Wayne Herrington  
Administrative Director

WOW, time really does have a way of flying by! As Jeff Anderson Regional Medical Center celebrates its 80th anniversary this year and our Cancer Center marks its 5th year of service, it seems like an appropriate time to reflect on our legacy and pay honor to those who have helped lay the foundation for where we are today… a shining beacon of health care in East Mississippi and West Alabama. This is also a time to look ahead to some of the new and exciting things on the horizon in our fight against cancer. You will see in other sections of this report some of this history of Jeff Anderson Regional Medical Center. You will also see reports of some of the latest developments that are being utilized at Jeff Anderson Regional Cancer Center in the field of oncology.

Our theme of legacy would not be complete if we did not look back and honor those physicians and the administrators of Jeff Anderson Regional Medical Center who had the vision of establishing a comprehensive Cancer Center so that all of the patients’ needs could be met in one location. Their dedication of time and resources are the bedrock of where we stand today. Our legacy lives on today with the continued commitment of financial resources from our Administration and Board of Directors to provide the cutting edge treatment and planning modalities as well as equipment. This sustaining legacy is apparent as our personnel continue to learn new treatment techniques and work to maintain their skills to provide our patients with the care that they have come to expect at our Cancer Center. Our legacy of caring is shown by the increasing growth of the Cancer Patient Benevolence Fund. This fund was started by the compassion of a few employees wanting to assist their patients with unmet needs that arise with a cancer diagnosis. The Cancer Patient Benevolence Fund now continues to grow throughout our community as others show their involvement in this worthy cause.

The legacy that we are developing is one of caring and compassion. It is one that is bolstered by the decision of new physicians and staff to join us in the fight against cancer. Our legacy is also demonstrated by the dedication of the employees and staff of Jeff Anderson Regional Cancer Center. Our legacy of caring is one that is steeped in tradition and prepared for tomorrow as we meet the growing challenges of defeating cancer. As we “Stand Together” with our patients and their families in this challenge, we stand with one hand firmly holding onto the legacy of our past and the other stretched out to the future.
I am pleased to present the 2008 Jeff Anderson Regional Cancer Center Annual Report. This year the theme is “A Legacy of Caring”. A legacy can be defined as something handed down from a predecessor. In the case of the Cancer Center, the legacy of caring goes back to the founder of its affiliated hospital, Dr. Jeff Anderson and his descendants. Although I never knew him, I had the privilege of knowing his son, Dr. William J. Anderson, Jr. “Dr. William” had a gift for caring and demonstrated it through his efforts to provide the best available medical facility to Meridian and the surrounding area. The example he set has been passed on by his heirs and the people who continue to be a part of the Jeff Anderson Regional Medical Center and the Jeff Anderson Regional Cancer Center.

We strive to continue this “Legacy of Caring” through our persistent efforts to provide the best available personnel, tests, equipment and treatment available. We also provide spiritual, psychological and financial assistance through efforts of members of the Cancer Center staff. In this report you will find sections from all of these individuals. They are informative and well written, but you need to know this as well: The people behind these written reports have spent far more time doing beneficial things for this community and the Cancer Center than can ever be reflected in their words. They truly care about the quality of the services we all provide and that is reflected in their efforts even more than their words.

I also bring to your attention, as a part of this legacy, that we have added two new Medical Oncologists, Dr. Reece Jones and Dr. John Voss. They are both Mississippi natives and both trained at the University of Mississippi Medical Center in Jackson. They will, in turn, continue our “Legacy of Caring”.

Oncology Boards are held at 11:30 a.m. each Wednesday at Jeff Anderson Regional Medical Center. These meetings are open to all medical staff and ancillary personnel.

These meetings provide a forum for the Oncologists to discuss treatment options for individual patients and also for educational purposes. Each meeting includes clinical findings with a presentation by Pathology and Radiology and a general case discussion.

Oncology Conferences provide an opportunity for experts in the diagnosis and treatment of cancer to share their knowledge with our medical staff. Continuing Medical Education (CME) credit is awarded to physicians who attend Oncology Conferences and Oncology Board meetings.
The Oncology Care Committee is composed of a group of dedicated professionals including medical staff, administrative staff and allied health professionals. This multidisciplinary group provides leadership for all cancer-related activities at JARMC. Duties of the Oncology Committee include:

- Supervise the Oncology Registry
- Offer cancer-related educational activities to medical staff and allied health professionals
- Set and evaluate goals for the cancer program
- Organize and evaluate Oncology Board meetings
- Monitor compliance with patient management and treatment guidelines
- Complete studies that measure quality of patient care

Each year, Oncology Care Committee members are busy working with other departments and community organizations to provide quality cancer care at Jeff Anderson Regional Medical Center. Activities included:

- American Cancer Society (ACS) “Smart Shop” – The Oncology Registry and Linda Todd, Vice President of Nursing, coordinated the “Smart Shop” (an interactive booth made up of health care professionals offering free information) at Relay for Life
- “Look Good…Feel Better and “Reach to Recovery” – Hosted numerous ACS programs
- Colorectal Awareness Campaign – provided free screenings to the public during the month of November
- Prostate Screening – provided in conjunction with Dr. Robert Dilworth and Dr. Mark Phillips of the Urology Clinic of Meridian
- “CAREousel” Breast Cancer Support Group – facilitated by Dr. Robert Berg, met the third Tuesday of each month in the Cancer Center Classroom
- New Linear Accelerator – installed which allows IGRT to be provided at the Cancer Center
- Sponsored Annual “Christmas Tribute” – for friends, family and loved ones in honor, or in memory, of those affected by cancer
- American Cancer Society’s Board of Directors – Zula Kimble, JARMC Laboratory Manager, served as President of the Lauderdale County Chapter; other Oncology Care Committee members served as board members
- Relay for Life Survivors’ Reception – the “kick-off” event for Relay for Life, Gina Conner, Chief Radiation Therapist, served as Chairperson in April
- Mammograms to Underserved Women – In conjunction with Meridian Imaging, provided screening for Wesley House clients
- National Cancer Registrars Association Annual Meeting – Kathy Swartzfager, Registrar, attended meeting in Minneapolis, MN

**Oncology Registry Staff**

Pictured from left to right: Bridget Harwell, Diane Tolleson and Kathy Swartzfager.
The eye and the mind see in different ways. The eye sees what is in front of it – it sees the present. The mind, however, can see beyond today and look into the future. It is from this difference that dreams are born. It is from dreams that visions appear – visions which the eye can see.

The song “The Impossible Dream” says:

To dream the impossible dream
To fight the unbeatable foe
To bear with unbearable sorrow
To run where the brave dare not go
To right the unrightable wrong...
To try when your arms are too weary...
To fight for the right
Without question or pause...
And the world will be better for this
That one man, scorned and covered
with scars
Still strove with his last ounce of courage
To reach the unreachable star

The original building, which would later become Anderson Infirmary, was built in 1910 by Dr. R.L. Turner, who was its owner and operator until his death in 1927. The facility remained vacant until 1928 when it was purchased by Dr. Jeff Anderson. Dr. Anderson’s vision to provide quality medical care to the residents in East Central Mississippi and West Central Alabama was the foundation of his commitment that birthed the Jeff Anderson Regional Medical Center.

Dr. William J. Anderson, Jr. joined his father in 1942 and practiced with him until Dr. Jeff’s death in 1951. Armed with his father’s dream, he practiced general surgery and continued to oversee the growth of the hospital even from his wheelchair until his death in 1986. The following quote from President Woodrow Wilson might well summarize the vision of Dr. William – “We grow great by dreams. All big men are dreamers. They see things in the soft haze of a spring day, or in the red fire of a long winter’s evening. Some of us let these great dreams die, but others nourish and protect them; nurse them through the bad days till they bring them to the sunshine and light which comes always to those who sincerely hope that their dreams will come true.”

Dr. William J. Anderson, Jr. did not have to walk this road alone. He was joined in 1961 by his son Dr. W.J. (Billy) Anderson III who would practice general surgery until his retirement in 1998. Dr. Billy Anderson continued to navigate the hospital through the changing waters of health care. In the words of William Shakespeare, “There is a tide in the affairs of men which, taken at the flood, leads on to fortune. Omitted, all the voyage of their life is bound in shallows and in miseries. On such a full sea are we now afloat; and we must take the current when it serves, or lose the ventures before us.” After his retirement, Dr. Billy continued to carry the dream as the President and Chairman of the Board of Directors. During this time, Dr. Billy Anderson recognized the increasing complexities of cancer care and oversaw the construction of a comprehensive Cancer Center that would bring oncology, radiation therapy, social services, and nutritional support under one roof. A dream can outlive the man, for Dr. Billy died in 2002 before the official opening of the Jeff Anderson Regional Cancer Center on August 24, 2003.

British Parliament member Mark Fisher said, “At the root of every great discovery and exceptional success story lays a dream, an aspiration, a desire.” This is the power of dreams and this will create a legacy – a legacy of caring. In caring, Mother Teresa tells us, “In this life we cannot do great things. We can only do small things with great love.”
Prostate cancer is still the most frequently diagnosed cancer in the United States. In 2007, 218,890 men were diagnosed with prostate cancer in the U.S. Compare that to 213,380 men and women diagnosed with lung cancer and 178,480 women diagnosed with breast cancer during the same period. It is, of course, exclusively a diagnosis of men, as women don’t have prostates. It represents 30% of all malignancies diagnosed in men, double the rate of lung cancer, which accounts for 15%, and triple the rate of colorectal carcinoma, which comes in at 10%. The incidence rates have fluctuated over the last two decades, increasing markedly from 1988-1992, declining sharply from 1992-1995, and then increasingly modestly since 1995. The blip in the number of cases diagnosed is felt to be due to the institution of widespread prostate cancer screening programs using prostate specific antigen (PSA) which began in the late 1980’s to pick up a large number of cases that would previously have been missed, and that the slow rise since 1995 is due to more men under 65 being screened in recent years. There is also a racial difference seen in the incidence rate of prostate cancer. The rate peaked in Caucasian men in 1992 at 237.6 cases/100,000 and a year later in African-American men at 343.8 cases/100,000.

Luckily, the high incidence rate has not been associated with a high death rate. While prostate cancer accounts for 30% of all malignancies diagnosed in men it accounts for only 9% (27,050) of deaths due to malignancy, with lung cancer accounting for 31% (89,510) of cancer deaths and colorectal also accounting for 9% (26,000), despite its lower incidence rate. To look at it a different way, the incidence rate for all cancers diagnosed in the U.S. is 562.1 cases/100,000 people. The incidence rate for prostate cancer is 165 cases/100,000 men. With a death rate for all cancers of 243 deaths/100,000 people, if prostate cancer followed the general trend, we would expect to see a death rate from prostate cancer of 71.33/100,000, instead of the 29.1/100,000 figure that occurred in 2007. Death rates from prostate cancer peaked around 1990 at 40/100,000 but by 2003 had dropped to 27/100,000. They have since drifted back up slightly to the 29.1 rate reported for last year. The initial drop in 1990 has been attributed to the beginning of the widespread use of PSA screening to detect prostate cancer at earlier stages, with earlier treatment correlating with increased survival rates. A comparison of five-year survival trends bears this out:

<table>
<thead>
<tr>
<th>Year range</th>
<th>5 yr Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975-77</td>
<td>69%</td>
</tr>
<tr>
<td>1984-86</td>
<td>76%</td>
</tr>
<tr>
<td>1996-2002</td>
<td>~100%</td>
</tr>
</tbody>
</table>

In Mississippi there were 12,470 cases of cancer diagnosed in 2007, of these 2010 cases were prostate cancer. There were 290 reported deaths from prostate cancer in our state last year, which gives us a mortality ratio of 0.144. Comparing this to the national average of 27,050 deaths/218,890 cases for prostate cancer, gives a mortality ratio of 0.124. So, Mississippi is slightly higher than the national average, but not meaningfully so. Some of this may be due to the racial make up of our state, which has the highest percentage of African-Americans in the nation at 37.24% according to the 2004 figures of the national census. The
death rate due to prostate cancer in African-American men remains more than twice as high as the rate in Caucasian men.

Looking at those cases diagnosed at Jeff Anderson Regional Medical Center over the past year we see that 87 cases were diagnosed and that the number of cases diagnosed have remained fairly stable during the period from 2000-2007 (Figure 1).

The age at which patients were diagnosed is shown in Figure 2. American Joint Committee on Cancer statistics have shown that the median age at diagnosis is 68 years-old and that the age specific incidence rises quickly from 51.7/100,000 for men younger than 65 years-old, to 966.7/100,000 for men older than 65. Autopsy studies indicate that 40% of men over age 50, and 70% of men over age 80 will have histologic evidence of prostate carcinoma at the time of their deaths. In our institution’s data as seen in Figure 3 there has been a progressive rise in the number of cases diagnosed in men under 65 years-old. The percentage has risen from just 5% in 2000 to 17% in 2007. This would seem to support national statistics and is due primarily to an increasing emphasis on screening men with a PSA at an earlier age.
Figure 4 shows the breakdown of incidence by race, and essentially just mimics the racial make up of our states population, with one exception. No cases of prostate cancers in Native Americans are reported, despite a significant Native American patient population. This absence seems to support SEER data, which indicates that Native Americans are one of the groups seen to have the lowest incidence of prostate cancer occurrence worldwide. Looking at Figure 5 we see a trend that shows an inverting age specific occurrence by race, with more African-American men being diagnosed at a younger age as compared to Caucasian men. Supporting current recommendations, African-American men with a family history of prostate cancer begin PSA screening at 45 years of age.

Stage at diagnosis (Figure 6) shows that of the 87 cases diagnosed 80 of them were stage II at the time of diagnosis, indicating the national trend of earlier stage at diagnosis due to more aggressive screening and less men being diagnosed incidentally at the time of trans-urethral resection of the gland (Stage I). The reported data may significantly underestimate the number of Stage IV cases diagnosed in the local medical community, because these patients may be being diagnosed in local physicians offices, and because definitive therapy is not indicated (surgery or radiation) may not be being recorded by the Oncology Registry.
The PSA levels at the time of diagnosis are shown in Figure 7. In this also we see in our institution’s data a racial trend with 75% of Caucasian men being diagnosed with a PSA of less than ten while only 58% of African-American men are diagnosed at that level. Figure 8 gives a further breakdown of these figures.

Figure 9 explores the treatment options arrived at for the patients treated at JARMC. The breakdown on these figures is certainly skewed because all radiotherapy cases are reported, while only surgical cases performed at JARMC are reported, as data is unavailable about surgical cases treated at Riley or Rush hospitals locally, or cases referred elsewhere for surgical management. It also underestimates the number of cases treated with hormonal ablation only, as that is frequently done in the individual physicians offices and therefore is not included in the data base.

Based on a review of the above reported data it may be prudent to coordinate a PSA screening program with the Choctaw Health Services to try and elucidate whether Native-Americans are not represented in the patient base because the incidence of prostate cancer is so low in that group, or that because incidence rates are perceived to be low, screening of that population is not seen to be necessary. Such a program may not be cost effective, but could provide additional data on this subject.
Cancer programs accredited by the American College of Surgeons are required to have an Oncology Registry that collects data on all patients who are diagnosed or receive their first course of treatment at that institution. The Oncology Registry at Jeff Anderson Regional Medical Center (JARMC) has a computerized database that contains over 5,000 cases with a follow-up rate of 94%. The total number of analytic cases accessioned in 2007 was 641. Analytic cases are those patients who were diagnosed or received their first course of treatment at JARMC during 2007.

The top sites for 2007 were lung, breast, prostate, and colorectal.
### JARMC Analytic Cases

<table>
<thead>
<tr>
<th>All Sites</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lip/Oral Cavity/Pharynx</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base of Tongue</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>Other Unspecified Parts of Tongue</td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Palate</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Other Parts of Mouth</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>4</td>
<td>0.6</td>
</tr>
<tr>
<td>Tonsil</td>
<td>3</td>
<td>0.4</td>
</tr>
<tr>
<td>Oropharynx</td>
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<td>0.2</td>
</tr>
<tr>
<td>Hypopharynx</td>
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</tr>
<tr>
<td><strong>Digestive Organs</strong></td>
<td>117</td>
<td>18.0</td>
</tr>
<tr>
<td>Esophagus</td>
<td>9</td>
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</tr>
<tr>
<td>Stomach</td>
<td>13</td>
<td>2.1</td>
</tr>
<tr>
<td>Small Intestine</td>
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</tr>
<tr>
<td>Colon</td>
<td>38</td>
<td>6.0</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td>Rectum</td>
<td>21</td>
<td>3.3</td>
</tr>
<tr>
<td>Anus and Anal Canal</td>
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<tr>
<td>Liver-Intrahepatic Bile Ducts</td>
<td>4</td>
<td>0.6</td>
</tr>
<tr>
<td>Other and Unspecific Parts of Biliary Tract</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Pancreas</td>
<td>19</td>
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<tr>
<td><strong>Respiratory System and Intrathoracic Organs</strong></td>
<td>149</td>
<td>23.0</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Larynx</td>
<td>11</td>
<td>1.7</td>
</tr>
<tr>
<td>Bronchus and Lung</td>
<td>134</td>
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<tr>
<td>Thymus</td>
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<tr>
<td>Heart, Mediastinum and Pleura</td>
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<tr>
<td><strong>Hematopoietic/Reticuloendothelial Systems</strong></td>
<td>24</td>
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</tr>
<tr>
<td>Leukemia</td>
<td>14</td>
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<tr>
<td>Multiple Myeloma</td>
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<td>1.4</td>
</tr>
<tr>
<td>Myelodysplastic Syndrome</td>
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<tr>
<td><strong>Skin</strong></td>
<td>12</td>
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</tr>
<tr>
<td><strong>Connective, Subcutaneous and Other Soft Tissue</strong></td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td>106</td>
<td>17.0</td>
</tr>
<tr>
<td>Vulva</td>
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<tr>
<td>Cervix Uteri</td>
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<tr>
<td>Corpus Uteri</td>
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</tr>
<tr>
<td>Uterus, NOS</td>
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<tr>
<td>Ovary</td>
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<td>0.6</td>
</tr>
<tr>
<td><strong>Male Genital Organs</strong></td>
<td>89</td>
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<td>Penis</td>
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<tr>
<td>Prostate Gland</td>
<td>87</td>
<td>13.9</td>
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<tr>
<td>Testis</td>
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<tr>
<td><strong>Urinary Tract</strong></td>
<td>25</td>
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<tr>
<td>Kidney</td>
<td>14</td>
<td>2.2</td>
</tr>
<tr>
<td>Bladder</td>
<td>11</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Eye, Brain and Other Parts of Central Nervous System</strong></td>
<td>18</td>
<td>3.0</td>
</tr>
<tr>
<td>Meninges</td>
<td>4</td>
<td>0.6</td>
</tr>
<tr>
<td>Brain</td>
<td>14</td>
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<tr>
<td><strong>Thyroid and Other Endocrine Glands</strong></td>
<td>7</td>
<td>1.1</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>6</td>
<td>0.9</td>
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<tr>
<td>Other Endocrine Glands/Related Structures</td>
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<tr>
<td><strong>Other and Ill-Defined Sites</strong></td>
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<tr>
<td><strong>Lymph Nodes</strong></td>
<td>30</td>
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<tr>
<td>Lymphoma (includes 9 extranodal lymphomas)</td>
<td>25</td>
<td>3.9</td>
</tr>
<tr>
<td>Hodgkin Disease</td>
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</tr>
<tr>
<td><strong>Unknown Primary Site</strong></td>
<td>13</td>
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### Mississippi Cases - 570

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Lauderdale</td>
<td>277</td>
<td>49</td>
</tr>
<tr>
<td>Newton</td>
<td>67</td>
<td>12</td>
</tr>
<tr>
<td>Neshoba</td>
<td>66</td>
<td>12</td>
</tr>
<tr>
<td>Clarke</td>
<td>58</td>
<td>10</td>
</tr>
<tr>
<td>Kemper</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Wayne</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Winston</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Scott</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Leake</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Jasper</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Noxubee</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Attala</td>
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<td>0</td>
</tr>
<tr>
<td>Covington</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Jones</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lowndes</td>
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<td>0</td>
</tr>
<tr>
<td>Montgomery</td>
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### Alabama Cases - 71

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<thead>
<tr>
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<th>Number</th>
<th>Percent</th>
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<tr>
<td>Choctaw</td>
<td>49</td>
<td>70</td>
</tr>
<tr>
<td>Sumter</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Marengo</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Baldwin</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pickens</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Washington</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wilcox</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL 641 100
JOHN’S RUNNING FOR CANCER

Last year, John Johnson, well known local television anchor, ran a marathon in an effort to raise money to support cancer patients and their families with the many expenses they encounter in their fight against cancer. Through a partnership with WTOK-TV, Jeff Anderson Regional Cancer Center, and the Community Foundation of East Mississippi, many generous individuals in this community stepped forward to offer their support and helped John raise over $5,000.

The money raised helped many local cancer patients and their families by providing the following financial assistance:

- Medicine Expense assisted 14 patients $1,254
- Transportation Expense assisted 19 patients $2,325
- Utility Assistance assisted 5 patients $1,056
- Breast Prostheses assisted 3 patients $751
- Colostomy Supplies assisted 1 patient $54
- Lymphedema Sleeve assisted 1 patient $75
- Donut Cushion assisted 1 patient $14

John was the moderator at the Community Foundation’s 2008 Breakfast Series held in October that focused on Recent Strides in Cancer Treatment and The Importance of Early Detection.

(Right) John receives a grant from Christie Bennett, Land Asset Manager, of Plum Creek Investment Company to be used on behalf of his efforts for the Cancer Patient Benevolence Fund.

(Below Right) Physicians Dr. Scott Anderson, Dr. Reece Jones and Dr. John Voss present educational information at Community Foundation of East Mississippi Breakfast series.
As the population of the United States continues to increase, the population of individuals needing physical assistance and care also increases. With the continued growth of medical technology increasing life expectancy, more individuals are living with chronic illnesses and infirmities today than ever before. One of the largest generations, called the baby boomers, will drastically increase the population of adults over 60 years old during the next decade.

Astonishing breakthroughs are occurring in the treatment of cancer and its complications, resulting in increased life expectancy and quality of life following the diagnosis of cancer. The complicated and sometimes lengthy journey through cancer treatment and recovery involves frequent visits to health care providers for treatment, diagnostic testing, and follow-up visits. Caregivers are often needed to drive, assist with care, baby-sit, run errands for medications or groceries, and a variety of other tasks to assist during this time. The current trend toward home care with family caregivers continues to increase with over 55 million men and women caring for a family member or loved one in the home environment in the United States, according to the National Family Caregiver Association. This trend poses a financial threat to society as a whole and to the general workforce in particular.

Family caregivers face a multitude of issues, including but not limited to: financial, emotional, physical, resources, and educational needs. The federal government has allocated money to the states through the Older Americans Act Amendments of 2006. However, great variations can be found between states as to the resource availability for the family caregiver. A wealth of information addressing resource needs can be located on the Internet. But family caregivers vary in intellectual, educational, and accessibility capabilities, as well as time restraints.

We have begun providing each patient and/or family caregiver a resource pamphlet during the discharge process that provides contact information for agencies under the following topics: How to Give Care, How to Get Help Paying for the Things You Need, How to Get Relief and Support Services, and Government Agencies in Mississippi. Telephone numbers, mailing addresses, and website addresses are listed for each of the agencies, as applicable, in an effort to cross socioeconomic boundaries and be helpful to everyone. Although the listing of agencies is not all-inclusive and all caregivers may not meet the criteria for assistance for all services, the pamphlet provides a quick and easy starting point.

The population of family caregivers will continue to increase as the United States population continues to live longer with diseases and grow older. The family caregiver provides a societal and economical service to the healthcare community. Health care providers can assist the caregiver by being diligent in our assessment of needs and knowledgeable of the availability of resources to meet these needs.

FAMILY CAREGIVERS FACE A MULTITUDE OF ISSUES

Beverly Long
RN, BSN, OCN
Hematology/Oncology Nurse Manager

Mississippi Department of Human Services
Division of Aging and Adult Services
750 North State Street
Jackson, MS 39202
Phone: 1-800-948-3090
www.accessobenefits.org

Veterans Administration Regional Office
1600 Woodrow Wilson Ave.
Jackson, MS 39216
Phone: 1-800-827-1000
www.vab.state.ms.us

National Family Caregivers Association (NFCA)
10400 Connecticut Ave., #500
Kensington, MD 20895-3944
Phone: 1-800-896-3650
Fax: 1-301-942-2302
Email: info@nfcacares.org
www.nfcacares.org

Partnership for Prescription Assistance (PPA)
Phone: 1-888-477-2669
www.pparx.org

Rehab Tips Sheets for Providers & Caregivers on Performing Common Activities
University of Alabama at Birmingham
Department of Physical Medicine & Rehabilitation
619 19th Street S. – SRC 529
Birmingham, AL 35249-7330
Phone 1-205-934-3283
Fax: 1-205-975-4691
Email: sciweb@uab.edu
www.uab.edu
As a chaplain, we often hear all the gripes and grumbles from those who are in pain and suffering. As rounds were being made yesterday, three different patients on three different floors raved about the care they were receiving. One of them even went so far as to say he had told his friends that if they wanted to receive the best care anywhere in the country they should come to Anderson’s. His son had visited with him from Louisiana. The son had been in the health care industry as an administrator of a nursing home so he knew some of what he was saying. The son said, “This is the best run institution that I have ever been in and the way you cared for my father could not be excelled anywhere.”

One of the patients even raved about the friendliness of housekeeping and kitchen staff. As I pondered all these compliments, the thought ran through my mind “this is the legacy of caring” that Dr. Jeff, Dr. William, Dr. Billy and Dr. Hollingsworth left us. It made me extremely happy to know that their legacy is being carried out today through all the staff.

The word “legacy” means “something transmitted by or received from an ancestor or predecessor or from the past.” (Merriam-Webster’s Collegiate Dictionary Tenth edition) The legacy left to all of us by Drs. Jeff, William, Billy and Hollingsworth is a legacy of caring. It is also interesting to note that “caring” is a verb. In other words, this is a legacy that has required action on our part and we have reached out to those who are sick to bring healing to their lives. Some might ask, “How is this fulfilling their legacy?” I invite your attention to Matthew 25:31-46. This is the picture of the throne of judgment which will come when Jesus returns. He lists for us several needs that had been met by His people. The strange thing is that they did not realize they had done anything. Jesus replied to them in verse 40, “The King will reply, ‘I tell you the truth, what ever you did for one of the least of these brothers of mine, you did for me’.”

Eighty years ago Dr. Jeff looked at the folks of East Mississippi and West Alabama and saw a need for better health care. He had a vision of how that could become a reality. He purchased the Turner Hospital which had been empty and began Anderson Infirmary. During the depression he mortgaged his property to keep the hospital going. He cared. That legacy has now gone through four generations and will continue into the future because he left the Anderson family with the value of caring for those who are sick. It is our prayer that the legacy he gave to us will also carry into future generations as we reach out to care for the people of East Mississippi and West Alabama.
Our lifetimes are like scrapbooks of celebrations; family, friends, acquaintances, old memories, new adventures, and sharing life’s blessings. We have the freedom to celebrate and share those blessings…reflecting how sometimes the tribulations actually created many treasured joys! We soon discover that ‘cancer never sleeps’ when it’s a personal diagnosis or a diagnosis of family or friends. It may be someone, once a stranger, when diagnosed with cancer, who touches our lives…now never to be a stranger again. We become comrades coming together with faith empowering each of us with that inner strength! With persistence – life goes on – each step of the way celebrating those simple daily joys…family, weddings, births, friends gathering together. As cancer survivors, holidays and vacations are reminders of how special everyday is, “some just better than others” BUT everyday a blessing! When grateful hearts surround us there truly are causes for celebration, they give us the faith needed today for the perpetual hope of tomorrow.

We may have many memories of celebrations with family and friends but every year we have a community celebration – gathering together to celebrate life – life with and after cancer in our lives. As we light candles remembering the journey walked, it brings hope knowing that we are making a difference! Relay For Life is community joining together with friends, family and strangers to remember those who have been affected by cancer – those who have battled and lost; and those who are currently fighting the battle with hope, support and research for battling future cancer. Our tears and hugs are celebrating each life touched by cancer!

Relay For Life is like a community marathon. All year we are motivated to spread the word, gather funds, support each other and share knowledge to assist friends, family and community living with cancer. The 2008 Relay For Life Survivors’ and Caregivers’ Reception was held on Sunday, April 27th at the MSU Kahlmus Auditorium. As sponsors of the event, Jeff Anderson Regional Cancer Center and the American Cancer Society presented a fabulous event filled with sharing, song, food and tributes to cancer survivors, especially the five Honorary Chairpersons: Jeanette Gossett, Sarah King, Betty Phillips, Sherry Purdy, and Debbie Young. The afternoon of fellowship added pages to our scrapbook of memories and community support. Friday, May 9th, was the culmination of our love and energy coming together as a community at the 2008 Relay For Life held at the Northeast Sports Complex. The changed venue allowed us to experience new and old together. Relay For Life is our community-wide opportunity of celebrating life’s blessings, remembering family, friends and precious memories…all worthy of celebration!

NOW we are motivated to FIGHT back with our efforts offering support and shoulders to carry our brothers and sisters through whatever battle comes next, ready to share the joys that triumph after every tribulation. It takes courage and strength to endure each day facing cancer.

Cancer is so limited…

It cannot cripple Love
It cannot shatter Hope
It cannot corrode Faith
It cannot destroy Peace
It cannot kill Friendship
It cannot suppress Memories
It cannot silence Courage
It cannot invade the Soul
It cannot steal eternal Life
It cannot conquer the Spirit.

(author unknown)

Every day IS a blessing! Our positive attitudes remind us of the faith filled strength giving us hope for tomorrow.

Our contributions to changing tomorrows for cancer survivors will be our legacy.
The Social Services Department at Jeff Anderson Regional Medical Center has a rich history in caring for patients in our community. For over twenty years, this department has worked to meet the needs of our cancer patients. The department has grown from one social worker to a staff of four social workers. One of these is now designated to work with oncology patients.

As the department has grown, so have the resources available to assist our patients. There are many resources available in the community including home health, home equipment, hospice, and rehab. We have a transportation grant through the American Cancer Society to assist patients coming for treatment with their gas expense. Also, through the American Cancer Society, the Reach to Recovery program is active reaching out to our ladies who have had mastectomies and lumpectomies. The Look Good...Feel Better program now meets every other month to help our ladies undergoing treatment with make-up and wigs. Support groups are available on a monthly basis in our area to provide emotional support to our patients.

More recently, the Cancer Patient Benevolence Fund (CPBF) was established to help with the financial needs of our patients. The money raised for this fund comes strictly through fundraisers and donations. Through this fund, we are able to assist patients with medicine, gas for transportation, prostheses, lymphedema sleeves, colostomy supplies and help with utility bills. We are proud to have this fund and to be able to go the extra mile for our patients. We have watched this fund grow over the last few years, which further exhibits our legacy of caring and our desire to meet the total needs of our patients.

Not only does the Oncology Social Worker link patients with appropriate resources needed to assist in their care, she also is available to provide emotional support to patients and their families. A cancer diagnosis can be overwhelming. Helping our patients face this challenge is one way we can help alleviate the stress a cancer diagnosis can bring.

Over the years, treatments have changed giving new hope to many who come to our Cancer Center. Though cancer care has evolved and changed over the years, our commitment to providing quality care will continue as we strive to meet not only the physical needs of our patients, but the social and emotional needs as well.
It has been estimated that up to one-third of all cancers could be prevented if people would adopt a healthier lifestyle, including eating healthier foods. Although no diet can guarantee full protection against any disease, there are seven foods that have been shown to help prevent cancer.

**CABBAGE.** It is high in anti-cancer substances called glucosinolates. If the cabbage is eaten raw, you get the added benefit of indole-3-carbinol, a substance which encourages your body to eliminate carcinogens. Recommendation: Three or more one-half cup servings per week, cooked or raw. Alternative foods would include brussel sprouts, cauliflower, kale and broccoli.

**FLAXSEEDS.** Tiny seeds that have a nutty flavor. They contain lignans, which are compounds that act like the hormone, estrogen. Additionally, they are a rich source of omega-3-fatty acids which seem to inhibit colon cancer in both men and women. Recommendation: One to two tablespoons of ground flaxseed per day. Alternative foods would be mackerel or salmon for the omega-3-fatty acids and walnuts or canola oil for the lignans.

**ONIONS.** One of the ten most commonly eaten vegetables in the USA, they have a very high level of quercetin. This compound is thought to be one of the most potent anticancer substances found in foods. Recommendation: One-half cup of onions, cooked or raw three times per week. Yellow and red onions are highest in quercetin. Alternative foods include capers, apples, green and black tea.

**MUSHROOMS.** The common little white button mushrooms have been found to block aromatase, an enzyme that promotes breast cancer. There is some speculation that the buttons may suppress the growth of prostate cancer cells. Recommendation: One-half cup of button mushrooms three or four times per week.

**OLIVES.** Maslinic acid and oleanolic acid are compounds found in olives that suppress the growth of cancer cells and promote apoptosis, the death of these cells. Recommendation: Eight olives per day, green or black. Alternatively, one to two tablespoons of extra-virgin olive oil daily.

**PUMPKIN.** Like other winter squash varieties, pumpkin is very high in carotenoids. These substances are well known for their anti-oxidant properties which protect healthy cells from free-radicals. Recommendation: Three or more one-half cup servings per week. Alternative foods include acorn squash, butternut squash, spaghetti squash, carrots and broccoli.

**“ERRY’S”.** All foods that end in “erry” – including blackberry, blueberry, cherry, strawberry, raspberry – contain anti-inflammatory compounds that reduce the type of cell damage that can lead to cancer. Recommendation: One-and-one-half cups of berries per week.
John Clay, MD • Medical Degree from University of Mississippi Medical Center
Internship completed at UMC • Residency completed at UMC • Fellowship completed at UMC
Member of American Society of Clinical Oncology, American College of Physicians, American Medical Association, Mississippi State Medical Society, East MS Medical Society, Mississippi Society of Oncology, American Society of Hematology
Clinical Assistant Professor of Medicine, UMC, Department Internal Medicine, Division of Oncology, Past President of Southern Association for Oncology
Board Certified in Internal Medicine • Board Certified in Medical Oncology

John Halbrook, MD • Medical Degree from University of Mississippi Medical Center
Internship completed at UMC • Residency completed at UMC • Fellowship completed at UMC
Member of Southern Medical Association, Mississippi State Medical Association, East MS Medical Society, American College of Physicians, American Society of Clinical Oncology, Chairman of Oncology Care Committee
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J. Reece Jones, MD • Medical Degree from University of Mississippi Medical Center
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Board Certified in Internal Medicine • Board Eligible in Medical Oncology
Board Eligible in Hematology

Dwight S. Keady, Jr., MD • Medical Degree from University of Mississippi Medical Center
Internship completed at UMC • Residency completed at UMC • Fellowship completed at UMC
Member of American Medical Association, Mississippi State Medical Association, East MS Medical Society, American College of Physicians, American Society of Clinical Oncology, Member of Southern Medical Association
Board Certified in Internal Medicine • Board Eligible in Medical Oncology

David Nix, MD • Medical Degree from University of Florida, College of Medicine
Internship completed at Wilford Hall U.S.A.F. Medical Center - Lackland Airforce Base, TX
Fellowship completed at Stanford University
Member of American Society of Clinical Oncology, American Medical Association, Mississippi Society of Oncology, Mississippi State Medical Association, East MS Medical Society
Board Certified in Internal Medicine • Board Certified in Medical Oncology
Board Eligible in Hematology

John D. Voss, MD • Medical Degree from University of Mississippi Medical Center
Internship completed at UMC • Residency completed at UMC • Fellowship completed at UMC
Member of American Medical Association, American Society of Clinical Oncology, and Mississippi State Medical Society
Board Certified in Internal Medicine • Board Eligible in Medical Oncology
Board Eligible in Hematology
RADIATION ONCOLOGISTS

Russell Scott Anderson, MD FACR
Medical Degree from University of Alabama School of Medicine in Birmingham, AL
Internship completed at Lloyd Noland Hospital
Residency completed at Eastern Virginia Graduate School of Medicine - Norfolk, VA
Member of American College of Radiology, American Society for Therapeutic Radiology and Oncology, Mississippi State Medical Association, American Medical Association, East MS Medical Society
Past President Mississippi Radiological Society, Member Board of Trustees - MS State Medical Association
Fellow American College of Radiology • Board Certified in Radiation Oncology

L. Cameron Pimperl, MD
Medical Degree from University of Alabama School of Medicine in Birmingham, AL
School of Aerospace Medicine Orientation Course – Brooks AFB, Texas
Internship (Transitional Residency) completed at Caraway Methodist Medical Center, Birmingham, AL
Residency (Radiation Oncology) completed at University of Arizona - Tucson, AZ
Member of South Mississippi (Jones County Medical Society), Mississippi State Medical Association, American Medical Association
Board Certified in Radiation Oncology

2008 ONCOLOGY CONFERENCE SPEAKERS

FEBRUARY 20, 2008
Recent Developments in the Diagnosis and Monitoring of Multiple Myeloma and Other Monoclonal Gammapathies
Presented by Linda Traylor, PhD
Technical Director
The Binding Site, Inc. San Diego, California

MARCH 19, 2008
OncoType DX
Presented by Dr. Mark Karwal
Assistant Professor of Clinical Medicine
Department of Internal Medicine
University of Iowa College of Medicine
Iowa City, Iowa

MARCH 26, 2008
Updates in Breast Cancer
Presented by Dr. Andrew Seidman
Memorial Sloan-Kettering Cancer Center
New York, New York

AUGUST 27, 2008
The Evolving Role of Erbitux in Squamous Cell Carcinoma of The Head and Neck
Presented by Dr. Douglas Adkins
Associate Professor of Medicine
Washington University School of Medicine
Department of Internal Medicine
Division of Oncology Section of Medical Oncology
Head & Neck Cancer / Sarcoma / Thyroid Cancer
St. Louis, Missouri

DECEMBER 3, 2008
The Role of Erbitux and KRAS in Colon Cancer
Presented by Dr. Bradley Somer
Hematology-Oncology
West Clinic
Memphis, Tennessee
Opportunities to Stand with Us

At Jeff Anderson Regional Cancer Center, our mission is to stand with each patient, providing necessary treatment and support, as together we fight cancer. One of the goals is to provide quality care and treatment to those in our community who suffer from this dreaded disease. We realize that when cancer strikes it takes many people standing together to support those in need.

We would like to give you the opportunity to stand together with us by making a tax deductible contribution to the Cancer Patient Benevolence Fund. This fund is used to help area cancer patients with special needs. All tax deductible donations are used to help provide the extra margin that some of our patients need to help in their fight against cancer.

You may send your tax deductible gifts to the:
Cancer Patient Benevolence Fund
C/O Jeff Anderson Regional Cancer Center
1704 23rd Avenue
Meridian, MS 39305