It’s my pleasure to share several significant developments that have occurred within Carroll Hospital Center’s Cancer Program during the course of this year.

One of the most noteworthy is Carroll Cancer Center becoming a part of Carroll Hospital Center’s family of services under a new name—Carroll Regional Cancer Center.

This condensing of services only strengthens the hospital’s excellent oncology program. In addition to providing medical and radiation oncology services, Carroll Regional Cancer Center also treats blood-related cancers and non-cancerous blood conditions, such as anemia and blood-clotting disorders.

In other Cancer Center news, we are pleased to welcome Johanna DiMento, M.D., to the cancer care team. Specializing in breast cancer, Dr. DiMento is a diplomate of the American Board of Internal Medicine and a board-certified oncologist and hematologist, with years of expertise in both fields.

In keeping with the most advanced treatment methods available, our oncologists are employing personalized cancer treatments designed for a patient’s particular cancer. Working with the hospital’s pathology lab, some patients’ tumors are being tested for specific mutations on a molecular level and treatment is tailored according to the findings. This approach improves success rates and avoids ineffective treatments.

I am pleased to announce that Carroll Hospital Center’s Cancer Program once again was granted Accreditation with Commendation by the Commission on Cancer of the American College of Surgeons. This designation is granted to a cancer program after rigorous evaluation determines it is compliant with 36 standards and a commendation rating is awarded on one or more standards.

As always, I am most appreciative of the dedicated health care providers and Cancer Committee members who provide their time in making sure that our objectives are met. We are very fortunate to have these professionals on our staff, and their commitment to providing quality care is apparent.

Flavio Kruter, M.D.
Chairman, Cancer Committee
Carroll Hospital Center

Oncology Services

Recent statistics from the American Cancer Society (ACS) estimate that one out of every two American men and one out of every three American women will be diagnosed with cancer at some point during their lifetime. Cancer is the second leading cause of death in Maryland, accounting for 24 percent of total deaths in 2009.

In Carroll County, cancer is one of the leading causes of illness. Carroll Hospital Center makes it a priority to provide high quality, convenient cancer care that targets the whole patient—mind, body and spirit.

Recognizing how difficult a cancer diagnosis can be on patients and their loved ones, Carroll Hospital Center offers a wide range of services to meet their needs. We sponsor several support groups and informational programs for patients, family members and friends. Education and access to information are powerful tools that help members of our community make more informed medical choices, deal with a difficult diagnosis and adopt positive health habits to improve their quality of life.

Carroll Hospital Center provides the most advanced oncology treatment options available in a warm, caring, supportive environment. Whether it’s inpatient or outpatient care, we advocate a team-oriented approach that includes board-certified medical oncologists, oncology certified nurses and specially trained staff. Throughout the course of treatment, patients receive information and updates concerning treatment protocols, side effects, nutritional issues and pain management.

Carroll Hospital Center is now in the planning phase of building a comprehensive cancer center on the hospital campus. A major fundraising campaign is in the planning phase as well to support the expansion of this important service line. The new cancer center will bring our multidisciplinary oncology team together to create a regional resource, close to home.

The state-of-the-art center will feature the latest technologies, expanded treatment options, a navigation and survivorship program, genetic counseling, educational resources and support groups, and palliative care—all in one convenient location.

Support Services

Many support services are available for patients and their loved ones to empower them with the knowledge and confidence to deal with cancer:

- **Cancer Navigation Services** – Available free of charge to men and women with all types and stages of cancer, cancer navigation specialists provide guidance and support through cancer diagnosis, treatment and recovery.
- **Genetic Counseling (in partnership with the University of Maryland Greenebaum Cancer Center)** – For cancer patients and those at risk for the disease. Results are shared by a certified genetic counselor in coordination with the patient’s physician.
- **Oncology Resource Center** – Located on the oncology unit, this library is available to all patients seeking additional cancer information.
- **Lymphedema Treatment Program** – Featuring licensed massage and certified lymphedema therapists for patients experiencing this side effect of cancer treatment.
- **The Boutique at The Women’s Place** – Specializing in merchandise for women with cancer. Items include breast prostheses, mastectomy bras, wigs, hats and turbans.
- **Look Good Feel Better** – An ACS program to help women cope with the appearance-related side effects of cancer treatment.
- **Complementary health treatments** – Includes massage, acupuncture and integrative reflexology® to help with stress reduction and symptom management during treatment. Treatments are provided by licensed therapists who have special certification in treating cancer patients.
- **Palliative Care** – Helps improve a patient’s quality of life by lessening the physical, emotional and spiritual pain he or she is experiencing.
- **Reach to Recovery** – An ACS program that pairs breast cancer patients with area survivors.

continued on next page
Support Services, cont’d.

- **I Can Cope** – An ACS educational program for patients, families and caregivers.
- **Breast Cancer Support Group** – Offering breast cancer patients emotional support and education.
- **Cancer Support Group** – Offering cancer patients emotional support and education.
- **The Next Step** – A tobacco cessation maintenance program.
- **Man to Man** – An ACS prostate cancer education and support group.
- **Pathways** – For anyone grieving the loss of a loved one.
- **Bridges** – An educational support group that teaches bereavement coping strategies.
- **Healing Hearts** – For children ages 5 through 17 who are grieving the loss of a family member or friend.
- **Camp T.R.** – Weekend grief retreat for children ages 5 through 17.
- **Ostomy Support Group** – Offering individuals with an ostomy emotional support and education.

**Community Outreach/Education/Screenings**

Education plays a key role in awareness, prevention and early detection. At Carroll Hospital Center, we strive to keep our community healthy through the following educational programs, screenings and resources:

- **Skin and prostate cancer screenings**
- **Total Health Expo** – An annual event promoting overall health, including cancer prevention.
- **Relay for Life** – An ACS event to increase cancer awareness and support, and celebrate survivorship.
- **Tobacco cessation education, counseling and referral**
- **The Breast Center at The Women’s Place** – Providing coordination of care, support and guidance for women with breast disease before and after a breast cancer diagnosis.
- **Check it Out** – Breast and testicular cancer education programs for high school students.
- **Resource libraries** – Two locations: on our oncology unit and in The Women’s Place.
- **Nutritional services**
- **Chemotherapy education classes**

**Carroll Home Care**

Available 24 hours a day, seven days a week, Carroll Home Care offers a full range of home-based nursing and rehabilitative services throughout Carroll, Baltimore and Frederick counties, including:

- Skilled nursing
- Home health aides
- Nutrition education
- Medical social work
- Infusion therapy
- Physical therapy
- Occupational therapy
- Speech therapy
- Wound care
- Palliative care services (child and adult)

**Carroll Hospice**

For individuals with life-limiting illnesses, Carroll Hospice provides both inpatient and home-based care around the clock. Services include:

- Inpatient facility with private rooms and interfaith chapel
- Expert care team and inpatient respite care
- Palliative care
- Social workers
- Pastoral and bereavement support for all ages

**Fiscal Year 2011 (July 2010 – June 2011)**

Cancer Navigation Program Visits: 211
The Breast Center In-Person Visits: 254
The Breast Center Telephone Consultations: 862

When you compare a total of 472 cases of cancer treated in Carroll County in 2010 with the large number of visits and consultations to our Cancer Navigation Program and The Breast Center, it reinforces the vital need for cancer services in our community.
The Cancer Registry of Carroll Hospital Center collects and analyzes cancer data under guidelines set forth by the American College of Surgeons Commission on Cancer. This information, which helps identify cancer trends, treatments and outcomes, is a reporting requirement of the National Cancer Data Base (NCDB), Maryland Cancer Registry and the North American Association of Central Cancer Registries.

Follow up is an integral component of the Cancer Registry. Patients are followed for life, which encourages them to schedule yearly checkups.

Information shared through the Cancer Registry forms the cancer statistics in any given year. Patient confidentiality is respected and care is taken to safeguard the patient’s personal information.

### 2010 Cases of Cancer

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total Cases</th>
<th>American Joint Committee on Cancer (AJCC) Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>Breast</td>
<td>101</td>
<td>15</td>
</tr>
<tr>
<td>Bronchus/Lung</td>
<td>78</td>
<td>1</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>35</td>
<td>0</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>35</td>
<td>16</td>
</tr>
<tr>
<td>Skin (Melanoma)</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td>Colon</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Esophagus</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Stomach</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Rectum</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Anus/Anal Canal</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Liver</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pancreas</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Other (Gastroenterology)</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Nasal/Sinus</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larynx</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other (Respiratory System)</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Leukemia</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Bone</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Connect/Soft Tissue</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other (Skin)</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Female Genital</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Ovary</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Vulva</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Testis</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Brain (Benign)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brain (Malignant)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Thyroid</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Non-Hodgkin's</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Other/Ill-Defined</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>472</strong></td>
<td><strong>43</strong></td>
</tr>
</tbody>
</table>

Number of cases excluded: 3
This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.
What is prostate cancer?
The majority of prostate cancers arise from the cells of the gland and are known as adenocarcinoma of the prostate. Prostate cancer is a very diverse cancer. Some varieties are slow growing, while other varieties are very aggressive. The aggressiveness of a tumor is described by its Gleason score. A Gleason score of 6 is the least aggressive form, while a score of 10 reflects a potentially aggressive tumor.

What are the risk factors for prostate cancer?
Age is the strongest risk factor for prostate cancer. Two-thirds of all prostate cancer occur in men older than age 65. Prostate cancer occurs more frequently in African-American men and less frequently in men of Asian descent. Prostate cancer can run in families. Having a father or brother with prostate cancer doubles a man’s risk for prostate cancer. At this time, there is no reliable genetic test for prostate cancer. Other risk factors for prostate cancer include obesity, diets rich in fat and smoking.

What is the Prostate Specific Antigen (PSA) test?
Prostate specific antigen (PSA) is a chemical that is produced by normal and cancerous prostate tissue. In healthy men, the level should be less than 4, but this can vary depending on a patient’s age. As the PSA increases, so does the risk for prostate cancer. An elevated PSA does not mean that a patient has prostate cancer; several conditions can elevate the PSA even when there is no cancer present. There has been controversy recently regarding the routine use of the PSA test. Recent scientific evidence has questioned whether a PSA screening has resulted in improved patient survival. However, since PSA testing has been introduced, there has been a 40 percent decline in prostate cancer deaths in the United States. It is recommended that a patient discuss the risks and benefits of PSA testing with his physician prior to undergoing the test.

What are the symptoms of prostate cancer?
In its early stages, prostate cancer is often asymptomatic and is only found because of an elevated PSA test or an abnormal digital rectal exam. Symptoms of advanced prostate cancer include weight loss, bone pain, blood in the urine, urinary retention and renal failure.

How is prostate cancer diagnosed?
If a patient is found to have an elevated PSA or abnormal digital rectal exam, usually a transrectal ultrasound and prostate needle biopsy is recommended. This is an outpatient procedure in which a probe is placed into the anus. Then, through the probe, the prostate is injected with an anesthetic and needle biopsies are taken to obtain tissue.

How is prostate cancer treated?
The treatment of prostate cancer will vary depending on the patient (age and overall health), the PSA level and stage of the tumor. It is important for patients to know their PSA value, DRE results and the Gleason score of their biopsy. These factors often will guide treatment recommendations. The standard treatment options include active surveillance (previously known as watchful waiting), surgery, external beam radiation, brachytherapy and androgen deprivation therapy. For those patients who have not responded to the standard treatment options, chemotherapy is now an option. Each treatment is effective, but the side effects vary. A patient is encouraged to get more than one opinion prior to making a treatment choice.
Oncology Service Line Committee

Karen Alban, R.N.
Janet Blank, R.N.
Terri Haber
Toni Harless

Flavio Kruter, M.D.
Debbie Medura, R.N.
Eileen Overfelt, R.N., B.S.N.
Darlene Price, C.T.R.

Stephanie Reid, R.N., B.S.N., M.B.A. (Chair)
David Salinger, M.D.
Sharon Sanders, R.N., B.S.N.
Leslie Simmons, R.N., B.S.N., M.A.

Cancer Committee

Karen Alban, R.N.
Janet Blank, R.N.
Earlene Bradford, R.N.
Jen Burdette
Guy Cappucinno, M.D.
Sherry Epperson, R.N.
Yousuf Gaffar, M.D.
George Grillon, D.M.D.
Christopher Grove, M.D.
Vajira Gunawardane, M.D.
Toni Harless

Christine Herbst
Corilynn Hughes, R.N.
Flavio Kruter, M.D. (Chair)
Marcia McMullin, R.N., B.S.N.
Debbie Medura, R.N.
Steven Miller, M.D.
Keith O'Reilly, M.D.
Helen O'Sullivan, Pharm. D.
Eileen Overfelt, R.N., B.S.N.
Bertan Ozgun, M.D.
Mary Peloquin, R.N., B.S.N.

Darlene Price, C.T.R.
Stephanie Reid, R.N., B.S.N., M.B.A.
Robert Rice, M.D.
David Salinger, M.D.
(Cancer Liaison Physician)
Naveed Shah, M.D.
Stuart Shindel, M.D.
Kevin Smothers, M.D.
Dawn Van Der Stuyf, R.N.
Trisha Wagman, R.N.
Kathy Yowell, R.N.