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Based in Augusta, Georgia, MCGHealth is a world-class health care network, offering the most comprehensive primary, specialty and sub-specialty 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 healthcare 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 MCGHealth Ambulatory Care Center with more than 80 outpatient clinics in one convenient setting, the MCGHealth Specialized Care Center housing a 13-county regional trauma center and the 154-bed MCGHealth Children’s Medical Center. MCGHealth also includes a variety of dedicated centers and units, such as the off-site 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 clinics, 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 – the health sciences university of the state of Georgia, 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.
Thomas Paine once said, “The nearer any disease approaches to a crisis, the nearer it is to a cure. Danger and deliverance make their advances together, and it is only at the last push, that one or the other takes the lead.”

If what Paine said is true, then we’re on the brink of a breakthrough because cancer deaths reversed a two-year downward trend, increasing by more than 5,000 in 2005. According to data from the American Cancer Society, the death rate declined by 1 percent, compared to 2 percent in 2003 and 2004. Although the death rate remains in decline, the total number of deaths increased due to growth in the overall population.

Cancer deaths peaked in the 1990s and have since steadily declined. The “Annual Report to the Nation on the Status of Cancer, 1975 – 2003” indicates that death rates for men have dropped by 1.6 percent per year from 1993 to 2003. For women the drop was 0.8 percent annually from 1992 to 2003.

Death rates decreased for 11 of the 15 most common cancers in men and for 10 of the 15 most common cancers in women.

The male death rate decreased for lung and bronchus cancer, prostate cancer, colon and rectum cancer, pancreatic cancer, leukemia, non-Hodgkin’s lymphoma, urinary bladder cancer, stomach cancer, brain and nervous system cancer, myeloma and oral cancer. Melanoma and cancers of the esophagus, liver and kidney increased or remained the same.

Deaths due to breast cancer, non-Hodgkin’s lymphoma, leukemia, brain and nervous system cancer, myeloma, stomach cancer, kidney cancer, cervical cancer, urinary bladder cancer, and colon and rectum cancer are occurring less in women. Cancer death rates rose or held steady for lung, pancreas, ovary, uterus and liver cancer. Experts attribute the decline to three factors: earlier detection, more effective treatments and diligence in reducing exposure to tobacco.

The Medical College of Georgia and MCGHealth contribute in these three critical areas through the discoveries we make in our clinical and laboratory research, the treatments we perfect, the diagnostics we fine tune, and the community education and awareness we generate.

This year we are making a major contribution to reducing tobacco exposure by becoming a tobacco-free campus by November 15, 2007, the 31st Great American Smokeout. It is unthinkable that Georgia’s only health sciences university and the region’s only academic medical center would not demonstrate its commitment to health and well-being in this highly visible way. While we hope to serve as a role model for other organizations in our community, we have an even more important goal – to see a decline in cancer rates in the CSRA.
Although the declining U.S. death rate is cause for celebration, the war against cancer is far from over. Cancer continues to take a toll. The American Cancer Society expects almost 1.4 million new cases of cancer to be diagnosed in 2007, and 559,000 deaths are projected.

We are not complacent about the progress being made. If anything, we are escalating the pace with which we can place cancer – all forms of cancer – on the endangered list. The construction of our new outpatient Cancer Center facility will get under way in 2008. The outpatient Cancer Center facility is expected to be completed in 2009. This facility will help us launch a full frontal assault on cancer as we combine comprehensive clinical research and patient care in a state-of-the-art facility that is a stone’s throw from our world-class research building.

Our cadre of dedicated physician-scientists, physicians, nurses and other patient caregivers does its level best each day to ensure that one more person gets a second chance at life. Please join us in our efforts to make a difference.

Sincerely,

Daniel W. Rahn, MD
President
Medical College of Georgia

Don Snell
President and CEO
MCG Health, Inc.

July 1, 2007
I am pleased to report that I’ve seen significant progress since I joined the faculty of the Medical College of Georgia, progress that is evolving one slice at a time. That progress has come in the form of enhancements to our already world-class cancer program, most notably in the areas of successfully creating a Clinical Research Unit, planning for a state-of-the-art Cancer Center outpatient facility, forming multidisciplinary cancer teams to give our patients unparalleled care, and partnering with community oncologists and their patients to supplement and complement their ongoing treatment regimens with Phase I and II protocols.

In 2007, we opened the Clinical Research Unit, a dedicated, Phase I clinical trials unit where patients receive the most innovative treatment therapies that are only available at a select few cancer centers. This unit is supported by a Clinical Research Office that oversees the preparation, submission, review and implementation of Phase I and II protocols. The fact that major pharmaceutical companies are partnering with us to offer Phase I and II clinical trials is a strong testament to our rigorous scientific and clinical standards.

From the Cancer Center Director

While trying to complete a challenging program, President Harry Truman was asked if he would settle for half a loaf. He said he would be willing to settle for a slice at a time.
We are currently planning for the construction of a multimillion-dollar, freestanding outpatient facility that will quickly get the latest methods and technologies from the lab bench to the bedside. In addition to offering a centralized environment for care, our plans also call for patient amenities such as a wellness center, salon, chapel and resource center. A multistory parking garage will connect to the building via an enclosed walkway.

We have set the standard for cancer innovation in the region by establishing multidisciplinary clinical teams to provide a holistic approach to cancer care. Each team consists of representatives of key cancer specialties such as medical oncology, surgical oncology, radiation oncology, pathology and others. A Patient Navigator is also part of the team. This individual assists patients on all supportive aspects of their care, including financial counseling.

The benefits of our multidisciplinary approach are two-fold: First, this approach provides our patients with a form of “one-stop shopping” rather than multiple, individually scheduled consultations. Second, this approach helps identify opportunities to develop novel therapies based on the laboratory research being conducted by our talented investigators.

Pictured, left to right, are members of the Clinical Research Unit team, front row: Dr. Eileen Dickman, manager of the Cancer Center Clinical Trials Office; Pam Bourbo, RN, manager of the Cancer Center Clinical Research Unit; Elaine Peckoo, data manager of the Cancer Center Clinical Research Unit. Back row: Jo Williams, RN, research nurse coordinator; Linda T. Jones, RN, research nurse coordinator; Steve Black, MBA, administrative director of oncology; Christine Sanchez, RN, research nurse coordinator; Kena Poellnitz, clinical research regulatory specialist; Rosemary Chandler, RN, research nurse coordinator; Mark Kochevar, MBA, associate center director for administration; and Stacey Haun, RN, research nurse coordinator.
Current multidisciplinary teams include those working with patients who have breast, genital/urinary/prostate, thoracic, head and neck, gastrointestinal, hematologic, gynecologic, neuro-oncologic and cutaneous malignancies. Our plans include the expansion of this model of care across all clinical cancer programs.

The final slice of progress I’d like to share has to do with our outreach efforts designed to improve the screening, prevention, diagnosis and treatment of cancer for Georgia. We are developing strong, sustainable relationships and referral networks with oncologic practices statewide. Our intent is to provide cutting-edge Phase I and II protocols for patients across the state to complement the services that are already being delivered by local oncology physicians.

In closing, I would like to thank the many highly skilled and devoted healthcare professionals I have been privileged to work with at MCGHealth. From faculty to nurses to administrators, I have no doubt that our slices of progress will very quickly add up to a whole loaf.

Sincerely,

Kapil Bhalla, MD
Founding Director of the MCG Health Cancer Center
July 1, 2007
Cancer Center of Excellence Mission and Vision

We have six centers of excellence, one of which is the Cancer Center of Excellence, that are in various stages of development. Centers of excellence bring together multidisciplinary teams of physicians, the best treatment practices, state-of-the-art technology and the most promising research. A holistic approach is what makes a center of excellence different from other services and distinguishes MCGHealth from its competitors.

Preventing, diagnosing and treating cancer is a priority for MCGHealth and the Medical College of Georgia. Our Cancer Center of Excellence focuses on a 29-county area of Georgia that is home to approximately 900,000 people, including underserved rural populations. This area has an incidence rate of ovarian, pancreatic, bladder and colorectal cancer that is higher than elsewhere in the nation, which is why we are developing strong basic, clinical and translational research programs whose findings quickly reach and benefit our patient population regardless of cancer type.

The mission of the MCGHealth Cancer Center of Excellence is to reduce cancer morbidity and mortality through the application of laboratory and clinical research discoveries that prevent, diagnose, control and treat all types of cancer. Toward that end, we aim to:

• Provide outstanding, compassionate care to patients.

• Conduct cutting-edge translational laboratory and clinical research in cancer causation, diagnosis, treatment and prevention that is especially germane to the particular types of cancer prevalent in this region.

• Educate Georgia’s cancer professionals to meet the current and future challenge of reducing the burden of cancer.

• Serve the region by preventing and controlling cancer through knowledge dissemination and community action.

• Represent the interests of citizens, patients and the medical community on cancer matters at the local, state and national levels.
I issue the same charge to members of our Cancer Committee. The Cancer Committee is a multidisciplinary group of professionals who work to ensure that all aspects of our cancer program live up to their full potential in helping the greatest number of people avoid, overcome and coexist with cancer. In other words, they work to abolish the evil that is cancer and to restore the paradise that is good health.

The Cancer Registry is a very important part of our program. The Cancer Registry collects data about each cancer patient diagnosed or treated at our facilities. Established in 1985, the Cancer Registry now contains more than 17,000 cases. Cancer data are submitted monthly to the Georgia Comprehensive Cancer Registry and annually to the National Cancer Data Base. Our data are pooled with data from other participating facilities in these larger databases. The resulting statistics show statewide and nationwide trends in cancer incidence, and help clinicians and researchers evaluate the efficacy of different types of treatment.

A Registry Services Administrator, a Registry Services Specialist II and a Follow-Up Specialist staff the Cancer Registry. In 2006, the registrars collected demographic, tumor, staging and treatment data on 881 patients. Seven hundred eighty were diagnosed or received first course treatment at MCGHealth, and the others were treated here for recurrence or progression of their cancer. The registry staff follows more than 6,000 patients annually to obtain disease status information. The registrars also coordinate the weekly Multidisciplinary Cancer Conferences and the quarterly Cancer Committee Meetings, help prepare for the triennial American College of Surgeons Commission on Cancer accreditation survey, and report data to clinicians and administrators.

Over the past four months that I have served as Chairman of the Cancer Committee, I have come to appreciate the commitment and caring demonstrated by our health system’s caregivers, administrators and support personnel. I hope you will also enjoy an appreciation of how vast their contributions are as you read our achievements in the following pages.

Sincerely,

D. Scott Lind, MD
Chairman
MCGHealth Cancer Committee
July 1, 2007
The Medical College of Georgia and MCGHealth are assets to the CSRA community and to those living in the Southeast. Be it research that helps find a cure, clinical trials that help improve the efficacy of a treatment or educational seminars that help people understand the nature of their diseases and identify their options, the Medical College of Georgia and MCGHealth are here to help you and your family should you need us.

**Cancer Program Gets Commission Approval**

The MCGHealth Cancer Center passed its triennial survey by the American College of Surgeons Commission on Cancer. The Center was approved with commendation.

According to the Commission, health care institutions involved in the approval program “offer the entire spectrum of cancer control activities, from prevention to rehabilitation and long-term follow-up.” The Commission also says that approved programs “annually diagnose and treat 80 percent of all new cancer cases. This statistic emphasizes the level of commitment to resources that Commission approved programs have made to the care of patients with cancer.”

The Center is the only dedicated inpatient oncology unit in the Augusta area. With the most innovative and technologically advanced treatments, the Center has a multidisciplinary team of nurses, oncologists, surgeons and other cancer specialists to ensure oncology patients receive the best care possible.

**Do You Need Chemo?**

If you are a postmenopausal woman with a small breast tumor, there’s currently no sure way of knowing. That may soon change as Dr. Thomas Samuel, a hematologist/oncologist specializing in breast cancer, joins a nationwide study involving more than 10,000 women to measure tumor aggressiveness based on its DNA.
If you take 100 postmenopausal women with a small tumor that has estrogen receptors—most do—and no sign of the disease having spread to the lymph nodes, probably 12 to 15 of the women need chemotherapy to reduce recurrence. However, all 100 must be treated with chemotherapy because no definitive test currently exists to pinpoint who really needs it. This trial will help differentiate between those who need chemotherapy and those who don’t, thereby saving countless women from the noxious side effects of needless chemotherapy.

October Is the Time to “Think Pink”

During National Breast Cancer Awareness Month in October 2006, MCGHealth hosted weekly Lunch and Learn public seminars to raise awareness of breast cancer and to educate the public on a variety of aspects of the disease. Seminar topics included hereditary and risk factors and risk reduction strategies.

In addition to community awareness, the MCGHealth Breast Health staff participated in the “Save Lids to Save Lives” campaign sponsored by Zeta Tau Alpha sorority and Yoplait® yogurt. For every lid, Yoplait donates 10 cents to the Susan G. Komen Breast Cancer Foundation.

The month-long celebration culminated in the inaugural “In the Pink” party to raise awareness of breast cancer.

Tumors Suppress Immune Response, But How?

For several years, pediatric hematologist/oncologist Dr. David Munn has known that IDO—enzymes used by fetuses to disable the immune system and help avoid rejection—helps tumors form their own protective cocoon to withstand attacks by the body’s immune system.
To do so, IDO recruits regulatory T cells that mute the body’s immune response. He also found that inhibitor drugs might be effective in using the body’s own immune system to suppress tumors. But what has remained a question mark until now is how the IDO recruits regulatory T cells, and how those T cells are activated to become more aggressive and suppressive in the tumor than elsewhere in the body.

Using a tumor animal model, Dr. Munn found that IDO-activated regulatory T cells rapidly become suppressive within a day in lymph nodes connected to the tumor.

His findings further define a tumor’s survival strategy of first recruiting IDO, which helps recruit regulatory T cells, which then impacts the same little-known pathway shown to play an important role in the immune suppression caused by AIDS. Dr. Munn’s research unveiled a link between IDO, regulatory T cells and this novel pathway for the first time. Other researchers have shown in the test tube that the link comes full circle because the regulatory T cells recruit more IDO.

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Dr. Jillella Named to America’s Top Cancer Doctors

Dr. Anand Jillella, professor of medicine and chief of hematology/oncology, earned the distinction of being the only Augusta area physician named to the 2,000-physician list of America’s Top Doctors for Cancers, a reference guide for patients published by Castle Connolly Medical Ltd.

Dr. Jillella’s clinical interest is bone marrow transplantation. His areas of study include bone marrow transplantation, leukemia, lymphoma, multiple myeloma and blood-related cancers.

Bone Marrow Transplant Program Reaches Milestone

Jeannette Morgan of Nahunta, Ga., became the health system’s 200th stem cell transplant patient. The 70-year-old was diagnosed with lymphoma in March 2006 and underwent eight rounds of chemotherapy before being transplanted with her own stem cells. At her bedside is Dr. Anand Jillella, professor of medicine and chief of hematology/oncology.

The MCGHealth Bone Marrow and Stem Cell Transplant Program has treated adults with leukemia, lymphoma and other cancers since 1997. It is the only such program in Georgia outside of Atlanta and serves patients throughout the state.
Dr. Munn’s findings, combined with emerging and existing therapies, may pave the way for new cancer treatments.

Work by Dr. Munn, program leader of the MCGHealth Cancer Immunotherapy Program, and his long-time collaborator Dr. Andrew Mellor, director of the MCG Immunotherapy Center, demonstrated the potential of IDO inhibitors in the treatment of persistent viruses such as HIV.

In 2007, Dr. Mellor delivered seminars about the biology and immunology of IDO. He spoke at the Keystone Symposium in Canada and at the World Immune Regulation Meeting in Switzerland.

The impetus behind the talks was a move by the National Cancer Institute and NewLink Genetics, a biopharmaceutical company, to pursue FDA approval for cancer trials of an IDO-inhibiting drug.

**Clinical Trials Unit Opened**

MCGHealth opened an outpatient Cancer Clinical Research Unit to serve as the temporary home for Phase I oncology clinical trials until the new multimillion-dollar outpatient cancer facility is constructed.

Adult patients with a variety of tumor types, who have exhausted all other treatment options under standard therapy or whose disease is so rare that there are no standard therapies, participate in the Phase I clinical trials. The trials test promising new drugs. If anti-cancer activity is noted, Phase II studies are performed.

In its first clinical trial, the health system became one of only three sites in the United States where an experimental compound made by Novartis was offered. The other two sites are M.D. Anderson Cancer Center in Houston and Dana-Farber Cancer Institute in Boston.

**Most Virulent HPV Strains Studied**

Family medicine physician Dr. Daron Ferris, director of the MCGHealth Gynecologic Cancer Prevention Center, is studying a way to test for the two strains of the human
papilloma virus responsible for 70 percent of cervical cancers. The test uses a cervical scraping like that of a Pap smear.

Data from a National Cancer Institute trial show that if you have a genital infection with HPV types 16 or 18, your chance of getting moderate to severe precancerous cervical changes or cancer is much higher than if you have one of the other HPV types. Dr. Ferris is looking at the type-specific test as well as a test to find the presence of 14 types of cancer-causing HPV. A test that detects 13 types already is commercially available, so the new test could become the second non-type-specific HPV test on the market.

Dr. Ferris, who was involved in early studies of the HPV vaccines, hopes the new tests will one day provide better options for screening for the most common sexually transmitted disease.

**Thyroid Cancer Screenings Held**

Thyroid cancer is now the seventh most common cancer in women. This, and the fact that it can be effectively treated if caught early, led the MCGHealth Thyroid Center to offer free thyroid cancer screenings in October 2006.
Investigational Drug Targets Key Proteins

MCGHealth researchers found a modified version of a heat shock protein in cancer, protein 90. Most heat shock proteins promote cell survival.

Dr. Yonghua Yang, postdoctoral fellow in molecular oncology in the laboratory of Dr. Kapil Bhalla, director of the MCGHealth Cancer Center, is studying a cancer-treatment drug that selectively kills cancer cells because it blocks protein 90. The drug is particularly effective in breast cancer and leukemia.

New Support Group Formed

During the fiscal year, a Blood Cancers and Stem Cell Support Group was formed to provide educational and emotional support to patients, and their families, friends and caregivers. The group meets the fourth Thursday of each month at 6 p.m. For information, call 706-721-2752.

The new group joins our other active cancer support groups:

MCGHealth Breast Cancer Support Group
Second Thursday of each month
6:30 p.m. to 8 p.m.
MCGHealth Breast Health Services
(1st floor, MCGHealth Medical Center)
For more information, call 706-721-4726

MCGHealth Brain Tumor Support Group
Third Thursday of each month
12:15 p.m. to 1:15 p.m.
Family Services Conference Room
(1st Floor, MCGHealth Children’s Medical Center)
For more information, call 706-721-0193

Camp Rainbow Allows Kids to Be Kids

Camp Rainbow, a partner of Camp Twin Lakes in Rutledge, Ga., is a free camp for children with cancer and rare blood diseases and their siblings hosted by the MCGHealth Children’s Medical Center. Staff and volunteers guided 65 children through a fun-filled week of horseback riding, boating and swimming.

Since 1985, Camp Rainbow has provided children with an annual break from their diseases.
Oral Cancer Screenings Held

In April 2007, the Department of Otolaryngology, Head and Neck Surgery held oral cancer screenings to commemorate Oral, Head and Neck Cancer Awareness Week. The screenings were part of a nationwide effort sponsored by the Yul Brynner Head and Neck Cancer Foundation.

The death rate associated with this cancer is particularly high due to the cancer being routinely discovered late in its development. Often it is only discovered when the cancer has metastasized to another location, most likely the lymph nodes of the neck. Prognosis at this stage of discovery is significantly worse than when it is caught in a localized area. Through free screenings, MCGHealth doctors hope to identify oral cancer early.

Prostate Cancer Recurrence Higher Among Those Exposed to Agent Orange

Researchers found that veterans exposed to Agent Orange have a 48 percent increased risk of prostate cancer recurrence following surgery than their unexposed peers, and when the disease comes back, it seems more aggressive.

Allen Recognized for Comforting Patients

Kim Eury Allen, child life specialist at the MCGHealth Children’s Medical Center and director of Camp Rainbow, received the Mighty Mentor award. She was recognized in the September 2006 issue of Augusta Family Magazine published by the Augusta Chronicle for her work to comfort hematology/oncology pediatric patients.

Allen supports a child’s emotional, psychological and educational needs in the healthcare setting. She helps children understand the procedures they will undergo and develop appropriate coping skills. She also helps to distract children during stressful or painful procedures.

Dr. Lind Receives Teaching Award

Dr. D. Scott Lind, professor and chief of the MCGHealth Section of Surgical Oncology and chairman of the Cancer Committee, received an Outstanding Teaching Award from the Association for Surgical Education. The national award is presented annually to up to four individuals actively involved in surgical education.

Dr. Lind also was named an Educator of the Year by first-year MCG medical students and received the class of 2007’s Leonard Tow Humanism in Medicine Award.
Dr. Martha Terris, chief of the Urology Department at the Augusta Veterans Affairs Medical Center and MCG professor of urology, and MCG urology resident Dr. Sagar R. Shah looked at 1,653 veterans who had prostate cancer surgery at Department of Veterans Affairs Medical Centers in five cities between 1990 and 2006. One hundred ninety-nine had been exposed to Agent Orange, a herbicide and defoliant sprayed on the dense forests of Vietnam during the war.

The Dangers of Alternative Tobacco Exposed

MCG researchers have found that newer, increasingly popular tobacco alternatives such as hookah pipes and smokeless tobacco could be more dangerous than smoking cigarettes.

For example, bidis cigarettes – tobacco wrapped in Asian tendu plant leaves and often containing flavorings such as mango, banana or chocolate – contain three times the amount of tar, carbon monoxide and nicotine of regular cigarettes. Bidis cigarettes are popular with young people. Hookah pipes are also growing in popularity among young people. One 45-minute hookah session is comparable to smoking 100 cigarettes at once.

Janie Heath, Ph.D., clinical operations director of the tobacco cessation program and associate dean of academic nursing practice at the MCG School of Nursing, and Sharon Bennett, Ph.D., the MCG School of Nursing’s clinical services director of the tobacco cessation program and an assistant professor of biobehavioral nursing, warned against the dangers of tobacco use and advocated cessation.
Glossary

**Analytic Case** | Cancer case initially diagnosed and/or treated at MCGHealth.

**Nonanalytic Case** | A patient initially diagnosed and treated elsewhere who is receiving subsequent care at MCGHealth.

**Reference Date** | The date after which all eligible cancer cases must be included in our Cancer Registry database. This date is January 1, 1985.

**Tumor Grade** | A method to describe a tumor’s resemblance to the normal tissue from which it arose.

- Grade 1 – Well-differentiated
- Grade 2 – Moderately differentiated
- Grade 3 – Poorly differentiated
- Grade 4 – Undifferentiated, anaplastic

**Neoplasm** | Abnormal growth, such as a tumor.

**Summary Stage** | *In situ* – A neoplasm that fulfills all the microscopic criteria for malignancy except invasion.

- Localized – A neoplasm confined to the site of origin.

- Regional – A neoplasm that has spread by direct extension to immediately adjacent organs or tissue, and may have metastasized to regional lymph nodes or organs, appearing to have spread no further.

- Distant – A neoplasm that has spread beyond immediate adjacent organs or tissues by direct extension, and may have developed a secondary or metastatic tumor.

- Unknown – A neoplasm whose stage cannot be determined from the medical record or from a medical authority.

**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.

*References:* American Cancer Society, National Cancer Institute, National Cancer Data Base and American Joint Committee on Cancer
Development of Novel Pharmacotherapies for Tobacco Dependence: Beyond Nicotine Replacement
Michael T. Bardo, Ph.D.  
Professor, Department of Psychology  
Director, Center for Drug Abuse Research Translation  
University of Kentucky  
Lexington, Ky.

SLC5A8 in Mammary Gland Involution and Breast Cancer
Vadivel Ganapathy, Ph.D.  
Chair and Regents’ Professor, Department of Biochemistry and Molecular Biology  
Medical College of Georgia  
Augusta, Ga.

Regulation of uPA Expression and LPA-stimulated Cell Migration in Cancer Cells
Shuang Huang, Ph.D.  
Assistant Professor, Department of Immunology  
The Scripps Research Institute  
La Jolla, Calif.

Multistage and Circadian Curve Classifications in Cancer Data Analysis
Ashis SenGupta, Ph.D.  
Professor, Department of Statistics  
University of California, Riverside  
Riverside, Calif.

Integrated Profiling of the Cancer Epigenome: From Mechanistic Studies to Cancer Diagnosis
Hui Dong Shi, Ph.D.  
Research Assistant Professor, Department of Pathology and Anatomical Sciences  
University of Missouri-Columbia  
Columbia, Mo.

Genetic Analysis of Human Cancer
Phillip Buckhaults, Ph.D.  
Assistant Professor, Department of Pathology  
University of South Carolina  
Director, South Carolina Cancer Center Tissue Bank  
Columbia, S.C.

To BRCA1 or Not to BRCA1, That Is the Question: IRIS, a BRCA1 Locus Product, Induces Invasive Phenotype in Mammary Epithelial Cells
Wael ElShamy, Ph.D.  
Instructor in Medicine  
Dana-Farber Cancer Institute  
Boston, Mass.

Chemotherapeutic Activity of Dietary Agents Against Pancreatic Cancer
Sanjay K. Srivastava, Ph.D.  
Assistant Professor  
University of Pittsburgh Cancer Institute  
Pittsburgh, Pa.

Genetic and Epigenetic Alterations in Human Cancer: From Bench to Bedside
Mohammed Hoque, DDS, Ph.D.  
Instructor, Department of Otolaryngology-Head & Neck Surgery  
School of Medicine, Johns Hopkins University  
Baltimore, Md.

Adult Marrow-Derived Very Small Embryonic Like (VSEL) Stem Cells – Our Key to Longevity and a Passkey to Cancerogenesis
Mariusz Z. Ratajczak, MD, Ph.D., D.Sci.  
Professor, Department of Microbiology and Immunology  
University of Louisville  
Louisville, Ky.

Menin, a Tumor Suppressor or Tumor Promoter?
Xianxin Hua, MD, Ph.D.  
Assistant Professor, Department of Cancer Biology  
Abramson Family Cancer Research Institute  
University of Pennsylvania  

Development, Implementation and Evaluation of a Nurse-Managed Smoking Cessation Clinic
Sharon Bennett, MN, DNS  
Assistant Professor, Department of Biobehavioral Nursing  
Medical College of Georgia  
Augusta, Ga.

Good, Bad, Ugly – Update on Ovarian Cancer
Sharad Ghamande, MD  
Associate Professor, Obstetrics and Gynecology Section of Gynecologic Oncology  
Medical College of Georgia  
Augusta, Ga.

Regulation, Substrate Specificity and Tumor Suppressing Function of SHP-1
G. Wayne Zhou, Ph.D.  
Associate Professor, Department of Biological Sciences  
Louisiana State University  
Baton Rouge, La.

Oncolytic Bluetongue Viruses for Potential Human Cancer Therapy
Joseph K.-K. Li, Ph.D.  
Professor, Department of Biology  
Utah State University  
Logan, Utah

PET/CT
Samuel Almodovar, MD  
Nuclear Medicine Resident  
University of Alabama at Birmingham  
Birmingham, Ala.

The Quest for Tumor Immunity
Protul Shrikant, Ph.D.  
Investigator, Department of Immunology  
Roswell Park Cancer Institute  
Buffalo, N.Y.

What’s “Hot” in the Treatment of Leukemias
David DeRemer, Pharm.D.  
Clinical Assistant Professor, Clinical and Administrative Pharmacy  
University of Georgia  
Athens, Ga.

Forkhead Transcription Factors in Lung Development and Lung Cancer
Vladimir Kalinichenko, MD, Ph.D.  
Assistant Professor, Department of Medicine and Committee on Developmental Biology  
Pritzker School of Medicine  
University of Chicago  
Chicago, Ill.

Regulation of Apoptosis in Myeloma: How to Kill Cells That Don’t Want to Die
Lawrence Boise, Ph.D.  
Associate Professor, Department of Microbiology and Immunology  
Miller School of Medicine  
University of Miami  
Miami, Fla.
**Distribution by Site/Stage: 2006 Analytic Cases**

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<td>1</td>
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<tr>
<td>Nasopharynx</td>
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<td>Tonsil</td>
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<td>Oropharynx</td>
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<td>Hypopharynx</td>
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<td>5</td>
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</tr>
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<td><strong>Total Oral cavity &amp; pharynx</strong></td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>29</td>
<td>0</td>
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<td><strong>Total Digestive System</strong></td>
<td>8</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>24</td>
<td>0</td>
<td>27</td>
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<td>Digestive System</td>
<td>8</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>24</td>
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<td>27</td>
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<td>Esophagus</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Stomach</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>2</td>
<td>12</td>
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<tr>
<td>Small intestine</td>
<td>0</td>
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<td>0</td>
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<td>3</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>1</td>
<td>32</td>
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<tr>
<td>Rectum &amp; rectosigmoid junction</td>
<td>0</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>20</td>
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<tr>
<td>Anus, anal canal &amp; anorectum</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td>Liver &amp; intrahepatic bile duct</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Other biliary</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Retropertioneum</td>
<td>0</td>
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<td>1</td>
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<td>3</td>
</tr>
<tr>
<td>Retropertioneum, omentum, &amp; mesentery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>Total Digestive System</strong></td>
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<td>7</td>
</tr>
<tr>
<td><strong>Total Respiratory System</strong></td>
<td>8</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>24</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>8</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>24</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Nasal cavity, middle ear and accessory sinuses</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Larynx</td>
<td>0</td>
<td>7</td>
<td>8</td>
<td>1</td>
<td>10</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>0</td>
<td>16</td>
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<td>16</td>
<td>44</td>
<td>0</td>
<td>79</td>
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<tr>
<td><strong>Total Respiratory System</strong></td>
<td>0</td>
<td>23</td>
<td>12</td>
<td>17</td>
<td>57</td>
<td>0</td>
<td>110</td>
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<tr>
<td>Bones, joints &amp; soft tissue</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Bones &amp; joints</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Soft tissue including heart</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total Bones, joints &amp; soft tissue</strong></td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Skin (excluding basal &amp; squamous)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma - skin</td>
<td>7</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>24</td>
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<tr>
<td>Other nonepithelial skin</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total skin (excluding basal &amp; squamous)</strong></td>
<td>7</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td>Breast</td>
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<td>17</td>
<td>10</td>
<td>12</td>
<td>5</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total 2006 analytic cases</strong></td>
<td>44</td>
<td>177</td>
<td>146</td>
<td>85</td>
<td>157</td>
<td>150</td>
<td>22</td>
</tr>
</tbody>
</table>

† Includes primary sites that do not have an AJCC staging scheme
* Excludes in-situ cervical carcinoma
Geographic Distribution of Patients: 2006 Analytic Cases

**Georgia**

Atkinson ....................... 2  
Bacon ................................ 2  
Baldwin............................... 7  
Barrow .................................. 4  
Ben Hill.................................. 1  
Bibb ........................................ 1  
Bleckley................................. 2  
Brantley ................................ 1  
Bryan ..................................... 1  
Bulloch.................................. 4  
Burke................................... 20  
Chatham .............................. 1  
Clarke .................................... 5  
Clinch .................................... 1  
Coffee.................................... 7  
Colquitt ............................... 1  
Columbia ............................. 84  
DeKalb .................................. 1  
Dodge................................... 5  
Effingham....................... 1  
Elbert ..................................... 4  
Emanuel............................... 9  
Evans................................ 1  
Franklin ......................... 2  
Glascock.............................. 5  
Glynn ..................................... 3  
Greene .................................... 13  
Hancock............................... 7  
Houton .................................. 2  
Irwin ..................................... 1  
Jasper ....................... 1  
Pierce .................................... 4  
Wayne ............................... 1  
Kershaw ............................... 1  
Laurens ............................... 1  
McCormick............................. 7  
Oconee .................................. 1  
Saluda .................................. 2  
Spartanburg........................ 1  
South Carolina

Aiken............................... 128  
Allendale............................. 4  
Anderson .............................. 1  
Barnwell ............................... 3  
Beaufort ............................... 1  
Berkeley ............................... 1  
Darlington............................ 1  
Edgefield .............................. 10  
Other Locations

Alabama .............................. 1  
Arizona ............................... 1  
Florida ............................... 1  
Tennessee ............................. 1  

**Georgia Total** 585  
**S.C. Total** 165  
**Other Locations Total** 4  
**Total** 754
At the MCGHealth Cancer Center, we believe that providing excellent care in lung cancer treatment involves strong teamwork. Every week, in a multidisciplinary Thoracic Tumor Board, we discuss patients with conditions ranging from solitary pulmonary nodules to known lung cancer to formulate the best treatment plan for each patient, whether these patients receive their care at the MCGHealth Cancer Center or come only for a second opinion. Our team includes members from thoracic surgery, pulmonary medicine, radiation oncology, medical oncology, pathology and radiology. With this team approach and several new and exciting techniques recently introduced at the MCGHealth Cancer Center, we hope to significantly impact lung cancer treatment, survival and care.

After cardiovascular disease, lung cancer is the most important health problem in the United States and the industrialized world. While lung cancer is the second most common cancer diagnosed in men and women in the United States, it remains the leading cause of death from cancer. Lung cancer causes more deaths than breast, prostate, colorectal and pancreatic cancers combined. Tobacco cessation remains the cornerstone in improving lung cancer survival, as the majority of all cases are caused by smoking.

Early detection and screening tests for lung cancer remain controversial. While recently publicized studies in the *New England Journal of Medicine* and the *Journal of the American Medical Association* found somewhat conflicting results, an ongoing trial by the National Cancer Institute will possibly answer the question on the use of computed tomography scanning (CT scans) for lung cancer screening.

![Figure 1](image_url)

**Figure 1**

*Lung Cancers 2002–2006: Survival by Stage at Diagnosis*
or CAT scan) as an effective screening tool. In the meantime, all pulmonary nodules detected on radiographic studies should be investigated or followed by a thoracic surgeon and/or a pulmonologist interested in treating lung cancer, as lung cancer treated at an early stage has better survival rates [Figure 1].

In 2006, an estimated 174,470 Americans developed lung cancer, resulting in 162,460 deaths. The majority of all patients are diagnosed between the ages of 40 and 80 years old. Lung cancer can be divided into two types: nonsmall cell lung cancer and small cell lung cancer. Nonsmall cell lung cancer accounts for almost 90 percent of all lung cancers and can be treated by surgery, chemotherapy, and radiation therapy. Small cell lung cancer is usually advanced at the time of diagnosis and is treated with chemotherapy and radiation therapy. Unfortunately, the majority of all lung cancer patients are diagnosed at a later stage, when treatment options are more limited. The five-year survival rate from lung cancer remains dismal, at 15 percent for all stages. However, advances in screening and new treatment strategies may significantly improve outcomes.

In Georgia, an estimated 4,860 lung cancer cases (out of 36,650 total cancer cases) were diagnosed with 4,530 deaths (out of 14,790 total cancer deaths) expected from lung cancer. Over the past four years, 439 lung cancer cases were diagnosed and/or treated at the MCGHealth Cancer Center, with 79 new cases of lung cancer seen in 2006. The median age at diagnosis was 61 years old [Figure 2].

![Figure 2](image-url)

2006 Lung Cancers: Age at Diagnosis
More than 60 percent of patients were white [Figure 3] and more than 90 percent had non-small cell lung cancer. As seen nationally, the majority of patients (greater than 75 percent) presented at a late stage [Figure 4]. The majority of early stage patients underwent surgery as their only treatment, and later stage patients underwent chemotherapy and/or radiation [Figure 5]. Several patients were diagnosed at the MCGHealth Cancer Center or received a second opinion, but had their care done locally. Our five-year survival rate for all stages is almost 22 percent, which is slightly better than the national average.

At the MCGHealth Cancer Center, we have several new treatments for lung cancer. For early stage cancers, we use minimally invasive surgery techniques (also known as video-assisted thoracic surgery, or VATS). Instead of going between the ribs with a 12-inch incision, we perform anatomic or complete lung resections through a three-inch total incision without spreading the ribs. This technique decreases postoperative pain, hospital length of stay and
complications. It allows patients to return to work and normal activities in almost half the time. For patients who cannot undergo lung resection, we are introducing two new techniques – radiofrequency ablation and stereotactic radiotherapy – that will treat early stage cancers without surgery. For later stage cancers, we have several innovative chemotherapy treatments developed at the MCGHealth Cancer Center to fight cancer and stop the progression of cancer. In addition, we work closely with our research colleagues who are actively developing novel drugs to target cancer cells. We meet regularly to discuss the most current treatment strategies at our Thoracic Research Conference, which includes experts from both the clinical and research fields.

Lung cancer is the most important cancer problem in the state and the nation. However, our team of dedicated cancer specialists combined with our focus on Patient Family Centered Care helps us improve the survival and care of patients with lung cancer.

Figure 5
2006 Lung Cancers: 1st Course
Treatment by Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Unknown</th>
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</thead>
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<tr>
<td>No treatment</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>R</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>S</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R,C</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>12</td>
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<tr>
<td>S,C</td>
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<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S,R,C</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown if treated</td>
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<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Total

Treatment Codes:

C - Chemotherapy  R - Radiation therapy  S - Surgery at primary site
**Statistical Summary**

According to the American Cancer Society, an estimated 1,399,790 new cancer cases were diagnosed in the United States in 2006. An estimated 36,650 cases were diagnosed in Georgia, with MCGHealth reporting 2.1 percent of those cases.

Bronchus/lung, prostate and breast were the three cancers most frequently diagnosed and treated at MCGHealth. This agrees with the leading cancer sites predicted for the United States. In the nation, the gender distribution for all cancers was estimated to be almost equal, with 51.5 percent of cancers occurring in males and 48.5 percent occurring in females. In 2006, MCGHealth gender distribution showed that more females than males were treated for cancer.

<table>
<thead>
<tr>
<th>Site</th>
<th>Incidence: 2006 Analytic Cases</th>
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</thead>
<tbody>
<tr>
<td>Breast (Female)</td>
<td>MCGHealth</td>
</tr>
<tr>
<td>Cervix</td>
<td></td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td></td>
</tr>
<tr>
<td>Uterus</td>
<td></td>
</tr>
<tr>
<td>Leukemia</td>
<td></td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td></td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td></td>
</tr>
</tbody>
</table>

Reference: Cancer Facts and Figures: 2006, American Cancer Society
Four hundred and twenty (53.8 percent) of the cancers diagnosed or treated at MCGHealth were in female patients and 361 (46.2 percent) were in male patients.

About 76 percent of cancers are diagnosed at age 55 and older according to the American Cancer Society. At MCGHealth, 441 patients aged 55 and older were diagnosed or treated during 2006. This accounts for 60.3 percent of cancers treated at MCGHealth in 2006.

In 2006, 77.6 percent of MCGHealth’s cancer patients came from Georgia, 21.9 percent from South Carolina, and 0.5 percent from other states and countries.
Cancer Committee

Leadership

D. Scott Lind, MD
Cancer Committee Chair*

Erica Gollett-Reid
Quality Improvement Program Coordinator*

Deborah Humphrey
Community Outreach Coordinator*

E. James Kruse, MD
Cancer Liaison Physician/Quality of Cancer Registry Data Program Coordinator*

Miriam Williams, RHIA, CTR
Cancer Conference Program Coordinator*

Members

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Pediatric Patient Care Services

Andy Anderson
Community Member, American Cancer Society Volunteer

Paul Bidding, MD
Pathology*

Steven Black, MBA
Cancer Services Administration*

Roni Bollag, MD
Pathology

Pamela Bourbo, RN, BSN, OCN
Cancer Clinical Trials

James Brown, MD
Urologic Oncology

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Michelle Christiano
Office of Human Research Protection

Wendy Davis, PharmD
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Pediatric Clinical Research Data Manager

John Greskovich, MD
Radiation Oncology*

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Melissa Jarriel, RHIA, CTR, CHP
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Michael MacFee, MD
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Amanda May, MD
Hematology-Oncology*

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Audrey Rhee, MD
Urology

Carolyn Sanders, CTR
Registry Services

David Terris, MD
Head and Neck Surgery

Roger Vega, MD
Pediatric Oncology

Alfredo Voloschin, MD
Neuro-oncology

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

On the Web
mcghealth.org/cancer

For Patients
For more information on our comprehensive cancer program or to schedule an appointment, call 706-721-CARE (2273) or 800-736-CARE (2273).

For more information on cancer prevention clinical trials, call Darlene Gibson, RN, at 706-721-4335, or visit mcg.edu/news/newsbriefs/studies.html.

For more information on the MCGHealth Breast Cancer Support Group, call 706-721-4726; the MCGHealth Gynecologic Cancer Support Group, call 706-721-8978; the MCGHealth Brain Tumor Support Group, call 706-721-0193; and the MCGHealth Blood Cancers and Stem Cell Support Group, call 706-721-2752.

For Physicians
Specially trained health referral specialists answer calls 24/7 to connect you directly with the MCGHealth physician you request or the on-call physician.

MCGHealth Physicians Direct
(800-733-1828)

You can:
• Reach MCGHealth physicians’ offices to arrange appointments.
• Consult with faculty physicians.
• Follow up on patient status.
• Access clinical studies and receive research updates.
• Access other MCGHealth professional programs and services, including continuing medical education and the medical library.

MCGHealth Transfer Direct
Emergency Communications Center
(800-733-1828)

Our experienced paramedics will:
• Arrange emergency patient transfers.
• Arrange helicopter transport.
• Stay on the line while you speak with an attending physician or specialist.
• Handle your request for the Pediatric Transport Team.
Errata

The following two charts were inadvertently omitted from our 2007 MCGHealth Cancer Report. One of the charts represents lung cancer survival by stage and the other is a comparison of the percentage of lung cancer cases diagnosed at MCGHealth versus other hospitals across the nation.

Source: National Cancer Database

STAGE of Lung, Bronchus - Non-Small Cell Carcinoma Cancer Diagnosed 2000 to 2005

Source: NCDB, CoC, ACoS.