Focus: Breast Cancer

In 2012, breast cancer remained a major health issue in the United States and the world. Approximately 226,810 new cases were diagnosed in the United States. This, unfortunately, represents a 15 percent increase over the last three years. Now, with improved diagnostic procedures and therapy, the number of patients who will die from breast cancer has decreased to 39,510 (17 percent of patients dying in 2012 as compared to 21 percent dying in 2009).

Thus, in 2012, we did a follow-up breast cancer study to ensure that our patients are receiving state-of-the-art care and that we are providing the best possible outcome. In 2011, 48 patients were diagnosed with breast cancer. All were female. Seventy-five percent were African American and 25 percent were Caucasian. The age range was 40 to 94 with a median age of 68. Nine patients (19 percent) had an invasive in situ carcinoma, 19 (40 percent) had Stage 1, 13 (27 percent) had Stage 2, four (8 percent) had Stage 3 and two (4 percent) had Stage 4 (metastatic disease). One patient (2 percent) had an unknown stage. This is similar to the national average with slightly more in situ breast cancer diagnosed at MedStar Good Samaritan Hospital. Forty-one patients had early stage disease (Stage 0, 1 and 2). Of these, 32 had breast conserving surgery and 100 percent were offered appropriate adjunctive therapy.

Our five-year survival data shows our average: local (Stage 1) is 100 percent; regional (Stage 2 and 3) is 80 percent; and distant (Stage 4) is 23 percent. This is just about identical to the national averages of local (99 percent), regional (84 percent) and distant (25 percent). Thus, we feel we are accomplishing our goal of giving our breast cancer patients state-of-the-art breast cancer therapy with the best possible outcome and least morbidity.

Message from Our Chairman

The MedStar Good Samaritan Cancer program enjoyed another year of growth and achievement. We received funding to renovate the medical oncology offices and the infusion center. There will be several private chemotherapy administration rooms and the number of chemotherapy chairs will increase from nine to 13. Offices for pain management, nutrition and genetic counseling will be added, plus a large conference room. A geneticist and nutritionist have joined our staff, as well as a psychological liaison nurse practitioner.

Teleconferencing equipment has been added, allowing us to have regional tumor conferences and educational events within our facility. Electronic medical records (ARIA) will be in place this year, improving our access to patient information within the MedStar Health Cancer Network. Our PET/CT scanning has been increased to two times per week.

This year, our research program enrolled patients in multiple protocols, including a HER2-Neu Breast Cancer Vaccine and a National Cancer Prevention Study-3, done in conjunction with the American Cancer Society. We have a new service line director, Joan Marie Lake, who brings many years of experience in oncology care and planning.

Lastly, the MedStar Health Cancer Network, Baltimore Region, is being established, allowing us to better coordinate our care and improve our user friendly, state-of-the-art cancer program.

Dana Hook
In 2011, there were 380 analytic cases accessioned into the Metriq database. The five top sites seen at MedStar Good Samaritan Hospital during this time were: lung (68), breast (47), colon (41), prostate (29) and bladder (25) respectively.

It is interesting to note that while lung cases (18 percent) at MedStar Good Samaritan are the most diagnosed cancers, Maryland and the national statistics have estimated a decrease in lung cases (13 percent) for 2012, resulting in this site becoming third on their top site list. This percentage at MedStar Good Samaritan has not changed since the last report. While prostate was in fourth (7 percent) place at MedStar Good Samaritan, it is number one in the state and nation, with breast (12 percent) holding the number two spot on all three of the lists. Colon cancer (16 percent) is number three at MedStar Good Samaritan, but four in the nation and state. Bladder cancer (6.6 percent) is number five for all three comparisons.

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**Follow-up Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total patients in registry</th>
<th>Less benign and borderline cases</th>
<th>Less CA in situ cervix</th>
<th>Less basal and squamous cell cancer of skin</th>
<th>Less foreign residents</th>
<th>Less patients over 100 years of age</th>
<th>Less non analytic</th>
<th>Less class of case</th>
<th>Subtotal</th>
<th>Less deceased patients</th>
<th>Adjusted Total (Living Patients)</th>
<th>Total Lost to Follow-up</th>
<th>Successful follow-up</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005 Reference Year</td>
<td>2,513</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>70</td>
<td>1,275</td>
<td>2,441</td>
<td>1,166</td>
<td>1,275</td>
<td>214</td>
<td>91.23%</td>
<td>80%</td>
</tr>
</tbody>
</table>

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Follow-up of all living patients is vital to the cancer registry.

This information assists physicians when accessing patients who may return for check-ups, aids in early identification of recurrences and helps to determine treatment. In 2011, the average follow-up rate at MedStar Good Samaritan Hospital was 91 percent from the registry reference date (2005). During the middle of the year, it was recommended that we update our reference year from 1995 to 2005. This was approved by the American College of Surgeons (ACoS) in June, and the above numbers reflect the new dates and percentage rates.
The Physician Quality Reporting System (PQRS) is a voluntary reporting program developed by the Center for Medicare and Medicaid Services (CMS). The CMS believes these quality initiatives aim to empower providers and coordination of care and, ultimately, would support new payment systems that provide more financial resources to provide improved quality care rather than simply paying based on the volume of services. To that end, the MedStar Good Samaritan Radiation Oncology Center has voluntarily participated in this program. Measures recorded in the 2011 calendar year included measures for both breast and prostate cancer. Satisfactory recording threshold for these measures was greater than 50 percent of three individual measures.

Physician Quality Reporting System

Measures for 2011 analyzed the following:

- Avoidance of diagnostic bone scans for patients with low-risk prostate cancer
- Utilization of adjuvant hormonal therapy in patients with high-risk prostate cancer
- Delivery of at least 3D or IMRT radiotherapy for patients who received this form of treatment for prostate cancer
- Radiation dose limits to normal structures are recorded.
- The stage of disease was documented.

The table to the right shows the list of measures, our compliance rate and the national mean performance rate.

Physician Quality Reporting System for Prostate

<table>
<thead>
<tr>
<th>Measure</th>
<th>MedStar Good Samaritan Hospital Report Number</th>
<th>MedStar Good Samaritan Hospital Performance Rate</th>
<th>National Mean Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>#102</td>
<td>Avoidance of overuse of bone scan for staging low-risk prostate cancer patients</td>
<td>19</td>
<td>100%</td>
</tr>
<tr>
<td>#104</td>
<td>Adjuvant hormonal therapy for high-risk prostate cancer patients</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>#105</td>
<td>Three dimensional radiotherapy</td>
<td>19</td>
<td>100%</td>
</tr>
<tr>
<td>#156</td>
<td>Radiation dose limits to normal tissues</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>#194</td>
<td>Cancer stage documented</td>
<td>111</td>
<td>100%</td>
</tr>
</tbody>
</table>

Physician Quality Reporting System for Prostate

The PQRS system continues to expand and the current incentives to participate in this program will be replaced soon by penalties for not participating. We intend to continue to participate, as it helps ensure our continued ability to provide state-of-the-art care and an independent, objective analysis that we are indeed faring well versus other programs in the region and the country.
Proud to be recognized by the American College of Surgeons

At MedStar Good Samaritan Hospital, our providers are focused on offering the best cancer care closer to home. In fact, our oncology program has been recognized by the Commission on Cancer of the American College of Surgeons. Only one in four hospitals that treat cancer receives this special approval. It is a recognition of the quality of our comprehensive, multidisciplinary patient care.

The Cancer Committee

The Cancer Committee is a standing committee of medical staff that includes membership from diagnostic and therapeutic specialties, as well as allied health professionals and other staff involved with the cancer patient care team. The purpose of the Cancer Committee is to oversee all issues related to cancer care, and to identify, assess, organize, plan and implement cancer-related activities at MedStar Good Samaritan Hospital. The Cancer Committee meets quarterly, maintains a permanent record of its findings, proceedings and actions, and reports to the medical executive committee (MEC).

Davis Hahn, MD
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Christen Alevizatos, MD
Urology
Debbie Bangledorf
Marketing and Communications
Dale Buchbinder, MD
Surgery
Terina Chen, MD
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Comprehensive Services

Oncologic Surgery
Cryoablation
General, abdominal, thoracic, head and neck, neurologic, urologic and gynecologic surgery
Minimally invasive thoracic abdominal surgery
Sentinel lymph node biopsy for breast and melanoma

Medical Oncology
Biotherapy
Management of red cell, leukocyte and platelet disorders
Outpatient chemotherapy, hydration and infusion therapy

Quality Management
Evaluation studies
Outcomes measurement, analysis and decision support
Performance improvement
Patient care
Quality of life studies

Research Program:
Clinical Trials
Community Outreach and Support Services
Cancer Screening and Education program
Costa Memorial Support Services program
Parish Nurse program
Pastoral Care
Patient Resource