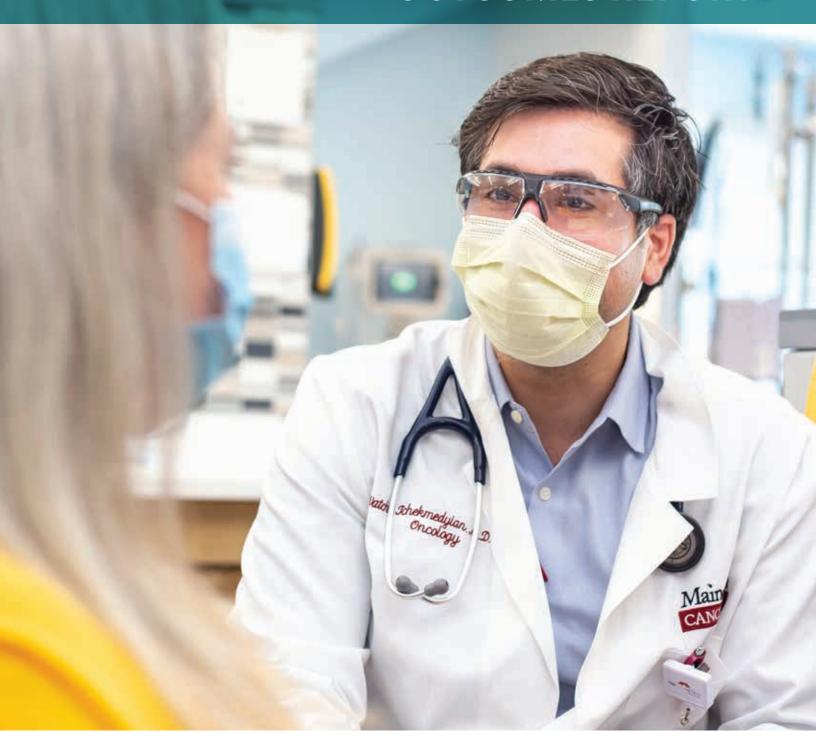
2021 MAINEHEALTH CANCER CARE NETWORK

OUTCOMES REPORT





THE HAROLD ALFOND® FOUNDATION



MaineHealth cancer care network

THE HAROLD ALFOND® FOUNDATION

Throughout Maine and the Mt. Washington Valley in New Hampshire, cancer patients have access to state-of-the-art, coordinated cancer care. The MaineHealth Cancer Care Network is designed to reduce the need for travel whenever possible by connecting cancer patients with cancer experts. Our network is the largest in northern New England, which provides greater access to cancer care specialists who focus on the specific needs of our patients. Plus, we treat the most cancer cases in the region, which demonstrates a level of experience that patients and families can trust.

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INTRODUCTION

As the pandemic unfolded in early 2020, the MaineHealth Cancer Care Network stood ready to serve our communities. And, our patients have remained our top priority. We thank those care team members who volunteered and others who welcomed new or additional duties beyond their usual roles — including our screeners, greeters and administrative staff assisting with infusion and vaccination sites.

Throughout 2020 and 2021, investing in our people, technology and innovation has enabled the MaineHealth Cancer Care Network to provide cancer care to our patients during these challenging times. Although we experienced decreases in screening, elective surgery and downstream volume, the number of patients under active medical oncology or radiation oncology treatment did not decrease. In addition, clinics remained fully operational, newly diagnosed patients were treated following enhanced safety protocols, and we implemented telemedicine alternatives and options when appropriate.



Print ad promoting the importance of screening

Maine and New Hampshire cancer patients and their families desire state-of-the-art, patient-centered care. Our singular goal is to ensure that "the right care, in the right location, as close to home as possible" will be provided. Many of our physicians have achieved the highest level of training in their fields, bring together experts in medical oncology, radiation oncology and surgical oncology with peers in radiology, pathology, palliative care, oncology nursing, pharmacy and patient navigation. Our teams evaluate each patient's case and develop an evidencebased treatment plan. Importantly, we then discuss the recommended plan with the patient and engage in a shared decision-making process that honors their values and preferences.

While it has been a year like no other, we welcome the opportunity to partner with you to care for your patients with cancer, and I hope this report will give you confidence in the quality of care the MaineHealth Cancer Care Network offers.

Scot C. Remick, MD, FACP

Chief of Oncology

MaineHealth Cancer Care Network and Maine Medical Center



Margaret McBreairty, a metastatic breast cancer patient from Allagash, Maine, traveled between six and seven hours one way and back for care and treatment at MaineHealth Cancer Care in South Portland. Margaret explained she traveled the distance for a reason — "the care team knows what they are doing, are so careful and professional, and they all care so much."

"The coronavirus pandemic has changed how we provided care, but the reason why has stayed the same – we are committed to providing patients with the highest quality cancer care," said Christina Stone, a member of Margaret's care team. "When we first started screening at the beginning of the pandemic, Margaret actually got teary when she came in because she was so happy to see how we were handling things."

Margaret is a patient of medical oncologist Roger Inhorn, MD, Ph.D. She said having a relationship with her care provider that is grounded in trust has made the difference for her. "I know I'm getting better and have made progress."





Our goal is to provide patients with excellent multidisciplinary, team-based care in an accredited comprehensive cancer program, served seamlessly and as close to home as possible, with outcomes that match or exceed national benchmarks. The network is accredited with the American College of Surgeons (ACoS) Commission on Cancer (CoC) and The National Accreditation program for Breast Centers (NAPBC). Applying for and maintaining CoC and NAPBC approval is a voluntary pledge by a cancer program to ensure quality care for its patients.





The Cancer Registry works collaboratively with the network's cancer committee to maintain CoC accreditation. The standards required for accreditation cover a broad range of activities including the setting of annual programmatic and quality goals, community-based prevention and screening programs and lifetime follow-up of patients.

Our focus is on improving quality to exceed all national benchmarks in different aspects of cancer care and treatment in the areas that we currently service. We would like to focus our efforts on achieving accreditation with the Quality Oncology Practice Initiative (QOPI), a program run by The American Society of Clinical Oncology (ASCO). It is designed for outpatient oncology practices to measure quality by looking at processes of care while showing commitment to excellence and adherence to evidenced-based guidelines.

Evie Taylor MHA, BSN, RN OCN

Senior Director of Quality
MaineHealth Cancer Care Network and Maine Medical Center

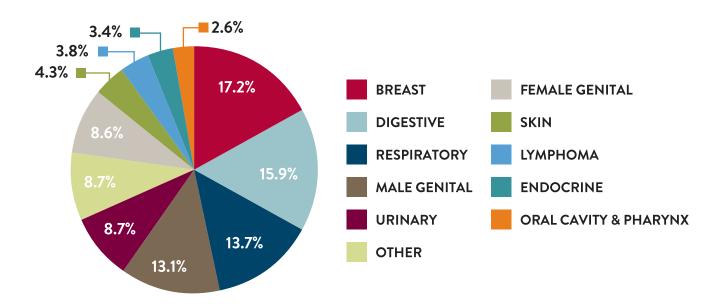
NEWLY DIAGNOSED CANCER CASES — ANALYTIC VOLUME

Our network continues to treat the majority of new cancer cases in northern New England. Data used in this report summary represents the MaineHealth Cancer Care Network as of July 31, 2021.

2015	2016	2017	2018	2019
BASELINE	ACTUAL	ACTUAL	ACTUAL	ACTUAL
5,988	6,067	6,257	6,590	7,074

With the pandemic, the number of new diagnosed cancer cases in 2020 dropped to 5,477, and the total number of shared cases was 667.

CANCER CASES BY BODY SYSTEM



Facilities included: MMC, SMHC, Maine General Medical Center, Mid Coast Hospital, St. Mary's Regional Medical Center, Pen Bay Medical Center, Stephens Memorial Hospital, Waldo County General Hospital, Franklin Memorial Hospital, Miles Memorial Hospital and Memorial Hospital. Year 1st Contact Year, 2015-2019.

TOP 5 BODY SYSTEM TYPE BY HOSPITAL (AS OF AUGUST 2021)

FRANKLIN MEMORIAL HOSPITAL		MAINEGENERAL MEDICAL CENTER	
	% Cases		% Cases
MALE GENITAL SYSTEM	19%	RESPIRATORY SYSTEM	22%
BREAST	17%	DIGESTIVE SYSTEM	16%
DIGESTIVE SYSTEM	15%	BREAST	15%
URINARY SYSTEM	11%	MALE GENITAL SYSTEM	10%
SKIN	11%	URINARY SYSTEM	7%
MAINE MEDICAL CENTER		MEMORIAL HOSPITAL	
	% Cases		% Cases
BREAST	17%	MALE GENITAL SYSTEM	22%
DIGESTIVE SYSTEM	16%	URINARY SYSTEM	17%
RESPIRATORY SYSTEM	12%	BREAST	13%
FEMALE GENITAL SYSTEM	12%	DIGESTIVE SYSTEM	12%
MALE GENITAL SYSTEM	11%	RESPIRATORY SYSTEM	7%
MID COAST HOSPITAL		MILES MEMORIAL	
	% Cases		% Cases
BREAST	20%	BREAST	39%
MALE GENITAL SYSTEM	19%	DIGESTIVE SYSTEM	25%
DIGESTIVE SYSTEM	16%	FEMALE GENITAL SYSTEM	14%
URINARY SYSTEM	13%	SKIN	7%
RESPIRATORY SYSTEM	8%	ORAL CAVITY & PHARYNX	4%

TOP 5 BODY SYSTEM TYPE BY HOSPITAL (AS OF AUGUST 2020) CONTINUED

PEN BAY MEDICAL CENTER

ST MARY'S REGIONAL MEDICAL CENTER

	% Cases	% Cases
MALE GENITAL SYSTEM	20%	RESPIRATORY SYSTEM 20%
DIGESTIVE SYSTEM	17%	MALE GENITAL SYSTEM 19%
BREAST	13%	DIGESTIVE SYSTEM 16%
URINARY SYSTEM	13%	URINARY SYSTEM 13%
RESPIRATORY SYSTEM	10%	FEMALE GENITAL SYSTEM 8%

SOUTHERN MAINE HEALTH CARE

STEPHENS MEMORIAL HOSPITAL

	% Cases		% Cases
BREAST	23%	BREAST	26%
DIGESTIVE SYSTEM	17%	DIGESTIVE SYSTEM	19%
RESPIRATORY SYSTEM	15%	RESPIRATORY SYSTEM	13%
MALE GENITAL SYSTEM	13%	FEMALE GENITAL SYSTEM	7%
URINARY SYSTEM	12%	BRAIN & OTHER CNS	7%

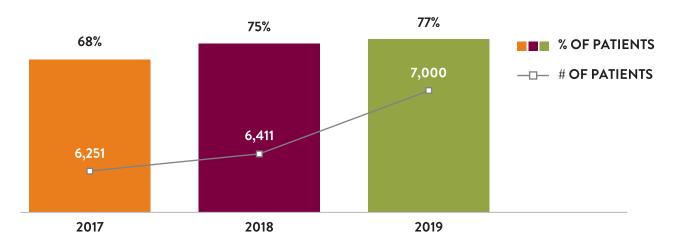
WALDO COUNTY GENERAL HOSPITAL

	% Cases
BREAST	26%
RESPIRATORY SYSTEM	15%
DIGESTIVE SYSTEM	15%
URINARY SYSTEM	9%
FEMALE GENITAL SYSTEM	8%

PATIENT NAVIGATION & SCREENINGS

Considering the broader impact of the pandemic, the network team continued to meet the needs of our patients and communities.

PATIENT NAVIGATION



Patient navigation is individualized care offered to manage complexities associated with a cancer diagnosis and facilitate timely access to care and shared decision making. Our patient navigators facilitate care transitions for medical oncology, radiation oncology, gastro oncology, plastic surgery, urology, genetics, pulmonary and palliative care, along with support services of social workers and community resources.



PATIENT NAVIGATION & SCREENINGS CONTINUED

SCREENINGS

	2016	2017	2018	2019
LUNG SCREENING (BASELINE SCREENINGS, DOES NOT INCLUDE FOLLOW-UP SCANS)	139	192	232	354
COLORECTAL SCREENING (PERCENT OF ELIGIBLE PATIENTS SCREENED)	64.5%	73.4%	76.9%	78.87%

	% OF PATIENTS SCREENED (2019)
PATIENT EDUCATION	84%
SCREENED FOR CLINICAL TRIALS	58%
SCREENED FOR TOBACCO CESSATION	62%

CASES DISCUSSED IN NETWORK TUMOR BOARDS

Tumor boards are multidisciplinary meetings where complex and new patient cases are discussed in significant detail. MaineHealth concentrates on patients with challenging tumors and patients who have previously received treatment and, for a variety of reasons, now need a different treatment plan.

	2017	2018	2019
3,	815	3,916	4,066

During 2020, there were 13 tumor board/cancer conferences and 1,541 prospective cases presented.



In 2021, U.S. News & World Report named Maine Medical Center (MMC) a "Best Regional Hospital" for the ninth consecutive year. MMC also was recognized as "high performing" in 13 common procedures and conditions, including colon and lung cancer surgery.

Maine Medical Center opened two new floors dedicated to oncology atop the hospital's Coulombe Family Tower, a major milestone in its 2020 \$534 million expansion and modernization project. The Susan Donnell Konkel Pavilion for Surgical Oncology and the Marshall L. and Susan Gibson Pavilion for Medical Oncology include 64 single, universal rooms where patients receive state-of-the-art cancer care in a private setting. MMC is an academic health center that serves as the flagship of MaineHealth integrated delivery system in southern and central Maine and eastern New Hampshire.

Other hospitals in the network continued to expand and renovate for cancer care, including Southern Maine Health Care's Sanford Campus, Waldo County General Hospital, Pen Bay Medical Center, LincolnHealth's Herbert and Roberta Watson Health Center and Western Maine Health's Stephens Memorial Hospital.



INNOVATIONS IN CANCER CARE

Watch our video update at mainehealth.org/Cancer/Provider-Resources/Innovations



MaineHealth Cancer Care Network was awarded a six-year \$5.1 million dollar grant to join the NCI Community Oncology Program (NCORP) in 2019. Today, this grant spans the spectrum of the cancer care continuum from prevention, screening, therapeutic, quality-of-life, to end-of-life and cancer care delivery research.

- In its second year, the transformation NCI award continues to be foundational to our network research
 efforts that have included competitive supplements to join the high priority NCI Cancer MoonshotSM
 Biobank Study and an investigator-initiated SARS-CoV-2 antibody period seroprevalence study
 throughout the cancer care workforce.
- Over the past year, the MaineHealth Cancer Care Network clearly established a trajectory that has
 enormous potential to raise the bar on patient-centered cancer care in Maine. The NCORP support
 for oncology research program has been vital in helping MaineHealth create additional infrastructure
 to support research initiatives throughout the network.



According to Scot Remick, MD, chief of oncology, MaineHealth Cancer Care Network and Maine Medical Center, cancer patients often feel that to get state-of-the-art care and to enroll in clinical trials they need to travel to a major metropolitan area. Today our patients have access to advanced care close to home — wherever they live. The number of clinical trials available to oncology patients in the network is expected to nearly triple over the next five years.

Our clinical trials are research studies that help us find better treatments and ways to prevent cancer and other diseases. Even during the pandemic, the number of patients in the trials grew from 513 in 2019 to 597 in 2020.



MaineHealth is part of the prestigious NCI Community Oncology Research Program.

Source: Community oncology and prevention trials research group, Division of Cancer Prevention, NCORP, 2019

INTERVENTIONAL TRIAL ACCRUAL — 1/1/20 TO 12/31/20

TOTAL	OTHER TRIALS	MAINE CHILDREN'S CANCER PROGRAM	HEALTH CARE WORKERS SERO- PREVALENCE ACCRUAL	NATIONAL CANCER INSTITUTE	MAINE CANCER GENOMICS INITIATIVE
597	46	31	159	164	197

NCORP ACCRUAL — 8/1/20 TO 6/30/21 (YEAR 2)

	BIOSPECIMEN /
TRIALS ACCRUAL	SPECIAL ENTRIES

197

Accrual — patient enrollments to base intervention (Standard or HP), advanced imaging, quality of life in treatment trials, and select other study components

Biospecimen — specimen(s) collection completed

Special Entries — any patient enrollments not belonging to one of the two categories described above



TELEHEALTH EXPANDS

The MMC Cancer Risk and Prevention Clinic transferred its entire practice to telehealth over the past year. Genetic counseling lent itself very well to this model, and we were able to connect with patients in their homes. Connecting by telehealth has also saved patients' travel since there are not many genetics clinics in the state of Maine, and some patients had long drives. This increased accessibility was well received by patients and providers alike. We are were able to facilitate genetic testing for patients in their homes too. Several of the genetic testing labs sent saliva collection kits directly to patients in their homes. This expanded options for patients and without the need of a visit to a clinic for an appointment or blood work.

SURVIVORSHIP CARE PLANS SUPPORT CARE

Survivorship begins as soon as a diagnosis of cancer is made. Any person with a history of cancer is considered a cancer survivor from the time of diagnosis through the balance of life, and includes living with, through and beyond a cancer diagnosis. Building upon a successful launch, the network's grant-funded survivorship care plan program had a successful third year. Additional disease site-specific plans were created and implemented, for a total of 15 electronic plans, including melanoma, leukemia/lymphoma and head/neck.

PATIENT EDUCATION INCREASES

Providing patient with education about their diagnosis, treatment and recovery is an important component of cancer care. The network has a goal of standardizing patient education messages across the network, which helps reduce confusion for patients and supports seamless transitions in care. The standardization of patient education can occur at the practice, region or network level. Regardless of the size of the system, the vision for patient education across the network is to ensure we provide high-quality patient education. In addition, patients benefit when they receive the same messages or instructions from all members of their extended cancer care team.

SHARED DECISION-MAKING FEATURES NODULE MODEL

In 2020, the network presented a concept using a 3D lung nodule educational tool to use during shared decision-making discussions with patients undergoing 3D low-dose CT scan lung cancer screening. In this manner, we hope patient distress following an incidental finding of pulmonary nodule(s) can be favorably affected using this model. Theresa Roelke, ANP, invented the 3D lung nodule model and participated in a collaborative research study for screening protocol. Roelke was awarded an Association of Community Cancer Centers' Innovator Award and an United States patent application was filed.

BREAST CARE INNOVATIONS SUPPORT PATIENTS

Maine Medical Center's Breast Care Center introduced an innovative procedure, called magnetic seed localization, which improves breast cancer patient's surgical experience. Magnetic seed localization is a technique used to mark a lesion in the breast prior to surgery when the lesion is not palpable. It will be offered at multiple MaineHealth sites in the future. Magseed, a tiny, sterile magnet the size of a grain of rice, can be inserted with the assistance of image guidance prior to surgery. During the surgery, the surgeon uses a magnetic wand to locate the lesion that needs to be removed.

According to Paige Teller, MD, breast surgeon and director of the Breast Care Center in Scarborough, this process will replace the tumor-marking methods of radioactive seed and wire localization which was done institutionally for many years. Magnetic seed localization allows for greater flexibility in scheduling and allows for more consistency in technique regardless of where a patient may have surgery. "The Magseed is more comfortable for the patient than wire localization and offers greater scheduling convenience than prior wire or radioactive seed localization." said Dr. Teller.



STUDY LEADS TO INCREASED PATIENT ENGAGEMENT

In early 2020, MaineHealth completed year one as a participant in the five-year NCI-funded, quality improvement grant study, called Moonshot. Epic was engaged to develop a Patient Reported Outcome (PRO) or Electronic Symptom Management solution (eSyM) and developed a process and workflow for tracking eligible patients beginning infusion therapy, sending questionnaires to patients and receiving results and notifications to clinicians and providers.

The MaineHealth Cancer Care Network joined five other health systems in the SIMPRO initiative as part of the NCI grant. Over the course of the five-year study, each health system follows an alternating project schedule of implementing eSyM in the medical oncology and surgical oncology specialties. When the pandemic started, MaineHeath went live with the study in five of its medical oncology locations. While there was modest growth in the number of patients enrolled and participating, there was an increase in overall active MyChart patients in medical oncology. The overall active MyChart average was 70%, up from 60% at the beginning of the grant study in 2019. The severe symptom rate, averaging over 20% of the PROs, was also considerably higher than the expected 2% from research prior to the beginning of the study. The general consensus across the test sites during the pandemic was that the tool has proven to be an alternative method of remotely engaging in patient care.



INNOVATIONS IN A RURAL SETTING

According to Peter Rubin, MD, medical oncologist with the MaineHealth Cancer Care Network, cancer patients often feel that to get state-of-the-art care, they need to travel to a major metropolitan area. One of the top priorities at MaineHealth is that care be provided as close to home as possible for patients, who must often travel for specialty care in Maine and New Hampshire.

The staff at Stephens Memorial Hospital was pleased to offer a cutting-edge treatment in Western Maine. The infusion team recently treated their first patient with an FDA-approved personalized immunotherapy proven to extend the life of men with a certain type of prostate cancer — a cancer which has spread to other areas of the body and is resistant to hormone deprivation therapy. The treatment process included three personalized cycles using the patient's immune cells, which have been activated to empower his immune system to fight the cancer. A dedicated group comprised of Dr. Rubin, an oncology nurse practitioner, nurse navigator, infusion, and pharmacy team members worked tirelessly to develop the process to provide this unique medication at the rural site.



NETWORK SUPPLIES COMPREHENSIVE TREATMENT

Patient Miranda Benefield underwent a colonoscopy at Pen Bay Medical Center (PBMC) in Rockport. When her screening discovered a cancerous tumor, it was the start of a long journey back to health. Fortunately, that journey was eased by the seamless care provided by the MaineHealth Cancer Care Network. Miranda had surgery to remove the tumor at Maine Medical Center in Portland, worked with

cancer care specialists at PBMC and Waldo County General Hospital to determine post-surgery treatment and received infusion therapy and chemotherapy treatments at the Harold Alfond Center for Cancer in Augusta.

"It's so important for people to know how important it is to receive care as close to home as possible when you're battling cancer, and that MaineHealth Cancer Care Network provided that for me," Miranda said. "It allowed me as a patient to focus on treatment and recovery." Today, Miranda, a single mother of two, has finished treatments and has received a clean bill of health. "Early detection saved my life," Miranda said.

MaineHealth



The MaineHealth Cancer Care Network is committed to knowledge sharing and the ongoing discussion of our best practices and outcomes. View our provider interviews that share insights into our coordinated care network and the expert minds behind it. Clinical guidelines, clinical trial information and patient education also found in our provider resource section at mainehealth.org/cancer.

