



Lawrence General Hospital

So good. So caring. So close.



2018 Community Cancer Program Annual Report



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

Medical oncology provided in collaboration with Dana-Farber Cancer Institute/
Dana-Farber Community Care.

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Chairman's Report

On behalf of the Lawrence General Hospital, the Cancer Committee is proud to present the 2018 Annual Community Cancer Program Report.

Lawrence General Hospital's Cancer Program is accredited with the American College of Surgeons (ACoS) Commission on Cancer (CoC). Applying for and maintaining CoC approval is a voluntary pledge by a cancer program to ensure quality care for its patients.

- Lawrence General Hospital's CoC Accreditation signifies that patients will receive:
-
- Comprehensive care, including state of the art services and equipment.
-
- A multidisciplinary team approach to coordinate the best available treatment options.
-
- Information and referral about ongoing cancer clinical trials and emerging treatments.
-
- Hospital and Community sponsored prevention and early detection programs, cancer education, and support services.
-
- A Cancer Registry that gathers data for submission to state and national registries Including the National Cancer Data base (NCDB) and Massachusetts state reporting (ultimately reported to the Center for Disease Control)

The Cancer registry helps perform monitoring and follow-up of all patients during their lifetime, encouraging patients to keep regular visits with their physicians.

During 2017 Lawrence General Hospital held 21 Tumor Board/Cancer Conferences allowing for a prospective, multidisciplinary team approach of cancer cases. These forums included breast, head and neck and general cancer cases. Discussion at these tumor boards reveal the best treatment options for patients as outlined by the latest National Comprehensive Cancer Network guidelines and staging by the American Joint Committee. Lawrence General Hospital multidisciplinary team work together to offer the quality care and optimum outcomes.

The multidisciplinary team at Lawrence General includes surgeons, radiologists, pathologists, medical oncologists, nurses, dieticians, social workers, pharmacy and many more.

Our Cancer Program is sworn as a center of excellence for cancer care, our goal to offer quality care that is close to home, our community.

Respectfully submitted,

Pedro Sanz-Altamira, MD, PhD
Cancer Committee Chair



Cancer Statistics at Lawrence General Hospital

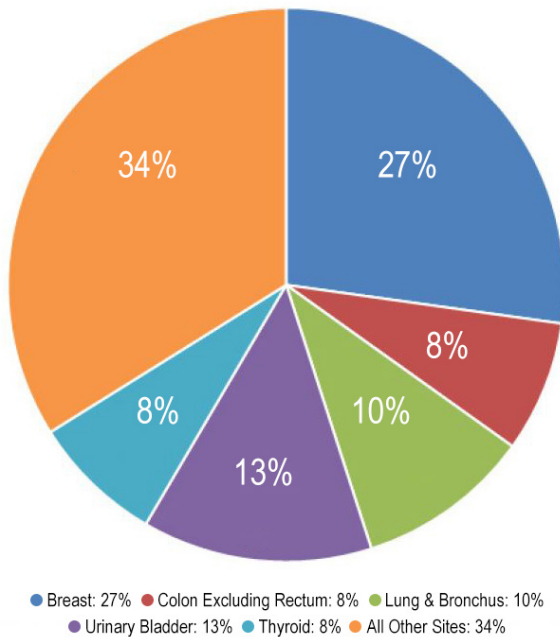
2017 Cancer Registry Data

In 2017, 404 cancer cases were newly identified and abstracted into the cancer registry database. The following tables below identify the cancer sites and gender distribution, focusing on the top five sites.

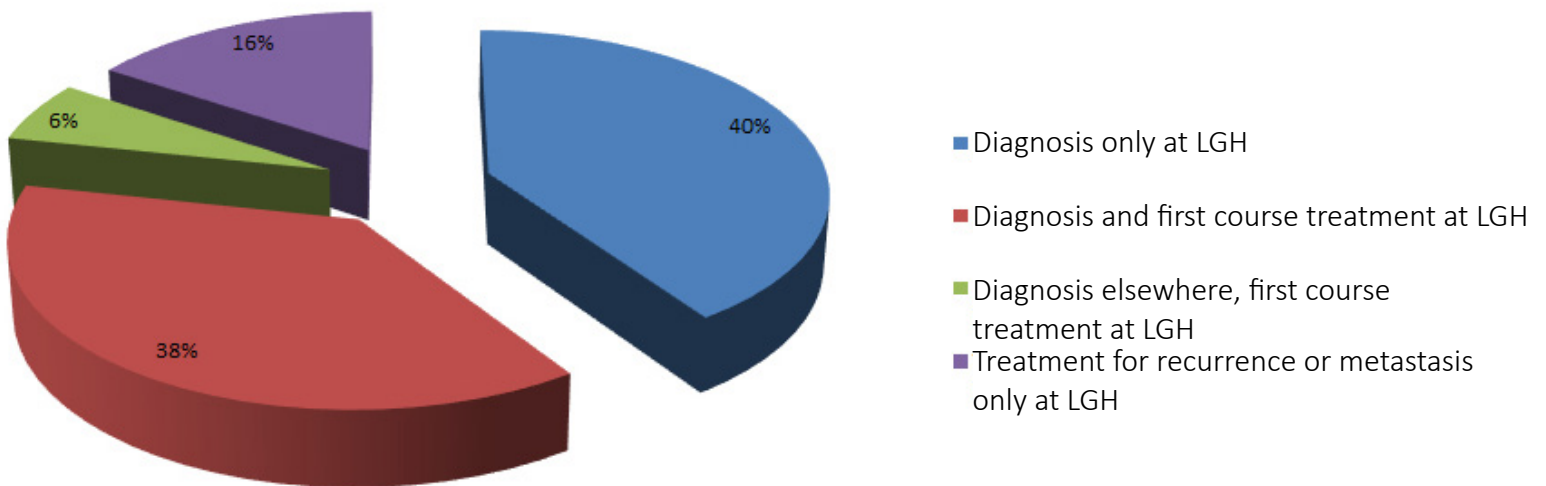
PRIMARY SITE	TOTAL CASES	PRIMARY SITE	TOTAL CASES
ORAL CAVITY & PHARYNX	11	MALE GENITAL SYSTEM	12
Tongue	5	Prostate	11
Floor of Mouth	1	Testis	1
Nasopharynx	1		
Tonsil	2	URINARY SYSTEM	71
Oropharynx	2	Urinary Bladder	54
		Kidney & Renal Pelvis	15
DIGESTIVE SYSTEM	63	Ureter	1
Esophagus	4	Other Urinary Organs	1
Stomach	8		
Colon Excluding Rectum	31	BRAIN & OTHER NERVOUS SYSTEM	8
Cecum	8	Cranial Nerves	7
Appendix	1	Brain	1
Ascending Colon	6		
Hepatic Flexure	1	ENDOCRINE SYSTEM	31
Transverse Colon	2	Thyroid	31
Splenic Flexure	1		
Descending Colon	1	LYMPHOMA	25
Sigmoid Colon	10	Hodgkin Lymphoma	2
Large Intestine, NOS	1	Non-Hodgkin Lymphoma	23
Rectum & Rectosigmoid	2		
Rectosigmoid Junction	1	MYELOMA	1
Rectum	1	Myeloma	1
Anus, Anal Canal & Anorectum	1		
Liver & Intrahepatic Bile Duct	6	LEUKEMIA	10
Gallbladder	1	Lymphocytic Leukemia	9
Other Biliary	2	Acute Lymphocytic Leukemia	1
Pancreas	7	Chronic Lymphocytic Leukemia	8
Other Digestive Organs	1	Other Leukemia	1
RESPIRATORY SYSTEM	43	MISCELLANEOUS	10
Larynx	2	Miscellaneous	10
Lung & Bronchus	41		
		TOTAL	404
SOFT TISSUE	5		
Soft Tissue (Including Heart)	5		
SKIN (Excluding Basal & SQUAMOUS)	6		
Melanoma - Skin	6		
BREAST	110		
Breast	110		
FEMALE GENITAL SYSTEM	15		
Corpus & Uterus, NOS	9		
Ovary	4		
Other Female Genital Organs	2		

Cancer Statistics at Lawrence General Hospital

2017 Cancer By Site

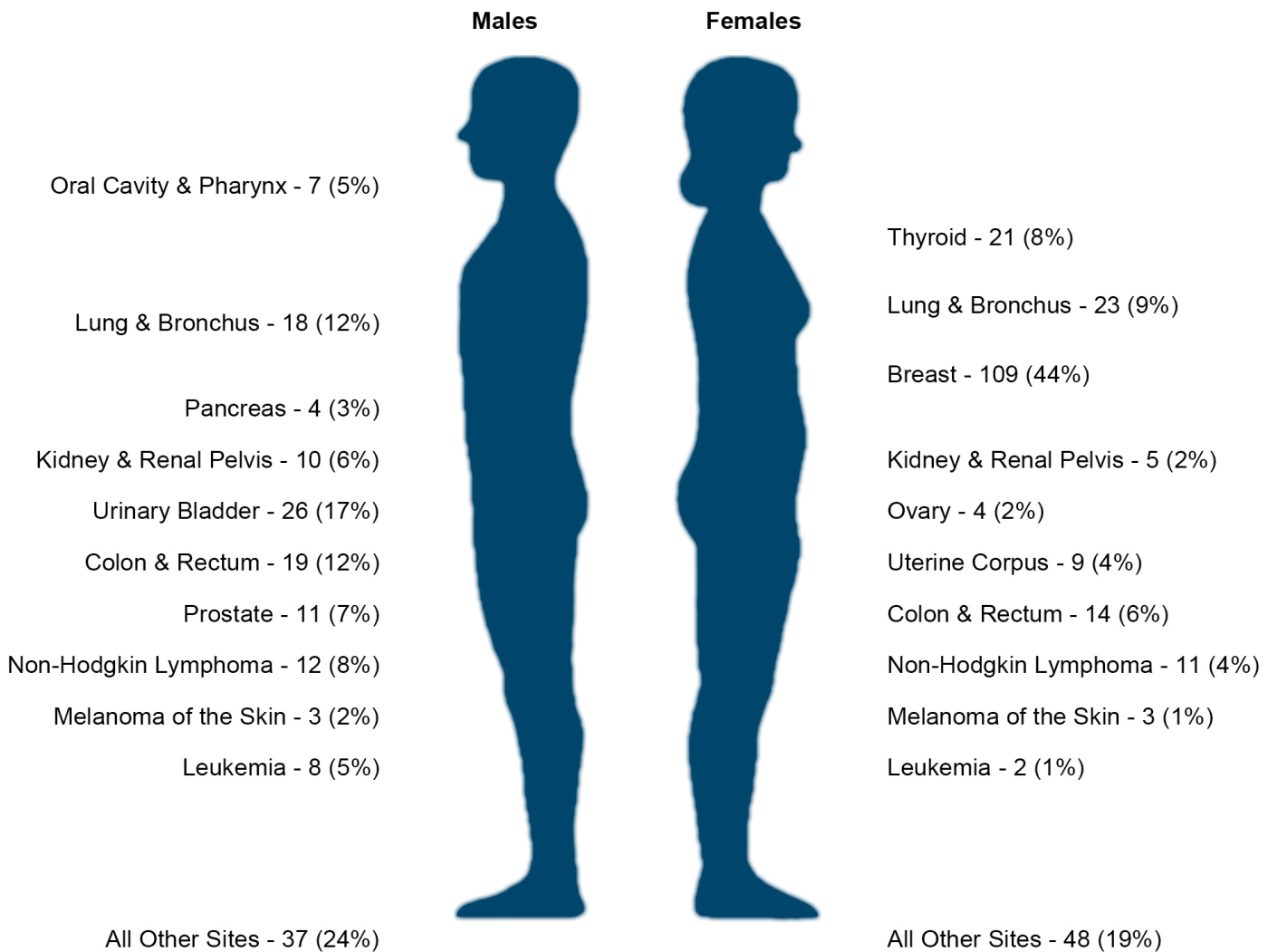


2017 Cancer Cases Accessioned



Cancer Statistics at Lawrence General Hospital

2017 Cases by Gender



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Support Services

NUTRITION



Food and Nutrition Services are provided to all Lawrence General Hospital cancer patients. They are screened for nutritional risk on admission by a registered nurse and are further evaluated by a registered dietitian. Clinical dietitians

offer practical tips for eating healthy during treatment and explore symptom management strategies with patients and their families. For patients in good nutritional status, the dietitian will review the importance of maintaining a balanced diet, which may include protein, whole grains, legumes, vegetables, fruits, and essential fatty acids. If a patient has lost weight and is determined to be at nutritional risk, the dietitian will devise a plan to enhance the patient's oral intake. The dietitian teaches patients how to increase the caloric and protein density of foods and recommends appropriate liquid supplements or multi-vitamins as part of a comprehensive diet plan. Meals and between meal nourishment are provided based on each patient's individual needs and preferences. When necessary, nutrition support is administered. Patients may also be referred for continuing nutrition therapy with the outpatient dietitian.

SOCIAL SERVICES

The integrated care department, which consists of Case Management and Social Service, provides counseling and support for patients and families. Crisis intervention is also provided as necessary. They provide information and referrals to community support groups, and resources for supportive services such as financial and transportation assistance. The department coordinates discharge planning, which includes long-term care placement; hospice and home care services including Visiting Nurse Association, home infusion, and durable medical equipment. Social Services also participate in employee support efforts and services.

PHARMACY

The Pharmacy Department at Lawrence General Hospital is an integral part of the multidisciplinary team approach to planning, providing, and evaluating the care delivered to cancer patients. The Pharmacy Department provides up-to-



date chemotherapy treatment modalities for inpatient and outpatient care. Patients are closely monitored from visit to visit to ensure accurate dosing of all agents prescribed. Any significant change in the patient's weight

would necessitate a change in their dose of chemotherapeutic agent. Patient leaflets are also provided containing the brand and generic names of the medications, uses, how to use medications, side effects and when to notify your doctor, precautions, and drug interactions.

SPIRITUAL SERVICES



The chaplains of Lawrence General Hospital provide spiritual, emotional, and sacramental support to cancer patients and their families. The chaplains collaborate with the multidisciplinary team by attending multidisciplinary rounds to provide

comprehensive spiritual care.

Lawrence General Hospital has a team of chaplains which include an Interfaith, Catholic, Protestant and Latino chaplain. A Rabbi is available when needed. Catholic priests are available on a daily basis to provide sacramental services. Eucharistic Ministers volunteer to bring communion to patients on a daily basis as well.

What you can expect from the Chaplains:

- Prayer/Sacraments
- Confidentiality
- Compassionate listening
- Regular visits
- Spiritual support for Individuals and families
- Linking Individuals and families with staff
- Religious services, sacraments, prayers
- Information and guidance regarding medical ethics questions, health care proxies, organ donation, end-of-life care decisions, and questions concerning spiritual care
- Grief ministry in dealing with loss or death
- Prayer Shawl Ministry

Support Services continued.

PALLIATIVE CARE

Palliative care is the comprehensive care and management of the physical, psychological, emotional and spiritual needs of patients (off all aged) and their families with serious and/or life-threatening illness. Palliative care may be complementary to curative or life-prolonging therapies that are being used to meet patient-defined goals of care.



The palliative care team works to:

- Optimize symptom control
 - Optimize functional statuses when appropriate
 - Promote the highest quality of life for patient and family
 - Educate patient and family about understanding in goals of care, underlying disease trajectory, and future course of the illness
 - Assist actively dying patients and their families in preparing and managing life closure
-
- Evaluate and alleviate pain, suffering, and other intractable symptoms as high priorities
 - Advocate access to therapies that are reasonable expected to improve patient quality of life and goals of cares
 - Provide access to excellent hospice services transition and end of life care conversations
 - Grief ministry in dealing with loss or death
 - Prayer Shawl Ministry

Cancer Statistics at Lawrence General Hospital

2016 Cancer Program Practice Profile Reports

Primary Site	Year	Target	Score	Measure Specifications
Breast				
MAC	2016	N/A Surveillance	100%	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB-III hormone receptor negative breast cancer - <i>Accountability</i>
HT	2016	90%	95.7%	Systemic therapy is administered within 4 months to day preoperatively or day of surgery to 6 months post-operatively, or it is considered for surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC - <i>Quality Improvement</i>
nBx	2016	80%	96.6%	Systemic therapy is administered within 4 months to day preoperatively or day of surgery to 6 months post-operatively, or it is considered for surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC - <i>Quality Improvement</i>
Colon				
ACT	2016	N/A Surveillance	100%	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer - <i>Accountability</i>
Lung				
LCT	2016	85%	100%	Surgery is not the first course of treatment for c N2, M No) cling cases- <i>Quality Improvement</i>

Modern Thyroid and Parathyroid Surgical Care in the Merrimack Valley

The Thyroid/Parathyroid Committee was formed in the fall of 2012 at Lawrence General Hospital and is comprised of thyroid surgeons, endocrinologists, pathologists, radiologists, nuclear medicine physicians, radiation oncologists, and medical oncologists.

Meetings provide a review of modern thyroid and parathyroid surgical care and a stimulating exchange of ideas and management strategies that will not only be invaluable for the patients that were discussed, but for future patients as well. Many of the salient points are from recent guidelines established by the American Thyroid Association, as well as various recent peer-reviewed publications on thyroid cancer and parathyroid surgery.

The objectives of the meetings include reviewing the most up-to-date outcome data on thyroid cancer and surgical intervention, understanding indications for postoperative radio-iodine treatment in our thyroid cancer patients, and ensuring that all members are following nationally accepted standardized guidelines for thyroid and parathyroid surgical patients.

Lawrence General's new state-of-the-art surgical suites, which opened in 2017, will complement the Cancer Committee's innovative approach to thyroid and parathyroid surgeries. Some of the recent technological advances in thyroid/parathyroid surgery include:

- Recurrent laryngeal nerve monitoring to reduce the risk of injury to vocal cord function
- Harmonic scalpel use to help with the minimally invasive approach to surgery
- Rapid parathyroid hormone evaluation to definitively determine successful parathyroid adenoma surgery and to help prognosticate for hypocalcemia in patients after total thyroidectomy
- Suture-less and water proof surgical incisions using dermal adhesives
- Fully equipped operating room suites with the latest in lighting and audiovisual equipment



Lawrence General Cancer Program Services Directory

Main Number: 978-683-4000. Please call during business hours, weekdays 8:00 am to 4:30 pm.

TO ASK ABOUT	SERVICES OFFERED	CONTACT INFORMATION
Breast Care Center	Bone Density Breast Self-Examination Education Breast Ultrasounds Digital Mammograms Ductograms FNA Mammography Needle Localization Sentinel Node Injection Surgeon Consultations Ultrasound Guided Core Biopsy Ultrasound Guided Cyst Aspirations Breast Navigator	978-946-8103
Women's Health Imaging at Andover Medical Center	3D Tomosynthesis Mammography Bone Densitometry Ultrasound Diagnostics & Labs	978-475-5213
Greater Lawrence Family Health Center	3D Tomosynthesis Mammography	978-946-8423
Gynecological Surgical Oncology Clinic		978-683-4000 ext. 8240
Methuen Family Health Center	3D Tomosynthesis Mammography	978-946-8425
Minimally Invasive Thoracic Surgery Clinic		978-683-4000 ext. 8250
Cancer Registry		978-683-4000 ext. 8114
Hematology/ Oncology at Dana-Farber Community Cancer Care		978-946-8230 www.dana-farber.org
Nuclear Medicine		978-946-8050
Radiology Services		978-946-8067
New England PET Imaging Systems		978-689-4738
Rehabilitation Services		978-683-4000 ext. 2061
Support Services	Nutritional Services	978-683-4000 ext. 2584
	Social Services	978-683-4000 ext. 2550
	Palliative Care	978-683-4000 ext. 2110
	Wound Clinic	978-683-4000 ext. 2320

2017 Community Outreach Highlights

Oral, Head and Neck Cancer Screening

April 27, 2017

Dr. Yookyung Selig, Ambulatory Care Center

Oral, Head & Neck Cancer is the sixth-most common cancer in the world. Free screenings are provided to target patients in the community who might not otherwise have access to the screening. Educational materials provided on the Facts and Self-Exam Guide.

A total of thirteen patients were screened and that includes three walk-in/non-scheduled patients. The cancer registry, via HIS departmental correspondence policies, sent copies of results with standard cover letter to patients screened. This proved to be a very successful prevention program. Mediums for event promotion included posters, Spanish radio, hospital website, and social media activity.

Skin Cancer Awareness and Prevention

June 8, 2017

Eisai Corporation in Andover, MA

Each year, more than one million Americans are diagnosed with skin cancer, the most common form of cancer. Providing educational materials and permitting free use of the American Cancer Society's skin analyzer, the public can be educated on awareness and prevention measures. Eisai Corporation requested this education session based on feedback from members in the community.

Approximately 30 Eisai Corporation employees attended the program. A Lawrence General volunteer assisted with this event. American Cancer Society's skin analyzer showed visible skin damage, heightening awareness of the sun's danger. The high attendance rate yields a good result. Many attendees indicated they would change their behaviors and/or share this information with a friend/family member.

Prostate Cancer Awareness and Prevention

October 5, 2017

Lawrence General Hospital, main lobby

Other than skin cancer, prostate cancer is the most common cancer in American men. Early detection can help find cancer at an early stage. Free screenings are provided to target patients in the community who might not otherwise have access to the screening. Educational materials were provided. Approximately

30 people attended.

The Great American Smokeout Smoking Cessation Awareness Prevention and Education

November 16, 2017

Lawrence General Hospital, main lobby

Approximately 40 million American adults still smoke, and tobacco use remains the single largest preventable cause of disease and premature death in the country. Lawrence General's 2016 Community Health Needs Assessment documents that the smoking rate in the city of Lawrence is higher than the Massachusetts state average. Lawrence General is committed to incorporating smoking cessation strategies into patient care, which includes outpatient lung cancer screening.

Fifty people attended the event, and many of these attendees indicated they would change their behaviors and/or share this information with a friend/family member.

Look Good Feel Better: American Cancer Society Program

June 19, 2017

Dana Farber Community Cancer Care

The American Cancer Society's Look Good Feel Better program teaches beauty techniques to women who are actively undergoing, or have recently concluded, cancer treatment. The instruction given helps patients address appearance-related side effects of cancer treatment.

This was the first bilingual program conducted in the Merrimack Valley, and the second of its kind in Massachusetts. The program was conducted by a bilingual instructor and bilingual cosmetology students that belonged to a local vocational high school. These students were trained through the Look Good Feel Better program.

A total of six female patients attended. Of these attendees, two had completed treatment. Three other attendees were actively undergoing treatment, and one attendee had just *recently* completed treatment. Three attendees were identified by the patient advocate as meeting the criteria to receive a gift card toward the purchase of a wig, or a cancer-related supportive care item. These gifts were made possible by the Central Catholic High School grant.



So good. So caring. So close.

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**Beth Israel Deaconess
Medical Center**

Floating Hospital
for Children
at **Tufts** Medical
Center

Lawrence General Hospital is clinically affiliated with Beth Israel Deaconess Medical Center and with Floating Hospital for Children at Tufts Medical Center.