



2010
Cancer Annual Report

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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 2009 data reflects 405 cases accessioned into the cancer registry database; 286 cases (71%) were analytic and 119 (29%) were non-analytic. Central Florida Regional Hospital's top five analytic cancer sites are as follows: Lung (65), Breast (55), Colon (21), Prostate (17), and Non Hodgkin's Lymphoma (15).

Our Mission & 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.

Information on Cancer

- **Central Florida Regional Hospital**
(407) 321-4500 | www.CentralFloridaRegional.com
- **American Cancer Society Resource Room**
(407) 321-4500 ext.5973
- **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>

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.

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.
- Continued to provide an American Cancer Society Resource Room/ library.
- Participated in the American Cancer Society Relay for Life in both Lake Mary and Sanford.
- Hosted two American Cancer Society Annual Survivor Dinners at Central Florida Regional Hospital.
- Community Hospital Smoke Free Campus.
- Continued to prepare for ACOS Cancer program survey.
- Five nationally certified oncology nurses
- Eighteen ONS certified chemotherapy providers.
- Continued to promote physicians' use of the AJCC TNM Staging System.

Central Florida Regional Hospital 2010 Cancer Services

- **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, routine and cardiac nuclear medicine studies and diagnostic x-rays. Our MRI scanner is a GE 1.5 Tesla magnet which has state-of-the-art neurology capability.
- **Women's Imaging Services** includes digital mammography, breast ultrasound, minimally invasive stereotactic biopsy, bone densitometry (DEXA) scan and minimally invasive ultrasound-guided biopsy. The mammography section 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.
- **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.

- **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. Central Florida Regional Hospital provides rehabilitation services 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. Modalities include:

- **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. Physical therapists 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 re-education of swallowing muscles through Vital Stimulation have been successful in addressing these side effects.
- **Occupational Therapy** - offers 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, occupational therapy 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.

Goals

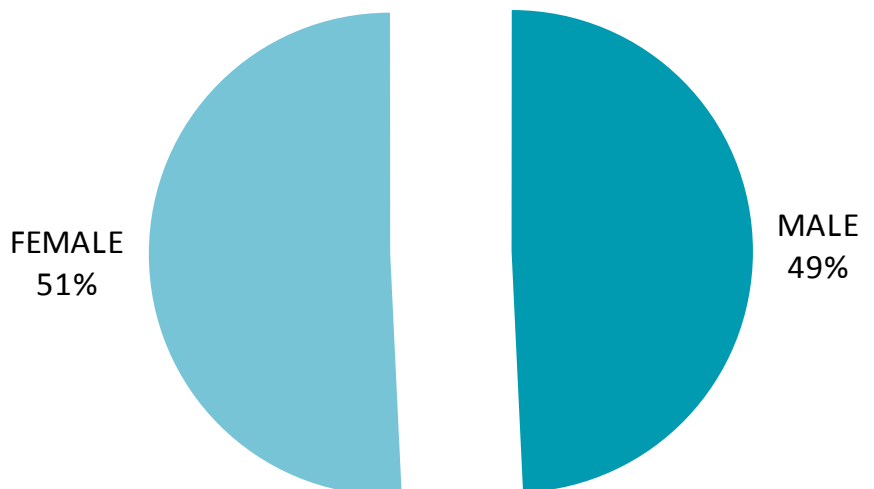
- Continue to provide physician education through monthly cancer conferences.
- Continue physician review of abstracting.
- Continue to promote physicians' use of the AJCC TNM Staging.
- Continue to offer cancer education and early detection series to the public through community cancer screenings.
- Participate in American Cancer Society Relay for Life and Annual Survival Dinner.
- Promote colorectal cancer 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.



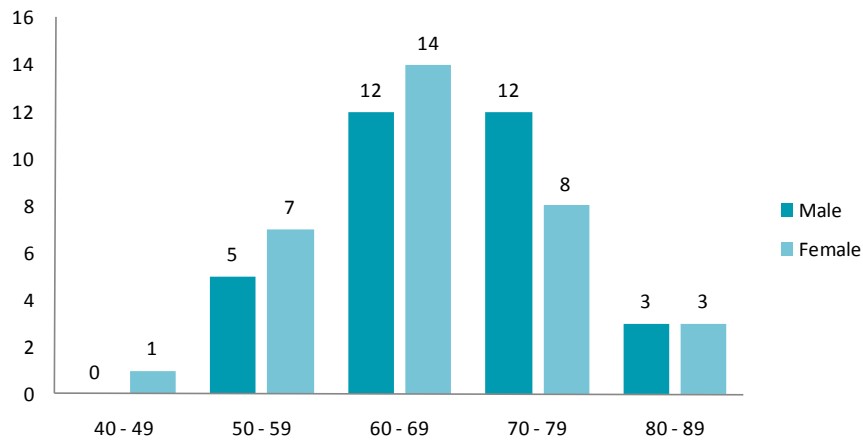
Lung Cancer Patient Study December 2010

Lung cancer is the leading cause of cancer-related deaths in the United States for both men and women. An estimated 219,440 new cases of lung and bronchus cancer were diagnosed in 2009 (116,090 men, 103,350 women); 159,390 deaths occurred. 17,790 new cases were diagnosed in Florida during that time period. At Central Florida Regional Hospital, 65 cases (32 male, 33 female) were registered in 2009 out of a total of 286 cancers of all types. The median age of diagnosis was 60-69 with a higher incidence in Caucasian > African American > other races.

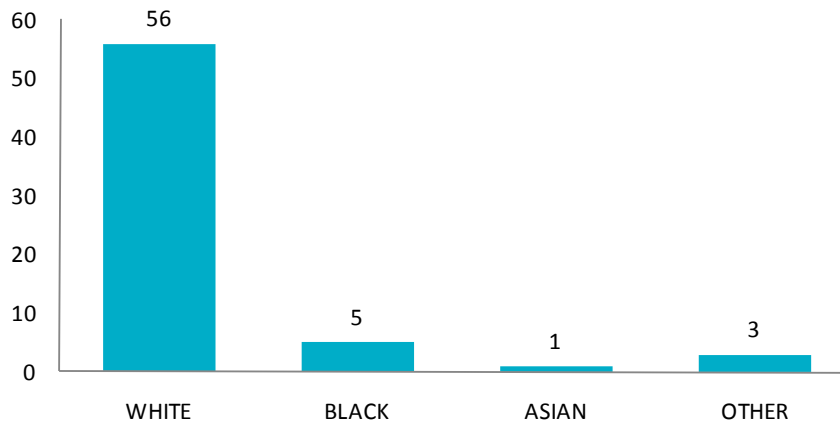
Gender



Age by Gender



Race



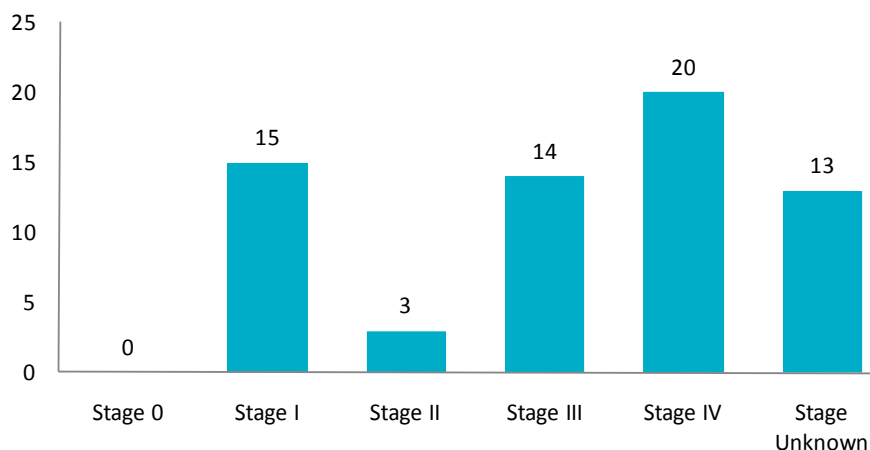
Eighty-five percent of all lung cancer patients do not survive 5 years. This is in part because symptoms often occur only with more advanced disease and go under recognized in a population with similar chronic symptoms: cough, dyspnea, COPD, weight loss. The primary risk factor for lung cancer is smoking; risk increases with the number of pack-years tobacco use and does not significantly decrease for > 20 years after quitting. Substantial risk also exists from second hand smoke (20 - 30% increased risk), exposure to radon gas, asbestos and possibly other carcinogens.

Screening for lung cancer is imperfect. Chest x-ray can miss small, especially centrally located cancers. Spiral chest CT Scans can detect smaller, earlier stage cancers but also yield many false positives (necessitating biopsy/risk/cost). Ten year survival rates for stage I disease are 92%; however, screening studies detect such cancers in as little as 3% of individuals screened.

The process is not cost effective and to date has not been shown to conclusively decrease mortality. Clinical trials are actively investigating alternative approaches.

Lung cancers are divided by pathological result into small cell and non-small cell with the latter being further split into squamous and non-squamous (adenocarcinoma, large cell and others). Non-small cell accounts for >85% of all lung cancer. Adenocarcinoma is the most common type seen in the US and is also the most frequent type seen in non-smokers. Pathological evaluation is performed to classify lung cancer, describe size/extent of local invasion, involvement of lymph nodes and/or margins. Many new molecular markers - EGFR, K-ras, TTF-1, CK-7, - among others help to sub-classify histology and have begun to impact choices of medical therapy (towards targeted therapies).

Stage at Diagnosis

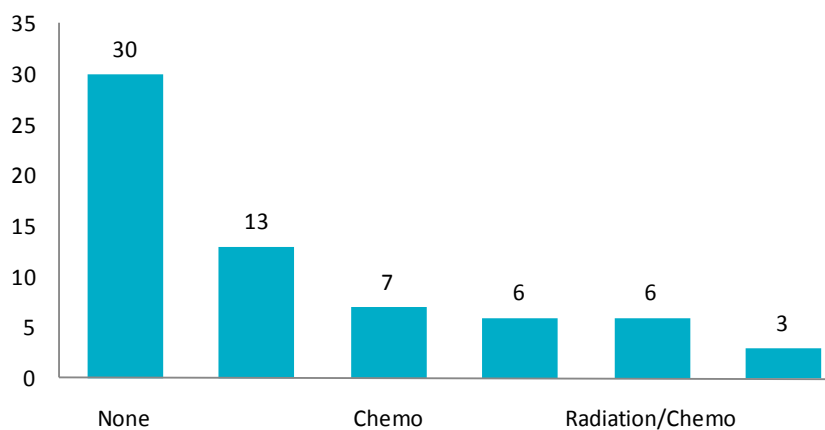


The stage of lung cancer is directly related to survival. Thus staging systems have continually been modified as improved detection, surgical and radiation techniques as well as systemic treatments alter patterns of survival. SEER data for 1996 - 2004 observe that only 16% of lung cancers are diagnosed at localized stages, 25 % are diagnosed after lymph node involvement and/or direct extension of tumor to surrounding structures and as many as 51% present with stage IV disease. Five year overall survivals are 49.5%, 20.6% and 2.8% respectively after standard of care treatment. Five year overall survival for untreated stage I disease is as low as 22%. At Central Florida Regional Hospital over 2009, 15 cases (~25%) of localized disease were recorded, 17 with lymph node involvement and 20 (~33%) with stage IV disease (13 unknown stage during hospital stay).

Treatment of lung cancers vary by histology (small cell - chemotherapy) and stage. Early stage non-small cell lung cancers are approached surgically for cure. Adjuvant chemotherapy improves disease free and overall survival in the lymph node positive (stage IB) setting. Locally advanced disease, stages IIIA/B, are the most controversial and are generally treated with a multimodality approach (chemo/RT +/- surgery). Stage IV disease receives primarily systemic therapy. Radiation has a role in treating positive margins and in palliating advanced disease. Several chemotherapy agents synergize with radiation to improve outcome. Additionally, newer chemotherapy agents, targeted therapies and "maintenance therapies" have begun to improve overall survival in stage IV disease.

While the armamentarium of treatments for lung cancer have both increased and improved, for most this disease remains incurable. The key to impacting morbidity and mortality lies in prevention. Efforts to enhance smoking cessation success rates, reduce second hand smoke exposure and exposure to other carcinogens are imperative.

First Course of Treatment



Primary Site	#ofCases	Gender		Stage at Diagnosis						
		Male	Female	0	I	II	III	IV	UNK	N/A
ORAL CAVITY	1	1	0	0	0	0	0	0	0	1
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	1	1	0	0	0	0	0	0	0	1
DIGESTIVE SYSTEM	50	29	21	3	11	12	7	8	7	2
ESOPHAGUS	3	3	0	0	0	0	1	1	1	0
STOMACH	4	2	2	0	2	0	0	0	1	1
COLON	21	11	10	3	5	5	4	3	1	0
RECTUM	8	4	4	0	2	4	2	0	0	0
ANUS/ANAL CANAL	0	0	0	0	0	0	0	0	0	0
LIVER	5	5	0	0	2	0	0	1	2	0
PANCREAS	7	3	4	0	0	2	0	3	2	0
OTHER	2	1	1	0	0	1	0	0	0	1
RESPIRATORY SYSTEM	66	33	33	0	15	3	14	20	14	0
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0
LARYNX	1	1	0	0	0	0	0	0	1	0
LUNG/BRONCHUS	65	32	33	0	15	3	14	20	13	0
OTHER	0	0	0	0	0	0	0	0	0	0
BLOOD & BONE MARROW	9	5	4	0	0	0	0	0	0	9
LEUKEMIA	6	3	3	0	0	0	0	0	0	6
MULTIPLE MYELOMA	0	0	0	0	0	0	0	0	0	0
OTHER	3	2	1	0	0	0	0	0	0	3
BONE	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	0	0	0	0	0	0	0	0	0	0
SKIN	13	4	9	0	3	2	0	0	8	0
MELANOMA	13	4	9	0	3	2	0	0	8	0
OTHER	0	0	0	0	0	0	0	0	0	0
BREAST	55	0	55	10	18	17	6	2	2	0

		Gender		Stage at Diagnosis						
Primary Site	#ofCases	Male	Female	0	I	II	III	IV	UNK	N/A
FEMALE GENITAL	8	0	8	0	3	1	0	3	1	0
CERVIX UTERI	0	0	0	0	0	0	0	0	0	0
CORPUS UTERI	4	0	4	0	1	1	0	1	1	0
OVARY	3	0	3	0	1	0	0	2	0	0
VULVA	0	0	0	0	0	0	0	0	0	0
OTHER	1	0	1	0	1	0	0	0	0	0
MALE GENITAL	17	17	0	0	0	9	0	2	6	0
PROSTATE	17	17	0	0	0	9	0	2	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	19	10	9	4	7	3	2	0	3	0
BLADDER	14	9	5	4	6	2	1	0	1	0
KIDNEY/RENAL	5	1	4	0	1	1	1	0	2	0
OTHER	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	18	9	9	0	0	0	0	0	0	18
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	6	5	1	0	0	0	0	0	0	6
OTHER	12	4	8	0	0	0	0	0	0	12
ENDOCRINE	4	2	2	0	2	0	2	0	0	0
THYROID	4	2	2	0	2	0	2	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	15	8	7	0	0	12	1	2	0	0
HODGKIN'S DISEASE	0	0	0	0	0	0	0	0	0	0
NON-HODGKIN'S	15	8	7	0	0	12	1	2	0	0
UNKNOWN PRIMARY	10	6	4	0	0	0	0	0	0	10
OTHER/ILL-DEFINED	1	0	1	0	0	0	0	0	1	0
ALL SITES	286	124	162	17	59	59	32	37	42	40

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)

Sandy McPherson

Director of Marketing (Community
Outreach Coordinator)

Lynn Van Ummersen, MD

Hematology/ Oncology (Board Certified)

Cheryl Marley

Director of Pharmacy

William Huether III, MD

Surgery (Board Certified)

Debbie Lenzen

Director of Case Management

Wendy Brandon

Chief Executive Officer

Katie Stone

Patient Services Manager, American
Cancer Society

Bobby McCullough

Chief Operating Officer

Bubblela Simmons

Cancer Registry

Chris Taramasco

Chief Nursing Officer

Elizabeth Exilus

Cancer Registry (Quality of Cancer
Registry Data Coordinator)

Suzanne Lovelady

Vice President of Quality Resource
Management

Laura Primavera

Director of Oncology Services



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