We are continually advancing to provide state-of-the-art patient-centered care.
In 2015, the Alvin & Lois Lapidus Cancer Institute at LifeBridge Health continued to flourish as a regional leader for comprehensive, multidisciplinary cancer care. We have grown with patient-centered care in mind offering an advanced level of expertise that is unique among the area’s community-based institutions.

At both Sinai and Northwest hospitals, as well as our satellite locations, patients and their families find something rare – an institution large enough to offer cutting-edge care, yet small enough to touch individual lives.

Our professional talent and expertise has been augmented by the addition of new physicians in medical oncology, hematology, surgical oncology and radiation oncology. We welcomed a new director of Pediatric Hematology/Oncology with vast interest and experience in expanding the full spectrum of oncology care to this specialized population.

Our commitment to integrated patient care through multidisciplinary cancer clinics and tumor board discussions allows patients to be evaluated by multiple oncology specialists in one convenient location.

With the addition of Carroll Hospital to the LifeBridge Health family, we further extended our reach in the greater Baltimore area and are now working with the leaders of the William E. Kahlert Regional Cancer Center to integrate their services into our cancer program.

Looking ahead, we will continue to evolve with the needs of our community, always maintaining our focus on providing the kind of care the community has come to expect. For cancer patients, this means the availability of a full range of medical services – along with a multidisciplinary team approach that ensures patient-centered care – for the best possible outcomes.

Marvin “Jack” Feldman, M.D.
Interim Medical Director, Alvin & Lois Lapidus Cancer Institute
Advancing Care through Research

CLINICAL RESEARCH

The Alvin & Lois Lapidus Cancer Institute at LifeBridge Health is committed to providing patients with access to the most advanced treatment options in a community setting. To that end, our clinical research program is robust with our physician specialists actively participating in 40 to 50 trials at any given time. Eligible patients are offered the opportunity to participate in and potentially benefit from this research.

We conduct clinical trials for the prevention and treatment of a wide range of cancers including breast, lung, gastrointestinal, genitourinary, melanoma and hematologic diseases. In addition, we participate in supportive care studies for the treatment of conditions associated with cancer and cancer treatments, which can affect a patient’s quality of life.

The clinical trials we offer are sponsored by various pharmaceutical companies and national institutions such as the National Cancer Institute (NCI), or initiated by our own physicians. A few of our research initiatives are highlighted here.

NCI-MATCH

In 2015, we began enrolling patients in NCI-Molecular Analysis for Therapy Choice or NCI-MATCH, a trial with national reach opening at clinical sites across the United States that participate in NCI’s National Clinical Trials Network.

NCI-MATCH seeks to identify cancers with genetic abnormalities that may respond to the targeted drugs selected for the trial. This unique trial has more drugs available than most other trials, and many pharmaceutical companies are collaborating in NCI-MATCH. To be eligible for the trial, patients must be 18 or older with advanced solid tumors and lymphomas that are no longer responding to, or never responded to, standard therapy and have progressed.
SIGNATURE CLINICAL TRIAL PROGRAM

We are also participating in the Novartis Signature Trial Program, which aims to change the traditional clinical trial paradigm by bringing the protocol to the patient – rapidly matching investigational cancer therapies to specific genetic alterations found in a patient’s tumor. One of the benefits of the program is that enrollment can be immediate – it does not take weeks or months.

The trial is open to patients with any cancer type who have not responded to, or have stopped responding to, standard treatment, and have been identified as having specific genetic alterations that may be driving the growth of their cancers.

CANCER IMMUNOLOGY

Another new class of cancer treatment is immunotherapy, which works to harness the innate powers of the immune system to fight cancer. These immunotherapy drugs either boost the body’s immune system response to tumor presence or help the immune system to target the cancer cells in a specific way.

Because of the immune system’s unique properties, these therapies may hold greater potential than current treatment approaches to fight cancer and offer long-term protection against the disease. Based on recent clinical trials that have confirmed immunotherapy activity in multiple tumor types, we are now collaborating with our research partners to open trials at LifeBridge Health.

NEXT-GENERATION SEQUENCING

Today, treatment decisions in oncology are increasingly informed by the results of molecular genetic testing. The genetic alterations that lead to the dysfunction of cancer-related genes are important diagnostic, prognostic and predictive biologic markers.
Recognizing this, we began exploring next-generation sequencing technologies as well, which would allow us to sequence numerous cancer genes at the same time. This could provide valuable information about cancer mutations that can be targeted by new drugs, allowing for the development of personalized cancer therapies.

TRANSLATIONAL RESEARCH
The Alvin & Lois Lapidus Cancer Institute also has a Translational Research Laboratory dedicated to rapidly moving scientific discoveries from the bench to the bedside to improve patient care. Much of the research is focused on molecular diagnostics, tissue microdissection and genomic medicine, with the lab currently engaged in research studies of triple negative breast cancer, lung cancer, pancreatic cancer, glioblastoma multiforme and sarcoma.

In 2015, thanks to the generosity of The Kahlert Foundation, the laboratory was able to purchase an Ion S5™, the latest innovation in benchtop next-generation sequencing, which allows us to read the genetic profile of tumor cells faster and more cost effectively than ever before. This has enhanced the ability of our researchers to identify new biomarkers that could be potential drug targets down the line – offering the hope of new treatments for many patients.

Michael A. Tangrea, Ph.D.
Director of Clinical Cancer Research
Alvin & Lois Lapidus Cancer Institute
Expanding to Meet Growing Demands

RADIATION ONCOLOGY

The Weinman Family Department of Radiation Oncology at the Alvin & Lois Lapidus Cancer Institute treats a wide variety of malignant and benign diseases in both pediatric and adult populations. In 2015, we experienced significant growth with a 16 percent overall increase in the number of patients treated – most benefiting from our cutting-edge technologies.

We also received more requests than ever before for consultations from others seeking expert advice from our physicians. In response to the growing demand for our services, we expanded in several areas.

NEW SPECIALISTS

Our team grew with the addition of Neha P. Amin, M.D., a radiation oncologist who specializes in treating oligometastatic cancers using stereotactic body radiation, among her other proficiencies. Another new team member is Dag Workie, Ph.D., our new chief physicist, who plays a critical role in treatment planning and safety.

We also trained three new CyberKnife® surgeons to collaborate with us as the applications for that technology have grown. As one of the first sites in the world to get CyberKnife, our physicians were early contributors to research examining its use in the treatment of tumors throughout the body.
Today, our program has some of the most comprehensive and long-term data demonstrating the efficacy of CyberKnife. We are now using it to treat pancreatic and prostate cancers as well as tumors in the lungs, brain, liver and more. Additionally, we were the first program worldwide to offer CyberKnife treatment for pediatric candidates under anesthesia.

ENHANCED TECHNOLOGY

In 2015, we invested in new and innovative technologies to provide additional options for our patients. We have a new high dose rate brachytherapy application for the precise, targeted treatment of gynecologic and other cancers. With this technology, we can treat more complex, large cervical cancers with interstitial hybrid techniques.

In addition, we are about to upgrade our CT technology to better manage respiratory motion. Not only does this new equipment reconstruct 4-D scans 10 times faster, it also provides better quality images for patients with artificial hips and other prostheses that can cause artifacts, making imaging difficult. We acquired a special transport and immobilization device so complex gynecologic implants can be done in the department and patients can go home sooner.

Additional technologies we utilize to provide the absolute best in patient care include:

- **Two Varian High-Energy Linear Accelerators**, which deliver external beam radiation (X-rays) to a tumor’s exact location to reduce the damage to surrounding tissue. We also offer technological advances, such as intensity-modulated radiation therapy and image-guided radiation therapy.
• **Eclipse™ Treatment Planning**, which uses computer simulation to produce an accurate image of the tumor and surrounding organs. Multiple radiation beams can be shaped exactly to the contour of the desired treatment volume.

• **TrueBeam™**, which is a radiotherapy system based on noninvasive tumor-destroying radiation to treat cancers throughout the body. This technology is powerful and precise, and many treatments can be given in minutes each day. We were the first center offering TrueBeam in the mid-Atlantic region.

**MULTIDISCIPLINARY APPROACH**

Finally, we continue to work closely with the Divisions of Medical Oncology, Surgical Oncology and multiple supportive specialties throughout the year to provide a multidisciplinary team approach, which is essential for good cancer care. Through several tumor-specific clinics, patients have the opportunity to be evaluated by multiple oncology specialists and relevant support personnel in a single location.

This high-tech, high-touch approach is better for everyone and provides patients and their families with a supportive and educational environment. More importantly, it results in a master plan that all providers can agree upon while empowering patients to feel more involved and engaged in their care.

Jeanette A. Linder, M.D.
Chief, The Weinman Family Department of Radiation Oncology
Alvin & Lois Lapidus Cancer Institute
COMMUNITY AND PATIENT SUPPORT SERVICES

The Alvin & Lois Lapidus Cancer Institute offers a wide range of community health programs and patient support services focused on improving the health of local residents. When an individual is diagnosed with cancer, our goal is to care for that patient in a holistic way, taking into account quality of life issues as well as their diagnosis and treatment. To help these patients on their cancer journey, we provide reassurance and support through a comprehensive array of services – at no cost.

INTEGRATIVE THERAPY

Patients who have been newly diagnosed with cancer are often upset, frightened and feel a loss of control over their lives. In 2015, we continued our efforts to alleviate the anxiety many patients feel during treatment in order to promote healing. What we have found is that providing patients with something else to do during their treatment can be beneficial.

Through initiatives such as our Integrative Therapy Program, patients have the opportunity to participate in art therapy, music therapy and more – all during treatment. This unique program helps patients and their families by introducing them to alternative ways of managing symptoms, coping with side effects and fighting the disease.

Designed to treat the mind as well as the body, the program has been warmly embraced by patients.

In fact, approximately 1,800 patients per year benefit from the program. And many patients who began the Integrative Therapy Program as skeptics have ended up as enthusiastic participants.

Program elements include art therapists, sound therapists and music therapists who work with patients in the infusion center both one-to-one and in group settings as they undergo their treatments. The center even has a ukulele, electronic keyboard and a guitar available for patients who want to learn how to play.
In addition, local musicians from the Peabody Institute are regularly on hand playing a variety of musical instruments and performing concerts.

Another program offering is guided imagery therapy, which helps patients achieve a sense of calm and assist them with sleep and pain by using their imagination to take them to a relaxing place they’ve experienced in the past. Additional services include alternative healing techniques such as meditation therapy, yoga and Reiki, a technique used in many oncology facilities to evoke a sense of peace and promote recovery.

These therapies have all been proven to help reduce anxiety and treatment side effects and promote healing among cancer patients. Every service offered is conducted by a trained professional whose goal is to provide support to the patient.

**NAVIGATION**

The Cancer Institute also offers navigation services, providing much-needed help as well as comfort and guidance to cancer patients. Our navigator and social worker meet with all new patients answering questions and assisting with possible barriers to care such as transportation problems. Other barriers may include, but are not limited to, financial or economic problems, race, cultural issues, or challenges communicating.

These support services are offered at no charge through grants and the support of partners such as the Sinai Hospital Auxiliary, LiveStrong Foundation, Susan G. Komen, American Cancer Society and the Red Devils. Many grateful patients and families have also made generous donations to show appreciation for the services provided and the care they received. On behalf of all of our patients and their families, I thank them for their support in making these programs possible.

Yolanda Marzouk  
Coordinator of Community and Patient Support Services  
Alvin & Lois Lapidus Cancer Institute
At the age of 45, Miky went through chemotherapy, a double mastectomy, radiation and plastic surgery for an aggressive form of stage III breast cancer. “Yolanda was there every step of the way,” she notes. “I never felt alone.” She also opted for genetic testing, another service provided to cancer patients. After testing revealed she had a high risk of ovarian cancer, she decided to have her ovaries and uterus removed.

Today Miky is cancer free and extremely grateful for the care she received. “I still get support from Yolanda. She makes me feel like I am the only patient she has.” She sings the praises of Dr. Feldman as well. “After you’ve had cancer, a recurrence is always on your mind,” Miky says. “He always listened and never made light of my fears. He is the best doctor ever.”

She also credits Yolanda and Dr. Feldman with giving her the confidence to pursue other interests, including getting her real estate license and launching a successful real estate career.

“I will never say I wish I never had cancer because I wouldn’t have met Yolanda, Dr. Feldman and all the other wonderful people at Sinai,” Miky adds. “They mean so much to my life; without them I would not be here today.”

Miky Philson

...she gave me hope and I knew I would be OK.
Enhancing Access to Essential Services

THE HERMAN & WALTER SAMUELSON BREAST CARE CENTER AT QUARRY LAKE

Individuals in need of comprehensive breast care services now have a new place to turn to with the opening of the Herman & Walter Samuelson Breast Care Center at Quarry Lake.

Offering many of the same services as the Herman & Walter Samuelson Breast Care Center at Northwest Hospital, the new location officially opened its doors in September 2015 under the direction of Corinne Costellic, D.O., a fellowship-trained breast surgeon. The center’s team also includes a radiologist, registered nurses and mammographers.

ADVANCED DIAGNOSTIC SERVICES

At Quarry Lake, we have some of the most advanced technologies for the evaluation of breast disease in the Baltimore area including breast tomosynthesis/3-D mammography, one of the greatest breakthroughs in the early detection of breast cancer.

With tomosynthesis, clear, highly-focused three-dimensional images of each breast are produced from layered images. These detailed photos allow our radiologists to identify even small changes in the breast that may remain hidden with traditional two-dimensional views.

In many cases, this type of imaging can also help us conclude that a spot is non-cancerous without having to do further procedures, resulting in less anxiety, fewer callbacks and less need for biopsy. The 3-D mammogram is especially beneficial for women at high risk of breast cancer, those with a family history of the disease, as well as those with dense breast tissue. Since we believe that this new technology gives our patients an edge in the fight against breast cancer,
our breast care centers provide these 3-D mammograms to all women at no additional charge, given that many health insurance plans do not cover the technology.

We are also certified as a Softer Mammogram Provider™, and offer a free MammoPad® to our patients when they get a mammogram. The MammoPad is an FDA-approved foam cushion that’s been shown to reduce mammogram discomfort by half for three out of four women in clinical studies. It does not impair image quality and makes it easier for patients to be relaxed and comfortable during the exam.

In addition to mammograms, other diagnostic services offered at Quarry Lake include breast ultrasound and image-guided core needle breast biopsy procedures. Breast ultrasound utilizes sound waves to provide more information about the physical makeup of a suspected abnormality.

Core needle biopsies are performed using stereotactic equipment or with ultrasonic guidance. These procedures are normally completed in about an hour and are associated with less discomfort and fewer complications than surgical biopsies. Our stereotactic biopsy table was recently upgraded to provide more comfort and increased flexibility for patient positioning, such as the ability to perform upright biopsies. Our pathologists typically have results available within three working days.

INTERDISCIPLINARY CARE

If a patient is diagnosed with breast cancer, our goal is to get them into the system for treatment right away. After being diagnosed, most patients meet with a member of our multidisciplinary breast cancer team within 48 to 72 hours. The team includes fellowship-trained specialists who use national guidelines and standards, while taking into account individual needs, to determine the most appropriate personalized treatment plan for each patient.

Open communication and active information-sharing helps decrease the time between diagnosis and the beginning of the treatment process. If it is determined that a patient could benefit from physical therapy, lymphedema management, counseling, image recovery or other supports, these services are offered to the patient. Once the consultation is over, the team continues to work together as the journey continues, communicating about each patient’s progress every step of the way.

As part of our multidisciplinary team, a navigator works with patients to make certain they understand their options, how to manage the various appointments, and how to connect with support services. This coordination helps ease patient anxiety and moves the process forward in a clear and timely manner. The navigator communicates directly with the patient’s physician to ensure seamless care during treatment and into survivorship.
Addressing the Needs of Survivors

According to a recent report from the American Cancer Society, there are approximately 14.5 million cancer survivors in the United States, today – most of whom completed their treatment five years ago or more.

This number is expected to grow to almost 19 million by 2024 due, in large part, to more effective treatments as well as improvements in early detection.

While this is wonderful news, it presents new challenges to cancer programs in addressing the special needs of cancer survivors. The journey of cancer survivorship is unique for each individual. For many, it is filled with a new appreciation and acceptance of life. But for those lacking the right kind of support, the transition back to everyday life can be difficult.

CANCER SURVIVORSHIP CLINIC

Here at the Alvin & Lois Lapidus Cancer Institute at LifeBridge Health, we are constantly looking for new ways to help survivors live well beyond cancer. For example, we recently held our first Cancer Survivorship Clinic, offering survivors a convenient way to get the follow-up care they need.

Patients are seen by a nurse, social worker, dietitian and physical therapist – all during a two-hour appointment. Plus, the clinic gives survivors the chance to discuss any emotional concerns or physical effects with health care professionals who understand their unique circumstances. We will be holding this clinic monthly.
SURVIVORSHIP CARE PLAN

Of course, a key component of the services we provide to survivors is an individualized survivorship care plan developed for patients in concert with their oncology teams. This essential document provides patients with a summary of treatment delivered and a detailed plan of ongoing care.

It also includes follow-up schedules for visits and testing, as well as recommendations for the early detection and management of treatment-related side effects and other health problems. To optimize care coordination, the plan designates who is responsible for the various aspects of care to make sure the patient does not “fall through the cracks.” Patients are encouraged to provide a copy of the plan to their primary care providers and other health care providers throughout life.

ONE-ON-ONE COUNSELING

Survivors also benefit from one-on-one counseling sessions with our nurse navigator. Designed to help survivors learn how to reduce their risk of a recurrence or the development of other health problems, the sessions emphasize the importance of getting more than two hours of exercise a week, eating a colorful diet of fruits and vegetables that is also low in fat and moving toward an ideal body weight.

We offer Survivorship Boot Camps as well, providing survivors with the opportunity to increase their knowledge of healthy behaviors and strengthen coping skills in a group setting. Topics covered during these quarterly events include exercise, nutrition and emotional wellness.

With the growing number of cancer survivors in the United States, it is increasingly important to understand the unique medical and psychosocial needs of survivors. By integrating this extra layer of care alongside clinical treatment, we are helping to ensure the best quality of life for cancer survivors and their loved ones.

Kenneth D. Miller, M.D.
Medical Oncologist
Division of Hematology and Medical Oncology
Author of several books on survivorship
The cancer program at the Alvin & Lois Lapidus Cancer Institute has been accredited by the American College of Surgeons’ Commission on Cancer (CoC) since 1995. We remain dedicated to providing our patients with the very best in cancer care through a process of continuous self-examination, quality improvement and accessible services.

Our program goals remain focused on timely accessibility to cancer care within our expanding communities. We strive to maintain practice patterns in accordance with evidence-based guidelines designed to support the best and safest practice strategies for the management of patients with cancer.

Our sights are focused on the future of earlier cancer diagnosis through enhanced screening programs. This year we opened the Herman & Walter Samuelson Breast Care Center at Quarry Lake. This multidisciplinary site allows patients to benefit from the latest technology including breast tomosynthesis/3-D mammography. This new breast imaging technique produces clear, highly-focused three-dimensional images of each breast from many angles, which can make some breast cancers, such as those in dense tissue, easier to recognize and diagnose.

We have also been fortunate to announce our support for lung cancer screening programs for patients at high risk for developing lung cancer based on extensive smoking history. Screening for this common cancer by low-dose computed tomography (LDCT) of the lungs has been approved as a covered expense by the Centers for Medicare & Medicaid Services (CMS) effective February 2015. Our program couples LDCT lung cancer screening with novel technology for targeted biopsy (3-D Navigational bronchoscopy) to enhance ability for early diagnosis and improved outcome.

This is an exciting age for cancer therapeutics. The advances in immunotherapy and therapy targeted at specific molecular-genetic signature profiles are rapidly evolving. By our continued participation in NCI, intergroup and pharmaceutical research trials, these scientific advances and opportunities are available to our patients within their communities, delivered in a familiar setting.

The challenges faced by our cancer patients are well recognized. We continue to provide a comprehensive array of support services to assist both patients and their families through the cancer journey. Symptom management, palliative care services, nutritional/psychosocial support and complete survivorship care plans are individually tailored to each patient’s needs. The goal of cancer treatment is to offer a future. The commitment to our patients is to guide them through treatment to survivorship and a meaningful life beyond cancer with the hope for a long and bright future.

Although we look forward to a future without cancer for our patients, we will continue to support the needs of our patients, their families and the community by building on our successes stories until the war on cancer has been won.

Abbie L. Fields, M.D.
Chair, Cancer Committee
Commission on Cancer Goals for 2015

STANDARD 1.5
• The opening of our new Quarry Lake Breast Center – programmatic goal
• The incorporation of ancillary testing in oncology – clinical goal
• Implementation of the OncoGeriatric Assessment tool for patients 70 and over who require new cancer therapy – clinical goal

STANDARD 4.7
• 98 percent barcode medication administration compliance
• Outpatient oral chemo orders – to be e-prescribed and reviewed by an oncology pharmacist prior to submission for filling by a retail pharmacy
• Audit 10 percent of medical oncology cases for documentation of clinical stage and/or pathologic stage along with identification of primary site
• Distress tool compliance – develop a protocol to assess and address the psychosocial distress of our patients with cancer

STANDARD 4.8
• Pharmacist chemotherapy teaching
• Quarterly OPIS education to reflect current genomic and molecular trends in cancer therapy
FOCUS ON STANDARD 4.6:
MULTIPLE MYELOMA GUIDELINES

Are patients with multiple myeloma being referred for Autologous Stem Cell Transplant (ASCT) as per multiple myeloma guidelines?

Diagnostic criteria for multiple myeloma: IMWG 2009 Criteria guidelines (not the latest criteria/Lancet Oncol 2014)

Diagnosis Reviewed: Symptomatic Multiple Myeloma

Diagnostic criteria as per the guidelines: all three required

- Monoclonal plasma cells in the bone marrow \( \geq 10 \) percent and/or presence of a biopsy-proven plasmacytoma
- Monoclonal protein present in the serum and/or urine
- Myeloma-related organ dysfunction \( \geq 1 \)
  - [C] Calcium elevation in the blood (serum calcium >10.5 mg/l or Upper limit of normal
  - [R] Renal insufficiency (serum creatinine >2 mg per 100 ml
  - [A] Anemia (hemoglobin <10 g per 100 ml or 2 g <normal)
  - [B] Lytic bone lesion or osteoporosis

Eligibility for ASCT:

Patients are not candidates for ASCT if any of the following are present:

- Age 77 and older
- Direct bilirubin greater than 2mg/dL
- ECOG PS three to four (unless from bone pain)
- NYHA Class III-IV (Medicare criteria and up-to-date)
- European criteria: 65 years and older and with comorbidities creatinine of two or higher.

Results From Review:

- 34 patients screened (based on our Cancer Registry data).
- 17 patients fulfilled diagnostic criteria for myeloma
- 17 patients did not fulfill criteria

Final Results:

- Nine cases not eligible for ASCT
- Eight cases were eligible for ASCT
- Two cases were referred for ASCT
- Three cases were not allowed for clinical trial transplant as per the clinical trial requirements
- Three cases were not referred
  - One case was lost to follow-up
  - One patient transferred care to another facility
  - One patient was undecided as to decision

Conclusion from This Study:

Patients with multiple myeloma were treated appropriately with respect to consideration for ASCT when they were deemed eligible.

Roberto Martinez, M.D.
Medical Oncologist
Division of Hematology and Medical Oncology
## Site Distribution Table 2012 – 2014

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Alvin & Lois Lapidus Cancer Institute
### Site Distribution Table 2012 – 2014

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</table>

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

Analytic Cases - Cases diagnosed and/or administered any of the first course of treatment at the accessioning facility after the Registry's reference date (1/1/1995) are considered analytic (Class of Case 00-22). A network clinic or outpatient center belonging to the facility is part of the facility and should be coded as analytic.

Non-Analytic Cases - Non-analytic cases (Class of Case 30-99) are not included in routine treatment or survival statistics.

The CoC does not require registries in accredited programs to accession, abstract or follow these cases.

We do have a special database where these cases are kept for review.
CANCER REGISTRY REPORT

In 2014, the Alvin & Lois Lapidus Cancer Institute accessioned 1,612 new analytic cancer diagnoses into the registry database. Breast cancer was the overall most frequent primary site diagnosed and/or treated, followed by lung cancer and then colon cancer.

The Cancer Registry is responsible for collecting information on cancer that is diagnosed and/or treated at LifeBridge Health. This information is reported to the Maryland Cancer Registry, the American College of Surgeons Commission on Cancer and the National Cancer Data Base.

This data is used to analyze the efficacy of diagnostic methods and cancer treatments, to inform public health planning and funding, and to conduct surveillance of cancer by public health officials and researchers to improve the care of cancer patients. Confidentiality and HIPAA regulations of patient identifying information and related medical data are strictly maintained.
The Comprehensive Bone and Soft Tissue Tumors Program
Breast Care Center at Northwest Hospital
Breast Care Center at Quarry Lake
Endocrine Tumor Program
GYN Cancers Program
Hematological Cancers Program
Lung/Thoracic Cancers Program
Pediatric Hematology/Oncology
Cancer Survivorship
Palliative Care Program
Patient Education
Patient Support Services

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