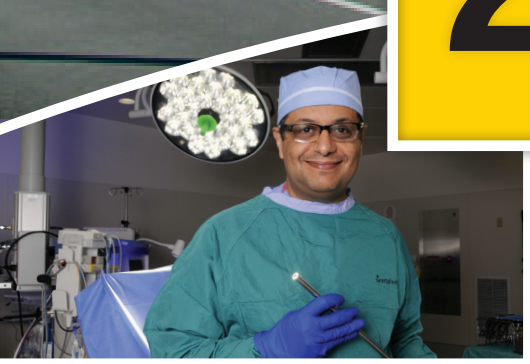
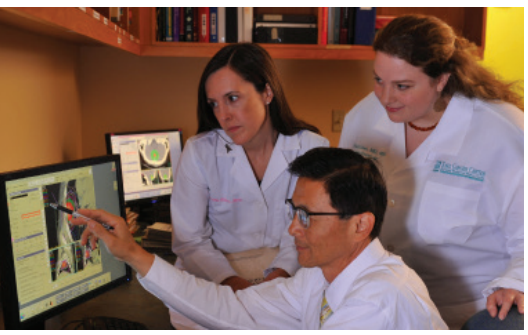
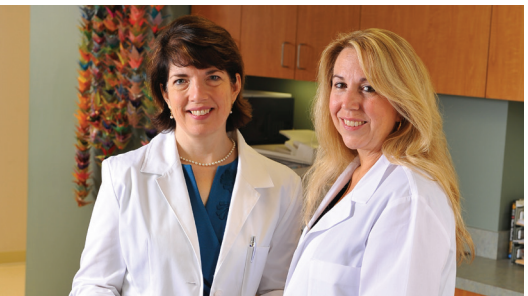
2018 TATE CANCER CENTER ANNUAL REPORT







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the YEAR in REVIEW

This year's annual report marks a special time in our cancer center's history as we celebrate our 15th anniversary. Since 2003, the Tate Cancer Center at University of Maryland Baltimore Washington Medical Center has provided care to over 16,000 patients from Anne Arundel County, Maryland and beyond. Our cancer program continues to provide high-quality care to our patients across the state and add state-of-the-art technologies.

The Tate Cancer Center specializes in minimally invasive cancer care comprised of a team of nationally recognized providers, oncology certified nurses and support service members. Our program covers a broad spectrum of cancer prevention, diagnosis, treatment and support for the community, including:

- Genetic testing and screening
- Cancer support groups, including our Survivorship Support Group, Look Good Feel Better program for breast cancer survivors, and Therapeutic Yoga for Cancer classes
- A thriving geriatric oncology program that provides support and cancer services customized for geriatric patients

We were re-accredited as an Academic Comprehensive Cancer Program (ACAD) by the Commission on Cancer (CoC) with special recognition and commendations, making us one of only three ACADs in Maryland. CoC accredited programs are recognized for providing the best in patient-centered care. We were also recognized by US News & World Report's Best Hospitals for 2018-19 as high performing in two cancer related metrics of Lung Cancer and Colorectal Cancer Surgeries.

The Tate Cancer Center implemented the Improving Surgical Care and Recovery Program (ISCR) supported by the American College of Surgeons. The ISCR program implements evidenced-based recovery pathways to improve clinical outcomes for colorectal cancer patients. As part of our academic mission, we share our ISCR with other hospitals in Maryland. We also train the next generation of future cancer providers with our residency and fellowship programs at the Tate Cancer Center.

While we are proud of our accomplishments, our focus remains on providing the highest quality of care to our patients. Next year, we will expand the number of clinical trials we offer as well as our research participation. We will continue to enhance our community outreach and introduce more technology and artificial intelligence tools to improve our patient experience.

Finally, I would like to recognize our patients and their families who continually support our program and commend our talented clinical, research and administrative partners for their dedication and hard work.

Sincerely,

Cherif N. Boutros, MD, MSc
Medical Director, Tate Cancer Center

Chair, Surgical Oncology
UM Baltimore Washington Medical Center

Associate Professor of Surgery
University of Maryland School of Medicine

CANCER REGISTRY REPORT 2018

The Cancer Registry is a part of the Tate Cancer Center at University of Maryland Baltimore Washington Medical Center (UM BWMC) and collects data on all cancer patients diagnosed and/or treated at this facility. Information collected and analyzed includes demographic, diagnostic, staging, treatment, follow–up, and survival data for each case. The cancer registry also ensures the cancer program's compliance with all standards established by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS) to maintain its accreditation as an Academic Comprehensive Cancer Program (ACAD) as well as maintain accreditation for the National Accreditation Program for the Breast Centers (NAPBC) for the Aiello Breast Center at UM BWMC. UM BWMC is the only ACAD in the University of Maryland Cancer Network and one of the few medical centers accredited by both ACoS and NAPBC in the United States.

The cancer registry reviewed cases from Casefinding and continues to accession more cases each year. These patients were initially diagnosed at UM BWMC and/or received all or part of their first courses of treatment here. The most common malignancies diagnosed and/or treated at UM BWMC in 2017 were breast (207 cases), respiratory system (193 cases), digestive system (180 cases), urinary system (120 cases) and male genital system (79 cases).

The cancer registry maintains patient follow-up for all analytic cases and enters this data into the registry database. This process provides the registry with additional information on recurrences, treatments, the patient's disease status, and survival data. The follow-up letters also serve as a reminder to physicians to contact patients who have not been seen during the past year. A total of 9,102 patients are actively followed at this time. Our data is reported quarterly to the Maryland Cancer Registry, which is a Maryland state law. Annually, our data is also reported to the National Cancer Database (NCDB) and is used for comparison studies to evaluate patient care and trends. Monthly, our data is submitted to the Rapid Quality Reporting System (RQRS) within the NCDB, which is a system used to promote and facilitate evidence-based cancer care at Commission on Cancer (CoC) – accredited cancer programs.

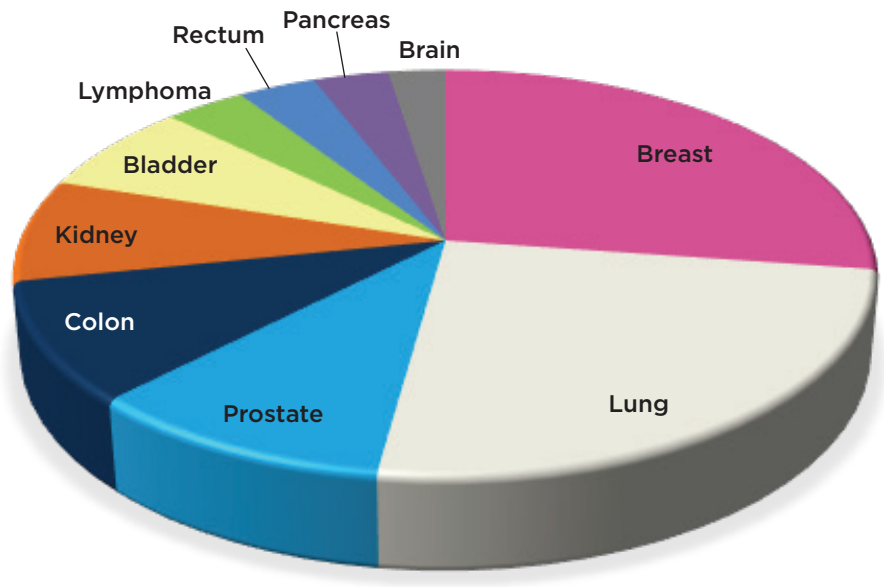
Cancer registry data is used by the cancer committee and the University of Maryland Cancer Network to evaluate the quality of patient care as well as in cancer conference presentations, administrative reports, community education, retrospective research, quality improvement initiatives and outreach programs in the community.

For more information, please call **410-553-8100.**

PRIMARY SITE TABLE

UM BWMC ANALYTIC CASES from 2018

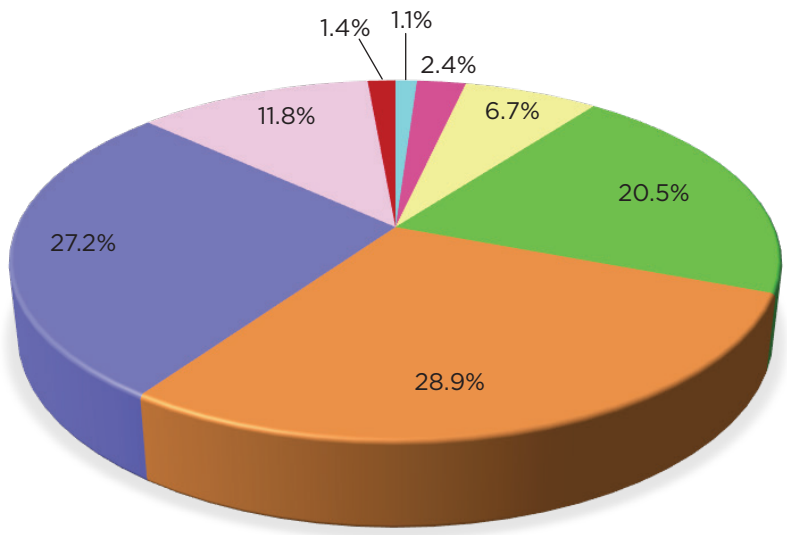
TOP TEN CANCER SITES



PRIMARY SITE	# OF CASES	%
Breast	207	27.3%
Lung	189	24.9%
Prostate	77	10.1%
Colon	72	9.5%
Kidney	62	8.2%
Bladder	55	7.2%
Lymphoma	27	3.6%
Rectum	26	3.4%
Pancreas	25	3.3%
Brain	19	2.5%

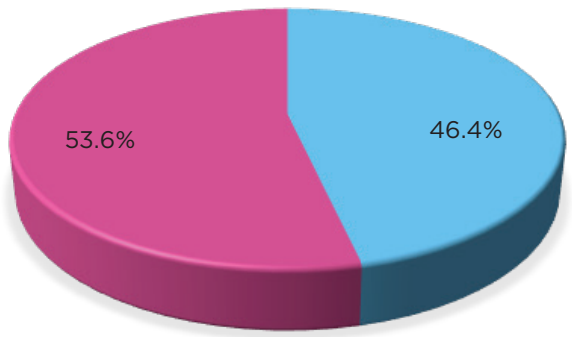
DIAGNOSIS BY AGE

AGE AT DIAGNOSIS	# OF CASES	%
0-29	10	1.1%
30-39	23	2.4%
40-49	63	6.7%
50-59	192	20.5%
60-69	270	28.9%
70-79	25	27.2%
80-89	11	11.8%
Other	13	1.4%



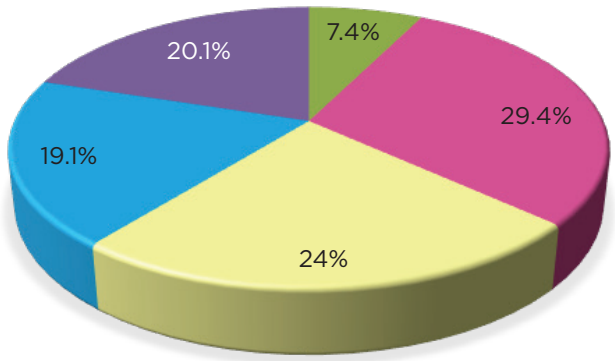
GENDER DISTRIBUTION

GENDER	# OF CASES	%
Male	434	46.4%
Female	501	53.6%



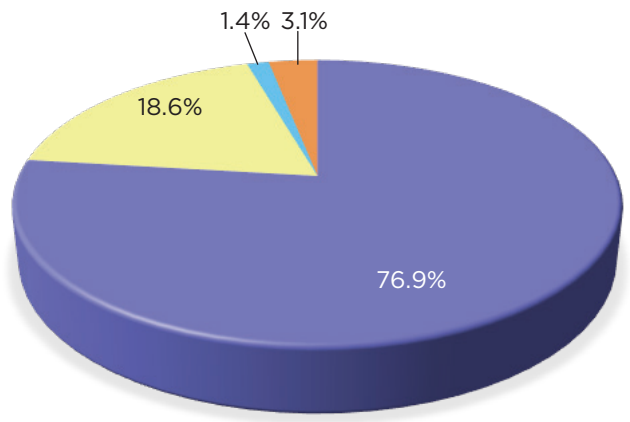
STAGE DISTRIBUTION

Stage 0	Stage I	Stage II	Stage III	Stage IV
7.4%	29.4%	24%	19.1%	20.1%

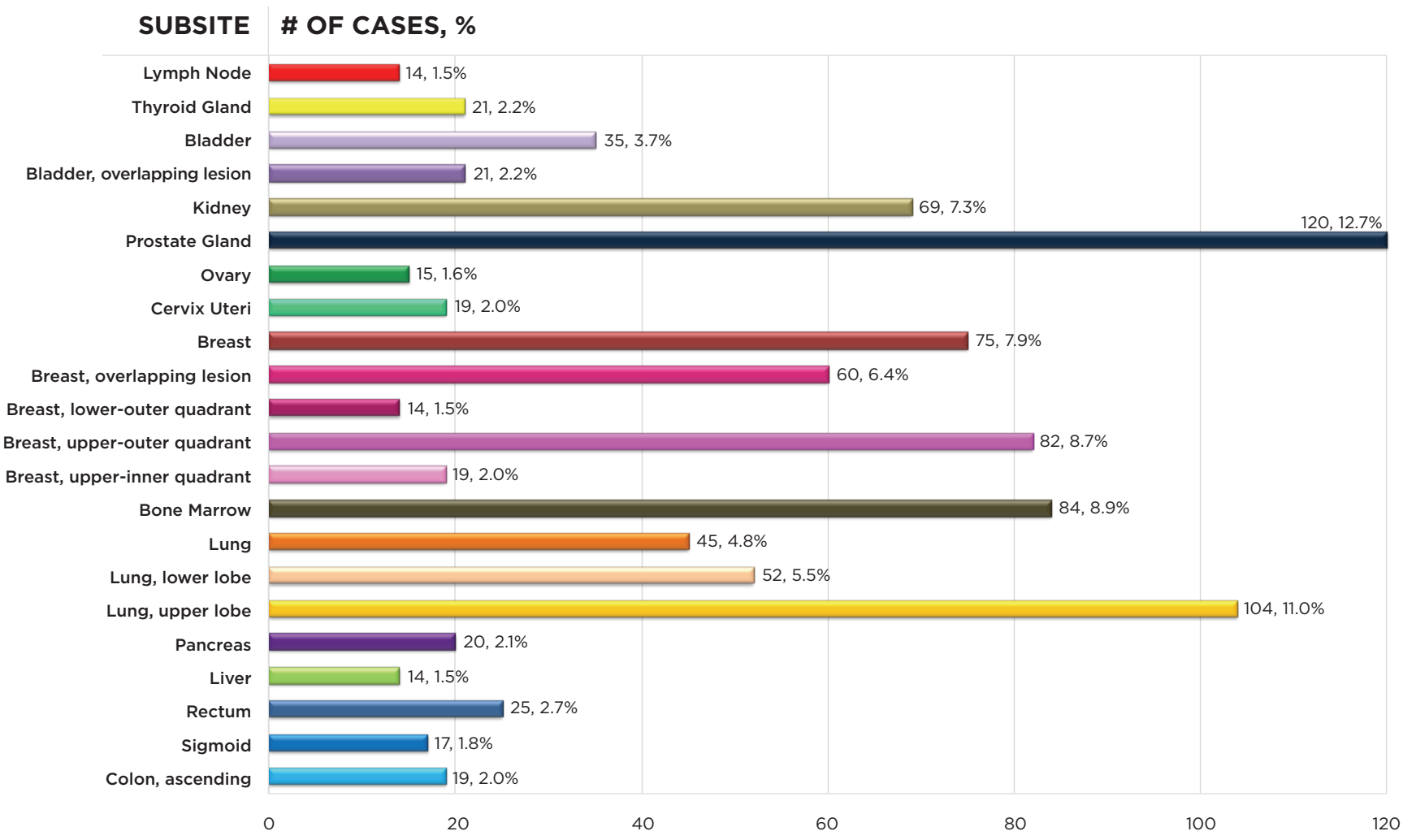


RACE DISTRIBUTION

White	Black	Other Asian, Including Asian/Oriental	Other
76.9%	18.6%	1.4%	3.1%



SUBSITE BY STAGE GROUP



CP3R METRICS

FACILITY MEASURES

Interpreting This Report: The estimated performance rates shown below provide your cancer program with an estimate of the proportion of patients concordant with measure criteria by diagnosis year. If appropriate the Commission on Cancer (CoC) Standard and benchmark compliance rate is provided. This application provides cancer programs the opportunity to examine data to determine if performance rates are representative of the care provided at the institution and to review and modify case information using the review function for the measure of interest.

CP3R METRICS – GASTRIC

SELECT MEASURES	MEASURE	COC STD / %	ESTIMATED PERFORMANCE RATES (%) 2012	2013	2014	2015	REVIEW
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)	G15RLN	4.5 / 80%	66.70	100.00	100.00	100.00	G15RLN

CP3R METRICS – COLON

SELECT MEASURES	MEASURE	COC STD / %	ESTIMATED PERFORMANCE RATES (%) 2012	2013	2014	2015	REVIEW
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	4.5 / 85%	94.60	91.30	100.00	97.70	12RLN
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 (Accountability)	ACT	Not Applicable	100.00	100.00	100.00	100.00	ACT

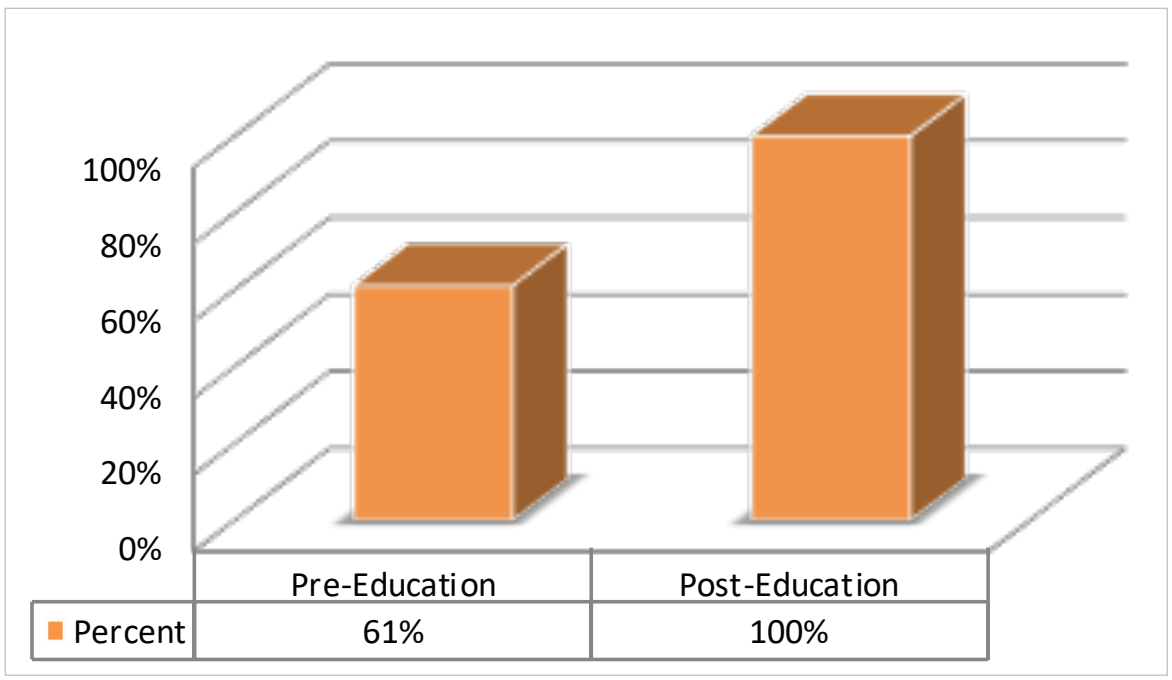
BACKGROUND

The Web-based Cancer Program Practice Profile Reports (CP3R) offer local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers.

PREVENTION ACTIVITY

On April 14, 2018 at UM BWMC's Spring into Wellness Block Party, community members were educated on colorectal cancer screening. Participants were given a pre-test to gage their current knowledge of colorectal cancer, received education by a nurse practitioner, and then tested again to see if there was an increase in knowledge.

COLORECTAL SCREENING EDUCATION



Dr. Cherif Boutros and Nhan Le

GRATEFUL PATIENT

Nhan Le

Nhan Le is used to crossing the finish line. As an avid runner Nhan Le participates frequently in races but during the last year, he was battling his toughest competition — cancer.

"I was just numb. I was in total shock," said the Columbia resident when he learned at age 45 he had liver cancer.

A native of Vietnam, Le contracted Hepatitis B, which is quite prevalent in his native country. Hepatitis B can eventually lead to liver cancer, but because of Le's very active lifestyle of running and swimming too, he did not think he would be at high risk.

Le's primary care doctor was more cautious and ran blood tests to make sure everything was normal. When irregular labs came back, more tests were needed and Le ultimately had a liver biopsy which revealed cancer and a tumor the size of a peach on his liver.

His primary care doctor referred to him an oncologist, but surgery was the first step. He met with one surgeon who recommended a liver transplant, but Le was worried the wait for the organ would take a long time. He then met with Dr. Cherif Boutros, medical director the Tate Cancer Center and chair of surgical oncology at University of Maryland Baltimore Washington Medical Center.

"During that first meeting with Dr. Boutros, he spent over an hour with me going over treatment options. I felt very comfortable. We had a connection," said Le who ultimately chose Dr. Boutros for care.

"The best treatment option for Mr. Le was a surgical resection where you thoroughly take out the tumor. But achieving a full resection with negative margins can be challenging because we don't have a lot of space on the liver, especially with a large tumor. We needed to remove the tumor completely and make sure Mr. Le could get back to his athletic lifestyle," explained Dr. Boutros.

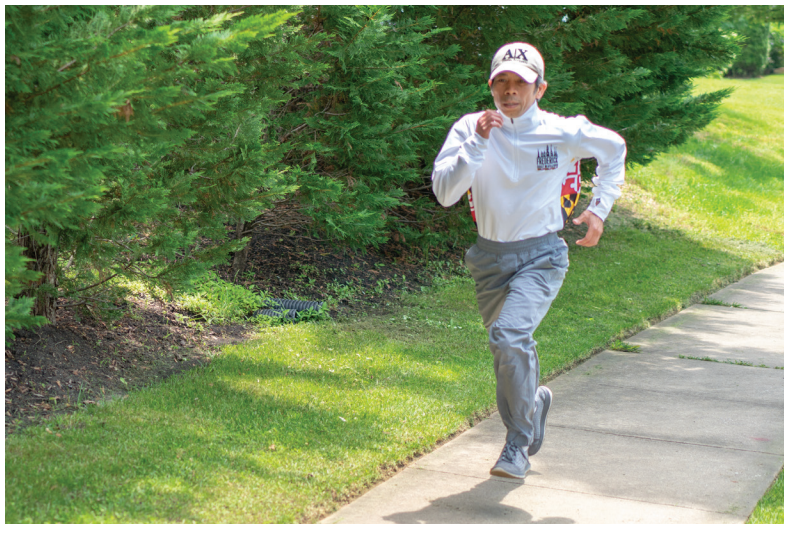
The approach Dr. Boutros opted for was a minimally-invasive liver resection with a microwave ablation margin accentuation. "Microwave ablation is really no different than boiling an egg, we use the same microwave technology," said Dr. Boutros. "The egg will look the same after you cook it, but it is not alive and it cannot become a chicken. We cook the area around the tumor, making it basically bloodless and kill all microscopic cancer cells so it cannot spread. We then remove it completely."

The surgery was a success and Le was discharged from the hospital faster than expected. "Everyone was surprised when we sent him home on day two, but he was doing so well and he was in no pain," said Dr. Boutros.

Mr. Le had some soreness when he returned home, and he followed the advice of his caretakers who taught him to maneuver one foot at a time. At this rate, Le was skeptical about how quickly he would get back to running, but that was still one of his biggest goals.

When he regained more strength, he started exercising with short walks with his wife. That quickly progressed to longer walks and three months after surgery, he was back to running upwards of 40 miles a week.

Throughout this entire process, Mr. Le held onto the belief that you should never give up. This positive attitude helped him cross the cancer finish line and now he has countless more finish lines to cross when it comes to running.



4TH ANNUAL National Cancer Survivors Day at TATE CANCER CENTER

Participants in 2018 National Cancer Survivoship Day held at the Tate Cancer Center

On Wednesday, June 6, 2018 it was "Hats Off to Cancer Survivors" as we gathered to honor cancer survivors, thank supporters and celebrate life at the Tate Cancer Center's fourth annual Cancer Survivors Day. More than 220 cancer survivors and their friends and family enjoyed hand and foot massages, upbeat music, great food, and painted cancer ribbons as a keepsake of the event. Educational information was also available throughout the event for patients their friends and family members who have been impacted by cancer.

2ND ANNUAL Minimally Invasive Cancer Care Symposium at TATE CANCER CENTER

Attendees of the Minimally Invasive Cancer Care Symposium held at Tate Cancer Center.

The second annual Tate Cancer Center Minimally Invasive Cancer Care Symposium was held on May 9, 2018. This year's program focused on the latest information, application and technical aspects of minimally invasive cancer care presented by experts in their fields. The conference highlighted the most significant updates in minimally invasive cancer care and also how and when to appropriately use these new tools. The symposium was a huge success with over 125 in attendance. The third annual Tate Cancer Center Minimally Invasive Cancer Care Symposium will be held on May 15, 2019.

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2018

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PHYSICIAN MEMBERS

Cherif Boutros, MD, Surgical Oncology
Eric Bush, MD, Hospice
Wendla Citron, MD, Radiation Oncology
Russell R. DeLuca, MD, FACP Medical Oncology, Chairman, Cancer Program
Rian Dickstein, MD, Surgery, Urology, Physician Liaison, Cancer Program
Cynthia Drogula, MD, Surgery, Aiello Breast Center
Physician Liaison, Cancer Program
Alan Morrison, MD, Pathology
Mitch Oh, MD, Radiation Oncology
Allison Oldfield, MD, Diagnostic Radiology
Harvinder Singh, MD, Medical Oncology

NON-PHYSICIAN MEMBERS

McKenzie Bedra, Manager, Clinical Research/Cancer Registry
Beth Danner, Survivorship
Crystal Edwards, Tate Cancer Center, Executive Director
Sheri Edwards, Breast Center Nurse Navigator
Kira Eyring, American Cancer Society
Jennifer Emel, Clinical Research Coordinator
Christine Frost, Acute Care Nursing, Director
Katie Gast, Palliative Care
Rachel Gore, Genetic Counselor
Sonia Hamlin, Outreach Coordinator
Heidi McLucas, Oncology Unit, Nurse Manager
Pilar Strycula, Clinical Research Coordinator
Amanda Turnquist, Oncology Social Worker
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