Bringing Hope to Life, of Maine are able to take full advantage of the technological advantages that are not available in other states. Therapy to treatment delivered in 4 or 5 minutes is a significant leap in technology has already demonstrated great advantages.

The campaign concluded in July of 2010, with a special celebration where beautiful views, the latest and most beneficial technologies and the opportunity to thank members of the community, physicians and staff at EMMC’s Cancer Center for the hard work and dedication of our friends, colleagues and loved ones who have been challenged by cancer in recent years either led or been near the top of states with the highest cancer rates.

In this report you will find our focus on thyroid cancer. We want to thank those who provided us with their expertise and care for thyroid cancer patients. We want to recognize the hard work and dedication of all the staff who provide care to patients with thyroid cancer. We want to thank the doctors who provided us with their expertise and care for thyroid cancer patients. We want to recognize the hard work and dedication of all the staff who provide care to patients with thyroid cancer.

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ea central Maine, as well.

our region have excellent access to the most advanced and current treatment individual. they may receive a treatment which may be more II S + H

Under the leadership of Susan O'Connor, MD, Medical Director of the BOC, Oncology Nursing Society. Joint projects between our Nurse Educators and this move we

Union Street moved from one end of the building into the beautiful newly renovated Imaging Center located at the other end of the Healthcare Mall. With this move long-standing partnerships

of the Breast and Osteoporosis Center. Both sites offer FDA Imaging Center of Excellence through the American College of Radiology for the Breast and Osteoporosis Center

The Breast and Osteoporosis Center is very proud to be designated as a Breast CancerCare of Maine expanded its clinical research program to b

CANCER of Maine CancerCare of Maine Report on Cancer 2009, 2010 Bringing Hope to Life, Research to Cures

approximately 25% of medullary thyroid cancers are hereditary. These cancers are associated with mutations in one of two genes: MEN2A and MEN2B. The MEN2A gene is located on chromosome 10 and

MEN2B gene activity found in specific tumors. Recent research has focused on the gene activity found in specific tumors. This is in recognition of the fact that younger patients (<45) have

patients at the State Street location.

imbilial thyroid cancer accounts for 5 -10% of thyroid cancers. Unlike papillary and follicular thyroid cancers, medullary thyroid cancer is a neuroendocrine tumor. Approximately

Medullary thyroid cancer accounts for 5-10% of thyroid cancers. Unlike papillary and follicular thyroid cancers, medullary thyroid cancer is a neuroendocrine tumor. Approximately 25% of medullary thyroid cancers are hereditary. Approximately

Radioiodine (I-131) has been used in the management of differentiated thyroid cancer (papillary and follicular) in whom long term survival rates exceed 90%. The notable exception, however, is anaplastic thyroid cancer which has a virtually dismal prognosis. Risk factors for recurrence and death in patients with differentiated thyroid cancer are age at diagnosis (older patients’ women), size of the primary tumor, extrathyroidal extension and distant metastases.

External beam radiotherapy is not necessary in most patients with thyroid cancer. It can be used as primary therapy for unresectable tumors (e.g. anaplastic carcinoma), as adjuvant therapy after surgical resection (e.g. patients with extrathyroidal extension) and as palliative therapy for inoperable cancers. Progression:

The prognosis for most patients diagnosed with thyroid cancer is excellent. This is especially true for patients with differentiated cancers (papillary and follicular) in whom long term survival rates exceed 90%. The notable exception, however, is anaplastic thyroid cancer which has a virtually dismal prognosis. Risk factors for recurrence and death in patients with differentiated thyroid cancer are age at diagnosis (older patients’ women), size of the primary tumor, extrathyroidal extension and distant metastases.

Data Analysis:

In a review performed in 2010, demographic and outcome data for patients treated for thyroid cancer at Eastern Maine Medical Center (EMMC) was compared to national and state datasets (National Cancer Data Base, NCDB). There were 157 cases diagnosed at EMMC during this interval. The majority of the patients were female (EMMC - 77%, Maine – 85%, NCDB – 86%). The age of all patients at the time of diagnosis was compared to the state of Maine and the nation. Compared to the age of patients diagnosed at EMMC, the age distribution was more consistent with the NCDB. The Breast and Osteoporosis Center Nurse Educators were among the first in this move we

Here we report on a series of 152 patients diagnosed at EMMC from 1999 to 2009.

First Course of Treatment

Stage of Diagnosis

5-Year Survival for Cases Diagnosed in 2008 by Stage

For comparison cases reviewed were diagnosed 2000 to 2007

EMMC – all hospitals in Maine reporting to NCDB

S – Surgery R – Radiation Therapy H – Hormone

909, 2010 – Annual Report

In the early days of thyroid cancer research, histologic classification of tumors was the primary method of treatment selection. The most recent developments in this area of medicine involve the use of genetic analysis for tumor staging and treatment choice. However, the use of these techniques is still in its infancy and their impact on clinical practice is limited. The aim of this section is to provide an overview of recent advances in the understanding of thyroid cancer biology, with an emphasis on the role of genetics and molecular biology.

Background

Thyroid cancer is a heterogenous group of diseases that may affect individuals of all ages. The most common types are papillary and follicular thyroid cancer. These tumors arise from follicular cells and exhibit distinct histologic and clinical features. The diagnosis of thyroid cancer is based on clinical presentation, imaging studies, and histopathologic examination of thyroid tissue. Treatment options include surgery, radiotherapy, and medical therapy. The choice of treatment depends on the type of thyroid cancer, the patient’s age, and the patient’s preferences.

Papillary thyroid cancer is the most common type of thyroid cancer, representing about 85% of all cases. It is characterized by the presence of papillary structures and is associated with anaplastic thyroid cancer. The majority of patients with papillary thyroid cancer are diagnosed at an early stage, and the prognosis is excellent. However, some patients with papillary thyroid cancer develop recurrent disease or distant metastases.

Follicular thyroid cancer is the second most common type of thyroid cancer, representing about 10% of all cases. It is characterized by the presence of follicular structures and is associated with anaplastic thyroid cancer. The majority of patients with follicular thyroid cancer are diagnosed at an early stage, and the prognosis is excellent. However, some patients with follicular thyroid cancer develop recurrent disease or distant metastases.

Anaplastic thyroid cancer is the least common (1%) and most deadly form of thyroid cancer. It is characterized by the presence of anaplastic cells and is associated with anaplastic thyroid cancer. Anaplastic thyroid cancer is usually diagnosed at an advanced stage, and the prognosis is poor.

Every patient with thyroid cancer at EMMC is carefully reviewed to determine the most appropriate treatment. We offer a multidisciplinary approach to the care of patients with thyroid cancer. The multidisciplinary approach includes the following steps: (1) a review of the patient’s medical history and physical examination, (2) a discussion of the patient’s treatment options, (3) a review of the patient’s treatment plan, and (4) a follow-up evaluation of the patient’s treatment. The multidisciplinary approach to the care of patients with thyroid cancer is designed to provide the patient with the best possible care.