



It's all
in the
details.

Baptist
CANCER SERVICES

It's All In The Details

Something Small

In 1937, boat builders at Brockman & Titcombe of Margate, England, completed an open fishing and sailing boat constructed of Canadian spruce. Just under 15 feet long, the "Tamzine" was shorter than most current day midsize SUVs. The Tamzine was clinker-built, a technique that produces a light, flexible boat, ideal for navigating the nearby rough seas.

In spite of its small size and unremarkable purpose, today the "Tamzine" occupies a place of honor in the Imperial War Museum in London. Between May 27 and June 4, 1940, this humble wooden boat joined more than 900 private vessels in "Operation Dynamo," a World War II rescue that became known as the "Miracle of Dunkirk."

At that time, British soldiers were hemmed against the French coastline by the advancing German army, and facing almost certain annihilation. In a desperate effort to rescue them, the British Navy issued a call to the general public to provide as many shallow draught vessels as possible to ferry the soldiers across the English Channel to safety in England.

Manning the boats were citizen volunteers of all stripes: bankers and dentists, taxi drivers and yachtsmen, longshoremen, boys, engineers, fishermen and civil servants. For the nine days of the operation, the beach where the British soldiers waited for rescue was under constant attack from German artillery, bombers and fighter planes.

When the evacuation started, the British hoped they could evacuate 45,000 troops. At the end, 338,226 troops had been saved. Of the 900 assorted vessels that answered the call -- passenger ferries, hospital ships, fishing boats, fire ships, paddle steamers,

private yachts and Belgium barges -- the "Tamzine" held the distinction of being the smallest of them all.

It's All in the Details

The Tamzine's role in a pivotal moment of triumph in World War II says a lot about the power of details. The little boat was small, but the particulars of its construction made it ideally suited not only for handling the rough chop of the English Channel, but also for getting close to the beach where men awaited help. It also shows that, in issues of life and death, there's no effort that's too small to matter.

At Baptist Cancer Services, we are part of a healthcare organization that has also received a place of honor for our efforts. Our numerous quality awards and certifications demonstrate that our attention to the smallest details adds up to consistently good outcomes for the patients we are here to help. And, our focus on the emotional, spiritual and mental wellbeing of our patients and their loved ones shows our commitment to make every effort on their behalf.

In the pages of this report, you'll see how we work as a team to help our patients navigate the sometime difficult waters of a cancer diagnosis. It's all hands on deck. And it's all about the details.

Hardwiring Patient Safety Into the Details

It's important to guard all patients from hospital-acquired infections, medical errors and even inconvenient delays in treatment. But for cancer patients, who are frequently immunosuppressed from the deleterious effects of treatment regimens, safeguards are especially critical.

As part of our ongoing effort to hardwire patient safety into routine operations, Baptist Cancer Services has adopted strategic policies and protocols. Joint Commission has cited more than one of these as “best practices.”

One of the cited protocols concerns our methods for checking – and double-checking – a patient’s blood type prior to blood transfusion. At Baptist, the patient’s nurse accompanies laboratory staff to the patient’s bed or infusion chair. Together, they verify the patient’s name and armband and compare it to the label on the blood product to be infused. Before infusion begins, the lab tech obtains a small blood sample from the patient, and at the bedside, examines the blood on a slide to verify the blood product is correctly matched to the patient’s blood type. With two professionals involved in the multiple safety checks, the risk of error is reduced.

Another Joint Commission-cited best practice is Baptist’s use of an onsite pharmacy in the outpatient infusion clinic at Hederman Cancer Center. Oncology pharmacists are readily available to mix chemotherapy drugs as soon as a patient’s lab work shows they can tolerate treatment. Not only does this prevent treatment delays, it also means the pharmacist is nearby to answer questions from the patient or the patient’s healthcare team.

Within Baptist Medical Center at large, daily Safety-Quality Update meetings bring critical staff together to focus on key issues related to quality and safety issues. Topics on each day’s agenda include delays in care, issues with equipment, IT concerns, pharmacy delays and employee injuries. Representatives from every unit at Baptist describe issues that impacted them in the past 24 hours. The group also gets feedback from a chart audit pertaining to key quality measures. Since implementing the daily meetings, the incidence of hospital acquired infections, such as Central Line Acquired Blood Stream Infection (CLABSI) and

Catheter Associated Urinary Tract infections (CAUTI) has been significantly reduced. In fact, there was a 50% reduction of CLABSIs from 2015 to 2016.

Our Team: Well Rounded, Knowledgeable, and Proficient

Managing the complex care of patients with cancer can involve a number of medical specialties and clinical teams. Competently managing everything from post-surgical care to chemotherapy and radiation side effects requires a command of knowledge that leaves no detail unexamined.

At Baptist Cancer Services, our healthcare team includes professional staff with specialized training in a range of areas that gives our patients advanced cancer care options.

Certified Cancer Nurses

Our staff includes a number of nurses who have earned the Oncology Certified Nurse certification. The certification program is only available for nurses experienced in the care of cancer patients. Additionally, they must pass a rigorous examination that covers nine major subject areas related to oncology. These highly knowledgeable nurses are a valuable resource for cancer patients and their families.

35% of Baptist Cancer Services are OCN certified.

Additionally, all nurses who administer chemotherapy are certified through the Oncology Nursing Society in Chemotherapy Biotherapy.

Highly Specialized Medical Staff

All physicians on staff at Baptist Medical Center are board certified, many with subspecialty training and proficiency in advanced procedures.

Radiation oncologists at Baptist have specialized training in the use of the CyberKnife® robotic stereotactic radiosurgery system for knifeless surgery. Urologists have advanced training on the da Vinci® Robotic Surgery system for minimally invasive prostatectomies. Pulmonologists and our thoracic surgeon use navigational bronchoscopy to find and reach tumors located in the periphery of the lungs, where a normal bronchoscope cannot be used. With navigational bronchoscopy, doctors can find lung tumors, take biopsies and administer treatment.

Surgical subspecialists include, among others, thoracic and colorectal surgeons.

The medical teams are highly collaborative, with weekly tumor board meetings that are well attended with participation from a broad range of specialties.

Beyond the Details

Successfully managing the demands of cancer treatment requires careful scrutiny of the small details. But it's equally true that the healthcare team can't lose sight of the bigger picture of the patient's life apart from the diagnosis. A patient doesn't stop being a wife, a grandfather, a friend, a co-worker and all the other roles that make them who they are.

Helping our patients find the balance between both worlds are three Patient Navigators, one designated to breast cancer patients, and two who assist cancer patients of all types.

A Ready Resource for Patients

Baptist's three navigators, all registered nurses, serve as the patient's single point of contact for questions related to their cancer care at Baptist. The Navigator's goal is to make it easy for patients and their families to access the services and information that will help them better manage all aspects of diagnosis, treatment, recovery and follow-up care.

The Navigators assess the needs of both patients and caregivers; direct them to appropriate support services; and educate patients and caregivers on any issues related to a patient's diagnosis. The Navigators also coordinate all cancer support groups and activities.

The Hederman Cancer Center: All the Details Come Together

Since the Hederman Cancer Center at Baptist Cancer Services opened in 2002, more than 28,000 cancer cases have been entrusted to our care. Though no two have been alike, they all have at least one thing in common: a need to get the best care possible in a supportive environment.

Before the first nail was ever driven into the Hederman Cancer Center, Baptist's leaders determined to make patients the deciding factor for all questions related to design. Of first consideration as architectural plans took shape was our cancer patients' need for easy access. The goal was to give our patients access, through a single door, to every possible treatment and support program they might need.

Fourteen years later, the details of the original design remain as relevant and supportive as ever. Through the front door of the Center, patients can

access a broad range of services, such as:

- radiation therapy
- chemotherapy
- physician offices
- radiology and other diagnostic testing
- support groups
- counseling services
- Patient Navigators

Hospitalized patients are connected to all the services within the Hederman Cancer Center by means of a dedicated elevator that connects the oncology unit at Baptist Medical Center directly to the Center. Patients may park directly outside the Hederman Cancer Center in a parking lot designated for their exclusive use.

The Details Come Full Circle

As clinical teams manage the medical care of our patients, other members of Baptist Cancer Services' support staff bring their expertise to bear for comprehensive support. Support groups, including "The Positive Ones" for breast cancer patients, "Walking Forward" for gynecological cancer patients, and "Caregivers" for family members in all caregiving roles, provide an environment where patients and caregivers can gain encouragement.

In addition to support groups, the Hederman Cancer Center provides professionals in a range of disciplines to round out the services we offer. All services are provided to our patients at no charge.

Cancer Patient Orientation Program

Baptist Cancer Services provides a patient orientation program that gives patients a complete overview of cancer treatment, combining information about radiation therapy, chemotherapy, nutrition and several other important topics.

Spiritual Support

Baptist's Pastoral Care department provides spiritual support and emotional care through counseling, prayer and worship opportunities for patients and family members.

Nutritional Support

The center's Nutrition Specialist, a registered dietitian, is available to help patients, friends and family with the special dietary needs of cancer patients.

"Standing Strong" - Cancer Rehab

Standing Strong is a free, supervised cancer rehab program offered to cancer patients at Baptist. Our Healthplex staff oversees the program and creates an individualized exercise program for participants.

Case Management

A social worker is available to help patients and their families with issues related to Medicaid, Medicare, SSI, Disability and Vocational Rehabilitation.

Chair Massage

To help cancer patients and their family members with stress relief and relaxation during treatment, Baptist Cancer Services offers occasional massage therapy sessions with a licensed massage therapist.

Pharmacy Services

A registered pharmacist offers patient education and serves patients' chemotherapy needs from a satellite pharmacy located adjacent to the Outpatient Infusion clinic on the second floor of the Hederman Cancer Center.

Psychosocial Support for Patients

Supportive counseling from a psychologist is available to help cancer patients and their families develop coping strategies for managing the emotional aspects of cancer treatment.

Resource Library

The Cancer Resource Library is available for cancer patients, family members and members of the community to find information on cancer diagnosis, treatment and screenings.

The Serenity Garden

Located directly outside the Hederman Cancer Center, the Serenity Garden offers a private, secluded area where cancer patients and their families can enjoy peace and quiet, fresh air and a place to "escape."

Additional Services

In addition to free support programs, Baptist Cancer Services provides easy access to other specialized services that may be covered by insurance.

- *Appearances*, Baptist's retail boutique, specializes in hats, wigs, scarves and other products for cancer patients. It is located on the ground floor of the Hederman Cancer Center.
- Lymphedema Management Program
To assist patients with lymphedema, a not-uncommon side effect of some cancer treatments, Baptist offers a two-phase treatment program administered by a physical therapist certified in lymphedema management.

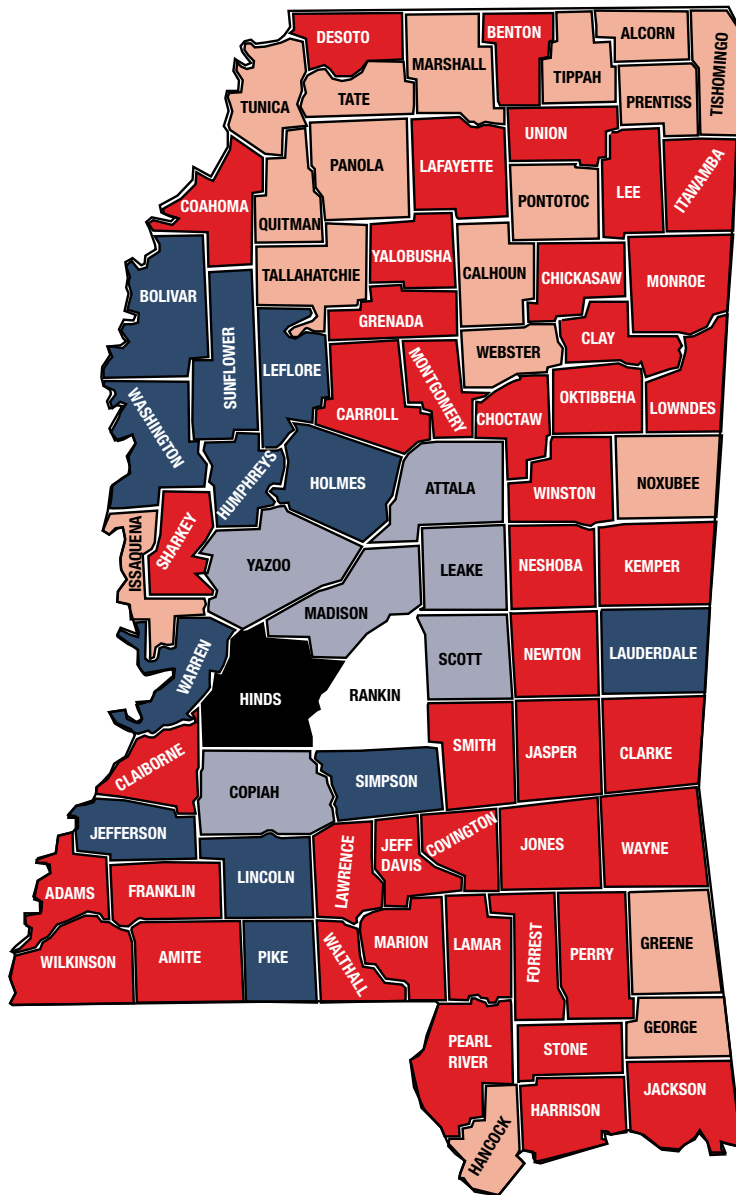
Service Continues Outside Our Walls

Baptist Cancer Services provides support to our community at large through screening programs and educational activities. Our "Breast Basic" screening provides screening mammograms at cost for women with no insurance or high deductibles. Women who lack the ability to pay the discounted rate may be helped by fund for the girls, a fund of Baptist Health Foundation, that provides screening mammograms and other breast health services at no cost.

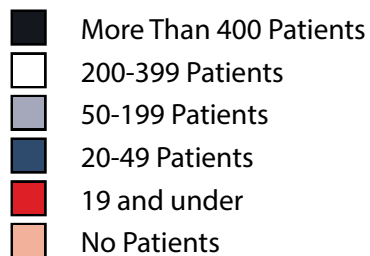
The "Lung Select" low dose CT screening program targets adults with a significant history of smoking. The Lung Cancer Alliance has named Baptist as a Screening Center of Excellence.

Other programs include annual skin screenings, offered through the Baptist Medical Clinic network, and community educational seminars.

2015 Cancer Cases



Cases by County (1,946)

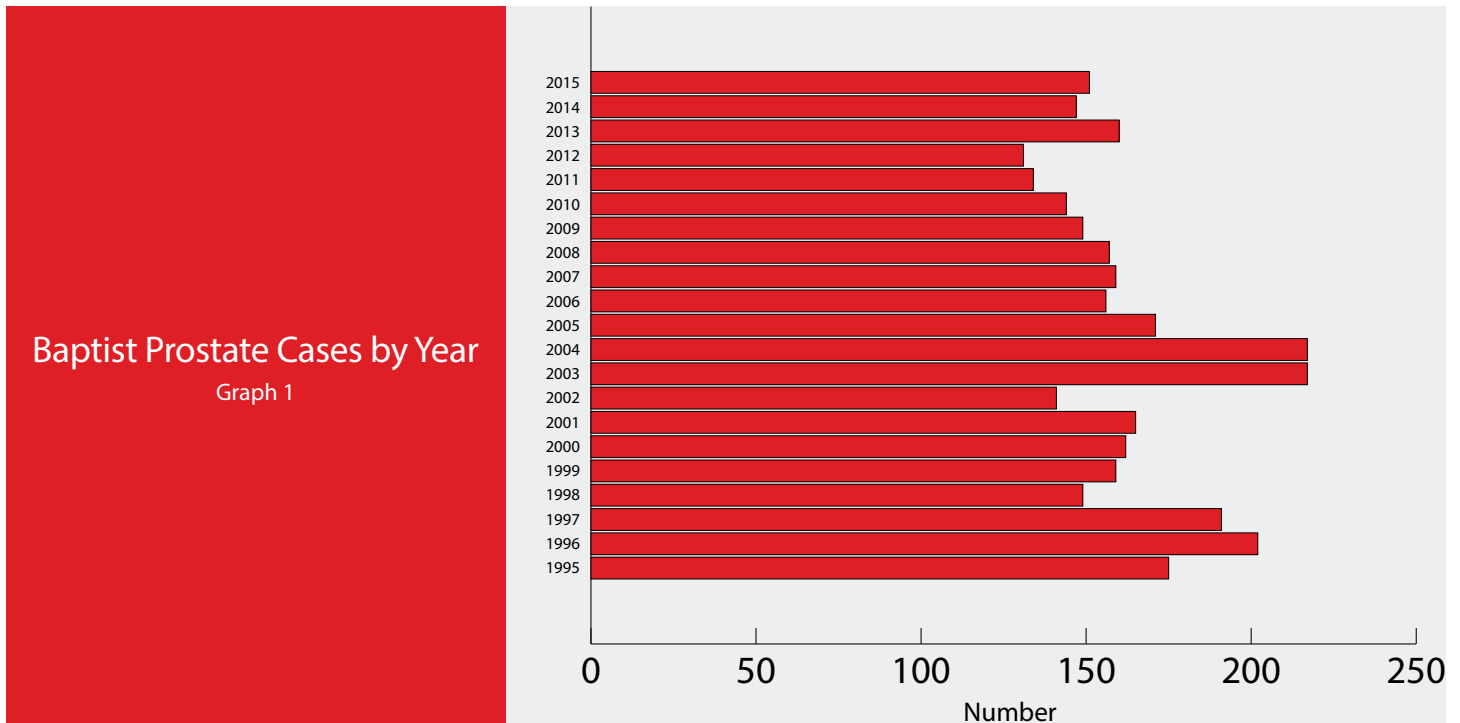


Out-of-State Cases (28)

Alabama - 4	Florida - 1
Arkansas - 2	Louisiana - 17
California - 3	Nevada - 1

Primary Site Study – Prostate Cancer

Prostate cancer is one of Baptist Medical Center’s most commonly seen sites of cancer with over 3400 men diagnosed and treated in the last twenty years. (Graph 1) It is estimated 180,890 men in the U. S. will be diagnosed with prostate cancer in 2016 according to the American Cancer Society (ACS) making prostate cancer the most common cancer (other than skin) in men in the United States. Approximately one out of every seven men will be diagnosed with prostate cancer in his lifetime. Prostate cancer is the second leading cause of cancer death in American men following lung cancer. About one man in every 39 will die of prostate cancer for an estimated 26,120 deaths in 2016 according to ACS. (1)



Purpose

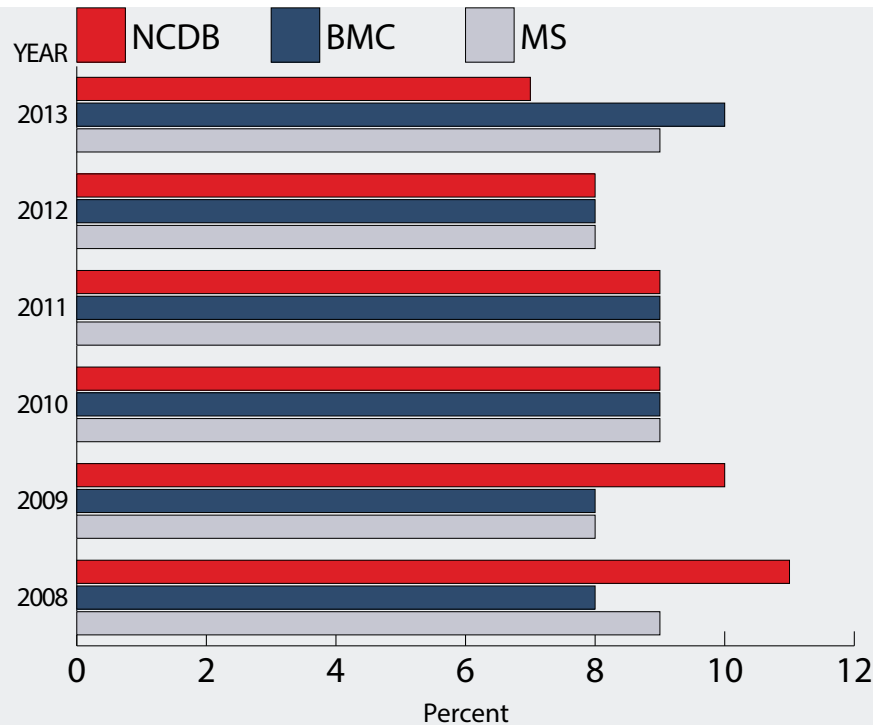
The purpose of this review is to look at patterns of care and outcomes of prostate cancer treated at Baptist Medical Center (BMC) as well as to review United States statistics from the National Cancer Data Base (NCDB). NCDB is a nationwide oncology database of over 1500 hospitals from 50 states, a joint project between the Commission on Cancer of the American College of Surgeons and the American Cancer Society. Criteria used for this review will be from NCDB data from comprehensive community cancer centers in the Mid- South division (59 hospitals) for patients diagnosed during the years 2003-2013. The Mississippi data used in this review is from seven hospitals in Mississippi. (2)

Incidence

For this review of prostate cancer, 2003 – 2013 NCDB regional data reported 24,532 or 11% of cancer patients, Mississippi 9,299 or (10%) and BMC 1,901 (11%) cancer patients with prostate carcinoma. (Graph 2)

Incidence of Prostate Cancer

Graph 2

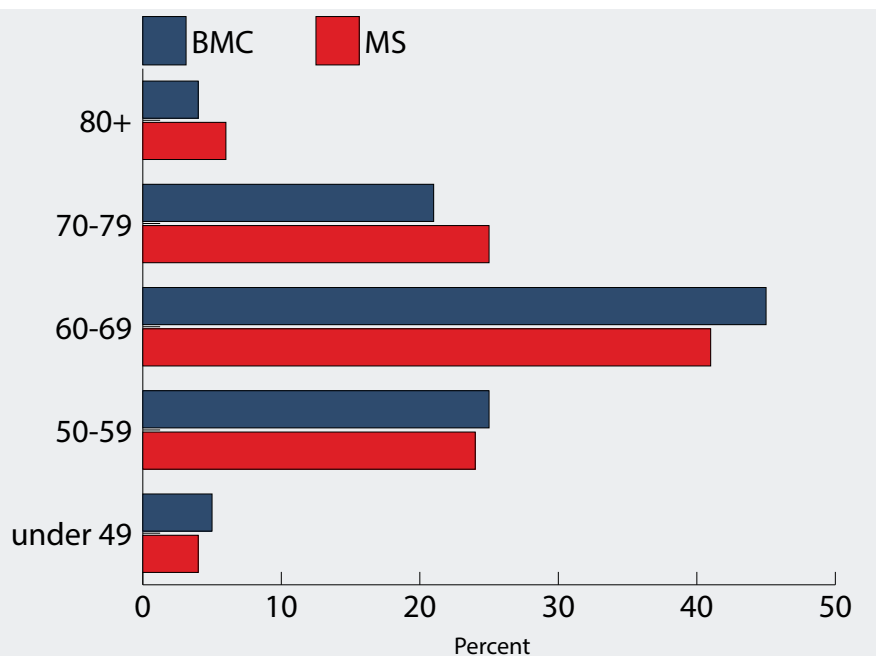


Risk Factors for prostate cancer

Some of the risk factors for prostate cancer include age, race/ethnicity, geography, family history and genetics. Prostate cancer is rare under the age of 40 and more common over age 65. This data review reveals 5% or fewer under age 49 and 70% over age 60. BMC has 75% of patients under age 70 and NCDB has 69%. (Graph 3) Prostate cancer occurs more often in African-American men who are more than twice as likely to die from prostate cancer than non-African-American men. Prostate cancer is most common in North America, northwestern Europe, Australia, and the Caribbean Islands. It is less common in Asia, Africa, Central and South America. Reasons for this bias are unclear, but more screening in developed countries and lifestyles (diet) may play a role. Family history of a dad or brother having prostate cancer doubles a man's risk but the risk is higher for men who have a brother with the disease than those with a diagnosed father. Higher risk includes having several affected relatives and if they were young when diagnosed. Research is currently being done on inherited and acquired gene changes and the risk of developing prostate cancer.

Age at Diagnosis

Graph 3

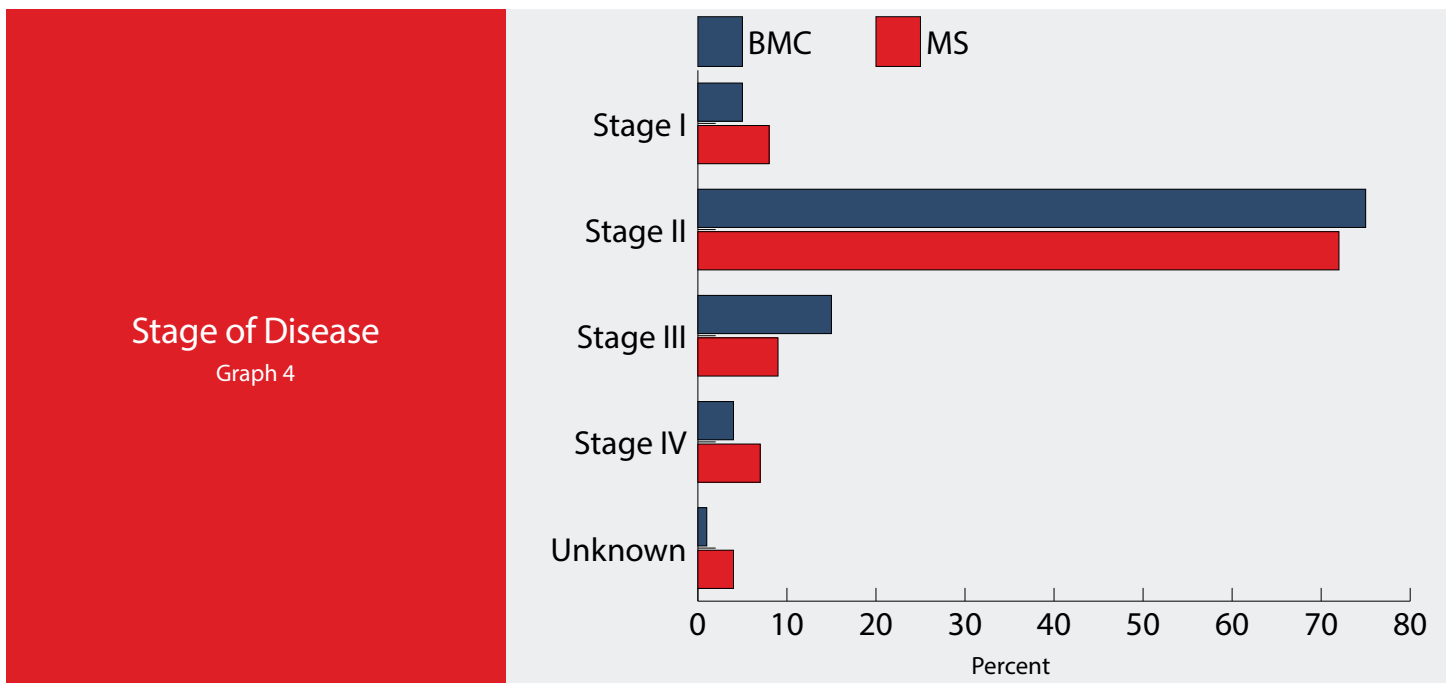


Screening

Prostate cancer can often be found before symptoms arise by performing a blood test, prostate-specific antigen (PSA) along with a digital rectal exam (DRE). There is no question that screening helps find prostate cancer early but there are some questions about whether the benefits of screening outweigh the risks for most men. There are pros and cons discussed by other sources. At this time the ACS recommends that men thinking about being screened for prostate cancer make informed decisions based on available information, discussion with their doctor and their own views on the possible benefits, risks, and limits of prostate screening. (1)

Stage of Disease

The American Joint Committee on Cancer (AJCC) uses standard methods to stage prostate cancer by evaluating the tumor (T), regional lymph nodes (N), and metastasis (M) along with the PSA level and Gleason score from the pathology report of the biopsy or surgery. (3) The T values range from T1 when the doctor cannot feel or see cancer on imaging up to T4 in which the cancer has grown into surrounding tissues/organs. The N values are N0 for “no nodes involved with cancer” and N1 for “nodes involved with cancer”. The M values are M0, “no spread of the cancer”; M1a, “spread to lymph nodes outside the pelvis”; M1b, “spread to bones” and M1c, “spread to organs such as the lung, liver, or other organs”. Once the TNM values are determined, a Stage of disease is derived ranging from Stage I (least amount of disease) to a Stage IV (the most amount of disease). The data review reveals 80% are stage I and II. (Graph 4)

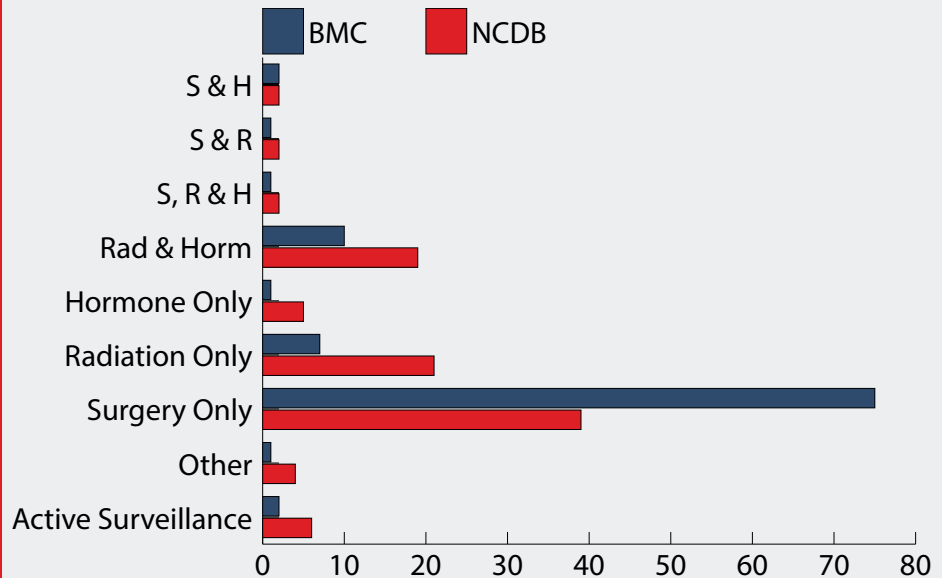


Treatment

There are many treatment options for prostate cancer which includes surgery, radiation, hormonal treatment either alone or in combination, as well as no therapy (active surveillance). Many factors including age, stage, and overall health all play a part in the decision for treatment. Surgery is the most common treatment followed by radiation and hormonal therapy which is revealed in the data sets. Baptist has a higher surgery rate which correlates with 80% of patients having a Stage I or II disease and younger age. Radiation was given in 20% of BMC patients with 11% receiving external beam radiation and 8% brachytherapy. The NCDB data revealed 40% received surgery, 43% receiving radiation (34% external beam and 9% brachytherapy). Active surveillance was given for 2% of BMC and 6% of NCDB patients. (Graph 5)

First Course Treatment

Graph 5

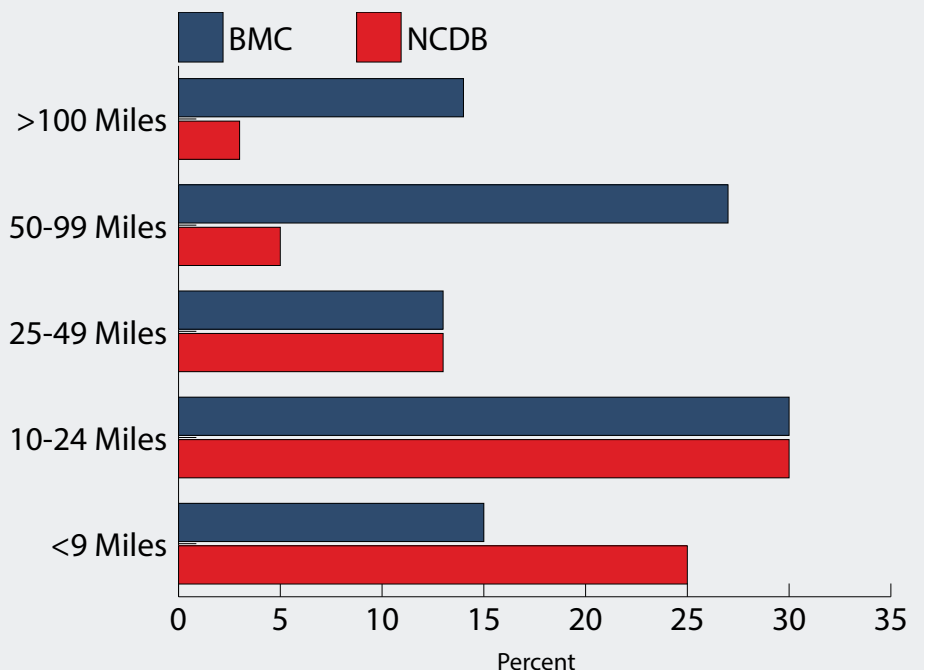


Distance Traveled For Prostate Cancer Treatment

Review of the data for the miles traveled to treatment for prostate cancer patients reveals 27% of BMC patients travel more than 50 miles each way for treatment and 14% travel over 100 miles which is a higher percentage of patients traveling further than the NCDB data. (Graph 6) Baptist can assist patients and their care providers in finding temporary lodging during cancer treatment. The American Cancer Society Hope Lodge is coming soon to the Jackson area, and the Hope House is already providing lodging for qualified patients. The American Cancer Society partners with local motels to provide temporary lodging for patients under treatment on a space-available basis.

Distance Traveled for Treatment

Graph 6



Summary

Prostate cancer has been BMC's third top site of cancer for over twenty years. The incidence of prostate cancer for all the data sets is comparable at 11% during the 2003 to 2013 time frame. BMC had a higher percentage of younger patients 75% to 69% NCDB. BMC data compares favorably with NCDB data with stage of disease and the majority being Stage I and II. Review of treatment for prostate cancer reveals surgery most common then radiation and/or hormonal therapy. BMC has a higher surgery rate which is indicative of younger age and majority of patients having (early) Stage I and II disease. BMC has physicians with the expertise to perform radical prostatectomy using minimally invasive technology provided by the daVinci Surgical System™ which offers faster recovery time, less post-operative pain, less blood loss during surgery and quicker return of urinary control and erectile function. The types of radiation therapy given are all similar between data sets. Baptist Cancer Services has radiation oncology services to include the TrueBeam™ Radiotherapy System for external beam therapy and brachytherapy to include palladium seeds with physicians and technology to treat prostate cancer.

National Recognition - HealthGrades Awards

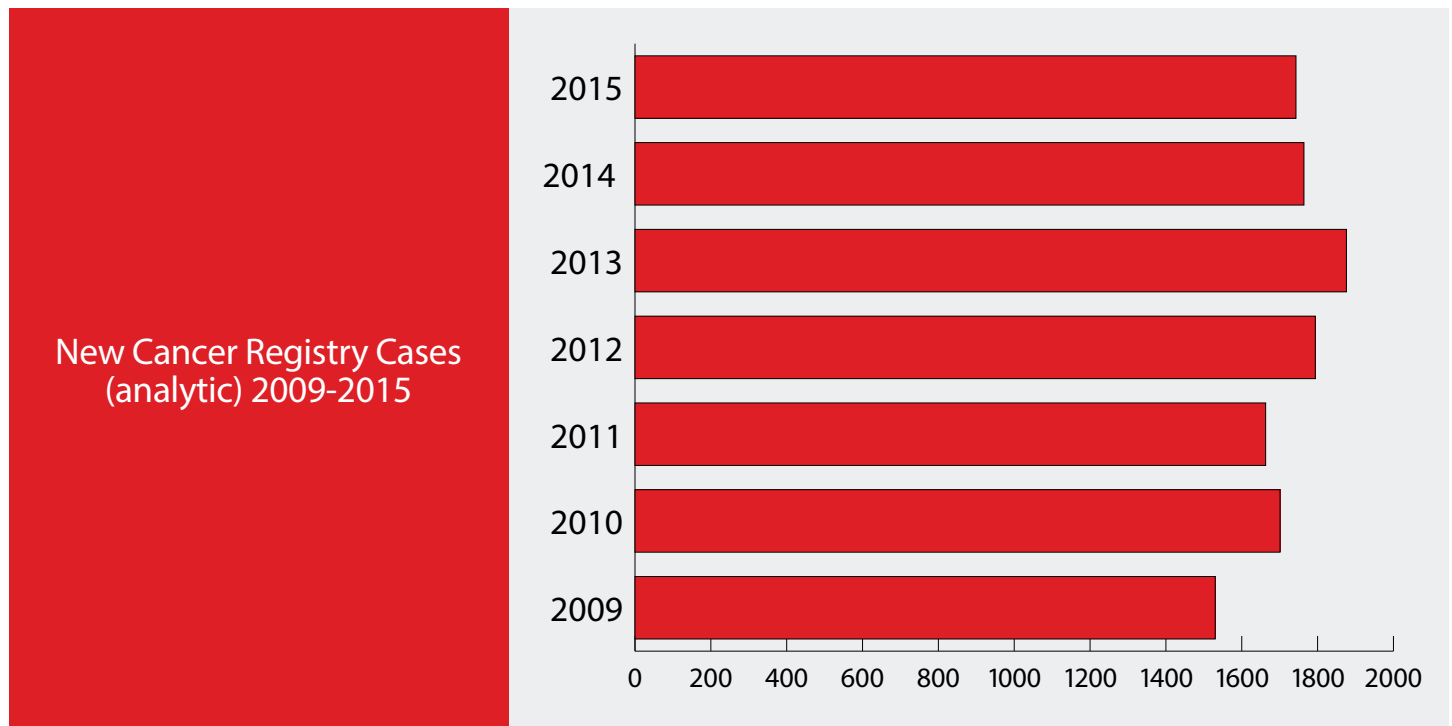
Baptist Medical Center is one of the Best 100 Hospitals in the nation as recognized by HealthGrades, America's leading independent healthcare ratings organizations. BMC is one of only 93 hospitals, out of the 3,558 hospitals evaluated in the United States, to win an award in Patient Experience putting Baptist in the Top 2% of hospitals in the country. Other awards include Top 5% in nation for Prostate Surgery in 2016, Prostate Excellence Award for 2 years in a Row (2015 – 2016), Five Star Recipient for Prostate Removal Surgery for 2 years in a row (2015-2016) and Five Star Recipient for Transurethral Prostate Resection Surgery in 2016. BMC and The Hederman Cancer Center offer a comprehensive, multidisciplinary complement of services for cancer patients which includes easy access to a wide range of diagnostic and therapeutic services as well as education, information and support. Baptist Cancer Services includes patient navigators, oncology nurses, registered dietitians, chaplains, a board certified Clinical Psychologist as well as up-to-date radiation therapy equipment, genetic testing, a multitude of chemotherapy drugs, and clinical trial availability help make Baptist a leader in treating cancer patients. 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. Various support groups are ongoing including "Caregivers Support Group" for caregivers only which meets monthly. "Standing Strong", is a free, supervised exercise program offered to cancer patients which is important with newer research showing better outcomes for patients that are more active. Our physicians and staff members provide the highest quality evaluation and management for cancer patients. For more information about Baptist Cancer Services, call 1-800-948-6262 or visit our website www.mbhs.org for services, programs, education podcasts, or additional resources. For information on cancer, visit our website or www.cancer.org, or www.nci.nih.gov. Prepared by Richard B. Friedman, M.D. and Pam Barlow, CTR

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2. Commission on Cancer, American College of Surgeons. NCDB Hospital Comparison Benchmark Reports, Cases 2003 – 2013. Chicago, IL, 2016
3. American Joint Committee on Cancer 2010, 7th Edition, Springer-Verlag New York, page 457

The Cancer Registry

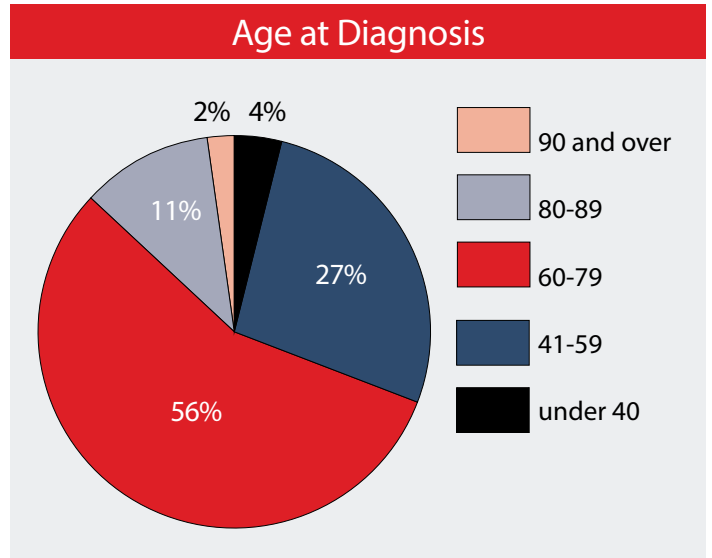
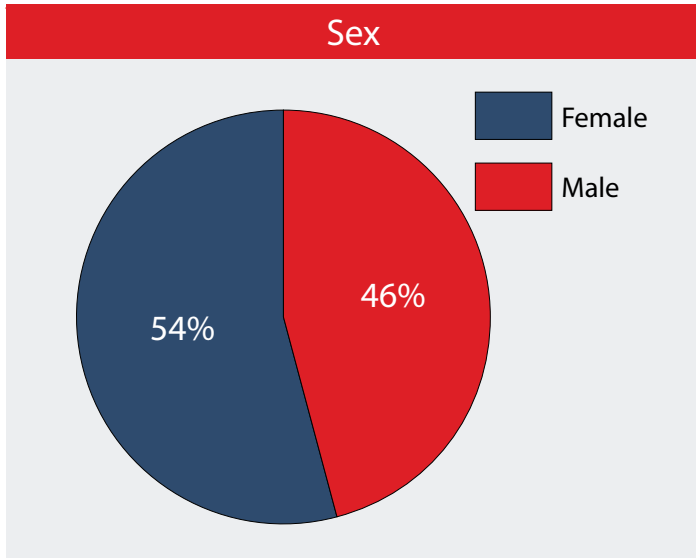
The Cancer Registry is an important part of the cancer program at Baptist with the primary goal to maintain an accurate comprehensive database for patients diagnosed and/or treated with cancer or a reportable tumor since January 1982. The registry collects cancer related data from diagnosis through treatment as well as lifetime follow-up. The Baptist database includes more than 61,500 cases. Registry data is used for reporting the incidence of cancer seen at Baptist, for educational purposes, and evaluating patient care provided, as well as treatment outcomes and survival results. The registry data is submitted to the National Cancer Data Base (NCDB) yearly, to the Mississippi Cancer Registry monthly and to the Rapid Quality Reporting System monthly. Annual patient follow up is essential to accurately assess treatment outcomes. The Baptist Cancer Registry exceeds the standard for follow up (91%) for the patients in last 5 years and 84% for patients since the reference year of 1982.



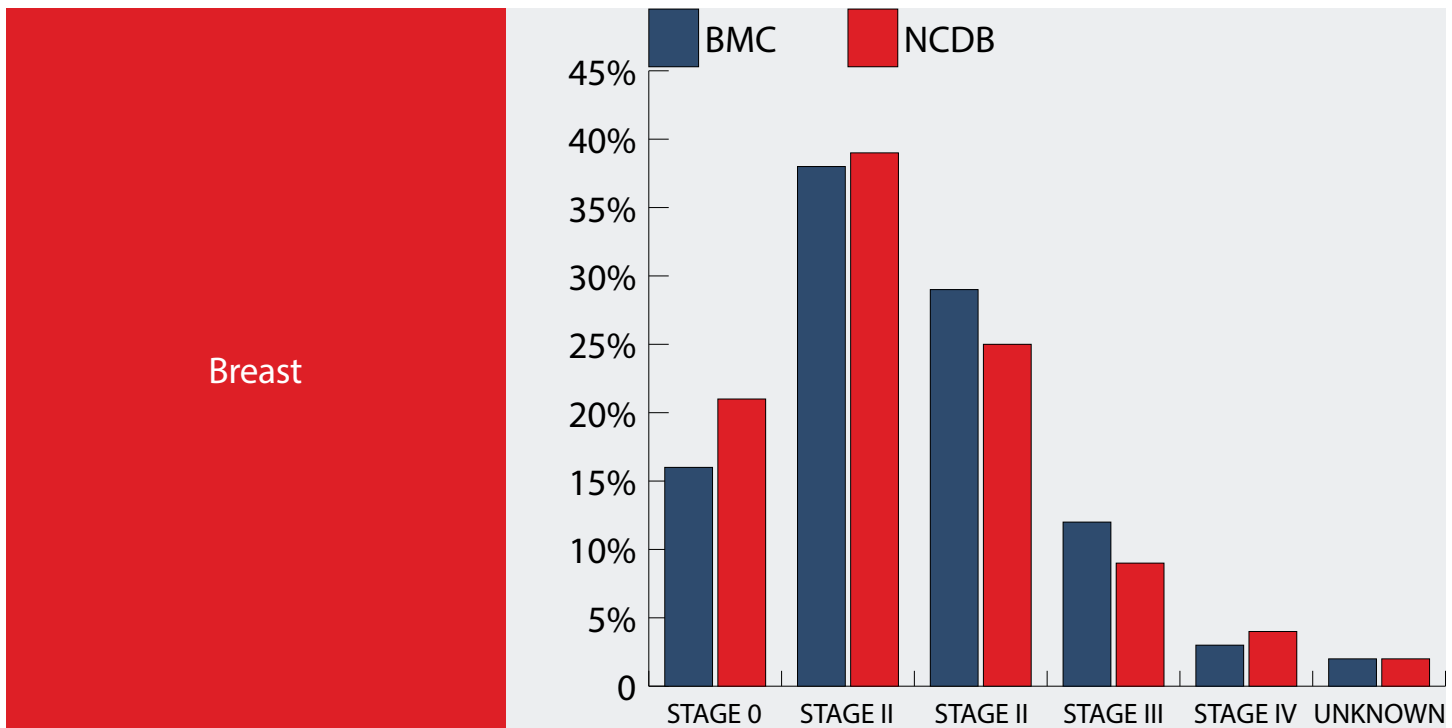
Summary of 2015 Cases

Total new cancer registry cases	1946
Analytic (diagnosed and treated at Baptist)	1743
Non-Analytic (1st seen at Baptist on recurrence)	203

The 2015 analytic primary sites for Baptist Medical Center (BMC) reveal the top five to be breast, lung, prostate, colorectal and kidney. Data from the NCDB reveals the top sites in the U.S. to be lung, breast, colorectal and prostate which correlate with the major sites for Mississippi and BMC.



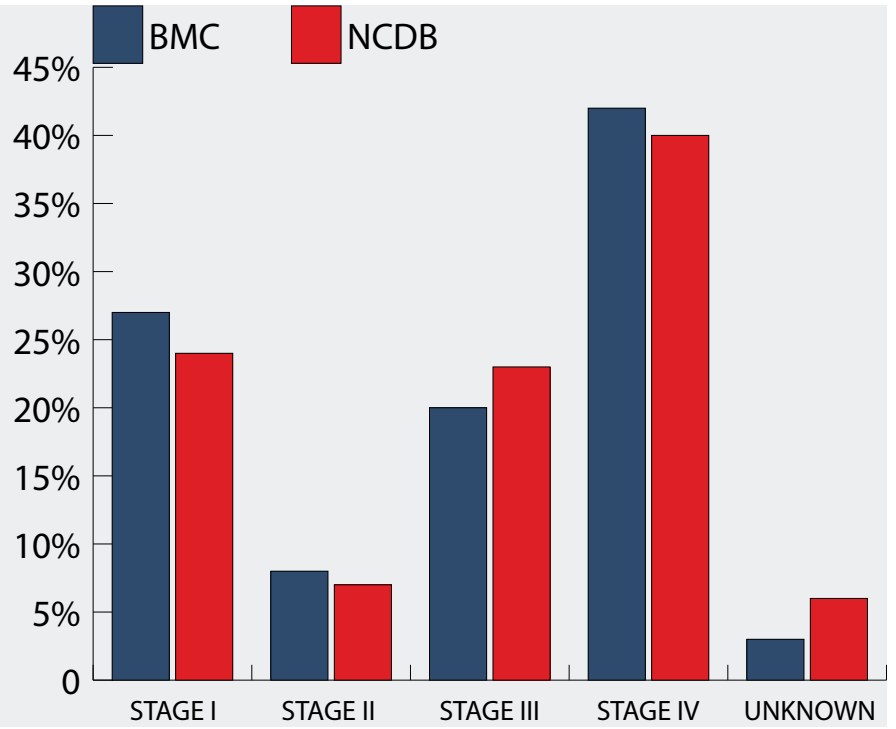
Site	2011	2012	2013	2014	2015
Breast	264	357	340	283	269
Lung	256	295	289	254	257
Colorectal	175	148	173	173	197
Prostate	162	149	193	204	175
Kidney	42	85	81	102	92



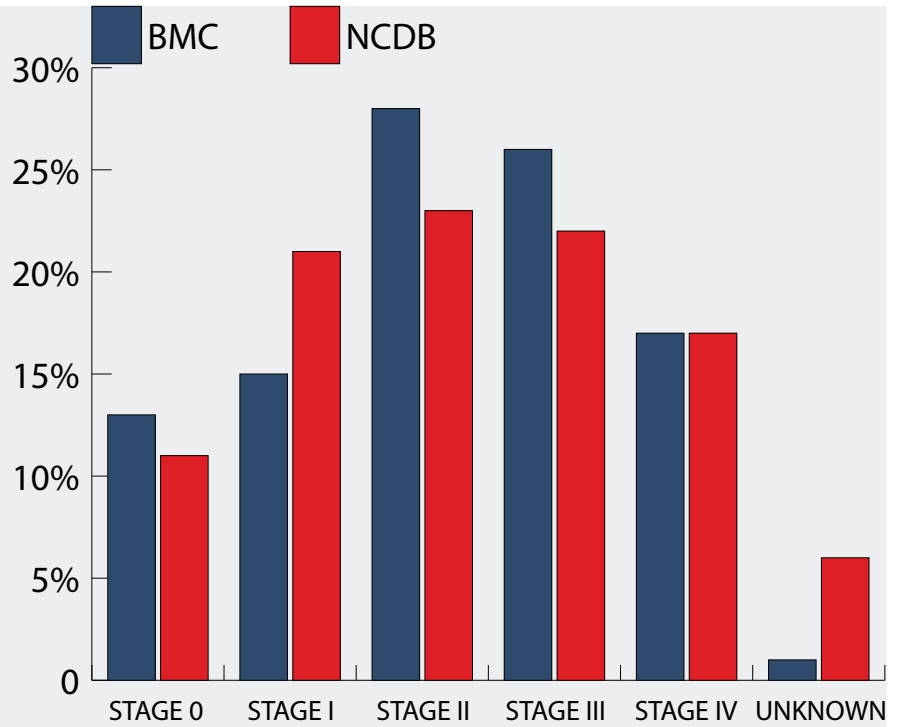
Stage of Disease

The AJCC Stage of Disease for some of the top primary sites for BMC 2015 and the most recent posting of the NCDB 2003-2014 cases have been reviewed with very similar stage of disease between the two data sets. Prostate was discussed in the site study. See graphs for details.

Non-Small Cell Lung Cancer



Colon



The Rapid Quality Reporting System (RQRS) was developed to assist CoC-accredited cancer programs in promoting evidence-based cancer care at the local level. It is a Web-based, systematic data collection and reporting system that advances evidence-based treatment through a prospective alert system for anticipated care that supports care coordination required for breast and colorectal cancer patients.

Baptist has been participating with the Cancer Program Practice Program (CP3R) program since 2004 and the RQRS since 2014. See below for latest details.

Primary Site	Measure Type	Measure Specifications	2010	2012	2013	2014
Breast						
BCSRT	Accountability	((NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	98%	97%	97%	92%
MAC	Accountability	(NQF #0559) Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage II or III hormone receptor negative breast cancer.	100%	97%	98%	96%
HT	Accountability	(NQF #0220) Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage II or III hormone receptor positive breast cancer.	99%	99%	98%	99%
MASTRT	Surveillance	Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.	100%	100%	100%	100%
nBx	Quality Improvement	Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	89%	85%	85%	92%
Colon						
ACT	Accountability	(NQF #0223) Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.	100%	100%	95%	96%
12RL	Quality Improvement	(NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined.	76%	84%	86%	86%

Primary Site Table - 2015 all cases

Primary Site	Sex		Class of Case			Status		Stage Distribution (Analytic Cases Only)						NA/Unk
	Total (%)	M	F	Anal	NA	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV		
ORAL CAVITY & PHARYNX	27 (1.4%)	23	4	24	3	25	2	0	2	2	4	16	0	
Tongue	8 (0.4%)	7	1	7	1	7	1	0	1	0	2	4	0	
Salivary Glands	5 (0.3%)	3	2	5	0	4	1	0	1	1	0	3	0	
Floor of Mouth	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	
Nasopharynx	2 (0.1%)	1	1	2	0	2	0	0	0	1	1	0	0	
Tonsil	9 (0.5%)	9	0	8	1	9	0	0	0	0	0	8	0	
Oropharynx	1 (0.1%)	1	0	1	0	1	0	0	0	0	0	1	0	
Hypopharynx	1 (0.1%)	1	0	1	0	1	0	0	0	0	1	0	0	
DIGESTIVE SYSTEM	386 (19.8%)	198	188	367	19	284	102	25	66	74	86	92	24	
Esophagus	13 (0.7%)	10	3	13	0	9	4	1	1	3	2	3	3	
Stomach	34 (1.7%)	16	18	32	2	22	12	1	10	2	8	9	2	
Small Intestine	12 (0.6%)	6	6	11	1	12	0	0	4	1	4	2	0	
Colon Excluding Rectum	149 (7.7%)	78	71	142	7	130	19	18	22	40	37	24	1	
Cecum	37	20	17	37	0	31	6	4	5	11	10	7	0	
Appendix	6	3	3	5	1	5	1	0	2	1	0	2	0	
Ascending Colon	43	25	18	41	2	39	4	8	6	10	11	5	1	
Hepatic Flexure	3	1	2	2	1	2	1	0	1	1	0	0	0	
Transverse Colon	14	5	9	13	1	11	3	1	2	5	3	2	0	
Splenic Flexure	3	2	1	3	0	3	0	0	0	1	1	1	0	
Descending Colon	9	5	4	9	0	9	0	2	2	2	1	2	0	
Sigmoid Colon	30	17	13	30	0	27	3	3	4	9	11	3	0	
Large Intestine, NOS	4	0	4	2	2	3	1	0	0	0	0	2	0	
Rectum & Rectosigmoid	62 (3.2%)	36	26	55	7	52	10	4	15	8	14	12	2	
Rectosigmoid Junction	18	13	5	14	4	15	3	0	1	3	4	6	0	
Rectum	44	23	21	41	3	37	7	4	14	5	10	6	2	
Anus, Anal Canal & Anorectum	8 (0.4%)	2	6	7	1	7	1	1	3	0	3	0	0	
Liver & Intrahepatic Bile Duct	21 (1.1%)	14	7	20	1	10	11	0	4	2	6	6	2	
Liver	19	14	5	19	0	10	9	0	4	2	6	5	2	
Intrahepatic Bile Duct	2	0	2	1	1	0	2	0	0	0	0	1	0	
Gallbladder	2 (0.1%)	2	0	2	0	0	2	0	0	0	0	2	0	
Other Biliary	3 (0.2%)	2	1	3	0	3	0	0	0	0	0	0	3	
Pancreas	72 (3.7%)	31	41	72	0	32	40	0	7	18	4	34	9	
Peritoneum, Omentum & Mesentery	9 (0.5%)	0	9	9	0	7	2	0	0	0	8	0	1	
Other Digestive Organs	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	
RESPIRATORY SYSTEM	272 (14.0%)	152	120	265	7	175	97	0	65	20	56	114	10	
Nose, Nasal Cavity & Middle Ear	3 (0.2%)	2	1	2	1	3	0	0	0	0	0	2	0	
Larynx	5 (0.3%)	4	1	5	0	4	1	0	1	1	1	1	1	
Lung & Bronchus	263 (13.5%)	145	118	257	6	168	95	0	64	19	55	111	8	
Trachea, Mediastinum & Other Respiratory Organs	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	
SOFT TISSUE	9 (0.5%)	6	3	7	2	6	3	0	2	0	1	2	2	
**SKIN EXCLUDING BASAL & SQUAMOUS	58 (3.0%)	37	21	52	6	56	2	11	32	6	1	1	1	
Melanoma -- Skin	55 (2.8%)	35	20	49	6	53	2	11	30	5	1	1	1	
Other Non-Epithelial Skin	3 (0.2%)	2	1	3	0	3	0	0	2	1	0	0	0	

Cancer Conferences

Tumor Board and Comprehensive Breast Patient Care conferences are held in the Hederman Cancer Center Conference Room every Monday at 5:00 p.m. and Neurology/Neurosurgery/Radiology meetings are held every Tuesday at 7:30 a.m. These patient care conferences offer multidisciplinary consultative services for patients along with an educational opportunity for the cancer support professionals. Discussions include the use of AJCC stage of disease, prognostic indicators and evidence-based National treatment guidelines in planning for optimal treatment strategies and expected outcomes. In 2015, 286 cases or 18% of analytic cases, were discussed at the meetings with 98% of the discussions for prospective treatment options

and management. The major primary sites discussed were breast, CNS tumors, lung, colon and rectum, lymphoma and esophagus cases. Mississippi Baptist Medical Center is accredited by the Mississippi State Medical Association to provide continuing medical educational (CME) for physicians. Participation in the conference earns one hour of Category I Continuing Education credit. Conferences are open to all the medical staff and appropriate ancillary personnel. Anyone interested in presenting a case or receiving a weekly agenda, may contact the Cancer Registry at 601-968-1339.

Physicians Presenting at Cancer Conferences in 2015

Eric Amundson, MD
Vinod K. Anand, MD
Justin T. Baker, MD
Harold J Blalock, MD
John J. Corley, MD
Richard B. Friedman, MD
Alexander J. Haick, MD
Keith O. Jones, MD
A. Michael Koury, MD
Phillip B. Ley, MD
Nathan Maples, MD
James L. Moore, MD
Jason G. Murphy, MD
Martin Osorio-Flores, MD
Grace G. Shumaker, MD
W. Lynn Stringer, MD
Margaret E. Wadsworth, MD
David A. Wahl, MD
Richard E. Weddle, MD
Bob S. Wilkerson, MD
Tammy H. Young, MD

Pathologists

Steven Bigler, MD
Kathryn Brown, MD
James Cavett, MD
Nanette Pinkard, MD
William Payne, 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

2016 Cancer Committee

Richard B. Friedman, MD
Radiation Oncology
Chairman

A. Michael Koury, MD
Thoracic Surgery
American College of Surgeons
Cancer Liaison Physician

Justin Baker, MD
Medical Oncology

Steven Bigler, MD
Pathology

Alexander Haick, MD
Surgery

Jason Hosey, MD
Diagnostic Radiology

Michael Maples, MD
Chief Medical Officer

James Moore, MD
Gynecologic Oncology

William Payne, MD
Pathology

Grace G. Shumaker, MD
Medical Oncology

Dallas Sorrell, MD
Radiology

M. Jeanann Suggs, MD
Radiation Oncology

Margaret Wadsworth, MD
Radiation Oncology

David Wahl, MD
Radiation Oncology

Bob Wilkerson, MD
Medical Oncology

Tammy Young, MD
Medical Oncology

Tonya Ball, BSN, RN, OCN
Cancer Center Patient Navigator
Community Outreach
Coordinator

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

Cara Chandler, BSN, RN
Nurse Manager, Oncology
Inpatient and Outpatient

Jennifer Cook, LSW
Social Worker/Discharge
Planning

Teresa Davis, BSN, RN, OCN
Clinical Trials Coordinator

Harold Gore, PharmD
Bryan Miller, PharmD
Oncology Pharmacists

Keeli Goza, MHA, BS R.T.(R)(T)
Director of Oncology Service
Quality Improvement
Coordinator

Brenda Howie, Ph.D., RN, NE-BC
Vice President of Nursing

Wanda Lett, CTR
Cancer Registrar
Cancer Conference Coordinator

Bufkin Moore, PsyD
Oncology Counselor

Jackie Murray, MSN, RN
Cancer Center Patient Navigator

Deniece Ponder, MHSA, BSN, RN,
OCN
Administrative Director of
Oncology Services

Dana Price, RD
Clinical Dietitian

Adrienne Russell, RN, MSN, CN-
BN
Breast Health Patient Navigator

Solon Smith, MDiv
Chaplain

Ginger Stover, PT, DPT, CLT
Lymphedema Coordinator

Bobbie Ware, MHSA, BSN, RN,
NEA-BC, FACHE,
Chief Operating Officer, Chief
Nursing Officer

Robert Ware,
MHA, MSN, CEN, ACNPC-AG
Palliative Care

