



Cancer Registry

2012-2013 DATA



SOUTHEAST GEORGIA
HEALTH SYSTEM

CANCER CARE CENTERS

This report highlights data and services offered by Southeast Georgia Health System during 2012 and 2013. Our focus was on expanding our services to reduce the travel and financial barriers for patients in our outlying communities.

With the opening of the Cancer Care Center on the Camden Campus in January 2012, radiation oncology and medical oncology services became available for the first time in Camden County. With radiation treatment typically requiring several weeks of daily treatment, the Center is extremely convenient for those living in Camden County and nearby.

Staffed with a full-time radiation oncology team and part-time medical oncology team, the Cancer Care Center-Camden offers a seamless integration of chemotherapy and radiation therapy, similar to the Cancer Care Center on the Brunswick Campus. A Varian 2100c Linear Accelerator allows state-of-the-art conventional radiation treatments, and the medical oncology wing is equipped with four infusion chairs. When needed, cancer care is complemented by the CyberKnife® radiation and high-dose-rate brachytherapy treatment modalities on the Brunswick Campus.

In 2013, we also began offering Positron Emission Tomography (PET/CT) scans on the Camden Campus. PET/CT is useful in measuring the effects of cancer treatment on a tumor, including the size of a tumor, if the tumor is spreading, and if therapy is working. The addition of this technology enables our medical staff to stage and treat cancer without patients having to leave their community.

The Coastal Georgia Affiliate of Susan G. Komen again supported Mammograms In Motion with a grant for \$45,000 in 2012 and another \$50,000 in 2013. This collaborative effort with area physicians, community health centers and county health departments provides breast health education and outreach, screening mammograms, and diagnostic breast workup services free of charge to uninsured and medically underserved individuals residing in Camden, Glynn, Long and McIntosh counties.

We look forward to more active years with the Cancer Care team and the patients we serve.

Sincerely,



Timothy A. Jamieson, M.D., Ph.D.
Cancer Committee Chairman, 2013



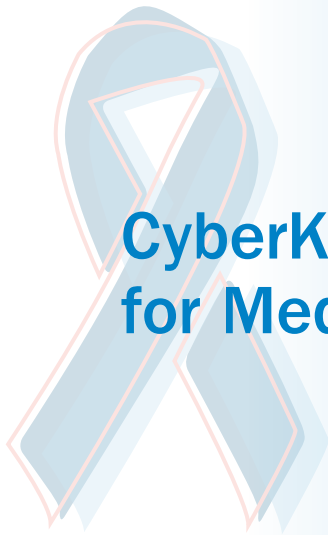
Timothy A. Jamieson, M.D., Ph.D.



Robert L. Hawkins Jr., M.D.



Robert L. Hawkins Jr., M.D.
Cancer Committee Chairman, 2012



CyberKnife® Stereotactic Radiosurgery for Medically Inoperable Stage 1 NSCLC

By Timothy A. Jamieson, M.D., Ph.D.

CyberKnife® Stereotactic Radiosurgery has emerged as the treatment of choice for patients with medically inoperable stage 1 non-small cell lung cancer (NSCLC) and is recommended by the National Comprehensive Cancer Network guidelines. We retrospectively reviewed the outcome of our CyberKnife patients that started treatment in January 2011 for medically inoperable stage 1 NSCLC.

CyberKnife was delivered in three to five fractions to a total dose of 50 to 60 Gray. The patients receiving the lower doses had tumors adjacent to rib, a structure that has a relatively low dose tolerance, and 60 Gray to the rib can result in fracture or pain. Of the ten patients, eight have been controlled as of last follow-up. Two patients have failed locally – one with a marginal miss and one with an in-field failure. These two patients each had lesions adjacent to rib and the dose was reduced to 50 and 52 Gray, respectively. Toxicity was minimal. No patient had grade 3 or 4 side effects, and there were no rib fractures or complaints of chest wall pain.

CyberKnife is an excellent treatment for medically inoperable stage 1 NSCLC. We have a control rate of 80 percent. Due to the two failures at reduced dose, we are now committed to giving the full 60 Gray to lesions adjacent to ribs and will accept a corresponding increased risk of rib fracture or pain. We will re-evaluate our outcomes in the future and expect control rates of 90 percent or higher.

New Cancer Services in Camden County Continue the Commitment to Community Health Care

With the opening of the new Cancer Care Center on the Camden Campus in January 2012, both radiation and chemotherapy treatment became available in one convenient location for the first time in Camden County.

While the Cancer Care Center was a new neighbor, the care providers have long-standing connections to Camden County residents.

“We had been seeing patients in Camden for a number of years for consultation and follow-up,” says Timothy A. Jamieson, M.D., Ph.D., radiation oncologist and medical director for the Cancer Care Centers in Brunswick and Camden. “We’ve gotten to know the community well over the years. It’s gratifying to be able to deliver their care closer to home, knowing that transportation and access won’t be a problem.”

Bringing care close to home is part of Southeast Georgia Health System’s mission. “We felt that adding cancer care treatment to the cadre of services we offer in Camden was meeting an unmet need for our community,” says Gary R. Colberg, FACHE, President & CEO, Southeast Georgia Health System.

A Caring Community

Camden County residents no longer need to travel out of the area for quality cancer care. Now, the Center brings compassion, expertise and advanced technology into the neighborhood.

Because cancer treatments are time-consuming, staying close to home is a real advantage. With repeated treatments, a sense of community develops among patients and care providers.

“Patients really bond with their radiation therapists and nurses because they see them every day for many weeks,” Jamieson says.

World-Class Care Comes Close to Home

To make it possible to offer radiation services in Camden County, the Health System installed an on-site linear accelerator. This powerful machine is capable of delivering not only conventional radiation, but also a specialized treatment called intensity-modulated radiation therapy, or IMRT.

IMRT uses image guidance and computerized pre-planning to maximize radiation exposure to cancer cells while minimizing the exposure of surrounding healthy tissue. By customizing the radiation beam, treatment is more concentrated and effective, while side effects are fewer.

In 2011, the Health System implemented CyberKnife® radiation treatment in the Cancer Care Center located in Brunswick. Patients who come to Camden for consultation are evaluated to see if they would benefit from this treatment as well. “No matter which Center patients go to, they’ll have the full expertise for all capabilities available in our Cancer Care Centers,”

Jamieson says.

Consultations, treatment, evaluations and follow-up care are all done under one roof at the Cancer Care Center in Camden. “The opening of our Camden Center is just one example of our initiatives to expand access to care for the patients we serve,” says Colberg.



Breast Care Center Earns Designation as Breast Imaging Center of Excellence

One of Three in Southeast Georgia

The Southeast Georgia Health System Breast Care Center on the Brunswick Campus was designated a Breast Imaging Center of Excellence (BICOE) by the American College of Radiology (ACR) in 2013. At the time, it was one of only three designated Breast Imaging Centers of Excellence in the Southeast Georgia region, and the status had been granted to only 30 other facilities in the state.



By awarding the BICOE designation, the ACR affirms that the Breast Care Center has achieved high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures, and quality assurance programs.

The Breast Imaging Center is fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.

New PET/CT Imaging System Enhances Cancer Care Services on Camden Campus

Southeast Georgia Health System began offering PET/CT scans, one of the more advanced imaging systems for cancer care, at the Camden Campus in November 2013. Previously, the system was only available at the Brunswick Campus. PET/CT is especially useful in measuring the effects of cancer treatment on a tumor.

The addition of the PET/CT scanner on the Camden Campus helps physicians stage and treat cancer with more accuracy than before. The images from a PET/CT scan provide answers to critical questions such as the size of a tumor, if it's spreading, and if the therapy is working.

The PET/CT is a great technology for physicians and patients alike. Having this capability available locally, along with the Cancer Care Center, allows patients and their family members the convenience of remaining close to home for this essential service.

Community Health Screenings

Screening Mammograms and Outreach:

The Wellness on Wheels (WOW) is a mobile health vehicle that brings patient education, preventive health care and screening services to residents of Southeast Georgia who live in outlying or rural areas, regardless of their ability to pay. In an effort to raise awareness about the importance of healthy lifestyle choices and reduce barriers to care, the WOW travels monthly to nine health department and medical locations, as well as makes visits to schools, businesses, and other community locations and events throughout the year. Equipped with full-field digital mammography equipment, the WOW can perform screening mammograms for any woman with a physician's order. Patients

receiving abnormal results are guided by the patient navigator to ensure continuum of care and reduce gaps in follow-up.

Prostate Screening:

In recognition of National Prostate Cancer Awareness Month, the Health System offers free prostate screening events in Brantley, Glynn, Camden and McIntosh counties. Men age 45 or older, or anyone with a family history of prostate cancer, are encouraged to attend. Results are mailed to the patients, and those with abnormal results are instructed to follow up with their primary care physician or contact the Cancer Care Center for follow-up.

Mammography Screening on WOW

	2012	2013
Total screening volume:	859	853
Total lost to follow-up post screening:	6	5
Total callback (BIRADS 0) volume:	46	43
Total BIRADS 2 (from callbacks):	25	20
Lost to follow-up after diagnostic:	4	5

Total malignancies detected and treated: 4 3

Prostate Screening

	2012	2013
Total screened:	257	247
Total declined PSA or DRE:	16	16
Total benign prostatic hyperplasia:	1	12
Abnormal DRE:	12	13
High PSA:	13	12

Total malignancies detected and treated: 0 1



L to R: Molly Brown, B.S., RT(R)(M), Coordinator, Women's Imaging, Breast Care Center; DelRia T. Baisden, Vice President, Southeast Georgia

Health System Receives Grant from Komen Coastal Georgia Affiliate for Fourth Year

The Health System's commitment to fighting breast cancer and its "Mammograms in Motion" project were recognized with a generous \$45,000 grant in 2012 and a \$50,000 grant in 2013 from the Coastal Georgia Affiliate of Susan G. Komen. The grant helps to provide screening and diagnostic breast imaging services for uninsured and underserved patients. The Health System previously received a grant for \$40,000 in 2011.

Led by the Health System, "Mammograms in Motion" is a collaboration with area physicians, community health centers and county health departments to provide breast health education and outreach, screening mammograms and diagnostic breast workup services to uninsured and medically underserved individuals residing in Camden, Glynn, Long and McIntosh counties using the Health System's Wellness on Wheels (WOW) mobile health vehicle.

Because of the availability of the grant funds, individuals who qualify for participation in the "Mammograms in Motion" program have no out-of-pocket costs for these services. Recipients who receive screening mammograms and need to return for follow-up care will receive diagnostic exams and possible biopsy services, all paid for by the grant.

Services vary per patient, and advanced diagnostic studies and biopsies are provided based on the results of the patient's screening mammogram. Since inception in 2011, "Mammograms In Motion" has provided more than 600 mammograms, physician visits, and biopsies to patients who otherwise would not have had access to care for a host of reasons, including out-of-pocket costs, transportation, and lack of access to care.

The custom-designed WOW, a completely self-contained mobile health vehicle funded by the Foundation, features the same advanced digital mammography equipment found at the Health System Breast Care Center. It is staffed by female mammography technologists specially trained to perform breast imaging, and all mobile unit mammograms are read by the same group of board-certified radiologists who review Breast Care Center mammograms. The WOW is accredited by the American College of Radiology and certified by the U.S. Food and Drug Administration.

Southeast Georgia Health System Cancer Registry



Cheryl Walker, RHIA, CTR
Cancer Registry Coordinator

The Southeast Georgia Health System Cancer Registry operates under the direction and guidance of the Cancer Committee, and is located within the Brunswick Campus Cancer Care Center. The Cancer Registry began in 1992 and currently has a reference date of 1997 for the

Brunswick Campus and 1995 for the Camden Campus. The current database contains data pertaining to patient demographics, cancer diagnosis, treatment information, staging and outcomes since that time. Currently there are 15,973 cases accessioned into the Registry, and 13,610 analytical cases are followed annually.

There are currently two cancer data management professionals on staff. The Cancer Registry Coordinator and the Cancer Registry Abstractor perform case finding, abstracting, and patient follow-up; coordinate quarterly Cancer Committee meetings and weekly Tumor Board Conferences; supply reports of database information to medical and administrative staff; complete the annual American College of Surgeons Commission on Cancer Facility Update; and report all reportable cases to the Georgia Comprehensive Cancer Registry and the National Cancer Data Base. The Cancer Registry also follows our patients annually to determine health changes and provide information for survival and outcomes data.

Cancer Registry data are available for multiple uses, including reporting of results and evaluation of quality of care, as well as for research needs and educational purposes. Periodic follow-up is an important function of the Registry and increases the likelihood that patients will receive appropriate medical care for early detection and treatment of recurrent or new cancer. This early detection can potentially improve chances of survival. Information obtained through follow-up provides researchers and clinicians with a means to study the disease process and efficacy of treatment modalities.



2013 Tumor Board

Tumor Board Conference Cases Presentation Summary Primary Site (164 Total Cases)

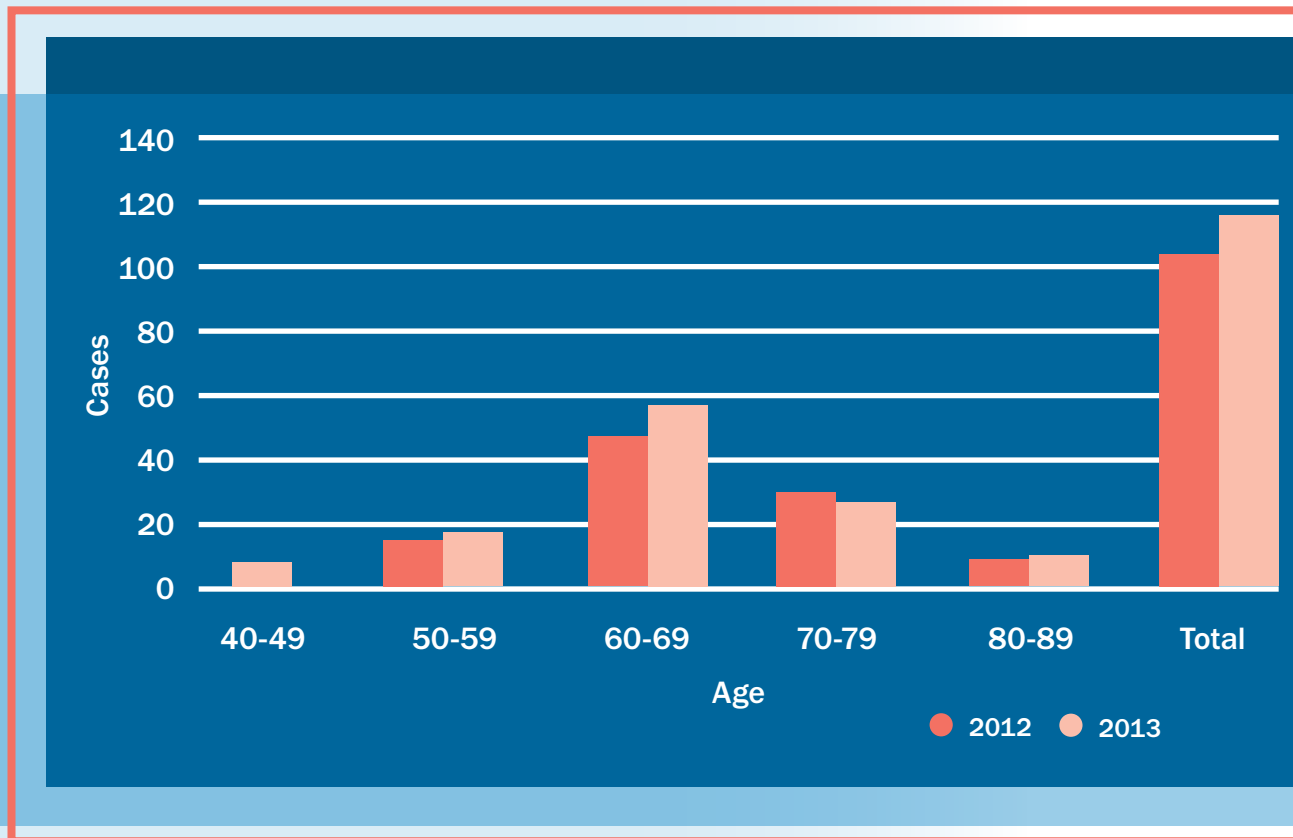
Anus	2	Larynx	2	Rectum	3
Bone	2	Liver	2	Sinus	1
Bone Marrow	7	Lung	47	Skin	5
Bladder	3	Lymph Nodes	4	Soft Tissue	5
Brain	3	Mesentery	1	Stomach	3
Breast	27	Ovary	2	Thyroid	2
Cervix Uteri	2	Pancreas	1	Tongue	4
Colon	13	Penis	1	Tonsil	4
Esophagus	3	Pericardium	1	Unknown Primary	3
Floor of Mouth	1	Prostate	3	Vulva	1

The Multidisciplinary Tumor Board Conferences are held weekly on Wednesdays on the Brunswick Campus, with the Camden Campus joining the meeting by tele or videoconference. The meeting consists of surgery, radiation oncology, medical oncology, radiology, pathology, and a variety of other medical specialties, providing an opportunity

to prospectively review cancer cases and provide consultative services for treatment planning and education. National Treatment guidelines, staging, prognostic factors and clinical trial options are discussed at these conferences. In 2013, there were 44 conferences with 164 cases presented.

Focus on Prostate Cancer

2012 and 2013 Prostate Cases by Age



2012 and 2013 Prostate Cases by Stage



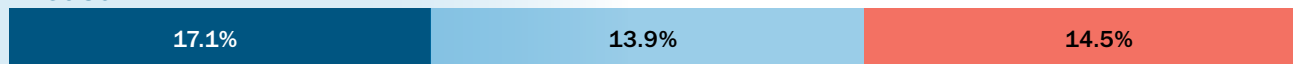
2012 Primary Site Table

Primary Site	Total (%)	Sex		Class of Case		Status		AJCC Stage Group					No Schema	Unknown
		M	F	Analy	NA	Alive	Exp	0	I	II	III	IV		
ORAL CAVITY & PHARYNX	25 (2.8%)	18	7	18	7	21	4	0	3	2	4	9	0	0
Tongue	11 (1.2%)	7	4	7	4	9	2	0	0	2	3	2	0	0
Salivary Glands	3 (0.3%)	3	0	1	2	1	2	0	0	0	1	0	0	0
Floor of Mouth	1 (0.1%)	0	1	1	0	1	0	0	0	0	0	1	0	0
Gum & Other Mouth	2 (0.2%)	2	0	2	0	2	0	0	2	0	0	0	0	0
Tonsil	8 (0.9%)	6	2	7	1	8	0	0	1	0	0	6	0	0
DIGESTIVE SYSTEM	124 (14.0%)	61	63	118	6	76	48	3	17	20	29	30	2	17
Esophagus	10 (1.1%)	5	5	9	1	4	6	0	2	1	1	5	0	0
Stomach	6 (0.7%)	4	2	6	0	1	5	0	0	0	1	3	0	2
Small Intestine	8 (0.9%)	5	3	7	1	6	2	0	1	3	0	2	0	1
Colon Excluding Rectum	51 (5.8%)	28	23	48	3	41	10	3	8	7	20	9	0	1
Cecum	10	6	4	10	0	9	1	0	2	2	4	2	0	0
Appendix	1	1	0	1	0	1	0	0	0	1	0	0	0	0
Ascending Colon	4	2	2	4	0	4	0	0	2	0	2	0	0	0
Hepatic Flexure	2	0	2	2	0	2	0	0	0	2	0	0	0	0
Transverse Colon	6	4	2	6	0	4	2	0	2	1	1	2	0	0
Splenic Flexure	2	2	0	2	0	2	0	1	0	0	1	0	0	0
Descending Colon	1	1	0	1	0	1	0	0	0	0	0	0	0	1
Sigmoid Colon	20	8	12	18	2	15	5	2	2	1	11	2	0	0
Large Intestine, NOS	5	4	1	4	1	3	2	0	0	0	1	3	0	0
Rectum & Rectosigmoid	21 (2.4%)	9	12	20	1	17	4	0	5	3	4	1	0	7
Rectosigmoid Junction	6	2	4	6	0	4	2	0	0	0	2	0	0	4
Rectum	15	7	8	14	1	13	2	0	5	3	2	1	0	3
Anus, Anal Canal & Anorectum	1 (0.1%)	0	1	1	0	1	0	0	0	1	0	0	0	0
Liver & Intrahepatic Bile Duct	3 (0.3%)	2	1	3	0	2	1	0	0	0	0	0	1	2
Gallbladder	1 (0.1%)	0	1	1	0	1	0	0	0	0	1	0	0	0
Other Biliary	3 (0.3%)	1	2	3	0	0	3	0	0	0	1	0	0	2
Pancreas	19 (2.2%)	7	12	19	0	2	17	0	1	5	1	10	0	2
Peritoneum, Omentum & Mesentery	1 (0.1%)	0	1	1	0	1	0	0	0	0	0	0	1	0
RESPIRATORY SYSTEM	179 (20.3%)	88	91	168	11	73	106	0	30	16	43	75	0	4
Larynx	16 (1.8%)	11	5	16	0	11	5	0	5	4	3	2	0	2
Lung & Bronchus	163 (18.5%)	77	86	152	11	62	101	0	25	12	40	73	0	2
SOFT TISSUE (INCLUDING HEART)	7 (0.8%)	2	5	7	0	5	2	0	2	0	4	1	0	0
SKIN EXCLUDING BASAL & SQUAMOUS	29 (3.3%)	10	19	27	2	23	6	1	13	1	5	1	1	5
Melanoma -- Skin	25 (2.8%)	10	15	23	2	19	6	1	11	1	5	1	0	4
Other Non-Epithelial Skin	4 (0.5%)	0	4	4	0	4	0	0	2	0	0	0	1	1
BREAST	151 (17.1%)	2	149	145	6	142	9	18	56	53	8	8	0	2
FEMALE GENITAL SYSTEM	42 (4.8%)	0	42	35	7	36	6	3	10	4	6	4	0	8
Cervix Uteri	10 (1.1%)	0	10	9	1	9	1	0	2	2	4	1	0	0
Corpus & Uterus, NOS	19 (2.2%)	0	19	15	4	18	1	0	6	1	1	1	0	6
Corpus Uteri	18	0	18	15	3	17	1	0	6	1	1	1	0	6
Uterus, NOS	1	0	1	0	1	1	0	0	0	0	0	0	0	0
Ovary	7 (0.8%)	0	7	6	1	3	4	0	1	0	1	2	0	2
Vagina	2 (0.2%)	0	2	1	1	2	0	0	0	1	0	0	0	0
Vulva	4 (0.5%)	0	4	4	0	4	0	3	1	0	0	0	0	0
MALE GENITAL SYSTEM	109 (12.3%)	109	0	91	18	102	7	2	30	55	2	2	0	0
Prostate	103 (11.7%)	103	0	85	18	96	7	0	27	54	2	2	0	0
Testis	3 (0.3%)	3	0	3	0	3	0	0	3	0	0	0	0	0
Penis	3 (0.3%)	3	0	3	0	3	0	2	0	1	0	0	0	0
URINARY SYSTEM	61 (6.9%)	41	20	61	0	54	7	25	19	7	3	6	0	1
Urinary Bladder	45 (5.1%)	32	13	45	0	41	4	25	10	5	2	3	0	0
Kidney & Renal Pelvis	14 (1.6%)	9	5	14	0	11	3	0	8	1	1	3	0	1
Ureter	2 (0.2%)	0	2	2	0	2	0	0	1	1	0	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	18 (2.0%)	8	10	14	4	12	6	0	0	0	0	0	14	0
Brain	13 (1.5%)	7	6	11	2	7	6	0	0	0	0	0	11	0
Cranial Nerves Other Nervous System	5 (0.6%)	1	4	3	2	5	0	0	0	0	0	0	3	0
ENDOCRINE SYSTEM	22 (2.5%)	6	16	20	2	21	1	0	11	1	3	2	1	2
Thyroid	21 (2.4%)	6	15	19	2	20	1	0	11	1	3	2	0	2
Other Endocrine including Thymus	1 (0.1%)	0	1	1	0	1	0	0	0	0	0	0	1	0
LYMPHOMA	36 (4.1%)	22	14	32	4	29	7	0	11	6	1	12	0	2
Hodgkin Lymphoma	1 (0.1%)	1	0	1	0	1	0	0	0	0	0	1	0	0
Non-Hodgkin Lymphoma	35 (4.0%)	21	14	31	4	28	7	0	11	6	1	11	0	2
NHL - Nodal	28	16	12	24	4	21	7	0	8	5	1	8	0	2
NHL - Extranodal	7	5	2	7	0	7	0	0	3	1	0	3	0	0
MYELOMA	17 (1.9%)	13	4	12	5	12	5	0	0	0	0	0	12	0
LEUKEMIA	21 (2.4%)	11	10	20	1	12	9	0	0	0	0	0	20	0
Lymphocytic Leukemia	5 (0.6%)	2	3	4	1	5	0	0	0	0	0	0	4	0
Myeloid & Monocytic Leukemia	15 (1.7%)	8	7	15	0	7	8	0	0	0	0	0	15	0
Acute Myeloid Leukemia	6	3	3	6	0	1	5	0	0	0	0	0	6	0
Chronic Myeloid Leukemia	8	5	3	8	0	6	2	0	0	0	0	0	8	0
Other Myeloid/Monocytic Leukemia	1	0	1	1	0	0	1	0	0	0	0	0	1	0
Other Leukemia	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	0
MESOTHELIOMA	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	0
KAPOSI SARCOMA	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	0
Kaposi Sarcoma	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	0
MISCELLANEOUS*	40 (4.5%)	23	17	37	3	21	19	0	0	0	0	0	37	0
Total	883	416	467	807	76	639	244	52	202	165	108	151	88	41

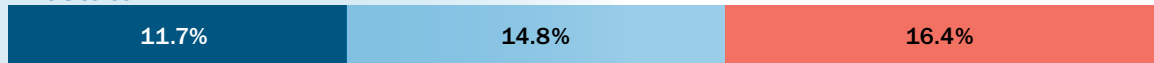
2012 Top Ten Cancer Cases: Southeast Georgia Health System vs. USA vs. Georgia

	SGHS	USA	Georgia
Breast	151	229,060	6,970
Prostate	103	241,740	7,900
Melanoma	25	76,250	2,150
Lung/Bronchus	163	226,160	6,570
Colorectal	71	143,460	4,090
Thyroid	21	56,460	1,008
Corpus Uteri	18	47,130	1,170
NH Lymphoma	35	70,130	1,840
Pancreas	19	43,920	1,059
Bladder	45	73,510	1,680
All Others	232	431,090	20,693
Total Cases	883	1,638,910	48,130

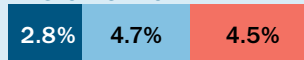
Breast



Prostate



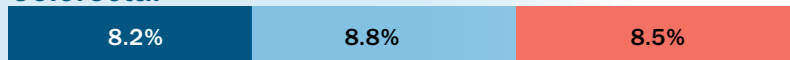
Melanoma



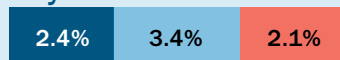
Lung/Bronchus



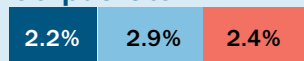
Colorectal



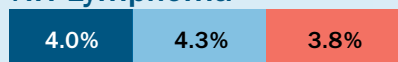
Thyroid



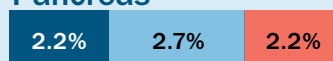
Corpus Uteri



NH Lymphoma



Pancreas



Bladder



All Others



● Southeast Georgia Health System
● USA
● Georgia

* Estimated cancer cases from:
 The American Cancer Society
 Cancer Facts & Figures 2012



Quality Report Study: Stage 1 Glottic Cancer 1998 to 2008

By Kenyon M. Meadows, M.D.

Each year, a physician member of the Cancer Committee performs a study to assure that nationally recognized treatment guidelines are used in the formulation of the first course of treatment for patients newly diagnosed with cancer at the Southeast Georgia Health System Cancer Care Centers.

Site: Stage 1 Glottic Larynx

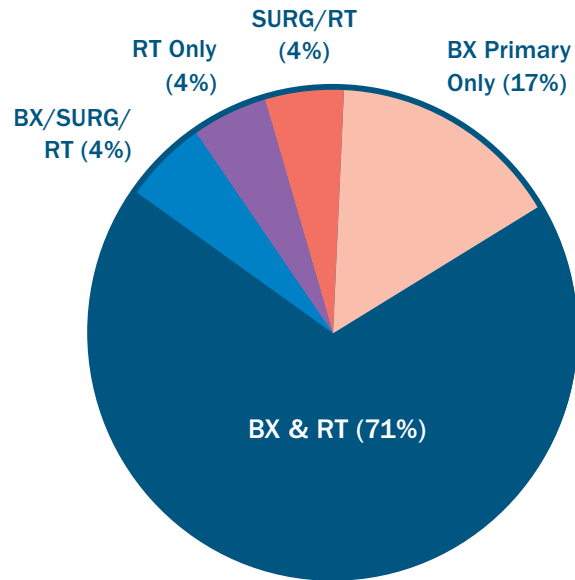
Background:

Early stage glottic larynx cancer is a highly curable malignancy that is typically managed with definitive radiotherapy or, less commonly, a variety of larynx-preserving surgical procedures. The local control rates with radiotherapy are approximately 90 percent, translating to an overall survival rate at five years of 75 percent, with the vast majority of patients dying of causes not directly related to their cancer.

Demographics of Health System patients versus the National Cancer Data Base (NCDB) reveal there was a more pronounced ratio of male (91.6 percent versus 79.5 percent) to female (8.3 percent versus 20.4 percent) patients seen in our Health System. The distribution of ages at first diagnosis was similar.

Graph 1 shows the modalities used in the curative or first course of treatment at the Health System while the table shows a comparison to the NCDB. Definitive radiotherapy is the dominant approach at the Health System, whereas surgery alone or in combination with radiotherapy is much more prevalent in the NCDB. Certainly a significant proportion of these surgical procedures include CO2 laser cordectomy excisions, which are not offered currently at our Health System.

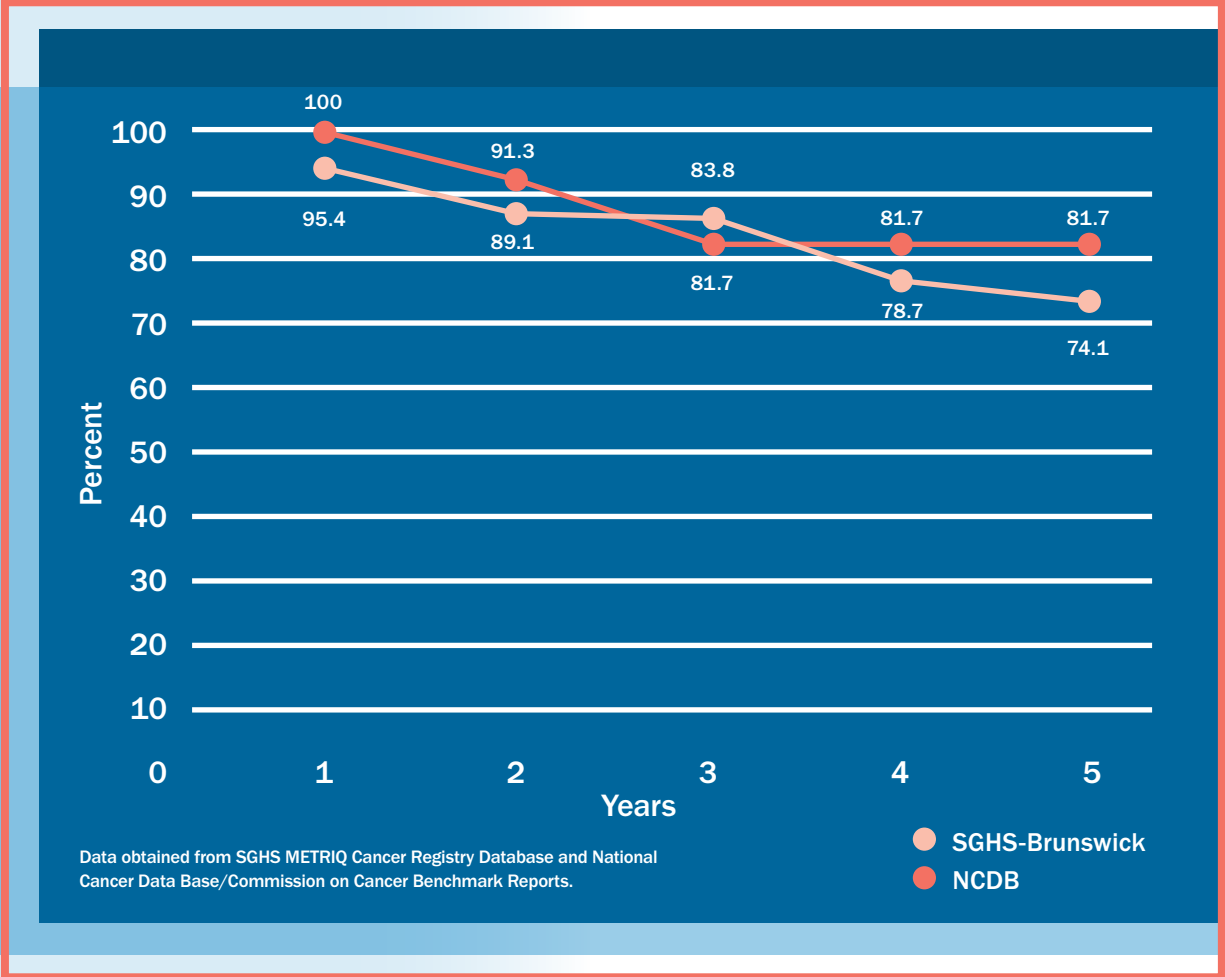
Brunswick Campus Stage 1 Glottic Cases by First Course Treatment



	SGHS Brunswick (%)	NCDB (%)
BX Primary Site Only	12.50%	8.94%
Other Therapy Only	4.17%	4.28%
RT Only	74.99%	29.59%
SURG/RT	8.34%	15.94%
SURG Only	0%	16.80%
SURG/RT/Chemo	0%	4.85%
RT/Chemo	0%	19.60%

Observed Survival Stage 1 Glottic Cancers

Brunswick vs. NCDB 1998 to 2008



The graph above depicts the Health System five-year overall survival versus NCDB. Despite the significant treatment pattern differences, our survival rates are similar to or slightly better than the national database. This underscores the essential equivalence of radiotherapy to surgery for this malignancy as indicated by the NCCN guidelines.

Conclusion:

Open discussion at Cancer Committee with our Ear, Nose & Throat colleagues concludes that, given our favorable survival rates, continuing our present treatment paradigm is acceptable.

Tasha Gardner

Southeast Georgia Health System Patient Testimonial

Tasha Gardner was 33 in late 2011 when she discovered a lump deep within her left breast and was referred to a surgeon after a needle biopsy revealed she had stage 2 triple negative breast cancer.

After consulting a physician in Savannah for a second opinion, Ms. Gardner chose to have her cancer treatments in her hometown at the Southeast Georgia Health System Cancer Care Center in Brunswick. She was treated with chemotherapy for eight months under the medical direction of Abraham Cheong, M.D., of Southeast Georgia Physicians Associates—Hematology & Oncology, before having a mastectomy. Afterward, she was treated with radiation therapy for about five weeks under the



Tasha Gardner of Brunswick, Ga.

medical direction of Kenyon Meadows, M.D., of Southeast Georgia Physician Associates—Radiation Oncology.

“I was very comfortable with my decision to have my cancer treatment locally,” she says. “My physicians were excellent, and everyone at the Cancer Care Center was very humble and engaging. They would always make me feel right at home during my treatments.”

Ms. Gardner finished her cancer treatment in January 2013 and feels positive about the future. She gives the following advice to women. “If you suspect you have a lump, don’t ignore it. Do yourself a favor and get in with your doctor right away.”

Cancer Committee

Quality Health Care Close to Home

The Health System's Cancer Committee is required by the American College of Surgeons to participate in the development and evaluation of the Health System's annual goals and objectives for clinical programs, data collections, community outreach, and quality improvement. This involvement enables the committee to identify access to care issues, physician practice concerns, and improvement opportunities.

2012-2013 Cancer Committee Members

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