



2010 Annual Review

(Based on 2009 Statistics)

Dear Members of the Ann B. Rodriguez Cancer Center Community,

On behalf of the Ann B. Rodriguez Cancer Center at Reston Hospital Center, I am pleased to present the 2010 Annual Report (featuring 2009 statistics). During the past year, our cancer center has grown by leaps and bounds, including a new name, the Ann B. Rodriguez Cancer Center. We are named for Ann Rodriguez, who served on the hospital's board of directors for seven years. When she first joined the board in 2003, we were a small community hospital in the midst of expansion. Although we offered cancer treatment here at Reston, most patients had to go elsewhere for state-of-the-art treatment options, usually over the river to the city's academic medical centers. Today, thanks to the inspiration and drive of people like Ann, we are proud to offer comprehensive cancer treatment equivalent to any major academic medical center.

In 2010 the Cancer Center unveiled several new areas. Radiation oncology was renovated and expanded. The program is now home to a Trilogy linear accelerator with stereotactic capabilities. Additionally, the program is capable of HDR treatment in several modalities, including partial breast irradiation and gynecologic oncology. Also new, the outpatient infusion center is a wonderful asset to the hospital's physicians and our patients.

The hospital continues to recruit outstanding cancer surgeons from across the region and nation. We now have da vinci trained surgeons in the areas of urology, gynecologic oncology, thoracic surgery, in addition to gynecology and urogynecology. The hospital now has three dedicated breast surgeons and a breast oncology navigator on staff as part of our recently accredited NAPBC breast center.

The Ann B. Rodriguez Cancer Center continues to give back to the community. We participate and lead screening programs for breast, skin and prostate cancer. We also educate the community, through health fairs and other outreach activities, about what cancer is as well as the specific topics of breast, skin, gynecologic, colon and prostate health. Our breast center has partnered with Maimah Karmo and her Tigerlily Foundation to support and educate younger women about breast cancer. At Tigerlily's 2010 gala, Dr. Altemus, our Medical Director of Radiation Therapy, and Dr. Chiantella, one of our dedicated breast surgeons, were honored for their work with the disease. With the Breast Cancer Network of Strength, the center has launched a breast cancer support group. Other patient support activities included the breast cancer survivor's tea, the lung cancer candlelight ceremony and our prostate cancer partners support groups.

As we move forward we anticipated continued growth and expansion. The hospital will soon break ground on a new medical office building which will increase our already large medical staff. There are also operating room and surgical service expansions planned, and eventually additional patient rooms. All of this is very exciting for the hospital and the Ann B. Rodriguez Cancer Center. Thank you for your continued support through the past year and into the future.

David M. Heyer, MD
Chairman, Cancer Committee
Reston Hospital Center

2009 Cancer Program Goals and Accomplishments

Clinical

- Implemented HDR in Radiation Oncology.
- Had six nurses complete the Oncology Nursing Society's Chemotherapy and Biotherapy Class for certification in chemotherapy administration
- Started monthly Urology Cancer Conferences
- Created new clinical pathway form to be used in Radiation Oncology
- Began Total Skin Electron treatment in Radiation Oncology
- Installed new linear accelerator in Radiation Oncology, with projected use in early 2010
- Installed new Record and Verify software in Radiation Oncology

Quality Improvement

- Ongoing QI project for Blood Transfusion Timeliness in the Infusion Center
- Annual Site Study on Non-Hodgkin Lymphoma with Survival Statistics compared with NCDB
- Ongoing quality outcome measure for the documentation of the PSA, primary stage and Gleason Score in the patient record
- Ongoing quality outcome measure (eQuip) for breast and colorectal cancer
- Monitored stage and treatment compliance with NCCN treatment guidelines for lung cancer patients
- Reviewed 2008 breast cancer cases for BCT rate, days from biopsy to first surgery and the SLN rate

Community Outreach

- Held a community outreach program at Reston Town Center with a wellness screening and showcasing the Da Vinci robot
- Implemented a “smoke free” campus
- Continued cervical and colorectal screening programs (3) held at Loudoun Free Clinic
- Hosted a Breast Cancer Survivorship luncheon for 50 of our patients during October for breast cancer awareness month
- Participated in American Cancer Society’s “Daffodil Days”
- Participated in ACS event “Relay for Life”
- Co-sponsored monthly Look Good/ Feel Better program with the American Cancer Society
- Started a breast cancer support group, co-sponsored with Breast Cancer Network of Strength

Programmatic

- Began implementation of a Breast Cancer Center of Excellence recruiting two breast surgeons and a breast navigator
- Relocated Infusion Services to the RHC Outpatient Center
- Relocated Northern Virginia Thoracic Oncology Program offices to the RHC Outpatient Center
- Purchased DaVinci Robot, with first cases beginning May 2009 for prostate cancer and thoracic surgery
- Held a Lung Cancer CME Symposium for Physicians and Allied Health professionals
- Discussed 85 cases at the 31 cancer conferences offered during the year

Cancer Committee Members

Alice Ahlgren, MD

Pathology

Kanchan Akmanchi, OTR

Rehabilitation Medicine

Rosemary Altemus, MD

Radiation Oncology

Janice Arnold, MD

Urology

Jasmine Avery, NP

Thoracic Oncology Program

Sheree Conrad

Spiritual Care

Anthony Felice, MD

Medical Oncology

Debbie Fisher, RHIT, CTR

Cancer Registry

Susan Foy, RN, OCN

Oncology Services Director

Anne Childs Freeman, LSW

Case Management

Frances Greene, RN, OCN

Radiation Oncology

Ziyad Haddad, MD

Radiology

David Heyer, MD, Chairman

Medical Oncology

Cyndee Hochstrasser, RN

Community Outreach

Kari Leland, RD

Dietician

Cindy Markwell

Physician Recruitment

Mary Beth Pittinger, RHIT

Quality Resources

Sheela Raghuram, MD

Hospitalist

Jane Raymond, BSN, MBA

VP, COO, Administration

Annette Reichenbaugh,

RPh

Pharmacy

Judy Riggins, RN

Quality Resources

Kristin Rulison, CTR

Cancer Registry

Susan Schwartz, RN

Physician Relations

Ellen Scott, RN, OCN

Medical Oncology

Keyur Shah, MD

Surgery

Brenda Silvia

American Cancer Society

Karim Trad, MD

Surgery

Walter Zolkiwsky, MD

Administration

Cancer Registry Report

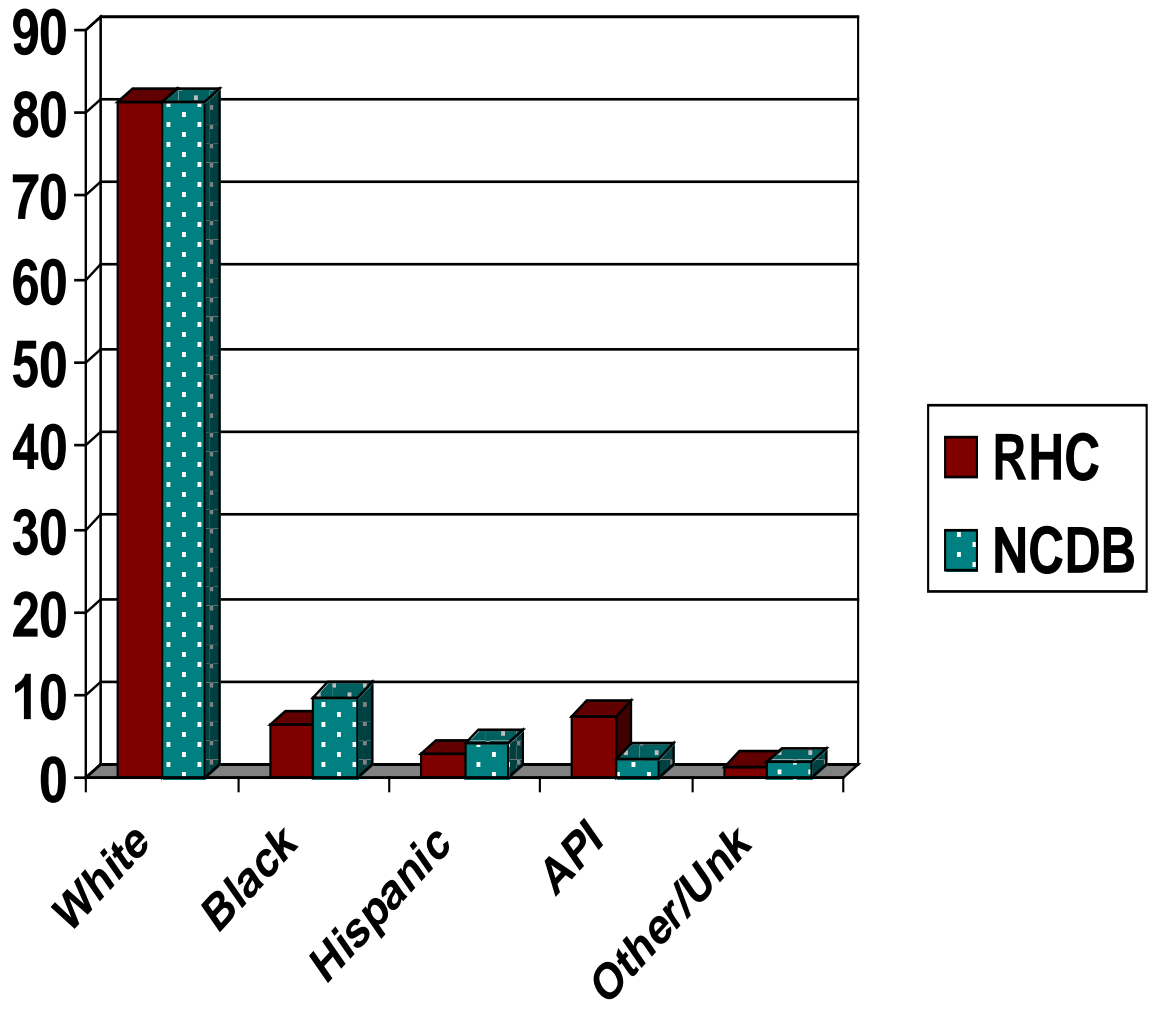
The Cancer Registry is an essential component of the Cancer Program, maintaining a data collection system designed to assess the occurrence, treatment, extent of disease and outcomes of each cancer patient seen at Reston Hospital Center. The registry is responsible for coordinating efforts for maintaining all of the essential cancer program standards required by the American College of Surgeons Commission on Cancer, in addition to meeting state and national cancer reporting requirements. Reston Hospital Center Cancer Registry data is included in the National Cancer Data Base (NCDB), which is a nationwide oncology outcomes database designed to explore trends in cancer care, to create regional and state benchmarks for hospitals and to serve as the basis for quality improvements.

The Cancer Registry database currently contains 9,010 cases diagnosed since the inception of the Cancer Program in 1988. Patients and physicians take part in a lifetime follow-up service designed to monitor patient progress and serve as a reminder for routine medical surveillance. This service is critical in determining trends in cancer care outcomes and survival. The registry is actively following more than 7,566 patients, with a successful follow-up rate of 99 percent.

A total of 679 cases were accessioned into the registry in 2009. Approximately 87 percent of those were newly diagnosed and/or treated cases, while the remaining 13 percent were treated for recurrent and/or persistent disease. There were 31 cancer conferences held with presentations of 85 prospective cases. These cancer conferences included the specialties of Breast, Thoracic and Urology in addition to the General Cancer conferences.

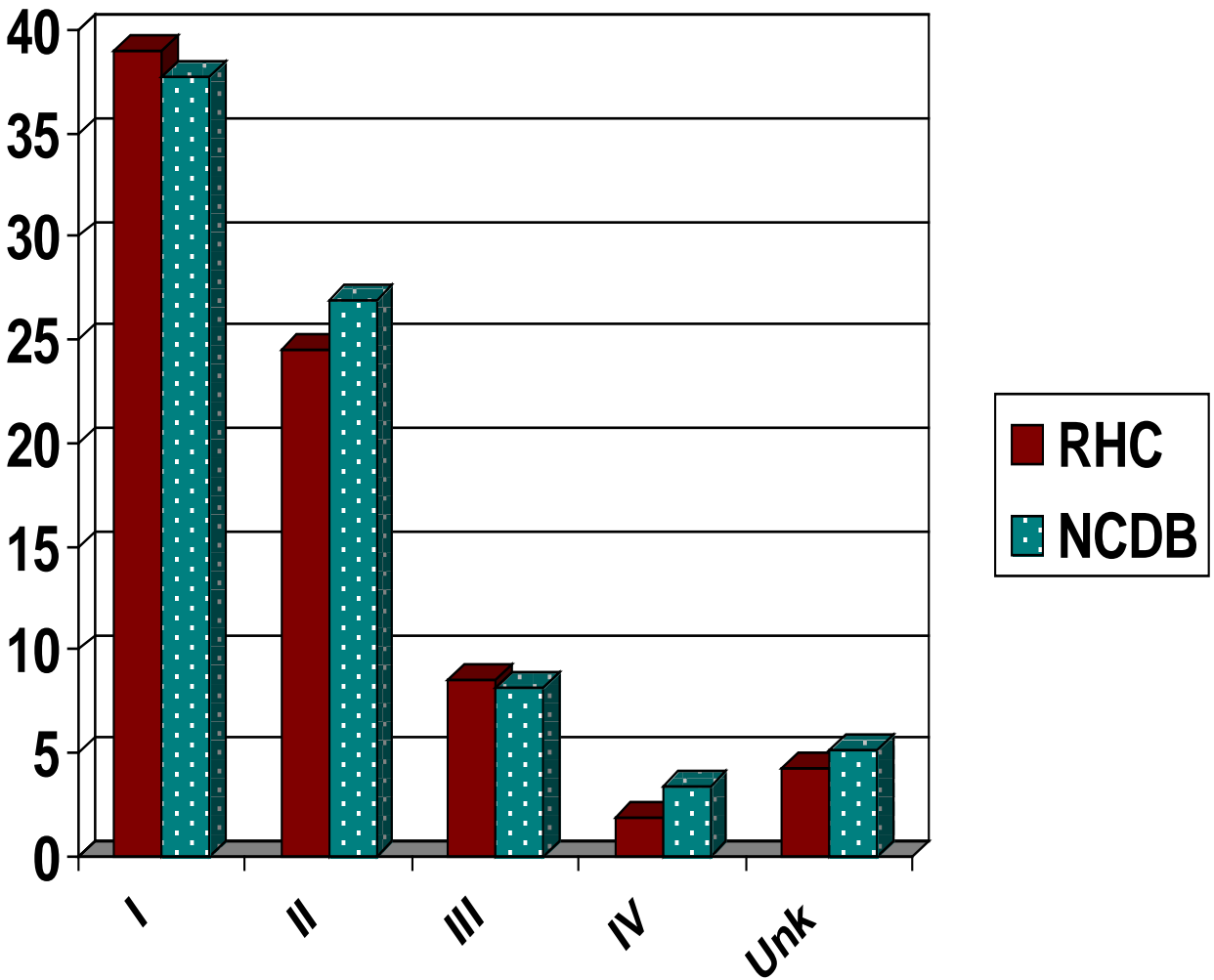
NCDB vs. Reston Hospital Center
(NCDB 1,464,614 cases vs. RHC 1353 cases)
Breast Cancer 2000 – 2007
Frequency by Race and Ethnicity

Percent of Cases



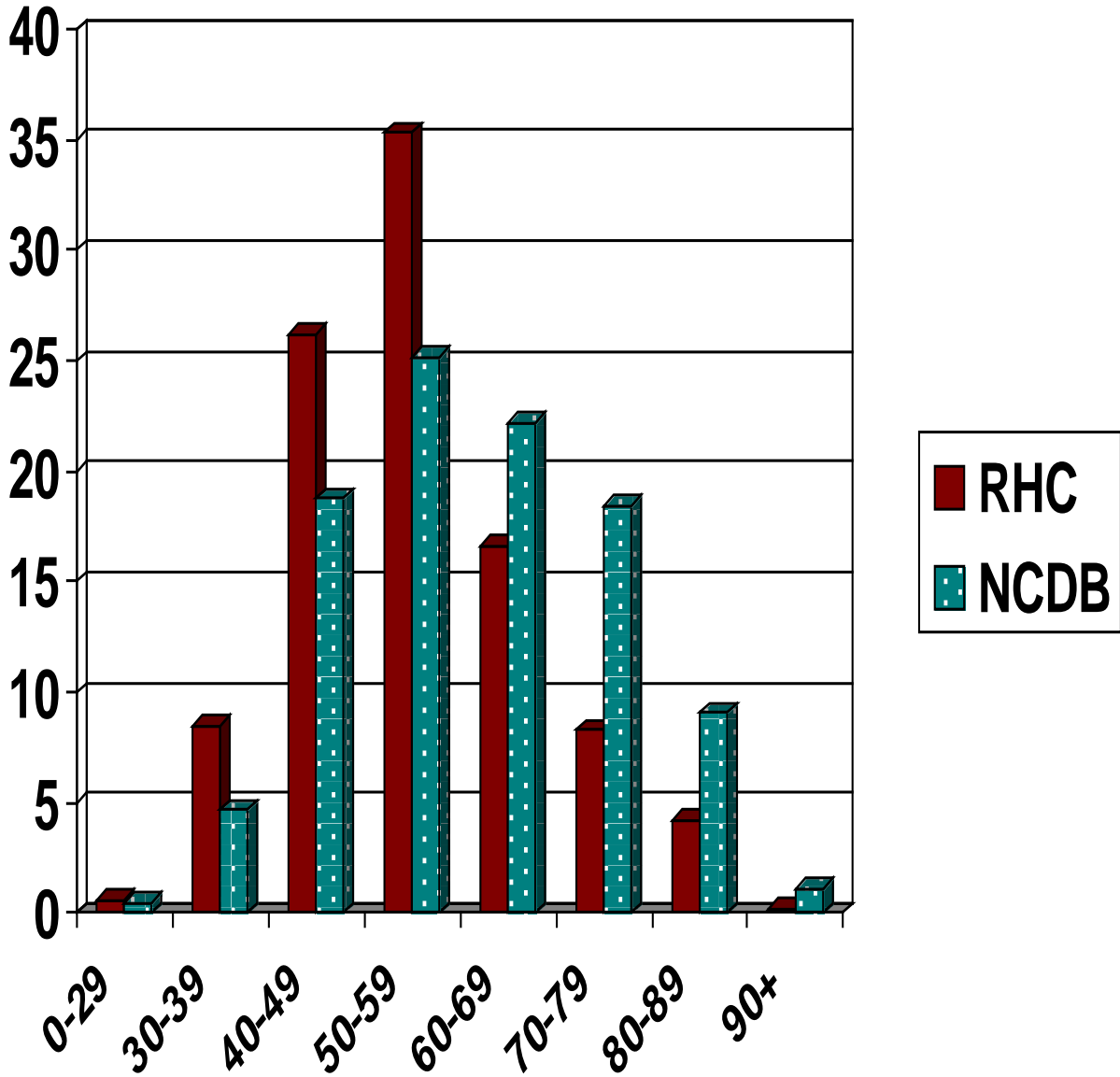
**NCDB vs. Reston Hospital Center
Breast Cancer 2000 – 2007
Frequency by AJCC Stage at Diagnosis**

Percent of Cases



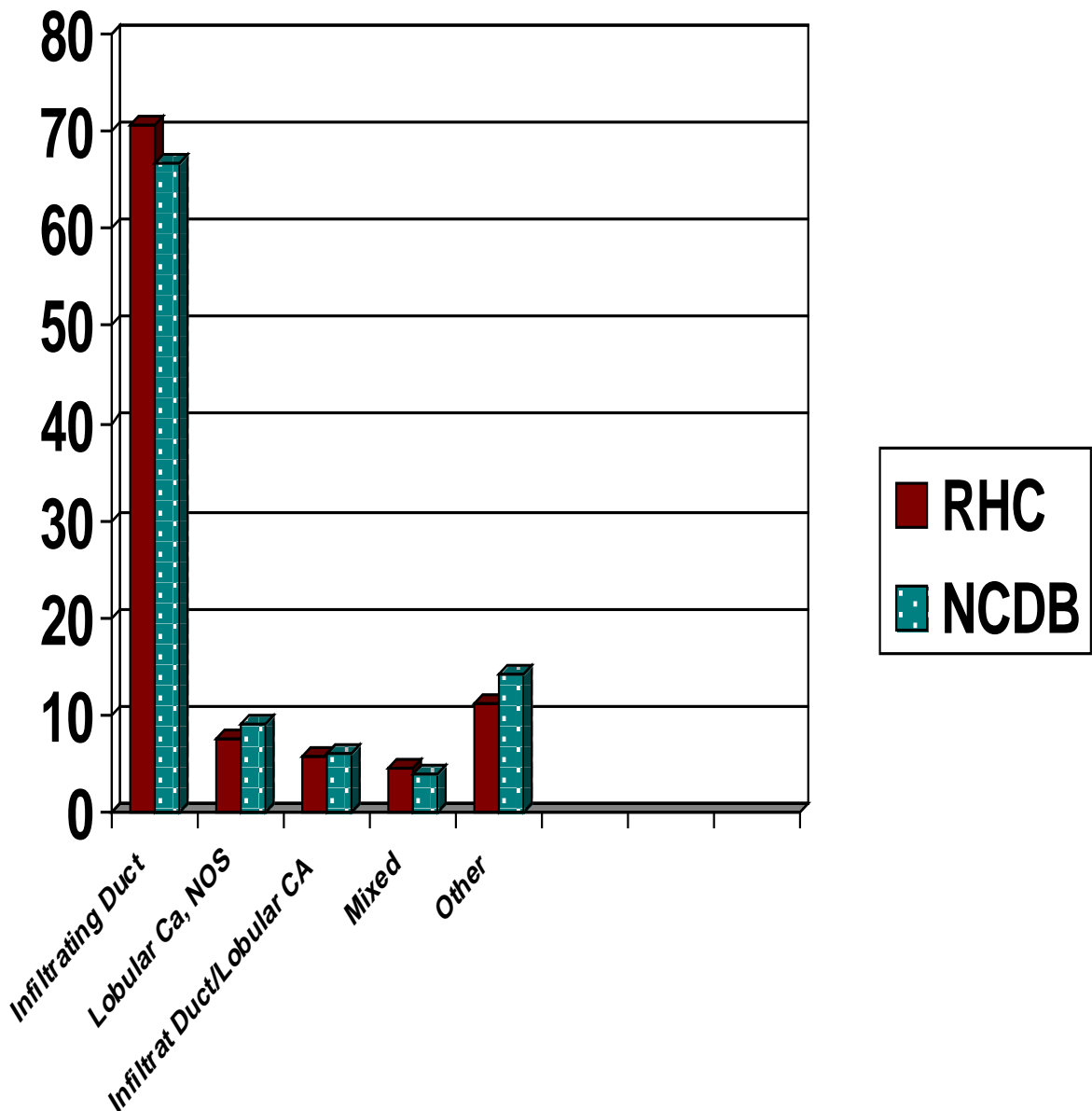
**NCDB vs. Reston Hospital Center
Breast Cancer 2000 – 2007
Age at Diagnosis**

Percent of Cases



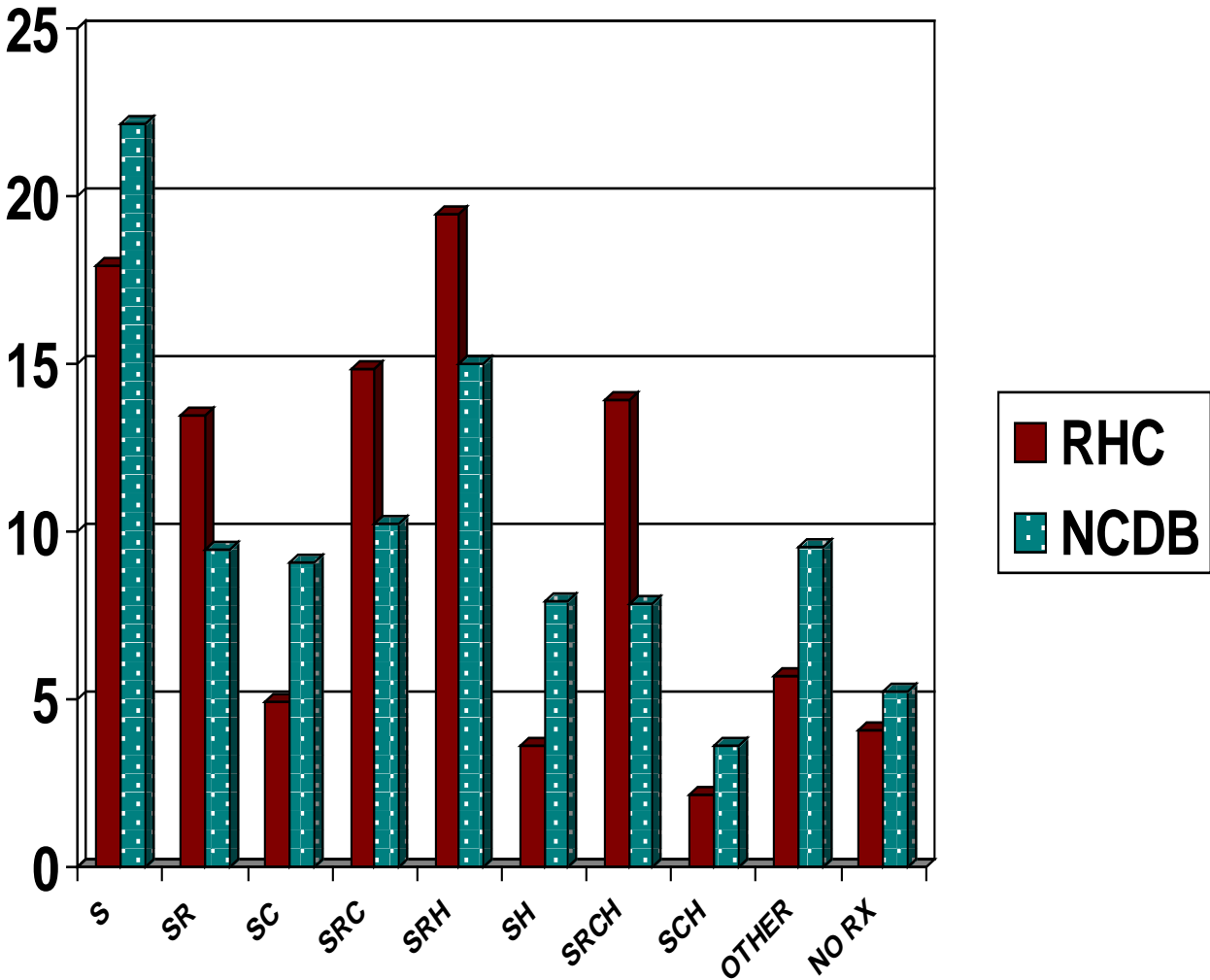
**NCDB vs. Reston Hospital Center
Breast Cancer 2000 – 2007
Histology**

Percent of Cases



NCDB vs. Reston Hospital Center Breast Cancer 2000 – 2007 Types of Treatment

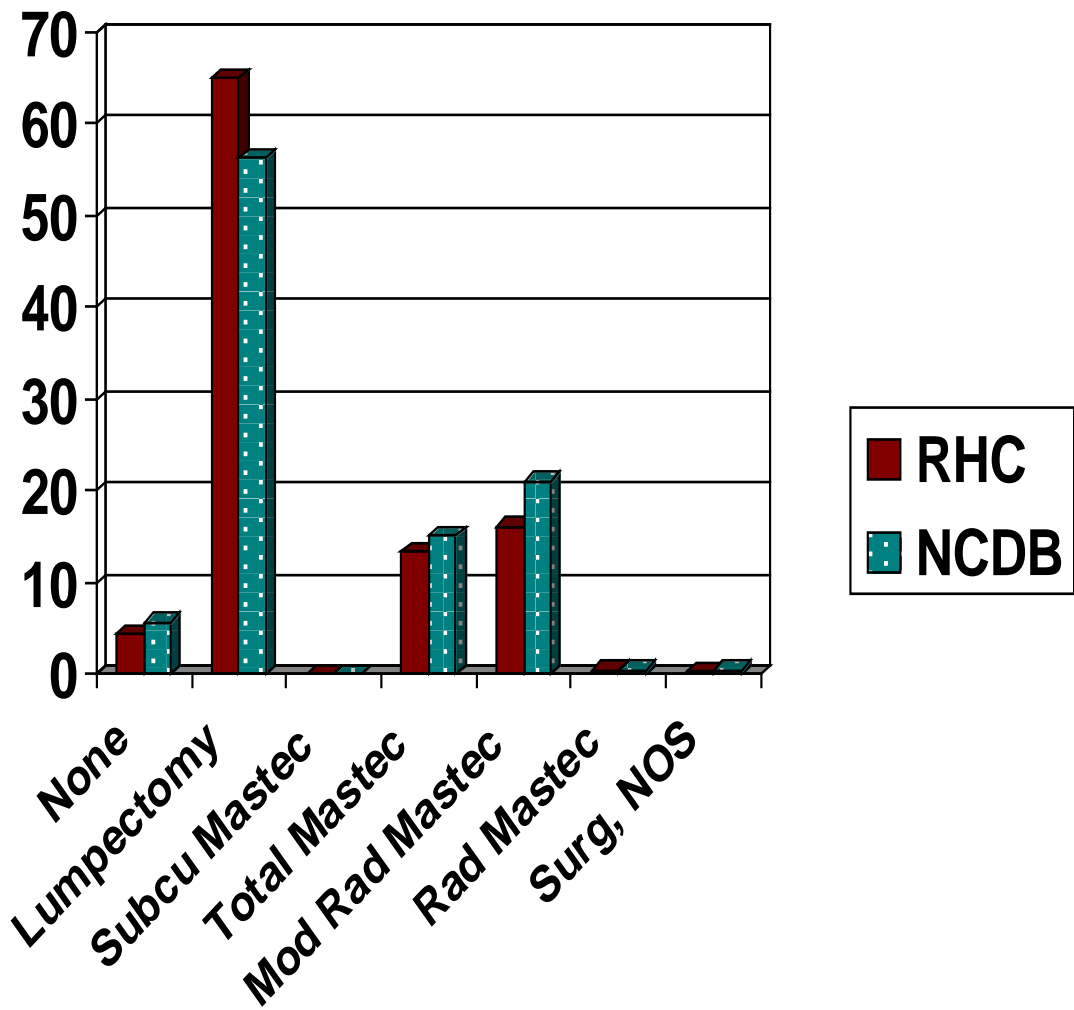
Percent of Cases



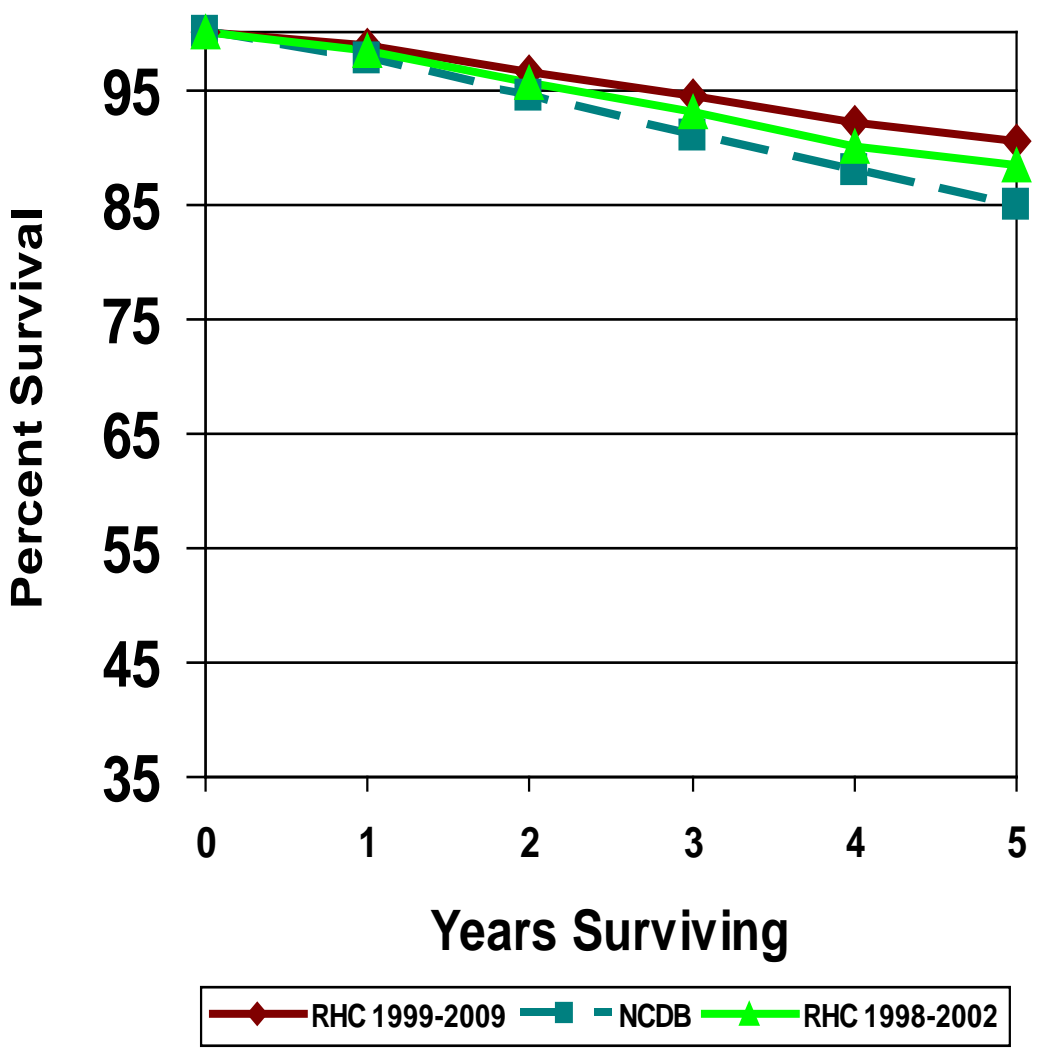
S= Surgery
R= Radiation
C= Chemotherapy
H= Hormone

**NCDB vs. Reston Hospital Center
Breast Cancer 2000 – 2007
First Course Surgery**

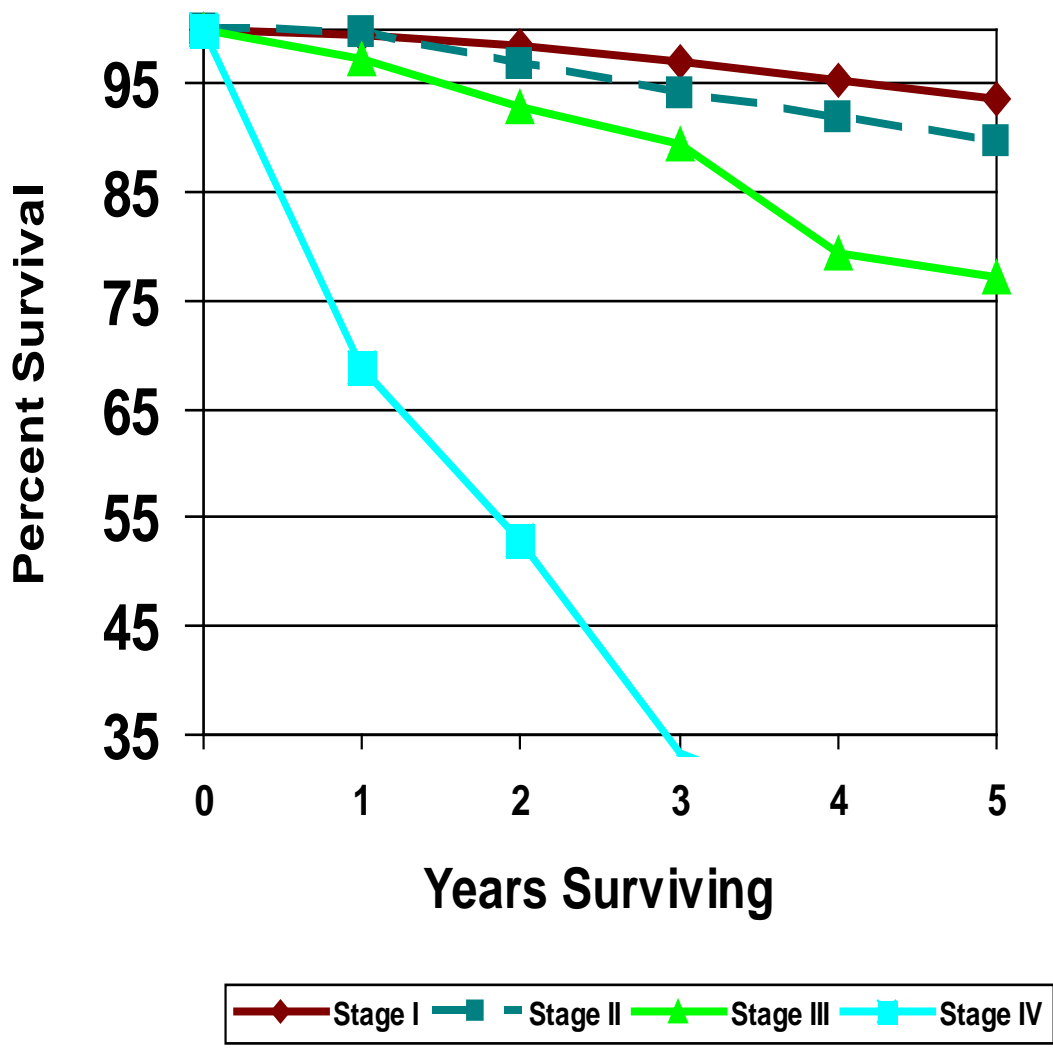
Percent of Cases



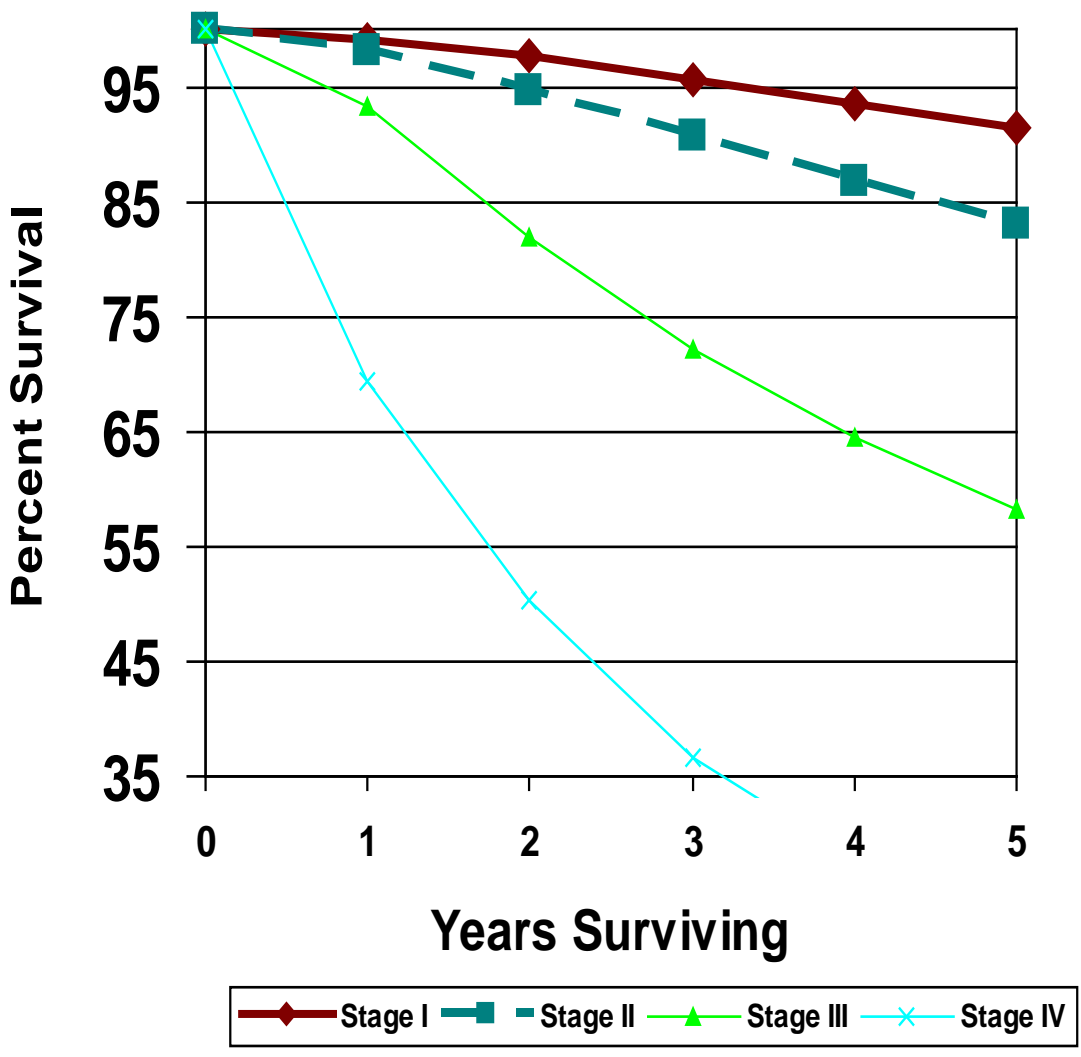
**NCDB vs. Reston Hospital Center
Breast Cancer
Cases Diagnosed 1998-2002
Observed 5 Year Overall Survival**



Reston Hospital Center
Breast Cancer
Cases Diagnosed 1999-2009
Observed 5 Year Survival by Stage



NCDB
Breast Cancer
Cases Diagnosed 1998-2002
Observed 5 Year Survival by Stage



Breast Cancer Long Term Survival Study

David Heyer, MD

Breast cancer is among the most common malignancies in the United States and is the most common cancer among women, excluding cancers of the skin. There were an estimated 192,000 cases of invasive breast cancer diagnosed in women in 2009 in the U.S. Fortunately, recent data indicates a decrease in breast cancer incidence rates in the U.S. in the past several years, which is likely related to decrease in menopausal hormone replacement therapy use.

There were 589 total analytic cancer cases diagnosed or treated at Reston Hospital in 2009. As expected, breast cancer was the most common malignancy, comprising 178 or nearly 40% of the total cancer cases. For comparison purposes, the next most common cancer overall at the hospital was prostate cancer, which made up approximately 17% of the total cases.

EPIDEMIOLOGY AND STAGING

This report focuses on long term data regarding women diagnosed with breast cancer at Reston Hospital over the past several years. Epidemiologic data is presented for patients diagnosed between 2000 and 2007. Survival data is presented for patients diagnosed with breast cancer between 1999 and 2009. Both of these are compared to data from the National Cancer Data Base (NCDB) for similar time frames.

There were 1,353 patients diagnosed with breast cancer at Reston Hospital between 2000 and 2007. Analysis of the ethnicity/race of these patients shows that most patients (80%) were Caucasian. This is consistent with national averages as indicated in the NCDB data. Reston Hospital had slightly fewer African-American patients. The majority of patients had invasive ductal carcinoma, which was similar to the NCDB.

The average age of breast cancer patients diagnosed at Reston was younger than the national average; one third of the patients were under age 50 and two thirds under age 60. This likely is related to the demographics of the population that Reston Hospital serves.

Fortunately, early stage breast cancer made up the bulk of the diagnoses (similar to NCDB) with only approximately 10% of women diagnosed with advanced disease (stage III or IV). This reflects the commitment to screening mammography found in our community.

TREATMENT

At Reston Hospital, the predominant surgical approach to breast cancer treatment was breast conserving therapy with lumpectomy; 65% of patients received this therapy, which was somewhat higher than the national average. The vast majority of these patients had subsequent radiation therapy. Systemic therapy with chemotherapy and/or hormonal therapy (tamoxifen and/or aromatase inhibitors) was commonly employed as part of the treatment strategy. Overall, the majority of patients received systemic adjuvant therapy, which is similar to the NCDB.

SURVIVAL

Observed five year survival for all breast cancer patients diagnosed at Reston Hospital during the study time frame was 91%, which compared favorably to NCDB data (85% five year survival). Analysis of survival by stage showed that patients diagnosed with stage II breast cancer at Reston did somewhat better than the national average (89% versus 84%). The remainder of the stage comparisons do not show significant differences between Reston Hospital and the NCDB. As expected, patients with stage IV disease had the worse survival with only one third of such patients surviving 3 years.

CONCLUSIONS

An analysis and comparison of Reston Hospital and national data reveal no areas of concern regarding the diagnosis and treatment of women with breast cancer. Fortunately, most patients are diagnosed with early stage breast cancer and enjoy long term survival with appropriate treatment. The data indicate that women in the Reston community are being appropriately screened and patients are receiving excellent, state of the art treatment.

Further advances and refinements in treatment have continued to be developed, which give patients even more hope that breast cancer can be defeated. At Reston, this has included development of a true interdisciplinary breast program. This program includes physicians from multiple specialties (Medical Oncology, Radiation Oncology, Surgical Oncology, Plastic and Reconstructive Surgery, Pathology, Diagnostic and Interventional Radiology), Breast Navigators to help patients through the diagnostic and treatment process, physical therapy/lymphedema specialists, nutritional support, oncology nursing and other administrative and support staff. Patients have access to clinical trials, state of the art radiation facilities and experienced surgical oncologists. As a result, the program has received a three year full accreditation from the National Accreditation Program for Breast Centers. This accreditation shows the commitment of the physicians and staff at Reston Hospital to providing the highest quality care for patients with breast cancer.