



2017 | 2018

KAUFMAN CANCER CENTER

**ONCOLOGY ANNUAL REPORT**

CELEBRATING FIVE YEARS OF PROVIDING  
HOPE & HEALING *close to home*



# CANCER COMMITTEE

## PHYSICIAN MEMBERS

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**Philip Nivatpumin, MD**  
*Chairman, Medical Oncology*

**Neha Amin, MD**  
*Radiation Oncology*

**Ashkan Bahrani, MD**  
*Medical Oncology*

**Katherine Day, MD**  
*Ear, Nose and Throat*

**Jack Hong, MD**  
*Radiation Oncology*

**V. Dixon King, MD**  
*Pathology*

**Meghan Milburn, MD**  
*Breast Surgery*

**Amalia Seiguer, MD**  
*Pathology*

**Sankari Sivasailam, MD**  
*Medical Oncology*

**Scott Steinmetz, MD**  
*Cancer Liaison, General Surgery*

**David Taylor, MD**  
*Radiology*

## TEAM MEMBERS

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**Diane Fitzgerald, MBA, MSW**  
*Administrative*

**Patsy Astarita, LCSW-C, OSW-C**  
*Psychosocial Care*

**Vickie Bands, RN**  
*Community Outreach*

**Steve Clayton, MBA**  
*Upper Chesapeake Hematology Oncology*

**Kira Eyring**  
*American Cancer Society*

**Laurie Fitzgerald, MSN, RN**  
*Clinical Services*

**Joe Haney, MBA**  
*Oncology Information Systems*

**Julia Heckrotte**  
*Cancer Registry*

**Angela Kaitis, RPhD**  
*Pharmacy*

**Natalie Lucas-Teter, MS, RN**  
*Clinical Research*

**Christine Lutes, RD**  
*Oncology Dietitian*

**Jessica Mazzone, CRNP**  
*Lung Cancer Care*

**Colleen Meegan, CCRP**  
*Quality Improvement*

**Peyton Neilson, MSN, RN, OCN**  
*Infusion Center Nursing*

**Christina Pedini, MSPT, GCS**  
*Rehabilitation*

**Jessica Scott, MCG, CGC**  
*Genetic Counseling*

**Pat Wallace, CTR**  
*Cancer Registry Supervisor*



## LETTER FROM THE CHAIRMAN

Dear Colleagues:

It has been five years since we opened the doors to the Kaufman Cancer Center (KCC). Five years of delivering superior cancer care to people in our community.

**Five years of providing hope and healing close to home.** Since our opening in 2013, we have established and developed a comprehensive Cancer Center that operates with a multidisciplinary and integrated approach to cancer care. We have treated over 267,000 individuals and our care team is 140+ members strong. We are extremely proud of every single person at the KCC who works diligently in support of our mission: helping people beat cancer.

Continuing to improve the care we provide and exceeding national practices and standards in oncology are at the forefront of everything we do. Within this report, you will see the many awards, certifications and accreditations that our Center and programs have earned. They are symbols of the care we provide and represent the dedication and commitment our team has to ensuring that the best possible cancer care is available locally. You will learn about our exceptional Breast Center, and how the number of screening mammograms we perform continues to rise—meaning more women than ever before are taking charge of their breast health. You'll also get an overview of our Multidisciplinary Breast Cancer Clinic, our High-Risk Breast Cancer Program and the many innovative breast cancer treatment options that are available here.

In addition to the medical care we provide, our Cancer LifeNet program allows us to make a host of supportive services available to anyone undergoing treatment for cancer. In its twelfth year, Cancer LifeNet is comprised of caring individuals who—whether it be through patient support groups, yoga, nutritional guidance, financial counseling or simply compassion—are supporting our patients every step of the way. The program has over 5,000 visits every year and is entirely supported through community fundraising. From the time a cancer diagnosis is made, through treatment, rehab, and recovery or palliative care, Cancer LifeNet professionals are there, supporting the individual needs of our patients and their families.

This year, UM Upper Chesapeake Health joined the federal 340B drug pricing program through the University of Maryland. This federal program, which requires drug manufacturers to provide outpatient drugs to eligible medical

care organizations at discounted prices, is designed to help increase patient access to expensive medications like cancer drugs. This allows us to serve a wider group of Harford County residents, including underserved populations, and is a vital part of the KCC's main mission of serving every cancer patient in our community, regardless of race, creed, color or finances. By integrating our KCC Pharmacy and Infusion Center into the University of Maryland, we have both raised clinical standards and improved patient access in the hopes of providing the very best and latest care to you and your loved ones.

As always, our affiliation with the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (UMGCC) is one of the most important parts of our success at the KCC. It means that University specialists in medical, surgical, radiation oncology and genetic counseling work together with the KCC team to care for the unique needs of each cancer patient. It means that instead of patients deciding between convenient, close-to-home care or the expertise of an academic medical center, they can receive both, right here in our community. And it means we can offer access to the latest clinical trials and advanced treatments without the drive to Baltimore.

In closing, at the Kaufman Cancer Center we are a part of your community—something we take great pride in. If one of your patients is in our care, we welcome and value your feedback; we want you to feel confident in the treatment he/she is receiving. Please know that you are always invited to contact us with questions or concerns, or to join us at one of our multidisciplinary tumor board conferences. My direct phone number is 443-643-3003.

Sincerely,

Philip Nivatpumin, MD  
Medical Director  
Kaufman Cancer Center  
University of Maryland Upper Chesapeake Health



# ACCREDITATIONS



The cancer programs at UM Upper Chesapeake Health are accredited by the American College of Surgeons. The accreditation means that a cancer center meets a national quality standard, establishes a framework for quality and improves patient care. UM Upper Chesapeake Medical Center is a Comprehensive Community Cancer program.



The American College of Surgeons accreditation by the National Accreditation Program for Breast Centers (NAPBC) is granted only to those centers that are voluntarily committed to providing the best possible care to patients with diseases of the breast. Each breast center must undergo a rigorous evaluation and review of its performance and compliance with NAPBC standards and, once accredited, must undergo an onsite review every three years.



The Breast Imaging Center at UM Upper Chesapeake Medical Center has been designated a Center of Excellence by the American College of Radiology. This designation signifies that our center provides breast imaging services to the community at the highest standards of the radiology profession.



National Quality Measures for Breast Centers

NQMB emphasizes processes, performance, specific metrics and patient satisfaction across diagnostics and multiple treatment disciplines, including outcomes. It identifies quality care measures, provides access to information submitted by other participants and allows breast centers to compare their performance with other centers across the country. The Breast Center at UM Upper Chesapeake Medical Center is a certified quality breast center.



This accreditation certifies that UM Upper Chesapeake Health is committed to providing a high quality lung cancer screening program that includes compliance with national standards on the most up-to-date practices for managing screening quality, radiation dose and diagnostic procedures. Our lung cancer screening program has been a center of excellence since 2014.



The lung cancer screening program at the Kaufman Cancer Center has been designated as a Lung Cancer Screening Center by the American College of Radiology. To receive this elite distinction, facilities must be accredited by ACR in computed tomography in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure.



UM Upper Chesapeake Health received the CEO Cancer Gold Standard accreditation, recognizing the organization's extraordinary commitment to the health of its employees and their families. To earn the Gold Standard accreditation, an organization must establish programs to reduce cancer risks by prohibiting tobacco use in the workplace, encouraging physical activity, promoting healthy nutrition and screenings and providing access to quality care, including participation in cancer clinical trials.



Accreditation by the CAP signifies the quality of patient safety by ensuring excellence in the practice of pathology and laboratory medicine. It advances the quality of a facility's pathology and laboratory services through education and standard setting and by ensuring laboratories meet or exceed regulatory requirements.



CENTER OF EXCELLENCE  
Accelerated Partial Breast Irradiation

The SAVI Center of Excellence award honors cancer centers that have reached the highest levels of care in radiation oncology. SAVI is an advanced form of radiation therapy used in early stage breast cancer that allows physicians to precisely target treatment where it is needed most.



Accreditation by the Mammography Quality Standards Act (MQSA) ensures the strictest certification and inspection of equipment, personnel and mammography facilities annually.



Upper Chesapeake Hematology/Oncology was named a Patient-Centered Specialty Practice (PCSP) and an Oncology Medical Home through the National Committee for Quality Assurance (NCQA), recognizing the practice's ongoing commitment to high-quality patient care, access, supportive services and coordination. It is one of only 13 practices in the U.S., and the only one in Maryland, to receive the Oncology Medical Home distinction, recognizing oncologists who exceed PCSP care standards.



## TOP DOCS 2018

These doctors, who practice at the Kaufman Cancer Center, have been selected as *Baltimore* magazine's TOP DOCS 2018. Results are based on a survey of nearly 12,000 physicians in the Baltimore area, asking where they would send a member of their family in dozens of specialties. Our physicians, along with their clinical teams, strive to deliver superior cancer care to patients and their families.

Ashkan Bahrani, MD  
*Hematology*

Shamus Carr, MD  
*Thoracic Surgery*

Myo Min, MD  
*Hematology Oncology: General*

Venkata Parsa, MD  
*Hematology Oncology: General*

# THE BREAST CENTER



## BRINGING WORLDWIDE TREATMENT TO THE COMMUNITY.

It has been widely stated that nearly one in every eight women will be diagnosed with breast cancer at some point in her life—that's over 250,000 new cases of breast cancer per year in the United States. While breast cancer is still the most prevalent cancer in women, improved screening tests and treatment options mean more women are surviving the disease.

By offering a combination of high-quality medical care and compassion, we have created a warm and personal experience for women who want to schedule a mammogram or who are seeking treatment and support for breast health concerns, including breast cancer. We have physician experts, including a Fellowship-trained breast surgeon, and certified breast cancer nurse navigators who guide patients through any process of care. And it's all in one, comfortable and convenient location.

The Breast Center at UM Upper Chesapeake Medical Center is accredited by the National Accreditation Program for Breast Centers (NAPBC) with the American College of Surgeons.

**July 2018, the Center was surveyed again and after a strict evaluation and review, it continues with full accreditation status. This means we have been recognized for providing the highest quality and best possible care to individuals with breast disease.**

Since 2016, it has also met criteria to be a Certified Quality Breast Center of Excellence through the National Quality Measures for Breast Centers (NQMBC), a quality initiative of the National Consortium of Breast Centers.

### CENTER OF EXCELLENCE

Accelerated Partial Breast Irradiation

As a Breast Imaging Center of Excellence, our imaging services are fully accredited through the American College of Radiology. This means our Center has achieved high practice standards in image quality, personnel qualifications, equipment, quality control procedures and quality assurance programs. Both patients and referring physicians can be sure that the Breast Center provides these essential services at the highest possible metrics of care.

#### SCREENINGS

Regular screenings for breast cancer are extremely important, because when found early, breast cancer can be cured. In addition to traditional two-dimensional mammography, our Breast Center offers **3D mammography**. A three-dimensional view of the breast tissue, combined with customary 2D technology, can improve cancer detection rates and may be especially helpful for individuals with either very dense breast tissue or a personal or family history of breast cancer. Since implementation in 2014, the number of individuals receiving 3D mammograms has more than doubled.

**Table 1: 3D Mammogram Volumes**

2014	2015	2016	2017
143	156	331	668

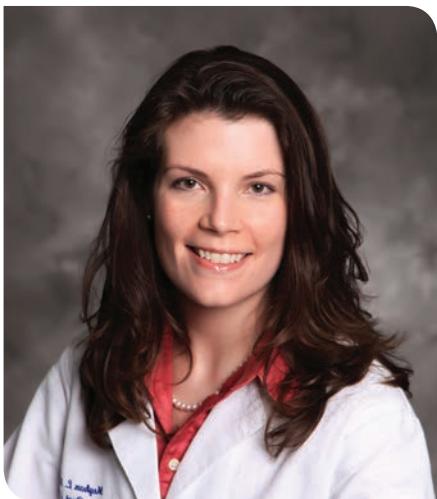
#### The American Cancer Society recommends:

- 20-39 years old:** self-breast exams
- 40-44 years old:** discuss with physician when to begin formal breast screenings
- 45-54 years old:** annual screening mammograms
- 55 years and older:** annual or bi-annual screening mammograms based on physician recommendation
- Women who are at an elevated risk for breast cancer:** annual screening mammograms prior to age 40, as well as breast MRI.

*If an abnormality appears in an initial screening mammogram, our care team will meet with the individual to decide the next steps to evaluate if the irregular finding is related to breast cancer.*

#### One or more of the following may be recommended:

- Diagnostic Mammogram
- Breast Ultrasound
- Breast MRI



**Meghan Milburn, MD, Medical Director of the Breast Center**, is a Fellowship-trained breast surgeon and an assistant professor in the Division of Surgical Oncology at University of Maryland School of Medicine. She is trained in the latest techniques to manage breast cancer and disease, including office-based ultrasound-guided biopsies, intra-operative use of ultrasound and oncoplastic procedures. Designated as a SAVI Center of Excellence Surgeon for placement of SAVI catheters for high-dose radiation treatment in breast cancer, Dr. Milburn is one of only a few surgeons in Maryland to offer SAVI SCOUT®, a new technology making lumpectomies easier for patients and surgeons by reducing the need for re-excisions.

This past year, Meghan Milburn, MD received certification by the American Society of Breast Surgeons for breast ultrasound.

## High-Risk Breast Cancer Program

Under the direction of Dr. Milburn, the High-Risk Breast Cancer Program focuses on the prevention and early detection of breast cancer through lifestyle changes and screening recommendations that are tailored for each individual.

*The following risk factors may increase an individual's chances of developing breast cancer, making him or her an excellent candidate for the high-risk breast cancer program:*

- Family history of premenopausal breast cancer, bilateral breast cancer, or both breast and ovarian cancers
- A male relative with breast cancer
- A personal history of ovarian cancer
- Two or more relatives with ovarian cancer
- A relative with known BRCA mutation or a personal history of a BRCA mutation

## Genetic Counseling

Genetic counseling is becoming increasingly essential in treatment decisions for people with cancer. Through our Genetic Counseling Service Agreement with the University of Maryland Medical System on behalf of the Marlene and Stewart Greenebaum Comprehensive Cancer Center, we are able to provide on-site genetic counseling, one full day each week. Though any oncology patient can be referred to genetic counseling, most of the patients are referred by the Breast Center. About 25 percent of inherited breast cancers are associated with mutations in breast cancer gene 1 (BRCA1) or breast cancer gene 2 (BRCA2). Additionally, new guidelines from the National Comprehensive Cancer Network (NCCN) indicate patients with HER-2 negative metastatic breast cancer and BRCA positive may be appropriate to treat with a PARP inhibitor.

## Grant Opportunities

In June 2018 we submitted a Letter of Intent for a grant by Pfizer and the Association of Community Cancer Centers related to improving BRCA Mutation Genetic Testing for anyone who meets NCCN eligibility criteria. In August we learned that the letter of intent was accepted; subsequently, we submitted an application for the full grant. Our goal is to increase BRCA Mutation testing by improving education and the awareness of how important the test is when it comes to treatment planning.

Breast and Cervical Cancer Program (BCCP) was established in 1992 to reduce breast and cervical cancer morbidity and mortality and reduce health disparities. The program provides screening, diagnostic and case management services to women who are eligible, uninsured or underinsured, and helps to ensure those with positive screening results receive appropriate follow-up care. In 2018, the Kaufman Cancer Center was awarded a grant to work with the Harford County Health Department to provide more opportunities for eligible women to get screened.



## Breast Cancer Staging

After someone is diagnosed with cancer, diagnostic studies are ordered to determine if the cancer has spread to other parts of the body; this process is called staging. The stage of a cancer describes how much cancer is in the body and helps the oncologists determine the best way to treat it. The earliest stage of breast cancers is stage 0 (carcinoma in situ), and then ranges from stage I (1) through stage IV (4). A stage IV cancer indicates the cancer has spread beyond the breast.

The staging system most often used for breast cancer is the American Joint Committee on Cancer (AJCC) TNM system and is based on 7 key pieces of information:

- The extent (size) of the tumor (**T**): How large is the cancer? Has it grown into nearby areas?
- The spread to nearby lymph nodes (**N**): Has the cancer spread to nearby lymph nodes? If so, how many?
- The spread (metastasis) to distant sites (**M**): Has the cancer spread to distant organs such as the lungs or liver?
- Estrogen Receptor (**ER**) status: Does the cancer have the protein called an estrogen receptor?
- Progesterone Receptor (**PR**) status: Does the cancer have the protein called a progesterone receptor?
- Her2/neu (**Her2**) status: Does the cancer make too much of a protein called Her2?
- Grade of the cancer (**G**): How closely do the cancer cells resemble normal cells?

(American Cancer Society <https://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/stages-of-breast-cancer.html>)

Effective with cases diagnosed on or after January 1, 2018, the AJCC 8th Edition Staging was implemented. Cases staged using the AJCC 7th Edition and other earlier TNM staging systems were staged based on the extent of the disease only, tumor size, nodal involvement and presence or absence of metastatic disease. The

**Our goal is to work together to provide you with the most individualized and up-to-date treatment possible.**

8th Edition incorporates basic biomarkers into the TNM stage determination. Clinical Prognostic Stage incorporates hormonal factors such as ER/PR and Her-2 status, as well as tumor grade. Pathologic Prognostic Stage, based on pathology after definitive surgery, is determined by these biomarkers as well as the OncotypeDx Score, which is a predictor for disease recurrence. Using the updated staging system, treatment can now be planned according to the biologic characteristics of the primary tumor, rather than just the extent of disease.

## Metastatic Breast Cancer

Metastatic breast cancer is breast cancer that has spread to other sites in the body, including organs, bones and lymph nodes. Cancer cells may break free from their initial formation site and travel through the blood stream and lymphatic system, a process known as metastasizing.

People with metastatic breast cancer can live with it for many years, although it can ultimately threaten a women's life. At this time, there is no therapy that reliably eliminates the cancer and treatment depends on the subtype of cancer.

For example—estrange receptor positive (ER+) breast cancer is treated differently than estrogen receptor negative (ER-) breast cancer, and HER2 breast cancer is treated differently than ER+

Our all-female physician team means we are women caring for women

Pictured left to right: Neha Amin, MD; Sankari Sivasailam, MD; Meghan Milburn, MD; Haleema Javid, MD; Isabelle Choi, MD



or ER- subtypes. Numerous clinical trials focus on metastatic breast cancer to determine the best treatment for the various sub-types. Investigators actively seek new trials for metastatic breast cancer understanding that if the treatment(s) work with this population of patients, they may also work in earlier stage breast cancers, preventing them from developing into metastatic disease.

### Multidisciplinary Breast Cancer Clinic

Our multidisciplinary clinic includes specialists in breast, general and plastic surgery, radiology, pathology, and medical and radiation oncology. Our physicians, as well as nurse navigators, social workers, dietitians and lymphedema specialist, are dedicated to ensuring exceptional care for patients undergoing treatment for breast cancer. Patients can feel assured that their plan of care has been developed and reviewed by multiple specialists and personalized just for them.

### 2017 BREAST CENTER SCORECARD

Breast Cancer Measures	National Benchmark	Jan-Dec 2017
Time between diagnostic mammogram & needle/core biopsy	11 days <sup>1</sup>	10.7 days
Time between screening mammogram & diagnostic mammogram	9 days <sup>1</sup>	6.4 days
Radiation therapy is administered within 1 year of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	>90% <sup>3</sup>	100%
Combination chemotherapy is considered or administered within 4 months of diagnosis for women under age 70 with AJCC T1c N0 M0, or Stage II or III hormone receptor negative breast cancer	>90% <sup>3</sup>	100%
Needle biopsy completed prior to excision/resection	>90% <sup>2</sup>	99%
Axillary sentinel lymph node biopsy is considered or performed for patients with early stage breast cancer	>90% <sup>2</sup>	97%
Breast conservation surgery for women with Stage 0- II cancer	>90% <sup>2</sup>	*90%

<sup>1</sup>Based on NQMB guidelines of meeting or exceeding the 25th percentile. Nat'l Benchmark reflects 25th percentile.

<sup>2</sup>Based on NAPBC average.

<sup>3</sup>ACoS/CoC-American College of Surgeons/Commission on Cancer standard requirement.

\* All patients were offered breast conserving surgery and 10% opted or elected mastectomy.

For Tumor Registry Data, visit: <https://www.umms.org/uch/health-services/cancer/tumor-registry>

## IMPORTANT BREAST CANCER TREATMENT OPTIONS AT THE KAUFMAN CANCER CENTER

Treatment for breast cancer depends on the stage at which the cancer is detected and the overall health of the individual. It may include a combination of surgery, chemotherapy, and/or radiation therapy. Newer therapies and techniques focus on targeting only the cancer cells, thus limiting side effects to the surrounding healthy cells and tissues.

### Savi SCOUT®

Each year, roughly 174,000 women with breast cancer will need to undergo surgery. A new technology called SAVI SCOUT®, approved by the FDA for the use in surgery, is making lumpectomies easier for patients and surgeons by reducing the need for re-excisions. Rather than wires, a very small reflector is placed into the breast prior to the day of surgery. The reflector emits a unique radar signal allowing surgeons to precisely target a tumor within one millimeter, meaning more effective surgery, less damage to contiguous tissue and better appearance-related outcomes.

### GammaPod

GammaPod is the world's first stereotactic radiotherapy system optimized for treating breast cancer. It is a technology that was developed at the University of Maryland Medical System and allows for highly conformal radiation plans to deliver full dose to the target while sparing surrounding healthy tissue.

### SAVI Brachytherapy

Dr. Milburn and the Kaufman Cancer Center Radiology Oncology department have met criteria to be designated as a SAVI Center of Excellence. SAVI is an advanced form of high-dose

radiation therapy (or brachytherapy) used in early stage breast cancer that allows physicians to accurately target treatment where it is needed most. Brachy is a catheter that is placed in the surgical site in patients deemed candidates for partial breast radiation treatment.

### Cardiac-sparing Techniques

Multiple techniques are used to limit potential cardiac damage during left-sided breast radiation treatments, including deep-inspiration breath hold, prone positioning (laying on stomach) and proton therapy (available with direct access by our radiation oncologist). These techniques prevent damage to collateral tissue and reduce the need for immobilization as it guides the radiation beam to the correct site.

### Immunotherapy and Oral Chemo at the Kaufman Cancer Center

As treatment options for breast cancer continue to advance, methods for chemotherapy delivery have also changed. There are new indications and options available for effective oral medications, including oral chemotherapy and immunotherapy management for patients. Long hours spent at a cancer center are no longer necessary as patients can remain in the comfort of their home while treating their breast cancer.

In 2018, a core group of clinical specialists at the Kaufman Cancer Center met bi-monthly for several months reviewing current oral agent processes. It became apparent that the onset of prescribed oral agents, and at any time a change is made, are critical junctures for patients. By involving the nurse navigator and developing a standardized process, we can ensure patients

## BREAST CANCER MEDICAL ONCOLOGY TRIALS

**NRG - BR003** Doxorubicin Hydrochloride and Cyclophosphamide followed by Paclitaxel with or without Carboplatin in Treating Patients with Triple-Negative Breast Cancer

**S1418/BR006** A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of MK-3475 as Adjuvant Therapy for Triple Receptor Negative BC with >1cm Residual Invasive Cancer or Positive Nodes after Neo-Adj Chemo

**A011401 (BWEL)** Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Stage Breast Cancer

**A011502 (ABC Trial)** A Randomized Phase III Double-Blinded Placebo-Controlled Trial of Aspirin as Adjuvant Therapy for Node-Positive, HER2 Negative Breast Cancer

**S1207** Hormone Therapy with or without Everolimus in Treating Patients with Breast Cancer

**GCC-1366** A prospective study of neoadjuvant non-steroidal aromatase inhibitors in postmenopausal women with operable hormone receptor-positive breast cancer to evaluate the anti-proliferative response in obese and overweight patients

**S1501** Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER-2+ Breast Cancer

**AST-FPB-US (ASTERAND)** A Multi-Center Study for the Collection of Surplus Surgical Tissues for Genomics, Proteomics and Biomarker Research (Fresh, Preserved, Biofluid)

**MARYLAND LIVING WELL, CANCER: THRIVING AND SURVIVING QOL RESEARCH:** Maryland Department on Aging, Maryland Department of Health and Mental Hygiene

## BREAST CANCER TRIALS RADIATION ONCOLOGY

**NSABP51/RTOG 1304** - A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chestwall and Regional Nodal XRT and Post Lumpectomy Regional Nodal XRT in Patients with Positive Axillary Nodes Before Neoadjuvant Chemotherapy Who Convert to Pathologically Negative Axillary Nodes After Neoadjuvant Chemotherapy

**NRG BR002** A Phase IIR/III Trial of Standard of Care Therapy with or without Stereotactic Body Radiotherapy (SBRT) and/or Surgical Ablation for Newly Oligometastatic Breast Cancer

**GCC 1202** Tumor Bed Dose Delivery using a Breast Specific Radiosurgery Device, The GammaPod™: A Clinical Feasibility Study

**A011202** A Randomized Phase III Trial Comparing Axillary Lymph Node Dissection To Axillary Radiation In Breast Cancer Patients (T1-3 N1) Who Have Positive Sentinel Lymph Node Disease After Neoadjuvant Chemotherapy

**RTOG 3510** Pragmatic Phase III Randomized Trial of Proton vs. Photon Therapy for Patients with Non-Metastatic Breast Cancer: A Radiotherapy Comparative Effectiveness Consortium Trial

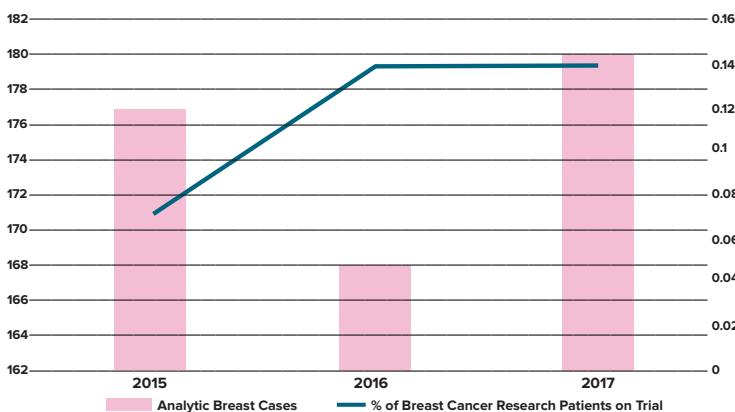
**RTOG 1173/E2108** A Randomized Phase III Trial of the Value of Early Local Therapy for the Intact Primary Tumor in Women with Metastatic Breast Cancer

understand how to take the medication. The breast cancer nurse navigator is notified when patients are prescribed a new oral agent or when a change is made to their medication or dosing schedule. By following them closely, the navigator can make certain they are safely taking the prescribed oral agent and that any questions or concerns are addressed quickly.

## Research and Clinical Trials

Through our affiliation with the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, we are able to provide local access to clinical trials. Our research team carefully screens all new oncology patients, attends tumor board meetings and identifies patients who might benefit from a study.

### 2015-2017 BREAST CANCER RESEARCH PATIENTS COMPARED TO ANALYTIC CASELOAD



**L-Dex** is a non-invasive assessment that detects and measures the existence of fluid. Measurements are taken by sending a very low strength and harmless electric current from the L-Dex machine through the patient's limbs. A quick and painless test, it measures fluids, compares results in both limbs and generates an L-Dex value; it is completed before, during and after treatment to monitor for any changes within the extremity. If values increase, it is an indicator to health care professionals to intervene with appropriate treatment, reducing the risk of developing or worsening lymphedema in the surgery site or arm. After surgery for breast cancer, lymphedema may develop. It can occur in the arm and hand but may also develop in the breast area, underarm, chest or back.

**Palliative care** focuses on improving the overall quality of life for patients facing serious illness, including metastatic breast cancer. Palliative care is not end-of-life care; instead, it is care that focuses on comfort and lessening a patient's pain and other symptoms. It can occur at the same time as all other care and does not depend on a patient's prognosis. Our Oncology Palliative Care team follows patients through their treatment, outlining plans for symptom management, physical and mental stress and advanced care planning, as well as increasing time for patient and family counseling. In 2017, we began offering a palliative care referral to anyone newly diagnosed with stage IV breast cancer. Most insurance plans, including Medicare and Medicaid, cover palliative care services.

## Breast Cancer Symposium

Each year the Kaufman Cancer Center offers an educational seminar related to breast cancer care to ensure the breast care team possesses current knowledge of prevention, early detection, diagnosis and staging, treatment and follow-up care. The 2017 breast cancer symposium (Breast Cancer: Sexual Health and Recovery) featured guest speaker Sage Bolte, PhD, LCSW, OSW-C, CST; she is the Executive Director of Life with Cancer and Associate Director of Psychosocial Programs for the Inova Schar Cancer Institute. Ms. Bolte discussed how breast cancer treatment influences the sexual self and intimate relationships, and offered interventions for addressing sexual concerns for women with breast cancer. In addition, specialists discussed pelvic-floor rehabilitation and major changes in the AJCC's cancer staging, particularly for breast cancer.

# CANCER LIFENET

Cancer LifeNet is a free support system for anyone in Harford and Cecil counties with cancer, no matter where they receive treatment. Offering navigation and support groups, Cancer LifeNet helps people cope with the physical, financial, psychological and emotional aspects of having cancer. Making sense of the health care system while facing a life-threatening disease can be a major challenge. That's why Cancer LifeNet's navigators, social workers and other specialists work alongside all cancer patients, creating a safe and nurturing environment and helping them handle each stage of their cancer journey. Specially trained and with many years of experience, this group of professionals is a godsend to many. Cancer LifeNet programs were used by more than 1,500 people last year alone.

***Cancer LifeNet offers a host of support groups, therapies and classes including:***



## BREAST CANCER SUPPORT GROUP

Meeting and talking to others who are experiencing similar things, breast cancer included, can be therapeutic. The understanding a support group can offer helps individuals accept, adjust and begin to cope with the disease. The breast cancer support group at the Kaufman Cancer Center is led by social workers and emphasizes the fact that you are never alone. A safe place to share stories, fears and resources, the support group encourages participants to learn from and lean on one another. Support group members can enjoy an impromptu ice cream social, laughter yoga, painting or special guest speakers.

## STAY FIT & ACTIVE

Exercise is a great way to keep mobility and energy levels at their best while decreasing the side effects often related to cancer treatments and recovery. Stay Fit & Active is a low-impact exercise program for individuals undergoing or recently completing treatment for cancer. Taught by an exercise specialist certified in oncology, the class includes goal planning, relaxation techniques and stretching exercises.



## FRESH + LOCAL = HEALTH

Fresh produce is an essential part of a healthy diet and even more so when undergoing treatment for or recovering from a serious disease. And by enjoying it seasonally, people are able to savor a wider variety. Fresh + Local = Health is a cooking demonstration using fresh, locally grown and organic produce to create delicious meals. It is offered quarterly and is designed to introduce new and healthful ways to improve nutrition during and after treatment for cancer.



## INTEGRATIVE MEDICINE

Through a patient-centered approach, we promote optimal health through individualized treatment plans that incorporate integrative medicine modalities to emphasize holistic healing. Our top priority is helping patients focus on their quality of life and regain a sense of control by empowering them to overcome obstacles. By introducing a variety of services and programs, patients can choose for themselves what they believe will be most beneficial and optimize their health outcome.

*Some of the programs include:*

- **Yoga** is a combination of gentle movements, breathing practices and guided relaxation that can ease fatigue, pain and stress.
- **Meditation** and mindfulness training have a host of well-documented health benefits, including stress reduction, greater emotional health and improved mental focus.
- **Reiki** sessions to increase positive energy are provided to patients free of charge.
- **Acupuncture** is used during cancer treatment to help manage symptoms such as fatigue, nausea/vomiting, anxiety/depression and neuropathy. It is also used during transitional and



long-term survivorship for any lasting side effects and for general wellness and stress management.

- **Massage** can reduce many of the side effects of cancer and its treatment, including nausea, pain, fatigue and depression.
- **Mindfulness-based Stress Reduction** is an eight-week, two-hour class that teaches patients, caregivers, team members and volunteers mindfulness-based stress reduction. The class is taught by Gina Sager, MD and is largely based on the teachings of Dr. Jon Kabat-Zinn.



## COMMUNITY OUTREACH EVENTS

Every year the Kaufman Cancer Center holds a variety of community outreach events. From cancer screenings and health fairs to our annual Cancer Survivors Day, our team is in the community year-round reminding people that we are always here, close by and ready to support. *We know that cancer care doesn't always happen inside a building.*

### Our Cancer Community Outreach events include:

- Women in Defense Luncheon – provided speaker regarding support after a breast cancer diagnosis
- Colon cancer education at Ripken Stadium with Harford GI physicians and our inflatable colon model
- HPV Community Education Plan – community nurse groups, public radio and cable news segments to heighten awareness that the HPV vaccination = cancer prevention
- Cardiac symposium featured cardio-oncology and lung cancer screening topics
- Grand Rounds – Cancer Update 2017 with Phil Nivatpumin, MD
- Young at Heart Senior Group – education about the risk of cancer among the elderly
- Education for middle school physical education and health teachers that focused on the risks of vaping and awareness of the HPV vaccination as a cancer prevention tool
- *Someone You Love: The HPV Epidemic* was shown at local movie theater providing education on HPV and cervical cancer
- Oral and skin cancer screening events
- National Cancer Survivors Day: Give Cancer the Boot
- Cancer Caregiver Retreat at Rockfield Manor
- Breast-iful – special event empowering women of color to take charge of their breast health

## FINANCIAL ASSISTANCE

Cancer treatment is expensive and, unfortunately, costs continue to increase. Charges for therapies, even when billed through insurance, can result in significant co-pays for patients. Our Patient Financial Advocates (PFAs) are responsible for assisting patients and their families in accessing financial resources. They are often able to find grants and programs for patients who may qualify for assistance, easing their minds and reducing anxiety and worry.

# KITTY PICKETT DISTINGUISHED CURA PERSONALIS AWARD

**Cura Personalis**, translated, means ‘care of the whole person.’ It suggests individualized attention to the needs of others as well as a distinct respect for unique circumstances and concerns and an appropriate appreciation for singular gifts and insights. In essence: care of mind, body, and spirit.

**Kitty Pickett**, a cancer survivor and long-term resident of our community, is an advocate for local cancer patients and their families. She is a founding member and the very first president of the Chesapeake Cancer Alliance, a group of volunteers who use their time, energy and talents to fundraise in support of cancer care for patients and their loved ones, right here in Harford County. Her advocacy, volunteerism, experience and leadership commitment to the Chesapeake Cancer Alliance and The Upper Chesapeake Health Foundation has helped thousands of people get the cancer care and support they need and was an inspiration in founding the Cancer LifeNet program.

The **Kitty Pickett Distinguished Cura Personalis Award** recognizes people who are devoted to ensuring the best possible care and support are available to people with cancer in our community. In June 2017, the award was presented to **Michelle Byers, LCSW-C, OSW-C**.

During the 10 years that Michelle has worked for UM Upper Chesapeake Health, she has shown sincere compassion for the countless patients and families for whom she has advocated. She attends many activities and meetings either in support of, or on behalf of Cancer LifeNet, including publicly speaking about its mission and services. Her leadership and steadfast care for those impacted by cancer serves as a role model for everyone within the Cancer Center. Michelle is a certified Oncology Social Worker and a current member of the Association of Oncology Social Workers. As the Kaufman Cancer Center’s lead social worker, she has a special interest in palliative care and hospice social work.

**Her leadership and  
steadfast care for those  
impacted by cancer  
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for everyone within the  
Cancer Center.**



Michelle Byers, LCSW-C, OSW-C.





**HOPE & HEALING**  
*close to home*

# CANCER SCREENING RECOMMENDATIONS

While everyone is different and our physicians know us best, the Kaufman Cancer Center recommends these cancer screening standards for most adults to detect cancer *before* developing symptoms. This list is based on a review of recommendations from the American Cancer Society, American College of Gastroenterology, US Preventive Services Task Force, etc.

<b>CANCER PREVENTION</b>	<b>Key Actions:</b> Exercise regularly, eat fruits/vegetables, good weight management, quit smoking and limit alcohol intake.
<b>BREAST CANCER</b>	<b>20-39 years old:</b> Self-Breast Exam <b>40-44 years old:</b> Discuss with physician when to begin screening <b>45-54 years old:</b> Annual mammograms <b>55 years and older:</b> Annual or biennial mammograms based on a shared decision making discussion with physician <b>High-Risk Women:</b> Consider annual screening mammograms earlier than age 40 as well as breast MRI
<b>CERVICAL CANCER</b>	<b>&lt;21 years old:</b> Should not be screened regardless of age at sexual initiation. <b>21-29 years old:</b> Cytology (pap) testing every 3 years <b>30-65 years old:</b> Co-testing with cytology (pap) and HPV every 5 years (preferred) OR: Cytology (pap) testing alone every 3 years <b>65 years and older:</b> Discuss with physician about stopping testing <b>Hysterectomy:</b> If cervix removed, stop screening <b>High-Risk Women:</b> Discuss with physician appropriate screening schedule *above per ACOG (American Congress of Obstetricians and Gynecologists)
<b>COLON CANCER</b>	<b>Beginning at age 50:</b> Colonoscopy recommended every 5-10 years. If patient declines colonoscopy, annual FIT test for blood is recommended. <b>75-85 years old:</b> Decision to be screened should be based on person's preference, life expectancy, overall health and prior screening history <b>85 and older:</b> No longer screened <i>If there is a family history of colorectal cancer or certain colorectal diseases, patients should discuss screening recommendations with their doctor.</i>
<b>LUNG CANCER</b>	<b>55-79 years old:</b> 30 pack-year – if patient is still smoking or has quit within the last 15 years, an annual low-dose CT scan of chest is recommended.
<b>ORAL CANCER</b>	<b>All ages:</b> Dental visits every 6-12 months and oral self-exams routinely.
<b>SKIN CANCER</b>	<b>All ages:</b> Perform skin self-exams and take advantage of free screenings; discuss recommended screening intervals with physician.
<b>PROSTATE CANCER</b>	<b>Beginning at age 50:</b> Discuss with doctor. If patient is African American or has a family history (brother or father), begin discussion with doctor at age 45.



Front of stairs: Dana Saulsbury, Mary Flagg,

Diane Fitzgerald, Julia Chmura

Top of stairs Bob Malloy, Linda Pytel, Joe Svach,

John Anthony, Bonnie Naef, Deb Heath,

Tom Frendak, Pat Curran, Fred Ritzel

Not shown: Patsy Astarita, Kay Connors,

Sandi Franz, Pat Kaufman, Esther Showalter,

Kristi Sjoholm-Siercho

## PATIENT AND FAMILY ADVISORY COUNCIL

Undergoing treatment for cancer can be extremely challenging. That's one of the reasons our Patient and Family Advisory Council (PFAC) was established—to create a comforting environment and a safe forum for patients and their families to provide feedback on the care they are receiving. Consisting of a diverse group of cancer patients, their family members and those in leadership roles within the Cancer Center, the PFAC aspires to serve as a communication bridge between patients and their care team. They work to ensure that the highest level of quality care is provided and that support and other services are delivered consistently and compassionately. Established in 2015, the PFAC is fully dedicated to the patient and family care experience, making certain that suggestions and concerns are addressed promptly. Patients can feel confident that their questions are important to the Council as well as Cancer Center team members.

**Questions? Interested in volunteering?**

Learn more by calling 443-643-3352.

### COMMITTEE MEMBERS

John Anthony

Pat Kaufman

Joseph Bankert

Robert Malloy

Julie Chmura

Bonnie Naef

Kay Connors

Fred Ritzel

Patrick Curran

Dana Saulsbury

Mary Flagg

Esther Showalter

Sandi Franz

Kristi Sjoholm-Siercho

Tom Frendak

Joe Svach

Debbie Heath

# THE UPPER CHESAPEAKE HEALTH FOUNDATION

## HOPE AND HEALING CLOSE TO HOME

Thanks to the combined efforts of The Upper Chesapeake Health (UCH) Foundation and its Chesapeake Cancer Alliance (CCA) volunteers, Cancer LifeNet remains one of the Kaufman Cancer Center's most robust programs, providing navigation and supportive care programs to patients and their families. The UCH Foundation continues to raise hundreds of thousands of dollars each year through the generous support of our community, including philanthropic gifts received from grateful patients and their loved ones, and through fundraising events and the support of community partners. Together, we ensure that Cancer LifeNet's many offerings remain available free of charge.

**Together, we ensure that  
Cancer LifeNet's many  
offerings remain available  
free of charge.**



## YOU CAN MAKE A DIFFERENCE

There are many ways to stay connected and to help your neighbors by supporting cancer care, right here in our community. Fundraising events including the annual Amanda Hichkad CCA Celebration Walk, Kids For Hope, CCA Festival of Trees and the biennial Starnight Gala provide vital resources for the Cancer LifeNet program. Corporate partners, organizations, individual donors and committed volunteers make these activities happen. The Upper Chesapeake Health Foundation is a registered 501c3 organization supporting the community health care mission of UM Upper Chesapeake Health. To learn

more about community fundraising activities and how you can help, or to make a gift in support of Cancer LifeNet, please contact us today.

**Phone:** 443-643-3460

**Website:** [uchfoundation.org](http://uchfoundation.org)

**Facebook:** @TheUpperChesapeakeHealthFoundation

**Mail:** 520 Upper Chesapeake Drive, Suite 405 Bel Air, MD 21014

## FRIENDS AND NEIGHBORS HELPING FRIENDS AND NEIGHBORS

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The benefits of making a gift to The UCH Foundation are often beyond measure. Whether your gift supports Cancer LifeNet's ability to provide a lifeline of support throughout cancer treatment, the Senator Bob Hooper House that specializes in providing hospice care for neighbors in need, the Heart and Vascular Institute to offer the latest technology close to home, or another health care service line of your choice —your generosity can make a world of difference. Advancements in care provided today have been brought about, in part, through charitable gifts from our neighbors and have helped UM Upper Chesapeake Health provide the very best health care for our community.

Making an annual gift in honor or in memory of a loved one is a wonderful way to give tribute and gratitude to someone special while supporting our community health care mission. Often, grateful patients and their loved ones choose to make a legacy gift, designating a UM Upper Chesapeake Health service, such as Cancer LifeNet, in their estate planning. Annually, the John Archer Society, UCH Foundation's bequest society, inducts new donors who pledge their philanthropic support through a planned or life-income gift. It can be especially comforting knowing that every gift makes a difference, right here in our community.

## UNIVERSITY OF MARYLAND CANCER NETWORK

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Led by the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, the Cancer Network provides access to national experts, the latest treatments, leading-edge technology and promising clinical trials—right here at the Kaufman Cancer Center. Together we offer you and your family more hope, closer to home. Visit [umms.org/cancer](http://umms.org/cancer) to learn more.

### UNIVERSITY OF MARYLAND MEDICAL CENTER AND THE 340B DRUG DISCOUNT PROGRAM

The 340B Drug Discount Program is a U.S. federal government program requiring drug manufacturers to provide outpatient drugs to eligible health care organizations at significantly reduced costs. At the Kaufman Cancer Center, it means that our oncology pharmacy and infusion services are now provided by the University of Maryland Medical Center and administered by registered nurses specializing in infusion. For patients, the change is seamless as they still receive the same high-quality care in the same location.

**Visit [umuch.org/cancer](http://umuch.org/cancer) for more information, including updated tumor and cancer registry data.**

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