



# Northeast Georgia Medical Center

## *2015 Oncology Annual Report*



The  
Cancer Center  
at Northeast Georgia Medical Center





## Administrative Report

Northeast Georgia Medical Center (NGMC) is pleased to present our 2015 Cancer Annual Report. This report contains information on program activities in 2015 and presents data abstracted by our Tumor Registry in 2014.

As you explore the information provided here in our annual report on the various aspects of the hospital's cancer care program, you'll quickly discover that NGMC offers a level of technology and medical expertise that rivals just about any big city cancer center. But what patients also experience here is a deep-rooted and personal level of commitment and compassion that we challenge any other hospital to match. That's what sets us apart – advanced cancer care provided by specialists who are as skilled at treating the person as they are at treating the disease.

Our highly skilled team of professionals and ancillary staff are here to partner with our patients on their journey. We offer research-based care as well as nationally approved treatment planning, allowing our patients the ability to stay local for their treatment and close to their family and support systems. This is just one more reason for cancer patients to make NGMC their choice for care.

Our cancer program completed a big project in 2015 by opening a new Radiation Oncology suite in Braselton. The suite's new technologies provide the highest quality of radiation planning and treatment, including quieter operation and shorter treatment times, which help create an enhanced patient experience. Our patients have been very pleased that they do not have to leave their community to receive the level of care they would normally expect to get only in a large metropolitan area.

The addition of Radiation Oncology Services in Braselton culminated NGMC's efforts to provide comprehensive cancer treatment to this community, including chemotherapy and infusion; minimally invasive and robotic surgery options; and advanced imaging technologies for the most accurate diagnosis, including 3D mammography.

NGMC is focused on meeting the ongoing challenge of providing the best of cancer care to our patients while also being responsive to the needs of our referring physicians and our community.

Respectfully,

A handwritten signature in black ink that reads "Jayme Carrico". The signature is fluid and cursive.

Jayme Carrico, MBA  
Executive Director, Oncology Services at NGMC



## **2015 Cancer Committee Members:**

Cancer Committee Chairman: Andre Kallab, MD

Cancer Liaison Physician: John Gorecki, MD

Diagnostic Radiologists: Scott Stephen, MD; Julie Presley, MD (alternate)

Medical Oncologist: Richard LoCicero, MD; Charles Nash, MD (alternate)

Pathologist: Sumi So, MD

Radiation Oncologists: Frank Lake, MD; Jack Griffeth, MD (alternate)

Surgeon: Ken Dixon, MD

Cancer Conference Coordinator: Saloni Tanna, MD

Cancer Registry Quality Coordinator: Sumi So, MD

Clinical Research Coordinator: Andre Kallab, MD

Quality Improvement Coordinator: Andrew Green, MD

Cancer Program Administrator: Jayme Carrico, MBA

Community Outreach Coordinator: Angie Caton, RN

Case Manager Representative: Lynn Bales, RN

Certified Tumor Registrar: Dianne Kosmala, CTR; Cheryl Gantt, CTR (alternate)

Clinical Research Representative: Trena Davis, RN

Oncology Nurse Representative: Lori Allison, RN; Alicia Harrison, RN (alternate)

Oncology Outpatient Infusion Manager: Kim Tyner-Meeks, RN

Palliative Care Team Member: Zameer Gill, MD; Ashley Deringer, NP (alternate)

Performance Improvement Representative: Carol Ann Gelderman, RN; Bridget Schultz (alternate)

Psychosocial Services Coordinator: Paul Nelson, LCSW

American Cancer Society Representative: Jennifer Roberts, BSW

Hospice: Melissa Summerlin, NP

Nutritional Specialist: Deb Walls

Pastoral Care: Jeff Thompson

Pharmacist: Melissa Frank

Radiation Physics Chief: Randall Miller

Radiation Therapy Manager: Jon Marcklinger

Rehabilitation Representative: Heather Wilsey

Regional Network Development: Vicki Miller

Community Health Improvement: Christy Moore

Public Relations: Kristin Grace



## Tumor Registry Report

**Charles Nash III, MD**

*The Longstreet Clinic, P.C. – Department of Medical Oncology & Hematology*

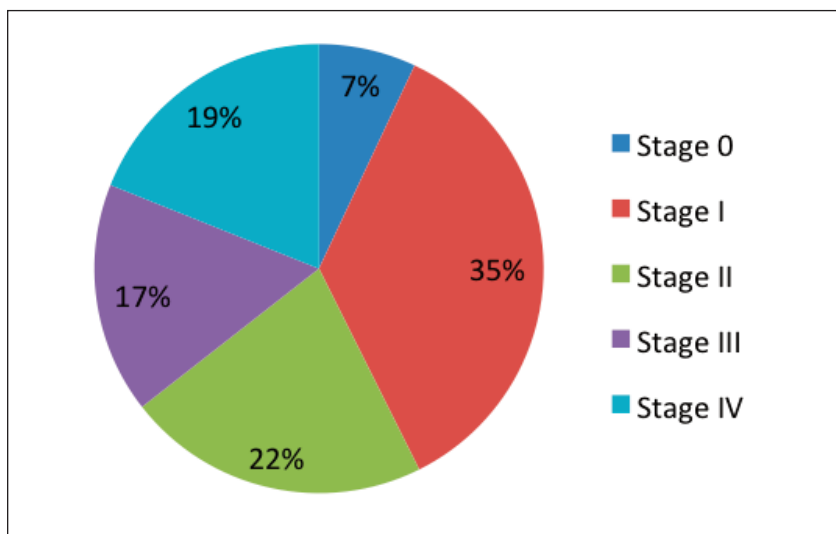
The Cancer Center at Northeast Georgia Medical Center (NGMC) continued its history of growth in 2015. The Tumor Registry documented 2,314 new cancer cases in the last year – a five percent increase over the previous year. Of these, 1,824 patients were diagnosed or received their first course of treatment at NGMC.

Breast cancer was the most frequently diagnosed cancer at NGMC, with 85 percent of patients presenting with early stage disease – giving testimony to the importance of screening and patient awareness. This is very encouraging and underscores the importance of improved early detection efforts.

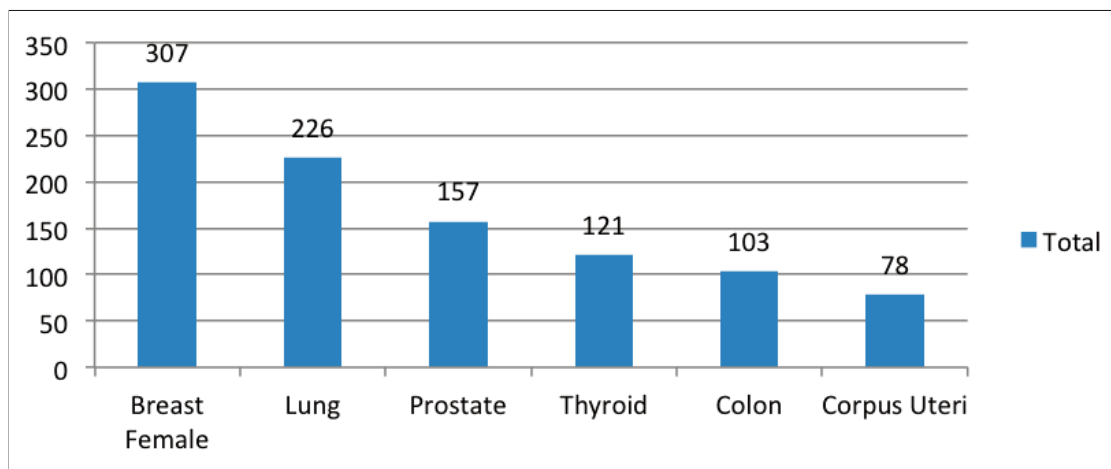
Cancers of the lung and airway were the second most frequently diagnosed cancers at NGMC, followed by prostate cancer. Surprisingly, thyroid cancers were next in frequency, as physicians were careful to confirm the nature of abnormalities noted on physical exam and radiographic studies. Lastly, the previous year's trend of increasing numbers of lymphoma and leukemia cases has since returned to more expected norms.

As our region continues to grow, NGMC will continue to address the ever-changing cancer care needs of its patients through early detection, improved diagnostics and excellent treatment.

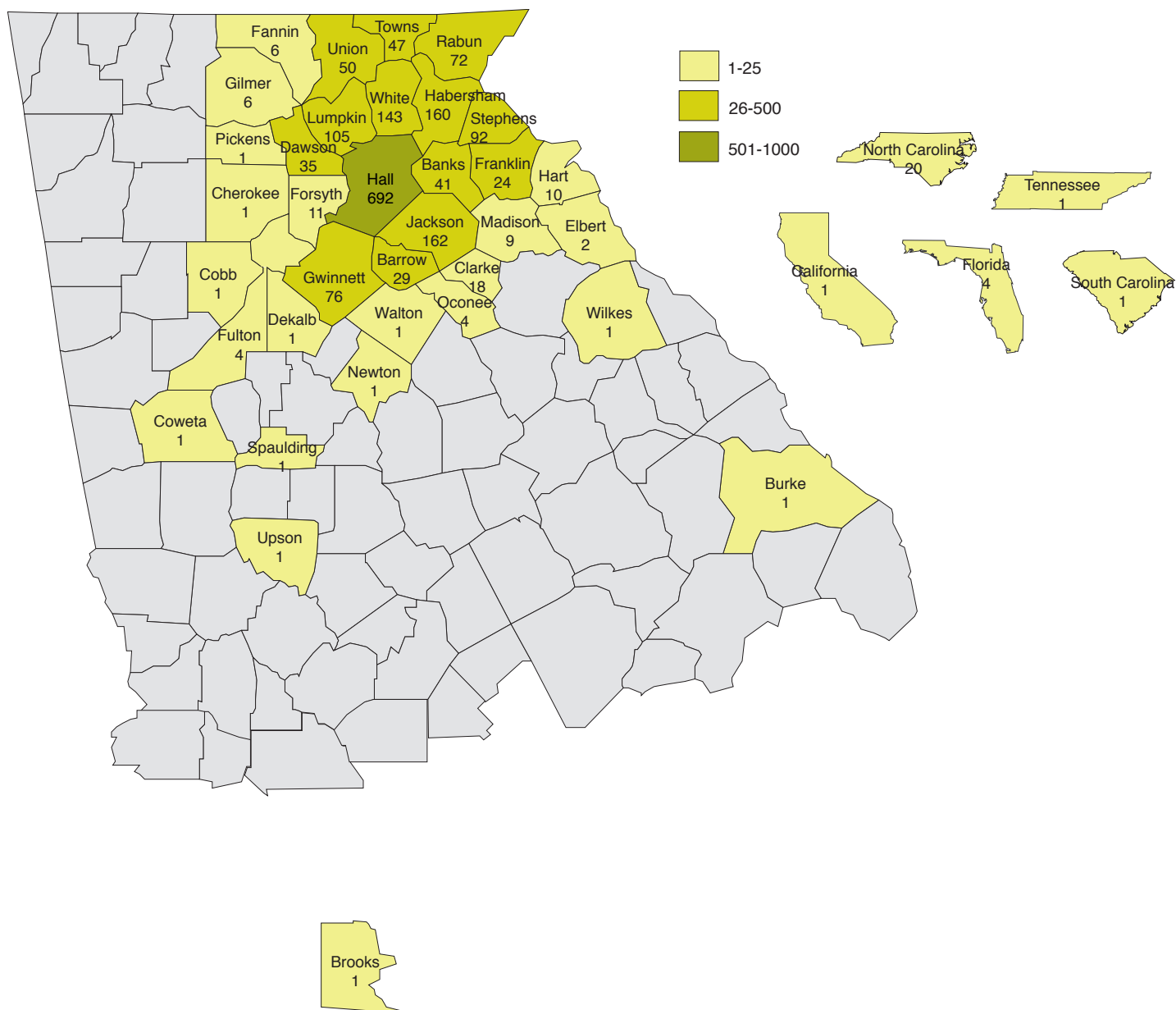
## 2014 NGMC AJCC Stage at Diagnosis



## 2014 NGMC Top Six Sites



## NGMC County at Diagnosis 2014





## Specialized Chemotherapy Treatment for Ovarian Cancer Increases Cure and Survival Rates

**Andrew Green, MD**

*Northeast Georgia Physicians Group Gynecologic Oncology*

Ovarian cancer is the leading cause of death from gynecologic cancers and the fifth leading cause of cancer deaths among women. The initial treatment for ovarian cancer includes surgery and six cycles of chemotherapy involving two classes of drugs: a platinum and a taxane.

In 2006, the National Cancer Institute (NCI) reported evidence from a study indicating that women who received a combination of intravenous (into the vein), or IV, and intraperitoneal (directly into the abdomen) or IP, chemotherapy had a greater chance of living significantly longer than those who received only IV chemotherapy.

Nationwide, there has been a relatively slow adoption of this combination treatment, known as IV/IP chemotherapy. In fact, a 2015 study indicates that only 30 percent of eligible women are receiving this life-extending treatment. Fortunately, with evidence supporting this significant increase in survival, more treatment organizations are starting to utilize this combination chemotherapy for ovarian cancer patients.

Northeast Georgia Medical Center (NGMC) has offered IV/IP chemotherapy since 2006, when NCI first reported the correlation between higher survival rates and this type of chemotherapy. More than 85 percent of our eligible patients receive this type of therapy – well above the national average of 40 percent – with many of them participating in national clinical trials at NGMC. The majority of the patients who did not receive IV/IP chemotherapy opted out due to distance from our facility or age.

To be eligible for IV/IP chemotherapy, patients must undergo what is called an “optimal debulking at surgery” – removal of the vast majority of the tumor – leaving no single nodule larger than one centimeter. They must also be treated at an institution in which a physician is specially trained to administer IV/IP chemotherapy.

It is advantageous for ovarian cancer patients to receive treatment from board certified gynecologic oncologists because these physicians have received specialized training in advanced surgical and chemotherapy techniques to help maximize both cure and survival rates for gynecologic cancer patients.

Gynecologic Oncology Services at NGMC are provided by certified nurses, nurse practitioners and board certified physicians. Through this specialty service, we are able to provide patients with access to the leading treatment modalities in the country. In fact, here at NGMC, we have been fortunate to place more people on national gynecologic oncology trials than any other hospital in the state.

For more information about Gynecologic Oncology Services at NGMC, please visit [nghs.com/gynecological-oncology](http://nghs.com/gynecological-oncology) or call 770-287-9240.



## Palliative Care: What is It and Who is a Candidate?

### Zameer Gill, MD

*Northeast Georgia Physicians Group Palliative Care*

Palliative care, as defined by the National Cancer Institute (NCI), is “care given to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer.” This specialized medical care focuses on providing relief from symptoms and side effects of the disease, including pain, dyspnea and nausea. Palliative care services are appropriate at any age or at any stage of an illness.

Also called “supportive care,” palliative care provides patients and families with both medical and psychological support in dealing with serious illnesses and difficult treatments.

Since 2013, Northeast Georgia Medical Center (NGMC) has provided inpatient palliative care services. During this time, we’ve seen substantial growth in the number of new consults — increasing by almost 50 percent in the past year alone.

Provided through Northeast Georgia Physicians Group (NGPG), patients at NGMC receive palliative care services concurrently with curative treatments. Receiving these services at the same time often allows patients to better tolerate their advanced medical treatments.

2015 was a great year for our team as we continued to expand. Our team now includes a fellowship trained palliative care physician, two certified nurse practitioners, a clinical social worker/counselor and a certified chaplain. The number of patients receiving palliative care also continues to increase, averaging more than 10 inpatients receiving care per day.

As our team continues to grow, our next focus is on expanding services into the outpatient setting. Outpatient palliative care will allow our team to provide continued quality care to patients in the community requiring symptom management, along with continued management and support for patients after discharge.

Our team looks forward to providing improved access to quality care and education for both patients with serious illnesses and their families.



# Northeast Georgia Medical Center

## 2014 Site Table

2014	Class of Case		Sex		AJCC Stage at Diagnosis					
Site	Analytic	NonAnalytic	Male	Female	0	I	II	III	IV	Totals
ORAL CAVITY AND PHARYNX	50	10	46	14	0	9	5	9	22	60
Tongue	12	3	11	4	0	2	2	2	5	15
Salivary Gland	8	0	5	3	0	2	0	1	5	8
Gum and Other Mouth	7	2	6	3	0	2	1	0	3	9
Tonsil	9	2	9	2	0	1	1	1	5	11
DIGESTIVE SYSTEM	267	57	177	147	10	28	55	56	82	324
Esophagus	16	8	21	3	0	0	4	3	8	24
Stomach	23	1	12	12	0	1	3	5	9	24
Colon excluding Rectum	111	20	68	63	4	16	27	27	32	131
Rectosigmoid Junction	5	1	5	1	1	0	3	0	1	6
Rectum	39	8	25	22	4	8	6	11	9	47
Liver and Intrahepatic Bile Duct	19	9	18	10	0	1	1	0	7	28
Liver	14	8	14	8	0	1	1	0	4	22
Other Biliary	7	0	4	3	0	0	1	1	0	7
Pancreas	33	9	19	23	0	2	7	3	14	42
Peritoneum, Omentum and Mesentery	2	0	0	2	0	0	0	2	0	2
RESPIRATORY SYSTEM	280	41	195	126	1	53	21	62	119	321
Larynx	12	1	11	2	0	4	3	2	1	13
Lung and Bronchus	267	40	183	124	1	48	18	60	118	307
BONES AND JOINTS	3	0	0	3	0	1	0	0	0	3
SOFT TISSUE INCLUDING HEART	9	3	3	9	0	2	4	0	0	12
SKIN	44	28	40	32	4	22	5	5	6	72
Melanoma of the Skin	43	24	38	29	4	22	5	4	6	67
Other Non-Epithelial Skin	1	4	2	3	0	0	0	1	0	5
BREAST	328	47	5	370	54	135	89	29	8	375
FEMALE GENITAL SYSTEM	164	16	0	180	2	100	7	38	11	180
Cervix Uteri	28	1	0	29	0	14	2	7	5	29
Corpus Uteri	79	2	0	81	0	65	3	8	2	81
Ovary	43	10	0	53	0	10	2	23	3	53
Vulva	13	2	0	15	1	11	0	0	1	15
MALE GENITAL SYSTEM	176	91	267	0	1	33	106	24	5	267
Prostate	164	89	253	0	0	24	106	22	5	253
Testis	12	0	12	0	1	9	0	2	0	12
URINARY SYSTEM	137	31	121	47	35	52	20	11	9	168
Urinary Bladder	77	21	71	27	35	21	11	1	4	98
Kidney and Renal Pelvis	52	10	44	18	0	29	6	8	4	62
Ureter	8	0	6	2	0	2	3	2	1	8
EYE AND ORBIT	0	1	1	0	0	0	0	0	0	1
BRAIN/OTHER NERVOUS SYSTEM	65	19	38	46	0	0	0	0	0	84
Brain, Malignant	28	10	27	11	0	0	0	0	0	38
Brain-CNS, Benign and Borderline	36	9	11	34	0	0	0	0	0	45
ENDOCRINE SYSTEM	138	9	33	114	0	97	12	7	6	147
Thyroid	125	5	28	102	0	97	11	6	5	130
Other Endocrine including Thymus	13	4	5	12	0	0	1	1	1	17
LYMPHOMA	71	37	59	49	0	12	9	13	21	108
Hodgkin Lymphoma	8	3	4	7	0	0	1	2	2	11
Non-Hodgkin Lymphoma	63	34	55	42	0	12	8	11	19	97
MYELOMA	12	18	16	14	0	0	0	0	0	30
LEUKEMIA	24	60	45	39	0	0	0	0	0	84
Lymphocytic Leukemia	10	36	24	22	0	0	0	0	0	46
Chronic Lymphocytic Leukemia	8	33	22	19	0	0	0	0	0	41
Myeloid and Monocytic Leukemia	13	18	17	14	0	0	0	0	0	31
Acute Myeloid Leukemia	10	4	10	4	0	0	0	0	0	14
MESOTHELIOMA	2	1	3	0	0	0	0	0	0	3
MISCELLANEOUS	54	21	35	40	0	0	0	0	0	75
TOTALS	1824	490	1084	1230	107	544	333	254	289	2314