Every new patient at CancerCare of Maine is carefully reviewed to see if they are eligible for the breast cancer unit at the Dana Farber Cancer Institute. This allows us to bring new, more effective treatments to people in Maine.

Our research unit has brought new, more effective treatments to people in Maine. Over the years, through our research unit, Maine citizens have had access to the latest developments in cancer treatment. In recent years, our hospital and our research unit have been able to bring new, more effective treatments to people in Maine.

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CANCER OCCURRENCE

To summarize our experience with local recurrence after treatment for breast cancer, several patients were analyzed for risk factors that were correlated with recurrence. The most significant risk factors were age, race, and tumor size. Additionally, patients who received adjuvant therapy had a lower risk of recurrence than those who did not. These findings suggest that individualized treatment plans are important in reducing the risk of recurrence.

Breast cancer is a common disorder accounting for 12% of all new cancer diagnoses in the United States. It is the most common cancer diagnosed in women and the second leading cause of cancer death among women. The incidence of breast cancer has been increasing in recent years, with rates in women over 50 years old being higher than in younger women. These increases are likely due to increased awareness and early detection of breast cancer.

Several genes are associated with hereditary cancers, and the most frequent mutations occur in genes known as BRCA1 and BRCA2. These genes account for about 40% of hereditary breast and ovarian cancer families. The breast cancer risk in women who carry a BRCA1 or BRCA2 mutation is approximately 80%.

Genetic testing is done on a blood sample and is usually not, routine, but it can be done to confirm the presence of a mutation in a family. Genetic counseling is also recommended for individuals who carry a mutation in a family, as well as for their family members.

Cancer Genetic Consultation is offered at the Lafayette Family Cancer Care Center.

CANCER REGISTRY REPORT

Breast cancer is a significant health problem for women in our region and the nation. Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among women. The incidence of breast cancer has been increasing in recent years, with rates in women over 50 years old being higher than in younger women. These increases are likely due to increased awareness and early detection of breast cancer.

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FOCUS: BREAST CANCER

Breast cancer is the most common malignancy diagnosed in women. It accounts for approximately 12% of all new cancer diagnoses in the United States. The incidence of breast cancer has been increasing in recent years, with rates in women over 50 years old being higher than in younger women. These increases are likely due to increased awareness and early detection of breast cancer.

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BREAST CANCER DATA

In order to ensure that patients treated through our Breast Cancer Network are receiving the highest quality of care, we have conducted a survey of our patients and their families. A total of 367 breast cancer cases were identified using the University of Maine Cancer Registry database. Of these, 115 were excluded due to missing data, leaving a total of 252 cases for analysis. The survey was conducted using an online questionnaire and included questions about patients' demographics, treatment details, and outcomes. The results were analyzed using descriptive statistics.

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BREAST CANCER RECURRENTENCE
Breast cancer is a common disorder accounting for over 25% of all cancers in US women. The lifetime risk is about 12%. In females there are multiple hereditary breast cancer, especially when diagnosed before age 50 and when ovarian cancer is also present. The possibility of a hereditary predisposition to cancer should be considered. Hereditary breast cancer accounts for 5-10% of cases.

Several genes are associated with hereditary cancers, but the most frequent mutation is described in genes known as BRCA1 and BRCA2. These genes account for about 40% of hereditary breast and ovarian cancers. BRCA1 and BRCA2 genes are involved in the repair of damaged DNA and the prevention of cancer. Women with mutations in these genes have an increased risk of developing breast or ovarian cancer.

Characteristics of a hereditary predisposition to breast cancer may include:

1. Multiple relatives on the same side of the family with breast or ovarian cancer across generations.  
2. Multiple primary cancers in the same sex (mother or father).  
3. Breast or ovarian cancer in someone under age 40 or 50.  
4. Breast cancer that is described as a triple negative (5).  
5. Male breast cancer, and  
6. Breast or ovarian cancers across generations; (2) multiple primary cancers in the same sex (mother or father).

The risk of a second cancer is also increased in women who have already had breast or ovarian cancer.

To ensure that patients treated through the EMMC Cancer Registry data from 1998 through 2010 (ACOS-CC) standard in 1998. 99% were present prospectively. Participation is open to medical and allied health professionals, both on-site and via interactive television connection. First initiated contact us at 1-877-4743.

Cancer genetics is offered at the Family Cancer Center. For more information call 207-897-4743.

In attempting to look at other factors which might impact local recurrence risk, we looked at several biologic variables. Estrogen receptor (ER) positivity was 87% vs. 81% for ER-negative cases. Likewise 94% for PR-positive cases vs. 82% for PR-negative cases. The median age at diagnosis for ER-positive cases was 63.0 vs. 65.6 for ER-negative cases. Overall, these factors indicate that ER-positive cases had higher risk for local recurrence.

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The Breast and Osteoporosis Center (BCC) is very proud to be designated as a Breast Imaging Center of Excellence through the American College of Radiology for the fourth consecutive year. To receive this honor we must meet very specific criteria as well as present quality standards. Both sites offer FDA certified and ACR accredited high quality mammograms. Our program provides expanded services at the time of all mammograms for many patients. Staff and physicians are dedicated to ensuring that patients receive the best care possible, enhanced access to clinical trials and studies and top basic research through house banking.

Early detection is still the best tool in the battle against breast cancer. We remain committed to community education. Through Caring Communities, a joint program of EMMC and the Bangor, we offer community education on breast and cervical cancer and osteoporosis. We assist low-income women across breast and cervical health. Outpatient programs extend into eight Maine counties. Caring Connections support groups have expanded and now include a new group for young women affected by breast cancer.

Involvement in the translational research is an important part of our program at CancerCare and continues to grow. Our research in our Center devote significant time and resources to new clinical trials available to our patients. Over the years, through our research unit, Maine citizens have had access to clinical trials that have developed important new cancer treatments. In recent years, our hospital and our new facility, EMMC Capers Medical Center, have been instrumental in making these new treatments available to people in Maine.

In the last few years, the number of patients able to participate in treatment trials continued to rise. Recently, Eastern Maine Medical Center was recognized in both the CancerLinQ® and Lymphoma and Leukemia Group for the largest amount of research activity among the many community centers in the research group. As a result, we have achieved independent status within this organization which brings our patients additional opportunities for these new treatments.

We also believe in collaborating with basic researchers interested in finding better treatments. Over the past year, we have begun a pilot project with researchers from the Jackson Laboratory to learn more about the genetics of breast and ovarian cancer. The project will provide a testing environment for a physician and scientist who share information about new treatments that are being developed. This is making it possible for us to bring even more new treatments to Maine for the benefit of our patients.

Every new patient at CancerCare of Maine is carefully reviewed to see if treatment on a clinical trial might be right for them. If you would like to know more about our cancer research program, please contact us at 207-973-4249 or visit our website at www.emmc.org.

CancerCare of Maine has increased its visits by over 6% from last year. We now have the largest oncology practice “under one roof” in the State. The medical, radiation, and surgical oncologists, as well as our physical therapists, are working together and expertise across the many varied cancer tumor types resulting in better outcomes for our patients. We have been fortunate to enjoy strong community support for patient needs such as housing, travel and pain management assistance. This assures some of the best care for patients anywhere. Heartfelt thanks to all our contributors.

Additional projects have had a significant advancement within our clinical research program. One is a collaboration effort with research oncologists at the Dana Farber Cancer Institute as well as cord blood institute where we have developed several projects with Jackson Laboratories in Bar Harbor and Sacramento, California. We established a collaboration in a research partnership with the National Heart, Lung, and Blood Institute. Their project study aimed at developing a human tumor mouse model that can be used to identify new targeted therapy for breast cancer and other tumors.

We have had a significant growth in our clinical research program. In the last year, we have enrolled well over one hundred patients onto base tissue research trials and have more patients and tissue in our biorepository. Though these efforts are incredibly time consuming, we believe they are important in helping to bring new treatments to our patients. In the last year, we have had several significant events.

We are pleased to honor the return of Dr. Philip Brooks to Medical Oncology and Dr. Sam Lew to Pediatric Oncology. We wish Dr. Judy Allen, Pediatric Oncology, well as she retires and thank her for her many years of commitment and excellence in care. With the help of Dr. Brooks we are able to provide more consistent physician clinical service in the coastal area oncology clinics. Patients now come to Brewer for breast care services, however, much of her care can still be managed at Brewer.

We were greatly saddened with the passing of George Carlock. He was a kind and generous individual. His gift makes it possible for many others to receive care in our beautiful building.

In the coming year our goal is to maximize opportunities to develop a highly patient-centered care system. One which minimizes barriers, recognizes the many challenges the patient and family face daily and assists them in placing the help they need and deserve in getting to the next step in their care. We will also focus on expanding palliative care services and adding new technology in our radiation oncology program on site at the Lakeville Family Cancer Center.

A special note of appreciation for all the efforts our many people do on the behalf of individuals with cancer. I want to thank you all personally for your efforts. I am proud to be designated as a Breast Imaging Center.

The program at Eastern Maine Medical Center remains quite busy – adapting to new home-care needs, providing new care and using new technology both in the delivery of cancer and management of information. Delivering of state of the art care to citizens of Maine across the region has taken a whole new meaning. I would like to take this opportunity to thank members of the community, physicians and staff at Eastern Maine Medical Center who make excellence in care an everyday reality for our patients.