

# Cancer Program

2009 ANNUAL REPORT

*Based on 2008 statistics*



November 2009

The information contained in this report is based on 2008 statistics. The report can be viewed online at [www.potomachospital.com](http://www.potomachospital.com) under "Services – Cancer Center." Information about Potomac Hospital's Cancer Program can also be found at [www.cancer.org/asp/search/ftc/ftc\\_global.asp](http://www.cancer.org/asp/search/ftc/ftc_global.asp).

Martha See, RHIT, CTR, Cancer Registrar compiled this report.

(703) 670-1859

# TABLE OF CONTENTS

Introduction.....	1
Potomac Hospital Cancer Program	
Cancer Liaison Physician .....	2
Cancer Committee.....	2
Cancer Registry .....	4
Cancer Conferences.....	4
Care Coordination .....	6
Community Outreach Programs.....	6
Hematology Oncology Unit.....	7
Information Resources .....	8
Pastoral Care Services .....	9
Pathology and Laboratory Medicine.....	9
Radiation Oncology.....	10
Radiology and Imaging Services.....	11
Surgical Orthopedic Bariatric Unit.....	12
Statistical Review	
Analysis of 2008 Data .....	12
Primary Site Table .....	13
Major Primary Sites.....	14
Number of New Cases Per Year .....	14
Age Distribution.....	15
Ethnicity .....	15
Gender.....	16
AJCC Mixed Stage.....	16
Class of Case.....	17
County of Residence .....	17
Registry Follow-Up.....	18
Comparison with ACS - Male/Female.....	18
Site Specific Analysis: Prostate Cancer.....	19
Glossary of Terms .....	29
References .....	30
Acknowledgements.....	30

THE CANCER PROGRAM AT  
POTOMAC HOSPITAL  
2009 ANNUAL REPORT

On behalf of the Potomac Hospital Cancer Committee, I am privileged to present the Potomac Hospital Cancer Program's 2009 Annual Report.

This information describes Potomac Hospital's commitment to provide excellence in comprehensive cancer care including prevention, early detection and state-of-the-art treatment, recovery, and supportive care for members of our community.

The Cancer Program at Potomac Hospital has been accredited by the American College of Surgeons Commission on Cancer since 1996. Our last survey in October of 2009 was accredited with commendation. The Cancer Registry at Potomac Hospital has been very active for the last 16 years collecting data, which is available to compare with major Virginia and national databases. Some of the impressive statistics that describe our patients and programs are highlighted in this report.

The Potomac Hospital Cancer Program maintains a strong emphasis on the latest information and therapeutic options for the community. We offer an array of educational programs on healthy living, disease prevention, and early diagnosis as well as frequent screening programs for colon, prostate, skin and breast cancer.

We have support groups and regular meetings in place to reach out to cancer patients and their families in an attempt to get them through this most difficult time, and to improve the quality of their lives while living with cancer. Cancer information is available on Potomac Hospital's website, in hospital publications, and in the Cancer Network Newsletter to keep community awareness up-to-date on the broad range of resources and literature we have available for our patients.

To help ensure that all patients receive the highest quality and coordinated comprehensive care, the Cancer Committee members include representatives of multiple medical disciplines and ancillary services. The dedication and commitment of these individuals and that of our entire hospital community are major reasons for the continuing success of our cancer program. We are

all very appreciative of their hard work and dedication to this program, and I wish to personally thank everyone involved that helps make the cancer program at Potomac Hospital the success that it is.

The dedication and commitment of these individuals and that of our entire hospital community are major reasons for the continuing success of our cancer program. We are all very appreciative of their hard work and dedication to this program, and I wish to personally thank everyone involved that helps make the cancer program at Potomac Hospital the success that it is.

In March of 2006, Potomac Hospital opened a new patient care building, which included 16 dedicated oncology beds and four Hospice beds in a private suite. In 2007 Potomac Hospital met another goal by opening an Outpatient Infusion Center, which is in operation Monday through Friday. Interventional radiology services expanded to offer local therapies such as chemotherapy embolization for metastatic primary liver neoplasm.

Continuing with this growth and development in 2008 Potomac Hospital arranged for PET scans to be done Monday and Fridays through Woodbridge PET/CT, a service of Potomac Hospital and Inova Health System, through a mobile unit with Alliance Imaging. Digital mammography, which enhances diagnoses, and da Vinci® robotics, which is revolutionizing urological procedures, are both now available at Potomac. These all ease the delivery of cancer patient care in our community.

We hope that you find this report useful and informative. Further information on any of the data presented or components of our cancer program can be obtained by calling the Cancer Registry at (703) 670-1859. We thank you for your continued support of our program here at Potomac Hospital.

Sincerely,



Masoom M. Kandahari, M.D.  
Chairman, Cancer Committee

## CANCER LIAISON PHYSICIAN'S ANNUAL REPORT

Potomac Hospital has shared its contact, resource and service information with the Commission on Cancer Facility Information Profile System (FIPS), which also sends the information to the American Cancer Society (ACS). Potomac's information can be found online at the Commission on Cancer's hospital locator at [www.cancer.org/asp/search/ftc/ftc\\_global.asp](http://www.cancer.org/asp/search/ftc/ftc_global.asp).

Also reported with the FIPS information was the 2008 research experience of Potomac Hospital's patients and physicians. In addition to providing information on clinical trials to patients, families and physicians, Potomac Hospital reported 9 patients (2.17 percent of analytic cases) in clinical trials in 2008.

Potomac Hospital's Cancer Program is an American College of Surgeons approved cancer program. The Survey Application Record (SAR) was completed and submitted to the American College of Surgeons.

Potomac Hospital continues to maintain our close working relationship with the local ACS chapter in Vienna, Virginia, and promotes education for the community, physicians and allied health personnel. The ACS website is [www.cancer.org](http://www.cancer.org) and the local chapter telephone number is (703) 938-5550. The Patient Resource Center (Reach to Recovery, Transportation, etc.) is available at (888) 227-6333. Our local cancer control specialists and their areas of expertise are JoAnn Murchison for prevention efforts and Brenda Silvia for patient services/support groups (i.e. Man to Man, Reach to Recovery, I Can Cope, Look Good/Feel Better, etc.)

Potomac Hospital offers an array of cancer prevention and management programs on the hospital campus that include free cancer screenings, nutritional therapy, and several cancer support groups. More information can be obtained by calling Potomac's Health Connection at (703) 221-2500 or by visiting Potomac Hospital's website at [www.potomachospital.com](http://www.potomachospital.com).

## CANCER COMMITTEE

The Cancer Committee provides leadership for the hospital's cancer program. The Committee includes multidisciplinary members from diagnostic and therapeutic specialties as well as allied health professionals who provide care to patients with cancer. Interested members of the medical staff may serve on the Cancer Committee. Committee members are appointed by the medical staff president and are selected on the basis of willingness to participate and medical subspecialty. While the Cancer Committee meets quarterly to evaluate the management and administration of the program, its members provide guidance and expertise on a daily basis to hospital staff, the Cancer Registry, and community physicians while demonstrating excellence in the quality care of the cancer patient.

The Cancer Committee provides the cancer program management and administration as well as supervising the registry. The committee is also required to demonstrate its ability to acquire, display and analyze data related to cancer care with the goal of improving cancer care and survival rates.

The Cancer Committee reports to the Chairman of the Performance Evaluation Committee who updates the Medical Executive Committee on the Cancer Committee's activities. Following are the 2008 committee members:

Masoom Kandahari, M.D., Chairman  
*Medical Oncology*

Ann Fulenwider, M.D., Co-Chairman  
Physician Advisor  
*Pathology*

Abucar Abdulle, M.D.  
*Internal Medicine*

Amir Bajoghli, M.D.  
*Dermatology*

Stephen Bane, M.D.  
*Otorhinolaryngology*

Norbertina Banson, M.D.  
*Diagnostic Radiology*

Susan Boylan, M.D.  
*Radiation Oncology*

Joanne Brown, R.N., BSN  
*Patient Education*

Michael Brown, M.D.  
*Gastroenterology*

Robert Cohen, M.D.  
Cancer Liaison Physician  
*Surgery*

Pratik Desai, M.D.  
*Urology*

Maureen Deutermann R.N., MSN  
*Community Education and Health Promotion*

Leigh Dunlap  
*Marketing*

Beverly Foreman, RHIA  
*Health Information*

Valerie Garland, R.N.  
*Assistant Director, Oncology*

Tina Gillispie, RHIA, CTR  
*Cancer Registry*

Joanne Grant, R.N., MSN, ONC  
*Director, Medicine Oncology Services*

Alice Hough, R.N., MSN, CCM  
*Care Coordination*

Ramin Ipakchi, M.D.  
*Otorhinolaryngology*

Daniel Katcher, M.D.  
*Medical Oncology*

Valerie E. Keane, FACHE, VP  
*QI/Risk Management*

Hamed Khosravi, M.D.  
*Medical Oncology*

Joseph Magalski, Jr., M.D.  
*General Surgery*

Jackie Mason  
*Radiation Oncology*

Rebecca McAfee, M.D.  
*Pathology*

Donna Meyer, R.N.  
*Radiation Oncology*

Roz Minett  
*Hospice*

JoAnn Murchison  
*American Cancer Society*

A.H. Nagia, M.D.  
*Pain Management*

Cherry Nichols, MS/PD  
*Nutrition*

Dimitrios Papadouris, M.D.  
*Interventional Radiology*

Hamid Pourshojae, M.D.  
*Surgery*

Lynda Reha, RPT  
*Rehabilitative Services*

Gail Russell, R.N., MSN  
*Nursing Administration*

Amit Sarma, M.D.  
*Medical Oncology*

Martha See, RHIT, CTR  
*Cancer Registry Manager*

Gary Spanik, BS, Pharm  
*Pharmacy*

Mary Jo Ward, R.N.  
*Nursing Education*

Carol Wille  
*Hospital Chaplain*

Sondra Williams, R.N.  
*Surgery*

## CANCER REGISTRY

The Cancer Registry maintains a complete database of information on all cancer cases diagnosed and/or treated at Potomac Hospital. The Cancer Registry database contains 6,656 abstracts of cases from 1991 to 2008. In 2008, 494 new cases were added. Of these new cases, 415 were analytic cases. This database is an important patient care and quality assessment tool.

The purpose of the Cancer Registry is to develop and maintain a statistical database on those patients who meet specific criteria and who were either diagnosed with and/or treated for cancer or other select reportable diagnoses at Potomac Hospital. All necessary records, manuals and statistics as required by the American College of Surgeons Commission on Cancer are maintained in order to be an approved community hospital cancer program.

Data on newly diagnosed cancers are reported to the Virginia Cancer Registry, a statewide central database. Other data are submitted annually to the National Cancer Data Base (NCDB), which requests cases for special studies. Data submitted to the NCDB are shared with and included in reports published by the American Cancer Society, the National American Association of Central Cancer Registries and the International Union Against Cancer. Potomac Hospital cancer data are also available for use by the medical staff and administration for special studies, medical planning, education and research. Reports generated from state and national sources are useful when comparing quality of care and assist the Cancer Committee in monitoring patient care and recognizing opportunities for improvement.

Life-long follow-up activities are conducted annually to confirm the accuracy of the survival data for statistics, as well as to remind patients and their physicians of the importance of continued cancer surveillance. Core follow-up data include the dates and types of treatment for persistent or recurrent disease, the site of distant metastases, the site and histology of subsequent primaries, the date of the last contact and the status of the patient. As of November 2009 there are 5,952 analytic cases under active follow-up with a follow-up rate that consistently exceeds the 90% required rate set by the American College of Surgeons Commission on Cancer for approved cancer centers. In addition to the certified cancer registrars and other registry staff, the Cancer Committee is thankful for the follow-up efforts provided by the members of the Potomac Hospital Auxiliary.

## CANCER CONFERENCES

Potomac offers two cancer conferences as an educational session for the benefit of the medical staff and other health professionals within the hospital. Surgical and medical oncology, radiation therapy, and pathology are present at each session. The physicians involved with cancer from related specialties conduct discussions regarding diagnosis and current management in cancer care.

The Tumor Board is an educational conference held at noon on the third Monday of each month. Cases in the major cancer sites treated at Potomac Hospital are presented. Current cases

are discussed, including the patient's history, clinical course and stage, with radiological and pathological review. Treatment modalities are discussed employing the expertise of the participants.

The Prostate Cancer Conference is a newly formed conference that began in January 2008. The conference is held at 12:15 p.m. on the third Wednesday of every other month. This conference brings together surgery, medical oncology, radiation oncology, pathology, radiology, and other disciplines to discuss the latest state-of-the-art treatment approaches for prostate cancer.

Potomac Hospital is accredited by the Medical Society of Virginia to sponsor continuing medical education for physicians. Potomac Hospital designates these continuing medical education activities for one credit hour in Category I of the Physician's Recognition Award of the American Medical Association.

### Site Specific Conference Topics in 2008

#### JANUARY

Metastatic Breast Cancer  
Clear Cell Carcinoma, Kidney  
Infiltrating Ductal Carcinoma of the Breast  
Invasive & In Situ Carcinoma of the Breast

#### FEBRUARY

Transitional Cell Carcinoma, Bladder  
Carcinoma of the Kidney  
Clear Cell Carcinoma, Kidney  
Benign Oncocytoma, Kidney  
Follicular Papillary Carcinoma of Thyroid

#### MARCH

Malignant Melanoma of the Skin  
Adenocarcinoma of the Prostate  
Diffuse Large B-Cell Lymphoma  
Primary Peritoneal Adenocarcinoma

#### APRIL

Follicular Grade 2 Lymphoma  
Adenocarcinoma of the Prostate  
Diffuse Large B-Cell Lymphoma  
Adenocarcinoma, Rectum

#### MAY

Anaplastic Thyroid Carcinoma  
Adenocarcinoma, Rectum  
Mixed Germ Cell Tumor  
Leiomyosarcoma  
Paget's Disease & DCIS of the Breast

#### JUNE

Squamous Cell Carcinoma, Lung  
Infiltrating Ductal Carcinoma  
Bladder Cancer  
Adenocarcinoma of the Prostate

#### JULY

Non-Small Cell Carcinoma, Lung  
Squamous Cell Carcinoma, Vocal Cord  
Large B-Cell Non-Hodgkin Lymphoma

#### AUGUST

Non-Small Cell Carcinoma, Lung  
Paget's Disease/DCIS of the Breast  
Ductal Carcinoma & In Situ of the Breast  
Malignant Melanoma

#### SEPTEMBER

Papillary Carcinoma Follicular Variant, Thyroid  
Paget's Disease/DCIS of the Breast  
Adenocarcinoma, Sigmoid Colon

#### OCTOBER

Metastatic Adenocarcinoma, Ascending Colon  
Infiltrating Ductal Carcinoma of the Breast  
Adenocarcinoma, Cecum  
Adenocarcinoma, Sigmoid Colon

#### NOVEMBER

Squamous Cell Carcinoma of the Lung  
Nodular Lymphocyte Predominant Hodgkin's  
Acute Myelogenous Leukemia, M2 Subtype

#### DECEMBER

DCIS & Invasive Ductal Carcinoma of the Breast  
Adenocarcinoma of the Lung  
Ulcerated, Invasive, Adenocarcinoma, Rectosigmoid

## CARE COORDINATION

The Care Coordination Department at Potomac Hospital is staffed by Social Work Care Coordinators, Registered Nurse (BSN) discharge planners, Registered Nurse (R.N.) Care Coordinators, and a Prince William County Eligibility Worker.

The Care Coordinators provide a wide range of services to patients and their families, whether they are from the inpatient or outpatient setting. Counseling services are directed towards helping the patient and family identify and address emotional and practical issues that may impact their ability to respond constructively to the changes brought about by the diagnosis of cancer. Special care is taken to be aware of and responsive to the variety of cultural backgrounds presented by our hospital's patients.

Facilitating open dialogue on end-of-life decision-making, including Advance Directives, Hospice involvement, and grief counseling, are frequently requested counseling interventions. Concrete patient services include planning for discharge, which may include Hospice involvement, and referrals to community resources for such needs as support groups, home health, financial aid/disability, and medical equipment.

## COMMUNITY OUTREACH PROGRAMS

The Community Education and Health Promotion Department at Potomac Hospital offers a number of programs that promote the importance of early cancer detection and risk factor reduction strategies.

**Screenings:** Each year, Potomac Hospital offers a free skin cancer screening to the community and low cost mammograms to all women who meet ACS guidelines. Free breast health information packets are made available at all women's programs, to all employees and to women who come to Potomac Hospital for mammograms. Cancer prevention, screening, and other educational materials are available at all health fairs. An annual free cancer screening program is offered for women 40 years and older who do not have a regular physician or healthcare insurance. This includes mouth, skin, breast, rectal, pelvic exams, pap smear, and mammograms.

**Health Education:** In addition to programs offered at the hospital, community health educators also present programs on cancer prevention, nutrition and breast health to women's and senior citizens' groups and civic organizations. Anti-smoking and other health topics are presented at schools, local businesses, churches and senior centers.

**Community Education:** The American Cancer Society "Great American Smokeout" campaign is conducted for hospital employees. This includes "stop smoking survival kits." In addition, a self-guided smoking cessation program is offered to individuals who want to stop smoking.

During the month of October, Breast Health Kits are distributed at all community events, health fairs, and given to inpatients and outpatients, as well as those getting mammograms.

Breast health education materials are displayed in the Hylton Education Center foyer and health kits are given out.

Support Groups: Monthly meetings are offered for cancer patients and their families. A general support group meets once a month and features guest speakers on issues selected by the group. A breast cancer group also meets monthly. "Look Good, Feel Better," cosponsored with the American Cancer Society and local cosmetologists, is offered several times a year for those patients undergoing radiation or chemotherapy treatments. Potomac Hospital also partners with Westminster at Lake Ridge to sponsor a chapter of US TOO International Prostate Cancer Support Group. A new Nicotine Anonymous Support Group meets weekly at Potomac Place.

**Annual Programs:** Support group participants form teams every year to join in the American Cancer Society's annual Relay for Life. A biannual health fair includes a cancer display and free cancer prevention information.

Every year Potomac Hospital participates in "Daffodil Days," an annual fund raiser for the American Cancer Society. In June of 2008, Potomac Hospital, in partnership with Potomac Radiation Oncology Center, once again hosted a very successful "Cancer Survivors' Day" that included guest speakers, entertainment, refreshments, fun and fellowship for cancer survivors and their families.

**Newsletter:** Information on education programs, services, screenings, and resources is provided in the *Cancer Network* newsletter, mailed quarterly to cancer patients who wish to receive it and to physicians' offices. The *Cancer Center* column provides educational health information to the community in Potomac Hospital's quarterly *Vim & Vigor* magazine and *Health Connection* newsletter.

# HEMATOLOGY ONCOLOGY UNIT

The Cancer Program at Potomac Hospital provides specialized care for our cancer and hospice patients. The Hematology/Oncology Hospice Unit is a 16-bed unit consisting of 12 hematology oncology beds and a four-bed hospice unit. All rooms are single occupancy.

Nurses deliver primary, patient-focused, personalized care and work with state-of-the-art equipment. They are encouraged to become certified in Oncology Nursing by the Oncology Nursing Certification Corporation (ONCC). We currently have eight Certified Oncology Nurses (OCN) on staff. Our goal is to have 80 percent of the Hematology Oncology staff certified OCNs by the winter of 2010.

The Division Director of Medicine and Oncology Services is a master's-prepared oncology nurse who is certified by the ONCC. She and the Assistant Director of Oncology Services oversee the unit and all aspects of nursing care provided by the specially trained staff. Certified nurses provide the coordination of care for patients with cancer and consistently utilize the ONS standards in providing care.

Pain management is an important aspect of care on this unit and is provided according to the patient's individual needs. Staff undergoes annual continuing education, oncology competency training, pain management, chemotherapy administration and other oncology aspects of care.

Recently four nurses completed the Oncology Nursing Society Chemotherapy and Biotherapy course. This indicates a nurse has completed the course successfully and has been given the didactic knowledge to care for patients receiving chemotherapy. When staff from other

disciplines is knowledgeable about chemotherapy it assists Potomac Hospital in providing the best care for the patient throughout their continuum.

The care provided is multidisciplinary, bringing together rehabilitative services, dietary, the pharmacy, social work and all other disciplines necessary for high quality, current cancer care. The nursing staff participates in the American Cancer Society's community education for colon, breast and lung cancer and many belong to the Oncology Nursing Society. Potomac Hospital received the 2001 Employer Recognition Award from the Oncology Nursing Certification Corporation for supporting and fostering education and certification of the nursing staff. We use this as our incentive to encourage our staff to become certified.

Our six-bay Outpatient Infusion Center provides a quiet, pleasant setting for outpatient oncology infusions. Patients can be treated with a variety of out-patient infusions including blood products, chemotherapy, antibiotic and other infusion therapies. Patients can relax in comfortable recliner chairs and listen to music or watch individual DVD players. More than 1,800 patients were treated FY 2008-2009.

Additionally, Potomac Hospital presently works in conjunction with Hospice of Northern Virginia and Community Hospice to provide four contract hospice inpatient rooms. These beds are utilized when the focus of care may no longer be deemed curative and the ultimate goal is palliative, providing comfort, pain management and support to the patient in the final stages of terminal illness and his or her family. The rooms are designed to afford the patient and family comfort and privacy. Staff receive annual training on end of life care and special training in working with families at the end of life.

## INFORMATION RESOURCES

The Richard Immerman Memorial Library has an experienced, trained medical librarian who is fully versed in information retrieval techniques and computer operations.

Several databases that are routinely available and accessed at the library include the following:

1. PubMed (MEDLINE via the Internet)
2. National Cancer Institute's PDQ (Physician Data Query)
3. National Cancer Institute's website at [www.cancer.gov](http://www.cancer.gov)
4. MedlinePlus

Computer printouts of material are usually available within one day. PubMed is also available via the library's public access computer for those individuals wishing to perform their own literature searches. The librarian also has access to resources on the Internet and provides information via fax, pdf attachments to email, surface mail or pick up. Numerous journals (both electronic and print formats) and standard textbooks (both electronic and print) on cancer and related subjects are available. In addition, several Internet Point of Care Learning resources are available through the hospital's intranet.

In its convenient location near the medical staff offices and physicians' lounge, the library represents a universe of information available not only to physicians on staff, but patients and families as well. Providing information and resources to our physicians and the community is a very critical part of increasing knowledge of cancer and its management. To educate patients and their families about new treatments and previous study results, Potomac Hospital's patient educator also makes booklets about clinical trials available in the hospital's reception and registration areas.

All patients admitted to the Oncology Unit for initial chemotherapy treatments also receive information on cancer therapies, their specific chemotherapy regime, nutrition, community resources, and coping mechanisms. The director of Medicine/Oncology and her staff work with the patient educator to select inpatient educational materials. This unit also has a new portable, interactive, computer-based patient education system called "Nurse Diane." Patients and families can learn about disease processes and treatment options in five different languages. They can also receive printed information in these languages. This tool has been an important step in bridging many cultural barriers in patient education.

## PASTORAL CARE SERVICES

Potomac Hospital recognizes that being in the hospital can be an emotional and stressful time. Pastoral Care Services provides religious and spiritual care during a patient's hospital stay. The hospital chaplain is a member of the Cancer Committee.

Working with the Prince William Ministerial Association, Pastoral Care Services can include (1) providing information about community religious groups and/or resources; (2) prayer and spiritual guidance for our patients and their families; (3) providing sacramental and spiritual counseling ministries; (4) offering devotional materials; (5) Interfaith Worship Room open 24 hours a day; and (6) in house TV Channel 18, which broadcasts the Worship Room, healing music and live services as well as a pre-recorded Worship Room tour on hospital televisions.

Family members who have had a

loss are invited to Memorial Services conducted semi-annually. Services can be accessed by dialing ext. 3003 from bedside telephones, (703) 583-3003 from outside the hospital, or asking a staff member to page the hospital chaplain.

## PATHOLOGY & LABORATORY MEDICINE

The Laboratory offers a wide variety of diagnostic services in both clinical and anatomic pathology and plays an important role in assisting the clinician in diagnosing, treating and managing the cancer patient.

Laboratory tests provide for screening, monitoring and assessing physiologic parameters, as well as measuring tumor specific markers.

The Anatomic Pathology Department provides essential diagnostic services and supports each element of the cancer program at Potomac Hospital. Daily microscopic examination of tissue and fluids allow for identification of both benign and malignant processes. Prognostic information on primary malignant cases is contributed by careful TNM and other relevant staging for each anatomic site. Routine assessment of estrogen and progesterone receptors and DNA ploidy studies are performed on all invasive breast carcinomas. Assessment for c-erb B2 overexpression (Her-2/neu) is available for those patients who may benefit from Herceptin therapy.

Intraoperative consultation for immediate assessment of suspected malignancies provides the surgeon with information that may be essential for the operative management of the patient. Second opinions from respected consultants are obtained on challenging cases seen at Potomac Hospital. In addition, if

the patient or a family member requests a second opinion or is referred to another treatment center, patient-related material is forwarded for outside review.

Fine needle aspiration and interpretation of palpable lesions/masses are available through the Pathology Department. Aspirations are currently performed by appointment in the outpatient laboratory. Pathologists attend aspirations of non-palpable lesions in the Radiology and Imaging Services Department for adequacy assessment.

The Pathology Department assists in selecting interesting and instructive cases for the monthly Tumor Board conferences. Photomicrographs are prepared and the pathologic features of each case are discussed. Other educational presentations on cancer-related topics are given at department meetings upon request.

A close working relationship between the departments of pathology, surgery, oncology and radiation oncology enables the best course of treatment to be selected. We are committed to providing superior diagnostic clinical laboratory and anatomic pathology services for patients with cancer.

## RADIATION ONCOLOGY

Potomac Radiation Oncology Center (PROC) at Potomac Hospital continues to serve the growing population of Prince William County and surrounding areas. It is located in The Potomac Center on the hospital campus. PROC is affiliated with the Inova Health System and is staffed by board-certified personnel who have a broad range of experience in radiation oncology.

The facility continues to be equipped with an array of sophisticated technology.

This includes a linear accelerator with dual energy photons and multiple energy electrons, multi-leaf collimation system and an automatic sequencing packet. There is also a simulator with CT capabilities. All of this equipment helps in the ongoing effort to improve accuracy of patient positioning and dose delivery.

The 3-D conformal treatment-planning computers have continued to enhance the precision with which tumors can be treated. In addition to the multi-leaf collimation system being used in Intensity Modulated Radiation Therapy (IMRT) technology, the center implemented another system to complement the program. This is called compensator based IMRT.

These technologies allow shaping of the tumor volume for maximum coverage while at the same time decreasing the amount of normal tissue receiving radiation within the field. They also allow maximum dose to the tumor, which aims at improved tumor control while at the same time decreasing the dose to normal tissues, thereby reducing the complications of treatment.

The PROC team continues to work closely with other physicians and services at Potomac Hospital. In 2008 there were 387 patients seen in consultation and 5,698 patient treatments delivered at the center along with 15 Prostate Seed Implant cases done at Potomac Hospital.

Other services include dietary and care coordination support that are available at the center for all our patients. Members of the team are also involved with the American Cancer Society to establish and facilitate other patient support programs such as "Look Good, Feel Better." The center organized the celebration of National Cancer Survivors' Day for our local community.

PROC is accredited by the American College of Radiology for the achievement of high practice standards. PROC's commitment to bringing new services to the community will continue as the needs of the community grow.

## RADIOLOGY AND IMAGING SERVICES

**R**adiology and Imaging Services available at Potomac Hospital include magnetic resonance imaging (MRI), computed tomography (CT), nuclear medicine, nuclear cardiology, whole body bone scans, PET/CT, ultrasound, digital mammography with computer aided detection (CAD), stereotactic breast biopsy, bone densitometry, diagnostic x-ray, interventional radiology, non-invasive vascular lab procedures and a picture archiving communication system (PACS) with remote access for referring physicians.

The digital mammography suite includes a private waiting area with spacious dressing rooms. It is equipped to perform digital screening, diagnostic, computer-aided detection (CAD), needle localizations, breast ultrasounds, and stereotactic biopsies. The department successfully passed the MQSA standards in July and is accredited by the American College of Radiology. In 2008, Potomac Hospital performed 6,702 breast care procedures.

The MRI Department is accredited by the American College of Radiology and performs MRI Breast and MRI Breast Biopsies.

To meet a growing demand for services and to better serve our patients and referring physicians, Radiology and Imaging Services expanded hours of service in ultrasound, MRI, CT and nuclear medicine. Also, the department now houses two multi-slice CT scanners, including a 64-slice CT scanner. The latest CT scanner was added in summer 2007. The CT scanner acquires images rapidly, thereby enabling us to accommodate more patients and to significantly reduce the waiting period for outpatient procedures. A connection is used to transmit CT images to Potomac Radiation Oncology Center for treatment planning.

In 2008, Radiology and Imaging Services performed 107,842 procedures including an array of less invasive diagnostics that benefit patients who otherwise might require more invasive surgical procedures. These procedures include image-guided biopsies and nuclear medicine sentinel node studies for breast cancer and melanoma patients who might otherwise undergo more invasive, wide resections of axillary lymph nodes.

## SURGICAL ORTHOPEDIC BARIATRIC UNIT

The Surgical Unit provides education packets to all inpatient mastectomy and lumpectomy patients. Included are American Cancer Society educational brochures/booklets, a survey form, information about the Cancer Registry and support groups, a Cancer Network newsletter, and *After Your Mastectomy*, a DVD about incision care, exercises and support groups. Patients have indicated that they found the materials helpful in their decision-making process.

In addition to educational materials, Surgical Unit staff nurses provide teaching and referrals to other hospital departments and staff to meet patients' assessed needs. Staff members work closely with the Medical Oncology nurses to provide support for patients who have been treated surgically for any cancer diagnoses.

## ANALYSIS OF 2008 CANCER DATA

There were 494 new cases in 2008 compared to 492 reported in 2007. Analytic cases total 84% of the reported cases. The registry does not abstract cases diagnosed and treated only on an outpatient basis in the physician's office. Follow-up continues to meet the CoC requirements of 90%.

The majority of cases (105 cases or 25%) continue to be breast cancer, lung cancer (36 cases or 9%), prostate cancer (72 cases or 17%), and colon cancer (53 cases or 13%). The percentage data is for the total analytic cases. The following table compares these data to estimated new cases for all sites, 2008, from the American Cancer Society (ACS).

### PRIMARY SITE

Compared to All Analytic Cases

	Potomac	ACS
Breast	25%	26%
Lung	9%	15%
Prostate	17%	25%
Colon	13%	10%

Potomac Hospital's prostate experience is less than the national average. Comparisons with this database continue to be useful to detect significant trends.

The primary site table and analysis of stage, age, gender, ethnicity, county of residence, and class of case can be seen in Figures 1-10.

FIGURE 1

PRIMARY SITE TABLE FOR 2008

Primary Site	Total (%)	Sex		Class of Case		Status		Stage Distribution – Analytic Cases Only						
		M	F	A	N/A	Alive	Exp	0	I	II	III	IV	88	UNK
<b>Oral Cavity &amp; Pharynx</b>	<b>6 (1.4%)</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>
Tongue	3 (0.7%)	3	0	3	0	2	1	1	0	1	0	1	0	0
Salivary Glands	2 (0.5%)	1	1	2	0	1	1	0	0	1	0	1	0	0
Tonsil	1 (0.2%)	1	0	1	0	1	0	0	0	0	0	1	0	0
<b>Digestive System</b>	<b>82 (19.8%)</b>	<b>45</b>	<b>37</b>	<b>82</b>	<b>0</b>	<b>66</b>	<b>16</b>	<b>7</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>20</b>	<b>3</b>	<b>13</b>
Esophagus	5 (1.2%)	5	0	5	0	4	1	0	2	0	0	2	0	1
Stomach	5 (1.2%)	2	3	5	0	4	1	0	1	1	0	0	0	3
Small Intestine	2 (0.5%)	1	1	2	0	2	0	0	0	0	0	0	2	0
Colon Excluding Rectum	39 (9.4%)	20	19	39	0	35	4	6	4	10	10	6	0	3
Rectum & Rectosigmoid	14 (3.4%)	8	6	14	0	12	2	1	5	1	1	4	1	1
Liver & Intrahepatic Bile Duct	5 (1.2%)	3	2	5	0	3	2	0	1	1	1	1	0	1
Gallbladder	3 (0.7%)	0	3	3	0	1	2	0	1	0	0	2	0	0
Other Biliary	1 (0.2%)	0	1	1	0	0	1	0	0	0	0	1	0	0
Pancreas	8 (1.9%)	6	2	8	0	5	3	0	0	0	0	4	0	4
<b>Respiratory System</b>	<b>40 (9.6%)</b>	<b>22</b>	<b>18</b>	<b>40</b>	<b>0</b>	<b>22</b>	<b>18</b>	<b>2</b>	<b>13</b>	<b>1</b>	<b>6</b>	<b>15</b>	<b>0</b>	<b>3</b>
Larynx	4 (1.0%)	3	1	4	0	4	0	2	2	0	0	0	0	0
Lung & Bronchus	36 (8.7%)	19	17	36	0	18	18	0	11	1	6	15	0	3
<b>Soft Tissue (excluding Heart)</b>	<b>1 (0.2%)</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Skin excl. Basal &amp; Squamous</b>	<b>11 (2.7%)</b>	<b>5</b>	<b>6</b>	<b>11</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>4</b>
Melanoma – Skin	10 (2.4%)	5	5	10	0	10	0	1	3	1	1	0	0	4
Other Nonepithelial Skin	1 (0.2%)	0	1	1	0	1	0	0	0	0	1	0	0	0
<b>Breast</b>	<b>104 (25.1%)</b>	<b>3</b>	<b>101</b>	<b>104</b>	<b>0</b>	<b>102</b>	<b>2</b>	<b>35</b>	<b>30</b>	<b>27</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>2</b>
<b>Female Genital System</b>	<b>8 (1.9%)</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
Cervix Uteri	4 (1.0%)	0	4	4	0	3	1	0	1	1	0	1	0	1
Corpus and Uterus, NOS	3 (0.7%)	0	3	3	0	3	0	0	2	0	0	0	0	1
Vulva	1 (0.2%)	0	1	1	0	1	0	1	0	0	0	0	0	0
<b>Male Genital System</b>	<b>75 (18.1%)</b>	<b>75</b>	<b>0</b>	<b>75</b>	<b>0</b>	<b>74</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>51</b>	<b>7</b>	<b>7</b>	<b>1</b>	<b>6</b>
Prostate	72 (17.3%)	72	0	72	0	71	1	0	0	51	7	7	1	6
Testis	3 (0.7%)	3	0	3	0	3	0	0	3	0	0	0	0	0
<b>Urinary System</b>	<b>32 (7.7%)</b>	<b>18</b>	<b>14</b>	<b>32</b>	<b>0</b>	<b>29</b>	<b>3</b>	<b>8</b>	<b>14</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>1</b>
Urinary Bladder	18 (4.3%)	10	8	18	0	16	2	8	5	1	1	3	0	0
Kidney & Renal Pelvis	14 (3.4%)	8	6	14	0	13	1	0	9	1	1	2	0	1
<b>Brain &amp; Other Nervous System</b>	<b>1 (0.2%)</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Endocrine System</b>	<b>18 (4.3%)</b>	<b>6</b>	<b>12</b>	<b>18</b>	<b>0</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>
Thyroid	17 (4.1%)	5	12	17	0	16	1	0	11	1	1	4	0	0
Other Endocrine (incl. Thymus)	1 (0.2%)	1	0	1	0	1	0	0	0	0	0	0	1	0
<b>Lymphomas</b>	<b>17 (4.1%)</b>	<b>8</b>	<b>9</b>	<b>17</b>	<b>0</b>	<b>13</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>
Hodgkin Lymphoma	2 (0.5%)	1	1	2	0	2	0	0	1	1	0	0	0	0
Non-Hodgkin Lymphoma	15 (3.6%)	7	8	15	0	11	4	0	6	4	3	2	0	0
<b>Multiple Myeloma</b>	<b>2 (0.5%)</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>Leukemias</b>	<b>4 (1.0%)</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>
Lymphocytic Leukemia	2 (0.5%)	1	1	2	0	2	0	0	0	0	0	0	2	0
Myeloid & Monocytic Leukemia	2 (0.5%)	1	1	2	0	0	2	0	0	0	0	0	2	0
<b>Miscellaneous</b>	<b>14 (3.4%)</b>	<b>6</b>	<b>8</b>	<b>14</b>	<b>0</b>	<b>6</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>
<b>Total</b>	<b>415</b>	<b>197</b>	<b>218</b>	<b>415</b>	<b>0</b>	<b>357</b>	<b>58</b>	<b>55</b>	<b>98</b>	<b>105</b>	<b>40</b>	<b>60</b>	<b>26</b>	<b>31</b>

*Note: This report excludes primary sites with a count of '0'. Groups in non-bold type aggregate to form the category immediately above the first item in the group.*

*Invalid Site group includes:*

- 1. Any site or histology code not within valid range or site code not found in the primary site table.*
- 2. Cases with unusual primary site/histology codes that have been over-ridden in an edit.*
- 3. Sites with a primary site code of C44\* with histology codes 8000-8110*

*Invalid Site group does NOT include cases where the Behavior code is 0 or 1.*

*(NAACCR Volume III, Data Analysis and Reporting, Process Standards Chapter III.B.1)*

Breakdown of primary sites indicating sex and AJCC mixed stage of disease.

**Abbreviations:**

- A Analytic
- N/A Non-Analytic
- M Male
- F Female
- UNK Unknown or Unstaged

*Exclusions: Not Male and Not Female*

FIGURE 2

COMPARISON OF MAJOR PRIMARY SITES  
AT POTOMAC HOSPITAL FOR 2008  
ANALYTIC CASES

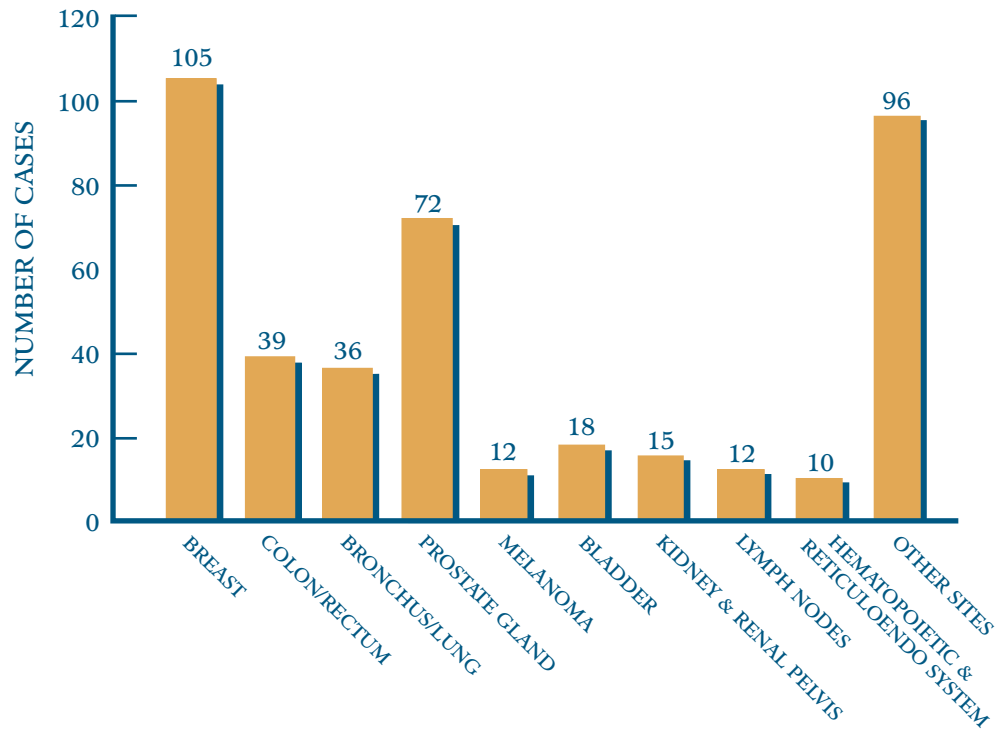


FIGURE 3

NEWLY DIAGNOSED CANCER CASES  
ACCESSIONED 2008 – ANALYTIC CASES

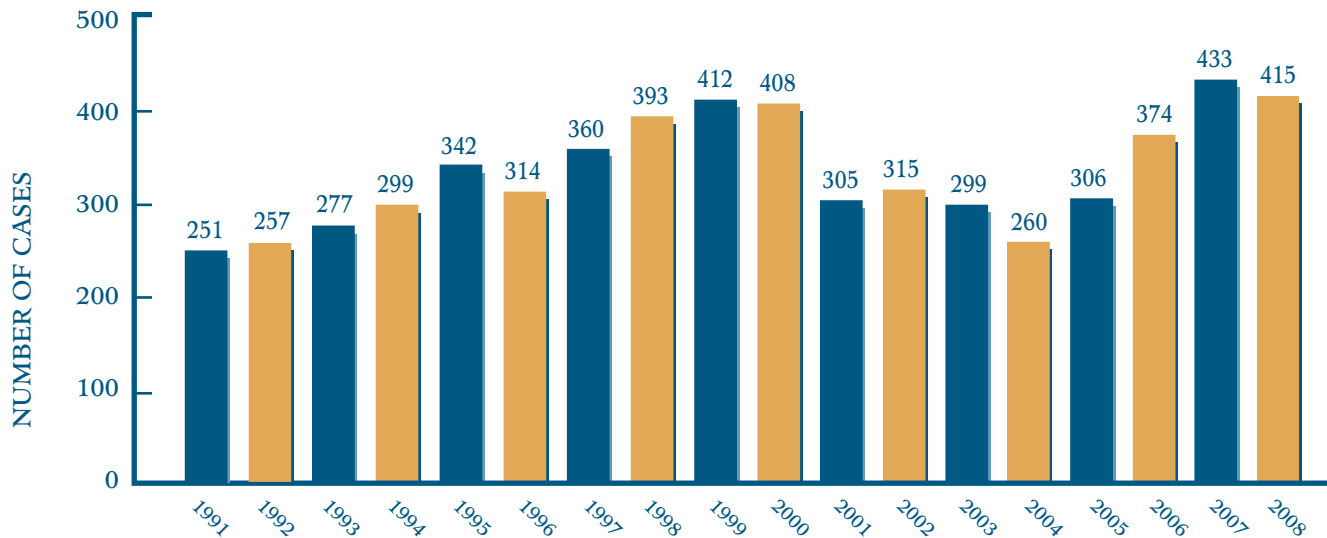
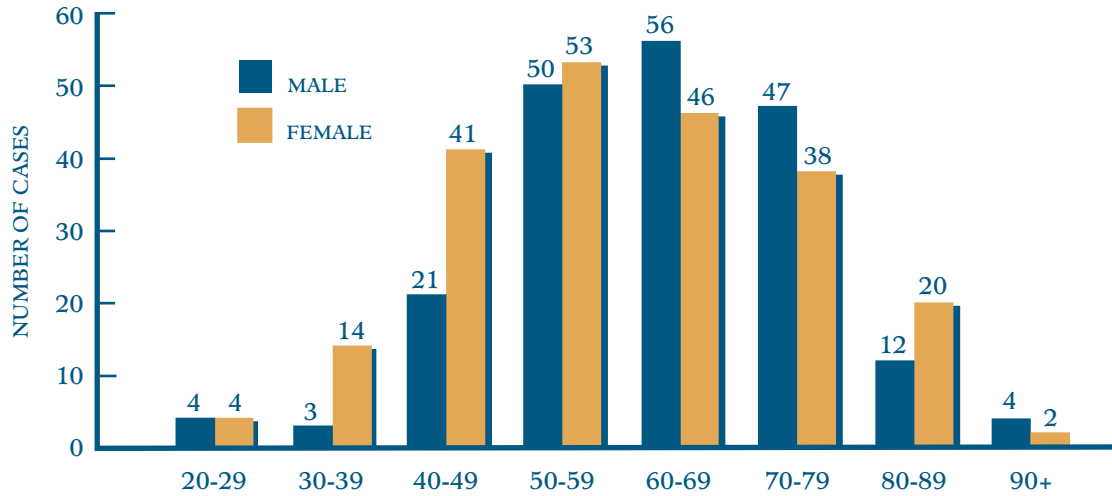


FIGURE 4

AGE AT DIAGNOSIS BY GENDER FOR 2008  
ANALYTIC CASES



15

FIGURE 5

ETHNICITY – 2008 ANALYTIC CASES

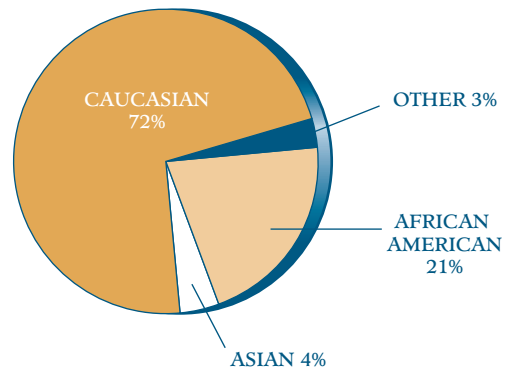


FIGURE 6

GENDER – 2008 ANALYTIC CASES

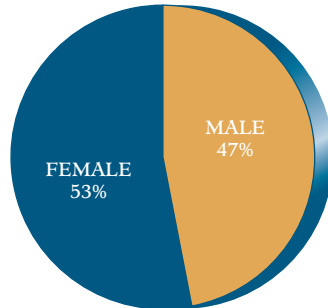


FIGURE 7

AJCC MIXED STAGE DISTRIBUTION FOR 2008 ANALYTIC CASES

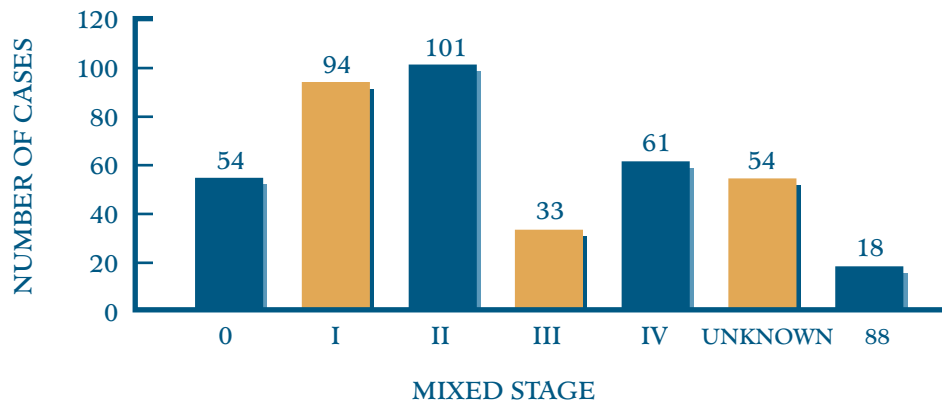


FIGURE 8

CLASS OF CASE  
ANALYTIC CASES – 2008

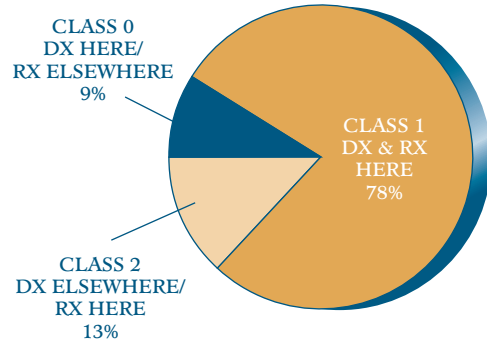


FIGURE 9

COUNTY OF RESIDENCE AT DIAGNOSIS  
ANALYTIC CASES – 2008

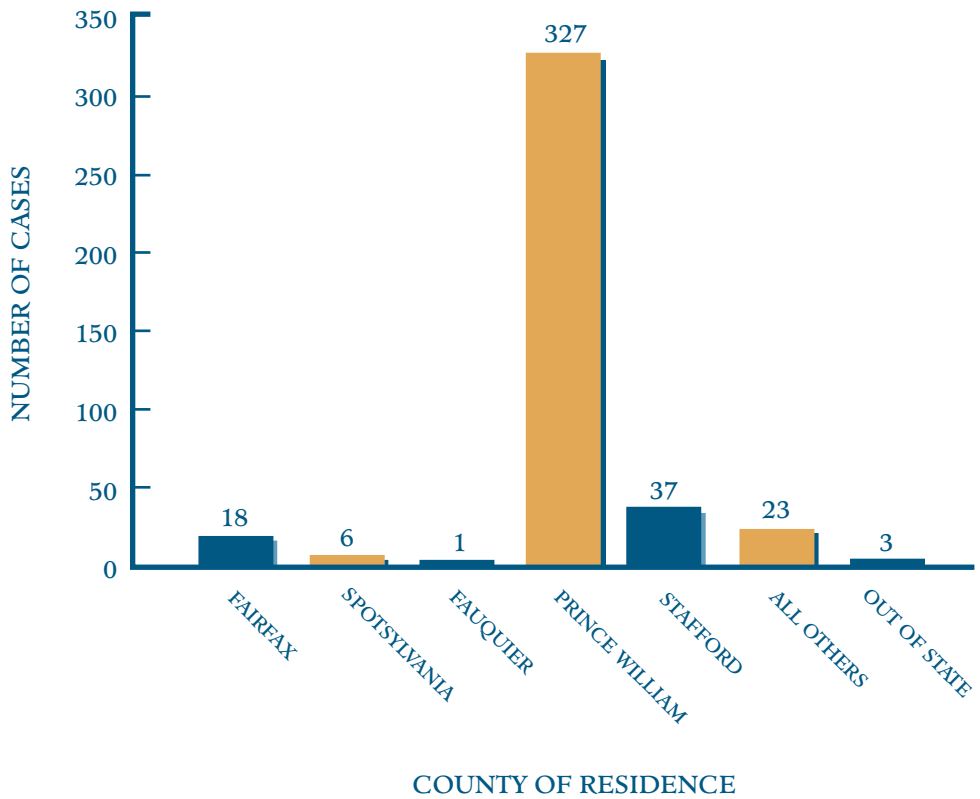


FIGURE 10

REGISTRY FOLLOW-UP

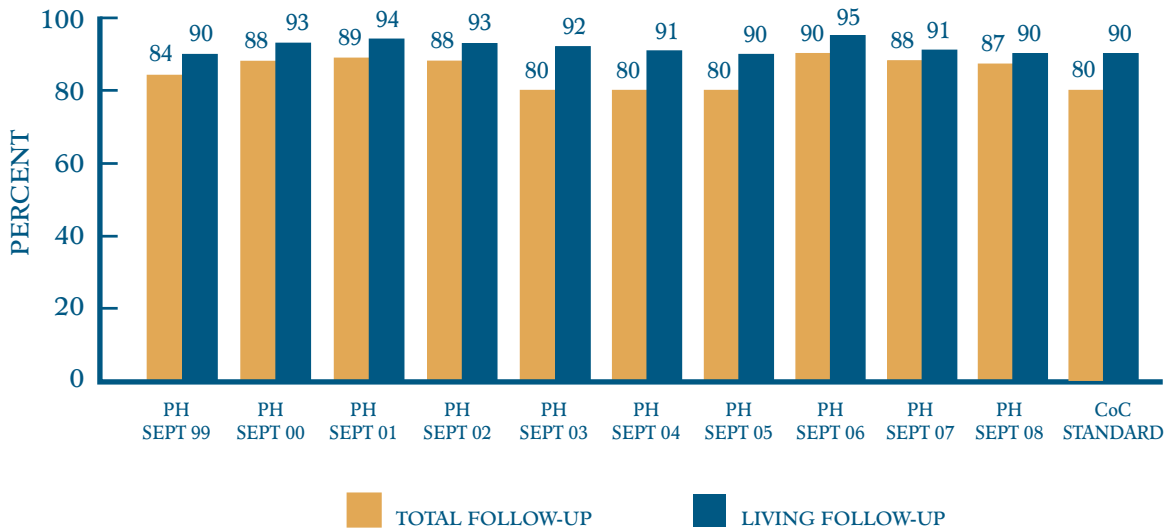


FIGURE 11

2008 COMPARISON WITH ACS CANCER STATISTICS

F E M A L E			M A L E		
PRIMARY SITE	ACS	PH	PRIMARY SITE	ACS	PH
Breast	26%	46%	Prostate Gland	25%	37%
Lung & Bronchus	14%	8%	Lung & Bronchus	15%	10%
Colon & Rectum	10%	11%	Colon & Rectum	10%	14%
Uterine Corpus	6%	1%	Bladder	7%	5%
Non-Hodgkin Lymphoma	4%	24%	Melanoma of Skin	5%	3%
Thyroid	4%	6%	Non-Hodgkin/ Lymphoma	5%	2%
Melanoma of Skin	4%	2%	Oral Cavity	2%	3%
Ovary	3%	0%	Leukemia	3%	1%
Kidney	3%	3%	Kidney	4%	4%
Leukemia	3%	1%	Pancreas	3%	3%
All Other Sites	23%	18%	All Other Sites	20%	18%

## SITE SPECIFIC ANALYSIS: PROSTATE CANCER CARE MANAGEMENT

Commission on Cancer, American  
College of Surgeons (ACOS)  
Patient Care Evaluation Study

By Pratik Desai, M.D.

According to the American Cancer Society, prostate cancer is the most common type of cancer found in men (other than skin cancer). There will be an estimated 192,280 new cases diagnosed in 2009 and a corresponding 27,360 deaths. The predominant type of prostate cancer is adenocarcinoma.

The American Urological Association advises that the prostate-specific antigen (PSA) test should be offered to informed men 40 years or older and have life expectancy of at least 10 years. Furthermore, men who wish to be screened should also undergo a digital rectal exam (DRE). The overall risk of prostate cancer should be assessed with consideration to factors such as family history, age, overall health, and race/ethnicity. Overall, the incidence and mortality of prostate cancer have been declining.

### Pathological Data

Pathological analysis of the patients shows that staging of prostate cancer at Potomac is very similar to national/regional trends. Overwhelmingly, stage II is the most commonly diagnosed prostate cancer.

### Treatment

Radical prostatectomy is the most common single modality treatment for prostate cancer. However, approximately equal number of patients was treated with radiation modalities and surgery. This includes brachytherapy (with and without hormonal blockade) and external beam radiotherapy (with and without hormonal blockade).

### Conclusions

Patients treated for prostate cancer at Potomac Hospital mirror patients in the NCDB/VA database. In general, many different modalities of treatment are offered. The long term survival based on initial staging of disease is in line with larger population data. The results demonstrate care that is in line with the standard of care.

The following is a compilation of the statistics regarding prostate cancer over the years 2003-2008. It is also a comparison of these numbers to the National Cancer Database.

FIGURE 12

PROSTATE CANCER CASES  
AGE AT DIAGNOSIS  
2003-2008

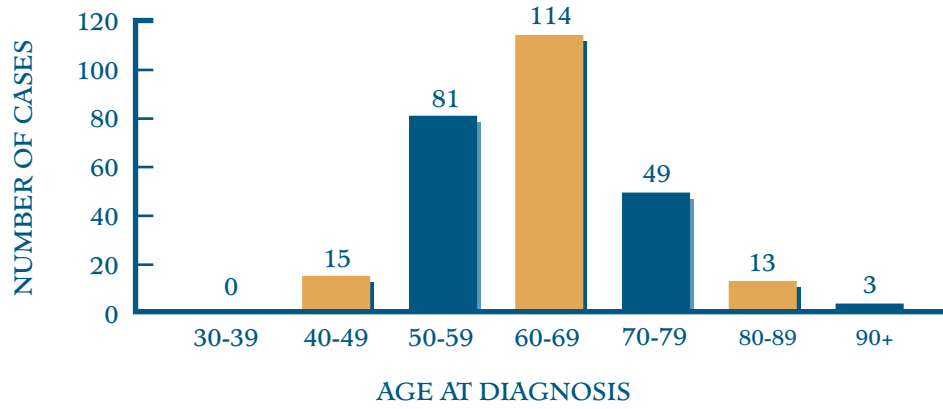


FIGURE 13

PROSTATE CANCER CASES BY RACE  
2003-2008

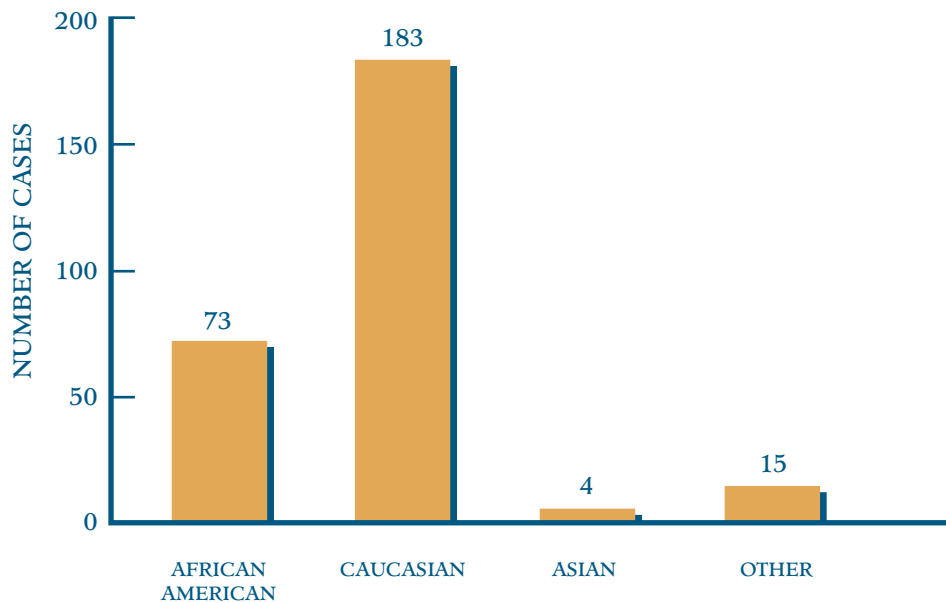


FIGURE 14

PROSTATE CANCER CASES  
NUMBER OF CASES  
2003-2008

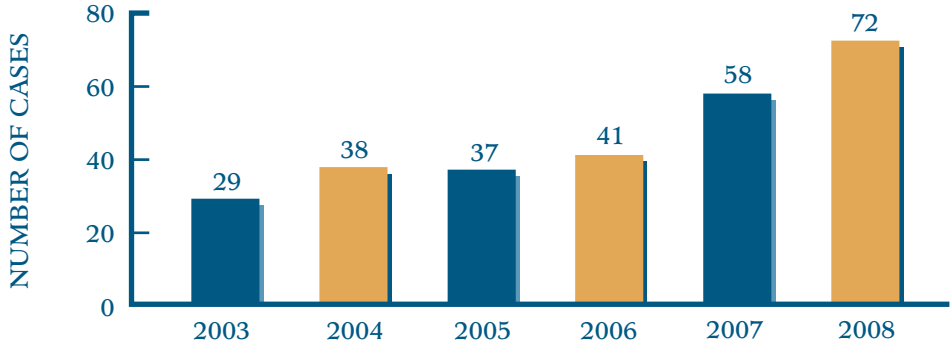


FIGURE 15

AJCC STAGE DISTRIBUTION  
POTOMAC HOSPITAL  
COMPARISON TO NCDB/VA

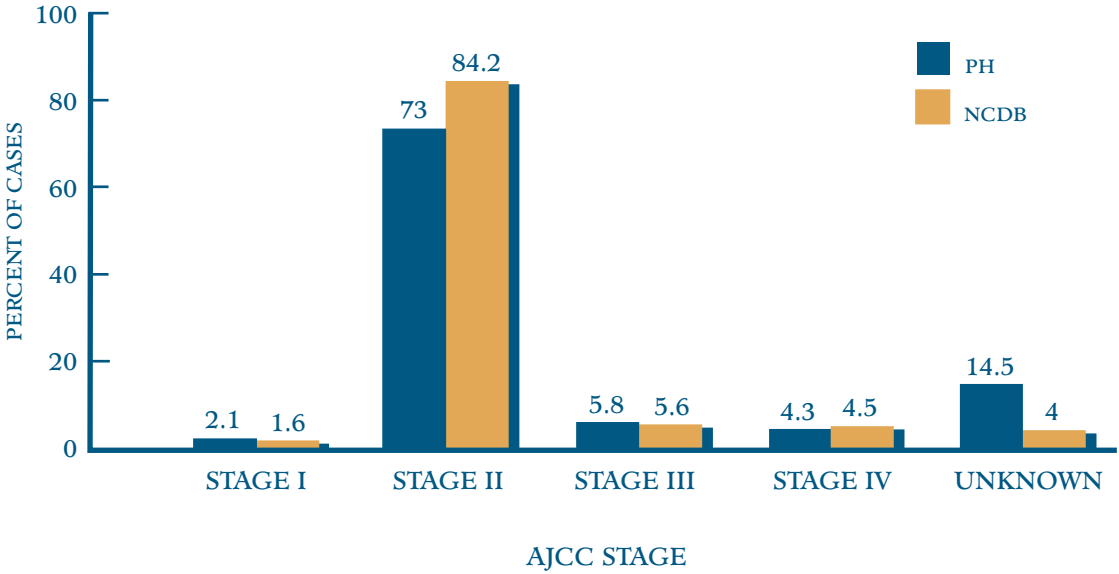


FIGURE 16

PROSTATE CANCER CASES  
GRADE/DIFFERENTIATION  
2003-2008

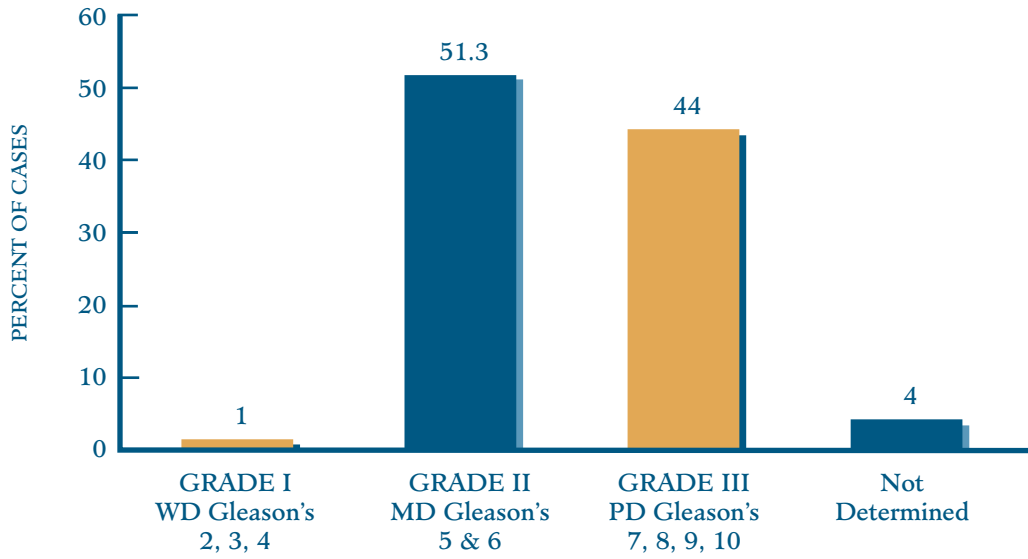


FIGURE 17

PROSTATE CANCER CASES  
HISTOLOGY TYPE  
2003-2008

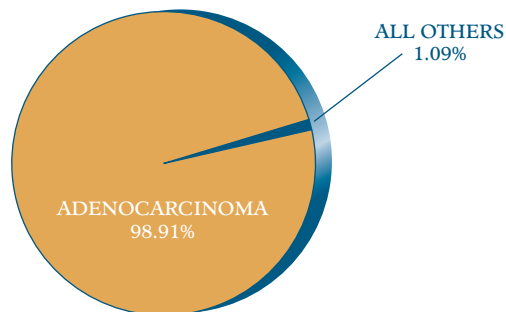


FIGURE 18

PROSTATE CANCER CASES  
CLASS OF CASE  
2003-2008

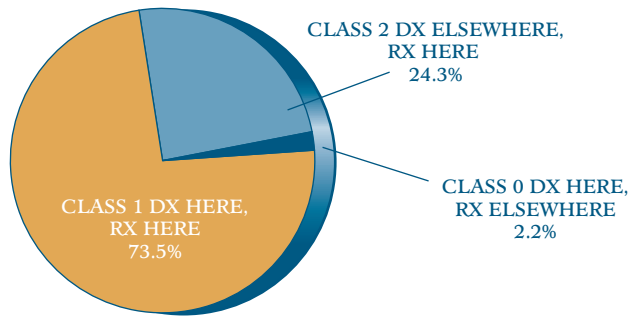


FIGURE 19

PROSTATE CANCER CASES  
FIRST COURSE OF TREATMENT  
2003-2008

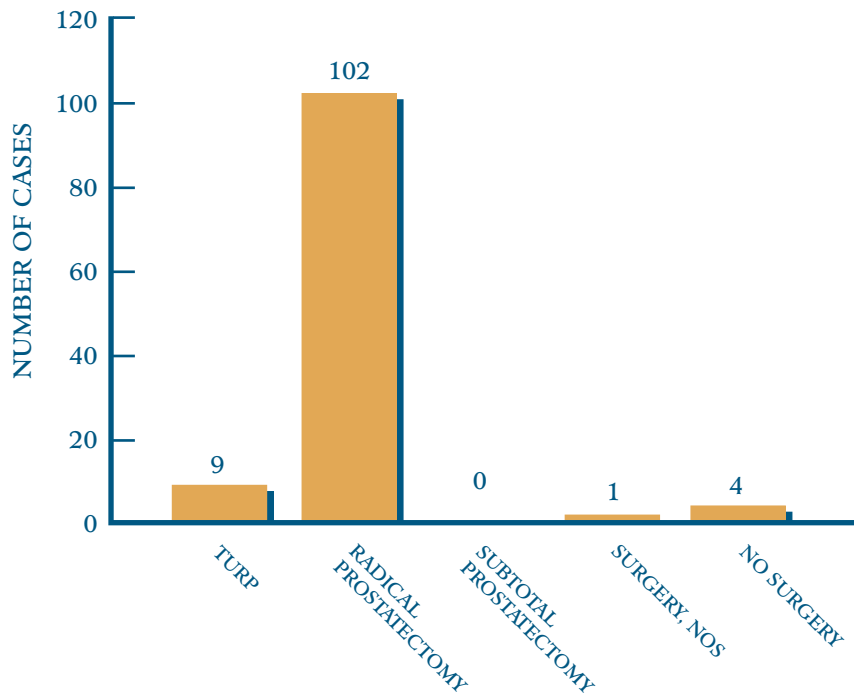


FIGURE 20

PROSTATE CANCER CASES  
REPORTED RADIATION TREATMENT MODALITIES  
2003-2008

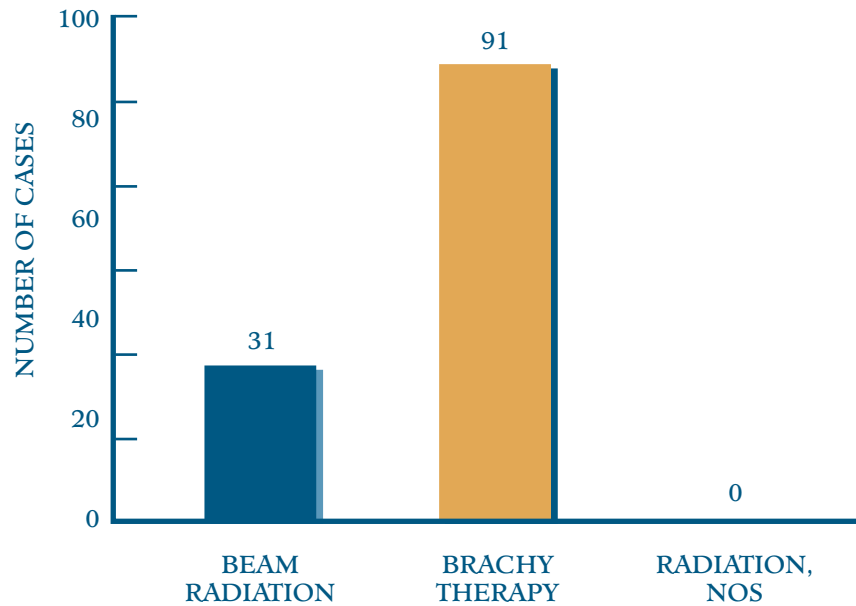


FIGURE 21

PROSTATE CANCER CASES  
REPORTED TREATMENT MODALITIES  
2003-2008

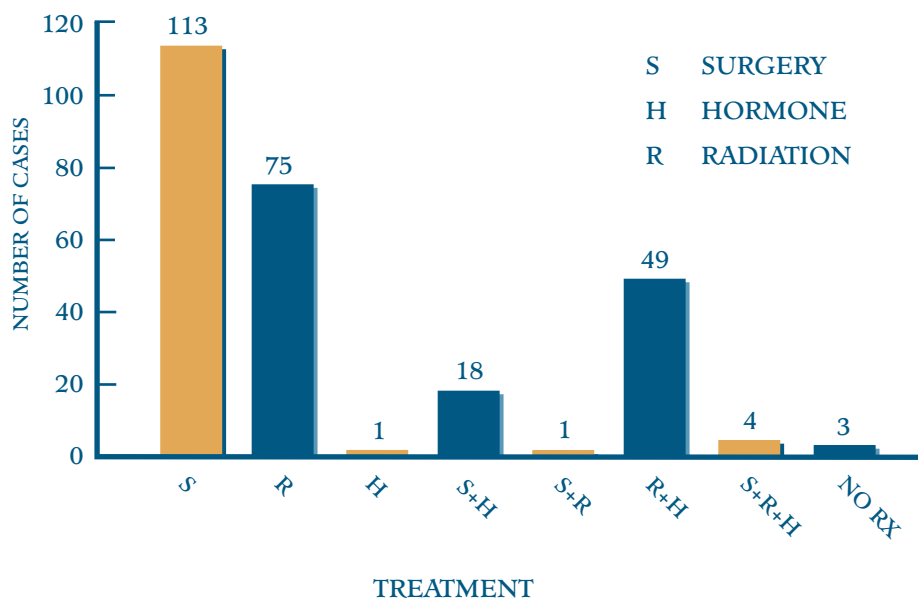
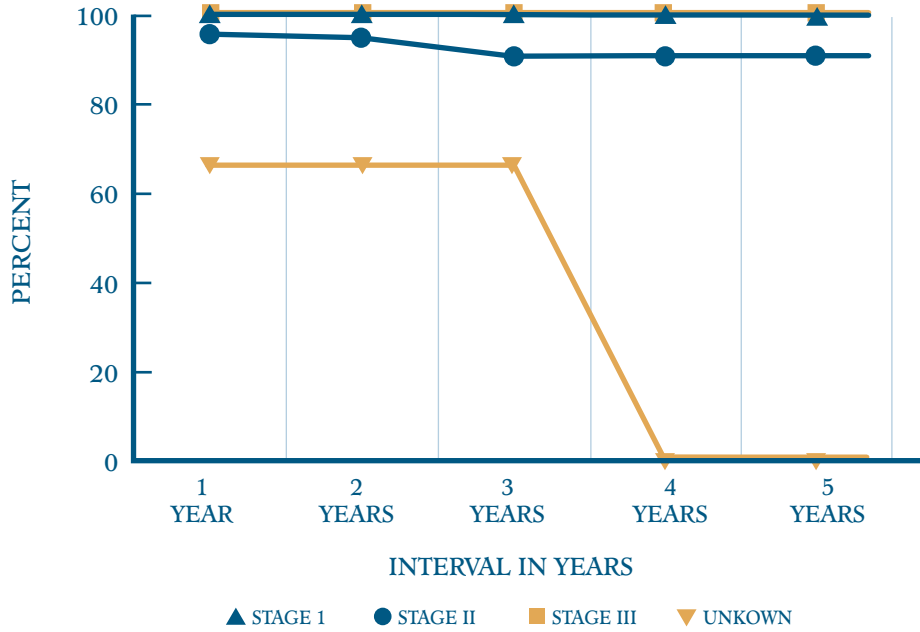


FIGURE 22

PROSTATE CANCER CASES  
FIVE YEAR SURVIVAL: POTOMAC HOSPITAL  
2003-2008



25

FIGURE 23

PROSTATE CANCER CASES  
FIVE YEAR SURVIVAL: NCDB/VA  
2003-2008

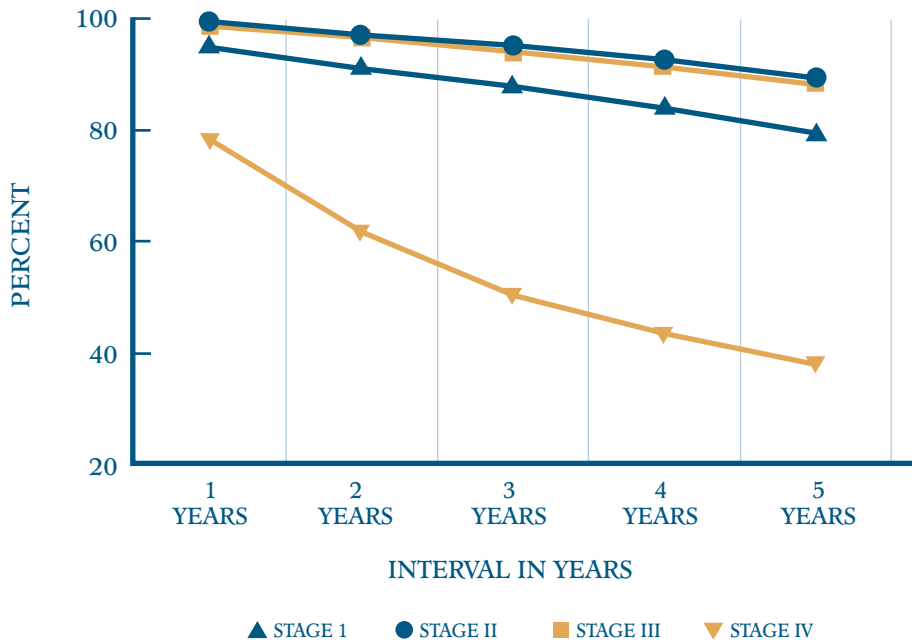


FIGURE 24

PROSTATE CANCER CASES  
 ETHNICITY AT DIAGNOSIS  
 POTOMAC HOSPITAL COMPARISON TO NCDB  
 2003-2008

ETHNICITY	NCDB/VA	POTOMAC HOSPITAL
Non-Hispanic Caucasian	75	63
Hispanic	.87	4
African American	21	27
Asian	2	1.4
Other/Unknown	1.2	5.4

Analysis: The ethnic distribution of prostate cancer at Potomac Hospital is very similar to NCDB/VA CCC

FIGURE 25

PROSTATE CANCER CASES  
 STAGE DISTRIBUTION  
 POTOMAC HOSPITAL COMPARISON TO NCDB  
 2003-2008

STAGE AT DIAGNOSIS	NCDB/VA	POTOMAC HOSPITAL
Stage I	1.6	2.1
Stage II	84.2	73
Stage III	5.6	5.8
Stage IV	4.5	4.3
Unknown/NA	14.5	14.5

Analysis: As seen in the NCDB/VA data and mirrored at PH Stage II prostate cancer is the predominant diagnosed stage. There is a difference in advanced stage IV disease seen at PH, however the overall number of this stage disease is exceedingly small.

FIGURE 26

PROSTATE CANCER CASES  
HISTOLOGY AT DIAGNOSIS  
POTOMAC HOSPITAL COMPARISON TO NCDB  
2003-2008

HISTOLOGY	NCDB/VA	POTOMAC HOSPITAL
Adenocarcinoma, NOS	98.8	98.91
Other Defined Types	1.2	1.09

Analysis: Adenocarcinoma is the most common histology of prostate cancer.

FIGURE 27

PROSTATE CANCER CASES  
AGE AT DIAGNOSIS  
POTOMAC HOSPITAL COMPARISON TO NCDB  
2003-2008

AGE	NCDB/VA	POTOMAC HOSPITAL
49 and younger	2.35	6
50-59	19.01	29.4
60-69	40.85	41.4
70-79	29.98	18
80+	7.81	6

Analysis: PH has a larger ratio of patients in the 50-59 age range. This may be due to aggressive screening and availability of all treatment modalities allowing patients that choose surgery to stay locally.

## PROSTATE CANCER STAGING

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Nonpalpable tumor not evident by imaging
T1a	Tumor found in tissue removed at TUR; 5% or less is cancerous with histological grade $\leq 7$
T1b	Tumor found in tissue removed at TUR; >5% is cancerous or histological grade $> 7$
T1c	Tumor identified by prostate needle biopsy owing to elevation in PSA
T2	Palpable tumor confined to the prostate
T2a	Tumor involves one lobe or less Tumor involves less than half of one lobe
T2b	Tumor involves more than one lobe Tumor involves more than half of a lobe but not both lobes
None	Tumor involves more than one lobe
T3	Palpable tumor beyond prostate
T3a	Unilateral extracapsular extension
T3b	Bilateral extracapsular extension
T3c	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures (not seminal vesicles)
T4a	Tumor invades bladder neck, external sphincter, and/or rectum
T4b	Tumor invades levator muscle and/or is fixed to pelvic wall
N(+)	Involvement of regional lymph nodes
None	None
NX	Regional lymph nodes cannot be assessed
N0	No lymph node metastases
N1	Metastases in single regional lymph node, $\leq 2$ cm in dimension
N2	Metastases in single ( $> 2$ but $\leq 5$ cm) or multiple nodes with none $< 5$ cm
N3	Metastases in regional lymph node $> 5$ cm in dimension
M(+)	Distant metastatic spread
MX	Distant metastases cannot be assessed
M0	No evidence of distant metastases
M1	Distant metastases
M1a	Involvement of nonregional lymph nodes
M1b	Involvement of bones
M1c	Involvement of other distant sites

## GLOSSARY OF TERMS

**ANALYTIC CASES:** Cases first diagnosed and/or received all or part of their first course of therapy at Potomac Hospital (PH) since 1991.

**FIRST COURSE OF TREATMENT:** Tumor-directed therapy planned and administered by the physician, which may include multiple modalities of therapy and encompass intervals of a year or more.

**NON-ANALYTIC:** Cases not seen at PH for first course of therapy since 1991 following diagnosis; cases diagnosed and treated elsewhere; cases discovered at autopsy; and benign brain, recurrence and other cases required to be reported to the Virginia Cancer Registry.

**TNM STAGE:** American Joint Committee on Cancer Staging System (AJCC), Sixth Edition.

**T** - Size and extent of tumor                      **N** - Involvement of regional lymph nodes

**M** - Distant metastasis

**CLASS OF CASE:** Class assigned to analytic cases to indicate where diagnosis and treatment took place.

Class 0: Diagnosed at PH since 1991 and all of first course of therapy elsewhere.

Class 1: Diagnosed at PH and all or part of first course of therapy at PH and staff physicians' offices.

Class 2: Diagnosed elsewhere and all or part of first course of therapy at PH and staff physicians' offices.

## REFERENCES

- AJCC Cancer Staging Manual*, American Joint Committee on Cancer, sixth edition  
*Cancer Facts and Figures*, 2008, American Cancer Society, Inc., Atlanta, Georgia  
*Commission on Cancer Cancer Program Standards 2004*  
*National Cancer Data Base – 1998, 2000, Commission on Cancer Benchmark Summary of Cancer Care and Survival United States*  
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# *Cancer's Seven Warning Signals*

**C**hange in bowel or bladder habits

**A** sore that does not heal

**U**nusual bleeding or discharge

**T**hickening or lump in breast or elsewhere

**I**ndigestion or difficulty in swallowing

**O**bvious change in wart or mole

**N**agging cough or hoarseness

## **CAUTION**

If YOU  
have a signal,  
see your doctor!



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