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C A N C E R A N N U A L R E P O R T



Message from the Cancer Committee Chair



I am delighted to introduce the Doctors Community Hospital (DCH) 2018 annual cancer report. The cancer committee continues their hard work to obtain American College of Surgeons' accreditation by the Commission on Cancer to confirm the high-quality cancer care we deliver to patients.

A team of physicians at DCH is working on building a comprehensive lung cancer program. Approximately 541,000 Americans living today have been diagnosed with lung cancer at some point in their lives. The five-year survival rate for lung cancer is 56% for cases detected when the disease is still localized to the lung. However, only 16% of lung cancers are diagnosed at an early stage. The majority of patients are diagnosed at a later stage when it may no longer be curable. If patients are diagnosed at an early stage, definitive surgery or stereotactic radiation can be offered. With the combined efforts of our thoracic surgeons and radiologists, two early detection lung cancer programs are being initiated. The lung nodule program will follow incidentally found lesions in the lung. The lung cancer screening program uses low-dose CT scans to screen qualifying high-risk patients. With advanced imaging, minimally invasive biopsies via Endobronchial Ultrasound (EBUS) and CT guided biopsies offered at DCH, these patients can be quickly navigated to diagnosis and then to treatment.

The Center for Comprehensive Breast Care at DCH offers complete care from early detection programs to advanced treatment for diagnosed cancers. Having advanced imaging, biopsies and surgical consultation in one place allows for a streamlined approach to quickly obtain a diagnosis. From January 2018 to December 2018, there were 3,724 screening mammograms. Over 1,503 follow-up mammograms or sonograms were performed. A total of 158 patients were diagnosed with breast cancer and successfully navigated to treatment.

Doctors Community Hospital has a deep commitment to advancing cancer care in the county and region. The multidisciplinary breast and general tumor boards continue their robust discussions to prospectively manage individual patient's care. We continue to strive to deliver excellent cancer treatment with care and compassion to our local community.

Sincerely,

A handwritten signature in black ink that reads "Heather Lee".

Heather Lee, M.D.
Chair, Cancer Committee
Doctors Community Hospital

Message from the President



Cancer is the leading cause of death among area residents according to the 2019 Prince George's County Community Health Needs Assessment

(CHNA). It also highlights that black and non-Hispanic residents are more likely to be screened for cancer; however, they have higher cancer mortality rates. Doctors Community Health System is committed to addressing these issues. One way is through services provided by Doctors Regional Cancer Center (DRCC).

This accredited center has a skilled and compassionate team that is dedicated to elevating cancer care in our diverse community. Providing a wide range of services, this team includes board-certified radiation oncologists, physicists, dosimetrists, radiation therapists, specialized nurses and support staff. We are proud of their dedication to prioritize patients' care and comfort.

Given its history of excellence, we are confident that DRCC will continue to provide exceptional services that help even more people improve the quality of their lives.

Sincerely,

A handwritten signature in blue ink that reads "Paul Grenaldo".

Paul Grenaldo
President
Doctors Community Health System

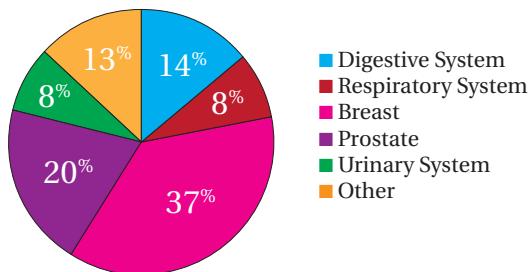
What is a Cancer Registry?

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 learn 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.

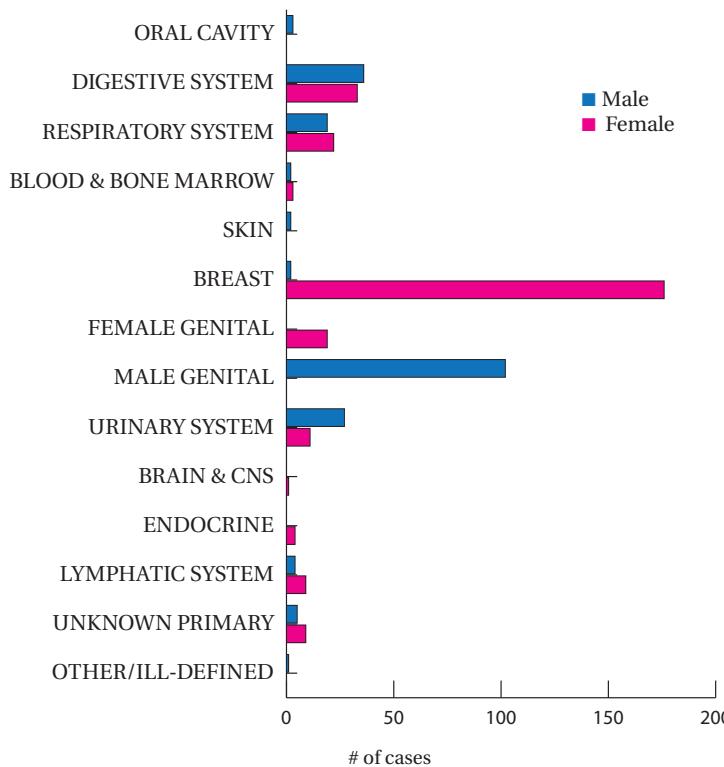
2016 Cancer Cases

at Doctors Community Hospital

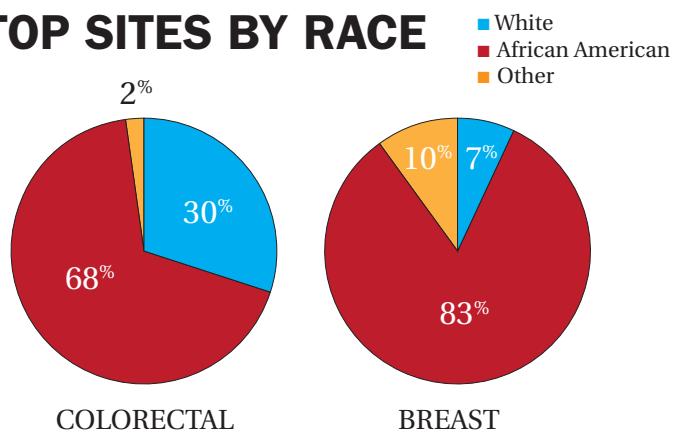
CANCER BY SITE



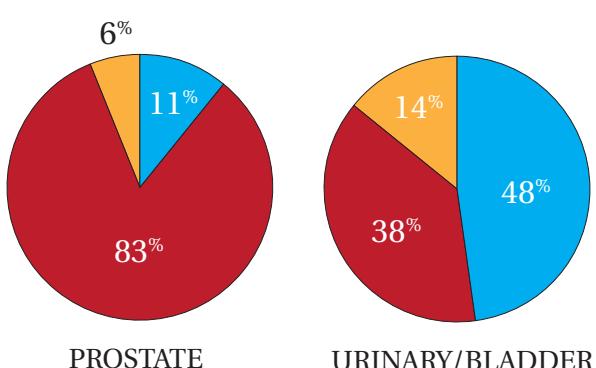
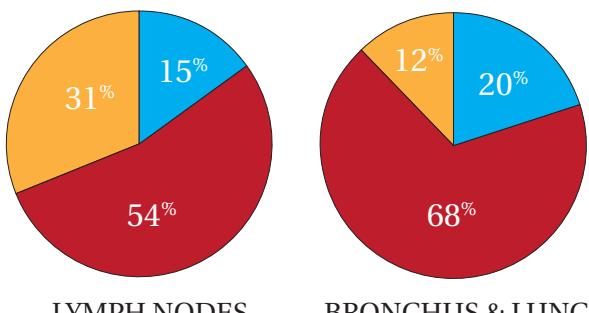
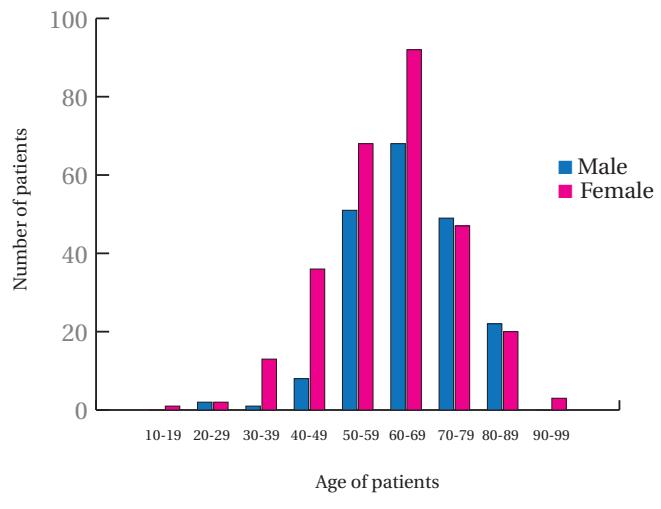
PRIMARY SITE BY SEX



TOP SITES BY RACE



CANCER-AGE AT DIAGNOSIS





General Tumor Board: (l. to r.) Jack Nyiri, Cancer Program Administrator; Vijayan Charles, M.D., General Surgery; Daniel M. Bloch, M.D., Pathology; Davoud Assili, M.D., Gynecology; Tiffany Schatz, M.D., General Surgery/Thoracic Surgery; Heather Lee, M.D., Radiation Oncology, Cancer Committee Chair; Rita Gupta, M.D., Medical Oncology Hematology; Regina M. Hampton, M.D., Breast Surgery; Jacquelyn Dunmore-Griffith, M.D., Radiation Oncology; Myles Koby, M.D., Radiology; Dionne Beal, RN, Oncology Nurse Navigator; and Robert Rosenbaum, M.D., Neurosurgery.

Our Multidisciplinary Tumor Board Meetings

Our multidisciplinary General Tumor Board meets twice a month to discuss general cancer types. The Breast Tumor Board meets weekly. 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 2018, 317 cases were presented to the Breast Tumor Board and nearly 100 cases were presented to 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 patients' residences.

Tumor Board Participants

Precious Acol, RHIT Tumor Registry Assistant
Sajeev Anand, M.D., Medical Oncology
Davoud Assili, M.D., GYN
Dionne Beal, BSN, RN, OCN,
Oncology Nurse Navigator

Daniel Bloch, M.D., Pathology
Karen Bryant, RN, CHPN, Hospice Liaison
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

Kwanza Graham-Sykes, Cancer Prevention,
Education, Screening, and Treatment
Program Administrator
Rita Gupta, M.D., Medical Oncology
Regina Hampton, M.D., Breast Surgery
Fraser Henderson, Sr., M.D., Neurosurgery
Gloria Johnson, Tumor Registrar
Myles Koby, M.D., Radiology
Alison LaVigne, M.D., Radiation Oncology
Heather Lee, M.D., Radiation Oncology



Breast Tumor Board: (l. to r.) Kisha Tompkins, RN, Clinical Director of Med/Surg and Oncology; Minimol Palliparambil, Director of Health Information Management; Karen Bryant, RN, Hospice Professional Liaison; Tiffany Schatz, M.D., General Surgery/Thoracic Surgery; Jack Nyiri, Cancer Program Administrator; Maria-Teresa Ramirez, CTR; Heather Lee, M.D., Radiation Oncology, Cancer Committee Chair and CLP; Rita Gupta, M.D., Medical Oncology Hematology; Regina Hampton, M.D., Breast Surgery; Jacquelyn Dunmore-Griffith, M.D., Radiation Oncology; Kwanza Graham-Sykes, Cancer Prevention, Education, Screening, and Treatment Program Administrator; Susan Ohnmacht, Ph.D., Associate Chief Nursing Officer; Dionne Beal, RN, Nurse Navigator; and Davoud Assili, M.D., Gynecology.

Navigating Care



Dionne Beal, BSN, RN, OCN, is Doctors Community Hospital's full-time oncology nurse navigator. She is an oncology certified nurse with more than 14 years of oncology nurse experience and assists in every aspect of patient care from minor questions to coordination of care.

Dionne helps patients and their families navigate through the healthcare system and advocates on behalf of the patient to enhance communication between providers and healthcare staff. She provides referrals to support services and resources; helps patients set up and manage appointments; provides emotional support; helps with arranging appropriate services to enable patients to keep their appointments; and provides referrals and education about hospice and end-of-life care.



Tolu Odumade, RN, is the breast patient nurse navigator at the Center for Comprehensive Breast Care at Doctors Community Hospital.

Prior to this role, Tolu served for over 10 years as an oncology registered nurse. She is a member of the Maryland Patient Navigation Network and Academy of Oncology Nurse and Patient Navigators (AONN). Tolu supports breast cancer patients and their families by providing educational resources and professional guidance to help ensure their understanding and compliance.

The treatment nurse navigator focuses on achieving optimal health outcomes for the breast cancer patient by planning treatment pathways with the multidisciplinary care team and achieving the continuum of breast care. The results are enhanced patient outcomes, increased patient satisfaction and reduced costs of care.

Barlow Lynch, M.D., Urology

Jose Mendoza, M.D., Medical Oncology

Marcia Morales, RT-R(M)-Breast Screening Navigator

Jack Nyiri, Director of Cancer Services

Modupe Obadina, M.D., Medical Oncology

Tolu Odumade, RN, Breast Patient Nurse Navigator

Susan Ohnmacht, Ph.D. MSN, Nursing

Minimol Palliparambil, Health Information Systems

Joshua Pleasure, M.D., Radiology

Maria-Teresa Ramirez, CTR

Melissa Ramsey, NP

Robert Rosenbaum, M.D., Neurosurgery

Tiffany Schatz, M.D., General/Thoracic Surgery

Matthew Snyder, M.D., Radiation Oncology

Ben Stallings, M.D., Radiology

German Tampe, M.D., Radiology

Nicole Thompson, MS, Genetic Counselor

Kisha Tompkins, RN, MSN, Surgery and Oncology

Chitra Venkatraman, M.D., Medical Oncology

Xiaoyan Wang, M.D., Medical Oncology

Stacy Woods, MSM, Office Manager

Eric Yun, M.D., Radiology

Ivan Zama, M.D., Palliative Medicine

Doctors Community Hospital

Thoracic Surgical Oncology Program

Tiffany Schatz, M.D.

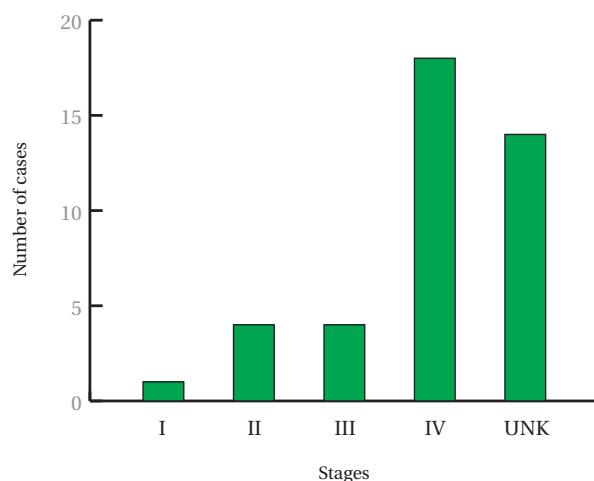


Lung cancer contributes to the greatest number of cancer deaths in the United States as well as in Maryland. This equates to 25% of cancer deaths each year, making it an important target for education, research and enhanced access to treatments. Only 18.6% of patients survive 5 years after diagnosis. Fortunately, in the past decade, promising developments in screening, staging and treatment of lung cancer have brought hope to treating patients with this challenging diagnosis. It is especially important to provide these services on a local level, and the cancer team at Doctors Community Hospital is bringing these important services to Prince George's County.

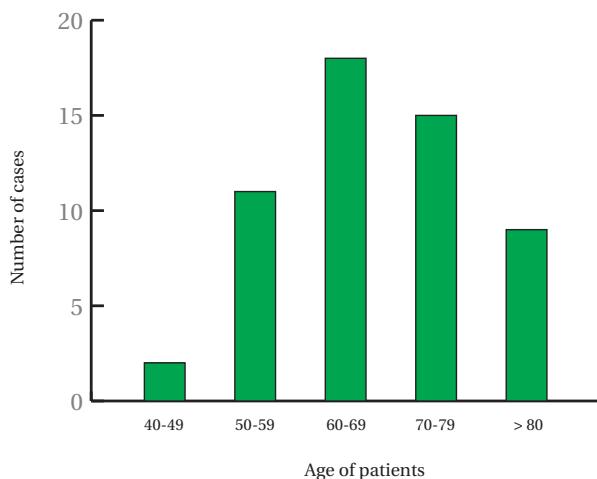
Lung cancer is discovered in an early stage (local level) approximately 16% of the time with surgery still the gold standard for cure. Cancers found with regional disease (spread to lymph nodes), represent 22% at initial diagnosis and those patients may be candidates for surgery, but need to undergo chemotherapy and radiation treatment to improve outcomes. Distinguishing between these two groups helps to target the most effective treatments that will give patients the best chance of long-term survival.

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LUNG CANCER-STAGE AT DIAGNOSIS



LUNG CANCER-AGE AT DIAGNOSIS

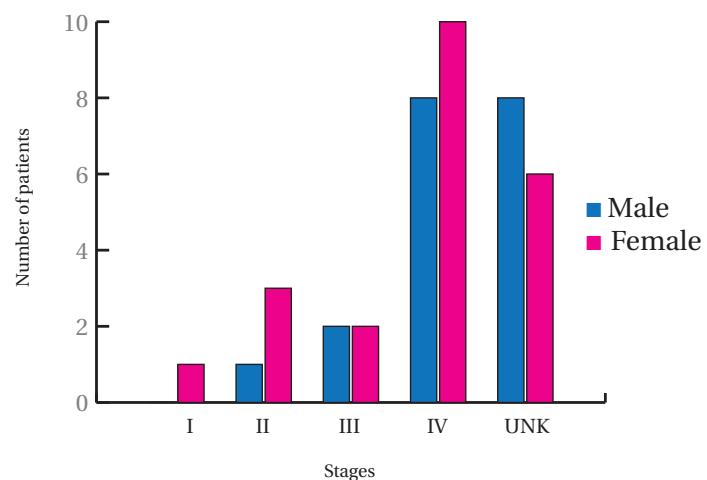


In 2017, I introduced DCH to the new clinical standard for evaluating mediastinal lymph: endobronchial ultrasound with transbronchial needle aspiration (EBUS-TBNA). This tool helps us to sample lymph nodes in the middle of the chest that may harbor the first signs of advancing lung cancer. Providing this minimally invasive test allows us to complete the full work-up of staging and therefore provide patients with the standard of care for their cancer evaluation in the community. DCH is the only facility in Prince George's County that has the capability to perform EBUS.

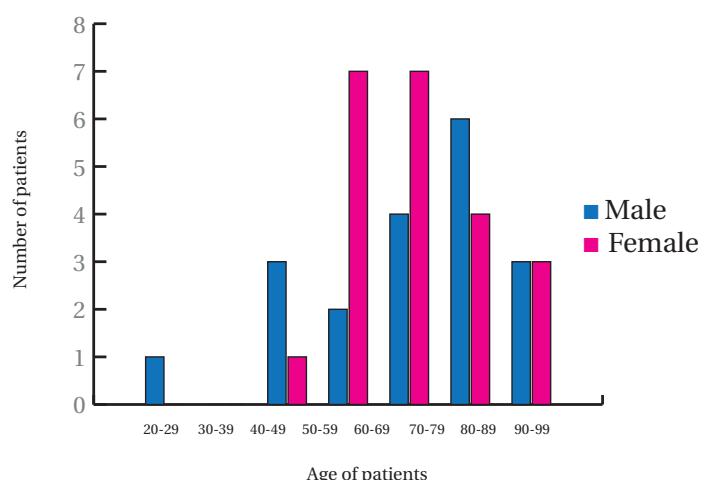
Surgery is the gold standard for cure of early lung cancer, as well as an important tool for diagnosis and palliation of early and advanced cancers. Minimally invasive tools for cancer surgery have been advancing in the past 20 years to decrease hospital stays, patient pain and post-operative complications, as well as improve patient progression to any necessary chemotherapy and radiation. Video-assisted thoracoscopic surgery (VATS) and robotic-assisted thoracoscopic surgery (RATS) require specialized training, teams and tools to provide high-level care for patients. The first RATS surgeries for lung cancer and other chest diseases were performed in Prince George's County at DCH in 2017, including wedge resection, lobectomy, pleurodesis, mediastinal lymph node biopsies for lung cancer and other advanced cancers. We have not had any major post-operative complications, such as pneumonia, post-op mortality and post-op infections. We are still the only facility in Prince George's County with the da Vinci surgical system offering this high-level of surgical care. Building our surgical team has been my priority, and with increasing case volumes, we anticipate continued excellent outcomes.

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LUNG CANCER-STAGE BY SEX



LUNG CANCER-AGE BY SEX



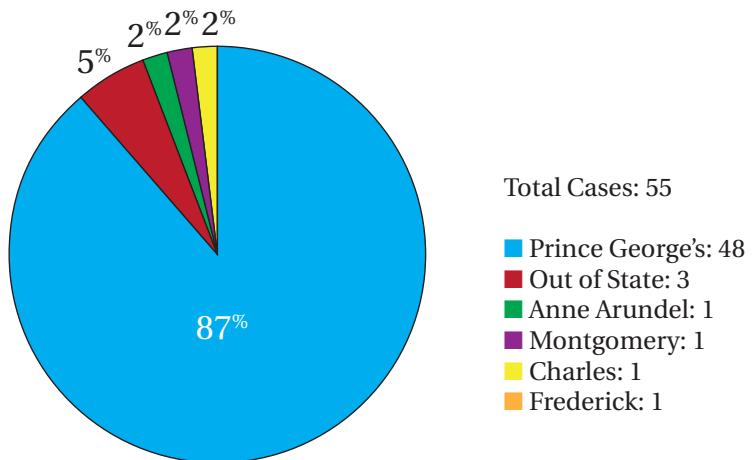
Doctors Community Hospital

Thoracic Surgical Oncology Program

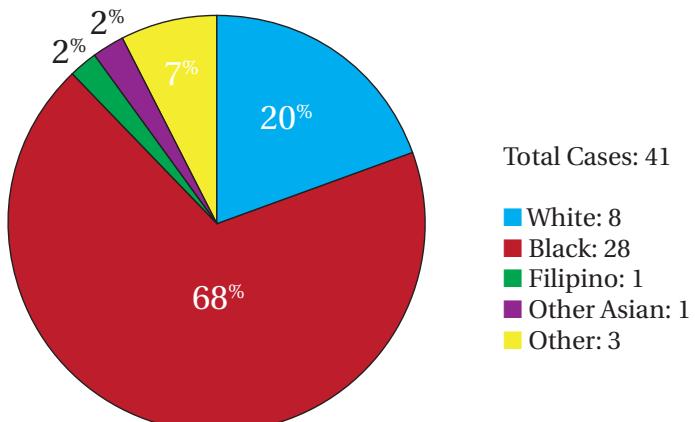
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Lung cancer screening — low-dose CT scan of the chest in smokers/recent smokers aged 55-75 — has been found to decrease mortality from lung cancer by 20%, making it a highly cost-effective screening tool. Diagnostic Imaging at DCH is an American College of Radiology (ACR) designated lung cancer screening Center. With these state-of-the-art tools, our goal at DCH is to provide early diagnosis to patients for earlier treatment and greater chance for cure.

**SITE BY COUNTY
TABULATION FOR LUNG-2016**



**SITE BY RACE
TABULATION FOR LUNG-2016**



Low-Dose CT (LDCT) Lung Cancer Screening

Benjamin Z. Stallings, M.D.



Benjamin Z. Stallings, M.D., is a board-certified radiologist and chair of Doctors Community Hospital's Imaging Department. He is leading the hospital's program for low-dose CT lung cancer screening. Dr. Stallings is also president of The Maryland State Medical Society (MedChi) and past president of the Prince George's County Medical Society.

Lung cancer has the highest mortality rate in both men and women. There are 226,000 new cases of lung cancer diagnosed annually. Additionally, 160,000 lung cancer related deaths occur annually.

The National Lung Cancer Screening Trial performed from 2002 to 2009 found that low dose CT lung cancer screening demonstrates a 20% decrease in lung cancer mortality.

Low dose CT lung cancer screening is the only recommended screening test for lung cancer for at-risk patients and is a proven, nationally accepted method of screening.

To qualify for LDCT lung cancer screening, there are strict criteria. Patients must:

- Be between the ages of 55 and 77
- Be asymptomatic
- Have a 30-pack-a-year history of smoking
- Be a current smoker or have quit smoking within the past 15 years
- Have a written order for LDCT from a qualified health professional following lung cancer screening counseling, during which time potential risks and benefits of CT lung screening are discussed, and which attests to shared decision-making having taken place before their first screening CT

Unless an abnormality is found in the initial LDCT, patients will continue to be screened annually. If an abnormality is found, strict criteria exist, which determine the next course of action.

Improved Survival in Lung Cancer from Targeted Therapies

Rita Gupta, M.D.



Lung cancer is the most frequently diagnosed cancer type and the leading cause of cancer-related deaths worldwide. According to cancer statistic estimates of cancer incidence and mortality by the American Cancer Society, lung cancer accounted for approximately 13% of cancer diagnoses in 2018, and an estimated 1.8 million new lung cancer cases were diagnosed worldwide. Non-small cell lung cancer (NSCLC), the most common subtype (85% of lung cancers), has a poor prognosis and an overall five-year survival rate, which has not improved significantly for several decades. Until recently, NSCLCs were all treated based on staging; early stage lung cancers were treated with surgery, chemotherapy and radiation and advanced stage cancers were primarily treated with chemotherapy. In the last several years, first-line treatment for stage IV non-small cell lung cancer (NSCLC) has changed considerably, primarily as a result of a better patient selection on the basis of histology, molecular markers and innovative treatment approaches.

One of the most exciting advances in NSCLC treatment has been in the realm of targeted therapy. Patients whose tumors have “actionable” mutations and express proteins such as Epidermal Growth Factor Receptor (EGFR) and Anaplastic Lymphoma Kinase (ALK) are now treated with specific targeted agents like erlotinib, afatinib, gefitinib and osimertinib for EGFR positive cancers and crizotinib, ceritinib and alectinib for ALK positive cancers, leading to longer survival rates in these patients.

Recent data have highlighted the advent of immunotherapy as a major shift in treatment of advanced NSCLC. Immunotherapy uses highly selective antibodies to block certain receptors and signals that act as “checkpoints” for the immune system. By doing so, the immune system can be reactivated to fight cancer. Three checkpoint inhibitors of the programmed death-ligand 1 (PDL-1), nivolumab, pembrolizumab and atezolizumab, have already received U.S. Food and Drug Administration (FDA) approval for treatment of advanced NSCLC patients. However, despite impressive treatment responses in many patients, treatment remains challenging. Novel agents are being tested in research and clinical trials.

In the past 10 years, the therapeutic arsenal for NSCLCs has diversified significantly with the emergence of targeted therapies and immunotherapies. The concept of personalized medicine has grown with the integration of predictive biomarkers, giving the potential to identify patients who may experience the lowest toxicity and derive the greatest benefit from treatments such as chemotherapy and immunotherapy or treatment based on individual tumor profiling. Participating in clinical trials is another way in which we demonstrate our dedication to excellence in cancer care in our community.

Lung and General Cancer Support Hotlines and Resources

The American Cancer Society

800-277-2345
cancer.org

Lung Cancer Alliance

800-298-2436
lungcanceralliance.org

Better Breathers Club

Lung.org/community

Lung Cancer Foundation of America

507-354-1361
lcfamerica.org

CancerCare

800-813-4673
cancercare.org

National Cancer Institute

cancer.gov

Cancer Support Community

888-793-WELL
cancersupportcommunity.org

Patient Advocate Foundation

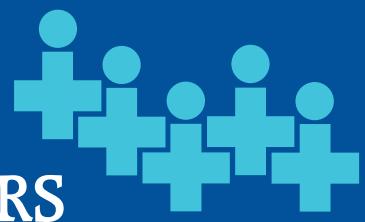
800-532-5274
patientadvocate.org

Free to Breathe

844-835-4325
freetobreathe.org

CancerCare

lungcancer.org



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Doctors Community Hospital



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