



2011 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 2010 data reflects 352 cases accessioned into the cancer registry database; 259 cases (74%) were analytic and 93 (26%) were non-analytic. Central Florida Regional Hospital's top five analytic cancer sites are as follows: Lung (69), Breast (36), Colon (20), Bladder (14), and Brain Malignant/ Non Hodgkin's Lymphoma (9).

Analytic cases are defined as cancer cases diagnosed and/or administered any of the first course of treatment at our facility. The Registry has accrued and followed all cases since 2008, and achieves follow up rate of 96.54%.

All medical staff and other professionals involved in the care of patients are invited to attend the monthly cancer conferences. Surgeons, pathologists, radiologists, medical oncologists, radiation oncologists, and other specialists review clinical and diagnostic information, then discuss current research, clinical trial eligibility, and nationally accepted therapeutic treatment guidelines to develop the best treatment plans. In 2011, 40 cases were presented during the monthly cancer conferences, representing 15% of the analytic cases. The top five sites discussed at conference in 2011 were colon, lung, stomach, lymph nodes and breast.

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
- Community Hospital Smoke Free Campus.
- Continued to prepare for ACOS Cancer program survey.
- Seven 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

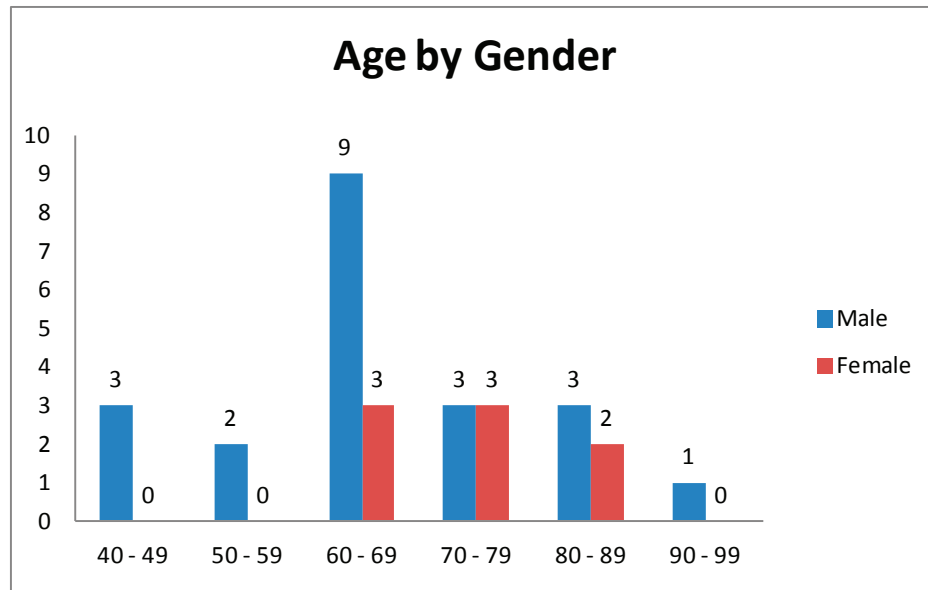
- **Cancer Services** – Central Florida Regional Hospital provides multidisciplinary care for patients with cancer. Physicians specializing in cancer work together with nurses, dietitians, therapists, social workers, pharmacists, and chaplains to address the physical, emotional and spiritual needs of 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.
- **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.

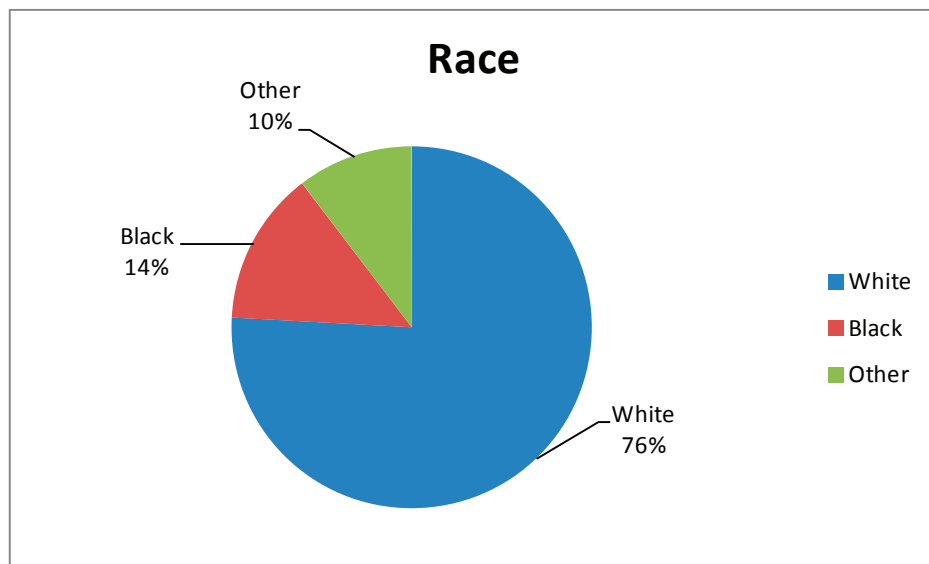
- Imaging Services** - Imaging Services offers a complete range of diagnostic and interventional procedures. Our Imaging Services Department is staffed by licensed registered technologists and board certified radiologists to interpret results. The Imaging Services Department offers 64 slice Cardiac CT 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.



Urological Cancers December 2011

Our focus this year is on urological cancers -- prostate, bladder and kidney -- which combined account for over 300,000 new cancer cases in the United States each year. Prostate cancer is the most common with 217,730 cases in 2010, comprising 28% of new cancers in men. Bladder cancer is the fourth most common cancer in the US, afflicting on average 52,810 men and 18,770 women each year. Kidney cancer has the fewest cases (58,240 per year) but the highest death rate (13,040). In 2010, there were 40 cases of urological cancers at Central Florida Regional Hospital, accounting for 6.5% of all cancer cases seen. Risk factors for these cancers include inherited changes in the genes as well as several modifiable factors: obesity/dietary fat consumption, and tobacco abuse. Caught early these cancers can be cured; in advanced stages therapy is much less successful.



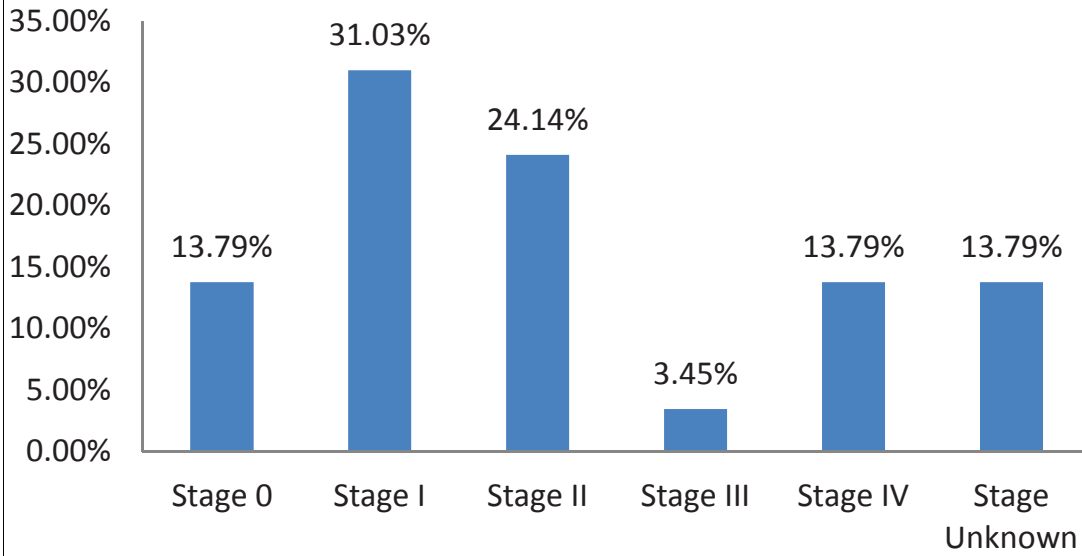


Prostate cancer is the most common non-skin cancer and the second leading cause of cancer death in men in the USA. In 2010, 6 cases of prostate cancer were recorded at Central Florida Regional Hospital (30% of all cases). The risk of this cancer increases with age >50, is greater in African American men and lowest in native Asians likely reflecting a combination of diet, hormonal factors and genetics. Screening is controversial depending on age and other health problems and is comprised of digital rectal exam (DRE) and prostate specific antigen (PSA). Therapy options include surgery or radiation to the gland. The blocking of male hormone (either chemically or by removal of the testes) can control metastatic disease for 18 to 36 months on average. "Hormone refractory" disease warrants chemotherapy or one of the many newer treatment approaches including immune based vaccines. Prostate cancers vary greatly in their aggressiveness and many more men die with prostate cancer than of it. Early detection of "clinically important disease" lessens morbidity and mortality. Bladder cancer is detected early in 70% of cases. Early stage bladder cancers are confined to the mucosal layer (lining) of the bladder and most commonly present with microscopically detected blood in the urine. At Central Florida Regional Hospital in 2010, 14 cases of bladder cancer were recorded with 12 falling into early stages. Many patients have cancer at more than one site either at initial diagnosis or at recurrence. After surgical removal (Transurethral resection of bladder tumor or TURBT) some of these patients benefit from chemotherapy given directly into the bladder itself with agents such as BCG, Doxorubicin or Thiotepa. Untreated, bladder cancer slowly spreads

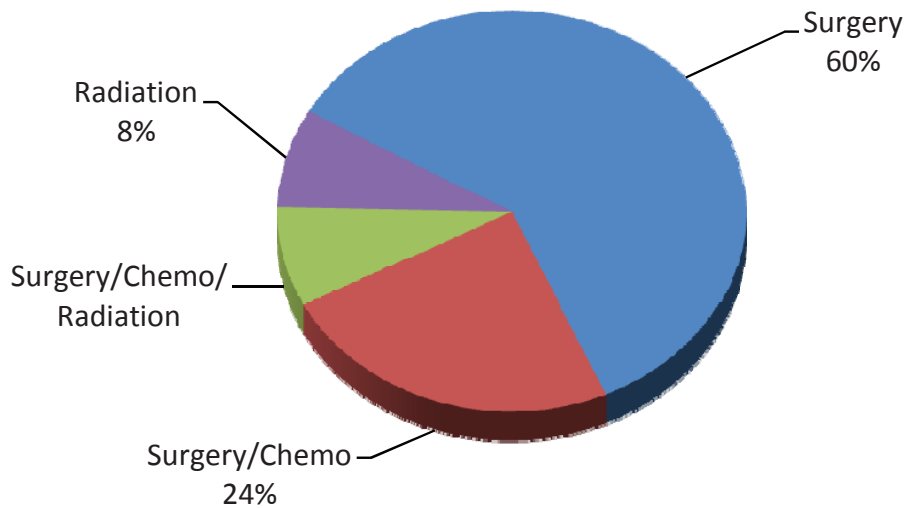
through the layers of the bladder wall into muscle/lymph nodes and elsewhere in the pelvis. At this state radical surgery (removal of the entire bladder), radiation and/or chemotherapy are necessary to forestall the spread of cancer. However, once bladder cancer has spread to the lymph nodes or to distant sites, it is incurable.

Kidney cancer, converse to bladder cancer, causes few symptoms and unless found on imaging tests done for other reasons is often diagnosed in later stages. At Central Florida Regional Hospita in 2010, for example, there were eight cases of kidney cancer three of which had spread to distant sites at presentation. Localized kidney cancer is removed surgically with partial kidney removal where possible (~< 4 cm). Surgery can be done laprascopically and with use of Davinci Robot where available. Surgical removal of distant recurrence has benefit as does removal of the kidney tumor even when distant disease is present. Spontaneous remission is seen very occasionally and medical therapy has improved with the discovery of small molecule inhibitors which cause cancer shrinkage in up to 30% of patients. Kidney cancer tends to be slowly progressive and can return in odd locations (thyroid, gallbladder) over varied periods of time. For all three of these cancer sites, early detection increases the chance of cure. When cure is not possible, clinical trial participation is preferred to treat both the current patient and to advance our knowledge for those yet to come.

Stage at Diagnosis



First Course of Treatment



| Primary Site | #ofCases | Gender | | Stage at Diagnosis | | | | | | |
|--------------|----------|--------|--------|--------------------|---|----|-----|----|-----|-----|
| | | Male | Female | 0 | I | II | III | IV | UNK | N/A |

| | | | | | | | | | | |
|------------------|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ALL SITES | 259 | 106 | 153 | 12 | 43 | 29 | 27 | 53 | 52 | 43 |
|------------------|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

| DIGESTIVE SYSTEM | 54 | 28 | 26 | 1 | 8 | 8 | 7 | 10 | 20 | 0 |
|-------------------------|-----------|-----------|-----------|----------|----------|----------|----------|-----------|-----------|----------|
| ESOPHAGUS | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 0 |
| STOMACH | 3 | 2 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| COLON | 20 | 10 | 10 | 0 | 6 | 4 | 6 | 3 | 1 | 0 |
| RECTUM | 8 | 4 | 4 | 1 | 1 | 2 | 1 | 1 | 2 | 0 |
| ANUS/ANAL CANAL | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| LIVER | 7 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 7 | 0 |
| PANCREAS | 7 | 5 | 2 | 0 | 0 | 1 | 0 | 4 | 2 | 0 |
| OTHER | 5 | 1 | 4 | 0 | 0 | 1 | 0 | 0 | 4 | 0 |

| RESPIRATORY SYSTEM | 71 | 31 | 40 | 0 | 10 | 4 | 14 | 25 | 18 | 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 | 69 | 29 | 40 | 0 | 10 | 4 | 14 | 25 | 16 | 0 |
| OTHER | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |

| BLOOD & BONE MARROW | 10 | 7 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
|--------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| LEUKEMIA | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| MULTIPLE MYELOMA | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| OTHER | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

| SKIN | 7 | 4 | 3 | 0 | 0 | 1 | 1 | 4 | 1 | 0 |
|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| MELANOMA | 7 | 4 | 3 | 0 | 0 | 1 | 1 | 4 | 1 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|---------------|-----------|----------|-----------|----------|-----------|----------|----------|----------|----------|----------|
| BREAST | 36 | 0 | 36 | 7 | 15 | 8 | 2 | 4 | 0 | 0 |
|---------------|-----------|----------|-----------|----------|-----------|----------|----------|----------|----------|----------|

| Primary Site | #ofCases | Gender | | Stage at Diagnosis | | | | | | |
|--------------|----------|--------|--------|--------------------|---|----|-----|----|-----|-----|
| | | Male | Female | 0 | I | II | III | IV | UNK | N/A |

| FEMALE GENITAL | 9 | 0 | 9 | 0 | 0 | 1 | 2 | 2 | 4 | 0 |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| CERVIX UTERI | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| CORPUS UTERI | 5 | 0 | 5 | 0 | 0 | 1 | 2 | 0 | 2 | 0 |
| OVARY | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 2 | 1 | 0 |

| MALE GENITAL | 7 | 7 | 0 | 0 | 0 | 4 | 0 | 1 | 2 | 0 |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| PROSTATE | 6 | 6 | 0 | 0 | 0 | 4 | 0 | 1 | 1 | 0 |
| TESTIS | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |

| URINARY SYSTEM | 22 | 14 | 8 | 4 | 9 | 3 | 1 | 3 | 2 | 0 |
|-----------------------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| BLADDER | 14 | 11 | 3 | 4 | 8 | 2 | 0 | 0 | 0 | 0 |
| KIDNEY/RENAL | 8 | 3 | 5 | 0 | 1 | 1 | 1 | 3 | 2 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| BRAIN & CNS | 25 | 7 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 25 |
|------------------------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|-----------|
| BRAIN (BENIGN) | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| BRAIN (MALIGNANT) | 9 | 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| OTHER | 15 | 3 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |

| ENDOCRINE | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| THYROID | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| LYMPHATIC SYSTEM | 9 | 5 | 4 | 0 | 0 | 0 | 0 | 4 | 5 | 0 |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| HODGKIN'S DISEASE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-HODGKIN'S | 9 | 5 | 4 | 0 | 0 | 0 | 0 | 4 | 5 | 0 |

| UNKNOWN PRIMARY | 7 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

| OTHER/ILL-DEFINED | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|

Cancer Committee Members

Physician Leadership

Victor Melgen, M.D.

Hematology/Oncology (Board Certified)
Chairman

Keith Fisher, MD

Pathology, (Board Certified)
Community Liaison Physician

Committee Members

Maneesh Gossain, M.D.

Radiation Oncology (Board Certified)

Laura Primavera

Director of Oncology Services

William Huether III, M.D.

Surgery (Board Certified)

Sandy McPherson

Director of Marketing (Community
Outreach Coordinator)

John Robertson, M.D.

Surgery (Board Certified)

James Graddy

Director of Pharmacy

Ralph Tullo, M.D.

Radiology (Board Certified)

Debbie Lenzen

Director of Case Management

Lynn Van Ummersen, M.D.

Hematology/Oncology (Board Certified)

Gina Becker

Patient Services Manager, American
Cancer Society

Wendy Brandon

Chief Executive Officer

Bubblela Simmons

Cancer Registry

Bobby McCullough

Chief Operating Officer

Elizabeth Exilus

Cancer Registry (Quality of Cancer
Registry Data Coordinator)

Chris Taramasco

Chief Nursing Officer

Suzanne Lovelady

Vice President of Quality Resource
Management



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