The Georgia Cancer Center for Excellence at Grady Health System collaborates with thousands of patients each year to treat their cancer fearlessly, using the latest technology and state-of-the-art techniques.

Since the Center opened in 2003, Grady has acquired the best diagnostic and treatment technology available, recruited some of the nation’s most talented physicians and built multidisciplinary teams of caregivers committed to a singular mission of providing the best care possible to everyone who walks through our doors.

As part of this commitment, we have modernized treatment rooms to ensure our patients have the best experience possible and participated in hundreds of clinical trials and other research projects to advance the science of cancer treatment. And we reinforce our commitment to the best and latest medical practices by creating collaborative caregiver teams comprised of cancer and other specialists from the Winship Cancer Institute at Emory, Emory and Morehouse schools of medicine and Grady.

As a result of our unique, inclusive approach to cancer care, in 2017 the Center was awarded a five-year, $2 million Merck Foundation grant. The award made us part of the new Alliance to Advance Patient-Centered Cancer Care, whose aim is to improve timely access to care and reduce disparities in care for vulnerable and underserved populations. Other Alliance members include Johns Hopkins University, Massachusetts General Hospital, Northwestern University, Ohio State University, and the University of Arizona.

Every hospital’s mission is to care for patients. At Grady, we strive to care for them better, ensuring positive and safe interactions during every step of their cancer journey, from screening to survivorship. To do this, we treat all who come through our doors with respect, concern, and compassion.

Consider our progress:
ADVANCING TECHNOLOGY
Diagnosing, staging, and treating cancer requires the most advanced imaging technology we can find. Our patients and physicians demand low-dose systems that offer clear images and fast scans. Our new Hologic 3Dimensions Mammography System delivers high-resolution 3D breast images. Its images are unmatched when scanning dense breast tissue. To monitor the efficacy of our treatments, we rely on the GE Healthcare’s Discovery MI PET/CT scanner that provides best-in-class image resolution so that no detail is missed. Bottom line: No Atlanta hospital has more – or better -- modern imaging equipment under one roof.

PATIENT-CENTERED CARE
Our mission puts patients at the center of everything we do. We engaged Planetree International, a pioneer in patient-centered care, to review of our patient experience processes and work with us to create a roadmap to improve them. In addition, we launched a Patient/Family advisory council made up of patients, caregivers and Cancer Center staff to improve the Cancer patient experience. Based on their feedback, we’ve already added Survivorship and Nutrition clinics and an exercise and wellness coach to our standard support services. We also upgraded our patient library into the Living Well Resource Center and added a patient resource navigator.

COMMITMENT TO EXCELLENCE
In 2018, we were awarded Quality Oncology Practice Initiative (QOPI) Certification for our Oral Adherence Program for chemotherapy. The QOPI Certification Program, an affiliate of the American Society of Clinical Oncology, is awarded to outpatient hematology-oncology practices that meet the highest, national standards for delivering quality cancer care. Grady is the first public hospital in Georgia to receive this recognition.
COMMITMENT BEGINS WITH PEOPLE

It is easy to talk about investments or recognitions. But the one constant at Grady has been our staff’s embrace of this institution’s mission: to provide the highest quality care to those who need it, regardless of their ability to pay. The shared commitment to the mission is what truly distinguishes us from other cancer centers. It is what drives our continuing effort to improve the quality of care, what attracts new talent to Grady and what motivates us to do what we do each day.

In the following pages, you will see examples of how our embrace of Grady’s mission continually makes a difference to patients and cancer care at Grady.

OUR MISSION

The mission of the Georgia Cancer Center for Excellence at Grady is to reduce the number of lives lost to cancer in Georgia through prevention and screening, treatment, research and education. In collaboration with key partners, we provide patient-focused services that emphasize access, customer service, cultural competence and the highest level of ethics and fiscal responsibility. Recognizing that research is the key to improving all phases of cancer services, we focus on research to improve patient outcomes, as well as basic scientific, clinical and population-based studies.
ADVANCING PATIENT-CENTERED CARE

SURVIVORSHIP CLINIC

Because effective cancer care requires support after hospital treatment, in March the Center launched a Survivorship Clinic in partnership with Wilhelmina Prinssen, MD, FAAFP, Medical Director of the Asa Yancey Health Center. The Survivorship Clinic works to provide ongoing care to patients by connecting them to primary care physicians who have access to the patients’ cancer treatment information. We do this by encouraging patients to connect with primary care physicians in the Grady Neighborhood Health Centers. So far, every patient is participating in the Survivorship Clinic and Grady is working to expand services and monitoring long-term compliance.

In addition, Grady added a Survivorship Coordinator to work with patients to complete survivorship care plans in accordance with the Commission on Cancer (CoC) standards. These plans summarize a patient’s experience with cancer and recommend follow-up care. It recommends cancer surveillance tests and detailed information on potential long-term effects of treatment. After reviewing the plan, the coordinator refers patients who need additional support to the Survivorship Champion for evaluation. About 50 percent of patients who receive a care plan are referred to Dr. Prinssen. During their visits, patients can ask questions, express concerns and address any medical issues they may have. Following that evaluation, the Survivorship Clinic facilitates a patient’s transition to primary care.

The Survivorship Care Champion role allows the flow of essential feedback from primary care back to the Center. This ensures that all cancer survivors, including high-risk patients, smoothly transition from specialized oncology care back to primary care.

Information collected during this transition is essential to long-term care for survivors, and helps prepare them for the road ahead. Survivorship Clinic patients receive the tools they need to monitor their own health, and can be prescribed additional medications or follow-up tests when needed. This helps survivors gain more control over their conditions.

Patient feedback has already led to plans to enhance programs. For example, Grady recently added colorectal cancer screening kits (FIT kits) to the clinic and posted detailed Neighborhood Center maps to help patients reach their primary care appointments on time. The Survivorship Clinic is also working to expand access to additional health and wellness resources, such as adding an exercise coach to help patients with their exercise, diet and fitness needs.
ADDRESSING TRANSPORTATION NEEDS

With Merck funding, we have significantly increased patient transportation resources to eliminate one barrier to treatment. We have a partnership with Common Courtesy, a non-profit corporation that arranges rides for patients using Lyft and Uber ride sharing services. To supplement Merck-funded transportation resources, we also partner with MARTA on the Rides to Wellness grant, which provides patients with discounted fares.

LUNG NODULE CLINIC MAKES GAINS

Grady launched a lung cancer screening program in 2014, under the leadership of Dr. Eric Flenaugh. This year, we improved patient care by creating the role of Lung Nodule Clinic navigator to make sure cancer patients identified by the Lung Nodule Clinic in Grady’s Imaging Department are transitioned to the lung cancer navigator.

Grady was the first Metro Atlanta hospital to use the Veran Electromagnetic Navigation system. Like a GPS for the lungs, it allows physicians to find and biopsy the tiniest and hardest-to-reach nodules. We continue to see marked stage shift using the Veran technology for lung screenings.

“I came here when Grady was considering building the Georgia Cancer Center for Excellence [2003], so I knew it would be a perfect fit for me, an interventional pulmonologist,” said Flenaugh. “I wanted to be at Grady.”

Dr. Eric Flenaugh presented preliminary data from Grady’s Lung Nodule Program multi-center research trial at the American Association of Bronchology and Interventional Pulmonary conference in December 2018. The abstract was one of the top four award winning posters.

“Dr. Eric Flenaugh

Flenaugh is chief of Pulmonary and Critical Care for Morehouse School of Medicine and director of Interventional Pulmonary Medicine for Grady’s cancer center, but he says that what appeals to him most is the work he does to care for people who need medical treatment, no matter how able to pay.

“I have a great multidisciplinary team of directors, physicians, practitioners, nurses, technicians and staff that are all focused on providing quality care. We all trust each other. The patients coming to Grady need the services we provide and I can see that when I’m part of this Grady team I’m making a difference.”

“It’s the not knowing that’s stressful,” Dana Thomas, Grady’s Lung Screening Program Coordinator, said. “My
job is to make sure the patient understands what’s going on, quickly gets procedures scheduled, and has answer to all their questions.”

Corey Streetman takes patients from diagnosis to treatment to survivorship. As the Cancer Center’s Lung/Thoracic RN Navigator, Streetman’s role is to make sure patients are fully engaged in every aspect of their care.

“It’s really the best of both worlds. I get to be a patient’s advocate, cheerleader and shoulder to lean on,” said Streetman. “While making sure patients have access to the services and care they need.”

ADVANCES IN BREAST CANCER TREATMENT

More than two years ago, Gwendolyn Rawls sat down at her hair salon, leaned back to get her hair washed and prepared for a few hours of well-deserved pampering. But things took a turn.

“A clump of hair fell out into her hands,” Rawls said. “I cried. She cried. Everyone in the salon cried. I told her to get some clippers, and that day I shaved off all my hair for the first time since starting chemotherapy.”

That moment when she decided to shave her head, reflects the fearless approach she took with her cancer diagnosis and treatment. For years, doctors had told her she had a benign cyst in her left breast. But when she moved to Atlanta in 2015, an ultrasound at Grady revealed she had breast cancer.

“They found the cancer after no one else could,” she said. “All my family took it really hard, but I was calm. I knew it was not a death sentence.”

Her doctors at the Center recommended a mastectomy in November 2015. Chemotherapy began in January.

“There were many days I felt so bad, but I always kept going. There were times I would cry, but I had too much to live for,” she said. “I was not finished here, I had more to do.”

Rawls is now a two-year cancer survivor, and completing reconstructive surgery at Grady. She never misses her monthly cancer support group meetings.
“You know coming to Grady, I feel like family here,” she said. “My doctors, nurses, navigators, guest services who check me in, they are all kind and uplifting. I was in good hands at Grady from the moment I made my first appointment.”

**BREAST HEALTH AWARENESS ACTIVITIES**

- WNBA Dream Pink Game with the Atlanta Dream
- Saturday’s Are For The Girls – October Saturday Mammogram Events
- Breast Health Lunch and Learn - Intro to Tomo: 3D Digital Breast Imaging
- American Cancer Society - Making Strides Against Breast Cancer Walk
- Atlanta Falcons Dazzle & Dine

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**Grants & Partners**

- American Cancer Society
- Atlanta Dream - Dream Too
- Avon Foundation for Women
- Georgia Breast Cancer and Cervical Program
- It’s the Journey
- McKesson Foundation
- Merck Foundation
- Susan G. Komen Greater Atlanta & Sisters of Promise
- The Daniel P. Amos Family Foundation
- The Eric R. Beverly Foundation
Designated a National Center for Health Disparities Research by the National Institutes of Health, the Center focuses on studies to reduce health disparities in outcomes that affect our primary patient population, as well as general scientific and clinical research. Scientists from Morehouse School of Medicine study the causes of cancer and its treatment at the Center’s research laboratories. The proximity of researchers to medical personnel who diagnose and treat cancer means that patients have access to the latest therapies.

**BRCA 1 Gene Research**

Dr. Veena N. Rao, Morehouse School of Medicine professor and co-director of the Cancer Biology Program in Grady’s OB/GYN Department, has dedicated her research to better understanding the BRCA1 gene and its mutations to improve the early detection and treatment of African American women with breast cancer. Her research has led to the development of a patented technology, which when combined with BRCA1 DNA-based testing, promises to revolutionize early detection of hereditary triple negative breast cancers (TNBC), foster development of novel targeted therapies and save countless lives.

“When it comes to breast cancer, African American women have a 40 percent higher mortality rate than any other racial or ethnic group in the U.S.,” she said. “Closing the health disparities gap leading to health equity is my professional mission.”

**Clinical Trials**

Clinical trials are an important part of our research. While science provides more insight into the causes of cancer, clinical trials help translate this information into better care for cancer patients. Our patients have the opportunity to participate in clinical trials related to cancer prevention, diagnosis and treatment.

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Trials</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Diagnostic Trials</td>
<td>147</td>
<td>296</td>
</tr>
<tr>
<td>Genetic Studies</td>
<td>214</td>
<td>211</td>
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<tr>
<td>Prevention and Control</td>
<td>33</td>
<td>158</td>
</tr>
<tr>
<td>QI Economics of Care</td>
<td>102</td>
<td>52</td>
</tr>
<tr>
<td>Bio repository/Bio bank</td>
<td>45</td>
<td>14</td>
</tr>
<tr>
<td>Patient Registry</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>565</strong></td>
<td><strong>752</strong></td>
</tr>
</tbody>
</table>
Since 2003, Grady has served 17,537 total patients.

### Top Cancer Sites

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2017</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>31% n/203</td>
<td>28% n/187</td>
<td>-3%</td>
</tr>
<tr>
<td>Lung</td>
<td>26% n/174</td>
<td>27% n/183</td>
<td>+1%</td>
</tr>
<tr>
<td>Colon</td>
<td>14% n/93</td>
<td>11% n/76</td>
<td>-3%</td>
</tr>
<tr>
<td>Prostate</td>
<td>17% n/112</td>
<td>17% n/117</td>
<td>0%</td>
</tr>
<tr>
<td>Gyn</td>
<td>11% n/156</td>
<td>10% n/141</td>
<td>-1%</td>
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</table>

### # Days from diagnosis to treatment

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2017</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>46</td>
<td>36</td>
<td>-22%</td>
</tr>
<tr>
<td>Lung</td>
<td>43</td>
<td>22</td>
<td>-49%</td>
</tr>
<tr>
<td>Gynecologic</td>
<td>55</td>
<td>31</td>
<td>-44%</td>
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### Age at Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>0-29</th>
<th>30-49</th>
<th>50-64</th>
<th>65-79</th>
<th>80-99</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>4% n/52</td>
<td>21% n/276</td>
<td>48% n/641</td>
<td>22% n/287</td>
<td>4% n/52</td>
<td>1% n/24</td>
</tr>
<tr>
<td>2017</td>
<td>5%</td>
<td>21%</td>
<td>49%</td>
<td>21%</td>
<td>4%</td>
<td></td>
</tr>
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### Stage at Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14% n/192</td>
<td>15% n/213</td>
<td>13% n/181</td>
<td>11% n/154</td>
<td>24% n/334</td>
<td>23% n/323</td>
</tr>
<tr>
<td>2017</td>
<td>13% n/184</td>
<td>16% n/220</td>
<td>15% n/204</td>
<td>13% n/183</td>
<td>25% n/342</td>
<td>17% n/259</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>80%</td>
<td>80% n/1112</td>
</tr>
<tr>
<td>White</td>
<td>9%</td>
<td>10% n/210</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6%</td>
<td>5% n/71</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td>1% n/11</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>3%</td>
<td>2% n/30</td>
</tr>
</tbody>
</table>
Quality Studies

2018 Study Findings
Concurrent chemo radiation – within 2 days – identified report; Review compliance of patients not meeting the guidelines for concurrent chemo radiation.

- 27 patients were looked at from January 1, 2018 – April 11, 2018, and 14 patients received concurrent chemo/radiation for 86%
- 1 with no chemo or radiation
- 3 with upcoming simulation appointments
- 1 with chemo only
- 3 with radiation only
- 1 no show
- 2 were 2017 radiation patients

Review excessive use of PET/CT vs standard; Review the use of PET/CT scan in early stage breast cancer, clinical DCIS, stage I, II. Will look at early stage breast patients to see if over use of PET/CT.

- Only one of the patients who did not meet criteria had possible bone mets (ultimately did not affect her care given her co-morbidities)
- Present data to Avon Foundation Breast Center Steering Team during National Accreditation Program for Breast Centers quarterly meeting for feedback
- Consider decreasing the use of PET/CT pre-operatively if team in agreement
- Re-study CY2018 data next year to see if we made a difference

2017 Study Findings
Study the time from initial diagnosis to first treatment for Gynecologic, Lung, and Breast Cancer cases; Pull 1st 6 months of 2016 data and determine reasons for delay.

- Treatment is consistently delayed for each major cancer site
- This data represents the baseline from which to compare the 2017 patients as we begin putting new clinical practices in place with the Merck and Quality Oncology Practice Initiative Certification initiatives

Study in hospital cancer deaths for 2016; Determine % on hospice service. Measure if palliative care consulted.

- Record on 73 in-patients and out-patients were reviewed for orders for palliative care and / or hospice care referral. Of these 73:
  - 59 had an order for palliative care (80.8%)
  - 32 had an order for hospice (43.8%)
The Center was awarded Quality Oncology Practice Initiative (QOPI) Certification making Grady Georgia’s first public hospital to receive this recognition.

The QOPI Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO), is awarded to outpatient hematology-oncology practices that meet the highest, national standards for quality cancer care.

“A multi-disciplinary team of nurses, pharmacists, nurse practitioners, physicians and support staff from the Center worked together for three years on this certification, putting several new processes to meet the highest standards of care,” said Dr. Leon Bernal-Mizrachi, one of the core members of the QOPI team and assistant professor of the Department of Hematology and Medical Oncology at Emory’s Winship Cancer Institute.

One such process was the Oral Adherence Program for chemotherapy. This two-year quality improvement project allowed for the implementation of an oral anticancer medication adherence clinic in the ambulatory clinics.

“By establishing a program that includes multiple reminders and pharmacy support, we were able to more than double the adherence rate to cancer treatment in our patients, from 39 percent to 89 percent — that means improved clinical outcomes,” said Dr. Margie Curry, a clinical pharmacist specialist and another core member of the QOPI team.

Other new processes include the establishment of a hotline for accessing oncology practitioners to aid in care, improvements in the assessment and management of cancer-related pain and empowering patients with knowledge about their cancer diagnosis, treatment and therapeutic goals.
“These significant improvements and new processes, in addition to extensive data collection, helped the Cancer Center meet and exceed standards for the QOPI certification,” Curry said.

Bernal-Mizrachi said the recognition validates the Center’s hard work. “This achievement is reflective of the intense dedication that all our clinicians and staff have for our patients. We work diligently every day to ensure they receive the cutting-edge treatment and support they deserve,” he said.
The Georgia Cancer Center for Excellence at Grady is accredited by the Commission on Cancer of the American College of Surgeons as a Teaching Hospital Cancer Program. The Center is also a member of the Georgia CORE Research Network, a statewide network of academic and community-based oncologists and researchers. The Avon Comprehensive Breast Center at Grady is accredited by the American College of Surgeons’ National Accreditation Program for Breast Centers.

The Center is staffed by oncologists and other specialists from the Winship Cancer Institute at Emory, Emory and Morehouse schools of medicine, and Grady. The Center takes a multidisciplinary team approach to cancer care that includes surgeons, oncologists, diagnostic radiologists, nurses, nurse navigators, home health professionals, radiation therapists, mental health professionals, registered dieticians, rehabilitation therapists, social workers, pathologists, pharmacists, hospice representatives, chaplains, community education and outreach coordinators.