CANCER SERVICES

ANNUAL REPORT FY2024

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2024
CANCER COMMITTEE MEMBERS

Venumadhav Kotla, MD – Cancer Committee Chair

Nelson Royall, MD – Cancer Liaison Physician

Jon Horn, MD – Diagnostic Radiologist; Scott Stephen, MD (Alternate)

Ezra Ellis, MD – Pathologist; Sumi So, MD (Alternate)

Fernando Aycinena, MD – Surgeon; Emily Black, MD (Alternate)

Andre Kallab, MD – Medical Oncologist; Andrew Johnson, MD (Alternate)

Craig Baden, MD – Radiation Oncologist; Adnan Elhammali, MD (Alternate)

Michele Fortner, MBA, MS, RT (R)(T) – Cancer Program Administrator; Kevin Matson, VP (Alternate)

Kim Tyner Meeks, RN, OCN – Oncology Nurse; Alicia Harrison, RN (Alternate)

Donna Moss, LCSW, CG-C, ACHP-SW – Social Worker; Debbie Steed, LCSW (Alternate)

Sandra Oliver, ODS-C – Certified Tumor Registrar; Teresa Horton (Alternate)

Andrew Johnson, MD – Cancer Conference Coordinator; Angie Caton, MSN, RN, OCN, CHPN (Alternate)

Christina Saurel, MD – Quality Improvement Coordinator; Geoffrey Weidner, MD (Alternate)

Ezra Ellis, MD – Cancer Registry Quality Coordinator; Sumi So, MD (Alternate)

Charles Nash, MD – Clinical Research Coordinator; Holly Jones, PhD (Alternate)

Donna Moss, LCSW, CG-C, ACHP-SW – Psychosocial Services Coordinator; Debbie Steed, LCSW (Alternate)

Angie Caton, MSN, RN, OCN, CHPN – Survivorship Program Coordinator; Sandi Walraven, BSN, OCN (Alternate)

Zameer Gill, MD – Palliative Care Professional

Jennifer Butler, FNP-C, OCN, AOCNP – Genetics Professional

Chrissy Williams, RD – Registered Dietician Nutritionist

Heather Wilsey, PT, DPT, MBA – Rehabilitation Services Professional

Christopher Jennings – Pastoral Care Representative

Lindsey Taibl, MBA, RT – Radiation Therapy Representative

Penny McCall – Oncology Accreditation Coordinator

MaySarih Ndobe – American Cancer Society Representative

ONCOLOGY

SERVICES DIRECTOR - 2024 REVIEW

Michele Fortner, MBA, MS, FACHE, RT(R)(T)
Director of Oncology Services, NGMC

Northeast Georgia Medical Center's (NGMC) Cancer Services Report is a comprehensive summary of the cancer program's work and activities completed over the course of the year. The cancer team is comprised of a large, multidisciplinary group of highly committed and skilled professionals. As you read through the annual report, you will understand that our program provides comprehensive cancer care services that supports the patient through their cancer journey.

In 2024, we continued our pursuit of National Accreditation Program for Breast Centers (NAPBC) accreditation. We have a focused team working to improve all aspects of our breast program to ensure we are providing the best possible care for our community. We anticipate a successful accreditation in summer 2025.

Included in this report are several insightful highlights in our progress to improve cancer care in our community in all we do. Dr. Qutob describes the progress in our lung nodule pathway development. This pathway is designed to shift the number of late-stage lung cancers to earlier stage diagnoses, thereby improving the chance of cure and survival. In addition to the navigation of lung cancer screenings, we have begun navigating incidental lung nodules. After a lung nodule is identified, a multidisciplinary team of specialists reviews the information and makes recommendations for next steps. In support of this work, NGMC purchased a second robotic bronchoscopy unit that allows smaller nodules to be biopsied, thus allowing earlier diagnosis and then earlier treatment.

In addition to the lung biopsy robot, NGMC purchased a first-of-its-kind device used to treat liver tumors using high intensity ultrasound waves. Since launching this procedure in April, more than 50 patients have been treated. Dr. Royall explains this exciting work in his article.

Dr. Machado provides insightful information about her work focused on thyroid cancer.

We are committed to quality and have several quality initiatives including efforts to decrease the time from screening to treatment for those with breast cancer, improving the identification of nodal stations for lung surgery. You will learn more about this work in the articles written by Drs. Kiker, Boban, Vivekanandan and Vidal. Also, in this report you will learn more about our cancer-specific support services—navigation, dietician and rehabilitation.

- Oncology navigation is led by Alicia Harrison, BSN. Her team of navigators provide guidance and support to patients. This is a special team making a huge difference during the cancer patient's journey.
- Chrissy Williams, RD, discusses the role of the specialized cancer dietician. She provides great examples of the importance of nutrition for patients going through treatment. She recognizes the importance of caregiver support and provides them with education to best assist the patient.
- Heather Wisey, PT, DPT, MBA, provides exciting information in her article on rehabilitation services. This team has developed cancer specific oncology rehabilitation to help patients with a renewed quality of life.

The oncology research program is led by Holly Jones, PhD. Holly and her team work with the physician champions to identify meaningful trials that will best benefit our community. We want to offer opportunities at NGHS, so that patients do not have to leave their community to participate in a clinical trial. She shares this important work in her article.

In conclusion, the Cancer Services team works collaboratively to identify treatments, technology and clinical trials for the most comprehensive and highest quality care for the community.

The Cancer Services team **works collaboratively to identify treatments, technology and clinical trials** for the most comprehensive and highest quality care for our community.

ONCOLOGY

MEDICAL DIRECTOR UPDATE

Andrew Johnson, MD
Medical Director of Oncology, NGMC

Northeast Georgia Medical Center (NGMC) Cancer Services Program continued to address the needs of its patients through growth in services, personnel and technology in 2024. As a truly multidisciplinary regional center, NGMC continues to serve a large population base with facilities in Gainesville, Braselton, Dahlonega, Toccoa, Demorest and Winder.

NGMC's Cancer Services team encompasses a large group of men and women who work together in a multidisciplinary fashion incorporating the expertise of radiologists, pathologists, radiation oncologists, surgeons, medical oncologists, research staff and many other supporting roles to derive the best treatment plan for the patient. We believe that a multi-disciplinary approach for all our cancer patients offers a tremendous benefit and allows for consensus recommendations amongst many providers.

Tumor conferences are attended each week, including a general tumor conference with breast cancer cases, dedicated tumor specific conferences in the specialties of hepatobiliary surgery, thoracic oncology and pulmonary nodules, as well as gynecologic malignancies.

In 2024, we continued to build the NGMC breast program by establishing standards, policies, procedures, and quality initiatives to seek accreditation of the NGMC breast program by the National Accreditation Program of Breast Centers (NAPBC). This ensures the highest level of care for our patients.

There were many updates to surgical, procedural and therapeutic options for our patients in 2024. NGMC became the first organization in the state to offer Histotripsy – an ultrasound-based option for treating liver tumors. In 2024, we started a program for the administration of a type of therapy, called a Bispecific T Cell Engager, which has approvals in Small Cell Lung Cancer, Multiple Myeloma and others. We are expanding access in the community for this important type of treatment.

The Research Program here at NGMC continues to offer cutting-edge clinical trials and we expanded access to additional drug treatment trials in 2024. Our team remains dedicated to providing high quality, evidence-based therapy using the most recent data to support our decision making. The landscape of cancer care changes rapidly. We remain dedicated to providing the most up-to-date therapy options for our patients.

We believe that a **multi-disciplinary approach for all our cancer patients** offers a tremendous benefit and allows for consensus recommendations amongst many providers.

RADIATION ONCOLOGY MEDICAL DIRECTOR UPDATE

Geoffrey Weidner, MD
Northeast Georgia Physicians Group Radiation Oncology
Radiation Oncology Medical Director, NGMC

We will **continue to grow with our patient population** and advances in the oncology field.

Radiation oncology at Northeast Georgia Medical Center (NGMC) continued its progress in 2024. We offer high-quality, advanced radiation techniques with a focus on individualized patient care at our clinics in Gainesville, Braselton and Toccoa.

Brachytherapy treatments involve placing a radioactive source in close proximity to the cancer to target a high dose of radiation to the cancer while sparing surrounding structures from significant radiation exposure. Other radiation centers continue to recognize our department's expertise in brachytherapy and refer their patients to NGMC for these specialized procedures, particularly for gynecologic cancers. For prostate cancer, we use high-dose-rate brachytherapy which involves placing catheters in the prostate in the operating room to be later attached to a machine that guides radioactive sources into the catheters in a specific pattern that gives a very precise and focused dose of radiation. The catheters are then removed prior to the patient's return home the same day. We also treat skin cancer with brachytherapy.

Our ability to lessen the side effects of radiation therapy for prostate cancer has been augmented by the use of dissolvable gels or balloons placed between the prostate and rectum to reduce radiation dose to the rectum. This innovation can be used for prostate patients receiving external beam radiation, brachytherapy or a combination of the two. One of our radiation oncologists, Dr. Jack Griffeth, was recognized in 2024 for his work using one of these techniques with a SpaceOAR Hydrogel Center of Excellence designation.

The discipline of radiation oncology continues to trend toward offering more hypofractionated treatments and our department has expanded the use of this technique for several treatment sites. Hypofractionation delivers fewer treatments at a higher dose per treatment usually to a more conformal volume which results in more convenience, less cost, and often reduced side effects for our cancer patients. In several disease sites there are specialized techniques that allow us to achieve the advantages of hypofractionation. Stereotactic techniques rotate the radiation beam around a single, or small, number of points to provide a high dose to a small area -- with a much lower dose to surrounding tissue and is termed stereotactic radiosurgery (SRS), stereotactic radiation therapy (SRT) or stereotactic body radiation therapy (SBRT). Stereotactic techniques are used in the brain or other parts of the body to deliver a course of radiation in 1 to 5 treatments.

Our department has also offered the use of radiation therapy to treat benign conditions that can be life-threatening, although not cancerous. We have collaborated with Interventional Neuroradiology specialists at NGMC Gainesville to treat vascular abnormalities, such as arteriovenous malformations with SRS. We are also prepared to treat trigeminal neuralgia, a painful condition of the nerve that supplies sensation to the face--which has been successfully treated with SRS. Other benign, although not life-threatening, conditions that may respond to radiation therapy include Dupuytren's contracture and osteoarthritis.

In the Department of Radiation Oncology at NGMC, we are proud of the progress we have made toward providing cutting-edge cancer treatment. We will continue to grow with our patient population and advances in the oncology field. We look forward to continuing to provide high-quality radiation therapy to the northeast Georgia community in the years ahead.

HEPATO-PANCREATO-BILIARY PROGRAM UPDATE

Nelson Royall, MD, FACS

Cancer Liason Physician
Northeast Georgia Physicians Group Surgical Associates
Hepato-Pancreato-Biliary Surgeon, NGMC

The Hepato-Pancreato-Biliary Surgery services at Northeast Georgia Medical Center (NGMC) completed an exciting year in 2024. Through the significant efforts of physicians, advanced practitioners and staff we were able to provide advanced cancer surgical care across cancers involving the liver, bile ducts, pancreas, stomach and esophagus. These patients are unique in their historically high-risk procedures that oftentimes involve a combination of chemotherapy, surgery and radiation services. Collaborations across the system, including Medical Oncology, Radiation Oncology, Gastroenterology and Interventional Radiology, have been supportive in meeting the needs of the community.

One of the greatest challenges facing our specialty has been the management of liver tumors. These tumors may originate from the liver (i.e. liver cancer such as hepatocellular carcinoma and intrahepatic cholangiocarcinoma) or more commonly spread to the liver from other sites (i.e. breast cancer, colon cancer, pancreas cancer). For many decades, we have recognized that both situations require liver therapies in order to cure or improve the quality of life for our patients. Chemotherapy or radiation therapies alone are unlikely to cure these patients. The liver has an incredible ability to regenerate, which allows us to partially remove or destroy a tumor in the liver as we work to help the patient. In many instances, this allows us to remove potentially dozens of tumors from a patient's liver as long as we can preserve enough functional liver while the regeneration occurs. Our challenge then becomes how we can completely remove all the tumors in a patient's liver without causing the patient to suffer from liver failure. Traditionally, only about 10-30% of patients with these tumors are able to safely undergo liver therapies involving surgery, ablation, embolization or radiation treatments to completely remove tumors from their liver.

In 2024, we entered a new era for liver tumor therapies. Histotripsy, a process that uses ultrasound waves to generate energy within the liver tumor to destroy cancer cells, was approved by the FDA for patient use.

This incredible therapy has the potential to treat liver tumors that otherwise were not candidates for treatments such as surgery. By treating the vast majority of patients with liver tumors, we have the opportunity to improve the lives of not only patients from the northeast Georgia community but also well beyond. Northeast Georgia Health System has embarked on a mission to help patients with liver tumors by creating one of the first histotripsy programs in the world. In April 2024, we became the eighth program in the world, and the first in the state of Georgia, to treat patients with histotripsy. Since that time, we have treated over 60 patients with otherwise untreatable liver tumors. We are truly providing hope where there was previously none.

We similarly continued to advance the care for our community through our strong institutional leadership in robotic surgery. As one of the only programs in the United States performing robotic surgeries for esophageal, gastric, liver and pancreas cancers we have seen a dramatic growth in the ability to allow patients a fast and less painful treatment for their cancers. Unlike traditional approaches to surgery for these cancers, we consistently see faster recoveries with fewer complications. This means our patients are able to more consistently complete their other cancer treatments such as chemotherapy or radiation and return to their normal lives.

Last year was an overwhelmingly productive year for our services, which is a testament to the many patients and their families who trust us with their health care. Through the continued efforts of our leadership, including clinical, research, and educational experiences, we are leading the development of the Hepato-Pancreato-Biliary Surgery services in our region. With the continued addition of more experts planned for the upcoming year, as well as emerging therapies, such as histotripsy, we are excited to continue to advance care for our northeast Georgia community in all we do.

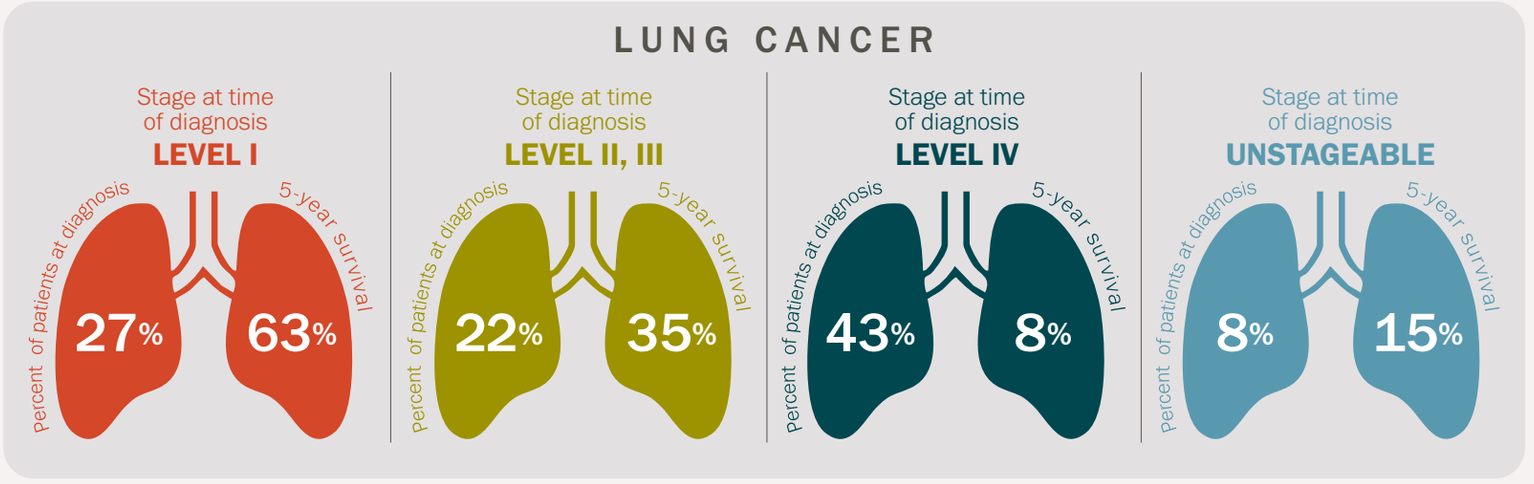
As one of the only programs in the United States performing robotic surgeries for esophageal, gastric, liver and pancreas cancers, we have seen a dramatic growth in the ability to allow patients a **fast and less painful treatment** for their cancers.

LUNG CANCER PROGRAM - STAGE SHIFTING

Hisham Qutob, MD
NGPG Pulmonary Medical Director
NGPG Critical Care Medicine
Advanced Diagnostic Bronchoscopist

Last year was an exciting year at Northeast Georgia Medical Center (NGMC) in the growth of lung cancer care. Several years ago, NGMC embarked on bringing advanced lung cancer care to the community that we serve. In doing so, NGMC has brought on board-advanced diagnostic/interventional pulmonary procedures, along with minimally invasive thoracic oncological surgery for early diagnosis and treatment of lung cancer.

As is commonly referred to in medical literature, survival for lung cancer patients is defined by the five-year survival with regards to the stage of lung cancer at the initial time of diagnosis. In the state of Georgia, our current stage of diagnosis and five-year survival rates are as noted below:



Clearly, it is better to diagnose more patients at stage I disease to offer the best five-year survival. This is called “stage shifting” for an organization. **To accomplish stage shifting, NGMC employs three methods**:

Incidental lung nodule pathway (navigation has begun for select cases)

Lung cancer screening program of highest risk patients (active for years)

Proactive care (provider education on the subtle signs/early identification of lung cancers)

It is our mission to identify more stage I lung cancers and start advanced therapies for our cancer patients before their cancer becomes advanced stage, and less likely for a cure or good five-year survival. In our system, we have approximately 51,000 CT scans that include the chest each year. Of those CT scans, 13,200 of them have pulmonary nodules, for which a fraction is lung cancer.

Our pathway, using lung nodule navigation of incidental nodules, allows us to identify those with the highest risk of developing lung cancer. Once the highest risk nodule is identified, we offer consultation and biopsy in the quickest amount of time for pathological diagnosis.

Once lung cancer is found, we have the most cutting-edge oncological treatment options available at NGMC. We are immensely proud of all the hard work amongst multiple specialties spanning the entire NGMC team to provide the absolute best care for our lung cancer patients.

ONCOLOGY
RESEARCH UPDATE

Holly Jones, Ph.D.
Director of Research Administration, NGMC

Charles Nash III, MD, FACP
Director of Oncology Research, NGMC

Throughout 2024, our Northeast Georgia Medical Center (NGMC) Oncology Research Team achieved a number of notable firsts in maintaining our commitment to offering the highest level of care and cutting-edge therapies for cancer patients in our local community. Our hospital became the first hospital in Georgia and one of the few in the United States to offer an innovative, non-invasive cancer treatment known as histotripsy. In addition to Northeast Georgia Health System (NGHS) leading this advancement in care, NGMC Gainesville's Oncology Research team became the first in the world to open and enroll a patient in a new international cancer clinical trial, the HistoSonics BOOMBOX study, aimed at following qualified histotripsy patients for up to five years to evaluate patient outcomes following histotripsy treatment for liver cancer.

NGHS was the first in Georgia to offer patients the opportunity to participate in Amgen's DeLLphi-305 trial aimed at evaluating the efficacy of the breakthrough, recently FDA-approved, drug treatment tarlatamab in prolonging overall survival for patients with extensive-stage small-cell lung cancer.

We engaged in research and clinical trials that offered hope and new options in cancer treatment for our patients and caregivers in their fight against cancer. Given the important role each of us plays in improving the health of our community in all we do, it has been truly exciting to see and support the growth of the health system and to focus on the quality of cancer care we provide for our patients. By participating in clinical trials and research, our team has access to an international community of cancer clinicians with whom we can collaborate to ensure we utilize the latest techniques and most recent discoveries to improve patient care now and for generations to come.

Over the course of the year, we offered patients the opportunity to participate in more than 25 clinical trials involving some of the most promising, breakthrough new therapies in cancer care.

Our expert physician specialists in medical, surgical, radiation and gynecologic oncology offer leading trials involving new pharmaceutical agents and treatment methods for virtually all tumor sites including breast, lung and prostate cancers, which are three of the cancer types most often diagnosed. We expanded our clinical trial portfolio to include new enrollments in several new drug treatment trials addressing outcomes in cancer types such as breast, gastrointestinal, lung and colorectal, as well as novel perioperative treatments for pancreatic and gallbladder cancer.

We met and exceeded the research standard requirements for our American College of Surgeons Commission on Cancer (CoC) accreditation. Our clinical trial portfolio will grow over the next six months with a focus on opening new drug treatment trials addressing patient outcomes in breast cancer therapies. In addition, we plan to expand the number of national (NCI Sponsored) cancer care delivery research (CCDR) studies we support. CCDR studies are designed to improve clinical outcomes and patient well-being by intervening on patient, clinician, and organizational factors that influence care delivery.

The majority of our research studies are supported by funding from the National Cancer Institute (NCI) and top pharmaceutical industry sponsors. Furthermore, NGMC is proud to be designated a Research Network Member of the GA CORE and the GA NCORP, Georgia's NCI Community Oncology Research Program. As one of only 34 NCI national, community-based research programs, the GA NCORP research network provides Georgians in urban and rural areas access to state-of-the-art cancer prevention, screening, control, treatment and post-treatment trials.

We are thrilled to continue to provide cancer care and research opportunities of the highest quality in our community, and we look forward to the year ahead.

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ONCOLOGY
REHABILITATION PROGRAM UPDATE

Heather Wilsey, PT, DPT, MBA
Outpatient Rehabilitation Manager

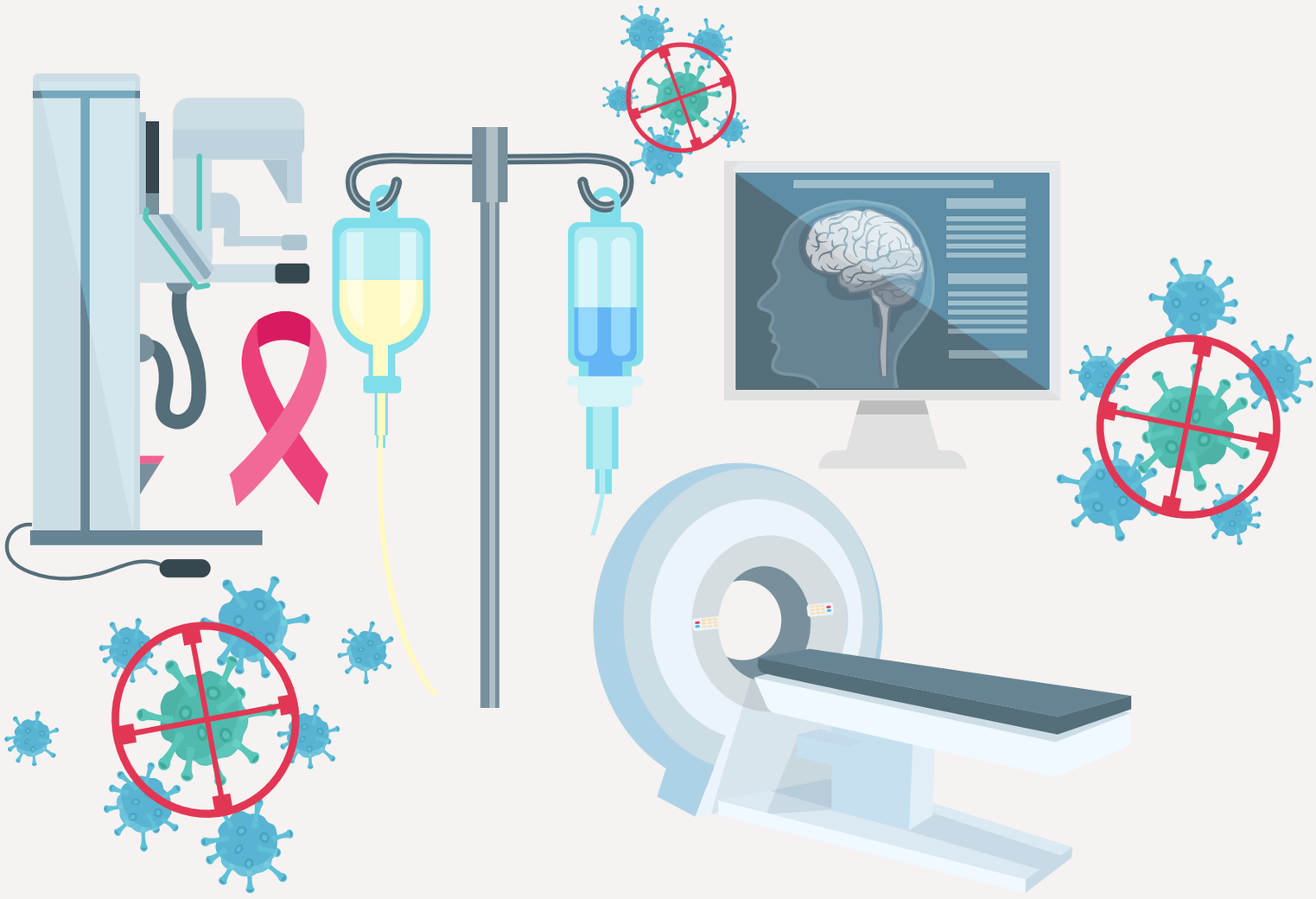
The number of patients living with, and surviving cancer, continues to increase year after year thanks to early detection and progressive treatment options. The changes in functional capabilities resulting from cancer or the medical management of cancer can be temporary, or at least somewhat reversible, with rehabilitation efforts. The reality remains that most cancer survivors can benefit from a referral to a rehabilitation professional at some point in their cancer journey related to pain, swelling, mobility limitations, swallowing dysfunction, cognitive changes, and numerous other issues.

Northeast Georgia Medical Center (NGMC) has rehabilitation professionals (Physical, Occupational and Speech Therapists) throughout the continuum of care who have experience serving cancer survivors. In 2024, NGMC Rehabilitation Services provided therapy to all types of cancer survivors, in every setting of the organization, with a continued focus on growth and development in three outpatient areas based on survivor needs: lymphedema therapy, head and neck cancer therapy and pelvic floor therapy. Community and professional education collaboration efforts were prioritized as well during 2024.

Outpatient Oncology Rehabilitation proudly shares the following **accomplishments from 2024**:

- Referral growth resulting in a 48% increase in cancer survivor outpatient therapy visits compared to 2023 (includes all Physical and Speech Therapy visits for prehab, lymphedema, head and neck cancer and pelvic health).
- Addition of a fulltime Pelvic Health Physical Therapist allowing increased services in the Gainesville area to focus on minimizing urinary incontinence, bowel dysfunction, sexual function/dysfunction, pain, cancer-related fatigue and radiation changes to pelvic floor tissues.
- Addition of a second service location inside the Northeast Georgia Physicians Group Radiation Oncology practice in Braselton, finally allowing access to specialty outpatient therapy care for cancer survivors such as Prehab and lymphedema therapy in the Braselton area (future state to include Speech Therapy).
- Addition of telehealth appointments to increase access to oncology rehabilitation care beyond the actual clinics.
- Growth of Prehab programs related to breast, head and neck and hepatobiliary (HPB) cancer (participating in research initiative to establish a protocol for assessing and maximizing HPB cancer patients prior to surgical intervention).
- Continued clinical education advancement of the Rehabilitation Team including one Physical Therapist earning the PORi Clinical Specialist designation, putting NGMC one step away from a PORi Center of Excellence designation for Oncology Rehabilitation Services (to be completed in early 2025).
- Contributed to the growth of future, specialty therapy providers by
    - Serving as a clinical rotation site for two student internships specific to Oncology Rehabilitation (Physical Therapy and Exercise Physiology) from Georgia State University and the University of North Georgia
    - Presenting information on the NGMC Oncology Rehabilitation services program to Brenau University and Georgia State University to collaborate and offer professional therapy students who are nearing the end of the Doctor of Physical Therapy programs specialty rotation options in Oncology Rehabilitation.

- Increased and enhanced outpatient rehabilitation navigation services (from the Outpatient Rehabilitation Case Manager) to identify and facilitate community resources for cancer survivors including:
    - Financial resources
    - Transportation resources
    - Emotional needs and support through Longstreet Clinic's Cancer Support Group
    - Fitness and management of cancer related symptoms through the YMCA Livestrong Program
    - Relaxation and massage therapy through Body Works Wellness Center
    - Restorative Yoga though Find Your Center Yoga



Oncology Rehabilitation is an integral part of the continuum of care for cancer survivors to maximize quality of life. NGMC Oncology Rehabilitation seeks to provide therapy services in the right place, and at the right time, and improve the access to care in our community in all that we do.

ONCOLOGY
NAVIGATION UPDATE

Alicia Harrison, BSN, RN
Navigation & Radiation Therapy Supervisor, NGMC

Northeast Georgia Medical Center (NGMC) has a strong and growing oncology navigation program. The navigation team is caring and committed to assisting patients through their cancer journey.

1

Personalized Support

The program offers individualized support to cancer patients, their families and friends, guiding them from diagnosis through survivorship.

2

Goals

The main objectives are to coordinate care, address barriers, provide resources and empower patients and caregivers through education about their diagnosis and treatment plan.

3

Achievements in 2024

The team made over 3,000 new patient contacts and provided financial assistance to over 3,000 patients, collaborating with local foundations for support.

4

New Initiative

The program now includes navigation for incidental lung nodules, aiming for early detection and treatment of lung cancers.

The navigation team is an important component of our cancer services program. It is a great example of our dedication to improving patient outcomes and providing essential support throughout the cancer journey.

ONCOLOGY
NURSING UPDATE

Kimberly Tyner-Meeks, RN, OCN
Outpatient Infusion Coordinator, NGMC

Working in healthcare often requires teamwork and the ability to adapt and change. Last year brought physical changes to the Outpatient Infusion space. The nurses recognized the need for patients to have caregiver support during their appointments. Having caregivers present during treatments offers several benefits. Caregivers provide emotional support and stability. Their presence can reduce anxiety and stress during therapy. Caregivers can advocate for patient's needs when the patient is unable or afraid to speak up for themselves. When caregivers are present, they may offer memory support by helping patients remember details of education and instructions provided during treatment. By being actively involved in the patient's care, they are able to offer encouragement and moral support when patients face treatment challenges. Patients with caregiver support are often more engaged in their care, which can lead to better treatment outcomes.

The Outpatient Infusion space offered limited opportunity for caregivers to remain present during patient appointments. The Outpatient Infusion staff used teamwork and threw a "moving party" to work together to brainstorm about how all available space in the department could be best utilized. By working together, the staff was able to provide actionable ideas to free up floor space and spread out the treatment chairs, making space for caregivers to accompany their loved ones during infusion appointments.

As a result of the implementation of the improvement idea, Outpatient Infusion has seen an improvement in patient satisfaction and treatment adherence.

Patients with caregiver support are often more engaged in their care, which can lead to better treatment outcomes.

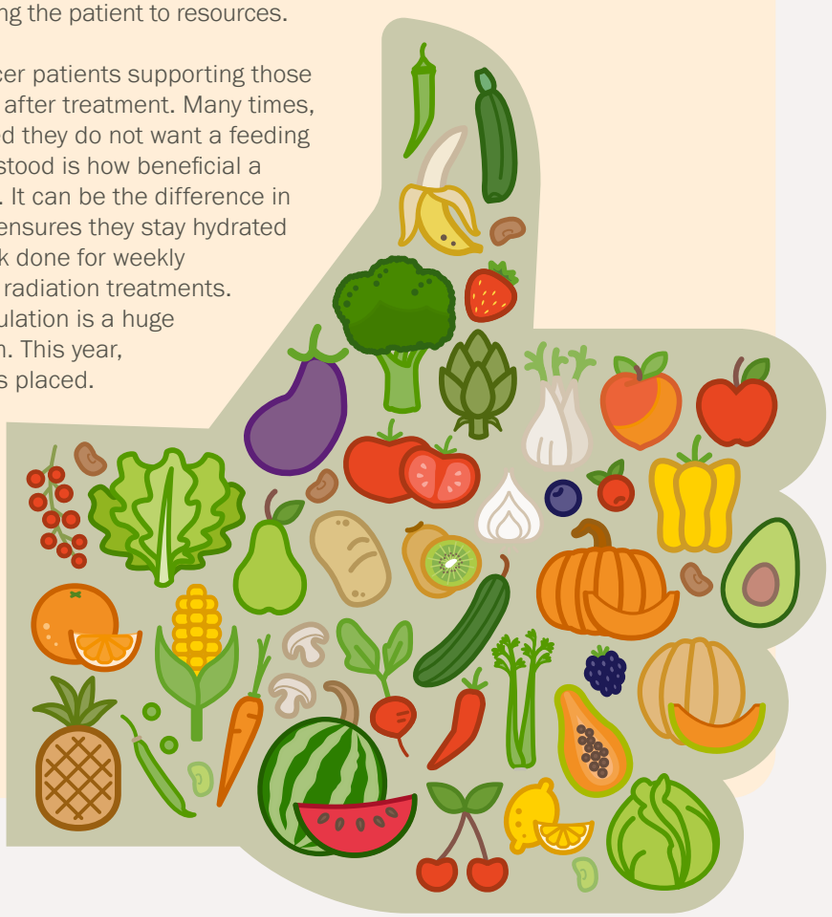
ONCOLOGY
DIETICIAN UPDATE

Chrissy Williams, RD
Oncology Dietician, NGMC

The dietitian's role is to optimize the nutrition status for the oncology patient through education, support and guidance to both the patient and their family. Nutrition does more than just keep someone's weight stable, it impacts hospital admissions, length of stay, treatment impact, quality of life and mortality rate.

One of the main diagnoses the dietitian works with is head and neck cancer. Treatment for head and neck cancer can significantly impact someone's ability to consume enough nutrition due to painful swallowing, change in taste, inflammation of the mucosal lining, change in smell, lack of taste, difficulty swallowing and other toxicities from treatment. This is a concern because malnutrition increases the risk of infection and post-op complications, decreases someone's ability to undergo treatment and affects immunocompetence, and impacts their survival rate. Thirty percent of head and neck cancer patients are malnourished prior to starting treatment which is a large percentage to manage in terms of making sure these patients are ready to endure treatment. The dietitian is there to assist the patient and family members in helping the patient optimize their nutrition status, prevent/limit weight loss, preserve lean body mass, minimize treatment delays and improve treatment outcomes. The dietitian supports and educates the patient and family through pre-treatment referrals, weekly visits and assessments, post treatment follow-ups and by connecting the patient to resources.

One big impact the dietitian has on head and neck cancer patients supporting those who need a feeding tube placed prior to, during or even after treatment. Many times, before treatment begins, the patient has already decided they do not want a feeding tube placed under any circumstance. What is misunderstood is how beneficial a temporary feeding tube can be for some of our patients. It can be the difference in someone completing their treatment or not, because it ensures they stay hydrated and nourished -- giving them the ability to get blood work done for weekly chemotherapy or simply have the energy to attend daily radiation treatments. Being able to support, educate and encourage this population is a huge benefit of having the dietitian on the oncology care team. This year, the dietitian assisted 38 patients who had enteral tubes placed.



The dietitian is present weekly at the Northeast Georgia Physicians Group Radiation Oncology centers in Toccoa, Braselton and Gainesville, available for consult from our Medical Oncology clinics as well as available to our esophageal surgical oncology practice. The dietitian completed over 1,500 patient visits inclusive of phone consults, in–person initial assessments, follow–ups, post–treatment nutrition counseling and education for patients with enteral tubes.

TUMOR REGISTRY UPDATES

Teresa Horton, ODS-C
Oncology Data Specialist, NGMC

In 2024, there were many changes to the registry team. I was promoted to lead registrar, representing our only in-office ODS-C. We hired two remote abstractors; Jean Jetter, working remotely from Illinois, has many years of abstracting for various facilities and Shirelle Garrett, working remotely from Florida, with experience with a large facility registry. To help with short–and long–term follow–up and case findings, we added a registry assistant, Sibin Bobin. Follow-ups averaged over 1,200 cases per month this past year.

In 2022, our cancer services program had 2,797 analytic cases of cancer. When comparing the data from 2021 to 2022, there was a decrease of eight total cases. We realized increased volumes in breast, colon/rectum and thyroid while lung remained unchanged and corpus uteri and prostate experienced decreased volumes. These sites remain the top five cancer sites for Northeast Georgia Medical Center (NGMC).

About 145 cancer conferences were conducted during 2024, with 755 cases presented to interdisciplinary teams. The GYN Oncology conference was suspended in 2024, but is expected to resume in 2025. Attendance and participation at all cancer conferences has been robust. We appreciate all who attend cancer conferences, present cases, and those who work behind the scenes to help our patients receive the best care possible.

COMPARED TO 2021 THE FOLLOWING CHANGES ARE NOTED:

Breast cancer-Female cases **INCREASED**

3.9%

in 2022 (512 to 537)

Lung cancer cases **REMAINED** level

0%

in 2022 (397 to 397)

Prostate cancer cases **DECREASED**

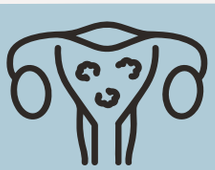
3.7%

in 2022 (326 to 314)

Colon & Rectum cancer cases **INCREASED**

22.5%

in 2022 (207 to 244)



Corpus Uteri cancer cases **DECREASED**

22.4%

in 2022 (165 to 128)

Thyroid cancer cases **INCREASED**

11.8%

in 2022 (110 to 123)

MONITORING OF CONCORDANCE USING EVIDENCE-BASED GUIDELINES - SMALL CELL LUNG CANCER

Michael Vidal, MD, PGY-2
Internal Medicine Resident
NGMC Graduate Medical Education

The objective of this project was to evaluate our institution's concordance with the NCCN evidence-based guidelines for small cell lung cancer (SCLC), focusing on the initial evaluation process and the administration of the first-choice treatment.

METHODS

We conducted a chart review of 50 cases to assess compliance with NCCN guidelines. After excluding one duplicate and two cases outside of Northeast Georgia Health System–

47
CASES WERE ANALYZED

FINDINGS

- History and Physical (H/P): **Completed in 46/47cases (98%)**; one patient passed before pathology results were available.
- Laboratory Testing (Electrolytes, LFTs, BUN, creatinine, pathology): **Achieved 100% compliance (47/47)**.
- Smoking Cessation Consultation: **Provided in 41/47 cases (87%)**.
- Imaging Studies:
  - Brain MRI: **Conducted in 44/47 cases (94%)**; delays were due to patient mortality.
  - PET/CT Scan: **Reported for 42/47 cases (89%)**; some patients passed before scans could be completed.
  - CT chest, abdomen, and pelvis: **Completed for 36/47 cases (77%).**

OPPORTUNITIES FOR IMPROVEMENT

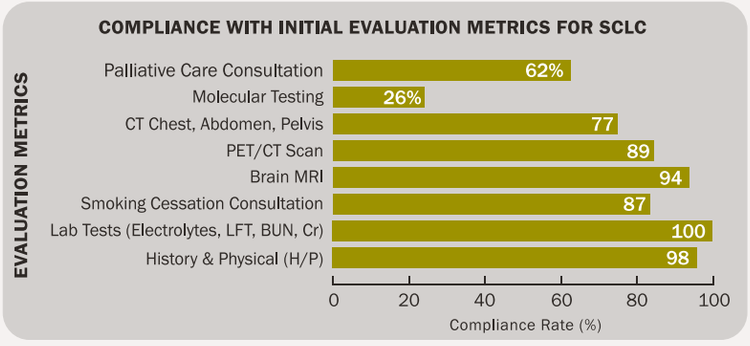
- **Molecular Testing:** Performed in 12/47 cases (26%).
- **Palliative Care Consultation:** Offered to 29/47 patients (62%).
- **Smoking Cessation and Palliative Care:** Both areas need increased focus.

TREATMENT ADHERENCE

- **First-Choice Treatment:** Appropriately administered in 37/47 cases (79%).

RECOMMENDATION

- **Standardized Order Set:** Implement an institutional order set to streamline compliance with NCCN guidelines and ensure that all necessary metrics are met during initial evaluation and treatment.
- **Targeted Improvements:** Increase the use of molecular testing and enhance palliative care involvement.
- **Smoking Cessation:** Develop initiatives to improve smoking cessation counseling for all SCLC patients.



Graph 1: This bar chart illustrates the compliance rates for various initial evaluation metrics for small cell lung cancer (SCLC) cases.

QUALITY IMPROVEMENT
NODES PROJECT

Nelson A. Royall, MD, FACS
Hepato-Pancreato-Biliary Surgery,
NGMC Northeast Georgia Physicians
Group Surgical Associates

Deepak Vivekanandan, MD, MBBS, PGY-4
General Surgery Resident, NGMC
Graduate Medical Education

Last year, the Northeast Georgia Medical Center (NGMC) Cancer Committee embarked on a major initiative aimed at improving the care of our lung cancer patients. As part of a national collaboration with the American College of Surgeons, our committee identified all patients undergoing lung cancer surgery within Northeast Georgia Health System. The initiative was undertaken to ensure that all patients undergoing lung cancer surgery have the necessary number of lymph nodes removed as part of their care (lymph nodes are a part of the body that cancer cells spread to prior to spreading to the rest of the body). When certain lymph nodes are removed in lung cancer surgery, we have a significantly better chance of curing their cancer. Additionally, by removing all of the important lymph nodes and notifying the treatment team of which lymph nodes have cancer spread to them, we can better identify patients who need to have chemotherapy or immunotherapy added after they recover from surgery.

The project was developed and has been under the direction of Nelson Royall, MD, FACS (NGMC Cancer Liaison Physician), Deepak Vivekanandan, MD (NGMC General Surgery Resident) and Angie Caton, RN (NGMC Assistant Nurse Manager). In an impressive collaboration between numerous stakeholders--including Thoracic Surgery, Pathology, Medical Oncology and Peri-Operative Services--this project started out by identifying our existing institutional compliance with new guidance on lung cancer surgery. Through additional follow-up and targeted interventions, this project has led to 100% compliance with the new lung cancer surgery guidelines. As one of the only programs in the United States to achieve this remarkable outcome, we are very excited to continue to offer the best lung cancer care to our community.

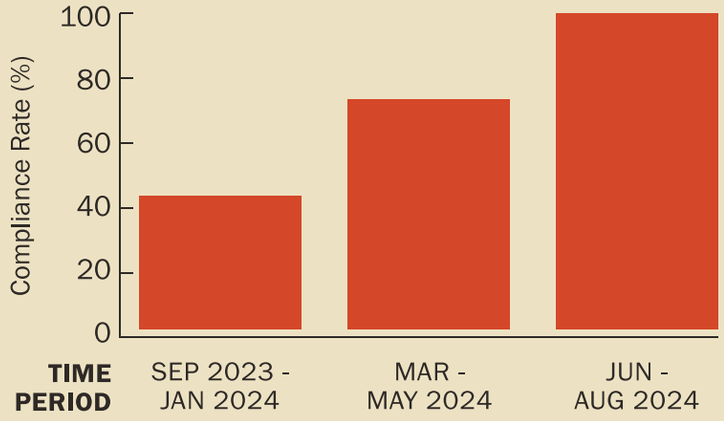
Summary of Lung Cancer Quality Improvement Project
September 2023 to January 2024: Initial compliance with new lung cancer guidelines was recorded at 42%. During this period, meetings with the surgical and pathology teams helped identify key challenges, including variability in documentation and procedural inconsistencies.

1. **March 2024 to May 2024:** Compliance improved to 73%, following targeted discussions and education sessions with the surgical team, particularly around specific cases such as carcinoid tumors and wedge resections.

2. **June to August 2024:** Consistent efforts and reinforced collaboration led to achieving 100% compliance in lung nodal evaluation and synoptic documentation.

3. **September 2024 to Present:** The Cancer Committee will be participating in an ongoing collaboration with the American College of Surgeons to share our success and help guide other centers to meet similar care results for their patients.

COMPLIANCE IMPROVEMENT IN LUNG NODAL EVALUATION (SEPT 2023 - AUG 2024)



QUALITY IMPROVEMENT

TIME FROM MAMMOGRAM TO FIRST TREATMENT

Abijha Boban, MD, PGY-3
Internal Medicine Resident
NGMC Graduate Medical Education

In the United States, guidelines recommend that women of average risk begin annual screening mammograms at the age of 40. For women who are at high risk—such as those with a family history of breast cancer or certain genetic mutations—screening is advised to start as early as age 30. The increased emphasis on early detection has resulted in the identification of approximately 297,790 new breast cancer cases annually across the country. A diagnosis of breast cancer can be an incredibly stressful experience for patients, making it essential to streamline the process from initial screening to treatment initiation. Reducing the time gap between these two stages is crucial, as it can significantly alleviate patient anxiety and has been shown to improve survival outcomes.

In 2024, Northeast Georgia Medical Center (NGMC) Oncology conducted an evaluation of its timeline as part of a quality improvement initiative. The assessment revealed that the interval from screening to diagnostic mammograms at Northeast Georgia Physicians Group (NGPG) was 10 days, in contrast to the national average of seven days. Moreover, the average duration from biopsy to treatment at NGPG was 41 days, although no comparable national average was available. The team further analyzed these timeframes in relation to the two-year PROMPT study for breast cancer patients conducted by the National Accreditation Program Breast Centers (NAPBC) in January 2024. According to findings from the PROMPT collaborative, the reported wait times were as follows: 11 days from screening mammogram to diagnostic mammogram, eight days from diagnostic mammogram to biopsy and 39 days from biopsy to treatment.

After a multidisciplinary discussion, the team set new targets: to reduce the time from screening to diagnostic mammogram to five days, from diagnostic mammogram to biopsy to five days, and from biopsy to treatment to 30 days. Some factors contributing to the delays were identified, including a shortage of radiologists, lengthy reading times for mammograms, the need for allowing breast cancer surgeons to place biopsy orders instead of the initial primary care physician (PCP) who ordered the mammogram, scheduling options, and transportation challenges faced by patients.

A subcommittee has been formed to develop and implement strategies to decrease these intervals and to track our progress. Progress is reported to the breast program committee that meets quarterly.

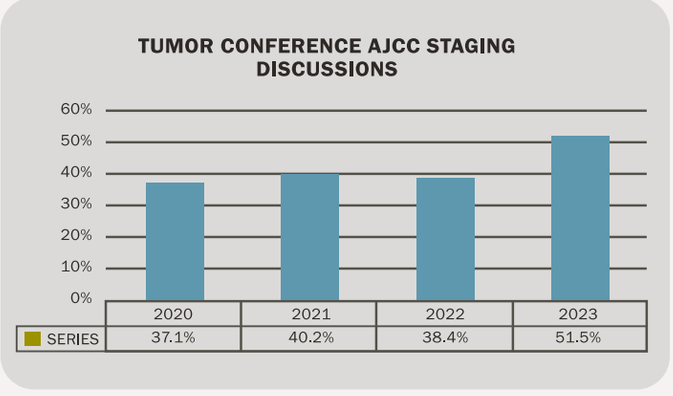
A diagnosis of breast cancer can be an incredibly stressful experience for patients, making it essential to streamline the process from initial screening to treatment initiation.

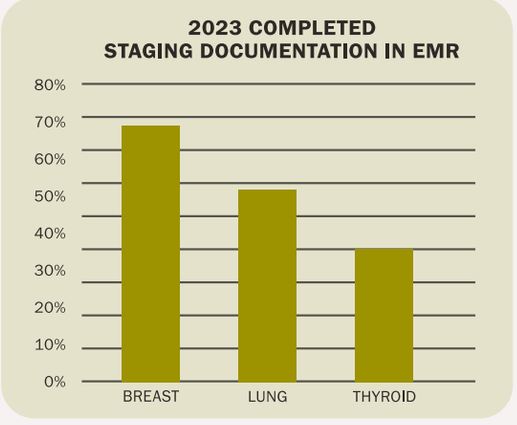
CANCER PROGRAM GOAL
IMPROVE CANCER STAGING

Angie Caton, MSN, RN, OCN, CHPN

Assistant Nurse Manager,
Oncology Services, NGMC

During quality improvement work and weekly tumor conference case reviews in 2023, inconsistent documentation of clinical staging of cancer cases in the electronic medical record (EMR) was identified. Specifically, 2023 tumor conference staging discussions were 52% and staging documentation in the EMR was 56%. The Cancer Committee set goals of increasing tumor conference staging discussions from 52% to 75% and EMR staging documentation from 56% to 65% in 2024.





Interventions implemented during 2024 were the following:

- Tumor conference presentations of staging documentation findings
- One-on-one education with physicians new to EMR and cancer care
- Tumor conference moderators increased focus on staging discussions in tumor conferences
- EMR enhancements for residents and fellows to be able to document staging
- Resident education on cancer staging and staging documentation
- Un-staged cancer report created in the EMR for improved future monitoring

For staging discussions in tumor conferences, improvements were realized, but the goal was not met. Over 12 months, overall staging discussions in tumor conferences increased from 52% to 66%. Individually, general multidisciplinary conference, breast conference and hepatobiliary conference were over 85%. For chest board conferences, there are opportunities improve staging discussions of lung cancer case presentations.

For staging documentation in the EMR, improvements were also realized, but the goal was not met. Over 12 months, staging documentation in the EMR increased from 56% to 60%. The greatest documentation improvements were seen in thyroid cases. Opportunities for improvement in staging documentation exist for lung and lymphoma cases.

After Cancer Committee review and approval, staging documentation will continue to be a cancer program goal in 2025, with increased focus on education and training as primary interventions.

ADDRESSING BARRIERS TO CARE - ADOLESCENTS AND YOUNG ADULTS (AYA)

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Assistant Nurse Manager,
Oncology Services, NGMC

Donna Moss, LCSW

Northeast Georgia Physicians Group
Palliative & Supportive Medicine

Patients with cancer have unmet needs that can impede their medical care and treatment uptake. Addressing these needs begins with a measure of a cancer patient's level of distress. Distress is routinely measured by oncology services in two ways: through the use of a visual "distress thermometer" to rate stress from 0-10 and a list of 21 questions on psychosocial distress, physical impairment, speech pathology, functionality and practical concerns. The responses to these questions are entered directly into the electronic medical record (EMR) system by staff upon questioning over the phone or in person. Yet, these categories do not adequately capture the concerns that adolescents and young adults with cancer have – because they are in the early stages of family planning, careers, education and financial planning. Furthermore, the results of assessment tools currently utilized do not trigger referrals to the appropriate resources. Ideally, an automated approach would ensure that a referral process for self-identified needs occurs consistently. A holistic approach to specific needs of the AYA cancer population was studied with the goal of improving physical and mental wellbeing, willingness to adhere to the prescribed treatment, increasing patient satisfaction, and potentially decreases in cancer morbidity.

The purpose of the study was:

1. To describe the development of a referral system that uses validated scales for assessing AYA cancer survivor needs and referring them to appropriate resources in palliative care, chaplaincy and social work within a large health system

2. To evaluate the implementation and effectiveness of the screening and referral process from a provider and patient perspective.

During the study period, **106 patients were screened with 23 accrued to the study**. Below are the demographics, cancer types and a county map of where the consented AYA participants live.

DEMOGRAPHICS CONSENTED

Cancer Type	Race	Sex	Age	County
Breast	Caucasian	F	34	Hall
Thyroid	Caucasian	F	34	Hall
Lymphoma	Caucasian	M	39	Jackson
Thyroid	Latino	F	38	Dawson
Colon	Latino	F	33	Hall
Breast	Caucasian	F	36	Dawson
Thyroid	Caucasian	F	33	Habersham
Breast	Caucasian	F	36	White
Endome-trial	Latino	F	39	Hall
Thyroid	Caucasian	F	37	Gwinnett
Cervix	Caucasian	F	39	Jackson
Thyroid	Caucasian	F	31	Lumpkin
Thyroid	Caucasian	F	31	Fannin
Breast	Caucasian	F	38	Barrow
Colon	Caucasian	F	39	Habersham
Ovary	Caucasian	F	38	White
Gastric	Caucasian	M	31	Hart
Thyroid	Caucasian	F	33	White
Rectal	Caucasian	M	35	Madison
Gastric	Caucasian	F	36	Habersham
Testis	Latino	M	18	Hall
Breast	Caucasian	F	27	White
Breast	Asian	F	38	White

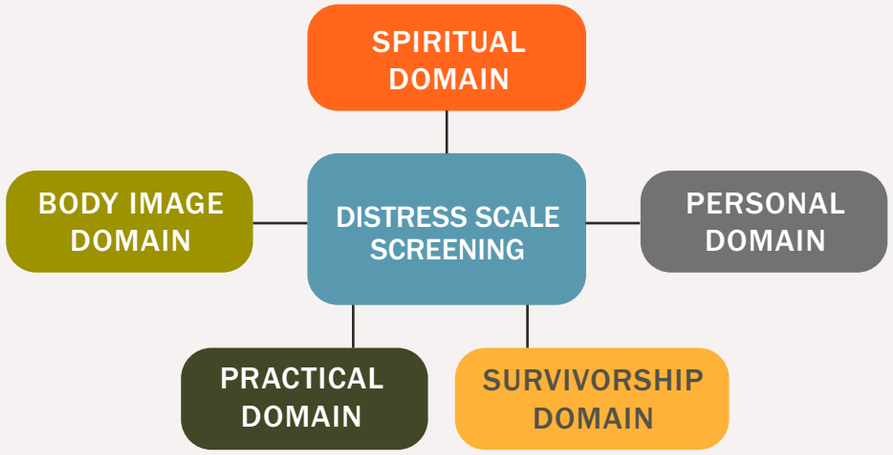
Average age	Age range	Females	Males	Caucasian	Latino	Asian
34	18-39	19	4	18	4	1

Young adult needs were first assessed using the Epic distress scale, then based on self-identified concerns, additional scales were used to assess the AYA. **The scales utilized are listed below:**

1. **SPIRITUAL DISTRESS**
   Functional Assessment of Chronic Illness Therapy, FACIT-SP12
2. **PERSONAL RELATIONSHIPS**
   Cancer Behavior Inventory-Social Relationship Efficacy Scale, SRCE
3. **SURVIVORSHIP CONCERNS**
   Supportive Care Needs Survey, SCNS; European Organization for Research and Treatment of Cancer, EORTC, Quality-of-Life questionnaire Cervical Cancer and Testicular Cancer
4. **PRACTICAL CONCERNS**
   Visual Analog Scale for Pain, VAS; Falls Risks Assessment; Nutritional Screening
5. **BODY IMAGE CONCERNS**
   Sexual adjustment and body image scale, SABIS

In the study, needs identified in the general distress scale triggered additional scales and these were completed by the AYA participant. The completed scales were sent to one of three team members: nurse navigator, palliative care social worker, palliative care chaplain. After review, the appropriate team member contacted the AYA to address their specific self-identified needs.

The model on the right, was utilized for domain mapping, after the first distress scale was completed.



At the conclusion of the study, barriers and needs self identified by the AYA participants were seen in the following domains:

Personal Relationship – 19/19 participants

Spiritual – 18/19 participants

Practical - 16/19 participants

Survivorship -15/19 participants

Body Image - 3/19 participants

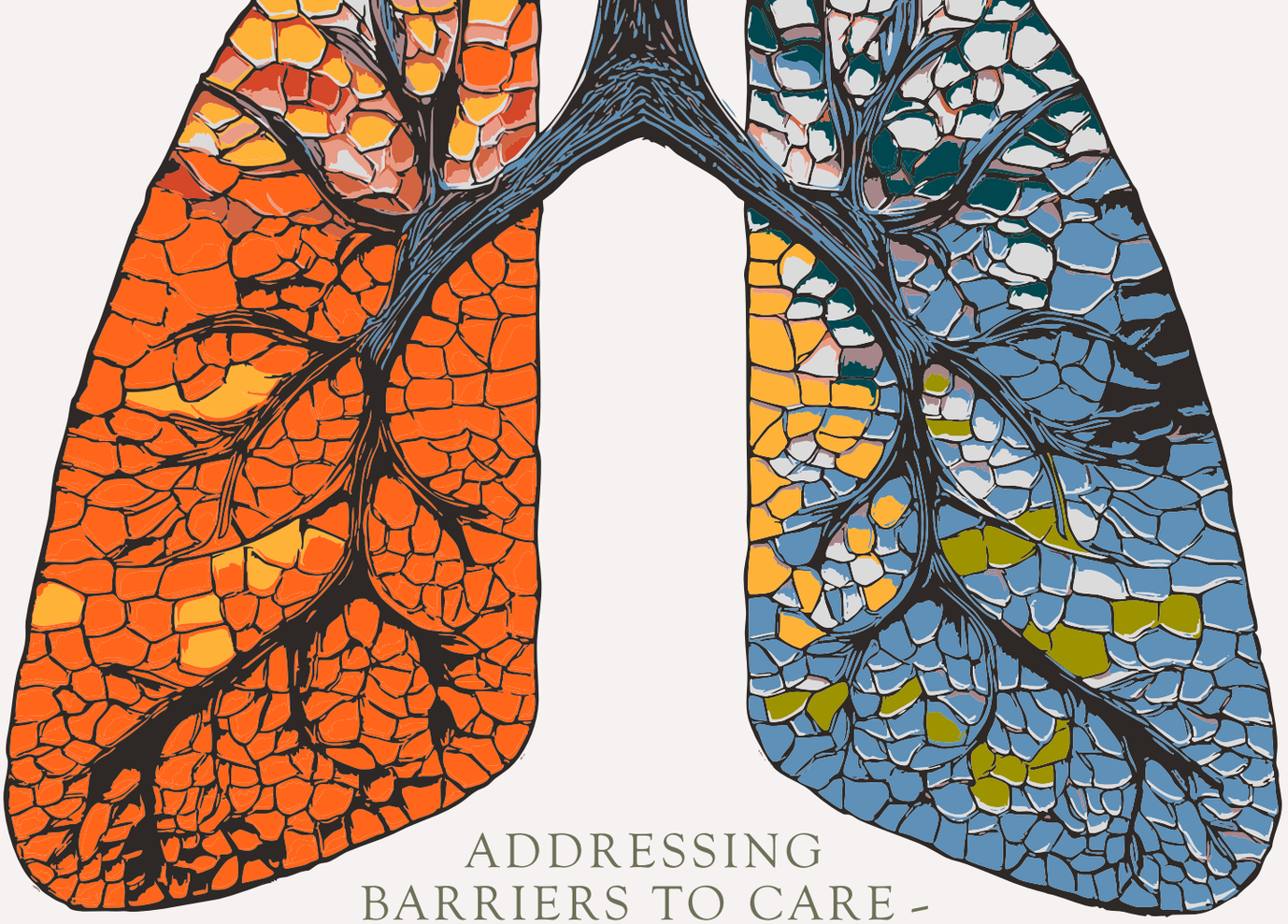
Additionally, the most frequently utilized team member by the AYA participants to address barriers and needs were the following:

- Nurse navigator – 16/19
- Palliative Care Social Worker – 10/19
- Palliative Care Chaplain – 7/19

Post-study interviews indicated that AYA sense of control increased after participation in spiritual and social discussions. For 84% of participating AYAs, an enhanced referral system improved their ability to manage treatment, relationships and work/life responsibilities. On the other hand, financial concerns and food insecurity continued to be problematic for one third of the participants after receiving additional resources.

To address barriers for this population of people, future work may include the following:

- Adding a financial counselor with mapping from financial questions
- Adding a nutritional provider with mapping from the nutritional scale or food insecurity questions
- Sending questionnaires multiple times during treatment
- Increased training/scripting for stakeholders for more direct financial and food related questions when needs are identified
- Increasing the availability of resources for Spanish speaking/writing AYAs



ADDRESSING BARRIERS TO CARE - LUNG CANCER SCREENING IN RURAL AREAS

Christopher Kiker, MD
NGPG Family Medicine

Angie Caton, MSN, RN, OCN, CHPN
Assistant Nurse Manager, Oncology Services, NGMC

Many potential barriers exist for people needing a cancer screening. Specifically, for people with a combustible tobacco use history, practical issues, fear, fatalism, mistrust of healthcare systems and stigma are common barriers to lung cancer screening (Cavers, et al.,2022).

An analysis of 2022 lung cancer disparities in northeast Georgia, the Surveillance, Epidemiology, End Results (SEER) State Cancer Profile of Georgia and an electronic medical record (EMR) report of unscreened tobacco users over 50 demonstrated the following potential barriers for receiving lung cancer screening for people in northeast Georgia:

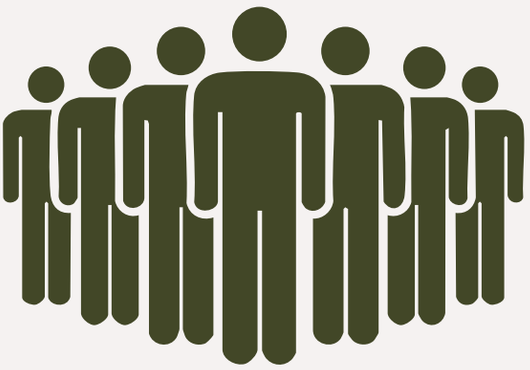
- In 2022, 68% of people diagnosed with lung cancer at Northeast Georgia Medical Center (NGMC) lived in rural locations.
- Compared to the SEER Georgia incidence of lung cancer rate 56.8/100,000, Barrow County was higher at 80.7/100,000 and Stephens County was higher at 66.2/100,000.
- Compared to the SEER Georgia mortality of lung cancer rate of 34.2/100,000, Barrow County was higher at 47.5/100,000 and Stephens County was higher at 48.6/100,000.
- Physician practices in Barrow County had high numbers of never-screened people that qualified for lung cancer screening.
- Physician practices in Stephens County had high numbers of never-screened people that qualified for lung cancer screening.

Physician practices in both Barrow and Stephens County agreed to have patients that qualified for lung cancer screening be contacted by the lung cancer screening navigator about interest in obtaining lung cancer screening and agreed to order a low dose computed tomography (LDCT). Barrow and Stephens County patients were contacted by the navigator through the patient portal or written letter over a four-month period.

Below are the demographics of each group:

DEMOGRAPHICS

BARROW COUNTY



- Average age of 63 with a range of 50-80
- 22 Females
- 35 Males
- Average pack years – 41 with a range of 20-80
- 40 everyday smokers
- 17 former smokers

STEPHENS COUNTY

- Average age of 63 with a range of 50-80
- 22 Females
- 47 Males
- Average pack years – 47 with a range of 20-206
- 49 everyday smokers
- 13 former smokers
- 7 light/someday smokers

The following metrics were measured and the outcomes reported below:

- Number of people qualified for lung cancer screenings but not screened in Northeast Georgia Physicians Group (NGPG) Auburn (Barrow County)
- Number of people qualified for lung cancer screenings but not screened in NGPG Toccoa (Stephens County)
- Number of people contacted through MyChart or letters
- Number of people who did not respond to outreach
- Number of lung cancer screenings ordered
- Number of lung cancer screening performed
- Number of LRAD 1, LRAD 2, LRAD 3, LRAD 4 results

QUALIFIED FOR LDCT SCREENING

57 Patients Qualified for LDCT screening

- Six patients did not have medical insurance
- 33 patients were messaged through MyChart
- 23 letters were mailed to patients without MyChart
- 26 patients did not respond to either MyChart and/or mailed letters (two letters returned to sender)
- Three patients have moved out of state
- Four patients were not approached/messaged due to acute medical issues/active cancer treatment
    - Breast, Prostate, H & N, Kidney
- One patient was deceased from lung cancer
- One patient was current and had scans performed at another facility

69 Patients Qualified for LDCT screening

- Eight patients did not have medical insurance
- 35 patients were messaged through MyChart
- 21 letters were mailed to patients without MyChart
- 34 patients did not respond to either MyChart and/or mailed letters
- One patient had moved out of state
- Two patients were not approached/messaged due to acute medical issues
- Two patients had LDCTs ordered by provider prior to contact

LDCTS ORDERED

15 LDCTs ordered

- Five LDCTs performed –(3) LRAD 2s , (2) LRAD 1s
- Nine LDCTs ordered, but not scheduled by the patient
- One LDCT scheduled in 2025

12 LDCTs ordered

- Eight LDCTs performed – (1) LRAD 0, (1) LRAD 1, (5) LRAD 2s, (1) LRAD 3
- Four LDCTs ordered, but not scheduled by the patient
- One LDCT scheduled in 2025

The main obstacles of the project included the large percentage of people who did not respond to patient portal messaging and written letters and the large amount of time required for follow up. For those responding to the messaging, almost all agreed to have screening, although around 50% of patients have not scheduled ordered LDCT scans. Overall, the collaboration with rural physician practices was a success by helping to set a model for future efforts to identify at-risk, rural tobacco users and increasing LDCT screening in never-screened rural populations.

ADDRESSING BARRIERS TO CARE INCREASE - LUNG CANCER SCREENING IN MINORITY POPULATIONS

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Internal Medicine Resident,
NGMC GME

Michael Sun, MD, PGY-3
Internal Medicine Resident,
NGMC GME

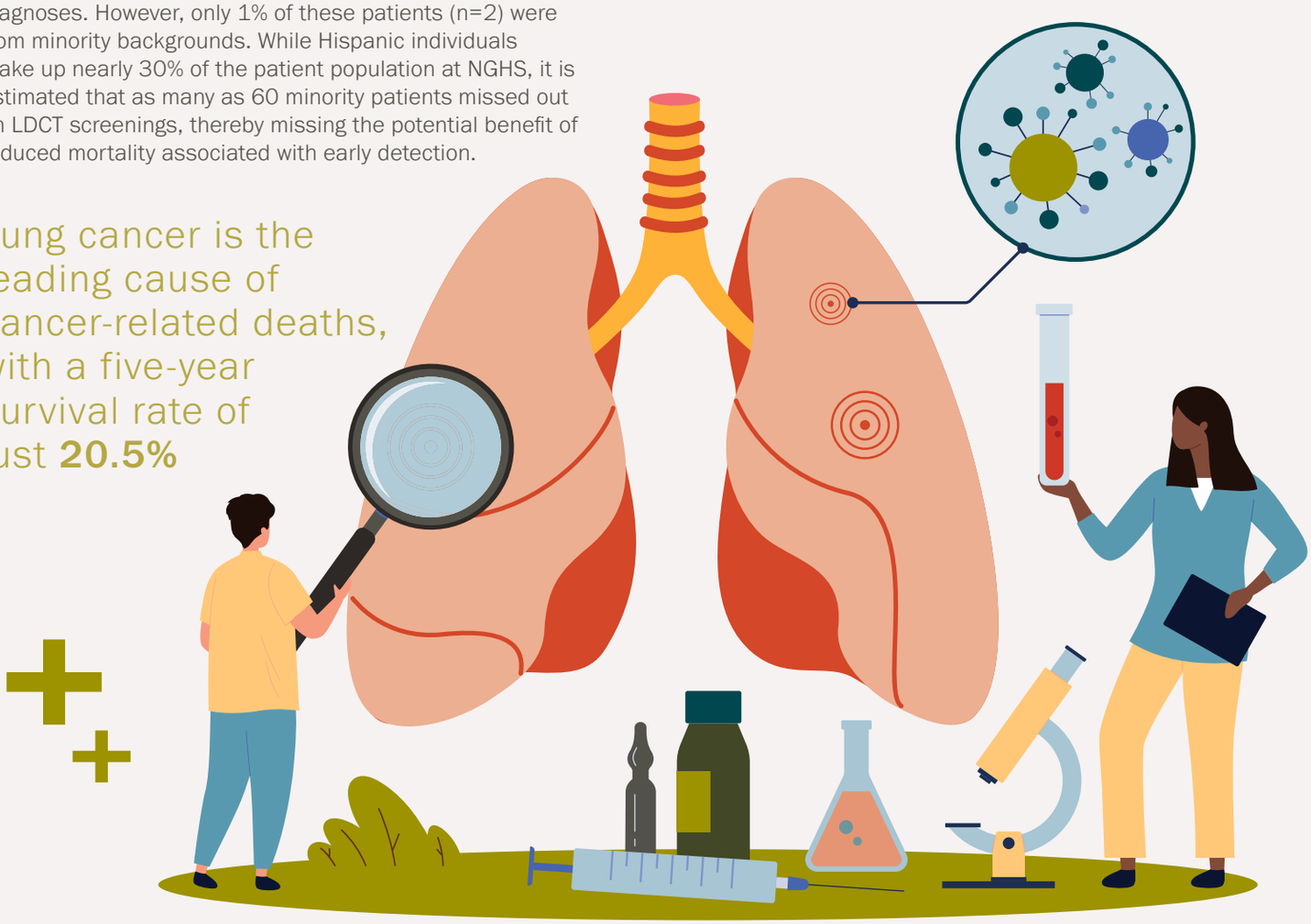
Hisham Qutob, MD
NGPG Pulmonary Medical Director
NGPG Critical Care Medicine

Lung cancer is the leading cause of cancer-related deaths, with a five-year survival rate of just 20.5%. While tobacco smoking remains a significant and persistent risk factor, early detection through screening can reduce mortality by up to 25%. The U.S. Preventive Services Task Force (USPSTF) recommends annual lung cancer screening using low-dose computed tomography (LDCT) for adults aged 50 to 80 who have a 20 pack-year smoking history and either currently smoke or have quit within the past 15 years. Despite these well-established screening guidelines, health disparities related to race and ethnicity continue to present a barrier to equitable healthcare access.

Since 2019, 6,673 LDCTs were performed at Northeast Georgia Health System (NGHS), resulting in 190 lung cancer diagnoses. However, only 1% of these patients (n=2) were from minority backgrounds. While Hispanic individuals make up nearly 30% of the patient population at NGHS, it is estimated that as many as 60 minority patients missed out on LDCT screenings, thereby missing the potential benefit of reduced mortality associated with early detection.

To address this gap in healthcare access, our Quality Improvement project aimed to increase lung cancer screening rates in minority populations by 30% at Northeast Georgia Physicians Group Academic Internal Medicine at Medical Park 2. As part of this initiative, an educational event was held for Northeast Georgia Medical Center (NGMC) Graduate Medical Education (GME) providers, focusing on disparities in healthcare access and the importance of lung cancer screening. Following our intervention, the number of LDCTs in the Hispanic population at the GME-affiliated practice did not increase. However, several limitations may have affected this, such as limited time for data collection and limited exposure to the intervention. In the future, a more expansive educational intervention through GME could increase the LDCT lung cancer screening rates in our minority populations.

Lung cancer is the leading cause of cancer-related deaths, with a five-year survival rate of just **20.5%**



CANCER PREVENTION - TAR WARS OVER TIME

Rami Arfoosh, MD
Pulmonary and Sleep Specialists of Northeast Georgia
Chest Board Chair, NGMC

Angie Caton, MSN, RN, OCN, CHPN
Assistant Nurse Manager, Oncology Services, NGMC

According to Georgia cancer statistics, Barrow County has significantly higher rates of lung cancer incidence and mortality when compared to state and national numbers. A 2019 Community Needs Assessment reported Barrow County residents consistently have smoking rates higher than surrounding Georgia counties. Lastly, the American Lung Association reports rates of e-cigarette and non-combustible tobacco use in Georgia high school students as more than double the national rates.

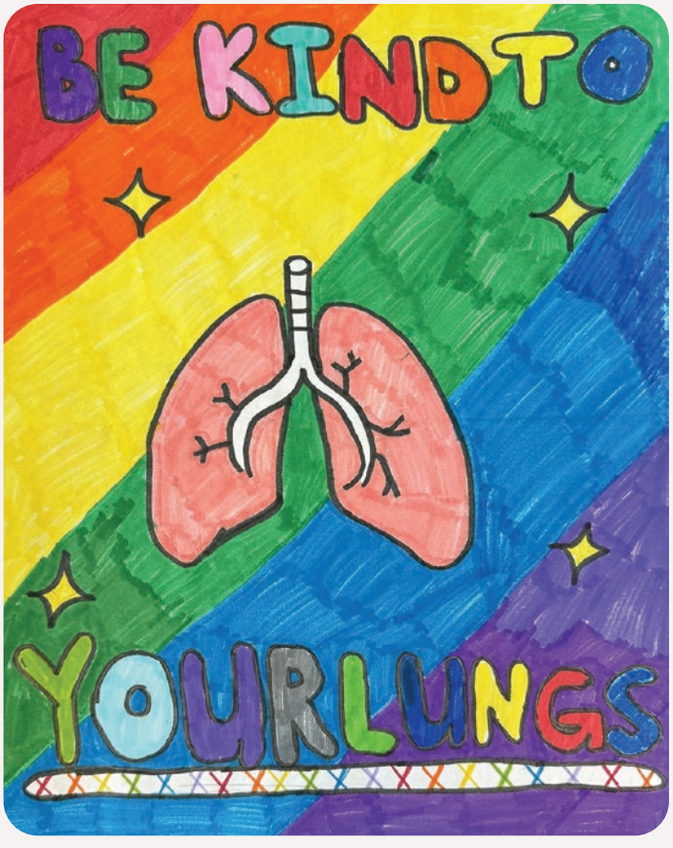
TAR Wars, a free, evidence-based educational campaign developed by the American Academy of Family Physicians, has been delivered in nine Barrow County Elementary schools from 2018 to 2024 in collaboration with oncology nurses, school nurses, teachers, community leaders and school board staff. The overall project objective was to implement an annual tobacco use prevention program and assess for knowledge gains for 4th and 5th grade students in Barrow County.

Pre-program and post-program surveys were administered each year and knowledge gains were assessed by the school system and oncology nurses. Results were reported and reviewed by the collaboration. The TAR Wars program has been adjusted to meet the needs of Barrow County students and teachers each year. In 2020, the TAR Wars program continued but shifted from in-person to online delivery. For years 2021 to 2024, school nurses and teachers selected the best method of presentation to meet the staff and student needs.

Every year, students participated in poster contests to highlight tobacco, vaping, and non-combustible tobacco issues. The Barrow County community participated by selecting the winners through social media voting. Poster contest winners were publicly recognized in school board meetings and awarded a small cash prize by the local hospital system.

Over a six-year period, the TAR Wars program has been delivered to over 12,000 4th and 5th grade students. One hundred percent of the nine Barrow County elementary schools participated each year. In 2018 and 2019, the pre-and post-program surveys were administered on paper, but for years 2021 - 2024, the surveys were administered electronically. Overall knowledge gains were documented each year with the highest gains demonstrated for e-cigarette, vaping and tobacco advertising questions.

It is predicted that over time, the student knowledge gained through the implementation of the TAR Wars program in Barrow County elementary schools will likely result in decreased combustible tobacco use, e-cigarette and vaping use and non-combustible tobacco use. Likewise, it is expected that in the future, evidence-based programs like TAR Wars and community collaborations will decrease the rates of preventable cancers and other tobacco-related illnesses for the people of Barrow County.



BARRIERS TO CARE FAITH OVER FEAR: COLORECTAL CANCER SCREENING

Tamika Johnson, BSN, RN, CMSRN
Medical Oncology, NGMC

Angie Caton, MSN, RN, OCN, CHPN
Assistant Nurse Manager, Oncology Services, NGMC

Colorectal cancer is the second-leading cause of cancer-related death in African American men and women. Research has identified faith-based settings as trusted settings for the delivery of healthcare messages in the Black and African American community. Through market research, most Black and African Americans identified themselves as being somewhat religious and their beliefs impacted health care decisions. Furthermore, only 1 in 5 indicated that they had received health information in a religious location.

The American Cancer Society (ACS) partnered with the Atlanta East District of African Methodist Episcopal (AME) churches over three years to develop faith-based screening messages, leverage community partnerships, and address community-specific barriers. The project objective was to increase colorectal cancer screening and promote colorectal awareness in the Atlanta East District of AME churches over a three-year period. Additional goals were to develop a tailored community colorectal cancer screening resource, recruit colorectal cancer experts and survivors in the community, and promote a colorectal screening day.

In 2022, AME church leaders and congregants developed tailored community colorectal cancer print materials. In July 2023, community partners and health systems, including Northeast Georgia Medical Center (NGMC), joined ACS and AME members to help develop a Community Action Plan that included resources, social media messaging, and plans for a colorectal screening day. In March 2024, 10 AME churches held “Colorectal Cancer Sunday” events.

NGMC staff collaborated with Pastor Johnson-Mackey at the Bethel AME church in Gainesville, Georgia, to deliver messages about colorectal cancer screening, supply participation stipends and provide fecal immunochemical test (FIT) kits to 22 congregants. Participation stipends of $10 were given to congregants taking a FIT test kit, and $20 stipends were provided to those who mailed FIT test results to the organizer.

For the larger project, the tailored messages were developed and distributed across the AME church community. Health care providers and colorectal survivors were recruited and participated in awareness activities, and 10 AME churches participated in “Colorectal Cancer Sunday”.

As a health system, NGMC nurses and staff coordinated “Colorectal Cancer Sunday” on March 17, 2024, at Bethel AME Church. Forty-eight people were in attendance and received colorectal cancer messages during a designated announcement time during the church service. NGMC staff provided 22 congregants with one on one colorectal cancer information, instructions on stool collection for FIT tests and how to return results, stipends for participating and served a boxed lunch. Out of 22 FIT tests distributed, 9 results were returned. All results were read as normal. Participants were notified by mail of the results and provided with colorectal cancer materials.

Faith-based messages, resources and programs targeting Black and African Americans in the AME church community were well received by those participating. Furthermore, leveraging connections between the churches, health systems and community partners will help increase colorectal cancer screening and reduce barriers to care for Black and African Americans. Future work includes the recruitment of church colorectal champions to continue the project work and dissemination of findings and lessons learned with decision-makers.

THYROID CANCER SCREENING

Nikita Machado, MD
Endocrine Surgeon
Northeast Georgia Physicians Group Surgical Associates

Last year was a significant year in our efforts at Northeast Georgia Medical Center (NGMC) to improve community awareness and outreach for patients with endocrine malignancies, with a primary focus on thyroid cancer.

Through multiple health fairs organized by the oncology division and spearheaded by Angie Caton, RN, we were able to assess over 150 patients within our catchment area, providing them not only with physical exams (neck checks) but educating them and family members on the importance of self-examination, yearly assessment of thyroid function with their primary care physicians, as well as the higher rate of incidence of thyroid malignancy within Hall and neighboring counties, including Habersham.

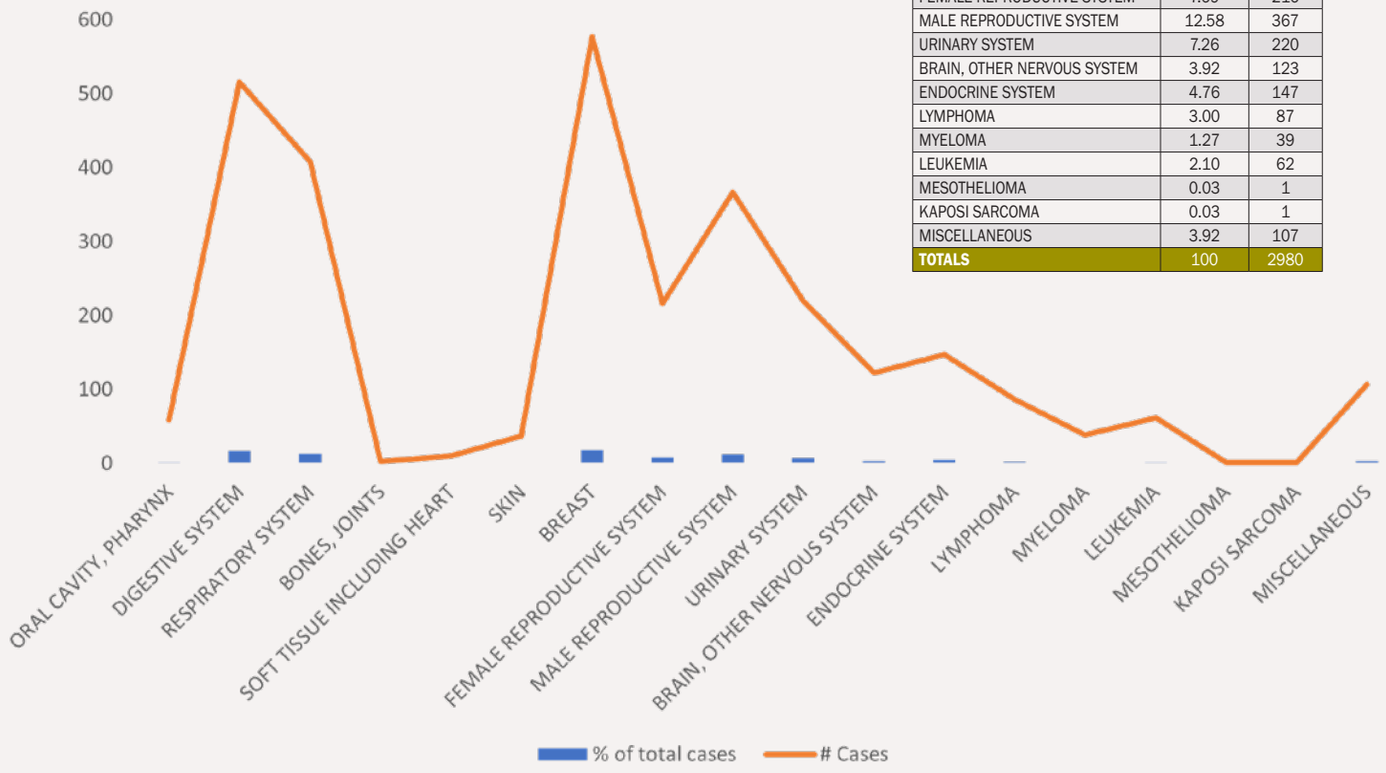
As our most recent data shows, the age-adjusted incidence of thyroid cancer is significantly higher in northeast Georgia compared to the remainder of the state. While the five-year survival rate for the most common types of thyroid cancer (predominantly papillary thyroid cancer) is > 95%, a delay in diagnosis may result in the need for more extensive surgery, especially with involvement of the central and lateral neck compartments. Our institution is currently performing an evaluation of young patients with thyroid cancer within our community, finding over 100 cases of thyroid cancer in patients under the age of 40 within the last year.

Our hope is to continue this process in 2025, resulting in collaboration across disciplines, as well as with our colleagues in the field of epidemiology, to assess pertinent risk factors within our community (environmental or genetic) that may predispose a higher cohort of patients towards thyroid carcinoma. Our endeavor with earlier diagnosis and public education is to be able to minimize the extent of surgery required wherever possible, and create a pipeline for expedited workup, treatment and, wherever necessary, genetic testing for our younger patients and evaluation of family members. As we work towards increased collaboration with our colleagues at Longstreet Clinic, as well as our own recruitment efforts for medical endocrinology, we are especially well-poised to become an Endocrine Center and a referral hub in the region for more complex endocrine oncology patients (who often need a multidisciplinary team approach involving medical and surgical endocrine care, medical oncology and radiation oncology).

We are **optimistic and excited** about 2025 and for the opportunity to **improve the endocrine services** that we can offer our community.

ONCOLOGY REGISTRY PRIMARY SITE TABLE - CALENDAR YEAR 2022

Cancer Diagnosis Group	% of total cases	# Cases
ORAL CAVITY, PHARYNX	2.01	59
DIGESTIVE SYSTEM	17.40	516
RESPIRATORY SYSTEM	13.35	408
BONES, JOINTS	0.12	3
SOFT TISSUE INCLUDING HEART	0.34	10
SKIN	1.61	37
BREAST	18.60	577
FEMALE REPRODUCTIVE SYSTEM	7.69	216
MALE REPRODUCTIVE SYSTEM	12.58	367
URINARY SYSTEM	7.26	220
BRAIN, OTHER NERVOUS SYSTEM	3.92	123
ENDOCRINE SYSTEM	4.76	147
LYMPHOMA	3.00	87
MYELOMA	1.27	39
LEUKEMIA	2.10	62
MESOTHELIOMA	0.03	1
KAPOSI SARCOMA	0.03	1
MISCELLANEOUS	3.92	107
TOTALS	100	2980



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