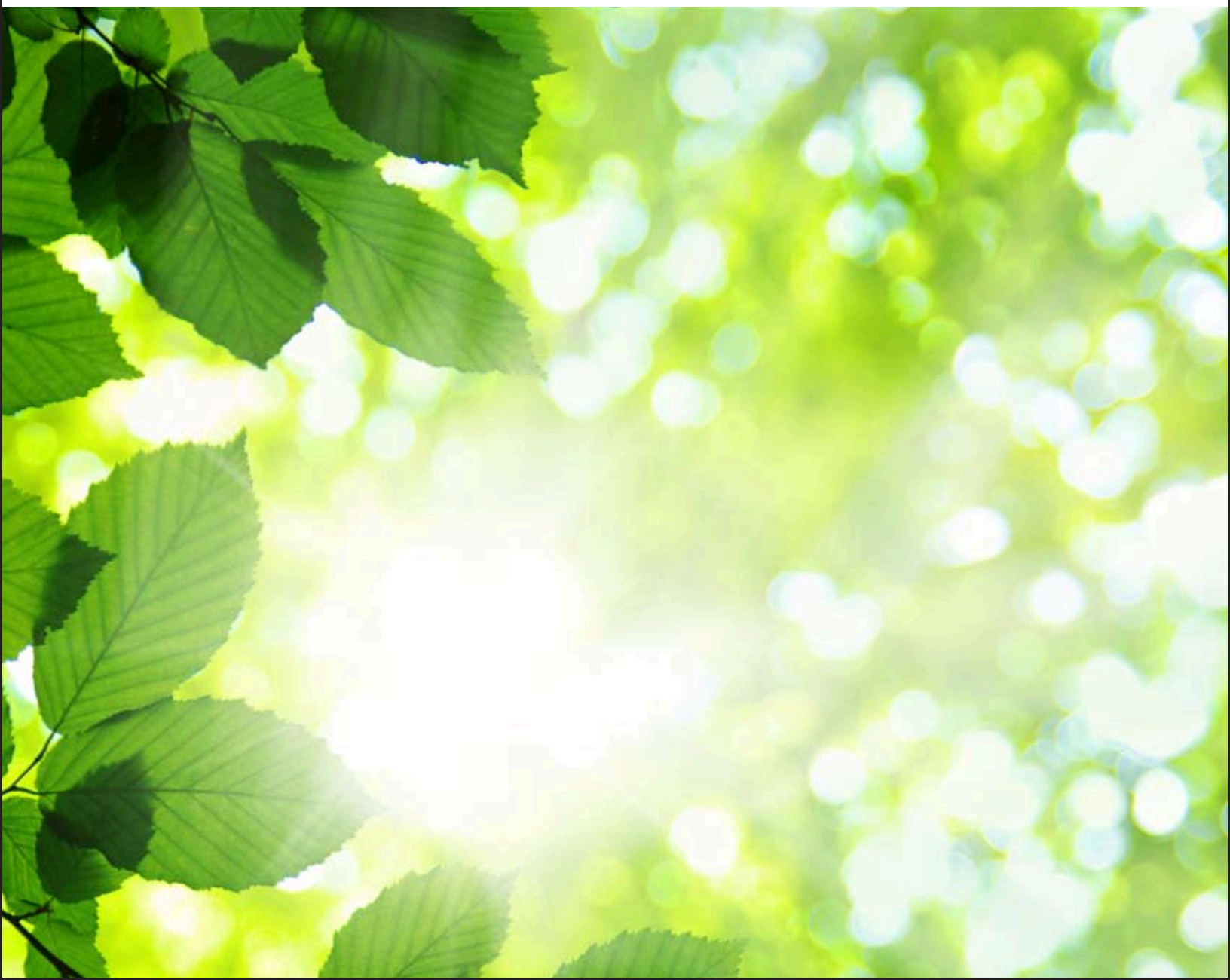


# Coliseum Health System Cancer Program

2010 Annual Report



# Mission Statement

**The Coliseum Cancer Program embraces the mission statement of the Coliseum Health System in our goal to provide quality care to our patients with cancer.**

## Mission Statement

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.

In pursuit of our mission, we believe the following value statements are essential and timeless.

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

## Vision Statement

Our vision is to become a hospital-physician-integrated provider of inpatient and outpatient healthcare services. Integrated medical services shall be developed through a variety of vehicles including, but not limited to, traditional inpatient acute care, outpatient medical services, ambulatory care services, primary care services and cooperative relationships with our physicians. We further envision development of specific programs and services related to healthcare, to better serve our patients and physicians. Finally, we desire to be the hospital of choice for patients, physicians, and employees.

# Letter from the CEO

Allen Golson

CMC is proud to announce that in 2010 we became a National Accreditation Program for Breast Centers. This accreditation that is affiliated with the American College of Surgeons Commission on Cancer, recognizes our center's commitment to providing the highest quality evaluation and management of patients with breast disease. We are the first breast center in Central Georgia to receive this certification. Of the 27 standards that were required for certification we are pleased to report that we are compliant with all 27 standards. To quote a portion of this report our surveyor remarks included "Excellent program with great support system and dedicated physicians and nurses." We realize that with this as with all CMC services this is a team effort. We are dedicated to maintain this level of quality in all services that are offered by our hospital.



# 2010 Cancer Committee Chairman Report

Last year, a lot of ground work and planning led to anticipation of a very fruitful 2011. Accreditation with the NAPBC, the National Accreditation Program for Breast Centers, was the highlight of the 2010 year for the Coliseum Breast Centers. As the first center in the area with this designation, we have launched our new oncology service line which includes the Breast Center. We are also developing comprehensive oncology services for gastrointestinal and lung cancers, in addition to our usual oncology care. With the assistance of a new oncology service line director and two full-time nurse navigators, the programs are already effectively servicing the patients of Macon and surrounding communities. 2010 saw the first use of EBUS (endobronchial ultrasound) by our thoracic surgeons to assist in staging and diagnosis of lung malignancies. The physical plant of the Breast Center was renovated resulting in a relaxing setting for mammograms, ultrasounds and interventions for diagnosis and screening for breast disease.

Already in 2011, Magnetic Resonance Imaging has been upgraded for the state of the art imaging for breast lesions and liver lesions. It will be also be utilized

for diagnosis of spine disease. An additional digital mammography unit has been added to ease scheduling of mammograms for added patient convenience. Initial participation this year in our breast conference has been excellent and features physicians involved in all aspects of treatment for breast cancer. We present over 85% of our newly diagnosed breast cancer patients at this multidisciplinary conference. Often, prospective care decisions are made by the managing physicians at this conference.

For the upcoming years, the Coliseum Cancer Institute will increase its role as a delivery center for oncology services in the Middle Georgia area to provide care for a much larger group of patients from Baxley to Thomaston to Lake Oconee. I often see hanging on the wall in our conference meeting room the picture of the late Dr. Earl Lewis who was instrumental in starting this cancer program many years ago. I think he would be very pleased with the progress we have made since the Breast Center's inception.

**A. Keith Martin, M.D. FACS**

*Chairman of Cancer Committee Coliseum Medical Centers  
Medical Director, Breast Center Coliseum Medical Centers*

# 2010 Cancer Committee Membership

**A. Keith Martin MD**

*Cancer Committee Chairman*

**Richard Lennington MD**

*Radiology CMC*

**Arthur McCain MD**

*Radiology CNH*

**Alex Mitchell MD**

*Pathology-Cancer Conference Chairman*

**Gary Walker MD**

*Pathology*

**Sean Cavanaugh MD**

*Cancer Physician Liaison, Radiation Oncology*

**Franc Wallace MD**

*Medical Oncology*

**Thomas Woodyard MD**

*General Surgery*

**James Lewis MD**

*Urology*

**Cheryl Jones MD**

*Medical Oncology*

**Merita Burney RN**

*Chief Nursing Officer*

**Allison Mulholland RN**

*Assistant Chief Nursing Officer*

**Michelle Hammock RN**

*Quality Assurance*

**Beverly Stanley RN**

*Oncology Nurse Navigator*

**Kim Lewis RN**

*Oncology Nurse Navigator*

**Dayna Whitey**

*Director of Rehab*

**David Portwood**

*COO - CMC*

**Connie Hartness**

*Director Laboratory and Radiology Services*

**Shelly Forsee RN**

*Nursing Manager 5W*

**Jan Beeland**

*Marketing*

**Dee Whidby RN**

*Pain Management/Education*

**Barbara Lee Peace RHIA, CTR**

*HIM Director*

**Anita Thomas RHIA, RHIT, CTR**

*Assistant HIM Director/Cancer Conference Coordinator*

**Melanie Tolbert RN**

*Cancer Registry Coordinator*

**Molly Herrin**

*American Cancer Society Regional Representative*

**Franchetta Trawick**

*Pastoral Care Representative*

**Cynthia Coombs**

*Case Management*

## 2010 Goals And Objectives

- Provide state-of-the-art cancer treatment and diagnostic services to cancer patients throughout the region.
- Improve health services and support research relevant to cancer patients.
- Maintain accurate and complete data through the cancer registry and participate in the NCDB call for data and the Georgia Central Registry.
- Provide patient education through outreach prevention and screening programs.
- Maintain the 36 standards set by the American College of Surgeons and strive for Commendations.

## CHS Cancer Support Groups

### Monthly Meetings

#### **Bosom Buddies Breast Cancer Support Group**

**at Coliseum Medical Centers** - Meets on the 1st Wednesday of each month at Noon in Building C on the first floor in the Cancer Center. Please call Beverly Stanley if you have any questions at **(478) 765-4805** or contact her at [Beverly.Stanley@HCAHealthcare.com](mailto:Beverly.Stanley@HCAHealthcare.com)

#### **The Middle Georgia Chapter Ostomy Support**

**Group** - Meets every 4th Sunday at 3 p.m. in the Physician Dining Room. Betty Futrull can be contacted by calling **(478) 922-0608** for directions.

#### **US TOO Prostate Education and Support**

**Group** - Meets the 3rd Monday of each month at 6:00 pm in the Coliseum Cancer Center Classroom located on the campus of Coliseum Medical Centers. Please call the Cancer Center if you have any questions at **(478) 765-4805**.

**HOPE Network** - Cancer Center. A support opportunity for cancer survivors and their caretakers.

**The Grief Support Group** - meets on Mondays at 2:30 p.m. Call **478-765-4805** for details.



## The Coliseum Cancer Center

The Coliseum Cancer Center is a community resource where cancer patients and their loved ones can ask questions and find answers during diagnosis, treatment and recovery.

The Mission of the Coliseum Cancer Center is to provide superior, compassionate, state-of-the-art cancer care and services to our community within an atmosphere of hope and encouragement.

## The Margaret W. Boswell Cancer Resource Library

The Margaret W. Boswell Cancer Resource Library is organized to provide information concerning the five most prevalent cancer diagnoses (Breast Cancer, Prostate Cancer, Colon Cancer, Skin Cancer, and Lung Cancer). Each area has the latest state-of-the-art site specific information from national sources. In addition, numerous other types cancer diagnoses information is available. Extensive resources are available concerning treatment options, symptom management, chemotherapy, radiation therapy and inspiration for daily living. The computer high-speed Internet access is provided free of charge for research and information gathering concerning cancer. Staff is available to assist those that are unfamiliar with Internet usage.

## Coliseum Cancer Center

The Coliseum Cancer Center continues to grow and expand services since it was opened as a service to the Middle Georgia Community in May 2002. The staff had over 10,000 contacts with patients, family members and visitors. The Oncology Certified Nurses that staff the Center presented informative cancer education programs to over 4,800 participants. In addition to Oncology Certified Nurses, The Coliseum Medical Centers has on staff two Certified Nurse Navigators who work with the patients coordinating patient care, translating to better outcomes. The Margaret Boswell Cancer Resource Library provides a refuge for cancer survivors, their families, students, physicians and staff members in peaceful surroundings. The loyal volunteers offer daily assistance to the staff and patients while sharing personal cancer experiences when needed.

The Coliseum Cancer Center provides personal consultation, CDs, videos, computer-aided instruction, an extensive lending library, and the latest information about specific cancers, treatment procedures, and care options. Genetic education for breast, colon and melanoma cancer is also offered. At these sessions the benefits and limitations of testing are provided to the patient, along with a take home DVD and written materials. After the educational session, testing may be performed here at Coliseum Cancer Center upon physician's request.

## Primary Referral Sources

Georgia Cancer Specialists and their office is located in the Georgia Center for Total Cancer Care building that is located on the campus of Coliseum Medical Center. This facility also houses Coliseum Radiation Oncology, a division of Atlanta Oncology Associates, as well as Dermatologic Surgery Specialists. This facility allows Central Georgians to get all their oncology needs taken care of under one roof. The Georgia Center for Total Cancer Care (GCTCC) is the first comprehensive cancer center in Central Georgia and is the largest in the state dedicated only to patient care. This 46,000 square foot facility offers medical oncology, hematology, radiation oncology and a fully-equipped pharmacy.

Central Georgia Cancer Care specializes in the diagnosis and treatment of blood disorders and various forms of cancer. Their highly trained physicians and professional staff are always available to assist patients with questions regarding patient care, medications, insurance or billing. They are trained in state-of-the-art cancer-fighting technologies and participate in dozens of National Cancer Institute sponsored clinical trials.

# Partnerships In Cancer Awareness

The Coliseum Cancer Center has numerous community partners. The Cancer Center partners with The American Cancer Society and its many programs such as the Annual Relay for Life, Look Good Feel Better Sessions and many other community education projects.

The local Bibb County Relay consistently exceeds all monetary goals. Teams of cancer survivors and their family members represent The Coliseum Medical Centers.

The Bosom Buddies teams have won numerous awards for the most funds raised best site decorations and individual achievement. This year, Coliseum Medical Centers was recognized as the top corporate fundraiser. Girl Talk, a breast cancer awareness program targeting the uninsured and underinsured woman, is another annual event with which we partner with the ACS.

Continuing partnerships with the colleges in Middle Georgia provide healthcare students and faculty with access to the cancer resources available at the Coliseum Cancer Center. Macon College and State University, Central Georgia Technical College, and Georgia College and State University students and staff regularly use the classroom, computers, publications and literature available at the Center. Classes at the Cancer Center create a familiarity with the services and resources provided that these healthcare professionals continue to use with their patients.

The Central Georgia Affiliate of the Susan G. Komen

for the Cure is another partner of the Coliseum Cancer Center. The Center Staff are included on the local Board of Directors and sit on several local affiliate event committees. Staff and members of our support groups participate in the local annual Race for the Cure. Many survivors serve as advocates for the Central Ga. Komen service area. Our Bosom Buddies support group teamed up with the Central Ga. Komen for the Cure Affiliate to provide decorations for Christmas trees to be placed in area hospitals. These trees included educational materials to instruct women on breast self-exam, a key component in early detection of breast cancer.

The Coliseum Breast Health Center partners with Georgia Cancer Foundation to provide additional patient assistance resources to the Central Georgia community. Over the last 14 years the local Bosom Buddies support group has grown and strengthened. There are opportunities each month to join with breast cancer survivors to learn, share and celebrate life. Bosom Buddies meet the first Wednesday at noon at the Coliseum Cancer Center.

Some of the topics for the monthly meetings for 2010 are:

- “Bingo” Start off the New Year with Fun
- “Valentine’s Day ---Outreach to Survivors
- “Women’s Heart Health “
- “The October Survivor Refresh and Relax Hawaiian Luau “
- “Hormone Therapy Update”
- “Lymphedema Awareness and Update”
- “Getting Ready To Relay, Lights Camera Action””
- “Pulmonary Health”
- “Genetics and Cancer”
- “Exercise Guide”

## Cancer Site Specific Educational Programs

**September 20<sup>th</sup>, 2010** Prostate Awareness with Dr. James Lewis

**November 17<sup>th</sup> 2010** Lunch and Learn with Dr. Ursela Reusch. Lung Cancer Update

**March 11<sup>th</sup>, 2010** Gynecological Procedures Update with Dr. Cameron Pridgen

## Community Education

Sept. 23rd. Family Health Day at Coliseum Northside Hospital. Free screenings and education provided to community.

## October is Widely Recognized as Breast Cancer Awareness Month

The October calendar is quite full for those who want more information on early detection and treatment for breast cancer. Breast Self Examination classes are given annually for organizations such as BASF Corp., Wesleyan College and, Mercer University. The annual Coliseum Breast Health Center Open House was held on October 1, 2010. This traditional gathering, more than a decade old, celebrates life each year with pink refreshments, door prizes and educational materials. Over 75 people participated in this event.



## October Lunch and Learn

We celebrated with breast cancer survivors by providing a fun filled day. A Hawaiian Luau was held with tropical refreshments and games. This event received wonderful survivor comments.

The tenth annual local Komen Race for the Cure included more than 3,500 attendees on October 23, 2010 at Central City Park. The Cancer Center becomes a popular gathering place for women to find commemorative pink ribbons to wear all during the month's activities. Several organizations requested a speaker for breast cancer education sessions and we were able to distribute over 2,500 pieces of informative literature on breast cancer.

The Coliseum Cancer Center has grown consistently since its inception in 1994 as a Breast Health Center. We are no longer strictly a breast center but reach out to those with various cancer diagnoses. We receive referral from various members of the medical community but are pleased to say that many of our referrals come from those that have used our services and share their experiences with others. Although we are unable as yet to prevent cancer, we take pride in educating the community on prevention and early detection, as well as assisting those that have been diagnosed to face that challenge. Until a cure is found we are dedicated to easing the burden of a cancer diagnosis by providing as much knowledge, support, hope, and encouragement as possible.

# Coliseum Cancer Center Statistics 2010

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
<b>Phone Inquiries</b>													
	402	254	323	367	315	460	307	328	480	415	242	444	4337
<b>Outpatient</b>													
	183	286	60	1370	656	88	198	234	1249	718	77	212	5331
<b>Inpatient</b>													
	20	14	48	15	19	36	26	28	20	36	30	28	320
<b>Total Contacts</b>													
	605	554	431	1752	990	584	531	590	1749	1169	349	684	9988

	Outpatient Visits	Phone Inquiries	Speaker's Bureau	Total
2005	1112	2625	273	4770
2006	2194	3010	7976	14018
2007	1957	3230	3930	9472
2008	3798	3482	2354	9804
2009	2125	3636	2780	8541

# Extending Hope

A support opportunity for those survivors concerned with lymphedema after surgery is available to educate and assist survivors in managing the non-curable disease Lymphedema. "Extending HOPE" is a component of the Coliseum Cancer Center in cooperation with Coliseum Rehabilitation Services is a support group for those struggling with or affected by lymphedema. Helping Oncology Patients Everyday is what we do!!.

## The goal of Extending HOPE is:

- To provide educational resources and support to those at risk for developing Lymphedema
- To provide current updates in regards to evidenced based treatment options, medical devices, compression garments, insurance coverage/ changes and legislative changes
- To provide support, give hope and discuss ideas in a friendly forum
- To provide opportunities for other concerned healthcare professionals to speak to patients, families and friends
- If needed, to provide personalized information during one-to-one sessions

When a lymphedema patient is left untreated, the outcome is often progressive, disabling, and in some cases painful. Coliseum Rehabilitation Services offers Complex Decongestive Therapy/Complex Lymphedema Therapy to individuals referred for

treatment and management of edema. Our specially trained therapists who have successfully completed certification in Complete Decongestive Therapy/ Complete Lymphedema Therapy are committed to providing aggressive treatment. All treatment is individualized and based on the severity of edema/ swelling. Treatment for individuals who have impaired lymphatic drainage or other onsets of non resolving edema can be provided. Our Lymphedema Therapy program may benefit individuals with:

- Primary Lymphedema
- Lymphedema secondary to complications during/ after Cancer Treatment
- Lymphedema secondary to Venous Insufficiency
- Lymphedema secondary to Trauma

Our mission at the Lymphedema Center is to improve each patient's quality of life by restoring their optimal level of function to resume a normal lifestyle. With early and skilled treatment, the condition can be controlled, allowing the individual to lead a full and normal life. A therapeutic home program is very important and a key factor for this control. Since 2003, Professional development and competency in providing the most recent and evidenced based treatment method (s) was and still remains a major emphasis within the success of our Lymphedema Center. Patient Satisfaction Surveys indicate individuals choose services at Coliseum's Lymphedema

Center for:

- Improved outcomes
- Competency to manage complications
- Accelerated healing
- Improved daily function
- Compassionate and caring staff



## Healthy-Steps

A program designed to move all its participants towards better health with the Lebed Method.

Extending HOPE offers a therapeutic wellness program for cancer survivors who have had any type of breast surgery or node dissection. Enthusiastic and energetic certified Lebed Instructors offer therapeutic exercise and a movement program with wonderful music designed to help one thrive! Offering wellness programs for everyone, from young adults to seniors, regardless of health, age or ability level, the Healthy-Steps program improves overall wellness, range-of-motion, balance, strength and endurance, as well as emotional well-being and self-image.

# Department of Radiology

The Department of Radiology at Coliseum Medical Centers offers numerous services to patients.

Radiology encompasses many specialized imaging procedures and is constantly expanding. Over 80,000 exams are performed each year within the department of Radiology. A prescribed combination of diagnostic and/or interventional radiology examinations allows our physicians to provide expert care to their patients. Our capable staff includes 25 board-certified radiologists, approximately 35 nationally registered technologists, three registered nurses and numerous ancillary employees. The scope of services offered within the department of Radiology includes:

- Diagnostic radiography on an inpatient, outpatient, pre-admission surgical and emergency basis
- Special procedures and interventional radiology
- CT Scan/64 Slice and CT Scan/16 Slice
- Ultrasound
- Nuclear medicine
- MRI
- PACS
- Digital mammography

In addition, Radiology provides specialized women's services through the Women's Center. The Women's Center located at Coliseum Medical Centers is an invaluable resource to improve your health and increase your peace of mind. As important aspects of women's health, the Women's Center offers the following services:

- State-of-the-art screening and diagnostic mammography
- High resolution breast ultrasound
- Needle localization mammography
- Stereotactic breast biopsy
- Ultrasound guided breast biopsy
- (DEXA Bone Densitometry)

These services are vital to the diagnosis and treatment of breast cancer as breast cancer responds well to early treatment. Coliseum Medical Centers performs approximately 10,000 mammograms and related procedures per year. In addition to radiology services, the Women's Center together with the Coliseum Breast Health Center provides education services and counseling as we cater to the physical and mental well being of women and their families.

# Coliseum Northside Hospital

Interventional Radiology performs both Kyphoplasty and Vertebroplasty for the alleviation of pain and vertebral body stabilization. In addition to treating fractures associated with osteoporosis, Kyphoplasty/Vertebroplasty has been shown to be successful in treating compression fractures associated with malignancy. At Coliseum Northside Hospital, we have found this to be particularly successful in treating fractures due to hematologic malignant disease such as multiple myeloma or lymphoma. In any patient with a history of malignancy, our protocol in treating a compression fracture includes a biopsy to determine if the fracture is metastatic or osteoporotic. Bone ablation may also be performed to decrease the bulk of tumor during Kyphoplasty.

While Vertebroplasty/Kyphoplasty has been used extensively in Europe for malignant compression fractures, the significant success of the procedure has been slow to catch on in the United States. We are working to bring this noteworthy benefit to patients in middle Georgia.

# Radiation Oncology Center

The Coliseum Radiation Oncology Center is an integral component of the Georgia Center for Total Cancer Care at Coliseum Medical Center. The Center offers a full complement of radiation oncology services and is staffed by highly qualified, experienced and caring personnel. Dr. Sean Cavanaugh and Dr. Tripp Simpson are board certified Radiation Oncologists who truly enjoy providing accurate, cutting edge, compassionate care to the patients within our community. In addition to highly conformal radiation techniques such as intensity modulation and real time image guidance, we also offer a full range of low and high dose rate brachytherapy services. Dr. Cavanaugh runs the only Accuboot program in Middle Georgia, allowing for more accurate treatment of breast cancer than ever before. But our ability to serve cancer patients goes far beyond Radiation Oncology- the presence of extremely qualified group of medical oncologists within the Center facilitates the multidisciplinary care of patients with a wide variety of malignancies. We don't just talk about the idea of a cooperative team approach; we actually practice it every single day. In addition to the Radiation and Medical Oncology expertise, The Center houses one of the most experienced dermatology practices within the southeast in the treatment of cancers of the skin. Our radiation facility is able to offer adjuvant therapy to their surgical expertise, reinforcing our strong commitment to a teach approach to fighting cancer. We are completely dedicated to providing the best care available anywhere to the people of Middle Georgia.

**Sean Cavanaugh, M.D.**  
*Cancer Physician Liaison; Radiation Oncology*

# Medical Oncology Services

Medical oncology services are provided by Georgia Cancer Specialists and Central Georgia Cancer Care, two free-standing, JCAHO accredited medical oncology practices. Medical oncology services include inpatient and outpatient consultation in the diagnosis, staging and treatment of cancer and blood disorders, as well as the ongoing management of cancer survivors.

The medical oncologists at Georgia Cancer Specialists strive to deliver compassionate, state-of-the-art and cost-effective care to the adult cancer and hematology patient through the coordination of multidisciplinary treatment programs, the participation in clinical research trials, and the provision of supportive care services of nutrition services, pain management, wellness and palliative care. The Georgia Cancer Specialists research department focuses on bringing targeted cancer therapies to the communities it serves and is the first in Georgia to offer Phase I clinical trials, the most novel cancer therapies available. Georgia Cancer Specialists is the only private practice group in the United States to receive a Department of Defense community-based clinical trial consortium grant for Breast Cancer Research.

The Georgia Center for Total Cancer Care at Coliseum is a comprehensive 46,000 square foot facility that houses Georgia Cancer Specialists, Coliseum Radiation Oncology, a division of Atlanta Oncology Associates, and Dermatologic Surgery Specialists. In addition to medical office space, there is a retail pharmacy that specializes in oncology patient needs and medications, a diagnostic imaging center, and outpatient surgical suites. The GCTCC at Coliseum was the first comprehensive cancer center in Central Georgia to provide patients coordinated cancer services under one roof.

Central Georgia Cancer Care specializes in the diagnosis and treatment of blood disorders and various forms of cancer. Their highly trained physicians and professional staff are always available to assist patients with questions regarding patient care, medications, insurance or billing. They are trained in state-of-the-art cancer-fighting technologies and participate in dozens of National Cancer Institute sponsored clinical trials.

# Department of Pathology

The hospital laboratory is a full-service laboratory certified by the College of American Pathologists and licensed by the Georgia Department of Human Resources. The Laboratory is directed by Ocmulgee Medical Pathology Associates, Inc. (a division of AmeriPath), which consists of three board-certified pathologists and a pathology physician assistant with many years of experience. The technical staff consists of dedicated medical technologists, technicians and histotechnologists backed by clerical and phlebotomy support staff members. The clinical portion of the laboratory provides general testing in the areas of hematology and coagulation, chemistry and microbiology. Special testing pertinent to cancer patients, such as tumor marker studies is available through national reference laboratories.

The Atlanta regional office of the American Red Cross supplies blood and blood products including special products sometimes required for the cancer patient. Anatomic pathology services include routine histology, frozen section, medical cytology and autopsy.

Pathologic staging summaries recommended by the College of American Pathologists are routinely incorporated into surgical pathology reports to insure thorough and standardized reporting of pathologic findings in cancer cases. Pathologists are always available for consultation and participate in tumor conferences. When requested by clinicians, pathologists also perform bone marrow aspiration and biopsy. Also, pathologists maintain a close working relationship with hospital radiologists to optimize diagnostic yield of image guided biopsy procedures.

Immunohistochemistry, immunophenotyping by flow cytometry, cytogenetics and molecular testing are additional specialized techniques important to cancer diagnosis. These types of procedures are often invaluable in helping establish accurate diagnosis and treatment plans. These services may be provided by US Labs, Brentwood, Tennessee, or Quest Diagnostics, Chantilly, Virginia, both nationally recognized flow cytometry and cytogenetic laboratories.

# Cancer Registry Report 2010

The Cancer Registry of Coliseum Health System collects and monitors data on patients diagnosed and/or treated with cancer and benign brain tumors.

The focus of the Cancer Registry is to provide quality information in a timely manner to local, state and national agencies as well as to healthcare professionals.

The Cancer Registry collects the required data set and codes set forth in the Commission on Cancer Facility Oncology Registry Data Standards manual.

Coliseum Medical Centers reports annually to the Call for Data from the National Cancer Database (NCDB). Both Coliseum Medical Centers and Coliseum Northside Hospital report monthly to the Georgia Comprehensive Cancer Registry as required by state law.

Since its reference date of January 1, 1998, a total of 7,146 patients have been abstracted into the Coliseum Medical Centers Cancer Registry database. Coliseum Northside Hospital added 126 new cases, increasing their database total to 1160.

One requirement of an American College of Surgeons Commission on Cancer approved Cancer Program is that each patient in the Cancer Registry database be followed annually. Monthly follow-up is obtained from various sources including letters generated to patients and also their physicians to obtain date of last contact, cancer status and vital status. Coliseum Health System meets the Commission on Cancer Program Standards in regards to Registry Operations and Data Quality Control.

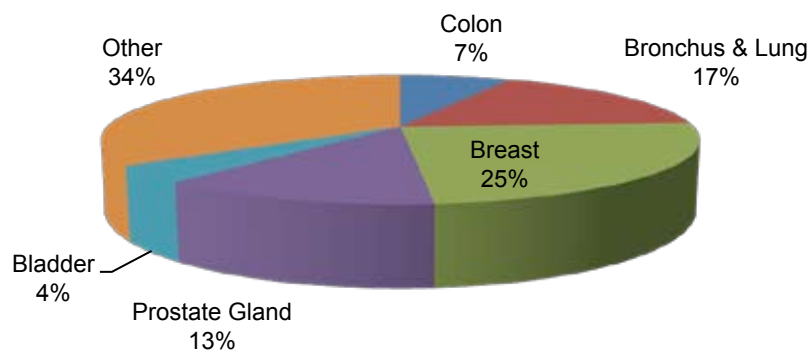
**COLISEUM MEDICAL CENTERS  
2009 INCIDENCE REPORT**

Primary Site	Total (%)	Sex	
		M	F
Other Tongue	2 (0.2%)	1	1
Palate	2 (0.2%)	2	0
Tonsil	1 (0.1%)	1	0
Nasopharynx	1 (0.1%)	0	1
Esophagus	7 (0.8%)	2	5
Stomach	17 (2.0%)	13	4
Small Intestine	4 (0.5%)	1	3
Colon	66 (7.9%)	35	31
Rectosigmoid Junction	9 (1.1%)	9	0
Rectum	15 (1.8%)	10	5
Anus & Anal Canal	5 (0.6%)	3	2
Liver & Intrahepatic Bile Duct	2 (0.2%)	2	0
Gallbladder	4 (0.5%)	2	2
Other Parts Of Biliary Tract	3 (0.4%)	1	2
Pancreas	19 (2.3%)	12	7
Other Digestive Organs	1 (0.1%)	1	0
Larynx	3 (0.4%)	2	1
Bronchus & Lung	134 (16.0%)	87	47
Heart, Mediastinum & Pleura	3 (0.4%)	2	1
Bones & Cartilage of Other	1 (0.1%)	1	0
Hematopoietic & Reticuloendo System	34 (4.1%)	17	17
Skin	28 (3.3%)	12	16
Connective & Other Soft Tissue	3 (0.4%)	1	2
Breast	191 (22.8%)	0	191
Vulva	5 (0.6%)	0	5
Cervix Uteri	3 (0.4%)	0	3
Corpus Uteri	8 (1.0%)	0	8
Ovary	8 (1.0%)	0	8
Penis	1 (0.1%)	1	0
Prostate Gland	112 (13.3%)	112	0
Testis	2 (0.2%)	2	0
Kidney	25 (3.0%)	13	12
Ureter	3 (0.4%)	2	1
Bladder	36 (4.3%)	25	11
Meninges	3 (0.4%)	0	3
Brain	5 (0.6%)	3	2
Thyroid Gland	15 (1.8%)	1	14
Other Sites	1 (0.1%)	1	0
Lymph Nodes	35 (4.2%)	16	19
Unknown Primary Site	22 (2.6%)	13	9
<b>Total</b>	<b>839</b>	<b>406</b>	<b>433</b>

**Coliseum Medical Centers Top Five Sites 2009**

<b>ICD-O-3 Site Group</b>	<b>Count (N)</b>	<b>Percent (%)</b>
Colon	54	7.30%
Bronchus & Lung	124	16.76%
Breast	181	24.46%
Prostate Gland	94	12.70%
Bladder	32	4.32%
Other	255	34.46%
<b>Total</b>	<b>740</b>	<b>100.00%</b>

**ICD-O-3 Site Group**



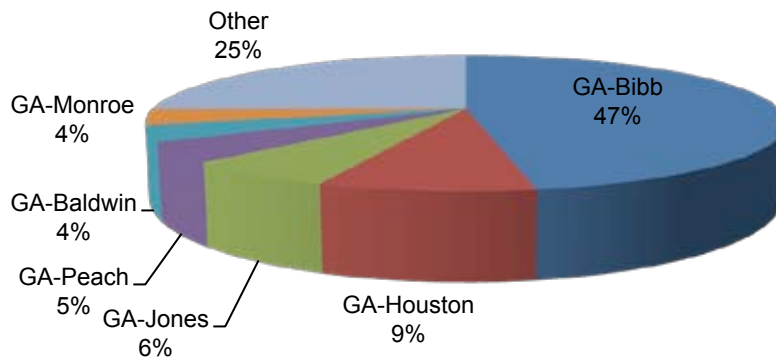
**COLISEUM NORTHSIDE HOSPITAL  
2009 INCIDENCE REPORT**

<b>Primary Site</b>	<b>Total (%)</b>	<b>Sex</b>	
		<b>M</b>	<b>F</b>
Palate	1 (1.2%)	1	0
Stomach	2 (2.4%)	2	0
Small Intestine	1 (1.2%)	1	0
Colon	5 (6.0%)	4	1
Rectosigmoid Junction	1 (1.2%)	0	1
Rectum	1 (1.2%)	0	1
Anus & Anal Canal	1 (1.2%)	0	1
Liver & Intrahepatic Bile Duct	1 (1.2%)	0	1
Pancreas	6 (7.2%)	5	1
Bronchus & Lung	16 (19.3%)	8	8
Hematopoietic & Reticuloendo System	7 (8.4%)	3	4
Breast	4 (4.8%)	0	4
Cervix Uteri	2 (2.4%)	0	2
Corpus Uteri	2 (2.4%)	0	2
Ovary	1 (1.2%)	0	1
Penis	1 (1.2%)	1	0
Prostate Gland	17 (20.5%)	17	0
Kidney	3 (3.6%)	2	1
Bladder	6 (7.2%)	6	0
Brain	2 (2.4%)	2	0
Lymph Nodes	3 (3.6%)	3	0
<b>Total</b>	<b>83</b>	<b>55</b>	<b>28</b>

**County at Diagnosis Report**

County at Diagnosis	Count (N)	Percent (%)
GA-Bibb	349	47.16%
GA-Houston	66	8.92%
GA-Jones	48	6.49%
GA-Peach	35	4.73%
GA-Baldwin	28	3.78%
GA-Monroe	28	3.78%
Other	186	25.14%
Total	740	100.00%

**County at Dx**



# 2010 Cancer Program Annual Report Site Analysis: Breast Cancer

**Introduction:** Over 200,000 new diagnoses of breast cancer were made in 2010 with almost 40,000 deaths due to this disease. It is the second leading cause of death for women behind lung cancer. Fortunately, death rates from breast cancer have been decreasing in recent years felt to be due to decreased use of hormone replacement therapy after menopause, earlier detection due to better screening and increased awareness, and improved treatments.

**Risk Factors:** Thankfully, most women with risk factors for breast cancer never develop the disease. Obviously gender plays a significant role with breast cancer. Age greater than 55 also plays a significant role with over two-thirds of the cancers being found in this age group. Surprisingly to many patients, only 5-10% of breast cancers are genetic. Having one first degree relative with breast cancer doubles the risk and having two first degree relatives with cancer increases this risk to almost three times the normal population. A personal history of breast cancer increases risk three

to four fold. Caucasian women are more likely to get breast cancer but less likely than African American women to die from the disease. Dense breast tissue increases the amount of tissue at risk but decreases the effectiveness of mammography as a screening tool. Precancerous breast conditions such as atypical ductal hyperplasia and atypical lobular hyperplasia also increase risks. Early age of menarche and late age of menopause certainly increase the risks as does previous history of chest irradiation at an early age. Other risk factors that are not as clear cut are use of alcohol, obesity, hormone replacement therapy, use of oral contraceptives, lack of exercise, and smoking.

**Signs And Symptoms:** The most common presentation of breast cancer is a breast lump that is usually painless, firm and irregular in shape. Less obvious signs and symptoms include swelling of the breast, skin irritation, breast pain, nipple retraction, bloody nipple discharge, and axillary mass.

**Types of Breast Cancer:** There are two main types of invasive breast cancer. The most common type is invasive or infiltrating ductal carcinoma. It accounts for about 70% of the diagnoses. It occurs in the milk ducts of the breast. If it is confined to the milk duct, then it is considered ductal carcinoma in situ or intraductal breast cancer. By definition, this stage of breast cancer cannot metastasize. However, if the cancer cells invade through the basement membrane of the duct then the cancer becomes invasive and has the opportunity to metastasize.

The next most common type is invasive lobular carcinoma. It begins in the milk lobules and not the ducts. It also has an in situ component, lobular carcinoma in situ, as long as the cancerous cells are confined to the lobule it is not capable of metastasizing. However, once it grows through the basement membrane of the lobule, it becomes invasive and can metastasize by the blood or lymphatics to other parts of the body.

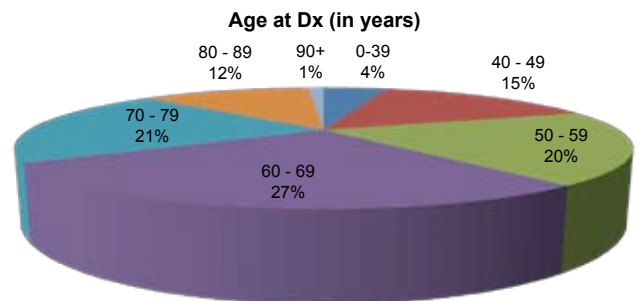
There are many different subtypes of these cancers which have a great range of prognoses. One of the worst types that we see is inflammatory breast cancer and accounts for a small percentage of diagnoses. It leads to inflammation of the breast. Redness and thickening of the skin due to subdermal lymphatics being occluded by cancer cells can occur and it can very easily be mistaken for mastitis leading to a delay in diagnosis.





## Coliseum Medical Centers Experience 2009

**Age At Diagnosis:** In 2009 there were 179 new diagnoses of breast cancer at the Coliseum Medical Centers. Nineteen percent of these were under age 50 with eight cases under age 40. The 50-70 year old age range accounted for 46% of the cases and the 70-90 year old age range accounted for 32% of the patients. There were only two cases that were diagnosed in patients over age 90.



# Histology

One hundred thirty-seven cases of the one hundred seventy-nine breast carcinomas diagnosed in 2009 at Coliseum Medical Centers were invasive carcinomas. This accounted for 77% of the cases. Carcinoma in situ which includes both LCIS and DCIS accounted for 20% of the cases. There were two papillary carcinomas in-situ and four cribriform carcinomas in-situ. There was one intraductal papillary carcinoma as well. Of the remaining invasive cancers, two were mucinous. One was a mixed infiltrating ductal with other types of breast carcinoma and two were lymphomas.

## Histology/Behavior Report

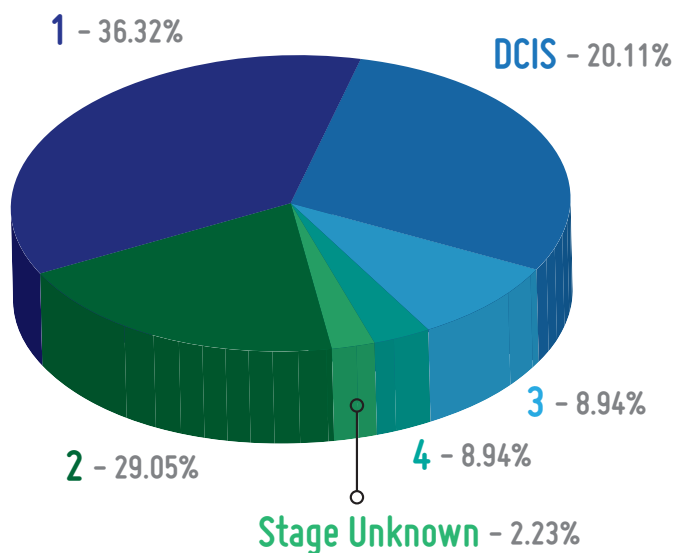
Histology/Behavior	Count (N)	Percent (%)
Infiltrating duct carcinoma, NOS	126	70.39%
Lobular carcinoma, NOS	11	6.15%
Papillary carcinoma in situ	2	1.12%
Cribriform carcinoma in situ	4	2.23%
Lobular carcinoma in situ, NOS	2	1.12%
Intraductal carcinoma, noninfiltrating, NOS	27	15.08%
Noninfiltrating intraductal papillary adenoca	1	0.56%
Mucinous adenocarcinoma	2	1.12%
Infiltrating duct mixed w/ other types of carcinoma	1	0.56%
Lymphoma, malig, large B-cell, diffuse, NOS	1	0.56%
Lymphoma, follicular, grade 2	1	0.56%
Adenocarcinoma, NOS	1	0.56%
Total	179	100.00%

**AJCC Staging:** We utilize the AJCC TNM staging system for our breast cancers. The T0-T4 component defines the size or contiguous extension of the primary tumor. The N0-N3 component indicates the absence, or presence and extent of cancer in the regional lymph nodes and the M0-M1 component indicates the absence or presence of distant spread or metastases. Please refer to the chart for these stages. Patients often confuse the stage with the grade of cancer. Understanding the distinction between the two is critical.

### AJCC Staging System For Breast Cancer

Stage 0	Tis	N0	M0
Stage IA	T1*	N0	M0
Stage IB	T0	N1mi	M0
	T1*	N1mi	M0
Stage IIA	T0	N1**	M0
	T1*	N1**	M0
	T2	N0	M0
Stage IIB	T2	N1	M0
	T3	N0	M0
Stage IIIA	T0	N2	M0
	T1*	N2	M0
	T2	N2	M0
	T3	N1	M0
	T3	N2	M0
Stage IIIB	T4	N0,N1,N2	M0
Stage IIIC	Any T	N3	M0
Stage IV	Any T	Any N	M1
Stage Unknown	_____		

## The Coliseum Medical Centers AJCC Stage at Diagnosis

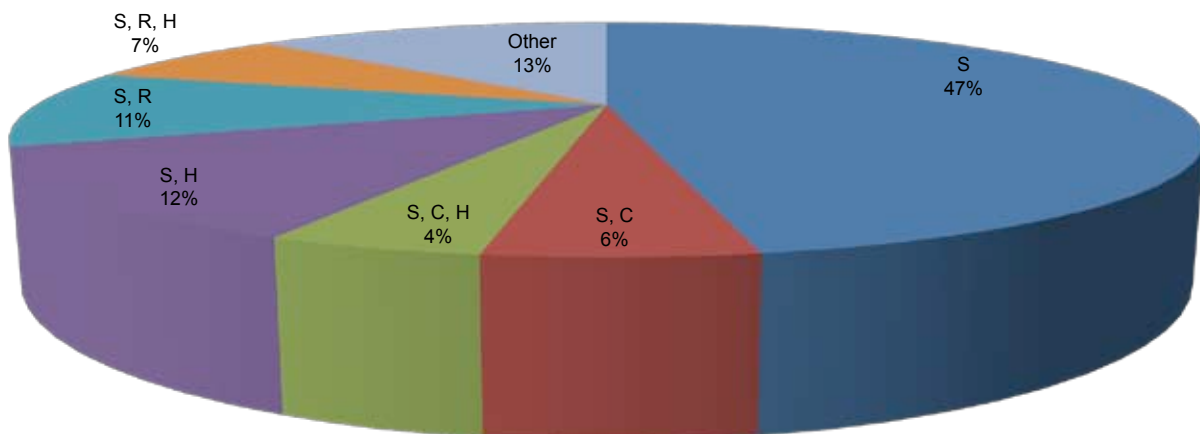


# First Course of Treatment

For the first course of treatment, 47% of patients (84 cases) had surgery alone. Twenty-eight of those patients were Stage 0, thirty-four were Stage I, seventeen were Stage II and five were Stage III. Five percent of cases had surgery and chemotherapy as their first course of treatment. There were ten of these patients of which seven were Stage II, two were Stage III and one was Stage IV. Four percent of patients had surgery, chemotherapy and hormonal therapy as their initial course of treatment. There were eight of these patients. One of those patients was Stage I and seven were Stage II. Twelve percent of patients had surgery and hormonal therapy as their initial treatment. This accounted for twenty-two cases. Out of those twenty-two, twelve

were Stage I, seven were Stage II and three were Stage III. Eleven percent of patients in the group had surgery and radiation therapy as their initial treatment. Out of these nineteen cases, seven were Stage 0, six were Stage I, four were Stage II and two were Stage III. Seven percent of patients that had surgery, radiation therapy and hormonal therapy as their initial line of treatment. Out of these thirteen cases, ten were Stage I, two were Stage II and one was Stage III. The Of the other 13% of patients, remained, two of these were Stage IV patients that were treated with chemotherapy and one was a Stage III and another was an unknown Stage that was treated with hormonal therapy. Two Stage I patients got radiation only as did one Stage IV patient.

**First Course Treatment**



# First Course Treatment by Best CS/AJCC Stage Report

	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unk	Total
C	0	0	0	0	2	0	2
H	0	0	0	1	0	1	2
R	0	2	0	0	1	0	3
R, C	0	0	1	0	0	0	1
S	28	34	17	5	0	0	84
S, C	0	0	7	2	1	0	10
S, C, H	0	1	7	0	0	0	8
S, H	0	12	7	3	0	0	22
S, R	7	6	4	2	0	0	19
S, R, C	0	0	2	2	1	1	6
S, R, C, H	0	0	3	0	0	0	3
S, R, H	0	10	2	1	0	0	13
Other	1	0	2	0	1	2	6
Total	36	65	52	16	6	4	179

\*\*Other: Patient either refused treatment or elected to be treated at a facility closer to home  
no treatment information available



### **Observed Five Year Survival Rates by Stage:**

*When the Coliseum Breast Center numbers are compared to the national data, Stage for Stage we were certainly in line with the national numbers. The only aberrancy at all was with stage 4 patients where the five year survival rate was 35% compared with 20% for the national average. It is unclear why this discrepancy exists.*

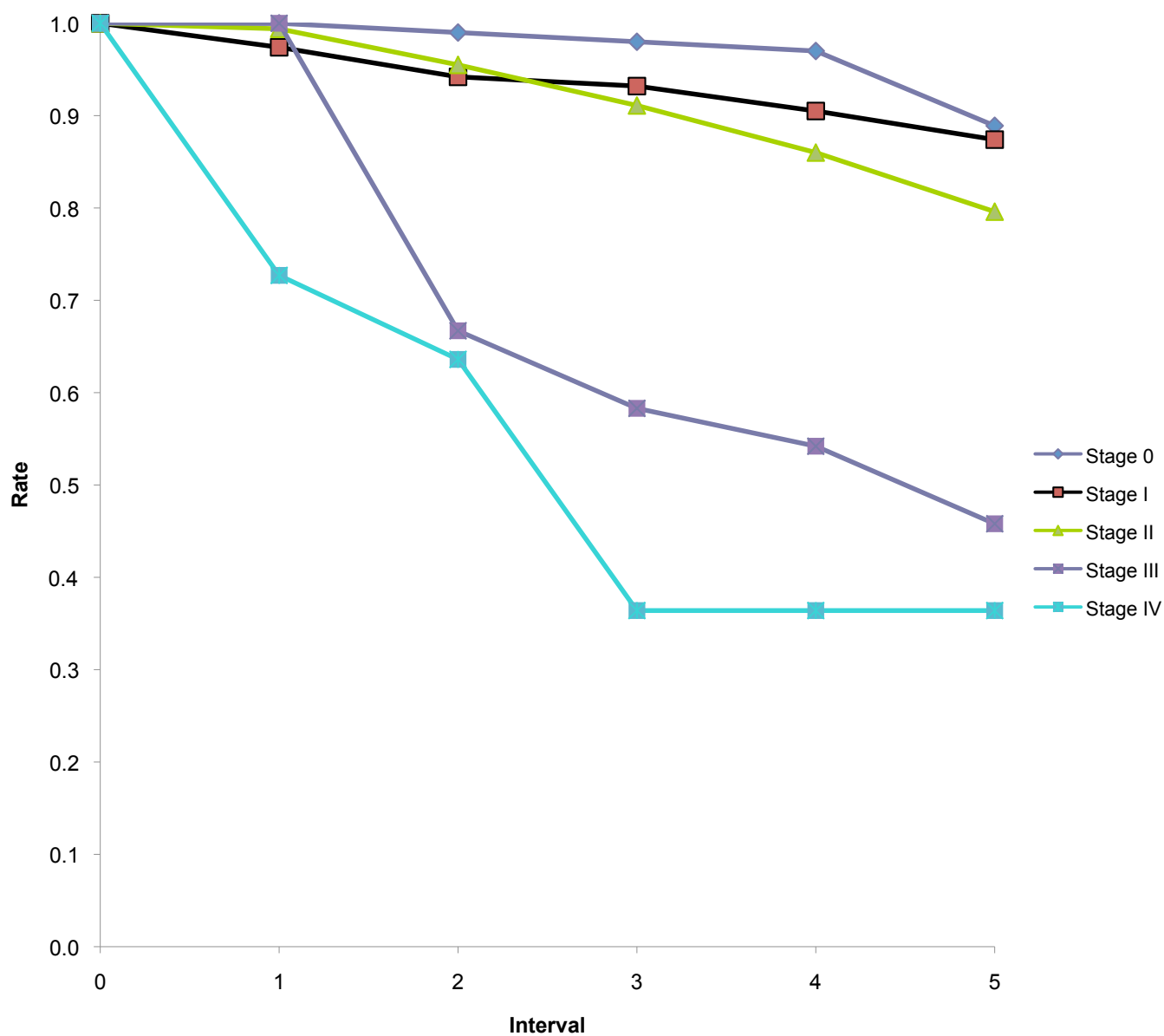
*By analyzing the data that is available and our ability to compare our numbers to the national data, it allows the program at Coliseum Medical Centers to implement care and treatment that is the best available. Based on our experience in comparison to the national data, we are certainly in line with the standard of treatment nationwide.*

#### **A. Keith Martin, M.D. FACS**

*Chairman of Cancer Committee Coliseum Medical Centers  
Medical Director, Breast Center Coliseum Medical Centers*

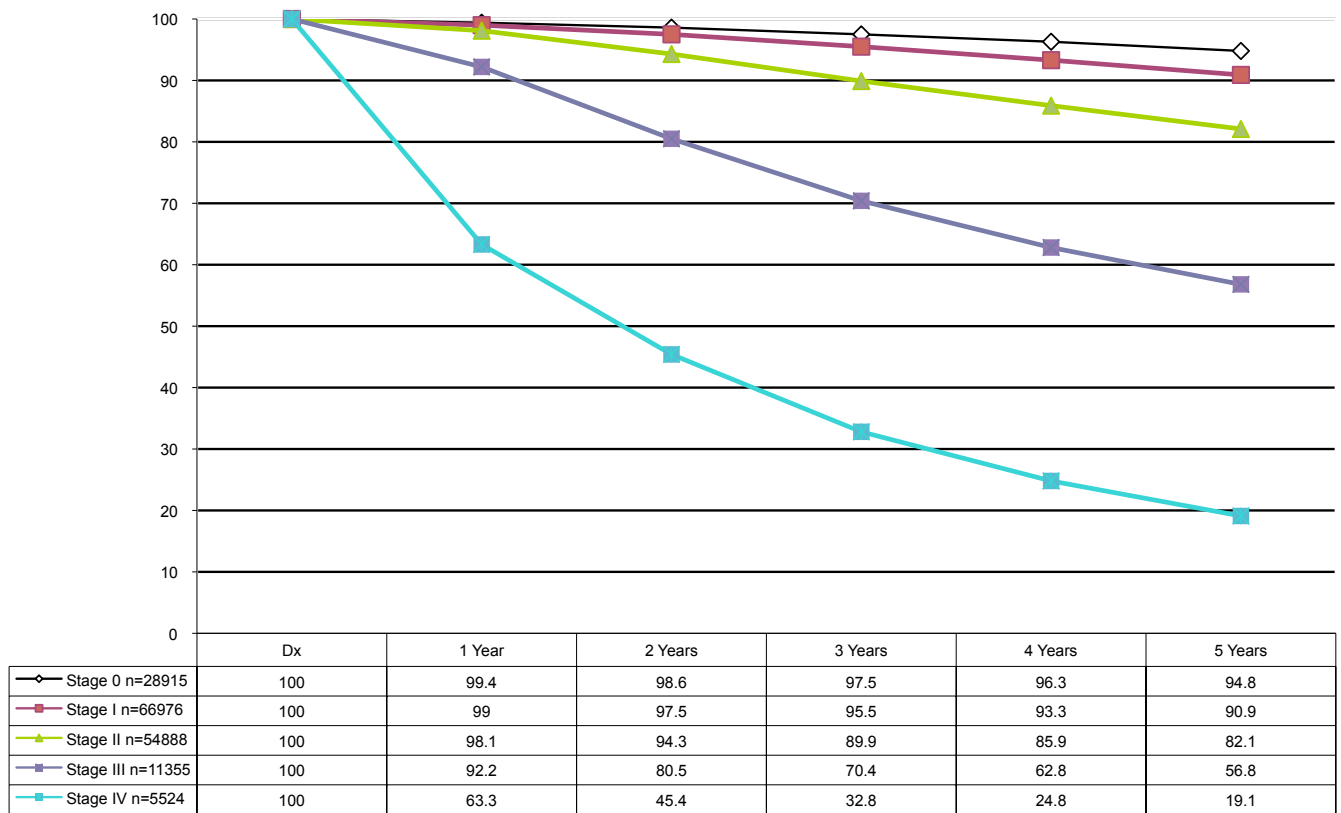


## Coliseum Medical Centers Observed Survival Data for Breast Cancer in 1998 - 2002.



# Cumulative Survival Rate

NCDB Observed Survival Data For Breast Cases Diagnosed in 1998 - 2002



# 2010 Cancer Conference Report

The Coliseum Medical Center Cancer Program sponsors two multidisciplinary cancer conferences, one dedicated specifically to providing the highest quality of care and treatment for patients diagnosed with breast cancer in accordance to NCCN Guidelines, as well as a cancer conference designated to providing quality care and treatment to patients diagnosed with cancer of all other tumor sites treated at this institution.

The essential goal of Cancer Conference is to improve the care of cancer patients through Multidisciplinary discussions about diagnosis and treatment based on NCCN Guidelines. The Coliseum Medical Centers conducts a bi-weekly Breast Conference and a bi-weekly Multi-site Cancer Conference on Friday and Wednesday mornings at 7:00 am in Building C in the Coliseum Cancer Center Classroom. We have the added support of an Information Services employee and updated digital equipment with large screen display of pathology slide and radiology images.

Alex Mitchell, M.D. is the Cancer Conference Chairman and Anita Thomas, RHIA, RHIT, CTR is the Cancer Conference Coordinator and through their combined efforts and expertise, physicians are able to present their patients at the earliest possible meeting to receive recommendations from the multidisciplinary group of Surgeons, Radiation Oncologists, Medical Oncologists, and other specialists to evaluate treatment options for their patients.



# Cancer Program Directory

Cancer Registry 765-4157

Central Georgia Cancer Care 743-7068

Coliseum Breast Health Center 765-4805

Coliseum Cancer Center 765-4805

Coliseum Lymphedema Center 765-4884

Coliseum Medical Centers 765-7000

Georgia Cancer Specialists 745-6130

H2U 471-6828

Mammogram 765-4863

Physician Referral Line 746-4646

Coliseum Radiation Oncology Center 742-2278

Rehabilitation Center 765-4333

Speakers Bureau Line 765-4805

Women's Center 765-4566

Coliseum Northside Hospital 757-8200



# Bosom Buddies

