St. Joseph’s/Candler

Our Mission
Rooted in God’s love, we treat illness and promote wellness for all people.

Our Vision
To set the standards of excellence in the delivery of healthcare throughout the regions we serve.

Our Values
Compassion
Quality
Integrity
Courtesy
Accountability
Teamwork

Nancy N. and J. C. Lewis Cancer & Research Pavilion at St. Joseph’s/Candler

Our Vision
St. Joseph’s/Candler will develop an integrated, economically viable and regionally focused cancer clinical and translational science program within an easily accessible, visible and highly identifiable outpatient cancer center that complements existing medical staff, hospital services and other regional cancer resources by offering complementary and unique “magnet” oncology services and Phase II clinical research capabilities that provide access to new treatment options and anti-cancer agents not currently available within the region and the state of Georgia.
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National Cancer Institute’s Community Cancer Centers Program (NCCCP)

Selected by the National Cancer Institute since 2007 as a NCI Community Cancer Center Pilot Program (NCCCP), the Lewis Cancer and Research Pavilion has taken steps toward fulfilling the six main goals, or “pillars,” of the NCCCP program. These are:

- **Increase access to clinical trials.** Access to oncology-related clinical trials has increased through the LCRP’s affiliation with the National Cancer Institute; making large, nationwide trials using the latest advances in treatment options available in Savannah. These studies assess treatments for many types of cancer, including breast, colon, prostate, and lung cancers, as well as leukemia and non-Hodgkin’s Lymphoma.

- **Reduce cancer healthcare disparities.** St. Joseph’s/Candler and the LCRP actively reach out to the community, bringing more residents into the system of care and helping the NCI to better understand and address the root causes of disparities in healthcare.

- **Collect, store and share biospecimen samples needed for research.** The LCRP and the Medical College of Georgia have developed a partnership to collect tissue samples from cancer tumors. If an eligible patient chooses to participate in this program, a specialized biospecimen coordinator explains the procedure, and at the time of surgery, any portion of the tumor not needed for diagnosis may be stored for future use by researchers. The National Cancer Institute anticipates that making biospecimens more widely accessible for research will accelerate the translation of research into more effective treatments for patients, including treatments that are personalized and have fewer side effects.

- **Explore the national database of electronic medical records.** Expanding the information available to people who have been screened for cancer, are at high risk, are actively being treated, and are cancer survivors contributes to the knowledge and treatment of cancer. The NCCCP program seeks to link patients medical records, with safeguards for confidentiality and security, to NCI’s electronic patient data repository; doing so could lead to a nationwide network of patient information that will provide enormous benefits to cancer researchers.

- **Promote evidence-based cancer care.** LCRP seeks to improve the quality of cancer care by following practice guidelines that are developed by national cancer organizations. This includes participation in the American Society of Clinical Oncology’s Quality Oncology Practice Initiative which collects data and reports on evidence-based practices. It also includes participation in real-time reporting utilizing the Rapid Quality Reporting System which is part of the Commission on Cancer. As recommended for NCCCP sites, LCRP will integrate genetic testing into our model of cancer care.

- **Expand cancer survivorship and palliative care programs.** The NCCCP seeks to increase the utilization of treatment summaries to facilitate communication among the patient’s healthcare providers. Part of this initiative includes the development of a psychosocial assessment tool, in addition to a palliative care assessment. An estimated 85 percent of cancer patients in the United States are diagnosed in or near the communities in which they live. Unfortunately, many patients are never treated in specialized cancer centers due to the distance from their homes, or for economic reasons. Research evidence has shown that cancer patients diagnosed and treated in multidisciplinary settings, like the LCRP, have a better quality of life and increased access to state of the art treatment. Fortunately for local cancer patients, the NCCCP program at the LCRP is bringing national top quality care and research to Savannah and the Lowcountry.
A Message from the Cancer Committee Chairman

The Lewis Cancer and Research Pavilion continues to broaden its program development to adhere to the Commission on Cancer and the National Cancer Institute standards and initiatives. New developments include early phase clinical trials, implementation of CyberKnife, tissue banking and Radiation Therapy Oncology Group participation.

The CyberKnife Robotic Radiosurgery System is a pain-free, noninvasive alternative to surgery for the treatment of tumors anywhere in the body. The Nancy N. and J.C. Lewis Cancer Pavilion recently acquired this state-of-the-art technology in August, 2011. The CyberKnife system delivers high doses of radiation to malignant and benign tumors with sub-millimeter accuracy thanks to its image guidance system. CyberKnife can continuously track the tumor position and detect the tumor’s location and adjust itself according to patient movement throughout treatment sessions.

Dr. John A. Pablo, Radiation Oncologist here at the Nancy N. and J.C. Lewis Cancer Pavilion works hand in hand with neurosurgeons to administer this type of highly precise treatment to patients. This type of advanced technology utilizes a team approach that involves many different individuals from physics and dosimetry who plan the treatments to highly trained therapists that deliver the treatments to the patients.

The LCRP plays an important role in cancer research by collecting tissue samples, called biospecimens, which help researchers study how cancer develops, grows and spreads. Through these studies, researchers hope to find new ways to detect, treat, and maybe prevent or cure cancer and other health problems. The LCRP has been collecting biospecimens since January 2008.

Tissues removed during surgery are first studied by a Pathologist to make a diagnosis based on the cells seen in the tissue. Oftentimes, there is excess tissue after a complete diagnosis has been made, which is typically disposed of. However, with LCRP’s tissue banking program, a patient can now choose to donate any remaining tissue for research with written consent (giving permission).

Our Biospecimen Research Initiatives program includes partnerships with an NCI designated Cancer Center through Total Cancer Care (TCC) at H. Lee Moffitt Cancer Center in Florida, and an academic center through the Bio-Repository Alliance of Georgia for Oncology (BRAG-Onc) at Georgia Health Sciences University. Through these partnerships the LCRP has been able to collect hundreds of biospecimens to aid in future cancer research.

In the fall of 2011, the LCRP became a member of the Radiation Therapy Oncology Group (RTOG) which enables access to radiation oncology clinical trials.

Diversification of the portfolio by targeting earlier phase trials as well as broadening the trial types opened to include cancer control and prevention trials became a top priority. Although access to trials made available through the Cancer Trials Support Unit (CTSU) by multiple cooperative groups provided an acceptable portfolio, the affiliation of the LCRP with ECOG and RTOG as members has permitted access to earlier phase trials as well as trials that are not available on the CTSU for non-members. Important to the portfolio diversification are the relationships established with three NCI Designated Cancer Centers: Moffitt Cancer Center in Tampa, FL, Emory/Winship in Atlanta, GA and the MUSC in Charleston, S.C. On the state level, a long standing relationship with the Georgia Center for Oncology Research & Education (GA CORE), a statewide clinical trials effort adds to available trials. The physician relationships with pharmaceutical companies have allowed the LCRP access to industry sponsored trials.
A Message from the Cancer Committee Chairman continued

As new trials become available through CTSU, ECOG and RTOG, the research team prioritizes selections based on potential for accruals, i.e., disease sites that are more prevalent, earlier phase trials, and trials categorized as cancer control and prevention. Also, trials that are listed on the NCCCP Screening and Accrual Log are classified as priority for opening. Currently, the LCRP has closed several trials and is evaluating trials for broadening the portfolio. There are 45 active clinical trials covering 18 disease sites.

H.A Zaren, MD
Medical Director, LCRP
Cancer Committee Chairman
Cancer Physician Liaison

Quality Enhancements

The Oncology Program at St. Joseph's/Candler continually evaluates its activities so that appropriate advances are made to the quality of care for our cancer patients.

Goals and Accomplishments

The cancer program at St. Joseph's/Candler holds a full Network accreditation by the American College of Surgeons with commendation in 6 areas. Multidisciplinary Teams are in place setting guidelines for early diagnosis and screening, treatment, supportive care, and rehabilitation for cancer patients.

Our goals are written to help decrease morbidity, and improve the quality of care for cancer patients. The scope of an approved program includes all services and activities necessary to prevent, diagnose, treat, rehabilitate and follow cancer patients treated at the Nancy N. and J. C. Lewis Cancer & Research Pavilion. The goals are divided into 4 different categories: Clinical, Community Outreach, Quality Improvement, and Programmatic.

2011 Goals

Clinical:
• Develop a neuro-oncology program.
• Recruitment of a Gynecology Oncologist to the community.

Community Outreach:
• Obtain American Cancer Society Navigation grant.
• Increase colorectal screenings in the community and surrounding areas.
• Increase head and neck cancer screenings.
• Increase outreach to disparate populations.
Quality Improvement:

- Launch an educational program for the Cancer Committee on medication safety.

Programmatic:

- Implement the Cyberknife Robotic Radiosurgery Program.
- Develop a neuro-oncology research team.
- Develop a Radiation Therapy Oncology Group (RTOG) research team and offer RTOG clinical trials.
- Continue to implement early phase clinical trials.

Multi-Disciplinary Cancer Team

Multi-Disciplinary Cancer Teams (Multi-D) Commitment

The longstanding multidisciplinary conference teams are now officially sub-committees of the St. Joseph’s/Candler Joint Cancer Committee.

Various cancer specialists and related healthcare professionals work on five Multi-Disciplinary Cancer Teams to combat specific types of cancer—breast, thoracic (lung), head and neck, genitourinary (GU), and gastrointestinal (GI). The team members participate on a voluntary basis, taking time away from their personal and professional lives to help constantly improve their approach to patient care.

Building on established guidelines from the National Comprehensive Cancer Network (NCCN), the team shares new ideas and new diagnostic and treatment options, so nothing is overlooked.
Community Outreach

The Lewis Cancer and Research Pavilion team continues to maintain previous community relationships and outreach infrastructure.

SmartSenior

Promoting the overall well being of the people in the community is, in part, accomplished through the most comprehensive senior program in Southeast Georgia—SmartSenior. Members of this program receive free monthly health screenings, including cancer screenings, access to special events, cafeteria discounts at St. Joseph's/Candler, Medicare counseling and educational seminars. This enriching program keeps seniors up to date on the latest healthcare information, while also offering many exciting activities.

Community Events

Sponsorship and involvement in cancer related community events allow St. Joseph's/Candler to give back to the community while raising awareness and financial support for research. Some of the many events sponsored by St. Joseph's/Candler include:

- American Cancer Society's Relay for Life
- Survive the Five…K benefiting cancer survivors and The Lance Armstrong Foundation
- Voices & Faces (ACS)
- Leukemia/Lymphoma Society's Light the Night Walk
- Fishin’ for Jamie melanoma awareness/fundraising event
- Leukemia Cup Regatta & Weekend of Events
- Mobile Screening Unit which provides skin cancer screenings and mammograms
- A partnership with the 100 Black Men to provide prostate cancer screenings
- Participation in numerous community health fairs

Community Health Education

The Lewis Cancer and Research Pavilion is dedicated to education, prevention and early detection of cancer. Through our Oncology Outreach Coordinator, Wanda Jones, RN, OCN, we are able to move our education, prevention and screening efforts into the community. The Community Outreach Program continuously partners with churches, civic organizations and employers to assure that our outreach impacts people in all walks of their lives.

Buddy Check 3

Since early detection is the key to positive outcomes in breast cancer, St. Joseph's/Candler has partnered with WSAV, local TV channel 3, in forming Buddy Check 3. This is a simple reminder that a regular breast self-exam is an important step for early detection. To assist “buddies” in maintaining their self-exam schedule, the Buddy Check 3 package includes a set of monthly self-exam reminder stickers, breast cancer literature and the mobile mammography schedule.
Education

Cancer Conferences

Weekly Cancer Conferences for physicians and allied health employees involved in the care and treatment of cancer patients is an important part of the Cancer Program at the Lewis Cancer and Research Pavilion. The panel of physicians attending the conference includes surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, pulmonologists, and primary care physicians.

The allied health employees in attendance include Patient Navigators, Pastoral Care, Social Workers, Clinical Trial Research Nurses, Oncology Pharmacists, Nutritionists and Hospice and Palliative Care Nurses.

In 2010, there were a total of 116 site-specific conferences held and 445 newly diagnosed cancer patients discussed. Each case presented is reviewed to ensure that the best possible care and treatment is available for that patient. All discussions are strictly confidential.

In keeping with our Vision Statement to set the standards of excellence in the delivery of healthcare throughout the regions we serve, the Cancer Committee provides the physicians and staff with lectures from visiting physicians.

The Cancer Registry encourages all physicians to join the conference. Please contact (912) 819-6159 for additional information.
Cancer Registry

The primary function of the Cancer Registry is to collect and maintain complete and accurate data on cancer patients diagnosed and/or treated at St. Joseph’s/Candler and the Nancy N. and J.C. Lewis Cancer and Research Pavilion. Under the direction of the Cancer Committee, the registry staff reviews hundreds of patient charts each month to participate in data collection for the National Cancer Data Base and the Georgia Central Cancer Registry.

In 2007, our Registry gained national recognition through the National Cancer Institute’s Community Cancer Centers Program and became one of the first registries to collect real time data for the National Cancer Data Base’s (NCDB) Rapid Quality Reporting System Program (RQRS). RQRS is a reporting and quality improvement tool which provides real clinical time assessment of the hospital’s adherence to quality care measures for breast and colorectal cancers. Real time data collected by the registry staff, instead of the usual 6-month delay, assists the medical staff with the evaluation of clinical outcomes and improves the quality of care for our patients.

There were 1858 new cancer cases seen at St. Joseph’s/Candler in 2010. The majority of these cases, (1454 or 78%) were analytic cases. Analytic cases are those patients that are diagnosed and/or received all or part of their first course of treatment at our facility. The remaining cases (403 or 22%) were non-analytic. Non-analytic cases are those patients who are diagnosed and/or received their first course of therapy elsewhere but came to our facility for a part of their treatment or care. 959 of the patients were male and 897 were female and diagnosis occurred most frequently between the ages of 60 and 79.

The top five analytic cancer sites diagnosed at St. Joseph’s/Candler in 2010 were:

- Skin (60 cases or 4%)
- Colorectal (126 cases or 9%)
- Prostate (189 cases or 13%)
- Bronchus & lung (269 cases or 19%)
- Breast (284 cases or 19%)
### 2010 Total Cancer Cases

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Per the National Cancer Data Base (NCDB), a hospital’s annual cancer case data table may not match the NCDB data table for the hospital due to NCDB criteria.
2010 Five Major Cancer Sites

2010 Top Five Sites: Analytic Only

- Breast: 30%
- Lung: 29%
- Prostate: 21%
- Skin: 6%
- Colorectal: 14%
2010 Cancer Cases by Age and Gender

![Bar chart showing 2010 Analytic Cancer Cases by Age and Gender for both male and female genders.]

2010 Cancer Cases by Stage and Gender

![Bar chart showing 2010 Cancer Cases by Stage and Gender, with bars for both male and female genders.]
2010 Top 5 Analytic Female Cancer Cases

Breast  
Lung  
Colorectal  
Thyroid  
Melanoma

2010 Top 5 Analytic Male Cancer Cases

Prostate  
Lung  
Colorectal  
Kidney  
Melanoma
Distribution of 2010 Cancer Cases by Service Area

**Primary Service Area**
- Beaufort County, SC
- Bryan County, GA
- Chatham County, GA
- Effingham County, GA
- Jasper County, SC
- Liberty County, GA

**Secondary Service Area**
- Bulloch County, GA
- Evans County, GA
- Long County, GA
- McIntosh County, GA
- Tattnall County, GA

Most of our analytic patients reside in counties inside the primary service area which includes:
- Chatham County (810 patients or 44%)
- Beaufort County (192 patients - 10%)
- Effingham County (136 patients - 7%)
- Liberty County (126 patients - 7%)
- Bryan County (106 patients - 6%)
- Bulloch County (70 patients - 4%)

The remaining patients (22%) reside outside the primary service area.
Understanding Breast Cancer

According to the American Cancer Society’s Cancer Facts and Figures 2011, an estimated 7,030 new cases of breast cancer were diagnosed in Georgia in 2011. Of the total estimated, 1,596,670 new cancer cases during 2011 in the United States, breast cancer accounted for 232,620 cases or (15%) in both women and men, with 230,480 (14%) in women alone.

Breast cancer was the leading primary site for cancer in women in the United States, second in the state of Georgia, surpassed by lung cancer. Breast cancer was the second leading cause of death in women (39,970 deaths) in the state of Georgia, surpassed by lung cancer.

At St. Joseph’s/Candler Health System there were 354 cases of new breast cancer in 2010 and an estimated number of 407 in 2011. Of the 2010 cases, 283 (80%) were analytic and 71 (20%) were nonanalytic.

Of the analytic breast cancer cases, 230 (81%) were AJCC Stage 0, I or II at initial diagnosis. The remaining 54 cases (19%) were AJCC Stage III, IV or unknown stage. According to the American College of Surgeons Commission on Cancer’s (ACoS,CoC) National Benchmark Report, in 2008, 81% of breast cancers nationwide for community hospitals were also diagnosed Stage 0, I or II. This benchmark ranks the LCRP in line with the ACoS’s staging at diagnosis.

Of the 283 analytic breast cancer cases that presented in 2010 at St. Joseph’s/Candler, 214 (75%) were Caucasian, 64 (23%) were African American; the remaining 6 or 2% patients were listed as Filipino, Chinese and other. The majority of our breast cancer patients were diagnosed between the ages of 60 and 69. According to the ACoSCoC Benchmark Report in 2008, Community hospitals nationwide, 82% of patients diagnosed with breast cancer were Caucasian, 9% African American, 5% Hispanic, and 4% were listed as other or unknown race/ethnicity for community hospitals. The age range nationally for newly diagnosed breast cancers was comparable to ours at 60 to 69 years of age.

Diagnosis and treatment of breast cancer has continued to improve nationally over recent years. The 5-year survival rates for the LCRP and the National are presented on the following graphs for the various stages of disease at diagnosis. LCRP has comparable 5 year survival rates for Stage I being at 89.3% compared to the National rate of 92.1%. Stage II data shows that LCRP is slightly behind at 74.5% and National 85.2%. Stage III data reveals that LCRP is at 62.5% and National is at 66%. Stage IV data at 5 years for LCRP could not be calculated due to a statistically insufficient number while the National data was just under 22% for survival.

To keep in line with the Vision and Values at St. Joseph’s/Candler and the LCRP, to set the standards of excellence in the delivery of healthcare throughout the regions we serve, we continue to diagnose and treat breast cancer patients with compassion, quality, integrity, courtesy, being accountable and through teamwork.

H.A Zaren, MD
Medical Director, LCRP
Cancer Committee Chairman
Cancer Physician Liaison
Five Year Survival Rates for Breast Cancer

National Survival 2003-2004:

SJCHS Survival 2003-2004:
Risk Factors for Breast Cancer

Breast cancer is the most commonly diagnosed cancer in American women, with 229,060 estimated cases of invasive breast cancer in the year 2012. Approximately 39,920 women will die of breast cancer in the United States in 2012. Estimating breast cancer risk for the individual woman is difficult. Most breast cancers are not attributable to risk factors other than female gender and increased age. However, risk factors for the development of breast cancer can be grouped into the following categories:

- Known or suspected BRCA gene mutation: BRCA 1 or 2, TP53, PTEN
- Age: About two out of three invasive breast cancers are found in women 55 or older.
- Ethnicity and Race: White women are slightly more likely to develop breast cancer than African American, Hispanic, and Asian women- but, African American women are more likely to be diagnosed with advanced –stage breast cancer.
- Reproductive history: Age at menarche, parity, age at first live birth, and age at menopause are factors to consider with calculating risk.
- Environmental factors: Current or prior use of hormone therapy and alcohol consumption
- Body Mass Index (BMI): Women with a BMI over 25 have a higher risk of being diagnosed with breast cancer compared to women who maintain a healthy weight, especially after menopause.
- Prior thoracic radiation before age 30 (eg, to treat Hodgkin’s disease)

2010 Analytic Breast Cancer Cases by Age at Diagnosis

![Bar chart showing breast cancer cases by age range in 2010.](chart_image)
Stages of Breast Cancer

The American Joint Commission on Cancer (AJCC) TNM staging system has been approved by our Multidisciplinary Cancer Teams as the official staging system used by our center. The TNM system is used to classify the extent of tumor involvement at the primary site, lymph node involvement, and metastasis. TNM staging reflects our commitment to prevention and early detection of malignant disease, and adherence to national guidelines.

Stages 0, I, IIA, IIB and some cancers of stage IIIA are considered early breast cancer. At these stages, the cancer has not spread beyond the breast or the axillary lymph nodes (under the arm). However, in these early stages, the cancer hasn’t reached the skin of the breast or the tissues of the chest wall, and it hasn’t spread to distant locations such as the liver, lungs, bones, or brain.

Stage IIIA can be defined two different ways. The first way is if the tumor size is not large but the cancer has spread to many axillary (under the arm) lymph nodes or lymph nodes near the breast bone. The second way is if the tumor is large but there is little lymph node spread.

Stage IIIB describes advanced breast cancer in which the tumor has spread to the chest wall or the skin of the breast and may or may not have spread to lymph nodes.

Stage IICC describes cancer that has spread to lymph nodes below or above the collarbone, to many axillary (under the arm) lymph nodes, or to lymph nodes near the breastbone. The tumor may be any size.

Stage IV describes metastatic breast cancer in which the cancer has spread from the breast to other parts of the body, such as the bones (bone metastases), liver, lungs, or brain (visceral metastases). Learn more about metastatic breast cancer. Metastatic breast cancer often develops as a recurrence of a previously diagnosed breast cancer. In a small number of cases, metastatic breast cancer is diagnosed when there was no prior history of breast cancer.
2010 Analytic Breast Cancer Cases by Stage at Diagnosis

![Bar Chart]

- Stage 0: 16%
- Stage I: 40%
- Stage II: 24%
- Stage III: 11%
- Stage IV: 5%
- Stage UNK: 4%

Stage
Telfair Pavilion Breast Care

Telfair Breast Care is one of the many excellent diagnostic and care facilities of Mary Telfair Women's Hospital. We offer an innovative, multi-disciplinary approach to diagnosing breast diseases. Our staff of expertly trained physicians, nurses and technologists aid in the early detection of breast cancer through state-of-the-art mammography.

The Telfair Pavilion was the first in the Savannah area to offer the latest technological advances in diagnosing breast diseases, such as computer-aided detection (CAD) and digital mammography. CAD for mammography assists the radiologist by analyzing mammograms for suspicious areas that may be indicative of cancer. Digital mammography technology produces mammograms digitally instead of using film, thereby enabling image manipulation to enhance quality. New flexible compression paddles increase patient comfort while enhancing tissue visualization through ideal compression.

The Telfair Pavilion is a designated Breast Imaging Center of Excellence by the American College of Radiology, certified by the Food and Drug Administration, and most recently acquired accreditation by the National Accreditation Program for Breast Centers. Telfair Pavilion performs an average of 25,000 exams annually with 18,000 of those being mammography. This outcomes-driven center of excellence meets or exceeds national benchmarks annually for cancer detection rates, positive predictive values, and percent minimal cancers found while maintaining a recall rate below benchmark, proving the worth of its robust screening program. For those patients with positive mammography results, two dedicated breast navigators, both nationally certified, coordinate the patients care and services to create a seamless flow from diagnosis to treatment and ultimately to survivorship. Through a unique partnership program with many referring physicians, navigation agreements and predetermined surgical referral preferences are implemented immediately when a patient has a positive mammogram; decreasing the patient's time to diagnosis and their anxiety levels.

Services available:

- Digital Mammography
- Breast Ultrasound
- Computer-Aided Detection (CAD)
- Cyst Aspiration
- Core Needle Biopsy
- Needle Localization
In September of 2011, The Nancy N. and J.C. Lewis Cancer & Research Pavilion at St. Joseph’s/ Candler Health System were granted a full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease.

NAPBC accreditation demonstrates our firm commitment to offer patients every significant advantage in their battle against breast disease. This mission is pursued through standard-setting, scientific validation, and patient and professional education. Receiving care at our NAPBC accredited breast center ensures that patients will have access to:

- Comprehensive care, including a full range of state-of-the-art services
- A multidisciplinary team approach to coordinate the best treatment options
- Information about ongoing clinical trials and new treatment options
- Quality breast care close to home

We are honored to provide successful management of breast disease at our institution which utilizes a multidisciplinary approach working in concert to efficiently guide patients through a cohesive system of comprehensive care.
Quality

The Cancer Program Practice Profile Report (CP3R) and RQRS developed by the Commission on Cancer serves as a feedback mechanism for participating facilities. By collecting certain quality measures on breast and colorectal cases, these programs are able to promote awareness of the importance of charting and coding accuracy in line with evidence based practice guidelines.

For breast cancer patients, the three measures that are collected are as follows:
1. Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.
2. Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1c, N0, M0, or Stage II or III ERA and/or PRA positive breast cancer.
3. Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c, N0, M0 or Stage II or III ERA and/or PRA positive breast cancer.

For colon cancer patients, the two measures that are collected are as follows:
1. Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.
2. At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

For rectal cancer patients, the following measure is collected:
1. Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4, N0, M0 or Stage III receiving surgical resection for rectal cancer.

The RQRS monitoring system has benefited both patients and physicians. As registrars worked closely with navigators to secure patient information to assure RQRS indicators were met, there were situations where the real time monitoring actually assisted in assuring patient compliance with treatment and reduced potential liabilities for the physician and cancer center. Especially at risk for gaps in the care continuum remain the patients from rural counties within the service area. Four known cases were positively impacted as a result of the registrar's intervention and communications with the treating physician that resulted in patients resuming therapies. The adoption of RQRS influenced a change in the infrastructure of the cancer registry operations that fostered participation with the clinical team. Regularly the registrars meet with the clinical research coordinators, navigators and physician office based clinical staff. This effort has enhanced the data integrity and assured compliance with treatment by eliminating gaps in care.

The LCRP participated in the BETA testing of RQRS. Staffing challenges were addressed as the team shifted tasks and resources to obtain data concurrently with the patient’s diagnosis and treatment experience. The registry team is considered a participant at multi-disciplinary conferences and team meetings. Based on this early experience, the LCRP served and continues to serve as a resource for other NCCCP sites for implementation steps as well as the value of RQRS in a center’s quality improvement program. By using the case review information provided from the CoC, the estimated performance rates have greatly improved in data collection and treatment performance over the past 7 years. In 2004, the registry reported percentages of the above measures from 84% to 90%. Currently, with the registry submitting data to the NCDB through the RQRS program and updating collected data on patients that are eligible for the above measures, the percentage is 91% to 100%.

This information is reported to the Cancer Committee annually.
New Advances and Programs

Survivorship

Cancer survivorship is a growing area of focus with approximately 12 million cancer survivors in the United States. With advancing treatments and technology that number is expected to rise to over 18 million by 2020 according to LIVESTRONG®. A person with cancer becomes a cancer survivor the moment they are given a cancer diagnosis and continues for the remainder of their life. In the beginning of their survivor trajectory, the focus is often on treatment to cure or control the disease. When treatment is complete patients often ask “What’s next?” This is where the survivorship focus typically begins.

In addition, the Institute of Medicine’s 2005 report, From Cancer Patient to Cancer Survivor: Lost in Transition, highlights the emphasis on survivorship care following active cancer treatment to meet the needs of cancer survivors. The Cancer Committee is developing comprehensive survivorship care plans and treatment summaries following National Comprehensive Cancer Network (NCCN) guidelines for patients receiving their treatment in the Lewis Cancer & Research Pavilion (LCRP). These survivorship care plans and treatment summaries are proving to be very helpful to patients as a way to have pertinent information contained in one document that can then be used for future reference and shared with other health care professionals. This process is currently being reviewed and refined as we search for the most efficient manner to provide this important service to our patients.

A competitive grant from LIVESTRONG® was awarded to the LCRP to conduct the survivorship program Cancer Transitions: Moving Beyond Treatment™ to address unmet needs of cancer survivors. The Cancer Support Community (CSC) partnered with LIVESTRONG to develop this research based program which was designed to help cancer survivors make the transition from active treatment to post-treatment care. Planning for the first six week session is well under way with the program beginning in early 2012 to provide survivors with practical tools and resources to develop their personal action plan for survivorship.

A well-received “Day of Health and Healing” was held in April, 2011 at the Villa Marie Center as a retreat for cancer survivors to reflect St. Joseph’s Candler’s mission to “promote wellness for all people”. This was the first of a planned annual event supported through the survivorship fund which is sponsored by the Lance Armstrong “Survive the Five” annual run.

Support groups are another way that survivors are assisted. A general support group is held monthly at LCRP and is open to all cancer patients. This support group is also open to family members and caregivers. A specific support group that meets quarterly is the Savannah Ostomy Support Group led by Howard Taylor, a urostomy patient. It is supported by a Nurse Navigator and Wound Ostomy Continence Nurse and is open for ostomates of GI & GU nature.
New Advances and Programs

Genetics

Cancer risk assessment and genetic counseling are rapidly becoming standard of care for a subgroup of patients with personal and/or family history of cancer. Identifying individuals with increased risk for developing cancer can have great effect on early detection and cancer prognosis. For this reason, cancer risk assessment, genetic counseling, and genetic testing services must be offered on site or by referral for accreditations through the NAPBC, American College of Surgeon’s Commission on Cancer, and Joint Commission. In an effort to not only meet accreditation requirements, but provide excellent care to our patients, the SJCHS and the LCRP have hired a genetic counselor, who will offer the aforementioned services. These services will be provided in the setting pre- and post-test counseling.

Pre-test counseling includes:
- Collecting relevant medical and family information
- Construction of a 3-4 generation pedigree
- Evaluation of the patient’s risk to carry a germline mutation that would increase risk for cancer
- Psychosocial assessment
- Educating the patient on general genetics and inheritance patterns, as well as the suspected hereditary cancer syndrome, if appropriate
- Informing the patient about cancer risk associated with the suspected hereditary condition
- Providing information about preventative care, early detection, and risk reduction.
- Advantages and disadvantages of genetic testing
- Discussion of genetic discrimination, and the laws that prohibit it
- Possible genetic testing results
- Obtaining informed consent

Post-test counseling includes:
- Review of previous session
- Disclosure of results
- Significance of results
- Review of medical management options
- Encouraging and empowering the patient to contact potentially affected relatives
- Provision of patient advocate resources

General indications for referral to genetic counseling are as follows:
- Diagnosis of cancer prior age 50
- 2 or more first degree relatives with cancer, especially if < age 50
- An individual with 2 or more primary cancers
- Rare cancers, especially if < age 50
- Constellation of cancers specific to a hereditary cancer syndrome
- Relative of a carrier of a known cancer susceptibility gene mutation
Distress Management Study

The ability to identify a variety of issues that may affect a cancer patient’s physical and emotional outcome is important to the patient and caregivers. To facilitate the identification of these issues, a study was performed utilizing the National Comprehensive Cancer Network’s Distress Management Tool in the outpatient infusion area.

Data collection of identified psychosocial needs was conducted followed up by a data review of psychosocial needs self reported by patients using the NCCN Distress Management Tool. Issues were classified as practical, family, emotional spiritual or physical. There were marked increases in reported physical and emotional issues in the data post implementation.

Caregivers agreed that this screening was vital to patient care and in addition, provided a thorough assessment of the patient’s psychosocial needs. An ongoing review and continued implementation of the study will add to our ability to care for and meet the needs of patients and caregivers.

Support Services

Transformation Station: “Putting a Passion into Action”

Transformation Station offers a warm and caring environment where patients will find a variety of support services and products to assist in their fight against cancer. This private setting is designed to make patients feel comfortable when learning about prosthetics, wig selection, compression garments, skin care products and more.

Prosthetics

For women who lose a breast to cancer, prosthetics have come a long way. During the first year of a woman’s breast cancer journey, there will be different phases she will go through. We offer a wide variety of breast prostheses and bras to help get through her recovery period which begins immediately after surgery. Our post-surgical camisole has removable drain pouches and fiber filled breast forms. Our soft, cotton leisure bras have front closures that can be worn with foam leisure forms while easing back into regular activities.

Our board certified mastectomy fitters work one-on-one with each patient to address their personal needs. We also offer the following product lines:

• Mastectomy bras
• Seamless style bras, sports bras and more
• Attachable prostheses
• Partial forms & equalizers for lumpectomy and reconstructive surgeries
• Temperature-regulating breast forms
• Mastectomy swimwear and swim forms
Hair Replacement Alternatives

Our patient’s privacy and comfort is very important. At Transformation Station, we recognize the “woman-in-need” who has suffered hair loss for medical and non-medical reasons. This is why we have become a fully trained professional retailer for this very sensitive client. Our staff has studied the latest techniques of customizing, fitting and styling of hand-tied wigs. Each individual style offers beauty, comfort, rich colors and distinctive highlights to ensure a natural look and feel. If a wig is not what you’re looking for, we have a large variety of scarves, sleep caps, turbans and hats.

“Look Good…Feel Better”

Transformation Station supports the American Cancer Society’s “Look Good…Feel Better” program. In a classroom setting, the program provides women undergoing cancer treatment with gift boxes of products and personalized instruction on how to use them properly. Donated by nationally branded companies, the kits can include facial cream and cleanser, makeup, lipstick and liner, concealer and blush—all things a woman needs for a recovery makeover.

Lymphedema Treatment Products

For women affected by breast cancer, lymphedema can develop in the tissues under the skin of the hand, arm, breast or torso, on the same side as the cancer. As fluid builds up and the area swells, it can cause pain, reduced movement and serious infections, just to name a few. Transformation Station carries a full line of compression sleeves, hand gauntlets/gloves, and thoracic/torso compression garments in a variety of solids and prints.

Insurance and Payments

We gladly accept Medicare and most major insurance plans. Mastercard, VISA, American Express and Discover credit cards are also accepted.

Open Monday through Friday 9am to 4pm

Call (912) 819-8386 for more details or to schedule an appointment
Foundation Support

The Nancy N. and J.C. Lewis Cancer Care and Research Pavilion Capital Campaign

The St. Joseph’s and the Candler Foundations, both non-profit 501(c)(3) organizations, were established to raise vital philanthropic support to help fund special projects, provide continuing staff education, fulfill mission services and purchase lifesaving equipment. The joint efforts of the Foundations have enabled St. Joseph’s/Candler to stay in the forefront of the most advanced medical care available to our community. The Candler Foundation Inc. was established in 1983 to provide charitable, scientific and educational support for Candler Hospital’s patients, their families and staff. The St. Joseph’s Foundation of Savannah, Inc. was founded in 1990 to help expand the ability of St. Joseph’s Hospital to grow in ways that would not otherwise be possible.

The two Foundation Boards of Directors entered into a joint operating agreement in 2003 in order to build a more comprehensive and enduring fundraising program. Although separate entities, the Foundations’ boards meet jointly to support system wide efforts, as well as efforts impacting each respective hospital campus.

Both Foundations actively support the initiatives at the Lewis Cancer and Research Pavilion.

In February 2011, the Ninth Annual Candler Charity Clays was held at Forest City Gun Club in honor of Mr. David Bormes and raised $38,920 for oncology nursing and staff education.

By the end of 2011, St. Joseph’s/Candler Capital Campaign benefiting The Nancy N. and J.C. Lewis Cancer Care and Research Pavilion had secured just over $10,189,634. Most of these gifts were made through multiple-year pledges.

The St. Joseph’s/Candler Foundations accept gifts of cash & appreciated properties. Gifts may be made in honor of a friend, colleague or loved one in celebration of someone’s life. The Foundations can also provide information on how to provide for The Nancy N. and J.C. Lewis Cancer Care and Research Pavilion in your will or estate plans or how to make a gift that will provide you and your family income for life. The Foundations adhere to the guiding principles as prescribed by the Donor Bill of Rights and the Association of Fundraising Professionals’ Code of Ethics. All gifts to the St. Joseph’s/Candler Foundations are tax deductible as allowed by law. If you are interested in making a gift to The Nancy N. and J.C. Lewis Cancer Care and Research Pavilion, please call Robert M. Duckworth – Executive Director at (912) 819-8698.
2011 Cancer Committee Members

The Cancer Committee is the policy-making body of the cancer program at the Nancy N. and J.C. Lewis Cancer & Research Pavilion. The Committee provides program leadership and evaluation of patient care to determine outcomes and improvements opportunities. The Medical Staff by-laws define the Cancer Committee as a multi-disciplinary, standing committee with delineated membership duties.

The Cancer Committee also develops annual goals for the cancer program, oversees the weekly cancer conferences, encourages clinical research and improves practices using cancer registry duties.

The Cancer Committee consists of physicians and non-physicians. Physicians include diagnostic radiologists, radiation and medical oncologists, surgeons, pathologists, and physicians representing the five top cancer sites. Non physicians include nurses, pharmacy, education, social work, pastoral care, occupational therapists, quality management, dietary and registry personnel. The cancer committee meets on a bi-monthly basis.

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<th>Physicians</th>
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<td>Howard Zaren, MD</td>
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<td>Buffi Boyd, MD</td>
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<td>Anthony Costrini, MD</td>
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<td>George Negrea, MD</td>
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<td>Jennifer Yannucci, MD</td>
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Health Professionals

Kristi Aliffi
Breast Nurse Navigator

Jennifer Fournier
Palliative Care

Brenda Rahal
Cancer Conference Coordinator

Merri Avino
Clinical Pharmacy Specialist

Nina Gentry
Telfair Women’s Health

Betty Riner
Clinical Nurse Specialist

Columbus Burns
Clergy

Sr. Jacqueline Griffith
Social Worker

Mary Robinson
Oncology Nurse Manager

Dana Coleman
Nurse Navigator

Marilyn Johnson
Social Worker

Traci Salem
Nurse Practitioner

Tonja Davis
Research Regulatory Coordinator

Nancy Johnson
Executive Director

Lora Sapp
Manager Telfair Women’s Health

Shelly Eden
Dietary

Debra Kemp
Nurse Practitioner

Stephanie Smith
Clinical Research Coordinator

Susan Lowrey – Flaherty
Rehab

Cheryl Meadows
Clinical Research Coordinator

Rosemary Taormina
Clinical Research Coordinator

Nancy Ferrell
CTR

Judy Miller
Biospecimens

Marcia Thompson
Social Worker

Marianne Fields
Director Med/Surg

Lisa New
Oncology Nurse Manager

Beverly Youmans
Outpatient Infusion Nurse Manager

Deborah Fleming
Director of Clinical Services and Quality

Pam Proman
Director of Radiation
Glossary

Adenocarcinoma: A form of cancer that involves cells from the lining of the walls of many different organs of the body.

Adjuvant Therapy: The use of chemotherapy, radiation, and/or other therapy following the primary therapy.

Air pollution: Air pollution can contain trace amounts of diesel exhaust, coal products, and other industrial substances.

Alveoli: Tiny airways, at the end of the bronchioles, running from the bronchi into the lobes of the lung.

Anemia: A condition where the red blood cell count is below normal. Anemia may cause fatigue.

Antiemetics: Drugs that prevent or reduce nausea and vomiting.

Asbestos: Tiny, hair-like fibers found in some types of rock. Asbestos is a natural mineral that is fireproof and insulating and was used in building construction materials. It can still be found in older buildings. It is also used in some manufacturing processes. When asbestos is inhaled, the fibers can irritate the lung and may eventually cause lung disease. People who smoke and are exposed to asbestos have a higher risk of developing lung cancer. Fortunately, professional protective breathing equipment can reduce the risk of breathing in asbestos fibers for those who work with asbestos.

Aspiration: Removal of fluid from a lump, often a cyst, with a needle and a syringe.

Atelectasis: Collapse of a lung.

Azotemia: Toxic levels of nitrogen compounds in the blood due to kidney dysfunction.

Benign: Not cancerous. A benign tumor does not invade nearby tissue nor spread to other parts of the body.

Biopsy: Removal of a lung tissue sample for examination under a microscope by a pathologist. Biopsy samples are obtained in different ways, depending on the location of the tumor. Through a bronchoscopy (lighted, flexible tube)
  - By inserting a needle through the chest into the lung and remove part of the tissue for testing.
  - By removal and examination of an enlarged lymph node in the neck
  - By a small surgery on the lung

Brachytherapy: Radioactive material sealed in needles, seeds, wires, or catheters, and placed directly into or near the tumor. Also called internal radiation or implant therapy.

Bronch: Large airway that runs from the trachea to the lung (singular: bronchus).

Bronchioles: The smaller air passages leading from the bronchi into the lobes of the lung.
**Bronchorrhea:** An excessive discharge of mucus from the air passages of the lungs.

**Bronchoscopy:** Viewing of the lungs through a lighted, flexible tube (bronchoscope) that is passed through the nose and throat into the main airway of the lungs. The tube, which has a light on the end, allows the doctor to see inside of the lung. If abnormal areas or tumors are seen, cell tissue can be obtained through special tools located at the end of the bronchoscope for evaluation under a microscope.

**Bronchus:** A large airway that runs from the trachea to the lung. (plural: bronchi).

**Cancer:** A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system (bone marrow, spleen, thymus, and lymph nodes) to other parts of the body.

**Carcinoma:** Cancer arising from the epithelial cells that cover or line internal and external body surfaces. Usually assumed to be the indicator of invasive cancer.

**Chemoprevention agents:** Substances including retinoids, selenium, and other agents that could potentially repair genetic damage before cancer develops.

**Chemotherapy:** Treatment that involves administering medicines that kill cancer cells. Chemotherapy is a systemic treatment, which means it flows through the bloodstream reaching every part of the body.

**Chest examination:** Examining the chest and listening to the lungs with a stethoscope provides information about abnormal breathing sounds or patterns.

**Chest X-ray:** X-rays are “flat” pictures of the lungs, which help to identify abnormal growths. X-rays use radiation that passes through the body and collects on a film. The variation in the resulting picture depends on the variable density of the tissues that the radiation is passing through. Note: In recent years, studies have been conducted to evaluate the use of chest x-rays and sputum cytology in detecting lung cancer. It has been concluded that these methods were not effective in detecting early stage lung cancer.

**Clinical trials:** Studies designed to find better prevention, diagnostic, screening, or treatment methods for specific types of diseases. Because clinical trials are research studies, they are designed to answer a specific question. Clinical trials are the main method by which medical science advances.

**Complementary medicine:** A branch of medicine that complements standard cancer treatments. Complementary medicine is sometimes referred to as integrative medicine.

**Complete remission:** When cancer cannot be detected in the body.
**Consolidation therapy:** Treatment given after induction therapy in an attempt to consolidate and prolong remission.

Invasive cancer: Cancer that has spread beyond the layer of tissue in which it developed, and is growing into surrounding tissue. Also called infiltrating cancer.

**Cross-resistance:** A situation in which cells or microorganisms resistant to one drug will become resistant to all other chemically related treatments.

**Computed tomography scan (CAT or CT scan):** Computed tomography, also known as CT or CAT scan, is a sophisticated instrument that uses a computer to create a twodimensional scan from a series of X-ray images. The newest version of the CT is called a helical or spiral scan. CT scans show much more detail than x-rays and the new helical or spiral scans are even more sensitive than regular CT scans.

**Doubling time:** The amount of time required for a cancer cell population to double in size.

**Dyspnea:** Difficulty in breathing.

**Environmental factors:** Any factor or influence that is outside of your body, e.g., cigarette smoke, industrial gases, pollution, or foods.

**Five-year survival rate:** The number of patients who are alive five years after a diagnosis of cancer. Five-year survival rates include all people who are alive, regardless of whether or not they are undergoing treatment for their disease.

**Genetics:** Pertaining a person's genes. Genes are components of deoxyribonucleic acid (DNA), which is found in every cell in the body. Errors to genes, which can occur through aging, cell division, or as an effect from chemicals or radiation, can cause cancer.

**Hemoptysis:** The coughing up of blood from the respiratory tract.

**Hormone therapy:** Treatment of cancer by removing, blocking, or adding hormones. Also called endocrine therapy.

**Hyperthermia:** A type of treatment in which body tissue is exposed to high temperatures to damage and kill cancer cells, or to make cancer cells more sensitive to the effects of radiation and certain anticancer drugs.

**Industrial substances:** Industrial substances can include arsenic, uranium, beryllium, vinyl chloride, nickel chromates, coal products, mustard gas, chloromethyl ethers, gasoline, and diesel exhaust.

**Immunotherapy:** Treatment used to stimulate or restore the ability of the person's immune system to fight infection and disease, or to lessen side effects that may be caused by some cancer treatments. Also called biological therapy or biological response modifier therapy.

**Induction therapy:** The initial course of chemotherapy designed to induce remission.
**Informed consent:** The process through which fully informed patients could participate in choices about their health care. Informed consent originates from the legal and ethical rights of patients to direct what happens to their bodies and from the ethical duty of the

**Invasive cancer:** Cancer that has spread beyond the layer of tissue in which it developed, and is growing into surrounding tissue. Also called infiltrating cancer.

**Investigational drug:** A drug that has not yet been approved for commercial use in humans by the Food and Drug Administration.

**Laser therapy:** The use of an intensely powerful beam of light to kill cancer cells.

**Lobectomy:** Surgery that removes the lobe of the lung that contains the tumor. Lobectomy may be a surgical option available for operable non-small cell lung cancer.

**Lymph nodes:** Small oval structures located throughout the lymphatic system that act as filters to keep foreign bodies from entering the bloodstream. They also produce lymphocytes, which are a component of the immune system. Also known as a lymph gland.

**Malignant:** A cancer that invades nearby tissues or spreads to other parts of the body.

**Mediastinum:** A mass of tissues and organs separating the two lungs. Includes the heart and its large vessels, the trachea, esophagus, thymus, lymph nodes, and other structures and tissues.

**Metaplasia:** The change of adult tissue cells into an abnormal tissue.

**Metastasis:** The spread of cancer from one part of the body (primary growth) to another.

**Micrometastases:** The spread of cancer that is too small to be detected by routine screening tests.

**Magnetic Resonance Imaging (MRI):** Magnetic Resonance Imaging (MRI) is similar to a CT scan except it uses a magnetic field instead of X-rays to create an image.

**The National Lung Screening Trial:** In 2002, the National Cancer Institute, the American College of Radiology, and the American Cancer Society launched the National Lung Screening Trial. Results are expected by 2010. Interim results are periodically announced in the medical literature.

**Neoadjuvant therapy:** The use of chemotherapy and/or radiation therapy prior to surgery in order to shrink tumor size and/or eradicate distant micrometastases that may cause relapse following local therapy.
**Non-small cell lung cancer:** A heterogeneous group of cancers that grow and disseminate less rapidly than small cell lung cancer.

**Oncology:** The field of medicine that treats cancer.

**Opioid:** Synthetic chemical that has properties similar to naturally occurring opiates. Opioids, such as codeine and morphine, may be prescribed to treat pain.

**Palliation:** The relief of symptoms without obtaining a cure.

**Partial remission:** A response to therapy that involves tumor reduction of more than 50%.

**Performance status:** Criteria used by doctors and researchers to assess how a patient’s disease is progressing.

**Positron Emission Tomography (PET) scan:** Positron Emission Tomography (PET) is a scan that uses a cancer’s rapidly dividing cells to make a diagnosis. Radiologists give the patient a radioactive sugar substance that will be absorbed more by the cancer than by normal tissues, due to the cancer cells’ increased need for energy. The PET scan records the areas where the radioactivity is focused.

**Physical examination:** Physical examination is important for detecting any signs of cancer such as swollen lymph nodes in the neck or collarbone area. A physical examination is also useful for evaluating overall health.

**Platelets:** A type of blood cell that helps prevent bleeding by causing blood clots to form. Also called thrombocytes.

**Pleura:** The membrane that lines the inner surface of the chest wall and also covers the lungs.

**Pneumonectomy:** The removal of an entire side of the lung.

**Prognosis:** The likely outcome or course of a disease; the chance of recovery.

**Radiation therapy:** The use of high-energy radiation from x-rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation therapy affects cancer cells in a targeted area.

**Radiation exposure:** X-rays to the chest area can increase the risk of lung cancer, especially in people who smoke.

**Radon:** An odorless gas released by some soil and rocks that contain uranium. Some homes may have high levels of radon, especially on the lower levels, because they are built on soil that naturally contains radon. You can purchase Environmental Protection Agency-approved kits in hardware stores to measure the amount of radon in your home. If you find you have high levels of radon in your home, there are steps you can take that will reduce the amount of radon in your home.

**Recurrence:** The return of cancer after it has been treated or removed.
**Red blood cells (RBCs):** Blood cells that carry oxygen to all parts of the body. Also called erythrocytes.

**Remission:** The disappearance of the signs and symptoms of cancer. Remission may be temporary or permanent.

**Resection:** The surgical removal of part of an organ.

**Small cell lung cancer:** A type of lung cancer characterized by aggressive rapid growth of cancer starting in the normal lung cell. Also called oat cell carcinoma, this type of lung cancer cell appears small and round when viewed under a microscope.

**Secondhand smoke:** The combination of smoke from the burning end of the cigarette and from exhaled smoke. Secondhand smoke has been established as a risk factor for developing lung cancer, as well as other illnesses, such as asthma.

**Series of genetic changes:** For lung cancer to develop, suppressor genes (genes that normally serve as the brakes on cellular growth), and oncogenes (genes that encourage the cell to divide), have become mutated. Unlimited growth, in the face of no mechanism to stop or slow the growth, is what fuels the cancer. Other genetic changes occur in lung cancer as well. Researchers have pinpointed changes to specific genes that contribute to the disease and hope one day to develop specific agents to act on these changes before they can snowball into a cancer. Already, some targeted therapies and chemoprevention agents have been developed that work this way.

**Spiral computerized tomography (spiral CT scan):** The spiral (or helical) CT scan is a CT scan that can image the lungs in a single breath hold. CT scans use a computer to create a two-dimensional scan from a series of x-ray images. CT scans show much more detail than x-rays and the new helical or spiral scans are even more sensitive than regular CT scans.

**Sputum:** The substance expelled from the lungs that contain mucus, cellular debris, microorganisms, blood, or puss.

**Sputum cytology:** Phlegm coughed up from the lungs is examined under a microscope to check for abnormal or cancerous cells. (See note under Chest X-ray) Staging: An attempt to define the extent of a cancer in each patient based on the size of the primary tumor and the presence or absence of lymphatic involvement or metastases.

**Supraclavicular lymph nodes:** Lymph nodes located in the inferior deep cervical group located between the inferior belly of the shoulder muscle and the clavicle.

**Synergy:** A process in which two drugs enhance the effect of one another so that, in combination, they produce a higher response than would be expected based on their activity alone.

**Systemic:** Affecting the entire body.

**Targeted therapies:** Drugs that are specifically designed to interfere with the functioning or formation of cancer cells. These drugs can block specific substances involved in cancer cell growth, or they can cause cancer cells to die.
TNM: Staging of tumors according to three basic components: primary tumor (T), lymph node status (N), and metastases (M).

Tomography: The visualization of internal body images across a pre-determined plane of tissue.

Tuberculosis: Tuberculosis can cause scarring, which can be a risk factor for developing lung cancer.

Tumor: An abnormal mass of tissue that results from excessive cell division. Tumors perform no useful body function and may be either benign (not cancerous) or malignant (cancerous).

Tumor marker: A substance sometimes found in increased amount in the blood, other body fluids, or tissues, which may mean that a certain type of cancer is in the body. Also called a biomarker.

Trachea: The windpipe connecting the larynx and the bronchi.

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, and macrophages.
Resources

For information regarding cancer and screening opportunities contact the
Nancy N. and J. C. Lewis Cancer & Research Pavilion
at 1-888-819-1081 or 912-819-5704 or visit our website at www.cancerpavilion.com.

For screening information, call St. Joseph’s/Candler CareCall at 912-819-3360.

**National Cancer Institute**
1-800-4-CANCER
www.cancer.gov

**American Cancer Society**
1-800-ACS-2345
www.cancer.org
SELECTED A NATIONAL CANCER INSTITUTE COMMUNITY CANCER CENTER PROGRAM.