

2009  
CANCER  
PROGRAM  
*Annual*  
REPORT



NORTH MISSISSIPPI  
MEDICAL CENTER  
CANCER CENTER

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# Report *from the* Chairman

**As chairman of the North Mississippi Medical Center Cancer Committee,** I am pleased to present the 2009 Cancer Program Annual Report.

The Cancer Committee, comprised of a multidisciplinary panel of specialists and ancillary personnel, provides leadership in ensuring the provision of quality patient care through cancer-related activities that benefit not only patients and their families but also our community. As an approved Cancer Program by the American College of Surgeons' (ACoS) Commission on Cancer (CoC), our goal is to ensure our community has access to a full range of medical services, a multidisciplinary approach to patient care and programs that impact survival and quality of life. These programs focus on prevention and early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease, support services and end-of-life care.

CoC accredited cancer programs are surveyed on a triennial schedule. In 2009, the committee began preparations for review by the ACoS CoC. Review by the ACoS is an outstanding process to evaluate cancer centers nationwide who are achieving and maintaining standards of excellence.

## Benefits of Being a CoC Accredited Cancer Program

The CoC's Accreditation Program offers many notable benefits that enhance a cancer program and its quality of patient care. CoC accredited cancer programs offer:

- A model for organizing and managing a cancer program that ensures multidisciplinary, integrated and comprehensive oncology services
- Self-assessment of cancer program performance based on recognized standards
- Recognition by national health care organizations including The Joint Commission for establishing performance measures for high-quality cancer care
- The ability to provide robust oncology data for clinicians and other health care professionals, third-party payers and managed care organizations, as well as the public from our required cancer registry
- National marketing and public exposure through partnering with the American Cancer Society (ACS) in the Facility Information Profile System (FIPS) – an information-sharing program of resources, services and cancer experience for the ACS National Call Center and Web site
- Participation in the National Cancer Data Base (NCDB) – a nationwide oncology outcomes data base for more than 1,400 hospitals in the United States
- Access to hospital comparison benchmark reports containing national aggregate data and individual facility data to access patterns of care and outcomes relative to the median and mean
- Participation in national studies developed to address important cancer problems
- An Accredited Cancer Program Performance Report that will enable a facility to identify quality improvement initiatives by comparing its CoC compliance standards with other accredited programs statewide and within its accreditation award category

To promote team involvement and responsibilities, members of the committee are designated to coordinate specified major areas of the program activity.

## 2009 Program Activity Coordinators

- Cancer Conference Coordinator – Robert McAuley, M.D.
- Community Coordinators – Stephen Farmer, M.D. and Cindy Edwards, LMSW
- QA Cancer Registry Coordinator – Bert Duncan, M.D.
- Quality Improvement Coordinator – Karen Koch, Pharm.D.

## Cancer Program Goals for 2009:

- Meet and exceed 2 percent participation in clinical research certification
- Maintain surgical prospective cases presented at Cancer Conference
- Increase average physician attendance at Cancer Conference
- Obtain accredited stereotactic breast biopsy program
- Increase participation of area barbers involved in the Barbershop Talk program
- Increase participation in prostate screenings in the African-American population
- Maintain accurate and timely abstracting, follow-up and 100 percent accuracy on NCDB data submission
- Implement quality review to include collaborative stage review
- Implement Surgical Care Improvement Project (SCIP) measures for colon cancer
- Implement CAP Synoptic reporting format on pathology reports

The commitment of physicians and other health care professionals on the Cancer Committee is deeply appreciated. We would also like to express our appreciation to those who participate and assist in weekly cancer conference.

Stephen Farmer, M.D., Chairman, Cancer Committee



## Cancer Committee *Members*

- Stephen Farmer, M.D., CLP, Chairman, Urology
- Andrew Kellum, M.D., Vice Chairman, Medical Oncology
- Chris Bergmann, M.D., Diagnostic Radiology
- Montgomery Berry, M.D., Otolaryngology
- Carl Bevering, M.D., Neurosurgery
- Robert Derveloy, M.D., Cardiothoracic Surgery
- Bert Duncan, M.D., Radiation Oncology
- Richard Griswold, M.D., Pathology
- Jeff Houin, M.D., Dermatology
- Robert McAuley, M.D., Surgery
- Rhodemarie Maron, D.O., Neurology
- Charles Montgomery, M.D., Medical Oncology
- David Morris, M.D., Medical Oncology
- Raymond Orgler, M.D., CLP, Surgery
- John Phillips, M.D., Gastroenterology
- Ray Reed, M.D., Radiation Oncology
- Jim Rish, M.D., Pulmonology
- Wayne Slocum, M.D., Gynecology
- Angela Brown, MPH, American Cancer Society
- Donna Lewis, RN, Service Line Administrator
- Paula Turner, MSHA, Director, Cancer Center
- Shelia Jinkins, CTR
- Cindy Edwards, LMSW, OSW-C
- Jeannine Peters, Pharm.D.
- Karen George, RN, BSN
- Tina Stevens, RN, Breast Care Center
- Lisa Hawkins, Community Representative
- Rachelle Carter, Pharm.D.
- Karen Koch, Pharm.D., QI Coordinator

# Data *Analysis*

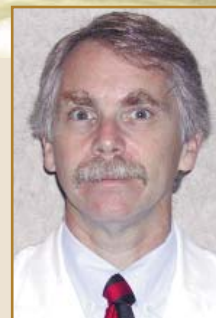
**The North Mississippi Medical Center Cancer Program** is a multidisciplinary program accredited by the American College of Surgeons (ACoS) and the American College of Radiology (ACR). Being nationally accredited assures that the NMMC Cancer Program adheres to the highest quality standards and allows comparison of its treatments and outcomes on a national level.

The tables and graphs in this report are from NMMC Cancer Registry for calendar year 2009. There were a total of 1,749 cases, and 1,558 of those were analytic. Cancer of the lung is the most prevalent site with 305 new cases. Prostate cancer is the second most prevalent site with 212, and breast is third with 202 cases. In fourth and fifth place were colon with 104 and melanoma with 73. The distribution by sex was male, 832 (53 percent), and female, 726 (47 percent). Melanoma continues to be in the top five primary sites, which is most likely because of community skin screenings, increased awareness and education. With prevention it is hoped this disease will decrease in prevalence.

The Cancer Committee will continue to use the Cancer Registry's data to provide effective screening programs that will increase early detection and diagnosis among residents of our communities. Early detection in the war against cancer is extremely important for long-term survival. It is the goal of the Cancer Committee to support all efforts to increase the early diagnosis of cancer and take the lead in this endeavor. NMMC's team of physicians and other health care professionals are committed to providing state-of-the-art cancer treatment in a compassionate and cost effective manner.

The statistical data graphed in this report includes: primary site table, sex, race, top five sites overall, top five sites by sex, age at diagnosis and county at diagnosis.

Andrew Kellum, M.D., Vice Chairman, Cancer Committee



# Liaison *Report*

**Clinical Liaison Physicians are a required component** of the American College of Surgeons' Committee on Cancer approved cancer programs and are responsible for providing the leadership and direction to establish, maintain and support the cancer program. These fellows of the college are advocates of the cancer program, serve on the Cancer Committee, are champions for the Cancer Registry and assist with accurate use of physician staging in treatment planning.

During the last year, the NMMC Cancer Program prepared for the upcoming 2010 survey process with the American College of Surgeons. This will be a very rewarding time as a Liaison Physician, because we will have the opportunity to meet with the reviewer to relay our commitment to the Cancer Program at NMMC and to measure our program against other cancer programs in the nation. Clinical staging will be one of the discussion points, as it has become a focus of our program to assist clinicians in managing cancer patients in the best practices.

Another task of the Liaison Physician is to be an advocate of cancer prevention. We have worked hard on our Cancer Committee to emphasize cancer prevention. Free prostate cancer screenings are provided twice a year by our local Urology Professional Association and the NMMC Cancer Center. We work extensively with the American Cancer Society's local representative, who sits on our Cancer Committee. In conjunction with community leadership, ACS and our Cancer Committee support, not only does Lee County have a ban on smoking in public gathering places, but surrounding counties are following our lead.

Several goals set for the CLP physicians in the coming years are:

- To develop and strengthen relationships with the American College of Surgeons
- To improve the quality of cancer care with the use of clinical staging
- To become more involved in the state cancer plan
- To become engaged in community advocacy efforts for cancer patients

Raymond J. Orgler Jr., M.D., FACS  
Cancer Liaison Physician  
Cancer Committee



# Cancer Registry

## Mission

### Why we exist:

To help increase survival rates of people in our region with cancer.

# Cancer Registry

## Vision

### What we want to be:

The provider of the most consistent and accurate cancer data available to the North Mississippi Medical Center Cancer Program.



## NMMC Cancer

### Registrars

- Shelia Jinkins, CTR
- Jewell Johnson, CTR
- Sandra Oliver, CTR



**The Cancer Registry** is an important component of the cancer program designed to assess, abstract and conduct follow up for patients with reportable primary cancer sites diagnosed and/or initially treated at NMMC since the 1997 registry reference date. The Cancer Registry data base is a vital tool for programmatic and administrative planning and research, and for monitoring patient outcomes.

### Registry data may be used for:

- Providing information to physicians using specific criteria as requested
- Determining need for screenings and early detection programs
- Providing follow-up information and current disease status
- Monitoring patient outcomes
- Administrative planning and education
- Evaluating treatment modalities
- Calculating survival rates
- Patient care evaluation studies
- Analyzing referral patterns
- Research

### Registry data is submitted to:

- National Cancer Data Base (NCDB)
- Mississippi Cancer Registry
- Facility Information Profile System (FIPS)
- American Cancer Society

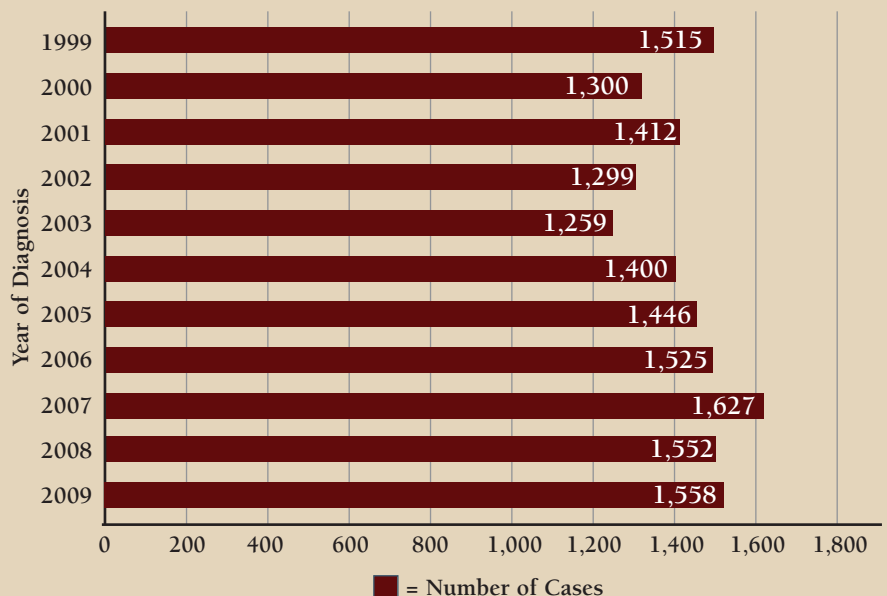
These resources are used by researchers to determine cancer trends, treatment patterns and outcomes, education and screening guidelines. Additionally, this data is used to measure the quality of patient care and quality improvement for cancer programs.

Caring for cancer patients is challenging today and promises to remain so in the future. Because of that, the NMMC Cancer Registry encourages physician utilization of its rapidly growing database so they can see the results of their diagnostic and therapeutic efforts. This helps them choose appropriate treatment for maximum effectiveness.

NMMC Cancer Registry maintains data on more than 21,500 cases, which have been entered into the database since our reference year of 1997. Currently the Cancer Registry maintains follow-up on 9,122 cases. During 2009, the Registry consistently exceeded the American College of Surgeons mandated follow-up rate of 90 percent.

Located on the first floor of the NMMC Cancer Center at 990 South Madison Street in Tupelo, the Registry is available Monday through Friday. **For information and statistics, call (662) 377-3053.**

## Cancer Registry Cases Analytical Cases



| Primary Site                         | Total (%)          | Sex        |            | Class of Case |           | Status     |            | Stage Distribution-Analytic Cases Only |           |           |           |            | Blank/88  | Unk       |
|--------------------------------------|--------------------|------------|------------|---------------|-----------|------------|------------|--|-----------|-----------|-----------|------------|-----------|-----------|
|                                      |                    | M          | F          | Analy         | NA        | Alive      | Exp        | 0                                      | I         | II        | III       | IV         |           |           |
| <b>Oral Cavity &amp; Pharynx</b>     | <b>50 (2.9%)</b>   | <b>33</b>  | <b>17</b>  | <b>47</b>     | <b>3</b>  | <b>37</b>  | <b>13</b>  | <b>2</b>                               | <b>14</b> | <b>6</b>  | <b>9</b>  | <b>15</b>  | <b>1</b>  | <b>0</b>  |
| Tongue                               | 12 (0.7%)          | 9          | 3          | 11            | 1         | 6          | 6          | 1                                      | 3         | 1         | 1         | 5          | 0         | 0         |
| Salivary Glands                      | 4 (0.2%)           | 3          | 1          | 4             | 0         | 4          | 0          | 0                                      | 2         | 2         | 0         | 0          | 0         | 0         |
| Floor of Mouth                       | 2 (0.1%)           | 0          | 2          | 2             | 0         | 2          | 0          | 1                                      | 1         | 0         | 0         | 0          | 0         | 0         |
| Gum & Other Mouth                    | 14 (0.8%)          | 9          | 5          | 13            | 1         | 12         | 2          | 0                                      | 7         | 2         | 2         | 2          | 0         | 0         |
| Tonsil                               | 13 (0.7%)          | 8          | 5          | 12            | 1         | 10         | 3          | 0                                      | 1         | 0         | 5         | 6          | 0         | 0         |
| Hypopharynx                          | 4 (0.2%)           | 4          | 0          | 4             | 0         | 3          | 1          | 0                                      | 0         | 1         | 1         | 2          | 0         | 0         |
| Other Oral Cavity & Pharynx          | 1 (0.1%)           | 0          | 1          | 1             | 0         | 0          | 1          | 0                                      | 0         | 0         | 0         | 0          | 1         | 0         |
| <b>Digestive System</b>              | <b>296 (16.9%)</b> | <b>160</b> | <b>136</b> | <b>258</b>    | <b>38</b> | <b>196</b> | <b>100</b> | <b>5</b>                               | <b>39</b> | <b>57</b> | <b>57</b> | <b>64</b>  | <b>13</b> | <b>23</b> |
| Esophagus                            | 22 (1.3%)          | 17         | 5          | 22            | 0         | 12         | 10         | 0                                      | 0         | 3         | 3         | 8          | 0         | 8         |
| Stomach                              | 25 (1.4%)          | 17         | 8          | 18            | 7         | 13         | 12         | 0                                      | 4         | 4         | 1         | 3          | 4         | 2         |
| Small Intestine                      | 4 (0.2%)           | 2          | 2          | 3             | 1         | 4          | 0          | 0                                      | 0         | 1         | 0         | 0          | 2         | 0         |
| Colon Excluding Rectum               | 125 (7.1%)         | 66         | 59         | 103           | 22        | 101        | 24         | 4                                      | 19        | 21        | 25        | 29         | 2         | 3         |
| Cecum                                | 21                 | 12         | 9          | 20            | 1         | 19         | 2          | 0                                      | 3         | 5         | 9         | 3          | 0         | 0         |
| Appendix                             | 2                  | 0          | 2          | 2             | 0         | 2          | 0          | 0                                      | 0         | 1         | 0         | 0          | 1         | 0         |
| Ascending Colon                      | 33                 | 13         | 20         | 25            | 8         | 25         | 8          | 1                                      | 3         | 4         | 8         | 9          | 0         | 0         |
| Hepatic Flexure                      | 7                  | 5          | 2          | 7             | 0         | 6          | 1          | 0                                      | 3         | 2         | 0         | 1          | 0         | 1         |
| Transverse Colon                     | 6                  | 5          | 1          | 6             | 0         | 5          | 1          | 0                                      | 2         | 1         | 0         | 3          | 0         | 0         |
| Splenic Flexure                      | 1                  | 1          | 0          | 1             | 0         | 0          | 1          | 0                                      | 0         | 1         | 0         | 0          | 0         | 0         |
| Descending Colon                     | 4                  | 1          | 3          | 4             | 0         | 3          | 1          | 0                                      | 1         | 0         | 1         | 2          | 0         | 0         |
| Sigmoid Colon                        | 35                 | 22         | 13         | 30            | 5         | 28         | 7          | 2                                      | 6         | 7         | 5         | 7          | 1         | 2         |
| Large Intestine, NOS                 | 16                 | 7          | 9          | 8             | 8         | 13         | 3          | 1                                      | 1         | 0         | 2         | 4          | 0         | 0         |
| Rectum & Rectosigmoid                | 38 (2.2%)          | 18         | 20         | 36            | 2         | 36         | 2          | 0                                      | 9         | 6         | 12        | 4          | 2         | 3         |
| Rectosigmoid Junction                | 12                 | 8          | 4          | 11            | 1         | 12         | 0          | 0                                      | 2         | 3         | 5         | 1          | 0         | 0         |
| Rectum                               | 26                 | 10         | 16         | 25            | 1         | 24         | 2          | 0                                      | 7         | 3         | 7         | 3          | 2         | 3         |
| Anus, Anal Canal & Anorectum         | 9 (0.5%)           | 2          | 7          | 8             | 1         | 7          | 2          | 0                                      | 2         | 5         | 1         | 0          | 0         | 0         |
| Liver & Intrahepatic Bile Duct       | 21 (1.2%)          | 18         | 3          | 19            | 2         | 8          | 13         | 0                                      | 3         | 5         | 7         | 4          | 0         | 0         |
| Gallbladder                          | 6 (0.3%)           | 1          | 5          | 4             | 2         | 3          | 3          | 1                                      | 0         | 0         | 0         | 2          | 1         | 0         |
| Other Biliary                        | 5 (0.3%)           | 1          | 4          | 5             | 0         | 0          | 5          | 0                                      | 0         | 0         | 1         | 1          | 0         | 3         |
| Pancreas                             | 38 (2.2%)          | 18         | 20         | 38            | 0         | 9          | 29         | 0                                      | 2         | 12        | 7         | 13         | 0         | 4         |
| Peritoneum, Omentum & Mesente        | 2 (0.1%)           | 0          | 2          | 2             | 0         | 2          | 0          | 0                                      | 0         | 0         | 0         | 0          | 2         | 0         |
| Other Digestive Organs               | 1 (0.1%)           | 0          | 1          | 0             | 1         | 1          | 0          | 0                                      | 0         | 0         | 0         | 0          | 0         | 0         |
| <b>Respiratory System</b>            | <b>335 (19.2%)</b> | <b>210</b> | <b>125</b> | <b>327</b>    | <b>8</b>  | <b>159</b> | <b>176</b> | <b>1</b>                               | <b>67</b> | <b>22</b> | <b>89</b> | <b>141</b> | <b>5</b>  | <b>2</b>  |
| Nose, Nasal Cavity & Middle Ear      | 1 (0.1%)           | 1          | 0          | 1             | 0         | 1          | 0          | 0                                      | 0         | 0         | 1         | 0          | 0         | 0         |
| Larynx                               | 21 (1.2%)          | 18         | 3          | 20            | 1         | 18         | 3          | 0                                      | 7         | 6         | 5         | 2          | 0         | 0         |
| Lung & Bronchus                      | 312 (17.8%)        | 190        | 122        | 305           | 7         | 140        | 172        | 1                                      | 60        | 16        | 83        | 139        | 4         | 2         |
| Trachea, Mediastinum & Other         | 1 (0.1%)           | 1          | 0          | 1             | 0         | 0          | 1          | 0                                      | 0         | 0         | 0         | 0          | 1         | 0         |
| <b>Bones &amp; Joints</b>            | <b>3 (0.2%)</b>    | <b>2</b>   | <b>1</b>   | <b>1</b>      | <b>2</b>  | <b>3</b>   | <b>0</b>   | <b>0</b>                               | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>  | <b>1</b>  |
| <b>Soft Tissue</b>                   | <b>13 (0.7%)</b>   | <b>6</b>   | <b>7</b>   | <b>13</b>     | <b>0</b>  | <b>13</b>  | <b>0</b>   | <b>0</b>                               | <b>1</b>  | <b>2</b>  | <b>3</b>  | <b>1</b>   | <b>0</b>  | <b>6</b>  |
| <b>SKIN Excluding Basal &amp; SQ</b> | <b>85 (4.9%)</b>   | <b>42</b>  | <b>43</b>  | <b>81</b>     | <b>4</b>  | <b>80</b>  | <b>5</b>   | <b>18</b>                              | <b>36</b> | <b>17</b> | <b>8</b>  | <b>0</b>   | <b>0</b>  | <b>2</b>  |
| Melanoma – Skin                      | 77 (4.4%)          | 41         | 36         | 73            | 4         | 74         | 3          | 18                                     | 34        | 15        | 4         | 0          | 0         | 2         |
| Other Non-Epithelial Skin            | 8 (0.5%)           | 1          | 7          | 8             | 0         | 6          | 2          | 0                                      | 2         | 2         | 4         | 0          | 0         | 0         |
| <b>Basal &amp; Squamous Skin</b>     | <b>45 (2.6%)</b>   | <b>28</b>  | <b>17</b>  | <b>0</b>      | <b>45</b> | <b>41</b>  | <b>4</b>   | <b>0</b>                               | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>  | <b>0</b>  |
| <b>Breast</b>                        | <b>219 (12.5%)</b> | <b>2</b>   | <b>217</b> | <b>202</b>    | <b>17</b> | <b>205</b> | <b>14</b>  | <b>26</b>                              | <b>77</b> | <b>61</b> | <b>26</b> | <b>12</b>  | <b>0</b>  | <b>0</b>  |
| <b>Female Genital System</b>         | <b>89 (5.1%)</b>   | <b>0</b>   | <b>89</b>  | <b>53</b>     | <b>36</b> | <b>76</b>  | <b>13</b>  | <b>1</b>                               | <b>18</b> | <b>11</b> | <b>7</b>  | <b>12</b>  | <b>2</b>  | <b>2</b>  |
| Cervix Uteri                         | 34 (1.9%)          | 0          | 34         | 11            | 23        | 32         | 2          | 0                                      | 3         | 4         | 0         | 4          | 0         | 0         |
| Corpus & Uterus, NOS                 | 31 (1.8%)          | 0          | 31         | 25            | 6         | 27         | 4          | 0                                      | 13        | 3         | 5         | 2          | 1         | 1         |
| Ovary                                | 13 (0.7%)          | 0          | 13         | 9             | 4         | 9          | 4          | 0                                      | 1         | 2         | 1         | 4          | 0         | 1         |
| Vagina                               | 2 (0.1%)           | 0          | 2          | 2             | 0         | 0          | 2          | 0                                      | 1         | 0         | 0         | 0          | 1         | 0         |
| Vulva                                | 9 (0.5%)           | 0          | 9          | 6             | 3         | 8          | 1          | 1                                      | 0         | 2         | 1         | 2          | 0         | 0         |

| Primary Site                            | Total (%)          | Sex        |            | Class of Case |            | Status       |            | Stage Distribution-Analytic Cases Only |            |            |            |            | Blank/Unk  |           |
|---|--------------------|------------|------------|---------------|------------|--------------|------------|--|------------|------------|------------|------------|------------|-----------|
|   |                    | M          | F          | Analy         | NA         | Alive        | Exp        | 0                                      | I          | II         | III        | IV         |            | 88        |
| <b>Male Genital System</b>              | <b>229 (13.1%)</b> | <b>229</b> | <b>0</b>   | <b>220</b>    | <b>9</b>   | <b>216</b>   | <b>13</b>  | <b>1</b>                               | <b>3</b>   | <b>188</b> | <b>17</b>  | <b>11</b>  | <b>0</b>   | <b>0</b>  |
| Prostate                                | 221 (12.6%)        | 221        | 0          | 212           | 9          | 208          | 13         | 0                                      | 0          | 186        | 15         | 11         | 0          | 0         |
| Testis                                  | 6 (0.3%)           | 6          | 0          | 6             | 0          | 6            | 0          | 0                                      | 2          | 2          | 2          | 0          | 0          | 0         |
| Penis                                   | 2 (0.1%)           | 2          | 0          | 2             | 0          | 2            | 0          | 1                                      | 1          | 0          | 0          | 0          | 0          | 0         |
| <b>Urinary System</b>                   | <b>94 (5.4%)</b>   | <b>65</b>  | <b>29</b>  | <b>89</b>     | <b>5</b>   | <b>81</b>    | <b>13</b>  | <b>25</b>                              | <b>27</b>  | <b>15</b>  | <b>10</b>  | <b>10</b>  | <b>0</b>   | <b>2</b>  |
| Urinary Bladder                         | 42 (2.4%)          | 34         | 8          | 39            | 3          | 33           | 9          | 21                                     | 4          | 5          | 3          | 4          | 0          | 2         |
| Kidney & Renal Pelvis                   | 49 (2.8%)          | 28         | 21         | 47            | 2          | 46           | 3          | 3                                      | 23         | 8          | 7          | 6          | 0          | 0         |
| Ureter                                  | 3 (0.2%)           | 3          | 0          | 3             | 0          | 2            | 1          | 1                                      | 0          | 2          | 0          | 0          | 0          | 0         |
| <b>Brain &amp; Other Nervous System</b> | <b>55 (3.1%)</b>   | <b>23</b>  | <b>32</b>  | <b>54</b>     | <b>1</b>   | <b>42</b>    | <b>13</b>  | <b>0</b>                               | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>54</b>  | <b>0</b>  |
| Brain                                   | 27 (1.5%)          | 13         | 14         | 26            | 1          | 16           | 11         | 0                                      | 0          | 0          | 0          | 0          | 26         | 0         |
| Cranial Nerves Other Nervous System     | 28 (1.6%)          | 10         | 18         | 28            | 0          | 26           | 2          | 0                                      | 0          | 0          | 0          | 0          | 28         | 0         |
| <b>Endocrine System</b>                 | <b>53 (3.0%)</b>   | <b>13</b>  | <b>40</b>  | <b>47</b>     | <b>6</b>   | <b>50</b>    | <b>3</b>   | <b>0</b>                               | <b>27</b>  | <b>2</b>   | <b>3</b>   | <b>1</b>   | <b>14</b>  | <b>0</b>  |
| Thyroid                                 | 35 (2.0%)          | 5          | 30         | 33            | 2          | 33           | 2          | 0                                      | 27         | 2          | 3          | 1          | 0          | 0         |
| Other Endocrine including Thymus        | 18 (1.0%)          | 8          | 10         | 14            | 4          | 17           | 1          | 0                                      | 0          | 0          | 0          | 0          | 14         | 0         |
| <b>Lymphoma</b>                         | <b>72 (4.1%)</b>   | <b>34</b>  | <b>38</b>  | <b>65</b>     | <b>7</b>   | <b>59</b>    | <b>13</b>  | <b>0</b>                               | <b>11</b>  | <b>18</b>  | <b>14</b>  | <b>21</b>  | <b>0</b>   | <b>1</b>  |
| Hodgkin Lymphoma                        | 7 (0.4%)           | 4          | 3          | 7             | 0          | 6            | 1          | 0                                      | 0          | 3          | 1          | 3          | 0          | 0         |
| Hodgkin - Nodal                         | 6                  | 3          | 3          | 6             | 0          | 6            | 0          | 0                                      | 0          | 2          | 1          | 3          | 0          | 0         |
| Hodgkin - Extranodal                    | 1                  | 1          | 0          | 1             | 0          | 0            | 1          | 0                                      | 0          | 1          | 0          | 0          | 0          | 0         |
| Non-Hodgkin Lymphoma                    | 65 (3.7%)          | 30         | 35         | 58            | 7          | 53           | 12         | 0                                      | 11         | 15         | 13         | 18         | 0          | 1         |
| NHL - Nodal                             | 45                 | 21         | 24         | 39            | 6          | 37           | 8          | 0                                      | 4          | 8          | 11         | 15         | 0          | 1         |
| NHL - Extranodal                        | 20                 | 9          | 11         | 19            | 1          | 16           | 4          | 0                                      | 7          | 7          | 2          | 3          | 0          | 0         |
| <b>Myeloma</b>                          | <b>33 (1.9%)</b>   | <b>20</b>  | <b>13</b>  | <b>32</b>     | <b>1</b>   | <b>26</b>    | <b>7</b>   | <b>0</b>                               | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>32</b>  | <b>0</b>  |
| <b>Leukemia</b>                         | <b>30 (1.7%)</b>   | <b>21</b>  | <b>9</b>   | <b>26</b>     | <b>4</b>   | <b>21</b>    | <b>9</b>   | <b>0</b>                               | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>26</b>  | <b>0</b>  |
| Lymphocytic Leukemia                    | 14 (0.8%)          | 12         | 2          | 10            | 4          | 13           | 1          | 0                                      | 0          | 0          | 0          | 0          | 10         | 0         |
| Acute Lymphocytic Leukemia              | 2                  | 2          | 0          | 2             | 0          | 1            | 1          | 0                                      | 0          | 0          | 0          | 0          | 2          | 0         |
| Chronic Lymphocytic Leukemia            | 9                  | 7          | 2          | 5             | 4          | 9            | 0          | 0                                      | 0          | 0          | 0          | 0          | 5          | 0         |
| Other Lymphocytic Leukemia              | 3                  | 3          | 0          | 3             | 0          | 3            | 0          | 0                                      | 0          | 0          | 0          | 0          | 3          | 0         |
| Myeloid & Monocytic Leukemia            | 16 (0.9%)          | 9          | 7          | 16            | 0          | 8            | 8          | 0                                      | 0          | 0          | 0          | 0          | 16         | 0         |
| Acute Myeloid Leukemia                  | 12                 | 8          | 4          | 12            | 0          | 4            | 8          | 0                                      | 0          | 0          | 0          | 0          | 12         | 0         |
| Chronic Myeloid Leukemia                | 3                  | 1          | 2          | 3             | 0          | 3            | 0          | 0                                      | 0          | 0          | 0          | 0          | 3          | 0         |
| Other Myeloid/Monocytic Leuke           | 1                  | 0          | 1          | 1             | 0          | 1            | 0          | 0                                      | 0          | 0          | 0          | 0          | 1          | 0         |
| <b>Mesothelioma</b>                     | <b>1 (0.1%)</b>    | <b>1</b>   | <b>0</b>   | <b>1</b>      | <b>0</b>   | <b>1</b>     | <b>0</b>   | <b>0</b>                               | <b>0</b>   | <b>0</b>   | <b>1</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>  |
| <b>Miscellaneous</b>                    | <b>47 (2.7%)</b>   | <b>25</b>  | <b>22</b>  | <b>42</b>     | <b>5</b>   | <b>21</b>    | <b>26</b>  | <b>0</b>                               | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>42</b>  | <b>0</b>  |
| <b>Total</b>                            | <b>1,749</b>       | <b>914</b> | <b>835</b> | <b>1,558</b>  | <b>191</b> | <b>1,327</b> | <b>422</b> | <b>79</b>                              | <b>320</b> | <b>399</b> | <b>244</b> | <b>288</b> | <b>189</b> | <b>39</b> |

- This report excludes primary sites with a count of 0.
- Groups in regular font aggregate to form the category in bold immediately above the first item in the group.

**Note:**

\*\* Invalid Site group includes:

- Any site or histology code not within valid range or site code not found in the primary site table.
- Cases with unusual primary site/histology codes that have been over-ridden in an edit.
- Sites with a primary site code of C44\* with histology codes 8000-8110.

Invalid Site group does NOT include cases where the Behavior Code is 0 or 1.

(NAACCR Volume III, Data Analysis and Reporting, Process Standards Chapter III.B.1)

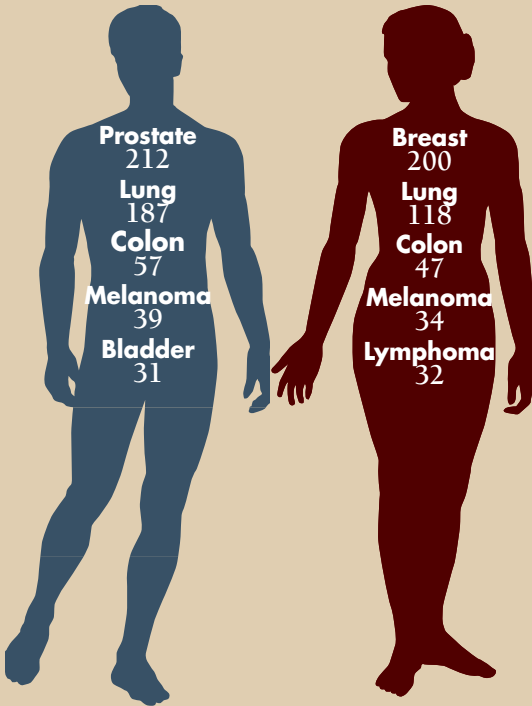
# Demographic

## Data

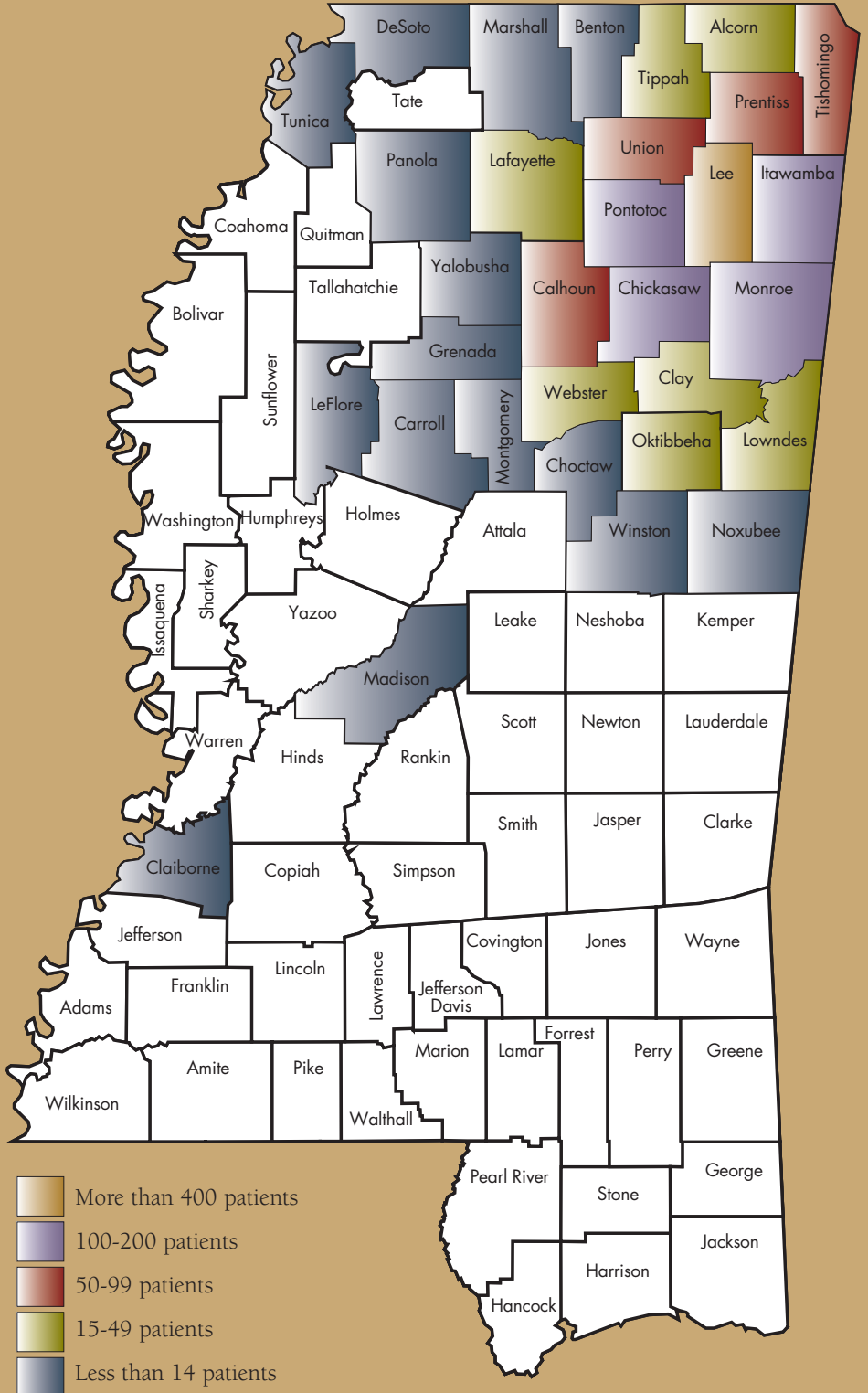
All Analytic Patients



### Top Five Primary Sites



### Geographic Location:



### Race

|                  |              |
|------------------|--------------|
| Caucasian        | 1,249        |
| African-American | 307          |
| Other            | 2            |
| <b>Total</b>     | <b>1,558</b> |

### Sex

|        |     |
|--------|-----|
| Male   | 832 |
| Female | 726 |

### Top 5 Overall

|          |     |
|----------|-----|
| Lung     | 305 |
| Prostate | 212 |
| Breast   | 202 |
| Colon    | 104 |
| Melanoma | 73  |

### Age At Diagnosis

|       |     |
|-------|-----|
| 0-29  | 24  |
| 30-39 | 43  |
| 40-49 | 145 |
| 50-59 | 302 |
| 60-69 | 436 |
| 70-79 | 392 |
| 80-89 | 190 |
| 90+   | 26  |

**Total Mississippi .....1,504**  
**Alabama .....43**  
**Tennessee .....4**  
**Other States ..... 7**

# Analysis of Laryngeal Cancer

## Site Specific Analysis of Laryngeal Cancer



### Mission

To provide expedient, high quality care, using the most advanced technology to diagnose, treat and improve outcomes of all who are diagnosed with laryngeal cancer.

### Vision

To be the provider of choice in all aspects of laryngeal cancer, diagnosis and treatment.

### Cancer Care Team

ENT physicians who specialize in head and neck surgery: radiation and medical oncology, diagnostic radiology, pathology, oncology research nurses, data analyst and administration.

### Risk Factors

Although the exact cause of cancer is unknown, some known risk factors for cancer of the larynx include:

- **Smoking.** The risk increases up to 30 times for smokers. The more a person smokes, the higher the risk. Secondhand smoke is also considered a hazard.
- **Alcohol.** Heavy drinkers more than double their risk for this type of cancer, and combining smoking with alcohol can increase the risk even more than either smoking or drinking alone.
- **Poor nutrition.** Many people who abuse alcohol also have poor nutritional habits, but some research also suggests that not getting enough vitamins might be a risk factor.
- **GERD.** Stomach acid backs up into the esophagus, causing a burning pain. Irritation from long-standing gastroesophageal reflux disease (GERD) can increase the chances of cancer in both the esophagus and the larynx.
- **Race.** Laryngeal cancer is found twice as often among people of African-American descent than among Caucasians. (NMMC's data showed that 81 percent of laryngeal cancer was found in Caucasians, and 19 percent in African-Americans.)
- **Gender.** Cancer of the larynx affects men more than women, although more women are developing it today because of an increase in smoking in the female population. (NMMC data revealed that 83 percent of laryngeal cancer patients were male, and 17 percent were female.)
- **Toxic exposure.** These risk factors include being exposed to wood dust, asbestos or many types of chemicals, which can increase the chances of cancer.

### Goals

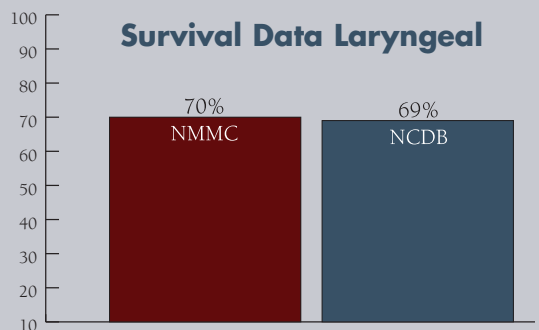
- Decrease time from presentation to treatment in all patients with laryngeal cancer (national benchmark is <30 days).
- Improve patient satisfaction by providing a contact for laryngeal cancer patients to call with questions or concerns.
- Diagnose patients at an earlier stage (improve outcomes of people diagnosed with laryngeal cancer).
- Facilitate relationships with general practitioners and other disciplines.
- Provide new technology and new research for our patients.
- Collect and monitor appropriate data.
- Improve patient education about diagnosis and treatment options.

The prognosis for laryngeal cancer remains good. Detection of early stage laryngeal cancer can be effectively cured by radiotherapy or conservative laryngeal surgery. The five-year survival rate is as high as 70 percent. At North Mississippi Medical Center for the calendar years 2003 through 2005, there were 42 cases of laryngeal cancer diagnosed. Of the 42 cases reviewed, 11 patients were not free of disease following treatment, eight of these patients expired from disease and three are still alive with disease. The following graph compares the observed five-year survival rate for NMMC compared to the national rate. The overall survival for NMMC is 70 percent, and NCDB shows the overall survival rate at 69 percent.

Follow-up care is important after treatment for cancer of the larynx. Regular checkups ensure that any changes in health are noted. With close monitoring, problems can be found and treated as soon as possible. Doctors strongly urge their patients to stop smoking and drinking alcohol to reduce the risk of cancer and other health problems.

Montgomery Berry, M.D.  
ENT Physicians of North Mississippi

### Survival Data Laryngeal



# Cancer Conference

**The Cancer Conference** is held each Thursday at noon and offers multidisciplinary consultative services for patients, discussion among cancer program team members and educational conferences for the physicians and allied health professionals.

In 2009, 178 cases were discussed at Cancer Conference., in which 97percent were prospective. Among the leading sites presented were breast, lung, colon, prostate, bladder, pancreas, head and neck, melanoma and lymphoma. In addition to the Cancer Conference, the cancer program offered three guest speakers for cancer-related educational activities to physicians, nurses and other allied health professionals.

All of these activities related to the use of AJCC stage, other site specific prognostic indicators and evidence-based national treatment guidelines in planning treatment for cancer patients. North Mississippi Medical Center is accredited by the Mississippi State Medical Association to provide continuing medical education (CME) for physicians. Participation in Cancer Conference, an educational activity, earns one CME credit toward the AMA Physicians Recognition Award.

**For more information about Cancer Conference, call the Cancer Registry at (662) 377-3053.**

## Physicians Presenting at Cancer Conference 2009

|                         |                         |
|-------------------------|-------------------------|
| Stephen Amann, M.D.     | Andrew Kellum, M.D.     |
| Montgomery Berry, M.D.  | Mark Kellum, M.D.       |
| Carl Bevering, M.D.     | Robert McAuley, M.D.    |
| Richard Hunt Bobo, M.D. | Rhodemarie Maron, D.O.  |
| John Burk, M.D.         | Hughes Milam, M.D.      |
| Christopher Croot, M.D. | Johnny Miles, M.D.      |
| Robert Derveloy, M.D.   | David Morris, M.D.      |
| Jayant Dey, M.D.        | Nauman Moazzam, M.D.    |
| Bert Duncan, M.D.       | Raymond Orgler, M.D.    |
| Pat Ewing, M.D.         | Brandy Patterson, M.D.  |
| Paul Farabaugh, M.D.    | Lyndon Perkins, M.D.    |
| Stephen Farmer, M.D.    | John Phillips, M.D.     |
| David Gilliland, M.D.   | Charles Pigott, M.D.    |
| Richard Griswold, M.D.  | Terry Pinson, M.D.      |
| Barney Guyton, M.D.     | Jon Timothy Posey, M.D. |
| Jimmy Hamilton, M.D.    | David Reed, D.O.        |
| Newt Harrison, M.D.     | James Rish, M.D.        |
| Cassie Hill, M.D.       | Louis Rosa, M.D.        |
| Julian Hill, M.D.       | Vishal Sachdev, M.D.    |
| Jeffery Houin, M.D.     | Danny Sanders, M.D.     |
| Roger Huey, M.D.        | Robert Stewart, M.D.    |
| Mark Huffman, M.D.      | Jaime Ungo, M.D.        |
| Jonathan Kalish, M.D.   | Robert Yarber, M.D.     |





## The North Mississippi Medical Center

**Cancer Center** staff is dedicated to helping patients battle cancer – and that goes beyond administering treatments and medications. Each year, NMMC hosts Cancer Survivor Day, which is a time to honor and recognize cancer survivors. In addition, the staff is active in the Komen North Mississippi Race for the Cure and hosts fundraisers each year for the NMMC Cancer Center Patient Assistance Fund, which assists qualified cancer patients with pain medications, transportation and nutritional supplements while they are undergoing treatment.



### Camp Bluebird

**A special camp for adults who have been diagnosed with cancer**

Camp Bluebird is held each April and September at Tombigbee State Park, about 10 minutes outside of Tupelo.

“Camp Bluebird, which is co-sponsored by North Mississippi Medical Center and the AT&T Pioneers, provides campers with a few days of rest, recreation and the opportunity to share experiences,” said Camp Bluebird director Cheri Nipp, an occupational therapist at Baldwin Nursing Facility.

Campers are encouraged to participate in a variety of activities ranging from arts and crafts to educational programs.

Each camper in the medically supervised camp will be assigned a counselor, who is an NMMC staff member or AT&T Pioneer. Counselors complete a special training session prior to their participation.

“Camp Bluebird has quite a loyal following. Many of our campers and counselors come back year after year because the experience helped them at a time in their lives when they needed it, and they also enjoy spending time with the many special friends that they have made,” Nipp said.

The cost of the camp is \$40 per person. Scholarships are available to those who need financial assistance. All campers sleep on bunkbeds in dormitory facilities and bring their own toiletry items, linens, comfortable clothing and walking shoes. The registration fee includes meals, a Camp Bluebird T-shirt and any materials needed for special programs or activities.



### Midnite Pottery Butterflies

Midnite Pottery and the NMMC Cancer Center have partnered to raise money for local cancer patients through the sale of a series of original butterfly art. The third in the series is currently on sale, and the fourth will debut in January 2011.

Local artists Jennifer Hankins and Dean Webb created the pottery butterfly to be sold exclusively by the NMMC Cancer Center.

Each butterfly sells for \$20 and benefits the NMMC Cancer Center Patient Assistance Fund, which is administered by the Health Care Foundation of North Mississippi.

The duo has also created a large pottery platter featuring the butterfly motif. The limited-edition platter sells for \$60 and also benefits the NMMC Cancer Center Patient Assistance Fund.

“Each of us knows someone touched by cancer,” Hankins said. “This is a great project to help people in need. You never know when that person could be you.”

Each of the butterflies are displayed at the NMMC Cancer Center.

“We are thrilled that Midnite Pottery has agreed to create a new limited edition piece each year to benefit our patient assistance fund,” said NMMC Cancer Center Director Paula Turner. “This fund assists cancer patients with anti-nausea and pain medicine, transportation to and from cancer treatment, and nutritional supplements. Once a patient’s application is approved, he or she is added to the list of those qualified to receive assistance.”

The fund assists an average of 100 patients each month for an annual cost of \$220,000. Cancer Center Patient Assistance Fund monies are raised through an annual fundraiser as well as donations given by family members in memory or honor of a cancer patient.

NMMC employees also donate approximately \$7,000 each month through payroll deduction. Additional funds are received from grants through United Way and Susan G. Komen North Mississippi for the Cure.

For more information about the butterfly pottery pieces, call Cindy Edwards, NMMC Cancer Center social worker, at (662) 377-4049.



# *Spirit of* **Women**

## **Spirit of Women**

The Cancer Center participates in Spirit of Women events, as well. Spirit of Women is a coalition of hospitals and health care providers nationwide that ascribe to the highest standards of excellence in women's health, education and community outreach. In February 2003, North Mississippi Medical Center became the exclusive Spirit of Women hospital in this area.

Through Spirit of Women, NMMC offers scores of educational opportunities for women of all ages and interests.

Most events are free. Women can "join in the good times of good health," through signature programs such as the monthly Woman's Place Lunchtime Learning Series, Baby Fair, Women in Red Luncheon, Day of Dance for Health, Girls' Night Out, and Pink Dress Luncheon. Programs are scheduled during the lunch hour, evenings and on Saturdays to accommodate every schedule.

Women who join the Spirit of Women membership program receive a quarterly news bulletin with health tips as well as advance notice of upcoming events, including members only functions.

Spirit of Women programs are designed to bring women out for health-u-tainment; in other words, learning through fun, interactive and memorable experiences. Programs address health topics such as menopause, cancer, incontinence, diabetes, heart disease, healthy pregnancy, and many more.

There's a reason why women in northeast Mississippi are talking about Spirit of Women. After all, it costs so little and delivers so much. Lifetime membership is only \$10 and provides valuable discounts on everything from dining to gifts, services and entertainment. Spirit of Women members can also take advantage of exclusive events and perks throughout the year.

In short, the goal of Spirit of Women is to educate, inspire and empower women to live life to the fullest and healthiest.

For more information, call (662) 377-4099 or 1-800-THE DESK (1-800-843-3375) or visit [www.nmhs.net/spirit](http://www.nmhs.net/spirit).

# TAKE a SWING at CANCER

## **Take a Swing at Cancer Benefit Golf Tournament**

Each year, The Health Care Foundation of North Mississippi sponsors the annual Take a Swing at Cancer Benefit Golf Tournament.

The 15th annual tournament will be held Monday, May 16, 2011 at Old Waverly in West Point.

Proceeds benefit the North Mississippi Medical Center Cancer Center Patient Assistance Fund, which provides about \$220,000 annually for needy patients and their families who qualify for assistance.

"The 2010 tournament raised \$55,000 for patients in approximately 24 counties in northeast Mississippi and north-west Alabama," said Tommy Morgan, tournament chairman. "The fund is used to provide medicine, transportation, nutritional supplements and other necessities for patients who are undergoing treatment."

The golf tournament is organized by community volunteers from across the region, as well as representatives from the Health Care Foundation and the NMMC Cancer Center.

The cost is \$250 per player for the four-person scramble. There will be two flights offered – one morning and one afternoon. Golfers who are cancer survivors will receive special recognition.

More information regarding registration and start time will be available closer to the date.

The entry fee will include 18 holes of golf, cart fee, lunch, registration gift, door prize entry and the evening social. Prizes will be awarded for first and second place finishers as well as for longest drive and closest to the pin.

Sponsorship opportunities are available for companies interested in helping this cause.

For more information on the Take a Swing at Cancer Benefit Golf Tournament, call (662) 377-2376 or 1-800-THE DESK (1-800-843-3375), or log on to [www.nmhs.net/hcf.php](http://www.nmhs.net/hcf.php).

# Community Report



## Cancer Support Groups

**NMMC's Cancer Center** offers the following support groups for cancer patients and their families. These groups allow cancer patients the opportunity to share common experiences, problems and solutions. They also provide an avenue for patients to talk confidentially with others who are coping with and surviving cancer.

**Man to Man.** Helps men diagnosed with prostate cancer and their families find answers to common concerns. The group meets at 6 p.m. the first Tuesday of each month, except July, in the NMMC East Tower Education Center, 830 S. Gloster St.

**Survivor 101.** Open to newly diagnosed cancer patients and caregivers. The six-week program meets at 2 p.m. the fourth Thursday of each month at the NMMC Cancer Center, 990 S. Madison St.

**Gray Matters.** The Gray Matters Support Group is open to anyone diagnosed with a brain tumor and their caregivers. The group meets the last Tuesday of each month at the NMMC Cancer Center.

**For more information, call 1-800-THE DESK (1-800-843-3375).**

## Support Services & Community Outreach Programs

**Barbershop Talk.** A collaborative community program between the NMMC Cancer Center and area barbers that targets the African-American male population and provides educational information on early screenings for prostate and colon cancers. For more information, call (662) 377-4077.

**Guided Imagery.** A relaxation session that can help combat some side effects associated with a cancer diagnosis and treatment by focusing on healthful changes in the body and mind. For more information, call (662) 377-4049.

**Home Health.** NMMC Home Health offers patients a range of services, including skilled and specialty nursing and rehabilitation. Technology has developed to the point that almost any service available in the hospital can be delivered in the home setting with some modification. For more information, call (662) 377-2499.

**Hospice.** Hospice care is a specialized program to help manage pain and other symptoms associated with terminal illness. Chaplains, dietitians, social workers, nurses, therapists and volunteers are available to meet with patients and speak frankly about cancer and other life-limiting illness, share ideas and offer support. Services are available regardless of ability to pay. For more information, call 1-800-852-4910.

**Massage Therapy.** To further enhance the healing process, the Cancer Center offers free mini-massages for cancer patients.

**Mobile Mammography.** The mobile mammography unit travels to area communities and offers easy access to screening mammograms at hospitals, clinics, businesses and industries throughout north Mississippi and northwest Alabama. This special community service encourages preventive breast health and early detection of breast cancer. When breast cancer is caught early, survival rate increases to 90 percent. Call (662) 377-7984 or (662) 377-4910 for an appointment or more information.

**Nutrition.** When fighting cancer, good nutrition becomes even more important. Working with physicians, nurses, patients and families, a registered dietitian develops goals for patients based on a comprehensive nutritional assessment.

**Palliative Care Program.** Palliative care uses an interdisciplinary approach to provide the comprehensive care and management of the physical, psychological, emotional and spiritual needs of patients of all ages, and their families with chronic debilitating or life-limiting illnesses. For more information, call (662) 377-3810.

**Pastoral Care.** An NMMC Pastoral Care chaplain visits the Cancer Center to assist patients with spiritual needs. For more information, call (662) 377-3439.

**Radiation Oncology Clinician.** The radiation oncology clinician meets with the NMMC Cancer Center treatment team to discuss patients' treatment plans, and helps educate patients and family members.

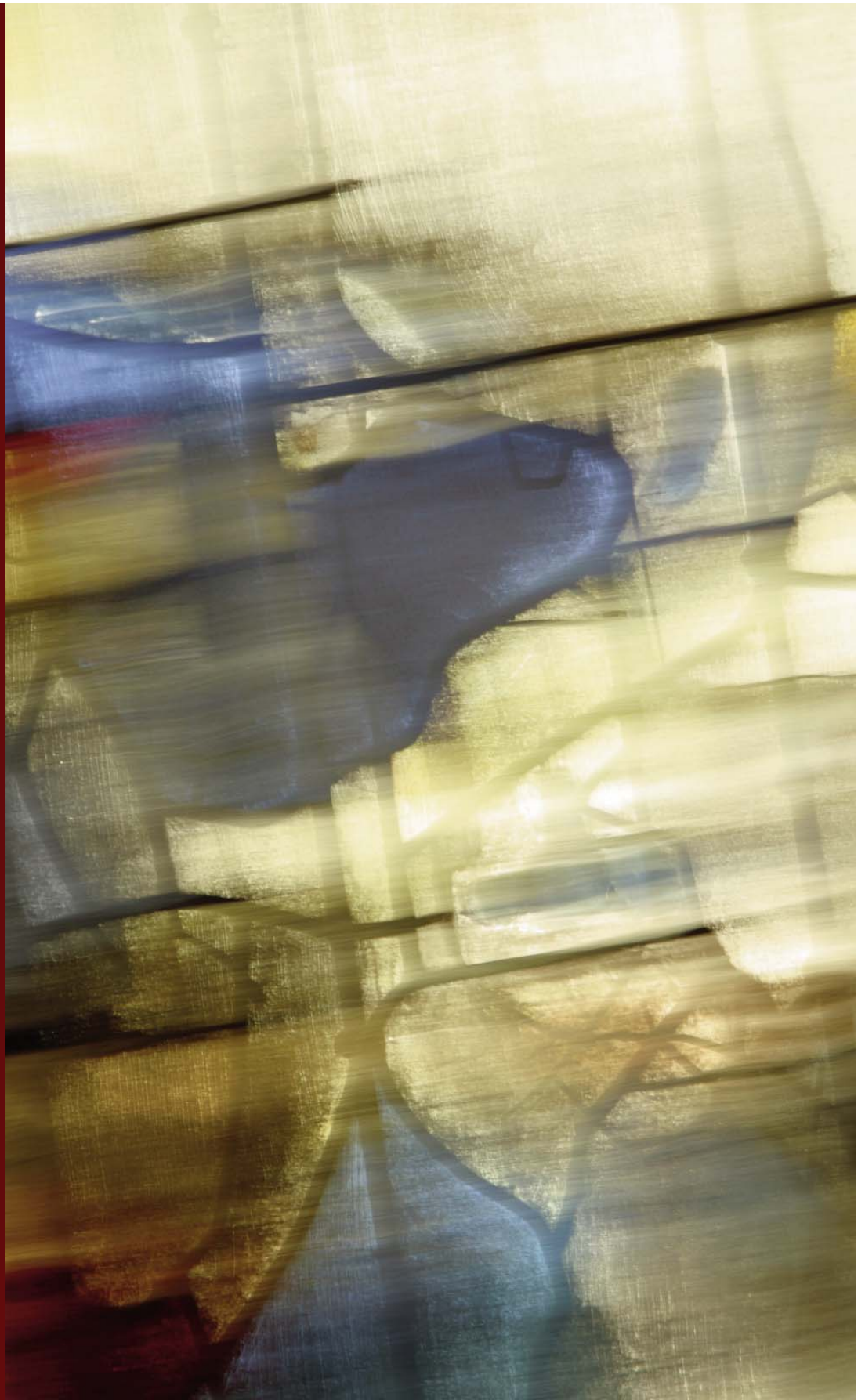
**Resource Center.** The NMMC Cancer Center offers access to a cancer resource center, where patients and their family members can learn about cancer prevention, detection and treatment. The center houses a collection of information, including magazines, medical journals and reference books, self-help publications and periodicals on health and medicine as well as video and audio tapes. New information is added regularly. A computer and Internet access is available for patients and family members to do research on cancer, and the Cancer Center is a Wi-Fi hotspot.

**Transportation Assistance.** For those who qualify, transportation is available to help patients get to their treatments. For more information, call (662) 377-4077.

**Social Services.** An oncology certified social worker helps patients and families handle the changes associated with a cancer diagnosis. Issues can include work-related stress, marriage and family disruptions, depression, anxiety, phobias, child and adolescent problems, well-being and spiritual concerns. For more information, call (662) 377-4077.

**Wellness Program.** Available at NMMC Wellness Centers in Baldwyn, Iuka, Pontotoc, Tupelo and West Point, the Cancer Wellness Program is for people receiving treatment for all types and stages of cancer. The program combines specifically prescribed exercise with education and support to guide a person through recovery. For more information, call (662) 377-4141.





[www.nmhs.net/cancer\\_center](http://www.nmhs.net/cancer_center)