



The Tate Center

2019 TATE CANCER CENTER ANNUAL REPORT



UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

TATE CANCER CENTER

AN AFFILIATE OF THE UNIVERSITY OF MARYLAND
MARLENE AND STEWART GREENEBAUM
COMPREHENSIVE CANCER CENTER

The Tate Center

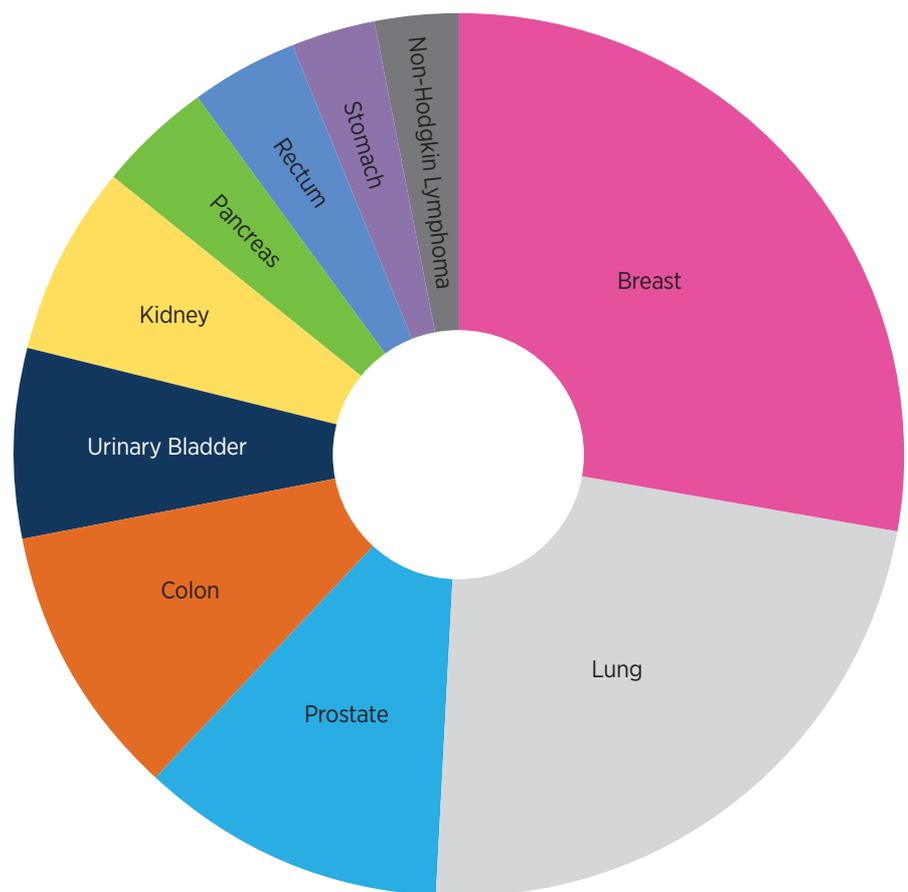
CALENDAR YEAR 2019

PUBLIC REPORTING OF OUTCOMES

The Tate Cancer Center at University of Maryland Baltimore Washington Medical Center opened in 2003 and is named for community philanthropists Creston and Betty Jane Tate. The center's goal is to provide cancer patients with high-quality outpatient care conveniently located on the hospital's campus, all under one roof.

The Cancer Registry is a part of the Tate Cancer Center at University of Maryland Baltimore Washington Medical Center (UM BWMC) and collects data on all cancer patients diagnosed and/or treated at UM BWMC. Information collected and analyzed includes demographic, diagnostic, staging, treatment, follow-up, and survival data for each case. The cancer registry also ensures the cancer programs compliance with all standards established by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS) to maintain its accreditation as an Academic Comprehensive Cancer Program (ACAD).

TOP TEN PRIMARY CANCER SITES



 Breast	28%	 Kidney	7%
 Lung	23%	 Pancreas	4%
 Prostate	11%	 Rectum	4%
 Colon	10%	 Stomach	3%
 Urinary Bladder	7%	 Non-Hodgkin Lymphoma	3%



CANCER PROGRAM PRACTICE PROFILE REPORTS

CP3R Reports

The Web-based Cancer Program Practice Profile Reports (CP3R) offer local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers.

CP3R Measure	CoC Standard/%	CY2013	CY2014	CY2015	CY2016
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer	G15RLN 4.5 / 80%	100%	100%	100%	100%
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC	LCT 4.5 / 85%	100%	100%	100%	100%

MEN'S CANCER Prevention and Screening Program



Cancer Risk Factors

TOBACCO:

- There is no safe form of tobacco
- Smoking causes ~30% of all U.S. deaths from cancer
- ~43% of non-smokers in the U.S. have detectable levels of nicotine

ALCOHOL:

- Risk factor for mouth, pharynx, larynx, esophagus, liver, colorectal, pancreas, and breast cancers
- No more than one drink a day for women, two drinks a day for men
- 1 drink = 12 oz regular beer, 5 oz wine, 1.5 oz of 80-proof distilled spirits

OBESITY:

- Increases risk of colon, rectum, esophagus, kidney, pancreas, liver, prostate, multiple myeloma, non-Hodgkin's lymphoma, myeloid leukemia, and gallbladder cancers
- Healthy body mass index (BMI): 20-25 under the age of 65, 25-27 over the age of 65

DIET:

- Assess your eating habits (portion size, night grazing, snacking habits, eating out, added fats and/or sugars to foods or beverages)
- Eat 2.5 cups of vegetables and fruits a day
- Limit red meat (beef, pork) and avoid processed meat (cold cuts, bacon, hot dogs)

EXERCISE:

- At least 150 minutes of moderate intensity activity OR 75 minutes of vigorous intensity activity per week (ideally spread throughout the week)
- In addition to cardiovascular exercise, do strength or resistance training at least 2-3 times a week

SUN EXPOSURE:

- All types of skin cancers occur more commonly in men than in women
- Tanning salon sunlamps emit up to 12 times as much skin aging UVA radiation as that of the sun

- 1st exposure to tanning beds as a youth increases melanoma risk by 75%
- Median age for melanoma (most aggressive type of skin cancer) is 63, and median age of death from melanoma is 69
- Seek shade outdoors between 10am-4pm
- Use sunscreen regularly and properly – reapply every 2 hours or after swimming or excessive sweating
- Be aware of your normal patterns of moles, freckles, and blemishes

PATHOGENS:

HELICOBACTER PYLORI (H. Pylori)

- Can cause a type of lymphoma in the stomach lining
- Spread through contaminated food/water and direct mouth-to-mouth contact
- Can be treated with antibiotics

HEPATITIS B VIRUS (HBV)

- Can cause liver cancer
- Now part of children's vaccine
- Vaccination recommended for all individuals with increased risk (those working in healthcare industry and those with exposure to multiple sexual partners)

HEPATITIS C VIRUS (HCV)

- Can cause liver cancer
- No vaccine but there is a curative treatment for Hepatitis C available
- One time testing recommended for everyone in the US born from 1945-1956

HUMAN PAPILLOMA VIRUS (HPV)

- Responsible for most cases of throat, penile, anal cancers (and cervical, vaginal and vulvar in women)
- Vaccination prevents 90% of HPV related cancers
- Recommended to get vaccinated at age 11-12 – can be given ages 9-26

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

- Does not cause cancer itself but weakens the immune system, increasing the risk of many cancers

CANCER RISK FACTORS



Cancer Screening

PROSTATE:

- Prostate-specific antigen (PSA) tests help identify cancer early but can sometimes result in unnecessary treatment and associated side effects
 - A normal PSA level doesn't guarantee you are cancer-free
- Discuss with your doctor the risks and benefits of prostate screening at:
 - Age 50 for men who are at average risk of developing prostate cancer and are expected to live at least 10 more years
 - Age 45 for men at high risk (including African American men and men who have close relative diagnosed with prostate cancer younger than age 65)
 - Age 40 for men at even higher risk (more than one close relative who had prostate cancer at an early age)
- Not recommended for asymptomatic men age 70+

COLON:

- If everyone followed colorectal cancer screening guidelines, at least 60% of U.S. colorectal cancer deaths could be avoided
- For those with average risk: start regular screening at age 45-50
 - Visual exams
 - Colonoscopy every 10 years
 - CT colonography every 5 years
 - Flexible sigmoidoscopy every 5 years
 - Stool-based tests
 - Yearly fecal immunochemical test (FIT)
 - Yearly guaiac-based fecal occult blood test (gFOBT)
 - Multi-targeted stool DNA test/ColoGuard (MT-sDNA) every 3 years
- If risk is increased, earlier screening may be recommended

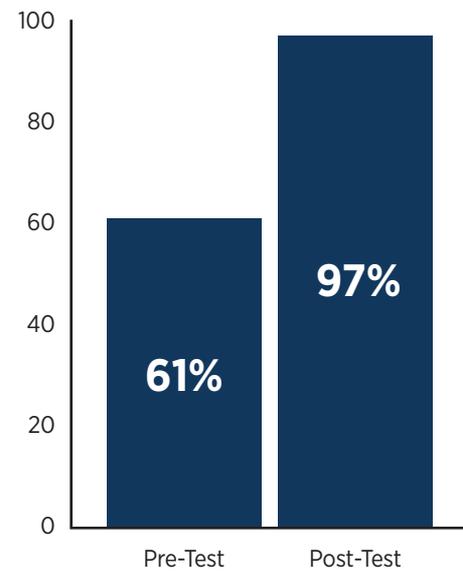
LUNG:

- 8/10 lung cancer deaths are thought to result from smoking
- For individuals with a 30 pack-year smoking history, current smokers, or those who have quit smoking in the past 15 years, annual low dose CT lung cancer screening is recommended beginning at age 55



MEN'S HEALTH PRE/POST KNOWLEDGE CHANGES

The Tate Cancer Center provided education on men's health screening and prevention and had participants take a test before being educated as well as after being educated to assess knowledge gain. See the results of the knowledge gain of the participants being formally educated by a provider.





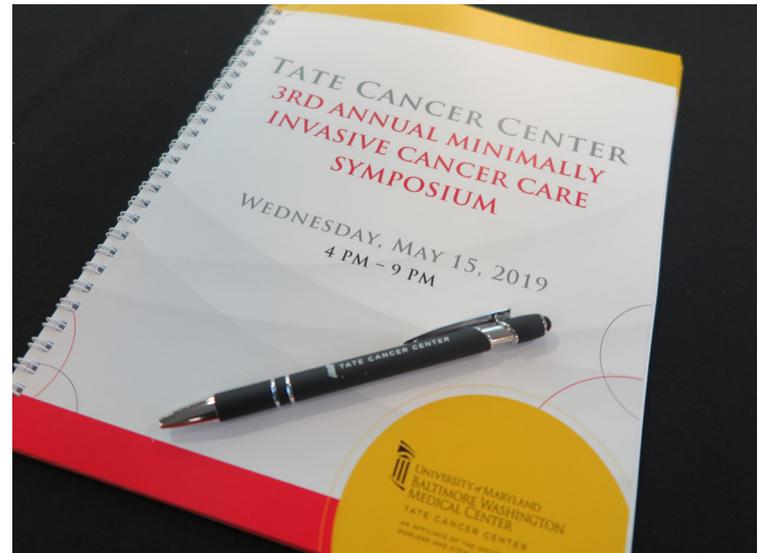
A GLIMPSE OF 2019 TATE CENTER Patient and Provider Events

The Tate Cancer Center hosts various events for both patients and physicians during the year. Below is information about two of the Center's signature annual events.

National Cancer Survivors Day at Tate Cancer Center

On Wednesday, June 5, 2019 more than 200 cancer survivors and their friends and family attended the Tate Cancer Center's fifth annual Cancer Survivors Day to celebrate those impacted by cancer. The theme of this year's event was Hope Grows Here. Attendees enjoyed food, music, crafts and a special appearance by comedian, magician and motivational speaker Mark Robinson. Educational information was also presented throughout the event for patients, their friends and family members who have been touched by cancer.

[View photos from the National Cancer Survivors Day at Tate Cancer Center.](#)



Third Annual Tate Cancer Center Minimally Invasive Cancer Care Symposium

The third annual Tate Cancer Center Minimally Invasive Cancer Care Symposium was held on May 15, 2019. This year's program presented the most up to date information, application and technical aspects of minimally invasive cancer care presented by experts in their fields. The conference highlighted the most significant updates in minimally invasive cancer care and also how and when to appropriately use these new tools. The symposium was a huge success with over 125 providers in attendance.

[View photos from the Third Annual Tate Cancer Center Minimally Invasive Cancer Care Symposium.](#)



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