



Sumter Regional Hospital Oncology Report 2004

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Based on 2004 Data
Published December 2005

INTRODUCTION AND DEDICATION

The year 2004 is a special time in the history of the Cancer Program at Sumter Regional Hospital. After many years of due diligence and hard work on the part of all those who participated in the Cancer Program



Gatewood Dudley, M.D.

we successfully completed our survey by the American College of Surgeons Commission on Cancer on September 22, 2004. We recently received the results of this survey and have received full accreditation for a three year period. We are excited to note that there were no deficiencies in this survey. In a practical sense this means that Sumter Regional Hospital ranks in the top 20% of all cancer programs in the United States.

In addition our annual oncology census continues to rise. Since the inception of our medical oncology in 1997 we have doubled the number of patient visits from 1,991 to 3,554. We now have three medical oncologists practicing at Sumter Regional Hospital and have a close relationship with Dr. Kraus and Dr. Mendenhall in the Department of Radiation Oncology at Phoebe Cancer Center.

Hospice of Americus and Sumter County has recently received a generous gift for the purchase of a permanent site for their operations and I encourage each of you to visit Hospice at their new location at 126 East Furlow Street.

The 2004 Oncology report of Sumter Regional Hospital is dedicated to Dr. John Thomas Allen Duelge.



Dr. John Duelge joined our medical staff as a consultant in Medical Oncology in 1994 and has faithfully served Sumter Regional Hospital since that time.

He is presently a native of Albany Georgia but grew up in Wisconsin where he received a B.A. degree from the University of Wisconsin and his MD degree from the Medical College of Wisconsin. He served his internship and residency in Internal Medicine at the Milwaukee County Medical Complex in Milwaukee and completed his fellowship in Medical Oncology at the same institution in 1980-1982. He entered a private practice in Medical Oncology at Phoebe Cancer Center in 1993 and shortly thereafter joined our staff at Sumter Regional Hospital as a consultant. Dr. Duelge is a board certified in Internal Medicine in Medical Oncology and holds numbers of membership/appointments. He is a Cancer Liaison Physician for the American College of Surgeons, and chairman of the Phoebe Putney Memorial Hospital Cancer Committee and Tumor Board. Until the arrival of Dr. Jani, he was a faithful attendance at our tumor conferences.

Dr. Duelge brings expertise in the field of Oncology not only as a highly trained professional but as an eight year survivor of cancer himself. He personally has benefited from the triad of chemotherapy, radiation therapy and surgery. We are deeply grateful for the contribution of Dr. Duelge to the care of cancer patients here at Sumter County and in Southwest Georgia.

2004 ONCOLOGY COMMITTEE

Physician Representatives

A. Gatewood Dudley, MD	Chairman/GYN
Charles Mendenhall, MD	Radiation Oncology
S. Terry Krauss, MD	Radiation Oncology
Chirag Jani, MD	Medical Oncology
Glenn Summers, MD	Surgery
John Davis, MD	Surgery
E. Fortenbery, MD	Radiology
Sandra Zornes, MD	Pathology
Augusto Lopez, MD	Pathology
Beverly Womack, MD	OB/GYN

Nonphysician Representatives

Lynn Ingle	Performance Improvement
Virginia Watson	Quality Management
Ann Speer	Hospice
Betty Bell, RN	Oncology/Nurse Manager
Rebecca Smith, RN	Case Management/Social Services
Janet Wheeler, RN	Discharge
Susie Fussell, RN	Administration
Velletta Love, RN	Director Oncology/Tumor Registry
Rodney Pitts	Education
Kara Taunton	Radiology
Brook Hart	Pharmacy
Julie Davis	Dietitian
Parker Roth	Quality Management
Cecilia Fountain, CTR	Tumor Registry

Responsibilities

- Develops and evaluates the annual goals and objectives for the clinical, educational and programmatic activities related to cancer.
- Promotes a coordinated, multidisciplinary approach to patient management.
- Ensures that education and consultative cancer conferences cover all major sites and related issues.
- Ensures that an active supportive care system is in place for patient, families and staff.
- Monitors quality management and improvement through completion of quality management studies that focus on quality, access to care and outcomes.
- Supervises the cancer registry and ensures accurate and timely abstracting, staging and follow-up reporting.
- Performs quality control of registry data.
- Encourages data usage and regular reporting.
- Ensures content of the annual report meets requirements.
- Upholds medical ethical standards.

Goals and Achievements

- Achieved the 3 year accreditation from American College of Surgeons with 4 commendations.
- Provide compassionate care in a highly technical setting.
- Maintain a data management system that monitors and evaluates the quality of cancer care.
- Provide the community with education program and screenings to increase the awareness of early detection and prevention of cancer.
- Participated in the American Cancer Society's Relay for Life.
- Provide support groups for cancer patients.
- Provide a multidisciplinary approach to care.
- Expanded the Oncology clinic for better quality of patient care.

TUMOR CONFERENCE

Tumor Conference here at Sumter Regional Hospital is designed to be an educational conference. It consists of a multidisciplinary team of health care professionals. Dr. Gatewood Dudley serves as the chairman. Other physicians present include, but are not limited to: surgery, radiology, pathology, OB/GYN, medical and radiation oncology, gastroenterology, urology, family practice, and internal medicine. Other allied health professionals are also present at the conference.

The cases discussed include the major sites diagnosed and treated here at Sumter Regional Hospital. Each conference is dedicated to a specific cancer site. A guest speaker will give an

overview of that particular cancer. This is followed by discussion from the primary care physician or surgeon. Then the radiologist and pathologist present their findings. The medical and radiation oncologists are present to discuss treatment options.

Tumor Conference is held the second Wednesday of each month in the classroom at Sumter Regional Hospital. Each physician present receives continuing medical education credit. Any physician interested in presenting a case at tumor conference may contact the Cancer Registry at (229) 931-1140.

TUMOR CONFERENCE TOPICS

January – December 2004

Month	Topic	Speaker
January	Multiple Myeloma	Audrey Hodge, MD
February	Lung Cancer	Chirag Jani, MD
March	Colorectal Cancer	Glenn Summers, MD
April	Recurrence Breast Cancer	Douglas Joyner, MD
May	Systemic Syndrome Associated with GYN tumors	A. Gatewood Dudley, MD
June	Renal Cell Carcinoma	Chirag Jani, MD
July	Male Breast cancer	Chirag Jani, MD
August	Piriform Sinus Carcinoma	Charles Mendenhall, MD Audrey Hodge, MD
September	Primary & Metastatic Carcinoma Of the Vagina	A Gatewood Dudley, MD Charles Mendenhall, MD
October	Breast Cancer/Paget's Disease	John Davis, MD Chirag Jani, MD
November	Leukemia/CML	Chirag Jani, MD
December	No tumor conference	

Cancer Registry

The advances in cancer treatment that have proliferated over the past few years would not have been possible without research. One important aspect of cancer research is the computerized database maintained by the tumor registries in the nation's hospitals.

At SRH one full time certified registrar staffs the registry. It is the registrar's responsibility to monitor and record data for all types of cancer diagnosed or treated here at SRH. The information is used to track cancer incidence, evaluate cancer patient management, identify areas for research, provide information needed to plan for future patient care, and assist in the identification of system resources. The compiled data is submitted to the National Cancer Data Base and to the Georgia Center for Cancer Statistics, as required by the American College of Surgeons (ACOS) Commission on Cancer and Georgia state law, respectively. During 2000, the software application for cancer data reporting was upgraded to the Medical Registry Services. The goal of the registry is to provide accurate and reliable data on cancer patients diagnosed and/or treated at Sumter Regional Hospital. Documented follow up is a key to component of the registry program. The goal is not simply to determine whether the patient is alive or dead, but also to ascertain the status of the cancer. Patients must be followed at least annually. A 80% follow up rate is maintained for all analytic patients from the cancer reference date (January 1996) and a 90% follow up rate is maintained for all analytic patients diagnosed within the last 5 years or from the cancer registry reference date, whichever is shorter. Both of these exceeded the standard required by the American College of Surgeons. All information received by the registrar is kept in strict confidence.

Cancer Support Group

The Cancer Support Group at Sumter Regional Hospital meets on the first Tuesday of each month at 12 noon. These meetings are held in the private dining room of the hospital where the group members are able to enjoy a meal together and share their thoughts and knowledge.

The group consists of patients, family members, and friends who have undergone treatment in the past, as well as patients who are currently receiving some type of cancer therapy. The members share educational materials as well as personal experiences to support each other and to help each other cope with this disease that affects so many people.

Community Outreach and Education

Community outreach has become a big part of oncology/cancer education in recent years here in Sumter County. Sumter Regional Hospital supplements direct patient care with generous sponsorship to the local chapter of the American Cancer Society. Annually, SRH organizes teams to raise funds and walk in the Relay For Life, an event that, to-date, has raised hundreds of thousands of dollars for cancer research in Sumter County alone. This past year, the event was expanded to include an educational component

called Cancer SmartShop. This station allowed participants to collect informational brochures and pamphlets on all types of cancer as well as have their specific questions answered from American Cancer Society and Sumter Regional Hospital specialists.

Moreover, SRH offers reduced cost mammograms to all women throughout the whole month of October and a free prostate screening to all men of the community during the Fall on an annual basis. As well, the hospital's education outreach coordinator is available to give health awareness presentations to the Cancer Support Group and many other local groups and organizations. These presentations are hand-tailored to specifically meet the needs of those faced with the challenges of cancer and their families. Sumter Regional Hospital will continue to offer these services as our way of Supporting Healthy Lifestyles In Our Community!

Diagnostic Imaging

The Radiology department encompasses many imaging modalities. These include diagnostic radiology, MRI, CT, Ultrasound, Nuclear Medicine, Vascular Imaging, CAD Image Checker, 2 Mammography and the radiological component of Lithotripsy. Mammography is used as a screening and diagnostic tool. All of our modalities are used as diagnostic tools.

Being an imaging department which is used greatly as a diagnostic and screening tool, we help to diagnose suspected cancer as well as other suspected illnesses. We also help the surgeons and pathology to localize or biopsy the different areas of concern in the body to help diagnose illnesses, including cancer. As you see, the radiology department plays a significant role in helping to localize, diagnose, and screen for cancer.

Financial Support Services

Cancer is a disease that can devastate a family physically as well as financially. SRH offers a wide variety of services for financial assistance to our cancer patients. Our Financial Caseworker contacts all self-pay patients while they are in the hospital and all outpatients that are self-pay with accounts over \$1,000. She contacts any other patients through physician or self-referral. The scope of services offered includes Supplemental Security Income/Social Security Disability, Adult Medicaid Programs, American Cancer Society, and Cancer State Aid Services.

Cancer State Aid is a special service offered by only 20 hospitals in The State of Georgia. This is a program where the participating physicians donate their time and services at no charge to the patient. In return, the hospital offers their facility, equipment, and staff to care for the patient at a fraction of the operating cost, which is paid by The State. The patient is never billed for any services including surgery, chemotherapy, and any follow-up care related to their cancer diagnosis. SRH also works with other participating hospitals to set up referrals to services that are not available at this facility.

PROGRAM SERVICES

Hospice of Americus and Sumter County

Hospice of Americus and Sumter County is a complete home care program that provides palliative care to home patients with limited life expectancy of 6 months or less in Americus and Sumter County as well as Schley and Macon counties as well as patients in Magnolia Manor Complex including the Nursing Home, Perfect Care and Sumter Retirement Village.

Through a dedicated and caring interdisciplinary team approach, Hospice provides unique and comprehensive management of the many physical, psychological, social and spiritual needs of the patient and family experiencing the dying process. Hospice focuses on quality rather than quantity of life.

RN's are available 24 hours/7 days a week for medical emergencies. A Hospice Chaplain and Social Worker are also available when needed. Our valuable volunteers, who do a remarkable job, are also available when needed.

During 2004, 72 new patients were admitted to our Hospice program. Hospice of Americus and Sumter County continues to strive for the best possible program of care for the terminally ill in our area. Hospice helps us live each day to the fullest. Hospice affirms and cherishes life.

Nutritional Services

Sumter Regional Hospital offers nutritional screening and assessment to our cancer patients. Many times patients may need a change in diet due to the type of treatment they are receiving. They may have difficulty eating, resulting in weight loss and even malnutrition. A registered/licensed dietitian is available to consult with physicians, family, and patients to assess their nutritional needs and give recommendations.

Oncology Clinic

The Sumter Regional Hospital Hematology/Oncology clinic is a joint venture conducted by Sumter Regional Hospital and Phoebe Putney Memorial Hospital.

The goal of this service is to offer comprehensive Oncology/Hematology outpatient care in the geographical area closest to the patient's residence. The clinic provides the administration of chemotherapy agents, blood transfusions, phlebotomy, antibiotic therapy; intravenous fluid therapy and central venous access line care. The clinic is conducted by Dr. John T. Duelle, Dr. Robert Krywicki, and Dr. Chirag Jani, board certified physicians from the Phoebe Cancer Center, and staffed by Sumter Regional Hospital personnel. Medical Oncology nurses are registered nurses, oriented, tested and documented as being competent in the administration of antineoplastic agents by Phoebe Oncology clinical specialists and certified in chemotherapy by oncology nursing society. SRH oncology nurses provide excellent service to the patient while promoting continuity of care.

Pastoral Care

Pastoral care at Sumter Regional Hospital is an inter-faith program developed and carried out by volunteer chaplains who assure every patient, their family, and every employee that spiritual support is available to them while in the hospital.

Pastoral Care at SRH includes services to patients with cancer diagnoses and their families in the following ways:

- After an initial contact with an oncology patient, this patient becomes a case that is followed through the course of treatment after discharge, as needed.
- Patients are aided in contacting their pastor or other leaders in their denominational or religious preference. A chaplain usually follows the cases as well as the family's own spiritual advisor, per the patient's request.
- Outpatients who use the Oncology Clinic are seen on a referral basis.

Hospice services include in-home pastoral care visits by a staff chaplain and a bereavement support group.

Pathology Services

The Pathology department at Sumter Regional Hospital offers a full range of clinical and anatomic pathology services, which are integrated with the Cancer Program at SRH. The services include initial diagnosis, classification and staging of tumors as well as providing essential data for monitoring the effectiveness of the treatment program. In addition to the standard diagnostic techniques including frozen sections and fine needle aspiration biopsies available in the laboratories, many reference tests are available including estrogen/progesterone receptor assays, DNA cell cycle analysis, extreme drug resistance assays and tumor markers studies. In addition to a wide variety of clinical lab tests, the lab offers in-house immunohistochemical tests for a number of tumor agents.

Our laboratory is accredited by the State of Georgia, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and by the College of American Pathologists (CAP), which has the most rigorous standards in the laboratory industry. The lab is committed to community health, cancer prevention and cancer diagnosis and treatment.

Pharmacy

The Pharmacy department provides all medications needed by oncology patients at SRH. The major role of the pharmacy staff is to ensure that all doses of chemotherapy medications are properly prepared. The pharmacy also provides education regarding the drugs to the oncology staff and patients as needed. All chemotherapy drugs are prepared under a biological safety cabinet. There are currently five pharmacists and eight pharmacy technicians on staff.

PROGRAM SERVICES

Rehabilitative Medicine

The Rehabilitative Medicine department includes three disciplines of care. These disciplines are Physical Therapy, Occupational Therapy and Speech Therapy.

Physical Therapy assists cancer patients by establishing individualized rehabilitation programs consisting of therapeutic exercise programs, manual therapy and heat and cold modalities to restore loss of function.

Occupational Therapy utilizes activities of daily living training and hand therapy in conjunction with heat and cold modalities to restore lost function.

Speech Therapy is available to assist patients with swallowing disorders, which may be the result of complications from treatment. They also offer esophageal speech therapy for patients who have prostheses from laryngeal carcinoma, and deep pharyngeal nerve stimulation therapy.

Volunteer Auxiliary

While cancer patients need comprehensive treatment from a variety of qualified people, another group also offers care. The Sumter Regional Hospital Auxiliary members volunteer hours each week working throughout the Oncology Clinic. These extra helping hands run errands, minister to patients, and perform any other services they are asked to do.

Several auxiliaries are cancer survivors and request to work in this area. Since many have walked this walk and received such excellent care, they desire to give something back. These volunteers know how important it is to listen to a patient's concerns, and see a smiling face.

We simply could not provide all our services efficiently without our volunteers. Our volunteers offer that extra attention that our patients and their loved ones need. There is never a day that goes by that we don't hear one of our staff or patients compliment at least one of our volunteers. We appreciate each and every one of them.



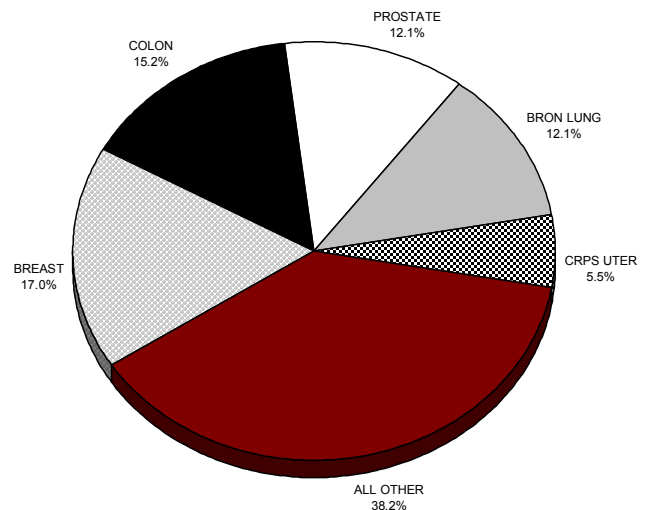
STATISTICAL REVIEW FOR 2004

According to American Cancer Society about 1,368,030 new cancer cases are expected to be diagnosed in 2004. Since 1990, approximately 18 million new cases have been diagnosed. These estimates do not include carcinoma in situ (non invasive cancer) of any site except urinary bladder, and do not include basal and squamous cell cancers. Over 1 million cases of basal and squamous cell skin cancer are expected to be diagnosed this year. In Georgia, they estimated 35,430 new cases for 2004.

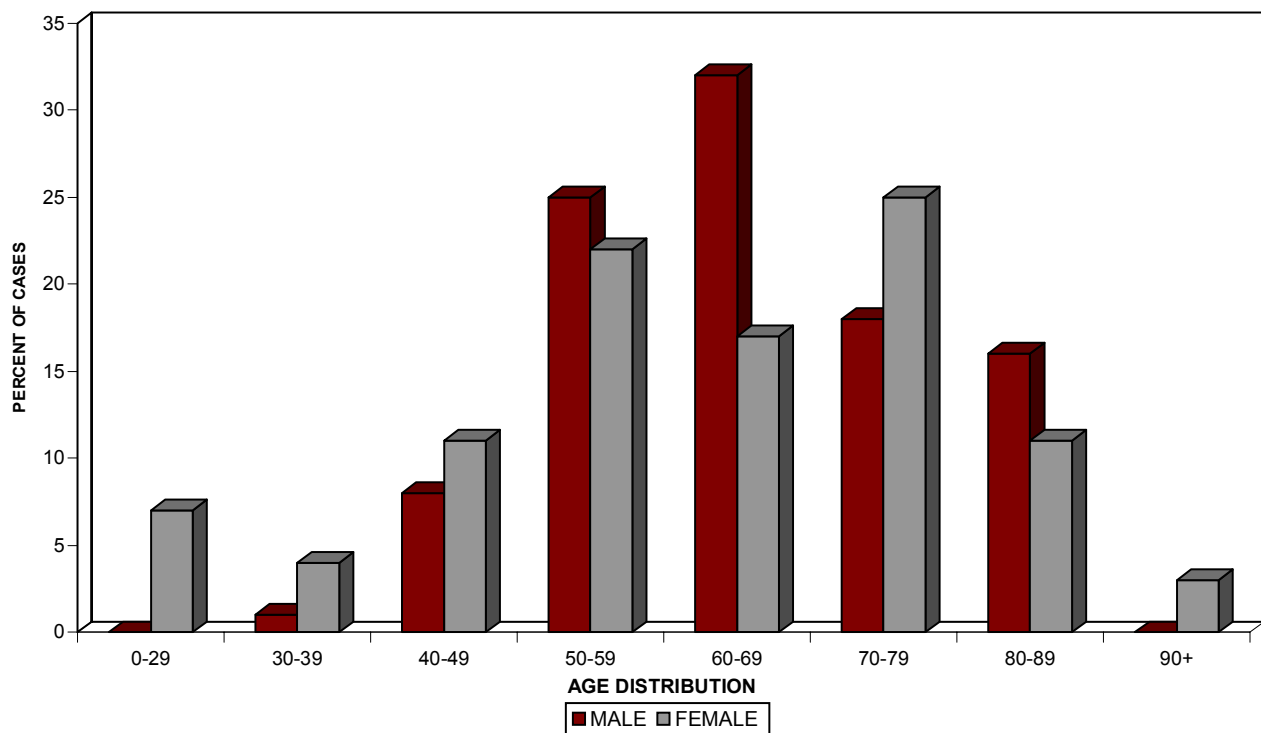
During 2004, the registry at Sumter Regional Hospital accessioned 165 cases (132 analytic and 33 non-analytic). Of the 165 newly diagnosed cases there were 92 females and 23 males. As one ages, the chances of developing cancer increases .

The top five sites for 2004 at Sumter Regional Hospital were breast, colon, prostate, lung and corpus uteri.

**FREQUENCY OF CANCER
2004 SRH CASES**



**MALE VS FEMALE BY AGE AT DIAGNOSIS
SRH 2004 CASES**



CANCER CASES AT SRH

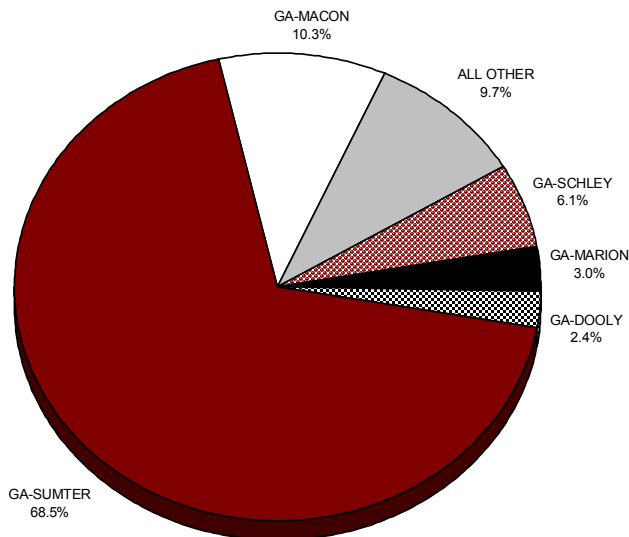


2004 Analytic & Non analytic Cases Sites By Sex

Site	Male	Female	Total
Other & unspecified parts of Tongue	0	1	1
Esophagus	0	2	2
Stomach	2	2	4
Colon	9	16	25
Rectosigmoid Junction	2	0	2
Rectum	4	1	5
Liver Intrahepatic Bile Ducts	2	1	3
Pancreas	2	3	5
Bronchus & Lung	15	5	20
Bones, Joints, Art Cart Other Sites	0	1	1
Hematopoietic	5	4	9
Skin	4	2	6
Conn, subq & other Soft Tissue	0	1	1
Breast	1	27	28
Vulva	0	5	5
Vagina	0	1	1
Cervix Uteri	0	2	2
Corpus Uteri	0	9	9
Ovary	0	2	2
Prostate Gland	20	0	20
Testis	2	0	2
Kidney	1	1	2
Bladder	2	2	4
Brain	2	0	2
Thyroid Gland	0	2	2
Lymph Nodes	0	1	1
Unknown Primary	0	1	1
TOTAL	73	92	165



DISTRIBUTION BY STATE/COUNTY 2004 ANALYTIC & NON ANALYTIC CASES



State/ County Count

Sumter	113
Macon	17
Schley	10
Marion	5
Dooly	4
All Other	16
Total	165

PROSTATE CANCER

By Chirag Jani, M.D.

According to American Cancer Society an estimated 230,110 new cases will occur in the US during 2004. Prostate Cancer incidence rates remain significantly higher in African American men than in white men.

Signs and Symptoms:

Early prostate cancer usually has no symptoms. With more advanced disease, individuals may experience weak or interrupted urine flow, inability to urinate, or difficulty starting or stopping the urine flow, the need to urinate frequently, especially at night, blood in the urine, pain or burning on urination, or continual pain in lower back, pelvis or upper thighs. Most of the symptoms are non-specific and are similar to those caused by benign conditions.

Risk Factors:

The only well-established risk factors for prostate cancer are age, ethnicity, and family history of the disease. More than 70% of all prostate cancer cases are diagnosed in men over age 65%. Recent genetic studies suggest that strong familial predisposition may be responsible for 5%-10% of prostate cancers. International studies suggest that dietary fat may also be a risk factor.

Early Detection:

The prostate-specific antigen (PSA) blood test, used to detect a substance made by the prostate called prostate-specific antigen, and the digital rectal examination should be offered annually beginning at the age of 50 to men who have life expectancy of at least 10 years. Men at high risk (African Americans and men who have a first degree relative diagnosed with prostate cancer at a young age) should begin testing at age 45. Individuals should be given information about the benefits and limitations of testing so that they can make an informed decision.

Treatment:

Treatment options vary, depending on age, stage of the cancer, and other medical conditions of the individual. Surgery and radiation may be used for

early stage disease. Hormonal therapy, chemotherapy and radiation (or combinations of these treatments) are used for metastatic disease and as supplemental or additional therapies for early stage disease. Hormone treatment may control prostate cancer for long periods by shrinking the size of the tumor. Careful observation without immediate active treatment (watchful waiting) may be appropriate for older individuals with limited life expectancy and/or less aggressive tumors.

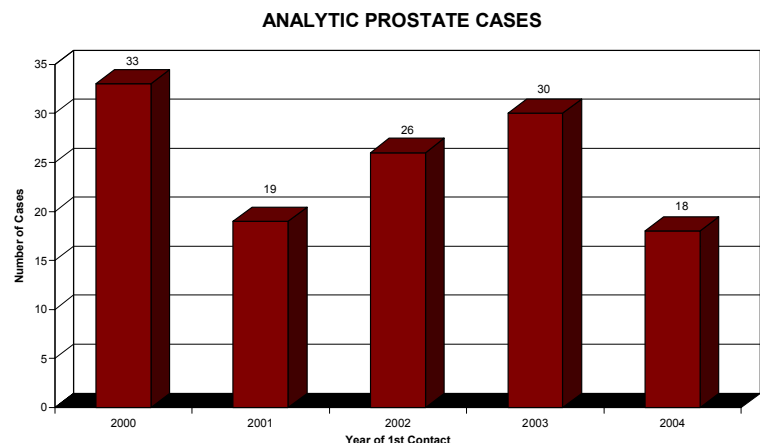
Deaths:

With an estimated 29,900 deaths in 2004, prostate cancer is the second leading cause of cancer death in men. Although death rates have been declining among white and African men since the early 1990's, rates in African American men remain more than twice as high as rates in white men.

Survival:

Eighty-six percent of all prostate cancers are discovered in the local and regional stages; the 5-year relative survival rate for patients whose tumors are diagnosed at these stages is 100%. Over the past 20 years, the 5-year survival rate for all stages combined has increased from 67% to 98%. According to the most recent data, relative 10-year survival is 84%, and 15-year survival is 56%.

* American Cancer Society Facts and Figures 2004.

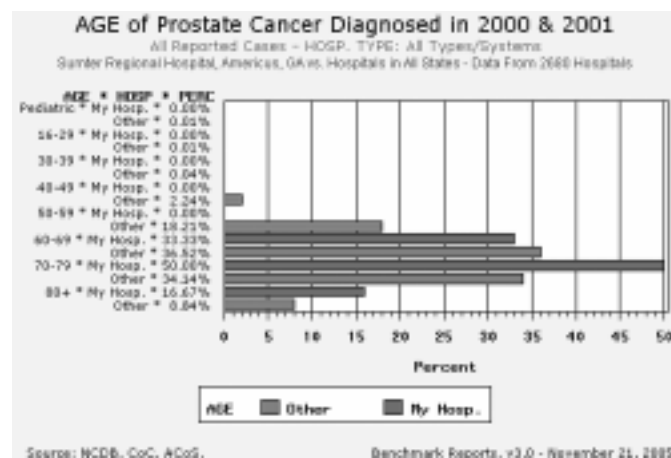


SITE SPECIFIC STUDY

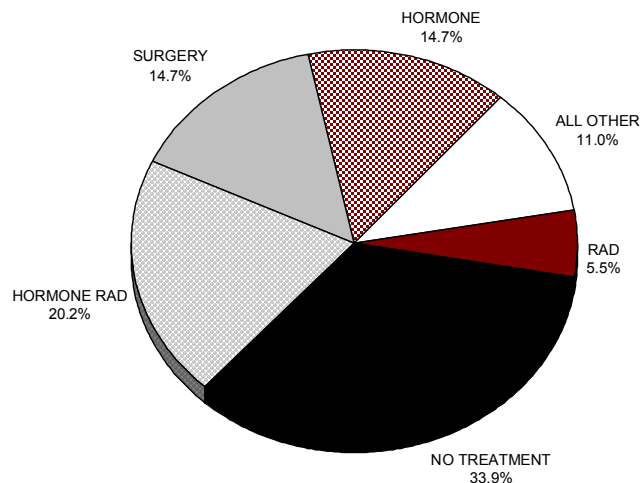
Age of Prostate Cancer Diagnosed in 200 & 2001
All Reported Cases - HOSP. TYPE: All Types/Systems
Sumter Regional Hospital, Americus, GA vs.
Hospitals in All States - Data From 2680 Hospitals

	N (cases)		% (percent)	
	Sum		Sum	
	Reported by		Reported by	
	Other	My Hosp.	Other	My Hosp.
AGE	15	0	0.01	0
16-29	15	0	0.01	0
30-39	90	0	0.04	0
40-49	5,169	0	2.24	0
50-59	42,016	0	18.21	0
60-69	84,263	2	36.52	33.33
70-79	78,787	3	34.14	50
80+	20,402	1	8.84	16.67
Total	230,757	6	100	100

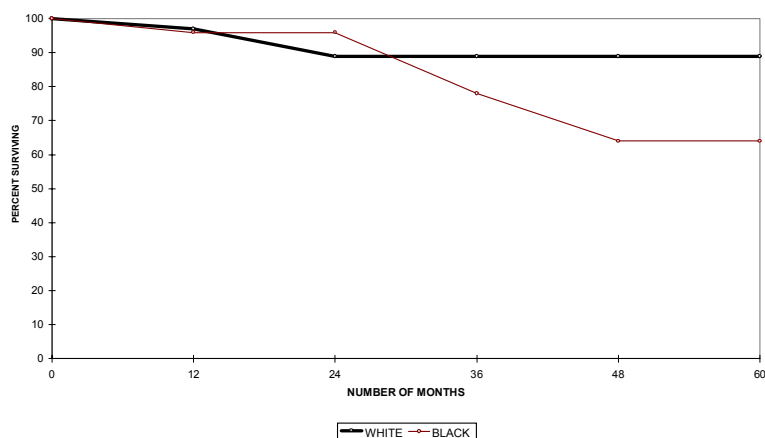
Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v3.0



INITIAL THERAPY
2000-2004 SRH THERAPY



RELATIVE SURVIVAL BY RACE
2000-2004 SRH PROSTATE CASES





Telephone Directory

Sumter Regional Hospital	924-6011
Cancer Registry	931-1140
Financial Assistance	931-1185
Hospice of Americus & Sumter County	928- 4000
Oncology Clinic	931-1381
Pharmacy	931-1265
Radiology	931-1145
Case Management (Social Services)	931-1383
Chemotherapy Room	924-6011 ext. 2973

Support Group Directory

Bereavement Support Group
Contact:
Anne Speer 928-4000

**Meets the 1st Monday of each month
at 5:45 p.m. in the Hospice office at
126 East Furlow Street in Americus.**

Cancer Support Group
Contact:
Betty Bell 931-1381

**Meets the 1st Tuesday of each month
at 12 noon in the Private Dining
Room at Sumter Regional Hospital.**

Glossary of Terms

Analytic Cases-

Patients initially diagnosed at Sumter Regional Hospital and/or who received all or part of their first course of therapy here.

Non-Analytic Cases-

Patients and diagnosed and/or treated at another facility for their first course of therapy, but who are receiving treatment at Sumter Regional Hospital for recurrence or progression of their cancer.

First Course of Therapy-

All therapy directed at treatment of cancer, which was planned as initial course of treatment, usually initiated within four months of diagnosis.

AJCC Classification of Disease-

Refers to the classification of most cancer sites as set forth by the American Joint Committee on Cancer in the Manual for Staging of cancer. The higher the stage number the greater the degree of cancer invasion.

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