CANCER COMMITTEE | ANNUAL REPORT – 2023

Cape Cod Healthcare | Regional Cancer Network

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Cape Cod Healthcare Cancer Program Year in Review

Cape Cod Healthcare's Integrated Cancer Committee brings together medical staff, nurses, therapists and other members of the cancer care team, to coordinate efforts that enhance cancer services in support of CCHC's mission: ***To coordinate and deliver the highest quality, accessible health services, which enhance the health of all Cape Cod residents and visitors.***

In this annual report, we are proud to share some of the highlights of 2023:

- Details of a study to examine our adherence to evidence-based guidelines in the treatment of brain cancer
- A summary of a process improvement team's activities to improve treatment room turnaround time/scheduling in Medical Oncology
- A summary of our annual tumor conference activity, where multidisciplinary care team members come together to discuss treatment options and care planning for newly diagnosed patients with cancer
- CCHC performance on key quality metrics reported to the American College of Surgeons Commission on Cancer's National Cancer Database
- A summary of outreach activities to encourage community cancer education and screening
- A summary of new services and enhancements to our cancer program
- A table showing the breakdown of cancer cases diagnosed and/or treated at Cape Cod Hospital and Falmouth Hospital in 2022 (our most complete year of data).

We have a compassionate team of professionals who look forward to caring for you and our community, to decrease our cancer burden through state of the art prevention, screening, treatment, and survivorship programs.

Commission on Cancer®

COLLABORATIVE MEMBER Dana-Farber Cancer Institute

NAPBC NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

RADIATION ONCOLOGY ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Ensuring Adherence to Evidence-Based Guidelines for Primary Brain Cancer

Luke Liu, MD
Medical Oncologist/Hematologist
Cancer Liaison Physician for the Integrated Cancer Committee

PHYSICIAN	CANCER SITE	REPORTED
Luke Liu, MD	Primary Brain Cancer	3Q Cancer Committee Meeting

Methodology

A list of all patients diagnosed at CCHC with primary brain cancer in 2022 was pulled from the Cancer Registry database. Each patient's electronic medical record was compared against NCCN Guidelines Version 1.2023 for Central Nervous System Cancers: Adult Glioma for both the diagnostic workup and the primary treatment provided.

Description of Cases Numbers

ELIGIBLE CASES	CASES OMITTED	CASES REVIEWED
16	0	16

Results

EVALUATION	NUMBER ELIGIBLE	CONCORDANT	PERCENT COMPLIANCE	COMMENTS
MRI performed	16	16	100%	—
Pathological diagnosis documented	16	16	100%	• 13 glioblastoma • 2 glioma (WHO grade III) • 1 astrocytoma (WHO grade III)
WHO grade documented	16	16	100%	
MGMT Promoter Status documented	16	13	81.3%	• 1 patient – MGMT promoter methylation and IDH1/2 sequencing failed. • 1 patient – had surgery done in California. Cannot find documents from California in chart and status is not documented in CCHC notes. • 1 patient – noted in lab reports "to follow." Cannot find results in chart, but patient had very complicated post-operative period and did not receive post-surgery treatment. Suspect test was canceled.

Multidisciplinary Treatment Planning	12	6	50%	• 1 patient did not have post-surgical treatment (excluded from eligibility). • 3 had all care done in Boston except RT (excluded from eligibility). • Of the 12 eligible patients: ~ 6 were discussed at CCH tumor conference. ~ 6 were NOT discussed at tumor conference. • 3 of the 6 NOT discussed had surgery at an outside facility (2 in Boston and 1 in California).
Surgery feasible: performed	14	14	100%	• 7 surgeries were performed at CCH. • 6 surgeries were performed in Boston: ~ 3 at B&W ~ 3 at Mass General
Surgery not feasible: biopsy performed	2	2	100%	—
Age documented	16	16	100%	• 6 patients < 70 • 10 patients were ≥ 70
Performance Status documented	16	14	87.5%	• 2 patients did not have quantified documentation of PS: ~ 1 patient was hospitalized almost the entire time from diagnosis to death. PS not quantified. No post-surgical treatment. ~ 1 patient had documentation that PS status was "very good" at Mass General. • 3 patients had KPS scoring, and 11 had ECOG: ~ 7 patients had KPS of > 60 (or equivalent). ~ 7 had KPS of ≤ 60 (or equivalent).
Adjuvant Treatment compliant with NCCN Guidelines	14	13	92.9%	• 1 patient went directly to hospice after surgery (excluded from eligibility). • 1 patient was noncompliant with treatment recommendations. Completed radiation therapy, but status deteriorated and patient was discharged to hospice.

Analysis/Recommendations

Compliance with guidelines is good. No recommendations based on findings. It was noted that Neurologic Tumor Conference was expanded from monthly to twice a month in 2023 to accommodate care planning for an increased number of patients.

Process Improvement: Medical Oncology Treatment Room Scheduling

Team Sponsor: Katie Michaud
Executive Director of Oncology

Team Leader: Nancy Holmes
Practice Manager Medical Oncology

Problem Statement

- Overscheduling and/or uneven distribution of patient appointments create lulls in some parts of the day, and rushed periods in other parts.
- Scheduling 2-3 different appointments in one day (lab, practitioner, treatment) creates complexity that requires schedulers to override the schedule template. In addition, delays in treatment start time due to patients finishing practitioner visits late, disrupts the treatment room's and pharmacy's ability to stay on schedule.
- These challenges create concerns for patient satisfaction and safety and staff satisfaction.

Improvement Goal

Develop a treatment room schedule template with embedded rules, along with supporting/influencing services and factors that promotes patient satisfaction, efficiency of treatment room and pharmacy processes and assignment equity among staff that can transition to meet the needs of the new Oncology Department. This will be demonstrated with an improved outcome metric of percent of patients who are seen (in chair) within 15 minutes of their scheduled treatment room appointments from 42% to 80% by December 31, 2023.

Project Metrics

Percent of patients who are seen (in chair) within 15 minutes of their scheduled treatment room appointment (baseline = 42%)

PI Team Members

- Katie Michaud – Sponsor
- Nancy Holmes – Team leader
- Kirsten Albers – Facilitator
- Kevin Smyth-Hammond –Treatment room nurse
- Joe Walsh – IT Cadence
- Shelley West – Director of Oncology Nursing & IV therapy
- Dave Boucher – Pharmacy
- Lucy Pavao – Cadence

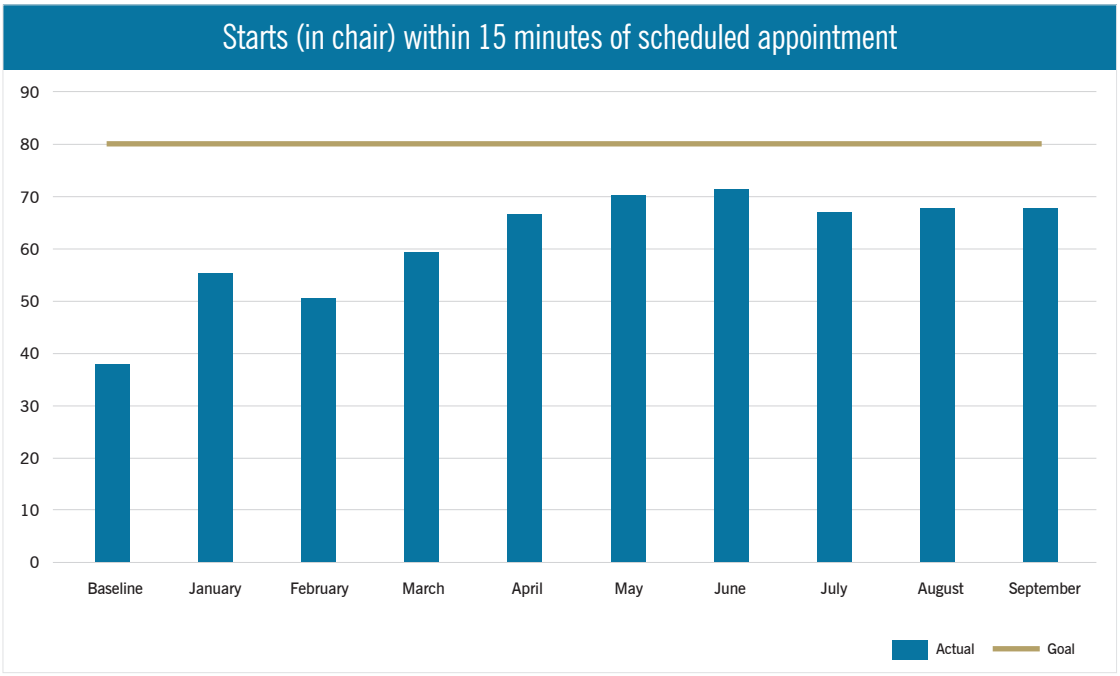
Actions, Changes and Interventions

- Core team met to identify customers, goals and metrics. Schedule change requests – 8/17/22
- Gathered baseline data and finalized IT requests – 9/8/22
- IT build to address request list completed and trialed. Staff instructed – October

- Implementation of Phase I: November 1, 2022
  - ~ Added 15 minutes to all chemo treatment plans.
  - ~ Labs extended to 30 minute appointments
  - ~ Decision tree to determine if a new patient or if patient needs cool cap
  - ~ New appoints had 30 minutes added for pt. education
  - ~ Added Pharmacy as a resource to schedule
- Phase II Implementation: January 13, 2023
  - ~ 15 minutes added to therapy plans/blood/hydration for chair turnover
  - ~ Chair-side scheduling available
  - ~ Created stretcher bay resource with restrictions
- Monitoring individual schedulers compliance to rules.
- Hard stop that keeps visits from being scheduled that do not follow Pharmacy's mix template (we have 100% compliance).

Effects of Implementation

- Starts (in chair) within 15 minutes of scheduled appointment have improved, more so in the main treatment room than in our A2 location.
- Patient satisfaction related to infusion delays is at 89% "Very Good."
- We have been able to add in extra time to appointments where needed while maintaining a capacity below 80% (our max identified).



New and Expanded Oncology Program Services

The Cape Cod Healthcare Oncology Program made a number of new and exciting program changes in 2023 to better address the needs of our community. New and/or enhanced services include the following:

Dana-Farber Clinical Pathways Implementation

Dana-Farber Pathways is an electronic road map of the best treatments currently available for each type of cancer and for every stage of disease. Cape Cod Hospital's Medical Oncologists have partnered with Dana-Farber Cancer Institute to adopt their pathways for use at CCHC in 2023. Pathways have been implemented for lung, GI, prostate, GU, testicular, bladder and breast cancers and represents more than half of the total project build. Final medical oncology pathway design and implementation should be complete in October, 2024. At that time, the project will transition to begin development of pathways for Radiation Oncology treatments.

New Dana-Farber Cancer Institute Research Collaborative

CCH was accepted into the Dana-Farber Cancer Institute Research Collaborative this year after an on-site review and evaluation process. This will be another step in providing our patients with access to additional clinical trial opportunities close to home. We expect to open at least 2 additional trials through Dana-Farber by summer 2024. CCH is proud to continue to grow and evolve our partnership with Dana-Farber in this manner.

Expanded Genetic Counseling and High-Risk Breast Program for Falmouth Patients

Hyannis facilities have benefited from an on-site certified genetics counselor and High-Risk Breast program for a number of years. Patients who are found to have a hereditary risk for cancer receive consultation and education to review familial and hereditary cancer risk. Those who proceed to testing and have confirmed genetic mutation for hereditary cancer syndrome or who test negative but remain at high familial risk, are enrolled in our High-Risk Breast program. This service was extended to Falmouth Hospital patients in 2023. Patients can meet with our genetic counselor both in person in Hyannis or virtually via telemedicine.

Enhanced Services at Clark Cancer Center

Radiation Oncology care is expanding in Falmouth. Several new additions and advancements were implemented in 2023 including the following.

New Linear Accelerator – *What it provides*

- We have the ability to perform cranial radiosurgery treatments for the first time in Falmouth for brain cancer.
- We have greatly improved capability to perform Stereotactic Body radiation therapy (SBRT) to various sites.
- We have moved to a **digital platform**. This means:
  - ~ We have digitally controlled calibration of the machine which will self-report any equipment service issues.
  - ~ When issues are identified, they are able to be serviced remotely and faster by technicians trained in servicing the equipment, which will minimize the equipment down time.
- Treatment delivery and imaging are well synchronized. Instead of two separate process steps – taking x rays of the patient positioning followed by radiation treatment delivery, this all happens in one workflow which:
  - ~ Enhances treatment accuracy and speed.
  - ~ Enhances treatment target localization (aim) so that we are able to minimize the risk of radiation dose impacting normal tissue and causing toxicity effects.

- The new linear accelerator doubles-to-quadruples the speed of delivery (dose per minute) which allows us to treat in a much shorter time. Reduced treatment time results in benefits to the patient by:
    - ~ Decreasing the chance that the patient moves during treatment.
    - ~ Decreasing the amount of time the patient spends alone inside of the treatment vault (room).
- 3-D treatment positioning – the new linear accelerator couch (table) that patients lie on while being radiated pitches and rolls much like a plane in the sky. This works to enhance our accuracy. Prior to the new equipment we only have 2-D positioning capabilities (up, down, in, out, left right).

ExacTrack BrainLAB – *What it offers*

BrainLAB initially came into the market offering surgical equipment software associated with cranial surgery and was focused on metastatic brain cancer. The technology was then proven successful in use with spinal tumors and is now proving to have great utility with soft tissue and bone cancers specifically in achieving **greater radiation treatment accuracy and patient position monitoring** during treatment.

Radiation treatment delivery is constantly evolving with an aim to deliver the highest doses to maximize the ability to kill cancer cells while minimizing potential for toxicity to the patient's normal tissue. The use of ExacTrack BrainLAB technology provides us with the tool we need for delivering radiation therapy with exquisite precision through enhanced patient monitoring during treatment delivery and tumor localization (targeting). This is achieved through two components:

- **Synchronization of imaging (patient monitoring) and treatment delivery** that will allow us to fine tune treatments during the treatment delivery instead of a two-step process that is in place now (image the patient, then treat).
- **New generation heat signature surface tracking** cameras are utilized for patient monitoring rather than relying on x-rays.

Pelvic Floor Therapy

CCHC now has on staff a pelvic health occupational therapist, working out of our Hyannis and Orleans offices. She specializes in addressing a wide range of pelvic and abdominal health conditions, including chronic pelvic pain, urinary and bowel incontinence, sexual dysfunction, pregnancy and postpartum conditions, diastasis recti, pelvic organ prolapse, concerns related to menopause, and the post-abdominal or pelvic surgery recovery phase.

A Partnership to Meet Mental Health Needs

During the Spring of 2023, staff from the Davenport Mugar Cancer Center (DMCC) and the CCHC Behavioral Health Department met to discuss strategies that we could jointly implement so that we were better able to meet the needs of our patients.

DMCC has two Licensed Independent Clinical Social Workers (LICSW) who provide counseling and support to patients who are struggling with their illness. We have noticed, however, that there have been patients who have struggled with a life-long history of anxiety and depression. This results in an inability to follow an established plan of care. This often results in missed or canceled appointments which is detrimental to the protocol that has been developed to address their individual cancer.

To determine whether there was interest from patients to participate in either a therapeutic support group or one-to-one counseling by a licensed therapist, a Survey for Individual and Group Psychotherapy was developed and distributed to our patients. Based upon the responses from our initial survey, we were able to provide a Group Therapy option that focused on a cancer diagnosis and the additional anxiety that patients experience due to their diagnosis. In addition to the therapeutic support group, there were also referrals made for individual therapy sessions. This collaboration will continue to grow and develop to meet our patient's needs.

Nutritional Support Pilot Project

To help promote fresh fruit and vegetable intake and decrease barriers to access, the Cape Cod Hospital Cancer Committee collaborated with Cape Wellness Collaborative to provide 25 patients with a box of local fresh produce. These 25 participants were self-referred via distributed fliers as well as via referrals from the members of the medical team (registered dietitian, social workers, and nurses). These patients then signed up with Cape Wellness Collaborative to participate in the program. The produce boxes were delivered to the participants and included recipe cards provided by the farm for cooking ideas. The program was well received, with the 25 boxes being fully committed for within the first ten days after the program was announced. This program provided insight for use in potential future program development and collaborations.

Quality of Cancer Care

The American College of Surgeons' Commission on Cancer program establishes key performance metrics which allow all participating hospitals to evaluate their own performance as well as benchmark performance against other accredited programs. The data is reported to the Cancer Committee at least twice each year. Metrics failing to meet threshold requirements are reviewed to identify the reason and to look for opportunities to improve care.

2023 Performance Compared to All Commission on Cancer Program Facilities

METRIC	CCH	FH	ALL COC
BCSdx: First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical Stage I-III breast cancer.	91.57%	100%	77.53%
BCSRT: Radiation therapy, when administered, is administered within 60 days of definitive surgery for patients receiving breast conserving surgery for breast cancer for Stage I-III breast cancer who do not undergo adjuvant chemo-or immune-therapy.	91.67%	100%	70.45%
MAC: Combination chemotherapy or chemo-immunotherapy (if HER2+) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1N0M0 or Stage 1B-III hormone receptor negative breast cancer.	100%	100%	87.71%
ACT: Adjuvant chemotherapy is recommended 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.	100%	100%	79.81%
C12RLN: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	100%	100%	94.95%
GCTRT: Neoadjuvant chemotherapy and/or chemo-radiation is administered within 120 days preoperatively for patients with AJCC cT2+ or cN1+, cM0 for gastric carcinoma; or (cT2 and poor differentiation) or cT3+ or cN1+, cM0 for esophageal or gastroesophageal junction carcinoma age 18-79.	100%	No data	73.99%
HadjRT: Time to initiation of postoperative radiation therapy less than 6 weeks for patients with surgically-managed head and neck squamous cell carcinoma.	No data	No data	33.19%
LCT: Systemic chemotherapy, immunotherapy or targeted therapy is administered or recommended within 3 months preoperatively or 3 months postoperatively, for surgically resected cases with pathologic T2 greater than 4cm or T greater than or equal to 3, or N greater than or equal to 1 non-small cell lung cancer.	83.33%	100%	76.43%

MadjRx: Melanoma adjuvant systemic therapy was administered within 6 months of surgery or recommended for eligible patients with Stage IIIB-D resected melanoma.	No data	No data	40.0%
RCRM: Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections.	100%	100%	91.47%
RECRTCT: Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4No, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T2N0, T4N0, or Stage III; or treatment is recommended, for patients under the age of 80 receiving resection for rectal cancer.	No data	No data	53.09%

Community Outreach

As an integrated cancer program, Cape Cod Healthcare's (CCHC) responsibility to Cape Codders goes beyond cancer diagnosis and treatment. Community outreach allows us to share information that can help reduce your risk for developing cancer as well as help identify new cancers at an earlier stage when treatment can be more effective.

Each year, CCHC shares expert insights and information with the public through community publications such as ***The Pulse*** and ***Cape Cod Health News***, as well as through online content and annual cancer specific programming. Highlights of our 2023 outreach programming include the following.

Breast Cancer Awareness Month Activities

One-in-eight women will develop breast cancer in her lifetime, making it one of the leading types of cancer in the U.S. In 2022, 403 individuals were diagnosed and/or treated for breast cancer at CCHC and breast cancer represented 48% of all women's cancers diagnosed and/or treated at CCHC.

Each October, Breast Cancer Awareness Month is recognized globally. CCHC participates across our community with a comprehensive digital and media campaign that includes online breast cancer health risk assessment, breast health online and printed education, as well as a live presentation by Dr. Kumara Sidhartha, MD, MPH on Top 10 Food Strategies to Reduce Breast Cancer Risk. Literally thousands of people accessed the campaign information and took advantage of the opportunity to schedule a mammogram and/or determine their own risk for breast cancer.

Oral Cancer Screening

The Visiting Nurse Association of Cape Cod (VNA) provides a variety of health screenings across the Cape each year. In 2023, five Oral Cancer Screenings were offered. Those with suspicious findings were referred back to their primary care professional for a referral order to an Ear Nose and Throat (ENT) specialist.

"In August, 2023, I attended a free oral cancer screening at the Mashpee Senior Center. The speech pathologist who performed the screening informed me that she noticed some suspicious findings and encouraged me to follow up with my PCP. Long story short, I had major surgery in October 2023 to remove cancerous cells. When I was discharged from the hospital, I had VNA speech therapy and nursing. I'm very grateful I said YES to a free screening at my local senior center. It saved my life!"

Lung Cancer Awareness Month Activities

In 2022, CCHC diagnosed and/or treated 206 new lung cancer patients. According to the Massachusetts State Cancer Profile, the incidence of lung and bronchus cancer in Barnstable County is 55.2 per 100,000 residents. Unfortunately, 61% of those cases were diagnosed as late-stage cancers, meaning that the disease had spread regionally or to distant parts of the body. The earlier cancer is identified, the easier it is to treat. That's why screening is so important for patients at risk.

November is Lung Cancer Awareness Month. In celebration, CCHC launched a campaign to help residents improve their knowledge about lung cancer prevention, diagnosis and treatment.

The digital campaign included a health risk assessment for lung cancer which was completed by over 200 people. Those found to be at high risk were contacted and offered an opportunity to schedule a low-dose CT exam to screen for lung cancer. In addition, CCHC launched the Epic Cheers Customer Relationship Management program for lung cancer in September of 2023. This program interfaces with the organizations electronic medical record to identify patients who may be at-risk for lung cancer and provides targeted messaging to them directly through MyChart which encourage lung cancer screening. Within the first few months, over 70 people pursued low-dose CT screening as a result of the app.

Celebrating Cancer Survivors

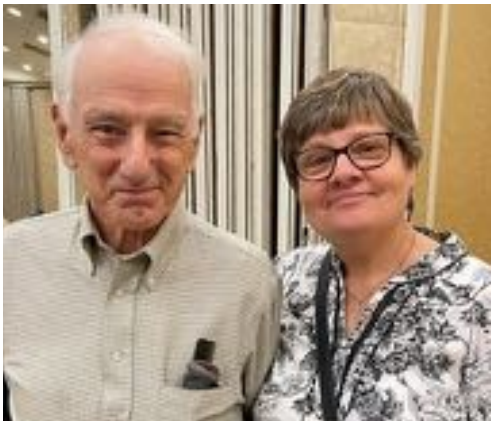
On Sunday, September 17th, 2023, CCHC hosted the *Ninth Annual Cancer Survivors' Day* at the Hyport Conference Center at 35 Scudder Avenue in Hyannis. This was the first time that CCHC was able to honor our cancer survivors after a three-year hiatus due to the restrictions that were in place during the COVID-19 pandemic. Cancer Survivors' Day is a celebration of life, providing inspiration for survivors and support for the families who provide care for their loved ones as they make their way through one of the most difficult periods of their lives. There were 135 people in attendance at this memorable event.

The day began with a welcome from Michael Lauf, the President and CEO of Cape Cod Healthcare. Breast surgeon Dr. Naomi Kalliath helped to keep the program running smoothly as our Master of Ceremonies. Our Keynote Speaker was Dr. Kumara Sidhartha, the Chief Health Equity and Wellness Officer for Cape Cod Healthcare. Dr. Sidhartha has not only promoted but also advocated for patients to take an active role in managing their health through evidence-based healthy lifestyle recommendations. He shared his perspectives with all who were present.

One of the highlights of the day was the opportunity to hear from the speakers who shared the many challenges that they had faced during their cancer journey. This year, CCHC was fortunate to be able to have two cancer survivors share their stories with the group. Dr. Brian Kowal, a Cape Cod Healthcare Urologist, shared the difficulties that he experienced as a young medical student who was married and just beginning his residency when he learned that he was diagnosed with cancer. His words provided us with comfort, inspiration and admiration for someone who continued to follow through on his dream of becoming a doctor despite being faced with a cancer diagnosis.

Virginia Voros who recently completed her treatment at the Davenport Mugar Cancer Center shared the ups and downs of her journey. Throughout her treatment, Virginia became known as the "cheerleader" for her fellow patients. She always came in with a smile and a kind word for all.

The most anticipated event at the Survivors Day Celebration was the basket raffle. More than 40 departments throughout Cape Cod Healthcare system donated over 70 gift baskets which were raffled off near the end of the day. The generosity and creativity of our employees was evident in the beautiful baskets that were donated. The winners truly appreciated the wonderful prizes that they received.


Express Yourself...
Survivorship
Life





Cancer
messed with

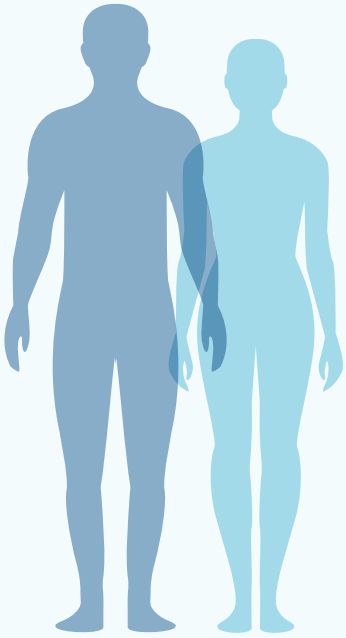
Cancer Registry Report

Cape Cod Hospital and Falmouth Hospital Cancer Registries collect data elements about our cancer population which are required to be reported to both the American College of Surgeons' Commission on Cancer and the State of Massachusetts Cancer Registries. The data is used internally by CCHC to help our program assess patient needs, identify community trends, and identify performance improvement opportunities. Externally, the data is used by researchers and other organizations to identify more global cancer trends and treatments. All data is de-identified prior to submission in order to protect personal patient information.

In 2022 (the most recent complete year of data), our Certified Tumor Registrars abstracted data on 1557 analytic patients who were diagnosed AND/OR treated at CCHC hospitals. Below is a summary of that information specific to treatment areas by body system and sex.

Summary of Treatment Areas by Body System and Sex

MALE	#	%
ORAL CAVITY & PHARYNX	27	4
LUNG & BRONCHUS	90	12
PANCREAS	18	2
KIDNEY & RENAL PELVIS	29	4
URINARY BLADDER	90	12
COLON & RECTUM	55	8
PROSTATE	216	30
NON-HODGKIN LYMPHOMA	25	5
MELANOMA OF THE SKIN	29	4
LEUKEMIA	10	1
ALL OTHER SITES	136	19



FEMALE	#	%
THYROID	6	1
LUNG & BRONCHUS	116	14
BREAST	401	48
KIDNEY & RENAL PELVIS	15	2
OVARY	14	2
UTERINE CORPUS	42	5
COLON & RECTUM	64	8
NON-HODGKIN LYMPHOMA	24	3
MELANOMA OF THE SKIN	18	2
LEUKEMIA	4	0
ALL OTHER SITES	128	15

Treatment Area	Total		Male		Female	
	#	%	#	%	#	%
ORAL CAVITY & PHARYNX	39	2.5%	27	3.7%	12	1.4%
Tongue	9	0.6%	8	1.1%	1	0.1%
Salivary Glands	3	0.2%	1	0.1%	2	0.2%
Gum & Other Mouth	7	0.4%	6	0.8%	1	0.1%
Nasoparynx	1	0.1%	0	0.0%	1	0.1%
Tonsil	12	0.8%	9	1.2%	3	0.4%
Oropharynx	3	0.2%	2	0.3%	1	0.1%
Hypopharynx	4	0.3%	1	0.1%	3	0.4%
DIGESTIVE SYSTEM	212	13.6%	113	15.6%	99	11.9%
Esophagus	19	1.2%	12	1.7%	7	0.8%
Stomach	9	0.6%	8	1.1%	1	0.1%
Small Intestine	5	0.3%	2	0.3%	3	0.4%
Colon Excluding Rectum	83	5.3%	34	4.7%	49	5.9%
Cecum	17	–	6	–	11	–
Appendix	6	–	1	–	5	–
Ascending Colon	21	–	7	–	14	–
Hepatic Flexure	6	–	2	–	4	–
Transverse Colon	7	–	3	–	4	–
Splenic Flexure	1	–	0	–	1	–
Descending Colon	6	–	2	–	4	–
Sigmoid Colon	14	–	10	–	4	–
Large Intestine, NOS	5	–	3	–	2	–
Rectum & Rectosigmoid	36	2.3%	21	2.9%	15	1.8%
Rectosigmoid Junction	5	–	4	–	1	–
Rectum	31	–	17	–	14	–
Anus, Anal Canal & Anorectum	11	0.7%	4	0.6%	7	0.8%
Liver & Intrahepatic Bile Duct	14	0.9%	11	1.5%	3	0.4%
Liver	13	–	10	–	3	–
Intrahepatic Bile Duct	1	–	1	–	0	–
Gallbladder	1	0.1%	1	0.1%	0	0.0%
Other Biliary	2	0.1%	0	0.0%	2	0.2%
Pancreas	28	1.8%	18	2.5%	10	1.2%
Peritoneum, Omentum & Mesentery	2	0.1%	0	0.0%	2	0.2%
Other Digestive Organs	2	0.1%	2	0.3%	0	0.0%

Treatment Area	Total		Male		Female	
	#	%	#	%	#	%
RESPIRATORY SYSTEM	226	14.5%	104	14.3%	122	14.7%
Nose, Nasal Cavity & Middle Ear	2	0.1%	1	0.1%	1	0.1%
Larynx	17	1.1%	12	1.7%	5	0.6%
Lung & Bronchus	206	13.2%	90	12.4%	116	13.9%
Trachea, Mediastinum & Other Respiratory	1	0.1%	1	0.1%	0	0.0%
SOFT TISSUE	5	0.3%	4	0.6%	1	0.1%
Soft Tissue (including Heart)	5	0.3%	4	0.6%	1	0.1%
SKIN EXCLUDING BASAL & SQUAMOUS	50	3.2%	30	4.1%	20	2.4%
Melanoma – Skin	47	3.0%	29	4.0%	18	2.2%
Other Non-Epithelial Skin	3	0.2%	1	0.1%	2	0.2%
BREAST	403	25.9%	2	0.3%	401	48.2%
Breast	403	25.9%	2	0.3%	401	48.2%
FEMALE GENITAL SYSTEM	69	4.4%	0	0.0%	69	8.3%
Cervix Uteri	6	0.4%	0	0.0%	6	0.7%
Corpus & Uterus, NOS	42	2.77%	0	0.0%	42	5.0%
Corpus Uteri	39	–	0	–	39	–
Uterus, NOS	3	–	0	–	3	–
Ovary	14	0.9%	0	0.0%	14	1.7%
Vulva	4	0.3%	0	0.0%	4	0.5%
Other Female Genital Organs	3	0.2%	0	0.0%	3	0.4%
MALE GENITAL SYSTEM	230	14.8%	230	31.7%	0	0.0%
Prostate	216	13.9%	216	29.8%	0	0.0%
Testis	12	0.8%	12	1.7%	0	0.0%
Penis	2	0.1%	2	0.3%	0	0.0%
URINARY SYSTEM	162	10.4%	121	16.7%	41	4.9%
Urinary Bladder	114	7.3%	90	12.4%	24	2.9%
Kidney & Renal Pelvis	44	2.8%	29	4.0%	15	1.8%
Ureter	2	0.1%	1	0.1%	1	0.1%
Other Urinary Organs	2	0.1%	1	0.1%	1	0.1%

Treatment Area	Total		Male		Female	
	#	%	#	%	#	%
BRAIN & OTHER NERVOUS SYSTEM	20	1.3%	14	1.9%	6	0.7%
Brain	17	1.1%	13	1.8%	4	0.5%
Cranial Nerves Other Nervous System	3	0.2%	1	0.1%	2	0.2%
ENDOCRINE SYSTEM	10	0.6%	4	0.6%	6	0.7%
Thyroid	10	0.6%	4	0.6%	6	0.7%
LYMPHOMA	52	3.3%	26	3.6%	26	3.1%
Hodgkin Lymphoma	3	0.2%	1	0.1%	2	0.2%
Non-Hodgkin Lymphoma	49	3.1%	25	3.4%	24	2.9%
NHL – Nodal	38	–	19	–	19	–
NHL – Extranodal	11	–	6	–	5	–
MYELOMA	26	1.7%	20	2.8%	6	0.7%
Myeloma	26	1.7%	20	2.8%	6	0.7%
LEUKEMIA	14	0.9%	10	1.4%	4	0.5%
Lymphocytic Leukemia	11	0.7%	7	1.0%	4	0.5%
Chronic Lymphocytic Leukemia	10	–	6	–	4	–
Other Lymphocytic Leukemia	1	–	1	–	0	–
Myeloid & Monocytic Leukemia	3	0.2%	3	0.4%	0	0.0%
Acute Myeloid Leukemia	1	–	1	–	0	–
Chronic Myeloid Leukemia	2	–	2	–	0	–
MESOTHELIOMA	3	0.2%	2	0.3%	1	0.1%
Mesothelioma	3	0.2%	2	0.3%	1	0.1%
MISCELLANEOUS	36	2.3%	18	2.5%	18	2.2%
Miscellaneous	36	2.3%	18	2.5%	18	2.2%
TOTAL	1,557		725		832	
Exclusions (not male and not females)						3

Integrated Cancer Committee Members

Peter Hopewood, MD, FACS – Chair, Surgery, Falmouth Hospital Clinical Liaison Physician
Luke Liu, MD – Medical Oncology, Cape Cod Hospital Clinical Liaison Physician

Coordinators:

Hester Grue, CTR
Cancer Conference Coordinator

Kirsten Albers, RN
Quality Improvement Coordinator, Survivorship Coordinator

Carol McDonald, CTR
Cancer Registry Quality Coordinator

Elizabeth Sampson, RN
Clinical Research Coordinator

Judi Pregot, LICSW, OSW-C
Psychosocial Coordinator

Other Members:

Eli Paris, MD
Diagnostic Radiology

Mohammad Nourmohammadi, MD
Radiology

Leslie Max, MD
Pathology

Oliver Kocher, MD
Pathology

Jill Oxley, MD
Surgery, Director of Breast Services, CCHC

Jaclyn Flanigan, MD
Chief, Medical Oncology

Jeffrey Martin, MD
Chief, Radiation Oncology

Molly Sullivan, MD
Radiation Oncology

Naomi Kalliath, DO
Breast Surgeon

Jeff Spillane, MD
Thoracic Surgery

Tom Openshaw, MD
Medical Oncology (Retired)

William Agel, MD
Chief Medical Officer CCH/CCHC

Donald Guadagnoli, MD
Chief Medical Officer, FH

Katherine Michaud
Executive Director of Oncology

Barbara Archambeault
Manager of Radiation Oncology

Shelley West
Director Oncology Nursing and IV Therapy

Tildy Turchinetz
Social Work

Deborah Crockett-Rice
Tumor Registrar

Nancy O'Connor, NP
Genetic Counselor

Abigail Berner
Oncology Dietician

Eliane Cabral
Executive Director Imagery Services, CCH

Joanne Kilmartin
Director of Radiology, FH

Julie Drake
Director Rehabilitation Services

Kristine Whaples
Exercise Physiologist, Cancer Wellness Program

Elizabeth Sharp
Speech Therapist

Greg Driscoll
Oncology Pharmacist

Emily Davern
Bereavement Coordinator, VNA (Pastoral Care Representative)

Gary German
VNA Hospice (Pastoral Care Representative)

Julie Badot
Executive Director Marketing Communications and Content Strategy

Joan Macallister
Lung Navigator

Kerri Medeiros
American Cancer Society

Jennifer Cummings
CCHC Foundation

Abby Field
Cape Wellness Collaborative

Breast Program Leadership Committee

Cape Cod Hospital NAPBC

Jill Oxley, MD – Chair, Surgery, Director of Breast Services CCHC

William Agel, MD
Chief Medical Officer
CCH/CCHC

Laura Bryan-Rest, MD
Radiology

Anne Morris, MD
Radiology

Hope Peters, MD
Radiology

Naomi Kalliath, DO
Breast Surgery

Marc Fater, MD
Reconstructive Surgery

Jaclyn Flanigan, MD
Chief, Medical Oncology

Edward Wyluda, DO
Medical Oncology

Jeffrey Martin, MD
Chief, Radiation Oncology

Molly Sullivan, MD
Radiation Oncology

Giulia Cicchetti, MD
Radiation Oncology

Gregory Zentner, MD
Pathology

Oliver Kocher, MD
Pathology

Peter Rufleth, MD
OB/GYN

Katy McElroy, NP
Cuda Breast Center

Elizabeth Leach, NP
Cuda Breast Center

Stephanie Ellis, NP
Cuda Breast Center

Katherine Michaud
Executive Director
Oncology Services

Shelley West
Director, Oncology
Nursing and IV Therapy

Elizabeth Sampson
Manager, Oncology
Research

Kirsten Albers, RN
Quality Improvement
Coordinator, Survivorship
Coordinator

Judi Pregot
Oncology Social Worker

Eliane Cabral
Executive Director Imagery
Services, CCH

Cassandra Dombrowski
Manager, Cuda Breast
Care Center

Ann Coggeshall
Breast Patient Navigator

Heather Moe
Breast Patient Navigator

Susan Fredette
Ultrasound Lead
Technologist

Nancy O'Connor, NP
Genetic Counselor

Brenna Quinn
Occupational Therapist

Kristine Whaples
Exercise Physiologist,
Cancer Wellness Program

Hester Grue, CTR
Cancer Conference
Coordinator

Carol McDonald
Certified Tumor Registrar

Julie Badot
Executive Director
Marketing Communications
and Content Strategy

Abby Field
Cape Wellness Collaborative

Breast Program Leadership Committee

Falmouth Hospital NAPBC

Peter Hopewood, MD, FACS – Chair, Surgery

Donald Guadagnoli, MD
Chief Medical Officer, FH

Mohammad Nourmohammadi, MD
Radiology

Julian D'Achille, MD, MPH
Reconstructive Surgery

Leslie Max, MD
Pathology

Victor Aviles, MD
Medical Oncology

Giulia Cicchetti, MD
Radiation Oncology

Carter Hunt
Chief Executive Officer, FH

Katherine Michaud
Executive Director
Oncology Services

Joanne Kilmartin
Director of Radiology, FH

Shelley West
Director Oncology
Nursing and IV Therapy

Tildy Turchinetz
Oncology Social Worker

Elizabeth Sampson
Manager Oncology Research

Katherine Murray
Breast Program Manager

Nancy O'Connor, NP
Genetic Counselor

Kristine Whaples
Exercise Physiologist,
Cancer Wellness

Debora Crockett-Rice
Tumor Registrar

Kirsten Albers, RN
Quality Improvement
Coordinator, Survivorship
Coordinator

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