

## **GADSDEN REGIONAL CANCER PROGRAM – 2007 ANNUAL REPORT**

The Gadsden Regional Cancer Program has been providing the areas finest cancer care since 1985. With advanced diagnostic and therapeutic technologies, our medical staff provides our patients with state of the art treatment options.

### **Note from the Chairman:**

In November 2005, our cancer program earned a three-year accreditation with commendations from the Commission on Cancer of the American College of Surgeons. In 2006, the dedicated staff and physicians continued to provide our patients outstanding cancer care. The following are highlights of this year:

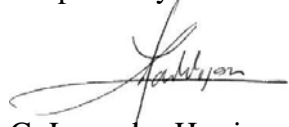
- Accessioned 581 analytic/non-analytic cases into the cancer registry for 2006. The top five sites are lung, prostate, breast, colon, and thyroid.
- The Cancer Center sponsored programs for early cancer detection, smoking cessation, and cancer prevention. In conjunction with the American Cancer Society, Gadsden Regional provides the “Look Good, Feel Better” and the “I Can Cope” programs.
- Cancer Committee assessed the treatment modalities for stage III colon cancer at Gadsden Regional Medical Center (GRMC) to ensure all patients were offered the standard of care outlined in the National Comprehensive Cancer Network (NCCN) guidelines.
- Embarked on a longitudinal thyroid surveillance study in conjunction with the state epidemiologist to determine if disease clustering or conversions from benign to malignant types of lesions is occurring.
- Offered genetic testing by Myriad. GRMC is listed on the Myriad’s website as the only provider for these services in Northeast Alabama.
- GRMC became a tobacco-free facility. The American Cancer Society documented that one-third of all cancer deaths were from smoking alone. Cancer of the lung, mouth, larynx, kidney cervix, esophagus, and pancreas are related to all types of tobacco use.

As you read through this report, it is my hope that you gain insight into our diagnostic tools and resources, treatment modalities, early detection and screening programs, various outreach services, and more.

There are many exciting innovations coming in the years ahead directed at the treatment and cure of cancer. It takes great teamwork and dedication to provide patients and their families with excellent cancer care. We shall continue to work together to strive to achieve optimal cancer treatment results for our patients. There is no place for complacency.

It is a privileged to serve as the Cancer Committee Chairman. I look forward to continuing to collaborate with the dedicated staff, physicians, patients, and families in the quest for a cure against cancer.

Respectfully submitted,



G. Lowndes Harrison, M.D.  
Chairman, Cancer Committee

## **Diagnostics:**

As a Community Hospital Cancer Program, GRMC provides the finest diagnostic tools and resources for the early detection of cancer and other conditions. Here are some of the innovations available to patients and area physicians:

- Screening mammography, ultrasound, as well as bone densitometry screening for osteoporosis.
- Interventional radiology services, image-guided biopsies, as well as neural and peripheral angiography.
- Siemens Harmony 1.0 magnetic resonance imaging (MRI).
- Gastrointestinal Laboratory provides advance cancer screening procedures such as colonoscopy, flexible sigmoidoscopy, endoscopic retrograde cholangiopancreatography, and esophagogastroduodenoscopy.
- Dedicated CAT Scan unit for treatment planning for radiation patients only.
- Top of the line immobilization devices for the comfort of our patients.
- Gadsden Regional Cancer Center is also the clinical site for Coosa Valley Technical College in Rome, Georgia and The University of Alabama at Birmingham Radiation Therapy Programs.

## **Customized Treatment:**

Our clinical professionals customize each patient's treatment plan. The expertise is provided by the patient's primary care physician, surgeon, medical oncologist, radiation oncologist, and other specialists.

- Our surgical staff includes general surgeons and specialists in cardiovascular/thoracic, neurosurgery, urology, gynecology, obstetrics, ear, nose, and throat (ENT), and orthopedics.
- Our medical oncologists, Drs. Parmar and Castillo, deliver expert and compassionate patient care, while collaborating with each patient's team of caregivers, including the patient's loved ones. Through their affiliations with national organization, Drs. Parmar and Castillo provide their patients with the most up to date treatment options. Opportunities to participate in clinical trials are available.
- Cancer patients benefit from advanced therapy in our Radiation Oncology Center. Our Radiation Oncologist, Dr. Harrison is board certified and offers state of the art treatment modalities to our patients.
- We offer multi-leaf collimation (MLC) for automatic shielding, as well as a mold room to build custom shields. We have a filmless port verification system. We offer Brachytherapy for cervical and prostate cancer patients.
- Three-dimensional scanning with IMRT (Intensity Modulated Radiation Therapy) uses beams that wrap radiation doses precisely around targeted tumors to minimize contact with surrounding healthy tissue. This technology is critical for head, neck and prostate tumors because of their proximity to vital organs.
- In addition to our Radiation Oncologist, we have four Radiation Therapist and two Dosimetrist on staff to ensure that our patients receive stellar treatment.

## **Physician and Professional Education:**

**Tumor Conferences** are held every other week for the medical staff at GRMC to present cancer cases. The panel of multidisciplinary physicians and allied health professionals discuss the patient's clinical picture to formulate the best diagnostic testing and treatment plan for each patient. There were a total of 51 cases presented prospectively in 2006.

Tumor conferences are approved for one credit toward the American Medical Association's Physician Recognition Award. Physicians may contact the Cancer Registry staff at 494-4466 or 494-4962 to arrange a case presentation.

## **Community Outreach for Cancer Screening/Prevention/Education:**

During 2006, GRMC offered an array of cancer related educational events to the community and surrounding areas. It is our optimal goal to assist in the eradication of cancer through community education and screening. Some highlights of our Community Outreach Program are:

- Prevention Programs offered for breast, cervical, colorectal, lung, prostate, skin, and other general cancers. The audiences included community schools, civic groups, and the general public through health fair related forums and speaking engagements. Pamphlets and other printed materials were available for attendees.
- Behavioral programs offered on anti-tobacco for adolescents, skin cancer awareness, and safe sex focusing on the link between HPV and cervical cancer.
- A total of five (5) health fairs were held offering cancer related materials to the public.
- Survivors' Day Celebration was held in October at the Cancer Center. A Woman-to-Woman Breast support group representative provided printed information to patients and families.
- Screening mammography is offered through GRMC without a physician referral.
- Colorectal exams are available at GRMC Gastrointestinal Lab. Tests include colonoscopy, physician-ordered fecal occult blood tests, and flexible sigmoidoscopy.

## **Support Services**

The Cancer Program continues to offer support services that meet the needs of patients and surrounding communities:

- Dedicated inpatient oncology unit is staffed with compassionate and highly trained oncology nurses who provide chemotherapy administration, side-effect management and post-surgical care. Some of the nurses are AOCN (Advanced Oncology Certified Nurse).
- GRMC offers physical/rehabilitative therapy, pain-management, nutritional education, pastoral care, counselors, and case managers to assist patients and their loved ones with the physical and emotional challenges of their disease and treatment process.
- GRMC Home Health and Hospice staff provide nursing care focused on pain management, comfort & compassion to terminally ill patients who no longer benefit from therapy.

We offered three (3) support groups and activities during 2006:

- “TOUCH” (Today our Understanding of Cancer is Hope), which meets the first (1st) Tuesday of each month in the 300 Building. This group gives cancer patients, families, and friends an opportunity to meet with others to better understand and cope with cancer. We have an average meeting attendance of twelve. This group has been meeting at GRMC for over twenty (20) years. Jerria Carter, RN, of the Cancer Center and Volunteer Ann Long, RT/MRI Tech, facilitates this group.
- “Look Good Feel Better Program” meets quarterly in the 300 Building. Trained volunteer cosmetologists teach women how to cope with skin changes and hair loss. Free cosmetic kits are provided in a variety of shades to accommodate all complexion types. Women also learn ways to disguise hair loss with wigs, scarves and other accessories.
- “Woman To Woman” is a support and resource group for breast cancer patients and their families. It meets the last Monday of the month in the 300 Building. Their motto is “Remember we care and there is ‘LIFE’ after breast cancer”. This group is facilitated by Debbie Sauls, volunteer.

## **Cancer Registry Report:**

Cancer Registration is a quantifiable, organized process by which data on cancer care is systematically collected. A traditional role of the registry has been to evaluate critical outcomes and the quality of medical care. This includes, assessing treatment patterns, complications, cancer recurrence, re-treatment patterns, survival, as well as providing access to and use of, health care services and resources.

Since 1985 the cancer registry has been an integral entity of the GRMC cancer program.

- The registry staff consist of one full-time and one part-time staff member consisting of a Certified Tumor Registrar (CTR) and one that is CTR-eligible.
- The registry data is used to evaluate cancer trends and incidence when planning for new community services.
- Monthly cancer data is submitted to the Alabama Central Cancer Registry. Annually, data is securely transmitted to the National Cancer Data Base (NCDB) and subsequently to Commission on Cancer (CoC). The NCDB database includes over six million cancer cases from hospitals nationwide. In 2006, our data was submitted on time and one hundred percent (100%) error free to the NCDB.
- All patient information is treated with the highest confidentiality and procedures follow HIPAA regulations.
- The registry began in 1993. Through 2006, there are 7,137 patients in our registry that remain alive.
- We follow our patients in the cancer registry annually. We send letters to their physicians or to the patients themselves to see how they are doing. Our follow-up rate is 94% for the last five years of patients diagnosed or treated at our facility. The follow-up rate is also 94% for patients who have been listed in the registry since our reference year of 1993.

Table #1 2006 Summary of Cancer Cases By Site/Gender/Stage

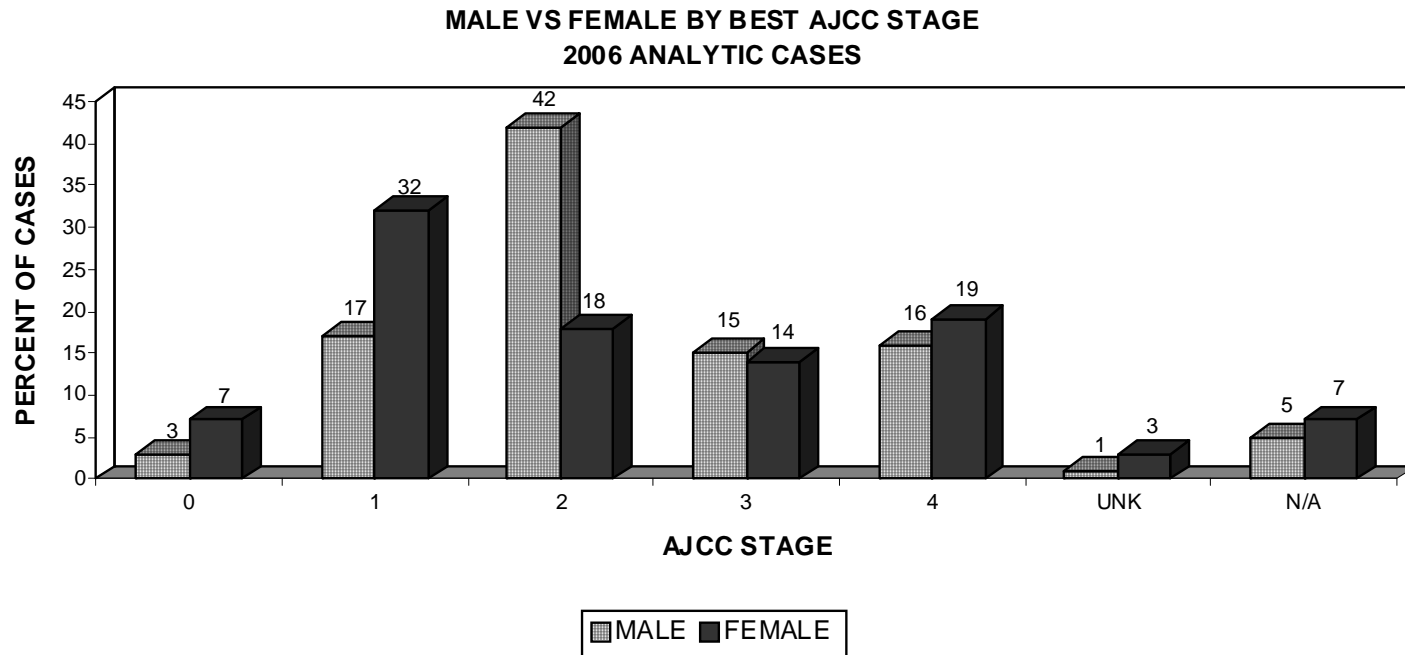
PRIMARY SITE	TOTAL	SEX		AJCC STAGE							B/B	
		M	F	0	1	2	3	4	99	88		
<b>Analytic cases only</b>												
LIP	1	1	0	0	0	0	0	0	1	0	0	
BASE OF TONGUE	1	0	1	0	0	0	0	0	1	0	0	
OTH & UNSPEC PARTS OF TO	1	1	0	0	0	0	1	0	0	0	0	
FLOOR OF MOUTH	2	2	0	0	0	0	0	2	0	0	0	
PAROTID GLAND	3	3	0	0	0	1	1	1	0	0	0	
TONSIL	1	1	0	0	0	0	0	0	1	0	0	
OROPHARYNX	3	2	1	0	0	2	0	1	0	0	0	
HYPOPHARYNX	3	2	1	0	0	0	2	1	0	0	0	
OTH LIP, ORAL CAV & PHAR	2	1	1	0	0	0	0	0	0	2	0	
ESOPHAGUS	4	4	0	0	2	1	0	1	0	0	0	
STOMACH	7	6	1	0	1	2	0	2	0	2	0	
COLON	27	14	13	2	5	7	4	9	0	0	0	
RECTOSIGMOID JCT	3	3	0	0	2	0	1	0	0	0	0	
RECTUM	6	2	4	0	3	1	1	1	0	0	0	
ANUS AND ANAL CANAL	3	2	1	1	0	2	0	0	0	0	0	
LIVER-INTRAHEP BILE DCTS	4	2	2	0	0	0	1	2	1	0	0	
GALLBLADDER	1	0	1	0	1	0	0	0	0	0	0	
PANCREAS	5	5	0	0	0	0	1	4	0	0	0	
LARYNX	6	4	2	0	1	0	2	3	0	0	0	
BRONCHUS AND LUNG	118	60	58	0	27	4	41	44	1	1	0	
HEART, MEDIASTINUM AND P	2	2	0	0	0	0	0	1	0	1	0	
HEMATOPOIETIC/RETICULOEN	4	1	3	0	0	0	0	0	0	4	0	
SKIN	24	15	9	6	5	3	2	1	2	5	0	
RETROPERITONEUM AND PERI	3	2	1	0	0	1	0	2	0	0	0	
CONN, SUBQ AND OTH SOFT	6	3	3	0	0	1	2	0	3	0	0	
BREAST	81	0	81	9	34	26	8	1	2	1	0	
CERVIX UTERI	6	0	6	0	2	3	0	1	0	0	0	

PRIMARY SITE	TOTAL	SEX		AJCC STAGE								
		M	F	0	1	2	3	4	99	88	B/B	
<b>Analytic cases only</b>												
CORPUS UTERI	4	0	4	0	3	1	0	0	0	0	0	0
UTERUS, NOS	1	0	1	0	0	0	1	0	0	0	0	0
OVARY	5	0	5	0	1	1	0	3	0	0	0	0
PENIS	1	1	0	0	0	1	0	0	0	0	0	0
PROSTATE GLAND	106	106	0	0	1	98	4	3	0	0	0	0
TESTIS	2	2	0	0	2	0	0	0	0	0	0	0
KIDNEY	15	8	7	0	10	1	2	2	0	0	0	0
RENAL PELVIS	1	0	1	0	0	0	0	1	0	0	0	0
URETER	1	1	0	0	0	1	0	0	0	0	0	0
BLADDER	22	14	8	7	8	4	1	2	0	0	0	0
MENINGES	1	1	0	0	0	0	0	0	0	0	0	1
BRAIN	5	2	3	0	0	0	0	0	0	5	0	0
THYROID GLAND	24	8	16	0	18	4	2	0	0	0	0	0
LYMPH NODES	13	7	6	0	3	3	1	6	0	0	0	0
UNKNOWN PRIMARY SITE	11	6	5	0	0	0	0	0	0	11	0	0
<b>TOTAL</b>	<b>539</b>	<b>294</b>	<b>245</b>	<b>25</b>	<b>129</b>	<b>168</b>	<b>78</b>	<b>94</b>	<b>12</b>	<b>32</b>	<b>1</b>	

## MAJOR INCIDENCE AND STATISTICAL REVIEW:

The American Cancer Society states “ Cancer is the second leading cause of death in the United States. Nearly half of all men and a little over one third of all women in the United States will develop cancer during their lifetimes. Today, millions of people are living with cancer or have had cancer. The risk of developing most types of cancer can be reduced by changes in a person's lifestyle, for example, by quitting smoking and eating a better diet. Smoking alone causes one-third of all cancer death.” Here at GRMC, women continue to comprise a majority of our cancer patients by AJCC stage.

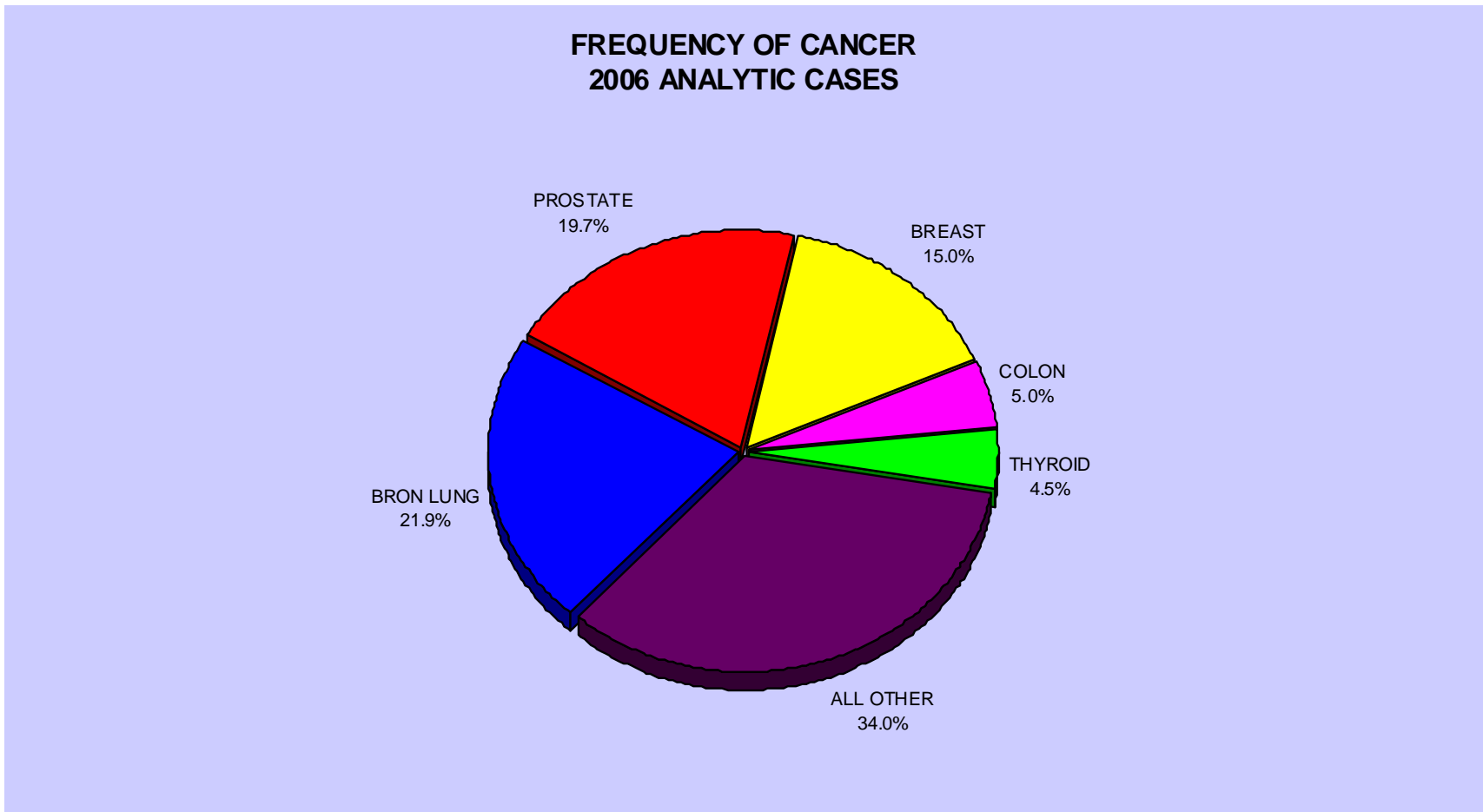
**Graph # 1    Male vs. Female by Best AJCC Stage**



**AJCC stage** – American Joint Committee on Cancer staging system, determines the stage of a primary tumor based on these components” **T** – The extent of primary tumor; **N** – The absence or presence and extent of regional lymph node metastasis; **M** – The absence or presence of distant metastasis

**Graph #2 Frequency of Cancer (Top 5 Sites)**

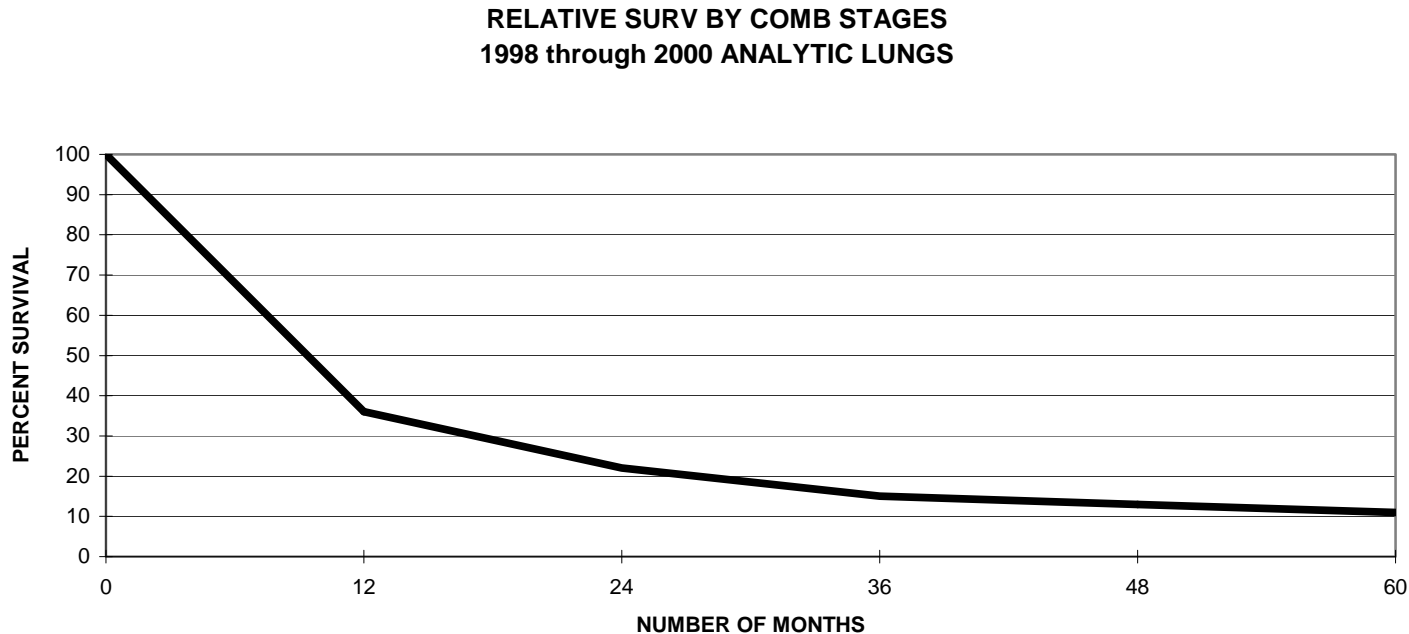
At 22%, lung cancer ranked as the most frequent cancer diagnosed and/or treated at Gadsden Regional Medical Center in 2006. Prostate cancer was the second leading cancer at 20% with breast cancer following at 15% of the cancer cases seen. Colon cancer was at 5% of the cases and thyroid was at 4.5%. There were 37 other types of cancers that made up the remainder of the 34% of cancer cases treated and/or diagnosed at Gadsden Regional Medical Center in 2006.



## LUNG CANCER

“More people die of lung cancer than of colon, breast, and prostate cancers combined. Despite the very serious prognosis of lung cancer, some people are cured and there are currently about 330,000 long-term survivors. Nearly 60% of people diagnosed with either type of lung cancer die within one year of their diagnosis. Nearly 75% die within 2 years. Since 1987, more women have died each year of lung cancer than from breast cancer. This has not improved in 10 years. Smoking is by far the leading risk factor for lung cancer. At the beginning of the 20<sup>th</sup> century, lung cancer was a rare disease. About 87% of lung cancers are thought to result from smoking and some of the rest from passive exposure to tobacco smoke. The longer you smoke and the more packs per day you smoke, the greater your risk. If you stop smoking before a cancer develops, your damaged lung tissue gradually starts to return to normal. Ten years after stopping smoking, your risk is reduced to one-third of what it would have been if you continued to smoke. Cigar smoking and pipe smoking are almost as likely to cause lung cancer as cigarette smoking. There is no evidence that smoking low tar or "light" cigarettes reduces the risk of lung cancer. There is concern that mentholated cigarettes may increase the risk. It is thought that the menthol may allow smokers to inhale more deeply. If you don't smoke, but breathe in the smoke of others (called secondhand smoke or environmental tobacco smoke) you are also at increased risk for lung cancer. Workers who have been exposed to tobacco smoke in the workplace are also more likely to get lung cancer.” (ACS Cancer Facts and Figures 2006) Please see graph #3 for GRMC five-year lung cancer survival rates for patients diagnoses from 1998 through 2000.

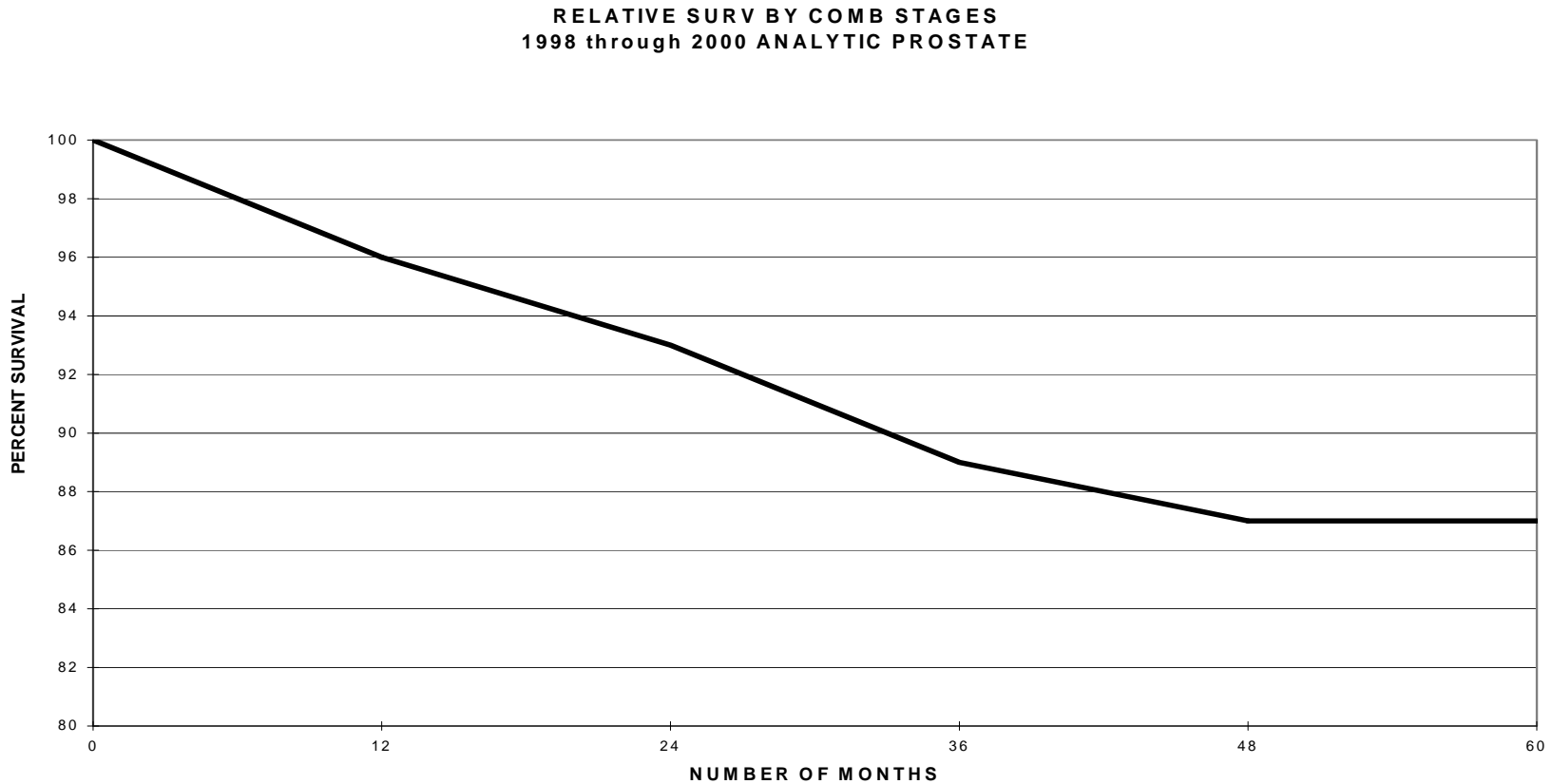
**Graph#3     Lung Cancer Survival At GRMC**



## **PROSTATE CANCER**

“An estimated 234,460 new cases will occur in the US during 2006. Prostate cancer is the most frequently diagnosed cancer in men. Incidence rates are significantly higher in African American men than in white men. Incidence rates of prostate cancer have changed substantially over the last 20 years. These trends in large part reflect changes in the utilization of prostate-specific antigen (PSA) blood testing. Prostate cancer incidence rates have leveled off in men 65 and older. Rates peaked in white men in 1992 (237.7 per 100,000men) and in African American men in 1993 (342.4 per 100,000 men). With an estimated 27,350 deaths in 2006, prostate cancer is a leading cause of cancer death in men. Although death rates have been declining among white and African American men since the early 1990s, rates in African American men remain more than twice as high as rates in white men.” (ACS Cancer Facts and Figures 2006)  
Please see graph #4 for GRMC five-year prostate cancer survival rates for patients diagnosed from 1998 through 2000.

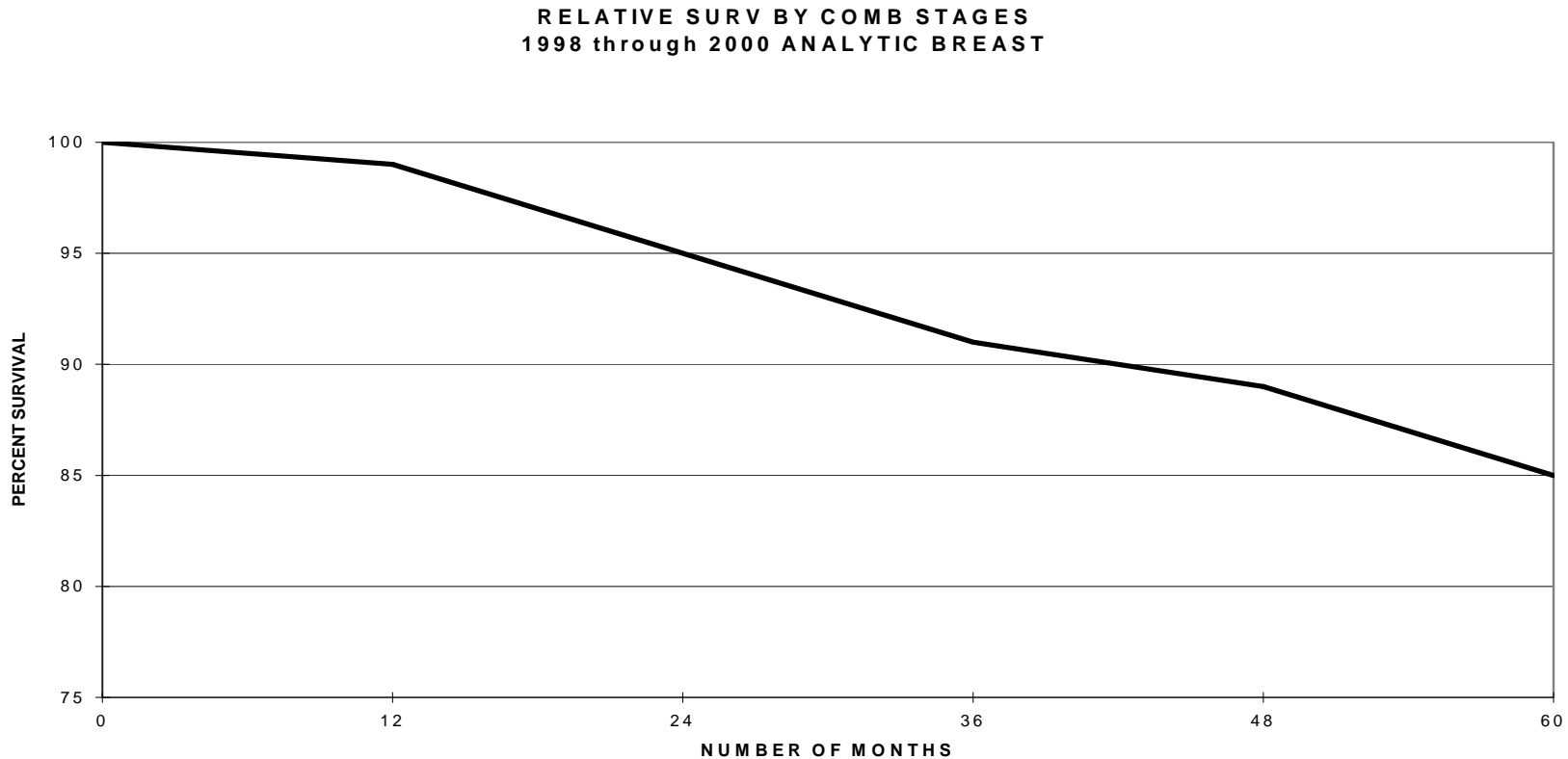
### **Graph #4 Prostate Cancer Survival at GRMC**



# **BREAST CANCER**

“An estimated 212,920 new cases of invasive breast cancer are expected to occur among women in the US during 2006. Breast cancer is the most frequently diagnosed cancer in women. Breast cancer incidence rates increased rapidly in the 1980s, mainly due to increased use of mammography, which can detect breast cancer before they can be felt. About 1,720 new cases of breast cancer are expected in men in 2006. An estimated 41,430 breast cancer deaths (70,970 women, 460 men) are expected in 2006. Breast cancer ranks second among cancer deaths in women (after lung cancer). Death rates from breast cancer declined by an average of 2.3% per year from 1990 to 2002 in all women combined, with larger decreases in younger (<50 years) women. These decreases are due to earlier detection through screening, increased awareness, and improved treatment.” (ACS Cancer Facts and Figures 2006). Please see graph #5 for GRMC five-year breast cancer survival rates for patients diagnosed from 1998 through 2000.

**Graph #5 Breast Cancer Survival at GRMC**



## GLOSSARY OF TERMS

The following are some terms and acronyms related to cancer care, many of which appear in this report.

- Accession** The addition of new cancer cases to the cancer registry. Each patient is assigned a separate and permanent accession number.
- ACOS-CoC** American College of Surgeons, Commission on Cancer.
- ACS** American Cancer Society
- AJCC** American Joint Committee on Cancer
- AJCC TNM STAGING** American Joint Committee on cancer staging system, which determines the stage of a primary tumor based on these components:
- \*T** The extent of primary tumor
  - \*N** The absence or presence and extent of regional lymph node metastasis
  - \*M** The absence or presence of distant metastasis
- AMA** American Medical Association
- AOCN** Advanced Oncology Certified Nurse
- Benign** Non-malignant: not invasive, usually harmless.
- Cancer Liaison Physician** A physician who volunteers to provide leadership for the hospital cancer program and initiatives of both the CoC and American Cancer Society. They serve as a link between the CoC and hospitals with approved cancer program. Their term is 3 years and may be reappointed an unlimited number of times based upon their performance. Sixty percent (60%) are surgeons, and forty percent represent other specialties.
- CAP** College of American Pathologists
- CIRF** Cancer Information Reference File, a national cancer database provided by IMPAC medical systems.
- Class of Case** A registry term describing whether a case can be included in the statistical analysis of the database and based on where the initial diagnosis and treatment of the patient occurs. It is separated into two categories:
- Analytic** Cases initially diagnosed and /or that received all or part of the first course of treatment at GRMC.
  - Non-Analytic** Cases diagnosed at another facility and received their entire first course of treatment elsewhere.
- First Course of Treatment** The medical care that is planned or given at the time of initial diagnosis when it has the greatest chance of eliminating the cancer.
- NCCN** National Comprehensive Cancer Network
- NCDB** National Cancer Data Base
- OCN** Oncology Certified Nurse

## **Cancer Committee Members**

G. Lowndes Harrison, M.D., Chairman  
Alberto Echeverri, M.D., Cancer Committee Physician Liaison  
Elquis Castillo, M.D., Medical Oncology  
Calvin Herring, M.D., Radiology  
Christopher Jahraus, M.D., Radiation Oncology  
Dinesh Parmar, M.D., Medical Oncology  
John Pirani, M.D., Urology  
John Priest, M.D., Pathology  
Henry Ruiz, M.D., Surgery  
Chris Boatfield, Cancer Center / Radiology Director  
Amy Burns, R.N, Case Management

Patricia Caldwell, CTR, Cancer Registry Coordinator  
Kelly Evers, Cancer Registrar  
Jerria Carter, R.N., Cancer Center  
Krystal Hill, Dietary  
Norris Hilton, Chaplain  
Debra Holdbrooks, R.N, Quality Management  
Lisa LeQuire, R.N, Director, Oncology Services  
Lora Ramsey, RHIA, Health Information Management  
Director  
Christen (Ridley) Price, American Cancer Society  
Representative  
Casey Robertson, Assistant Administrator  
Santos Smith, R.N, Home Health and Hospice

## **PATIENT COMMENT**

*“Cancer ... One word that changed my life for the better. Survivor ... The opportunity to share my story and give others hope as they embark on a journey that words cannot explain. If I can raise awareness by my story, then my journey was a success. My faith, My dreams, My outlook on life has been renewed. I have been blessed.*

*A quote that I found strength in and it is so true. ‘Put faith in God and He will show you the way.’*

*No one can go back and make a brand new start. Anyone can start from now and make a brand new ending. God didn’t promise days without pain, laughter without sorrow, sun without rain, but He did promise strength for the day, comfort for the tears and light for the way.*

*My thanks to Dr. Castillo and his staff for working with God to make me a survivor and for never losing faith.”*

*-Marie Hatcher  
Gadsden Regional Medical Center Cancer Patients*