



Cancer Care

*Bringing Hope to Life,
Research to Cures*

2014



**EASTERN MAINE
MEDICAL CENTER™**

EMHS MEMBER

EXECUTIVE DIRECTOR REPORT



Allen L'Italien, RN

I would like to begin by congratulating and thanking the physicians and staff at EMMC for their part in our 2014 achievement of accreditation with commendation through the American College of Surgeons – Commission on Cancer through 2017.

It is truly amazing that there is constant change for the good across the oncology services at EMMC. For example, the past year has seen the addition of screening for lung cancer risk, a full service lymphedema clinic in Brewer, as well as significant expansion of our research capabilities. A new tissue processing lab was constructed that will allow scientists to work with tumors soon after removal in order to assure that patients' tumors have the needed testing so that patients can enroll in advanced clinical trials. Likewise, this will allow some of our physicians to generate their own testing in order to get us one step closer to personalized medicine for patients with cancer. None of our advances in research would be possible without the amazing community support provided by the *Champion the Cure Challenge* event held each year in August.

In 2014 we had our highest number of patients enrolled onto clinical treatment trials. This allows them to have close monitoring and decision making that utilizes some of the best minds in the field of oncology and hematology. These forward thinking individuals help to transform us from a rural community cancer center into one that is capable of having patient options equal to those found at major academic institutions.

On behalf of our community, I thank the Lawrence family who through their *Tradewinds Markets* make sure that access to care is not hampered by the inability to afford transportation. Their generous gifts have touched many families in a number of meaningful ways. Also, thank you to those in the community who recognized the need for local lodging for those receiving treatment on a daily basis. You enabled a young woman's dream to become a reality with the October opening of *Sarah's House*. In just a brief period, over 50 patients have enjoyed at least one overnight stay, making their lives much easier and assuring better access to care.

Few thought when we opened our doors just 5 years ago that we would have such a dynamic staff of physicians and the kind of community support that would transform us into a key partner in making a difference in the understanding of the many cancers treated. To all who put their trust in the physicians and staff at Cancer Care and those throughout EMMC serving individuals and families with cancer, I extend a very special "thank you."

CANCER COMMITTEE CHAIR REPORT



Thomas H. Openshaw, MD

First, I would like to congratulate our physicians and staff of Eastern Maine Medical Center's cancer program. In early spring, the American College of Surgeons Commission on Cancer accredited our program with commendation through 2017. As recognized by the College, our services for the diagnosis and treatment of Maine citizens with cancer are of the highest quality and continue to help serve more people across our region each year.

Clinical Activities

Our 2014 statistics include:

- 1522 surgical procedures related to cancer completed at EMMC (representing 65% of all surgical procedures); 26% of those diagnosed elsewhere had additional surgery at EMMC.
- 1773 new Medical Oncology consultations, up 8% from 2013. Treatments and procedures increased by 6%.
- 840 new Radiation Oncology consultations, essentially the same number as in 2013. Treatments and procedures increased by 6%.
- 27 pediatric-adolescent-young adult patients were newly diagnosed, essentially the same number as in 2013.
- 106 new EMMC Supportive Care consultations, increased by 12% over 2013. The service was expanded to 3 afternoons per week on-site at our cancer center.
- Behavioral Medicine consultations were up 18% from last year with expanded service to Breast Cancer Case Review weekly meetings, reflecting our increased effort to make mental health services available to our patients at the time of diagnosis and throughout care. Behavioral Medicine consults are also now available to help those wishing to stop smoking.
- Cancer genetic consultations are increasingly important in the care of our patients, with referrals increased by 36% over 2013. In 2014, 32% more opted to complete testing than in 2013.
- Our Orthopedic Oncology service remains the only such specialized service in Maine.
- Two of Maine's five surgical oncologists continue their active practice in this region.

New clinical staff welcomed:

- Our Pediatric Hematology-Oncology program (caring for children and young patients up to age 25) at the Raish Peavey Haskell Children's Cancer and Treatment Center welcomed Nadine Sauer SantaCruz, MD, MPH, who completed fellowship training at Alpert Medical School of Brown University / Hasbro Children's Hospital and Dana Farber Cancer Institute.
- EMMC's Hospice and Palliative Care Fellowship welcomed their first this fall, Lalaine Llanto, MD.

Notable programs:

- New services
 - A lung cancer prevention and screening program was initiated, making low-dose CT scans available at an affordable price for those at high risk. The program provides education,

CANCER COMMITTEE CHAIR REPORT

counseling, and smoking cessation help to Maine citizens to reduce the risk of lung cancer and other tobacco-related diseases. Since beginning in late summer, 50 screenings have been completed. For more information call 207-973-5293; to schedule a CT call 207-973-8150.

- Breast Lymphedema Clinic at the Lafayette Family Cancer Center, with 28 patients evaluated and treated since the program's beginning in late summer.
- Cancer Case Review – each meeting is designed to maximize interdisciplinary discussion, review of best treatment options, timely completion of diagnostics, and engagement of the entire team on behalf of the individual newly diagnosed with cancer. These include:
 - A weekly cancer case conference where new patients are discussed and plans made for further diagnostic studies and treatment by surgery, medical oncology, and radiation oncology, as well as referral for participation in clinical trials and genetic consultations.
 - A weekly review of new breast cancer cases including early referral to genetic and/or behavioral medicine consultation.
 - A weekly review of new lung cancers and other thoracic malignancies needing special diagnostic procedures or multimodality treatment.
 - A semi-monthly review of new urologic cancer cases including prostate cancers.To make a referral for review, please contact [207-973-7483](tel:207-973-7483).
- New developments in Radiation Oncology include:
 - Planning for implementation of enhanced treatment planning software.
 - Planning for installation of a new linear accelerator in early 2015.

A high quality program by standards of the American College of Surgeons Commission on Cancer

Our program meets or surpasses standards of care set by the American College of Surgeons Commission on Cancer (ACoS-CoC). As recommended by ACoS-CoC, we annually review the four major cancer sites of breast, colorectal, lung and prostate cancer, comparing stage at diagnosis and survival with the most current data available from the National Cancer Data Base (NCDB). For cases diagnosed at EMMC in 2012*, we found that stage distribution at diagnosis for these cancers was the same as reported nationally in the NCDB. Also, for those diagnosed in 2003-2007*, our 5-year survival rate matched national rates, with the exception of those diagnosed with stage III colon cancer, whose survival rate was higher than the national rate.

* Most current national data available

Our ACoS-CoC Cancer Program Practice Profile Reports demonstrate excellent adherence to recommended standards of practice. In breast cancer, for each of the standards our performance significantly exceeded that of the 2012* national database on the following measures: use of image/hand guided biopsy for initial diagnosis, appropriate referral for radiation therapy following a mastectomy for node positive disease, referral for endocrine therapy for hormone receptor positive disease, and referral for consultation for hormone receptor negative disease. Performance on the following measures in the care of those with colon and rectal cancer met or exceeded the national standard: surgical removal and pathologic examination of 12 or more lymph nodes at the time of surgery (met) and referral of patients for consideration of chemotherapy (exceeded).

* Most current national data available

Dr. Huang of EMMC Northeast Surgery of Maine conducted a review of diagnosis and management of new colon and rectal cancers at EMMC. His report highlights our initiatives and nationwide comparisons. Please take a moment to review his report.

CANCER COMMITTEE CHAIR REPORT

Our educational program for health care providers in Maine remains strong.

- In June, at the first of a new series – *Spring Topics in Cancer Care* – cancer specialists from our area presented on the prevention, diagnosis, and treatment of lung cancer. It was well attended by primary care providers, cancer specialists, allied health professionals, and nurses throughout our region.
- In October, the 5th Annual *Partridge Breast Cancer Symposium* on advances in breast cancer treatment and research was held. Speakers were nationally recognized specialists in medical, radiation, and surgical oncology. Also, a research scientist from Jackson Lab provided an update of the role of mouse models in development of targeted cancer treatments. Our EMMC based medical geneticist described advances in testing. Nursing and social work described survivorship programs across the EMHS system.
- Our 2015 *Spring Topics in Cancer Care* Symposium will focus on the prevention, diagnosis, and treatment of colon and rectal cancers.

Our strong research program brings treatment trials to Maine

Our cancer clinical trials program remains robust with more than 60 clinical trials available for patients across a spectrum of diagnoses and stages of disease. More patients participated in these trials in 2014 than in any prior year. Our joint research program with affiliated practices in Augusta, Rockport and Mercy Hospital in Portland also makes these trials available across our state. We continue as leaders in cancer research in our state as main members of NCI-supported consortia of university and community cancer centers.

A new research laboratory has been established at the Lafayette Family Cancer Center in Brewer. This facility, under the direction of Dr. Jens Rueter, of EMMC's Translational Research Program, processes and preserves donated human tissue and blood for the study of cancer. This year, over 250 individuals have participated to help advance the science surrounding cancer treatment, representing over 15% of all newly diagnosed patients receiving care at EMMC. Currently the program is participating in two joint research projects with The Jackson Laboratory in Bar Harbor. One is a study of the genetic mutations and other characteristics of blood cells in chronic lymphocytic leukemia, one of the most common types of leukemia in adults. Another is a study of the genetic mutations found in triple negative breast cancer. Both studies have engaged patients from across the State of Maine. We hope that this laboratory research, funded in part by the *Champion the Cure Challenge*, will contribute to the improved diagnosis and treatment of those in Maine as well as throughout the country.

Robert Ferguson, PhD, Behavioral Medicine, concluded NCI grant funded research on the role of tele-medicine in helping individuals with a breast cancer diagnosis manage cognitive impairment related to chemotherapy. He currently has two publication proposals pending.

To learn more about our cancer research program, please contact us at [207-973-4249](tel:207-973-4249) or on the web at www.emmc.org.

Other program initiatives include:

- Our *Image Project*, developed by a volunteer cancer survivor and funded through community donations, offers women facing hair loss on-site assistance. In 2014, over 200 received help.
- Our American Cancer Society collaboration continues through our on-site Resource Corner volunteers with our joint volunteers contributing over 1000 hours in support of our patients.

NEW DIRECTIONS FOR 2015

We look forward to starting new programs in 2015 including expanded research collaborations with other hospitals across the region and the opening of our Breast Survivorship Clinic.

FOCUS: Colon and Rectal Cancers



Peter Huang, MD

Cancers of the colon and rectum are the third most common cancer diagnosed in men and women, and the second most common cause of cancer deaths in the United States. The American Cancer Society estimates that there are 148,000 cases of colorectal cancer annually, and these cancers will cause nearly 50,000 deaths.

The stage of the cancer describes the extent of the cancer. Stage I colorectal cancers have only limited involvement of the bowel wall. Stage II cancers have grown more extensively through the bowel wall but are still confined to the colon or rectum. Stage III cancers have spread to nearby lymph nodes. Stage IV cancers have spread to distant organs, such as the liver, lung, or distant lymph nodes. Ideally, the goal is to diagnose these cancers at an earlier stage, when therapy is much more likely to be successful.

A potential challenge in a state such as Maine is patient access to screening in order to diagnose these cancers, and access to subsequent therapy after a diagnosis is made. In fact, patients treated for colorectal cancers at EMMC travel significantly longer distances for their treatment than the average patient across the country. Fully one third of our patients travel more than 50 miles to be treated here.

However, we looked at the stage of diagnosis for our patients diagnosed between 2009-2012 and compared them to national benchmarks. We find that the proportion of our patients with cancers contained to the colon (Stage I-II) is 48%, similar to the 49% rate of these early cancers nationwide. Those diagnosed with Stage III cancers is likewise similar to national rates - 23% at EMMC vs 24% nationwide. There is no apparent influence on the stage at diagnosis for our patients due to travel or access challenges.

Access to cancer therapy has also been assessed at EMMC. Administration of chemotherapy for Stage III colon cancer has been shown to improve survival rates and is accepted as the standard of care for these patients. Similarly, standard of care for patients with Stage IIB or III rectal cancers includes the administration of radiation therapy. However, national studies have found that many of these patients are not referred for consideration for adjuvant therapy, possibly resulting in lower cure rates. At EMMC, we benefit from a very close relationship between our surgeons and our medical and radiation oncology teams. As a result, all patients with colorectal without prohibitive medical conditions for whom adjuvant therapy is indicated continued to be referred for consideration of this important component of their care.

As a result, 5-year survival rate for patients diagnosed with Stage III colon cancer is significantly higher here at EMMC at 66%, compared to 55% nationwide for these patients. Likewise for those diagnosed with Stage III rectal cancer, 5-year survival rate is significantly higher here at EMMC at 74% compared to 59%. For all stages combined, overall 5-year survival rate for those with colon cancer is 58% which also compares favorably to the 56% survival rate nationwide and for those with rectal cancer the rate is 59% both locally and nationally.

REPORT FOCUS – Comparative Data

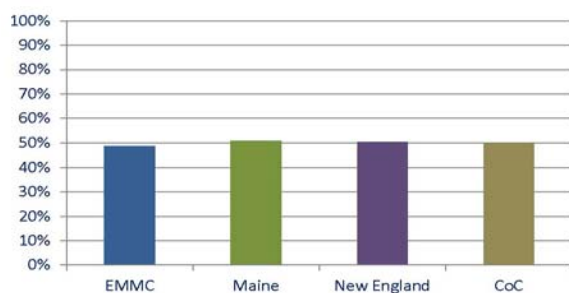
Cases Diagnosed from 2009 to 2012 – most current comparisons available through American College of Surgeons Commission on Cancer (CoC)

Age at Diagnosis

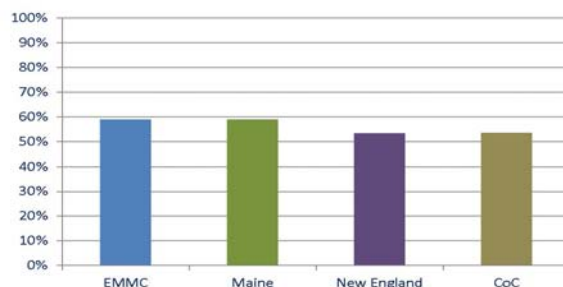
| | Male | Female |
|----------------------|------|--------|
| Colon Cancer | | |
| EMMC | 45% | 55% |
| CoC | 50% | 50% |
| Rectal Cancer | | |
| EMMC | 52% | 48% |
| CoC | 59% | 41% |

| Colon Cancer | <40 | 40-49 | 50-59 | 60-69 | 70-79 | >80 |
|---------------|-------|-------|--------|--------|--------|--------|
| EMMC | 2.22% | 6.33% | 16.14% | 26.27% | 30.38% | 18.68% |
| CoC | 2.54% | 6.92% | 17.11% | 23.84% | 25.36% | 24.24% |
| Rectal Cancer | <40 | 40-49 | 50-59 | 60-69 | 70-79 | >80 |
| EMMC | 2.94% | 8.82% | 29.41% | 22.55% | 23.53% | 12.74% |
| CoC | 3.82% | 3.01% | 11.19% | 25.34% | 26.14% | 14.16% |

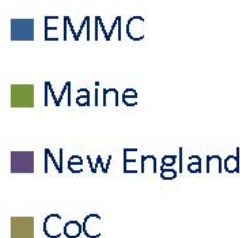
Colon Cancer – Stage at Diagnosis – O, I, II



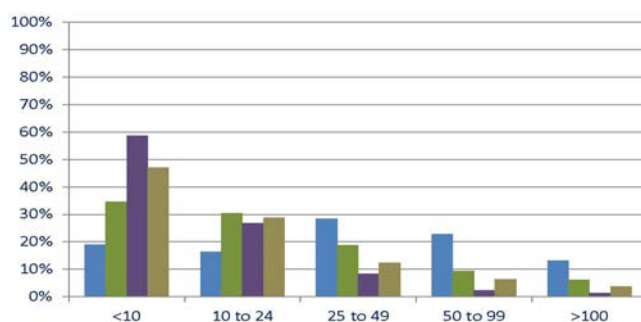
Rectal Cancer – Stage at Diagnosis – O, I, II



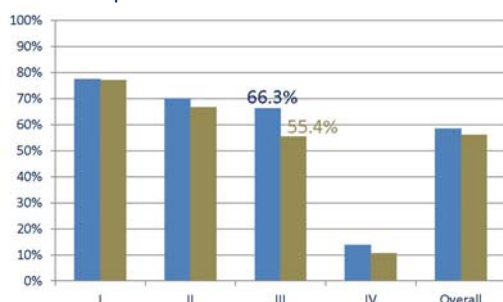
Legend



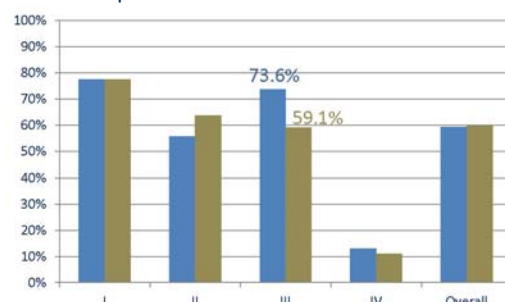
Distance Traveled to Treatment



Colon Cancer – Survival by Stage – Cases diagnosed 2003 to 2007 – EMMC compared with CoC Rates



Rectal Cancer – Survival by Stage – Cases diagnosed 2003 to 2007 – EMMC compared with CoC Rates



BREAST CARE REPORT



Elaine Chambers, RN, MS

January 1, 2015 celebrates the New Year and the second year anniversary of the EMMC Breast Surgical Specialists practice. Located on the third floor of the Lafayette Family Cancer Center in Brewer, this practice specializes solely in breast health. This year Benjamin Liliav, MD, a surgical specialist in the management of breast reconstruction, began seeing patients at our Brewer location in collaboration with physicians located in the Center. In 2014 plastic surgery attendance was added to the weekly Multidisciplinary Prospective Case Review of new breast cancers. Surgical consultations for the management of breast cancer remain available at both EMMC Northeast Surgery in Bangor and EMMC Breast Surgical Specialists in Brewer.

In our institutional quality review of breast cancer cases diagnosed in 2014, Dr. Susan O'Connor of EMMC Breast Surgical Specialists documented our excellent performance on key breast surgical measures – appropriate percutaneous mode of diagnosis (100% for all EMMC based surgeons); use of axillary staging with sentinel lymph node procedure (100% for all EMMC based surgeons) each well above the national rate. Additionally there was noted improvement in use of both modalities for physicians referring patients to EMMC for post-surgical radiation and/or chemotherapy care bringing their performance well above the national rate as well. This review underscores the fact that patients throughout the region are receiving excellent care.

L- Dex measurement screenings continue to be part of the care for patients whose plan requires surgical examination of the axilla. Early detection and intervention create the opportunity for the most optimal management of lymphedema. Earlier in 2014, the Breast Lymphedema Clinic opened on the first floor of the Lafayette Family Cancer Center. Our collaboration with EMMC Physical Therapy department has been very well received by women in our service area with this specialized need. Our next challenge for early 2015 will be the launch of our breast survivorship clinic.

The Breast and Osteoporosis Center at EMMC is proud to be designated as a Breast Imaging Center of Excellence through the American College of Radiology, for the seventh consecutive year. Both sites (on EMMC State Street and Union Street campuses) offer FDA certified and ACR accredited high quality digital mammography with computer aided diagnostic (CAD) review. We continue to offer same day results for our diagnostic patients at the State Street location.

Our Breast Patient Nurse Navigator, Nancy San Antonio, RN, CBCN, CN-BN, located in the Breast and Osteoporosis Center on State Street, has been very busy in 2014 helping women with complex diagnostic requirements and their referring providers. This service has been a great help in coordinating seamless supportive care during a very stressful experience.

Caring Connections, a collaborative program between EMMC and The Bangor Y had over 900 women participate in sessions designed to provide information about breast health, risk reduction, early detection of breast and cervical cancer, and maintenance of bone health. The *Thrive with Exercise* program continues to help women add exercise to their survival routine. This year we will be looking at additional opportunities for collaboration as the program expands into multiple communities and offers service to those with other cancer diagnoses.

For information call us at 207-973-9700.

CANCER REGISTRY REPORT



Renee Stefanik, RHIT, CTR

Cancer registrars develop a case abstract (summary) for each person diagnosed and/or receiving first course of treatment at EMMC. In 2014, the American College of Surgeons Commission on Cancer (ACoS-CoC) required abstract completion within six-months of initial diagnosis for at least 90% of cases. ACoS-CoC has now suspended this requirement. However, it remains intact for reporting new cases to the State of Maine. Staff routinely completes this activity within two months of diagnosis.

An ACoS-CoC standard to assure accurate data for calculating survival rates is the completion of annual lifetime follow-up, monitoring diagnostic and treatment outcomes. EMMC's lifetime follow-up is 83.34% for cases diagnosed since 1998 (standard is 80%); 91% for cases diagnosed within five years (standard is 90%).

Per regulatory compliance, data are collected, maintained, and reported to the Maine State Cancer Registry and the National Cancer Data Base (NCDB). Submissions were timely and completed with a high degree of accuracy.

Use of AJCC staging, consideration of prognostic factors and review of compliance to national treatment guidelines in the care of our patients is recommended by ACoS-CoC. Our practice monitors adherence to this standard through both cancer conference case review and annual chart audit. Performance by physicians on these measures is 100%. The use of College of American Pathologists (CAP) protocols for review of tumor specimens is 100%.

The Registry performs data submission through ACoS-CoC Rapid Quality Reporting System (RQRS) for new cases actively receiving treatment. With this, the registry staff is able to provide managing physicians with timely information to assure compliance with national quality care standards. Data submitted is then available for concurrent comparison with other treating facilities – EMMC's performance on these measures exceeds national standards.

Tables included in this report reflect cancer case accessions, frequency & stage of disease at presentation and prevalence for 2013 at EMMC.

Case conference (Tumor Board) activity is an important part of care delivery at Eastern Maine Medical Center. Weekly conferences provide physicians with the opportunity to prospectively discuss diagnostic and treatment options for their patients including review of prognostic factors and nationally recognized treatment guidelines such as those of the National Comprehensive Cancer Network (NCCN). All major cancer sites are reviewed. For 2013 analytic cases 11% (160) were reviewed in this forum and an additional 25% were reviewed in our Thoracic Conference, Breast Biopsy Correlation Committee, Breast Cancer Prospective Case Review and Urology Conference. Our annual Partridge Foundation Symposium and Dana Farber Cancer Institute visiting professor presentations complement our case conference activity. Participation is open to physicians, allied health professionals and support staff – either in person at EMMC's main campus, the LFCC in Brewer or via the NNETS.

EMMC is fortunate to now have 5 Certified Tumor Registrars on staff with another currently in training. In 2014, we began managing case abstraction for an EMHS sister hospital, The Aroostook Medical Center. We anticipate continued growth in collaborative efforts across the coming year.

Call 207-973-7483 for info.

CANCER REGISTRY DATA

2013 Accessioned (New to EMMC) Cancer Cases: Analytic /Non-Analytic Comparison

| | <u>2009</u> | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> |
|---|--------------|--------------|--------------|--------------|--------------|
| Total Analytic Cases | 1,695 | 1,727 | 1,752 | 1,674 | 1,708 |
| Cancer diagnosed and/or treated @ EMMC | 881 | 903 | 877 | 899 | 928 |
| Cancer diagnosed elsewhere with first treatment @ EMMC | 814 | 824 | 875 | 775 | 780 |
| Total Non-Analytic Cases | 207 | 206 | 182 | 224 | 246 |
| Cancer diagnosed & treated elsewhere; follow up @ EMMC | | | | | |
| Total Accessioned Cases | 1,902 | 1,933 | 1,934 | 1,898 | 1,954 |

2013 Most Prevalent Analytic Cases at Eastern Maine Medical Center (EMMC) compared to American Cancer Society (ACS) Estimates

| Cancer Site / Type** | <u>EMMC Actual</u> | | <u>*ACS Estimates</u> | | | |
|---------------------------|--------------------|-------|-----------------------|-------|-----------|-------|
| | <u>Analytic</u> | | Maine* | | Nation* | |
| | 2013 | | 2013 | | 2013 | |
| Prostate | 131 | 7.7% | 1,290 | 14.0% | 238,590 | 14.4% |
| Breast (female) | 334 | 19.6% | 1,150 | 12.5% | 232,340 | 14.0% |
| Lung | 363 | 21.3% | 1,380 | 15.0% | 228,190 | 13.7% |
| Colo-Rectal | 109 | 6.4% | 730 | 7.9% | 142,820 | 8.6% |
| Melanoma | 27 | 1.6% | 440 | 4.8% | 76,690 | 4.6% |
| Bladder | 47 | 2.8% | 520 | 5.7% | 72,570 | 4.4% |
| Lymphoma (non-Hodgkins) | 82 | 4.8% | 390 | 4.2% | 70,130 | 4.2% |
| Leukemia | 32 | 1.9% | 280 | 3.0% | 48,160 | 2.9% |
| Uterus | 40 | 2.3% | 310 | 3.4% | 49,560 | 3.0% |
| Cervix | 10 | 0.6% | 50 | 0.5% | 12,340 | 0.7% |
| Total # Cases for Sites** | 1,175 | | 6,540 | | 1,171,390 | |
| Total # of Analytic Cases | 1,708 | 69% | 9,190 | 71% | 1,660,920 | 70% |
| Case # Increase over 2012 | 2% | | 2% | | 1% | |

CANCER REGISTRY DATA

Primary Site – Frequency Distribution: 2013 Analytic Cases

| Primary Site | Total | % Total Cases | Male | Female | Stage 0 | Stage I | Stage II | Stage III | Stage IV | Unknown | % Early (0, I, II) Stage |
|-----------------|--------------|---------------|--------------|--------------|-------------|--------------|--------------|--------------|--------------|-------------|--------------------------|
| Oral | 47 | 2.8% | 39 | 8 | 0 | 7 | 4 | 7 | 28 | 1 | 23.4% |
| Esophagus | 30 | 1.8% | 26 | 4 | 0 | 4 | 6 | 5 | 14 | 1 | 33.3% |
| Stomach | 15 | 0.9% | 10 | 5 | 0 | 2 | 3 | 4 | 6 | 0 | 33.3% |
| Colon | 73 | 4.3% | 41 | 32 | 1 | 8 | 26 | 29 | 12 | 1 | 47.9% |
| Rectal | 36 | 2.1% | 26 | 10 | 0 | 6 | 14 | 9 | 7 | 0 | 55.6% |
| Liver & Biliary | 14 | 0.8% | 12 | 2 | 0 | 4 | 3 | 4 | 1 | 2 | 50.0% |
| Pancreas | 40 | 2.3% | 21 | 19 | 0 | 7 | 11 | 5 | 16 | 1 | 45.0% |
| Larynx | 16 | 0.9% | 12 | 4 | 0 | 4 | 2 | 5 | 5 | 0 | 37.5% |
| Lung & Bronchus | 363 | 21.3% | 197 | 166 | 1 | 92 | 40 | 73 | 153 | 4 | 36.6% |
| Mesothelioma | 3 | 0.2% | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0.0% |
| Bones & Joints | 3 | 0.2% | 3 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 33.3% |
| Soft Tissue | 14 | 0.8% | 8 | 6 | 0 | 1 | 3 | 8 | 2 | 0 | 28.6% |
| Melanoma | 27 | 1.6% | 21 | 6 | 1 | 7 | 8 | 9 | 2 | 0 | 59.3% |
| Breast | 335 | 19.6% | 1 | 334 | 61 | 150 | 75 | 27 | 19 | 3 | 85.4% |
| Cervix | 10 | 0.6% | 0 | 10 | 0 | 1 | 3 | 4 | 2 | 0 | 40.0% |
| Uterus | 40 | 2.3% | 0 | 40 | 0 | 22 | 2 | 7 | 8 | 1 | 60.0% |
| Ovary | 16 | 0.9% | 0 | 16 | 0 | 4 | 1 | 6 | 4 | 1 | 31.3% |
| Prostate | 131 | 7.7% | 131 | 0 | 0 | 9 | 87 | 24 | 11 | 0 | 73.3% |
| Testis | 7 | 0.4% | 7 | 0 | 0 | 2 | 0 | 5 | 0 | 0 | 28.6% |
| Bladder | 47 | 2.8% | 35 | 12 | 21 | 5 | 6 | 6 | 8 | 1 | 68.1% |
| Kidney | 58 | 3.4% | 35 | 22 | 2 | 31 | 4 | 9 | 12 | 0 | 63.8% |
| Brain & CNS | 34 | 2.0% | 18 | 16 | ** | ** | ** | ** | ** | ** | ** |
| Thyroid | 34 | 2.0% | 7 | 27 | 0 | 18 | 2 | 6 | 8 | 0 | 58.8% |
| Lymphoma | 91 | 5.3% | 51 | 40 | 0 | 15 | 15 | 15 | 44 | 2 | 33.0% |
| Myeloma | 35 | 2.0% | 19 | 16 | ** | ** | ** | ** | ** | ** | ** |
| Leukemia | 32 | 1.9% | 20 | 12 | ** | ** | ** | ** | ** | ** | ** |
| Other | 157 | 9.2% | 77 | 81 | 4 | 7 | 11 | 6 | 11 | 5 | 14.0% |
| Total | 1,708 | 100% | 820 | 888 | 91 | 406 | 327 | 273 | 376 | 25 | 48.2% |
| | | | 48.0% | 52.0% | 5.3% | 23.8% | 19.1% | 16.0% | 22.0% | 1.5% | |



EASTERN MAINE MEDICAL CENTER™

EMHS MEMBER

| Medical Staff | Staff |
|--|---|
| Thomas Openshaw, MD* Director, Oncology Research, EMMC Cancer Care Cancer Leadership Committee Chair | Allen L'Italien, RN* Executive Director, EMMC Cancer Care (EMMC CC) Cancer Leadership Committee Co-Chair |
| Kathryn Bourgoïn, MD Family Medicine | Nadine Bullion, LCSW** Manager, EMMC CC – Support Services |
| Amy Harrow, MD Medical Imaging | Andrea Byther, MS, RD, CSO, LD, Dietician |
| Peter Huang, MD* Surgical Oncologist, American College of Surgeons – Commission on Cancer - EMMC Cancer Liaison | Tracey Carter, RTT, Supervisor EMMC CC - Radiation Oncology |
| John Klemperer, MD Thoracic Oncology | Elaine Chambers, RN, MS* Manager, EMMC – Comprehensive Breast Care |
| Sam Lew, MD Pediatric Oncology | Brenda Clements, RN, MBA, OCN Manager, EMMC CC – Nursing |
| Susan O'Connor, MD Surgery, EMMC Breast Surgical Specialists | Ambie Hayes-Crosby, RN Manager, EMMC CC - Oncology Research |
| Jens Rueter, MD Director, EMMC Translational Research | Erin Kerns, LCSW, Hospice of Eastern Maine – Bangor Area Visiting Nurses |
| Marek Skacel, MD Pathology | Patty Miles, RN, OCN Manager, EMMC Inpatient Oncology |
| Paul Szal, MD Radiation Oncology | Cathy Mingo, RN, MS, Director, EMMC Performance Improvement/Data Management |
| James VanKirk, MD Palliative Care | Renee Stefanik, RHIT, CTR* Lead Cancer Registrar, EMMC Cancer Registry |
| | Maggie Wiken, Manager, EMMC Budget |
| | Ann-Marie Williams, RN Director, EMMC Care Management |

2014 Annual Report – 12/24/14

*Contributors **Editor

Photos – Susan Garland,

EMMC-CC Operations Coordinator

Important Contact Information

At the Lafayette Family Cancer Center

EMMC Breast Surgical Specialists –
207-973-9700

EMMC Cancer Care

Cancer Registry – 207-973-7483

Clinical Research – 207-973-4249

Medical Oncology – 207-973-7478

Radiation Oncology – 207-973-4280

Raish Peavey Haskell Children's

Cancer & Treatment Center -

Pediatric-Adolescent-Young Adult

– 207-973-7572

At the Main Campus

EMMC Breast & Osteoporosis Center –
207-973-8108

EMMC Cardiothoracic Surgery of Maine –
207-973-5293

EMMC Northeast Surgery of Maine –
207-973-8881

EMMC Orthopedic Surgical Specialists –
207-973-9980

Or on the web at

www.emmc.org