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

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 2019 Cancer Report based on 2018 statistics. Every year, we publish a Cancer Report designed to build community awareness of our cancer services. During your exploration of the information included in our Cancer Report on the various aspects of our cancer program, you’ll quickly discover that McLeod offers a level of technology and medical expertise that rivals nearly any “big city” cancer center. But, what patients also experience here is a deep-rooted and personal level of commitment and compassion that we challenge any other hospital to match. This is what sets us apart — advanced cancer care provided by specialists who are as skilled at treating the person as they are at treating the disease.

Last year, 1,465 patients were newly diagnosed and treated at McLeod Regional Medical Center. The top five cancer sites were breast cancer (422 patients), lung cancer (239 patients), colorectal cancer (157 patients), prostate cancer (128 patients), and urinary tract cancers (77 patients). In this report, McLeod Oncologist Dr. Ravneet Bajwa also presents a detailed analysis on breast cancer cases diagnosed at McLeod in 2018 and explains the importance of 3D Mammography in detecting breast cancer at earlier stages.

One way our cancer team works to improve patient care is by pursuing accreditation to demonstrate that the McLeod Cancer Center provides the highest level of quality and safety both nationally and locally. In 2019, the Commission on Cancer (CoC), a quality program of the American College of Surgeons (ACS) granted McLeod a three-year accreditation with commendation. To earn this voluntary accreditation, a cancer program must meet or exceed the CoC quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. The three-year accreditation with commendation is only awarded to a facility that exceeds standard requirements at the time of its triennial survey. McLeod also remains the only Comprehensive Community Cancer Program accredited in this region, a distinction we have held since 1977.

Additionally, the McLeod Breast Health Center achieved reaccreditation from the National Accreditation Program for Breast Centers (NAPBC) in 2019. Our Breast Center achieved accreditation in 2010 making McLeod first in this region of the state to receive this prestigious acknowledgement of the quality of care it offers to breast cancer patients. In this report, we also feature an article on the international recognition our Radiation Oncology team received in 2019 following a rigorous and voluntary audit conducted by an independent, third party panel of experts in the industry. One of only eight Novalis Certified Centers in the United States, McLeod is the only such cancer center in South Carolina. The hospital also represents one of only 46 certified centers worldwide.

Learning you have cancer can trigger an avalanche of emotions and questions. Our highly skilled team of professionals and ancillary staff are here to partner with our patients on their journey. We offer research-based care as well as a team approach, allowing our patients to receive state-of-the-art compassionate treatment close to their family and support systems.

During your exploration of the information included in our Cancer Report on the various aspects of our cancer program, you’ll quickly discover that McLeod offers a level of technology and medical expertise that rivals nearly any “big city” cancer center.
Breast cancer is again the most commonly treated cancer at McLeod Regional Medical Center. Because of the tremendous volume of breast cancer patients 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.

McLeod is also the only Breast Health Center in the area accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. McLeod received this prestigious acknowledgement of the quality care it offers to breast cancer patients in 2010 – the first breast program in the region to achieve this designation.

In 2018, there were 389 women and five men diagnosed and/or treated at McLeod (graph 1). Two hundred and fourteen (54%) were Caucasian while 178 (46%) were African American. There was also one Asian American diagnosed with breast cancer (graph 2). Most of the women (78%) were between the ages of 50 and 79. Only 14% of women were younger than 50 (graph 3).

The majority of women diagnosed with breast cancer at McLeod are considered early stage. In 2018, 65% of women were either stage 0 or I at diagnosis (graph 4). This is significant because these women have extremely high rates of survival and tend to require less extensive treatment.

At McLeod, the detection of breast cancer at earlier stages has been improved with the installation of 3D Mammography. This technology revolutionizes how breast cancer is detected by providing a better option for women of all breast densities compared to 2D alone.

The technology produces a three-dimensional view that allows doctors to examine breast tissue layer by layer unlike the flat images used in conventional mammograms.

McLeod Health now offers 3D Mammography at McLeod Regional Medical Center, McLeod Health Dillon, McLeod Health Cheraw, McLeod Health Clarendon and on the McLeod Mobile Mammography Unit.

Advancements in early detection with the latest technology and a dedication to ensuring we are meeting and/or exceeding the national standards in breast cancer treatment continues to demonstrate McLeod Health’s commitment to improving survival and access to care.

At McLeod, the detection of breast cancer at earlier stages has been improved with the installation of 3D Mammography. This technology revolutionizes how breast cancer is detected by providing a better option for women of all breast densities compared to 2D alone.
The DIEP flap technique is a much more complex and extensive procedure as opposed to breast reconstruction using an implant, however this technique avoids some of the complications associated with implants.
17 REASONS WHY

Cancer survivor Harry Moran says he has 17 reasons for living -- the blessing of 17 grandchildren -- that were made possible by the care he received from McLeod Oncologist Dr. Michael Pavy during the last two decades.

Harry has faced the cancer journey twice. His first experience with cancer began with a diagnosis of colon cancer in 1997. He underwent surgery to remove the cancer and began treatment recommended by Dr. Pavy.

“It turned out great because I’m still here,” said Harry. “I suffered the second stage of cancer 21 years later. Both of my lungs were full of cancer.

“In fact, the doctor said I would start thinking about getting your affairs in order. I met with Dr. Pavy within two days and he recommended a course of immunotherapy that included the drug Keytruda.

Harry explained that he noticed immediate improvement after the second treatment in 2018. He continues to undergo treatment every three weeks at the McLeod Center for Cancer Treatment and Research.

“The treatment is wonderful. Dr. Pavy even calls me the poster boy for Keytruda. It’s been a long time since I’ve been called the poster boy for anything,” Harry said.

When it comes to cancer care, Harry believes everybody should sit for a time in the waiting room at the McLeod Cancer Center. “All of the people coming in there from young to old and all different economic groups are treated equally. You can see the dedication of each McLeod Cancer Center staff member as they work to ensure every patient receives the help they need during treatment.”

After receiving a letter from Dr. Pavy about the HOPE (Helping Oncology Patients Everyday) Fund, Harry realized how donations to the fund make a difference for all of the patients he would see during his treatments. “My wife and I made a donation and the next day we received another letter from Dr. Pavy explaining how that money was used for a patient who needed assistance with obtaining medicine. I now know that the HOPE Fund is a vehicle for life.”

After beginning his Keytruda treatments for lung cancer, Harry showed Dr. Pavy a picture of what had happened during the 21 years between his first and second diagnosis. “I wanted him to particularly know the life he had given me as part of his treatment. Part of that life besides the wonderful time with my wife of 63 years was 17 grandchildren. I never would have known them if it had not been for his care and treatment of my cancer.”

Harry added that his 17 reasons why (his grandchildren) are the result of the treatment and recovery he received at McLeod. “With cancer you have to recognize there are good and bad parts of it. This journey causes you to start thinking about every day as a day of life -- a new day.

As Harry continues to receive immunotherapy treatment at McLeod, he likes to share with others how Dr. Pavy and the McLeod Cancer Center have allowed him to enjoy many years of joyful celebrations.
### Cancer Sites

#### Total Cases: 1,023 (70%)

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>422</td>
</tr>
<tr>
<td>Lung</td>
<td>239</td>
</tr>
<tr>
<td>Colorectal</td>
<td>157</td>
</tr>
<tr>
<td>Prostate</td>
<td>128</td>
</tr>
<tr>
<td>Urinary System</td>
<td>77</td>
</tr>
<tr>
<td>Brain &amp; CNS</td>
<td>26</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>2</td>
</tr>
<tr>
<td>Lymphatic System</td>
<td>60</td>
</tr>
<tr>
<td>Non-Hodgkin's</td>
<td>52</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>8</td>
</tr>
<tr>
<td>Unspecified</td>
<td>22</td>
</tr>
<tr>
<td>Other/Ill-defined</td>
<td>7</td>
</tr>
</tbody>
</table>

#### Five Leading Cancer Sites

- **Breast:** 28.8%
- **Lung:** 16.3%
- **Colorectal:** 15.2%
- **Prostate:** 15.0%
- **Urinary System:** 12.9%

#### 10 Most Prevalent Cancer Sites

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>157</td>
</tr>
<tr>
<td>Lung</td>
<td>239</td>
</tr>
<tr>
<td>Prostate</td>
<td>128</td>
</tr>
<tr>
<td>Breast</td>
<td>422</td>
</tr>
<tr>
<td>Brain &amp; CNS</td>
<td>26</td>
</tr>
<tr>
<td>Lymphatic System</td>
<td>60</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>2</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>2</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>2</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>2</td>
</tr>
</tbody>
</table>

*Source: American Cancer Society “Cancer Facts and Figures 2018”*
The landscape of cancer care has changed dramatically in the 21st century. Our knowledge in cancer biology has also grown tremendously. This has led to remarkable progress in cancer prevention, early detection and treatment. Scientists have now been able to understand more about cancer than ever before. And yet, there is still more to learn.

Today, cancer care has taken on a multidisciplinary approach involving three major areas: medical oncology, surgery and radiation oncology. All of these specialists play a very important role in cancer care. For example, a surgeon removes the tumor and surrounding tissue. They may also perform a biopsy to help with the cancer diagnosis or use robotic surgery to offer a more precise type of procedure.

A radiation oncologist utilizes radiation to treat the cancer, which is a more localized therapy in order to help reduce some of the unwanted side effects. They also perform stereotactic radiosurgery and stereotactic body radiotherapy to deliver precisely-targeted radiation with sub-millimeter accuracy in a fewer number of treatments offering patients more convenience and a better quality of life.

Medical oncologists, such as myself, are usually involved with the work-up, the diagnosis, and the staging of a patient with cancer. We work with our colleagues to formulate treatment plans. We are also responsible for surveillance, which is following the patient for five years after diagnosis. This allows us to monitor the patient to see if their cancer or blood disorder recurs.

During the past few decades, there has been remarkable progress within the medical oncology community, mainly because we now have more tools to help combat cancer. We are talking about cancer genetics -- where a certain molecular mutation can be identified, as well as nanotechnology where it can actually improve the accuracy of imaging tests. We have also seen considerable advancement on many fronts such as precision cancer treatment and immunotherapy.

Additionally, we have expanded further into blood disorders, including blood cancer. One of the most common types of blood cancers that we see is chronic leukemia, such as chronic myeloid leukemia or chronic lymphocytic leukemia. Thanks to the advancement of modern medications, many of these conditions are now becoming much more treatable and less feared.

Twenty years ago, a patient with chronic myeloid leukemia was expected to live about five to seven years. Today, the average life expectancy of this patient is about 25 years and counting. And, that is by taking a few pills a day. Therefore, the whole landscape has changed dramatically in the treatment of chronic myeloid leukemia.

Similarly, in acute leukemia, there are more specific tests that we can conduct to help identify which patients can benefit from early bone marrow transplant. We are also able to identify certain risk factors associated with this condition to see if the cancer is getting worse.

My personal philosophy is to take the whole person approach when it comes to cancer care. I listen to the patient and take into account all of the involved factors when it comes to treatment planning. I don’t believe in treating someone just based on their CT scan results, blood tests or their fears. My goal is to deliver compassionate care and to emphasize on the quality of healthcare delivery as a member of the McLeod Cancer Team.

During the past few decades, there has been remarkable progress within the medical oncology community, mainly because we now have more tools to help combat cancer.

We are talking about cancer genetics -- where a certain molecular mutation can be identified, as well as nanotechnology where it can actually improve the accuracy of imaging tests. We have also seen considerable advancement on many fronts such as targeted therapy and immunotherapy.
Dr. Rajesh Bajaj to discuss his cancer treatment. The plan involved 19 rounds of chemotherapy and 35 radiation treatments. “Everyone responsible for my care -- from the physicians to the nurses -- was outstanding. I wanted the best hospital and cancer team and that is what I received at McLeod,” explained Duane. Two years after completing his cancer treatment, Duane developed severe headaches. He communicated his issues with Dr. Bajaj who ordered a PET (Positron Emission Tomography) scan to detect if the cancer had returned.

“We focus the radiation onto the area of disease to completely cover it with the dose necessary to ablate the met,” explains McLeod Chief Medical Physicist Tobin Hyman, MS, DABR. “This non-invasive, painless treatment utilizes a set of multiple beams that intersect at a single point on the tumor. The beams remain focused on the area as the linear accelerator rotates around the patient’s head.” Advantages of SRS for patients like Duane include the ability to receive treatment close to home. “A cancer diagnosis is a life changing event for all of our patients,” says Dr. T. Rhet Spencer, McLeod Radiation Oncologist. “Some of these patients are also living with advanced disease. The decision by McLeod to invest in the technology to plan and accurately deliver these types of cancer treatments means patients do not have to leave home to receive the highest level of care.

During stereotactic radiosurgery, the team targets tumors with great precision and accuracy to deliver an ablative dose of radiation, overwhelming all of the abilities of a cancer cell to defend itself. The most common use of stereotactic radiosurgery involves the treatment of metastatic disease inside the brain. Metastatic disease occurs when the cancer cells break away from where they were first formed, travel through blood or the lymph system, and form new tumors (mets) in other parts of the body such as the brain. The mets are the same type of cancer (i.e., lung or breast) but in an area away from the location of the primary disease. Metas develop in the brain, lung, spine and liver. In early 2019, Duane learned the cancer had returned in his lung. This time, the radiation team used stereotactic ablative radiotherapy (SABR) to treat these mets.

“At this point in their cancer journey, patients often want to reach certain milestones. They wish to spend quality time with their family and friends. We make that possible by offering these cutting-edge cancer treatment options.” With a fewer number of treatments, SRS benefits patients by saving them time. Compared to conventional radiation therapy which involves smaller daily doses of radiation in 25 to 35 treatments over five to seven weeks, SRS delivers five to ten times the daily dose of radiation in one to five days of treatment. The increased dose improves the effectiveness of this form of treatment.

A cancer diagnosis is a life changing event for all of our patients,” says Dr. T. Rhet Spencer, McLeod Radiation Oncologist. “Some of these patients are also living with advanced disease. The decision by McLeod to invest in the technology to plan and accurately deliver these types of cancer treatments means patients do not have to leave home to receive the highest level of care.

“Everyone responsible for my care -- from the physicians to the nurses -- was outstanding. I wanted the best hospital and cancer team and that is what I received at McLeod.”

“A few months after his SABR treatment, Duane required stereotactic radiosurgery to obliterate two additional mets in his brain. “I slept during the procedure,” said Duane. “In one short treatment, they targeted those two areas and I was on my way back home.” Although he is living with metastatic cancer, Duane says, “I feel better than ever. My cancer treatments over the last three years have been successful and allowed me to continue enjoying each day. I look forward to spending more time with my wife Beatrice and our family and friends thanks to God and my medical team at McLeod.”
The McLeod Center for Cancer Treatment and Research has received international recognition for the highest level of safety and effectiveness in care. Following a rigorous and voluntary audit conducted by an independent, third-party panel of experts in radiation oncology, McLeod is now distinguished as a Cancer Center that exceeds standard measurements for delivery of quality care.

In addition to assurance that the McLeod Cancer Center offers superlative patient safety and treatment, the accrediting body provides the Radiation Oncology team with the ability to share information with other leading cancer centers. Being a part of this worldwide network also enables McLeod to receive new ideas on treating cancer, improving the safety of treatment and making existing techniques better.

“These experts in the industry measured the quality and safety standards of our radiosurgery program and concluded that we are delivering stereotactic radiosurgery (SRS) and stereotactic ablative radiotherapy (SABR) at a high level of efficacy and safety commensurate with an excellent standard of clinical practice,” explained Dr. Virginia Clyburn-Ipock, a McLeod Radiation Oncologist.

The three TrueBeam linear accelerators at McLeod feature advanced imaging capabilities that allow the team to verify the tumor’s location or make adjustments during treatment.

In addition to assurance that the McLeod Cancer Center offers superlative patient safety and treatment, the accrediting body provides the Radiation Oncology team with the ability to share information with other leading cancer centers. Being a part of this worldwide network also enables McLeod to receive new ideas on treating cancer, improving the safety of treatment and making existing techniques better.

“One of only eight Novalis Certified Centers in the United States, McLeod is the only such cancer center in South Carolina. The hospital also represents one of only 46 certified centers worldwide. On McLeod’s pursuit of this international certification, Tobin Hyman, MS, DABR, Chief Medical Physicist for the McLeod Cancer Center, said, “We believe that we have a great responsibility to patients and their families to commit our staff and equipment to a 360-degree review of our radiosurgery program. In today’s healthcare environment, specialized treatment techniques such as SRS and SABR should undergo a comprehensive external review at regular intervals to ensure the safest care possible is being delivered when you are treating patients with brain, spine or lung cancer.”

Neurosurgeon Dr. William Naso added, “This certification reflects the tremendous commitment of our McLeod Health physicians, physicists, nurses and hospital leadership to quality outcomes and patient safety.”

To date, the McLeod Radiation Oncology team has treated nearly 200 patients with stereotactic radiosurgery and more than 160 with stereotactic ablative radiotherapy.

In addition to this certification, McLeod Radiation Oncology has been accredited by the American College of Radiology – Radiation Oncology Practice Accreditation program (ACR ROPA) since 2013. Of the roughly 2,500 radiation centers in the United States, only 710 of those or 26 percent are accredited by the American College of Radiology.

**The McLeod Cancer Team**

- Dr. Virginia Clyburn-Ipock, Radiation Oncologist; Tobin Hyman, Chief Medical Physicist; Dr. Virginia Clyburn-Ipock, Radiation Oncologist; and Lisa Esco, Medical Physicist.

- Dr. T. Rhett Spencer, Radiation Oncologist; Dr. William Naso, Neurosurgeon; Dr. Larry Grubb, Radiation Oncologist; Tobin Hyman, Chief Medical Physicist; Dr. Virginia Clyburn-Ipock, Radiation Oncologist; and Lisa Esco, Medical Physicist.

**Members of the McLeod Stereotactic Radiosurgery Team include, from left to right,**

- Dr. Virginia Clyburn-Ipock, Radiation Oncologist; Tobin Hyman, Chief Medical Physicist; Dr. Virginia Clyburn-Ipock, Radiation Oncologist; andLisa Esco, Medical Physicist.

Cancer Treatment Options Offered at McLeod

In addition to Stereotactic Radiosurgery and Stereotactic Ablative Radiotherapy, the McLeod Cancer Team offers more than 100 types of cancer utilizing the following treatment options:

- **Surgery/Robotic-Assisted Surgery**
- **Chemotherapy**
- **Immunotherapy**
- **Targeted Therapy**
- **Image Guided Radiotherapy**
- **Intensitly Modulated Radiation Therapy**
- **External Beam Radiation Therapy**
- **High Dose Rate Brachytherapy**
- **Low Dose Rate Brachytherapy**
- **Image Guided Tumor Ablation (Radiofrequency Ablation, Microwave Ablation and Cryoablation)"**
At McLeod Health, physicians representing numerous specialties work collaboratively to care for patients. Smylie Grantham, a 67-year-old resident of Bishopville, South Carolina, experienced this team approach after a routine colonoscopy, a screening test used to detect changes or abnormalities in the colon, revealed cancer.

Smylie’s primary care physician referred him to McLeod Gastroenterologist Dr. Deepak Chowdhary for this procedure. “Each year, physicians diagnose nearly 137,000 new cases of colorectal cancer, often referred to as colon cancer, in the United States. In large part, however, regular screenings have made this disease preventable or at least highly treatable with early detection,” explained Dr. Chowdhary.

Pathology results on polyps removed during Smylie’s colonoscopy confirmed colon cancer. Knowing Smylie would require cancer treatment, Dr. Chowdhary recommended he see McLeod Oncologist Dr. James Smith for treatment.

“I knew I was in great hands at McLeod, because every procedure and surgery I experienced has taken place at McLeod,” said Smylie. Previously, he underwent surgical care for a knee replacement, back surgery, and a heart procedure at McLeod Regional Medical Center.

Dr. Smith determined that Smylie would require surgery before he could begin cancer treatment. He scheduled an appointment with General Surgeon Dr. Nicholas White at Pee Dee Surgical Group, part of McLeod Physician Associates.

“Dr. White explained the surgery to me, and made it clear in words I could understand,” said Smylie.

Dr. White performed robotic-assisted surgery and removed a large portion of Smylie’s colon through small incisions. Robotic-assisted surgery offers many benefits for the patient, including less pain, minimal scarring, shorter hospital stay, and faster recovery.

“I returned to work in four weeks,” said Smylie.

“With an open procedure, Smylie would have stayed in the hospital for at least a week, but the advanced technology of robotic-assisted surgery allowed Smylie to go home within a few days,” said Dr. White. “As a surgeon, I cannot underscore the advantages of robotic-assisted surgery compared to a traditional open procedure.”

Both McLeod Regional Medical Center in Florence and McLeod Health Seacoast in Little River, South Carolina offer robotic-assisted surgery. McLeod Health Surgeons have performed more than 1,700 robotic cases since November 2013. Conditions treated include: hernias, gallbladder, colon cancer, reflux disease, lung cancer, esophageal cancer, tumors, congenital or acquired ureter disease, vaginal prolapse, endometriosis, hysterectomy, kidney disease, bladder cancer, and prostate cancer. The robotic-assisted surgical team consists of a physician assistant, operating room nurses, and surgical technologists in addition to the surgeon.

After surgery, Smylie returned to Dr. Smith to begin cancer treatment. He currently receives oral chemotherapy monthly to ensure all the cancer cells have been killed as well as to lower the chance of a reoccurrence.

Because of the advancements in technology at McLeod Health, Smylie received all of his medical care in one place. “I will not have anything done unless it is at McLeod,” said Smylie, who is now back to working full time and taking care of his wife’s “honey do” list.
Two days after Christmas in 2017, Mike Smalley of Hartsville, South Carolina suddenly felt ill at work. Brushing off his symptoms as a stomach virus or dehydration, Mike continued working but then began sweating and felt pain creeping up his arm. Keenly aware of heart disease because of his family history, Mike quickly realized he may be experiencing a heart attack and asked a co-worker to call 911.

In addition to his family history, 54-year-old Mike smoked for 40 years. In fact, that morning, he purchased a new lighter and a pack of cigarettes. When Mike arrived at McLeod Regional Medical Center, he told the paramedics, “Throw these away for me,” as they transported him inside the Emergency Department (ED).

In the ED, McLeod Cardiologist Dr. Thomas Stoughton confirmed Mike was suffering a heart attack based on the EKG results. They quickly moved him to the Cardiac Catheterization Lab where McLeod Interventional Cardiologist Dr. Fred Krainin performed a heart catheterization. Dr. Krainin located a 100 percent blockage on the left side of Mike’s heart that required two stents in order to keep the narrowed area open and allow blood to flow again.

Following a diagnosis of heart disease, patients like Mike receive blood thinning treatment for at least 12 months to prevent blood clots. Plavix, a blood thinning medication, helps blood flow more easily and reduces the risk of a heart attack or stroke. The medication works by preventing platelets from sticking together and forming clots.

“During my recovery in the hospital after the heart catheterization procedure, Dr. Stoughton ordered a chest scan,” Mike said. “He explained to me that the scan indicated a mass on my lung which could be cancer. I was devastated, knowing I brought it on myself by smoking.” Dr. Stoughton referred Mike to McLeod Pulmonologist Dr. Vinod Jona. After completing a bronchoscopy to biopsy the mass in Mike’s lung, Dr. Jona shared the pathology results with Mike: lung cancer.

Mike required surgery to remove the mass; however, he hesitated stopping the Plavix to undergo surgery because the medicine increases the risk of bleeding during and after surgery. He also understood that continuing the medication decreased his risk of having another heart attack or even death. Studies have shown that patients benefit most from Plavix during the first three to six months.

Mike waited a few months and then returned to Dr. Jona to discuss a treatment plan for the lung cancer. Dr. Jona suggested that Mike meet with Dr. Wayne Holley, McLeod Thoracic Surgeon, and review his surgical options. Dr. Holley joined McLeod Regional Medical Center in December 2017, sharing his expertise in the specialty of robotic thoracic surgery.

After reviewing Mike’s scans and conducting a physical exam, Dr. Holley conferred with Dr. Stoughton who agreed to allow Mike to come off the Plavix for five days for Dr. Holley to operate. In June 2018, Dr. Holley performed a robotic video-assisted thoracoscopic surgery removing the right lower lobe of Mike’s lung and dissecting three lymph nodes.

Thoracic robotic-assisted surgery, a form of minimally invasive surgery, allows the surgeon to reach the lungs without spreading the ribs. “This form of surgery offers better visualization and more precision with smaller incisions,” explained Dr. Holley.

Minimally invasive thoracic surgery also produces better outcomes, results in less pain, better staging of lung cancer, fewer post-operative complications and a two-day hospitalization as opposed to eight to ten days, according to Dr. Holley.

During Mike’s cancer treatment, he bonded with McLeod Oncologist Dr. Sreenivas Rao; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLeod Oncologist Dr. Sreenivas Rao; McLeod Thoracic Surgeon Dr. Wayne Holley; McLeod Radiation Oncologist Dr. Virginia Clyburn-Ipcok; McLe
Immunotherapy - Empowering Your Immune System to Fight Cancer

Karim Tazi, MD, McLeod Oncology and Hematology Associates

The human immune system is an amazing network of fighting cells. It works hard all day, every day to protect the body from infections, foreign organisms and defective cells in the body. Cancer can survive when malignant cells fool the immune system by hiding, escaping and producing signals that halt the immune system’s assault.

Today, we’re learning to use a patient’s immune system against cancer.

Immunotherapy is now another essential tool, alongside surgery, chemotherapy and radiation in the cancer fighting armamentarium. Immunotherapy can work several ways to overcome what seemed to be the cancer’s edge in the fight. We can help the immune system stop the cancer from spreading to other parts of the body, slow or stop the cancer cell’s growth or even obliterate malignant cells.

Types of Immunotherapy

- One of the most widely used treatments are Checkpoint Inhibitors. These treatments act to block the cancer cells from shutting down the immune system, opening the way for the immune system to attack the tumor.
- Monoclonal Antibodies are produced in a laboratory and can be used to enable the immune system to destroy the cancer. One way is to mark the cancer so that the immune system can find it and destroy it. They may also be employed as so-called “Targeted Therapy” to block a single abnormal protein in malignant cells hence leading to its death.
- Adoptive Cell Transfer takes white blood cells from your body, engineers them to fight the cancer, grows them in large quantities and gives them back intravenously. They then seek out and destroy cancer cells. Growing the cells can take many weeks during which the patient may receive other forms of cancer therapy.
- Oncolytic Virus Therapy involves genetically modified viruses that infect and trigger a breakdown of cancer cells.
- Cancer Vaccines can be used to treat cancer or prevent cancer.
- Other types of immunotherapy are used to boost a person’s immune system therefore allowing a stronger natural response to a developing cancer.

The ability to successfully treat cancer improves the earlier the tumor or signs of cancer are discovered, diagnosed and treated. According to the American Society of Clinical Oncology, the role of immunotherapy has grown significantly over the past few years. Research is uncovering better ways to predict how likely the treatment may work and when it should be used.

Additionally, intense research efforts are being devoted to discovering and implementing powerful cancer treatment combinations incorporating immunotherapy, targeted therapy, traditional chemotherapy and radiation therapy.

IMMUNOTHERAPY - EMPOWERING YOUR IMMUNE SYSTEM TO FIGHT CANCER

McLeod News

McLeod Volunteers Donate the Final $50,000 for the HOPE Fund Endowment

The McLeod Volunteer Auxiliary recently presented a check for $50,000 to Robin Aiken, Chair of the HOPE Fund Advisory Committee. The donation, in memory of Marilyn Godbold, is designated to the HOPE Fund Endowment. Godbold served as the Director of Volunteer Services at McLeod for 28 years. She was also one of the first members of the HOPE Fund Advisory Committee.

In April of 2017, the volunteers donated $50,000 to jump start the endowment. The goal of the HOPE Fund Advisory Committee was to establish a $1-million-dollar endowment so that annual proceeds would ensure vital direct support is available to cancer patients at McLeod in perpetuity.

When the volunteers learned that the McLeod Foundation was getting close to reaching the $1-million-dollar goal, they challenged the team to reach $950,000 and the McLeod Foundation was getting close to reaching that goal. The HOPE Fund Endowment had been achieved thanks to this donation.

In the Fall of 2014, the HOPE (Helping Oncology Patients Everyday) Fund was established at the McLeod Center for Cancer Treatment and Research for cancer patient support services such as medication, transportation and nutrition assistance as well as to provide the oncology staff with improved access for the immediate needs of their patients.

Dr. Pavy Honored with McLeod Health Portrait

Dr. Pavy’s commitment to the culture and values of McLeod Health are evident. After he began caring for patients at McLeod in the early 1980s, the nursing unit dedicated to cancer patients was established, and a support system for patients and their families was strengthened with the addition of Hospice and hospital social workers assigned to cancer patients. For nearly four decades, Dr. Pavy has built on existing services in cancer care and established many new programs to form the outstanding McLeod Cancer Center that exists today.

McLeod has a long-standing tradition of acknowledging the life-time achievements of McLeod Physicians, Nursing Professionals and Organizational Leaders. One of the most significant opportunities for recognizing meritorious service and paying tribute to the fine character of these individuals is through the act of commissioning a portrait in their honor by the McLeod Health Board of Trustees. The artist’s rendering of these individuals are placed on permanent display in areas representative of both the location of their service as well as commemorating their expertise in the field. During the ceremony, Dr. Rajesh Bajaj, Co-Medical Director of the McLeod Center for Cancer Treatment and Research, reflected on Dr. Pavy’s career at McLeod as an oncologist and his role in the development of the McLeod Cancer Center. Dr. Bajaj shared many of Dr. Pavy’s accomplishments in regard to the Cancer Center over the past 38 years and how he mentors his fellow physicians as well as continues to stay up-to-date on the latest advances in oncology.

Dr. Pavy is credited with the development of the McLeod Oncology Department and the establishment of the Cancer Center over the past 38 years. He is also known for being a mentor to his fellow physicians as well as continuing to stay up-to-date on the latest advances in oncology.

Members of the McLeod Volunteer Auxiliary present a check for $50,000 to Robin Aiken, Chair of the HOPE Fund Advisory Committee, and Ass Godbold and his daughter Emily Reinicker.

Celebrating years of dedication and service to others, McLeod Health held a portrait unveiling on October 29, 2019, to honor McLeod Oncologist Dr. Michael D. Pavy. Dr. Pavy is credited with the development of the leading tertiary cancer care center for the region, and recognized for his outstanding community contributions, both in physician leadership, cancer research trials and the provision as a mentor to new physicians and residents.

The McLeod Volunteer Auxiliary recently presented a check for $50,000 to Robin Aiken, Chair of the HOPE Fund Advisory Committee. The donation, in memory of Marilyn Godbold, is designated to the HOPE Fund Endowment. Godbold served as the Director of Volunteer Services at McLeod for 28 years. She was also one of the first members of the HOPE Fund Advisory Committee.

In April of 2017, the volunteers donated $50,000 to jump start the endowment. The goal of the HOPE Fund Advisory Committee was to establish a $1-million-dollar endowment so that annual proceeds would ensure vital direct support is available to cancer patients at McLeod in perpetuity.

When the volunteers learned that the McLeod Foundation was getting close to reaching the $1-million-dollar goal, they challenged the team to reach $950,000 and they would donate the final $50,000 to ensure the endowment was fully funded.

The McLeod Volunteer Auxiliary recently presented a check for $50,000 to Robin Aiken, Chair of the HOPE Fund Advisory Committee. The donation, in memory of Marilyn Godbold, is designated to the HOPE Fund Endowment. Godbold served as the Director of Volunteer Services at McLeod for 28 years. She was also one of the first members of the HOPE Fund Advisory Committee.

In April of 2017, the volunteers donated $50,000 to jump start the endowment. The goal of the HOPE Fund Advisory Committee was to establish a $1-million-dollar endowment so that annual proceeds would ensure vital direct support is available to cancer patients at McLeod in perpetuity.

When the volunteers learned that the McLeod Foundation was getting close to reaching the $1-million-dollar goal, they challenged the team to reach $950,000 and they would donate the final $50,000 to ensure the endowment was fully funded.

Trump 2020 McLeod Cancer Report

In the Fall of 2014, the HOPE (Helping Oncology Patients Everyday) Fund was established at the McLeod Center for Cancer Treatment and Research for cancer patient support services such as medication, transportation and nutrition assistance as well as to provide the oncology staff with improved access for the immediate needs of their patients.
2018-2019 CANCER COMMITTEE MEMBERS

**PHYSICIAN MEMBERS**

Rajesh Bajaj, MD  
Hematology/Oncology, Chair

Shawn Conwell, MD  
Radiology

Sharon Mitchell, MD  
Pathology

Amy Murrell, MD  
Radiology

Vipul Shah, MD  
Hematology/Oncology

Rhett Spencer, MD  
Radiology

**NON-PHYSICIAN MEMBERS**

Judy Bibbo, RN, BSN, MHA  
Vice President

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

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

Courtney Moore, MS, RD, LD  
Outpatient Oncology Dietitian

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

Dorie Sturgill, RN, MS, CCRP, OCN, CHPN  
Research

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