

**CalvertHealth and
Duke Health**

A Powerful Combination
Against Cancer

 **CalvertHealth[®]**

Community Cancer Program **2022** Annual Report

STATISTICAL DATA FROM 2021



 **Commission
on Cancer[®]**
ACCREDITED PROGRAM

CalvertHealth 2022 Cancer Committee

The members meet regularly to review and evaluate the quality and direction of the overall cancer program, and make recommendations for improvement.

Kenneth L. Abbott, MD
Medical Oncologist
Cancer Committee Chair

Theodore Tsangaris, MD
Cancer Program Director
Cancer Liaison Physician

Bilal Ahmed, MD
Medical Oncologist

Ramzi Alami, MD, FACS, FASMBS
General Surgeon

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ACHP-SW**
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Oncology Nurse
Survivorship Program Coordinator

Kasia Sweeney
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Clinical Research Coordinator

Nancy Ulanowicz, MD
Pathologist

CANCER PROGRAM UPDATE

For a community hospital, we have made some amazing strides in cancer care – from the addition of advanced technology and multidisciplinary teams focused on specific tumor sites to the introduction of genetic testing and the rapidly expanding role of immunotherapy, which has been a game changer in producing more favorable outcomes with fewer side effects.

But if you knew the team at CalvertHealth, you would know that was not enough for them to be satisfied. In 2019, we achieved accreditation with commendation from the American College of Surgeons Commission on Cancer Care, placing us among the top community cancer programs in the country. But even that was not enough.

In 2021, our cancer committee set their sights on developing a relationship with an NCI-designated comprehensive cancer. And on Sept. 14, 2022 we celebrated a milestone moment at CalvertHealth – announcing our affiliation with Duke Health. We take very seriously the trust a patient and their family place in us. So, we work very hard to be sure we are bringing them the very best care we can.

In the field of oncology, we must get it right. Duke Health represents the gold standard in oncology care. This affiliation will enable us to provide our patients with the highest level of evidence-based medicine. Together, with Duke Health we are charting a course ensuring far fewer people will have to leave the region for outstanding care.

Another important initiative underway is the development of a robotics program that will expand our capacity to handle complex and delicate cancer surgeries. At the same time, the planned upgrade to our electronic records system will streamline multidisciplinary care coordination. We are also adding advanced MRI technology that will significantly enhance the patient care we are able to provide.

We are excited to share the latest progress report of the CalvertHealth Cancer Program. We have a bold vision for cancer care at CalvertHealth Medical Center – to build a cutting-edge cancer program right here in our community. But what we are building is not as important as who we are building it for – the hundreds of newly diagnosed cancer patients we treat every year and the thousands of cancer survivors who need our ongoing care and support.



Theodore N. Tsangaris
Theodore Tsangaris, MD
Cancer Program Director



Kenneth L. Abbott
Kenneth Abbott, MD
Chairman, Cancer Committee

Cancer-Related Services

CalvertHealth Medical Center's oncology program has been recognized by the Commission on Cancer of the American College of Surgeons as offering top-notch community cancer care. It is recognition of the quality of our comprehensive, multidisciplinary care. Since 1995, CHMC has been proud to bring the very best in today's cancer care close to home.



CalvertHealth's relationship with an NCI-Designated Comprehensive Cancer Center will give us the capacity to bring clinical trials to our community.



Diagnostic: The latest technology produces superior, in-depth images resulting in a more comprehensive diagnosis.

- Cystoscopy
- Endoscopy
- Full Service Laboratory
- Radiology
 - CT (*Low-dose lung cancer screening*)
 - PET scanner
 - MRI
 - Fluoroscopy
 - 3D Mammography
 - Image-guided Biopsy
 - SAVI SCOUT® Radar Localization
 - Ultrasound

Surgery: Board-certified surgeons have the clinical expertise to deliver specialized care (1.888.906.8773).

- Breast
- Gastroenterology
- General
- Gynecologic Oncology
- Orthopedic
- Otolaryngology
- Plastic/Reconstructive
- Urology

Medical Oncology: Board-certified oncologists plan treatment and direct care (1-888-906-8773).

- Genetic Cancer Risk Assessment
- Survivorship Education

Infusion Therapy Center:

Multidisciplinary team provides comprehensive care (410.535.8276).

- Biological Response Modifiers
- Cancer Library
- Case Manager
- Chemotherapy
- Clinical Pharmacist
- Certified Pharmacy Technician
- Social Worker
- Targeted Therapies

Radiation Oncology: Involves the use of high-energy X-rays to kill cancer cells (301.705.5802).

Chesapeake Potomac Regional Cancer Center

Hospice: Provides medical and volunteer support for individuals and families. (410.535.0892).

Calvert Hospice

CalvertHealth Support

Services: To help you cope with the stresses of cancer and the treatment process. (410.535.8233).

- Nurse Navigators
- Cancer Support Groups
- Counseling

continued next page

- Financial Navigator
- Home Health Agency
- Nursing
- Palliative Care
- Pastoral Care
- Social Work

Rehabilitation Services: Wide range of therapies available on inpatient/outpatient basis for all ages (410.535.8180).

- Lymphedema Management
- Occupational Therapy
- Pelvic Floor Therapy
- Physical Therapy
- Speech Therapy

Community Wellness/Preventive Services:

In cooperation with our community partners, free and low-cost screenings are offered (410.535.8233).

Cancer Screening

- Colorectal
- Lung
- Breast
- Prostate
- Cervical
- Skin

Community Education Programs: Learn about cancer risk factors, signs and symptoms, screening guidelines and prevention strategies (410.535.8233).

- Health & Fitness Classes
- Tobacco Cessation (*free through the health department*)
- Stress Management
- Weight Management
- Men & Women’s Wellness

Specialized Resources: Improve access and enhance communication while helping our patients and their families navigate treatment options.

- Lung Health Program
- Mobile Health Center
- High-Risk Breast Clinic

2022 PROGRAM HIGHLIGHTS

- Affiliated with NCI-Designated Center Duke Health giving our oncology team access to the latest thinking in cancer care from the experts who are doing the research. *(See Page 9)*
- Welcomed nationally board-certified oncology nurse **Renee Sbrocco, RNIV, OCN**, and registered nurse **Lindsey Thompson, RN**, as oncology navigators. *(See page 5)*
- Added **Kerri Stallings, RN, MSN, AGPCNP** as oncology nurse practitioner with CalvertHealth Hematology & Oncology. She specializes in caring for patients with critical conditions and chronic illnesses. *(See page 15)*
- Expanded diagnostic radiology team to include ABR board-certified breast imager **Angela Pansera, DO**, who has been in private practice in Calvert for 11 years.
- Monitored **708** active participants in various stages of the local lung cancer screening program (**up 46% from 2021**). Promoted new low-dose CT guidelines to increase public awareness. *(See page 10)*
- Completed **185** genetic cancer risk assessments to help patients manage their risk and guide treatment options.
- Conducted breast MRI quality improvement study to ensure compliance with best practice guidelines. *(See page 12)*
- Created a resource guide for newly diagnosed cancer patients in cooperation with cancer survivor Jean Fleming with tips for preparing to talk with your oncologist, getting ready for your visit and sample questions. **Go to: <https://www.calverthealthmedicine.org/preparing-to-talk-with-your-oncologist>**
- Developed tools to expand integration of advanced care planning in the outpatient oncology setting. *(See page 13)*
- Provided specialized rehabilitation services to **101** cancer patients before, during and after treatment to optimize recovery and improve daily function.
- Performed **19** grant-funded breast and cervical cancer screenings at no cost to area women through the Southern Maryland Breast and Cancer Program.
- Reached more than **3,500** middle and high school students with the Tobacco Road Show aimed at reducing teen smoking, vaping and marijuana use. **75** people took free smoking cessation classes through the CCHD with **23** quitting by the end of the class.
- Logged some **20,534** visits in 2022 (**up 27% from prior year**) to our cancer care website, which provides information on all the cancer types treated at CHMC, as well as treatment options and resources available.

SCAN this QR code
for helpful information
and resources
for cancer care.



Cancer Team Adds Two New Navigators

CalvertHealth welcomes nationally board-certified oncology nurse **Renee Sbrocco, RNIV, OCN**, and registered nurse **Lindsey Thompson, RN**, to its multidisciplinary cancer team. They bring broad experience in a wide range of clinical settings to their new role as oncology navigators.

Sbrocco, who joined CalvertHealth in 1995, has spent most of her career taking care of cancer patients, and is herself a breast cancer survivor. Thompson, who has been practicing since 2008, started her career at an oncology unit in an area hospital before joining Calvert Hospice and later Calvert Hematology Oncology.

Thompson believes in taking a holistic approach to patient care. "Our goal is to make sure all of the patient's needs are met because that is what provides a positive experience and outcome."

Sbrocco emphasized the importance of the oncology navigator. As part of the multidisciplinary team, they function as advocate, interpreter, educator, facilitator and counselor for oncology patients and families at CalvertHealth. They also help to bridge communication between the various members of the cancer team to ensure coordination and timeliness of cancer care. "We want them to feel safe and secure knowing they are in good hands."



Renee Scrocco, RNIV, OCN



Lindsey Thompson, RN

Our Cancer Care Team

From diagnosis through treatment and recovery, our dedicated cancer specialists work together to deliver the treatment that's best for you and your individual needs.

Breast Imager: A diagnostic radiologist who exclusively reads breast images. Their involvement helps assure an accurate diagnosis, which is critical to establishing the right treatment plan.

Dietitian: A registered dietitian assesses the nutritional status of each patient, gives advice and provides support throughout their care.

Financial Navigator: A healthcare financial professional who works closely patients and families to ease any worries or concerns about treatment costs and insurance processing.

Genetic Evaluation: Oncology nurse practitioner with specialized training in genetics helps patients and families better understand and manage their cancer risk.

Medical Oncologist: The doctor who plans your treatment, directs your care and chemotherapy and monitors your ongoing status.

Nurse Navigator: Experienced oncology nurse with advanced training in cancer care. She works closely with cancer patients and their families to coordinate all aspects of care.

Oncology Nurse Practitioner: A registered nurse who has completed advanced training that allows them to provide direct patient care, including physical exams and ordering medications, lab tests and X-rays.

Cancer Specialists: Physicians such as gastroenterologists and urologists who diagnose and treat specific cancers like colorectal or prostate.

Surgeon: The doctor who performs your surgical procedures (biopsy, bowel resection, ostomy) and helps coordinate your care. Board-certified plastic surgeons are available to perform breast reconstruction, if needed.

Pathologist: The doctor who examines the tissue removed during colonoscopy or surgery to evaluate malignancies and other characteristics.

Case Manager: The social worker or nurse who discusses what you can expect.

Radiation Oncologist: The doctor who oversees your radiation treatment.

Rehabilitation Specialist: Trained therapists who work with cancer patients before, during and after treatment to help them optimize their recovery and improve their daily function and quality of life.

Clinical Pharmacist: The pharmacist who works with the medical oncologist to plan chemotherapy regimens for cancer patients in the Infusion Therapy Center.

Infusion Nurse: Registered nurses who are experienced and skilled professionals with extensive training in infusion therapy and chemotherapy administration.

STATISTICAL SUMMARY of CANCER CASES at CALVERTHEALTH MEDICAL CENTER

Calendar Year 2021 Statistics (January 1-December 31, 2021)

Patient Demographics

In 2021, there were 365 new cancer cases accessioned at CalvertHealth. Of the 365 new cancer cases, 332 were analytical cases and 33 were non-analytical cases. Analytic cases are those diagnosed at our hospital, or who received all or part of their initial course of treatment here. Non-analytical cases were seen for recurrent or progressive diseases.

Medicare was the primary insurance coverage for 40.27% of the patients, followed by private insurance at 35.69%, Medicare with supp, NOS at 12.60% and all others (including Medicaid and insurance not specified) at 11.5%.

Sex distribution shows 31.65% male and 68.34% female. Race distribution included: 82.91% White, 15.68% Black, .84% other Asian, including Asian, NOS and Oriental, .28% Thai and .28% unknown.

Top 5 Tumor Sites:

Figure 4 (opposite page) summarizes the top five primary sites for 2021, which includes breast (136 cases), lung (50 cases), bone marrow (26 cases), Non-Hodgkin Lymphoma (16 cases) and colon (15 cases).

CalvertHealth Medical Center's Tumor Registry, an integral part of our comprehensive cancer program, collects and maintains detailed cancer data that is used for the evaluation of cancer care and incidence.

Figure 1: 2021 Analytic vs Non-Analytic Data

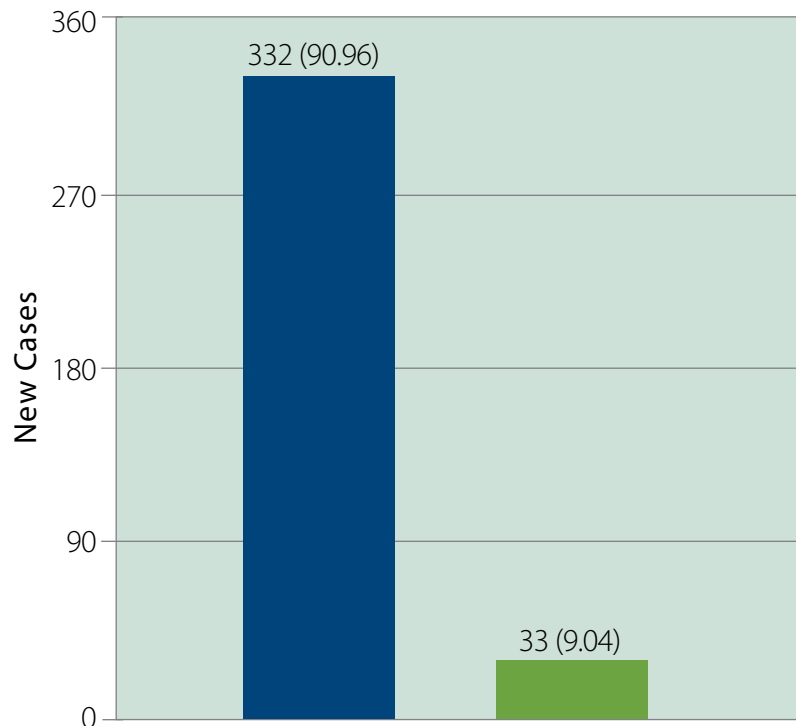


Figure 2: 2021 Gender Distribution at CHMC

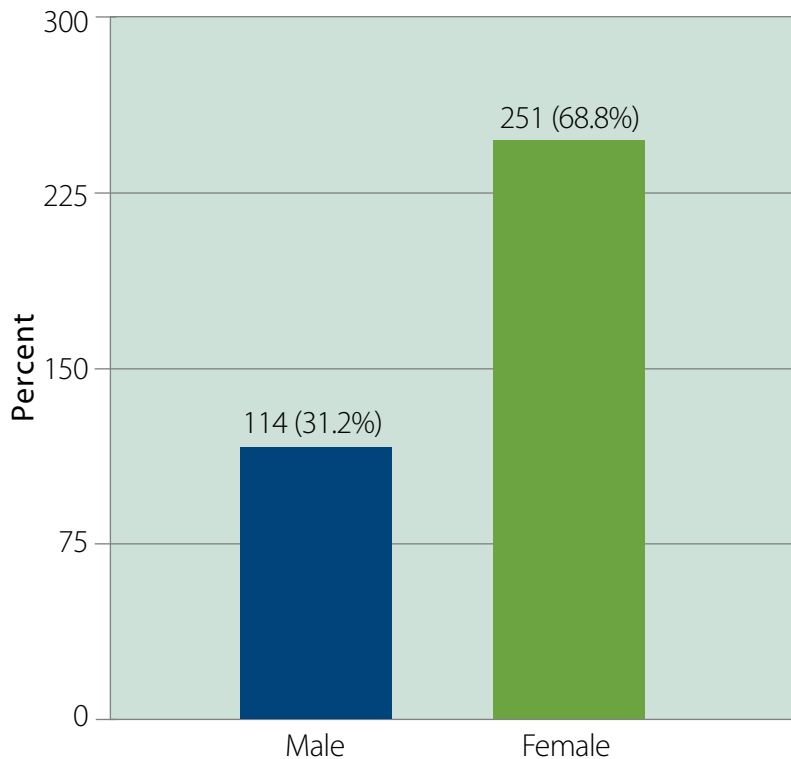


Figure 3: 2021 Race Distribution

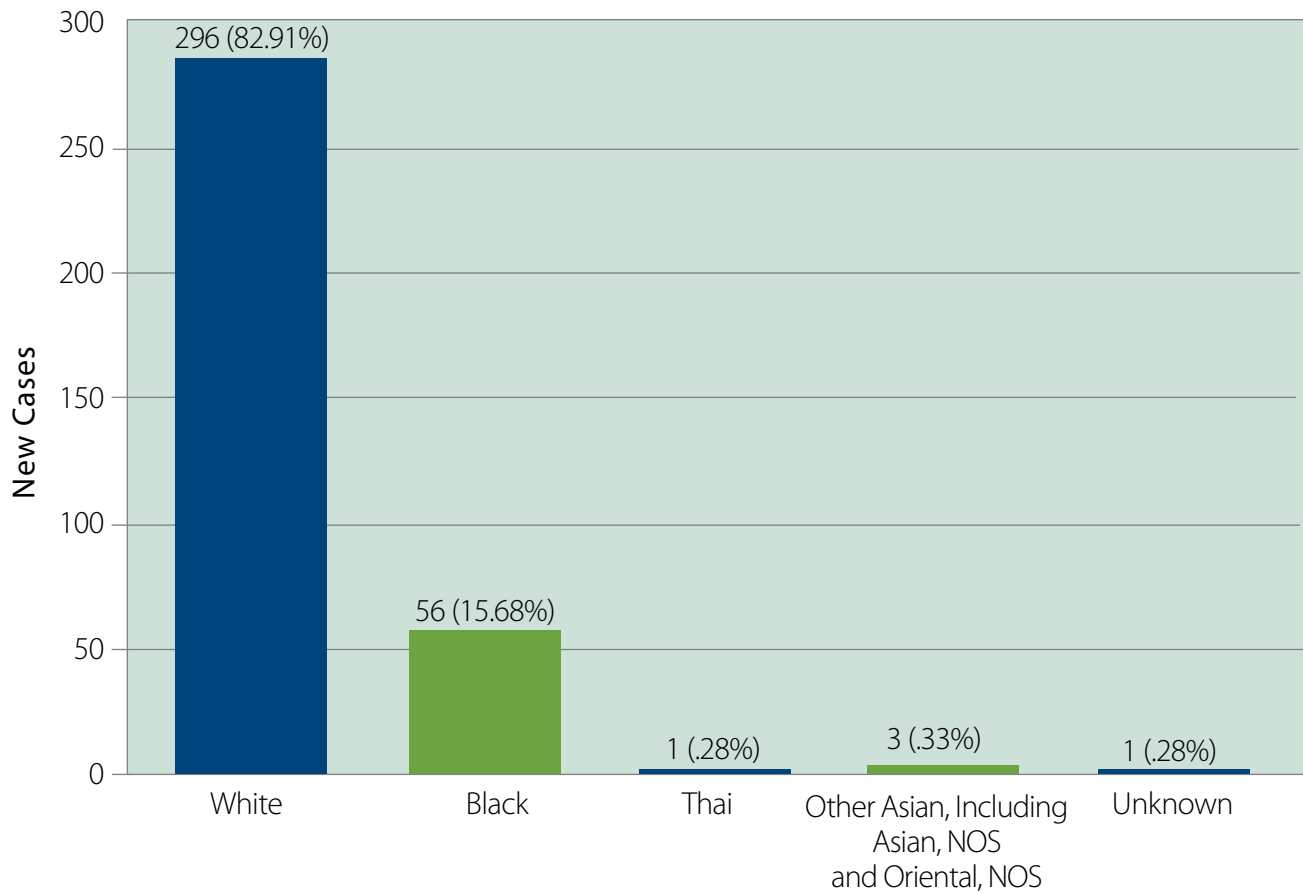
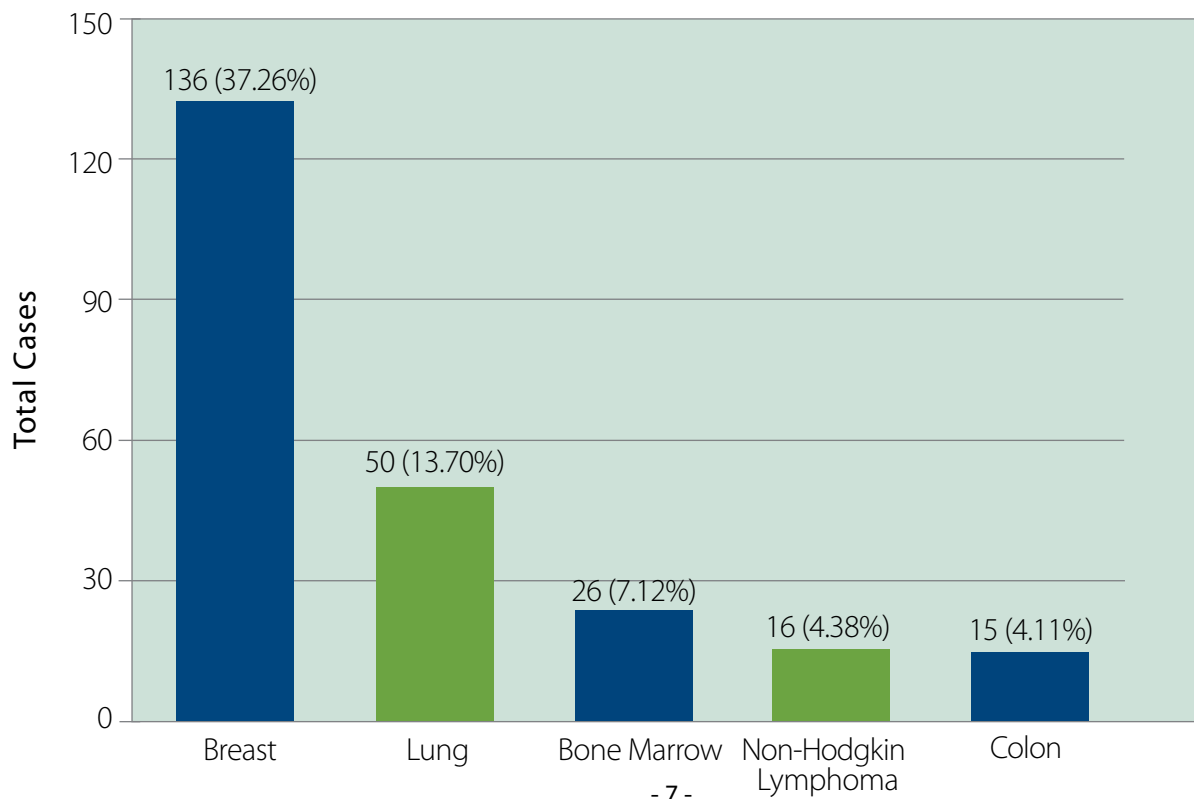


Figure 4: 2021 Top Five Sites at CHMC



STATISTICAL SUMMARY of CANCER CASES at CALVERTHEALTH MEDICAL CENTER

Calendar Year 2021 Statistics (January 1-December 31, 2021)

Summary of Body System and Sex Report

DISEASE SITE	MALES	FEMALES	TOTAL
TOTALS	114 (100.00%)	251(100.00%)	365 (100.00%)
Lip / Oral Cavity / Pharynx	8 (7.02 %)	0 (0.00 %)	8 (2.19 %)
Esophagus	1(0.88 %)	0 (0.00 %)	1(0.27 %)
Stomach	4 (3.51 %)	2 (0.80 %)	6 (1.64 %)
Small Intestine	0 (0.00 %)	1(0.40 %)	1(0.27 %)
Colon	5 (4.39 %)	10 (3.98 %)	15 (4.11 %)
Rectum	5 (4.39 %)	0 (0.00 %)	5 (1.37 %)
Anus	1(0.88 %)	2 (0.80 %)	3 (0.82 %)
Liver	2 (1.75 %)	0 (0.00 %)	2 (0.55 %)
Pancreas	5 (4.39 %)	0 (0.00 %)	5 (1.37 %)
Other Digestive Organ	1 (0.88 %)	2 (0.80 %)	3 (0.82 %)
Larynx	4 (3.51 %)	3 (1.20 %)	7 (1.92 %)
Lung	25 (21.93 %)	25 (9.96 %)	50 (13.70 %)
Other Respiratory	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Bones and Joints	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Soft Tissue	0 (0.00 %)	3 (1.20 %)	3 (0.82 %)
Melanoma - Skin	2 (1.75 %)	7 (2.79 %)	9 (2.47 %)
Kaposi Sarcoma	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Mycosis Fungoides	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Other Skin	0 (0.00 %)	1 (0.40 %)	1 (0.27 %)
Breast - Female	0 (0.00 %)	136 (54.18 %)	136 (37.26 %)
Breast - Male	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Cervix	0 (0.00 %)	3 (1.20 %)	3 (0.82 %)
Corpus Uteri	0 (0.00 %)	12 (4.78 %)	12 (3.29 %)
Ovary	0 (0.00 %)	8 (3.19 %)	8 (2.19 %)
Other Female Genital	0 (0.00 %)	8 (3.19 %)	8 (2.19 %)
Prostate	10 (8.77 %)	0 (0.00 %)	10 (2.74 %)
Other Male Genital	2 (1.75 %)	0 (0.00 %)	2 (0.55 %)
Urinary Bladder	10 (8.77 %)	0 (0.00 %)	10 (2.74 %)
Kidney	2 (1.75 %)	1 (0.40 %)	3 (0.82 %)
Other Urinary	0 (0.00 %)	1 (0.40 %)	1 (0.27 %)
Eye and Orbit	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Brain and Nervous System	0 (0.00 %)	1 (0.40 %)	1 (0.27 %)
Thyroid	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Other Endocrine System	0 (0.00 %)	1 (0.40 %)	1 (0.27 %)
Non-Hodgkin Lymphoma	12 (10.53 %)	4 (1.59 %)	16 (4.38 %)
Hodgkin Lymphoma	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Multiple Myeloma	2 (1.75 %)	3 (1.20 %)	5 (1.37 %)
Lymphoid Leukemia	2 (1.75 %)	1 (0.40 %)	3 (0.82 %)
Myeloid / Monocytic Leukemia	5 (4.39 %)	5 (1.99 %)	10 (2.74 %)
Leukemia - Other	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Other Hematopoietic	4 (3.51 %)	4 (1.59 %)	8 (2.19 %)
Unknown Sites	1 (0.88 %)	4 (1.59 %)	5 (1.37 %)
Ill-Defined Sites	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Other	1 (0.88 %)	0 (0.00 %)	1(0.27 %)
Benign Brain and CNS	0 (0.00 %)	3 (1.20 %)	3 (0.82 %)

Exclusions: All non-analytic cases and patients diagnosed at Calvert who received treatment at another facility.

RAISING THE BAR FOR Patient Care

“The Duke Health affiliation represents an important and exciting step in our cancer mission,” said CalvertHealth Cancer Program director Dr. Theodore Tsangaris. “If I could sum it up in one word this affiliation represents excellence. It means we have now joined forces with excellence in everything they do. And it means our patients will have access to that excellence in cancer care right here in our community.”

The new affiliation is the centerpiece of bringing the best oncology care available today to Calvert and our neighboring counties. The Duke Cancer Network is backed by the resources of the Duke Cancer Institute, ranked among the top four percent of U.S. centers designated as a National Cancer Institute Comprehensive Cancer Center.

“They are a true leader in their field,” said **Dr. Tsangaris**, “focused on developing new and better approaches to preventing, diagnosing and treating cancer. He went on to add, “This relationship allows us to receive the most current training and staff education when it comes to cancer care. More importantly, it will enable us to bring clinical trials to our community.

Ready Access to Leading Cancer Experts

Among the many other benefits, the affiliation will give our experts easy access to second opinions from all types of cancer subspecialists working at the academic level and will link these specialists with our cancer team for tumor boards and cancer conferences where treatment planning for local patients is discussed.

“In our community, we are challenged by seeing all kinds of cancers,” said medical oncologist **Dr. Bilal Ahmed**. “That is why having easy access to cancer experts at this level is so exciting. I will be able to closely collaborate for instance with a lung cancer doctor who travels the world and just does lung cancer, who knows what treatments have just been approved and a lot of what is in the pipeline.

Learning from the Best

“Having the ability to access the tremendous educational resources of Duke Cancer Network for our entire team is an incredible opportunity,” said medical oncologist **Dr. Arati Patel**. “Oncology is a field of medicine that is rapidly changing. Being able to learn from some of the country’s top researchers will directly impact our ability to bring exceptional care to our patients.



“This affiliation is the catalyst that will propel our cancer program forward.”

*– Dr. Theodore Tsangaris,
CalvertHealth Cancer
Program Director*

Here’s why this is GOOD NEWS FOR YOU.

New cancer affiliation with Duke Health provides local patients with access to:

- ✓ The resources of an NCI-Designated Comprehensive Cancer Center
- ✓ The latest cancer research and leading-edge treatment advances
- ✓ Clinical trials only available at the best cancer hospitals in the country
- ✓ Second opinions from all types of cancer experts for treatment planning

“Cancer is not just one disease. It is many different diseases and different for every patient,” she said. “Our affiliation with Duke Cancer Network will enable us to advance, adapt and accelerate our efforts to give each patient what they really need.”

Advancing Care Through Clinical Trials

Another advantage of the affiliation is the access local patients will have to the kind of groundbreaking clinical trials only available at the best cancer hospitals in the country. “Every significant advancement that has ever been made in the management of cancer, taking care of patients, bringing new treatments to the clinic, has always been predicated upon clinical trials,” said medical oncologist **Dr. Kenneth Abbott**. “It remains to this day, the gold standard for the treatment of cancer patients.”

Additionally, Duke Cancer Network will play a pivotal role in guiding the development of CalvertHealth’s clinical trials program locally using best practices garnered from 50 years of research.

Expanded Eligibility for Lung Cancer Screening Announced

New Guidelines Designed to Catch More Cases Early

The new guidelines for lung cancer screening with low-dose computed tomography (LDCT) expand eligibility for hundreds more Southern Maryland residents – by lowering the starting age for screening from 55 to 50 years and reducing the tobacco history from 30 to 20 pack-years.

“The ultimate goal is to detect more lung cancers in earlier stages when treatment options have a better chance to produce positive outcomes,” said board-certified medical oncologist **Dr. Arati Patel**, who is the medical director for the lung health program at CalvertHealth.

The lung cancer screening is part of a multifaceted effort by CalvertHealth Medical Center (CHMC) in collaboration with American Radiology Services/Calvert Medical Imaging Center and Chesapeake Potomac Regional Cancer Center.

The joint program also includes a nurse navigator to help guide patients through the process, a high-risk clinic to provide patient education and counseling and a multidisciplinary thoracic team to develop individualized care plans for patients.

Early Diagnosis Increases Survivability

According to the Centers for Disease Control and Prevention (CDC), lung cancer is the leading cause of cancer-related deaths in men and women in the United States, with smoking accounting for 90 percent of the cases.

This is of particular concern in Calvert, with its high rate of smoking. Although, the incidence has dipped slightly in recent years, the rate of smoking locally is still higher than the statewide average – with one in seven adults in Calvert reporting smoking in 2018.

Prior to the introduction of low-dose CT, most lung cancer cases have historically been found at later stages.

Statistics show that of the 22 people diagnosed with lung cancer in Calvert County in 2020, 17 or 77 percent of them were at Stage III or IV.

“If someone is detected with lung cancer at an advanced stage, their likelihood of surviving five years is very low, roughly 20 percent,” said Dr. Patel.

“On the other hand, if it is detected at an early stage, their likelihood of surviving five years goes up dramatically to 60-90 percent. This is why screening high-risk patients early on with low-dose scans can make such a difference.”

She went on to add, “The key is to undergo annual scans since lung cancer may develop anytime during smoking or even years after a person has stopped.” Some patients may be screened more often if there are areas the radiologists think need to be watched more carefully.

At present, there are 708 persons actively participating in various stages of the local lung cancer screening program, according to figures provided by American Radiology Services. Patients receive letters reminding them it is time to follow up and the importance of this lifesaving exam. Afterward, their physician receives a report indicating the Lung-RADS® category the result falls into, which can range from benign to clinically significant.

The Calvert County Health Department (CCHD) has grant funding to provide lung cancer screenings to qualifying individuals at no cost. Call **410.535.5400, ext. 343** to see if you are eligible.



WANT TO KNOW MORE?



Visit calverthealthmedicine.org/Lung to find out if you are at risk and what you can do.

Colorectal Cancer Screening Age Lowered

Following Guidelines Can Greatly Reduce Your Risk

With colorectal cancer cases on the rise among young people, the screening guidelines were recently lowered to age 45, rather than the previous 50 years of age.

In 2020, 12 percent of colorectal cancer cases in the U.S. were in individuals under the age of 50. It claimed the life of Chadwick Boseman, star of the film the “Black Panther,” at the age of 43. African Americans are 20 percent more likely to die from it than other racial/ethnic groups, according to the American Cancer Society.

Colorectal cancer is the second most common cause of cancer deaths in men and women combined and was expected to cause nearly 53,000 deaths in 2021 (American Cancer Society). Yet these deaths are highly preventable with early detection.

The most recent Community Health Needs Assessment (2020) shows the colorectal cancer incidence rate (2012-2016) for Calvert was higher than the state and national averages. It is the fourth most common cancer among CalvertHealth patients.

The good news is the death rate from colorectal cancer is dropping in large part due to early detection resulting from removal of polyps during screening before they can develop into cancers.

Dr. Bilal Ahmed said there are more than 200,000 cases of colorectal cancer each year and the stage in which the cancer is identified determines the prognosis, success and need for chemotherapy. If the cancer is found in the precancerous stage or the earliest stage, the chances of success are high.

“It’s very important to get the screening done and diagnose it early,” Dr. Ahmed said. Community members are urged not to delay colorectal screenings.



Colonoscopies not only detect disease, but prevent cancer because precancerous polyps can be removed during the procedure.

The American Cancer Society recommends people at average risk of colorectal cancer begin regular screenings at age 45 and continue through the age of 75. For those ages 76 through 85, screening decisions are based on prior screening history, overall health, life expectancy and personal preference.

Some individuals avoid or delay colorectal cancer screenings that involve colonoscopies because of the preparation involved. There is also a population of older patients who believe they do not need it anymore.

According to Dr. Ahmed, “It’s always important to have that conversation with your own primary care provider before making a decision regarding delaying or foregoing screening.”

Colorectal screenings require a patient to fast and take medications to clear the colon. Then, under sedation, a doctor uses a camera to detect the presence of polyps and remove them, if applicable. “Early detection truly does save lives,” said Dr. Ahmed. In many instances, polyps removed during the colonoscopy or in a subsequent procedure means that no further treatment such as chemotherapy is needed.

Most insurance companies will cover the cost of the screening from age 45. The Calvert County Health Department (CCHD) has grant funding to provide colorectal cancer screenings to qualifying individuals at no cost. In 2022, some 48 persons took advantage of the program, 56% were female, 44% were male, 50% were minority and 29% of them had adenomatous polyps. Call **410.535.5400, ext. 343** to see if you are eligible.

Cancer Program Quality Improvement

CalvertHealth Compliance with Magnetic Breast Imaging (MRI) Guidelines

PROJECT DESCRIPTION:

The CalvertHealth multidisciplinary oncology team determined while in compliance with conducting an MRI on recently diagnosed breast cancer patients, the team wanted to conduct an additional retrospective medical record review of all patients diagnosed with breast cancer and determine when the initial MRI was conducted and if it was completed within established best practice guidelines.

METHODOLOGY/CRITERIA FOR EVALUATION:

The Plan-Do-Check-Act (PDCA) methodology was used to evaluate CalvertHealth patients between Jan. 1, 2021 and May 5, 2022. CalvertHealth recognized current literature and best practices support the use of screening MRI for women with a history of breast cancer and dense breast tissue, as well as recent diagnosis of breast cancer.

A retrospective review of all patients that met the criteria to have an MRI was conducted based on the following Category 2 guidelines from the National Comprehensive Cancer Network (NCCN). The NCCN Guidelines® were neoadjuvant therapy, clinically palpable lymph node, Paget's disease, and lobular carcinoma. A detailed chart review was also done to determine if there were any changes to their surgical plan based on the results of their MRI.

ANALYSIS OF DATA:

The initial data reviewed determined of the 71 patients diagnosed with breast cancer between Jan. 1, 2021 and May 5, 2022, 20 had met the criteria for this study. There were 12 (60%) of these 20 patients who had an MRI completed with an average wait of 45 days from the initial diagnosis to the first MRI. Additionally, eight

(40%) of the patients met recommendations to consider bilateral breast MRI and did not receive an MRI. Finally, six (50%) of the 12 who underwent an MRI had a change in surgery plan.

RECOMMENDED FOLLOW-UP ACTION:

The team determined from this review that there is no standard of care recommendation for MRI screening as part of a work-up in localized invasive breast cancer. However, as evidenced by the review, there is a need to consider each patient on a case-by-case basis on the diagnostic work-up needed for staging and surgical planning.

Currently, at CalvertHealth each newly diagnosed breast cancer patient is presented at a weekly multidisciplinary oncology tumor board, which includes board-certified physicians (surgical oncology, pathology, interventional radiology, medical oncology and radiation oncology), nursing leadership and administration.

To improve data collection and future change in practice, the team determined additional patient records should be included on weekly tumor board sheets for the indication of the use of MRI as staging in newly diagnosed breast cancer patients.

Study Completed: Nov. 10, 2022

Reported to Cancer Committee: Dec. 8, 2022

Dr. Arati Patel, Medical Director, Quality & Outreach for Oncology Program



As part of the multidisciplinary oncology team, Breast Health Nurse Navigator Megan Hance is readily available to provide reassurance and support to patients receiving a breast cancer diagnosis.

CALVERTHEALTH MILESTONES in CANCER CARE

Introduced Woman's Wellness for early detection/intervention of breast & cervical cancer

Launched the Tobacco Road Show in local schools to reduce teen smoking

Collaborated with Mercy Medical Center to offer expert gynecologic oncology care

YEAR
1991

YEAR
1997

YEAR
2001

YEAR
2006

YEAR
2009

Formed a special subcommittee dedicated to cancer education and outreach

Joined with area hospitals to open state-of-the-art radiation center to serve the region

Cancer Program Quality Improvement

Expand Integration of Advanced Care Planning in the Outpatient Oncology Setting

PROJECT DESCRIPTION

In 2022, the Calvert Palliative Care Team presented an update to the CalvertHealth Cancer Committee on inpatient oncology palliative care consultants at CalvertHealth. During the presentation, the Cancer Committee recognized oncology patients admitted to CalvertHealth did not consistently have Advanced Care Planning (ACP) discussions with their outpatient oncology care team.

Advanced Care Planning (ACP) is defined by the American Society of Clinical Oncology (ASCO) as a “process whereby a patient, in consultation with healthcare providers, family members and important others, makes decisions about his or her future health care.” ACP benefits have been associated with decreased cost at the end of life and a better quality of life.

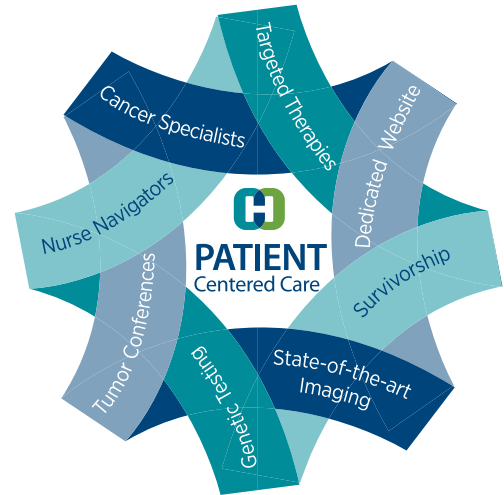
METHODOLOGY/CRITERIA FOR EVALUATION:

The Plan-Do-Check-Act (PDCA) methodology was used to conduct a retrospective review of all CalvertHealth Hematology Oncology patients that were in active, systemic or oral treatment for a diagnosis of cancer to determine if there was documentation of Advanced Care Planning (ACP) within the patient’s electronic health record (EHR). The initial data was collected by conducting a review of 98 patients that had an appointment scheduled in January 2022 with the three CalvertHealth oncologists and one nurse practitioner.

ANALYSIS OF DATA:

Over several months in 2022, the team met and identified several factors contributing to the lack of consistent ACP discussion and documentation. These factors included:

- ✓ Decreased resources and clinic time to accomplish patient-centered and comprehensive ACP



- ✓ Patient anxiety
- ✓ Lack of tools for discussion and documentation
- ✓ Ease of identification in the electronic health record (EHR)

RECOMMENDED FOLLOW-UP ACTION:

The team identified several improvement initiatives to implement that would be beneficial for both our physicians and oncology patients. The initiatives chosen by the team were implemented in the fall of 2022 and continue to be monitored. The goals for 2023 are:

- ✓ Education to 100% of CalvertHealth oncology providers on Palliative Care, Hospice and Advance Care Planning.
- ✓ Develop a prompt within inpatient and outpatient EHRs to allow oncology nurses the ability to begin documentation of Advanced Care Planning discussions with the patient prior to the physician visit.
- ✓ Standardization of process for uploading palliative-care related documentation into the EHR (i.e., 5 Wishes, MD State Advanced Directive, MOLST form).

Study completed: Oct. 15, 2022

Reported to Cancer Committee: Dec. 8, 2022

Dr. Arati Patel, Medical Director, Quality & Outreach for Oncology Program

Initiated genetic testing

as part of proactive, personalized cancer treatment planning

Launched Mobile Health Center

to remove barriers to access in underserved areas

Recruited additional surgical specialists

to enhance local access to cancer care

YEAR 2010

YEAR 2012

YEAR 2013

YEAR 2016

YEAR 2017

YEAR 2021

Developed breast center with multidisciplinary expertise and state-of-the-art imaging

Implemented Smart IV pumps throughout the facility to enhance patient safety

Created low-dose CT lung cancer screening to catch more cases early

Donors Make Dramatic Impact

Contributions Fund Patient Services, Advanced Technology and Breast Center

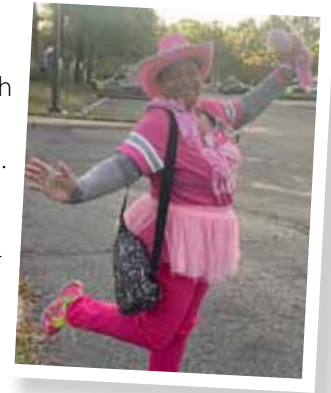
The cancer care program at CalvertHealth Medical Center benefitted from widespread community support in 2022 – from the 33rd Annual Benefit Golf Classic, which set the record for the most successful tournament yet – to the 2023 Rising Stars, who demonstrated the power of youth when it comes to giving back.

Care at CalvertHealth.

“This event is so much more than a run/walk,” said CalvertHealth Foundation Trustee and 5K Committee Chair **Barry Friedman**. “The 5K is a positive, uplifting experience for everyone involved and there is such a strong sense of hope and community. It is times like this when the light of our community shines the brightest.”

Proceeds from the race will be used to expand support services available to all patients at the center.

Cancer Committee Chair **Dr. Kenneth Abbott**, echoed these sentiments. “Everyone who came out, either to run or walk or in support of the effort, exuded cheer, optimism, enthusiasm and goodwill.” Dr. Abbott, a dedicated treadmiller, decided to toss his sneakers into the ring this year and sign up for his first 5K ever.



Pink & Blue Proceeds Aid Duke Health Affiliation

The 12th Annual Pink and Blue Memorial Tournament

held on Oct. 10 celebrated the lives of **Thomas V. (Mike) Miller** and **Mary K. Frazer** and raised \$40,000 to support CalvertHealth’s recent affiliation with Duke Health, a national leader in cancer care that will open the doors to clinical trials and research for local patients close to home. *(See story on page 9)*

“Giving back to the community in honor of friends we have lost means everything to the Pink and Blue Committee,” said 2022 co-chair **Duncan Frazer**. Proceeds from the fundraiser are divided equally between CalvertHealth Medical Center and Anne Arundel Medical Center. The event, which began in 2010, surpassed \$501,000 after the 2021 donation.

At CHMC, the funds have helped expand patient education, the nurse navigation program and purchase equipment related to treating breast cancer, prostate cancer and genetic testing. In thanking the committee, Associate Vice President **Kasia Sweeney**, said, “This affiliation is directly supporting our doctors and nurses who are providing the care to our cancer patients.”

PINK & BLUE MEMORIAL



The year got off to a great start with the **33rd Annual Benefit Golf Classic** on May 9 exceeding its fundraising goal of \$100,000. The charity tournament presented by L2 Construction Management Company and CDI drew more than 150 participants and raised

\$108,981 to support the purchase of state-of-the-art equipment for the diagnosis and treatment of urologic diseases including kidney, bladder and prostate cancers.

CalvertHealth Foundation Board Trustee and Golf Committee Chair **Frank Smith** from Idea Solutions said, “Being a husband and a father, I know how important men’s health is and how important it is to my family. It’s critical to have these services in our county, close to home for so many people.”

Breast Cancer 5K Draws Record Crowd

Hope and joy was in the brisk October air as more than 700 runners, walkers and cheering spectators and volunteers crowded the streets and sidewalks of Solomons in a show of pink for CalvertHealth’s **15th Annual Breast**

Cancer 5K Run/Walk, which brought in nearly \$61,000 to benefit the Sheldon E. Goldberg Center for Breast





Gala Aims to Transform Cancer Care for Community

For more than 30 years, friends of the hospital have come together for one memorable evening to raise meaningful support for critical funds and services. The 2022 Gala for Cancer Care held Nov. 12 was huge success thanks to extraordinary support from corporate, community and individual sponsors.

Under the leadership of co-chairs,

Teresa Schrodel and **Linda Sinagra-Smith**, the gala raised nearly \$450,000 to help support the advancement of cancer care at CHMC – including the development of a robotic surgery program and an affiliation with NCI-Designated Comprehensive Cancer Center Duke Health.

“Having a robotics program will be a critical addition to our cancer service line, said CalvertHealth Cancer Program Director **Dr. Theodore Tsangaris**. This is an important investment that will increase our capacity to provide more intricate cancer surgeries close to home.

“The implementation of this technology will provide our community with the same results achieved in large teaching institutions,” he said.

“When a loved one is diagnosed with cancer care, you want one thing – the best care for them,” said Sinagra-Smith. “The affiliation with Duke Health is about bringing the best to our community by expanding access to the latest research and clinical trials. So, our loved ones can get cutting-edge cancer care close to home . . . close to family and friends . . . close to the emotional support that makes all the difference.

Rising Stars Are Making a Difference

The CalvertHealth Foundation celebrated the **2023 Rising Star Honorees** on April 24, who together raised more than \$5,000 for the Sheldon E. Goldberg Center for Breast Care. Since opening in 2010, the center has changed the landscape of how breast cancer is provided in Southern Maryland. And as the women who have been screened, diagnosed and treated there can tell you – the right care makes all the difference.

The Rising Star program provides an avenue to recognize local youth whose contributions to the medical center are making a difference to the community. *This year’s honorees are: Calvert Elementary School, Calvert High School Varsity Volleyball Team, Calvert Middle School National Junior Honor Society, Chopticon High School Volleyball Team, Our Lady Star of the Sea School, Plum Point Elementary School, Ronnie’s Angels (Cardinal Hickey Academy), St. Mary’s Ryken Girls Volleyball Team and The Calverton School.*



Calvert High Varsity Volleyball Team Dig Pink raised \$925 for the breast center.

CANCER TEAM UPDATE: Stallings Joins CalvertHealth Hematology & Oncology

Kerri Stallings, RN, MSN, AGPCNP, brings nine years of nursing experience in a diverse range of clinical settings to her role as Oncology Nurse Practitioner at CalvertHealth. She will see general oncology patients in the CalvertHealth Hematology & Oncology practice.

As an Adult and Gerontology Primary Care Nurse Practitioner she has advanced training in caring for older adults and specializes in caring for patients with critical conditions and chronic illnesses.

“I’m excited to join the hematology/oncology team at CalvertHealth,” she said. “It is abundantly clear they are passionate about the care of every patient.” Stallings said she was also attracted to their integrated and holistic approach to patient care.

“I look forward to getting to know our patients and helping them through their treatment.” She is readily available to answer patients’ questions, see those with urgent concerns and provide follow-up care, as needed.

Stallings began her career in health care in 2013 as a staff nurse at Calvert Nursing Center. It was here she developed her passion for caring for older adults. “This is where I truly learned to appreciate the older population. I felt a need to protect them as I would my own family member.”



IMPORTANT RELATED SERVICES

FOR MORE
INFORMATION
ABOUT
CANCER
SUPPORT GROUPS
CALL
410.535.8233

Warning Signs of Cancer

- C** Change in bowel or bladder habits
- A** A sore that does not heal
- U** Unusual bleeding or discharge
- T** Thickening or lumps in breast or elsewhere
- I** Indigestion or difficulty in swallowing
- O** Obvious change in wart or mole
- N** Nagging cough or hoarseness

CALVERTHEALTH MEDICAL CENTER

Breast Care Navigator.....	410.414.4516
Case Management	410.535.8235
Center for Breast Care	410.414.4700
Community Wellness.....	410.535.8233
Financial Navigator	410.414.2720
Genetic Cancer Risk Assessment.....	410.414.4717
General Oncology Nurse Navigator	410.414.4725
Gynecologic Oncology Center	410.535.8272
High-Risk Breast Clinic.....	410.414.4700
Infusion Therapy Center.....	410.535.8276
Lung Cancer Screening Program.....	410.414.4575
Oncology Nutrition Services	410.535.8233
Oncology Social Worker	410.535.8722
PHYSICIAN REFERRAL	1.888.906.8773
Rehabilitation Services.....	410.535.8180
Thoracic Oncology Nurse Navigator	410.414.4793

OUTSIDE SERVICES

American Radiology Services Calvert Medical Imaging Center	410.535.4111
Calvert County Health Department Colorectal Cancer Screenings	410.535.5400 x 343
Southern Maryland Breast and Cervical Cancer Program	301.609.6832
Calvert Hospice.....	410.535.0892
Chesapeake Potomac Regional Cancer Center	
<i>Charlotte Hall Radiation Oncology Center</i>	301.884.2508
<i>Waldorf Radiation Oncology Center</i>	301.705.5802

This facility is accredited by The Joint Commission on Accreditation of Healthcare Organizations. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at **1.800.994.6610**.

CalvertHealth Medical Center does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, age, gender identification, religion, disability or sexual orientation.

El Centro Médico de CalvertHealth no discrimina con respecto a admisiones de pacientes, asignaciones de habitaciones, servicios al paciente o empleo sobre la base de raza, color, origen nacional, religión, discapacidad, edad, sexo, incapacidad, identificación de género o sexual orientación.

Trung tâm Y tế CalvertHealth không phân biệt đối xử về việc nhập viện của bệnh nhân, phân công tại phòng, dịch vụ bệnh nhân hoặc việc làm dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tôn giáo, khuyết tật, tuổi, giới tính, khuyết tật, nhận dạng giới tính hay khuynh hướng tình dục.

ADDITIONAL INFORMATION

American Cancer Society

Mid-Atlantic Division, Inc.
1041 Route 3 North, A-1
Gambrills, MD 21054
www.cancer.org

Cancer Research and Prevention Foundation

1600 Duke Street
Suite 110
Alexandria, VA 22314
www.preventcancer.org

A comprehensive list of CalvertHealth's cancer services is available at:
calverthealthmedicine.org/Cancer-Care



CalvertHealth
Cancer Center

DukeHealth AFFILIATE

For questions about physician referral, class registration or support groups, call:
Physician Referral Line: 888.906.8773 / Maryland Relay Service: 800.735.2258

100 Hospital Road, Prince Frederick, MD 20678 CalvertHealthMedicine.org