



# Gibbs Cancer Center

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Cancer Annual Report 2010



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personal. experience. shared.

101 East Wood Street, Spartanburg, SC 29303

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COMMISSION ON CANCER  
MULTIDISCIPLINARY PROGRAM  
AMERICAN COLLEGE OF SURGEONS

## *Dear Colleague,*

When the Bearden-Josey Center for Breast Health opened in 2008, Roger Milliken donated a sculpture titled “Dreamer.”

This beautiful artwork depicts a woman who appears to be deep in a dream while gazing at the ground. She is surrounded by a water feature and live plants to assist in creating a calming environment. Its title and the fact that it is surrounded by those natural elements is a fitting gift from Mr. Milliken.

He was a visionary who made many of his dreams for Spartanburg a reality.

Mr. Milliken did not just see Spartanburg as a nice southern town. He sought to make it one of the best places to live through his service and contributions to projects involving manufacturing, aviation and education. The world-class arboretums at Milliken & Co. and Wofford College are examples of his dedication to land conservation.

Mr. Milliken supported Gibbs Cancer Center, and he had a sincere interest in learning about our research and goals for providing state-of-the-art care. He embodied what we strive to provide people living in the Upstate.

Mr. Milliken valued being tenacious in one’s work, investing in community and protecting and creating places of beauty. He understood that our work is not limited to the people we serve today. We have the ability to impact and improve the quality of life of future generations.

The Upstate will be forever indebted to his vision and generosity, which will continue to attract growth and shape leaders, thanks to the seeds he planted.

Gibbs Cancer Center is committed to applying the same strategies toward improving cancer care and, ultimately, eliminating this disease.

Sincerely,

**James D. Bearden, III, M.D., FACP**  
*Managing Physician, Gibbs Cancer Center*  
*Vice President of Research, Spartanburg Regional*

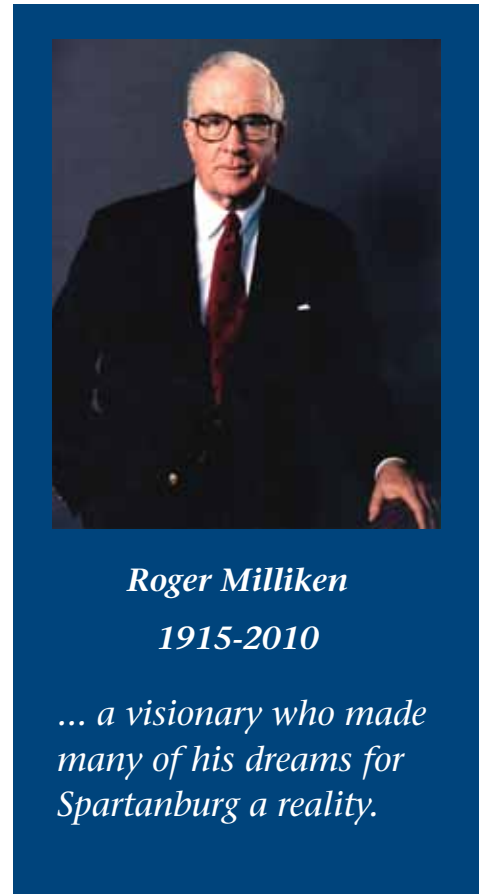
**David Church, MBA**  
*Vice President, Oncology and Support Services*  
*Spartanburg Regional*



*James D. Bearden, III,  
M.D., FACP*



*David Church, MBA*



## Cancer Division Board, leadership by example

Since its creation in 2005, the Spartanburg Regional Foundation Cancer Division Board has been an integral part of the Gibbs Cancer Center's team. The board members' leadership aligns philanthropic activities with Gibbs Cancer Center's strategic mission.

This group meets five times a year, and it is responsible for fundraising and advocacy for Gibbs Cancer Center.

"It's a very influential board," said Mike Kennedy, director of gift planning for the Spartanburg Regional Foundation. "They make a difference in the community and are passionate about making sure people in the Upstate get the best cancer care."

The board also has responsibility for the fiduciary oversight of contributions made to benefit the Cancer Center.

Cancer Division Board members serve three-year terms. Some of the board's fundraising efforts include:

- The Bearden-Josey Center for Breast Health
- Spartanburg Regional's Mobile Mammography Unit
- The campaign for Gibbs Cancer Center's endowed chairs (Two endowed chairs will aid in charting the strategic direction of the cancer services at Spartanburg Regional)

### 2010 Spartanburg Regional Foundation Cancer Division

James D. Bearden, III, M.D.  
 Ann T. Berline\*  
 Margaret G. Burch, vice-chair  
 Norman H. Chapman  
 Karin G. Cornelson, secretary/treasurer  
 Garrow H. Crowley  
 Jimmy I. Gibbs  
 John V. Griffith, Ph.D.  
 Robert Henderson  
 Jon A. Jensen  
 Julian C. Josey Jr., M.D.  
 Betty J. Montgomery  
 George C. Todd, Jr.  
 William N. Turrentine, Jr., chair  
 Benjamin R. Wall II  
 John B. White, Jr.

\*deceased



## Cancer Care Committee

The cancer program at the Gibbs Cancer Center is led by a multidisciplinary physician group which oversees and maintains quality standards within the center, including meeting certification criteria and continuing staff education. The committee monitors cancer programs at the hospital, performs quality checks of registry data and participates in the review and development of new patient care practices.

### Physicians

**James D. Bearden, III, M.D.**  
Medical Oncology

**Brian Bell, M.D.**  
Palliative Care

**Charles Bowers, M.D.**  
Medical Oncology

**Douglas Clark, M.D.**  
Pulmonology

**Robert Cochran, M.D.**  
Surgery & CoC Cancer Liaison Physician

**James Dunn, M.D.**  
General Surgery

**Arthur Freedman, M.D.**  
Imaging Services

**Patricia Griffin, M.D.**  
Radiation Oncology

**Gerald Hull, M.D.**  
Urology

**James Hunter, M.D.**  
GYN Oncology

**Robert Houston, M.D.**  
Palliative Care

**Julian C. Josey, M.D.**  
Radiation Oncology

**Rosanna Lapham, M.D.**  
Pathology

**Raul Lugo, M.D.**  
Surgical Oncology

**Mohammed Memon, M.D.**  
Psychiatry

**Bill Mills, DMD**  
Dentistry/Oral Surgery

**Drew Monitto, M.D.**  
Radiation Oncology

**Christophe Nguyen, M.D.**  
Surgery

**Richard Orr, M.D.**  
Surgical Oncology

**Asim Pati, M.D.**  
Medical Oncology

**Christopher Rucker, M.D.**  
Ear, Nose & Throat

**John Scott, M.D.**  
Gynecology

**Garrett Snipes, M.D.**  
Hospice Home, Palliative Care & Geriatrics

### Support Staff

**Sharon Bartelt, MSN, MBA, CPHQ, CSSBB, RN**  
Multidisciplinary Conference Program Manager

**Kirsten Beeker, BSN, OCN, CBCN, RN**  
Breast Health Program

**Heather Bendyk, BS**  
Quality Services

**Dudley Brown, BA**  
Marketing/Public Relations

**Rev Coy Callicott, M.Div, BCC**  
Chaplain Services

**David Church, MBA**  
VP Oncology and Home Care Services

**Jenny Connell, M.A.**  
Marketing/Public Relations

**DeLisa Dawkins, BHS, CLS**  
Outreach/Oncology Rehab

**Chad Dingman, LISW-CP, OSW-C**  
Social Work/Oncology Rehab

**Teri Donahoo, CMT**  
American Cancer Society

**Susan Ford, BSN, OCN, RN**  
Lung Cancer Program

**Lynn Foster, ADN**  
Palmetto Hematology Oncology

**Gina Franco, MSN, NP**  
Gibbs Cancer Center/Palmetto Hematology Oncology

**Lucy Gansauer, MSN, CHSP, CPSO, RN**  
National Cancer Institute Community Cancer Centers Program

**Linda Harris, MPH, RN**  
Hospice

**Patricia Hegedus, MBA, OCN, RN**  
Oncology Clinical Performance

**Beverly Henson-Hicks, RTT**  
Oncology Services

**Mary Mabry, RTR(M)**  
Bearden-Josey Breast Health Program

**Hunter Mahon, BS, MBA, CMBM**  
Center for Health & Healing

**Melanie Moshier, MS, BS**  
Cancer Genetic Counselor

**Warren Perez, BSN, MBA, RN**  
Director of Nursing – Oncology/Medical-Surgical Division

**Ava Pridemore, MBA, RN**  
Quality Services Representative

**Staci Roberts, BA**  
MD Anderson Physician's Network

**Diane Skinner, BS, CTR**  
Cancer Data Management

**Nancy Sprouse, BSN, BS, RN**  
Clinical Research

**Cheryl Tillotson, R.Ph.**  
Pharmacy

**David Vassy, Jr., M.S., FACR, FAAPM**  
Medical Physicist/RSO-Radiation Oncology

**Cathy Zwilling, RD, CNSD**  
Oncology Nutrition Services

## Focused on quality, the Gibbs difference

Key quality components empower our clinicians, hospital leadership and other staff to work collaboratively to identify opportunities and implement best practices to maximize patient outcomes and insure patient satisfaction. These components include data, continuous improvement, and national affiliations and accreditations. Our quality program guarantees that patients are getting evidence-based and treatment guideline-driven care, meeting the highest national standards.

### Medical Oncology

Palmetto Hematology Oncology offers advanced prevention, diagnosis, treatment and survivorship cancer services. The practice's highly specialized medical practitioners are dedicated to the diagnosis and management of all forms of cancer treatment and blood-related diseases. The physicians and staff work as a team to ensure patients are provided the information, care and support needed to maintain a productive and independent lifestyle. Palmetto Hematology Oncology serves the Upstate with six local offices.

Gibbs Cancer Center reviews our data for comparison to national quality benchmarks. The American College of Surgeons Commission on Cancer's (ACoS CoC) Cancer Program Practice Profile Report (CP3R) incorporates National Quality Forum indicators related to the treatment of breast and colorectal cancers. The data provide comparative information to assess adherence to and consideration of standard-of-care treatments for breast and colorectal cancer including:

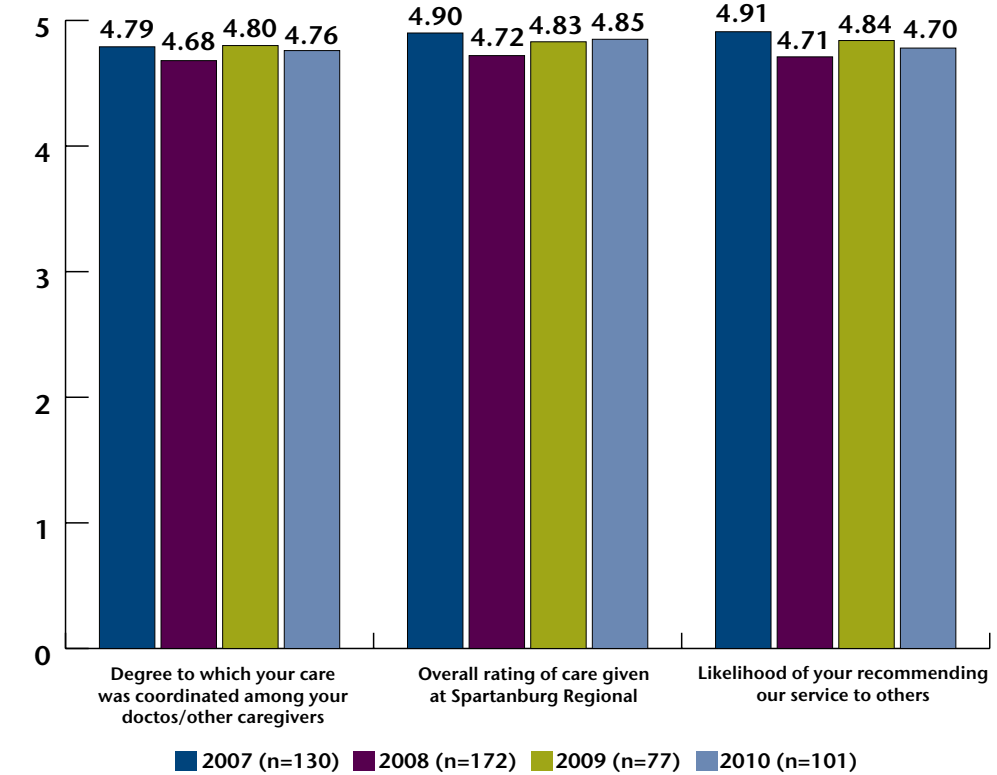
- Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer

- Combination chemotherapy is considered or administered within four months of diagnosis for women under age 70 with AJCC T1cN0M0 or Stage II or III hormone receptor-negative breast cancer
- Tamoxifen or third-generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1cN0M0 or Stage II or III hormone receptor-positive breast cancer
- At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer
- Adjuvant chemotherapy is considered or administered within four months of diagnosis for patients under age 80 with AJCC Stage III (lymph node positive) colon cancer
- Radiation therapy is considered or administered within six months of diagnosis for patients under age 80 with clinical or pathologic AJCC T4N0M0 or Stage III and who are receiving surgical resection for rectal cancer

By participating as a beta site for the ACoS CoC's Rapid Quality Reporting System (RQRS), Gibbs Cancer Center developed a process to alert physicians when their patient is approaching a treatment parameter measured through CP3R. Since initiating the safety-net process in 2010, we are identifying patients who may not have received their treatment as required by guidelines and alerting their physician.

Palmetto Hematology Oncology (PHO) at Gibbs Cancer Center has participated in the American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI®) since 2009. QOPI promotes excel-

### Outpatient Oncology Patient Satisfaction Survey 2007-2010



(Data Source: MIDAS FOCUS STUDY-Outpatient Oncology Survey-Overall Survey)

lence in cancer care by helping medical oncology practices create a culture of self-examination and improvement. The process employed for improving cancer care includes measurement, feedback and improvement tools for hematology-oncology practices.

PHO's commitment to quality is evident in its spring 2011 QOPI certification score of 90 percent, well above the required score of 73 percent to apply for certification. PHO applied for QOPI certification following the fall 2010 data collection period and received QOPI Certification in September of 2011.

Gibbs Cancer Center's leadership listens to the voice of its patients. By analyzing the results of the Outpatient Oncology Patient

Satisfaction Survey, many program enhancements have been made since instituting the patient survey in 2007. In 2010, a New Patient Treatment Handbook was developed and is available for each patient undergoing radiation and chemotherapy treatments. A companion DVD was created to provide multiple methods of patient education on cancer topics and available support services. The graph above demonstrates the results from the 2007-2010 Outpatient Oncology Patient Satisfaction Survey scores for the degree to which your care was coordinated among your doctors and other caregivers, overall rating or care given at Spartanburg Regional, and the likelihood of your recommending our service to others. Patients were

able to choose a one (very poor) to five (very good) ranking. The combined score for 2010 is greater than 95 percent in overall patient satisfaction.

offers our patients access to MD Anderson specialists through multidisciplinary planning conferences.

Gibbs Cancer Center is one of 30 hospitals nationwide to be selected for the NCI Community Cancer Center Program. The center's Clinical Research Department, Upstate Carolina CCOP, is affiliated with many national research groups (Southwest Oncology Group, Eastern Cooperative Oncology Group, etc.) to provide the latest treatment options.

Since the 1950's, Gibbs Cancer Center has received accreditation by the ACoS CoC. In 2009, the center received the maximum three-year accreditation as a Comprehensive Community Cancer Center and since its inception was awarded the Outstanding Achievement Award for a second consecutive three-year period.

A CoC-approved cancer program guarantees that a patient will receive:

- Comprehensive care, including a range of state-of-the-art services and equipment
- A multispecialty team approach to coordinate the best treatment options
- Information about ongoing clinical trials and new treatment options
- Access to cancer-related information, education and support
- A cancer registry that collects data on type and stage of cancers and treatment results and offers lifelong patient follow-up
- Ongoing monitoring and improvement of care
- And, most importantly, quality care close to home

Clinicians and Gibbs Cancer Center's administration ensures quality through action. Annually, the Cancer Care Committee and the Oncology Quality Committee review data to identify areas for process or programmatic improvements. Activities are reported to hospital leadership, including the Quality Committee of the Board. The Mobile Mammography Unit began serving Upstate residents in the fall of 2010. Mobile mammography removes barriers to breast cancer screening, specifically enabling us to reach women where they work, play and live. This is one of many quality improvement projects undertaken that directly impacts patient care.

Finally, Gibbs Cancer Center's commitment to quality has been recognized through national affiliations and accreditations. The center has been a host affiliate of the MD Anderson Physicians Network since 2005. MD Anderson Cancer Center has been ranked No. 1 in cancer care in the United States by *U.S. News & World Report's* "America's Best Hospitals" survey. Our affiliation

## Inpatient Oncology

Gibbs Cancer Center's 30-bed inpatient oncology unit is part of Spartanburg Regional, an American Nurses Credentialing Center designated Magnet® facility.

The unit has a patient-centered design, prayer/meditation room and multiple family areas. It is staffed with oncology certified nurses and chemotherapy certified nurses.

## MD Anderson credentialed physicians

(Please note: Physicians listed are MD Anderson Physicians Network credentialed, not the practice)

### Medical Oncology

**Palmetto Hematology Oncology PC**  
380 Serpentine Dr., Suite 200  
Spartanburg, SC  
864-560-7050

- James D. Bearden, III, M.D., F.A.C.P.
- Charles Bowers, M.D.
- Steven Corso, M.D.
- Colin Curran, M.D.
- Sharmila Mehta, M.D.
- Eric Nelson, M.D.
- Asim Pati, M.D.
- Samuel Wood, M.D.
- Sarah Vidito, D.O.

### Otolaryngology

**Spartanburg Ear, Nose & Throat Clinic**  
1330 Boiling Springs Rd., Suite 1400  
Spartanburg, SC  
864-582-2900

- Henry Butehorn, Jr., M.D.
- Henry "Fritz" Butehorn, III, M.D.

### Pathology

**Carolinas Pathology Group, PA**  
101 E. Wood St. • Spartanburg, SC  
864-560-6212  
250 Westmoreland Rd. • Greer, SC  
864-560-6212  
106 Venture Blvd. • Spartanburg, SC  
864-583-3850

- Amy Baruch, M.D.
- Rosanna Lapham, M.D.

### Plastic Surgeons

**Carolina Plastic Surgery**  
100 E. Wood St. • Spartanburg, SC  
864-583-1222

- John Lettieri, M.D., F.A.C.S.

### Magnolia Plastic Surgery

391 Serpentine Dr. • Spartanburg, SC  
864-560-6717

- Michael Orseck, M.D.

### Radiation Oncology

**Spartanburg Radiation Oncology**  
P.O. Box 4126 • Spartanburg, SC  
864-560-6917

- Amy Curtis, M.D.
- Patricia Griffin, M.D.
- Julian Josey, M.D.
- Drew Monitto, M.D.

### Surgeons

**Carolina Surgical Oncology, PC**  
1071 Boiling Springs Rd. • Spartanburg, SC  
864-278-7088

- Raul Lugo, M.D., F.A.C.S.

### James Dunn Surgical Clinic LLC

324 N. Pine St. • Spartanburg, SC  
864-583-5155

- J.D. Dunn, M.D.

### Palmetto Surgical Specialists

1330 Boiling Springs Rd., Suite 2300  
Spartanburg, SC  
864-585-6491

- Robert Cochran, M.D.
- Hugh James, M.D.
- Ajai Srinivasan, M.D.
- Auburn Woods, M.D.
- Claude Woollen, M.D.

### Surgical Oncology at the Gibbs Cancer Center

101 E. Wood St. • Spartanburg, SC  
864-560-1900

- Robert Hird, M.D.
- Christophe Nguyen, M.D.
- Richard Orr, M.D.

### Urology

#### The Urology Center of Spartanburg

391 Serpentine Dr., Suite 500  
Spartanburg, SC  
864-585-8221

- Gerald Hull, M.D.

## Making a difference through research

Gibbs Cancer Center's research not only benefits patients seen at the center, but also impacts the lives of patients throughout the Upstate.

Gibbs Cancer Center has participated in the National Cancer Institute Community Clinical Oncology Program, CCOP, since 1983. Participation in CCOP has allowed Spartanburg Regional's cancer patients to have access to the latest cancer treatments for nearly 30 years.

Gibbs Cancer Center's research allows Upstate patients to receive the latest advances in cancer care while remaining at home.

In 1996, AnMed Health in Anderson joined Gibbs Cancer Center's CCOP, which is known as the Upstate Carolina-CCOP. AnMed's participation has given its patients an opportunity to receive the latest cancer treatments in their community. In 2000, Upstate Carolina CCOP trials were made available to patients at Rutherford Hospital in Western North Carolina.

"It's so important for patients to have the most up-and-coming drugs and technology that are available," said Nancy Sprouse, BSN, BS, RN, Director of Clinical Research at Gibbs Cancer Center. "That's why we do what we do. Patients may not have access otherwise. It's our goal to keep cancer patients home during their cancer care."

Gibbs Cancer Center is one of 27 cancer centers that have been continuously funded by the NCI. The center has more than 100 ongoing studies and is affiliated with the following research bases:

- Southwest Oncology Group (SWOG)

- National Surgical Adjuvant Breast and Bowel Project (NSABP)
- MD Anderson Cancer Center (MDACC)
- Radiation Therapy Oncology Group (RTOG)
- North Central Cancer Treatment Group (NCCTG)
- Gynecologic Oncology Group (GOG)
- Comprehensive Cancer Center of Wake Forest University (CCCWFU)
- University of Rochester Cancer Center (URCC)
- H. Lee Moffitt Cancer Center
- Clinical Trials Support Unit (CTSU)

Gibbs Cancer Center is South Carolina's only local host affiliate of the MD Anderson Physicians Network. The center's research department also has relationships with the Medical University of South Carolina Hollings Cancer Center and the University of North Carolina Chapel Hill Lineberger Comprehensive Cancer Center.

### Gibbs Cancer Center's Clinical Research team is pictured on the next page:

**Bottom row (left to right):** Anna Lawter, Jennifer Corpening, Marisa Cecil, Judy Wallace, Amanda Surface

**Middle row:** Cynthia Robinson, Patrice Moore, Nancy Vaught, Wendy Pettus, Vickie Kloth, Travis McGinn

**Back row:** Nancy Ramey (retired), Kathy Queen, Nancy Sprouse, Lisa Mahaffey, Sharon Kolbye, Libba McCullough, Donna Jackson, Bunny McKown, Linda Hanselman, Glenda McArthur, Tamara Cole, Heather Farmer, Pam Bishop, Leesa Judd



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## Navigating through diagnosis, treatment

Patients sometimes feel as though they are entering a maze after cancer diagnoses, and navigators can help patients find answers and have their needs met within the complex and sometimes confusing healthcare system.

A patient navigator guides patients through treatment by providing patient education, resources and referrals to other medical professionals. Patient navigators can further explain a patient's diagnosis, treatment options, side effects of treatment, and assist in locating resources within the hospital and community.

Patient navigators are also responsible for organizing outreach opportunities, collaboration with community partners on events to raise awareness about cancer, patient assessment and care coordination, and for providing education and support for patients through treatment and survivorship.

Since 1999, Gibbs Cancer Center's patients diagnosed with breast cancer have received one-on-one care from nurses specializing in patient navigation, and in 2005 the same navigation service was offered to lung cancer patients.

In 2010, the center expanded its navigation services to patients diagnosed with colorectal and prostate cancers. Gibbs Cancer Center's participating in the NCI Community Cancer Centers Program made it possible for the center to receive American Recovery and Reinvestment Act funds to expand navigation services.

"With the success of the breast and lung navigation programs, it was the next logical step in the expansion of patient navigation services at Gibbs Cancer Center," said Patricia Hegedus, MBA, OCN, RN, Director of Oncology Clinical Performance at Gibbs Cancer Center.

Currently, Gibbs Cancer Center has three navigators assigned to patients diagnosed with breast cancer and one each for patients diagnosed with lung, prostate and colorectal cancers.

Gibbs Cancer Center's navigators also play key roles in the center's multidisciplinary conferences by coordinating the presentation of newly diagnosed cancers and those requiring continued multidisciplinary guidance. The conferences allow physicians and support staff to collaboratively discuss evidence-based treatment guidelines to formulate plans of care for patients diagnosed with cancer.



**Kirsten Beeker, BSN, OCN, CBCN, RN**  
Breast Health Nurse Navigator

*"Patient navigation provides the glue that sticks a patient's healthcare team together and gives a patient someone to turn to for information from all aspects of his or her care."*



**Susan Ford, BSN, OCN, RN**  
Lung Cancer Nurse Navigator

*"I treat my patients the way that I would like to be treated. I am here to answer their questions, make sure they understand their options and encourage them to keep fighting."*



**Elizabeth Hassen, MSN, OCN, RN**  
Breast Health Nurse Navigator

*"I want patients and their loved ones to understand their disease, so they can make educated decisions. I also want them to know they are not alone during or after treatment."*

## Gibbs Cancer Center Patient Navigators



**Kim Johnson, OCN, RN**  
Prostate Cancer Nurse Navigator

*"I know the fear associated with hearing that you have cancer. I also know how it's not always easy to understand the language that physicians use. That's why I'm here to help."*



**Noel Kinard, LMSW**  
Colorectal Cancer Navigator

*"My goal is to empower patients through support, education and assistance throughout their cancer treatment."*



**Autumn Proctor, BSN, OCN, CBCN, RN**  
Breast Health Nurse Navigator

*"My purpose is to be present throughout their journey, provide them with the best tools to manage their illness, and help them continue to live enriched and healthy lifestyles."*

## Statewide fight against colorectal cancer

Gibbs Cancer Center is part of the South Carolina Colon Cancer Prevention Network (SCCCPN), a collaborative with local, state and national partners that are focused on implementing colorectal cancer screening programs with free medical clinics.

Other members of the SCCC PN are:

- SC Free Medical Clinic Association, including St. Luke's Free Medical Clinic in Spartanburg
- Gastroenterology Associates at Spartanburg Regional
- Center for Colon Cancer Research at the University of South Carolina
- South Carolina Gastroenterology Association
- The Digestive Disease Center at the Medical University of South Carolina (MUSC)
- The Hollings Cancer Center at MUSC

The BlueCross BlueShield Foundation assisted the SCCC PN with a \$180,000 grant to provide screening colonoscopies to persons without insurance who meet appropriate guidelines. Quality and research components have been integrated into the screening program. The SCCC PN's colorectal cancer outreach program manager is the Gibbs Cancer Center's liaison to the SCCC PN and the South Carolina Cancer Alliance (SCCA). The program manager coordinates the activities of the SCCC PN and serves on the SCCA Colorectal Cancer Work Group and the Advocacy Leadership Committee.

Working with the SCCC PN complements what Gibbs Cancer Center has done through its Betty Ann Moore Colonoscopy Screening Program, a Spartanburg Regional Foundation-funded program. The program provides colonoscopies to persons without health insurance who cannot afford to have a colonoscopy. In collaboration with local physicians, the Betty Ann Moore Colonoscopy Screening Program provides screening services to underserved populations who would otherwise be unable to receive necessary colorectal cancer screening.

Since its inception, the Betty Ann Moore Program has provided nearly 100 colonoscopies, which resulted in three people being diagnosed with colorectal cancer. Two of the three patients diagnosed under the program are receiving concurrent chemotherapy and radiation therapy for curative treatment. Since these patients received colonoscopy screening services under the Betty Ann Moore Program, their cancer was caught at an earlier stage, which increases the possibility of a cure.



## Treating lung cancer earlier, less invasively



Gibbs Cancer Center began using two cutting-edge procedures to treat lung cancer in 2010, including South Carolina's first video-assisted thoracic surgery with a robotics system.

Christophe Nguyen, M.D., a Gibbs Cancer Center surgical oncologist, performed the surgery which treats Stage I and II lung cancers in a way that is even more minimally invasive than the video-assisted thoracic surgeries (VATS) that he has performed since 2006.

Video-assisted thoracic surgeries avoid making a large incision in a patient's chest by entering between the ribs to gain access to the lung. These minimally invasive surgeries reduce pain levels and recovery time compared to thoracotomies.

Earlier in 2010, Gibbs Cancer Center's Radiation Oncology Department began performing stereotactic body radiation therapy (SBRT). This therapy has a high success rate



for local control in certain patients. SBRT is non-invasive, and it involves many small, highly focused and accurate radiation beams delivering one to five treatments to a cancer. Surgery is the standard treatment for early stage non-small cell lung cancer, but some patients are unable to tolerate surgery due to other health factors. SBRT is an option for these patients.

- Approximately 221,520 people (115,750 men and 105,770 women) were diagnosed with cancer of the lung and bronchus in 2010
- According to the South Carolina Cancer Report Card, the state ranks No. 14 in new lung cancer cases nationally
- Lung cancer is the third most common cancer diagnosed at Gibbs Cancer Center and it ranks first in overall cancer deaths
- Approximately 87 percent of lung cancer deaths can be attributed to tobacco use

Gibbs Cancer Center treatment options for lung cancer patients are discussed in its bi-monthly Thoracic Oncology Multidisciplinary Conference. This meeting involves physicians specializing in lung cancer diagnosis and treatment and Gibbs Cancer Center's support staff reviewing the latest evidence-based treatment guidelines and clinical research options as they recommend treatment plans for each patient.

Since 2005, Gibbs Cancer Center has offered navigation services for patients diagnosed with lung cancer. The nurse navigator guides cancer patients through treatment by providing patient education, resources and referrals to other medical professionals. The lung cancer nurse navigator also coordinates the Thoracic Oncology Multidisciplinary Conference and ensures completion of a comprehensive treatment plan.

## Bearden-Josey Center for Breast Health receives national accreditation, expands local service

In two years, the Bearden-Josey Center for Breast Health has earned national accreditation and expanded its community outreach to make mammography more convenient for Upstate women.

Julian C. Josey, M.D., Medical Director of Radiation Oncology at Gibbs Cancer Center, said today's technology has changed the history of breast cancer. He said that 80 to 90 percent of breast cancer cases diagnosed today are in earlier stages, which makes the disease more curable. That is a significant step forward, but breast centers must be organized and prepared to screen the growing number of women who recognize the importance of early detection.

"In order to do that, you need to streamline your process to get more women in," Josey said. "You need to make sure it is easily accessible from a financial and physical standpoint."

The Bearden-Josey Center for Breast Health is committed to streamlining this process for Upstate women. It ensures they receive screenings in a relaxed setting with natural

lighting, art and water that eases some of the apprehension that could be experienced.

The center received full accreditation from the National Accreditation Program for Breast Centers (NAPBC) in February 2010, and Spartanburg Regional's Mobile Mammography Unit received generous community support in the fall of the year.

NAPBC is a consortium of national organizations dedicated to the improvement of the quality of care for patients with diseases of the breast. Breast centers voluntarily apply for the designation and make a commitment to a multidisciplinary approach to diagnosing and treating breast disease. The center must also be willing to undergo a rigorous application process and onsite survey to assure its patients that NAPBC standards are being met.

"NAPBC accreditation validates the quality of care provided by the Bearden-Josey Center for Breast Health," said Mary Mabry, RTR(M), the center's director. "We followed many of these practices before applying for the accreditation because we truly believe

that a multidisciplinary approach is the best way to treat patients and develop treatment plans."

The Bearden-Josey Center for Breast Health is also recognized as being a Breast Imaging Center of Excellence by the American College of Radiology. It's the only breast health center in the Upstate to have both that accreditation and the NAPBC recognition.

Spartanburg Regional's Mobile Mammography Unit extends the breast cancer screening services of the Bearden-Josey Center for Breast Health into the community. The unit provides screening mammograms in Spartanburg, Union and Cherokee counties. Screenings are held at physician offices, shopping centers and community events.

The unit was able to make a return thanks to generous community support. One fundraiser for the unit included the Wings of Hope butterfly release in the Bearden-Josey Center



for Breast Health's garden. The event was organized by Jon Jensen and the Spartanburg Regional Foundation. It is now an annual fundraiser in memory of Jensen's wife, Terri, who fought lung cancer. The event raised \$25,000 for the Mobile Mammography Unit.

People attending the event make donations to release butterflies in honor or memory of friends and family members.

"We are grateful for the support that our Mobile Mammography Unit has received," said Jackie Folinis, Mobile Mammography Program Coordinator. "This unit makes mammography more convenient by serving many women where they work or closer to where they live and play."



## Preparing for life after cancer

More than 12 million people are living today after being diagnosed with cancer. As medicine and treatment procedures improve, the number of cancer survivors increases.

That's good news, but a cancer diagnosis is still a life-changing event.

In 2010, Gibbs Cancer Center established the Survivorship Clinic to address the needs of the growing number of cancer survivors completing their treatment regimens. The Survivorship Clinic provides care as a distinct point of service in order to facilitate a smooth and seamless transition from the oncology specialty back to the primary care setting.

- Gibbs Cancer Center's Survivorship Clinic was recognized with the Association of Community Cancer Centers' Innovator Award in 2011 for its pioneer work in survivorship care
- Spartanburg Regional's Gibbs Cancer Center has been named a LIVESTRONG® Community Impact Project Site for the Cancer Transitions Survivorship classes for 2011 and 2012
- The clinic saw 90 survivors from August 2010 to August 2011
- Call 864-560-7050 for more information about the Gibbs Cancer Center's Survivorship Clinic

"We're part of the first wave of a much-needed program in the United States that's addressing survivorship," said James D. Bearden, M.D., Vice President of Clinical Research and Managing Physician of Gibbs Cancer Center.

At the Survivorship Clinic, each survivor receives a patient-centered consultative visit

with a specially trained nurse and nurse practitioner team on survivorship issues. They receive a paper and electronic summary of their cancer history, including a treatment summary housed in a document called a "Survivorship Care Plan" along with their pathology reports. They also receive an outline of follow-up care. The clinic addresses the common needs of survivors, including the desire to learn the long-term effects of their treatments, the fear of being at increased risk for a cancer recurrence and the need to know about follow-up tests and additional cancer screenings.

A consultation note and a copy of the survivorship care plan are also sent to their primary care physician. This ensures communication back to the primary care team as many patients may not have been seen since their diagnosis. A benefit to this survivorship clinic is identifying patients needing services such as other cancer screening from healthcare providers for post-treatment activities. The majority of survivors will seek follow-up care in areas close to their home, even if their primary treatment has been at an academic institution farther away. Nearby survivorship services and programs not only mean easy physical access for patients but also that cancer care providers remain in the care continuum if and when needed.

"It's not a luxury; it's a necessity," said Gina Franco, a nurse practitioner, who serves as the Survivorship Clinic's coordinator. "Cancer survivors have taught us that this is a stressful time for them; they need education, documentation and a time where they can ask questions and find out about resources more germane to survivors."

The Survivorship Clinic has worked closely with survivor volunteers who have coordinated a group of survivors in the community who share their opinions and input when needed.

Kay McClure, a breast cancer survivor of five years, offered ideas for the clinic.

"When I completed treatment, there was no formal next step for survivors," McClure said. "You found yourself asking many

questions, 'What now; how do I know if my cancer comes back; who is going to provide my care and screening?'"

"There were also emotional issues. Your friends and family think that treatment is over and you are OK, but you are really only beginning your life again. Life is different. You experience many different emotions in the cancer journey that do not stop with the end of treatment."

## Cancer Survivors Day 2010



personal. experience. shared.



## ***The emerging role of human papillomavirus in head and neck cancers***

By Amy Baruch, M.D.

With the introduction of the first FDA-approved human papillomavirus (HPV) vaccine in 2006, many Americans learned of the link between HPV infection and cervical cancer. What many people still may not realize, however, is that the same virus that causes cervical cancer is now recognized as the causative agent in 20-25 percent of head and neck cancers and 60-75 percent of tumors occurring at the base of the tongue and tonsils, specifically.

While the incidence of head and neck cancers in the United States has been declining overall, the incidence of tumors in the oral cavity in particular has been rising over the past three decades. Furthermore, while squamous cell carcinoma of the head and neck region, which includes the oral cavity, was previously considered a tobacco- and alcohol-related disease, an increasing number of tumors are occurring in non-smokers and non-drinkers. In fact, HPV is now overtaking tobacco and alcohol as the leading cause of oral cancers in America in people under the age of 50. Unlike cervical cancer, which only affects women, oral cancer affects both sexes and occurs more commonly in men.

More than 120 types of HPV have been discovered, but only a fraction of these are known to be high-risk types, referring to the high risk of progression to invasive cancer, resulting from infection with the virus. HPV type 16, which can be found in more than 55 percent of cervical cancers, also appears to be the most common type associated with head and neck cancers and can be identified in up to 95 percent of HPV-related cancers of the oropharynx. The Centers for Disease Control and Prevention estimates that in

addition to the 20 million Americans already infected, another six million Americans become newly infected with HPV each year. The virus is transmitted by sexual contact.

There is a vast body of research to explain just how the virus causes cervical cancer, and the pathways leading to oral cancer are believed to be similar. The virus itself is comprised of double-stranded DNA, similar to human chromosomal material. Carcinogenic HPV strains specifically infect human mucosal cells, including those lining the oral cavity and enter the cell's nucleus, where human genetic material is contained. Once inside the nucleus, the virus makes proteins that alter transcription of certain human genes, leading to inactivation of tumor suppressor genes, including p53 and retinoblastoma protein. Tumor suppressor genes normally function to block the reproduction of cells with mutations. Once control of this process is lost, damaged cells continue to proliferate, leading to the development of precancerous lesions (dysplasia) and eventually to cancer. Loss of functioning of tumor-suppressor genes in infected cells leads to overexpression of another protein involved in the regulation of cell growth and division: p16. Testing for p16 in biopsy samples serves as a surrogate marker for HPV infection.

Classification of tumors of the head and neck as HPV-related has both prognostic and therapeutic significance. HPV positivity is associated with better survival, fewer recurrences and a lower rate of development of cancers in other organs, compared to HPV-negative carcinomas. For these reasons, current guidelines from the College of American Pathologists and the National

Cancer Centers Network recommend testing for HPV in all newly diagnosed cancers of the oropharynx. At Spartanburg Regional, biopsy samples of oropharyngeal tumors are tested for the presence or absence of HPV using two methodologies: an immunohistochemical stain for p16, and in situ hybridization for high risk HPV types. Both methods allow pathologist's to directly visualize HPV-infected cells using routine light microscopy. Results of both tests are included in the surgical pathology report. Although up to 30 percent of tumors that are positive for p16 may be HPV negative, these tumors are believed to have a similar prognosis as those that are HPV-related.

## ***Preserving life and quality of life with multidisciplinary care in head and neck cancer patients***

By Amy Curtis, M.D.

Perhaps no other body site is more important than that of the head and neck region. Cancers in this region can affect speech, swallowing and respiration. Sharing a meal or speaking on the telephone—experiences often taken for granted—can be profoundly affected by the cancer and the treatment.

It is for this reason that the physicians and other treatment team members are so conscious of functional impact and need for careful analysis of the outcome beyond survival of the cancer itself. It is because of the complexity of the anatomy, importance of functional preservation and heterogeneous biology of head and neck cancers that multidisciplinary treatment is so important. Care of the cancer patient typically requires input from a medical oncologist, radiation oncologist and surgeon. Optimal care of patients

While there is no long-term data yet, it is believed that HPV vaccination, in addition to preventing cervical cancer, may also be effective in preventing oropharyngeal cancers. Both of the vaccines currently available in the United States, Gardasil® and Cervarix®, protect against HPV 16. Australia, which launched a national HPV vaccination program in 2007, has already seen a significant decline in HPV-related lesions of the cervix, and it is hoped that over time a similar decline in HPV-related oral cancers will be seen. Recent efforts to promote vaccination of boys as well as girls may help further reduce the future incidence of HPV-related oral cancers.

with head and neck cancer usually means robust treatment and rehabilitation team, including otolaryngology, radiation oncology, medical oncology, nutrition, speech therapy, physical therapy, dentistry or oral surgery, general surgery, smoking cessation and social work. It is only through close collaboration among specialists that timely treatment and best outcomes can occur.

The Gibbs Cancer Center recognizes that this array of services does not just “happen.” Coordination among these care providers occurs regularly. On a formal basis, the Gibbs Cancer Center's Multidisciplinary Head and Neck Conference (MDC) facilitates prospective case review and ensures that current treatment options are considered during each patient's treatment planning. Physicians may present cancer cases at one

of Gibbs Cancer Center's Multidisciplinary Conferences (MDC) and with our affiliate MD Anderson Cancer Center via videoconferencing. Clinical trials are also discussed and clinical trial nurses are available to assist in enrolling appropriate and interested patients in trials of new treatment options and studies focusing on quality of life. Again, this reflects our constant focus on achieving the best global outcome. Based on these prospective discussions, patients are counseled about primary treatment options with most patients receiving a recommendation for primary surgery or primary radiation (with or without chemotherapy).

From the time patients are diagnosed, until they complete all planned treatment, they are closely monitored. Total treatment time is an important quality marker because delays in treatment can adversely affect survival. Care during this time is also closely coordinated. Patients currently under treatment are reviewed each week to assure that pain control is optimal, nutritional goals are being met and that patients are safely able to swallow the least restrictive diet possible. Checklists are used at the first patient encounters to prompt providers to order needed services, including prophylactic speech and swallowing therapy. Our goal is to provide the best care, not just for controlling the cancer, but also for treating the patient's functional needs.

From 2006 to 2010, Gibbs Cancer Center diagnosed 336 new analytic head and neck cancer cases. Most of these cancers were advanced stages (III and IV). This is similar to national and historic trends of late diagnosis because many symptoms do not present until late in the course of the disease. There

is no national consensus on appropriate screening, though screening events do raise awareness and provide an entry to care for patients with risk factors, including smoking. Patients are screened through events such as health fairs, which are sponsored by Gibbs Cancer Center.

Surviving the initial cancer is only part of the long-term goal for these patients. Our statistics from the Gibbs Cancer Center show that 68 percent of patients do not succumb to their cancer within five years, which is favorable compared to the Commission on Cancer's National Clinical Data Base (NCDB) survival rate of 52 percent. This is the adjusted survival from head and neck cancer. Thus, despite a majority of advanced cancers, treatment is effective at controlling and curing a great number of patients. The statistics show that overall survival (the chance of death from any cause) is much lower at 42 percent. This rate reflects numerous other diseases including heart attacks, chronic obstructive pulmonary disease and other cancers. South Carolina and Spartanburg County have higher death rates from these illnesses than regional peers or the nation as a whole and account for the lower overall survival compared to averages. Patients with head and neck cancer often have extensive smoking histories and sometimes excessive alcohol use. These are well known to be risk factors for head and neck cancer, and also myriad other diseases.

Through an ARRA (American Recovery and Rehabilitation Act) grant, the Gibbs Cancer Center has a full-time smoking cessation counselor. Head and neck cancers are one of the focus areas for smoking cessation because there is a 5-10 percent improve-

ment in survival among non-smokers and side effects of treatment are also reduced in non-smokers. Smoking cessation reduces the chance of death from both the cancer and other smoking-related diseases which occur frequently as seen by the statistics above. It is a high-impact intervention. Crude smoking cessation rates with usual care are typically less than 10 percent. With the emphasis on smoking cessation within the cancer center and the specific ongoing work of the counselor, close to 100 percent of patients currently smoking receive cessation counseling.

In 2010, the Advisory Board Company, a leading provider of comprehensive performance-based improvement services, listed Gibbs Cancer Center's head and neck program as a best practice. Through continued collaboration with national groups and a local commitment to quality, we hope to continue to improve both the survival from this cancer and to also improve long-term quality of life for head and neck cancer survivors.

## Radiation Oncology

Gibbs Cancer Center has been a leader in offering the latest treatment in radiation oncology in the Carolinas. The center was among the first cancer centers in the state to offer Intensity Modulated Radiation Therapy (IMRT). Gibbs Cancer Center was also the first in the Carolinas and Georgia to offer Tomotherapy® and it was the first in the Upstate to offer high-dose rate brachytherapy.

The center has five board-certified radiation oncologists with additional credentialing by the MD Anderson Physicians Network. The center's patients are seen at two locations: Gibbs Cancer Center Gaffney and Gibbs Cancer Center on the Spartanburg Regional campus.

Full spectrum of services:

- Three-dimensional conformal radiation treatment planning
- Linear accelerator external beam therapy
- Intracavitary and interstitial implants
- Electron beam therapy
- High-dose rate (HDR) afterloading brachytherapy
- MammoSite™
- Stereotactic radiosurgery
- Intensity Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy (IGRT)
- Helical Tomotherapy

Radiation oncology participates in Gibbs Cancer Center's multidisciplinary care by participating in conferences focused on patients diagnosed with breast, lung, prostate, colorectal and head and neck cancers

The department also has access to opinions from national disease-site-specific oncology experts from MD Anderson Cancer Center through its affiliation with the MD Anderson Physicians Network.

## Statistics

The Spartanburg Regional Cancer Data Management Department collected 1,791 new cancer cases in the year 2010. A brief overview of the distribution of new cancer cases that were diagnosed and/or treated at Spartanburg Regional follows. From the total population, 923 patients were male and 868 were female.

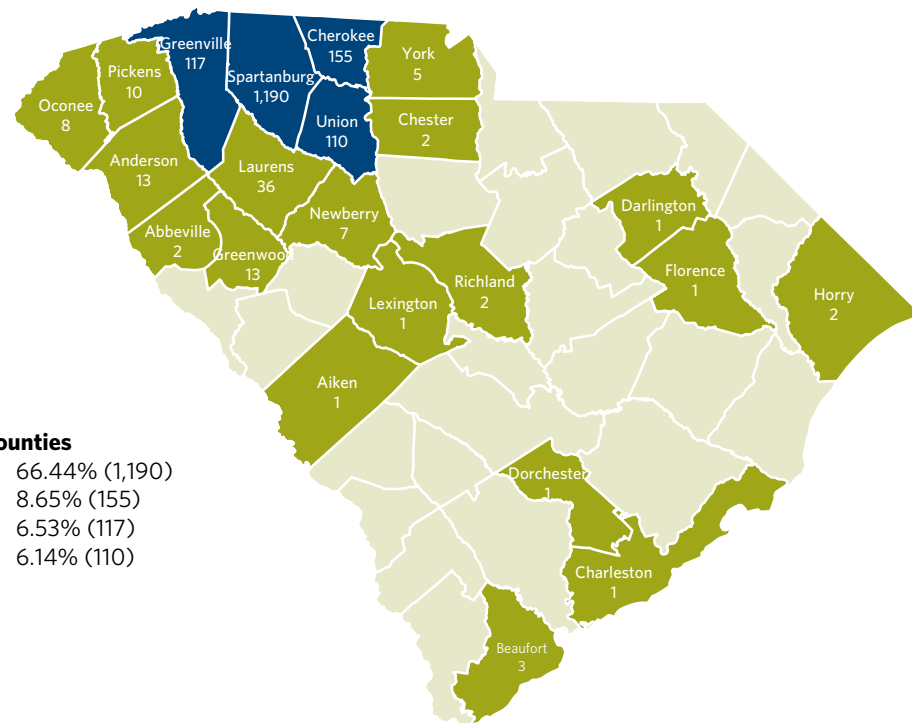
Approximately 1,505 of patients were Caucasian and 278 were African-American. The eight remaining patients were as follows: Asian Indian or Pakistani, NOS 1; Laotian 2; Kampuchean (including Khmer and Cambodian) 1; other Asian, including Asian/Oriental, NOS 2; Asian Indian 1; and Vietnamese 1. There has been a slight increase in the numbers of Caucasians diagnosed with cancer this year versus African-Americans and compared to last year's numbers.

The majority of patients were initially diagnosed with Stage I and Stage II cancers, which may be due in part to early screenings and treatment interventions.

Patients ranged in age from two years to 101 years and with a mean of 63 years. The number of patients residing in Spartanburg and Greenville has increased slightly from last year. The number of patients from all other counties remains fairly constant compared with last year's numbers.

The 10 major sites of cancer seen at this institution were breast, prostate, bronchus and lung, colon, skin, bladder, corpus uteri, kidney, pancreas and rectum.

### Case Distribution by County



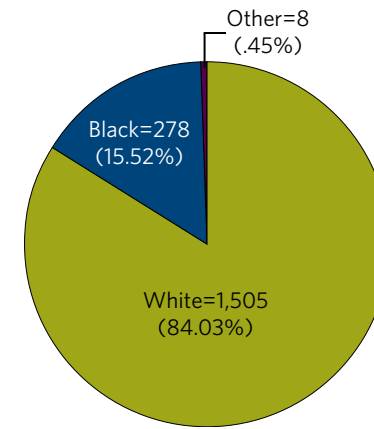
#### Four Highest Counties

Spartanburg	66.44% (1,190)
Cherokee	8.65% (155)
Greenville	6.53% (117)
Union	6.14% (110)

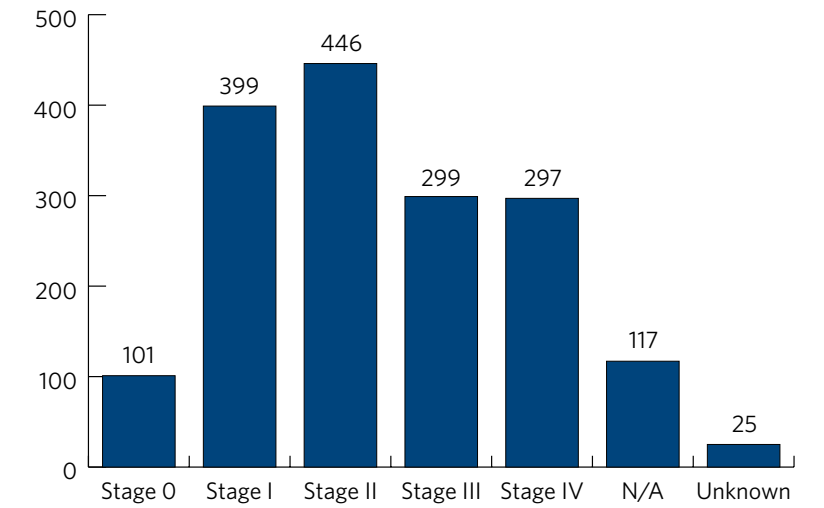
**Total Patients**  
1,791

**Out of State**  
6.14% (110)

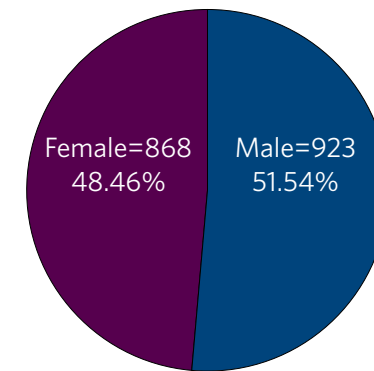
### Race Distribution



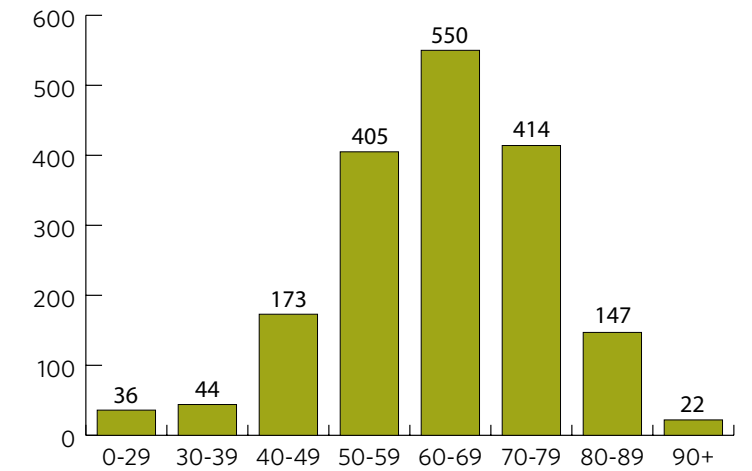
### CS/AJCC Best Stage Grouping (Analytic Only)



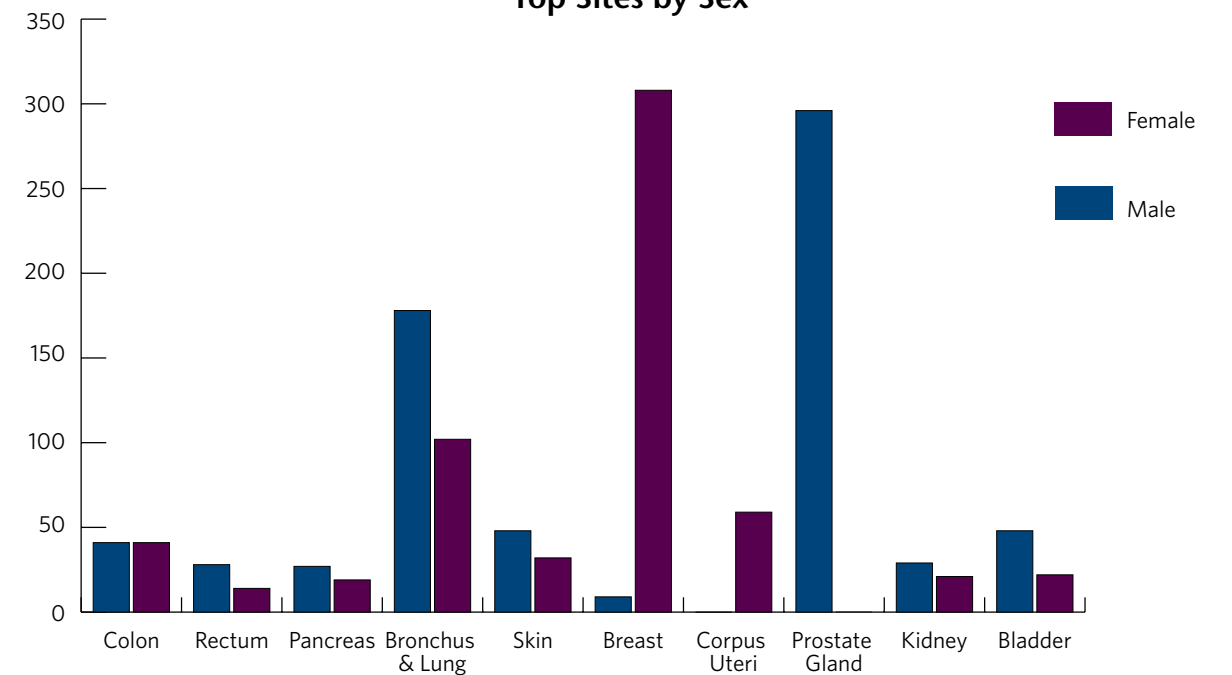
### Gender Distribution



### Age at Diagnosis



### Top Sites by Sex



**SPARTANBURG REGIONAL PRIMARY SITE TABLE—2010 CASES**

Primary Site	Total	Sex		Class		Status		Stage Distribution—Analytic Cases Only						
		M	F	A	NA	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	N/A	Unknown
<b>Oral Cavity &amp; Pharynx</b>	<b>48</b>	<b>31</b>	<b>17</b>	<b>47</b>	<b>1</b>	<b>37</b>	<b>11</b>	<b>1</b>	<b>8</b>	<b>7</b>	<b>11</b>	<b>19</b>	<b>0</b>	<b>1</b>
Lip	1	0	1	1	0	0	1	0	0	0	0	1	0	0
Tongue	21	12	9	20	1	16	5	0	5	4	5	6	0	0
Salivary Glands	2	2	0	2	0	2	0	0	0	0	2	0	0	0
Floor of Mouth	2	1	1	2	0	2	0	0	1	0	0	0	0	1
Gum & Other Mouth	4	3	1	4	0	2	2	0	1	1	0	2	0	0
Nasopharynx	3	1	2	3	0	3	0	0	0	1	2	0	0	0
Tonsil	6	3	3	6	0	6	0	0	1	0	2	3	0	0
Oropharynx	3	3	0	3	0	1	2	0	0	0	0	3	0	0
Hypopharynx	6	6	0	6	0	5	1	1	0	1	0	4	0	0
<b>Digestive System</b>	<b>254</b>	<b>144</b>	<b>110</b>	<b>241</b>	<b>13</b>	<b>169</b>	<b>85</b>	<b>6</b>	<b>39</b>	<b>58</b>	<b>65</b>	<b>59</b>	<b>3</b>	<b>11</b>
Esophagus	17	14	3	17	0	9	8	0	0	3	7	4	0	3
Stomach	17	7	10	17	0	10	7	1	2	2	6	4	0	2
Small Intestine	8	3	5	8	0	7	1	0	1	2	2	3	0	0
Colon Excluding Rectum	82	41	41	73	9	69	13	3	17	22	23	8	0	0
Cecum	28	13	15	28	0	25	3	0	6	11	11	0	0	0
Appendix	1	0	1	1	0	1	0	0	0	1	0	0	0	0
Ascending Colon	15	5	10	14	1	11	4	0	3	6	3	2	0	0
Hepatic Flexure	1	1	0	1	0	0	1	0	0	0	0	1	0	0
Transverse Colon	6	2	4	6	0	6	0	0	2	1	2	1	0	0
Descending Colon	5	4	1	5	0	5	0	1	1	2	1	0	0	0
Sigmoid Colon	17	11	6	15	2	14	3	1	5	1	6	2	0	0
Large Intestine, Nos	9	5	4	3	6	7	2	1	0	0	0	2	0	0
Rectum & Rectosigmoid	44	29	15	42	2	36	8	2	8	11	12	8	0	1
Rectosigmoid Junction	2	1	1	2	0	0	2	0	0	0	1	1	0	0
Rectum	42	28	14	40	2	36	6	2	8	11	11	7	0	1
Anus, Anal Canal & Anorectum	5	0	5	3	2	4	1	0	0	0	3	0	0	0
Liver & Intrahepatic Bile Duct	19	14	5	19	0	5	14	0	7	0	3	8	0	1
Liver	18	14	4	18	0	5	13	0	7	0	3	7	0	1
Intrahepatic Bile Duct	1	0	1	1	0	0	1	0	0	0	0	1	0	0
Gallbladder	6	3	3	6	0	5	1	0	1	1	3	1	0	0
Other Biliary	5	3	2	5	0	4	1	0	0	3	1	0	0	1
Pancreas	46	27	19	46	0	16	30	0	3	12	4	23	1	3
Retroperitoneum	3	3	0	3	0	2	1	0	0	2	0	0	1	0
Peritoneum, Omentum & Mesentery	2	0	2	2	0	2	0	0	0	0	1	0	1	0
<b>Respiratory System</b>	<b>314</b>	<b>207</b>	<b>107</b>	<b>306</b>	<b>8</b>	<b>175</b>	<b>139</b>	<b>2</b>	<b>50</b>	<b>43</b>	<b>67</b>	<b>142</b>	<b>1</b>	<b>1</b>
Nose, Nasal Cavity & Middle Ear	2	1	1	2	0	2	0	1	0	0	0	1	0	0
Larynx	31	27	4	31	0	26	5	1	5	10	3	11	0	1
Lung & Bronchus	280	178	102	272	8	146	134	0	45	33	64	129	1	0
Trachea, Mediastinum & Other Respiratory Organs	1	1	0	1	0	1	0	0	0	0	0	1	0	0
<b>Soft Tissue (Including Heart)</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Skin (Excluding Basal &amp; Squamous)</b>	<b>76</b>	<b>46</b>	<b>30</b>	<b>71</b>	<b>5</b>	<b>70</b>	<b>6</b>	<b>13</b>	<b>37</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>3</b>
Melanoma—Skin	74	44	30	69	5	69	5	13	37	8	5	3	0	3
Other Nonepithelial Skin	2	2	0	2	0	1	1	0	0	0	2	0	0	0

**SPARTANBURG REGIONAL PRIMARY SITE TABLE—2010 CASES**

Primary Site	Total	Sex		Class		Status		Stage Distribution—Analytic Cases Only						
		M	F	A	NA	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	N/A	Unknown
<b>Breast</b>	<b>317</b>	<b>9</b>	<b>308</b>	<b>307</b>	<b>10</b>	<b>309</b>	<b>8</b>	<b>55</b>	<b>113</b>	<b>88</b>	<b>35</b>	<b>13</b>	<b>0</b>	<b>3</b>
<b>Female Genital System</b>	<b>149</b>	<b>0</b>	<b>149</b>	<b>126</b>	<b>23</b>	<b>134</b>	<b>15</b>	<b>3</b>	<b>73</b>	<b>10</b>	<b>27</b>	<b>8</b>	<b>3</b>	<b>2</b>
Cervix Uteri	35	0	35	23	12	31	4	1	9	5	4	4	0	0
Corpus & Uterus, Nos	60	0	60	60	0	56	4	0	46	3	8	1	2	0
Corpus Uteri	59	0	59	59	0	56	3	0	46	3	8	1	1	0
Uterus, Nos	1	0	1	1	0	0	1	0	0	0	0	0	1	0
Ovary	28	0	28	26	2	22	6	0	8	0	13	3	0	2
Vagina	2	0	2	1	1	2	0	1	0	0	0	0	0	0
Vulva	21	0	21	13	8	21	0	1	10	1	1	0	0	0
Other Female Genital Organs	3	0	3	3	0	2	1	0	0	1	1	0	1	0
<b>Male Genital System</b>	<b>300</b>	<b>300</b>	<b>0</b>	<b>279</b>	<b>21</b>	<b>292</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>209</b>	<b>54</b>	<b>13</b>	<b>0</b>	<b>0</b>
Prostate	296	296	0	275	21	288	8	0	1	208	53	13	0	0
Testis	3	3	0	3	0	3	0	0	2	1	0	0	0	0
Penis	1	1	0	1	0	1	0	0	0	0	1	0	0	0
<b>Urinary System</b>	<b>126</b>	<b>81</b>	<b>45</b>	<b>117</b>	<b>9</b>	<b>107</b>	<b>19</b>	<b>21</b>	<b>46</b>	<b>11</b>	<b>16</b>	<b>19</b>	<b>2</b>	<b>2</b>
Urinary Bladder	70	48	22	63	7	57	13	19	16	7	8	12	0	1
Kidney & Renal Pelvis	51	30	21	49	2	46	5	1	29	4	8	6	0	1
Ureter	3	2	1	3	0	2	1	1	1	0	0	1	0	0
Other Urinary Organs	2	1	1	2	0	2	0	0	0	0	0	0	2	0
<b>Brain &amp; Other Nervous System</b>	<b>40</b>	<b>21</b>	<b>19</b>	<b>39</b>	<b>1</b>	<b>24</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>0</b>
Brain	23	14	9	23	0	11	12	0	0	0	0	0	23	0
Cranial Nerves Other Nervous System	17	7	10	16	1	13	4	0	0	0	0	0	16	0
<b>Endocrine System</b>	<b>44</b>	<b>17</b>	<b>27</b>	<b>43</b>	<b>1</b>	<b>38</b>	<b>6</b>	<b>0</b>	<b>18</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>11</b>	<b>1</b>
Thyroid	32	13	19	32	0	28	4	0	18	2	6	5	0	1
Other Endocrine (Including Thymus)	12	4	8	11	1	10	2	0	0	0	0	0	11	0
<b>Lymphoma</b>	<b>54</b>	<b>25</b>	<b>29</b>	<b>44</b>	<b>10</b>	<b>49</b>	<b>5</b>	<b>0</b>	<b>12</b>	<b>8</b>	<b>8</b>	<b>15</b>	<b>0</b>	<b>1</b>
Hodgkin Lymphoma	6	3	3	4	2	6	0	0	0	2	1	1	0	0
Non-Hodgkin Lymphoma	48	22	26	40	8	43	5	0	12	6	7	14	0	1
NHL—Nodal	33	17	16	29	4	28	5	0	5	5	6	12	0	1
NHL—Extranodal	15	5	10	11	4	15	0	0	7	1	1	2	0	0
<b>Myeloma</b>	<b>11</b>	<b>8</b>	<b>3</b>	<b>9</b>	<b>2</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>
<b>Leukemias</b>	<b>19</b>	<b>11</b>	<b>8</b>	<b>17</b>	<b>2</b>	<b>13</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>0</b>
Lymphocytic Leukemia	6	4	2	6	0	6	0	0	0	0	0	0	6	0
Acute Lymphocytic Leukemia	4	3	1	4	0	4	0	0	0	0	0	0	4	0
Chronic Lymphocytic Leukemia	1	1	0	1	0	1	0	0	0	0	0	0	1	0
Other Lymphocytic Leukemia	1	0	1	1	0	1	0	0	0	0	0	0	1	0
Myeloid & Monocytic Leukemia	13	7	6	11	2	7	6	0	0	0	0	0	11	0
Acute Myeloid Leukemia	9	4	5	8	1	4	5	0	0	0	0	0	8	0
Acute Monocytic Leukemia	1	1	0	1	0	1	0	0	0	0	0	0	1	0
Chronic Myeloid Leukemia	3	2	1	2	1	2	1	0	0	0	0	0	2	0
<b>Kaposi Sarcoma</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Miscellaneous</b>	<b>32</b>	<b>17</b>	<b>15</b>	<b>31</b>	<b>1</b>	<b>10</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>0</b>
Total	1,791	923	868	1,684	107	1,441	350	101	399	446	299	297	117	25

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## Services

At Gibbs Cancer Center, we understand that there are needs that extend far beyond the clinical aspects of care for people living with cancer. We also understand that life is different after a cancer diagnosis. The effects of the disease and its treatment can present unique challenges. We are proud to offer comprehensive support services and other resources for people facing the challenges of cancer survivorship.

### **Cancer Learning Center**

The Cancer Learning Center at Gibbs Cancer Center is dedicated to providing cancer information to patients and families, as well as members of the community. A full-time staff member is available to provide one-on-one assistance for finding information on specific diseases and any proposed treatment for them.



### **Center for Health and Healing**

Spartanburg Regional's Center for Health and Healing integrates modern medicine with established practices from around the world. These clinical programs focus on prevention, patient empowerment and whole-person healing. Our practitioners are trained in both conventional and complementary therapies and offer professional guidance for balancing the mind, body and spirit to improve health. Mind-Body Skills Groups meet for eight weeks. The Spartanburg Regional Foundation holds a fund, so scholarships are available for those unable to afford the course.

### **Energy for Life**

With so much at stake, effective cancer treatment programs must address all aspects of this disease and fight its negative effects on every level. Energy for Life is an oncology rehabilitation program that combines the physical, educational and emotional support needed for those living with cancer. The program provides occupational, physical and speech therapy, counseling services, nutrition services, movement classes and education classes.

### **Genetic Counseling**

Spartanburg Regional's genetic counseling services are for individuals and families with an increased risk of cancer. Our genetic counseling services promote awareness, early detection and behaviors that can lower the risk of cancer. Genetic counseling involves collecting a person's detailed family and medical history. That information is reviewed to determine the possibility of hereditary cancers in a family and the

individual's risk of developing certain types of cancer. Please call 864-560-1970 to learn more about Spartanburg Regional's cancer genetic counseling services.

### **Oncology Rehabilitation**

Spartanburg Regional offers a comprehensive program for patients who have experienced the diagnosis of cancer. Oncology Rehabilitation is for patients who are dealing with lymphedema, fatigue or loss of functional skills following cancer. The program is staffed by specially trained therapists who are nationally certified to provide the best care for each patient.

The program also offers specialized services focused on occupational and physical therapy. Patients receive assistance to increase motion in joints, increase strength and improve daily tasks. Speech-language pathology helps patients who have experienced head and neck cancer. Treatment focuses on strengthening, retraining in voice, swallowing skills, and communication before and after a laryngectomy.

After receiving a physician's order, the appropriate therapist will evaluate to determine the areas of deficiency and develop a treatment for the patient to meet goals for improvement.

### **Regional Massage**

Regional Massage services are provided to both patients and the community. Massage therapists provide Swedish and deep tissue massages. Trigger point therapy, prenatal massage and hot stone therapy are also performed.



### **That Special Look**

That Special Look is an appearance center located in the Gibbs Cancer Center specializing in services and products for cancer patients in addition to offering a variety of other unique items. From breast forms to hats, turbans and other specialty items, That Special Look is dedicated to helping women look good and feel good as they undergo cancer treatment.





## ***Gibbs Cancer Center phone directory***

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Bearden-Josey Center for Breast Health .....	560-6186
Best Chance Network .....	560-1857
Breast Health Specialists.....	560-6867
Cancer Care Administration .....	560-1884
Cancer Control .....	560-6812
Cancer Data Management.....	560-6152
Cancer Learning Center .....	560-6747
Chaplain’s Office.....	560-2048
Community and Support Programs .....	560-1983
Genetic Counseling .....	560-1970
Gibbs Cancer Center Gaffney .....	488-3980
Guest Services/Information Desk.....	560-6700
Hospice Home .....	560-5620
Inpatient Oncology.....	560-2050
IV Outpatient Treatment.....	560-6940
John M. Fleming Cancer Clinic.....	560-1857
Lung Cancer Program.....	560-1990
Massage Therapy.....	560-6140
NCCCP Program.....	560-6821
Oncology Rehab/Energy for Life .....	560-1970
Oncology Research .....	560-6812
Palliative Care .....	560-2050
Palmetto Hematology/Oncology .....	560-7050
Patient Navigation Services.....	560-1966
Radiation Oncology .....	560-6917
Surgical Oncology .....	560-1900
That Special Look.....	560-7080
To Your Health Café .....	560-6261

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