

# SPALDING CANCER CENTER

## 2005 Annual Report of the Oncology Program with 2004 Data

Spalding Regional Medical Center



### From the CEO



**John Quinn, CEO**

Receiving a diagnosis of cancer can be devastating to a patient and their loved ones. At Spalding Regional Medical Center we understand that with this diagnosis comes uncertainty and many questions and concerns. The fight against cancer, takes a devoted group of people working to make a difference for each and every patient. That's why our dedicated

team of physicians and healthcare professionals take a comprehensive approach to help our patients fight this disease. Led by our oncologists, this team consists of a patient's primary care physician, the radiologist, a radiation therapist, the pharmacist, nurses, social workers, and other health care professionals as needed.

According to the American Cancer Society (ACS), during 2004 more than 1.3 million people across the United States were expected to be diagnosed with cancer, with more than 35,000 of those coming from Georgia. Furthermore, 1,500 people a day across the United States were expected to die of cancer. One of every four deaths in the U.S. is caused by cancer. Many of these statistics could be improved with just a few revisions in our lifestyles. At Spalding Regional Medical Center we believe in the importance of community education as a key component of helping our fellow citizens to be aware of those risk factors and are taking an active role in helping the communities we serve understand the importance of change.

During 2004, we dedicated a great deal of our time and resources to better understand colorectal cancer. The American Cancer Society affirms that colorectal cancer is

the third most common cancer both in men and women. ACS estimated that there would be approximately 106,370 new colon and 40,570 new rectal cancer cases across the U.S. this year. While mortality rates have declined over the past 15 years, colorectal cancer accounts for about 10% of all cancer deaths, with approximately 56,730 expected deaths from this disease.

Spalding Regional Medical Center is dedicated to the health and well-being of the communities we serve and is committed to continuing to provide excellence in the care of our patients, while working to increase community awareness of early detection and prevention of cancer. In the fight against cancer, we'll be there every step of the way helping to make that difference for those we serve.



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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 2004 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 2004 our Community Wellness Team organized multiple educational seminars throughout our community, with a goal of reaching 500 women. We had excellent participation with 848 women taking part in the presentations. 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, 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. 

## Introduction of Oncology Committee

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 2004 year, 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 Database. We are pleased to offer you this summary of our 2004 year.

### **Committee Members:**

Dr. John Chrysochoos	Lucy Cawthon
Dr. Alan Helrich	Nancy Franklin
Dr. William Lazenby	Doreen Harrington
Dr. Robena Medbery	Cheryl Ivey
Dr. Rao Moravineni	Sharon Marsh
Dr. Glen Morehead	Mitzi May
Dr. Ehi Osehobo	Lela McFerrin
Dr. Diana Rodgers-Soriano	Gwen Parks
Carolyn Arbuckle	Kim Stephens
Kaylene Canfield	Cindy Woods

# Cancer Registry Report

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 more than 3,200 cases in the database.

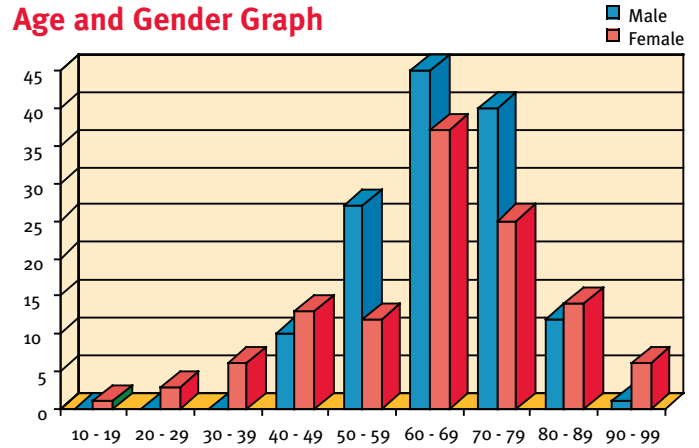
These patients are followed for the remainder of their lives to ensure adequate follow up and to assist with our planning in providing the best care available in the area.

During 2004, 252 new cases (135 males and 117 female) were added to this database. 236 of these were analytic cases.

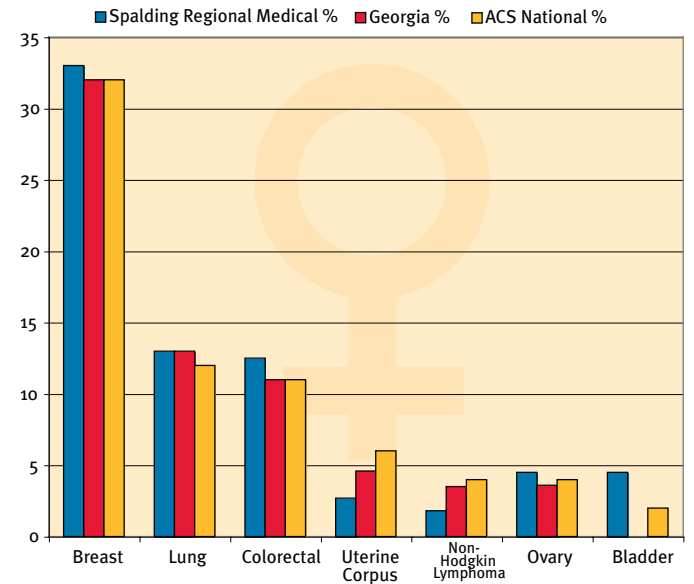
The following tables reflect many details of the patients and their diagnosis and care.

2004 Top 10 Primary Site	# of Patients
Lung	43
Prostate	40
Breast	38
Colorectal	33
Urinary Bladder	13
Liver	10
Non Hodgkin's Disease	9
Stomach	7
Kidney	6
Ovary	5

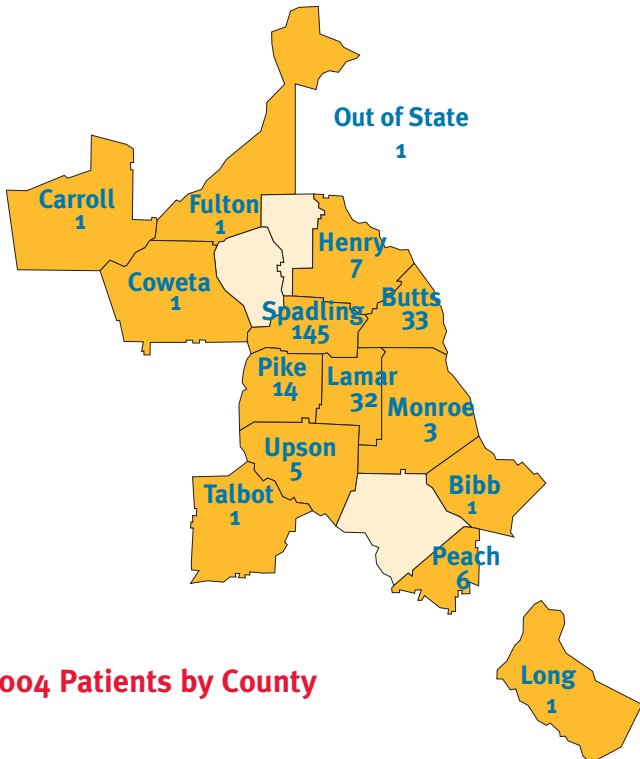
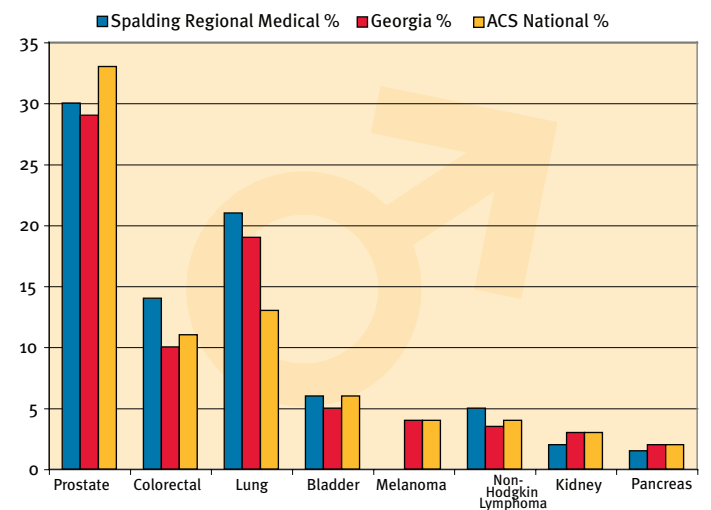
## Age and Gender Graph



## 2004 Newly Diagnosed Female Incidence Compared to 2004 ACS Georgia and 2004 ACS National Projections



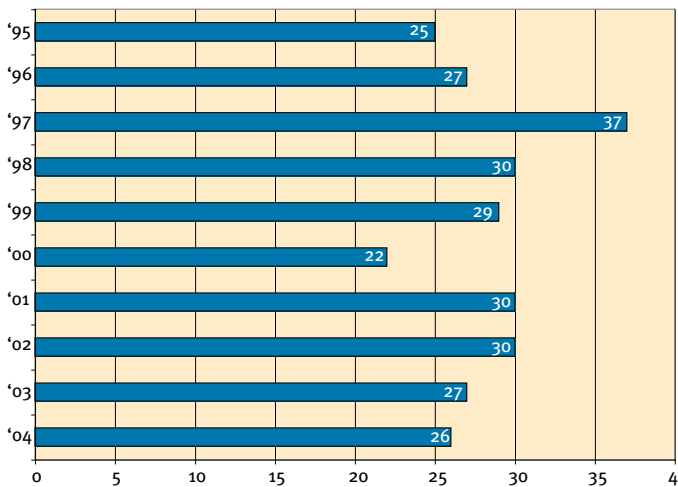
## 2004 Newly Diagnosed Male Incidence Compared to 2004 ACS Georgia and 2004 ACS National Projections



2004 Patients by County

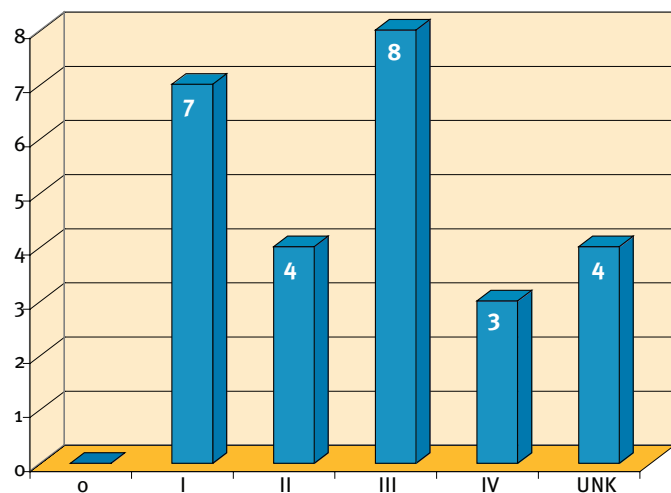
## Colon Cancer Incidence at Spalding Regional Medical Center

Colon cancer is in the top five sites seen at SRMC as well as nationally and statewide. Over the last 10 years 283 cases have been added to the database. This data is presented in the graph below:



Compared to the American Cancer Society's figures, incidence in both males and females is 11%. The data here at Spalding Regional shows that we have slightly higher males (14%) compared to females (12.5%). Both are higher than the national and local predictions.

The stage of disease for colon cancer seen at Spalding Regional Medical Center is shown in the graph below:



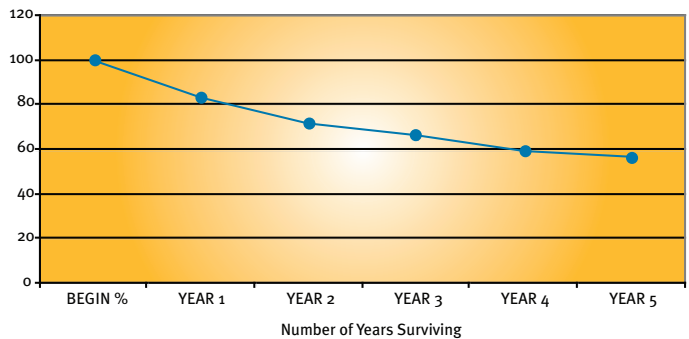
The unknown stage corresponds to patients who were biopsied only and hence the full stage was not obtained.

According to the ACS Cancer Facts and Figures 2004, 5 year relative survival for all stages is 62.3%. This can increase to 90.1% if the disease is diagnosed at a local stage (stage 1) or can decrease to 9.2% if the disease is diagnosed at a distant stage (stage iv)

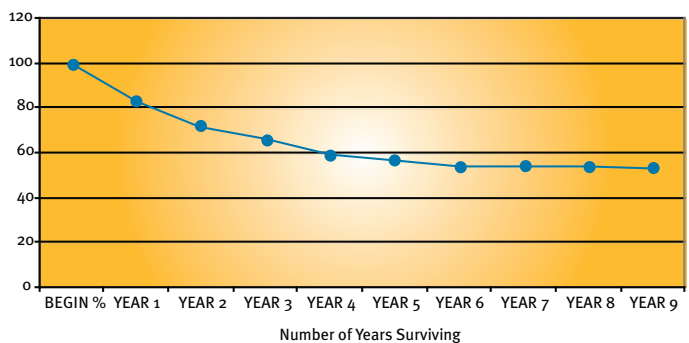
The following two graphs show five and ten year relative survival for colon cancer as observed at Spalding Regional Medical Center.

The five year figure is 56.5% for all stages compared with 62.3% as reported by the ACS.

### 1999 Colon Cancer Relative Survival



### 1994 Colon Cancer Relative Survival





Dr. Diana Rodgers-Soriano

## Letter from Chairperson


Throughout the United States of America, colorectal carcinoma remains among the top five most commonly diagnosed malignancies, with an age-adjusted incidence rate of 52.4/100,000 individuals based on data collected between 2000 and 2003 and reported by Surveillance, Epidemiology and End Results (SEER). The same source calculates a lifetime risk of 5.56% (1 in 18 men and women), and a death rate of almost 20/100,000 individuals.

During 2004, 26 new cases were diagnosed at Spalding Regional Medical Center. Unfortunately, most of them were at a high stage at the time of diagnosis, regardless of the staging system used. At Spalding Regional Medical Center, most of these tumors fell into the IIIB category of the AJCC/TNM formula. This sad reality underscores the need for early detection. Of the many screening methods available, those that identify occult fecal blood lend themselves to massive screening: they are relatively cheap, easy to perform and easy to interpret. However, they are not diagnostic in themselves, and must be combined with more sensitive and specific procedures. Our challenge as physicians is to bring these screening tests to the general population without creating panic, or worse, a

**Our challenge as physicians is to bring these screening tests to the general population without creating panic, or worse, a false sense of security. This can be achieved through education.**

false sense of security. This can be achieved through education. With that goal and the full support of the Oncology committee, the hospital launched a program to distribute screening kits to the public. Education included not only the limitations of the test, but also informational talks concerning risk factors, with an emphasis on the need to comply with current guidelines for colonoscopy.

In addition to prevention, the other weapon available to physicians to limit the impact of colorectal carcinoma is treatment. New discoveries in the realms of Genetics and Molecular Pathology translate in the development of new, more effective drugs. As with the malignancies, the goal is to find drugs that selectively target the offending cells; one step in this direction is the identification of

Epidermal Growth Factor Receptors and Vascular Endothelial Growth Factor Receptors. Researchers will continue to discover new epitopes and to find new potentials for old ones in the battle of man vs. cancer. Meanwhile, the members of the Oncology Committee will continue to sponsor the partnership between the community and the hospital, to reduce the incidence of high-stage colorectal carcinoma in Spalding County and the rest of the country. 

# 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**

# Tumor Conference Dates and Discussions

Jan. 6, 2004	Bladder, Kidney, Vaginal	July 6, 2004	Breast, Colon
Feb. 4, 2004	Breast, Colon	July 19, 2004	Breast, Colon
Feb. 16, 2004	Hospice and the Cancer Patient	Aug. 3, 2004	Lung, Bladder, Prostate
Mar. 2, 2004	Breast, Colon, Larynx	Sept. 7, 2004	Anus, Cervix, Lung, Prostate, Liver, Penis
Mar. 15, 2004	Parotid, Ovary, Stomach	Sept. 20, 2004	Breast, Hematology, Malignancy
Apr. 6, 2004	Rectum, Tonsil, Bladder, Lymphoma	Oct. 5, 2004	CLL, Ovary, Breast, Prostate
May 4, 2004	Bladder, Lung, Prostate, Breast, Colon	Nov. 2, 2004	Breast, Colon
May 17, 2004	PET Scan, Lung Conference	Nov. 15, 2004	Breast, Prostate, Cervix, Lung, CLL, Lymphoma
June 1, 2004	Breast, Pancreas, Myeloma	Dec. 7, 2004	Breast, Lung, Liver, Ovary, Lymphedema