



Spectrum

Healthcare Partners

2025 SERVICE PROFILE



COLLABORATION PROPELS US FORWARD

INTRODUCTION

Collaboration propels us all forward.



Leslie Weeks, chief operating officer, keynote speaker Staff Sergeant Travis Mills, and board president and chair, Michael Quinn, MD, at Spectrum's annual shareholder meeting.

At Spectrum Healthcare Partners, "collaboration" is more than just a value – it is how our people come together to deliver smarter, more connected care. We are pleased to share our 2025 Service Profile that highlights Spectrum's commitment to collaboration and how our partnerships help advance patient care.

This year's profile begins on a solemn note, as we commemorate the life and legacy of David Landry, Spectrum's CEO, who passed away unexpectedly in October. David's leadership helped shape the foundation and future of Spectrum. His influence can be felt across these pages through the collaborations he championed, the programs he helped build, and the people he inspired. We

are committed to carrying David's vision forward, together.

Across all Spectrum's clinical specialties, sites of service, and service lines, our teams continue to raise the bar through shared insight, mutual respect, and an unwavering focus on improving the integration, quality, and value of healthcare for our patients and communities. That same spirit of teamwork defines who we are – and it is reflected in every story we share this year.

Thanks to close collaborations with health systems, hospitals, and provider practices, we have made meaningful progress in areas such as:

- ▶ Expanding access to outpatient procedures and subspecialty care.
- ▶ Advancing cancer treatment with Y-90 and theranostic therapies.
- ▶ Strengthening integrated surgical and anesthesiology services.
- ▶ Improving accuracy and speed through digital pathology.
- ▶ Enhancing multidisciplinary decision-making with tumor boards.
- ▶ Offering low-dose radiation therapy (LDRT) for certain chronic, non-cancer conditions.
- ▶ Supporting clinical leadership and mentorship across specialties.

These advances are not solely based on technology. Spectrum's pathologists, radiation oncologists, anesthesiologists, and radiologists partner with other primary care and specialty physicians, health systems, and a wide range of non-physician providers as well as the administrative and operational teams who support care delivery across Maine, New Hampshire, and northern New England to achieve these milestones.

In the profile, we also celebrate a shared commitment to perseverance and purpose – values embodied by retired United States Army Staff Sergeant Travis Mills, who was the keynote speaker at Spectrum's annual shareholder meeting. His story of resilience shows us that we can meet even the greatest challenges with strength and determination.

The challenges in today's healthcare landscape are real – but so is the impact of our people. In honoring David's legacy, and in the spirit of teamwork, we are reminded that we are always better together.

Thank you for your continued commitment, compassion, and collaboration. On behalf of Spectrum Healthcare Partners, we wish you all the best in the year ahead.

LEADERSHIP

2025 Board of Directors, Spectrum Healthcare Partners

Robert Ascanio, MD Coastal Anesthesiology	Jared Kasper, MD Northern Radiology
Matthew Cheney, MD, PhD Radiation Oncology	Adam O'Brien, DO Coastal Anesthesiology
Yeang Chng, MD, PhD Northern Radiology	Michael Quinn, MD, Board President and Chair, Southern Radiology
Steven Farraher, MD, Treasurer Southern Radiology	Leslie Schwab, MD Community Member
Michael Harvey, MD, Pathology	Mark Steciuk, MD, PhD Pathology
Rob Hubbs, MD Southern Anesthesiology	

Executive Leadership Team

David Landry Chief Executive Officer	Scott Raymond SMSC Executive Director
Kris Martel Vice President, Human Resources	Leslie Weeks Chief Operating Officer
R. Amanda Maselli Chief Financial Officer	

Thank you for your leadership, service, and contributions to Spectrum:

Beth Austin Vice President, Operations	Julie Wheeler Chief Human Resources Officer
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2025 Board of Managers, Spectrum Management Services Company

Bilal Ahmad, MD	R. Amanda Maselli
Christopher Claudio	Michael Milligan, MD
Michael Harvey, MD	Michael Quinn, MD
David Landry	Thomas Schovee

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Retired Army Staff Sergeant Travis Mills at Spectrum's annual shareholder meeting.

2025

SERVICES PROVIDED
1,780,683
PATIENTS SERVED
451,942

FREE CARE PROVIDED
\$1,439,233
CHARITABLE CONTRIBUTIONS
\$596,798

THE LIFE AND LEGACY OF DAVID LANDRY



David Landry joined Spectrum in 1998 as the COO and assumed the role of CEO in 2007. He passed away unexpectedly at the age of 52, but left behind a legacy that will continue well into the future.

Spectrum and the broader healthcare community was stunned and saddened by the unexpected passing of Spectrum CEO David Landry on October 22, 2025.

David Landry was a groundbreaking, visionary, and compassionate leader, whose impact was felt far beyond the four walls of Spectrum Healthcare Partners and Spectrum Management Services Company. His work – and his generosity – touched the lives not only of his colleagues, but also healthcare industry leaders both locally and nationally, civic organizations, community partners, and local businesses.

“David was the rare leader that had the perfect blend of business acumen, strategic vision, and an ability to authentically communicate and connect with an incredible breadth of individuals,” stated Michael Quinn, MD, radiologist and board president and chair of Spectrum Healthcare Partners. “We have been in contact with what seems like hundreds of individuals in David’s vast network since David’s passing, and the sentiments are always the same: Leader. Mentor. Innovator. Compassionate. Knowledgeable. Kind. Colleagues from Maine to California to Texas to Georgia and back again have shared stories about David that speak to the long-lasting imprint he made on them. It offers some measure of comfort in this terrible time that David’s legacy will live on through the many people who benefited from his expertise and generosity.”

Spectrum will reach its 30th anniversary this year, and although the achievement of this milestone is in no small part due to David’s leadership and vision, Spectrum remains well positioned for the future. “David’s contributions to Spectrum were not limited to his individual accomplishments – although they were countless. David was also a mentor, a collaborator, and an architect who built strong teams, developed strategies, and engaged everyone in Spectrum’s mission,” says Dr. Quinn. “While it is hard to imagine what Spectrum looks like without him, we are collectively a strong organization with many dedicated and talented people who will keep us moving forward. I have no doubt we will continue to thrive well into the future and, as a company, we are committed to that legacy.”



David was an active civic leader and volunteer who left an indelible imprint on many of Maine’s charitable organizations. Above, David engages a group of preschool students as part of the YMCA of Southern Maine’s Early Childhood Education program. David served on the Board of Directors of the YMCA from 2012–2025 and was the chief volunteer officer from 2019–2024.



Among the many hats David wore was a chef’s toque as the head Grill Master for Spectrum’s annual employee barbecue. Employee engagement was an important focus for David, and he participated actively in employee recognition events and other celebrations.



In 2022, David was a recipient of the 2022 Crystal Heart Award from the Maine Chapter of the American Heart Association in recognition of his singular leadership in improving access to quality healthcare in Maine as well as his longstanding participation with the AHA as a corporate partner, volunteer, and supporter. David is shown with the award, along with his mother, Elizabeth, his wife, Kelly, and his father, Valmond (Val).



David Landry was a respected industry leader and sought-after public speaker. David is shown presenting to attendees at the 2025 Radiology Business Management Association (RBMA) conference on navigating hospital relationships in a changing radiology environment. David served on the board of the RBMA from 2023–2025 and is pictured below with fellow board members.

FROM OUR COMMUNITY

COMMUNITY LEADERS / CIVIC ORGANIZATIONS



David was one of a kind. He was a treasured advocate of the YMCA of Southern Maine and an advisor to me. His wisdom, guidance, and partnership meant so much to our organization and to me personally. I can’t express how much he will be missed.” Helen Breña, CEO, YMCA of Southern Maine, Portland, Maine

INDUSTRY LEADERS

“Like so many, I am deeply saddened by the sudden loss of the amazing David Landry. He was not only a great leader in the diagnostic radiology industry, but also a steadfast advocate for the independent practice of radiology. His contributions were immeasurable, but it was his warmth, kindness, and dedication to those around him that made him truly special.” Tom Greeson, partner at Reed Smith and previous general counsel to the American College of Radiology, Richmond, Virginia

“David was an exceptional leader and visionary in healthcare.” Peter McCann, board advisor and former CEO, Growth Orthopedics, New York, New York

HEALTHCARE EXECUTIVES/PARTNERS

“David’s passing has left an incredible void in so many ways. My relationship started many years ago from a business perspective and quickly grew into a tight and lasting friendship that was based on mutual trust, admiration and respect.” Richard Petersen, retired CEO, Maine Medical Center, Portland, Maine

SMSC CLIENTS

“It was a privilege to have known David. Conversations with him were filled with knowledge, kindness, and professionalism. He is going to be missed by so many. His memory will carry on with his contributions to the industry, and with the teams he has built.” Tammy DiLiscia, CEO, Radiology Physicians, Inc., Dayton, Ohio



SHAPING THE FUTURE OF NEUROSURGICAL ANESTHESIA IN MAINE

Spectrum's anesthesiology team delivers cutting-edge, collaborative care for patients.

Spectrum Healthcare Partners' anesthesiology team plays a vital role in neurosurgery, where every second and every signal matters.

"Neurosurgical procedures often involve incredibly delicate work near the brain or spinal cord," says Parker Merrill, MD, Spectrum anesthesiologist and division director of neuro-anesthesiology at Spectrum. "As anesthesiologists, our job is to create a safe, stable environment that protects those structures while helping the surgeon do their best work – and new technologies are helping us do that better than ever."

EXPERTISE FOR THE MOST DELICATE SURGERIES

At MaineHealth Maine Medical Center Portland, Spectrum anesthesiologists support a wide range of brain and spine procedures – from common surgeries like lumbar microdiscectomies and fusions to highly complex cases such as pituitary adenomas, cerebral aneurysm clippings or spinal cord tumors.

"Working near the brain or spinal cord requires careful planning and

technique," says Dr. Merrill. "And it's often complicated by the fact that many of these cases are emergent."

Among the most intricate is the awake craniotomy – typically performed when a tumor is near critical speech or motor centers. During surgery, a speech pathologist may help assess patient responses in real time, guiding the surgeon to preserve healthy brain tissue.

"These procedures demand extreme precision and seamless coordination between the surgical and anesthesia teams," Dr. Merrill says. "But this is what we do – and we're proud to offer this level of care here in Maine."

ADVANCEMENTS FOR BETTER PATIENT CARE

In today's OR, one of the most important advances is real-time neuromonitoring – a technique that tracks brain and nerve activity during surgery and immediately alerts the team to changes.

"It's a true team effort," says Dr. Merrill. "If something changes, everyone – the surgeon, anesthesiologist, technologist, and neurologist – is alerted in real time so we can respond right away. That kind of coordination has a huge positive impact on patient outcomes."

Real-time EEG monitoring adds another layer of personalized care. It allows the anesthesia team to fine-tune medications based on how the patient's brain is responding – minute by minute.

"Being able to adjust anesthesia in the moment has been a game changer," says Dr. Merrill. "It's had a major impact on the safety and success of many neurosurgical procedures."

In these cases, anesthesiologists also use a unique set of medications – including drugs that reduce brain swelling, preserve cerebral blood flow, and prevent seizures – all continuously adjusted based on what's happening in the OR.

COLLABORATION AT EVERY STEP

Delivering high-volume, high-complexity care takes a team that's handled it countless times – and knows how to adapt the moment things change.

"Having a dedicated anesthesia team that handles neurosurgical cases every day makes a real difference for patients," says Dr. Merrill. "We see such a wide variety of cases at MaineHealth Maine Medical Center Portland, and that experience gives us the confidence and skill to tackle any neurologic pathology – no matter how complex."

Every case begins with a collaborative plan, where surgical and anesthesia teams review patient details together to prepare for any potential complications that may arise.

That collaboration continues in the OR, where residents and CRNAs are essential members of the care team. "They're the constant presence at the patient's side," says Dr. Merrill.

"They're often the first to notice any changes and the first to respond. They're truly the front line of patient safety."

INNOVATION ALWAYS BEGINS WITH PATIENT CARE

"Now more than ever, we're able to help patients with a huge variety of medical and surgical challenges," says Dr. Merrill. "Everything we do is about keeping patients safe and comfortable during surgery so they can recover well – and get back to what they love most."

For Dr. Merrill, innovation also means advancing the field. "Spectrum has given me the chance to not only care for patients but also help drive research and system improvements that raise the bar for everyone," he says. "As a group, we're always looking for ways to make care safer, smarter, and more personalized for people here in Maine."



Parker Merrill, MD, Spectrum anesthesiologist and division director of neuro-anesthesiology at Spectrum, supports a wide range of brain and spine procedures.



Everything we do is about keeping patients safe and comfortable during surgery so they can recover well – and get back to what they love most.

–Parker Merrill, MD



TRANSFORMING CANCER CARE THROUGH PRECISION MEDICINE

Spectrum's nuclear medicine team is helping drive the future of theranostics together.

For nearly 30 years, Michael Quinn, MD, has watched nuclear medicine evolve – from a niche specialty to a powerful tool in diagnosing and treating disease. But the latest chapter, known as theranostics, marks a turning point.

"This is where diagnosis and treatment come together," says Dr.

Deciding if a patient is a good candidate for theranostics isn't just a clinical checklist – it's a collaborative decision.

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Quinn, Spectrum radiologist and division director of nuclear medicine at MaineHealth Maine Medical Center Portland. "It's an exciting, fast-moving field – and thanks to strong collaboration across our teams, patients in Maine are already seeing the benefits."

HOW THERANOSTICS WORKS

Nuclear medicine uses small amounts of radioactive materials, called radiopharmaceuticals, to diagnose, monitor, or treat diseases.

Patients are typically given a radiopharmaceutical, usually by injection, that travels through the body and accumulates in specific organs or tissues. A special camera then detects the radiation to create images that show how the organ is functioning.

"We now use the same or related compound to both identify and treat cancer," says Dr. Quinn. "That's the heart of theranostics. We've used it for decades in thyroid cancer, but now we're rapidly expanding it – both in the types of cancer we treat and how we apply it. We pinpoint the disease, target it directly, and track progress with remarkable accuracy."

WHAT CANCERS CAN THERANOSTICS TREAT?

The earliest use of theranostics for thyroid cancer dates back to the 1940s. But the field has grown quickly in the past few years.

Locally, Spectrum Healthcare Partners provides Pluvicto® for certain types of prostate cancer and is working to expand access for patients with neuroendocrine tumors, which require a more extensive clinical support system.

"Other cancers – like breast, brain, lung, and liver – are also being studied in clinical trials," says Dr. Quinn. "That could open the door to more treatment options in the future."

WHO IS A CANDIDATE FOR THERANOSTICS?

Not every cancer patient qualifies for theranostics. Eligibility depends on several factors – including the type of cancer, whether the tumor expresses the right molecular target, how far the disease has progressed, and how well things like the kidneys, liver, and bone marrow are functioning.

But when it is the right fit, theranostics can make a real difference. With a more personalized treatment approach, patients can experience better outcomes, fewer side effects, and an improved quality of life.

"Patients with prostate cancer, for example, may now be eligible for Pluvicto® earlier in their treatment plan – even before chemotherapy," explains Dr. Quinn. "The FDA recently expanded its use for patients who have been treated with an androgen receptor pathway inhibitor (ARPI) and are considered appropriate to delay taxane-based

chemotherapy. That gives us another opportunity to personalize care and potentially improve outcomes."

"We've seen how impactful this can be," says Dr. Quinn. "It gives people another line of hope when other options are no longer effective."

A TEAM APPROACH WITH REAL IMPACT

Deciding if a patient is a good candidate for theranostics is not just a clinical checklist – it is a collaborative decision.

"We rely on input from oncology, endocrinology, imaging, and lab data – everyone plays a role," says Dr. Quinn. "It's about timing the therapy just right and making sure it fits within the patient's overall care plan and goals."

LOOKING AHEAD: A MORE PERSONAL APPROACH TO CANCER CARE

Theranostics is changing cancer care – making it more precise, more personal, and more powerful. And it is only gaining momentum.

"The field is growing quickly," says Dr. Quinn. "We're seeing these therapies used earlier in the treatment timeline, in combination with chemotherapy, immunotherapy, or external beam radiation – all with the goal to improve outcomes."

There is also exciting potential beyond cancer. Researchers are exploring how theranostics could help treat non-cancerous diseases like Alzheimer's.

"I've been with Spectrum and MaineHealth Maine Medical Center Portland for nearly 30 years," says Dr. Quinn. "To grow in parallel with both the organization and the field of nuclear medicine, and to see the direct impact on patient care, has been truly rewarding."



Michael Quinn, MD, Spectrum radiologist and division director of nuclear medicine at MaineHealth Maine Medical Center Portland.

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–Michael Quinn, MD

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REIMAGINING PATHOLOGY WITH AI-POWERED INSIGHTS

Pathology Innovation and Compliance Committee.

However, he says, they are at the start of a system that will change how teams work together – from signing out cases to delivering diagnostic reports.

“I think we’re about to hit that steep part of the curve where everything takes off quickly, both in terms of what we can do and how much this will transform the field,” says Dr. Harvey.

THE POWER OF AI IN PATHOLOGY

While Spectrum has not yet deployed AI algorithms to assist with diagnostic sign-out, artificial intelligence is already playing a role behind the scenes – starting with quality control.

Collaboration and digital tools are driving smarter, faster, more equal care.

With digital tools, artificial intelligence (AI), and deeper cross-team collaboration, Spectrum Healthcare Partners’ pathologists are improving accuracy, speeding up diagnoses, and expanding access – no matter where patients live.

“Building out digital pathology is incredibly data-intensive and we’re still early in the process,” says Michael Harvey, MD, managing director for Spectrum’s pathology division and chair of the Digital

“After we scan a slide using the Pramana system, an AI algorithm checks the image to make sure it accurately reflects what’s on the glass slide,” explains Dr. Harvey. “One key process it monitors is Z-stitching. Because tissue under the cover slip isn’t always perfectly flat, the scanner takes images at different focus levels, then stitches them together into one clear, flat image.”

AI is also beginning to support pathologists in two key areas:

- ▶ Prostate biopsies: AI generates heat maps to highlight areas most likely to contain cancer, helping pathologists catch low-grade or low-volume tumors that might otherwise be easily missed.
- ▶ Lymph node biopsies: AI can detect even a few cancer cells on digital scans, reducing the need for extra stains or deeper tissue sections and making it easier to spot tiny metastases early.

A NEW LEVEL OF CONSISTENCY

One of AI’s biggest advantages in pathology is the ability to improve consistency and standardization across sites.

“The algorithms will help standardize how we view tissue and eventually how we report it,” says Dr. Harvey. “That’s especially important in cancer cases. AI helps us follow national protocols and reduce variability, so every patient receives the same high-quality report and accurate diagnoses – no matter where the pathologist is located.”

PARTNERING WITH NORDX ON SMARTER PATHOLOGY

Through its partnership with NorDx, Spectrum Healthcare Partners is advancing digital pathology to reduce delays, improve turnaround times, and expand access to care across Maine.

A newly formed digital pathology steering committee – with leaders from both organizations – is helping guide the way.

“It’s refreshing to be this involved,” says Dr. Harvey. “We’re working together on everything from the technical build to vendor selection, long-term storage, image management, and the bigger-picture goals.”

“This partnership is helping us think differently – not just about what digital pathology can do, but how we can integrate it in a way that improves care statewide,” says

Guillermo Martinez-Torres, MD, FCAP, president of NorDx Laboratories. “By combining our technical capabilities with Spectrum’s diagnostic expertise, we’re creating a stronger and more connected system for patients and providers.”

COLLABORATION IN REAL TIME

“Instead of waiting hours for a courier, a scanned slide hits our work queue instantly,” says Dr. Harvey. “We can review a cancer case right away, order stains faster, and get answers to the patient sooner.”

That same access speeds up collaboration across locations.

“Whether it’s a case across town or at Harvard or Mayo, we can log in and look at it immediately,” Dr. Harvey says. “We can turn around consults in 24 hours instead of two weeks.”

Peer reviews also happen electronically – often the same day – cutting a full day off the diagnostic process and connecting more specialists more efficiently.

BRINGING EQUITY TO DIAGNOSTICS

AI and digital tools are leveling the playing field for patients in rural and underserved communities – and bringing specialty-level care closer to home.

“People in rural areas typically have less access to the latest diagnostics and therapies,” says Dr. Harvey. “But with digital pathology and AI, they’ll have access to the same high-level insights as someone in Boston or New York.”



In the future, that access may go even further. Tools in development could flag clinical trial eligibility in real time based on pathology results – opening new doors for patients statewide.

“It’s like a democratization of healthcare,” Dr. Harvey says. “And it could dramatically improve what people experience in these communities.”

THE FUTURE HAS ALREADY BEGUN

AI won’t replace pathologists – but it is reshaping the way they work and connect.

With validated data, bias checks, and thoughtful implementation, AI is making diagnostic care faster, safer, and more collaborative.

“As some in the field have noted, AI won’t replace pathologists, but those pathologists who use AI will replace those who don’t,” says Dr. Harvey. “It’s going to make us more efficient, improve safety, and help us care for more folks across Maine – because demand is growing and more patients than ever need us.”

“As some in the field have noted, AI won’t replace pathologists, but those pathologists who use AI will replace those who don’t. It’s going to make us more efficient, improve safety, and help us care for more folks across Maine – because demand is growing and more patients than ever need us.”

–Michael Harvey, MD

BRINGING ADVANCED INTERVENTIONAL RADIOLOGY CLOSER TO HOME

Spectrum and RAYUS expand outpatient care – and faster recoveries – across Maine.

Spectrum Healthcare Partners' interventional radiologists deliver advanced care across Maine – offering patients access to the latest therapies in both hospital and outpatient settings.

"Interventional radiology (IR) is all about using image-guided, minimally invasive techniques to treat a wide range of conditions," says Erich Russell, DO, director of Vascular and Interventional Radiology at Spectrum Healthcare Partners. "We work along nearly every specialty in medicine – from oncology to gynecology to surgery – treating diseases and conditions in almost every part of the body."

With the launch of services at the new RAYUS Vascular Care facility at Rock Row, Spectrum's interventional radiologists are expanding how and where patients receive care.

"Many of the treatments we offer no longer require a hospital stay," says Dr. Russell. "This site lets us deliver the same high-quality care in a safe, comfortable, and more convenient outpatient setting."

MINIMALLY INVASIVE CARE, START TO FINISH

Spectrum's interventional radiologists remain closely involved before, during, and after treatment.

"By using pinpoint access and image guidance, we avoid major incisions and general anesthesia – which means fewer complications, less risk, and a faster recovery," says Dr. Russell. "Most patients go home the same day and feel back to normal within days instead of weeks."

There are many outpatient procedures now available at RAYUS Vascular Care:

- ▶ Uterine Fibroid Embolization (UFE): UFE is an excellent option for patients burdened by the discomfort and symptoms of large uterine fibroids. The procedure can now be done safely on an outpatient basis thanks to advanced imaging and nerve blocks that ease discomfort and speed up recovery.
- ▶ Genicular Artery Embolization (GAE): This minimally invasive procedure helps relieve osteoarthritis-related knee pain and inflammation without surgery or inpatient care and represents a new forefront of care for these patients in our community.
- ▶ Port placement for chemotherapy: Ports can be placed quickly and safely in an outpatient setting – helping patients avoid hospital

stays, especially those who are immunocompromised.

- ▶ Vein treatments: Patients with leg swelling, varicose veins or superficial vein disease can receive a comprehensive workup – including ultrasound, physician consultation, and therapy – all in the outpatient setting. Due to insurance requirements, treatment is typically scheduled on a separate day.
- ▶ Peripheral arterial interventions: With a focus on critical limb ischemia and limb salvage, we can offer outpatient vascular consultation, imaging, and targeted therapies to improve blood flow and prevent amputation.

"Some procedures still require hospital-based technology," says Dr. Russell. "Prostatic Artery Embolization is a great example. It delivers outstanding results to patients with benign prostatic hyperplasia and urinary symptoms, but we need specific equipment that's only available in the hospital. Even so, it's an outpatient procedure with no overnight stay."

In the future, Spectrum plans to offer select oncology therapies at RAYUS Vascular Care, further expanding outpatient cancer care in Maine.

COLLABORATION THAT REACHES MORE PATIENTS

"There is no interventional radiology without collaboration," says Dr. Russell. "We work hand-in-

hand with surgeons, oncologists, gastroenterologists, and primary care providers – really across the board – to serve as a central hub for care. It's woven into everything we do."

That spirit of collaboration now extends to RAYUS Vascular Care.

"RAYUS has been the driving force in bringing outpatient interventional radiology to the community – something that hadn't existed in Maine until now," he says. "Their support helped us open this site and expand care across the state. Together, our goal is to connect patients to the right care as quickly and seamlessly as possible."

INVESTED IN MAINE'S FUTURE

At the end of the day, patients want options that help them heal faster – and interventional radiology does exactly that.

"A lot of people don't even know our specialty exists," says Dr. Russell. "But we offer a wide range of minimally invasive treatments that help people recover faster and feel better sooner. We're always here to talk through options – even ones that you may not have been introduced to yet."

That commitment to putting patients first and bringing world class care to Maine is what drives the team forward.

"We have nine IR physicians trained at some of the best institutions in the country," says Dr. Russell. "And we're here – living in Maine, raising families in Maine – because we love this state and want to care for our communities. We're all-in on building something truly comprehensive for our neighbors across the state."



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–Erich Russell, DO



Erich Russell, DO, is a board-certified radiologist who specializes in vascular and interventional radiology.

INTEGRATED EXPERTISE FOR INDIVIDUALIZED BREAST CANCER CARE

Tumor boards bring together specialists to collaborate – and personalize each treatment plan.

Pathologists often work behind the scenes. But in breast cancer care, their role is front and center – especially during weekly tumor board meetings.

“It’s a multidisciplinary meeting where the team reviews a patient’s clinical, radiographic, and pathology findings to develop and agree on the treatment plan,” says Kim Ginevan, MD, Spectrum pathologist and content lead on the Breast Pod at MaineHealth Maine Medical Center Portland. “Everyone is in the room at the same time, and that collaborative space really matters.”

Spectrum pathologist Jeannine Ritchie, MD, chief of pathology and laboratory medical director at Exeter Hospital, agrees.

“My role is to show pathology slides, walk through the report, and explain any unusual or complex findings,” she says. “Breast cancer care is incredibly nuanced, and the tumor board gives us the chance to consider every detail before moving forward.”

HOW RADIOLOGY GUIDES THE FIRST STEPS

Thanks to screening exams and specialized training, radiologists are often the first physicians to detect a patient’s cancer – even before the tumor board meets.

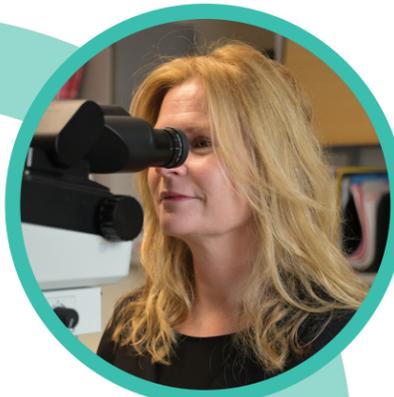
“Even if a patient presents with a lump, a radiologist is usually the first to deliver the diagnosis,” says Elizabeth Pietras, MD, director of breast imaging at MaineHealth Maine Medical Center Portland and Spectrum’s division director of breast imaging. “We guide additional imaging like ultrasound or MRI, perform biopsies, and often call patients with the results.”

Radiologists also support staging by measuring tumor size, evaluating lymph nodes, and

identifying potential spread. “Radiologists play a crucial role in multidisciplinary tumor boards by assisting in the interpretation of complex imaging findings,” Dr. Pietras says. “Additional suspicious findings may reveal other sites of disease that can alter staging, prognosis, or treatment.”

At a tumor board, radiologists present the imaging, help guide surgical planning, and coordinate with pathologists to align imaging with what is seen under the microscope.

“Tumor board discussions often uncover important details that might be missed without thorough collaboration across specialties,” Dr. Pietras adds. “It keeps clinicians up-to-date and helps patients get the best information about their treatment options – which hopefully leads to the best outcomes.”



I enjoy turning complicated diagnoses into clear reports that guide care – and I love knowing we’re part of a team that ensures each patient gets the very best of what we have to offer.

–Jeannine Ritchie, MD

Spectrum pathologist Jeannine Ritchie, MD, chief of pathology and laboratory medical director at Exeter Hospital

PATIENT-FOCUSED COLLABORATION

Each tumor board meeting begins with newly diagnosed cases, followed by post-op updates and care planning.

Drs. Ginevan and Ritchie guide the group through each case – highlighting critical elements of the pathology report and offering insight into diagnostic details that may influence next steps.

“The pathology report includes features such as tumor type, grade, size, margin status, and biomarker profile,” says Dr. Ginevan. “These reports can be long and complex. Some days reviewing complex breast cases and creating incredibly

detailed reports feels like a labor of love – but I know they matter deeply in guiding care.”

“It also helps determine the need for additional molecular testing or systemic therapies like chemotherapy,” adds Dr. Ritchie. “And we’re there to help clinicians understand all aspects of the report – especially when the findings are more subtle.”

“That communication continues beyond the meeting whether it’s by phone, secure email messages, or texts – the lines are always open,” adds Dr. Ginevan. “We do whatever



I’m fortunate to work with physicians who are truly invested in high-quality care. When doctors are passionate about what they do, you feel it – and patients feel it too.

–Kim Ginevan, MD

Kim Ginevan, MD, Spectrum pathologist and content lead on the Breast Pod at MaineHealth Maine Medical Center Portland.

it takes to provide information and support the team, ensuring the best possible outcome for each patient.”

MAKING TREATMENT PLANS MORE PERSONAL

It is challenging cases that often benefit most from the group’s insight at the table.

“Sometimes it’s about treatment decisions, such as choosing between a lumpectomy versus a mastectomy,” says Dr. Ginevan. “Other times, there are comorbidities or social factors that influence what’s safe or feasible for the patient.”

Dr. Ritchie points to a case where the treatment plan shifted during tumor board discussion. “A patient was scheduled for 25 radiation sessions over five weeks,” says Dr. Ritchie. “But when the social worker shared serious transportation challenges, we adjusted the plan – same total dose, only now delivered over five visits in one week. Without that conversation, the patient might not have completed treatment.”

A CLOSER LOOK AT PATHOLOGY

Because breast cancer care is so individualized, even small changes in a pathology report can shape next steps.

“It’s often about going the extra mile to account for every detail,” says Dr. Ginevan. “That might mean repeating biomarker stains on a larger portion of the tumor or testing lymph node deposits. A change in receptor expression can

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INTEGRATED SURGICAL AND ANESTHESIOLOGY CARE

Collaboration helps improve everything from patient safety to system efficiency.

In the operating room, seamless communication between anesthesia and surgery can make all the difference – whether it is a planned procedure or an emergency. Either way, anesthesiologists must be ready to pivot in real time.

At Spectrum Healthcare Partners, MaineHealth, and Northern Light Mercy Hospital, that collaboration is elevated through strong, site-wide partnerships that improve patient safety, satisfaction, and outcomes.

Eric Brown, MD, Spectrum anesthesiologist and medical director of anesthesia at MaineHealth Maine Medical Center Biddeford, and Jared Hinrichs, MD, Spectrum anesthesiologist and anesthesia medical director at Northern Light Mercy Hospital, are two of the physician leaders helping drive those efforts forward.

PERSONALIZED PATIENT CARE STARTS WITH COLLABORATION

Anesthesia and surgical teams work closely together to support patients on surgery day – and to set them up

for a smooth recovery.

“We coordinate and tailor the method of anesthesia to best benefit the patient based on the surgery and anticipated pain,” says Dr. Hinrichs. “That might include ultrasound-guided nerve blocks, local anesthesia, or multimodal techniques.”

That coordination happens across both hospital and outpatient settings. “Our goal is to provide safe and efficient care – and that depends on location, surgery, and patient-specific needs,” says Dr. Hinrichs. “It’s a moving target that takes constant adjustment.”

Dr. Brown agrees and notes the value of aligning protocols across sites.

“We’ve worked hard to establish uniform and rational exclusion criteria,” he says. “Sicker patients get more complex procedures at higher-acuity locations, while others are best suited for ambulatory sites – all focused on the patient experience.”

COLLABORATION DRIVES SYSTEM-WIDE IMPROVEMENTS

Spectrum anesthesiologists work across multiple sites – sharing ideas, refining protocols, and bringing fresh perspectives to patient care.

“This diversity of past experiences and training helps enhance our care,” says Dr. Hinrichs. “We regularly meet as a physician group and engage in quality project meetings with representatives from all sites to

discuss goals and strategies to help our patients.”

That collaboration helps improve everything from patient safety to system efficiency.

“We made substantial changes to our anesthesia protocol with enhanced standardization, and we’ve seen a marked improvement in post-anesthesia care unit length of stay,” says Dr. Brown. “It’s helped drive more rapid and comfortable recovery from anesthesia.”

“At Mercy, we’ve improved systems of communication between providers on call, strengthened staffing off-hours, and refined our perioperative review processes,” Dr. Hinrichs says. “These kinds of challenges can involve multiple services, and collaboration is key.”

ANESTHESIOLOGY’S EXPANDING ROLE IN PATIENT CARE

While anesthesia is often seen as a behind-the-scenes specialty, both physicians emphasize just how central and collaborative the role is.

“A lot happens that patients may not see,” says Dr. Brown. “Even though you may only remember meeting your anesthesiologist before surgery, we’re involved at every level – from helping your surgeon choose the right operative setting for your procedure to managing complications and ensuring a smooth recovery.”

“Anesthesia touches nearly every patient population and most services,” Dr. Hinrichs says. “We help



A lot happens that patients may not see. Even though you may only remember meeting your anesthesiologist before surgery, we’re involved at every level – from helping your surgeon choose the right operative setting for your procedure to managing complications and ensuring a smooth recovery.

–Eric Brown, MD



drive safety and efficiency by staying closely connected with nursing teams, perioperative staff, hospitalists, surgeons, intensivists, and ER colleagues.”



Eric Brown, MD, Spectrum anesthesiologist and medical director of anesthesia at MaineHealth Maine Medical Center Biddeford, and Jared Hinrichs, MD, Spectrum anesthesiologist and anesthesia medical director at Northern Light Mercy Hospital.

MENTORSHIP, LEADERSHIP, AND SHARED SUCCESS

The connection between Dr. Brown and Dr. Hinrichs highlights the value of mentorship in Spectrum’s physician-led model.

“Observing and working with Dr. Brown has been a tremendous experience. I couldn’t ask for a better mentor,” says Dr. Hinrichs. “He has a kind, fair, and level-headed approach to issues, and he’s directly influenced the way I hope to lead and collaborate moving forward.”

Dr. Brown shares that pride. “Watching leaders like Dr. Hinrichs grow and step into expanded leadership roles is immensely satisfying,” he says. “It’s helped me see my own role as a coach,

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Anesthesiology will continue to be an essential resource for our communities. That only works when everyone involved shares the same pride, purpose, and focus on the patient.

–Jared Hinrichs, MD



TARGETED CANCER CARE CLOSE TO HOME

Y-90 therapy is expanding access to a highly targeted and effective treatment.

Treatment options can feel daunting for patients with liver cancer or liver-limited metastases, especially when care is not available nearby.

In Spectrum Healthcare Partners' Northern Radiology division, Y-90 therapy is making high-dose treatment more accessible, with fewer side effects and faster recovery.

"Yttrium-90 is a radioactive isotope that we deliver directly into a tumor using specialized catheters and imaging guidance to damage or kill cancer cells," says John Pontolillo, MD, interventional and diagnostic radiologist with Spectrum Healthcare Partners. "Because the particles go straight to the tumor, it can drastically reduce side effects – making the treatment process more effective and a little easier."

Through close collaboration across specialties, care teams are helping more patients access Y-90 therapy when and where they need it most.

AN INNOVATIVE APPROACH

Y-90 therapy is minimally invasive, with few side effects, a short recovery time, and the flexibility to undergo other treatments later if needed.

Y-90 is delivered in two outpatient visits under moderate sedation. The first is a mapping procedure using low-dose test particles and imaging to trace the liver's blood vessels. This ensures the treatment reaches only the tumor, limits exposure to healthy liver tissue, and avoids arteries that lead outside the liver.

With the vessels mapped, the second visit delivers the full treatment dose through the same pathway. Patients typically rest for a few hours and resume normal activities within days.

"The most common side effect is fatigue and flu-like symptoms, called post-embolization syndrome," Dr. Pontolillo explains. "As the radiation kills the cancer, the tumor cells release proteins into the bloodstream, and the immune system reacts to these like a foreign virus. Pain and nausea can occur, but they're usually short-lived."

WHO IS A CANDIDATE FOR Y-90?

This therapy is most effective for patients who have tumors confined to the liver and can't undergo surgery.

"Because the treatment currently only targets tumors in the liver, it's not ideal for patients with cancer that has spread elsewhere," says Dr. Pontolillo. "Severe liver disease can

“Patients can complete evaluations, treatments, and follow-up imaging without leaving their community or delaying care. They're also more likely to complete therapy, get timely support for side effects, and feel less isolated knowing they can receive high-quality care close to home.”

—Alexander Wu, MD

also be a barrier, as radiation to already damaged liver tissue may cause liver failure."

Vascular anatomy is another factor. In rare instances, blood vessels may make it unsafe to deliver treatment without affecting nearby organs like the stomach, intestines, or lungs.

"It's also important to remember that complete surgical removal of a tumor is preferred," Dr. Pontolillo explains. "That's why Y-90 is generally reserved for patients who aren't surgical candidates."

ACCESS THAT STRENGTHENS CARE

Collaboration is at the center of every treatment plan. "We discuss most patients at tumor board before we even see them in consultation," says Dr. Pontolillo. "We work with oncologists, surgeons, gastroenterologists, and radiation oncologists to develop the most effective plan for each patient."

Alexander Wu, MD, oncologist with Northern Light Cancer Care in Brewer, agrees. "We coordinate closely with interventional radiology (IR) and other specialists through multidisciplinary tumor boards," he says.

"That team-based approach thoroughly reviews each patient's case and considers Y-90 at the most appropriate point in their treatment plan."

Until recently, even patients who qualified for Y-90 faced a different challenge: distance. "Previously, patients had to travel over two hours from Bangor to Portland just to be evaluated for Y-90 therapy," Dr. Wu explains. "That posed significant physical and financial challenges, especially for those already coping with advanced cancer and limited mobility."

Now, with Y-90 available locally, the impact is clear. "Patients can complete evaluations, treatments, and follow-up imaging without leaving their community or delaying care," Dr. Wu says. "They're also more likely to complete therapy, get timely support for side effects, and feel less isolated knowing they can receive high-quality care close to home."

THE NEXT CHAPTER IN INTERVENTIONAL ONCOLOGY

Dr. Pontolillo and his colleagues are delivering advanced, image-guided care to more patients across Maine – expanding the reach and possibilities of interventional oncology.

Alongside Y-90, his team has also introduced percutaneous ablation and cement augmentation for pelvic and vertebral tumors – often to relieve pain and prevent fractures – as well as iliac vein thrombectomy to remove large blood clots and reduce long-term complications.

For him, Spectrum's collaborative structure is what makes this progress possible. "My colleagues are all very helpful and knowledgeable,

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“I think we will see IR expand into treating even more forms of cancer in the future. Many academic centers are already researching the benefits of Y-90 embolization for other types of metastatic disease, and I think this is the next frontier.”

—John Pontolillo, MD



John Pontolillo, MD, interventional and diagnostic radiologist with Spectrum's Northern Radiology division.

EXPANDING RELIEF THROUGH RADIATION

Collaboration brings low-dose radiation therapy (LDRT) to more Maine patients.

Radiation therapy has long played a central role in cancer treatment. And now, through close collaboration across specialties, care teams are applying that same precision therapy in a new way: to help patients with certain chronic, non-cancer conditions find relief.

"Radiation is often associated only with cancer," says Michael Milligan, MD, MBA, a radiation oncologist with Spectrum Healthcare Partners. "But introducing low-dose radiation therapy (LDRT) has broadened how we think about its role in medicine. It's also a tool for improving quality of life – especially for patients struggling with chronic pain, stiffness, or scarring."

From osteoarthritis to Dupuytren's contracture and keloids, LDRT is expanding what is possible for patients.

WHAT IS LDRT?

Low-dose radiation therapy is a safe, non-invasive option for certain chronic, non-cancer conditions – and can help with joint pain, scarring, and

inflammation. While it is still gaining traction in the U.S., it is far from experimental.

LDRT is backed by decades of clinical experience in Europe, where it has been used successfully for osteoarthritis and other inflammatory conditions.

"LDRT is a very gentle form of radiation delivered to a specific area of the body in extremely low doses," Dr. Milligan says. "Instead of killing cancer cells, these lower doses help reduce inflammation, pain, or abnormal tissue growth. It's painless, non-invasive, and delivered in just a few quick outpatient sessions."

Before treatment begins, patients undergo a brief planning session to map the target area and create a personalized plan. Most receive 15-minute sessions every other day for about two weeks. Many notice improvement within weeks, with full benefits continuing to build over time.

"Because LDRT doesn't involve incisions, anesthesia, or medications, recovery is essentially immediate," Dr. Milligan says. "For patients who haven't found relief with medications or injections, it may offer another path forward."

TREATING PAIN, PRESERVING FUNCTION

LDRT is often used to treat osteoarthritis in large joints like the knees, hips, and shoulders – as well as smaller joints in the hands, wrists, and feet. Clinicians typically recommend it when other

treatments have not helped or when patients are not ready for surgery.

"In joints affected by arthritis, LDRT can reduce inflammation, stiffness, and pain, often improving mobility," says Dr. Milligan. "Patients with both early and chronic osteoarthritis can respond well."

While injections and medications may provide short-term relief, they often wear off or cause side effects. Surgery is effective but invasive, with longer recovery and limited options for small joints. LDRT offers a non-invasive alternative with minimal risk and no downtime.

It is also an option for early-stage Dupuytren's contracture, potentially delaying surgery by slowing the thickening of tissue in the palm.

"As a fellowship-trained hand surgeon, I see radiation therapy as a possible adjunct in the management of early-stage Dupuytren's disease," says Arthur Turko, MD, FACS, a plastic surgeon with Plastic + Hand Surgical Associates. "For patients presenting with nodules but without significant contracture, targeted low-dose radiation may help inhibit or may slow disease progression. This approach may delay the need for surgical intervention, offering patients a non-invasive option to maintain hand function."

LDRT can also reduce the risk of keloid recurrence after surgery and ease symptoms like itching, pain, or tenderness.

A NON-INVASIVE OPTION THAT MAY HELP DELAY – OR AVOID – SURGERY

"LDRT is a great option for patients hoping to avoid surgery altogether or even just to kick the can down the road," says Dr. Milligan. "Many patients experience durable pain control that has lasted for years."

Clinical research in Europe supports this approach, with studies showing that 60-90% of patients report pain relief, often lasting more than a year.

For patients with complex medical needs, LDRT can offer benefits that extend beyond joint pain.

"For example, men receiving androgen deprivation therapy for prostate cancer may notice their arthritis pain intensify," Dr. Milligan explains. "We've seen patients who, after receiving LDRT, were able to stay more active – helping to ease arthritis symptoms and improve their overall tolerance of cancer therapy."

LDRT DOES NOT HAPPEN IN ISOLATION

Strong partnerships across the care team power LDRT.

"We rely on our colleagues in orthopedics, dermatology, rheumatology, and primary care to identify patients who might benefit from LDRT," says Dr. Milligan. "We often work closely with orthopedists to establish a diagnosis, understand what's been tried, and determine if radiation might help."

That kind of collaboration is especially valuable for patients with complex or overlapping needs, from cancer care to chronic pain management.

"What I enjoy most about working at Spectrum is the culture of collaboration," Dr. Milligan says. "We don't just work in silos. We come together across specialties to bring patients world-class, evidence-based, patient-centered care."

LDRT IS GAINING MOMENTUM

Across disciplines, LDRT is quickly reshaping how doctors treat chronic pain and scarring.

Once viewed only as a cancer treatment, it is now helping more patients move, function, and feel better without surgery or long-term medications. And as more specialists recognize its potential, more patients can benefit.

"What excites me most is the growing recognition within the medical community that LDRT is a safe and effective option for patients with osteoarthritis and other certain non-cancer conditions," says Dr. Milligan. "Helping patients find relief from pain and regain their overall well-being is not only meaningful for them, but also deeply rewarding for me as a physician."

What excites me most is the growing recognition within the medical community that LDRT is a safe and effective option for patients with osteoarthritis and other certain non-cancer conditions. Helping patients find relief from pain and regain their overall well-being is not only meaningful for them, but also deeply rewarding for me as a physician.

—Michael Milligan, MD, MBA



Michael Milligan, MD, MBA, Spectrum radiation oncologist, helps patients find relief for osteoarthritis and other non-cancer conditions through radiation therapy.

PRIORITIZING OUR EMPLOYEES

A key component of Spectrum's core tenets is "caring for our communities." This focus also extends to one of the organization's most important communities: its physicians and employees.

PHYSICIAN WELL-BEING

In 2025, Spectrum Healthcare Partners was once again honored with bronze-level recognition from the American Medical Association's (AMA) Joy in Medicine Health System Recognition Program. This prestigious accolade celebrates healthcare organizations that have demonstrated the use of proven methods to reduce burnout and enhance the professional fulfillment of its physicians. Spectrum was one of only two organizations in the state of Maine to obtain this achievement.

Spectrum's efforts in this regard focus on addressing the root causes of physician burnout and improving the experience from a system-level perspective. In 2018, the Spectrum

Healthcare Partners board of directors established a Physician Resilience and Well-Being Committee to concentrate on these efforts. The committee includes physician representation across all of Spectrum's divisions as well as business leaders who work collaboratively with the physicians to identify and remedy areas that need improvement.

"Receiving the AMA Joy in Medicine recognition for the third time is truly a remarkable accomplishment," says Kris Martel, Spectrum's vice president of human resources and administrative lead of the Physician Resilience and Well-Being Committee. "Other recipients of this award are generally much larger and more complex entities with considerably more resources. Our continued success in these efforts is truly a testament to Spectrum's commitment to physician well-being."

EMPLOYEE ENGAGEMENT & RECOGNITION

Spectrum's attentiveness to engagement and job satisfaction extends to its non-physician employees as well. Spectrum's Employee Engagement & Recognition Committee has created an effective platform to identify and recognize employees who exhibit the organization's core values. The award-winning

employee recognition program – called PEAK – derives its name from four core attributes:

- ▶ **People:** Employee demonstrates collaboration, excellent communication, and a high level of engagement with colleagues to support the delivery of excellent patient care and/or client service.
- ▶ **Excellence:** Employee demonstrates a commitment to excel in their role and to help Spectrum be the best at what we do.
- ▶ **Accountability:** Employee demonstrates accountability to colleagues by demonstrating a high degree of ownership for their work and proactively finding ways to support our patients, clients, or communities.
- ▶ **Knowledge & Innovation:** Employee demonstrates a high level of expertise in a particular area and utilizes their knowledge to develop innovative approaches that improve processes or performance.

The program includes multiple ways for employees to acknowledge their colleagues, including "You Rock" recognition, which is a simple-to-use online mechanism to give a shoutout to those who have gone above and beyond in their work and exemplified one or more of the PEAK attributes. These employees are also eligible for quarterly or annual recognition awards.

"Reading all the submissions and learning more about the incredible work our

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COMMUNITY PARTNERSHIP & IMPACT

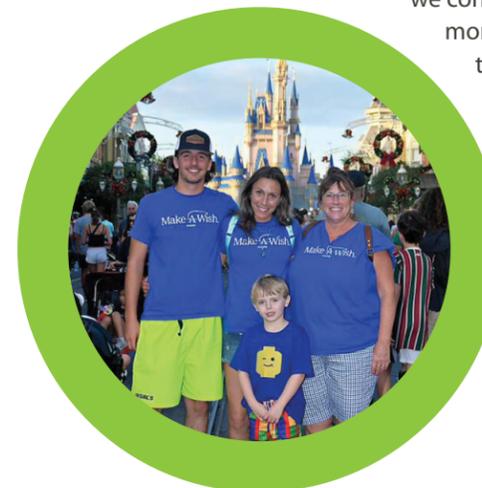
As the nation's largest wish-granting organization, they mobilize over 200 dedicated volunteers to create life-changing experiences for children facing critical illnesses.

At Spectrum Healthcare Partners, our commitment extends far beyond clinical care. We believe in nurturing the health and vitality of the communities we serve through meaningful partnerships and sustained philanthropic investment.

TRANSFORMING LIVES THROUGH WISHES

Our long-standing partnership with Make-A-Wish Maine exemplifies this commitment. For over two decades, Spectrum has proudly supported an organization that understands a fundamental truth: hope can be powerful medicine.

Make-A-Wish Maine has transformed the lives of more than 1,900 children across all 16 Maine counties during its 32-year history. As part of the



Spectrum's support of Make-A-Wish Maine funded Camden's wish to visit Disney World last year (left and above right).

The impact extends far beyond the individual child. When a wish comes true, families rediscover hope, medical teams witness renewed determination in their young patients, and communities rally together in support. Clinical evidence reinforces what we observe: wishes provide measurable benefits, with 99% of physicians reporting that wish experiences help alleviate family trauma, and 87% of wish recipients identifying their wish as a pivotal moment in their treatment journey.

OUR BROADER COMMUNITY INVESTMENT

Spectrum's philanthropic reach extends across diverse sectors that strengthen our regional communities. In 2025, we contributed \$596,798 to more than 50 organizations throughout Maine and New Hampshire, supporting initiatives in healthcare, education, community development, and social services.

OUR PARTNERSHIPS INCLUDE COLLABORATIONS WITH:

- ▶ American Heart Association
- ▶ Barbara Bush Children's Hospital
- ▶ Maine Cancer Foundation
- ▶ Olympia Snowe Women's Leadership Institute
- ▶ United Way of Southern Maine
- ▶ YMCA of Southern Maine

These relationships reflect our understanding that community health encompasses not just medical care, but access to education, economic opportunity, and social connection. By supporting organizations that address these interconnected needs, we help build stronger, more resilient communities where all residents can thrive. Each contribution represents an investment in the collective well-being of the region we call home, reinforcing our belief that healthcare providers have a responsibility to support the broader ecosystem of community health and prosperity.



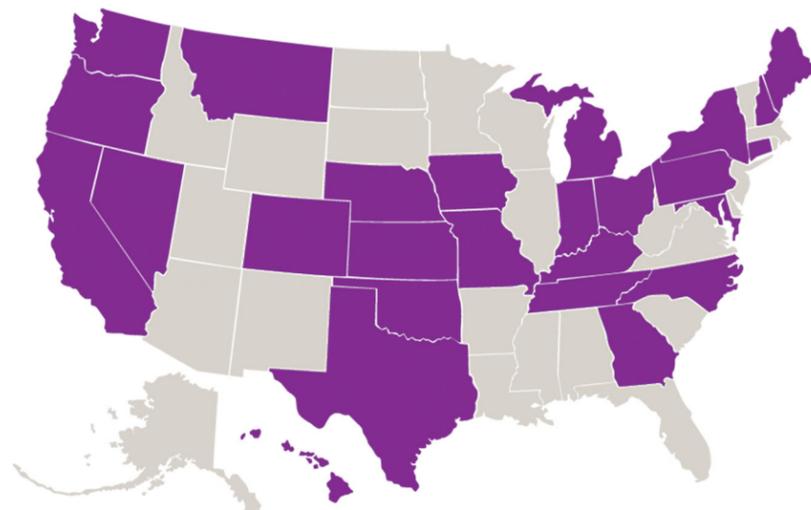
ANNUAL SUMMARY OF SPECTRUM MANAGEMENT SERVICES COMPANY

Last year, Spectrum Management Services Company (SMSC) achieved significant milestones in physician practice management, reflecting our unwavering commitment to excellence and comprehensive support for physician groups nationwide.

KEY HIGHLIGHTS INCLUDE:

- ▶ **Broad Range of Practice Management Services:** We provided expertise in hospital and payor contract negotiations, credentialing, recruiting, marketing, human resources, strategic planning, and full practice management serving the diverse needs of our clients.
- ▶ **National Client Engagement:** We partnered with over 40 physician groups across the country, strengthening our footprint in the healthcare industry.
- ▶ **Financial Success:** Our strategic efforts secured over \$30 million in supplemental revenue for our clients, significantly enhancing their financial stability and growth.
- ▶ **Contract and Payor Analysis:** We meticulously analyzed more than 200 payor contracts, optimizing reimbursement strategies and improving contractual terms.
- ▶ **Physician Recruitment:** We successfully recruited more than 75 physicians, supporting practices in expanding their care teams and improving patient access.
- ▶ **Operational and Quality Improvements:** Our support has led to increased operational efficiencies and revenue growth.
- ▶ **Trusted Partnership:** Our dedicated team's expertise and personalized approach have fostered long-term, impactful relationships with our clients, helping them navigate the evolving healthcare landscape.

As we look to the future, we are committed to continuing our growth, expanding our services, and delivering exceptional value to our clients and the communities they serve.



“
Having SMSC step in with practice management support has allowed us to hand off key functions of our practice to their team of experts. Taking items off our plate has allowed us more time to focus on patient care and clinical responsibilities, which is what it is all about.”

—Keith Fleming, MD,
Radiology Consultants of Maine

SITES OF SERVICE

Spectrum physicians provide care in more than 50 locations across Maine and New Hampshire.

ANESTHESIOLOGY

- InterMed
- MaineHealth Lincoln Hospital
- MaineHealth Maine Medical Center Biddeford
- MaineHealth Kennebunk Health Center
- MaineHealth Maine Medical Center Portland
- MaineHealth Maine Medical Center Sanford
- MaineHealth Mid Coast Hospital
- MaineHealth Stephens Hospital
- MaineHealth Surgery Center Scarborough
- Northern Light Mercy Hospital
- Northern Light Mercy Outpatient and Specialty Surgery Center
- Northern Light Mercy Pain Center
- OA Ambulatory Surgery Center
- Plastic & Hand Surgical Associates
- Portland Gastroenterology Center

PATHOLOGY

- Bridgton Hospital
- Central Maine Medical Center
- Coastal Women's Healthcare
- Exeter Hospital
- InterMed
- MaineHealth Franklin Hospital

- MaineHealth Lincoln Hospital
- MaineHealth Maine Medical Center Biddeford

- MaineHealth Maine Medical Center Portland
- MaineHealth Memorial Hospital
- MaineHealth Mid Coast Hospital
- MaineHealth Pen Bay Hospital
- MaineHealth Waldo Hospital
- NorDx Laboratories
- Plastic & Hand Surgical Associates
- Rumford Hospital
- Seacoast Pathology
- York Hospital

RADIATION ONCOLOGY

- Coastal Cancer Treatment Center
- MaineHealth Maine Medical Center Portland Radiation Therapy
- MaineHealth Radiation Therapy Sanford
- MaineHealth Radiation Therapy Scarborough
- New England Cancer Specialists
- Portsmouth Regional Hospital

RADIOLOGY

- Coastal Women's Healthcare
- InterMed
- MaineHealth Brighton Campus
- MaineHealth Lincoln Hospital
- MaineHealth Maine Medical Center Biddeford

- MaineHealth Maine Medical Center Portland
- MaineHealth Maine Medical Center Sanford
- MaineHealth Memorial Hospital
- MaineHealth Neurosurgery and Spine Scarborough
- Martin's Point Health Care
- Millinocket Regional Hospital
- New England Cancer Specialists
- Northern Light Blue Hill Hospital
- Northern Light CA Dean Memorial Hospital
- Northern Light Eastern Maine Medical Center
- Northern Light Maine Coast Hospital
- Northern Light Mayo Hospital
- Northern Light Orthopedics
- Northern Light Primary Care, Gouldsboro
- OA Ambulatory Surgery Center
- Penobscot Community Health Center
- Penobscot Valley Hospital
- RAYUS Radiology: Auburn, Bangor, Brunswick, Portland, Scarborough, Westbrook
- St. Joseph Hospital
- St. Mary's Regional Medical Center

VASCULAR & INTERVENTIONAL RADIOLOGY

- MaineHealth Maine Medical Center Biddeford
- MaineHealth Maine Medical Center Portland
- Northern Light Eastern Maine Medical Center
- RAYUS Vascular Care
- St. Mary's Regional Medical Center

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completely alter the chemotherapy plan.”

“The best care also relies on timing, a clear sense of prognosis, and insight into everything from rehab to palliative care, genetic counseling, and trial eligibility,” adds Dr. Ritchie. “Tumor board gives us space to address all of that together.”

RADIATION ONCOLOGY IS ALSO VITAL IN BREAST CANCER CARE

“As a radiation oncologist at tumor board, my role is to critically evaluate each case and determine whether our therapy may benefit the patient – thoughtfully applying experience and available data,” says Matthew Cheney, MD, PhD, managing director of Spectrum’s radiation oncology division. “While guidelines exist, each case is unique and must be considered from the perspective of all involved disciplines. There’s no one-size-fits-all solution, so we aim to make our recommendations as targeted and precise as our treatments – every time, all the time.”

Tumor board, he says, is invaluable for its real-time collaboration across specialties – resolving questions efficiently and thoroughly. “This isn’t possible if each specialist works in isolation,” Dr. Cheney explains. “It

allows for a broader consideration of treatment options than would occur in a vacuum.”

It also helps bring subspecialty expertise to patients – no matter where they live. “In a state as geographically large as Maine, tumor board lets patients have their case reviewed by high-volume specialists with unique training who may not be available locally,” he adds. “The value of teamwork and collaboration cannot be understated – and tumor boards provide a venue to build these relationships.”

SHARED PASSION, SHARED PURPOSE

“I’m fortunate to work with physicians who are truly invested in high-quality care,” says Dr. Ginevan. “When doctors are passionate about what they do, you feel it – and patients feel it too.”

That kind of commitment shows up every time the breast tumor board meets.

“There are so many possible combinations of surgery, chemotherapy, hormone therapy, and radiation,” Dr. Ritchie says. “A multidisciplinary approach helps us distill that complexity into a plan that’s both clear and tailored to the patient. I enjoy turning complicated diagnoses into clear reports that guide care – and I love knowing we’re part of a team that ensures each patient gets the very best of what we have to offer.”

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as someone who helps others build on their strengths to be even more effective in their role.”

BUILT FOR WHAT IS NEXT

As more procedures shift to outpatient settings, anesthesiology is playing a bigger role in patient-centered care.

“We’re now involved in more procedures that used to be done with moderate, or ‘conscious,’ sedation,” says Dr. Brown. “Short-acting but effective medications like Propofol offer a smoother, more comfortable experience – and having anesthesiologists involved adds a layer of safety.”

It is just one example of how integration between surgical and anesthesiology teams thrives on solid communication.

“We’re having these conversations constantly – not just within our department, but across nearly every service we work with,” says Dr. Hinrichs. “The goal is the same – we want to give every patient the best chance for a safe procedure and smooth recovery.”

Looking ahead, both agree the future of care depends on staying connected – and committed.

“Anesthesiology will continue to be an essential resource for our communities,” says Dr. Hinrichs. “That only works when everyone involved shares the same pride, purpose, and focus on the patient.”

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team members are doing every day is extremely gratifying,” says Leslie Weeks, chief operating officer and executive co-sponsor of the Employee Engagement and Recognition Committee. “And my gratitude to these individuals goes beyond just their job performance. Many of these employees demonstrate character, compassion, and commitment that is truly exceptional and aligned with our core objectives as a leading healthcare organization in Northern New England. It is an important part of our culture to have a vehicle such as PEAK to allow us to give the spotlight to those who so significantly contribute to Spectrum’s success.”

“As physicians, we’re lucky to have such a deep team backing us up,” says Dr. Brown. “From the Spectrum office staff to PREP and perioperative nurses and our CRNAs, these strong partnerships help guide where we go next.”

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and we want to see each other succeed,” Dr. Pontolillo says.

Looking ahead, he sees even greater potential. “I think we will see IR expand into treating even more forms of cancer in the future. Many academic centers are already researching the benefits of Y-90 embolization for other types of metastatic disease, and I think this is the next frontier.”

“I’m fortunate to work with physicians who are truly invested in high-quality care.”

–Kim Ginevan, MD

“My colleagues are all very helpful and knowledgeable, and we want to see each other succeed.”

–John Pontolillo, MD



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- ▶ Pathology
- ▶ Radiation Oncology
- ▶ Radiology
- ▶ Vascular & Interventional Radiology