



NCI Community Cancer Centers Program Program Overview – St. Joseph’s / Candler

- A. **Hospital:** St. Joseph’s/Candler (SJ/C) health system is comprised of two hospitals, Candler Hospital and St. Joseph’s. Candler Hospital is centrally located near the downtown area of Savannah and St. Joseph’s serves the Southside of Savannah. Both hospitals serve Chatham County plus a 22 county region.
- B. **Cancer Center:** Nancy N. and J. C. Lewis Cancer & Research Pavilion (LCRP) is located on an 8 acre site directly across from Candler Hospital. 225 Candler Drive, Savannah, GA 31405
- C. **PI and key personnel:**
- a. **PI:** *Dr. Morris Geffen*, board certified in radiation oncology, has participated as a clinical test site for the University of California-San Francisco as part of the Siemen’s Research Consortium. Overall **Project Coordinator** is *Ms. Nancy Johnson, MSM*, Administrator, LCRP. Ms. Johnson has over 25 years in oncology program management and development. She serves as point of contact to expedite and facilitate responses and program deliverables. Contact information: Dr. Morris Geffen: mgeffen001@aol.com office: 912-352-1700; Ms. Johnson: johsonn@sjchs.org; office: 912-819-5720; cell: 912-660-0691;
 - b. **Disparities:** *Wanda Jones, RN, OCN* is the Outreach Coordinator. Ms. Jones has served for the past five years in navigation services developing outreach initiatives and working within the current infrastructure to provide services. She works closely with the ACS, NBLIC and is past president of the local Chapter of the Oncology Nursing Society. Contact information: jonesw@sjchs.org; 912-819-6449;
 - c. **Clinical Trials:** *Wanda Kay North, MBA, RN, CCRC, CIM*, manager, Office of Clinical Research. Wanda brings over 12 years of experience in clinical research to this initiative. Contact information: northw@sjchs.org; office: 912-819-6194; cell: 912-665-0604;
 - d. **IT:** *John Adkins, CFO, SJ/C*- In Mr. Adkins’ role as CIO for SJ/C for the past 18 years, he has facilitated the merge of IT departments from two distinctly different systems into one integrated IT system for both hospitals. Contact information: adkinsj@sjchs.org; office: 912-819-6182; cell: 912-604-2146;
 - e. **Biospecimens:** *Dr. Ramesh Patwardhan*, retired surgical oncologist, currently serves as Chairman of the Joint Cancer Committee and Program Director for the LCRP. He also serves as a surveyor for the Commission on Cancer, American College of Surgeons. Dr. Patwardhan is the Principle Investigator for the current tissue banking program at SJ/C and the LCRP. Contact information: patwardhan@sjchs.org office: 912-819-6360; cell: 912-658-2566;
 - f. **Quality of Care:** *Beth Budden*, LCRP Clinical Initiatives Data Manager. Ms. Budden serves the Cancer Action Teams with the ongoing audits and evaluations of current practices. She is the point person for the quality of care demonstration projects with the Georgia Cancer Coalition. *Angie Patterson, VP and COO, Georgia Cancer Coalition*, works closely with the LCRP with respect to a statewide initiative to measure the quality of cancer care statewide using a data repository, “The Exchange” similar to a RHIO. Contact

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information: Ms. Budden: buddenb@sjchs.org; 912-819-5704; Ms. Patterson: apatterson@georgiacancer.org; office: 404-584-7720; cell: cell 404-406-6518;

- g. **Survivorship:** *Trish Gordon, BSN, RN, Patient Navigator-Team Leader.* Ms. Gordon has managed the clinical operations of breast care centers and now facilitates the patient navigation team. She has set in motion a survivorship effort with survivorship organizers for the patient’s treatment experience and post-treatment follow-up. Ms. Gordon is a breast cancer survivor. *Ms. Rhonda Mealor, Senior/Managing Partner, Oncology Solutions,* has worked closely with the LCRP Cancer Action Teams and Ms. Gordon to develop the survivorship theme and organizers. Ms. Mealor’s role is in the strategic development and enhancement of survivorship care plans. Contact information: Ms. Gordon: gordonpa@sjchs.org; office: 912-819-5769; cell: 912-657-0330; Ms. Mealor: rsmealor@aol.com; office: 404-836-2000, ask for Cheryl.
- D. **Model for Medical Staff**—SJ/C and the LCRP operate as a community model with reliance on private practice physicians. Considered as “open staff” (i.e., medical staff determined), the medical staff is autonomous, and arrives at clinical practice enhancements and guideline adoptions through consensus. SJ/C does not control referrals. A mix of solo and group practice physicians work with administration and hospital based physicians to arrive at programmatic decisions. The leadership/business development is driven by a Physician Advisory Council, or PAC, that works in conjunction with administration and the five Cancer Action Teams. Physicians serving on the council and cancer action teams sign participation agreements that focus on promotion and adoption of best practices in evidence-based medicine as well as commitment to participate in cancer conferences and multi-disciplinary patient conferences and care.
- E. **Number of physicians in cancer program:** Currently, 71 physicians are involved in the cancer program through the Cancer Action Teams. Housed within the freestanding cancer center are 12 of those physicians. Key staff includes oncologists board certified in Medical Oncology and Hematology, one oncologist board certified in Medical Oncology and one oncologists board eligible in Medical Oncology and Hematology; three oncologists board certified in Radiation Oncology. Additional specialties include general surgeons, interventional pulmonology, and urology. Currently, recruiting for a surgical oncologist and a GYN oncologist. Several general surgeons specialize in oncology and are members of the Society for Surgical Oncologists. As new technologies and interventional clinical services are adopted, the Cancer Action Teams review and recommend implementation of the services as well as the credentialing requirements to the Vice President of Medical Affairs. Final approval is made by the SJ/C Medical Executive Committee.
- F. **Multi-disciplinary care model:** Five Cancer Action Teams (breast, head & neck, thoracic, GI, and GU) have been organized to develop and promote multi-disciplinary care. These teams represent a collaborative and interdisciplinary approach to assessing, planning, managing, monitoring, coordinating and evaluating the delivery of cancer services for defined populations. A defined priority for each team is the advancement of clinical trials---available trials are discussed during the multi-disciplinary treatment planning conferences. Currently, the breast multi-disciplinary team meets weekly on Wednesdays. The thoracic cancer action team is in the process of developing a multi-disciplinary clinic rotation.
- G. **Community demographics:** The patient origin mix for oncology reveals approximately 64%-69% of patients originate in the primary service area, another 16%-21% in the secondary area and the remaining 10%-17% from outside areas. New cancer case overall market shares have ranged from 38% to 42% over the past four years. About 8% of the total new cancer cases captured came from areas outside the defined service area. The primary market includes 17% below poverty level

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income. The racial breakdown in the primary market is 55% Caucasian; 41% African American; 3 % Hispanic and 1% other. The LCRP serves as a tertiary referral center for the small rural hospitals.

- H. Philosophy of community outreach – five major activities to reach disparate populations and community coalitions: SJ/C’s philosophy of healthcare includes two fundamental beliefs: 1) Good health depends on many factors: safe and affordable housing, good nutrition, health information, worthy employment and healthcare access; and 2) whenever possible, services should be provided *in the community*. Through Mission Service and Pastoral Care, SJ/C has a long history of outreach and service to the underprivileged communities in and around Savannah that has led not only to numerous outstanding, award winning programs, but has endowed those connected with SJ/C a high level of trust among people not given to trusting healthcare workers. It is this trust alone that makes it possible for many people in need to accept our assistance. Major initiatives and activities include:
- a. **St. Mary’s Community Center** serves a struggling African American neighborhood in Savannah, working alongside residents to improve their quality of life through assistance in three major areas: basic needs; education/job training; and health services.
 - b. **St. Mary’s Health Center** provides free health care for uninsured citizens of Chatham County.
 - c. **The African American Health Information & Resource Center** conducts health screenings and sponsors events specifically targeted to the African American community’s health concerns.
 - d. **The African American Men’s Health Initiative** is a partnership between SJ/C and 100 Black Men of Savannah to collaborate with community groups and organizations to reduce the incidence of health conditions that adversely affect African American males by promoting education, screenings and grass roots networking.
 - e. **YMCA of Coastal Georgia and SJ/C** formed a partnership call *Health Connection* to incorporate wellness and health promotion services at the eight YMCA locations. Free services provided to YMCA members 18 years or older include: health screenings, skin cancer screenings, health education classes, and medical procedure and disease counseling.
 - f. **Mission Services and Community Education at SJ/C** provide the infrastructure to reach underserved and underrepresented populations. Dedicated staffing includes: Sr. Margie Beatty, VP Mission Services; Sr. Pat Baber, Director, St. Mary’s Centers; Agnes Cannelli, RN, Director of Mission Services at St. Joseph’s Community Center; Sheri Estes, RN, Director of Mission Services at Candler Hospital and Cindy Johnson, RN, Director of Community Education which oversees the HealthQuest Mobile Unit and the Mobile Mammography Unit.
 - g. **Southeast Georgia Cancer Alliance (SEGCA)**: SJ/C was a founding member of this alliance initially funded by tobacco settlement dollars through the Georgia Cancer Coalition. This alliance of community healthcare providers and agencies focuses on outreach and early detection initiatives to underserved and underrepresented populations in a 27 county region.

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I. 2006 new cancer cases (see below): New cancer cases for calendar year 2006: 1,186
New Cancer Cases by Primary Site and Stage
LCRP 2006 Analytic Cases

PRIMARY SITE	TOTAL	%	SEX		STAGE						
			M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1186	100	544	642	96	282	261	145	216	69	117
ORAL CAVITY	23	1.94%	18	5	0	6	4	3	7	3	0
Lip	0	0.00%	0	0	0	0	0	0	0	0	0
Tongue	6	0.51%	4	2	0	2	1	1	2	0	0
Oropharynx	1	0.08%	1	0	0	0	0	0	1	0	0
Hypopharynx	1	0.08%	1	0	0	0	0	0	1	0	0
Other	15	1.26%	12	3	0	4	3	2	3	3	0
DIGESTIVE SYSTEM	212	17.88%	105	107	9	29	56	40	56	14	8
Esophagus	14	1.18%	9	5	0	1	3	4	3	3	0
Stomach	16	1.35%	5	11	0	2	4	0	7	2	1
Colon	90	7.59%	45	45	6	19	27	19	17	2	0
Rectum	29	2.45%	18	11	2	3	8	8	6	1	1
Anus/Anal Canal	2	0.17%	1	1	0	0	1	0	1	0	0
Liver	8	0.67%	5	3	0	0	0	5	0	3	0
Pancreas	37	3.12%	19	18	1	2	11	1	19	3	0
Other	16	1.35%	3	13	0	2	2	3	3	0	6
RESPIRATORY SYSTEM	271	22.85%	157	114	0	60	20	64	101	19	7
Nasal/Sinus	1	0.08%	1	0	0	0	0	0	1	0	0
Larynx	10	0.84%	10	0	0	5	1	1	3	0	0
Lung/Bronchus	254	21.42%	140	114	0	55	17	63	95	18	6
Other	6	0.51%	6	0	0	0	2	0	2	1	1
BLOOD & BONE MARROW	26	2.19%	14	12	0	0	0	0	0	0	26
Leukemia	12	1.01%	6	6	0	0	0	0	0	0	12
Multiple Myeloma	5	0.42%	3	2	0	0	0	0	0	0	5
Other	9	0.76%	5	4	0	0	0	0	0	0	9
BONE	3	0.25%	2	1	0	2	0	0	0	1	0
CONNECT/SOFT TISSUE	6	0.51%	1	5	0	4	0	0	0	0	2
SKIN	34	2.87%	19	15	5	12	4	0	6	6	1
Melanoma	33	2.78%	19	14	5	12	4	0	6	5	1

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PRIMARY SITE	TOTAL	%	SEX		STAGE						
			M	F	0	I	II	III	IV	UNK	N/A
Other	1	0.08%	0	1	0	0	0	0	0	1	0
BREAST	225	18.97%	2	223	41	91	64	14	5	8	2
FEMALE GENITAL	42	3.54%	0	42	10	12	2	5	9	4	0
Cervix Uteri	5	0.42%	0	5	0	2	0	1	2	0	0
Corpus Uteri	11	0.93%	0	11	0	7	2	1	1	0	0
Ovary	12	1.01%	0	12	0	2	0	2	6	2	0
Vulva	10	0.84%	0	10	9	0	0	0	0	1	0
Other	4	0.34%	0	4	1	1	0	1	0	1	0
MALE GENITAL	94	7.93%	94	0	1	3	81	3	4	1	1
Prostate	88	7.42%	88	0	0	0	81	3	3	1	0
Testis	3	0.25%	3	0	0	3	0	0	0	0	0
Other	3	0.25%	3	0	1	0	0	0	1	0	1
URINARY SYSTEM	94	7.93%	60	34	30	29	16	7	5	6	1
Bladder	47	3.96%	33	14	28	5	8	2	1	3	0
Kidney/Renal	42	3.54%	26	16	1	24	6	5	4	2	0
Other	5	0.42%	1	4	1	0	2	0	0	1	1
BRAIN & CNS	30	2.53%	12	18	0	0	0	0	0	0	30
Brain (Benign)	1	0.08%	1	0	0	0	0	0	0	0	1
Brain (Malignant)	18	1.52%	6	12	0	0	0	0	0	0	18
Other	11	0.93%	5	6	0	0	0	0	0	0	11
ENDOCRINE	32	2.70%	11	21	0	18	2	3	1	5	3
Thyroid	30	2.53%	9	21	0	18	2	3	1	5	1
Other	2	0.17%	2	0	0	0	0	0	0	0	2
LYMPHATIC SYSTEM	60	5.06%	27	33	0	16	12	6	22	2	2
Hodgkins Disease	7	0.59%	2	5	0	2	2	1	2	0	0
Non-Hodgkins	53	4.47%	25	28	0	14	10	5	20	2	2
UNKNOWN PRIMARY	33	2.78%	22	11	0	0	0	0	0	0	33
OTHER/ILL-DEFINED	1	0.08%	0	1	0	0	0	0	0	0	1

Number of cases excluded: 0

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

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- J. 2006 patients on clinical trials (see attached excel file spreadsheet)
 - a. Since the organization of the cancer center effort and program in the fall of 2003, 102 patients have been accrued to clinical trials. In calendar year 2006, 28 patients were accrued through the LCRP and Office of Clinical Research at SJ/C.

- K. Number of patients on clinical trials and % NCI
 - a. 46% of patients are on NCI clinical trials through the cooperative groups and CTSU.

- L. Linkages with NCI designated cancer centers and/or other academic research institutions: Currently SJ/C and the LCRP are affiliated with H. Lee Moffitt Cancer Center & Research Institute, the closest NCI Designated Comprehensive Cancer Center. Through the Moffitt affiliation, the LCRP has access to clinical trials not typical in a community cancer center setting. In addition, the physicians and supporting clinical staff have access to educational and training programs offered through Moffitt. Guest lecturers routinely join the physicians at the weekly LCRP cancer conferences to present best practices and interact with local physicians to address issues and concerns in clinical management. Another linkage is with the Medical College of Georgia. SJ/C has formalized the partnership to provide clinical rotations for residents and third year medical students. The medical and radiation oncologists at LCRP will have medical students rotating through their private practice settings. MCG has received an award for a Minority CCOP, creating an opportunity for synergy and collaboration with the LCRP to work closely with the local chapter of the National Black Leadership Initiative on Cancer (NBLIC) with a particular focus on diffusion and dissemination of successful accrual strategies in underserved populations.

- M. Status of electronic medical records at the hospital and at the cancer center—Through Meditech, a core system vendor, SJ/C has been able to build a real-time Electronic Medical Record (EMR), including a clinical data repository (CDR)—a data “warehouse” for information from multiple clinical sources into one complete patient record. The integration of systems with Meditech’s EMR reaches outside the walls of the two hospitals to include Appling Health System within rural counties outside of Savannah. Additionally, the network extends to primary care and specialist practitioners throughout Chatham County. For the fiscal year beginning July 2007, the oncology electronic medical record for the LCRP and private practice physicians within the center has been budgeted and will be implemented.

- N. Describe the experience with biospecimen collection and banking: The LCRP and SJ/C participate in the Bio-Repository Alliance of Georgia-Oncology (BRAG-Onc). Sponsored through the Georgia Cancer Coalition, this statewide tumor and tissue repository was established in conjunction with the Medical College of Georgia (MCG), Augusta, as the coordinated tissue banking initiative for the state. Uniform procedures and policies for specimen acquisition and dissemination and management of data are coordinated through MCG. BRAG-Onc works to assure that all sites, such as the LCRP, meet the requirements, policies and procedures for implementation of the *First-Generation Guidelines for NCI supported Biorepositories (FGGs)*. Currently, freezers for the storage of collected specimens have been purchased and installed in the pathology departments at both the St. Joseph’s and Candler campuses. The LCRP Cancer Action Teams are working closely with Dr. Judith Giri, Medical College of Georgia, to establish the collection processes as well as the installation and use of a software program for data management. The oversight committee for the tissue banking program through the LCRP is co-chaired by Dr. Ramesh Patwardhan, LCRP Program Director, and Dr. James Miller, Director of SJ/C Pathology Department.