

From the Cancer Committee Chair...

Cancer care has experienced tremendous advances in the past decade, with exciting innovations in the diagnostic, therapeutic and supportive disciplines. Cancer Care at Gwinnett Medical Center continues to expand multidisciplinary offerings in its effort to provide residents of Gwinnett and surrounding areas with state-of-the-art services.

Representatives from the medical specialties as well as from nursing, nutrition services, pharmacy, administration, oncology data center and the community actively contribute to the Cancer Committee that oversees the growing program.

Offerings include an outpatient infusion center, a breast health navigator, genetic testing and counseling, community outreach programs, clinical research trials through the Atlanta Regional Community Clinical Oncology Program, as well as weekly tumor conferences where physicians across the spectrum of medical specialties discuss cases in an educational format.

The dedicated work of the Oncology Services director, oncology data center, physicians, nurses, allied health practitioners, members of the Cancer Committee and the support of the hospital administration and staff culminated with Gwinnett Medical Center receiving the highest rating as a Community Hospital Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer, a recognition that highlights the commitment of Gwinnett Medical Center to provide the community with the best in cancer care.

Alexander Saker, MD
Chair, Cancer Committee

Our mission is to offer our community compassionate cancer care through a network of integrated services and programs promoting the delivery of health and wellness in partnership with our patients and physicians.

Our vision is to be a premier comprehensive community cancer program that makes a difference in the lives of those who experience cancer.

2006 Annual Goals

CT scans on patients with measurable disease will have bidirectional measurements documented in the dictated report.

The average time for an order sent to pharmacy to receipt of chemotherapeutic agent in Outpatient Treatment Center will be within 60 minutes or less 80 percent of the time.

Collect baseline data on number of lymph nodes removed during colon resection and sent to pathology for review in 2004.

The accuracy of AJCC staging to be 90 percent of abstracted analytical charts and must be staged by managing physician.

Inclusion of TNM stage and rationale presented on 80 percent of eligible cases presented at tumor conference.

Oncology Data Center data to be used for informational purposes at four tumor conferences in 2006.

Partner with American Cancer Society and Gwinnett AFLAC for cancer awareness and outreach programs for the community and GHS associates.

Provide 10 community and GHS associate programs related to the topics of breast health, cancer prevention, screening and diagnosis.

Provide prostate screenings to the community in September 2006 in conjunction with the Community Health and Wellness (CHW) department.



Oncology Data Center



The Oncology Data Center (ODC) is an information system designed for the collection, management and analysis of data on persons with the diagnosis of malignant (or neoplastic disease) and benign brain tumors. The information maintained in the registry includes demographic information, medical history, diagnostic findings, cancer information (including primary site, histology cell type, and extent of disease and/or stage), cancer therapy (including surgery, radiation therapy, chemotherapy, hormone and/or immunotherapy) and follow-up (annual information concerning treatment, recurrence, and patient status).

In 2005, the ODC processed 1,252 analytic cases (patients diagnosed since the reference date and/or all of the first course of treatment for or diagnosed elsewhere and all or part of first course of therapy at hospital), and 245 non-analytic cases (diagnosed elsewhere and received all of first course of treatment elsewhere and seen at hospital now with active disease). The top three women's cancers that year were breast, colorectal and lung, for men — prostate, lung and colorectal. Three of the four associates in the department are Certified Tumor Registrars.

The Oncology Data Center collects the required data items mandated by the American College of Surgeons, Georgia Comprehensive Cancer Registry and SEER (Surveillance Epidemiology and End Results), while maintaining strict patient confidentiality. The ODC reports monthly to the Georgia Center for Cancer Statistics and reports yearly to the National Cancer Database.

Gynecological Cancer

Gwinnett Medical Center is dedicated to providing excellent care for our patients with gynecological cancers. Our knowledgeable and experienced healthcare providers work together to ensure an environment focused on healing.

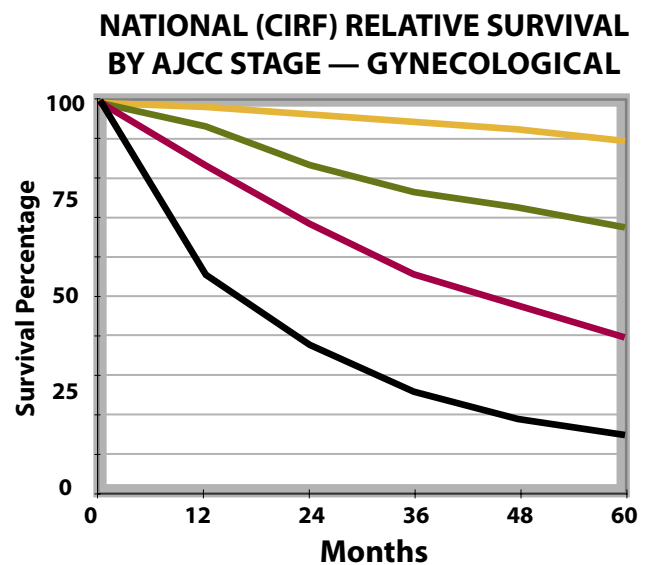
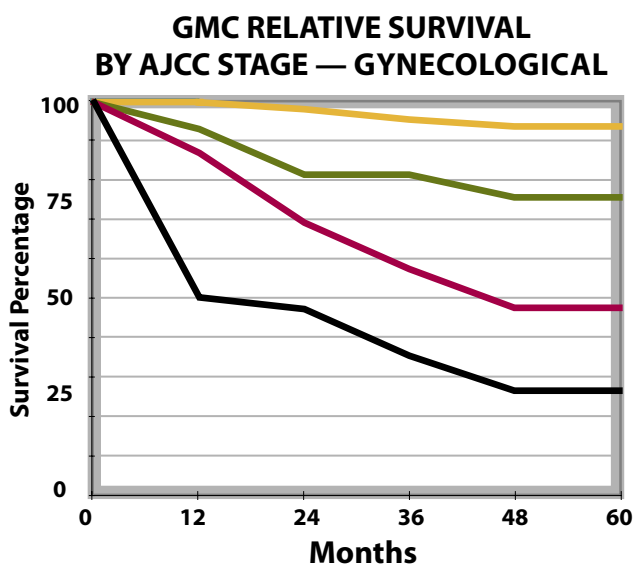
Our facility treats patients who are diagnosed with a variety of gynecological cancers, including ovarian, uterus, fallopian tube, vulva, vaginal and cervical cancer. Most patients with gynecological cancers can be helped if the disease is caught at an early stage. Unfortunately, the majority of patients with ovarian cancer and fallopian tube cancer are still diagnosed in stage III or IV.

In Georgia, over 800 women a year are diagnosed with these two types of cancer. Still, advances have been made in the treatment of these and other cancers. Gynecological oncologists and nurses work alongside hematologists, oncologists, radiation oncologists and radiologists, as well as other surgical and medical specialists to provide thorough care to all of our patients.

We utilize new technology such as positron-emission tomography and MRI for diagnosis and evaluation of disease progression. Our chemotherapeutic suite includes technology and skilled nursing training to provide excellent care.

Great strides have been made in early diagnosis and treatment of all gynecological cancers. We provide state-of-the-art technology combined with caring and experienced staff whose goal is to improve the quality of life for all women with gynecological cancer.

Stephen Salmieri, DO
Oncology Surgeon



The total number of analytic GYN cancers for 2005 was 109, compared to 41 in 2000. Of the 109 cases, 49% were Stage I, 11% were Stage II, 22% were Stage III and 16% were Stage IV. The highest age group was 50-59 with 40 patients in this age group. The frequency of the GYN cancers are: Corpus Uterus = 37.9%, Ovary = 29.7%, Cervix Uteri = 24.9%. The majority of patients were from Gwinnett County (54), followed by Hall County (15). The comparison of national (CIRF) survival data is compared to GMC survival data with similar results.

Breast Cancer

More than 276,000 cases of breast cancer will be diagnosed in the United States in 2006. Approximately 40,000 women and 460 men die of breast cancer annually. However, for the past several years the annual mortality rate has declined, despite an increase in cases diagnosed. Earlier diagnosis and increased survival is often attributed to the effectiveness of screening mammography.

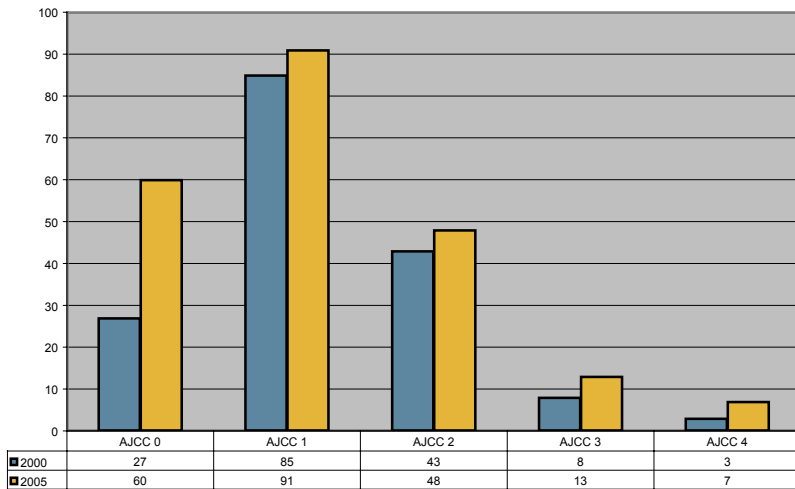
2006 brought Gwinnett Medical Center into the digital mammography age through body imaging. The 2005 Digital Mammographic Imaging Screening Trial (DMIST), comparing digital mammography to film mammography, showed that digital technology was better in finding cancers in premenopausal women and women with dense breast tissue — two patient subgroups in which cancers can be difficult to visualize with traditional mammography.

2007 will bring dedicated breast MRI imaging and computer aided detection and diagnosis system-wide, providing state-of-the-art imaging in an open coil atmosphere. This allows better assessment of the extent of disease in known breast cancer cases, provides screening for high-risk patients carrying the BRCA 1 and BRCA 2 genes, and offers the ability to perform MRI-guided biopsies of suspicious areas seen by MRI alone.

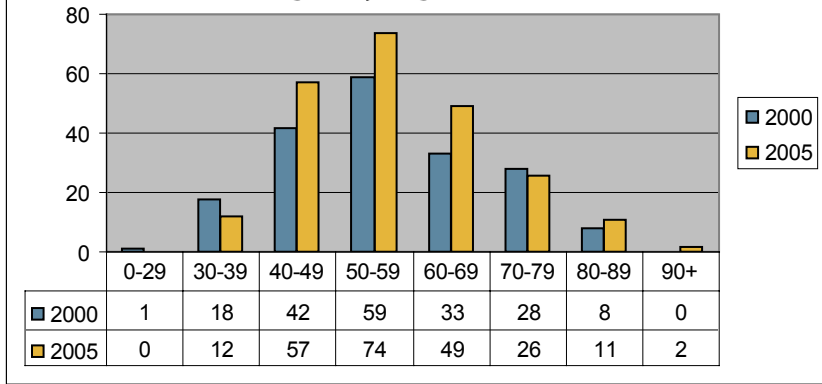
Thanks to the GMC Foundation and the dedicated staff and physicians of Gwinnett Medical Center, these advances in technology are available to all of the patients we serve. This places GMC at the forefront of breast cancer screening, diagnosis and treatment.

Cynthia Robinson, MD
Radiologist

AJCC breast cancer stage – 2000 & 2005 (GMC)

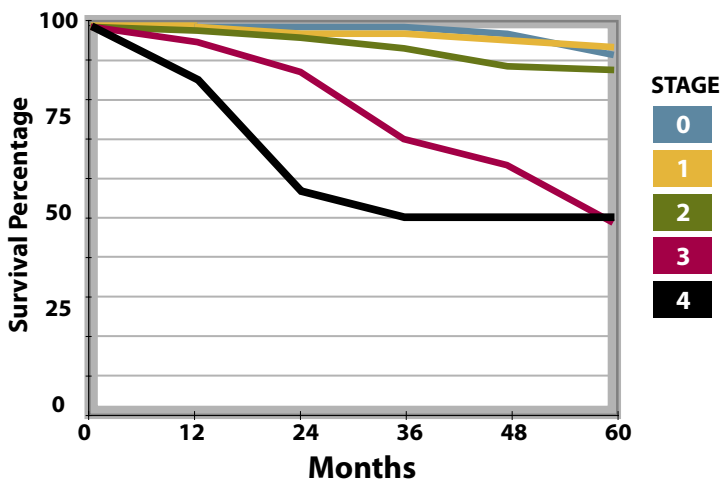


AJCC breast cancer stage by age (GMC)

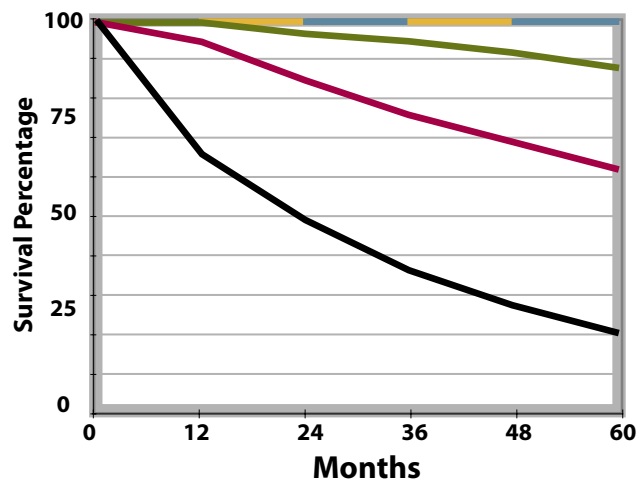


The total number of analytic breast cases was 231, up from 189 in 2000. Of the 231 cases, 60 were AJCC Stage 0, 91 were AJCC Stage 1, 13 were AJCC stage 2 and seven were AJCC stage 4. The highest age group for 2005 was age 50-59 with 74 patients, followed by age 40-49 with 57 patients. The initial therapy for the 2005 breast cases broke down as follows: 35.5% had surgery, 19.9% had surgery and chemotherapy, 16.5% had surgery and radiation, 11.7% had hormone therapy, surgery, and radiation, 4.3% had hormone and surgery and 12.1% had other treatment. The comparison of national (CIRF) survival data is compared to GMC survival data with expected results.

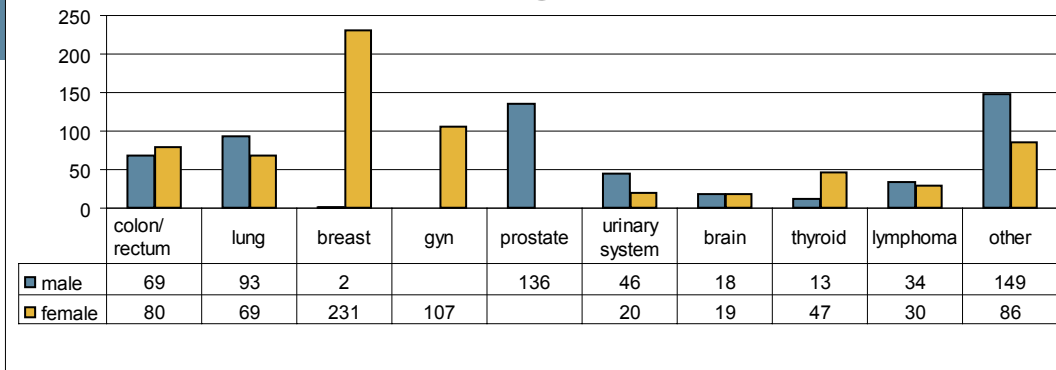
GMC RELATIVE SURVIVAL OF WOMEN BY AJCC STAGE — BREAST



NATIONAL (CIRF) RELATIVE SURVIVAL OF WOMEN BY AJCC STAGE — BREAST



2005 GMC CANCER COMPARISON MALE AND FEMALE



2006 Cancer Committee Members

Physician Members

James Freeman, MD
Gordon Goldstein, MD
Kimberly Hutcherson, MD
Miles H. Mason, III, MD

Specialty

OB/GYN
Radiology
Radiology
Surgery

Radiology Oncology
Radiology
Hematology/Oncology
GYN Oncology Surgery
Radiation Therapy
Pathology
Pulmonology
Neurosurgery
Hematology/Oncology

Positions

Community Outreach Coordinator
Cancer Physician Liaison

Cancer Committee Chair

Previous Cancer Committee Chair

Cancer Committee Co-Chair
Quality Coordinator

Cancer Conference Coordinator
Quality Control of Data Coordinator

James York, MD
Aldemar Montero, MD
John Gargus, MD
Craig Wilkinson, MD

Radiology
Hematology/Oncology
Radiation Therapy
Radiation Therapy

Associate Members

Kim Albertson, RN
Jackie Boreland, RN, C, BSN, OCN
Jennifer Beck, LPN
Jamila Brown, BS Ed, CHES, CTR
Patti Carruth, RN, BSN, OCN, CRNI
Susan Chambers, RNC, MS, CNA, CHEVP
Charles Christie, M.Div., BCC
Elizabeth Clarke, PT
Ron Corder
Deborah Cotterell
Debra Fortier, RHIA, CTR
Mary George, Pharm.D., BCNP
Gwen Gustavson, RN, CCE, IBCLC
Norma Jarmusch, RN, OCN
Tracie Johnson, MBA, RD, LD, CNSD
Kim Mainer, OTR/L, CLT-LANA
Paula Martin, MBA
Debra Nichols, APRN, BC
Cindie Lou Roger, MSN, RN, BC, ANP,
BC, AOCN
Laura Shafer, RNC, BSN, CWOCN
Judy Smith
Cindy Snyder, RN, MSN, FNP-C
Holly Young, MBA, BSN, ONC

Title/Department

Assistant Unit Manager, 8th Floor
Medical/Oncology Clinician, 8th Floor
Breast Health Navigator
Health Education Specialist
Unit Manager, Outpatient Treatment Center
Chief Nurse Executive
Chaplain
Director, Inpatient Rehab Services
Service Line Director, Clinical Services
Social Worker, Coordinated Care
Coordinator, Oncology Data Center
Clinical Pharmacist, Medical Service Line
Director, Women's Services
Clinical Research Nurse
Manager, Clinical Nutrition
Occupational Therapist/Lymphedema Therapist
Director, Public Relations & Communications
Clinical Nurse Specialist, SummitRidge
Clinical Nurse Specialist, Oncology & Pain Management

Director, Wound Treatment Center
American Cancer Society Representative
Cancer Risk Counselor, Oncology Services
Director, Oncology Services

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