



2014

2015

KAUFMAN CANCER CENTER
ONCOLOGY ANNUAL REPORT



INFORMATION ON THE KAUFMAN CANCER CENTER AT UM UPPER CHESAPEAKE MEDICAL CENTER
AN AFFILIATE OF THE UM MARLENE AND STEWART GREENEBAUM CANCER CENTER

CANCER COMMITTEE

PHYSICIANS

Philip Nivatpumin, MD

Chairman, Medical Oncology

Ashkan Bahrani, MD

Medical Oncology

Katherine Day, MD

Ear, Nose & Throat

Meghan Milburn, MD

Breast Surgery

Mark Mishra, MD

Radiation Oncology

Amalia Seiguer, MD

Pathology

Sankari Sivasailam, MD

Medical Oncology

Scott Steinmetz, MD

Cancer Liaison, General Surgery

David Taylor, MD

Radiology

TEAM MEMBERS

Diane Fitzgerald

Executive Director, Oncology

Patsy Astarita, LCSW-C, OSW-C

Psychosocial Care

Vickie Bands, RN

Community Outreach

Heather Beauchamp, RN, OCN

Inpatient Oncology Nursing

Beverly Dean-Crabtree

Hospice Care

Kira Eyring

American Cancer Society

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Director, Clinical Services, Lung Cancer Care

Jennifer Goldsborough, ARNP

Palliative Care

Angela Kaitis, RPhd

Pharmacy

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Clinical Research

Christine Lutes, LD

Oncology Dietitian

Colleen Meegan, CCRP

Quality Improvement

Peyton Neilson, MSN, OCN

Infusion Center Nursing

Christina Pardini, MSPT, GCS

Rehabilitation

Jessica Scott, MCG, CGC

Genetic Counseling

Pat Wallace, CTR

Cancer Registry, Cancer Conference

Nick McDonald, MDiv, BCC

Spiritual Care, Ad-Hoc

LETTER FROM THE CHAIRMAN

This past year has been one of incredible change in the field of oncology and here at the Kaufman Cancer Center. As our Center has grown by leaps and bounds, we continually seek to bring the latest technologies and advanced chemotherapy treatments to Harford County, while keeping our compassionate, patient-centered approach.

Every year, we identify through our cancer registry and through feedback from our patients opportunities for improving quality, safety and the patient experience here at the Cancer Center. In 2014, we focused on improving lung cancer screening in our community, given that our county has the 4th highest incidence of lung cancer in Maryland. National statistics point to a significant reduction in mortality for lung cancer screening in high-risk smoking populations. Combining screening with smoking cessation can dramatically save lives. In the 215 patients we screened last year, we detected several cancers at the earlier stages, offering a chance for a cure.

Another important goal has been the timeliness of care. In our Breast Center we have focused on the reduction in the time between an abnormal mammogram to getting a diagnosis by our breast surgeon, as well as a reduction in the time from a breast cancer diagnosis to a definitive surgery. Under the leadership of our breast surgeon, Dr. Meghan Milburn, and our colleagues in radiology, we have reduced both of those times dramatically, and in some cases were able to get patients from a diagnosis of breast cancer to their curative surgery in less than 14 days. The decrease in patient anxiety and stress is immeasurable and a real service to our community.

A critical goal for our entire team has also been reducing the complications for our patients receiving chemotherapy. For those who develop life-threatening declines in their blood counts due to chemotherapy, we instituted a fast track program with our Emergency Department (ED) for our VIPs (Very Immunocompromised Patients). Not only has the ED worked with us to speed our patients through triage (avoiding contact with other ill patients) but they have also improved the time it takes to get the first dose of antibiotics to our patients, a national standard that has a well-documented improvement in outcome. Patient satisfaction with this program has been incredible.

Finally, we have also pioneered some initiatives in palliative care. One of our initial quality studies looked at our patients' use of Advance Directives. Were we doing a good job of explaining their value? Were we spending the time to understand our patients' end-of-life goals? Led by social worker Patsy Astarita and nurse practitioner Michelle Abramowski, our palliative care conference has been a tremendous success. Every week, nurses, doctors, social workers, nutritionists and volunteers gather together to discuss various patients and their needs. Issues are brought up in real time and every aspect of the patient is discussed, with the goal of giving that person the longest and highest quality life possible.

As a result of our palliative care initiatives, we have reduced the complication rates for our chemotherapy patients. We have decreased the number of patients tragically dying in the ICU or having an acute ED visit within the final months of their lives. And we have improved the timeliness of hospice referrals. By listening to patients early and often and getting them the right resources, we aim to minimize the pain, distress and anxiety at the end of life.

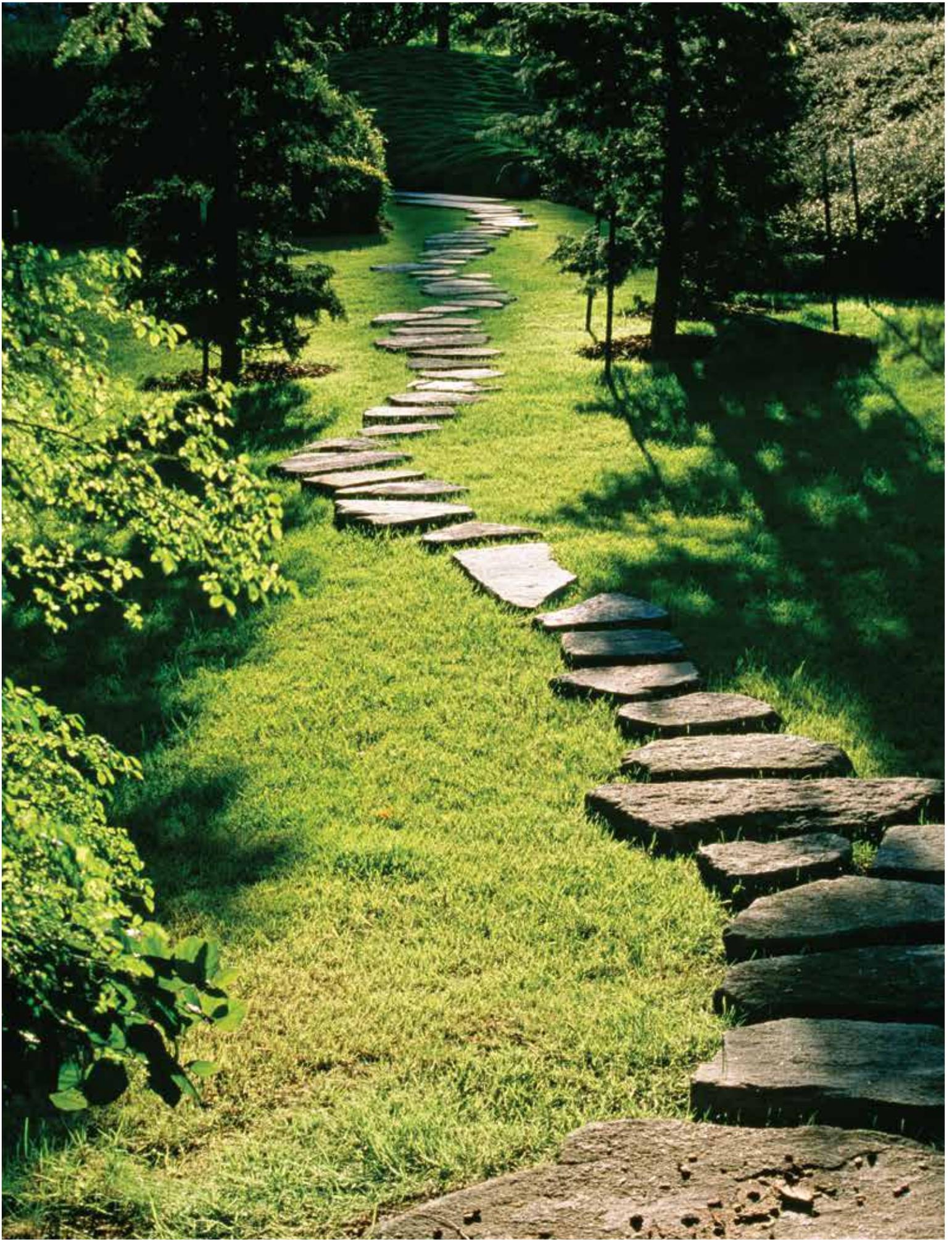
As the Kaufman Cancer Center moves into its third year of existence, we can appreciate just how far we've come and how much we have improved the standard of cancer care in Harford County. As we look to next year, we have several projects on the horizon, including a focus on wellness and integrative oncology, and a continuing effort to strengthen our affiliation with the University of Maryland Greenebaum Cancer Center by bringing the latest in clinical research to our patients. But, while we are always looking to bring the best, most up-to-date science and medicine to our patients, we never forget that it is the compassion and care that we bring to our friends and neighbors that makes the Kaufman Cancer Center so special.

Sincerely,



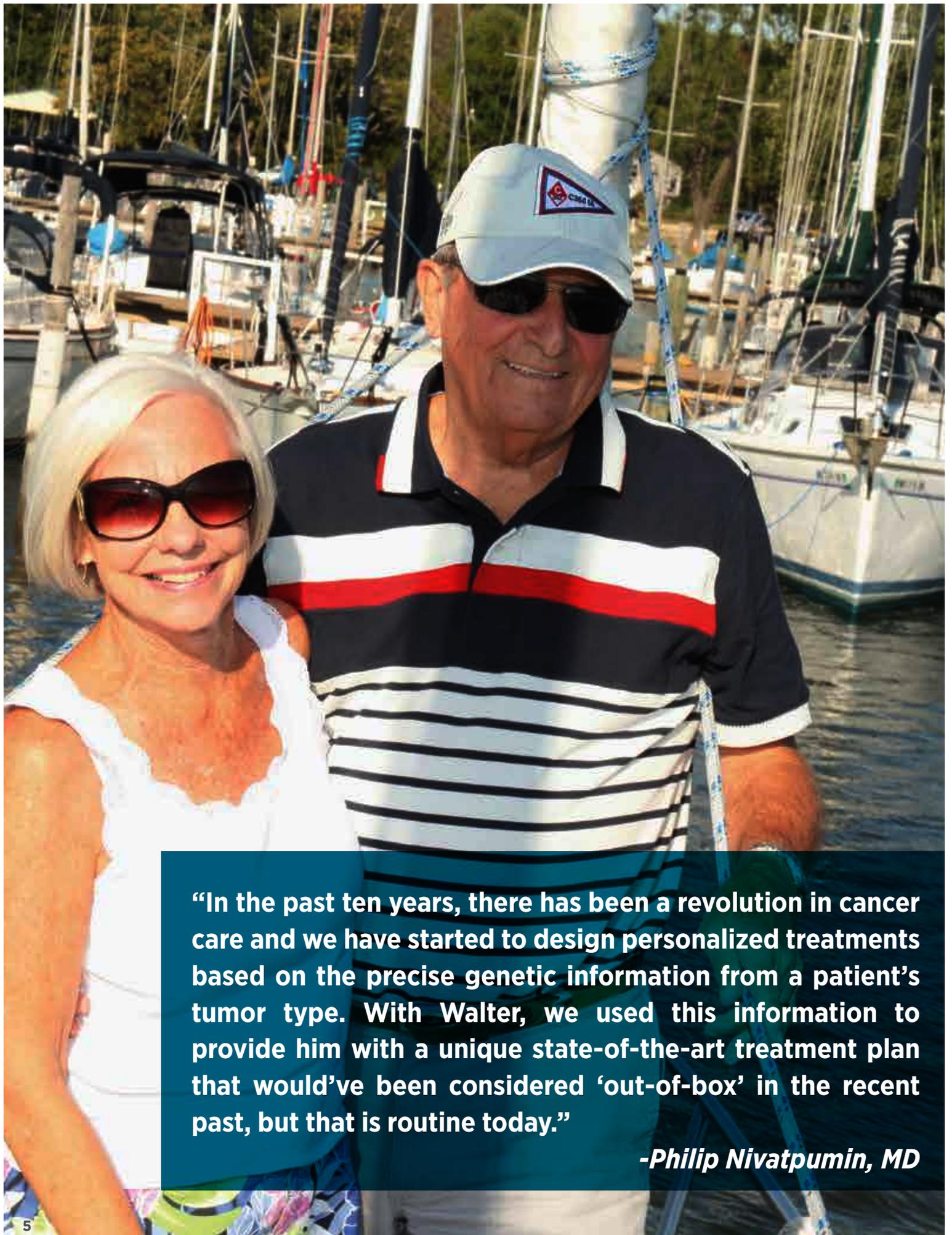
Philip Nivatpumin, MD
Medical Director
Patricia D. and M. Scot Kaufman Cancer Center
University of Maryland Upper Chesapeake Medical Center





AWARDS AND ACCREDITATIONS

	<p>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 UCMC is a comprehensive community cancer program and UM HMH is a community cancer program.</p>
	<p>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.</p>
	<p>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.</p>
	<p>NQMBC 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 UCMC is a certified quality Breast Center.</p>
	<p>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. The Lung Cancer Screening Program has been a center of excellence since 2014.</p>
	<p>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 the ACR in computed tomography in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure.</p>
	<p>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.</p>
	<p>QOPI certification is awarded to practicing community and academic oncologists who incorporate quality measures and standards based on clinical guidelines to ensure the delivery of quality oncology care. The Kaufman Cancer Center is at a participant level.</p>
	<p>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.</p>



“In the past ten years, there has been a revolution in cancer care and we have started to design personalized treatments based on the precise genetic information from a patient’s tumor type. With Walter, we used this information to provide him with a unique state-of-the-art treatment plan that would’ve been considered ‘out-of-box’ in the recent past, but that is routine today.”

-Philip Nivatpumin, MD

WALTER & BONNIE NAEF

A GRATEFUL PATIENT'S STORY

Walt and Bonnie Naef are two longtime Maryland residents who love the water and their family and live life to the fullest. In their earlier years, the couple spent nearly a decade living in St. Croix, U.S.V.I., where Walt started life as a professional scuba diver and ended up a tug boat captain. Their passion for sailing grew from there, spanning many years and forging more friendships with fellow sailors. Today, Walt and Bonnie's boat — *Mar y Sol* (or 'Sea and Sun' in Spanish)—is their second home, taking them on fun excursions all over the Chesapeake Bay.

To look at them, you are inspired by the couple's zest for life, family, travel and friendship. Their affection for each other is obvious as they recount Walt's experience with lung cancer that engulfed most of 2014.

Walt was healthy most of his life and on no medications before his diagnosis in March 2014. An earlier visit to his primary care doctor, Dr. David McClure, for a persistent cough resulted in an antibiotic regimen. By February, a wheeze from the cough remained and an x-ray revealed a shadow on his lung. Dr. McClure is quick to say, "A cough can be caused by many factors including allergies, viruses, bronchitis and acid reflux and, most of the time, a chest x-ray is not warranted. The most important thing to remember is that when a cough lingers or does not improve, it may become necessary to perform some type of imaging, just to be thorough."

After the results of his x-ray, Walt consulted with thoracic surgeon, Dr. Linda Martin, at the Kaufman Cancer Center and hematologist/oncologist, Dr. Phil Nivatpumin (known to many as simply Dr. Phil), who had previously treated him for a blood concern.

When it was determined that the shadow was in fact a cancerous lung nodule, a small tumor in Walt's liver was also discovered. He was diagnosed with stage 4 lung cancer and his prognosis was heartbreaking. But Walt and Bonnie were motivated to get treatment underway with their usual take-charge attitude on life. In the process, they learned much about lung cancer and the treatment Walt was to undergo.

Dr. Phil notes, "In the past ten years, there has been a revolution in cancer care and we have started to design personalized treatments based on the precise genetic information from a patient's tumor type. With Walter, we used this information to provide him with a unique state-of-the-art treatment plan that would've been considered 'out-of-box' in the recent past, but that is routine today."

Walt went through four sessions of chemotherapy, which he describes as being 'OK' at first, but "then the gates of hell opened." After the first four sessions and despite his body's reactions to the chemo which included a low blood count, Walt wanted to keep going to see the tumors shrink. And they did — it just took two more sessions of chemo. At Dr. Phil's urging, Walt then took a month off before following up with Dr. Mark Mishra and five sessions of radiation to the liver. Compared to chemotherapy, Walt describes radiation as five minutes apiece and "not a big deal."

It's clear that Bonnie and Walt have been through a tough road and they describe it pretty stoically — that is until they talk about the end of treatment. Walt is emotional when he recalls the most touching moment of their lives. He got to ring the bell. A symbolic gesture to signal the end of radiation treatment, "ringing the bell" is a significant moment marking the end of active treatment and the hope of a life free of cancer. He and Bonnie were bowled over by the affection and celebration that surrounded them from the clinical team during the brief celebration at the bell. Each of them were hugged and congratulated and the whole experience still confounds them since, as Walt says, "All I did was lay there. These people saved my life."

How did you manage?

Proud grandparents, the Naefs (a.k.a. Oma and Opa), were honest with their kids and grandkids about Walt's struggle with cancer. As expected, their young grandkids were a little nervous and not quite sure how to treat him. Undaunted and totally in tune with his grandchildren, Walt remembered how after a rite of passage fall or bicycle accident, a cast protecting a broken bone would be signed by everyone in the family. So he invited them to draw pictures on his bald head. Some creative doodling later, Walt had what the kids described as "eyes in the back of his head." The ice was broken.



When Walt and Bonnie found themselves on the bewildering, frightening and painful journey that is fighting cancer, they were told about the Cancer LifeNet program at the Kaufman Cancer Center. Both of them expected to simply receive a brochure on the services that were provided. Bonnie was shocked when, minutes after making the call, Debbie Payne, a Cancer LifeNet nurse navigator, called her back with Walt's records and a lifeline of genuine support and valuable advice neither one expected. Debbie met with the couple before Walt's surgery, at every chemo session, and any time they had questions or concerns — even when Bonnie needed Debbie to support her plea to Walt to eat healthier food. Debbie states, "From the very beginning, I was inspired by Walt and Bonnie's strength and determination. Navigation is so rewarding, I learn something from every patient and family, which helps me better support the next patient I am caring for."

After treatment, Walter was scheduled for a lobectomy and partial resection of the right lung. He had a post-operative reaction that landed him in the Emergency Department at UM Upper Chesapeake Medical Center.

Never a religious man, but certainly a spiritual one, Walt felt the love and prayers of his family and friends throughout his ordeal and, during chemotherapy, said he felt a presence that he couldn't quite understand but knew was there. Family, friends, neighbors and sailing buddies from everywhere checked in often. A longtime friend of Bonnie's gave her the ultimate faith check after her prayer group did a prayer chain for Walt. With complete assurance, she told Bonnie that Walt was cured. Her words acted like a buoy; it kept them afloat.

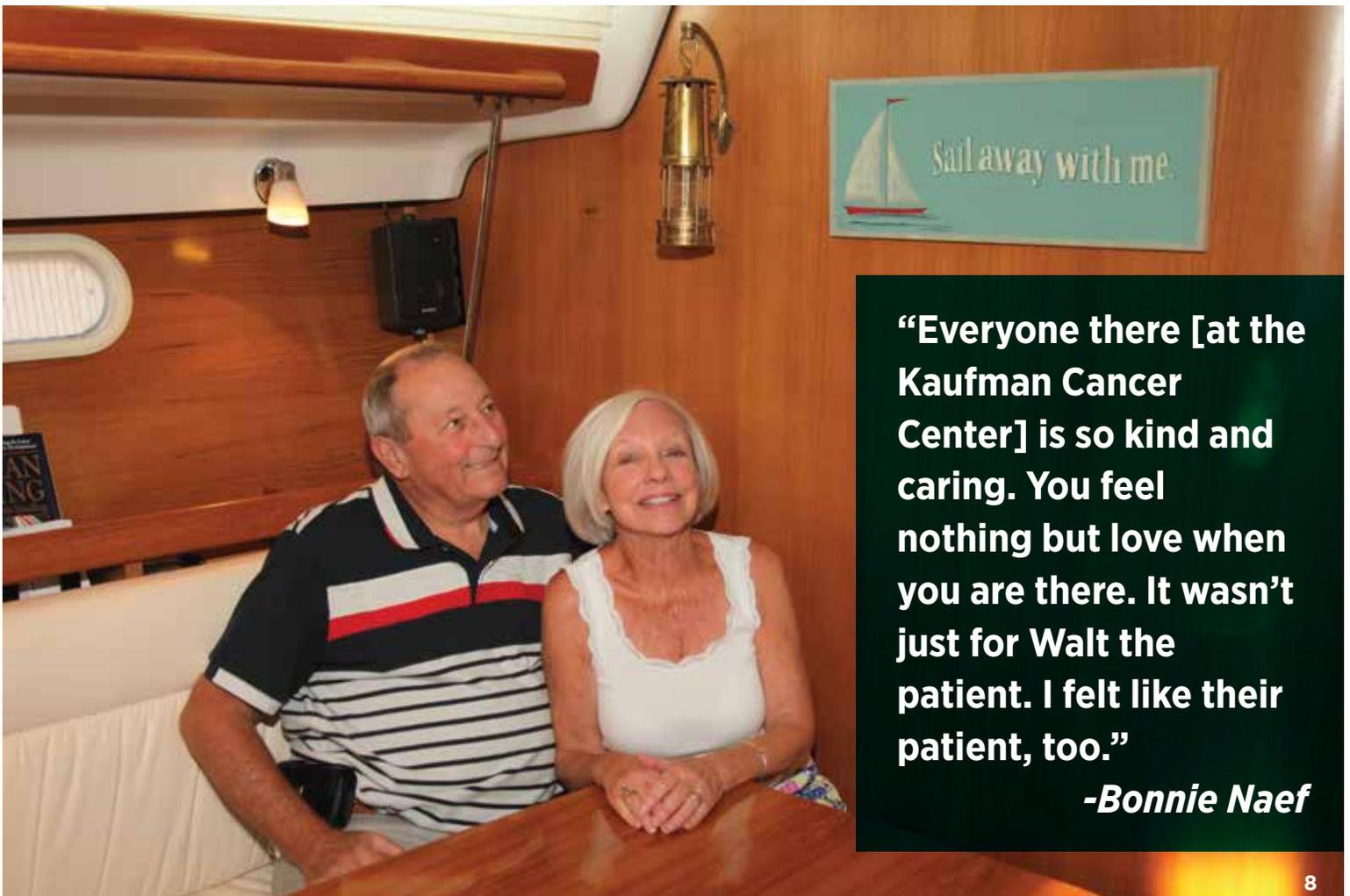
Another friend and fellow sailor, who also happened to be a Baptist minister, worked tirelessly with a sewing circle who presented Walt and Bonnie with a wonderful prayer quilt that featured Bible phrases referring to water and commemorating every boat the Naefs had ever owned. It was such an incredible treasure and so meaningful that Walt took it to each chemo session where it became quite the conversation piece. The community that inevitably forms in chemotherapy enjoyed the stitchwork and the words of comfort.

On to Survivorship

Walt and Bonnie looked forward to getting back on board *Mar y Sol* and spending as much time as possible on the water. Early in the spring, Walt had to be kept off the boat while in dry dock. He was itching to get back to the business of boat maintenance and bright work, but fellow boaters and dock workers kept his ambition in check. The Naefs hired personal trainers to help get them back on track physically so that they could take *Mar y Sol* out to enjoy the fall breezes. Eager to know what kind of workout regimen to develop for their clients, the personal trainers they hired spent an amazing and exhausting day of sailing on the bay. They loved it, but left the experience knowing the work involved in working the wind, and subsequently revised Walt's personal training plan.

When asked what he would tell his community about his experience at the Kaufman Cancer Center, Walt says, "The staff at the Kaufman Cancer Center are competent, capable and compassionate. They are super people and they care about their patients and their families." Bonnie agrees: "Everyone there is so kind and caring. You feel nothing but love when you are there. It wasn't just for Walt the patient. I felt like their patient, too."

A sign hanging on the wall in the cabin of their sailboat says: Sail Away with Me.
For the Naefs, that's what it's all about.



“Everyone there [at the Kaufman Cancer Center] is so kind and caring. You feel nothing but love when you are there. It wasn’t just for Walt the patient. I felt like their patient, too.”

-Bonnie Naef

GRATEFUL PATIENTS QUOTES OF HOPE



JULIE CHMURA

"I am so thankful for Cancer LifeNet! After my surgery for appendix cancer with Dr. Steinmetz in 2011, I attended their yoga classes even though my post-surgery follow-up care was in Baltimore. Cancer LifeNet was a place I could just go to heal and not worry about what might be. It is a wonderful program, and we are so lucky to have such a great resource available to all cancer patients in our community. I am thankful for all the exceptional care I received at UM Upper Chesapeake Medical Center."

PATRICK CURRAN

"While being treated for multiple myeloma, my oncologist, Dr. Min, suggested counseling to help me cope with my cancer battle. He suggested I get in touch with Cancer LifeNet. I called and was able to get an appointment with social worker Jane Knapp that same week. My meetings with her were very helpful. I was able to take advantage of just one of the many free programs offered through Cancer LifeNet and also greatly benefited from the collaboration between Jane and my doctor."

TOM FRENDAK

"Angels truly are among us on Earth. I will never forget the day Jane Knapp, prostate support group facilitator, took me under her wing. She informed me of the opportunities to treat my recurrent prostate cancer at the Kaufman Cancer Center. The staff, the treatment, and the care I received there was first class. I feel like I am forever blessed."

BOB MALLOY

"My cancer treatment consisted of six days in the hospital for chemotherapy followed by three weeks of recovery. Whenever I got sick from the chemo or spiked a fever, Cancer LifeNet took care of me until I could be readmitted to the hospital. The fact that the oncology floor is now directly attached to the Kaufman Cancer Center is a big plus! I am so grateful to the entire team that helped me beat lymphoma."



LUNG CANCER SCREENING PROGRAM

In 2014, UM Upper Chesapeake Medical Center (UM UCMC) was designated as a Lung Cancer Screening Center of Excellence by the Lung Cancer Alliance. It is one of 250 such centers across the country that has agreed to follow specific protocols and best practices to ensure the highest quality of screening and follow-up care.

In November 2014, The Centers for Medicare & Medicaid (CMS) proposed that there is sufficient evidence to support coverage of low-dose CT (LDCT) lung cancer screening for high-risk patients. The CMS decision was the last major step in validating the lifesaving benefits of lung cancer screening. Lung cancer screening was scientifically proven in 2010 by one of the largest randomized controlled trials in the history of the National Cancer Institute (NCI). NCI's National Lung Screening Trial (NLST) confirmed that screening can reduce overall deaths from lung cancer, which is currently the number one cancer killer in the U.S.—by at least 20 percent.



To be eligible under CMS high risk criteria, a person must meet the following elements:

- Age 55-74 years (United States Preventative Services Task Force age recommendations are 55-80 years)
- Have no signs or symptoms of lung disease
- Have a tobacco history equivalent to smoking a pack a day for thirty years (30 pack-years)
- Be a current smoker or one who has quit smoking within the last 15 years
- Have a written order for LDCT lung cancer screening received during a lung cancer screening counseling and shared decision-making visit

The details of the shared decision-making visit must be documented in the medical record and a screening order can be provided. The order must include the person's date of birth, pack per year smoking history (number), current smoking status, statement that the patient is asymptomatic and NPI of the ordering physician.

CMS mandates that the shared decision-making visit must include:

- Determination of patient's eligibility according to the criteria listed above
- The use of one or more decision aids covering benefits, harms, follow-up diagnostic testing, over-diagnosis, false positive rate and total radiation exposure
- Counseling on the importance of adherence to annual LDCT lung cancer screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment
- Counseling on the importance of maintaining cigarette smoking abstinence if a former smoker, or smoking cessation if current smoker and, if appropriate, offering additional Medicare-covered tobacco cessation counseling services
- For subsequent screenings a beneficiary must receive a written order during an appropriate visit with a physician or non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).

UM UCMC immediately developed a plan to meet CMS criteria for lung cancer screening. Working collaboratively with Advanced Radiology, communication on the new criteria was provided to our primary care physicians. In 2015, UM UCMC started using a new software program to help track the people that have an initial screening and assist with follow-up for subsequent screenings.

YEAR	NUMBER SCREENED	NODULES IDENTIFIED	CANCER IDENTIFIED	INCIDENTAL FINDINGS
2013 (6 MOS) JUNE - DEC	81	48	0	5
2014 (12 MOS) JAN - DEC	206	124	3	19
2015 (6 MOS) JAN - JUNE	128	69	3	5

American College of Radiology Registry Reporting of Lung Cancer Screening

To be eligible for CMS reimbursement, LDCT Lung Screening Programs need to report data to a central registry. As soon as the ACR's registry was approved by CMS, the Lung Screening Program at UM Upper Chesapeake Medical Center (UM UCMC) forwarded an application to submit data. The Lung Cancer Screening Registry will be based on lung-rads™. By reporting lung-rads™ it will standardize CT lung cancer screening reporting, management and interpretation. The registry will help demonstrate quality of CT lung cancer screening in each center as well as compile quality information that can help improve lung cancer screening care nationally.

Lung Nodule Clinic

Experts in the Lung Nodule Clinic at UM UCMC follow National Comprehensive Cancer Network guidelines to evaluate and monitor individuals who have had lung nodules found on their CT scans or chest x-rays. Our clinic is a collaboration between our thoracic surgeon and pulmonary teams. It is recommended for individuals with newly found nodules less than three centimeters or for those with a history of lung nodules that are being monitored.

EBUS

Endobronchial Ultrasound is available at UM UCMC. It is a technique that combines ultrasound and bronchoscopy and allows physicians to:

- Visualize mediastinal and hilar lymph nodes via sonography
- Perform real time ultrasound-guided needle aspiration
- Biopsy lung masses located close to central airways

EBUS is less invasive and less costly than mediastinoscopies and thoractomies and can be done on an outpatient basis. It provides a more accurate diagnosis than previous "blind" needle aspirations.

Lung Cancer Multidisciplinary Clinic and Tumor Board

Our Lung Cancer Multidisciplinary Clinic allows our team of specialists to coordinate care with each other, and with the patients and their families, to create a comprehensive treatment plan in a timely fashion. Patients and families benefit by getting recommendations according to evidence-based guidelines from surgery, radiation and medical oncology without having to schedule appointments at different times, in different locations. The nurse navigator, social worker, patient financial advocate and dietitian are available to address any barriers when it comes to receiving care. Our Multi-D Clinic also provides access to clinical trials in partnership with University of Maryland Greenebaum Cancer Center. Individuals can leave the clinic with consensus opinion on their cancer treatment.

Prior to their Multi-D Clinic visit, individuals' histories are reviewed by our Lung Cancer Tumor Board. Our cancer team of a surgeon, medical oncologist, radiation oncologist, radiologist and pathologist collaborates to establish best recommendations for treatment as determined by evidence-based guidelines and the team comes to an agreement for the recommended treatment plan. Through our partnership with the Greenebaum Cancer Center, current research protocols are also reviewed to determine which individuals may be eligible for a clinical trial.

THORACIC SPECIALISTS



Jason Birnbaum, MD

Dr. Birnbaum is board certified in pulmonary and critical care medicine. He earned his undergraduate degree from State University of New York at Binghamton and his medical degree from George Washington School of Medicine and Health Sciences. He completed his residency in internal medicine and a fellowship in pulmonary and critical care medicine at the University of Maryland Medical System. Dr. Birnbaum is the Chair of Medicine as well as the Medical Director of the Intensive Care Units at both UM Upper Chesapeake Medical Center and UM Harford Memorial Hospital. Dr. Birnbaum is a partner in the Pulmonary and Critical Care Associates Practice of Baltimore and has office hours in Bel Air.



Shamus Carr, MD, FACS

In late 2014, Dr. Carr joined the University of Maryland School of Medicine as Associate Chief, Division of Thoracic Surgery. In March 2015, Dr. Carr also started working with the Kaufman Cancer Center. Dr. Carr provides surgical oversight of the Lung Cancer Multi-D program and the Lung Nodule Program. He has a special interest in minimally invasive approaches to thoracic surgical diseases and enjoys collaborating with clinicians in the Kaufman Cancer Center and in the Harford County community to provide excellent patient care.



Khalid Puthawala, MD

Dr. Puthawala is triple board certified in pulmonary, critical care, and internal medicine. He practices at both UM Upper Chesapeake Medical Center and UM Harford Memorial Hospital. Dr. Puthawala earned his undergraduate and medical degrees at Case Western University. He served his residency in internal medicine at New York Presbyterian School of Medicine and his fellowship at NYU. Dr. Puthawala is part of the Pulmonary and Critical Care Associates Practice of Baltimore and has office hours in Havre de Grace. He treats patients with diseases of the respiratory tract and hospitalized patients with complex, critical illnesses. Dr. Puthawala is also the Medical Director for the Respiratory and Pulmonary Care Departments at both hospitals.



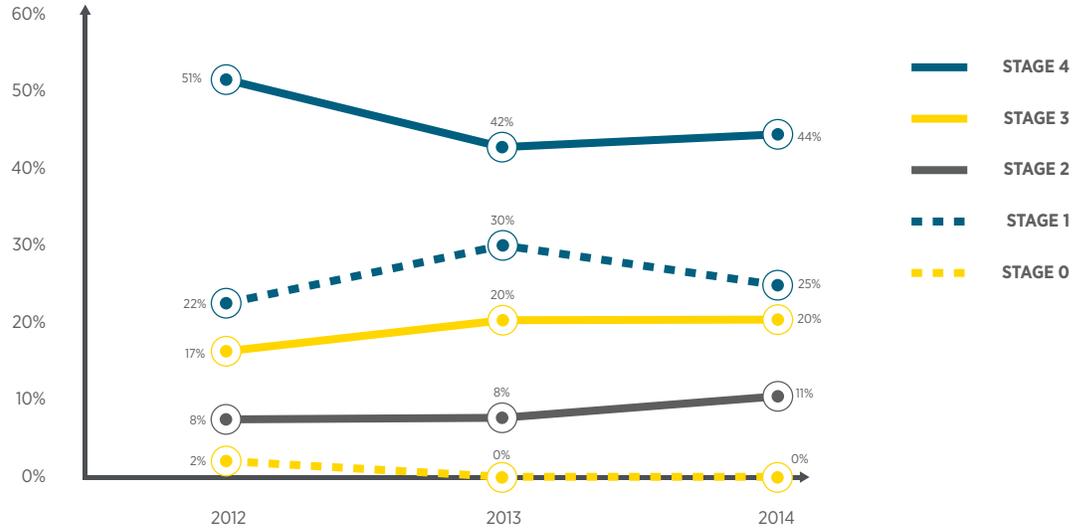
For more information visit umuch.org/lung

LUNG CANCER STATISTICS AT UM UPPER CHESAPEAKE HEALTH

UM UCMC

This graph follows the national trend where lung cancer is diagnosed at a later stage. Ideally, as more people are followed for lung cancer screening, the trend will reverse and more lung cancer diagnoses will occur at an earlier stage.

BY STAGE AT DIAGNOSIS UM UPPER CHESAPEAKE MEDICAL CENTER

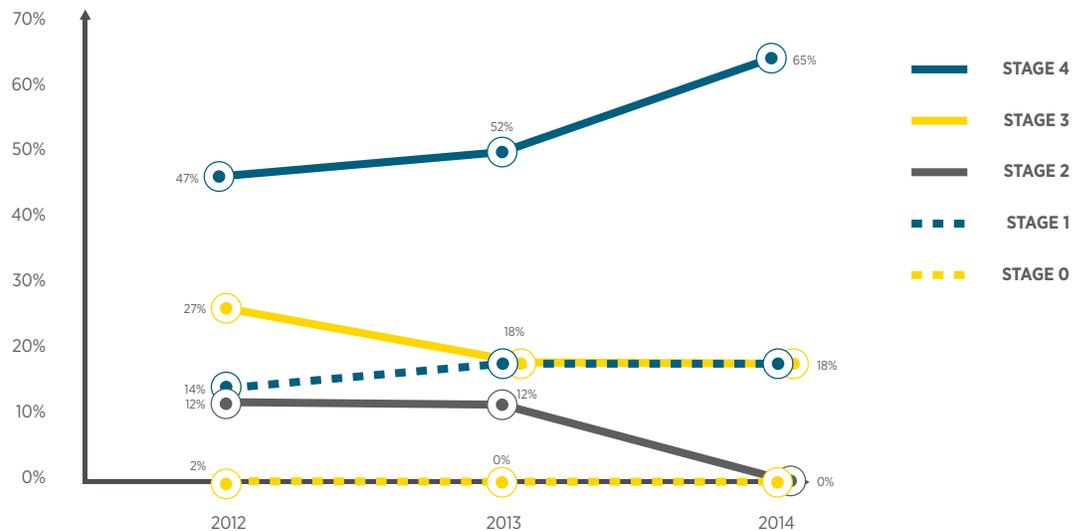


	STAGE 4	STAGE 3	STAGE 2	STAGE 1	STAGE 0	TOTAL CASES
2012	51%	17%	8%	22%	2%	103
2013	42%	20%	8%	30%	0%	158
2014	44%	20%	11%	25%	0%	168

UM HMC

The Harford County Community Health Needs Assessment indicates that tobacco use is among the top three priorities for the county. Increasing late stage diagnoses is indicative of the need for enhanced lung cancer screening initiatives.

BY STAGE AT DIAGNOSIS UM HARFORD MEMORIAL HOSPITAL



	STAGE 4	STAGE 3	STAGE 2	STAGE 1	STAGE 0	TOTAL CASES
2012	47%	27%	12%	14%	0%	49
2013	52%	18%	12%	18%	0%	33
2014	65%	18%	0%	18%	0%	17

LUNG CANCER EDUCATION ACTIVITIES

To coincide with Lung Cancer Awareness month and the Great American Smokeout (November 20, 2014), we offered a number of educational activities to UM UCH team members and our community.

According to the American Cancer Society (ACS), tobacco use remains the single largest preventable cause of disease and premature death in the United States, yet 42 million Americans still smoke cigarettes. ACS established the Great American Smokeout on the third Thursday of November in an effort for individuals to come together to provide support and encouragement to family, friends and coworkers to quit smoking — even for one day — with the hope that one day will lead to another and ultimately, save a life.

During the week of the Great American Smokeout, the cancer team had displays at cafeteria tables at both UM Upper Chesapeake Medical Center and UM Harford Memorial Hospital. Each table had healthy and unhealthy lung models, a jar of tar, information regarding e-cigarettes and vaping. Quit kits were available for anyone who indicated an interest in quitting use of tobacco products. UM UCH team members who signed up and completed smoking cessation classes, were eligible to win a basket worth \$350 (prizes included a Fitbit®, Bullet® juicer, crockpot and cookbook, one-month gym membership, and three massages). Over 150 people stopped by the table to get the latest information.

On November 20, 2014 during the Great American Smokeout week, 35 people attended “Hope and Valuable Solutions to Quitting Smoking” with presentations by Dr. Linda Martin and other experts on what works best in smoking cessation, lung cancer risks and the screening program at UM Upper Chesapeake Medical Center.



Debbie Payne, Cancer LifeNet nurse navigator, at the Great American Smokeout and lung cancer awareness event at UM Upper Chesapeake Health last November.



For more information visit umuch.org/cancerlifenet



FAITH IS THE DARING
TO GO FARTHER





OF THE **SOUL**
THAN IT CAN **SEE.**



-William Newton Clarke



TOBACCO CESSATION

The Kaufman Cancer Center worked collaboratively with the Harford County Health Department to offer free 8-week tobacco cessation classes to community members and patients four times during 2014. These sessions, facilitated by a certified tobacco specialist, also offered individuals access to free nicotine replacement therapy. Roughly 80 people attended and there was a 30 percent quit rate at the end of the 8-week sessions.

A Tobacco Free UM UCH

UM Upper Chesapeake Health is committed to providing a tobacco-free environment to support health and healing for our patients, family members, visitors, team members, physicians and volunteers. Our tobacco-free environment policy prohibits the use of tobacco products both inside our buildings and on our campuses. Additionally effective July 2015, UM UCH no longer hires applicants who use tobacco products. We offer tobacco cessation classes at no cost at the Kaufman Cancer Center and through the Harford County Health Department.

Healthy Harford is the healthy communities initiative of Harford County. UM UCH and the Harford County Health Department have been proud partners since its founding in 1993. Healthy Harford is a non-profit 501c3 coalition of local government agencies, businesses, nonprofits, and citizens dedicated to improving the health of Harford County residents through education, policy changes, and fostering initiatives that promote a healthy lifestyle and the healthiest community in Maryland. The organization's Tobacco Workgroup are working to increase the number of smoke-free public municipal areas, encourage businesses to adopt tobacco free campuses and, through appeals to law enforcement, enforce the penalty for distributing tobacco products to minors.



Kaufman Cancer Center Executive Director, Diane Fitzgerald (R) and UM UCH team member, Melissa Sullivan (L). Because Melissa, a long time team member, successfully quit smoking in 2014, she was the eligible prize winner of a basket of goodies during the week of the Great American Smokeout.



CANCER LIFENET

Formed in 2006, Cancer LifeNet offers nurse navigator and supportive care services at no charge for all individuals with a cancer diagnosis in Harford and Cecil counties regardless of where they receive treatment. The program helps individuals find the services they need to balance work, family and cancer treatment.

- Support Groups
 - o Blood Cancer
 - o Breast Cancer
 - o CLIMB® - Children's Lives Include Moments of Bravery
 - o Head and Neck Cancer
 - o Prostate Cancer
- Educational Programs
 - o Fresh + Local = Health
 - o Health and Wellness for the Newly Diagnosed Breast Cancer Patient
 - o Healing Through Support
 - o Laugh Club
 - o Look Good, Feel Better
 - o Meditation Classes
 - o Mindfulness-based Stress Reduction
 - o Stay Fit and Active Through Your Cancer Journey
 - o Tobacco Cessation
 - o Zentangles

Supported solely by philanthropy, Cancer LifeNet's programs continue to expand and have made the cancer treatment journey much more manageable for so many people. To make a gift visit umuch.org/gift.



Creating a Zentangle, a beautiful and creative doodle, is a fun and relaxing form of artistic meditation.

COMMUNITY OUTREACH

Every three years a community health needs assessment (CHNA) is performed. It is a collaborative assessment with participation from the Harford County Health Department, Harford County Government (Office of Community Services), Healthy Harford, and the Local Health Improvement Coalition (LHIC). The LHIC is a group of community stakeholders, including members of the Kaufman Cancer Center, whose focus is the health of the county. The CHNA data is reviewed and presented to the LHIC and, subsequently, the county's top three health needs are determined. The CHNA is available electronically and free of charge. The most current completed CHNA was performed in 2012 where the top three health priorities were obesity, tobacco, and mental health/addiction. These three priorities are in line with UM Upper Chesapeake Health's focus on chronic disease management, cancer care, access to care, and injury and illness prevention. Community Outreach prioritizes, develops, and executes the community health programs based on these top three priorities. While the screening and educational programs are available to all county residents, the underserved and areas of disparity are targeted.

As of December 1, the 2014 CHNA survey is underway. The survey is currently being distributed throughout the county soliciting all county residents' participation. A comprehensive strategic plan will be developed with participation from all community partners. The Cancer Committee will have input to the plan and outreach efforts through participation in the LHIC and the Kaufman Cancer Center's Community Outreach committee.

Outcomes for the cancer programs are determined on a program-by-program basis. Screening outcomes measure the number of participants that are found to need further evaluation or follow-up. A continual review of outcome measures is completed after each program and annually. Participants are offered a survey at the completion of each program.

Prevention Programs

Smoking Cessation

- Four 8-week programs (January, April, July, October)
- 78 participants with an 82 percent completion rate
- Taught by a certified smoking cessation specialist
- New smoking cessation specialist certified; offering cessation classes and education specifically for team members

Skin Cancer Screening

- Three programs offered in the month of May
- 85 participants — three referred to dermatology, 15 referred to their PCP

Oral, Head and Neck Screening

- Two programs offered
- One cancelled due to weather
- Two participants — no referral or follow-up for either participant

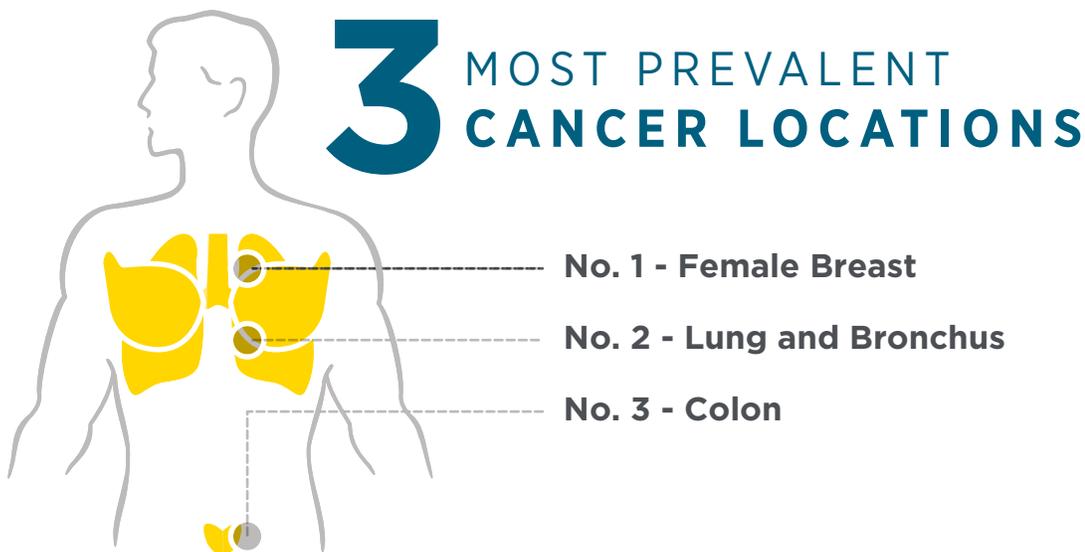
Cancer Awareness and Education

- 34 cancer-related programs held or presented
- Breast health, tobacco use, sun safety, head and neck and colorectal cancer prevention, lung screening recommendations and nutrition and exercise in cancer prevention were topics covered
- Over 2000 participants

2014 UM UCH CANCER REGISTRY REPORT

The UM Upper Chesapeake Health (UM UCH) Cancer Registry is an important tool in the fight against cancer in Harford County. The registry is responsible for collecting incidence, site, and histology, extent of disease at diagnosis, treatment, and treatment outcomes for every individual who is diagnosed or treated for cancer at UM Harford Memorial Hospital (UM HMH) and UM Upper Chesapeake Medical Center (UM UCMC). The reference date for the UM UCH Cancer Registry is January 1, 2005.

Under the direction of the Cancer Committee, and following the standards established by the American College of Surgeons Commission on Cancer, the registry collects information on all facets of cancer diagnosis and treatment. The information is used to measure how UM UCH statistics on cancer compare to national statistics and to improve the quality of care delivered. Analysis of the cancer registry data allows UM UCH to demonstrate that its patients are receiving the best care possible by comparing its statistics for treatment with national benchmarks and standards. Information on the cancers detected at UM HMH and UM UCMC are sent to state, national and international cancer registries where it is combined with data from across the U.S. and the world. Researchers then review the information to identify cancer patterns among various populations, and to monitor cancer trends over time. UM UCH is a contributing member of the National Cancer Database (NCDB), National Program of Cancer Registry (NPCR) and the Surveillance, Epidemiology and End Results (SEER) database. This information is made available to community physicians allowing them to target their at risk patients for prevention and early detection. This process of cancer registry data collection and analysis has made significant contributions in the consistent decline in cancer mortality that has been demonstrated over the past 10 years. In fact, without the Cancer Registry network, we would not be able to measure this success.



TUMOR REGISTRY

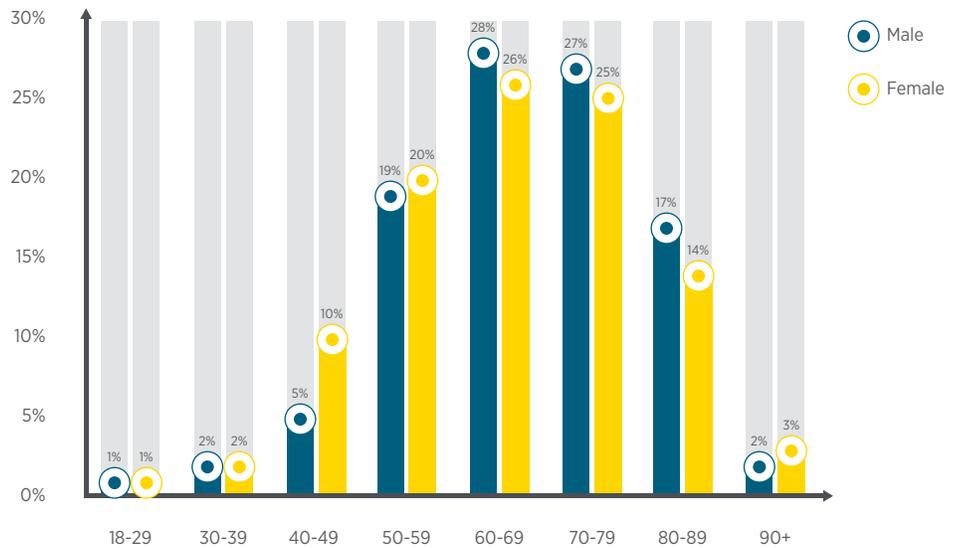
UM UCMC

Of the 900 analytic cases, 409 (45%) were male and 491 (55%) were female.

The majority of males, 74%, representing 302 individuals, were diagnosed between the ages of 50-79.

The majority of females, 71%, representing 348 individuals, were diagnosed between the ages of 50-79.

2014 UM UCMC AGE AT DIAGNOSIS BY GENDER



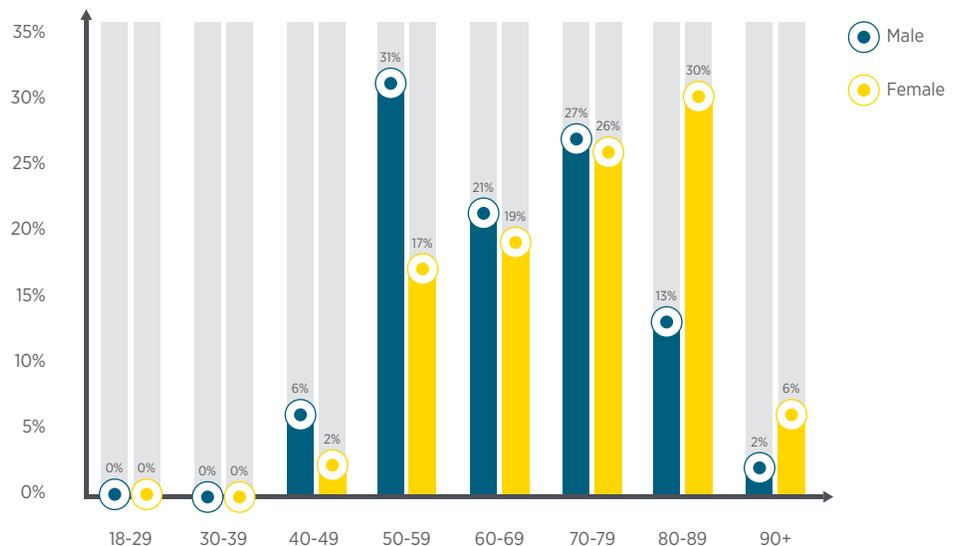
UM HMH

Of the 97 analytic cases, 49 (51%) were male and 48 (49%) were female.

The majority of males, 79%, representing 38 individuals, were diagnosed between the ages of 50-79.

The majority of females, 75%, representing 36 individuals, were diagnosed between the ages of 60-89.

2014 UM HMH AGE AT DIAGNOSIS BY GENDER

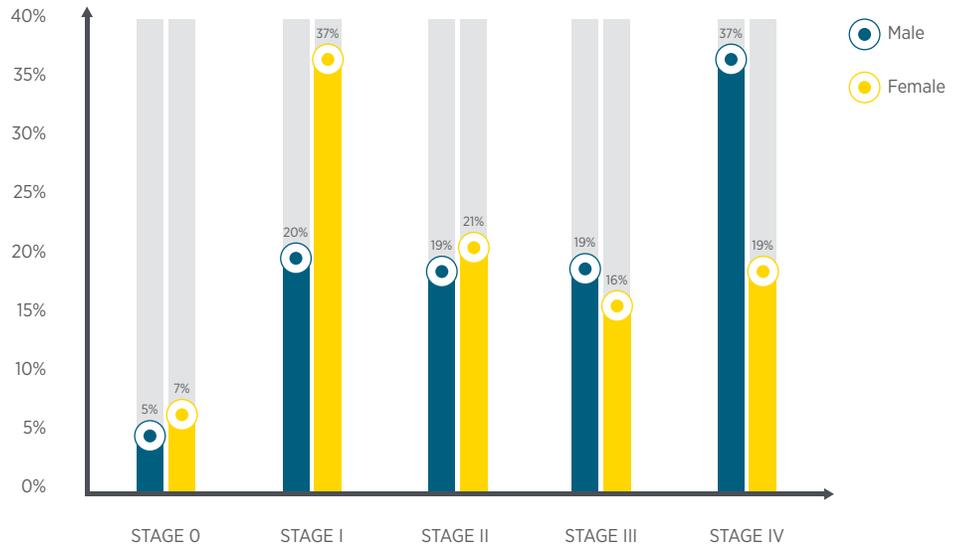


TUMOR REGISTRY

UM UCMC

There were 900 analytic and 168 non-analytic cancer cases diagnosed and/or treated at UM Upper Chesapeake Medical Center in 2014 for a total of 1067 cases. There was a gender difference regarding stage at diagnosis, with 37% of males diagnosed at stage IV. Only 19% of females were diagnosed at stage IV at UM UCMC.

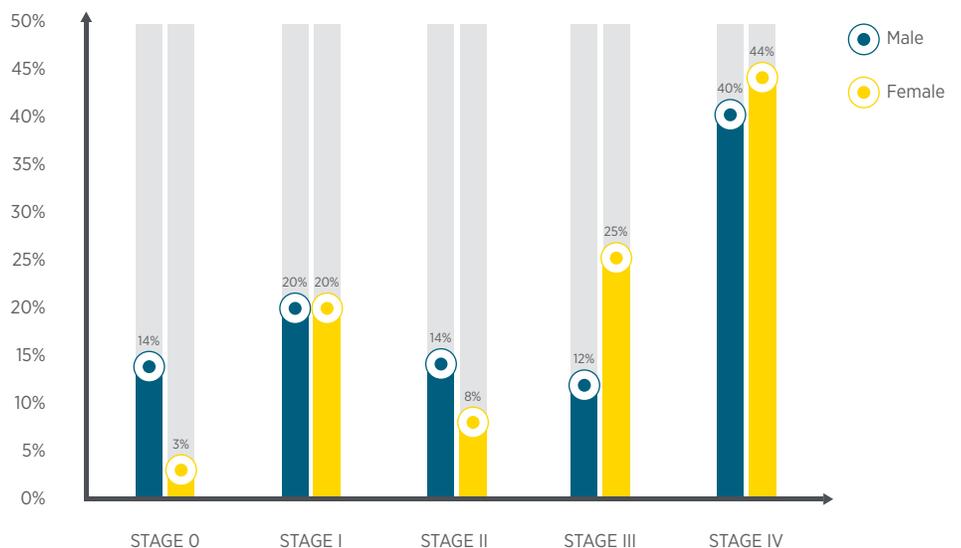
2014 UM UCMC STAGE AT DIAGNOSIS BY GENDER



UM HMH

There were 97 analytic and 34 non-analytic cancers cases diagnosed and/or treated at UM Harford Memorial Hospital in 2014 for a total of 131 cases. Unfortunately, a large proportion of patients, both male and female, were diagnosed at stage IV. This raises a number of opportunities for emphasis on prevention and early detection in this population.

2014 UM HMH STAGE AT DIAGNOSIS BY GENDER



TUMOR REGISTRY

UM UCMC

There were 900 analytic and 168 non-analytic cancer cases diagnosed and/or treated at UM Upper Chesapeake Medical Center in 2014 for a total of 1067 cases. Of the 900 analytic cases 409 (45%) were male and 491 (55%) were female.

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There was a gender difference regarding stage at diagnosis, with 37% of males diagnosed at stage IV. Only 19% of females were diagnosed at stage IV at UM UCMC.

2014 UM UCMC SITE TABLE

	ANALYTIC	NON ANALYTIC	TOTAL
ORAL CAVITY AND PHARYNX	20	1	21
DIGESTIVE SYSTEM	144	24	168
RESPIRATORY SYSTEM	179	19	198
BONES AND JOINTS	0	0	0
SOFT TISSUE INCLUDING HEART	4	0	4
SKIN	18	5	23
BREAST	187	41	228
FEMALE GENITAL SYSTEM	25	4	29
MALE GENITAL SYSTEM	40	20	60
URINARY SYSTEM	58	15	73
EYE AND ORBIT	0	0	0
BRAIN, CNS MALIGNANT	14	0	14
BENIGN/BORDERLINE CNS	17	2	19
ENDOCRINE SYSTEM	27	1	28
LYMPHOMA	63	9	72
MYELOMA	18	3	21
LEUKEMIA	35	12	47
MESOTHELIOMA	2	0	2
KAPOSI SARCOMA	0	0	0
UNKNOWN PRIMARY SITE AND OTHER	49	12	61
TOTALS	900	168	1068

TUMOR REGISTRY

UM HMH

There were 97 analytic and 34 non-analytic cancer cases diagnosed and/or treated at UM Harford Memorial Hospital in 2014 for a total of 131 cases. Of the 97 analytic cases 49 (51%) were male and 48 (49%) were female.

The majority of males, 79%, representing 38 individuals, were diagnosed between the ages of 50-79.

The majority of females, 75%, representing 36 individuals, were diagnosed between the ages of 60-89.

Unfortunately, a large proportion of patients, both male and female, were diagnosed at stage IV. This raises a number of opportunities for emphasis on prevention and early detection in this population.

2014 UM HMH SITE TABLE

	ANALYTIC	NON ANALYTIC	TOTAL
ORAL CAVITY AND PHARYNX	2	0	2
DIGESTIVE SYSTEM	27	4	31
RESPIRATORY SYSTEM	19	4	23
BONES AND JOINTS	1	0	1
SOFT TISSUE INCLUDING HEART	1	0	1
SKIN	1	3	4
BREAST	3	4	7
FEMALE GENITAL SYSTEM	3	2	5
MALE GENITAL SYSTEM	4	1	5
URINARY SYSTEM	15	9	24
EYE AND ORBIT	0	0	0
BRAIN, CNS MALIGNANT	0	1	1
BENIGN/BORDERLINE CNS	0	1	1
ENDOCRINE SYSTEM	4	0	4
LYMPHOMA	6	1	7
MYELOMA	1	1	2
LEUKEMIA	4	0	4
MESOTHELIOMA	0	0	0
KAPOSI SARCOMA	0	0	0
UNKNOWN PRIMARY SITE AND OTHER	6	3	9
TOTALS	97	34	131

Tumor Registry Team

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PATIENT AND FAMILY ADVISORY COUNCIL

History and Development

A key element of Patient Centered Care has been the formation of Patient and Family Advisory Councils (PFAC). These councils help to ensure quality patient care through collaboration in policy and program development. The PFAC can help design, implement and evaluate changes in practices that affect the care and services individuals and their families receive. They provide a vehicle for communication between health care professionals and patients and their families that leads to increased understanding and cooperation.

The Kaufman Cancer Center at UM Upper Chesapeake Medical Center opened its doors in October 2013. Striving for excellence in cancer care, the Kaufman Cancer Center has provided a facility where cancer patients and their families come for hope and healing close to home. To ensure high quality patient care, the Cancer Center's senior leadership team explored the formation of a PFAC to serve as a formal mechanism for including patients and families in policy and program decision making within the Cancer Center. The PFAC at the Kaufman Cancer Center was established in June 2014 and consists of a chairperson and a diverse group of cancer patients and their families. Rules of engagement encourage full participation and ensure that all council members have an equal voice.

Patient and Family Advisory Council Members, Fiscal Year 2015

John Anthony	Julie Chmura	Lisa Feulner, MD	Pat Kaufman	Linda Pytel
Patsy Astarita	Patrick Curran	Diane Fitzgerald	Robert Malloy	William Sandlain
Joseph Bankert	Candy Draksler	Sandy Franz	Bonnie Naef	Janet Streett



Accomplishments

A council charter was developed to identify council goals and to establish a framework for the ongoing operations of the PFAC. Serving as a communication bridge between patients and their families and the Center's administrators, health care professionals and volunteers, the PFAC works to preserve and enhance the high quality patient and family centered care the Cancer Center provides. All communications received by the PFAC are addressed in a respectful, timely, confidential and compassionate manner.

With the foundational components in place, the council was able to begin focusing on and addressing patient and family issues and concerns. It was determined that there was a need for a two-way communication instrument for patients and families to formally provide feedback to the council. The PFAC developed a feedback brochure as well as a tracking checklist that enabled the council to gather concerns and positive comments and ensure all issues are addressed in a timely manner. Copies of the PFAC brochure are readily available throughout the Kaufman Cancer Center.

Council Activities

- A procedure was developed that allowed drivers to safely turn around when the Cancer Center parking lot is full.
- An evaluation of the Center's existing handicapped parking was conducted to ensure an adequate number of designated spaces were available.
- A flyer was created to encourage the use of the underground parking garage.
- The patient mailing lists generated by the Cancer Center's electronic health records were reviewed, and a process was established for keeping the records and lists up to date with current patient information.
- The council regularly shares information about ongoing educational opportunities for the community.
- The council was a sponsor of the 2015 Amanda Hichkad Walk, providing both their time and financial support to the event.

Summary

At the close of the council's first year, a process for adding new members to replace those who could no longer serve was established. With new members in place in September 2015, the Kaufman Cancer Center PFAC looks forward to its second year of helping to provide patients and their families a Cancer Center where high quality, compassionate and comprehensive cancer care remains a top priority.

HOPE AND HEALING CLOSE TO HOME



Through the combined efforts of The Upper Chesapeake Health Foundation and its Chesapeake Cancer Alliance (CCA) volunteers, Cancer LifeNet was founded in 2006 to provide nurse navigation and supportive care programs and services to individuals diagnosed with cancer and their loved ones. In 2015, more than 1,500 patients and their family and friends will be served by this critical program.

The programs and services offered by Cancer LifeNet are fully funded by charitable gifts made to The Upper Chesapeake Health Foundation. Through the gratitude, love, and generosity of individuals, organizations, community partners, fundraising events, and the continued support of the CCA volunteers, Cancer LifeNet provides care, comfort, and hope to local individuals and their loved ones in the fight against cancer.

Each year, The Upper Chesapeake Health Foundation raises hundreds of thousands of dollars to provide these vital services free of charge to individuals. Donors and families often choose to support Cancer LifeNet through restricted gifts made to The Foundation's Annual Giving Campaign or by joining The Archer Society, a Planned Giving Society. All gifts are tax-deductible and support University of Maryland Upper Chesapeake Health's (UM UCH) community health care mission.

Several annual fundraising activities held throughout the year encourage grateful patients, families, Kaufman Cancer Center team members, physicians, and the community at large, to celebrate Cancer LifeNet while raising funds for its existence.

Highlighted community fundraising activities include:

- The second annual Amanda Hichkad CCA Celebration Walk held on May 9, raised more than \$140,000 from the efforts of more than 1,500 participants and more than 2,000 donors.
- The third annual Kids For Hope mud run and obstacle course held on Sept. 12, hosted over 500 local kids ages 7-18 at the Arena Club in Bel Air, raising \$50,000 for Cancer LifeNet.
- Hundreds of local businesses and community partners continue to embrace Paint The Town Pink, a county-wide cancer awareness, education, and fundraising campaign held each October in support of the Kaufman Cancer Center and Cancer LifeNet.



Presented by the Arena Club in Bel Air and The Upper Chesapeake Health Foundation, Kids For Hope mud run and ultimate obstacle course is a great way for kids to have fun while supporting cancer care, right here in our community.



For more information on The Upper Chesapeake Health Foundation, the Chesapeake Cancer Alliance, and opportunities to support Cancer LifeNet visit: uchfoundation.org or call: 443-643-3460.

ONCOLOGY CARE TEAM

Care team members who may be involved in your care:

Clinical Study Administrator

Coordinates, consults and educates in the management of clinical trials

Diagnostic Radiologist

Utilizes radiographic testing to screen, diagnose and monitor patients with cancer

Dietitian

Assesses nutritional status; provides education to improve comfort and/or health

Endoscopist

Involved in diagnostic endoscopy and therapeutic endoscopy for cancer patients

Mammography Technologist

Produces radiographs of the breast and provides patient education on breast self-exam and mammography

Medical Oncologist

Evaluates staging and clinical status of patients; offers advice for treatments, including chemotherapy and clinical trials

Medical Physicist

Designs treatment plans with medical oncologist, calibrates and oversees radiation producing equipment

Occupational Therapist

Specializes in treatments to develop, recover or maintain daily living and work skills of people with physical, mental or developmental conditions

Oncology Data Manager

Maintains comprehensive database allowing analysis of treatment outcome, trends and patient survival

Oncology Nurse

Plans, coordinates and provides nursing care, comfort and education

Oncology Social Worker

Arranges and coordinates appropriate resources and support services

Pathologist

Confirms diagnosis of cancer by examining tissue samples

Physical Therapist

Evaluates mobility and strength restrictions; establishes exercise program to improve independence

Primary Care Provider

Involved in cancer screening, early detection and maintaining wellness

Radiation Oncologist

Prescribes, plans, monitors, oversees and provides follow-up radiation therapy treatment

Radiation Therapist

Operates equipment and cares for patients while receiving radiation treatments

Speech Pathologist

Specializes in the evaluation and treatment of communication and swallowing disorders

Surgeon

Specializes in the surgical treatment of cancer

GLOSSARY OF TERMS

Some terms you may hear during your care:

Analytic Case

Initially diagnosed at and/or received all or part of the first course of treatment at UM HMH and UM UCMC

Class of Case

Determination of diagnostic and treatment status when first seen at facility

First Course of Treatment

Initial tumor-directed treatment generally started within four months of diagnosis

Non-Analytic Case

Subsequent diagnosis or treatment here for recurrent disease, includes cases first diagnosed at autopsy

Stage of Disease

- **In situ (CIS):** *Non-invasive*
- **Localized:** *Invasive tumor confined to organ of origin*
- **Regional:** *Direct extension to adjacent organ/tissue, or regional lymph nodes involved with tumor*
- **Distant/Metastatic:** *Spread of tumor to remote parts of body by direct extension or discontinuous metastasis via bloodstream or lymphatic system*
- **Unknown:** *Tumor for which stage cannot be determined from medical record*

TNM Stage

System developed by the American Joint Committee on Cancer (AJCC), used to describe the anatomic extent of disease

T: *extent of primary tumor*

N: *regional lymph node status*

M: *absence of presence of distant disease*





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