



RENEWAL



ANNUAL REPORT 2009
WITH 2008 DATA ANALYSIS



THE CANCER CENTER
TRIDENT Health System

The background of the entire page is a repeating pattern of stylized blue flowers and leaves on a darker blue background. The flowers are detailed with fine lines, and the leaves are simple and pointed. The pattern is dense and covers the entire area.

OUR MISSION

The Cancer Center at Trident Health System is dedicated to providing the highest quality care to patients with cancer in our community. As an accredited Comprehensive Cancer Center, we are committed to excellence in cancer prevention, detection, evaluation, treatment, rehabilitation, and research. Our goals are to enhance quality of life for patients with a diagnosis of cancer, while supporting the patient and family during their entire experience. We aim to meet the physical and emotional needs of cancer patients and their support group, through a multidisciplinary approach, with the goal of returning the patient to a fulfilling and productive role in society.

LIFE IS A GIFT. LIVE IT WELL.®

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Trident Medical Center



Summerville Medical Center

ADMINISTRATIVE INTRODUCTION

Dear Friends and Colleagues,

It has been said by many great people that, "Cancer changes lives." It is not always for the bad, but sometimes for the better. It offers a hiccup to life- a time for everything to suddenly stop...for that reality check on what is really important? It is in this discovery, that cancer patients also "change" lives, and affect those people who they come to meet, know and love. We consider it an honor and privilege to learn and grow from our patients and the unique experiences that each one of them incurs on their journey with cancer. In this new found relationship, we find ourselves striving for excellence, continually searching for faster, better, stronger..... a cure!!!

Trident Oncology Services is committed to stay the course - The course of continual growth and continued searching for faster, better, stronger. We will continue to set new standards for cancer care and improvements to our comprehensive cancer program.

Our excellence is proven by our accreditation from the Commission on Cancer of the American College of Surgeons with commendation in multiple areas. The Trident Oncology Team offers a variety of services with state of the art equipment, by board and nationally certified staff. Full range of treatment options that cater to the whole patient (mind, body and spirit) include: testing and diagnostics, full service breast care center, chemotherapy, radiation therapy, surgery, inpatient and outpatient services, palliative care, music therapy, support groups, patient support and education, social workers, clinical research and tumor registry.

This report is our opportunity to demonstrate our focus on excellence through cancer care. It is with great pride that we share with you our accomplishments for the Trident Oncology Program in the 2009 Annual Report. Please view our 2009 report via our Web site at www.TridentHealthSystem.com.

Each day is a gift. We are forever grateful to our patients and their families for allowing us to partake in their gift, by entrusting their care to us. The responsibility to achieve excellence and provide exceptional care is what keeps us motivated for more... the continual pursuit in all we do...

Faster...Better... Stronger...until we find a cure!!!!!!!

Sincerely,

Michelle Horton RN OCN
Director, Oncology Services
Trident Cancer Center
December 15, 2009





~
**CANCER
RELATED
ACTIVITIES**
~

Trident Medical Center's Cancer Program is classified as a Community Hospital Comprehensive Cancer Program, which has been approved by the American College of Surgeons since 1994. The South Carolina Central Cancer Registry has been required to collect and report all cancer cases with newly-diagnosed cancers since January 1, 1996. The Tumor Registry at Trident Medical Center has been responsible for the collection, management and analysis of data on patients diagnosed with cancer and/or treated in our facilities since 1990.

In 2008, a total of 1012 cancer cases were either diagnosed or treated at Trident Medical Center. There were 14 requests for data from the registry in 2008. Our follow-up rate at the time of this publication is 91%, with exceeding 90% requirement by Commission on Cancer. Our data is reported to South Carolina Central Cancer Registry quarterly and National Cancer Data Base annually.

Confidentiality

Confidentiality of patient identification information is strictly maintained. Individuals are not identified in any reports from the Tumor Registry.

What data is collected?

Demographic information, medical history, diagnostic findings, cancer staging information, treatment and cancer outcomes.

Why collect cancer data?

1. For cancer program planning
 - Identify facility and community needs
 - Evaluate access to care
 - Target screening and intervention
2. Patient care and intervention
 - Follow-up promotes reexamination
 - Early detection of cancer
 - Prevention of cancer
 - Benchmarks for quality of cancer care



3. Research

- Epidemiologic: Risk factor analysis and monitor cancer trends
- Outcome Assessment: Survival analysis/ treatment effectiveness
- Clinical Trials

4. Education

- Medical Education: Statistical reports of registry data help physicians evaluate the success of specific cancer treatments, thus improving survival rates and quality of care.
- Public Education: Promotes screening programs

CANCER COMMITTEE

The Cancer Committee is a multidisciplinary group of physicians, nurses, chaplains, dietitians, pharmacists, and administrators, providing leadership and supervision for all cancer treatment activities throughout the Health System. This committee is engaged in planning, initiating, monitoring and evaluating programs that may involve several different disciplines within the field of oncology. Specific goals in cancer care are proposed on an annual basis, and are evaluated at the quarterly committee meetings.

Quality improvement initiatives are recommended by the committee, in order to assure continued progress toward the most current methods in cancer care. The committee continually seeks to improve the care provided to our patients on many different levels: patient education, physician/staff education, community outreach, and patient care evaluations. The Cancer Committee sponsors a weekly multidisciplinary tumor board, which enhances the entire oncology program. The Cancer Committee works closely with the tumor registry to help track the outcomes of treatment, and to ensure the quality of the data collected.



CANCER COMMITTEE MEMBERS

Thomas Litton, M.D.
Chairman, Cancer Committee /
Physician Liaison/General Surgery

Robert Silgals, M.D.
Medical Oncology/Chairman,
Cancer Conference,
Inpatient Oncology Director

Margaret MacDowell, M.D.
Radiation Oncology

William Collins, M.D.
Radiation Oncology

Moira Sutton, M.D.
Radiation Oncology

Charles D. Graham, M.D.
Medical Oncology

Matthew Beldner, M.D.
Medical Oncology

Jennifer Cranny, M.D.
Radiology

Edwin Williamson, M.D.
Pathology

Lloyd Mandel, M.D.
V.P. Medical Affairs

Valerie Musgrave, M.D.
UFM Resident

Misha Phillips-Lee, M.D.
UFM Resident

Mark Robinson
Chief Operating Officer

Alice Turner, RN
AVP Quality Management

Susanne Lee
Pharmacy

Belinda Riffie
Marketing

Rita Jones
Social Worker/Resource Management

Tom Glisson, M. Div. B.CC
Staff Chaplain/Palliative Care

Richard Donoughue
Staff Chaplain/Palliative Care

Claire Westbrook
Music Therapist

Michelle Horton, RN, OCN
Director of Oncology Services

Ashley Cashon
American Cancer Society

Penny Willard, R.N.
Oncology Nurse Educator

Dale Hudson, R.N.
Breast Care Center

Anita Capitano, R.N., BSN, OCN
Registered Nurse, Radiation Oncology

Vanessa Graham, BS, RT (R) (T)
Manager Cancer Center

Kammy Rebl, CTR
Cancer Registry Coordinator

Paulette Nelson
Cancer Registrar

Trident Medical Center & Trident Cancer Center holds a weekly tumor board. The purpose of the conference is to assure appropriate state-of-the-art multidisciplinary care of our cancer patients. The program meets all requirements set forth by the American College of Surgeons for Community Hospital Comprehensive Cancer Program Cancer Centers. Cases are presented in a prospective manner allowing a variety of opinions to be expressed and making the board an active part of patient management. The conference is truly multidisciplinary with participation by physicians representing anatomic pathology, diagnostic and interventional radiology, radiation oncology, medical oncology and hematology, general surgery, thoracic surgery, the palliative care service, and other specialties. In nearly all instances, pathologic diagnoses are reviewed, radiographs and scans are shown and discussed, and input regarding the potential uses of chemotherapy, radiation therapy, surgery, and interventional radiological procedures is given by the appropriate specialists. As cases are presented prospectively, the board provides both clinical and pathological staging of cancers. Treatment guidelines developed by national recognized organizations are discussed and applied as appropriate to the care of our patients.

The Cancer Program also arranges educational sessions that are open to the entire medical and ancillary staff. These sessions are primarily didactic in nature and include Quarterly Education Series that often employ guest speakers to discuss new and innovative therapies.



Coping with cancer goes beyond the physical component of the disease to include matters of spiritual, social, and emotional importance.

Our commitment to patients and their families is to provide care for the total person that includes the non physical aspects of one's experience. While our entire staff shares in this commitment, the Pastoral Care Department has specially trained chaplains available to assist patients and their families as they face the challenges of cancer.

Assistance is available both for inpatient and outpatient consultation to:

- Provide non-judgmental supportive listening.
- Help patients and families cope with anxieties and fear.
- Support and counsel patients and families as they search for meaning and hope in time of crisis.
- Administer or arrange for sacraments.
- Support and comfort patients with prayers and resources consistent with their faith tradition.
- Give guidance when difficult decisions must be made.
- Provide bereavement counseling and grief group referrals.
- Memorial Services

A chaplain may be accessed by calling the hospital operator.



Richard Donoghue
Cancer Committee Member
Staff Chaplain/Palliative Care

Tom Glisson, M. Div. B.CC
Cancer Committee Member
Staff Chaplain/Palliative Care

PARISH NURSING/ HEALTH MINISTRY PROGRAM

Since 1995 Trident Medical Center has been providing support and guidance to congregational parish nursing/health ministry programs in our community.

Parish Nurses/Health Ministers help congregants to enhance the relationship between body, mind and spirit which is an important part of wellness and healing. They have special training and are committed to serving the church by offering appropriate visitation, health education, screenings, support groups and other programs within the church, as well as church outreach.



The Music Therapy program seeks to meet the physical, emotional, social and spiritual needs of patients and families through a comprehensive program of music therapy interventions. These services are provided by a board-certified music therapist as well as supervised music therapy interns and practicum students.

The purpose of music therapy with cancer patients is to address factors which impair survival from cancer – helplessness, lack of fighting spirit, fatigue, non-expression of emotions, anger, anxiety, distress and depression. As an established healthcare profession and complementary treatment modality recognized by the American Cancer Society, music therapy allows a person to focus on the parts of themselves that are healthy, creative, and expressive no matter how ill one may be. Through the client/therapist relationship that develops with and through the music, a healthy space is created that allows for needed physical, emotional, and/or spiritual change to take place.

Music therapy services are available to both inpatients and outpatients and include individual sessions to address:

- Pain management concerns
- Chemotherapy related nausea and vomiting
- Anxiety, fear, and distress
- Symptoms of depression
- Insomnia
- Development and maintenance of coping skills
- Facilitation of hope



Claire Westbrook
Cancer Committee Member
Musical Therapist

Caregivers Support Group

A diagnosis of cancer is an overwhelming event that affects everyone, including family and friends. Whether you are caring for a spouse, sibling, child, parent, or friend, caregiving is not an easy task. This group was created to provide a place for caregivers of loved ones with cancer to share stories, worries, and celebrations in a supportive environment. Expressive therapy techniques will be employed to address how the family is coping with cancer while encouraging creative self-expression, tension release and relaxation, and new ways of communicating to uncover the veil of silence, fear, denial, guilt, anger, and depression often experienced by caregivers. Join us to create, connect, express, and refresh your mind, body, and spirit – recognizing that when you care for yourself, you are much better at caring for the ones you love.

I Can Cope®

Cancer patients and their families face numerous challenges. Suddenly plunged into a world of unfamiliar medical terms, tests, and treatments, it is easy to feel overwhelmed. I Can Cope® provides the kind of cancer education patients need – practical information about cancer, an understanding of various treatments used to fight cancer, and self-care strategies for those facing cancer. Each class emphasizes a topic important to the cancer experience and gives participants an opportunity to share their concerns with others having similar experiences and to design ways to cope with the challenges that arise from a cancer diagnosis. I Can Cope® guest speakers include professionals in the field of cancer management.

Breast Cancer Support Group

Share your feelings with other women who have had similar experiences; the laughter and the tears. The Breast Cancer Support Group is a place where women, who have or have had breast cancer, gather together to share their experiences, learn coping techniques, and find emotional support through the strength and warmth of embracing friendships. Periodic guest speakers will be scheduled throughout the year based on member interests.





NEW
HORIZONS

The treatment of cancer is a difficult and complex challenge. Radiation therapy meets this challenge, by utilizing some of the most sophisticated equipment in all of medicine. Trident's Radiation Therapy Department offers the Lowcountry community access to the highest level of technology with state-of-the-art treatment machines. We have two linear accelerators, a conventional simulator as well as a CT/Simulator. These technologies require many people with different skills and training to make this department one of distinction. Providing all this equipment and staff represents a large commitment to the cancer program by Trident Health System, which ensures a great future for the program.

Intensity Modulated Radiation Therapy (IMRT) is one of the technologies that we offer at Trident. IMRT has taken radiation therapy to a new level in the fight against cancer. With IMRT, not only is the beam size variable, the intensity of the radiation can be controlled by computers to better conform the dose of radiation to the tumor. A great advantage from this type of treatment is significantly less side effects from the radiation. IMRT technology allows for radiation dose escalation (treating to higher doses), which may ultimately impact on better control of the disease process. IMRT has a role in prostate cancer, head and neck cancers and even breast cancer. As this technology continues to improve, there will be an expanded role for IMRT into the treatment of many other types of cancer.

Rapid Arc with IGRT technology is an addition that the radiation therapy department has undergone this year. Rapid Arc delivers a highly precise treatment much faster than other technologies. Treatments that once took 15-30 minutes can sometimes be accomplished in as little as a single rotation of the machine around the patient, that is, in about 2 minutes! The positive result for the patient is a faster treatment time and less



scattering of the radiation outside the tumor into healthy tissue.

In the hands of the experienced clinical team at Trident Radiation Therapy, the powerful and versatile Rapid Arc system can treat a wide range of conditions. This technology can be used to improve treatment time, and possibly even outcomes for cancers such as those of the prostate, brain, head and neck, as well as many others.

The greatest asset the Radiation Therapy Department has is our physicians and staff. We have specially trained radiation oncologists, oncology nurses, physicists, dosimetrists, therapists and office personnel. These highly trained healthcare professionals allow us to meet the current needs of our patients, as well as handle any new challenges in the future.

Trident Medical Center provides, a fully comprehensive prostate cancer program for the patients in the Lowcountry. Trident Medical Center offers both surgery and radiation therapy as an option for prostate cancer treatment. The radiation therapy services include Rapid Arc, prostate brachytherapy (seed implants), Intensity Modulated Radiation Therapy (IMRT), 3-D conformal radiation therapy, and palliative care.

The RapidArc system may be considered as an alternative to surgery or other types of radiation therapy for appropriate patients. It is designed to treat tumors at certain sites, including the prostate, head and neck or abdomen. Trident Medical Center is the first facility in the state to offer the new treatment system, called RapidArc. This new treatment is two to eight times faster than conventional radiotherapy, and is the most recent and advanced form of radiation therapy available to cancer patients today. "Patients will not only benefit from a more precise dose of radiation, but the shorter treatment length will also save time and enhance patient comfort."

Trident Cancer Center's RapidArc technology delivers image-guided IMRT (intensity-modulated radiation therapy) very quickly, in a single rotation of the treatment machine around the patient. The highly complex technology of IMRT allows the physician to more accurately prescribe a dose of radiation to the prostate while minimizing radiation to surrounding organs. The ultimate result is to escalate the radiation dose to the prostate, which in turn leads to a higher chance of cure.

"RapidArc will be much easier on the patient," said Dr. William Collins, radiation oncologist with Trident Health System. "It's hard for people to hold still for long periods of time. By delivering doses more quickly, we can simultaneously improve the quality of care and make our patients more comfortable."



Through continued affiliation with the nationally recognized Seattle Prostate Institute, the Trident Cancer Center specializes in prostate seed implants. Seed implant therapy continues to gain popularity among physicians and patients around the country. As patient awareness increases, most men are learning about the role of seed implants in the treatment of early stage prostate cancer.

Men who opt for radiation treatments for their prostate cancer can be assured of a strong commitment to cutting edge quality care in a community hospital setting.

DIAGNOSTIC IMAGING

The Diagnostic Imaging Department of Trident Medical Center has state-of-the-art technology available for radiologists to diagnose and treat cancers in much earlier stages than ever before. The earlier the diagnosis, the better chance our patients have for successful treatment. For cancer patients, this means the most accurate diagnosis and treatment available anywhere, provided by a caring and compassionate team of health professionals. CT scans, PET scans, Interventional Radiology procedures, and breast imaging procedures are all important tools in the management of cancer. Our combination of the best technology and the best care ensures our commitment to healing.

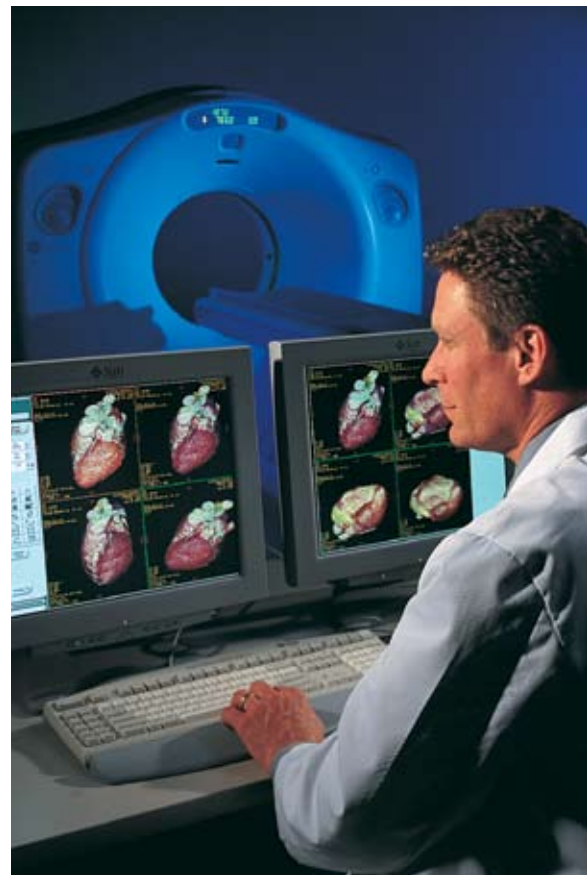


COMPUTED TOMOGRAPHY

Computed tomography (also known as CT or CAT scanning) is a diagnostic imaging exam that produces cross-sectional and detailed images of internal organs and other soft tissue. A CT scan is safe, painless and very fast.

CT imaging is the cornerstone of oncologic imaging. It is used for the detection and characterization of abnormalities and has a fundamental role in staging malignancies as well as assessing response to treatments. It can often replace other diagnostic techniques such as exploratory surgery and other invasive procedures. When someone has abnormal CT findings but the cause is uncertain, CT can be used to perform a needle biopsy.

Because of our advanced technology, radiologists and oncologists can better see changes in tissue at earlier stages. Trident Medical Center is very proud of their 64-slice CT scanner; the leader of the industry in Computed Tomography, the model is GE. We also have a newly upgraded 16-slice Fluoro enhanced CT scanner. The Fluoro enhancements make the procedures easier to perform and manipulate for the Radiologists. This gives us the opportunity to create more images in record speed. This means earlier detection and treatment.



POSITRON EMISSION TOMOGRAPHY

Cancer spreads silently in the body. PET exposes this “silent” disease. Positron emission tomography, also called PET imaging or a PET scan, is a diagnostic imaging exam that produces images based on the metabolic activity of cells. PET is a powerful tool for detecting, staging, and monitoring response to therapy. PET also can detect recurrence much earlier than anatomical imaging tests because the structures being studied in these tests must significantly change in size and shape before cancer growth is detectable.

PET scans can be performed on the whole body. Patients are injected with a very small amount of a radioactive tracer probe attached to glucose or other simple compounds. The PET scanner detects signals from the tracer as the glucose travels through the body and is eventually used by various organs.

For example, if an area in an organ is cancerous, the signals will be stronger than in the surrounding tissue because cancer consumes more glucose as it grows out of control. A computer records the signals from the PET scanner and transforms them into pictures.

The most dangerous aspect of cancer is how it spreads throughout the organ systems of the body. Whole body PET inspects all organ systems of the body to search for cancer in a single examination. If cancer has spread, PET will expose it. Follow-up scans will reveal if cancer has recurred.

Trident Medical Center is working diligently on obtaining a PET/CT scanner for our Oncology Patients.



Interventional radiology offers minimally invasive diagnostic and therapeutic procedures for cancer and cancer-related processes. Interventional radiology continues to grow in importance as an alternative mode of therapy. Interventional radiology procedures can be used for the diagnosis and treatment of cancer and for the treatment of complications arising from cancer.

Many interventional radiology procedures can be performed on an outpatient basis or during a short hospital stay. The procedures can be categorized based on the purpose of each procedure.

For Diagnostic Purpose

One of the most common interventional radiology procedures performed to diagnose or exclude cancer is image-guided biopsy. Under fluoroscopic, CT or ultrasound guidance, small needles can be placed in areas of abnormality, and samples can be taken for testing. Often image-guided biopsy is performed instead of a surgical or open biopsy. This avoids a much more invasive procedure with its associated costs and inherent risks. Imaging-guided aspiration of fluid collections is another diagnostic tool to determine if the collection is benign or malignant.

For Treatment Purpose

Advances in interventional radiology have expanded the role of the radiologist to include the direct delivery of chemotherapeutic and radiotherapy agents to malignancies. Chemoembolization is a way of delivering cancer treatment directly to a tumor. The liver is the most common part of the body for Chemoembolization to be used, although it can be done in other areas. Chemoembolization works to attack the cancer in two ways. First, it delivers a very high concentration of chemotherapy directly into the tumor, without exposing the entire body to the effects of those drugs. Second, the procedure cuts off blood supply to the tumor, depriving it of oxygen and nutrients and trapping the



Joseph Mullaney, M.D.
Radiology—Interventional

drugs at the tumor site to enable them to be more effective. Chemoembolization is most beneficial to patients whose disease is limited to the liver.

Radiofrequency ablation (RFA) is another method of minimally invasive therapy for liver and lung tumors. A special needle electrode is placed in the tumor under the guidance of an imaging method. A radiofrequency current is then passed through the electrode to heat the tumor tissue near the needle tip and eliminate it. In general, RFA causes minimal discomfort and may be done as an outpatient procedure.

Vascular access procedures are designed for patients who need intravenous (IV) access for a considerable time, longer than 7-10 days. Access beneath the skin is ideal for cancer patients who require chemotherapy once every two to four weeks. The device does not interfere with daily activities and requires no special maintenance.

The Trident Breast Care Center provides a full spectrum of breast imaging procedures and a compassionate team of experts who will collaborate on the most complete and effective diagnostic techniques and treatment.

Mammography plays a central part in early detection of breast cancers because it can show changes in the breast up to two years before a patient or physician can feel them. Research has shown that annual mammograms lead to early detection of breast cancers, when they are most curable and breast-conservation therapies are available.

Screening mammography can assist your physician in the detection of disease even if you have no complaints or symptoms. If a finding or spot seems suspicious, the radiologist may recommend further diagnostic studies. Diagnostic mammography is used to evaluate a patient with abnormal clinical findings—such as a breast lump or lumps. Diagnostic exams may also be done after an abnormal screening mammogram in order to determine the cause of the area of concern. Trident Health System provides Digital Mammography for all of their patients. Digital Mammography is better technology than Analog Mammography for interpretation of Breast Imaging.

Breast MRI is particularly useful in screening young women with dense breast tissue who may have a high risk of developing breast cancer. Trident Medical Center offers an advanced MRI Breast imaging tool with their newly installed Sentinelle Table. This table is designed specifically with Breast MRI and Breast Biopsies in mind, the table is built for patient comfort and ease of physician utilization to maximize the breast images necessary to make an accurate diagnosis as well as obtain hard to reach areas for biopsy specimens.



Breast ultrasound is frequently used when an abnormality is found on a mammogram or when a cyst is suspected. Ultrasound does not provide as much detail as a mammogram image and is not approved as a screening tool, but is an excellent way to evaluate abnormalities detected by mammography.

A breast biopsy is done when a mammogram reveals an abnormality in the breast and it cannot be confirmed as non-cancerous. The biopsy involves removing all or part of the abnormal tissue and may be done by a variety of techniques.

A stereotactic mammotome biopsy is used for abnormalities that cannot be felt. The abnormality is located by using digital x-rays of the breast taken from two angles. An ultrasound-guided biopsy is a highly accurate and fast way to evaluate suspicious masses and is used for abnormalities that can be felt as well as for those that cannot be felt. An open surgical biopsy is done when the abnormality is inaccessible by an image-guided procedure.

In addition to comprehensive, on-site procedures, the Breast Care Center offers a multi-disciplinary approach to breast care. From breast wellness to breast disease, expert care by surgeons, medical and radiation oncologists can be made rapidly available.



Lymphoscintigraphy and sentinel lymph node biopsy.

The assessment of the sentinel lymph node, the draining lymph node nearest the site of the primary malignant melanoma, has become an important staging and prognostic modality in the management of malignant melanoma. Lymphatic mapping is performed in the department of Nuclear Medicine.

In breast cancer the sentinel node concept is similarly valid, and Lymphoscintigraphy is a useful method for localizing the axillary sentinel node. Radioactive isotope is injected into the breast prior to the patient going to surgery; the nodes with the highest radioactive counts in them are dissected and sent to pathology.

CLINICAL RESEARCH/ INSTITUTIONAL REVIEW BOARD

Trident Medical Center is committed to the protection of human subjects in research. Our IRB consists of a diverse group of professionals, both scientific and non-scientific, from the Health System and the surrounding community. These IRB members are tremendously dedicated and thoughtful of patient needs as we continue to protect the rights and the welfare of Human Subjects while fostering excellence in research. Continuing education of IRB members and staff is also an important component to our successful research program.

In 2008, the IRB met five times to review and evaluate clinical research studies, under the direction of the IRB Chairman, Dr. William Hueston, and the IRB Coordinator, Carmelita Pryor. During the year, we reviewed and approved two new studies and performed several continuing reviews. We further continued to receive and review information and closely monitor serious adverse events. The IRB at Trident Medical Center has remained committed to maintaining the highest standards in Clinical Research. We look forward to continued growth in research activities and we will continue to provide our human subjects with the best possible medical outcome.



Trident Health System provides compassionate quality care for cancer patients on a dedicated inpatient oncology unit. The unit offers spacious private rooms with hardwood flooring and warm lighting to provide that added comfort of home. It is staffed with registered nurses that are nationally certified in the area of oncology. All nurses that administer chemotherapy are Nationally Certified Chemotherapy Providers. The nurses on the unit are skilled in meeting a full range of needs and customizing the care for each unique set of circumstances. These needs are met by using a multidisciplinary approach. This means that nurses are in collaboration at any given time with physicians, pharmacists, patient care technicians, resource managers, and chaplains to ensure that every need is taken care of. We also include therapies such as; music, massage, speech, physical, occupational, and pet therapy to help offer a broader range of healing.

Each nurse places a high level of importance on ensuring that patients and family members are educated on disease processes and treatment modalities. This aids patients and families, by dispelling myths and having facts available, to make informed decisions. Every member of the team is dedicated to the delivery of consistent quality care with a strong emphasis on compassionate customer service and care for our patients.



Trident Infusion Center

Trident Medical Center is pleased with the success of its dedicated Outpatient Infusion Center. The infusion center offers infusion therapy for cancer patients who are busy “doing life”. Our center offers the luxury of an easy outpatient setting to check in, get your therapy and then on your way again. The Outpatient Infusion Center, located in the Cancer Center with designated drop off and parking area for ease of accessing the center. Our staff are specialized and nationally certified for chemotherapy administration. We also provide supportive therapy, injections, and transfusions to keep our patients on the go! The nurses take the time to get to know the patients and families to help create a more comfortable patient-nurse relationship. We strive to make this a pleasant experience by administering a prescription of both personal and compassionate care. In addition to oncology patients, the

outpatient center can accommodate patients requiring antibiotic therapy, immunoglobulin therapy, iron therapy, growth factors and other procedures.

The Infusion Center is equipped with comfortable recliners for ambulatory patients undergoing treatment. There are private spaces equipped with a hospital bed for patients who may need additional medical support.

We continue to explore opportunities to offer any other appropriate infusion therapies, to ensure that the needs of our community will always be met.





DATA
ANALYSIS

CANCER COMMITTEE CHAIRMAN REPORT

The Cancer Center of Trident Health System continues to see over 1000 patients with new diagnoses of cancer each year, as illustrated in our Tumor Registry data for 2008.

Carcinomas of the breast and prostate are the most prevalent malignancies, as predicted by national and state figures, while lung and colorectal cancers follow closely behind. In this report, Dr. Matthew Beldner provides a review of lung cancer treatment at our institution over the past several years.

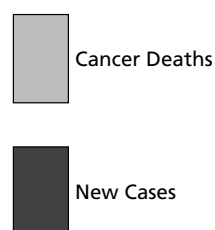
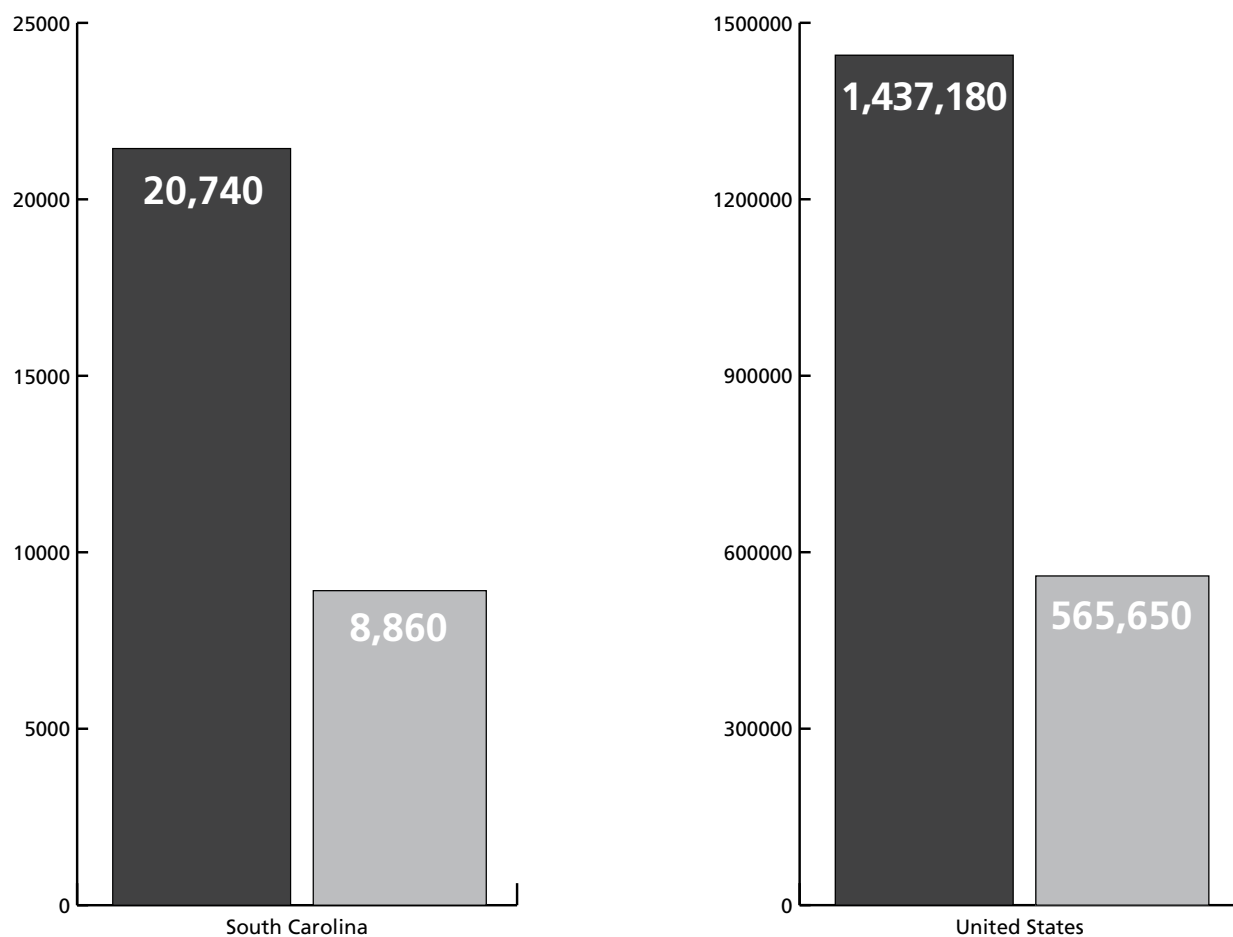
Our robotic surgery program is rapidly increasing in volume, with plans underway for addition of a second *da Vinci* system within the next year. Updates to our radiation therapy capability, including stereotactic radiosurgery, are in progress at this time. We anticipate maintaining our accreditation with commendation by the American College of Surgeons Commission on Cancer, and look forward to providing the best in comprehensive, compassionate care to our community.



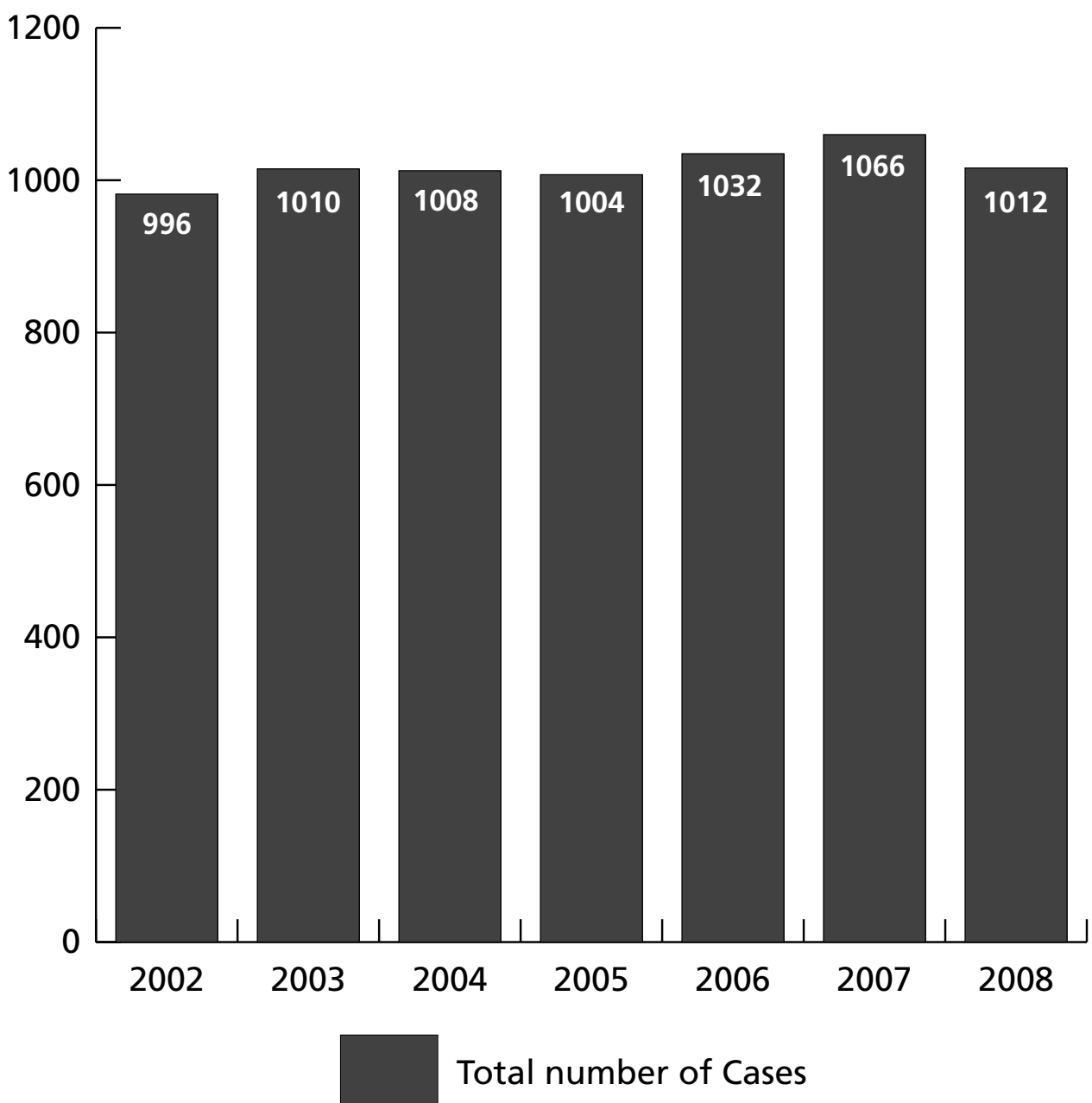
Thomas Litton, M.D., FACS
Chairman Cancer Committee
Physical Liason / General Surgery

2009 ESTIMATES OF NEW CANCER CASES AND CANCER DEATHS IN THE U.S. AND S.C.

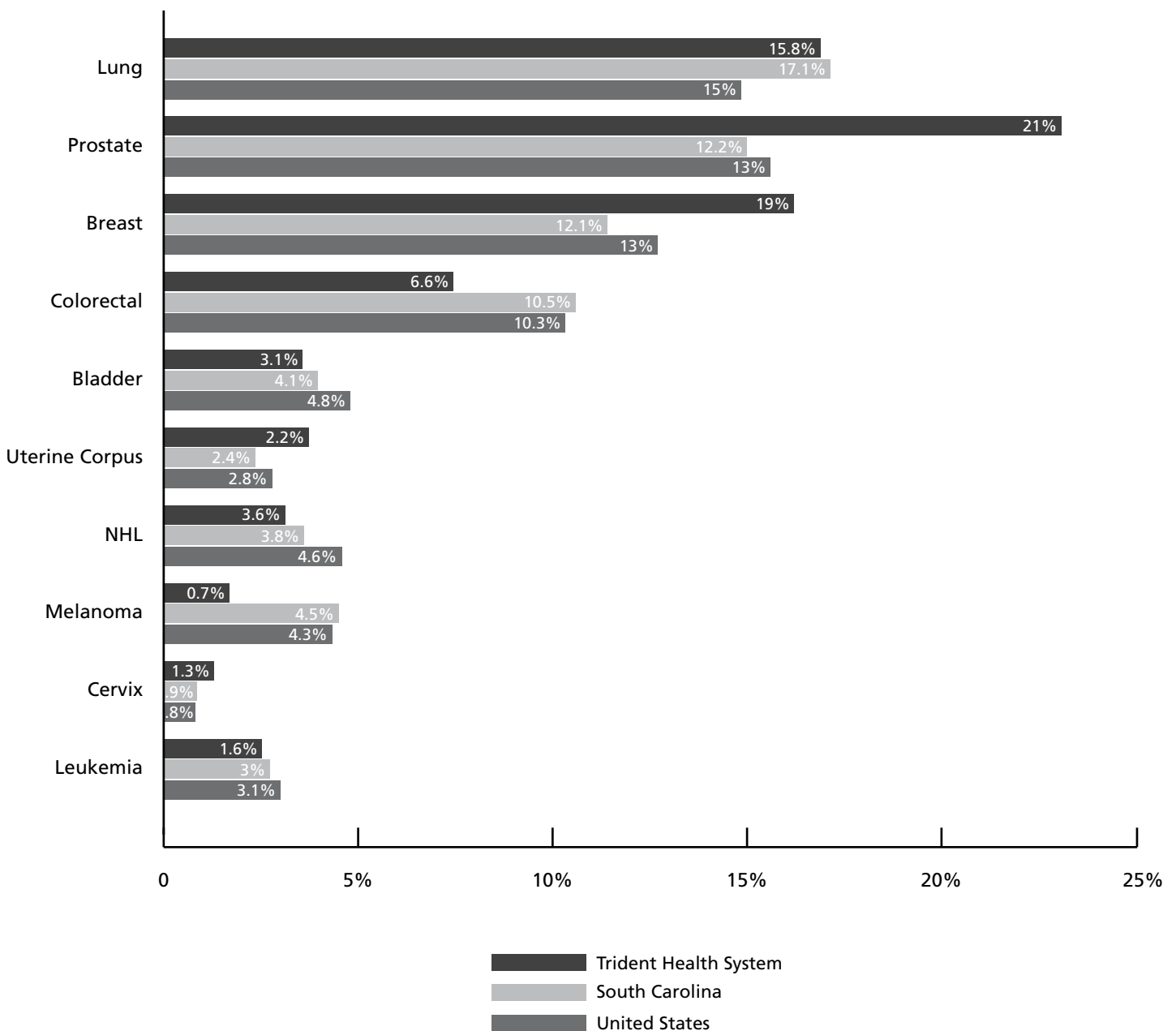
(excludes in situ carcinomas except urinary bladder)



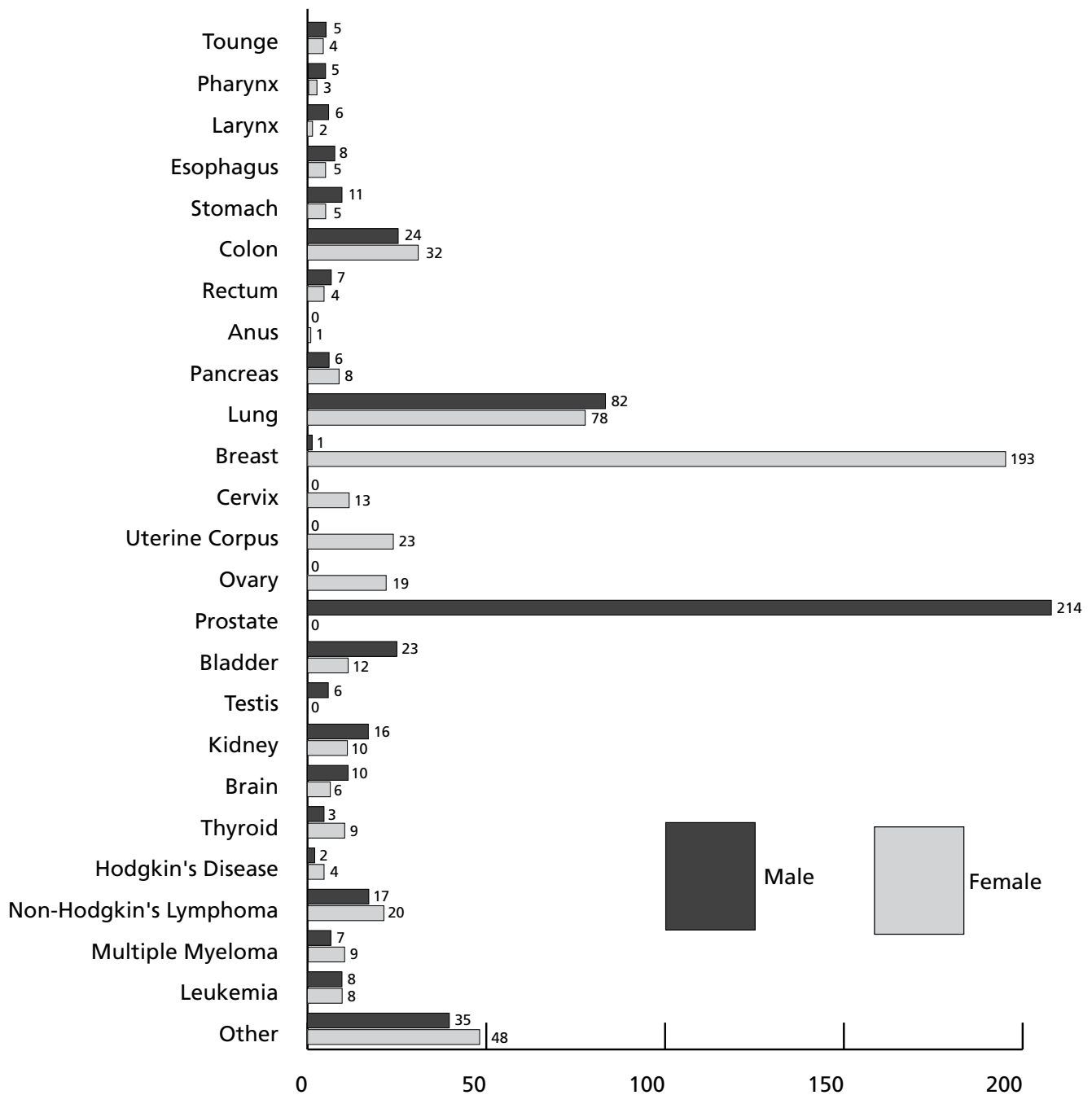
GROWTH IN CANCER CARE AT TRIDENT HEALTH SYSTEM



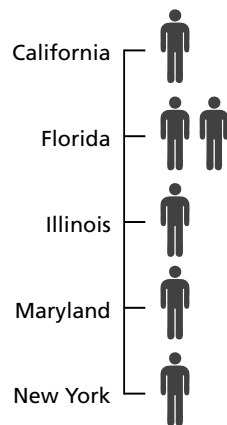
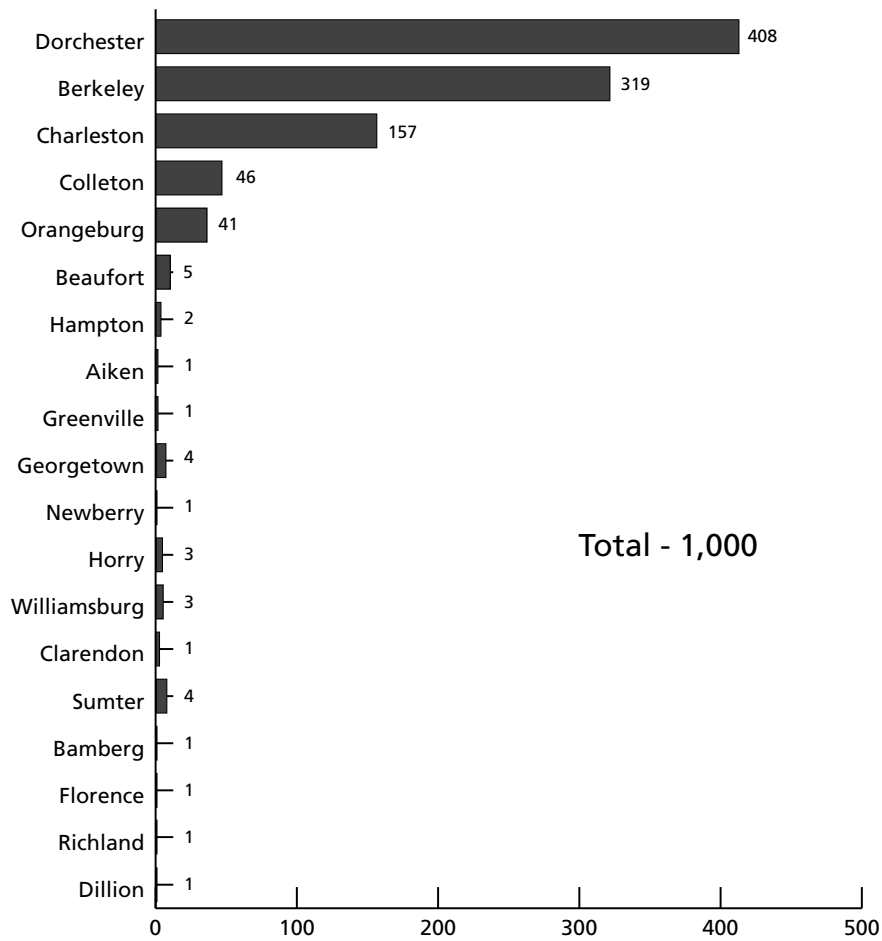
TOP 10 COMMON PRIMARY SITES COMPARISON BETWEEN THS, S.C., AND U.S. *(% of total number of cases)*



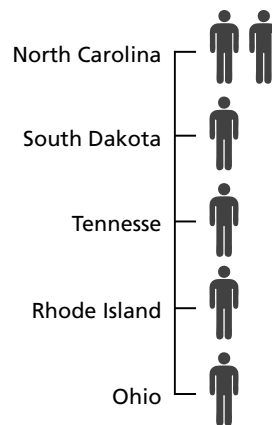
GROWTH IN CANCER CARE AT TRIDENT HEALTH SYSTEM



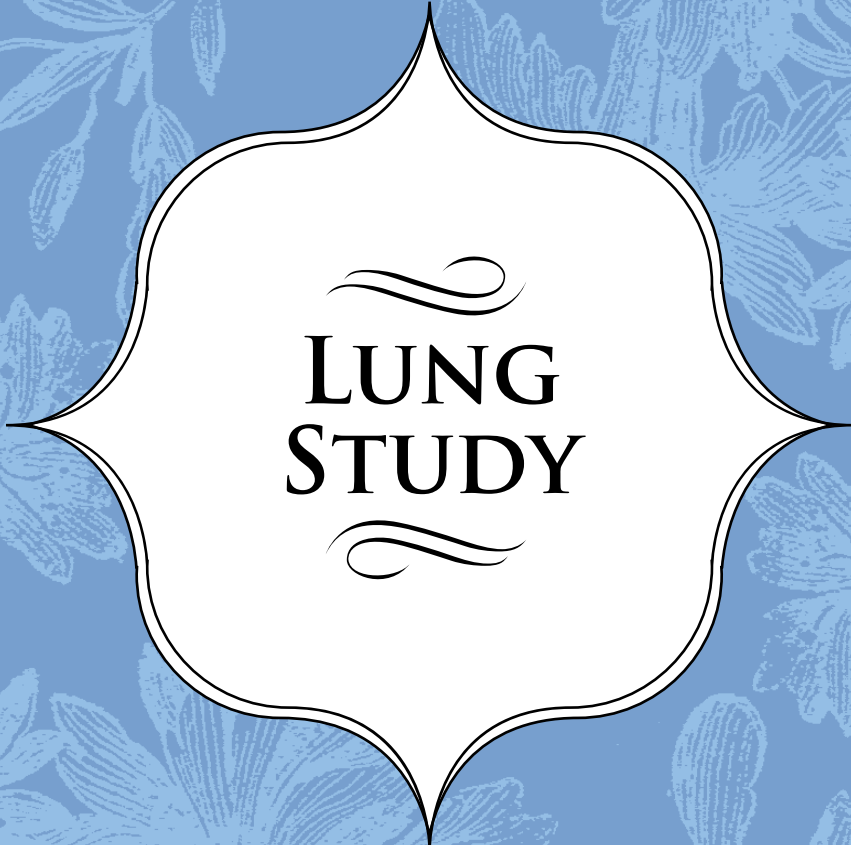
GEOGRAPHIC DISTRIBUTION BY COUNTY AND STATE 2008



Total - 12



Grand Total - 1012



LUNG
STUDY

TRIDENT MEDICAL CENTER NON-SMALL CELL LUNG CANCER 2004-2008

Lung Cancer is the leading cause of cancer death in the United States, with an estimated 215,000 new cases for 2008 with men and women being affected nearly equally. Over 160,000 predicted deaths for 2008, with only 15% of patients expecting to live beyond five years. The primary risk factor for lung cancer is smoking, contributing to 85% of all cases. The risk rises as smoking exposure, both first-hand and second-hand exposure increases. Additional environmental risk factors include radon gas and asbestos exposure. Less common causes include chronic lung inflammation, lung scarring secondary to tuberculosis, family history, and exposure to other carcinogens.

From 1996-2004 the overall 5-year survival rate for lung cancer was 15.2%, with 16% being confined locally at time of diagnosis; 25% had spread to regional lymph nodes or directly beyond the primary site; 51% were diagnosed after the cancer had already metastasized. The corresponding 5-year survival rates were: 49.5% for localized disease, 20.6% for regional disease, and 2.8% for metastatic disease. The remaining 8.3% survivorship data was for the unknown stages at diagnosis.

When the stages at diagnosis are taken into account, the survivorship for untreated stage I lung cancer is 6% at 5-years. Survival improves to 45-65% at 5-years if lobectomy is performed, with the range in survivorship depending on stage IA or stage IB disease. Of those patients who were offered surgery but refused, 78% died of their disease within the next 5 years.

A fundamental obstacle to improving lung cancer survival is delayed diagnosis and lack of an effective screening tool. Early detection leads to local, and potentially curative therapy. The National Lung Screening Trial enrolled 50,000 current or former smokers to assess the risks and benefits of spiral CT scans as compared to chest x-rays for detecting lung cancer. This trial is now closed to enrollment but will be continuing to collect data through 2009. Hopefully those results will confirm a survival advantage to screening spiral CT scans.

On average only 16% of non-small cell lung cancer are discovered as stage I disease. Between 2004-2008, 28% of all non-small cell lung cancer cases diagnosed by Trident Medical Center were stage IA or stage IB. Here, 128 cases of stage I non-small cell lung cancers were diagnosed between 2004-2008. Appropriately, the vast majority, 97% for stage IA and 86% for stage IB, underwent surgical resection of their disease. An additional 6% of patients with stage IB disease received local therapy with radiation, either with or without chemotherapy.

For all stage I non-small cell lung cancer patients who underwent surgery, initial results were promising with a 100% one year survival rate and a 74% 2-year survival rate, well above the national average of 79% and 65% respectively. Data for outcomes beyond three years are not available and are still being collected, but based upon the first two years survivorship, the expectation is that the outcomes will compare favorably to the national average. It is clear that patients are receiving the standard of care for early stage lung cancer with initial good surgical outcomes and low peri-operative mortality.

In more advanced cases, stage IIA disease, regional lymph nodes are involved with cancer. Surgery is still indicated for first line therapy, followed by chemotherapy to help prevent disease recurrence. At Trident Medical Center, the majority of patients received the appropriate therapy, with 88% undergoing surgery and chemotherapy, none received surgery alone, and 12% received radiation instead of surgery with chemotherapy as well. For stage II patients, including stage IIA and stage IIB (which is more advanced), the first and second year survival rates compare favorably to the national average. The first year survival



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rate for Trident Medical Center is 72%, while the national cancer database reports 65% nationally, and the second year survival data maintains that trend with 64% versus 45% survival respectively. This data indicates patients have tolerated the initial therapy, including the surgery and chemotherapy regimens.

Unfortunately, for more advanced disease, the survivorship is worse, and for stage III disease a multidisciplinary approach is required. At Trident Medical Center, weekly tumor conferences take place to discuss cases prospectively, providing a forum where all treating physicians can develop a treatment strategy. Accordingly for stage IIIA disease where there is controversy on the recommended approach, the majority of patients received combination therapy (85%) with either radiation and chemotherapy (40%), surgery, radiation and chemotherapy (23%), or surgery and chemotherapy (12%). This certainly is aligned with the current standard of care for stage III disease nationally, with outcomes data still being collected.

Stage IV disease is problematic as well, with median survival being estimated at six months from time of diagnosis. One of the difficulties is devising a treatment plan which provides symptom relief and prolongs survival. Often there is a decision about whether treatment is indicated, or if palliative care alone would be appropriate. Accordingly, at Trident Medical Center, few if any patients underwent surgical intervention, and the majority received radiation for palliation (28%) or some form of chemotherapy (36%) with or without radiation being given. Due to the advanced nature of disease, no therapy was administered to 18% of patients, and palliative measures were instituted instead. These findings are similar on the state level, where 24% of patients diagnosed with non-small cell lung cancer in South Carolina received no initial therapy. As anticipated, survival for stage IV disease remains poor even when administering the best medical care, and the likelihood of long term survivorship is rare.

Trident Medical Center offers a comprehensive approach to treating non-small cell lung cancer, with prospective tumor conferences taking place weekly to discuss cases in detail and provide dialogue between treating physicians on which approach is most appropriate. The future of non-small cell lung cancer is promising, with new targeted therapies being available. The Department of Radiation Oncology will have Stereotactic Radiosurgery therapy available in the first quarter of next year, to provide more targeted and directed radiation with reduced toxicity and treatment duration. Chemotherapy is advancing as knowledge about specific types of non-small cell cancer improves. Certain chemotherapies are more effective with certain types of non-small cell lung cancer. Additionally, targeted therapies are available, with oral chemotherapeutic agents and receptor targeted intravenous therapy. The treatment for non-small cell lung cancer is continually improving and advancing, as more targeted and disease specific treatments are becoming available. Here at Trident Medical Center, treatment strategies are tailored for each patient, starting from the time of diagnosis where the tumor is analyzed and tested for specific characteristics and targets, to the tumor conference, where a board certified team of physicians discuss treatment approaches and develop a plan of care. That plan is implemented by highly trained and knowledgeable physicians with determination and compassion, with the goal of treatment to improve survivorship in an often otherwise fatal disease.

Trident Medical Center

Administration	847-4100
Ambulatory Care	847-4922
Trident Cancer Center	847-4571
Emergency Room	847-4160
Food and Nutrition	847-4387
Hospital Main #	847-7000
Laboratory	847-4871
Marketing Services	847-4143
Medical Imaging	847-4900
MRI	847-4916
Pastoral Care	847-4968
Patient Account	847-4132
Pathology	847-4179
Pharmacy	847-4155
Physician Referral	797-3463
Radiation Oncology	847-4571
Resource Management	847-4921
Trident Breast Care Center	847-4883
Trident Diagnostic Services	847-4917
Trident Surgery Center	797-8992

Summerville Medical Center

Administration	832-5101
Emergency Room	832-5160
Food and Nutrition	832-5390
Hospital Main #	832-5000
Laboratory	832-5040
Marketing Services	847-4143
Medical Imaging	832-5010
MRI	832-5374
Pastoral Care	847-4968



- 1 Trident Medical Center**
- Trident Breast Care Center
 - Trident Diagnostic Services
 - Trident Sports Medicine & Rehabilitation
 - Trident Surgery Center
 - Trident Eye Surgery Center
 - Trident Senior Health Center
 - Trident H2U

- 2 Summerville Medical Center**
- 3 Moncks Corner Medical Center**