



METROWEST MEDICAL CENTER

Framingham Union Hospital • Leonard Morse Hospital

Cancer Center Annual Report for 2009

Using 2007 and 2008 Data

Cancer Committee

The Cancer Committee is a standing multidisciplinary Committee that meets quarterly to discuss the Cancer Center's goals, planning, and to initiate and assess all cancer related activities.

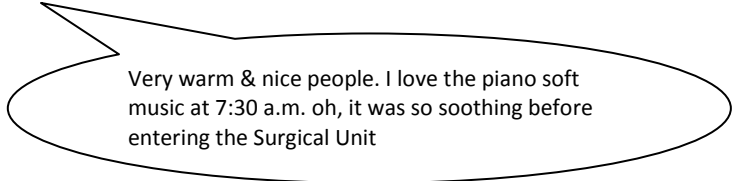
2008/2009 Cancer Committee Members

Physician Members	
AuFranc, Saint	Physician, Pathology-Committee Chairman
Croopnick, Jon	Physician, Medical Oncology
Ernst, Timothy	Physician, Medical Oncology
Goodman, William	Physician, Surgery
Keneally, James F	Physician, ENT
Khalid, Rasmia	Physician, Medical Oncology
Krikorian, John	Physician, Medical Oncology
McCallum, Leo	Physician, Surgery: Cancer Center Liaison
Min, Kent	Physician, Radiologist
Sacher, Allison	Physician, Radiation Oncology
Seetharaman, Kala	Physician, Medical Oncology
Silverman, Eric	Physician, Pulmonary
Van Buren, Theresa	Physician, Radiation Oncology
Weaver, Rebecca	Physician, Thoracic Surgery
Non-Physician Members	
Belleville, Linda	Administrative Director Cancer Services Line
Bloom, Matthew	ACS Coordinator
Campbell, Linda	Director, Quality Assurance
Donnelly, Beth	Director, Community Relations
Edson, John R	Hospice
Henry, Laury	LPN, Clinical Research Coordinator
Johnson, Gary	Director of Research
Karaku, Nicole	MWS, Social Services
Magliozzi (Napier), Tracey	Physical Therapist, Rehab Services
Mangan, RPH, Kristina	Pharmacist, Oncology Service
McCown, Stella	CTR, Cancer Registrar
McKinley, Ann-Marie	Nurse Manager, Med-Surg/Oncology
Nietzel, Denise	Manager, Education
Osmond, Ann Marie	Education
Postle, Asha	Cancer Registry
Tisdale, Sr. Ursula	Pastoral Care Representative
Watts, Jill	RN, Radiation Oncology
Zouranjian, Pam	Director, Radiation Oncology

Cancer Program Mission Statement

The Cancer Program of MetroWest Medical Center is committed to providing high quality cancer care to patients and families with access to high quality cancer care and to offering services in a highly personalized and individualized manner. We exhibit this commitment by offering care in coordination with each community's needs as well as the needs of the region. Our teaching programs and affiliation with Beth Israel Hospital enhance our quality. We are committed to serving the community at large and continue to reassess the needs on an ongoing basis.

We are committed to ensuring the health, education, and well being of members of the community who are in need of cancer care. We view our role as providing preventive care as well as the ongoing treatment and management of cancer and all of its ramifications. We maintain a relationship with community cancer organizations and support their mission as well. In providing these services we place great importance on values that stress a commitment to continuous improvement, respect for the individual, honest communication, participative management and pride in the cancer program



Very warm & nice people. I love the piano soft music at 7:30 a.m. oh, it was so soothing before entering the Surgical Unit

January

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
					1 NEW YEAR'S DAY	2
3	4 Hematopoietic Conf.	5	6 Specialty Rounds Natick	7	8 Breast Conference Cancer Research Mtg	9
10	11	12	13 Tumor Board	14 Lung Conference	15	16
17	18 Hematopoietic Conf.	19 Cancer Committee	20	21	22	23
24	25	26 Breast Conf. – Natick GI Conference	27	28 Thoracic Conference	29	30
31						

2010

2008/2009 Goals for the Cancer Center

CLINICAL GOALS –

2008

Prostate Dose Research Study – Met

Redesign the nursing assessment form - Met

2009

Increase accrual in research protocols

Redesign the Medication Flow sheets in Medical Oncology - Met

COMMUNITY OUTREACH GOALS –

2008

Colon Awareness - Met

Pantene hair-donation – Met

Men's Prostate Health Awareness – Met

Breast Cancer television Event - Met

2009

Cancer Care Lecture series – Met

QUALITY IMPROVEMENT GOALS –

2008

Use Press Ganey scores to identify areas for improvement - Met

Add patient safety question to nursing assessment forms - Met

2009

In-service regarding tube feedings\nutrition - Met

Obtain path reports from Thyroid needle biopsies - Met

PROGRAMMATIC ENDEAVOR GOALS –

2008

Commission on Cancer Survey - 3yr approval w Commendation - Met

Develop Patient Navigator - moved to 2009

Computer interface between Registry and Meditech system – moved to 2009

2009

Develop alternative treatment programs i.e., yoga and reiki - Met

Upgrade Cancer Registry software to METRIQ – Met

Develop Patient Navigator - Met

Introduction

By: Saint Aufranc, M.D. Cancer Committee Chair

I am pleased to present this annual report of the cancer care program at MetroWest Medical Center. This report will highlight the broad range of cancer services at the hospital and present a statistical analysis of cancer cases from this year.

Since 1995, the hospital's cancer program has been accredited by the American College of Surgeons' Commission on Cancer (CoC). This organization establishes standards and conducts surveys of cancer programs; collects data from accredited facilities for analysis; and develops educational programs – all for the purpose of improving and assuring quality cancer care. Approximately 80 percent of all newly diagnosed cancer patients are treated in Commission on Cancer approved cancer programs. In 2008, we received from the CoC a 3-year approval 'with commendation' as a community hospital comprehensive cancer program – the second consecutive time we have earned this distinction.

In 2008, MetroWest Medical Center cancer registry accessioned 981 newly diagnosed cancer cases. There are over 10,000 patients actively followed in the registry.

This year has been an active one for the cancer program. Some examples of this year's programs and activities include: community outreach alongside the American Cancer Society including breast, colon and prostate cancer awareness events; a successful Pantene hair-donation drive for patients with hair loss due to chemotherapy; redesign and improvement of our nursing assessment process; and continuing implementation of alternative therapy options for our oncology patients.

In addition to the cancer statistics and review of our services in this report, you will see an analysis of our experience with prostate cancer by one of radiation oncologists Dr. Lakshmi Shanmugham.

I hope that this annual report is informative and reflects our on-going commitment to providing exceptional cancer care services in a convenient community setting. The following pages will introduce you to the dedicated people at MetroWest Medical Center who make this possible.

February

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 Hematopoietic Conf.	2	3 GYN Conference Specialty Rounds Natick	4	5 Cancer Research Mtg	6
7	8	9	10 Tumor Board	11 Lung Conference	12 Breast Conference	13
14	15 Hematopoietic Conf.	16	17	18	19	20
21	22	23	24	25 Thoracic Conference	26	27
28						

2010

Administrative Report

**By: Linda Belleville
Oncology Service Line Administrator**

I am responsible for developing and implementing an oncology service line business plan, driving profitable oncology service line growth, and improving operations in terms of quality and processes. I report directly to the Hospital COO and indirectly to Hospital CEO with respect to select development activities. As administrator of the cancer care program I provide direction and support for the on-going development of the MWMC oncology service line. In partnership with key division personnel and hospital administrative teams, develops strategy, promote operational standards, and ensures that cancer services are coordinated across the cancer care program.

Ensuring that the strategies, priorities and operations of all MWMC cancer care program is aligned and complementary. Assist as needed with physician recruitment activities for the oncology service line. Attend medical staff meetings and/or medical staff committee meetings as assigned or requested. Informs the hospital of proceedings at meetings attended and recommends action, as necessary. Collaborates with physicians to develop and foster positive working relationships. Represents the division/hospital by membership in related professional and community associations. Supports community projects and agencies. Engages national, division, and facility service line leaders, quality, physician sales, managed care, and supply chain to plan for emerging trends in terms of clinical protocols, technology, reimbursement, medical management, and supply utilization.

Identify and documents oncology best demonstrated practices from across the cancer care program and facilitates the communication of these BDP's to MWMC cancer care team. Assists the hospitals with the assessment of patient and staff education needs in regards to oncology services. Collaborates with decision support and IT to develop tracking and reporting mechanisms to monitor the progression of oncology service line development across the program to provide the best cancer patient care available.

Cancer Committee Liaison Report for 2008

**By: Leo McCallum, M.D.
Physician Liaison**

We continue to monitor the number of lymph nodes in specimens removed for cancer of the colon and rectum and for gastrectomy specimens for cancer of the stomach. The number of nodes is important for staging purposes and the decision for adjuvant chemotherapy if nodes are positive for cancer. The Department of Pathology is using a new solution for clearing fat which makes it easier to find nodes.

Dr. Steven N. Fine had an excellent report on colon cancer and its staging in the 2007 Annual Report.

We continue to participate in cancer awareness programs with support from the American Cancer Society, who is a member of our cancer committee. We thank the nurses from the floors who have continuously volunteered to pass out the American Cancer society literature and answer questions at the exhibits and the lobbies of our hospitals.

We receive communications from the Joint Commission on Cancer which are reported at our cancer care meetings.

Our state chairman for liaison physicians remains Dr. David McAneny who sponsors a breakfast at the Massachusetts chapter of the American College of Surgeons meeting each year in December. Liaison physicians and members of the American Cancer Society, New England Division attends. Dr. McAneny has also been President of the Mass Chapter of the American College of Surgeons for the past two (2) years.

On the education front the cancer registry is now participating in six (6) tumor boards each month, a general tumor board of all cases, breast cancer board, lung cancer board, GI cancer board, hematology cancer board and a gynecology tumor board. These are all multidisciplinary boards with participation of medical and radiation oncology, pathology, radiology as well as medical and nursing staff members. They are well attended and CME credits are awarded to the attendees.

March

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28	29	30	31			

2010

Support Services and Outreach

By: Beth Donnelly

MetroWest Medical Center has been involved in Cancer educational and screening programs for many groups during 2008 and 2009. Some of these programs are listed below:

2009

March 14	Colon Cancer Screening
April 15	An Update on Cancer Screenings for Women
May 7	What is Cancer? Are you at Risk?
May 14	A Diagnosis of Prostate Cancer Does Not Only Affect Men
May 21	Skin Cancer is an Epidemic - What Do We Do Now?
May 28	Current Trend in the Diagnosis and Treatment of Breast Cancer
June 4	Ask the Experts
June 11	What You May Want to Know About Leukemia and Lymphoma

2008

May 21	Employee Health Fair @ Milford National Guard – Education Materials
August 7	Employee Health Fair @ Mathworks in Natick - Skin Screening
Sept. 27	Prostate Cancer Education @ Greater Framingham Community Church
Oct. 1	Prostate Cancer Screening for Greater Framingham Community Church
Oct. 29	Breast Health Awareness with Cancer Survivor Kelly Tuthill
Nov 14	Employee Health Fair @ Thermo Fisher Scientific in Franklin

Educational Report

By: Marie Cleary

Many programs were held to assure staff knowledge of the most up-to-date treatment information available for our patients. Some of these programs were:

- The Annual Cancer Program - held each spring. The Program for 2008 was on Colon Cancer
- The Community and Staff Cancer Lecture Series
- Rapid Response Learning Module
- Mock codes
- In-services on Chemotherapeutics
- Documentation (Several nursing assessment forms were updated)
- Infection Control Programs
- Critical Values Policy Review
- Transfusion Reactions
- Hand-off Communication policy review
- Mock Fire Drills
- Code Review - Code Blue, Code Red, Code Pink, Code Yellow
- Environment of Care In-services
- Patient Rights Review
- Influence prevention

April

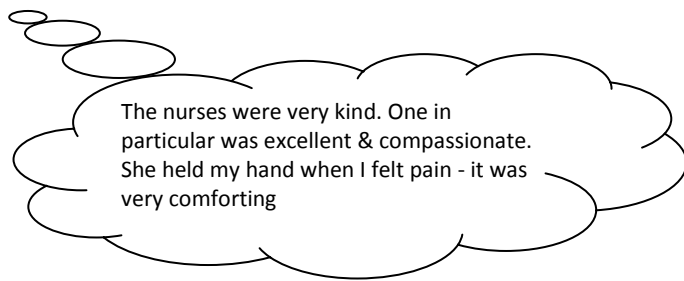
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2010

Inpatient Oncology Services

By: Ann Marie McKinley, RN, Nurse Manager

Skilled nursing care is provided to oncology patients who require hospitalization throughout the hospital depending on patient needs. The primary inpatient setting for cancer patients is on the medical/surgical/oncology units, specifically, the 4th floor at Framingham Union Hospital (FUH) and 5 North at the Leonard Morse Hospital. A total of 19 inpatient nurses from the 4th floor are competent to administer cytotoxic agents. In addition, one nurse from the 4th floor is oncology certified.



Rehabilitation Services at Metrowest Medical Center

By: Traci Napier, PT Program Manager

The Living Well Cancer Rehab Program is a specialty service that includes Lymphedema management, therapeutic exercise as well as strategies for managing and minimizing the potential side effects of cancer treatment. The main focus of the Living Well Rehab program is to restore optimal quality of life to patients dealing with a cancer diagnosis.

In addition to traditional therapies, the Living Well Cancer Rehab Program also provides alternative therapies such as massage, acupuncture, Reiki, Pilates, and Yoga.

Our expert staff is comprised of physical, occupational and speech therapists many of which have additional certifications in Lymphedema therapy, hand therapy, vestibular rehabilitation, aquatic therapy, and specialization in women's health. In addition, we have a massage therapist, a Yoga master, a Certified Pilates Instructor, Reiki master and an acupuncturist on staff.

Imaging Services

By: Darren Bonneau, Director

The Imaging Services Department at MWMC continues to support the Cancer Care Center by providing quality and timely state of the art imaging services from all of our modalities including Diagnostic Radiology Examinations, Interventional and Diagnostic Radiology Procedures, Nuclear Radiology and Cardiology, Mammography, Ultrasound, Computerized Tomography, Positron Emission Tomography/Computed Tomography and Magnetic Resonance Imaging.

The implementation of PACS throughout all sites and modalities has allowed us to provide a more timely and convenient means for physicians to access their patient's images and reports. All referring physicians are now able to see their patient's full imaging profile from any location, at any time. Over the past year we have also implemented a new voice recognition dictation system called RadWhere which further streamlines the process of allowing physicians to receive their patient's reports faster, which in turn increases the timeliness and quality of care provided by MWMC.

Over the past year, Vanguard has approved the purchase of a new, state of the art 64 slice CT scanner, which will replace our existing single slice CT. This will soon allow us to provide some of the newest and fastest technology available on the market while providing the lowest achievable radiation dose to the patient. This is especially important to the pediatric population we serve, since it decreases the time needed to obtain the images, decreases the time needed in the scanner and decreases the radiation dose to the patient, all without compromising the quality of the images.

Vanguard has also approved the installation of a new 16 slice CT scanner at our Wellness Center. This will provide yet another option for our patients needing to have a CT, while expanding our business within a very competitive market. We have recently added Ultrasound Services to our Milford office location and Mammography services are scheduled to begin in January of 2010 at that site as well.

Patient and physician satisfaction continue to be our number one goal and our first priority! Our experienced and caring Imaging team is committed to working with the patients to provide a thoughtful and pleasant experience that will be remembered. Our teams work closely with the referring physicians to coordinate care and assure an efficient visit for the patient. We look forward to growing our business, continuing to better our technology, and serving you and your patients in 2010.

May

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						1
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23	24	25	26	27 Thoracic Conference	28	29
30	31 MEMORIAL DAY					

2010

Clinical Trials and Research

By: Gary Johnson, MPA, Director of Research

2008 has been a year of tremendous growth in the MetroWest Medical Center Cancer Center Clinical Research Program. Strategic plans developed in 2007 for establishing an exceptional portfolio of oncology clinical trials at MetroWest have been fully implemented.

Early in the year, a collaborative effort involving the MetroWest Medical Center Department of Research, the Beth Israel Deaconess Medical Center Department of Radiation Oncology, and Beth Israel Deaconess/Harvard Medical Faculty Practice radiation oncology physicians working at MetroWest Medical Center resulted in three new radiation therapy clinical trials being opened to investigate new treatment approaches in breast and prostate cancer. This collaborative effort has also resulted in MetroWest Medical Center becoming a member of The National Cancer Institute's (NCI) Radiation Therapy Oncology Group (RTOG). RTOG is one of NCI's Cooperative Research groups. In addition to gaining access to RTOG sponsored clinical trials, RTOG membership has given us access to, and allowed us to open clinical trials from other NCI cooperative groups including Eastern Cooperative Oncology Group (ECOG), the SouthWest Oncology Group (SWOG), the National Surgical Adjuvant Breast and Bowel Project (NSABP).

Clinical trials that have been opened in the MetroWest Medical Center Cancer Center during the past year include:

- Chemotherapy for Patients with Lymph Node Positive and High Risk Lymph Node Negative **Breast Cancer**
- Conventional Whole Breast Irradiation (WBI) Versus Partial Breast Irradiation (PBI) for Women with Stage 0, I, or II **Breast Cancer**.
- Adjuvant Therapy for Primary **Breast Cancer**.
- ChemoHormonal Therapy versus Androgen Ablation Randomized Trial for Extensive Disease **Prostate Cancer**
- Comparing Combined External Beam Radiation and Transperineal Interstitial Permanent Brachytherapy with Brachytherapy Alone for Selected Patients with Intermediate Risk **Prostate Cancer**
- Short Term Androgen Deprivation With Pelvic Lymph Node Or Prostate Bed Only Radiotherapy (SPORT) In **Prostate Cancer** Patients With A Rising PSA After Radical Prostatectomy
- Chemotherapy for Patients with Advanced Hormone Refractory **Prostate Cancer**.

- Chemotherapy for Recurrent Or Metastatic **Head and Neck Cancer**
- Chemotherapy for Patients with Recurrent Or Metastatic **Head and Neck Cancer**
- Adjuvant Chemotherapy for Patients with Completely Resected Stage IB (> 4 cm) -IIIA Non-Small Cell **Lung Cancer**
- Chemotherapy for Patients with Stage IIIB or IV Non-Small Cell **Lung Cancer**.
- Efficiency Of Screening For Depression In Cancer Patients Receiving Radiotherapy
- Chemotherapy after Curative Resection for Patients with Stage III **Colon Cancer**
- Assessment of Clinical Cancer Tests (PACCT-1) Trial Assigning Individualized Options for Treatment
- Ultrasound signal acquisition for imaging algorithm development to enhance image resolution during brachytherapy seed placement.
- Powered bone marrow core biopsy system evaluation to reduce pain and improve histological sample quality.

One of the greatest challenges of the year was in meeting the recruitment goal for clinical trial enrollments required for Comprehensive Community Hospital Cancer Center Accreditation by the American College of Surgeons (ACS). The MetroWest Cancer Center not only met this challenge but significantly exceeded the research enrollment goal, eliminating a long standing deficit in research enrollments. High performance in clinical research, combined with exceptional clinical performance in all other areas of the Cancer Center's operations, resulted in ACS accreditation with commendation.

Looking forward, the Department of Research and the Cancer Center at MetroWest Medical Center are currently in the planning stages of the development of a unique program for community education in clinical research. Working with National Institutes of Health (NIH) Clinical and Translational Science Award (CTSA) Centers at Boston academic medical centers, a curriculum will be designed for a series of community presentations to transmit knowledge to the general public about the process of designing and conducting clinical trials. We believe that this is the most effective way of communicating why clinical trials are critical to the advancement of care, especially in oncology. It is our hope that through education, we can enlist the help of the communities we serve to increase participation in clinical trials and to find new cures

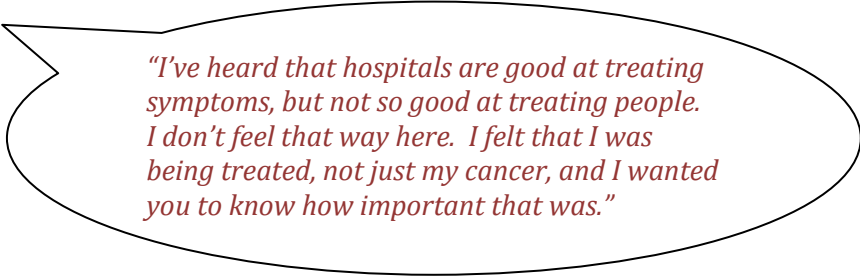
June

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1	2 GYN Conference Specialty Rounds Natick	3	4 Cancer Research Mtg	5
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2010

Cancer Care Center
Medical Oncology
Radiation Oncology

By: Linda Belleville



"I've heard that hospitals are good at treating symptoms, but not so good at treating people. I don't feel that way here. I felt that I was being treated, not just my cancer, and I wanted you to know how important that was."

Oncology Pharmacy Services

By: **Kristina Mangan, PharmD, RPh**

MetroWest Medical Center Pharmacy Department has a dedicated oncology pharmacist who provides clinical services to our cancer center. The oncology pharmacist and the cancer center staff work together closely to ensure safe, accurate and efficient medication distribution. It is also the responsibility of the oncology pharmacist to provide a variety of clinical pharmacy services to assist with the care of our patients.

Services provided by the pharmacy include:

- Chemotherapy order review (with independent double check system) and preparation.
- Evaluation of all new medications added to the formulary. The Pharmacy and Therapeutics Committee must approve medications prior to use.
- Development of standard chemotherapy order sheets to minimize the potential for ordering errors.
- Development of medication administration guidelines as needed and education on the use of new medications.
- Provide drug information services for our staff and patients.
- Participate in drug utilization evaluations.
- Participate on the Cancer Committee and the Interdisciplinary Cancer Care Team.
- Management of oncology medication inventory.

July

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				1	2 Cancer Research Mtg	3
4	5 INDEPENDENCE DAY observed	6	7 Specialty Rounds Natick	8 Lung Conference	9 Breast Conference	10
11	12	13	14 Tumor Board	15	16	17
18	19 Hematopoietic Conf.	20 Cancer Committee	21	22 Thoracic Conference	23	24
25	26	27	28	29	30	31

2010

Cancer Registry Report

**By: Stella McCown, CTR
Cancer Registrar**

The MetroWest Medical Center's Cancer Registry is a computerized database with data on cancer patients from 1984 to present. The current reference year is 1999.

The Registry collects cancer data starting with the patient's diagnosis through treatment and maintains life-long follow-up. There are currently 10,580 patients being followed by Registry staff. The Registry has responded to requests for information regarding cancer patients at MetroWest Medical Center from physicians, hospital administration, and research. The Registry can evaluate patient outcomes, treatment effectiveness and survival.

Data is collected using rules set forth by the Massachusetts Cancer Registry and the American College of Surgeons Commission on Cancer. Information is submitted from the Cancer Registry to Massachusetts Cancer Registry through monthly uploads. Cancer Registry information is submitted to the Commission on Cancer each year as requested. All information meets quality criteria before submission to these authorities.

Registry staff works closely with physicians, administrators, researchers, and health care planners to provide support for cancer program development, and ensure compliance with reporting standards. Cancer Registrars serve as a resource for information, with the ultimate goal of preventing and controlling cancer.

2008

The Cancer Registry processed 981 cancer cases in 2008; 889 of these cases were diagnosed and/or received part or all of the first treatment at Metrowest Medical Center. The top 5 sites for cancer seen in 2008 were:

MOST FREQUENT SITES 2008					
	MWMC		MASS		NATIONAL
BREAST	239	26.9			
LUNG	98	11.0			
POSTATE	95	10.7			
COLON/RECTUM	91	10.2			
HEMATOPOIETIC (leukemia, MDS, Myeloma, etc)	80	8.9			

RANK	TOWN	% OF ALL CASES
1	Framingham	28.5
2	Natick	11.3
3	Ashland	5.8
4	Holliston	4.8
5	Marlborough	4.6

Demographic Origin

As expected the majority of our patients came from the Metrowest area.

Breast Cancer was diagnosed and/or first treated at Metrowest twice more than state average. We have several excellent physicians with a first rate reputation in this area for their involvement in breast cancer treatment.

August

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2 Hematopoietic Conf.	3	4 Specialty Rounds Natick	5	6 Cancer Research Mtg	7
8	9	10	11 Tumor Board	12 Lung Conference	13 Breast Conference	14
15	16 Hematopoietic Conf.	17	18	19	20	21
22	23	24	25	26 Thoracic Conference	27	28
29	30	31				

2010

Summary by Body System and Sex 2008 Cancer Cases at MetroWest Medical Center

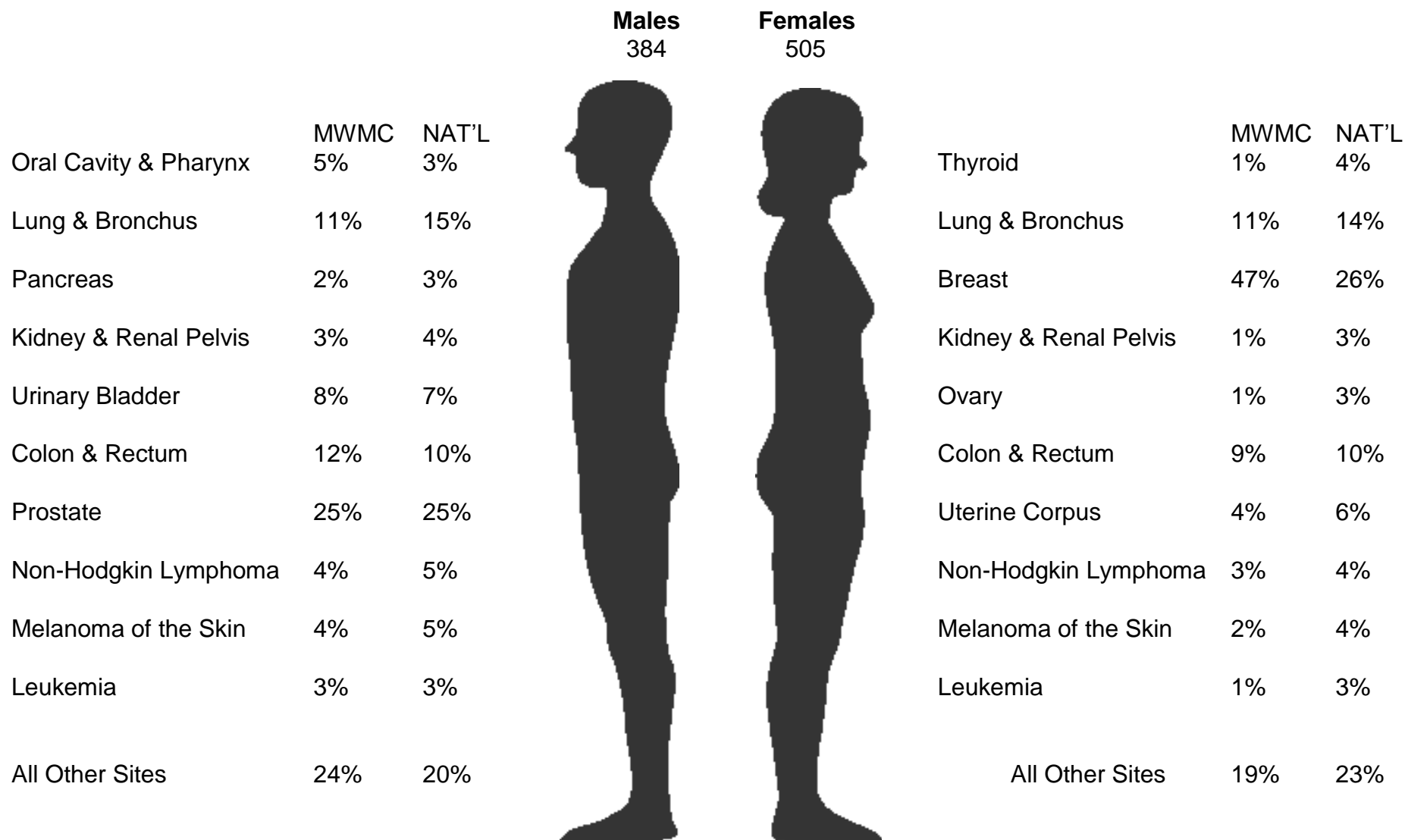


Figure 1.

September

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1 Specialty Rounds Natick	2	3 Cancer Research Mtg	4
5	6 LABOR DAY	7	8 Tumor Board	9 Lung Conference	10 Breast Conference	11
12	13	14	15	16	17	18
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2010

PROSTATE CANCER:

BY: LAKSHMI NARAYAN SHANMUGHAM, M.D.

Radiation Oncologist

Approximately 192,000 men were diagnosed with prostate cancer in the United States in 2009. Prostate cancer is the most common cancer in men accounting for 25% of all male cancers both in the United States and at MetroWest Medical Center. Nearly 27,000 men died from Prostate cancer in the United States in 2009.

At MetroWest Medical Center, there is a comprehensive approach to diagnosis and treatment of patients with Prostate Cancer. Various approaches to treatment of prostate cancer at MetroWest Medical Center and their percentages are given in the following graphs.

The radiation oncology department utilizes the state of the art CT simulation treatment planning with IGRT/IMRT (Image guided radiation therapy/Intensity modulated radiation therapy) for treatment of prostate cancer improving the outcome and reducing the toxicity to surrounding normal structures including rectum and bladder.

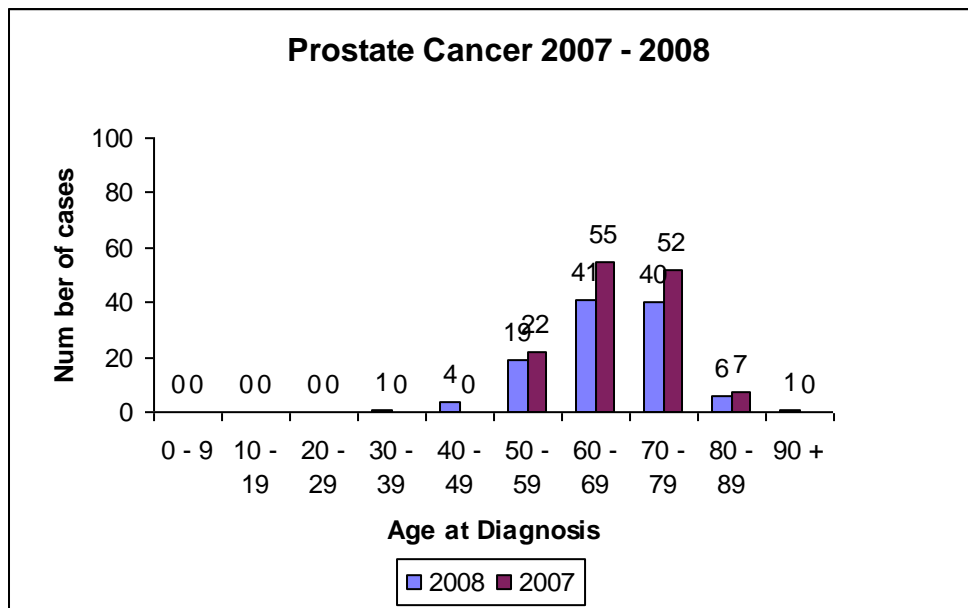
We also have a dedicated prostate brachytherapy team for treatment of low risk organ confined prostate cancer. A multidisciplinary team comprising urologists, radiation oncologists, medical oncologists, pathologists, and radiologists participate in a monthly tumor board conference.

MetroWest Medical Center actively participates in various national clinical trials. The five year survival rates for prostate cancer patients diagnosed and treated at MetroWest medical Center from 1998 through 2001 is comparable to the survival rates of patients who had treatment at other national and regional comprehensive cancer care centers (see attached graphs). The MetroWest Medical Center staff is dedicated to providing the best possible prostate cancer care for the people of our community.

October

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
					1 Cancer Research Mtg	2
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31						

2010



Age at Diagnosis Graph

Treatment table

	TOTAL CASES	CRYOSUR	RAD PROST	PROST	TURP	RADIATION THERAPY				
						EXT. BEAM*	IMRT	BRACHY	HORMONE	NO TXT
2006	156	2	57	1	4	39	8	39	44	8
2007	136	4	31	0	2	29	14	50	35	10
2008	118	1	32	0	3	23	8	35	33	9

AJCC Stage	I	II	III	IV	99**
2006	1	138	10	6	1
2007	0	123	10	0	3
2008	2	87	10	11	8

*Most Ext. Beam patients received IMRT Boost

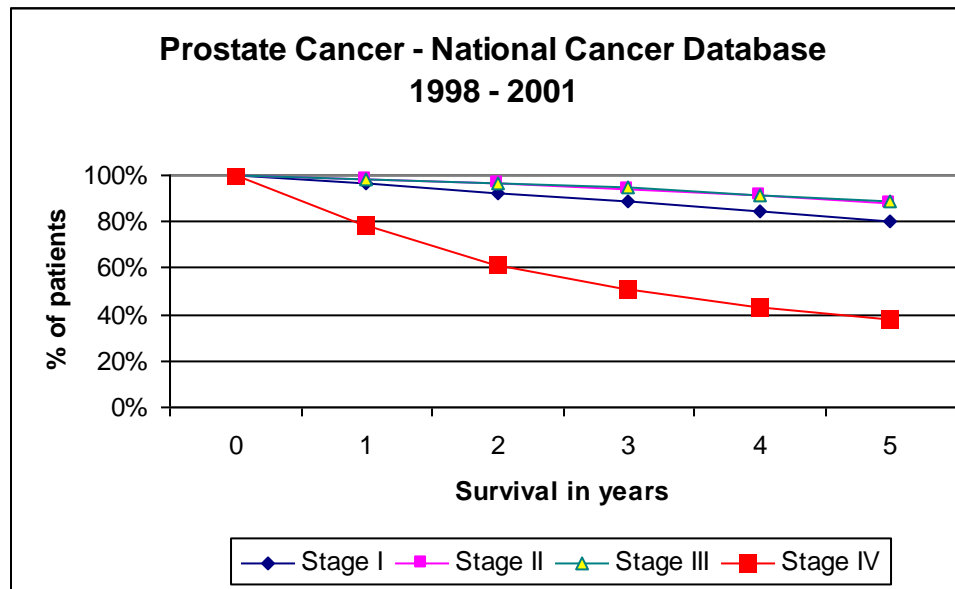
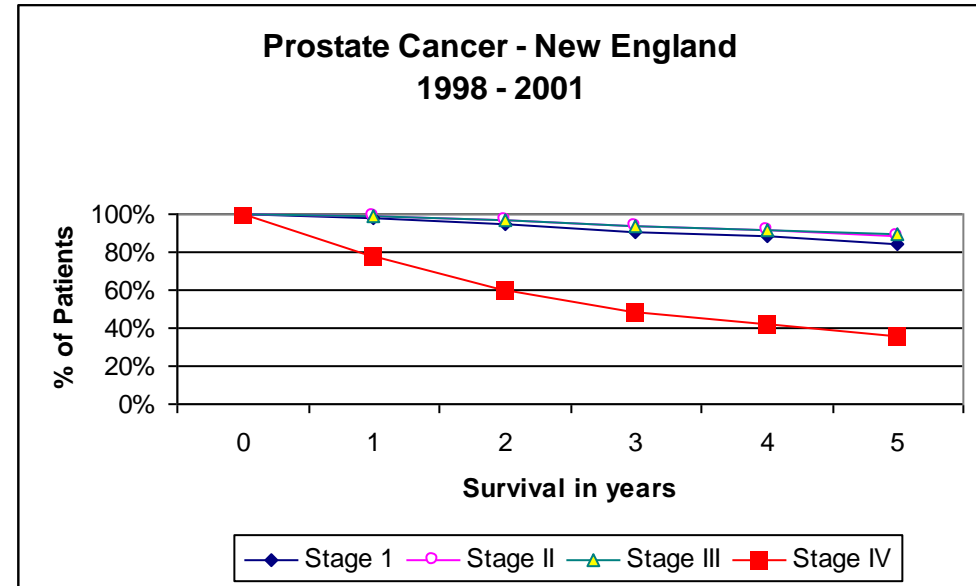
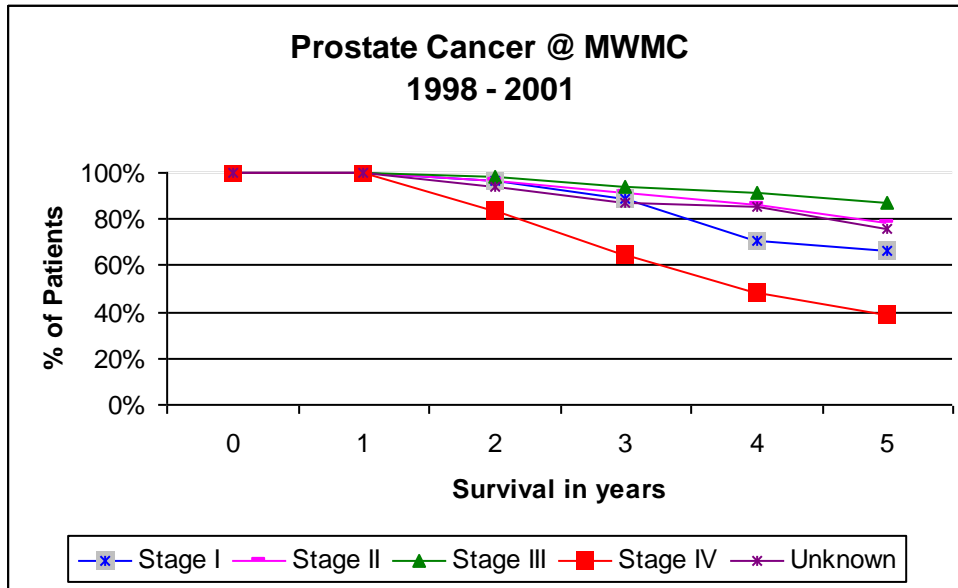
**Unknown Stage were Diagnosed & treated elsewhere

November

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 Hematopoietic Conf.	2	3 Specialty Rounds Natick	4	5 Cancer Research Mtg	6
7	8	9	10 Tumor Board	11 Lung Conference	12 Breast Conference	13
14	15 Hematopoietic Conf.	16	17	18	19	20
21	22	23	24	25 THANKSGIVING	26	27
28	29	30				

2010

Survival Graphs



December

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1 GYN Conference Specialty Rounds Natick	2	3 Cancer Research Mtg	4
5	6 Hematopoietic Conf.	7	8 Tumor Board	9 Lung Conference	10 Breast Conference	11
12	13	14	15	16	17	18
19	20 Hematopoietic Conf.	21	22	23 Thoracic Conference	24 CHRISTMAS EVE	25 CHRISTMAS
26	27	28	29	30	31	

2010

