Dr. Arun Sreekumar has been named a Georgia Cancer Coalition Distinguished Cancer Scholar.

Dr. Judith Giri is responsible for the tumor bank, which was established in 2005 to provide researchers access to a reliable supply of standardized specimens. Researchers study normal and abnormal cell biology to find ways to disrupt tumor activity. Dr. Giri has been named a Georgia Cancer Coalition Distinguished Cancer Scholar.

MCGHealth has a cadre of accomplished and distinguished physician-scientists who use translational laboratory and clinical research to provide our patients with effective and compassionate care.

Dr. Hanfei Ding has been named a Georgia Cancer Coalition Distinguished Cancer Scholar. He studies cancer stem cells and oncocentric signaling pathways in the development of neuroblastoma and malignancies of the immune system.

Sunny Khichi, a senior medical student, received an American Medical Association Foundation Seed Grant for his thyroid cancer research; he is one of 28 recipients nationwide.

Dr. Kapil Bhalla and his Developmental Therapeutics team are investigating the role of novel modulating agents that target abnormal gene expression and protein folding in leukemia and lymphoma cancer cells. This research is supported by $4.5 million in grant funding from the National Cancer Institute.
Based in Augusta, Ga., MCGHealth is a world-class health care network, offering the most comprehensive primary, specialty and subspecialty care in the region. MCGHealth provides skilled, compassionate care to its patients, conducts leading-edge clinical research and fosters the medical education and training of tomorrow’s health care practitioners.

MCG Health, Inc. (d/b/a MCGHealth) is a not-for-profit corporation that manages the clinical operations. MCGHealth’s facilities include the 478-bed MCGHealth Medical Center, the Ambulatory Care Center with more than 80 outpatient practice sites in one convenient setting, the Specialized Care Center housing a 13-county regional trauma center and the 154-bed MCGHealth Children’s Medical Center. The health system also includes a variety of centers and units, such as the MCGHealth Sports Medicine Center.

In addition to providing care in the Augusta area to patients from Georgia, the Southeast and beyond, MCGHealth physicians travel to more than 90 satellite practice sites, illustrating our commitment to care for people across the state and region. MCGHealth is part of a thriving academic medical center that also includes the following entities:

- Medical College of Georgia — Georgia’s health sciences university, composed of the schools of Allied Health, Dentistry, Graduate Studies, Medicine and Nursing.
- Faculty group practice plans, including the Physicians Practice Group, the Dental Practice Group, the Allied Health Practice Group and the School of Nursing Faculty Practice Group.

Our cancer program is accredited by the American College of Surgeons Committee on Cancer.

For further information, visit mcg.edu/cancer and mcghealth.org/cancer.
You have one life to live. Why allow anyone or anything to keep you from making the most of it? That’s our philosophy, particularly when it comes to fighting cancer. All too often, cancer forces people to put their lives on hold. Numerous doctor visits for tests and treatment interfere with your ability to hold a job, while your compromised immune system renders your social life nonexistent. MCGHealth is here to provide you with the world-class care you need so you can get on with your life.

When it comes to quality and getting results, it doesn't matter if we are talking about our faculty or our staff, our clinical trials or our laboratory research, our diagnostics or our treatment programs … the MCGHealth Oncology Center of Excellence represents the best there is in our region. We boast clinician-scientists like no others. They enjoy the thrill of discovery and a sense of achievement when adding to human knowledge. But, more important, they enjoy the additional satisfaction of knowing that their work will ultimately reduce the burden of disease. And they rush their findings from the lab bench to the bedside while other clinicians are still reading the research reports our clinician-scientists have written.

The following are just a few highlights of the achievement-filled year we’ve had.
Translational research is the process of applying ideas, insights and discoveries generated through basic scientific inquiry to the treatment or prevention of human disease. A discussion of translational research will often include the concept of bringing research from “the bench to the bedside.”

Clinical Research
The Clinical Trials Office and the Clinical Research Unit accelerated the opening of cutting-edge early Phase I/II clinical trials. This dedicated Phase I/II Clinical Research Unit is the only one of its kind in Georgia, providing the latest, most innovative clinical protocols to our cancer patients.

Exceptional Quality
This past year our clinical program was reaccredited by the American College of Surgeons Commission on Cancer for another three years. The accreditation process measured how well we excel in nine quality-of-care areas and found that we go over and beyond in four of those areas.

Cutting-edge Research
- Dr. John Cowell, Associate Center Director for Basic Science, MCG Cancer Center, and Georgia Cancer Coalition Distinguished Cancer Scholar, studies molecular genetic etiology of leukemogenesis in mouse models and genomic profiling of human cancer for biomarker discovery and gene targeting therapies. He also is conducting a functional analysis of metastasis-promoting and metastasis-suppressing genes.
- Drs. Warren Fiskus and Kapil Bhalla have identified and investigated a novel treatment for myelofibrosis, a pre-leukemia bone marrow disease. This has resulted in the implementation of a promising clinical treatment and research trial that will be spearheaded by the MCG Cancer Center.
- Dr. Vadivel Ganapathy, chair of the MCG Department of Biochemistry and Molecular Biology, discovered why and how a high-fiber diet helps to stave off colon cancer: roughage activates a receptor that triggers cell death as well as shuts down inflammation — a precursor to cancer.
- Dr. Arun Sreekumar, a Georgia Cancer Coalition Distinguished Cancer Scholar, is one of the recognized leaders in the cutting-edge area of cancer metabolomics. His research has led to the discovery that sarcosine may be a biomarker of
prostate cancer aggressiveness. This discovery is currently being validated at MCG and nationally.

- Epigenetics researchers Drs. Huidong Shi and Keith Robertson, both recently named Georgia Cancer Coalition Distinguished Cancer Scholars, continue to explore whether distinctive patterns of genes turned off — or left on — in healthy versus cancerous cells could enable early screening for many common cancers. Also, could these patterns help us avoid those cancers?

- Cancer cells are already stressed by the fast pace they require to grow and spread, so my research team and I are applying even more stress to already taxed mantle cell lymphoma cells to see if more stress will kill them.

- Starve a cancer cell, feed its survival? Cancer researcher Dr. Patricia Schoenlein is asking the question, “Why do many breast cancer cells survive when faced with potentially lethal antiestrogen?” Thus far, she has found that these cells may switch into a survival mode when denied estrogen, which acts as a nutrient and stimulates cell growth.

- We are expanding the MCG Tumor Tissue and Serum Repository. Studies on banked tissue are speeding up our pursuit of safe and effective treatments. This resource is overseen by Dr. Judith Giri.

State-Of-The-Art Technology

Could a painless, portable device that uses electrical current rather than X-ray to look for breast cancer be an alternative to traditional mammograms? Dr. James Craft is studying the Z-Tech scan to find out.

Nationally Recognized Experts

- For the second year, four physicians were selected for inclusion among “America’s Top Doctors for Cancer.”

- Dr. Paul Weinberger, chief resident in otolaryngology, was selected to serve on the American Association for Cancer Research’s Associate Member Council.
Give the Gift of Life

From ancient mummies to the present day, cancer has always plagued and baffled humankind. But, with each passing year, we come closer to outsmarting cancer … in the prevention, diagnosis and treatment of this disease.

To make an online gift to support our work in research, please visit mcg.edu/cancer/support. Or contact Betty H. Meehan at emeehan@mcg.edu or 706-721-4413.

To make an online gift to support our patient care initiatives, please visit mcghealth.org/donate. Or contact Connie Guinn at cguinn@mcg.edu or 706-721-3957.

• Drs. Arun Sreekumar, John Cowell and Hanfei Ding were recognized for their work in promising areas of cancer research by being named Georgia Cancer Coalition Distinguished Cancer Scholars.

• A senior medical student, Sunny Khichi, became one of 28 nationwide recipients of an American Medical Association Foundation Seed Grant for his thyroid cancer research.

These are just a few of our notable achievements. I’d like to thank the patients, health care providers and researchers who make it possible for us to deliver such excellence.

In the following pages, you’ll see why we are proud of the work we do, but more important, you’ll know why our work ensures that our patients can keep on track without letting cancer force them to put their lives on hold.

For more information on our cancer research program, please visit mcg.edu/cancer. If you’d like to learn more about our patient care initiatives, please visit mcghealth.org/cancer.

Sincerely,

Kapil Bhalla, M.D.
Founding Director, MCG Cancer Center
July 1, 2009
A New Era In Cancer Care

MCGHealth currently offers comprehensive care that is coordinated by a multidisciplinary team to ensure that you get the best treatment options using wide-ranging services and state-of-the-art equipment. In the future, we look forward to providing you exceptional care in a facility that offers equally outstanding amenities.

Our new $31 million, 57,000-square-foot outpatient cancer center will open in 2010 and revolutionize cancer treatment in our region. Designed by patients for patients, it will feature:

- 30 exam rooms.
- 30 chemotherapy infusion stations strategically located to overlook a serene rooftop garden. This green space will include trellises, planters, flowers and other vegetation to inspire vitality and tranquility.
- Six private treatment rooms.
- An increased number of multidisciplinary treatment teams.
- Additional patient navigators to coordinate care.
- A family resource library that will house information stations with computers, as well as brochures, books and other literature to help educate patients and families about each particular form of cancer and related topics.
- A community room for events.
MCGHealth has set the standard for innovation in cancer care in the region by establishing multidisciplinary clinical teams to provide a holistic approach to treatment. Each team consists of representatives of key cancer specialties, such as medical oncology, surgical oncology, radiation oncology and radiology. A patient navigator will also be part of each team to lead patients through each stage of care, including diagnosis, financial counseling, treatment strategies and other supportive aspects of care.

- An attached 158-space multistory parking garage to protect our patients and families from inclement weather.
- A boutique featuring a variety of products including supportive care items for patients during all phases of their treatment.
- Access to clinical trials, including Phase I trials not available at other area hospitals.
- Coordination of care with MCGHealth’s Georgia Radiation Therapy Center.

But our new cancer center is not just bricks and mortar. The greatest amenity the new cancer center will afford is the extraordinary level of care that our patients will receive — such as a team approach to their treatment.

We’ve set the standard for innovation in cancer care in the region by establishing multidisciplinary clinical teams that provide a holistic approach to treatment. Each team includes representatives of key cancer specialties, including medical oncology, surgical oncology, radiation oncology and pathology.
And because cancer is such a difficult disease, each team will include a patient navigator. The patient navigator is one of our latest investments in Patient Family Centered Care. He or she will guide patients through each stage of care, including diagnosis, financial counseling, treatment strategies and support services.

A clinical research unit will be housed on the second floor of the building. Through Phase I and II clinical research, this unit will offer hope for those fighting some of the most resilient and aggressive forms of cancer.

Evidence-Based Design

An architectural movement is reinventing the historically austere hospital of yesterday into a new facility that brings in nature and sunlight, welcomes family and friends, and puts patients in charge in as many ways as possible. This modern, scientific approach is known as evidence-based design, and it is influencing the construction of medical buildings across the nation, including the new MCGHealth Cancer Center.

Evidence-based health care design can improve the traditional healing environment in three key ways. The design should:

- Enhance patient safety by reducing infection, risk, injuries from falls and medical errors.
- Eliminate environmental stressors, such as noise, that negatively affect outcomes and staff performance.
- Reduce stress and promote healing by making hospitals more pleasant, comfortable and supportive for patients.
According to the American Cancer Society in 2008, 186,320 men were diagnosed with prostate cancer. In 2009, 192,280 new cases of prostate cancer are predicted. Prostate cancer, therefore, is the most common solid organ malignancy in American men, comprising approximately one-quarter of new cancer diagnoses. It also remains the second most common cause of cancer death in American men, with 28,660 men dying of prostate cancer in 2008. Prostate cancer is being found earlier, and the death rate for prostate cancer is decreasing. The American Cancer Society predicts 27,360 deaths from prostate cancer in 2009. Therefore, one man in six will get prostate cancer during his lifetime, and one man in 35 will die of this disease. In 2008, 4,700 estimated new cases of prostate cancer were diagnosed in Georgia. An estimated 730 men died in Georgia from prostate cancer in 2008.

The age-adjusted cancer death rate for prostate cancer peaked in the early 1990s at just below 40 deaths per 100,000 men. The prostate cancer age-adjusted death rate has continued to decline over the past 15 years. The reasons for this are controversial and likely multifactorial but appear, at least in part, related to the prostate cancer screening effort of the last two decades. During the last 20 years, the serum prostate specific antigen blood test and digital rectal exam have been used to identify men with asymptomatic prostate cancer.

According to the MCGHealth cancer registry, 631 men have been treated for prostate cancer over the last nine years. Approximately 70 men are treated each year at MCGHealth for the new diagnosis of prostate cancer. The year 2008 saw the greatest number (89) of new prostate cancer patients presenting for treatment (Figure 1). The majority of these men were in their 60s (42 percent). The large majority of the remainder were in their 50s and 70s (Figure 2). Fifty-five percent of men treated at MCGHealth in 2008 were African American, and 45 percent were Caucasian (Figure 3).
Patients with localized prostate cancer have excellent five-year survival rates (Figure 4). Patients with locally advanced or metastatic disease (Stage III and IV), however, have a significantly lower chance of survival. Compared to other academic medical centers, MCGHealth sees a higher percentage (approximately 7.5 percent) of patients who present with Stage III and IV disease (Figure 5). This likely reflects less aggressive prostate cancer screening or a delay in diagnosis for other reasons.

The primary treatments for localized disease continue to be surgical prostatectomy and radiation therapy. The latter includes external beam radiation therapy and brachytherapy. The past decade has seen a revolution in minimally invasive surgical care of prostate cancer. In the early part of this decade, standard laparoscopic radical prostatectomy was introduced at many academic medical centers in the United States. Our urologic oncology section performed the first such procedure at MCGHealth and in Augusta's metropolitan area in July 2003. Our team performed 33 cases during the next 3.5 years. Development and availability of the da Vinci surgical robot has led to a nationwide conversion from standard laparoscopic to da Vinci robotic-assisted laparoscopic radical prostatectomy in recent years. We performed the first robotic-assisted laparoscopic prostatectomy (RALP) at MCGHealth in February 2009. During the past year, RALP has surpassed open radical prostatectomy as the most common surgical therapy for localized prostate cancer at MCGHealth and nationwide.

Androgen deprivation therapy (ADT) remains the most commonly utilized medical treatment for metastatic prostate cancer. However, during the past 10 years, the profound medical and psychiatric side effects of ADT have been increasingly recognized. A research team under the direction of Gerald Bennett, Ph.D., of the MCG School of Nursing, has performed clinical research to further evaluate the severity of depression in men and their spouses as well as the effectiveness of telephone counseling for African American men treated with ADT.

Although ADT remains the primary systemic therapy for metastatic prostate cancer, effective chemotherapy was introduced five years ago. MCGHealth’s medical oncology division, under the direction of Dr. Anand Jillela, has offered numerous clinical trials for the treatment of advanced hormone refractory prostate cancer. Dr. Teresa Coleman has spearheaded MCG’s genitourinary clinical trials effort, including evaluating novel anti-angiogenesis agents and histone deacetylase inhibitors.

Basic science research on prostate cancer at MCG is expanding. We benefited from the recent acquisition of several outstanding research
scientists, including Dr. Arun Sreekumar. His team is largely focusing their proteonomic and metabolomic research effort toward identifying urinary biomarkers for prostate cancer.

In summary, 2008 was a banner year for prostate cancer treatment at MCGHealth and research at the Medical College of Georgia. A record number of new patients (89) were referred for prostate cancer evaluation and treatment. We acquired a da Vinci surgical robot that has allowed us to offer robotic-assisted laparoscopic radical prostatectomy, now the most common form of surgical therapy. Expansion of both prostate cancer clinical trials and basic science research at MCG continues.

James A. Brown, M.D., F.A.C.S.
Associate Professor
Head, Urologic Oncology
Medical College of Georgia

**TNM Stage:**
A staging system developed by the American Joint Committee on Cancer that takes into account the tumor (T) size and/or depth of invasion, lymph node (N) involvement and distant metastases (M). For each applicable site, a combination of T, N and M elements gives a classification of Stage I, II, III, IV or unknown. A higher stage usually suggests a less favorable prognosis.
2008 Analysis: Distribution of Patients by Cancer Site/Stage

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Analytic Case:
Cancer case initially diagnosed and/or treated at MCGHealth.
2008 Analysis: Geographic Distribution of Patients

Ga. Total 771
S.C. Total 157
Fla. Total 3
Other Total 3
Total 934
Cancer Registry and Statistical Summary

The Cancer Registry is an information system that collects data and monitors all types of cancer diagnosed and/or treated at MCGHealth. The information documented in the Cancer Registry database is fundamental to the cancer program by providing hospital personnel with information needed to evaluate and plan cancer services.

Cancer data are submitted monthly to the Georgia Comprehensive Cancer Registry and annually to the National Cancer Data Base. In both of these larger databases, our data are pooled with data from other participating facilities. The resulting statistics illustrate statewide and nationwide trends in cancer incidence and help clinicians and researchers evaluate the efficacy of different types of treatment.

The registry was first established in 1985, and since then nearly 18,000 cases have been accessioned in the registry. In 2008, 1,300 analytic and nonanalytic cancer cases were added to the registry. Nine hundred and thirty-four patients were diagnosed or received first course treatment and 366 were treated here for recurrence or progression of their cancer. In 2008, the gender distribution of our
patients showed that more males than females were treated for cancer: 479 (51 percent) of the cancers diagnosed or treated were male patients and 455 (49 percent) were female patients. The top analytic sites for MCGHealth are: lung, 12 percent; breast, 10 percent; prostate, 10 percent; thyroid, 5 percent; and kidney, 4 percent (other sites, 23 percent). The data were compared to national statistics. National top sites are: lung, 15 percent; breast, 13 percent; prostate, 13 percent; colon, 8 percent; and bladder, 5 percent (other sites, 46 percent). The registry staff follows more than 7,000 patients annually to obtain disease status and survival information. The staff maintains a 90 percent follow-up rate.

For more information about the activities of the Cancer Registry, please call 706-721-1768.

Reference: Cancer Facts and Figures: 2008, American Cancer Society

Analytic Cases
Cancer cases initially diagnosed and/or treated at MCGHealth.

Nonanalytic Cases
A patient initially diagnosed and treated elsewhere who is receiving subsequent care at MCGHealth.
2009 Cancer Conferences

Multidisciplinary teams of clinicians meet regularly to discuss various patients, their diagnoses and treatment plans. These conferences are an important tool to ensure that our patients get the benefit of diverse perspectives and creative problem solving.

**Gynecology Tumor Board Conference**
Meeting Frequency: Weekly  
Physician Contact: Sharad Ghamande, M.D.  
Administrative Contact: Luvenia Kelley,  
706-721-3992

**Interdisciplinary Cancer Conference**
Meeting Frequency: Weekly  
Physician Contact: E. James Kruse, D.O.  
Administrative Contact: Allison Sabb,  
706-721-2760

**Head and Neck Tumor Board**
Meeting Frequency: Weekly  
Physician Contact: Lana Jackson, M.D.  
Administrative Contact: Ellie Pryor,  
706-721-6100

**Pediatric Cancer Conference**
Meeting Frequency: Monthly  
Physician Contact: Roger Vega, M.D.  
Administrative Contact: Kathleen McCarty,  
706-721-3626

**Hematology/Pathology Conference**
Meeting Frequency: Weekly  
Physician Contact: Kavita Natarajan, M.D.  
Administrative Contact: Helen Smith,  
706-721-2505

**Urologic Oncology Conference**
Meeting Frequency: Monthly  
Physician Contact: James Brown, M.D.  
Administrative Contact: Allison Sabb,  
706-721-2760

For general information about the cancer conferences, please contact Lonnetta Colton, 706-721-1768.
It has been my honor to serve as the Chairman of the Cancer Committee for the past year.

To maintain our accreditation, we are annually required by the American College of Surgeons Commission on Cancer to identify and develop clinical, community outreach, programmatic and quality improvement objectives. These objectives are used by the Commission on Cancer to evaluate our cancer program.

During the past year, our objectives were:

**Clinical:** Enhance the documentation of our breast cancer pathology reports.

Our physicians are providing additional detailed data about tumors; this improves our ability to study breast cancer demographics.

**Community outreach:** Develop a Cancer Resource Booklet for our patients.

We are gathering information about available community resources to compile into a user-friendly reference guide.

**Programmatic:** Recruit a new radiation oncologist at the Georgia Radiation Therapy Center (GRTC) and a patient navigator for our clinical trials program.

In June, we brought on board radiation oncologist Dr. Catherine Ferguson to see patients at the GRTC. We also hired social worker Bridgett Bloom to give our clinical trials patients one-on-one guidance and support.

**Quality improvement:** Include case abstracts of GRTC patients in our data collection process.

We have been successful in developing a process to capture data about GRTC patients. This has given us a more comprehensive picture of our cancer patient population.

At the beginning of the calendar year, we established significant goals for ourselves. I’m proud of the successes we’ve achieved and thank members of the Cancer Committee.

Sincerely,

E. James Kruse, D.O.
Nurse Charlene Weathers (left) is study coordinator and sub-investigator with Dr. James Craft, radiologist and principal investigator, on a study that compares traditional mammograms with impedance scanning, technology developed by Z-Tech Inc. There is evidence that electrical current passes through cancerous tissue differently than through normal tissue.

Cancer Committee Leadership

E. James Kruse, D.O.
Cancer Committee Chair/Surgical Oncology*

James McLoughlin, M.D.
Cancer Liaison Physician/Quality of Cancer Registry Data Program Coordinator/Surgical Oncology*

Erica Steed
Quality Improvement Program Coordinator/Planning*

Deborah Humphrey
Community Outreach Coordinator/Public Relations*

Lonnetta Colton, RHIA, CTR
Cancer Conference Program Coordinator/Registry Services Administrator*
Cancer Committee
Members

Nicole Aenchbacher, RN, BSN
Breast Health Navigator

Paul Biddinger, M.D.
Pathology*

Steven Black, MBA
Oncology Services Administration*

Pamela Bourbo, RN, BSN, MPH, OCN, CCRC
Cancer Clinical Trials*

James Brown, M.D.
Urologic Oncology

Albert Chang, M.D.
Cardiothoracic Surgery

Kim Cheely, RN, BSN, OCN
Patient Care Services*

Kettely Darden
Social Service*

Wendy Davis, Pharm.D.
Oncology Pharmacy

Nettie Engels
Patient Advisor

Summer Garrison
American Cancer Society Representative

Judith Giri, Ph.D.
Tumor Bank

Kimberly Gray, BBA, CCRP
Pediatric Hematology Oncology

William Hammonds, M.D.
Pain Specialist*

Lana Jackson, M.D.
Otolaryngology/Head and Neck Surgery

Melissa Jarriel, RHIA, CTR, CHP
Health Information Management Services

D. Scott Lind, M.D.
Surgical Oncology

Michael Macfee, M.D.
Gynecologic Oncology

Gina Matosan, RN
Patient Care Services

Amanda May, M.D.
Hematology/Oncology*

Colleen McDonough, M.D.
Pediatric Oncology

Todd Merchen, M.D.
General Surgery

James Rawson, M.D.
Radiation Oncology*

Tracey Slagle, RN, BSN, OCN
Patient Care Services

Jane Willson
Rehabilitation Services

* Position required for accreditation by the American College of Surgeons Commission on Cancer
Contact Us

Dermatologists – 706-721-3291
Jack L. Lesher, Jr., M.D.
Daniel J. Sheehan, M.D. (Mohs surgeon)

Gastrointestinal Surgeons – 706-721-3671
Michael Edwards, M.D.
Bruce V. MacFadyen, M.D.
John Mellinger, M.D.

GYN Oncologists – 706-721-6744
Daron Ferris, M.D.
Sharad A. Ghamande, M.D.
Michael S. Macfee, M.D.

Hepatobiliary Surgeon (Liver) – 706-721-3671
Todd Merchen, M.D.

Neurosurgeon/Gamma Knife Surgeon – 706-721-4581
John R. Vender, M.D.

Oncologists/Hematologists – 706-721-6744
Farrukh Awan, MBBS
Kapil Bhalla, MBBS
Paul A. Bilodeau, M.D.
Teresa A. Coleman, M.D.
Paul M. Dainer, M.D.
Anand P. Jillella, MBBS
Abdullah Kutlar, M.D.
Charles L. Lutcher, M.D.
Amanda D. May, M.D.
Russell R. Moores, M.D.
Kavita Natarajan, MBBS
Asha Nayak, MBBS
Thomas Samuel, M.D.
Celalettin Ustun, M.D.

Otolaryngologists (Head and Neck) – 706-721-4400
Lana Jackson, M.D.
David J. Terris, M.D.

Palliative Care – 706-945-2564
Alison A. Lauber, M.D.

Plastic Surgeons – 706-721-2198
Mabel Gamboa, M.D.
Kenna Given, M.D.
Edmond Ritter, M.D.

Psychiatry/Psychology – 706-721-6597
Lara Stepleman, Ph.D.

Radiation Oncologists – 706-721-2971
Catherine Chang, M.D.
Byron G. Dasher, M.D.
Kelly Drake, M.D.
Catherine Ferguson, M.D.
Jed D. Howington, M.D.
Jerry W. Howington, M.D.
William Dean Martin, M.D.
Chris Sheils, M.D.

Radiologists – 706-721-9729
James Craft, M.D.
Ramon E. Figueroa, M.D.
James Rawson, M.D.
Suzanne Thigpen, M.D.
Hady T. Williams, M.D.

Surgical Oncologists – 706-721-6744
E. James Kruse, D.O.
David Scott Lind, M.D.
James McLoughlin, M.D.

Thoracic Oncology Surgeons – 706-721-3226
(new patients) 706-721-3671 (return patients)
Albert Chang, M.D.
Vijay Patel, M.D.

Urology – 706-721-3042
Ronald W. Lewis, M.D.
Martha Terris, M.D.