

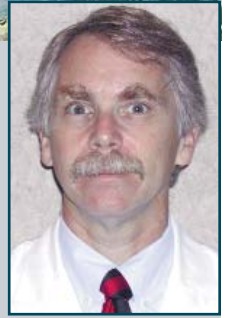
2010  
CANCER  
PROGRAM  
*Annual*  
REPORT



NORTH MISSISSIPPI  
MEDICAL CENTER  
CANCER CENTER

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

# Report *from the* Chairman



**The North Mississippi Medical Center Cancer Committee** had another busy year. From my view as chairman, many people contributed to achieving one major goal of “ensuring the highest standards are provided in oncology care.” Composed of both physician and non-physician health care members, the Cancer Committee developed a diverse set of goals. These dealt with direct patient care as well as cancer prevention and community awareness.

A major achievement for the 2010 NMMC Cancer Program was receiving a three-year accreditation with commendations by The American College of Surgeons (ACOS). The benefit to the community is obviously a center with excellence. The benefit to the patient is knowing the program/hospital meets national standards. By participating in this survey, the providers and entire cancer program are held to a higher standard of care.

There were several studies/review of data conducted by physicians involved in our Cancer Program. To mention just a few:

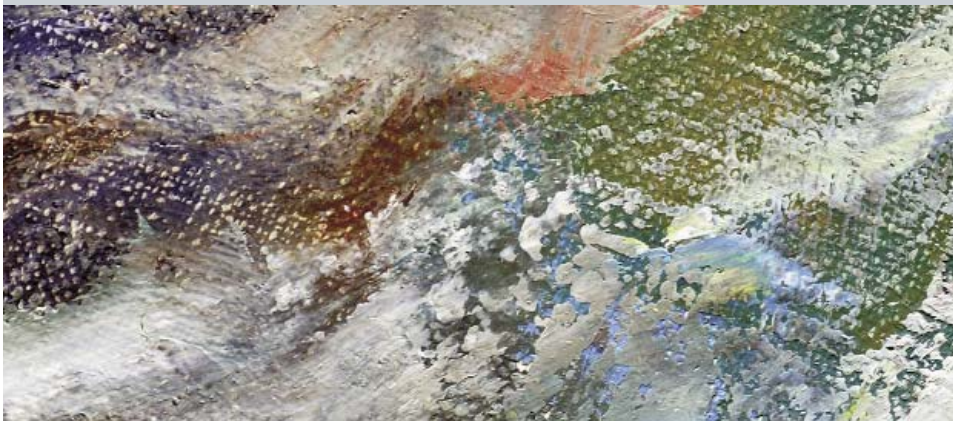
- Breast Cancer Survival data
- CP3R data
- Palliative Care
- Hepatocellular carcinoma (report included on page 9)
- Melanoma study

Additionally the NMMC Cancer Program reached into the community in many ways. Some of these are:

- Raise awareness in the community about cancer and cancer screening through the use of electronic/digital billboards. Each month a specific cancer's designated colored ribbon was highlighted on a billboard, and websites with further information were displayed in the community.
- Several cancer support groups were highlighted, and a new group, Gray Matters, was added for brain tumor patients.
- Barbershop Talk, a program that targets African-American men and enlists local barbers to educate their customers about prostate cancer screening, enrolled its 25th member.
- Screening was again held for prostate and skin cancer.

A busy year it was indeed. And the best is yet to come.

Andrew H Kellum MD  
Chairman, Cancer Committee



## Cancer Committee *Members*

- Andrew Kellum, M.D., Chairman, Medical Oncology
- Montgomery Berry, M.D., Vice Chairman, Otolaryngology
- Chris Bergmann, M.D., Diagnostic Radiology
- Carl Bevering, M.D., Neurosurgery
- Robert Derveloy, M.D., Cardiothoracic Surgery
- Bert Duncan, M.D., Radiation Oncology
- Paul Farabaugh, M.D., Urology
- Stephen Farmer, M.D., CLP, Urology
- Richard Griswold, M.D., Pathology
- Jeff Houin, M.D., Dermatology
- Rhodemarie Maron, M.D., Neurology
- Robert McAuley, M.D., Surgery
- Charles Montgomery, M.D., Medical Oncology
- David Morris, M.D., Medical Oncology
- Raymond Orgler, M.D., 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 Pritchard, RN, MSN, FNP-BC, Medicine Services Administrator
- Paula Turner, MSHA, Director, Cancer Center
- Shelia Jinkins, CTR, Cancer Registry
- 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., Administrator of Organizational Performance

# 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 treatment and outcomes on a local, state and national level.

The tables and graphs included in this report contain data maintained in the NMMC Cancer Registry for calendar year 2010. During 2010 there was a total of 1,826 cases added to our cancer registry database. Of those, 1,634 were analytic or diagnosed and/or treated at NMMC. Cancer of the lung is the most prevalent site with 274 new cases. Breast cancer is the second most common site with 246 cases, and prostate is third with 211 cases. In fourth and fifth place were colon with 110 and lymphoma with 74. Diagnosis and treatment throughout our service area impacted 30 counties in Mississippi and multiple counties in Alabama, Tennessee and Georgia. The county breakdown reflects the widespread service area for our Cancer Program. Leading case numbers include: Lee, Monroe, Itawamba, Chickasaw and Pontotoc counties.

The top five analytic sites have remained relatively consistent over the past five years, with lymphoma and melanoma alternating in last place. This is evidence that NMMC has a strong program for treating breast, colon, lung, prostate, lymphoma and melanoma. Overall, our top five sites represent approximately 56 percent of the total cancer population seen at NMMC.

We continue to meet or exceed national outcomes when comparing five-year survival rates. The NMMC Cancer Program continues to offer cutting edge treatments and ongoing studies, which will add to eventual improvement in long-term survival.

The statistical data graphed in this report includes: Primary Site Table, Sex, Race, Top 5 Sites, Top 5 Sites by Sex, Age at Diagnosis and Geographic Location.

Montgomery Berry, M.D.  
Vice Chairman, Cancer Committee



# Liaison Report



## Who is the Cancer Liaison Physician?

A Cancer Liaison Physician (CLP) is a leader of the cancer program, someone who will support the facility's efforts in complying with and maintaining the CoC's standards, facilitate activities with the interests of the cancer patients, facility, and the community in mind, and is dedicated to improving the quality of care delivered to the cancer patient.

The CLP serves as liaison between the cancer program, the hospital, the community, the Commission on Cancer (CoC) and the American Cancer Society (ACS). CLPs are volunteer physicians and a required component of CoC-accredited cancer programs. CLPs serve a three-year term with eligibility to serve an unlimited number of terms.

## A few of the responsibilities & goals of the CLP:

- Spearhead CoC initiatives within the hospital's cancer program
- Facilitate accurate use of physician staging in treatment planning
- Ensure timely and quality submission of National Cancer Data Base (NCDB) data
- Demonstrate leadership and support for cancer control activities in the community and with the ACS; or serve as a role model for other staff and exhibit characteristics that truly make them a physician champion for the cancer program
- Develop best practices, evaluate compliance with adopted guidelines, expand participation in clinical trials and improve quality of care
- Play a role in the CoC survey preparation and participation
- Reduce the burden of cancer in the community
- Become involved in the state cancer plan

Established in 1963, the CoC Cancer Liaison Program was developed as a grassroots network of physician volunteers willing to manage clinically related cancer activities in their local institutions and surrounding communities. Initially, membership was limited to surgeons; however, membership was expanded in the 1970s to reflect the multidisciplinary composition of professionals who care for patients with cancer. Today, approximately 45 percent of the nearly 1,600 Cancer Liaison Physicians represent non-surgical disciplines.

The primary responsibilities of the CLP are to monitor and interpret the cancer program's performance using NCDB data and to use the information to evaluate and improve the quality of care. The CLP reports and discusses the facility's performance and response to the accountability and performance measures and QI Standards with the cancer committee. A quality-related audit is initiated for any metric that falls below required levels of compliance. Additional resources for quarterly reports include NCDB Hospital Comparison Benchmark Reports and NCDB Survival Reports.

Discussions are documented in Cancer Committee minutes and subsequently shared with the medical staff and administration.

This was an exciting year for the Cancer Committee, the NMMC Cancer Program and its multidisciplinary team of physicians, nurses, staff and volunteers.

## Here are a few of our accomplishments:

- Process to evaluate accurate staging and use of stage in treatment planning for cancer patients. Utilize the American Joint Committee

on Cancer (AJCC) staging presentations provided by the CoC to assist in educating fellow physicians and medical staff. AJCC staging forms are projected during cancer conference.

- Measure compliance with guidelines for patient management and treatment. Encourage use of National Comprehensive Cancer Network (NCCN) guidelines. Guidelines are projected during Cancer Conference.
- The ACOS survey is a diary of the past three years' accomplishments of the program, which includes 36 standards scored by commendation, compliant or non-compliant ratings. NMMC received The Commission on Cancer's Three Year Accreditation with Commendation.
- Cancer Program Practice Profile Reports reviewed at cancer conference.
- Medical record review will include several quality checks including: clinical stage, collaborative staging, College of American Pathologists protocol, site-specific prognostic indicators, and national treatment guidelines in treatment planning.
- Digital billboards in Tupelo promote monthly cancer awareness with appropriate color ribbons and website information.
- Susan G. Komen North Mississippi Race for the Cure grant to assist breast cancer patients with expenses related to prosthesis, transportation and medication.
- There were two guest speakers during 2010 to offer cancer-related educational activities for the multidisciplinary team.

## Additionally:

- Multiple health fairs, including the annual Live Well Health Fair
- Project Hope's Festival of Hope, Relay for Life, Susan G. Komen North Mississippi Race for the Cure, Hope Steps Forward brain tumor awareness run/walk.
- Camp Bluebird
- Free screenings: prostate and skin
- New mobile mammography Unit

We have been inspired to achieve these goals and other projects by the courageous friends, families and patients visiting our campus daily. Our staff, nurses and physicians at NMMC remain committed to our high standards of cancer care and truly rise to the challenges of consistent growth, compassionate care and improvement of the experience and quality of our exceptional services.

Stephen Farmer, M.D.  
Cancer Liaison Physician



# 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

## Registrars

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



The **Cancer Registry at North Mississippi Medical Center** is a vital component of our cancer program. The Registry is staffed with three Certified Tumor Registrars (CTRs). Data is provided for program and administrative planning, research and monitoring patient outcomes. The Cancer Program at NMMC functions within the standards set by the American College of Surgeons Commission on Cancer.

The Registry database includes all cancer cases diagnosed and/or treated at NMMC. Data collection includes case identification, extent and stage of disease, treatment received, recurrence data and lifetime follow-up of all analytic cases. Registrars work closely with physicians, administrators, researchers and health care providers to ensure compliance of reporting standards.

Registry data is submitted 100 percent error free to the National Cancer Data Base. This data enables cancer programs to compare treatment and outcomes with regional, state and national statistics. Registry data is also submitted to the Mississippi Central Cancer Registry in Jackson, as well as the Commission on Cancer Facility Information Profile System and the American Cancer Society. This information is used by researchers to determine cancer trends, treatment patterns, education and screening guidelines.

## Cancer related information gathered by registrars:

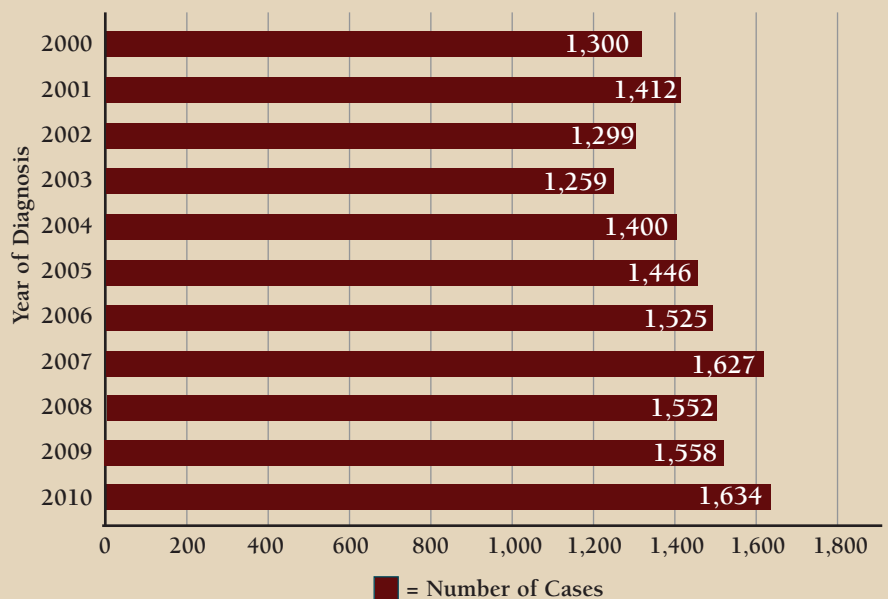
- Demographics
- Medical history
- Diagnosis and prognosis factors
- Treatment patterns
- Cancer recurrence
- Survival rates
- Patient eligibility for clinical trials
- AdCC and collaborative staging

## Results

- Statistics
- Treatment strategies
- Public health initiatives
- Assist physicians in assessing the efficacy of diagnostic and therapeutic methods
- Aid in decision making about unmet needs, physician recruitment, space needs, resource allocation and health planning
- Respond to local needs through an assessment of referral patterns, cancer trends and development opportunities.
- Cancer information is used to improve prevention, research and care.

Caring for cancer patients is as challenging today as ever. The complicated nature promises to keep it that way. Providing data to physicians so they can see results of their diagnostic and therapeutic efforts is essential. The Cancer Registry encourages utilization of its rapidly growing database. Located at the NMMC Cancer Center, the registry is available Monday-Friday for information and statistical data. **For more information, call (662) 377-3053.**

# Cancer Registry Cases Analytical Cases



## Primary Site Table

Primary Site	Total (%)	Sex		Class of Case		Status		Stage Distribution-Analytic Cases Only						
		M	F	Analy	NA	Alive	Exp	0	I	II	III	IV	88 Unknown	
Base of Tongue	3 (0.2%)	2	1	3	0	3	0	0	0	1	0	2	0	0
Other Tongue	6 (0.3%)	2	4	6	0	4	2	0	5	1	0	0	0	0
Floor Of Mouth	1 (0.1%)	1	0	1	0	1	0	0	0	1	0	0	0	0
Other Mouth	2 (0.1%)	1	1	2	0	1	1	0	0	1	0	1	0	0
Parotid Gland	4 (0.2%)	3	1	3	1	3	1	0	2	0	0	1	0	0
Tonsil	5 (0.3%)	5	0	4	1	4	1	1	0	1	0	2	0	0
Oropharynx	1 (0.1%)	0	1	1	0	0	1	0	0	0	0	1	0	0
Pyriform Sinus	1 (0.1%)	1	0	1	0	1	0	0	0	0	0	1	0	0
Hypopharynx	1 (0.1%)	1	0	1	0	1	0	0	0	1	0	0	0	0
Esophagus	20 (1.1%)	14	6	20	0	13	7	0	1	1	5	7	0	6
Stomach	31 (1.7%)	10	21	22	9	22	9	1	5	4	2	6	1	3
Small Intestine	5 (0.3%)	5	0	5	0	5	0	0	1	0	2	2	0	0
Colon	136 (7.4%)	69	67	110	26	106	30	2	30	25	28	23	0	2
Rectosigmoid Junction	13 (0.7%)	8	5	12	1	11	2	0	5	1	5	1	0	0
Rectum	35 (1.9%)	25	10	29	6	29	6	0	5	6	6	7	0	5
Anus & Anal Canal	4 (0.2%)	1	3	3	1	4	0	0	0	2	1	0	0	0
Liver & Intrahepatic Bile Duct	14 (0.8%)	10	4	14	0	6	8	0	2	2	4	5	1	0
Gallbladder	1 (0.1%)	0	1	1	0	0	1	0	0	0	0	1	0	0
Other Parts Of Biliary Tract	6 (0.3%)	4	2	5	1	3	3	0	0	2	0	0	0	3
Pancreas	45 (2.5%)	21	24	41	4	11	34	0	1	12	8	15	0	5
Nasal Cavity & Middle Ear	4 (0.2%)	2	2	4	0	4	0	0	2	2	0	0	0	0
Larynx	20 (1.1%)	18	2	20	0	19	1	2	8	1	5	4	0	0
Bronchus & Lung	281 (15.4%)	170	111	274	7	144	137	0	47	31	83	112	0	1
Heart, Mediastinum & Pleura	8 (0.4%)	4	4	7	1	5	3	0	1	1	3	2	0	0
Bones & Cartilage of Other	4 (0.2%)	2	2	3	1	2	2	0	1	0	0	0	2	0
Hematopoietic & Reticuloendo System	94 (5.1%)	45	49	86	8	66	28	0	1	0	0	1	84	0
Skin	129 (7.1%)	90	39	106	23	116	13	16	49	32	2	6	1	0
Retroperitoneum & Peritoneum	1 (0.1%)	0	1	0	1	0	1	0	0	0	0	0	0	0
Connective & Other Soft Tissue	9 (0.5%)	7	2	9	0	7	2	0	3	1	3	1	0	1

## Primary Site Table

Primary Site	Total (%)	Sex		Class of Case		Status		Stage Distribution-Analytic Cases Only						
		M	F	Analy	NA	Alive	Exp	0	I	II	III	IV	88	Unknown
Breast	282 (15.4%)	4	278	246	36	267	15	39	98	73	25	11	0	0
Vulva	12 (0.7%)	0	12	10	2	10	2	5	1	2	0	0	1	1
Vagina	9 (0.5%)	0	9	5	4	7	2	2	0	1	1	1	0	0
Cervix Uteri	38 (2.1%)	0	38	23	15	38	0	7	5	3	2	4	0	2
Corpus Uteri	23 (1.3%)	0	23	16	7	18	5	0	9	0	3	3	1	0
Uterus, NOS	1 (0.1%)	0	1	1	0	1	0	0	1	0	0	0	0	0
Ovary	15 (0.8%)	0	15	13	2	10	5	0	1	2	4	5	0	1
Penis	2 (0.1%)	2	0	2	0	2	0	1	1	0	0	0	0	0
Prostate Gland	225 (12.3%)	225	0	211	14	219	6	0	17	164	18	12	0	0
Testis	3 (0.2%)	3	0	3	0	3	0	0	2	1	0	0	0	0
Kidney	64 (3.5%)	34	30	61	3	56	8	0	27	15	8	11	0	0
Renal Pelvis	9 (0.5%)	5	4	8	1	6	3	1	1	1	2	3	0	0
Ureter	5 (0.3%)	3	2	5	0	3	2	0	1	2	0	2	0	0
Bladder	54 (3.0%)	39	15	48	6	45	9	32	5	7	1	3	0	0
Other Urinary Organs	1 (0.1%)	0	1	1	0	1	0	0	0	0	0	1	0	0
Meninges	33 (1.8%)	10	23	30	3	30	3	0	0	0	0	0	30	0
Brain	35 (1.9%)	21	14	34	1	17	18	0	3	0	0	0	31	0
Spinal Cord & Other CNS	5 (0.3%)	2	3	5	0	5	0	0	0	0	0	0	5	0
Thyroid Gland	36 (2.0%)	5	31	34	2	35	1	0	19	4	6	4	0	1
Other Endocrine Glands	10 (0.5%)	6	4	10	0	10	0	0	0	0	0	0	10	0
Other Sites	6 (0.3%)	6	0	6	0	5	1	0	0	0	0	0	6	0
Lymph Nodes	51 (2.8%)	25	26	49	2	45	6	0	5	16	10	18	0	0
Unknown Primary Site	23 (1.3%)	9	14	20	3	10	13	0	0	0	0	0	20	0
<b>Totals</b>	<b>1,826</b>	<b>920</b>	<b>906</b>	<b>1,634</b>	<b>192</b>	<b>1,434</b>	<b>392</b>	<b>109</b>	<b>365</b>	<b>420</b>	<b>237</b>	<b>279</b>	<b>193</b>	<b>31</b>

• This report excludes primary sites with a count of 0.



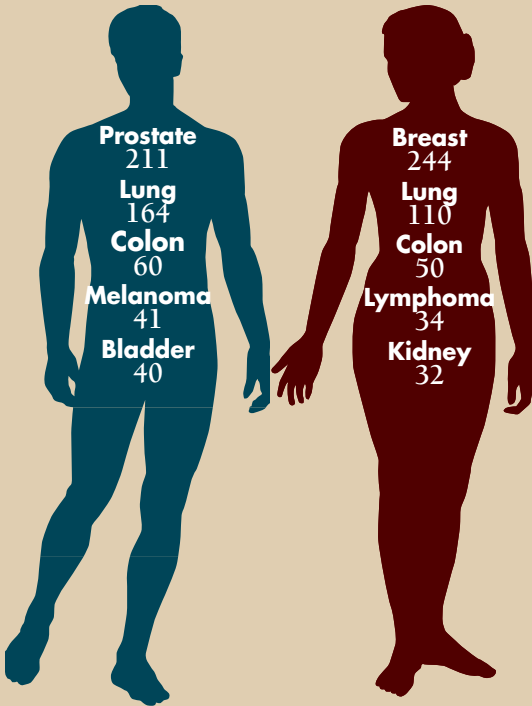
# Demographic

## Data

All Analytic Patients



### Top Five Primary Sites



### Race

Caucasian	1,284
African-American	346
Other	4
<b>Total</b>	<b>1,634</b>

### Sex

Male	847
Female	787

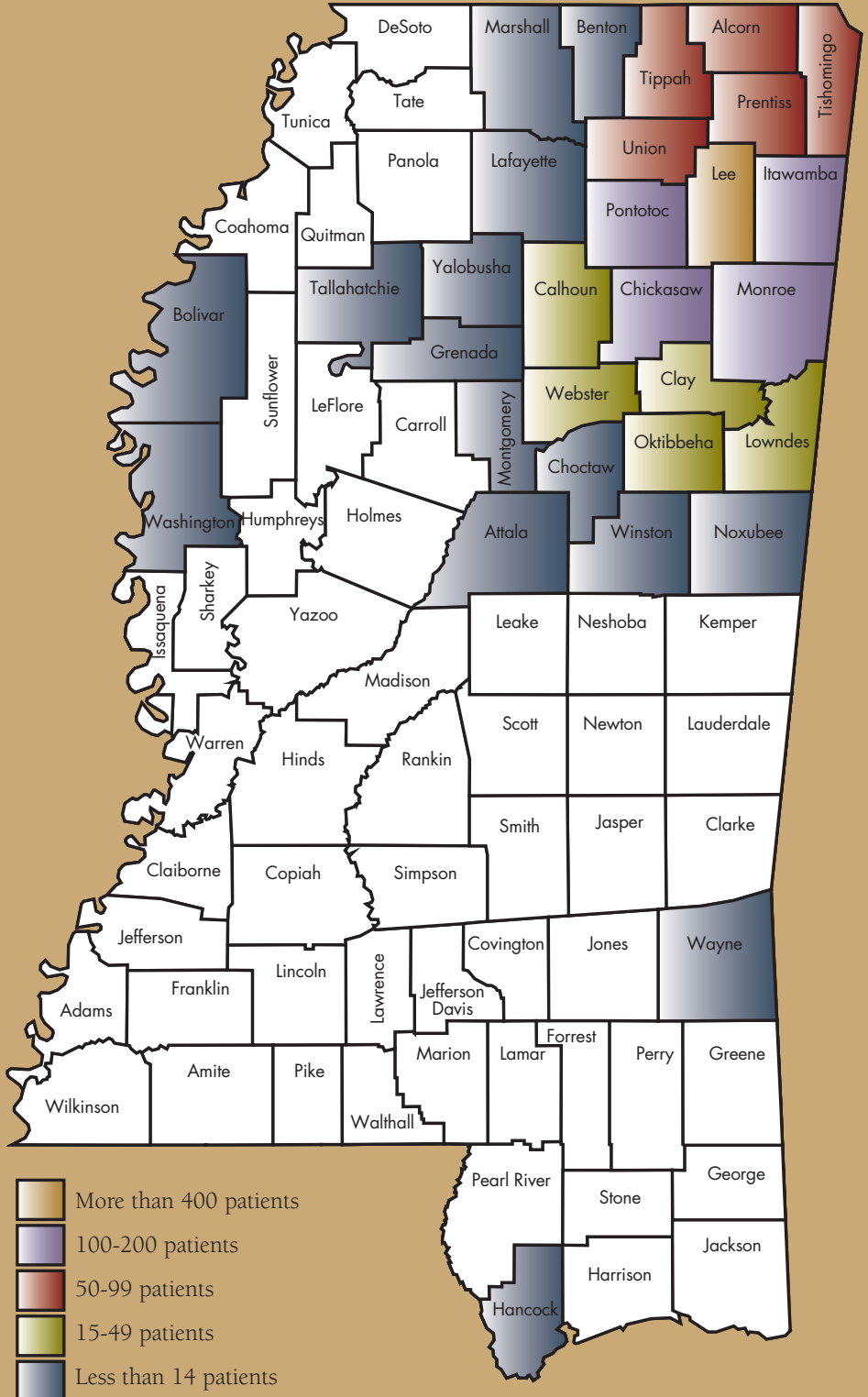
### Top 5 Overall

Lung	274
Breast	246
Prostate	211
Colon	110
Melanoma	74

### Age At Diagnosis

0-29	26
30-39	61
40-49	140
50-59	297
60-69	468
70-79	430
80-89	186
90+	26

### Geographic Location:



**Total Mississippi .....1,560**  
**Alabama .....64**  
**Tennessee .....8**  
**Georgia ..... 2**

# Analysis of Hepatocellular Carcinoma

2003-2008

John O. Phillips, M.D., Ph.D., F.A.C.G.



**Hepatocellular carcinoma** (HCC) represents one of the most common malignant tumors of the liver worldwide. The incidence ranges from one to four cases per 100,000 population in North America and Western Europe to 50 to 150 cases per 100,000 population in parts of Africa and Asia. A rise in the incidence and mortality from HCC likely reflects an increase in hepatitis C infection, especially in industrialized countries.

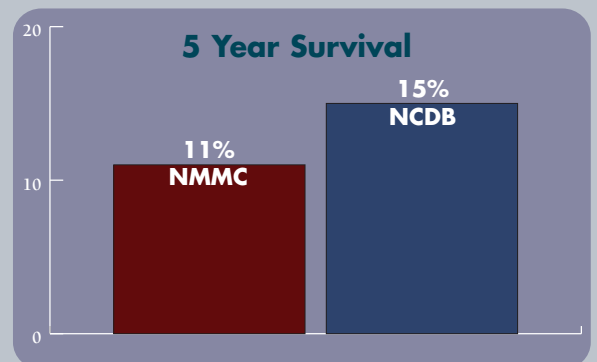
The major risk factors for development of HCC are now well defined; these include chronic viral hepatitis (Hepatitis B, C and D), toxins and drugs (alcohol, aflatoxins, anabolic steroids) and metabolic liver diseases (hereditary hemochromatosis, alpha-1-antitrypsin deficiency). Most patients do not develop symptoms until they develop complications of advanced liver disease/cirrhosis. These symptoms include jaundice (yellow eyes and skin), an enlarged abdomen, easy bruising or bleeding, or abdominal pain and tenderness, especially in the right upper abdomen.

At North Mississippi Medical Center, we performed a retrospective chart review of HCC cases from 2003-2008. A total of 84 HCC cases were identified and all but two of these cases were biopsy proven. Cirrhosis was confirmed in only 21 of these cases (25 percent). The serum alpha fetoprotein (AFP) is a surrogate marker for HCC and is used to screen patients who are at risk for development of HCC. An elevated serum AFP was noted in 46 of 84 (55 percent). The mean elevation was 6,840 (normal 0-7.5ng/ml). HCC is a male predominant disease with 78.6 percent patients male. Analysis of ethnicity associated with HCC revealed HCC was predominantly seen in Caucasians (78.6 percent) and less common in African-Americans (16 cases), Asian (one case) and Indian (one case). Viral hepatitis was noted in 17/84 cases of HCC. Fourteen patients had hepatitis B, one patient had hepatitis C and two patients were dual infected with hepatitis B and C. The role of alcoholic liver disease in these patients was underreported.

Treatment options for HCC and prognosis are dependent on many factors but especially on tumor size and staging. Tumor grade is also important. High-grade tumors have a poorer prognosis, while low-grade tumors may go unnoticed for many years. The outcome for most patients diagnosed with HCC is poor because the disease is often advanced at the time of diagnosis and only 10-20 percent of HCC can be removed completely with surgery. Those patients with small HCC may be considered for liver transplantation. Chemotherapy and radiation therapy are generally not effective although Sorafenib (Nexavar) has been shown to prolong survival. New therapeutic options are desperately needed.

Of the 84 patients diagnosed with HCC at NMMC from 2003-2008, only six are alive. Of those survivors, two-thirds had partial hepatectomy. Other forms of treatment included chemotherapy alone, radiation therapy alone, combined radiation and chemotherapy and finally combined surgery and chemotherapy. This disease remains an aggressive malignancy with poor long-term survival.

Prevention and treatment of viral hepatitis will reduce your risk of HCC. Furthermore, childhood vaccination against hepatitis B should reduce the risk of liver cancer. Patients should avoid consumption of excessive amounts of alcohol. Certain patients may benefit from screening and treatment for hereditary hemochromatosis. If you have chronic hepatitis or known cirrhosis, periodic screening for HCC with a liver ultrasound and measurement of serum AFP levels may lead to early detection and improved treatment.



# Cancer Conference

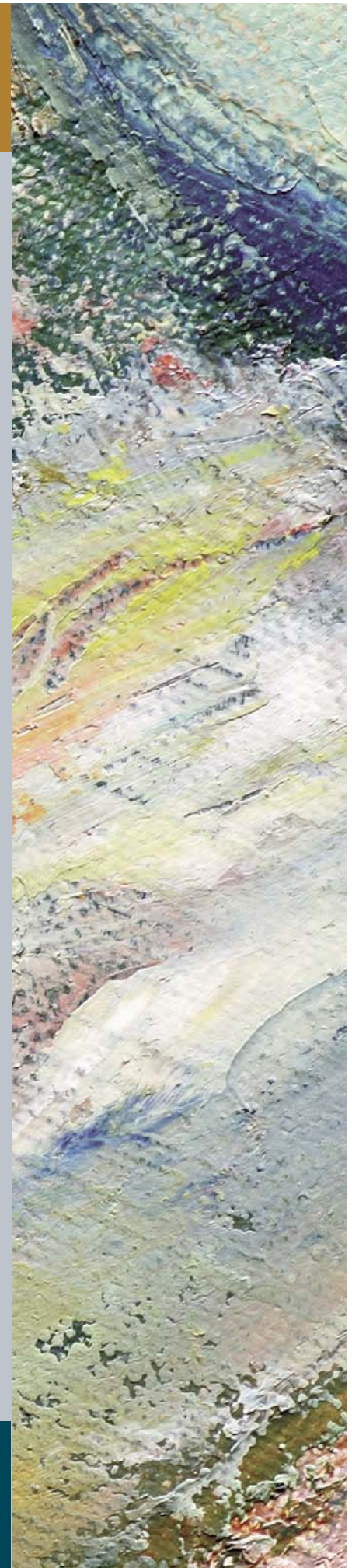
**The Cancer Conference** is held at noon each Thursday, and offers multidisciplinary consultative services for patients, discussion among cancer program team members, and educational conferences for physicians and allied health professionals.

In 2010, 193 cases were discussed at Cancer Conference. Prospective cases were 99 percent. Among the leading sites presented were breast, lung, colon, prostate, bladder, pancreas, head and neck, melanoma and lymphoma. In addition to Cancer Conference, the cancer program offered two guest speakers for cancer-related educational activities to physicians, nurses and other allied health professionals.

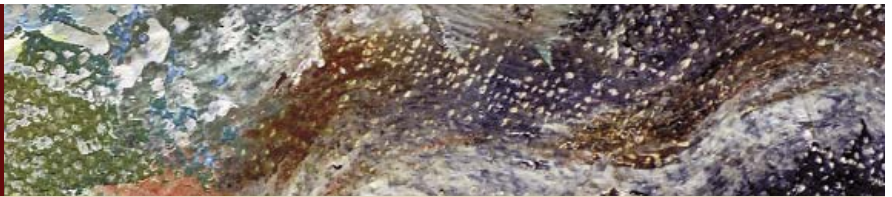
All of these activities related to the use of AJCC stage, other site-specific prognostic indicators and evidence-based national treatment guidelines in planning treatment for cancer patients. North Mississippi Medical Center is accredited by the Mississippi State Medical Association to provide continuing medical education (CME) for physicians. Participation in Cancer Conference, an educational activity, earns one CME credit toward the AMA Physicians Recognition Award. Physicians may contact the Cancer Registry at (662) 377-3053 for more information, to schedule a patient to be presented at Cancer Conference, or to receive a current meeting schedule.

## Physicians Presenting at Cancer Conference 2010

Stephen Amann, M.D.	Mark Huffman, M.D.
Richard Arriola, M.D.	Noel Hunt, M.D.
Robert Becker, M.D.	Robert Jarrett, M.D.
Chris Bergmann, M.D.	Andrew Kellum, M.D.
Montgomery Berry, M.D.	Robert McAuley, M.D.
Carl Bevering, M.D.	Rhodemarie Maron, D.O.
Richard Hunt Bobo, M.D.	Derreck Menefee, M.D.
John Burk, M.D.	Hughes Milam, M.D.
Curt Collins, M.D.	David Morris, M.D.
Chris Croot, M.D.	Nauman Moazzam, M.D.
Robert Derveloy, M.D.	Micah Monaghan, M.D.
Jayant Dey, M.D.	Charles Montgomery, M.D.
Elbert Duncan, M.D.	Raymond Orgler, M.D.
Eric Emig, M.D.	Sam Pace, M.D.
Gideon Ewing, M.D.	Paul Perry, M.D.
Pat Ewing, M.D.	Lyndon Perkins, M.D.
Paul Farabaugh, M.D.	John Phillips, M.D.
Stephen Farmer, M.D.	Charles Pigott, M.D.
David Gilliland, M.D.	W. Ray Reed, M.D.
Richard Griswold, M.D.	David Reed, D.O.
Barney Guyton, M.D.	James Rish, M.D.
Jimmy Hamilton, M.D.	Vishal Sachdev, M.D.
Newt Harrison, M.D.	Ryan Simmons, M.D.
Rickey Hicks, M.D.	Robert Stewart, M.D.
Julian Hill, M.D.	Jaime Ungo, M.D.
Jeff Howard, M.D.	C.K. White, M.D.
Roger Huey, M.D.	Robert Yarber, M.D.



# Community Report



**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 medications, transportation and other necessities while they are undergoing treatment.

## Camp Bluebird

Camp Bluebird, a special camp for adults who have been diagnosed with cancer, is held each April 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 Baldwyn 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.

Local artists Jennifer Hankins-Shelton 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-Shelton 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 115 patients each month. Assistance provided to each patient ranges from \$10-\$2,000, depending on individual needs. 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, American Cancer Society 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.

## 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 16th annual tournament will be held Monday, May 14, 2012, at Old Waverly in West Point.

“The 2011 tournament was a record-breaking year, raising \$75,000 for patients in approximately 24 counties in northeast Mississippi and northwest Alabama,” said Glenn McCullough, tournament chairman. “The fund is used to provide medicine, transportation, nutritional supplements and other necessities for patients who are undergoing treatment.”

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

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.

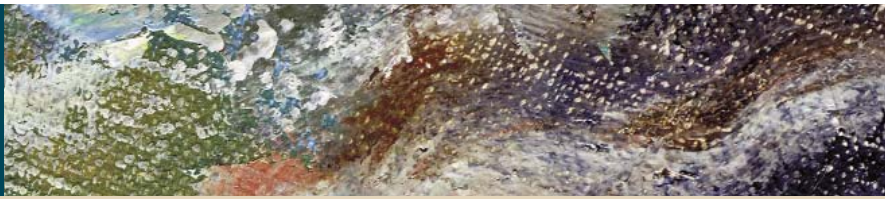
More information regarding registration and start time will be available closer to the date.

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 and 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, physicians' offices, 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.

**Outpatient Infusion.** Located on the second floor of the NMMC Cancer Center, Outpatient Infusion offers convenience for adult and pediatric patients who require frequent infusions of medications, including chemotherapy.

**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.

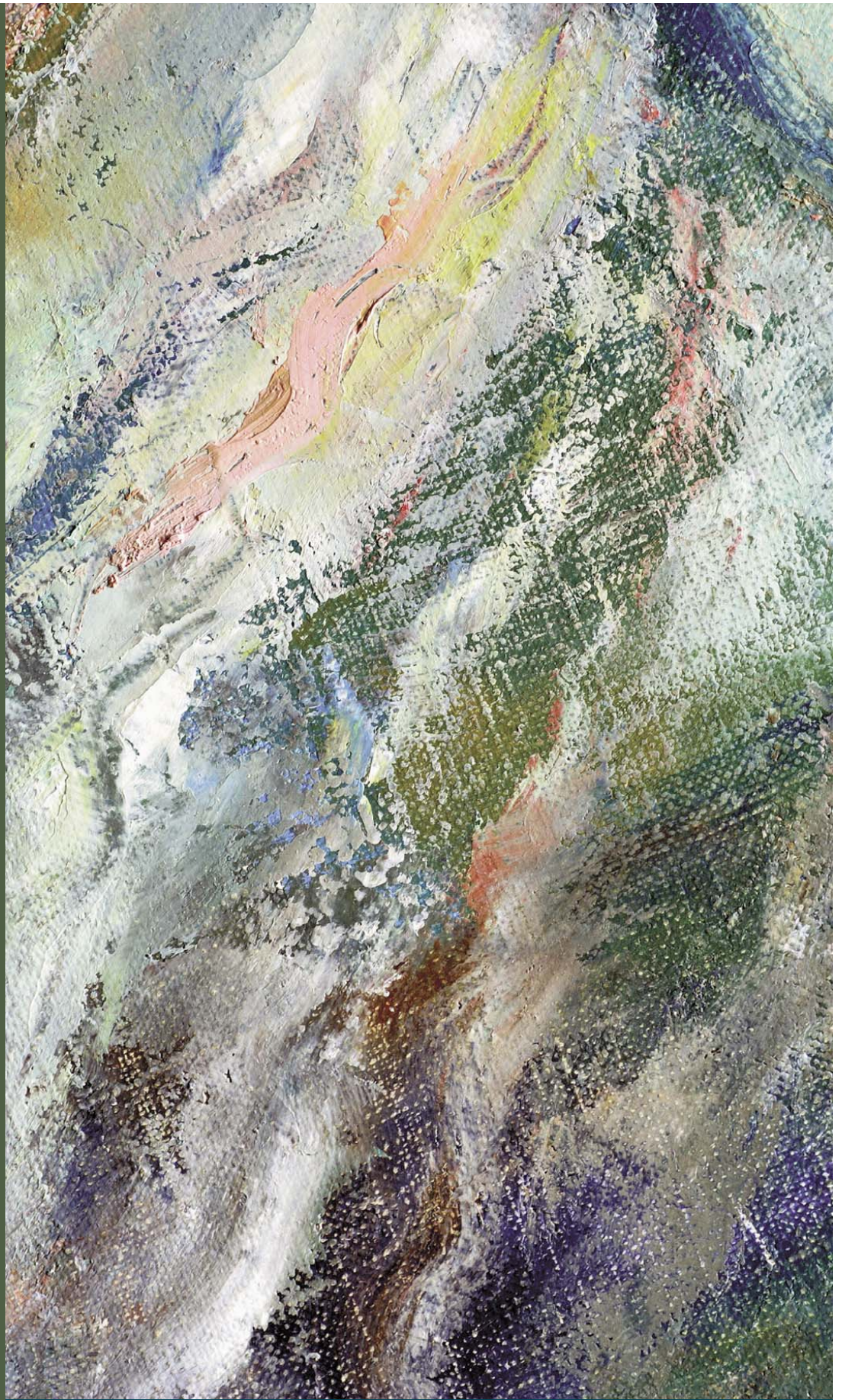
**Resource Center.** The NMMC Cancer Center offers access to a cancer resource center, where patients and their family members can learn about cancer prevention, detection and treatment. The center houses a collection of information, including magazines, medical journals and reference books, self-help 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)