



HOWARD COUNTY
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE

2008 Cancer Program Annual Report

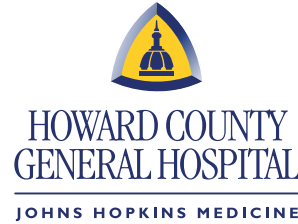
Howard County General Hospital Cancer Services scored a homerun with its goal to educate local youngsters about sun safety. HCGH collaborated with local physician offices to sponsor outfield banners for every baseball and softball diamond at the local little league park. Twelve large "Got Sunscreen?" banners reminded the athletes, and spectators, about the importance of applying sunscreen. Cases of individual packets of sunscreen were provided to stock the coaches first aid kits, the players gear bags, and the snack stand, where the counter staff would ask; "Would you like sunscreen with that?"



2008 CANCER COMMITTEE

Nicholas Koutrelakos, M.D., *chairman, Medical Oncology*
 Christine Beerman, R.N., *clinical program manager, Center for Breast Care*
 Mary Catherine Cochran, *Claudia Mayer Cancer Resource Center*
 Andrea del Rosario, R.N., C.P.H.Q., *quality review coordinator, Risk Management*
 Paul Gleichauf, *Administration*
 Lola Hoover, M.D., *Pathology*
 Masoomah Khamesian, P.D., *director, Pharmaceutical Services*
 John Kishel, M.D., *Urology*
 Louis Kokkinakos, M.D., *OB/GYN*
 Jeanette Linder, M.D., *Tumor Board chairperson, Radiation Oncology*
 Michael Macon, M.D., *General Surgery*
 Rev. Stephen Mann, *director, Pastoral Care*
 Mark Matsunaga, M.D., *Anesthesiology/Pain Management*
 Jon Minford, M.D., *cancer liaison physician, Medical Oncology*
 Allison Paliscak, R.H.I.A., *director, Health Information Management*

Rebecca Peacock, *oncology patient navigator*
 Stanley Podlasek, M.D., *Pathology*
 Gary Prada, M.D., *Internal Medicine*
 Sheryl Roberts, R.H.I.T., C.T.R., *cancer registrar, Health Information Management*
 Sandy Roemer, R.N., *Community Education*
 Leslie Rogers, M.S.W., LCSW-C, *oncology social worker*
 Judy Siegelman, R.N., O.C.N., *nurse manager, 4 South*
 Phyllis Smelkinson, *American Cancer Society*
 Shirley Yang, M.D., *Diagnostic Imaging*
 James Zalucki, M.D., *Colorectal Surgery*



CHAIRMAN'S REPORT



NICHOLAS KOUTRELAKOS, M.D.

Howard County General Hospital's mission is to provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence, diversity, and a commitment to patient safety. In order to fulfill that mission, we must continuously evaluate both our programs and community need to ensure they are aligned.

In keeping with this commitment to providing quality health care, HCGH's cancer program engaged in a strategic planning process during the past year. This in-depth evaluation included analyzing the services available; program strengths and weaknesses; community need and perceptions; a market share analysis; and interviews of staff, physicians, and community members. The major objectives of this planning process were to strengthen the oncology program's infrastructure and to establish program improvement priorities for the future.

Looking to the future, we are excited to be consolidating all of our oncology support services in one location. The new Medical Pavilion at Howard County, located on Charter Drive across from the new employee parking garage, will soon be home to the Claudia Mayer Cancer Resource Center, the Center for Breast Care, the Cancer Registry, and the Wellness Center.

In addition to making oncology support services more easily accessible, our staff members are enriching the support programs currently offered. Oncology social worker, Leslie Rogers, developed and implemented a psychosocial screening tool for all new oncology patients and is bringing the I Can Cope cancer support program to Howard County this fall. The HCGH oncology patient navigator, Rebecca Peacock, brought through the support of the American Cancer Society, the Horizon Foundation, and the Howard Hospital Foundation, helps cancer patients get connected to local and ACS resources and recently developed a Caregivers Support program. Along with these staff members, Maryland Oncology also has added a female medical oncologist, Yuanjue Zhang, M.D.

In an effort to ensure continued cancer program excellence, HCGH is pursuing re-accreditation of its cancer program by the American College of Surgeons Commission on Cancer. Through this triennial accreditation survey, scheduled for the fall of 2008, the hospital seeks to raise its accreditation to a Community Hospital Comprehensive Cancer Program. Such an accreditation reflects the enhanced range of diagnostic and treatment services that are available on site or by referral. The members of the medical staff are board certified in the major medical specialties, including oncology.

Enhancing our accreditation; adding new support programs; employing highly qualified staff; consolidating our services in order to add convenience for patients and their families; and continuing to offer the variety of events, initiatives, and programs is part of HCGH's cancer program's continuing commitment to caring for our community.

In closing, we look forward to growing and enhancing our services and support programs so that HCGH will remain the premier health care provider in the area.

Nicholas W. Koutrelakos, M.D.
 Maryland Oncology/Hematology, P.A.
 Cancer Committee Chair

ACS CANCER SCREENING RECOMMENDATION

SITE	POPULATION	TYPE OF SCREENING	FREQUENCY
General	Everyone Ages 20 – 39 Everyone Ages 40+	Physical Exams by a Physician Physical Exams by a Physician	Every 3 Years Yearly
Breast	Women Ages 20 + Women Ages 18 – 39 Women Ages 40 + Women Ages 40 + With >20% Lifetime Risk for Breast Cancer	Breast Self-Exam (BSE) Clinical Breast Exam Clinical Breast Exam and Mammogram Mammogram and MRI	Monthly Every 1-3 Years Yearly Yearly
Prostate	Men Ages 50 +	Digital rectal Exam (DRE) And Prostate Specific Antigen (PSA)	Yearly
Colon	Everyone Ages 50 + Everyone Ages 50 +	Fecal Occult Blood Test (FOBT) Flexible Sigmoidoscopy or Double Contrast Barium Enema or CT Colonography (Virtual Colonoscopy) or Colonoscopy	Yearly Every 5 Years Every 5 Years Every 5 Years Every 10 Years
Skin	Everyone 20 + Years Everyone Ages 18 – 40 Everyone Ages 40 +	Skin Self-Exam Clinical Skin Exam Clinical Skin Exam	Monthly Every 3 Years Yearly
Oral	Everyone Ages 18 +	Oral Self-Exam	Monthly
Cervix	Women Within 3 Years of Beginning Sexual Relations or by Age 21 Women Ages 30 + With 3 Consecutive Normal Pap Tests	Pelvic Exam and Pap Test Pelvic Exam and Pap Test	Annually with regular Pap test or every 2 Years with liquid-based Pap test Every 2 – 3 Years

CANCER CONFERENCE REPORT

Howard County General Hospital's cancer conferences continue to serve as the main consultative and educational forum for the hospital's professional staff and other allied health professional involved in the care of oncology patients. The majority of cases presented are prospective, which allows these professionals to learn about and discuss cases at a point when patient care management can be directly influenced by the discussion. Upon attending each meeting, physicians are awarded one credit toward Category I of the Physician's Recognition Award of the American Medical Association.

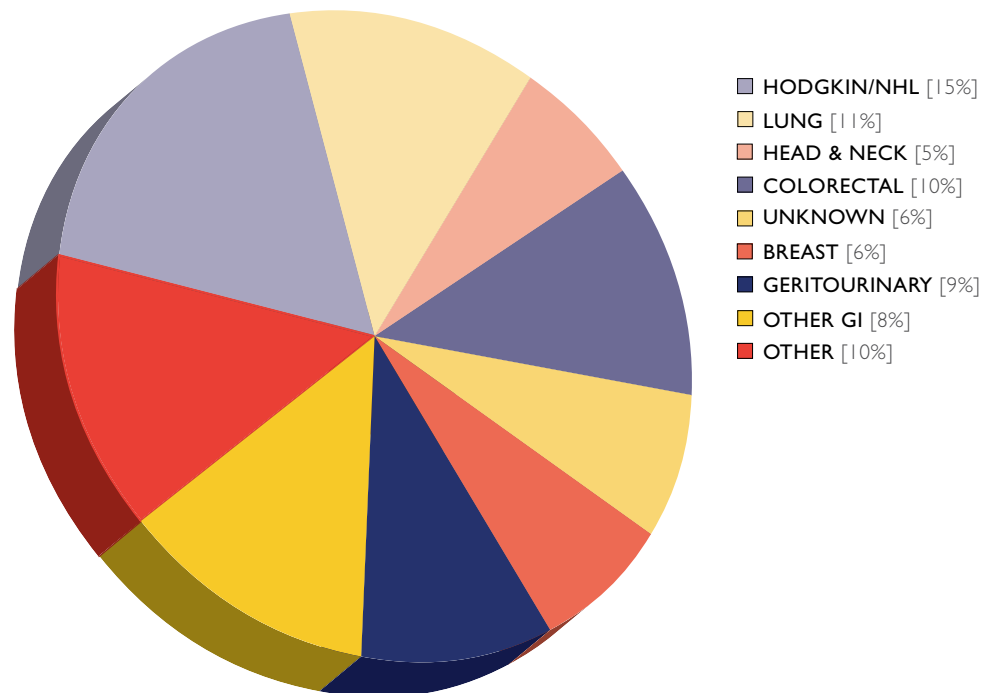
In 2007, the General Cancer Conference met 18 times. A total of 80 cases were discussed. The discussions included the patients' medical histories, physical findings, diagnostic and pathologic findings, operative findings, and treatment options. Protocol updates, literature reviews, and presentation of Cancer Registry data also were included in the discussions. The average attendance at the general cancer conferences was 13.

With the goal of discussing all newly diagnosed breast cancer cases seen at HCGH, there were 43 breast cancer conferences held during 2007. A total of 186 patients were discussed. The majority of discussions were initial presentations; some cases were discussed a second time, after additional information was available. The average attendance at the breast cancer conference was 14.

The General Cancer Conference meets on the second and fourth Friday of each month at 12:15 p.m. Presentations can be scheduled by contacting Sheryl Roberts in the hospital's Cancer Registry at 410-740-7956, or the Cancer Conference Chairperson Jeanette Linder, M.D., at 410-740-9300.

The Breast Cancer Conference meets every Tuesday at 7:30 a.m. Tina Beerman, R.N., clinical program manager of the Center for Breast Care, coordinates this conference. She can be reached at 410-884-4650.

2007 GENERAL CANCER CONFERENCE CASES



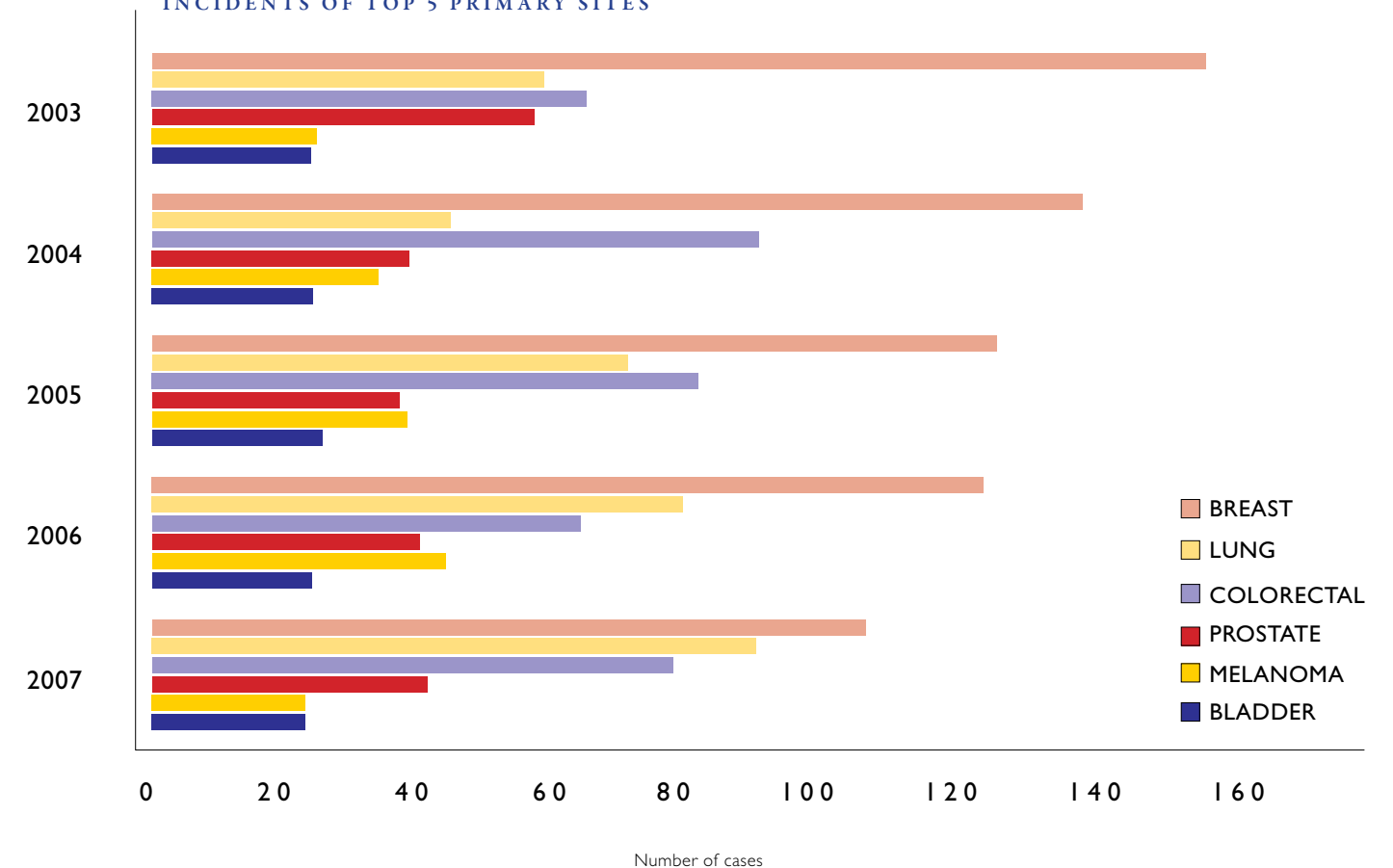
CANCER REGISTRY REPORT

Hospital-based cancer registries serve as the nation's primary source of oncology statistics. This comprehensive collection of patient data facilitates comparisons between institutions, states, and the nation as a whole. Individual registries help hospital physicians and administrators track care and treatment, evaluate staffing and equipment needs, and guide the development of educational and screening programs for both patients and the community.

The Cancer Registry at Howard County General Hospital, a part of the Health Information Management Department, collects data on all cancer patients diagnosed and/or treated at this facility. Information collected and analyzed includes demographic, staging, treatment, and survival data for each case. Additional data of interest to the cancer committee and cancer conferences include personal and family histories, risk factors, histologies, and tumor markers. The Cancer Registry also ensures the oncology program's compliance with all standards established by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS) to maintain its accreditation as a Community Cancer Program.

Annual follow-up, which is done on all analytic cases, is entered into the registry database. This process provides the registry with additional information on recurrences, treatments, the patient's disease status, and survival data. The follow-up letters also serve as a reminder to physicians to contact patients who have not been seen during the past year. The current follow-up rate of 92.57 percent exceeds the standards set by the CoC.

2003-2007 INCIDENTS OF TOP 5 PRIMARY SITES



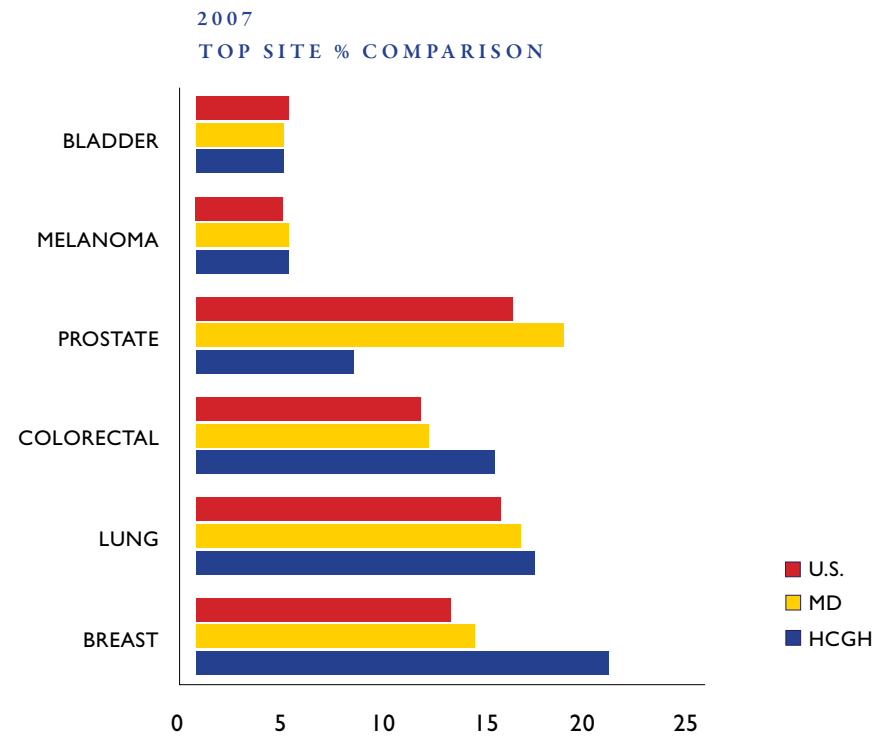
In 2007, 542 analytic cases were accessioned to the Cancer Registry. This represents a 0.4 percent increase from 2006. While the number of new breast cancer cases fell by 9.9 percent from 121 to 109, breast cancer remained the most frequently diagnosed and/or treated primary site at Howard County General in 2007, making up 20.1 percent of the entire analytic case load. The second most frequently diagnosed and/or treated primary site in 2007 was lung cancer with 88 cases. This represents an increase of 12.8 percent over the 78 lung cancer cases accessioned in 2006.

The other top primary sites seen at the hospital were colorectal, prostate, melanoma, and bladder. While the incidence of colorectal cases increased from 65 to 78 (20 percent) and the incidence of prostate cancer cases rose by 5.3 percent over the previous year, the number of melanoma cases fell by 42.9 percent. The incidence of bladder cancer remained constant at 24 cases.

When compared to state and national statistics, the hospital continued to see female breast cancer as a significantly higher percentage of its total caseload. The incidences of lung and colorectal cases also were higher at HCGH than for the state of Maryland or the nation. Prostate cancers were seen at a much lower percentage than reported nationally or by the state. The incidences of melanoma and bladder cases were equal to those for Maryland and the United States.

Cancer Registry data also was used by the cancer committee to evaluate the quality of patient care as well as in cancer conference presentations, administrative reports, community education, and planning health care needs in the community.

For more information about the HCGH Cancer Registry, please call 410-740-7956.

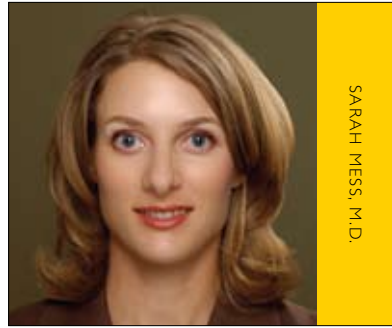


* ACS Estimates used for comparison.

2007 PRIMARY SITE DISTRIBUTION TABLE

	GENDER		MIXED AJCC STAGE AT DX							
	CASES	M	F	0	I	II	III	IV	UN	N/A
LIP, ORAL CAVITY, PHARYNX	14	12	2	0	3	2	2	4	3	0
BASE OF TONGUE	5	4	1	0	0	0	1	1	3	0
FLOOR OF MOUTH	1	1	0	0	1	0	0	0	0	0
PALATE	1	1	0	0	0	1	0	0	0	0
PAROTID GLAND	5	4	1	0	2	1	1	1	0	0
TONSIL	2	2	0	0	0	0	0	2	0	0
DIGESTIVE ORGANS	111	67	44	3	22	21	17	28	15	5
ESOPHAGUS	2	2	0	0	0	0	0	1	1	0
STOMACH	5	1	4	0	1	0	0	1	2	1
SMALL INTESTINE	2	1	1	0	0	0	1	0	0	1
COLON	63	37	26	2	12	19	13	14	1	2
RECTOSIGMOID	4	3	1	0	2	1	0	1	0	0
RECTUM	11	9	2	1	4	1	1	2	1	1
ANUA & ANAL CANAL	1	1	0	0	1	0	0	0	0	0
LIVER & INTRAHEP BILE DUCTS	8	6	2	0	0	0	2	1	5	0
GALLBLADDER	3	0	3	0	1	0	0	7	4	0
PANCREAS	12	7	5	0	1	0	0	7	4	0
RESPIRATORY & INTRATHORACIC	95	43	52	1	18	5	17	42	10	2
NASAL CAVITY	2	2	0	0	1	0	0	0	1	0
LARYNX	4	2	2	1	1	1	0	0	1	0
LUNG & BRONCHUS	88	38	50	0	16	4	17	42	7	2
HEART, MEDIAST & PLEURA	1	1	0	0	0	0	0	0	1	0
BONES, JOINTS & ARTICULAR CARTILAGE	2	2	0	0	1	0	0	0	1	0
HEMATOPOIETIC RETICULOENDOTHELIAL	6	3	3	0	0	0	0	0	0	6
SKIN (EXCLUDES SQUAMOUS & BASAL CELL)	25	12	12	7	14	1	1	0	1	1
RETROPERITONEUM & PERITONEUM	2	0	2	0	1	0	0	0	0	1
CONNECTIVE & OTHER SOFT TISSUE	4	3	1	0	0	0	1	1	2	0
BREAST	109	1	108	19	40	26	11	5	8	0
FEMALE GENITAL ORGANS	14	0	14	0	5	1	0	2	6	0
CERVIX * INVASIVE ONLY	2	0	2	0	0	0	0	0	2	0
CORPUS UTERI	13	0	13	0	5	1	0	0	3	0
OVARY	5	0	5	0	0	0	0	2	1	0
MALE GENITAL ORGANS	46	46	0	0	4	29	7	4	2	0
PROSTATE	40	40	0	0	0	27	7	4	2	0
TESTIS	5	5	0	0	4	1	0	0	0	0
OTHER MALE GENITAL ORGANS	1	1	0	0	0	1	0	0	0	0
URINARY TRACT	43	33	10	21	17	0	1	3	0	1
KIDNEY	17	13	4	0	13	0	1	2	0	1
URETER	1	1	0	1	0	0	0	0	0	0
BLADDER	24	18	6	19	4	0	0	1	0	0
OTHER URINARY ORGANS	6	3	3	0	0	0	0	0	0	6
ENDOCRINE	12	1	11	0	8	0	0	2	0	2
THYROID	10	1	9	0	8	0	0	2	0	0
OTHER ENDOCRINE GLANDS	2	0	2	0	0	0	0	0	0	0
CNS	15	5	10	0	1	0	0	0	0	14
BRAIN	12	4	8	0	0	0	0	0	0	12
MENINGES	2	0	2	0	0	0	0	0	0	2
OTHER CNS	1	1	0	0	1	0	0	0	0	0
HODGKIN'S & NHL	33	17	16	0	2	7	10	6	5	3
HODGKIN'S DISEASE	5	2	3	0	1	1	1	1	1	0
NON-HODGKIN'S LYMPHOMA	28	15	13	0	1	6	9	5	4	3
UNKNOWN PRIMARY SITE	11	4	7	0	0	0	0	0	0	11
ALL SITES	542	250	292	51	136	92	67	97	53	46

MELANOMA



Malignant melanoma is increasing in incidence, faster than any other cancer in the United States. One in 74 Americans will develop melanoma in their lifetime. Five-year survival is 94 percent for melanomas less than 1 mm in depth and 50 percent for melanomas thicker than 3 mm. The HCGH five-year survival rates for all melanoma stages are similar to the rates for Maryland and the United States (Table 1). The stage and depth of the melanoma at diagnosis for men and women is similar (Table 2 and 3); however, women have a better prognosis than men. Melanomas thicker than 4mm have 60 percent regional metastasis and 70 percent distant metastasis. Melanomas 1–4 mm in thickness have a 40 percent to 60 percent risk of regional metastasis and less than 20 percent distant metastasis. Metastasis usually spreads to lymph nodes, brain, or lung.

Melanoma can occur at any age. Table 4 demonstrates the age of diagnosis in patients seen at HCGH between 1998 and 2007. Major risk factors include family history of malignant melanoma, blond or red hair, marked freckling on the upper back, three or more blistering sunburns before age 20, and outdoor summer jobs for three or more years as a teenager. Other risk factors include dysplastic nevus syndrome, UV exposure in tanning salons, psoralen therapy, immunosuppression, and personal history of nonmelanoma skin cancer or precancer. African Americans and Asians develop malignant melanoma of the palms, soles, and nail beds at the same rate as Caucasians. Preventative measures include wearing protective clothing; avoiding mid-day sun; and using broad-spectrum, high sun protection factor (SPF) sunscreen.

Malignant melanoma is typically black and/or brown in color but also red and in rare cases non-pigmented. Lesions can develop in pre-existing nevi or appear de novo. Screening for melanoma

MELANOMA
CONTINUED

follows the ABCD guideline: asymmetry, border irregularity, color variegation, and diameter greater than 6 mm. There are four main types of melanoma. Superficial-spreading melanoma often arises from a dysplastic nevus that becomes ulcerated, enlarged, or changes color. These mostly occur on the legs of women and the head, neck, and trunk of men. Nodular melanoma is the most symmetric and uniform of the melanomas. Nodular melanoma is usually dark brown or black, but five percent have no pigmentation. Nodular melanoma grows vertically, lacks radial growth, and typically presents with ulceration and bleeding on the legs and trunk. Lentigo maligna melanoma occurs on the sun-exposed areas of fair-skinned, older individuals—the head, neck, and upper extremities. Lentigo maligna melanoma may have areas of hypopigmentation and arises from large, pre-existing lesions. Acral lentiginous melanoma occurs on the palms, soles, and nail beds. Melanoma can occur on any skin surface, mucosal surface, and retina. At HCGH, melanoma occurred most often on the trunk, limbs, and face (Table 5); and men had more melanoma of the trunk and women of the limbs (Table 6).

Early detection is critical since surgical excision is the main treatment. Suspicious pigmented lesions should be excised full thickness with a 1 mm margin and sent to pathology. Patients with malignant melanoma thicker than 1mm undergo sentinel lymph node biopsy with blue dye and radiolymphoscintigraphy. Patients with positive sentinel nodes may benefit from complete sentinel lymph node biopsy and chemotherapy. Interferon alpha-2b is FDA approved for high-risk melanoma, but there is a low response rate and high toxicity. Adjunctive treatments in trials include other chemotherapy, immunotherapy, and gene therapy.

TABLE 1

FIVE YEAR SURVIVAL RATE BY AJCC STAGE AT DIAGNOSIS 1998-1999 ANALYTIC MELANOMA OF SKIN

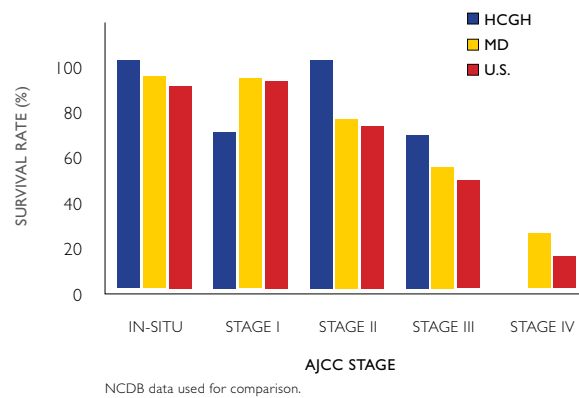


TABLE 2

MALE VS. FEMALE BY STAGE AT DIAGNOSIS 1998-2007 HCGH ANALYTIC MELANOMA OF SKIN

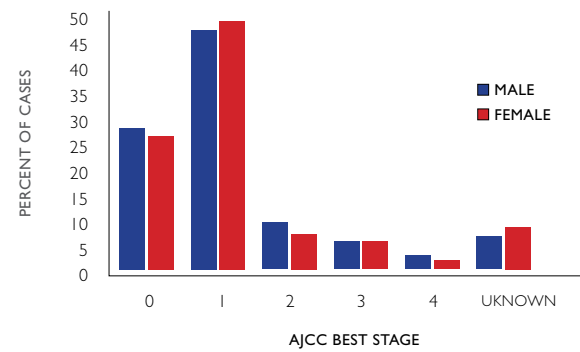


TABLE 4

MALE VS FEMALE BY AGE AT DIAGNOSIS 1998 - 2007 HCGH ANALYTIC MELANOMA OF SKIN

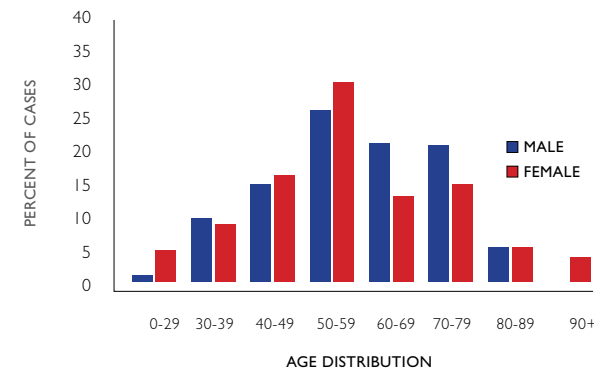


TABLE 5

MALE VS FEMALE BY AGE AT DIAGNOSIS 1998 - 2007 HCGH ANALYTIC MELANOMA OF SKIN

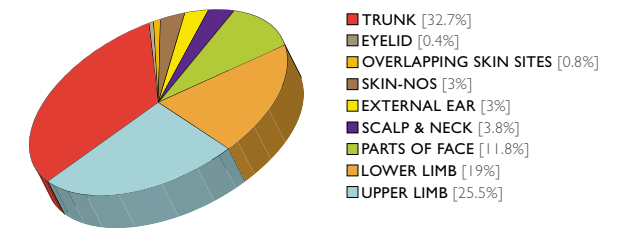


TABLE 6

SUBSITE DISTRIBUTION BY SEX 1998 - 2007 HCGH ANALYTIC MELANOMA OF SKIN

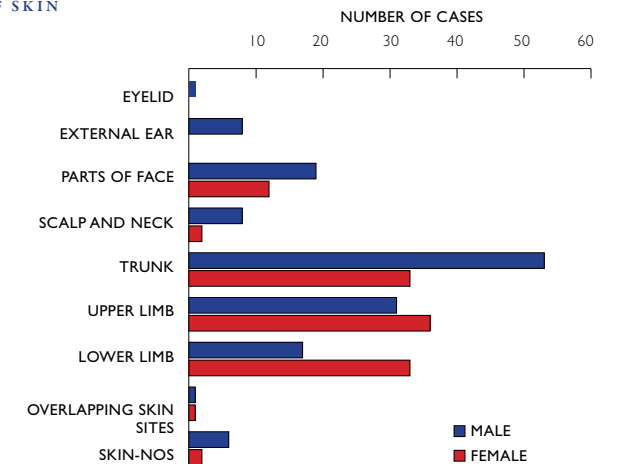
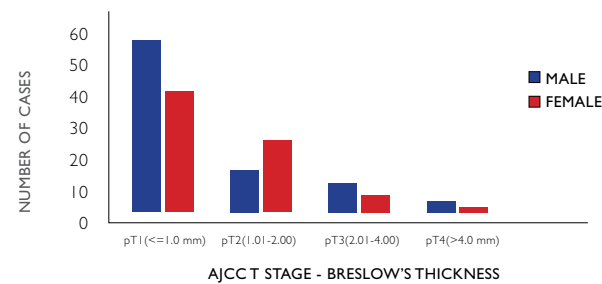


TABLE 3

BRESLOW'S THICKNESS AT DIAGNOSIS BY SEX 1998-2007 HCGH ANALYTIC MELANOMA OF SKIN



THE YEAR IN REVIEW 2007

- Sponsored the Cancer Survivors Reception for 400 attendees at the American Cancer Society's (ACS) Relay for Life. HCGH was a corporate sponsor and sponsored a team, which raised more than \$7,700.
- Raised \$1,400 for the ACS through the Daffodil Days fundraiser.
- **Look Good, Feel Better**, the ACS's program to assist cancer patients undergoing chemotherapy and radiation therapy with their aesthetic needs, was held at the Claudia Mayer Cancer Resource Center (CMCRC) monthly.
- Sponsored the adult smoking cessation program, **Freedom from Smoking**, for 12 participants.
- Nutrition and Cancer, individualized counseling sessions with a registered dietitian, helped high-risk people modify their diets and assisted those undergoing cancer treatment meet nutritional needs.
- The hospital provided free monthly meeting space for the ACS board meeting and **Man-to-Man** prostate cancer support group.
- The hospital provided space for Nicotine Anonymous meetings every Sunday evening.
- In September, Focus on Women's Health provided breast self-examination demonstrations and information on women's health issues to 75 participants.
- On-site breast health demonstrations and lectures were held at Howard County businesses and organizations through Personally Speaking: A Breast Health Education Program, which was funded through the HCGH Volunteer Auxiliary. In addition, related flyers were placed in the bathrooms of 45 area organizations.
- In June, Focus on Men's Health provided 76 participants with information on healthy eating and the risks of prostate, testicular, and colon cancers.
- Wellness Day at the Howard County Fair included information on skin cancer, colorectal cancer and breast health.
- Breast Care In Howard County: We're Here For You" was held in October at the Columbia Sheraton with 200 participants.
- In November, The **Great American Smokeout** provided tobacco prevention information to 50 staff and visitors.
- With a grant for its "**Let go of Tobacco**" project from the Howard County Health Department, in conjunction with the Cigarette Restitution Funds of Maryland, HCGH provided physicians' offices, such as Pediatrics, OB/GYN, and Internal Medicine, with poster displays and brochures listing local resources and Web sites available for smoking cessation. This program also provides inpatient visitations with distribution of smoking cessation resources. Patients' physicians are notified that the visits were made. Another phase provides anti-tobacco resources in local faith communities through the hospital's Community Cardiovascular Project. Parish-based volunteer nurses are provided with posters and brochures on smoking cessation to share while screening for hypertension.
- Provided free mammograms to qualifying women through a grant provided by the Howard County Health Department.
- Offered \$50 mammograms during the months of May and October.
- Urologists performed 27 prostate cancer screenings at several sites throughout the community in April.
- Distributed 17 free colorectal cancer-screening kits to the community.
- In May, 98 skin cancer screenings and 11 oral cancer screenings were performed.

THE YEAR IN REVIEW 2007 CONTINUED

- Several lectures on the **Danger of Tobacco** were presented to students at Howard Community College.
- Provided information on cancer risk reduction and the importance of early detection at health fairs throughout the year.
- The hospital's speakers bureau filled numerous requests for presentations on cancer risk reduction and the dangers of tobacco use.
- Five members of the HCGH staff served as active members on the board of the ACS.
- Several members of HCGH staff are active members of the Howard County Cancer Coalition and the Howard County Smoke Free Tobacco Coalition.
- The Wellness Center sponsored a Muslim Council Health fair. One hundred-fifty participants received information about pap smears and tobacco prevention as well as colorectal, oral, and breast cancer.
- Several fundraisers were held for the CMCRC: the 10th Kicks Against Cancer, the 11th Cuts Against Cancer, Blossoms of Hope, the Esmond event, the Fretz event, DC United, and the Tombros Grant. These functions raised approximately \$244,000 for the CMCRC.
- Participated in the Latino Health Fair in March. More than 600 participants received clinical breast exams, skin cancer information, colorectal cancer education, fecal occult blood testing kits, general cancer education and materials, and prostate and oral cancer screenings.
- In May and October, "Reconnecting to Your Wellness: New Choices for People with Cancer," a program for those diagnosed with cancer, was held at the Wellness Center.
- HCGH was a sponsor of "**Get Active Howard County**", a healthy lifestyle program, which drew more than 900 participants.
- HCGH provided tobacco prevention, cancer prevention, and healthy lifestyle information at the Survivor Day Celebration, which was held at the Central Maryland Oncology Center.
- Cosponsored the **50+ EXPO** for thousands of seniors with breast health, blood pressures, strokes screenings, and other wellness programs offered.
- The CMCRC added an **ACS patient navigator** to its staff as well as an oncology social worker for inpatient and outpatient psycho-social counseling. Various programs such as art classes, sketching, and journaling were introduced.
- "The Power of Positive Thinking," a program for breast cancer survivors, was presented in November.
- Participated in the Susan G. Komen For a Cure breast cancer event in October.
- In April, HCGH participated in the Korean-American Health Fair, offering breast cancer and skin analyzer screenings.
- At Merriweather Post Pavilion in July, HCGH sponsored a health fair for Columbia's 40th birthday celebration, where cancer prevention resources and healthy lifestyle information were offered.
- "Tobacco Prevention for Women," a class held at the Johns Hopkins Applied Physics Laboratory, was held in March. HCGH was awarded a Targeted Community Investment Grant by the ACS for breast health education and outreach to women in the Howard County business community. The ACS mission, programs, and services as well as the importance of early detection and prevention of breast cancer were offered to more than 400 women over the age of 40.
- In October, HCGH sponsored "TEN: THE EVENT – A Weekend to Celebrate a Decade of Helping Young Adults Fight Cancer" with the Ulman Cancer Fund and the Lance Armstrong Foundation. Lance Armstrong was in attendance.



Cherrybration Photo by Ken Losurdo



PROGRAMS AND SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES

American Cancer Society, Patient Services – 1-888-227-6333.

Breast and Cervical Cancer Screening Program – For women age 40 and older who meet income requirements and have no health insurance or are under-insured. For additional information, call 410-313-2333.

Breast Cancer Support Group – Meets the third Wednesday of the month from 7 to 9 p.m. No registration is required. For more information, call 410-884-4650.

Cancer Information Service of the American Cancer Society – 1-800-227-2345.

Cancer Information Service of the National Cancer Institute – 1-800-422-6237.

Cancer Patient Navigator – Assists newly diagnosed patients with community and ACS support resources. 410-740-5858.

Center for Breast Care – Navigation and support services as well as one-on-one counseling for breast cancer patients provided by an R.N. The center provides support services through the Survivors Offering Support Program, The Red Devils, psychosocial counseling, and monthly support group meetings. For more information, call 410-884-4650.

Claudia Mayer Cancer Resource Center – Educational, aesthetic, emotional, and psychosocial support services through center resources, which include a lending library; ongoing classes and support programs for patients, families, and caregivers; full service salon; prosthesis specialist; oncology social worker; and ACS patient navigator. For more information, call 410-740-5858.

Gilchrist Hospice Care – Services for the terminally ill, their families, and the bereaved. For additional information, call 410-730-5072.

Can Cope – A series of educational classes for people living with cancer and their families. Participants learn about cancer, managing the physical and psychological effects of cancer and its treatment, techniques for stress management, and resources available in the community. Sponsored by the American Cancer Society and HCGH. For additional information, call 410-780-5858.

Look Good Feel Better – Meets the third Monday of each month at the Claudia Mayer Cancer Resource Center. For additional information, call 410-40-5858.

Man-to-Man – An education and support program to help men cope with prostate cancer. Sponsored by the American Cancer Society, the group meets the third Thursday of each month from 7 to 9:30 p.m. For additional information, call 410-740-7601.

Oncology Social Worker – Provides psychosocial evaluations and counseling for cancer patients and their families. 410-740-7659.

Ostomy Nurse – 410-740-7767.

Outpatient Rehabilitation (including lymphedema management) – 410-884-4750.

Pastoral Care – 410-740-7898.

Reach to Recovery – One-on-one visits for new breast cancer patients with trained volunteers who have undergone breast cancer surgery themselves. For additional information, call 1-888-227-6333.

Road to Recovery – Volunteer drivers provide transportation for cancer patients undergoing treatment. For additional information, call 1-888-227-6333.

Survivors Offering Support (SOS) – Volunteer network of breast cancer survivors who are matched with newly diagnosed patients to share insights and provide emotional and informational support. Partner Support workshops and Transitioning to Wellness support programs are also available. For more information, call 410-884-4574.

Wellness Center – Programs include screenings, health fairs, support groups, and smoking cessation classes. For information call 410-740-7601.



**HOWARD COUNTY
GENERAL HOSPITAL**
JOHNS HOPKINS MEDICINE

5755 CEDAR LANE
COLUMBIA, MD 21044
410-740-7890
410-740-7990 (TDD)
www.hcgh.org