Community Cancer Program

University of Maryland Charles Regional Medical Center
A MESSAGE FROM...

President and CEO
University of Maryland
Charles Regional Medical Center
Noel A. Cervino

Cancer remains the second most common cause of death in the United States and in Charles County, our fight against this disease gains strength every year. Medical improvements in early diagnosis, innovations in treatment, and an ever-greater commitment to providing exceptional care to cancer patients has lead to more lives saved, and a greater quality of life for these survivors.

At the University of Maryland Charles Regional Medical Center (UM CRMC), our goal is to provide patients and their families with care, support and treatment as well as to address the cancer education and prevention needs of our community. The UM CRMC Cancer Program, which is accredited by the American College of Surgeons Commission on Cancer, offers education and support for patients and their families here in Charles County, Maryland.

As part of the program, UM CRMC offers a free annual prostate cancer education didactic for the community, a toll-free referral line to assist with locating physicians and cancer support groups within the community, sponsorship of the American Cancer Society’s Relay for Life, the annual cancer report to the community, and more.

This annual cancer report shares important information including demographics, risk factors, diagnosis, treatment, and survival rates. We are confident this report faithfully demonstrates the resources UM CRMC dedicates to cancer patients in our community, as well as our ongoing commitment to improving the quality of our services, and the quality of lives, for cancer patients and survivors.
CANCER CONFERENCE/TUMOR BOARD

Cancer Conferences help improve the care of patients by providing multidisciplinary treatment planning. UM CRMC Cancer Conferences are held on the first Thursday of the month. Conferences are attended by physicians from Medical Oncology, Radiation Oncology, Pathology, Radiology, Surgery, Primary Care, other specialties, and allied healthcare members. The multidisciplinary group interacts with discussion on aspects of diagnosis, cancer staging including prognostic indicators, risk factors, clinical trial options, and treatment planning using evidence based treatment guidelines.

UM CRMC TOP 5 CANCER SITES

<table>
<thead>
<tr>
<th>Site</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>20.0%</td>
</tr>
<tr>
<td>Breast</td>
<td>18.0%</td>
</tr>
<tr>
<td>Lung</td>
<td>15.0%</td>
</tr>
<tr>
<td>Colon/Rectal</td>
<td>13.0%</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

UM CRMC TOP 5 CANCER SITES BY GENDER

**Male**

<table>
<thead>
<tr>
<th>Site</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Gland</td>
<td>35.0%</td>
</tr>
<tr>
<td>Lung</td>
<td>15.0%</td>
</tr>
<tr>
<td>Colon/Rectal</td>
<td>12.0%</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>10.0%</td>
</tr>
<tr>
<td>Kidney</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

**Female**

<table>
<thead>
<tr>
<th>Site</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>39.0%</td>
</tr>
<tr>
<td>Lung</td>
<td>14.0%</td>
</tr>
<tr>
<td>Colon/Rectal</td>
<td>14.0%</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>7.0%</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

AGE AT DIAGNOSIS

<table>
<thead>
<tr>
<th>Age at Diagnosis (in years)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 - 49</td>
<td>10.0%</td>
</tr>
<tr>
<td>50 - 59</td>
<td>22.0%</td>
</tr>
<tr>
<td>60 - 69</td>
<td>34.0%</td>
</tr>
<tr>
<td>70 - 79</td>
<td>22.0%</td>
</tr>
<tr>
<td>80 - 89</td>
<td>8.0%</td>
</tr>
<tr>
<td>Other</td>
<td>4.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

GEOGRAPHIC DISTRIBUTION

<table>
<thead>
<tr>
<th>County at Diagnosis</th>
<th>Count (N)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD-Charles</td>
<td>155</td>
<td>96.27%</td>
</tr>
<tr>
<td>MD-St. Mary’s</td>
<td>2</td>
<td>1.24%</td>
</tr>
<tr>
<td>MD-Prince George’s</td>
<td>1</td>
<td>0.62%</td>
</tr>
<tr>
<td>DC</td>
<td>1</td>
<td>0.62%</td>
</tr>
<tr>
<td>VA-Bath</td>
<td>1</td>
<td>0.62%</td>
</tr>
<tr>
<td>VA-King George</td>
<td>1</td>
<td>0.62%</td>
</tr>
<tr>
<td>Total</td>
<td>161</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Source: UM CRMC Cancer Registry

All numerical values are rounded to the nearest tenth
CANCER REGISTRY REPORT

The University of Maryland Charles Regional Medical Center Cancer Registry is an integral part of the hospital cancer program. The purpose of the registry is to collect, analyze, and report data on cancer cases diagnosed and/or treated at UM CRMC. The Registry collects patient demographic information and data regarding the diagnosis and treatment of cancer patients, with the cooperation of the Medical and office staffs for optimal reporting. De-identified registry data is available to Medical Staff, researchers, administration and other organizations that have an interest in the care and treatment of cancer patients. Data is also used for administrative planning and monitoring of patient care.

Newly diagnosed patients entered in the UM CRMC Cancer Registry are followed on an annual basis to assure continued medical surveillance and to study the outcomes of patients with different types of cancers. Follow up is accomplished through medical record reviews, from other registries, and through direct contact with the treating physicians and patients.

The registry is a requirement of the American College of Surgeons Commission on Cancer (ACOS COC). Cancer data is reported to the Maryland Cancer Registry and the National Cancer Data Base (NCDB). The NCDB serves as a comprehensive clinical surveillance resource for cancer care in the United States, holding information on approximately 29 million cases starting in 1989. It captures 70 percent of all newly diagnosed cancer cases.

The UM CRMC Cancer Committee is responsible for overseeing the Cancer Registry and for accurate and timely abstracting, as well as proper staging of all cancers. In conjunction with the Cancer Committee, the Cancer Registry personnel are responsible for maintaining a functional, accurate registry that meets the requirements of the American College of Surgeons Commission on Cancer.

The registry has been active since January 1, 1994, with more than 4,328 total cases and 161 analytic cases added in 2012 alone. This annual report contains a review of 2012 new cases, as well as a site-specific report on breast cancer.

All graphs and data enclosed in this report reflect the information obtained through UM CRMC Cancer Registry during 2012, unless otherwise noted.
Breast cancer is a malignant growth that forms in the cells of the breast. It is the most frequently diagnosed cancer for women. Men can also develop breast cancer, but such a diagnosis is rare. One in eight women will be diagnosed with breast cancer during their lifetimes, according to the National Cancer Institute. It is estimated by the American Cancer Society that 232,340 women and 2,240 men will be diagnosed in 2013. Since the Cancer Registry began in 1994, 653 women and 13 men have been diagnosed with breast cancer at the University of Maryland Charles Regional Medical Center.

The most common type of breast cancer is ductal carcinoma. This cancer develops in the ducts that carry milk from the lobules to the nipple. The National Cancer Institute estimates that 80% of all cancer is ductal carcinoma. The second most common type is lobular carcinoma, at 10%. Lobular carcinoma is cancer of the lobules, where milk is produced. Both ductal and lobular can either be in situ or invasive. In-situ means confined to the site of origin, while invasive is when a cancer spreads to surrounding breast tissues.

In 2012, UM CRMC saw 29 new cases of breast cancer. The average age of diagnosis was 62 years old. According to the Centers for Disease Control and Prevention, 3 or 4 women out of 100 women who are 60 today will develop breast cancer by the age of 70.

Anything that increases the chance of getting a disease is called a risk factor. Having a risk factor does not mean that you will get cancer; not having risk factors doesn’t mean you will not get cancer. People who think they are at risk should discuss their concerns with their doctor.

**RISK FACTORS**

- Age—The older you are, the higher your chances are of developing cancer.
- A family history of cancer.
- Genetic risk factors such as an inherited mutation in BRCA 1 and BCRA 2 genes.
• Race-white woman are slightly more likely to develop breast cancer; African American woman are more likely to develop more aggressive advanced stage breast cancer and die from the disease.
• Being overweight or obese.
• Women who had their first child after age 30.
• Having dense breast tissue.
• Previous radiation therapy to the chest.
• Using birth control.
• Hormone therapy after menopause.
• Drinking alcohol.
• Not exercising.

SCREENING
Mammography is the most effective screening method for breast cancer, according to the Susan G. Koman Foundation. Since it can detect breast cancer before it can be felt. Breast exams are done by a health care provider and should be part of your regular medical physical. Screening options should be discussed with your health care provider.

TREATMENT
According to the American Cancer Society, depending on staging and other factors will determine treatment for breast cancer. General types of treatment for breast cancer are listed below.
• Surgery
• Radiation
• Chemotherapy
• Hormone therapy
• Targeted therapy
• Bone-directed therapy

All types of treatment; surgery, radiation, chemotherapy, hormonal and targeted therapy are part of our team approach to breast cancer. These treatments are available locally at UM CRMC.

CONCLUSIONS
According to the American Cancer Society, after increasing for more than 2 decades, female breast cancer incidence rates began decreasing in 2000, then dropped by about 7% from 2002 to 2003. This large decrease was thought to be due to the decline in use of hormone therapy after menopause that occurred after the results of the Women’s Health Initiative were published in 2002. That study linked the use of hormone therapy to an increased risk of breast cancer and heart diseases. Incidence rates have been stable in recent years.

COMMUNITY CANCER EDUCATION PROGRAMS
For the last four years UM Charles Regional Medical Center has been the proud sponsor of “Paint the Park Pink” breast cancer awareness night at Regency Furniture Stadium. The event raises money for the Pink Ribbon Fund to support breast cancer patients. The Blue Crabs players wear pink jerseys that are auctioned off after the game. The funds are available to local patients and breast cancer support organizations for education, outreach and practical support for breast cancer survivors.

UM Charles Regional Medical Center partners with the American Cancer Society to offer the Look Good Feel Better program to women going through radiation or chemotherapy treatments. The Look Good, Feel Better Program helps women undergoing cancer treatment maintain pride in their appearance, offering wigs, skin care education and makeup tips.

UM Charles Regional Medical Center has sponsored and supported the American Cancer Society’s Relay for Life events in Charles County for over 15 years. More than 400 participants celebrated their life after a diagnosis of cancer.

A reception and exhibit of cancer information was provided for survivors and their guest.

The second annual prostate cancer education forum was held at the Waldorf Jaycees Community Center. Participants listened to the physician panel of experts in prostate cancer screening, detection and treatment. Physicians and staff donated their time to provide to the education forum.

Members of UM Charles Regional Medical Center continue to be actively involved in the Cancer Team of Partnerships for a Healthier Charles County, where they work in partnership with the Charles County Department of Health and other organizations to increase cancer education programs in the county.
UM CHARLES REGIONAL MEDICAL CENTER CANCER COMMITTEE

Boris Naydich, MD
Radiation Oncology, Cancer Committee Vice Chairman

Eleanor Faherty, MD
General Surgery, Cancer Liaison Physician

Amir Mirza Alikhani, MD
Pulmonology

Bolivia Davis, MD
Radiology

Saleem Naviwala, MD
Otolaryngology

Kausha Patel, MD
Pathology

Valdimir Kakitelashvili, MD
Urology

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Director of Nursing

Erik Boas
Chief Financial Officer

Nancy Bowling
President and Chief Executive Officer,
Charles County Hospice

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Director of Patient Financial Services &
Interim Director of Health Information Management

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Nurse Manager, Infusion Therapy Services

Debi Hardy
Community Manager, American Cancer Society

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Vice President & Chief Nursing Officer

Joyce Riggs, CHFS
Director, Community Development &
Planning Public Information Officer

Lacey Ridens, RD, LD
Dietitian

Julia Sinsel, CTR, CCS
Tumor Registrar

Phyllis Troffer, BS, RN
Coordinator, Cancer Programs
Charles County Health Department

Ex Officio Member:
Noel Cervino, President and CEO

CANCER REGISTRY REPORT

References:

American Cancer Society www.cancer.org

National Cancer Institute at the National Institutes of Health www.cancer.gov

Susan G. Komen www5.komen.org

American College of Surgeons Commission on Cancer www.facs.org