

Cancer Registry 2007-2008

DATA 2006-2007



**SOUTHEAST GEORGIA
HEALTH SYSTEM**

CANCER CARE CENTER



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CANCER CARE CENTER

BRUNSWICK CAMPUS



[Southeast Georgia Health System](#), a not-for-profit organization accredited by The Joint Commission, has served the health care needs of residents and visitors to the beautiful Golden Isles and surrounding areas since 1888. Headquartered in the historic port city of Brunswick, the Health System employs more than 2,000 team members and serves residents from eight Southeast Georgia counties: Brantley, Camden, Charlton, Glynn, Long, McIntosh, Pierce, and Wayne.

The Health System includes the Brunswick and Camden acute care hospitals; two long-term care centers; a comprehensive Cancer Care Center affiliated with M. D. Anderson Physicians Network®, a subsidiary of the University of Texas M. D. Anderson Cancer Center; Summit Sports Medicine & Orthopaedic Surgery; and centers for endocrinology and diabetes, infectious diseases, heartburn, maternity, and outpatient rehabilitation and wound care.



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CAMDEN CAMPUS



Additionally, there is a Bariatric Care Center of Excellence; three Immediate Care Centers; three Family Medicine Centers; a Community Care Center specializing in pediatrics; multiple physician practices; two sleep management centers, and much more.

Many accolades have been bestowed on the Health System, including the Georgia Alliance of Community Hospitals naming the Brunswick Campus Large Hospital of the Year 2004 and the Camden Campus Runner-up Small Hospital of the Year 2006.

Most importantly, Southeast Georgia Health System is distinguished by our unflagging dedication to providing quality, affordable health care to the entire Southeast Georgia community.



Cancer is the second leading killer of Georgians. In response to this stark fact, Southeast Georgia Health System has developed a Cancer Care Program that has earned a number of important accolades. The focus is placed squarely on excellent outcomes, care, and service. Advancements in cancer care at our center in 2008 have been truly exceptional.

The American College of Surgeons re-accredited the program at the highest level (three-year certification). This level of prestige is earned by very few programs in the country each year. This distinguishes us from some much larger programs in our region.

The same drive for excellence resulted in our ongoing affiliation with M. D. Anderson Physicians Network®, which began in 2007. Sixteen of our cancer physicians have met the demanding criteria to be credentialed by Physicians Network. Extensive evaluation by M. D. Anderson Physicians Network

demonstrated the quality of outcomes and care that permit this affiliation. This relationship has flourished as several faculty members from The University of Texas M. D. Anderson Cancer Center have visited our Brunswick campus, and some of our own physicians have rounded extensively with the teams in Houston, Texas. My own visit to M. D. Anderson Cancer Center allowed me to get to know several of the faculty in the most impressive thoracic surgery unit I have ever seen. It is a tremendous resource to be able to draw on the massive M. D. Anderson Cancer Center knowledge base and apply it to our patients right here in Southeast Georgia.

As part of our affiliation with M. D. Anderson Physicians Network, the Multidisciplinary Planning Conference, which occurs on a bimonthly basis, augments our own successful **Tumor Board**. Each Wednesday, the cancer physicians gather for lunch and discuss all of the cases from the previous week. Pertinent radiology and pathology findings are formally reviewed. The Camden Campus is linked by real-time video conference. This conference functions as a clearinghouse for these cases, during which the physicians can freely discuss the patients and develop a plan for each of them. This process improves service by efficiently and accurately sharing the cases with the



Walter Scott Jr., M.D.
Chair, Cancer Committee
Southeast Georgia Health System



involved physicians. The success of the Tumor Board is evidenced by a 25 percent increase in physician participation in 2008.

The educational impact of the Tumor Board cannot be overestimated. In a novel educational effort, the Health System teamed up with **Hospice of the Golden Isles** to sponsor the first biannual “Experts Series in Hospice and Palliative Care.” Paul Walker, M.D., from the palliative care faculty at M. D. Anderson Cancer Center visited and spoke on “Management of Pain and Delirium in the Incurable Patient.”

The **Cancer Care Center** offers comprehensive cancer services, including: surgery, radiation oncology and medical oncology. The surgical volume of cancer cases continues to rise as the volume of general, thoracic, urologic, and gynecological surgery strives to meet the rising demand. Both radiation therapy and chemotherapy are administered in the state-of-the-art Cancer Care Center on the first floor of the Outpatient Care Center in Brunswick.

A startling array of tumors was successfully treated here in 2008. The focus is placed on the most common cancers treated, which include: lung, breast, colon-rectal, prostate, and bladder. The results of our treatments are surveyed by both the American College of Surgeons and M. D. Anderson Physicians Network to assure their stringent standards are met.

The Health System has placed tremendous emphasis on all aspects of patient care service. The innumerable physical plant improvements, especially the renovations in the oncology inpatient unit on the fourth floor, are evidence of this dedication.



Further evidence is the frenetic outreach and prevention efforts demonstrated by the ubiquitous “**Wellness on Wheels (WOW)**” mobile health unit. Almost every day of the year, this van can be seen conducting a blood pressure screening, mammogram clinic, bone densitometry screening, and other activity designed to strike at the very diseases that plague our community.

In the battle against cancer, new advances are made every day. Just as quickly, these advances are incorporated in the comprehensive efforts of this Cancer Care Center to prevent, treat, and eradicate these devastating diseases.

There is significant cause for hope. More than 70 percent of solid tumors are cured with treatment. The dedicated physicians and staff of the Southeast Georgia Health System Cancer Care Program are doing everything in their power to provide the latest in technology as well as old-fashioned caring for our patients.

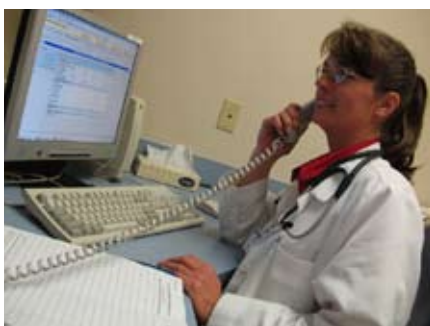


“The burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screenings, and by other early detection examinations, and by preventing or stopping tobacco use, improving diet, and increasing physical activity.”

The cancer program at Southeast Georgia Health System has received national certification by the American College of Surgeons (ACoS) as a Community Hospital Cancer Program, with commendation. 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 major medical specialties. Being an approved cancer program demonstrates our facilities’ ongoing commitment to providing high-quality cancer care.

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NATIONAL CERTIFICATION
BY THE
AMERICAN COLLEGE OF SURGEONS
AS A COMMUNITY HOSPITAL
CANCER PROGRAM



The Health System's Cancer Committee is required by the American College of Surgeons to participate in the development and evaluation of the System's annual goals and objectives for the 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.

The Cancer Committee Members

Walter Scott Jr., M.D.
Cancer Committee Chair,
Thoracic Surgeon

Duane Moores, M.D.
Cancer Liaison Physician,
Hematology/Oncology

Abraham Cheong, M.D.
Hematology/Oncology

Stephen A. Chitty IV, M.D.
Pulmonology; Critical Care Medicine

James Conlan, M.D.
Radiology

Patrick Godbey, M.D.
Pathology

Mark Hanly, M.D.
Pathology

Robert L. Hawkins Jr., M.D.
Colon & Rectal Surgery

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

David Kranc, M.D., Ph.D.
Urology

Kenyon Meadows, M.D.
Radiation Oncology

Antonio Moran Jr., M.D.
Hematology/Oncology

Salim M. Osta, M.D.
Hematology/Oncology

Philip R. Saleeby, M.D.
Pulmonology

Bruce G. Tripp, M.D.
Radiation Oncology

Joe Robb, MPA
Director,
Cancer Care Center

Janice Applegate
Ministry/Faith Works

Karen Brubaker
Executive Director,
Hospice of the Golden Isles

Shannon Crews, R.N., OCN
Medical Oncology

Craig Floyd
PACS Administrator

Carol Joiner
Cancer Registrar

Nancy Neylans, RHIA, CTR
Medical Records

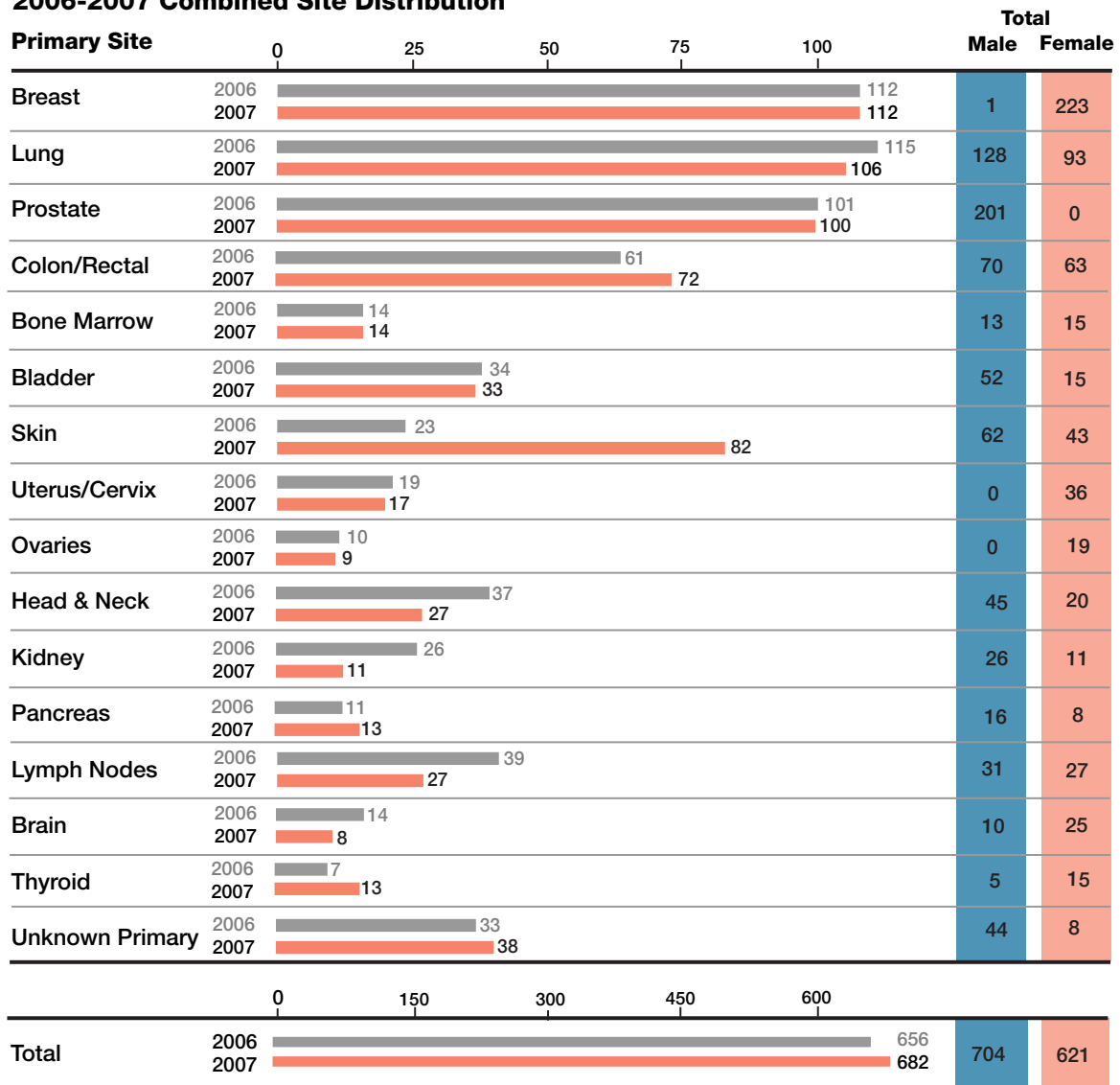
Sharon Proudfoot
American Cancer Society



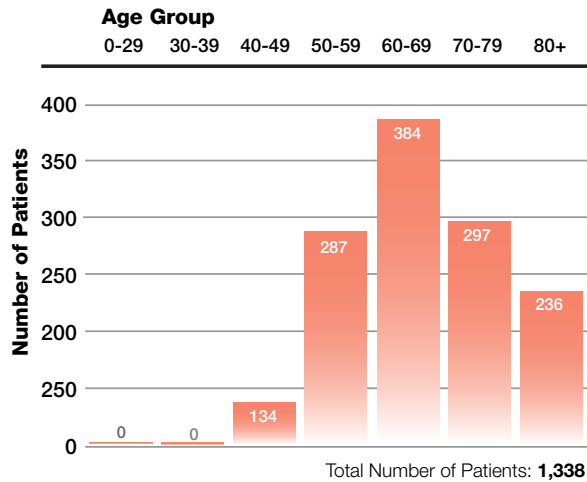
The registry began in 1992, and the Health System has tracked more than 8,792 new patients, who were either diagnosed and/or treated at the Brunswick Campus. An additional 356 patients were being seen for recurrent or progressive disease.

In 2006, there were 656 new patients diagnosed and/or treated, at the Brunswick Campus, and 20 were seen for recurrent or progressive disease in comparison to 39,520 in the entire state of Georgia. In 2007, 682 new patients were diagnosed and/or treated, and 112 were seen for recurrent or progressive disease in comparison to 35,440 new cases in Georgia.

2006-2007 Combined Site Distribution



Combined Age Distribution
2006-2007

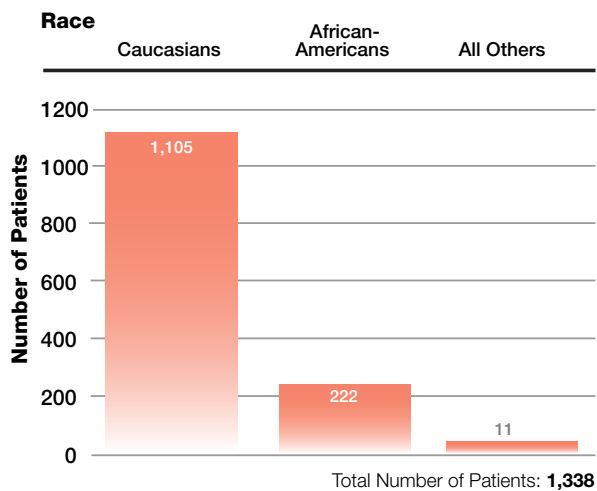


Extent of Disease Stage at Diagnosis
2006-2007

AJCC Stage	Patients	% of Cases
0	77	5.75%
1	229	17.01%
2	226	16.87%
2A	86	6.42%
4	187	13.96%
88	144	10.75%
Other	389	29.07%
Total	1,338	100%

Total Number of Patients: 1,338

Combined Race Distribution
2006-2007



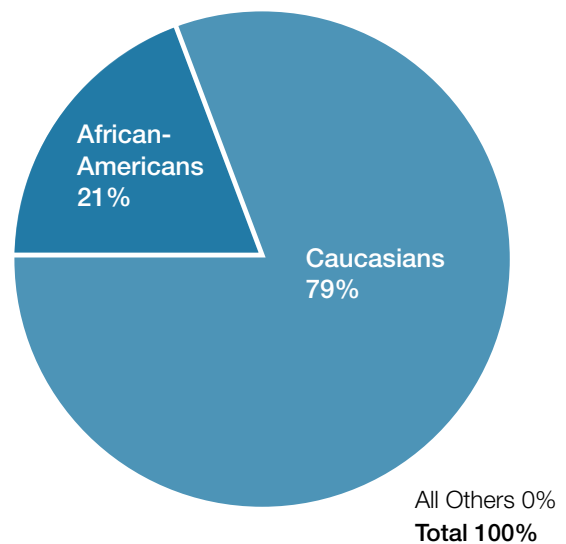


Timothy A. Jamieson, M.D., Ph.D.
Radiation Oncologist

Patients have multiple treatment options for prostate cancer at Southeast Georgia Health System. While radical prostatectomy is performed by our urologists, patients have several radiation treatment modalities available, tailored to the specific cancer characteristics and patient choices. There were 201 newly diagnosed cases of prostate cancer for 2006 and 2007.

Patients with low-risk prostate cancer (Gleason score of six or less and prostate-specific antigen [PSA] below 10) are typically candidates for monotherapy with seed implantation with Iodine-125 radioactive seeds, or external beam to above 75 Gray (Gy), units of radiation, over an eight-week period using Intensity Modulated Radiation Therapy (IMRT) with daily localization of the prostate using fiducials or daily computed tomography (CT) on the linear accelerator. The daily setup on the prostate (it can move substantially due to variations in gas, bladder size) allows for tighter fields and less side effects.

Combined Race Distribution for Prostate Cancer 2006-2007



Patients with intermediate-risk prostate cancer (Gleason score of 7 and PSA less than 20) are typically treated with combination therapy – either a Palladium-103 seed implant followed by a five-week course of external beam to 45 Gray, or external beam to over 75 Gray with concurrent androgen ablation therapy (typically a GnRH agonist injection every three to four months for approximately six months).

Those with high-risk disease (Gleason score over 7 or PSA over 20) typically receive external beam to 76 Gray with two years of androgen ablation therapy.

These are only guidelines, and treatment is individualized depending on the patient’s co-morbidities, sexual activity, and side-effect concerns. Most patients tolerate all of these treatments relatively well, though the side-effect profile for each is unique.

At Southeast Georgia Health System, we perform more than 50 seed implants per year, with about a third being implant alone with Iodine, and two-thirds Palladium in combination with external beam. We deliver external beam to approximately 90 patients per year, approximately 35 in combination with implant, and 55 with external beam alone, with or without hormonal therapy.

Extent of Prostate Cancer Stage at Diagnosis
2006-2007

AJCC Stage	Patients	% of Cases
0	0	0%
1	0	0%
2	109	90%
2A	0	0%
3	5	4%
4	7	6%
Other	0	0%
Total	121	100%



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