Lawrence General Hospital | Community Cancer Program Annual Report

Chairman’s Report

On behalf of the Community Hospital Community Cancer Program at Lawrence General Hospital, I’d like to present the 2013 Annual Report. The report offers an overview of the activities of the cancer program over the past year and analyzes the 2012 Cancer Registry Data. The Cancer Program at Lawrence General Hospital is dedicated to providing the patient with the highest quality care, offering a multidisciplinary approach.

The spectrum of care to our oncology patients is monitored by the Cancer Committee, a group of physicians and departmental representatives involved directly or indirectly in the treatment of cancer patients. The Cancer Registrar coordinates and serves as ACGO accreditation coordinator by playing a key role on the Cancer Committee in assuring the Lawrence General Hospital Cancer Program meets and/or exceeds all CoC standards during the quarterly Cancer Committee meetings.

The Lawrence General Hospital Cancer Program offers a complete array of services for cancer patients including screening, diagnosis, treatment, education, and support. The hospital is fully staffed with outstanding expertise in all disciplines involved in the care of cancer patients. Our pathologist and their accreditation from the College of American Pathologists provide the latest and best in diagnostic services. As the community continues to grow—so have our services. We proudly

Cancer Committee Membership
Chairman
Pedro Sanz-Alamilla, MD, PhD
Medical Oncology
Liaison Physician
Shahin Rezai, MD, Thoracic Surgery
Physicians
Astrid Peterson, MD, Radiation Oncology
Mehra Joshi, MD, Pathology
Christopher Ip, MD, Urologic Surgery
Lori Weir, MD, Radiology
Paul Gens, MD, General Surgery
Other Physician
Deborah Ball, Director of Radiation Technology
Deborah Anderson, Medical Oncology Specialist
Dran Wilson, Vice President, Fiscal Affairs
Maureen Couture, LCSW, Social Services
Gina Hamilton, RN, Nurse Manager HS
Abby Trace, CTR, Cancer Registry
Beverly Ferrante, MD,IV, Pastoral Care
Patty Hopwood-Deitz, Director of Quality & Patient Safety
Maria Palmolin, Director Health Information Services
Patrick Peddle, RN, Breast Care Coordinator
Andrea Esford, Specialist, Marketing & Communications

Medical Conferences with Cancer Related Topics:
- Plasmacytoma of the Testis: An Approach to Plasma Cell Leison- Megha Joshi, MD
- End of Life Decisions- Katherine Aragon, MD
- Lung Cancer: Overview of tumor Pathology and use of molecular and genetic markers for tumor prognosis and tailored therapies- Bilal Ahmad, MD
- Bladder Cancer and Hematuria- Christopher Ip, MD

Commonwealth Hematology-Oncology, P.C.
Many of Lawrence General Hospital’s cancer patients receive their outpatient chemotherapy and radiation therapy at Commonwealth Hematology-Oncology, P.C. (CHO) outpatient, community based hematology/oncology clinic within inside Lawrence General Hospital (LGH) in 2013 after navigation and redesign of the 4th Floor Lampey building. The program expanded and it became necessary to have more space available for patient care. The new Commonwealth Hematology-Oncology, P.C. outpatient office is located at 25 Martin Street, near LGH. 25 Martin Street, Lawrence General Hospital has both laboratory and radiology facilities on-site as well.

Treatment provided to CHO include chemotherapy or other forms of systemic therapy (monoclonal antibodies, biophosphonates, etc.) in these. Three medical oncologists, one nurse practitioner and four oncology certified nurse provide tailored care for each individual patient five days a week.

LGH Patients and CHO Clinical Trials 2013 Activity

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Research Protocol</th>
<th>Patients Screened</th>
<th>Patients Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>ECOG 1595</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MD</td>
<td>NC01AP B-411</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Industry</td>
<td>BMS 120123</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Industry</td>
<td>GHI-5153</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Industry</td>
<td>GTx G000510</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Industry</td>
<td>MSKCC 01A00101010</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

In addition, CHO has a cancer genetics program for risk assessment of patients with a significant personal or family history of certain cancers. A recent improvement includes the development of a cancer survivorship program for those patients who have already gone through their cancer treatment and are over being followed. The goal is to provide the highest quality care to the cancer community.

Rehabilitation
The Rehabilitation Department at Lawrence General Hospital provides both inpatient and outpatient services. The inpatient staff consists of a team of physical, occupational, and speech therapists whose mission is to maximize patient mobility and function during their hospital stay. In addition to working with patients on the typical med/surg units, all three disciplines are consulted to see patients throughout the entire hospital during their hospital stay. In addition to working with patients on the typical med/surg units, all three disciplines are consulted to see patients throughout the entire hospital during their hospital stay. The training and expertise of the inpatient staff includes: neck and back pain, joint pain or replacement, sports injuries, arthritis, orthopedic surgery, scoliosis and traumatic. Physical Therapists perform a thorough evaluation including assessment of medical history, strength, range of motion, balance, posture and gait. The Physical Therapist then establish a treatment strategy tailored to specific patient needs and goals whether it may be to return to sport or simple perform everyday activities without pain.

Outpatient Occupational/Hand Therapy
Outpatient Physical Therapy helps to restore mobility and reduce pain after surgery, injury or disease. Typical conditions that are treated in outpatient Physical Therapy include: neck and back pain, joint pain, post operative, sports injuries, arthritis, orthopedic surgery, scoliosis and traumatic. Physical Therapists perform a thorough evaluation including assessment of medical history, strength, range of motion, balance, posture and gait. The Physical Therapist then establish a treatment strategy tailored to specific patient needs and goals whether it may be to return to sport or simple perform everyday activities without pain.

Outpatient Occupational/Hand Therapy
Outpatient Occupational/Hand Therapy

What you can expect from the Chaplains
- Prayer/Sacraments
- Comforting presence
- Communication listening
- Regular visits
- Spiritual support for Individuals and Families
- Linking Individuals and Families with Staff
- Referrals to Support Services
- Prayers
- Information and guidance regarding medical ethics questions, health care proxy, organ donation, end-of-life care decisions and questions concerning spiritual care
- Grief ministry in dealing with loss or death
- Prayer Shared Ministry

Clinical Support Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Speech Therapy</td>
<td>Working with the full range of human communication, speech-language pathologists (SLP) evaluate and diagnose speech, language, cognitive-communication disorders and swallowing difficulties in individuals of all ages, from infants to the elderly. Potential impact of Speech Impairment in Adults include: Aphasia, Dysarthria, Stuttering and Voice Disorders.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Food and Nutrition Services are provided to all Lawrence General Hospital cancer patients. Services are screened for nutritional risk on admission by a registered nurse and are further evaluated by a registered dietitian (RD). 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 RD will review the importance of maintaining a balanced diet, which may include: proteins, whole grains, legumes, vegetables, fruits, and essential fatty acids. If a patient has low weight and it is determined to be an incidental risk, the RD will devise a plan to enhance the patient’s oral intake. The RD 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. Bloods 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.</td>
</tr>
<tr>
<td>Social Services</td>
<td>The Integrated Care Team which consists of Care Management Social Services 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 VNA, home infusion, and durable medical equipment. Social Services also participates in employee support efforts and services.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>The Pharmacy Department at Lawrence General Hospital is in 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 chemo-therapy treatment modules for inpatient and outpatient care. Patients are closely monitored to detect any possible drug interactions. Any significant change in the patient’s weight would necessitate a change in their dose of chemotherapy. The pharmacist will consult patients’ personal and family medical history to determine the brand and generic name of the medications, how, how to use medications, side effects when to use medications, adverse reactions, and drug interactions.</td>
</tr>
</tbody>
</table>

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Cancer Registry Data

The Cancer Registrar is a specialist who collects and analyzes all reportable cancers diagnosed and/or treated at Lawrence General Hospital. Accurate data collection is a priority of the cancer registry. Data is maintained, analyzed and electronically reported to the Massachusetts Cancer Registry and National Cancer Data Base for the purpose of research and quality improvement analysis. Hospital services and hospital registry data are shared with the American Cancer Society through the CoC Facility Information Profile System (FIPS) Program.

In 2012, 415 cases were accessioned in our Cancer Registry. The registrar compiles a detailed computerized cancer-focused abstract for each patient. Recorded information for each malignancy is maintained and is inclusive but not limited to: patient demographics, anatomic site, histology, tests, treatment, stage of disease, recurrence and follow up. All abstracting is completed by a Certified Tumor Registrar. Lifetime annual follow up is conducted to obtain outcome analysis on each patient in order to acquire necessary information on recurrences, subsequent treatment and survival data that is vital for continued patient care. The program standard requires a 90% follow-up rate. The registry consistently maintains 93% or greater, which meets and exceeds the standard.

The Cancer Registrar participates in ongoing cancer-related education at the local, state, regional and national level to maintain abstracting skills and credentials. The multidisciplinary Cancer Conferences and Quarterly Cancer Committee Meetings are coordinated by the registrar. Along with the General Cancer Conference we have added a monthly Thoracic and bi-annual Thyroid Conference. The Cancer Registrar works closely with the Cancer Committee to maintain accreditation as a Community Cancer Program by the Commission on Cancer of the American College of Surgeons. The Hospital’s Cancer Program is accredited with commendation through 2014. At our Cancer Conferences, surgeons, medical and radiation oncologists, pathologists, radiologists, breast care navigator and genetic counselor have the opportunity to discuss prospective cancer cases using current staging and national treatment guidelines. The Cancer Registrar also participates in community outreach programs, such as implementing at least two free screenings and working with the American Cancer Society for participation in Daffodil days, the Relay for Life and Making Strides Against Breast Cancer walk each year.

Cancer Registry Data Cont.

I would like to thank the physicians and office staff who respond to our letters requesting treatment and follow up information. Also I would like to thank the volunteers and allied health professionals that give their time and support to the Registry throughout the year. Your work enables the Registry to grow and fulfill its commitment to providing a valuable resource to the Hospital and the community. Physicians and other healthcare professionals are encouraged to utilize the data collected by the cancer registry.

Primary Site Distribution Analytic Cases 2012

<table>
<thead>
<tr>
<th>Site</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx-5</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Lung &amp; Bronchus-23</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Pancreas-4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Kidney &amp; renal Pelvis-6</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Urinary Bladder-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon &amp; Rectum-13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma-10</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Melanoma of the Skin-9</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Leukemia-6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>163</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>252</td>
<td></td>
</tr>
<tr>
<td>Thyroid-16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung &amp; Bronchus-30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast-96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney &amp; renal Pelvis-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovary-0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterine Corpus-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon &amp; Rectum-13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma of the Skin-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukemia-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Sites-57</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respectfully Submitted,
Abby Tracy, CTR
Cancer Registry Coordinator
Purpose:
To review usefulness of MRI (Magnetic resonance imaging) core biopsies of the breast in our community hospital setting by:
1. Assessing the detection of additional ipsilateral and contralateral breast cancers in patients who have been newly diagnosed with breast cancer.

Design of study:
We searched the computer files for MRI core biopsies in radiology and pathology and data was collected on MRI guided core biopsies performed from 2010-2013. We recorded the age of the patients, the indications for the MRI, histologic findings of the core biopsies, significant past history of breast cancer, type of carcinoma (DCIS vs. Invasive), whether the MRI findings were in the Ipsilateral or contralateral breast and follow up information.

Introduction:
Second to the skin cancer, breast cancer is the most frequently diagnosed cancer in women. Breast cancer is a progressive disease, but progression can be arrested by early detection and treatment. The most important factor in prognosis is the timing of detection and treatment. The combination of earlier detection by screening and more effective treatment has resulted in significant reduction in breast cancer deaths in developed countries.

Mammography and ultrasound are the mainstay of breast cancer diagnosis. MRI is a very recent addition to the detection and management of breast cancer. Compared with mammography and mammographic ultrasonography, contrast material-enhanced magnetic resonance (MR) imaging is a technique that offers not only information on cross sectional morphology but also on functional features such as tissue perfusion and enhancement kinetics. Even after careful clinical and mammographic evaluation, cancer is found in the contralateral breast in up to 10% of women who have received treatment for unilateral breast cancer.

We started offering MRIs of the breast in Jan 2010, and MR core biopsies in April 2010. As it is a new service we are offering our patients, we wished to review its usefulness in our population and our setting.

Results:
We analyzed MRI during an approximately 4 year period (Jan, 2010-2014). Of 43 MRI Core biopsies were performed in 42 women. During the same period, 607 Breast MRs were done. The ratio of MR studies to MR core biopsies was 7% (Table 1). The mean age of the cohort was 54.19 years; comparable to that reported by Rausch et al.

Data revealed that in our cohort and data set, the median age of women who had an MRI Core biopsy was 52 years, comparable to that reported by Rausch et al. Review done at Brigham and Women Hospital, Boston, by Carlton et al. of 85 MRI guided localized excisions revealed that 23% of the women were diagnosed with a malignancy, which is close to our rate of 26%, and to a 2012 study from MD Anderson showing a malignancy rate of 25% in MRI core biopsies. Our rate of malignancy in MRI core biopsies is comparable to the positive rate in Stereotactic biopsies (26%), with a higher yield in patients with newly diagnosed cancer (32%). Though our numbers are small, more contralateral malignancies were diagnosed than ipsilateral ones in our cohort. MRI has been shown to detect additional foci of cancer in the ipsilateral breast in 63.4% of women and 24.4% in the contralateral breast. Our detection of ipsilateral and contralateral carcinoma was 32% in patients with either newly diagnosed cancer of the breast or with a history of breast CA.

Interestingly, the MRI core biopsies seldom showed normal breast tissue and the abnormal areas seen on MRI corresponded to specific lesions such as fibroadenomas, PASH, papillomas, etc. In patients with a strong family history of breast cancer literature tells us that in high-risk women, MRI detects carcinoma not found by palpation or mammography in 2-8%, and in our studies we noted that MRI detected 0% (0/6) carcinoma’s in those women. The 0% number can be explained by the small number of 6 patients biopsied in this category and the low rate of detection (2-4%).

In conclusion, MRI core biopsies are useful in detecting additional foci of ipsilateral and contralateral malignancies in patients with newly diagnosed breast cancer. The yield is high in MRI core biopsies performed in patients with unresolved mammographic findings.

TABLE 1: MRIs of the breast and MRI Core Biopsies done during the same time period: April 2010-May, 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>MRI Core Biopsies</th>
<th>MRIs Breast</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Apr-Dec</td>
<td>11</td>
<td>193</td>
</tr>
<tr>
<td>2011 Jan-Dec</td>
<td>13</td>
<td>169</td>
</tr>
<tr>
<td>2012 Jan-Dec</td>
<td>12</td>
<td>183</td>
</tr>
<tr>
<td>2013 Jan-May</td>
<td>7</td>
<td>62</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>607</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Patients</th>
<th>Age Range</th>
<th>Mean Age</th>
<th>MRI Core Biopsies</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>30-40</td>
<td>42</td>
<td>13</td>
</tr>
<tr>
<td>12</td>
<td>41-50</td>
<td>43</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>51-60</td>
<td>54</td>
<td>5</td>
</tr>
</tbody>
</table>

• 60% of patients were in the 41-60 age group
• 10% were less than 40, or greater than 71

TABLE 3: Indications for MRI
Patients with known carcinoma/Prior history of cancer/newly diagnosed cancer: 28
High Risk Patients - 6
Unresolved Mammographic findings: 9
■ Nipple discharge: 2
■ Benign Phylloides: 1
■ Cystic Mammogram: 1
■ Asymmetry/ Dense Breasts: 4
Palpable Lump: Suspicous segmental enhancement: 1

TABLE 4: Histologic Results of 43 MRI Core Biopsies
■ Malignant: 11 (25.58%)
■ Benign: 27 (62.79%)
■ Atypical: 5 (11.63%)

Respectfully Submitted,
Migla Josh, MD

Lawrence General Hospital | Community Cancer Program Annual Report
The first meeting of the Thyroid/Parathyroid Committee was in the fall of 2012 at Lawrence General Hospital. In attendance, we had the thyroid surgeons from NEENT, endocrinologists, pathologists, radiologists, nuclear medicine physicians, radiation oncologists and medical oncologists. This inaugural meeting resulted in a very educational review of modern thyroid and parathyroid surgical care and quite a stimulating exchange of ideas and management strategies that will not only be invaluable for the patients that were discussed, but for all of our future patients as well. Many of the salient points were derived from the recent guidelines established by the American Thyroid Association as well as various recent peer-reviewed publications on thyroid cancer and parathyroid surgery. All of the objectives of this meeting were successfully met which included review of the most up-to-date surgery, the most up-to-date treatment, the most up-to-date outcomes data on thyroid cancer and parathyroid cancer. The volume of thyroid and parathyroid surgery in our local hospitals has tremendously grown over the years and we are now able to manage a wide array of complex patients using a team approach while maintaining quality care close to home. The mission of the Thyroid/Parathyroid Committee at Lawrence General Hospital was to bring together the unique perspectives of physicians from varying specialties who are involved in the care of patients with thyroid and parathyroid problems. The committee function is modeled after the tumor board conferences that are currently in existence in many hospitals whose primary purpose is to help determine the best treatment options for their cancer patients. We are now able to offer this for our thyroid and parathyroid patients.

Thyroid/Parathyroid Surgery in the Merrimack Valley

Over the past decade, the surgeons at New England Ear, Nose, Throat and Facial Plastic Surgery (formerly Andover ENT Center) has worked in partnership with the two leading hospitals in the Merrimack Valley (LGH and HFH) to build a multidisciplinary forum to help manage our community’s thyroid and parathyroid surgical patients. The volume of thyroid and parathyroid surgery in our local hospitals has tremendously grown over the years and we are now able to manage a wide array of complex patients using a team approach while maintaining quality care close to home. The mission of the Thyroid/Parathyroid Committee at Lawrence General Hospital was to bring together the unique perspectives of physicians from varying specialties who are involved in the care of patients with thyroid and parathyroid problems. The committee function is modeled after the tumor board conferences that are currently in existence in many hospitals whose primary purpose is to help determine the best treatment options for their cancer patients. We are now able to offer this for our thyroid and parathyroid patients.

Medical School and Tufts University. There has been a strong emphasis over the past decade to update our surgical suites with the state-of-the-art equipment and instruments to provide the best care possible. We have modern nerve monitoring systems to help minimize injury to the nerve at risk during these surgeries, namely the recurrent laryngeal nerve. Preserving this nerve is a top priority for our thyroid/parathyroid surgeon and the use of this technology has become standard for all of our patients. The introduction of the harmonic scalpel into our armamentarium of thyroid/parathyroid surgery has allowed us to develop a minimally invasive approach for our patients, keeping incisions smaller and more cosmetically appealing. Our surgeons have the unique skill set and expertise to provide our thyroid and parathyroid patients the highest quality of care in a compassionate and thoughtful manner right here in our community.

The anxiety and stress over thyroid and parathyroid problems can often be daunting and overwhelming to our patients. There are many unanswered questions and concerns without a clear idea who to direct them to. The Thyroid/Parathyroid Committee is the only multidisciplinary committee dedicated to thyroid and parathyroid patients north of Boston and now offers a solution to these patients. Our physicians comprising this committee are committed to providing the most up-to-date and comprehensive care to these patients in a comfortable setting close to home.

It all started when I felt a lump in my left breast in April 2010. I was 45 years old but immediately flashed back to being a teenager when I had a cyst from my right breast removed, my sister too had a history of cysts, but this was the real “C” word, Cancer, and I never thought it would happen to me. I went for a mammogram in May, just as I had every year since turning 40, but despite the lump my mammogram came back negative. Even 4 months prior when I had a physical in January, everything was fine, but in the back of my head I just knew something wasn’t right. And then it hit me in the face, literally! When I was at the doctors for my physical I had received a handout in the office that was now hanging in front of my face on my refrigerator door, when the words warning about a “False Negative” jumped out at me. I made a call to my doctor and another mammogram was ordered as well as an ultrasound for that same day, both still produced inconclusive results. Penny Bardsley, RN, was the Breast Care Navigator at the time and helped coordinate the Breast MRI that was ordered for me as a follow up. Shortly after the MRI, a surgeon called back with the results, it looked suspicious for cancer and he wanted to perform a MRI Breast Biopsy to confirm. By August the lump had grown and the results from the biopsy showed that I did in fact have breast cancer.

After the results came back I went for a second opinion where I received the same news, I had an aggressive, invasive form of breast cancer. What I didn’t know was that the next chapter of my life was about to begin. It all became clear when Dr. Kouri told me that the cancer had started approximately 3 years prior. I believe that the mind works with the body, and thinking back to where I was 3 years before my diagnosis, I had a lot of stress and had not been taking good care of myself. I felt strongly that there was a connection between those circumstances and my current condition. From then on I worked closely with the team at Commonwealth Oncology Hematology and began the journey to save my life and start healing. I will never forget the call from Dr. Kouri, he said that the chemotherapy should start right away and when I asked him what the prognosis was, he said “you will be cured”. Those words became my truth and inspiration; it was the only outcome I would let myself believe. I found my inner strength and peace which led to acceptance.

In addition to chemotherapy, my treatment included a mastectomy and then radiation, which left me with 3rd degree burns. I performed a complete review of my life and made the appropriate changes like eating healthy, exercising, weight loss, and pursuing a path towards spirituality. This path has helped me learn to stay present in the here and now, to pay attention to my body and remember to care for and love myself.

In May 2013 I began the process of reconstructive surgery. During this time I also met Patrice Peddle, RN, Breast Care Coordinator. I started attending her support group and she encouraged me to participate in the upcoming Breast Cancer Awareness Month Kick-Off Breakfast. This led to the next step on my path to heal. At the breakfast I not only attended as a cancer survivor but I also represented Lawrence General Hospital as I shared my experience from a patient’s point of view.

I’m extremely grateful for my co-workers and to Lawrence General Hospital. I was able to continue working through my chemotherapy and radiation and they provided me with help and support during this difficult time in my life. Although the journey has been difficult, I’m grateful; I may not have changed my life in such a significant way if it weren’t for this experience. My motto is that “the future is the past healed”. My message for everyone is to pay attention to your body, and if you notice any changes to see your doctor. It’s important for anyone with a cancer diagnosis to look within themselves to find strength and love. I’m also excited for the future of Lawrence General Hospital; the mammography services at the new Andover Medical Center will offer patients 3D (Tomos) Digital Mammography, significantly reducing the number of false negatives and improving early detection rates.
Community Outreach

Highlights of 2013

About Your Health
Lawrence General’s healthy lifestyles newsletter includes information on cancer prevention, weight management, tobacco cessation, access to tools, resources and support groups, healthy eating tips, nutrition facts and much more.

Merrimack Valley Chamber of Commerce Chamber of Commerce Health Expo’s
Focusing on the inter-related disciplines of weight control, heart health, tobacco cessation efforts, access to primary care and cancer prevention, these health fairs provide community education and prevention opportunities in collaboration with other health care agencies in the area.

Screenings
FREE Skin Health, Prostate and Oral, Head and Neck screenings are held at Lawrence General Hospital in conjunction with local physicians and advertised through both Spanish and English media outlets.

Skin Cancer Prevention Fair
In recognition of May’s Skin Cancer Prevention month, the LGH Cancer Registrar along with local health promotion agencies hosts a fair for employees, patients and community members. This fair provides an opportunity for education and resources on the prevention habits that empower people to take an active role in maintaining skin health.

Women’s Night Out
A special pampering and awareness-raising event for women to celebrate their lives while increasing awareness around safety, health and wellness through a variety of activities, including education, self-care promotion, and healing art activities.

Be The Match
A bone marrow drive was held at Lawrence General Hospital through the Be The Match® organization, which provides support for patients, and enlists others in the community to join the Be The Match Registry®—the world’s largest listing of potential marrow donors and donated cord blood units.

Girls Night Out
Held at Rockingham Mall, the evening was filled with beauty, style, and resources for women. The Mammography staff from Lawrence General’s South Pavilion Imaging Center were on-hand to answer questions and provide information on breast health.

Cancer Support Group
Offered to any patient who has cancer, or who is a cancer survivor. The group will provide information, offer comfort, teach coping skills, help reduce anxiety, and provide a place for people to share common concerns and receive emotional support.