


Working
together to
create *hope*
for the *future.*



Oncology Annual Report 2005

 Southern Regional Health System
ONCOLOGY SERVICES

HEALTH FAIRS 2005: SRHS Employee Health Fair, 2000 participants • Clayton

College & State University, 200 participants • Girl Scouts of America, 70 participants

• Dixon Grove Baptist Church, 100 participants • Stockbridge First United

Spreading hope to our communities

Methodist Church, 300-500 participants • Litton Loan Servicing LP, 75 participants

through prevention and education.

• Georgia Legislative Black Caucus, 50 participants • Friendship Baptist Church,

600-1000 participants • Center for Black Women's Wellness, 200 participants •

EDUCATIONAL PRESENTATIONS: SRHS Lunch & Learns, July-October, 100

participants • WellSpring MallWalkers, Spring and Fall 2005, 50-100 participants •

SCREENING EXAMS: Clinical Breast Exams, Prostate Cancer Screening (PSA/

DRE), SRHS 4th Annual Community Health Fair Screenings- Blood Pressure, Body

Composition, Cholesterol, Diabetes, Foot Exams, Glucose, Hearing, Pulmonary

Function, PSA and Vision



Southern Regional Oncology Annual Report compiles information for calendar year 2005.



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Introduction

The Oncology Program at Southern Regional Health System continues to provide compassionate, state-of-the-art cancer care to oncology patients in the Southern Crescent and surrounding areas. The Oncology program continues to grow because of the collaborative efforts of a multi-disciplinary team of physicians, nurses, and support staff.

The optimal management of oncology patients requires an ever-growing interdisciplinary approach. The entire spectrum of oncology subspecialties is available to cancer patients to deliver cutting-edge care. Evaluation and treatment often involves collaboration of Radiology, Surgery, Radiation Oncology, Gynecologic Oncology, Medical Oncology, and Pathology.

Frequent cancer conferences provide excellent educational opportunities for the staff as well as providing an excellent forum for exchange of ideas across the disciplines. These conferences allow discussion of management of current cases along with occasional visiting lectures by leading experts in the field of oncology.

The inpatient unit remains one of the strongest units in the hospital. The unit delivers the highest quality care to oncology patients requiring acute management of their disease.

The Outpatient Oncology Department continues to see a steady increase in the number of patients requiring outpatient care, especially with delivery of systemic therapy, intravenous fluids, and administration of blood products. The department saw an average of 240 patients per month.

Through the community outreach program, Southern Regional Health System continues to provide numerous screening programs, most notably for breast, prostate, and skin cancers. The program continues to be involved in the community by providing educational presentations, community health fairs, and cancer support groups.

The Tumor Registry program maintains an extensive data base of oncology patients cared for through Southern Regional Health System. Multiple clinical trials are available through Southern Regional Health System that provides opportunities for cancer prevention, as well as cutting-edge new therapies.

The Oncology Program at Southern Regional Health System continues to grow and provide outstanding and compassionate cancer care. We would like to thank all the medical staff and employees of Southern Regional Health System for their contributions and for their dedication to making the Oncology Program such a valuable resource for the oncology patients in the Southern Crescent community.

SRHS Oncology Committee Membership 2005



Lynn Andrejko, Case Management

Stephen Auda, M.D., General Surgery

A. Awujo, M.D., Oncology

Debulon Bell, Oncology Research

Kaylene Canfield, CTR, Tumor Registry

Robbin Clark, Cancer Registry

Dr. Willie Cochran, Surgery

Leanne Darwin, Food & Nutrition Services

Ann Early, M.D., Anatomic and Clinical Pathology

John Giesler, M.D., Radiation Oncology

Dianne Gilley, RN, Med/Surg Administration

Gerald Goldklang, M.D., Medical Oncology

Ingrid Hall, Nuclear Medicine

Dr. Robert Hamilton, Medical Staff

Melanie Hammond, Rehab Services

Jeffrey Hines, M.D., Gynecological Oncology

Daniel Hoodin, Administration



Lisa Jones, Mammography

Vicki Joyner, Oncology

P. Mahiznan, M.D., Hematology/Oncology

Darlene Mims, Med/Surg Administration

Dr. Anthony Onyegbula, Oncology

Marty Polovich, Nursing

Margaret Parson, Food & Nutrition Services

S. K. Reddy, M.D., Hematology/Oncology

Katie Robbins, Marketing

Stephanie Shields, Pharmacy

Gurinderjit Sidhu, M.D., Hematology/Oncology

Jorge Spinolo, M.D., Hematology/Oncology

Mary Ruth White, Quality Services



Skip Wisenbaker, Pastoral Care

Program Services

Case Management/Social Services

Case Management ensures the patient receives medically necessary service in the appropriate continuum. Case Management follows the patient during their hospitalization and assists the physicians with managing the concurrent stay using payer specific care guidelines and criteria. Our Case Managers work with the physicians to assist with individualized plans of care while keeping in mind the patients insurance to avoid miscommunication and therefore enhancing resources. Redirecting focus towards the clinical aspect of the patients stay has reduced denied days, ensured quality of care and assisted with through put.

Case Management works with Southern Regional Health Systems home health agency, Southern Regional Homecare (SRH). SRH provides skilled RN's, home health aides, physical, speech and occupational therapists and a medical social worker to patient in their homes throughout Clayton, Fayette, Spalding and Coweta counties. Referrals are also made to other home health agencies, home infusion therapy and durable medical equipment providers. A large percentage of oncology patients require medical intervention in the home setting and such services are arranged by Case Management.

There continues to be a social component to Case Management. Our case managers refer all social issues that require individual attention to out full time social worker. The social worker is available to provide support for patients in regards to their psychosocial health, to assist with discharge planning, to help patients utilize the resource of family and community and to provide counseling.

Supportive care service referrals are made daily. Case Management has been working with local hospice agencies to help assess patient needs, locate proper resources and obtain needed services. The hospice agencies are working with Case Management to educate patients, families and physicians in regards to their services. Both home health hospice and inpatient hospice services are available.

Clinical Nutrition

Working as a team, the Diet Technician, Dietician, Nutritional Support team and the physician assure that oncology patients receive optimal nutritional care. In addition to offering regular food items to stimulate the appetite, a wide variety of oral supplements is available. If oral intake is not possible and the patient is receptive to alternative forms of nutritional support, tube feedings and parenteral nutrition are utilized.

Clinical nutritional coverage is provided seven days per week. In addition, our Outpatient Dietician focuses on community education by providing in-services on cancer prevention.



Institute for Radiation Therapy

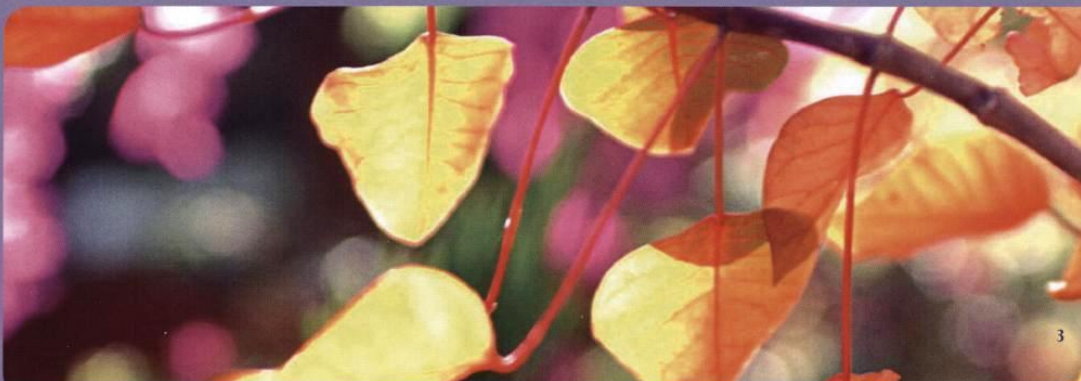
The Institute for Radiation Therapy (IRT) provides a full range of radiation oncology treatment programs, as well as clinical research, through Atlanta Regional Community Clinical Oncology Program (ARCCOP). Staffed by board-certified radiation oncologists, physicists, medical dosimetrists, therapists, and clinical nurse specialists, the center evaluated 644 new patients during 2005 and delivered 12,169 external beam radiation treatments. More than 900 patients were seen

in follow-up visits.

The Institute for Radiation Therapy also offers an active brachytherapy program. In 2005, 31 patients were treated with permanent interstitial implantation of the prostate using radioactive seeds. An additional 178 patient treatments were delivered using high dose rate Iridium-192 brachytherapy. In this modality, the radioactive source is temporarily implanted within the targeted tumor. It is most commonly used in the treatment of breast and gynecological cancers.

In 2005, IRT began the process of converting to a paperless medical environment. New computer hardware and software was installed in support of an electronic medical record. State-of-the-art digital radiography and ultrasound equipment was installed to decrease the need for X-Ray film.

At the Institute for Radiation Therapy, the staff continues to provide cutting-edge radiation oncology services for patients in the Southern Crescent region. IRT maintains full accreditation by the JCAHO. The Institute for Radiation Therapy presents details of its clinical and research programs and lists hospital affiliations at the website: www.radonc.com.





Oncology Nursing – Inpatient and Outpatient Services

Southern Regional Health System provides both inpatient and outpatient services for patients with cancer. The 33-bed inpatient unit is staffed with nurses who provide expert care for patients undergoing medical or surgical treatment for their disease. Besides cancer patients, the scope of service includes general surgery patients and persons with blood or immune system disorders. The nursing staff provides care, education and support for these patients with complex needs.

Nursing care is based on the Standards of Oncology Nursing Practice. One goal is that all patients who require chemotherapy will be cared for by nurses who are competent in chemotherapy administration. For this reason, patients requiring chemotherapy administration are transferred to the designated Oncology Unit. We have several nurses who have completed the Oncology Nursing Society's Cancer Chemotherapy Course and hold the nationally recognized "Chemotherapy Provider" card.

An interdisciplinary team provides quality patient care. Nurses consult professionals from Case Management, Clinical Nutrition Services, Home Health, Hospice, and Rehabilitation Services, based on the needs of each patient. Ongoing communication and weekly patient care conferences ensure comprehensive care.

Outpatient Oncology is located adjacent to the inpatient area and offers a wide variety of infusion services for cancer patients. Care is provided in a setting that has both comfortable recliners and hospital beds for patients with lengthy treatments. Services include injections, blood and blood product transfusions, chemotherapy administration, intravenous infusions, intravenous medications and many other outpatient treatments as proscribed by the patient's physician.

Outside of patient care, the nursing staff participates

in community programs and professional activities to improve the community's overall health. Some of these cancer related programs include the American Cancer Society's "Great American Smoke Out," "Look Good, Feel Better," "Man to Man" and "Relay for Life". In 2005, the Oncology team volunteered at many health fairs and conducted screenings for breast, prostate and skin cancer throughout the Southern Crescent.

Pastoral Care

The Pastoral Care Services Department provides comprehensive care and service to Oncology patients and their family. This comprehensive care includes spiritual companionship, a caring and understanding heart and a listening ear. The department goal is to assist the individual's mind, body and soul, where they are. We provide this service through:

- Relationships with the local clergy of the Southern Crescent Community.
- A Volunteer Chaplains Association made up of trained local clergy.
- The availability of a Priest, Rabbi, Imam or Protestant Pastor if or when their personal faith leader cannot be with them.
- Two Chapels – one located in the main hospital on the first floor and one in the Women's Life Center.
- Consistent personal visits by clinically trained, nationally certified Chaplains.
- Representation at interdepartmental patient care conference and Oncology department meetings. The Pastoral Care department Director is a standing member of the Oncology Committee.
- Monthly Grief Support Group.



The Pastoral Service Department strives to live out the thought expressed by George Elliott, which states: "What do we live for, if it is not to make life less difficult for another?"

Pathology

The laboratory at Southern Regional Health System supports the oncology program with anatomical and clinical pathology services. Many clinical pathology tests are available on-site on a



routine and stat basis. Anatomical pathology provides diagnostic services through evaluation of tissue and cytologic samples. Routine microscopic evaluation and immunohistochemical analysis are both provided on site. A nationwide network of reference labs are used to provide specialty tests, including measurement of cancer markers, DNA and cell cycle analysis, estrogen and progesterone receptor evaluations, flow cytometry and gene arrangement. Flow cytometry, immunohistochemistry and gene arrangement are extremely valuable in the diagnosis of hematological malignancies, including malignant lymphomas, using tissue biopsies, peripheral blood and CT-directed fine needle aspiration biopsies.

Our pathologists attend Oncology conference on a regular basis. They assist with protocols, which require slide review or surveillance biopsy diagnosis. Pathologist representatives serve on the Oncology Committee and provide education tools for other hospital teams as well as for local support groups.

Radiology

Southern Regional Health System provides qualified radiologists and technologists to perform MRI, MRA, Breast MRI, CT, PET

CT, Interventional and other diagnostic imaging procedures. The on campus Women's Life Center provides a full range of breast imaging services including screening and diagnostic mammograms, needle localization, breast ultrasound, stereotactic biopsy and Computer Aided Detection (CAD), Bone Densitometry and Ultrasound.

The Mammography program is accredited under the guidelines and approval of the Food and Drug Administration and the American College of Radiology.

Our CT, MRI, Nuclear Medicine and Ultrasound departments are accredited by the American College of Radiology.

Rehabilitation Services

The Department of Rehabilitation Services provides occupational, physical and speech therapy for both inpatients and outpatients. These services are delivered to individuals with a physical, occupational or communication impairment, functional limitation, disability or changes in physical function, and health status resulting from injury, disease or other causes.

In addition to providing traditional therapy to Oncology patients, the department has an occupational therapist that is certified in Manual Lymphatic Drainage, a treatment for Lymphedema which occurs in some oncology cases. The department also participates on the Oncology Committee and provides care input for the inpatient Oncology unit.





Statistical Review

Cancer Registry Report

The Cancer Registry at Southern Regional Health System houses information on all patients diagnosed or treated for a malignancy since January 1, 1985. With the completion of the year 2005, nearly 12,648 cancer patients have been cared for at Southern

Regional since the Registry's inception. All of these patients are tracked by the Registry staff. This is accomplished by contacting the physician or patient directly. Our follow-up rate for all cancer patients remains over 90 percent. The following tables show the scope of patients seen at Southern Regional Health System:

2005 Oncology Cases Ranked by County of Residence at Time of Diagnosis

<u>County at Diagnosis</u>	<u>Percentage of Cases</u>
Clayton	37.5
Henry	21.6
Fulton	13.4
Fayette	10.3
Spalding	2.6
Coweta	2.5
Butts	3.2
DeKalb	1.7
Lamar	1
Pike	0.9
Other	5.3

Each year, Southern Regional Health System chooses an area of cancer for its focus review for the Annual Report. This year, Dr. Jeffrey E. Hines wrote the review on cervical cancer. Dr. Hines is an expert in gynecologic oncology and has been practicing medicine for more than 12 years.

Cervical Cancer Review

Cervical cancer continues to be among the top ten cancers among women treated at Southern Regional Health Systems. The data reported in this statistical review is for the year 2005. Cervical cancer is the 11th most common cancer among women in the United States. In the United States in 2005, an estimated 10,370 new cases and 3,710 deaths were diagnosed. Worldwide, 500,000 women are diagnosed each year. In the

2005 Analytic Cases: Distribution by Sex and Primary Site

<u>Primary Site</u>	<u>Male</u>	<u>Female</u>
Colorectal	9.7	9.9
Gallbladder	7	1.8
Pancreas	1.3	1.6
Lung	18.7	10.4
Hematopoietic	2.1	0.8
Skin	1.3	0.6
Breast	0.3	42.6
Uterus	--	5.7
Ovary	--	4.5
Prostate	15.3	--
Kidney & Ureter	3.2	1
Bladder	7	1.8
Thyroid Gland	1.3	2.9
Lymph Nodes	4	0.6
TOTAL CASES	374	509

state of Georgia in 2005, approximately 370 new cases were diagnosed. In 2005, a total of 26 new cases were diagnosed and / or treated at SRMC. Of the analytical cases from SRMC in 2005, 16/22 or 73% were local disease at diagnosis. This data is skewed and is reflective of predominantly operable cervical cancer patients. Many patients in the SRHS catchment area are diagnosed in the office by biopsy with locally advanced or distant disease and are then treated exclusively in an outpatient setting with chemotherapy and radiation therapy. The tables below report the incidence by age group and survival for patients from 2005.

Cervical cancer remains the only gynecologic malignancy for which there is a screening test. The Pap smear has reduced deaths due to cervical cancer by 75% over the past

50 years in the United States. New technology in the form of liquid-based media allow for more precise interpretation of the Pap smear and the ability to perform human papillomavirus (HPV) DNA testing.

The workup of cervical cancer begins with a careful physical examination and biopsy. Imaging studies such as CT scanning and PET imaging allow for detailed staging. Cystoscopy and proctoscopy are warranted for specific symptoms.

Treatment Summary:

I. Carcinoma in situ

Loop electrosurgical excision procedure (LEEP), conization, or hysterectomy

II. Microinvasive cancer (FIGO stage Ia1)

Simple hysterectomy (vaginal, abdominal, laparoscopic-assisted, robotic-assisted) or conization (if fertility desired)

III. Microinvasive cancer (FIGO stage Ia2)

Modified radical hysterectomy with pelvic lymphadenectomy (vaginal, abdominal, laparoscopic-assisted, robotic-assisted) or radical tracheolectomy with pelvic lymphadenectomy if fertility desired

IV. FIGO stage Ib1

Radical hysterectomy with pelvic lymphadenectomy (vaginal, abdominal, laparoscopic-assisted, robotic-assisted). Adjuvant cisplatin chemotherapy with radiation for high risk features (positive nodes, positive margins, extensive capillary space involvement, deep stromal invasion)

V. FIGO stages Ib2, IIa

Radical hysterectomy with pelvic lymphadenectomy (vaginal, abdominal, laparoscopic-assisted, robotic-assisted) followed by adjuvant cisplatin chemotherapy with radiation vs. neoadjuvant cisplatin chemotherapy plus radiation followed by adjuvant extrafascial hysterectomy vs. cisplatin chemotherapy plus radiation therapy alone

VI. Locally advanced disease (FIGO stages IIb, IIIa, IIIb, IVa)

Cisplatin chemotherapy plus radiation therapy

VII. Distant disease (FIGO stage IVb)

Selective radiation + chemotherapy (cisplatin vs. cisplatin + taxol vs. carboplatin + taxol vs. cisplatin + topotecan)

Perhaps the most significant advance in the fight against cervical cancer is the development of HPV vaccines. HPV is the putative cause of genital warts, cervical dysplasia (a precursor lesion to cervical cancer), and cervical cancer.

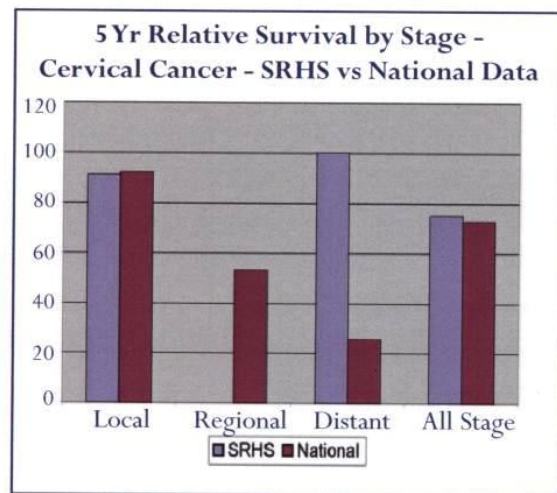


Table 1: US data, 2005 New Cases by stage, cervical cancer

<i>Stage</i>	<i>Rate</i>
Local	16
Regional	2
Distant	2
Unknown	6

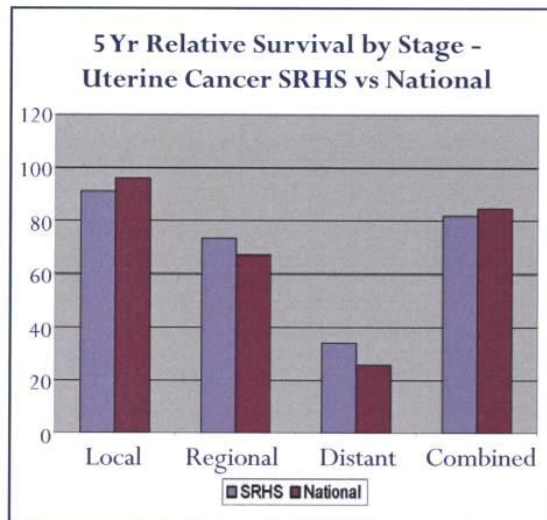
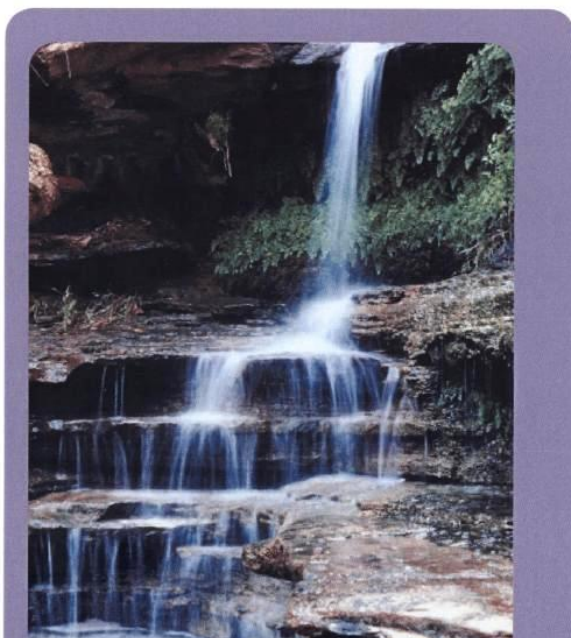
Table 2: US data, 2005 New Cases by age, ovarian cancer

<i>Age</i>	<i>Rate</i>
20a9	4
30-39	5
40-49	9
50-59	4
60-69	1
70-79	3

Breast Cancer Review

Breast cancer continues to be the most common cancer in women, second only to the very common skin cancer. It is the second leading cause of cancer deaths in females after lung cancer. In the United States an estimated 180,000 new cases of breast cancer will be detected this year. An estimated 40,500 female deaths will be from breast cancer.

Since 1999 there has been a very slight decrease in the incidence of breast cancer. Speculation indicates that the one most plausible cause for such a decrease is the recent awareness that the postmenopausal female population would best restrict as much as possible supplemental combined estrogen progesterone hormones. These supplements were very popular prior to the late 1990's. Results from the analysis of the data of a very large women's health prospective clinical trial indicated an increased risk for breast cancer in women on long-term combined hormonal supplements. Consequently many physicians and patients have cautiously limited the recommendations for supplemental hormones. Studies in progress will hopefully shed more light in the near future as to whether these findings can be confirmed.



The mortality rate from breast cancer over the past 15 years has been gradually decreasing, slightly, but consistently. Many factors might be contributing to this favorable trend. Better overall awareness of the disease by woman and physicians, more consistent screening technology coupled with better, minimally invasive diagnostic techniques have enabled earlier detection of less advanced and more treatable cancers. Newer, less invasive surgical and reconstructive techniques have facilitated acceptance of more appealing surgical results by patients as have more localized and less traumatizing radiotherapy techniques. Chemotherapeutic and bio therapeutic agents have consolidated these results and reduced recurrences. All of these factors are contributing to some degree to improve and prolonged overall survival. Future advances seem promising.

Review of the data from our hospital indicates that we are statistically comparable to the national data base.

Stephen P. Auda, M.D.