



c a n c e r c e n t e r a n n u a l r e p o r t



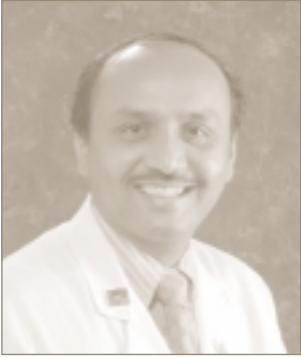
High Point Regional Health System
THE CANCER CENTER

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*Artist's rendering of the new Cancer Center
slated to open this spring.*

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*Bernard Chinnasami, MD
Medical Director, Oncology*

The Cancer Center had a busy and productive year in 2002. First and foremost, the American College of Surgeons reaccredited our cancer program as a Comprehensive Community Cancer Center. Construction of the Cancer Center is going well, and we have a tentative move-in date of May 2003. The new building will house Radiation Oncology, Emerywood Oncology, an 18-bed inpatient unit and offices for Oncology Support and administration. It will be the only cancer center in the state to have inpatient, radiation therapy and chemotherapy services as well as oncology physicians in the same facility.

The most significant step this year has been a formal affiliation between High Point Regional's cancer program and Wake Forest University Baptist Medical Center. Our history with Baptist's Radiation Therapy department has been remarkably successful in the past; now we will span the entire oncologic spectrum. And we expect the future to be even more promising than what we have already experienced. Some examples of this are:

- The introduction of Gynecological Oncology to High Point Regional so women do not have to leave High Point to receive expert consultation in the field of gynecological cancers.
- The continuing education of our physicians and staff in order to facilitate the immediate use of groundbreaking technology and ideas.
- Rapid access to a second opinion so our patients do not have to wait prolonged periods of time for a consultation.
- New levels of elevated research so our patients may access Baptist's extensive research base in their own community.

These are some highlights of what this wonderful partnership will bring to us, as providers, and to our patients. Cooperation—not competition—is in the best interest of the patients; it enhances our ability to fulfill their needs.

Our nurses continue to excel in the care given to cancer patients. Our Magnet designation by the American Nurses Credentialing Center means our nurses provide the highest standard of care. Only 57 other hospitals in the country have achieved this status. To provide compassionate care, our Cancer Center needs extraordinarily good nursing skills. This describes the embodiment of all of our Oncology staff.

Cancer Conferences continue to be held each week, bringing together Medical, Surgical and Radiation Oncology. Pain Management, Pathology, Radiology and Pharmacy are also involved, as well as several ancillary areas. This multidisciplinary approach leads to state-of-the-art cancer care.

The patient support program continues to grow. Our Oncology Support counselor, Janet Forrest, is now certified in Touch Therapy, yet another way for us to bring new skills to this division, in addition to the traditional support program.

Complementary medicine has gained considerable momentum at High Point Regional. We have a complementary medicine task force, represented by healthcare professionals from different departments, to help expand the program. Carrie Robinson, Oncology dietitian, is in the process of being certified in this discipline.

2002 has been an extremely progressive and rewarding year. The cancer program continues to grow by leaps and bounds. We are proud to provide patients with leading cancer care and to give our community the tools needed to fight cancer on every front.

Bernard Chinnasami, MD
Medical Director, Oncology

When the new Cancer Center opens this spring, it will stand as a testament to all of our patients and healthcare professionals who have battled this disease. The new Cancer Center is designed to afford our cancer patients optimal convenience, comfort, technology and care. The integration of diagnostic and treatment options under one roof will be unique to our area.

As our cancer population continues to grow at a dramatic pace—approximately 1,200 newly diagnosed patients were entered into our Cancer Registry this past year — our patient services are expanding as well. Plans are underway to provide a wider scope of radiation oncology treatment options. Intensity modulated radiation treatment (IMRT) and high-dose radiation (HDR) will each be offered in 2003.

In addition, support systems for cancer patients will be enhanced this year with the opening of a dedicated resource center. This will give cancer patients access to medical resources around the world, so they may better understand their disease process. Complementary care opportunities for patients may include meditation, guided imagery, massage and yoga.

Our cancer partnership with Wake Forest University Baptist Medical Center, forged earlier this year, now allows our patients access to highly specialized treatments and clinical studies. Through this agreement, our cancer patients can participate in National Cancer Institute-based research. And our staff has further learning opportunities through CMEs (continuing medical education) and the active participation of WFUBMC staff in our cancer conferences.

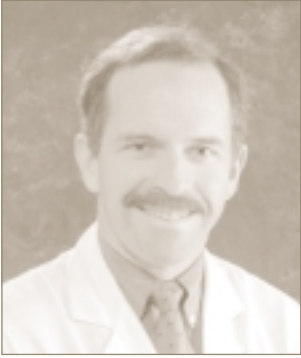
We have always been committed to providing the finest care and latest technology to our patients. With the opening of our new Cancer Center, however, we can proudly proclaim we offer an unsurpassed environment for our patients to be nurtured and healed. The 18-bed inpatient unit will be state of the art, complete with oversized rooms, in-unit kitchen and overnight accommodations for patients' families. Our close relationship with Cornerstone's Emerywood Oncology will be enhanced as well when the practice moves into our new Cancer Center building.

Undoubtedly, this will be a historic year as we open our new Cancer Center and offer new hope for the patients we proudly serve.

Rick Blake
Vice President, Administration



Rick Blake
Vice President, Administration



*Thomas Walsh, MD, FACS
General Surgeon,
Cancer Liaison Physician*

Another year has gone by, and what a year it has been. Having noted the one-year anniversary of 9/11, the loudest, clearest message seems to be that friends, family and community are more important than ever. In that spirit, nothing could be more appropriate for our nationally recognized cancer program than to complete construction and celebrate the opening of our new Cancer Center at High Point Regional Health System.

While the Cancer Center is going to be a magnificent physical structure, it is really about friends, family and our community. All of us will be touched by cancer in one way or another, directly or indirectly, sometime in our lives.

When you visit a friend undergoing treatment in the new Cancer Center, you are going to be exhilarated by the extraordinary level of care and the caring environment. Our award-winning Oncology nurses, one of the most honored groups of caregivers in the state, now will have a working environment totally focused on their needs and those of their patients.

If one of your family members is touched by cancer, you will be reassured to know the Cancer Center offers a national research protocol. This ensures that patients receive the latest, most up-to-date care, given under the direction of our local physicians and nurses and administered under the guidance of the National Institute of Health, National Cancer Institute, as well as other oversight organizations.

And our community is going to have a new source of great pride. The new Cancer Center will be a hub for a myriad of cancer-related activities. When you want to learn more about cancer, you will come to the Cancer Center. When a talk is being given on a cancer-related issue, it will be at the Cancer Center. When something new and exciting occurs in the area of cancer prevention, diagnosis or treatment, it will be announced by the Cancer Center.

The new Cancer Center will offer world-class cancer care close to home. We hope you will join us for our grand opening this spring.

Thomas Walsh, MD, FACS
General Surgeon, Cancer Liaison Physician

C A N C E R conference report

The Cancer Conference is a multidisciplinary group that meets once a week to discuss diagnostic and treatment options for patients. Ten percent of all cases are presented in the conference. The following disciplines attend: Surgery, Radiation Oncology, Medical Oncology, Pathologic and Diagnostic Radiology. Other specialty areas such as Pulmonology, Gynecology, Neurology, Gastroenterology, Urology, Oncology Nursing and Pharmacy also participate in treatment planning. Several other areas also attend: Social Work, Oncology Patient Support, Nutrition, Administration and the Cancer Registry staff.

Cases Presented at Cancer Conference 2001

Primary Site	Number of Cases
Tongue	1
Salivary Glands	1
Floor of Mouth	1
Stomach	3
Colon	10
Rectum	5
Anus	1
Pancreas	1
Lung	29
Larynx	2
Soft Tissue	2
Skin	1
Breast	24
Corpus Uteri	6
Ovary	1
Prostate	2
Testis	2
Brain and CNS	6
Thyroid	2
Non-Hodgkin Lymphoma	5
Ill-defined and Unspecified Sites	6
Total Presented	111



Construction of the new Cancer Center pictured here during late fall 2002.

The new center promises to offer an unsurpassed environment for technology, care and the integration of diagnostic and treatment options under one roof.



*Karin Henderson
RN, MSN, GNP-CS
Director of Medical Nursing*



Oncology nursing is a unique specialty. Individuals who choose this career path must be excellent clinicians yet compassionate caregivers. The blending of clinical excellence with heartfelt care and compassion is exhibited daily on 7 North. These nurses and nursing assistants are carefully selected for their skills in providing excellent oncology care and having a genuine desire to care for oncology patients.

The 7 North staff has been recognized in regional publications for its outstanding dedication and teamwork. Additionally, many of the registered nurses on this unit have earned national certifications and completed advanced coursework in chemotherapy administration and oncology nursing. This professional nursing team uses a multidisciplinary approach to patient care that addresses the needs of patients and families about cancer diagnosis, treatment interventions, medications/chemotherapy, assessment, and emotional and spiritual needs.

Our nursing team specializes in compassion and hope, while upholding the highest standards of nursing care. 7 North is part of High Point Regional Health System's highly esteemed, professional nursing environment, a fact acknowledged by the elite designation as a Magnet hospital—the highest nursing honor in the nation awarded to hospitals. It is our mission to deliver holistic care to patients and their families experiencing a cancer diagnosis.

Karin Henderson, RN, MSN, GNP-CS
Director of Medical Nursing

C A N C E R registry report

The Cancer Registry department is designed for the collection, management, analysis and distribution of cancer management data.

The Cancer Registry:

- Gathers data from all patients diagnosed and/or treated at High Point Regional Health System since 1993.
- Conducts lifetime follow-up on these patients.
- Produces an annual report.
- Prepares two patient-care evaluation studies per year.
- Maintains minutes of all Cancer Conference and CancerCare committee meetings.
- Retrieves data for physicians, allied health professionals and other agencies for research or studies.
- Coordinates survivorship activities.

The Cancer Registry is an integral part of the cancer program at High Point Regional Health System. The Registry collects, manages, analyzes and distributes statistical information. This data is collected throughout the patient's entire lifetime. This continued surveillance assures early detection of a possible recurrence or a new malignancy and ultimately patient care.

Since January 1993, there have been 8,935 cases entered into the Cancer Registry. Currently, the staff is performing follow-up on 3,303 patients. The "lost to follow-up" (those patients we have been unable to contact in the last 15 months) is at 1 percent (26 patients). During 2001, there were 1,139 new cases of cancer diagnosed and/or patients who received their treatment at High Point Regional. In addition, 41 were treated for a cancer recurrence. The total number of patients entered into the Cancer Registry database for 2001 was 1,180, reflecting an 18.8 percent increase over last year.

Use of the Cancer Registry data continues to increase. This year we received a total of 38 requests from Administration, Public Relations and Marketing, Radiation Oncology, Nursing, physicians and researchers.

The information gathered by the Cancer Registry is important. The Cancer Registry participates with the American Cancer Society, North Carolina Central Cancer Registry and the National Cancer Database, providing information gathered and disseminated in our registry. This sharing of data, while protecting the confidentiality of the patient, helps assess the effectiveness of cancer treatment as we continue to strive to improve patient outcomes.

Elizabeth S. Tucker, CTR
Cancer Program Coordinator



*Elizabeth S. Tucker, CTR
Cancer Program Coordinator*

C A N C E R •
registry report

Primary site	# of cases	# HPRHS	# NC	# USA
LIP, ORAL CAVITY, PHARYNX				2.25
Tongue	3	0.26	0.53	0.53
Salivary Glands	5	0.44	0.26	0.76
Pharynx	6	0.53	0.42	0.70
Others Parts of Mouth	6	0.53	1.16	0.26
DIGESTIVE ORGANS, PERITONEUM				11.41
Esophagus	7	0.61	0.98	1.02
Stomach	11	0.96	1.27	1.68
Small Intestine	5	0.44	0.38	0.41
Colon	61	5.40	11.30	8.30
Rectum	25	2.20		
Liver, Bile Ducts	5	0.44	1.10	0.64
Gallbladder	4	0.35	*	0.55
Pancreas	11	0.96	2.28	2.36
Other, Ill-defined sites	4	0.35	1.10	0.64
RESPIRATORY SYSTEM				14.25
Larynx	13	1.10	0.87	0.69
Bronchus, Lung	150	13.17	13.68	13.18
Other	3	0.26	0.36	0.38
BONES AND JOINTS	1	0.08	0.19	0.19
SOFT TISSUE INCLUDING HEART	5	0.44	0.60	0.65
SKIN				4.53
Melanoma-skin	72	6.70	3.64	4.17
Other nonepithelial skin	5	0.44	*	0.36
BREAST	159	13.95	15.90	15.95

C A N C E R •
registry report

Primary Site	# of cases	# HPRHS	# NC	# USA
GENITAL SYSTEMS				21.72
Cervix Uteri (Invasive)	8	0.70	0.24	1.01
Corpus Uteri	17	2.37	2.96	3.05
Ovary	15	1.32	1.95	1.81
Vulva	6	.53	*	0.29
Vagina and Other Female Genital	1	0.08	0.43	0.16
Prostate	190	16.68	15.07	14.70
Testis	10	0.88	0.59	0.58
Penis and Other Male Genital	1	0.08	0.10	0.09
URINARY ORGANS				7.05
Urinary Bladder	35	3.07	4.28	4.30
Kidney, Renal Pelvis	25	2.20	2.34	2.50
Ureter Other Urinary Organs	1	0.08	0.18	0.19
EYE AND ORBIT				0.17
BRAIN, CNS	29	2.54	1.80	1.32
ENDOCRINE GLANDS			1.58	1.76
Thyroid Gland	11	0.97	1.50	-
Other Endocrine Glands	8	0.7		0.16
LEUKEMIA				2.68
Lymphocytic	3	0.26	1.10	1.13
Myeloid	4	0.35	1.40	1.16
Monocytic	1	0.09	0.05	-
Other	13	1.14	0.27	0.39
LYMPHOMA				4.74
Hodgkin's Disease	1	0.09	0.56	0.54
Non-Hodgkin's Lymphoma	21	1.84	4.02	4.20
MULTIPLE MYELOMA	4	0.35	1.14	1.14
OTHER & UNSPECIFIED SITES	27	2.81	3.05	2.00

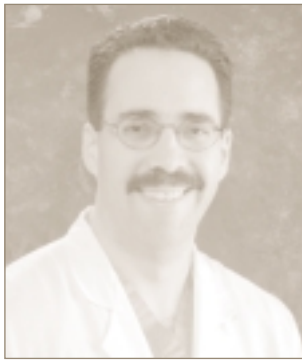
* Other

breast cancer

AN IN-DEPTH REPORT



BREAST CANCER • overview



*James Dasher, MD, FACS
General Surgeon*

Breast cancer remains the most common type of cancer in the United States and the second leading cause of cancer death among women. The American Cancer Society estimates about 203,500 American women will be diagnosed with breast cancer in 2002. In North Carolina alone, 5,900 cases of breast cancer will be diagnosed.

The number of breast cancer cases in the United States continues to climb annually. Although the incidence is down, the actual number of patients is not, as our aging population keeps on growing. The Cancer Registry at High Point Regional Health System has seen a 49 percent increase in the number of breast cancer patients since its January 1993 inception. This reflects the fact that we are caring for a greater proportion of the breast cancer patients in our region.

Nationally, approximately 54,300 new cases of in situ carcinoma (noninvasive) will be diagnosed, in addition to the 203,500 invasive breast cancers. According to the American Cancer Society, diagnosing these patients at this early stage is a direct result of increased use of mammography screening. By diagnosing breast cancer early, it is more likely to be cured.

Over the last few years, High Point Regional has made public awareness and availability of mammograms a priority. The hospital opened its Women's Imaging Suite, which along with Cornerstone's Piedmont Comprehensive Women's Center has increased the availability of dedicated mammography machines in our community. Waiting times for screening mammograms have been reduced from weeks to days, and waiting times for diagnostic mammograms and ultrasounds have been erased. High Point Regional has also been working with the Piedmont Comprehensive Women's Center on a project to further promote the benefits of early screening to our community. And primary care physicians are making a concerted effort to promote regular mammograms.

In 2001, the Women's Imaging Suite applied for a grant through the Susan G. Komen Foundation to provide mammograms to the local Hispanic community. High Point Regional began seeing patients in 2002 through this grant, which includes breast cancer education as well as free mammograms.

The affiliation between High Point Regional's Cancer Center and Wake Forest University Baptist Medical Center means more opportunity to conduct research in breast cancer and other cancers. In an effort to find new and more effective ways to treat cancer, researchers are testing new anticancer drug regimens and looking at the effectiveness of using chemotherapy before surgery. Hormone therapy has been investigated by our participation in the STAR study. Tom Walsh, MD, a general surgeon and our Cancer Liaison Physician, has helped introduce the sentinel lymph node sampling technique. This allows surgeons to assess the status of a patient's lymph nodes in a minimally invasive way. And our radiation oncologists and surgeons are beginning a new study where radiation can be given through a special balloon implanted temporarily during surgery, reducing a woman's radiation treatment time from six weeks to five days.

As we reviewed national data in the Journal of the American Cancer Society, we were pleased to find that our statistics were favorable with those across the nation.

There were 159 cases of breast cancer diagnosed at High Point Regional in 2001. The cancer is staged by the TNM staging of the American Joint Committee on Cancer. The greater the stage, the more advanced the cancer. Stage is based upon the size of the tumor (T), lymph node involvement (N), and distant metastatic spread (M).

Analytic Breast Cancer Patients diagnosed and/or treated at HPRHS

Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unknown
22	49	59	14	3	12

Of the 159 breast cancer patients treated at High Point Regional in 2001, 22 were diagnosed with Stage 0 (in situ - noninvasive) cancer. The treatment of these patients depends on the extent of the cancer as well as its cell type. Of these patients, 14 chose to have only surgery, three had surgery and radiation, and three were treated with surgery and hormones. One patient had surgery, radiation and hormones, and one chose no treatment.

Forty-nine patients were diagnosed with Stage 1 disease, meaning the cancerous growth is no larger than 2 cm and there is no involvement of lymph nodes. In Stage I, patients are treated with surgery and a combination of other treatments. Twenty of the patients in Stage I were treated with surgery only. Eight were given a combination of surgery and radiation, eight received surgery and chemotherapy, and four surgery and hormones. Of the remaining nine, two had surgery, radiation and chemotherapy, and seven had surgery, radiation and hormones.

There were 59 Stage II patients. Stage II indicates a growth smaller than 2 cm with involvement of lymph nodes, or the growth is greater than 2 cm but not larger than 5 cm and there is no involvement of lymph nodes. Of the 59 patients, 16 chose surgery only. There were three patients who chose surgery and radiation, 18 who chose surgery and chemotherapy, and three who chose surgery and hormones. In the more advanced cases, 16 of the patients were given surgery, chemotherapy and radiation. One was given surgery, radiation and hormones, and two received surgery, chemotherapy, radiation and hormones.

Stage III is definitely a more serious stage. At Stage III, the tumor is more than 5 cm, or the axillary lymph nodes are fixed to one another or another structure. There were 14 patients with Stage III disease. In this stage, one patient received surgery only, due to other health factors. Two chose to have surgery and radiation, and one chose surgery and chemotherapy. One patient was given surgery, radiation, and hormone therapy, while the nine remaining patients were given surgery, chemotherapy and radiation.

There were three Stage IV patients. In Stage IV, the disease has spread to another organ or distant lymph nodes. Of the three patients, one was treated with surgery, chemotherapy and radiation, one with surgery, radiation and hormones, and the last one was given surgery, chemotherapy and hormones. Two of the breast cancer patients had lymphoma of the breast. Lymphoma is staged by another stage scheme.

There were 12 patients (including the two lymphomas), whose tumor could not be staged. Three of these patients had surgery, one had surgery and radiation, three had surgery and chemotherapy, two were treated with surgery, radiation and hormones, and one patient was treated with radiation, chemotherapy and hormones. Two patients chose no treatment. After evaluating these cases, each patient received the appropriate treatment for the stage of disease and mitigating health factors.



BREAST CANCER • overview



There are various treatment options for the patient. Factors affecting the type of treatment the patient will receive are the stage of disease, age, menopausal status, general health and location of the tumor within the breast. Each stage has certain 'standards' of care. Treatment options include surgery, radiation, chemotherapy and hormonal therapy. Surgery is divided into traditional mastectomy and breast-conservation surgery. The decisions regarding possible treatments are made on an individual basis by a multidisciplinary team, comprised of surgeons, radiation oncologists and medical oncologists. High Point Regional holds a weekly Cancer Conference, where all of these physicians gather to discuss the best ways to treat their patients.

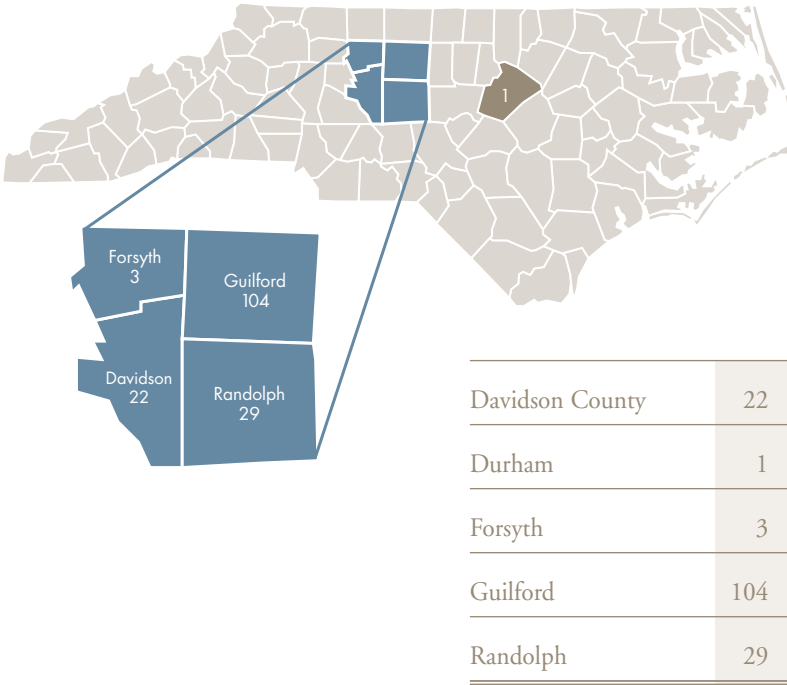
We take pride in serving the needs of the entire patient and family. This past year saw the continued growth of the Pink Ribbon Network, a support group for breast cancer patients, and the inception of Friends Helping Friends, which supports families of cancer patients. Participation in these groups has been high and feedback from patients has been overwhelmingly positive.

As we prepare to move into the new Cancer Center this spring, we look forward to being able to provide more services to our patients. There will be a resource room with informational material, computers, printers and copiers, which will enable the patient and family to become better informed about the disease. There will also be a meditation room for those seeking a spiritual sanctuary.

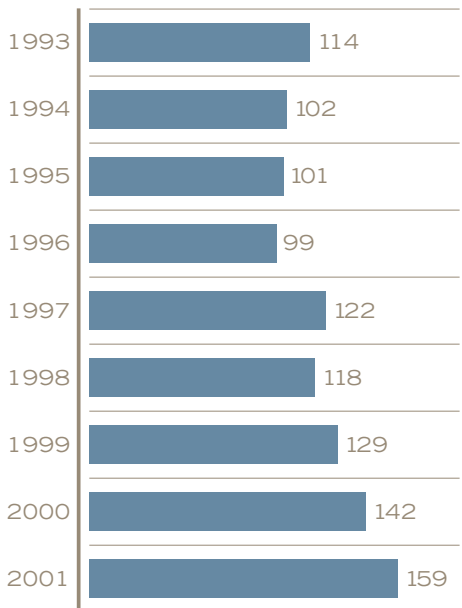
We seek to meet the needs of our patients by providing the most up-to-date diagnostic and treatment options, access to protocols and research programs, the best nursing available and physicians who seek to help and heal.

James Dasher, MD, FACS
General Surgeon

North Carolina Service Area
Number of Breast Cancer Occurrences During 2001 by County



Breast Cancer - Cases per Year at HPRHS



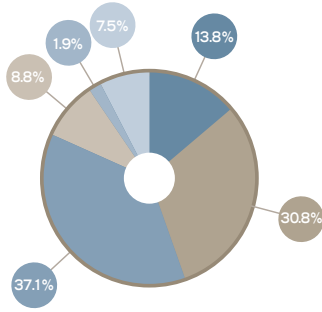
BREAST CANCER treatment

2001 Breast Cancer Treatment by Stage

First Course of Treatment Summary	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown	Totals
Surgery Only	14	20	16	1		3	54
Surgery & Radiation	3	8	3	2		1	17
Surgery & Chemotherapy		8	18	1		3	30
Surgery & Hormones	3	4	3				10
Surgery, Chemo & Radiation		2	16	9	1		28
Surgery, Radiation & Hormones	1	7	1	1	1	2	13
Surgery, Chemo & Hormones					1		1
Radiation, Chemo & Hormones						1	1
Surgery, Chemo, Radiation & Hormones			2				2
None	1					2	3
Totals	22	49	59	14	3	12	159

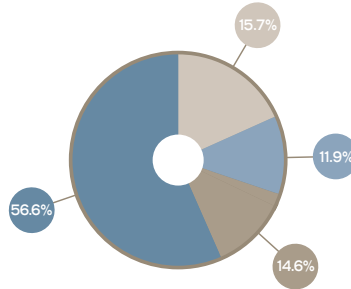
Breast Cancer Patients by Stage at Diagnosis

- Stage 0 22
- Stage I 49
- Stage II 59
- Stage III 14
- Stage IV 3
- Unknown 12



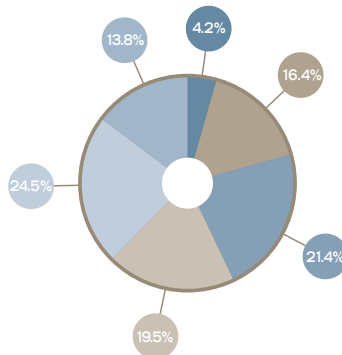
Histology Behavior for Breast Cancer

- Ductal Carcinoma Invasive 90
- Ductal Carcinoma Insitu 25
- Lobular Carcinoma Invasive 19
- Other
 - Carcinoma, NOS 6
 - Tubular Adenocarcinoma 6
 - Infiltrating Ductal 5
 - Colloid Carcinoma 3
 - Medullary Carcinoma 2
 - Signet Ring Cell 1
 - Lobular Carcinoma In situ 1
 - Paget Disease in Breast 1



Breast Cancer Frequency by Age at Diagnosis

- 25-39 7
- 40-49 26
- 50-59 34
- 60-69 31
- 70-79 39
- 80-94 22



STREET ADDRESS:

601 NORTH ELM STREET

HIGH POINT, NC 27262

MAILING ADDRESS:

P.O. BOX HP-5

HIGH POINT, NC 27261

336-878-6888

877-878-7644 TOLL FREE

www.highpointregional.com

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