

HOW YOU SEE IT

2011 annual report /
statistical data for 2010

Baptist
CANCER SERVICES



HOW YOU SEE IT

There are as many different reactions to the word “cancer” as there are people who hear it. A physician may begin to think of concepts such as “primary site” or “stage.” A survivor may remember courage and triumph. A family member might recall funny, tender moments. And a patient might think of growing stronger in faith than he would have ever believed possible.

It all depends how you see it.

At Baptist Cancer Services, we choose to see cancer through the eyes of our patients. And that means we see it many different ways too. But most of all we see it through the lens of belief that cancer is all about living.

Illustrating our report this year are photos provided by employees, patients and other friends of Baptist. We asked them to submit pictures inspired by the theme, “It’s All About Living.” We have been touched by the way they see cancer—in the joy of a furry friend or the beauty of a sunset. They accurately reflect the myriad views of why efforts to make cancer about living are the essence of everything we do.

And in this year’s annual report, we’ll relate the most important thing we see about cancer: that our patients get the very best we have to offer in the prevention, diagnosis, treatment, and supportive care we have to offer.

That’s how we see it.

Cover Photo Submitted by **Robby Channell**

Joyful participants show their support during the 2011 Komen Race for the Cure. Baptist Cancer Services had a great turnout, with a team of more than 200 employees and family members. It was the largest team at the event.



WE SEE IT PERSONALLY

A crucial aspect of delivering the best possible care for cancer patients and their families is seeing it as something very personal. No two people experience cancer in exactly the same way, physically, spiritually, mentally or emotionally. Cookie-cutter programs that treat everyone identically do not work.

At Baptist Cancer Services, we offer a range of support programs for our patients and their caregivers. These services offered daily include a clinical psychologist who provides individual and group counseling to help patients through the challenges of their diagnoses. Additionally, we offer nutrition counseling with a dedicated dietitian. Some of our programs are on a weekly basis like cancer orientation and art therapy. Orientation is offered two days a week and is a complete overview of cancer treatment, including information about radiation therapy, chemotherapy, nutrition and several other important topics along with a handbook for each patient. Other weekly programs include art therapy which is available to guide patients into self-expression that can lift them above the daily demands of treatment.

And for every patient, the practical how-to advice and guidance from our Navigators removes any confusion or complexity of getting to the right place at the right time. Our Breast Health Navigator is certified as a Breast Patient Navigator for both Imaging and Cancer by the National Consortium of Breast Centers. The certification recognizes professionals who advance beyond basic knowledge in a field of specialty.

She follows women throughout every aspect of treatment, helping to dispel fear, directing patients to financial and emotional support resources, and being a comfort to patients and their families. She provides education about benign and malignant breast diseases, treatments and side effects of treatment. She assesses the educational, physical, psychological and social needs of patients and families. She can also make appropriate referrals for further assessment when needed.

The Hederman Cancer Center Navigator is the Center's single point of contact for patients and caregivers. She is certified by the Oncology Nursing Certification Corporation as an Oncology Certified Nurse. Her purpose is to make it easy for patients and their families to access services and information. The Navigator assesses the needs of both patients and caregivers; directs them to appropriate support services; and educates patients and caregivers on any issues related to a patient's diagnosis. The Navigator also coordinates all cancer support groups and activities.

Submitted by **Robby Channell**

Some of life's sweetest experiences come in the ordinary moments spent with loved ones, young and old. That's how Baptist employee Robby Channell saw things when he captured this moving photo of his son, Chess, and his grandmother, Joy Channell.

WE SEE IT COMPREHENSIVELY

It seems like such a simple statement, but at Baptist Cancer Services we do whatever we can to deliver on our promise of providing comprehensive, convenient care. At the Hederman Cancer Center, physician offices, outpatient infusion therapy, inpatient and outpatient radiation therapy, plus the extensive range of support services we provide are all accessible conveniently in one building. No crossing the street. No going outside. No moving the car. Once a patient comes through the door, he's immediately in range of every tool we have to provide the best possible outcome.

The Center for Breast Health, located in Baptist for Women, brings the same concentration of convenience and comprehensive services to women in their efforts to prevent and detect breast cancer.

Within the Center are private rooms for screening mammography that protect women's modesty and privacy. For women whose previous mammograms are on file, the Center's onsite radiologists read mammograms and provide results while the patient waits. This means if another view is needed to clarify the finding, the patient doesn't have to make another appointment to get definitive results. Also within the Center are services for stereotactic breast biopsy and sentinel node mapping.

And because early detection through screening mammography is the best way to protect women from breast cancer, Baptist offers a cash-only, low-cost screening mammogram program. This also is available at the Center for Breast Health.

Submitted by T.J. Fleeger, RN

How does leukemia patient Jill Ross see things? Well, with a big thumbs up, that's how. TJ Fleeger, RN, Nurse Manager on Jill's floor says Jill isn't just a survivor, she's a thriver. "Jill is truly a role model," says TJ. "She challenges our expectations all the time. She lives life to the fullest."



WE SEE IT SPIRITUALLY

As a local Christian healing ministry, we are followers in faith, guided by the example of Christ. We as the Baptist family work together in a way that is consistent with our mission of “dedication to Christian healing.” This means that we strive to provide our cancer services in a way that reflects the traditions and compassion of the Christian faith.

On our pastoral care staff is a chaplain who is dedicated to Cancer Services, ministering to patients with a cancer diagnosis. For patients who seek spiritual support as part of their cancer care, Baptist provides appropriate avenues for encouragement, prayer, and counsel.

Submitted by Rhonda McRae

As the saying goes, it takes both clouds and sunshine to create a rainbow. The experience of cancer brings both challenges and joys as well, offering its own beauty and hope. This photo, provided by Baptist employee Rhonda McRae, pictures a rainbow over the waters of the Caribbean.

WE SEE IT PURPOSEFULLY

As leaders in healthcare, we are focused on quality. We take pride in earning accreditations and certifications that demonstrate our commitment to provide quality cancer care for our patients. Recognitions from Joint Commission, the American College of Surgeons and many others show that our clinicians are dedicated to our mission of “continuously improving quality medical care.”

- Baptist Cancer Services is accredited as a Comprehensive Community Cancer Program by the Commission on Cancer of the American College of Surgeons. The Commission on Cancer is a multi-disciplinary body that sets standards for quality cancer care delivered primarily in hospitals. As an approved program, Baptist has met 36 mandatory standards in providing all patients with a full range of diagnostic, treatment, and supportive services.
- The Center for Breast Health is certified by the American College of Radiology and FDA Mammography Quality Standards Act (MQSA). The American College of Radiology has designated the Center for Breast Health as a Breast Imaging Center of Excellence.
- The Center for Breast Health has been awarded a three-year term of accreditation in Stereotactic Breast Biopsy by the American College of Radiology (ACR).
- Baptist Medical Center is the only hospital in Mississippi to earn The Joint Commission’s Gold Seal of Approval™ for Breast Cancer. This Baptist program underwent a rigorous on-site survey and demonstrated compliance with The Joint Commission’s national standards for health care quality and safety in disease-specific care. This certification includes Radiation Oncology, Outpatient Infusion, and the Center for Breast Health.
- The Center for Breast Health has earned Mississippi’s only accreditation from the National Accreditation Program for Breast Centers.
- Our Breast Health Navigator is certified by the National Consortium of Breast Centers (Certified as a Breast Patient Navigator in Imaging and Cancer).
- Our Cancer Services Navigator is certified by the Oncology Nursing Certification Corporation as an Oncology Certified Nurse.

Submitted by Robby Channell

Support for Baptist’s cancer programs comes from every level of the Baptist family. Shown here at right is CEO Mark Slyter, during a live camera interview during Power of Pink. He is pictured with, left, Dan Modisett, General Manager of WLBT, and, center, Barbie Bassett, WLBT meteorologist. Minutes later, the pink balloons in the background were released in honor or memory of breast cancer patients.



WE SEE IT STATISTICALLY

Breast cancer is the most common cancer among women in the United States and second to lung cancer as the leading cause of cancer-related deaths. Current estimates indicate 1 in 8 women will develop breast cancer in their lifetime. The American Cancer Society estimates 230,480 new cases of invasive breast cancer, and 57,650 new in situ breast cancers this year. An estimated 39,520 deaths from breast cancer in women are anticipated during 2011. Death rates have steadily decreased since 1990. This decrease is most likely due to earlier detection, improved treatment, and decrease in incidence. Decreased incidence for 2000 to 2003 has been attributed to reduction in the use of hormone replacement therapy. (1)

PURPOSE

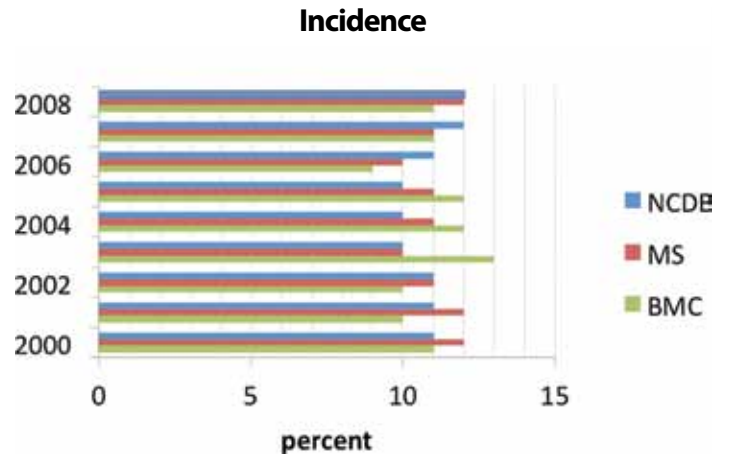
The purpose of this review is to look at patterns of care and outcomes of breast cancers treated at Baptist Medical Center (BMC) as well as to review United States statistics from the National Cancer Data Base (NCDB). NCDB is a nation-wide oncology database for over 1500 hospitals from 50 states, a joint project between the Commission on Cancer of the American College of Surgeons and the American Cancer Society. (2) Criteria used for this review from NCDB includes: Mid South division, comprehensive community cancer centers, and diagnosis years 2000-2008 from 51 non-Mississippi hospitals and 12 hospitals in Mississippi. For survival data, cases are taken from 2003 for the NCDB and 2003-2006 for BMC.

INCIDENCE

For this review, the NCDB accessioned 62,804 breast cancer cases; Mississippi accessioned 8721 breast cases and BMC accessioned 1976 cases. Breast cancer represents 10%-12% of all cancer cases. (Graph 1)

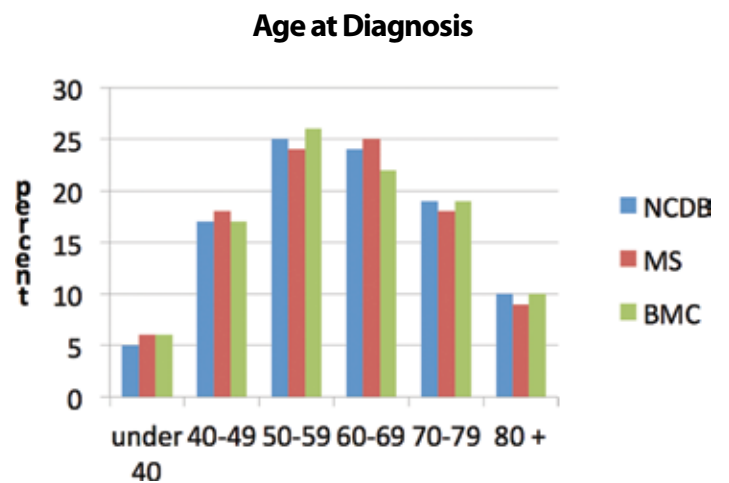
RISK FACTORS

Most American women contemplate developing breast cancer sometime in their lives. Being a woman is a risk factor. Studies have found the following risk factors



Graph 1

may also increase the chance of developing breast cancer. Risk increases for women over 60 years old. In this review more than 50% of women in each group are over 60. (Graph 2) Personal history of having breast cancer in one breast increases risk of getting cancer in the opposite breast. Women with certain types of abnormal breast cells, atypical hyperplasia, and lobular carcinoma in situ or ductal carcinoma in situ have increased risk of invasive breast cancer. Women whose mother, sister, father, daughter or two or more close relatives have a history of breast cancer before age 50 are at a higher risk. Changes in certain genes, (BRCA1 or BRCA2) increase the risk. Genetic testing is available at Baptist if the physician determines a patient meets the eligibility criteria. Hereditary breast cancer affects fewer than 10% of patients with breast cancer. The older a woman is having her first child, women who never had children, first menstrual period before age 12, going through menopause after 55, taking postmenopausal



Graph 2

hormone therapy for many years – may increase breast cancer risk. A woman being overweight after menopause increases risk. White females have higher incidence than Black, Hispanic, or Asian females. Inactive lifestyle and increased alcohol consumption increase breast cancer risk.(3)

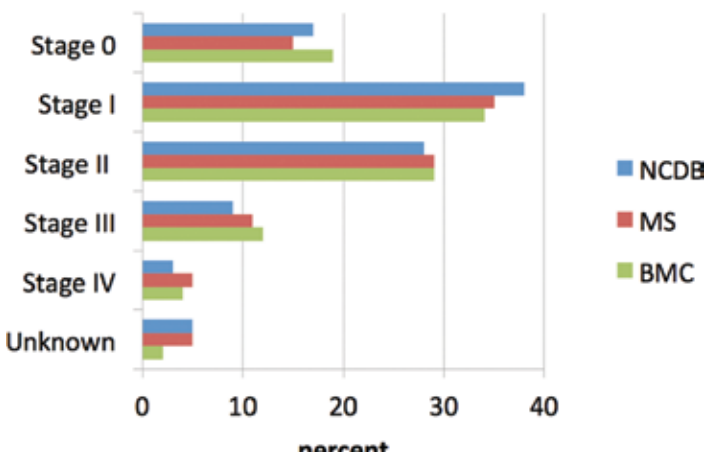
EARLY DETECTION

Mammography is valuable as an early detection tool, often identifying breast cancer before physical symptoms develop. Numerous studies have shown early detection saves lives and increases treatment options. The American Cancer Society recommends women at age 40 begin annual mammogram and clinical breast exam by a health care professional every three years beginning at age 20, and monthly breast self-examinations beginning at age 20. All suspicious findings on physical exam or mammogram should be further investigated.

STAGE OF DISEASE

Breast cancer is classified in stages according to the system developed by The American Joint Committee on Cancer (AJCC). (4) The stage is based on the tumor (T), regional lymph nodes (N) and distant metastasis (M) and the stages range from 0 to IV. Stage 0 is noninvasive (in situ) tumor. Stage I is small tumor without spread to lymph nodes. Stage II can have a small tumor with positive lymph nodes or a larger (>2cm tumor) and negative lymph nodes. Stage III is locally advanced disease and Stage IV is advanced disease. Early stage

AJCC Stage of Disease



Graph 3

disease is considered Stage 0, I, II. BMC has a slightly higher percent of Stage 0 lesions. Review of the data reveals early stage disease to be 82% for BMC, 79% for MS and 83% for NCDB. (Graph 3)

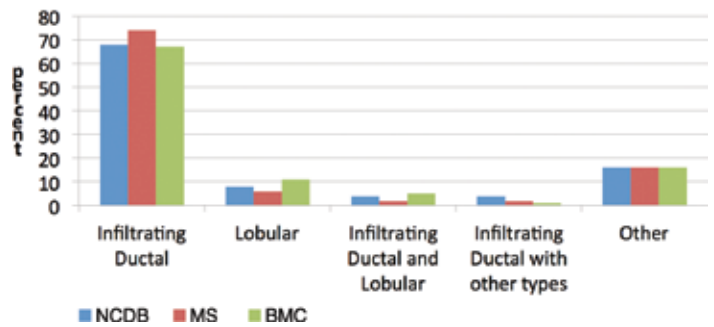
HISTOLOGY

The most common histology is infiltrating ductal carcinoma, followed by lobular carcinoma which is reflected in all three data sets. (Graph 4)

TREATMENT

Surgery, radiation, chemotherapy, hormonal, and

Histology



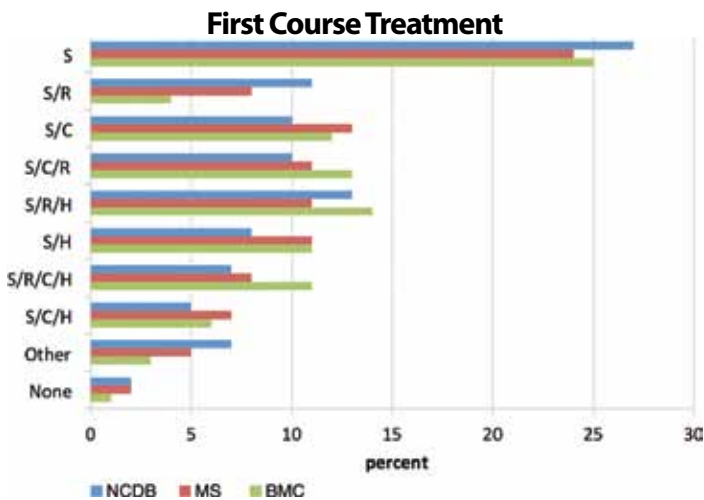
Graph 4

targeted agents may be used alone or in combination to treat breast cancer. Treatment options depend on patient’s age, menopausal status, general health, size and location of tumor, presence of distant disease, hormonal receptor status, Her2/neu status, and the stage and grade of the tumor.

Surgery is the most common treatment which includes lumpectomy (partial mastectomy) with or without lymph node dissection, or modified radical mastectomy. The sentinel lymph node biopsy procedure is used to identify the node or nodes that drain the tumor and may show metastasis. After the sentinel lymph node or nodes are identified by either dye or radioactivity (or both), they are removed by the surgeon. If free of metastasis, no other nodes are sampled. Thus a patient may be spared potential lymphedema and problems associated with extensive axillary node dissection. Should there be metastasis in the sentinel node or nodes, a complete axillary lymph node dissection is performed.

The three data bases reveal similar treatment modalities:

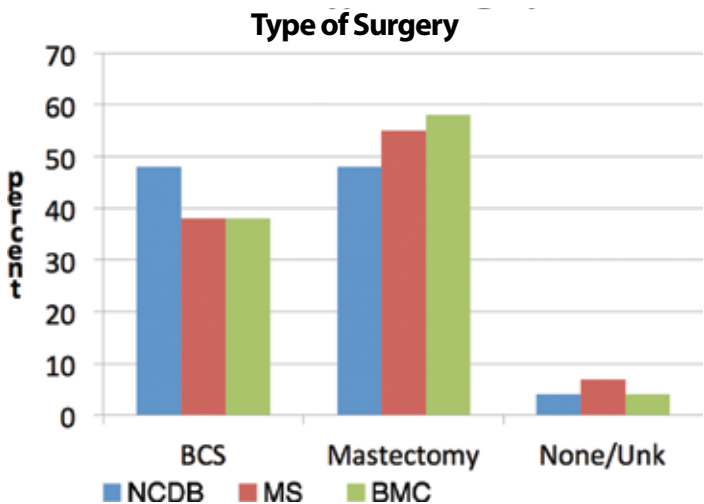
percent of surgery alone at BMC (25%), MS (24%), and NCDB (27%). The use of adjuvant chemotherapy in combination with surgery, radiation and hormonal therapy is higher for BMC (11%) than MS (8%) and NCDB (8%) as is the combination of surgery, chemotherapy and radiation with BMC (13%), MS (11%) and NCDB (10%). The combination of surgery and hormone therapy is higher at BMC (11%) and MS (11%) than NCDB (8%). These differences are not significant. (Graph 5)



Graph 5

Review of data for the type of surgery performed reveals lumpectomy or partial mastectomy, i.e. breast conserving surgery (BCS) higher for NCDB population than BMC or MS. (Graph 6) The more current data for BMC reveals BCS 51% for 2009 and 53% for 2010.

CANCER PROGRAM



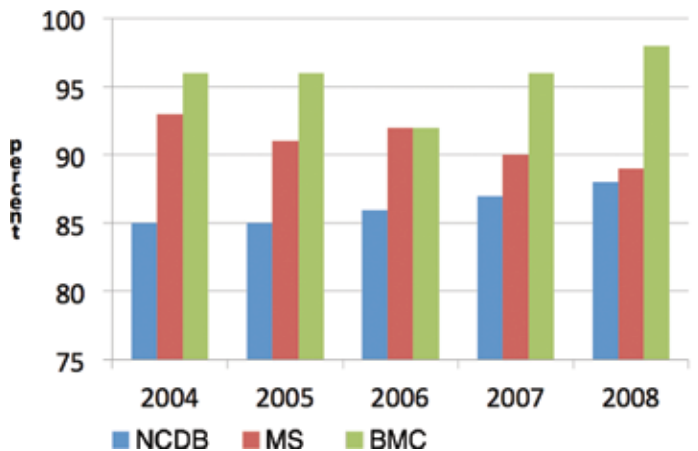
Graph 6

PRACTICE PROFILES FOR BREAST CANCER

The NCDB has a Cancer Program Practice Profiles (CP3R) report that gives three performance rates for nationally recognized standards of care. (5) These three measures reported for 2008 data reveal the following: Radiation therapy is given within one year of diagnosis for women under age 70 receiving BCS. The percentages are as follows: BMC 98%, MS 89% and NCDB 88%. (see Graph 7 BCS/RT) Multiple adjuvant chemotherapy (MCC) is considered or given within 4 months of diagnosis for women with AJCC T1c N0 M0, Stage II or III hormone receptor negative disease. The percentages are: BMC 100%, MS 92% and NCDB 88%. (see Graph 8 MAC) Tamoxifen or third generation aromatase inhibitor is considered or given within one year of diagnosis for women with AJCC T1c N0 M0, Stage II or III hormone receptor positive disease. The percentages are: BMC 100%, MS 85% and NCDB 82%. (see Graph 9 HT)

SURVIVAL

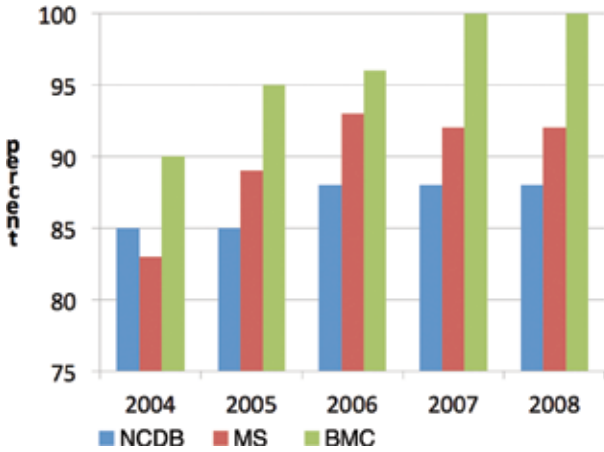
Breast Conserving Surgery (BCS) & Radiotherapy



Graph 7

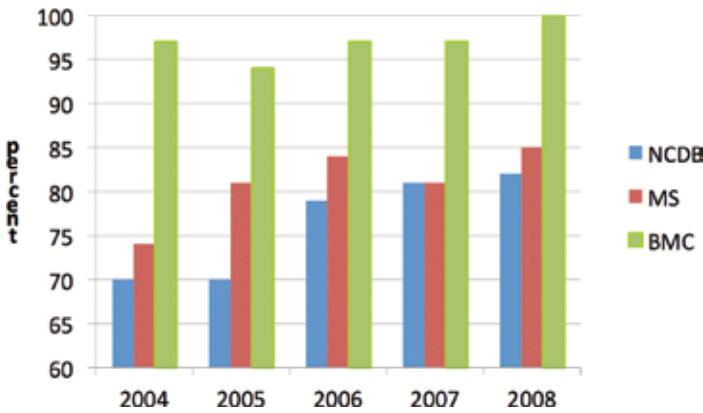
Observed five-year survival by stage of disease reveals similar outcomes for BMC and NCDB which show “the earlier the stage at diagnosis, the better the survival”. The overall survival for all stages is 82% BMC and 83% NCDB. (Graph 10)

Multiple Adjuvant Chemotherapy (MAC)



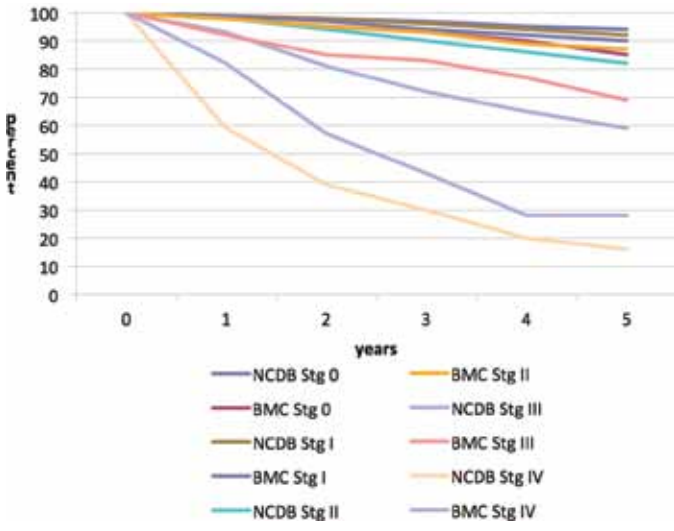
Graph 8

Hormonal Therapy (HT)



Graph 9

Observed 5 Year Survival



Graph 10

SUMMARY

The incidence of breast cancer for all data sets range from 10% to 13% of all cases per year. The data reveals BMC compares favorably with MS and NCDB data with age, stage, and treatment. BMC has a higher percentage of early stage disease over the study period. The amount of breast conserving surgery compares favorably to national data and has increased over the years. The use of multi-modality therapy at BMC is slightly higher than MS or NCDB data. The CP3R benchmarking data shows Baptist to be above state and national averages for compliance with national standards of care. Overall 5 year survival rate for all stages and by stage of disease compares favorably between BMC and NCDB with statistics showing better survival with lower stage.

CENTER FOR BREAST HEALTH

The Center for Breast Health is a comprehensive, multidisciplinary accredited center that offers a full complement of services in a private, personal and comfortable setting. The Center provides easy access to a wide range of services as well as education, information and support. Services include a Certified Breast Health Navigator, screening mammography with same-day results (if prior films available at time of appointment) and digital diagnostic mammography performed by certified radiological technologists and interpreted by on-site board-certified dedicated radiologists. This team is supported by a full range of physician specialists including Surgeons, Medical and Radiation Oncologists, Pathologists, and Plastic and Reconstructive Surgeons. Baptist Cancer Services include oncology nurses, registered dietitians, chaplains, a board certified Clinical Psychologist, and a physical therapist certified in lymphedema management. All are dedicated to caring

Submitted by Robby Channell

In October, the Center for Breast Health at Baptist for Women partnered with local TV station WLBT for "Power of Pink," a breast cancer awareness campaign encouraging women to get screening mammography. Pictured here is Mackenzie, daughter of Baptist employee Robby Channell, who was delighted to sign the Power of Pink car.



Blessiane
Marilyn Byckett
Hillary Mathis
Anthony
S. M...
M...
Baptist
BREAST HEALTH CENTER

the fight

Bruce McDaniel
Marleigha Flann
Allen Em...

Al...
Cancer Society

for women with breast health problems. Screening and diagnostic digital mammography, stereotactic biopsies, sentinel lymph node mapping, up-to-date radiation therapy equipment, genetic testing, a multitude of chemotherapy drugs, and clinical trial availability help make Baptist the leader in treating breast cancer. To further enhance patient care, weekly multidisciplinary patient care conferences are held; specialists in all disciplines discuss the patient's case, review pathology and radiology findings and discuss the plan of care. A breast cancer support group meets the third Monday of each month in the Hederman Cancer Center to help connect patients with others whom are sharing the breast cancer journey. *Appearances*, a boutique which carries wigs, hats, scarves and skin care products for patients undergoing chemotherapy and radiation therapy helps patients with their physical appearance. It is located on the ground floor in the Hederman Cancer Center.

ACCREDITATION

In June 2011, the Center for Breast Health was awarded a three year accreditation from the National Accreditation Program for Breast Cancer (NAPBC), a national accreditation program for breast centers. This is the first facility in Mississippi to achieve this! The NAPBC survey focuses on compliance with 27 standards and assures that patients are afforded access to the full range of critical services for breast care and diseases. The surveyor determined that our facility, staff, and physicians are 100% compliant with all 27 standards!

Baptist is the only hospital in Mississippi to earn The Joint Commission's Gold Seal of Approval for Breast Cancer which demonstrates compliance with The Joint Commission's National standards for health care quality and safety in breast care. Our physicians and staff members provide the highest quality evaluation and management for people with breast disease!

For more information about Baptist Cancer Services, call 1-800-948-6262 or visit our website www.mbhs.org/cancer and The Center for Breast Health at 1-601-973-3180 or visit www.mbhs.org/breasthealth for services, programs, education podcasts etc.

REFERENCES

1. American Cancer Society: Cancer Facts and Figures 2011. Atlanta, Ga. Online www.cancer.org/research/cancerFactsFigures. pages 9-11.
2. Commission on Cancer, American College of Surgeons. NCDB Hospital Comparison Benchmark Reports, Cases 2004 – 2008. Chicago, IL, 2011
3. National Cancer Institute, What You Need to Know about Breast Cancer, www.cancer.gov/cancertopics
4. American Committee on Cancer 2005, 6th Edition, Springer-Verlag New York, page 323
5. Commission on Cancer, American College of Surgeons. Cancer Program Practice Profiles (CP3R) 2008, Chicago, IL, 2011

CANCER REGISTRY

The Cancer Registry is an important part of the cancer program at Baptist with the primary goal to maintain a timely and accurate comprehensive database for patients diagnosed and/or treated with cancer or a reportable tumor since January, 1982. The database includes the primary site, histology, stage of disease, treatment and lifetime follow-up. The database includes more than 54,000 cases since January, 1982. The registry has received a Gold Certificate from the MS Cancer Registry each year for submitting timely, complete and high quality data. Registry data is used for documenting the incidence of cancer, education, and evaluating patient care, treatment outcomes and survival results. The registry submits data to the National Cancer Data Base (NCDB) and the Mississippi Cancer Registry.

The registry maintains a follow-up rate which exceeds the mandated rate of 90 percent. During 2010, the registrars reviewed over 9,700 charts; 24,800 pathology reports; 9,000 calls and follow-ups; and 17,800 follow-up letters were processed.

SUMMARY OF CASES

During 2010, there were 1,959 new cases added to the registry. There are 1707 analytic (cases diagnosed and/or treated here first course), 219 non-analytic (cases seen at Baptist for recurrent disease) and 33 cases reportable by agreement. This is an increase of 133 patients from 2009. Geographic distribution of cases accessioned during 2010 reveal patients from 67 counties and 32 patients from out-of-state.

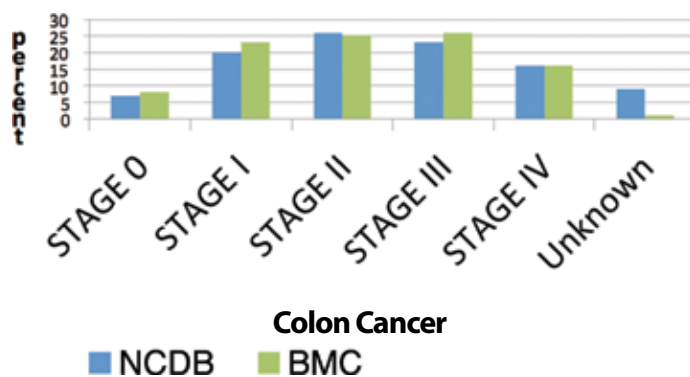
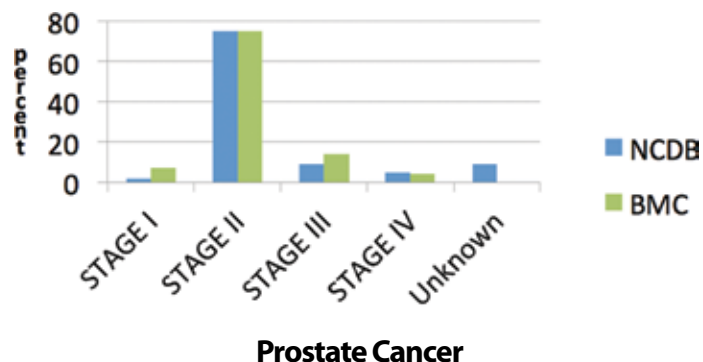
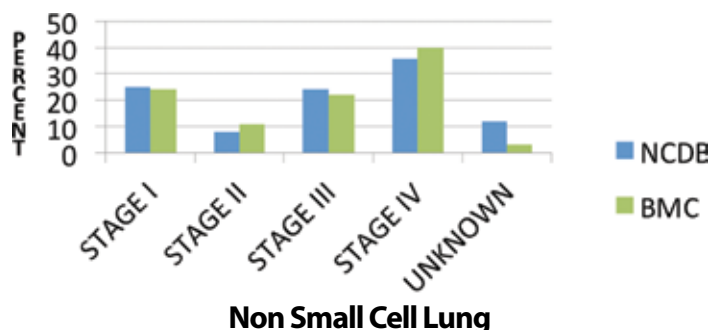
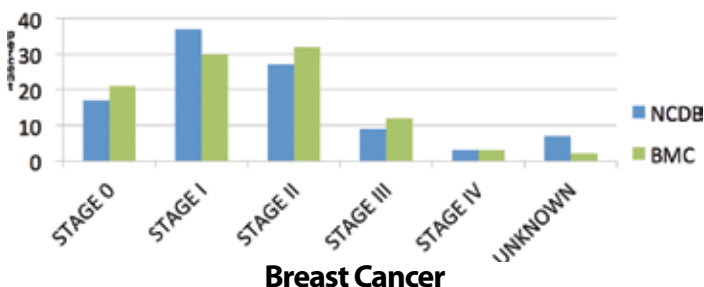
Reviewing the 2010 primary sites for Baptist Medical Center reveals breast as the most common site with 268 cases or 16%, followed by lung with 258 cases or 15%, colorectal 188 cases or 11%, prostate with 162 cases or 9%, and corpus uteri (endometrium) is the fifth with 89 cases or 5%. Data from the NCDB for 2009 cases reveal the major sites in U.S. lung, breast, colorectal and prostate which correlates with the major sites for Mississippi and Baptist Medical Center (BMC).

AGE/SEX

The age at diagnosis for 66% of patients is greater than 60 years of age. The female to male ratio is 57:43 which is consistent with previous years.

STAGE OF DISEASE

The AJCC Stage of Disease for the major primary sites for BMC 2010 and NCDB 2000-2008 cases have been reviewed. The data for breast cancer reveals the percentage of BMC Stage 0, II and III are slightly higher than NCDB. The data for non-small cell lung cancer is very similar per stage. The data for prostate cancer and colon cancer is similar with the exception of NCDB data which has a higher Unknown Stage. See graphs for details.



PRIMARY SITE TABLE 2010 (Analytic Cases 1707 TOTAL)

PRIMARY SITE	NUMBER OF CASES	PERCENT
Oral Cavity & Pharynx	20	1%
Tongue	8	
Mouth	6	
Pharynx	1	
Other Oral	5	
Digestive System	376	22%
Esophagus.....	9	
Stomach.....	38	
Small Intestine	12	
Large Intestine.....	133	
Rectum/Anus	55	
Liver/Biliary	27	
Pancreas	64	
Gallbladder	7	
Other	31	
Respiratory System	271	16%
Larynx	11	
Lung-Small Cell.....	35	
Lung-Non-Small Cell.....	223	
Nasal Cavity.....	2	
Bone/Connective Tissue	10	1%
Skin/Melanoma*	53	3%
Breast	268	16%
Female Genital Organs	179	10%
Cervix Uteri #	16	
Corpus Uteri.....	89	
Ovary.....	38	
Vagina/Vulva	30	
Other Female.....	6	
Male Genital Organs	175	10%
Prostate	162	
Testis/Other	13	
Urinary Tract	120	7%
Bladder	55	
Kidney/Other.....	65	
Brain/CNS/Endocrine	80	5%
Lymphatics & Hematopoietic	108	6%
Leukemia	25	
Hodgkin Lymphoma.....	10	
Non-Hodgkin Lymphoma.....	52	
Multiple Myeloma	21	
All Others	47	3%
Total Cases	1,707	100%

*Excludes all localized basal and squamous cell carcinomas
 #Excludes 21 carcinoma in situ

Submitted by Ginger Cocke

Merlene Myrick, pictured center in this photo submitted by Ginger Cocke, is a breast cancer survivor and Director of Surgery at Baptist. And here, she's leader of another important effort: Team Captain for Baptist's team in the "Making Strides Again Breast Cancer" walk sponsored by the American Cancer Society.



TUMOR BOARD CONFERENCES

Tumor Boards and Comprehensive Patient Care
Breast conferences provide an opportunity for a multidisciplinary approach to the care of our cancer patients. During the conferences, the patient's clinical history is given, the pathologist presents the histological findings and the radiologist displays the radiological studies. Following this, the oncology specialists (Medical, Surgical, Radiation Oncologists) discuss what would be the optimal management strategies and expected outcomes.

In 2010, 310 cases were discussed at the meetings. Ninety-five percent focused on prospective treatment options and management. The major sites reviewed were breast, lung, brain, colon/rectum and gynecologic sites. Physicians attending receive one hour Category I Continuing Education Credit from the American Medical Association. Conferences are held in the Hederman Cancer Center Conference room every Monday at 5:00 p.m. and weekly Neurology/Neurosurgery/Radiology meetings are held Tuesday at 7:30 a.m. Conferences are open to all the medical staff and Support Services Staff. Anyone that would like to present a case may contact the Cancer Registry staff at 601-968-1339.

THE FOLLOWING PHYSICIANS PRESENTED CASES AT THE CONFERENCES IN 2010.

Eric Amundson, MD
Vinod K. Anand, MD
Justin T. Baker, MD
Eric L. Balfour, MD
Nicole D. Cleveland, MD
G. Edward Copeland, MD
Richard B. Friedman, MD
Alexander J. Haick, MD
Keith O. Jones, MD
Michael C. Koury, MD
Van L. Lackey, MD
Phillip B. Ley, MD
James L. Moore, MD
Jason G. Murphy, MD
Lee M. Nicols, MD

Gerald P. Randle, MD
Grace G. Shumaker, MD
W. Lynn Stringer, MD
Randy C. Voyles, MD
David A. Wahl, MD
Richard E. Weddle, MD
Bob S. Wilkerson, MD
Tammy H. Young, MD

PATHOLOGISTS:

James R. Cavett, MD
Edward V. Egorshin, MD
Nanette B. Pinkard, MD
Delia Smith, MD

RADIOLOGISTS:

E.J. Blanchard, MD
James L. Burkhalter, MD
Larkin Carter, MD
Gary A. Cirilli, MD
J. Mack Haltom, III, MD
R. Houston Hardin, MD
Jason R. Hosey, MD
Edward K. Phillips, MD
Charles K. Pringle, MD
C. Dallas Sorrell, MD
William E. Studdard, MD
J. Dean Tanner, MD
Timothy G. Usey, MD

CANCER COMMITTEE MEMBERS

Richard B. Friedman, MD
Radiation Oncology
2010/2011 Chairman

G. Edward Copeland, MD
General Surgery
American College of Surgeons
Cancer Liaison Physician

Phillip B. Ley, MD, FACS
Surgical Oncology
Director of Breast Center

Justin T. Baker, MD
Medical Oncology

Eric L. Balfour, MD
Radiation Oncology

Larkin Carter, MD
Diagnostic Radiology

James R. Cavett, MD
Pathology

Alexander J. Haick, MD
General Surgery

Gerry Ann Houston, MD
Medical Oncology

Van L. Lackey, MD
Medical Oncology
Director of Cancer Center

James L. Moore, Jr., MD
Gynecologic Oncology

Robert P. Myers, MD
Urology

Grace G. Shumaker, MD
Medical Oncology

C. Margaret Wadsworth, MD
Radiation Oncology

David A. Wahl, MD
Radiation Oncology

Bob S. Wilkerson, MD
Medical Oncology

Tammy H. Young, MD
Medical Oncology

**Bobbie Ware, MHSA, BSN, RN,
FACHE**
Vice President/Chief Nursing Officer

Brittany Hammons, RD
Clinical Dietitian

Trudye Garraway, MSN, RN, OCN
Patient Navigator
Community Outreach Coordinator

Harold Gore, PharmD
Bryan Miller, PharmD
Oncology Pharmacists

Mary Ellen Yarbrough, MSN, RN
Director, Oncology Services

Donna Lustig, RT, (R) (M)
Director, Radiation Oncology
Quality Improvement Coordinator

Deniece Ponder, RN, OCN
Administrative Director, Oncology
Services

Bufkin Moore, PsyD
Oncology Counselor

Pam Barlow, CTR
Cancer Registry Coordinator
Quality of Cancer Registry Data
Coordinator

Wanda Lett, CTR
Cancer Registrar
Cancer Conference Coordinator

Beverly Sheriff, RHIT
Cancer Registrar

Tonja A. Fleeger, RN
IP Oncology Nurse Manager

Brenda Smith, LMSW, CCM
Case Manager, Clinical Resource
Management

