

**CalvertHealth and
Duke Health**

A Powerful Combination
Against Cancer



Community Cancer Program **2024** Annual Report

STATISTICAL DATA FROM 2023



Commission
on Cancer®
ACCREDITED PROGRAM

CalvertHealth 2024 Cancer Committee

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

Theodore Tsangaris, MD
*Cancer Committee Chair
Cancer Liaison Physician*

Bilal Ahmed, MD
Medical Oncologist

Ramzi Alami, MD, FACS, FASMB
General Surgeon

Stacey Newman, MSW, LCSW-C
*Social Worker
Psychosocial Services Coordinator*

Erin Farley, RN
Community Outreach Coordinator

Thomas Grantland
Quality Improvement Coordinator

Sarah Mahaffey, ODS-C
*Senior Clinical Data Specialist
Cancer Registry Quality Coordinator*

Stacey Pellettiere
Cancer Conference Coordinator

David Sacks, LCSW-C
Palliative Care Representative

Glenn Selman, MD
Diagnostic Radiologist

Kathleen Settle, MD
Radiation Oncologist

Chris Shipley, RN, OCN, MSN
*Oncology Nurse
Survivorship Program Coordinator*

Kasia Sweeney
Cancer Program Administrator

Lindsey Thompson, RN
Clinical Research Coordinator

Nancy Ulanowicz, MD
Pathologist

CANCER PROGRAM UPDATE

2024 was a year of incredible milestones for the cancer program at CalvertHealth Medical Center, marked by national accolades, prestigious recognitions and the successful culmination of CalvertHealth Foundation's *"United We Thrive for Cancer Care Campaign,"* which generated more than \$6.1 million to support the critical and growing need for advanced care services locally.

We saw the addition of a \$3.5-million da Vinci® robotic surgical system and the creation of a robotic surgery program – increasing our capacity to handle more delicate and complex cancer surgeries close to home. This is a significant accomplishment that will provide our community with the same results that are achieved in large teaching institutions.

Recently, we were awarded a three-year accreditation from the Commission on Cancer, underscoring our commitment to providing cancer care that meets the highest national standards. At the same time, *Becker's Hospital Review*, a leading source of healthcare news and information, recognized CalvertHealth as a "Great Oncology Program" for providing outstanding oncology care to the community.

There have been many other achievements as well – we presented a symposium highlighting the advances made in fighting colorectal health; we welcomed a full-time oncology social worker; we formed a new cancer caregiver support group to help those coping with caregiving and we launched a podcast series covering a wide range of topics and featuring interviews with members of our cancer care team.

Over the past two years, our relationship with Duke Health has been transforming cancer care in our community – bringing world-class expertise, cutting-edge treatments, and now clinical trials, directly to Southern Maryland – ensuring our patients receive the highest level of care without having to leave the region.

This affiliation has provided our cancer team with easy access to second opinions from cancer subspecialists working at the academic level. These specialists collaborate with our providers during tumor boards and cancer conferences where treatment plans for local patients are discussed. Having this kind of access to cancer experts at this level has been a game-changer.

Every day, we are learning from the best at Duke Cancer Network from the most updated information about medications and treatment regimens to safety processes – all of which elevate the quality of care we are able to provide. Equipped with that depth and breadth of knowledge and skill we've gained, I believe we can look boldly to the future, filled with an enduring sense of hope for all the possibilities that lie ahead to help the patients who are counting on us.



Theodore Tsangaris, MD
Cancer Program Director

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
- 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
- Immunotherapy
- 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.

410.987.2003

Hospice of the Chesapeake

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

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



CalvertHealthMedicine.org/Cancer-Care

2024 PROGRAM HIGHLIGHTS

- Awarded **three-year accreditation from the Commission on Cancer** underscoring CalvertHealth's commitment to providing cancer care that meets the highest national standards.
- Recognized as "Great Oncology Program" for 2023 by **Becker's Hospital Review** for providing outstanding oncology care to the community.
- Performed **robotic prostatectomy** – the first of its kind at CalvertHealth in more than 20 years. (See page 9)
- Presented **symposium in collaboration with Duke Health** highlighting advances made in fighting colorectal health to medical practitioners from across the region.
- Welcomed full-time oncology social worker **Stacey Newman, MSW, LCSW-C** to cancer care team. (See page 5)
- Launched **podcast series** covering a wide range of topics and featuring interviews with members of cancer care team.
- Formed new **Cancer Caregiver Support Group** to provide information and advice on how to cope with caregiving.
- Established process for ensuring **biomarker testing** is performed in a comprehensive and timely manner for eligible NSCLC patients. (See page 12)
- Completed **183** genetic cancer risk assessments to help patients better manage their risk and guide treatment options.
- Conducted **84** cancer tumor board conferences to review 54 general, 129 thoracic and 351 breast cases.
- Monitored **1,072** active participants in various stages of the local lung cancer screening program (**up 51% from 2022**).
- Provided specialized rehabilitation services to **116** cancer patients before, during and after treatment to optimize recovery and improve daily function.
- Performed **28** grant-funded breast and cervical cancer screenings at no-cost to area women through the Southern Maryland Breast and Cervical Cancer Program.
- Reached more than **3,700** middle and high school students with the Tobacco Road Show aimed at reducing teen smoking, vaping and marijuana use. **70** people took free smoking cessation class through the CCHD with **9** quitting by the end of the class.
- Reported **1,966** total visits to Sheldon E. Goldberg Center for Breast Care including 317 new patients with 1,466 consults and visits for follow-up/post-op care.
- Logged some **19,813** visits in 2023 to our cancer care website, which provides information on all the cancer types treated at CHMC as well as treatment options and resources available.

Cancer Team Adds Oncology Social Worker

CalvertHealth welcomes oncology social worker, **Stacey Newman, MSW, LCSW-C**, to its multidisciplinary team. She brings more than 25 years of clinical experience to her new role helping patients and families cope with their cancer diagnosis.

"They face all kinds of challenges with the diagnosis," said Newman, "so to have someone to vent to, help with social and emotional support or help with physical resources to make it a little easier to cope with is my goal."

She went on to add, "I meet with new patients or patients our team have identified as having a hard time. Every patient and situation is different so I work to support each patient's unique needs."

"I want them to use me as a sounding board," she added. "Sometimes, all we need to do is talk it out to feel better. So much of our mental health can affect our physical health. So, going into treatment in a positive frame of mind is helpful." Newman has a master's in social work and helps lead or co-lead the monthly general cancer, breast cancer and caregiver support groups at CalvertHealth.



Stacey Newman, MSW, LCSW-C

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.

Oncology Social Worker: A licensed mental health professional who helps provide emotional support, counseling and practical assistance in locating resources.

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 2023 Statistics (January 1-December 31, 2023)

Patient Demographics

In 2023, there were 403 new cancer cases accessioned at CalvertHealth. Of the 365 new cancer cases, 384 were analytical cases and 19 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.

Private Insurance was the primary insurance coverage for 45.16% of the patients, followed by Medicare w/o supp; Medicare, NOS at 30.76%, Medicare via Managed Care Plan at 9.6%, and all others (including Medicaid and insurance not specified) at 14.48%.

Sex distribution shows 36.89% male and 63.1% female. Race distribution included: 83.2% White, 13.23% Black or African American, .25% American Indian or Alaskan Native, .5% other Asian, including Asian, NOS and Oriental, and 2.79% unknown.

Top 5 Tumor Sites:

Figure 4 (opposite page) summarizes the top five primary sites for 2025, which includes breast (41 cases), lung (60 cases), bladder (24 cases), Prostate (23 cases) and colon (22 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: 2023 Analytic vs Non-Analytic Data

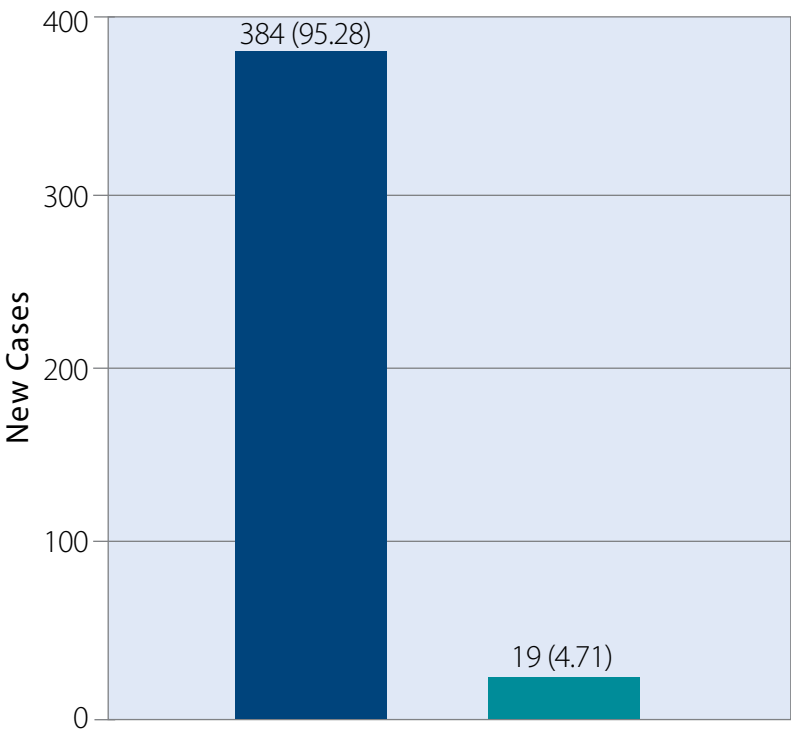


Figure 2: 2023 Gender Distribution at CHMC

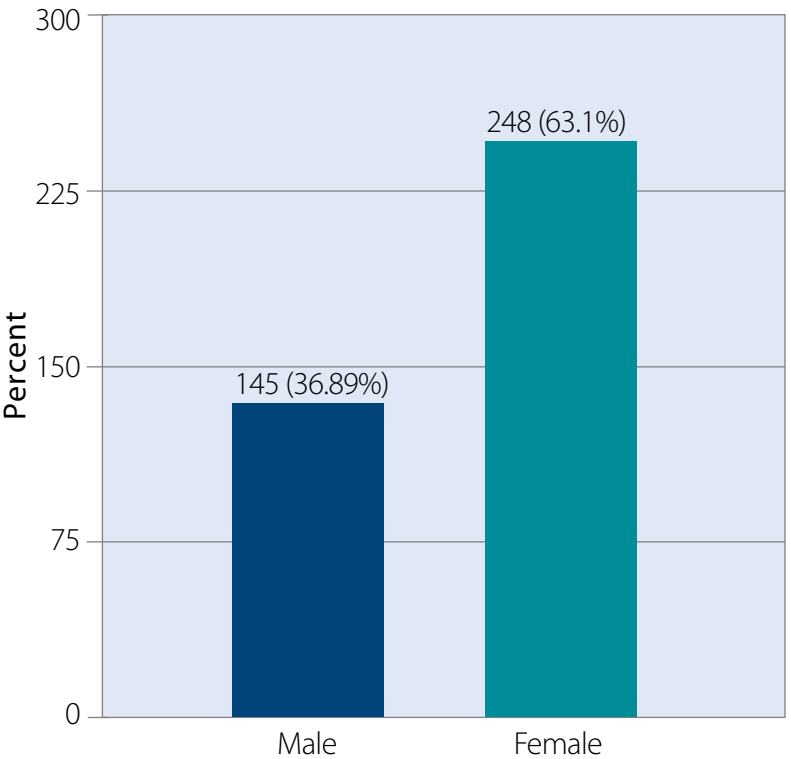


Figure 3: 2023 Race Distribution

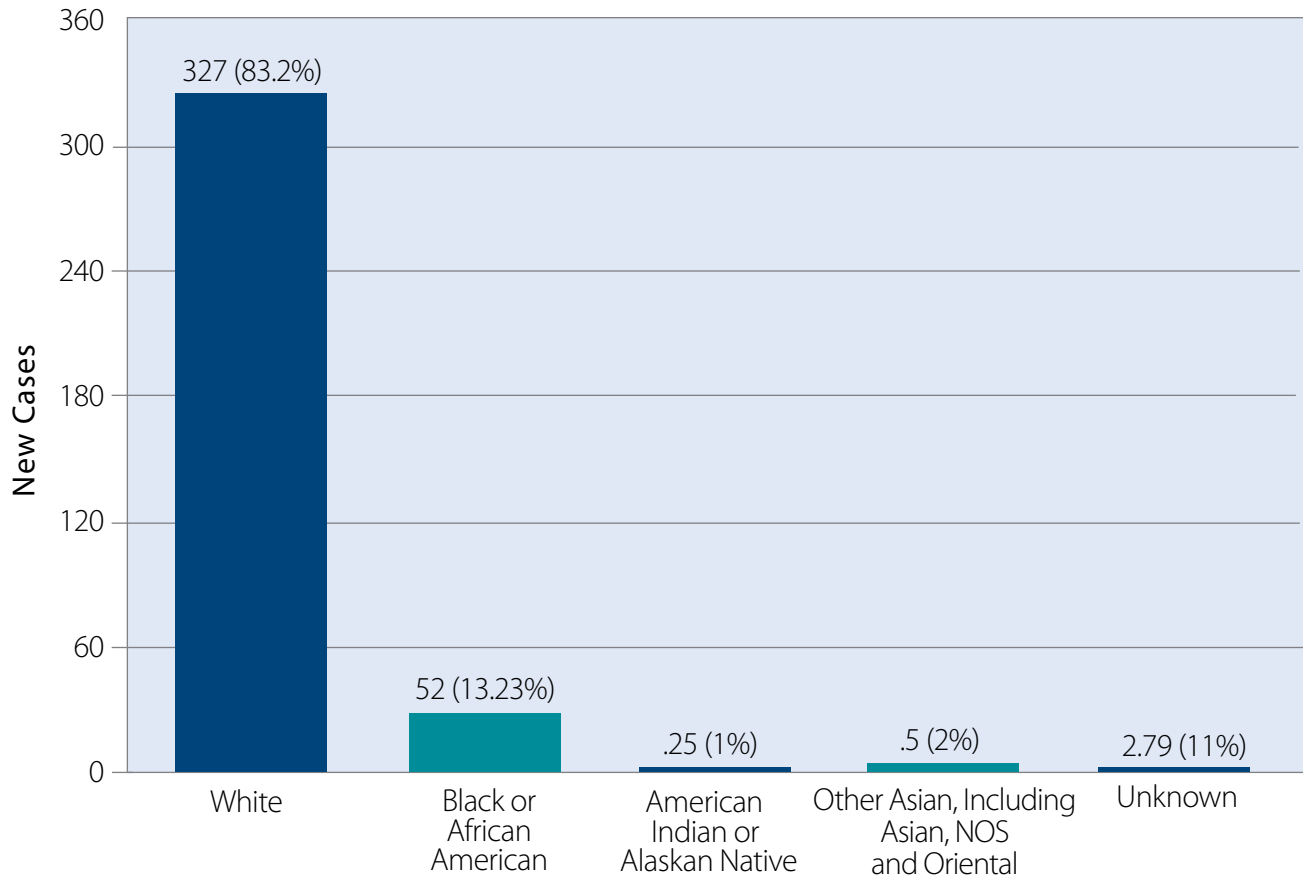
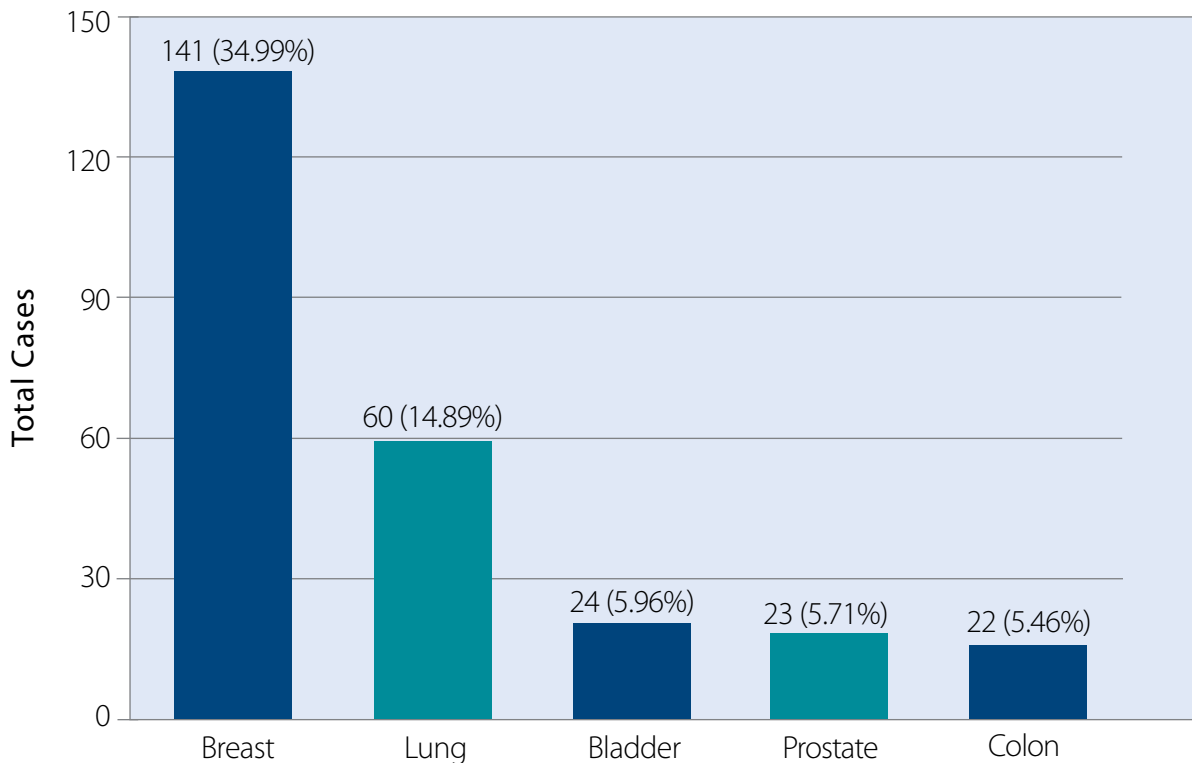


Figure 4: 2023 Top Five Sites at CHMC



Statistical Summary of Cancer Cases at CalvertHealth Medical Center

Calendar Year 2023 Statistics (January 1-December 31, 2023)

Summary of Body System and Sex Report

Disease Site	Males	Females	Total
TOTALS	148 (100.00%)	255 (100.00%)	403 (100.00%)
Lip / Oral Cavity / Pharynx	2 (1.35 %)	4 (1.57 %)	6 (1.49 %)
Esophagus	4 (2.70 %)	1 (0.39 %)	5 (1.24 %)
Stomach	1 (0.68 %)	1 (0.39 %)	2 (0.50 %)
Small Intestine	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Colon	15 (10.14 %)	7 (2.75 %)	22 (5.46 %)
Rectum	3 (2.03 %)	2 (0.78 %)	5 (1.24 %)
Anus	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Liver	1 (0.68 %)	2 (0.78 %)	3 (0.74 %)
Pancreas	5 (3.38 %)	7 (2.75 %)	12 (2.98 %)
Other Digestive Organ	3 (2.03 %)	2 (0.78 %)	5 (1.24 %)
Larynx	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Lung	35 (23.65 %)	25 (9.80 %)	60 (14.89 %)
Other Respiratory	1 (0.68 %)	0 (0.00 %)	1 (0.25 %)
Bones and Joints	0 (0.00 %)	0 (0.00 %)	0 (0.00 %)
Soft Tissue	0 (0.00 %)	1 (0.39 %)	1 (0.25 %)
Melanoma - Skin	6 (4.05 %)	4 (1.57 %)	10 (2.48 %)
Kaposi Sarcoma	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Mycosis Fungoides	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Other Skin	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Breast - Female	0 (4.05 %)	139 (54.51 %)	139 (34.49 %)
Breast - Male	2 (1.35 %)	0 (0.00 %)	2 (0.50 %)
Cervix	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Corpus Uteri	0 (4.05 %)	15 (5.88 %)	15 (3.72 %)
Ovary	0 (4.05 %)	10 (3.92 %)	10 (2.48 %)
Other Female Genital	0 (4.05 %)	3 (1.18 %)	3 (0.74 %)
Prostate	23 (15.54 %)	0 (0.00 %)	23 (5.71 %)
Other Male Genital	1 (15.54 %)	0 (0.00 %)	1 (0.25 %)
Urinary Bladder	14 (9.46 %)	10 (3.92 %)	24 (5.96 %)
Kidney	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Other Urinary	0 (4.05 %)	1 (0.39 %)	1 (0.25 %)
Eye and Orbit	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Brain and Nervous System	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Thyroid	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Other Endocrine System	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Non-Hodgkin Lymphoma	9 (6.08 %)	7 (2.75 %)	16 (3.97 %)
Hodgkin Lymphoma	1 (0.68 %)	0 (0.00 %)	1 (0.25 %)
Multiple Myeloma	2 (1.35 %)	2 (0.78 %)	4 (0.99 %)
Lymphoid Leukemia	4 (2.70 %)	2 (0.78 %)	6 (1.49 %)
Myeloid / Monocytic Leukemia	2 (1.35 %)	4 (1.57 %)	6 (1.49 %)
Leukemia - Other	1 (2.70 %)	0 (0.00 %)	1 (0.25 %)
Other Hematopoietic	2 (1.35 %)	2 (0.78 %)	4 (0.99 %)
Unknown Sites	8 (5.41 %)	3 (1.18 %)	11 (5.46 %)
Ill-Defined Sites	0 (4.05 %)	0 (0.00 %)	0 (0.00 %)
Other	1 (4.05 %)	0 (0.00 %)	1 (0.25 %)
Benign Brain and CNS	2 (4.05 %)	1 (0.39 %)	3 (0.74 %)

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

Robotic Surgery

Ushers in a New Era of Surgical Advancement at CHMC

On March 7 at 7:30 a.m., Dr. Ramzi Alami performed the first robotic surgery at CalvertHealth Medical Center (CHMC) – culminating more than a year of planning and preparation and ushering in a new era of surgical advancement.

On hand for the milestone moment was **Dr. Gregory Dalencourt**, who directs the new robotic surgery program at CHMC and CalvertHealth President and CEO **Jeremy Bradford**, who later said, “We are thrilled to be able to offer our patients this cutting-edge surgical option to help them heal faster and get back to their lives sooner.”

In the intervening months, we’ve celebrated other key achievements. On Aug. 29, the surgical robotics team at CHMC completed its 100th robotic surgery – a testament to the skill and dedication of our entire surgical team. And on Oct. 9, board-certified urologist **Dr. Robit Patil** performed a robotic prostatectomy – *the first of its kind at CalvertHealth in more than 20 years.*

The addition of the \$3.5-million da Vinci® robotic assisted surgical system (RAS) was a major part of CalvertHealth’s “*United We Thrive Campaign Care*” to raise the funds needed to support the critical and growing need for advanced cancer care services conveniently and accessible locally. (*See related story on page 14.*)

According to CalvertHealth Surgical Services Director **Sherry Walker, MSN, RN, CNOR, CSSM**, robotic-assisted surgery offers several important benefits to patients including less pain, shorter stays, quicker recover, smaller scars and improved patient satisfaction.



“The addition of robotic technology will allow us to better treat urologic (prostate, kidney), gynecologic (uterine), thoracic (lung) and colorectal cancers right here in our community.”

– Urologist Dr. John Cooper

Robotics Vital Part of Meeting Community Needs

“Having the latest robotic technology is a critical addition to our cancer program,” 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 robotic surgery will provide our community with the same results achieved in large teaching institutions,” added Dr. Tsangaris.

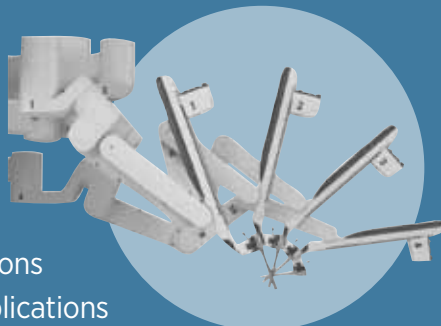
“The addition of robotic technology will allow us to better treat urologic (prostate, kidney), gynecologic (uterine), thoracic (lung) and colorectal cancers right here in our community,” said CalvertHealth urologist **Dr. John Cooper**, who spearheaded the physician effort along with Dr. Alami.

He went on to add, “Because robotic surgery requires only a few tiny incisions and offers greater vision, precision and control for the surgeon, patients often recover sooner, move on to additional treatments, if needed, and get back to daily life quicker.”

BENEFITS OF ROBOTIC SURGERY

For the patient, the benefits of robotic surgery may include:

- ✓ Reduced post-surgery pain
- ✓ Less blood loss
- ✓ Shorter hospital stays
- ✓ Less scarring due to smaller incisions
- ✓ Lower risk of infections and complications
- ✓ Faster return to normal activities



“The robot is a set of mechanical arms controlled by the surgeon,” stressed Dr. Ramzi Alami. “We are in complete control of the instruments and what they are doing.”

TURNING 40?

It's Time to Get Your First Mammogram

A mammogram may not be at the top of your to-do list when you turn 40, but it should be! The American Cancer Society estimates some 310,720 new cases of invasive breast cancer were diagnosed in the United States in 2024. What's more, 9% of all new cases of breast cancer in the U.S. are diagnosed in women under the age of 45 and 85% of breast cancers happen to those with no family history of it.

Why Your First Mammogram at 40 is a Vital Health Priority

You may think you're too young to get breast cancer, but that's not true. While breast cancer in younger women is rare, it is the most commonly diagnosed cancer among women ages 15-39.

"Mammograms continue to be the gold standard of care for breast health," said **Dr. Arati Patel**, board-certified medical oncologist with CalvertHealth Hematology & Oncology. "And the earlier we detect cancer, the easier it is to treat. Simply put, early detection saves lives."

With advances in technology, a 3D mammogram can show changes in the breast more than a year before detection through a self or clinical exam. Studies show women whose breast cancers are diagnosed in the earliest stages, at stage 0 or stage 1 – have a nearly 100% five-year survival rate. It's important to establish a baseline (or screening) mammogram early on so that radiographers will recognize when changes occur. "The baseline mammogram will serve as a comparison point for future mammograms," said Patel.

Be Your Own Breast Friend

Don't skip your annual mammograms beyond 40. Remember, mammography is detection, not prevention. Having a normal mammogram is excellent but does not guarantee that future mammograms won't pick up early signs of breast cancer. And if you are older than 40 and haven't yet had a mammogram – go online or call today to schedule an appointment.

In addition to getting a mammogram, it is essential to complete a monthly self-exam to check for lumps, as breast cancers are often found during routine self-exams. "The biggest gift you can give yourself is the gift is to be self-aware because the moment you notice developing symptoms is the moment you need to reach out to a healthcare provider," said Patel. She went on to emphasize that you shouldn't wait until your next screening if you notice changes. Reach out to your healthcare provider immediately.

Where Can I Go to Get Screened?

Contact American Radiology Services | Calvert Medical Imaging Center or American Radiology Services | Patuxent Imaging at 410.535.4111 to schedule your 3D mammogram today! Remember, a referral is not needed for a screening mammogram. If you are not insured or underinsured, no-or low-cost screening options are available. Contact the Calvert County Health Department at 410.535.5400 x 334 for more information.



Why Some People Avoid Colonoscopies – and Why They Should Not

“The fact is, getting screened for colorectal cancer can save your life,” said board-certified gastroenterologist Dr. Renee Bright. “A colonoscopy allows your doctor to find polyps so they can be removed before they turn into cancer.”

The fear and myths associated with colonoscopies tend to shy people away from getting the very screening that could save their life. Colorectal cancer is the third most common cancer in both men and women. More than half of those cases could be prevented with proper screening.

Statistics tell us about three in 10 of eligible adults avoid or delay getting a colonoscopy for one reason or another. Recently, we sat down with Dr. Bright and board-certified gastroenterologist Dr. Dolores Rhodes-Height of Calvert Digestive Diseases Associates to set the record straight about screening for colorectal cancer.



Board-certified gastroenterologists Dr. Renee Bright (left) and Dr. Dolores Rhodes-Height are shown at the Calvert Digestive Diseases Associates Endoscopy and Surgery Center in Prince Frederick. The main focus of CDDA is screening and prevention of colorectal cancer.

Q How Common Is Colorectal Cancer?

It is very common. Colorectal cancer is the third leading cause of cancer death in the U.S. More importantly, it is a cancer that is highly treatable if detected early and largely preventable, if you get screened regularly. Every year, there are about 150,000 new cases. Unfortunately, about a third of them will die because they often present late when the cancer is more advanced.

Q Who Is at Risk for Colorectal Cancer?

The reality is everyone is at risk regardless of ethnicity or gender. Everyone needs to get screened starting at age 45. Those with a personal or family history of polyps, colorectal cancer or inflammatory bowel disease need to be screened earlier. Do not wait until you have symptoms because many people do not have any. The goal with screening is to catch it before symptoms appear.

Q Why Is It Important To Know Your Family History?

Family history is important because it determines how soon and how often you test for colorectal cancer. If you have a first-degree relative (mom, dad, brother or sister) that had colorectal cancer or polyps it puts you at a higher risk. So, you would start screening at age 40 and then every five years. Try to get a family history as best you can. It is especially helpful to find out whether they had any polyps or malignancies and at what age.

Q How Can I Lower My Risk?

Well certainly, tobacco increases your risk of all malignancies, particularly pancreatic, colon and lung. Fiber is your friend – it's great for the colon and it's great for the heart. If you are eating a diet high in fat and red meat this certainly increases your risk. Obesity and sedentary lifestyle, too. Studies suggest increasing your physical activity and keeping a healthy weight can help reduce your risk of colorectal cancer.

Q Why is screening important?

This is a cancer where screening really matters – we can find and remove polyps before they turn cancerous in the first place. I tell people you cannot feel a polyp. Waiting until you have symptoms is not ideal. You can have a growth and it will not be obvious until it is very large or bleeds and by then it is probably malignant.

Continued on page 15

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 2023, some 62 persons took advantage of the program, 55% were female, 45% were male, 68% were minority and 34% of them had adenomatous polyps.

Call 410.535.5400, ext. 343 to see if you are eligible.

CASE STUDY 1

Cancer Program Quality Improvement Biomarker Testing in Non-Small Cell Lung Cancer Patients

PROJECT DESCRIPTION:

Establish a standardized process for ensuring molecular analysis is performed in a comprehensive, timely and predictable manner on eligible NSCLC patients in order to minimize delays in treatment planning and initiation. Our goal is to ensure that at least 75% of eligible NSCLC patients undergo the recommended biomarker analysis in a standardized manner where the results are promptly available and identifiable for the entire treating oncology team.

Per the National Comprehensive Cancer Network (NCCN) guidelines version 5.2024, comprehensive biomarker testing (NGS) is recommended for all patients with advanced Stage IV NSCLC and should be considered for all patients who may be eligible for neoadjuvant or adjuvant therapies in the curative setting, including Stages IB – IIIB.

METHODOLOGY/CRITERIA FOR EVALUATION:

The Plan-Do-Check-Act (PDCA) methodology was utilized to conduct a retrospective review of CalvertHealth patients with biopsy proven NSCLC, Stages IB to IV from January – June 2023.

The chart review revealed 23 individuals treated for lung cancer at CalvertHealth. Of those patients, 11 had NSCLC stages IB – IV. According to NCCN guidelines, in this group of patients, biomarker testing is either recommended or should be considered. The following data points were included: who underwent testing and which NGS (Next-generation sequencing) platform was used, what was the timeline from the pathologic diagnosis to the availability of the final NGS analysis and whether this information influenced oncologic treatment decision-making.

ANALYSIS OF DATA:

From discussions at thoracic tumor board, we realized there were inefficiencies and knowledge gaps regarding the process for requesting NGS and billing complexities. Patients who may have benefitted from biomarker testing did not have it ordered, orders

were delayed due to inefficient communication and the hospital incurred unnecessary charges due to incomplete understanding of Medicare billing.

Of the 11 patients included in this study, one was referred to hospice within a week of diagnosis. Of the 10 remaining eligible patients six (60%) underwent biomarker testing; four were female and two were male with an average age of 68 years old; 66% were Caucasian/white, 33% were black/African-American and 1 percent was unknown race. Three listed themselves as current smokers, two as former smokers and one states they never smoked.

For the six patients who had biomarker testing, the average time from diagnosis to biomarker results was 86.33 days. One of the patients had an extremely long delay (319 days). If this one outlier is excluded, the average time between diagnosis and test results is 39.8 days.

RECOMMENDED FOLLOW-UP ACTION:

Implement proactive mechanisms to identify any and all NSCLC patients who qualify for comprehensive marker testing. During tumor board discussions, the current NCCN guidelines are available for reference. Biomarker testing was on the TB sheets for discussion and starting in January there was an enhanced focus on discussing the appropriateness/applicability of biomarker testing, particularly the NSCLC individuals eligible for neoadjuvant and/or adjuvant therapies in conjunction with curative treatment strategies.

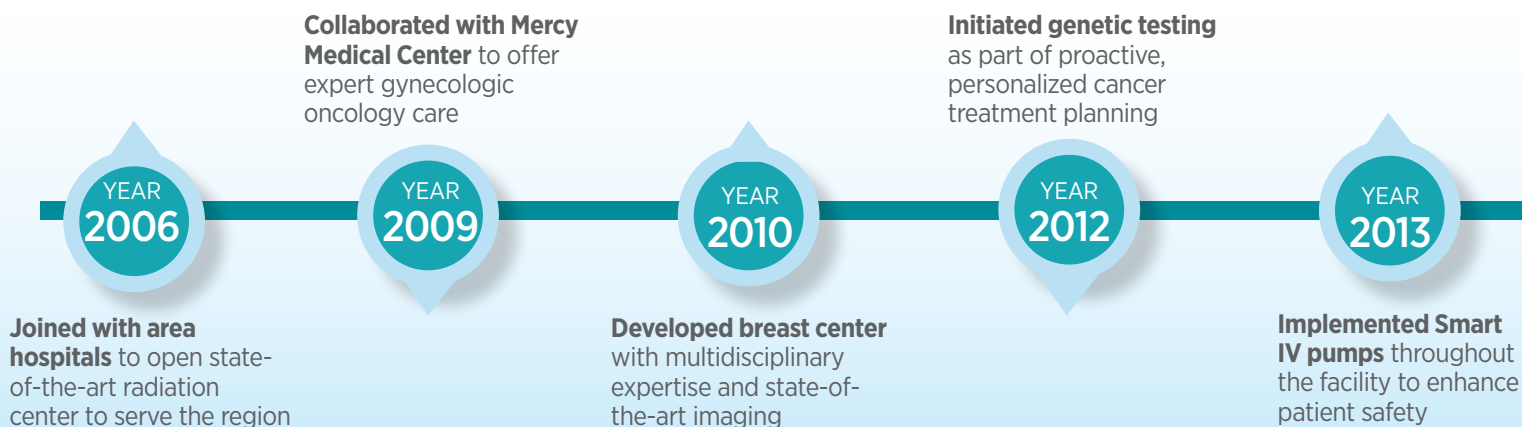
Additionally, communication tools were developed to facilitate the NGS ordering process and education materials were created to help patients better understand biomarker testing and how it benefits their oncology care.

*Study Completed: **Need date***

Reported to Cancer Committee: Sept. 12, 2024

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

CALVERTHEALTH MILESTONES in CANCER CARE



Is Lung Cancer Screening Right For You?

Early Diagnosis Plays Major Role in Improving Outcomes

According to the American Cancer Society, lung cancer is the leading cause of cancer-related deaths in the United States – causing nearly as many deaths each year as prostate, breast and colon cancers combined. Don't be a statistic. A lung-cancer screening can be lifesaving.

Here, Dr. Arati Patel, a board-certified medical oncologist and director of the Lung Health Program at CalvertHealth discusses the latest lung screening protocols and preventive measures available at CalvertHealth.

What is Lung Cancer?

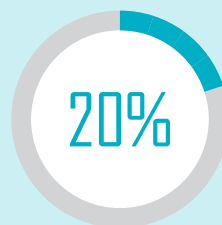
Lung cancer begins when abnormal cells grow in the lungs. The two main types of lung cancer are non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). NSCLC accounts for about 80-85% of lung cancers, while SCLC makes up about 10-15%. SCLC tends to grow more quickly and is more commonly found in non-smokers.

Why Is Early Lung Cancer Screening Vital?

Lung cancer often develops silently, with symptoms like a persistent cough, chest pain, or shortness of breath appearing only in the later stages. By the time these symptoms show up, the cancer may already be advanced, making treatment more challenging. That's why screening before symptoms start is crucial. Early detection through lung cancer screening can catch the disease earlier, when it's most treatable, significantly improving survival rates.

Symptoms can vary from person to person, and some individuals may not experience symptoms in the early stages. "Detecting lung cancer early not only saves lives but also enhances the effectiveness of our treatments," says Dr. Patel.

EARLY DETECTION SAVES LIVES



If lung cancer is detected at an advanced stage, the five-year survival rate is roughly 20%.



If lung cancer is detected early, the survival rate increases dramatically to 60-90%.

How Does Lung Cancer Screening Improve Survival?

"If lung cancer is detected at an advanced stage, the five-year survival rate is roughly 20%," explains Dr. Patel. "However, if detected early, the survival rate increases dramatically to 60-90%. This is why early screening for high-risk individuals is so critical."

She went on to add, "We are dedicated to supporting individuals throughout the screening process." The lung health program at CalvertHealth includes a nurse navigator to guide patients, a high-risk clinic for education and counseling, and a multidisciplinary thoracic team to create personalized care plans.

Who Should Get Screened?

The U.S. Preventive Services Task Force recommends annual screening for lung cancer with low-dose CT in adults aged 50 to 80 who have a 20 pack-per year smoking history and currently smoke or have quit within the past 15 years. For eligible patients, LDCT screening is covered by Medicare and most private insurance companies. Patients are advised to check with their insurance providers to determine coverage. Additionally, the health department offers grant funding for lung cancer screenings at no cost to qualifying individuals.

Are You Eligible? Take the Quiz.

Scan the QR code at right and take the quiz to see if you meet the screening guidelines for lung cancer. To learn more about the lung health program at CalvertHealth, call 410.414.4575 to speak with our nurse navigator.



Launched Mobile Health Center to remove barriers to access in underserved areas

Recruited additional surgical specialists to enhance local access to cancer care

Established robotics program to handle more complex cancer surgeries

YEAR
2016

YEAR
2017

YEAR
2021

YEAR
2022

YEAR
2023

YEAR
2024

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

Affiliated with Duke Cancer Network, a national leader in cancer care

Developed clinical trials program to provide greater access to latest research

DONORS MAKE Powerful Impact

Gifts Fund Advanced Technology, Patient Services and Breast Center

Access to cutting-edge cancer care right here in our community has never been more important than it is today. We continue to thrive thanks to the generous gifts of our supporters. They represent a desire to ensure that our medical center continues to innovate and grow in a way that meets the needs of our community. They are making an impact that is truly powerful.

Cancer Care Campaign Crosses the Finish Line

Defying early expectations of a hard climb, CalvertHealth Foundation's largest fundraising effort in its 35-year history, the "United We Thrive for Cancer Care Campaign," generated more than \$6.1 million to support the critical and growing need for advanced cancer care services – including a robotic surgery program – easily accessible locally.

The centerpiece of the campaign is CalvertHealth's affiliation with Duke Health, an NCI-designated Comprehensive Cancer Center – providing patients in the region with access to the latest thinking in cancer care and opening doors to clinical trials later this year.

The campaign also helped the support the addition of the addition of the \$3.5 million da Vinci® robotic assisted surgical system at CalvertHealth Medical Center. "Having a robotics program is a critical addition to our cancer service line," said CalvertHealth Cancer Program Director,

Dr. Theodore Tsangaris.

Another critical need in cancer care is magnetic resonance imaging. The medical center conducts nearly 2,000 MRI screenings annually. "Upgrading our MRI system will play an important role in advancing patient care," added Dr. Tsangaris. "A major benefit of this enhanced technology is faster scans, which means less anxiety for the patients. At the same time, it produces better images leading to a more accurate diagnosis."

An anonymous donor to the campaign provided a gift to purchase the technology for CalvertHealth, which will be launching in 2025.



DeCesaris Prout Supports Lung Cancer Education

The DeCesaris Prout Foundation's continued support of cancer care innovation at CalvertHealth helped to educate 70 providers at a local continuing medical education opportunity presented by Duke Health on Sept. 12: *Updates in Lung Cancer from Prevention and Screening to Survivorship*.

Rising Stars Are Making a Difference

The 2024 *Rising Stars* demonstrated the power of youth philanthropy and their dedication to giving back to the community. Northern High School students **Maggie Bradford** and **Abby Denison** hosted a *Pink Out* event at an NHS football game generating a Rising Star record-breaking gift of \$11,000 for the breast center.

Additionally, more than \$4,000 in support was received from **Calvert High School Volleyball, Plum Point Middle School National Junior Honor Society, Calvert Middle School and the Calvert Middle School National Junior Honor Society and Our Lady Star of the Sea School.**



2nd Annual Reelin' 4 a Cause Makes Waves

On Sept. 7 anglers took to local waterways for the 2024 *Reelin' for a Cause Charity Fishing Tournament*, raising \$35,814 in support of the cancer program and nurse navigation services. The winner of the Captain's Challenge, an award going to the team that raised the most money for cancer care, was **Garner Exteriors – Team Bayscaper**.

Following a day of fishing, anglers were joined by local businesses and supporters for a festive shore party held at Spring Cove Marina where providers, nurses and oncology department leadership gathered to share their appreciation of tournament supporters. "It has been an honor to be a part of this amazing event that continues to grow year after year," said **Darren Rickwood**, who chairs the Reelin' 4 a Cause Committee.



Pink & Blue Proceeds Support Duke Affiliation

The 13th Annual *Pink and Blue Memorial* golf tournament held in Oct. 2023, celebrated the lives of Mary T. Lerch and James J. Xinis and raised more than \$39,762 for the CalvertHealth Foundation.

Since the event began in 2010, it has raised more than \$550,000 to benefit breast and prostate cancer treatment at CalvertHealth and Anne Arundel Medical Center.

In the past, proceeds have helped CalvertHealth expand its patient education, the nurse navigation program and purchase equipment for genetic testing. This year, the proceeds will be directed toward the affiliation with Duke Health. "This is directly supporting our doctors and nurses who are providing the care to our cancer patients," said **Kasia Sweeney**, Vice President, Strategy and Business Development.



15th Annual Breast Cancer 5K Sprints to Success

A record-breaking 1,037 participants supported the 2024 Breast Cancer 5K Run/Walk held on Oct. 19 on beautiful Solomons Island. The event generated \$180,000 to support the breast center and continues a beloved community tradition to walk in honor or memory of those impacted by breast cancer.

"This is a record-breaking achievement that will directly impact the lives of patients at the Sheldon E. Goldberg Center for Breast Care," said **Barry Friedman**, who chaired the 5K Committee, "ensuring that we can continue to provide leading-edge care and services."

Auxiliary Donates \$51,000 for Breast Center

The CalvertHealth Auxiliary Gift Shop, the Thrifty Ladies Thrift Shop and special fundraising efforts resulted in the auxiliary's gift of \$51,000 in support of the CalvertHealth Sheldon E. Goldberg Center for Breast Care.

Why Some People Avoid Colonoscopies
continued from page 11

Q Which Tests Are Used to Screen for Colorectal Cancer?

A colonoscopy is the gold standard for a reason. It is the only test that allows your doctor to find and remove polyps during the same exam – before they grow into cancer. A "virtual" colonoscopy is a non-invasive option that uses computed tomography or CT scans to provide an in-depth view of the colon. However, it requires the same prep as a colonoscopy. And if polyps are found that need to be removed, a traditional colonoscopy is still required.

The same holds true for stool-based tests. There are some who prefer these alternative screening options because they are less invasive, but positive results often require a follow-up colonoscopy. Examples include FIT (fecal immunochemical test) that checks for hidden blood in the stool and FIT DNA (Cologuard®), which is intended for those who are at average risk and requires a prescription.

Q What Is the Purpose of the Prep?

We know this is a big issue for some people and we have modified the prep to make it more tolerable. A lot depends on the individual's bowel habits. We try to match the right prep for the right patient. What is important to understand is that your doctor needs a clear view of your colon during the procedure in order to find and remove polyps.

Q What Are Some Common Misconceptions About Screening?

Some people think because they have no family history they are not at risk. About 85 percent of those who are diagnosed with colorectal cancer have no family history. Or they think screening is only for those with symptoms. The truth is most people do not have any. Some are fearful about the procedure itself because they heard it was uncomfortable. It is actually very short and you are sedated. Most people do not remember anything. Cost should not be an issue. Medicare and most insurance plans cover screening and there are grant programs for those without insurance.

IMPORTANT RELATED SERVICES

FOR MORE
INFORMATION
ABOUT
CANCER
SUPPORT GROUPS
CALL
410.414.4730

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
High-Risk Thoracic Clinic.....	410.414.4575
Infusion Therapy Center	410.535.8276
Oncology Nutrition Services	410.535.8233
Oncology Social Worker	410.414.4730
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
Chesapeake Potomac Regional Cancer Center	
Charlotte Hall Radiation Oncology Center	301.884.2508
Waldorf Radiation Oncology Center	301.705.5802
Hospice of the Chesapeake	410.987.2003

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
Gambrells, 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



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