LETTER FROM THE CHAIRMAN Flavio Kruter, M.D.

The William E. Kahlert Regional Cancer Center’s program has enjoyed yet another successful year with achievements, therapies and advancements that continue to bolster our reputation as being the best place in our community to receive cancer care.

Once again, our cancer program was re-accredited by the Commission on Cancer* (CoC). After a comprehensive review of our services, our center was found to have met all of the CoC’s strict quality standards.

Thanks to our cancer program’s integration with LifeBridge Health, we have expanded our clinical trial offerings. That means a greater number of patients have increasing access to a broader range of innovative treatments that are now available for various types of cancer.

In the near future, we will enhance our services with the implementation of stereotactic radiation therapy. This highly advanced radiation technology will allow us to deliver precisely targeted radiation to a cancer site in fewer high-dose treatments than traditional therapy, which can help preserve the surrounding healthy tissue.

We continue to develop effective treatment plans for patients through our multidisciplinary cancer conferences. Having experts from a variety of specialties, including pathology, diagnostic imaging and oncology, meet regularly to review, analyze and make treatment recommendations on patient cases has benefited countless cancer survivors in and around our community.

Our survivorship programs are making an extraordinary difference in the lives of patients and their family members. Patients continue to benefit from our philosophy of providing holistic services (social, financial and complementary) to help patients improve their quality of life before, during and after treatment.

Our cancer program’s successes would not be possible without our dedicated team of health care providers and cancer committee members. They have all shown an outstanding commitment to ensuring our objectives are consistently met each year and that our patients receive the highest quality care right here in the community.

Flavio Kruter, M.D.
Medical Oncology/Hematology | Medical Director of the William E. Kahlert Regional Cancer Center

CANCER LIAISON PHYSICIAN SUMMARY Dona Hobart, M.D.

The role of a Cancer Liaison Physician (CLP) is to facilitate the flow of information from the complex data in the National Cancer Database to the doctors and other staff on the front line of patient care in order to evaluate and improve quality care within the cancer program. The role of field liaison was created in 1962 and was further expanded by the Commission on Cancer in 2009. I was appointed to this role in 2015 and am thankful for the wisdom of those who had the foresight to create this position. They understood the power of having the data put to real use for the betterment of each patient.

Each year, I challenge myself to come up with new and better ways to use the valuable data we have access to through our Commission on Cancer accreditation. As the CLP, I use the tools and help communicate the key points to the appropriate providing team. I am especially fond of the Rapid Quality Reporting System (RQRS). This gives us access to current measures on breast and colon cancer in real time rather than after years pass. We aim to be 100 percent compliant with all measures but in case we are not, we are able to make corrections quickly. This system is to be expanded soon and will include more measures and cancer sites. This will enable us to provide an increasing level of care to our patients.

Additionally, this has been an exciting year, as I have become a surveyor for the Commission on Cancer. I will be able to use the knowledge gained from this position to bring new, exciting practices to all our sites within the LifeBridge Health family.

I am thankful for the marvelous team we have, and for our cancer registrars who continue to provide us with exceptionally accurate data.

Dona Hobart, M.D., F.A.C.S.
Medical Director of the Center for Breast Health, Carroll Hospital, and Cancer Liaison Physician, LifeBridge Health Integrated Network Cancer Program
WILLIAM E. KAHLERT REGIONAL CANCER CENTER—
a LifeBridge Health Commission on Cancer Program

The William E. Kahlert Regional Cancer Center currently maintains a nationally recognized American College of Surgeon’s Commission on Cancer (ACoS-CoC) accredited program, in conjunction with the Alvin and Lois Lapidus Cancer Institute. Our cancer program has been continuously ACoS-CoC accredited since 2005 and was recently surveyed as part of the LifeBridge Health Integrated Network Cancer Program (INCP) in partnership with Sinai and Northwest hospitals.

As a Commission on Cancer accredited program, our patients are assured that the hospital administers services of the highest recognized quality. This includes cancer therapies that adhere to guidelines set by the National Comprehensive Cancer Network (NCCN), the National Quality Measures for Breast Centers (NQMBC) and other nationally and internationally renowned clinical cancer management standard setters. This is complemented by the hospital’s continued commitment not only to reach the high bars these entities set, but to develop and implement initiatives that go further. This helps to ensure that the highest quality of care obtainable is available to the communities we serve.

Our services include a wide array of clinical care, such as state-of-the-art cancer diagnostics, general surgery, specialty surgery, medical oncology, radiation oncology, access to the latest clinical trials, and genetic counseling and testing. This is rounded out by psychosocial and complementary health services that address the emotional and spiritual health needs of our patients. These services are administered throughout Carroll Hospital, including the William E. Kahlert Regional Cancer Center. We also work collaboratively with our LifeBridge Health system partners and other health care providers in the region.

In 2017, Carroll Hospital celebrated its third anniversary as a member of the LifeBridge Health system. LifeBridge Health consists of Sinai Hospital of Baltimore, Northwest Hospital, Carroll Hospital, Levin-dale Hebrew Geriatric Center and Hospital, and its subsidiaries and affiliated units, including LifeBridge Health & Fitness and the LifeBridge Health Medical Care Centers in Eldersburg, Mays Chapel and Reisterstown. The three hospitals with cancer programs in the LifeBridge Health family are all Commission on Cancer accredited, and all are currently operating as a fully integrated network cancer program.

While working under the INCP’s consultation, each cancer center, individually and in cooperation, will work to achieve the highest performance outcomes. The facilities also partner in cancer-related clinical research, including managing and facilitating patient access to the latest clinical trials available. For the past year, the William E. Kahlert Regional Cancer Center’s cancer program staff has worked collaboratively with staff from the other member hospitals to maximize human and financial resources, best practices and improve the delivery of care. This networking will ensure that our service to community residents will not only increase access to quality cancer care closer to home, but enhance the Center for Breast Health, as well as the cancer program’s record of achieving the best clinical outcomes possible for cancer patients.
STATE-OF-THE-ART DIAGNOSTICS:
• PET/CT imaging
• MRI
• Stereotactic breast biopsy
• Nuclear medicine
• Esophagogastroduodenoscopy
• Endoscopic retrograde cholangiopancreatography (ERCP)

THERAPEUTIC SERVICES WITH PERSONALIZED TREATMENT PLANNING:
• 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
• Deep Inspiration Breath Hold Technique — a specialized technique designed to reduce incidental radiation to the heart by delivering radiotherapy to the left breast with patients in a breath hold position (See page 7 for more information.)
• Clinical Trials — That facilitate access to new, state-of-the-art therapeutic regimes

SUPPORT SERVICES:
• Nurse navigation services
• Nutrition counseling
• Genetic counseling (in partnership with GeneScreen)
• Palliative care services (designed to optimize quality of life at any stage of cancer)
• Lymphedema therapy (referred offsite)
• Cancer patient survivorship programs
• Transportation 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 hospital’s Wellness Boutique providing wigs, hats, turbans, mastectomy bras and breast prostheses)
• Financial assistance (via support of Gina’s Warriors Comfort Fund, The Red Devils, the Studio YOU and Wellness Boutique Assistance Fund, and the Zaching Against Cancer Foundation—Patient Assistance Funds)

NEWLY DIAGNOSED CANCER CASES BY AGE DISTRIBUTION
THE EMBRACE YOU OVERNIGHT RETREAT
The Embrace You Overnight Retreat was held on November 18 and 19, 2017, at Bon Secours Retreat and Conference Center, in Marriottsville, Maryland, where 22 breast cancer survivors gathered for a weekend of wellness. The weekend focused on relaxation and fellowship with each other. The retreat included fit band exercise classes, yoga, a mindfulness meditation class and musical entertainment.

THE EMBRACE FUND
The Carroll Hospital Foundation recently began the Embrace Fund, which helps to defray the costs of various services provided to patients following the first five years of cancer treatment. Made possible by generous gifts, the fund’s goal is to positively impact cancer survivors’ overall health and well-being and to give them the needed tools after treatment.

The Embrace Fund was used for our Embrace programs in 2017 and replenished after our annual fundraiser in October. More than $15,000 was raised for the fund in 2017. Another 12-week program, as well as other Embrace offerings throughout the year are being planned for 2018.

EMBRACE THE POWER OF YOGA
Yoga participation improves outcomes in breast cancer. Following the yoga classes offered through the Embrace program, participants grew to truly embody the benefits of yoga and have continued to take yoga classes on their own, well after those offered through the Embrace program ended. Each Monday night, breast cancer survivors gathered at a local church for an hour of gentle yoga, resulting in increased long-term wellness and decreased overall stress. Yoga classes at the Tevis Center for Wellness also continue to be well-attended by cancer survivors.

EMBRACE PEER MENTOR PROGRAM
We continue to hold a training and support program semi-annually for peer mentors of breast cancer survivors. Since the Embrace Peer Mentor program began, 34 volunteer mentors have been trained — 19 of whom are currently active participants. In 2017, 82 mentees received support; 39 mentees are actively receiving support currently.

COMMUNITY SCREENINGS
The hospital continues its community breast cancer screening program by increasing the number of activities held and expanding the locations of the screenings throughout Carroll County. A “Beat Cancer” Mammothon was held on November 16 as an initiative across the LifeBridge Health system in partnership with Advanced Radiology. This activity offered extended hours for women to receive mammograms. The Center for Breast Health was open from 8 a.m. to 8 p.m., offering both tours and educational materials to mammothon participants.

COMMITMENT TO OUR MIND, BODY, SPIRIT PHILOSOPHY
We continue to be dedicated to all aspects of patient care. We strive to meet the individual needs of patients, giving each the support needed. We do this through our strong navigation program as well as through our robust integrative medicine department.

On October 10, 2017, author Marc Silver visited to talk to the husbands of our breast cancer survivors in a presentation called “Breast Cancer Husbands.” Twenty of our patients’ husbands attended the event and listened to Silver discuss his own journey and experience as a husband whose wife faced breast cancer. His book is titled, Breast Cancer Husband: How to Help Your Wife (and Yourself) during Diagnosis, Treatment and Beyond.

HIDDEN SCAR™ CERTIFICATION
In keeping with our goal to constantly improve and expand our cancer care programs, breast surgeon Dona Hobart, M.D., recently became Hidden Scar™ certified. Hidden Scar breast surgery is an advanced technique in which breast surgeons remove cancerous tissue through a single incision that minimizes visible scarring. With this technique, patients have very little visual reminder of the surgery and can experience a more natural-looking breast reconstruction. Being able to provide this demonstrates the Center for Breast Health’s commitment to not only achieving the best clinical outcomes, but also the best aesthetic outcomes for patients.
WHAT IS HPV?
• Human papillomavirus (HPV) is a group of more than 200 related viruses. More than 40 HPV types can be easily spread through direct sexual contact—vaginal, anal and oral sex. Other HPV types are responsible for non-genital warts, which are not sexually transmitted.
• Sexually transmitted HPV types fall into two categories: low-risk, which do not cause cancer, and high-risk, which can cause cancer.

WHO GETS HPV INFECTIONS?
• Anyone who has ever been sexually active (that means skin-to-skin sexual conduct, including vaginal, anal or oral sex) can get HPV. It is easily passed between partners through sexual contact.
• Because the infection is so common, most people get HPV infections shortly after becoming sexually active for the first time.
• HPV infections are more likely in those who have many sex partners or have sex with someone who has had many partners.
• A person who has had only one partner can get HPV.
• Someone can have an HPV infection even if he or she has no symptoms and the person’s only sexual contact with an HPV-infected person happened many years ago.

CAN HPV INFECTIONS BE DETECTED?
• YES! Several HPV tests are currently approved by the U.S. Food and Drug Administration (FDA). These tests can detect HPV infections before abnormal cell changes are evident and before any treatment for cell changes is needed.
• There are no FDA-approved tests to detect HPV infections in men or for detecting cell changes in anal, vulvar, vaginal, penile or oropharyngeal tissues.

CAN HPV INFECTIONS BE PREVENTED?
• HPV vaccination before sexual activity can reduce the risk of infection by the HPV types targeted by the vaccine.
• The FDA has approved three vaccines that provide strong protection against new HPV infections.
• Correct and consistent condom use can lower HPV transmission between sexual partners. Areas not covered by a condom are unlikely to be protected from HPV infection.

HOW COMMON IS AN HPV INFECTION?
• HPV infections are the most common sexually transmitted infection in the United States.
• About 14 million new genital HPV infections occur each year.
HPV-RELATED CANCER INFORMATION, CONTINUED

• The Centers for Disease Control and Prevention (CDC) estimates that more than 80 percent of sexually active people will be infected with at least one type of HPV at some point in their lives. Around one-half of these infections are with a high-risk HPV type.

WHAT HAPPENS WITH AN HPV INFECTION?
• Most high-risk HPV infections occur without any symptoms, go away within one to two years, and do not cause cancer.
• However, some HPV infections can persist for many years.
• Persistent infections with high-risk HPV types can lead to cell changes that, if untreated, may progress to cancer.

HIGH-RISK HPVS CAUSE SEVERAL TYPES OF CANCER.
• Cervical cancer: Virtually all cases of cervical cancer are caused by HPV and just two HPV types, 16 and 18, are responsible for about 70 percent of all cases.
• Anal cancer: About 95 percent of anal cancers are caused by HPV. Most of these are caused by HPV type 16.
• Oropharyngeal cancers (cancers of the middle part of the throat, including the soft palate, base of the tongue and tonsils): About 70 percent of oropharyngeal cancers are caused by HPV. In the U.S., more than half of cancers diagnosed in the oropharynx are linked to HPV type 16.
• Rarer cancers: HPV causes about 65 percent of vaginal cancers, 50 percent of vulvar cancers and 35 percent of penile cancers. Most of these are caused by HPV type 16.

HOW DOES HIGH-RISK HPV CAUSE CANCER?
• HPV infects cells that cover the inside and outside surfaces of the body, including the skin, throat, genital tract and the anus.
• Once HPV enters the cell, the virus begins to make the proteins.
• Two of the proteins made by high-risk HPVs help the cell to grow in an uncontrolled manner and make the cell take longer to die.
• These infected cells are often recognized by the immune system and eliminated.
• However, sometimes these infected cells are not destroyed and a persistent infection results.
• As the persistently infected cells continue to grow, they may develop mutations in genes that promote more abnormal cell growth, leading to the formation of an area of precancerous cells and, ultimately, a cancerous tumor.
• Other factors may increase the risk that an infection with a high-risk HPV type will persist and possibly develop into cancer. These include:
  — Smoking or chewing tobacco (for increased risk of oropharyngeal cancer)
  — Having a weakened immune system
  — Having many children (for increased risk of cervical cancer)
  — Long-term oral contraceptive use (for increased risk of cervical cancer)
  — Poor oral hygiene (for increased risk of oropharyngeal cancer)
  — Chronic inflammation
• Researchers believe that it can take between 10 and 30 years from the time of an initial HPV infection until a tumor forms.
• However, even when severely abnormal cells are seen on the cervix, these do not always lead to cancer.
• The percentage of lesions that progress to invasive cervical cancer has been estimated to be 50 percent or less.

HOW IS HPV-RELATED CANCER TREATED?
• HPV-infected individuals who develop cancer generally receive the same treatment as patients whose tumors do not harbor HPV infections, according to the type and stage of their tumors.
• However, people who are diagnosed with HPV-positive oropharyngeal cancer may be treated differently than people with oropharyngeal cancers that are HPV-negative.
• Recent research has shown that patients with HPV-positive oropharyngeal tumors have a better prognosis and may do just as well on less intense treatment. Ongoing clinical trials are investigating this question.

Source: Centers for Disease Control and Prevention
Specialty Oncology Focus: DEEP INSPIRATION BREATH HOLD (DIBH) TECHNIQUE IN RADIATION ONCOLOGY

Q&A WITH DARLENE GABEAU, M.D., PH.D., MEDICAL DIRECTOR OF RADIATION ONCOLOGY

WHAT IS DEEP INSPIRATION BREATH HOLD (DIBH) AND WHY IS IT AN IMPORTANT TECHNIQUE IN BREAST CANCER TREATMENT?

Breast cancer is the most common cancer to affect women in the United States. Approximately 85 percent of women diagnosed with breast cancer will require radiation therapy to optimize their chance for a cure. Despite its well-established benefits, radiation therapy to the breast can result in complications. Cardiac disease can be a long-term complication of left breast irradiation. Evidence suggests that any reduction in radiation exposure to the heart will lower the incidence of cardiac disease in breast cancer patients. Deep inspiration breath hold (DIBH) technique is an advancement that minimizes radiation exposure to the heart without compromising treatment of the breast or chest wall. This can result in more beneficial long-term outcomes for the patient.

HOW IS DIBH ADMINISTERED? IS IT AVAILABLE AT THE WILLIAM E. KAHLERT REGIONAL CANCER CENTER?

The DIBH technique requires that the patient inhale to a specified threshold and hold that level of inspiration while each radiation beam is delivered. We piloted the DIBH program at the William E. Kahlert Regional Cancer Center in early 2017 using the Active Breathing Coordinator (ABC) system. The ABC system links to our linear accelerator such that radiation is only delivered when the patient’s breathing is at a specified level of inhalation. Patients must be able to hold their breath for at least 20 seconds in order to be eligible for the technique. Our clinical team performed a careful pilot study before implementing the technique and reported our results to members of our institutional cancer committee. After documenting improvement in heart protection with the DIBH technique using ABC, we now offer it as a standard treatment for patients with left-sided breast cancers.

WHAT IF A PATIENT CANNOT TOLERATE DIBH?

Although DIBH optimizes protection of the heart, radiation therapy for left-sided breast cancer can still be safely delivered without DIBH as long as careful cardiac dose limits are maintained in the treatment design. Many patients around the nation do not yet have access to the additional benefits of DIBH and still receive satisfactory care. We are, however, proud to offer the patients of Carroll County advanced techniques for optimal cardiac protection.

WHAT IS THE FUTURE OF DIBH?

Deep inspiration breath hold can also benefit lung cancer patients by minimizing the motion of the cancer, improving the ability to localize the target and decreasing both normal lung and heart exposure to radiation. Our future direction at the William E. Kahlert Regional Cancer Center is to pilot DIBH with lung cancer patients to further improve the safety and effectiveness of radiation delivery across treatment sites.
THE ROLE OF PATHOLOGY & DIAGNOSTIC IMAGING

Christopher Grove, M.D.  CHIEF OF PATHOLOGY

Carroll Hospital’s pathology department continues to support the hospital’s cancer program at the William E. Kahlert Regional Cancer Center in the timely and accurate diagnoses of patients through comprehensive testing available on the hospital campus and in the community at our outpatient medical labs.

In 2017, the laboratory saw an increased volume of molecular testing on a variety of cancer subtypes, reflective of the increased understanding and impact of molecular processes on carcinogenesis and response to treatment. Routine molecular testing of cancers of the lung, breast and gastrointestinal tract enable our oncologists to make prompt diagnoses and effective therapy decisions tailored to each patient.

PD-L1 immunohistochemical testing has now become a standard part of the diagnostic workup for some cancer types. Treatment options for tumors expressing this marker are increasing, providing additional treatment options for patients with non-small cell lung cancers, melanoma, urothelial cancers and others.

Our pathology team continues to share its expertise at the hospital’s multidisciplinary conferences for breast, general, genitourinary and gastrointestinal cancers. We also diligently provide services during seed localizations for breast surgery patients through our specialized handling and collection of the sealed radioactive seeds that are safely removed from the patient.

Our pathology team is dedicated to ensuring the highest quality services to benefit all patients from testing blood, urine, and body fluid specimens and operating a blood bank for patients who require blood or platelet transfusions to evaluating tissue specimens, staging and more.

Thanks to our partnership with LifeBridge Health, pathologists in all the LifeBridge Health facilities—Carroll Hospital, Northwest Hospital and Sinai Hospital—are able to provide seamless diagnoses and quick treatment decisions regardless of which of the health system’s hospitals a patient has his or her lab work performed.

Bertan Ozgun, M.D.  CHIEF OF DIAGNOSTIC IMAGING

Carroll Hospital’s diagnostic imaging team has enjoyed another successful year of providing patients with comprehensive diagnostic imaging services at the hospital and at our Advanced Radiology/LifeBridge Health joint venture locations at the Charles O. Fisher Medical Building, Tuscany Square, Eldersburg, Owings Mills and Pomona Square offices.

In 2017, we were particularly proud of our efforts to expand our services to better serve patients with breast cancer in a number of ways. We conducted a trial of a new radiofrequency tag localization for breast surgery patients. Similar to the seed localization procedure, imaging is used to insert a radio-frequency tag into a patient’s breast to mark the exact location of the cancer site for a breast surgeon to detect and remove. The trial went very well, and we look forward to conducting more of these procedures in 2018.

We also increased the number of 3-D mammograms or breast tomosynthesis performed compared to 2016. More than 80 percent of our screening mammograms in 2017 were 3-D. We attribute this increase to greater awareness and broader coverage by medical insurance companies. Three-dimensional mammography enables radiologist to view breast tissue more clearly than traditional 2-D mammograms, allowing them to identify cancer earlier while at the same time reducing the number of false positives—mammograms that show an abnormal area that looks like a cancer but turns out to be normal.

We also have assisted many patients thanks to our lung cancer screening program, first implemented in 2016. Through the program, we were able to detect a number of small cancers in patients at an earlier stage when they could be most treatable and potentially cured.

Of course, these services are in addition to the many imaging modalities we continue to provide to assist providers in making accurate and timely diagnoses and treatment plans. Our comprehensive services also include X-rays, ultrasounds, magnetic resonance imaging (MRI), positron emission tomography (PET) and computerized tomography (CT) scans, as well as imaging-guided interventional procedures such as stereotactic-guided and ultrasound-guided breast biopsies, wire and seed localization for breast surgery patients, as well as a full range of inpatient interventional procedures.
Prospective Multidisciplinary Cancer Conferences

Multidisciplinary cancer conferences, otherwise known as “Multi-D” conferences or “Tumor Boards” are physician-directed conferences regularly convened to facilitate the collegial interdisciplinary discussion of newly diagnosed cancer patients. They include surgeons, medical oncologists, a radiation oncologist, pathologists, diagnostic radiologists and allied health care professionals. During these conferences, physicians and providers confer on the most appropriate diagnostic testing and/or cancer therapeutic interventions for patients. These conferences serve as a valuable enhancement and often expedite the formal consultation process needed to begin patients on the most appropriate and correct sequence of first course cancer therapy as soon as possible.

The timing of treatment initiation is important in producing the most optimal clinical outcomes for patients. Carroll Hospital now holds several prospective or treatment planning multidisciplinary conferences. Prospective breast cancer conferences are held weekly; the genitourinary cancer conference and colorectal cancer conferences are held monthly. The hospital also convenes a general multidisciplinary cancer conference twice per month.

Patients with a wide array of primary cancer sites are discussed in the general Multi-D cancer conference held every Tuesday in the William E. Kahlert Regional Cancer Center. During these conferences, social worker Kelly Kromm prepares the patient lists and nurse navigators present their patient cases. Typically, the following attend: medical and radiation oncologists, the nurse navigator group, social workers, radiation therapists, a pharmacist, a palliative care nurse, rehabilitation services employee, a researcher and member[s] of the nursing staff. Discussions revolve around new patients, patients with recurrences, rehab patients and those currently in the hospital. The Multi-D conference gives all members of the patient's health care team the opportunity to discuss concerns and share treatment recommendations. It has been very valuable to the care provided to patients at the William E. Kahlert Regional Cancer Center.

2017 Oncology Nurse Navigation Program Activities & Initiatives

At the William E. Kahlert Regional Cancer Center oncology nurse navigators are readily available to assist patients through their cancer journey. They provide patients with a smooth transition through all phases of the cancer experience from pre-diagnosis to survivorship.

Patients are assigned an oncology nurse navigator who is available to support patients and their families. They provide one-on-one disease-specific education to allow patients to be active participants in their cancer care and treatment choices. Patient education plus the nurse-patient relationship is the foundation to improved compliance and positive treatment outcomes.

Barriers to cancer care are assessed and then collaboratively addressed within the multidisciplinary cancer team to understand and find solutions to rectify health disparities within the community. Frequently, the health care barriers originate from financial, practical or social challenges. Resources to address identified barriers are provided either on-site or by referral. Unaddressed barriers can lead cancer patients to stop or decline cancer treatment altogether. Overall, oncology nurse navigators provide value to patients, providers and the community's diverse population.

Above, from left to right are oncology nurse navigators Karen Alban, Candace Rutter, Elaine McLaughlin and Cathy Reilly; and oncology social worker Kelly Kromm.
2017 PROGRAM ACTIVITIES AND Quality Improvements

The quality improvement team of the cancer committee commenced multiple projects in 2017 to improve the care experience of cancer program patients.

The projects’ goals were to improve documentation and/or processes to facilitate essential and effective communication among the multidisciplinary team members, and between those same multidisciplinary team members and patients for optimal patient care.

The efforts and progress made in 2017 will improve access to hospice and palliative care services, and standardize the documentation and management of symptom tracking for patients seen at the William E. Kahlert Regional Cancer Center.

The cancer program continues to select new areas for improvement each year to reflect the needs of patients and ensure they receive care of the highest quality and standard.

SURVIVORSHIP PROGRAM ACTIVITIES AND INITIATIVES

At the William E. Kahlert Regional Cancer Center, we recognize the need to support patients during survivorship, after completing their cancer treatment.

We have worked hard over the past year to initiate and begin providing survivorship care plans (SCP) as a sense of validation and a roadmap to the future for cancer patients.

While patients are relieved to be finished with active treatment, they are often unsure of what happens next. The SCP helps patients adjust to a new normal of survivorship. Each SCP is individually prepared using information related to an individual’s specific cancer treatment. A detailed SCP includes all physicians involved in the patient’s care, the patient’s tumor stage and type, names of chemotherapy drug treatment, biological agents, immunotherapies administered, side effects of treatments (both short- and long-term) and disease specific surveillance recommendations.

If applicable, the SCP also will include radiation therapy dates and administered dose, clinical trial information and genetic testing results. The process for delivery of the SCP includes a one-on-one meeting with the oncology nurse navigator to review the administered treatments and ask questions. The SCP acts as a blueprint to help survivors navigate the ebbs and flows of survivorship. The SCP’s goal is to assist patients with adherence to the recommended follow-up care, help them to maintain overall good health, and alleviate fears while working toward a life after cancer.

Photos from the annual Cancer Survivors Day, celebrated June 4, 2017 at Taneytown Memorial Park.
As part of the William E. Kahlert Regional Cancer Center, we continued to provide a range of services to address patients’ emotional, physical and medical needs.

In 2017, a major focus was in our efforts to assist with the early detection and prevention of some cancers, in particular, breast, skin and HPV-related cancers.

For breast cancer, our one-on-one breast health consultations and clinical breast exams were very successful. During the screenings, women met with our breast surgeon to discuss any concerns they had regarding their breast health, had a physical exam and based on those findings were referred for further tests. More than 30 women participated, and of those, six were referred for further imaging based on the findings.

We also participated in LifeBridge Health’s “Beat Cancer” Mammothon in November. This all-day breast screening event was a success with 84 women participating at five Advanced Radiology locations, Northwest Hospital and Community Radiology. In Carroll County, 25 women received mammograms at locations in Westminster, Eldersburg and Mt. Airy. They also received education on the importance of breast screenings for breast cancer prevention and early detection. Some also booked appointments for a breast consultation.

To address skin cancer (or melanoma), which continues to be a concern in Carroll County due to its high incidence rate when compared to the state and national average, our cancer program offered a number of screenings to residents in May, Skin Cancer Awareness Month. A total of 27 people attended, and 10 were referred to a provider for follow up.

In 2017, our cancer program also increased efforts to raise awareness of the importance of young people receiving the Human Papillomavirus (HPV) vaccine to protect them against HPV infection and HPV types that most commonly cause cancer.

To increase HPV vaccine compliance, our staff visited providers at Carroll Health Group OB/GYN and Primary Care practices to increase awareness and offer providers resources to give parents who may have questions about their children receiving the vaccine. In 2017, HPV vaccine compliance rates at Carroll Health Group OB/GYN and Primary Care practices increased by 14.5 percent. Our goal in 2018 is to continue to increase awareness and education in the community.
2016 CANCER DATA YEAR

The top 10 primary cancer sites seen at the hospital for the 2016 cancer case accession year were breast, lung, colon, lymphoma, prostate, melanoma, pancreas, bladder, rectum and cervix. The top primary cancer sites diagnosed nationally per the American Cancer Society® (ACS) were breast, lung, prostate, colon, bladder, melanoma, lymphoma, leukemia, uterine and cervix.

THE CANCER REGISTRY & CANCER DATA MANAGEMENT

Cancer registrars are data information specialists that capture a complete history, diagnosis, treatment, cancer staging and health status for every cancer patient at the William E. Kahlert Regional Cancer Center. Data is transmitted to the Maryland State Cancer Registry monthly and National Cancer Database yearly during the Annual Call for Data.

The data collected by the cancer registrars is essential information that is utilized by researchers, health care providers and public health officials to better monitor the effectiveness of the treatments that are administered by cancer site and stage of the disease. Cancer patients are followed annually and their disease status is updated by the cancer registry staff annually in order to provide survival statistics. Cancer registrars maintain their credentials by continually participating in educational seminars and workshops in order to increase their knowledge of treatment advancements and modalities.

ANALYSIS OF CANCER REGISTRY ANALYTIC DATA
2016 STATISTICAL YEAR
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<th>American Joint Committee on Cancer (AJCC) Stage</th>
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<td>Brain (Malignant)</td>
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### Carroll Hospital

**NEWLY DIAGNOSED CANCER CASES BY GENDER**

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<thead>
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<th>Gender</th>
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<tr>
<td>Female</td>
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<tr>
<td>Male</td>
<td>Lung</td>
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### Newly Diagnosed Patients by County/State of Residence

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<td>Baltimore, MD</td>
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<td>Caroline, MD</td>
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<td>Carroll, MD</td>
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<td>Frederick, MD</td>
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<td>Florida</td>
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<td>Prince George’s, MD</td>
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<tr>
<td>Queen Annes, MD</td>
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<tr>
<td>South Carolina</td>
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<td>West Virginia</td>
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<td>Howard, MD</td>
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<td>Pennsylvania</td>
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### Race Distribution

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<td>Black</td>
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<td>Hawaiian</td>
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<tr>
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</tr>
</tbody>
</table>

*Per registry and the American Cancer Society (ACS)*
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