ANNUAL REPORT 2017

Central Maine Comprehensive Cancer Center

The Central Maine Medical Family

MGH MASS GENERAL Affiliate

Commission on Cancer® ACCREDITED PROGRAM

A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

Cancer Committee Membership

Nicholette Erickson, MD, Committee Chair
& Cancer Liaison Physician

Karen DeGrandpre, LCSW, Psychosocial
Services Coordinator

Melissa Douglas, RN, Quality Improvement Coordinator

Amanda Fearon, CTR, Cancer Conference Coordinator

Charles Foley, MD, Surgeon

Bethaney Hartford, CTR,
Cancer Registry Quality Coordinator

Michele Jasinowski, NP, Palliative Care Professional

Courtney Jensen, MD, Radiation Oncologist

John Skinner, MD, Pathologist

Nicole Heanssler, American Cancer
Society Representative

Maureen Higgins, LCSW, Community
Outreach Coordinator

Charles Humphrey, MD, Radiologist

Crystal Nayock, BSCR, Clinical Research Coordinator

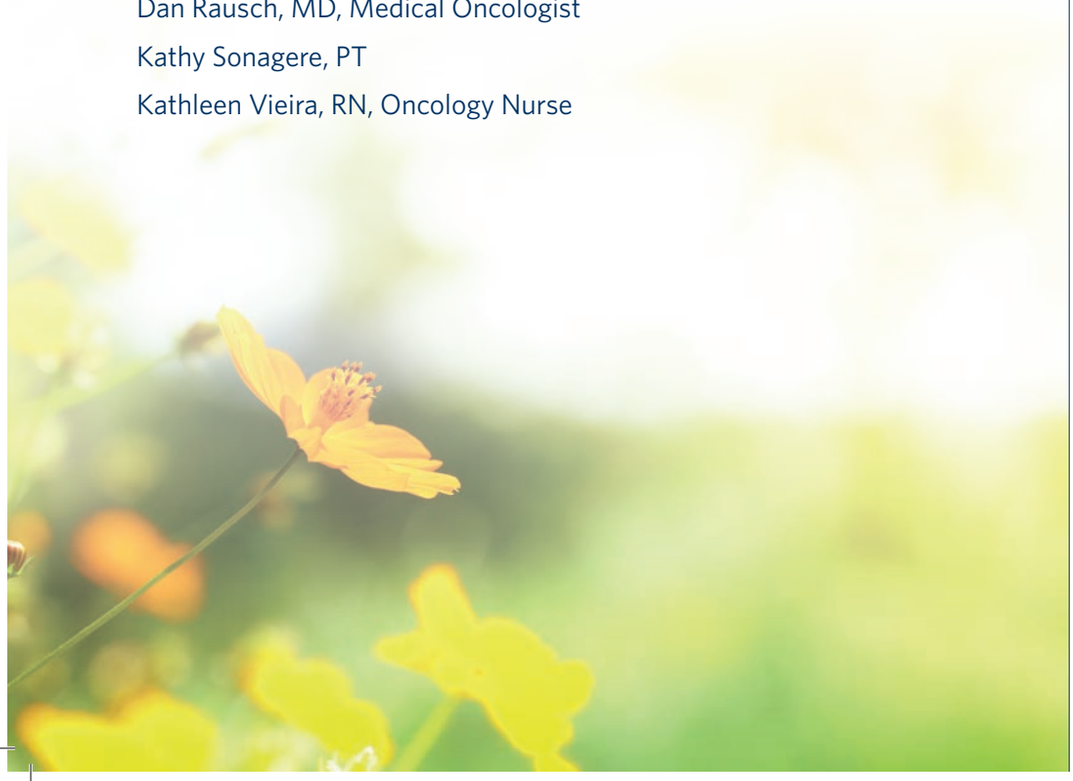
Mary-Anne Ponti, Chief Nursing Officer, RN, MSN,
DBA, FACHE, Cancer Program Administrator

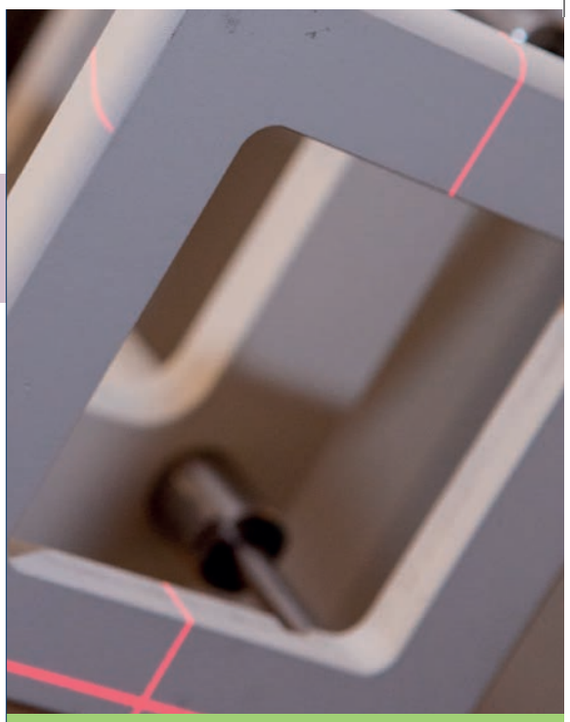
Reza Rahbar, MD, FACS, FASCRS,
Colon and Rectal Surgeon

Dan Rausch, MD, Medical Oncologist

Kathy Sonagere, PT

Kathleen Vieira, RN, Oncology Nurse





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Chairman's Report

Each year, we publish an Annual Report of the Central Maine Medical Center Comprehensive Cancer Program to highlight our continued efforts to provide the highest level of care to residents of our community. We believe that patients with cancer should be able to receive comprehensive care which begins with cancer prevention and screening, multidisciplinary care which is timely and well-coordinated, and extending through palliative care, and supportive services for patients and families.

This year, we said farewell to Dr. Gregory D'Augustine who retired in July. Dr. D'Augustine worked tirelessly to promote and improve the care of patients with cancer at Central Maine Medical Center. He, along with Dr. Pamela Rietschel, was a driving force in the development of the Sam and Jennie Breast Center. He was co-medical director of the Breast Center for more than a decade. In this role he helped to establish the high standard of care for which the Breast Center is known. Additionally, he served as the Cancer Liaison Physician for CMMC for many years before his recent retirement. The Cancer Liaison Physician serves in a leadership role within the cancer program, providing an important link between the CMMC cancer program, the Commission on Cancer, and the American Cancer Society. The primary responsibility of the CLP is to monitor, interpret, and provide updated reports of the program's performance using national data to evaluate and improve the quality of care. In this role, Dr. D'Augustine reported to the Cancer Committee to help guide program development, as well as to monitor our compliance with accountability and quality improvement measures. His years of service and commitment to our community are greatly appreciated. Although we will miss collaborating with Dr. D'Augustine, we wish him all the best in his retirement and the next chapter of life!

Additionally, we would like to recognize the dedication of all the oncology staff that provides the highest quality care possible. The team of professionals includes oncology nurses, social workers, dieticians, laboratory technicians, pharmacists, and patient service representatives, to name just a few. The accomplishments of the cancer program would not be possible without the hard work and commitment of the professionals and staff who work each day caring for our patients.

Nicholette Erickson MD

Nicholette Erickson, MD

Julie Booker, NP, AONP, awarded for dedication to patient care.

Julie Booker, NP, AONP, a nurse practitioner at Hematology-Oncology Associates in Lewiston, received the inaugural Larry Hopperstead Award for Excellence in Patient Care from Central Maine Medical Center (CMMC). Booker was nominated for the award by the entire staff of the infusion center for her professionalism and selfless efforts to ensure that her patients receive top-quality, compassionate care. Her commitment to provide patients with seamless continuity of cancer care by working with other providers, creating symptom management and survivorship classes, exhibiting patience and compassion, being a constant presence of support, and never rushing through care exemplifies CMH's dedication to touching patients' lives and elevating the communities it serves.

Why Is Good Nutrition So Important for Cancer Patients?

Dee Madore, MS, RD, LD
Oncology Dietician

Cancer treatments work better when the patient is well nourished. Eating the right types of foods before, during and after cancer treatment can help the patient feel better and stay stronger. The body needs foods and liquids that contain important nutrients including vitamins, minerals, carbohydrates, protein, fat and water. A person becomes malnourished when they do not get these nutrients. Regardless of what somebody weighs, malnutrition can occur, so it is never healthy to lose significant weight unintentionally, especially before and during cancer treatment.

> Chance of recovery and quality of life are improved by good nutrition. A patient is more likely to fight off infection and keep body tissue healthy with good nutrition.

Unfortunately, some types of tumors change the way the body uses nutrients, and even if nutritional intake is good, the body is unable to absorb the nutrients from food as well, and muscle loss occurs. The treatments for cancer can also make it challenging to eat well. Some of the side effects from surgery, chemotherapy and radiation include loss of appetite, mouth sores, difficulty swallowing, nausea, vomiting, diarrhea, constipation and depression. These side effects and more can decrease oral intake.

> Despite those challenges of cancer and cancer treatment, nutritional therapy and medicines can help manage these side effects and support nutritional status.

So what should a cancer patient eat?

According to the American Institute for Cancer Research (AICR), a healthful eating pattern includes plenty of vegetables and fruit, moderate amounts of whole grains, and plant protein sources like nuts, beans, lentils, tofu, and tempeh, along with modest portions of fish, poultry, lean meats, and nonfat or low-fat dairy foods. An appropriate meal would contain 1/3 or less animal protein and 2/3 or more vegetables, fruits, whole grains, and plant proteins.

Eating healthfully does not need to cost a fortune. Eating at home rather than buying meals out saves a lot of money. It is ok to buy produce that is conventionally grown verses organically grown. It can be cheaper to buy vegetables, fruits and beans in alternative forms such as frozen, canned or dried.

Obviously, many patients we see are not accustomed to making these nutritional choices, so we have compiled a list of frequently asked nutrition questions that have helped guide them along the way.

Should I avoid sugar?

All cells in the body use sugar for fuel, so you cannot starve cancer cells by avoiding sugar. The body can produce sugar to fuel cells even when carbohydrates are not consumed. The problem with sugar is that a diet containing a lot of high sugar foods can lead to excess weight and body fat. This is linked with several types of cancer. It's not eating sugar or carbs that causes cancer, rather eating too many calories in general. Also, foods high in refined sugar are often low in nutritional value, and diabetes, heart disease and obesity risk is increased by eating too many of them.

Should I take a vitamin/mineral supplement?

The research around this issue is controversial. Bottom line is the protective nutrients in whole foods are much preferable to those in large dose supplements. At least 5 servings of non-starchy vegetables and fruits are recommended daily. Some supplements are appropriate for specific medical conditions such as osteoporosis and iron deficiency anemia. Always discuss your supplement use with your healthcare team. Go to a reputable source for information before trying a new "cancer fighting" strategy, such as a dietary or herbal supplement. Even products labeled all natural can negatively interact with medications treating cancer. When it sounds too good to be true, it probably is.

Can physical activity help me tolerate cancer treatment and quality of life during and after cancer treatment?

The American College of Sports Medicine (ACSM) recommends carefully monitored exercise training during and after cancer treatment. It improves endurance, well-being and self-esteem, and decreases fatigue and depression. Physical activity can also help decrease treatment related side effects such as nausea, weight gain (some treatments are associated with unintentional fat mass gain) anxiety, cardiotoxicity (heart problems associated with cancer treatment) and length of hospitalization. Muscle loss is a component of weight loss during treatment. Resistance exercise can help restore and even prevent muscle loss.

But what if you don't have the energy to exercise?

Talk to your healthcare team if you haven't been exercising regularly, start slowly and gradually increase intensity and duration. A few minutes of walking or riding a stationary bike every day is a good start. A gentle fitness class can be found at Dempsey Center, your local YMCA or county recreation department. Keep in mind that insurance may cover a rehabilitation assessment with a physical therapist.

Is juicing okay during cancer treatment?

Juicing is a process to extract the juice from fresh fruits or vegetables. Relying on juiced fruits and vegetables solely for complete nutrition is not recommended. The diet should contain adequate protein and calories to promote weight stability during treatment.

Is a vegetarian diet the best diet?

A vegetarian diet is a choice, but there is no clear evidence that it is more cancer protective than a mostly plant-based diet containing small amounts of lower fat meats and dairy foods.

Should I avoid soy-based foods?

Moderate consumption of whole soy foods (1-2 servings per day of soy milk, tofu, edamame, tempeh, etc.) as a plant based protein is safe to consume for cancer patients and survivors according to human studies.

Let's get started!

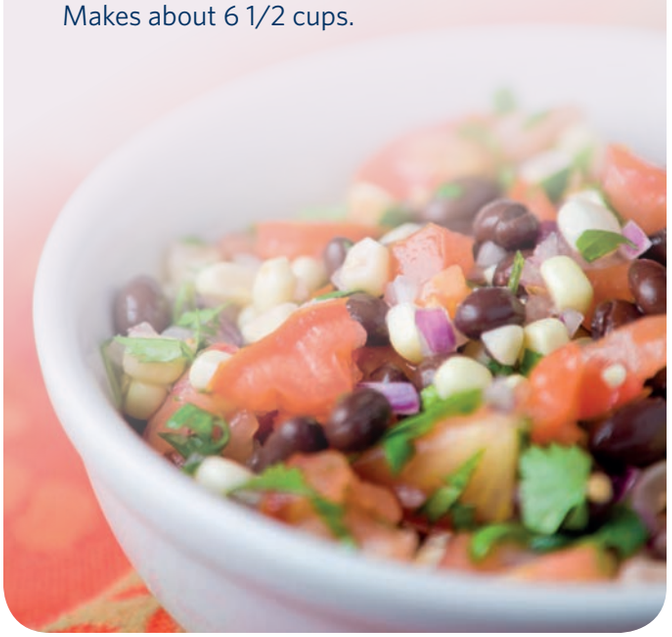
Here's a recipe to increase your fiber and plant protein intake.

Southwestern Black Bean Salad

15.5 oz can black beans, rinsed and drained
9 oz cooked corn, fresh or frozen (thawed)
1 medicum tomato, chopped
1/3 cup red onion
1 scallion, chopped
1 ½ to 2 limes, juiced
1 Tbs olive oil
2 Tbs fresh minced cilantro
Salt and pepper
1 medium avocado
1 diced jalapeno (optional)

Combine beans, corn, tomato, onion, scallion, cilantro, salt and pepper in a large bowl. Squeeze fresh lime juice to taste and stir in olive oil. Marinate in the refrigerator 30 minutes. Add avocado just before serving.

Makes about 6 1/2 cups.



Minimally Invasive Colorectal Surgery: The Fast-Track to Cure

Reza Rahbar, MD, FACS, FASCRS
Colon and Rectal Surgeon

Just like the world around us, technology is a major part of current medical care. What were novel ideas just a few years ago are now powerful tools used in the treatment of disease. Nowhere is this more evident than in the operating arena, especially in the field of colon and rectal surgery. Minimally invasive surgery — such as laparoscopy and transanal tumor resection — is now the standard of care for colorectal surgery. More than surgery through small incisions, minimally invasive procedures are highly complicated techniques that require advanced instrumentation, training, and skills to be successfully completed.

Laparoscopic surgery uses specialized instruments through very small incisions to remove cancers and other diseases. In fact, it can sometimes even be done through a single small incision. The overall patient benefit of minimally invasive surgery cannot be over emphasized. Laparoscopic colon and rectal surgery, compared to open surgery, provides many benefits, such as a faster return to regular diet and bowel function, decreased pain, and shorter hospitalizations — all while reducing postoperative complications and cost. In fact, laparoscopic patients return to full activity 6 weeks faster, and return to work 4 weeks sooner, than patients having the same procedure done with an open incision.

Minimally invasive techniques, coupled with an advanced knowledge of intestinal physiology, allow colon and rectal patients to be "fast tracked" through their hospitalizations. "Fast track" protocols start before you even get to the hospital. For example, patients are given a carbohydrate drink the day of surgery. This keeps our bowel working before surgery and helps them wake-up faster after surgery. Postoperatively, patients are able to eat right after surgery and are encouraged to get out of bed immediately after surgery — long gone are the days of mandatory nasal tubes and bed rest. Hospital stays are much shorter too, patients are now routinely leaving the day after surgery.

Another example of highly specialized colon and rectal procedures is transanal endoscopic microsurgery, or TEM. TEM also utilizes specialized laparoscopic equipment but surgery is done through the anus to remove benign and malignant rectal tumors that would otherwise require major abdominal or abdominoperineal resections. This can often be done without any hospitalization.

The world is constantly upgrading, and so is the practice of medicine and surgery. Minimally invasive surgery is the standard of care for colon and rectal surgery and is your fast-track to cure.

Maine Cancer Genomics Initiative

Nicholette Erickson, MD
Medical Oncologist

Cancer research is an important part of the services offered to patients at Central Maine Medical Center. The Commission on Cancer requires research participation as part of our cancer program certification. It is our goal for patients to have as many opportunities to participate in cutting edge clinical research as possible. For this reason, we are very pleased to be participating in the Maine Cancer Genomics Initiative.

The MCGI is a unique partnership between the Jackson Laboratories and oncologists across the state of Maine, supported by a generous eight million dollar grant from the Harold Alfond foundation. The goal of the MCGI is to provide state-of-the-art genomic profiling of tumors using the Jackson Laboratories novel genomic medicine tool ActionSeq Plus, as well as to provide education to oncologists, provide a forum for clinical case discussion, and to evaluate how this information influences clinical decision making and patient satisfaction.

Genomic testing of tumors allows for testing for several hundred specific genes in the tumor. The hope is that this testing will identify specific genetic markers in the tumor to allow for personalized selection of targeted therapies, immunotherapy, or to identify clinical trial opportunities. Each cancer is unique, and each tumor can vary at the molecular level. Genomic testing is different than genetic testing, because it is evaluating the genetic makeup of the tumor itself, not the genetic makeup of the patient. Not all tumors will have genomic changes that lead to a specific treatment, but as new cancer therapies are developed, the understanding of the molecular targets in a specific tumor will be critical.

Another important component of the MCGI is clinician education. Participating clinicians will have access to on-line CME modules, as well as interactive forums. Monthly virtual Genomic Tumor Boards have already been implemented, where oncology clinicians collaborate with pathology and genomic experts to recommend treatment based on complex genomic results. We are pleased to collaborate on this important state-wide initiative, which will provide state of the art diagnostic testing to our patients.

Cancer Incidence Grid

SITE	2014	2015	2016	% of 2016 Analytic Cases	Estimated 2016 National %	Presented at Ca Conference
Tongue	6	6	7	0.8	1	21
Mouth	2	9	8	0.9	0.8	6
Pharynx	8	15	10	1.1	1	11
Other oral cavity	3	6	4	0.4	0.2	20
Esophagus	17	23	26	2.8	1	15
Stomach	8	7	10	1.1	1.6	6
Small intestine	4	4	9	1	0.6	0
Colon	28	44	41	4.5	5.7	14
Rectum & rectosigmoid	33	28	16	1.8	2.3	1
Anus, anal canal & anorectum	8	9	4	0.4	0.5	3
Liver & intrahepatic bile duct	7	14	5	0.5	2.3	1
Gallbladder & other biliary	5	6	12	1.3	0.7	4
Pancreas	18	29	43	4.7	3.1	6
Other digestive organs	1	2	2	0.2	0.3	0
Larynx	18	15	12	1.3	0.8	33
Lung & bronchus	153	169	145	15.9	13.3	105
Mesothelioma	3	2	4	0.4	0.2	4
Nose, nasal cavity & middle ear	0	3	2	0.2	0.2	0
Bone & joints	0	0	2	0.2	0.2	0
Soft tissue (including heart)	4	3	3	0.3	0.7	1
Melanoma of skin	24	41	51	5.6	4.5	6
Other nonepitheal skin	1	3	1	0.1	0.4	1
Breast	171	148	190	20.8	14.8	261
Uterine cervix	3	1	3	0.3	0.8	0
Uterine corpus	20	14	21	2.3	3.6	0
Ovary	10	5	3	0.3	1.3	0
Vulva	0	1	1	0.1	0.3	0
Vagina & other genital, female	1	2	2	0.2	0.3	0
Prostate	61	58	66	7.2	10.7	3
Testis	3	4	7	0.8	0.5	6
Penis & other genital, male	0	1	1	0.1	0.1	0
Urinary bladder	38	44	50	5.5	4.6	3
Kidney & renal pelvis	25	32	31	3.4	3.7	1
Ureter & other urinary organs	2	2	0	0	0.2	0
Eye & orbit	0	0	0	0	0.2	0
Brain & other nervous system	24	17	24	2.3	1.4	2
Thyroid	18	15	10	1.1	3.8	0
Other endocrine	5	0	2	0.2	0.1	0
Hodgkin lymphoma	10	4	5	0.5	0.5	8
Non-Hodgkin lymphoma	27	25	36	3.9	4.3	3
Myeloma	13	7	14	1.5	1.8	1
Acute lymphocytic leukemia	0	1	0	0	0.4	0
Chronic lymphocytic leukemia	14	5	6	0.7	1.1	0
Acute myeloid leukemia	5	3	3	0.3	1.2	0
Chronic myeloid leukemia	1	1	1	0.1	0.5	0
Other leukemia	3	0	4	0.4	0.4	0
Other & unspecified primary sites	32	25	16	1.8	2	21
TOTALS	**837**	**853**	**913**	**99.3**	**100**	**567**

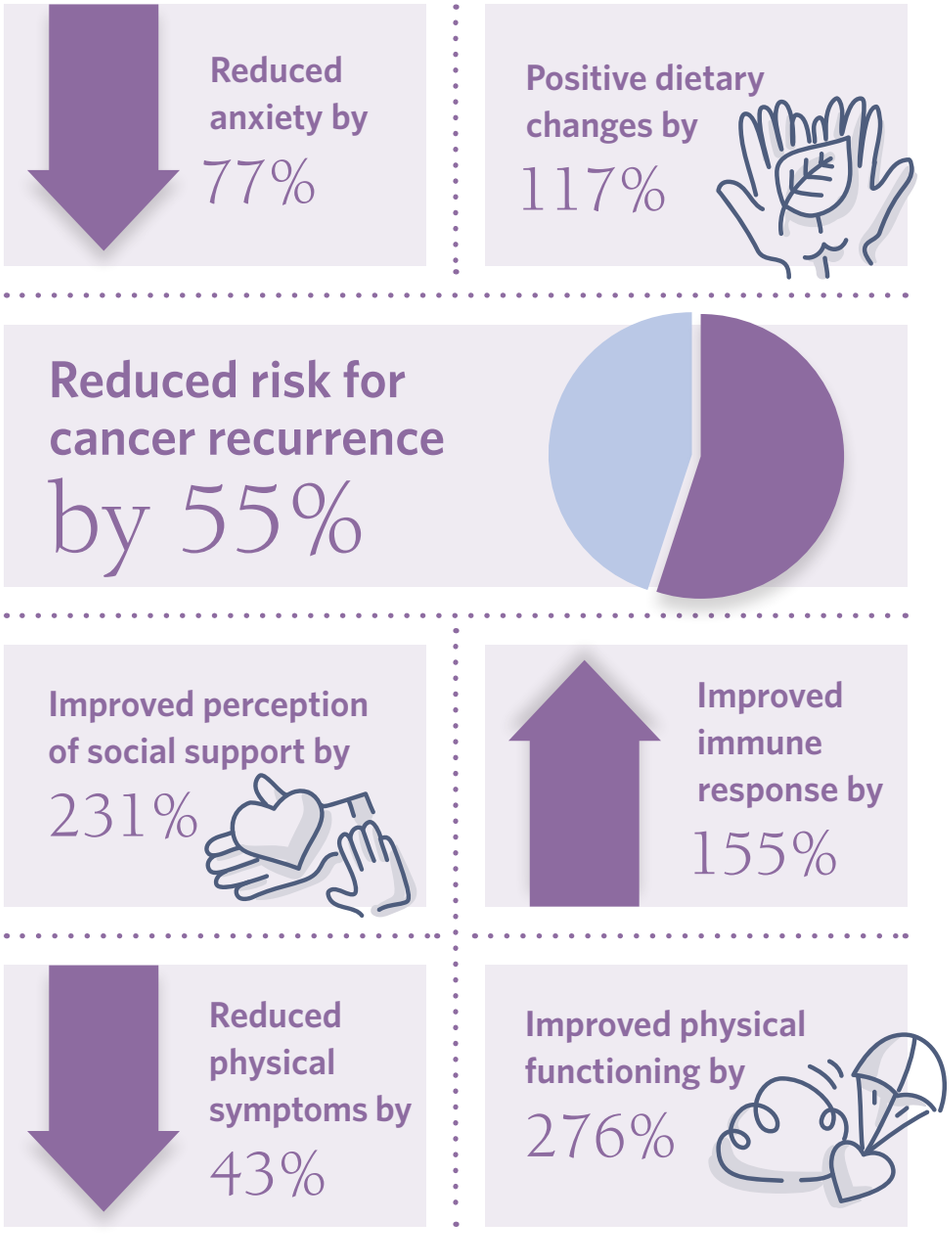
1,685,210 National statistics used for comparison come from the American Cancer Society 2016 Edition of Cancer Facts and Figures. Data used is the Estimated New Cancer Cases for Both Sexes, All Sites, US, 2016. Estimates may not add to 100 due to rounding.

Cancer to Health Program Aids Dempsey Center Cancer Patients

Maureen Higgins, LCSW
Dempsey Center Cancer Health Outreach Educator

***From Cancer to Health* is an empirically supported intervention to help newly diagnosed cancer patients manage the emotional and physical stressors they experience while in treatment.**

The program is based on research done at Ohio State University, supported by the American Cancer Society and National Cancer Institute. *From Cancer to Health* has been offered each spring and fall at the Dempsey Center since 2014, serving 33 people to date. Research results from Ohio State University's clinical trials showed cancer patients experienced:



This 18-week psycho-educational program includes learning a progressive muscle relaxation technique to reduce stress and anxiety; problem solving and assertive communication skills to improve self-care and coping; strategies to minimize physical side effects from treatment; and healthy living habits. The participants also benefit from the social aspects of being in a group. Participants recognize they are not alone, helping them feel less isolated and providing a sense of empowerment when their lives may feel out of control.

> "I highly recommend the *From Cancer to Health* program. Taking a journey like this with other cancer patients to learn relaxation techniques, effective communication and tools to make this process easier for ourselves is absolutely wonderful."

Seana R., *Cancer Survivor and*
From Cancer to Health *graduate.*

Theresa Beaudette, an Oncology Counselor at the Dempsey Center, was trained at Ohio State University to facilitate this program. Patients may come to the Dempsey Center without a referral, or providers may complete a Request for Services for their cancer patient to attend this program. For more information, contact the Dempsey Center at 207-795-8250 or call Theresa Beaudette directly at 207-795-7530.

More About The Dempsey Center

The Dempsey Center is a leader in Quality of Life care for individuals and families impacted by cancer. Founded in Lewiston, Maine, by actor Patrick Dempsey, the Dempsey Center provides a personalized, holistic and integrated approach to cancer prevention, education and support. All services are provided at no cost to anyone impacted by cancer regardless of their socioeconomic circumstances or where they receive their medical treatment.

Milaim Mustafa, MD, Joins Hematology-Oncology Associates

Milaim Mustafa, MD, has joined the staff at Hematology-Oncology Associates in Lewiston.

Dr. Mustafa attended the University of New England in Biddeford, Maine. He earned his medical degree at the American University of Antigua College of Medicine in Coolidge, Antigua.

He completed his internal medicine residency at Richmond University Medical Center in Staten Island, NY, and fellowships in hematology and oncology at Westchester Medical Center, New York Medical College in Valhalla, NY. Dr. Mustafa is certified by the American Board of Internal Medicine.

"I have a family history of cancers, which has helped me understand what cancer patients go through. To be able to create great bonds with my patients and help them through their most difficult time is the best feeling that can be experienced," said Mustafa of his chosen specialty.

He continued, "I enjoy showing my patients that they are not alone and that we will fight together."

About Hematology-Oncology Associates

The Hematology-Oncology Associates group, part of Central Maine Medical Group, treats patients with blood disorders and cancer. The practice is located at 12 High Street, Suite 205 in Lewiston and a specialty clinic is available at Rumford Hospital and the Bridgton Oncology Clinic.

Central Maine Comprehensive Cancer Center

The Central Maine Medical Family

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