

McLeod

2020 CANCER REPORT



**McLeod Health: Comprehensive
Cancer Care Close to Home**

BASED ON 2019 STATISTICS

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.



ON THE COVER:

Members of the McLeod Cancer Center team include Pulmonologist Dr. Vinod Jona, Oncologist Dr. Jamie Smith, Radiation Oncologist Dr. Rhett Spencer, Survivorship Nurse Navigator Angela McNeil, Oncologist Dr. Viji Motilal Nehru and Surgeon Dr. Amy Murrell. Dr. Nehru is the newest member of the team bringing the number of medical oncologists caring for patients at McLeod to eight.



Rajesh Bajaj, MD

As Chairman of the Cancer Committee for McLeod Regional Medical Center, I am pleased to share our 2020 Cancer Report based on 2019 statistics.

Last year, 1,529 patients were newly diagnosed and treated at McLeod Regional Medical Center.

The top five cancer sites were breast cancer (348 patients), lung cancer (277 patients), colorectal cancer (167 patients), prostate cancer (153 patients), and urinary tract cancers (93 patients).

In this report, Pulmonologist Dr. Vinod Jona presents a detailed analysis on lung cancer cases diagnosed at McLeod Regional Medical Center in 2019. Dr. Jona outlines some of the very important work that the McLeod Healthy Lung Initiative team has conducted in the past year to improve the outcomes of patients by promoting the use of low-dose CT scans to detect lung cancer in smokers at earlier stages.

At McLeod, we have been dedicated to participating in research to find new ways to treat and prevent cancer for 40 years ago. Today, the McLeod Center for Cancer Treatment and Research offers patients access to three dedicated cancer research nurses -- Pam Worthy, BSN, OCN, Jennifer Floyd, RN, and Michelle Gandy, RN.

This team is supported by myself and my partners Dr. Michael Pavy, Dr. Jamie Smith, Dr. Sreenivas Rao, Dr. Karim Tazi, Dr. Ravneet Bajwa and the newest member of our team, Dr. Viji Motilal Nehru. You can read more about Dr. Nehru and her passion for research on page 7.

During the COVID-19 pandemic, the McLeod Cancer Research Department served another powerful purpose. Along with the McLeod Infectious Diseases and Critical Care teams, they supported the national clinical trial led by the United States Government and Mayo Clinic to determine if convalescent plasma collected from patients with COVID-19 would help in the treatment of patients critically ill with the virus. Approximately 250 patients at McLeod were part of the 101,000 patients who participated in the plasma trial. As a result of these patients' participation in research, the emergency use of convalescent plasma was authorized by the Food and Drug Administration (FDA).

I am honored to work alongside a highly dedicated and skilled team who take care of patients in a compassionate, healing atmosphere. Their hearts and minds are driven by the unique relationships they form with patients and new cancer advancements that will make substantial improvements in care. I extend my thanks to everyone involved in making this happen.

Rajesh Bajaj, MD

Chairman, McLeod Cancer Committee

I am honored to work alongside a highly dedicated and skilled team who take care of patients in a compassionate, healing atmosphere. Their hearts and minds are driven by the unique relationships they form with patients and new cancer advancements that will make substantial improvements in care. I extend my thanks to everyone involved in making this happen.



Vinod K. Jona, MD

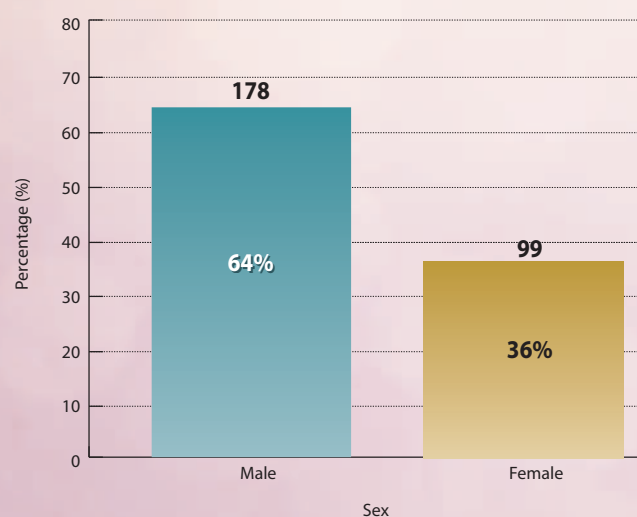
Vinod Jona, MD, McLeod Pulmonary and Critical Care Associates
Chief of Staff, McLeod Regional Medical Center

The National Cancer Institute (NCI) estimates for 2020 predict that there will be 228,820 new cases of lung cancer diagnosed in the United States. This amounts to 12.7 percent of new cases for all cancers predicted to be diagnosed during this year. The NCI estimates further predict that there will be 135,720 deaths caused by lung cancer nationwide, which amounts to 22.4 percent of all new cancer cases in 2020. The five-year relative survival rate from 2010 to 2016 is 20.5 percent.

In terms of national demographics across race and sex, lung cancer remains significantly high in the African American population, and the incidence of lung cancer by race shows that African American men are more likely to develop lung cancer than Caucasian men. The mortality rate is higher for African American men than Caucasian men. Between African American women and Caucasian women, the difference in the mortality rate appears to level off and is about equal.

At McLeod Regional Medical Center, physicians

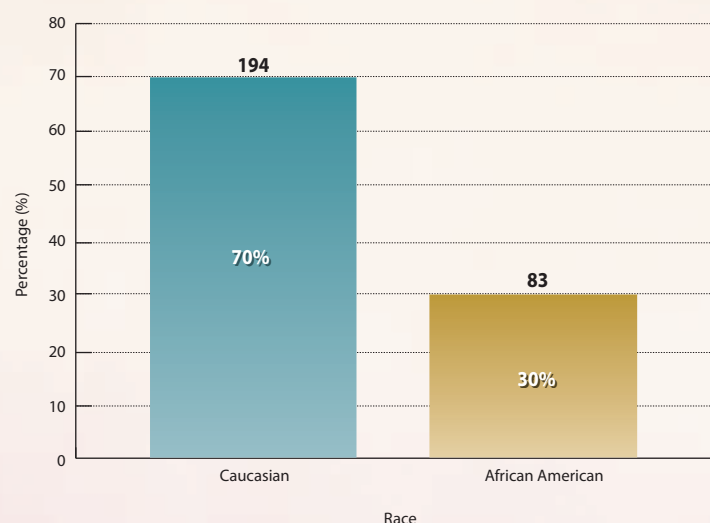
Lung Cancer Diagnosis by Sex (2019)



Graph 1

annually diagnose on average more than 1,500 new cases of cancer, of every type, in our region of coverage. In 2019, there were 277 new cases of lung cancer diagnosed by McLeod physicians. A breakdown of the demographics across race and by sex shows where lung cancer strikes the population in our area. By race, the numbers were 194 (70 percent) Caucasian and 83 (30 percent) African American, (graph 1). By sex, the numbers were 178 (64 percent) male and 99 (36 percent) female, (graph 2).

Lung Cancer Diagnosis by Race (2019)

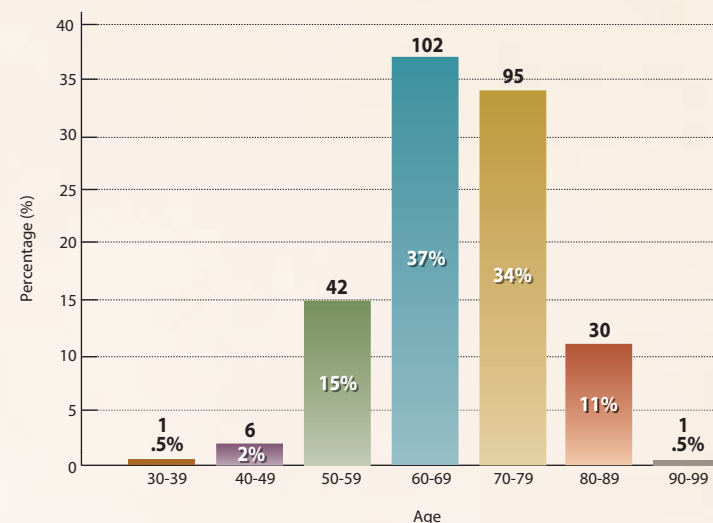


Graph 2

The distribution of lung cancer cases across age from 30 to 99 years is shown by raw numbers and percentages in graph 3. In the range from 50 to 89 years there were 269 cases, or 97 percent of all new lung cancer patients. Only 7 new lung cancer patients were in the range from age 30 to 49, or 2.9 percent of all newly diagnosed cases. There was 1 new case in the age range 90 to 99.

Like other solid tumors, lung cancer is predominantly a disease of the elderly. Approximately 30 to 50 percent of all patients are older than 70 years when the cancer is diagnosed. The data on the incidence of lung cancer at McLeod show that it peaks between the ages of 60 and 80. In the age range from 30 to 60 -- the years typically referred to as "the prime of life" -- we can

Lung Cancer Diagnosis by Age (2019)



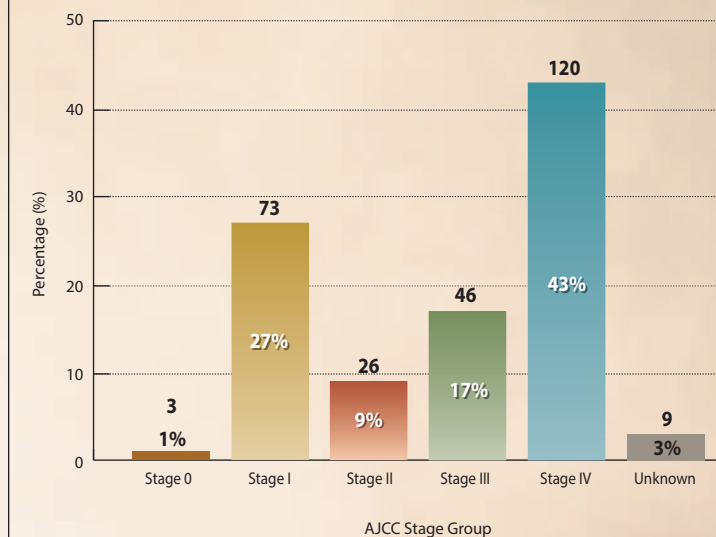
Graph 3

see that this population accounts for 49 cases, or approximately 18 percent of all lung cancer patients newly diagnosed at McLeod in 2019.

As with other cancers, the treatment of lung cancer is also most effective with early diagnosis. Patients diagnosed with Stage I or II lung cancer have better outcomes than those diagnosed at Stage III or IV.

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

Lung Cancer Stage by Diagnosis* (2019)



Graph 4

At McLeod, a significant number of patients were diagnosed with Stage III and IV in 2019, graph 4.

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

Other risk factors that increase the chances of developing lung cancer include exposure to such carcinogens as asbestos, certain alloys, paints, preservatives, and products using chloride and formaldehyde to name a few.

When lung cancer has been diagnosed in smokers, studies clearly show, not surprisingly, that patients who stop smoking after diagnosis tend to have better outcomes than those who continue to smoke. Smoking cessation, therefore, will always be indicated as part of any treatment plan.

Studies show that early detection and diagnosis of lung cancer provide the optimal chance for the best outcome: eradication of the disease process and cure. The U.S. Preventive Services Task Force, most importantly, recommends annual screening for lung cancer with low-dose Computed Tomography (CT) in adults ages 55 to 80 years who have a history of smoking and currently smoke or have quit smoking in the past 15 years. Safety concerns related to dosage suggest that such screening should be discontinued once the patient has not smoked for 15 years. Screening should also be discontinued if the patient develops a health problem that substantially limits life expectancy, and the patient is either unwilling or medically unable to undergo lung surgery.

At the McLeod Center for Cancer Treatment and Research, our cancer care team includes the following nurse navigators: Beth Epps, our Lung Cancer Nurse Navigator; Amy Perugini, our Lung Cancer Screening Navigator; and Ainsleigh Brown, our Lung Nodule Navigator. They guide patients through the often complicated process of their medical care from initial screening and detection, to diagnosis and treatment, and on through to eventual recovery and rehabilitation, or to amelioration and palliative care, should it finally come to that. According to a study published in the *Journal of Clinical Oncology* (Nov. 2013), patients with a nurse navigator rated their care higher and reported fewer problems than patients without a navigator.

Early detection, diagnosis, and staging of lung cancer across the spectrum often begins with the important procedures brought to bear by the pulmonologist in determining whether or not a lung cancer is present. One procedure for the pulmonologist is the basic bronchoscopy.

A more sophisticated approach is the Endobronchial Ultrasound Bronchoscopy or EBUS, which provides a minimally invasive means to see beyond the bronchial wall to diseased tissue, lymph nodes, or lesions outside of the bronchial airway. The improved images allow the pulmonologist to easily view difficult-to-reach areas and to access more, and smaller, lymph nodes or lesions for biopsy with the aspiration needle than through conventional mediastinoscopy. Navigational Bronchoscopy is also available to the pulmonologist.

These are all powerful state-of-the-art tools and provide the pulmonologist with a high degree of confidence in the detection of lung cancer. Bronchial stent placement and Argon Laser treatment are other important tools the pulmonologist will often use in his treatment of the lung cancer patient.

Upon detection, diagnosis, and staging of the lung cancer, a multi-disciplinary team of cancer care specialists which consists of pulmonologists, medical oncologists, radiation oncologists, radiologists, thoracic surgeons, medical internists, pharmacists, pathologists, and others, design an individualized treatment plan to meet the particular medical needs of each lung cancer patient. Treatment will most often include a combination of chemotherapy, radiation therapy, and surgery.

As a state-of-the-art cancer treatment center in his region and, in fact, across the entire state, McLeod can also provide Molecular Targeted Therapy.

This procedure is designed to treat cancer by interrupting unique molecular markers or abnormalities that drive cancer growth. Targeted therapy deploys drugs that interfere with specific biochemical pathways that lead to the growth and spread of certain kinds of cancer.

In addition, in McLeod Radiation Oncology, we now have available Stereotactic Body Radiation Therapy (SBRT), which is for the treatment of lung cancer in the medically-inoperable patient. The advantages of SBRT are high-dose delivery, reduced treatment time, minimal radiation exposure, and decreased adverse effects.

To further ensure the best outcomes for lung cancer patients in the region, McLeod Radiation Oncology holds 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 distinguished as a Cancer Center that exceeds standard measurements for delivery of quality care. One of only eight Novalis Certified Cancer Centers in the United States, **McLeod is the only such cancer center in South Carolina. In addition, McLeod remains the only Comprehensive Community Cancer Program in the region accredited by the American College of Surgeons' Commission on Cancer.**

As physicians and caregivers, our job -- indeed, our calling, to speak of our work in its highest and truest sense -- is always to deliver the best possible treatment and care to the individual cancer patient. And, we want to do this in a hospital setting that reflects nothing less than our deepest desire to serve others as we would be served, with kindness and compassion.

Upon detection, diagnosis, and staging of the lung cancer, a multi-disciplinary team of cancer care specialists which consists of pulmonologists, medical oncologists, radiation oncologists, radiologists, thoracic surgeons, medical internists, pharmacists, pathologists, and others, design an individualized treatment plan to meet the particular medical needs of each lung cancer patient.





Ravneet Bajwa, MD

Ravneet Bajwa, M.D., McLeod Oncology and Hematology Associates

Skin cancer is the most common cancer in the United States, according to the National Cancer Institute. It is also one of

the easiest cancers to detect because it begins on the skin where you can see it.

You can develop skin cancer anywhere on the skin from the scalp to the bottom of the feet. It is also possible for skin cancer to develop in areas that get little sun such as under a fingernail or inside your mouth.

Skin, the body's largest organ, helps control body temperature and stores water, fat and vitamin D. It also protects against heat, injury, infection and sunlight. While the skin has several layers, the two main layers involve the epidermis (upper or outer layer) and the dermis (lower or inner layer).

Three kinds of cells make up the epidermis:

- Thin, flat cells called squamous cells comprise the majority of the epidermis
- Basal cells -- round cells under the squamous cells
- Melanocytes make melanin, the pigment that gives skin its natural color. When skin is exposed to the sun, melanocytes make more pigment, causing the skin to darken or tan. Melanoma, which forms in the melanocytes, is a less common type of skin cancer that grows and spreads quickly.

The most common types of skin cancer are squamous cell carcinoma and basal cell carcinoma. These non-melanoma skin cancers can usually be cured.

RISK FACTORS

Risk factors for squamous cell and basal cell carcinoma include:

- Exposure to natural sunlight or artificial sunlight over extended periods of time
- A fair complexion -- fair skin that freckles and burns easily; blue or green or other light-colored eyes; red or blond hair
- Previous treatment with radiation
- A weakened immune system
- Actinic Keratosis -- rough, scaly patch of skin
- Exposure to arsenic

In addition to the risks listed above, the risk factors for melanoma include:

- A history of many blistering sunburns, most often as a child or teenager
- Several large or many small moles
- A family history of unusual moles
- A family or personal history of melanoma
- Being Caucasian

While protecting the skin from the sun has not been proven to lower the chance of developing skin cancer, experts suggest using sunscreen that protects against UV radiation; staying out of the sun for long periods of time, especially when the sun is at its strongest and wearing long sleeve shirts and pants, hats or sunglasses when outdoors.

The best way to find skin cancer is to examine yourself from your scalp to the spaces between your toes and the bottoms of your feet. If possible, have your partner examine hard to see areas like your back. If you get in the habit of checking your skin monthly it will help you notice any changes.

The most common sign of skin cancer is a change in your skin. Skin cancer can appear on the skin in a number of ways:

- Changing mole or a mole that looks different from others
- Scaly patch
- Non-healing sore or sore that heals and returns
- Dome-shaped growth
- Brown or black streak under a nail

For melanoma specifically, a simple way to remember the warning signs is to learn the "ABCDE" rule:

- Asymmetrical. Does the mole or spot have an irregular shape where one half does not match the other half?
- Border. Is the border irregular or jagged?
- Color. Is the color uneven?
- Diameter. Is the mole or spot larger than the size of a pencil eraser -- greater than six millimeters?
- Evolving. Has the mole or spot changed over the past few weeks or months?

You can also have skin cancer and still feel well. Most people who find a suspicious area on their skin don't have any pain or feel ill. The spot of concern may not itch, bleed or feel painful yet it could still be skin cancer.

Detected early, skin cancer is highly treatable. If you find a spot on your skin that could be skin cancer, see your primary care physician who can assess the area and determine if you need a skin biopsy.

Dr. Nehru Joins McLeod Oncology and Hematology Associates

The McLeod Center for Cancer Treatment and Research recently announced the addition of Dr. Vijeyaluxmy "Viji" Motilal Nehru to the cancer team.

Dr. Nehru joins Dr. Rajesh Bajaj, Dr. Michael Pavy, Dr. Sreenivas Rao, Dr. Jamie Smith, Dr. Karim Tazi and Dr. Ravneet Bajwa in serving patients at McLeod Oncology and Hematology Associates, a division of McLeod Regional Medical Center.

A native of Sri Lanka, Dr. Nehru comes to McLeod following the completion of her Fellowship in Hematology and Medical Oncology at the University of Illinois at Chicago. She received her medical degree in 2013 from Ross University School of Medicine in Portsmouth, Dominica, and completed her Internal Medicine Residency in 2016 at Staten Island University Hospital in Staten Island, New York.

As a medical oncologist and hematologist, Dr. Nehru provides care for the full spectrum of cancer diagnoses using chemotherapy as well as targeted and biological therapy. Areas of special interest include hematologic malignancies and oncology research.

Particularly passionate about medical research, Dr. Nehru was pleased to learn that McLeod offers patients access to clinical trials through the McLeod Cancer Research department.

She explains that research has led to multiple advancements in care especially in the treatment of breast cancer. "As a result, there are more chemotherapy agents and targeted treatments to help women, such as immunotherapy, which involves using the patient's immune system to attack the cancer cells.

"For example, in late 2017, the Food and Drug Administration (FDA) approved the use of the targeted therapy, Perjeta, in combination with Herceptin and chemotherapy after surgery to treat women with early-stage HER2 positive breast cancer.

This type of breast cancer is considered to have a high risk of recurrence," said Dr. Nehru. "Perjeta and Herceptin work against HER2 positive breast cancers by blocking the cancer cells' ability to receive growth signals. When combined, these drugs are improving survival in women with high-risk, early-stage HER2 positive breast cancer as well as those diagnosed with HER2 positive metastatic breast cancer."

In the treatment of triple negative breast cancer, Dr. Nehru explained that recent clinical trials have led to the approval of three new drugs. "For patients with metastatic disease whose tumor expresses the PD-L1 protein, the addition of immunotherapy drug Tecentriq, an anti-PD-L1 antibody, used in combination with the chemotherapy drug Abraxane improved survival. This was also the first FDA-approved regimen for breast cancer to include immunotherapy."

Dr. Nehru added that there are now two other targeted therapies, Lynparza and Talzenna, known as PARP inhibitors that are effective for patients with triple negative breast cancer who have inherited BCRA1/2 gene mutations. A woman carrying these mutated genes has a markedly increased risk of breast cancer. "These oral medications have been shown to be more effective and better tolerated as compared to traditional chemotherapy."

Research has also led to another new class of medicines -- Ibrance, Kisqali and Verzenio.

These medications are now the standard of care in patients with certain types of metastatic breast cancer when combined with hormone therapies, according to Dr. Nehru. "These targeted therapies were the first CDK4/6 inhibitors approved by the FDA. CDK stands for cyclin-dependent kinase, an enzyme that is important for cell division. CDK4/6 inhibitors interrupt signals that stimulate the rapid growth of cancerous cells. The addition of CDK4/6 has been shown to increase survival compared to hormone therapy alone.

"Thanks to cancer research, the discovery of new drugs continues to change the lives of patients tremendously and improve survival. It is an exciting time in the field of oncology and hematology. We have the opportunity to make a difference in our patients' lives and give them hope," said Dr. Nehru.

For information about scheduling appointments with Dr. Nehru, please call 843-777-7951.



Dr. Vijeyaluxmy "Viji" Motilal Nehru

McLeod Cancer Research Team Offers Opportunities for Hope

Discovering new ways to treat and prevent cancer is the goal of medical research. At McLeod, cancer research efforts were first developed nearly 40 years ago with the arrival of Oncologist **Dr. Michael Pavy**. Today, the McLeod Center for Cancer Treatment and Research offers patients access to three dedicated cancer research nurses -- Pam Worthy, BSN, OCN, Jennifer Floyd, RN, and Michelle Gandy, RN.

This team is supported by the Principal Investigator for McLeod, **Dr. Rajesh Bajaj**, and his partners in Medical Oncology: **Dr. Michael Pavy, Dr. Ravneet Bajwa, Dr. Jamie Smith, Dr. Sreenivas Rao, Dr. Karim Tazi, and Dr. Viji Motilal Nehru.**

Drawn to treatment that involved research and drug-related therapy, Dr. Pavy started the cancer research program at McLeod in the early 1980s by partnering with the Piedmont Oncology Group at Wake Forest University's Bowman-Gray School of Medicine in Winston-Salem, North Carolina.

In 1987, the Southeast Cancer Control Consortium (SCCC) was established with McLeod as one of the 11 charter members. Now known as the Southeast Clinical Oncology Research Consortium, SCOR is comprised of a group of community hospitals in North Carolina, South Carolina, Georgia, Virginia and Tennessee, who offer research protocols to their patients under this National Cancer Institute Sponsored Community Clinical Oncology Program.

McLeod also collaborates in research with national alliances and research centers including:

- National Cancer Institute (NCI)
- Southwest Oncology Group
- Sun Coast Community Clinical Oncology Program
- The Alliance for Clinical Trials in Oncology
- Comprehensive Cancer Center of Wake Forest University

- NRG which consists of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG)
- Cancer Trials Support Unit
- The University of Rochester Cancer Center

Through these collaborations, the McLeod Cancer Research Department offers patients national state-of-the-art cancer research trials for the prevention and treatment of cancer. Currently, the research department has 75 patients involved in cancer studies and approximately 31 protocols that are either open for patient enrollment or closed for enrollment but the patients are still being followed. Areas of cancer clinical research available at McLeod include: Brain Cancer, Breast Cancer, Head and Neck Cancer, Leukemia, Multiple Myeloma, Pancreatic Cancer, Prostate Cancer, Sarcoma, Small or Non-Small Cell Lung Cancer and smoking cessation.

Most recently, the McLeod Cancer Research Department along with the McLeod Infectious Diseases and Critical Care teams supported the national clinical trial led by the United States Government and Mayo Clinic to determine if convalescent plasma collected from patients with COVID-19 would help in the treatment of patients critically ill with the virus. Approximately 250 patients at McLeod were part of the 101,000 patients who participated in the plasma trial. As a result of these patients' participation in research, the emergency use of convalescent plasma was authorized by the Food and Drug Administration (FDA).

If you are interested in learning more about research, please call the McLeod Cancer Research Team at 843-777-6387 or 843-777-6385.

Featured in this 2019 image is the McLeod Cancer Research team of Michelle Gandy, RN; Pam Worthy, BSN, OCN; and Jennifer Floyd, RN.

New Radiation Option for Prostate Cancer Cuts the Treatment Time in Half

*Larry D. Grubb, MD
McLeod Radiation Oncologist*

Prostate cancer is the most common cancer diagnosed in men in the nation. Nearly 191,930 new cases will be detected in the United States in 2020, according to the American Cancer Society. Prostate cancer is also the third leading cause of cancer deaths in men behind lung cancer and colorectal cancer. Fortunately, prostate cancer mortality rates have been decreasing since the mid-1990s in both African American and Caucasian men. This decrease is often attributed to our improved ability to detect and then treat the disease in its early stages.

Treatment for prostate cancer often involves surgery (a radical prostatectomy to remove the prostate) or radiation therapy.

As Radiation Oncologists, we treat prostate cancer using IMRT or intensity modulated radiotherapy, a special form of external-beam radiation therapy. With IMRT, we are able to precisely deliver the dose of radiation directly to the prostate, minimizing harm to the surrounding organs including the bladder, the rectum, the femoral heads and the small bowel. In addition, IMRT has been shown to be beneficial in reducing long-term side effects of prostate cancer.

Advancements in technology, treatment planning and imaging has also led to new innovations in radiation treatment such as hypofractionated radiation therapy for localized prostate cancer which we now offer at the McLeod Center for Cancer Treatment and Research.

Hypofractionated treatment involves delivering the radiation dose in larger, more powerful portions (fractions) over fewer treatment visits.



The Radiation Oncologists caring for patients at McLeod include from left to right: Dr. Larry Grubb, Dr. Virginia Clyburn-Ipock and Dr. Rhett Spencer.

It also offers the same survival and risk of toxicity as traditional radiation, yet the amount of time a patient needs to undergo treatment is considerably shorter and the patient's quality of life is not compromised.

Conventional treatment for prostate cancer with radiation involves 40 to 44 days of treatment or 25 days of treatment and a radioactive seed implant performed in an operating room. With hypofractionated treatment we can offer treatment in 20 to 28 days. This means a man would undergo five weeks of treatment as opposed to nine weeks.

At McLeod, we utilize three TrueBeam linear accelerators to deliver this form of treatment. Advantages of these linear accelerators include the degree of precision offered, the submillimeter accuracy which minimizes harm to healthy tissue and adjacent critical structures such as the spinal cord or lungs, and a platform that moves in six dimensions to position the patient in the best possible way for treatment.

Not only do these linear accelerators allow for improved images of the tumors and normal organs but they also offer faster treatment times.

For example, using conventional linear accelerators it can take 15 to 20 minutes to treat men with prostate cancer, while the TrueBeams provide the capability to treat men within five minutes.

Featuring advanced imaging capabilities such as cone-beam CT, an image-guided radiotherapy (IGRT) tool for the verification of patient position, these linear accelerators also allow the team to conform the radiation dose to the tumor target, verify the location and shape of the tumor and make adjustments during treatment. Additionally, precise patient set up and tumor targeting is accomplished through IGRT.

There is no one treatment option that is better for all men. The most appropriate treatment for prostate cancer should be based on the man's age, life expectancy, other medical problems, as well as the stage and aggressive nature of the cancer.

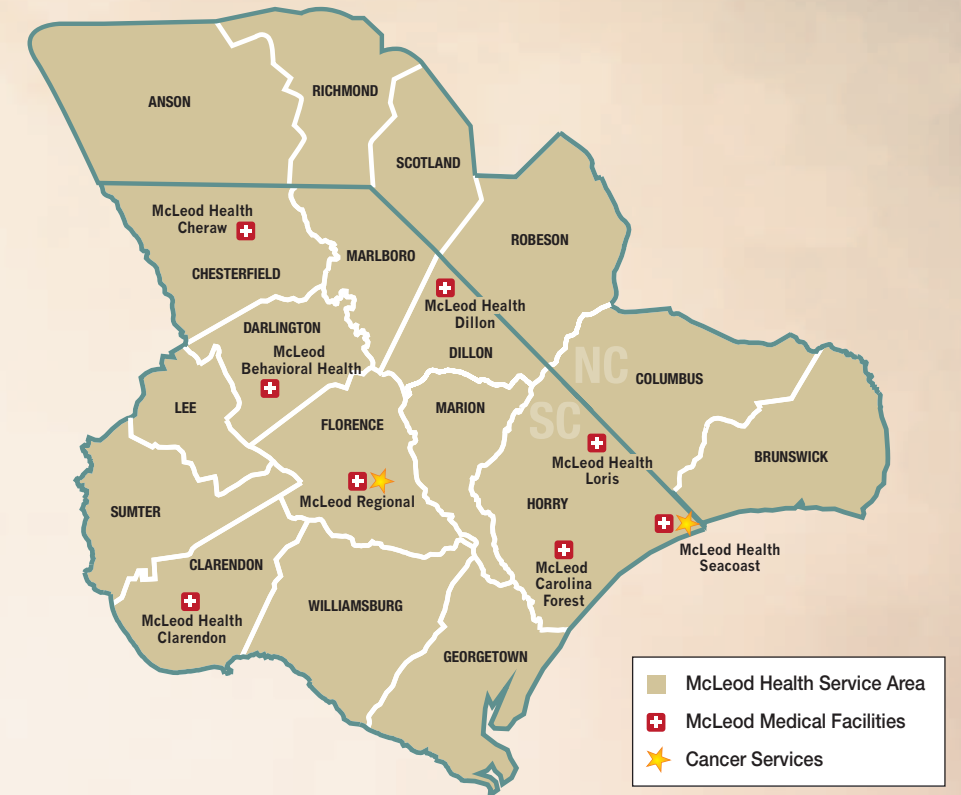
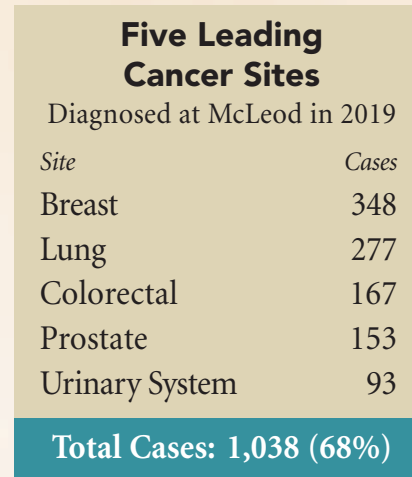
If you are diagnosed with prostate cancer, have a thorough discussion with your physician on the treatment options available so you can decide together which one is best suited for you.

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	1529	1528	1	728	801	74	452	237	215	310	111	130
ORAL CAVITY	40	40	0	31	9	0	5	7	9	14	5	0
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	7	7	0	3	4	0	1	0	2	3	1	0
OROPHARYNX	1	1	0	1	0	0	0	0	1	0	0	0
HYPOPHARYNX	2	2	0	2	0	0	0	1	1	0	0	0
OTHER	30	30	0	25	5	0	4	6	5	11	4	0
DIGESTIVE SYSTEM	308	308	0	172	136	7	50	56	84	86	23	2
ESOPHAGUS	20	20	0	16	4	0	1	0	6	10	3	0
STOMACH	16	16	0	8	8	0	4	3	2	5	2	0
COLON	117	117	0	62	55	5	18	25	38	26	5	0
RECTUM	43	43	0	29	14	2	7	7	13	6	8	0
ANUS/ANAL CANAL	7	7	0	1	6	0	0	5	1	0	1	0
LIVER	17	17	0	8	9	0	5	4	4	4	0	0
PANCREAS	70	70	0	40	30	0	11	10	16	31	2	0
OTHER	18	18	0	8	10	0	4	2	4	4	2	2
RESPIRATORY SYSTEM	301	301	0	198	103	3	75	31	52	125	14	1
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	22	22	0	18	4	1	6	1	4	10	0	0
OTHER	2	2	0	2	0	0	2	0	0	0	0	0
LUNG/BRONC-SMALL CELL	39	39	0	19	20	0	3	3	6	23	4	0
LUNG/BRONC-NON SMALL CELL	216	216	0	144	72	2	52	27	41	85	9	0
OTHER BRONCHUS & LUNG	22	22	0	15	7	0	12	0	1	7	1	1
BLOOD & BONE MARROW	59	59	0	27	32	0	5	1	1	1	2	49
LEUKEMIA	29	29	0	17	12	0	5	1	1	1	2	19
MULTIPLE MYELOMA	24	24	0	7	17	0	0	0	0	0	0	24
OTHER	6	6	0	3	3	0	0	0	0	0	0	6
BONE	1	1	0	0	1	0	0	0	0	1	0	0
CONNECT/SOFT TISSUE	7	7	0	0	7	0	3	0	1	0	1	2
SKIN	16	16	0	10	6	0	3	4	5	3	1	0
MELANOMA	16	16	0	10	6	0	3	4	5	3	1	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	348	348	0	4	344	45	184	35	14	22	42	6
FEMALE GENITAL	58	57	1	0	58	0	24	6	15	12	1	0
CERVIX UTERI	11	11	0	0	11	0	5	1	2	3	0	0
CORPUS UTERI	29	29	0	0	29	0	14	3	5	7	0	0
OVARY	11	11	0	0	11	0	3	1	5	2	0	0
VULVA	5	4	1	0	5	0	2	1	1	0	1	0
OTHER	2	2	0	0	2	0	0	0	2	0	0	0
MALE GENITAL	162	162	0	162	0	1	41	75	21	16	8	0
PROSTATE	153	153	0	153	0	0	39	71	21	16	6	0
TESTIS	5	5	0	5	0	0	2	2	0	0	1	0
OTHER	4	4	0	4	0	1	0	2	0	0	1	0
URINARY SYSTEM	42	42	0	21	21	0	0	0	0	0	2	40
BLADDER	45	45	0	33	12	16	8	11	4	5	1	0
KIDNEY/RENAL	45	45	0	25	20	1	24	2	2	10	6	0
OTHER	3	3	0	2	1	1	1	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)	18	18	0	9	9	0	0	0	0	0	2	16
OTHER	24	24	0	12	12	0	0	0	0	0	0	24
ENDOCRINE	19	19	0	4	15	0	12	5	0	0	0	2
THYROID	17	17	0	3	14	0	12	5	0	0	0	0
OTHER	2	2	0	1	1	0	0	0	0	0	0	2
LYMPHATIC SYSTEM	45	45	0	22	23	0	17	4	7	13	3	1
HODGKIN'S DISEASE	2	2	0	1	1	0	1	0	1	0	0	0
NON-HODGKIN'S	43	43	0	21	22	0	16	4	6	13	3	1
UNKNOWN PRIMARY	29	29	0	16	13	0	0	0	0	0	2	27
OTHER/ILL-DEFINED	1	1	0	1	0	0	0	0	0	1	0	0

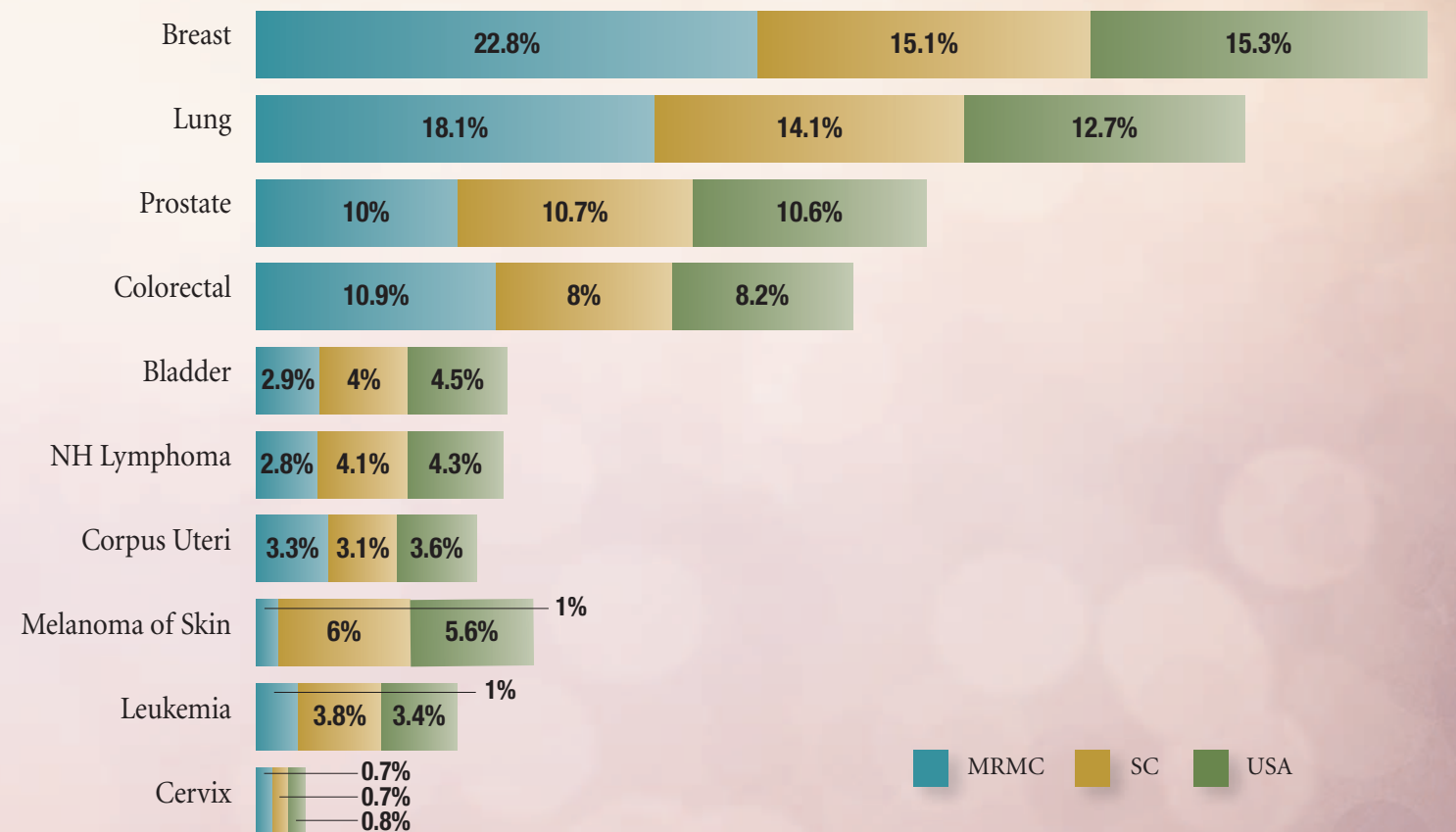
Number of cases excluded: 4
 This report includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

2020 McLEOD HEALTH CANCER REPORT



10 Most Prevalent Cancer Sites

Source: American Cancer Society "Cancer Facts and Figures 2019"





Ronald W. Glinski, MD

Dr. Ronald W. Glinski, McLeod Urology Associates

One of the concerns many men encounter as they age is prostate health. The prostate is a gland found only in males that sits

below the bladder, in front of the rectum, and wraps around the urethra. Simply put, four things can happen to a prostate over time in the aging male: nothing, inflammation, enlargement of the prostate, or prostate cancer.

Enlargement of the prostate, or Benign Prostatic Hyperplasia (BPH), can begin as early as age 40 in some men. By age 55, as many as 25 percent of men may have signs of BPH, and that number increases to 50 percent by age 75. As the prostate grows, it obstructs the bladder, which can lead to various voiding symptoms. Those symptoms may include: decreased urinary flow, sudden urgency to urinate, greater frequency of urination at night, post-void dribbling, the sensation of not completely emptying the bladder after urination, or the inability to void at all, known as urinary retention.

The treatment for enlarged prostate usually begins with a physical exam, and a urologist may recommend one of many appropriate medications that either shrink, relax or dilate the prostate and bladder. Should medications not improve the symptoms, there are also office procedures and surgical options your urologist may discuss as an effective step in your care.

Nearly 192,000 cases of prostate cancer are diagnosed in the United States each year. It is the most common cancer diagnosed in men except for skin cancer and is also the second leading cause of cancer death among men, according to the American Cancer Society. It is estimated that 33,330 deaths from this disease will occur this year. However, the death rate has dropped by more than half from 1993 to 2017 as a result of screening and treatment advances.

The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. ACS adds that the discussion about screening should take place at:

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than age 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

Prostate cancer can often be detected using a simple blood test called a prostate-specific antigen (PSA) test and a physical exam. Most men without prostate cancer have PSA levels under 4 nanograms per milliliter (ng/mL) of blood. When prostate cancer develops, the level usually goes above 4, but a level below 4 does not guarantee that a man does not have cancer. If your PSA level is high, and/or your prostate exam is normal, a doctor may advise repeating the test or performing a prostate biopsy to find out if cancer is present. Factors such as your age, race, and family history, may affect this decision. Should the test results indicate cancer, most treatment plans include either radiation therapy, surgical removal, or a combination of both. If surgery is appropriate, a urologist can help you decide the best course of treatment for your specific diagnosis. With the help of genetic testing of a patient's particular cancer, many patients' condition can be monitored closely and not require initial active treatment.

One of the most advanced treatment options for prostate cancer is robotic urologic surgery. Also known as robotic prostatectomy, this minimally-invasive surgery is performed using a robotic interface. The surgeon controls the robot's every move while seated at a console in the operating room. The surgeon's hand, wrist, and finger movements guide the robot as it becomes an extension of the physician's hands. The surgeon views the operating area through High-Definition, 3-D imagery that provides greater magnification and improved visualization and precision than traditional surgical techniques. For the patient, the robotic approach provides less pain, smaller blood loss, and a quicker recovery time.

The evolution of technology that has led to robotic urology surgery is exciting for both physicians and patients, but it may not be the best option for everyone. The most important factor in the success of any type of surgery is the surgeon's experience and skill. A highly trained and skilled robotic surgeon can provide robotic surgery as a safe and effective option for patients whose diagnosis is appropriate for the procedure.

The key feature in deciding on the best treatment option, in all patients with prostate cancer, is early detection and diagnosis. Each person is unique, and it is important to talk to a health care provider about the uncertainties, risks, and potential benefits of prostate cancer screening before deciding whether or not to be tested.

SHINING BRIGHT LIKE A Diamond

by Tracy H. Stanton

Renee Bannister understands the exquisite intricacies of a precious jewel. Like a diamond, her smile shines bright and inviting when you meet her. It is no wonder she has specialized in the sale of these gems for more than 25 years.

A sales associate with a specialty jewelry business in Sumter, Renee actually put off undergoing a low-dose lung CT screening in the fall of 2018 because that is their busiest season of the year.

A smoker for 27 years, Renee says she always assumed at some point a physician would say to her "you have emphysema," although she had quit smoking more than 15 years ago.

During a routine check-up in October 2018 with **Dr. Lisa Heichberger** at McLeod Primary Care Clarendon, Renee said Dr. Heichberger listened to her heart and lungs and said she did not hear anything of concern.

(Continued on next page)



Renee Bannister credits Dr. Wayne Holley and the McLeod Lung Cancer Screening Program for saving her life.

“I made a little ‘ahem’ noise, and she knew I thought something was wrong,” recalled Renee. “After discussing my smoking history and this funny little cough I had sometimes, Dr. Heichberger recommended I undergo a low-dose lung CT screening.”

In 2011, results of a national study of more than 53,000 patients -- both former and active smokers -- indicated that a low-dose CT scan of the chest provided greater detection of lung cancer than a chest X-ray. In the study comparing CT scans to chest X-rays in patients 55 to 75 years of age with a 30-pack-year history of smoking (smoking one pack a day for 30 years or two packs a day for 15 years), researchers found a 20 percent reduction in mortality using CT scans for diagnosis.

Based on the results of this trial, in December 2013, the United States Preventive Services Task Force recommended screening for lung cancer using a low-dose CT scan in patients who meet the following criteria: ages 55 to 80; cumulative smoking history of 30-pack years or more; who still smokes or who has this history but stopped smoking in the last 15 years; and who currently does not exhibit any symptoms of lung cancer.

“I waited until the middle of January when I knew I would have more time to travel to Florence for the scan,” said Renee. “The only symptom I had was the strange little cough every once in a while.”

Renee added that part of the reason she procrastinated undergoing the screening was because she really did not want to know if there was something wrong.

In January 2019, Dr. Heichberger received the results of Renee’s lung CT screening. After reviewing the results, Dr. Heichberger scheduled Renee for a PET scan.

“I could not ask for any better doctor or amazing care than I received. You feel at ease with Dr. Holley right off the bat, and you know he cares about you. I feel lucky and blessed and extremely grateful that my cancer was detected early and only required a small procedure.”

– Renee Bannister

A Positron Emission Tomography scan reveals how organs and tissue are functioning. The scan confirmed the diagnosis of an early stage lung cancer. Renee said Dr. Heichberger immediately made arrangements for her to see **Dr. Wayne Holley**, a McLeod Thoracic Surgeon.

Renee recalls that during her first appointment with Dr. Holley he pulled up the images of her scans on the computer screen to review them with her. “He then sat down and drew a picture of the lung and said it is contained right now and you are lucky. Dr. Holley explained that most people come in and they are Stage IV, whereas my cancer was Stage I. He recommended removing the top third of my lung and did not feel I would need radiation or chemotherapy, only the surgery.”

“If we identify lung cancer early enough to completely remove the tumor, we have several treatment options available depending on the patient’s other medical conditions, general endurance, stamina and -- most importantly -- whether the cancer has spread,” explained Dr. Holley.

“Spotting the cancer early often allows us to remove the smallest amount of lung tissue possible. This may involve only part of a lung or an entire lung.”

However, in three out of four cases, patients receive their diagnosis at advanced, inoperable stages, according to Dr. Holley. “As with most cancers, early detection remains the key to survival.”

At the end of February 2019, Dr. Holley performed a robotic lobectomy on Renee at McLeod Regional Medical Center.

Renee said that when Dr. Holley explained he would perform the procedure robotically she felt it sounded better than traditional lung cancer surgery which involves separating the ribs and large incisions. “Dr. Holley told me that I would have a few small incisions; however, I don’t even have a scar.”

Hospitalized for three days, Renee said that she had no issues with her recovery and did not need all of the pain medication prescribed.

Two weeks after her surgery, Renee had a follow-up appointment with Dr. Holley and five weeks later she returned to work. Six months after her procedure she underwent a repeat low-dose lung CT scan.

The American Society of Clinical Oncology (ASCO) recommends that most people who are successfully treated for an early-stage lung cancer receive imaging scans every six months for the first two years after treatment to watch for a recurrence.

Fortunately for Renee, a new CT scanner is being installed at McLeod Health Clarendon in Manning, so she will no longer have to travel to Florence for these scans.

“I know now that there really is nothing to be afraid of,” said Renee. “It is better to find something very early than it is to wait. I also feel very fortunate that I did not have to undergo chemotherapy or radiation.”

Dr. Holley says Renee is the ‘picture-perfect’ testimonial of what they want to accomplish through the McLeod Lung Cancer Screening Program. “Renee has no signs of recurrence or progression of cancer, and she appears cured.”

“Until recently, we did not have reasonable tests for early detection because the tumors did not always show up well on X-rays,” explained Dr. Holley. “Historically, we waited until a patient developed symptoms of lung cancer -- either coughing up blood or shortness of breath -- before we tested them.

“We now know that this screening plays a crucial role in detecting lung cancer at earlier, more treatable stages. It simply has not gained the same level of awareness of other screenings, such as mammography for breast cancer and colonoscopy for colon cancer,” added Dr. Holley.

Renee believes Dr. Holley is “just the best of the best. I could not ask for any better doctor or amazing care than I received. You feel at ease with him right off the bat, and you know he cares about you. I feel lucky and blessed and extremely grateful that my cancer was detected early and only required a small procedure.”

For more information on the McLeod Lung Cancer Screening Program, please call 843-777-5953.

McLeod Thoracic Surgeon Dr. Wayne Holley aligns the robotic camera scope to obtain 3D visualization for the surgery.



THE PATH TO REMISSION

by Jennifer Beverly

Born and raised in Germany, Gisela Keaton moved to the United States after marrying her husband, Ronald, 56 years ago. The couple currently resides in Little River, South Carolina, where they enjoy an active and healthy lifestyle.

“I love playing golf with Ronald, crocheting with my women’s group and video chatting with my grandkids,” said Gisela. “In Germany, I worked as a professional tailor sewing dresses featured in Paris Fashion Week.”

In June 2018, Gisela began experiencing dizziness which often led to fainting spells. Gisela’s internal medicine physician in Myrtle Beach diagnosed her with iron deficiency anemia, a condition where the body cannot produce enough red blood cells due to the lack of iron.

As she continued battling anemia, Gisela also suffered from gastrointestinal issues. Her physician recommended she undergo a colonoscopy, so Gisela made an appointment at the nearest hospital, McLeod Health Seacoast.

“I had not felt well for months,” said Gisela. “I desperately needed some answers.”

Gastroenterologist **Dr. Khaled Elraie** of McLeod Digestive Health Center Seacoast performed Gisela’s colonoscopy. During the procedure, Dr. Elraie detected multiple polyps and a large mass inside her cecum.

“The cecum connects the small intestine to the colon,” said Dr. Elraie. “I performed a biopsy of the cecal mass, and the results confirmed low-grade adenocarcinoma, a type of cancer that starts in mucous glands. I immediately referred Gisela to Oncologist **Dr. Donny Huynh** of McLeod Oncology and Hematology Associates at Seacoast, a Department of McLeod Regional Medical Center.”

“I was very shocked to learn that I had colon cancer,” recalled Gisela. “Everything seemed to be happening so fast, and my world was spinning upside down.”

Anxiously anticipating her next steps and treatment options, Gisela met with Dr. Huynh. He ordered a CT scan of the abdomen and pelvis area which showed no evidence of metastasis, or the spread of cancer cells to another location in the body.

“Luckily, the colon cancer had not metastasized,” said Dr. Huynh. “I told Gisela that she had a very good chance of a full recovery, but she needed to undergo surgery to remove the cecal mass and begin chemotherapy.”

A few days later, General Surgeon **Dr. Eric Young** of McLeod Loris Seacoast Surgery performed a hemicolectomy to remove a section of Gisela’s colon. The pathology results indicated a total of 19 polyps with four of them being Stage III cancer.

Two months after her surgery, Gisela began chemotherapy at McLeod Health Seacoast Infusion Services.

Gisela finished chemotherapy in January 2019 and is now in remission. She continues follow-up appointments with McLeod Oncologist and Hematologist Dr. Donny Huynh every few months.

“Having cancer is perhaps one of the most difficult experiences a person can go through. I feel privileged to have helped Gisela close that chapter of her life.”

– Dr. Donny Huynh

“The side effects from chemotherapy took a toll on my body,” said Gisela. “On a couple of occasions, I visited the Emergency Department to be examined, and even then the physicians and staff provided excellent care.”

As Gisela continued treatment, Dr. Huynh ordered another CT scan to check for any abnormalities or disease recurrence. All of the results came back clear.

“Having cancer is perhaps one of the most difficult experiences a person can go through,” said Dr. Huynh. “I feel privileged to have helped Gisela close that chapter of her life.”

Gisela finished chemotherapy on January 31, 2019 with a clean bill of health. She continues follow-up appointments every few months.

“I strongly encourage patients ages 45 and older to undergo routine colonoscopies, as this is the best procedure to screen for colon cancer,” said Dr. Elraie. “Colon cancer is the third most common cancer in men and women, but preventable when detected early.”

“I have been so pleased with all of my physicians, nurses and staff at McLeod Health,” said Gisela. “I could not believe how well my entire care team communicated with each other. It gave me great peace of mind that everyone already knew my condition. I’ve even switched my internal medicine care to **Dr. David Johnson** at McLeod Internal Medicine Seacoast.”

Gisela is now feeling well enough to enjoy life again and recommends McLeod Health to everyone she knows. She meets friends weekly to crochet hats and blankets for newborn babies and can often be found on the golf course swinging clubs with Ronald.

In 2018, Gisela Keaton was shocked to learn that she had Stage III colon cancer. Thanks to her dedicated care team, Gisela now enjoys a clean bill of health.



A VIRTUAL EVENING OF *Hope and Inspiration*



Memorable performances and inspiring testimonials of hope were featured during *An Evening of Hope* to benefit the HOPE (Helping Oncology Patients Everyday) Fund on September 24, 2020. The McLeod Health Foundation's 21st Annual Cancer Benefit, presented by Harbor Freight Tools, was held virtually and showcased Celebrating Hope 2020, highlights from the past 10 years.

A few of the 12 performances featured during the event included Henry Jones singing "Old Man River," Instrumentalists

Zak and Ethan Chen, the cast of the Florence Little Theatre production of *Les Miserables*, and Baritone Alexander Elliott.

The event raised more than \$134,000 for the HOPE Fund thanks to the generosity of sponsors, donors and individuals with nearly 275 views the night of the virtual event. After the live presentation of *An Evening of Hope*, the event link was added to the McLeod Health website for everyone to view. To watch the event, visit: www.mcleodeveningofhope.org.

Gifts made in support of the HOPE Fund benefit oncology patient support services and provide oncology staff with immediate access to meet the individual needs of their patients. Programs supported through this fund provide transportation and medication needs for patients with few resources as well as educational manuals and supplies.

If you would like to learn more or make a donation to support the HOPE Fund, please visit: www.mcleodhopefund.org.



COLORECTAL CANCER RATES ON THE RISE IN YOUNGER PEOPLE



Terri Jagers, MD

Terri Jagers, MD, McLeod Digestive Health Center

Earlier this year, the American Cancer Society (ACS) published a report in *CA: A Cancer Journal for Clinicians*

which indicated colorectal cancer cases are on the rise in young adults.

While the rate is dropping among people age 65 and older, largely because more older adults are undergoing recommended screenings, the Cancer Society stated that in 2020, 12 percent or 17,930 colorectal cancer cases will be diagnosed in people under the age of 50. Nearly 18,000 new colorectal cancer cases in this one age group is more than cervical cancer in all age groups combined at 13,800. ACS also predicted an estimated 53,200 colorectal cancer deaths with approximately seven percent or 3,640 deaths in adults younger than age 50.

The report further details that rates have been rising since the mid-1980s in adults 20 to 39 years of age and since the mid-1990s in adults 40 to 54 years, with younger age groups experiencing the highest increase.

What is perhaps most alarming in this report from the American Cancer Society involves millennials. This generation is twice as likely to develop colon cancer and four times as likely to develop rectal cancer when compared to young adults in the 1950s when the risk was at its lowest.

While we do not know for certainty what is causing the rise in people younger than 50 who are developing colon cancer, it does demonstrate the importance of prevention and early screening.

When Should You Be Screened?

The most important action individuals can take to prevent colon cancer is to be screened regularly. However, one in three people between the ages of 50 and 75 have not been screened.

Two years ago, the American Cancer Society updated its colorectal cancer screening recommendations to include that adults should start screening at age 45 instead of 50. However, the U.S. Preventive Services Task Force and other health organizations in the United States, still recommend routine screening for colorectal cancer begin at age 50.

People who are at high risk, because of family history or because they have other health conditions that predispose them to develop colon cancer, should be screened at an earlier age. There has also been some evidence that African-Americans should start screening at 45 years of age.

If you have a family history of colon cancer -- family members who had colon cancer before age 60 or more than two family members with colon cancer, or conditions which predispose you to the disease such as familial polyposis, ulcerative colitis, or Crohn's disease, then you should be screened at an earlier age.

What is the Screening for Colon Cancer?

The gold standard for the diagnosis of colon cancer is colonoscopy. There are other tests available but they are not as reliable or effective as colonoscopy. To prevent colon cancer, individuals should have a colonoscopy on a regular basis. While colonoscopy is not a test most people look forward to undergoing, it is one of the few diagnostic procedures known to save lives.

Using colonoscopy, we look for polyps, which are small growths that can develop into cancer over time. If we can remove polyps before they have a chance to develop into colon cancer, we are preventing colon cancer.

We are often able to remove colon polyps during colonoscopy and no further surgery is required. Once a person develops colon cancer, they may require additional surgery. Ten to 20 percent of the time when we diagnosis a patient, they already have advanced cancer.

At this point, they may need further treatment with surgery, chemotherapy or radiation.

In about 60 to 70 percent of patients, we find no polyps. In 30 to 40 percent, we do find polyps. Most of the time, the polyps are small and can be removed during the actual colonoscopy.

If we don't find any polyps, we recommend a colonoscopy screening again in ten years. If we find polyps, then we want the patient to be screened again in three to five years.

If a patient has polyps, I generally recommend that they change their lifestyle habits by increasing their fiber intake and doing more physical activity. There are also some studies that have suggested aspirin can decrease the risk of developing colon polyps and colon cancer. However, individuals should consult their physician before starting an aspirin regimen.

Prevention and Survival

Some conditions that predispose you to colon cancer include family history, eating a lot of red meat and processed meat, obesity, little to no physical activity, and a lack of fiber and vitamin D in your diet. In addition, smoking can increase the risk for developing colon cancer as well as excessive use of alcohol.

The survival rate for colon cancer depends on the stage of the disease. If it is caught at an earlier stage, there is almost a 90 to 100 percent survival rate. If the cancer has advanced to Stage III or IV, the survival rate goes down. But, if you combine all of the stages, 63 percent of patients with colon cancer have survived beyond five years with a combination of surgery, chemotherapy and radiation.

Individuals of all ages need to be aware of the symptoms of colon cancer and should discuss any concerning signs or symptoms with their primary care physician.

McLeod News

OFFERING PATIENTS ON THE COAST INFUSION SERVICES CLOSE TO HOME

Since 2015, access to oncology services have been available to patients in the northern section of Horry County with the addition of McLeod Oncology and Hematology Associates at Seacoast and a dedicated infusion department.

A department of McLeod Regional Medical Center, the Infusion Services department has grown since then from an area licensed to serve four patients to one that now offers care to nine patients at one time. The Infusion Services department also offers ample room for a family member or friend to remain with the patient and provide support while they receive treatment.

The Infusion Services team at McLeod Health Seacoast works closely with the oncologists at McLeod Oncology and Hematology Associates at Seacoast, the Pharmacy, and other support areas to provide safe and holistic care to patients as well as their families.

“Infusion Services at McLeod Health Seacoast manages patients receiving cancer treatments as well as those battling complex, chronic diseases,” said Dr. Donny Huynh, an Oncologist with McLeod Oncology and Hematology Associates at Seacoast, a department of McLeod Regional Medical Center. “We take a systematic approach and offer personalized, comprehensive treatment plans which include specific goals and communication with all healthcare providers to help meet the needs of our patients.”

Over the past year, Infusion Services at McLeod Health Seacoast treated nearly 4,500 patients for cancer and blood diseases.



McLeod Oncologist Dr. Donny Huynh is pictured with members of the McLeod Infusion Services team at McLeod Health Seacoast.

In addition to these conditions, the infusion team provides other services such as blood transfusions, iron transfusions, antibiotic infusions, maintenance for port-a-caths and rheumatological treatments.

Additionally, in 2020 during the COVID-19 pandemic, the department began offering the monoclonal antibiotic infusion therapy Bamlanivab for patients at high risk of being hospitalized for COVID-19.

Delivering infusion therapy requires the management of specialty-trained clinical staff, support services and dedicated infusion facilities. Infusion drugs often have specific handling, storage and administration requirements.

Due to the complexity of these infusion drugs, they must be managed by clinicians with special disease protocol and product knowledge.

“Specialty infusion drugs are distinct because they often require professional administration by clinicians with disease and product expertise,” explained Price Todd, the Director of Pharmacy at McLeod Health Seacoast. “Our pharmacy team provides individualized care and delivers these medications safely and efficiently.”

As the growth in Horry and Brunswick Counties continues, McLeod Health plans to expand its oncology services to meet the needs of the community.

McLeod News

MCLEOD HEALTH DESIGNATED AS A CARE CONTINUUM CENTER OF EXCELLENCE FOR LUNG CANCER

Joins More Than 50 Community Hospitals that Deliver Best Practice and Patient-Centered Multidisciplinary Care



McLeod Health has received designation as a Care Continuum Center of Excellence by the GO2 Foundation for Lung Cancer. The designation recognizes a commitment to improving outcomes for those diagnosed with lung cancer by providing patient-focused and coordinated multidisciplinary care. The GO2 Foundation formed the Care Continuum Centers of Excellence program to enable patient access to standard of care lung cancer screening, early detection, diagnosis, treatment and survivorship in their local community.

“The McLeod Lung Cancer Screening Program is an extremely high quality, evidence-based program,” explained Dr. Vinod Jona, Co-Chair of the McLeod Healthy Lungs Initiative and Chief of Staff for McLeod Regional Medical Center. “Being recognized as the Care Continuum Center of Excellence for Lung Cancer is a testament to McLeod’s commitment to improving outcomes for their patients, and it truly reiterates the hard work and dedication of the McLeod Health team. This recognition and the program will go a long way to benefit our community in diagnosing and treating lung cancer at an early state.”

“McLeod Health is dedicated to providing patients with the highest quality care,” added Juleidy Turnipseed, PA, McLeod Cardiothoracic Surgical Associates.

“Partnering with GO2 Foundation enables us to deliver even more resources to support lung cancer patients and their families. We are proud of our team and the impact we are having on our local community.”

“We are honored to be working with McLeod Health as a GO2 Foundation Care Continuum Center of Excellence. Their commitment will help save lives and improve long-term survivorship by giving patients access to high-quality, multidisciplinary care closer to home. They are the example to follow,” says Laurie Fenton Ambrose, Co-Founder, President and CEO of GO2 Foundation.

The Care Continuum Centers of Excellence (CCCOE) program recognizes community hospitals that meet rigorous qualifying criteria that demonstrate collaborative leadership across the lung cancer care continuum. Meeting the CCCOE criteria puts member hospitals on par with leading academic and research institutions and provides patients with access to the latest innovations not typically found in community hospitals. The CCCOE approach results in patients receiving compassionate and timely care, as well as treatment options that improve survivorship.

Founded by patients and survivors, the GO2 Foundation for Lung Cancer transforms survivorship as the world’s leading organization dedicated to saving, extending, and improving the lives of those vulnerable, at risk, and diagnosed with lung cancer. The foundation works to change the reality of living with lung cancer by ending stigma, increasing public and private research funding, and ensuring access to care.

Dr. Murrell Participates in South Carolina Breast Cancer Webinar



Dr. Amy Murrell represented McLeod during the Ann Tunky Riley Virtual Pink Tea Webinar.

To kick off Breast Cancer Awareness Month on October 1, 2020, McLeod Surgeon Dr. Amy Murrell was a guest speaker for the American Cancer Society – Cancer Action Network’s Ann Tunky Riley Virtual Pink Tea Webinar.

Dr. Murrell, Dr. Jacqueline Miller, Medical Director for the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program, and Brian Booth, Ph.D., with the Clemson University Cellular Engineering Laboratory, offered remarks and answered questions for participants during the science portion of the webinar.

The annual Ann Tunky Riley Pink Tea celebrates breast and cervical cancer survivors and remembers those who have lost their lives to the disease. The event was named for former First Lady Ann “Tunky” Riley who died from breast cancer in 2008 after decades of fighting the disease. At a time when cancer conversations were not held as openly or publicly as they are today, Riley used her strong voice to encourage women to get mammograms and other lifesaving cancer screening methods – becoming one of the first public figures in the state to speak about her battle with breast cancer.

2019-2020 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

Lisa McDonald, RN, BSN,
OCN, CBCN
Cancer Coordination

LaTonya McFadden, CTR
Cancer Registry

Angela McNeil, RN
Oncology Navigation

Courtney Moore, MS, RD, LD
Outpatient Oncology Dietitian

Tracey O'Neal, RN, CBCN
Oncology Navigation

Brandy Reed, RN, BSN, OCN
Outpatient Oncology Services

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

Lauren Snipes
McLeod Foundation

Tracy Stanton
Public Information

Terri Thomas, RT (R)
Oncology Navigation

Marie White, CTR
Cancer Registry

Shamica Williams, CTR
Cancer Registry

Pam Worthy, RN, BSN, OCN
Research

McLeod Health

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

www.mcleodhealth.org

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

