## Table of Contents

02  A Letter from Robert Siegel, MD  
03  A Message from Sister Dorothy Brogan, CBS  
04  Program Growth & the Care Continuum  
05  Our Commitment to Quality  
06  Cancer Registry Data & Statistics  
07  Stem Cell Transplant Program  
08  Adolescent & Young Adult Program  
10  Spanish Language Initiatives  
10  The Oncology Care Model  
11  CancerLinQ™  
13  Immuno Oncology  
13  Precision Medicine  
14  Radiation Oncology  
15  Palliative Care  
16  Patient Navigation  
16  Lean Process Improvement  
17  Community Health Outreach  
18  Community Screenings & Health Education  
18  Giving Back to Our Community  
19  Patient & Family Support Groups  
20  Bon Secours Hematology & Oncology  
  20  Hematologists/Oncologists  
  21  Radiation Oncologists  
  21  Gynecologic Oncologists  
22  Nursing  
23  St. Francis Foundation & Donors  
35  Contact Us

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### A Letter from Robert Siegel, MD

What makes an excellent community cancer center?

We have all seen commercials, billboards and other advertising for cancer centers of various types highlighting the hardware, research, and other material aspects of their programs. I would submit that most of these elements provide a foundation necessary for the function of a cancer center in the 21st century.

An excellent community cancer center, however, focuses intentionally on the communities it serves. Academic cancer centers are often associated with a large university and faculty, extensive clinical and basic science research, and opportunities for management of rare and complicated cases. Such facilities are often some distance from outlying communities, and despite their size, have a limited ability to take on large numbers of additional patients for routine management. For that reason, 85 percent of patients with cancers are treated in community institutions such as the St. Francis Cancer Center.

This Annual Report spotlights many of the fundamentals that make for a modern cancer center. Our technology is state of the art and offers innovative approaches to the management of malignancy. Our expert physician and provider staff deliver top-notch consultative and therapeutic care. Our research efforts far exceed those of other community cancer programs. As a result, we recently were selected to participate in new national efforts in both information technology through CancerLinQ™ and programs to stem the tide of rising cost as part of the Oncology Care Model administered by the Centers for Medicare and Medicaid Services (CMS).

Yet despite the technology and achievements, we are most proud of our staff that strives to make this center a sanctuary for those suffering from cancer and blood disorders. From the moment people pass through our front doors for the first time, we use all resources available to make the difficult journey as easy as possible for them, their caregivers and family. The message embraced by our staff is simple—to care for others in a manner that they would want for themselves or a loved one.

Whether it be our reception area staff, lab personnel, financial counseling, housekeeping or our clinical staff—physicians, nurse practitioners, nursing, nutrition and social work—our message is the same: “We are here for you.” At St. Francis Cancer Center, we strive for excellence, blending our “high tech” with “high touch.”

Sincerely,

Robert D. Siegel MD, FACP  
Program Director, Oncology Services
A Message from
Sister Dorothy Brogan, CBS

Dear Friends,

On January 24, 1824, the Bishop of Paris commissioned 12 young women and called them bon secours—“good help;” they became known as the Sisters of Bon Secours. In the wake of the French Revolution, these women felt called by God to go into homes in Paris to care for those who were sick and dying. The Sisters offered words of comfort and stayed with those who were ill until they were better or died. In an era where there was much suspicion about clergy and religious, their policy of providing care without initiating conversation about belief in God or needing forgiveness bolstered their success. They reflected God’s love with their work, and their ministry grew.

The Sisters came to the United States in 1881 at the invitation of the Archbishop of Baltimore to continue the ministry they started in Paris. Since those early days, we continue to respond to God’s call to provide healing and compassion to all.

It has been my privilege to be a listening, supportive presence in the lives of those with whom I come in contact. I have had the honor to provide a healing presence as patients struggle through their treatments and the opportunity to celebrate with survivors and their families.

Much like the first Sisters of Bon Secours who responded to the call to go out and care for those who were suffering, we continue that mission today—the mission to be Bon Secours, “Good Help to Those in Need®.”

Sincerely,

Sister Dorothy Brogan
CBS Chaplain, St. Francis Cancer Center
Established in 2010, the Bon Secours St. Francis Oncology Program offers high quality inpatient and outpatient services, which have grown exponentially from the inpatient and minimal infusion services initially offered. The immediate response from the community has demonstrated the need for a choice in cancer care in Greenville County and the metropolitan area. That, and our rising patient volume, repeatedly validates the decision to expand the program. Cancer cases diagnosed at St. Francis have increased by 50 percent since 2010.

Over the past six years, the oncology program has worked with patients, community partners and across multiple disciplines to provide comprehensive cancer services and support. The full spectrum of our services ensure the highest quality care and best outcomes, includes:

- Prevention
- Early detection
- Treatment
- Survivorship care

Grounded in Our Community: A History of the Bon Secours St. Francis Oncology Program

- 2015: BMT Allogeneic Program Launch
- 2014: QOPI Accredited
- 2014: Cancer Center Opened
- 2013: Cancer Center Groundbreaking
- 2012: AYA Program Launched
- 2012: Linac CON Awarded
- 2012: Gyn Onc Program Launched
- 2011: BMT Program FACT Accredited
- 2010: First Oncologist Hired at UOA
- 2010: Nurse Navigator Program Started
- 2010: Outpatient BMT Services Launched
- 2009: Infusion & BMT Unit Expansion
- 2009: Photopheresis and Therapeutic Apheresis Services Offered
- 2008: Hematologic Industry Research Program Implemented
- 1999: Commission on Cancer Accredited
- 1999: First Inpatient BMT Unit Created in Upstate
- 1985: Louis P. Batson Jr. Oncology Unit Opened
Our Commitment to Quality

The St. Francis Cancer Center has earned national accreditation from the American College of Surgeons’ Commission on Cancer (CoC) and the National Accreditation Program for Breast Centers® (NAPBC®), the American Society for Clinical Oncology’s Quality Oncology Practice Initiative® (QOPI®) and the Foundation for the Accreditation of Cellular Therapy (FACT). The program also chooses to adhere to the National Quality standards of The Joint Commission.

To maintain our commitment to quality at every level, we also participate in acclaimed quality-related certifications and practices such as CancerLinQ™, Oncology Care Model (OCM), the NCI Community Oncology Research Program (NCORP), and Center for International Blood & Marrow Transplant Research® (CIBMTR®).

The Bon Secours St. Francis Oncology Program has developed a culture of self-examination and improvement using evidence-based treatment guidelines. Our commitment is to provide compassionate and quality care to each patient, every time. We continually assess quality and monitor areas for improvement, execute improvements or corrective actions, and monitor completion of these actions. Methods include assessing and promoting staff training, and initiation of protocols and procedures, with clinical outcome analysis. The program assures regular interaction among all clinical sites and compliance with standards of accrediting, licensing and regulatory agencies.

The goal of the oncology quality program is to provide safe, competent, efficient, compassionate and effective care consistent with the Mission and Values of Bon Secours St. Francis Health System. In addition to earning additional certifications and accreditations, we continue to gain national recognition for our provision of quality care in the community setting.

Quality Distinction on a National Level

In 2016, the American Society of Clinical Oncology chose Robert Siegel, MD and Bon Secours St. Francis as a “Best Practice Provider.” Dr. Siegel summarized the provision of quality care in a community setting during a podium presentation at the ASCO’s Annual Quality Care Symposium. In addition, the American Society of Clinical Oncology’s Journal of Oncology Practice included an editorial publication titled, “2016 Exemplars in Quality and Identifying High-quality Practice: Delivering Quality in the Community Setting (St. Francis Cancer Center).”

The Bon Secours St. Francis oncology program continues its commitment to quality through multiple poster and abstract presentations in a national setting including palliative care, oral chemo and others. The program will participate as an OCM pilot site and as a vanguard site (one of only 58 sites worldwide) for CancerLinQ™, one of Vice President Biden’s Moonshot Initiatives.

Quality goal is patient-centered care

Many of today’s most effective cancer treatments are provided in an outpatient setting. However, the vast majority of outpatient cancer services are divided between several locations, creating a stressful and confusing sprawl for patients. Bon Secours St. Francis’ state-of-the-art outpatient center incorporates the latest advances in cancer treatment, all under one roof.

“The commitment to the quality of care for our patients is top notch; constant improvement is just part of our culture. I would certainly choose Bon Secours St. Francis for oncology care for my own family members and I think that says it all.”

Alison Hammond, Hematology/Oncology Quality and Regulations Manager
Cancer Registry Data & Statistics

The Cancer Registry staff in the Quality Department at the St. Francis Cancer Center collected 1,224 new cancer cases in 2015. These charts show an overview of the program broken down in different ways. There were approximately 1,027 Caucasian patients and 191 African-American patients. The remaining 6 patients included 5 Asian patients and 1 "other." There were a total of 572 male patients and 652 female patients treated. The top 10 cancers treated at the St. Francis Cancer Center include colon, rectal, pancreatic, lung, breast, uterine, prostate, bladder, kidney and hematological malignancies.

Where Our Patients Live

Out of State
Abbeville 2
Aiken 2
Anderson 78
Greenville 840
Greenwood 4
Laurens 33
McCormick 1
Oconee 41
Out of State 19
Pickens 170
Saluda 4
Spartanburg 27
Union 2
York 1

Cases by Gender

652 Female
572 Male

Cases by Race

1027 Caucasian
191 African-American
6 Other

Age at Diagnosis

Cancer Stage
Stem Cell Transplant Program

The stem cell transplant program at St. Francis Cancer Center boasts accreditation through the Foundation for the Accreditation of Cellular Therapy (FACT) and a new, dedicated transplant specialist. Sharif Khan, MD brings a wealth of knowledge, wisdom and experience to the program. He has completed a bone marrow transplant fellowship at Vancouver General Hospital (British Columbia) and launched a successful haploid identical bone marrow transplant program at another nationally recognized institution. He is certified through the American Board of Internal Medicine and is a member of the American Society of Hematology and the American Society of Blood and Marrow Transplantation.

“Stem cell transplants can save the lives of people with acute leukemia and other dangerous blood diseases. But getting a transplant is tougher for some people than it is for others. That’s because only about one in five stem cell donors is a minority. And the number drops to single digits for people of mixed race ancestry. So as part of its adult stem cell transplant program, Bon Secours St. Francis Health System is launching an initiative to reduce the disparities.”

From “Stem Cell Transplant Program Targets Racial Disparities,” The Greenville News

The program offers state-of-the-art therapies developed by the nation’s leading institutions. Since the program’s initial FACT accreditation in 2011, it has experienced steady growth in quality and volume, with anticipation of the same strict standards and subsequent development for its allogeneic and haploid transplantation service. FACT, like many accreditations, is voluntary but composed of rigorous peer-reviewed inspections of both our site and quality management system. Accreditation assures evidenced-based practices in cellular therapy and adherence to stringent, national standards predicated on leading-edge medical science. It mandates that cell transplantation is performed safely, properly and effectively to achieve optimum patient care and the most desirable outcomes. The cancer clinical team continuously assesses documentation compliance and adherence to standards and industry best practices to provide the highest quality of care to its most valued care partners, our patients.

The program’s community-minded focus is the force behind its pursuit as a collection site to join the global transplant network through the National Marrow Donor Program. The ability to collaborate with like-minded organizations to participate in the collective impact against disease will position the cancer center as a leader in bone marrow transplantation.

The patient rooms for stem cell transplantation at Bon Secours St. Francis are equipped with air filtration systems and other safeguards for patients undergoing transplantation or those receiving other intensive therapies. Support from the St. Francis Foundation eliminated many barriers to our patients and their families. The stem cell transplant program offers regional cancer patients and their families a leading-edge option close to home, which can be life saving for different types of cancers, including acute and chronic leukemia, lymphoma, myeloma, and myelodysplastic syndrome.

Breaking the Age Barrier in Curative Therapy for Acute Leukemia

Using an investigational radioactive isotope, a person’s bone marrow can be prepared to receive good donor bone marrow cells. Older patients, or those with significant comorbidities, might not survive the strong chemotherapy needed to fight all of the bad cancer cells. This leading edge therapy will allow those patients that were previously excluded access to a potential cure.

Disease of the blood can be hard to treat. The clinical team at the St. Francis Cancer Center is actively participating in clinical trials for people whose blood is being made in the right way (MDS, myelofibrosis, etc.). These studies utilize state-of-the-art technology and include “first-in-man” or “Phase I” trials.

St. Francis Cancer Center has been conducting clinical research with bi-specific T-cell engages (BiTEs) with hopes to improve survival rates for aggressive blood cancers. Currently, we are evaluating this technology in conjunction with bone marrow transplants for both leukemias and lymphomas that are not responding to normal chemotherapy.

Adolescent & Young Adult Hematology and Oncology Program

Historically, oncology patients between the ages of 15 and 40 were referred to as “the lost tribe.” Adolescents and young adults (AYAs) have not had a medical home where they feel that they belong or where they can relate to other patients in their age range. In 2012, the St. Francis Cancer Center established an AYA program, opening its doors and offering expertise in the care and treatment of this specific population battling cancer and other blood-related abnormalities.

Cancer may not care how old you are, but at the St. Francis Cancer Center, we do. While there is no good time in life to get cancer, teens and young adults have unique challenges that children and older adults do not experience. If you are in high school, cancer treatment can disrupt your plans for graduation. If you are working, it has the potential to derail your career goals. Add to that concerns about relationships, appearance, independence, health insurance, questions about future ability to have children, and your social and emotional well-being, and it is safe to say a cancer diagnosis at this stage in life can turn your world upside down.

“Too old for pediatric care, too young for adult care — adolescents and young adults sometimes fall through the cracks, but health systems like Bon Secours St. Francis want to catch them.” From “A Lost Generation of Cancer Patients.”

From “A Lost Generation of Cancer Patients,” The Greenville Journal

AYA Facts

- Each year, more than 70,000 adolescents and young adults in the United States are diagnosed with cancer
- In South Carolina, AYA patients accounts for approximately 10 percent of newly diagnosed patients

AYA Facts originated from: https://www.cancer.gov/types/aya

About AYA

AYA is a comprehensive, community-based program focused on coordinating care and improving clinical trial access of adolescent and young adult patients in the Upstate. It is the only community based program of its kind in South Carolina - and one of the few in the United State - dedicated to supporting this population diagnosed with cancer. It is one of the few AYA programs in a community-based oncology program rather than a traditional academic setting.

The program takes a team approach to coordinate patient care providing the best treatment protocols and enrollment in groundbreaking clinical trials to improve their quality of life while undergoing treatment. The goal is to assure longer, healthier lives

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AYA Research

St. Francis is an active participant in the Work Ability in Young Adult Survivors (WAYS) trial through an NCI-funded partnership with Wake Forest University. The study is evaluating the levels of labor force participation, occupation and educational attainment of AYA cancer survivors versus national benchmarks.

St. Francis participates in the National Cancer Institute’s Children’s Oncology Group (COG) through the Clinical Trial Support Unit (CTSU). Participation in this group allows our adolescent patients access to COG’s treatment options without having to limit their facility of choice to a pediatric hospital.

Hal Crosswell, MD is the Chair of the Adolescent and Young Adult Committee for the Southeast Clinical Oncology Research Consortium (SCOR).

Local/National Affiliations & Resources

- American Cancer Society
- Athletes for Cancer
- Clement’s Kindness
- Critical Mass
- First Descents
- Flashes of Hope
- Greenville/Pickens/Spartanburg Cancer Societies
- Kate’s Crates
- Let There Be Mom
- Leukemia/Lymphoma Society
- Live Strong
- Make-a-Wish®
- Ronald McDonald House
- Teen Cancer America
- Thomas Epting Faith Fund
- Stupid Cancer
- The Children’s Security Blanket

“"There’s a growing recognition that cancer patients 15 to 40 years of age require new models of care with a focus on research studies and collaborative decision making between pediatric and medical oncologists and their patients and families. Since 2012, Bon Secours St. Francis has embraced this new model of care delivery for providing faith-based, state-of-the-art care of AYAs closer to home, in their community, and I’m extremely honored to be part of the AYA Care team.”

Howland (Hal) Crosswell, MD, Bon Secours St. Francis Adolescent and Young Adult program
Spanish Language Initiatives

As the local population continues towards increased diversity, the St. Francis Cancer Center has an opportunity to improve the quality of care and services for all Upstate residents. Specifically, the center encounters Spanish-speaking new and referred patients daily while nonclinical and clinical staff remains almost exclusively native English speakers.

Many Spanish-speaking patients seen at the center also have a delay in diagnosis. This often results in added expense for treatment of the disease at more advanced stages with an unfavorable impact on outcomes. The addition of a bilingual lay navigator to the patient care team—coupled with the efforts of a highly capable clinical staff—is a proactive means of effective, evidence-based outreach to this underserved population. Establishing a coordinated pathway—with a dedicated bilingual lay navigator, bilingual clinical outreach staff and Spanish-language materials and events—will provide a robust community resource for our Spanish-speaking patients and their families.

In addition, identifying those most at risk will reduce strain on local safety net and welfare systems. By treating these patients earlier and more effectively, the St. Francis Cancer Center will strengthen its role within the community to be “Good Help to Those in Need®.”

Goals of the St. Francis Cancer Center Spanish-speaking Initiative

- Improve the wellness of our local Spanish-speaking population
- Recruit and retain a bilingual (English/Spanish) lay navigator
- Assess and verify through Interpreting Services bilingual status of supplemental staff
- Establish Spanish-language outreach documents, patient education materials and clinical assessment tools
- Transition interpreting responsibilities to the lay navigator to reduce expenses on contractual employees

The Oncology Care Model

A new oncology model being rolled out across the country is aimed at rewarding practices that eliminate unnecessary blood tests and scans, which should be welcome news for patients and insurance companies.

From an article in the Spartanburg (S.C.) Herald-Journal, September 26, 2016

Reducing the Cost of Cancer Care

Cancer is one of the most common and devastating diseases in the United States.to the National Institutes of Health, based on growth and aging of the U.S. population, medical expenditures for cancer in the year 2020 are projected to reach at least $158 billion—an increase of 27 percent over 2010. A significant proportion of those diagnosed are more than 65 years old and Medicare beneficiaries.

The Bon Secours St. Francis Oncology Program was selected as a pilot site for the launch of the Centers for Medicare & Medicaid Service’s Oncology Care Model, which strives to enhance the coordination and quality of care delivered as a means of reducing the overall cost of cancer treatment. The pilot is a five-year program that benchmarks the cost of oncology care against individual practices’ historical data and national averages.

“The Oncology Care Model encourages greater collaboration, information sharing, and care coordination, so that patients get the care they need, when they need it.”

Health and Human Services Secretary Sylvia M. Burwell

Meaning of the Oncology Care Model Pilot Site Designation

- One of only 200 sites selected nationally to launch the initiative
- Patient care driven by nationally recognized clinical guidelines
- Designed to deliver high-quality and well-coordinated care at lower cost
• Providers and care team work closely together so that patients' care plans are without gaps
• Additional patient services provided at no charge

Practices participating in the five-year Oncology Care Model will provide treatment following nationally recognized clinical guidelines for beneficiaries undergoing chemotherapy, with an emphasis on person-centered care. They will provide enhanced services to beneficiaries who are in the Oncology Care Model, to help them receive timely, coordinated treatment. These services may include:

• Coordinating appointments with providers within and outside the oncology practice for timely delivery of diagnostic and treatment services
• Providing 24/7 access to care when needed
• Arranging for diagnostic scans and follow-up with other members of the medical team such as surgeons, radiation oncologists, and other specialists that support the beneficiary through their cancer treatment
• Making sure that data from scans, blood test results, and other tests are received in advance of patient appointments so that patients do not need to schedule additional visits
• Providing access to additional patient resources such as emotional support groups, pain management services, and clinical trials

The Bon Secours St. Francis Oncology program has many services in place to meet these goals along with continuing efforts to enhance the level of care provided to our patients.

Current care coordination services in place include:

• Multidisciplinary treatment planning sessions for treatment and support service intervention
• Disease-specific nurse navigator services
• Comprehensive, integrated electronic medical record system
• Infusion services available 12 hours a day, 7 days a week, 365 days per year
• On-site social work, nutrition, financial counseling and case management services
• Integrated rehab, palliative care and survivorship plans
• Partnering with multiple community and national support networks
• Community care service liaisons on site

CancerLinQ™: How One Person’s Cancer Experience Can Help Thousands of Others

Each person’s cancer experience tells a unique story. When these stories come together, they become a powerful tool that can actually improve cancer care for everyone. It happens with CancerLinQ™, a health information technology system created and maintained by the American Society of Clinical Oncology, that collects and analyzes medical and treatment data from people with cancer.

“CancerLinQ™ will allow cancer care providers to improve the quality and value of care by analyzing millions of cancer patient medical records, uncovering patterns and trends, and measuring their care against that of their peers and recommended guidelines. The CancerLinQ platform is the only effort of its kind being driven by a non-profit, physician organization, and it leverages the combined expertise of 40,000 of the world’s leading oncologists who comprise ASCO’s membership.”

When a doctor participates in CancerLinQ, treatment information about the doctor’s patients is added to a database that includes thousands of other individuals with cancer. Doctors can use this information to help make decisions about their patients’ care, and, in turn, their patients’ information contributes to the care of others.

Today, almost all of our cancer treatment insights come from a tiny subset of clinical trial, research, patients. In the United States, 1.7 million people are diagnosed each year with cancer, but only 3 percent enroll in clinical trials. To improve care for every patient, we need insights from the other 97 percent of people receiving cancer care.

At the same time, the volume of published cancer research has increased dramatically, along with an accumulation of genomic data (your DNA or genes), and information about new, targeted cancer therapies, or treatment that is directly identifying and blocking the growth and spread of cancer.

CancerLinQ is organizing the explosion of information into usable knowledge, personalized for each patient.

We offer this state-of-the-art, innovative approach right here in Greenville. The Bon Secours St. Francis Oncology program was selected as a “Vanguard Site,” leading one of the first programs to participate and gain access to this cutting edge information; we are one of 58 sites selected to launch in the nation.

The goal of CancerLinQ is to enhance understanding of cancer, improve treatment of cancer, and increase the value of the care that is provided. The initiative is allowing us to deliver high quality, evidenced-based care in a community setting.

CancerLinQ is a powerful health technology platform that harnesses big data to improve the quality of care for people with cancer. Every patient’s journey is different, with individual characteristics, treatments, and outcomes. Until now, this information has been locked away. CancerLinQ is a tool that we can use to collect and analyze electronic medical records to provide data we can use to make more informed decisions.

The data collected will leverage information from 40,000 oncologists and over one million patients. Programs will use this information to uncover patterns and trends that have been hidden until now. Instead of waiting for analytic reports that can be obsolete by the time they are disseminated, we will have access to real-time quality feedback including benchmark data for new initiatives. The data will become usable, searchable, and up to date bringing about an environment of continuous learning.

CancerLinQ supports our values of compassion, quality, growth and innovation. Ultimately, by taking part in the initiative we move closer to the mission of our ministry.

CancerLinQ™ FAQs

1. How does it help me?
CancerLinQ™ can help you and your doctor make more informed decisions about your care. Your doctor can compare your treatment to that of other patients like you and find out if there are ways to improve your care.

2. How does it help others?
Through CancerLinQ, you’re helping to improve cancer care today and in the future. That’s because every time you receive care, you contribute to a large collection of information from thousands of patients with cancer. Doctors will be able to use that information to find better ways of diagnosing, treating, and monitoring the disease.

3. What information about me is part of CancerLinQ?
CancerLinQ collects data about you that already exists in your doctor’s EHRs. The information collected through CancerLinQ might include:
   - General information, such as your name, gender, date of birth, and ethnicity
   - Clinical information, such as your medical history and test results
   - Therapy information, such as your treatment plans, drug regimens, and the outcomes of your treatment
   - Other information, such as your address and occupation

4. Who can see it?
Beyond your doctors, only a small number of selected, trained personnel from CancerLinQ and its technology team will be able to see your identifiable information.

5. What about privacy?
CancerLinQ uses state-of-the-art techniques to protect your health information. From advanced security software to the physical security of computer facilities, CancerLinQ meets applicable laws, regulations, and industry standards to protect patients’ information and privacy.

6. What should I do if I do not want my data to be in CancerLinQ?
Talk to your doctor or another member of your healthcare team about your concerns. If you decide not to participate in CancerLinQ, let your doctor know in writing and you will receive an opt-out form. Once you complete the opt-out form and give it to your doctor, your identifiable data will be removed from CancerLinQ. Any anonymous data already in the system will remain. In addition, CancerLinQ will provide support and assistance for practices that would like to notify patients who no longer receive treatment at their facility regarding opt-out options.2

1 Source: www.asco.org.

Immuno-Oncology

Every day there are changes occurring in a person’s DNA; every day the immune system checks for these changes. If there is a damaged cell the immune system identifies and destroys it. If the damaged cell is able to avoid detection by the immune system and subsequently be able to multiply then it becomes “cancer.”

For more than a hundred years scientists have known that if they could make the immune system do what it should be doing – then cancer could be cured. Making the immune system do that, however, has been filled with challenges and setbacks. Very recently the scientific community has been able to identify certain key aspects of the immune systems relationship with cancer cells.

The American Society of Clinical Oncology (ASCO) announced in February 2016 that “No recent advance has been more transformative than the rise of immunotherapy, particularly over this past year...these new therapies are not only transforming patient lives, they are also opening intriguing avenues for future research.”

Immunotherapy is a promising new strategy to treat cancer. It may be able to control tumor growth and have fewer side effects than chemotherapy. Although existing advances have been made, research will focus on making these benefits extend to more and more patients. Scientists are also exploring how they can predict who will respond best to certain immunotherapy regimens.

Immunotherapy requires dedicated oncologists, infusion services, and advanced patient navigation resources in order to appropriately monitor and treat the unique side effects that can be caused by this class of drugs.

This approach to treatment is now commercially available for several types and stages of cancer. STF is dedicated to pursuing additional opportunities that utilize this novel cancer fighting approach through clinical trials for lung cancer, melanoma, breast cancer, head and neck cancer, ovarian cancer, colon cancer, bladder cancer, pancreatic cancer, brain cancer, lymphomas, and blood cancers.

Precision Medicine

Precision medicine is an emerging approach for disease treatment and prevention that considers individual variability in genes, environment and lifestyle for each person. In 2015, President Barack Obama launched the Precision Medicine Initiative Cohort Program that laid the foundation for physicians to predict more accurately which treatment and prevention strategies for a particular disease will work in which groups of patients.
Radiation Oncology

St. Francis Cancer Center offers leading-edge, state-of-the-art TrueBeam™ technology.

This high-precision radiotherapy system brings the latest cancer care advancements to our community providing safe and effective treatment.

The Varian TrueBeam system is capable of treating cancer anywhere in the body. Common areas include lung, breast, prostate, and head and neck malignancies. TrueBeam uses the very best image guidance technology to help the team provide accurate and timely delivery of radiation to patients. Treatments that previously required 10-30 minutes are now delivered in 2-5 minutes, greatly improving the patient’s comfort and the efficiency of treatment.

Intensity-modulated radiotherapy is a form of treatment available with TrueBeam. It allows physicians to maximize radiation dose to areas within the tumor while minimizing radiation to those areas around the tumor (the healthy tissues). This mitigates any severe side effects and enables our patients to experience less disruption in their everyday lives.

In addition to IMRT we are very proud to offer other innovative technology such as brachytherapy treatments. Brachytherapy is a targeted radiation treatment that allows our physicians to deliver radiation directly into or near a tumor. It also has the advantage of completing treatment in less overall time so that treatments that were done over weeks can be done in days. Brachytherapy is often used in the treatment of gynecological, uterine, prostate and skin cancers.

Drs. Daniel Fried and Jeremy Kilburn are especially excited to be part of something truly innovative and novel in the treatment of prostate cancer. St. Francis Cancer Center was among the first in the country to use technology to help treat our prostate patients with fewer side effects without compromising our ability to cure. SpaceOAR is an FDA-approved injectable water based gel (hydrogel) placed in the space between the rectum and the prostate. It creates a separation between the two structures, allowing higher radiation doses to the prostate without overdosing the rectum, reducing side effects.

“I have found that the radiation treatment plans are significantly better with regard to rectal radiation dose and our patients tolerate the treatments better than could be achieved without SpaceOAR.”

Daniel Fried, MD, PhD, MA on the effectiveness of SpaceOAR

The highly experienced and skilled team at the St. Francis Cancer Center, armed with our excellent technology, concentrates on giving our patients the high quality of care they deserve with faith, hope and expertise.

Radiation Research

Our Radiation Oncologist, Jeremy Kilburn, MD received a Young Investigator status in 2014 by the National Cancer Institute.

In 2014, Bon Secours St. Francis received a National Cancer Institute Community Oncology Research Program grant in partnership with the Southeast Cancer Consortium. Through the NCI partnership, St. Francis is able to offer many clinical trial opportunities including those dedicated to radiotherapy. Through National Clinical Trials Network radiotherapy patients are able to contribute to:

- The improvement of survival outcomes and quality of life of adults with cancer through the conduct of high-quality clinical trials
- The evaluation of new forms of radiotherapy delivery including stereotactic radiotherapy, brachytherapy and others in the context of clinical research
- The testing of new systemic therapies in conjunction with radiotherapy
- The employment of translational research strategies to identify patient subgroups at risk for failure with existing treatments and identify new approaches for those patients
Interdisciplinary Care Rounds in a Community Cancer Center

Changing the Paradigm of Supportive Service Involvement in Cancer Care

Cancers centers have focused on optimizing seamless Multidisciplinary Care (MDC) at tumor boards and/or clinics, and there has been little published on effective ways to involve supportive services in the management of cancer patients.

The Institute of Medicine 2008 report, Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs, related high quality health care to the “level of interactions among different clinicians serving the same patient.” St. Francis Cancer Center program includes palliative medicine, oncology rehabilitation service and other supportive care services. These programs were underutilized for oncology patients. Referrals for January through June 2014 were: PM total visits-204 with a monthly average of 34; ORS total visits-92 with a monthly average of 15; and referrals to the American Cancer Society were 23 for January through November 2014, with a monthly average of 2 referrals.

St. Francis initiated Interdisciplinary Care rounds to increase referrals to supportive care services—PM, ORS, and ACS in September 2015. IDC rounds participants represent the following areas: medical oncology, navigation, clinic nursing, PM, financial counseling, psychology, nutrition, home care, hospice, Adolescent and Young Adult (AYA) program, ORS and ACS.

Patients with malignancies are discussed within three weeks of presentation and at any point during the continuum of care and a treatment strategy formulated. A database was created to track new patients and record the recommendations of this weekly discussion, which are then forwarded to the primary medical oncologist for review and approval. Navigators are pivotal to the process. They anticipate needs for supportive services that may not be evident during other points of contact. The team relies on navigation for identification of needs during IDC rounds.

Referrals for January through May 2016

1. Palliative Care total visits-334 with a monthly average of 67;
2. ORS total visits-134 with a monthly average of 27; and
3. Referrals to the American Cancer Society were 291 with a monthly average of 58.

Our results demonstrated referrals to supportive services have increased since the introduction of the IDC rounds. IDC rounds increased the involvement of supportive care services and improved the interaction between care team members.

Palliative Care

The National Cancer Institute defines palliative care as: “Care given to improve the quality of life of patients who have a serious or life-threatening disease.” The goal of palliative care is to prevent or treat as early as possible, the symptoms of a disease, side effects caused by treatment of a disease and psychological, social and spiritual problems related to a disease or its treatment. Palliative Care is also called comfort care, supportive care, and symptom management.

As stated in the World Health Organization’s definition of palliative care: Palliative Care is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy.

Palliative Care has been provided to hospitalized patients at Bon Secours St. Francis since 2006; however, the need to provide palliative care to our outpatient oncology patients became evident three or four years ago. Despite this recognition, the space for this care was not available until the opening of the St. Francis Cancer Center in October 2014. Care is provided by a physician who is board certified in Palliative Medicine, as well as Nurse Practitioners who are also certified in Palliative Medicine.

Areas of Expertise

- Physical aspects of care: pain, dyspnea, nausea/vomiting, fatigue, constipation, activity status, medical diagnoses education and medication adjustments
- Assistance with goals of care
- Assistance with advanced care planning
- Family support
- Spiritual aspects of care: spiritual, religious or existential; hopes and fears; forgiveness
- Social aspects of care: communication, interaction and support with family and friends; caregiver crisis
Expansion of Palliative Services

The Palliative Care outpatient clinic has experienced significant growth since October 2014. The clinic is now open 32 hours/week, which is an increase from the initial 20 hours/week — with the ability to see patients in the Infusion Center, Radiation Oncology, and Bon Secours Hematology & Oncology.

- Total visits for 2015 were 559 with 158 new patients seen
- Through August 2016, total visits were 586 with 136 new patients seen

“Embedding Palliative Care in a Community-Based Cancer Center: Benefits and Barriers” was a poster presentation at the 2016 ASCO Palliative Care in Oncology Symposium in San Francisco. The mission of the palliative care service continues to be to fulfill the mission of Bon Secours St. Francis Health System: to bring compassion to health care and to be of good help to those in need.

Patient Navigation: Steering the Course

Navigate is defined by the Merriam-Webster dictionary as “to steer a course, to find the way to get to a place, and to make one’s way over or through.” In 2010, the St. Francis Cancer Center initiated a Navigation Program that focused on patients with hematologic malignancies and lung cancer. Today, the program has grown to nine nurse navigators providing services for both hematologic malignancies and solid tumors (cancers).

Navigators attend critical touch point visits with the patient to help coordinate care. Many hours of “behind the scenes,” activities make sure care transitions are seamless. Nurse navigators facilitate, coordinate, advocate, educate and support the patient and their caregiver through their cancer treatment and survivorship.

An example of navigation is the management and monitoring of oral chemotherapy. Components include documentation of the oral chemotherapy plan, education, adherence and monitoring for toxicities using the American Society for Clinical Oncology’s Quality Oncology Practice Initiative®. Oral chemotherapy (defect-free) indicators include a documented plan for oral chemotherapy, education, and monitoring for toxicities. Data abstracted in 2014 demonstrated opportunity for improvement in all three categories. Our goal was to improve compliance with oral chemotherapy standards measured through QOPI.

A multidisciplinary team convenes to develop and implement an oral chemotherapy process. The health care team and patient agree on the treatment plan and the order is written. The navigator initiates and oversees the comprehensive process to manage and monitor oral chemotherapy. This includes scheduling the patient with a financial counselor and chemotherapy education with the clinical pharmacist. The navigator provides basic drug education (i.e., drug name, what it is designed to do, how often it is given, and common side effects). Once oral chemotherapy has been started, the navigator contacts the patient within the first 48 to 72 hours to discuss barriers related to toxicities and compliance. Toxicities and adherence are also documented at each medical oncology visit.

QOPI data abstraction was repeated in 2015. In all oral chemotherapy (defect-free) indicators was observed. In QOPI indicators were:

1. Plan for oral chemotherapy increased from 37.90 percent in 2014 to 62.50 percent in 2015;
2. Oral chemotherapy education provided from 25 percent in 2014 to 75 percent in 2015; and
3. Oral chemotherapy monitored from 41.67 percent in 2014 to 100 percent in 2015.

Improvement in compliance with QOPI oral chemotherapy indicators demonstrates the effectiveness of the navigation process to manage and monitor oral chemotherapy. Use of oral chemotherapy agents has grown tremendously. Navigation is an important tool for compliance and patient safety.

Navigators at the St. Francis Cancer Center work with the care team to steer the course, find the way and help every patient diagnosed with cancer make their way over and through cancer.

Lean Process Improvement: Clinical Transformation

Bon Secours St. Francis is committed to providing high quality, patient-centered care. Bon Secours has adopted a “Lean” culture that promotes continuous improvement, and empowers those with “boots on the ground” to find the solutions. Lean is an outcome-focused methodology that seeks to deliver value to the customer throughout the elimination of waste. Wastes can be processing, unevenness, or overburden. An example of waste is time spent waiting. The Oncology Program is dedicated to use the methodology in our goals for clinical transformation. The following is an example of a successful Lean project from the oncology program.
Head & Neck Patient Pathway

Treatment of Head and Neck cancer patients is a complex process with multiple modalities. Often, inconsistencies occur with the management of patients. Patients may experience a high number of incidents and communication breakdowns that can result in a lack of supportive services.

The Lean project goal was to standardize care for patients with a streamlined process from diagnosis to treatment. We expected to improve the quality of life, decrease incidents and provide more support proactively to patients. We also expected to eliminate treatment delays.

Multidisciplinary Approach

The team conducting the project was a multidisciplinary team including a physician, registered dietitian, palliative care nurse practitioner, radiation oncology manager, nurse navigators, clinical pharmacist, intake nurses, quality nurse navigator, and quality manager.

The project included multiple modalities including radiation oncology, medical oncology, medical staff, dietary, palliative care, pharmacy, navigation, speech therapy, oncology rehab, interventional radiology/surgery/gastrointestinal, and dental.

Action

The team streamlined communication strengthening safety nets to prevent the opportunity for patients to fall through the cracks at any stage. Emphasis was on role and timeline development. Ownership, standardization and a proactive approach became commonplace. A schedule rhythm was developed; care was brought to the patients rather than patients being brought to the care (one of the “under one roof” initiatives). New checklists and processes increased value to the patient’s care.

Results

Post implementation, treatment delays from diagnosis to therapy decreased by an average of two days. However, the most impressive story was not the quantity of days, but the quality of life. By reducing the number of incidents with proactive intervention of supported services, our patients enhanced their quality of life. Before the project, 50 percent of patients experienced an incident, and 29 percent of those patients experienced more than one incident, including two readmissions. After the project, patients experienced no incidents. While any program could not likely sustain zero emergency department visits or hospital admissions, this speaks volumes for what a streamlined, developed head and neck program can accomplish. Ultimately, providing top quality care and enhancing the quality of life for our patients is our mission, and this project was another successful representation of how Bon Secours St. Francis honors that mission.

Achievements

- Fewer incidents, better quality of life
- Improved Communication
- Improved patient care
- Improved scheduling
- More support, fewer incidents
- Roles established
- Strengthened safety nets

Early Detection: Community Health Outreach

The goal of the St. Francis Cancer Center is to stay ahead of the curve in providing preventative screenings to our community. In the past two years, our annual Cancer Screening events have served more than 150 individuals from our community, offering oral, head and neck, prostate, lung, skin and breast screenings. Most of these screenings are at no charge to the patient.

In addition, our lung-screening program was the first of its kind in the Upstate. The program is modeled after a very successful lung-screening program in Burlington, Massachusetts at the Lahey Hospital and Medical Clinic. Since its inception, our program has diagnosed several patients in the early stages of lung cancer, which, in turn, offered those patients some curative options. For the first year and a half, the program was offered free of charge to patients who met the NCCN criteria for lung screening, with a physician’s order. It continues to be offered, but is now submitted through the patient’s health insurance with a physician’s order. For those patients without health insurance, the screening is offered at a reasonable price with a physician’s order.

In an effort to take our mission of “beating cancer with faith, hope and expertise” to the community, we take part in and sponsor several outreach events throughout the year. Our long-standing partnership with the American Cancer Society and the Leukemia/Lymphoma Society helps provide our patients with additional support services, including free wigs and hotel accommodations. Our goal is to care not just for the medical needs of our patients, but to care for the whole person. The concept of “high touch and high tech” is the culture that we firmly believe in and have tried to instill in our program.

Since January 2016, Bon Secours St. Francis Oncology Services has sponsored and participated in more than 15 community outreach events. Our community outreach program is an integral part of our oncology program. We have been quite successful in getting staff, patients and patient family members and friends to volunteer and participate in these events. This further helps to build connections among co-workers and the relationships with our patients and those who are important to them.
Screenings & Education

Each year, about 14 million people of the global population learn they have cancer. Research suggests that the number of new cancer cases can be reduced and many deaths from cancer can be prevented by screening. On Saturday, August 27, 2016, St. Francis Cancer Center hosted a day cancer screening and education. Free screenings were provided for prostate; oral, head, & neck; lung; and breast. Approximately 150 upstate South Carolina residents attended the screening.

Giving Back to Our Community

Community Outreach

- 2nd Annual Cancer Screening Event
- Fight for Air Climb (American Lung Association)
- Hope Garden
- Open Mic Night benefiting the American Cancer Society, Leukemia/Lymphoma Society and St. Francis Cancer Center Patient Assistance Fund
- Road Warriors HOPE Run

Sponsorships

- Bark for Life (American Cancer Society) Presenting sponsor
- CHOP Cancer (Cancer Survivors Park) Event sponsor
- Drive to Thrive (Cancer Survivors Park) Event sponsor
- Race for the Cure (Susan G. Komen Foundation) Event sponsor
- Light the Night (Leukemia/Lymphoma Society) Presenting sponsor
- Making Strides Against Breast Cancer (American Cancer Society) Presenting sponsor
- Moonlight and Magnolias (American Cancer Society) Event sponsor
- Oxygen Ball (American Lung Association) Event sponsor
- Relay for Life (American Cancer Society) Presenting sponsor
- Stick it to Cancer (Greenville Swamp Rabbits™) Event sponsor

Partnerships

- Cancer Survivors Day (Cancer Survivors Park)
- Color Run for Cancer (American Cancer Society)
- Pearls and Pumps (Pearlie Harris Breast Health Center)
Support Groups

Our mission of “Beating Cancer with Faith, Hope and Expertise” is really put into action with our support group services. Our goal is to get as many patients and survivors involved in these individual support groups as possible. This is made possible by a tremendous effort from the staff facilitator for each support group. Many of these staff facilitators have been involved since the inception of each of these groups. We offer the following support groups at our center: Leukemia/Lymphoma; Young Survivors Coalition - Face2Face (for women affected by breast cancer); Lung, Oral, Head and Neck; Look Good, Feel Better (offered quarterly); and also a Parkinson’s support group.

Our lung cancer support group was conceptualized in early 2013 by a staff nurse and one of our patients. We saw a great need for it in our community. This group was among the first of its kind in the state. Since November of 2013, the group has grown and participated in numerous community activities. In July, the group attended the opening night of the Carolina Panthers training camp. They were given behind-the-scenes passes which included dinner and the opportunity to meet the players. The group has also taken part in Stick it to Cancer, the American Lung Association’s Oxygen Ball, and many other activities outside of the monthly meeting.

Our Young Survivors Coalition - Face2Face group was also started by one of the Cancer Center nurses and a patient undergoing treatment, reaching a vast number of breast cancer patients and survivors. The patient facilitator is now the statewide facilitator for breast cancer patients and survivors through this support group.

These support groups connect its members with other patients and survivors who have been through similar circumstances. It gives them the opportunity to share their experiences and learn from guest speakers who are knowledgeable in their particular type of cancer, and/or have been through the treatment process. We received some very positive feedback from our patients who participate in our support groups. We believe that we are offering them an invaluable service that reaches past the boundaries of their medical treatment. These groups help to treat the whole person.
Bon Secours Hematology & Oncology Physicians

Hematologists/Oncologists

Robert Siegel, MD, FACP

Medical School: Columbia University College of Physicians and Surgeons, New York
Internship and Residency: Barnes Hospital, Washington University School of Medicine - St. Louis
Fellowships:
Medical Oncology Fellowship: Dana-Farber Cancer Institute - Boston
Clinical Fellow: Harvard Medical School - Boston
Hematology Fellowship: Brigham and Women’s Hospital - Boston
Board Certification(s):
American Board of Internal Medicine, Hematology and Medical Oncology
Professional Memberships:
American Society of Clinical Oncology
American Society of Hematology
American College of Physicians (Fellow)
American Medical Association
Connective Tissue Oncology Society

Stephen Dyar, MD

Medical School: Medical University of South Carolina - Charleston
Internship and Residency: Carolinas Medical Center - Charlotte
Fellowship: Mayo Clinic, Jacksonville, Fla.
Board Certification: American Board of Internal Medicine, Hematology and Oncology

Howland Crosswell, MD

Medical School: Medical University of South Carolina - Charleston
Internship and Residency: University of Louisville (Ky.) Kosair Children’s Hospital
Fellowship: Pediatric Hematology/Oncology: Emory University, Children’s Healthcare of Atlanta
Board Certification: American Board of Pediatrics, Pediatric Hematology/Oncology
Specialties: Adolescent and Young Adult Oncology, Survivorship, Personalized Medicine, Rare Leukemias, Solid Tumors, Thrombosis

Terra Dillard, RN, Alison Hammond, BS, Patricia Hegedus, MBA, BSN, RN, OCN, S. Lyndsey McGrath, PharmD, and Christina Sloan, MSN, RN, OCN for acceptance of their abstract for poster presentation on The Role of the Navigator in the Oral Chemotherapy Process: Ensuring Compliance and Patient Safety. The presentation focuses on the improvement in compliance with QOPI® oral chemotherapy indicators and the effectiveness of the navigation process to manage and monitor oral chemotherapy. The use of oral chemotherapy agents has grown tremendously. The navigation process is an important tool to insure compliance and patient safety.

Tina Redenz¹, Patricia Hegedus¹, Robert Siegel¹, Hal Crosswell¹, Terra Dillard¹, Jennifer Bayne¹, Kyle Duggan¹, Angela Belew¹, and Elizabeth Tilley² for acceptance of their abstract for poster presentation on Interdisciplinary Care Rounds in a Community Cancer Center: Changing the Paradigm of Supportive Service Involvement in Cancer Care. The presentation demonstrates how referrals to supportive services have increased since the introduction of the IDC rounds. IDC rounds increased the involvement of supportive care services and improved interaction between care team members.

¹St. Francis Cancer Center, Greenville, SC
²American Cancer Society
Sharif Khan, MD

**Medical School:** Baqai Medical College, Karachi, Pakistan  
**Internship and Residency:** Coney Island Hospital, New York  
**Hematology Fellowship:** Coney Island Hospital, New York  
**Bone Marrow Transplant Fellowship:** Vancouver General Hospital, British Columbia  
**Board Certification:** American Board of Internal Medicine  
**Specialty:** Bone Marrow Transplantation (Blood and Marrow Transplantation)

Fahd Quddus, MD

**Medical School:** Allama Iqbal Medical College, Lahore, Pakistan  
**Internship and Residency:** Englewood (N.J.) Hospital and Medical Center, Mount Sinai School of Medicine  
**Fellowship:** University of Nebraska Medical Center - Omaha  
**Board Certification:** Internal Medicine, Hematology and Oncology by the American Board of Internal Medicine

Alex Yang, MD

**Medical School:** China Medical University - Shenyang  
**Residency:** Georgetown University, Washington (D.C.) Hospital Medical Center Program  
**Clinical Fellow:** Georgetown University Hospital, Lombardi Cancer Center, Washington, D.C.  
**Postdoctoral Fellow:** National Cancer Institute, Bethesda, Md.  
**Research Fellow:** National Cancer Institute, Bethesda, Md.  
**Board Certification:** American Board of Internal Medicine

Radiation Oncologists

Daniel B. Fried, MD, PhD

**Medical School:** University of North Carolina-Chapel Hill  
**Residency:** University of North Carolina - Chapel Hill  
**Board Certification:** The American Board of Radiology (Radiation Oncology)

Jeremy Kilburn, MD

**Medical School:** East Carolina University Brody School of Medicine, Greenville, N.C.  
**Residency:** Wake Forest (N.C.) Baptist Health  
**Fellowship:** Carolinas Medical Center  
**Board Certification:** The American Board of Radiology (Radiation Oncology)

Gynecologic Oncologists

David Griffin, MD, PhD

**Medical School and Doctorate:** Vanderbilt University School of Medicine, Nashville, Tenn.  
**Internship and Residency:** East Carolina University School of Medicine, Pitt County Memorial Hospital, Greenville, N.C.  
**Fellowship:** University of South Florida - Tampa Bay  
**Board Certification:** American Board of Obstetrics and Gynecology  
**Specialties:** Gynecologic Oncology
Nursing: Providing “Good Help to Those in Need ®”

For many cancer patients, treatment requires a hospital stay. The Louis P. Batson Jr. Cancer Care Center at St. Francis Hospital in Downtown Greenville provides inpatient patient-centered care with access to advanced imaging, surgical suites, treatment, and diagnostic services in one central location.

At the St. Francis Cancer Center, you see compassionate nursing care in action. Nurses are involved in all levels of cancer care—prevention, diagnosis, treatment and survivorship. Outreach Coordinator Amy Fuller, RN extends our emphasis on cancer prevention and early diagnosis throughout our community; she will facilitate at least 12 events this year reaching thousands of people. Sherry Riggins, RN is one of nine nurse navigators serving patients from Carolina Surgical Associates (a member of the Bon Secours Medical Group). She works with physicians, patients and caregivers to oversee the seamless transition of care from diagnosis to treatment. Clinical research nurses provide innovative research options to treat cancer.

Patients undergoing stem cell transplant treatment will meet Tia Wilkins, RN in the Infusion Center, an integral member of the infusion nursing staff. Tia, along with Kristin Jensen, RN from the Quality Department, received recognition as Employees of the Quarter for their steadfast pursuit of quality patient care. The caring, compassionate nurses that patients meet throughout the continuum of care are among the many reasons many St. Francis Cancer Center patients recommend us to others for their cancer care.

St. Francis Cancer Center nurses—good help to those in need.

2016 Dedicated Service Award recipient
Lacy Rainey, RN

Lacy Rainey, a nurse at the Louis P. Batson Jr. Cancer Center, embodies the spirit of the Bon Secours Health System Mission to “…bring compassion to health care and to be good help to those in need, especially those who are poor and dying.” Here is her story:

One day, while caring for her patients, Lacy found one particular patient that tugged at her heart. The patient was dealing with a terminal diagnosis while her husband was nearing end of life at a separate care facility. When the patient shared her growing anxiety about a leaking roof in her home, Lacy sprang into action.

Upon the patient’s discharge Lacy and her family—husband Randal and daughter Chloe—arrived at the patient’s home to make the much-needed repairs. Another employee, Bethaney Lee, also lent a hand. As Randal repaired the roof, Lacy, Chloe and Bethaney mowed the grass and cleaned the patient’s home. Overwhelmed with gratitude, the patient designated Lacy as her own Guardian Angel.

In a few weeks, when Lacy and Randal checked in on the patient, they found her in the bathtub, near death. With a 911 call, the patient was rushed to St. Francis and placed on a ventilator. The patient now is home and doing well, thanks to her Guardian Angel.

St. Francis Cancer Center nurses—good help to those in need.
**St. Francis Foundation: A Special Thanks to our Donors**

“It is on the shoulders of these giants we stand. Thank you to the names listed and for those anonymous donors for helping to bring the St. Francis Cancer Center to fruition. Philanthropy has been a part of our ministry from the very beginning and we will depend on it to sustain us for future programs and endeavors.”

Erik Whaley, Vice President, St. Francis Foundation

For additional information on supporting the St. Francis Cancer Center, please contact the St. Francis Foundation office at 864-255-1040, or visit [bonsecours.com/greenville/donate](http://bonsecours.com/greenville/donate).

The following employees, businesses and individuals made gifts to the St. Francis Cancer Center during the Campaign May 2013 to December 2015. The St. Francis Cancer Center strives to list all donors accurately; for questions or concerns, please contact the St. Francis Foundation office at 864-255-1040.

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Kathy B. Thackston
Meredith R. Thackston
The Beach Ball Foundation
The Lawrence J. & Dora P. Chastang Charitable Foundation
The Delta Interests, LLC
The Merchant Company
The Jean T. & Heyward G. Pelham Foundation
The Providence Foundation
Mr. & Mrs. Bryson C. Thompson
Karen B. Thompson
Tavis L. Thompson
Bonnie B. Thompson
Mr. & Mrs. Donald E. Thompson
Elizabeth D. Thompson
Jessica A. Thompson
Jill S. Thompson
Jill W. Thompson
Marilyn B. Thompson
Nikki Thompson
Ramonda S. Thompson
Mr. & Mrs. Roger Thompson
Julie N. Tindall
Carolyn A. Tinsley
Robert S. Tinsley
Frances G. Tipton
Heather Tirpak
Cynthia Tisdale
James C. Todd III, MD
Julie P. Tollison
Steven M. Tomski, MD
Beatriz Torres
Isaiah Torres
Carmen G. Totten
Michael A. Towler, MD
Mara K. Townsend
Veronica D. Trevino
Triangle Construction Company, Inc.
Barbara A. Tripp
Kathy R. Tucker
Debora A. Tulk
Jessica M. Turman
Barbara A. Turner
Linda Turner
Lisa D. Turner
Michele E. Turner
R. Mackenzie Turner, MD
Suzanne B. Turner
# Contact Us

**Telephone Directory**

(All numbers Area Code 864)

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td>Main Line</td>
<td>603-6200</td>
</tr>
<tr>
<td>Adolescent &amp; Young Adult Program</td>
<td>417-1705</td>
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<tr>
<td>Boutique</td>
<td>603-6248</td>
</tr>
<tr>
<td>Breast Health Center (Pearlie Harris Breast Health Center)</td>
<td>675-4101</td>
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<tr>
<td>Café</td>
<td>603-6273</td>
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<tr>
<td>Community Outreach &amp; Screening Event</td>
<td>603-6201</td>
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<td>Financial Assistance</td>
<td>603-6201</td>
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<tr>
<td>Genetic Counseling</td>
<td>603-6334</td>
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<tr>
<td>Guest Services/General Information</td>
<td>603-6201</td>
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<tr>
<td>Infusion Center</td>
<td>603-6380</td>
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<tr>
<td>Inpatient Oncology &amp; Stem Cell Transplant Unit</td>
<td>255-1538</td>
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**New Referrals:**

- Medical Oncology                                   | 603-6331     |
- Radiation Oncology                                  | 603-6256     |
- Oncology Rehab                                      | 603-5415     |
- Outpatient Pharmacy                                 | 603-6392     |
- Patient Triage Nurse                                | 603-6330     |
- Quality                                             | 603-6225     |
- Radiation Oncology                                  | 603-6262     |
- Research                                            | 603-6211     |
- Spiritual Care                                      | 252-3503     |
- St. Francis Foundation                              | 255-1040     |
- Stem Cell Transplant Program                        | 603-6225     |

**Support Programs:**

- Navigation                                          | 603-6201     |
- Nutrition                                           |               |
- Palliative Care                                     |               |
- Social Worker                                       |               |
- Support Group Information                           |               |

Survivorship Program                                  | 417-1705     |
Bon Secours Hematology & Oncology                     | 603-6300     |