

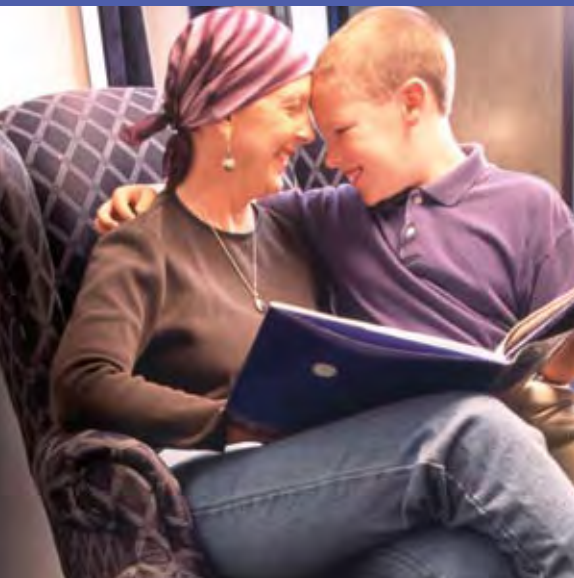
catholic medical center

2008 Oncology Report



“We are working to create a center of excellence for cancer care at CMC.”

Richard Tomolonis, MD
Physician Liaison, CMC Cancer Committee



Cancer affects many individuals, which makes a robust cancer program very important in a community the size of Manchester. The oncology program at Catholic Medical Center has seen many positive changes in 2008, as it works to meet the medical, financial and emotional needs of area cancer patients and their families.

During this time, Dartmouth Hitchcock’s Norris Cotton Cancer Center opened a new facility at Notre Dame Pavilion across from CMC. New Hampshire Oncology Hematology, which has long treated CMC patients and is affiliated with Dana Farber Cancer Center, opened a new facility in Londonderry. Both of these physician groups provide patients with specialty care in the treatment of cancer.

In addition to infusion services, Norris Cotton Cancer Center at CMC and New Hampshire Oncology Hematology provide patients with access to the latest clinical trials. A clinical trial tests newer therapies in patients, usually along side existing therapies to determine the contribution of the newer agent. Participation in such trials moves the field of cancer medicine forward and provides local patients with access to leading-edge therapies in their own community.

The community outreach program of CMC has an active breast cancer and cervical cancer screening effort underway. This very critical program screens for common cancers to find them in an early stage when they are curable. In 2008, 286 patients were screened through the program, which is jointly supported through the State of New Hampshire and the administration of CMC.

When patients are diagnosed with malignancy, they face the daunting task of finding their way through the maze of options, treatments and coordination of care. In 2008 we added an oncology nurse navigator to help patients and families as they traverse the many aspects of cancer care. In 2009, Norris Cotton Cancer Center will add a nurse practitioner to its staff to enhance the area of breast cancer.

A screening mammogram for breast cancer is a valuable tool to help save lives. When a mammogram is done and is abnormal, a woman faces a number of challenges in having further evaluation. An outreach nurse assists women through this maze, from screening mammography to biopsy to surgery and possibly additional treatments.

CMC has elected to be part of the American College of Surgeons. This is a national group that reviews and certifies standards for hospitals with cancer programs. In 2009, CMC will again be reviewed for recertification.

In 2009, many continued enhancements are planned for the cancer program. There will be an increase in the number of Tumor Boards (the multi-disciplinary team of surgeons, radiation therapists and oncologists who review and manage cases), additional breast and cervical cancer screenings, increased education for nurses on the cancer patient floor, and an increase in community outreach. With all these initiatives taken together, the CMC community can feel comfortable that it has a robust cancer program designed to treat people in their own community. ■

Eric Bonnem, MD
Chairman, CMC Cancer Committee

How physical therapy facilitates your recovery from breast cancer surgical procedures

Surgical procedures such as lumpectomies, mastectomies, axillary node dissections and post-op chemotherapy and radiation treatments all affect the circulation, tissue mobility and muscle performance in the region of your surgical site. Physical therapists are specifically trained to assist you in addressing the post-operative impairments that are a result of your surgery. The goal during your physical therapy intervention is to facilitate and support your return to a pre-diagnosis level of physical abilities particularly concentrating on the use of your arm on the surgical side and to prevent post-op complications.

The following therapeutic interventions are utilized by physical therapists to encourage, train and support your successful path to recovery:

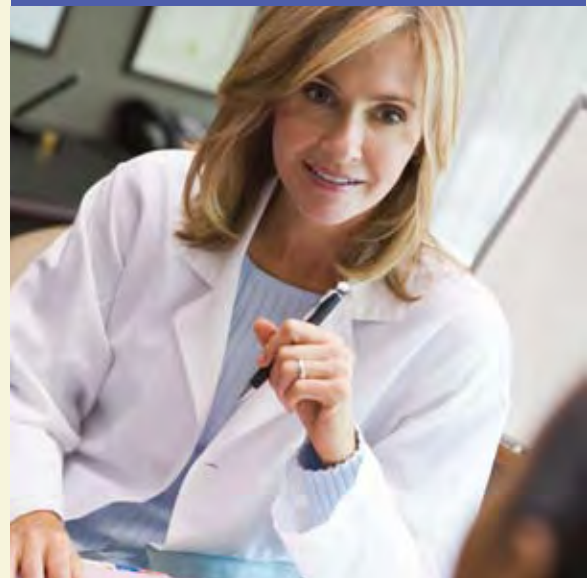
- Myofascial release, scar and soft tissue mobilization techniques
- Facilitating circulation techniques
- Desensitize painful tissue
- Train you in safe progressive functional use of your arm with continued support, monitoring and encouragement
- Train you in frequency & intensity of specific exercises for returning to normalized chest, shoulder blade, shoulder and elbow motion and strength
- Educate and train you on safe return to activities of daily living, work, hobbies and sports
- Educate and train you in lymphedema risk reduction, precautions and self management
- Perform manual lymphatic drainage techniques as individually needed

For the most efficient, effective and supportive post-surgical recovery process, please feel free to schedule your specialized individual evaluation (physician referral needed) with one of our therapists at Catholic Medical Center's Outpatient Rehabilitation Services, 769 South Main St., Manchester, NH 03102. Call us at **641.6700**. ■



Social services team lends a helping hand

A cancer diagnosis presents many challenges to patients and their families beyond the obvious medical challenges. CMC social workers and case managers connect patients and their families with local, state and federal resources to address their financial, emotional and social needs, helping them take control of what is often the most challenging experience they have faced. Identifying their individual needs is an important aspect of the work of our social work team. Together with the hospital chaplains, our Social Work team identifies opportunities to build upon individual strengths and assists in developing coping strategies. ■



2008 Catholic Medical Center cancer registry review

The Cancer Registry at Catholic Medical Center is the basis of monitoring quality of care and is maintained according to the Cancer Program Approval by the American College of Surgeons (ACoS) Commission on Cancer (COC). The registry collects accurate and timely cancer patient data to evaluate patient outcomes and identify opportunities for improvement.

Data collection at CMC has been ongoing since January 1, 1990, with a total of 6,686 analytic cases in the database. Analytic cases are those diagnosed at CMC or elsewhere that receive all or part of the first course of treatment at CMC. In addition, another 281 non-analytic cases have been collected, mainly for reporting to the state cancer registry.

The number of newly diagnosed cases at CMC has steadily increased over the last five years and with the addition of the new infusion center, housed in the Norris Cotton Cancer Center. In 2008, 514 analytic cases were collected, with an additional 33 non-analytic cases sent to the state. The top five sites were prostate, lung, breast, colorectal and urinary system. Data is reviewed by site, stage at diagnosis and treatment.

Data is submitted monthly to the NH State Cancer Registry, as required by law, and submitted yearly to the National Cancer Data Base (NCDB) of the COC, as required by all approved programs. Meaningful benchmark reports containing national aggregate data and individual facility data to assess patterns of care and outcomes relative to national norms are available from this national database of more than 1,400 U.S. hospitals.

Case abstracting must be performed by a certified tumor registrar (CTR) or supervised by a CTR. In 2008, the CMC registry was staffed by a CTR, a CTR in training and a part-time cancer registry assistant. Follow-up is conducted on all analytic cases for the lifetime of the patient and is maintained at the required 90 percent rate for patients diagnosed in the past five years and 80 percent rate since the January 1, 1990 reference date.

In 2008, the CMC Cancer Committee utilized the Cancer Practice Profile Reports (CPPR) for colorectal and breast cancers as part of quality assurance activities utilizing registry data. Other oncology related quality studies and enhancements are conducted by other hospital departments. ■



Murphy Unit provides compassionate oncology care

Patients admitted to Catholic Medical Center for oncology treatment are cared for by a multi-disciplinary team in the Murphy Unit on E200. The team includes oncologists, chemotherapy-certified nurses and other professionals who provide social work, case management, pastoral care and nutrition support. In addition to two private and 13 semi-private rooms, the unit includes a suite for palliative care and end-of-life-care patients and their families. ■

Community cancer screening finds melanoma

“My wife saved my life,” says Roy*, a semi-retired 62-year-old Manchester resident about his skin cancer being caught during a skin cancer screening at Catholic Medical Center. His wife had spotted information about the free skin cancer screening in an issue of the hospital’s *Health Living News* newsletter. At her urging, the two attended the annual screening offered by the Community Health Services department.

When dermatologist Robert Willer, MD, saw what Roy thought was just a large brown freckle on the side of his leg, the doctor immediately said it was probably a melanoma, the most deadly of skin cancers. He recommended Roy make an appointment for a biopsy.

At his office a few days later, Dr. Willer took a biopsy of the lesion, which was slightly larger than a pencil eraser. The results confirmed his suspicions: it was melanoma cancer.

Soon after, a plastic surgeon removed the cancerous lesion and surrounding tissue to ensure no cancer cells remained. Roy did not need chemotherapy, but says the area took a few months to completely heal, which kept this avid golfer off the golf course.

Roy has always preferred wearing shorts while playing golf. Now when he is on the links, he makes sure he protects his exposed skin with sunscreen, something he wasn’t careful about before. He credits his wife and the skin cancer screening with saving his life and, he chuckles, extending his time on the golf course. ■

**Name has been changed*

Oncology nurse navigator guides patients through care

“Cancer is a terrible disease and so complex. Patients are often overwhelmed and emotionally distraught and then have to weave their way through treatment options and appointments,” says Charlene Forcier, RN, MS, who has worked with cancer patients for the past 18 years and for the past year has served as CMC’s first oncology nurse navigator.

In this role, she provides emotional support, educates patients about their disease and treatment options, and assists them through the sometimes daunting maze of appointments and treatment. She also works with CMC’s Social Services department to help patients who are uninsured or underinsured complete paperwork needed to qualify for financial assistance, Medicaid or disability.

A look at Forcier’s work with an individual patient best captures how she assists patients. Soon after she became oncology nurse navigator, a 41-year-old single mother named Ann* was admitted to CMC with bladder cancer. A large tumor pressing on her bladder needed to be shrunk with chemotherapy before it could be removed. Forcier discussed Ann’s diagnosis and treatment with her. Ann was optimistic, but her body did not tolerate the infusion of chemotherapy well. Next, a bowel obstruction led to emergency abdominal surgery. Forcier helped nurse her back to better health after each setback.

Ann was determined to fight her bladder cancer with additional chemotherapy and recuperated in a local nursing home to get stronger. Over the next several months, she was back and forth between the hospital and nursing home during a series of setbacks that did not allow for additional chemotherapy. Forcier was concerned about Ann’s health, and also about her strained relationship with her teenage daughter, Lisa*, who was struggling with her mother’s illness and in school. With Forcier’s encouragement, Ann was able to reach out to her daughter.

Lisa’s birthday was approaching and Forcier wanted her to have a special celebration. She and other CMC staff bought gifts and a cake for Ann to present to Lisa during a cheerful birthday celebration at the hospital. Days later, knowing that Ann was losing her battle with cancer, Forcier talked with Ann about how she might discuss this with Lisa. Ann asked Forcier to be with her when she told her daughter. To ease their pain, Forcier encouraged them to share cards and journal entries.

Before Ann went to hospice for palliative care, Forcier made sure Ann’s guardianship arrangements for Lisa were complete. During Ann’s hospice stay, Forcier talked with her several times and visited her the night she passed.

“Every patient has unique needs,” notes Forcier. “With Ann, we cared for her medical needs as she tried hard to fight her cancer and also helped her and her daughter have quality time together before they parted.” ■ ** Name has been changed*

