



# EMMC Cancer Care

*Bringing Hope to Life,  
Research to Cures*

2017



**EASTERN MAINE  
MEDICAL CENTER™**

EMHS MEMBER



Allen L'Italien, RN, OCN

The oncology team is grateful for the many opportunities the past year has provided us and the region. We were able to welcome three new medical oncologists to our team along with a new thoracic surgeon. Each has outstanding training as well as specialty interests that allows us to better serve regional needs.

The year has been encouraging. The number of treatment modalities has expanded. The move to utilize tumor genetic information in treating different cancers has greatly improved hundreds of patients' lives. These are exciting times when new treatments target the cancer cells instead of the healthy ones. There is still a very long way to go, but being part of the Dana Farber Cancer Care Collaborative assures the communities we serve that the care and treatments provided are in line with how they would be treated at an internationally renowned cancer facility. Dana-Farber's ongoing support has helped transform our research initiatives to focus on assuring we can provide more treatment trials for patients, especially when the standard therapies will not likely accomplish a cure.

In this coming year we hope to focus our efforts to provide more pieces of the patient's care closer to their homes. This will take greater coordination as well as local support, yet it hopefully will help decrease the burden of travel.

All of us remain amazed at the significant generosity of the *Tradewinds Market's* leadership in providing many thousands of dollars to assist patients with transportation needs for care as well as a number of other support services. Their gifts to patients and families remain a beacon of hope for hundreds. A heartfelt thank you goes out to them for making a real difference in so many people's lives.



## Cancer Care

In Maine, EMMC Cancer Care is the only adult medical oncology member of the Dana-Farber Cancer Care Collaborative. Our participation in the collaborative will bring to the people of this region:

- Improved access to experts in the field of cancer care whether it's the doctor at Cancer Care consulting with the Dana-Farber physician or getting an appointment to be seen in Boston.
- When an appointment in Boston is needed, because we are a member of the Collaborative, scheduling your appointment becomes Dana-Farber's priority.
- Assurance that the care being received here at EMMC Cancer Care is the same care that would happen in Boston.
- Opportunity to participate in the latest most promising clinical trials without having to travel.



Thomas H. Openshaw, MD

I would like to thank the physicians and staff of Eastern Maine Medical Center's cancer program for their excellent work in 2017. Our most exciting initiative this year has been EMMC Cancer Care's adult medical oncologists working more closely with experts in Boston as one of only four hospitals in the nation in the Dana-Farber Cancer Care Collaborative. This new link between the two institutions has brought additional Dana-Farber clinical trials to our center. It has been instrumental in increasing our speed of incorporating and offering locally new treatments made possible by advancements in cancer research.

## Clinical Care Statistics:

- 1,507 surgical procedures related to cancer were completed at EMMC (6 percent more than in 2015; representing 66 percent of all cancer related surgical procedures for those diagnosed and beginning treatment at EMMC in 2016).
- 2,014 patients began care in Medical Oncology, 16 percent more than in 2016.
- 933 patients initiated Radiation Oncology treatments, 2 percent more than in 2016.
- 19 pediatric-adolescent-young adult patients (ages 0-25) were newly diagnosed, 79 percent required systemic therapy, the remainder were managed with surgery only (thyroid cancer & melanoma).

## Clinical Highlights – New in 2017:

- In Radiation Oncology, use of newest technology enables treatment to be more focused, requiring fewer treatments. More than 10 percent of patients served had conditions appropriate for this type of care. While time spent in any given treatment is longer, the total number was greatly reduced, reflected in a 1 percent reduction in overall volume and substantially increased patient satisfaction. For breast cancer treatment, we reviewed the use of hypo-fractionated treatment (higher dose treatments but fewer number overall, shortening the total duration of treatment – a plus for those traveling, as well as those trying to maintain as near normal routine as possible). We found our results matched national benchmarks for low occurrence of skin reactions.
- Supportive Care consultation service to the Lafayette Family Cancer Center resulted in improved access to care. Our focus for 2017 was to increase discussion of supportive care as an integral part of positive care outcomes. For those with stage IV lung cancer, 88 percent discussed this option with their oncologist and 74 percent went onto add this important service to the management of their treatment and disease. Initiation of EMHS-based hospice care for those diagnosed with cancer continues to increase at a rate of about 3 percent annually. Importantly the length of time (the longer the better) in hospice care has shifted from 33 percent with stays greater than 30 days to 42 percent increasing the opportunity for the team to make a positive difference for both the patient and family.
- Cancer genetics consults rose by 9 percent; with 335 accessing this service. Adrienne Ewer, FNP-C joined Margaret Rieley, MD, ABMG, offering additional on-site service in August.
- Marcia Bean, PMH NP, of Acadia's Integrated Behavioral Health Program joined our group to expand mental health assessment and treatment services on-site to our patients.
- Hannah Castrucci, MD continues to provide on-site orthopedic oncology consultations, advising patients and providers on the treatment of bone metastases from more common cancers.
- Two of Maine's five surgical oncologists continue their active practice in this region.

## Clinical Staff

Physicians joining our EMMC medical oncology team this year are Allan Louie Cruz, MD; Debasmita Saha, MD; and Astrid Belalcazar, MD. New thoracic surgeon Jawad Latif, MD has brought expertise to broaden the scope of our treatment of lung, esophageal, and other thoracic cancers.

## Screening and Early Intervention Services

Since beginning in late 2014, the lung cancer screening initiative under the direction of Gary Keller, MD, has coordinated screenings for more than 949 patients identified as high risk with slightly more than 300 screened annually. Nine percent had “positive findings” (nodules greater than 6 mm). Of those with positive finding, 18 percent were identified as having cancer; 63 percent of those had stage I disease, increasing the likelihood of successful treatment. The program increases access to care, education, and smoking services to reduce the risk of lung cancer and other tobacco-related diseases. For information call **207-973-5293**; to schedule a screening CT, call **207-973 -8150**.

Focused effort continues on increasing the rate of age and risk appropriate colonoscopy screening for colon and rectal cancer. Through EMMC primary care practices and across all patients the rate increased from 60 percent to 70 percent in 2017. This result is above the national rate of 57 percent but still below the targeted rate of 80 percent. Increased access is two-fold: automated queuing as part of the visit structure and increased procedural resource. While recognizing success, for 2018 increased colonoscopy screening rate remains a priority along with continued community outreach to improve utilization of primary care resources.

As a joint project through the Bangor Y and Eastern Maine Medical Center, *Caring Connections* maintains an active outreach program for those without insurance / those underinsured to access screening for early breast and cervical cancers. Through the program, 135 mammograms, 138 breast exams, and 40 gynecologic exams were provided with no cancers identified. Screening early for lymphedema is a priority. Through our on-site EMMC Lymphedema Clinic, 138 women were seen, an increase of 17 percent over last year. A specially trained physical therapist provides evaluation, education, and treatment to reduce the development and impact of lymphedema. “**LIVESTRONG** at the Y,” a wellness approach to managing a cancer diagnosis and recovery enrolled 37 participants during its inaugural year. There is no cost to participate. For more information about this exciting program, call **207- 941-2808**.

## Cancer Case Multidisciplinary 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 clinical trials and genetics.
- A weekly review of new breast cancer cases including early referral to clinical research trials, 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.
- A monthly molecular case discussion to review the impact of tumor genetics on treatment decision making.

**To make a referral for review, please call 207-973-7483.**

## Quality Care – Meeting Standards Set by the American College of Surgeons Commission on Cancer

Our program is guided by standards of care set by the American College of Surgeons Commission on Cancer (ACoS-CoC). As recommended by ACoS-CoC, we annually review four cancer sites comparing stage at diagnosis and patterns of treatment with the most current data available from the National Cancer Data Base (NCDB). This year Peter Huang, MD, our Cancer Liaison Physician with ACoS-CoC, did a thorough review of soft tissue sarcomas as well as colon, rectal, and pancreatic cancers. For each of these, stages at diagnosis paralleled national benchmarks. Patterns of treatment were similar with clear evidence of collaboration between surgeons, medical and radiation oncologists in best care management. Across these diseases, our survival rates parallel nationally published rates.

Our ACoS-CoC Cancer Program Practice Profile Reports demonstrate excellent adherence to recommended standards of practice. In each of the breast cancer standards, our performance exceeded that of the 2015\* 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 medical oncology consultation for hormone receptor negative disease.

Additionally, performance on measures for the care of individuals with colon and rectal cancer exceeded the national standard, including surgical removal and pathologic examination of 12 or more lymph nodes at the time of surgery and referral of patients for consideration of chemotherapy. Performance on standards surrounding the recommendation and use of chemotherapy in the management of certain lung cancers were also well above the required rate.

**\* Most current comparative NCDB data available**

Our participation in ACoS-CoC Rapid Quality Reporting System allows us to monitor ongoing compliance to practice standards in the treatment of breast and colon cancers. In our most recent monitoring of 2017 case activity, performance at Eastern Maine Medical Center met or exceeded national rates on all standards.

A full analysis of our pancreatic cancer management between 2015 and early 2017 was completed by Peter Huang, MD. Each case was reviewed. His evaluation verified accurate staging and appropriate treatment of these patients when compared to national guidelines. Dr. Huang's review is featured in this report.

For those initiating infusion based or radiation cancer treatment completion of a distress screening tool is routine. More than 20 percent identified significant stress and 45 percent indicated a need for a specific service. Our team of social workers, patient advocates, and navigators assisted in addressing the range of concerns from emotional support to care access (transportation, lodging, insurance, and medication assistance) and more.

## **Educational Offerings for Health Care Providers**

In May, EMMC Cancer Care held the fourth annual Spring Topics in Cancer Care conference. It focused on screening, diagnosis, and treatment of melanoma. Our guest speaker was Elizabeth Buchbinder, MD, of the Dana-Farber Cancer Institute. She focused on new targeted drugs and immunotherapy that are changing the treatment of melanoma. It was well attended by primary care providers and allied health professionals across the region. Our **2018** topic is **Upper Gastrointestinal Cancer**, scheduled for **Thursday, May 4, 2018**. The guest lecturer will be Brian Wolpin, MD, Director, Gastrointestinal Cancer Center at Dana-Farber Cancer Institute.

In October, the Eighth Annual Breast Cancer Symposium – Innovations in Care was held. Visiting lecturers were Barbara Smith, MD, of Massachusetts General Hospital who spoke about surgical management of the axilla in breast cancer, Rachel Blitzblau, of Duke University Medical Center who spoke about the radiation treatment of ductal carcinoma in situ and Erica Mayer, MD of Dana-Farber Cancer Institute who discussed advances in medical management of breast cancer. Hester Hill Schnipper, LICSW, BCD, OSW-C of Beth Israel Deaconess Hospital spoke to issues of communication, stress and hope in the face of a new cancer diagnosis. More than 130 health professionals from Maine attended this event. Our fall symposium is scheduled for **Thursday, October 4, 2017**.

## **Strong Research Program Brings Treatment Trials to Maine**

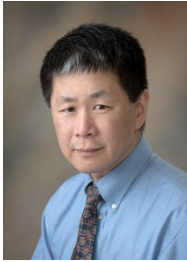
Our cancer clinical trials program is active with more than 50 adult trials and 30 pediatric-young adult trials available for enrollment. Most exciting is the increased availability of Dana-Farber Cancer Institute clinical trials in the treatment of our breast cancer patients. Affiliation with the Alliance Foundation and the Blood Cancer Research Partnership of the Dana-Farber brings the opportunity for novel therapies to our patients. Overall, our rate of enrollment is in the top 25 percent of centers in the Alliance for Clinical Trials in Oncology and at 11 percent, well above the 6 percent standard set by ACoS-CoC.

Activity in our bio-repository and research laboratory continues through the collection of blood, bone marrow, and tumor tissue. Collected specimens are preserved for later use in laboratory studies. More than 100 patients participated in this program in 2017.

## **New Directions for 2018**

In recognition of growing use of oral agents in the management of cancer, Medical Oncology service initiated work with EMHS outpatient pharmacy Miller Drug to offer specialty pharmacy services to our patients beginning in January 2018. The team will include dedicated pharmacists, nurses, and patient advocates. Each will have a role alongside the patient's physician in obtaining medications at the best cost to the patient, monitoring use, and helping to address any related side effects.





Peter Huang, MD, FACS

The pancreas is a glandular organ that is located behind the stomach in the upper abdomen. It is a complex organ that has both exocrine cells which produce enzymes that are excreted into the gastrointestinal tract to help digest foods, as well as endocrine cells which produce a number of hormones (including insulin) that are excreted directly into the bloodstream. The vast majority of pancreatic cancers arise from the exocrine cells and are called adenocarcinomas. Less commonly, cancers can originate from the endocrine portion of the gland and are called neuroendocrine or islet cell tumors.

Approximately 53,670 individuals in the United States are expected to be diagnosed with pancreatic cancer in 2017. At Eastern Maine Medical Center, as in the rest of the nation, this number diagnosed each year has been slowly rising. Unfortunately, most patients have advanced disease at the time of initial discovery of their cancer and overall survival for this disease is poor — with only 8 percent of patients living five years after being diagnosed. It accounts for only 3 percent of all cancers in this country, yet is the fourth most common cause of cancer death.

The risk of developing pancreatic cancer increases with age, with an average age at the time of diagnosis of 71. It is slightly more common in men than women both nationally and for those diagnosed at Eastern Maine Medical Center. A family history of this disease is a risk factor, though most individuals diagnosed do not have a family history of it. Patients who are smokers, are obese, or have a history of chronic pancreatitis, diabetes, or liver cirrhosis all have an increased risk of developing this cancer. While genetic testing can be considered for patients with a family history of pancreatic and breast cancer, there is no consensus regarding appropriate screening strategies for those at high risk.

Unfortunately, many patients with pancreatic cancer do not develop symptoms of their disease until the cancer has grown to an advanced stage, or has already spread outside the pancreas to other organ sites. The classic presenting symptom is jaundice, which is a result of the tumor causing blockage of the main bile duct. This results in rising bilirubin levels in the bloodstream and subsequent darkening of the urine, pale or gray colored stools, and itching of the skin. Poor appetite, nausea, and weight loss are often associated with this disease, and tumor growth into surrounding organs and nerves can cause abdominal and back pain in many patients. Endocrine tumors of the pancreas can produce excess hormones and cause symptoms related to the kind of hormone released. This can include severe ulcer formation, increased or extremely low blood sugar levels, significant diarrhea, as well as flushing and a rapid heart rate.

Many of these symptoms can be, and in most cases are, related to other causes. However, if symptoms, history, and physical examination suggest the possibility of pancreatic cancer, additional testing can be helpful in establishing a diagnosis. Cross sectional imaging with Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) can often identify a pancreatic mass, as well as assess the extent of its growth and help identify evidence of spread of cancer to other organ sites. Elevation in the tumor markers CEA and CA19-9 can be elevated in some patients, and elevated levels of hormones produced by endocrine tumors can also be detected. Endoscopy is often performed, particularly in patients that are jaundiced. This can provide an opportunity for biopsy of the pancreatic mass, and also stent placement into the bile duct to help alleviate blockage of the bile duct.

Staging of pancreatic cancer is based on criteria established by the American Joint Committee on Cancer (AJCC), which helps determine appropriate treatment strategies and prognosis. Stage I pancreatic cancer are those tumors confined to the pancreas. Stage II pancreatic cancer refers to tumors that have grown into adjacent structures or

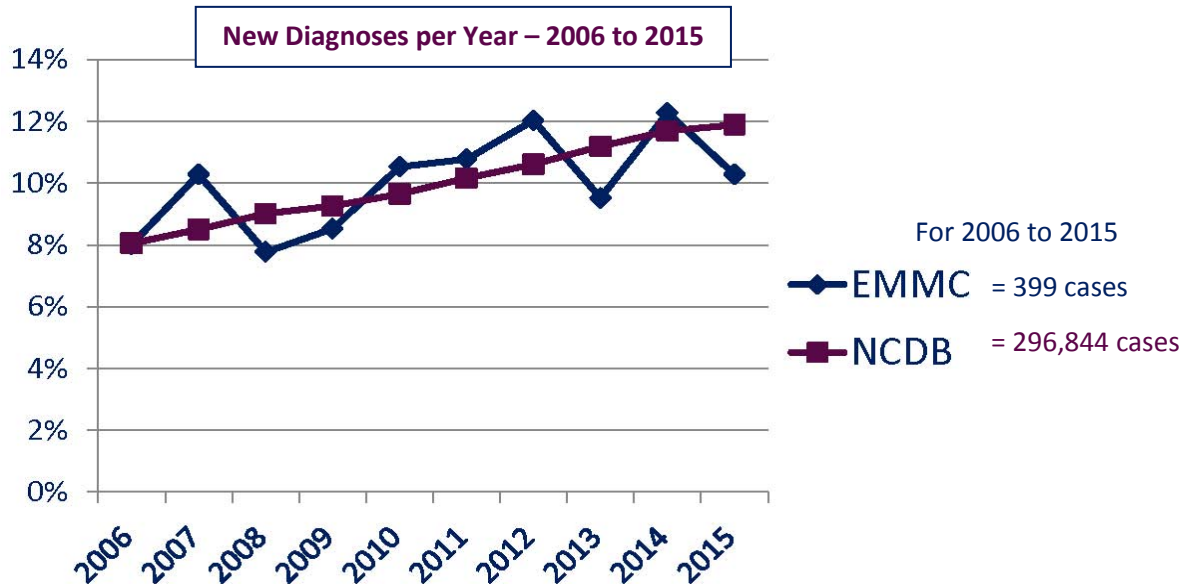
nearby lymph nodes but not to major blood vessels or distant organ sites. Stage III cancers have invaded major blood vessels and are usually unresectable. Stage IV pancreatic cancers are those that have spread to distant organ sites, like the liver or lung. The stage distribution for patients with pancreatic cancer treated at EMMC over the last five years include patients with Stage I disease at 13.7 percent (vs. 11.7 percent nationally), Stage II - 26.9 percent (vs. 27.4 percent), Stage III – 9.6 percent (vs. 9.3 percent), and Stage IV – 39.3 percent (vs. 45.1 percent).

The best prognosis for pancreatic cancers is achieved with complete surgical resection of the tumor. Surgery is the preferred treatment if technically possible, and if the patient is healthy enough to undergo the complex operation required to do so. A review of treatment over the last two years at Eastern Maine Medical Center found that all patients with Stage I and II disease had consideration for surgical resection. This resulted in 53.8 percent of these patients undergoing complete resection. The remaining Stage I and II patients that did not have complete resection were either found to have tumors that were too extensive for definitive surgery, were not healthy enough to undergo the surgical procedure, or declined treatment.

Chemotherapy is often administered in combination with radiation therapy for patients with resectable tumors. If it is not clear that complete resection is possible, preoperative therapy can be given in an attempt to shrink the tumor and increase the likelihood for successful surgery. Chemotherapy and radiation can also be given after definitive surgery and may improve prognosis in some patients. Chemotherapy alone can be given for patients with advanced unresectable disease, which may alleviate symptoms caused by the cancer and might help some patients live longer, but is not expected to cure the disease.

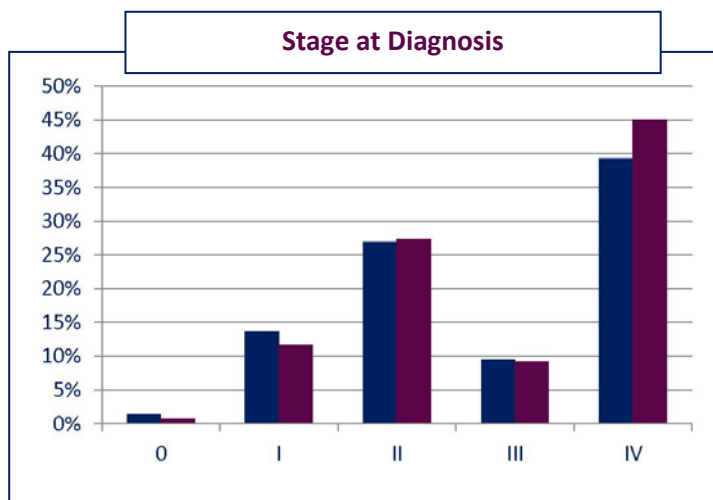
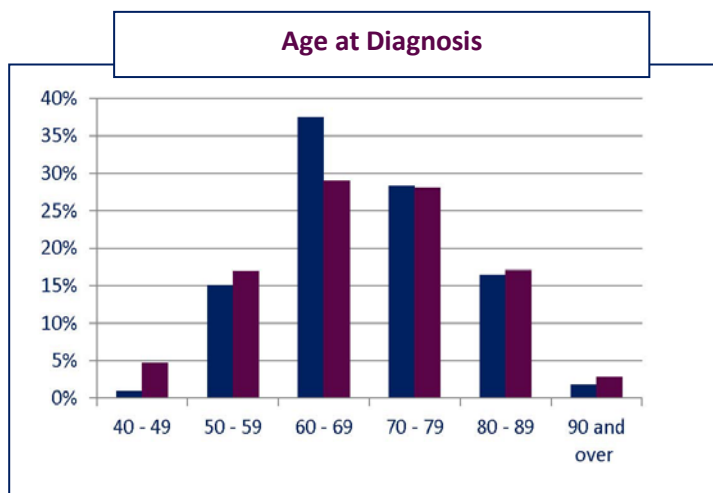
Overall prognosis for patients with this challenging disease is poor, and recurrence rates even after complete surgical resection are relatively high. However, long term survival is possible in some patients. For patients with involvement of nearby lymph nodes, long term survival can be achieved in approximately 10-15 percent of patients. For patients without lymph node involvement, the chances for long term survival increases to 25-30 percent.

# Report Focus – Pancreatic Cancer Data



Cases diagnosed from 2011 to 2015\*: **EMMC – 219; NCDB – 164,860.**

\*Most current comparisons available through the American College of Surgeons Commission on Cancer.







Elaine Chambers, RN, MSB

In June of this year, EMMC Breast and Osteoporosis Center proudly began offering **3D mammography** (tomosynthesis) to our community. Both Eastern Maine Medical Center sites, located on State Street and Union Street campuses, offer FDA certified and American College of Radiology (ACR) accredited high quality 3D and 2D mammography with computer aided diagnostic (CAD) review. During this busy year we received our 3-year ACR accreditation for both locations as well. A 3D stereotactic breast biopsy unit was also added to our State Street center, allowing us to better visualize challenging cases and those involving 3D diagnostics. Same day mammogram results for our diagnostic patients continue to be offered at the State Street location.

Coordinating seamless supportive care during a very stressful experience is the role of our Breast Patient Nurse Navigator, Nancy San Antonio, RN, CBCN, CN-BN, located in the Breast and Osteoporosis Center on State Street. She navigates this challenging time with patients and their providers to coordinate the next steps needed. It was very exciting to cheer Nancy on as she received this year's EMMC Nurse Excellence Award.

January 1, 2018 celebrates the fifth anniversary of the opening of EMMC Breast Surgical Specialists. This unique practice specializes solely on breast health issues. Located on the third floor of the Lafayette Family Cancer Center in Brewer, it has been in the forefront of connecting diagnostics, multispecialty evaluation and treatment in a cohesive manner.

In our institutional quality review of breast cancer cases and in our image-guided breast biopsy case review, we continue to meet or exceed all breast care benchmarks. This review underscores the fact that patients throughout the region are receiving excellent breast care. Additionally in 2017, Kimberly Lieber, MD reviewed surgical adoption of a national guideline. A national study focused on use of a sentinel lymph node procedure as diagnostic of lymph node involvement for those with early limited stage breast cancer - cT1-2, N0, M0, and additional qualifying criteria determined the sentinel procedure was equal to the more extensive procedure, full axillary node dissection, in prediction of recurrent disease. Nationally it was recommended that surgeons when possible complete the more limited procedure. Our study (case review of 130 undergoing surgery from January 2013 to September 2016) found progressive adherence to the recommendation – 90 percent in 2013, 99 percent in both 2014 and 2015 and 100 percent in 2016.

The Breast Lymphedema Clinic on the first floor of the Lafayette Family Cancer Center, in collaboration with EMMC's Physical Therapy department, continues to be a great asset for women in our service area with this specialized need.

***Caring Connections***, a collaborative program between Eastern Maine Medical Center and The Bangor Y had more than 822 women participate in services designed to provide information about breast health, risk reduction, early detection of breast and cervical cancer, and maintenance of bone health. In addition this year we started the ***LIVESTRONG at the Y*** program for all cancer survivors, the Men's Cancer Network focused on cancer survivor issues, and community outreach to middle schools in the greater Bangor area targeting on cancer risk reduction.

***For information call us at 207-973-9700.***



Renee Stefanik, BAS, RHIT, CTR

## Services

The Cancer Registry collects and maintains a computerized database of all patients with a diagnosis of cancer and conducts lifetime follow-up. This resource provides the means for monitoring and evaluating the success of the cancer program. The Cancer Registry at Eastern Maine Medical Center has six Certified Cancer Registrars and one assistant.

The Cancer Registry holds 31,589 **analytical** cases (first diagnosed and/or received all or part of first course treatment at EMMC) and 23,824 **non-analytical** (first seen at EMMC after completion of a full course of therapy at another facility, coming to EMMC for recurrence, and/or subsequent treatment). These numbers represent registry data collected from 1987 to 2017.

In 2016, the Cancer Registry accessioned 1,948 cases. Analytical cases totaled 1,698 and 250 were non-analytic. Annual follow-up is required on all cases. For those diagnosed within the last five years, the follow-up rate required by the American College of Surgeon's Commission on Cancer (ACoS-CoC) is 90 percent. Our follow-up rate on the 6,303 cases diagnosed 2011-2017 was 93.56 percent. For those diagnosed from our reference year of 1998 the ACoS-CoC required follow up rate is 80 percent. Our review of 12,905 cases resulted in a follow-up rate of 91.73 percent. Our rates exceeded set standards.

The Cancer Registry at Eastern Maine Medical Center reports cases to the state for Northern Maine Medical Center; provides reporting and cancer registry services to The Aroostook Medical Center; and abstracting and cancer registry support to Mercy Hospital's cancer program.

## Quality

The Cancer Registry participates in the National Cancer Data Base (NCDB) request for data submission annually. Additionally for select breast and colon cancer cases, data is submitted monthly to assure the best opportunity to adhere to national treatment guidelines. Hospital data is also reported to the Maine Cancer Registry quarterly, which in turn reports data to the Center for Disease Control.

A quality review was performed on the Cancer Registry data recording by twenty physicians (medical oncologists, radiation oncologists, and surgeons). Fifteen percent of the 2016 analytic caseload was reviewed. This represents 260 cases of a total analytic caseload of 1,698. Review requirement is 10 percent. Data reviewed included 11,700 elements; of these, 68 elements required correction. This represents a 99 percent accuracy rate. All suggested corrections were reviewed and made.

EMMC hosts a weekly multi-disciplinary diverse site cancer conference, prospective breast care conference, breast correlation biopsy conference, and thoracic cancer conference. In addition, monthly genito-urinary, molecular, and bone marrow conferences are held. These conferences discuss American Joint Committee on Cancer staging, prognostic factors and treatment guidelines for all major sites. In 2017, 645 cases were presented, over 38 percent of our analytic case load which is well above the ACoS-CoC required 15 percent.

**Call 207-973-7483 for info.**

**Cancer Registry Data Tables in this report reflect cancer case accessions (cataloged for the first time at EMMC), frequency and stage of disease at presentation and prevalence for 2016.**

# Cancer Registry Data – 2016 Cases

	2012	2013	2014	2015	2016
<b>Total Analytic Cases</b>	<b>1,674</b>	<b>1,708</b>	<b>1,746</b>	<b>1,679</b>	<b>1,698</b>
Cancer diagnosed and/or treated at EMMC	899	928	959	910	946
Cancer diagnosed elsewhere with first treatment at EMMC	775	780	787	769	752
<b>Total Non-Analytic Cases</b>	<b>224</b>	<b>246</b>	<b>216</b>	<b>277</b>	<b>250</b>
Cancer diagnosed and treated elsewhere; follow up at EMMC					
<b>Total Accessioned Cases</b>	<b>1,898</b>	<b>1,954</b>	<b>1,962</b>	<b>1,956</b>	<b>1,948</b>

Cancer Site / Type	EMMC Actual ANALYTIC Cases		*ACS Estimates			
	2016		Maine*		Nation*	
Breast (female)	336	19.79%	1,310	14.13%	246,660	14.64%
Lung	363	21.38%	1,410	15.21%	224,390	13.32%
Prostate	128	7.54%	960	10.36%	180,890	10.73%
Colo-Rectal	129	7.60%	720	7.77%	134,490	7.98%
Bladder	52	3.06%	570	6.15%	76,960	4.57%
Melanoma	25	1.47%	340	3.67%	76,380	4.53%
Lymphoma (non-Hodgkins)	101	5.95%	400	4.31%	72,580	4.31%
Uterus	37	2.18%	380	4.10%	60,050	3.56%
Leukemia (all types)	52	3.06%	380	4.10%	60,140	3.57%
Cervix	8	0.47%	50	0.54%	12,990	0.77%
<b>Total # of Cases</b>	<b>1,698</b>	<b>72.50%</b>	<b>9,270</b>	<b>70.33%</b>	<b>1,685,210</b>	<b>67.98%</b>

Primary Site	Total	% Total Cases	Male	Female	Stage 0	Stage I	Stage II	Stage III	Stage IV	% Early (0, I, II)
Oral	46	2.70%	32	14	0	5	6	4	27	23.91%
Esophagus	26	1.50%	21	5	0	1	7	11	4	30.77%
Stomach	23	1.40%	16	7	0	1	6	5	10	30.43%
Colon	88	5.20%	42	46	0	18	20	23	21	43.18%
Rectal	41	2.40%	31	10	0	5	9	12	9	34.15%
Liver & Biliary	27	1.60%	16	11	0	4	8	3	8	44.44%
Pancreas	34	2.00%	16	18	0	5	7	5	15	35.29%
Larynx	20	1.20%	16	4	3	4	5	5	3	60.00%
Lung & Bronchus	363	21.40%	208	155	2	101	38	66	130	38.84%
Mesothelioma	4	0.20%	3	1	0	1	0	1	1	25.00%
Bones & Joints	5	0.30%	3	2	0	1	3	0	1	80.00%
Soft Tissue	5	0.30%	3	2	0	0	3	2	0	60.00%
Melanoma	25	1.50%	14	11	7	6	6	5	1	76.00%
Breast	336	19.80%	2	334	85	130	77	27	16	86.90%
Cervix	8	0.50%	0	8	0	3	2	1	1	62.50%
Uterus	37	2.20%	0	37	0	24	3	5	2	72.97%
Ovary	3	0.20%	0	3	0	1	0	0	2	33.33%
Prostate	128	7.50%	128	0	0	9	64	30	23	57.03%
Testis	7	0.40%	7	0	0	6	1	0	0	100.00%
Bladder	52	3.10%	44	8	25	5	14	3	2	84.62%
Kidney	66	3.90%	43	23	4	39	6	6	10	74.24%
Brain & CNS	40	2.40%	25	15	**	**	**	**	**	**
Thyroid	27	1.60%	4	23	0	18	3	3	3	77.78%
Lymphoma	101	5.90%	59	42	0	20	12	25	37	31.68%
Myeloma	21	1.20%	14	7	**	**	**	**	**	**
Leukemia	52	3.10%	31	21	**	**	**	**	**	**
Other	113	6.50%	49	64	3	5	14	7	7	19.47%
<b>Total</b>	<b>1,698</b>	<b>100.00%</b>	<b>827</b>	<b>871</b>	<b>129</b>	<b>412</b>	<b>314</b>	<b>249</b>	<b>333</b>	<b>50.35%</b>

\*This graph reports case distribution by STAGE for ANALYTIC CASES only, for some cases the appropriate classification was other than a specific stage thus when adding by stage the total does NOT always equal total reported cases.



# EASTERN MAINE MEDICAL CENTER

EMHS MEMBER

## Medical Staff Committee Members

### Thomas Openshaw, MD\*\*

Medical Director, Clinical Oncology Research,  
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### Amy Harrow, MD

Medical Imaging

### Peter Huang, MD, FACS

Surgical Oncologist & EMMC Cancer Liaison to  
American College of Surgeons Commission on Cancer

### John Klemperer, MD

Thoracic Oncology

### Sam Lew, MD

Pediatric Oncology

### Susan O'Connor, MD

Surgery, EMMC Breast Surgical Specialists

### Margaret Rieley, MD

Medical Genetics

### Marek Skacel, MD

Pathology

### John Swalec, MD

Radiation Oncology

### James VanKirk, MD

Medical Director, Supportive Care

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Cancer Leadership Committee Co-Chair

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Manager, EMMC CC – Support Services

### Andrea Byther, MS, RD, CSO, LD,

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### Tracey Carter, RTT\*

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## 2017 Annual Report – 12/22/17

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EMMC Cardiothoracic Surgery of Maine

207-973-5293

EMMC Northeast Surgery of Maine

207-973-8881

EMMC Orthopedic Surgical Specialists

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EMMC Urologic Surgery of Maine

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Or on the web at [cancer.emmc.org](http://cancer.emmc.org)