

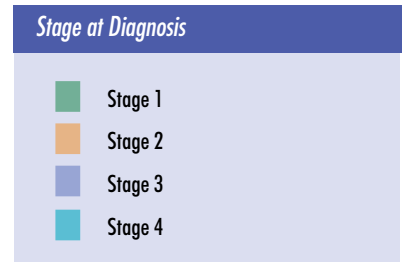
Will I need radiation therapy and/or chemotherapy after surgery?

Patients undergoing a lumpectomy are usually advised to receive radiation therapy at some point following their surgery. Patients undergoing a mastectomy usually do not receive radiation unless their cancer is large, has invaded the skin or the chest wall or has spread into several lymph nodes.

Chemotherapy utilizes drugs to kill cancer cells. The size of the tumor, characteristics of the cancer cells, and extent of spread of the cancer as well as other considerations help determine the need for chemotherapy. If the cancer has a high chance of returning or spreading to another part of the body, chemotherapy may be advised to diminish the chance that the cancer will recur. These decisions are made in conjunction with a medical oncologist.

What are my options for breast reconstruction?

Some women choose to undergo breast reconstruction immediately following a mastectomy. Methods to reconstruct the breast include: using tissue expanders and implants, using your body's own tissue or a combination of the two. Breast reconstruction is a complex procedure performed by a plastic surgeon. It may require more than a single surgery to obtain a correctly positioned and symmetrical breast. Often, surgery will be performed on the opposite healthy breast so it more closely matches the size, shape and position of the reconstructed breast. Since the need for the surgery is related to breast cancer, the cost for reconstruction is usually covered by insurance.

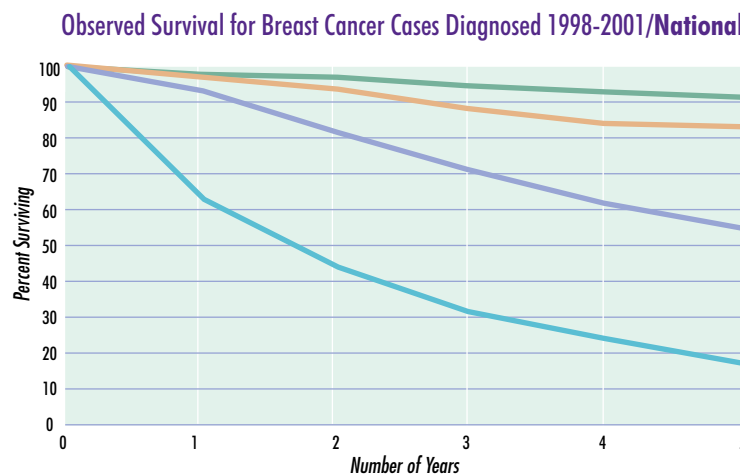
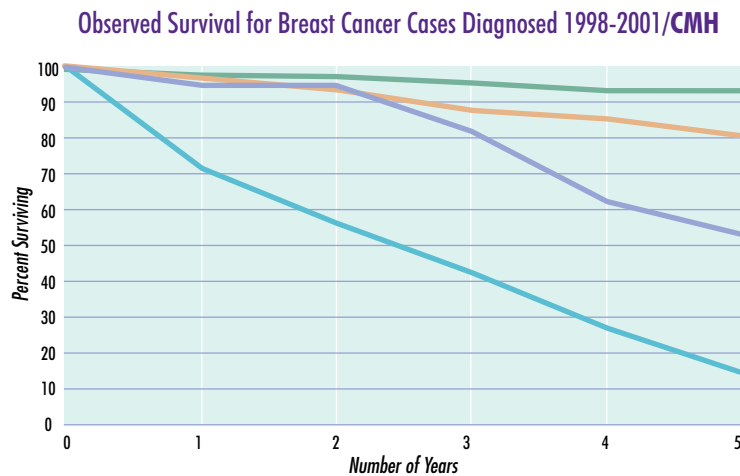
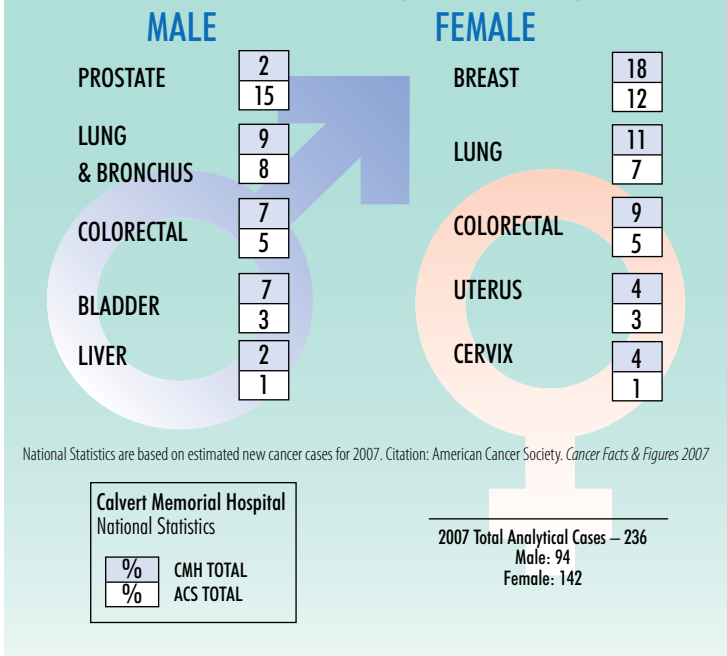


*Source: National Cancer Data Base (NCDB), Commission on Cancer/American College of Surgeons and American Cancer Society

TUMOR REGISTRY PROFILE

2007 CANCER INCIDENCE BY SITE AND SEX

Analytical Cases for 2007 (as percent of total)



THE YEAR IN REVIEW 2008

When breast cancer is found early, the five-year survival rate is 98 percent. That is why the new center for breast care being developed at Calvert Memorial Hospital is so important. It brings together an experienced team of breast health experts to provide comprehensive and coordinated care for women – from outreach and screening to diagnosis, treatment and survivorship.

When it opens, it will provide local women with access to the same quality of care you would find in a metropolitan area right here in our own community. Located in the new Calvert Medical Arts Center on the main hospital campus, the center for breast care will put a multidisciplinary team of breast specialists within easy reach of Southern Maryland women.



James J. Xinis
President and CEO



Kenneth Abbott, M.D.
Chairman, Cancer Committee

This "team approach" assures ongoing communication, collaboration and team planning between everyone involved in your care. A new patient "navigator" will help answer questions and coordinate services. And, the coordination between team members will mean more timely treatment – because for many women, waiting is the worst part.

Equally exciting is the new technology that is being added. The center's state-of-the-art imaging systems – like PET/CT, digital mammography, stereotactic biopsy and breast MRI – will give our physicians access to the latest diagnostic equipment for breast cancer.

CMH has long been a frontrunner in battling breast cancer in Calvert County. In 1991, we created the Woman's Wellness program, which provides free mammograms and well-woman exams for those who cannot afford them. Last year alone, 310 women received free care through grant funding. The new multidisciplinary breast center will be an important addition to this effort.

The hospital's cancer program has come a long way since it was first accredited in 1995. This push for excellence was recognized once again in 2008 when Calvert Memorial received a three-year accreditation from the Commission on Cancer of the American College of Surgeons. Only one in four hospitals receives this very special approval. It means the CMH program meets national standards that ensure cancer patients are receiving the best care possible at the local level.

This report provides an overview of our cancer program, including related services, support groups and sources for additional information. The Question and Answer Section by Dr. Sheldon Goldberg, CMH surgeon and a leader of the breast center's development, discusses frequently asked questions about breast cancer. It explains who should be checked, how it is detected, as well as the latest treatment options.

We encourage you to read the information in this report and hope that you find it helpful. Should you have any questions about the program, please call our cancer care coordinator at 410-414-4663 or 301-855-1012, ext. 4663.

Sincerely,

James J. Xinis
President and CEO

Kenneth Abbott, M.D.
Chairman, Cancer Committee

Calvert Memorial Hospital Cancer Committee 2009

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Medical Oncology/Hematology
Committee Chair

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Oncology Pharmacist

Julia Sinsel
Tumor Registrar

Kasia Sweeney
Director, Marketing & Public Relations

Nancy Ulanowicz, MD
Pathology

Marilyn Zachariah, RN
Risk Manager

Colorectal Cancer Program

- Performed 46 grant-funded colonoscopies

Community Wellness

- Look Good, Feel Better served 14 female cancer patients
- Presented seven community education programs on cancer topics
- 46 men screened for prostate cancer
- 78 residents checked for skin cancer

Woman's Wellness

- Provided 812 well woman exams and 583 mammograms
- 310 women received free care through grant funding

Support Groups

- 237 attended monthly breast cancer support group

Tobacco-Related Programs

- Reached over 2,700 youth with CMH "Tobacco Road Show"
- Began a teen tobacco education & cessation class with health department
- 50 persons participated in Great American Smokeout
- 25 people quit as a result of smoking cessation classes
- Began smoking cessation support group

New Services

- Offered free reflexology sessions to chemotherapy patients
- Added new general surgeon with special interest in cancer care
- Appointed new facilitator for cancer support group
- Formed Community Cancer Leadership Team with American Cancer Society

Accomplishments

- Redesigned Cancer Nurse Navigator role to connect with patients earlier
- Hosted Cancer Care Day at CMH with free screenings & displays
- Sponsored Colorectal Cancer Awareness "Dining Out" program

What's Ahead

- Opening state-of-the-art imaging center with PET/CT, digital mammography, stereotactic biopsy and breast MRI
- Partnering with cancer specialists at Mercy Medical Center to offer gynecologic oncology program
- Developing center for breast care at CMH that will provide coordinated & comprehensive care for women

Questions & Answers

Sheldon E. Goldberg, MD, FACS, general surgeon & member of the American Society of Breast Surgeons

How should I be checked for breast cancer?

The American Cancer Society recommends that women in their 20s and 30s have a breast examination by a health expert at least every three years. After 40, women should be examined yearly. Breast self-examination is also important. By becoming familiar with the usual appearance and feel of your breasts, you are more likely to notice a change and promptly bring it to your doctor's attention. Yearly screening mammograms are recommended for all women 40 and older. Women who are at increased risk may be advised by their doctor to begin having them sooner.

When should I perform my breast self-exam?

Examine your breasts about a week after your menstrual period. If you no longer have menstrual periods, examine yourself on the same day each month.

What is digital mammography?

This procedure uses an electronic process to collect and display X-ray images on a computer screen. This allows the radiologist to manipulate the image (to adjust the darkness/contrast or to magnify the image), which can make it easier to identify subtle differences in tissue. The images can also be transmitted electronically (like an email) so they can be reviewed by an expert who might be located elsewhere. Digital mammography has been found to be especially useful for evaluating younger women with dense breast tissue. Digital mammography is now available in the new Calvert Medical Arts Center on the main hospital campus.

What other tests are available?

Breast ultrasound is sometimes used to evaluate an abnormality seen on a mammogram or found on a breast examination. This test uses sound waves to produce images of structures within the body. It can be useful to determine whether a breast lump is solid or cystic (fluid filled).

Breast MRI captures detailed images of the breast using a computer with magnetic and radio frequency waves. It is very expensive and is not routinely used as a screening test. It can be useful when more routine diagnostic methods (examination, mammograms and sonograms) are inconclusive. It also can be used to evaluate women with dense breasts and to screen those women who are at very high risk for the development of breast cancer.

When is a breast biopsy performed?

A biopsy is used to determine whether an abnormality seen or felt within the breast is cancerous or benign. Most biopsies are performed by withdrawing a specimen of tissue through a needle inserted into the breast under local anesthesia. Usually either ultrasound or a computer combined with a mammography unit (stereotactic unit) is used to guide the placement of the needle into the suspicious area. Occasionally, biopsies are still performed by surgical removal of all or part of a breast lump.

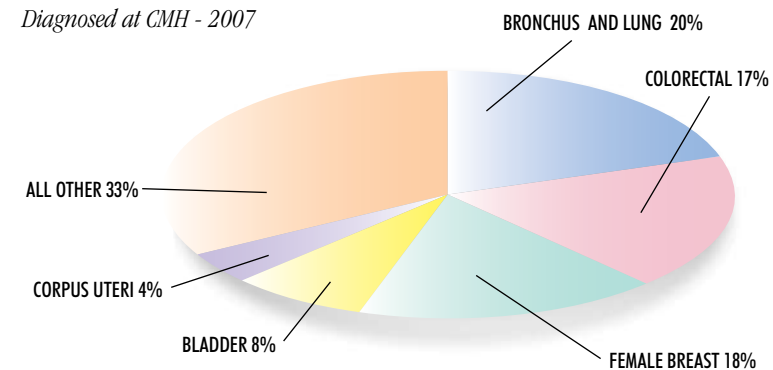
How do I choose between a lumpectomy and a mastectomy?

The majority of my patients with breast cancer undergo a surgical procedure known as a "lumpectomy." This refers to removal of the malignant tumor with a surrounding margin of normal breast tissue. Most patients undergoing this procedure are advised to also receive a course of radiation treatment to the breast. This has been shown to reduce the chance of cancer reappearing in the treated breast. The other surgical choice is a mastectomy, a procedure that removes the entire breast.

The breast surgeon will help guide the patient through the decision making process. For most small tumors, a lumpectomy permits removal of the tumor while allowing the breast to retain an acceptable appearance. A mastectomy may be a better choice when removal of a large tumor would result in a significantly deformed breast. Many patients

TOP FIVE CANCER SITES

Diagnosed at CMH - 2007



LEADING SITES OF NEW CANCER CASES 2007			
*STATE OF MARYLAND		*NATIONAL	
PROSTATE	18%	PROSTATE	15%
LUNG & BRONCHUS	16%	LUNG & BRONCHUS	15%
FEMALE BREAST	14%	FEMALE BREAST	12%
COLORECTAL	11%	COLORECTAL	11%
NON-HODGKIN LYMPHOMA	4%	BLADDER	5%
ALL OTHER	37%	ALL OTHER	42%

*State and National Statistics are based on estimated new cancer cases for 2007. Citation: American Cancer Society, *Cancer Facts & Figures 2007*

undergoing a mastectomy also opt for breast reconstruction, which can often be started at the time of the mastectomy.

Every patient is unique and therefore the final decision should take into account the specific features of the tumor while also addressing the individual concerns and wishes of each patient.

What is a sentinel lymph node biopsy?

Sentinel lymph node biopsy (SLNB) has been performed at Calvert Memorial for many years. It is a minimally invasive procedure in which a lymph node near the site of a cancer is first identified as a sentinel lymph node and then removed for microscopic analysis. This technique was developed after research demonstrated that the lymphatic system could be mapped with radioactive tracers and/or blue dye. This allows the identification of the lymph node(s) closest to the tumor, which serve to filter and trap cancer cells. The detection of cancer in these lymph nodes warns the doctor that the patient's cancer is spreading, hence the term "sentinel" lymph node. If the sentinel lymph node(s) is clear of tumor, it is not necessary to remove the other lymph nodes in the armpit, thereby minimizing the occurrence of arm swelling (lymphedema) and other side effects.

continued



Members of the CMH Breast Care Team are:
(in front, l-r) Complementary Health Coordinator Melinda Gaines; breast surgeon Dr. Sheldon Goldberg; medical oncologist Dr. Arati Patel; licensed cosmetologist Anne Weems; Woman's Wellness nurse practitioner Lacy Pitman; pathologist Dr. Nancy Ulanowicz; breast cancer support group facilitator Joyce Gradle, (in rear, l-r) certified acupuncturist Sherry Lancaster; plastic surgeon Dr. Wilfred Ehrmantraut, Jr.; radiation oncologist Dr. Kathleen Settle; Cancer Patient Navigator Jennifer Caldwell and radiologist Dr. Anthony Harewood.