

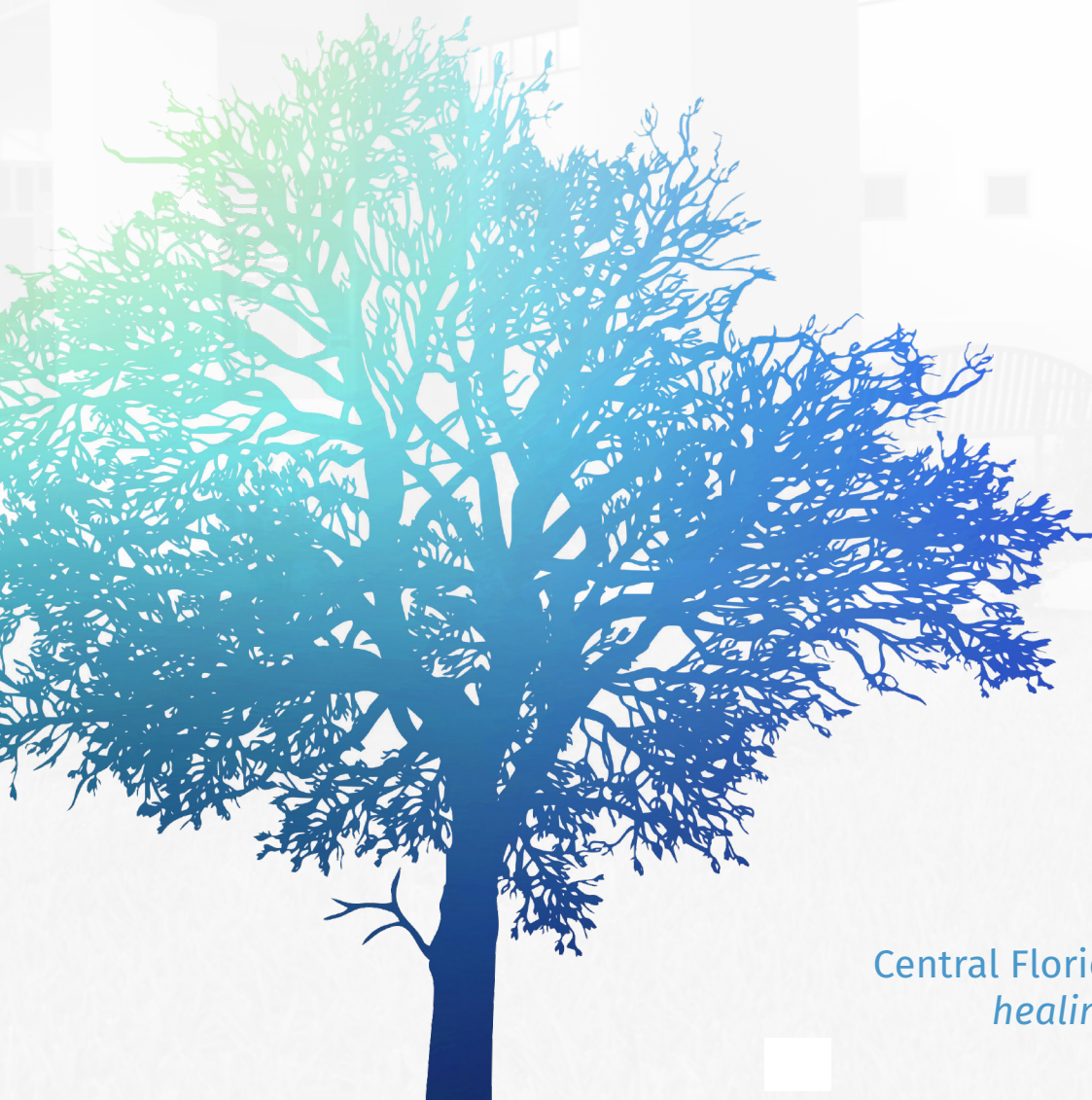


Lakeland Regional **Health**[®]

HOLLIS CANCER CENTER

2019 ANNUAL REPORT

2018 Statistical Data



Central Florida's premier center for
healing, hope and discovery.

In 2018, Lakeland Regional Health Hollis Cancer Center was awarded

THREE-YEAR WITH COMMENDATION GOLD LEVEL ACCREDITATION

from the Commission on Cancer



Lakeland Regional Health Hollis Cancer Center has been accredited by the American College of Surgeons Commission on Cancer since 1989. In 2018, Lakeland Regional Health earned its first gold Accreditation with Commendation, the highest level of recognition, from the Commission on Cancer. In 2019, Lakeland Regional Health was awarded the prestigious Commission on Cancer Outstanding Achievement Award.

CoC Accreditation is granted only to facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards. To receive this distinction, a cancer program must undergo a rigorous evaluation and review of its performance and compliance with CoC standards. Facilities with accredited cancer programs must undergo an on-site review every three years in order to maintain accreditation.

The accreditation is the result of a rigorous on-site evaluation by a physician surveyor in 27 standards as well as commendations in the following seven areas: Clinical Research Accrual, Cancer Registrar Education, Public Reporting of Outcomes, College of American Pathologists Protocols and Synoptic Reporting, Oncology Nursing Care, Rapid Quality Reporting System Participating and Data Submission/Accuracy of Data.

The Accreditation Program encourages hospitals, treatment centers, and other facilities to improve their quality of patient care through various cancer-related programs. These programs are concerned with the full continuum of cancer care from prevention to hospice and end-of-life care to survivorship and quality of life.

In addition, Lakeland Regional Health's Breast Cancer Program was re-accredited through 2021 by the National Accreditation Program for Breast Centers (NAPBC), overseen by the American College of Surgeons.

To achieve NAPBC accreditation, Lakeland Regional Health Hollis Cancer Center underwent a rigorous evaluation process. To receive accreditation, the Center complied with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. These standards include proficiency in leadership, clinical management, research, community outreach, professional education and quality improvement.

This accreditation gives patients considering Lakeland Regional Health Hollis Cancer Center confidence that they will have access to comprehensive, state-of-the-art care; a multidisciplinary care approach; information about ongoing clinical trials and new treatments; and quality breast care close to home.

CoC-Accredited Programs Benefit Patients Through:

- Quality care close to home.
- Comprehensive care offering a range of state-of-the-art services and equipment.
- A multidisciplinary team approach to coordinate the best cancer treatment options available.
- Access to cancer-related information and education.
- Access to patient-centered services such as psychosocial distress screening and navigation.
- Options for genetic assessment and counseling and palliative care services.
- Ongoing monitoring and improvement of care.
- Assessment of treatment planning based on evidence-based national treatment guidelines.
- Information about clinical trials and new treatment options.
- Follow-up care at the completion of treatment, including a survivorship care plan.
- A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up.



2019 CANCER COMMITTEE

GENERAL SURGERY/ONCOLOGY SURGERY
Graham F. Greene, MD
Cancer Committee Chairman

Manuel Molina, MD
Cancer Liaison Physician

SURGERY
Diana Burgueno-Vega, MD

MEDICAL ONCOLOGY
Sushma Nakka, MD

RADIATION ONCOLOGY
Kris Guerrier, MD

PATHOLOGY
Evander Boynton, MD

DIAGNOSTIC RADIOLOGY
Christian Schmitt, MD

ADMINISTRATION
Timothy M. Dench, PT, DPT
Hollis Cancer Center Director
Janet Fansler, DNP, RN, CENP
Executive Vice President, LRH Medical Center
Chief Nurse Executive, LRH
Carrie Ogilvie, DNP, ACNS-BC, CCRN-K
Associate Vice President of Trauma & Critical Care

CLINICAL RESEARCH
Rebecca Delph, RN, CCRP
Manager of Clinical Research
Clinical Research Coordinator

SOCIAL WORK/CASE MANAGEMENT
Jamie Sites, BSW
Psychosocial Services Coordinator

COMMUNITY OUTREACH
Lauren Springfield, MA, MBA
Manager, Community Health

NURSING
Amber Odom, BSN, RN, CMSRN
Manager, Patient Care, Acute and Surgical Services

Glenda Kaminski, PhD, APRN, AOCN, CRNI
Cancer Registry Quality Coordinator

PATIENT NAVIGATION
Brittany Collins, RMA, CN-BC
Breast Cancer Patient Navigator

ONCOLOGY DATA MANAGEMENT
Blanche Myers, RHIT, CTR, CPC
Oncology Data Manager (Cancer Registry) and
Cancer Conference Coordinator

BREAST PROGRAM DIRECTOR
Toan Nguyen, MD

OTHER REPRESENTATIVES
Jill Haladay, DPT, MPH, GCS
Chief Rehabilitation Officer
Sandra Harrison, MSA, RD
Supervisor, Clinical Nutrition Service
Jeri Thomas, MSN, CNS, ACHPN, CMSRN
Clinical Nurse Specialist, Palliative Care

Rodriguez Dangerfield, PharmD
Director of Pharmacy

Stephanie McLean
American Cancer Society
Health Systems Manager, Hospitals



HOLLIS CANCER CENTER DIRECTOR’S LETTER

For Lakeland Regional Health’s Hollis Cancer Center, 2019 has been another exciting year of stable growth. The center continues to provide first class oncologic care to the residents of central Florida, offering a unparalleled level of expertise, technological advances in a comfortable environment. These existing attributes combined with our Mayo Clinic membership result in cutting edge oncologic care.

Our team has kept busy planning for the future, growing programs, adding technology, and reaccrediting our established expertise.

We remain dedicated to exploring and developing advances in patient experience, clinical excellence, research, technology, and support service.

LUNG SCREENING PROGRAM

The Lung Screening Program continues to grow and has developed into a full faceted treatment option, including screenings, diagnosis, treatment and survivorship. New for 2019, we have been accredited as a Lung Cancer Screening Center of Excellence (SCOE) through the GO2 Foundation for Lung Cancer. Lakeland Regional Health has the capabilities to treat every lung cancer patient from screening to survivorship. We also continue to

offer free monthly smoking cessation courses to provide tools to quit kits through our partnership with the Central Florida Area Health Education Center.

JEAN BYERS ONCOLOGY AWARD

For the fifth consecutive year Lakeland Regional Health received the “Jean Byers Oncology Award for Excellence in Cancer Registration” for a total of 16 times since 2001. The Florida Cancer Data System honors health systems for precise reporting of cancer case admissions. The award is given to healthcare systems and hospitals that adhere to rigorous national standards for timeliness and completeness of data registry.

COMMISSION ON CANCER AWARD

We are also extremely proud to share that the Hollis Cancer Center’s oncology program earned its first prestigious Commission on Cancer Outstanding Achievement Award, which is granted to less than 20 programs throughout the United States that achieve excellence in providing quality care to cancer patients. This highest level of recognition is a testament to our commitment to provide system-wide, high-quality cancer care to our patients, their families and our community. The accreditation is the result of a rigorous on-site evaluation by a

physician surveyor in 34 standards and commendation in the following seven areas: Clinical Research Accrual, Cancer Registrar Education, Public Reporting of Outcomes, College of American Pathologists Protocols and Synoptic Reporting, Oncology Nursing Care, Rapid Quality Reporting System Participation and Data Submission/Accuracy of Data. We also are accredited by the Commission on Cancer and our Breast Program is accredited by the National Accreditation Program for Breast Centers.

PROMISE RUN FIFTH ANNIVERSARY

The Lakeland Regional Health Hollis Cancer Center Promise Run celebrated its fifth anniversary in 2019! The run continues to be inspired by people who believe that a community can come together to conquer cancer. It is a celebration of the lives of loved ones touched by cancer and a promise to strengthen the health of everyone around us. We also held our annual survivorship event in the spring under a new name. The event was held on National Cancer Survivors day and was titled “Thriving After Cancer.” The day was a special celebration filled with fellowship and inspiration and took place at our very own Campisi Family Auditorium.

MEDICAL STAFF APPOINTMENTS

Our already existing breast program was complemented by adding the services of a plastic surgeon. Through a collaboration with Vivify Plastic Surgery, Dallas

Buchanan, MD, joined the team in the spring 2019. He is board certified by the American Board of Plastic Surgery and his practice philosophy is patient centered, customized care. We have also added to our team of urologists and welcome David Bowers, MD. Dr Bowers is a long time resident of Lakeland, FL and has practiced in Lakeland for almost two decades. He is board certified by the American Board of Urology and his focus is on clinical excellence.

We have also spent considerable time developing value based care models for our nationally accredited breast program. The goal of value based care is to deliver optimal outcomes while maintaining costs.

MAYO CLINIC CARE NETWORK

Our relationship with the Mayo Clinic continues to benefit our staff and our patients. As a Mayo Clinic Care Network member, we will execute roughly 180 e-consults this calendar year. These consults continue to allow our providers and patients to benefit from consultation with Mayo Clinic experts on routine and complex cases. Being a Mayo Clinic Care Network member also grants our providers with access to the latest treatment options and answers to complex disease questions. These are funneled through our Ask Mayo Expert resource available through Lakeland Regional Health’s Electronic Medical Record.

AMERICAN CANCER SOCIETY

In 2019, we began partnering with the American Cancer Society in a campaign to significantly reduce HPV related cancers. HPV is short for human papillomavirus and it is a common virus that can cause cancers in men and women. HPV vaccination is often misunderstood. Improving awareness and HPV vaccination rates will lead to a significant reduction in HPV related cancers. An HPV symposium was held this summer to kick off a more detailed campaign aimed at increasing vaccination rates across central Florida. We have also been chosen by the American Cancer Society as a lead system in their Hospital System Capacity Building Communities of Practice initiative.

GYNECOLOGICAL ONCOLOGY

Our physician services have continued to grow in 2019. We have added to the service lines of gynecological oncology, plastic surgery, and urology. Richard Cardosi, MD, is a gynecologic oncologist. Through a collaboration with Watson Clinic, Dr. Cardosi started seeing patients at the Hollis Cancer Center in January 2019. He specializes in comprehensive treatment of gynecological cancers as well as management of care for women with increased risk for gynecological cancers.

RADIATION ONCOLOGY

Our radiation oncology department has also undergone training to allow our physicians, physicists, and therapists to implement respiratory gated planning and treatment. This will allow us to offer precise treatment to lesions that are historically difficult to treat due to the movement of the rib cage during respiration.

ADDITIONAL ACCOMPLISHMENTS

The Hollis Cancer Center has experienced new patient volume growth in 2019. New patient volume growth advanced by 2% building wide with notable double digit growth in our surgical oncology practice and medical oncology practice. Our surgeons have also noted double digit growth in the operating room and have been able to surgically assist 11% more patients in 2019 than in 2018. There also has been noted growth in our infusion area and radiation therapy, treating 5% more patients this year in those departments.

In 2019 we will begin to offer both transrectal and transperineal prostate biopsies. We have upgraded our technology to allow these MRI/US fusion biopsies to be done in our operating rooms with either approach. This will add comfort and options for both the physician and the patient.

Lakeland Regional Health and the Hollis Cancer Center continue to strive to meet the needs of our community



today and far into the future.

GRAHAM F. GREENE, MD, FACS, FRCS
CANCER COMMITTEE CHAIRMAN
UROLOGY ONCOLOGIST



TIMOTHY M. DENCH, PT, DPT
DIRECTOR, CANCER CENTER SERVICES



FAMILY HEALTH CENTER RECOGNITION

Our Family Health Center team is participating the Centers for Disease Control and Prevention's National Breast & Cervical Cancer Early Detection Program. The Florida Department of Health recently recognized the Family Health Center for screening more than 1,400 women, providing 1,379 mammograms, identifying 31 breast cancers, providing 166 clinical breast exams and performing 99 pap smears.

As part of this national program, women in need are provided with education and free or low-cost breast and cervical cancer screenings and diagnostic services. Our Family Health Center opened in 2012 to provide

uninsured and underinsured patients referred by our Emergency Department with a medical home at which to stay well and receive treatment for chronic conditions. The Family Health Center is open five days a week to provide high-quality, low-cost primary care to underserved residents of our community. The Family Health Center team includes board-certified primary care physicians, advanced practice registered nurses, social workers, mental health counselors and Medicaid specialists.

CARING
for our patients

Lakeland Regional Health and Mayo Clinic.

Working Together For You.



In 2016, Lakeland Regional Health and Mayo Clinic announced the start of a collaborative relationship with the addition of Lakeland Regional Health to the Mayo Clinic Care Network.

This relationship facilitates the transfer of shared knowledge between the two organizations to enhance the delivery of healthcare to the patients of Lakeland Regional Health. As a result, patients receive care from their known and trusted local providers while benefiting from Mayo Clinic expertise at no additional cost.

“We are honored to work with Mayo Clinic for the benefit of those we serve,” said Lakeland Regional Health President and CEO Elaine C. Thompson, PhD, FACHE.

As a member of the Mayo Clinic Care Network, Lakeland Regional Health works with Mayo Clinic to share clinical resources. Physicians have access to information and services, including:

- eConsults that allow physicians to connect electronically with Mayo Clinic specialists and subspecialists when they believe additional input will benefit their patients
- AskMayoExpert, a database that offers the latest Mayo Clinic-vetted information at the point of care, including the management and treatment of a wide variety of medical conditions
- Health Care Consulting that helps members to realize desired levels of operational, financial and patient care through shared best practices
- eTumor Board conferences that invite physicians to present and discuss complex cancer cases with a multidisciplinary panel of Mayo Clinic specialists and other network members

The collaboration also offers Lakeland Regional Health providers access to Mayo Clinic’s library of patient education materials and archived Mayo Clinic Grand Rounds presentations that feature Mayo Clinic physicians and scientists.

The Mayo Clinic Care Network has 43 member organizations in the U.S., Mexico, Singapore and the United Arab Emirates.

Members of the Network are independent and collaborate with Mayo Clinic to improve the quality and delivery of healthcare.





CANCER LIAISON PHYSICIAN’S LETTER



I am honored to serve as the Cancer Liaison Physician (CLP) at Lakeland Regional Health. I was elected to this voluntary role at the beginning of the year.

A Cancer Liaison Physician (CLP) serves in a leadership role within the cancer program and is responsible for evaluating,

interpreting, and reporting the program’s performance using the National Cancer Data Base (NCDB) data. The results of this analysis are reported to the hospital’s cancer committee at least four times a year. This information allows us to identify the needs in our community in terms of prevention, education, and early intervention to improve the survival of patients with the diagnosis of cancer.

The data is then used to evaluate and improve the quality of cancer care at Lakeland Regional Health. This is done by using a tool such as the Cancer Program Practice Profile Reports (CP3R). The American College of Surgeons

Commission on Cancer (CoC) sets standards for quality care of cancer patients for different cancer types, such as breast, colon, cervix, uterine, prostate, and lung. Analysts at Lakeland Regional Health continually report our data to the NCDB, RQRS, and CP3R. This is reported back to us, which can be compared to other hospitals nationally, statewide and locally.

The CLP has access to the CoC’s multiple resources for quality improvements and enables us to be able to compare outcomes and learn from the different sites how to improve cancer care across the region and the country.

We will continue working to improve our outcomes and the quality of care for the patients treated at Lakeland Regional Health.

MANUEL MOLINA, MD
CANCER LIAISON PHYSICIAN
SURGICAL ONCOLOGIST

CANCER CARE SERVICES

Lakeland Regional Health Systems, in conjunction with its outpatient cancer center (Lakeland Regional Health Hollis Cancer Center) and cancer research program, is home to some of the country’s most sophisticated tools available in the fight against cancer. We work closely with the physicians throughout our community, offering patients a wide range of diagnostic tools and treatment options in their fight against cancer.

SURGICAL, MEDICAL, GYNECOLOGIC AND UROLOGIC ONCOLOGY

- Dedicated medical, surgical, and gynecologic oncology inpatient units. Our dedicated medical oncology unit houses 44 beds with mostly private rooms for inpatient visits and a short-stay room for outpatient blood transfusion services. The unit features a library filled with patient education resources and Internet access plus a family lounge equipped with refrigerator and microwave for families and visitors.
- Outpatient medical, surgical, radiation, urology and gynecological clinics located at Lakeland Regional Health Hollis Cancer Center.
- Oncology certified nurse’s available to enhance nursing care. All nurses who administer chemotherapy have completed national Oncology Nursing Society training.
- Oncology Clinical Nurse Specialists available for consultation.
- A clinical pharmacist and clinical dietitian to assist with medication or nutritional concerns. Minimally invasive surgical techniques, when appropriate.
- Lymphatic mapping and sentinel lymph node biopsy.
- Hyperthermic isolated limb perfusions (HILP).
- On-site minor procedure rooms.
- Radiofrequency ablation.
- Robotic surgery techniques using the da Vinci Surgical System.
- A palliative care program that collaborates with physicians to improve complex cases and manage symptoms such as pain, nausea and shortness of breath.
- Chemotherapy.

- Immunotherapy.
- Hormonal therapy.
- Growth factor support.
- Use of targeted biological agents.
- Intravenous supportive therapy.
- Bone marrow biopsy and aspirations.
- Endoscopy.
- Advanced early detection techniques.
- Cryosurgical ablation.

RADIATION ONCOLOGY

- CT simulation and treatment planning technology for external beam and HDR brachytherapy.
- Linear accelerators featuring MultiLeaf Collimation (MLC) and digital portal imaging.
- 3D conformal radiation therapy.
- Intensity modulated radiation therapy (IMRT).
- Image-guided radiation therapy (IGRT) with on-board imager (OBI).
- Low dose rate intracavitary brachytherapy (including prostate brachytherapy).
- High dose rate (HDR) brachytherapy.
- Accelerated partial breast irradiation (Mammosite, Contura, SAVI, 3-D external/IMRT).
- Concurrent neoadjuvant and adjuvant chemo-radiation therapy.

CANCER SCREENING

- Screening mammograms
- Skin cancer screening
- Cervical cancer screening
- Colon cancer screening
- Prostate cancer screening

IMAGING SERVICES

- PET scan
- CT scan
- MRI
- Nuclear Medicine
- Image-guided breast biopsy
- Ultrasonography
- Screening and diagnostic mammography
- UroNav Fusion Biopsy System

MULTIDISCIPLINARY CANCER CONFERENCES

- Weekly discussion of cases with an oncology team that includes surgical oncology, medical oncology, radiation oncology, pathology, radiology, clinical trials research team, and nursing to assure the best possible treatment plan for each patient.

LABORATORY SERVICES

- On-site laboratory services

PATHOLOGY SERVICES

- Provided by Lakeland Pathologists, PA

REHABILITATION SERVICES

- The Bannasch Institute for Advanced Rehabilitation Medicine for inpatient care

GENETIC TESTING AND COUNSELING

- Genetic testing for cancers including breast, ovarian, melanoma and colon
- Genetic counseling regarding a patient or family member’s individual risk of carrying an inherited genetic mutation

MASTECTOMY FITTING

- Community educational programs
- Breast cancer patient consultations and fittings
- Specialty items including post-mastectomy swimsuits, turbans, scarves and jewelry

SUPPORT SERVICES AND GROUPS

- Patient advocacy specialist.
- Social workers.
- Patient education.
- Nutritional support.
- Complementary medicine services.
- Advanced directives.
- Family support.
- Community educational programs.
- Young Cancer Survivors support group.
- Breast Cancer Survivors support group.
- Annual Survivors Day event.
- Cancer Dialogue, an open support group for patients and/or their significant others (age 18+) who wish to receive information and share experiences about cancer.
- Information on other support groups available throughout the community as well as through the American Cancer Society and the Leukemia & Lymphoma Society.

SOCIAL WORK

At Lakeland Regional Health, the Social Work practitioners work closely with the cancer treatment team to ensure that patients’ needs are being met in the most appropriate and timely way possible. The clinic Social Workers are: Jamie Sites, BSW, and Lucinda Sellars, BA, MSA. Both of us bring more than 26 years each of practice in the Social Work field and are well prepared to facilitate patient and family adjustment to a cancer diagnosis, and the issues that may arise, emotional and physical, during the treatment process. Social workers work closely with the physicians, making sure patients’ physical needs are being met, whether it’s ordering Home Health, home IV antibiotics or tube feedings at home.

We continue to see newly diagnosed cancer patients under the NCCN guidelines for the “Distress Screening Program”. At this time, we are able to identify emotional and physical needs that are unique to each patient and diagnosis. A few new services are now offered at HCC. A quarterly cancer support group is now available for patients and caregivers. We also have been able to provide our chemotherapy patients with pamper/comfort bags donated by the American Cancer Society, Mary Kay, and the Breast Cancer Charities of America. These bags vary in content from hand lotions and slippers, to lip balm and lap blankets and have been very warmly received. A new program through the ACS provides cancer patients with a free or reduced cost wig. We also offered a wig and head covering workshop for our patients.

The Social Work office has many additional community resources available to assist patients in need, including accessing emergency funds through nationwide cancer foundations. There are NCI (National Cancer Institute) and ACS (American Cancer Society) education materials available for patients and family members in a caregiving role. In addition, patients are provided with ACS educational booklets tailored to their specific diagnosis and treatment plan. We work closely with the American Cancer Society, the United Way of Central Florida, The Salvation Army and Catholic Charities. Transportation can be offered on a short term, emergency basis through county funding, the patient’s medical insurance benefits, and the ACS. As the needs of our community continue to grow, Lakeland Regional Health Hollis Cancer Center will be here to meet the challenges ahead.

JAMIE SITES, BSW
PSYCHOSOCIAL SERVICES COORDINATOR

LUCINDA SELLARS, BA, MSA

CLINICAL TRIALS

Each new year brings with it new treatment options, and methods of diagnosis, staging, prevention, and symptom management for cancer patients. Without our wonderful research volunteers, these improvements would not come about. At Hollis Cancer Center, over 50 men and women have volunteered this year to participate in a clinical trial. Many more continue to be followed after they have completed their cancer treatment.

Numerous breast cancer patients have had the opportunity to contribute to a large scale database, which is matching health information with genome data to identify new gene associations in breast cancer. In addition to learning more about their individual risk, they are helping to identify new patterns for future generations.

Our breast surgeons and radiation oncologists are working together in several trials to determine treatments that will reduce the side effects of treatment, while still providing excellent cancer control.

Patients who are diagnosed with oral cancers face a difficult treatment of chemotherapy and radiation therapy. Our Clinical Trial Department has participated in the Phase I, II, and now phase III trial of a medication to prevent mucositis, a side effect of this treatment regimen. Reducing this side effect helps the patient to complete their treatment with less delays and less pain.

An exciting new venture is our part in the Florida Pancreas Collaborative. Dr. Molina will be collaborating with some of the major research centers in Florida on pancreatic cancer. Through a next-generation Biobank, this collaborative seeks to reduce health disparities and improve survival for Florida’s pancreatic cancer patients.

Coming soon, we will offer a Phase III trial looking at a combination of drugs for metastatic, prostate cancer that is not responding to previous hormonal agents. The trial will determine if the combination of these drugs will provide additional benefit as compared to a single agent.

Today, people are living longer lives from successful cancer treatments that are the results of past clinical trials. Whether our trial volunteers are trying new treatments, donating blood, or filling out quality of life surveys, we thank them for expanding our knowledge for future generations.

REBECCA DELPH, RN
MANAGER OF CLINICAL RESEARCH AND CLINICAL RESEARCH COORDINATOR

RAUL BOYD

PATIENT NAVIGATION IN CANCER CARE

The needs of patient navigation are individualized to help patients and their families to triumph through the barriers that are commonly faced in the healthcare system. At Lakeland Regional Health Hollis Cancer Center, our mission is to deliver the best outcomes and safest care by placing people at the heart of all we do. Our daily goal is to improve lives by promoting wellness, education and discovery. This is done by following the core competencies (listed below) to assure that we are doing the absolute most that we can for our patients to assure them we have their best interest in mind.

Core Competencies:

- Patient care: facilitating patient-centered care that is appropriate, compassionate and effective.
- Knowledge for practice: basic knowledge and understanding of health care systems, cancer, how patients access care and other services across the cancer continuum
- Practice-based learning and improvement: quality improvement as well as self-evaluation is utilized to advance and promote the navigation role.
- Interpersonal and communication skills: required and effective exchange of information and collaboration with families of patients, patients themselves and other health care professionals while maintain HIPAA compliance.
- Professionalism: a commitment to the professional ethical principles as well as the responsibilities.
- System-based practice: assist in a smooth transition between departments and steps in a patient’s cancer journey.
- Interprofessional collaboration: the ability to optimize effective and safe population and patient centered care.
- Personal and professional development: this requirement is to assist in sustaining a lifelong pattern of continued growth both personally and professionally.

The patient navigator strives to honor the Lakeland Regional Health ethics of cultured relationships and caring of herself, her peers, patients and families and for the community. In reflection of the community the barriers faced as states in our community needs assessment is the “access to core physicians”. Lakeland Regional Health Systems has chosen to move forward with a new initiative for value-based care for breast cancer patients. This initiative involves a collaboration with Reliance Medical Centers so that we can deliver better healthcare outcomes and provide interpersonal collaboration. In this model there will be direct contact with the primary care physician (Reliance) and the LRH provider (surgeon, medical oncologist, or radiation oncologist) to discuss the needs of that patient. Brittany Collins, patient navigator, will also be discussing the cases with the medical concierge team of Reliance

on a weekly basis. To better facilitate this process a dedicated referral fax line has been created so that these patients can be expedited in the scheduling process. We hope to expand this service to other cancer types in the future.

BRITTANY COLLINS, RMA, CN-BC
CERTIFIED PATIENT NAVIGATOR



2018 Patient Case Load	2019 Patient Case Load
102 Malignant Cases	110 Year To Date

What does the Nurse Navigator do?

- Serves as a single point of contact for patients and families
- Links patients with available resources
- Functions as an advocate and resource
- Acts as a liaison with the healthcare team on behalf of the patient
- Helps remove barriers and obstacles that the patient may encounter
- Expedites transition of care between facilities and providers
- Facilitates participation in quality initiatives

How can patient navigation make a difference?

- Provide continuous coordination of care for patients
- Improve patient satisfaction
- Remove barriers to care
- Promote more efficient delivery of care

SURVIVORSHIP CARE

According to the National Cancer Institute as of January 2019, it is estimated that there are 16.9 million cancer survivors in the United States. This represents 5% of the population. In 2019, 67% of survivors (10.3 million) have survived 5 or more years after diagnosis; 45% have survived 10 or more years; and 18% have survived 20 or more years. Over the next decade, the number of people who have lived 5 or more years after their cancer diagnosis is projected to increase approximately 33%, to 15.1 million.

This is one of the reasons that Lakeland Regional Health is concerned with the full continuum of cancer from prevention to survivorship and end-of-life-care, while addressing both survival and quality of life.

With the improvement in therapies for cancer, earlier detection and supportive care, many more people are living with cancer. Each year in Florida alone, over 60,000 people become new cancer survivors, but the experience of cancer continues after treatment is completed.

Our survivorship care program is designed to help the survivor take control of his or her health. At the completion of active treatment, he or she is given a treatment summary and guidelines for ongoing follow-up care (a survivorship care plan).

INPATIENT SERVICES

Located on the Lakeland Regional Health Medical Center campus, the 46 bed inpatient oncology unit offers a multidisciplinary holistic approach to cancer care for patients who require services that are more acute in nature, such as complications from cancer or effects from treatment that they have received for their cancer. The inpatient unit also provides postoperative care for patients who have had surgery by a gynecologist oncologist, and has a shortstay room for patients to receive blood transfusion services.

Our patients receive care from nurses who receive specialized cancer care education. They administer complicated chemotherapy protocols and offer intense, supportive care after chemotherapy to neutropenic patients, including blood transfusions, pain management and total parenteral nutrition. All nurses who administer chemotherapy have completed the Oncology Nursing Society Chemotherapy Biotherapy

The Survivorship Care Plan (SCP) is a record that summarizes and communicates what transpired during active cancer treatment, recommendations for follow-up care and surveillance testing/examinations, referrals for support services the patient may need going forward and other information pertinent to the survivor’s short- and long-term survivorship care.

Assessment of post-treatment needs allows the provider to design a care plan specific to the patient to improve health and quality of life. This care plan can includes referrals to support services, such as:

- Neurological rehabilitation
- Exercise specialist.
- Lymphedema clinic.
- Nutrition services.
- Financial counselors.
- Support groups.
- Local Yoga classes and other complimentary services.

BLANCHE MYERS, RHIT, CTR, CPC
ONCOLOGY DATA MANAGER,
CANCER CONFERENCE COORDINATOR

class and have their national chemotherapy provider cards. As required by the American College of Surgeons for commendation of our cancer program, 25% of our nurses are oncology certified with another 25% in active preparation to complete certification through testing.

Our family-centered approach to care recognizes the impact that a cancer diagnosis has on both the patients and their loved ones. Care is coordinated through a multidisciplinary team of doctors, specialists, and nurses, along with oncology specialized pharmacist, clinical nurse specialist, social worker, and dietitian, to ensure that questions are being answered and needs are being met during the inpatient stay.

GLENDAM KAMINSKI, PHD, APRN, AOCN, CRNI
CLINICAL NURSE SPECIALIST

AMBER ODOM, BSN, RN, CMSRN

PALLIATIVE CARE

Lakeland Regional has a palliative care consultation service available to meet with patients and their families. The palliative care team seeks to improve the quality of life for patients during serious, life limiting illnesses. This may be done through a variety of methods. The palliative care service can help to coordinate care and facilitate open, honest discussions about goals of care and treatment choices. These choices may be difficult and complex.

The palliative care service also provides information about advance directives, addresses emotional and spiritual concerns of patients and caregivers, discusses options for care at the time of discharge and helps identify and relieve pain and other symptoms. At the end of life, the palliative care service can facilitate a transfer to the palliative care unit or assist with starting comfort measures for the patient in any area of the hospital.

NUTRITION SERVICES

At Lakeland Regional Health, Registered Dietitians work with the cancer treatment team and are available for referrals to ensure that patients’ nutritional needs are met. A healthy diet is very important for someone undergoing treatment for cancer and the three main nutritional goals for someone living with cancer are to: (1) maintain a healthy weight; (2) select and eat healthy foods that supply the body with fuel and nutrients for repair and healing; and (3) reduce the risk of recurrence of the cancer and the development of a second malignancy.

The Registered Dietitian will meet individually with the patient and assess adequacy of intake and implement nutrition intervention(s) for nutrition impact symptoms. Appropriate education will be provided, based on the patient’s nutritional needs, side effects of therapy affecting eating habits and determine goals to improve intake and meet nutritional needs. Common side effects of cancer and associated therapies include weight changes (increased, decreased), loss of appetite, nausea, vomiting, diarrhea, constipation, irritation and inflammation of mouth, tongue,

The palliative care service is comprised of a registered nurse, a nurse practitioner and a clinical nurse specialist who visit with patients at the request of the patient’s physician. Several staff physicians are board certified in palliative medicine and they, along with other physicians, provide care to patients in the inpatient palliative care unit within the hospital.

In 2018 the palliative care service was consulted for patients with a variety of illnesses in many different units of the hospital, including critical care, oncology, the rehab unit, cardiac units and medical-surgical units. The palliative care service received 2284 total consults in 2017. As of March 2018 the palliative care service began identifying and documenting oncology patient consults. That number is 273 for 10 months.

JERI THOMAS, MSN, RN, CNS, CMSRN, CHPN
CLINICAL NURSE SPECIALIST, PALLIATIVE CARE

ERIN BRADSHAW, RN

throat, taste changes, food aversions, milk intolerance, weakness, anemia. The goal of nutrition counseling is to maximize oral intake with nutrient dense foods, liberalize diet restrictions as possible, supplements and flexibility in type, quantity, and timing of meals while encouraging consumption of small, frequent meals. Additionally, consider the use of dietary supplements to meet protein and calorie needs.

Nutrition brochures have also been placed throughout Hollis Cancer Center as a means of providing education on frequent problems associated with cancer diagnosis and treatments, (1) Eating Tips During Cancer Treatment; (2) Helpful Tips for Loss of Appetite; (3) How to Cope with Nausea and Vomiting; and (4) Mediterranean Meal Plan. Plans for additional nutrition brochures to be added, as needed and/or requested by the cancer treatment team.

SANDRA HARRISON, MSA, RD
SUPERVISOR, CLINICAL NUTRITION SERVICES

NATALIE YOUNGER, RD





Thriving

AFTER CANCER

THE PROMISE RUN 5TH ANNIVERSARY

The Promise Run continues to be a vibrant celebration of the lives of loved ones touched by cancer and a Promise to strengthen the health of everyone around us.

The fifth anniversary Promise Run, held on March 2, 2019, drew nearly 1,300 runners and walkers and 100 volunteers to the beautiful Lake Mirror Promenade.

Participants ran or walked picturesque 5k and 10k courses that began and ended at the Promenade, and guests had the opportunity to fill out a memory bib in honor or memory of a loved one touched by cancer. Many of the walkers or runners themselves are cancer survivors or cancer patients.

Participants received a technical running shirt, medal for completing the run, an opportunity to earn a trophy, a post-race awards ceremony and refreshments.

Child care was available through Explorations V Children's Museum, and a free children's run took place once the 5k was complete.

"We are inspired by the overwhelming community support for our Promise Runs," said Timothy J. Boynton, Vice President of Development and Chief Public Relations and Communications Officer. "So many integral people come together to make this an amazing charity event, and we applaud the many heroes who come out to make this such a great success."

Funds raised by this event go directly to support the operation of the Hollis Cancer Center.



THRIVING AFTER CANCER: A SURVIVORS DAY EVENT

On Sunday, June 2, 2019, more than 100 cancer survivors, their families and care providers gathered in the Hollis Cancer Center Campisi Family Auditorium for Thriving After Cancer, our National Cancer Survivors Day event.

The event offered an opportunity to show that life after a cancer diagnosis can be fulfilling and inspiring. It also allowed survivors to connect with their care providers and other survivors.

Michaela King, RN, Hollis Cancer Center Clinical Operations Manager, welcomed guests, and Lakeland Regional Health Chaplain Brian Hurley provided the Invocation. Cancer survivor Lynn Noris and her husband Paul Noris shared Lynn's inspiring cancer story with guests.

Several clinicians shared information about oncology services. Amber Odom, RN, and Aleesha Murawski, RN, discussed the importance of caring for oneself following oncological surgery, and Stephanie Butler, LPN, shared the benefits of Lakeland Regional Health's quarterly Cancer Support Group.

Dorothy Cheshire, a breast cancer survivor who serves as the Community Initiatives Director at the Lakeland Family YMCA, discussed the Livestrong program that helps cancer patients return to physical activity.

The beautiful afternoon concluded with a special vocal performance by Mark Thielen, Music Director and Conductor for the Imperial Symphony Orchestra.





BREAST CANCER AWARENESS BRUNCH

for breast health

Unlike other disorders and even other cancers, breast cancer tends to be discussed more openly. Most people understand the basics of diagnosis and treatment.

Lakeland Regional Health wanted to take that knowledge a step further by sharing with the community the very latest developments in the field of breast cancer that most people aren't aware of yet.

On Thursday, October 10, 2019, 200 guests gathered for a Breast Cancer Awareness Brunch at the Hollis Cancer Center to learn about changes in detection, diagnosis and treatment from Lakeland Regional Health's exceptional breast surgeons and a captivating guest physician from Mayo Clinic. What guests learned is the present and the future hold a lot of promise for preventing and conquering this breast disease.

Elaine C. Thompson, PhD, FACHE, Lakeland Regional Health President and CEO and a Breast Cancer Survivor herself, welcomed guests.

Toan Nguyen, MD, Lakeland Regional Health Breast Surgeon and Medical Director of the Breast Cancer Program, shared insights on "Breast Cancer 101: Top 10 Breast Cancer Facts in the Modern Era."



Vanessa Prowler, MD, Lakeland Regional Health Breast Surgeon, discussed the "Breast Cancer Risk Factors: Awareness Is Power."

Pooja Advani, MD, a Mayo Clinic Breast Medical Oncologist, shared information on "Advances in Breast Cancer Treatment." Dr. Advani's presentation led to a local newspaper story that shared vital information on breast cancer clinical trials.

During the breakfast and dinner events, guests could have a bone density screening performed by Radiology and Imaging Specialists. Guests also enjoyed tours of the state-of-the-art Hollis Cancer Center.

2018-2021 COMMUNITY NEEDS ASSESSMENT REGARDING CANCER SCREENING AND PREVENTION

Excerpted from the source report

In 2018, more than 1.7 million people will be diagnosed with cancer in the United States. Cancer is the second leading cause of death in Polk County. The overall rate of death due to cancer is 163.5 per 100,000 lives.

The causes of cancer vary, with certain types having more known risk factors than others. Early detection, education and regular screenings can improve treatment outcomes.

Initiatives:

- Continue to conduct skin cancer education and prevention screenings through the Community Wellness Program
- Continue to offer Smoking Cessation Programs in partnership with our physician providers and groups such as the Tobacco Free Florida Alliance to help encourage participants to work on the process and problems of quitting, both individually and as part of a group
- Expand cervical cancer awareness and education
- Expand colon cancer screening initiatives by increasing the screening procedures performed at the Hollis Cancer Center

- Evaluate the feasibility of implementing the American Cancer Society's FluFIT program at Lakeland Regional Health Primary Care sites
- Continue to provide education sessions and symposiums on cancer prevention, screening and early detection

Anticipated Outcomes:

- Increased patient access to cancer screening services
- Increased community participation in educational programs that highlight resources available for early cancer detection and treatment
- Decreased rate of new cancer cases and deaths



SUPPORT GROUPS

“Healing at Hollis” is the mantra for our support sessions at Hollis Cancer Center. The redesigned program now features a crafting event in which group members can participate. The sessions are held once a quarter and are very interactive. Members are encouraged to share their stories while enjoying refreshments and participating in a crafting lesson. The sessions are hosted by our nursing staff and all are welcome to attend.

For further information on any of these support groups please contact:

STEPHANIE BUTLER, LPN
 HOLLIS CANCER CENTER NURSE | STEPHANIE.BUTLER@MYLRH.ORG

2019 COMMUNITY OUTREACH EVENTS

Lakeland Regional Health Medical Center/Lakeland Regional Health Hollis Cancer Center was represented at the following health fairs and community events this year via education, health screenings and promotional materials:

DATE	ACTIVITY	LOCATION	TYPE	# OF PEOPLE	EVIDENCE-BASED GUIDELINE OR INTERVENTION USED		*
1/10/2019	Tools to Quit (Tobacco Cessation)	LRH Hollis Cancer Center	Education/Prevention	1	ACS	American Cancer Society	
1/17/2019	Living Well + Eating Better	Pavilion for Women and Children	Education/Prevention	299	ACS	American Cancer Society	Handed out cancer prevention information
1/23/2019	Polk State College Health Fair	Polk State College - Winter Haven	Education/Prevention	150	ACS	American Cancer Society	Handed out cancer prevention information
2/14/2019	Tools to Quit (Tobacco Cessation)	LRH Hollis Cancer Center	Education/Prevention	6	ACS	American Cancer Society	
3/2/2019	Promise Run	Lakeland	Education/Prevention	1300	ACS	American Cancer Society	Handed out cancer prevention information
3/14/2019	Tools to Quit (Tobacco Cessation)	LRH Hollis Cancer Center	Education/Prevention	3	ACS	American Cancer Society	
5/7/2019	Wig and Head Covering Workshop	LRH Hollis Cancer Center	Education/Workshop		ACS	American Cancer Society	
5/14/2019	Tools to Quit (Tobacco Cessation)	LRH Hollis Cancer Center	Education/Prevention	4	ACS	American Cancer Society	
6/2/2019	Thriving After Cancer	LRH Hollis Cancer Center	Support	85	ACS	American Cancer Society	
7/9/2019	Cancer Support Group "Healing at Hollis"	LRH Hollis Cancer Center	Support		ACS	American Cancer Society	
7/10/2019	Making the Case for HPV Vaccination	LRH Hollis Cancer Center	Education/Prevention	39	ACS	American Cancer Society	
7/11/2019	Tools to Quit (Tobacco Cessation)	LRH Hollis Cancer Center	Education/Prevention	3	ACS	American Cancer Society	
9/13/2019	Men's Health Breakfast	LRH Hollis Cancer Center	Education/Prevention: Prostate Awareness	14	ACS	American Cancer Society	
10/10/2019	Breast Health Awareness Brunch	LRH Hollis Cancer Center	Education/Prevention	144	ACS	American Cancer Society	
10/12/2019	Breast Health Awareness Seminar at New Mount Zion Missionary Baptist Church	Lakeland	Education/Prevention	200	ACS	American Cancer Society	
10/16/2019	City of Lakeland Health Fair	Lakeland	Education/Prevention	300	ACS	American Cancer Society	Handed out skin cancer prevention information
11/20/2019	Let's Talk About Vaping	Pavilion for Women and Children	Education/Prevention: Lung Cancer Awareness	7	ACS	American Cancer Society	Great American Smokeout
11/21/2019	Commit to Quit	Pavilion for Women and Children	Education/Prevention: Lung Cancer Awareness	9	ACS	American Cancer Society	Great American Smokeout
12/21/2019	December Skin Cancer Screening	LRH Hollis Cancer Center	Education/Prevention		ACS	American Cancer Society	

*For all positive findings a letter is sent to patient's primary care physician and patient letting them know of positive findings. If skin finding is positive, then report is given immediately w/ recommendation to go see a dermatologist. If possible melanoma, then patient is to make an appointment w/LRHHCC for a biopsy.

INNOVATIVE

cancer care



BREAST PROGRAM REPORT

The breast cancer program at Lakeland Regional Health Hollis Cancer Center continues to provide our patients with a multidisciplinary treatment for Breast Cancer.

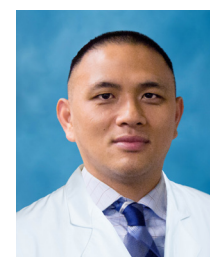
Our program is very fortunate to have two fellowship trained experts in the field of breast surgery- Dr. Toan Nguyen and Dr. Vanessa Prowler. Together they have successfully moved our breast health program to the next level by expanding our research and adopting new technology.

Both Dr. Nguyen and Dr. Prowler are Hidden Scar certified, a technique that minimizes the scarring through the use of approach and specialized instrumentation.

In addition to the surgical services offered for the treatment of breast cancer we have created a high-risk clinic to provide genetic risk evaluation for individuals at an increased risk of breast cancer due to personal risk factors such as prior breast cancer, a family history of breast cancer, or the identification of a genetic mutation such as BRCA1 or BRCA2.

Lakeland Regional Health Hollis Cancer Center Breast Program is accredited by NAPBC, which is a consortium of national, professional organizations focused on breast health and dedicated to the improvement of quality outcomes of patients with diseases of the breast through evidence based standards and patient and professional education.

Our New Patient Scheduling department is available to assist in scheduling an appointment. The team will help to expedite a referral and assist in obtaining any needed medical records.



TOAN THIEN NGUYEN, MD
BREAST SURGICAL ONCOLOGY



VANESSA L. PROWLER, MD
BREAST SURGICAL ONCOLOGY

NAPBC[®]
NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS
ACCREDITED BREAST CENTER

A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS



CANCER PROGRAM PHYSICIAN REVIEW

CoC Standard 4.6

STD 4.6 - Monitoring Compliance with Evidence-Based Guidelines:

Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in the cancer committee minutes.

A review of the lung cancer patients with a histology of Adenocarcinoma was performed in comparison with the National Comprehensive Cancer Network (NCCN) guidelines. Utilizing the cancer registry database a total of 42 cancer patients in 2017 with Adenocarcinoma were reviewed. The initial findings are below.

Findings:

- 46 cases included in review of NCCN guidelines for lung cancer patients with adenocarcinoma histology
- 25 patients were compliant
- 5 patients unsure about compliance and guidelines need further review
- 12 patients were non-compliant

Reasons for Non-compliance:

- 1 patient treatment NOT recommended due to advanced age
- 5 patients M1 (METS) -palliative only
- 1 patient opted treatment with 3rd primary
- 1 recommended patient opted for supportive care
- 1 patient METS , refused treatment

Upon further review Dr. Nakka reviewed all 42 charts to determine accuracy of staging and first course of treatment. The results were compared to the National Comprehensive Cancer Network (NCCN) Guidelines for treatment.

- All 42 patients were seen by Lakeland Regional Health during 2017.
- Out of the 42 cases, one patient chose to continue care at separate facility.
- The initial treatment options were discussed appropriately based on the guidelines with all 42 patients.

Lakeland Regional Health cares for the community of Polk County. We have a large volume of patients who lack insurance or are considered “under insured”. This correlates with the large volume of later stage Lung Cancer Cases found during presentation of symptoms.

Stages of Patients Reviewed
with Adenocarcinoma of Lung

STAGE	NUMBER OF PATIENTS	PERCENTAGE
I-a	3	7.5
I-b	3	7.5
II-a	6	14
II-b	4	9
III	1	2
IV	25	60

Recommendations:

Offer a Community Education event to encourage smoking cessation, address the vaping epidemic found in American adolescents, and to encourage patients to discuss the Lung Screening Criteria with their Primary Physicians. This is a partnership between Lakeland Regional Health Hollis Cancer Center Medical Oncology department, LRH Lung Committee, and the American Cancer Society which will address the deficits identified in our Community Needs Assessment.

- In order to better serve our community Lakeland Regional Health has partnered with Radiology Imaging Specialists (RIS) to launch the LRH Lung Cancer Committee.
- Our primary role will be to educate local providers and patients about the Lung Cancer Screening Criteria, increase the use of low-dose CT scans, and offer evidenced based treatment options.
- The Lung Cancer Committee meets quarterly to identify barriers to diagnosis and discuss delays in treatment in order to better improve patient outcomes.
- Once a month lung cases are presented during Hollis Cancer Center Lung Tumor Board where a multi-disciplinary team can review and discuss staging and the treatment plan of our patients.
- In 2019 LRH and RIS providers joined together to host an Annual Lung Symposium for the community providers to encourage the utilization of early screening for patients who meet the criteria.

We recognized the importance for a health system to look for innovative ways to provide screening tests and better access to those in our area.

Source: The NCCN Guidelines were utilized for the chemotherapy recommendations (www.nccn.org/professionals/physician_gls/pdf/nscl.pdf)



The American Cancer Society’s Lung Cancer Screening Guidelines:

People who are current or former smokers are at higher risk for lung cancer. The American Cancer Society recommends yearly lung cancer screening with a low-dose CT scan (LDCT) for some of these people.

Screening Criteria

The American Cancer Society recommends annual lung cancer screening with a low-dose CT scan (LDCT) for certain people at higher risk for lung cancer who meet the following conditions:

- Are aged 55 to 74 years and in fairly good health, and
- Currently smoke or have quit within the past 15 years, and
- Have at least a 30-pack-year smoking history, and
- Receive smoking cessation counseling if they are current smokers, and
- Have been involved in informed/shared decision making about the benefits, limitations, and harms of screening with LDCT scans, and
- Have access to a high-volume, high quality lung cancer screening and treatment center.

SUSHMA NAKKA, MD
MEDICAL ONCOLOGIST

MICHAELA KING, RN, OCN
BLANCHE MYERS, RHIT, CTR, CPC



AN INNOVATIVE, MINIMALLY INVASIVE TREATMENT FOR BONE TUMORS

As treatments continue to improve, the life expectancy of those with cancer is growing - and that's good news. However, living longer with cancer also increases the likelihood of metastases, or the spread of cancer from the primary site to the bones.

Bone tumors occur in about half of patients with advanced cancers that began in the breast, prostate, liver or lungs. Tumors are most often found in the axial skeleton (the spine, skull and ribs) but they can also be present in the pelvis and hip. Once bone metastases are diagnosed, 5-year survival rates are low, ranging from 13% (breast) to 1% (lung).

Bone tumors can be debilitating and painful, often affecting neurological function. They can lead to decreased mobility, as well as mood changes such as depression and anxiety.¹



Dr. Larry Whitney,
Interventional Radiologist

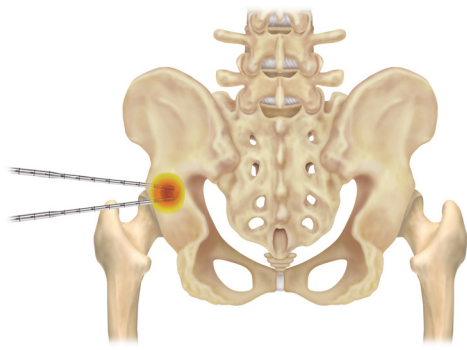
"The most common complaint we hear from patients with bone metastases is pain," says Dr. Larry Whitney, an interventional radiologist at Lakeland Vascular Institute. "The pain is generally progressive, affecting the quality of their lives and creating the need for powerful pain medications like opioids."

A relatively new interventional procedure - known as Osteocool™ Radiofrequency Ablation (FDA cleared in 2015)—may offer new hope for patients with bone metastases. When used alone or in conjunction with other treatments (external beam radiation therapy and kyphoplasty), this procedure has resulted in more effective tumor destruction, reduced pain over the long term and a reduction in the need for pain medication.

The Osteocool system uses high frequency energy to destroy cancer cells, along with water-cooled probes to prevent overheating and damage to the surrounding tissue during the procedure. It is delivered to the site of the tumor using a small catheter, so it is far less invasive than traditional surgery.

"Osteocool allows us to treat bone tumors when conventional treatment isn't effectively controlling the pain associated with bone metastasis," adds

Dr. Whitney. *"When used in conjunction with external beam radiation therapy, there can be a significant improvement in both the speed and effectiveness of pain relief. We actively strive to work alongside the oncologists at Hollis Cancer Center to identify patients that are good candidates for this procedure. Our team approach allows for comprehensive planning and a better strategy for managing cancer pain."*



A clinical study by DiStaso,² showed that 94% of patients receiving the combination therapy of radiation and Osteocool achieved overall pain relief compared with just 59% of patients who received radiation therapy alone. Pain relief also occurred faster (6 weeks) than with radiation therapy alone. Another study by Cazzato,³ found that patients treated with both Osteocool and vertebral augmentation (kyphoplasty) experienced significant pain relief.

"The bottom line," says Dr. Whitney, "is that patients and their doctors have a new and effective treatment option that can significantly improve their quality of life, and may even help extend their life."

¹Goetz et al. Percutaneous Image-Guided Radiofrequency Ablation of Painful Metastases Involving Bone: A Multicenter Study. J Clin Oncol. 2004;22(2):300-306

²Di Staso M, Zugaro L, Gravina GL, et al. A feasibility study of percutaneous radiofrequency ablation followed by radiotherapy in the management of painful osteolytic bone metastases. Eur Radiol. 2011;21(9):2004-2010. doi: 10.1007/s00330-011-2133-3. Epub 2011 May 1.

³Cazzato RL, Garnon J, Caudrelier J, et al. Low-power bipolar radiofrequency ablation and vertebral augmentation for the palliative treatment of spinal malignancies. Int J Hyperthermia. 2018;Jan 18:1-7. doi: 10.1080/02656736.2017.1422557.



RADIATION ONCOLOGY

Hollis Cancer Center's Radiation Oncology department brought new advancements in 2019 to its already extensive lineup of services and technology. This included Respiratory Treatment Gating, which allows for the incorporation of tumor motion resulting from respiratory movement. This technique effectively reduces the amount of radiation that critical structures receive from daily radiation treatments.

Our Stereotactic Radiosurgery (SRS) program was enhanced with the addition of the BrainLab Elements Multiple Brain Mets treatment planning software. SRS is a highly precise form of radiation therapy that allows the treatment of benign and malignant tumors and functional neurological disorders and is accurate to within one to two millimeters. The Multiple Brain Mets software optimizes highly conformal radiation doses to multiple sites within the brain allowing fast and efficient treatment delivery.

The principles of SRS are also applied to the treatment of tumors within the body known as stereotactic body radiotherapy (SBRT). SBRT is currently used for treating malignant or benign small-to-medium size tumors including the lung, liver, and spine. SBRT has now been expanded to include pancreas offering a faster mode of treatment for these patients.

The ability to minimize radiation to normal tissues and the resulting side effects is critical to optimizing the dose to cancerous tissue. The addition of SpaceOAR Hydrogel in 2019 helps achieve that goal by creating a temporary space between the prostate and the rectum for eligible prostate cancer patients. The gel stays in place during the entire course of radiation treatments and is then naturally absorbed in about 3 months.

Image Guided Radiation Therapy has long been a standard in the effective localization of treatment portals. The addition of non-migrating fiducial markers is helping to improve treatment portal localization by ensuring that implanted markers remain in the same location throughout the course of treatment.

The latest NCCN approved hypofractionated (short-course) treatment courses are now offered for eligible breast and prostate cancer treatments providing patients with the same level of treatment efficacy in a shorter treatment time frame.

To improve patient safety in our exam rooms a new exam table was installed that goes lower to the floor allowing patients with limited mobility to more safely transfer to and from the table.

Gynecologic radiation therapy was enhanced in 2019 by the addition of a Multi-Lumen cylinder to provide more precise radiation dose contouring to cancerous tissue while minimizing the radiation dose to surrounding normal tissues and critical structures.

These advancements in the treatment of cancer demonstrate Hollis Cancer Center's commitment to improving lives every day and providing our community the best in Radiation Oncology services.



KRIS GUERRIER, MD
RADIATION ONCOLOGIST



KURT ENGLISH
RADIATION ONCOLOGY
MANAGER



GASTROINTESTINAL TUMOR PROGRAM



MANUEL MOLINA, MD
SURGICAL ONCOLOGIST

The Gastrointestinal tumor program at LRH treats many patients with cancer in the esophagus, stomach, liver, bile ducts, pancreas, small bowel, colon and rectum. These are a complicated group of tumors because most of the times patients present with more advanced tumors than in other sites. The basis for the treatment of these tumors resides in the Multidisciplinary Gastrointestinal Tumor Board.

In Tumor Board meetings, cases are analyzed from all the aspects involved in the care of the patients, including Radiology, Pathology, Medical Oncology, Radiation Oncology, Surgical Oncology, Nutrition, Physical Therapy, and Social Work. All patients treated at LRH benefit from this multidisciplinary treatment planning approach.

We provide the best and most advanced treatment for the gastrointestinal tumors including:

- **Interventional Radiology** provides a diagnosis via percutaneous biopsies and treatments with image-guided ablation and embolization of tumors
- **Gastroenterology** also provides a diagnosis but at the same time implements endoluminal treatments, stenting for palliation and placement of markers for other treatment modalities. We have as part of our team one of the few interventional gastroenterologists in the region, specializing in endoscopic ultrasound and ERCP for diagnosis and treatment of several cancers in the GI tract.
- **Surgical Oncology** specializes in Gastrointestinal tract tumors. Our team of surgeons provide minimally invasive surgery for the GI tract and have one of the few specialists in surgery for esophagus, stomach, liver, pancreas and bile ducts. Most of the Colorectal resections done at LRH are via Laparoscopic surgery, improving the recovery of the patients. We apply Enhanced Recovery After Surgery protocols to decrease the length of stay and accelerate patient recovery after surgery.
- **Medical Oncology** provides the latest systemic treatments including chemotherapy and immunotherapy, making the use of personalized treatment depending on molecular profiling a priority.

- **Radiation Oncology** provides radiation with the latest image-guided techniques and, most recently, increased use of stereotactic radiation to reduce damage to surrounding tissues and to increase higher doses in the tumors to improve the effectiveness of the radiation treatment.
- Our pathology experts work with dedicated GI specialists to analyze and discuss the most challenging cases for the most accurate diagnosis. Most tumors are sent for tumor markers to guide further therapy.
- We provide one of the few preconditioning programs in the region. The program consists of providing pretreatment evaluation by nutrition and physical therapy to determine the condition of the patient and to prescribe the necessary nutritional and exercise regimens. This will improve the patient's performance status in increasing the patient's tolerance to treatment and better surgical outcomes.

We are dedicated to advancing the future of healthcare for those we serve through these multidisciplinary areas of focus, providing the best outcomes and safest care.



MELANOMA PROGRAM REPORT

Lakeland Regional Health is counted among the most prestigious Melanoma programs in the region. The program started several years ago and has participated several multi-institutional treatment changing trials.

We continue to provide the highest quality of care in melanoma with the use of:

- Sentinel lymph node biopsy
- Wide excision with immediate reconstruction
- Dissection of the affected lymph node basins

At LRH we provide Robotic surgery for groin dissection, decreasing the chances of wound complications. Currently, our systemic therapy has grown to provide more immunotherapy and

personalized medicine base on the molecular profiling of the tumors. All melanoma cases are evaluated by the multidisciplinary treatment team, providing the best outcomes to our patients.

We continue to participate in national research trials that confirm the quality of care provided at LRH, as we advance the future of healthcare for our community.

MANUEL MOLINA, MD
SURGICAL ONCOLOGIST

MEDICAL ONCOLOGY & CHEMOTHERAPY

Hollis Cancer Center offers comprehensive care with a wide range of state of the art services. We use a multi-disciplinary approach to coordinate the best cancer treatment options for our patients from diagnosis to survivorship.

Our experienced Medical Oncologists deliver advanced care while incorporating NCCN guidelines and the most up-to-date evidenced based treatment options.

Dr. Sushma Nakka, Dr. Kamal Haider and Dr. Behairy are passionate in the topics of Oncology, Hematology, Pain Management, and Palliative Care Options. Through the support of Mayo Clinic Care Network our physicians have the ability to access Mayo Clinic's expertise at no additional cost to the patient. We help to reduce unnecessary travel for opinions and answers.

All of our oncology nursing staff hold their ONS/ ONCC Chemotherapy Biotherapy Certification. Many have or are actively working toward their Oncology Nursing Certification.

Our beautiful 40-chair chemo suite offers a lakeside view for all the patients. Each patient pod is equipped with a massage chair, private television, family/guest seating options, as well as heated blankets and refreshments.

The chemotherapy experience includes patient education programs offered by an Oncology Certified Nurse for patients and their families. A personal education session is held in a quiet meeting space between the nurse educator and the patient. We utilize this time to facilitate a relationship that will allow ongoing education throughout treatment.

This year we have made many advancements to improve the experience of our patients and drive our department toward excellence.

Some of our successes for 2018-2019 are listed below:

- We are proud to announce that the most recent Joint Commission survey resulted in no errors or findings for Hollis Cancer Center.
- A renewed partnership between the Oncology Nursing Leadership of Hollis and LRH now discusses the plan of care for patients transitioning from the acute inpatient setting to the outpatient setting. Michaela King, RN, and Aleesha Ledezma, RN, organized an Oncology Service meeting where financial counselors, social workers, and nursing met to discuss the psychosocial and financial needs of our patients to ensure their transition was a positive experience. We joined together to improve communication for patients who are unfunded and developed Standards of Procedure on how to identify these patients, provide appropriate resources and monitor their care while they navigate through treatment.
- Michaela King, RN, and Timothy Dench met with LRH leadership to identify the need for a hospital based financial counselor for Oncology Navigation. With joined support from Nursing, Administration, and Finance we were able to bring an additional counselor to help offer transparency with cost of care to patients receiving Chemotherapy and Radiation. This also allowed additional support for prescription cost assistance through Foundations and Pharmaceutical plans. This addition to the Hollis team was an added benefit for those patients transitioning from the inpatient team and we are working to identify unfunded patients at time of diagnosis to prevent delays in treatment.
- The Chemotherapy nurses attended multiple learning and continuing education opportunities through our local Oncology Nursing Society as well as in house education events regarding Chemotherapy and Immunotherapies. This allowed us to stay up to date with the best practice and knowledgeable about the administration of the medications for patient education, observation during administration and surveillance for post administration.
- The Chemotherapy and Medical Oncology department designed and offered multiple patient surveys so that we can ensure the patient's needs are being addressed. We help to identify areas of improvement for communication with other departments like Registration, Laboratory and Radiation. The information we obtained from the surveys were used as Quality Initiatives throughout Hollis Cancer Center. Our patient's opinions and experiences matter.

- Chemotherapy worked closely with the Analytics team to develop more effective charting in the Electronic Medical Record so that the nurse could shorten charting time to allow him/her to spend more time in direct patient care. This also helped optimize communication with concurrent Radiation patients. The information we entered can now be seen by the hospital team as well- regardless if the patient is in the Emergency Room or the hospital floor. Our charting was customized specifically for Oncology Patients; we are utilizing the charting system to record the education received regarding new start chemo, side effects, adverse events, interventions made, ongoing education and discharge education. This also acts as a reminder to the nurses to ensure that we are providing the same excellent education to all our patients.

- Chemotherapy Nurse Manager Michaela King, Chemotherapy Team Leader Julianna Weech, Supervising Pharmacist Sarah Edwards, Nursing Informatics Analyst Heather Bunch and Clinical IT Analyst Shamar Pollock meet weekly to review NCCN Guidelines and the Chemotherapy Medications. This ensures that the regimens ordered are up to date and comprehensive. The relationship with nursing, pharmacy and informatics allows open communication.

MICHAELA KING, RN, OCN

MANAGER OF MEDICAL ONCOLOGY AND CHEMOTHERAPY CLINICAL OPERATIONS



MEDICAL ONCOLOGY & PALLIATIVE CARE



SUSHMA NAKKA, MD
MEDICAL ONCOLOGIST

At Lakeland Regional Health Hollis Cancer Center, our goal is to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems of cancer patients and the promotion of overall health.

- Dr. Nakka organized and held our first Lung Symposium on November 15, 2017 at LRH, HCC which included providing education to primary care physicians on the importance of lung cancer screenings and what qualifies the patients for the low dose CT scanning
- We continue to organize lung cancer symposium yearly providing patient education, primary care physician education as well as education for physicians
- Lung cancer symposium was held at Mulaney Auditorium on February 20, 2019 providing oncology updates to hospitalist as well as nurses.
- Medical Oncology also includes palliative care service. The goal of palliative care is to prevent and relieve discomfort and to support the best possible quality of life for patients facing life-threatening or debilitating illness, regardless of the stage of the disease or the need for other therapies. Palliative care is both a philosophy of care and an organized, highly structured system for delivering care. As leaders in promoting excellence in cancer care, our palliative care program combines the expertise of our physicians and nurses to advance the field, thus improving the quality of life for patients facing serious or life-threatening conditions, as well as their families. The Palliative Care program at Hollis Cancer Center continues to grow with expert care to serve the residents of Polk County and beyond. Our interest and experience in providing pain and palliative care are complemented by Lakeland Regional Health's new inpatient pain and palliative care unit.

This year, the Medical Oncology department made several significant advancements to improve the care patients receive:

- Our goal is to provide Patient care that is compassionate, appropriate, and effective for the treatment of health problems of cancer patients and the promotion of overall health.
- Medical oncology made several advancements. We have increased the chemotherapy chairs to 40, now being able to accommodate the extra volume of patients. 40 chemotherapy stations thoughtfully designed to provide patients with lake view and accessibility to care team members, increasing the present capacity by 17 chairs. Along with the chemotherapy suite, there was Pharmacy expansion to support increased chemotherapy volumes.
- State-of-the-art education and meeting space for community outreach, multidisciplinary meetings and physician and team education.
- Lung Cancer Screening program started in 2016, is now accredited. We are enrolling qualifying patients to screen for early stage lung cancer
- In 2018 the addition of a Multi-disciplinary conference for the lung program was added which includes physicians from all disciplines including, but not limited to surgeons, radiation oncologists, medical oncologists, pathologists, radiologists, as well as other representatives from other services we provide such as social services and rehabilitation. This allows us to be able to as a team discuss and plan the best treatment care for our patients.

Goals and Objectives of Medical Oncology

Translate comprehension of the clinical and scientific basis of advanced disease processes, symptoms, and symptom management into improved patient care.

- Practice advanced Oncology care incorporating NCCN guideline.
- Enroll patients in clinical trials, where we are able to provide advanced cancer treatment possibilities today and more importantly hope for healthier future for our community.
- Develop patient plans of care that incorporate interdisciplinary assessments and symptom management across all domains of care that are ultimately based on the expressed values, goals, and needs of the patient and family.
- Assess patient pain and other symptoms and side effects, and recommend a care plan based

upon the best available evidence.

- Identify psychological, spiritual, social, and cultural aspects of patient care, and integrate support of those aspects of patient care into an overall plan of care.
- Apply effective communication principles with patients, families, and interdisciplinary teams.
- Identify ethical and legal concerns related to hospice and palliative care.
- Discuss the effective strategies and challenges.
- Educate and involve the primary care physicians in evaluating patients that qualify and share appropriately for lung cancer screening and low dose CT.

We treasure our patients and families and work to provide compassionate care throughout the cancer journey.

CT LOW DOSE EXAMS 2018

Central 2018	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Exams Performed	14	21	23	8	16	23	32	18	23	17	20	22	237
Positive CT Low Dose	1	1	1		2	2	5		1	1			14
PET's Performed		1	1		2	1	4		1	1			11
PET's Positive		1			2		1			1			5
Proven Cancer					2								2



ONCOLOGY DATA SERVICES

The Oncology Data Services department is honored to have played such a vital role in Lakeland Regional Health being granted by the Commission on Cancer of the American College of Surgeons to receive the “Outstanding Achievement Award.” This was LRH’s first time receiving this prestigious honor which was only awarded to a very few selected facilities across the United States.

The purpose of the award is to raise the bar on quality cancer care, with the ultimate goal of increasing awareness about quality care choices among cancer patients and their loved ones. In addition, the award is intended to accomplish the following:

- Recognize those cancer programs that achieve excellence in providing quality care to cancer patients
- Motivate other cancer programs to work toward improving their level of care
- Facilitate a dialogue between award recipients and health care professionals at other cancer facilities for the purpose of sharing best practices
- Encourage honorees to serve as quality care resources to other cancer programs

The Commission on Cancer (CoC)’s Outstanding Achievement Award (OAA) is designed to recognize cancer programs that strive for excellence in demonstrating compliance with the CoC standards and are committed to ensuring high quality cancer care.

A CoC-accredited cancer program is eligible to earn the OAA after completing the accreditation survey and receiving a Performance Report that indicates an accreditation award of “Three-Year with Commendation.” Specifically, the program must receive commendation ratings for the seven commendation level standards and no deficiencies for the remaining 27 standards. The

cancer programs that receive this award represent the best of the best when it comes to cancer care,” said Lawrence N. Shulman, MD, FACP, Chair of the CoC. “Each of these facilities is not just meeting nationally recognized standards for the delivery of quality cancer care, they are exceeding them.”

Oncology Data Services collects data on cancer cases that are diagnosed and/or treated at Lakeland Regional Health System that include demographic, cancer identification (primary site, histology, stage of disease, treatment) and follow-up data. This information is reported to the Florida Cancer Data System (FCDS) and the National Cancer Data Base (NCDB). These organizations use the data as a clinical surveillance mechanism to review patterns of care, outcomes and survival.

It is required that all facilities licensed under Florida Statute 395 and each freestanding radiation therapy center as defined in Florida Statute 408.07 shall report to the Department of Health, through FCDS, such cancer incidence information as specified by Rule 64D-3 which includes, but is not limited to, diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, radiation, or surgical treatment and either method of diagnosis or treatment for each cancer diagnosed or treated by the facility or center.

A total of 2,433 cases were accessioned into the database in 2019 (2018 data), 1,766 (73%) of which were analytic. Annual lifetime follow-up is performed on the analytic patients.

Ongoing follow-up benefits the patient by reminding them that routine medical examinations are recommended to ensure early detection, recurrence or new primary malignancies and benefits physicians by potentially bringing lost patients back under medical supervision. In addition, the follow-up information is used to compare outcome results with regional, state, and national standards. In 2018, the successful follow-up rate for

both the total database as well as the cases diagnosed within the last five years exceeded the Commission on Cancer requirements.

Our data is not only reported to the Florida Cancer Data System (FCDS) and NCDB but also is utilized by the medical staff, administration, and other hospital departments, at cancer conferences, in our annual report and by other cancer registries. In addition, specifics about the cancer services offered by our facility, as well as our research activities and structure of our cancer program, are provided to the American College of Surgeons, the American Cancer Society and the Association of Community Cancer Centers.

Multidisciplinary CME-approved cancer conferences are held weekly to discuss the management of our cancer patients. Educational programs (some for physicians and team members and some that are open to the public) are presented on various cancer-related topics throughout the year.

The following data includes charts and graphs that represent the analytic data of the patients seen here at LRHS and Lakeland Regional Health Hollis Cancer Center in 2018 and abstracted in 2019 (site distribution). The data is broken down according to the Top Five Sites, AJCC staging, Gender, Race, County at Diagnosis, Treatment, Primary Site by Stage, Age at Diagnosis by Gender, and the Top Histology’s. Our final report is the Observed survival analysis for the last five years for LRH.

We would like to express our appreciation to the cancer committee, administration, medical staff, team, and the community for their continued support throughout the year. This support has enabled us to maintain successful accreditation of the cancer program by the Commission on Cancer of the American College of Surgeons since 1989.

We would like to express our appreciation to the cancer committee, administration, medical staff, team, and the community for their continued support throughout the

year. This support has enabled us to maintain successful accreditation of the cancer program by the Commission on Cancer of the American College of Surgeons since 1989.

I would like to take this opportunity to recognize and thank all the staff in the cancer registry for their hard work and dedication because without them we would not have been able to receive the prestigious Outstanding Achievement Award from the Commission on Cancer, the Jean Byers Award for Excellence in Cancer Registration, and the Pat Strait Award for Excellence in Cancer Abstracting both from state of Florida (FCDS):

- Tina Swinney, CTR
- Jessica Zilke, CTR
- Janet Wyrick, CTR
- Magda Castro, CTR
- Katrina Myers, AAS, Data Tech
- Brandice Vickers, RHIT, CTR Associate
- Blanche Myers, RHIT, CTR, CPC



BLANCHE MYERS, RHIT, CTR, CPC
ONCOLOGY DATA MANAGER





LAKELAND REGIONAL HEALTH MEDICAL CENTER

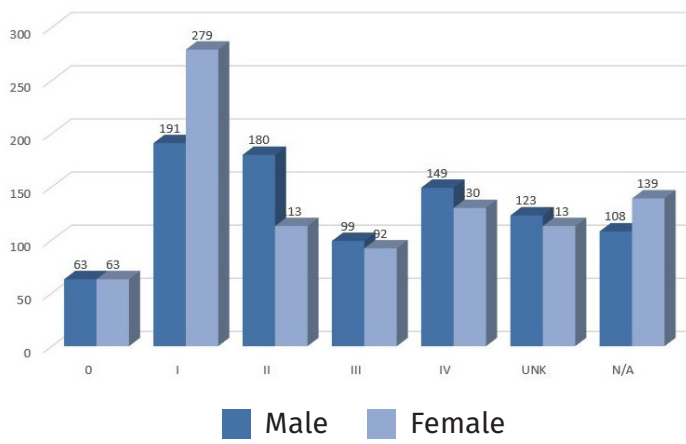
DATA SUMMARY ANALYTIC DATA ONLY, 2018

The top five cancer sites treated at Lakeland Regional Health Medical Center were:

- Bronchus and Lung 14.24%
- Breast 12.26%
- Prostate 11.53%
- Colon 7.4%
- Skin 5.82%

AJCC Stage and Gender

Of the 1,766 analytic cases, 884 patients were male and 882 were female. The gender distribution table below reveals that the majority of patients who were diagnosed were females at a Stage 1.



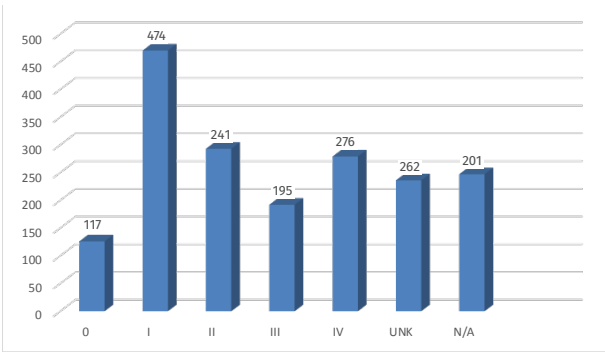
STAGE	MALE	FEMALE
0	63	63
I	191	279
II	180	113
III	99	92
IV	149	130
UNK	123	113
N/A	108	139
TOTAL*: 1,842	913	929

*Total analytic cases eligible for staging.

AJCC Stage at Diagnosis

The majority of patients (27%) were first diagnosed and treated as a Stage 1.

Table 2



STAGE	NUMBER OF CASES	PERCENT
0	117	7%
I	474	27%
II	241	14%
III	195	11%
IV	276	16%
UNK	262	15%
N/A	201	11%
TOTAL:	1,766	100.00%

Race and Ethnicity

Race distribution reveals that out of the 1,766 participants, 1,578 (89.35%) of the patients were Caucasian, 150(8.49%) were African American and 38(2.16%) were Asian or Other.

NOTE:

Asian includes: Asian Indian, Filipino, Pacific Islander, American Indian Aleut Eskimo, Laotian, Hmong, Korean, Pakistani

Other includes: All races not listed above and/or unknown.

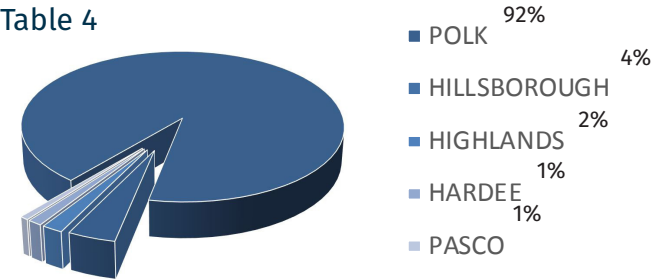
County of Residence at Diagnosis

Analysis reveals that the top five counties of residence at diagnosis were Polk (89.47%), Hillsborough (4.02%), Highlands (1.76%), Hardee (1.19%) and Pasco (0.74%). A detailed breakdown is shown in Tables 3 and 4.

Table 3

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
POLK	1580	89.47%
HILLSBOROUGH	71	4.02%
HIGHLANDS	31	1.76%
HARDEE	21	1.19%
PASCO	13	0.74%
SUMTER	4	0.23%
LAKE	4	0.23%
PINELLAS	3	0.17%
OSCEOLA	3	0.17%
ORANGE	2	0.11%
HERNANDO	2	0.11%
DESOTO	2	0.11%
SARASOTA	1	0.06%
SEMINOLE	1	0.06%
VOLUSIA	1	0.06%
SULLIVAN	1	0.06%
BRADFORD	1	0.06%
BROWARD	1	0.06%
CITRUS	1	0.06%
MARION	1	0.06%
DADE	1	0.06%
OUT OF STATE	21	1.19%
TOTAL CASES:	1,766	100%

Table 4



Treatment

Treatment analysis reveals that 668 (37.83%) patients had surgery alone, 569 (32.22%) patients either had no treatment or no observation, 100 patients received chemotherapy and 80 patients received radiation. A detailed breakdown can be seen in Table 5.

Table 5

RX TYPE	NUMBER OF CASES	PERCENT
SURG	668	37.83%
NONE	569	32.22%
CHEM	100	5.66%
RAD	80	4.53%
SURG/CHEM	56	3.17%
CHEM/RAD	48	2.72%
SURG/RAD/HORM	39	2.21%
SURG/HORM	32	1.81%
RAD/HORM	32	1.81%
CHEM/IMMU	25	1.42%
SURG/RAD	22	1.25%
SURG/CHEM/RAD	18	1.02%
HORM	18	1.02%
SURG/IMMU	10	0.57%
CHEM/HORM/IMMU	9	0.51%
CHEM/RAD/IMMU	7	0.40%
IMMU	6	0.34%
CHEM/HORM	5	0.28%
SURG/CHEM/HORM/IMMU	3	0.17%
SURG/CHEM/IMMU	3	0.17%
SURG/CHEM/RAD/HORM	3	0.17%
SURG/CHEM/RAD/HORM/IMMU	2	0.11%
SURG/CHEM/RAD/IMMU	2	0.11%
CHEM/RAD/HORM	2	0.11%
RAD/IMMU	2	0.11%
SURG/CHEM/HORM	1	0.06%
OTHER	1	0.06%
CHEM/RAD/HORM/IMMU	1	0.06%
HORM/IMMU	1	0.06%
SURG/RAD/IMMU	0	0.06%
SURG/RAD/IMMU	1,766	100%

PRIMARY SITE BY STAGE AND GENDER

PRIMARY SITE	TOTAL	CLASS		SEX		GENERAL STAGE					
		A	N/A	M	F	INS	LOC	REG	DIST	BEN	UNK
ALL SITES	1766	1766	0	884	882	123	825	351	376	18	73
ORAL CAVITY	28	28	0	20	8	0	6	18	4	0	0
LIP	0	0	0	0	0	0	0	0	0	0	0
TONGUE	9	9	0	6	3	0	1	8	0	0	0
OROPHARYNX	2	2	0	2	0	0	0	2	0	0	0
HYPOPHARYNX	1	1	0	1	0	0	0	1	0	0	0
OTHER	16	16	0	11	5	0	5	7	4	0	0
DIGESTIVE SYSTEM	340	340	0	188	152	30	120	93	93	0	4
ESOPHAGUS	20	20	0	17	3	0	4	7	9	0	0
STOMACH	26	26	0	17	9	0	9	4	12	0	1
COLON	122	122	0	56	66	22	38	39	22	0	1
RECTUM	46	46	0	28	18	5	17	13	10	0	1
ANUS/ANAL CANAL	13	13	0	6	7	1	9	1	2	0	0
LIVER	38	38	0	24	14	0	24	9	5	0	0
PANCREAS	42	42	0	24	18	2	11	8	21	0	0
OTHER	33	33	0	16	17	0	8	12	12	0	1
RESPIRATORY SYSTEM	276	276	0	140	136	1	93	74	104	0	4
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0
LARYNX	18	18	0	15	3	1	7	8	1	0	1
OTHER	4	4	0	4	0	0	2	1	1	0	0
LUNG/BRONCHUS - SM CELL	46	46	0	13	33	0	8	13	25	0	0
LUNG/BRONC-NON SM CELL	183	183	0	98	85	0	71	47	64	0	1
OTHER BRONCHUS & LUNG	25	25	0	10	15	0	5	5	13	0	2
BLOOD & BONE MARROW	98	98	0	49	49	0	11	2	83	0	2
LEUKEMIA	52	52	0	27	25	0	6	2	44	0	0
MULTIPLE MYELOMA	20	20	0	9	11	0	3	0	15	0	2
OTHER	26	26	0	13	13	0	2	0	24	0	0
BONE	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	9	9	0	3	6	0	5	1	3	0	0
SKIN	103	103	0	64	39	15	68	12	6	0	2
MELANOMA	100	100	0	61	39	15	67	10	6	0	2
OTHER	3	3	0	3	0	0	1	2	0	0	0
BREAST	216	216	0	2	214	25	126	54	11	0	0
FEMALE GENITAL	119	119	0	0	119	2	74	30	12	0	1
CERVIX UTERI	10	10	0	0	10	1	4	4	1	0	0

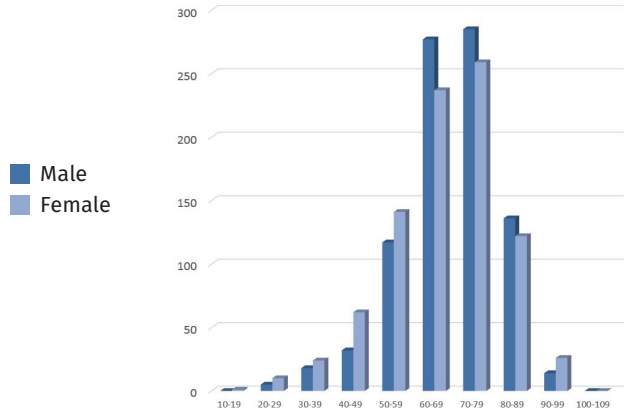
CORPUS UTERI	80	80	0	0	80	1	57	15	6	0	1
OVARY	17	17	0	0	17	0	4	8	5	0	0
VULVA	12	12	0	0	12	0	9	3	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	215	215	0	215	0	0	184	19	11	0	1
PROSTATE	204	204	0	204	0	0	178	15	10	0	1
TESTIS	6	6	0	6	0	0	4	1	1	0	0
OTHER	5	5	0	5	0	0	2	3	0	0	0
URINARY SYSTEM	167	167	0	123	44	50	76	26	14	0	1
BLADDER	98	98	0	79	19	44	42	10	2	0	0
KIDNEY/RENAL	58	58	0	37	21	2	32	12	11	0	1
OTHER	11	11	0	7	4	4	2	4	1	0	0
BRAIN & CNS	58	58	0	24	34	0	24	3	0	14	17
BRAIN (BENIGN)	5	5	0	3	2	0	0	0	0	3	2
BRAIN (MALIGNANT)	11	11	0	7	4	0	6	2	0	0	3
OTHER	42	42	0	14	28	0	18	1	0	11	12
ENDOCRINE	37	37	0	10	27	0	24	5	0	4	4
THYROID	28	28	0	5	23	0	22	5	0	0	1
OTHER	9	9	0	5	4	0	2	0	0	4	3
LYMPHATIC SYSTEM	62	62	0	34	28	0	12	11	33	0	6
HODGKIN'S DISEASE	6	6	0	4	2	0	3	3	0	0	0
NON-HODGKIN'S	56	56	0	30	26	0	9	8	33	0	6
UNKNOWN PRIMARY	28	28	0	8	20	0	0	0	0	0	28
OTHER/ILL-DEFINED	10	10	0	4	6	0	2	3	2	0	3

Number of cases excluded: 0

This report Includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

Age at Diagnosis by Gender

The data shows the majority of newly diagnosed cancer patient’s were males between the ages of 70 - 79 years old followed closely by males of 60-69 years old. In that same age category there were 237 female patients.



AGE	MALE	FEMALE
10-19	0	1
20-29	5	10
30-39	18	24
40-49	32	62
50-59	117	141
60-69	277	237
70-79	285	259
80-89	136	122
90-99	14	26
100-109	0	0
TOTALS:	884	882

HISTOLOGY

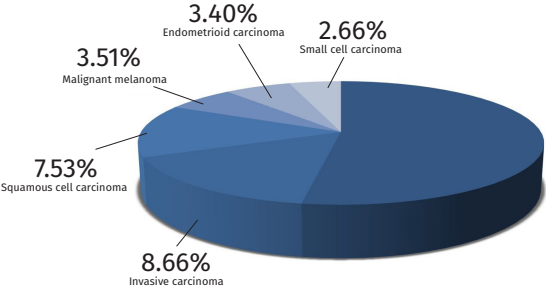
The majority of cancers that were diagnosed here were adenocarcinoma (28.60%). A breakdown of the top 10 tumor histologies is displayed below:

Top 10 Histologies at LRHHCC

HISTOLOGY	NUMBER OF CASES	PERCENT
Adenocarcinoma	505	28.60%
Invasive carcinoma	153	8.66%
Squamous cell carcinoma	133	7.53%
Malignant melanoma	62	3.51%
Endometrioid carcinoma	60	3.40%
Small cell carcinoma	47	2.66%
Papillary transitional cell carcinoma (Non-invasive)	44	2.49%
Clear cell adenocarcinoma	37	2.10%
Papillary transitional cell carcinoma	35	1.98%
Hepatocellular carcinoma	33	1.87%
All others	657	37.2%

Histology Distribution

- Adenocarcinoma
- Invasive carcinoma
- Squamous cell carcinoma
- Malignant melanoma
- Endometrioid carcinoma
- Small cell carcinoma



OBSERVED SURVIVAL ANALYSIS

	INSITU CASES	LOCALIZED CASES	REGIONAL CASES	DISTANT CASES	UNKNOWN CASES	2013 ANALYTIC CASES BY ACCESSION
Begin %	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Year 1	94.00%	91.00%	79.00%	43.00%	46.00%	78.00%
Year 2	91.00%	86.00%	68.00%	31.00%	37.00%	70.00%
Year 3	84.00%	79.00%	59.00%	22.00%	32.00%	63.00%
Year 4	80.00%	75.00%	54.00%	20.00%	27.00%	58.00%
Year 5	77.00%	72.00%	49.00%	16.00%	25.00%	55.00%

Survival Distribution

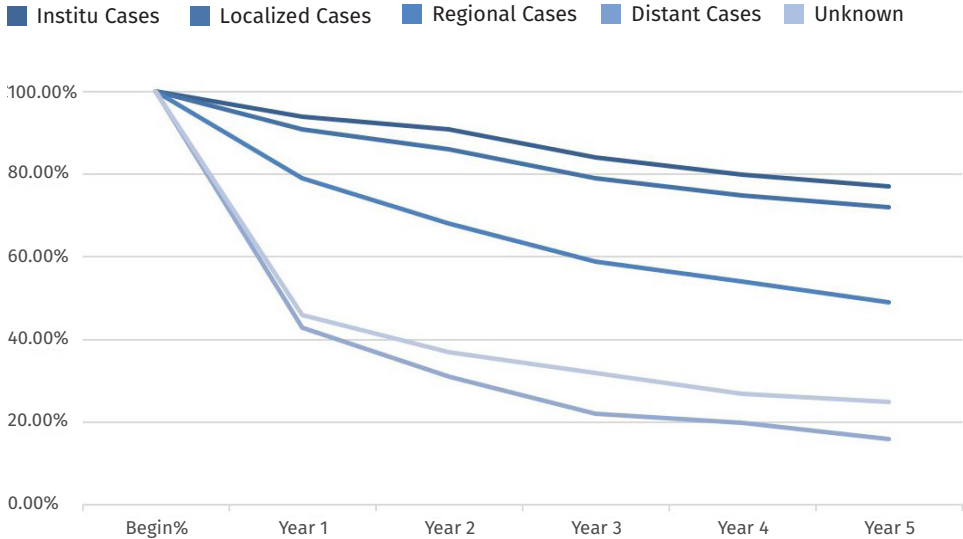


Table 6

In order to provide a complete and accurate 5-year survival analysis we must use 2013 data:

Observed survival rate for 60 months:	54.71%
Median months of survival:	49
Standard deviation:	261.29
Average age at diagnosis:	67
Median age at diagnosis:	69



DEFINITION OF TERMS

AJCC STAGING

Tumor, node and metastasis staging (also known as TNM staging) of the American Joint Committee on Cancer.

ANALYTIC

A patient who was initially diagnosed or received all or part of the first course of therapy at Lakeland Regional Health Hollis Cancer Center.

LRHHCC

Lakeland Regional Health Hollis Cancer Center

LRH

Lakeland Regional Health

NCCN

National Comprehensive Cancer Network

METS

Metastatic cancer is commonly called stage IV cancer or advanced cancer. It occurs when cancer cells break off from the original tumor, spread through the bloodstream or lymph vessels to another part of the body, and form new tumors.

NATIONAL CANCER DATA BASE (NCDB)

A program that is a joint project of the Commission on Cancer of the American College of Surgeons and the American Cancer Society designed to facilitate hospital, state and national assessment of patient care.

NON-ANALYTIC

A patient who was diagnosed and received all of the first-course therapy at another institution, a patient who was diagnosed and/or received all or part of the first-course therapy at Lakeland Regional Health System before the registry's reference date (2007), or a patient who was diagnosed at autopsy.

PRIMARY SITE

The anatomical location considered the point of origin for the malignancy.

TREATMENT MODALITY

The treatment regimen planned for the patient. Single modality consists of one type of treatment; multi-modality consists of a combination of two or more types of treatment.

References

- Cancer Facts and Figures - Published by the American Cancer Society
- NCDB, Commission on Cancer, ACoS, Benchmark and Statistical Reports
- Lakeland Regional Health - Oncology Data Services Database
- National Cancer Institute



Lakeland Regional **Health**[®]

MEDICAL CENTER CAMPUS

1324 Lakeland Hills Blvd
Lakeland, FL 33805
863.687.1100 + myLRH.org

HOLLIS CANCER CENTER

3525 Lakeland Hills Blvd
Lakeland, FL 33805
863.603.6565 + 1.866.823.4405
mylrh.org/holliscancercenter



nccn.org

National
Comprehensive
Cancer
Network[®]