



# CENTRAL MAINE COMPREHENSIVE CANCER CENTER **2018 ANNUAL REPORT**



MASS GENERAL  
Trauma and  
Acute Surgery



A QUALITY PROGRAM  
of the AMERICAN COLLEGE  
OF SURGEONS

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# CHAIRMAN'S REPORT



Nicholette Erickson, MD

**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. Pamela Rietschel who retired in September. Dr. Rietschel worked tirelessly to promote and improve the care of patients with breast cancer at Central Maine Medical Center. Dr. Rietschel has been a practicing general surgeon in our community since 1989. She, along with Dr. Gregory D'Augustine, was a driving force in the development of the Sam and Jennie Bennett Breast Care Center. She was co-medical director of the Breast Center for more than a decade. In this role she helped to establish the high standard of care for which the Breast Center is known. Her years of service and commitment to our community are greatly appreciated. Although we will miss collaborating with Dr. Rietschel, we wish her all the best in her retirement and the next chapter of life!

We also had the privilege of welcoming Dr. Lisa Rutstein as a full-time member of the CMMC medical staff. Dr. Rutstein is well-known as a skilled surgical oncologist with tireless commitment to patient care. Her expertise in the surgical management of upper GI malignancies and complications of advanced cancer has allowed us to expand the breadth of high-quality cancer surgery in our community, and we look forward to seeing this aspect of the program grow in the coming years. One immediate improvement initiated by Dr. Rutstein has been the development of a "one call" referral line for oncology patients. This has immediately offered a streamlined and efficient referral process for referring physicians in our region.

Finally, we would like to recognize the dedication of all the oncology staff who provide the highest quality care possible. The team of professionals includes oncology nurses, social workers, dietitians, 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.

A handwritten signature in black ink that reads "Nicholette Erickson MD". The signature is written in a cursive, flowing style.

Nicholette Erickson, MD

## WELCOME DR. LISA RUTSTEIN, MD, FAC, SURGICAL ONCOLOGIST



**We are happy to announce that Dr. Lisa Rutstein is now practicing full time at the Central Maine Comprehensive Cancer Center. Dr. Rutstein provides general surgical oncology, upper & lower gastrointestinal (GI) surgery, skin & soft tissue surgery and breast surgery. Her special interests include treatment of stomach, intestinal, gallbladder, pancreas and liver cancer, as well as breast and skin malignancy.**

Dr. Rutstein is a graduate of McGill University and the University of Massachusetts Medical School. She completed her Residency in General Surgery at Maine Medical Center and her Fellowship in Surgical Oncology at the University of Pittsburgh Medical Center.

Dr. Rutstein is certified by the American Board of Surgery and is a Fellow, American College of Surgeons (FACS). She is an Assistant Professor of Surgery at Tufts University School of Medicine.

“I believe in a multidisciplinary approach to cancer care that promotes teamwork, communication and education. At CMH, we surround the patient with skilled people to provide support at all levels. From scheduling to nutrition to surgery and ongoing support, we ensure that every patient is cared for holistically. We offer a comprehensive range of treatment options, and our affiliation with Massachusetts General Hospital enables us to give patients access to a wide array of clinical research trials.”

Dr. Rutstein is joined by her highly skilled and experienced surgical oncology team which includes Christina Owens, NP, Angela Reed, NP and Jamie Thompson, PA-C. Their exceptional training, education and commitment to the highest level of quality care enables a seamless experience for all patients across the surgical continuum, from consultation to surgery through post-operative inpatient care and follow-up, this coordinated team is available 24/7 to support patients and their families.

“I think that the backbone of this team is good communication. We all have our strengths and we rely on one another’s expertise to best serve our patients every day. We’re like individual puzzle pieces that just fit together, so naturally it’s great to be able to work as a team again at Central Maine Medical Center.”





# NURSE NAVIGATORS: HELPING CANCER PATIENTS THROUGH THEIR JOURNEY FROM DIAGNOSIS TO SURVIVORSHIP

**Being diagnosed with cancer is a stressful time for the patient and their family. Navigating through the healthcare system, seeing multiple doctors from different specialty disciplines, and completing testing with various scans can be daunting. Access to a patient navigator can decrease the stress on the patient and family. In 2010, President Obama signed the Patient Protection and Affordable Care Act mandating patient navigation processes as a component of health care. Nurse navigation focuses on patient-level barriers to access care and reduce delays to diagnose and treat the cancer patient.**

Nurse navigators in the cancer realm are certified oncology nurses who are available to guide the patient through the entire process from diagnosis to active treatment and survivorship. The nurse navigator collaborates with members of the medical care team to ensure patient information is current and understood by all team members. Navigators help the patient and family members understand the disease process, treatment options, and decided plan of care.

Various medical studies have shown that cancer patients who have access to nurse navigators have less delays starting treatment, fewer hospital admissions, and overall improved patient satisfaction.



At Central Maine Medical Center, We are expanding the navigation program. Thoracic oncology patients were the first to be navigated in 2010. Breast cancer was added as another specialty to benefit from navigation in 2014. Both areas of the navigation specialty were funded by grants to improve patient outcomes involving over 200 patients per year.

Today we have three oncology certified nurse navigators involved in six different cancer diagnoses. The navigation program will continue to streamline care and be beneficial to our cancer population.

# 3D MAMMOGRAPHY EXAMS (TOMOSYNTHESIS)

**Cindy Harradon**

Systems Director Medical Imaging

**Central Maine Medical Centers' Sam & Jennie Bennett Breast Care Center is excited to offer 3D Mammography breast exams; also known as 3D Tomosynthesis. Utilizing advanced 3D Tomosynthesis technology, our breast exams are clinically proven to significantly increase the detection of breast cancers. It decreases the number of women asked to return for additional testing, this is due to its advanced sensitivity.**

Utilizing only 2D Mammography, overlapping tissue, can make it difficult to diagnose small breast cancers. Normal tissue may appear abnormal, leading to additional breast imaging and patients being called back.

A 3D Tomosynthesis exam, includes a three-dimensional method of imaging that can greatly reduce the tissue overlap effect. This will greatly improve an accurate diagnosis. This is accomplished by the ability of the Radiologist to be able to scroll through images slice by slice to find lesions previously undetectable.

With our technology, 3D Tomosynthesis, we provide both—2D images and 3D—Tomosynthesis scans. During the 3D Tomosynthesis portion of the exam, an X-ray arm sweeps in a slight arc over the breast, taking multiple images. A computer then converts the images into a stack of thin layers, which allows the Radiologist to review the breast tissue one layer at a time. The 3D Tomosynthesis scan requires no additional compression and takes just a few seconds longer than a conventional 2D breast cancer screening exam.

Researchers have found that:

- 3D Tomosynthesis finds 20-65% more invasive breast cancers compared to 2D alone, an average increase of 41%
- 3D Tomosynthesis is superior for women with dense breasts compared to 2D alone
- 3D Tomosynthesis reduces the need for a callback exam by up to 40% compared to 2D alone

We also purchased an upright breast biopsy device which allows us to perform breast biopsies in a shorter time frame (half the time) and with greater accuracy. We are most fortunate and proud to be one of the first in Maine to offer this technology to our patients.

We are committed to the fight against breast cancer by providing the 3D Tomosynthesis exam as a more accurate tool for breast cancer screening and diagnosis.



## COMPLIANCE WITH TREATMENT GUIDELINES IN STAGING AND TREATMENT OF MUSCLE-INVASIVE BLADDER CANCER

**Each year, the Cancer committee selects a topic for analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. The CMMC Cancer Committee has chosen to utilize the National Comprehensive Cancer Network (NCCN) guidelines as our standard for cancer care. The NCCN is a not-for-profit alliance of 28 of the nation's leading cancer centers. Through the leadership and expertise of clinical professionals at member institutions, evaluation, treatment and follow-up guidelines have been created for almost all cancer diagnoses, and are reviewed and updated on an annual basis. NCCN guidelines are commonly recognized as representing the national standard of care for cancer patients.**

The Cancer Committee selected bladder cancer as the topic for review in 2018. All patients diagnosed with Stage II and Stage III bladder cancer diagnosed between 2012 and 2017 were included. This group was selected to review evaluation and treatment for patients with muscle-invasive disease being potentially treated for curative intent. These patients typically receive multimodality therapy, and an interdisciplinary approach to care is optimal. A total of 42 patients were identified. Of these, 34 were Stage II and eight were Stage III patients.

NCCN guidelines for staging of Stage II and III bladder cancer include performance of chest imaging, a diagnostic CT scan of the abdomen and pelvis, and bone scan only for patients with clinical suspicion of bone metastasis. Of the 42 patients reviewed, 40 patients were confirmed to have had a CT scan of the abdomen and pelvis, for a compliance rate of 95%. Of the two patients that did not have a documented CT scan performed, one patient was seen at an outside hospital for neoadjuvant chemotherapy and subsequent surgery. It is expected that imaging was likely performed at that institution. The second patient was elderly and had decided to pursue hospice care only. Chest imaging was confirmed in 38 of the 42 patients. Of the four patients for whom chest imaging could not be confirmed, one was the same patient seen at an outside hospital for neoadjuvant chemotherapy and it is expected that imaging was likely performed at that institution. The remaining three patients were all of advanced age ranging from 86 to 96 years old. These three patients elected to receive palliative care only, therefore complete staging would not be needed. Therefore, for this group of patients, compliance was excellent for performance of recommended imaging studies for staging. A bone scan was performed in seven of the 42 patients. A bone scan is recommended ONLY if there is a clinical suspicion of metastatic disease to bone. Based on this guideline, it is not expected that all patients will have a bone scan. In fact, the results would suggest prudent utilization of bone scan imaging in the staging of bladder cancer, which would be desired.

Treatment options for patients with Stage II and Stage III bladder cancer do include a variety of options. For medically fit patients, the recommended treatments include neoadjuvant chemotherapy followed by cystectomy or chemoradiation with surveillance and surgery reserved for treatment failure. For patients who are considered medically unfit, or not candidates for cystectomy, options include chemoradiation, radiation alone, or TURBT with intravesical BCG. Based on these treatment guidelines, it would not be recommended for a patient to be treated with cystectomy alone. Of the 42 patients reviewed, nine patients did not receive any treatment for their cancer. Two of these patients died of medical complications

prior to beginning treatment. One patient died from complications related to aneurysm surgery, and the second from sepsis due to a bowel perforation. The remaining seven patients who did not receive treatment were all of advanced age greater than 85 years old who chose to receive palliative care only. Of the remaining 33 patients, all but six received treatment as recommended by the NCCN guidelines. Thirteen patients, or nearly one third were treated with neoadjuvant chemotherapy followed by cystectomy. Of these patients, four had their surgery performed at CMMC, eight patients had surgery performed at Maine Medical Center, and two patients had surgery in Boston hospitals. 11 patients were treated with chemoradiation. The extent of the response to this treatment was not included in this analysis, but one patient did require a cystectomy for salvage. Two patients considered medically unfit for chemotherapy did receive radiation alone, and one patient had maximal TURBT followed by intravesical BCG.

Finally, five patients were treated with surgery alone which would not be considered compliant with NCCN guidelines, and one patient had surgery followed by chemotherapy. Thus, the overall compliance with treatment guidelines is 82%. Of those five patients, four received their surgery at outside hospitals. Reasons that neoadjuvant chemotherapy were not considered cannot be evaluated, though one patient was 85 years old, and it is documented that one refused chemotherapy. Two patients treated only at CMMC had treatment that did not conform to NCCN guidelines. One patient had surgery alone, and the second had surgery followed by adjuvant chemotherapy.

This review confirms that there is a high overall rate of compliance with national guidelines for the staging and treatment of muscle invasive bladder cancer. A comprehensive multidisciplinary approach to these patients will be enhanced by increasing the number of bladder cancer cases presented at Tumor Conference, and by greater urology participation in Tumor Conference.





# ONCOLOGY THERAPEUTIC MASSAGE AND ACUPUNCTURE AT THE DEMPSEY CENTERS

## The Dempsey Centers for Quality Cancer Care

**Every year, over 8,000 Mainers receive a cancer diagnosis, a diagnosis that impacts both patients and their families. The Dempsey Centers provide an array of services to help alleviate the negative physical and emotional effects of cancer for individuals and families impacted by a cancer diagnosis.**

A growing body of research shows that complementary therapies such as acupuncture and oncology therapeutic massage can improve the health and well-being of cancer patients during treatment and beyond. These therapies can help control the top five concerns of cancer patients as identified by the distress screening tool used by CMMC oncology practices:

- Fatigue
- Worry
- Nervousness
- Pain
- Sleeplessness

As more cancer patients become aware of the benefits of these modalities, the need for them has grown.

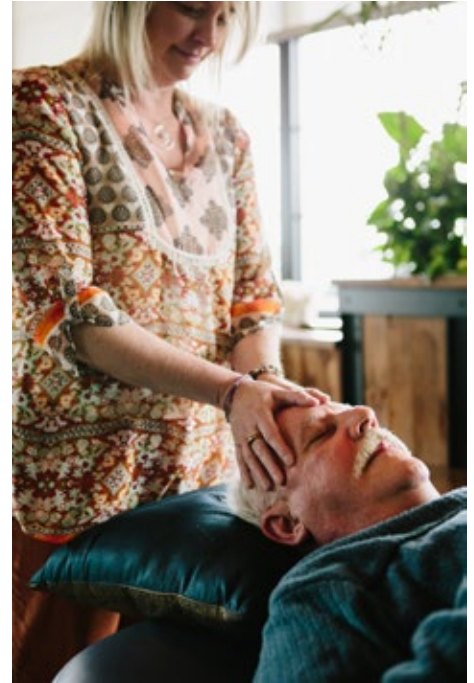
Massage therapy services at the Dempsey Centers are available to adults and youth, regardless of where they receive their medical treatment. Dempsey Centers' clients seek massage therapy primarily to relieve cancer related symptoms including anxiety, fatigue, musculoskeletal tension, difficulty sleeping, and pain.

The Dempsey Center's licensed massage therapists have completed oncology-specific training approved by the Society for Oncology Massage. Oncology massage therapists integrate input from clients' oncology medical teams in devising and adapting treatment plans as needed.

Acupuncture is another complementary therapy offered at the Dempsey Centers. Research suggests that acupuncture can reduce nausea and vomiting after surgery and chemotherapy and can reduce other common symptoms of cancer treatments, such as stress, pain, neuropathy and insomnia. The Dempsey Centers' acupuncturists are state licensed, master's level trained or have completed medical acupuncture certification.

**While many patients are open to trying complementary therapies, they are often limited by the cost since most insurance plans do not cover these modalities. At the Dempsey Centers, clients can try complementary therapies at no cost to them.**

This is especially important during treatment when cancer care expenses can quickly add up, even for people with good health insurance coverage. Because all Dempsey Center services are offered at no charge to clients, they can receive support without adding to their out-of-pocket, cancer-related expenses.

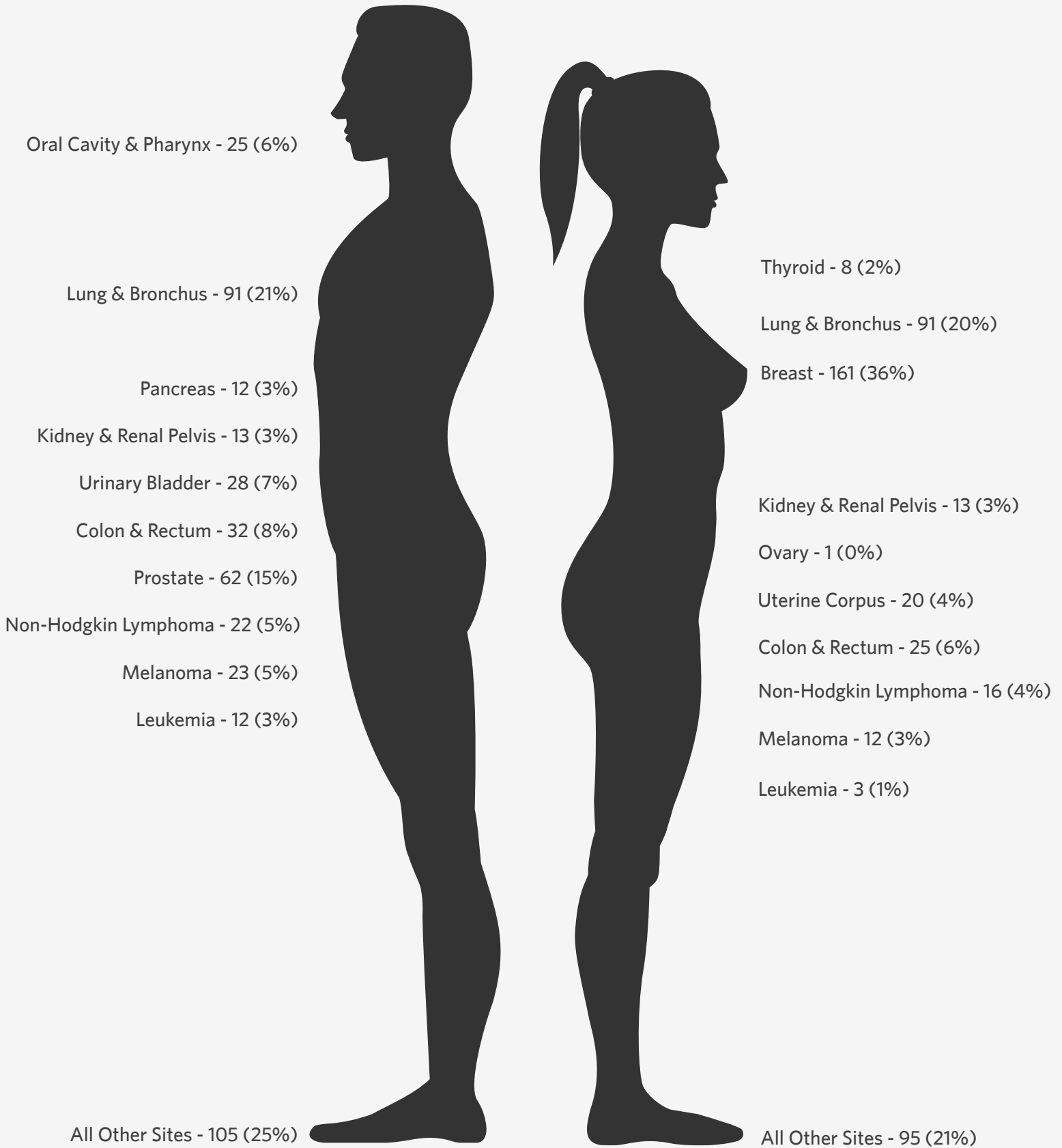


# CANCER INCIDENCE GRID

Site	2015	2016	2017	% of 2017 Analytic Cases
Lip	-	-	2	0.2%
Tongue	6	8	11	1.3%
Salivary Glands	-	-	1	0.1%
Floor of Mouth	9	8	5	0.6%
Gum & Other Mouth	-	-	1	0.1%
Pharynx	15	10	5	0.5%
Tonsil			4	0.5%
Other Oral Cavity & Pharynx	6	4	2	0.2%
Esophagus	23	26	14	1.6%
Stomach	7	10	12	1.4%
Small Intestine	4	9	3	0.3%
Colon (excluding rectum)	44	41	37	4.3%
Rectum & Rectosigmoid	28	16	20	2.3%
Anus, Anal Canal, & Anorectum	9	4	6	0.7%
Liver & Intrahepatic Bile Duct	14	5	4	0.5%
Gallbladder	6	12	4	0.5%
Other Biliary	6	12	6	0.7%
Pancreas	29	43	26	3%
Nose, Nasal Cavity, & Middle Ear	3	2	1	0.1%
Larynx	15	12	14	1.6%
Lung & Bronchus	169	145	182	20.9%
Bones & Joints	0	2	1	0.1%
Soft Tissue (including heart)	3	3	3	0.3%
Melanoma	41	51	35	4%
Other Non-Epithelial Skin	3	1	2	0.2%

Site	2015	2016	2017	% of 2017 Analytic Cases
Breast	148	190	134	18.9%
Cervix Uteri	1	3	6	0.7%
Corpus & Uterus, NOS	14	21	20	2.3%
Ovary	5	3	1	0.1%
Vagina & Other family Genital Organs	2	2	2	0.2%
Prostate	58	66	62	7.1%
Testis	4	7	6	0.7%
Penis	1	1	2	0.2%
Urinary Bladder	44	50	38	4.4%
Kidney & Renal Pelvis	32	31	26	3%
Brain & Other Nervous System	17	24	22	2.5%
Thyroid	15	10	11	1.3%
Other Endocrine including Thymus	0	2	2	0.2%
Hodgkin Lymphoma	4	5	3	0.3%
Non-Hodgkin Lymphoma	25	36	38	4.4%
Myeloma	7	14	8	0.9%
Lymphocytic Leukemia	6	6	10	1.1%
Myeloid & Monocytic Leukemia	4	4	5	0.6%
Other Leukemia	0	4	-	
Mesothelioma	2	4	3	0.3%
Miscellaneous	25	16	40	4.6%
<b>Totals</b>	<b>853</b>	<b>913</b>	<b>870</b>	

# SUMMARY BY BODY SYSTEM AND GENDER REPORT





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