

Anne Arundel Medical Center in Annapolis

A Model Breast Center—and More—in a Supportive Community

Anne Arundel Medical Center's Oncology Department takes a "disease-oriented" approach to cancer. Instead of being divided into medical oncology, radiation oncology, and surgical divisions, Anne Arundel Medical Center (AAMC) has a breast cancer unit, prostate cancer unit, and lung cancer unit (among others) staffed by specialists from all three modalities. The units are coordinated through the tumor board and meet in weekly or twice-weekly conferences to plan treatment for individual patients and think of ways to improve and expand their services.

Currently, oncology services (except the Breast Center) are located at the AAMC's campus in downtown Annapolis. In November, AAMC will move to its new Medical Park campus in Parole, Md., on the edge of town. The Breast Center is already there, housed in the Lesly and Pat Sajak Pavilion, which opened in February 2001. In Parole, the oncology department will have a separate entrance and clinical area of its own, and will finally be a physically distinct part of the medical center.

The Parole campus is the result of intensive effort by the leadership and staff at AAMC, who successfully raised more than \$21 million for a new hospital and \$2 million for the Breast Center in only four years.

The oncology department's finances are streamlined by the medical director and clinical administrator, Stanley P. Watkins, Jr., M.D., and Cathy Copertino, R.N., M.S., OCN, respectively. Watkins and Copertino design, monitor, and are accountable for the budget outcomes, reducing the number of layers in the traditional hierarchical model.

AAMC handles all types of cancers except the acute myelogenous leukemias and childhood malignancies, which are treated at the Johns Hopkins Medical Center or the University of Maryland Medical Center 30 miles away in Baltimore, or other locations requested by the patient. Rare cancers are often treated at AAMC, but under the direction of a specialist consultant in another location. "When someone comes in with one of the more unusual manifestations of the disease, we look for the center where that problem is managed the most frequently and consult with center staff," said Watkins. "That way we can do the best job for the patient. We follow the specialist's recommendations close to home."

AAMC is active in the ECOG trials and presently has 33 active protocols, 30 patients on protocol, and 160 patients on follow-up. It also has a genetics program for both cancer patients and healthy members of the community who want to assess their risk of developing certain malignancies.

Screening is emphasized—particularly for prostate, breast, and colorectal cancers. People can sign up to be reminded that a mammogram, Pap smear, PSA, or colorectal screening test is due. Breast cancer patients also receive calendars to mark down self-exam dates and mammogram appointments, and receive educational materials online. The outreach effort is called the "Right Now Reminder Program" and won a national award from the Society for Healthcare Strategy and Market Development.

Radiation oncology is a department that is growing fast. The hospital currently offers external beam therapy, electron beam therapy, conformal therapy planning,

and low-dose-rate intracavity and interstitial brachytherapy (including prostate seed therapy). Radiation oncology will have its own complex at the Parole facility, and will get a multileaf collimator when it moves into the new building. Mammography is housed in the Sajak Pavilion for maximum convenience.

THE BREAST CENTER

The new Breast Center formally opened in 1995 at the downtown Annapolis campus, and relocated to the first floor of the Sajak Pavilion in Parole earlier this year. Considered the jewel in AAMC's crown, the Sajak Pavilion was designed by its medical director, Lorraine Tafra, M.D. The Breast Center handles all aspects of breast disease, from screening to the treatment of malignancies, at one location. "We want to be a haven for women with breast cancer—from their initial diagnosis through their treatment and survival," said Tafra.

The center's Risk Assessment and Prevention Program (RAPP) evaluates patients comprehensively and uses the newest preventive medications and methods of early detection.

Diagnostic and treatment options include digital mammography, stereotactic biopsy, ductography, needle localization biopsy, and a full range of radiologic and chemotherapeutic treatments if cancer is diagnosed. Tafra is a pioneer in the field of sentinel lymph node biopsy, and brought a Department of Defense grant (of \$2.1 million) with her to determine the accuracy of this procedure. She teaches a lymphatic mapping course every four months for area surgeons.

"There are a number of elements that make our Breast

Anne Arundel Medical Center was founded in 1902 and serves Annapolis, Md., and its surrounding area. The Anne Arundel Oncology Center opened in 1989 and is part of the hospital's downtown Annapolis facility. The downtown hospital and its adjacent radiation oncology center will move to a new location on the edge of town in November 2001 next to the Lesly and Pat Sajak Pavilion, which houses the Breast Center.

VITAL STATISTICS

- Total hospital bed size: 291
- Dedicated cancer unit beds: 32

- Number of new analytic cancer cases seen per year: 845
- Managed care penetration in the state: 34 percent

SELECTED PATIENT SUPPORT SERVICES

- Community education classes on cancer screening
- Complementary therapies, including massage, Reiki, and aromatherapy
- Look Good, Feel Better
- Pets-on-Wheels (which also visits the inpatient unit)
- A Special Touch: on-site boutique



The new Lesly and Pat Sajak Pavilion at AAMC's Medical Park campus houses the Breast Center and the Anne Arundel diagnostic radiology facility.

Center unique, and [our] multidisciplinary approach is an important one," said Tafra. The Breast Tumor Board is composed of representatives from every level of the clinical and support teams and meets weekly to review individual patient cases. On Tafra's wish list is a computerized system for tumor board and other medical conferences that will give participants access to clinical data anywhere in the world.

At a patient's first visit to the Breast Center, the Hospital Anxiety and Depression Scale (HADS) is administered. HADS has been used in hospitals in other departments for many years, and was validated for use in cancer centers by the Johns Hopkins Medical Center and the Memorial Sloan-Kettering Cancer Research Center. Depending on her score, a patient may be referred directly to a psychiatrist, a clinical psychologist, a nurse psychotherapist, a patient mentor, or a support group. Support groups for new breast cancer patients and patients

over a year from diagnosis meet regularly and are open to family members as well as women being treated at the center.

An important area of the hospital for all cancer patients is the Special Touch boutique, run by Pat Shankle, a cancer survivor. Copertino thinks that Pat is as special as her store. "Because she's a survivor, she creates a tremendous supportive atmosphere in there," Copertino said. The shop offers wigs, cosmetics, and clothing that accommodate ostomy bags and other prostheses, and a breast prosthesis fitting service. Stepping Out for Breast Cancer, a local support organization, has created a fund that allows breast cancer patients to get the items they need before leaving the hospital, even if no insurance reimbursement will be forthcoming.

A SUPPORTIVE COMMUNITY

"The sense of community in this hospital is incredible," Copertino said. "The staff is all community members. We use the hospital for

our own health needs so it's our place. You can feel that when you come here."

The surrounding community is supportive as well, probably because the hospital includes the community in major hospital events and seeks public comments at planning meetings. "You can't go wrong when you listen to the community," Copertino remarked.

A good example of this philosophy was the introduction of the HADS test to the oncology department. The hospital turned the training session into a "town meeting" and invited the community so local residents would understand the test and support its use in the cancer center.

Copertino thinks her hospital is very lucky. "Annapolis is a wonderful place to live. Because of our location, we can attract very talented physicians. Still, I think you can make a hospital a treasured and trusted part of the community wherever you are. It just takes motivation and planning." ❧