

BASED ON 2017 STATISTICS

TOGETHER WE CAN ENDURE THROUGH HOUGH

2018 CANCER REPORT

LETTER FROM THE CHAIRMAN OF THE MCLEOD CANCER COMMITTEE

OUR MISSION

The mission of McLeod Cancer Services is to provide holistic, high-quality and service-oriented care, education and research to oncology patients and their families in a safe and efficient manner.

OUR PHILOSOPHY

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We believe that each person is a unique individual, entitled to clarity, dignity, honesty and respect. As part of our commitment to quality, we conduct clinical research and reach out to the community we serve. We recognize the intricacies of a cancer diagnosis, and understand that an individual with cancer is not only being treated for the disease itself, but is a complex human being whose diagnosis impacts the whole person, physically, emotionally and spiritually, as well as the entire family and support system. Our goal is to provide care, education, and avenues of support to address these complex needs in a professional, yet comforting, environment. We are dedicated to compassionately serving all those who come to us and believe not only in the power of knowledge, but also in the power of perseverance and hope.



As Chairman of the Cancer Committee for McLeod Regional Medical Center, I am pleased to share our 2018 Cancer Report

based on 2017 statistics.

Last year, 1,445 patients were newly diagnosed and treated at McLeod Regional Medical Center. The top five cancer sites were breast cancer (341 patients), lung cancer (262 patients), prostate cancer (163 patients), colorectal cancer (147 patients) and urinary tract cancers (81 patients).

These statistics are compiled by the McLeod Cancer Registry. Our Cancer Registry has been recording statistics on cancer patients diagnosed and treated in our region for more than 65 years, making it the oldest one in the state. This is an essential component of our accreditation with the American College of Surgeons' Commission on Cancer. McLeod also remains the only Comprehensive Community Cancer Program accredited in this region, a distinction we have held since 1977.

diagnosed at McLeod in 2017 and explains the importance of Low-Dose CT Lung Screenings to detect lung cancer at earlier stages. The addition of Dr. Holley to our cancer team allows patients to undergo surgical resection of lung cancer using robotic technology. Following Dr. Holley's arrival, the medical center installed a da Vinci Xi, a fourth generation robot and the latest version available, in February 2018. Robotic-assisted surgery to treat cancer continues to evolve and improve the recovery process with better outcomes, much less pain, better staging of lung cancer, fewer post-operative complications and a two-day hospitalization as opposed to eight to ten days.

At McLeod, we also continue to expand on the concept of delivering multi-disciplinary care. Each week, separate cancer conferences are held to discuss the cases of breast cancer, brain tumors and head and neck cancer as well as the management of all other cancers. Overall, more than half of all cancer cases diagnosed at

Their hearts and minds are driven by the unique relationships they form with patients and new cancer advancements that will make substantial improvements in care. Each one of our patients continue to be our inspiration. Our goal is to serve them better, and we do not take the trust they place in us lightly.











In this report, Thoracic Surgeon Dr. Wayne Holley presents a detailed analysis on lung cancer cases

McLeod are presented at our cancer conferences.

Most importantly at McLeod, we have a highly dedicated and skilled team who take care of patients in a compassionate, healing atmosphere. Their hearts and minds are driven by the unique relationships they form with patients and new cancer advancements that will make substantial improvements in care. Each one of our patients continue to be our inspiration. Our goal is to serve them better, and we do not take the trust they place in us lightly.

McLeod also remains committed to being the choice for medical excellence in the treatment of most types of cancer commonly seen in our region. The ability to offer state-ofthe-art diagnostic capabilities and the latest cancer treatments available locally means that our patients can receive care close to home surrounded by their support team of family and friends.

Rajm Bajnj

Raiesh Baiai, MD Chairman, McLeod Cancer Committee

NEW LUNG CANCER CASES - 2017



Lung cancer is the leading cause of cancer-related deaths in the United States, more than breast, prostate and colorectal cancers combined. In addition, more than 90 percent of all lung cancers are caused by cigarette smoking, according to the Centers for Disease

to the

Control and Prevention (CDC).

At McLeod Regional Medical Center, physicians annually diagnose on average more than 1,400 new cases of cancer in our region. In 2017, there were 262 new cases of lung cancer diagnosed by McLeod Physicians.

A breakdown of the demographics across race shows where lung cancer strikes the population in our area. In absolute numbers, 185 were Caucasian and 77 were African American (Graph 1). By sex, the numbers were 148 male and 114 female (Graph 2).



Lung Cancer Diagnosis by Race (2017)



The distribution of lung cancer cases across ages 30 to 89 years old is shown in Graph 3. In 2017, 225 cases, or 86 percent of all lung cancer patients, were in the range from 50 to 79 years. Only 12 lung cancer patients were in the range from age 30 to 49, or 4.5 percent of



Lung Cancer Diagnosis by Age (2017)

diagnosed cases. Finally, at the upper age limit, in the range from 80 to 89 years, there were 25 lung cancer patients, or 9.5 percent of the total.

Like other solid tumors, lung cancer is predominantly a disease of the elderly. Approximately 68 percent of all patients are older than 65 years when the cancer is diagnosed. The data on the incidence of lung cancer at McLeod indicates that it peaks between the age of 60 and 80.

In the age range from the 30s through the 60s, the years typically referred to as "the prime of life," we can see that this population accounts for approximately 56 percent of all lung cancer patients newly diagnosed at McLeod in 2017.

As with other cancers, the treatment of lung cancer is also better when the patient is diagnosed early. Patients diagnosed with Stage I or II lung cancer have better outcomes than those diagnosed at Stage III or IV. At McLeod, a significant number of patients diagnosed were advanced Stage III and Stage IV (58 percent) as seen in Graph 4. However, we can see some progress in early stage diagnosis with nearly 40 percent of cases detected as Stage I or II.

Lung Cancer Stage by Diagnosis* (2017)



Stage 0 Stage 1A Stage 1B Stage 2A Stage 2B Stage 3A Stage 3B Stage 4 Unknown

AJCC Stage Group

2

Today, when lung cancer is identified early enough, surgery to remove the cancer is the primary option. Because the cancer is detected at an early stage, surgery can be used to remove the cancer completely, offering the patient a much higher chance for cure of the cancer than if the cancer is found at a late stage. The decision to proceed with surgery is dependent on the patient's other medical conditions and their general endurance and stamina.

One form of minimally-invasive surgery for lung cancer involves robotic-assisted surgery. Robotic surgery allows the surgeon to perform many types of complex procedures with more precision, flexibility and control than traditional techniques offer.

During robotic-assisted lung cancer surgery, the surgeon operates through a few small incisions, controlling the robot's every move while seated at a console in the operating room. The surgeon's hand, wrist and finger movements guide the robot manipulating the surgical instruments inside the patient. In essence, the robot becomes an extension of the surgeon's hands. The surgeon views the surgical site through a high-definition 3-D camera. This magnified imagery provides enhanced visibility and improved precision for exact treatment and greater dexterity for the surgeon.

Thoracic robotic-assisted surgery also allows the surgeon to reach the lungs without spreading the ribs. This form of surgery offers better visualization and more precision with smaller incisions. Twenty years ago, this same operation was performed through large incisions in the chest and the side of the patient.

The most important factor for surgery being the primary option for treatment is detecting the cancer at an early stage. Identifying the cancer at an early stage also potentially allows for less lung to be removed when surgery is performed.

If the patient with an early stage cancer is not a candidate for surgery, for whatever reason, then a special

(Continued on next page)

3

type of radiation treatment, called stereotactic body radiation therapy (SBRT), which is available at McLeod, is an option.

Surgery to completely remove lung cancer is often not an option for late stage lung cancers, and the treatment involves a combination of chemotherapy and/or radiation therapy. Unfortunately, three out of four patients receive a diagnosis of late stage lung cancer. The primary reason for this delayed detection is that symptoms from lung cancer often do not appear until the late stages.

In contrast, early stage lung cancer patients do not have symptoms and can go for months and potentially years without detection. Until recently, there were not reasonable tests for early detection because the tumors did not always show up well on X-rays. Historically, a physician waited until a patient developed symptoms of lung cancer -- either coughing up blood or shortness of breath -- before they tested them.

Today, we know that 90 percent or more of all lung cancers are caused by cigarette smoking. The risk of developing lung cancer for a current smoker with a history of smoking a pack a day for 40 years is about 20 times higher than that of the non-smoker. The best way to minimize the risk of developing lung cancer is to never start smoking.

These are the reasons that screening for those at high risk for lung cancer has been recognized as an important method in saving lives. Similar to cancers of the breast, colon, and prostate, it is obvious that the early detection of lung cancer with a screening CT scan provides for a greater chance to be cured with surgery.

At McLeod, we are pleased to offer a Lung Cancer Screening Program that uses low-dose CT scanning to screen high-risk individuals for lung cancer. A lung CT scan can detect tiny spots or nodules on the lungs years before they may be seen on a regular chest X-ray. Active smokers between the ages of 55 and 80 and those who have quit within the past 15 years, are strongly encouraged to be screened.

This fairly new screening plays a crucial role in detecting lung cancer at earlier, more treatable stages. It simply has not gained the same level of awareness of other screenings, such as mammography for breast cancer and colonoscopy for colon cancer.

A Board Certified Thoracic Surgeon, Dr. Wayne Holley received his degree in medicine from Vanderbilt University School of Medicine in Nashville, Tennessee. He completed a general surgery residency at the University of Tennessee Health Sciences Center in Memphis. Dr. Holley also completed a thoracic surgery fellowship at the University of Mississippi Medical Center in Jackson, Mississippi. In 2014, he received training in roboticassisted surgery during a one-year thoracic surgical oncology fellowship at Memorial Sloan Kettering Cancer Center in New York. Dr. Holley has more than 30 years of experience caring for patients.

McLeod Exceeds Quality Standard for Lung Cancer Treatment

At McLeod Regional Medical Center, there are greater than 250 new cases of lung cancer diagnosed and treated annually. As the focus continues to move toward early detection of lung cancer through low-dose CT screenings, McLeod remains committed to exceeding quality expectations for lung cancer treatment.

McLeod Regional Medical Center (MRMC) is nationally accredited by the American College of Surgeons' Commission on Cancer as a Community Comprehensive Cancer Program. This means that MRMC meets or exceeds standards of care and quality metrics defined by the Commission on Cancer as essential to the provision of high quality cancer care.

For lung cancer, the American College of Surgeons' Commission on Cancer has set a very specific measure related to this cancer. Evidence supports the best practice for treatment of Stage IIIA lung cancer (specifically, with two positive lymph nodes and no metastasis, or spread to other organs) should not begin with surgery as the first course of treatment. The American College of Surgeons' Commission on Cancer has set an expected performance rate for this quality standard as 85 percent compliance.

For the fourth year in a row, results from the National Cancer Data Base quality reporting tool indicate that the performance rate for McLeod Regional Medical Center has exceeded this expected performance, with the most recent year's performance measuring 93.3 percent.

LUNG CANCER PERFORMANCE GUIDELINE COMPARISON



Reference: https://facs.org (American College of Surgeons' Commission on Cancer)

Similar to cancers of the breast, colon, and prostate, it is obvious that the early detection of lung cancer with a screening CT scan provides for a greater chance to be cured with surgery.

Screening to Save Lives

Lung cancer is the most commonly diagnosed cancer and the leading cause of cancer death among both men and women in South Carolina, according to SC DHEC. In addition, the American Lung Association states that there will more than 4,630 people in South Carolina diagnosed with lung cancer and 2,900 will succumb to the disease in 2018.

A landmark study published in 2011 indicated that low-dose computed tomography (CT) scans of the lungs of a patient with a significant smoking history led to earlier diagnosis, treatment and a reduced chance of death. The National Lung Cancer Screening Trial involved more than 53,000 patients who were former or active smokers. Results showed a low-dose CT scan of the chest was better than a chest X-ray for detecting lung cancers. Additionally, the study of patients ages 55 to 75 years with a 30 pack-year history of smoking found that there was a 20 percent reduction in mortality using CT scans for diagnosis.

In December 2013, the United States Preventive Services Task Force recommended screening for lung cancer using a low-dose CT scan in patients who meet the following criteria:

- Age 55 to 80, who have also had a:
- Cumulative smoking history of 30-pack years or more.
- Who still smokes or who has this history but stopped smoking in the last 15 years.
- And, currently does not exhibit any symptoms of lung cancer.

If an individual meets this criteria, one may qualify for receiving annual low-dose CT scans.

Based on this recommendation, McLeod implemented a Lung Cancer Screening Program in 2014. Today, Medicare and most private insurance companies cover the cost of the low-dose CT scan if an individual meets the criteria for a lung cancer screening. Ages covered by Medicare range from 55 to 77; private insurance will pay for those 55 to 80. If an individual does not have Medicare or private insurance or cannot afford the deductible (and meet certain financial criteria), the McLeod Foundation offers scholarships through two groups -- McLeod Men and McLeod Angels -- to assist in paying for the screening. For additional questions on the screening or scholarships, please call the McLeod Lung Cancer Nurse Navigator at 843-777-5640.

HOPE GUIDES KATHY'S CANCER JOURNEY

After undergoing a colonoscopy on November 2, 2017, Kathy Walker recalls waking up and the doctor coming in immediately. He explained to Kathy that the results were not good. The diagnosis of stage 4 rectal cancer was coupled with the news that it had spread to her liver and extensively to both lungs.

her thoughts on her family and two granddaughters. "That was really tough to absorb because we had so many dreams and things we wanted to do."

Kathy's concern then turned to how would she pay for cancer treatment without health insurance. "Fortunately, the director of the free medical clinic in Hartsville told me that they could get me some help at McLeod. She explained that they had a program to help patients who may not have the ability to pay."

The first person Kathy spoke to at McLeod was Tara Pierce, McLeod Cancer Clinic Coordinator. Tara explained to Kathy about the McLeod Cancer Clinic and the HOPE (Helping Oncology Patients Everyday) Fund and how each program serves to assist patients in need. "She told me that I would receive really good care at McLeod.

"What a blessing to hear those words," said Kathy. "Everyone I met was so positive and uplifting to me. I truly felt it in my heart. It was like a life change came over me. They encouraged me by restoring my hope."

Countless cancer patients have benefitted from the establishment of the HOPE Fund since October of 2014. Services covered by the HOPE Fund include transportation to treatments, assistance with medication for pain and nausea, educational supplies for the newly diagnosed, assistance with wigs and head coverings, as well as an immediate needs fund.

While the HOPE Fund provides assistance for all McLeod cancer patients, the communicated her excellent progress. "He needs are often more acute for those with financial challenges like Kathy. The McLeod Cancer Clinic serves patients who have few resources so that they receive the same clinical care as patients with insurance coverage. The addition of the HOPE Fund After hearing those words, Kathy focused has served to help these patients who have immediate needs that present barriers to their care.

> After meeting with McLeod Oncologist Dr. Sreenivas Rao, Kathy asked him if he knew anyone who has survived her diagnosis. "He said he could count the number of patients on one hand, maybe a hand and a half. Based on the dismal news I initially received after my diagnosis Dr. Rao's answer at least encouraged me that I could survive."

After eight months of treatment, Kathy underwent her first PET scan in July. This type of imaging test reveals how well a patient's organs and tissue are responding to treatment.

Once he reviewed the results, Dr. Rao told Kathy her scan was "amazing."

According to Kathy, Dr. Rao said I was basically cancer free. Our prayers were answered. The fact that I'm able to get my chemotherapy, PET scan and bloodwork is a miracle. I truly don't know what I would do without the help I'm receiving from the Cancer Clinic and HOPE Fund."

Kathy reflected on how she was touched by the kindness of all of the staff who provided every aspect of her care. "The nurses are incredible. They offer hugs when you arrive for treatment and when you leave. I have a whole new set of friends, and I'm grateful for what they've done for me.'

Today, Kathy continues receiving infusion treatments every two weeks at McLeod to prevent the cancer from returning. She also sees Dr. Rao and Tara in the Cancer Clinic regularly for bloodwork and updated scans. Kathy adds that she prays constantly in thanksgiving for all those involved in her care and the McLeod Foundation donors who contribute to the HOPE Fund and Cancer Clinic. "Because of their generosity, I can now look forward to the joy of a future with my family and granddaughters."

Cathy Walke

McLeod Health celebrated cancer survivors and its oncology staff during An Evening of Hope benefitting the McLeod Center for Cancer Treatment and Research. The McLeod Health Foundation's 19th Annual Cancer Benefit, presented by Wells Fargo, Harbor Freight Tools Foundation, Dargan Construction and Zander Insurance, raised a record breaking \$131,000 for the HOPE (Helping Oncology Patients Everyday) Fund.

Proceeds from the evening are designated to the HOPE Fund which provides transportation and nutrition support for patients with few resources as well as educational manuals and supplies.

The evening, held on September 27, 2018, highlighted Portraits of Hope representing survivorship and courage. These testimonials were shared in video and through audio and pictures. The Portraits of Hope survivor stories included: Jennifer Almers, Randy Altman, Cary Andrews, Shaw Dargan, Sarah DuBose, Temple Dyson, Edith Friday, Jammie Muldrow, Kerstin Nemec, Kathy Walker and Mildred Welch.

The 2018 event also featured talented performers and regional artists paying tribute to loved ones impacted by cancer. Performers for the evening included: Baritone Alexander Elliott, a Florence native who has performed in concerts and operatic roles with the New York City Opera, Annapolis Opera, Opera Santa Barbara, Orlando Philharmonic, Pittsburgh Symphony Orchestra, among others; Francis Marion University's Ensemble "Young Gifted and Blessed"; Cailin and Jennifer Foxworth accompanied by Robin Thompson; Brass Quintet Pentamerous Shade featuring Cancer Survivor Tommy Spittle; Comedian Dustin Moree; and Florence's Three Tenors: Kevin Carter, Shaw Thompson and Nick Townsend.



Jennifer Almers



Jammie Muldrow



Kerstin Nemec

AN EVENING OF HOPE AND INSPIRATION

PORTRAITS OF HOPE:

The community is encouraged to listen to these individuals share their personal experiences about compassionate and exceptional cancer care at McLeod.

Shaw Dargan



Sarah DuBose

Cary Andrews



Mildred Welch and Temple Dyson

To watch these inspirational testimonials, visit www.McLeodHope.org.

2017 CASE DISTRIBUTION BY SITE, SEX & STAGE

PRIMARY SITE	TOTAL	CL/		SEX		AJCC STAGE GROUP						
ALL SITES	1445	A 1445	N/A	667	778	85	421	294	174	273	Onknown 92	N/A
ORAL CAVITY	37	37	0	26	11	0	5	3	6	19	4	0
LIP	1	1	0	1	0	0	0	0	0	1	0	0
OROPHARYNX	0	13	0	10	3		3	0	0	9	0	0
HYPOPHARYNX	2	2	0	2	0	0	0	0	0	1	1	0
OTHER	21	21	0	13	8	0	2	2	6	8	3	0
DIGESTIVE SYSTEM	278	278	0	135	143	3	47	70 4	62 10	72	24	0
STOMACH	22	22	Ő	12	10	Ō	4	3	5	5	5	Ő
	96	96	0	36	60	1	18 0	28	27	18	4	0
ANUS/ANAL CANAL	2	2	0	0	23	Ő	Ó	1	1	0	0	0
	18	18	0	11	7	0	4	4	5	5	0	0
OTHER	18	18	0	30 8	19	0	2	3	2	7	4	0
RESPIRATORY SYSTEM	294	294	0	173	121	2	87	27	53	113	12	0
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	1	1	0	1	0	0	0	0	0	1	0	0
LUNG/BRONC-SMALL CELL	35	35	0	15	20	0	4	0	10	21	0	0
OTHER BRONCHUS & LUNG	190 37	190	0	118	21	0	56 20	24	38	63 13	8	0
BLOOD & BONE MARROW	52	52	0	36	16	0	1	0	0	1	0	50
	25	25	0	16	9	0	1	0	0	1	0	23
OTHER	20	20	0	4	3	0	0	0	0	0	0	20
BONE	1	1	0	1	0	0	1	0	0	0	0	0
CONNECT/SOFT TISSUE	2	2	0	1	1	0	0	0	0	0	2	0
SKIN	20	20	0	15	5	3	7	5	1	2	2	0
MELANOMA OTHER	19	19	0	14	5		0	5	1	2	1	0
BREAST	341	341	0	6	335	63	139	92	15	14	18	0
FEMALE GENITAL	52	52	0	0	52	1	19	5	15	6	6	0
	13	13	0	0	13	1	1 14	3	7 4	1		0
OVARY	9	9	0	Ő	9	0	3	Ō	2	2	2	0
VULVA	2	2	0	0	2	0	0	0	2	0	0	0
	167	167	0	167	0	0	58	75	13	16	5	0
PROSTATE	163	163	0	163	Ő	Ő	58	74	13	15	3	0
TESTIS	3	3	0	3	0	0	0	1	0	0	2	0
	81	81	0	48	33	13	32	12	4	10	10	0
BLADDER	41	41	0	28	13	13	11	10	1	3	3	0
KIDNEY/RENAL OTHER	37	37	0	19	18		21	2	2	7	5	0
BRAIN & CNS	33	33	0	10	23	0	0	0	0	0	0	33
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	1/	16	0	3	10	0	0	0	0	0	0	16
ENDOCRINE	13	13	0	6	7	0	4	1	0	2	3	3
THYROID	10	10	0	3	7	0	4	1	0	2	3	0
	3 E1	5	0	3	21	0	21	0	0	17	0	3
HODGKIN'S DISEASE	7	7	0	5	2	0	21	4	4	4	4	0
NON-HODGKIN'S	44	44	0	25	19	0	19	3	4	13	4	1
UNKNOWN PRIMARY	18	18	0	8	10	0	0	0	0	0	1	17
OTHER/ILL-DEFINED	5	5	0	3	2	0	0	0	1	1	1	2
Number of cases excluded: 1 This report Includes CA in-situ cervix cases.	squamous an	d basal cell s	kin cases, and	d intraepitheli	al neoplasia d	ases						



10 Most Prevalent Cancer Sites Source: American Cancer Society "Cancer Facts and Figures 2017"



DETECTING CANCER COLLABORATIVELY

Communication between a patient's physicians provides each caregiver with information about the patient's medical history, current clinical presentation, treatments, and tests performed. A vital role in the care of oncology patients also involves the Radiologist. This physician is often the first to detect a patient's cancer through diagnostic imaging studies.

> The Radiology Physicians at McLeod who serve on the Cancer Conference **Boards include from left to right:** Dr. Noel Phipps, Dr. Alan Sechtin, Dr. Scott Allen, Dr. Shawn Conwell and Dr. Joshua Leighton (not pictured).

When a patient is diagnosed with cancer, collaboration occurs between the radiologist, primary care physician, surgeon, pathologist, oncologist, and radiation oncologist. Working together, this team of physicians strives to provide the best care for each patient.

"The role of the radiologist is to offer the most accurate and expedient diagnosis," said Dr. Alan Sechtin. "In the case of patients with cancer, or who may potentially have cancer, the radiology team often fast tracks these cases because we understand the concern and anxiety the patient is experiencing."

The radiologists who work with the cancer team at McLeod and serve on the weekly cancer conference boards include Dr. Sechtin, Dr. Scott Allen,

Dr. Noel Phipps, Dr. Shawn Conwell and Dr. Joshua Leighton. Their group, Carolina Radiology Associates, provides radiology services to all of the hospitals within the McLeod Health system. "Communication is very important between radiologists and other physicians," explained Dr. Sechtin. "The whole system would collapse without this team in place. "As radiologists, we work closely with referring physicians. If we see a significant unexpected abnormality in a patient's imaging studies, we immediately contact the ordering physician to discuss these findings. In addition, several times a year, our imaging tests will detect areas of concern that could change the management of a patient's known disease, thus altering the treatment process or the surgical plan."

Radiology Advancements in the Diagnosis and Treatment of Cancer

Committed to consistently delivering superior imaging services and a positive patient experience, McLeod and the radiology team have pursued the latest technology and designations.

3D Mammography

As an American College of Radiology Breast Imaging Center of Excellence, the radiologists at McLeod are helping patients and referring physicians in the detection of breast cancer with the use of 3D Mammography. The Genius[™] 3D Mammography[™] exam is revolutionizing how breast cancer is detected by providing a better option for women of all breast densities compared to 2D alone. 3D Mammography™ also allows for earlier detection, finding 20 percent to 65 percent more invasive cancers than conventional mammography. In addition, 3D Mammography™ reduces call back exams by up to 40 percent and decreases the patient's anxiety associated with an additional exam.

Prostate Studies

McLeod Regional Medical Center recently installed the new GE Signa[™] Architect scanner. This MRI features several new specialty software packages which

The weekly McLeod Cancer Conference is another way that these teams of physicians work together, according to Dr. Sechtin. During each conference, the cases of newly diagnosed cancer patients are presented to the radiologists, pathologists, medical oncologists, radiation oncologists and surgeons, all of whom work together to recommend the best, individualized treatment plan for each cancer patient. These recommendations are then provided to the patient's physician to support his or her plans for treatment.

"One of our goals in radiology is to communicate with everyone involved in the patient's care," added Dr. Sechtin. "The sum of this collaborative approach creates a better result for our patients."

enhance the studies already performed at McLeod. One of the latest offerings for prostate cancer patients includes multi-parametric prostate studies. These studies allow for clinically significant staging of prostate cancer as well as targeted biopsy capabilities.

Lung Cancer Screenings

The radiology team was also instrumental in McLeod being designated as a Lung Cancer Screening Center by the American College of Radiology (ACR). The ACR Lung **Cancer Screening Center designation is a voluntary** program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer. In order to receive this elite distinction, facilities must be accredited by the ACR in computed tomography (CT) in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure. Lung cancer screening with low-dose computed tomography scans, and appropriate follow-up care, significantly reduces lung cancer deaths.

CANCER IS A WORD NOT A SENTENCE

The Honorable Harry McDowell, a Loris real estate proprietor and retired judge of Horry County, never thought brushing his teeth would lead to a diagnosis of cancer.

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The Honorable Harry McDowell appreciates his team of expert physicians at McLeod Health Seacoast, whose collaboration led to an early cancer diagnosis. "It's a funny story," said Judge McDowell. "My dentist recommended for me to start using an electric toothbrush and one morning two of the bristles fell out as I brushed my teeth."

One of the bristles fell into the sink and the other was nowhere to be found. Judge McDowell believed he swallowed the other bristle.

"It felt like I had a fishbone wedged in the back of my throat," said Judge McDowell. "I did everything I could from eating bread to gargling vinegar in hopes the bristle would become dislodged."

After a few days of irritation in his throat, Judge McDowell scheduled an appointment with his internal medicine physician, **Dr. Jonessa Atienza** with McLeod Internal Medicine Seacoast. Dr. Atienza examined him, but found no evidence of the bristle. Concerned for her patient, Dr. Atienza referred Judge McDowell to Otolaryngologist **Dr. Sarah Novis** with McLeod ENT Seacoast.

"Within the hour, I went upstairs to Dr. Novis' office," said Judge McDowell. "The fast coordination of care between the two physician offices impressed me."

Dr. Novis ran a scope called a flexible laryngoscopy down Judge McDowell's throat. This type of procedure allowed her to see the areas of his throat that are not visible through the mouth. Dr. Novis detected an abnormal mass at the base of the tongue area which looked concerning as a possible early malignancy. The most common type of malignancy in this area is usually squamous cell carcinoma.

Dr. Novis explained to Judge McDowell that she would need to surgically biopsy this area of his tongue.

"The tissue we biopsied did not show typical evidence of malignancy, so we sent it for further testing," said Dr. Novis.

Offering superior, individualized cancer care, Dr. Donny Huynh tailored Judge McDowell's chemotherapy regimen to his specific type of cancer.

2018 McLEOD CANCER REPORT

The results of the specialized testing indicated Diffuse Large B-Cell Lymphoma, a form of Non-Hodgkin lymphoma. This common type of lymphoma is an aggressive cancer that starts in white blood cells and grows in lymph nodes. Since Diffuse Large B-Cell Lymphoma can spread rapidly, Judge McDowell met with Oncologist Dr. Donny Huynh with McLeod Oncology and Hematology Associates at Seacoast, a department of McLeod Regional Medical Center, to discuss his plan of care. "Judge McDowell's cancer was contained to one location," said Dr. Huynh. "I tailored a shorter course of chemotherapy specifically for him to minimize unwanted toxicity." Dr. Huynh prescribed three chemotherapy treatments for Judge McDowell, one cycle every three weeks at McLeod Health Seacoast.

"McLeod Health offers state-of-the-art diagnostic capabilities and cancer treatment options so our patients can receive care close to home surrounded by their support team of family and friends,"

The Infusion Services team at McLeod Health Seacoast worked closely

said Dr. Huynh.

with Dr. Huynh, the McLeod Pharmacy and other support areas to provide safe and holistic care to Judge McDowell.

"The Infusion Services team provided wonderful care," said Judge McDowell. "I couldn't have been treated better if I was a king."

After completion of his final treatment, Judge McDowell rang the bell in the Infusion Department to signify the hope, courage and strength it takes to walk the cancer journey. The staff's goal is to not only provide excellent patient care, but also bring hope to patients and their families.

"McLeod is one heck of an operation," said Judge McDowell. "If I ever need to see a physician or seek medical treatment, I'm returning to McLeod Health Seacoast."

Dr. Huynh is optimistic that Judge McDowell will make a full recovery. Statistics show the survival rate for localized Non-Hodgkin lymphoma is 75 percent.

The physicians and staff of McLeod Health Seacoast understand the importance of working together as a team to help guide patients to the specialists needed when time is crucial. Thanks to the quick action of his expert physicians, Judge McDowell is now on the road to recovery.

Advanced Treatment for A SILENT KILLER

Like many retirees, Richard Ayers of Sumter, South Carolina, maintains a busy schedule -- fishing, hunting, volunteering at church, and spending time with his wife, Vickie, and their beagle Bandit.

While working in the yard one day, Richard suddenly spiked a high fever. He sought medical care and received treatment for strep throat. A few weeks later, however, the fever returned and continued to come and go for a few months.

The fever rose again to a frightening 104 to 105 degrees. Alarmed, Richard decided to seek medical attention at the McLeod Health Clarendon Emergency Department located in Manning, South Carolina. Medical tests indicated a blockage in the bile duct, a tube that drains bile from

the liver to the intestines. Richard's medical team at McLeod Health Clarendon then arranged for his transfer to McLeod Regional Medical Center in Florence for further

testing and treatment. Once there, Dr. Veeral Oza, Gastroenterologist with the McLeod Digestive Health Center, evaluated Richard's condition and performed an endoscopic ultrasound (EUS), which revealed a pre-cancerous tumor. Given the findings, Dr. Oza prepped Richard for an

Endoscopic Retrograde Cholangiopancreatography (ERCP).

"The ERCP procedure helps gastroenterologists treat diseases of the gallbladder, biliary system, pancreas and liver," explained Dr. Oza. "Using an endoscope, or a long flexible tube with a light and camera at the end, we examine the inside of the digestive system. We also employ contrast dye and X-ray technology which enables us to see the bile duct, pancreatic duct and gallbladder to identify the source of the problem."

During the ERCP procedure, Dr. Oza inserted a stent into the bile duct to allow the blocked fluids to flow through freely. Richard remained in the hospital for additional testing to determine the severity of his condition. A biopsy of the tumor, performed using the endoscopic ultrasound, confirmed pancreatic cancer.

While at McLeod Regional Medical Center, McLeod Surgeon Dr. John Richey with Pee Dee Surgical Group cared for Richard. A board certified general surgeon, Dr. Richey's expertise includes advanced training in complex biliary and pancreatic surgery.

Because Richard continued to have a recurrent fever, Dr. Richey ordered a computerized tomography (CT) scan to determine the underlying cause. Results from the scan revealed pancreatitis. Furthermore, Richard also developed an infection in his large intestine that required antibiotics.

"Over the course of a few months, Richard battled numerous medical issues including pneumonia, pancreatitis, colitis, and pancreatic cancer," said Dr. Richey.

Following successful treatment of these other conditions, Dr. Richey scheduled the Whipple procedure to treat the pancreatic cancer.

"The Whipple procedure is also known as a pancreaticoduodenectomy. It is a technically complex operation to treat tumors of the head of the pancreas, bile intestine) and complications of chronic pancreatitis," explained Dr. Richey. "During a standard Whipple procedure, we remove the head of the pancreas, the top of the small intestine, the gallbladder, the bile duct, and surrounding lymph nodes," Dr. Richey continued. "We then reconnect the remaining parts of the pancreas, bile duct and stomach to the intestine to allow food to pass through and digest. Most often performed as an open operation, the Whipple procedure requires an incision in the abdomen to allow for access to the

duct, and duodenum (first part of the pancreas."

Prior to Dr. Richey joining McLeod Regional Medical Center, patients Richard remained in the hospital from

like Richard required transfer to other regional hospitals for this procedure. December 11, 2017 through the first of January 2018. During his recovery time, Richard lost more than 50 pounds and required both physical therapy and home health care.

Once he returned home, Richard credits his wife for taking care of his incision.

Pancreatic Cancer

A vital organ, the pancreas secrets insulin and digestive enzymes that help the body break down food. Its location, deep within the abdomen and surrounded by the liver, intestines, spleen, and stomach, makes detection of tumors difficult.

Pancreatic cancer is an aggressive form of cancer often referred to as the Silent Killer.

the age of 60.

"Without a medical background it was challenging for me to help Richard, but McLeod Home Health provided both of us the assistance we needed at home. Our exceptional nurse and physical therapist helped Richard while also teaching me how to care for him. We valued the time they spent with us. Everything fell into place to get him well again," said Vickie.

"Since the surgery, many people have told me how lucky I am," said Richard. "I sincerely appreciate Dr. Richey's youthful, energetic personality as well as his impressive level of knowledge. During my hospitalization, he stopped by my room every evening before going home to talk with me and see how I was feeling. He spent time explaining everything and answered all my questions. He went above and beyond what I could ever expect from a surgeon.

"My health comes from the Lord," said Richard. "He brought Dr. Richev into our lives and worked through him to restore my health. If I had to do it all over again I would, as long as I can do it with Dr. Richey."

Today, nearly one year after the surgery, Richard once again enjoys a busy retirement schedule. And, no one could be more thankful to have him back than Vickie and his beloved companion, Bandit.

The American Cancer Society estimates in the United States 55,440 people will develop pancreatic cancer, and of those people, 44,330 will succumb to the disease in 2018. Most cases of pancreatic cancer occur after

Risk factors include smoking, obesity, chronic pancreatitis, family history (parent, sibling, children), diabetes, and cirrhosis of the liver.

Symptoms can include: abdominal pain or back pain, unexplained weight loss, nausea, fatigue, yellowing of the skin and eyes, and loss of appetite. Early signs of pancreatic cancer are vague, making diagnosis difficult Since pancreatic cancer is most frequently diagnosed in later stages, the cancer often spreads to other organs.

A probable curative treatment for early stage pancreatic cancer is the Whipple surgical procedure, Pictured at left, Dr. John Richev performs the complex Whipple procedure.

EARLY DETECTION UTILIZING 3D MAMMOGRAPHY AND BREAST CANCER RESEARCH IMPROVES SURVIVAL



Treatment and Research, our goal is to provide personalized cancer care. We do not look simply at

avneet Bajwa, MD

the patient, we also study the tumor to see if they have certain receptors on them so that we can fine-tune, customize and personalize the treatment for each person. One treatment does not fit all -- we individualize it to each and every person.

Dedicated to the early detection and treatment of breast cancer, the McLeod Breast Health Center is accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. McLeod has received this prestigious acknowledgement of the quality of care it offers to breast cancer patients since 2010 -- the first breast program in the region to receive this designation.

Annually, breast cancer is the most commonly treated cancer at McLeod Regional Medical Center. Because a tremendous volume of breast cancer patients are cared for at McLeod, the hospital, staff, and physicians have put considerable effort into ensuring state-of-the-art care for women with breast cancer and that the NAPBC standards are met or exceeded.

Examples of how McLeod meets and/or exceeds the NAPBC standards include:

- · Each week at McLeod, the cases of breast cancer patients are presented at the McLeod Breast Conference which includes at least one attending physician from each of the following departments: medical oncology, radiation oncology, surgery, radiology, and pathology. This ensures that each patient's case is considered from all aspects and in its entirety.
- Every new breast cancer patient treated at McLeod is reviewed by the breast conference.
- Sentinel lymph node biopsy is performed on women with early stage breast cancer.
- Women are considered for and offered entrance into clinical trials and research protocols.

Ravneet Bajwa, MD, McLeod Oncology and Hematology Associates

- At the McLeod • College of American Pathologists (CAP) Center for Cancer guidelines are followed in the treatment of all breast cancer cases.
 - Community breast cancer education, prevention, and screening programs are offered in the region.

3D Mammography

Recently, the most accurate mammogram available -- 3D Mammography[™], was installed at McLeod Regional Medical Center, McLeod Health Dillon and on the McLeod Mobile Mammography Unit. This technology will also soon be installed at McLeod Health Clarendon and McLeod Health Seacoast.

3D Mammography[™] produces a threedimensional view that allows doctors to examine breast tissue layer by layer unlike the flat images used in conventional mammograms. Studies show that the Genius™ 3D Mammography[™] exam has greater accuracy than 2D mammography for women across a variety of ages and breast densities. It is also the only mammogram that is FDA-approved as superior for women with dense breasts compared to 2D alone. This is good news for patients, as nearly 50 percent of women between the ages of 40 and 74 have dense breasts.

Medical Research

Breast cancer research also continues to move forward with multiple advancements in care. As a result, today we have more chemotherapy agents and targeted treatments to help women, such as immunotherapy.

In the 1990's, a large breast cancer prevention study of high-risk women was conducted across the United States that McLeod participated in, where 7,000 women were part of the study. The study involved Tamoxifen, an anti-estrogen drug that blocks the effects of estrogen in the body and in breast cancer cells. The women were selected as being high risk based on a computerized model -called a GAIL model, using such criteria as their age, when they first started their menstrual periods, family history of breast cancer and others. Results of this study showed that high risk women who took Tamoxifen for five years experienced about a 30 percent reduction in breast cancer, compared to those who did not get the anti-estrogen drug.

McLeod also participated in another study with a drug called Raloxifene, a sister drug of Tamoxifen. Those results were found to be beneficial as well.

Research in breast cancer has also led to the discovery of new drugs that have changed the lives of patients tremendously. For example, women diagnosed with HER2 positive breast cancer are now treated with Herceptin, a form of targeted therapy. Effecting 25 percent of patients, this type of cancer used to be very aggressive with poor outcomes. Since Herceptin-based treatments began about 20 years ago, the outcomes for these patients have improved greatly. In fact, some women who were on the first experimental treatments with Herceptin are still in remission.

In December of 2017, the U.S. Food and Drug Administration also approved the use of another targeted therapy, Perjeta, in combination with Herceptin and chemotherapy after surgery to treat women with early-stage HER2 positive breast cancer which is considered to have a high risk of recurrence. Both Perjeta and Herceptin work against HER2 positive breast cancers by blocking the cancer cells' ability to receive growth signals. Working together these drugs are improving survival in women with highrisk, early-stage HER2 positive breast cancer as well as those diagnosed with HER2 positive metastatic breast cancer.

Thanks to medical research and 3D mammography, advancements in early detection and breast cancer treatment continue to improve survival.

Dr. Ravneet Bajwa cares for patients with Dr. Rajesh Bajaj, Dr. Michael Pavy, Dr. Sreenivas Rao, Dr. Jamie Smith, and Dr. Karim Tazi at McLeod Oncology and Hematology Associates, a division of McLeod Regional Medical Center. A Board Certified Oncologist, Dr. Bajwa joined McLeod in November 2017 following the completion of her Fellowship in Hematology and Oncology at the University of Florida Department of Medicine in Gainesville, Florida. She received her medical degree in 2010 from Kasturba Medical College, Mangalore of Manipal University in India, and completed her Internal Medicine Residency in 2014 at the University of Florida Department of Medicine.

McLeod News

MCLEOD MOBILE MAMMOGRAPHY UNIT CELEBRATES 25.000 SCREENINGS AT LOCAL INDUSTRY



At left, Lois Evans, the 25,000th patient screened on the McLeod Mobile Mammography Unit, is pictured with Barry Godwin, Stingray Boat Company, and Johnna Black, McLeod Radiology, during the mobile unit's visit to Stingray in Hartsville on December 13.

Lois Evans, a Hartsville resident, became the 25,000th patient to receive a mammogram on the McLeod Mobile Mammography Unit during a recent visit to McLeod Health Darlington.

McLeod recognized this important milestone during the mobile unit's visit to



"Stingray Boat Company is grateful for the opportunity to offer employees an onsite screening mammogram," said Barry Godwin, Chief Financial Officer for Stingray Boat Company. "This is an important part of our wellness program, and the unit provides a convenient option for our employees."

Since the McLeod Mobile Mammography Unit began operations in 2008, it has completed more than 1,300 site visits throughout 12 counties served by McLeod Health, detecting 117 cases of cancer in nine counties.

detected on the unit.

Mammography Unit was updated with 3D mammography technology. This technology is also available at McLeod Regional Medical Center and

IN THEIR OWN WORDS: Cancer Physicians Featured in Video





Dr. Rhett Spencer

The highly-skilled Medical and Radiation Oncologists who care for patients at the McLeod Center for Cancer Treatment and Research understand the unique concerns a person diagnosed with cancer faces daily. In this video, our physicians explain in their own words their decision to answer the call to serve patients with cancer and how their patients benefit from the HOPE (Helping Oncology Patients Everyday) Fund. Physicians featured include: Dr. Rhett Spencer, Dr. Larry Grubb, Dr. Virginia Clyburn-Ipock, Dr. Rajesh Bajaj Dr. Michael Pavy, Dr. Jamie Smith, Dr. Karim Tazi and Dr. Ravneet Bajwa. To watch the video, visit www.mcleodhealth.org/cancerdocs.



Stingray Boat Company in Hartsville on

In 2018 alone, 26 cases of cancer were

Earlier this year, the McLeod Mobile

McLeod Health Dillon and will soon be available at McLeod Health Clarendon and McLeod Health Seacoast.

Breast cancer is the most commonly diagnosed cancer among women in South Carolina regardless of race. It is also the second leading cause of cancer deaths for women in the state and the leading cancer site diagnosed at McLeod Health.

About the Unit

For many women in the region, access to a screening mammogram is being improved by the McLeod Mobile Mammography Unit, which each week travels to businesses, industries, healthcare facilities and health fairs. Typical days of service are Monday through Thursday.

The unit provides a convenient, comfortable, and private setting in which women can undergo a screening mammogram, a digital X-ray of the breast used to detect breast changes in women who have no signs or symptoms of breast cancer.

The McLeod Mobile Mammography Unit is part of the continued commitment of McLeod Health to women from the Midlands to the Coast. The unit is the first of its kind for the northeastern region of South Carolina and was the first digital mobile mammography unit in the state. IThe unit is accredited by the American College of Radiologists.

The McLeod Mobile Mammography Unit was purchased by the McLeod Health Foundation through funds donated by generous supporters.

Women may schedule a mammogram on the mobile unit by calling McLeod Reservations and Scheduling at (843) 777-2095.

2017-2018 CANCER COMMITTEE MEMBERS

PHYSICIAN MEMBERS

Rajesh Bajaj, MD Hematology/Oncology, Chair

Dale Lusk, MD Medical Staff

Sharon Mitchell, MD Pathology

Amy Murrell, MD Surgery

Noel Phipps, MD Radiology

Vipul Shah, MD Hospice/Palliative Care

Rhett Spencer, MD Radiation Oncology

NON-PHYSICIAN MEMBERS

Judy Bibbo, RN, BSN, MHA Vice President

Sandra Burley, RT(R)(T) Radiation Oncology

Jo Capotosti, RN, BSN, CCRP Research

Jamie Craig, PharmD, BCOP McLeod Oncology & Hematology Associates

Beth Epps, RN, BSN Oncology Navigation

Damia Harcrow, RN, BSN Oncology Navigation

Eddie Hobbs, RN Inpatient Oncology Services

Stacey Holley, RN, MSN Quality & Safety

Harriet Jeffords, RPT, MHSA Rehabilitation Services

Lisa McDonald, RN, BSN, OCN, CBCN Cancer Coordination LaTonya McFadden, CTR Cancer Registry

Tracey O'Neal, RN, CBCN Oncology Navigation

Roxanna Prezioso McLeod Foundation

Brandy Reed, RN, OCN Outpatient Oncology Services

Raquel Serrano, LMSW, ACSW, OSW-C Social Work

Tracy Stanton Public Information

Terri Thomas, RT (R) Oncology Navigation

Marie White, CTR Cancer Registry

Shamica Williams, CTR Cancer Registry

McLeod Health

401 East Cheves Street Florence, South Carolina 29506 (843) 777-4673

www.mcleodhealth.org

McLeod Physician Access Center: 1-800-877-6762









