

McLeod

BASED ON 2018 STATISTICS

Reflections of

HOPE



2019 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

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.



Rajesh Bajaj, MD

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.

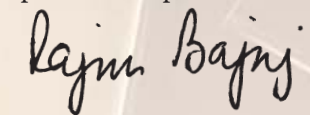
One way our cancer team works to improve patient care is by pursuing accreditation to demonstrate that the McLeod Cancer Center provides the highest level of quality and safety both nationally and locally. In 2019, the Commission on Cancer (CoC), a quality program of the American College of Surgeons (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.

I would also like to acknowledge the hard work and generosity of the staff and volunteers at McLeod. They are dedicated to improving the lives of our patients and their families. Programmatic growth and new treatment options are essential to maintain the vibrancy of this institution, however it is the people who ensure its vitality and future. And, it is our patients who provide the inspiration for everything we do.



Rajesh Bajaj, MD

Chairman, McLeod Cancer Committee

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NEW BREAST CANCER CASES - 2018

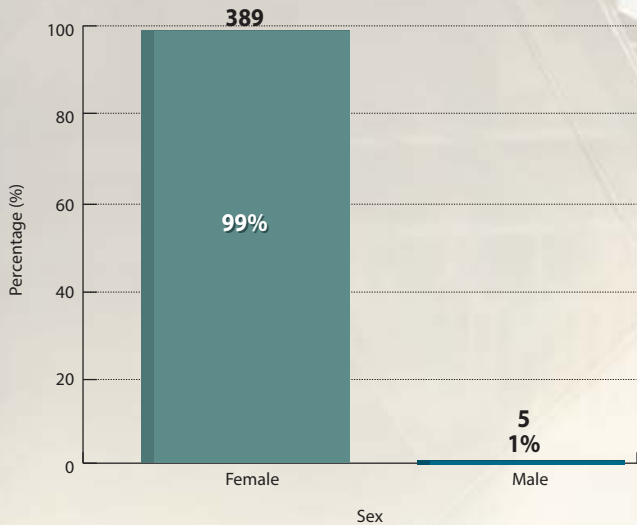


Ravneet Bajwa, MD, McLeod Oncology and Hematology Associates

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.

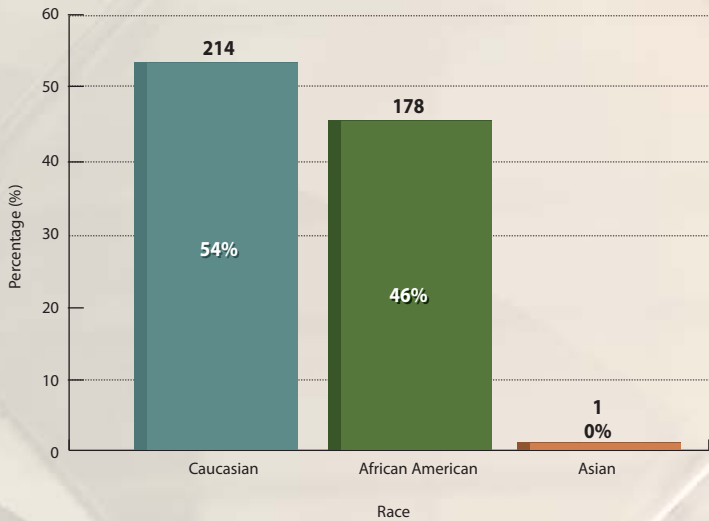
Breast Cancer Diagnosis by Sex (2018)



Graph 1

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).

Breast Cancer Diagnosis by Race (2018)



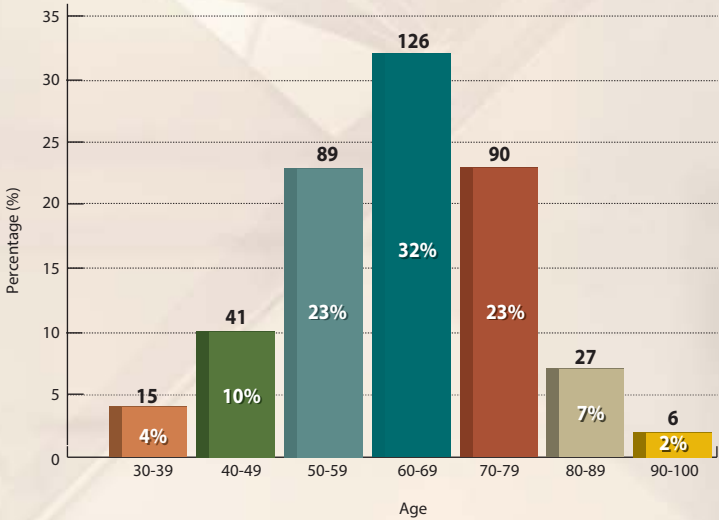
Graph 2

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.

Breast Cancer Diagnosis by Age (2018)



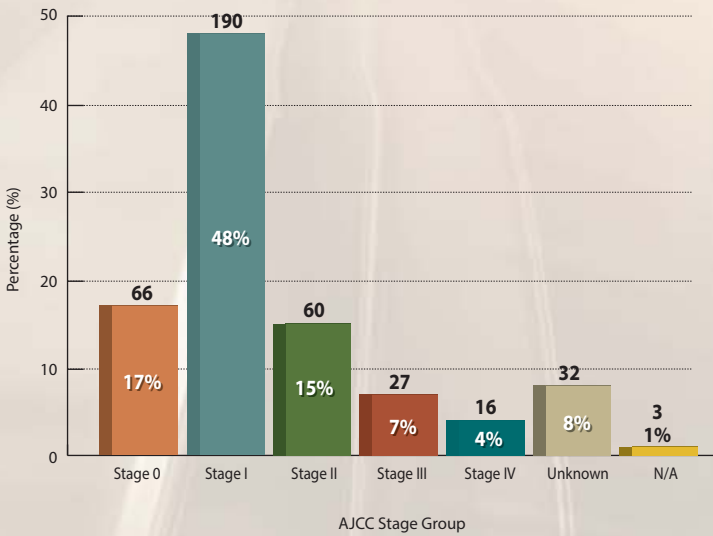
Graph 3

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.

Additionally, studies have shown that 3D Mammography allows for earlier detection, finding 20 percent to 65 percent more invasive cancers than conventional mammography. In addition, 3D Mammography provides greater peace of mind, reducing call back exams by up to 40 percent.

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.

Breast Cancer Stage by Diagnosis* (2018)



Graph 4

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.

BENEFITS OF MICROSURGICAL BREAST RECONSTRUCTION



Dustin L. Eck, MD

Dustin L. Eck, MD, McLeod Plastic and Reconstructive Surgery

When a woman is faced with breast cancer the first goal is to perform an operation that removes the breast cancer. The second goal is to give the patient a cosmetic outcome that results in the breast looking as natural as it did before the surgery or even better in some cases.

Breast reconstruction surgery involves the expertise of a plastic surgeon. At McLeod Regional Medical Center, we offer multiple options for breast reconstruction. These options include implant-based reconstruction using silicone or saline breast implants to recreate the breast or flap-based reconstruction in which the patient's own tissue is used to reconstruct the breast.

The most common flap procedure performed is a DIEP (deep inferior epigastric perforator) breast reconstruction. Most women are candidates for this surgery.

An advanced microsurgical technique that is used to rebuild the breast lost to mastectomy, the DIEP flap procedure requires a plastic surgeon with special surgical training as well as expertise in microsurgery. This form of surgery involves the use of small specialized instruments to operate on very delicate areas of tissue, such as nerves and blood vessels. The procedure is considered micro because the blood vessels are usually under three millimeters in size.

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.

A cutting-edge procedure, the DIEP breast reconstruction involves removal of a flap of complete tissue, blood vessels (perforators) and excess living tissue (skin and fat) from the lower abdomen below the navel or belly button. The plastic surgeon, aided by a microscope, transfers the flap of tissue from the abdomen to the chest connecting the dissected blood vessels from the abdominal tissue to the patient's chest blood vessels. Once the vessels are attached, the surgeon works on shaping the breast.

The biggest benefit of this procedure involves rebuilding the breast with the patient's own tissue which allows the plastic surgeon to create a more natural looking breast that is permanent and does not require maintenance or repeat surgery over time. We are essentially using the body's tissue to heal itself.

There are several benefits of the DIEP flap breast reconstructive technique over other types of reconstruction including reduced post-operative pain, less abdominal wall weakness post-surgery and a decreased chance of abdominal wall hernia formation.

Since muscle is not used to rebuild the breast, this technique preserves the abdominal muscles and retains more strength in the patient's abdomen. An additional benefit of the DIEP flap procedure is it gives patients a "tummy tuck" which flattens and firms the abdomen by removing excess skin and fat.

If a woman decides to pursue the DIEP flap procedure she can choose to have it performed either the same day as a mastectomy, which is known as immediate reconstruction or the surgery may take place at a separate time known as delayed reconstruction.

Sometimes, a temporary implant reconstruction is used before DIEP breast reconstruction to allow the patient with a more advanced disease requiring radiation therapy to complete their cancer treatment prior to undergoing final breast reconstruction.

For more information on microsurgical breast reconstruction, please call McLeod Plastic and Reconstructive Surgery at 843-777-7255.

Dr. Dustin L. Eck provides plastic and reconstructive surgical services at McLeod Regional Medical Center and as part of McLeod Plastic and Reconstructive Surgery. A native of Scottsdale, Arizona, Dr. Eck comes to McLeod following the completion of his Fellowship in Plastic and Reconstructive Surgery at Tulane University Medical Center in New Orleans, Louisiana. Board Certified in Surgery and Board Eligible in Plastic Surgery, Dr. Eck provides the full scope of plastic and reconstructive procedures and cosmetic surgery.

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.

McLeod Exceeds Quality Standard for Breast Cancer Diagnosis

Incidence

- Approximately one in eight U.S. women (about 12%) will develop invasive breast cancer over the course of her lifetime.
- In 2019, an estimated 332,000 new cases of breast cancer are expected to be diagnosed in women in the U.S.

Breast Cancer Risk Assessment and Survivability

- As of January 2019, there are more than 3.1 million women with a history of breast cancer in the U.S. This includes women currently being treated and women who have finished treatment. While breast cancer continues to be one of the most diagnosed cancers among women in the U.S., earlier detection and improved treatment options have increased survivability of this disease.
- A woman's risk of breast cancer nearly doubles if she has a first-degree relative (mother, sister, daughter) who has been diagnosed with breast cancer. Less than 15 percent of women who develop breast cancer have a family member diagnosed with it.
- About five to ten percent of breast cancers can be linked to gene mutations inherited from one's mother or father. Mutations in the *BRCA1* and *BRCA2* genes are the most common. On average, women with a *BRCA1* mutation have up to a 72 percent lifetime risk of developing breast cancer.

- For women with a *BRCA2* mutation, the risk is 69 percent. Breast cancer that is positive for the *BRCA1* or *BRCA2* mutations tends to develop more often in younger women. An increased ovarian cancer risk is also associated with these genetic mutations. In men, *BRCA2* mutations are associated with a lifetime breast cancer risk of about 6.8 percent; *BRCA1* mutations are a less frequent cause of breast cancer in men.
- Approximately 85 percent of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.
- The most significant risk factors for breast cancer are gender (being a woman) and age (growing older).

McLeod Regional Medical Center

At McLeod Regional Medical Center, 422 patients received a new diagnosis and/or treatment for breast cancer in 2018. This treatment includes many different treatment modalities such as surgical intervention, radiation therapy and systemic therapy. At McLeod, diagnosis and treatment plans are developed using evidence-based guidelines. These guidelines are scientifically tested and proven to ensure the best outcomes for patients.

One such evidence-based guideline published by the National Comprehensive Cancer Network is that "Image or Palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer." The American College of Surgeon's Commission on Cancer has set an acceptable measure for this guideline of 80 percent. For the most recent complete year of data collection, calendar year 2016, results from the National Cancer Data Base quality reporting tool indicate the performance rate for McLeod Regional Medical Center is **99.6 percent**.

Conclusion

Patients with breast cancer can rest assured that at McLeod Regional Medical Center, they will receive treatment that is of the highest quality, consistent with nationally recognized, evidence-based standards of care.

References

http://www.breastcancer.org/symptoms/understand_bc/statistics
Last modified on February 13, 2019

<https://m.facs.org>
(American College of Surgeons Commission on Cancer)

<https://www.nccn.org>

Evidence-Based Guideline

Image or Palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.

GOAL

80%

McLEOD

99.6%



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 suggest you 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 made 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.



Harry Moran shared this image of his grandchildren with Dr. Michael Pavy to show the blessings he received during the 21 years between his first and second cancer diagnosis.

AN EVENING OF HOPE AND INSPIRATION 20th Annual McLeod Evening of Hope Benefits the HOPE Fund

McLeod Health celebrated cancer survivors and its oncology staff during the *McLeod Evening of Hope* to benefit the McLeod Center for Cancer Treatment and Research. The McLeod Health Foundation's 20th Annual Cancer Benefit, presented by Wells Fargo, Harbor Freight Tools Foundation, Dargan Construction and Zander Insurance, raised a record breaking \$133,000 for the HOPE (Helping Oncology Patients Everyday) Fund.

Proceeds from the evening are designated to the HOPE Fund to benefit oncology patient support services and provide oncology staff with improved access for immediate assistance needs for their patients. Programs supported through

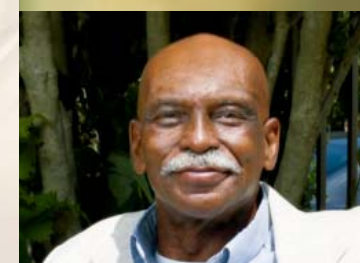
this fund also provide transportation and medication for patients with few resources as well as educational manuals and supplies.

The evening, held on September 26, 2019, 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 Duane Adams, Jerald Altman, Grace DuBose, Fred Graham, **Dr. Bill Hazelwood**, Roddy Huntley, Kimberly Hyman, Danny King, Harry Moran, Burnadene Kelley-Newman, Zenobia Perkins, Lisa Sims, Don Simmons, Tommy Stokes and Melissa Tyner.

The 2019 event also featured talented performers and regional artists paying tribute to loved ones impacted by cancer. Performers for the evening included Professional Dancers Rhodes and Elise Elliott; Vocalists Kerri Grimsley Roberts and Jeremy Reasoner; a vocal and dance performance by Cancer Survivor Burnadene Kelley-Newman with her daughters Alexis Kelley McDonald, Rebecca Kelley Holbrooks, and Georgie Kelley accompanied by the KFA Fierce Company; Vocalists Garrett Graham and Michael Lindley; and the Florence Little Theatre Cast of "Mamma Mia" featuring Tippi Harwell, Kevin Miller and Rebecca Thompson.

PORTRAITS OF HOPE:

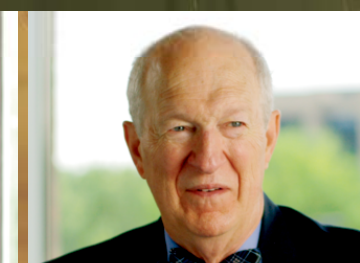
The community is encouraged to listen to these individuals share their personal experiences about compassionate and exceptional cancer care at McLeod.



Duane Adams



Grace DuBose



Dr. Bill Hazelwood



Roddy Huntley



Kimberly Hyman



Harry Moran



Burnadene Kelley-Newman



Zenobia Perkins



Lisa Sims



Danny King, Don Simmons, Melissa Tyner, Fred Graham, Tommy Stokes, Jerald Altman

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

2019 CASE DISTRIBUTION BY SITE, SEX & STAGE

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE GROUP						
		A	N/A	M	F	0	I	II	III	IV	Unknown	N/A
ALL SITES	1465	1464	1	655	810	104	443	228	222	265	97	106
ORAL CAVITY	45	45	0	33	12	0	9	8	12	11	4	1
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	11	11	0	7	4	0	4	2	2	2	0	1
OROPHARYNX	3	3	0	1	2	0	0	1	0	2	0	0
HYPOPHARYNX	4	4	0	3	1	0	0	1	2	1	0	0
OTHER	27	27	0	22	5	0	5	4	8	6	4	0
DIGESTIVE SYSTEM	267	267	0	155	112	8	48	45	66	76	24	0
ESOPHAGUS	15	15	0	14	1	0	0	4	5	5	1	0
STOMACH	20	20	0	12	8	0	8	4	2	6	0	0
COLON	100	100	0	55	45	6	20	15	31	22	6	0
RECTUM	48	48	0	30	18	2	9	11	11	6	9	0
ANUS/ANAL CANAL	9	9	0	2	7	0	2	1	5	0	1	0
LIVER	8	8	0	5	3	0	1	2	0	5	0	0
PANCREAS	57	57	0	29	28	0	6	7	9	28	7	0
OTHER	10	10	0	8	2	0	2	1	3	4	0	0
RESPIRATORY SYSTEM	270	270	0	172	98	2	73	18	56	109	11	1
NASAL/SINUS	3	3	0	3	0	0	0	0	0	3	0	0
LARYNX	25	25	0	19	6	2	7	2	7	7	0	0
OTHER	3	3	0	3	0	0	2	0	0	0	0	1
LUNG/BRONC-SMALL CELL	43	43	0	17	26	0	7	0	10	25	1	0
LUNG/BRONC-NON SMALL CELL	159	159	0	105	54	0	39	14	38	61	7	0
OTHER BRONCHUS & LUNG	37	37	0	25	12	0	18	2	1	13	3	0
BLOOD & BONE MARROW	57	57	0	33	24	0	2	4	0	1	1	49
LEUKEMIA	19	19	0	12	7	0	2	4	0	1	1	11
MULTIPLE MYELOMA	33	33	0	20	13	0	0	0	0	0	0	33
OTHER	5	5	0	1	4	0	0	0	0	0	0	5
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	5	5	0	2	3	0	1	0	1	1	1	1
SKIN	14	14	0	4	10	2	3	2	6	1	0	0
MELANOMA	13	13	0	3	10	2	3	2	5	1	0	0
OTHER	1	1	0	1	0	0	0	0	1	0	0	0
BREAST	422	421	1	6	416	75	204	65	27	15	33	3
FEMALE GENITAL	50	50	0	0	50	0	19	3	14	10	4	0
CERVIX UTERI	6	6	0	0	6	0	0	2	3	1	0	0
CORPUS UTERI	30	30	0	0	30	0	18	1	8	2	1	0
OVARY	11	11	0	0	11	0	0	0	2	6	3	0
VULVA	2	2	0	0	2	0	1	0	0	1	0	0
OTHER	1	1	0	0	1	0	0	0	1	0	0	0
MALE GENITAL	135	135	0	135	0	1	35	60	23	11	5	0
PROSTATE	128	128	0	128	0	0	31	59	22	11	5	0
TESTIS	3	3	0	3	0	0	2	0	1	0	0	0
OTHER	4	4	0	4	0	1	2	1	0	0	0	0
URINARY SYSTEM	77	77	0	55	22	16	29	12	5	12	3	0
BLADDER	40	40	0	32	8	14	10	8	5	2	1	0
KIDNEY/RENAL	35	35	0	22	13	1	19	4	0	9	2	0
OTHER	2	2	0	1	1	1	0	0	0	1	0	0
BRAIN & CNS	26	26	0	10	16	0	0	0	0	0	3	23
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	13	13	0	8	5	0	0	0	0	0	2	11
OTHER	13	13	0	2	11	0	0	0	0	0	1	12
ENDOCRINE	8	8	0	4	4	0	4	2	0	1	0	1
THYROID	8	8	0	4	4	0	4	2	0	1	0	1
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	60	60	0	35	25	0	14	9	10	15	7	5
HODGKIN'S DISEASE	8	8	0	3	5	0	2	4	1	1	0	0
NON-HODGKIN'S	52	52	0	32	20	0	12	5	9	14	7	5
UNKNOWN PRIMARY	22	22	0	8	14	0	0	0	0	0	1	21
OTHER/ILL-DEFINED	7	7	0	3	4	0	2	0	2	2	0	1

Number of cases excluded: 1

This report Includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

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McLEOD CENTER FOR CANCER TREATMENT & RESEARCH

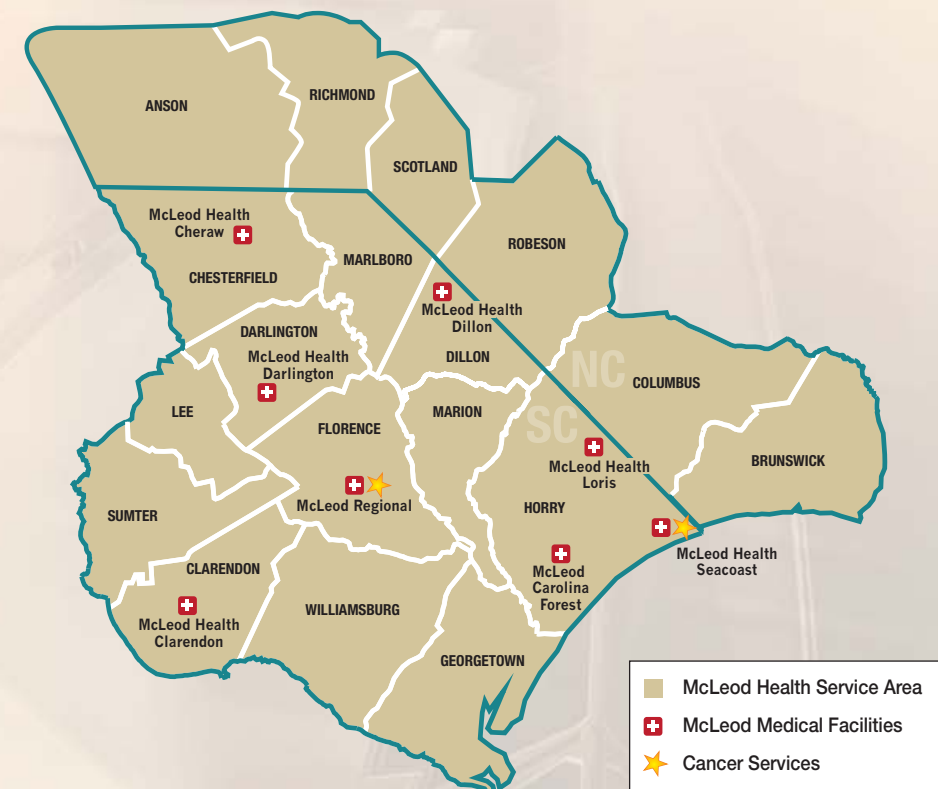
2019 McLEOD HEALTH CANCER REPORT

Five Leading Cancer Sites

Diagnosed at McLeod in 2018

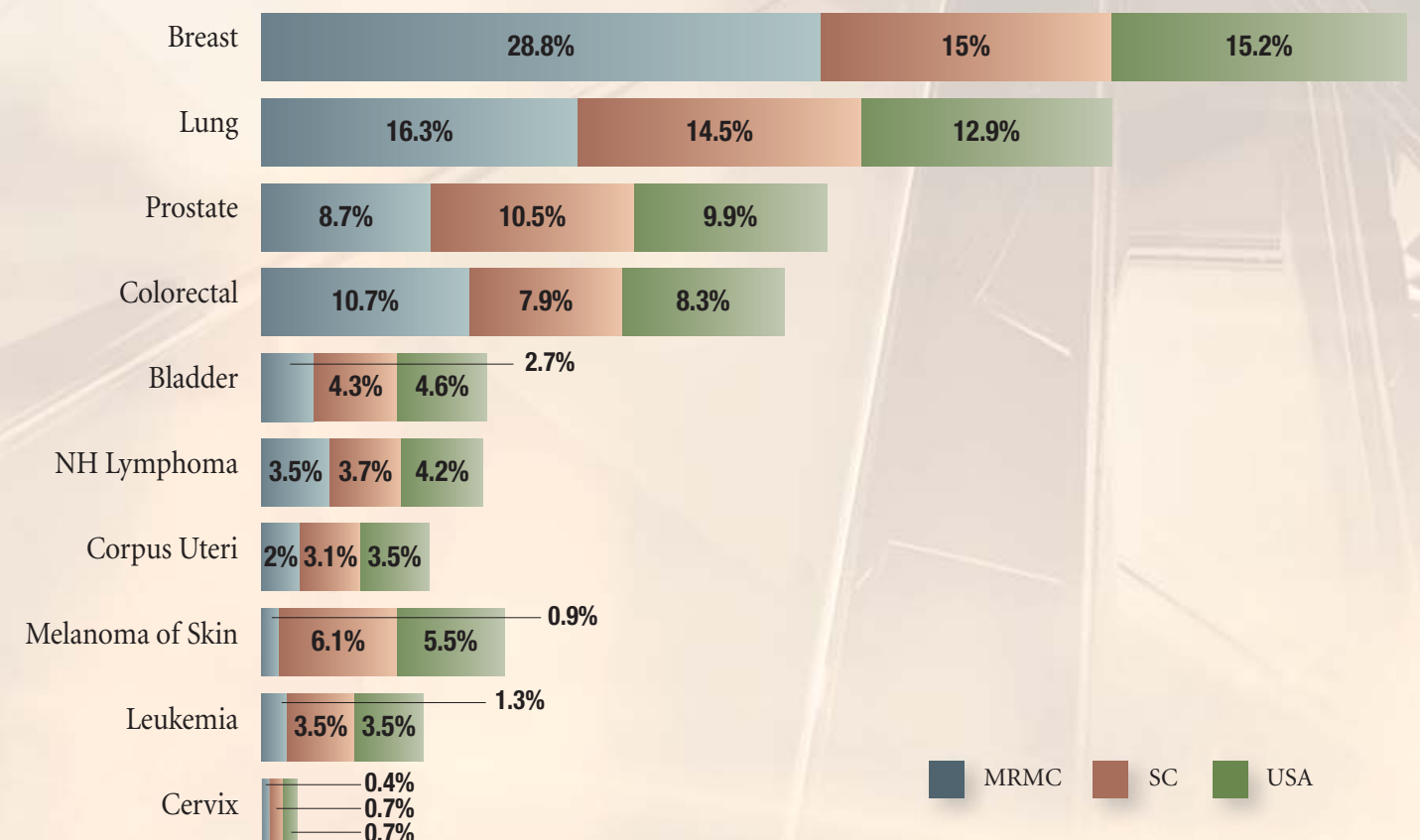
Site	Cases
Breast	422
Lung	239
Colorectal	157
Prostate	128
Urinary System	77

Total Cases: 1,023 (70%)



10 Most Prevalent Cancer Sites

Source: American Cancer Society "Cancer Facts and Figures 2018"





Donny Hunyh, MD

Donny Hunyh, MD, McLeod Oncology and Hematology Associates Seacoast

The landscape of cancer care has changed dramatically in the 21st century. Our knowledge in cancer biology has also grown

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 reoccurs.

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. Targeted therapy aims at a specific gene or protein. In doing so, this drug helps stop a cancer from growing or spreading. Targeted therapy can be used alone or in combination with other types of treatment, including chemotherapy. In addition, we also have immunotherapy, which is more of a biologic approach to boost the body's natural defense system, helping the immune system work better at killing cancer cells and boosting function of the immune system.

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.

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.

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.

Precise Cancer Treatment Extends Quality of Life

Duane Adams of Sumter, South Carolina says he travels to McLeod Regional Medical Center in Florence because "it is the only place I will go for care." He also tells family and friends "if you want to live, you better go to McLeod."

Extremely familiar with the excellent care delivered by the teams at McLeod, Duane's medical services have included the specialties of spine surgery, pulmonology, thoracic surgery, oncology, neurosurgery and stereotactic radiosurgery.

A smoker all his life, 63-year-old Duane said he suffered for months with colds, sinus infections and a nagging cough that would not go away. In early 2016, Duane's primary care physician referred him to McLeod Pulmonologist **Dr. Vinod Jona** for the cough.

After reviewing Duane's CT scan which indicated a mass in his lung, Dr. Jona performed a fiber-optic bronchoscopy to biopsy cells from the mass. The bronchoscopy procedure allows Dr. Jona to visually exam the breathing passages of the lungs and obtain samples of tissue.

The analysis of the biopsy revealed lung cancer. Dr. Jona shared the diagnosis with Duane and explained that he was a candidate for surgery.

Dr. Jona followed up with an appointment for Duane with McLeod Cardiothoracic Surgeon **Dr. Cary Huber**.

(Continued on next page)

Duane and Beatrice Adams are grateful for the excellent cancer care Duane has received at McLeod.



Dr. Huber conducted a lobectomy, removing a lobe of Duane's lung. Once he recovered from surgery, Duane met with McLeod Oncologist **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.

The scan revealed the lung cancer had metastasized to Duane's brain. Dr. Bajaj referred Duane to Neurosurgeon **Dr. William Naso** with the Florence Neurosurgery and Spine Center.

Using intraoperative neuro-navigation, Dr. Naso performed a craniotomy to remove a portion of bone then under a microscope resected a one-inch tumor in Duane's brain, sparing normal brain structures. To ensure the destruction of the residual cancer cells, Duane returned to McLeod Radiation Oncology for treatment of the surgical area as well as two other small brain lesions.

"The thought of enduring radiation again was not something I wanted to do," said Duane. "But, Radiation Oncologist **Dr. Larry Grubb** explained stereotactic radiosurgery (SRS) to me and it sounded much easier and required fewer treatments."

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.

"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. Rhett 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."

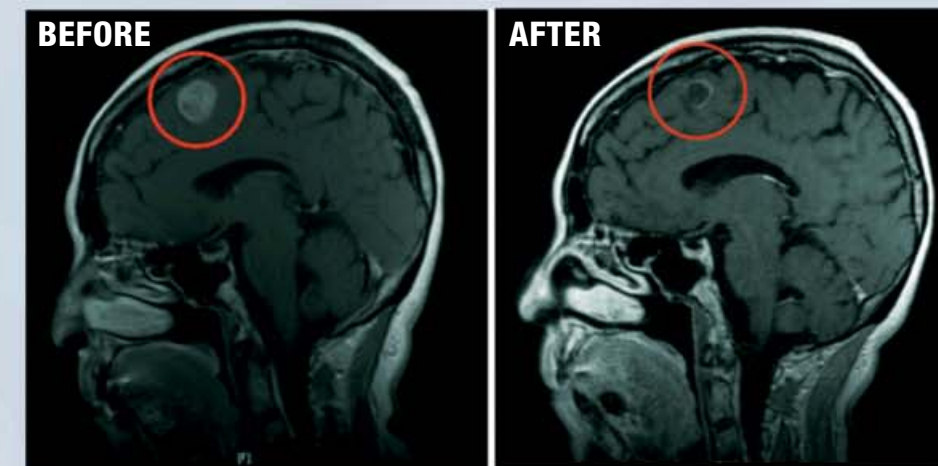
- Duane Adams

"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.

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 met is the same type of cancer (i.e., lung or breast) but in an area away from the location of the primary disease. Mets 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.



Above is an example of a brain metastasis prior to treatment (the white mass in the circle) and the same area three months after stereotactic radiosurgery demonstrating that the tumor has been obliterated.

Unlike SRS, which specifically treats tumors in the brain and spine, SABR treats tumors in the body.

In addition to metastatic disease, the team treats primary cancers such as small lesions in the lung, adrenal gland, prostate and liver using stereotactic ablative radiotherapy. For example, they can treat a non-small cell lung cancer measuring five to seven centimeters. SABR also provides a potential curative treatment option for patients with early stage lung cancer who may not be candidates for surgery because of other medical conditions, such as heart disease.

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."

Duane Adams, at center, is pictured with members of his cancer team. From left to right, Dr. Rajesh Bajaj, Dr. Larry Grubb, Dr. Vinod Jona and Dr. Cary Huber.



COMMITTED TO SAFETY AND QUALITY

McLeod Cancer Center First in the State of South Carolina to Achieve International Radiosurgery Certification



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.

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 communication and collaborative

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.

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



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

only 710 of those or 26 percent are accredited by the American College of Radiology.

The Delivery of Stereotactic Radiosurgery

Stereotactic radiosurgery, a non-surgical radiation therapy, treats cancerous tumors in the brain and spine. This form of treatment allows the McLeod Radiation Oncology team 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.

During the past five years, McLeod has installed three TrueBeam linear accelerators. The accuracy of these linear accelerators minimize harm to healthy tissue and bones, such as the spinal cord or lungs.

Featuring advanced imaging capabilities such as cone-beam CT, these linear accelerators also allow the team to verify the tumor's location or make

adjustments during treatment. This drastically decreases the treatment time which increases patient comfort without compromising the quality of the treatment delivered.

When performing stereotactic radiosurgery to the brain or spine, the team ensures extreme precision and accuracy with the TrueBeam STx linear accelerator. This linear accelerator features stereoscopic X-rays and frameless technology, which means the McLeod team delivers highly accurate single fraction treatment without the conventional, invasive frame applied to the patient's head.

Additionally, this particular linear accelerator allows the Radiation team to improve treatment times for patients. The team can treat up to 15 tumors in a patient's brain in one 30 to 45-minute treatment session rather than 30 to 45 minutes per tumor. The next upgrade to the system in the Fall of 2019 will enable the McLeod team to treat unlimited tumors.

Cancer Treatment Options Offered at McLeod

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

- Surgery/Robotic-Assisted Surgery
- Image Guided Radiotherapy
- Low Dose Rate Brachytherapy
- Chemotherapy
- Intensity Modulated Radiation Therapy
- Image Guided Tumor Ablation (Radiofrequency Ablation, Microwave Ablation and Cryoablation)
- Immunotherapy
- External Beam Radiation Therapy
- High Dose Rate Brachytherapy
- Targeted Therapy

TRANSFORMING LIVES WITH A TEAM APPROACH

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."



Dr. Nicholas White, a McLeod General Surgeon, performs robotic-assisted surgery at McLeod Regional Medical Center.

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 recurrence.

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.



Smylie Grantham is pictured with his care team. From left to right Dr. Deepak Chowdhary, Dr. James Smith, and Dr. Nicholas White.

Journey from Heart Disease to Cancer:

A LIFE SAVED

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.



McLeod Thoracic Surgeon Dr. Wayne Holley performs robotic-assisted thoracic surgery to remove lung cancer.

Following surgery, Mike resumed taking Plavix and waited anxiously for Dr. Holley to clear him to return to work. When Mike returned for his follow-up appointment, Dr. Holley explained to him the lung cancer had spread to two lymph nodes. The metastasis of the cancer to the lymph nodes would require Mike to undergo chemotherapy and radiation treatment. As the appointment ended, Mike recalls that Dr. Holley turned to leave, then suddenly came back and gave him a hug. “He said to me, ‘Everything is going to be alright.’”

“Words cannot express my deep appreciation for Dr. Holley. He is not only the best doctor, but also a great man.”

With no health insurance, Mike worried how he would afford cancer treatment. Fortunately, Dr. Holley recommended the McLeod Cancer Clinic for Mike’s care.

“When needed I refer patients to the McLeod Cancer Clinic,” explained Dr. Holley. “I feel that McLeod is simply fulfilling its mission in the region to serve patients, regardless of their ability to pay. This commitment distinguishes our hospital from other facilities.”

The McLeod Cancer Clinic provides cancer services, including chemotherapy and radiation therapy, on an outpatient basis to cancer patients from Florence, Darlington, Dillon, Marion, Marlboro and Chesterfield Counties who have no insurance coverage.

In order to receive care in the McLeod Cancer Clinic, a physician must refer the patient with documentation of a cancer diagnosis confirmed by a biopsy. Patients should meet certain income criteria. The six medical oncologists affiliated with McLeod Regional Medical Center care for patients in the clinic on a monthly basis.

Nearly a year after his heart attack, Mike completed his final chemotherapy treatment on December 3, 2018. Continuing his journey from heart disease to cancer, Mike reports he has made some positive lifestyle changes.

“Fear serves as a good motivator when you want to get well,” explained Mike. “I have not touched a cigarette in a year. Because of the time and effort the McLeod teams gave to heal me, I would never do anything to jeopardize what they have done.”

During Mike’s cancer treatment, he bonded with McLeod Oncologist **Dr. Sreenivas Rao**; Tara Pierce, McLeod Cancer Clinic Coordinator; McLeod Radiation Oncologist **Dr. Virginia Clyburn-Ipock**; Dr. Jona and Dr. Holley.

“They supported me through all of it,” said Mike. “The Cancer Center staff are a testament as to why McLeod is a top notch hospital. The doctors and nurses have gone above and beyond to make sure I receive the best care; they truly saved my life.”



Mike Smalley pictured with Tara Pierce, McLeod Cancer Clinic Coordinator, and McLeod Oncologist Dr. Sreenivas Rao, credits his entire medical team for saving his life.

IMMUNOTHERAPY - EMPOWERING YOUR IMMUNE SYSTEM TO FIGHT CANCER



Karim Tazi, MD

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 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.

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 they would donate the final \$50,000 to ensure the endowment was fully funded.



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

Aiken announced to the McLeod Health Board of Trustees, the McLeod Tumor Board, and the McLeod Health Foundation Board of Trustees this Summer that the goal for 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

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 a 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.

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'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.



2018-2019 CANCER COMMITTEE MEMBERS

PHYSICIAN MEMBERS

Rajesh Bajaj, MD
*Hematology/Oncology,
Chair*

Shawn Conwell, MD
Radiology

Sharon Mitchell, MD
Pathology

Amy Murrell, MD
Surgery

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

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

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