

Oncology Services

2012 ANNUAL REPORT



Lexington Medical Center
Cancer Services

DukeMedicine AFFILIATE

SURVIVOR

from Day 1





Edna Walker
Breast Cancer Survivor from Day 1

SURVIVOR

from Day 1

This simple statement not only represents the overall message of Lexington Medical Center's Cancer Services and our clinicians, but it also notes the courage, strength and fighting spirit of all cancer patients.

Since we 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 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've 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 premiere 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 doctors and experienced staff, our patients can receive the highest quality care in cancer diagnosis and treatment, and access to comprehensive education, support and clinical research. They are Survivors from Day 1.

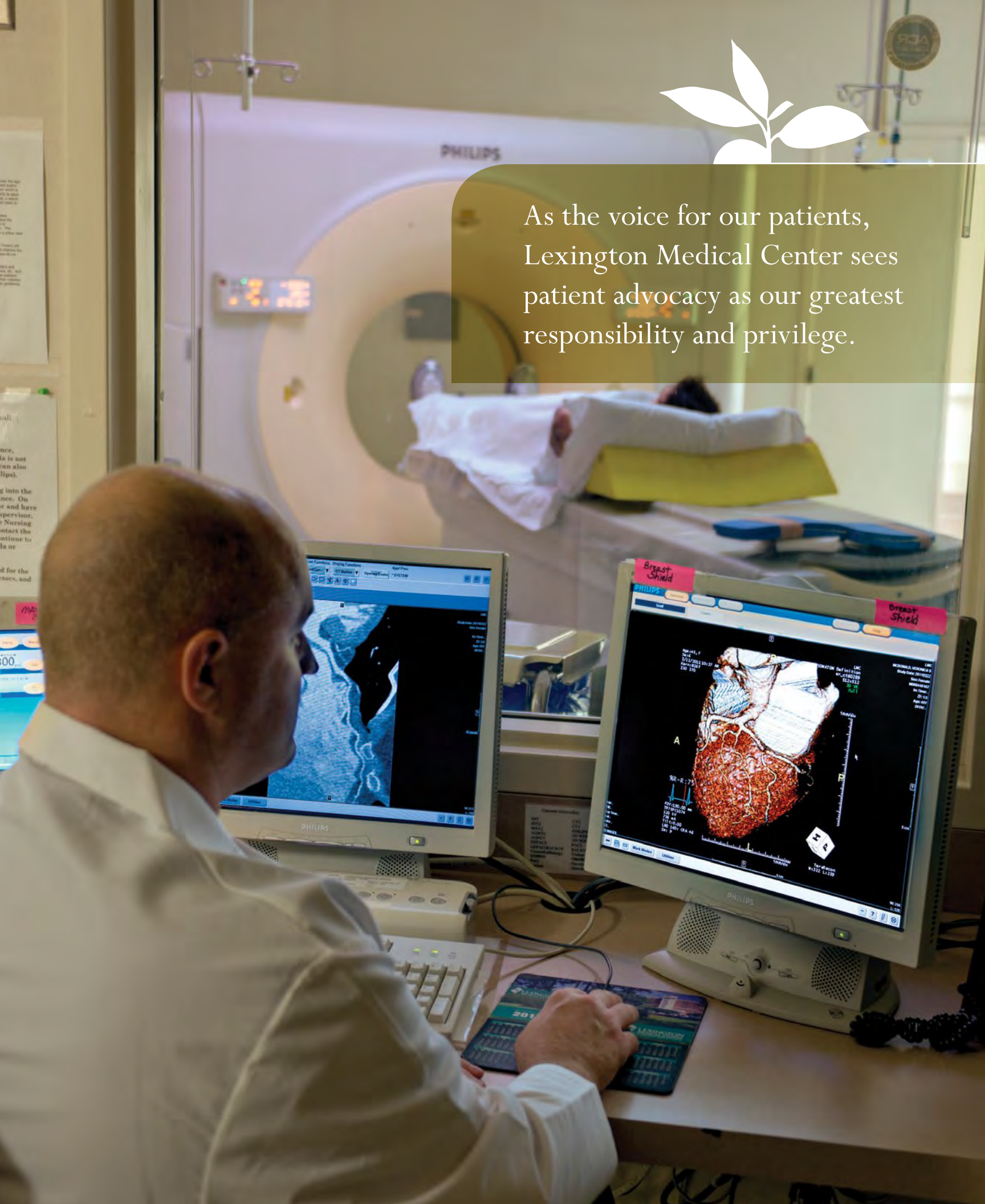
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As the voice for our patients,
Lexington Medical Center sees
patient advocacy as our greatest
responsibility and privilege.



2012-2013

LEXINGTON MEDICAL CENTER
Cancer Committee
Membership





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VICE CHAIR

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Cindy Rohman, RN, MS, NEA-BC Chief Nursing Officer/ Administration – Patient Care Services

Connie Watson Community Outreach Director

Deirdre Young, RN, BSN, OCN, CBCN Cancer Programs Manager/American Cancer Society Representative

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Mary Tanner Quality Improvement

Connie Watson Community Outreach

Chris Gibson Psychosocial Services

Nan Faile Clinical Research

A Message from the Cancer Committee Chair



E. Myron Barwick, MD, FACS

In 2012, our Cancer Services program was busy and productive. As we continue to grow, improve and expand our oncologic services at Lexington Medical Center, there are many people who work diligently behind the scenes to ensure that our patients receive the best possible care. On behalf of the clinicians, I would like to thank everyone involved with the Cancer Services program for their dedication and hard work.

Through our affiliation with the Duke Oncology Network, we have access to Duke's latest research protocols and medical speakers who present topics at our oncology conferences. The Duke Oncology Network has also assisted us with quality improvements in our medical oncology delivery system. Our affiliation will continue to offer opportunities to improve our program in the future.

The Lexington Medical Center Foundation deserves our deepest thanks for its tireless efforts in fundraising, which enables us to assist cancer patients suffering from financial hardships. The hospital's Foundation has helped these patients with expenses related to transportation, medication, food and housing. In addition, the Foundation has provided educational stipend funds for our oncology nurses and staff to attend conferences to maintain their clinical skills at the highest level.

In the community, the hospital's annual Colon Cancer Challenge funds screening colonoscopies for underinsured and uninsured patients, benefiting those who would be unable to have a screening otherwise and potentially detecting colon cancers early. We also partnered with Harvest Hope Food Bank to ensure that our cancer patients and their families do not go hungry.

Additional improvements to the Cancer Services program include the Radiology department's addition of a 128-slice CT scanner, which enhances cancer patients' imaging, and an on-site genetics counselor who provides patients with information that may influence their treatment options. Furthermore, women can have soft-touch mammograms for their first post-surgical mammogram, making the experience more comfortable and less anxious.

These are just a few things happening with our program. We will continue to expand and enhance our services to focus on the care and comfort of our cancer patients and their families. As we pursue new efforts to improve the quality of our program, we will also look at different metrics to assess and reassess our programmatic goals in the future.

A Message from the Cancer Liaison Physician

Ronald G. Myatich, MD, FACS

The comprehensive Cancer Services program at Lexington Medical Center grew and expanded many services in 2012. After a thoughtful and thorough evaluation of our current programs and services, we moved forward with purpose and clarity. We increased staffing in the Cancer Registry to expedite entry of newly diagnosed patients into the data repository, welcomed a second radiation oncologist, Dr. Joshua Lawson, whose skills and expertise ensured that there would be no delays in expediting treatment and, in an effort to facilitate seamless delivery and coordination of treatment planning, we added an on-site certified genetics counselor to gather needed information to help determine the best course of treatment for certain patients.

At Lexington Medical Center, we recognize that our cancer patients are best served with a team that embraces a holistic approach. Accordingly, in addition to providing medical therapy, we partnered with a local food bank to create a program that offers timely aid to patients needing food assistance. Our oncology social worker also led pilot efforts to assess the degree of psychosocial distress experienced by those dealing with a new cancer diagnosis, allowing us to identify the primary sources of the patient's stress and provide patient-focused intervention.

The patients and families of Lexington Medical Center's Cancer Services program have a large team of health care professionals who are united in their commitment to delivering excellent patient care with compassion and dignity. Our patients are the heart and soul of our community – neighbors, friends and leaders; they enrich our lives daily. We owe them our best and we will provide nothing less.



A Message from the Manager of Cancer Programs



Deirdre Young, RN, BSN, OCN, CBCN

The oncology program at Lexington Medical Center experienced unprecedented growth in 2012. We made several changes and launched many improvements to assist us in meeting the needs of people in our community who have faced a cancer diagnosis. Our hospital's partnership with the Duke Oncology Network has provided numerous opportunities to assess our current performance and find areas where we could offer patients and families stronger, better support.

While Lexington Medical Center is consistently recognized for state-of-the-art technology and top-notch facilities, we know that our program continues to offer the highest quality care because of our people. Lexington Medical Center's physicians are engaged and enthusiastic leaders for our clinicians as we search for better ways to care for people in our community. The hospital's administrative leaders have been unwavering in their commitment to providing the resources and tools that we need to do the best possible job. In addition, there are hundreds of employees in dozens of departments throughout our health district who play a huge role in cancer care delivery. To them, we say a heartfelt "thank you."

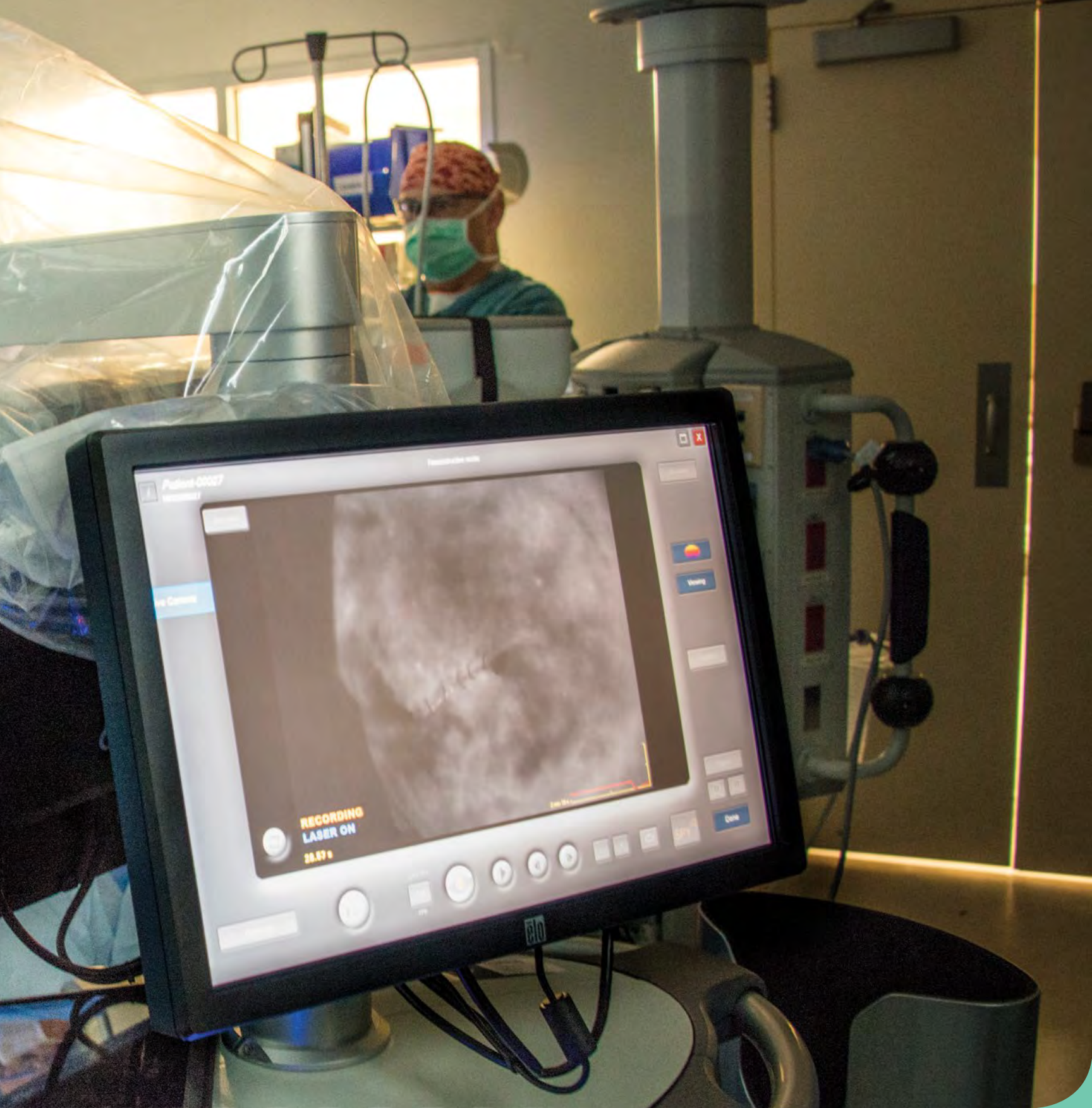
Unfortunately, in Lexington County and in South Carolina, cancer continues to be a major health threat that cannot be ignored. Accordingly, we partnered with the South Carolina Ovarian Cancer Foundation and the South Carolina Cancer Alliance. The missions of these organizations benefit us all. We are also actively looking at how we can better support hundreds of cancer survivors as they reclaim their lives after completing treatment. We are excited about the possibilities before us and remain committed to helping people with cancer.



Pink Glove Dance

Hundreds of Lexington Medical Center employees volunteered their time to participate in the Pink Glove Dance video competition to raise awareness for breast cancer.





2012 Cancer Services Goals

2012 Cancer Services Goals

CLINICAL

Provide breast cancer patients who have had surgery with a more comfortable mammogram for their first pre-radiation or post-surgical mammogram. To achieve this goal, Lexington Medical Center will supply these patients with soft-touch mammography pads to cushion the mammography unit during imaging. A more comfortable mammogram will be a demonstrated improvement in the care of breast cancer patients.

RATIONALE/ PROBLEM IDENTIFIED

Frequently women with breast cancer who have had surgery report that their first post-surgical mammogram is uncomfortable due to compression of tissue that has been manipulated and sutured.

METHODOLOGY/ PROCESS

The Lexington Medical Center Foundation agreed to underwrite the cost of soft-touch pads so that every woman (for her first post-surgical mammogram) will receive a soft-touch mammogram. The breast cancer nurse navigator will work with the mammography supervisor and registration staff to identify these women as they are seen in the department. The mammography technologists will be responsible for ensuring that the appropriate patients receive a soft-touch mammogram.

MEASUREMENT

- Soft-touch materials received by Women's Imaging Center and stored in the department (materials ordered).
- Audit reflecting that all women having breast conservation surgery for breast cancer at Lexington Medical Center receive a soft-touch post-surgical mammogram.

RESPONSIBILITY

Breast cancer nurse navigator will track and report the number of women receiving this service and cancer program manager will report to the Cancer Committee.

STATUS

Goal Met





2012 Cancer Services Goals

PROGRAMMATIC

Successful oncology affiliation with Duke Oncology Network.

RATIONALE/ PROBLEM IDENTIFIED	The Duke Oncology Network (DON) is universally recognized as being an international leader in cancer care and treatment for people with all types of cancer. An affiliation with this leader in cancer care offers Lexington Medical Center numerous opportunities to improve the quality of patient care through educational opportunities for physicians and staff, greater access to cancer-related clinical trials, and ongoing hands-on support and mentoring for Lexington Oncology.
METHODOLOGY/ PROCESS	Hospital Administration worked to secure a contractual commitment with the DON to receive access to key services and programs that will enhance the growth and quality of Lexington Medical Center Cancer Services. A steering committee of key hospital personnel will partner with the DON team to identify key opportunities for practice improvement and new services.
MEASUREMENT	<ul style="list-style-type: none">• Formal press announcement of affiliation• Transfer of clinical trials from the Medical University of South Carolina• Billing audit and pharmacy site survey for Lexington Oncology
RESPONSIBILITY	Updates on each of the indicators will be provided as they become available in 2012 at Cancer Committee meetings by: <ul style="list-style-type: none">• Cancer programs manager, Marketing or Administration (press announcement)• Clinical research coordinator (clinical trials transfer)• Director of Lexington Oncology (Lexington Oncology pharmacy survey and billing audit)
STATUS	Goal Met



Art of Healing Program

Cancer survivor Lisa Phillips (left) talks to teacher Heidi Darr-Hope during a Healing Icons art class at Lexington Medical Center.



2012 Cancer Services Quality Improvements

- Added Art of Healing program as a complementary therapy
- Increased budgeted staffing in Cancer Registry
- Completed oncology patient education binder
- Added a second radiation oncologist
- Launched The Next Step survivor class with oncology social worker
- Began distribution of survival education materials from NIH
- Added genetic counseling clinic to on-site services
- Obtained Lexington Medical Center Foundation funding for oncology staff education, cancer patient transportation assistance and emergency need assistance
- Completed Lexington Oncology outpatient pharmacy
- Generated \$15,000 for screening colonoscopies at the Colon Cancer Challenge
- Added navigator consult fields in Meditech system to expedite navigator contacts with newly diagnosed patients
- Launched pilot of psychosocial distress screening tool to identify and intervene with patients in high distress
- Partnered with Harvest Hope Food Bank to provide rapid assistance for patients who need food assistance
- Offered soft-touch mammograms to post-surgical lumpectomy patients for first mammogram
- Received assistance from the hospital's Foundation for patients needing compression garments
- Added 128-slice CT scanner
- Developed custom checklist to assist Becky's Place clients in caring for prostheses
- Implemented documentation tool to track reasons for possible delays in radiology-directed biopsies
- Provided meal tickets for families of cancer patients during lengthy stays in the hospital
- Implemented courtesy cart for Inpatient Oncology unit





Clinical Services



Clinical Laboratory & Pathology Services

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. 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 chemotherapy and biotherapy. Additionally, special tests to identify infections in our immunocompromised patients are available on-site with rapid turnaround on results.



Cancer is a complex disease that requires multiple specialties to provide the best, most comprehensive care.



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. 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 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 lumpectomies 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.

CERVICAL CANCER

For as long as cancer screening has been in use, the PAP smear has been the most successful test by far. In 2002, we made it even more effective by implementing liquid-based samples processing and becoming the first lab in South Carolina to utilize supplementary robotic image analyzer screening of all cases. HPV testing has also been employed.

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.

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 outpatient surgical treatment of ordinary and complex skin cancers through 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 the state-of-the-art equipment and the highly trained radiation oncologist to employ skin-conserving methods of superficial radiation 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.

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, www.palpath.com, with more than 400 pages of information. Most of the information is devoted to cancer and our methods of working with and reporting on cancer cases.

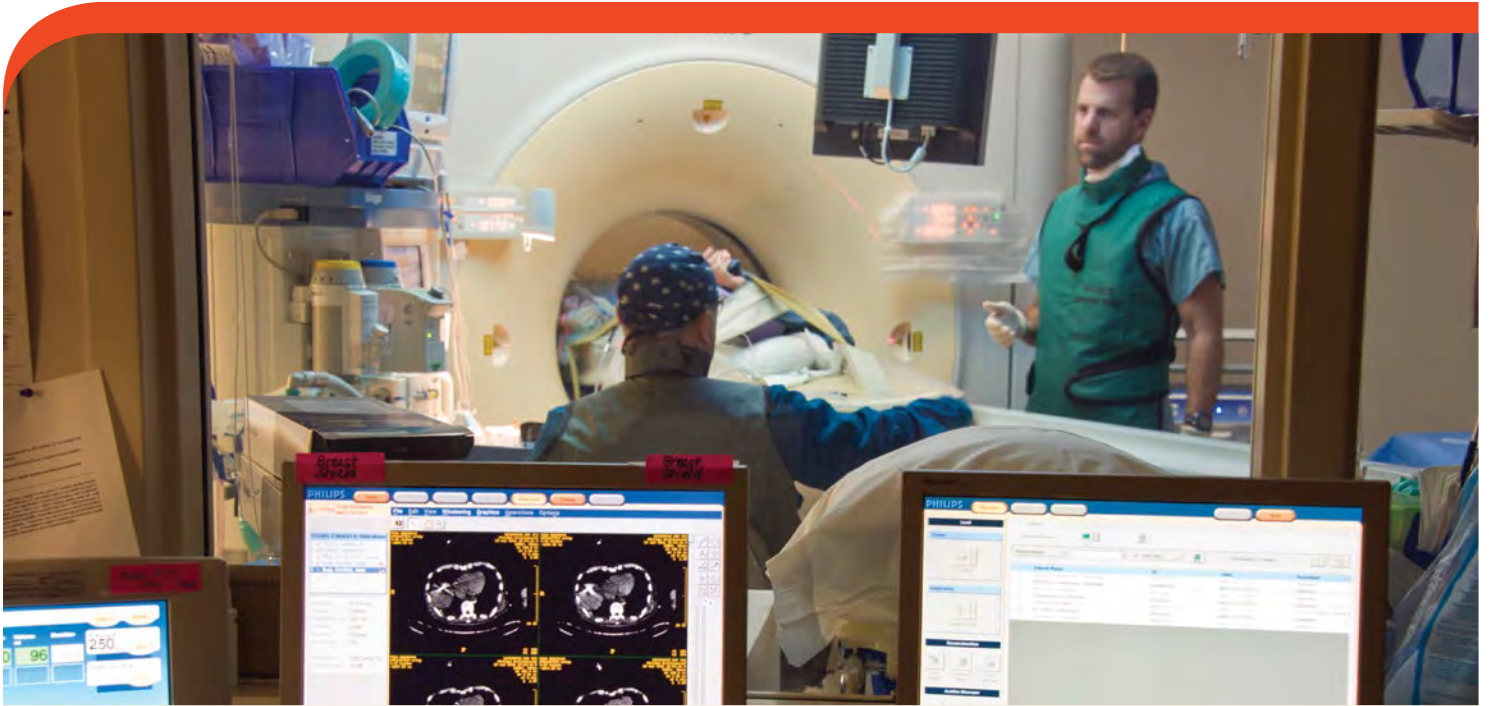
TISSUE BANKING

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

CONSULTANT NETWORKING

In 1972, we began developing an extensive roster of world-renowned experts in 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 only 24 hours away in any location in the United States and, with the implementation of email consults in 2004, frequently faster.



Radiology Services

Progress in technology continues to occur swiftly, and the Radiology department at Lexington Medical Center is constantly updating diagnostic equipment, imaging protocols and interventional techniques to better serve our oncologic community. New to the Radiology department in 2012 was a 128-slice CT scanner. This CT scanner provides faster scanning times with capabilities for cardiac gating, which decreases artifact 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, we will describe a few of the more pertinent advances in radiology by discussing the common individual forms of malignant disease.

LUNG CANCER

Since early detection is the best hope for a favorable prognosis, our efforts are focused on finding lung tumors when they are still small and asymptomatic. With the establishment of the Nurse Navigator program for lung masses, we can ensure that incidentally detected pulmonary nodules are followed up for proper evaluation.

For example, many such nodules are discovered during a chest CT examination for another reason, including the

search for pulmonary emboli or the assessment of non-responsive clinical pneumonia. Lexington Medical Center has a system in place now to earmark such cases for careful follow-up by oncology nursing personnel to make sure that the patient has been placed into the proper treatment track. Possible treatment paths would include surveillance CT for low-suspicion nodules and PET/CT or biopsy for larger, more suspicious nodules.

In the realm of tumor characterization, PET/CT has been the undisputed gold standard to determine which

nodules need immediate biopsy when the diagnosis remains uncertain. Furthermore, it provides detailed staging of the disease process to assist the surgeon and oncologist in guiding proper management and offering a prognosis to the patient before contemplating major surgery. Those patients with advanced disease at the time of initial diagnosis and staging may be spared unnecessary surgery as well.

Radiologists at Lexington Medical Center have provided image-directed percutaneous biopsy of suspicious lung lesions for more than 25 years. As technology improves, the average size and accessibility of targeted lesions continue to diminish, so the skill set necessary to maintain high success rates (above 90%) remains challenging. Most recently, we have been working with the Pathology department at Lexington Medical Center to increase the number of biopsy specimens obtained during percutaneous CT-directed biopsy. Newer techniques in pathology allow for more accurate histologic diagnosis through a variety of special stains and immunohistochemical markers as well as molecular testing; such results help pinpoint appropriate drug strategies targeted specifically to the tumor profile.

BREAST CANCER

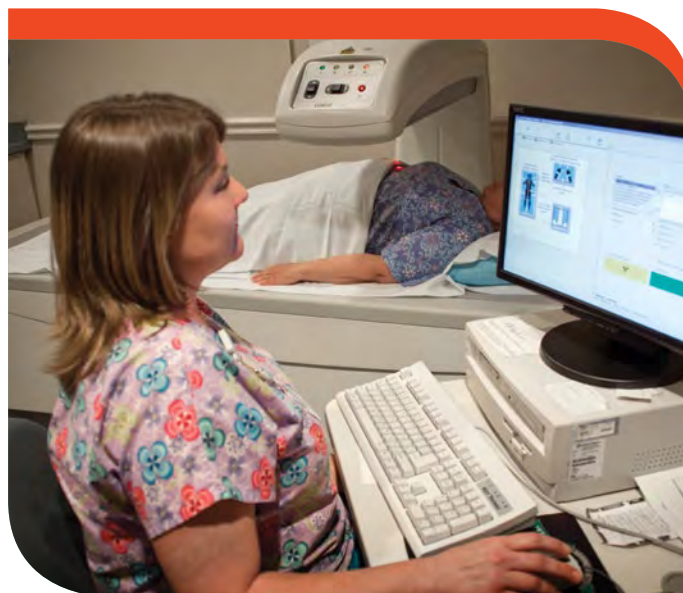
Lexington Medical Center has long been a strong proponent of screening for breast cancer and, despite some controversies in the lay press over the years, the preponderance of evidence endorses the premise of yearly mammography in women older than age 40.

In addition to the well-appointed and convenient Women's Imaging Center at the main hospital facility, Lexington Medical Center offers screening mammography at its Lexington, Irmo and Chapin locations, as well as the Mobile Mammography Van. All diagnostic mammograms and interventional procedures are performed at Women's Imaging Center, which is always staffed by a full-time radiologist. Among Lexington Radiology Associates, five radiologists, who have combined mammographic experience of more than 100 years, provide expertise in this area.

On a day-to-day basis, Women's Imaging Center performs ultrasound-guided core biopsy to diagnose breast cancer. We now routinely use ultrasound to survey the axilla on the affected side for any sign of lymph node metastases, extending the biopsy procedure to that area when necessary. Metallic clips are uniformly placed within all targets 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 for lumpectomy, such as when neoadjuvant chemotherapy is administered with the intent of downstaging a larger primary mass prior to surgery. Occasionally, the drug therapy is so successful that the lesion is essentially ablated — with only the clip left to demarcate its former location.

Stereotactic biopsy is used primarily for the diagnosis of microcalcifications in the absence of a mass detectable by ultrasound. It continues to offer a high success rate in the diagnosis of breast cancer, particularly the earliest stage, ductal carcinoma in situ (DCIS).

MR-directed biopsy of lesions visible only at breast MR is now a viable option for determining tissue diagnosis. Such lesions must be carefully chosen beforehand, but this new service now fills a previous void in patient evaluation by providing an alternative means of performing a biopsy for lesions that cannot be accurately localized by mammography or ultrasound.





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

PET/CT is not used routinely in the initial staging of breast cancer, as sentinel node imaging is superior in this regard. PET/CT is invaluable, however, in the restaging of patients with suspected recurrence. We have found that PET and bone scans are complementary tools in the detection of tumor burden within the skeletal system, each method finding bone metastases that the other method misses.

Radiology participates in the interdisciplinary breast 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. The radiologist and pathologist communicate closely in breast diagnoses to ensure the concordance of imaging and pathologic findings.

Coming soon to the diagnostic armamentarium is a technique called tomosynthesis, a prospective method of 3-D mammography that allows the radiologist to add the critical third dimension of depth to standard 2-D digital images. This tool may allow more accurate discrimination between benign and malignant breast diseases to further improve the positive predictive value for breast biopsies.

PROSTATE CANCER

Unlike lung and breast cancer work-ups in radiology, the vast majority of patients with prostate cancer are already biopsy-proven upon imaging referral. Our role in that setting,

after initial tissue diagnosis has been made, is to determine whether the tumor burden is confined to the prostate or not, thereby helping the urologist, radiation oncologist and medical oncologist determine proper treatment strategies.

MR of the prostate has been shown to be an accurate means of determining extracapsular spread of disease. We recently adjusted our protocol to eliminate the need for placement of an endorectal balloon coil before scanning; extracorporeal coils provide diagnostically equivalent images and, as a result, our patients tolerate the study much better.

Another area of improvement — no less than a vast upgrade in imaging quality — has occurred with ProstaScint[®] imaging. ProstaScint is a radioactively tagged antibody to prostate-membrane-specific antigen and, therefore, it accumulates in foci of prostate cancer. Until late last year, imaging of the ProstaScint distribution within the body was extremely crude and required a steep learning curve for interpretation. Now we proudly offer the SPECT/CT version of the ProstaScint scan; imaging occurs with both SPECT nuclear medicine and standard CT data co-registered anatomically. Since the CT data eliminate any guessing about the potential meaning of a particular pattern of radiopharmaceutical uptake, the previously required blood-pool scan needed for image subtraction has been eliminated. The study is eminently more readable and intuitive.

Without a doubt, the introduction of SPECT/CT technology to the Nuclear Medicine department represents one of the biggest improvements in the area of oncologic

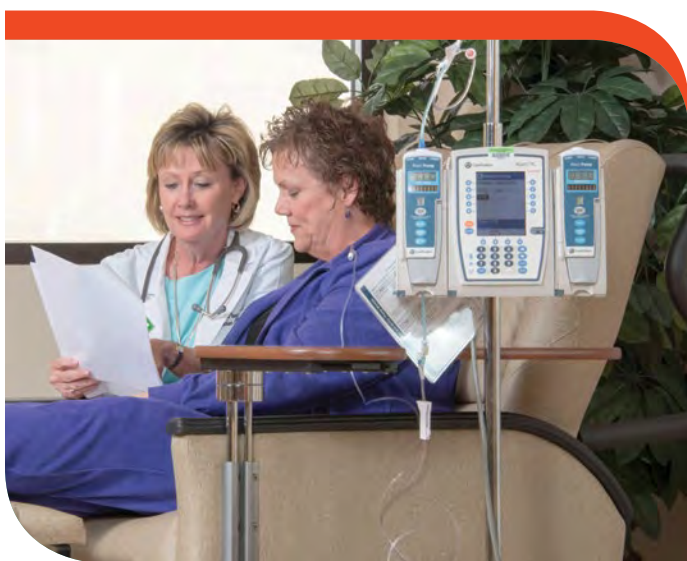
imaging over the last year. Not only does SPECT/CT transform the readability of the ProstaScint study, but it also markedly increases the accuracy of several other cancer-specific studies, including OctreoScan™ for somatostatin receptor-positive tumors such as carcinoid and MIBG scan for tumors of adrenal medullary origin, such as pheochromocytoma.

CENTRAL NERVOUS SYSTEM TUMORS

Preoperative embolization is a technique offered at Lexington Medical Center to assist our 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 there is less blood loss at the time of surgery.

MR techniques continue to evolve so that very few impediments interfere with an interpretable study. For example, both of our MR units at the main hospital are capable of specialized pulse sequences that can shave precious minutes off normal acquisition times. This advance allows for successful imaging of many patients who are unable to remain motionless for the examination, such as the obtunded cancer patient with brain metastases. MR spectroscopy has a limited role in distinguishing brain neoplasms from other entities including infarction and infection.



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 liver malignancies both primary and metastatic.

Techniques have advanced to reduce the severe pain that typically defined the post-embolization syndrome on the basis of tissue infarction; the newer delivery system utilizes Adriamycin® and drug-eluting beads of a specific number and diameter to occlude target tissue capillary beds while not producing wholesale stoppage of arterial blood flow. This method ameliorates pain and allows a longer direct infusion of the chemotherapeutic agent into the intended tissue target.

Microwave ablation of certain liver tumors is now available as well. Although both radiofrequency (RF) and microwave ablation destroy tissue by inducing thermal injury, the physics behind these methods differ. In organs with extensive large-vessel perfusion such as the liver, the so-called “heat sink” effect is encountered in which tumors located near major arteries or veins are more resistant to successful extirpation because the constant flow of non-heated blood in the proximity of the tumor counteracts the heating effect of the ablation probe(s). 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. As a side note, since the conductivity of lung tissue is far lower than other solid organs, pulmonary lesions are more amenable to microwave ablation compared with RF ablation.

Percutaneous biliary drainage procedures are often instrumental in diverting the flow of bile in patients with ductal obstructions due to a variety of malignancies, primarily pancreatic head carcinoma. The transhepatic tract created during this procedure may be used to place internalized biliary stents or secure generous biopsies of malignant strictures for histologic diagnosis as well. Nutritional needs of cancer patients may be met by placement of percutaneous gastrostomy and jejunostomy tubes for continued enteral feedings.



GENITOURINARY TUMORS

RF ablation is an increasingly accepted means of treating select renal masses via minimally invasive means. The ideal tumor is 3cm or less in diameter, although slightly larger masses may also be treated by RF ablation.

Using multiple probes and strategic injection of saline to intentionally create a water boundary between the tumor target and a critical adjacent structure such as bowel (hydrodissection) increase the applicability of this exciting new technique. Performed in CT, many patients undergoing this procedure require only conscious sedation. Results have been extremely encouraging.

Percutaneous nephrostomy is a long-standing technique of rapidly resolving renal obstruction in the setting of many pelvic malignancies, including prostate and gynecologic subtypes. Urinary diversion by this method prevents ischemic damage to the nephrons of the affected kidney and stems the likelihood of superimposed urinary tract infection, which may be devastating in the context of an

obstructed kidney. As in the biliary tree, the percutaneous tract is also useful for additional downstream procedures, including ureteral stenting and biopsy.

GENERAL

Certain procedures in Interventional Radiology apply to many cancer patients at Lexington Medical Center regardless of organ of origin. PICC (peripherally inserted central catheter) and arm port insertions are performed rapidly and accurately with a combination of ultrasound and fluoroscopic guidance.

PICC combines the ease and safety of peripheral insertion with the advantage of central termination within a large vein, allowing versatile utility of such a line in cancer patients for the administration of chemotherapy, the infusion of parenteral nutrition, and the delivery of antibiotics and other IV medications as needed. Of course, there is still an exposed segment of the catheter that is prone to inadvertent dislodgement or infection, so the fully internalized arm port may be preferable in some cancer patients.

Patients suffering with the malignant accumulation of fluid in the chest (pleural effusion) or the abdomen (ascites) may benefit from periodic drainage with ultrasound guidance. Such procedures are performed many times each week at Lexington Medical Center for palliative care, particularly when patients grow increasingly dyspneic. In a subset of patients with recurrent pleural effusion, placement of a permanent drainage catheter with an external drain bag may be more convenient, as the patient can manage the fluid collection at home and avoid multiple trips to the hospital for drainage.

Finally, percutaneous vertebroplasty or kyphoplasty is available for treatment of painful malignant compression fractures of the spinal column in patients who develop vertebral metastases. The pain associated with a compression fracture may be severe, and these procedures characteristically offer rapid and sometimes dramatic pain relief. Since pain control rather than height restoration is the primary focus of this intervention in the setting of malignancy, vertebroplasty is applied more often in this context.

CONCLUSION

The preceding discussion touches on some of the services available in the diagnosis and treatment of cancer at Lexington Medical Center.

In addition to these specific advancements and interventions, the lion's share of work performed in the area of oncology continues to revolve around MR, CT, ultrasound, nuclear medicine and PET for the diagnosis, staging and restaging of cancer. Our state-of-the-art cross-sectional imaging is available for management of our cancer patients whenever the need arises. The Radiology team at Lexington Medical Center is committed to offering the very best in equipment, image interpretation and patient experience. We are proud of our important role within the collective team of physicians, nurses, technologists and other health care workers at Lexington Medical Center in the relentless fight against cancer.



Radiology Oncology

Lexington Medical Center's Radiation Oncology department continues to offer excellent care to the patients of the Lexington County Health Services District. Recently celebrating more than 20 years of service to our community, the department continues to grow and offer advance treatment with the latest technology and planning techniques, including 3-D conformal radiotherapy, intensity-modulated radiation therapy and image-guided radiation therapy. In addition, Radiation Oncology has two linear accelerators, a brachytherapy unit (prostate, breast, lung and gynecologic implant procedures), IV brachytherapy (Bexxar®, Samarium-153) and access to stereotactic procedures.

With the continued growth of our health district, Radiation Oncology will continue to offer cutting-edge services that manage patient information, treatment planning and delivery, and quality assurance.







Medical Oncology

Cancer is a complex disease that requires multiple specialties to provide the best, most comprehensive care. And medical oncology is an integral component of this care.

Most newly diagnosed cancer patients require the oversight of a medical oncologist who provides cancer care, including the selection and management of chemotherapy as part of his or her treatment plan. The role of the medical oncologist, however, is more than prescribing cancer medications.

The oncologists at Lexington Oncology and South Carolina Oncology Associates combine compassionate care with innovative and all-inclusive medical oncology services. Dr. Steven Madden, Dr. Asheesh Lal, Dr. James Wells, Dr. Vijay Korrapati, Dr. Chaudhry Mushtaq,

Dr. Fred Kudrik, Dr. Anne Hutchison and Dr. Jimmy Williams (gynecologic oncology) care for patients from the moment of diagnosis throughout treatment and into survivorship. These board-certified oncologists educate each patient about his or her particular type of cancer and its stage of development. Once treatment begins, the oncologists monitor each patient's progress and treat any side effects or symptoms. Importantly, they also work with each patient to improve his or her quality of life.

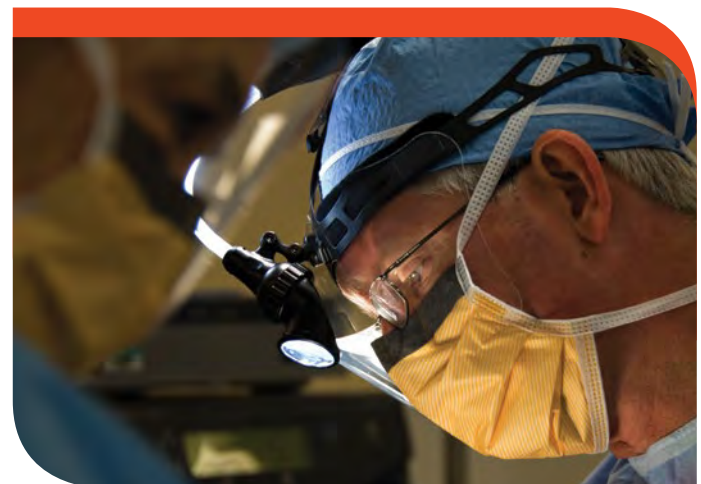
Surgery

Considered one of the oldest and most successful approaches to treating cancer, surgery remains a mainstay of cancer treatment at Lexington Medical Center.

Surgery plays a key role not only in obtaining a true diagnosis of cancer, but also in eradicating the disease from the body. Our surgeons are instrumental in obtaining tissue for a definitive diagnosis and, once the diagnosis is established, our surgeons are critically important in staging the extent of the disease and its treatment.

At weekly cancer conferences, our surgeons lend their expertise and offer input as to what types of definitive surgical treatment would most benefit particular cancers. We rely on our surgeons to help with the treatment of oncologic emergencies and provide surgery for palliative care, as well as reconstruction and rehabilitation. The cancer program at Lexington Medical Center owes a tremendous debt of gratitude to the surgeons of Lexington Surgical Associates, Riverside Surgical Group and Southern Surgical Group for their time, efforts and

talents. We are also deeply indebted to our urologists, reconstructive surgeons, ENT surgeons, neurosurgeons and dermatologists, whose skills and expertise allow us to offer our patients the best in oncology care and services.





Patient Satisfaction

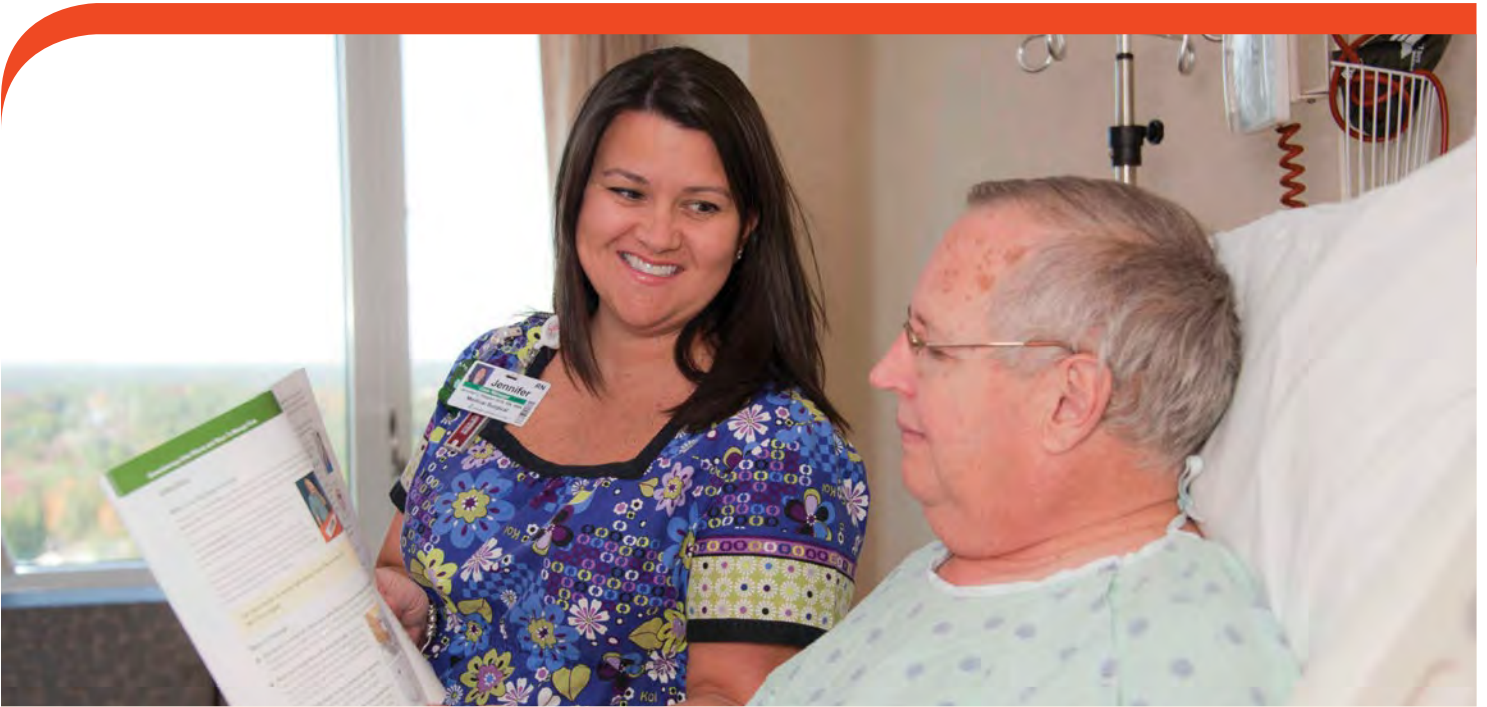
Patient satisfaction is a top priority at Lexington Medical Center; it's part of our culture. And as such, the hospital monitors the overall patient experience including amenities, staff interaction, tests and treatment, clinician bedside manner and discharge with surveys through Press Ganey, a well-known company in the health care industry that collects patient, employee and physician perspectives on hospitals.

As an industry leader for health care performance improvement, Press Ganey benchmarks health care settings and compares results to similar environments throughout the country. These surveys gauge patient satisfaction throughout the hospital's network of care.

The hospital received three Summit Awards in 2012: one each for Lexington Medical Center Lexington Ambulatory Surgery Center (ASC) and Lexington Medical Center Irmo ASC as well as an award for the combined patient satisfaction scores at the hospital, Lexington Medical Center Lexington ASC and Lexington Medical Center Irmo ASC. This is the second consecutive year

that all three ASCs in the hospital's network have received Summit Awards. Importantly, it is also the seventh time Press Ganey has honored the ASCs in Lexington and Irmo.

The Summit Award is the most prestigious designation from Press Ganey. To qualify, a hospital must rank in the 95th percentile or above in patient satisfaction for a minimum of three consecutive years. Other departments at Lexington Medical Center have consistently ranked above the 95th percentile as well. In fact, the Inpatient Oncology unit at Lexington Medical Center ranked in the 99th percentile overall for hospitals with 300–449 beds in 2012.



Inpatient 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 60 staff members include registered nurses, 16 of whom are board certified, nursing technicians and unit secretaries.

The Inpatient Oncology unit utilizes the care management system, which assigns a care manager and an RN to each patient throughout his or her hospitalization. Care managers ensure that patients have a well-defined plan of care that is easy to understand. They also monitor patient progress toward set goals and outcomes. Importantly, care managers work as part of an interdisciplinary team to meet the needs of patients while they are in the hospital and ensure a clear and seamless discharge when patients are ready to go home.

The oncology unit insists on providing the highest quality of care and meeting the highest standards set

by the National Oncology Nursing Society. As a result, Lexington Medical Center oncology nurses must be certified in chemotherapy and biotherapy. A clinical mentor also serves as a resource to ensure that the staff remains current and competent in the many specialized skills required for oncology care.

In February 2012, the Inpatient Oncology unit moved back to the beautifully renovated 8th Floor of the South Tower. The unit was redesigned to focus on patient and family comfort and enhance safety. Larger rooms provide a home-like atmosphere and additional workstations improve staff access to patients.



Student Letter Exchange

McEwen Gore, teacher Samantha Werts and McKynzie Foxworth write letters to Lexington Medical Center cancer patients.



Patient Support



Multidisciplinary Conferences

On Tuesdays and Thursdays at 12:30 p.m., the Radiology Conference Room in the hospital's North Tower becomes a hub of activity as physicians who represent all required specialties discuss the care and treatment of newly diagnosed cancer patients.

While the two conferences are different, they are also similar. Physicians evaluate a variety of cancer cases on Tuesdays and devote Thursdays to newly diagnosed breast cancer patients. For each case, pathologists, radiologists, surgeons, medical oncologists, radiation oncologists and other key physicians review the diagnostic imaging, pathology and assessment data to determine the best treatment plan.

In 2012, Lexington Medical Center was fortunate to have Dr. Todd Lefkowitz join the weekly breast conference as the resident expert of reconstructive options for women having breast cancer surgery. The regular attendance of the hospital's pulmonologists and Dr. Jeffrey Travis, a cardiothoracic surgeon, has also enhanced the weekly cancer conferences.

The value of the discussions that take place in this room cannot be overstated. It is here that the experienced and highly skilled physicians at Lexington Medical Center develop a battle plan for each patient.



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

onconf@lexhealth.org

The Pathology department coordinates the breast conference. Contact Susie Greenthaler at:

sbgreenthaler@lexhealth.org
(803) 791-8226



ONCOLOGY CONFERENCE ACTIVITY

Lexington Medical Center 2012 Statistical Year

Conference Type	Total Conferences	Total Cases Presented*	Prospective Cases Presented*	Attendance Percentage by Required Specialties**	Percentage of Cases Where Treatment Guidelines Were Discussed	Percentage of Eligible Cases With Clinical or Working Stage Discussed
Breast Oncology Conference	51			99.6%		
General Oncology Conference	50			100%		
Combined	101	735* (54%)	733*	99.8%	99.2%	98.4%

* For case presentations, CoC requires a minimum of 15% of the annual analytic caseload and the prospective presentation rate of a minimum of 80% 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.

In 2012, the oncology and breast conferences featured five “Lunch and Learn” lectures.

APRIL 19, 2012

“The Wild and Wonderful World of Her-2 Toward Optimal Treatment of Her-2 Driven Breast Cancer (in the metastatic setting)”

Dr. P. Kelly Marcom
Duke University Medical Center

SEPTEMBER 18, 2012

“AJCC Staging Moments in Head and Neck Cancer and Colorectal Cancer”

Dr. Joshua Lawson
Lexington Medical Center

DECEMBER 13, 2012

“Non-small Cell Lung Cancer: Accelerating Adoption of New Guidelines and Evidence-based Practice Change”

Dr. Jeffrey Crawford
Duke University Medical Center

MAY 8, 2012

“Current Treatment Standards and Upcoming Clinical Trials For Stage III Lung Cancer”

Dr. Neal Ready
Duke University Medical Center

OCTOBER 25, 2012

“Nipple-sparing Surgery: When Is It Useful?”

Dr. Shelley Hwang
Duke University Medical Center





Lexington Medical Center quickly recognized that all cancer patients needed access to a nurse navigator to decrease the stress of a diagnosis and improve the overall experience for patients.

Nurse Navigators

In 1997, Lexington Medical Center began its nurse navigation program with the implementation of Breast Health Services. The nurse navigator was a board-certified oncology nurse who was able to use her experience to address the questions and concerns of those newly diagnosed with breast cancer. Through nurse navigation, these patients had a designated nurse to educate them about their treatment plan and assist them with obtaining wigs or prostheses. In addition, physicians found it helpful to have someone with knowledge of each patient's personal and social history who could also help them find additional services.

Lexington Medical Center quickly recognized that all cancer patients needed access to a nurse navigator to decrease the stress of a diagnosis and improve the overall experience for patients. 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 for people with any type of cancer, providing education on their particular type of cancer, treatment choices and how to manage any treatment side effects. These nurses are handpicked for their clinical expertise, communication skills and ability to creatively solve problems on the patient's behalf.

Our three nurse navigators are board certified in oncology and obtain ongoing professional education to make sure that their knowledge base remains current as treatment regimens evolve. As key members of our Cancer Services team, they can be seen throughout the hospital each day, visiting patients and ensuring that their care is seamless and coordinated. In 2012, our breast cancer navigator assisted 557 women and our general cancer navigators assisted 1,055 people.





Medical Social Services

The medical social workers in the Cancer Services program at Lexington Medical Center interact with patients on an ongoing basis. They are dedicated to oncology patients in both the inpatient and outpatient areas.

The inpatient social worker, Nicole Sorrent, works with cancer patients in the oncology unit and assists with discharge planning, medication assistance, community referrals, assessments and more. The outpatient oncology social worker, Chris Gibson, works with cancer patients who receive outpatient services through Medical Day, Radiation Oncology, Infusion, Lexington Oncology and other Lexington Medical Center-affiliated physician practices. Even though the inpatient and outpatient social workers cover different areas, they work as a team to ensure that patients and their families receive information, support and assistance.

These social workers effectively assess every patient and family for emotional, physical, spiritual, mental and financial needs, and assist them with navigating the medical and social systems. They also collaborate with other health care team members to meet these needs. After identifying a patient's needs, he or she is connected with the appropriate resources in their health network as well as any state, federal, national or community resources. The social workers can assist with arranging transportation through Lexington Medical Center and community resources as well as make referrals to Financial Counseling to help with Disability and Medicaid applications.

Another important role for the oncology social workers is to provide medication assistance through various resources such as Welvista, limited medication vouchers and specific pharmaceutical assistance programs for those who are underinsured or uninsured. At times, cancer patients discover limitations in their insurance when it comes to specialty medications and may be faced with large co-payments. This is another area where the expertise of

the social workers is invaluable. They can link individuals with specific foundations that can cover the co-pay of these necessary but expensive oncology drugs.

The outpatient oncology social worker also facilitates the Losing Is Not an Option cancer support group (Wednesdays at 11:30 a.m.) and New Patient Orientation (first and third Thursdays at 5:00 p.m.) as well as periodic seminars throughout the year. In addition, the outpatient oncology social worker has a presence in the professional community as an adjunct professor at the University of South Carolina College of Social Work, a member of the Lexington County Advisory Board for Community Development Block Grant Program, and through affiliation with both the American Cancer Society and South Carolina Cancer Alliance. The outpatient oncology social worker also works with other social workers for patient-centered projects such as the hospital's annual Christmas Family Adoption program.



Chris Gibson, LMSW, OSW-C
Oncology Social Worker, Outpatient Services

Nicole Sorrent, LMSW
Inpatient Services



Lymphedema Prevention & Management Program

Lexington Medical Center established a comprehensive hospital-based lymphedema prevention and treatment program 15 years ago. The program provides treatment in the Outpatient Physical Therapy department for patients who have been diagnosed with lymphedema. In addition, certified lymphedema therapists educate inpatients 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 restrictions. A certified lymphedema therapist sees patients who are referred to the outpatient setting for treatment. The program consists of manual lymphatic drainage massage, bandaging, exercise, skin care and patient education.

In 2012, Lexington Medical Center evaluated 67 patients with lymphedema and 83% completed the program. The lymphedema prevention and management program also received its first grant through the Lexington Medical Center Foundation to help provide

lymphedema supplies and compression garments for uninsured or underinsured patients.

For three years, the hospital's lymphedema support group has continued to grow and educate patients and families as well as provide encouragement for those facing 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 three certified lymphedema therapists who provide specialized care and education to women undergoing breast cancer treatment. Patients work with the breast health specialist and their physician to determine if they need outpatient services.



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, such as surgery, radiation and chemotherapy, with supportive programs, including animal-assisted, music and visual art therapies.

Lexington Medical Center began its Pet Therapy program in 2008. Pet therapy teams visit any unit at the hospital that has previously requested this service; teams are often found with our Inpatient Oncology patients. Other nursing units also request visits. All dogs must be certified through Pet Partners® or Therapy Dogs, Inc., to participate in this program.

Staff members inform patients when the teams will arrive and ask if they would like a visit. This volunteer service is popular with patients, staff and families. The hospital currently has 10 pet therapy teams that visit several times a week.

In addition to pet therapy, Lexington Medical Center has a music therapy program that provides soothing music to patients in the Infusion Center and inpatient areas, and an art therapy program led by Heidi Darr-Hope, founder and executive director of Healing Icons®. This program demonstrates the importance visual arts have in healing. Through participatory workshops, retreats, seminars and lectures, patients create a visual reminder of their journey and develop new coping strategies.



Pastoral Care

The Pastoral Care department at Lexington Medical Center provides support services to the patients, family members and staff of the Inpatient Oncology unit. Chaplains and associate chaplains make regular visits to the unit as well as provide referrals, rituals, prayers and socialization. Patients and families may also request a visit from a chaplain.

Other support services include written materials for those who have to parent during a serious illness, need encouragement or make important decisions. Through Living with Change, a weekly support group, family members receive guidance to cope with life-changing events, such as a cancer diagnosis. Individual counseling is also available for adults and children struggling with questions and concerns.



We strongly believe in a therapeutic setting where patients and caregivers can voice fears and concerns, and draw strength from the experiences of others.



Support Groups & Patient Programs

Support groups are an integral part of a patient's care plan at Lexington Medical Center. We strongly believe in the value of a therapeutic setting — a place where patients and caregivers can voice fears and concerns, and draw strength from the experiences of others. We provide a place of confidentiality for patients and privacy is paramount. Our support groups strive to provide an appropriate venue for people with all types of cancer.

LIVING WITH CHANGE

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

LOOK GOOD... FEEL BETTER

Presented in collaboration with the American Cancer Society, the National Cosmetology Association and the National Toiletry and Fragrance Association, this monthly class helps women deal with the cosmetic effects of cancer treatment. Registration is required and all participants receive a free box of make-up.

LOSING IS NOT AN OPTION

Chris Gibson, LMSW, OSCW, leads this weekly meeting for cancer patients and their caregivers.

LYMPHEDEMA SUPPORT GROUP

Facilitated by Tori Gude, MPT, DPT, CLT, this monthly group benefits those who are experiencing lymphedema as a side effect of their cancer treatment.

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 session to introduce themselves to new patients.

SHARING HOPE

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

US TOO

This prostate cancer support group is for men and their significant others; men interested in prostate health issues are welcome, too. Deirdre Young, RN, BSN, OCN, CBCN, facilitates this monthly meeting.

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.

WOMAN TO WOMAN

Led by Kelly Jeffcoat, BSN, OCN, CBCN, this monthly support group is for women with breast cancer.



Digital Mammography Van

Technicians travel to nearly 100 sites around the Midlands, providing approximately 2,500 screenings each year to detect breast cancers.



Serving Our Community



Breast Health Services

While breast cancer is the third most common cancer diagnosed in South Carolina, it is the most commonly diagnosed cancer among women (S.C. Cancer Report Card). The threat of a possible breast cancer diagnosis creates extreme anxiety and emotional hardship for women and their families, making a prompt, accurate diagnosis critically important.

Treatment and management of breast cancer has become increasingly more complex as we learn more about the disease and its pathophysiology. In years past, breast cancer care depended on individual physician effort; today the treatment and management of breast cancer requires the efforts and talents of a multidisciplinary team of medical specialists.

In 1997, Lexington Medical Center developed the concept of “Five Day Detection to Diagnosis,” an innovative approach to breast cancer care that promised to provide women with an answer to their breast abnormality within five days. This simple concept became the cornerstone for a remarkable program that continues today.

Using a multidisciplinary approach in conjunction with rapid scheduling, emotional support and a trained breast cancer nurse navigator, women have access to diagnostic

services for a suspected breast cancer within 24 hours of contact. In addition, the hospital’s weekly multidisciplinary breast cancer conferences ensure that every woman diagnosed with breast cancer at Lexington Medical Center has her case reviewed by a panel of specialists who recommend a treatment plan based on her individual needs.

Lexington Medical Center Breast Health Services became an accredited member of the National Accreditation Program for Breast Centers in July 2010, signifying our voluntary commitment to quality breast cancer care that addresses all aspects of our patients’ needs. By encompassing state-of-the-art clinical management, research, education, psychosocial support programs and rehabilitation, our program has become an exemplar for other hospitals that seek to improve breast cancer care.



Becky's Place

Now in its 12th year, Becky's Place serves women throughout the Carolinas and Georgia as the only hospital-owned Appearance and Resource Center in the Midlands. It is also accredited by The Joint Commission.

Becky's Place continues to play an important role in the recovery process of those who are diagnosed with and treated for cancer. Named in memory of Rebecca "Becky" Johnson, a hospital volunteer and a Lexington Medical Center Foundation board member, the boutique is conveniently located on the hospital's main campus.

Specially trained staff can suggest a variety of ways to minimize and manage the changes in appearance from the effects of cancer therapy, including radiation, chemotherapy and breast surgeries.

In addition, the boutique offers a wide variety of specialized products that are designed to enhance appearance during cancer treatment and recuperation, including a selection of hats, head wraps and wigs for women, men and children. For women who have had surgery for breast cancer, Becky's Place offers a selection of breast prosthesis sizes to accommodate different body types, breast shapes, skin tones and surgeries. Certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics and the Board of

Certification/Accreditation, International, the staff provides one-on-one assistance in a private and caring atmosphere.

Becky's Place also carries a large selection of Vera Bradley handbags and accessories. Ten percent of the net proceeds from Vera Bradley breast cancer awareness items are donated to its foundation for Breast Cancer Research.

Clients can make an appointment to choose a wig, have a fitting for compression garments, select other specialized garments for after breast cancer surgery, or receive fashion advice on head-wrap and scarf-tying techniques. The boutique accepts most major medical insurance and will file all claims on behalf of the client. Assistance is available for those who do not have insurance.

In 2012, the hospital added a third fitting room and expanded services to include a product line of wigs, hats and other accessories to meet the needs of men who have been diagnosed with cancer. More than 1,280 women and men received services from Becky's Place in 2012.

Community Outreach

The Community Outreach department at Lexington Medical Center held several cancer awareness and screening events in 2012 to support the hospital's Cancer Services program.

COLON CANCER CHALLENGE

Lexington Medical Center held its 3rd annual Colon Cancer Challenge on Saturday, March 24, 2012. The event included 65- and 25-mile bike rides, an 8K run and 1-mile family fun walk to raise awareness about colon cancer. Through the dedicated work of Community Outreach and 65 hospital employee volunteers, the Colon Cancer Challenge raised an estimated \$15,000, which provides more than 35 screening colonoscopies for people in our community who do not have health insurance.

There were 198 participants, including 124 bike riders, 26 runners and 48 walkers. Dr. Jim Givens, Dr. David Kingery, Dr. March Seabrook and Dr. Jeffrey Travis participated in the event as well.

Educational opportunities

- WLTX-TV interviews with Dr. March Seabrook, gastroenterologist
- "Colon Cancer—Get Behind It" physician lecture on February 27, 2012
- *Lexington Life* article in March 2012 about colon cancer
- "Remember Your :OSCOPY At Age 50" T-shirts
- Colon cancer fact sheet distributed to each event participant
- The Polyp Stop, The Prep Stop, Screen At 50 and Get Behind It rest stop banners
- Colon cancer survivor success story at opening ceremony

SKIN CANCER SCREENING

On May 20, 2012, Lexington Medical Center partnered with Palmetto Dermatology to hold the 2nd annual free skin cancer screening. The hospital screened 72 people for melanoma and referred several participants to Palmetto Dermatology to follow-up on suspicious lesions. 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.

WOMEN'S NIGHT OUT

Women's Night Out was a huge success in 2012! More than 950 people attended the sold-out event on October 16 at the Columbia Metropolitan Convention Center that included a health and wellness fair, a silent auction, a fashion show featuring cancer survivors and dinner. Guest speaker Dee Dee Ricks, cancer survivor and motivational speaker, shared her story of surviving cancer and loving life. Women's Night Out raised more than \$17,000 to benefit 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.

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

- Colon cancer with Dr. March Seabrook, Consultants in Gastroenterology
- Non-surgical treatment for breast cancer with Dr. Quillin Davis, Lexington Radiation Oncology, and Dr. Steven Madden, Lexington Oncology
- Breast health with Dr. Raymond Fryrear, Southern Surgical Group

Lexington Medical Center Community Outreach will continue to promote early detection and education as well as provide cancer screenings throughout the Midlands.



Exhibit Hall

Women's Night Out

Carolin
Me

Silent Auction



Women's Night Out

The sold-out event raised more than \$17,000 to benefit the Crystal Smith Breast Cancer Fund.



Infusion Center Healing Garden
Supported by the Cancer Care Fund



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 each day.

CANCER CARE FUND

In 2012, 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 their 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 182 sites, screening 3,019 women and detecting 11 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 life-saving screenings in a quick, comfortable and convenient way.

CRYSTAL SMITH FUND

The Crystal Smith Fund provides breast cancer patients with essential items and services, including supplies and medication 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.



Collaboration for Quality

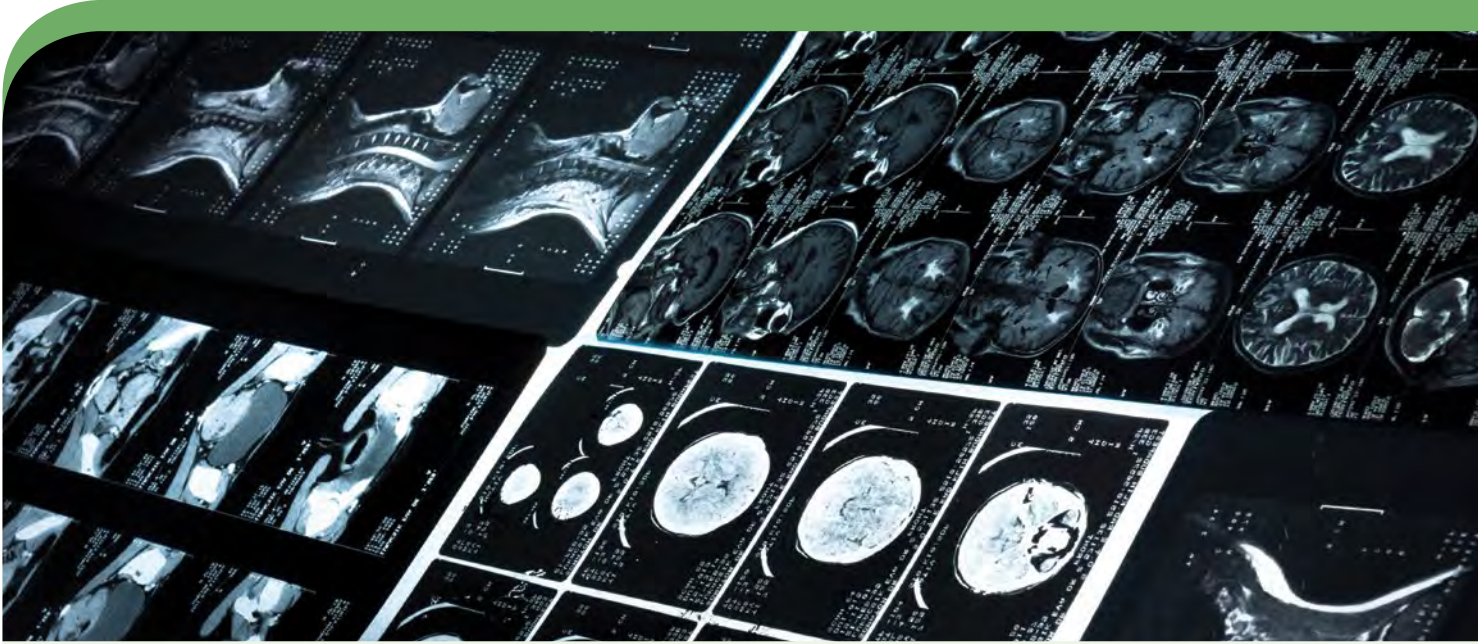
Lexington Medical Center's Clinical Research department, Cancer Services programs and Cancer Registry excel at collaboration when exploring ways to continually improve care for patients. Using cancer registry data, recent research studies, National Comprehensive Cancer Network guidelines and national benchmarks, the team has produced complex studies related to the quality of breast and lung cancer care.

Joining the research department in 2012, Lauren Powell, BSN, RN, clinical research nurse, contributed significantly to this collaborative effort by assisting with the collection and analysis of data.





Statistics & Research



Cancer Spotlight—Head and Neck Cancer: Tonsillar

Since therapy for tonsillar cancer is similar to other regional malignancies statistics, it is grouped with all malignancies involving the oropharynx. In 2013, studies estimate that there will be 13,930 oropharyngeal malignancies and approximately 2,400 deaths from this disease. Although the death rate from these malignancies has decreased over the past three decades, considerable morbidity associated with tonsillar cancer still exists. Most of these malignancies arise from the epithelial lining of the tonsil and, therefore, are pathologically squamous cell carcinomas. For all stages of oropharyngeal cancer, the expected 1-year survival rate is 84%; 5-year survival is 62%; 10-year survival is 51%.

RISK FACTORS

Alcohol and tobacco abuse are the most common risk factors for squamous cell carcinoma of the tonsil with tobacco abuse present in the majority of cases.

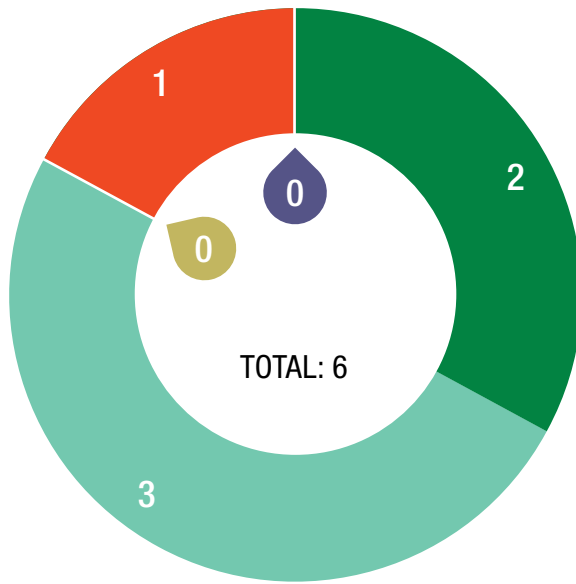
Combined abuse of alcohol and tobacco conveys a significantly higher risk for tonsillar cancer; however, as tobacco abuse decreases, the percentage of tonsillar carcinomas related to human papillomavirus (HPV) has been increasing. Nearly 60–70% of newly diagnosed tonsillar cancers in the United States are associated with HPV. It is

unclear whether the HPV vaccine will have an effect on the incidence of tonsillar cancer. In addition, men account for approximately 80% of oropharyngeal carcinomas.

CLINICAL MANIFESTATIONS

Symptoms from tonsillar cancer include swollen tonsil(s); sore throat; bleeding, persistent red-white patches, a lump or thickening at a tonsil; and asymmetry within the mouth.

Late symptoms are trouble swallowing, pain in the throat or ear, and swelling in the neck.



STAGE DISTRIBUTION 2012 Tonsil Analytic Cases

- STAGE IV (IV, IVA-IVC)
- STAGE III (III, IIIA-IIIC)
- STAGE II (II, IIA-IIIC)
- STAGE I (I, IA-IC)
- STAGE 0

PROGNOSTIC FEATURES

Prognostic features consistent with improved survival include low-stage and HPV-positive tumors.

There is also evidence that smoking cessation—even after diagnosis—leads to improved response to treatment. Positive lymph nodes with extracapsular extension, nodal spread and positive surgical margin are considered adverse features.

TREATMENT AND SURVIVAL

Using an interdisciplinary model, a treatment team for tonsillar cancer should consist of an otolaryngologist, radiation oncologist and a medical oncologist.

A radiologist, pathologist, speech therapist, nutritionist and audiologist may also be of assistance. Approaching this disease as a team can greatly improve survival as well as a patient’s ability to cope with treatment side effects.

Initial treatment of tonsillar cancer depends on its stage. For localized and resectable disease (T1-2, N0-1), primary surgery to remove the cancer and lymph node dissection

is an option. Alternatively, definitive radiation therapy can be used. If positive nodes with adverse features are found at surgery, additional treatment with radiation therapy and concurrent chemotherapy is recommended. These tonsillar cancers would be stage I, stage II and most stage III.

There are three treatment options for resectable, locally advanced disease. The preferred option for T3-4a, N0-1 cancer is concurrent radiation therapy and systemic chemotherapy with the agent cisplatin. For patients who have this treatment for salvage therapy, surgery is used only if the cancer recurs. Alternately, the patient could have surgery followed by radiation. A third option would be to use high-dose induction chemotherapy followed by radiation therapy, but experts disagree about its efficacy.

Even though unresectable locally advanced tonsillar cancer is considered stage IV disease, it should be treated with curative intent. In these patients, radiation with platinum-based chemotherapy is recommended. If the patient cannot tolerate platinum-based chemotherapy, the targeted agent cetuximab is an option.

In patients with recurrent or persistent local disease, all treatment options should be revisited—including

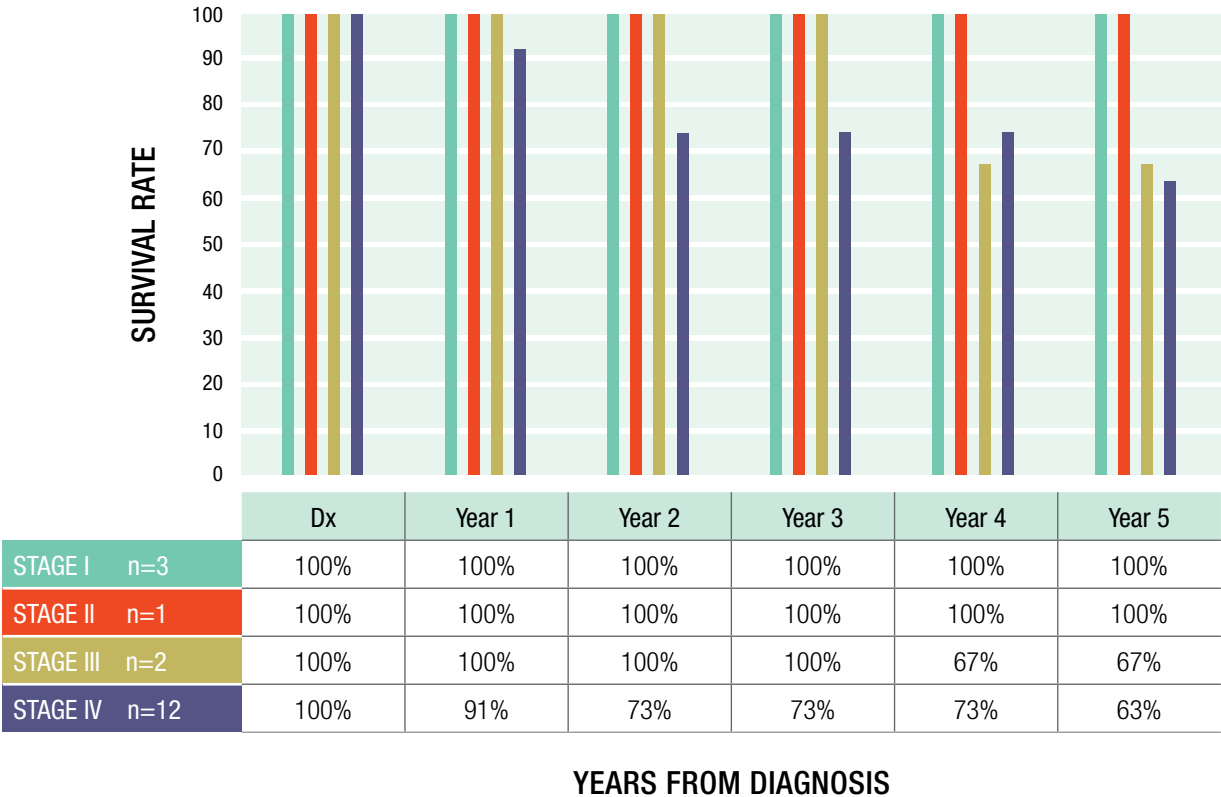
surgical, radiotherapy and systemic therapies—to ascertain if curative treatment is possible. After exhausting these options and determining that the patient is not a candidate for curative therapy, treatment with systemic therapy, including chemotherapy and biologic therapy, is recommended.

Metastatic tonsillar cancer should be treated with palliative intent. Radiation is used to treat areas of symptomatic disease, which usually manifest as pain. After addressing areas of symptomatic concern, the use of single-agent or combination chemotherapy is largely dependent on the patient’s ability to tolerate treatment. Response rates for single agents ranged from 15–35%. Using two or more agents can double the response rates.

The expected 5-year survival based on national data from 2003–2005 is represented in this section. At five years, the survival rate for stage I and II disease is 79% and 72% nationally. By comparison, 5-year survival was 100% for patients treated at Lexington Medical Center with stage I and II tonsillar cancer during the same time period; however, the hospital’s sample size was smaller.

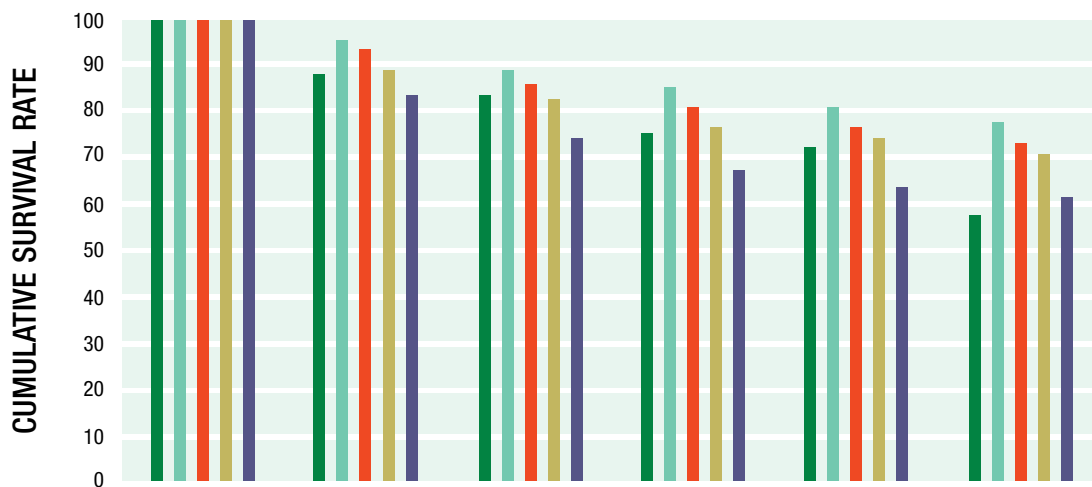
With stage III disease, the 5-year survival at Lexington Medical Center was slightly less than the national average with survival at 67% versus 70%. This rate is also the result of a small sample size. Regarding stage IV tonsillar cancer, Lexington Medical Center had a larger sample size that compared favorably to the national 5-year survival average of 60% with 63% at the hospital.

LEXINGTON MEDICAL CENTER 5-YEAR OBSERVED SURVIVAL FOR TONSIL (C09) CASES Diagnosed in 2003–2005





NCDB 5-YEAR OBSERVED SURVIVAL FOR TONSIL (C09) CASES Diagnosed in 2003–2005. Data from 1,271 Facilities.



	Dx	Year 1	Year 2	Year 3	Year 4	Year 5
STAGE 0 n=62	100%	88.5%	83.5%	74.8%	71.2%	58.1%
STAGE I n=418	100%	95.3%	89.8%	84.2%	80.9%	78.9%
STAGE II n=881	100%	92.3%	85.5%	80.1%	76.7%	72.4%
STAGE III n=2,239	100%	89.5%	82.3%	76.9%	73.1%	70.0%
STAGE IV n=5,738	100%	83.2%	73.1%	67.5%	63.5%	60.2%

YEARS FROM DIAGNOSIS



Clinical Research

When Lexington Medical Center's Clinical Research department began in 2006, the hospital sought to build a comprehensive research program to include clinical trials that not only focused on cancer treatment, but also cancer prevention and quality of life for cancer patients. The department supports this approach by contributing to epidemiological studies (study of the causes, distribution and control of disease in populations), cancer disparities research (studying at-risk populations) and molecular research (cancer genetics) through its tissue banking program. Importantly, the Clinical Research department has surpassed the Commission on Cancer's 4% annual enrollment goal once again by exceeding 10% enrollment of patients to cancer-related clinical trials.

The hospital continues to expand its clinical research program with an additional four trials currently under evaluation for opening. The Duke Oncology Network has played an integral role in supporting the expansion of the research department.



CANCER TREATMENT TRIALS

► S1007

Phase III, Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy +/- Chemotherapy in Patients with 1–3 Positive Nodes, Hormone Receptor-Positive and HER-2 Negative Breast Cancer with Recurrence Score (RS) of 25 or Less

Principal Investigator: **Steven Madden, MD** / Enrolled: **4**

► RTOG-1005

Phase III, Trial of Accelerated Whole Breast Irradiation with Hypofractionation Plus Concurrent Boost Versus Standard Whole Breast Irradiation Plus Sequential Boost for Early-Stage Breast Cancer

Principal Investigator: **Quillin Davis, MD** / Enrolled: **10**

The Clinical Research team successfully enrolled 10 patients to RTOG-1005 in 2012, an impressive number of participants for a community medical center.

► ACOSOG Z11102

Impact of Breast Conservation Surgery on Surgical Outcomes and Cosmesis in Patients with Multiple Ipsilateral Breast Cancers (MIBC)

Principal Investigator: **Lynn Tucker, MD** / Enrolled to Date: **0**

This is Dr. Lynn Tucker's second surgical trial at Lexington Medical Center in two years. The purpose of this study is to determine whether breast conservation surgery is as effective as mastectomy for women who have more than one tumor in the same breast.

► P10-3

Registry of Sipuleucel-T Therapy in Men with Advanced Prostate Cancer

Principal Investigator: **Steven Madden, MD** / Enrolled: **1**

► IRESSA™

Open Label, Multi-Center IRESSA, Clinical Access Program of Gefitinib 250mg (IRESSA) for the Continued Treatment of Patients in the United States Who Are Currently Benefiting or Have Benefited from Gefitinib Treatment

Principal Investigator: **Asheesh Lal, MD** / Enrolled: **1**

PREVENTION

► Break-free Smoking Cessation Study

Through a grant from the National Cancer Institute, the St. Jude Cancer Survivor Tobacco Quit Line assigned participants to counselor-initiated or self-paced groups and provided nicotine-replacement therapy to participants.

Enrolled: **5**

EPIDEMIOLOGY AND CANCER DISPARITIES

► African-American Cancer Epidemiology Study (AACES)

The African-American Cancer Epidemiology Study (AACES) is a new research study that uses S.C. Central Cancer Registry (SCCCR) data beginning in 2011. The Duke University Institutional Review Board (IRB), the South Carolina Department of Health and Environmental Control (SC DHEC) Cancer Control Advisory Committee Surveillance Subcommittee, and the SC DHEC IRB approved the study. Funded by the National Institutes of Health, the study is conducted by the Medical University of South Carolina in partnership with Duke University and eight other states.

In this research study, newly diagnosed African-American women with ovarian cancer are identified through rapid case ascertainment by SCCCR in partnership with the cancer registrars in S.C. While ovarian cancer is rare, it ranks in the top five causes of cancer deaths in S.C. Little is known about its causes, especially in African-American women. SCCCR expects about 30–35 ovarian cancer cases in African-American women to occur in S.C. annually. In addition, this study expanded to include other primary gynecological sites such as fallopian tube, retroperitoneum and peritoneum.

To qualify for AACES, patients must be African American with a newly diagnosed ovarian cancer (or another gynecological cancer included in the study), between the ages of 20–79 and a resident of S.C. Once the cancer registry identifies eligible patients for the study, SCCCR will obtain active consent from these patients to release their contact and medical information to the researchers at Duke. A patient interview will follow for those patients who wish to participate.

This important study is the first of its kind in the nation. Lexington Medical Center is proud to be a part of such a groundbreaking research study.

TISSUE BANKING STUDIES AND CANCER GENETICS RESEARCH

The Lexington Medical Center tissue-banking program has traditionally supported a number of cancer genetics research studies.

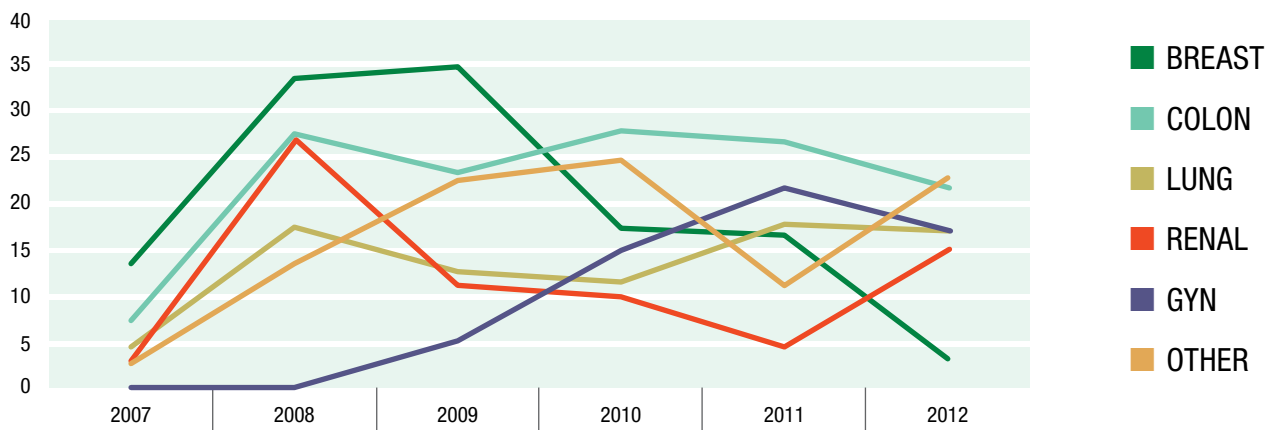
This year, researchers reported that CSMD1 alterations could correlate with earlier clinical presentation in

colorectal tumors, thus further implicating CSMD1 as a tumor suppressor gene.

Somatic Mutations, Allele Loss and DNA Methylation of the Cub and Sushi Multiple Domains 1 (CSMD1) Gene Reveals Association with Early Age of Diagnosis in Colorectal Cancer Patients

TISSUE BANKING STATISTICS 2012

YEAR	BREAST	COLON	LUNG	RENAL	GYN	OTHER	YEARLY TOTAL
2012	4	21	17	15	17	22	96
Grand Total	120	133	82	70	58	76	539



2012 AWARDS

Nan Faile, MS, RN, CCRP

The Frances W. Wheeler Award

South Carolina Cancer Registrars Association award for contributions to cancer clinical research, service, and support and promotion of cancer registrars in South Carolina.



Cancer Registry

The Cancer Registry is an essential component of the Cancer 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 that encompasses the most accurate and timely data on eligible cancer cases diagnosed and/or treated at the hospital.

Registry staff collect and analyze numerous data fields on each cancer case, including patient demographics, primary site, histology, diagnostic testing, prognostic indicators, 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 their effectiveness in treating patients and ensure compliance with national cancer care and treatment guidelines. It is only by constant evaluation that we can provide the best possible care for all patients.

In addition to sending data to the National Cancer Data Base (NCDB) annually, the Cancer Registry submits data to the South Carolina Central Cancer Registry (SCCCR)

and the Rapid Quality Reporting System (RQRS) monthly. 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 those within our state, region and nation.

The Cancer Registry also supplies statistics to the ACoS Facility Information Profile System (FIPS), which is a data-sharing project that benefits consumers and providers of cancer care. Available to the public, FIPS Level II data features cancer caseload information, such as cancers diagnosed and treated at the hospital within a specified year (by site and stage).

The Cancer Registry fulfilled 115 requests for cancer data in 2012. The hospital's Clinical Research department, Breast Program leadership, Cancer Committee and outpatient oncology unit request data most frequently. In 2012, the Cancer Registry data was used for, but not limited to:

- Sharing Rapid Quality Reporting System (RQRS) data with oncologists each month to provide real-time clinical assessment of hospital-level adherence to National Quality Forum (NQF)-endorsed quality of cancer care measures for breast and colorectal cancers, which positively affects and promotes the quality of care for these patients.
- Assisting the Clinical Research department in assessing the potential number of cases for particular clinical trials or research studies.
- Providing data to the Cancer Committee for quality studies.

Since the Cancer Registry data is widely used, selected physicians perform quality reviews to guarantee accuracy of collected data. No less than 10% of all newly diagnosed cases are reviewed for accuracy. The Cancer Registry manager also performs numerous quality checks.

In addition to maintaining the Registry database and collecting and analyzing cancer data, the staff coordinates monthly Cancer Committee meetings and biweekly oncology conferences. To schedule cases for an Oncology Conference, email onconf@lexhealth.org. Learn more about the Cancer Registry or submit a cancer data request by contacting:

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

CANCER REGISTRY ACTIVITY

Lexington Medical Center

2012 Statistical Year

Total Cases	2,641
Analytic Cases	1,359
% Analytic Cases	51.5%
Follow-Up Rate (5 Year) <i>CoC target of 90%</i>	
Persons	93.4%
Cases	93.6%
Follow-Up Rate (Reference Year) <i>CoC target of 80%</i>	
Persons	90.1%
Cases	90.4%

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.





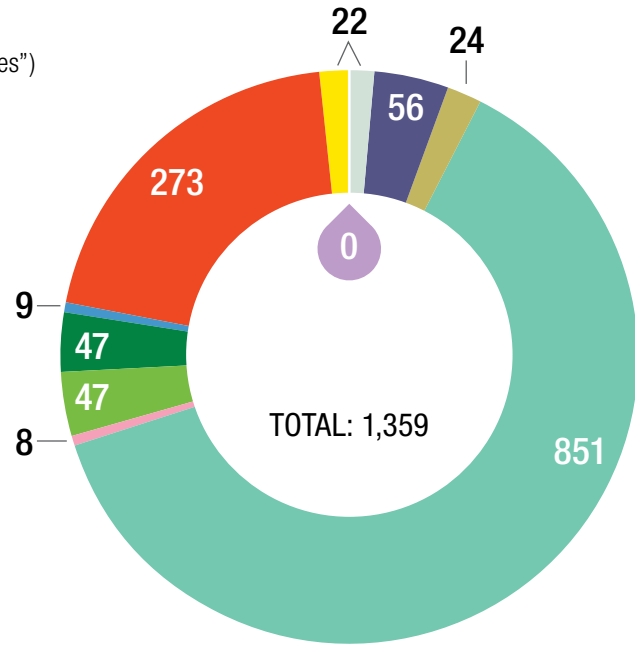
GEOGRAPHIC DISTRIBUTION

Analytical Cases By County At Diagnosis

COUNTY OF DIAGNOSIS

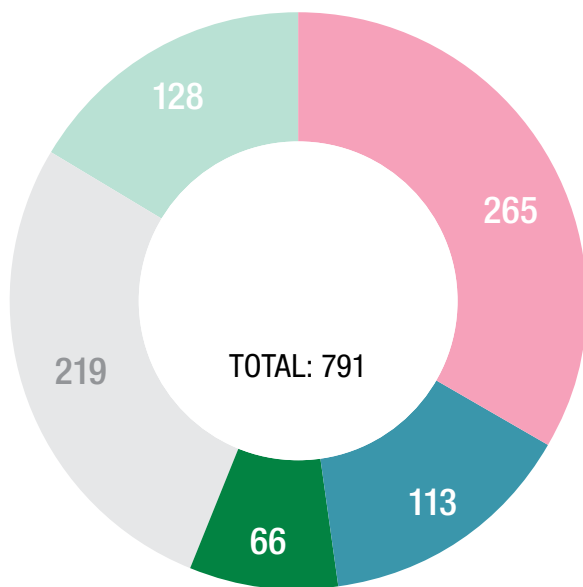
(with some counties combined under "Other SC Counties")

- AIKEN
- ORANGEBURG
- KERSHAW
- LEXINGTON
- SUMTER
- NEWBERRY
- OTHER SC COUNTIES
- OUT OF STATE
- RICHLAND
- SALUDA
- UNKNOWN



TOP SITES

Analytical Cases



- BREAST
- LUNG
- COLORECTAL
- PROSTATE
- KIDNEY

GENDER DISTRIBUTION

Analytical Cases

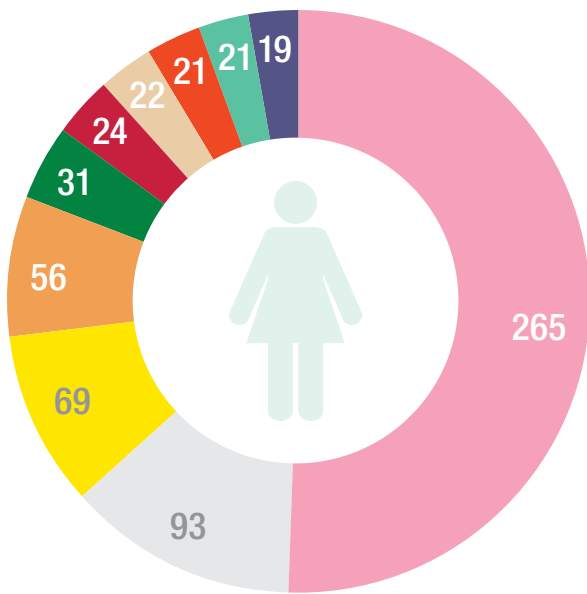


TOTAL: 1,359

GENDER DISTRIBUTION COMPARISON

Lexington Medical Center vs. American Cancer Society

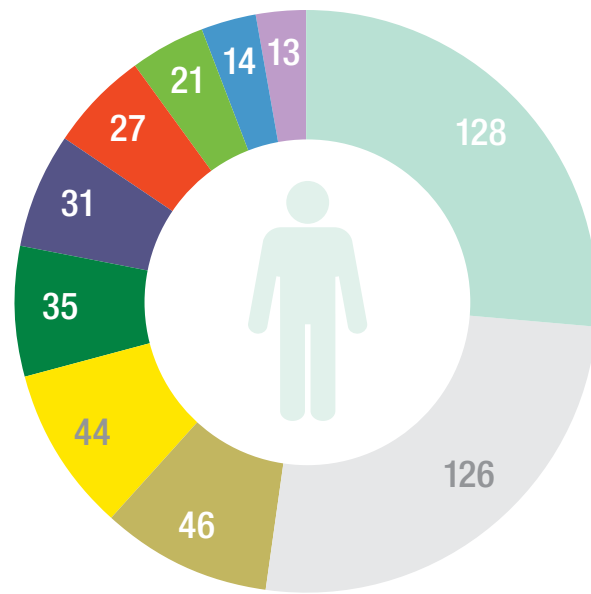
LEXINGTON MEDICAL CENTER Top 10 Analytic Cases for 2012



FEMALE

ALL SITES TOTAL: 748

- BREAST (35.40%)
- LUNG (12.40%)
- COLORECTAL (9.20%)
- CORPUS UTERI (7.49%)
- KIDNEY (4.14%)
- THYROID (3.21%)
- BENIGN BRAIN/
CENTRAL NERVOUS SYSTEM (2.94%)
- LYMPHOMA (HODGKIN & NON-HODGKIN)
(2.81%)
- OVARY (2.81%)
- MELANOMA (2.54%)



MALE

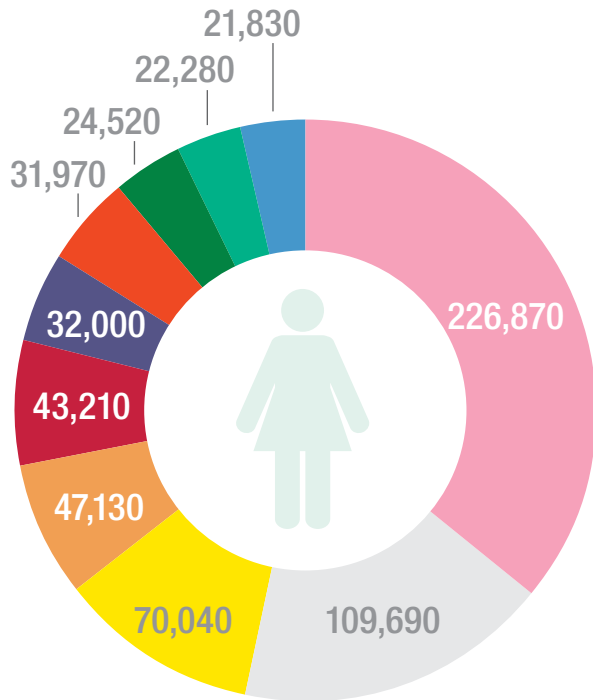
ALL SITES TOTAL: 611

- PROSTATE (20.95%)
- LUNG (20.62%)
- BLADDER (7.53%)
- COLORECTAL (7.20%)
- KIDNEY (5.73%)
- MELANOMA (5.07%)
- LYMPHOMA (HODGKIN & NON-HODGKIN)
(4.42%)
- LIP/ORAL CAVITY/PHARYNX (3.44%)
- PANCREAS (2.29%)
- STOMACH (2.13%)



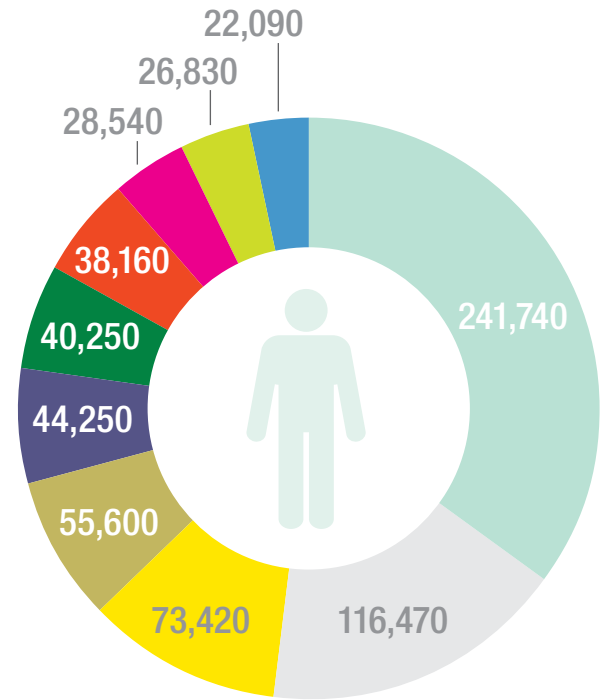
AMERICAN CANCER SOCIETY

Leading New Cancer Cases—Top 10 Sites of 2012 Estimates*



FEMALE ALL SITES TOTAL: 790,740

- BREAST (29%)
- LUNG & BRONCHUS (14%)
- COLON & RECTUM (9%)
- CORPUS UTERI (6%)
- THYROID (5%)
- MELANOMA OF SKIN (4%)
- NON-HODGKIN LYMPHOMA (4%)
- KIDNEY & RENAL PELVIS (3%)
- OVARY (3%)
- PANCREAS (3%)



MALE ALL SITES TOTAL: 848,170

- PROSTATE (29%)
- LUNG & BRONCHUS (14%)
- COLON & RECTUM (9%)
- URINARY BLADDER (7%)
- MELANOMA OF SKIN (5%)
- KIDNEY & RENAL PELVIS (5%)
- NON-HODGKIN LYMPHOMA (4%)
- ORAL CAVITY & PHARYNX (3%)
- LEUKEMIA (3%)
- PANCREAS (3%)

*Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.

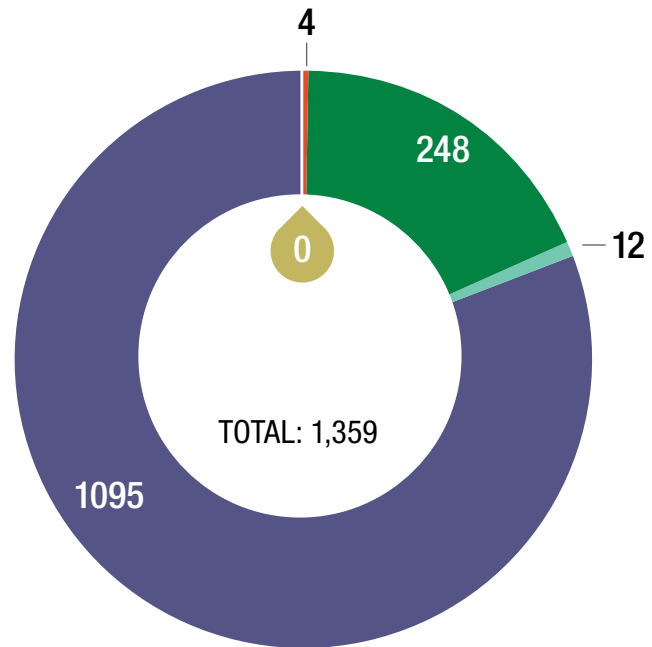
Source: Estimated new cases are based on 1995–2008 incidence rates from 47 states and the District of Columbia as reported by the North American Association of Central Cancer Registries (NAACCR), representing about 95% of the U.S. population. Estimated deaths are based on U.S. Mortality Data, 1994 to 2008, National Center for Health Statistics, Centers for Disease Control and Prevention.

©2012, American Cancer Society, Inc., Surveillance Research

ETHNOLOGICAL DISTRIBUTION

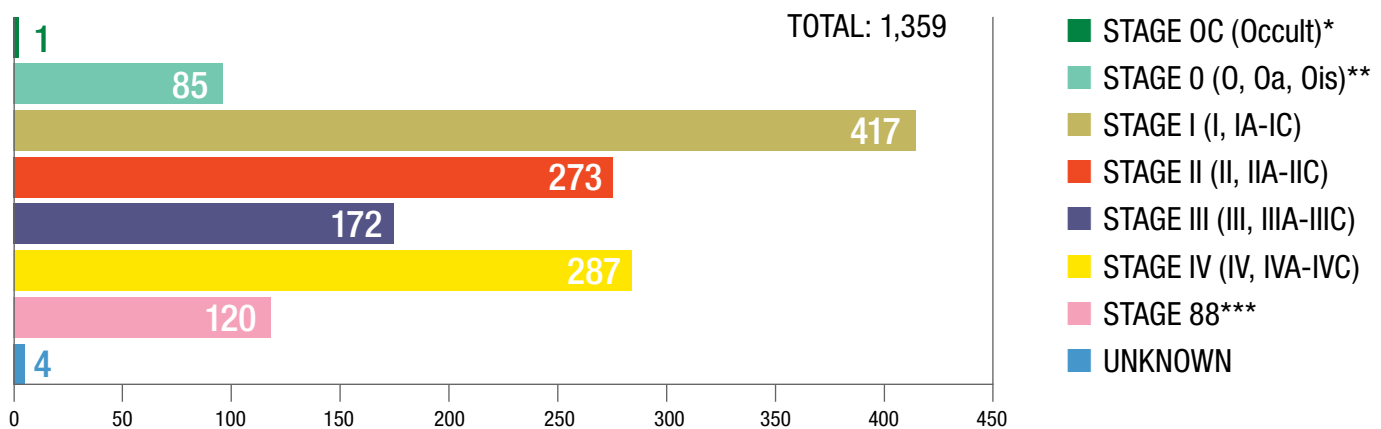
Analytical Cases By Race

- ASIAN INDIAN, OTHER ASIAN
- BLACK
- OTHER RACE (PACIFIC ISLANDER, TAHITIAN, OTHER)
- WHITE
- UNKNOWN



STAGE DISTRIBUTION

Analytical Cases



* Stage OC: Occult stage; applicable to lung primary only

** Stage 0a, 0is: Applicable only to non-invasive papillary carcinoma (0a) of bladder and carcinoma in situ/ "flat tumor" (0is) of bladder

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



SITE DISTRIBUTION—Statistical Summary of Cancer Registry Data

Primary Site	Total Cases	Analytic	Non-Analytic
ORAL CAVITY & PHARYNX	68	37	31
External Lower Lip	1	1	0
Base of Tongue	10	6	4
Other & Unspecified Parts of Tongue	8	3	5
Floor of Mouth	7	4	3
Palate	3	1	2
Other & Unspecified Parts of Mouth	3	3	0
Parotid Gland	4	4	0
Other & Unspecified Major Salivary Glands	4	3	1
Tonsil	10	6	4
Oropharynx	7	1	6
Nasopharynx	4	2	2
Pyramidal Sinus	4	3	1
Hypopharynx	0	0	0
Other & Ill-defined Sites in Lip, Oral Cavity & Pharynx	3	0	3
DIGESTIVE ORGANS	383	215	168
Esophagus	23	13	10
Stomach	31	19	12
Small Intestine	13	9	4
Colon (Excluding Rectum)	154	80	74
Rectosigmoid Junction	5	4	1
Rectum	57	29	28
Anus & Anal Canal	10	6	4
Liver & Intrahepatic Bile Ducts	30	13	17
Gallbladder	8	8	0
Other & Unspecified Parts of Biliary Tract	8	5	3
Pancreas	42	28	14
Other & Ill-defined Digestive Organs	2	1	1
RESPIRATORY SYSTEM	326	239	87
Nasal Cavity & Middle Ear	4	2	2
Accessory Sinuses	2	2	0
Larynx	19	14	5
Lung & Bronchus	296	219	77
Thymus	2	1	1
Heart, Mediastinum & Pleura	3	1	2
BONES, JOINTS & ARTICULAR CARTILAGE	13	2	11
Bones, Joints & Cartilage of Limbs	2	0	2
Bones, Joints & Cartilage of Other	11	2	9
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	219	50	169
Blood	4	1	3
Bone Marrow	213	47	166
Spleen	2	2	0

Primary Site	Total Cases	Analytic	Non-Analytic
SKIN	163	54	109
Melanoma	145	50	95
Other Non-Epithelial	18	4	14
PERIPHERAL NERVES & AUTONOMIC NERVOUS SYSTEM	0	0	0
RETROPERITONEUM & PERITONEUM	6	3	3
Peritoneum	6	3	3
Retroperitoneum	0	0	0
CONNECTIVE, SUBCUTANEOUS & OTHER SOFT TISSUES	20	8	12
BREAST	433	265	168
FEMALE GENITAL ORGANS	201	94	107
Vulva	13	10	3
Vagina	1	0	1
Cervix	65	6	59
Corpus Uteri	68	56	12
Uterus, NOS	5	0	5
Ovary	48	21	27
Other & Unspecified Female Genital Organs	1	1	0
MALE GENITAL ORGANS	301	135	166
Penis	1	0	1
Prostate	289	128	161
Testis	10	6	4
Other & Unspecified Male Genital Organs	1	1	0
URINARY TRACT	212	131	81
Kidney	98	66	32
Renal Pelvis	3	3	0
Ureter	2	2	0
Bladder	109	60	49
BRAIN & OTHER PARTS OF CENTRAL NERVOUS SYSTEM, EYE	74	37	37
Eye & Adnexa	6	1	5
Meninges	30	21	9
Brain	38	15	23
SPINAL CORD, CRANIAL NERVES & OTHER PARTS OF CENTRAL NERVOUS SYSTEM	9	5	4
Spinal Cord	6	5	1
Optic Nerve	0	0	0
Acoustic Nerve	3	0	3
THYROID & OTHER ENDOCRINE GLANDS	82	39	43
Thyroid	64	32	32
Adrenal Gland	4	0	4
Pituitary Gland	14	7	7
OTHER & ILL-DEFINED SITES	6	0	6
LYMPH NODES	81	33	48
UNKNOWN PRIMARY SITE	44	12	32
GRAND TOTAL	2,641	1,359	1,282



LEXINGTON MEDICAL CENTER ACCREDITATION



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Lexington Medical Center
Cancer Services

DukeMedicine AFFILIATE