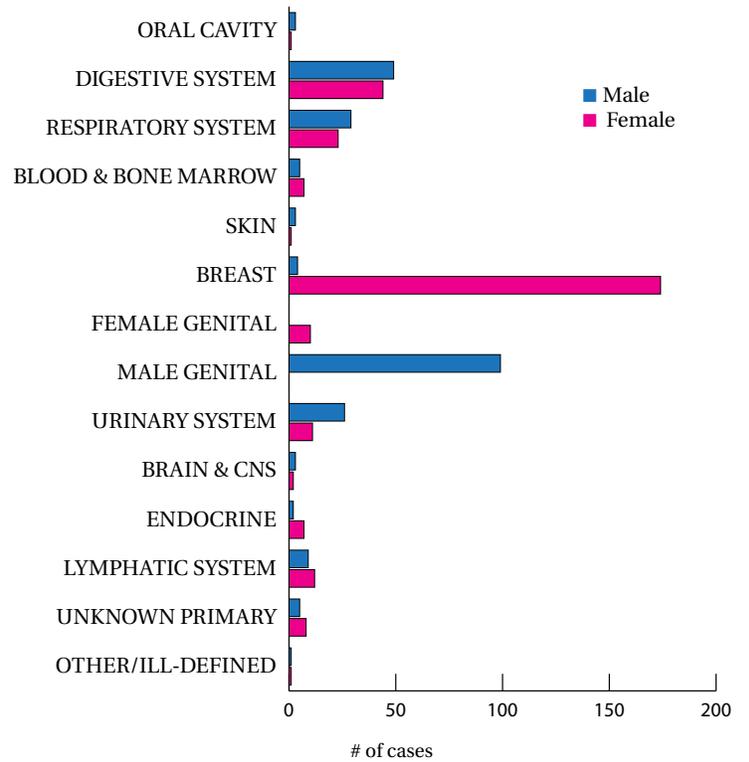
2015 Cancer Cases

at Doctors Community Hospital

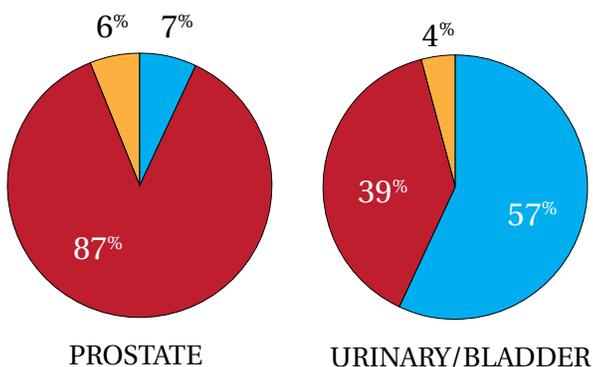
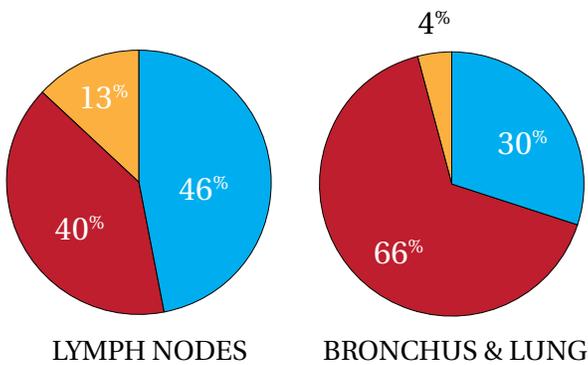
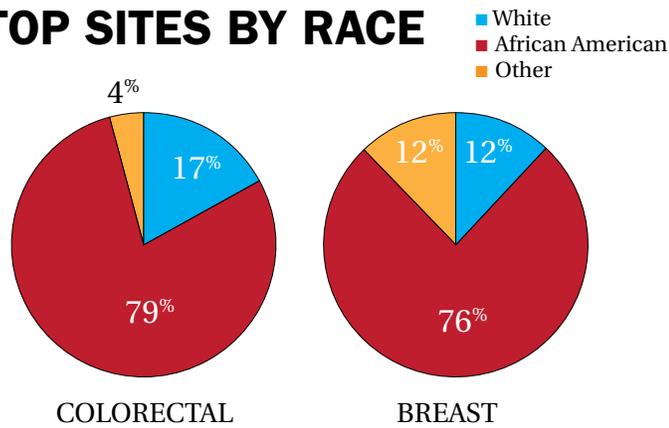
CANCER BY SITE



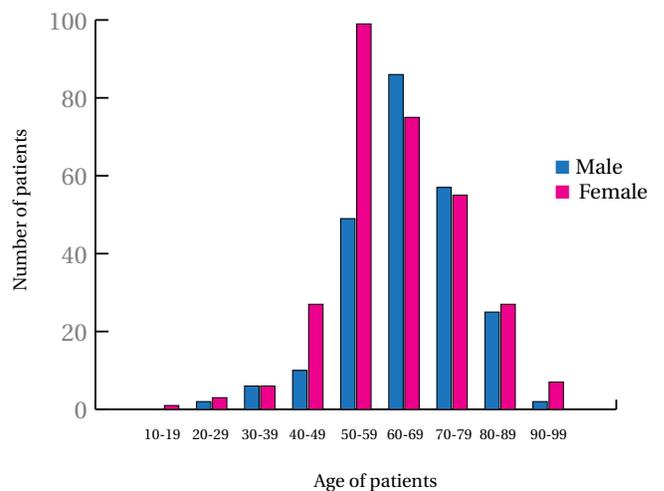
PRIMARY SITE BY SEX



TOP SITES BY RACE



CANCER-AGE AT DIAGNOSIS





(top row l. to r.) General Tumor Board: Tracy McCauley, RN, oncology nurse navigator; Gloria Johnson, cancer tumor registry; Barlow Lynch, M.D., urology; Jack Nyiri, director of cancer services; Vijayan Charles, M.D., surgery; Daniel Bloch, M.D., pathology; and Eric Yun, M.D., radiology.

(seated l. to r.) Jacquelyn Dunmore-Griffith, M.D., radiation oncology; Rita Gupta, M.D., medical oncology; Heather Lee, M.D., radiation oncology; and Xiaoyan Wang, M.D., medical oncology.

Our Multidisciplinary Board Meetings

Together, our multidisciplinary General Tumor Board meets twice a month to discuss general cancer types. The Breast Tumor Board meets four times a month. The purpose of the tumor boards, comprised of radiologists; medical, radiation and surgical oncologists; pathologists; and nurse navigators, is to develop an optimal multidisciplinary treatment plan for each patient. Cases are presented by different members of the committee in a format that provides an opportunity for clinicians to discuss treatment together in real-time.

In 2015, 262 cases were presented to the Breast Tumor Board and more than 100 cases were presented in the General Tumor Board.

Partners in Palliative Care

Doctors Community Hospital provides physician palliative care consultation services in collaboration with community hospice partners. Palliative care addresses pain and symptom management associated with chronic illnesses. It can be implemented anytime along the trajectory of the illness with discussions focused on advanced care planning and goals of care.

Hospice provides quality, holistic comfort care to those facing a life-limiting illness with a prognosis of six months or less by means of an interdisciplinary approach to care. The team develops individualized care plans to manage pain and symptoms with an emphasis on emotional and spiritual support for the family.

General inpatient level of care under hospice is provided at DCH for short-term management of acute, uncontrolled symptoms. Home hospice is provided in the community at nursing facilities, assisted living facilities and in the patient's private residence.



(top row l. to r.) Breast Tumor Board: Joshua Pleasure, M.D., radiologist; Rita Gupta, M.D., medical oncologist; James Elliott, M.D., pathologist; Jacquelyn Dunmore-Griffith, M.D., radiation oncologist; Xiaoyan Wang, M.D., medical oncologist; Nicholas DeMonaco, M.D., medical oncologist; Connie Bailey, RN, breast nurse navigator.

(seated l. to r.): Chitra Venkatraman, M.D., medical oncologist; Heather Lee, M.D., radiation oncologist; Regina Hampton, M.D., breast surgeon; and Alison LaVigne, M.D., radiation oncologist.

Navigating Care



Connie Bailey, RN, CNBN, is the certified breast patient navigator at the Center for Comprehensive Breast Care at Doctors Community Hospital.

Connie is a member of the National Consortium of Breast Centers and the Maryland Patient Navigation Network. She serves as a consistent care coordinator throughout the continuum of care assessing the healthcare barriers and the physical, psychological and social needs of each patient. She provides the patient with educational, emotional and social support. Connie works closely with the hospital's multidisciplinary care team to collaboratively design a care plan with desired outcomes.

The breast treatment nurse navigator focuses on achieving the healthcare outcomes within effective and realistic timeframes. She monitors patients and triages needed services across all product or service lines while removing barriers and ensuring proper access to these services. The results are enhanced patient outcomes, increased patient satisfaction and reduced costs of care.



Tracy McCauley, RN, is Doctors Community Hospital's full-time cancer nurse navigator. She is an oncology certified registered nurse with more than five years of oncology navigator experience. Annually she helps nearly 300 patients in navigating the healthcare system; advocating on their behalf to enhance communication between healthcare staff; provide referrals to support services and resources; help them streamline their

appointments; provide emotional support; help with arranging appropriate services to allow them to keep their healthcare appointment; and provide referrals and education about hospice and end-of-life care.

Tumor Board Participants

Perry Alexion, M.D., ENT
 Sajeew Anand, M.D., Medical Oncology
 Davoud Assili, M.D., GYN
 Connie Bailey, RN, CNBN, Oncology Nurse Navigator
 Daniel Bloch, M.D., Pathology
 Vijayan Charles, M.D., Surgery
 Gurdeep S. Chhabra, M.D., Medical Oncology
 Vanessa Crotzer, PA-C
 Nicholas DeMonaco, M.D., Medical Oncology
 Luat Duckett, M.D., Surgery
 Jacquelyn Dunmore-Griffith, M.D., Radiation Oncology
 James Elliott, M.D., Pathology
 Ari Fishman, M.D., Medical Oncology
 Rita Gupta, M.D., Medical Oncology
 Regina Hampton, M.D., Breast Surgery
 Marille Herrmann, M.D., Pathology
 Gloria Johnson, Tumor Registrar
 Myles Koby, M.D., Radiology
 Alison LaVigne, M.D., Radiation Oncology
 Bothwell Lee, M.D., Neurosurgery
 Heather Lee, M.D., Radiation Oncology
 Yoomi Lee, M.D., Medical Oncology
 Barlow Lynch, M.D., Urology
 Tracy McCauley, RN, Oncology Nurse Navigator
 Jack Nyiri, Director of Cancer Services
 Joshua Pleasure, M.D., Radiology
 Melissa Ramsey, NP
 Matthew Snyder, M.D., Radiation Oncology
 Ben Stallings, M.D., Radiology
 German Tampe, M.D., Radiology
 Nicole Thompson, MS, Genetic Counselor
 Chitra Venkatraman, M.D., Medical Oncology
 Xiaoyan Wang, M.D., Medical Oncology
 Eric Yun, M.D., Radiology
 Ivan Zama, M.D., Palliative Medicine

Doctors Community Hospital's Center for Comprehensive Breast Care Regina Hampton, M.D.



We are proud to be the first comprehensive breast center in Prince George's County. This is significant because the county has a high breast cancer mortality rate (31.2 vs. 23.4 for the U.S. per 100,000). We provide a continuum of breast care from screening to diagnosis to survivorship. We have a screening navigator, treatment navigator and nurse practitioner who manage the high-risk program.

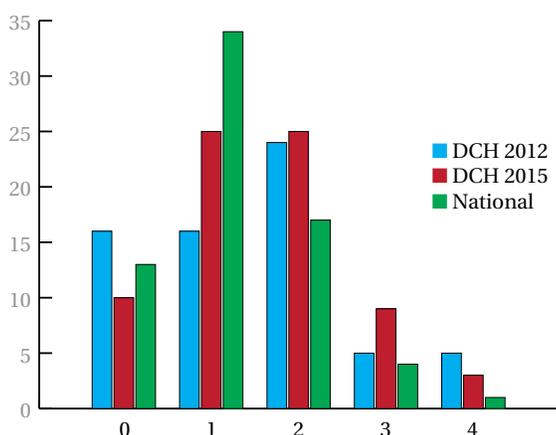
This great team has set many new standards in the Prince George's County community. Through collaboration, we have been able to keep patient care in the community so patients do not need to travel far distances to get quality care that follows national guidelines. In three years, we have been able to increase our screening rates and decrease the number of Stage 4 diagnosis from 5 percent to 3 percent (see graph 1).

We also have a unique distinction of treating young (<50 years) African-American women who have a particularly aggressive form of breast cancer known as triple negative disease (graph 2, 3). We provide genetic counseling and testing. We also work with surrounding fertility centers to meet their childbearing needs.

We were the recipient of a \$1 million Susan G. Komen grant to:

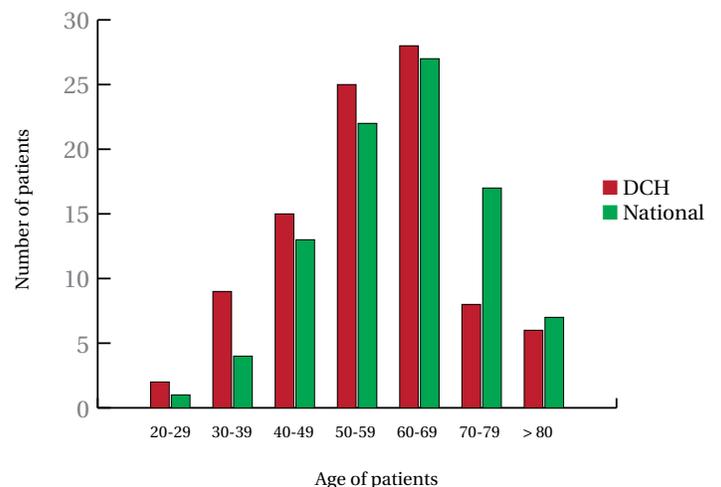
- Increase screening in uninsured/under-served women
- Decrease the length of time from screening to diagnosis
- Increase treatment compliance

BREAST CANCER-STAGE AT DIAGNOSIS



GRAPH 1

BREAST CANCER-AGE AT DIAGNOSIS

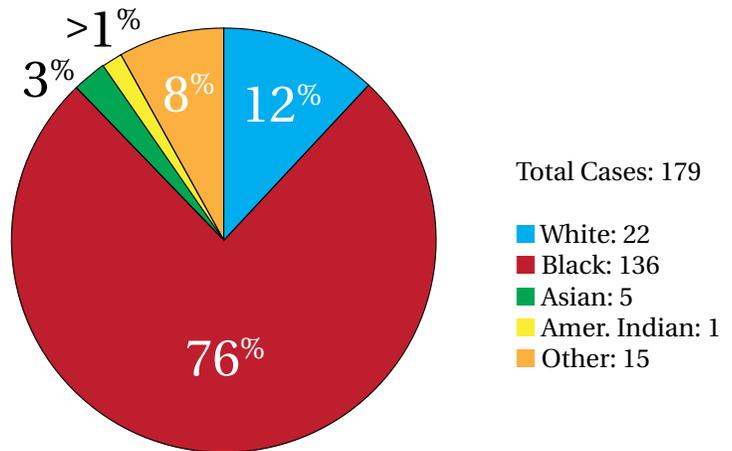


GRAPH 2

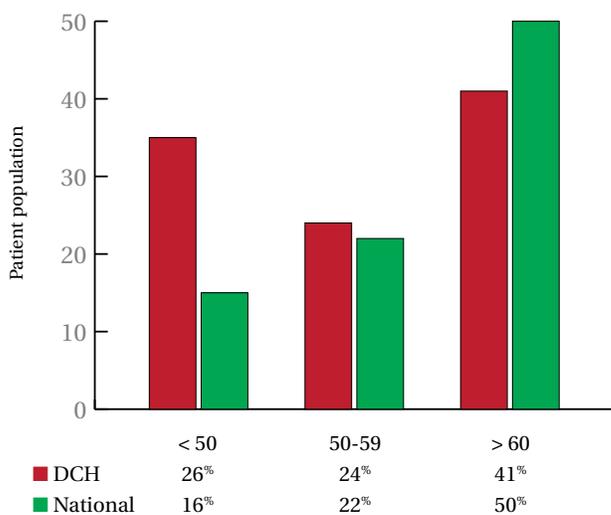
Through this project, we have screened 2,832 patients and provided more than 3,700 free mammograms. We have decreased our time between the screening mammogram and the diagnostic mammogram from 28 to 20 days. We have also decreased our time to deliver biopsy results from 3.4 days to 1 day.

With the addition of 3D tomosynthesis mammography to our imaging armamentarium, we plan to increase the number of breast cancers we diagnose in the coming year. This allows us to find cancers at earlier stages in dense breast tissue. It is a significant benefit to our young patient population with increased breast density.

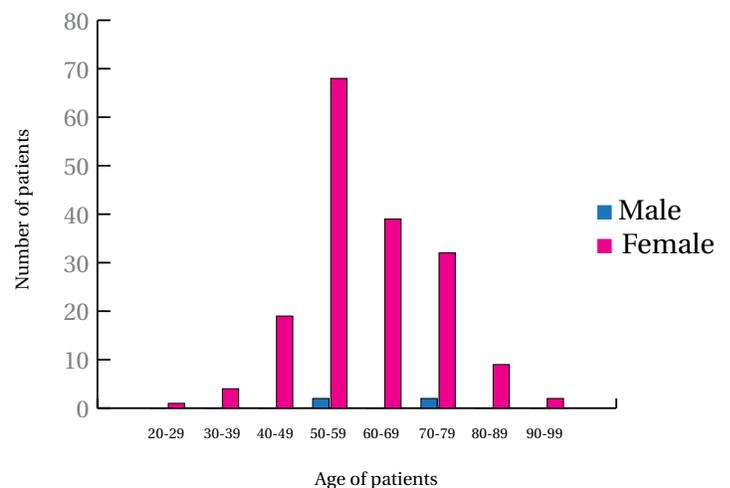
SITE BY RACE TABULATION FOR BREAST-2014



BREAST CANCER-DCH vs U.S.



BREAST CANCER-AGE BY SEX



GRAPH 3

Breast Cancer Profile

James Elliott, M.D.



As recommended in the current ASCO/CAP guidelines, testing for estrogen receptor, progesterone receptor and human epidermal growth factor receptor 2 (HER2) is performed for all invasive carcinomas (primary, recurrent or metastatic) of the breast at Doctors Community Hospital (DCH).

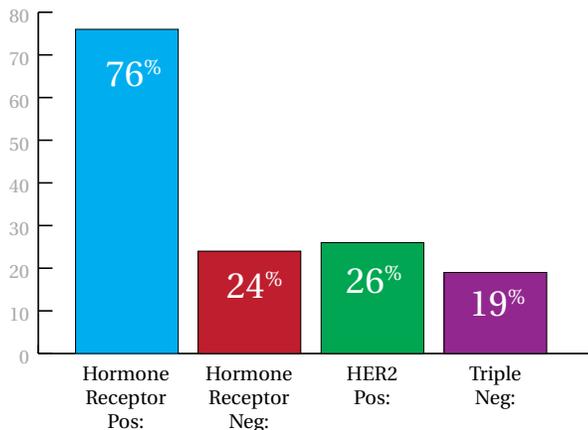
Estrogen and progesterone receptors are weak prognostic markers but are strong predictors of response to endocrine therapy. Of the 443 invasive breast carcinoma cases (October 2013 to December 2015) with predictive/prognostic marker results at DCH, 75 percent were hormone receptors (estrogen and/or progesterone receptors) positive. More invasive carcinomas were estrogen receptor positive (73 percent) than were progesterone receptor positive (67 percent).

HER2 is a prognostic marker. Patients with HER2 positive breast cancer without therapy have a higher rate of recurrence and metastasis. HER2 is also a marker for response to trastuzumab, a humanized monoclonal antibody to HER2 receptor. Of the 443 cases of invasive breast carcinoma with predictive marker results at DCH, 114 (26 percent) showed HER2 overexpression or gene amplification with or without hormone receptor positivity.

Nineteen (19) percent of invasive breast carcinoma at DCH were triple negative (did not express estrogen receptor, progesterone receptor, HER2 overexpression or gene amplification).

TOTAL CASES OF BREAST CANCER PROFILE: 443

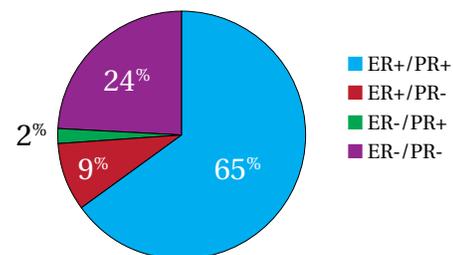
October 2013 to December 2015



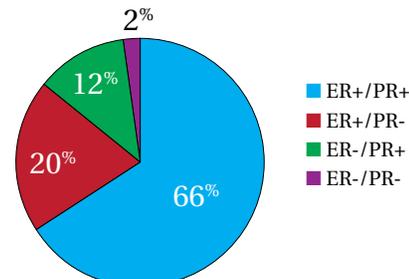
BREAST CANCER PROFILE (TOTAL CASES: 443)

(ER, PR, HER2 by IHC w/reflex to FISH)

Positive Hormone Receptors: 335/76%
Neg Hormone Receptors: 24%



HER2 Positive: 114/26%



Reference:

Wolf AC, Hammond EH, Hicks DG, et al. American Society of Clinical Oncology/College of American Pathologists guideline recommendations for Human Epidermal Growth Receptor 2 testing in Breast Cancer. Arch Pathol Med 138:241-256, 2014

Hammond ME, Hayes DF, Dowsett D, et al. American Society of Clinical Oncology/College of American Pathologists guideline recommendations for Immunohistochemical Testing of Estrogen and Progesterone Receptors in breast Cancer. J. clin Oncol. 28(16):2784-95, 2010

Improved Survival from New Therapies

Rita Gupta, M.D.



Breast cancer is the most common cancer in women and the second most common cause of cancer death in women after lung cancer. It is the most common cause of cancer death in women in the 45-55 age group. The good news is that breast cancer deaths have decreased by a third in the last three decades. When diagnosed and treated early, breast cancer is often curable.

Long-term survival rates for breast cancer have been increasing steadily. This is definitely a positive outcome but raises unique challenges for the medical community to detect and help patients manage the long-term side effects of treatments as they continue to live longer. Breast cancer is becoming a chronic illness due to advances in early diagnosis and more effective therapies. Targeted therapies have helped to improve survival in patients with HER2 positive breast cancer. Treatment of triple-negative breast cancer and inflammatory breast cancer remain challenging, and novel agents are being investigated in clinical trials and research. New and improved antiemetic therapies and better supportive care have been extremely helpful for patients who are undergoing cytotoxic chemotherapy.

Similarly, patients who have lung, colon, prostate and pancreatic cancer as well as lymphoma and multiple myeloma are benefitting from newer agents and targeted therapies. Participating in clinical trials is another way in which we continue to demonstrate our dedication to excellence in care. We are in the age of personalized healthcare, and at Doctors Community Hospital, the physicians and staff are committed to providing exceptional multimodality therapy in our community, focusing on achieving long-term survivorship.

Accelerated Partial Breast Irradiation: An Alternative for the Management of Breast Cancer

Jacquelyn Dunmore-Griffith, M.D.



Traditionally, adjuvant radiation therapy for breast cancer has targeted the whole breast affected by the cancer regardless of the tumor size or location (WBI). Most breast cancer recurrences occur at or near the original tumor bed. Accelerated partial breast irradiation (APBI) has grown out of an effort to eliminate unnecessary treatment of normal breast tissue while targeting the tumor bed to enhance local control.

One technique of partial breast irradiation employs the use of HDR brachytherapy interstitial implant. With this form of treatment, a brachytherapy device is placed into the breast tumor bed and the patient receives radiation through this device using a radioactive source, twice daily for five days. Research shows that properly selected patients treated with APBI have local control similar to WBI with greater than seven years of follow-up.

Doctors Regional Cancer Center began its APBI HDR Brachytherapy Program in 2005. We have treated more than 50 patients using the Mammosite, Contura and Strut Adjusted Volume Implant (SAVI) applicators. A review of these cases confirms that this is a viable treatment option for appropriately selected patients using criteria set forth by the American Society of Therapeutic Radiation Oncology (ASTRO) and the American Society of Breast Surgeons in terms of dosimetry and local control of these patients' breast cancers.

Breast Cancer: Sowing Seeds of Hope

A Patient's Story

Renee Underwood is a mother, grandmother and proud breast cancer survivor. Two years ago, she was diagnosed with the very same breast cancer her mother had years before. “I was lucky in one respect,” recalls Renee. “I always get my mammogram at the same place every year, so they spotted the change in my breast immediately—when the cancer was still really small.”

Renee underwent a partial mastectomy by Doctors Community Hospital surgeon Luat Duckett, M.D. “He is an amazing doctor,” says Renee. “He explained to me what to expect and that I would need radiation following the surgery. I was really lucky that the cancer was in a good place in my breast that would allow me to receive partial breast radiation.”

During the partial mastectomy surgery, Dr. Duckett placed a treatment device in Renee’s breast that would stay in place for the one week course of twice-a-day treatments. Throughout the treatments, the radioactive source was delivered into the device by computer-guided control to provide precise treatment directly to the surgical site. According to her radiation oncologist, Dr. Heather Lee, “Renee did beautifully through her treatments. She has such a positive outlook on life. It was a joy seeing her every day. For those women eligible for this type of treatment, partial breast irradiation limits radiation exposure to healthy surrounding breast tissue, reducing some of the side effects associated with whole breast radiation.”

“I have to say that I was scared when I first arrived at Doctors Regional Cancer Center for my first treatment,” says Renee. “But, that feeling didn’t last long. The staff all made me feel at home—from the receptionist to the team in the back—they went out of their way to make me feel not just comfortable, but happy. They went the extra six miles— not just the extra mile.”

Today, Renee is cancer free and thanks all of her caregivers who played a role in getting her here.



Breast Cancer Support Services

Breast Cancer Support Group
3rd Tuesday of each month, 7pm – 9pm
at Doctors Community Hospital, North Building

301-552-8209

Male Caregiver Support Group
3rd Tuesday of each month, 7pm – 9pm
at Doctors Community Hospital, North Building

301-552-8673

Survivors Offering Support

240-965-3686

Look Good–Feel Better

240-542-3013

Breast Cancer Education Class

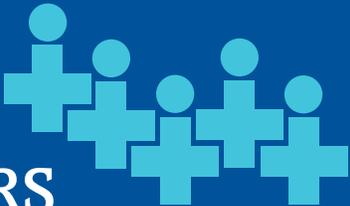
301-552-8209

Breast and Cervical Cancer Program

301-552-7724

Additional Local and National Resources:

American Cancer Society	800-277-2345	www.cancer.org
All Shades of Pink	301-356-4688	
Breast Cancer Education	574-267-8058	www.breastcancer.org
Cancer Care	800-813-4673	www.cancercare.org
Food and Friends	202-269-6823	www.foodandfriends.org
Living Beyond Breast Cancer	855-807-6386	www.lbbc.org
National Lymphedema Network	800-541-3259	www.lymphnet.org
Red Devils	877-643-0202	www.the-red-devils.org
Susan G. Komen for the Cure®	877-465-6636	www.komen.org
Sisters Network, Inc.	866-781-1808	www.sistersnetworkinc.org
African Women's Cancer Awareness	301-565-0420	www.awcaa.org



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