CALVERT**HEALTH** MEDICAL CENTER

Community Cancer Program 2018 Annual Report



STATISTICAL DATA FROM 2017





CalvertHealth 2018 Cancer Committee

Kenneth Abbott, MD Medical Oncologist Cancer Committee Chair

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Margaret Fowler Community Outreach Coordinator

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Psychosocial Services Coordinator

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Cancer Registry Quality Coordinator

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Glenn Selman, MDDiagnostic Radiologist

Kathleen Settle, MD Radiation Oncologist

Christine Shipley, RN, OCN, MSN Oncology Nurse

Kasia Sweeney
Cancer Program Administrator

Nancy Ulanowicz, MD Pathologist

OUR CANCER MISSION

The start of a new year affords the occasion to reflect back on past accomplishments as well as to scan the forward horizon, where new challenges and new opportunities undoubtedly await and are, in fact, already here. In few other areas of medicine do the promises seem to gleam so brightly as in cancer care. The advances we see in oncology today would have certainly astounded those who stood at the entrance of the hospital to greet our patients back in 1919. But there is still much hard work ahead. The 2017 health needs assessment revealed almost every cancer indicator for which there is a measurement is a concern for Calvert County.

While we are justifiably proud of our entire cancer team and our oncology program, it will take more to meet this pressing need head on. That is our cancer mission – to bring the best oncology care available today to our community. We could have no better partner and team leader in this effort than **Dr. Theodore Tsangaris**, whom Calvert Health is pleased to welcome as its next Oncology Program Director and Chief Medical Officer.

With Dr. Tsangaris comes more than 30 years of clinical expertise in breast surgery and breast cancer care, garnered through his experiences at such accomplished academic medical centers as Johns Hopkins, Yale, George Washington, Georgetown, and most recently the Thomas Jefferson University Breast Cancer Center. He is the author of numerous journal articles that have moved the science of cancer care steadily forward. Nationally recognized as a leader in his specialty, he brings to Calvert Health a reputation for top quality, dedication to patients, tireless work, and academic respectability. Having him join our program is like a sports team signing the number one draft pick. There is much excitement ahead, deservedly so (see information on opposite page).

We are confident his addition will help us take our cancer program to the next level. This is a significant, important and exciting mission. But it will take all of us working together and pulling together to be successful. There are so many opportunities for people to get involved. We invite you to join us as the future becomes now.



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Dean Teague, FACHE
President and CFO



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Kenneth Abbott, MD Chairman, Cancer Committee



2017-18 PROGRAM HIGHLIGHTS

2017-2018 were tremendous years for cancer care in Calvert County:

- We created a position for the Director of Clinical Services for oncology. Under Chris Shipley's leadership, employee satisfaction rose to the highest rate on the employee engagement survey.
- Thanks to a generous donation from Old South Charitable Trust, new recliners in the infusion center made the process of receiving chemotherapy a little more comfortable for our patients.
- After years of working alongside Drs. Ahmed and Patel while maintaining his private practice, Dr. Abbott and his staff officially joined the team at CalvertHealth Hematology & Oncology.
- We began a thoracic oncology program including low-dose CT lung screenings, a dedicated thoracic tumor conference, a high-risk lung clinic and held a well attended continuing medical education event for our primary care doctors.
- A generous grant from the DeCesaris/Prout Cancer Foundation will ensure that CalvertHealth is able to develop these programs further in the years to come.
- In March of 2018, CalvertHealth held an oncology leadership
 planning retreat for administrative, nursing, allied health and
 medical staff leaders involved in the care of cancer patients and
 developed an oncology leadership council which now meets
 monthly.
- To help us better track cancer data and the care that we provide - we moved to a new cancer registry software – OncoLog and engaged in a new partnership with CHAMPS Oncology, a recognized leader in cancer registry operations.
- We studied our and improved our process for quickly identifying and treating patients with neutropenic fever; we developed a new hypersensitivity protocol for our infusion centers and we studied and improved our time to diagnosis for thoracic biopsy patients.
- Our genetic counseling program saw 98 patients in 2017 and 96 in 2018. A recent gift from the Old South Charitable Trust will allow us to continue to expand and grow that program.
- We created a new nurse navigator position for lung cancer and held a widely attended prostate cancer CME lecture for our medical staff.
- Developed the "Hope is Always in Season" campaign to educate women on the importance of breast screening mammograms – every month of the year.
- Through a continued partnership with Calvert Dermatology, promoted a series of highly popular free skin cancer screenings.

ON the HORIZON

Renowned breast surgeon
Theodore N. Tsangaris, MD,
MBA, FACS is joining
CalvertHealth as Chief Medical
Officer and Program Director,
Cancer Center. For the last six
years, he has served as Chief of
Breast Surgery at Sidney Kimmel
Medical College and Surgical
Director of Jefferson Breast



Cancer Center in Philadelphia, a national center noted for its work on the forefront of breast cancer research and treatment.

He has more than 30 years of clinical expertise in oncology, including leadership roles at Johns Hopkins University Hospital, Yale School of Medicine, George Washington University Medical Center and Georgetown University Medical Center. The hallmark of his extensive career is his commitment to clinical excellence and outstanding patient care.

He is a highly sought-after speaker, lecturer and consultant on breast cancer. Specializing in nipple-sparing mastectomy, Dr. Tsangaris has co-authored more than 50 major peer-reviewed research articles on breast cancer biopsy, diagnosis and treatment, and is an author of the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Breast Cancer Screening and Diagnosis.

He is a graduate of the George Washington University School of Medicine and completed his surgical residency at George Washington University Medical Center and a fellowship in surgical oncology of the breast at the Baylor University Medical Center. In 2017, he earned an MBA from the Darden School of Business at the University of Virginia.

Before arriving at The Johns Hopkins Hospital in 2002, Dr. Tsangaris served as Associate Chief of Breast Surgery, Director of Breast Center, at Roswell Park Cancer Institute from 1990-1992. He was Chief of Breast Surgery, Director of Breast Center at George Washington University Medical Center from 1993-1997 and Georgetown University Medical Center from 1997-2002. For 10 years, he was Director of the Johns Hopkins Avon Foundation Breast Center and Chief of Breast Surgery at Johns Hopkins University Hospital.







STATISTICAL SUMMARY of CANCER CASES at CALVERTHEALTH MEDICAL CENTER

Patient Demographics

Data from the American Cancer Society's Facts and Figures for 2017 estimated that there would be over 1,688,780 new cancer cases in 2018, some 31,820 diagnosed in Maryland.

In 2017, there were 244 new cancer cases accessioned at CalvertHealth. Of the 244 new cancer cases, 219 were analytical cases and 25 were non-analytic cases. Analytic cases are those diagnosed at our hospital, or who received all or part of their initial course of treatment here. Non-analytic were seen for recurrent or progressive disease. The following statistical report is based on the remaining 219 analytic cases.

Medicaid was the primary insurance coverage for 45% of the patients followed by private insurance at 40%, insurance not otherwise specified at 4%, Medicaid at 2% and all others (including non-insured) at 9%.

Sex distribution shows 43% male and 57% female. Race distribution included: 87% White, 11% Black, .41% American Indian/Eskimo, .41% Filipino and .82% Other Asian.

Top 5 Sites:

Figure 4 (opposite page) summarizes the top five primary sites for 2017, which includes breast, colon, urinary bladder, lung and skin.

Figure 1: 2017 Analytic vs Non- Analytic Data

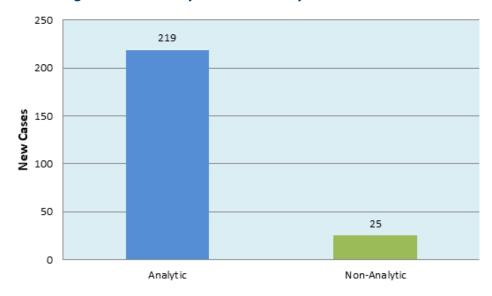
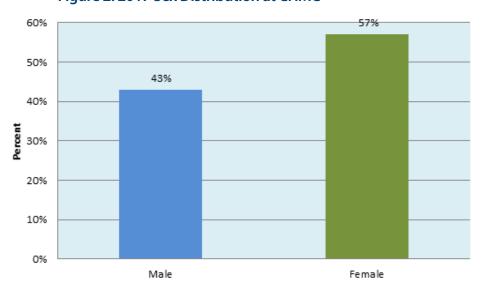


Figure 2: 2017 Sex Distribution at CHMC





Calendar Year 2017 Statistics (January 1-December 31, 2017)

Figure 3: Race Distribution

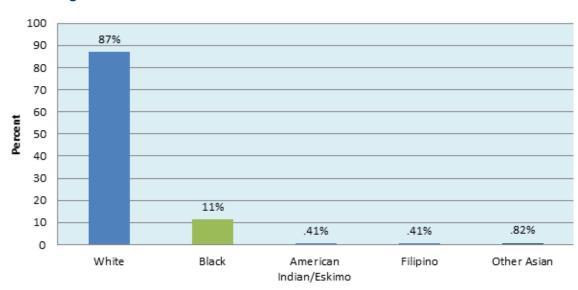
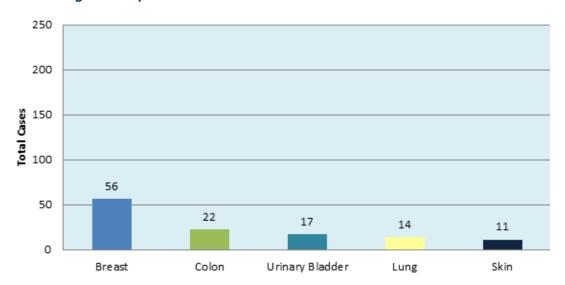


Figure 4: Top Five Sites at CHMC





STATISTICAL SUMMARY of CANCER CASES at CALVERTHEALTH MEDICAL CENTER

Calendar Year 2017 Statistics (January 1-December 31, 2017)

Summary of Body System and Sex Report

DISEASE SITE	TOTAL	MALES	FEMALES
Lip, Oral Cavity and Pharynx	2 (1.02 %)	1 (1.35 %)	1 (0.82 %)
Esophagus	3 (1.53 %)	1 (1.35 %)	2 (1.64 %)
Stomach	5 (2.55 %)	4 (5.41 %)	1 (0.82 %)
Small Intestine	2 (1.02 %)	1 (1.35 %)	1 (0.82 %)
Colon	22 (11.22 %)	10 (13.51%)	12 (9.84 %)
Rectum	4 (2.04 %)	2 (2.70 %)	2 (1.64 %)
Anus	1 (0.51 %)	0 (0.00 %)	1 (0.82 %)
Liver	2 (1.02 %)	0 (0.00 %)	2 (1.64 %)
Pancreas	5 (2.55 %)	3 (4.05 %)	2 (1.64 %)
Other Digestive Organ	1 (0.51 %)	0 (0.00 %)	1 (0.82 %)
Larynx	2 (1.02 %)	2 (2.70 %)	0 (0.00 %)
Lung	14 (7.14 %)	8 (10.81 %)	6 (4.92 %)
Soft Tissue	1 (0.51 %)	0 (0.00 %)	1 (0.82 %)
Melanoma - Skin	11 (5.61 %)	7 (9.46 %)	4 (3.28 %)
Other Skin	1 (0.51 %)	1 (1.35 %)	0 (0.00 %)
Breast - Female	56 (28.57 %)	0 (0.00 %)	56 (45.90 %)
Breast - Male	2 (1.02 %)	2 (2.70 %)	0 (0.00 %)
Corpus Uteri	5 (2.55 %)	0 (0.00 %)	5 (4.10 %)
Ovary	2 (1.02 %)	0 (0.00 %)	2 (1.64 %)
Other Female Genital	3 (1.53 %)	0 (0.00 %)	3 (2.46 %)
Prostate	9 (4.59 %)	9 (12.16 %)	0 (0.00 %)
Other Male Genital	1 (0.51 %)	1 (1.35 %)	0 (0.00 %)
Urinary Bladder	17 (8.67 %)	12 (16.22 %)	5 (4.10 %)
Kidney	1 (0.51 %)	1 (1.35 %)	0 (0.00 %)
Other Urinary	3 (1.53 %)	1 (1.35 %)	2 (1.64 %)
Benign Brain and CNS	1 (0.51 %)	0 (0.00 %)	1 (0.82 %)
Brain and Nervous System	2 (1.02 %)	1 (1.35 %)	1 (0.82 %)
Thyroid	1 (0.51 %)	0 (0.00 %)	1 (0.82 %)
Non-Hodgkin Lymphoma	7 (3.57 %)	2 (2.70 %)	5 (4.10 %)
Hodgkin Lymphoma	1 (0.51 %)	1 (1.35 %)	0 (0.00 %)
Multiple Myeloma	3 (1.53 %)	1 (1.35 %)	2 (1.64 %)
Lymphoid Leukemia	1 (0.51 %)	1 (1.35 %)	0 (0.00 %)
Myeloid / Monocytic Leukemia	1 (0.51 %)	0 (0.00 %)	1 (0.82 %)
Other Hematopoietic	1 (0.51 %)	1 (1.35 %)	0 (0.00 %)
Unknown Sites	3 (1.53 %)	1 (1.35 %)	2 (1.64 %)
TOTALS	196 (100.00%)	74 (100.00%)	122 (100.00%)

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

OUR CANCER MISSION

Cancer Outreach and Monitoring: LUNG CANCER

The lung cancer incidence rate in Calvert County is 61.9 cases per 100,000 population. This is close to on par with the state of Maryland's value (57.4) and the US national value (60.2) and represents a decrease from the prior measurement period which was 66.5. However, the death rate from lung cancer in Calvert County is 45.9 deaths per 100,000 which is slightly higher than both the state (41.5) and the US (43.4). We know that lung cancer is typically caught at later stages, making it harder to treat and increasing

The 2017 Health Needs Assessment identified lung cancer as one of the **TOP FIVE** priority areas for outreach, education, prevention and screening.

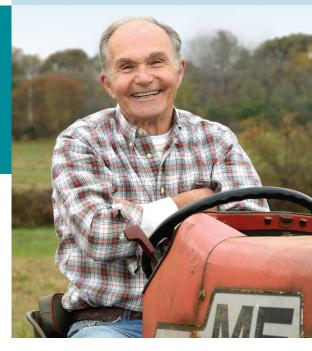
the likelihood of death. Because of this, in July 2017, we began a low dose CT screening program at CalvertHealth including a disease specific tumor conference for thoracic cases and a high-risk lung clinic staffed with a nurse practitioner. As of November 30, 2018, 310 individuals have taken advantage of the screening program. Between the LDCT program and the high risk lung program, we have identified and treated 19 Stage 1 lung cancers in otherwise asymptomatic patients.

Due to the success of our screening program in identifying early stage lung cancers, our cancer committee elected to hold two lung screening events in conjunction with local health fairs. A nurse practitioner was on hand to discuss lung screening events in 2018 with interested individuals, review their smoking history and validate that they would qualify for a LDCT scan. Individuals who meet the criteria would be given a referral for the scan and followed the nurse practitioner. We learned through this process that it is difficult to get individuals to participate in a public lung screening event. We have had much more success with using our hospital magazine to promote the availability of lung screenings and having individuals call our nurse navigator privately to set up an appointment with the nurse practitioner in our high risk lung clinic.

Another important data point in the 2017 Community Needs
Assessment was the use of tobacco by adolescents. In the 2014 Maryland
Department of Health measurement, the Calvert County rate showed 20.7%
of adolescents using tobacco compared to a Maryland state value of 16.4%.
In response to this, our Cancer Committee voted to focus on the use of the
Tobacco Road Show as a prevention program focusing on the elementary
school/adolescent population.

The Tobacco Road Show is a forty-five minute long presentation to seventh grade science students during their anatomy lesson on the respiratory system. It is presented by Calvert Health Medical Center's Community Wellness department in collaboration with Health Promotions within the Calvert County Health Department. The Tobacco Roadshow is funded by the Cigarette Restitution Fund of Maryland. In 2018, 548 Calvert County middle school students participated in this important education.

As of November 30, 2018, 310 individuals have taken advantage of the screening program. Between the LDCT program and the high risk lung program, we have identified and treated 19 Stage 1 lung cancers in otherwise asymptomatic patients.



Darrell Wood read about the lung screening program in the Spring 2017 issue of CalvertHealth magazine. As a result, Wood pursued the tests that would be crucial in the diagnosis and treatment of lung cancer. "At the time I went in for the screening, I had no symptoms. I wasn't out of breath or tired. Even though I had quit smoking 14 years ago, I was a longtime smoker and I fit the criteria of people eligible for the lowdose CT scan. The scan found a mass and Wood underwent surgery to have the lower lobe of his right lung removed. He credits the care he received at CalvertHealth for saving his life.

In addition to lung cancer, CalvertHealth held screening and prevention programs for breast cancer, skin cancer and oral cancer. Our breast cancer screening event, *Mammograms and Manicures* resulted in 67 women receiving screening mammograms and 3 positive cancer findings. In all, 249 individuals received cancer screenings at CalvertHealth outreach events in 2018 and 4 total malignancies were identified.

Scan the QR code to download the full 2018 Outreach and Monitoring Report.



IMPORTANT RELATED SERVICES

FOR MORE
INFORMATION
ABOUT
CANCER
SUPPORT GROUPS
CALL
410.535.8722

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
- Obvious change in wart or mole
- N Nagging cough or hoarseness

CALVERTHEALTH MEDICAL CENTER

Breast Cancer Support Group	410.414.4516
Breast Care Navigator	410.414.4516
Case Management	410.535.8235
Center for Breast Care at CMH	410.414.4/00
Community Wellness	410.535.8233
Dietitian	410.535.8276
Gynecologic Oncology Center at CMH	410.535.8272
Infusion Therapy Center	410.535.8276
Maryland Relay Service	1.800.735.2258
Maryland Relay Service	410.535.8275
Oncology Social Worker Pastoral Care	410.414.4730
Pastoral Care	410.535.8249
PHYSICIAN REFERRAL	
Radiology Department	410.535.8320
Tumor Registry	410.414.4658

OUTSIDE SERVICES

Calvert County Health Department Colorectal Cancer Screenings	410.535.5400 x 348
Calvert County Health Department Breast and Cervical Screenings	410.535.5400 x 350
Calvert Hospice	410.535.0892
Chesapeake Potomac Regional Cancer Center	
Charlotte Hall Radiation Oncology Center	301.884.2508
Waldorf Radiation Oncology Center	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



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