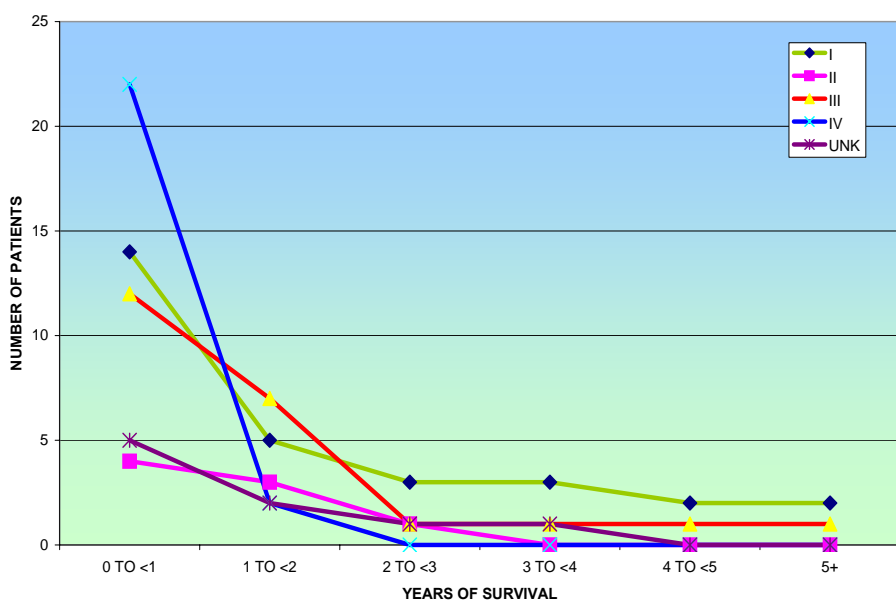


Ninety lung cancers were diagnosed at CMH between 2000 and 2005. Of these, 33 were Stage IV, 34 were women, 56 were men, 29 patients were black, and 57 were white. The CMH five year survival rate for Lung Cancer from 1998-2002 for all stages was 5 %.

1998-2002 FIVE YEAR SURVIVAL FOR LUNG CANCER AT COMMUNITY MEMORIAL HEALTHCENTER



Information and statistics for this site-specific study were provided by the National Cancer Institute and Community Memorial Healthcenter.

GLOSSARY

In Situ - a neoplasm with all the characteristics of malignancy except invasion; it has not penetrated the basement membrane or extended beyond the epithelial tissue.

Localized - an invasive malignant neoplasm confined entirely to the organ of origin. It may include intraluminal extension where specified.

Regional - a malignant neoplasm that has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; involves regional lymph nodes by way of the lymphatic system; or have both regional extension and involvement of regional lymph nodes.

Distant - a malignant neoplasm that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissue or via the lymphatic system to distant lymph nodes.

Unknown - information is not sufficient to assign a state.

TNM Staging - American Joint Committee on Cancer (AJCC) staging system. Refers to the size and extent of tumor (T), involvement of lymph nodes (N), and distant metastasis (M). In-situ neoplasms are classified as Class O and distant metastases are classified as Stage IV.

Our Mission

- Collaborate with Duke Oncology Network to provide high-quality, comprehensive cancer care to our service area
- Provide professional education conferences
- Ensure specialty service availability to all cancer patients
- Perform quality assurance of cancer care at CMH
- Assure availability of cancer rehabilitation services
- Supervise the Outpatient Oncology Clinic and the Cancer Registry
- Detect variations in local incidence and treatment of cancer from national norms
- Assist in the development of community cancer prevention and education programs

CMH Cancer Committee Members

- Cathy Palmer, M.D., Managing Director/Chairman/Cancer Liaison
- Jennifer Iman, CPC, Cancer Registrar
- Steven Kim, M.D. Hematology/Oncology
- Ivy Altomare, MD Hematology/Oncology
- Nicole Whitlatch, MD Hematology/Oncology
- E. Kenneth Sims, Jr., R.Ph. Pharmacist
- Sue Springer, RN, BHA Director of Home Health/Hospice
- Tammy House, LSW, CCM Oncology Social Worker
- Samir Boutros, M.D. Urology
- Linda P. Powers, MD Endocrinology
- Richard Allen, MD Gastroenterology
- Mary Hardin, RN, BSN, OCN Oncology Clinic Director
- Wallace Horne, MD, VP Medical Affairs
- Michael Tozzi, DO, General Surgery
- Suzanne Kaiser, MD Internal Medicine
- Zoheir Kaiser, M.D. Otolaryngology
- Donna Robertson, RN, OCN- Oncology Research Nurse
- Hazel Willis, RN, BSN Education Department
- Cindy Felton, RN, OCN- Health & Wellness



A Journey
more about Caring than Cancer

CMH
Cancer & Specialty
Care Centers

750 Lombardy Street
South Hill, VA 23970
(434) 774-2417

2007 Cancer Program Report
Using 2006 Data

Chairman's Report



Community Memorial Healthcenter's Cancer Committee is pleased to present to the community the 2007 annual report based on 2006 data.

In 2007, the Cancer Committee continued efforts in the development of the cancer registry. We have sought to meet all American Joint Committee on Cancer (AJCC) Guidelines, and the standards of the American College of Surgeons-the Commission on Cancer. Multidisciplinary cancer conferences were held monthly, and continuing medical education credits were offered through the University of Virginia. In addition, didactic lectures were presented by Duke Oncologists and CMH physicians.

The site-specific this past year was on lung cancer. Our performance improvement dealt with accurate AJCC staging. Renee Mullenbach, RN, MSN, Associate Director for clinical practice of the Duke Oncology Network, presented an educational program called Cancer Basics for Nursing which provided education on special needs of the cancer patient for our nursing staff.

Community Memorial Healthcenter also hosted a cancer survivor's reception at the R.T. Arnold Library in South Hill, raising over \$100,000 for the American Cancer Society.

This was our third year of affiliation with Duke University Health System. Thanks to the tireless efforts of Dr. Ivy Altomare, Dr Nicole Whitlatch and their colleagues, our patients receive state of the art cancer treatment, including participation in cutting edge research treatment protocols. We continue to improve patient care, education, and awareness. These efforts will continue with the new opening of the CMH Cancer and Rehab Center in 2008, providing increased space and comfort for our cancer patients.

I extend my sincere thanks to everyone on the committee for their hard work and dedication to patients and families in the community. This report demonstrates the accomplishments made during 2007.

Catherine L.B. Palmer, M.D.
Community Memorial Healthcenter
Pathologist, Laboratory Medical Director, Cancer
Committee Chair, Cancer Liaison

Cancer Registry

by Jennifer Iman, CPC, Cancer Registrar

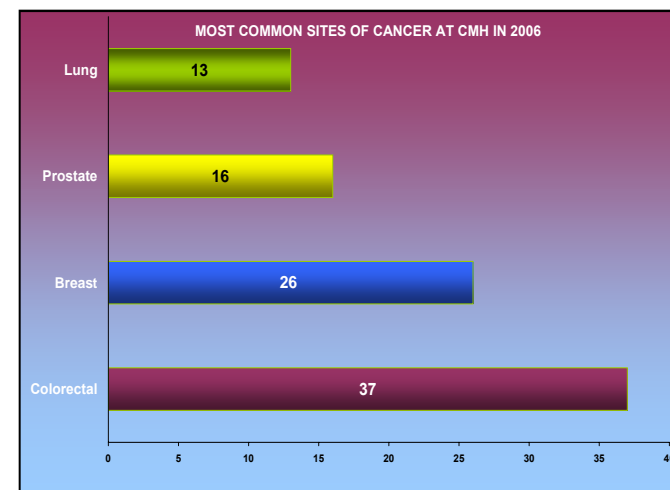
The Cancer Registry maintains a complete database on all cancer patients diagnosed and/or treated at CMH since 1994. Our computerized database includes over 1,900 cases diagnosed from 1994-2006. For the reporting year of 2006, there were 152 new cases abstracted by the registry. Of the 152 cases, there were 77 males and 74 females. There was one male that had 2 separate primaries. The ages range from 22-95.

To assure continued medical surveillance and to provide meaningful end-result reporting, every patient with a diagnosis of cancer is followed on an annual basis for life. This information is gathered from readmission to the hospital, physician visits, and patient contact. Our follow-up rate for living patients is 90 percent, which meets the requirement of the target rate set by the American College of Surgeons. The continued follow-up also serves as a reinforcement of the need for regular examination for the patients.

Information that is collected by the registry is available for use by the medical staff, administration and other hospital personnel for special studies, audits, and research. Data abstracted in the registry is reported to the Virginia State Registry and the National Cancer Database.

The classification and staging of cancer enables the physician to make the appropriate decisions regarding treatment and allows for the evaluation of management results as well as for comparison with state and national data. While a multitude of factors influence survival rates, one of the most important factors is the stage of disease at diagnosis.

The most common sites of cancer still continue to be the same for Community Memorial Healthcenter as they have been in the past: Colorectal: 37, Breast: 26, Prostate: 16, and Lung: 13.



Site Specific Study - Continued

The Agency for Health Care Policy and Research has developed a set of clinical smoking cessation guidelines to help nicotine dependent patients. These include:

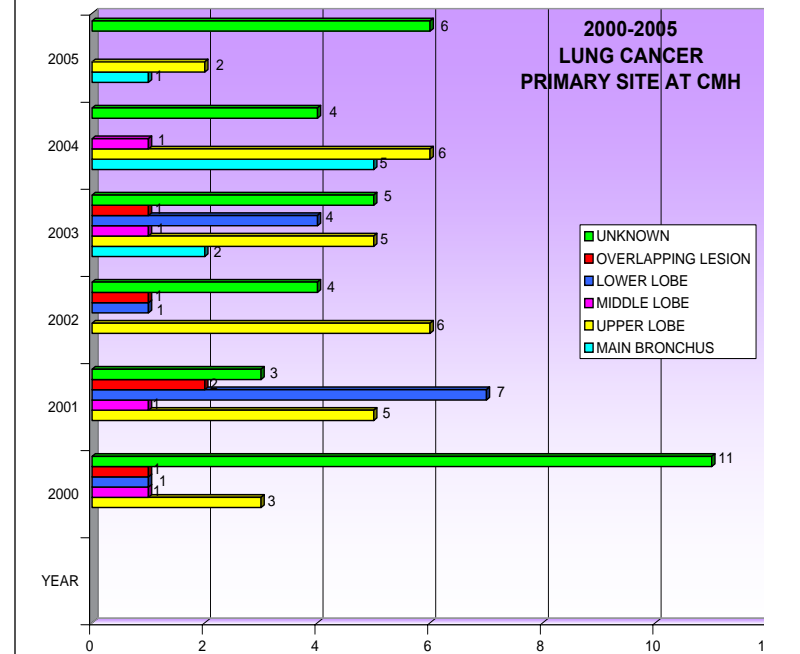
1. Clinicians must document the tobacco-use status of every patient
2. Every patient using tobacco should be offered one or more of the effective smoking cessation treatments that are available.
3. Every patient using tobacco should be provided with at least one of the effective brief cessation interventions that are available.
4. In general, more intense interventions are more effective than less intense interventions in producing long term tobacco abstinence, reflecting the dose response relationship between the intervention and its outcome.
5. One or more of the three treatment elements identified as being particularly effective should be included in smoking cessation treatment:
 - a. nicotine replacement (e.g., nicotine patches and gum)
 - b. social support from Clinician in the form of encouragement and assistance.
 - c. skills training/problem solving (cessation/abstinence techniques).
6. To be effective, healthcare systems must make institutional changes resulting in systematic identification of tobacco users and intervention of these patients at every visit.

Lung cancer screening is controversial. Although annual spiral CT maybe useful to detect early stage lung cancers in an at risk population, there is no clear evidence that early detection leads to improved overall survival. Routine lung cancer screening with chest x-rays or CT is not currently recommended.

Lung cancer is staged as follows:

- Stage I—Tumor confined to the lung without lymph node or distant metastasis
- Stage II—Tumor with metastasis to Ipsilateral peribronchial; and/or hilar lymph nodes
- Stage III—Advanced tumor and/or mediastinal or subclavical lymph node metastases
- Stage IV—Tumor with distant metastases

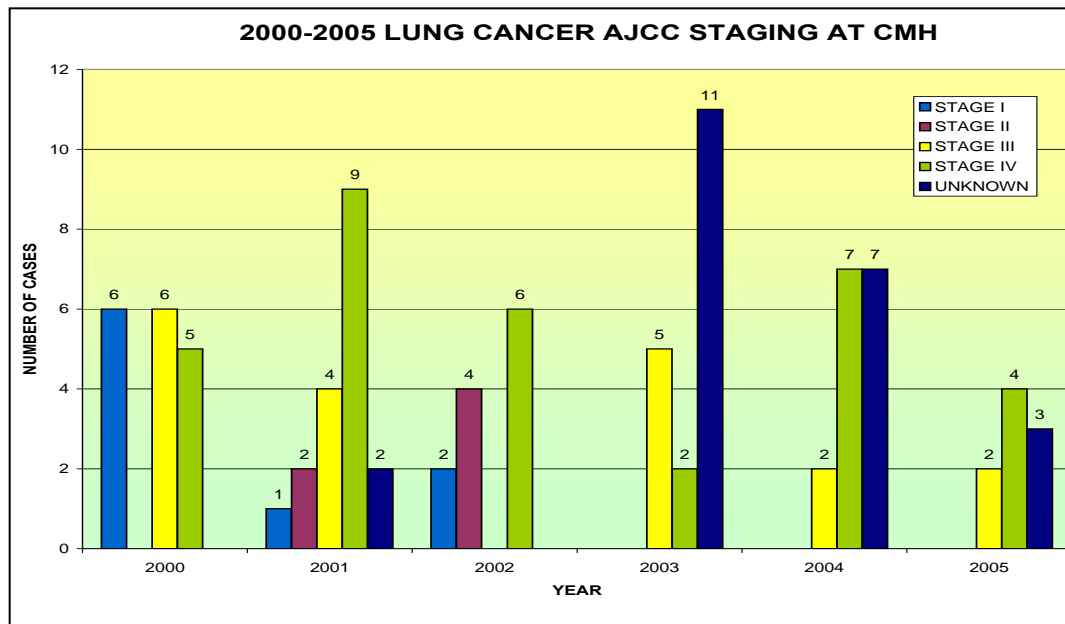
At present 60% of Stage I lung cancers can be cured by surgery alone. This compares to only 26% for Stage II, and 8% for Stage III cancers. Less than 1% of Stage IV lung cancer can be treated by surgery alone.



At Community Memorial Healthcenter, most patients present with advanced disease. Unfortunately, the overall survival of Stage IV non-small cell carcinoma is only 4 to 5 months with supportive care alone, but chemotherapy can extend survival to 10-12 months. The mainstay of treatment is chemotherapy, with a goal of improved survival and improved quality of life. Radiation therapy is used for local problems such as brain metastasis, tumor causing obstructive pneumonia, and painful bone metastasis. Clinical trials at Duke University Medical Center include the use of Topotecan in relapsed lung cancer, Docetaxel Cisplatin and Gleevec in advanced non-small cell lung carcinoma; Erlotinib with or without Carbo/Taxol as a first line in non-smokers or light smokers and Premetrexed and Carboplatin with or without Cetuximab in Stage III non-small cell lung carcinoma.

As CMH partners with Duke University Health Systems as an extension of their cancer outreach program, CMH patients are eligible for participation in many of Duke's Clinical research trials. CMH patients receive chemotherapy on site at our Specialty Clinic.

Lung cancer is a frustrating and devastating disease for doctors, patients and their families because we have limited success in curing advanced disease. Treatment advances continue to be sought. The mainstay of success in the fight against lung cancer continues to be smoking cessation and cancer prevention.



Radiology

The Diagnostic Radiology Department of CMH provides a full range of medical imaging services to support the oncology program in an environment that is caring and supportive of the patient, their families and other caregivers. This includes Multi-Detector Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, and Nuclear Medicine, as well as diagnostic radiography. We also offer a dedicated Mammography program, accredited by the FDA and the American College of Radiology. The Mammography program consists of two Mammography Suites, a Bone Density Unit, and Computer Aided Detection (CAD) for Mammography. CAD systems are utilized and designed to assist radiologists with mammography screening and aid in the detection of breast cancer.



We are staffed by radiologists who are American College of Radiology board certified physicians adept in a wide variety of methods of diagnostic and invasive imaging. Our technologists are registered with the American Registry of Radiologic Technologists, and are also registered and certified in specialty areas such as Mammography, Magnetic Resonance, Ultrasound, Nuclear Medicine, and Computed Tomography. The CMH Radiology staff is proud to be part of the health care team dedicated to early diagnosis and treatment of disease in Southside Virginia.

Wendy L. Burke, Director of Radiology

Pharmacy

The pharmacy department at CMH is comprised of a professional pharmaceutical staff which actively participates in the comprehensive care of CMH oncology patients. Since the inception of the oncology program at CMH, members of the pharmacy staff have been preparing and admixing chemotherapeutic agents to be administered to patients in the outreach clinic. Furthermore, the pharmacy staff continuously utilizes its resources and participates in continuing education programs and in-services in order to keep abreast of this ever changing segment of the healthcare system. Finally, the pharmacy department at CMH is committed to maintaining its position as only one of the many members of the multidisciplinary healthcare team whose responsibility is the

delivery of the highest quality of care for those patients who are treated in the oncology clinic.

E. Kenneth Sims, Jr., R.Ph. – Assistant Director of Pharmacy Operations

Social Work Department

The Social Work Department at Community Memorial Healthcenter has a professional social worker available to provide services to cancer patients and their caregivers. These services include providing emotional support, referrals for American Cancer Society programs, coordination of services with Home Health/ Hospice agencies, financial counseling to include applications for disability benefits and other governmental benefits, assistance to indigent patients through various organizations and pharmaceutical companies, and information and referral for other services. The social worker is available to provide services to inpatients, as well as outpatients and their families, in an effort to promote continuity of care. The social worker is a board member of the Mecklenburg County Unit of the American Cancer Society and a member of the Healthcenter's Ethics Committee and Cancer Committee.

In 2006, in coordination with the American Cancer Society, The Look Good Feel Better Program was offered through the year at Community Memorial Healthcenter. This is a free program that teaches beauty techniques to women cancer patients in active treatment to help them combat the appearance-related side effects of cancer treatment. Trained volunteer cosmetologists in our local area provide this service, which is facilitated by the CMH oncology social worker.

The CMH oncology social worker received 188 referrals in 2006, and provided services to patients in the tri-county area, as well as those in neighboring counties in North Carolina.

Tammy T. House, LSW, CCM, Director of Social Work

Home Health and Hospice

CMH Home Health has been providing skilled services for twenty-three years and Community Hospice has been providing palliative care for seventeen years to residents in the tri-county area. In 2007 services were also offered to residents of southern Nottoway. Home Health and Hospice offer a continuum of care for patients and their families in the comfort of their home. The home care nurses perform skilled assessments, monitor pain control and symptom management, administer IV therapy, wound care, perform other skilled treatments as required, and work closely with the patient and their family as a unit of care. Additional services available to Home Health and Hospice patients include: physical therapy, occupational therapy, medical social work, home health aide, nutritional

and pharmacy consults, as well as volunteers, clergy, and bereavement support services for hospice patients. Through collaborative efforts with CMH Oncology Clinic, Virginia Commonwealth University Health Systems, Duke University Medical System, and other oncology units and physicians, a team approach is utilized in providing comprehensive services to patients residing in Mecklenburg, Brunswick, Lunenburg, and southern Nottoway counties. CMH Home Health served 338 unduplicated patients in Calendar Year 2007, 17 of those patients had a primary or secondary diagnosis of cancer. Home Health made a total of 4154 visits in Calendar Year 07. Community Hospice provided palliative care to 67 patients in Calendar Year 07, and 54, or 81% of patients served had a diagnosis of cancer. The hospice interdisciplinary team members made 2248 visits to terminal patients and their families in our service area. By providing physical, psychosocial, and spiritual care, home health and hospice are able to provide quality home care services to our community.

Suzanne Springer, Director, CMH Home Health and Community Hospice

Rehab Services

Rehab Services plays an important part in cancer rehabilitation following surgery or treatment. The Rehab Services Department offers physical, occupational, speech, respiratory and cardiac therapies. Screenings, evaluations and treatments are available for acute care, skilled care, long-term care, outpatient and home health settings. Our programs focus on education, early intervention and consistent patient follow through. Treatment includes pain management, energy conservation, activity of daily living, general conditioning exercises, lymph drainage, massage and compression wrappings as appropriate. The Rehab Services Team strives to help the patient and their families throughout the recovery



process. In June 2008, the new Cancer and Rehab Center opened. The Rehab section of this facility houses an aquatic therapy pool, a healthy body fitness studio, a wellness and recovery gym and private treatment rooms. One of the future

goals of the CMH Rehab Department is to work closely with the CMH Cancer Center to develop a comprehensive Cancer Rehab Program.

Donna Jarrell, MS, CES, Director of Rehab Services

Health and Wellness

The Health and Wellness Department at CMH provides a variety of cancer-related educational programs to surrounding communities in our service area through our Community Church Health Partnership (CCHP) and other community outreach programs. For the third consecutive year, Community Memorial Healthcenter has been awarded a continuation of the Susan G. Komen for the Cure, Breast Cancer Awareness Power of Pink Grant. We have provided self-breast exam education, clinical breast exams, mammograms and transportation (when needed), to 200 uninsured or underinsured women ages 40-64 in Mecklenburg, Brunswick and Lunenburg counties. In October, a "Power of Pink" Celebration was held in the Education Department at CMH. This was a time to celebrate women's health and continue to educate our community on breast cancer awareness.

Fifty-five Community Church Health Partnership Coordinators received quarterly newsletters providing information regarding smoking cessation and prevention and awareness information on colorectal, prostate, and skin cancer. This information is then made available to the CCHP church members. Our community outreach programs included Health Fairs for several area businesses, churches, and seniors groups, providing them with education on the importance of healthy living and the importance of health screenings and early detection.

Cindy Felton, RN, OCN, Wellness Coordinator

Improving Organizational Performance

Performance Improvement- The Cancer Committee performed a performance improvement project on accurate AJCC staging. The previous practice was outlined; the committee members researched possibilities for process then created and implemented the action plan. A timeline was established for audit to ensure performance improvement was attained.

Mary T. Hardin, RN, BSN, OCN- Oncology Clinic Director

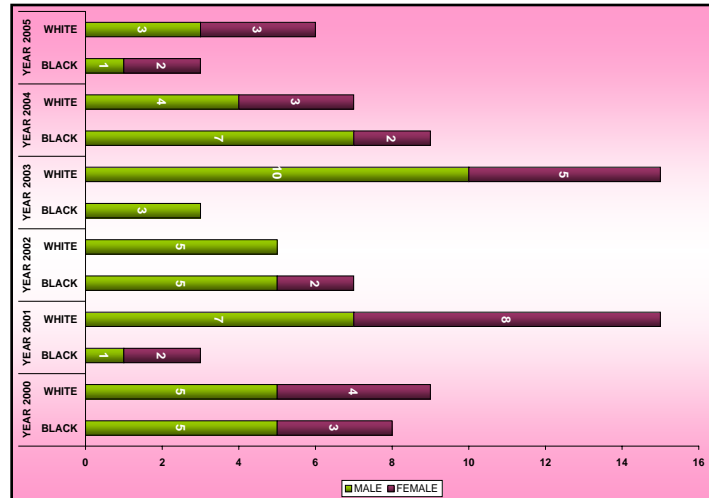
Fund Raiser: The American Cancer Society's Relay for Life is a 24-hour celebration of life dedicated to present and former patients, their families, and friends. Relay for Life raises funds for the American Cancer Society while declaring that cancer can and will be beaten. CMH hosted a reception for cancer survivors.

LUNG CANCER: SITE SPECIFIC STUDY

Catherine L. B. Palmer, M.D., Pathologist, Laboratory Medical Director, Cancer Committee Chair, Cancer Liaison

Lung cancer is defined as cancer that forms in the tissues of the lungs, usually in the cells lining the air passages. The two main types of lung cancer are small cell carcinoma and non-small cell carcinoma.

2000-2005 Male-Female Ratio by Race at CMH



Lung cancer is the leading cause of cancer death in both men and women in the United States, accounting for approximately 15% of new cancer cases and 29% of all cancer deaths each year. In 2008, it is estimated that 215,020 new cases of lung cancer and 161,840 deaths will occur due to both non-small cell and small cell lung cancer. Lung cancer incidence and mortality rates have increased markedly throughout the last century, first in men, and then in women. This trend closely mirrored historical patterns of smoking prevalence, with a lag in females, accounting for an appropriate delay period in cigarette smoking habits. Because of the social difference in smoking prevalence between men and women historically, lung cancer rates in men have been consistently declining since 1990, whereas declines in women have not yet been seen. It is estimated that 70,880 deaths will occur among U.S. women due to lung cancer in 2008, compared to 40,460 deaths due to breast cancer.

The primary risk factor for lung cancer is cigarette smoking, causing epidemic numbers of lung cancer in the 20th century. Surgical treatment and radiation therapy are the treatments of choice for early

stages of lung cancer. Unfortunately, initial success of these modalities is overshadowed by the potential for long term development of secondary primary tumors. New approaches for controlling lung cancer are being developed, including prevention strategies.

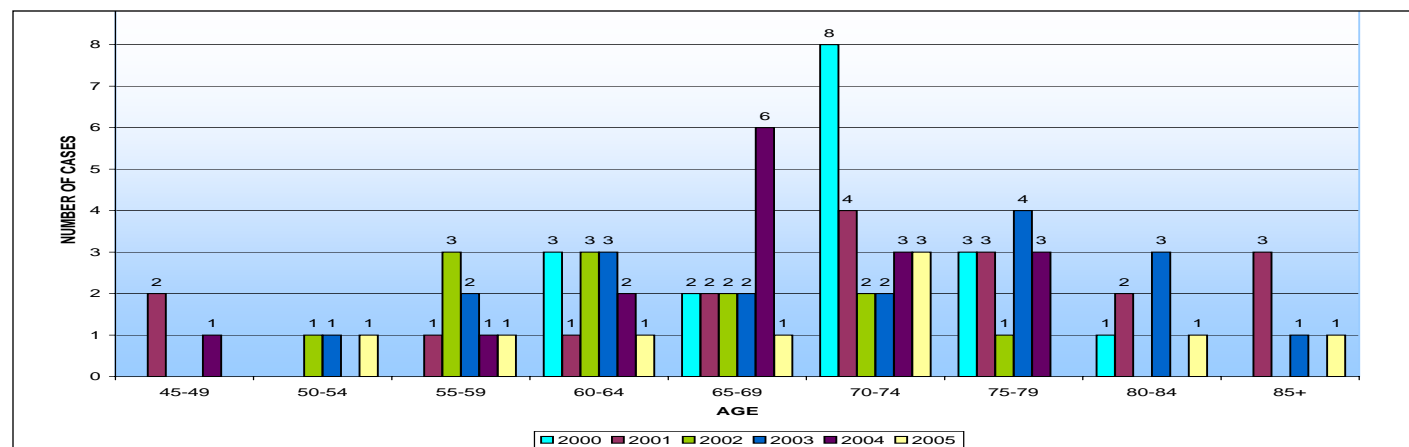
The most important risk factor for lung cancer, as well as for many other cancers, is tobacco use. Smoking is the predominant cause of lung cancer. The percentages of lung cancer estimated to be caused by tobacco smoking in males is 90%, and in females, 78%. Pipe smoking and cigar smoking have also been associated with increased risk of lung cancer. Second-hand tobacco smoke is also an established risk for the development of lung cancer.

Several environmental factors other than cigarette smoking have been associated with lung cancer, although these account for a much smaller number of cancers, when compared with cigarette smoking. Occupational exposures are estimated to account for approximately 10% of lung cancers. Substances which carry risk include asbestos, radon, tar and soot, arsenic, chromium, and nickel. For many of these, cigarette smoking interacts synergistically to increase the risk of developing lung cancer. The lifetime relative risk for residing in a home with U.S. environmental protective agency action radon level of 4 pSi/L is estimated to be about 1.4 for smokers and 2.0 for nonsmokers. It is also estimated that 10% of all lung cancer deaths, and 30% of lung cancer death in lifetime nonsmokers are attributable to indoor exposure to radon. Air pollution is a weakly associated risk for lung cancer.

Other factors such as dietary habits, alcohol consumption, body mass index, and physical activity may have some effect as well. But, the most substantial risk remains the addiction to cigarettes. Compared to nonsmokers, smokers also show an increase in the risk of developing cancers of the head and neck, bone, esophagus, kidneys, pancreas, stomach, and cervix. Smoking cessation confers substantial benefit to the public health. Avoidance of tobacco use is the most effective way to prevent lung cancer. Overcoming dependence on nicotine is often extremely difficult.

Site Specific Study Continued-Page 7

AGE at Diagnosis of Lung Cancer at CMH 2000-2005



ALL CANCERS DIAGNOSED AT CMH IN 2006										
PRIMARY SITE	REPORTABLE CASES	SEX		STAGE DISTRIBUTION-REPORTABLE CASES						
		Male	Female	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unstagnable	Unknown
Head and Neck										
Base of Tongue	1		1						1	
Larynx	3	3			2	1				
Pharynx	1		1							1
Pyriform Sinus	1	1			1					
Digestive System										
Esophagus	1	1							1	
Stomach	4	1	3		1	1				2
Small Intestines	2		2			1			1	
Colon	29	15*	13	5	2	6	7	3		6
Biliary tract	2	1	1			1				1
Intrahepatic Bile Duct	1		1							1
Gallbladder	1		1					1		
Rectum and Rectosigmoid										
Rectosigmoid Junction	2		2		1		1			
Rectum	6	3	3	1		1	1			3
Respiratory System										
Lung and Bronchus	13	8	5		1		4	6		2
Endocrine										
Pancreas	9	5	4		1	1		5		2
Skin										
Skin of auricle	1	1					1			
Skin of trunk	1	1			1					
Skin of upper limb and shoulder	5	3	2	2	1	1				1
Penis	1	1								1
Vulva	1		1			1				
Soft Tissue										
Soft Tissue of neck	1		1							1
Breast										
Breast	26		26	3	10	7	5			1
Female Reproductive										
Ovary	2		2		1			1		
Uterus	1		1			1				
Genitourinary										
Prostate	16	16				16				
Urinary Bladder	9	7	2	2	2	1	2			2
Ureter	1		1					1		
Kidney	1	1						1		
Lymphomas										
	3	2	1		1		1	1		
Leukemia										
	6	5	1							6
Ill-defined and Unspecified										
Ill-defined and Unspecified	1	1								1
Total	152	77	74	13	25	39	22	22	9	22

Professional Education

Educational conferences for health professionals are structured and multidisciplinary, but informal. In Tumor Board, the pathologist presents complex cancer cases for review and discussion. The conference provides prospective case review and assures the patient access to consultative services that include pre-treatment evaluation, staging and treatment recommendations. Tumor Boards are held monthly with a total of 27 cases studied and discussed for the year and 3 didactic presentations.

Consultative Services

CMH Comprehensive Cancer Committee Activities

CMH Oncology Department is in its eighteenth year of operation and its third year partnering with Duke University Health System. With this cooperative venture, area residents have the opportunity to receive state-of-the-art treatment in the comfort of a community setting.

The clinic is staffed by nurses dedicated to caring for cancer patients. They provide the day-to-day hands-on care and caring that extends beyond physician's visits and administering chemotherapy. These dedicated professionals are the front line in recognizing side effects of treatment, complications of the disease process, emotional and psychological needs of the patient and their family members. They provide the liaison between the patient and the other members of the healthcare team in an effort to simplify the often-complicated maze of cancer care.

In 2006 the department consulted on 184 new referrals, and provided 2102 chemotherapy treatments and supportive medications to 322 patients.

Mary T. Hardin, RN, BSN, OCN, Oncology Clinic Director

Consultative Services Continued-next page

