

Prince William) HEALTH SYSTEM

Remarkable People. Remarkable Medicine.

Cancer Program 2010 Annual Report

Based on 2009 Statistics



Introduction

On behalf of the Community Hospital Cancer Program at Prince William Hospital, the cancer committee is proud to present the 2010 Cancer Program Annual Report. The report offers an overview of Prince William Hospital services available to our oncology patients.

Since 1981, Prince William Hospital's oncology program has been providing cancer care. Initially approved in 1986 as a Community Hospital Cancer Program by the American College of Surgeons' Commission on Cancer (CoC), Prince William Hospital continued our tradition in 2008 with receipt of a three-year approval with commendation in seven areas:

- Outcomes analysis
- Quality of NCDB data submission
- AJCC staging
- Patient guidelines
- Prevention & early detection programs
- Cancer registry staff education
- Cancer-related improvements

The cancer committee is extremely proud of the continuing improvements to our cancer program. As our community continues to expand and grow – so have our services.

In July 2009, PWH merged with Novant Health, a Winston-Salem, NC-based not-for-profit health system. This has provided added resources to continue with our growth.

In April 2010, The Cancer Center at Lake Manassas, a joint venture with Fauquier Hospital, added a patient navigator to its list of services available to our community.

In July 2010, Prince William Hospital added seed brachytherapy for prostate cancer to available services.

Also in July, the Oncology Unit Infusion Center moved its location and was consolidated in the Outpatient Infusion Center. This move expanded the infusion chairs to eight.

A future goal for the benefit of our

community is to add an approved Breast Center to available services.

Quality care is a team effort. The spectrum of care to our oncology patients is monitored by the cancer committee, a group of physicians and departmental representatives involved directly or indirectly in the treatment of cancer patients. The committee ensures that consultative services are available to cancer patients and their families.

Patient-oriented multidisciplinary cancer conferences are held monthly. Current case treatment, staging, and management options are discussed during these conferences, affording the cancer patient with quality care. In 2009, the conferences discussed forty-seven prospective cases, one retrospective case and one didactic topic presentation in 11 conferences.

Clinical trial information is available at the hospital for patients and their families as well as staff: booklets and two clinical trial videos on the Instant Healthline. Patients may be enrolled in clinical trials or protocols through our staff physician offices.

Accurate communication with our patients is important at PWH. Our program has made a concentrated effort to utilize the language translator line to make this possible for our multi-cultural community.

Thanks to all who contributed to the success of our program during the past year. Special thanks are expressed to the physicians, hospital staff and volunteers who assisted in the educational programs. It is only through the continued caring and dedication of our physicians, nurses, allied health professionals and support personnel that Prince William Hospital will continue to provide high quality cancer care to our ever-growing community.

Alisan G. Kula, MD

*Cancer Committee Chairwoman
Medical Director, Oncology Unit
Medical/Oncologist*

Highlights of 2009

- Co-sponsored two I Can Cope Sessions.
- Co-sponsored four Look Good/Feel Better programs with the American Cancer Society.
- CoC/ACS Hospital Collaboration Plan.
- Sponsored weekly Cancer Support Group and monthly Breast Cancer Support Group.
- Sponsored the Fall Breast Cancer Symposium titled *Breast Imaging: What You Need to Know*.
- Sponsored the Fall Prostate Cancer Symposium titled *Prostate Cancer Screening and Prevention*.
- Offered five cancer-related CME programs, including: *The New PSA Era: A Critical Discussion*; *Bite the Bullet: Optimizing Patient Care through Effective Pain Management*; *Urologic Robotic Surgery*; *Physician Staging and Staging Treatment Plan Update*; and *Policies and Procedures for Admitting Patients to Hospice Care*.
- Participated in American Cancer Society events, including Daffodil Days.
- Participated in the 4th Annual Leukemia & Lymphoma Society event, Light the Night.
- Updated Oncology Admission Order set.
- Updated preprinted Chemotherapy Order Set.
- Initiated Quality Study and Improvement on class of case for PWASC cases.
- Created of process for electronic cancer staging on the electronic medical record.
- Changed Reference Date from 1996 to 2003.
- Updated registry follow-up and treatment letters.
- Updated pathology cytology case finding report.
- Improved quality of hysterectomy coding.
- Evaluated the Uterine Cancer Experience at Prince William Hospital from 1996 to 2008.
- Submitted error free National Cancer Data Base submission.
- Evaluated and improved various breast and colon treatment fields through cancer program practice profile (CP3R) studies.
- Raised cancer awareness throughout the community through various fundraising activities in which the community participated.

Cancer Committee Members

Alisan G. Kula, MD

Hematology/Oncology
Cancer Committee Chairwoman
Medical Director, Oncology Unit

Anu Gupta, MD

Radiation/Oncology
Cancer Committee Co-Chairwoman
Cancer Liaison Physician

Sanjeev K. Aggarwal, MD

Radiation/Oncology
Community Outreach Coordinator

Mark A. Bartolozzi, MD

General Surgery

Susan E. Boylan, MD

Radiation/Oncology

Andrew K. Chung, MD

Urology

Maura P. Foley, MD

Pulmonary Medicine

Kenneth I. Henson, MD

General Surgery

Hassan I. Huq, MD

Diagnostic Radiology

Hamed Khosravi, MD

Hematology/Oncology

Edmund S. Petrilli, MD

Gynecologic Oncology

Jeffrey J. Skovronsky, MD

Pathology
Co-conference Coordinator

Moria Sutton, MD

Radiation/Oncology

Robert J. VanKirk, MD

Pathology
Cancer Conference Coordinator

John Williams, MD

General Surgery
Breast Center Liaison

Virginia S. Blair,

DHA, MS, RN, CPHQ

Quality/Administration
Quality Improvement Coordinator

Robert W. Riley, CHFP, MBA

Chief Financial Officer
Cancer Program Administrator

Carla Ambrosius, RHIA

Health Information Management
Cancer Registry Data Quality
Coordinator

Joyce Agricola Beani,

RN, MSN, AOCN

Medical-Surgical Director
MSU, Ortho, Oncology Unit

Lynne N. Benckert, RN

Home Health

B. Dawn Cooper, DPT

Director, Rehabilitation Services

Cathleen Cowden, RPh

Director, Pharmacy

Jeanne Dolan, RN, BSN, CPUR

Case Management

Sheryl Goins, RHIT, CCS, CTR

Oncology Data Manager
Health Information Management

Lisa Loggins

Director, Wellness/Fitness Center

Linda Montgomery

Community Member;
Breast Cancer Support Group

JoAnn Murchison

Community Member;
American Cancer Society

Joe Naretto, RHIA

Health Information Management

Robyn Phelps

Community Member;
General Cancer Support Group

Sandy Rigsbee

Community Member;
General Cancer Support Group

Smita Topiwala

Oncology Data Specialist
Health Information Management

Cheryl Wedel, MSW, LSW

Case Management

Our hospital services and hospital experience (registry data) are shared with the American Cancer Society through the CoC Facility Information Profile System/FIPS program. In addition, the Cancer Registry submits required cases annually to the National Cancer Data Base for national statistics and throughout the year to the Virginia Cancer Registry for statewide statistics.

Lifetime annual follow-up is conducted to obtain outcome statistics on our patients – and as an important reminder to the patients to continue to seek follow-up care.

From the reference date of January 1, 2003, the Cancer Registry database contains 2,724 abstracts of cases through 2008. There are an additional 4,096 historical cases that cover 1981 through 2002. Accession year 2009 saw 434 new cases added.

2009 Cancer Data Analysis

Of the 434 cases added for patients first seen in 2009:

- 350 were analytic cases – patients were first diagnosed and/or received all or part of their first course of therapy at Prince William Hospital and staff physician offices. (Class of Case 0, 1 and 2)
- 84 were non-analytic cases - cases that are required to be reported to the Virginia Cancer Registry: Prince William Ambulatory Surgery Patients-Pathology only; patients admitted for diagnosis and treatment of recurrences following completion of first course of therapy; and palliative comfort care and cases discovered at autopsy.

The 2009 analytic case highlights:

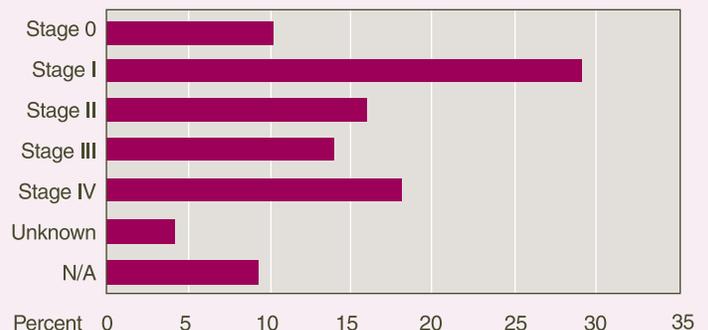
- Female (60%) and Male (40%)
- Caucasian/Non-Hispanic (87%)
- Most common age was the 60-69 age group (27%)
- Reported Treatment by surgery alone (32%)
- Diagnosed and received all or part of their treatment at PWH – Class I (73%)
- Resided in Prince William County, including the cities of Manassas and Manassas Park (77%)

Sheryl Goins, RHIT, CCS, CTR, Oncology Data Manager

Cancer Registry Report

The Cancer Registry maintains the registry database of the patient's history, diagnosis, stage, treatment, and outcomes for all patients who meet state and CoC reporting requirements on cancer diagnosis or other reportable diseases (select blood disorders, benign brain and other tumors). This data generates accurate and meaningful information for cancer committee, medical staff or hospital administration use.

AJCC Best Stage 2009 Analytic Cases



2009 Primary Site Table

	Total Cases	Type of Case		Sex	
		Analytic	Non-Analytic	Male	Female
All Sites	434	350	84	180	254
Oral Cavity & Pharynx	13	12	1	7	6
Digestive System	87	68	19	50	37
Esophagus	9	4	5	8	1
Stomach	8	6	2	6	2
Small Intestine	2	2	0	2	0
Colorectum	48	38	10	24	24
Liver, Pancreas, Biliary and Other	20	18	2	10	10
Respiratory System	52	47	5	24	28
Larynx	2	2	0	2	0
Lung & Bronchus	50	45	5	22	28
Skin excluding Basal & Squamous	16	8	8	13	3
Melanoma - Skin	14	7	7	11	3
Other Nonepithelial Skin	2	1	1	2	0
Soft Tissue	4	3	1	2	2
Breast	109	88	21	0	109
Female Genital System	25	22	3	0	25
Cervix	7	6	1	7	0
Uterus	9	7	2	9	0
Ovary	7	7	0	0	7
Vulva and Other	2	2	0	0	2
Male Genital System	27	18	9	27	0
Prostate	20	13	7	20	0
Testis and Other Male Organs	7	5	2	7	0
Urinary System	42	38	4	28	14
Urinary Bladder	17	13	4	12	5
Kidney, Renal Pelvis & Ureter	25	25	0	16	9
Eye and Orbit	0	0	0	0	0
Brain (Malignant and Benign)	8	6	2	2	6
Thyroid and Other Endocrine	12	11	1	3	9
Hematopoietic & Lymphatic System	34	24	10	21	13
Ill-defined and Unspecified Sites	5	5	0	3	2

2009 Cases by Sex

Comparative Review to the American Cancer Society (Excluded basal and squamous cell skin cancers)

MALE		
Primary Site	ACS*	PWH**
Prostate	25%	9%
Lung & Bronchus	15%	16%
Colon & Rectum	10%	13%
Urinary Bladder	7%	6%
Non-Hodgkin Lymphoma	5%	9%
Skin Melanoma	5%	4%
Kidney & Renal Pelvis	5%	10%
All Others	28%	33%

FEMALE		
Primary Site	ACS*	PWH**
Breast	27%	42%
Lung & Bronchus	14%	11%
Colon & Rectum	10%	10%
Uterine Corpus	6%	3%
Non-Hodgkin Lymphoma	4%	5%
Skin Melanoma	4%	1%
Thyroid	4%	3%
All Others	31%	25%

*ACS: American Cancer Society 2009 Estimated Cancer Incidence (Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder)

**PWH: Prince William Hospital 2009 Analytic Cases

Breast Cancer Experience at Prince William Hospital

John P. Williams, MD, FACS

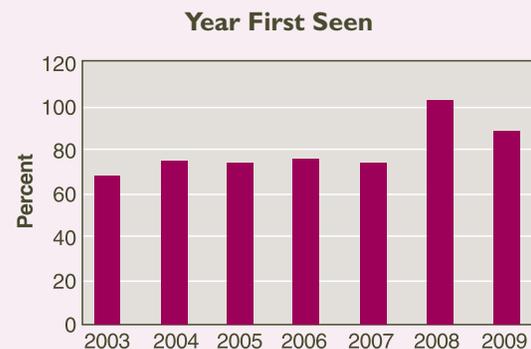
Breast Surgeon

In 2010, the American Cancer Society estimates that 207,090 new cases of invasive breast cancer will be diagnosed in the United States in women. About 1,970 new cases are expected in men. Of in-situ breast cancer cases, 54,010 new cases are expected to occur among women in 2010.

Breast cancer is the most common non-skin malignancy in women.

There will be an estimated 40,230 deaths from breast cancer in 2010. Of this amount, 39,840 breast cancer deaths are women, as the second leading cause of cancer death. For men, 2010 estimated breast cancer deaths are 390 cases.

At Prince William Hospital (PWH), a total of 558 breast cancers were diagnosed and/or treated for first course of therapy from 2003-2009 as shown:



Of the 558 breast cancer patients:

- Race: White (81%) versus Black (1%), Hispanic (4%) and Asian/Other (4%)
- Age at diagnosis ranges from 29-93 years of age; the mean average age was 57
- Sex: Female 99% and Male 1%.

Risk Factors

- Age
- Atypia: Lobular Carcinoma In-situ, Atypical Ductal or Lobular Hyperplasia
- Family history of breast cancer
- Genetics: BRCA 1 & 2 Mutation
- Hormone Replacement Therapy
- Previous breast cancer or DCIS
- Radiation to chest wall between ages 10-30
- Very dense breasts by mammogram

Screening

Mammographic screening allows for the early detection of breast cancer. When a woman is diagnosed at an earlier stage, the risk of future cancer recurrence and death is significantly lessened.

The U.S. Prevention Task Force recently recommended that initiation of mammographic screening be delayed until the age of 50. The PWH Cancer Committee has recommended that physicians follow the ACS screening recommendation of annual mammographic screening to begin at the age of 40 years old.

Diagnostic Procedures

Minimally invasive, image-guided needle breast biopsies are the modality of choice for diagnosing breast cancer. Such diagnostic procedures are as accurate as open surgical biopsies. They also allow for detailed surgical planning and preparation for the patient. Optimally, this allows most breast cancer patients to have one therapeutic surgical procedure.

A recent review of the diagnostic modality (needle vs. surgical biopsy) from the calendar year 2009 showed that 95% of breast cancers were diagnosed by minimally invasive techniques (ultrasound-guided, stereotactic or MRI guided needle biopsies). Nationally, only 65% of initial diagnostic breast biopsies for cancer are performed with these image-guided techniques. Image-guided breast biopsies are considered the "best practice" approach to diagnosing breast cancer.

BRCA Genetic Evaluation

Most breast cancers occur from a multitude of factors. However, about 7 to 10 percent of breast (and ovarian) cancer cases are hereditary – passed along genetically from one generation to the next by a defective BRCA gene mutation. Determining which of these families have the inherited gene mutation is important, as the cancer risks for these family members are much higher than the normal population.

When detected, there is much more that we can do to monitor and to reduce the increased risk of developing breast or ovarian cancer. Family members are also offered testing if there is a known BRCA mutation.

Women who have the BRCA 1 or 2 gene mutation have up to an 80 percent lifetime risk of developing breast cancer. There is a 50% risk of passing this high risk gene to your children at the moment of conception. BRCA mutation carriers are approached differently than the normal risk population.

1. Enhanced Breast & Ovarian Screening and Surveillance:

- Consider annual breast MRI screening in addition to mammograms
- Monitoring by a breast specialist
- Pelvic ultrasound of the ovaries & gynecologic monitoring

2. Risk Reduction options include:

- Medications
- Prophylactic mastectomy & reconstruction
- Prophylactic removal of the ovaries

Treatment Options & Trends

Surgical Treatment

The mainstay of treatment for early stage breast cancer is breast conserving surgery. A lumpectomy procedure removes the primary breast cancer with a margin of surrounding normal breast tissue. This outpatient surgery, often combined with a short course of whole breast radiation, is considered the standard of care for most early stage breast cancers. When a lumpectomy is not appropriate, then a mastectomy with or without immediate reconstruction is just accurate.

Mastectomy techniques have dramatically evolved within the past few years. Breast cancer surgeons can now utilize "skin-sparing" and "nipple-sparing" techniques, which preserve the natural skin envelope and preoperative shape of the breast. Working as a team, plastic surgeons can then immediately begin reconstructing the breast utilizing this preserved skin envelope. The long-term cosmetic outcomes are dramatically better with these new techniques.

Adjuvant Treatment

Adjuvant therapy is now predicated on tailoring a specific treatment to the sensitivity of a specific tumor. Specific chemotherapeutic medications are now administered to fewer patients with more benefit. For example, treatment of Her-2/Neu positive cancer with the targeted antibody, trastuzumab is likely the largest advance in breast cancer care in 20 years. Hormonal adjuvant therapy continues to be a mainstay of estrogen receptor positive breast cancers.

Radiation Therapy

Whole breast radiation remains the standard of care after a surgical lumpectomy for invasive cancer. Post-mastectomy radiation therapy has recently been proven to improve survival in patients with large tumors and involved lymph nodes. Radiation oncologists are an essential component of the team approach to breast cancer care.

Clinical Trials

Breast cancer clinical trials are available through participating physician practices.

Recent Advances at PWH

Team Approach

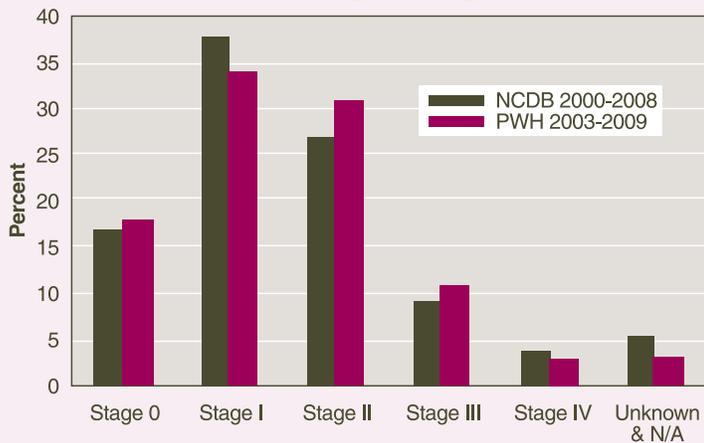
Integrated breast cancer care involves many medical disciplines, including breast surgeons, medical oncologists, radiation oncologists, and plastic surgeons. In 2008, the Interdisciplinary Breast Cancer Conference was founded. This conference allows each newly diagnosed patient to be analyzed and discussed in an open forum by the leading breast specialists. We feel optimal treatment decisions are made in this fashion. Another multidisciplinary cancer forum is the PWH Cancer Conference.

Breast MRI

Breast MRI and MRI-guided breast biopsies have been available since 2008 at PWH. This sophisticated imaging modality is most commonly used to further delineate abnormalities detected on mammography, ultrasound or by palpation. Annual screening breast MRI's are also utilized for those felt to be at a very high risk of developing breast cancer.

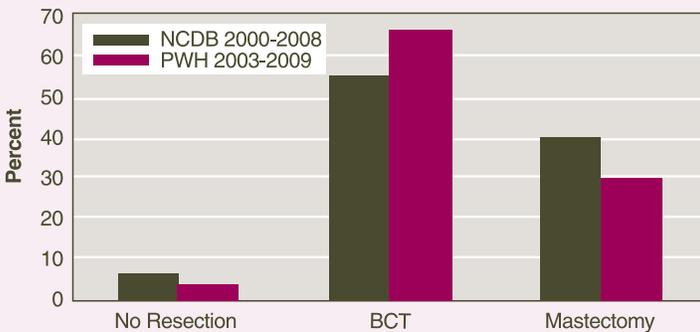
Comparative Evaluation - National Cancer Data Base (NCDB) vs. Prince William Hospital

AJCC Best Stage at Diagnosis



The stages of diagnosis of patients with breast cancer at PWH are nearly identical to the NCDB benchmarks for the entire country. This cross section of newly diagnosed breast cancer patients reflects the effectiveness of community education and availability of mammographic breast screening.

Breast Conservative Therapy vs. Mastectomy

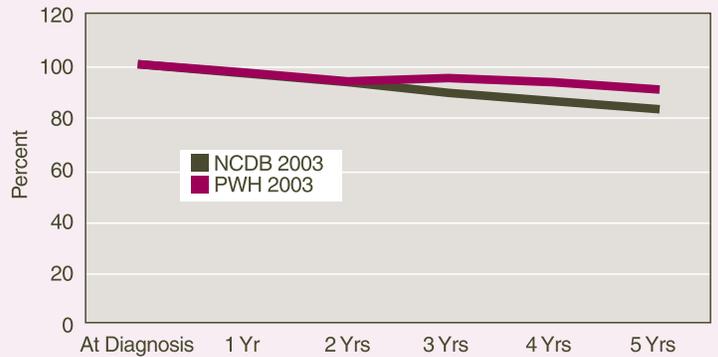


In early stage cancer, breast conservation is just as curative as mastectomy and much less traumatic. PWH performs more breast conserving lumpectomies than the national benchmarks. This likely reflects the fact that the population of patients served by PWH is significantly younger than the NCDB (<60 years old: NCDB 43% vs. PWH 60%, >60 years old: NCDB 57% vs. PWH 40%).

Patient Navigator

Anyone diagnosed with breast cancer faces a complex maze of decisions and treatment options. Through The Cancer Center at Lake Manassas, a specially trained patient navigator is now available to guide patients through this process.

Observed 5-Year Survival Rates



The overall five year survival of patients treated at PWH is higher than the national benchmarks. Our goal is to continue implementing advanced therapies to maximize the survival of breast cancer patients in our community.

References/Definitions:

- ACS: American Cancer Society, breast cancer information, available online at www.cancer.org
- NCI: National Cancer Institute, available online at www.cancer.gov
- PWH: Prince William Hospital Cancer Registry – 558 analytic cases 2003-2009. Observed Survival-2003 - 50 cases.
- NCDB Community Hospital Cancer Programs/All States - 2000-2008 - 488 hospitals (244,675 cases). Observed Survival – 2003 - 455 hospitals (20,150 cases). The American College of Surgeons is not responsible for any ancillary or derivative works based on the original tables.
- AJCC: American Joint Committee on Cancer; 6th Edition (2003-2009)/7th Edition (2010+) TNM staging system.
- NCDB: National Cancer Data Base - ©Commission on Cancer, American College of Surgeons, NCDB Benchmark Reports, Chicago, IL, 2010.
- Journal of the American College of Surgeons, Volume 209, Issue 4, Pages 421-550 (October 2009).
- *Lancet*: Volume 2005, Issue 366, Pages 2087–2106.
- 2005 Oxford Overview, Breast Cancer Research, Volume 9, Supplement 2, 2007: Controversies in Breast Cancer.

Community Outreach Programs

Educating the community about cancer prevention and early detection is a priority at Prince William Hospital. Our community programs feature free educational screening/early detection programs such as prostate and breast health seminars. Prince William Hospital serves as a cancer education resource for physicians, nurses, allied healthcare professionals as well as for community organizations and the community.

Cancer Diagnostic Services

Rigorous standards are maintained for quick and accurate diagnosis through the pathology and radiology departments. Accuracy of diagnosing and staging of cancer is maximized with laboratory tests, including sophisticated immunohistochemical studies and DNA probes through pathology. Radiological studies use the newest technology in 64-slice CT scans, PACS digital imaging, MRI and breast MRI, ultrasound, digital mammography, the computer-aided detection (CAD) system, and PET/CT. Mammotome, stereotactic and breast MRI breast biopsies, and endoscopic procedures are offered through radiology/imaging.

Cancer Treatment Services

Surgery and medical oncology, including chemotherapies, immunotherapies, radiofrequency ablations, and prostate brachytherapy are among the cancer treatments available.

The Cancer Center at Lake Manassas offers both medical oncology and radiation therapy services. Radiation therapy is also referred to other fully certified facilities in the region.

Oncology Unit Services

• Six-Bed Inpatient Oncology Unit

The nursing staff is specially trained in oncology nursing and in addressing the physical and emotional needs of cancer patients and their families. Families are encouraged to participate in the decision-making process and the care of their loved ones.

Comprehensive services, including inpatient hospice services coordinated by some of our community hospice programs, are also available.

• Outpatient Infusion Center

In July 2010, the outpatient infusion services were relocated to a newly renovated area of the hospital. Services provided include outpatient chemotherapy administration, transfusion services, central line management, as well as therapeutic drug administration. This area is staffed by specially trained oncology nurses.

• Oncology Family Room

The Family Room offers resources, such as clinical trial, support group and diagnostic treatment information.

Case Management

The case management department provides care coordination and assistance with referrals.

Cancer Support/Education Groups

The support/education groups include the weekly Tuesday night cancer support group and a monthly noon breast cancer support group. Prince William Hospital works closely with the American Cancer Society and its various programs - I Can Cope, Look Good Feel Better, and Reach to Recovery.

Food and Nutrition Services

Registered dietitians provide customized nutrition assessments as well as counseling and education for the patient and family. Medical nutrition therapy is individualized to provide optimal nutrition support for each person.

Information and Internet Resources

The medical library has a wide selection of cancer literature, either onsite or via the Internet, available to physicians. There is an Internet Resource Room near the Hylton Family Birthing Center for the convenience of patients and their families. The Oncology Family Room also offers Internet resources.

Pastoral Services

Supportive pastoral services are available as requested either onsite or as referrals to community resources.

Patient Navigation Services

This year, The Cancer Center at Lake Manassas has added a patient navigator to support and help patients overcome any barriers that might prevent treatment.

Psychosocial Support Services

The psychosocial support arm of the cancer program team works to integrate a specialized plan into the overall treatment program that addresses the unique psychosocial concerns of the cancer patient and family. The individualized plan may include counseling, psychotherapy, health education, community resource referral, and discharge planning.

Rehabilitation Services

Rehabilitation Services provides individualized programs of physical and occupational therapy and speech language pathology to maximize a person's functional abilities. Our specialized oncology program includes:

- A 15-minute light touch massage program for oncology inpatients and chemotherapy patients offered three times weekly.
- An outpatient lymphedema program for individuals with cancer, lymphedema and other pre- and post- surgical conditions that result in swelling, scar tissue formation or loss of mobility.

Volunteer Services

A group of dedicated volunteers provide help to the cancer program and its activities.

Directory of Services

Prince William Hospital.....	703-369-8000
Cancer Center at Lake Manassas.....	703-753-4045
Cancer Registry.....	703-369-8696
Cancer Support Groups: General and Breast.....	703-369-8543
Case Management.....	703-369-8363
Clinical Nutrition.....	703-369-8515
Heathcote Health Center.....	571-261-3250
Home Health.....	703-369-8448
Laboratory.....	703-369-7495
Medical Library.....	703-369-8475
Oncology Unit.....	703-369-8138
Outpatient Infusion Center.....	703-369-8840
Patient Navigator at Cancer Center at Lake Manassas.....	571-248-4603
Physician Finder.....	703-530-WELL
Prince William Surgery Center.....	703-359-8525
Radiology.....	703-369-8341
Rehabilitation Services.....	703-369-8194
Scheduling.....	703-369-8073
Wellness Center.....	703-369-8405

Local Cancer Resources

American Cancer Society – Vienna.....	703-938-5550
American Cancer Society – Road to Recovery.....	1-800-227-2345
Capital Hospice – Referral.....	1-800-869-2136
Capital Hospice – Manassas Branch.....	703-392-6707
Community Hospice of Virginia – NoVA Branch.....	703-738-5000
Community Hospice of Virginia – Referral.....	866-234-7742
Evercare Hospice & Palliative Care.....	571-262-5200
Hospice of the Rapidan.....	1-800-676-2012

National and Website Cancer Resources

American Cancer Society: www.cancer.org	800-227-2345
ASCO: www.peoplelivingwithcancer.org	888-651-3038
Cancer Care: www.cancercare.org	800-712-8080
Cancer Trials at NIH: www.cancer.gov/clinicaltrials	
Medicine Net: www.medicinenet.com/breast_cancer/article.htm	
National Cancer Institute: www.nci.nih.gov	800-4-CANCER
Patient Advocate Foundation: www.patientadvocate.org	800-532-5274
Prince William Health System: www.pwhs.org	
Wellness Community: www.thewellnesscommunity.org	888-793-WELL
Breast Cancer network of Strength: www.networkofstrength.org	
Breast Cancer Organization: www.breastcancer.org	
National Breast Cancer Foundation: www.nationalbreastcancer.org	
NCCN Patient Guidelines – Breast: http://nccn.com/patient-guidelines.html	
Susan G. Komen for the Cure: www.komen.org	1-877-465-6636

Accreditation by:

- The Joint Commission
- The American Association of Blood Banks
- The College of American Pathologists
- American College of Surgeons Commission on Cancer
- Continuing Medical Education Program Accredited by the Medical Society of Virginia

Affiliated with:

- Northern Virginia Community College
- George Mason University Nursing Program

Licensed by:

- The Virginia Department of Health

Member of:

- American Hospital Association
- Virginia Hospital and Healthcare Association
- The Northern Virginia Hospital Council
- The Healthcare Forum



Prince William Hospital Cancer Program Mission

The ultimate goal of the cancer program is to reduce the morbidity and mortality of our community's cancer patients.

Our Vision

We, the employees of Prince William Health System and our physician partners, will deliver the most remarkable patient experience in every dimension, every time.

Prince William HOSPITAL
Remarkable People. Remarkable Medicine.

8700 Sudley Road | Manassas, VA 20110
703-369-8000 | www.pwhs.org