



2009 Cancer Program Annual Report

Reflecting Statistical Data from 2008



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Our Mission and Values

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost-effective healthcare in the communities we serve.

In pursuit of our mission, we believe the following value statements are essential and timeless:

We recognize and affirm the unique and intrinsic worth of each individual.

We treat all those we serve with compassion and kindness.

We act with absolute honesty, integrity, and fairness in the way we conduct our business and the way we live our lives.

We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

Glossary

Analytic (A) - A cancer that is reportable to the FCDS and NCDB. Cases diagnosed and/or treated initially at Central Florida Regional Hospital.

American Joint Commission on Cancer (AJCC) - Their goal is to formulate and publish systems classification of cancer, including staging and end results reporting, which will be acceptable to and used by the medical profession for selecting the most effective treatment determining prognosis, and continued evaluation of cancer control measures.

Commission on Cancer (COC) - Sets standards for quality multi-disciplinary cancer care delivery primarily in hospital settings; surveys hospitals to assess compliance with those standards; collects standardized and quality data from approved hospitals to measure treatment patterns and outcomes; and uses the data to evaluate hospital provider performance.

Florida Cancer Data System (FCDS) - Florida's statewide population based cancer registry. In 1978, the Florida Department of Health contracted with Sylvester Comprehensive Cancer Center at the University of Miami School of Medicine to design and implement the registry. FCDS has been collecting incidence data since 1981.

National Cancer Data Base (NCDB) - Nationwide Oncology outcomes data base for over 1,500 hospitals in 50 states. The NCDB was founded as a joint project of the AcoS, Commission on Cancer and the American Cancer Society.

Non Analytic (N/A) - Cancer cases primarily diagnosed and treated elsewhere, and/ or receiving subsequent care at Central Florida Regional Hospital.

Information on Cancer

Central Florida Regional Hospital (407)321-4500

American Cancer Society Resource Room – ext. 5973

www.CentralFloridaRegional.com

American Cancer Society (800)227-2345

www.cancer.org

American College of Surgeons (800)621-4111

www.facs.org

ACoS Cancer Programs (321)202-5058

Comprehensive Center Network (NCCN) (888)909-6226

www.nccn.org

Florida Department of Health (FDH) (850)245-4003

www.doh.state.fl.us

National Cancer Institute (NCI) (800)422-6237

<http://www.cancer.gov/>

Cancer Registry Data

The Cancer Registry has been collecting information on all cancer cases and provides lifetime follow up on all analytic cases starting January 1, 2008.

The 2008 data reflects 461 cases accessioned into the cancer registry database; 260 cases (56%) were analytic and 201 (44%) were non-analytic. Central Florida Regional Hospital's top five analytic cancer sites are as follows: Lung (75), Breast (52), Colon (22), Non Hodgkin's Lymphoma (15), and Unknown Primary (14).

Services Provided by Central Florida Regional Hospital

Cancer Services – Central Florida Regional Hospital provides multidisciplinary care for patients with cancer. Physicians specializing in cancer work together with nurses, dietitians, therapists, social workers, pharmacists, and chaplains to address the physical, emotional and spiritual needs of each patient and family. Services include chemotherapy, radiation therapy and surgical oncology. Inpatient, outpatient, home health care arrangements and hospice care are also available.

Cancer Resources -- All newly diagnosed cancer patients receive an American Cancer Society Referral Form to help them obtain access to support services available in our community. The American Cancer Society Resource Room at Central Florida Regional Hospital provides wigs, prostheses and colostomy supplies free of charge to those that need them. Trained volunteers will assist patients in selecting a proper fitting wig or prosthesis. The Resource Room is available by appointment on Tuesday and Thursday from 9 a.m. to 5 p.m. Call (407) 321-4500 ext. 5973 to schedule an appointment.

CyberKnife Center – CyberKnife is a precise, painless, noninvasive radiation outpatient treatment targeting tumors anywhere in the body, especially those deemed inoperable by traditional treatment methods. In certain cases it can be an alternative to surgery.

CyberKnife is a revolutionary new way of performing stereotactic radiosurgery. It combines advanced technologies in robotics coupled with an image guidance system allowing the CyberKnife to reach areas of the body that are untreatable with other radiosurgery systems. It also allows more flexible delivery of radiation for optimum treatment.

Hyperbaric and Wound Care Services – Hyperbaric oxygen therapy (HBO) is a medical treatment in which a patient breathes 100% oxygen while under pressure in a hyperbaric chamber. The purpose of breathing 100% oxygen under pressure is to dissolve more oxygen in the bloodstream. Our entire physical health is determined by the absorption of oxygen through the air that we breathe. When there is a lack of oxygen supply delivered to tissue, it can deteriorate and become infected. Re-establishing tiny blood vessels to the damaged tissue/bone is achieved by a process called angiogenesis. It is an accumulative effect occurring over a number of treatments.

HBO can benefit cancer patients who have suffered tissue/bone damage from radiation treatments. They may have jaw bone disintegration or pain and bleeding in the soft tissue treated with radiation. HBO has been documented to improve tissue health through angiogenesis. Delayed radiation injury (soft tissue and bony necrosis) is one of 12 approved diagnoses recognized by Medicare and other insurances for reimbursement.

Imaging Services - Imaging Services offers a complete range of diagnostic and interventional procedures. Our Imaging Services Department is staffed by licensed registered technologists and Board-Certified radiologists to interpret results. The Imaging Services Department offers 64 Slice Cardiac CT with GE'S VCT scanner, as well as CT angiograms. We also perform routine CT scanning, Ultrasounds, Nuclear Medicine routine and Cardiac studies as well as diagnostic X-rays. Our MRI scanner is a GE 1.5 Tesla magnet which has state-of-the-art neurology capability. The Mammography section performs mammograms and stereotactic biopsies and is ACR/MQSA certified.

Neurohealth Sciences Center - the Neurohealth Sciences Center offers comprehensive stroke, spine and pain management programs, movement disorder programs, neuro-oncology services, deep brain stimulation and functional magnetic resonance imaging.

Pastoral Care - Central Florida Regional Hospital cares for the whole person by providing quality physical, spiritual and emotional care. The hospital-based clergy is available to care for the pastoral/spiritual needs of our patients and families regardless of faith background.

Rehabilitation Services - Physical Medicine and Rehabilitation can be effective in minimizing the symptoms and side effects of cancer and its treatments and maintaining one's quality of life.

Physical Therapy utilizes modalities that complement medical treatment for pain such as massage, gentle range of motion, exercises, positioning and relaxation techniques. Guided physical exercise programs have also been shown to prevent the manifestation and reduce pain as well as the intensity of cancer-related fatigue. PTs also train cancer patients in the use of orthotic equipment and prosthesis to promote functional independence. Advanced cancer patients may also benefit from PT through patient and caregiver education on positioning, transfer techniques, bed mobility and gentle techniques to offer the patient the most possible comfort while maintaining the highest quality of life, and promoting functional independence.

Speech-Language Pathology can also be helpful to patients who have difficulty swallowing food due to the hardening of the tissues in the throat area following radiation treatment for lung or throat cancer. Treatment options such as diet modification and neuromuscular reeducation of swallowing muscles through Vital Stim have been successful in addressing these side effects.

Occupational Therapy can also offer cancer patients additional training on activities of daily living such as bathing, showering, and feeding while utilizing adaptive equipment if needed. To promote functional independence, OT also involves educating the patients and their families on meal and activities planning, energy conservation, safety awareness, and splinting if needed.

As part of the quality care we provide our cancer patients at Central Florida Regional Hospital, all three above mentioned disciplines are available to our patients on an inpatient basis, in our Skilled Nursing Unit and through our outpatient partner, Ability Rehabilitation. It is through the integration of these services with other treatment options for cancer patients that we can assure the community of our commitment to provide a holistic approach to patient care.

Surgical Services – The surgical department at Central Florida Regional Hospital offers a comprehensive range of inpatient and outpatient surgical procedures, including General Surgery, Cardiovascular and Thoracic Surgery, Orthopedic Surgery, Gynecologic Surgery, Neurosurgery and Urology Surgery.

Accomplishments

- Conducted quarterly cancer committee meetings.
- Provided physician education through monthly Cancer Conferences.
- Provided cancer education and early detection services to the public through community screenings.
- Continued to promote patient referrals to the American Cancer Society.
- Opened American Cancer Society Resource Room/ library.
- Participated in the American Cancer Society Relay for Life.
- Sponsored the American Cancer Society Annual Survival Dinner.
- Community Hospital Smoke Free Campus.
- Continued to prepare for ACOS Cancer program survey in 2010.
- Provided nine registered nurses with oncology certification review.
- Three nurses received national certification. Two nurses scheduled to take exam Feb 2010 and four to take exam May 2010.
- Twenty three ONS certified chemotherapy providers.
- Continued to promote physicians' use of the AJCC TNM Staging System.

Goals

- Continue to provide physician education through monthly cancer conferences.
- Continue physician review of abstracting.
- Continue and promote physicians' use of the AJCC TNM Staging.
- Continue to offer cancer education and early detection series to the public through community cancer screenings.
- Participate in American Cancer Society Relay for Life and Annual Survival Dinner.
- Promote colon rectal screening in the community.
- Promote mammography for breast screening.
- Increase utilization of American Cancer Society Resource Room/ library.
- Publish cancer program annual report.
- Successful ACOS survey.

Colon Cancer Patient Study

12/2/09

Colorectal cancer is the fourth most frequently diagnosed cancer and the number two cancer killer in the United States. In 2009, an estimated 106,100 new cases of colon, and 40,870 cases of rectal cancer will occur and roughly 50,000 men and women will die of cancers originating in these sites. Mortality from colon cancer has decreased over the past three decades due to screening, to better surgical techniques, and to the development of more effective medical therapies. However, less than one half of colon cancers are diagnosed at early stages. Advanced stages of colon cancer have five year survival rates of only 8 - 60+% with aggressive, sometimes lifelong therapy.

Colon cancer develops sequentially from changes in a cell in a polyp (growth) over years to decades. Screening with early detection and removal of pre-cancerous/cancerous polyps can prevent colon cancer. Currently, the American Cancer Society guidelines recommend colonoscopy every ten years starting at age 50. We now understand that as many as 1/3 of all colon cancers in the US are associated with familial clustering. Therefore, those with a parent or sibling afflicted should begin screening at a younger age. Dietary changes (low fat, high calcium) as well as anti-inflammatory agents may have shown some role in preventing colon cancer.

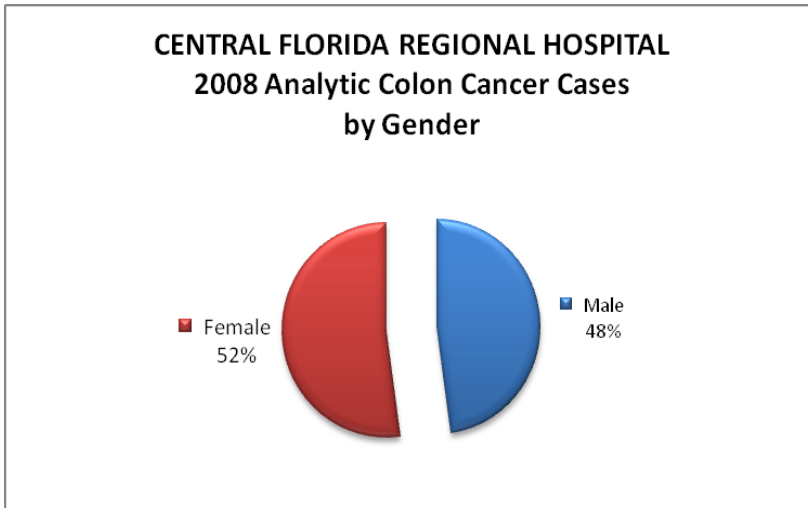
Treatment for colon cancer most often includes surgery and, depending on stage, may include chemotherapy and/or targeted therapies. Locally advanced rectal cancers receive up front pre-operative chemo-radiotherapy. Survival in patients with metastatic colorectal cancer has improved in recent years due to two new highly effective chemotherapy agents, Irinotecan and Oxaliplatin. Liver directed therapies (Radiofrequency ablation, chemo-embolism, and Sirspheres) aid in the sometimes cure of patients with isolated liver only metastasis. Further, the evolution of targeted therapies (Bevacizumab, Cetuximab, and Panitumumab) together with a growing understanding of which patients benefit from their use (K-ras wild type) has additionally extended patient survival. These new discoveries are helping cancer doctors to individualize patient treatment based on the biology of one's cancer.

In our 2008 data at Central Florida Regional Hospital we had 23 cases of colon cancer (excluding rectosigmoid and rectal cancer), 11 men, 12 women; 19 Caucasian, 2 African American, 2 other. Stage distribution was: stage 0, 6 cases (26%), stage I, 0, stage II, 7 (31%), stage III, 6 (26%) and, stage IV, 1 (4%). Three cases (13%) were stages as "unknown" at the time of hospital discharge. Some staging may be changed by PET scan results post discharge. These 23 cases represent 8.85% of cancer diagnosis at CFR and compare to the national statistics for colon cancer incidence.

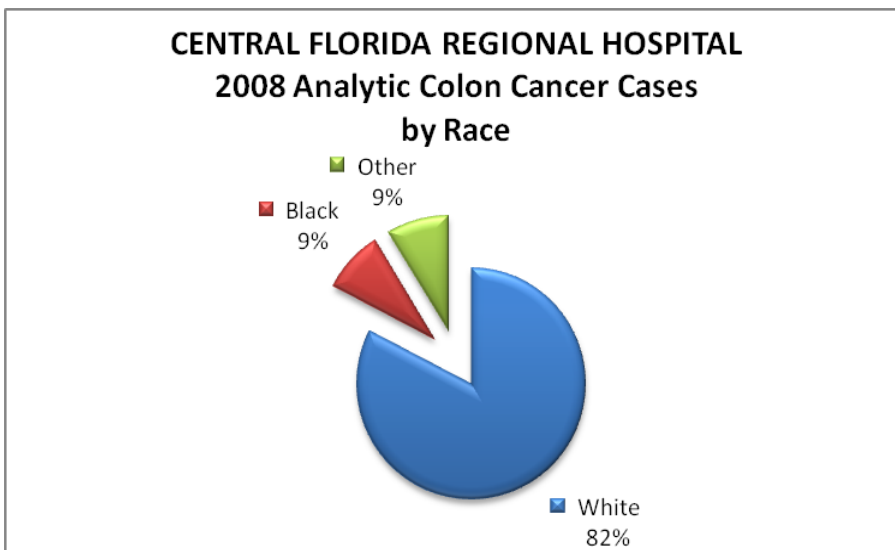
2008 analytic cases = 260

23 colon (excluding rectosigmoid and rectal ca)

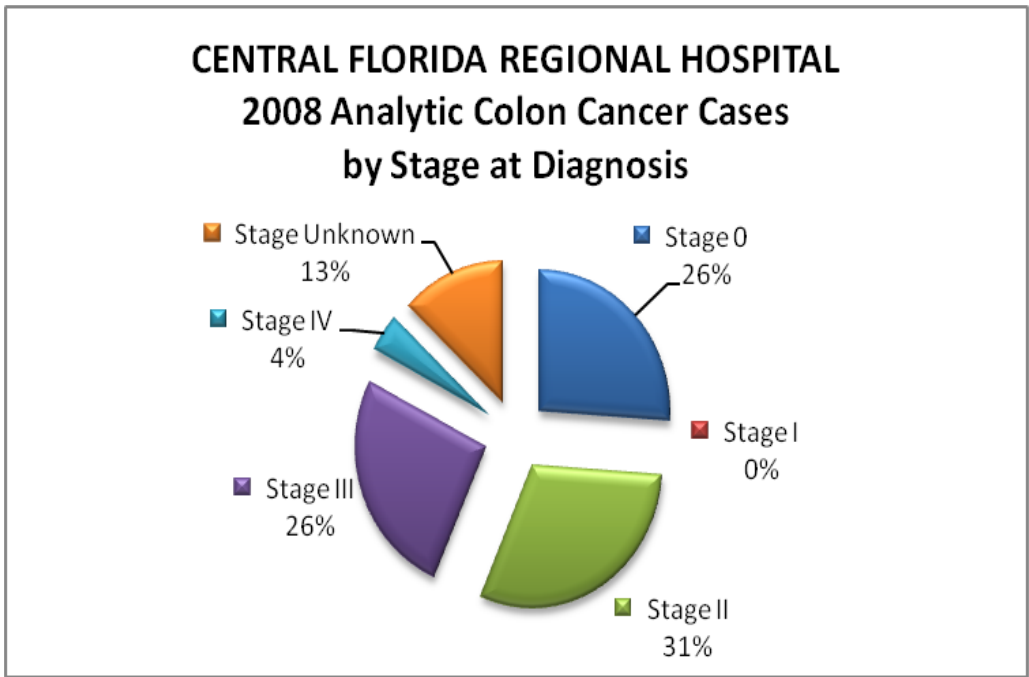
	Male	Female
COLON	11	12



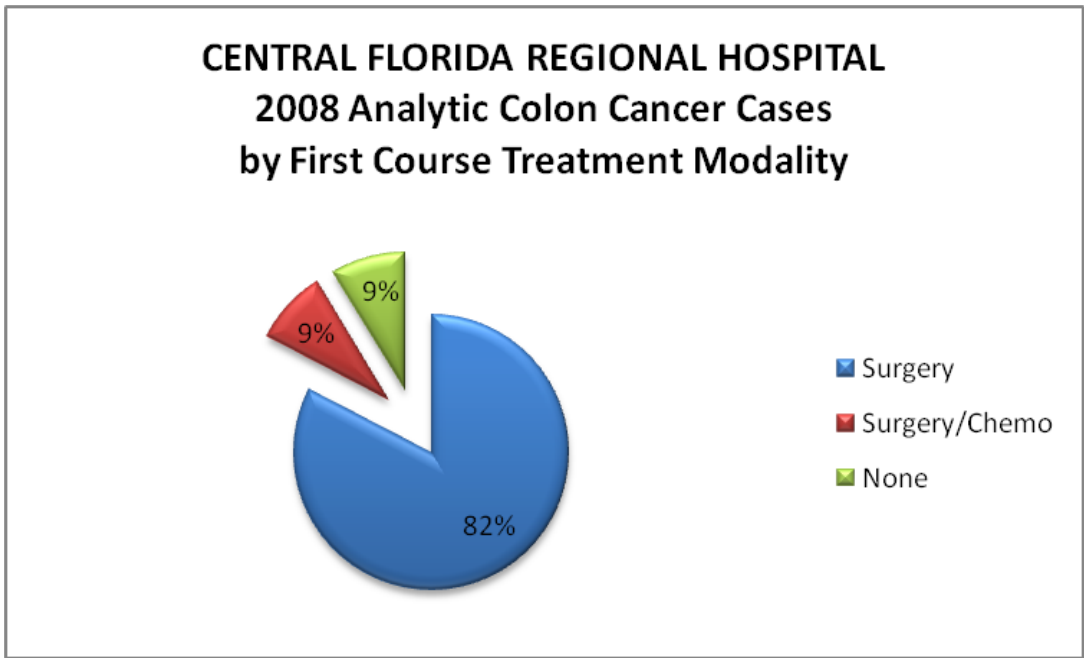
	White	Black	Other
COLON	19	2	2



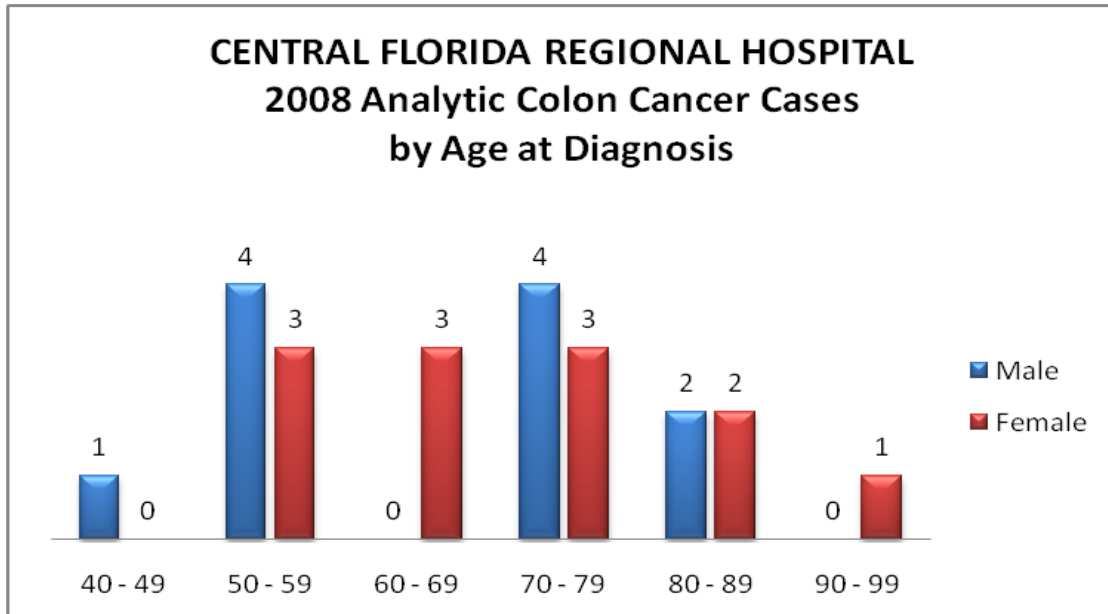
	Stage 0	Stage I	Stage II	Stage III	Stage IV	Stage Unknown
COLON	6	0	7	6	1	3



Surgery	19
Surgery/Chemo	2
None	2



Age Range	Male	Female
40 - 49	1	0
50 - 59	4	3
60 - 69	0	3
70 - 79	4	3
80 - 89	2	2
90 - 99	0	1



2008 Analytic Colon Cancer Cases by Morphology	
Carcinoma, Not Otherwise Specified	2
Adenocarcinoma	13
Neuroendocrine carcinoma	1
Tubulovillous Adenoma	1
Mucinous Adenocarcinoma	6
Total	23

Number of Colon Cancer Cases Dx in 2008			
	# of Cases	Total	%
CFRH	23	260	8.85%
Florida*	10920	101,920	10.71%
United State	108,070	1,437,180	7.52%

Estimated New Cancer Cases for Selected Cancer Sites by State, US, 2008*

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Cancer Facts & Figures 2008

** # of 2008 Estimated Cases in Florida includes Colon and Rectum cases

Primary Site Tabulation										
PRIMARY SITE	TOTAL	SEX		AJCC STAGE						
		Male	Female	0	I	II	III	IV	UNK	N/A
ALL SITES	260	115	145	13	61	25	16	23	87	35
ORAL CAVITY	0	0	0	0	0	0	0	0	0	0
LIP	0	0	0	0	0	0	0	0	0	0
TONGUE	0	0	0	0	0	0	0	0	0	0
OROPHARYNX	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
DIGESTIVE SYSTEM	47	27	20	0	7	8	7	5	19	1
ESOPHAGUS	1	1	0	0	0	0	0	0	1	0
STOMACH	3	1	2	0	0	1	0	1	0	1
COLON	22	10	12	0	4	6	6	1	5	0
RECTUM	11	7	4	0	1	1	1	2	6	0
ANUS/ANAL CANAL	1	1	0	0	0	0	0	0	1	0
LIVER	4	4	0	0	1	0	0	1	2	0
PANCREAS	3	2	1	0	0	0	0	0	3	0
OTHER	2	1	1	0	1	0	0	0	1	0
RESPIRATORY SYSTEM	76	46	30	0	23	1	3	15	34	0
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0
LARYNX	0	0	0	0	0	0	0	0	0	0
LUNG/BRONCHUS	75	46	29	0	22	1	3	15	34	0
OTHER	1	0	1	0	1	0	0	0	0	0
BLOOD & BONE MARROW	8	3	5	0	0	0	0	0	0	8
LEUKEMIA	4	2	2	0	0	0	0	0	0	4
MULTIPLE MYELOMA	2	0	2	0	0	0	0	0	0	2
OTHER	2	1	1	0	0	0	0	0	0	2
BONE	1	0	1	0	0	0	0	0	1	0
CONNECT/SOFT TISSUE	2	1	1	0	0	0	0	0	2	0
SKIN	10	6	4	0	2	0	0	1	6	1
MELANOMA	9	5	4	0	2	0	0	1	5	1
OTHER	1	1	0	0	0	0	0	0	1	0
BREAST	52	0	52	11	13	16	5	0	7	0
FEMALE GENITAL	8	0	8	0	2	0	1	0	5	0
CERVIX UTERI	0	0	0	0	0	0	0	0	0	0
CORPUS UTERI	4	0	4	0	1	0	0	0	3	0
OVARY	3	0	3	0	0	0	1	0	2	0
VULVA	1	0	1	0	1	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	7	7	0	0	0	0	0	1	6	0
PROSTATE	7	7	0	0	0	0	0	1	6	0
TESTIS	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	8	4	4	2	0	0	0	1	5	0
BLADDER	3	3	0	2	0	0	0	0	1	0
KIDNEY/RENAL	5	1	4	0	0	0	0	1	4	0

2009
Cancer Committee Members

Physician Leadership

Amir Hedayati, MD – Radiology (Board Certified) Chairman

Keith Fisher, MD – Pathology, (Board Certified) Community Liaison Physician

Committee Members

Maureen Holasek, MD – Radiation Oncology (Board Certified)

Lynn Van Ummersen, MD – Hematology/ Oncology (Board Certified)

Jeremy Steinbaum, MD – Surgery (Board Certified)

Wendy Brandon	Chief Executive Officer
Bobby McCullough	Chief Operating Officer
Chris Taramasco	Chief Nursing Officer
Jean Opsut	Director of Quality Resource Management
Laura Primavera	Director of Oncology Services
Sandy McPherson	Director of Marketing (Community Outreach Coordinator)
Heather Fuller	Director of Pharmacy
Debbie Lenzen	Director of Case Management
Dona Hohensee	American Cancer Society
Bubblela Simmons	Cancer Registry
Elizabeth Exilus	Cancer Registry (Quality of Cancer Registry Data Coordinator)