Coming Soon … New home for Phoebe Cancer Center - Medical Tower II

2008 ANNUAL REPORT

(2007 Data)

PHOEBE CANCER CENTER

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Phoebe Cancer Center Teaming Up to Fight Cancer

Cancer Conferences

All challenging oncology cases are discussed by a multidisciplinary team of highly-trained and experienced cancer physicians. The goal is to talk about treatment options before treatment has been initiated; in addition, some patients' cases are presented post treatment for educational purposes. The primary mission of the Phoebe Putney Memorial Hospital Cancer Center program is to deliver high-quality patient care. As part of the program, the weekly Cancer Conference monitors the care of the cancer patient. Patients benefit because Phoebe's Cancer Conferences give physicians an opportunity to share experience and knowledge. Attending physicians are encouraged to participate, and recommendations are circulated to all physicians involved in caring for cancer patients. The cases discussed during the year reflect all cancer cases diagnosed at Phoebe Putney Memorial Hospital. Medical staff physicians can request patients for discussion in addition to the chairman of the Cancer Committee choosing the cases that provide variety to the educational experience to those attending. Cases diagnosed at outreach facilities are also discussed. The weekly multidisciplinary patient-oriented conference allows for an exchange of information of immediate benefit to newly diagnosed patients and their attending physicians. The core group includes representatives from Radiation Oncology, Medical Oncology, Surgery, Radiology, Pathology, Tumor Registry and Research. Primary care physicians, other consulting physicians, and residents, including such specialties as Plastic Surgery, Ear Nose and Throat, Urology, Gastroenterology and Gynecology also attend. Cancer Conference members discuss newly diagnosed patients, newly diagnosed recurrences, referrals for second opinions or additional diagnostic or therapeutic intervention and patients presented at the request of the attending staff.

During the meetings, Phoebe's medical professionals review cases and present data on diagnostic testing, surgery, previous treatment and current status. During the dynamic multidisciplinary discussion that follows, medical staff members improve their understanding of cancer in general and make use of contributions from all specialties. Patient confidentiality is always safeguarded during the exchange of information. Physicians interested in referring cases for discussion at the Tumor Conference may contact Phoebe's Tumor Registry at (229) 312-0432.

Cancer Data Management (Tumor Registry)

A cancer registry is a data system designed for the collection, management and analysis of data on patients with the diagnosis of neoplastic disease (cancer). It is a vital part of an approved cancer program and provides a valuable service to the cancer program and physicians through statistical analysis of the data contained in the computerized database. Phoebe Putney Memorial Hospital began its computerized cancer registry in 1987.

The registry now holds nearly 25,274 cases, with 1,284 of those entered in 2007 and follows more than 8,523 live patients.

The Tumor Registry collects information on patient demographics, the site and histology of the disease found, and all diagnosis and treatment information including stage and extent of the patient's disease for inclusion in the registry database. This database is updated constantly to reflect the most current information. Physicians' offices, hospital records, other cancer registries, and patients themselves, all help to provide information regarding subsequent treatments and recurrences. The staff also organizes the weekly Cancer Conferences, coordinates activities of the Phoebe Cancer Committee, submits data to the Georgia Comprehensive Center Registry (GCCR) and to the National Cancer Data Base (NCDB). It also coordinates the compilation of the Phoebe Cancer Program's Annual Report. The information in the registry database is used in many ways, including Patient Care Evaluations or "studies." Phoebe recently participated in E-quip studies on Colorectal and breast carcinomas. These studies were sponsored by the American College of Surgeons. Information and insight gained from the data of these projects will benefit future cancer patients. Physicians may also request information from the registry directly. Such requests may be for current follow-up information on one of their patients, or the latest statistics and treatment information from the data base. The Tumor Registry is staffed by Colleen Vann, CTR,Tammie Horton, Christine Racey and Cecilia Fountain, CTR. The staff is affiliated with the National Cancer Registrars Association (NCRA) and the Georgia Tumor Registrars Association (GATRA). They attend training workshops sponsored by NCRA, GCCR and GATRA.

Combining Expertise

Cancer Committee

The Cancer Committee at Phoebe Putney Memorial Hospital is made up of physicians and other trained professionals who provide comprehensive care for cancer patients and their families. The committee meets 4-5 times per year to provide leadership in planning, initiating and evaluating cancer related activities at Phoebe Putney.

2008 Cancer Committee Members

Physicians

S. Terry Kraus, M.D. – Chairman - Radiation Oncology
Chiraq Jani, M.D., F.A.C.P. – Co-Chair, Medical Oncology
Mark N. Burns, M.D. – Pathology
Charles E. Hawkins, M.D. – Pathology (Substitute)
Harry Vildibill, Jr., M.D. – Cancer Liaison, General Surgery
Jeanette Boohene, M.D. – Palliative Care
Michael Daugherty, M.D. – Urology
Suresh Lakhanpal, M.D. – Radiology
Allison Hays, M.D. - Radiology (Substitute)
Lorenzo Carson, M.D. – Radiology (Substitute)
Craig Murray, M.D. – General Surgery
Troy Kimsey, M.D. – Surgical Oncology
Edward Oleen, M.D. – Medical Oncology (Substitute)
Sailaja Gadde, M.D. – Medical Oncology (Substitute)

Non – Physicians

Allison Sternenberg, Pharm.D. – Pharmacy - Inpatient
Jennifer Rigsby, Pharm.D. – Pharmacy - Inpatient (Substitute)
Matthew Clifton, Pharm.D. – Pharmacy - Inpatient (Substitute)
Mary Collins, R.N., B.S.N. – Case Management - Seventh Floor Oncology
Juli Bruner - Case Management (Substitute)
Colleen Vann, C.T.R. – Tumor Registry - Quality of Registry Data Coordinator
Tammie Horton –Tumor Registry - Cancer Conference Coordinator
Chris Racey – Tumor Registry
Cecilia Fountain, C.T.R. – Tumor Registry
Connie Tucker – Pastoral Services
Jan Haddrill – Nutritional Services
Theresa Land – Oncology Social Worker
Stephanie Richardson, Ms.Ed., C.C.C., S.L.P. – Physical Medicine
Steven Ziemba, M.S., M.B.A. – Research - Director
Patricia Swain, B.S., R.T.T. – Community Ed. - Community Outreach Coordinator
Patty Woodall – Hospice - Director
Theresa Dockery – Pharmacy - Oncology Outpatient
Belinda Garrett – Carlton Breast Health Center (Substitute)
Vacant – Cancer Center Program Administrator
Zerettia McGriff, R.N., O.C.N. – Oncology Nursing Manager
Frances Marthone, R.N., M.S.N. – VP Medical Services/Nursing Administration
Aditi Vance – Quality Improvement Director/Coordinator
Cecilia Morris – American Cancer Society – Cancer Control Specialist
Phyllis Colvin – Patient Resource Navigator – A.C.S./Phoebe Cancer Center
Regina Martel, R.N. – Certified Breast Cancer Patient Navigator
Linda Van der Merwe – M.H.A., R.T.® (M), Radiation Oncology/Carlton Breast Health Center/New Foundations – Director and Interim Director for Hematology/Oncology

Phoebe Cancer Center Diagnosis, Prevention & Screening

Diagnostic Radiology Services

• **Twelve board certified radiologists** provide a complete range of services for cancer detection. While all the radiologists provide basic imaging services, one of the radiologists is a fellowship-trained mammographer, who oversees and runs Women's Imaging at the Carlton Breast Health Center. Four of the radiologists perform various interventional procedures, including biopsies, drainages, radiofrequency ablations, vascular access procedures and arteriograms. Additionally, the radiology practice has subspecialty training and experience in a variety of areas that support oncologic imaging and treatment.

• **5 multi-slice helical CT scanners**

• **4 MRI units**, including 3 high-field scanners and one low-field scanner. A variety of procedures are performed, including MRI liver lesion evaluation and breast MRI with biopsy capabilities.

• **Nuclear Medicine** has 2 scanners that have SPECT capability. I-131 therapy and other radioisotope therapy are provided.

• **Ultrasound** – 4 units in the main hospital. Our staff performs ultrasound guidance biopsies and drainages. Also, 2 dedicated units are available at Carlton.

• **PET/CT unit** - used to detect cancer and monitor the effectiveness of chemotherapy.

• **Digital mammography units** – on the main hospital campus, 2 digital mammogram units with computer-aided detection software and at Meredyth campus, 2 digital mammogram CR unit.

• **Radiology PACS system** – have decrease turnaround time of reports back to the referring physicians.

• **3D Workstations** with CT colonography, pulmonary nodule analysis, specialized PET/CT software and vascular analysis

• **Radiology PACS** with voice recognition system – has minimized turnaround time of and with Web-based viewing has allowed referrers to review images almost as soon as they are performed.

Pathology

A Pathologist is a physicians who specializes in diagnosing diseases by examining tissue, blood, and body fluids using sophisticated laboratory techniques. The diagnosis of malignancy or cancer is almost always based on microscopic examination of tissues or cells. Depending on the type of cancer or its site of orgin, each individual patient will require differing treatments such as surgery, radiation therapy, or chemotherapy, or a combination thereof. The pathologist assists in determining what type of therapy a patient will receive by using a vast array of special studies such as immunohistochemical staining. Some of these studies are used to determine whether or not a patient will receive a specific type of chemotherapy or hormonal therapy. Our Pathologists are integral members of the physician team that specifically tailors treatment for each individual patient, resulting in the highest quality care.

Phoebe Cancer Center Diagnosis, Prevention & Screening

Carlton Breast Health Center

The Carlton Breast Health Center provides comprehensive, compassionate, high-quality, cost-efficient breast health services in pleasant surroundings under the guidance of Dr. Shailaja Sappati, a fellowship-trained women's imager, who works with a group of specially trained technologists.

The Carlton Breast Health Center has two campuses, one at the main hospital and the other at the Meredyth facility. Both centers are certified by the FDA and accredited by ACR to provide the best possible breast imaging.

The Center performs a variety of breast tests, including both screening and diagnostic digital mammograms, breast ultrasounds and interventional procedures.

Routine screening digital mammograms are predominantly performed at the Meredyth location. On the main campus, in addition to screening procedures, is where all diagnostic exams are performed. These include problem-solving diagnostic mammography and ultrasound, galactograms, pre-operative needle localizations, breast MRI and percutaneous procedures, such as ultrasound-guided biopsies and/or cyst aspirations, and stereotactic biopsies.

Bone density evaluations, using dual energy x-ray absorptiometry (DEXA) are also performed at the Center. These studies are interpreted by radiologists who have undergone specialized training in the evaluation of osteoporosis. This test measures bone density and provides information about the risk of fracture in the hip, lower spine and wrist. Low bone mass or osteoporosis is a silent disease, which affects 7-8 million Americans. Many do not have symptoms until a fracture occurs. By determining low bone mass before fracture, physicians can tailor a treatment program to an individual's needs and lifestyle. This can result in a more independent and vital lifestyle.

New Foundations boutique addresses the needs of breast cancer survivors with a variety of personal care items. Certified fitters ensure that each woman selects natural looking breast forms, bras and swimwear. Other specialty items include headwear for those experiencing hair loss. A resource library is available in the boutique for women and their families. Choices include pamphlets, books and videotapes.

A skilled certified nurse-navigator visits women in the hospital who have undergone mastectomies as well as other breast surgery. We provide pre- and post-operative information, support and exercise programs tailored to individual patient and family needs.

Carlton Breast Health Center also maintains a collaborative relationship with the PPMH Breast Cancer Support Group.

Increasing Cancer Awareness

Community Outreach Programs

Cancer is the second leading cause of death in Georgia and the Southwest Georgia region. With some simple lifestyle changes, cancer risk can be decreased and in some cases prevented. Our goal at the Phoebe Cancer Center is to increase awareness through education, early detection and prevention.

Our program includes professional lectures, which cover several cancer related topics. Because screening and early detection for cancer can reduce deaths by as much as 60 percent, they are very important parts of our program also. Early detection incorporates screenings, of which we have at least three major screenings/health fairs throughout the year, serving over 1000 men and women. We teach breast self-examination and increasing awareness of symptoms of cancer. Prevention includes education on the importance of the reduction of tobacco exposure and use. We spend time in our school system talking to our youth about the "dangers of tobacco use." Prevention also includes the promotion of a healthy diet and exercise.

Finally, we participate in several health fairs throughout the year. Health fairs allow us to disseminate information, encourage smoking cessation and stress the importance of screening, early detection and prevention.

Community Outreach Programs

Screenings

02-07-2007	Prostate Screening, Second Mt. Zion Church
06-16-2007	Healthy Fathers/Healthy Families
09-08-2007	PSA & Cholesterol Screening(Phoebe Health Works)
09-12-2007	City/County Prostate Screening
10-30-2007	City/County Women's Health Fair
12-09-2007	Community Prostate Screening

Health Fairs

03-03-2007	Happy, Healthy Lifestyle Expo – Garden Hilton Inn
03-07-2007	Health Disparities Colorectal Cancer Symposium – Albany State University
04-20-2007	Pink and Purple Day Health Fair – Albany High School
06-02-2007	Cancer Survivors Day Celebration
06-15-2007	Albany State University Nursing Program Health Fair
07-18-2007	Youth Empowerment Extravaganza – Monroe High School
10-20-2007	Phoebe Pamper Day
10-20-2007	Women's Health Conference (Think Pink for Life)

Community Workshops/Lectures/Awareness

02-07-2007	"Be A Healthier You" – Second Mt. Zion Church
03-07-2007	"Three Keys to a Healthier You & Survivorship" Colorectal Cancer Symposium – Albany State University
04-05-2007	Girl Talk/Boys to Men Program – Monroe High School
05-02-2007	Skin Cancer Talk, Dr. Greenfield – Deerfield Windsor Academy
05-07-2007	Skin Cancer Talk, Dr. Greenfield – Byne School
06-20-2007	Breast Cancer Talk – St. John Baptist Church, Camilla, GA
10-18-2007	Breast Cancer Talk – Friendship Baptist Church
10-30-2007	City/County Women Employees – Linda Van der Merwe
11-17-2007	Prostate Follow-Up With Dr. Terry Kraus

Dangers of Tobacco Use

02-02-2007	Sylvester Elementary School, Sylvester, GA.
06-21-2007	New Birth Christian Church – Summer Program
12-01-2007	Terrell Middle/High Saturday Academy – Albany State University

Phoebe Cancer Center Treatment Modalities

Hematology/Oncology & Infusion Services

Phoebe Cancer Center is proud to have a dedicated team of professionals who staff the outpatient Hematology/Oncology Department. There are eight physicians who are board certified in medical oncology and an excellent team of experienced oncology nurses who administer chemotherapy and blood products. Phoebe Cancer Center has a fully equipped laboratory that provides a variety of tests as well as resident pharmacists who oversee and aid in the preparation of chemotherapy and other medications in our center. Social Service professionals are located in the department to help patients deal with the social and economic impact of cancer. We offer a wide range of Hematology/Oncology and infusion services from physician examinations and lab tests to the administration of chemotherapy agents, blood transfusions, phlebotomy, antibiotic therapy, intravenous fluid therapy and central venous access line care and education. Clinical trail programs, stem cell transplants and a separate sickle cell clinic are also offered at Phoebe. These programs have been used to successfully treat patients within the region. A relaxed environment provides comfortable surroundings. At Phoebe, the Hematology/Oncology staff specializes in caring. Personal attention goes hand-in-hand with state-of-the-art treatments. Special bonds develop between patients and staff. Milestones, such as a patient's graduation from treatment, are emotional events full of smiles and hugs. Phoebe Cancer Center provided outreach diagnosis and treatments to clinics and hospitals in Americus, Cordele, Phoebe Worth Cancer Clinic and daily at Palmyra Medical Center in Albany.

Clinical Trials

At Phoebe we are currently running numerous clinical trials for various cancer types. The organizations that sponsor our trials include the Southwest Oncology Group, Sarah Cannon, National Surgical Adjuvant Breast and Bowel Project, other cooperative groups through the Cancer Trials Support Unit, and pharmaceutical companies. A committee of doctors, nurses and local community leaders called an Institutional Review Board (IRB), monitors our clinical trials to ensure that participant rights and safety are protected, as well as to ensure compliance with federal guidelines.

Currently clinical trials are available for the following cancers: breast, lung, ovarian, colon, prostate, lymphoma, esophageal, melanoma, unknown primary, hematological cancers, including lymphoma, leukemia and multiple myeloma, and gastrointestinal stromal tumors. Phoebe is expanding its inventory of breast cancer studies to try and incorporate the range of breast cancers being detected in Phoebe patients. During 2007, 119 patients were screened for clinical trials, with 28 enrolled.

Radiation Oncology

The year 2007 marks the Radiation Oncology department's 15th year as part of the comprehensive Phoebe Cancer Center. Radiation Oncology has been part of Phoebe Putney's commitment to regional cancer care since 1983, when Dr. Charles Mendenhall was hired as the Medical Director. Dr. Terry Kraus joined him in Aug 2003.. Both are board-certified Radiation Oncologists and were trained at Shands Hospital of the University of Florida in Gainesville, Fla.

The Radiation Oncology Department is one of the largest centers in the Southeast and has the most advanced equipment available for treating the full spectrum of cancers.

The newest technology is TomoTherapy. Unlike traditional radiation therapy equipment, the TomoTherapy's treatment delivery unit doubles as an onboard CT scanner, allowing true CT images of a patient's anatomy to be created with the same physical equipment used to treat the patient. A single beam of radiation is modulated into smaller "beamlets," which are delivered in a helical pattern, from any point in a 360-degree radius around the patient. Beamlets delivered from all angles around the patient allows the dose to conform to the tumor and avoids critical organs. Both Dr. Mendenhall and Dr. Kraus are treating prostate cancers, head and neck cancers and doing stereotactic body radiation on selected patients.

Also included in the 25,000 sq. ft. facility are two 2100EX Linear Accelerators, and a 2100C LIN ACC unit. For simulation there is a Varian Acuity unit and the department has a dedicated GE Lightspeed CT/Simulator which provides 3D simulation and treatment planning and full array Brachytherapy. Prostate seed implants are now available with close to 500 implants done to date. The department is fully staffed with highly trained personnel, including onsite physicists, dosimetrists, radiation therapists, nurses, an oncology outreach coordinator, an onsite engineer, a cancer nutritionist and other support staff.

The Junior Woman's Club of Albany, through their annual Lights of Love fundraising campaign, has provided two 15-passenger vans and a wheelchair accessible van that provide patients in surrounding communities free transportation to the Phoebe Cancer Center.

Distinguished Cancer Clinician and Scientist Joins Phoebe

Troy F. Kimsey, M.D., comes to Phoebe Putney Memorial Hospital from Memorial Sloan-Kettering Cancer Center in New York. A surgical oncologist, Kimsey was recently named a Distinguished Cancer Clinician and Scientist by the Georgia Cancer Coalition and now serves as Phoebe's Director of Surgical Oncology.

An Athens native and 1992 graduate of The University of Georgia, Kimsey received his doctorate of medicine at the Medical College of Georgia. He first came to Albany in 1999 as an intern with the Southwest Georgia Family Practice Residency Program. He later served as a research fellow and a resident with the Department of Surgery at the Medical College of Georgia before joining Sloan-Kettering Cancer Center in July of 2006 as a surgical oncology fellow.

Kimsey's research interests include the development of regional databases to monitor outcomes and assess treatment strategies in patients with cancer; the impact of screening and education on stage-specific cancer diagnoses and survival in patients in underserved rural areas; and cellular interactions that influence pancreatic cancer. He was recently appointed Clinical Assistant Professor with the Medical College of Georgia.

Surgical Neuro-Oncologic Support

Neuro-oncologic patients benefit from the expertise of Kimberly Brown, M.D. and James C. Metcalf, Jr., M.D.

Dr. Brown completed her residency at the University of Alabama in Birmingham. She is active in the surgical management of malignant and benign brain tumors with experience in pituitary tumors. Dr. Metcalf completed his residency at the University of Tennessee in Memphis. He is also active in the surgical management of malignant and benign brain lesions. Both Dr. Brown and Dr. Metcalf hope to be able to provide stereotactic radiosurgical therapy for their patients as an option in the near future. Phoebe has just purchased a new state of the art stereotactic STEALTH Navigation system, which as been instrumental in assisting with safe approaches to complex lesions.

Stem Cell Transplant

The Phoebe Cancer Center has established a stem cell program to provide patients in Southwest Georgia high-dose chemotherapy with peripheral blood stem cell transplants. This program began in 1996 and to date over 139 patients have received transplants. The diseases for which this procedure has been done include multiple myeloma, Hodgkin's and non-Hodgkin's lymphoma. Patients are treated according to multi-institutional protocols. Multiple Myeloma are done on an outpatient basis unless the patient exhibits treatment related toxicities or other conditions that would necessitate admission to the hospital. All Lymphoma are admitted to the hospital for at least 10 days and if no problems you are released to continue on an outpatient base. Remarkably, the majority of patients that have received transplants have returned to a pre-treatment productive lifestyle. The program continues to grow as we provide this treatment option to patients in Southwest Georgia.

Phoebe Cancer Center

Inpatient Oncology

The 35 bed inpatient unit of Phoebe Cancer Center provides state-of-the-art, comprehensive oncology nursing care with years of experience and expertise. The unit is staffed by Registered Professional Nurses who are all chemo-certified with many of the staff certified nationally by the Oncology Nursing Society. The Oncology unit has four beds that are designated for stem cell transplant and high acuity patients. We provide ambulatory/out-patient services after office hours and on weekends. All beds have cardiac-monitoring capabilities. We also offer oncology patients and their families many amenities located in our solarium such as a quiet room, television room and a kitchen with Laundry, and an education room with computer set.

Patient Education

The Phoebe Cancer Center has an existing education room that has brochures on all types of cancer, cancer treatment medications and available resources. We also have a computer that is available to our patients to get information on cancer topics and related topics. The computer also offers our patients/family access to Caring Bridge. Caring Bridge is a website that offers patients or their family a line of communication with friends and love ones via the internet. We implemented an educational program provided by nursing which allows the patient and family to be well educated on drugs, side effects and processes prior to the initial start of treatment.

Social Work Services

Social workers are professionally trained in counseling and practical assistance. They help facilitate patients' adjustment to their diagnosis and optimal family functioning. Social work services are designed to help patients with coping skills, locating resources in the community, homecare, medication and transportation needs. Oncology social workers offer supportive individual and family counseling and support groups. They advocate for the needs of the patients and work collaboratively with other cancer care professionals.

Physical Medicine Department

The newest, advanced technology in the Physical Medicine department is the use of electrical stimulation for the treatment of dysphagia, a condition which causes difficulty in swallowing for some patients. The new technology, Experia, is especially effective in treatment of head and neck cancer patients, and is new to the region. All inpatient and outpatient therapists have been trained in the use of the VitalStem Therapy with high-volt setting, which enables therapists to get past radiated, hardened tissue that can prohibit swallowing. Rehabilitation can lead patients to return to normal diets and less costly treatments.

Another addition to the Physical Medicine department is audiology services. This department provides both in and outpatient services. Oncology referrals are made when the treatment for cancer affects the sensitive nerves of the ear. Results of these tests can determine changes in treatment or the need for hearing devices.
Physical therapists, speech therapists, occupational therapists, rehabilitation nurses and wellness educators provide rehabilitation.

Inpatient physical therapists provide exercise, balance training, gait training, and provide assistance with discharge planning.

Occupational therapists provide transfer training, assistance with activities of daily living, assistive device training and help with planning for discharge and home assistive device needs. Both disciplines work together for assisting the oncology patients to attain the highest level of function. Similar services are available for the outpatient oncology patient. In the rehabilitation inpatient area, rehabilitation nurses work to provide the highest level of nursing care and patient independence with the goal of returning them to the home setting. Speech therapy has been involved with pre- and post-operative counseling for the laryngectomy patients and assists with swallowing difficulties. Speech related difficulties might also result from radiation or other types of oncology surgery.

The Wellness classes continue to be very popular, especially with the oncology patients who are planning to return to the work setting. Six weekly classes are available for the recovery of stamina and strength. They are available only through referral and at a nominal cost per six-week session.

Phoebe has specialized physical therapy for the post surgical patients who have complications such as incontinence, after bladder and prostate surgery. Rehabilitation for the pelvic floor muscles can be achieved through biofeedback assisted muscle training and can help to restore normal function. For patients experiencing limb swelling called lymphadema, special massage and bandaging techniques can restore limb size. Both of these services are in the outpatient department.

Meeting Special Needs

Care Management

The Inpatient Oncology Care Management Team consists of 2 RN Care Managers and a Social Services Coordinator. The RN/CM and SSC work as a team and assist patients with complex discharge needs. The RN Care Managers: maintain accountability for facilitating clinical patient progression through a defined plan of care to achieve optimal outcomes, integration of the nursing process, and a management process as the framework for decision-making and problem solving. The Social Services Coordinator assists patients who: have complex psychosocial and discharge planning needs, require assistance with eligibility determination for programs and finding sources to meet the patients' needs.

Phoebe Home Care

By delivering a comprehensive home care program, patients can remain at home in familiar surroundings, and yet, receive the quality care they need. Above all, staying at home enables patients to maintain social ties with family, friends and the community. Receiving needed care at home reduces stress and promotes healing. Phoebe Home Care offers a comprehensive home care program to patients of any age in the southwest Georgia region. Services are available in the counties of Baker, Calhoun, Dougherty, Early, Lee, Miller, Randolph, Sumter, Terrell and Worth. Home health services must be ordered by the patient's attending physician and the patient must be homebound. A homebound patient is defined as one who requires considerable effort and assistance to leave home. The patient must require skilled care that can be administered intermittently.

Lights of Love

For nearly 25 years, the Albany Junior Woman's Club has co-sponsored the Lights of Love project at Phoebe Putney Memorial Hospital to benefit cancer patients and their families throughout Southwest Georgia. This year, in honor of the program's milestone, we are celebrating the 25th tree-lighting – an indication that the project has been alive and supportive of families dealing with the effects of cancer since its inception. This year's Lights of Love campaign will be used to help fund the building of the Willson Hospice House an 18-bed facility for the terminally ill which will serve those affected by cancer as well as those in the last stage of life who suffer from other causes. Additionally, funds will be used for the Lights of Love van. Each year, the Phoebe Cancer Center provides transportation free of charge to those cancer patients unable to get to the hospital for treatment. The van travels throughout the region, delivering patients to the hospital and home again following their treatments. Since its inception in 1983, Lights of Love donations have surpassed the $1.1 million mark, providing special services and amenities to cancer patients and their families right here in our own community.

Light House Offers Respite

The Light House is a house where each individual feels special. The Light House provides low-cost, overnight lodging for families who live a distance of 25 miles or more from the cancer center. This helps relieve some of the emotional and financial stress. It provides all the comforts of home. It is a peaceful, pleasant, friendly and caring environment. The Light House has five rooms and can accommodate up to 10 guests (one patient and one family member per room). Two rooms have private baths and are designated for our stem cell transplant patients. The house offers a living room, sunroom, dining room, breakfast area, full kitchen, bathrooms, laundry room and a patio. Parking is available behind the Light House. Transportation is also available by the hospital's Red Coats to and from the house for chemotherapy and/or radiation treatments. Day guests are always welcome. The Light House is partially funded by Albany Junior Woman's Club.

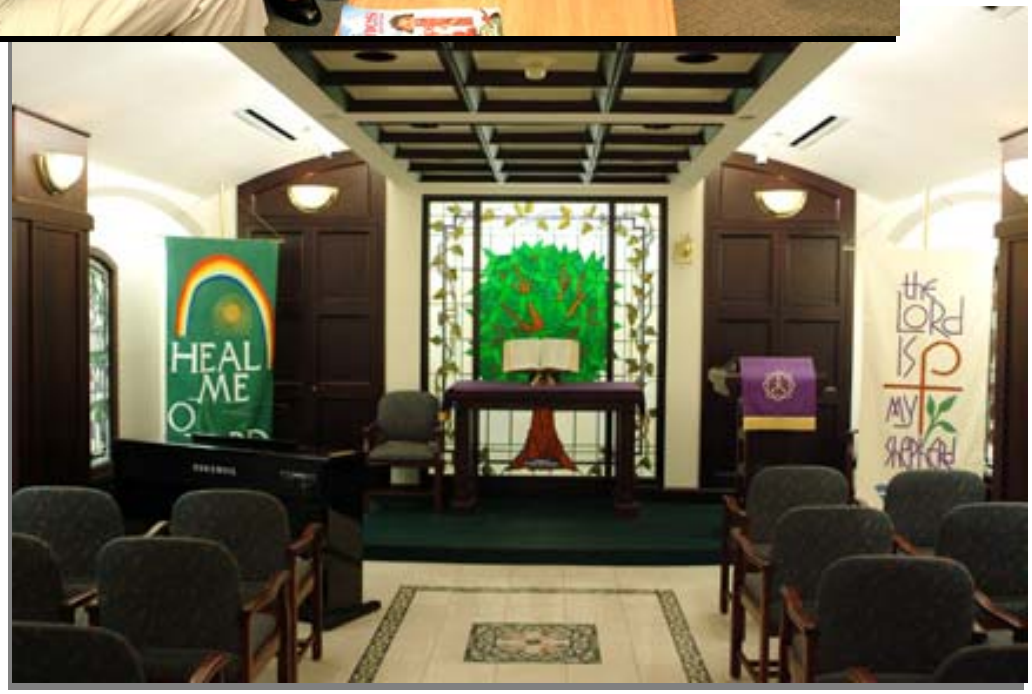
Facing Cancer Together

Cancer Center Support Group

Phoebe Cancer Center support groups play a significant role in supporting our patients emotionally and are an integral part of the recovery process. Cancer support groups at Phoebe now have a new location and expanded days and hours for meeting. Meetings also include survivorship programs like walking, yoga, and education workshops and planned speakers. The new location is 910 North Jefferson Street, Suite E. The primary focus of the groups is to provide our patients a way to meet other cancer patients and their family members, instill hope and share concerns, coping strategies, laughter and information. The groups provide a safe haven to express strong thoughts and emotions such as anger, fear and acceptance. The groups follow an open format – often addressing special topics and providing speakers of interest to the support group participants. Currently there are two support groups that meet on a monthly basis. “Facing Cancer with Love and Laughter” meets twice a month, while “Caring Touch,” a caregivers support group, meets twice monthly. The cancer center also offers the “Look Good... Feel Better...” program in conjunction with the American Cancer Society. We are always working to expand and improve our Support Groups. The Cancer Center also hosts a yearly Holiday Party in honor of our patients. It occurs before the Lighting Ceremony of our Lights of Love Tree.

Spiritual Care

Phoebe’s Interfaith Chapel is open 24 hours a day for patients and their family members for prayer and meditation. There is a prayer board for prayer requests located in the chapel foyer. The prayer requests are read aloud during the Sunday worship service. Care Notes, on a variety of topics related to cancer, are available to Phoebe guests. These are provided by the Spiritual Care Department with the hope of providing some comfort to individuals.



Phoebe Cancer Center Meeting Special Needs

Cancer State-Aid

Cancer State-Aid is a Georgia Department of Human Resources program that provides funds for the treatment of medically indigent cancer patients. Phoebe Putney Memorial Hospital participates in this program and has had a Tumor Clinic since the early 1950's. The clinic serves 25 surrounding counties and has helped more than 900 patients in obtaining diagnostic evaluations and treatment. The state reimburses Phoebe a percentage of the cost for services rendered to the patients. The physician volunteers his or her services free of charge to the recipients of the state-aid program. In 2001, 44 patients benefited from this program. The Women's Health Medicaid Program covers women under age 65 diagnosed with breast or cervical cancer receiving active treatment.

Albany Community Hospice and Palliative Care

Phoebe Cancer Center works closely with Albany Community Hospice and Palliative Care, a home-based program that provides palliative care to patients in Southwest Georgia with a limited life expectancy. Albany Community Hospice and Palliative Care serves patients in 11 counties, including Baker, Calhoun, Clay, Crisp, Dougherty, Lee, Mitchell, Quitman, Randolph, Terrell and Worth. Care is provided in the patient's home or in nursing homes. Hospice recognizes dying as a part of the normal process of living and focuses on maintaining quality of remaining life. Hospice exists in the hope and belief that through appropriate care, and the promotion of a caring community sensitive to their needs, patients and their families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory to them.

The scope of Hospice care includes: symptom management, home care needs and education. The patient is able to die with dignity in his own home and with the people he loves beside him. In the months following a loss, surviving family members often have problems adjusting, so bereavement care is provided for one year. Bereavement services are offered to the community at no charge.

Two special bereavement camps for children are held during the summer. Camp Good Grief is for children, ages 6-12 years. Journey is the camp for adolescents, ages 13-18. The goal is to assist children in dealing with grief issues related to the loss of a loved one. They spend two days learning ways to deal with grief and forming friendships with others who have had the same experience. Both camps are offered to the community at no charge.

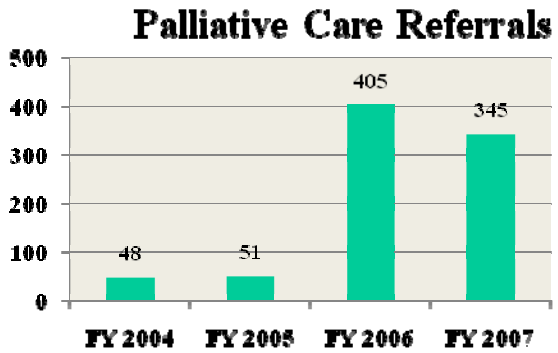
Albany Community Hospice provided care to 658 patients and their families in 2007.

In December 2008, work will begin on the Willson Hospice House, an 18-bed inpatient facility. Patients who cannot be managed at home may be admitted to the Willson Hospice House to receive the needed care.

The inpatient palliative care consult service has been up and running with a full time palliative care physician since July 1 2006. The service is offered 5 days a week with overnight and weekend telephone coverage.

There were 345 referrals to the service in the fiscal year 2007. The value in early referral and smooth transition to hospice care is reflected in the 37% of patients (119 patients) who requested referral to Albany Community Hospice. There was also an increase in the number of patients seen by the service with a diagnosis of cancer, from approximately 35% last year to 43% this year. The one morning a week Palliative Care clinic in the radiation oncology department also continues to be well utilized, with 24 new referrals in 2007.

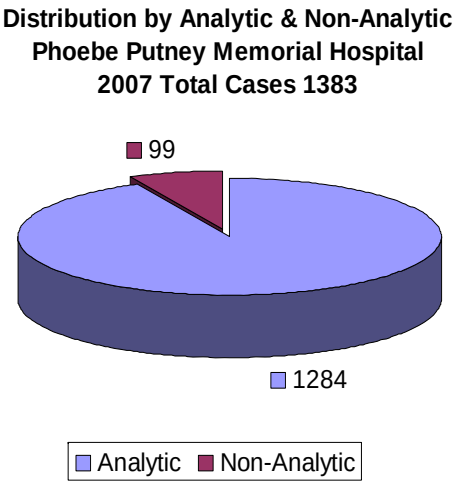
The focus on education in this new subspecialty continues, with lectures to new family medicine residents and an elective period offered to residents at any stage in their training to rotate with the palliative care physician. There is also opportunity for bedside education of nursing staff and students consistently. This last year has seen one of our family medicine residents proceed to fellowship training in palliative medicine, after spending an elective period on the palliative care service. There has also been opportunity for nurse practitioner clinical training for palliative care to one of our local nurse's pursuing her degree specifically in palliative care.

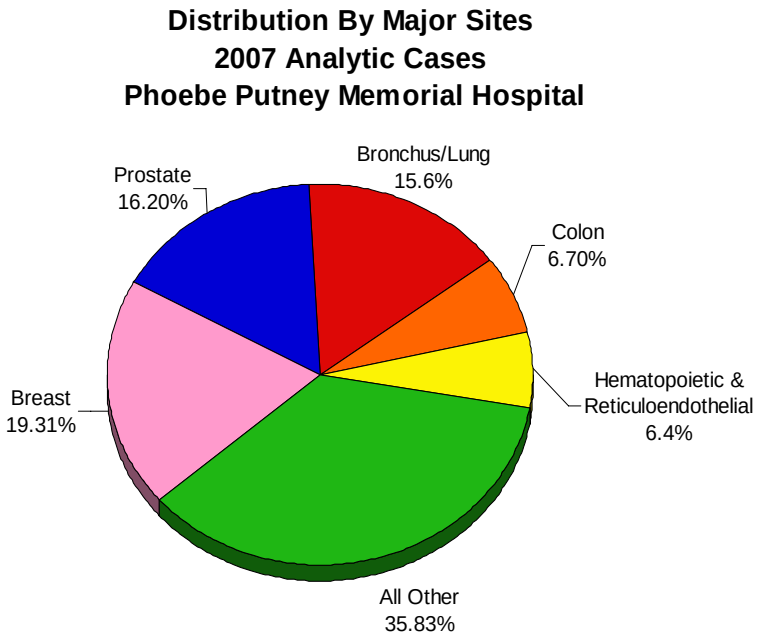


Cancer Data Management Activity

Phoebe Putney Memorial Hospital 2007 Statistical Year

Complete Database – Reference Year 1987	**25,274**
Analytic Cases (2007)	**1,284**
Follow-up Rate - 5Year (CoC Target Rate 90%)	**93.42%**
Follow-up Rate – Reference Year (CoC Target 80%)	**89.75%**
Cases AJCC Staged by Managing Physician	**94.26%**
Clinical Trial Accruals	**4.2%**





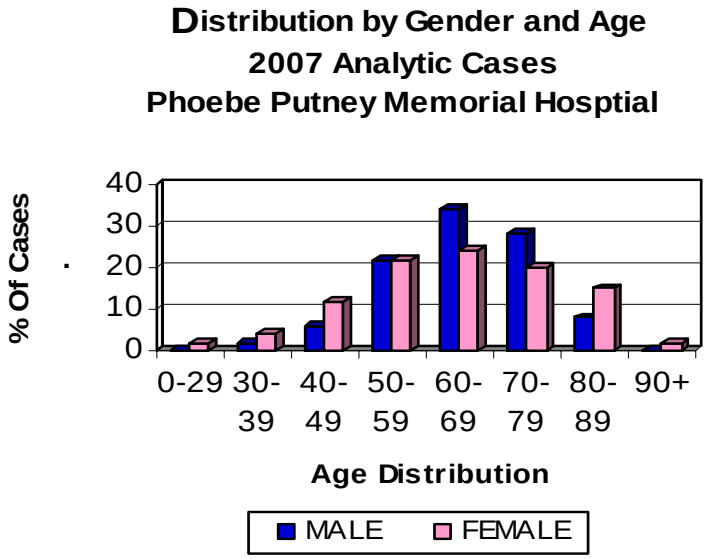
Statistical Summary of Cancer Data

In 2007, Phoebe Putney Memorial Hospital diagnosed and/or treated 1284 newly diagnosed cancers. An additional 99 non-analytic cases were seen, including recurrent cancers previously diagnosed and treated elsewhere and cases reviewed at Phoebe Putney Memorial Hospital by pathology examination only, for a total annual caseload of 1383.

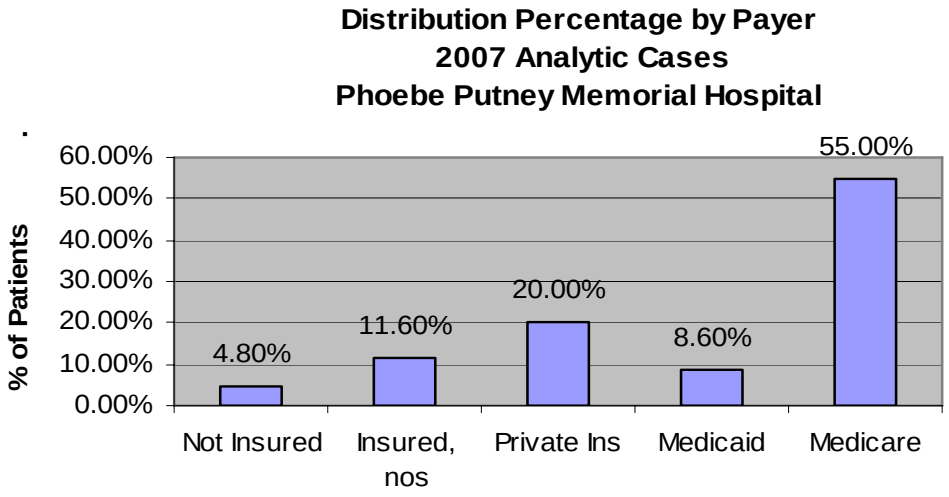
The top five sites included breast, prostate, lung/bronchus, colon and hematopoietic/reticuloendothelial.

Statistical Summary of Cancer Data

The Distribution by Gender and Age for 2007 exhibits that62% of the male population was diagnosed with cancer between the ages 60-79 and 46% of the female population was diagnosed with cancer between the ages of 50-69.



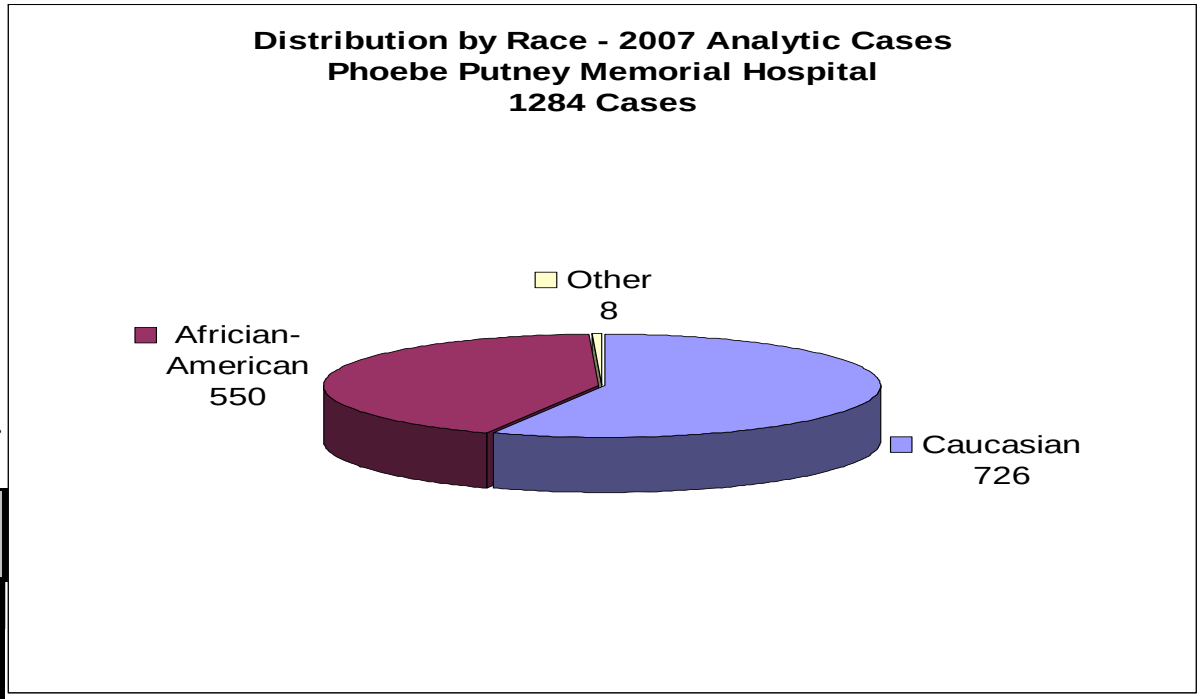
The Distribution by Payer for 2007 shows that 55% of the patient population is Medicare insurance.



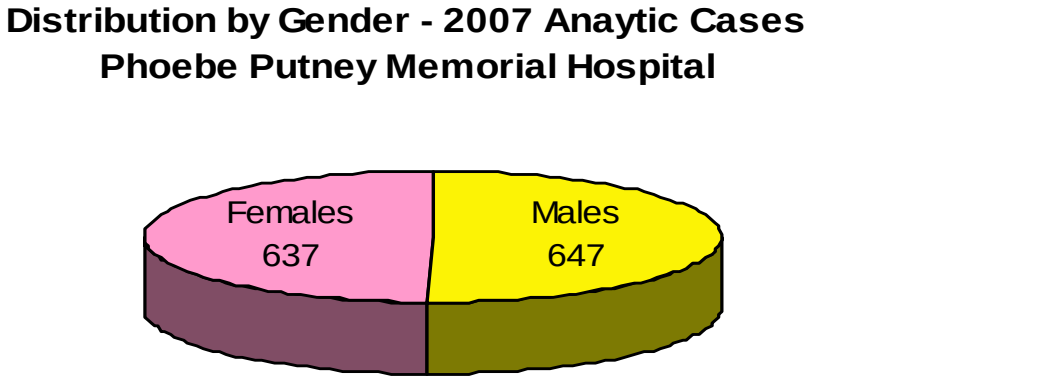
Statistical Summary of Cancer Data

The patient population distribution for analytic cases by race and gender was 56% Caucasian and 42% African-American with 2% other ethnicity. There was equal distribution between males and females.

Distribution by county shows that 39% of the patients resided in Dougherty county, 11% from Sumter, 7% from Lee, 5% from both Mitchell and Terrell, 4% from both Worth and Crisp, and 25% in other counties.



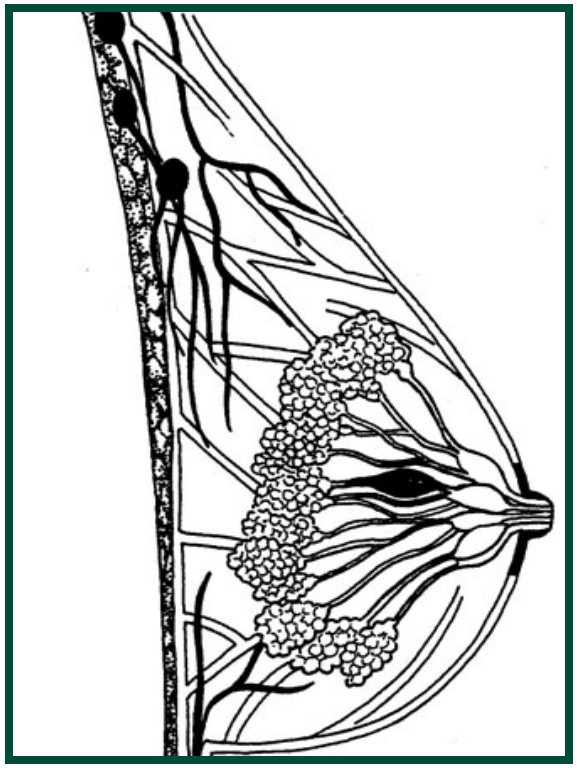
2007 County Incidence Analysis		
County	**Cases**	**%**
Dougherty	501	39.0
Sumter	145	11.3
Lee	97	7.6
Mitchell	65	5.1
Terrell	54	4.5
Worth	63	4.9
Crisp	58	4.5
Randolph	42	3.3
Calhoun	27	2.1
Colquitt	26	2.0
Dooly	18	1.4
Miller	14	1.1
Turner	14	1.1
All others	160	12.1



BREAST CANCER *Case Study*

ANALYTIC BREAST CANCER CASES 2006 – PHOEBE PUTNEY MEMORIAL HOSPITAL

There are over 182,460 new cases of breast cancer expected to occur among women in the United States in 2008. Also, approximately 2,000 cases are expected to occur in men in the United States in 2008. From 2001 to 2004 it was reported that there was a decrease in breast cancer incidences in the United States by 3.5% in women. This may be secondary to decrease in hormone replacement therapy (HRT) linked to breast cancer and heart disease.



Approximately 4,480 deaths in women are anticipated from carcinoma of the breast in 2008. This is a total of 15% of women deaths of cancer in the United States. Breast cancer is second as the leading cause of death from cancer in women. (Lung cancer is the leading cause of death in women with approximately 71,000 women dying of lung cancer in 2008).

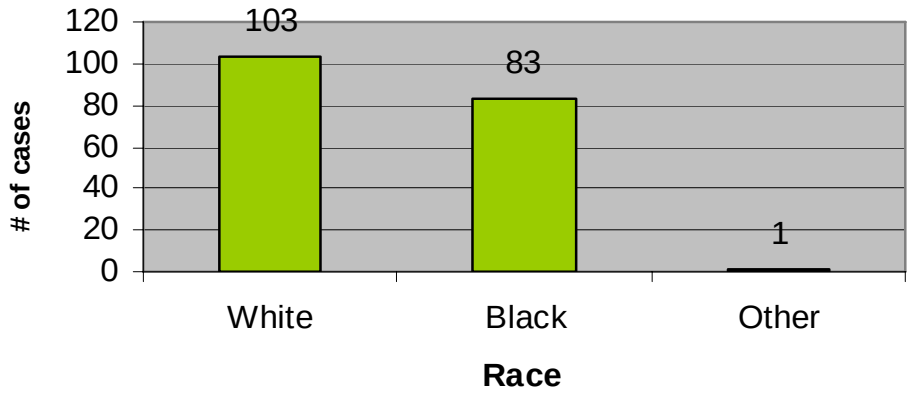
Death rates from carcinoma of the breast have decreased since 1990 with the largest decrease in women younger than 50 (3.3% per year). But in women older than 50 the decrease is still significant at a decrease of 2% per year. It is believed that this is a reflection in the progress in both early detection and treatment of carcinoma of the breast.

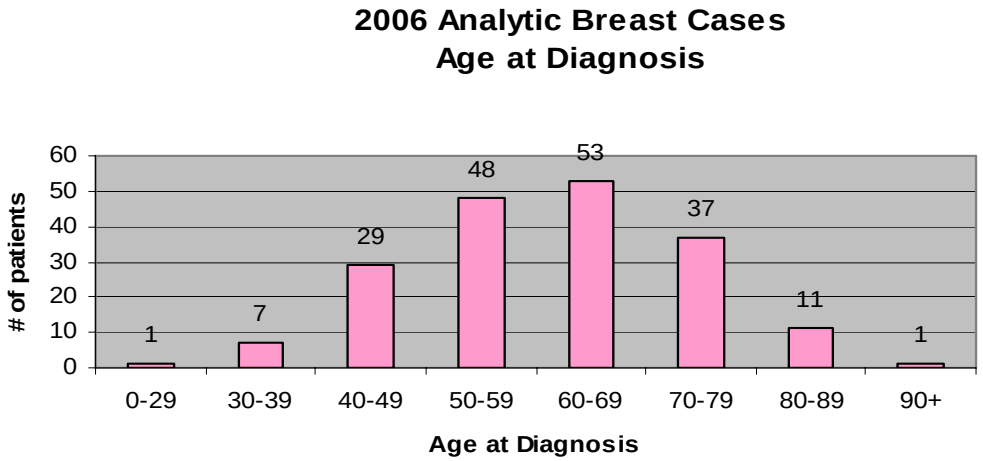
Survival data comparing five year relative survival for localized carcinoma of the breast reveals that a five year survival of patients who do not have any nodal spread of the cancer is 98%. If regional spread is noted (i.e. nodal spread) the five year relative survival is 84%. For patients with distant spread of disease a five year survival is still a significant 27%.

BREAST CANCER *Case Study*

Distribution of Breast Cancer Cases of Phoebe Putney Memorial Hospital 2006:

There were 103 Caucasian and 83 African-American patients diagnosed with carcinoma of the breast with one diagnosed as "other."





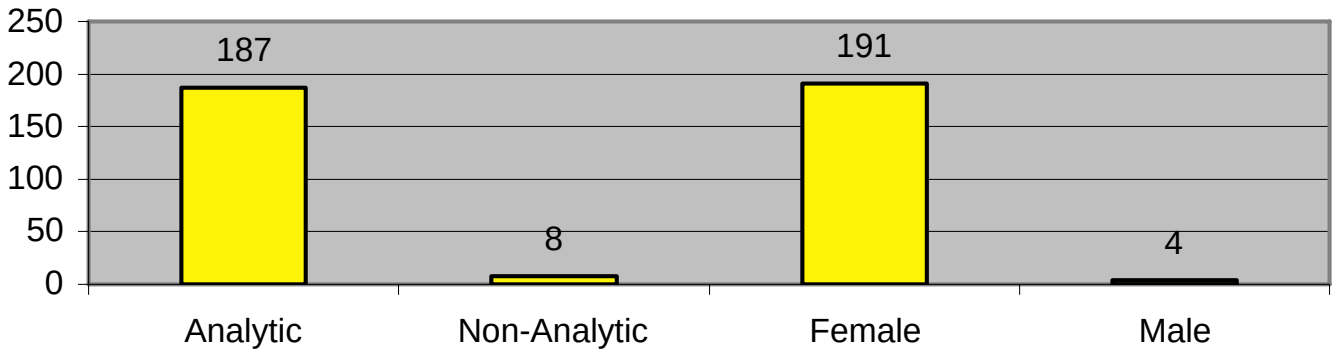
The age of diagnosis of these 187 cases of carcinoma of the breast reveal that the age of diagnosis was predominantly between 50 and 69 years of age.

BREAST CANCER *Case Study*

Distribution of Breast Cancer Cases of Phoebe Putney Memorial Hospital 2006:

The distribution of breast cancer cases regarding sex of analytic and non-analytic cases showed that 191 were female and four were male.

Phoebe Putney Memorial Hospital 2006 Breast Case Distrubition by Analytic/Non-Analytic Female/Male

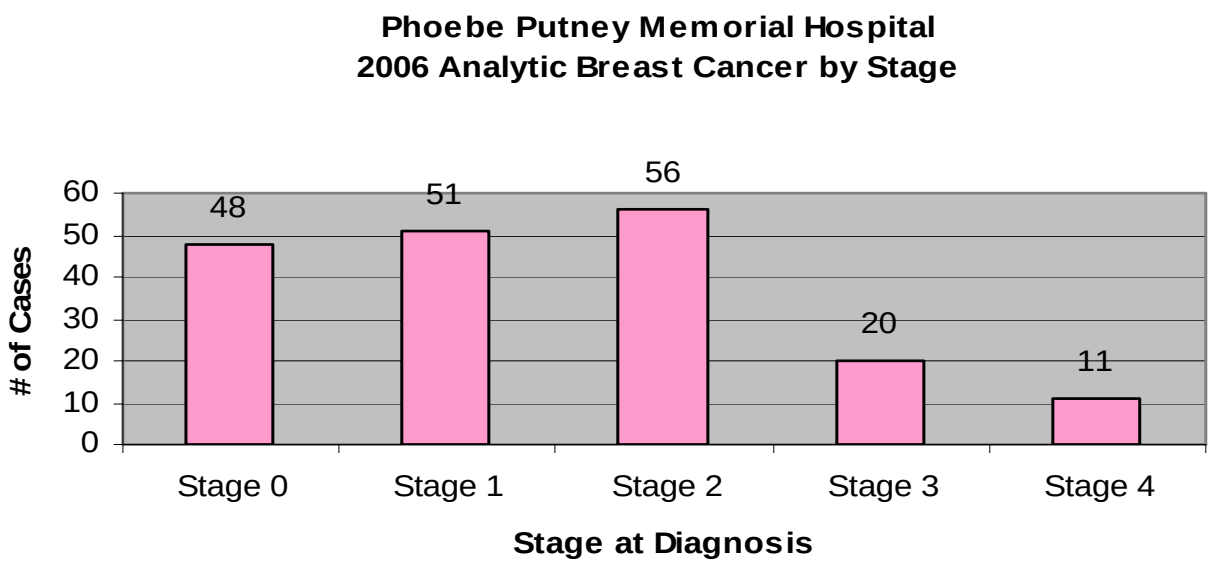


BREAST CANCER *Case Study*

Distribution of Breast Cancer Cases of Phoebe Putney Memorial Hospital 2006:

Stage Distribution:

The great bulk of analytic carcinomas of the breast in 2006 indicates that the bulk of patients were stage 0 (48), stage I (51), stage II (56). There were 20 patients that were staged as stage III and only 11 that were staged as stage IV



BREAST CANCER *Case Study*

Breast Cancer Stages

Breast cancer is diagnosed and classified according to stages 0 through IV. Each cancer is unique, each woman is different. In order to determine your particular stage of breast cancer, your doctor will consider three factors: tumor size, nodal status and metastasis.

Stage 0 (in situ):
Breast cancer is localized to the breast with no evidence of spread beyond the duct or lobule.

Stage I:
Tumor is two centimeters or less in size and has not spread beyond the breast.

Stage IIA:
A tumor smaller than two centimeters across involving the axillary lymph nodes, or a tumor two to five centimeters that has not spread to the axillary lymph nodes, or no tumor is found within the breast, but cancer is found in the axillary lymph nodes.

Stage IIB:
Tumor is greater than five centimeters across and has not spread to the axillary lymph nodes, or the tumor is two to five centimeters and has spread to the axillary lymph nodes.

Stage IIIA:
The tumor is larger than five centimeters and has spread to the axillary lymph nodes that may or may not be attached to each other or surrounding tissue, or tumor is five centimeters or smaller and has spread to the axillary lymph nodes that are attached to each other or surrounding tissue, or no tumor is found within the breast, but has spread to the axillary lymph nodes that are attached to each other or surrounding tissue.

Stage IIIB:
Tumor is any size that has spread to the skin or chest wall including the ribs and chest muscles and may have spread to the lymph nodes in the breast area or under the arm.

Stage IIIC:
Tumor of any size that has spread to the lymph nodes beneath the collarbone and near the neck and may have spread to the lymph nodes in the breast area or under the arm as well as to the tissue near the breast.

Stage IV:
A tumor regardless of size that has spread to other organs of the body, such as bones, lungs, liver, brain or to distant lymph nodes.

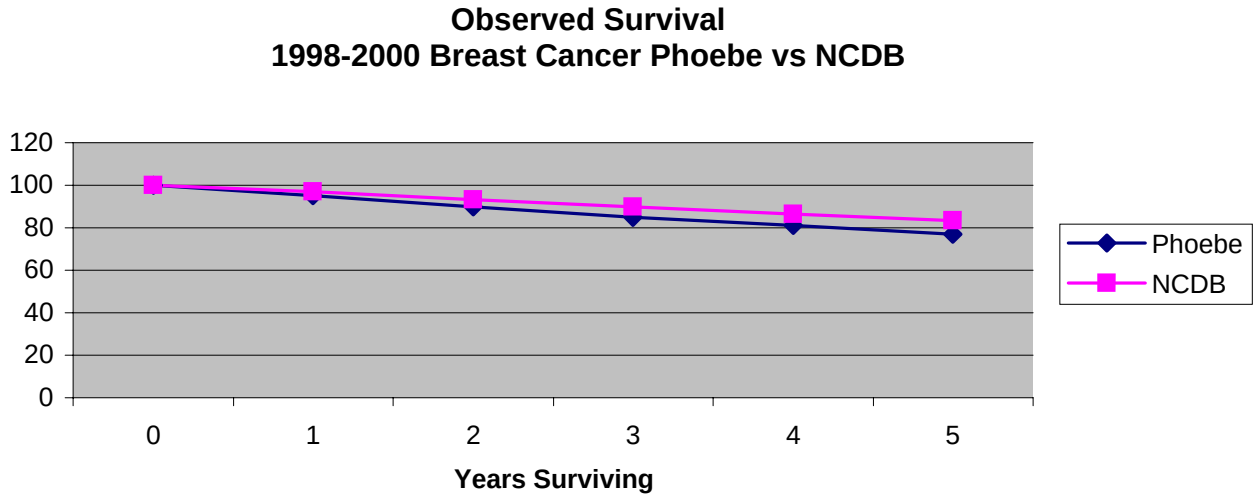
BREAST CANCER *Case Study*

Observed Analytic Survival 1998-2000 Phoebe Putney Memorial Hospital Compared to National Cancer Database Data:

Observed Survival:

When compared to national cancer database (NCDB) data, Phoebe Putney Memorial Hospital had a five year, 77% observed survival. NCDB data reveals an 83.5% survival.

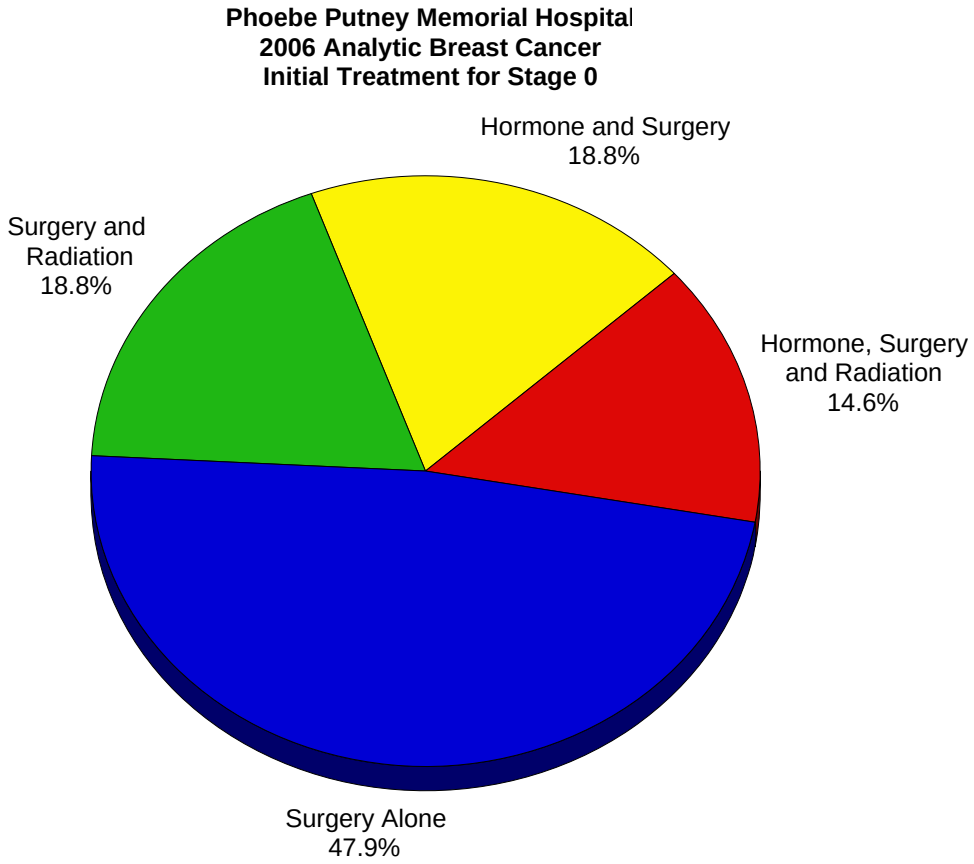
From 1998 to 2000 there were 664 patients in the study for the observed analytic survival of Phoebe Putney Memorial Hospital data compared to National Cancer Database data. Seventy-three of these patients were lost to follow up. This is 11% of the patients being lost to follow up and 233 patients expired.



BREAST CANCER *Case Study*

Breast Cancer Stages - Initial Treatments

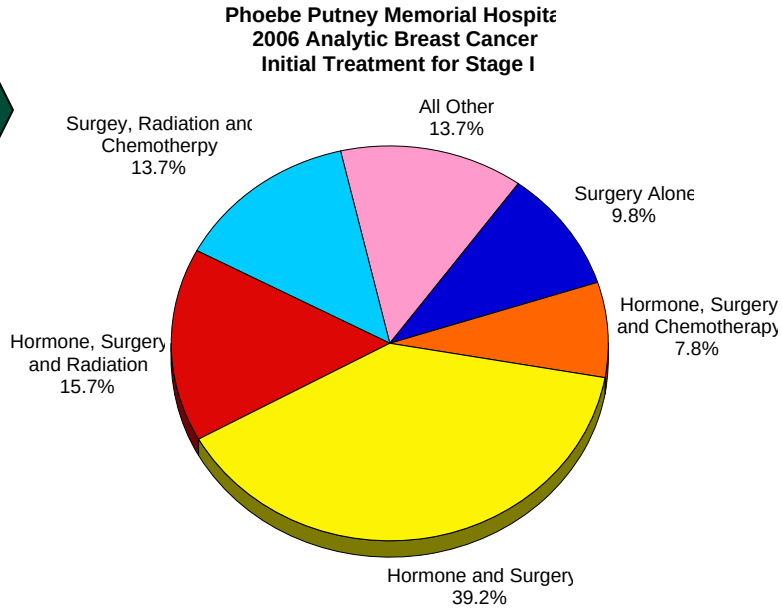
When evaluated by treatment approach in stage 0 carcinoma of the breast (in situ) all patients had surgery and there was 100% compliance with appropriate treatment.

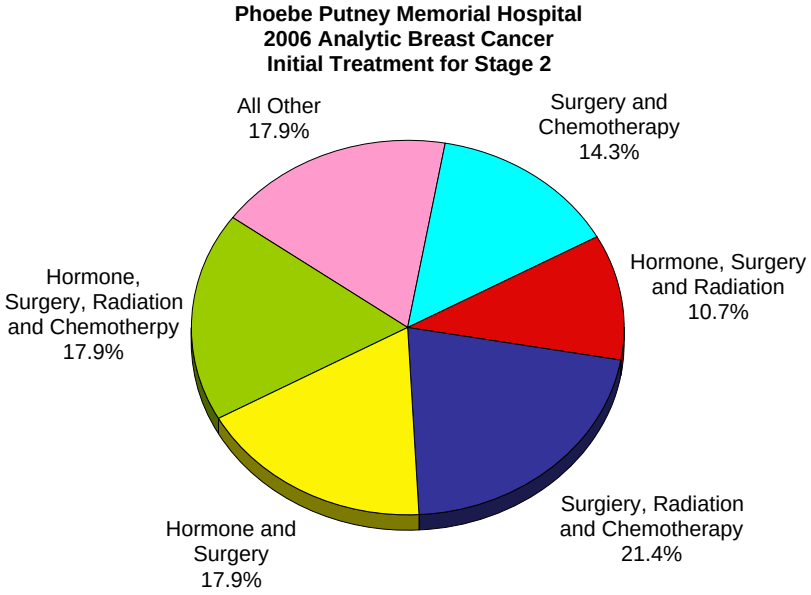


BREAST CANCER *Case Study*

Breast Cancer Stages - Initial Treatments

In stage I cancer of the breast at Phoebe Putney Memorial Hospital one patient refused all treatment, but all other patients received appropriate treatment with compliance.



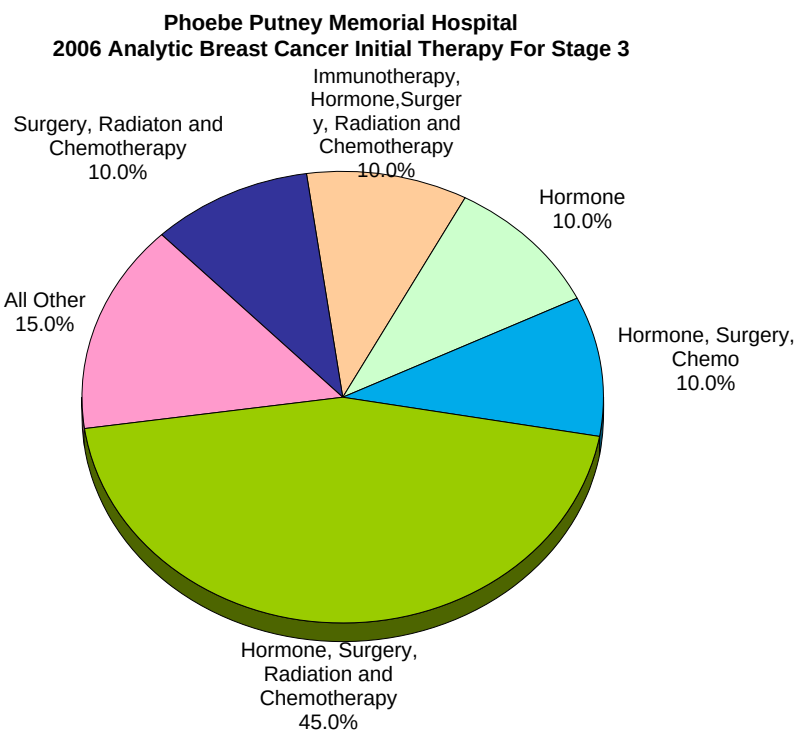


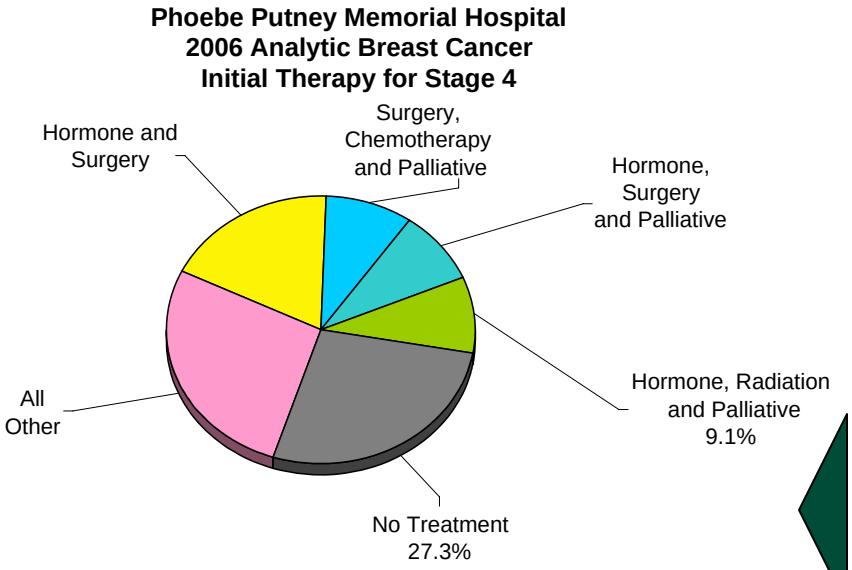
For stage II carcinoma of the breast, all patients had surgery and there was 100% compliance with appropriate treatment.

BREAST CANCER *Case Study*

Breast Cancer Stages - Initial Treatments

For stage III carcinoma of the breast 10% had hormones only as their primary treatment. One patient had surgery only.





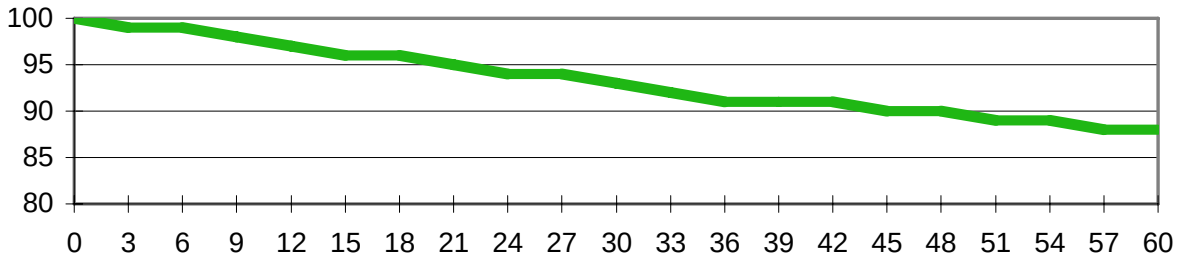
In stage IV 27.3% had no treatment. All others had treatment. Thus, treatment was considered to be an appropriate and compliant treatment for all patients but the one who refused any treatment at all.

BREAST CANCER *Case Study*

Adjusted Survival

Because of this an adjusted survival of 1998 to 2000 breast cancer data was also calculated. The adjusted rate of survival calculations takes into account the cause of death. Thus, the patients who expire without disease are treated as those patients who were last alive and lost to follow up. At that time patients who expired without recurrence of the cancer no carcinoma of the breast are thus withdrawn from the study at that time. With the adjusted survival rate the five year adjusted survival is 88%.

1998-2000 Analytic Breast Cancer Adjusted Survival at Phoebe Putney Memorial Hospital



BREAST CANCER *Case Study*

In regards to survival data it is somewhat difficult to compare a greater than five year survival. It is known that individuals who have carcinoma of the breast due continue to have a declining survival after five years from diagnosis. In fact the survival rate at 10 years for all stages combined is 80% compared to 89% at five years. However, with earlier detection with more sophisticated mammography as well as magnetic resonance imaging (MRI) in selected cases early detection is becoming more and more common. On an average mammograms will detect approximately 80 to 90% of breast cancers in women without symptoms. All suspicious findings such as a mass affect that it is not known whether this is benign versus malignant should be biopsied for diagnosis.

If there is any caution in regards to early detection it would be that there has been a drop in mammograms undertaken according to National Health Interview Surveys. Mammogram rates in the past two years in women 40 and older are now 66.4% (in 2005) versus 70.1% in 2000. Thus, a concerted effort to still have women obtain their mammograms on a routine yearly basis is considered to be essential.

The treatment of carcinoma of the breast over the last several years has matured. The treatment is established for tumor size, tumor stage, histology and patient preference. Intact breast treatment, mastectomy are now considered to be both definitive and equal in survival data stage for stage. Chemotherapy can now be undertaken before surgery (neoadjuvant) or after surgery, as required and these are individualized on a case by case basis. Targeted therapy with Herceptin is also utilized significantly now in patients who are positive testing for HER-2/neu.

The assessment of risk factors in women regarding carcinoma of the breast has become more and more sophisticated. Studies for BRCA-1 and BRCA-2 genes in patients who have a personal or significant family history of carcinoma of the breast are now being undertaken on a significant amount of women who indicate certain risk factors. The BRCA-1 and BRCA-2 genes are estimated for approximately 5% to 10% of all carcinoma of the breast. Regardless, widespread testing for these genetic mutations is not done as a routine on each and every patient since less than 1% of the general population carries these genetic mutations. However, women with a strong family history of breast or ovarian cancer are offered counseling to determine whether or not the genetic testing is appropriate at Phoebe Putney Memorial Hospital.

I would anticipate with medical oncology progress and carcinoma of the breast, more sophisticated radiation therapy techniques, an improvement in early diagnosis of carcinoma of the breast that breast cancer survival rates will continue to increase and breast cancer deaths will continue to decrease over the next decade. In regards to survival rates because of the dramatic improvement in diagnosis as well as treatment caution needs to be used when interpreting 10 year survival rates with carcinoma of the breast. As already stated the five year survival for carcinoma of breast at 10 years for all stages combined is 80% compared to 89% at five years. However, caution needs to be used when interpreting 10 years survivals. They represent detection and treatment approaches that were anywhere from five to 17 years ago and may indeed be underestimating expected survival of cases as they are treated today in 2008.

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STK:112/03040

PHOEBE CANCER CENTER

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