Oncology Services

2013 ANNUAL REPORT

Lexington Medical Center
Cancer Services

DukeMedicine AFFILIATE

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Since Lexington Medical Center began providing comprehensive cancer care, our Cancer Services program has served as a benchmark throughout the country by supporting patients with the highest quality technology and services, compassionate care and the knowledge to achieve the best possible outcomes.

Using a multidisciplinary approach between our medical oncologists, radiation oncologists and surgeons with crucial support from highly trained radiologists, pathologists and other health professionals, we are able to offer a complete care strategy for every patient.

By investing in the most advanced technology and state-of-the-art tools, our physicians and staff are able to provide the latest in cancer diagnostics and treatment. We were the first hospital in South Carolina to perform microwave ablation and one of the first hospitals in the state to offer intensity-modulated radiation therapy.

As medicine and technology continue to evolve, patients at Lexington Medical Center can rely on one constant: our unwavering commitment to providing quality cancer care.

In addition, our Cancer Services program, which is accredited with commendation by the American College of Surgeons, supports research initiatives that contribute to treatments and solutions in cancer care. Participation in this research allows us to receive information and results to stay at the forefront of current methodologies, procedures and treatments. We are also affiliated with Duke Cancer Institute, which provides our patients access to Duke's excellence in cancer care, clinical research and education. This affiliation establishes Lexington Medical Center's Cancer Services as the premier cancer program in the Midlands.

Our comprehensive care goes beyond diagnosis and treatment. We understand that a cancer diagnosis can leave patients asking questions and looking for support. That's why we have created a variety of resources and support groups that address the emotional, psychological and spiritual needs of our patients and their families.

With the help of our multidisciplinary team of board-certified physicians and experienced staff, our patients receive the highest quality care in cancer diagnosis and treatment, as well as access to comprehensive education, support and clinical research.

LEXINGTON MEDICAL CENTER 2013–2014 CANCER COMMITTEE

CHAIR **Quillin Davis, MD** Radiation Oncology

VICE CHAIR **Steven A. Madden, MD** Medical Oncology

CANCER LIAISON PHYSICIAN **Ronald G. Myatich, MD, FACS** Surgery

E. Myron Barwick, MD, FACS Department of Surgery
Anne Hutchison, MD Medical Oncology
Fred Kudrik, MD Medical Oncology/Medical Executive Committee Representative
James L. Wells, MD Medical Oncology
Jayne Moffatt, MD Pathology
M. Shirin Sabbaghian, MD, FACS Surgical Oncology
Ervin Shaw, MD Pathology
Beth Siroty-Smith, MD Radiology
Theresa Altman, RN, BSN, NE-BC Oncology Nursing
Stacey Bannister, MBA, CMPE Director/Physician Network
Karen Brooks, MS, CGC Genetics
Natalie J. Copeland, RHIA, CTR Cancer Registry Manager
Nannette "Nan" Faile, MS, RN, CCRP Clinical Research
Blake Barnhill, LMSW Outpatient Oncology Social Worker
Brent Powers, MD Chief Medical Officer/Administration — Quality
Cindy Rohman, RN, MS, NEA-BC Chief Nursing Officer/Administration — Patient Care Services
Connie Watson Community Outreach
Deirdre Young, RN, BSN, OCN, CBCN Cancer Programs Manager
Mary Tanner, RN, MBA, CPHQ Quality Assurance/Center for Best Practice

ADDITIONAL MEMBERS

Ann Wingate Volunteer Services
Tori Gude, MPT, DPT, CLT Physical Therapy
Claudine James, BS RT (R)(T) Radiation Oncology
Donna Peele Chaplaincy
Elizabeth Tilley American Cancer Society Representative
Jennifer Wilson Marketing

ACTIVITY COORDINATORS

Natalie Copeland Cancer Conferences
Dr. E. Myron Barwick Cancer Registry Quality
Mary Tanner Quality Improvement
Connie Watson Community Outreach
Blake Barnhill Psychosocial Services
Nan Faile Clinical Research

A MESSAGE FROM THE CANCER COMMITTEE CHAIR & MEDICAL DIRECTOR OF CANCER SERVICES

Quillin Davis, MD

As chair of the Cancer Committee and medical director of Cancer Services, I am very excited to be involved with the excellent oncology care that we are providing at Lexington Medical Center.

Our medical oncology practice, Lexington Oncology, has grown to five medical oncologists as well as full infusion, laboratory and pharmacy services. Multidisciplinary surgical services expanded with the addition of a surgical oncologist. The support staff involved in caring for our cancer patients now includes three nurse navigators, three research nurses, social workers and associated quality-of-life programs, such as Becky's Place and multiple cancer support groups. We have the only facility in the Midlands with full inpatient and outpatient oncology services on the same campus.

Cancer Services at Lexington Medical Center advances into 2014 with robust clinical research growth, implementation of new technology and continued quality improvement, building the premier multidisciplinary cancer center in our region.

Lexington Medical Center has continued to devote resources to developing new and emerging technology for our patients, and we are in the construction phase of adding a TrueBeam™ linear accelerator to our Radiation Oncology department. We will be initiating a stereotactic radiosurgery program at Lexington Medical Center in the fall of 2014 that features the most advanced technology in the region, including frameless cranial radiosurgery and stereotactic body radiation therapy (SBRT), which will allow us to focus directly on tumors in the body with minimal side effects in a short course of outpatient therapy.

We maintained our Commission on Cancer (CoC) accreditation through rigorous quality standards, monitored by our Cancer Committee and quality workgroups. Our research program has grown by leaps and bounds. We are now enrolling in multiple national cooperative group clinical trials through our affiliation with the National Cancer Institute's Comprehensive Cancer Center at the Duke Cancer Institute and as a member of the Duke Oncology Network. In addition, our partnership with Duke provides external review, education, quality metrics and clinical case analysis to ensure that the latest treatments and protocols are available for our patients right here in the Midlands. We also continue our clinical outreach with programs such as the Lung Cancer Screening Program, which is the first of its kind in our region.

The future of cancer care is here. As we continue to realize our goal of bringing the very best oncology services to the region, I am so proud to be a part of Lexington Medical Center.

A MESSAGE FROM THE MANAGER OF CANCER PROGRAMS

Deirdre Young, RN, BSN, OCN, CBCN

At Lexington Medical Center, 2013 was a year of change and promise for all members of the cancer program. The Cancer Committee identified numerous opportunities for team members to come together and work toward improving patient care.

By obtaining a Susan B. Komen grant, we were able to offer screening mammograms to women who would otherwise do without, and our annual Colon Cancer Challenge raised enough money to fund screening colonoscopies for patients suffering hardships. The endobronchial ultrasound (EBUS) technology arrived at our hospital, ensuring that no one has to travel to facilities out-of-town to have this procedure.

We also realized our long-held goal of videoconferencing with specialists at the Duke Oncology Network during our biweekly cancer conferences for treatment planning. A physician-driven planning committee began working on a Lung Cancer Screening Program that we hope will reduce deaths from lung cancer in our community. Accordingly, we created a new support group for patients and their families who are dealing with a lung cancer diagnosis.

Perhaps the most noteworthy event of the year was the appointment of a medical director for Cancer Services. Quillin Davis, MD, will be the face and voice of Cancer Services at Lexington Medical Center and lead our team in all programmatic endeavors. We are also excited about the future and its possibilities as we welcome the hospital's first surgical oncologist.

The coming year promises to be bigger and better with new patient care standards from the Commission on Cancer. As always, we extend our gratitude to hospital administration for their support in our pursuit of excellence.

The Cancer Services program at Lexington Medical Center continues to grow and prosper as we add new services and technology to meet our goal of consistently delivering patient-centered care.

A MESSAGE FROM THE CANCER LIAISON PHYSICIAN

Ronald G. Myatich, MD, FACS

Lexington Medical Center established itself as the Midlands' leader in comprehensive cancer care after initiating a number of dramatic improvements in cancer treatment in 2013.

Our breast cancer center won an unprecedented second consecutive Susan G. Komen grant in a nationwide competition, allowing us to expand breast cancer screenings to the underserved medical community in our area, update our facilities and expand our Women's Imaging Center staff. These measures enable us to accommodate a greater number of breast cancer patients and enhance our cancer support services by adding additional counseling opportunities for women with recurrent or metastatic disease. The use of remote videoconferencing with Duke Cancer Institute has been upgraded and serves as an additional resource in the care of cancer patients receiving treatment at Lexington Medical Center, the only Duke-affiliated cancer center in the Midlands.

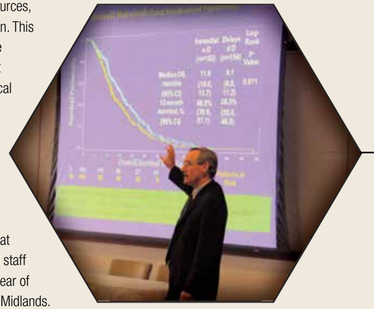
Our facility is a tremendously valuable community resource — one that gets its strength from the community it serves. Numerous opportunities exist to participate in fundraising activities, support groups, volunteering, events and more.

We are also very proud of our newest comprehensive cancer care initiative — the Midlands' first and only Lung Cancer Screening Program. This groundbreaking service offers affordable CT (computed tomography) scan-guided technology to evaluate patients in our community at risk for lung cancer based on national guidelines. We have coupled this revolutionary program with free smoking-cessation resources, including seminars, support groups and associated materials for members of our health care community. In addition, the hospital has launched a lung cancer support group to help patients and families dealing with this difficult diagnosis.

Our annual Colon Cancer Challenge, led by members of our medical staff, raised more than $11,000, providing critical funding for screening colonoscopies for area residents unable to afford this valuable preventive care intervention. Initiatives such as this demonstrate the dedication of our cancer treatment staff to meeting the health care needs of all of the patients in our community.

Lexington Medical Center also made a great number of administrative improvements this year by adding to our roster of cancer treatment providers. This includes the addition of a palliative care nurse to look after the overall well-being of our most advanced cancer patients. Nursing education and quality outcome support groups were added to enhance the future of cancer care through research opportunities and staff education. A number of distinguished university professors visited our campus to update our cancer treatment teams on state-of-the-art concepts in cancer care, allowing us to evaluate and incorporate novel treatment strategies previously unavailable to cancer patients in the Midlands. We have also developed a new patient orientation to introduce a wide array of cancer treatment programs to members of our community in a friendly and structured environment, ensuring the most efficient and comprehensive application of our vast cancer care resources.

Leadership of these complex and comprehensive cancer care services is provided by our Cancer Committee, a select group of dedicated medical and allied health professionals focused on patient care initiatives. This committee meets regularly to oversee the cancer care needs of our community, whether in the areas of research, direct patient care, screening and support resources, fundraising, or records and administration. This year, Quillin Davis, MD, accepted the role of medical director of Cancer Services at Lexington Medical Center, providing critical leadership skills in the administration of our cancer care services. We welcome his insight and direction as we embark on a journey of regional leadership in cancer care.



These are only some of the many advances made in cancer care this year at Lexington Medical Center. Our dedicated staff looks forward to a busy and productive year of service to the medical community in the Midlands. We embrace the challenge of remaining the area's premier cancer treatment center and strive to continue to add new services while improving existing ones in an effort to provide the best care to our patients and their families.

I would like to conclude this message with an open invitation to the members of our community to get involved with Lexington Medical Center.

For example, each October, Women's Night Out brings nationally recognized speakers to our area to discuss relevant and timely issues in an entertaining format. I encourage you to participate; you'll be glad that you did.

Goals & Improvments

CLINICAL GOAL

Create a patient dispensary for oral chemotherapeutic agents through Lexington Oncology.

RATIONALE/OPPORTUNITY IDENTIFIED

Of the 400 new treatment regimens in the research pipeline, 35–40 percent are oral agents. Development of these oral treatments has come with its own set of challenges, such as patient adherence to treatment regimens, reimbursement implications and adequate patient education. Providing an on-site pharmacy staffed by pharmacists with specialized training in oncology drugs will provide necessary education, medication management and billing support to patients.

METHODOLOGY/PROCESS

Lexington Medical Center conducted multiple site visits at other oncology practices to observe workflows, space/environment requirements, and staffing and equipment needs. Development of the pharmacy floor plan and construction timeline was completed.

MEASUREMENT

The goal will be measured by the start date for the pharmacy with ongoing reporting of benchmark statistics (e.g., number of prescriptions filled).

RESPONSIBILITY

Dr. Steven Madden at Lexington Oncology will serve as medical director. Stacey Bannister, MBA, CMPE, director in Physician Network, will be responsible for projection/goal completion.

STATUS

Active and on target for first of fiscal year 2014

The future of cancer care is here, as we continue to realize our goal of bringing the very best oncology services to the region.

PROGRAMMATIC GOAL

Establish videoconferencing at cancer conferences with Duke Oncology Network (DON) physicians to assist with multidisciplinary treatment planning for cancer patients.

RATIONALE/OPPORTUNITY IDENTIFIED

Lexington Medical Center has the opportunity to seek clinical input about newly diagnosed cancer cases selected for presentation at weekly Tumor Board meetings by videoconferencing with DON physicians. This will provide multiple opinions on challenging patient cases without requiring out-of-state travel. The inclusion of DON specialists will enhance the delivery of patient care.

METHODOLOGY/PROCESS

Lexington Medical Center will utilize new videoconferencing equipment to provide access and connect to DON physicians twice weekly for conferences. The hospital's Information Services department will identify an appropriate liaison to work with John Ager of Duke's Information Technology team, and ensure that all needed links and technical support pieces are in place and working properly.

MEASUREMENT

Goal completion will be measured by the implementation of DON physician participation in weekly conferences with the target date of June 1, 2013.

RESPONSIBILITY

Deirdre Young, manager of Cancer Programs at Lexington Medical Center, will work with the hospital's Information Services department to identify an appropriate technical liaison for this project and provide updates at Cancer Committee meetings. On April 8, 2013, Information Services identified Terry Kreighbaum as the appropriate lead person for this project.

STATUS

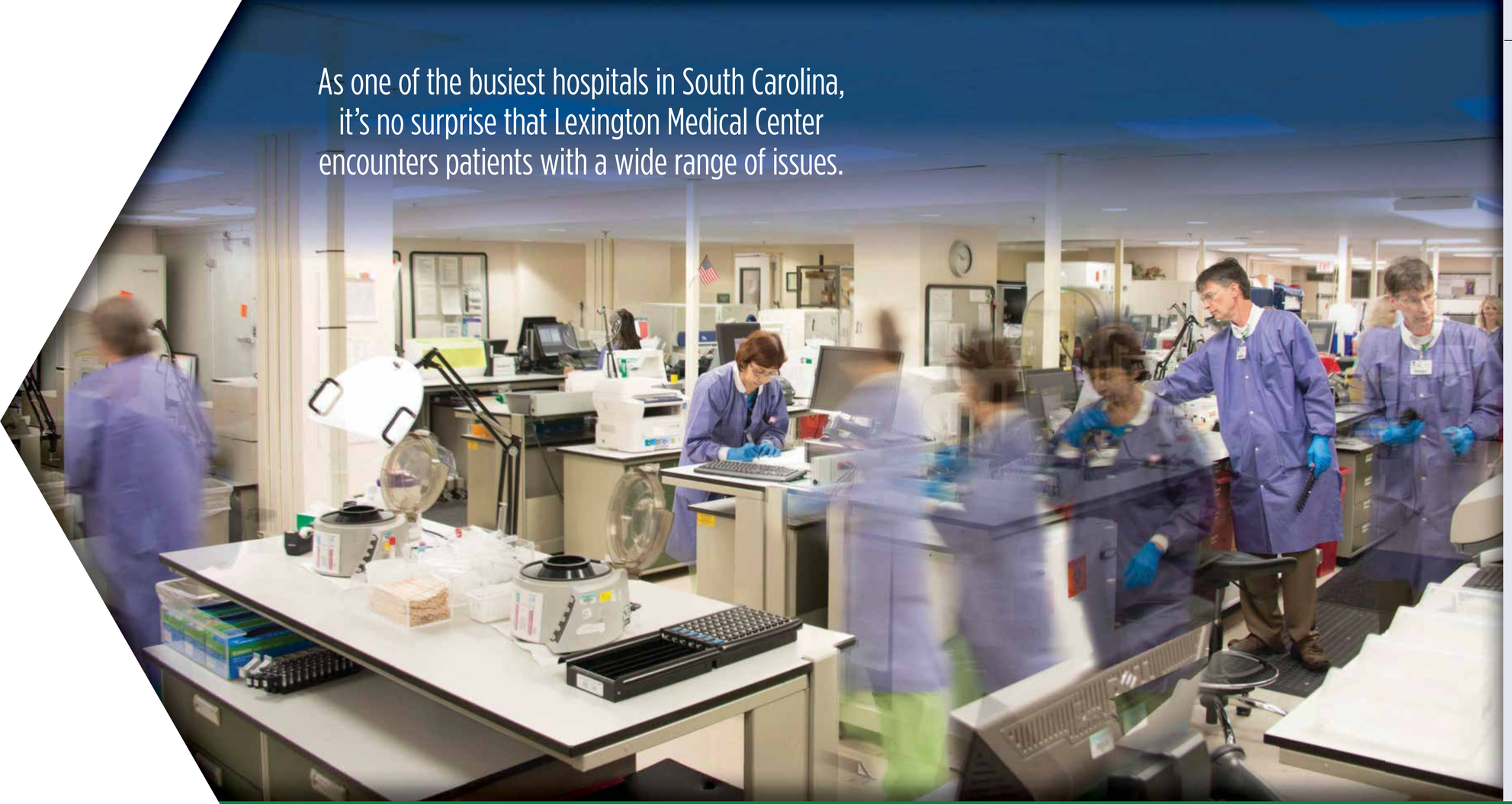
Goal met

QUALITY IMPROVEMENTS

The Cancer Services program at Lexington Medical Center continues to grow and prosper as we add new services and technology to meet our goal of consistently delivering patient-centered care.

- Hired palliative care nurse
- Offered skin cancer screening for Lexington Medical Center employees and community members
- Established an oncology nursing education subcommittee to identify nursing education needs and facilitate more opportunities
- Launched New Patient Orientation class for Lexington Medical Center patients
- Established a clinical quality outcomes subcommittee to identify opportunities to improve patient care in specific areas
- Identified process to facilitate timely dental care for patients awaiting head and neck radiation who must complete oral extractions prior to treatment
- Launched videoconferencing project with Duke Oncology Network for breast and tumor conferences
- Launched second breast cancer support group for women with recurrent or metastatic disease
- Began offering free smoking-cessation clinics and materials to all patients and community members
- Raised $11,000 through the Colon Cancer Challenge to fund 30 screening colonoscopies for medically underserved patients
- Received Susan G. Komen grant to fund 200 screening mammograms for medically underserved women
- Launched a lung cancer support group for patients and families
- Hired PRN mammography technologist to resolve mammography backlog
- Developed documentation tool for Women's Imaging to explain delays in same-day biopsies
- Acquired new bariatric chair for Women's Imaging to accommodate women weighing up to 500 lb
- Purchased three new courtesy carts to use in the North Tower, South Tower and Infusion Center to provide amenities to patients
- Hired a medical director for Cancer Services to provide full-time leadership and guidance for the cancer program
- Recruited a surgical oncologist to Riverside Surgical Group, a Lexington Medical Center physician practice
- Increased cancer registry staffing to improve data recovery
- Added on-site electromagnetic bronchoscopy capability
- Created a comprehensive guide for cancer patients and their families

Clinical Services



LABORATORY & PATHOLOGY

Within the field of oncology alone, we routinely see cases involving prostate cancer, breast cancer, lung cancer, cervical cancer, skin cancers, gastrointestinal cancers, lymphomas, leukemias and bone marrow abnormalities.

In order to effectively address the full range of oncologic cases, we have worked hard to establish a highly specialized department that is led by 10 pathologists, each of whom is board certified in anatomic and clinical pathology, as well as many subspecialties and related expertise.

These skilled and dedicated professionals are well supported by our Laboratory Testing Facility and Transfusion Support. The laboratory is fully centralized and designed to function as an around-the-clock STAT lab, which allows for optimum laboratory monitoring of patients undergoing therapy. Additionally, special tests to identify infections in our immunocompromised patients are available on-site with rapid turnaround on results.

Working in conjunction with the American Red Cross Blood Donor Program, our transfusion services routinely meet the high demand for transfusion products. Intraoperative red cell salvage and blood product management practices are also key components.

Cancer is a complex disease that requires multiple specialties to provide the best, most comprehensive care.

The following are specific cancers and our role in diagnosing them:

BREAST CANCER

We are extremely proud that our Cancer Services program's rapid-diagnosis philosophy has become a national benchmark. With the support of our "Five Day Detection to Diagnosis" breast cancer program, office-based and hospital-based diagnostic needle aspirates and core biopsies are carefully processed and, in most cases, the information is reported back to the physician and patient within 24 hours. This rapid-diagnosis system supports all breast specimens and breast fluid analyses, fine-needle aspirates, standard-needle biopsies, stereotactic CT-guided biopsies, ultrasound-guided biopsies and lumpectomies of all types. In November 2002, we instituted an "intense protocol for lymph node processing in breast cancer and melanoma cases" that has proven to be another invaluable tool.

LUNG CANCER

Since 1995, our hospital has offered a systematic evaluation of patients with a lung mass and, over the years, our approach has become increasingly refined. Today, we possess processing techniques that make it possible to achieve a diagnosis in an unusually high percentage of first attempts at either fine-needle or bronchoscopic biopsies in the outpatient setting. Our focused and dedicated lab team moves efficiently and effectively to provide a definitive diagnosis that enables optimized treatment to begin promptly. Sophisticated molecular testing can provide personalized therapy options for certain types of lung cancer. We also provide support and evaluation of specimen adequacy in an immediate fashion for endobronchial ultrasound-guided biopsies and aspirates. In 2014, we will begin offering a low-dose CT scan to provide screening to detect early stage lung cancer.

Our fully centralized laboratory functions as an around-the-clock STAT lab, allowing for optimum laboratory monitoring of patients undergoing therapy.

BLOOD DISORDERS

In 2011, our program implemented in-house flow cytometry analysis, which allows more directed and precise testing, diagnosis and classification of benign and neoplastic disorders of bone marrow and lymph nodes. Our expert team can add more esoteric molecular-based testing as indicated in the most effective manner.

SKIN CANCER

Skin cancer is often treated using surgery or radiation therapy. For more than 20 years, our group has been actively involved in enhancing outpatient surgical treatment of ordinary and complex skin cancers through the use of a pathology-specimen mapping technique that allows the surgeon to preserve as much healthy skin as possible. This is critically important, given the large numbers of skin cancers that occur on the face and head. In addition, our radiation program is one of the few in the state that possesses both state-of-the-art equipment and highly trained radiation oncologists to employ skin-conserving methods of superficial radiation therapy.

TISSUE BANKING

In July 2007, we became active contributors of research tissue from surgically removed tumors to the South Carolina Biorepository System for cancer research in the Midlands.

BRAIN & CENTRAL NERVOUS SYSTEM CANCERS

Our departments have extensive training and the highest subspecialty certification in the state for diagnoses of tumors and diseases of the brain and central nervous system.

ONLINE RESOURCES

Lexington Medical Center's pathology group provides a comprehensive website, PalPath.org, with more than 400 pages of information. Most of the information is devoted to cancer and our methods of working with and reporting on cancer cases.

CONSULTANT NETWORKING

In 1972, we began developing an extensive roster of world-renowned experts in the specification of rare types of cancer, whom we consult when needed. Having emphasized optimal handling and processing of specimens in our lab, the opinions of these experts are easily accessible.

The Radiology team at Lexington Medical Center is committed to offering the very best in equipment, image interpretation and patient experience.

RADIOLOGY

As technological progress continues to rapidly advance, the Radiology team at Lexington Medical Center is constantly updating diagnostic equipment, imaging protocols and interventional techniques to better serve the oncologic community.

For example, the hospital added a 128-slice computed tomography (CT) scanner in 2012. This technology provides faster scanning times with capabilities for cardiac gating, which decreases artifacts from heart motion during CT examinations of the chest.

Since cancer is a general term that encompasses a number of distinct entities, each requiring its own framework for detection, staging and treatment, this section will describe a few of the more pertinent radiology advancements by discussing common individual forms of malignant disease.

GASTROINTESTINAL TUMORS

Interventional radiology plays an important role in management of certain tumors of gastrointestinal origin. For example, hepatic artery chemoembolization provides palliative control of primary and metastatic liver malignancies.

Techniques have advanced to reduce the severe pain that typically defined the post-embolization syndrome on the basis of tissue infarction; the newer delivery system utilizes Adriamycin® and drug-eluting beads of a specific number and diameter to occlude target tissue capillary beds while not producing wholesale stoppage of arterial blood flow. This method ameliorates pain and allows a longer direct infusion of the chemotherapeutic agent into the intended tissue target.

Microwave ablation of certain liver tumors is available as well. Although both radiofrequency (RF) and microwave ablation destroy tissue by inducing thermal injury, the physics behind these methods differ. In organs with extensive large vessel perfusion, the so-called "heat sink" effect is encountered in tumors located near major arteries or veins that are more resistant to successful extirpation because the constant flow of non-heated blood in the proximity of the tumor counteracts the heating effect of the ablation probe(s). Microwave ablation is less prone to the heat sink effect as it produces faster and greater local heating, so the trend is toward using microwave ablation in the liver. As a side note, since the conductivity of lung tissue is far lower than the other solid organs, pulmonary lesions are more amenable to microwave ablation compared with RF ablation.

Percutaneous biliary drainage procedures are often instrumental in diverting the flow of bile in patients with ductal obstructions due to a variety of malignancies, primarily pancreatic head carcinoma. The transhepatic tract created during this procedure may be used to place internalized biliary stents or secure generous biopsies of malignant strictures for histologic diagnosis as well. Nutritional needs of cancer patients may be met by placement of percutaneous gastrostomy and jejunostomy tubes for continued enteral feedings.

CENTRAL NERVOUS SYSTEM TUMORS

Preoperative embolization is a technique offered at Lexington Medical Center to assist neurosurgeons in the treatment of hypervascular tumors.

Delivering embolic material to the arterial supply to such tumors, most frequently meningiomas, shrinks the tumor, makes resection easier and reduces blood loss at the time of surgery.

Magnetic resonance (MR) techniques continue to evolve so that very few impediments interfere with an interpretable study. For example, both of the MR units at the main hospital are capable of specialized pulse sequences that can shave precious minutes off normal acquisition times. This advance allows for successful imaging of many patients who are unable to remain motionless for the examination, such as the obtunded cancer patient with brain metastases. MR spectroscopy has a limited role in distinguishing brain neoplasms from other entities, including infarctions and infection.

BREAST CANCER

Lexington Medical Center has long been a proponent of screening for breast cancer and, despite some controversies in the lay press, the preponderance of evidence endorses yearly mammography in women older than age 40.

Women's Imaging Center at Lexington Medical Center offers screening mammography at its Lexington, Irmo and Chapin locations as well as the hospital's Mobile Mammography Van. All diagnostic mammograms and interventional procedures are performed at Women's Imaging Center, which is always staffed by a full-time radiologist. Among Lexington Radiology Associates, five radiologists, who have combined mammographic experience of more than 100 years, provide expertise in this area.

On a day-to-day basis, Women's Imaging Center performs ultrasound-guided core biopsy to diagnose breast cancer. Lexington Medical Center routinely uses ultrasounds to survey the axilla on the affected side for any sign of lymph node metastasis, extending the biopsy procedure to that area when necessary. Metallic clips are uniformly placed within all targets at the time of biopsy to mark the area for future reference. In some cases, this action is instrumental in guiding the surgeon to the proper site for lumpectomy, such as when neoadjuvant chemotherapy is administered with the intent of downstaging a larger primary mass prior to surgery. Occasionally, the drug therapy is so successful that the lesion is essentially ablated with only the clip left to demarcate its former location.

Stereotactic biopsy is used primarily to diagnose microcalcifications in the absence of a mass detectable by ultrasound. It continues to offer a high success rate in the diagnosis of breast cancer, particularly the earliest stage, ductal carcinoma in situ (DCIS).

MR-directed biopsy of lesions visible only at breast MR is now a viable option for determining tissue diagnosis. Such lesions must be carefully chosen beforehand, but this service now fills a previous void in patient evaluation by providing an alternative means of performing a biopsy for lesions that cannot be accurately localized by mammography or ultrasound.

Positron emission tomography (PET)/CT is not used routinely in the initial staging of breast cancer, as sentinel node imaging is superior in this regard. PET/CT is invaluable, however, in the restaging of patients with suspected recurrence. PET and bone scans are complementary tools in the detection of tumor burden within the skeletal system, each method finding bone metastases that the other method might miss. PET/CT services have been expanded from two days per week to three days per week because of the needs of the community. In addition to the standard PET/CT imaging using tagged glucose, Lexington Medical Center now offers PET/CT imaging using tagged fluoride for improved imaging of bones. In some patients, the PET/CT fluoride "bone scan" may be more sensitive for bone lesion detection.

Radiology participates in the interdisciplinary breast conference every Thursday afternoon to discuss the diagnosis and treatment options for breast cancer patients. Every patient diagnosed at Lexington Medical Center is discussed at this forum after initial detection. Radiologists and pathologists communicate closely in breast diagnoses to ensure the concordance of imaging and pathologic findings.

Coming soon to the diagnostic armamentarium is a technique called tomosynthesis, a prospective method of 3-D mammography that allows radiologists to add the critical third dimension of depth to standard 2-D digital images. This tool may allow more accurate discrimination between benign and malignant breast diseases to further improve the positive predictive value for breast biopsies.

LUNG CANCER

Since early detection of lung cancer is the best hope for a favorable outcome, Lexington Medical Center remains focused on finding lung tumors while they are still small and asymptomatic.

In early 2014, Lexington Medical Center Radiology will begin offering low-dose CT lung cancer screenings to asymptomatic patients who meet the established criteria, with the goal of detecting lung cancer at an earlier stage to initiate effective therapy.

Hospital nurse navigators will follow these patients as they receive appropriate follow-up imaging and clinical referrals. Possible treatment paths include surveillance CT for low-suspicion nodules and PET/CT or biopsy for larger, more suspicious nodules. The success of previously identifying incidental nodules and referring cases to nurse navigators resulted in the creation of this new service at Lexington Medical Center.

In the realm of tumor characterization, PET/CT has been the undisputed gold standard to determine which nodules need immediate biopsy when the diagnosis remains uncertain. Furthermore, it provides detailed staging of the disease process to assist surgeons and oncologists in guiding proper management and offering a prognosis to patients before contemplating major surgery. Those patients with advanced disease at the time of initial diagnosis and staging may be spared unnecessary surgery as well.

In addition, radiologists at Lexington Medical Center have provided image-directed percutaneous biopsy of suspicious lung lesions for more than 25 years. As technology improves, the average size and accessibility of targeted lesions continue to diminish, so the skill set necessary to maintain high success rates (above 90 percent) has to evolve. Recently, radiologists have been working with the Pathology department at Lexington Medical Center to increase the number of biopsy specimens obtained during percutaneous CT-directed biopsy.

Newer techniques in pathology allow for more accurate histologic diagnosis through a variety of special stains and immunohistochemical markers as well as molecular testing; such results help pinpoint appropriate drug strategies targeted specifically to the tumor profile.

PROSTATE CANCER

Unlike breast and lung cancer, the vast majority of patients with prostate cancer are already biopsy-proven upon imaging referral.

Radiology's role in that setting, after initial tissue diagnosis has been made, is to determine whether the tumor burden is confined to the prostate or not, thereby helping the urologist, radiation oncologist and medical oncologist determine the proper treatment strategies.

MR of the prostate has been shown to be an accurate means of determining extracapsular spread of disease. Lexington Medical Center recently adjusted its protocol to eliminate the need for placement of an endorectal balloon coil before scanning; extracorporeal coils provide diagnostically equivalent images and, as a result, patients tolerate the study much better.

Another area of improvement — no less than a vast upgrade in imaging quality — is prostate-specific membrane antigen. Lexington Medical Center Radiology proudly offers the single-photon emission computed tomography (SPECT)/CT version of the ProstaScint® scan; imaging occurs with SPECT nuclear medicine and standard CT data co-registered anatomically. Since CT data eliminates guessing about the potential meaning of a particular pattern of radiopharmaceutical uptake, the need for previously required blood pool scans has been eliminated. The study is eminently more readable and intuitive. SPECT/CT transforms the readability of the ProstaScint study, markedly increasing the accuracy of several other cancer-specific studies, including the OctreoScan® for somatostatin receptor-positive tumors such as carcinoid and MIBG (metaiodobenzylguanidine) scans for tumors of adrenal medullary origin (e.g., pheochromocytoma).

GENITOURINARY TUMORS

Radiofrequency (RF) ablation is an increasingly accepted means of treating select renal masses via minimally invasive methods.

The ideal tumor is 3cm or less in diameter, although slightly larger masses may also be treated by RF ablation. Using multiple probes and strategic injections of saline to intentionally create a water boundary (hydrodissection) between the tumor target and a critical adjacent structure, such as the bowel, increase the applicability of this exciting new technique. Performed in CT, many patients undergoing this procedure require only conscious sedation. Results have been extremely encouraging.

Percutaneous nephrostomy is a long-standing technique of rapidly resolving renal obstruction in the setting of many pelvic malignancies, including prostate and gynecologic subtypes. Urinary diversions by this method prevent ischemic damage to the nephrons of the affected kidney and stems, and the likelihood of superimposed urinary tract infection, which may be devastating in the context of an obstructed kidney. As in the biliary tree, the percutaneous tract is also useful for additional downstream procedures, including ureteral stenting and biopsy.

THYROID TUMORS

Radiology is involved in detection, biopsy and treatment as well as follow-up post treatment.

If a thyroid lesion is suspected, patients may undergo imaging with an ultrasound and/or nuclear medicine for diagnosis. Ultrasound-guided fine needle aspiration (FNA) is often performed if a suspicious nodule is identified. In appropriate patients, thyroid ablations are performed using radioactive iodine for therapy.

Often, patients are treated with surgery for thyroid cancers. After treatment, they are followed with laboratory studies as well as nuclear medicine to evaluate for residual thyroid tissue or metastatic disease. A new service offered at Lexington Medical Center is Thyrogen® stimulation prior to thyroid remnant ablation as well as thyrogen stimulation for follow-up laboratory testing. Thyrogen stimulates any residual thyroid tissue, increasing the sensitivity of testing to detect smaller lesions and improve the efficacy of treatment.

GENERAL

Certain procedures in Interventional Radiology apply to many cancer patients at Lexington Medical Center regardless of organ of origin.

Peripherally inserted central catheter (PICC) and arm port insertions are performed rapidly and accurately with a combination of ultrasound and fluoroscopic guidance. PICC combines the ease and safety of peripheral insertion with the advantage of central termination within a large vein, allowing versatile utility of such a line in cancer patients for the administration of chemotherapy, infusion of parenteral nutrition, and delivery of antibiotics and other intravenous medications as needed. There is still an exposed segment of the catheter that is prone to inadvertent dislodgement or infection, so the fully internalized arm port may be preferable to some cancer patients.

Patients suffering with malignant accumulation of fluid in the chest (pleural effusion) or the abdomen (ascites) may benefit from periodic drainage with ultrasound guidance. Such procedures are performed many times each week at Lexington Medical Center for palliative care, particularly when patients grow increasingly dyspneic. In a subset of patients with recurrent pleural effusions, placement of a permanent drainage catheter with an external drain bag may be more convenient, enabling patients to manage fluid collection at home and avoid multiple trips to the hospital for drainage.

Finally, percutaneous vertebroplasty or kyphoplasty is available for treatment of painful malignant compression fractures of the spinal column in patients who develop vertebral metastases. The pain associated with a compression fracture may be severe, and these procedures characteristically offer rapid and sometimes dramatic pain relief. Since pain control rather than height restoration is the primary focus of this intervention in the setting of malignancy, vertebroplasty is applied more often in this context.

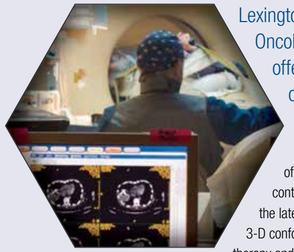
CONCLUSION

The preceding discussion touches on some of the services available in the diagnosis and treatment of cancer at Lexington Medical Center.

In addition to these specific advancements and interventions, the lion's share of work in the area of oncology continues to revolve around MR, CT, ultrasound, nuclear medicine and PET for the diagnosis, staging and restaging of cancer. Our state-of-the-art cross-sectional imaging is available for management of cancer patients whenever the need arises. The Radiology team at Lexington Medical Center is committed to offering the very best in equipment, image interpretation and patient experience.

We are proud of our important role within the collective team of physicians, nurses, technologists and other health care providers at Lexington Medical Center in the relentless fight against cancer.

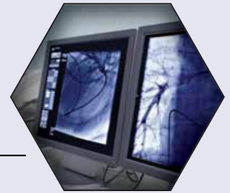
RADIATION ONCOLOGY



Lexington Medical Center's Radiation Oncology department continues to offer excellent care to the patients of the Lexington County Health Services District.

Recently celebrating more than 20 years of service to our community, the department continues to grow and offer advanced treatment with the latest technology and planning techniques, including 3-D conformal radiotherapy, intensity-modulated radiation therapy and image-guided radiation therapy. In addition, Radiation Oncology has two linear accelerators, a brachytherapy unit (prostate, breast, lung and gynecologic implant procedures), IV brachytherapy (Bexxar®, Samarium-153) and access to stereotactic procedures.

With the continued growth of our health district, Radiation Oncology will continue to offer cutting-edge services that manage patient information, treatment planning and delivery, and quality assurance.



SURGERY

Surgery is the oldest documented treatment for cancer, dating back to the Egyptian Middle Kingdom (*circa* 1600 BC). It remains one of the primary modalities used in the treatment of most cancers, along with radiation and chemotherapy.

At Lexington Medical Center, surgeons play an integral role in tissue collection for histological purposes as well as staging a patient's disease. Correct staging of the disease ensures that the patient receives the best and most appropriate treatment plan.

The surgeons at Lexington Medical Center also collaborate with the physicians of other specialties at twice-weekly cancer conferences to share information, review pathology and scans, and develop multidisciplinary care plans. The Cancer Services program at Lexington Medical Center relies on the skill and expertise of a wide range of surgeons — Lexington Surgical Associates, Riverside Surgical Group and Southern Surgical Group, as well as the expertise of neurosurgeons, urologists, dermatologists, ENT physicians and specialists. Their efforts have made this cancer program one of which we are rightfully proud. We greatly appreciate all of our surgeons.

MEDICAL ONCOLOGY

The skill and expertise of Lexington Medical Center's medical oncologists and their outstanding nurse practitioners are an integral part of the clinical services for our cancer program.

These medical oncologists provide care and oversight of the drug regimens that are used in the fight against cancer. The roles of these stellar physicians and nurse practitioners extends far beyond the management and prescription of chemotherapy and biotherapy.

At some point, most cancer patients will require the services of a medical oncologist. Lexington Oncology, a Lexington Medical Center physician practice, is composed of five board-certified oncologists/hematologists: Dr. Steven Madden; Dr. James Wells; Dr. Vijaya Korrapati; Dr. Asheesh Lal; and Dr. Chelsea Stillwell. In addition, Lexington Oncology has four nurse practitioners: Paula Cox; Cindy Frick; Shannon Hallman; and Teresa Bowers.

The following medical oncologists at South Carolina Oncology Associates are active partners in clinical conferences, discussions regarding clinical trials and best plans of care: Dr. Chaudhry Mushtaq; Dr. Fred Kudrik; Dr. Anne Hutchison; and Dr. James Williams.

INPATIENT ONCOLOGY

Providing comprehensive and compassionate care to patients, the Inpatient Oncology unit is a 30-bed unit that specializes in the treatment of patients with cancer.

The 57 staff members include a nurse manager, registered nurses, 14 of whom are board certified, nursing technicians and unit secretaries.

The Inpatient Oncology unit utilizes the care management system, which assigns a care manager to each patient throughout his or her hospitalization. These registered nurses ensure that patients have a well-defined plan of care. Along with other members of the multidisciplinary team, care managers monitor patient progress toward set goals and outcomes, meet the needs of inpatients, and make sure they have a seamless discharge when they are ready to go home.

In addition, the oncology unit is constantly striving for ways to improve patient care. The nurse-to-patient ratio has decreased to five patients per nurse, and all nurses must be certified through the Oncology Nursing Society's chemotherapy course within one year of hire. The unit also developed *Oncology Care Basics*, a book for all new and existing staff members to keep them up-to-date on competencies, and to improve patient safety and care. A clinical mentor serves as an additional resource on the unit, helping staff to stay knowledgeable in the specialized skills required for oncology care. Music and pet therapy are used to provide patients with a holistic approach for their care.

MULTIDISCIPLINARY CONFERENCES

On Tuesdays and Thursdays each week, Lexington Medical Center employs two cancer conferences for the specific purpose of prospective treatment planning and multidisciplinary collaboration in patient care. Multidisciplinary treatment planning is widely considered to be both the foundation and gold standard of oncology care in the best cancer centers throughout the world.

Cancer is a disease that requires the efforts of multiple medical specialties. That's why physicians representing those specialties participate in these conferences. While there are numerous medical and surgical specialists who attend and participate in specific cases, there are five areas that must be represented to meet minimum accreditation standards: diagnostic radiology; surgery; medical oncology; pathology; and radiation oncology.

Lexington Medical Center is deeply indebted to its entire medical staff for providing the expertise needed to create and sustain these weekly multidisciplinary conferences. For it is in these conferences that treatment plans will be created with input from all physicians who participate in the patient's care. Thursday conferences are specifically dedicated to newly diagnosed breast cancer cases, 100 percent of which are discussed and reviewed. The Tuesday conferences are the setting to discuss all other cancer sites.

By 12:00 p.m. on Mondays, physicians can schedule oncology conference cases through the Cancer Registry department at:

oncconf@lexhealth.org

The Pathology department coordinates the breast conference. Contact Susie Greenthaler at:

sbgreenthaler@lexhealth.org
(803) 791-8226

ONCOLOGY CONFERENCE ACTIVITY LEXINGTON MEDICAL CENTER 2013 STATISTICAL YEAR

Conference Type	Total Conferences	Total Cases Presented*	Percentage of Top 5 Sites Presented	Prospective Cases Presented*	Attendance Percentage by Required Specialties**	Percentage of Cases Where Treatment Guidelines Were Discussed	Percentage of Eligible Cases With Clinical or Working Stage Discussed
Breast Oncology Conference	47				97.9%		
General Oncology Conference	47				100%		
Combined	94	739*	84% (624/739)	733*	98.9%	98.6%	99%

*For case presentations, CoC requires a minimum of 15 percent of the annual analytic caseload and the prospective presentation rate of a minimum of 80 percent or a maximum of 450 of the analytic caseload discussed at cancer conferences.

**Required specialties mandated by CoC include medical oncology, radiation oncology, surgery, pathology and diagnostic radiology.

Cases to be Presented — Cancer Conference P&P

At a minimum, 15 percent of the annual analytic caseload is to be presented at weekly cancer conferences. While both prospective and retrospective cases from all the major cancer sites are presented and discussed, at least 80 percent of the cases presented will be prospective according to CoC standards. Of the cases presented, the "Top 5 Sites" seen at the facility shall represent 75 percent.

IN 2013, THE ONCOLOGY AND BREAST CONFERENCES FEATURED SIX "LUNCH AND LEARN" LECTURES.

FEBRUARY 19, 2013
Lung Cancer Screening
Dr. Jared Christiansen
Duke Oncology Network

MAY 30, 2013
Breast Cancer
Dr. Linda M. Sutton
Medical Director
Duke Oncology Consortium

JUNE 18, 2013
Acute Promyelocytic Leukemia
Dr. Anand Jillella
Emory Winship Cancer Institute

JUNE 25, 2013
Targeted Therapies in Treatment of Colorectal Cancer — VEGF vs. EGFR Inhibition — Who's On First?
Dr. Ivy Altomare
Duke Oncology Network

SEPTEMBER 17, 2013
Current & Future Treatment Algorithms in the Management of Advanced Prostate Cancer
Dr. Andrew Armstrong
Duke Medicine

NOVEMBER 7, 2013
Management of Positive Margins in Breast Cancer
Dr. Aimee Mackey
Duke Medicine

Patient Support

NURSE NAVIGATORS

The Nurse Navigation program at Lexington Medical Center began in early 1997 when hospital administration selected a certified oncology nurse to pilot the first “Five Day Detection to Diagnosis” program for suspected breast cancer.

Through the oncology nurse navigator, patients received rapid diagnoses, timely education regarding diseases and their treatment options, emotional support and access to needed resources. The program became a national benchmark and demonstrated the effect nurse navigation can have on patients. In addition, nurse navigation became a valuable resource for physicians by providing knowledge and insight about a patient’s social and personal history that may affect his or her ability to follow treatment plans.

Even though it was not possible for a community hospital to offer site-specific navigation for every type of cancer, Lexington Medical Center strongly believed that having a nurse navigator was every cancer patient’s right. As a result, the hospital has two general cancer nurse navigators who are board certified in oncology with additional training specific to patient navigation. The general cancers navigators are available to assist any newly diagnosed cancer patient. Nurse navigators at Lexington Medical Center are handpicked for their clinical experience, communication skills and problem-solving abilities. As key members of the Cancer Services team, they also facilitate patient support groups as well as provide community education. In 2013, our nurse navigators assisted 1,167 patients.

LYMPHEDEMA PREVENTION & MANAGEMENT

Lexington Medical Center established a hospital-based lymphedema prevention and treatment program more than 15 years ago.

The program provides treatment in the outpatient setting for patients who have been diagnosed with lymphedema. In addition, inpatient therapists educate patients after breast surgery on lymphedema and precautions to help prevent it.

Lymphedema can develop after having breast surgery, chemotherapy or radiation therapy, and frequently affects quality of life. Years of research have improved treatment options, often enabling patients to return to their previous level of function with little restrictions. A certified lymphedema therapist sees patients who are referred to physical therapy for treatment. The program consists of manual lymphatic drainage, bandaging, exercise, skin care and patient education.

In 2013, Lexington Medical Center evaluated 55 patients with lymphedema as a result of breast cancer and their treatment. Ninety-five percent completed the program. For the second year in a row, the Lexington Medical Center Foundation is supporting the lymphedema program to help provide supplies and compression garments to uninsured or underinsured patients. Because of this support, participation rates for the upper- and lower-extremity lymphedema program increased from 72 percent to 97 percent.

For four years, the hospital’s lymphedema support group has helped to educate patients and their families about lymphedema as well as provide encouragement for those facing some of the challenges that occur with lymphedema. The support group, which meets eight times per year, establishes social networks for patients to share information with others who have had similar experiences with lymphedema.

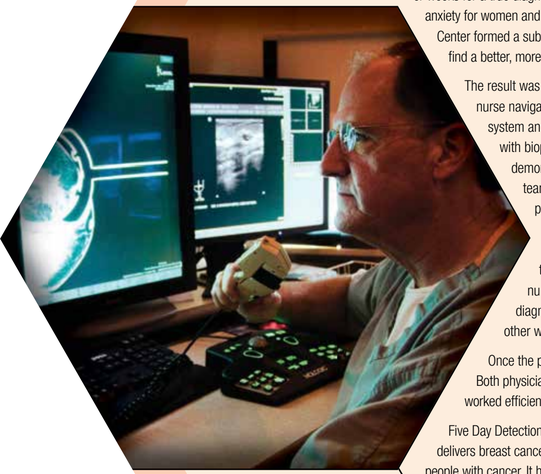
Currently, Lexington Medical Center has two certified lymphedema therapists who provide specialized care and education to women undergoing breast cancer treatment. Patients work with the breast health specialist and their physician to determine if they need outpatient services.

BREAST HEALTH SERVICES

Lexington Medical Center continues to proudly support its successful initiative, Five Day Detection to Diagnosis.

This program has changed the way the hospital delivers breast cancer diagnostics by offering a rapid diagnosis for abnormal changes in breast tissue that may signify the onset of early breast cancer.

In 1997, current literature offered ample evidence that women often waited for days or weeks for a true diagnosis. That uncertainty would create enormous anxiety for women and their families. It was then that Lexington Medical Center formed a subcommittee of dedicated physicians and caregivers to find a better, more efficient means of finding a diagnosis.



The result was a streamlined process that utilizes an oncology nurse navigator to help guide the patient through the medical system and, when appropriate, offer the patient a diagnosis with biopsy results within 24 hours. If the biopsy result demonstrates a malignant finding, a multidisciplinary team of professionals, including radiologists, pathologists, surgeons, and medical and radiation oncologists, review the case findings as well as the patient's history to determine the best course of treatment for that patient. In addition, an oncology nurse navigator is available to help her learn about her diagnosis and treatment options, and connect her with other women in active treatment and survivorship.

Once the program launched, it became an immediate success. Both physicians and patients were thrilled to have a system that worked efficiently and offered relief from uncertainty.

Five Day Detection to Diagnosis has changed the way our hospital delivers breast cancer care, signifying our commitment to caring for people with cancer. It has also been featured at national conferences and used as a model for other hospitals to improve cancer treatment and provide better care. We are proud of our breast health program, and the physicians and staff who continue to make this program one of excellence.

BECKY'S PLACE

Now in its 13th year, Becky's Place serves individuals throughout the Carolinas and Georgia as the only hospital-owned Appearance and Resource Center in the Midlands.

Named in memory of Rebecca "Becky" Johnson, a hospital volunteer and a Lexington Medical Center Foundation board member, the boutique is conveniently located on the hospital's main campus.

Specially trained staff can suggest a variety of ways to minimize and manage the changes in appearance from the effects of cancer therapy, including radiation, chemotherapy and breast surgeries. Offering a wide variety of head coverings for men and women, Becky's Place can help patients look and feel their best during and following cancer treatment. The boutique also offers the most current and up-to-date prosthetic merchandise for women who have had surgery for breast cancer.

In addition, Becky's Place carries a large selection of Vera Bradley handbags and accessories. Ten percent of the net proceeds from Vera Bradley breast cancer awareness items are donated to its Foundation for Breast Cancer research.

Certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. and the Board of Certification/ Accreditation, International, staff at Becky's Place provides one-on-one assistance in a private and caring atmosphere. Patients can schedule an appointment to choose a wig, have a fitting for compression garments, select other specialized garments for after breast cancer surgery, or receive fashion advice on head-wrap and scarf-tying techniques. For medically covered services, the boutique accepts most major medical insurance and will file all claims on behalf of the client. For women who have no insurance and need a wig, prosthesis or other prosthetic garments, assistance is available for those who meet the requirements.

By working closely with hospital nurse navigators as well as referrals from Lexington Medical Center physicians and other area physicians, Becky's Place continues to play an important role in the recovery process of those who are diagnosed with and treated for cancer. More than 1,350 people received services from Becky's Place in 2013.

MEDICAL SOCIAL SERVICES

The medical social workers in the Cancer Services program at Lexington Medical Center interact with patients on an ongoing basis.

They are dedicated to oncology patients in both the inpatient and outpatient areas. The inpatient social worker, Nicole Sorrent, LMSW, works with cancer patients in the oncology unit and assists with discharge planning, medication assistance, community referrals, assessments and more. The outpatient oncology social worker, Blake Barnhill, LMSW, works with cancer patients who receive outpatient services through Medical Day, Radiation Oncology, Infusion, Lexington Oncology and other Lexington Medical Center-affiliated physician practices. Together, they work to bridge the gap in services during our cancer patients' transition from inpatient to outpatient.

They effectively assess every patient and family for emotional, physical, spiritual, mental and financial needs, and assist them with navigating the medical and social systems. They also collaborate with other health care team members to meet these needs. After identifying a patient's needs, he or she is connected with the appropriate resources in his or her health network as well as any state, federal, national or community-based resources. The social workers can assist with arranging transportation through Lexington Medical Center and community resources as well as make referrals to Financial Counseling to help with disability and Medicaid applications.

Another important role for oncology social workers is to provide medication assistance through various national, state and/or community-based pharmaceutical assistance programs. For oncology patients, limitations in insurance coverage can be discovered when it comes to specialty medications. This is another area in which the social workers are invaluable. They can assist patients in obtaining co-pay assistance through various foundations in order to ensure that patients receive their treatment.

The social workers also attend to the emotional and social needs of our oncology patients. The outpatient oncology social worker facilitates weekly support group sessions, such as Losing Is Not an Option. In addition, the outpatient oncology social worker works with other social workers for patient-centered projects, including the hospital's annual Christmas Family Adoption program.

INTEGRATIVE THERAPIES FOR PATIENTS

At Lexington Medical Center, patients have access to a comprehensive and integrative approach to fighting cancer — combining the traditional treatments for fighting cancer with complementary programs, including animal-assisted, music and visual art therapies.

One of the most popular programs is pet therapy, which began at Lexington Medical Center in 2008. The hospital currently has 12 pet therapy teams that visit patient areas several times a week. All dogs must be certified through Therapy Dogs, Inc., and complete a physical exam to participate in this program. The physical and psychological benefits of pet therapy are especially important for cancer patients as they commonly experience high levels of stress and depression, particularly those who have no family members with them. Pet therapy has also been shown to reduce depression in patients receiving chemotherapy.

Lexington Medical Center also offers a music therapy program called Relaxing Rhythms. This program, which began in 2010, provides soothing music to patients and visitors in the Inpatient Oncology unit as well as in the Oncology Infusion Center. Relaxing Rhythms transforms these clinical areas into peaceful and serene settings.

Led by Heidi Darr-Hope, founder and executive director of Healing Icons®, Lexington Medical Center's art therapy program demonstrates the importance that visual arts have in the healing process. Through participatory workshops, seminars and lectures, patients create a visual reminder of their journey and develop new coping strategies.

With leadership from Ann Wingate, director of Volunteer Services, and support from the Lexington Medical Center Foundation and Cancer Committee, these complementary programs provide patients with ongoing opportunities to find mental respite from daily treatment regimens.

PASTORAL CARE

The Pastoral Care department at Lexington Medical Center provides support to the patients, family members and staff of the Inpatient Oncology unit.

In addition to daily visits for new admissions and follow-up visits with those requesting visits, chaplains and associate chaplains revisit patients who have been in the hospital for 11 days or longer. These visits promote socialization as well as encourage patients and their families. Patient visits may include spiritual assessment, spiritual community contact, rituals, prayer support or spiritual readings.

Patients and their family members can also find Care Notes with cancer-specific titles on the Inpatient Oncology unit. Books on a variety of topics are available for people of all ages. For children, puppets assist with identifying feelings and fears, and verbalizing questions. Additionally, a weekly support group, which is staffed by a chaplain and a nurse, gives family members a safe place to address and discuss their concerns. These resources are helpful in times of treatment or grief.

SUPPORT GROUPS & PATIENT PROGRAMS

People who have been diagnosed with cancer need more than just state-of-the-art medical care to achieve the best possible outcomes. They need a supportive, understanding environment to express their deepest fears and feelings.

LIVING WITH CHANGE

Facilitated by Donna Peele, Pastoral Care, this weekly support group is for caregivers of those with life-threatening illnesses.

LOOK GOOD... FEEL BETTER

Presented in collaboration with the American Cancer Society, the National Cosmetology Association, and the National Toiletry and Fragrance Association, this monthly class helps women deal with the cosmetic effects of cancer treatment. Registration is required and all participants receive a free box of make-up.

LOSING IS NOT AN OPTION

Blake Barnhill, LMSW, leads this weekly meeting for cancer patients and their caregivers.

LYMPHEDEMA SUPPORT GROUP

Facilitated by Tori Gude, MPT, DPT, CLT, this group benefits those who are experiencing lymphedema as a side effect of their cancer treatment.

LUNG CANCER SUPPORT GROUP

Led by Jennifer Peagler, BSN, OCN, this monthly group is for patients and caregivers of people diagnosed with lung cancer.

NEW PATIENT ORIENTATION

New Patient Orientation helps newly diagnosed patients and their caregivers locate and identify the appropriate hospital resources that are available. Various health care team members attend the weekly orientation session to introduce themselves to new patients.

SHARING HOPE

Kelly Jeffcoat, BSN, OCN, CBCN, facilitates this monthly group for women with recurrent or metastatic breast cancer.

US TOO

This prostate cancer support group is open to men, their significant others and men who are interested in prostate health issues. Libby Daniels, RN, OCN, facilitates this monthly meeting.

WOMAN TO WOMAN

Led by Kelly Jeffcoat, BSN, OCN, CBCN, this monthly support group is for women with breast cancer.

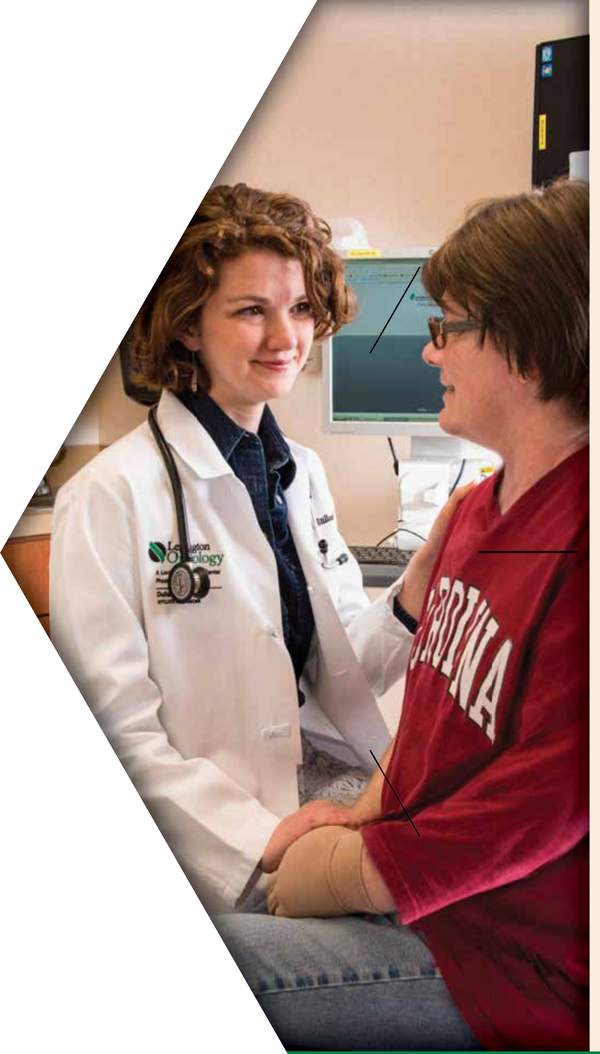
FREEDOM FROM SMOKING

Tobacco use is the leading preventable cause of death in the U.S. In fact, cigarette smoking causes about 1 of every 5 deaths in the nation annually.

According to the Surgeon General, quitting smoking is the single most important step a smoker can take to improve the length and quality of his or her life. And research has shown that success rates for all quit methods are higher if combined with a support program.

In November 2012, Lexington Medical Center offered its first Freedom from Smoking clinic, which was taught by a certified smoking-cessation facilitator. Seven people completed the program at the hospital's community medical center in Lexington — one quit smoking and remains tobacco-free today. Today, the smoking-cessation clinics are free for the community through a grant from the Lexington Medical Center Foundation. The hospital conducted four clinics in 2013.

Lexington Medical Center continues to promote this program through our community and network. The hospital's program has become a national gold standard in successful smoking-cessation clinics. It is also listed on the American Lung Association's website as one of the few ongoing programs offered in S.C.



COMPREHENSIVE GUIDE FOR CANCER PATIENTS

A cancer diagnosis starts a new journey filled with complex terminology, treatments and emotions.

Lexington Medical Center's "Survivor from Day 1" cancer patient binder is a guide to help patients through diagnosis, treatment and survivorship.

This guide consists of easy-to-understand information with bright, detailed illustrations and photography that encourages patients to retain the information and use the comprehensive guide as a helpful reference throughout their journey.

Since the launch of the "Survivor from Day 1" patient binder in March 2013, Lexington Medical Center Cancer Services has distributed nearly 150 copies each month to patients and their families.

WELLNESS WORKOUTS

Lexington Medical Center's cancer exercise program is designed for anyone who has been diagnosed or treated for cancer and released by his or her doctor for exercise therapy.

Certified cancer exercise trainer Thad Werts, ACSM, CET, ACSM HFS, leads the program. The goal is to support recovery by emphasizing the importance of exercise and how to integrate it into health care.

By participating in Wellness Workouts, patients receive an initial assessment, an individual exercise prescription, eight one-on-one training sessions and a follow-up evaluation.

In 2013, Lexington Medical Center and our Foundation provided exercise therapy to 96 survivors with 92 percent completing the program, increasing their level of activity, strength and endurance.

Serving Our Community

LEXINGTON MEDICAL CENTER FOUNDATION

The Lexington Medical Center Foundation was founded in 1990 to develop resources for providing quality health services that meet the needs of the many patients served by the hospital.

Today, through the generous donations received from individuals and businesses, the Foundation continues to touch the lives of those throughout the Midlands.

CANCER CARE FUND

In 2013, the Lexington Medical Center Foundation was able to support several areas of cancer care at Lexington Medical Center, including the purchase of vital supplies for cancer patients, and assistance with utilities and other living expenses to enhance their quality of life. In addition, the Foundation supported cancer programs through staff education and certification.

MOBILE MAMMOGRAPHY UNIT

Last year, the Mobile Mammography Unit traveled to more than 172 sites, screening 3,149 women and detecting 23 cancers. The Foundation continues to support this program by providing the necessary funds for gas and maintenance to travel throughout the community. The Mobile Mammography Unit gives women access to life-saving screenings in a quick, comfortable and convenient way.

CRYSTAL SMITH BREAST CANCER FUND

The Crystal Smith Breast Cancer Fund provides breast cancer patients with essential items and services, including supplies and medications during treatment, and wigs and prostheses. The fund also meets the emergency needs of breast cancer patients and provides post-surgical kits for every mastectomy patient at Lexington Medical Center, ensuring that women have what they need, regardless of their ability to pay. More than 100 patients received peace and dignity through this initiative in 2013.

WOMEN INVOLVED IN RURAL ELECTRIFICATION

Among its community activities, the Mid-Carolina Electric Cooperative's Women Involved in Rural Electrification (WIRE) hosts a charity golf tournament each October to support Becky's Place, Lexington Medical Center's specialized boutique that helps people minimize and manage changes in their appearance from the effects of cancer therapy. Since 1999, WIRE has provided more than $100,000 for cancer patients who cannot afford prostheses or wigs. The group has also sponsored a milestone bell at Lexington Radiation Oncology, giving patients the opportunity to celebrate when they reach an important milestone in their treatment.

COMMUNITY OUTREACH

The Community Outreach department at Lexington Medical Center held several cancer awareness and screening events in 2013 to support the hospital's Cancer Services program.

WOMEN'S NIGHT OUT

Women's Night Out was a huge success in 2013! More than 900 people attended the inspiring event on October 15 at the Columbia Metropolitan Convention Center that included a health and wellness fair, a silent auction, a fashion show featuring cancer survivors and dinner. Keynote speakers and sisters Heidi Marble and Jen Curfman shared their heartwarming story of surviving cancer and loving life.

The event raised more than $15,000 for the Crystal Smith Breast Cancer Fund, which provides wigs, lymphedema garments, mastectomy kits and prostheses for women who are undergoing cancer treatment and cannot afford these items.

COLON CANCER CHALLENGE

Lexington Medical Center held its fourth annual Colon Cancer Challenge on Saturday, March 23, 2013. The event included 65-, 50- and 25-mile bike rides, along with a Boxer Runaway 8K to raise awareness about colon cancer. Through the dedicated work of Community Outreach and 40 hospital employee volunteers, the Colon Cancer Challenge raised an estimated $11,000, which will provide more than 30 screening colonoscopies for uninsured patients in Lexington County. There were 202 participants, including 134 bike riders and 68 runners. Drs. Jim Givens and March Seabrook also participated in the event.

The Colon Cancer Challenge promoted the following educational opportunities:

- WLTX-TV interviews with Dr. March Seabrook, gastroenterologist
- *Lexington Life* article in March 2013 about colon cancer
- Colon cancer fact sheet distributed to each participant
- The Polyp Stop, The Prep Stop, Screen at 50 and Get Behind It rest stop banners
- Colon cancer survivor success story at opening ceremonies

Lexington Medical Center Community Outreach continues to promote early detection and education as well as provides cancer screenings throughout the Midlands.

SKIN CANCER SCREENING

On August 20, 2013, Lexington Medical Center partnered with Palmetto Dermatology to hold its third annual free skin cancer screening. Community Outreach contacted and scheduled the participants who registered for last year's screening but had to be placed on a waiting list. Due to inclement weather, however, only 23 individuals attended the screening. Area dermatologists continue to follow up on all abnormal findings.

With the high incidence of skin cancer in Lexington County, this screening was a great way to serve the community and prevent death from melanoma. Participants also received educational information about skin cancer.

FANNi PROGRAM

In May 2013, Community Outreach expanded its participation to the FANNi program at Consultants in Gastroenterology. The department is currently contacting, interviewing and providing assistance to all referred patients. Fifteen colonoscopies have been completed, 11 with positive findings.

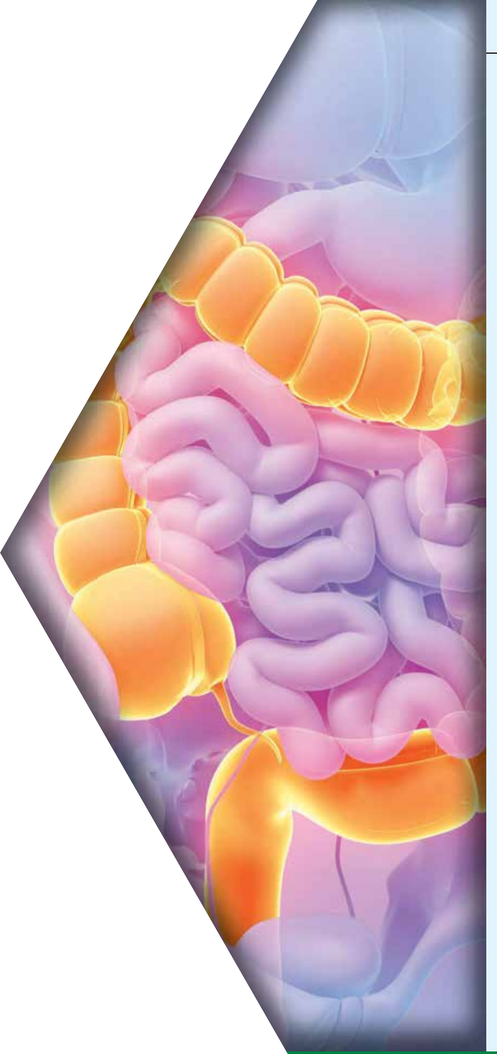
PHYSICIAN LECTURE SERIES

Lexington Medical Center also strives to improve the overall health of the community by offering a free monthly physician lecture series.

Cancer-related topics

- Prostate cancer with Dr. Scott Sweazy, Carolina Urology
- Oncology services with Dr. Chelsea R. Stillwell, Lexington Oncology, followed by a hospital tour

Statistics & Research

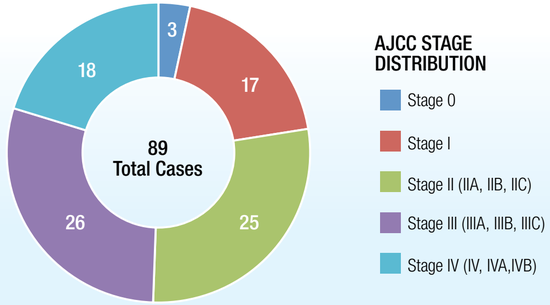


CANCER SPOTLIGHT — COLORECTAL CANCER

More than 150,000 new cases of colon cancer are diagnosed in the United States each year with upward of 50,000 deaths predicted in 2014.

Colorectal cancer represents the second leading cause of cancer death among men and women. Almost all colorectal cancers arise from the innermost, or mucosal, lining of the colon and are usually easily visualized by colonoscopy. This brief review will discuss the risk factors, clinical symptoms, prognostic features, as well as treatment options and survival statistics. Additional information is available from the American College of Surgeons, the American Cancer Society and Lexington Medical Center's ACS-accredited cancer treatment center.

LMC COLORECTAL CANCER STAGE DISTRIBUTION — 2013 ANALYTIC CASES



RISK FACTORS

A number of factors determine an individual's risk for developing colorectal cancer. Greater than 90 percent of colorectal cancer is diagnosed in Americans older than age 50. This has led to a nationwide consensus that screening colonoscopy should begin at this age to promote early cancer detection. Having a family history of colorectal cancer has been observed to increase a given individual's lifetime risk of cancer by nearly 20 percent. Eighty percent of colorectal cancers are sporadic, however, meaning no associated hereditary component is identified.

Tobacco use, high fat diet, sedentary lifestyle and increased alcohol consumption have all been associated with an increased risk of developing colorectal cancer. Also linked to colorectal cancer risk are less common hereditary genetic abnormalities, including familial adenomatous polyposis (FAP), hereditary nonpolyposis colon cancer (HNPCC)/Lynch syndrome, MutyH polyposis and attenuated familial adenomatous polyposis (AFAP). Together, these genetically linked disorders represent less than 10 percent of colorectal cancers. A history of inflammatory bowel disorders, such as ulcerative colitis, and conditions, such as primary sclerosing cholangitis, also predispose affected individuals to above-average rates of colorectal cancer. In addition, African Americans and Ashkenazi Jews are at higher-than-average risk for colorectal cancer.

SYMPTOMS/CLINICAL MANIFESTATIONS

The most frequently reported symptoms of undiagnosed colorectal cancer include changes in bowel habits and abdominal pain. Bowel habit changes may include diarrhea and/or constipation, the presence of blood in the stool or dark tarry stools. Other symptoms may include unexpected weight loss, fatigue, anemia and bowel obstruction. If they notice any of these signs, individuals should notify their family physician for a more thorough evaluation.

TESTING

As noted, the vast majority of colorectal cancer occurs in those older than age 50. For this reason, screening colonoscopy is used to directly examine the innermost lining of the colon and rectum to look for abnormalities that may represent colorectal cancer. The removal of polyps and outgrowths of mucosa visible through the colonoscope with subsequent microscopic evaluation by a pathologist allows for the detection of colorectal cancers often before the patient notices his or her symptoms. Doctors may order imaging studies including CT scans, PET scans and barium enemas to help identify and determine the stage or spread of colorectal cancers. Blood tests and genetic testing also play an important role in the diagnosis and follow up of this disease process.

TREATMENT

Three modalities exist for the treatment of colorectal cancer. Early stage disease, stage I/II, is thought to be amenable to complete surgical removal. It is best treated in the operating room with removal of the affected region of the colon or rectum along with associated regional lymph nodes and the adjacent blood supply to the colon. When these lymph nodes are found to contain colon cancer cells, stage III, the addition of systemic chemotherapy becomes appropriate. Radiation treatment is used to treat rectal cancers before surgical removal and the distant spread of disease, stage IV, not considered to be removable by surgical excision.

PREVENTION

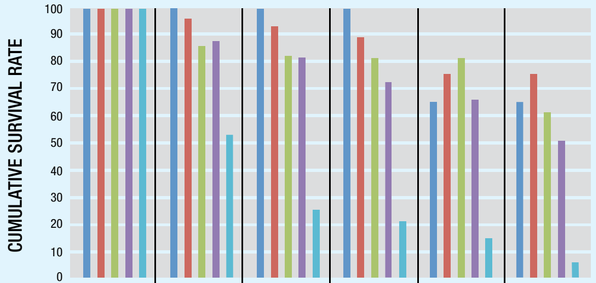
While some risk factors for colorectal cancer are beyond an individual's control, a number of steps can be taken to reduce his or her risk of disease. Eating a healthy diet of breads, cereals, fruit and vegetables, limiting high fat and processed foods, and limiting red meat have proven beneficial. Restricting alcohol consumption and smoking cessation are also helpful. Additionally, maintaining a healthy weight and getting regular exercise have been shown to reduce risk and, most importantly, screening colonoscopy at age 50 with regular follow up is critically important to reduce risk and promote better outcomes through early detection.

SUMMARY

Colorectal cancer remains a serious threat to the health of communities, particularly in those older than age 50. This year, 50,000 Americans will die of this disease; 150,000 will be diagnosed and begin treatment. Many risk factors are controllable, and screening and early detection with colonoscopy and other modalities improves outcomes and survivability. Adopt a healthy lifestyle, eat well, drink in moderation, quit smoking, exercise regularly and report changes in bowel habits to a doctor immediately. These efforts will be richly rewarded with good colorectal health.

LEXINGTON MEDICAL CENTER 5-YEAR OBSERVED SURVIVAL FOR COLORECTAL (C18-C20) CASES

Diagnosed in 2008

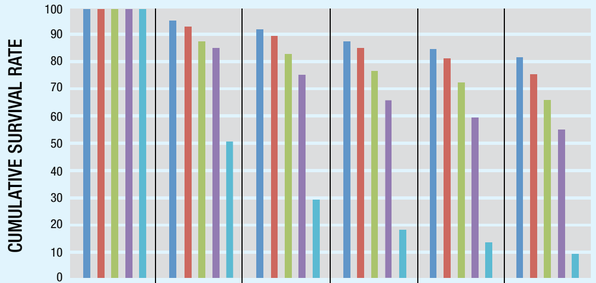


Years from Diagnosis	Dx	Year 1	Year 2	Year 3	Year 4	Year 5
STAGE 0 n=03	100%	100%	100%	100%	66.6%	66.6%
STAGE I n=33	100%	96.9%	93.6%	89.8%	74.0%	74.0%
STAGE II n=20	100%	86.4%	81.7%	81.7%	81.7%	61.3%
STAGE III n=26	100%	88.5%	80.8%	73.1%	67.7%	50.7%
STAGE IV n=20	100%	53.8%	26.9%	21.5%	15.4%	5.1%

Stage 88's reflect sites without AJCC staging scheme. These cases are not represented in this graph.

NATIONAL CANCER DATA BASE 5-YEAR OBSERVED SURVIVAL FOR COLORECTAL (C18-C20) CASES

Diagnosed in 2003–2006
Data from 1,485 Facilities



Years from Diagnosis	Dx	Year 1	Year 2	Year 3	Year 4	Year 5
STAGE 0 n=16,038	100%	94.2%	91%	87.7%	84.5%	81.2%
STAGE I n=4,871	100%	92.8%	89.1%	85.4%	81.5%	77.5%
STAGE II n=55,765	100%	88.7%	82.7%	77.1%	72%	66.7%
STAGE III n=53,588	100%	85.1%	74.6%	66.2%	59.8%	54.6%
STAGE IV n=44,150	100%	50.2%	29.7%	18.9%	13.1%	9.8%

CLINICAL RESEARCH

Lexington Medical Center's Clinical Research department is committed to providing cancer patients with greater access to cancer clinical trials.

When patients volunteer for a clinical trial, they immediately gain access to the latest, most promising medications, treatments and surgical approaches that wouldn't otherwise be available. In fact, clinical trials are so important that the National Comprehensive Cancer Network, a leader in the field of cancer treatment guidelines, believes that "the best management for any cancer patient is in a clinical trial."

The department is also dedicated to expanding clinical trial access. Last year, for the seventh consecutive year, Lexington Medical Center exceeded the Commission on Cancer's annual enrollment goal by enrolling 5 percent of patients to cancer-related trials. The hospital's cancer patients can choose from a variety of clinical trials, including surgical, radiation medicine and medical-oncology. Working closely with the Duke Oncology Network, Lexington Medical Center's Clinical Research department continues to forge ahead in bringing clinical trials to the community.

Lexington Medical Center's Clinical Research department, Cancer Services program and Cancer Registry excel at collaboration when exploring ways to continually improve care for patients.

CLINICAL TRIALS AT LEXINGTON MEDICAL CENTER

RTOG-1005 Radiation Medicine
A Phase III Trial of Accelerated Whole Breast Irradiation with Hypofractionation Plus Concurrent Boost vs. Standard Whole Breast Irradiation Plus Sequential Boost for Early-Stage Breast Cancer

Principal Investigator: **Quillin Davis, MD**
Enrolled to date: **19**

RTOG-1115 Radiation Medicine
Phase III Trial of Dose Escalated Radiation Therapy and Standard Androgen Deprivation Therapy (ADT) with a GnRH Agonist vs. Dose Escalated Radiation Therapy and Enhanced ADT with GnRH Agonist with TAK-700 for Men with High Risk Prostate Cancer

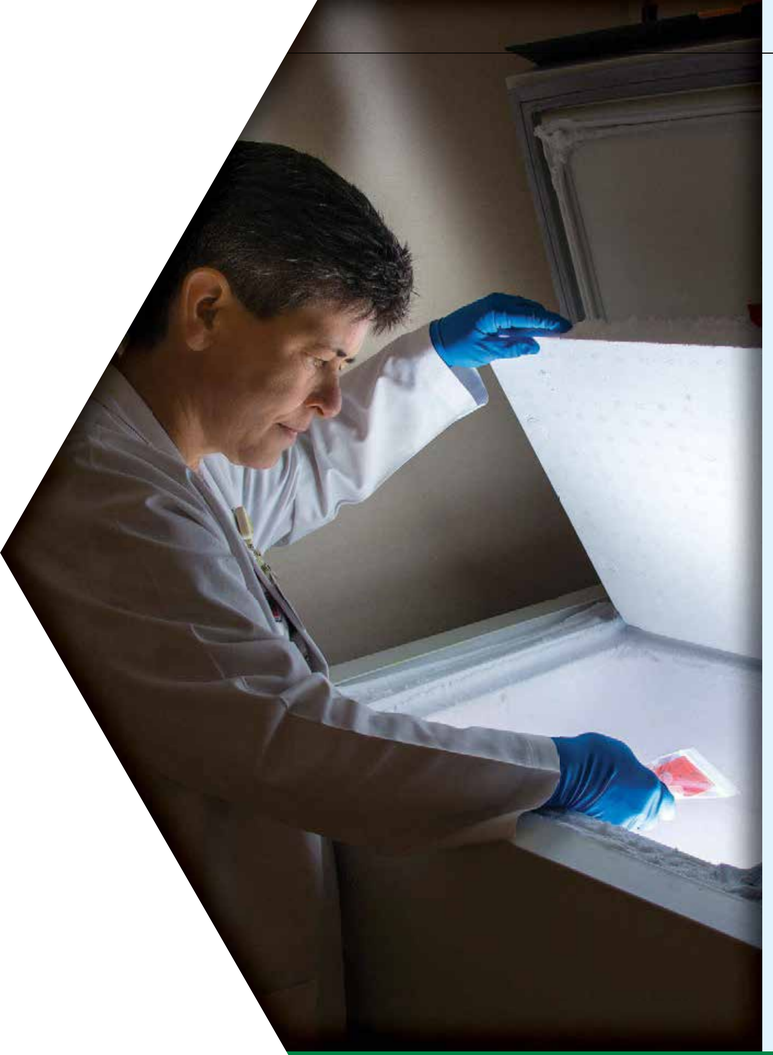
Principal Investigator: **Quillin Davis, MD**
Enrolled to date: **0**

ACOSOG-Z11102 Surgical
Impact of Breast Conservation Surgery on Surgical Outcomes and Cosmesis in Patients with Multiple Ipsilateral Breast Cancer (MIBC)

Principal Investigator: **Lynn Tucker, MD**
Enrolled to date: **1**

NEWLY OPENED
NSABP-B-43 Medical-Oncology
A Phase III Clinical Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma In Situ Resected by Lumpectomy

Principal Investigator: **Quillin Davis, MD**
Enrolled to date: **0**



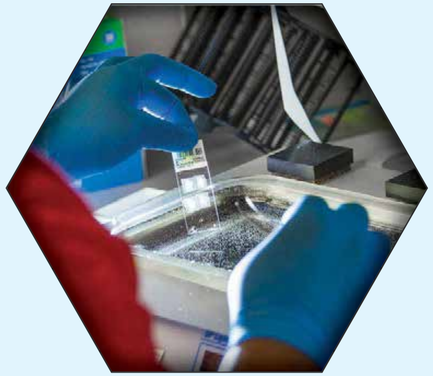
TISSUE BANKING STUDIES & CANCER GENETICS RESEARCH

The Lexington Medical Center Tissue Banking Program experienced a year of transition in 2013 by expanding the number of its community research partners.

Involvement in these programs places Lexington Medical Center on the leading edge to receive the latest information and results, keeping the hospital at the forefront of current methodologies, procedures and treatments, and providing patients with access to new medications and innovative treatment options.

TISSUE BANKING STATISTICS 2013

YEAR	BREAST	COLON	LUNG	RENAL	GYN	OTHER	TOTAL
2013	9	10	6	4	9	7	45
Grand Total	**129**	**143**	**88**	**74**	**67**	**83**	**579**



CANCER REGISTRY

The Cancer Registry is an essential component of the Cancer Services program at Lexington Medical Center, which is accredited by the American College of Surgeons (ACoS) Commission on Cancer (CoC).

The primary function of the Cancer Registry is to maintain an electronic database encompassing the most accurate and timely data on eligible cancer cases diagnosed and/or treated at Lexington Medical Center.

Registry staff collect and analyze numerous data fields on each cancer case, including patient demographics, primary site, histology, diagnostic testing, prognostic indicators, treatment modalities, stage of disease, recurrence and lifetime annual follow up. This data is used for local, national and international research. Subsequently, physicians can study their effectiveness in treating patients and ensure compliance with national cancer care and treatment guidelines. It is only by constant evaluation that we can provide the best possible care for all patients.

In addition to sending data to the National Cancer Data Base (NCDB) annually, the Cancer Registry submits data at least quarterly to the South Carolina Central Cancer Registry (SCCCR) and monthly to the Rapid Quality Reporting System (RQRS). Maintaining our own database and submitting data to regional and national data banks allow our cancer team to monitor patient outcomes and trends at Lexington Medical Center as well as within our state, region and nation.

CANCER REGISTRY ACTIVITY
Lexington Medical Center 2013 Statistical Year

Total Cases	**1,941**
Analytic Cases	1,235
% Analytic Cases	63.6%
Follow-Up Rate (5 Year) *CoC target of 90%*	93.2%
Follow-Up Rate (Reference Year) *CoC target of 80%*	90.2%

The Cancer Registry also supplies statistics to the ACoS Facility Information Profile System (FIPS), which is a data-sharing project that benefits consumers and providers of cancer care. Available to the public, FIPS Level II data features cancer caseload information, such as cancer cases diagnosed and treated at the hospital within a specified year (by site and stage).

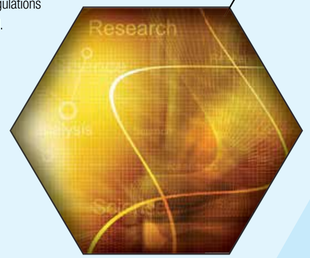
The Cancer Registry fulfilled 129 requests for cancer data in 2013. The hospital's Clinical Research department, Breast Program leadership, Cancer Committee, state and national data repositories, national cancer program accrediting organizations and outpatient oncology made requests most frequently.

In addition to maintaining the registry database and collecting and analyzing cancer data, the staff also coordinates monthly Cancer Committee meetings and biweekly oncology conferences. To schedule cases for an oncology conference, email oncconf@lexhealth.org.

CANCER DATA REQUESTS

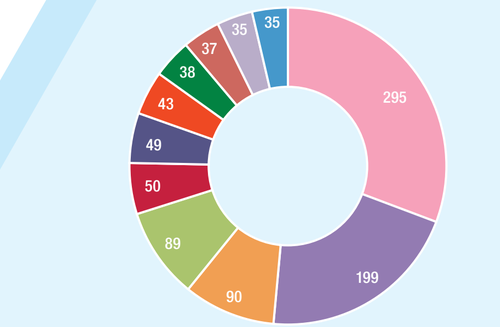
Natalie J. Copeland Cancer Registry Manager
(803) 936-4175 • njcopeland@lexhealth.org

IMPORTANT: Release of data containing protected health information is subject to federal Health Insurance Portability and Accountability Act (HIPAA) regulations and Institutional Review Board (IRB) approval.



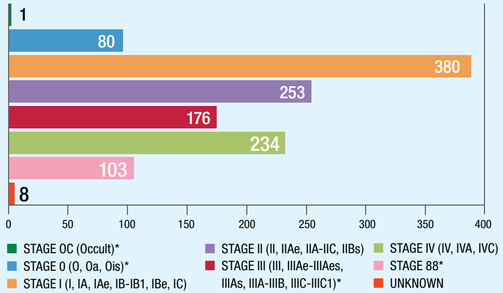
TOP 10 SITES 2013

960 ANALYTICAL CASES



STAGE DISTRIBUTION

1,235 ANALYTICAL CASES



* Stage OC: Applicable to lung primary only

* Stage 0a, 0is: Applicable only to non-invasive papillary carcinoma (0a) of bladder and carcinoma in situ/"flat tumor" (0is) of bladder

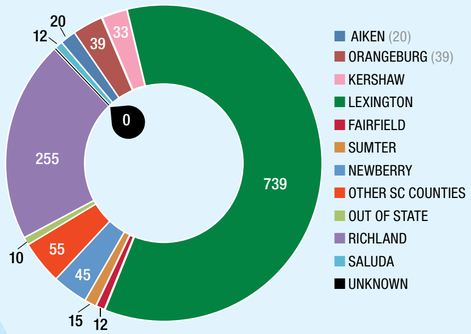
* Stage 88: No applicable AJCC staging schema for site or site-histology combination

* Stage ending in e, s or es: Applicable only to lymphoid neoplasms sites and denotes origination in extranodal site (e), involvement of spleen (s) or both (es).

GEOGRAPHIC DISTRIBUTION

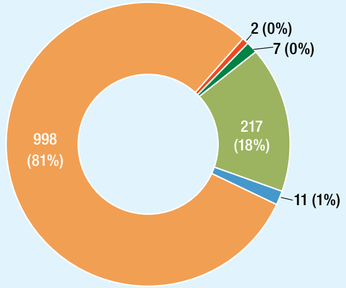
1,235 ANALYTICAL CASES BY COUNTY AT DIAGNOSIS

(WITH SOME COUNTIES COMBINED UNDER "OTHER SC COUNTIES")



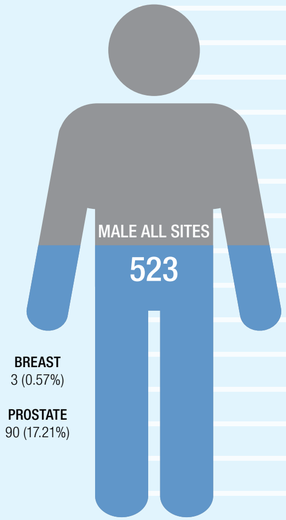
ETHNOLOGICAL DISTRIBUTION

1,235 ANALYTICAL CASES BY RACE

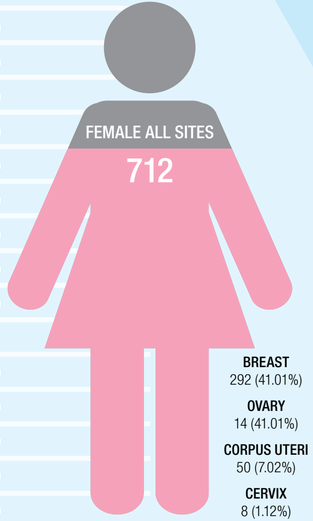


GENDER AND SITE DISTRIBUTION COMPARISON

LEXINGTON MEDICAL CENTER — 1,235 ANALYTIC CASES FOR 2013

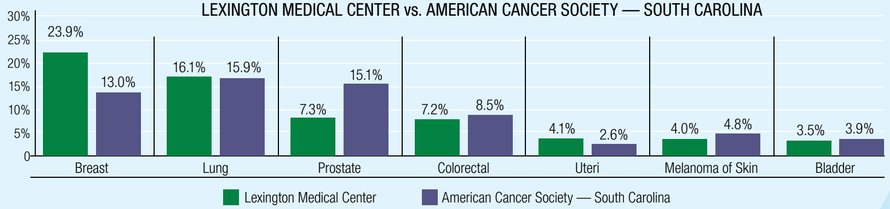


6 (1.15%)	BRAIN & NERVOUS SYSTEM	10 (1.40%)
6 (1.15%)	BENIGN BRAIN & CNS	17 (2.39%)
30 (5.74%)	LIP, ORAL CAVITY, PHARYNX, LARYNX	6 (0.84%)
10 (1.91%)	ESOPHAGUS	4 (0.56%)
102 (19.50%)	LUNG	96 (13.48%)
19 (3.63%)	STOMACH	9 (1.26%)
20 (3.82%)	PANCREAS	17 (2.39%)
47 (8.98%)	COLON, RECTUM	42 (5.90%)
19 (3.63%)	KIDNEY	16 (2.25%)
33 (6.31%)	URINARY BLADDER	10 (1.40%)
20 (3.83%)	OTHER DIGESTIVE ORGANS	16 (2.24%)
38 (7.27%)	MELANOMA OF SKIN	15 (2.11%)
20 (3.82%)	NON-HODGKIN LYMPHOMA	17 (2.39%)
16 (3.06%)	LEUKEMIA	5 (0.70%)
44 (8.39%)	ALL OTHER SITES	68 (9.53%)



COMPARATIVE ANALYSIS OF NEW CANCER CASES

LEXINGTON MEDICAL CENTER vs. AMERICAN CANCER SOCIETY — SOUTH CAROLINA



2013 SITE DISTRIBUTION

Statistical Summary of Cancer Registry Data

Primary Site	Total Cases	Analytic	Non-Analytic
ORAL CAVITY & PHARYNX	**42**	**28**	**14**
External Lip — Upper, Lower	1	0	1
Base of Tongue	5	4	1
Other & Unspecified Parts of Tongue	5	2	3
Gum	1	0	1
Floor of Mouth	2	1	1
Palate	1	1	0
Other & Unspecified Parts of Mouth	1	0	1
Parotid Gland	2	1	1
Other & Unspecified Major Salivary Glands	2	2	0
Tonsil	11	10	1
Oropharynx	3	2	1
Nasopharynx	4	2	2
Pyriform Sinus	2	2	0
Hypopharynx	2	1	1
Other & Ill-defined Sites in Lip, Oral Cavity & Pharynx	0	0	0
DIGESTIVE ORGANS	**305**	**205**	**100**
Esophagus	25	14	11
Stomach	37	28	9
Small Intestine	16	11	5
Colon (Excluding Rectum)	101	65	36
Rectosigmoid Junction	9	6	3
Rectum	30	18	12
Anus & Anal Canal	6	4	2
Liver & Intrahepatic Bile Ducts	17	12	5
Gallbladder	5	5	0
Other & Unspecified Parts of Biliary Tract	4	4	0
Pancreas	54	37	17
Other & Ill-defined Digestive Organs	1	1	0
RESPIRATORY SYSTEM	**275**	**215**	**60**
Nasal Cavity & Middle Ear	1	1	0
Accessory Sinuses	1	0	1
Larynx	13	11	2
Lung & Bronchus	255	199	56
Thymus	1	0	1
Heart, Mediastinum & Pleura	4	4	0
BONES, JOINTS & ARTICULAR CARTILAGE	**2**	**2**	**0**
Bones, Joints & Cartilage of Limbs	0	0	0
Bones, Joints & Cartilage of Other	2	2	0
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	**134**	**35**	**99**
Blood	1	0	1
Bone Marrow	132	35	97
Spleen	1	0	1

Primary Site	Total Cases	Analytic	Non-Analytic
SKIN	**113**	**55**	**58**
Melanoma	101	49	52
Other Non-Epithelial	12	6	6
PERIPHERAL NERVES & AUTONOMIC NERVOUS SYSTEM	**1**	**0**	**1**
RETROPERITONEUM & PERITONEUM	**6**	**6**	**0**
Peritoneum	6	6	0
Retroperitoneum	0	0	0
CONNECTIVE, SUBCUTANEOUS & OTHER SOFT TISSUES	**15**	**7**	**8**
BREAST	**443**	**295**	**148**
FEMALE GENITAL ORGANS	**110**	**82**	**28**
Vulva	15	9	6
Vagina	0	0	0
Cervix	18	8	10
Corpus Uteri	56	48	8
Uterus, NOS	3	2	1
Ovary	17	14	3
Other & Unspecified Female Genital Organs	1	1	0
MALE GENITAL ORGANS	**191**	**96**	**95**
Penis	1	0	1
Prostate	181	90	91
Testis	9	6	3
Other & Unspecified Male Genital Organs	0	0	0
URINARY TRACT	**113**	**85**	**28**
Kidney	42	35	7
Renal Pelvis	5	4	1
Ureter	3	3	0
Bladder	63	43	20
BRAIN & OTHER PARTS OF CENTRAL NERVOUS SYSTEM, EYE	**57**	**38**	**19**
Eye & Adnexa	2	0	2
Meninges	24	17	7
Brain	31	21	10
SPINAL CORD, CRANIAL NERVES & OTHER PARTS OF CENTRAL NERVOUS SYSTEM	**3**	**0**	**3**
Spinal Cord	1	0	1
Optic Nerve	0	0	0
Acoustic Nerve	2	0	2
THYROID & OTHER ENDOCRINE GLANDS	**48**	**28**	**20**
Thyroid	33	25	8
Adrenal Gland	0	0	0
Pituitary Gland	15	3	12
OTHER & ILL-DEFINED SITES	**1**	**0**	**1**
LYMPH NODES	**56**	**38**	**18**
UNKNOWN PRIMARY SITE	**26**	**20**	**6**
GRAND TOTAL	1,941	1,235	706

LEXINGTON MEDICAL CENTER ACCREDITATION

2720 Sunset Boulevard, West Columbia, South Carolina 29169
(803) 791-2000 | LexMed.com

BUILDING CANCER SURVIVORSHIP

A cancer diagnosis is a life-changing event for anyone. After completing active treatment, many people are left with physical and emotional changes that can negatively affect their quality of life.

At Lexington Medical Center, we understand that surviving cancer may come with challenges. And it's part of our mission to help every patient achieve a strong, healthy survivorship. That's why we offer the following programs and services for cancer survivors:

- **Health management classes** promote better health or help manage existing conditions. Health Directions, Lexington Medical Center's health and wellness facility, offers a variety of classes, such as yoga, Pilates and cycling.
- **Smoking-cessation classes** are available free at Lexington Medical Center. A registered nurse who is a certified tobacco-cessation specialist teaches the eight-week sessions.
- **Nutrition therapy and counseling** with a registered dietitian is available by physician referral. Health professionals agree that nutrition therapy is one of the most effective ways to improve conditions, such as heart disease, diabetes, hypertension, obesity, celiac disease and food allergies.
- **Support groups,** which are disease and condition specific, offer encouragement for patients. Sharing with others who have common issues and challenges can alleviate feelings of isolation and depression for many people.
- **Health screenings** are provided free for area businesses, churches, schools and other organizations. Lexington Medical Center is dedicated to improving the health of the community through early detection and diagnosis of disease and illness.
- **Arts and healing programs** for survivors assist in emotional healing following active treatment.

Cancer survivorship begins the day a person is diagnosed and lasts throughout his or her life. At Lexington Medical Center, we continue to care about our patients once they complete active treatment and partner with them in their survivorship.

Lexington Medical Center
Cancer Services

DukeMedicine AFFILIATE

2720 Sunset Boulevard
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LexMed.com