Southeast Georgia Health System, a not-for-profit institution accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), has served the healthcare needs of residents and visitors to the beautiful Golden Isles and surrounding areas of southeast Georgia since 1888.
Headquartered in the historic port city of Brunswick, the System employs more than 1,500 team members and serves the healthcare needs of residents from eight counties in southeast Georgia - Brantley, Camden, Charlton, Glynn, Long, McIntosh, Pierce, and Wayne.

The Health System includes the Brunswick and Camden campuses, three Immediate Care Centers, an Ear, Nose and Throat Surgical Center, and two Sleep Management Centers. In addition, Southeast Georgia Health System has helped to bring physician services to the community through an infectious disease specialty practice, three Family Medicine Centers, and Southeast Georgia Physician Associates. The Brunswick Campus was named by the Georgia Alliance of Community Hospitals as the 2004 Large Hospital of the Year.
The Cancer Committee at Southeast Georgia Health System understands the importance of teamwork. Each week our multidisciplinary tumor board consisting of medical oncologists, radiation oncologists, surgeons, pathologists, radiologists and primary care physicians meet to discuss routine and complex oncology cases. A collective plan of action is formulated for the specific patient and then implemented by the attending physician.

We as physicians benefit greatly from group discussions. We continue to learn from multiple viewpoints given on each individual patient; and, this in turn translates into improved patient care as each case basically receives many second opinions.

The extra care and consideration given by our staff of physicians each week at Tumor Conference may help to explain why our outcomes are often so positive.

Southeast Georgia Health System’s comprehensive cancer program delivers:

1. Clinical services that offer state-of-the-art evaluation, staging, treatment and clinical follow up for cancer patients.

2. Leadership through the Cancer Committee, which sets goals, monitors activities, evaluates patient outcomes and recommends protocols to enhance patient care.
When cancer hits close to home, we are right here. We have the experience, the expertise and an appetite for excellence.

Our highly trained team of cancer specialists has one goal: optimal patient outcomes. We recognize the complex needs of our cancer patients and understand how important it is to lead with compassion. Equally important, we follow through with comprehensive treatment and rehabilitation.

Our nationally recognized Community Hospital Comprehensive Cancer Program is moving into a new state-of-the-art facility, and for the first time our diagnostic, treatment and therapy programs will be under one roof -- just down the hall from each other.

The Health Information Center, scheduled to open at the same time, will be another valuable resource for patients and their families. We believe greater knowledge about the disease brings back a sense of control during a trying time when everything seems out of control.

3. Monthly cancer conferences provide a forum for patient consultation and contribute to physician education.

4. A quality improvement program constantly evaluates protocols and identifies opportunities to improve patient outcomes.
The Community Hospital Comprehensive Cancer Program at Southeast Georgia Health System recently received national certification by the American College of Surgeons. This accreditation validates the Health System’s multidisciplinary approach, involving collaborative consultation among surgeons, nurses, medical and radiation oncologists, diagnostic radiologists, pathologists, and rehabilitation therapists. It also recognizes that members of the medical staff are board certified and board eligible in the required major medical specialties and that the Health System will participate in required clinical research.

This is the third consecutive accreditation for the Health System’s Brunswick Campus. Certification involves rigorous peer review of 35 practice standards and eight medical management categories, including quality review, clinical practice, data collection, Cancer Committee and Tumor Board leadership, clinical research, community outreach and education opportunities.

Being an approved cancer program demonstrates a facility’s ongoing commitment to providing high quality multidisciplinary cancer care. There are only 1,430 recognized programs in the United States and Puerto Rico, representing 25 percent of all hospitals. These comprehensive cancer programs are responsible for diagnosing and treating 80 percent of the estimated 1.3 million individuals who will be diagnosed with cancer this year.

Accredited centers must offer high quality programs and services, including:

- A multi-specialty team of doctors and allied health professionals, who work together to assure the best cancer treatment options available
- State-of-the-art services, equipment and technologies
- Access to appropriate information, education and support for patients, families and friends
- A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow up
- Ongoing monitoring and improvement of care
- Information about clinical trials and new treatment options

Cancer Care Center Earns Accreditation

CERTIFICATIONS

- Community Hospital Comprehensive Cancer Program
- JCAHO
  Joint Commission on Accreditation of Healthcare Organizations
- ACS
  American College of Surgeons
- ACR
  American College of Radiology
- ARRT
  American Registry of Radiologic Technologies
- ARDMS
  American Registry of Diagnostic Medical Sonography
- CNMT
  Certificate of Nuclear Medicine Technology

Nuclear medicine camera used to identify the “stage” or extent of cancer involvement.
The Georgia Comprehensive Cancer Registry, which administers all cancer data reporting for the state, recognized Southeast Georgia Health System’s Brunswick Campus as one of eight hospitals consistently generating outstanding reports on local cancer cases. The award was presented during the Georgia Tumor Registrar Association’s annual conference for participating hospitals.
Experience  Expertise  Excellence

L-R Salim M. Osta, MD, medical director oncology unit, T. Wayne Rentz, Jr., MD, chief of staff for Brunswick Campus.

L-R Mike M. Mazzotta, pathology physician assistant, with Mark Hanly, MD, pathologist.
The Health System’s Cancer Committee is required by the American College of Surgeons to voluntarily participate in the development and evaluation of the System’s annual goals and objectives for clinical programs, data collection, community outreach, and quality improvement. This involvement enables the committee to identify access to care issues, physician practice concerns, and improvements in cancer registry data collection activities.
The treatment of cancer requires the expertise of a number of different health care professionals, working together to treat and care for the person with cancer and their families. These include surgeons, radiation oncologists, medical oncologists, oncology nurses, dietitians and psychologists to name but a few. Which of these specialists a patient sees will depend, in part, upon the type and stage of their cancer.

The Health System brings these specialists together during Tumor Board to review best practices. This gives every patient the benefit of the System’s considerable expertise. The Tumor Board, which meets weekly to discuss recent cases, is linked via Telnet to the Camden Campus, providing a forum where specialists can present their cancer cases and participate in discussions about diagnosis and treatment.

Radiology & Radiation Oncology
All six of the Health System’s radiologists are board certified by the American College of Radiology. They actively participate in Tumor Board and serve on the Cancer Committee.

Radiology services perform approximately 150,000 procedures annually. The sub-specialties (modalities) include:

- Diagnostic Radiography
- CAT Scan
- MRI
- Nuclear Medicine
- PET Scan
- Ultrasound
- Mammography
- DEXA
- Interventional Radiology

The Health System’s successful radiation oncology program stresses a multidisciplinary medical approach to assure that cancer patients have access to the best in treatment protocols. Specialists include physicians, physicists, dosimetrists, nurses, radiation therapists, nutritionists, social workers and other wellness support staff. Together, they offer external beam radiotherapy using linear accelerators (teletherapy), interstitial or intracavitary radiotherapy ("brachytherapy"), total body irradiation, 3-D conformal treatment, and intensity modulated radiation therapy (IMRT), and other specialized therapies for both the curative and palliative treatment of cancer.

Team meetings enhance patient care. L-R Elizabeth Corbitt, dosimetrist, David McNally, medical physicist, Bruce Tripp, MD, radiation oncologist, Julia Sheppard, RN, radiation oncology nurse, Angela Swindell, radiation therapist, Jackie Flanagan, transcriptionist, and Shari Duncan, office coordinator.
Medical Oncology
At the heart of any successful cancer care program are the highly qualified medical oncologists and oncology nurses. They specialize in cancer medications, including chemotherapy, hormones and analgesics, as well as hematology services and the ongoing management of cancer treatment protocols. Because this is a rapidly evolving area of medicine, the oncology unit of the Health System’s Brunswick Campus completes oncology specific competency studies every year, under the supervision of the unit manager and the team coordinator. Both are nationally certified in oncology (OCN). All of the oncology staff stay up to date with the latest cancer treatments by attending in-services on and off campus.

The inpatient and outpatient units are operated using Oncology Nursing Society standards as a guideline to ensure the highest quality of cancer care. There are nine specially trained chemotherapy certified nurses on the units. Five of those nurses are nationally certified in oncology. The entire staff is dedicated to serving cancer patients and their families. This commitment is evident in the hours of continued education, the diligence in maintaining certifications, and the ongoing efforts to maximize patient outcomes.

Care for each patient is carefully planned, so that patients are supported throughout their treatment program. The medical oncology staff collaborates with other healthcare professionals during weekly interdisciplinary meetings. These team meetings bring together rehabilitation services, resource management, dietary, respiratory therapy, nursing, pharmacy and other disciplines to review and support treatment plans developed by patients’ doctors. Patients surveyed after leaving the hospital often use three words: compassionate, attentive and professional to describe their experience. Medical oncology staff members use one word to describe their feelings about helping others: rewarding.
Southeast Georgia Health System understands that choosing a cancer care center for treatment is an important first step. National publications suggest that patients choose a cancer care center that offers accreditation by the American College of Surgeons, highly skilled and compassionate professionals, and advanced treatment protocols. The Health System excels in all three areas, particularly with recent investments in state-of-the-art technologies:

**On Board Imager (OBI)**
The Health System is the first hospital in southeast Georgia to offer the On-Board Imager by Varian. This new technology significantly improves the precision and effectiveness of cancer treatments, giving doctors the ability to target and track tumors more accurately. An automated system enhancement for image guided radiation therapy, the On-Board Imager enables clinicians to obtain high-resolution, three-dimensional images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot.

**Positron Emission Tomography (PET)**
A significant advance in detection and staging technology, PET detects abnormalities in cellular activity generally before there is any anatomical change. A PET scan can, in many cases, identify diseases earlier and more specifically than ultrasound, X-rays, CT, or MRI. Because of its advanced capabilities, PET scans can effectively identify the “stage” or extent of cancer involvement long before they manifest in other modalities.

**Intensity Modulated Radiation Therapy (IMRT)**
A highly precise method of treatment, IMRT enables variances in radiation dose distribution to target areas by automatically controlling the intensity of the radiation beam within the given treatment field. This means that a much higher dose of radiation may be directed toward the tumor while maintaining appropriate lower doses toward surrounding normal tissue, thus reducing unwanted side effects.
Linear Accelerators with Multi-Leaf Collimation (MLC) & IMRT
Varian’s Clinac EX accelerators are high performance systems, offering:

- The greatest number of energy options to treat the widest range of patients
- Exceptional pin point accuracy for optimum portal imaging
- The highest dose rates across the energy spectrum for greater throughput

These capabilities, combined with integrated MLC and portal imaging, enable the Health System’s treatment teams to perform the most advanced computer-driven IMRT and conventional therapy techniques.

Brachytherapy
An exciting innovation in radiotherapy or radiation treatments, brachytherapy includes both interstitial and intracavitary irradiation. It allows a radioactive source to be placed within or near the treatment area, so that a high dose of radiation can be given to a very limited area. The volume of tissue that is treated is limited, and the surrounding normal tissue receives a lower dose of radiation than it would if external beam irradiation was used instead.

Picture Archive Communication System (PACS)
Digital imaging is rapidly changing radiology and the healthcare industry. PACS utilizes computer technology to capture, store, manipulate and send digital images instead of using film. PACS offers traditional analog modalities (such as x-ray), as well as digital modalities (such as MRI and CT), flexibility and efficiency while reducing film-related operational costs. Referring physicians and interpreting radiologists have instant access to the images upon completion. These images are viewed at any designated computer station within the hospital or at remote locations (e.g., physician’s offices) via the web. It is for these reasons that Southeast Georgia Health System recently made an initial capital outlay of $4.5 million to deploy this cutting edge technology in image management.
Southeast Georgia Health System’s cancer registry systematically collects information about the occurrence (incidence) of cancer, the types of cancers diagnosed and their locations within the body, the extent of cancer at the time of diagnosis (disease stage), and the kinds of treatment that local patients receive. The data, which is collected annually, is reported to The Georgia Center for Cancer Statistics, the statewide registry for Georgia.

Information gathered locally helps state cancer registries*

• Monitor cancer trends over time.

• Determine cancer patterns in various populations.

• Guide planning and evaluation of cancer control programs (e.g., determine whether prevention, screening, and treatment efforts are making a difference).

• Help set priorities for allocating health resources.

• Advance clinical, epidemiologic and health services research.

• Provide information for a national database of cancer incidence

* From the Centers for Disease Control and Prevention

Brunswick Campus

Started in 1992, the Brunswick Campus registry report has tracked more than 6,947 new patients, who were either diagnosed and/or treated at the Brunswick Campus. An additional 1,263 patients were being seen for recurrent or progressive disease.

For 2004, 586 new patients were seen for their cancer and 58 patients were seen for recurrent or progressive disease.

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
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<tbody>
<tr>
<td>Breast</td>
<td>118</td>
<td>2</td>
<td>116</td>
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<tr>
<td>Lung</td>
<td>97</td>
<td>56</td>
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<tr>
<td>Prostate</td>
<td>84</td>
<td>84</td>
<td>0</td>
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<tr>
<td>Colo/rectal</td>
<td>48</td>
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<td>20</td>
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<tr>
<td>Bone Marrow</td>
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<tr>
<td>Bladder</td>
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<td>24</td>
<td>5</td>
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<tr>
<td>Uterus/Cervix/Ovaries</td>
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</tr>
<tr>
<td>Head and Neck</td>
<td>19</td>
<td>16</td>
<td>3</td>
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<tr>
<td>Lymph Nodes</td>
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<tr>
<td>Kidney</td>
<td>17</td>
<td>10</td>
<td>7</td>
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<tr>
<td>Skin</td>
<td>15</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Unknown Primary</td>
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<td>7</td>
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<tr>
<td>Brain</td>
<td>12</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Thyroid</td>
<td>10</td>
<td>3</td>
<td>7</td>
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<tr>
<td>All Others</td>
<td>32</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>586</td>
<td>292</td>
<td>294</td>
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</tbody>
</table>

Brunswick Campus History

Joe Robb, Cancer Care Center director.
Southeast Georgia Health System provides state-of-the-art surgical services, including numerous minimally invasive techniques, which contribute to quicker recoveries and fewer days in the hospital. The surgeons at Southeast Georgia Health System specialize in the following surgeries: general, colorectal, urology, plastic, otolaryngology, orthopedic, and gynecology.

Breast cancer is one of the most common diagnoses nationally and in the Southeast. Our general surgeons and plastic surgeons are trained to treat breast cancer patients surgically from diagnosis and initial surgery to reconstruction and implants. They also perform innovative, less invasive stereotactic breast biopsies and sentinel lymph node biopsies.
American Joint Committee on Cancer (AJCC) staging is used to describe how far the tumor has spread from the primary site. For primary sites (breast, prostate, colo/rectal and bladder), many of these cancers are diagnosed in the earlier stages of 0-2, which have very good survival. Lung cancers and some other rare cancers usually are discovered in the Stage 3-4, which have very poor survival.

### Camden Campus

The Camden Campus Cancer Registry was started in 1995. With the completion of 2004 cases, Camden now has ten years worth of data.

In 2004, Camden Campus diagnosed and/or treated 58 new patients and 4 patients with recurrence disease, bringing their total new patients to 492 and 99 recurrent patients.

<table>
<thead>
<tr>
<th>SITE GRP</th>
<th>TOTAL</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50</td>
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<td>17</td>
</tr>
<tr>
<td>C34</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>C18</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>C61</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>C77</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>All Others</td>
<td>17</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td>21</td>
<td>37</td>
</tr>
</tbody>
</table>

### Extent of Disease when Diagnosed 2004

- **Stage 0**: 6% of cases
- **Stage 1**: 19% of cases
- **Stage 2**: 19% of cases
- **Stage 3**: 13% of cases
- **Stage 4**: 5% of cases
- **N/A**: 11% of cases
- **Unknown**: 6% of cases

The stage distribution of the cases seen at the Health System’s Brunswick Campus in 2004. (AJCC does not apply to some cancers, accounting for the n/a group.)
New, softer mammography pads improve the patient experience during mammography exams. L-R Patrick Elbi, PhD, Imaging Services director, and Yvonne Taylor, RT(R)(M), Women’s Imaging coordinator. Once the image is generated, radiologists use computer-aided detection, CAD, to enhance accuracy of interpretation by 25 percent over what the human eye can see.

Donna Zigmund, RN, resource management, encourages a patient during chemotherapy treatment.
According to the Center for Disease Control, lung cancer is the second most common cancer and the most common cause of cancer related deaths in both men and women. Expectations are that 172,570 new lung cancer cases will be diagnosed in 2005, including 4,800 in Georgia, and an estimated 163,510 deaths will be attributed to lung cancer with 4,550 deaths in Georgia.*

The most common cause of lung cancer is smoking, accounting for 90 percent of lung cancer deaths in men and 80 percent in women. People who smoke are 10 - 20 times more likely to develop lung cancer than those who don’t smoke.

Smoking history for the Health System’s Brunswick Campus patients diagnosed during 2000-2004 shows that at the time of diagnosis:

- Current smokers were 50 percent
- Former smokers accounted for 42 percent
- Non smokers represented five percent
- Status unknown was 3 percent

There are approximately 3,000 nonsmokers that die each year from secondhand smoke. In the fight against lung cancer, the most preventive tool available is to not smoke or quit if you are smoking.

Unlike breast and prostate cancer, which have effective screening mechanisms in place for early diagnosis, lung cancer screening has not been established. Most lung cancers are discovered when signs and symptoms appear. The most common symptoms of lung cancer are:

- Shortness of breath
- Coughing that doesn’t go away
- Wheezing
- Coughing up blood
- Chest pain
- Fever
- Weight loss

These symptoms do occur with other illnesses and diseases. If any of these symptoms persist, medical attention should be sought immediately. Unfortunately, once these symptoms appear, the cancer has usually spread beyond the original tumor.

At the Health System’s Brunswick Campus, lung cancer is the second most common cancer. During the last five years, 495 patients have either been diagnosed and/or treated for lung cancer. Of these 495 patients, 56 percent were from Glynn County with the remaining 44 percent from outlying counties. There were 289 males and 206 females. There were 415 Caucasians and 80 African Americans. Ages 60-79 accounted for 60 percent of the patients. Of this group, many were former smokers, some for as many as 20 years. Ages 40-59 accounted for 28 percent of the patients and many of the current smokers. Under 40 accounted for 1 percent of the patients and 80+ accounted for 11 percent.

*Philip Saleeb, MD, pulmonologist, has been an advocate of smoke-free buildings since coming to Coastal Georgia in the late 70s.
Survival rates for lung cancer are generally not good because diagnosis is typically after the disease has progressed to stages three or four. Seventy percent of the lung cancer patients treated by the Health System during 2002 – 2004 were already at stage three or four when diagnosed. Many of these patients died within the first year.

**Comparison to National Cancer Database for 2000 and 2001**

*(Non Small Cell Carcinoma Lung Cancers Only)*

The National Cancer Database was established so that hospitals which are accredited by the American College of Surgeons could compare their data with other hospitals that were similar. The following comparisons are based on data from 2000 and 2001 and reflect the stage at time of diagnosis.

Treatment data is also collected. The following information is from the same 924 hospitals, comparing their treatment to the Health System’s Brunswick Campus. This information was based on 114 patients from Brunswick and 74,280 patients from the other hospitals.

<table>
<thead>
<tr>
<th>BRUNSWICK CAMPUS (%)</th>
<th>NATIONAL</th>
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<tbody>
<tr>
<td>Surgery</td>
<td>13.2</td>
</tr>
<tr>
<td>Radiation</td>
<td>19.3</td>
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<td>Surgery/Radiation</td>
<td>2.6</td>
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<tr>
<td>Radiation/Chemo</td>
<td>28.1</td>
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<tr>
<td>Chemotherapy</td>
<td>9.7</td>
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<tr>
<td>Other Treatments</td>
<td>4.3</td>
</tr>
<tr>
<td>No Treatment</td>
<td>22.8</td>
</tr>
<tr>
<td>Totals</td>
<td>100%</td>
</tr>
</tbody>
</table>

*All data from the Brunswick Campus based on analytical cases from 2000-2004. Data from the CDC taken from the website: Cancer Prevention and Control Section: Lung Cancer Questions and Answers, at www.cdc.gov/cancer/lung/qa.htm
Data from the American Cancer Society’s: Cancer Facts and Figures, 2005*
Assisting patient is Laura Vaughan, registrar.

Bruce Tripp, MD, radiation oncologist, and Julia Sheppard, RN, with patient.

Kristen Townsend, OTR, notes physical therapy activity in patient's chart.

Louise McDowell, ASCP, histotechnician.

Steve Barr, MD, plastic surgeon, Daniel Reichenbach, MD, general surgeon, and Robert Hawkins, Jr. MD, colorectal surgeon.

Medical oncology nurses Emma Hill, CNA, and Susan Sisk, RN.