Since Lexington Medical Center began providing comprehensive cancer care, our Cancer Services program has served as a benchmark throughout the country by supporting patients with the highest quality technology and services, compassionate care and the knowledge to achieve the best possible outcomes.

Using a multidisciplinary approach between our medical oncologists, radiation oncologists and surgeons with crucial support from highly trained radiologists, pathologists and other health professionals, we are able to offer a complete care strategy for every patient.

By investing in the most advanced technology and state-of-the-art tools, our physicians and staff are able to provide the latest in cancer diagnostics and treatment. We were the first hospital in South Carolina to perform microwave ablation and one of the first hospitals in the state to offer intensity-modulated radiation therapy.

In addition, our Cancer Services program, which is accredited with commendation by the American College of Surgeons, supports research initiatives that contribute to treatments and solutions in cancer care. Participation in this research allows us to receive information and results to stay at the forefront of current methodologies, procedures and treatments. We are also affiliated with Duke Cancer Institute, which provides our patients access to Duke’s excellence in cancer care, clinical research and education. This affiliation establishes Lexington Medical Center’s Cancer Services as the premier cancer program in the Midlands.

Our comprehensive care goes beyond diagnosis and treatment. We understand that a cancer diagnosis can leave patients asking questions and looking for support. That’s why we have created a variety of resources and support groups that address the emotional, psychological and spiritual needs of our patients and their families.

With the help of our multidisciplinary team of board-certified physicians and experienced staff, our patients receive the highest quality care in cancer diagnosis and treatment, as well as access to comprehensive education, support and clinical research.

As medicine and technology continue to evolve, patients at Lexington Medical Center can rely on one constant: our unwavering commitment to providing quality cancer care.
A MESSAGE FROM THE CANCER COMMITTEE CHAIR & MEDICAL DIRECTOR OF CANCER SERVICES
Quillin Davis, MD

As chair of the Cancer Committee and medical director of Cancer Services, I am very excited to be involved with the excellent oncology care that we are providing at Lexington Medical Center.

Our medical oncology practice, Lexington Oncology, has grown to five medical oncologists as well as full infusion, laboratory and pharmacy services. Multidisciplinary surgical services expanded with the addition of a surgical oncologist. The support staff involved in caring for our cancer patients now includes three nurse navigators, three research nurses, social workers and associated quality-of-life programs, such as Becky’s Place and multiple cancer support groups. We have the only facility in the Midlands with full inpatient and outpatient oncology services on the same campus.

Lexington Medical Center has continued to devote resources to developing new and emerging technology for our patients, and we are in the construction phase of adding a TrueBeam™ linear accelerator to our Radiation Oncology department. We will be initiating a stereotactic radiosurgery program at Lexington Medical Center in the fall of 2014 that features the most advanced technology in the region, including frameless cranial radiosurgery and stereotactic body radiation therapy (SBRT), which will allow us to focus directly on tumors in the body with minimal side effects in a short course of outpatient therapy.

We maintained our Commission on Cancer (CoC) accreditation through rigorous quality standards, monitored by our Cancer Committee and quality workgroups. Our research program has grown by leaps and bounds. We are now enrolling in multiple national cooperative group clinical trials through our affiliation with the National Cancer Institute’s Comprehensive Cancer Center at the Duke-Cancer Institute and as a member of the Duke Oncology Network. In addition, our partnership with Duke provides external review, education, quality metrics and clinical case analysis to ensure that the latest treatments and protocols are available for our patients right here in the Midlands. We also continue our clinical outreach with programs such as the Lung Cancer Screening Program, which is the first of its kind in our region.

The future of cancer care is here. As we continue to realize our goal of bringing the very best oncology services to this region, I am so proud to be a part of Lexington Medical Center.

Cancer Services at Lexington Medical Center advances into 2014 with robust clinical research growth, implementation of new technology and continued quality improvement, building the premier multidisciplinary cancer center in our region.

A MESSAGE FROM THE MANAGER OF CANCER PROGRAMS
Deirdre Young, RN, BSN, OCN, CBCN

At Lexington Medical Center, 2013 was a year of change and promise for all members of the cancer program. The Cancer Committee identified numerous opportunities for team members to come together and work toward improving patient care.

By obtaining a Susan B. Komen grant, we were able to offer screening mammograms to women who could otherwise not afford them, and our annual Colon Cancer Challenge raised enough money to fund screening colonoscopies for patients suffering hardships. The endobronchial ultrasound (EBUS) technology arrived at our hospital, ensuring that no one has to travel to facilities out-of-town to have this procedure.

We also realized our long held goal of videoconferencing with specialists at the Duke Oncology Network during our biweekly cancer conferences for treatment planning. A physician-driven planning committee began working on a Lung Cancer Screening Program that we hope will reduce deaths from lung cancer in our community. Accordingly, we created a new support group for patients and their families who are dealing with a lung cancer diagnosis.

Perhaps the most noteworthy event of the year was the appointment of a medical director for Cancer Services. Quillin Davis, MD, will be the face and voice of Cancer Services at Lexington Medical Center and lead our team in all programmatic endeavors. We are also excited about the future and its possibilities as we welcome the hospital’s first surgical oncologist.

The Cancer Services program at Lexington Medical Center continues to grow and prosper as we add new services and technology to meet our goal of consistently delivering patient centered care.
A MESSAGE FROM THE CANCER LIAISON PHYSICIAN

Ronald G. Myatich, MD, FACS

Lexington Medical Center established itself as the Midlands' leader in comprehensive cancer care after initiating a number of dramatic improvements in cancer treatment in 2013.

Our breast cancer center was an unprecedented second consecutive Susan G. Komen grant in a nationwide competition, allowing us to expand breast cancer screening to the underserved medical community in our area, upgrade our facilities and expand our Women's Imaging Center staff. These measures enable us to accommodate a greater number of breast cancer patients and enhance our cancer support services by adding additional counseling opportunities for survivors with recurrent or metastatic disease. The use of remote videoconferencing with Duke Cancer Institute has been upgraded and serves as an additional resource in the care of cancer patients receiving treatment at Lexington Medical Center, the only Duke-affiliated cancer center in the Midlands.

Our facility is a tremendously valuable community resource—one that gets its strength from the community it serves. Numerous opportunities exist to participate in fundraising activities, support groups, volunteering, events and more.

We are also very proud of our renewed comprehensive cancer care initiative—the Midlands' first and only Lung Cancer Screening Program. This groundbreaking service offers all-risk CT (computed tomography)-scan-guided technology to evaluate patients in our community at risk for lung cancer based on national guidelines. We have created this revolutionary program with the overwhelming support of organizations, including smoking cessation groups, and the dedicated health professionals who make up our medical community. In addition, the hospital has launched a lung cancer support group to help patients and families dealing with this difficult diagnosis.

Our annual Colon Cancer Challenge, led by members of our medical staff, raised more than $11,000, providing critical funding for screening colonoscopies for area residents unable to afford this valuable preventive care intervention. Initiatives such as this demonstrate the dedication of our cancer treatment staff to meeting the health care needs of all of the patients in our community.

Lexington Medical Center also made a great number of administrative improvements this year by adding to our roster of cancer treatment providers. This includes the addition of a palliative care nurse to look after the special needs of our most advanced cancer patients. Training, education and quality outcomes support groups were added to enhance the future of cancer care through research opportunities and staff education. A number of distinguished university professors visited our campus to update our cancer treatment teams on state-of-the-art concepts in cancer care.
CLINICAL GOAL
Create a patient dispensary for oral chemotherapeutic agents through Lexington Oncology.

RATIONALITY / OPPORTUNITY IDENTIFIED
Of the 400 new treatment regimens in the research pipeline, 35–40 percent are oral agents. Development of these oral treatments has come with its own set of challenges, such as patient adherence to treatment regimens, reimbursement implications and adequate patient education. Providing an on-site pharmacy staffed by pharmacists with specialized training in oncology drug will provide necessary education, medication management and billing support to patients.

METHODLOGY / PROCESS
Lexington Medical Center conducted multiple site visits at other oncology practices to observe workflows, space/environment requirements, and staffing and equipment needs. Development of the pharmacy floor plan and construction timeline was completed.

MEASUREMENT
The goal will be measured by the start date for the pharmacy with ongoing reporting of benchmark statistics (e.g., number of prescriptions filled).

RESPONSIBILITY
Deirdre Young, manager of Cancer Programs at Lexington Medical Center, will work with the hospital’s Information Services department to identify an appropriate technical liaison for this project and provide updates at Cancer Committee meetings. On April 8, 2013, Information Services identified Terry Kreighbaum as the appropriate lead person for this project.

STATUS
Goal met

PROGRAMMATIC GOAL
Establish videoconferencing at cancer conferences with Duke Oncology Network (DON) physicians to assist with multidisciplinary treatment planning for cancer patients.

RATIONALITY / OPPORTUNITY IDENTIFIED
Lexington Medical Center has the opportunity to seek clinical input about newly diagnosed cancer cases selected for presentation at weekly Tumor Board meetings by videoconferencing with DON physicians. This will provide multiple opinions on challenging patient cases without requiring out-of-state travel. The inclusion of DON specialists will enhance the delivery of patient care.

METHODLOGY / PROCESS
Lexington Medical Center conducted multiple site visits to other oncology practices to observe workflows, space/environment requirements, and staffing and equipment needs. Development of the pharmacy floor plan and construction timeline was completed.

MEASUREMENT
The goal will be measured by the start date for the pharmacy with ongoing reporting of benchmark statistics (e.g., number of prescriptions filled).

RESPONSIBILITY
Dr. Steven Maxfield at Lexington Oncology will serve as medical director. Sheila Banzett, MBA, CMPE, director in Physician Network, will be responsible for project goal completion.

STATUS
Active on target for first of fiscal year 2014
QUALITY IMPROVEMENTS

The Cancer Services program at Lexington Medical Center continues to grow and prosper as we add new services and technology to meet our goal of consistently delivering patient-centered care.

- Hired palliative care nurse
- Offered skin cancer screening for Lexington Medical Center employees and community members
- Established an oncology nursing education subcommittee to identify nursing education needs and facilitate more opportunities
- Launched New Patient Orientation class for Lexington Medical Center patients
- Established a clinical quality outcomes subcommittee to identify opportunities to improve patient care in specific areas
- Identified processes to facilitate timely dental care for patients awaiting head and neck radiation who must complete oral extractions prior to treatment
- Launched videoconferencing project with Duke Oncology Network for breast and tumor conferences
- Launched second breast cancer support group for women with recurrent or metastatic disease
- Begun offering free smoking cessation clinics and materials to all patients and community members
- Raised $1,000 through the Colon Cancer Challenge to fund 30 screening colonoscopies for medically underserved patients
- Received Susan G. Komen grant to fund 200 screening mammograms for medically underserved women
- Launched a lung cancer support group for patients and families
- Hired PRN mammography technologist to receive mammography backlog
- Developed documentation tool for Women’s Imaging to explain delays in same-day biopsies
- Acquired new breast suite for Women’s Imaging to accommodate women weighing up to 500 lb
- Purchased three new courtesy carts to use in the North Tower, South Tower and Infusion Center to provide amenities to patients
- Hired a radiologist for Cancer Services to provide full-time leadership and guidance for the cancer program
- Recruited a surgical oncologist to Riverside Surgical Group, a Lexington Medical Center physician practice
- Increased cancer registry staffing to improve data recovery
- Added on-site electromagnetic bronchoscopy capability
- Created a comprehensive guide for cancer patients and their families
Within the field of oncology alone, we routinely see cases involving prostate cancer, breast cancer, lung cancer, cervical cancer, skin cancers, gastrointestinal cancers, lymphomas, leukemias and bone marrow abnormalities.

In order to effectively address the full range of oncologic cases, we have worked hard to establish a highly specialized department that is led by 10 pathologists, each of whom is board certified in anatomic and clinical pathology, as well as many subspecialties and related expertise.

These skilled and dedicated professionals are well supported by our Laboratory Testing Facility and Transfusion Support. The laboratory is fully centralized and designed to function as an around-the-clock STAT lab, which allows for optimum laboratory monitoring of patients undergoing therapy. Additionally, special tests to identify infections in our immunocompromised patients are available on-site with rapid turnaround on results.

Working in conjunction with the American Red Cross Blood Donor Program, our transfusion services routinely meet the high demand for transfusion products. Intraoperative red cell salvage and blood product management practices are also key components.

As one of the busiest hospitals in South Carolina, it’s no surprise that Lexington Medical Center encounters patients with a wide range of issues.
The following are specific cancers and our role in diagnosing them:

**BREAST CANCER**

We are extremely proud that our Cancer Services program’s rapid-diagnosis philosophy has become a national benchmark. With the support of our “Five Day Detection to Diagnosis” breast cancer program, office-based and hospital-based diagnostic needle aspirates and core biopsies are carefully processed and, in most cases, the information is reported back to the physician and patient within 24 hours. This rapid-diagnosis system supports all breast specimens and breast fluid analyses, fine-needle aspirates, standard needle biopsies, stereotactic CT-guided biopsies, ultrasound-guided biopsies and tumour markers of all types. In November 2002, we instituted an “intense protocol for lymph node processing in breast cancer and melanoma cases” that has proven to be another invaluable tool.

**LUNG CANCER**

Since 1995, our hospital has offered a systematic evaluation of patients with a lung mass and, over the years, our approach has become increasingly refined. Today, we possess processing techniques that make it possible to achieve a diagnosis in an unusually high percentage of first attempts at either fine-needle or bronchoscopic biopsies in the outpatient setting. Our focused and dedicated lab team moves efficiently and effectively to provide a definitive diagnosis that enables optimized treatment to begin promptly. Sophisticated molecular testing can provide personalized therapy options for certain types of lung cancer. We also provide support and evaluation of specimen adequacy in an immediate fashion for endobronchial ultrasound-guided biopsies and aspirates. In 2014, we will begin offering a low-dose CT scan to provide screening to define early-stage lung cancer.

Cancer is a complex disease that requires multiple specialties to provide the best, most comprehensive care.
Our fully centralized laboratory functions as an around-the-clock STAT lab, allowing for optimum laboratory monitoring of patients undergoing therapy.

**BLOOD DISORDERS**
In 2011, our program implemented in-house flow cytometry analysis, which allows more directed and precise testing, diagnosis and classification of benign and neoplastic disorders of bone marrow and lymph nodes. Our expert team can add more esoteric molecular-based testing as indicated in the most effective manner.

**SKIN CANCER**
Skin cancer is often treated using surgery or radiation therapy. For more than 20 years, our group has been actively involved in enhancing equivalent surgical treatment of ordinary and complex skin cancers through the use of a pathology-specimen mapping technique that allows the surgeon to preserve as much healthy skin as possible. This is critically important, given the large numbers of skin cancers that occur on the face and head. In addition, our radiation program is one of the few in the state that possesses both state-of-the-art equipment and highly trained radiation oncologists to employ skin-conserving methods of superficial radiation therapy.

**TISSUE BANKING**
In July 2007, we became active contributors of research tissues from surgically removed tumors to the South Carolina Biorepository System for cancer research in the Midlands.

**BRAIN & CENTRAL NERVOUS SYSTEM CANCERS**
Our departments have extensive training and the highest subspecialty certification in the state for diagnoses of tumors and diseases of the brain and central nervous system.

**ONLINE RESOURCES**
Lexington Medical Center’s pathology group provides a comprehensive website, PalPath.org, with more than 400 pages of information. Much of the information is devoted to cancer and our methods of testing and reporting on cancer cases.

**CONSULTANT NETWORKING**
In 1972, we began developing an extensive roster of world-renowned experts in the specification of rare types of cancer whom we consult when needed. Having emphasized optimal handling and processing of specimens in our lab, the opinions of these experts are easily accessible.
As technological progress continues to rapidly advance, the Radiology team at Lexington Medical Center is constantly updating diagnostic equipment, imaging protocols and interventional techniques to better serve the oncologic community.

For example, the hospital added a 128-slice computed tomography (CT) scanner in 2012. This technology provides faster scanning times with capabilities for cardiac gating, which decreases artifacts from heart motion during CT examinations of the chest.

Since cancer is a general term that encompasses a number of distinct entities, each requiring its own framework for detection, staging and treatment, this section will describe a few of the more pertinent radiology advancements by discussing common individual forms of malignant disease.

### Central Nervous System Tumors

Preoperative embolization is a technique offered at Lexington Medical Center to assist neurosurgeons in the treatment of hypervascular tumors. Delivering embolic material to the arterial supply to such tumors, most frequently meningiomas, shrinks the tumor, makes resection easier and reduces blood loss at the time of surgery.

### Gastrointestinal Tumors

Interventional radiology plays an important role in management of certain tumors of gastrointestinal origin. For example, hepatic artery chemoembolization provides palliative control of primary and metastatic liver malignancies. Techniques have advanced to reduce the severe pain that typically followed the post-embolization syndrome on the basis of tissue infarction; the newer delivery systems utilize Adriamycin® and drug-eluting beads of a specific number and diameter to induce target tissue capillary block while not producing overwhelming alterations of arterial blood flow. This method ameliorates pain due to the delay in the blood supply to affected areas.

Microwave ablation of certain liver tumors is available as well. Although both radiofrequency (RF) and microwave ablation destroy tissue by inducing thermal injury, the physics behind these methods differ. Enlarged liver tumors have a very vascular fed tumor bed, so the so-called “heat sink” effect militates against microwave ablation because non-heated blood in the proximity of the tumor counteracts the heating effect of the ablation probe(s).

Magnetic resonance (MR) spectroscopy has a limited role in distinguishing brain neoplasms from other entities, including infarctions and infections.

Microwave ablation is less prone to the heat sink effect as it produces faster and greater local heating, so the trend is toward using microwave ablation in the liver. A side note, since the conductivity of lung tissue is far lower than the other solid organs, pulmonary lesions are more amenable to microwave ablation compared with RF ablation.

Percutaneous biliary drainage procedures are often instrumental in elevating the flow of bile in patients with ductal obstructions due to a variety of malignancies, primarily pancreatic, and anatomic obstructions.

Percutaneous microwave ablation has a limited role in the liver. Lesions are more amenable to microwave ablation compared with RF ablation.

Central Nervous System Tumors

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Gastrointestinal Tumors

Interventional radiology plays an important role in management of certain tumors of gastrointestinal origin. For example, hepatic artery chemoembolization provides palliative control of primary and metastatic liver malignancies.

The Radiology team at Lexington Medical Center is committed to offering the very best in equipment, image interpretation and patient experience.
BREAST CANCER

Lexington Medical Center has long been a proponent of screening for breast cancer, and despite several controversies in the lay press, the evidence of prevention endures years after mammography in women older than age 40.

Women’s Imaging Center at Lexington Medical Center offers screening mammography at any time, three and Chapman locations and are staffed by a team of radiologists within a year, making it an alternative means of performing a biopsy. Women’s Imaging Center, which is always staffed by a low-risk mammography. Among Lexington Radiology Associates, breast radiologists, who have combined mammographic experience of more than 10 years, provide expert services to this area.

A day-to-day basis, Women’s Imaging Center performs ultrasound-guided core biopsy of suspicious breast cancer. Lexington Medical Center actually goes out of its way to survey the affected side for any signs of lymph node metastasis, extending the biopsy procedure to the area where necessary. Mammographic clips are universally placed with an aim at the time of biopsy to mark the area for future reference. In some cases, this action is instrumental in guiding the surgeon to the proper site of excision, especially when malignant chemotherapy is administered with the intent of downstaging a primary lesion prior to surgery. Occasionally, the therapy is so successful that the lesion is essentially obliterated with only the clip left to demarcate its former location.

Stereotactic biopsy is used primarily to diagnose inconspicuous lesions in the absence of a mass detectable by ultrasound. It continues to offer a high success rate in the diagnosis of breast cancer, particularly in the earliest stages. As described in the American College of Radiology guidance, a minimally invasive biopsy is initiated when the mammographic imaging fails to provide image-directed percutaneous biopsy of suspicious lesions. In addition, radiologists at Lexington Medical Center have been working with the Pathology department at Lexington Medical Center to increase the number of biopsy specimens obtained during percutaneous CT-directed biopsy. Such lesions must be carefully chosen beforehand, as this service may offer a window into patient evolution by providing an alternative means of performing a biopsy for lesions that cannot be accurately localized by mammography or ultrasound.

Positive Core Needle Biopsy (PCN) is not used routinely in the initial staging of breast cancer as a sentinel node imaging exam to answer that question. PET/CT is invaluable, however, in the restaging of patients with suspected recurrence. PET and fine needle aspiration are complementary tools in the detection of tumor burden within the axillary, sentinel nodes, and further defining metabolic nodes that the other method might miss. PET/CT imaging has been expanded from two days per week to three days per week because of the needs of the community. In addition to the standard PET/CT imaging using tomosynthesis, Lexington Medical Center now offers PET/CT imaging using tagged albumin to improve the imaging of imaging. In some patients, the PET/CT findings may be more sensitive for bone lesion detection.

Radiology participates in the interdisciplinary breast cancer conference every Thursday afternoon to discuss the diagnosis and treatment options for breast cancer patients. Every patient diagnosed at Lexington Medical Center is discussed at this forum after initial detection. Radiologists and pathologists communicate closely in the clinic, so the lesion is essentially obliterated with only the clip left to demarcate its former location.

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Lung Cancer

Since early detection of lung cancer is the best hope for a favorable outcome, Lexington Medical Center remains focused on finding lung tumors while they are still small and asymptomatic.

In early 2014, Lexington Medical Center Radiology will begin offering this new CT lung cancer screening for asymptomatic patients who meet the established criteria, with the goal of detecting lung cancer at an earlier stage to initiate effective therapy.

Hospital radiologists will follow these patients as they receive appropriate follow-up imaging and clinical referrals. Possible treatment goals include endovascular CT for lung lesion, PET/CT and PET/CT biopsy of larger, more suspicious nodules. The success of previously identified incidental nodules and referring causes to nodule navigators will be the crux of this new service at Lexington Medical Center.

In the realm of cancer characterization, PET/CT has had a profound impact standard—determines which nodules would be immediately biopsied when the diagnosis remains uncertain. Furthermore, it provides detailed staging of the disease process to assist in treatment and oncologists in guiding proper management and offering a prognosis to patients before contemplating major surgery. These patients with advanced disease at the time of initial diagnosis and staging may be opened anorectal surgery as well.

In addition, radiologists at Lexington Medical Center have provided image-directed percutaneous biopsy of suspicious lung lesions for more than 25 years. As technology improves, the image guidance and accessibility of targeted lesions continues to diminish, so the need and necessity to maintain high success rates above 95% has never been higher. Recently, clinicians have been working with the Pathology department at Lexington Medical Center to increase the number of biopsy specimens obtained during percutaneous CT-directed biopsies. Never before has a single examination offered the potential for diagnostic accuracy — no less than a vast upgrade in imaging quality — to biopsy-specific anatomical landmarks.

Lexington Medical Center Radiology proudly offers the single photon emission computed tomography (SPECT)/CT version of the ProstateScan® imaging exam with SPECT nuclear medicine and standard CT data co-registered anatomically. Since CT data eliminates the need for previously required blood pool scans and SPECT nuclear medicine exams, the study is similarly more sensitive and intuitive. SPECT/CT CT transforms the reality of the ProstateScan, markedly increasing the accuracy of several other cancer-specific studies, including the OctreoScan® for somatostatin receptor-positive tumors such as carcinoid and MIBG (metaiodobenzylguanidine) scans for tumors of adrenal medullary origin (phaederomochromacy).

PROSTATE CANCER

Unlike breast and lung cancer, the vast majority of patients with prostate cancer are already biopsied and presented upon imaging referral.

Radiology’s role in that setting, after initial tissue diagnosis has been made, is to determine whether the tumor is confined to the prostate or if there is evidence of nodal or extracapsular spread. If that is the case, radiologists, in oncology and medical oncology, determine the proper course of action.

All of the prostate has been shown to be an accurate measure of additional extracapsular spread of disease. Lexington Medical Center recently adjusted its protocol to eliminate the need for placement of an extranodal bivalve before scanning, additionally identifying cores provide diagnostically equivalent information and avoid the morbidity associated with the study much better.

Another area of improvement — for those who are a valid potential — is biopsy-specific anatomical landmarks. Lexington Medical Center Radiology proudly offers the single photon emission computed tomography (SPECT)/CT version of the ProstateScan® imaging exam with SPECT nuclear medicine and standard CT data co-registered anatomically. Since CT data eliminates the need for previously required blood pool scans and SPECT nuclear medicine exams, the study is similarly more sensitive and intuitive. SPECT/CT CT transforms the reality of the ProstateScan, markedly increasing the accuracy of several other cancer-specific studies, including the OctreoScan® for somatostatin receptor-positive tumors such as carcinoid and MIBG (metaiodobenzylguanidine) scans for tumors of adrenal medullary origin (phaederomochromacy).
residual thyroid tissue, increasing the sensitivity of testing to detect stimulation for follow-up laboratory testing. Thyrogen stimulates any stimulation prior to thyroid remnant ablation as well as thyrogen medicine to evaluate for residual thyroid tissue or metastatic disease. Often, patients are treated with surgery for thyroid cancers. After treatment, they are followed with laboratory studies as well as nuclear imaging to detect any residual thyroid tissue. Thyrogen is sometimes used instead of radioactive iodine to evaluate for residual thyroid tissue or metastatic disease. Ultrasound-guided fine needle aspiration (FNA) is often performed in the context of an ablated thyroid. As in the case of thyroid cancer, the procedure is also used for additional diagnoses/procedures, including arterial stenting and biopsy.

**RADIOLOGY SERVICES**

Radiology is involved in detection, biopsy and treatment as well as follow-up post treatment.

If a thyroid lesion is suspected, patients may undergo imaging with an ultrasound and/or nuclear medicine for diagnosis.

Ultrasound-guided needle aspiration (FNA) is often performed if a suspicious nodule is identified in appropriate patients. Thyroid biopsies are performed using radiologic or endoscopic techniques for therapy.

Often, patients are treated with surgery for thyroid cancer. After treatment, they are followed with laboratory studies as well as nuclear medicine to evaluate for residual thyroid tissue or metastatic disease.

A new service offered at Lexington Medical Center is Thyrogen® stimulation for patients with a history of thyroid cancer and a normal thyroid gland. Thyrogense is a preparation of human thyrotropin (thyroid-stimulating hormone). Thyrogense is used to stimulate the pituitary gland and release thyroid-stimulating hormone, which in turn stimulates the thyroid gland to produce thyroid hormones. Thyrogense is used to stimulate the thyroid gland to produce thyroid hormones in patients with thyroid cancer who have had a total or near-total thyroidectomy, or in patients with a history of thyroid cancer and a normal thyroid gland who are being monitored for recurrent thyroid cancer.

**GENERAL**

Certain procedures in Interventional Radiology apply to many cancer patients at Lexington Medical Center regarding the diagnosis and treatment of cancer at Lexington Medical Center. The management of cancer patients typically involves a multidisciplinary approach. The team at Lexington Medical Center includes radiologists, surgeons, medical oncologists, radiation oncologists, and urologists, among others.

**SURGERY**

Surgery is the oldest documented treatment for cancer, dating back to the Egyptian Middle Kingdom (circa 1600 BC). It remains one of the primary modalities used in the treatment of most cancers, along with radiation and chemotherapy.

**RADIATION ONCOLOGY**

Lexington Medical Center’s Radiation Oncology department continues to offer excellent care to the patients of the Lexington County Health Services District. Radiation Oncology has two linear accelerators, a brachytherapy unit (prostate, breast, lung and gynecologic implant procedures), a stereotactic radiotherapy system and image-guided radiation therapy. In addition, Radiation Oncology has a new brachytherapy accelerator, a brachytherapy and prostate, breast, lung and gynecologic implant procedures. Lexington Medical Center’s Radiation Oncology department continues to offer excellent care to the patients of the Lexington County Health Services District. Recently, Lexington Medical Center’s Radiation Oncology department has implemented a new brachytherapy system, a brachytherapy and prostate, breast, lung and gynecologic implant procedures.
IN PATIENT ONCOLOGY
Providing comprehensive and compassionate care to patients, the Inpatient Oncology unit is a 30-bed unit that specializes in the treatment of patients with cancer.

The 37 staff members include a nurse manager, registered nurses, 14 of whom are board-certified, nursing technicians and unit secretaries. The Inpatient Oncology unit utilizes the care management system, which assigns a care manager to each patient throughout his or her hospitalization. These registered nurses ensure that patients have a well-defined plan of care. Along with other members of the multidisciplinary team, care managers monitor patient progress toward set goals and outcomes, meet the needs of inpatients, and make sure they have a seamless discharge when they are ready to go home.

In addition, the oncology unit is constantly striving for ways to improve patient care. The nurse-to-patient ratio has decreased to five patients per nurse, and all nurses must be certified through the Oncology Nursing Society’s chemotherapy course within one year of hire. The unit also developed Oncology Care Basics, a book for all new and existing staff members to keep up-to-date on competencies, and to improve patient safety and care. A clinical mentor serves as an additional resource on the unit, helping staff to stay knowledgeable in the specialized skills required for oncology care. Music and pet therapy are used to provide patients with a holistic approach for their care.

MEDICAL ONCOLOGY
The skill and expertise of Lexington Medical Center’s medical oncologists and their outstanding nurse practitioners are an integral part of the clinical services for our cancer program.

The medical oncologists provide care and oversight of the drug regimens that are used in the fight against cancer. The roles of these skilled physicians and nurse practitioners extend beyond the management and prescription of chemotherapy and biological therapy.

At some point, most cancer patients will require the services of a medical oncologist. Lexington Oncology, a Lexington Medical Center physician practice, is composed of five board-certified oncologists/hematologists: Dr. Steven Madden; Dr. James Bello; Dr. Vijaya Korrapati; Dr. Asheesh Lal; and Dr. Chavdary Mushtaq. In addition, Lexington Oncology has four nurse practitioners: Paula Cox; Cindy Frick; Shannon Hitchens; and Teresa Bowers.

The following medical oncologists at South Carolina Oncology Associates are active partners in clinical conferences, discussions regarding clinical trials and best practices of care: Dr. Chaudhry Mushtaq; Dr. Fred Kudrik; Dr. Anne Hutchison; and Dr. James Williams.

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MULTIDISCIPLINARY CONFERENCES

On Tuesdays and Thursdays each week, Lexington Medical Center employs two cancer conferences for the specific purpose of prospective treatment planning and multidisciplinary collaboration in patient care. Multidisciplinary treatment planning is widely considered to be both the foundation and gold standard of oncology care in the best cancer centers throughout the world.

Cancer is a disease that requires the efforts of multiple medical specialties. That’s why physicians representing those specialties participate in these conferences. While there are numerous medical and surgical specialties who attend and participate in specific cases, there are five areas that must be represented to meet minimum accreditation standards: diagnostic radiology; surgery; medical oncology; pathology; and radiation oncology.

Lexington Medical Center is deeply indebted to its entire medical staff for providing the expertise needed to create and sustain these weekly multidisciplinary conferences. For it is in these conferences that treatment plans will be created with input from all physicians who participate in the patient’s care. Thursday conferences are specifically dedicated to newly diagnosed breast cancer cases, 100 percent of which are discussed and reviewed. The Tuesday conferences are the setting to discuss all other cancer sites.

By 12:00 p.m. on Mondays, physicians can schedule oncology conference cases through the Cancer Registry department at:
oncconf@lexhealth.org

The Pathology department coordinates the breast conference. Contact Susie Greenthaler at:
sbgreenthaler@lexhealth.org
(803) 791-8226

In 2013, the Oncology and Breast Conferences featured six “Lunch and Learn” Lectures.

**Table of Conference Activity**

<table>
<thead>
<tr>
<th>Conference Type</th>
<th>Total Conferences</th>
<th>Total Cases Presented*</th>
<th>Percentage of Total Cases Presented</th>
<th>Percentage of Cases Where Treatment Guidelines Were Discussed</th>
<th>Percentage of Eligible Cases With Clinical or Working Stage Discussed</th>
<th>Percentage of Eligible Cases With Clinical or Working Stage Discussed</th>
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</table>

*For case presentations, CoC requires a minimum of 15 percent of the annual analytic caseload and the prospective presentation rate of a minimum of 80 percent or a maximum of 450 of the analytic caseload discussed at cancer conferences.

**Required specialties mandated by CoC include medical oncology, radiation oncology, surgery, pathology and diagnostic radiology.

**Casos to be Presented — Cancer Conference P&P**

As a minimum, 10 percent of the annual analytic caseload must be presented at weekly cancer conferences. While both prospective and retroactive cases from all the major cancer sites are reviewed and discussed, at least 80 percent of the cases presented will be prospective according to CoC standards. Of the cases presented, the “Top 5 Sites” seen at the facility shall represent 75 percent.

**IN 2013, THE ONCOLOGY AND BREAST CONFERENCES FEATURED SIX “LUNCH AND LEARN” LECTURES.**

February 19, 2013
Lung Cancer Screening
Dr. Jared Christiansen
Duke Oncology Network

May 30, 2013
Breast Cancer
Dr. Linda M. Sutton
Medical Director
Duke Oncology Consortium

June 10, 2013
Acute Promyelocytic Leukemia
Dr. Anand Jillela
Duke Winship Cancer Institute

June 25, 2013
Targeted Therapies in Treatment of Colorectal Cancer — VEGF vs. EGFR Inhibition — Who’s On First?
Dr. Ivy Altomare
Duke Oncology Network

September 17, 2013
Current & Future Treatment Algorithms in the Management of Advanced Prostate Cancer
Dr. Michael Armstrong
Duke Urology

November 7, 2013
Management of Positive Margins in Breast Cancer
Dr. Jason Mackay
Duke Radiation Oncology
Patient Support
The Nurse Navigation program at Lexington Medical Center began in early 1997 when hospital administration selected a certified oncology nurse to pilot the first “Five Day Detection to Diagnosis” program for suspected breast cancer. Through the oncology nurse navigator, patients received rapid diagnoses, timely education regarding diseases and their treatment options, emotional support and access to needed resources. This program became a national benchmark and demonstrated the effect nurse navigation can have on patients. In addition, nurse navigation became a valuable resource for physicians by providing knowledge and insight about a patient’s social and personal history that may affect his or her ability to follow treatment plans.

Even though it was not possible for a community hospital to offer site-specific navigation for every type of cancer, Lexington Medical Center strongly believed that having a nurse navigator was every cancer patient’s right. As a result, the hospital has two general cancer nurse navigators who are board certified in oncology with additional training specific to patient navigation. The general cancer navigators are available to assist any newly diagnosed cancer patient. Nurse navigators at Lexington Medical Center are handpicked for their clinical experience, communication skills and problem-solving abilities. As key members of the Cancer Services team, they also facilitate patient support groups as well as provide community education. In 2013, nurse navigators assisted 1,167 patients.

Lexington Medical Center established a hospital-based lymphedema prevention and treatment program more than 15 years ago. The program provides treatment in the inpatient setting for patients who have been diagnosed with lymphedema. In addition, registered therapists educate patients after breast surgery on lymphedema and precautions to help prevent it.

Lymphedema can develop after having breast surgery, chemotherapy or radiation therapy, and frequently affects quality of life. Years of research have improved treatment options, often enabling patients to return to their previous level of function with little restriction. A certified lymphedema therapist assesses patients who are referred for physical therapy for treatment. The program consists of manual lymphatic drainage, bandaging, exercise, skin care and patient education.

In 2013, Lexington Medical Center evaluated 15 patients with lymphedema as a result of breast cancer and their treatment. Ninety-five percent completed the program. For the second year in a row, the Lexington Medical Center Foundation is supporting the lymphedema program to help provide supplies and compression garments to uninsured, underinsured and low-income patients. Because of this support, participation rates for the upper- and lower-extremity lymphedema program increased from 72 percent to 97 percent.

For four years, the hospital’s lymphedema support group has helped to educate patients and their families about lymphedema as well as provide encouragement for those facing some of the challenges that occur with lymphedema. The support group, which meets eight times per year, establishes social networks for patients to share information with others who have had similar experiences with lymphedema.

Currently, Lexington Medical Center has two certified lymphedema therapists who provide specialized care and education to women undergoing breast cancer treatment. Patients work with the breast health specialist and their physicians to determine if they need outpatient services.
In 1997, current literature offered ample evidence that women often waited for days on onset of early breast cancer. This urgency would create enorme anxiety for women and their families. It was then that Lexington Medical Center formed a subcommittee of dedicated physicians and caregivers to find a better, more efficient way of finding a diagnosis. The result was a streamlined process that utilizes an oncology nurse navigator to help guide the patient through the medical system and, when appropriate, offer the patient diagnosis within 24 hours. This process not only demonstrates a willingness to consider, a multidisciplinary team of professionals, including radiologists, pathologists, surgeons, and medical and radiation oncologists, work the case findings as well as the patient’s history to determine the best course of treatment for that patient. In addition, an oncology nurse navigator is available to help her learn about diagnosis and treatment options, and connect her with other women in active treatment and survivorship.

The result was a streamlined process that utilizes an oncology nurse navigator to help guide the patient through the medical system and, when appropriate, offer the patient diagnosis within 24 hours. This process not only demonstrates a willingness to consider, but also offers a variety of ways to minimize and manage the changes in appearance from the effects of cancer therapy, including radiation, chemotherapy and breast surgery. Offering a wide variety of head coverings for men and women, Becky’s Place can help patients look as and feel most during and following breast cancer treatment. The boutique offers the most current and up-to-date prosthetic merchandise for women who have had surgery for breast cancer. In addition, Becky’s Place carries a large selection of Vera Bradley handbags and accessories. Ten percent of the net profit from Vera Bradley breast cancer resources are donated to the Foundation for Breast Cancer Research.

The social workers also attend to the emotional and social needs of our oncology patients. The outpatient oncology social worker, Blake Barnhill, LMSW, works with cancer patients who receive outpatient services through Medical Day, Radiation Oncology, Infusion, Lexington Oncology and other Lexington Medical Center-affiliated physician practices. Together, they work to bridge the gap in services during our cancer patient’s transition from inpatient to outpatient.

By working closely with hospital nurse navigators as well as referrals from Lexington Medical Center physicians and other area physicians, Becky’s Place continues to play an important role in the recovery process of those who are diagnosed with and treated for cancer. More than 1,300 people received services from Becky’s Place in 2013.
INTEGRATIVE THERAPIES FOR PATIENTS
At Lexington Medical Center, patients have access to a comprehensive and integrative approach to fighting cancer — combining the traditional treatments for fighting cancer with complementary programs, including animal-assisted, music and visual art therapies.

One of the most popular programs is pet therapy, which began at Lexington Medical Center in 2009. The hospital currently has 12 pet therapy teams that visit patient areas several times a week. All dogs must be certified through Therapy Dogs, Inc., and complete a physical exam to participate in this program. The physical and psychological benefits of pet therapy are especially important for cancer patients as they commonly experience high levels of stress and depression, particularly those who have no family members with them. Pet therapy has also been shown to reduce depression in patients receiving chemotherapy.

Lexington Medical Center also offers an arts therapy program called Relaxing Rhythms. This program, which began in 2010, provides soothing music to patients and visitors in the Inpatient Oncology unit as well as in the Oncology Infusion Center. Relaxing Rhythms transforms these clinical areas into peaceful and serene settings.

Pastoral Care
The Pastoral Care department at Lexington Medical Center provides support to the patients, family members and staff of the Inpatient Oncology unit.

In addition to daily visits for new admissions and follow-up visits with those needing spiritual, chapter that associate chaplains visit patients who have been in the hospital for 11 days or longer. These visits promote socialization as well as encourage patients and their families. Patient visits may include spiritual assessment, spiritual community contact, rituals, prayer support or spiritual readings.

Patients and their family members can also find Care Notes with cancer-specific titles for the Inpatient Oncology unit. Books on a variety of topics are available for people of all ages. For children, puppets assist with identifying feelings and fears, and verbalizing questions. Additionally, a weekly support group, which is staffed by a chaplain and a nurse, gives family members a safe place to address and discuss their concerns. These resources are helpful in times of treatment or grief.

Support Groups & Patient Programs
People who have been diagnosed with cancer need more than just state-of-the-art medical care to achieve the best possible outcomes. They need a supportive, understanding environment to express their deepest fears and feelings.

Living with Change
Facilitated by Donna Panna, Pastoral Care, this weekly support group is for caregivers of those with life-threatening illnesses.

Look Good, Feel Better
Provided in collaboration with the American Cancer Society, the National Cosmetology Association, and the National Society of Staging and Aesthetics, this monthly class helps women deal with the cosmetic effects of cancer treatment. Registration is required and all participants receive a free kit of supplies.

Living is Not an Option
Blake Burkhill, LMSW, leads this weekly meeting for cancer patients and their caregivers.

Coping with Support Group
Facilitated by Don Garl, MD, OFT, CCI, this group benefits those who are experiencing lymphedema as a side effect of their cancer treatment.

Lung Cancer Support Group
Led by Jennifer Feigle, RN, OCN, this monthly support group is for patients and caregivers of people diagnosed with lung cancer.

New Patient Orientation
New Patient Orientation helps newly diagnosed patients and their caregivers locate and identify the appropriate hospital resources that are available. Various health care team members attend the weekly orientation sessions to introduce themselves to new patients.

Sharing Hope
Kelly Jeffcoat, BSN, OCN, CRN, facilitates this monthly group for women with recurrent or metastatic breast cancer.

Is Too
This prostate cancer support group is open to men, their significant others and men who are interested in providing health issues. Libby Daniels, RN, OCN facilitates this monthly meeting.

Woman to Woman
Led by Kelly Jeffcoat, BSN, OCN, CRN, this monthly support group is for women with breast cancer or lung cancer.

Freedom from Smoking
Tobacco use is the leading preventable cause of death in the U.S., with 85% of cancer patients who are diagnosed with smoking-related cancer. Today, the smoking-cessation facilitator. Seven people completed the program at the smoking and remains tobacco-free today. Today, the smoking-cessation program through our community and network. The hospital’s program has become a national gold standard in successful smoking-cessation programs.

According to the Surgeon General, quitting smoking is the single most important step a smoker can take to improve the length and quality of his or her life. And research has shown that success rates for all quit methods are higher if combined with a support program.

In November 2012, Lexington Medical Center offered its first Freedom from Smoking program, which was taught by a medical smoking cessation facilitator. Since people continue to smoke, the medical smoking cessation program continues, and enrollment and smoking cessation classes are available through the community through the Lexington Medical Center Cessation Line.

Patient support is available 24-7 through the Cessation Line.

The Lexington Medical Center Foundation supports the program through its continuing education and Tobacco Use Prevention Grant. The program’s funding has been provided by a tobacco use prevention grant from the Lexington Medical Center Foundation.

LEXINGTON MEDICAL CENTER
2013 ONCOLOGY ANNUAL REPORT
WELLNESS WORKOUTS
Lexington Medical Center’s cancer exercise program is designed for anyone who has been diagnosed or treated for cancer and released by his or her doctor for exercise therapy.

Certified cancer exercise trainer Thad Werts, ACSM, CET, ACSM HFS, leads the program. The goal is to support recovery by emphasizing the importance of exercise and how to integrate it into health care.

By participating in Wellness Workouts, patients receive an initial assessment, an individual exercise prescription, eight one-on-one training sessions and a follow-up evaluation.

In 2013, Lexington Medical Center and our Foundation provided exercise therapy to 96 survivors with 92 percent completing the program, increasing their level of activity, strength and endurance.
SERVING OUR COMMUNITY

COMMUNITY OUTREACH

The Community Outreach department at Lexington Medical Center held several cancer awareness and screening events in 2013 to support the hospital’s Cancer Services program.

- **WOMEN’S NIGHT OUT**
  
  Women’s Night Out was a huge success in 2013! More than 900 people attended the inspiring event on October 15 at the Columbia Metropolitan Convention Center that included a health and wellness fair, silent auction, fashion show featuring cancer survivors and dinner. Keynote speakers and sisters Heidi Marble and Jen Curfman shared their heartwarming story of surviving cancer and loving life.
  
  The event raised more than $15,000 for the Crystal Smith Breast Cancer Fund, which provides wigs, lymphedema garments, mastectomy kits and prostheses for women who are undergoing cancer treatment and cannot afford these items.

- **COLON CANCER CHALLENGE**
  
  Lexington Medical Center held its fourth annual Colon Cancer Challenge on Saturday, March 23, 2013. The event included 65-, 50- and 25-mile bike rides, along with a Boxer Runaway 8K to raise awareness about colon cancer. Through the dedicated work of Community Outreach and 40 hospital employee volunteers, the Colon Cancer Challenge raised an estimated $11,000, which will provide more than 30 screening colonoscopies for uninsured patients in Lexington County. There were 202 participants, including 134 bike riders and 68 runners. Drs. Jim Givens and March Seabrook also participated in the event.

The Colon Cancer Challenge promoted the following educational opportunities:

- WLTX-TV interviews with Dr. March Seabrook, gastroenterologist
- Lexington Life article in March 2013 about colon cancer
- Colon cancer fact sheet distributed to each participant
- The Polyp Stop, The Prep Stop, Screen at 50 and Get Behind It rest stop banners
- Colon cancer survivor success story at opening ceremonies

LEXINGTON MEDICAL CENTER FOUNDATION

The Lexington Medical Center Foundation was founded in 1990 to develop resources for providing quality health services that meet the needs of the many patients served by the hospital.

Today, through the generous donations received from individuals and businesses, the Foundation continues to touch the lives of those throughout the Midlands.

- **CANCER CARE FUND**
  
  In 2013, the Lexington Medical Center Foundation was able to support several areas of cancer care at Lexington Medical Center, including the purchase of vital supplies for cancer patients, and assistance with utilities and other living expenses to enhance the quality of life. In addition, the Foundation supported cancer programs through staff education and certification.

- **MOBILE MAMMOGRAPHY UNIT**
  
  Last year, the Mobile Mammography Unit traveled to more than 172 sites, screening 3,149 women and detecting 22 cancers. The Foundation continues to support this program by providing the necessary funds for gas and maintenance to travel throughout the community. The Mobile Mammography Unit gives women access to the mammography in a quick, comfortable and convenient way.

- **CRYSTAL SMITH BREAST CANCER FUND**
  
  The Crystal Smith Breast Cancer Fund provides breast cancer patients with essential forms and services, including supplies and medications during treatment, and wigs and prostheses. The fund also meets the emergency needs of breast cancer patients and provides post-surgical kits for every mastectomy patient at Lexington Medical Center, ensuring that women have what they need, regardless of their ability to pay. More than 100 patients received peace and dignity through this initiative in 2013.

- **WOMEN INVOLVED IN RURAL ELECTRIFICATION**
  
  Among its community activities, the Mid-Carolina Electric Cooperative’s Women Involved in Rural Electrification (WIRE) hosts a charity golf tournament each October to support Becky’s Place, Lexington Medical Center’s specialized boutique that helps people maintain and manage changes in their appearance from the effects of cancer therapy. Since 1999, WIRE has provided more than $100,000 for cancer patients who cannot afford prostheses or wigs. The group has also sponsored a milestone bell at Lexington Radiation Oncology, giving patients the opportunity to celebrate when they reach an important milestone in their treatment.

LEXINGTON MEDICAL CENTER 2013 ONCOLOGY ANNUAL REPORT

LEXINGTON MEDICAL CENTER 2013 ONCOLOGY ANNUAL REPORT
Lexington Medical Center Community Outreach continues to promote early detection and education as well as provides cancer screenings throughout the Midlands.

SKIN CANCER SCREENING

On August 20, 2013, Lexington Medical Center partnered with Palmetto Dermatology to hold its third annual free skin cancer screening. Community Outreach contacted and scheduled the participants who registered for last year’s screening but had to be placed on a waiting list. Due to inclement weather, however, only 23 individuals attended the screening. Area dermatologists continue to follow up on all abnormal findings. With the high incidence of skin cancer in Lexington County, this screening was a great way to serve the community and prevent death from melanoma. Participants also received educational information about skin cancer.

FANNI PROGRAM

In May 2013, Community Outreach expanded its participation to the FANNI program at Consultants in Gastroenterology. The department is currently contacting, interviewing and providing assistance to all referred patients. Fifteen colonoscopies have been completed, 11 with positive findings.

PHYSICIAN LECTURE SERIES

Lexington Medical Center also strives to improve the overall health of the community by offering a free monthly physician lecture series.

Cancer-related topics

- Prostate cancer with Dr. Scott Sweazy, Carolina Urology
- Oncology services with Dr. Chelsea R. Stillwell, Lexington Oncology, followed by a hospital tour
CANCER SPOTLIGHT — COLORECTAL CANCER

More than 150,000 new cases of colon cancer are diagnosed in the United States each year with upward of 50,000 deaths predicted in 2014. Colorectal cancer represents the second leading cause of cancer death among men and women. Almost all colorectal cancers arise from the innermost, or mucosal, lining of the colon and are usually easily visualized by colonoscopy. This brief review will discuss the risk factors, clinical symptoms, prognostic features, as well as treatment options and survival statistics. Additional information is available from the American College of Surgeons, the American Cancer Society and Lexington Medical Center’s ACS-accredited cancer treatment center.

RISK FACTORS

A number of factors determine an individual’s risk for developing colorectal cancer. Greater than 90 percent of colorectal cancer is diagnosed in Americans older than age 50. This has led to a nationwide consensus that screening colonoscopy should begin at this age to promote early cancer detection. Having a family history of colorectal cancer has been observed to increase a given individual’s lifetime risk of cancer by nearly 20 percent. Eighty percent of colorectal cancers are sporadic, however, meaning no associated hereditary component is identified.

Tobacco use, high fat diet, sedentary lifestyle and increased alcohol consumption have all been associated with an increased risk of developing colorectal cancer. Twenty percent of colorectal cancers before surgical removal and the distant spread of disease, chemotherapy becomes appropriate. Radiation treatment is used to treat rectal cancers before surgical removal and the distant spread of disease, stage IV, not considered to be removable by surgical excision.

Three modalities exist for the treatment of colorectal cancer. Early stage disease, stage I, II, or III may be amenable to complete surgical removal. In bowel traverse to the operating room with removal of the affected region of the colon or rectum along with associated regional lymph nodes and the adjacent blood supply to the colon. When these lymph nodes are found to contain cancer cells, stage II, the addition of systemic chemotherapy becomes appropriate. Radical treatment is used to treat rectal cancers before surgical removal and the distant spread of disease, stage IV, not considered to be removable by surgical excision.

While some risk factors for colorectal cancer are beyond an individual’s control, a number of steps can be taken to reduce his or her risk of disease. Eating a healthy diet of fruits, vegetables, and whole grains; limiting high fat and processed foods; and limiting alcohol and tobacco use are proven beneficial. Regular physical activity and smoking cessation are also helpful. Additionally, maintaining a healthy weight and getting regular exercise have been shown to reduce risk and, most importantly, screening colonoscopy at age 50 with regular follow up is critically important to reduce risk and promote better outcomes through early detection.

PREVENTION

Colorectal cancer remains a serious threat to the health of communities, particularly in those older than age 50. The vast majority of colorectal cancer occurs in those older than age 50. For this reason, screening colonoscopy is used to directly examine the innermost lining of the colon and rectum to look for abnormalities that may represent colorectal cancer. While some risk factors for colorectal cancer are beyond an individual’s control, a number of steps can be taken to reduce his or her risk of disease. Eating a healthy diet of fruits, vegetables, and whole grains; limiting high fat and processed foods; and limiting alcohol and tobacco use are proven beneficial. Regular physical activity and smoking cessation are also helpful. Additionally, maintaining a healthy weight and getting regular exercise have been shown to reduce risk and, most importantly, screening colonoscopy at age 50 with regular follow up is critically important to reduce risk and promote better outcomes through early detection.

S YMPTOMS/CLINICAL MANIFESTATIONS

The most frequently reported symptoms of undiagnosed colorectal cancer include changes in bowel habits and abdominal pain. Bowel habit changes may include diarrhea and/or constipation, the presence of blood in the stool or dark, tarry stools. Other symptoms may include unexplained weight loss, fatigue, anemia, and bowel obstruction. If they notice any of these signs, individuals should notify their family physician for a more thorough evaluation.

TESTING

A number of factors determine an individual’s risk for developing colorectal cancer. Greater than 90 percent of colorectal cancer is diagnosed in Americans older than age 50. This has led to a nationwide consensus that screening colonoscopy should begin at this age to promote early cancer detection. Having a family history of colorectal cancer has been observed to increase a given individual’s lifetime risk of cancer by nearly 20 percent.

Eighty percent of colorectal cancers are sporadic, however, meaning no associated hereditary component is identified. Tobacco use, high fat diet, sedentary lifestyle and increased alcohol consumption have all been associated with an increased risk of developing colorectal cancer.
LEXINGTON MEDICAL CENTER
5-YEAR OBSERVED SURVIVAL FOR COLORECTAL (C18-C20) CASES

Diagnosed in 2008

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CLINICAL RESEARCH

Lexington Medical Center’s Clinical Research department is committed to providing cancer patients with greater access to cancer clinical trials.

When patients volunteer for a clinical trial, they immediately gain access to the latest, most promising medications, treatments and surgical approaches that wouldn’t otherwise be available. In fact, clinical trials are so important that the National Comprehensive Cancer Network, a leader in the field of cancer treatment guidelines, believes that “the best management for any cancer patient is in a clinical trial.”

The department is also dedicated to expanding clinical trial access. Last year, for the seventh consecutive year, Lexington Medical Center exceeded the Commission on Cancer’s annual enrollment goal by enrolling 5 percent of patients to cancer-related trials. The hospital’s cancer patients can choose from a variety of clinical trials, including surgical, radiation medicine and medical oncology. Working closely with the Duke Oncology Network, Lexington Medical Center’s Clinical Research department continues to forge ahead in bringing clinical trials to the community.

CLINICAL TRIALS AT LEXINGTON MEDICAL CENTER

**RTSG-1005**  Radiation Medicine  
A Phase III Trial of Accelerated Whole Breast Radiation with Hypofractionation Plus Concurrent Boost vs. Standard Whole Breast Radiation Plus Sequential Boost for Early-Stage Breast Cancer  
Principal Investigator: Quillin Davis, MD  
Enrolled to date: 19

**RTSG-1115**  Radiation Medicine  
Phase I Trial of Dose Escalated Radiation Therapy and Standard Androgens Dep癌okinase (ATD) with a Grifith Agenese vs. Dose Escalated Radiation Therapy and Enrak oins with a Grifith Agenese with YAK 702 for Men with High-Risk Prostate Cancer  
Principal Investigator: Quillin Davis, MD  
Enrolled to date: 0

**ACOSOG-Z11102**  Surgical  
Impact of Breast Conservation Surgery on Survival Outcomes and Cosmesis in Patients with Multinodal Breast Cancer (MBC)  
Principal Investigator: Lynn Tucker, MD  
Enrolled to date: 0

**NEWLY OPENED**

**WOSEP-M-13**  Medical-Oncology  
A Phase III Clinical Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma In Situ (Revised by Lempertney)  
Principal Investigator: Quillin Davis, MD  
Enrolled to date: 0
TISSUE BANKING STUDIES & CANCER GENETICS RESEARCH

The Lexington Medical Center Tissue Banking Program experienced a year of transition in 2013 by expanding the number of its community research partners.

Involvement in these programs places Lexington Medical Center on the leading edge to receive the latest information and results, keeping the hospital at the forefront of current methodologies, procedures and treatments, and providing patients with access to new medications and innovative treatment options.

CANCER REGISTRY

The Cancer Registry is an essential component of the Cancer Services program at Lexington Medical Center, which is accredited by the American College of Surgeons (ACoS) Commission on Cancer (CoC).

The primary function of the Cancer Registry is to maintain an electronic database encompassing the most accurate and timely data on eligible cancer cases diagnosed and/or treated at Lexington Medical Center.

Registy staff collect and analyze numerous data fields on each cancer case, including patient demographics, primary site, pathology, diagnostic testing, prognostic indicators, medical history, specific treatment modalities, stage of disease, recurrence and lifetime annual follow up. This data is used for local, national and international research. Subsequently, physicians can study treatment efficiency, tumor characteristics, tumor response to treatment, and improve their diagnostic and treatment guidelines.

In addition to sending data to the National Cancer Data Base (NCDB) annually, the Cancer Registry submits data at least quarterly to the South Carolina Central Cancer Registry (SCCCR) and monthly to the Rapid Quality Reporting System (RQRS). Maintaining our own database and submitting data to regional and national data banks allow our cancer team to monitor patient outcomes and trends at Lexington Medical Center as well as within our state, region and nation.

In 2013, the Cancer Registry fulfilled 129 requests for cancer data in the Hospital’s Clinical Research department, Breast Program leadership, Cancer Committee, state and national data repositories, national cancer program accrediting organizations, and out-patient oncology made requests most frequently. In addition to maintaining the registry database and collecting and analyzing cancer data, the staff also coordinates monthly Cancer Committee meetings and biweekly oncology conferences. To schedule cases for an oncology conference, email oncconf@lexhealth.org.

CANCER DATA REQUESTS

Natalie J. Copeland
Cancer Registry Manager
(803) 936-4175 • njcopeland@lexhealth.org

IMPORTANT: Release of data containing protected health information is subject to federal Health Insurance Portability and Accountability Act (HIPAA) regulations and Institutional Review Board (IRB) approval.

YEAR 2013

2011 2012

Total 9 10

Breast 7 8

Colorectal 5 4

Lung 4 7

Renal 9 4

Gyn 8 3

Other 7 9

Grand Total 45 71

CANCER REGISTRY ACTIVITY Lexington Medical Center 2013 Statistical Year

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CANCER REGISTRY ACTIVITY Lexington Medical Center 2013 Statistical Year

<table>
<thead>
<tr>
<th>Year</th>
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## Geographic Distribution

1,235 Analytical Cases by County at Diagnosis

<table>
<thead>
<tr>
<th>County</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aiken</td>
<td>20</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>20</td>
</tr>
<tr>
<td>Lexington</td>
<td>0</td>
</tr>
<tr>
<td>Fairfield</td>
<td>0</td>
</tr>
<tr>
<td>Sumter</td>
<td>0</td>
</tr>
<tr>
<td>Newberry</td>
<td>0</td>
</tr>
<tr>
<td>Other SC Counties</td>
<td>0</td>
</tr>
<tr>
<td>Out of State</td>
<td>0</td>
</tr>
<tr>
<td>Richland</td>
<td>0</td>
</tr>
<tr>
<td>Saluda</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
</tr>
</tbody>
</table>

## Ethnographic Distribution

1,235 Analytical Cases by Race

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>305</td>
</tr>
<tr>
<td>American Indian</td>
<td>17</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
</tr>
<tr>
<td>Caucasian</td>
<td>355</td>
</tr>
</tbody>
</table>

## Stage Distribution

1,235 Analytical Cases

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC</td>
<td>10</td>
</tr>
<tr>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>I</td>
<td>30</td>
</tr>
<tr>
<td>II</td>
<td>40</td>
</tr>
<tr>
<td>III</td>
<td>50</td>
</tr>
<tr>
<td>IV</td>
<td>60</td>
</tr>
</tbody>
</table>

## Gender and Site Distribution Comparison

Lexington Medical Center — 1,235 Analytic Cases for 2013

<table>
<thead>
<tr>
<th>Site</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>712</td>
<td>523</td>
</tr>
<tr>
<td>Lung</td>
<td>96</td>
<td>199</td>
</tr>
<tr>
<td>Prostate</td>
<td>80</td>
<td>102</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>23</td>
<td>258</td>
</tr>
<tr>
<td>Brain &amp; Nervous System</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>Kidney</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td>Bladder</td>
<td>39</td>
<td>50</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>17</td>
<td>54</td>
</tr>
<tr>
<td>Pancreas</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Bone Marrow</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Breast</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Lung</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>Prostate</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Female All Sites</td>
<td>712</td>
<td>523</td>
</tr>
</tbody>
</table>

## Comparative Analysis of New Cancer Cases

Lexington Medical Center vs. American Cancer Society — South Carolina

<table>
<thead>
<tr>
<th>Site</th>
<th>Lexington Medical Center</th>
<th>American Cancer Society — South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>25% (412/1677)</td>
<td>23.9% (2392/10,000)</td>
</tr>
<tr>
<td>Lung</td>
<td>25% (412/1677)</td>
<td>25% (252/10,000)</td>
</tr>
<tr>
<td>Prostate</td>
<td>35% (581/1677)</td>
<td>35% (350/10,000)</td>
</tr>
<tr>
<td>Ovary</td>
<td>8% (135/1677)</td>
<td>8% (85/10,000)</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>3% (50/1677)</td>
<td>3% (30/10,000)</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>14% (239/1677)</td>
<td>14% (142/10,000)</td>
</tr>
<tr>
<td>Brain &amp; Nervous System</td>
<td>1.5% (25/1677)</td>
<td>1.5% (15/10,000)</td>
</tr>
<tr>
<td>Kidney</td>
<td>13% (226/1677)</td>
<td>13% (130/10,000)</td>
</tr>
<tr>
<td>Bladder</td>
<td>13% (226/1677)</td>
<td>13% (130/10,000)</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>9% (151/1677)</td>
<td>9% (90/10,000)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>10% (268/1677)</td>
<td>10% (90/10,000)</td>
</tr>
<tr>
<td>Breast</td>
<td>25% (412/1677)</td>
<td>25% (252/10,000)</td>
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## Statistics & Research

### Stage Distribution

**Stage OC (Occult)**: Applicable to lung primary only

**Stage 0 (O, Oa, Ois)**: Applicable only to non-invasive papillary carcinoma (Oa) of bladder and carcinoma in situ/“flat tumor” (Ois) of bladder

**Stage I (I, IA, IA e, IB-IB1, IBe, IC)**

**Stage II (II, IIAe, IIA-IIC, IIBs)**

**Stage III (III, IIIA e-IIIAes, IIIAs, IIIA-IIIB, IIIC-IIIC1)**

**Stage IV (IV, IVA, IVC)**

**Stage 88**: No applicable AJCC staging schema for site or site-histology combination

**Stage ending in e, s or es**: Applicable only to lymphoid neoplasms sites and denotes origination in extranodal site (e), involvement of spleen (s) or both (es).
<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total Cases</th>
<th>Analytic</th>
<th>Non-Analytic</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL SITES</td>
<td>1,941</td>
<td>1,235</td>
<td>706</td>
</tr>
<tr>
<td>Malignant Melanoma</td>
<td>113</td>
<td>40</td>
<td>73</td>
</tr>
<tr>
<td>Other Non-Endocrine</td>
<td>61</td>
<td>12</td>
<td>49</td>
</tr>
<tr>
<td>PERIPHERAL NERVES &amp; AUTONOMIC NERVOUS SYSTEM</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>AUTONOMIC NERVES &amp; PERIPHERAL NERVES</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Brain</td>
<td>142</td>
<td>119</td>
<td>23</td>
</tr>
<tr>
<td>Skin</td>
<td>113</td>
<td>55</td>
<td>58</td>
</tr>
<tr>
<td>Female Genital Organs</td>
<td>110</td>
<td>82</td>
<td>28</td>
</tr>
<tr>
<td>Male Genital Organs</td>
<td>191</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Urinary Tract</td>
<td>113</td>
<td>85</td>
<td>28</td>
</tr>
<tr>
<td>Brain &amp; Other Parts of Central Nervous System</td>
<td>17</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Eye &amp; Adnexa</td>
<td>15</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Cranial Nerves</td>
<td>24</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>Other &amp; Undefined Genital Organs</td>
<td>23</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Thyroid &amp; Other Endocrine Glands</td>
<td>48</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Hematopoietic and Hemopoietic/lymphatic Systems</td>
<td>136</td>
<td>100</td>
<td>36</td>
</tr>
<tr>
<td>Blood</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bone Marrow</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
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**2013 SITE DISTRIBUTION**

Statistical Summary of Cancer Registry Data

<table>
<thead>
<tr>
<th>Site</th>
<th>Cases</th>
<th>Analytic</th>
<th>Non-Analytic</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORAL CAVITY &amp; PHARYNX</td>
<td>42</td>
<td>28</td>
<td>14</td>
</tr>
<tr>
<td>Other &amp; Unspecified Sites of Tongue</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Nasal Cavity</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other &amp; Unspecified Sites of Mouth</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Digital Cavity</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other &amp; Unspecified Upper Airways</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nasal Cavity</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other &amp; Unspecified Lower Airways</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Nasal Cavity</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other &amp; Unspecified Sites of Mouth</td>
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<td>0</td>
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</tr>
<tr>
<td>Esophagus</td>
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<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Other &amp; Unspecified Sites of Esophagus</td>
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<tr>
<td>Other &amp; Unspecified Sites of Mouth</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**2013 ONCOLOGY ANNUAL REPORT**

LEXINGTON MEDICAL CENTER
A cancer diagnosis is a life-changing event for anyone. After completing active treatment, many people are left with physical and emotional changes that can negatively affect their quality of life.

At Lexington Medical Center, we understand that surviving cancer may come with challenges. And it’s part of our mission to help every patient achieve a strong, healthy survivorship. That’s why we offer the following programs and services for cancer survivors:

- Health management classes promote better health or help manage existing conditions. Health Directions, Lexington Medical Center’s health and wellness facility, offers a variety of classes, such as yoga, Pilates and cycling.
- Smoking-cessation classes are available free at Lexington Medical Center. A registered nurse who is a certified tobacco-cessation specialist teaches the eight-week sessions.
- Nutrition therapy and counseling with a registered dietitian is available by physician referral. Health professionals agree that nutrition therapy is one of the most effective ways to improve conditions, such as heart disease, diabetes, hypertension, obesity, celiac disease and food allergies.
- Support groups, which are disease and condition specific, offer encouragement for patients. Sharing with others who have common issues and challenges can alleviate feelings of isolation and depression for many people.
- Health screenings are provided free for area businesses, churches, schools and other organizations. Lexington Medical Center is dedicated to improving the health of the community through early detection and diagnosis of disease and illness.
- Arts and healing programs for survivors assist in emotional healing following active treatment.

Cancer survivorship begins the day a person is diagnosed and lasts throughout their life. At Lexington Medical Center, we continue to care about our patients even after they complete active treatment and partner with them in their long-term recovery.
Lexington Medical Center
Cancer Services

Duke Medicine AFFILIATE

2720 Sunset Boulevard
West Columbia, SC 29169
LexMed.com