

SPALDING CANCER CENTER

2003

A Report of the Oncology
Program with 2002 Data



Spalding Regional Medical Center





John Quinn

Chief Executive Officer
Spalding Regional Medical Center


At Spalding Regional Medical Center, we believe early detection through self-breast exams and screening mammography are key components of that fight.

From the CEO

Just hearing the word cancer brings about many different emotions for a patient and their family. At Spalding Regional Medical Center, we understand that patients and their families must deal with the news of the diagnosis of cancer in their own way. We believe in treating the individual patient on a personal, compassionate level and work to ensure the best possible care available through an integrated team approach to cancer treatment. Whether you're receiving treatment from your primary care doctor, oncologist, radiologist, radiation therapist, pharmacist, nurse or rehabilitation therapist, they are all working together on your team in the fight against cancer.

During 2002, we have dedicated a great deal of our resources in the treatment of breast cancer. The American Cancer Society estimated that there would be about 211,300 new cases of breast cancer in the United States in 2003. About 39,800 women were expected to die from this disease. While many people think of breast cancer as a disease affecting only women, American Cancer Society estimates about 1,300 cases and 400 deaths are expected to occur among men during 2003. During 2002, Spalding Regional Medical Center treated 59 patients with breast cancer.

Breast cancer is hard to ignore. It's the most common form of cancer among American women. According to the American Cancer Society only lung cancer accounts for more cancer deaths in women. There is so much that can be done to win the fight against breast cancer. At Spalding Regional Medical Center, we believe early detection through self-breast exams and screening mammography are key components of that fight. As you will learn more about in this report, many of our efforts this year have been focused on educating the communities we serve on the importance of those components, as well as the risk factors associated with breast cancer.

Spalding Regional Medical Center has just celebrated a century of caring for those we serve. As we move forward into our hospital's next hundred years of service, health care will surely change a great deal as knowledge grows and technology advances. Our commitment to be there providing quality care for our patients will not. We'll be there for you every step of the way. 



Members of the Oncology Committee:


- James Barlow, M.D.
- Kaylene Canfield
- Anthony Castro-Poveda, MD
- John Chrysochoos, MD
- Robbin Clark
- Sandra Courtois
- Nancy Franklin
- Renee Gallman
- Doreen Harrington
- Alan Helrich, M.D.
- Rebekah Logan
- Sharon Marsh
- Mitzi May
- Lela McFerrin
- Robbie Medbery, MD
- Glen Morehead, MD
- Gwendolyn Parks
- Carolyn Payne-Arbuckle
- John Quinn
- Michael Robertson, MD
- Diana Rodgers-Soriano, MD
- Kim Stephens
- Cindy Woods
- Laura Young

Other members of the hospital and community serve on this committee as needed, these include the following areas: Hospice, Pastoral Care, Pharmacy, Physical Therapy, Social Services

Introduction

The Oncology Committee at Spalding Regional Medical Center oversees the care of patients in our community that have been diagnosed with a malignancy. In addition to setting goals for improvement, the committee supervises the Cancer Registry, performs chart review, develops Tumor Conference presentations, and is available for consultation.

During the 2000 year, our program was again surveyed by the American College of Surgeons, Commission on Cancer with a three year approval status being granted. This survey looks into all aspects of patient care from education and awareness programs within the community, through treatment, record keeping, etc.

Members of this committee planned or participated in the Relay for Life, prostate and breast screening programs, and several patient care evaluations. Our data was also submitted to the Georgia Center for Cancer Statistics, ONCOPOOL, and the National Cancer Data Base. 

Patient Care Evaluations


Each year the Oncology Committee participates in both the American College of Surgeons Patient Care Evaluations and those developed by the committee. During 2002, the studies included Lung Cancer Stage at Diagnosis and Colorectal 5 year study with review of treatment modalities. The studies were developed by the Commission on Cancer at the American College of Surgeons. When the data collection was complete, it was compared item for item with several surrounding hospitals and forwarded to the National Cancer Data Base. 

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Breast Summary from the Committee Chairperson, Robbie Medbery, MD



Breast cancer is the most common cancer among women (with the exception of skin cancer), and is the second leading cause of cancer death in women, following lung cancer. Over 200,000 women will be diagnosed with invasive breast cancer this year in the U.S.A., and


about 40,000 women will die of breast cancer this year. Fortunately, breast cancer survival rates are continuing to improve, likely as a result of early detection and improvements in treatment. The 5 year survival rate for women with localized disease is now 96%, and the overall survival rate is 86%. Sadly, the gap in breast cancer deaths is increasing between white and African-American women, which is believed to be at least partly due to socio-economic factors resulting in earlier diagnosis for affluent women.

In order to try to decrease this gap, and to improve early detection rates in our community, our Breast Cancer Community Outreach program teaches women the importance of regular mammograms, breast self examination, and yearly clinical breast examination. In October 2002 we worked with approximately 300 women in the community. Participants learned about risk factors associated with breast cancer and methods of early detection. As explained in the Education, Prevention, and Detection section, participants made wooden bead

necklaces that not only helped them learn about the benefits of screening for breast cancer, but also helped them share their new knowledge with others in the community. We are also striving to make women aware that with early stage breast cancer, not only are survival rates better, but there are more options for treatment. We provide extensive literature in our mammography suite, as well as at time of biopsy and breast surgery. Our nurses are encouraged to identify hospitalized patients who are overdue for breast screening, so that appropriate referrals may be made.

We have been very fortunate over the last two years to have a very successful lymphedema program for education and early intervention under the direction of Sharon Marsh, PT, Lymphedema Specialist, who is an active member of our cancer committee. As a result, community physicians are reporting decreased cases of significant lymphedema in breast cancer patients. Also, the cancer committee recently helped to sponsor Marsh's attendance at a course on Cancer Related Fatigue. Multiple studies of cancer patients in general, as well as breast cancer patients specifically, show that a regular exercise program significantly decreases fatigue and improves quality of life scores for patients undergoing chemotherapy or radiation therapy. We are now working to implement a program to help our patients start on a regular exercise program in hopes of significantly improving their quality of life.

We have reviewed our breast cancer data from 2002. 59 patients were diagnosed with breast cancer last year at Spalding Regional Medical Center. This represents 30% of the cancers diagnosed in females last year, comparable with the 31% national average. We are very pleased to note that 97% of these cases were diagnosed as Stage I or Stage II. Nearly 80% of diagnoses were in women 50 years or older. Compared to 2001, considerably more women are receiving adjuvant treatment with chemotherapy or radiation, representing an increasing multidisciplinary approach to breast cancer.

Spalding Regional Medical Center is proud of the advances we've seen in recent years, with improved treatment, education, and quality of life measures. We will continue to work together as a team to provide the best possible quality care for our patients. 

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Education, Prevention, and Detection

Spalding Regional Medical Center supports patient and family education as well as community education in an effort to reduce the risks of cancer, promote early detection and improve quality of life. In addition, a cancer support group is available to patients, family members, and caregivers. A multidisciplinary team actively supports patient and family education by facilitating the development of diagnosis and procedure specific instructional resources such as lesson plans, handouts, and videos. The team has established educational discharge criteria for patients in order to improve their ability to care for themselves and reduce the risks of complications.

The approved printed instructional materials are readily accessible to the staff in each patient care area by computer. Approved video libraries are also available in each area. These core curricula of basic information helps to ensure consistency and continuity despite the location of the patient. Enhanced instruction by Oncology Certified Nurses and Registered Dietitians is provided by consult on an inpatient and outpatient basis.

Community programs were sponsored during 2002 to raise awareness of the value of prevention and early detection.

These activities included:

- Participation in American Cancer Society programs including the Relay for Life, Prostate Screening, and Breast Cancer Awareness month, Great American Smokeout and Partners in Information.
- *Breast Cancer Community Outreach to increase awareness and provide self-exam instruction and education-* Throughout the month of October 2002 our Community Wellness Team organized multiple educational seminars throughout our community and reached some 300 women. During each presentation participants learned about risk factors associated with breast cancer and methods of early detection. Participants received educational literature, pink ribbon self-exam reminder stickers to place on calendars, and materials to make wooden bead necklaces. The necklaces were made during the presentation and represented the graduated size of lumps that may be found during breast self-exam, clinical exam, and mammogram. The necklaces,

continued on page 8

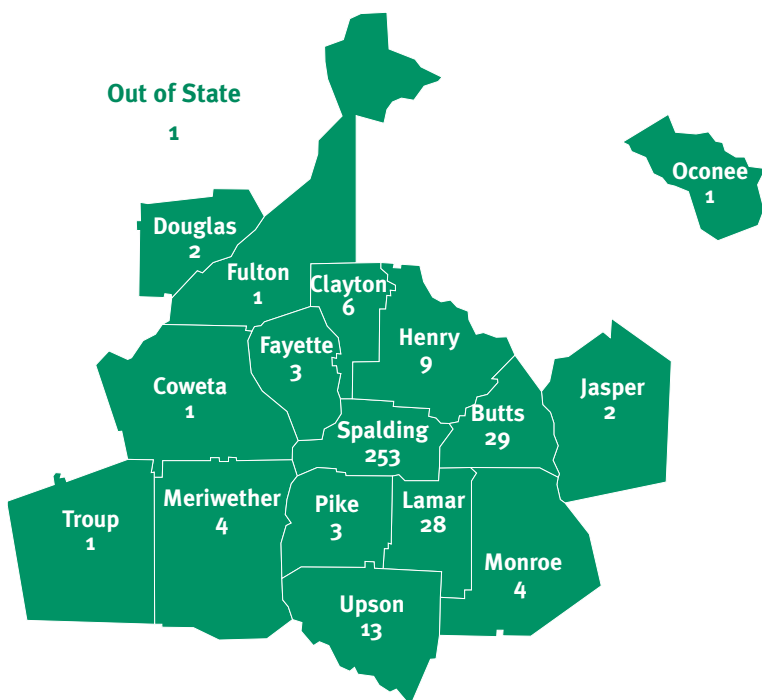
Cancer Registry

The Cancer Registry at Spalding Regional Medical Center has been maintaining data on the patients diagnosed or treated for a malignancy at this facility since January 1, 1993 with a total of 2,952 cases. These patients are followed for the remainder of their lives to ensure adequate follow up and to assist with our planning in providing the best care available in the area. During 2002, 363 cases (166 males and 197 female) were added to this data base. The following tables reflect many details of the patients and their diagnosis and care.

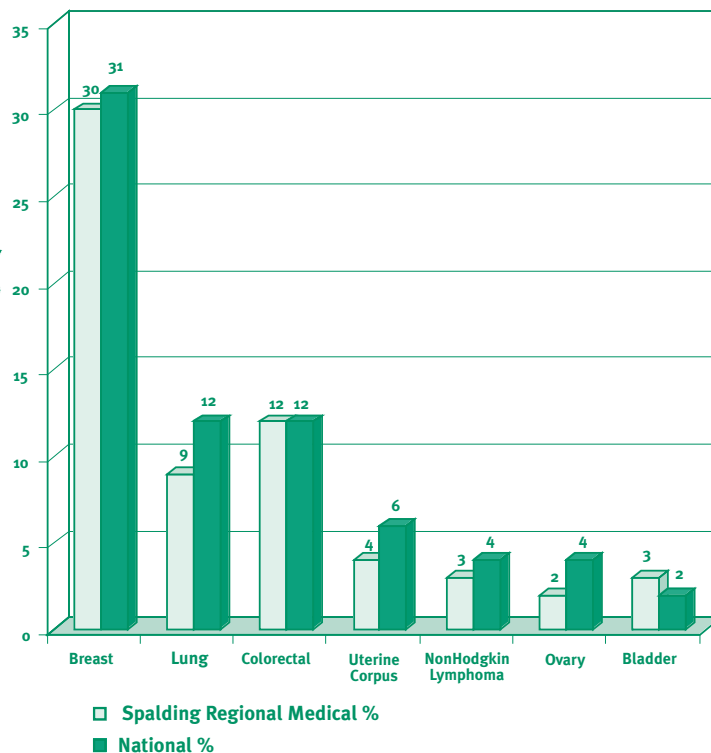
Primary Site	# of Patients
Breast	59
Lung	58
Prostate	45
Colorectal	36
Cervix Uteri Includes In Situ	32
NonHodgkin Lymphoma	18
Urinary Bladder	9
Corpus Uteri	8
Stomach	7
Kidney	6
Ovary	6
Esophagus	5
Liver	5
Melanoma	5
Non-Melanoma Skin T2 or <	4
Lip Oral Cavity	3
Pancreas	3
Bile Duct	2
Eyelid	2
Glottis	2
Sarcoma	2
Anal Canal	1
Brain	1
Hodgkin Disease	1
Oropharynx	1
Salivary Gland	1
Testis	1
Thyroid	1
Vulva	1
Other and Unknown Primaries	38

Cancer Registry (continued)

County of Residence at Diagnosis



Newly Diagnosed Female Incidence Compared to National Projections

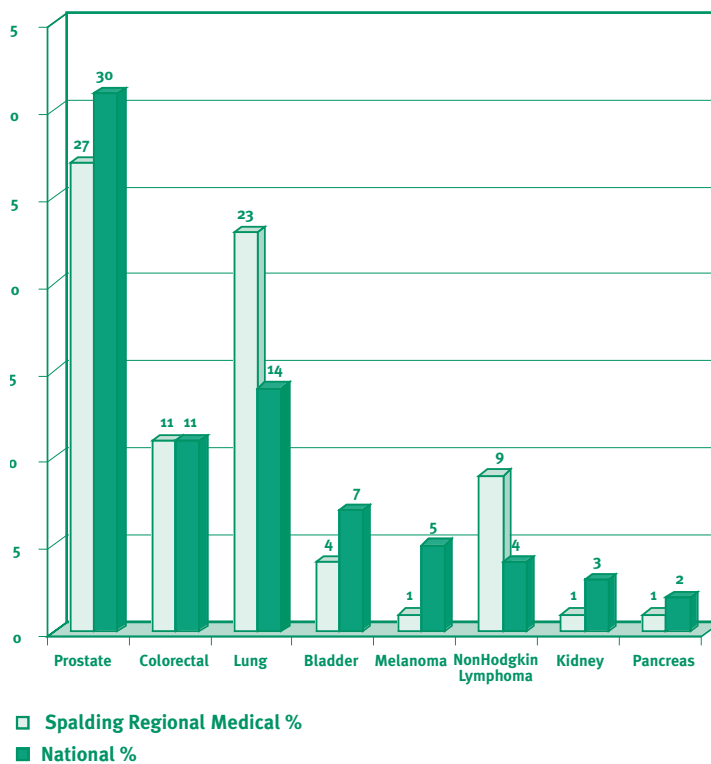


Breast Malignancies At Spalding Regional Medical Center

Number of New Breast Cases by Year First Seen:

Year	# of Patients
1993	31
1994	32
1995	36
1996	30
1997	34
1998	44
1999	36
2000	46
2001	52
2002	49

Newly Diagnosed Male Incidence Compared to National Projections



Spalding Regional Medical Center 2002 Breast Cases Compared to Surrounding Hospitals

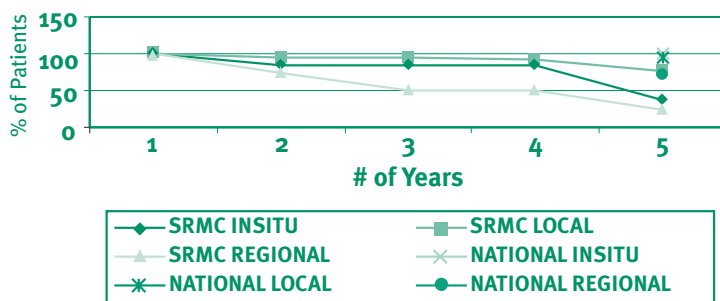
Age at Diagnosis

Age	Newnan East	Newnan West	Fayette	Spalding	SRMC	SMFC	EMC
<20	0	0	0	0	0	0	0
20's	1	0	0	0	1	0	0
30's	1	4	1	4	11	2	8
40's	4	2	6	6	31	9	27
50's	12	1	7	14	43	8	24
60's	8	4	4	13	35	7	28
70's	6	1	5	10	27	8	13
80's	5	1	0	2	9	5	4
90's	1	0	0	0	1	2	2

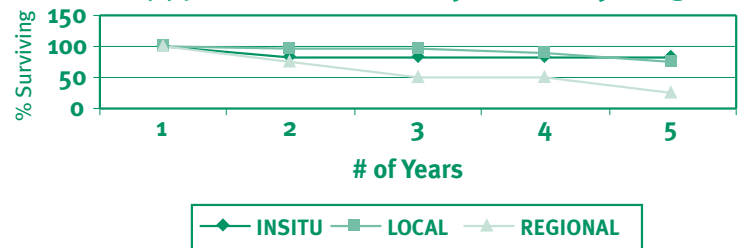
Tumor Size

Size cm	Newnan East	Newnan West	Fayette	Spalding	SRMC	SMFC	EMC
<0.5	3	0	0	2	5	1	8
0.5 - 0.9	7	1	2	6	13	5	10
1.0 - 1.4	5	1	4	6	16	10	15
1.5 - 1.9	5	1	3	5	27	3	12
2.0 - 2.4	6	5	0	8	15	5	12
2.5 - 2.9	3	1	0	3	13	2	6
3.0 - 3.4	4	3	2	6	4	3	1
3.5 - 3.9	0	0	0	4	6	3	4
4.0 - 4.4	3	1	0	3	4	1	2
4.5 - 4.9	0	0	0	1	2	1	0
5 cm & >	0	0	1	1	10	3	5
Unknown	2	0	10	4	43	4	31

1997 Breast Survival By Summary Stage



1997 Breast Survival By Summary Stage



Oncology Program Services

- 160 ACUTE MEDICAL/SURGICAL BEDS
- MONTHLY MULTI-DISCIPLINARY CANCER COMMITTEE MEETINGS
- COMPUTERIZED CANCER REGISTRY
- ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
- AMERICAN COLLEGE OF RADIOLOGY ACCREDITED MAMMOGRAPHY SERVICES
- BOARD-CERTIFIED PHYSICIAN ONCOLOGY SPECIALISTS
 - Medical Oncologists
 - Radiation Oncologists
 - Specialists in: Pathology
 - Urology
 - General Surgery
 - Radiology
- OTHER ONCOLOGY SPECIALISTS
 - Oncology Certified Nurses
 - Certified Tumor Registrar
 - Bone Marrow Transplant Referrals
 - Clinical Trial Participation And Referrals
- CLINICAL EDUCATION CONFERENCES
 - Monthly Tumor Conferences
- PATIENT SUPPORT SERVICES
 - Individual Patient Teaching
- PULMONARY SERVICES
 - Basal Metabolic Rate (Indirect Caloric Expenditure)
 - Better Breathers
 - Cardiac Rehabilitation
 - Freedom from Smoking
 - Pulmonary Function Studies
 - Blood Gas Analysis
 - Bronchial Hygiene
 - Oxygen Therapy
 - Pulmonary Rehab
- REHABILITATION AND ANCILLARY SERVICES
 - Wound Care
 - Occupational Therapy
 - Lymphedema Management
 - Physical Therapy
 - Speech Therapy
 - Swallow Therapy
 - Enterostomal Care
- LABORATORY
 - Carcinoembryonic Antigen CA 125, CA 15-3, CA 19-9
 - Prostate Specific Antigen And Other Tumor Markers
 - DNA Probes
 - Immunochemoluminescence
 - Surgical Pathology
- Cytology
 - Automated Hematology/Coagulation, Microbiology, Parasitology, Mycobacteriology
- Blood Bank Transfusion Service, Including Therapeutic Phlebotomy
 - Automated Blood Chemistry Analysis
 - Automated Electrophoresis
 - Radioimmunoassays
 - Virology Testing
 - Toxicology
 - Immunocytochemistry
 - Therapeutic Drug Monitoring
- PHARMACY
 - Laminar Flow Biological Safety For Preparation Of Chemotherapy Agents
 - Pharmacokinetic Drug Monitoring
 - Patient Controlled Analgesic Program
 - Pharmacist Available 24 Hours A Day
 - Pharmacist Consultation And Monitoring
 - Medication Counseling Service
 - Total Parenteral Nutrition Monitoring Service
 - Pharmacist Run Anti-Coagulation Clinic
- DIAGNOSTIC IMAGING
 - Mammography
 - Angiography
 - Ultrasonography
 - Magnetic Resonance Imaging
 - Nuclear Medicine
 - Spiral Computerized Tomographic Scanning
 - Imaging Directed Biopsies
 - Interventional Radiologic Techniques For Relief Of Biliary And Urological Obstruction
 - Localization And Drainage Of Neoplastic And/Or Infected Fluid Collections
- DAY SURGERY FACILITIES
 - Bone Marrow Biopsies
 - Brachytherapy
 - High Dose Brachytherapy
 - Paracentesis, Thoracentesis
 - Incisional And Excisional Biopsies
 - Outpatient Chemotherapy
 - Major And Minor Procedures
 - Fine Needle Aspirations
- RADIATION SERVICES AVAILABLE THROUGH GRIFFIN REGIONAL RADIATION THERAPY CENTER

Conferences

Tumor Conference is held at least once a month offering education to both the medical staff and all employees. Lunch is provided and CME for physicians. The discussions include patient presentation, diagnostic work up, treatment and the various options. During the 2002 year the following topics were discussed:

January 15	Lymphedema Management Program for Breast Cancer Patients
February 12	Breast Cancer Discussion
March 18	Cervix Carcinoma
April 9	Colon Carcinoma
May 7	Lung Cases with Spinal Cord Compression Lymphoma
May 20	Oncologic Emergencies
June 4	Radiation Oncology Overview
August 6	Breast Cancer Colon Cancer
September 16	Breast Cancer Renal Cancer
October 1	Colon Cancer
November 5	Ovarian Cancer

Education, Prevention, and Detection (continued)

- when worn, provide ongoing education to our community as participants explain the purpose of the beads.
- Partnering with local business and industry to promote employee wellness.
- Monthly educational programs for physicians and nurses discussing case studies and new developments.
- Sponsoring community education events on cancer prevention and screenings.
- Community billboards, newspaper advertisements and quarterly community newsletters promoted early detection of prostate cancer and the hospital's free prostate screening programs, discounted mammogram screenings, and community education regarding the importance of self breast exam and early detection of breast cancer. 