

# SPALDING CANCER CENTER

## 2007 Annual Report of the Oncology Program with 2006 Data

Spalding Regional Medical Center



### From the CEO



John Quinn, CEO


There are few phrases in any language that can affect a person the way “you have cancer” does. The reality of the diagnosis hits both the affected individual and their support system in a profound way. At Spalding Regional Medical Center, we are dedicated to giving compassionate and

personal care to the patient through an integrated team approach. Working together, your primary care doctor, oncologist, radiologist, radiation therapist, pharmacist, nurse, and many others are dedicated to providing you with the most advanced means of fighting cancer we have today.

**Colon cancer is also one of the few cancers that can be prevented through screening.**

In 2006, we met the challenge head on with a focus on colorectal, or colon, cancer. Colorectal screening is a major strategy for the American Cancer Society and for Spalding Regional because it can reduce death from colorectal cancer by detecting the disease at early, more treatable stages. In fact, there is a 90% chance of survival five years beyond diagnosis if a patient is diagnosed at the earliest, most treatable stage.

Colon cancer is also one of the few cancers that can be prevented through screening because it can identify precancerous polyps, from which colon cancers often develop, and they can be removed. Of the 55,170 people expected to die of colon cancer in 2006, appropriate testing could save more than half.

As you will learn from this report, we are diligent in our efforts to spread the message of early detection through screenings and awareness. As we move forward into the future of expanding technologies and services, Spalding Regional will continue to work hard to provide quality care for our patients. 

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## Letter from the Chairperson



**Robbie Medbery M.D.**

According to estimates from the American Cancer Society, more than 100,000 new cases of colon cancer (cancer of the large intestine or colon) and about 40,000 new cases of rectal cancer (cancer of the last 6 inches of the colon) will be diagnosed in the United States in 2008. Together, both diseases will be responsible for

almost 50,000 deaths. Excluding skin cancer, these numbers place colorectal cancer as the third most common cancer among U.S. men and women. There is, however, good news about colorectal cancer in the United States, as death rates associated with the disease have dropped during the past 15 years and advances continue to be made in screening, prevention, and treatment.

Most colorectal cancers begin as small noncancerous growths called adenomatous polyps. Over time, some of these polyps will become cancers. Polyps typically do not cause any symptoms. Once a cancer develops, it may also be silent (without symptoms) until it is very large. Signs and symptoms of colorectal cancer include changes in bowel habits, rectal bleeding or black stool (possibly indicating old blood), abdominal pain or cramping, increased gas, pain with bowel movements, inability to completely empty the bowels, unexplained weight loss, or progressive weakness and fatigue. While these symptoms could be caused by

noncancerous conditions, you should see your physician promptly if you have these symptoms.

Many cases of colorectal cancer occur in patients with no known risk factors. However, some patients have a higher than average risk of developing colorectal cancer. Risk factors for colon cancer include:

- age greater than 50
- a personal history of colorectal cancer or polyps
- inflammatory bowel diseases (Crohn's disease and ulcerative colitis)
- inherited disorders such as familial adenomatous polyposis (FAC) or hereditary nonpolyposis colorectal cancer (HNPCC)
- family history of colon cancer and colon polyps
- diets high in fat (especially from red meat) and calories and low in fiber
- sedentary (inactive) lifestyle
- diabetes
- obesity
- smoking
- heavy alcohol consumption
- growth hormone disorder
- previous radiation therapy to the abdomen or pelvis

Several screening tests for colon cancer are available, and at least one of these should be performed regularly starting at age 50. These include:

- Annual fecal occult blood testing (looking for traces of blood in stool samples)
- Flexible sigmoidoscopy every 5 years (which only examines part of the colon, and doesn't screen a large part of the colon)

## 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 2006, members of this committee planned and participated in the local American Cancer Society Relay for Life event, 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. We are pleased to offer the summary for 2006.

### Committee Members:

- |                 |                 |
|-----------------|-----------------|
| Dr. Rodgers     | Renee Gallman   |
| Dr. Fogle       | Tiffany Jones   |
| Dr. Moravieneni | Linda Whigham   |
| Dr. Morehead    | Robbin Clark    |
| Cheryl Ivey     | Melanie Hosford |
| Elizabeth Pool  | Angela Morey    |

- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years
- Virtual colonoscopy every 5 years
- Stool DNA testing

For patients at increased risk of colorectal cancers, more frequent or earlier screening may be recommended. Colonoscopy is generally considered to be the most accurate of these tests, and has the advantage of removing polyps before they can become malignant. However, it is associated with a small risk of complications, such as perforation of the bowel. Talk to your doctor about which screening test is best for you, but make sure that you have some form of screening regularly. Our patients at Spalding (like patients everywhere) are much more likely to die from cancer when their tumors have started spreading to the lymph nodes in the pelvis (regional disease) or elsewhere in the body (distant disease, or metastases). Local disease (in the colon or rectum only and not spread elsewhere) is much more likely to be detected in patients who are screened regularly, and patients with local disease are unlikely to die from their cancers.

You can make several changes in your lifestyle that will reduce the risk of colorectal cancer. You should eat plenty of fruits, vegetables and whole grains, and include a wide variety of these in your diet. Eat a low fat diet and especially minimize saturated fats from animal sources, such as red meat. Limit alcohol consumption to no more than one drink a day for women, and two drinks a day for men. Stop smoking. Stay physically active and maintain a healthy body weight. Not only will these lifestyle changes reduce your risk of colorectal cancer, they will also reduce your risk of many other life threatening illnesses. In addition, taking aspirin, nonsteroidal anti-inflammatory drugs, or Celebrex may reduce your risk. You should talk to your physician before taking any of these drugs.

Do what you can to prevent death from colorectal cancer. Know your risk factors, modify your lifestyle, and get screened regularly. Talk to your physician right away to get started on the path to a healthy and cancer-free life.



# Cancer Registry Report

Spalding Regional Medical Center maintains a Cancer Registry, which has data on patients diagnosed or treated for a malignancy at the facility since January 1, 1993, and has more than 4006 cases currently 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.

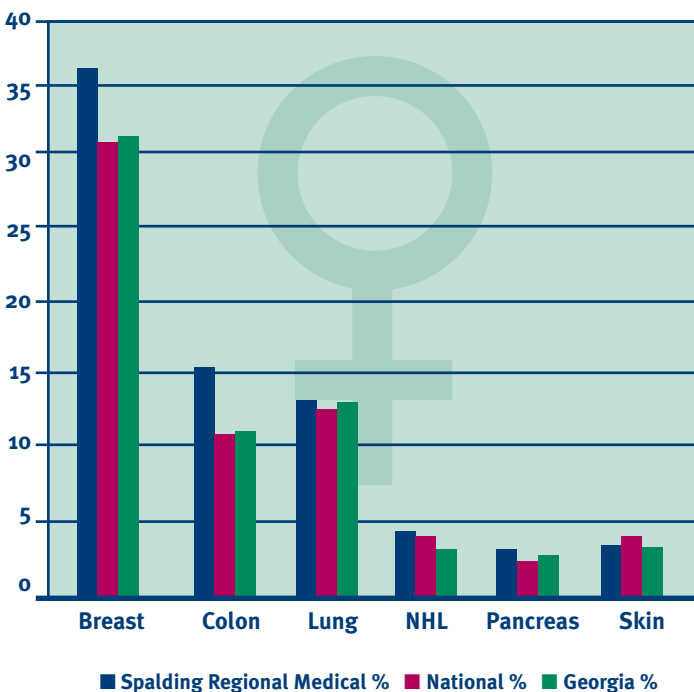
During 2006, 245 new cases (132 males and 113 female) were added to the database. The following tables reflect many details of the patients and their diagnosis and care.

## 2006 Patients by County

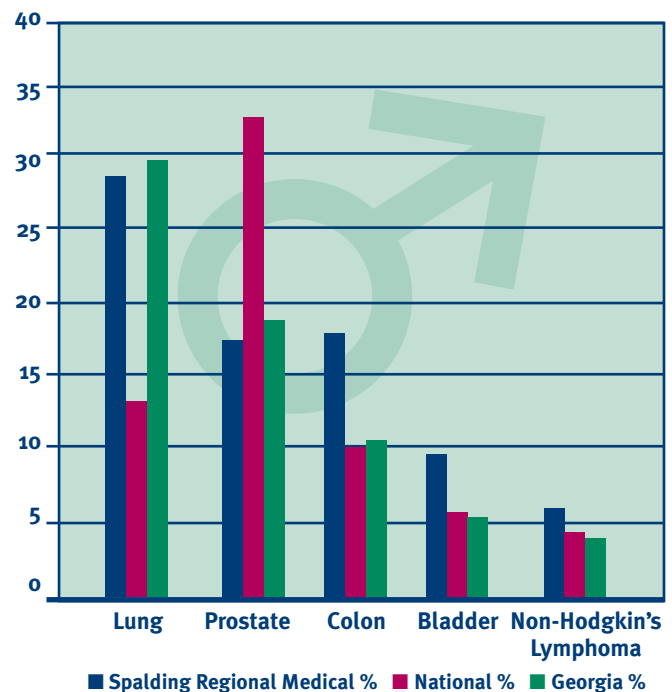
2006 Top 10 Primary Sites	# of Patients	# Male	# Female
Lung	53	38	15
Breast	42	1	41
Colon	38	20	18
Prostate	25	25	0
Bladder	15	12	3
Non-Hodgkin's Lymphoma	14	9	5
Blood & Bone Marrow	7	5	2
Skin	6	2	4
UNK Primary	5	3	2
Cervix/Uterine	4	0	4
Pancreas	4	0	4
Stomach	4	2	2

County	# of Patients
Bibb	1
Butts	31
Clayton	4
Dade	1
Fayette	3
Henry	7
Jefferson	1
Lamar	24
Meriwether	1
Monroe	9
Peach	1
Pike	29
Schley	3
Spalding	146
Upson	7

## Female Top 5 Incidence Compared to American Cancer Society Projections, 2006 (%)



## Male Top 5 Incidence Compared to American Cancer Society Projections, 2006 (%)

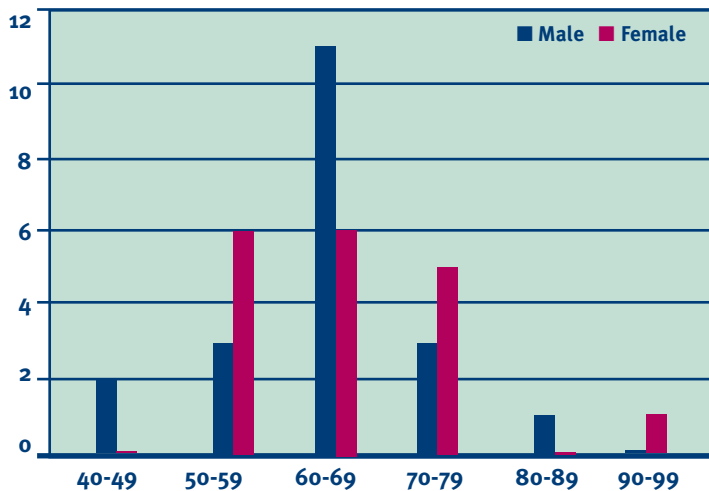


# Colon Cancer Incidence at Spalding Regional Medical Center

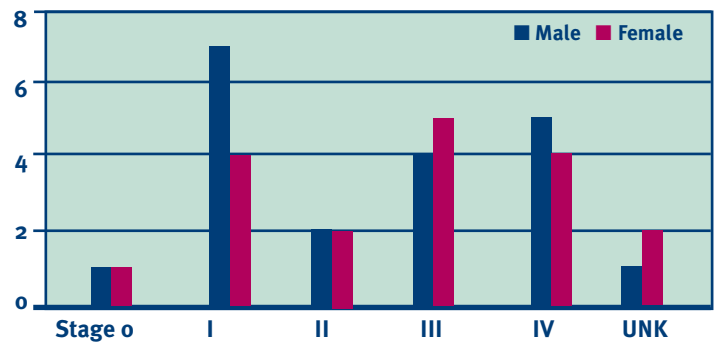
Colon cancer remains in the top five primary sites seen at this facility and nationally. For 2006, it was the third highest reported malignancy with 38 new cases. According to the American Cancer Society Cancer Facts report, nationwide colon cancer accounts for 10% in males and 11% in females of all cancer diagnoses. In Georgia, colon cancer accounts for 10.6% of all cancer diagnoses in males and 11.3% for females. Of the 38 new cases at Spalding Regional, 20 were male and 18 were female, representing 17.4% and 15.9% of the total reported cases respectively.

The age and gender breakdown of colon cancer for 2006 is shown below.

**2006 Age & Gender of Colon Cancer Diagnoses**



**2006 AJCC Stage by Sex**



The five-year relative survival according to the American Cancer Society for all stages is 15.2%. The five-year relative survival for patients first seen in 2002 is shown below.

## 5-Year Survival Rate

Year	Insitu	Localized	Regional	Distant	Unknown	Overall
2006	76.4	100	100	33.7	33.6	83.4
2005	78	100	88.8	0	33.9	73.7
2004	79.7	100	88.8	0	0	71.2
2003	81.6	100	84.6	0	0	68.7
2002	83.5	100	78.5	0	0	66

## 5-Year Relative Survival by Stage of Diagnosis

Area	SRMC	ACS*
Local	100	90.4
Regional	78.5	67.9
Distant	0	9.7
Overall	66	64.1

According to the American Cancer Society, colorectal cancer incidence rates have been declining rapidly since 1998, and survival rates have steadily improved. Between the mid-1970s and 1996–2004, the 5-year survival rate increased from 51% to 65%. However, there is a widening survival gap between whites and various minority groups. Before 1980, colorectal cancer death rates were higher in whites than in African American men; numbers were similar in women of both races. Since then, ACS researchers see a marked divergence: while colorectal cancer incidence and death rates have plummeted among whites, rates among African Americans and other minorities have declined far more slowly. In 2005, the mortality rates were about 48% higher in African-American men and women than in whites.

The chart below shows the types of colon cancer treatments for patients seen at Spalding Regional in 2006.

Treatment Type	# of cases	Percent
Surgery	26	68%
None at SRMC	5	13%
Surgery/Chemo	5	13%
Surgery/Chemo/Radiation	1	3%
Surgery/Radiation	1	3%

## 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 help 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 2006 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 and the Great American Smokeout.
- Breast Cancer Community Outreach to increase awareness and provide self-exam instruction and

education — throughout the month of October 2005 our Community Wellness Team organized multiple educational seminars throughout our community, with a goal of reaching 800 women. We had excellent participation with over 1000 women and men 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.



# 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)  
Freedom from Smoking  
Pulmonary Function Studies  
Blood Gas Analysis  
Bronchial Hygiene  
Oxygen Therapy
- 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 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

January 12, 2006	Rectum, Breast, Epiglottis,	June 6, 2006	Breast
March 2, 2006	Prostate, Colon, Gallbladder, Breast	August 1, 2006	Stomach, Pancreas, Breast, Unknown Primary
April 6, 2006	Breast, Testis, Bladder, Lymphoma	September 5, 2006	Cervix, Bone, Bladder, Lymphoma, Seminoma, Ovary
April 20, 2006	Breast, Chondrosarcoma, Endocervical, Mesenteric Tumor	October 3, 2006	Breast, Kidney, Lymphoma
May 4, 2006	Breast, Thyroid, Bladder, Colon	November 7, 2006	Lung, Colon
		December 12, 2006	Breast, Prostate, Colon, Bladder, Lun