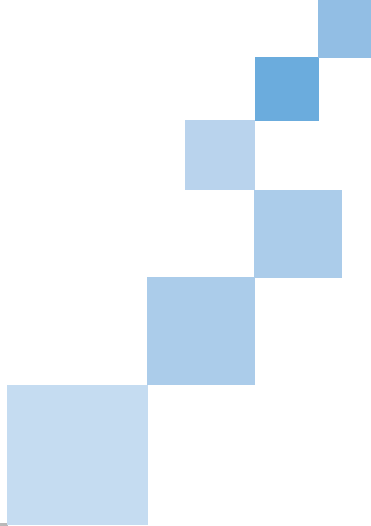




A
vision
of increased
Awareness



HOWARD UNIVERSITY CANCER CENTER



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Message

FROM THE DIRECTOR

Once again the American Cancer Society has published the report entitled *Cancer Facts and Figures 2006* and reported the *good news* that cancer deaths are decreasing in the United States. However, this is not true for African-Americans. It still remains that African-Americans are overall more likely to be diagnosed with cancer and to die from cancer than all other racial/ethnic groups.

Cancer health disparities that exist are often attributed to social inequalities, racial discrimination, and poverty, which ultimately result in lack of access to health care. Due to these factors, road blocks prevent access to state-of-the-art treatment, early detection and screening, as well as clinical trials.

We are indeed a divided nation between the *have* and the *have nots* which will continue to widen the gap between minorities and majority populations, as the latter continues to improve. It is difficult to be optimistic about *narrowing the gap* or eliminating health disparities, when the health care provided for a human being in the United States is predicated on the level of wealth and not on the level of health care need.

However, it is important to point out that because of the totality of the reasons noted above, Howard University Cancer Center is critical and essential because we provide quality treatment, free and low cost screening, access to prevention and treatment clinical trials, support groups, and educational programs to the community we serve—primarily the underserved. And it is for these reasons that we have reason to be optimistic and hopeful.

A handwritten signature in black ink, appearing to read 'Lucile Adams-Campbell'.

Lucile L. Adams-Campbell, Ph.D.

Director, Howard University Cancer Center



Message

FROM THE CANCER COMMITTEE CHAIRMAN

Cancer is now rated the number one cause of mortality in the United States. African-Americans and underserved populations are at higher risk for incidence of cancer and unfavorable outcomes. To favorably alter this trend, a full cadre of highly trained professionals and researchers are assembled to address the needs of the community that we serve at Howard University Hospital and the Howard University Cancer Center (HUCC).

Patient education, awareness, prevention, screening clinics, and community outreach programs are essential components of the HUCC program. The cancer program continues to enjoy full accreditation by the Commission on Cancer of the American College of Surgeons and remains an active member in national clinical trials and research.

Howard University is committed to providing the latest technology in all disciplines to facilitate patient care and research including:

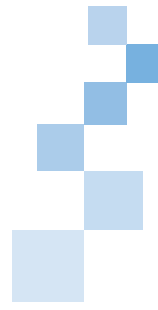
- A dynamic state-of-the-art clinical trials portfolio.
- The latest additions to the effective and proven arsenal of chemotherapeutic drugs delivered to our patients in outpatient and inpatient facilities staffed with certified professionals.
- The addition of *Patient Navigators* along with our experienced members of Social Services to enhance the availability of patient access to a comprehensive array of resources. Thus, making the care process more efficient and convenient.
- The newly opened Women's Imaging Center that offers state-of-the-art technology in the diagnosis and management of breast cancer and related diseases.
- Multidisciplinary boards including weekly Hospital Tumor Board, Head & Neck Cancer Conferences and clinics offer the best, timely treatment options to our clients, conveniently under one roof.

It is through these and other initiatives that the Howard University Cancer Center will continue its pursuit to counteract the cancer scourge in the underserved population.



Ebrahim Ashayeri, M.D.
Chair, Hospital Cancer Committee





Profile

Wayne A. I. Frederick, M.D., F.A.C.S.

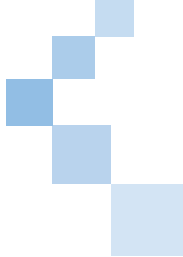
Associate Professor of Surgery and Associate Director, Clinical Research and Clinical Director

Dr. Wayne Alix Ian Frederick was born in Port of Spain, Trinidad. He migrated to the United States at age sixteen to attend Howard University where he matriculated in a combined BS/MD program and received his medical degree in six years.

After receiving his medical degree, Dr. Frederick did his residency in General Surgery at Howard University Hospital where he received the *Outstanding Resident of the Year Award*, *House Staff of the Year Award*, and *Chairman's Chief Resident of the Year Award*. He then did a post-doctoral research fellowship at M.D. Anderson Cancer Center working the laboratory of Dr. Douglas B. Evans, where his research focused on NF Kappa B and its role in pancreatic cancer. Dr. Frederick completed his surgical oncology fellowship at M.D. Anderson Cancer Center, where he spent his final year as the Chief Administrative Fellow.

In 2003, Dr. Frederick joined the faculty at the University of Connecticut Health Center where he became the Associate Director of the Carole and Ray Neag Comprehensive Cancer Center, Director of Surgical Oncology, and Assistant Professor in the Department of Surgery. He held the position of Associate Program Director of the Integrated Residency Program where he garnered the *Residents' Teacher of the Year Award* and the *Students Teacher of the Year Award* in both of the years that he was on the faculty.

Dr. Frederick is currently a member of several national organizations, including the Society of Black Academic Surgeons, the American Society of Clinical Oncology, the American College of Surgeons where he is a member of the Committee of Young Surgeons, and the Society of Surgical Oncology where he is a member of the Clinical Affairs Committee. Dr. Frederick has joined the faculty of the Department of Surgery at Howard University as Associate Professor—fulfilling a career aspiration of working with his mentor, Dr. LaSalle D. Leffall, Jr. Most important, he has been named the Howard University Cancer Center's Associate Director for Clinical Research and Clinical Director.



HOWARD UNIVERSITY HOSPITAL CANCER COMMITTEE MEMBERS

Ebrahim Ashayeri, M.D., *Chairman, Radiation Therapy*
Robert L. DeWitty, M.D., *Cancer Liaison, Surgery*

Lucile L. Adams-Campbell, Ph.D., *Cancer Center*

C. Ahaghotu, M.D., *Urology*

Augustine Boateng, M.D., *Urology*

William Bond, M.D., *ENT Surgery*

J. Marc Britton, M.H.A., *Cancer Center*

Reverend Bowyer Freeman, *Chaplin*

Wayne Frederick, M.D., *Surgery/Cancer Center*

Melvin Gaskins, M.D., *Medical Oncology*

M. Fujita, M.D., *Radiation Therapy*

Roma V. Gumbs, M.D., *Radiology*

Russell Hill, M.D., *Gynecology/Oncology*

Deloris Hoggard, *Administrator, Medical Director's Office*

Aaron Jackson, M.D., *Urology*

Janaki N. Kalyanam, M.D., *Physical Medicine*

Fred Lombardo, Pharm.D., R.Ph., *Cancer Center*

Charles P. Mouton, M.D., M.S.,
Chairman of Community Health & Family Practice

Tammy J. Naab, M.D., *Pathology*

Hassan Nabhani, M.D., *Radiology*

Obunenyo Obisesan, Pharm.D., R.Ph., *Pharmacy*

Baffour Osei, M.D., M.P.H., *Director of Pain Management, Anesthesiology*

Joan Pearson, *Cancer Center*

Nelida SanGabriel, R.N., *Oncology Nursing*

Duane Smoot, M.D., *Gastroenterology*

Cherie Spencer, M.S., *Cancer Center Community Outreach*

Raj Sridhar, Ph.D., *Radiation Therapy*

Betty Tanner, R.N., *Nursing Administration*

Luna Rose J. Tiglao, R.N., *Quality Assurance*

Carla Williams, Ph.D., *Cancer Center*

Robert Williams, M.D., *Family Practice*

Rosemary Williams, M.Ed., *CTR, Tumor Registry/Breast Cancer Screening*

Janet Winzer, A.C.S.W., *Social Services*

Melville Wyche, M.D., *Anesthesiology*



PRIMARY SITE TABLE - 2004 Cancer Cases

PRIMARY SITE	CLASS OF CASE		GENDER		% TOTAL	
	A	N/A	Male	Female	%	Total
Tongue	3	1	2	2	1.1	4
Salivary Glands	2	0	0	2	.5	2
Floor of Mouth	1	0	1	0	.3	1
Gum & Other Mouth	2	0	1	1	.5	2
Tonsil	1	0	0	1	.3	1
Oropharynx	6	1	5	2	1.8	7
Hypopharynx	5	0	4	1	1.3	5
ORAL CAVITY & PHARYNX	20	2	13	9	5.8	22
Esophagus	10	0	9	1	2.6	10
Stomach	2	0	1	1	.5	2
Small Intestine	1	0	0	1	.3	1
Colon, excl Rectum	21	2	11	12	6.1	23
Rectosigmoid Junction	7	1	4	4	2.1	8
Rectum	10	0	7	3	2.6	10
Anus & Anal Canal	2	1	2	1	.8	3
Liver	1	0	0	1	.3	1
Gallbladder	2	0	1	1	.5	2
Pancreas	5	1	0	6	1.6	6
DIGESTIVE SYSTEM	61	5	35	31	17.4	66
Nose, Nasal Cav & Middle	4	0	2	2	1.1	4
Larynx	6	0	4	2	1.6	6
Lung & Bronchus	37	4	27	14	10.8	41
RESPIRATORY SYSTEM	47	4	33	18	13.5	51
BONES & JOINTS	1	0	0	1	.3	1
SOFT TISSUE-INCL HEART	1	0	0	1	.3	1
SKIN	2	0	1	1	.5	2

PRIMARY SITE TABLE - 2004 Cancer Cases

PRIMARY SITE	CLASS OF CASE		GENDER		% TOTAL	
	A	N/A	Male	Female	%	Total
BREAST	71	5	1	75	20.1	76
Cervix Uteri	9	1	0	10	2.6	10
Corpus Uteri	10	1	0	11	2.9	11
Uterus, Nos	2	0	0	2	.5	2
Ovary	4	0	0	4	1.1	4
Vulva	2	0	0	2	.5	2
FEMALE GENITAL	27	2	0	29	7.7	29
PROSTATE	59	10	69	0	18.2	69
Bladder	4	1	4	1	1.3	5
Kidney & Renal Pelvis	6	1	3	4	1.8	7
Other Urinary Organs	1	0	1	0	.3	1
URINARY SYSTEM	11	2	8	5	3.4	13
BRAIN	1	0	1	0	.3	1
Thyroid	4	0	1	3	1.1	4
Other Endocrine Incl Thym	1	0	0	1	.3	1
ENDOCRINE SYSTEM	5	0	1	4	1.3	5
HODGKIN DISEASE	5	0	1	4	1.3	5
NON-HODGKIN LYMPHOMAS	15	0	10	5	4	15
LYMPHOMA	20	0	11	9	5.3	20
MYELOMA	5	3	5	3	2.1	8
LYMPHOCYTIC	2	0	0	2	.5	2
MYELOID AND MONOCYTIC	2	0	1	1	.5	2
LEUKEMIA	4	0	1	3	1.1	4
KAPOSI SARCOMA	2	0	2	0	.5	2
MISCELLANEOUS	9	0	6	3	2.4	9
ALL SITES	346	33	187	192	-	379
<i>Percentage (%)</i>	91.3	8.7	49.3	50.7	100	-

Clinical Trials at the Howard University Cancer Center

TRIAL NAME	PURPOSE	ELIGIBILITY	TREATMENT
BREAST CANCER PROTOCOLS			
NSABP B-38	Treatment of breast cancer	Node-positive breast cancer patients	Chemotherapy
NSABP B-39	Treatment of breast cancer	Stage 0, I, or II breast cancer patients	Whole Breast Irradiation (WBI) vs. Partial Breast Irradiation (PBI) and Radiation Therapy
NCCTG N0337	Treatment of breast cancer	Women with HER2+ metastatic breast cancer	Capecitabine in combination with Vinorelbine and Trastuzumab for the First- or Second-Line treatment
SWOG S0226	Treatment of breast cancer	Postmenopausal women with metastatic breast cancer	Anastrozole vs. Anastrozole and Fulvestrant
PROSTATE CANCER PROTOCOLS			
MC0453	Treatment of prostate cancer	Patients with hormone refractory prostate cancer	17-AAG
NCCTG N00CB	Prostate cancer control	Hot flashes in men with prostate cancer	Gabapentin
GI CANCER PROTOCOLS			
L-9444	Treatment of colorectal cancer	Patients with metastatic colorectal cancer	IO combined with 5- 5-FU, Leucovorin (FOLFOX), Bevacizumab vs. CO FOLFOX/ Bevacizumab +/- europrophylaxis w/calcium/ magnesium for the Optimization of First-Line Therapy
CANCER PREVENTION/CONTROL PROTOCOLS			
FCRB-04-033-P	Smoking Cessation	Adults who smoke at least 10 cigarettes per day	Nicotine lozenge vs. Nicotine patch
E4Z02	Fatigue in patients with cancer	Patients with cancer	Levocarnitine
SELECT	Prostate cancer prevention	Healthy men 55 and older (50 and older for African-American men)	Selenium, Vitamin E, both, or placebo



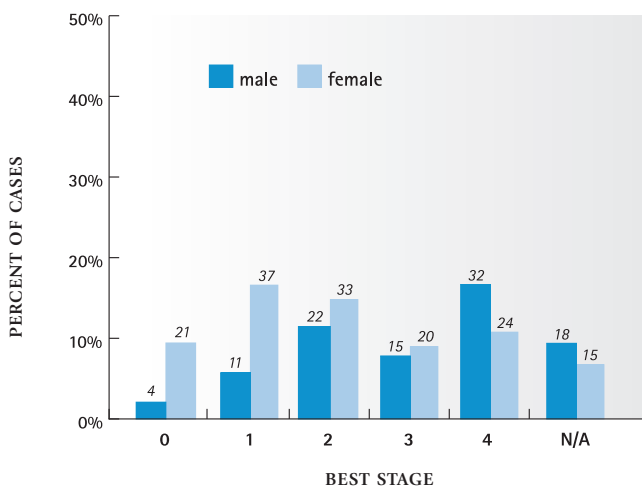
Tumor Registry

The Tumor Registry serves as a repository for epidemiological, clinical and administrative data, tracking trends for major cancer sites and for rare and unusual tumors. During 2004 the registry reported to the National Cancer Database, the Washington, D.C. Government's Central Cancer Registry and the Maryland State Cancer Registry. It also gave detailed information to many physicians and researchers for grants, studies, lectures and clinical trials.

Since 1998 Impac Medical Systems (*formerly Medical Registry Services*) has provided the software for data collection. The Tumor Registry classifies and codes all cancer cases and certain benign tumors for inclusion in its database. The reference year for the Tumor Registry is 1990. The Hospital Cancer Program received a three year approval in 2004. The Cancer Program which includes, but is not limited to the Registry, the Cancer Committee, Tumor Board and Patient Care Evaluation Studies

The Tumor Registry classifies and codes all cancer cases and certain benign tumors for inclusion in its database.

FIGURE 1: Male vs. Female by AJCC Stage
2004 Cancer Cases at Howard University Hospital





has now received eight consecutive full approvals from the Commission on Cancer of the American College of Surgeons.

Breast cancer is the number one malignancy at Howard University Hospital in most years. In 2004 there were 92 breast cancers diagnosed, 69 prostate, 47 lung and larynx and 33 colorectal. Corpus Uteri (*endometrium*) and cervix accounted for 24 cases. Prostate cancer is rising at Howard University Hospital, mostly attributable to increased prostate screening in recent years.

The Registry is staffed by two Certified Tumor Registrars, Rosemary Williams, MEd, CTR, the Manager and Lucy Kane, CTR, Abstractor. Both are members of the Tumor Registrars' Society of Metropolitan Washington and are involved in educational activities that keep them abreast of the dynamic changes in the cancer program field. Mrs. Williams Co-Chairs the Registry Sub-Committee of the Central Registry Advisory Committee and is a full member of that committee. She also is the D.C. Cancer Coalition's lead team member for the preparation of the breast chapter of the District of Columbia Cancer Plan for the Centers for Disease Control & Prevention.

Prostate cancer is rising at Howard University Hospital, mostly attributable to increased prostate screening in recent years.

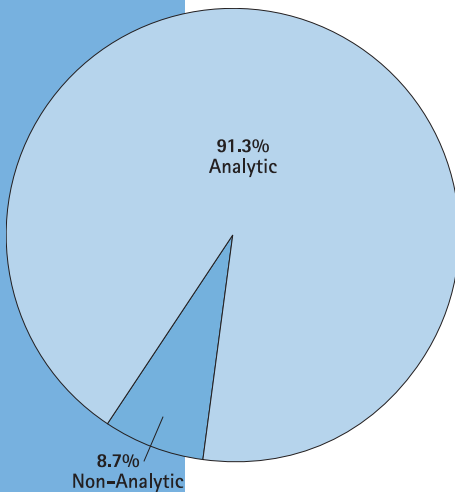


FIGURE 2: Analytic/Non-Analytic by First Contact Year 2004 Cancer Cases at Howard University Hospital

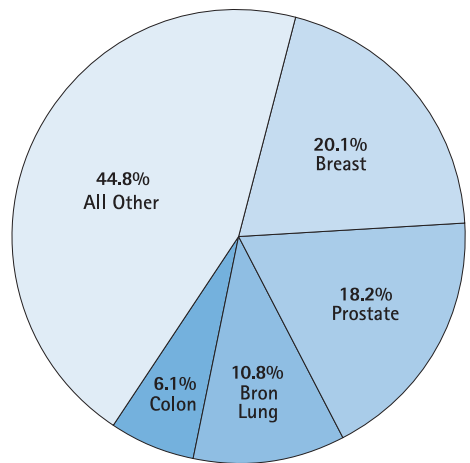
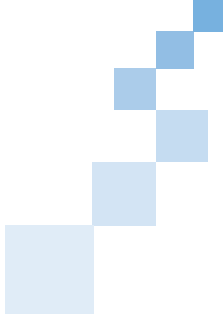


FIGURE 3: Frequency of Cancer 2004 Cancer Cases at Howard University Hospital



Prostate Cancer

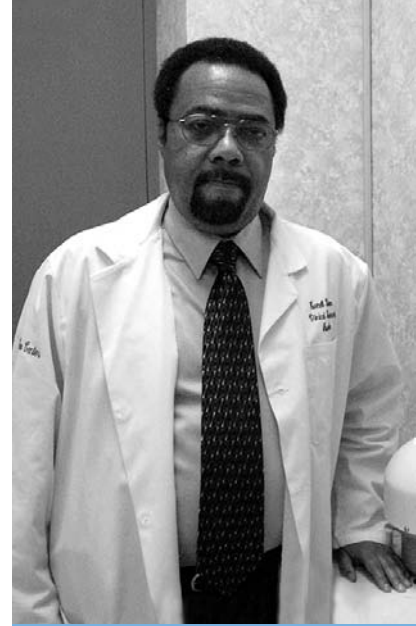
AT HOWARD UNIVERSITY HOSPITAL

Charles P. Mouton, MD, MS
Augustine Mireku-Boateng, MD
Rosemary Williams, M.Ed., CTR

Prostate cancer is an important cause of morbidity and mortality in men, especially African-American men. In 2005, prostate cancer was the leading cause of cancer morbidity at 232,090 cases (33% of all cancers) and the second leading cause of cancer deaths at 30,350 deaths (10% of all cancer deaths). African-American men have the highest morbidity and mortality rates associated with prostate cancer in the world. From 1997-2001, the prostate cancer rate in African-American men was 274.3 cases/100,000 population compared to 171.2 for Whites (African-American to White ratio 1.6). In the year 2005 it is estimated that 30,770 new cases were diagnosed (42% of all cancer cases) and 5,050 African-American men died of prostate cancer (15.6% of all cancer deaths). The increase in prostate cancer diagnoses has been attributed to the increased use of prostate specific antigen testing.

Locally, prostate cancer remains a key contributor to morbidity and mortality. In 2005, D.C. ranked first among the 50 states in the prostate cancer incidence (239.4 cases/100,000 population) and first in prostate cancer mortality (49.9 deaths/ 100,000 population).

At Howard University Cancer Center and Hospital, prostate cancer is the leading cancer diagnosis among men—as it is nationally. From 2000-2004, there were 430 cases diagnosed at Howard University Hospital (HUH). Over 18% of the men diagnosed with prostate cancer had Stages III and IV. The National Cancer Database revealed that 88% of African-American men were diagnosed in early stages with localized disease compared to 91% for Whites. Our free prostate cancer screening program may have resulted in increased number of diagnosed cancers in younger men.



At Howard University Cancer Center and Hospital, prostate cancer is the leading cancer diagnosis among men, as it is nationally.



Howard University Cancer Center has been awarded funds to screen 3,800 men from the Washington, D.C. area.

Also, the HUCC has been awarded funds to screen 3,800 men from the Washington, D.C. area. From previous screening, 25% of the prostate cancers were diagnosed before the age of 60 years and 75% were diagnosed over the age of 60. Approximately 44% of the men were early stages, 1 and 2, decreased from 48% from 1997-2000. No treatment was the predominant treatment for the prostate cancer cases followed by surgery and radiation. Nationally, the overall 5-year survival rate for prostate cancer in African-Americans has increased from 67% to 99% with 5-year survival for local disease approaching 100%. The 5-year survival rate for African-American men diagnosed at various stages is 96% nationally. At Howard University Hospital, the five-year overall survival rate for prostate cancer was 72%, with survival for local disease at 85% and for regional disease at 59%. This may be attributable to the high co-morbidity rate among African-American specific survival rates for stages I, II, III, IV are 92%, 83%, 70%, and 20%, respectively.

Beyond the issue of prostate cancer treatment, Howard University Cancer Center plays a leading role in preventing prostate cancer, especially in men at high risk. There are several well-known and established risk factors associated with prostate cancer including age, ethnicity, and familial factors. The incidence of prostate cancer increases with age whereby 70% of all diagnoses are made in men over 65 years of age. Prostate cancer is influenced by genetics or

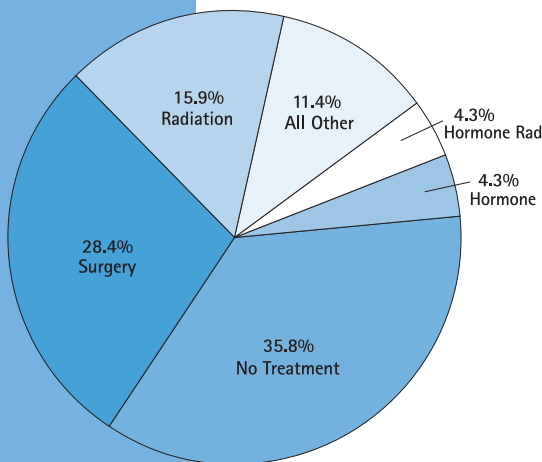


FIGURE 1: Type of Initial Therapy
1997-2001 Treatment for Prostate Cancer at HUH

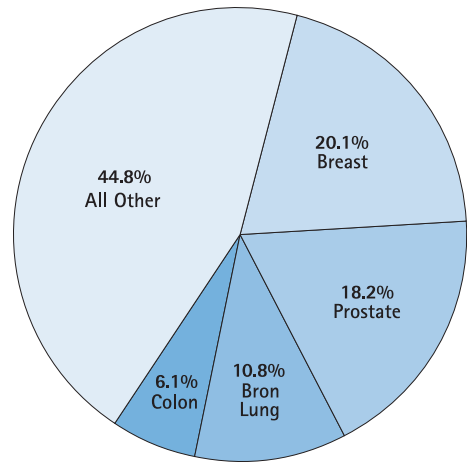


FIGURE 2: Frequency of Cancer
2004 Cancer Cases at Howard University Hospital

FIGURE 3: Kaplan-Meier Survival Best AJCC Stage
Prostate Cancers at HUH, 1997-2001

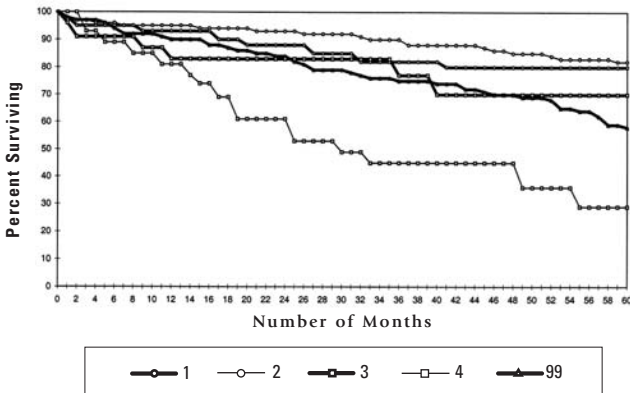
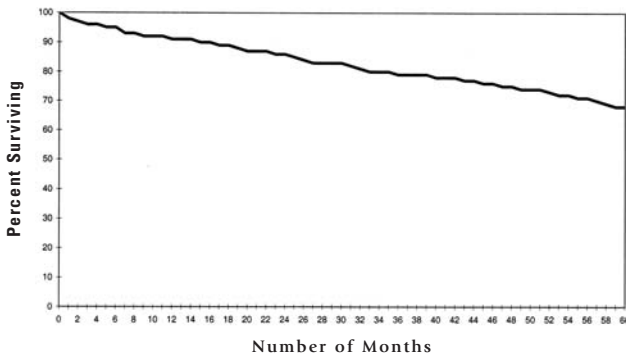
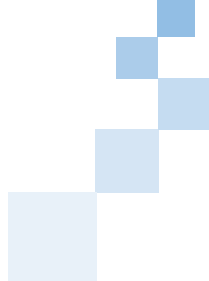


FIGURE 4: Kaplan-Meier Survival By Comb Stages
Prostate Cancers at HUH, 1997-2001



Locally, prostate cancer remains a key contributor to morbidity and mortality.

family predisposition, explaining 5-10% of cases. Men who have a first degree relative with prostate cancer, that is a father or brother, are three times more likely to develop prostate cancer. Diet has also been hypothesized as a risk factor for prostate cancer, particularly diets high in saturated fat. Also, prostate cancer deaths are high in obese men. At Howard University Cancer Center, we continue to conduct research focusing on the genetics of prostate cancer, the impact of nutrition on prostate cancer, and exercise as a technique of weight control to prevent prostate cancer. These programs are expected to have a tremendous impact on the burden of prostate cancer especially in African-American in the D.C. Metropolitan Area.



Clinical Programs

SURGICAL ONCOLOGY

The Division of General Surgery and the programs of Colorectal Oncology and Breast Oncology, continue to provide quality care for surgical oncology patients. The Division of Otolaryngology provides state-of-the-art comprehensive care through a team management approach. The interaction between patients and a multidisciplinary team of health care specialists serve to enhance the decision-making process in determining treatment regimens. The Division of Urology provides a broad range of services for urologic malignancies including prostate, bladder, testes, kidney, and other urinary organs. The Division is actively involved in early detection, prevention, and cancer control activities in the community.

GYNECOLOGY ONCOLOGY

The Gynecology Oncology Division offers comprehensive care through a multidisciplinary team approach that emphasizes preventive medicine. The Division utilizes appropriate screening tools, e.g., pap smears, breast self-examination and instruction, mammograms, CA125, pelvic sonograms and referrals for genetic testing, which is reserved for high risk patients. The Colposcopy Clinic manages all epithelial cell abnormalities of the endometrium, cervix, vagina and vulva. The treatment focus is to eradicate preinvasive disease of the female genitalia.

MEDICAL ONCOLOGY

The Division of Medical Oncology offers comprehensive instruction through pathophysiology conferences, grand rounds and tumor board participation. The medical oncologists are actively involved in treatment and chemoprevention trials focusing on breast, lung, colorectal, and head and neck cancers.

NURSING ONCOLOGY

A major objective of Oncology Nursing is to provide care in a manner that lets the patient know that he/she is not only cared for, but also cared about. The nursing staff in the Cancer Center embraces the philosophy that all persons are of value and deserve equal treatment for their condition, and that such treatment is to be administered in an atmosphere that is aesthetically-pleasing and spiritually-supportive. The 25-bed inpatient Oncology Unit within the hospital is dedicated to the holistic care of the client with cancer. The Chemotherapy Infusion Center has flexible hours to meet the individual needs of the patient

PATHOLOGY

The Department of Pathology provides support and consultation to all clinical departments involved in the study and treatment of neoplastic disease. Diagnosis and interpretation of biopsy and cytologic specimens form the basis for involvement. Participation in tumor board and other conferences exemplifies the consultative role. The department is involved in collaborative research efforts in colon cancer to determine the spectrum of frequency of somatic mutations in colon cells in African-Americans. Other collaborations include minimally invasive staging for breast cancer and a project to improve patient survival by providing clinicians with molecular data that correlate the various forms of estrogen receptors in a tumor with response or resistance patterns to a particular anti-estrogen therapy. Departmental staff are proud to serve in these varied capacities.

RADIATION ONCOLOGY

The Radiation Oncology Department is comprised of a highly trained staff of certified health professionals who deliver comprehensive therapy to clients through clinical evaluations, therapeutic decision-making, target volume localizations, treatment planning, treatment simulations, and ongoing follow-ups and evaluations.

The Department's clinical faculty collaborate with other cancer specialists, including medical oncologists, surgical oncologists and gynecological oncologists, with the objective of providing state-of-the-art treatments. As a result of this multidisciplinary approach most patients receive a combination of treatments, for example, chemotherapy and radiation followed by surgery. The Department's ability to establish partnerships with other highly skilled physicians, both inside and outside of Howard University Hospital, enable patients to receive the best treatment for their cancer in a timely fashion.

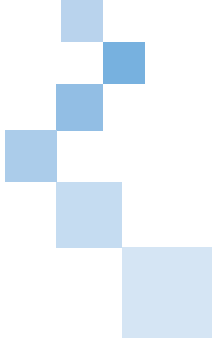
RADIOLOGY

The Breast Imaging Section at Howard University Hospital continues to thrive and expand. The addition of new, dedicated staff and state-of-the-art procedures have spearheaded the growth of the section. Approximately 5,000 mammograms are performed each year. The addition of our stereotactic unit in conjunction with the Department of Surgery, allowed us to be the first hospital in the D.C. area with such capability. The mammotome (vacuum-assisted) biopsy allows for an extremely non-invasive approach to biopsying breast lesions using computerized images. Because the procedure is performed through a needle, there is no need for stitches or home recovery time. Overall, patient reaction has been overwhelmingly favorable, especially from those patients who have had a previous "traditional" biopsy.





The Department of Radiology is a multimodality service which also includes Diagnostic Radiology (x-ray), Computed Tomography (CT), Magnetic Resonance (MRI), Mammography, Nuclear Medicine, Ultrasonography and Special Procedures. The general diagnostic section of the department provides routine fluoroscopic, mammography and interventional imaging services utilizing x-rays to achieve images. Nuclear medicine utilizes radiopharmaceuticals to perform procedures in support of patient care. Ultrasound provides real-time and Doppler imaging capabilities utilizing sound waves as the basis for imaging parts of the human body. Computed tomography provides cross-sectional imaging capabilities utilizing computer technology and x-rays to produce and view images of the human body. Magnetic resonance imaging utilizes magnetic and radio wave technology to provide images of the body.



Support Groups Cancer Support

EDUCATION

BREAST CANCER EDUCATION PROGRAM

A program designed to increase awareness about breast cancer and early detection among women. The program focuses on basic facts about breast cancer including incidence, symptoms, risk factors, and common myths. Women are encouraged to get regular mammograms and clinical breast examinations and are taught how to perform a breast self-examination.

Contact: *Joan Pearson, (202) 806-9122*

CLINICAL NUTRITION ONCOLOGY PROGRAM

The Clinical Nutrition Oncology Program's objectives are to educate patients about the relationship of nutrition to cancer, identify high risk patients who need dietary counseling, and develop educational materials suited to minority, particularly African-American populations. The services provided include: nutrition evaluation and assessment; counseling about the relationship of nutrition to cancer; counseling about the importance of a healthy diet; and counseling on specific dietary changes based upon food preferences and lifestyle.

Contact: *Mirelle Bright, MPH, RD, (202) 806-5643*





EDUCATION, COPING and OTHER PROGRAMS

ARTIST IN RESIDENCE PROGRAM

A program sponsored by the Smith Farm Center of D.C. The program provides, to cancer patients undergoing treatment, emotional release and inspiration through their exposure to visual artists, writers, poets, musicians, dancers and storytellers.

Contact: *Nellie San Gabriel, R.N., O.C.N., (202) 865-1146*

CANCER SUPPORT

A support group that provides emotional support and helps alleviate anxiety associated with all cancer diagnoses in a supportive atmosphere. Meetings are held on the third and fourth Tuesdays of each month in Room 209 of Howard University Cancer Center from 10:00–11:30 a.m. And, on the third Tuesday from 6:00–7:30 p.m.

Contact: *Teletia Taylor, Ph.D., (202) 806-4199, or
Kimberly Higginbotham, MPT, (202) 865-4655*

LOOK GOOD, FEEL BETTER

A group that offers sessions to help female patients cope with the loss of hair and/or change in skin while having radiotherapy and chemotherapy treatments. Reservations are required.

Contact: *Janet Winzer, MSW, (202) 865-6731*

PASTORAL CARE

The Department of Pastoral Care conducts ecumenical counseling with patients, patients' families and other support persons. Also provided are individual worship, sacramental, and educational services, and advocacy for patients' religious and ethical rights.

Contact: *Bowyer G. Freeman, Chaplain, (202) 865-1587*

SCREENING, PREVENTION and CONTROL PROGRAMS

FREE PROSTATE CANCER SCREENING PROGRAM

An early detection program offered free of charge on the third Wednesday of every month. Men must be 40 years of age or older to be eligible. Services offered include a digital rectal examination and a prostate specific antigen (PSA) test. Men are also provided with educational materials. Language interpretation is available for Spanish speaking participants.

Contact: *Everett Dodson, (202) 806-5640*

MAMMODAY

An early detection program offered periodically to offset cost barriers to breast cancer screening. Eligibility criteria to participate in this program are to be at least 50 years of age, have a low income and no health insurance. Services provided include a mammogram and breast examination at no cost. Women are also provided with educational materials. Language interpretation is available for Spanish speaking participants.

Contact: *Rosemary Williams, M.Ed., CTR, (202) 865-4613*

PROJECT EARLY AWARENESS – A BREAST HEALTH EDUCATION PROGRAM FOR HIGH SCHOOL GIRLS

The goal of Project Early Awareness is to teach 11th and 12th grade girls to take responsibility for their bodies and to teach them the skills needed to detect breast cancer early. Presentations that include instruction in breast self-examination are made in school classrooms.

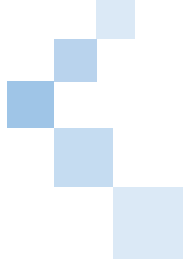
Contact: *Rosemary Williams, M.Ed., CTR, (202) 865-4613, or Kimberly Higginbotham, MPT, (202)-865-4655*

TOBACCO CONTROL PROGRAM

Comprehensive services are available to help people stop smoking and to prevent young people from starting to smoke. Ongoing educational classes and group support are offered to the general public. A fee may be charged for some services. The Tobacco Control Program (TCP) also conducts research which allows individuals and organizations to access innovative interventions.

Contact: *Carla Williams, Ph.D., (202) 806-5293*





Key Phone Numbers

Cancer Center Administration	(202) 806-7697
Cancer Information Service (CIS)	(202) 865-5399 1-800-4-CANCER
Chemo Infusion Nurses	(202) 806-5272
Clinical Trials	(202) 865-4052
Colorectal Oncology	(202) 865-4665
Community Services	(202) 865-5399
Gastrointestinal Oncology	(202) 865-6632
Gynecologic Oncology	(202) 806-7610
Head and Neck Oncology	(202) 865-1431
Health Educator	(202) 865-5399
Hematologic & AIDS- Related Malignancies	(202) 865-1511
Howard University Hospital	(202) 865-6100
Lung/Pulmonary Oncology	(202) 865-6798
Mammography	(202) 865-3610
Medical Director	(202) 865-6696
Medical Oncology/Hematology	(202) 865-1511
Medical Oncology Nurses	(202) 806-5665
Pastoral Care	(202) 865-1587
Radiation Oncology	(202) 865-1421
Registration	(202) 806-7610
Screening Services	(202) 806-7697
Social Worker	(202) 865-6731
Surgical Oncology	(202) 865-6237
Tobacco Control	(202) 806-5293
Tumor Registry	(202) 865-1407
Urology	(202) 865-1314

Visit Our Website at <http://www.med.howard.edu/hucc/>



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