The past year has been a busy and exciting time for the Cape Cod Regional Cancer Network. As we look back over 2018, we are amazed by what has been accomplished. It would be impossible to share all that has occurred within our program in a single page, but here are some of the highlights. Additional details will be provided in the following pages.

Cape Cod Healthcare was a proud participant in several lively fundraisers in 2018. Our doctors paired with local dance pros in February, in a competition to raise funds for the Cape Wellness Collaborative. The CWC provides free complementary treatments to our cancer patients, enhancing their overall wellbeing during sometimes rigorous medical therapies. The annual Compass of Hope gala, in October, raised funds for the American Cancer Society. This year, we were proud to have one of our radiation oncologists, Dr. Molly Sullivan recognized as this year’s Medical Honoree. Lastly, a brave team of our own doctors skated against the Police Athletic League in Skate Against Cancer, an annual hockey event.

Our program participated in several successful accreditation surveys in 2018. The first two allowed us to maintain certifications previously awarded, through the American College of Radiology and the Commission on Cancer. Additionally, we were able to gain a new certification – the Quality Oncology Practice Initiative – in 2018. Our medical oncology practices in Hyannis and North Falmouth are two of only four oncology practices in the state of Massachusetts to have achieved this level of excellence.

Through a grant from the American Cancer Society, we were able to improve the quality of life and outcomes for our patients in 2018 by opening an Oncology Nutrition program, as well as funding transportation vouchers for oncology care. In addition, Cape Cod Regional Cancer Network expanded the successful Falmouth Cancer Rehabilitation program to our Hyannis site in 2018.

Radiation Oncology continues to integrate sophisticated treatment planning with a new state-of-the art linear accelerator. The ultimate goal is to develop a comprehensive cancer center adjacent of our present location incorporating the latest therapies and support services in an attractive and patient friendly environment. We continue planning the new cancer center in Hyannis and recruiting additional staff to move our program forward.

The cancer center staffs on both campuses continue to educate themselves, to excel at their respective professions, and to be recognized for their merit. Dr. Peter Hopewood, Chair of the CCHC Integrated Cancer Program, was one of the 2018 national recipients of the American Cancer Society Lane Adams Quality of Life Award. Carol Wiesel, RN, OCN, one of our accomplished chemotherapy infusion nurses, was awarded the prestigious Barton Excellence in Nursing Award this year. All of our medical assistants successfully achieved their official MA certification in 2018, and two more members of our excellent nursing staff were able to obtain the challenging OCN certification.

We continue to value the time we can spend engaged with the Cape Cod community. In June, we hosted another fun and touching Survivors’ Day. Last August, a skin cancer prevention kiosk helped Falmouth Road Race participants learn about skin cancer prevention, at the Health and Fitness Expo, and during October, Breast Cancer Awareness Month, we offered free screening mammograms to uninsured women at the Cuda and Seifer imaging centers.

We have a great team with whom we feel privileged to work, and are excited to see how 2019 unfolds.
Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (2015 Data)

70.4%
ALL CoC PROGRAMS

50%
CCHC

Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (2015 Data)

89.7%
ALL CoC PROGRAMS

100%
CCHC

Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (2015 Data)

79.9%
ALL CoC PROGRAMS

50%
CCHC

Among the causes of cervical cancer is HPV, human papillomavirus, which has infected about 80 million Americans. A childhood vaccination for HPV is now available to prevent cervical and other cancers caused by this virus.
For most Americans who do not use tobacco, the most important cancer risk factors that can be changed are body weight, diet and physical activity. The World Cancer Research Fund estimates that about 20 percent of all cancers diagnosed in the U.S. are related to body fatness, physical inactivity, excessive alcohol consumption and/or poor nutrition, and thus could be prevented.

— The American Cancer Society
In 2017, 1,514 analytic patients were diagnosed and/or treated at CCHC.

Our top 3 cancer sites make up over half (56%) of all cases.
- Breast — 24.4%
- Respiratory — 15.8%
- Digestive System — 15.8%

**CANCER SITES BY GENDER**

**MALE**
- PROSTATE: 349 (22.0%)
- LUNG & BRONCHUS: 101 (19.5%)
- URINARY BLADDER: 72 (11.5%)
- COLON & RECTUM: 68 (10.9%)
- ORAL CAVITY & PHARYNX: 60 (40.0%)
- NON-HODGKIN LYMPHOMA: 32 (10.0%)
- LEUKEMIA: 26 (4.0%)
- MALIGNS OF THE SKIN: 20 (3.0%)
- KIDNEY & RENAL PELVIS: 18 (2.9%)
- PANCREAS: 11 (2.9%)
- ALL OTHER SITES: 109 (20.0%)

**FEMALE**
- BREAST: 366 (44.0%)
- LUNG & BRONCHUS: 125 (15.0%)
- COLON & RECTUM: 73 (9.0%)
- UTERINE CORPUS: 61 (40.0%)
- NON-HODGKIN LYMPHOMA: 27 (30.0%)
- OVARY: 19 (21.0%)
- MALIGNS OF THE SKIN: 10 (11.0%)
- LEUKEMIA: 10 (11.0%)
- THYROID: 7 (8.0%)
- KIDNEY & RENAL PELVIS: 6 (7.0%)
- ALL OTHER SITES: 142 (17.0%)

**COLORECTAL CANCER SCREENING BY REGION**

- **Northeastern**: 79.6%
- **Boston**: 76.5%
- **Metro West**: 73.7%
- **Southeastern**: 73.7%
- **Central**: 79.6%
- **Western**: 67.4%
- **Western**: 66.2%
- **Central**: 65%

At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (2015 Data)

Preoperative chemo and radiation are administered for clinical AJCC T1-2N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III, or treatment recommended; for patients under the age of 80 receiving resection for rectal cancer (2015 Data)

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Helping Cancer Patients, One Meal at a Time

Each year, the Cape Cod Healthcare Cancer Committee develops goals to improve services based on a community needs assessment that is conducted once every 3 years by the organization. One such goal, to provide nutritional support for cancer patients, was realized in 2018, thanks to a generous grant from the American Cancer Society (ACS).

For almost 20 years, the ACS has enlisted a group of Cape Cod volunteers to organize a local fundraising event to benefit cancer patients and survivors, known as the Compass of Hope Gala. Funds raised by the gala help support ACS programs here on Cape Cod.

Last year, a total of $103,500 raised by the annual ACS Compass of Hope Gala were presented to Cape Cod Healthcare to start the first oncology nutrition program on the Cape. Gala committee members realized that nutrition was a critical component of cancer care after speaking with several physicians close to the cause. As a result, funding offered the Cancer Program the opportunity to hire a Registered Dietician, Dianna Carpentieri, to develop the program. Dianna came on board in February and quickly began seeing patients.

Dianna’s focus is to help patients eat enough of the right foods to maintain muscle mass during treatment. This can be a problem for some patients experiencing side effects such as nausea during treatment, or for people with certain types of cancer that affect their ability to eat. As a result, Dianna spends a lot of time with patients who have head and neck cancers, and those receiving radiation treatment in the area of the mouth, neck and throat.

To make sure patients have access to the right foods, the ACS provided the Cancer Program with funding so that patients who have financial worries during treatment can get assistance. In addition, the nutrition program has partnered with Organic Market, with locations in Chatham, Dennisport and Mashpee Commons, to provide oncology patients with gift cards to buy healthy foods.

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Improving Processes for a Safer Patient Experience

Each year, the Cape Cod Healthcare Integrated Cancer Program identifies opportunities for improvement within the program. In 2018, it was suggested that the Medical Oncology Department evaluate its chemotherapy safety processes and systems using a tool created by the Institute for Safe Medication Practices (ISMP). The ISMP Oncology Survey is a self-assessment that goes beyond minimum safety standards. Many of the items on the survey represent innovative practices and system enhancements that are not widely implemented in healthcare facilities today, but that offer the possibility of reducing errors based on scientific research and/or expert analysis.

The survey was conducted by the Medical Oncology Quality and Patient Safety Committee. The committee is made up of representatives from medicine, treatment room RN staff, office practice RN staff, pharmacy and departmental leadership. Together, they answered more than 175 questions related to chemotherapy treatment. Then the real work started. A work plan was established to address any questions on which they scored below the aggregate average of 406 participating practices. The committee spent almost a full year changing processes, implementing new guidelines, establishing environmental testing routines, and restructuring their approach to treatment room emergencies and chemotherapy reactions. It also redesigned its own meeting agenda and calendar to routinely review and address quality and patient safety issues. As a result, the overall compliance score was improved from a baseline score of 78 percent to a score of 94 percent.

Melanoma/Skin Cancer and Brain Cancer Awareness Month

If you’ve been diagnosed with cancer, you’ll be reassured to know that the skills and technology found in the most advanced cancer institutions in the nation are available right here on the Cape. And you’ll benefit from the things that set us apart, like personalized care from specialists who know you by name and our clinical partnership with Dana-Farber/Partners Cancer Care (DF/PCC) for research trials, consultations and second opinions.

Trials are sponsored by DF/PCC, national cooperative groups, or industry groups. All patients enrolled in studies are overseen by an oncology research nurse in addition to the principal investigator. Patients who may benefit from, or be appropriate for a clinical trial are identified by the oncology team, often during tumor boards as the treatment plan is discussed.

To view open clinical trials available at Cape Cod Healthcare, visit: https://www.capecodhealth.org/care-treatment/clinical-trials

CLINICAL RESEARCH AT CCH

M A Y  2 0 1 9

NOTES
MEDICAL ONCOLOGY is one of the fastest changing specialties in cancer treatment. Cape Cod Healthcare’s medical oncologists diagnose and treat cancer with medical therapy alone, or in combination with surgery and/or radiation. Medical oncology treatments and services include:

- **CHEMOTHERAPY** – using drugs to target and kill cancer cells
- **BIOLOGIC THERAPY/IMMUNOTHERAPY** – used to harness the body’s immune system to fight cancer
- **HORMONAL THERAPY** – alters the body’s hormone levels to affect tumor growth in hormone-sensitive cancers such as breast and prostate cancer
- **BLOOD AND PLATELET TRANSFUSIONS** – used to treat blood cancers and the side effects caused by chemotherapy
- **INVESTIGATIONAL THERAPY** – treatments offered through clinical trials
- **SUPPORT THERAPY** – drugs and other treatment options used to support cancer patients and manage the side effects of treatment.

Our specially trained team of medical oncologists, pharmacists, oncology-certified nurses and hematology specialists work together to monitor your care and celebrate your recovery.

What better way to celebrate Cancer Survivor Month than to share an afternoon with Cape Cod’s cancer survivors, their families and friends?

Cape Cod Healthcare hosts an annual Cancer Survivor Day event to celebrate survivors, inspire those recently diagnosed, and support families and caregivers. Participants were invited to leave their handprint on a quilt as a celebration of their lives.

The 2018 event hosted more than 150 attendees and 25 volunteers from the Cancer Program. Support organizations, including the American Cancer Society, Team Maureen and the Cape Wellness Collaborative, provided information on prevention, support programs and self-care. And generous Cape Cod Healthcare employees donated 103 gift bags which were given to survivors.
Get Screened for Early Cancer Detection
Screening exams are tests performed to find disease at its earliest and most treatable stage. Cape Cod Healthcare offers a wide range of advanced screening options.

LUNG CANCER is the third most common type of cancer on Cape Cod*, but carries the highest rate of death. For years, it was impossible to screen for lung cancer, but now screening is easily performed using low-dose computed tomography (LDCT.) LDCT produces images of sufficient quality to detect many abnormalities using up to 90 percent less ionizing radiation than a conventional CT scan. Lung cancer screening is recommended annually for appropriate candidates.

GENETIC AND FAMILIAL SCREENING can help one understand the risk of developing malignancy. Cape Cod Healthcare is committed to being proactive in identifying those patients whose risk for cancer might be increased in comparison to the standard population risk. Our physicians have access to the best evaluation tools available. Those patients whose personal and family history indicates the possibility of an elevated cancer risk can undergo genetic testing after a detailed discussion with their provider. Testing is often provided with a multi-gene panel, which can identify elevated risk for eight different cancers. These cancers include breast, ovarian, gastric, colorectal, pancreatic, prostate, endometrial, and melanoma skin cancers.

BREAST CANCER is the most common cancer in women and one in eight will be diagnosed with it during her lifetime. On Cape Cod, the incidence of breast cancer is higher than that of Massachusetts as a whole, even adjusting for age (breast cancer tends to occur in older women.) Both the Cuda Women’s Health Center in Hyannis and Seifer Women’s Health and Imaging Center in Falmouth offer state-of-the-art imaging for breast cancer screening using 3D mammography to provide enhanced images of the breast. Fast MRI is a supplemental breast cancer screening option which may be especially useful in detecting masses in women with dense breasts. If a screening mammogram is suspicious, both imaging centers offer Breast Magnetic Resonance Imaging (MRI) as a diagnostic tool. This advanced imaging process can tell us functionally how a lesion is behaving as the images reflect the tumor’s molecular/genetic characteristics.

COLON AND RECTAL CANCERS may be identified through screening procedures such as colonoscopy and sigmoidoscopy before symptoms appear. These procedures can also help prevent cancer by allowing doctors to find and remove polyps that might become cancer if left alone.

For information on the endoscopy location most suitable for your health needs, ask your doctor or healthcare provider.

* Excluding skin cancer

RECOMMENDED SCREENING SCHEDULE
The American Cancer Society recommends the following screening guidelines for early detection of cancer.

- **CERVICAL CANCER** screening every 3 years for women 21-29. Women 30-65 should have a Pap test plus an HPV test every 5 years. Women over 65 who have had normal Pap tests over the past 10 years should not be tested.

- **COLON AND RECTAL CANCER** screening from age 45 through age 75 by either taking a test that looks for signs of cancer in a person’s stool, or by having a visual exam of the colon and rectum.

- **LUNG CANCER** screening with a low-dose CT scan for people 55 to 74 years old who currently smoke, or have quit within the last 15 years, and have at least a 30 pack-year smoking history.

- **BREAST CANCER** screening with annual mammography can begin as early as age 40 for women who choose to do so. Women age 45 – 54 should get annual mammograms. For women over 54, mammograms can continue annually, or drop to every 2 years if so desire. Screening should continue as long as the woman is in good health and expects to live another 10 years or longer.

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NOTES
Radiation is a powerful cancer treatment tool with the ability to destroy tumors, relieve symptoms, increase survival and improve quality of life. Our Regional Cancer Network gives Cape Codders access to the same advanced radiation treatment options found in academic medical centers with the benefit of personal care, right at home.

**External Beam Radiation Therapy (EBRT)**

**EXTERNAL BEAM RADIATION THERAPY** is therapy delivered from the outside of the body. EBRT uses powerful X-rays to destroy tumors while minimizing injury to surrounding tissues. Cape Cod Healthcare’s EBRT technology includes:

- **IMAGE GUIDED RADIATION THERAPY (IGRT)**, which delivers radiation directly to tumors with remarkable precision through the use of real-time imaging
- **INTENSITY MODULATED RADIATION THERAPY (IMRT)**, which uses moving apertures to treat tumors from multiple directions to deliver higher radiation doses with minimal side effects
- **STEREOTACTIC RADIOSURGERY (SRS)** focuses high-power radiation on a tumor with treatments lasting as few as one session. This non-surgical procedure is used to primarily treat brain cancer. Real-time CT imaging and patient positioning with a six degrees of freedom couch used to precisely localize and destroy the target while avoiding nearby healthy tissue. Stereotactic Body Radiation Therapy (SBRT) is similar to SRS, but focuses on tumors outside the central nervous system, such as cancers of the lung, liver and prostate. Treatments can be done in single session or divided into multiple sessions.

**Brachytherapy**

Brachytherapy is the placement of a radioactive source (isotope) close to the tumor. The treatment is delivered from inside the body. Thus, high doses of radiation are delivered safely with little exposure to surrounding normal tissues.

- **HIGH DOSE RATE (HDR)** brachytherapy is delivered in minutes, using an applicator that is inserted into the chosen site. It is most commonly used to treat cancers of the vagina or breast and requires 3-10 treatments. The treatments are painless and highly effective.
- **PROSTATE SEED IMPLANTS** treat tumors with radioactive seeds inserted into the prostate. The seeds are inserted by a team made up of an urologist and a radiation oncologist. Treatment consists of a single and convenient outpatient morning procedure. The low-dose radiation dissipates between 6 and 12 months, slowly killing the tumor with few side effects and a high cure rate.

The new Edge linear accelerator was installed at Cape Cod Hospital in September, 2018. This state-of-the-art technology allows sub-millimeter accuracy in positioning in combination with the unit’s ability to conform to the shape of the tumor. Together, these features offer a better patient experience, improved tumor control and minimal normal tissue toxicity.

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**CCHC Offers a Full Range of Radiation Oncology Options**

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Dedicated to Providing Excellent Cancer Care

At Cape Cod Healthcare, our belief in a comprehensive cancer program that addresses individual patient needs is evident in the exceptional care we provide every day. Our integrated cancer program is accredited by an array of certifying bodies, each requiring demonstration of compliance with national standards of care to provide multimodality care plans for each individual patient designed to meet evidence-based guidelines and practices.

The quality of cancer care at Cape Cod Healthcare extends beyond exceptional treatments and dedicated care teams. Cape Cod Healthcare also invests in the latest technology, tools and participates in clinical trials to ensure our patients receive the latest in care, close to home.
Cancer Rehabilitation Wellness Program Expands to Hyannis

Cancer Rehabilitation is designed to help patients maintain or restore physical function during and after cancer treatment. Therapists work with your care team to establish meaningful goals, rebuild skills and recover motion, muscle control, strength and independence.

The Living Fit for You! Cancer Wellness Program has been successful in helping Falmouth area cancer patients meet these goals. In 2018, the Cape Cod Healthcare Integrated Cancer Committee encouraged bringing this best practice to the Hyannis hospital campus. This goal came to fruition when the Cape Cod Hospital program opened on August 6.

The program’s mission is to help adults undergoing treatment for cancer overcome fatigue, deconditioning and loss of physical function, by providing an effective bridge into the structured outpatient rehabilitative environment. Also, to promote independence and increased quality of life through optional participation in a structured, medically supervised exercise and education program.

Living Fit for You! Cancer Wellness Program offers a free six-week program focusing on:

- Individual exercise plans established under the guidance of a Registered Clinical Exercise Physiologist and ACSM/ACS Cancer Exercise Trainer
- Personalized approach in a group setting, while performing light aerobic exercise, resistance training, and stretching
- Education focused on self-care, symptom recognition and management to help reduce the severity of treatment side effects
- Maintaining muscle mass and muscle strength, maintain endurance and flexibility, and improve functional ability

During the program, recommendations for referrals to other services such as Speech Therapy, Nutritional Support and Social Services may be made. For program information, call 508-495-7685.

Chemotherapy and/or radiation administered to patients with Stage III or IV Endometrial cancer.

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| LEUKEMIA AND LYMPHOMA SOCIETY – Cape Cod Family Support Group meets on the 4th Thursday of the month (except in November and December) from 1:00 to 2:30 PM. Meetings are held at the Rogers Outpatient Center located at 5 Industrial Drive in Mashpee.

For more information, call 774-454-4303.
Data tells us that breast cancer is the second most common cancer on the Cape. And even adjusted for age, Barnstable County has a higher incidence of breast cancer than the State of Massachusetts as a whole. We also know that fewer than 70 percent of Cape women over the age of 40 report having a mammogram within the past 2 years, compared to almost 85 percent in Massachusetts. So, in celebration of Breast Cancer Awareness Month, Cape Cod Healthcare held two breast cancer screening events for uninsured women who might not otherwise have the opportunity to have a mammogram. Sixteen women took advantage of the opportunity which provided both screening and diagnostic imaging.

Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. (2015 Data)

Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. (2015 Data)

Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (2015 Data)

Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. (2015 Data)

Breast and Liver Cancer Awareness Month

Breast and Liver Cancer Awareness Month

BREAST CANCER SUPPORT GROUP meets on the 1st and 3rd Wednesdays of the month from 1:00 – 2:30 p.m. at Falmouth Hospital.

For more information, call 508-457-3669

EVENING BREAST CANCER SUPPORT GROUP meets at the Cuda Women’s Health Center on the 3rd Monday of every month from 5:30 – 7:00 p.m.

For more information, call 508-957-1619

Cuda Women’s Health Center in Hyannis and Seifer Women’s Health and Imaging Center in Falmouth hosted successful breast cancer screening events.
Surgery is used to remove tumors and prevent cancer from spreading or returning. Surgery is also a diagnostic tool. It’s used to biopsy tissue, diagnose cancer and stage the extent of the disease. In addition, cancer surgeons implant treatment devices, perform reconstructive procedures and assist with pain management.

Minimally Invasive Cancer Surgery
Our surgeons train in the latest techniques, including less invasive procedures that use smaller incisions and lead to a faster recovery. These procedures include radiofrequency ablation using laparoscopy and image-guided assistance to treat tumors, as well as microwave ablation.

Thoracic Surgery
At Cape Cod Healthcare, our thoracic surgeons are experts in their field with a long-standing practice of minimally invasive thoracic surgery, including robotic surgery. As members of a highly collaborative interdisciplinary team they ensure your care is tailored to meet your specific situation. Conditions we treat include: Lung cancer, esophageal cancer, benign diseases and tumors of the lungs and esophagus, emphysema, hyperhidrosis, myasthenia gravis, and pleural diseases.

Plastic and Reconstructive Surgery
Our board certified plastic surgeons specialize in the reconstructive process following the treatment of Breast cancer patients. Our goal in breast reconstruction is to restore either one or both breasts to a near normal appearance after breast cancer treatment, including lumpectomies and mastectomies. We focus on the overall size, shape, symmetry and appearance of the breasts.

As plastic surgeons, we also play an important role in the treatments of skin cancer. We understand that the surgical removal of skin cancers may result in scars or disfigurement, but by using specialized techniques we work hard to remove the malignancies without creating severe changes to your appearance.

Hidden Scar™ Breast Cancer Surgery
When surgery is required to treat breast cancer, Cape Cod Healthcare’s expert physicians are at the forefront of providing the most advanced procedures. Cape Cod Hospital was the first in Massachusetts to offer Hidden Scar™ Breast Cancer Surgery, an advanced approach to breast cancer care. In Hidden Scar surgery, a single incision is made along the natural folds of the skin to remove cancerous tissue, sparing the nipple, areola and surrounding breast tissue. This procedure minimizes scarring and helps to preserve the natural breast shape, with the aim of preserving a woman’s physical appearance and minimizing the emotional impact of breast surgery. Kathryn Dalton, DO, FACS, and Jill Oxley, MD, FACS, are certified in Hidden Scar Surgery. Cape Cod Hospital remains the only hospital in the state of Massachusetts to be certified as a Hidden Scar Center of Excellence.

Surgical Oncology

Cape Cod Healthcare provides exceptional Surgical Oncology services. From minimally invasive surgery, including ablation treatments, to thoracic surgery, to plastic and Hidden Scar™ breast surgery, our surgeons are leaders in this field, with the expertise usually seen at academic medical centers.
Systemic chemotherapy is administered within 4 months to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC. (2015 Data)

Surgery is not the first course of treatment for cN2, M0 lung cases. (2015 Data)

The VNA of Cape Cod is an integral part of our care team, extending medical services once patients return home from cancer treatment.
CANCER CARE IS COMPLEX. In addition to treatments that are often physically demanding, patients and their families often struggle with emotional and financial concerns, as well as barriers to self-care, and disruption to daily life. Cape Cod Healthcare is committed to supporting patients throughout the diagnosis, treatment and recovery process by offering a wide range of services.

SOCIAL WORKERS offer personal support based on individual needs. Services include assistance with insurance approvals, medication programs, disability and family leave procedures, counseling and crisis intervention, transportation and access to community programs and grants.

THE PSYCHOLOGICAL IMPACT OF CANCER on an individual can be profound. Lack of social support systems, concerns about intimacy and body image, pain and uncertainty all contribute to psychological distress which can progress into depression. The Davenport-Mugar Cancer Center, in collaboration with Cape Cod Hospital’s Behavioral Health Services, provide onsite psychiatric services. John Bertera, PhD is a clinical psychologist specializing in dealing with the aspects of cancer care that can interfere with full participation in therapies.

FINANCIAL CONCERNS often rise early in cancer treatment. Cape Cod Healthcare’s Cancer Program’s Financial Manager works only with patients facing cancer treatment. She is able to offer clear, practical guidance while working with your insurance plan to determine a clear picture of coverage. Our oncology finance manager can develop a payment plan for patients, if needed, and for qualified patients, will seek out alternative sources of funding from charitable, philanthropic and other institutions.

HOSPICE SERVICES AT VNA OF CAPE COD provide compassionate care and support to patients and families facing a terminal illness. The interdisciplinary team, made up of nurses, case managers, social workers, homecare aides, therapists and spiritual/chaplain staff are guided by a medical director who oversees the program.

THE SURVIVORSHIP PROGRAM offered at Cape Cod Healthcare’s Cancer Program is designed to help patients navigate life beyond cancer by providing individual counseling, education about the long-term effects of treatment, future cancer screening recommendations, and information and support to lead a healthy cancer-free life.

FOR MORE INFORMATION on any of the above services, contact us at 508-862-7575.
Cancer conferences, or tumor boards, are held routinely at both Cape Cod and Falmouth Hospitals. Tumor Boards are groups of doctors from different specialties and subspecialties, who meet with staff from various support services, to discuss individual cancer cases. These diverse groups benefit patient care planning by presenting a wide range of viewpoints and expertise that result in a comprehensive and individualized approach to care. In the past year, more than 630 case presentations have been made, mostly in the areas of breast cancer (41%) and lung cancer (32%).
2018 Cancer Committee Membership

Cape Cod Healthcare Locations and Services

Peter Hopewood, MD, FACS, Chair
Jill Oxley, MD, FACS, Cancer Liaison Physician

MEDICAL ONCOLOGY
Jennifer Crook, MD
Phillip Wade, MD

RADIATION ONCOLOGY
Basia McAnaw, MD
Jeffrey Martin, MD
Gabor Menyhart, MS

SURGERY
Jeffrey Spillane, MD, FACS
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