



Lexington Medical
Cancer Center

DukeHealth AFFILIATE

2018 ONCOLOGY ANNUAL REPORT

A Message from Quillin Davis, MD

Cancer Committee Chair and Medical Director of Cancer Services



Caring for cancer patients is a mission that requires coordination of a complex group of services. Oncology touches all elements of a medical system: imaging to laboratory and pathology; primary care to cancer specialists; and everything in between. As the medical system around us evolves and changes, our responsibility to our patients is first and foremost. It drives our efforts and investments in people, facilities and technology, and focuses on the advancements in cancer care that Lexington Medical Cancer Center provides for our community.

BUILDING

As Lexington Medical Center grows to meet the needs of patients, our cancer program is doing the same with a new medical oncology facility that encompasses 60,000 square feet and includes infusion, outpatient pharmacy, imaging and ancillary patient-directed services, such as our navigation services and Cancer Registry.

TECHNOLOGY

We have kept pace with radiation therapy technology with industry-leading Varian TrueBeam® accelerators and radiosurgery capability, which gives patients the opportunity to receive ablative stereotactic treatment to tumors in the brain and body with minimal side effects and complications. Our prostate implant program continues to evolve. With hundreds of cases in the past few years alone, the program shows excellent results for and control of prostate cancer for our patients.

SURGICAL ONCOLOGY

Our surgical programs are second to none. We've added fellowship-trained oncologic surgeon Dr. Kara Ostapoff to our medical staff, and Dr. Johnathan Engh, former director of the Adult Neurosurgical Oncology program at University of Pittsburgh Medical Center in Pennsylvania, recently joined Lexington Medical Center. We also added colorectal surgery specialists Dr. Samir Shah and Dr. Ed Jakubs to our team of outstanding and experienced surgical experts.

QUALITY INITIATIVES

Our cancer programs are certified by the American College of Surgeons Commission on Cancer and the National Accreditation Program for Breast Centers. Participation in these quality initiatives and the dedication of our cancer program staff, nurse navigators, cancer registry, and support teams make these accomplishments possible and help ensure we keep abreast of the changes and advancements in oncology on a daily basis.

DUKE PARTNERSHIP

By partnering with the Duke Oncology Network for research and cancer care, we provide access to national clinical trials, in concert with our extensive in-house research team, and bring the best trials to our patients right here in the Midlands.



Katherine T. Ostapoff, MD



Jonathan A. Engh, MD, FAANS



Samir R. Shah, MD, FACS



Edward J. Jakubs, MD



LEXINGTON MEDICAL CENTER IS A SPECIAL PLACE.

As the new patient care tower rises above the campus with the completion of the largest hospital expansion in South Carolina, it serves as a reminder of the broad commitment we have as a hospital and as individuals to provide the best care to our patients — our friends, families and neighbors — today and tomorrow.

Patients are not alone in the fight against cancer. It's our fight, too. We will be here for them with dedicated and caring clinicians, the most advanced treatments, protocols and clinical trials. Everything possible in oncology care is right here at home.

LEXINGTON MEDICAL CENTER ACCREDITATIONS



LEXINGTON MEDICAL CANCER CENTER

Public Reporting of Outcomes

Standard 1.12

Lexington Medical Center provides comprehensive cancer care to its community and has maintained accreditation with the Commission on Cancer since 2005 and the National Accreditation Program for Breast Centers since 2010. As a comprehensive community cancer program, the hospital ensures patients receive cancer treatment based on national treatment guidelines. CoC- and NAPBC- accredited cancer programs must achieve specified levels of performance for specified measures of care.

Standards 4.4 and 4.5 of CoC accreditation are accountability and quality improvement measures that utilize the Cancer Program Practice Profile Reports (CP³R). These reports have been implemented to foster quality improvements at cancer programs awarded with CoC accreditation. Currently, the CoC has developed 23 quality measures for cancer registries to collect and submit the necessary data to a national registry that assesses these measures and provides feedback reports. These 23 quality measures are from 10 primary sites, including kidney, colon, rectum, lung, cervix, gastric, ovary, endometrium, bladder and breast. CP³R provides feedback to our cancer program to:

- improve the quality of data across several disease sites;
- foster preemptive awareness to the importance of charting and coding accuracy;
- improve clinical management and coordination of patient care in the multidisciplinary setting.

Utilizing CP³R, Lexington Medical Center analyzes the data of its performance levels and compares care for these patients relative to other providers nationally and at the state level. Standard of care therapies for cancer are important to achieve the best possible outcomes. Lexington Medical Center's Cancer Committee, a dedicated interdisciplinary committee, convenes to ensure and monitor patient treatments and outcomes based on the American College of Surgeons CoC standards.

Right is a summary of the most recent CP³R for breast, lung, colon and rectal cases treated at Lexington Medical Center in 2015. Exceeding performance expectations set by CoC standards on all measures, Lexington Medical Center demonstrates compliance with evidence-based guidelines and continues to strive to deliver quality standard of care for all cancer patients.

2018 CP ³ R Profile Report Measure/Results (2015 data)	Measure	Lexington Medical Center	South Carolina	All CoC-Accredited Programs	CoC Standard
BREAST CANCER					
Radiation therapy administered within 365 days for women <70 years receiving breast conserving surgery	BCSRT	97%	90%	91%	90%
Radiation therapy for mastectomy within one year for women with >4 positive lymph nodes	MASRT	100%	84%	86%	90%
Combination chemotherapy given or recommended within 120 days for AJCC T1cN0, or stage III hormone receptor negative breast cancer	MAC	100%	94%	93%	90%
Tamoxifen or third generation inhibitor recommended or given within one year of diagnosis for women with AJCC T1c or stage IB-III hormone positive breast cancer	HT	92%	92%	91%	90%
Image- or palpation-guided needle biopsy to primary site to establish diagnosis of breast cancer	nBx	99%	96%	91%	80%
COLON CANCER					
Adjuvant chemotherapy given or recommended with 120 days for AJCC stage III (lymph node positive) colon CA (patients <80 years)	ACT	100%	88%	87%	No Data
At least 12 regional lymph nodes removed/examined for resected colon cancer	12RLN	91%	91%	92%	85%
LUNG CANCER					
Systemic chemotherapy administered within four months to preoperative day or day of surgery to six months postoperatively, or recommended for surgically resected cases with pathologic lymph node positive (pN1) and (pN2) NSCLC	LCT	100%	88%	89%	85%
Surgery not the first course of treatment for cN2, MO lung cases	LNoSurg	90%	92%	92%	85%
LUNG CANCER					
Preoperative chemotherapy and radiation administered for clinical AJCC T3N0, T4N0 or stage III; or postoperative chemotherapy and radiation administered within 180 days of diagnosis for clinical AJCC T3N0, T4N0 or stage III; or treatment recommended for patients <80 years receiving resection for rectal cancer	RECRCTCT	87%	85%	87%	85%



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