

2020
CANCER ANNUAL REPORT
Baptist Health Cancer Program



MONTGOMERY
CANCER CENTER

A BAPTIST HEALTH FACILITY



Baptist Health Cancer Program Accreditations & Quality Designations



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS



**The Joint Commission Hospital
Accreditation Program**



**Lung Cancer Alliance-Screening
Center of Excellence**



**Utilization Review Accreditation
Commission**



**American College of Radiology
Accreditation -Breast Imaging
Center of Excellence**



**Accreditation Commission for
Health Care with an Oncology
Distinction**

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Message from Leadership

It is our pleasure to present the annual report for Baptist Health Cancer Program. This report represents a summary of our program's activities and data as an American College of Surgeons' Commission on Cancer accredited program. The Cancer Committee ensures the quality of clinical care services, patient safety and development of innovative cancer programs. Our program remains focused on serving patients in Central Alabama with a commitment to delivering high-quality, multidisciplinary, patient-centered cancer care in our community.

In 2020, cancer did not stop, but the diagnosing of cancer was slowed down as a result of a global health pandemic. Every segment of the health care system has been contending with the impact of this pandemic, and oncology has been no exception. This year of crisis has led to greater emphasis on health care delivery settings as patients, clinicians, and staff look for direction in the face of uncertainty.

This year everything changed, and it changed again and again. Being proactive in our preparations and remaining flexible allowed our teams to continue to operate every day for our patients. We showed up, and they showed up – we survived together. Visitor restrictions forced new responsibilities onto our staff. We expanded our care team roles and stood in the gaps filling new roles as family and support teams – standing alongside our patients in new ways.

Recognizing the importance of education for our team members and the immeasurable value of tumor board, we retooled both into electronic formats. By using new and innovative virtual platforms, we brought more content and increased participation to both. We are very proud of the virtual tumor board, and its unique approach in continuing clinical collaboration.

When we look back on 2020, we will remember innovation, teamwork and creativity. We will remember offering the first ever telehealth visits with medical oncologists and the comfort those visits brought to patients and families, allowing them to remain connected with health care resources from the safety of their homes. We will remember our team members who leaned in and assumed additional responsibilities and roles as staffing levels ran critically low due to illness. We will remember the creative content produced by our Support Services team members to reach out to patients and families through virtual support groups, health tips and recipes with nutrition education and connecting with survivors through "drive through" snack drop-off events. We will remember the strides made by our engineering teams to create physical distancing protection items for patients in record time. We will remember our environmental services teams implementing Tru-D ultraviolet light technology and integrated infection prevention solutions. We will remember our patients who faced all of these challenges with us and prevailed with strength and endurance.

We could not be more proud of our patients and our teams. We would like to express our profound gratitude for their resilience and commitment in continuing to provide critical patient care on the frontlines during an incredibly challenging and stressful time. Patients First, Compassionate Care, Pursuing Perfection – our guiding principles were never more on display or important than in this historic year.

There was **JOY** in 2020 despite days of darkness – we experienced that **JOY** through our patients. We look forward with **HOPE** to 2021 and continuing the work we are called to do for our patients. If you have any questions regarding this report, please call (334) 273-7000 or visit www.montgomerycancercenter.com to learn more.



Scott McDaniel, MD
Cancer Committee Chair



Laura Hamilton
Cancer Program
Manager



Susan Reed
Cancer Program
Administrator

2020 Cancer Committee

Cancer Committee is a multidisciplinary team of representatives from multiple physician specialties, nursing, administration, quality, and cancer registry. Cancer Committee meets regularly to review and evaluate the quality and direction of the cancer program and makes recommendations for improvement using American College of Surgeons' Commission on Cancer guidelines. The committee's overall goal is to strive for cancer care program excellence in prevention, early detection, diagnosis and treatment of cancer based on the framework of the standards of American College of Surgeons' Commission on Cancer.

| | |
|---------------------------------|--|
| Scott McDaniel, MD | Medical Oncologist, Chair |
| Naresh Bellam, MD | Medical Oncologist, Cancer Liaison Physician |
| Pat Rucker, MD | Diagnostic Radiologist |
| Walter Bell, MD | Pathologist |
| John Mark Vermillion, MD | Surgeon |
| Lee Franklin, MD | Radiation Oncologist |
| Anna Maria Affan, MD | Palliative Care |
| Susan Reed, CPA, MBA | Cancer Program Administrator |
| Laura Hamilton, RN, BSN | Cancer Program Manager, Quality Improvement Coordinator |
| Jennifer Bratz, MA, BSHAS, RHIA | Quality Management, Baptist Medical Center South |
| Tami Wright, MLS | Research Coordinator |
| Emily Taylor, MPA | Cancer Conference Coordinator |
| John Reardon, MD | Community Outreach Coordinator |
| Lara Allen, MSW | Psychosocial Services Coordinator |
| Judy Smith, RHIA, CTR | Registry Quality Coordinator |
| Chad Brown, BS, CTR | Certified Tumor Registrar |
| Kendra Gilpin, BS, CTR | Cancer Registry Coordinator |
| Genger Gallup, RN, BSN, OCN | Survivorship Coordinator |
| Kellie Rhyne, RN, BSN, OCN | Oncology Nurse Manager |
| Pam Strickland, MD | Breast Surgeon |
| Heather Adams | American Cancer Society Representative |
| Carrie Webb, Pharm D | Pharmacist |
| Bill Lamkin, MDiv, BCC | Pastoral Care |
| Tommy Patterson, RT, (R) | Oncology Imaging |
| Ali Pritchett, RD, LD | Registered Dietitian |
| Will Thames, OTD, MSM | Rehabilitative Services |

Patients First—Leaders Rise to the Challenge

Kellie Rhyne, RN, BSN, OCN, Infusion Nurse Manager



Every single team member has played an integral part in our success to stay open and continue to provide vital cancer care. In January, our leadership team began brainstorming plans for the possibility that our community would be impacted by COVID-19 and took steps to increase our supply level of personal protective equipment including masks, gloves and gowns as well as our cleaning supplies. In March, we quickly implemented processes requiring patient and employee screening and face coverings, opened COVID-19 testing sites, ensured symptomatic patients were setup for screening, and rescheduled services for patients at MCC and Carmichael Imaging as quickly but safely as possible based on testing results.

Genger Gallup, RN, BSN, OCN, Nurse Manager

Together, everyone—administrators, managers, and all departmental team members at MCC, Montgomery Breast Center, and Carmichael Imaging—has worked tirelessly side-by-side to provide the best care for our patients. In 2020, everyone had “feet on the ground” to coordinate and provide care. Each day has been a fresh challenge to screen employees and patients to ensure a safe environment, ensure clear instructions to direct patients, transport patients throughout the clinic, modify treatment plans when necessary, and provide emotional support and care for patients and their families. The commitment of our team has allowed us to effectively serve our community. It takes a village during a time of crisis!

Carrie Webb, Pharm D, Director of Pharmacy

The COVID-19 pandemic made for a very challenging year for the MCC family. All team members had to work quickly to make adjustment to their normal routine in order to accommodate the necessary changes to keep our patients and staff safe. There were many days when pharmacy staff spent their days screening patients or providing transport through the building instead of filling prescriptions. During the June COVID-19 surge, Baptist Medical Center South needed additional space to treat their COVID-19 patients. Within 24 hours leaders from pharmacy, nursing, and scheduling made arrangements needed to transition patients from the Baptist Medical Center South Outpatient Infusion Center to MCC to continue their treatment for asthma, Crohn's disease, congestive heart failure, and rheumatoid arthritis. It was a blessing to see the different departments work together to make our facility a safe place for everyone and continue our ability to provide safe and effective treatment to our patients and community. As I reflect back on 2020, the thing I will remember most is the relationships and teamwork that blossomed during the hard times. Everyone stepped in and went above and beyond to continue the treatment of our patients.



We Are Stronger, Together.

Environmental Services—The A-Team

Baptist Medical Center South and Montgomery Cancer Center invested in additional layers of infection control to combat COVID-19 in 2020. One new technology purchased by Baptist Health uses special light known to be germicidal to bacteria and viruses, called Tru-D Continuous UVC light disinfection. UVC light exists on the electromagnetic spectrum and is invisible to the human eye. It's powerful enough to deconstruct the DNA of pathogens, inactivating microorganisms such as bacteria and viruses. UVC energy has proven to be an effective, environmentally-friendly and chemical-free way to disinfect rooms where concerned about lingering COVID-19 infection. The cleaning process usually takes approximately 15 minutes per room. The A-Team's arsenal also includes Clorox foggers, plexiglass barriers and screening stations.



"One of the biggest challenges our teams faced was the ability to adapt and overcome the unknown. Our teams worked to breakdown barriers we have never faced before, taking our organization to new heights during a time that seemed to be so gloomy. During 2020, we all felt the reality in which we had to find a new normal, and it changed how we operate. Having never worked through a pandemic, our teams executed that new-normal perfectly. I am humbled by the ability and persistence each individual brings daily to help our patients and community."

— Michael Wilkerson, Director of Administrative Services, MCC



A Joyful Heart is Good Medicine

MCC's medical records department along with the entire MCC team decorate the hallways leading to physicians' clinics and departments during holidays. Emphasis on bringing joy to patients during this challenging phase of their life guides the atmosphere of the team.

"Although in HIM, we may not see our patients face-to-face each day, we think of each person like they are our own family."

— Rhonwyn Grams, RHIT, MCC Health Information Manager

"Decorating the halls is our way of uplifting the spirits of our patients."

— Ruby Smith, MCC HIM Team Lead

Redefining Clinical Care in a Pandemic

Telehealth Visits-Patients Don't Have to Leave Home



Telehealth visits became a vital option for patient care since the nationwide shutdowns in March. When the Centers for Medicare & Medicaid Services loosened restrictions on telehealth services, patients were allowed to meet virtually with their physicians and care team.

“Our patient population is highly vulnerable to communicable diseases, and telehealth is a good option for some patients.”

— *Christalyn Williams, CRNP, AOHA*

Due to this year's challenges, our dietitians have also begun utilizing telehealth to advocate the wellness of patients. Patient responses have been positive as they feel more connected and have greater understanding of nutrition in their disease setting.

“Patients are appreciative when we check on them at home. We talk about nutrition tips and best practices.”

— *Ali Pritchett, RD, MCC Dietitian*

Nutrition Education Reaches Patients at Home

MCC dietitians intentionally promote healthy home cooking with patients. With restrictions on face-to-face patient education, the nutrition team created new ways to promote cancer prevention and management techniques. Taking advantage of social media, MCC's dietitians produced "Healthy Cozy Comfort Food" — a video series to educate viewers on healthy cooking for cancer prevention and optimum nutrition during treatment. "Healthy Cozy Comfort Food" effectively reached over 1,000 people and inevitably increased the dietitian's visibility and overall footprint among patients and the community.

To setup chemotherapy patients for success at home, the dietitians developed provision kits to manage taste changes and dry mouth, a common side effect of chemotherapy that diminishes patients' appetite. Because nutrition is vital in the body's recovery, the care packages are designed to encourage intake by stimulating saliva, improving dry mouth and unpleasant tastes. The kits include sugar-free candy, mouthwash, recipes, and other tips to make food more appealing.



Above and Beyond

“I will never forget that day while I was waiting for my first round of chemo. I was scared and alone because my spouse could not come in with me. I was about to cry and then you let me share my story. Talking about it made everything seem better. I knew I was going to be ok!”

...*New Chemotherapy Patient*

A Million Little Things

The thread of “Patient First” is woven into our culture. We are fortunate to have employees who come together to support patients and one another at every turn.



“When patients are diagnosed with cancer, other underlying issues are amplified – whether it is a patient’s financial situation or maybe a family dynamic is not functioning as it should. Patients all of the sudden have to do real life - which is already busy and stressful - and then add extra time for their health - lots of appointments for lab, tests, procedures and treatment. The MCC team helps with a million little things – answering questions, help with transportation, financial support, etc. All of these pieces add up to ensure patients successfully complete cancer treatment.”

— Brandy Brown, BS, CVRN-BC, MCC Nurse Navigator



Practical assistance during cancer treatment is often necessary for patients to continue therapy. To address these issues, the cancer program employs two dedicated social workers to screen patients, identify practical concerns and connect patients to charitable organizations or other available resources. MCC also has strong ties with organizations like the Cancer Wellness Foundation of Central Alabama who provided \$15 million of support to cancer patients in the form of medication assistance, co-pay assistance and transportation support. In addition, MCC was awarded a Community Transportation Grant by the American Cancer Society; these grant monies are earmarked for rural patient populations whose needs exceed limits of other support mechanisms.

Mental and emotional distress increases when diagnosed with cancer. COVID-19 has only increased the need for mental and/or emotional care; the feeling of vulnerability and fear of being around others, particularly when undergoing treatment, can amplify feelings of insecurity. Oncology social workers provide counsel, making the most of available interpersonal and practical resources and accessing available community resources when needed. This year, to go above and beyond, the social workers have used extra telephone support and spent extra time with patients in the clinic.



“A lack of food or necessary supplies during treatment is a fact of life for many of our patients. We assist by partnering with local food pantries and receiving generous donations from employees and local individuals. We guide eligible patients in applying for the federally-funded Supplemental Nutrition Assistance Program (SNAP) and tap into local resources. When these programs aren’t enough, MCC nurses organize a Food Angel Program to provide food supplies and toiletry kits for MCC patients in need.”

— Amanda Abernathy, LMSW, MCC Social Worker

Clinical Champion—Simplifying Access to Specialty Care



Early diagnosis and timely treatment of cancer are essential. By proactively managing obstacles for diagnostic testing and treatment, whether those are logistical, financial, transportation or social, we streamline patient care with a comprehensive, multidisciplinary, targeted approach. Jennifer Vann, RN, BSN acts as a dedicated clinical advocate to coordinate diagnostic testing and procedures needed to initiate timely therapy.

Specialty Pharmacy Advocates for Patients at Home

In response to COVID-19, oncologists are taking advantage of oral cancer agents when possible. As an outpatient specialty pharmacy, MCC Apothecary dedicates itself to offering high-level service for cancer patients. Pharmacists and nurse educators provide extensive patient education sessions tailored to each individual patient to ensure they understand medication directions and potential side effects. With patient administered oral therapies, problems may become magnified if directions are not followed or if side effects go unreported. For patients enrolled in the patient management program, the pharmacy team regularly touches base with patients at home. This program helps promote medication adherence, prevent medication interactions, and improve side effect management. In 2020, the MCC Apothecary implemented “curbside pickup” for patient convenience and to lower risk of infection transmission. This team’s robust care delivery program translates to superb care for our community.



Imaging Services Upgrades

Carmichael Imaging (CI) continually improves services with patients in mind. In 2020, CI made a series of service upgrades to improve diagnostic services, patient experiences and safety. A new CT scanner was installed, and weight-based contrast protocols were instituted. A new Nuclear Medicine Gamma camera was also installed expanding our capabilities to support patients treated with chemotherapy drugs associated with increased risk of toxicity to the heart. Nuclear medicine uses computer-created images of the heart for the radiologist to identify possible damage from long-term use of chemotherapy drugs. With early identification of changes in heart tissue, patients can be referred to a cardiologist for early intervention, potentially improving patient outcomes. Diagnostic capabilities in echocardiogram have also been improved with the use of Definity, an enhancing imaging agent that sharpens views of the left ventricle of the heart.

Several process improvements were implemented to protect patients undergoing a PET scan who are at risk of falling or who may require help walking to the scanner from the PET quiet room. A color-coded flagging system was implemented providing a visual cue to staff signaling room status (clean, needs cleaning, in use) as well as if the patient is at risk of falling. CI purchased a portable transport sling/chair for the safe navigation of immobile patients and ScanGuard protective covers for both the CT scanner and Nuclear Medicine Gamma camera which allows for smoother patient transfer and easy clean up.

“Patient-centered care is the cornerstone of each and every decision.”

— German Reyes, BS, ARRT (R)(N), CNMT, Imaging Team Lead, Carmichael Imaging

Operational Advances

New Laboratory Equipment

MCC laboratories perform approximately 1,000,000 tests per year ranging from blood counts, chemistry panels, to tumor markers and other tests essential to caring for hematology and oncology patients. This year, MCC invested in two new Siemens Dimension Vista 500 Intelligent Lab Systems. Patients and clinicians will benefit from increased efficiency by reducing turnaround time.



Reveling in Milestone Accomplishments



In 2020, Rhonwyn Grams and the Health Information Management (HIM) Team accomplished a much celebrated turning point for transition to a fully electronic medical record—the sealing of all MCC paper charts. The electronic medical record (EMR) is now our one and only patient record. We can now shift focus from filing paper to charts to quickly housing every medical record received in each patient's

EMR. This milestone realizes tremendous efficiencies. Now, after initial filing, the team focuses on quality assurance. Our goal is to have each patient record ready when needed.

"Our team stepped up to the plate with this challenge! It's the silver lining to 2020!"

— Rhonwyn Grams, RHIT, MCC Health Information Manager

Preparing for the Future with Informatics

Baptist Health leadership continually evolves strategic plans for the future of oncology care. These plans include upgrades to the electronic practice management environment, including both revenue cycle and clinical computer system applications. To coordinate various information systems, workflows and process improvements, Baptist Health recently appointed a dedicated expert oncology Clinical Informatics Specialist, Amanda Abbott. Amanda possesses a wealth of experience in oncology practice management, data management, and revenue cycle management. As the Clinical Informatics Specialist, Amanda spends most of her time at Montgomery Cancer Center facilitating various upgrades and integrating oncology revenue cycle and clinical applications. She works to resolve problems quickly and efficiently in collaboration with medical staff and the Information Technology team of clinical analysts. Staff training is also an important aspect of informatics since effective resource utilization and fiscal responsibility are dependent on both well-trained users and harmonious flow of various electronic applications.



"Clinical informatics support will strengthen the entire oncology patient care process."

—Amanda Abbott, BS, CPC, MCC Clinical Informatics Specialist

Engaging the Community

Survivorship Program Accomplishments



Genger Gallup, Shelli Carroll and Melissa Whitman are part of a multidisciplinary care team for the Survivorship Program dedicated to patients who have completed cancer therapy. Often after completion of therapy, cancer survivors miss the support of the MCC team and fellow patients. With this year's challenges limiting patient visits at the clinic to control spread of COVID-19, the survivorship team aimed at novel ways to connect with cancer survivors and provide meaningful support. Leveraging the power of social media, a closed Facebook group was developed to provide an extra resource for survivors in tandem with their written treatment summary and survivorship care plan.

MCC cancer survivor program is all about ensuring patients know about and have access to comprehensive follow-up care resources, including nutrition, genetics and rehabilitative care. We hope this Facebook-based opportunity to identify, develop, and implement creative solutions in unprecedented times will open new avenues of connection for our survivors.

The Barnes Pavilion Protects the Future

In the River Region, more than 750 cases of melanoma are diagnosed each year. Avoiding sunburn, even during childhood, decreases an individual's risk of developing this deadly skin cancer. With this in mind, the cancer program obtained a sun-shade grant from the Alabama Comprehensive Cancer Control Coalition to benefit students of our community partner, Flowers Elementary School. The 40'x60'x12' shade structure was completed in 2020 and dedicated to the esteemed principal of Flowers Elementary, Dr. Ethel Barnes. Dr. Barnes is also a sister to Dr. Harry M. Barnes, one of the founders of Montgomery Cancer Center. The Barnes Pavilion continues the family's longstanding traditions of protecting, educating and caring for our local community.



Working Together to Raise Screening Awareness



In March, Montgomery Cancer Center kicked off colorectal cancer awareness month with "We're Going Blue" day. In addition, Baptist Health sponsored an inaugural Bun Run on March 7, 2020, hosted by a partnership between the endoscopy team at Baptist Medical Center East and MCC. The event raised awareness of colon cancer with a 5K, 1 Mile Fun Walk, and Kids Dash. Raising awareness endeavors to increase

screening rates in anticipation of finding early stage cancers vs. late stage. Finding colon cancer in its early stages improves prognosis and reduces unwanted treatment effects. The U.S. Preventive Services Task Force recommends colon cancer screening beginning at age 50 and <50 for higher risk populations.

Caring with Connections

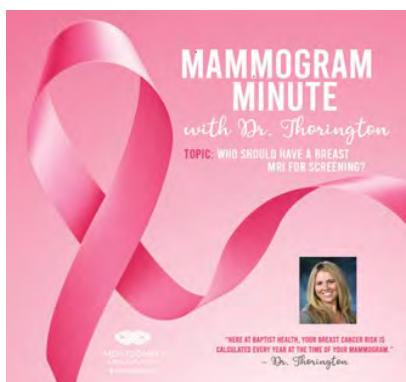
Continuing Relationships with Social Media

Montgomery Cancer Center is known for its sense of family. During this time of social isolation, we want to do everything we can to preserve the joy and sense of belonging from relationships within our MCC team and with our patients. Community events and group activities halted mid-March 2020 and have been restricted throughout this year due to COVID-19. Brittany Solomon enhanced MCC's longstanding relationship with the community through its Facebook page. Brittany targeted shared pictures of lighthearted moments and pictures of MCC staff contributions to patient care to share with the community. This significant increase in our virtual footprint in the River Region is intended to engage the community in the successes of our team, and in the long run, contribute to employee appreciation and satisfaction.



"A picture is worth a thousand words. Posting photos is a great way to engage patients, caregivers and team members."

— Brittany Solomon, Administrative Executive Assistant



Mammogram Minutes

Unfortunately, cancer screening has taken a back seat to COVID-19 this year. Still, the key to decreasing breast cancer mortality is early diagnosis and treatment. In 2020, the Baptist Health cancer program leaned heavily into social media to remind women to continue regular breast cancer screening. Working together, the Baptist Health breast imaging teams created a social media campaign, "Mammogram Minute," featuring discussions with breast imaging specialists to educate about diagnostic vs. screening mammograms, breast density, and breast MRIs and the role they play in screening for cancer. With more than 500 female breast cancers diagnosed and treated annually at Baptist Medical Center South, we remain focused on early detection programs.

"While we are all focused on staying safe, our team wants to remind women about the continued importance of regular mammography to detect breast cancers early when outcomes are optimal."

— Michele Fannin, RT (R)(M), Manager of Montgomery Breast Center

Prevent Tobacco Use with Refusal Skills

Southern states experience the highest rate of lung cancer incidence, and high rates of tobacco use among high school and middle school students are concerning. Today, the tobacco product of choice is flavored e-cigarettes. The 2020 National Youth Tobacco Survey revealed that approximately 20% high school students and 5% middle age students used e-cigarettes within the past 30 days¹. Recognizing this growing threat to the health of our children, MCC nurses partnered with five local schools to raise awareness about the dangers of nicotine and peer-pressure. Using national prevention guidelines, the oncology nursing team targeted 5th and 6th graders with tobacco avoidance lesson plans and teaching activities. The team prepared and supplied fun lesson plans for teachers to share the dangers of tobacco and refusal skills with their students. Teachers provided good post-activity feedback and want to repeat the project next year. Preventing tobacco use can improve the health and quality of life for all ages.



¹https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

Leaders Who Stay the Course

Impact of Lung Cancer Screening Program Grows



Although non-essential imaging studies, including cancer screenings, were temporarily suspended by health systems and delayed by individual patients during the pandemic, the Baptist Health lung cancer screening program grew again in 2020.

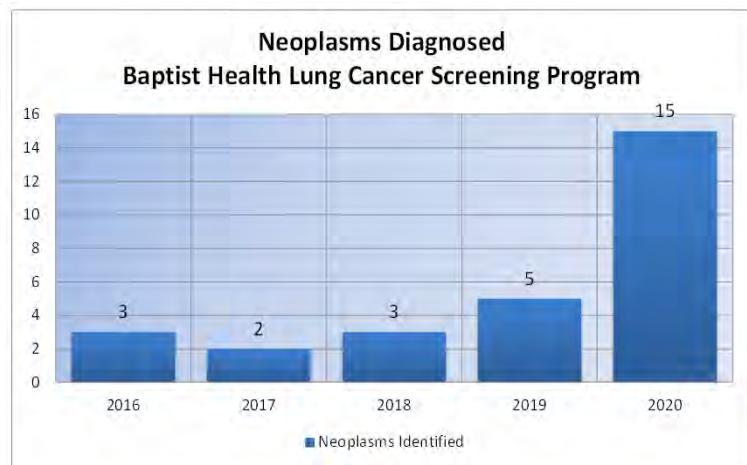
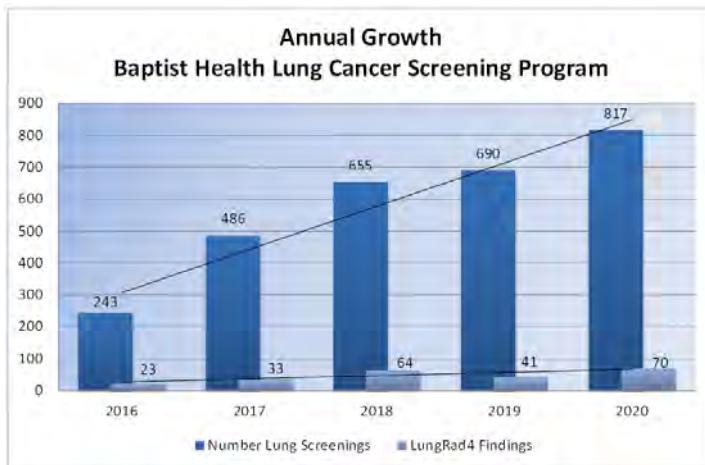
Patient care didn't slow down in 2020 for Nurse Navigator Shelby James who manages Carmichael Imaging's lung screen program. James coordinates continued annual screening for each individual patient by sending reminders to patients and working with community providers. When abnormalities are found, Shelby works closely with the care team to coordinate timely follow up care.

A team of dedicated providers are credited with growth of the Baptist Health lung screening program at Carmichael Imaging, which started in 2015. Knowing the potential benefit to patient outcomes, Diagnostic Radiologist Pat Rucker and Pulmonologist Bill Saliski have guided the lung cancer screening program to achieve growing year-over-year success.

"Expanded eligibility means people who are younger and have smoked fewer cigarettes are eligible for the early detection program, which can save more lives."

— Pat Rucker, MD, Diagnostic Radiologist

In light of growing evidence of that routine screening of high risk patients saves lives, the U.S. Preventative Services Task Force (USPSTF) recently expanded the eligibility criteria. Based on the new guidelines, current and former heavy smokers should begin annual lung cancer screening with low-dose computed tomography (CT) at age 50, and the update lowers the age for the start of screening by 5 years. In addition, USPSTF redefined "heavy smoker" as a 20 pack-year history (one pack of cigarettes daily for 20 years), a reduction of 10 pack-years from the prior recommendation. The two changes will almost double the number of people eligible for lung cancer screening.



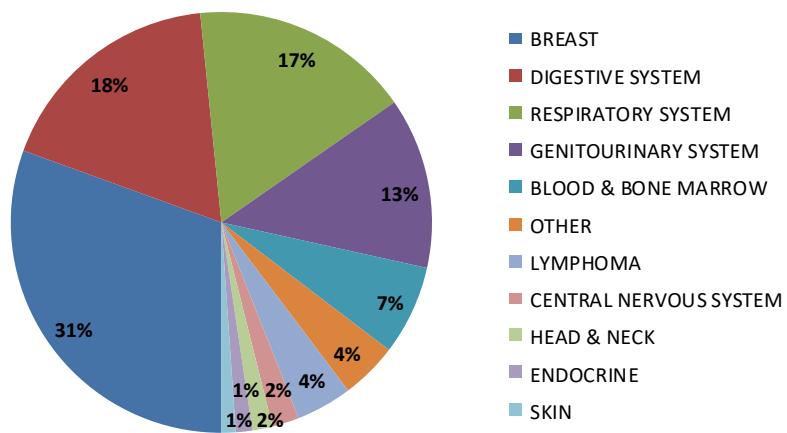
2019 Summary of Cancer Sites



Distribution of Cases

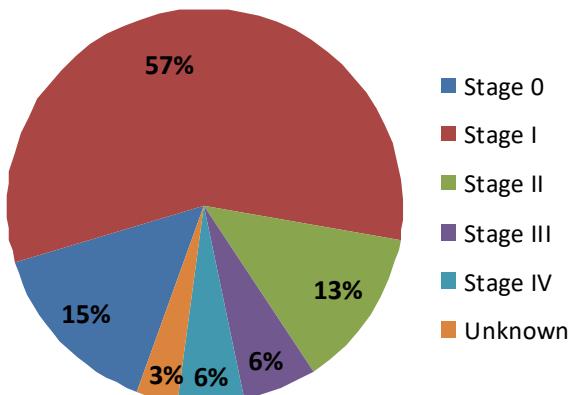
The cancer registry accessioned 1,798 cases for Baptist Medical Center South in 2019. This number includes 1,741 analytic cases. 770 (43%) were male, and 1,028 (57%) were female. These patients primarily reside in Montgomery (43%), Elmore (16%), and Autauga (11%) counties. The overall distribution of patient origin is presented in the correlating state map.

2019 CASELOAD BY DIAGNOSIS



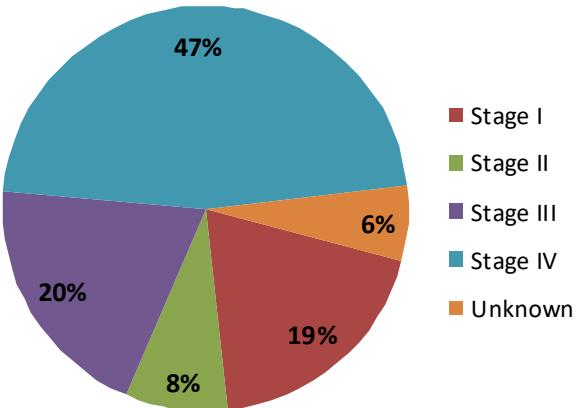
Stage at Diagnosis

BREAST



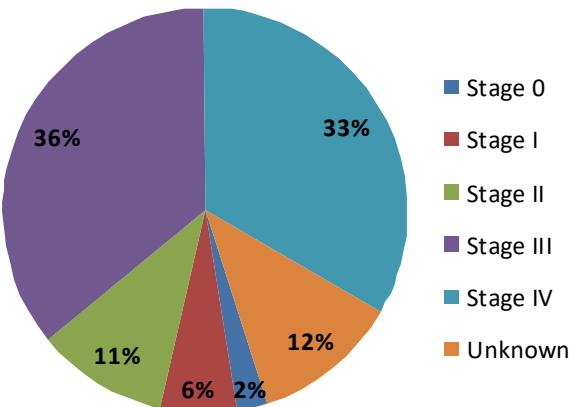
**TOTAL CASES:
532 (30%)**

LUNG &
BRONCHUS



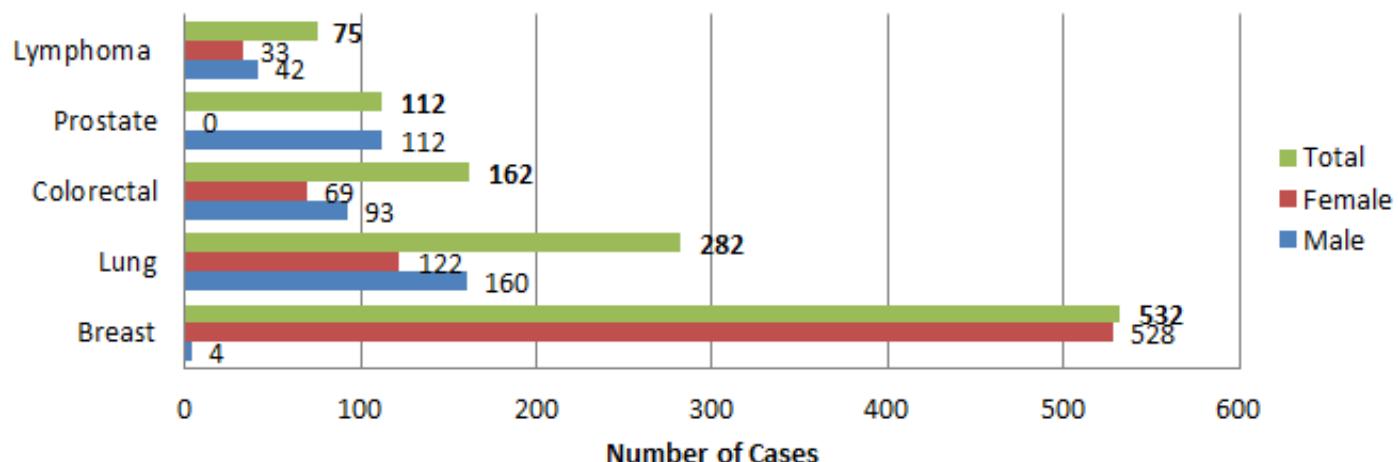
**TOTAL CASES:
282 (16%)**

COLORECTAL

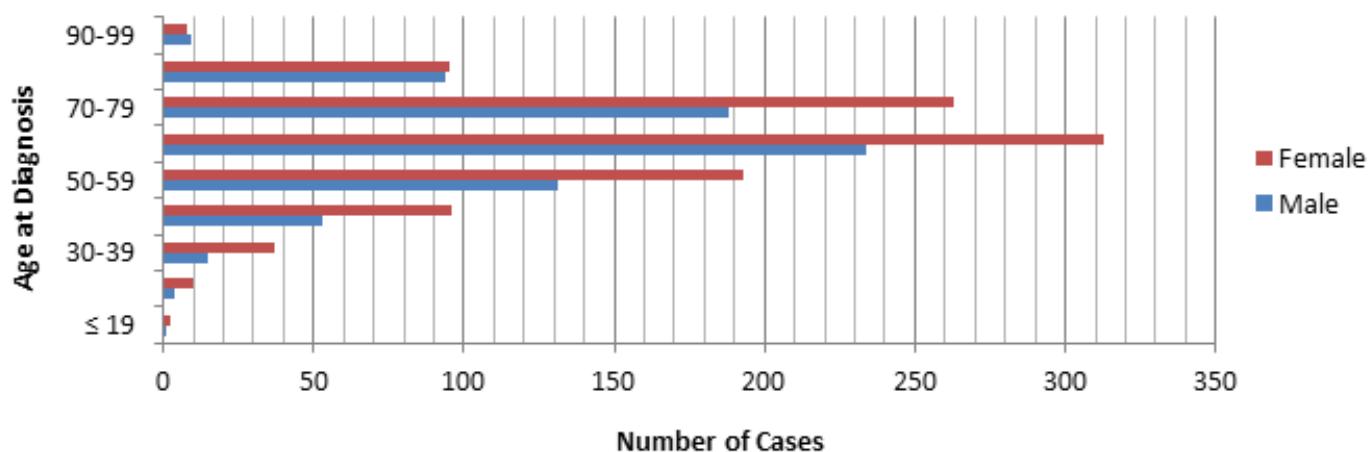


**TOTAL CASES:
162 (9%)**

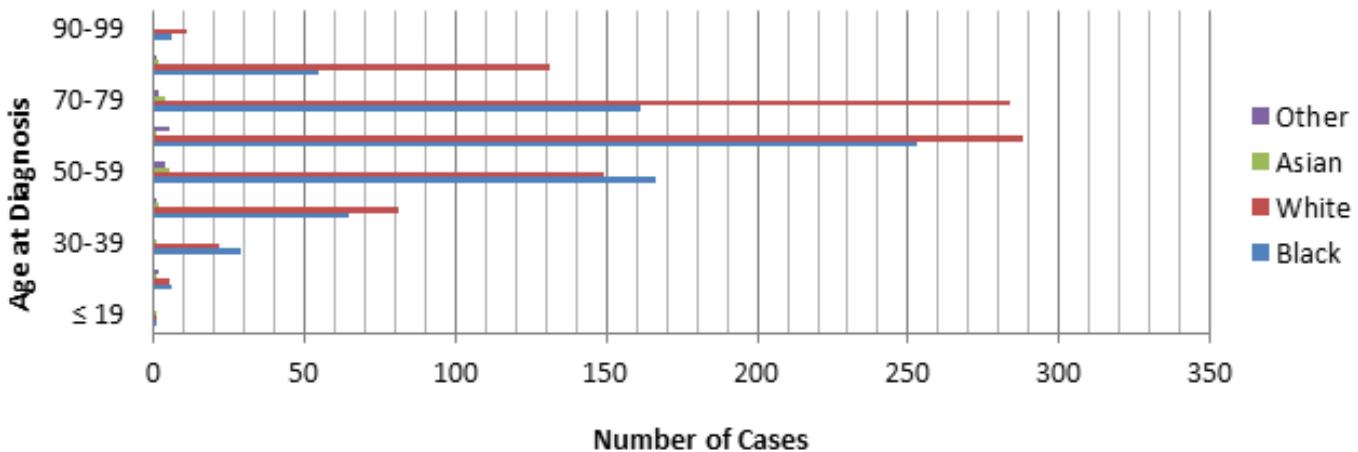
2019 Top 5 Sites by Gender



2019 Cases by Sex and Age



2019 Cases by Race and Age



Primary Site Table

Baptist Medical Center South-Cancer Cases 2019

| Diagnostic Site | Class of Case | | Gender | | Stage (Analytic Cases) | | | | | | | Total | % Total |
|--------------------------------------|---------------|--------------|--------|--------|------------------------|----|----|-----|-----|----|-----|-------|---------|
| | Analytic | Non-Analytic | Male | Female | 0 | I | II | III | IV | NA | UNK | | |
| ORAL CAVITY, PHARYNX | 27 | 2 | 23 | 6 | 0 | 7 | 3 | 2 | 12 | 2 | 1 | 29 | 1.61 |
| ...Lip | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 |
| ...Tongue | 6 | 1 | 7 | 0 | 0 | 1 | 0 | 2 | 3 | 0 | 0 | 7 | 0.39 |
| ...Salivary Gland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 |
| ...Floor of Mouth | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0.06 |
| ...Gum, Other Mouth | 3 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 3 | 0.17 |
| ...Tonsil | 11 | 0 | 8 | 3 | 0 | 4 | 3 | 0 | 4 | 0 | 0 | 11 | 0.61 |
| ...Nasopharynx | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 |
| ...Oropharynx | 3 | 1 | 4 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 4 | 0.22 |
| ...Hypopharynx | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0.06 |
| ...Other Oral Cavity and Pharynx | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 |
| DIGESTIVE SYSTEM | 311 | 8 | 190 | 129 | 4 | 29 | 36 | 80 | 122 | 15 | 25 | 319 | 17.74 |
| ...Esophagus | 21 | 0 | 21 | 0 | 0 | 0 | 2 | 3 | 11 | 2 | 3 | 21 | 1.17 |
| ...Stomach | 28 | 1 | 20 | 9 | 0 | 2 | 7 | 4 | 12 | 0 | 3 | 29 | 1.61 |
| ...Small Intestine | 11 | 1 | 7 | 5 | 0 | 1 | 0 | 4 | 3 | 1 | 2 | 12 | 0.67 |
| ...Colon, Rectum, Anus | 162 | 2 | 93 | 71 | 4 | 10 | 17 | 58 | 54 | 5 | 14 | 164 | 9.12 |
|Colon Excluding Rectum | 99 | 2 | 56 | 45 | 4 | 6 | 10 | 32 | 36 | 4 | 7 | 101 | 5.62 |
|Cecum | 15 | 0 | 7 | 8 | 0 | 2 | 2 | 5 | 5 | 0 | 1 | 15 | 0.83 |
|Appendix | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 0.11 |
|Ascending Colon | 15 | 0 | 9 | 6 | 1 | 1 | 0 | 4 | 7 | 1 | 1 | 15 | 0.83 |
|Hepatic Flexure | 4 | 0 | 2 | 2 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 | 0.22 |
|Transverse Colon | 10 | 1 | 8 | 3 | 0 | 1 | 2 | 2 | 4 | 1 | 0 | 11 | 0.61 |
|Splenic Flexure | 7 | 0 | 2 | 5 | 0 | 1 | 2 | 4 | 0 | 0 | 0 | 7 | 0.39 |
|Descending Colon | 10 | 0 | 3 | 7 | 0 | 0 | 1 | 4 | 2 | 1 | 2 | 10 | 0.56 |
|Sigmoid Colon | 33 | 1 | 23 | 11 | 3 | 0 | 2 | 10 | 14 | 1 | 3 | 34 | 1.89 |
|Large Intestine, NOS | 3 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 3 | 0.17 |
|Rectosigmoid, Rectum, Anus | 63 | 0 | 37 | 26 | 0 | 4 | 7 | 26 | 18 | 1 | 7 | 63 | 3.50 |
|Rectosigmoid Junction | 15 | 0 | 11 | 4 | 0 | 1 | 2 | 8 | 4 | 0 | 0 | 15 | 0.83 |
|Rectum | 38 | 0 | 23 | 15 | 0 | 3 | 2 | 12 | 13 | 1 | 7 | 38 | 2.11 |
|Anus, Anal Canal, Anorectum | 10 | 0 | 3 | 7 | 0 | 0 | 3 | 6 | 1 | 0 | 0 | 10 | 0.56 |
| ...Liver, Gallbladder, Intrahep Bile | 32 | 2 | 20 | 14 | 0 | 4 | 5 | 7 | 10 | 4 | 2 | 34 | 1.89 |
|Liver | 18 | 0 | 14 | 4 | 0 | 3 | 3 | 6 | 5 | 0 | 1 | 18 | 1.00 |
|Gallbladder | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0.06 |
|Intrahepatic Bile Duct | 11 | 1 | 5 | 7 | 0 | 1 | 2 | 1 | 3 | 4 | 0 | 12 | 0.67 |
|Other Biliary | 2 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 3 | 0.17 |
| ...Pancreas | 52 | 2 | 28 | 26 | 0 | 12 | 5 | 3 | 31 | 0 | 1 | 54 | 3.00 |
| ...Retropertitoneum | 3 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 3 | 0.17 |
| ...Peritoneum, Omentum, Mesentery | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0.06 |
| ...Other Digestive Organs | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 |
| RESPIRATORY SYSTEM | 295 | 8 | 177 | 126 | 0 | 55 | 23 | 58 | 140 | 14 | 5 | 303 | 16.85 |
| ...Nose, Nasal Cavity, Middle Ear | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0.11 |
| ...Larynx | 10 | 0 | 9 | 1 | 0 | 1 | 0 | 2 | 7 | 0 | 0 | 10 | 0.56 |
| ...Pleura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 |
| ...Lung and Bronchus | 282 | 8 | 165 | 125 | 0 | 54 | 23 | 56 | 132 | 12 | 5 | 290 | 16.13 |
|Non-Small Cell | 211 | 6 | 123 | 94 | 0 | 49 | 17 | 43 | 88 | 11 | 3 | 217 | 12.07 |
|Small Cell | 37 | 2 | 21 | 18 | 0 | 2 | 3 | 8 | 24 | 0 | 0 | 39 | 2.17 |
|Other Lung | 34 | 0 | 21 | 13 | 0 | 3 | 3 | 5 | 20 | 1 | 2 | 34 | 1.89 |
| ...Trachea | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 |
| ...Mediastinum, Other Resp. | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 |
| BONES, JOINTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 |
| SOFT TISSUE INCLUDING HEART | 8 | 2 | 7 | 3 | 0 | 0 | 0 | 1 | 3 | 4 | 0 | 10 | 0.56 |
| SKIN | 19 | 1 | 15 | 5 | 0 | 3 | 3 | 5 | 6 | 1 | 1 | 20 | 1.11 |
| ...Skin: Melanoma | 18 | 1 | 14 | 5 | 0 | 3 | 3 | 5 | 6 | 0 | 1 | 19 | 1.06 |
| ...Skin: Other Non-Epithelial | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 |
| ...Epithelial Skin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 |

Primary Site Table

Baptist Medical Center South-Cancer Cases 2019

| Diagnostic Site | Class of Case | | Gender | | Stage (Analytic Cases) | | | | | | | Total | % Total | |
|--------------------------------------|---------------|--------------|--------|--------|------------------------|-----|-----|-----|-----|-----|-----|-------|---------|------|
| | Analytic | Non-Analytic | Male | Female | 0 | I | II | III | IV | NA | UNK | | | |
| BREAST | 532 | 3 | 4 | 531 | 79 | 305 | 69 | 32 | 29 | 7 | 11 | 535 | 29.76 | |
| ---Female Breast | 528 | 3 | 0 | 531 | 78 | 305 | 68 | 32 | 28 | 7 | 10 | 531 | 29.53 | |
| ---Male Breast | 4 | 0 | 4 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 4 | 0.22 | |
| FEMALE GENITAL SYSTEM | 54 | 3 | 0 | 57 | 0 | 13 | 3 | 8 | 13 | 0 | 17 | 57 | 3.17 | |
| ---Cervix Uteri | 15 | 1 | 0 | 16 | 0 | 5 | 1 | 3 | 2 | 0 | 4 | 16 | 0.89 | |
| ---Corpus, Uterus: NOS | 19 | 0 | 0 | 19 | 0 | 6 | 1 | 3 | 3 | 0 | 6 | 19 | 1.06 | |
| ----Corpus Uteri | 18 | 0 | 0 | 18 | 0 | 6 | 1 | 3 | 3 | 0 | 5 | 18 | 1.00 | |
| ----Uterus: NOS | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0.06 | |
| ---Ovary | 14 | 1 | 0 | 15 | 0 | 2 | 0 | 2 | 6 | 0 | 4 | 15 | 0.83 | |
| ---Vagina | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0.11 | |
| ---Vulva | 2 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.17 | |
| ---Other Female Genital Organs | 2 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0.11 | |
| MALE GENITAL SYSTEM | 117 | 16 | 133 | 0 | 0 | 18 | 28 | 17 | 29 | 0 | 25 | 133 | 7.4 | |
| ---Prostate | 112 | 15 | 127 | 0 | 0 | 18 | 28 | 16 | 29 | 0 | 21 | 127 | 7.06 | |
| ---Testis | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 5 | 0.28 | |
| ---Penis | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.06 | |
| ---Other Male Genital Organs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| URINARY SYSTEM | 58 | 8 | 47 | 19 | 5 | 17 | 9 | 8 | 14 | 2 | 3 | 66 | 3.67 | |
| ---Urinary Bladder | 21 | 3 | 17 | 7 | 4 | 2 | 5 | 6 | 1 | 2 | 1 | 24 | 1.33 | |
| ---Kidney | 31 | 2 | 21 | 12 | 0 | 15 | 4 | 2 | 10 | 0 | 0 | 33 | 1.84 | |
| ---Renal Pelvis | 4 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 4 | 0.22 | |
| ---Ureter | 2 | 2 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0.22 | |
| ---Other Urinary Organs | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.06 | |
| EYE, ORBIT | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| ---Eye, Orbit: Non-Melanoma | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| ---Eye, Orbit: Melanoma | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| BRAIN, OTHER NERVOUS SYSTEM | 36 | 0 | 20 | 16 | 0 | 0 | 0 | 0 | 0 | 36 | 0 | 36 | 2.00 | |
| ---Brain: Malignant | 13 | 0 | 10 | 3 | 0 | 0 | 0 | 0 | 0 | 13 | 0 | 13 | 0.72 | |
| ---Cranial Nerves, Other Nervous Sys | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| ---Brain-CNS: Benign, Borderline | 22 | 0 | 9 | 13 | 0 | 0 | 0 | 0 | 0 | 22 | 0 | 22 | 1.22 | |
| ENDOCRINE SYSTEM | 22 | 1 | 11 | 12 | 0 | 7 | 1 | 1 | 1 | 9 | 3 | 23 | 1.28 | |
| ---Thyroid | 11 | 1 | 1 | 11 | 0 | 7 | 1 | 0 | 1 | 0 | 2 | 12 | 0.67 | |
| ---Thymus | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 0.11 | |
| ---Adrenal Gland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| ---Other Endocrine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| ---Endocrine: Benign, Borderline | 9 | 0 | 8 | 1 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 9 | 0.50 | |
| LYMPHOMA | 75 | 0 | 42 | 33 | 0 | 6 | 11 | 16 | 34 | 6 | 2 | 75 | 4.17 | |
| ---Hodgkin Lymphoma | 9 | 0 | 3 | 6 | 0 | 1 | 4 | 0 | 3 | 0 | 1 | 9 | 0.50 | |
| ----Hodgkin - Nodal | 9 | 0 | 3 | 6 | 0 | 1 | 4 | 0 | 3 | 0 | 1 | 9 | 0.50 | |
| ----Hodgkin - Extranodal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| ---Non-Hodgkin Lymphoma | 66 | 0 | 39 | 27 | 0 | 5 | 7 | 16 | 31 | 6 | 1 | 66 | 3.67 | |
| ----NHL - Nodal | 48 | 0 | 27 | 21 | 0 | 3 | 6 | 15 | 23 | 0 | 1 | 48 | 2.67 | |
| ----NHL - Extranodal | 18 | 0 | 12 | 6 | 0 | 2 | 1 | 1 | 8 | 6 | 0 | 18 | 1.00 | |
| MYELOMA | 61 | 0 | 25 | 36 | 0 | 0 | 0 | 0 | 0 | 61 | 0 | 61 | 3.39 | |
| LEUKEMIA | 59 | 1 | 36 | 24 | 0 | 0 | 0 | 0 | 19 | 38 | 2 | 60 | 3.34 | |
| ---Lymphocytic Leukemia | 25 | 0 | 14 | 11 | 0 | 0 | 0 | 0 | 19 | 4 | 2 | 25 | 1.39 | |
| ----Acute Lymphocytic Leukemia | 3 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 3 | 0.17 | |
| ----Chronic Lymphocytic Leukemia | 21 | 0 | 12 | 9 | 0 | 0 | 0 | 0 | 19 | 0 | 2 | 21 | 1.17 | |
| ----Other Lymphocytic Leukemia | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| ----Non-Lymphocytic Leukemia | 33 | 1 | 21 | 13 | 0 | 0 | 0 | 0 | 0 | 33 | 0 | 34 | 1.89 | |
| ----Acute Myeloid Leukemia | 13 | 1 | 8 | 6 | 0 | 0 | 0 | 0 | 0 | 13 | 0 | 14 | 0.78 | |
| ----Acute Monocytic Leukemia | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| ----Chronic Myeloid Leukemia | 19 | 0 | 12 | 7 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 19 | 1.06 | |
| ----Other Myeloid-Monocytic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| ---Other Leukemia | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| ---Other Acute Leukemia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | |
| ---Aukemic, Subleukemic, NOS | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.06 | |
| MESOTHELIOMA | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0.11 | |
| KAPOSI SARCOMA | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0.11 | |
| MISCELLANEOUS | 62 | 3 | 37 | 28 | 0 | 0 | 0 | 0 | 0 | 1 | 61 | 0 | 65 | 3.62 |
| OTHER: BENIGN, BORDERLINE | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.06 | |
| TOTALS | 1741 | 57 | 770 | 1028 | 88 | 460 | 186 | 229 | 424 | 259 | 95 | 1798 | 100.00 | |

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