About Providence

Providence has a long and impressive history in Washington, DC. Chartered by President Abraham Lincoln in 1861 and founded by the Daughters of Charity of St. Vincent DePaul, it is the longest continuously operating hospital in the Nation's Capital. Providence is a health ministry of Ascension Health—a Catholic, mission-focused organization, and the nation's largest nonprofit health system with more than 100,000 associates and health facilities in 20 states and Washington, DC.

As a community hospital and health care system, Providence provides the services most needed by area residents including acute care, community health, short-term and long-term care, rehabilitation, behavioral health, and chronic disease management. Providence’s strengths in medicine, surgery, and diagnostic services distinguish it as a major DC metropolitan community hospital and healthcare system. It is committed to a full continuity of inpatient and outpatient programs that encourage preventative care, education, and health maintenance.

Rooted in the loving ministry of Jesus as healer, we serve all persons with joy, care, and respect, giving special attention to persons who are poor and vulnerable. Our Catholic health ministry improves the health of individuals and of our community with compassion and justice.

2012 CANCER COMMITTEE MEMBERS

Lester Miles, MD - Chair - Hematology/Oncology
Raymond Cox, MD - Senior Vice President, Medical Affairs/CMO
Luis Heffess, MD - Cancer Liaison
Phillip Proctor, MD - Urology
Ebrahim Ashayeri, MD - Radiation Oncology
Robert Hamm, MD - Radiology
Tom Thomasian, MD - Surgery
Sreedevi Kurella, MD - Pathology
William Funderburk, MD - Surgery
Ana Ibrado, MD - Clinical Research
Matt Lukasiak, VP - Mission Integration
Michael Thompson - Marketing/Public Relations
Adrien Ngudiankama, MD - Mission Delivery Manager, ACS
Juanita Hall, RN - Manager, Oncology/ITC
Karole Thomas, RN, MSN - Manager, Palliative Care
Jeffrey Wright, PT, ATC, CSCS - Rehabilitative Services
Joana Clark, RN - Care Management
Gail Smith-Nyachowe - Breast Navigator
Mary Clancy, RN - Breast Navigator
Keilia Phillips, MS, RD, LD - Clinical Dietitian
Nikoya Malry - Clinical Research
Sarah Allinson, RHIA - Director, HIM/Tumor Registry
Aung Oakkar, CTR - Tumor Registrar
Samuel Ninan - Cancer Registry Data Coordinator
Providence Hospital continues to be committed to providing our friends and neighbors in the Washington, DC community the best cancer care available. We remain true to our mission to provide quality care with compassion and justice. As a certified Teaching Hospital of the American College of Surgeons, Providence continues to move forward as we adapt to the ever-changing environment in which we practice. We are currently pursuing certification through the National Association of Breast Care Center to provide “spiritually-centered, comprehensive support and state of the art care to patients with breast health conditions and all stages of breast cancer.” Our annual Breast Cancer Symposium held in conjunction with the American Cancer Society's Faith-based Program continues to be well-received in the community. This year’s symposium will include clinical presentations to the Providence medical community to increase awareness of the advances made in the treatment of breast cancer. We are also collaborating with neighbor institutions in exploring radiation therapy and clinical research opportunities. We hope that this Annual report will encourage you to utilize your community hospital where high quality oncology care is our mandate to the Washington, DC community.

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Breast Cancer
Lester M. Miles, MD - Oncology

Breast cancer is the most common cancer among women in the United States after skin cancer. It accounts for nearly 1 in 3 cancers diagnosed in women. By the end of 2013, an estimated 232,340 women will be diagnosed with invasive breast cancer and an estimated 39,620 women will die from the illness. A new report from the American Cancer Society finds that death rates from breast cancer in the United States have dropped 34% since 1990. But the rate at which new breast cancers are diagnosed increased slightly among African American women from 2006 to 2010. Almost 8 of every 10 new breast cancer cases and almost 9 of every 10 breast cancer deaths are in women 50 years old and older.

At Providence, we see approximately 500 cases of breast cancer per year. Last year, 121 cases of breast cancer were diagnosed, and it continues to be the most frequently diagnosed cancer at Providence. The most disturbing aspect regarding this statistic is that we are seeing breast cancer develop in much younger women. Although the ACS calculates that 9 out of 10 breast cancers occur in women over the age of 50, last year 22 out of 121 breast cancer cases occurred in women between ages 24-48.

The biweekly Breast Cancer Conference, which is a multidisciplinary conference, is an important venue for our clinicians. The conference brings genetic counselors, nurses, breast cancer navigators, surgeons, and oncologist (medical and radiation) together to discuss all aspects of patient care including testing for the BRCA1 & BRCA2 genes.

Providence has upgraded their radiological facilities to include open MRI and digital mammography to deliver the best care to patients. This year’s annual Breast Cancer Symposium was held on October 26, 2013. The theme was “With God All Things are Possible,” and the scripture was taken from Philippians 4:13, “I can do all things through Christ which strengtheneth me.” The annual symposium is designed to present to the community the importance of clinical and spiritual intervention in addressing the needs of those with breast cancer.
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Background: Female breast cancer is the most common, solid malignancy seen at PH approaching 150 cases per year. It is exceeded in mortality by only lung cancer.

The incidence of breast cancer in the United States was expected to be near 300,000 in 2011, with the greatest increase being almost 60,000 new cases of In-Situ malignancies.

Notable improvements are evidently occurring. While the total number of females getting breast cancer has increased, the actual incidence has decreased by 2% annually since 1999. The mortality of near 40,000 in 2011 has shown a decrease of near 1% per year since 1990. This decrease in mortality is probably related to earlier diagnosis and treatment with an implied association of lowered birth control treatment dosages in the latter 20th century.

Mortality reduction is a very important component of potential advances for improved survival. Black women develop less breast cancer than white females; but under age 45, breast cancer is more common in blacks and the mortality is higher. This mandates that when cancer is found in young black females, Health Care Practitioners need to employ approaches that assure earlier lower stage cancers are diagnosed and that is followed by expedited imaging and treatment programs.

Our PH Breast Navigation Programs beginning in 2008 with the District of Columbia Patient Navigation Research Program and The Ralph Lauren Cancer Center Pfizer Foundation grants have shown in national publications that a positive influence on mortality is expected in the near future.

Although all of the foregoing is a global reflection implying better care, we at PH are very interested in whether our quality of care can be compared to regional
Palliative Care Services

Karole Thomas, MSN, RN
Manager, Palliative Care Services

Patients with breast cancer face many choices. So when is the right time to talk about palliative care? Palliative treatment can be given alongside treatment for breast cancer, since it focuses on symptom control, rather than the control of the cancer. Palliative care is designed to help a person have the best possible quality of life. The focus of palliative care is not on dying or trying to find a cure; instead, the focus is on living each day as fully as possible.

The goal of palliative care for breast cancer patients is to relieve or prevent symptoms such as pain, fatigue, anxiety, or depression. Palliative medicine can manage pain and other symptoms, not only with medicine, but through complementary and integrative therapies. Palliative Care helps the patient through supportive counseling by linking the patient with breast cancer support groups, which provide emotional support or other community services that can provide specialized meals and groceries in conjunction with nutritional counseling. It also provides spiritual support through prayer, meditation, guide imagery, and other activities.

The benefits of palliative care for patients with breast cancer include:

• The ability to fully complete treatment
• Improved quality of life during treatment
• Increased ability to perform daily activities
• Living longer
• Increased connection to social support
• Fewer hospitalizations
• Improved emotional, mental, and spiritual well-being
• Support for the family members of the person who has cancer during the patient’s illness

Palliative care is not about preparing for the end of life; it is about empowering a person with breast cancer to live the fullest possible life right now.
The Rehabilitative Services Department offers speech, voice, and swallowing rehabilitation for patients diagnosed with head and neck cancer. For patients who have undergone a total laryngectomy, communication can be restored by using electrolarynx, esophageal speech, tracheoesophageal speech, or augmentative communication. Preoperative and postoperative counseling are also provided to help patients adjust to this significant life-changing event.

GRIEF RECOVERY PROGRAM
This program is open to anyone in the community who has experienced a loss by death of someone close to them. It is designed to provide a supportive atmosphere for bereaved persons to share their experiences. Topics discussed include—Understanding Grief, Remembering, Feelings and Stress, Holidays and Anniversaries, and Role Changes.

Contact Information

Providence Main ................................................ (202) 269-7000
Outpatient Infusion Treatment Center ............ (202) 269-7957
Wellness Institute & Mammography Center ...... (202) 269-7275
“I Can Cope” .................................................... (202) 269-7473
Look Good, Feel Better .................................. (202) 269-7473
Grief Recovery Support Group ....................... (202) 269-7051
Providence Hospital Health Information Management
(Medical Records/Cancer Registry) ................. (202) 269-7512
Pastoral Care ................................................... (202) 269-7921
American Lung Association ..................... (202) 785-3355
American Red Cross ....................................... (202) 728-6400

The Mission of Providence
ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE SERVE ALL PERSONS WITH JOY, CARE, AND RESPECT, GIVING SPECIAL ATTENTION TO PERSONS WHO ARE POOR AND VULNERABLE. OUR CATHOLIC HEALTH MINISTRY IMPROVES THE HEALTH OF INDIVIDUALS AND OF OUR COMMUNITY WITH COMPASSION AND JUSTICE.

Healthcare That Works • Healthcare That Is Safe • Healthcare That Leaves No One Behind