

Cancer Centers of North Carolina

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March 31, 2010

Received by the
CON Section

30 MAR 2010 04:24

Mr. Craig Smith
Chief - CON Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Dear Mr. Smith:

As an oncology physician who practices at and represents Cancer Centers of North Carolina, P.C., we are writing to submit comments on the application submitted by Rex Hospital, Inc. to develop the North Carolina Cancer Hospital at Rex through renovation and expansion of space for oncology services. This project is currently under review as **Project #J-8470-10**. For reasons detailed in the following comments, we believe that the CON Section should deny this application by Rex Hospital.

We appreciate your review and consideration of these comments.

Sincerely,

Alan D. Kritz, M.D.

www.cancercentersofnc.com

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Cancer Centers of North Carolina, P.C.
Comments on Rex Hospital, Inc.
Project #J-8470-10

Cancer Centers of North Carolina, P.C. (CCNC) is submitting these comments to oppose the application by Rex Hospital, Inc. ("Rex") to develop the North Carolina Cancer Hospital at Rex through renovation and expansion of space for oncology services. This project is currently under review as **Project #J-8470-10**, and CCNC believes that it should be denied for a number of reasons:

- Rex fails to demonstrate a need for its project.
- Rex's utilization projections are unrealistic and not supported by credible analysis.
- The Rex Cancer Hospital project appears inconsistent with Rex's CON applications for Rex Healthcare at Wakefield and Rex Healthcare at Panther Creek in which Rex sought to decentralize its oncology services and redistribute its patients to different locations. The Rex Cancer Hospital will duplicate space Rex has already constructed at Wakefield and is pursuing on appeal of its denied Panther Creek application.
- The Rex Cancer Hospital will cost \$60,122,944 and offer no new services and at the same time duplicate other regional oncology services.
- The Rex Cancer Hospital project will duplicate resources already in place within the UNC Health Care system at the North Carolina Cancer Hospital in Chapel Hill that opened in September 2009 and encompasses 315,000 square feet of new construction at a cost of \$180,000,000 funded by North Carolina taxpayers.
- The Rex Cancer Hospital project will also duplicate resources at the Duke Medicine Cancer Center that is scheduled to open in 2012 with 267,000 square feet of space and a cost \$222 million.
- The Cancer Hospital will not reach its projected utilization for medical oncology patients and related ancillary services.
- The project is not financially feasible because the financial projections are based upon faulty utilization projections.
- Rex has not addressed in detail how the projections for the Rex Cancer Hospital will impact existing providers within Rex's own system or in the broader regional area.

Each of these concerns will be described in detail below, and because of these fundamental problems in the Rex Cancer Hospital Application, it should be denied

**Received by the
CON Section**

30 MAR 2010 04 3124

I. THE REX CANCER HOSPITAL DUPLICATES EXISTING ONCOLOGY SERVICES.

Review Criteria 131E-183 (a) (4), and (6):

(4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

(6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

Rex proposes to spend \$60.12 million on facilities and equipment that go far beyond its needs and duplicate new cancer hospital projects at Comprehensive Cancer Programs in Durham and Chapel Hill. In fact, Rex states several times in its application that it proposes no new services that would justify such an expenditure. It has not demonstrated that this expenditure is necessary or that the proposed project will significantly increase access. Rex projects dramatic growth in its medical oncology patients, yet it fails to address how this growth, if it could be achieved, would impact the North Carolina Cancer Hospital in Chapel Hill, its sister organization. As noted below in Section II, the Rex proposal fails to show a need for the services proposed. The proposed scope of the construction project is not the most reasonable alternative because the facility has been designed based on flawed utilization projections and duplicates facilities Rex has already constructed.

Cancer hospitals typically are components of Comprehensive Cancer Centers designated by the National Cancer Institute to serve as regional resources for a large population base. The "Cancer Hospital" proposed by Rex will not be a freestanding facility and will have no inpatient beds. The North Carolina Research Triangle is fortunate to have two NCI-designated comprehensive cancer centers at UNC Health Care in Chapel Hill and Duke University Medical Center in Durham, both within 25 miles of the Rex campus.¹ Rex Hospital is certified as a Comprehensive Community Cancer Program, but this type of program does not offer the same scope of services or engage in the extent of research activities as a Comprehensive Cancer Center.

UNC HealthCare, the parent of Rex Hospital, Inc., opened the North Carolina Cancer Hospital in September 2009. According to its website, the North Carolina Cancer Hospital includes:

- 315,000 square feet of space
- Cost: \$180,000,000
- The hospital, clinical home of UNC Lineberger Comprehensive Cancer Center
- State-of-the-art imaging
- Radiation oncology

¹ A listing of NCI-designated cancer centers can be found at http://cancercenters.cancer.gov/cancer_centers/cancer-centers-names.html.

- Pediatric treatment
- Infusion Therapy
- Inpatient facilities
- Patient and family resource center

The Duke Medicine Cancer Center was approved in 2009 to include:

- 7 floors, including 3 clinic floors
- 267,000 square feet
- Construction begins: early 2010
- Construction complete: 2012
- Estimated project cost: \$222 million
- 105 multidisciplinary exam rooms
- 75 infusion stations
- 25 clinic rooms
- Resource center

These facilities were designed to meet the specialized needs of cancer patients over broad regional areas. While cancer services are necessary in local communities as well, the question must be raised: Does the health care system need another large cancer facility in the Research Triangle that duplicates the services offered at these previously approved projects?

Exhibit 1 presents the service area defined by Rex in its application.² Rex's primary service area is Wake County, and its secondary service area includes Franklin, Harnett, and Johnston Counties. Exhibit 2 presents the service area for the North Carolina Cancer Hospital as set forth in its recent application for a prostate cancer demonstration project. In Exhibit 3 the overlap between the two service areas is shown. All of the counties in the Rex service area are also included in the North Carolina Cancer Hospital service area with the exception of Franklin County. The North Carolina Cancer Hospital and Rex are part of UNC Health Care, and the North Carolina Cancer Hospital has been operational for less than seven months. Sound health planning would dictate that the North Carolina Cancer Hospital be given the opportunity to fully develop its programs before building a competing facility approximately 25 miles away. As will be discussed further in these comments, there are glaring inconsistencies between this proposed cancer hospital project and other applications filed by Rex in recent years.

² All exhibits are included in the appendix to this letter.

The Duke Medicine Cancer Center was only approved in 2009 and construction is just underway. Again, prudent health planning would permit the Duke project to be completed and begin operations before creating another large cancer facility into the area. Exhibit 4 reflects the service area of the Duke Medicine Cancer Center as set forth in its application for the project, and Exhibit 5 reflects the overlap between the proposed Rex Cancer Hospital and the Duke Medicine Cancer Center. The Duke Medicine Cancer Center service area includes Wake County in its service area, which is logical given its adjacency to Durham County. Rex will undoubtedly seek to draw patients away from the Duke facility.

Rex contends on page 17 of its application that "Rex serves as the cancer provider of choice for the local community in Wake County," but this contention is contrary to the changes that have occurred in utilization of cancer services in Wake County. Rex has experienced significant declines in medical oncology and radiation oncology services since 2005 when several medical oncologists left Rex to join CCNC. CCNC has grown rapidly over this period while Rex has not returned to its utilization levels in the years prior to 2005.

The rationale behind the Rex Cancer Hospital project appears inconsistent with other CON projects Rex has pursued in recent years. The proposed Cancer Hospital discusses the advantages of centralizing services in one facility. Rex has been pursuing a strategy of decentralizing its cancer services by relocating radiation and medical oncology services to other locations in Wake County.

The Rex Health Care at Wakefield project was the first step. Rex was approved to relocate one linear accelerator and medical oncology services, among others, to the Wakefield campus in northern Wake County. This project opened in 2009. Rex has twice submitted applications to develop a similar ambulatory facility in western Wake County in the Panther Creek area that would include linear accelerator and medical oncology services. While the Panther Creek project has twice been denied, Rex continues to pursue the appeal of this denial.

In both Panther Creek applications Rex assumed that 25% of its medical oncology and radiation oncology patients would be shifted to Wakefield, 25% shifted to Panther Creek, and 50% remaining at the Rex Hospital campus. Exhibits 5 and 6 summarize these projections.

There is no explanation provided in the Cancer Hospital application that reconciles the construction of a large cancer facility with Rex's efforts to shift cancer patients to other sites. This inconsistency is highlighted by the following statement on p. 72 of the Cancer Hospital application in discussing the future projections for medical oncology encounters:

Also note that the patient projections above are in addition to the medical oncology patients that Rex sees at its Wakefield location. In its Wakefield application, Rex did not project to shift medical oncology volume from its main campus to Wakefield, but rather projected medical oncology volume for Wakefield based on the specific needs of the Wakefield market.

This statement is a direct contradiction of the utilization projections contained in the Rex Panther Creek application, which was filed in November 2008 after the Rex Wakefield project was approved. As presented as Exhibit 7 of these comments, the medical oncology patient volume at

Rex Hospital was projected to decline after the opening of Rex Wakefield and decline further after the opening of Rex Panther Creek. In the Rex Panther Creek application, Rex projected that the total number of medical oncology patients served at Rex Hospital would decrease from 2,184 in 2008 to 1,311 in 2013. Even if the shift to Rex Panther Creek were eliminated, Rex's Panther Creek application projected that it would serve fewer medical oncology patients in 2013 than it is currently with the shift to Rex Wakefield alone.

Rex has not addressed the dilemma in which it finds itself of pursuing the appeal of the Rex Panther Creek project, which will reduce the number of radiation and medical oncology patients served at the Rex Hospital site, and seeking approval of the Cancer Hospital project that will provide space to treat the very same patients that it uses to justify the Panther Creek project. The project also represents an unnecessary duplication of existing health care facilities at Rex Wakefield since it fails to consider the impact of the Wakefield project on its future utilization.

Rex is also inconsistent in its public statements regarding the need for expanded cancer services in the future. Rex has sought to replace and relocate linear accelerators off its Rex Hospital campus to Rex Wakefield and Panther Creek yet now proposes to make a large investment in new facilities for cancer treatment on its Rex Hospital campus. It proposes this while continuing to actively oppose efforts by CCNC to add a linear accelerator to its program and upgrade the services provided, despite the fact that this has been approved by the CON section and sustained on appeal. CCNC has been operating its one existing linear accelerator well above the target capacity in the SMFP, and it proposed to add a Trilogy unit that would be first of its kind in Wake County in that it could perform both stereotactic radiosurgery in addition to conventional radiation therapy which would be of major benefit to patients living in this area. Yet Rex continues to oppose this.

There are other alternatives that Rex could have pursued that would not create this unnecessary duplication. A more appropriate alternative would have been to propose a smaller facility that was sized to accommodate realistic expectation of future utilization of cancer services at the Rex Hospital site. As a result of Rex's failure to do this, this project is non-conforming with Review Criteria 4 and 6.

II. REX HAS FAILED TO DEMONSTRATE A NEED FOR THE CANCER HOSPITAL, AND HAS ALSO FAILED TO SHOW THAT THE PROJECT WILL NOT ADVERSELY AFFECT THE CURRENT POPULATION BEING SERVED.

Review Criteria 131E-183 (a) (3) and (3a):

(3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed.

(3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements.

Rex has failed to demonstrate the need for its Cancer Hospital project. The application presents a series of utilization projections in an effort to support requested square footage and treatment spaces in the project. The linchpin of these projections is the number of medical oncology patients who are served by Rex at the Cancer Hospital since these patients are the ones who use the exam rooms, infusion chairs, PET services, laboratory, and radiology services. Rex did not, however, project the number of medical oncology patients, but instead projected the number of medical oncology “encounters.” Rex made no assumption that the number of encounters per patient would change in the future; therefore, the projected growth in encounters can be used a surrogate for the projected increase in medical oncology patients.

The starting point for the projection of medical oncology encounters in the application was to analyze the growth in such encounters from the fiscal year ending June 30, 2005 through the projected year end June 30, 2010. Exhibit 8 summarizes the historical data in the application. Rex assumes that medical oncology encounters will increase at 6% annually during the three interim years before project completion and then return to an annual rate of increase of 12.1% in FY 2014 through 2017. These projections are presented in Exhibit 9.

There are several problems with these projections.

- Rex experienced a significant decrease in its medical oncology patient volumes in FY 2005 with the departure of several of its key medical oncologists. Using FY 2006 as a base year represents a low point for Rex in medical oncology patients in recent years and the period since that time is not reflective of the normal growth Rex can expect in the future. As indicated in Exhibit 8, Rex’s medical oncology encounters increased by 22.6% between FY 2006 and FY 2007. The projected growth for FY 2010 is only 5.6%.
- Rex cites on pages 13 and 14 of the application the recruitment of additional medical oncologists in the future as a factor supporting growth in its medical oncology volumes. Rex, however, misstates its historical growth in medical oncologists. The application states that Rex began with 2 FTE medical oncologists in 2005 and has increased that number to 4.6 FTEs currently. In fact, Rex began with 3 FTE medical oncologists and has grown to only 4.6 FTEs, with one of these medical oncologists based at Rex Wakefield. As a result, Rex has only grown from 3 to 3.6 FTE medical oncologists on the Rex Hospital campus during these 5 years, a growth rate not justifying this expansion.
- In Rex’s 2008 Panther Creek application, it projected that the medical oncology patients in its service area would increase by 3.72% annually and projected that the number of medical oncology patients in the Rex Health Care system would increase by that same rate. Rex now is proposing a growth rate for patients at its hospital campus that is 3.3 times the rate of growth it assumed approximately a year earlier. Exhibit 9 displays the dramatic difference in growth rate assumptions.
- These projections of utilization at the Rex Cancer Hospital are performed in a vacuum. There is no consideration given to the overall growth in medical oncology patients in its service area or what market share Rex would need to achieve in order to realize the projections in the application. As shown in Exhibit 11, the cumulative five-year growth rate Rex assumes in the Cancer Hospital application is 49.7%, which is approximately 2.5

times the cumulative five-year growth Rex assumed in the Panther Creek application. As reflected in Exhibit 9, between FY 2010 and FY 2017, Rex assumes that the medical oncology patients served at its hospital site will grow by 88.1%.

- For Rex to achieve its projected growth, it would have to shift market share away from other providers. Exhibit 12 presents population estimates and projections from the North Carolina Office of State Budget and Management. Population in Rex's service area is projected to increase by only 3.3% annually (17.8% over 5 years) between 2010 and 2015. Rex provided no basis for a significant shift in market share other than plans to hire additional medical oncologists. Wake County has a highly competitive market for medical oncology services. There are medical oncology groups located at CCNC, the Duke Raleigh Hematology-Oncology Clinic affiliated with Duke Raleigh Hospital, and independent medical oncologists practicing in Wake County. In the face of this competition, there is no demonstration that Rex can reach its projected levels of utilization growth.
- As discussed previously, Rex appears to have included in its projections patients who in future may utilize medical oncology services at Rex Wakefield and those projected to serve at Rex Panther Creek. The failure to consider the impact of the shift of medical oncology patients to other sites within the Rex system is a significant error.

These unrealistic utilization projections presented by Rex provide the bases for each of the facility components in its Cancer Hospital project. Since the utilization projections are fundamentally flawed, the sizing of the proposed facility is similarly flawed. Rex has proposed a project to serve far more patients than it can expect to serve during the forecast period in its application.

The Rex Cancer Hospital application is not consistent with Review Criterion 3.

III. THE REX PROPOSAL IS NOT FINANCIALLY FEASIBLE AND DOES NOT CONFORM TO REVIEW CRITERIA 5 AND 12

Review Criteria 131E-183 (a) (5) and (12):

(5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

(12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

Rex has failed to demonstrate the feasibility of its Cancer Hospital project because it has not based its financial statements on reasonable projections. The financial projections for the project are based on unrealistic and unsupported projections of utilization for the Cancer Hospital. In addition, the proposed scope of the construction project is not the most reasonable alternative because the facility has been designed based on these same flawed utilization projections and duplicates facilities Rex has already constructed. This project is being proposed at a time when UNC Health Care, Rex's parent organization, has just opened the North Carolina Cancer Hospital in Chapel Hill and the Duke Medicine Cancer Center is under construction in Durham. Rex has not demonstrated that another expensive cancer facility is needed in the area.

The problems with the utilization projections in this application were detailed in Section II of these comments. The revenues and expenses set forth in Rex's Forms B and B-1 for the project depend on these projections. As a result, the revenues presented in the application are overstated. Without reasonable utilization assumptions, Rex cannot demonstrate the long-term feasibility of its project.

In order to demonstrate that this project is most reasonable alternative, Rex would need to demonstrate the project is appropriately sized to accommodate its future needs. The justification provided in the application with respect to the number of exam rooms, infusion chairs, and other volume-related spaces relies on the overstated utilization projections. A more realistic assessment of future demand would result in the down-sizing of this project.

Rex's Cancer Hospital is inconsistent with Review Criteria 5 and 12.

IV. THE REX PROPOSAL WILL NOT OFFER ANY ENHANCEMENTS TO COMPETITION THAT WOULD JUSTIFY ITS APPROVAL.

Review Criterion 131E-183 (a) (18a):

(18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

As described throughout these comments, Rex's proposed Cancer Hospital facility duplicates services offered by other existing oncology providers in Wake and surrounding counties including its own Rex Wakefield location. Rex fails to present any concrete evidence that the effect of this project on competition for determining that this proposal would have a positive impact on cost effectiveness or quality. The project proposes no new services, is not appropriately sized, and will add more than \$60 million in costs to the health care system.

Rex has not demonstrated that the proposed facility will have a favorable impact on access to any underserved communities within its service area. Its utilization projections are unsubstantiated and can only be achieved through significant increases in market share that would be achieved

only with a significant adverse impact on other providers. Such an impact is unnecessary since Rex could accommodate its needs with a smaller project.

The Rex Cancer Hospital project is inconsistent with Review Criterion 18(a).

V. THE REX PROPOSAL IS NOT CONSISTENT WITH THE BASIC PRINCIPLES GOVERNING THE DEVELOPMENT OF THE 2010 STATE MEDICAL FACILITIES PLAN.

The 2010 North Carolina Medical Facilities Plan establishes four basic principles governing the development of the plan. Rex did not address these principles in its application. The Rex Cancer Hospital project is not consistent with at least two of these basic principles.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high quality health care for all the people of North Carolina is a foundation principle for the formulation and application of the North Carolina State Medical Facilities Plan. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the North Carolina State Medical Facilities Plan seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

Rex proposes no material enhancements to access in this Cancer Hospital application. From a geographic standpoint, the project offers no improvements because it seeks only to expand facilities on its existing Rex Hospital campus. The project appears in conflict with Rex's previously stated intent to decentralize cancer services as evidenced by its Rex Wakefield and Panther Creek projects.

Rex is not proposing any changes in financial access to its cancer services. Its projections of charity and Medicaid services appear consistent with historical levels set forth in the application. There are no specific changes included in the project that would address other access barriers such as ethnicity, race, culture, language, education, or health literacy.

3. Value Basic Principle

The SHCC defines health care value as maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the State Medical Facilities Plan will be a key principle in the formulation and implementation of SHCC recommendations for the State Medical Facilities Plan.

The Rex Cancer Hospital project is contrary to the Value Basic Principle. The reliance on overstated projections of future utilization results in the project being too large for Rex's future needs. As a result, the project does not offer the maximum health care benefit per dollar expended. The project also duplicates resources at other cancer hospitals in the area as well as Rex's own facilities. Greater value would be derived if Rex proposed a project more consistent with its needs.

CONCLUSION

Rex has failed to demonstrate conformity with Review Criteria 3, 4, 5, 6, 12, and 18(a). In addition, the application is not consistent with the Basic Principles set forth by the SHCC that underpin the 2010 State Medical Facilities Plan. As a consequence, we ask that the Department deny this application.

**APPENDIX TO COMMENTS ON REX CANCER HOSPITAL APPLICATION
PROJECT # J-8470-10**

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Exhibit 1 Rex Cancer Hospital Service Area

Service Area
 Primary SA
 Secondary ...

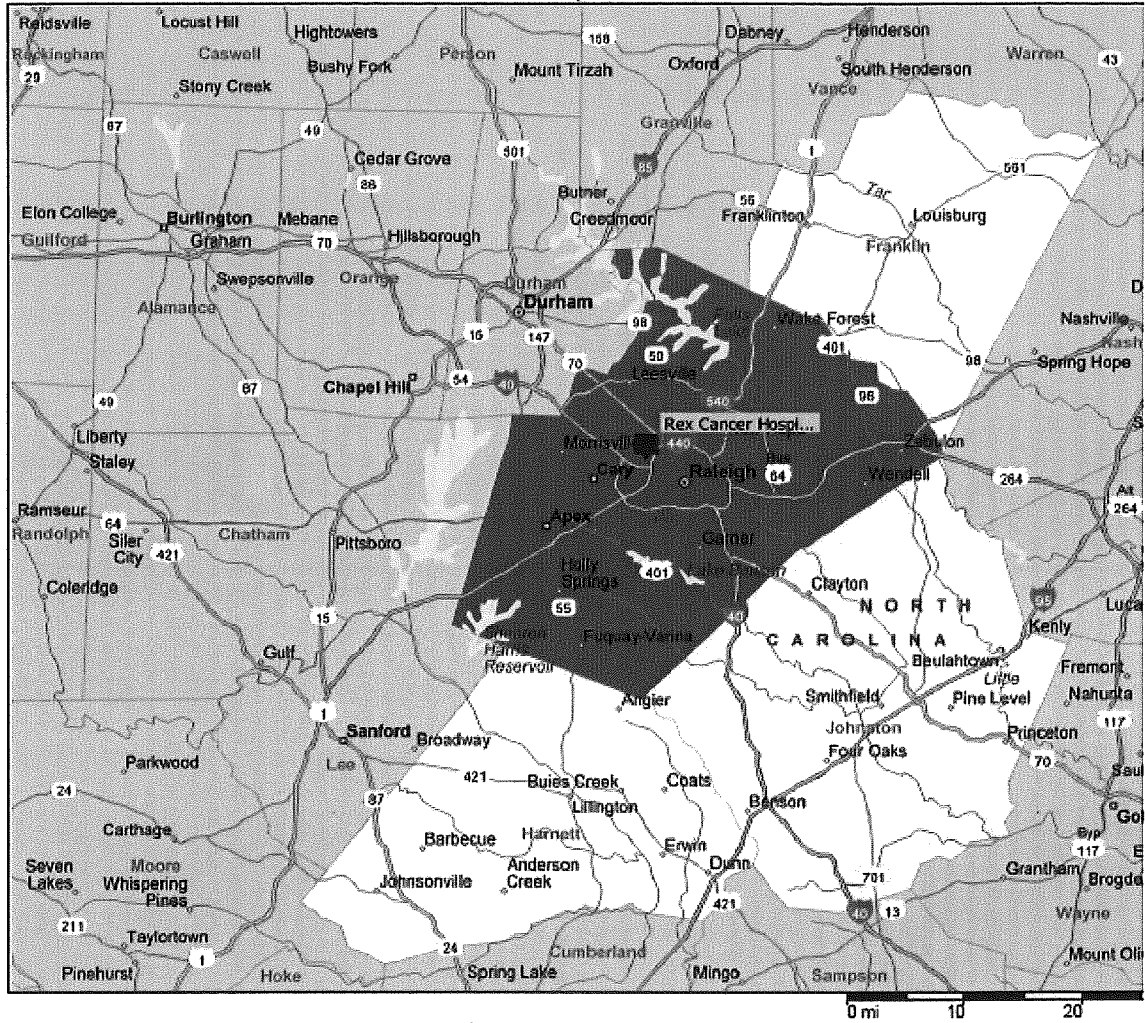


Exhibit 2
North Carolina Cancer Hospital Service Area

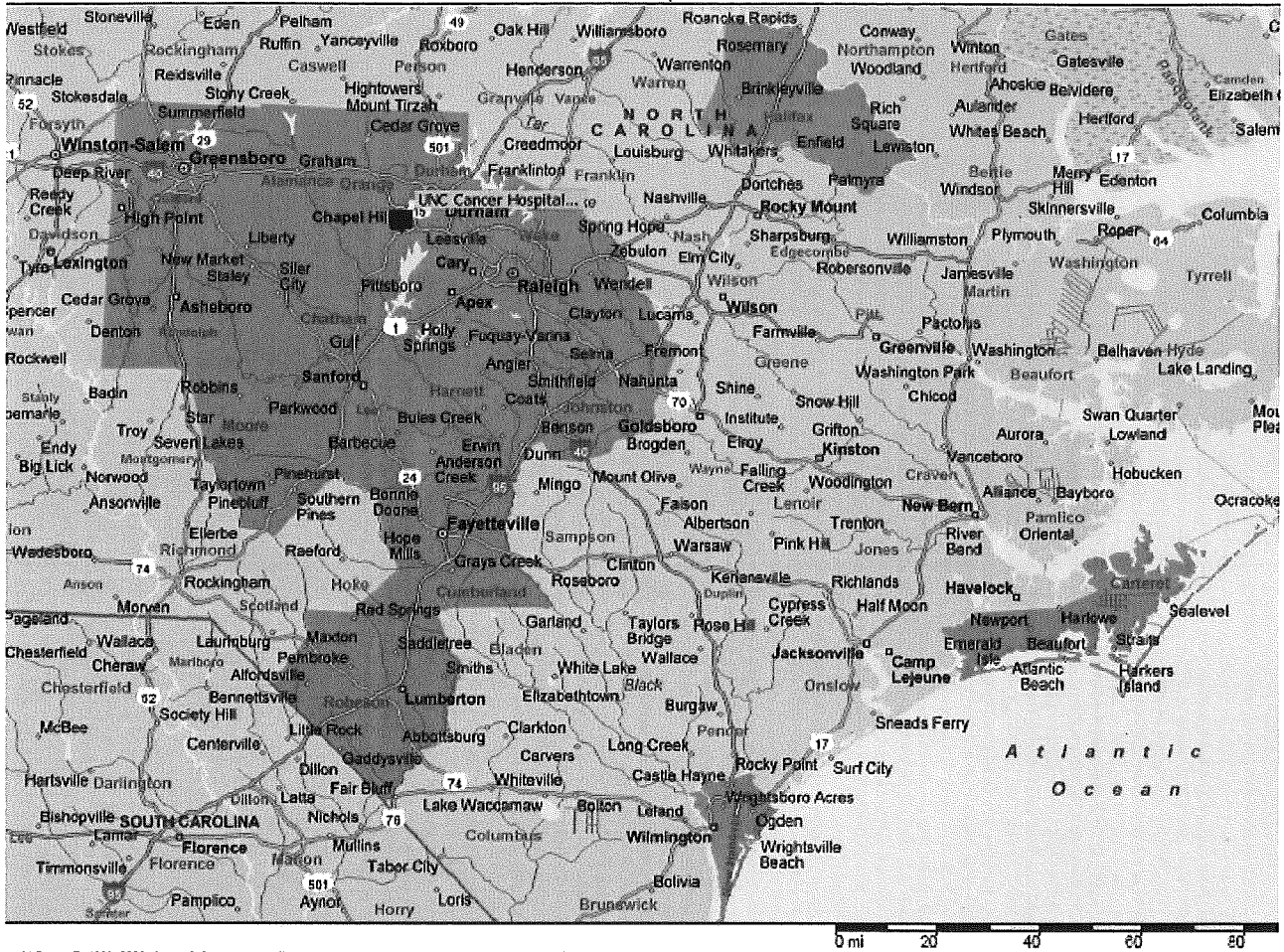


Exhibit 3

Overlap of Rex Cancer Hospital and North Carolina Cancer Hospital Service Areas

Service Areas

- Both SA
- UNC Only
- Rex Only

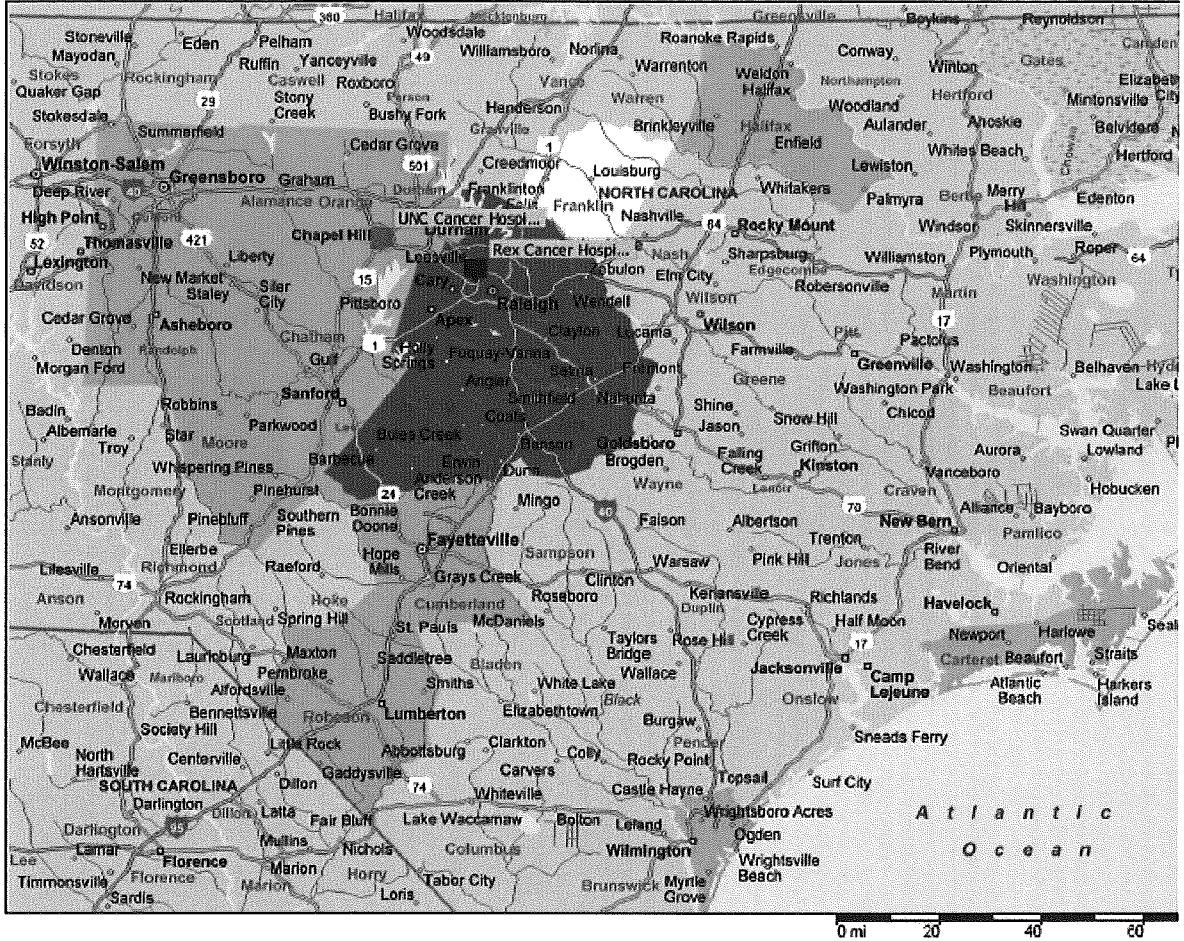


Exhibit 4 Duke Medicine Cancer Center Service Area

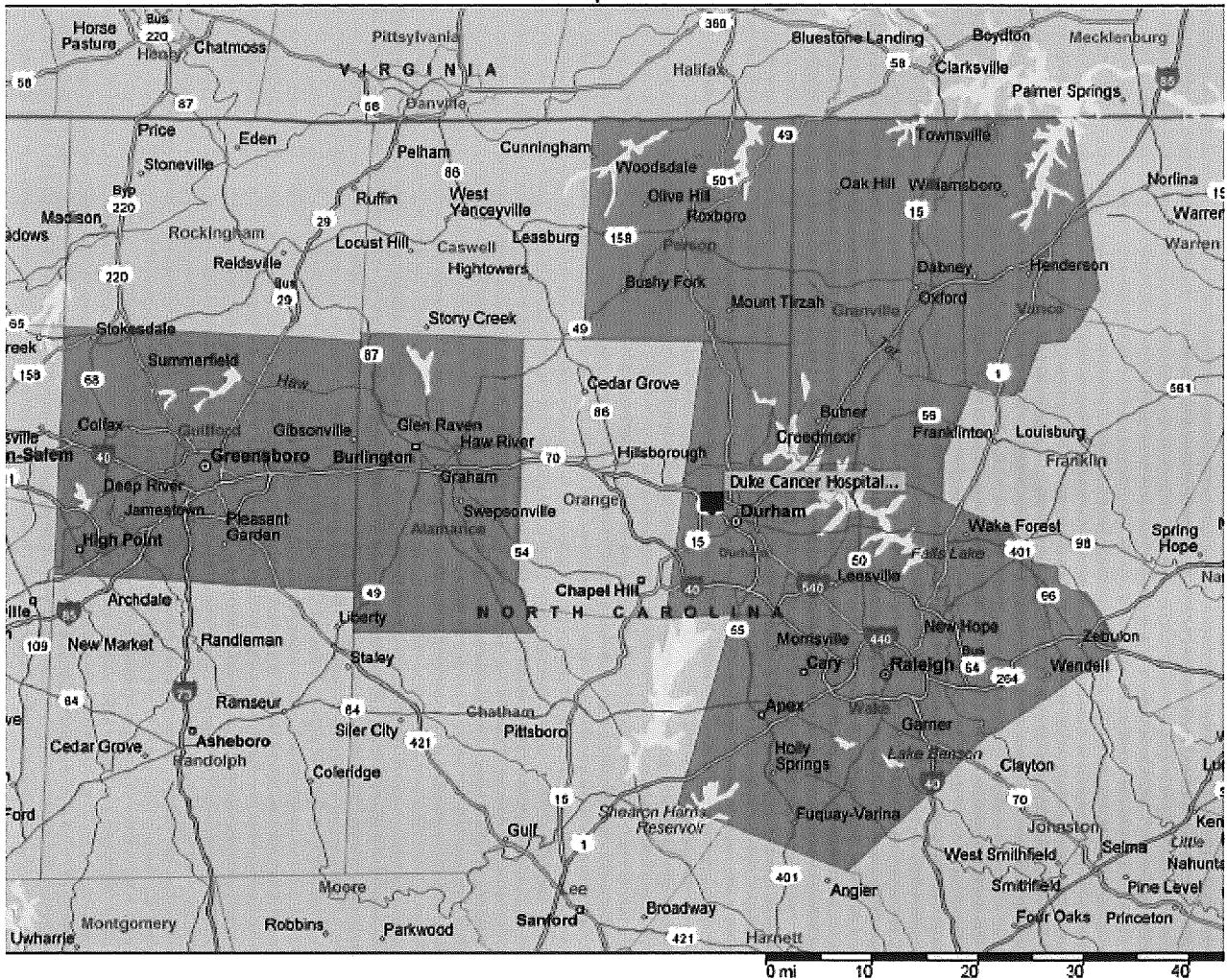


Exhibit 5 Overlap of Rex Cancer Hospital and Duke Medicine Cancer Center Service Areas

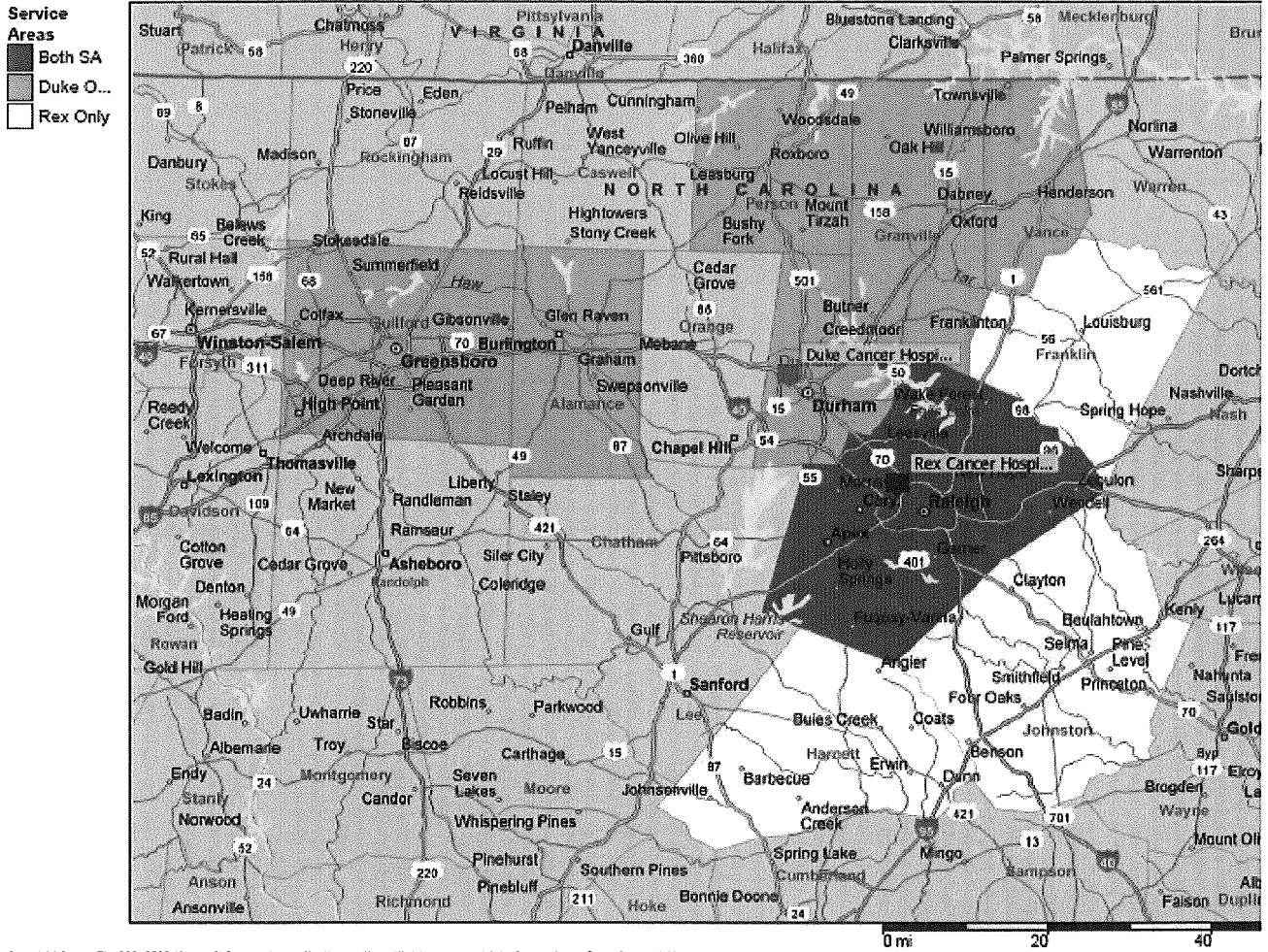


Exhibit 6
Rex Healthcare
Estimated Rex Radiation Therapy Patients by Site

Fiscal Year	Rex Hospital	Wakefield	Panther Creek	Total
2008	797	-	-	797
2009	791	53	-	844
2010	670	223	-	893
2011	520	236	189	945
2012	500	250	250	1,000
2013	529	265	265	1,059

Source: Rex Panther Creek CON, p. 41

Exhibit 7
Rex Healthcare
Estimated Rex Medical Oncology Patients by Site

Fiscal Year	Rex Hospital	Wakefield	Panther Creek	Total
2008	2,184	-	-	2,184
2009	2,124	142	-	2,266
2010	1,762	587	-	2,349
2011	1,340	609	487	2,436
2012	1,264	632	632	2,528
2013	1,311	655	655	2,621

Source: Rex Panther Creek CON, p. 44

Exhibit 8

Rex Hospital					
Historical Medical Oncology Encounters					
	For the 12 months ending				
	6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010*
Encounters	5,561	6,820	7,339	8,312	8,774
Year to Year % Change	-	22.6%	7.6%	13.3%	5.6%
*Annualized based on seven months of data					
<i>Source: Rex Cancer Hospital application, p. 70</i>					

Exhibit 9

Rex Hospital								
Projected Medical Oncology Encounters								
	For the 12 months ending							
	6/30/2010	6/30/2011	6/29/2012	6/29/2013	6/29/2014	6/29/2015	6/28/2016	6/28/2017
Encounters	8,774	9,303	9,865	10,461	11,724	13,139	14,726	16,504
Year to Year % Change	-	6.0%	6.0%	6.0%	12.1%	12.1%	12.1%	12.1%
Cumulative % Change	-	6.0%	12.4%	19.2%	33.6%	49.7%	67.8%	88.1%
*Annualized based on seven months of data								
<i>Source: Rex Cancer Hospital application, p. 70</i>								

Exhibit 10

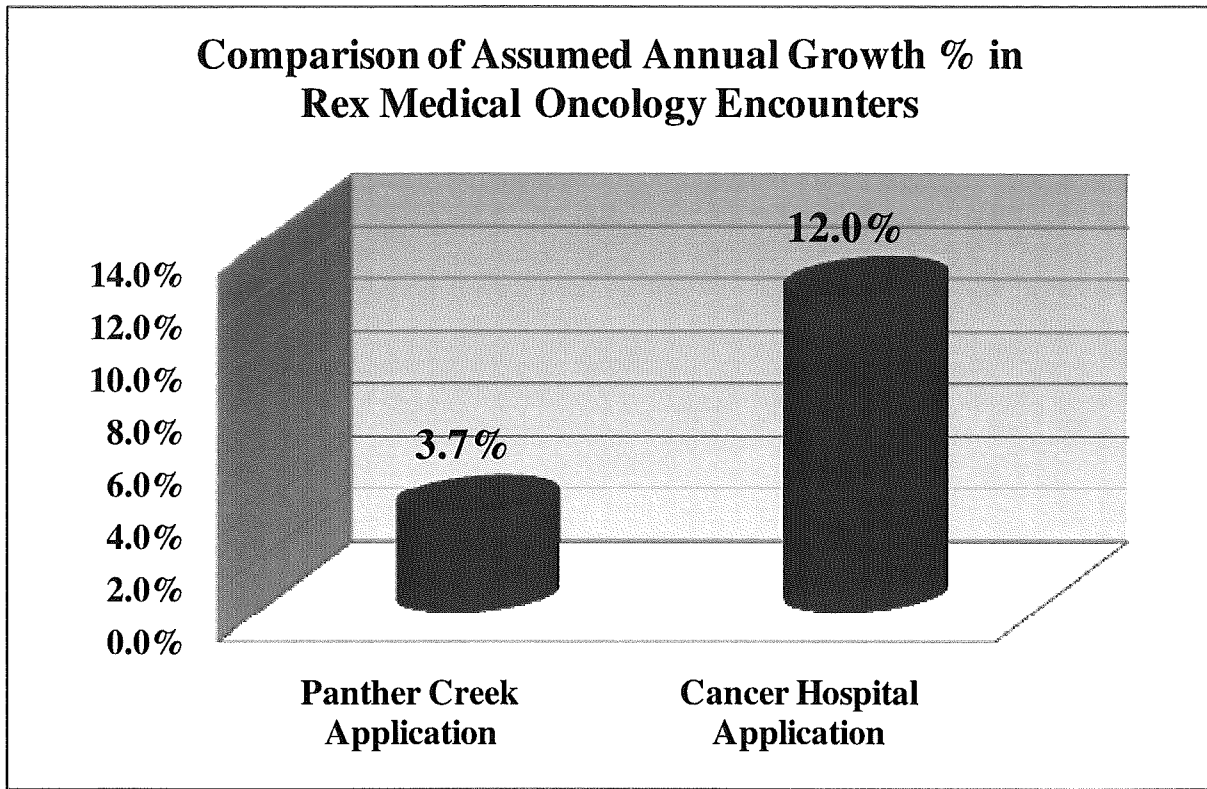


Exhibit 11

**Comparison of Assumed Five-Year Growth % in
Rex Medical Oncology Encounters**

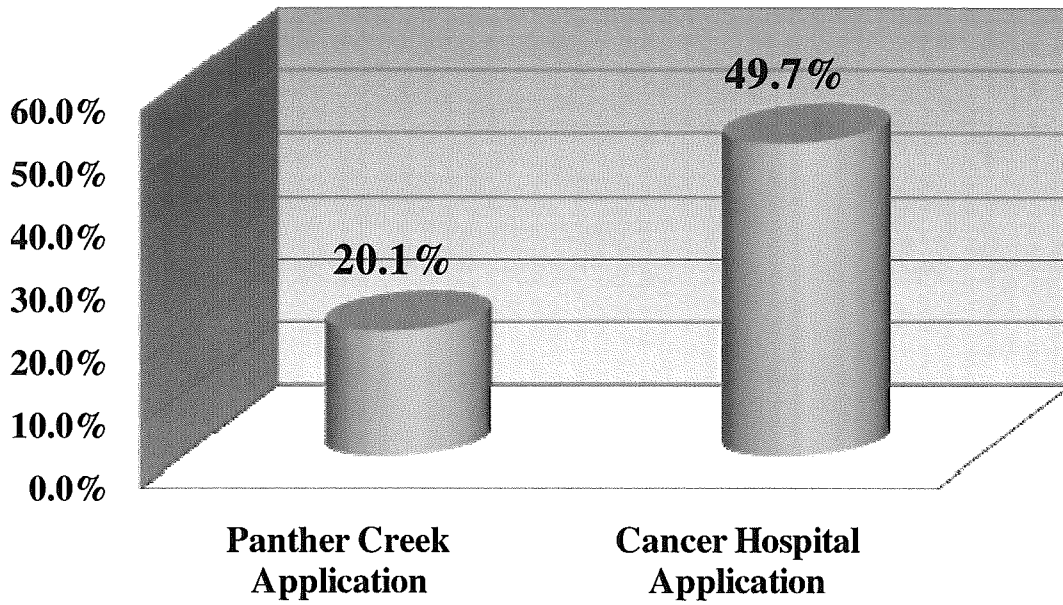


Exhibit 12

Current and Projected Population for Rex Cancer Hosipital				
Service Area				
County	July 2010	July 2015	CAGR 2010-15	Total Percent Change 2010-15
Wake	935,530	1,112,839	3.5%	19.0%
Johnston	174,793	204,911	3.2%	17.2%
Harnett	116,270	132,851	2.7%	14.3%
Franklin	60,096	65,511	1.7%	9.0%
Total Service Area	1,286,689	1,516,112	3.3%	17.8%
<i>Source: North Carolina Office of State Budget and Management</i>				