Carroll Hospital Center’s cancer program continues to make great strides in being one of the best places in the state to receive comprehensive cancer care. We have experienced many significant developments during the year that have expanded our services to meet the growing needs of our community.

The most exciting development is the opening of our new William E. Kahlert Regional Cancer Center, a state-of-the-art cancer treatment center that will put our program at the forefront of cancer care. The center features the latest advancements in diagnostic and treatment technologies, including stereotactic body radiation therapy (SBRT), an advanced imaging technique that delivers targeted radiation therapy to a tumor; private and semi-private infusion rooms; and a network of holistic support services such as health navigation, care coordination, counseling and complementary health services all under one roof.

We have added a community nutrition educator to our staff who will provide patients with education and resources while they are seeking treatment at the center. Additionally, a new social worker has joined our team to provide patients with much-needed support during and after their care.

Our program continues to expand patients’ access to innovative treatments, thanks to our membership in the Alliance for Clinical Trials in Oncology, a national clinical trials network sponsored by the National Cancer Institute. We are continuing to screen all patients to determine if they are proper candidates for the broad range of clinical trials we are now able to offer.

In addition, we’ve created a new multidisciplinary urological malignancy conference, where physicians and specialists come together to discuss patient cases and make recommendations for an appropriate plan of care.

These achievements and more have only been possible because of our exceptional team of health care providers and cancer committee members. I am very proud to be leading such a dedicated team that is committed to ensuring our community continues to receive the highest standard of cancer care.

Flavio Kruter, M.D.
Medical Oncology/Hematology
Medical Director of Carroll Hospital Center’s Cancer Program

Cancer Liaison Physician Summary
David Salinger, M.D.

The hospital’s cancer program is always striving to further improve our quality of care. One way we measure our progress is through our participation in the Rapid Quality Reporting System (RQRS).

Developed by the Commission on Cancer (CoC) of the American College of Surgeons, the RQRS is a data collection and reporting system designed to monitor and assess how well Commission on Cancer-accredited programs—like ours—comply with recommended evidence-based quality measures when caring for patients with breast, colon and rectal cancers.

We’ve participated in the RQRS since October 2013, and it has allowed us to effectively monitor the cancer care we provide and compare it to that provided in other communities. Through the RQRS, we’ve been able to measure our compliance with evidence-based treatment guidelines for breast, colon and rectal cancers.

I am pleased to report that our cancer program has exceeded the reported state and national rates in all categories according to the RQRS’s latest published data in 2013, which means our hospital has outperformed many other cancer programs in ensuring our cancer treatments meet specific CoC quality indicators. (See chart on page 14.) We have been very successful in maintaining a standard of care that is recognized across the country and which meets published treatment guidelines.

Through our participation in the RQRS, we will continue to monitor our progress to ensure we remain the best place to receive cancer care, now and in the future.

David Salinger, M.D.
Radiation Oncology
Cancer Liaison Physician & Cancer Conference Coordinator
Patients should not have to travel great distances in search of quality cancer care. Carroll Hospital Center’s Commission on Cancer (CoC)–approved cancer program makes sure this is not necessary. Accreditation by the CoC is recognized in the industry as the gold standard of approval for a hospital’s commitment to providing top quality care in accordance with evidence-based cancer treatment practices. Carroll Hospital Center has received CoC accreditation with commendation since 2005. The hospital also was awarded the CoC Outstanding Achievement Award for its exemplary cancer program during the last cancer program survey in 2011.

In 2014, Carroll Hospital Center continued its commitment to this effort. After assessing our patients’ needs by listening to their feedback, the hospital designed and implemented programs and services to address them. Our multidisciplinary medical team worked collaboratively to personalize treatment plans for each patient, and our nursing staff, trained in oncology care, compassionately guided patients through all phases of cancer treatment from their initial diagnoses, cancer management to survivorship. Certified genetic counseling services continue to be offered in collaboration with the University of Maryland Stewart Greenebaum Cancer Center via state–of–the–art telemedicine conferencing.

At Carroll Hospital Center, patients are provided access to clinical trials specific to their diagnoses. This year the cancer program expanded its clinical trials program by becoming a member of the Alliance for Clinical Trials in Oncology, sponsored by the National Cancer Institute (NCI), and there are now seven open clinical trials.

The psychosocial support and palliative care programs were also expanded. All cancer patients are screened for needs in this area and appropriate assistance is provided. The patient navigation program has been increased to include additional registered nurse health navigators and a cancer patient survivorship program designed to meet the wide ranging needs of patients following cancer therapy that will be implemented by the end of the year.

To further enhance the interdisciplinary consultation process that accelerates the start of treatment, the hospital added a monthly prospective genitourinary cancer treatment planning conference to the hospital’s cancer conference lineup. The hospital also has a weekly breast cancer treatment planning conference and a biweekly multidisciplinary general cancer conference.

The hospital’s cancer program sponsored three clinical educational programs: “Non-Small Cell Lung Cancer—Contemporary Strategies for Clinical Decision Making,” “Biopsychosocial Screening Moving Beyond Organ-based Care to Caring for the Whole Patient” and “The Annual AJCC Staging and National Comprehensive Cancer Network Treatment Guidelines Update.” Additionally, our community outreach team continued its strong presence in Carroll County by offering multiple cancer education, prevention and screening activities.

Finally, in 2014, the most significant event was the opening of the new William E. Kahlert Regional Cancer Center on the hospital campus. The center offers complete cancer care services in one convenient location and access to our distinguished physicians and dedicated multidisciplinary cancer care team is available at the new site. The facility includes private and semi–private infusion rooms, where patients can view the picturesque Carroll County Farm Museum, as well as a new state–of–the–art linear accelerator used in radiation therapy.
State-of-the-Art Diagnostics:
- PET/CT Imaging
- MRI
- Stereotactic Breast Biopsy
- Nuclear Medicine
- Esophagogastroduodenoscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- CT Imaging
- Digital Mammography
- Ultrasound
- Digital X-Ray

Therapeutic Services with Personalized Treatment Plan:
- Surgery — Including advanced surgical procedures and minimally invasive techniques
- Systemic Therapies — Including chemotherapy, hormone therapy, immunotherapy, blood transfusions and ancillary supportive medication management regimes
- Radiation Therapies — Including brachytherapies like mammosite 5-day targeted radiation therapy that allows early stage breast cancer patients to return to their daily lives faster, as well as high dose rate radioactive seed implanting for prostate cancer patients
- Clinical Trials — That facilitate access to new state-of-the-art treatment options

Support Services:
- Nurse Health Navigation Services
- Nutritional Counseling
- Genetic Counseling
  (in partnership with the University of Maryland and Stewart Greenebaum Cancer Center)
- Palliative Care Services
  (designed to optimize quality of life at any stage of cancer)
- Lymphedema Therapy Program
  (featuring certified lymphedema therapists)
- Cancer Patient Survivorship Program
- Transportation Services
  (in partnership with the American Cancer Society)
- Lodging Services
  (in partnership with the American Cancer Society)
- Complementary Health Services
  (e.g., massage therapy, acupuncture and integrative reflexology)
- Studio YOU
  (a specialty area in the Wellness Boutique providing wigs, hats, turbans, mastectomy bras and breast prostheses)
- Oncology Resource Library

2014 Community Outreach
Prevention, Education & Screening Programs:
- Breast Cancer/Breast Health Education
- Colorectal Cancer Education
- Cooking with the Doc
- Great American Smokeout/Walk-in Smoking Clinic
- Health Fairs and Seminars
- Jump Start to Quitting Tobacco
- Live Well For Life (Staff Wellness Program)
- Lymphedema Education and Prevention Program
- Nutritional Education and Screening
- Oral Health Screening
- Pink Fling Luncheon (Breast Cancer Awareness)
- Prostate Cancer Education
- Relay For Life Events
- Skin Cancer Education and Screening
- Tobacco Cessation Program

Support Groups/Services:
- Breast Cancer Support Group
- Bereavement Luncheons
- Camp T.R.
- Cancer Navigation Services
- Cancer Survivors Day
- Cancer Support Group
- Genetic Counseling
- Grief Counseling
- Look Good, Feel Better
- Lymphedema Support and Treatment
- Ostomy Support Group
- Pastoral Care
- Pathways Support Group
- Prostate Cancer Education and Support Group
- Reach for Recovery
- Road to Recovery
- Studio YOU
- The Red Devils
- Widows/Widowers Support Group
What is a hematologic malignancy?

Hematopoiesis is the growth process of blood cells in the bone marrow. It begins with the most basic blood cell, the stem cell, which undergoes cell division and specialization, much like an apple seed gives rise to a trunk, branches, leaves and apples. The end products of this process are white blood cells (which fight infection), red blood cells (which carry oxygen) and platelets (which help control bleeding). A hematopoietic malignancy is a cancer of a blood cell and can involve any cell along its specialization pathway. Hematologic malignancies are classified according to the cell that is involved and where it is primarily located (in the blood, bone marrow or lymph nodes). For example, a lymphoma is a disease of specialized white blood cells called lymphocytes located in lymph nodes; however, there are many exceptions and lymphoma can spread to the bone marrow and even the blood.

Are there risk factors for hematologic malignancies?

Many risk factors have been identified that can cause blood cancer. Some occupational agents include prolonged exposure to benzene, some pesticides and chemical dyes, as well as environmental agents including ionizing radiation such as atomic fallout and smoking. Other risk factors include patients with a prior history of cancer, genetic factors or a family history, certain viruses, an autoimmune disorder or organ transplant. However, most people diagnosed with a hematologic malignancy had no clearly identified risk factor.

What are the symptoms of hematologic malignancies?

Cancer cells usually form a solid mass, called a tumor, as they keep dividing. This is the case in some hematologic malignancies, such as lymphomas, that form solid masses in the lymph nodes. However, some hematologic malignancies, such as leukemia, do not form bulky tumors. Instead, leukemic cells circulate in the blood and through the tissues of the body in liquid form. Common signs and symptoms of hematologic malignancies include fatigue, fevers, weight loss, sweats, unusual bleeding or bruising, but symptoms can also be subtle and nonspecific.

How are hematologic malignancies diagnosed?

A complete blood count (CBC) is a lab test that is essential for diagnosing hematologic malignancies. Other tests used for the diagnosis are complex and have evolved significantly over the past several years. Testing always begins with a blood test and perhaps radiology testing such as CT scans and PET scans. The diagnosis work-up typically moves on to a biopsy of a lymph node or bone marrow, depending on blood and radiology testing and the patient’s symptoms. Since multiple specialties, including hematologists, pathologists, radiologists and surgeons, may be involved in the testing sequence, effective communication between all those involved is critical. Tumor boards, where all specialists involved meet in person to discuss a patient’s case, are held at Carroll Hospital Center to facilitate this.

Continued on next page
How are hematologic malignancies treated?

Various treatments are available for patients diagnosed with hematologic malignancies depending on the patient’s characteristics and his or her type and stage of the malignancy. For example, patients with lymphoma may be treated with combinations of chemotherapy, radiation therapy, biologic therapy with antibodies and/or stem cell transplantation. It is important to note that some low-level hematologic malignancies require no treatment at all. However, all hematologic malignancies, whether they are aggressive or not, require regular followup with a board-certified hematologist who specializes in treating these very complex malignant disorders.
Breast cancer continues to be the leading cancer treated at Carroll Hospital Center with a 25 percent increase in breast cancer cases diagnosed and treated at the facility during the last five years. Recognizing the need for comprehensive breast health services in Carroll County, the hospital opened the Center for Breast Health in March 2013. The Center for Breast Health is operated under the leadership of medical director Dona Hobart, M.D., a board-certified surgeon who specializes in breast surgery. In addition to Dr. Hobart, surgeons currently affiliated with the Center for Breast Health include general surgeons Sarah Lentz, M.D., and John A. Steers, M.D., as well as plastic surgeon Gabriel Del Corral, M.D., who specializes in breast reconstructive surgery and microvascular surgery. Diagnostic imaging services also are provided, in collaboration with Advanced Radiology. The center also provides patients with a health navigator to offer them support, education and guidance through their entire cancer journey. Complementary health services, including acupuncture, massage and reflexology, as well as nutritional services also are available. The mission of the center is to provide patient-focused care with a strong commitment to caring for the whole patient—his or her body, mind and spiritual needs.

Dona Hobart, M.D., Medical Director

Bio-psychosocial Screening Program
Staff from the Center for Breast Health worked collaboratively with cancer center staff to design and implement a bio-psychosocial screening program. Bio-psychosocial programs recognize the symbiotic interconnection of the mind and body. The goal is to ensure the best physical, emotional and psychological outcomes are achieved. Currently, all patients are screened to identify special needs, stressors and circumstances. Patients are then triaged to the appropriate services or agencies for intervention. Timely intervention prevents delays in treatment and improves the patient’s quality of life. During the screening, each patient is provided with an information packet that lists pertinent contact information and community resources that are available.

Partnership with McDaniel Cancer Network
The Center for Breast Health has worked with the McDaniel Cancer Network—a group at McDaniel College in Westminster, Md., that provides support to college staff and their family members who have been diagnosed with breast cancer. The network’s members have met with the Center for Breast Health staff to request participation in the center’s peer mentorship training program. The center also informed the network about resources available throughout the county that can support the network in terms of funding and resources.

Peer Mentorship Program
Patients who have completed breast cancer treatment are partnered with newly diagnosed breast cancer patients, who have not yet started treatment, to serve as a mentor and a support resource. These peer mentors complement the center’s patient navigation program. Peer mentors are trained by registered nurses in sessions that the center offers two times a year. The program has been extremely well received, and patient requests to be matched to peer mentors continues to be enthusiastic.

Susan G. Komen® Maryland Grant
The Center for Breast Health was awarded a $8,500 grant from Susan G. Komen® Maryland. The funds will be used to provide emergency assistance for patients in need of help with insurance co-pays, transportation and groceries. This assistance will be distributed in the form of gas cards, grocery store gift cards, transportation vouchers and more.

Nutritional Counseling and Education
A registered dietitian is now conducting classes twice a month for all breast center patients. These classes focus on providing nutritional education to promote healthy lifestyles. Patients are educated about the importance of adopting a healthy diet and using dietary supplements to promote healing. These classes are designed for patients who are going through various cancer therapy modalities. In addition, the hospital continues to offer one-on-one outpatient nutritional counseling.
Pathology Team

As chief of Carroll Hospital Center’s pathology department and a member of the cancer committee, I support the hospital’s cancer program in a variety of ways.

Our medical laboratory team plays a critical role in the treatment of patients, beginning with the diagnosis of malignancy. Tasked with this critical responsibility, our team works efficiently to ensure lab test results are completed and comprehensive reports provided to our cancer specialists in a timely manner.

Various diagnostic tools are used within our lab to arrive at a cancer diagnosis. Most often utilized is routine light microscopy, where tissue samples are prepared on glass slides and reviewed at the microscopic level for abnormalities. We also use fine needle aspiration cytology, where individual cells and fluids are tested and examined for malignancies. In some cases, immuno-histochemical (IHC) analysis is performed. This is a special staining process performed on tissue samples to determine the origin of a cancerous process. This is critical for treatment and, in some cases, provides prognostic information.

We support the Center for Breast Health by providing on-site estrogen, progesterone and HER2 staining and interpretation on biopsied breast tissue. This allows us to provide comprehensive results to the center’s clinical staff within 24 to 48 hours of receiving the tissue. We also provide interpretation of specialized molecular testing, including interpretation of a variety of fluorescent in situ hybridization (FISH) assays, including HER2 FISH on breast and gastric carcinomas.

Our pathologists and lab professionals are available 24 hours a day, seven days a week for clinical consultation. Our lab is a full service, state-of-the-art facility, and our team of expert laboratory and pathology specialists are dedicated to ensuring patients, through their care providers, receive accurate test results in a timely manner.

Diagnostic Radiologists

As part of Carroll Hospital Center’s cancer program, my diagnostic imaging team assists in diagnosing cancer and treatment planning.

Our primary role is to analyze a patient’s diagnostic images, such as ultrasounds, magnetic resonance imaging (MRI), positron emission tomography (PET) and computerized tomography (CT) scans, and provide specialists with a report and feedback as to whether a particular tumor exists, what kind it is, its location and whether it needs surgical intervention. We also obtain tissue samplings from biopsies we perform on patients, which are sent to the pathology department for diagnosing.

At multidisciplinary conferences, in particular, we analyze images from patient cases presented to us and provide information regarding the diagnosis and make suggestions on the best course of treatment for the patient.

Our radiologists come from a variety of specialties including nuclear medicine; general radiology, which focuses on mammography; neuroradiology, which focuses on the nervous system; musculoskeletal (MSK), which focuses on the joints and bones; body imaging, which focuses on the abdomen or pelvis; pediatric radiology; and interventional radiology, which focuses on performing tissue samplings.

This breadth of knowledge allows our team to provide the expertise needed to ensure patients receive the most comprehensive treatment for all types of cancers.
According to the American Cancer Society’s 2014 statistics, 14.5 million cancer survivors live in the United States today. It is estimated that by 2024, there will be 18.5 million survivors. The term survivor describes a patient moving beyond the diagnosis, through treatment and recovery and on to the phase of adjusting to his or her “new normal” and to life after cancer treatment. Survivors deal with many hurdles such as mixed feelings of happiness as treatment ends combined with fear of recurrence, chronic health problems as a result of the disease and treatment and a host of psychosocial, spiritual and financial concerns. In order to address these concerns and improve communication of the needed followup and surveillance, Carroll Hospital Center brought together a multidisciplinary Survivorship Task Force which includes medical and radiation oncologists, surgeons, primary care practitioners, nurse health navigators, rehabilitation specialists, clergy and, most importantly, patients to develop a survivorship program. Resources and classes have been available for survivors for the last several years, but task force members saw the need for a more comprehensive program. Beginning in the late fall of 2014, patients will receive a written comprehensive care summary and recommendations for followup that they can take with them and share with their primary physician and other health care providers. In addition, survivors will be made aware of upcoming survivorship classes, support programs and screenings, as well as receive routine phone calls from a health navigator, a fitness evaluation, nutritional education, psychosocial assessment, spiritual care, financial resource assistance and have the opportunity to become a peer mentor to others going through treatment.

For more information on classes and programs, call Care Connect at 410-871-7000.

Nurse health navigation for the Carroll Hospital Center cancer program crosses multiple service areas. Primarily based within the cancer center, the navigation team consists of three nationally-certified oncology nurses working closely with a full-time oncology clinical social worker. The design for the navigation team approach is founded on a primary nursing model. Each navigator covers a group of patients based on cancer types and determined by known case-load and similarity of support needs by this group of patients. The nurse health navigators are involved in a patient’s care from their very first visit to the cancer center, providing education, support, management of concerns and symptoms, and guidance through each phase of the journey. They are experts in oncology nursing care, incorporating both medical and radiation oncology treatment modalities, palliative care concepts, patient needs assessments and referral for supportive care outside the nursing realm. Understanding that people with cancer may have other coincident health conditions that require ongoing management, the cancer program navigators closely interact with other health navigators throughout the Carroll Hospital Center system, to share resources, knowledge and approaches to comprehensive patient health care. In the last year, the cancer center began a weekly multidisciplinary patient rounds review of all new patients to the center. This weekly review is nurse navigator-organized and coordinated, and involves physicians, nurses, social workers, the oncology pharmacist, research coordinator and radiation therapists who discuss patient care planning and supportive needs assessments as patients begin their cancer care. Oncology nurse health navigators are also an integral part of all tumor board meetings, including the general tumor board and specialty breast and genitourinary tumor boards.
The Cancer Program goals addressing strategic planning and quality for this year are aggressive and diverse. Developed and agreed upon by the Cancer Committee early this year, progress is being made toward successful achievement of each project and is summarized as follows:

- The clinical goal related to the diagnosis, treatment and care of the program’s patients states that by the third quarter of this calendar year a multidisciplinary genitourinary (GU) conference will be held at monthly intervals to prospectively review all GU cancer cases. Carroll Hospital Center’s analytic case load of GU cancers documented for 2013 was nearly 75. Based on that information, the interest of the hospital’s affiliated urologists, and a well-established multidisciplinary conference for breast cancer already in place, planning for this conference began in May. To date, three monthly meetings have taken place. Staging and treatment planning for each case is discussed at the meetings attended by urologists, medical oncologists, a radiation oncologist, nurse health navigators, a pathologist, radiologist and the cancer program administrator.

- The program’s goal by the end of the third quarter of this calendar year is to have a financial counselor at the cancer center to address the financial needs of each patient coming to the cancer center and in coordination with a social worker, discuss the patient’s financial concerns around cancer care. This position was approved by administration in May 2014. The workflow is still being determined.

- Two studies of quality are in process. First, we are evaluating the utility of the social worker’s resource and intervention strategies for patients with a positive distress screen. A steering committee consisting of our breast surgeon, breast health navigator, social worker and program administrator were selected and participated in the National Cancer Institute (NCI)-sponsored “Implementing Comprehensive Biopsychosocial Screening Training Program” in March 2014. Currently all patients are screened for distress and barriers to care utilizing a paper-based tool and data entered into their electronic health record. Since January 2014, 100 individuals requesting or indicating a need based on our screening have been served with psychosocial support and case management services at the cancer center. Secondly, a study evaluating the effectiveness of staff education leading to the identification of appropriate patients and implementation of a palliative care plan in the outpatient oncology setting. Education for cancer center staff is in development as are order sets to be used for palliative care in the outpatient setting. The National Comprehensive Cancer Network (NCCN) guidelines will be used to guide palliative care planning.

- Two quality improvement projects are taking shape in the cancer program. The first is the development of a reliable process for medication reconciliation to prevent drug interactions with chemotherapy. This project was undertaken as a result of the need to improve standard work toward comprehensive review of all medications. To accomplish this large task, additional pharmacist support was requested and approved for the cancer program. The project of medication reconciliation will launch this fall. The second quality improvement is based on training received by the cancer program director and clinical research manager as selected by participants in the NCI-sponsored “Training Community Nurses and Administrators to Implement Cancer Clinical Trials.” The goal is to standardize the process for screening all new oncology patients for clinical trials. Ultimately this method of comprehensive review and screening will assist in the selection of clinical trials to meet the needs of our patient population.

Other projects that have been undertaken and developed by the cancer program in the last year include:

- Lean events which addressed workflow and resource allocation for the radiation oncologist and oncology nurse health navigators. Changes were implemented to improve their standard work and to effectively utilize these valuable patient care resources.

- A task force consisting of a breast surgeon, surgical scheduler, chief radiation therapist or nursing manager, pathologist and cancer program director met to review and streamline workflow surrounding the surgical planning for breast brachytherapy procedures. This was done to minimize the time patients were required to have the brachytherapy device in place. Procedures, pathology review, and radiation planning and treatment workflow is now consistent. The time from balloon placement to treatment completion is eight days and covers only one weekend.
What is a Cancer Registry?
A cancer registry is a standardized data system used to collect, manage and analyze data on patients with neoplastic diseases. As a Commission on Cancer (CoC)-approved Comprehensive Community Cancer Program, Carroll Hospital Center has maintained a cancer registry for patients diagnosed with cancer since January 1, 2003. The cancer registry contains clinical data for all patients with cancers and central nervous system tumors who are diagnosed and/or who receive all or part of their first course of cancer therapy at the hospital. Carroll Hospital Center’s cancer registry now contains rich data for an analysis of 5,650 patients.

What Data Are Collected?
Carroll Hospital Center’s cancer registry includes patient demographics, social and family history, tobacco usage, primary cancer site, histologic tumor type and grade, cancer stage at diagnosis, cancer site specific prognostic indicators, first course treatment information, subsequent treatment for recurrent disease/progression, clinical trials participation, multidisciplinary treatment planning conference information and annual follow-up information including vital status and disease status.

The Cancer Data Management Team
Under the direction of the hospital’s cancer program physician leadership, clinical cancer data management professionals, known as certified tumor registrars, prepare clinical summaries of newly diagnosed and/or patients receiving first course treatment at the hospital’s cancer program in accordance with national standardized cancer data collection rules. The standardization of these data allow for the easy analysis of patient outcomes and comparisons of treatment practices locally, regionally and nationally to assess variations in patient outcomes.

All patients receive an annual followup throughout their lifetime to monitor the status of their disease. The cancer registry’s clinical data managers also ensure that cancer registry clinical abstracts reflect the patient’s cancer experience from diagnosis forward.

How is Cancer Registry Data Used?
Carroll Hospital Center uses its cancer registry data to measure the efficacy of cancer treatments by assessing cancer patient outcomes and to ensure concordance with evidence-based treatment guidelines and national quality of care standards. This serves as a valuable tool for the continuous improvement of patient care. Moreover, these data are used to measure cancer prevalence in the community. This helps Carroll Hospital Center plan cancer education, prevention and early screening activities in the community. Cancer registry data also helps to inform hospital administrators as they plan and customize clinical and support services for the hospital’s cancer patient population.

Additionally, the hospital’s cancer registry data are submitted to the National Cancer Data Base (NCDB), a collaboration of the CoC and the American Cancer Society (ACS), the CoC’s Rapid Quality Reporting System (RQRS) and the Maryland Cancer Registry (MCR). The MCR uses cancer registry data to measure statewide cancer prevalence in order to develop state initiatives for cancer reduction activities for all the citizens of Maryland. The MCR contributes aggregated state cancer data to the Centers for Disease Control and Prevention (CDC). The ACS and the CDC are both leaders in the publication of national cancer statistics. Both use cancer data to plan activities intended to prevent or reduce cancer prevalence and to plan needed support programs for patients already diagnosed with the disease.
For the 2013 statistical year, Carroll Hospital Center’s cancer data managers added 583 cancer cases to the cancer registry database (see primary cancer site table). Currently, 2,858 patients are under active annual followup. The top 10 primary cancer sites seen at the hospital for the 2013 statistical year are breast, lung, colorectal, blood/bone marrow and urinary bladder (tying in fourth place), prostate gland, lymph nodes, melanoma of the skin, corpus uteri, pancreas and thyroid gland (tying in ninth place) and kidney. The top ten cancers nationally are breast, prostate, lung, colorectal, melanoma of the skin, urinary bladder, non-Hodgkin lymphoma, corpus uteri, leukemia and cervix (see page 12).

### PRIMARY CANCER SITE

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### American Joint Committee on Cancer (AJCC) Stage

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**OVERALL TOTALS**

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<td>132</td>
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<td>80</td>
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Carroll Hospital Center’s cancer case prevalence differs slightly from that documented by the American Cancer Society (ACS). See chart below.

**Top 10 Cancer Sites for Carroll Hospital Center**
1. Breast
2. Lung
3. Colorectal
4. Blood/Bone Marrow and Urinary Bladder
5. Prostate
6. Lymphoma
7. Melanoma of the Skin
8. Corpus Uteri
9. Pancreas and Thyroid
10. Kidney

**Top 10 Cancer Sites Nationally**
1. Breast
2. Prostate
3. Lung
4. Colorectal
5. Melanoma of the Skin
6. Urinary Bladder
7. Non-Hodgkin Lymphoma
8. Corpus Uteri
9. Pancreas and Thyroid
10. Cervix
In 2013, 10 percent of the patients presented at diagnosis with AJCC stage 0 disease, 23 percent presented with stage I, 19 percent with stage II, 14 percent with stage III, 20 percent with stage IV, 2 percent with unknown AJCC stage (these patients elected no diagnostic work-up or intervention for their cancer) and 13 percent of patients were diagnosed with cancers not applicable for AJCC staging [see graph 1]. Carroll Hospital Center’s cancer patient demographic distribution continues to closely reflect the population of Carroll County. For the 2013 statistical year, Carroll Hospital Center’s patient gender distribution was 55.2 percent female and 44.8 percent male [see graph 2]. The hospital also continues to have a higher percentage of patients age 80 and older [see graph 3]. The racial/ethnic distribution of the hospital’s cancer patient population was 95.2 percent white non-Hispanic, 2.9 percent African American, 1.1 percent Hispanic and 0.8 percent Asian [see graph 4].

**Graph 1: AJCC Stage of Case at Diagnosis – 2013 Accession Year**

- N/A: 13%
- Unknown: 2%
- Stage IV: 20%
- Stage III: 14%
- Stage II: 19%
- Stage I: 23%
- Stage 0: 10%

**Graph 2: Distribution by Gender 2013 Accession Year**

- Female: 44.8%
- Male: 55.2%

**Graph 3: Age at Diagnosis**

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<th>Carroll Hospital Center Cancer Programs</th>
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<td>30-39</td>
<td>1.87%</td>
<td>3.23%</td>
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<td>40-49</td>
<td>7.68%</td>
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<td>50-59</td>
<td>19.31%</td>
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<td>60-69</td>
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<td>70-79</td>
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<tr>
<td>80-89</td>
<td>19.10%</td>
<td>13.68%</td>
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<tr>
<td>90 Year and Over</td>
<td>4.6%</td>
<td>1.87%</td>
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**Graph 4: Distribution by Race/Ethnicity 2013 Accession Year**

- White Non-Hispanic: 95.2%
- African American: 2.9%
- Hispanic: 1.1%
- Asian: 0.8%
### Colon Cancer Treatment Quality Measures

**ACT — Adjuvant Hemotherapy**
Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under age 80 with AJCC Stage III (lymph node-positive) colon cancer.

- **Carroll Hospital Center**: 100.0%
- **Maryland**: 91.3%
- **National**: 95.5%

**12RLN — At least 12 regional lymph nodes are removed and pathologically examined for resected colon.**

- **Carroll Hospital Center**: 100.0%
- **Maryland**: 83.5%
- **National**: 86.5%

### Rectal Cancer Treatment Quality Measures

**AdjRT — Radiation**
Radiation is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or stage III rectal cancer and receiving a surgical resection.

- **Carroll Hospital Center**: 90.5%
- **Maryland**: 86.2%
- **National**: 89.5%

### Breast Cancer Treatment Quality Measures

**BCS/RT — Breast Conserving Surgery & Radiation Therapy**
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

- **Carroll Hospital Center**: 100.0%
- **Maryland**: 86.2%
- **National**: 89.5%

**MAC — Multi-agent Chemotherapy**
Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0 or stage II hormone receptor negative breast cancer.

- **Carroll Hospital Center**: 100.0%
- **Maryland**: 95.5%
- **National**: 85.6%

**HT — Hormone Therapy**
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0, stage II or stage III hormone receptor positive breast cancer.

- **Carroll Hospital Center**: 95.5%
- **Maryland**: 85.6%
- **National**: 87.6%
Karen Alban, R.N., B.S.N., O.C.N.
Oncology Nurse
Quality Improvement Team

Sharon Baker, O.T.
Rehabilitation Representative

Janet Blank, R.N., B.S.N., M.A.
Oncology Nurse
Quality Improvement Team

Christine Cochran, R.N., B.S.N., C.Q.I.A.
Quality Improvement Coordinator*

Suzi Ford
American Cancer Society Representative

Leslie Gee, R.N., B.S.N.
Hospice Care Representative

George Grillon, D.M.D.
Other Medical Specialty

Daniel Grove, M.D.
Critical Care Unit Intensivist

Christopher Grove, M.D.
Pathologist—CAP Compliance Manager

Dona Hobart, M.D.
Surgeon

Corilynn Hughes, R.N., B.S.N., O.C.N.
Oncology Nurse
Clinical Research Coordinator*

Gregory Kirby, P.T.
Rehabilitation Representative

Flavio Kruter, M.D.
Medical Oncologist
Cancer Committee Chairman

Rev. Charles P. Leger, J.D., M.Div., B.C.C.
Palliative Care Team

Terri Mack, L.C.S.W.C.
Social Work
Psychosocial Services Coordinator*

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Oncology Pharmacist

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Community Outreach Team

Bertan Ozgan, M.D.
Diagnostic Radiologist

Mary Peloquin, R.N., B.S.N.
Community Outreach Coordinator*

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Cancer Registry Quality Coordinator*

Stephanie Reid, R.N., B.S.N., M.B.A., M.H.A.
Cancer Program Administrator

David Salinger, M.D.
Radiation Oncologist
Cancer Liaison Physician
Cancer Conference Coordinator*

Stuart Shindel, M.D.
Surgeon

Trisha Wagman, R.N.
Health Educator

Sherry Watts
Cancer Registry Assistant

Julie Wright, R.N., B.S.N., C.H.P.N.
Palliative Care Team

*Required cancer committee coordinators