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The George Washington Cancer Institute



Cancer Program and Cancer Registry



annual report 2009

The GW Cancer Institute's mission is to provide a confluence of groundbreaking biomedical and clinical research, high quality educational programs and outstanding patient care to the entire Metropolitan Washington area, and effective outreach for our community.





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from the

Executive Director

The GW Cancer Institute takes a comprehensive approach to understanding and combating this astoundingly complex disease. This year, we have lived out that mission by making significant strides in many aspects of the fight against cancer, including advancing research, strengthening education, connecting with the community and influencing policy. It is with great pride that I share with you our progress.

Our focus this year has been on three areas in particular. First, we have augmented and strength-

ened our clinical and translational research capacity. Earlier this year, we welcomed the Dr. Cyrus and Myrtle Katzen Cancer Research Center as a new partner in our investigative efforts. We continue to make exciting advances in our NCI-funded cancer genomics research on the most prevalent types of cancer and the disparities that exist among patients.

Faculty throughout the Medical Center have secured new funding that allows them to explore cancer risk factors and prevention, tumor biology and advanced treatment and the impact of insurance and pricing of cancer care services on outcomes. Leading the charge in the basic science aspects of these studies is renowned researcher Rakesh Kumar, Ph.D., who joined the Medical Center as chair of the Department of Biochemistry and Molecular Biology.

We have also intensified our efforts to serve those most in need in the D.C. community through a strong focus on community outreach and screening programs this year. Thanks to grants from partners such as the D.C. Department of Health, Amgen Foundation and the Avon Foundation, and through participation in events such as the NBC4 Health and Fitness Expo, our community outreach specialists have opened the doors for thousands of men and women to receive cancer education and the potentially lifesaving cancer screenings to which they would not otherwise have had access.

We substantially increased our focus on and activities for cancer survivorship and patient navigation. In the pages ahead you will read about the newly established Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP), made possible with generous support from the Pfizer Foundation. Through education and training, developing resources for cancer patients and survivors and developing tools for policymakers to understand the impact of health reform on cancer, caSNP is paving the road for a growing national focus on these underrepresented facets of cancer care.

These achievements and the others that fill the pages of this report are but a slice of our many multi-dimensional programs. I am humbly aware of what vast frontiers still lay ahead in our fight against cancer. I am also abundantly grateful for the physicians, researchers, students, staff members, benefactors, partners and friends who assist in our fight. I invite all of you to enjoy this report and to learn more about our work and our progress.

Warmest regards,

Steven R. Patierno, Ph.D.
Executive Director, GW Cancer Institute

I am pleased to introduce the 2009 Cancer Annual Report. This past year was remarkable for the important progress we have seen in our clinical research programs.

The highlight of our year was the opening of the new Dr. Cyrus and Myrtle Katzen Cancer Research Center, a facility that greatly enhances our ability to treat cancer patients with a higher degree of comfort. The center has greatly expanded the waiting area and the number of exam rooms, and there is one section of the treatment area reserved for patients who are participating in clinical trials. The addition of this new center has been a transforming event in our ability to move forward with our clinical and research programs.

The sixth annual Cancer Gala occurred in late April at the Ritz-Carlton Hotel near our Medical Center. During the evening, there were three honored award recipients including the late Senator Edward "Ted" Kennedy, our own Rachel Brem, M.D., chief of Breast Imaging at GW, and the late Jeanette Michael, a GW trustee and former executive director of the D.C. Lottery.

This year's report shows that the number of cancer patients entrusting their care at GW continues to grow. The survival rates of cancer patients treated at GW compare favorably with national averages. It also shows that a significant number of patients travel from Maryland and Virginia to be treated in our facility.

Our Medical Center again presented its annual Best Practices Course for all of Hematology and Medical Oncology from Oct. 8-15. Approximately one out of two physicians who took either certification exam in November attended our course, the largest of its kind in this country. Physicians from Europe, Southeast Asia and South America also participated.

Our future is bright. In the coming months the Katzen Center will be hiring new data coordinators and research nurses followed by basic science researchers and clinicians, all of whom will be focused on conquering cancer.

I feel privileged to work with such an outstanding faculty. We will continue to work diligently to accomplish our ambitious dreams.

It is with much pride that I present this report to you. I welcome your comments.

Regards,



Robert S. Siegel, M.D.
Chairman, Cancer Committee
Director, Division of Hematology
and Oncology



from the
Chairman

The George Washington
University Hospital and
Cancer Institute

2009 Cancer Committee Members

Robert S. Siegel, M.D., Chair
Hematology/Oncology

James D. Ahlgren, M.D.
Hematology/Oncology

Jennifer Bires, L.G.S.W.
Social Work/Cancer Support Groups

Jeanny Aragon-Ching, M.D.
Hematology/Oncology

JoiAisha Bland, M.P.H., C.H.E.S.
Outreach and Education

Rachel F. Brem, M.D.
Radiology/Breast Imaging

Jacqueline Burgess, M.B.A., C.H.E.S.
Outreach and Education

Christine Carter, Ph.D., M.P.H.
Research/Surgery

Mandi Pratt Chapman, M.A.
Survivorship

May Chin, M.D.
Pain Management

Lisa Greening, R.N., O.C.N.
Oncology/Surgery

Nina Harrell, M.P.H.
Outreach and Education

Meggan Healy, M.S., P.T.
Rehabilitation

Donald E. Henson, M.D.
Prevention and Control

Thomas Jarrett, M.D.
Urology Surgery

Paul Levine, M.D.
Prevention and Control

Gary Little, M.D.
Medical Director, The GW Hospital

Anita McSwain, M.D.
Breast Surgery

Hong Nguyen, M.P.H., C.T.R.
Cancer Registry

Zaida Morris
American Cancer Society

Sue O'Connor, B.S.N., R.N., O.C.N.
Oncology/Surgery

Martin Ojong-Ntui, M.D.
Radiation Oncology

Steven Patierno, Ph.D.
Executive Director, GW Cancer Institute

Jocelyn Rapelyea, M.D.
Radiology/Breast Imaging

Michelle Rumble, M.S.N., M.P.H.
Oncology Nurse

Nader Sadeghi, M.D.
Surgery

Sana Tabbara, M.D.
Pathology

Christine B. Teal, M.D., F.A.C.S.
Breast Care Center



GWCI

**GW
Cancer
Initiatives**

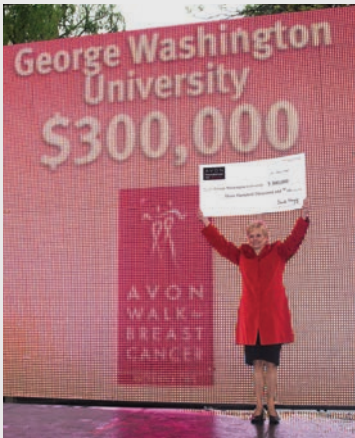
Research

Avon

Avon Foundation Grant Supports Biomarker Research

Though a storm dampened the day, spirits were high at the Avon Walk D.C. closing ceremonies on May 2. For the second year in a row, the Avon Foundation awarded GW a significant grant to support breast cancer initiatives.

“Avon’s support of breast cancer research gives an important boost to those of us looking for ways to improve early diagnosis and treatment of this disease, which kills about 40,000 American women each year,” said Dr. Patricia Berg, professor, Department of Biochemistry and Molecular Biology, who accepted a \$300,000 check at the event. The grant will support research into a particular biomarker found in 80 percent



Dr. Patricia Berg accepts grant check at Avon Walk D.C.

of invasive ductal breast tumors and metastasis. Through the Foundation’s support, Dr. Berg and her team will research this biomarker and determine its use as a marker in risk assessment and as a predictor of disease progression.

“We are very grateful for the support from the Avon Foundation for this important work and have every hope that the research being performed by Dr. Berg will lead to lives saved from breast cancer and potentially other cancers,” said Dr. Jim Scott, dean of the School of Medicine and Health Sciences.

Last year, GW received a \$500,000 grant to support outreach, education and screening services, including deploying the GW Mammovan in Anacostia, an area which currently has no mammogram facilities.

An Avon Mileage Milestone

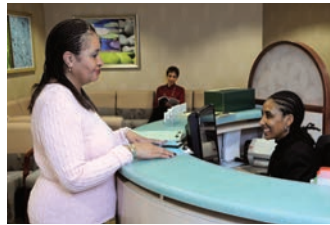
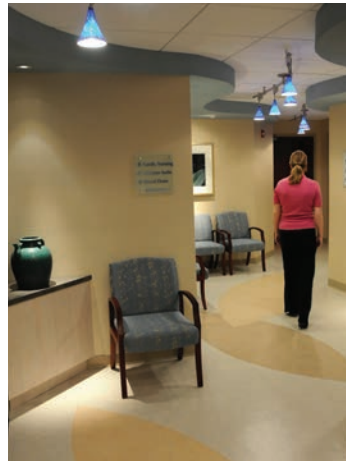
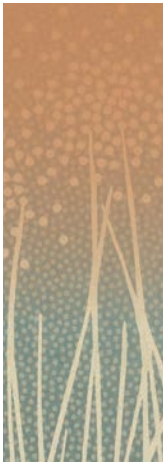
Glenda Hall, executive coordinator, Resource Management and Medical Center Safety, Bio-Security and Emergency Management, reached an impressive milestone during the Annual Avon Walk for Breast Cancer, May 2–3. She has logged more than 400 miles while completing 10 Avon charity walks.

A team from the GW Cancer Institute hosted a cheering station along the final leg of the walk to support the walkers who have each raised at least \$1,800 to participate.

“I’m sure it meant a lot to all of the walkers, but it especially meant a lot for me,” recalled Hall. “In the 10 years doing this walk, I have not experienced the strong well of emotion that I felt as I approached the GWCI cheering station. When I saw the banners and the people, I was really touched.”

The support from GWCI and her fellow walkers, says Hall, is what sends her back out each May. “It gets into your soul. I’ve already signed up for next year.”





Katzen Cancer Research Center Cancer Treatment Facility Expands GW's Treatment and Research Capacity

GW broke new ground in the fight against cancer with the formal dedication of the Dr. Cyrus and Myrtle Katzen Cancer Research Center earlier this year. Founded through the extraordinary generosity of Dr. Cyrus and Myrtle Katzen, the Center aims to foster pioneering scientific research, superior clinical care and advanced education dedicated to improving the diagnosis, prevention and treatment of cancer.

The Center opened the doors to a new cancer research and clinical care facility, located on the first floor of the GW Medical Faculty Associates building. A significant step in enhancing cancer care in D.C., the Center's technologically-advanced facilities

have augmented GW's ability to provide clinical care, as well as to perform research that may shape the face of cancer treatment. The Center's opening also supports the Medical Center's chief priorities: continuing to improve quality of care, expanding the body of knowledge in support of a cure and advancing the development of focused research and treatment programs.

"The Katzen Cancer Research Center represents our university's commitment to be a leader in the fight against cancer," said GW President Steven Knapp. "Because of the generosity of the Katzen family we will be able to expand our cancer research and improve cancer treatment for our patients."

The Center expanded the number of infusion chairs and clinical rooms at GW to serve more patients. Four of the 26 chairs

Myrtle Katzen wields the scissors during the ribbon-cutting ceremony for the new Dr. Cyrus and Myrtle Katzen Cancer Research Center, joined by Dr. Cyrus Katzen, Dr. Robert Siegel and GW President Steven Knapp.

Inspired by Nature



Research shows that nature calms and nurtures patients. For this purpose, every element of the Dr. Cyrus and Myrtle Katzen Cancer Research Center's architecture and design is inspired by the soothing properties of an organic environment. The Center features ample outdoor views, a calming water garden, dramatic botanical photographs and colors, lighting and furnishings designed to mirror the Earth's beauty to create harmony and evoke a sense of healing and renewal.

in the infusion center will be strictly devoted to clinical trials, which will strengthen GW's research efforts.

In addition to advanced technology, the Katzen Cancer Research Center's infusion center provides patients undergoing chemotherapy a calming, relaxing environment, with architecture and interiors that are inspired by nature. Each treatment chair is outfitted with luxurious cushions, heated seats and lumbar support, and offers a laptop computer for watching movies, playing games or browsing the web.

The Center was made possible through an unprecedented \$10 million gift from Dr. Cyrus and Myrtle Katzen last October. The Katzens wanted to give back to an institution that is central to the vitality of the nation's capital, as well as to recruit top scholars and development of innovative approaches to battling and treating cancer. The Katzens have also had a longstanding relationship with GW and the GW Medical Center. Six members of the Katzen family have attended GW, four of whom earned medical degrees. Dr. Katzen has often spoken of the high quality of care his late wife, Sylvia, received at GW during her 10-year battle with cancer.

A powerful combination of medicine, groundbreaking research and an inspirational healing environment, the Katzen

Cancer Research Center is poised to shape the landscape of cancer care in the Washington area and beyond.

Dr. Rakesh Kumar, Ph.D. Renowned Cancer Researcher Joins GW



*Rakesh Kumar, Ph.D.
Catharine Birch McCormick Endowed
Chair, Department of Biochemistry and
Molecular Biology,
School of Medicine and Health Sciences*

The George Washington University Medical Center recently welcomed the arrival of Rakesh Kumar, Ph.D., as the Catharine Birch McCormick Endowed Chair of the Department of Biochemistry and Molecular Biology.

"We are very excited to welcome Dr. Kumar to the GW Medical Center," said Provost and Vice President for Health Affairs John F. Williams, M.D., Ed.D, M.P.H. "He brings significant cancer research and expertise, and his dedication to developing biomedical scientists is inspiring. He brings a strong track record of mentoring students who have gone on to prestigious positions at cancer centers across the country."

A renowned researcher in the fields of biochemistry and molecular biology, Dr. Kumar brings a wealth of cancer research, teaching and mentorship experience to his

new post. Dr. Kumar joins the GW Medical Center from the University of Texas M.D. Anderson Cancer Center, where he served as the John G. and Marie Stella Kenedy Memorial Foundation Chair; deputy chair of the Department of Molecular and Cellular Oncology; professor of molecular and cellular oncology; and professor of biochemistry and molecular biology.

“Bringing Dr. Kumar’s research team to GW is key to our expansion of basic cancer research. Through his research we will be able to get closer to understanding the regulation of important cellular signaling pathways and networks of genes that govern the growth of cancer,” said Steven Patierno, Ph.D., executive director of the GW Cancer Institute.

Dr. Kumar’s discoveries have put PAK and MTAs on the map, and have expanded opportunities for biomedical research. His laboratory was the first to show a mechanistic role of p21-activated kinase-1 (PAK1) in cancer cell invasiveness, and discovered numerous physiologic substrates responsible for various cellular activities. He also discovered the functions of the metastasis tumor antigen (MTA) family of nuclear receptor coregulators.

NCI Grant: Colorectal Cancer Genomics Combating Colon Cancer on the Cellular Level



*Norman Lee, Ph.D.
Associate Director, Basic and
Translational Research
Professor, Department of
Pharmacology and Physiology,
School of Medicine and Health Sciences*

When it comes to fighting colorectal cancer, the GW Medical Center takes a multidisciplinary approach. From educating the community about prevention, utilizing advanced diagnosis and surgery technologies and supporting cancer survivors, the GW team works tirelessly to combat the third most common cancer in the United States.

This integrated strategy is tied together by a common thread: research. GWCI’s approach to addressing and defeating colorectal cancer starts at the cellular level. Norman Lee, Ph.D., associate director of Basic and Translational Research and professor, Department of Pharmacology and Physiology and his team are studying how genes are linked together in a network in order to better understand colon cancer progression. By integrating genomics, molecular biology and computational biology, GW researchers are mapping gene networks responsible for invasion and the loss of cell-cell adhesion. As a result of this research, Dr. Lee and his team have identified

a number of marker genes that are potential future targets for therapeutic intervention. Researchers are also studying cancer health disparities and believe that differences in cancer progression and severity among racial groups may be accounted for by these cancer gene networks.

NCI Grant: Cost Of Cancer Care

GW Researcher Receives \$1.17 Million
R01 Grant to Explore Cancer Care Price
Distribution



*Avi Dor, Ph.D.
Professor of Health Policy and Economics,
Department of Health Policy,
School of Public Health and Health Services*

The chief concern of a newly-diagnosed cancer patient is receiving the most outstanding treatment possible. But unfortunately, most patients are also forced to examine the financial implications of their decisions about cancer care, facing a whirlwind of unanswered questions. Is there a correlation between cost and outcome? Can I be sure that the highest price tag comes with the highest quality of care?

Through a \$1.17 million grant from the National Institutes of Health (NIH) Research Project Grant Program, GW researcher Avi Dor, Ph.D., professor of Health Policy and

Economics in the Department of Health Policy in the School of Public Health and Health Services (SPHHS), is seeking answers. Over three years, Dr. Dor will help fill the gap of information on the distribution of prices for cancer care, seeking to inform patients, consumers and third-party payers about the trade-offs in making health care choices on the basis of price or in terms of potential quality of care.

Dr. Dor noted, "This is an opportunity for us to identify the dispersion of prices, the impact of insurance on prices and the role of outcomes aggregated to the level of hospital, by breaking down the pricing of surgical procedures for cancer treatment." Through the grant, Dr. Dor will examine the relationship between pricing and outcomes of three procedures, including colectomy (colon resection), lung surgery (resection) and a uterine (endometrial) hysterectomy, when associated with the diagnosis of colorectal, lung and uterine cancers.

Research in this area is significant, because it will shape not only individuals' decisions related to their cancer treatment, but it will also help shape future policy decisions that are made in a health care setting that is constrained by escalating costs.

"We are very grateful for the support from NIH for this important work and have every

hope that the research will lead to a clearer understanding of the correlation between the quality of care patients are receiving and the prices charged for these surgeries at hospitals across the country," said Dr. Josef Reum, interim dean of SPHHS.

NCI Grant: Asthma, Inflammation and Lung Cancer



Stephanie Constant, Ph.D.
Associate Professor of Microbiology,
Immunology and Tropical Medicine,
School of Medicine and Health Sciences

GW researcher, Dr. Stephanie Constant and Dr. Steven Patierno have been awarded an R21 grant to study allergic asthma caused by exposure to hexavalent chromium, or Cr(VI), and how it relates to chronic lung inflammation and cancer. Chromium, a compound used in industrial and urban areas, has been identified by the Environmental Protection Agency (EPA) as one of the greatest potential threats due to its carcinogenic potential in some forms. In industrial settings workers are exposed to Cr(VI) in its particulate form, which can increase the risk for causing respiratory irritation and lung cancer. The grant is dually funded by the National Institute of Environmental Health Science (NIEHS) and the National Cancer Institute (NCI).

A high incidence of asthma in populations of workers exposed to Cr(VI) has been observed, however there have been no direct causal links established between inhalation of chromium and the development of allergic asthma, and no research into possible links between chromium-induced lung inflammation and cancer.

"One reason for this is the fact that the particulate forms of Cr(VI) are very difficult to work with and there are no adequate models for chromium-induced asthma or lung cancer " said Dr. Steven Patierno, executive director of the GW Cancer Institute and co-principal investigator on the grant.

With this grant, Dr. Constant and Dr. Patierno will develop a new mouse model of particulate chromium inhalation that will enable them to look into the relationship between Cr(VI) exposure and the development of allergic asthma, as well as the contribution of allergic inflammation to Cr(IV)- induced lung cancer.



NCI Grant: GMAP

GWCI to Lead NCI's Mid-Atlantic Geographic Management of Cancer Health Disparities Program

Since its inception, the GW Cancer Institute has focused its efforts on and made great strides in eliminating cancer disparities in minority and vulnerable populations. In recognition of these achievements, GWCI was recently selected to serve as the coordinating body for the National Cancer Institute's (NCI) Mid-Atlantic Region (Region 1) Geographical Management of Cancer Disparities Program (GMAP). This strategic initiative, funded through the American Recovery and Reinvestment Act (ARRA), will drive forward Region 1's planning of collaborative projects, including future large-scale, multi- and trans-disciplinary "Center-level" GMAP grant applications in 2011.

The goal of this program, led by GWCI Executive Director Steven Patierno, Ph.D., is to create a regional network dedicated to cancer health disparities (CHD) research, training and community interventions. Through GMAP, Region 1 participants will be better equipped to address the disparities in cancer risk, screening, treatments and outcomes for ethnic and racial minorities.

Eventually, GMAP will build a region-based "hub" for the support and efficient management of integrated regional research and training programs. This central entity will conduct joint regional workshops to facilitate communication and dissemination, implement region-wide community interventions and develop planning and decision-making processes for sustainability of CHD efforts.

GMAP Region 1 includes the GW Cancer Institute, Georgetown Lombardi Comprehensive Cancer Center, The Howard University Cancer Center, The Washington Cancer Institute's Cancer Preventorium, the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, University of Maryland Greenbaum Cancer Center, University of the District of Columbia, Hampton University and Bowie State University. GMAP Region 1 partners engaged with NCI's Center to Reduce Cancer Health Disparities through Minority Institutions/Cancer Center Partnership, Continuing Umbrella of Research Experiences, the Community Networks Program, the Patient Navigation Research Program and Biospecimen banking.

Community

NBC4 Expo

GWCI Expands its Impact, Offerings at 16th NBC4 Health and Fitness Expo

For the second consecutive year, the GW Cancer Institute teamed up with staff from the GW Medical Center, GW Hospital, the GWU Hospital Women's Board, the Medical Faculty Associates and Urologic Surgeons of Washington to provide hundreds of Washington, D.C. area men free prostate screening exams at the 16th annual NBC4 Health and Fitness Expo.

This year more than 600 area men took advantage of the screenings, while scores of area women toured the GW Mammovan. In addition, 80 D.C. residents over age 50 received free fecal occult blood test (FOBT) kits to screen for colon cancer. The GW booth was transformed into four private exam rooms where Dr. Hal Frazier, clinical director of the GW Urologic Oncology Program; Dr. Jason Engel, vice chair of Urology and director of Urologic Robotic Surgery; Dr. Michael Phillips; Dr. Paul Shin and Dr.



John Losee conducted digital rectal exams (DRE). Prior to the exams, volunteers and GW staff assisted the men through the process, which also included a blood draw to measure their Prostate Specific Antigen (PSA) levels.

"What an amazing picture it was on both days, with lines of people at every one of our stations," said Steven Patierno, Ph.D., executive director of the GW Cancer Institute. "More than 600 men were screened for prostate cancer, countless people received face-to-face education on the importance of early detection, new appointments were made for mammography and colonoscopy, FOBT kits were distributed, many potential patients received navigation services, brochures were distributed and many new community friends and contacts were made."

Dr. Hal Frazier connects with staff members and patients at the NBC4 Health and Fitness Expo.



GW Mammovan staff members Karen Merino and Tatiana Noboa and Mammogram Radiologist and Assistant Professor of Radiology Jessica Torrente, M.D., partner with Tanya Snyder, wife of Redskins principal owner Dan Snyder and official NFL spokesperson for the breast cancer awareness campaign.

Following the screening, men received a pair of “I’m the Man” boxer shorts to commend them for taking charge of their prostate health.

The Jan. 10–11 event at the D.C. Convention Center is the nation’s largest health fair. A crowd of more than 85,000 area residents attended, receiving as much as \$800,000 in free medical care over the course of the weekend. GWCI’s prostate screening efforts at the NBC4 Expo and throughout the year are particularly important to area men because the District has one of the nation’s highest mortality rates from prostate cancer. The risks posed to African American men are twice as high as to Caucasian men, and the mortality rate among African American men is nearly three times higher.

“There was tremendous cooperation between all personnel and a wonderful sense that we were making a huge difference in hundreds of peoples’ lives,” said Hal Frazier, M.D., clinical director of the GW Urologic Oncology Program. “As many as 20 to 25 percent of the people that came for screening were underserved, or without insurance. In these stark economic times, people need someone to step up and provide this service, and personnel from the entire GW Medical Center responded,” Dr. Frazier said. “I once again was overwhelmed by how many people want to make a difference

and will give up an entire weekend to help others. The patients were so grateful and frequently let us know how much it meant to them.”

Thinking Pink and Blue with the Redskins

This fall, staff from the GW Medical Faculty Associates teamed up with the Washington Redskins for the NFL’s annual “Think Pink” campaign. Throughout the first quarter of the season, the GW Mammovan was on-site at FedEx Field to provide tours and educational materials for fans. Mammovan staff also visited the stadium on Sunday, Oct. 4, the designated Redskins Breast Cancer Awareness game, to help wives of Redskins players and coaches, Redskins Cheerleaders, Hogettes and volunteers distribute ribbons and education cards.

In the past 11 years, Think Pink events have reached over 1.5 million football fans with the message of early detection and annual screening, over 250,000 of those fans being reached at FedEx Field.

In addition to the breast cancer screening event, the GW Department of Urology, chaired by Dr. Thomas Jarrett, participated in additional community health events at Redskins Stadium and provided education and screening for prostate cancer.

Block Party

GWCI Provides Cancer Screenings and Information at Annual Foggy Bottom/West End Block Party



GW medical students and faculty offered free screening exams to the public at the Block Party.

The GW Cancer Institute, along with doctors, medical students and staff of the GW Hospital, the GW Medical Faculty Associates, the GW Medical Center and the Cheney Cardiovascular Institute gathered on a cold afternoon to give free health screenings and health information to community members at the seventh annual Foggy Bottom/West End Block Party on Sunday, Oct. 18.

“Providing the community with free health screening tests and health information was a great pleasure for the Cancer Institute,” said Steven Patierno, Ph.D., executive director of the GW Cancer Institute. “It is GWCI’s goal to serve our community and we look for opportunities, like the Block Party,

where we can provide our cancer expertise to help our neighbors.”

Members of the neighborhood community surrounding GW, as well as students, faculty and staff lined up at the health tent outside of Ross Hall for free screenings and information from GWCI including breast, colon and prostate cancer information and oral cancer screening. Vision testing, grip and posture testing, nutritional assessments, blood pressure screening and stroke risk assessments and automated external defibrillator demonstrations were also offered in the health tent.

This was the first year that GWCI, the Medical Center, the MFA and the Hospital collaborated to participate in the Foggy Bottom/West End Block Party. Over 150 people, including GW President Steven Knapp, were screened during the three hour event, and many more chatted with experts and collected health information. The health tent was hailed a success and a great addition to the yearly event.

Colorectal Cancer Outreach Grant

GWCI Teams with D.C. Department of Health on Colorectal Cancer

Addressing colorectal cancer in the Washington, D.C. community is critical because

mortality rates for both men and women in D.C. are significantly higher than the national average. To confront this challenge, the GW Cancer Institute enacted a Colorectal Cancer Outreach, Education, Screening and Patient Navigation program with grant funding from the District of Columbia's Department of Health.

The program addresses major barriers to health care access and includes community-based intervention to identify education gaps. Based on those results, GWCI's Office of Education and Outreach team is working to bridge these gaps and ensure that members of the D.C. community understand the importance of colorectal cancer screening.

GWCI's outreach specialist JoiAisha Bland, M.P.H., C.H.E.S., actively reaches out to the D.C. community and helps people better understand what colorectal cancer is and how they can screen for the disease. She helps cancer patients overcome barriers that impede access to care, including transportation, lack of insurance, time conflicts, language barriers, as well as psychosocial and cultural barriers. In addition, she works closely with the GW Department of Emergency Medicine, specifically Dr. Jennifer Lee, assistant professor, Emergency Medicine, and Dr. Steven Davis, assistant professor of Emergency Medicine, to educate patients about colon cancer prevention and distribute Fecal Occult Blood Tests (FOBT)

to patients who are eligible for the program. Colonoscopies were also performed in collaboration with the Division Director of Gastroenterology, Dr. Marie Borum, professor of Medicine, and Dr. Showcat Bashir, assistant professor of Medicine. Through this partnership, in the past year, GWCI has had face-to-face encounters with hundreds of patients in the Emergency Department of the GW Hospital.

Outreach Specialists

Bringing the Fight Against Cancer to the Community's Front Door

They can be seen at health fairs, cancer screenings, churches and even barber-shops. No matter where they are working, however, one thing is certain: Jacqueline Burgess, M.P.H., JoiAisha Bland, M.P.H., C.H.E.S., and Nina Harrell, M.P.H., are not at their desks. For these three women, reaching out to the community is not only a passion and a skill, but it is also their job title.



From left: Jacqueline Burgess, JoiAisha Bland and Nina Harrell

As education and outreach specialists in the Office of Cancer Education and Outreach, Burgess, Bland and Harrell take an active approach to promoting cancer prevention. For example, Burgess leads a Barbershop Cancer Prevention Initiative, which partners with the American Cancer Society and local barbershops in Wards four, seven and eight, to educate African American males about prostate cancer prevention. Another project, the “Community-by-Community Cancer Control Campaign (CxC4),” uses outreach and social marketing to help African Americans gain a better understanding of cancer, increase their trust in the health care system and mitigate their aversion to screenings.

Harrell works with the GW Mammovan staff to educate women about the life-saving benefits of breast cancer screening in underserved areas of D.C., such as Anacostia, which currently has no mammogram facilities.

“Every day, I feel like my work is meaningful and has a direct effect on the quality of people’s lives,” says Harrell, whose specific interest in breast cancer prevention was sparked by her mother’s own diagnosis. “I get to share my personal stories and hear theirs. I’ve developed a great rapport with the community, and I only see it growing in the future.”

When she is not speaking with women about breast cancer awareness, Harrell often joins Bland, who leads GWCI’s charge to educate the community about colon cancer risk factors and screening. Bland often visits neighborhood gathering places or participates in community events to provide education and outreach to D.C.’s underserved communities, and free colon cancer screening kits to the uninsured and underinsured.

Work in the community, rather than the cubicle, is “rewarding, challenging, exciting and never uneventful,” says Bland. It is also never needless. “The more you see and do in the community,” says Harrell, “the more you see that needs to be done.”

Events

Cancer Gala Sixth Annual GW Cancer Gala

The elegant Ritz-Carlton Hotel in Washington, D.C. served as the backdrop for the Sixth Annual GW Cancer Gala on April 25. Nearly 550 people attended the black-tie fundraiser, which promoted awareness and support for cancer programs at GW and commemorated the year’s strides in the battle against the disease.



CNN anchor Wolf Blitzer served as Master of Ceremonies at the sixth annual GW Cancer Gala.



Top left: GW Cancer Gala honorees and VIPs; top right: Spirit of Life Awardee, Jeanette A. Michael, J.D., and GWCI Executive Director, Dr. Steven Patierno; bottom left: Commitment to Overcoming Cancer Awardee, Dr. Rachel Brem with director of the Division of Hematology/Oncology and director of the Katzen Cancer Research Center, Dr. Robert Siegel; bottom center: Pfizer Foundation's Liz Barrett; bottom right: Grammy-award winning guitarist, Amy White.

The evening also celebrated three deserving honorees for their roles in cancer research, treatment, survivorship and policy work. The late Sen. Edward M. Kennedy received the Cancer Compassion Award, recognizing his eight-term senatorial career dedicated to improving access to and quality of care among medically underserved communities. Though Kennedy was unable to attend, he thanked attendees through a letter, which described his new legislation to provide greater federal support of cancer research, and expand access to prevention and early detection of the disease.

Rachel F. Brem, M.D., director of Breast Imaging and Intervention, professor of Radiology and vice-chair, Department of Radiology, was the recipient of the 2009 Commitment to Overcoming Cancer Award. Through her extensive research and clinical work in new technologies for breast cancer screening, Dr. Brem exemplifies the award, presented to those who represent the Medical Center commitment to overcoming cancer through patient care, outreach, research, education and/or policy work. Brem was presented the award by Robert Siegel, M.D., director of the Division of Hematology/Oncology, and director of the Dr. Cyrus and Myrtle Katzen Cancer Research Center, recipient of the honor last year.

In the evening's capstone moment, Steven Patierno, Ph.D., executive director of the GW Cancer Institute (GWCI), bestowed the Spirit of Life Award on the late Jeanette A. Michael, J.D., former executive director, D.C. Lottery, and a member of the GW Board of Trustees. Diagnosed in 2002 with stage III breast cancer, Michael underwent a mastectomy, aggressive chemotherapy and radiation. In moving detail, she displayed the courage and spirit that exemplifies the Spirit of Life Award, describing how her cancer recently returned and spread throughout her body.

"I am here to tell you tonight I am a blessed person," said Michael as she ad-

dressed the audience. “You don’t have to have cancer to travel a difficult journey in life, so I want everybody to spend a moment to realize just how blessed you are. When I wake up each morning I thank God that I am still here today.”

The year has seen significant developments in the Medical Center’s battle against cancer. Announced at the Gala was news of a major commitment from Pfizer and the Pfizer Foundation to partner with the GW Cancer Institute to support patient navigation. The late Dr. Cyrus Katzen and Myrtle Katzen were recognized for their \$10 million gift to establish the Dr. Cyrus and Myrtle Katzen Cancer Research Center. In his remarks, GW President Steven Knapp noted the year’s “strides in discovery, the development of new and better treatment and the extension of our outreach to the areas of this great capital city where the disease has a disproportionate impact.”

Master of Ceremonies Wolf Blitzer closed the evening with an inspirational parting thought: “This has been a wonderful evening because it underscores just how important this work that the GW Cancer Institute and the GW Medical Center does on behalf of all of us. I cover a lot of news, much of it is disheartening or strident — disasters, conflicts, corruption, wars — it’s refreshing and inspiring to be part of a celebration of promise, of victory of spirit, of cooperation and commitment.”



GW students, faculty and staff participated in the Komen Race for the Cure.

Komen Komen Race for the Cure

GWCI teamed up with GW friends, patients, students, alumni, faculty and staff for the third time to form GW Colonials for the Cure, joining nearly 45,000 others for the 20th annual Susan G. Komen National Race for the Cure®, June 6.

Overall the 5K run/walk raised \$4.3 million to fund breast cancer research and community health programs for the medically underserved in the National Capital Area.

In addition to GWCI, the GW groups dedicating their efforts to raising awareness and money for the fight against breast cancer were members of the Public Health Alumni Association, Public Health Student Association, GW Alumni Association, GW Division of Development and Alumni Relations, MFA Breast Care Center and the GW Hospital.

Survivorship

Breaking New Ground for Cancer Patients

GWCI Establishes Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP)

Combating cancer is a fight for which no one can be prepared. But, when cancer is not the only opponent, this fight is only intensified. A startling diagnosis is only the beginning of a troubling journey of medical visits, decisions, treatment and recovery. Many patients struggle with navigating the labyrinth of their medical care, as well as a myriad of personal, physical and emotional issues that come with being a cancer patient and survivor.

The GW Cancer Institute (GWCI) is paving the road for a new national focus on these issues. Through a \$1.2 million commitment from Pfizer and the Pfizer Foundation, and a unique collaboration with the Department of Health Policy in the School of Public Health and Health Services, GWCI launched the Center for the Advancement of Cancer Survivorship, Navigation, and Policy (caSNP), which is advancing efforts in the field both locally and nationally through training, research, policy analysis, outreach and education.



From back left: John F. Williams, M.D., Ed.D., M.P.H., GW vice president for Health Affairs and Provost; Alexandra Cortale, senior marketing director, Pfizer Oncology; Atiya Ali, Senior Manager, Corporate Responsibility, Pfizer, Inc.; Michael Zincone, account manager, Pfizer Oncology; From front left: Becky Beauregard, co-director, caSNP; Steven Patierno, Ph.D., executive director, GWCI; Mandi Pratt Chapman, co-director, caSNP.

“By creating this Center, GWCI’s resources reach patients in our community, as well as train other institutions to provide their own patients with the resources and care they need after receiving a cancer diagnosis,” said Steven Patierno, Ph.D., GWCI executive director. “This Center serves as a model for other organizations interested in implementing patient programs that cover the continuum of cancer care from screening to cure or end-of-life. Our goal is to put the tools in place to effectively meet the needs of cancer survivors across the nation.”

Even well-educated patients with access to resources often have difficulty plotting the course of medical care, and the challenges intensify for those who are uneducated,

poor, underinsured or who face language barriers, creating disparities in quality of care. Patient navigation programs have been shown to be effective in reducing cancer disparities and mortality rates, and improving the quality of life for cancer patients. But health care providers have struggled to develop and sustain successful and cost-effective patient navigation and survivorship programs, according to Patierno.

The Center, co-directed by Mandi Chapman, director, Office of Cancer Survivorship, and co-directed Becky Beauregard, has several initiatives that take a multidisciplinary approach to navigation and survivorship. "The Center is striving to improve quality of life for patients throughout the entire cancer experience," explains Chapman.

In fall 09, an intensive training program was held for health care practitioners and institutions to learn to advance the effectiveness of navigation and survivorship programs and share best practices. Trainees learned about the barriers that affect their patients, were trained to launch or improve programs and gained tools to implement institutional change. In addition, courses have been added to the GW Medicine and Public Health curricula to educate students about the policy context in which they practice, and in which patients receive care.

Influencing health policy on these topics is also a main focus of caSNP. The Center conducts periodic assessments of pending reform legislation, and holds expert roundtables to develop a policy-related research agenda. Policy analysis activities are informed by a "Voices from the Patients Navigation Field" initiative that captures feedback from patients and caregivers on barriers to care and offers potential solutions. The Center has developed a tool to evaluate national health reform proposals and their impact on cancer patients and survivors.

Other key programs include promoting patient navigation and survivorship research, coordinating clinical care at GW and building an informational tool called "The Cancer Survivor's Roadmap," to assist survivors in the steps that follow treatment. To learn more about caSNP, visit www.gwumc.edu/caSNP.



GWCI
Welcomes
caSNP Program
Coordinator

The GW Cancer Institute welcomed Melekte Truneh as the program coordinator for caSNP. In the position, which was created to spearhead caSNP's launch, she manages the Center's ongoing activities, including organizing symposiums and events, facilitating roundtables, prepping for patient navigation trainings, coordinating speakers and more. "It's exciting to be involved in such a young project," says Truneh. "I look forward to watching the program grow into something that will hopefully be a model for other cancer institutes."

Cancer Survivorship Symposium First Annual Survivorship Symposium Proposes Solutions for the Unmet Needs of Cancer Survivors

Presenters at the first annual Survivorship Symposium. From the left: K. Scott Baker, M.D., M.S., Co-Director of the Fred Hutchinson Cancer Research Center Survivorship Program; Craig Earle, M.D., Program Leader for Health Services Research at the Ontario Institute for Cancer Research; Reverend Renee Cole; Kimlin Ashing-Giwa, Ph.D., Director of the Center for Community Alliance for Research and Education at City of Hope Comprehensive Cancer Center; Lisa Campbell, Ph.D., Associate Director of the Center for Health Disparities Research at East Carolina University; Linda Jacobs, Ph.D., R.N., Director of the Living Well After Cancer Program at University of Pennsylvania Abramson Cancer Center; Caroline Huffman, L.C.S.W., M.Ed., Director of Survivorship and Patient Navigation Services at the Lance Armstrong Foundation; Karen Syrjala, Ph.D., Co-Director of the Fred Hutchinson Cancer Research Center Survivorship Program.



The Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) teamed up with the EagleBank Foundation and hosted its inaugural Survivorship Symposium. Themed “Cancer Survivorship Research and Health Disparities,” the event brought together survivors, researchers, clinicians, caregivers and community health providers all seeking to improve outcomes of cancer survivorship.

“Some of the same barriers that interfere with a person’s ability to access screenings and quality care also interfere with their ability to access survivorship care,” said Steven Patierno, Ph.D., executive director, GWCI. “Through this symposium, our hope was to integrate the work that we do in the community with the growing and exciting world of cancer survivorship and eventually eliminate cancer disparities.”

After an inspiring welcome from cancer survivor Laurel Wassner, who is a GW alumna and professional triathlete, Julia Rowland, Ph.D., director of the National Cancer Institute’s Office of Cancer Survivorship set the stage for the day by outlining the current state of survivorship research and health disparities. “The field of cancer survivorship is not a new field; not even a baby field. It is a field right in the middle of its adolescence,” she said. “But, as with any good adolescence, we must look back and ask, ‘where did we come from, where do we need to go, how are we going to define ourselves differently—and particularly, how do we measure our success?’

Both Rowland and Craig Earle, M.D., director of the Health Services Research Program for Cancer Care Ontario and the Ontario Institute for Cancer Research, reminded the audience that “being cancer-free does not mean being free of cancer” and drew upon current research revealing that this population’s current needs—as varied as they are—are not being met. “We must recognize cancer survivorship as a distinct phase of cancer care, complete with its own unique set of cross-cutting issues,” said Dr. Earle, who suggested that cancer can be used as a “teachable moment,” or a time when people are more receptive to making healthy changes to their lifestyles.

Other speakers included Kimlin Ashing-Giwa, Ph.D., director of the City of Hope Center of Community Alliance for Research and Education and Lisa Campbell, Ph.D., associate director of the Center for Health Disparities Research at East Carolina University. Dr. Ashing-Giwa highlighted some of her own research showing that socio-ecological and cultural factors may be heavily proximal to health related quality of life, particularly among ethnic minority populations. Dr. Campbell proved this case by focusing on the disparate treatment and outcomes of African American prostate cancer survivors.

In a Town Hall moderated by Lydia Buki, Ph.D., associate professor of kinesiology and community health at the University of Illinois at Urbana-Champaign that asked, "How can researchers and clinicians promote optimal wellness for all cancer survivors and reduce disparities in health outcomes?" Despite their diverse backgrounds, all participants agreed that cancer survivors would benefit greatly from improved communication and collaboration between doctors and patients, between doctors themselves and between clinicians and community workers.

Serving as a model for survivorship care, a panel of Lance Armstrong Foundation Survivorship Centers of Excellence offered their successes, mistakes and suggestions

to other cancer centers. The panelists, who included moderator Caroline Huffman, director of navigation services of the LIVESTRONG Survivorship Center of Excellence Network; K. Scott Baker, M.D., and Karen L. Syrjala, Ph.D., of the Fred Hutchinson Cancer Research Center; and Linda Jacobs, Ph.D., C.R.N.P., A.O.C.N., B.C., of the Abramson Cancer Center of the University of Pennsylvania, emphasized the need to involve primary care and mid-level practitioners, to individualize care plans, and—most importantly—to educate, empower, and listen to the survivors themselves. "We learned early on that we have to focus on what the survivors want, rather than what we think we can offer them," said Dr. Jacobs.

Voicing with poignant strength the wants of survivors was speaker Reverend Renée Cole, a triumphant cancer "conqueror," activist and advocate. "Cancer is not a trip, it's a journey that affects your finances, your emotions, your career, your life and everyone that you love," she said. "We have come a long way [in the field of cancer survivorship,] but there's even more that we can do to not only give us quantity of life, but also quality of life."



Cancer survivor, GW alumna and professional triathlete Laurel Wassner delivers welcome at the Symposium; EagleBank Foundation's Don Rogers and GWCI's Dr. Steven Patierno.



Members of the GW Survivorship Task Force. From back left: Lorenzo Norris, M.D., director, GW Cancer Survivorship Center; Mary Battey, M.B.A., business manager, Katzen Cancer Research Center; Meggan Healy, M.S., P.T., director, GW Rehabilitation Services; Jeanny Aragon-Ching, M.D., medical oncologist, Katzen Cancer Research Center; Heidi Floden, PharmD, director of hematology/oncology operations and pharmacy services, Katzen Cancer Research Center; Christina Puchalski, M.D., executive director, GWish, internist & palliative care physician, professor of Medicine and Health Sciences; Claire LeBrun, M.P.H., R.D., L.D., senior nutritionist, GW Medical Faculty Associates; Mandi Pratt Chapman, M.A., task force chair, director, Office of Cancer Survivorship, GWCI; Caryn Liebowitz, R.N., B.S.N., clinical supervisor of Oncology/Medicine; Chelsea Phelps, GW Patient Navigator; and Julie Ost, M.P.H., C.H.E.S., executive coordinator, GWCI.

Cancer Survivorship Task Force Moving from Surviving to Thriving: Survivorship Task Force Identifies and Addresses Cancer Patient Needs

The GW Cancer Institute's Office of Survivorship, established under the leadership of Mandi Chapman, has made enormous strides in 2009 through the work of its Survivorship Task Force. The interdisciplinary team aims to identify and address the needs of cancer patients being treated at GW as well as to serve as a model for cancer centers across the nation.

Comprised of GW Medical Center community members who work with cancer patients in areas ranging from administration to diagnosis to the end of treatment, Task Force members are passionate about their work and are motivated to improve the lives of survivors at GW and beyond. Most Task Force members work with cancer patients on a day-to-day basis and have a first-hand perspective of the heartbreaking stories and seemingly impassable hurdles that they face each day. In addition, some of the Task Force members are cancer survivors themselves and have lived through the disease and the challenges associated with it. Personal experiences, patient concerns and national data guide the work of the Task Force.

"It is inspiring to work with this group. The collective experience, passion and vision of the Task Force will lead to improved care and quality of life for cancer survivors," said Chapman.

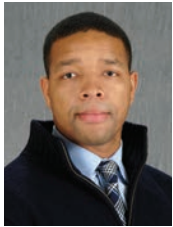
Among its major initiatives, the Office of Cancer Survivorship and the Task Force has established The George Washington University Cancer Survivorship Center. This Center extends interdisciplinary care for patients throughout the cancer care continuum. It addresses a variety of supportive care needs for patients in active treatment and beyond with a critical focus on the psychosocial needs of survivors transitioning from active treatment to "extended survival." The Center aims to improve the holistic health outcomes for cancer survivors, improve coordination of care among the multitude of practitioners each survivor consults for follow-up care, and enhance patient-physician alliance. Dr. Lorenzo Norris directs clinical interventions for survivors using Center resources.

In addition, funded by a grant from the American Cancer Society, the Task Force recently developed an information binder for new cancer patients. The binder identifies resources available at GW and nationwide and how to easily access those resources.

Through its multidisciplinary team and approach, the GW Survivorship Task Force is helping cancer survivors at GW and beyond bridge the gap from surviving to thriving.

Survivorship Center

Spotlight: The GW Survivorship Center



*Lorenzo Norris, M.D.
Assistant Professor,
Psychiatry and Behavioral Sciences,
School of Medicine and Health Sciences*

From the minute he was approached about being a part of the Cancer Survivorship Task Force, Lorenzo Norris, M.D., assistant professor of Psychiatry and Behavioral Sciences, began to think about a holistic health plan to benefit a growing number of cancer survivors. After conferring with the GW Cancer Institute and the Survivorship Task Force, an idea that would improve the quality of life of patients in the extended phase of survival flourished and quickly grew into the Survivorship Center.

The Survivorship Center forms a virtual cancer care network for cancer survivors. It provides patients with an integrated assessment flagging a broad array of potential issues including psychosocial distress, pain, inadequate nutrition and energy

balance and resource needs. After this assessment is completed, a multidisciplinary team gathers to discuss the patient's needs and map out a tailored plan. The treating oncologist reviews and approves the plan and then a cancer survivorship specialist meets with the patient to go over the strategy.

Within the Survivorship Center, the clinical staff address a myriad of issues including depression, anxiety, spiritual effects of cancer, demoralization, fatigue, pain, menopausal symptoms, sleep problems, sexual dysfunction, fertility issues, nutrition and energy imbalance, as well as financial problems including employment and insurance counseling. The GW Survivorship Center also draws expertise from a broader array of GW specialists as appropriate.

Housed at the Dr. Cyrus and Myrtle Katzen Cancer Research Center, the Survivorship Center is working with post-treatment breast cancer patients on a trial basis. Dr. Norris and GWCI are aggressively seeking funding to sustain the Center. It is currently supported by resources from the GW Cancer Institute, the GW Medical Faculty Associates, the School of Public Health and Health Services and other departments within the Medical Center.



Survivors Luncheon Breast Care Center's Annual Survivor Luncheon Celebrates Life, Inspires Hope

The clinking of glasses resounded through the pink-embellished Marvin



Center ballroom on Oct. 8th, as more than 200 breast cancer survivors celebrated life, friendship and hope. The traditional champagne toast, led by Cokie Roberts, Emmy Award-winning journalist and bestselling author, set the spirited mood for the Breast Care Center's Annual Luncheon, which included speakers, slideshows and of course, a delectable meal complete with pink-ribbon topped cupcakes.



Top: Breast Care Center faculty and luncheon speakers; below: Attendees enjoy the luncheon and meeting other breast cancer survivors.

This year's event, which was more highly attended than ever before, honored the lives and the courage of the attendees, who ranged from the recently diagnosed to those who have been cancer-free for decades. All of them, however, were grateful for compassion and the innovation of the GW Breast Care Center.

As one of the doctors who had touched the lives many of those present, Christine Teal, M.D., director of the Breast Care Center, doled out hugs and smiles liberally to her patients and friends, then introduced the inspiring luncheon speaker, Laurie H. Turney.

Turney's story—which began with her father's breast cancer diagnosis when she was 17—was one of strength. "Because of cancer, I lost my hair, but I gained an amazing strength," she explained. "Cancer has made me face challenges that I never would have; that I never would have thought I could have," she said in reference to the lawsuit she filed—and won—against her employer who terminated her job due to her cancer treatments.

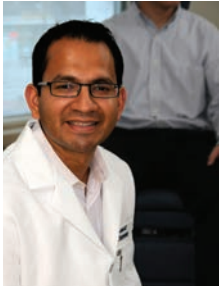
Turney's story was also one of learning and love. "As strange as it sounds, cancer has given me many gifts. I have really learned to love myself," she said, after describing her empowering hair-shaving parties and her sharpened ability to listen to her body. "I also have been blessed with amazing friends. Learning who your friends are is another gift cancer gives you," she said.

Finally, Turney's story was one of inspiration. "We are a powerful symbol of hope and of strength...we are survivors and we have to send a message to our sisters who still have a fight ahead of them—do what it takes, do whatever it takes, know that you did and live your life."

The luncheon concluded with Roberts campaigning for "essential legislation to make sure that we can continue on this road of having fewer people die from this disease, and fewer people living with this

disease." She discussed the unacceptable disparities in cancer detection and treatment, but also applauded the crowd for how far they have come. "All of you have made it through and you are an inspiration to the rest of the community. But, we have to keep working very hard to make this go away."

People

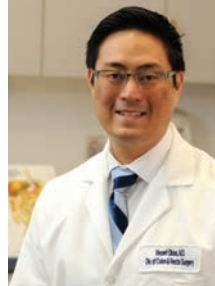


GW Division of
Otolaryngology
Welcomes
Dr. Arjun Joshi

The GW Department of Surgery is pleased to welcome Arjun Joshi, M.D., as assistant professor of Surgery, Division of Otolaryngology. Dr. Joshi is Board Certified in Otolaryngology - Head and Neck Surgery by the American Board of Surgery. His areas of expertise include: Head and Neck Cancer and Skull Base Surgery, Microvascular Reconstructive Surgery, Minimally Invasive Thyroid and Parathyroid Surgery, Head and Neck Ultrasound and Minimally Invasive Salivary Endoscopy.

Dr. Joshi graduated summa cum laude from Cornell University. He completed his

medical degree at SUNY Upstate Medical University. He completed his Otolaryngology - Head and Neck Surgery residency at The George Washington University, and his fellowship in Advanced Head and Neck Oncology, Microvascular Reconstruction and Thyroid and Parathyroid Surgery at The University of Alberta. Dr. Joshi has extensive training in traditional open surgery for head and neck and skull base cancer, microvascular free flap reconstruction of head and neck cancer defects as well as minimally invasive thyroid and parathyroid surgery. In the clinic he performs minimally invasive salivary gland procedures for chronic salivary gland disease as well as head and neck ultrasound.



GW
Department
of Surgery
Welcomes New
Member to
Cancer Team,
Dr. Vincent Obias

The George Washington University Medical Center recently welcomed Vincent Obias, M.D., M.S., to the GW Colorectal Cancer Team, where he serves as an assistant professor in the Department of Surgery. Dr. Obias' experience in advanced colorectal surgical care will significantly enhance treatment and clinical care for cancer patients at GW. Dr. Obias specializes in

minimally invasive colon surgeries, including robotic colectomies performed using the da Vinci Robot, a leading-edge surgical tool. For a patient who has colon cancer, these options may offer benefits over traditional treatment including: a lower hernia rate; less scarring; less recovery time in the hospital and at home; less pain and a lower rate of infection.

Dr. Obias is a board certified colon and rectal surgeon who comes to GW from the Cleveland Clinic where he held a Foundation Colon and Rectal Fellowship. The two residents each year selected for this prestigious fellowship participate in roughly 125 abdominal colon and 100 anorectal procedures. Additionally, broad endoscopic experience is provided including approximately 175 colonoscopic examinations and 850 flexible sigmoidoscopic examinations. Dr. Obias also served a University Hospitals Case Medical Center Advanced Laparoscopy Colon and Rectal Fellowship.



GW Division of Hematology and Oncology Welcomes Dr. Alexandria Schwarsin

The GW Division of Hematology and Oncology is happy to announce Alexandria Schwarsin, M.D. as the newest member of their team. Joining the division in September after completing her fellowship in Hematology and Oncology at the GW Medical Center, Dr. Schwarsin is no stranger to the division. Dr. Schwarsin did her Internal Medicine residency at GW.

Dr. Schwarsin received her undergraduate degree from Syracuse University and her Masters in Medical Science from Boston University. She then attended medical school at Stony Brook University in New York. Dr. Schwarsin is board certified in Internal Medicine and board eligible in Hematology and in Oncology.

GWCI Mourns Passing of Dedicated Friend and Philanthropist



The GW Cancer Institute (GWCI) lost a close friend and important member of its cancer community when long-time benefactor Cyrus Katzen, D.D.S., died July 12 in his Chevy Chase apartment, after a long battle with adrenal cancer. He was 91 years old.

“The entire George Washington community is deeply saddened by the

passing of Dr. Cyrus Katzen, a long-time friend whose family was connected to GW in countless ways,” said GW President Steven Knapp in a statement following news of Dr. Katzen’s death. “He will be sorely missed, but his legacy will live on through the healing and discovery that his generosity has made possible.”

Dr. Cyrus Katzen played a significant role in the development of GWCI since its inception in 2003. He and his wife Myrtle served as principal benefactors of the annual Cancer Gala along with Dr. Bernard and Mildred Katzen. In April 2009, the Katzen family helped dedicate the Dr. Cyrus and Myrtle Katzen Cancer Research Center.



THE GEORGE
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Bealeibson
Palliative

Anna H. McCowz, RD, LD
Clinical Dietitian

**Cancer
Registry
2009**

Following is the summary of the 2009 Cancer Registry Report from The George Washington University Hospital and The George Washington University Medical Center Cancer Program. The report is based on 2008 data.

Figure 1 shows the continued growth of the GW Cancer Registry over the last five years. The number of patients diagnosed and/or treated at The George Washington

University Hospital (GW) increased from 1,235 in 2004 to 1,542 in 2008. Of these, 1,228 or 79.7 percent were analytic cases and the remaining 314 cases or 20.3 percent were non-analytic.

According to Figure 2, more than 50 percent of new GW cancer patients reside either in Maryland (40.4 percent) or in Virginia (20.9 percent). The second largest population (34.5 percent) of new patients



comes from Washington, D.C. GW Hospital has a relatively young cancer population compared to other major cities. This might be explained by the location of GW Hospital which is in Northwest D.C., near both Virginia and Maryland.

Figure 3 shows a consistent increase in the trend of new cases admitted in 2008 compared with 2007. Cases of thyroid cancer increased significantly from 2.0 percent in 2007 to 4.3 percent in 2008. Breast, prostate, lung, colon-rectum and kidney cancers

are major primary sites at GW (Table 1). Compared with national data reported by the American Cancer Society (ACS), the percent of new prostate and breast cancer cases seen at GW was higher than reported for the U.S.: 47.4 percent (GW) versus 25 percent (ACS) for prostate cancer and 42.2 percent (GW) versus 26 percent (ACS) for breast cancer.

As shown in Tables 2a and 2b, there was a significant increase in new cases of lung cancer in women from 3.5 percent in 2007

continued on page 34

Figure 1: Trend in Numbers of New Cancer Patients Admitted: 2004 - 2008

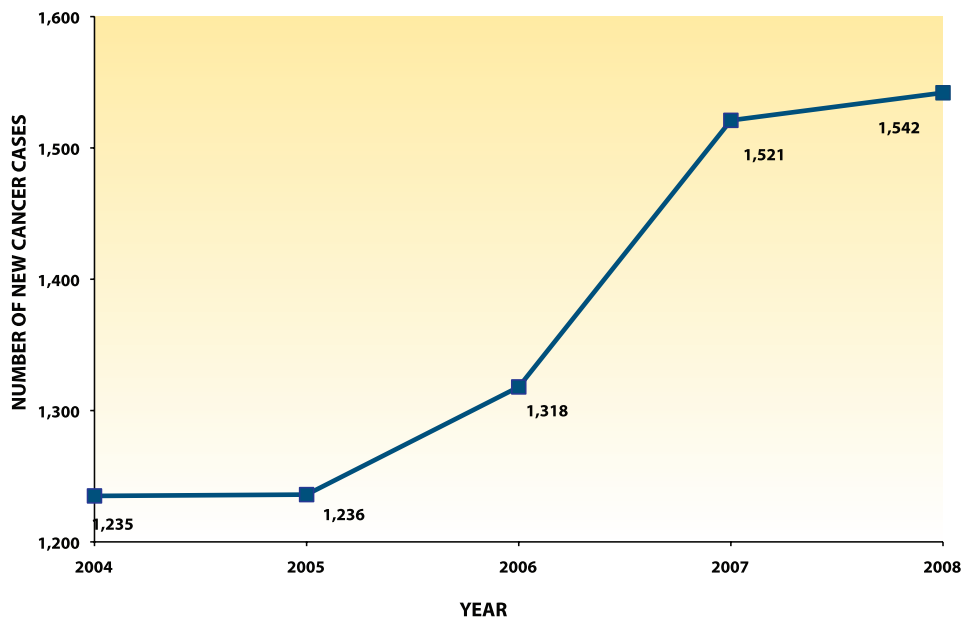


Table 1: The GW Hospital Cancer Registry 2008 Cancer Cases by Anatomic Site

Primary Site	# Cases	% Cases	Class of Cases		Race***			AJCC Stage at Diagnosis (Analytic Cases Only)						
			Analytic	Non-Analytic **	W	B	O	0	I	II	III	IV	NA	UNK
Head and Neck	45	2.9	38	7	18	18	9	1	5	3	4	8	3	14
Tongue	6	0.4	5	1	5	1	0	0	0	1	1	1	0	2
Oral Cavity	7	0.4	6	1	3	4	0	0	1	0	1	2	0	2
Salivary Glands	3	0.2	1	2	2	1	0	0	1	0	0	0	0	0
Tonsil	2	0.1	2	0	1	1	0	0	0	0	0	2	0	0
Oro- and Hypo-Pharynx	3	0.2	3	0	2	1	0	0	0	0	0	1	0	2
Naso Pharynx	4	0.3	2	2	1	0	3	0	1	1	0	0	0	0
Nasal Cavity and Sinuses	3	0.2	3	0	1	1	1	0	1	0	0	1	0	1
Larynx	14	0.9	13	1	3	9	2	1	1	1	2	1	0	7
Thymus	3	0.2	3	0	0	0	3	0	0	0	0	0	3	0
Digestive System	148	9.6	133	15	68	60	20	3	34	34	27	26	7	2
Esophagus	12	0.8	12	0	8	4	0	1	2	2	2	4	0	1
Stomach	12	0.8	12	0	4	6	2	0	3	0	4	2	3	0
Small Intestine	10	0.6	10	0	4	5	1	0	1	2	0	4	3	0
Colon – Rectum	57	3.7	51	6	28	24	5	2	15	12	15	5	1	1
Anal Canal	5	0.3	5	0	4	1	0	0	1	2	1	1	0	0
Liver	15	1.0	11	4	4	8	3	0	5	2	0	4	0	0
Gall Bladder – Biliary	12	0.8	10	2	5	3	4	0	4	3	1	2	0	0
Pancreas	25	1.6	22	3	11	9	5	0	3	11	4	4	0	0
Respiratory System	123	8.0	109	14	54	51	18	0	39	13	19	31	3	4
Bronchus and Lung	122	7.9	108	14	54	51	17	0	39	13	19	30	3	4
Pleura	1	0.1	1	0	0	0	1	0	0	0	0	1	0	0
Soft Tissues	12	0.8	9	3	5	6	1	0	1	3	0	2	1	2
Bone	1	0.1	1	0	0	1	0	0	0	0	0	1	0	0
Lymphoma	55	3.6	27	28	28	12	15	0	8	6	1	11	1	0
Non-Hodgkin's	46	3.0	23	23	22	10	14	0	8	3	1	10	1	0
Hodgkin's	9	0.6	4	5	6	2	1	0	0	3	0	1	0	0
Breast	281	18.2	242	39	138	106	37	57	88	74	15	5	0	3

Primary Site	# Cases	% Cases	Class of Cases		Race***			AJCC Stage at Diagnosis (Analytic Cases Only)						
			Analytic	Non-Analytic **	W	B	O	0	I	II	III	IV	NA	UNK
Female Genital System	35	2.2	27	8	14	17	4	4	10	1	4	7	1	0
Cervix Uteri	13	0.8	9	4	4	7	2	4	1	0	2	2	0	0
Corpus Uteri	14	0.9	11	3	7	6	1	0	8	0	1	1	1	0
Ovary	8	0.5	7	1	3	4	1	0	1	1	1	4	0	0
Male Genital System	403	26.2	331	72	197	116	90	0	5	218	86	18	1	3
Prostate Gland	388	25.2	319	69	189	113	86	0	0	216	83	18	0	2
Testis	11	0.7	9	2	7	2	2	0	5	0	2	0	1	1
Penis	4	0.3	3	1	1	1	2	0	0	2	1	0	0	0
Urinary System	192	12.5	169	23	122	46	24	21	94	20	18	15	0	1
Urinary Bladder	69	4.5	51	18	39	19	11	18	17	7	4	5	0	0
Kidney	100	6.5	95	5	66	24	10	0	69	10	10	5	0	1
Renal Pelvis - Ureter	23	1.5	23	0	17	3	3	3	8	3	4	5	0	0
Central Nervous System	46	3.0	39	7	20	20	6	0	0	0	0	0	39	0
Brain	27	1.8	21	6	15	8	4	0	0	0	0	0	21	0
Other CNS	19	1.2	18	1	5	12	2	0	0	0	0	0	18	0
Endocrine System	55	3.6	49	6	30	10	15	0	32	3	6	6	1	1
Thyroid Gland	54	3.5	48	6	29	10	15	0	32	3	6	6	0	1
Other Glands	1	0.1	1	0	1	0	0	0	0	0	0	0	1	0
Hematopoietic Neoplasms	103	6.7	28	75	56	18	29	0	0	0	0	0	28	0
Multiple Myeloma	18	1.2	5	13	5	6	7	0	0	0	0	0	5	0
Leukemia	48	3.1	20	28	30	11	7	0	0	0	0	0	20	0
Other	37	2.4	3	34	21	1	15	0	0	0	0	0	3	0
Melanoma	31	2.0	21	10	25	1	5	2	10	3	1	0	3	2
Unknown	11	0.7	5	6	5	4	2	0	0	0	0	0	5	0
All Sites	1541	100	1228	313	780	486	275	88	326	378	181	130	93	32

NOTES:

- * Analytic - Initially diagnosed at GW and all or part of first course of therapy at GW or case diagnosed elsewhere and all or part of first course of therapy at GW.
- ** Non-analytic case - Initially diagnosed and treated elsewhere, referred to GW for recurrence or subsequent therapy and physician office cases.
- *** Race: W=White; B=Black; O=Other.

Table 2a:
The George Washington Hospital (GW) And American Cancer Society (ACS)
2005-2008 Analytic Cases -The Most Frequent Cancers In Male

Primary Site	2008 Cases (%)		2007 Cases (%)		2006 Cases (%)		2005 Cases (%)	
	GW	ACS	GW	ACS	GW	ACS	GW	ACS
Prostate	320 (47.4)	186,320 (25.0)	344 (48.0)	218,890 (29.0)	260 (45.0)	234,460 (33.0)	167 (35.5)	232,090 (33.0)
Lung	58 (8.6)	114,690 (15.0)	50 (7.0)	114,760 (15.0)	35 (6.0)	92,700 (13.0)	41 (8.7)	93,010 (13.0)
Kidney/Renal Pelvis	58 (8.6)	33,130 (4.0)	91 (12.4)	31,590 (4.0)	56 (9.0)	24,650 (3.0)	23 (5.0)	22,490 (3.0)
Urinary Bladder	40 (6.0)	51,230 (7.0)	50 (7.0)	50,040 (7.0)	39 (7.0)	44,690 (6.0)	27 (5.6)	47,010 (7.0)
Colon-Rectum	26 (3.9)	77,250 (10.0)	28 (4.0)	79,130 (10.0)	27 (5.0)	72,800 (10.0)	50 (10.5)	71,820 (10.0)
Melanoma	19 (2.8)	34,950 (5.0)	22 (3.0)	33,910 (4.0)	23 (4.0)	34,260 (5.0)	17 (3.6)	33,580 (5.0)
Brain and Other	15 (2.2)	11,780 (2.0)	12 (1.7)	11,170 (1.5)	17 (3.0)	10,730 (1.0)	18 (3.8)	10,620 (1.0)
Pancreas	13 (1.9)	18,770 (3.0)	4 (0.5)	18,830 (2.5)	6 (1.0)	17,150 (2.0)	7 (1.5)	16,100 (2.0)
Leukemia	13 (1.9)	25,180 (3.0)	10 (1.4)	24,800 (3.0)	9 (2.0)	20,000 (3.0)	11 (2.3)	19,640 (3.0)
Lymphoma	12 (1.8)	35,450 (5.0)	16 (2.0)	34,200 (4.0)	18 (3.0)	30,680 (4.0)	11 (2.3)	33,050 (5.0)
Thyroid	11 (1.6)	8,930 (1.0)	9 (1.0)	8,070 (1.0)	9 (2.0)	7,590 (2.0)	10 (2.2)	6,500 (1.0)
Others	90 (13.3)	147,500 (20.0)	89 (12.0)	141,470 (19.0)	81 (13.0)	130,570 (18.0)	91 (19.0)	124,130 (17.0)

Table 2b:
The George Washington Hospital (GW) And American Cancer Society (ACS)
2005-2008 Analytic Cases -The Most Frequent Cancers In Female

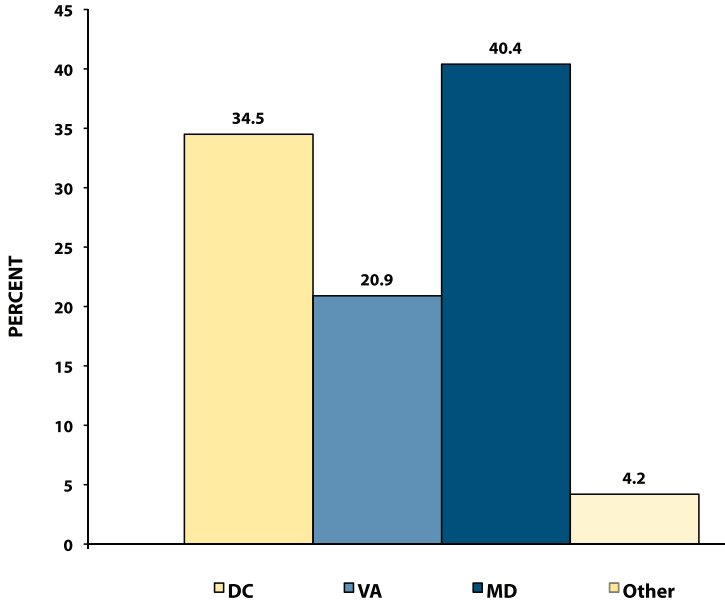
Primary Site	2008 Cases (%)		2007 Cases (%)		2006 Cases (%)		2005 Cases (%)	
	GW	ACS	GW	ACS	GW	ACS	GW	ACS
Breast	233 (42.2)	182,460 (26.0)	214 (45.9)	178,480 (26.0)	194 (42.0)	212,920 (31.0)	164 (35.4)	211,240 (32.0)
Kidney/Renal Pelvis	51 (9.2)	21,260 (3.0)	36 (7.6)	19,600 (3.0)	31 (6.7)	14,240 (2.0)	18 (3.8)	13,670 (2.0)
Lung	50 (9.1)	100,330 (14.5)	18 (3.5)	98,620 (15.0)	61 (13.5)	81,770 (12.0)	56 (12.2)	79,560 (12.0)
Thyroid	37 (6.7)	28,410 (4.0)	14 (3.0)	25,480 (4.0)	15 (3.3)	22,590 (3.0)	11 (2.4)	19,190 (3.0)
Colon - Rectum	25 (4.5)	71,560 (10.0)	28 (6.0)	74,630 (11.0)	31 (6.8)	75,810 (11.0)	34 (7.4)	73,470 (11.0)
Brain and Other	24 (4.3)	10,030 (1.5)	10 (2.1)	9,330 (1.0)	16 (3.5)	8,090 (1.0)	28 (6.1)	7,880 (1.0)
Urinary Bladder	20 (3.6)	17,580 (2.5)	16 (3.4)	17,120 (3.0)	13 (2.8)	16,730 (3.0)	18 (3.8)	16,200 (2.0)
Leukemia	18 (3.3)	19,090 (3.0)	11 (2.3)	19,440 (3.0)	10 (2.0)	15,070 (2.0)	11 (2.4)	15,170 (2.0)
Lymphoma	14 (2.5)	30,670 (4.5)	13 (2.8)	32,710 (5.0)	8 (1.7)	28,190 (4.0)	8 (1.7)	30,690 (5.0)
Uterine Corpus	11 (2.0)	40,100 (6.0)	12 (2.6)	39,080 (6.0)	17 (3.7)	41,200 (6.0)	24 (5.4)	40,880 (6.0)
Pancreas	9 (1.6)	18,910 (3.0)	7 (1.4)	18,340 (3.0)	4 (1.0)	16,580 (2.0)	6 (1.3)	16,080 (2.0)
Others	60 (11.0)	151,600 (22.0)	93 (19.5)	145,230 (20.0)	62 (13.0)	146,320 (23.0)	84 (18.1)	138,840 (22.0)

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to 9.1 percent in 2008. Kidney and renal pelvis cancer at GW was higher than national American Cancer Society (ACS) data; 9.2 percent and 3.0 percent respectively. Thyroid cancer among women also increased from 3.3 percent in 2006, and 3.0 percent in 2007, to 6.7 percent in 2008 which out higher than that reported by

ACS data (4 percent). The higher rates of kidney and thyroid cancer treated at GW compared to national ACS standards may be attributed to the existence of regionally and nationally recognized treatment expertise in the GW-MFA Department of Urology and the GW-MFA Division of Endocrinology.

Figure 2: State Residency Distribution at Diagnosis in 2008



Breast, prostate, lung, colon-rectum and kidney cancers are major primary sites at GW.

Figure 3: Trends for New Cases by Site and Year of Admission

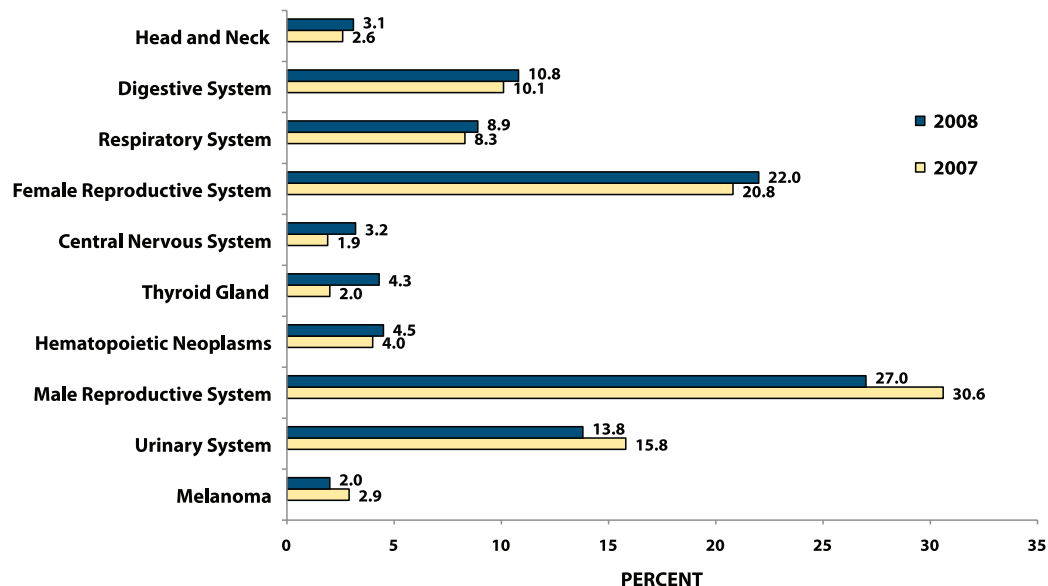
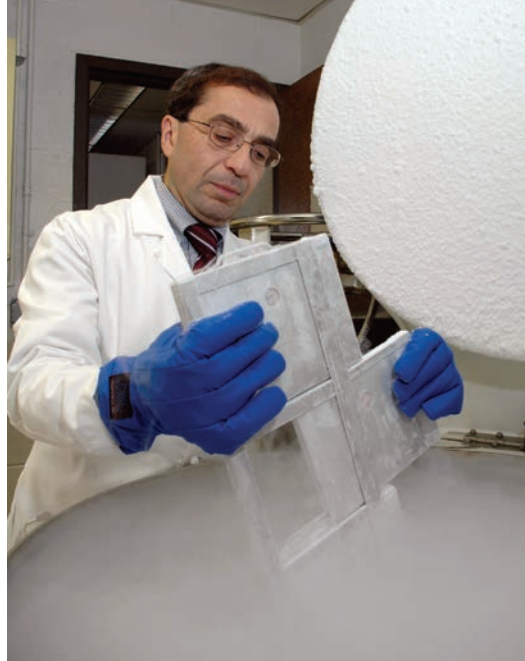


Table 3: The Most Common Cancers by Ethnicity, 2005-2008

Primary Sites	White				Black				Other			
	2005 %(Cases)	2006 %(Cases)	2007 %(Cases)	2008 %(Cases)	2005 %(Cases)	2006 %(Cases)	2007 %(Cases)	2008 %(Cases)	2005 %(Cases)	2006 %(Cases)	2007 %(Cases)	2008 %(Cases)
GI System	51 (72)	53 (54)	40 (48)	44(59)	42 (60)	32 (33)	46(54)	44(58)	7 (10)	15 (15)	14 (17)	12 (16)
Breast	48 (82)	46 (88)	53(116)	51(122)	40 (68)	43 (83)	37(81)	38(92)	12 (21)	11 (22)	10(21)	11(26)
Lung	53 (51)	58 (52)	61(58)	42(45)	36 (35)	42 (38)	33(31)	44(48)	11 (11)	0 (0)	6(6)	14(15)
Prostate	50 (85)	55 (142)	55(192)	51(164)	39 (65)	37 (96)	30 (105)	30 (94)	11 (19)	8 (22)	15(50)	19 (62)
Urinary System	45 (39)	64 (90)	64 (120)	64 (108)	44 (38)	25 (35)	27 (50)	24 (41)	11 (9)	11 (16)	9 (17)	12 (20)
Hematopoietic Neoplasm	47 (18)	41 (20)	59 (27)	51 (29)	38 (15)	41 (20)	28 (13)	28 (16)	15 (6)	18 (9)	13 (6)	21 (12)



**GW Lung
and Prostate
Cancer
Report**



Lung Cancer Report GW Hospital, SEER and Southeast Region Data, 1998-2006

By Imad Tabbara, M.D.

According to the American Cancer Society (ACS) 2009 report, lung cancer remains the second most common cancer and the leading cancer death among American men with 116,090 new cases representing 15 percent of all cancer diagnoses and 88,900 death cases representing 30 percent of all cancer-related deaths. Among the American female population, there are 103,350 new cases accounting for 14 percent of all cancer cases and 70,490 death cases accounting for 26 percent of all cancer deaths. At The George Washington University Hospital (GW), a total of 804 new lung cancer cases (small cell and non-small cell

carcinoma) were diagnosed and/or treated between 1998 and 2008. These cases were analyzed and compared to 505,694 cases reported between 1998 and 2006 by the Surveillance Epidemiology and End Result (SEER), a program of the National Cancer Institute (NCI).

Figure 1 shows a better five-year overall survival (OS) among the GW lung cancer patients (small cell and non-small cell) compared to SEER data (32.2 percent vs. 11.9 percent respectively). Figures 2 and 3 illustrate the OS of non-small cell lung cancer patients with stage I and II, and III

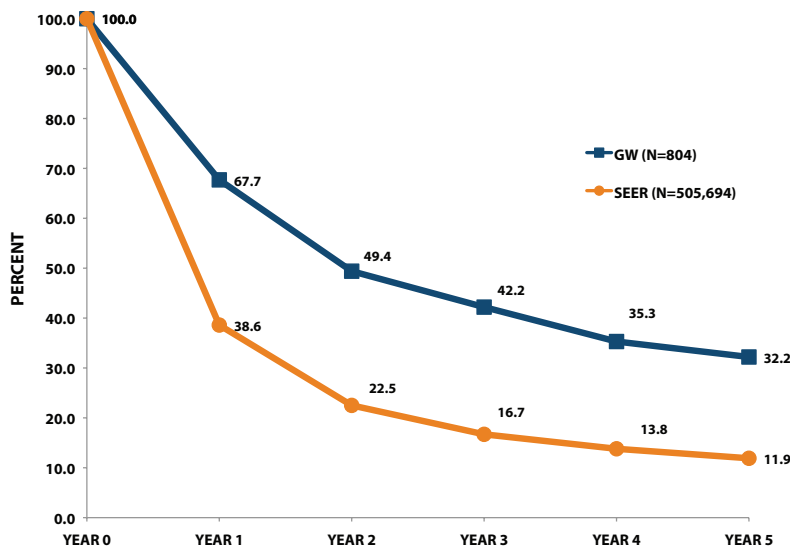
and IV respectively. Noted again is that the five year OS is better in the GW population compared to the SEER population regardless of the stage.

In Figure 4, the five-year OS of stage I and II non-small cell lung cancer patients who underwent surgery are slightly better compared to the same group of patients in the SEER database. The OS of the GW patients was 64.7 percent in stage I and 41.8 percent in stage II compared to 57.0 percent and 33.4 percent respectively in the SEER data. This difference may be explained by the fact that GW cancer patients were younger with lower incidence of co-mor-

bidity and had a lower incidence of surgical morbidity and mortality.

Figures 5 and 6 illustrate the five-year OS of non-small cell and small cell lung cancer patients. These figures compare the OS of the GW patients to patients from the national SEER data and Southeast region data. The Southeast region includes Delaware, Florida, Georgia, Maryland, North and South Carolina, Virginia, Washington, D.C. and West Virginia. The five-year OS of GW patients was superior to the OS reported in the SEER data and the data from the Southeast region in both non-small cell and small cell lung cancer. The five-year

Figure 1: Lung Cancer - Overall Five-Year Survival



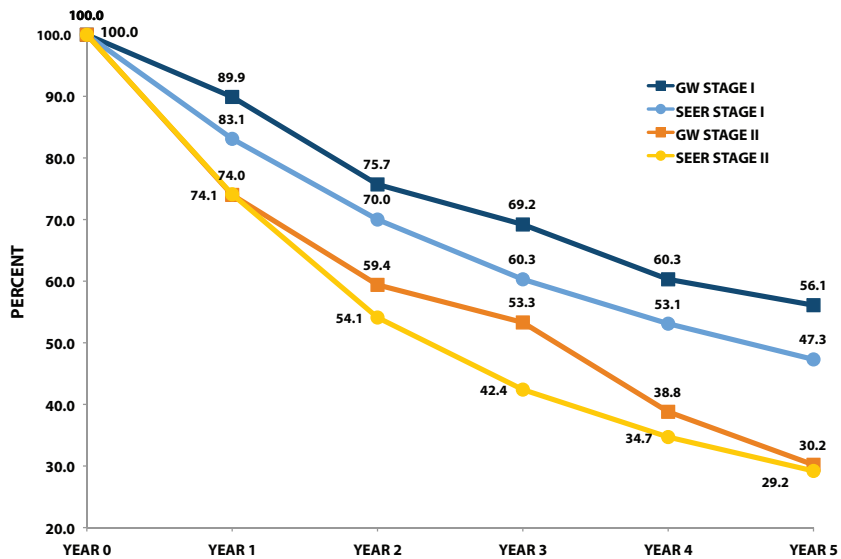
This graph was derived from cases diagnosed at GW between 1998 and 2008 compared to SEER.

OS in the non-small cell lung cancer group was 24.4 percent for the GW population compared to 15.7 percent and 13.8 percent in the SEER and Southeast data respectively. In small cell lung cancer patients the five-year OS was 18.6 percent, 5.2 percent and 4.7 percent in the GW group, SEER and Southeast data respectively.

lung cancer. The results may be attributed to a well-planned and coordinated multidisciplinary care delivered by a highly trained group of physicians and other health care providers from different specialties including medical, thoracic and radiation oncology in addition to pulmonary medicine.

In conclusion, the GW lung cancer data reflects a better survival compared to regional Southeast and national SEER data among both non-small cell and small cell

Figure 2: Non -Small Cell Lung Cancer Overall Survival by Stage I and II



This graph was derived from cases diagnosed at GW between 1998 and 2008 compared to SEER.

Figure 3: Non-Small Cell Lung Cancer Overall Survival by Stage III and IV*

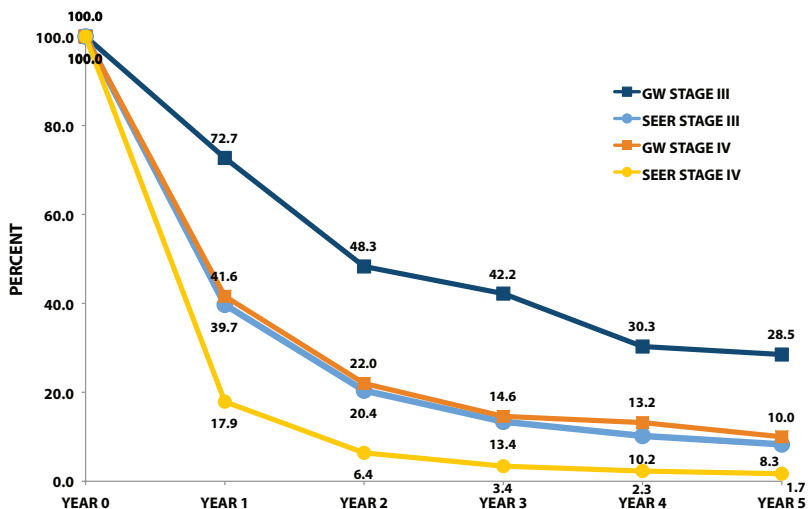
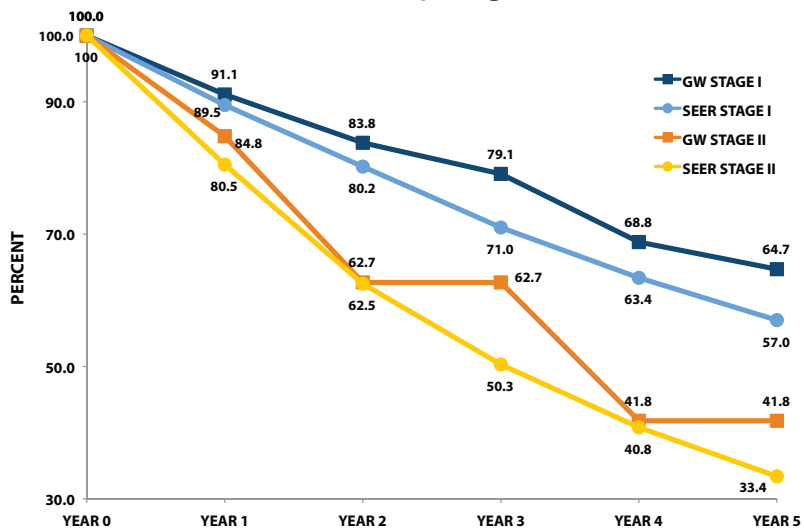


Figure 4: Non Small Cell Lung Cancer with Surgery Only Overall Survival by Stage I and II*



* This graph was derived from cases diagnosed at GW between 1998 and 2008 compared to SEER.

The five-year OS of GW patient was superior to the OS reported in the SEER data and the data from the Southeast region in both non-small cell and small cell lung cancer.

Figure 5: Non-Small Cell Lung Cancer - Overall Survival*

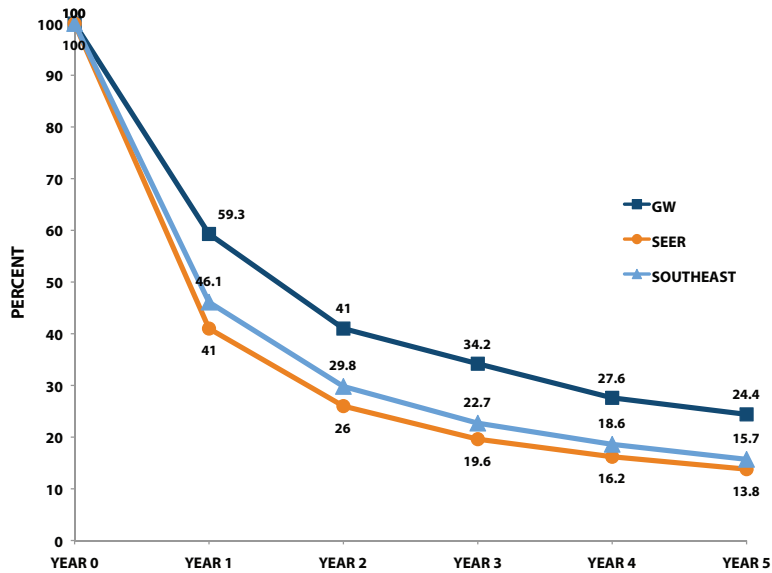
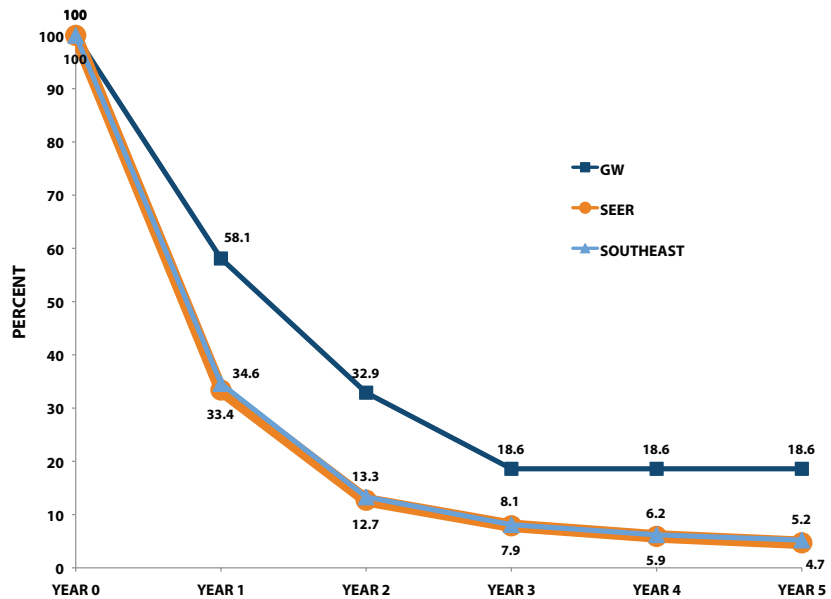


Figure 6: Small Cell Lung Cancer - Overall Survival*



* This graph was derived from cases diagnosed at GW between 1998 and 2001 compared to SEER and SOUTHEAST Region.



Prostate Cancer Report GW Hospital and SEER Data, 1998-2006

By Jeanny Aragon-Ching, M.D.

Prostate cancer remains the most common non-cutaneous cancer among American men. According to the 2009 Cancer Statistics data from the American Cancer Society, prostate cancer had an estimated annual incidence of 192,280 cases in 2009 alone, and accounts for the second most common cause of death annually in men with an estimated 27,360 cases. A total of 1,145

patients with prostate cancer underwent radical prostatectomy between 1998 and 2006. We report the eight-year overall survival (OS) data at The George Washington University Hospital (GW) and analyze survival data compared to trends reported by the Surveillance Epidemiology and End Result (SEER).

Figure 1 shows the comparison of survival between GW and SEER from 1998-2006 for patients undergoing surgery with cancer stages II to IV. The majority of patients had stage II and III prostate cancers. However, relatively small patient numbers diagnosed with stage I prostate

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Figure 1: SEER & GW Prostate Cancer 1998-2006
Eight-Year Overall Survival by Stage Group

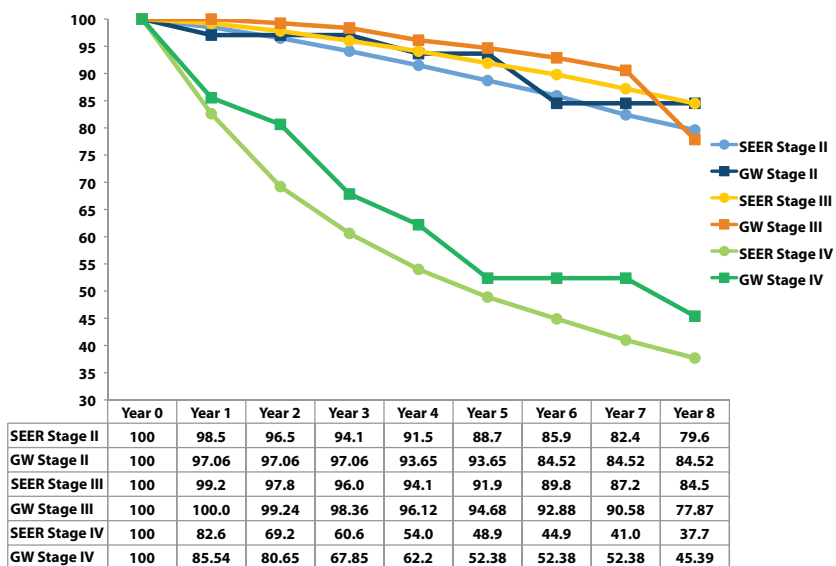
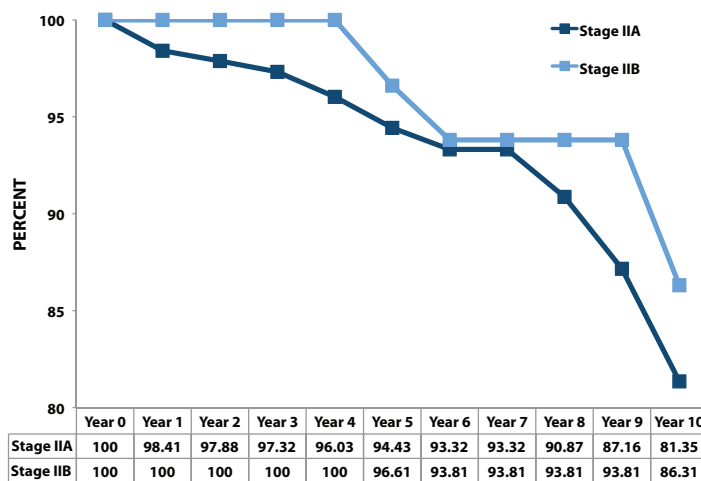


Figure 2: Ten-Year Overall Survival By Tumor Stage IIA and IIB*



* Prostate cancer patients diagnosed at GW 1998-2006.

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cancer (only 37 patients) precludes accurate estimation of survival data and was thus excluded in the analysis. Epidemiologic data were consistent with national trends except for stage IV patients at GW who appear to have better overall survival compared to that of SEER, at 45.39 percent versus 37.7 percent, respectively. However, insufficient patient numbers may explain the differences and limits adequate interpretation of data for the stage IV population at GW.

The comparison between stage II and III patients undergoing surgery at GW are comparable to that of the SEER database, with slight variations. The eight-year OS data for patients with stage II treated at GW were more favorable compared to that of SEER. However, eight-year OS data for stage III were slightly worse for GW compared to that of SEER. Further subset analysis of GW patients with stage III shows that patients aged 59 years old or less made up 60 percent of patients in GW whereas only 33 percent of corresponding patients are seen in the SEER data (Table 2a and 2b). Furthermore, patients at GW had higher numbers of high-risk Gleason scores

of seven to 10 which made up 42 percent of the GW stage III cases versus only 34 percent of that in SEER (Table 3a). These findings reflect a higher risk and possibly more aggressive course in our population of stage III patients since prostate cancer tends to be more aggressive in those with higher Gleason scores and, as shown in some reports, in patients diagnosed at younger ages.

In conclusion, our data shows comparable results with that of SEER with slight differences most likely explained by specific cohorts of high-risk patients who presented with higher Gleason scores and younger age. Improved diagnostic techniques as well as the multidisciplinary team approach that we offer our patients, with close collaboration among our team of specialists in the fields of oncology, urology, radiation oncology, radiology, pathology, nursing and allied health care professionals, benefits our patients with genitourinary cancers and have significantly improved treatment options that are offered.

Table 1a: Difference in Age at Diagnosis Among GW Tumor Stage II Prostate Cancer

Age at Diagnosis	GW Tumor Stage IIA Cases (%)	GW Tumor Stage IIB Cases (%)
<50	13 (6.3)	11 (9.2)
50-59	67 (32.7)	52 (43.3)
60-69	100 (48.8)	45 (37.5)
70-79	18 (8.8)	11 (9.2)
>80	7 (3.4)	1 (0.8)

Table 1b: Difference in Gleason Score Among GW Tumor Stage II Prostate Cancer

Gleason Score	GW Tumor Stage IIA Cases (%)	GW Tumor Stage IIB Cases (%)
2-4	6 (3.0)	3 (2.5)
5-6	141 (70.5)	92 (76.7)
7-10	53 (26.5)	25 (20.8)

Table 2a: Difference in Age at Diagnosis Among GW and SEER Stage Group III Prostate Cancer

Age at Diagnosis	SEER Stage Group III Cases (%)	GW Stage Group III Cases (%)
< 50	706 (4.4)	13 (10.2)
50-59	4,734 (29.6)	63 (49.2)
60-69	7,220 (45.1)	40 (31.2)
70-79	2,987 (18.7)	12 (9.4)
> 80	356 (2.2)	0 (0)

Table 2b: Difference in Age at Diagnosis Among GW Tumor Stage Group III Prostate Cancer

Age at Diagnosis	SEER Stage Group III Cases (%)	GW Stage Group III Cases (%)	
		Tumor Stage IIIA	Tumor Stage IIIB
< 50	706 (4.4)	12 (13.1)	1 (2.8)
50-59	4,734 (29.6)	46 (50.0)	17 (47.2)
60-69	7,220 (45.1)	25 (27.1)	15 (41.7)
70-79	2,987 (18.7)	9 (9.8)	3 (8.3)
>80	356 (2.2)	0 (0)	0(0)

Table 3a: Difference in Gleason Score Among GW and SEER Stage Group III Prostate Cancer

Gleason Score	SEER Stage Group III Cases (%)	GW Stage Group III Cases (%)
2-4	174 (1.1)	1 (0.8)
5-6	10,257 (64.7)	73 (57.0)
7-10	5,410 (34.2)	54 (42.2)

Table 3b: Difference in Gleason Score Among GW Tumor Stage III Prostate Cancer

Gleason Score	GW Tumor Stage IIIA Cases (%)	GW Tumor Stage IIIB Cases (%)
2-4	1 (1.1)	0 (0)
5-6	60 (65.2)	13 (36.1)
7-10	31 (33.7)	23 (63.9)

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Medical Faculty Associates
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or 22nd and Eye St., NW
Washington, D.C. 20037 (202) 741-3000
www.gwdocs.com

The George Washington Cancer Institute
2300 Eye St., NW, Suite 514
Washington, D.C. 20037 (202) 994-2449
www.gwcancerinstitute.org

The Dr. Cyrus and Myrtle Katzen
Cancer Research Center
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Washington, D.C. 20037 (202) 741-2250
www.katzencancer.org

Breast Care Center
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Hematology/Oncology
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Washington, D.C. 20037 (202) 715-4599

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Washington, D.C. 20037 (202) 715-4665

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Washington, D.C. 20037 (202) 994-2214

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Radiology
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Washington, D.C. 20037 (202) 715-5271

Social Work Services
2150 Pennsylvania Ave., NW, 3rd Floor
Washington, D.C. 20037 (202) 741-2218
(202) 994-2449

Surgery
2150 Pennsylvania Ave., NW, 6th Floor
Washington, D.C. 20037 (202) 741-3200

Survivorship Program
2300 Eye St., NW, Suite 514
Washington, D.C. 20037 (202) 994-2449

Active Treatment
 Medical Faculty Associates
 2150 Pennsylvania Ave., NW
 First Floor, Cancer Center Board Room
 Washington, D.C. 20037
 Facilitators: Jennifer Bires, L.G.S.W.
 (202) 741-2218

Bladder Cancer Support Group
 2300 Eye St., NW, Ross Hall, Room 105
 Washington, D.C. 20037
 Facilitator: Ted Billings, L.I.C.S.W.
 (202) 232-2001

Breast Cancer Support Group
 Medical Faculty Associates
 2150 Pennsylvania Ave., NW, Room 1-402
 Washington, D.C. 20037
 Facilitator: Laureen Littlejohn, L.I.C.S.W.
 (202) 741-3158

Breast Cancer Support Group (*After Treatment*)
 Medical Faculty Associates
 2150 Pennsylvania Ave., NW
 First Floor, Cancer Center Board Room
 Washington, D.C. 20037
 Facilitators: Laureen Littlejohn, L.I.C.S.W. and
 Jennifer Bires, L.G.S.W.
 (202) 741-3158 or (202) 741-2218

Caregivers' Support Group
 Medical Faculty Associates
 2150 Pennsylvania Ave., NW, Room 1-402
 Washington, D.C. 20037
 Facilitator: Jennifer Bires, L.G.S.W.
 (202) 741-2218

Gynecological Cancer Support Group
 Medical Faculty Associates
 2150 Pennsylvania Ave., NW, Room 1-402
 Washington, D.C. 20037
 Facilitator: Jennifer Bires, L.G.S.W.
 (202) 741-2218

Look Good, Feel Better Program
 Medical Faculty Associates
 Facilitator: Jennifer Bires, L.G.S.W.
 Please call for confirmation of location and time
 (202) 741-2218

Prostate Cancer Support Group
 2300 Eye St, NW, Ross Hall, Room 401
 Washington, D.C. 20037
 Facilitator: Ted Billings, L.I.C.S.W.
 (202) 232-2001

Support Group for Children Whose
 Parent/Grandparent Has Cancer
 Facilitators: Jennifer Bires, L.G.S.W., Katy Dolan, R.N.,
 Theo Wyche, R.N.
 (202) 741-2218

Washington D.C. Metropolitan Area
 Brain Tumor Support Group
 Medical Faculty Associates
 2150 Pennsylvania Ave., NW, Room 1-401 or 1-402
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2009
 Cancer Annual Report
 Support Groups

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