

SPALDING CANCER CENTER

2004 Annual Report of the Oncology Program with 2003 Data

Spalding Regional Medical Center



From the CEO



John Quinn, CEO

At Spalding Regional Medical Center we understand that a cancer diagnosis can be a very frightening and intimidating experience for patients and their families. Our approach to cancer care is an integrated one with many healthcare professionals involved to provide a high level of individualized care.

According to the American Cancer Society (ACS), during 2003 approximately 556,500 people across the United States were expected to die of cancer. Another 33,400 Georgia citizens were expected to be diagnosed with some type of this disease. These ACS findings reveal another sobering message. Cancer ranks just below heart disease in the number of lives claimed each year.

The Cancer Registry at Spalding Regional Medical Center has been maintaining data on patients diagnosed or treated for cancer here at the Medical Center since 1993. Spalding Regional findings echo ACS statistics as far as the top four cancer sites. They include Lung, Prostate, Breast and Colorectal. In most instances, Spalding Regional has seen just a bit higher incidence of newly diagnosed cancer patients than that of the rest of the state of Georgia and the reported national levels. Most of these cancer statistics could improve with a few lifestyle changes such as not smoking, proper diet and exercise. This gives us added incentive to do all that we can to educate and screen the communities we serve as you will learn more about in this report.

During 2003, we dedicated a great deal of our time and resources to better understand bladder cancer. The American Cancer Society estimated that there would be

approximately 57,000 new cases of urinary bladder cancer across the U.S. this year. About 12,500 were expected to die from this disease, with some 8,600 expected to be males.

We believe patients need a hospital who will be there to fight as hard they do in the battle against cancer. Spalding Regional is working hard to provide quality care for our patients and we won't give up.

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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 2003 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 2003 our Community Wellness Team organized multiple educational seminars throughout our community and reached some 450 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, 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 2003 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 2003 year.

Committee Members:

Dr. James Barlow	Lucy Cawthon
Dr. Anthony Castro-Poveda	Nancy Franklin
Dr. John Chryssochoos	Sharon Marsh
Dr. Alan Helrich	Mitzi May
Dr. Robena Medbery	Lela McFerrin
Dr. Glen Morehead	Gwen Parks
Dr. Diana Rodgers-Soriano	Kim Stephens
Carolyn Arbuckle	Cindy Woods
Kaylene Canfield	Laura Young

Tumor Registry Report

An integral part of the cancer program, the Oncology Registry at Spalding Regional Medical Center (SRMC) collects, analyzes and disseminates data on all cancer patients seen at the facility. In 2003, the Registry collected data on 297 cases. Of these, 237 were patients who were diagnosed and/or received their first course of treatment at SRMC.

The Registry includes more than 3,000 cases with data being collected since 1993. The data collected is used to provide information on diagnosis, treatment received, including surgeries, radiation therapy and chemotherapy, end results and survival. The Registry submits data monthly to the Georgia Center for Cancer Statistics and yearly to the National Cancer Database. It also participates in special studies as requested by other state and federal agencies.

The Registry staff conducts a wide range of services. It provides means and methods for abstracting cases, complete and thorough case finding and patient follow up.

Additionally, it coordinates Tumor Conferences and provides information from the database at each meeting. It also meets or exceeds all standards set forth in the American College of Surgeons Oncology Program Guide.

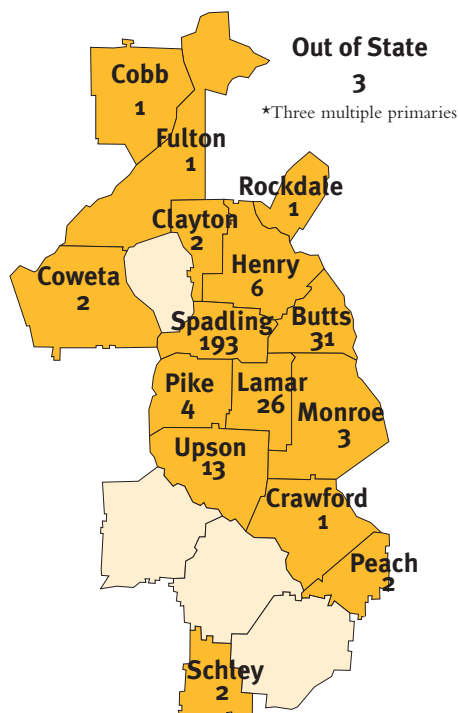
The Tumor Registry at Spalding Regional Medical Center has been collecting data on our patients seen with malignancy since January 1, 1993 with a total of 3,129 cases. During 2003, 297 cases were added to the database with 237 of these cases being newly diagnosed and receiving a portion of their care at SRMC. **The following graphs and tables demonstrated the demographics of the entire 2003 year.**

2003 Cases by Primary Site

Primary Site	# of Patients
Lung	57
Breast	39
Prostate	38
Colon	27
Cervix	18
Bladder	16
Lymphoma	11
Kidney	10
Unknown and Ill Defined Primary	10
Bone Marrow	8
Rectum	7
Larynx	6
Uterus	5
Stomach	4
Pancreas	4
Skin	4
Soft Tissue	4
Hypopharynx	3
Esophagus	3
Liver	3
Vagina	2
Ureter	2
Tongue	1
Gallbladder	1
Penis	1
Other Biliary	1
Vulva	1
Testis	1
Brain	1
Thyroid	1

*Cervix includes in situ cases.

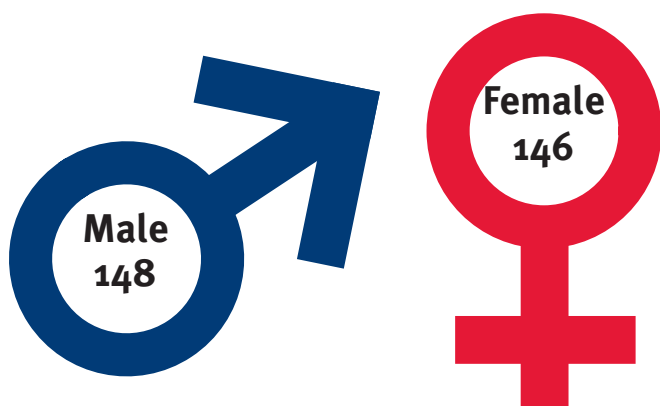
2003 Patients by County



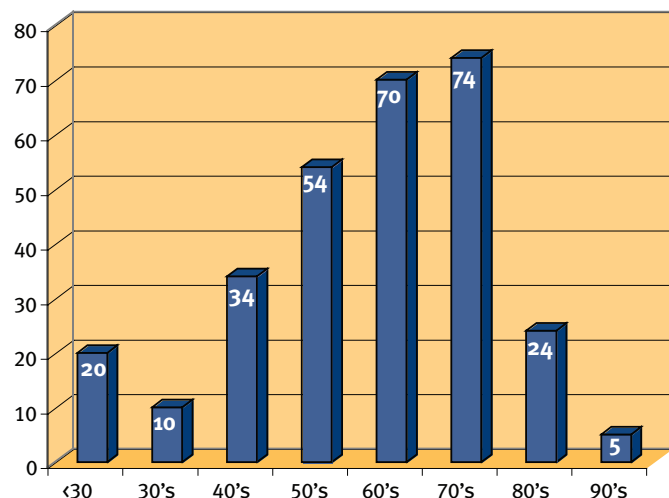
2003 Patients by Sequence

1st of Multiple Primaries	14
2nd Primary	9
3rd Primary	1
4th Primary	1

2003 Cases by Sex

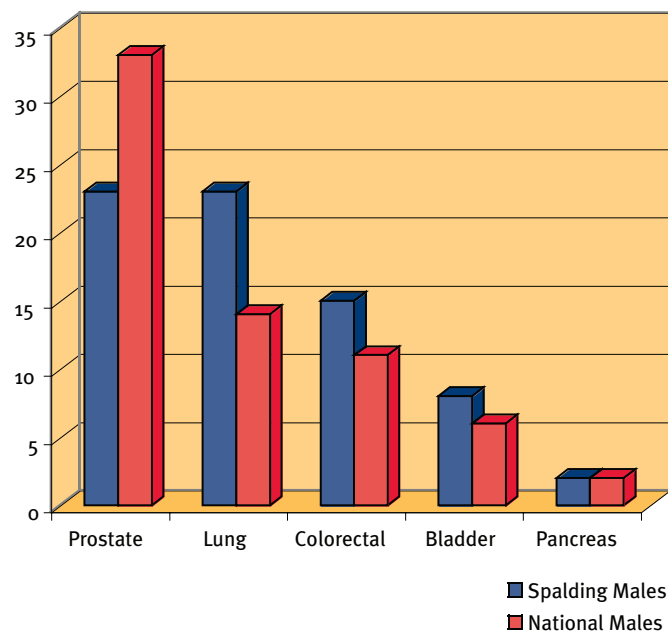


2003 Patients by Age at Diagnosis

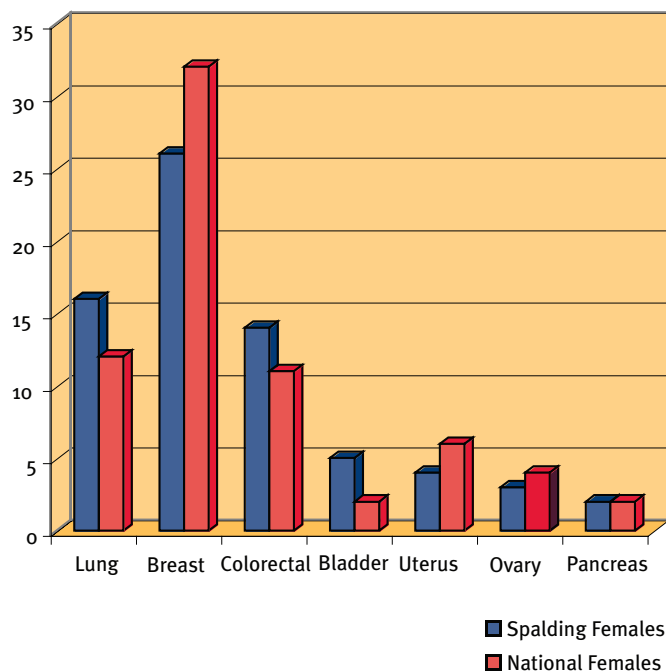


The charts below show our incidence by percentage of newly diagnosed cases by sex and primary site as compared to the estimated new cases by the *American Cancer Society's Cancer Facts and Figures, 2003*.

Males

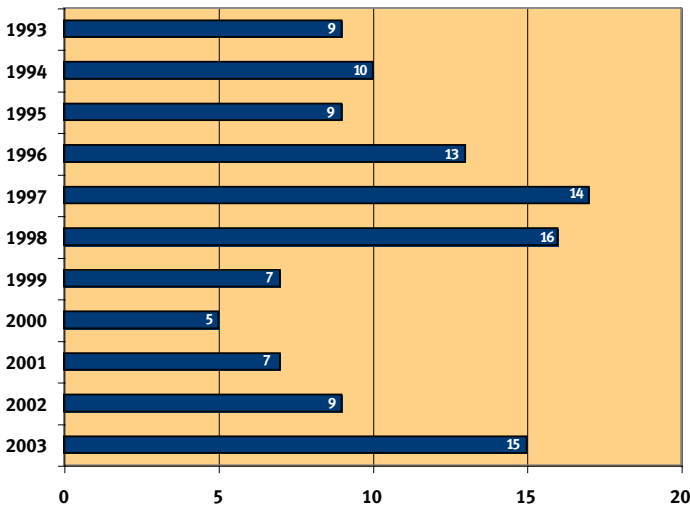


Females



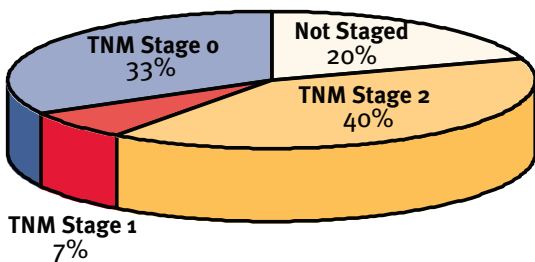
Bladder Incidence at Spalding Regional Medical Center

Bladder is consistently in the top primary sites seen at SRMC. Through the years we have seen a total of 136 cases. Of these 114 were newly diagnosed cases. The number of new cases of bladder malignancy by year is presented in the following chart:



According to the *American Cancer Society's, Cancer Facts and Figures, 2003* "Overall, bladder cancer incidence is nearly four times higher in men than in women. At SRMC in 2003 we find that 9 of our patients were men and 6 women which is similar to the national expectations.

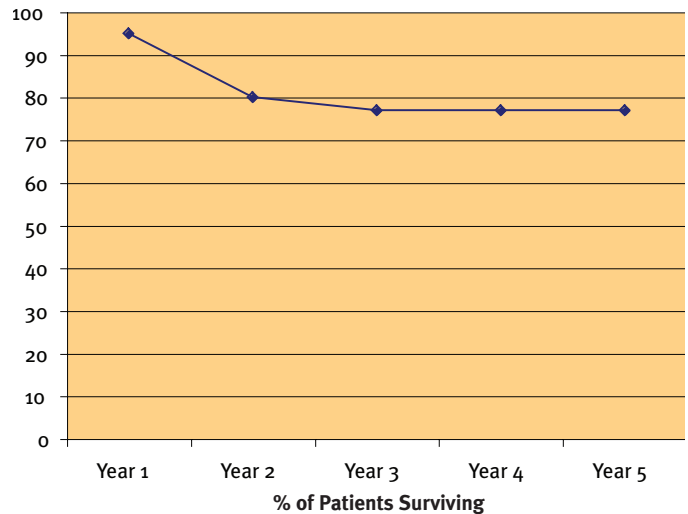
These are most often caught at early stages as seen in the following chart demonstrating in the 2003 cases by TNM stage:



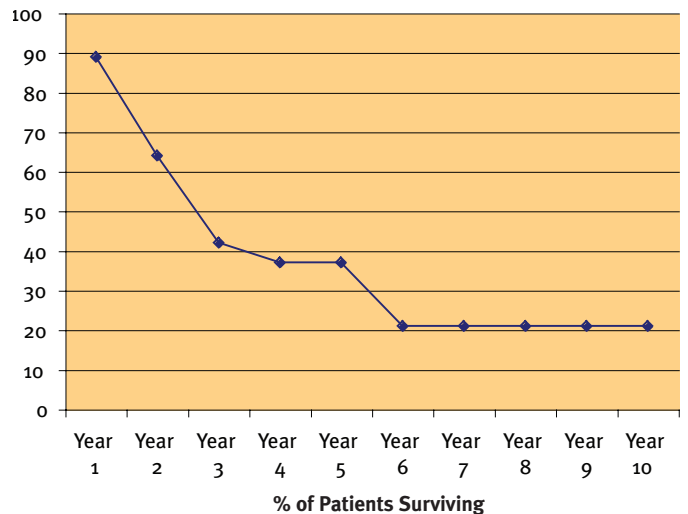
All of our patients were treated with surgery which corresponds to the *American Cancer Society's, Cancer Facts and Figures 2003* "Surgery, alone or in combination with other treatments, is used in more than 90% of cases."

ACS Cancer Facts and Figures 2003 also states, "When diagnosed at a localized stage, the 5 relative survival rate is 94% . . . For regional and distant stages, 5 year relative survival rates are 48% and 6% respectively. Beyond five years, survival continues to decline, with 76% of patients surviving 10 years after diagnosis, and 66% surviving 15 years. The following graphs demonstrate our survival for 5 and 10 year cases we have been following in our database.

1998 Bladder Survival



1993 Bladder Survival





Dr. Diana Rodgers-Soriano

Letter from Chairperson

The American Cancer Society (ACS) estimated that during 2003, approximately 57,000 individuals of both genders would be diagnosed with cancer of the urinary bladder, most commonly Transitional Cell Carcinoma. Of these, around 12,500 were expected to die of the disease.

According to ACS, overall bladder cancer incidence is nearly four times higher in men than in women, and 1.5 times higher in whites than in African-Americans.


For many, statistical data like that mentioned above, amount to impersonal information that only happens to other people. But these cold facts become closer to home when they are translated to a lifetime risk of 1 in 43 individuals of both genders and ethnic backgrounds. When put this way, we fear to be part of the statistics. If, in addition, one is part of a medical community that day to day witnesses the impact that any type of cancer produces in individuals and their families, then we also feel obliged to reduce that impact. Ideally, the role of physicians should be to prevent the occurrence of cancer; in reality, our limited understanding of the multifactorial etiology of malignancies makes prevention still a dream. Early detection, though, is a more realistic goal.

At Spalding Regional Medical Center, 15 new cases of Transitional Cell Carcinoma were diagnosed during 2003.

According to ACS, overall bladder cancer incidence is nearly four times higher in men than in women, and 1.5 times higher in whites than in African-Americans.

The demographic distribution mirrors that of the literature and other places in the United States, with the diagnosis more commonly made in men than women, and usually between the ages of 55 and 84 years. Most of these cases were identified in the early stages, meeting the goal of the hospital to detect cases of bladder cancer at the earliest stage possible. Since there are no guidelines for screening, the best possible strategy is to enlist the community that we serve, making early detection a joint effort.

Therefore, the hospital, through its Department of Education, addresses life styles and habits that may reduce risk factors for bladder carcinoma, such as fiber-rich diets, moderate regular exercise, and smoking cessation. Without adding unnecessary concerns, the hospital also educates the community about the need to seek medical advice when urinary symptoms, often not specific, are present. Our well qualified medical team may be alerted to the presence of this malignancy by a simple urine test, initiating the path to prompt diagnosis.

It is possible that new developments, such as molecular tests on urine samples, converge into the implementation of screening guidelines in the future. Meanwhile, our team at Spalding Regional Medical Center will continue to partner with our community, closely monitoring the activity of this and other types of cancer, as part of our commitment to a better, comprehensive and participatory medical care. 

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

01/07/03	BREAST
03/04/03	AJCC STAGING FORMS 2003
03/17/03	ESOPHAGUS
04/01/03	BREAST
05/19/03	PROSTATE
06/03/03	TESTIS, KIDNEY
07/21/03	CERVIX
08/05/03	BREAST, GROIN
09/02/03	COLON
09/15/03	ENDOMETRIUM, MULTIPLE SITES UPDATE
10/07/03	BREAST
11/17/03	COLON, GALLBLADDER
12/19/03	CANCER RELATED FATIGUE