

McLeod

BASED ON 2020 STATISTICS



2021 CANCER REPORT



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 Oncologist Dr. Ravneet Bajwa, Radiation Oncologist Dr. Virginia Clyburn-Ipock, Plastic Surgeon Dr. Dustin Eck, Radiologist Dr. Shawn Conwell, Breast Surgeon Dr. Amy Murrell and Pathologist Dr. Sharon Mitchell.



Rajesh Bajaj, MD

As Chairman of the Cancer Committee for McLeod Regional Medical Center, I am pleased to share our 2021 Cancer Report based on 2020 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 will quickly discover that McLeod offers a level of technology and medical expertise that rivals nearly any “metropolitan” 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, 1,507 patients were newly diagnosed and treated at McLeod Regional Medical Center. The top five cancer sites were lung cancer (297 patients), breast cancer (292 patients), prostate cancer (165 patients), colorectal cancer (145 patients), and urinary tract cancers (98 patients).

In this report, Breast Surgeon Dr. Amy Murrell presents a detailed analysis on breast cancer cases diagnosed at McLeod in 2020. Dr. Murrell also explains all of the components of our comprehensive breast cancer program. Additionally, we are pleased to share several testimonial stories featuring patients who have entrusted us with their cancer care.

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.

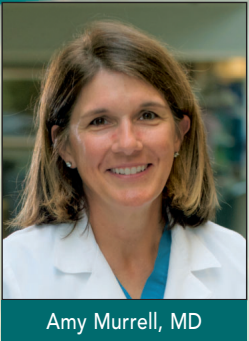
McLeod also remains committed to being the choice for medical excellence in the treatment of most types of cancer commonly seen in our region. The ability to offer state-of-the-art diagnostic capabilities and the latest cancer treatments available locally means that our patients can receive care close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

Rajesh Bajaj, MD

Chairman, McLeod Cancer Committee

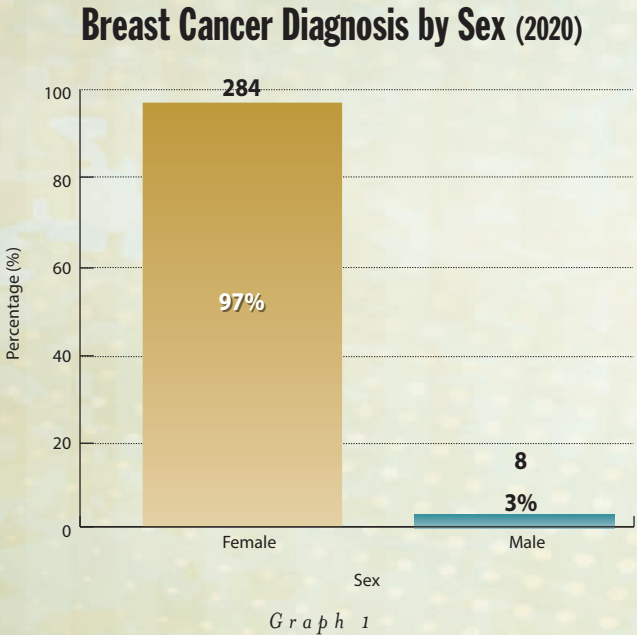
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McLEOD HEATH: OFFERING WOMEN A COMPREHENSIVE BREAST CANCER PROGRAM



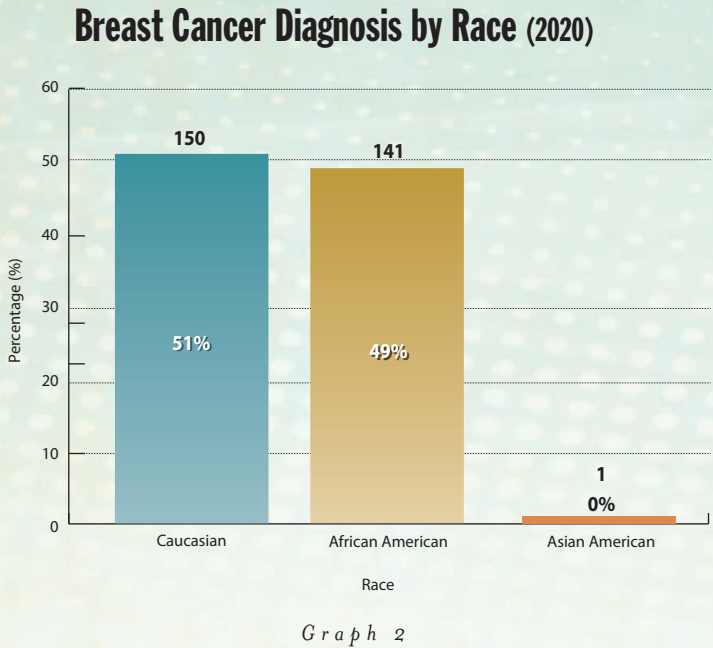
Amy Murrell, MD, McLeod Breast Program Director

Dedicated to the early detection and treatment of breast cancer, McLeod is 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 of care it offers to breast cancer patients in 2010 -- the first and only breast program in the region to achieve this designation.



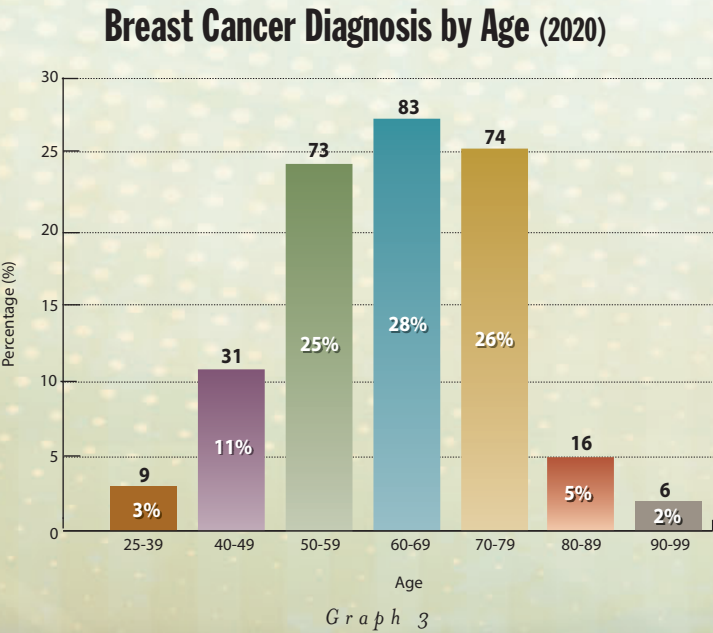
Breast cancer was the second most commonly treated cancer at McLeod Regional Medical Center in 2020. Because a tremendous volume of breast cancer patients are cared for at McLeod, the hospital, staff, and physicians have put considerable effort into ensuring state-of-the-art care for women with breast cancer and that the NAPBC standards are met or exceeded.

In 2020, there were 284 women and eight men diagnosed and/or treated at McLeod (graph 1). One hundred and fifty (51%) were Caucasian while 141 (49%) were African American. There was also one Asian American diagnosed with breast cancer (graph 2). Most of the patients (79%) were between the ages of 50 and 79. Only 14% of patients were younger than 50 with one patient diagnosed at 25 (graph 3).



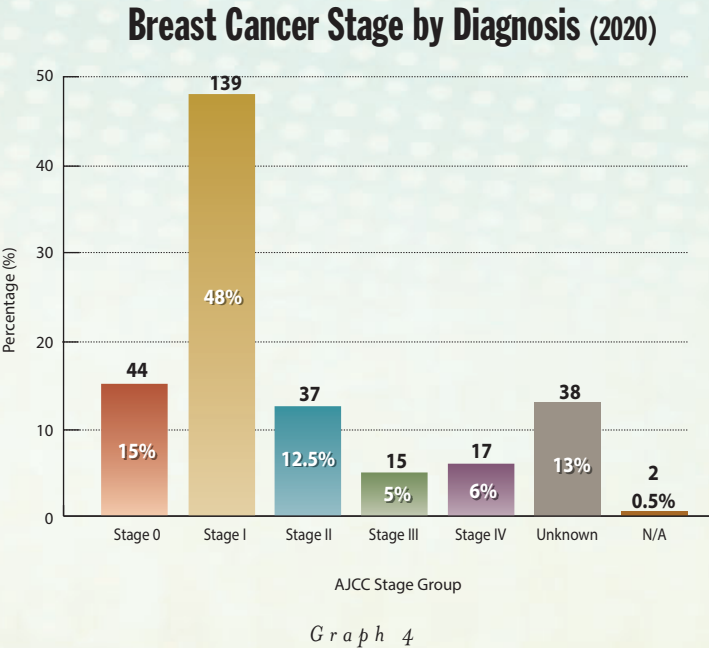
The majority of patients diagnosed with breast cancer at McLeod are considered early stage. In 2020, 63% were either stage 0 or I at diagnosis (graph 4). This is significant because these patients have extremely high rates of survival and tend to require less extensive treatment.

The McLeod Breast Program Leadership Committee includes myself, Radiation Oncologist **Dr. Virginia Clyburn-Ipock**, Oncologist **Dr. Rajesh Bajaj**, Radiologist **Dr. Shawn Conwell** and Pathologist **Dr. Sharon Mitchell**. Our team serves as the governing body of the McLeod Breast Health Center.



Together, we plan, develop, implement, and evaluate all activities of the breast center; oversee and monitor compliance with the NAPBC standards; and review all center data annually.

The McLeod Breast Health Center promotes continuity of care by providing the full spectrum of services for women, from prevention and diagnosis to treatment and support. Our goal is to make the individual patient’s entry into the system as painless and seamless as possible. We also provide personalized breast cancer care since one treatment does not fit all we individualize a plan to each and every patient’s needs.



Facets of our comprehensive breast cancer program include all of the following:

BREAST IMAGING

Today’s 3D mammograms pick up these tiny cancers that are not just treatable, but curable. So, most of the women, who are diagnosed with breast cancer at McLeod, are detected at a very early stage. These women have a totally normal life expectancy. As surveillance and imaging has improved, we find and treat cancer earlier.

We believe at age 40, a woman should start having yearly mammograms. However, any woman with a breast abnormality should definitely be seen by their doctor. If a woman has a first degree relative with the BRCA gene (mother, sister), then we advise to begin annual screening mammograms 10 years earlier than the family member who was diagnosed. So, if your mother was diagnosed at 38, then at 28, you need regular screening.

As a Breast Imaging Center of Excellence, we are also pleased to offer the following modalities which have been accredited by the American College of Radiology:

- ACR Accredited in 2D & 3D Mammography
- ACR Accredited in Breast Ultrasound
- ACR Accredited in Breast Ultrasound Biopsies
- ACR Accredited in Stereotactic Breast Biopsies
- ACR Accredited in Breast MRI

ONCOLOGY BREAST NURSE NAVIGATOR

After a diagnosis of cancer, patients may feel overwhelmed and confused. Often, treatment of this disease can be complicated. Tracey O’Neal, RN, CBCN, our McLeod Breast Oncology Nurse Navigator, is there to help at every step of the way. Tracey’s primary goal is to help patients on the cancer journey, from diagnosis to survivorship. She works with patients and their doctors, helping to “navigate” them through appointments with physicians and follow-up care. She also provides education about breast cancer and treatment options and assists with locating resources within the McLeod Health system and community.

BREAST TUMOR BOARD

At the McLeod Center for Cancer Treatment and Research, breast cancer patients receive a second, third, fourth and fifth opinion on their treatment plan from the Tumor Board, whose mission is to provide patients not only with peace of mind but also the best cancer treatment plan possible for each specific diagnosis.

Each week at McLeod, physicians representing Medical Oncology, Pathology, Radiation Oncology, Radiology, and Surgery, discuss every breast cancer patient’s case presented to the tumor board. Together, we recommend the best treatment plans for patients with breast cancer. During the Breast Tumor Board meeting, we review the pertinent imaging and diagnostic studies, as well as the pathology, and their physician presents the patient’s case, including their history of physical findings. All members of the team give their input and the plan is put into place.

BREAST 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.

(Continued on next page)



April Munn discusses her breast cancer care plan with Radiation Oncologist Dr. Virginia Clyburn-Ipock, Oncologist Dr. Jamie Smith and Breast Surgeon Dr. Amy Murrell at the McLeod Center for Cancer Treatment and Research.

If a woman undergoes a mastectomy, she may be interested in breast reconstruction surgery which 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 (including DIEP).

BREAST CANCER RESEARCH AND ONCOLOGY TREATMENT

Discovering new ways to treat and prevent cancer is the goal of medical research. At McLeod, cancer research efforts were first developed 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.

One cancer that has benefitted greatly from research is breast cancer. Thanks to clinical trials, breast cancer research continues to evolve with multiple advancements in care. We now have more chemotherapy agents and targeted treatments to help women than ever before. We also understand that there are very specific pathways cancer cells navigate for their survival. This research has led to the development of drugs that can block parts of those pathways and suppress the cancer. Additionally, we have immunotherapy available which arms the body's immune system to attack cancer cells. This form of therapy helps the immune system recognize the cancer then stimulate an intense response against the tumor. As research of breast cancer continues, these discoveries will help guide treatment in the future and improve survival.

RADIATION ONCOLOGY TREATMENT

Radiation therapy is necessary for many women with breast cancer. Most women who undergo a lumpectomy are receiving radiation to eradicate any microscopic cancer cells in the breast that remain after surgery. This significantly decreases the risk of recurrence of cancer within the breast.

Traditionally, the post-lumpectomy radiation would be delivered, five days a week for five to six weeks. But, thanks to clinical trials we now know there is no increased risk of recurrence in the women who receive a shorter course of radiation. Today, many women, who have early-stage breast cancer, can actually be treated with a technique called hypofractionated radiation therapy where we shorten the length of radiation treatment down to three to four weeks, making it more convenient for patients.

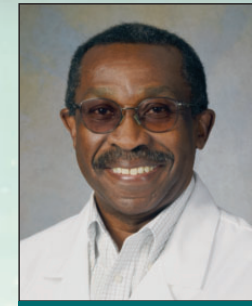
Advancements in early detection with the latest technology and a dedication to ensuring we are meeting and/or exceeding the national standards in breast cancer treatment demonstrates the McLeod Health commitment to improving survival and access to care.

For more information on breast cancer, please contact Tracey O'Neal at 843-777-5418.

Breast Surgeon Dr. Amy Murrell serves as the Cancer Liaison Physician to the American College of Surgeons' Commission on Cancer for McLeod Regional Medical Center as well as the Breast Program Director for McLeod. She cares for patients at Pee Dee Surgical Group, where she has practiced since 2005.

Examples of how McLeod meets and/or exceeds the National Accreditation Program for Breast Centers (NAPBC) Standards include:

- Each week at McLeod, the cases of breast cancer patients are presented at the McLeod Tumor Board which includes at least one attending physician from each of the following departments: medical oncology, radiation oncology, surgery, radiology, and pathology. This ensures that each patient's case is considered from all aspects and in its entirety.
- Every new breast cancer patient treated at McLeod is reviewed by the Breast Tumor Board.
- Sentinel lymph node biopsy is performed on women with early-stage breast cancer.
- Women are considered for and offered entrance into clinical trials and research protocols.
- College of American Pathologists (CAP) guidelines are followed in the treatment of all breast cancer cases.
- Community breast cancer education, prevention, and screening programs are offered in the region.



Herbie S. Bryan, MD

Herbie S. Bryan, MD, FCCP, McLeod Pulmonologist

The leading cause of preventable disease and death in the United States is smoking. In addition, more than 16 million people are living with a disease caused by smoking, according to the Centers for Disease Control and Prevention. The health effects of smoking include cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

The statistics surrounding smoking are staggering with 34 million U.S. adults currently smoking and 480,000 Americans dying each year from smoking which accounts for nearly one in five deaths. However, people at any age, even those who have smoked for years or smoked heavily can benefit from quitting.

The health benefits of quitting smoking include:

- Improvement in health status and quality of life
- Reduction in the risk of premature death and it can add as much as 10 years to life expectancy
- Lower risk of 12 types of cancer, cardiovascular diseases and COPD

Fortunately, today there are evidenced-based treatments to help individuals quit smoking such as counseling and medications. Approved by the Food and Drug Administration (FDA), these medications include nicotine replacement therapy and non-nicotine medications.

Data has shown that using these FDA-approved cessation medications combined with counseling can more than double your chance of quitting successfully.

Nicotine replacement therapy includes such options as over-the-counter skin patches, lozenges and chewing gum. These products are designed to help smokers gradually withdraw from smoking by using controlled amounts of nicotine that decrease over time while sparing the individual from other chemicals found in cigarettes.

There are also two prescription cessation medicines approved by the FDA that do not contain nicotine -- Chantix and Zyban. Chantix works by interfering with nicotine receptors in the brain to decrease the rewarding effects of nicotine and reduce the negative symptoms of nicotine withdrawal. Zyban is believed to affect chemicals in the brain that are related to nicotine craving.

At McLeod, we now offer a smoking cessation clinic involving one-on-one sessions with Carolina Hewitt, NP, our certified Smoking Cessation Specialist, to help individuals take that next step in the process of quitting tobacco use.

The clinic is designed to explore an individual's tobacco use and create a plan that will address their needs and goals. Participants do not have to be prepared to quit on the first visit and, if interested, nicotine replacement therapy resources and prescription cessation medicines are available.

The smoking cessation clinic is held each Friday in the McLeod Pulmonary and Critical Care Associates office located at 401 East Cheves Street, Suite 202 in Florence, SC. Individuals can be referred by their primary care physician or self-refer by calling 843-777-7863.

Dr. Herbie Bryan cares for patients with Dr. Vinod Jona, Dr. Carmen Taype-Roberts, and Nurse Practitioner Carolina Hewitt at McLeod Pulmonary and Critical Care Associates in Florence. Board Certified in Internal Medicine and Pulmonary Disease, Dr. Bryan provides treatment to patients with lung conditions including COPD, asthma, lung cancer, interstitial lung disease, shortness of breath and cough as well as sleep apnea and infectious lung diseases. A native of Jamaica, Dr. Bryan joined McLeod in 2021 and continues his more than 40 years of service as a physician.

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Christel Hayes, FNP-C

Christel Hayes, FNP-C, McLeod Oncology and Hematology Associates

The body is made up of trillions of cells, which contain genes. Genes are the basic physical

unit of inheritance that is passed from parents to offspring. These small segments of DNA determine specific human characteristics, such as hair color, blood type, height, and risk for developing certain diseases. An individual can have changes or mutations in the genes that provide the wrong set of instructions, leading to faulty function, or abnormal cell growth.

However, since we have two copies of every gene, typically the other copy is still functioning normally. A person can be born with gene mutations, or they can happen over a lifetime. Mutations can occur when cells are aging or after exposure to certain chemicals or radiation. Fortunately, cells usually recognize these types of mutations and repair them. Other times, however, they can cause disease, such as cancer.

All cancers have one common element. They result from harmful changes in your genes. These gene changes can be caused by lifestyle habits or exposure to environmental cancer-causing agents, such as harmful chemicals. But some mutations are changes that have been passed down from generation to generation. We refer to these as “inherited mutations.”

A person with a hereditary cancer risk has genes that make them more susceptible to cancer than someone in the general population. The medical management for a person in the general population would be different than a person, who is at high risk. These individuals need greater surveillance, have family considerations that should be discussed, and possibly, have surgeries or medications to help decrease their cancer risk.

A risk factor is anything that increases the chances of developing a disease. Some of the factors associated with an increased cancer risk include lifestyle, age, family history, gender, and inherited gene changes.

In my role with the McLeod Cancer Center, I work in collaboration with clinicians to provide screening, education, and testing to identify inherited gene mutations known to increase the risk of cancer.

Inherited mutations in certain genes increase the risk of cancer. Predictive genetic testing can be performed to look for inherited gene mutations. Genetic counseling and testing may be recommended for individuals with a personal or family history of certain cancers, due to the increased risk of having an inherited gene mutation.

You should consider genetic testing for hereditary cancer if:

- There is a personal or family history of a rare cancer (e.g., male breast cancer, ovarian cancer, pancreatic cancer, metastatic prostate cancer)
- There are many relatives on one side of the family who have had the same or associated cancer
- A relative who has tested positive for a genetic mutation
- A family member with more than one type of cancer, or two separate cancers in the same organ
- Family members who had cancer at a young age, or cancer diagnosed prior to the age of 50
- Ashkenazi Jewish Ancestry 9 (known to be linked to ovarian and breast cancers)
- A personal history of 10 or more colorectal polyps

Genetic testing involves a sample of saliva or blood that is sent to a genetics lab for analysis. The lab results are then compared with the patient’s DNA to determine whether they have any of the cancer-causing genes. More than 90 percent of the insurance companies currently cover hereditary cancer panel testing.

At McLeod Oncology and Hematology Associates, we offer pre-test counseling about genetics, obtain a collection of your family history and determine if you are suitable for genetic testing. For more information, please call 843-777-5951.

Christel Hayes, FNP-C, cares for the genetic needs of patients at the McLeod Center for Cancer Treatment and Research. Hayes recently moved to South Carolina from Indiana where she was the Breast Surgical Oncology Nurse Practitioner for Lutheran Surgical Specialists. She completed an Associate of Applied Science in Nursing at Purdue University and obtained her Bachelor of Science and Master of Science in Nursing from Indiana Wesleyan University.

New Option Improves Prostate Cancer Treatment

Advancements in prostate cancer treatment offer patients significantly better options. Michael Walters of Fairmont, North Carolina, has benefited from this firsthand. He became a cancer survivor after only 5 treatments, compared to more than 35 treatments with conventional therapies.

Michael was the first patient at the McLeod Center for Cancer Treatment and Research to be treated for prostate cancer with stereotactic body radiation therapy (SBRT) in July 2021.

A former welder by trade, Michael was familiar with the 50-mile trip to Florence, where he worked for 10 years.

“I had to go through with the treatment anyway so driving to Florence every other day for two weeks was better than coming daily for a month or more,” said Michael. “Each treatment session only took 15 minutes, so I was on my way back home in no time.”

Michael’s urologist had been monitoring his PSA level for two and half years, which is not uncommon with prostate cancer.

Since the condition tends to grow slowly in older men, it is often monitored closely with physician visits one or two times a year.

A protein produced by both cancerous and non-cancerous tissue in the prostate, the PSA test measures the amount of prostate-specific antigen in the blood. A normal PSA level for men in their 60’s is zero to 4.5. In 2021, Michael’s PSA level was a 9. A biopsy detected cancer in two spots in his prostate confirming the need for treatment.

Michael Walters is grateful that he only had to undergo five treatments for his prostate cancer. He is pictured with McLeod Radiation Oncologist Dr. Rhett Spencer.

Treatment of prostate cancer typically involves surgery or radiation. Michael was informed that his cancer could best be treated with radiation. After meeting with McLeod Radiation Oncologist

Dr. T. Rhett Spencer, Michael learned he met the criteria for SBRT and would only need five treatments to eradicate the cancer. “Dr. Spencer spoke with me before and after each treatment. He is a good man and doctor.”

Dr. Spencer has been caring for patients at McLeod for nearly 35 years.

“In conventional radiation treatment, 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, this therapy has been shown to be beneficial in reducing long-term side effects of prostate cancer.

“However, advancements in technology, treatment planning and imaging has led to new innovations in radiation treatment

such as extreme hypofractionated radiation therapy or SBRT for localized prostate cancer which we now offer at the McLeod Center for Cancer Treatment and Research.”

SBRT involves delivering the radiation dose in larger, more powerful portions over fewer treatment visits. 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 -- from 40 days with conventional treatment to 5 days with SBRT. This allows the patient to retain their quality of life.

SBRT is most suited for men with low to intermediate risk -- meaning the cancer has not spread to the lymph nodes or outside the prostate.

“There is no single treatment option that is better for all men,” added Dr. Spencer. “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.”



Dr. Tasha Martin Joins McLeod Breast Surgery Seacoast

When a woman hears the words, “You have breast cancer,” it is not unusual for a sense of panic to run through her body. One of the first treatment options usually discussed with the patient is breast surgery. McLeod Health Seacoast is pleased to now offer the services of a dedicated breast surgeon to care for women in northern Horry County.

Dr. Tasha Martin comes to McLeod Breast Surgery Seacoast following the completion of her Fellowship in Breast Surgical Oncology at Anne Arundel Medical Center in Annapolis, Maryland. She received her medical degree in 2015 from Louisiana State University Health Sciences Center in New Orleans and completed her General Surgery Residency in 2020 at New Hanover Regional Medical Center in Wilmington, North Carolina.

Board Certified in General Surgery, Dr. Martin treats benign and malignant breast diseases, including treatment of breast infections, tumor removals and

breast cancer. She is also trained to perform a wide variety of surgical breast procedures such as lumpectomies, total mastectomies, quadrantectomies, axillary lymph node dissections, skin-sparing mastectomies, nipple-sparing mastectomies and sentinel lymph node biopsies.

Dr. Martin understands the complexity of breast cancer as well as the importance of an individualized treatment plan that works best for each patient.

The Breast Health Centers at McLeod Regional Medical Center and McLeod Health Seacoast provide a full continuum of services offering patients everything from routine breast screenings and advanced imaging to comprehensive resources for treatment and recovery.

“It is very important for women ages 40 and older to get an annual screening mammogram,” said Dr. Martin. “Mammograms are the gold standard for detecting breast cancer. Early detection often means less treatment and a better prognosis.”

If a breast cancer diagnosis is confirmed, patients also have access to a dedicated Breast Cancer Nurse Navigator. When a patient is diagnosed with a complex cancer case, the McLeod Tumor Board meets to discuss the patient’s plan of care. Consisting of highly-trained specialists, this group of medical oncologists, surgeons, pathologists, radiologists and other healthcare providers work together to formulate an optimal treatment plan.

“I enjoy building relationships with my patients,” said Dr. Martin. “Breast surgery can be a difficult decision, depending on what treatment option is recommended. I find it very rewarding to support my patients through the cancer process.”

If the treatment plan includes breast surgery, Dr. Martin sees patients at her office, McLeod Breast Surgery Seacoast, located inside McLeod Health Seacoast hospital.

For more information about scheduling appointments with Dr. Martin, please call 843-366-2940.



“Mammograms are the gold standard for detecting breast cancer. Early detection often means less treatment and a better prognosis.”

– **Dr. Tasha Martin**
McLeod Breast Surgery Seacoast

Dr. Tasha Martin and her husband, Dr. Joshua Sibille with McLeod Vascular Associates, are pictured with their one-year-old daughter, Reese.

An Evening of Hope and Inspiration

Since its establishment in 2014, the HOPE Fund has helped thousands of patients with needs such as transportation, medications, nutrition and unique personal financial struggles.



Ginger Godfree
Myrtle Beach

Johnny Echols
Florence

An Evening of Hope to benefit the McLeod Center for Cancer Treatment and Research was held virtually on September 23, 2021. More than \$143,000 in generous support was raised for the HOPE (Helping Oncology Patients Everyday) Fund.

Gifts made in support of the HOPE Fund benefit oncology patient support services and provide oncology staff with improved access for immediate assistance needs for their patients. Since its establishment in 2014, the HOPE Fund has helped thousands of patients with needs such as transportation, medications, nutrition and unique personal financial struggles.

The evening included inspirational video testimonials featuring Cancer Survivors Lynn Harrelson of Hartsville; Willie Vereen of Florence; Ginger Godfree of Myrtle Beach; Johnny Echols of Florence and April Munn of Florence; as well as the conclusion of a week-long silent auction.

Ginger and Johnny were both recipients of assistance from the HOPE Fund.

“When I was getting chemotherapy for triple negative breast cancer, Sarah Beth Averette, the HOPE Coordinator, came to me and said, ‘I understand you are driving back and forth from Myrtle Beach.’ And at that time, I was doing it twice a week. She said she knew the price of gas was high. I was also not able to work at that time and it got to be where it was too much. Fortunately, Sarah Beth was able to provide me with gas cards for my chemo treatments.”

In Johnny’s case, he was released from work during the COVID-19 pandemic which resulted in his insurance being cancelled. Unable to walk due a large tumor in his back, Johnny needed a better walker with wheels so he could remain upright.

“I mentioned it to **Dr. Jamie Smith**, and he told me to ‘hold on there might be a program he could get me into.’ Thank God! Thank McLeod! Through the HOPE Fund, Dr. Smith said, ‘We can get you another walker.’ They also gave me my medicine free and said if there was anything else I need to just let them know.”

Both Johnny and Ginger are grateful to all the donors who support the HOPE Fund and the annual cancer benefit, *An Evening of Hope*.

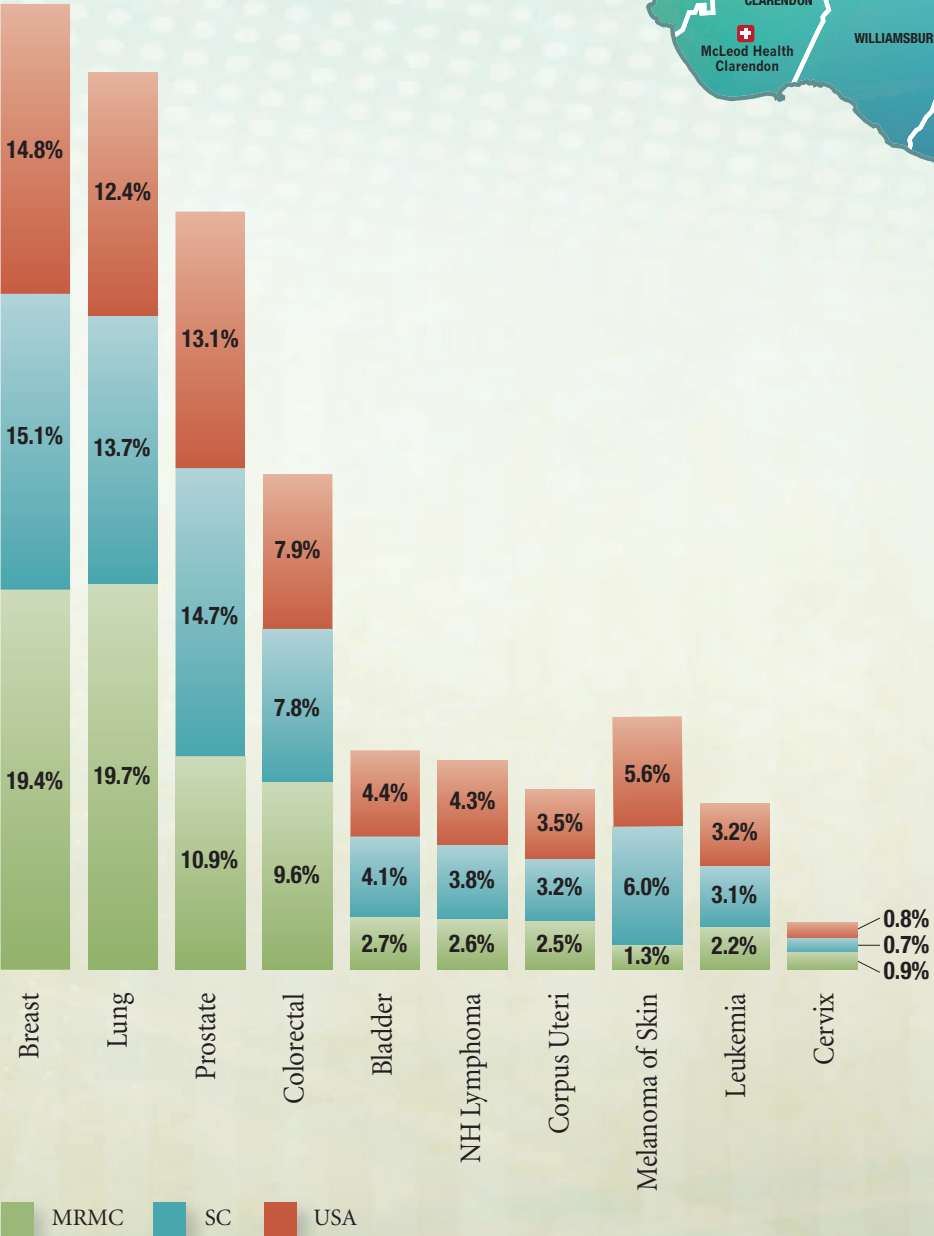
To watch the event, please visit www.mcleodeveningofhope.org. Donations to the HOPE Fund can be made by contacting the McLeod Foundation at 843-777-2694.

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE GROUP						
		A	N/A	M	F	0	I	II	III	IV	Unknown	N/A
ALL SITES	1507	1505	2	729	778	71	412	225	205	325	115	154
ORAL CAVITY	37	37	0	26	11	1	6	4	4	19	3	0
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	15	15	0	11	4	0	3	0	3	8	1	0
OROPHARYNX	1	1	0	1	0	0	0	0	0	1	0	0
HYPOPHARYNX	1	1	0	1	0	0	0	0	0	1	0	0
OTHER	20	20	0	13	7	1	3	4	1	9	2	0
DIGESTIVE SYSTEM	292	291	1	156	136	6	64	48	67	87	16	4
ESOPHAGUS	14	14	0	11	3	0	1	4	3	5	1	0
STOMACH	25	25	0	12	13	0	6	1	4	12	2	0
COLON	91	91	0	46	45	2	28	14	22	21	4	0
RECTUM	40	40	0	23	17	1	13	8	11	4	3	0
ANUS/ANAL CANAL	14	13	1	6	8	1	0	7	6	0	0	0
LIVER	26	26	0	18	8	0	2	1	12	9	1	1
PANCREAS	71	71	0	35	36	0	13	10	9	33	5	1
OTHER	11	11	0	5	6	2	1	3	0	3	0	2
RESPIRATORY SYSTEM	319	319	0	189	130	1	73	34	58	138	14	1
NASAL/SINUS	3	3	0	1	2	0	0	1	1	0	0	1
LARYNX	18	18	0	11	7	1	4	4	2	6	1	0
OTHER	1	1	0	1	0	0	1	0	0	0	0	0
LUNG/BRONC-SMALL CELL	40	40	0	18	22	0	3	2	12	22	1	0
LUNG/BRONC-NON SMALL CELL	240	240	0	148	92	0	57	27	43	103	10	0
OTHER BRONCHUS & LUNG	17	17	0	10	7	0	8	0	0	7	2	0
BLOOD & BONE MARROW	70	70	0	35	35	0	3	1	2	4	0	60
LEUKEMIA	33	33	0	21	12	0	3	1	2	4	0	23
MULTIPLE MYELOMA	28	28	0	8	20	0	0	0	0	0	0	28
OTHER	9	9	0	6	3	0	0	0	0	0	0	9
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	6	6	0	5	1	0	2	0	1	0	0	3
SKIN	23	23	0	13	10	1	3	6	3	3	4	3
MELANOMA	20	20	0	11	9	1	3	5	3	3	4	1
OTHER	3	3	0	2	1	0	0	1	0	0	0	2
BREAST	292	292	0	8	284	44	139	37	15	17	38	2
FEMALE GENITAL	64	63	1	0	64	0	25	5	16	12	5	1
CERVIX UTERI	14	14	0	0	14	0	2	4	4	3	1	0
CORPUS UTERI	37	37	0	0	37	0	20	1	8	5	3	0
OVARY	9	9	0	0	9	0	2	0	2	4	1	0
VULVA	3	2	1	0	3	0	1	0	1	0	0	1
OTHER	1	1	0	0	1	0	0	0	1	0	0	0
MALE GENITAL	167	167	0	167	0	0	49	71	19	18	9	1
PROSTATE	165	165	0	165	0	0	48	71	19	18	9	0
TESTIS	1	1	0	1	0	0	1	0	0	0	0	0
OTHER	1	1	0	1	0	0	0	0	0	0	0	1
URINARY SYSTEM	99	99	0	68	31	18	30	13	8	13	17	0
BLADDER	41	41	0	31	10	17	6	11	1	3	3	0
KIDNEY/RENAL	56	56	0	36	20	0	24	2	6	10	14	0
OTHER	2	2	0	1	1	1	0	0	1	0	0	0
BRAIN & CNS	50	50	0	24	26	0	0	0	0	0	1	49
BRAIN (BENIGN)	3	3	0	1	2	0	0	0	0	0	0	3
BRAIN (MALIGNANT)	19	19	0	12	7	0	0	0	0	0	0	19
OTHER	28	28	0	11	17	0	0	0	0	0	1	27
ENDOCRINE	22	22	0	7	15	0	8	3	1	1	2	7
THYROID	15	15	0	4	11	0	8	3	1	1	2	0
OTHER	7	7	0	3	4	0	0	0	0	0	0	7
LYMPHATIC SYSTEM	41	41	0	19	22	0	10	3	11	12	4	1
HODGKIN'S DISEASE	2	2	0	0	2	0	0	0	1	0	1	0
NON-HODGKIN'S	39	39	0	19	20	0	10	3	10	12	3	1
UNKNOWN PRIMARY	24	24	0	12	12	0	0	0	0	0	2	22
OTHER/ILL-DEFINED	1	1	0	0	1	0	0	0	0	1	0	0

Number of cases excluded: 2
This report Includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

10 Most Prevalent Cancer Sites

Source: American Cancer Society "Cancer Facts and Figures 2020"



Five Leading Cancer Sites

Diagnosed at McLeod in 2020

Site	Cases
Lung	297
Breast	292
Prostate	165
Colorectal	145
Urinary	98

Total Cases: 997 (66%)



MCLEOD RADIATION ONCOLOGY: ENSURING QUALITY AND SAFETY IN PATIENT-CENTERED CARE



Tobin Hyman, MS, DABR

Tobin Hyman, MS, DABR, Chief Medical Physicist

For 57 years, McLeod Regional Medical Center has provided radiation therapy to cancer patients in the region. Building on the 115 years McLeod has cared for patients and families, the McLeod Center for Cancer Treatment and Research has continued to grow and evolve to meet the cancer needs of the community at large.

Since the opening of its dedicated cancer facility in 2013, McLeod has invested more than \$14 million dollars in the technology of three Varian TrueBeam linear accelerators to deliver radiation to our cancer patients while minimizing harm to healthy tissue and bones such as the spinal cord or lungs. These accelerators also allow us to perform stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) -- two advanced forms of treatment that deliver precisely-targeted radiation with sub-millimeter accuracy in a fewer number of treatments offering patients more convenience and a better quality of life.

Stereotactic radiosurgery, a non-surgical radiation therapy, treats cancerous tumors in the brain and spine. The radiation is focused onto the area of disease to completely cover it with the dose necessary to overwhelm all of the abilities of a cancer cell to defend itself. 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. When performing SRS to the brain, 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.

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.

Advantages of SRS and SBRT for patients include the ability to receive treatment close to home. Understanding that a cancer diagnosis is a life changing event for all of our patients, the decision by McLeod to invest in the technology to plan and accurately deliver this type of cancer treatment means patients do not have to leave home to receive the highest level of care. Some of these patients are also living with advanced disease. 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 and SBRT also benefit patients by saving them time. For example, compared to conventional whole brain radiation therapy which involves smaller daily doses of radiation in 10 treatments, SRS delivers five to ten times the daily dose of radiation in one to five treatments. The increased dose improves the effectiveness of this form of treatment and the side effects are significantly less by treating smaller volumes.

Additionally, in the treatment of lung cancer, SBRT can be performed in as few as three to five sessions as opposed to four to eight weeks of conventional radiation.

Of primary emphasis to the members of the team in Radiation Oncology is the pursuit of quality. The Agency for Healthcare Research and Quality defined quality as "doing the right thing, at the right time, in the right way, for the right person -- and having the best possible results" (AHRQ 2001). The process of preparing a patient for radiation therapy is complex, involving many different practitioners (physician, medical physicists, simulation therapists, dosimetrists, nurses) before reaching the accelerator or other treatment machine for the delivery of the daily treatment by the radiation therapists. As a result, it is imperative that operational procedures are standardized, and, where possible, error-proofed as much as possible to maintain the overall quality of the treatment. This is where accreditation comes into play.

The Radiation Oncology department at McLeod Regional Medical Center has the distinction of being the only accredited radiation oncology department within 60 miles of Florence. The department is accredited by the American College of Radiology - Radiation Oncology Practice Accreditation (ACR-ROPA) and is currently pursuing its' fourth three-year accreditation cycle. Of the 2,300 radiation oncology facilities in the United States, only 776 are accredited by ACR-ROPA.



McLeod Radiation Oncologist Dr. Rhett Spencer speaks with a patient prior to treatment.

Our department is one of the 33.7% facilities to choose accreditation through the ACR-ROPA program, and one of approximately 50% of centers to voluntarily submit to accreditation of any kind. Additionally, the department has also achieved international recognition as a Novalis Certified Radiosurgery Center. McLeod is **one of only 11 centers in the USA** to receive this distinction, and **one of only 50 in the world**.

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 radiation oncology program. In today's healthcare environment, specialized treatment techniques such as SRS and SBRT should undergo a comprehensive external review at regular intervals to ensure the safest care possible is being delivered when treating patients with cancer.

Our dedication to quality serves as a daily reminder of how far we have come as an organization in our efforts to provide patient-centered cancer care.

Tobin Hyman, MS, DABR, is a board certified medical physicist who returned to the Department of Radiation Oncology in 2007 to serve as the Chief Medical Physicist for McLeod Regional Medical Center. Originally from Pamplico, SC, Hyman considers it an honor to care for the people in this region. He also serves as a surveyor for the American College of Radiology - Radiation Oncology Practice Accreditation (ROPA) program, is a member of the ROPA committee, and is active in product/technology development within radiation oncology. He is also currently serving as a member of the North Carolina Medical Accelerator Working Group.

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A Journey to Encourage Others



Joe Poston and his wife Carol, dedicated Clemson fans, have been married for 55 years.

“I will never forget the day in 2016 when the nurse called me and said the doctor needs to speak with you,” said Joe Poston. “**Dr. Winston Vaught** has been my urologist for several years, and I knew he was not calling to ask me if I was having a good day. His next words knocked me off my feet. He said, ‘The biopsy shows that you have prostate cancer.’”

Joe’s biopsy indicated cancer in only one of the 12 tissue samples, so after a detailed discussion, he and his physician decided to do active surveillance. Since prostate cancer tends to grow slowly in older men it is not unusual to simply monitor the cancer closely with physician visits one or two times a year.

Over the next four years, Joe’s urologist monitored his PSA, a protein produced by both cancerous and non-cancerous tissue in the prostate.

In early 2020, the PSA had increased to a level possibly indicating metastasis, or spreading, of the cancer. A biopsy detected cancer in four tissue samples, confirming the need for treatment.

“I did a great deal of research and decided to pursue radiation treatment rather than surgery,” said Joe. “When I met with **Dr. Virginia Clyburn-Ipock** at McLeod Radiation Oncology, she was very thorough in explaining the treatment, side effects and long-term results.

“I had prepared several questions, and she took time to discuss each concern in detail. I left her office that day realizing that my life would never be the same.”

Joe says he cannot explain the range of emotions you experience during a battle with cancer. “Each day has to be approached as if you are getting ready to ride a roller coaster at an amusement park. Mentally you have to prepare yourself for the ups and downs that will occur.

“I remember arriving for my first appointment with Dr. Clyburn-Ipock. I looked up at the building as I approached it, and the words McLeod Cancer Center tore at my heart. However, the moment I walked into the Cancer Center, I felt more at ease. Everyone I encountered from the Security Officer at the entrance to the staff at Dr. Clyburn-Ipock’s office was kind, caring and professional.”

Joe began his 39 radiation treatments on June 15, 2020 during the height of the COVID-19 pandemic.

During his treatment, Joe said he never felt like a cancer patient. “Either Dr. Clyburn-Ipock or **Dr. Larry Grubb** met with me weekly, taking time to address my concerns and update me on how they felt I was responding to treatment.

“They both made me feel as if I was the most important patient they had each time I saw them. That fact alone made my journey less stressful.”

Joe was also touched by a few of the Radiation Oncology staff members. “Amanda, the receptionist, was always kind and like a ray of sunshine when I called from the parking deck to tell her I had arrived. And, Morgan and Amy were the two radiation therapists who positioned me for treatment each day. I cannot say enough about these amazing women. However, I want to add that every employee I encountered at the Cancer Center should be commended for the job they do.”

On August 13, Joe rang the bell, signifying the end of his cancer treatment. He celebrated with Morgan and Amy since Joe’s wife Carol was unable to attend due to the COVID-19 no visitor policy in the Cancer Center. “I was quite emotional the day I finished treatment because Carol was not with me, and it was the anniversary of my mother’s passing in 2003. But, it was still a good day.”

Joe explained that his journey was much better because of everyone at the McLeod Cancer Center, but he said he could not have made it without his faith in God.

“Two days before my treatment began, God gave me the words to a poem I wrote. I also had my daughter Sandra’s very dear friend, Kristy, on my mind during this time as she was undergoing her own journey with cancer.

“Even though I pray for Kristy daily, I wanted to send her some words of encouragement. As I sat on my couch during my quiet time that Saturday morning I thought of my journey about to begin. I listened as God told me, ‘You will walk this road, but remember that I am not far behind.’ The words of the poem flowed from my pen, and I thought about Kristy. My journey is small compared to what she has already gone through and still must face. I wanted to let her know that we will never walk alone. Psalm 23 says, ‘Yea, though I walk through the valley of the shadow of death, I will fear no evil for Thou art with me.’”

Joe drew a great deal of strength from the words of his poem throughout his treatment and hopes it can bring peace and encouragement to others as they endure their cancer journey.

Recently, Joe and Carol celebrated their 55th wedding anniversary. A father of three children and “Pops” to his three grandchildren, Joe’s passions include his family, the Clemson Tigers, making homemade ice cream, reading and tending to his beloved rose bushes.

Joe has 60 rose bushes in his yard that he dearly loves to tend to and many bear the names of famous people like Queen Elizabeth, Barbara Bush, Dolly Parton, George Burns, Princess Diana, Mr. Lincoln and John F. Kennedy. He often begins his day enjoying some quiet, reflective time outside when the morning dew touches his stunning roses, especially when a bloom has just opened.

My Journey

*I look ahead but cannot see
where this road will go.
No signs will show the curves and hills
or hidden valleys of snow.*

*I do not know what lies ahead
or waits around the next bend.
I know I'll need help to get me through
but I have a very special friend.*

*God promised me in His word
to never leave me alone.
He said my child, I'll walk with you
and bring you safely home.*

*My road will be filled with mountains
of grave uncertainty and fear,
but each curve and hill will be conquered
because my God is near.*

*I know I can travel always unafraid
until I reach the very end.
I know I'll never walk my path alone
because of my very special friend.*

-Joe Poston

IT'S TIME FOR YOUR MAMMOGRAM

For many women the thought of missing a hair appointment causes anxiety and disappointment. Who wants to go another week without your roots colored or dead ends clipped? Should women not be equally worried about missing important and potentially life-saving screenings like an annual mammogram?

Since the beginning of the COVID-19 pandemic, disruptions have caused people to postpone annual screenings. Putting off annual screenings can lead to a delay in diagnosis.

In an editorial written by Norman E. Sharpless, Director of the National Cancer Institute, he states, “modeling the effect of COVID-19 on cancer screening and treatment for breast and colorectal cancer (which together account for about one-sixth of all cancer deaths) over the next decade suggests almost 10,000 excess deaths from breast and colorectal cancer deaths.”

These numbers are staggering on top of the anticipated deaths seen each year and further indicate the need for all women to schedule their mammogram sooner rather than later.

What is a mammogram?

A mammogram (breast tomosynthesis) is a screening tool physicians use to look for early signs of breast cancer. A mammogram is an X-ray picture of the breast. Regular mammograms allow doctors to notice changes in breast tissue and can identify breast cancer earlier, sometimes up to three years before it can be felt.

Three-dimensional mammography has become the new standard of care for screening mammograms. A 3D mammogram combines multiple breast X-rays to create a three-dimensional picture of the breast. Studies have found that compared to traditional 2D mammograms, 3D mammograms offer fewer false positives and are more effective in women age 65 and older.

“This technology produces a three-dimensional view that allows doctors to examine breast tissue layer by layer,” said McLeod Radiologist **Dr. Shawn Conwell**. “So, instead of viewing all the complexities of breast tissue in a flat image, as with conventional 2D mammography, fine details are more visible and no longer hidden by the tissue above or below.

“A good analogy for 3D mammography is thinking of the pages in a book. If you look down at the cover you cannot see all the pages, but when you open it up, you can go through the entire book page by page to see everything between the covers.”

Who should be screened?

According to the American Cancer Society, women at average risk for breast cancer should begin annual screening mammograms at age 40.

Renee Slomka, Radiology Technologist at McLeod Health Seacoast, delivers excellent care while assisting patients undergoing a mammogram.

(Continued on next page)

Women who are at high risk for breast cancer based on certain factors should get a breast MRI and a mammogram every year, typically starting at age 30. This includes women who:

- Have a family history of breast cancer
- Have a known BRCA1 or BRCA2 gene mutation
- Have a first-degree relative with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years
- Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

How do I schedule a mammogram at McLeod Health?

Patients can ask their primary care physician or OB/GYN to order a screening mammogram. Once that order is received a member of the Reservations and Scheduling team will call the patient to review their information and select a time and McLeod Health location convenient for them.

Self-referrals are also accepted and can be made directly by the patient by calling Reservations and Scheduling at 843-777-2095 or online at McLeodMammogram.org.



Beulah Whittley of Little River understands the importance of annual mammograms. “My younger sister found a mass in her breast years ago. It scared me, and I began getting my annual mammogram without fail. As a seamstress, I have also helped many women fit into their clothing after breast cancer treatments. I am thankful for McLeod making the mammogram process so easy.”

Since 2010, the Affordable Care Act has required all new health insurance plans to cover screening mammograms every one to two years for women ages 40 and older, with no out-of-pocket costs.

What should I expect during a mammogram?

Patients receiving a mammogram at a McLeod Health facility will check in at registration before proceeding to the radiology department.

If previous mammograms were performed at a non-McLeod Health facility, the patient is encouraged to bring a copy of those scans with them for the radiologist to review.

Lynn Harrelson of Hartsville is a proponent of the McLeod Mobile Mammography Unit which travels across the region to businesses and industries. Thanks to the 3D technology on the unit, Lynn was diagnosed with breast cancer in 2019. “The McLeod Mobile Mammography Unit has been extremely beneficial to Sonoco employees because we do not have to take time off work and drive to Florence to get a mammogram. I have been taking advantage of the mobile unit for years, and I am grateful that it detected my cancer early and at a very treatable stage.”

Comparing annual mammogram images ensures changes to breast tissue are identified.

Patients are asked to refrain from wearing deodorant or antiperspirant which can interfere with the images. The mammography technician will ask you to remove your shirt and bra and provide you with a cover to wear during the mammogram. You and the technologist are the only ones in the room during the mammogram.

All mammograms performed at McLeod Health use 3D technology.

The technician will share important information with you regarding the process and help you to feel comfortable during the exam. A variety of images

will be taken to ensure the radiologist has a clear view of the breast tissue.

“Our ability to diagnose and treat breast cancer relies on early detection,” said **Dr. Tasha Martin**, Breast Surgeon at McLeod Breast Surgery Seacoast. “It is so important for women to get their annual screenings. Early detection is the key to more successful outcomes for women.”

The physicians and staff at the McLeod Center for Cancer Treatment and Research provide the most advanced cancer treatment options for breast cancer and a wide variety of other cancers at McLeod Regional Medical Center and McLeod Health Seacoast.





Fred Ham, at center, is surrounded by members of his lung cancer team at McLeod. From left to right Ainsleigh Brown, RN; Dr. Rhett Spencer; Dr. Vinod Jona; and Amy Perugini, RN.

Placing the Patient at the Center of Lung Cancer Care

In 2015, Fred Ham’s primary care physician, **Dr. Cory Smith**, recommended he undergo a low-dose CT screening for lung cancer. A farmer all his life and a smoker since his days in the Army, 74-year-old Fred agreed to the test. In fact, every June for the next five years Fred returned to McLeod for the annual screening.

McLeod Health established the Lung Cancer Screening Program to detect lung cancer earlier and save lives through the use of low-dose lung CT scans in 2014. Since then, the program has expanded to include three dedicated nurse navigators, a lung nodule clinic,

patient conferences with multiple specialists and innovative treatment options. In June 2020, Fred’s annual CT scan resulted in a recommendation from the McLeod Lung Cancer Screening Team that he undergo another CT in three months.

Following this screening scan, the team recommended a PET (positron emission tomography) scan. This test uses radioactive tracers to detect early signs of cancer and other diseases.

Fred’s PET scan indicated a potentially cancerous lung nodule and a referral was made to **Dr. Vinod Jona**, a McLeod Pulmonologist. After meeting with Fred, Dr. Jona scheduled a navigational bronchoscopy with endobronchial ultrasound to stage the cancerous lung nodule. Fred also underwent pulmonary function tests.

At the time, Fred was one of the first patients to participate in the McLeod Lung Nodule Clinic. Dr. Jona explained the clinic was established to evaluate and monitor those patients who have been screened for lung cancer and a pulmonary nodule was detected, or those who had a nodule found incidentally as a result of a lung CT scan after a car accident, pneumonia or injury. “This clinic enables us to determine the patient’s risk of developing lung cancer and ensure they receive high quality care and follow the evidence-based guidelines.”

HALLMARKS OF THE McLEOD LUNG NODULE PROGRAM INCLUDES:

- Prompt scheduling of initial visit
- On-site Radiologist with same day interpretation
- Timely assessment, diagnosis and recommendations
- Management of follow-up visits
- Coordination of care with multiple specialists
- Ongoing communication with referring physicians
- Patient education

Each clinic patient receives complete testing and consultation with a physician to determine the best course of action for them, all in one visit.

This simplifies things for the patient while maximizing early detection of disease and minimizing unnecessary medical or surgical procedures.

“Any lung nodule patient who is referred to our program is first evaluated by the Lung Nodule Clinic Nurse Navigator Ainsleigh Brown who reviews their history and CT scans,” said Dr. Jona.

INITIAL EVALUATION IN THE LUNG NODULE CLINIC ALSO INCLUDES:

- Assessment by a Nurse Navigator
- Examination by a Pulmonologist (lung specialist)
- Diagnostic imaging if required along with a breathing test
- Development of a plan for follow-up or treatment

In addition to Brown, patients also have access to two other specially trained nurse navigators: Beth Epps, the Lung Cancer Nurse Navigator, and Amy Perugini, the Lung Cancer Screening Navigator. These three McLeod Nurse Navigators guide patients through the often complicated process of their medical care from initial screening and detection, to diagnosis and treatment, and on through to recovery and rehabilitation.

“Understanding that decisions are best made when the patient and family are involved, we now invite our lung nodule patients to participate in a conference with providers from multiple specialties before they may ever be diagnosed with lung cancer,” said Dr. Jona. “We offer this through a virtual platform for the convenience of our patients.”

During the conference, physicians review the pertinent history, imaging scans, diagnostic studies, and pathology, and develop a plan appropriate for the patient.

Fred and his family participated in the first multidisciplinary rounds in late October 2020. “We were at my daughter Rose’s house and the doctors were talking to me while my daughters compiled the information,” said Fred about the virtual exchange.

After hearing the recommendations of the medical team, Fred chose radiation treatment to eliminate his Stage I lung cancer. Beginning in early November 2020, he underwent eight rounds of stereotactic body radiation therapy at the McLeod Cancer Center.

“The patient benefits by having easy access to all of these experts at one time as well as the opportunity to ask questions,” added Dr. Jona. “This close communication enhances the patient’s care and the management of their disease. The patient remains at the center of what we do, and this team mindset gives us an opportunity to deliver the most advanced, effective treatment available to patients diagnosed with lung cancer.”

A year later, Fred encourages others to be proactive and have the screening if recommended by their provider.

“I am very happy I got the screening all those years,” said Fred. “I want to help anyone I can by telling them about my experience.”

For more information on the McLeod Lung Cancer Screening Program, please call 843-777-5953. To contact the McLeod Lung Nodule Clinic, please call 843-777-7878.

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