



Lakeland Regional **Health**[®]

HOLLIS CANCER CENTER

2021 ANNUAL REPORT

2020 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.

2021 CANCER COMMITTEE MEMBERS

**Alternate committee member*

GENERAL SURGERY/ONCOLOGY SURGERY

Graham Greene, MD
Cancer Committee Chairman

CANCER LIAISON PHYSICIAN
Manuel Molina, MD/Peter Hinds, MD*

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Christian Schmitt, MD/Kevin Sawyer, MD*

PATHOLOGY
Evandor Boynton, MD/Brian Yoder, MD*

RADIATION ONCOLOGY
Kris Guerrier, MD/Michael Shevach, MD*

SURGERY
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MEDICAL ONCOLOGY
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SURVIVORSHIP CARE PROGRAM
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HOLLIS CANCER CENTER DIRECTOR’S LETTER

As in the previous year, 2021 saw the continuation of old challenges and the introduction of new hurdles related to the COVID-19 pandemic. Despite these unprecedented times, The Hollis Cancer Center continued on its path and mission to be Central Florida’s oncologic provider of choice. We continue to push forward by introducing new technologies, expanding our expertise, and continuing to update our physical plant all while keeping the patient at the center of everything we do. I have never been prouder of Lakeland Regional Health, the Hollis Cancer Center, and the resolve of our team. I continue to be impressed each and every day by the dedication and integrity of the entire group. There are times when a leader of a group looks to the group for fortitude. I admit that occurred numerous times throughout the past two years. Nevertheless, I am proud to report numerous advances in 2021 as outlined below.

The beginning of 2021 brought forth the availability of an approved vaccine for COVID-19. This was proven safe for oncology patients and LRH was a community leader. In the initial parts of the year, the vaccine was not yet widely offered. In February, Lakeland Regional Health worked to provide education and the vaccine to former and current patients of the Hollis Cancer Center. We were also proud to offer vaccination to all of our employees and their families in the later part of 2020 and the initial months of 2021 in correlation

with CDC guidelines. The Hollis Cancer Center remains a masked environment with temperature checks at each entrance. Although we have dealt with infections throughout 2021, oncologic care never ceased, and we continue to care for our community offering an environment of healing, hope, and discovery.

In 2021, we also saw the completion and approval of the Hollis Cancer Center’s 10-year strategic plan. After much consideration and planning by our team of physicians, administrators, and staff members, we solidified an approach to improve our program. The plan is categorized into 4 main initiatives defined as follows: aligning well with our physician leaders, improving access to care, developing streamlined pathways of care, and solidifying our brand. The first initiative identified a need to align well with our physicians and work together toward tumor specific centers of excellence. We have identified and contracted with physician leaders in prostate, breast, and hepatobiliary cancers to drive successful advances in these areas. Our future goal is to establish similar relationships with physician leaders in relation to lung and colorectal cancers.

The next category involves access to care improvements. The Hollis Cancer Center team felt strongly that we need to be quickly accessible to our community in times of need. Our goal is to reduce

as many barriers as possible to receive our care. In 2021 we have made numerous strides. The clinical and scheduling teams have completed projects to streamline the record retrieval process needed to be seen by our specialist. The group felt strongly that establishing with a physician is a meaningful first step and can occur in parallel with record retrieval. The pandemic has resulted in financial hardship for many. Patients facing these hardships in conjunction with a cancer diagnosis are dealing with significant challenges. The Hollis Cancer Center recognized these barriers and an opportunity to improve our services. Our financial counseling and scheduling teams were expanded and new work flows established to provide price transparency at the start of chemotherapy treatment. Patients are now screened in relation to out-of-pocket expense, opportunity for assistance, and opportunity for reduced cost drug programs. This has contributed to an increase in our chemotherapy/infusion volumes by 20%. Transportation was also recognized as a barrier to care. The American Cancer Society has long been a strong and trusted partner of our community and the Hollis Cancer Center. In the fall of 2021, we worked together to secure a 10,000 grant to reduce transportation barriers to care. Assistance will be offered in the form of gas cards, Uber rides, and taxi vouchers. The LRH 2022-2025 Community Health Needs Assessment and Implementation plan has just been completed. I am happy to announce that access to cancer screening and prevention is addressed and recognized in the assessment and plan. We will be working with that team to implement improved awareness and screening in 2022. 2021 also presented unique

challenges in the labor market. We were able to work with the organization to provide compensation changes in some key areas to improve staffing levels and maintain accessibility to our services.

We also know that a cancer diagnosis can be intimidating and often filled with anxiety. It is our goal to establish and provide streamlined pathways of care that are recognizable by referring physicians, internal team members, and patients seeking our care. Our clinical leaders are working to establish these pathways to share with our stakeholders to allow a more efficient navigation and literacy of our healthcare system. Our goal is to align this work with our EPIC implementation scheduled to go live in February of 2022. Epic is our new electronic medical record system that will seamlessly allow patients access to their providers, records, and appointments through an easy to navigate portal known as “My Chart.” More recognizable pathways combined with a state-of-the-art electronic medical record should prove to be extremely valuable in relation to healthcare navigation and literacy.

The final portion of the plan involves fortifying the Hollis Cancer Center brand. We will strive to fortify this brand within our organization, with external healthcare partners, and with the members of this community. The organization has hired a few key members to begin working towards these initiatives across the LRHPG and the Hollis Cancer Center. We are excited about the future and there has been new efforts to connect our Hollis Cancer Center physicians to our internal and external partners.

We have spent a significant amount of time in 2021 onboarding new providers and establishing new service lines at the Hollis Cancer Center. Earlier this year welcomed nephrologist, Umair Ahmed, MD, to our team. Dr. Ahmed is a board-certified nephrologist that completed both his residency and fellowship at West Virginia School of Medicine. Dr. Ahmed was previously practicing in Maryland before relocating to Lakeland. Nephrology is a new service line for the Hollis Cancer Center and will work closely with our team and extend our care continuum. We also welcomed our new dermatologist, Sanjana Iyengar, MD, to the Hollis team. Dr. Iyengar is a board-certified dermatologist that underwent training at Florida State University College of Medicine and West Virginia University School of Medicine. Dr. Iyengar is LRH's first employed dermatologist and we are proud and excited to offer this specialty at the Hollis Cancer Center. David Straughan, MD, also joined our team in September. Dr. Straughan is a plastic surgeon who trained at the University of South Florida and completed fellowships at Tulane University and Massachusetts General Hospital. Dr. Straughan will collaborate with our breast program and across numerous aspects of our organization. The Hollis Cancer Center is also pleased to welcome our new colorectal surgeon, Sowsan Rasheid, MD. Dr. Rasheid underwent training at the University of South Florida, Medical College of Georgia, and the University of Miami. She comes to us from her previous role as the acting chief of surgery at Bay Pines VA Healthcare System. She is the first surgeon dedicated to colorectal surgery at LRH. Last but certainly not least, we welcome our new medical oncologist, Imran Ahmad, MD. Dr. Ahmad began his medical training in Pakistan and completed his residency at the University at Buffalo and his fellowship at Augusta University. He will join the already established group in our medical oncology department. Onboarding these specialties will allow for a significant growth of services at the center and provide a more comprehensive approach to care.

The ongoing pandemic has certainly resulted in challenges to implement new products and to bring forward new technology. Nevertheless, we were able to bring forward new programs and technological advances in 2021. In late 2020 we continued to face interruption in service from our hematology and chemistry analyzers in our laboratory. These delays can significantly impact care in our facility causing frustrating interruptions in the delivery of chemotherapy in our infusion space. I am proud to say that a new Roche 6000 chemistry analyzer and a new Sysmex SN550 hematology analyzer are onsite at the Hollis Cancer Center. These machines are state of the art and should provide a more seamless delivery of care with timely reporting to our providers and team.

Hollis Cancer Center's Radiation Oncology program continues to meet high standards of care as evidenced by its successful completion of the Accreditation Program for Excellence (APEX). Hollis's Radiation Oncology Program received a 4-year accreditation and joins only three other programs in Florida earning this prestigious recognition. The department continues to implement new technology to serve our patients. This year saw the addition of Novocure's Optune Tumor-Treating-Fields (TTFields). Optune TTFields is a wearable, portable, FDA-approved device that creates low-intensity, wave-like electric fields using transducer arrays delivered to the location of a Glioblastoma brain tumor. TTFields interferes with the Glioblastoma tumor cells by slowing or stopping the cells from dividing and may destroy them.

The building is also in the process of undergoing renovation to our pharmacy. We continue to strive for the safest and most productive delivery of care. New ventilation and hoods are being installed in the pharmacy area to allow for quicker, cleaner, and safer delivery of oncology drugs at our facility. The pharmacy is temporarily housed in the administrative hallway until the renovations are complete. The renovations are expected to be complete in December of 2021.

Through our new dermatology service line, we are in the process of obtaining licensing and equipment to offer the Mohs procedure at our facility. We have ordered special lighting, treatment tables, and lab equipment with expectations to offer this service in early 2022.

The Hollis Cancer Center experienced another year of growth. We are pleased to announce we are on track to exceed volume budgets for the fiscal year. New patient volume growth has advanced by 22% building wide this year. There was notable growth in medical oncology, surgical oncology, and urologic oncology with 26%, 29%, and 17% growth in new patients respectively. Throughout the year, we continued to work diligently to improve the efficiencies of our workflows and offer a larger breadth of services. The improvements translated into improved communication and access for our patients.

Research and clinical trials held steady in the facility during 2021. At this point, roughly 100 of our current patients are enrolled in an active trial and there are roughly 135 patients in follow up. There are 36 open trials at this point. These studies are inclusive of breast, head and neck, prostate, pancreas, and observation. Our relationship with the Mayo Clinic continues to be strong with consistent collaboration

through the use of e-consults and discussions among our clinical trials teams. There is, of course, less face-to-face collaboration but communication continues. We executed roughly 102 e-consults this calendar year. These consultations allow our patients to receive the benefit of a second opinion from a Mayo Clinic provider without leaving Central Florida. Our oncology data services department has also been recognized by the State of Florida (FCDS) with the *Jean Byers Award for Excellence in Cancer Registration* and the Pat Strait Award for Excellence in Cancer Abstracting.

As we continue to face adversity in regards to the COVID-19 pandemic, Lakeland Regional Health's Hollis Cancer Center remains strong and well poised to care for the community today and into the future. We are very excited to be able to bring new service lines and technology to our community. We will continue our resolute effort in providing first rate oncology care in an environment of hope, healing, and discovery. The advancements and adaptations of this year continue to be made possible by the outstanding team of dedicated staff that place the patient at the heart of all we do.



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



TIMOTHY M. DENCH, PT, DPT
AVP OF AMBULATORY OPERATIONS
AND STRATEGY





CANCER LIAISON PHYSICIAN’S LETTER



I am the current Cancer Liaison Physician (CLP) at Lakeland Regional Health System. I have been serving in this role for more than four years now.

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 data from the national cancer data base (NCDB).

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. Promoting evidence-based cancer care is of key importance to improving the quality of care and patient outcomes.

Therefore, the Commission on Cancer (CoC) developed the RQRS to facilitate quality improvement by encouraging evidence-based care in CoC-accredited programs for select quality measures. RQRS enables accredited cancer programs to report data on patients concurrently and receive notifications of treatment expectations. This tool presents year-to-date concordance rates for each measure as compared with the state, other hospital groups, and hospitals at the national level. Our cancer program actively participates in RQRS, submits all cases for all measures, and adheres to the RQRS terms and conditions. Our program actively participates in monthly RQRS submissions, and we adhere to the RQRS requirements through the entire three-year

accreditation cycle. 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 (CP3 R).

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 certified tumor registrars at Lakeland Regional Health continually report our data to the NCDB, RQRS, and CP3 R. This is reported back to us through the CP3 R and RQRS, which can be compared to other hospitals nationally, statewide and locally. Starting in September of 2020, the CoC has updated its reporting system from the RQRS to the RCRS which is its new “rapid cancer reporting system” and a significant improvement to their technological infrastructure. This will allow us to have more real-time data to be compared with other facilities and ensure that we are meeting all the treatment guidelines.

Additionally, five quality measures from CP3 R have been added to RCRS for a total of 11 measures, and CP3 R has been phased out. RCRS is the single data platform for real time and historical quality measure performance data. 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 on 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

INPATIENT SERVICES

In the Inpatient Oncology Unit, cancer patients who need hospital care receive the personalized care of a community hospital combined with the advances of a respected teaching medical center. Located on the Lakeland Regional Health Medical Center campus, the 29 bed dedicated inpatient oncology unit offers a complete continuum of care with full access to specialized clinical services, rehabilitation therapies, and support services that aid in the treatment of and recovery from cancer. The inpatient unit also provides postoperative care for patients who have had surgery by a gynecologist oncologist. The entire unit is being renovated and redesigned to fit the needs of acutely ill patients, and adding an extra two patient rooms as well, slated to reopen in February 2022.

The Inpatient Oncology Unit places great emphasis on continually improving the quality of care provided to patients. 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, antimicrobial therapies, pain management and total parenteral nutrition/enteral tube feedings. The oncology nurses possess knowledge about different types of cancers and symptom management.

- All nurses who administer chemotherapy have completed Oncology Nursing Society chemotherapy education courses and have their national chemotherapy provider cards.

- As required by the American College of Surgeons, our nurses are either oncology certified or working toward their certification by earning at least 36 education hours specific to cancer and cancer care every three years.
- In addition, many of our nurses are Oncology Nursing Society members, attend monthly local chapter meetings, and hold leadership positions in the Imperial Polk (FL) chapter.

The inpatient oncology program combines advanced diagnostic and treatment technologies with a dedicated, multidisciplinary team of cancer experts who carefully coordinate each patient’s care to ensure treatment is highly individualized, progressive, and comprehensive. 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 an 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 and are to be continued after discharge.

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

ALEESHA LEDEZMA, BSN, RN, OCN
MANAGER, INPATIENT ONCOLOGY



SOCIAL WORK

At Lakeland Regional Health System 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 bring with them more than 25 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 met which can include things such as ordering a Home Health referral, personal equipment such as a rolling walker and wheelchairs, or in more complex cases, IV antibiotics and tube feedings at home.

We continue to see newly diagnosed cancer patients under the NCCN guidelines utilizing the “Distress Screening Program”. At this time, we are able to identify emotional and physical needs that are unique to each patient and diagnosis. There are some new services 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 several organizations such as the American Cancer Society and The Breast Cancer Charities of America. These comfort bags have been warmly received by the patients and can vary in content with items such as hand lotions, slippers, to lip balm, and lap blankets.

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 the opportunity to register with the ACS for additional information and support.
- We work closely with the American Cancer Society and the United Way of Central Florida. Transportation can be offered on a short-term basis through the patient’s medical insurance benefits, if available, Para Transit transport through the Citrus Connection, if eligible, and other community resources.

As the needs of our community continue to grow, LRHHCC 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 brave research volunteers, these improvements would not come about. At Hollis Cancer Center, over 60 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.

At Hollis Cancer Center, patients are given the opportunity to contribute to the scientific knowledge base in various methods. They can take part in a cancer registry, a genetic study, a biobank, or a treatment trial.

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 edication 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.

We are continuing our contributions to the Florida Pancreas Collaborative. Our Surgical Oncology Team is 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.

Men with metastatic prostate cancer may qualify for one of two separate trials if their cancer is no longer responding to hormonal agents. Through the study of the effectiveness of oral hormonal agents or chemotherapy with immunotherapy, these studies offer hope to advanced prostate cancer.

The Urologic and Medical Oncology Departments are working with renal cancer patients to determine if Immunotherapy will prevent recurrence of their cancer.

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



PATIENT NAVIGATION IN CANCER CARE

Our Comprehensive Breast Care Program is advanced and strives to provide the best patient care possible. Being a part of only a small group of hospitals within Florida that are accredited through the National Accreditation Program For Breast Centers (NAPBC), this allows for us to provide comprehensive, multi-disciplinary care for our patients. In partnership, the Breast Care team works hand in hand with the Women’s Imaging Center, a Breast Imaging Center of Excellence to providing ease of access to routine follow up and mammography appointments. As an integral member of the care team, our patient navigator is professional trained and certified. The patient navigator is responsible for several services, both clinical and emotional throughout the patient’s cancer journey. The patient navigator maintains relationships with referring physicians, and helps to coordinate multidisciplinary tumor boards at Hollis Cancer Center.



What to expect from the Patient Navigation Program:

- Elevated support during new patient experience during initial visits
- Connections made to both the patient and their family for support services
- Improved timeliness of appointments
- Increased patient education

BRITTANY COLLINS, RMA, CN-BC
CERTIFIED PATIENT NAVIGATOR

SURVIVORSHIP PROGRAM

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

At Lakeland Regional Health Hollis Cancer Center, we have put together a Survivorship Program Team that will be focusing on the services offered to ensure that we are meeting the needs of our cancer survivors. We will strive to enhance existing services over-time and develop new services.

According to the National Cancer Institute, the number of cancer survivors has grown dramatically over the past several decades, a trend that is expected to continue as diagnosis and treatments improve. In 2019, the number of cancer survivors reached more than 16.9 million in the United States, and that number is expected to grow to more than 22.2 million by 2030.

The NCI considers a person to be a cancer survivor from the time of diagnosis until the end of life. 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 newly become cancer survivors, but the experience of cancer continues after treatment is complete.

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).

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 include 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

STEPHANIE BUTLER, LPN
SURGICAL ONCOLOGY TEAM LEADER &
SURVIVORSHIP PROGRAM COORDINATOR



PROMISE RUN 2021

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

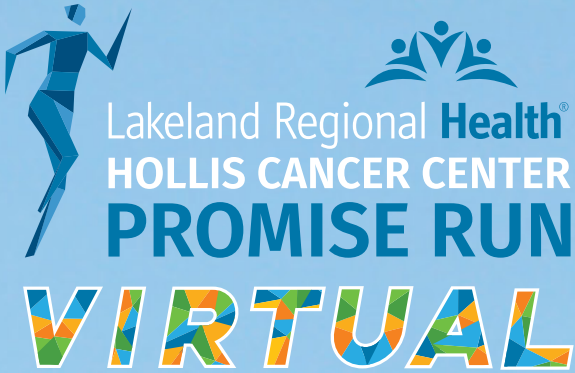
Despite the challenges that come with the pandemic, the Seventh Annual Promise Run on April 22-25, 2021, was still held with pride-drawing hundreds of runners and walkers eager to honor and celebrate those special to them who have faced the battle with cancer. This was all made possible by using a unique racing app, *RaceJoy*®, which allowed runners and walkers to participate at any location of their choosing and record their progress and results.

Participants ran or walked the 5k or 10k in a variety of locations through out the Lakeland community and beyond. Just like in past Promise Run's, runners were still able to honor the memory of their loved ones by filling out a memory bib. Many of the walkers or runners themselves are cancer survivors or cancer patients.

Those who registered received a technical running shirt, medal for completing their run and celebrate their finish times by posting on social media using the hashtag [#PromiseRun](#).

"I was inspired by the community's response to this event," said Timothy J. Boynton, Vice President of Development and Chief Public Relations and Communications Officer. "Everyone who participated showed their support for conquering cancer and helped to strengthen the health of our community."

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





BREAST PROGRAM REPORT

Lakeland Regional Health Hollis Cancer Center's 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.

NAPBC-accredited centers demonstrate the following services:

- A multidisciplinary team approach to coordinate the best care and treatment options available
- Utilization of evidence-based treatments and the latest national guidelines
- Access to breast-specific information, education, and support
- Ongoing monitoring and improvement of care
- Information about participation in clinical trials and new treatment options
- Proven superior outcomes compared to non-accredited centers
- Breast center data collection on quality indicators for subspecialties involved in breast cancer in breast cancer diagnosis and treatment

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

We hold weekly Multidisciplinary Breast Care Conferences, which include all prospective cases covering AJCC staging and discussion of national accepted guidelines. This comprehensive approach allows us to:

- Promote inclusion of a broad range of physician and other specialists to address early diagnosis, quality of life, ethics, or other relevant topics.
- Improve patient care, promote effective management of resources, and make decisions, which reflect the patient's goals for treatment.
- Discuss treatment options including investigational therapy, for breast cancer patients to offer a collaborative recommendation

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

Both Dr. Nguyen and Dr. Prowler are Hidden Scar certified and utilize advanced oncoplastic techniques, which encompass safe oncological principles combined with the latest reconstruction procedures to optimize cosmetic outcomes, minimize scarring and breast deformity, and restore shape and function to the breast.

The Breast Program is also proud to report continued success of the high-risk breast clinic, which provides comprehensive risk assessment on patients with strong personal and/or family risk factors for the development of breast cancer. Patients with such factors have a heightened risk for developing breast cancer and often benefit from personalized care and screening recommendations. A major aspect of these efforts includes identification of individuals, through genetic testing, who harbor a genetic mutation such as BRCA 1 or BRCA 2, which not only increases breast cancer risks but risk for developing other cancers and have implications for the patient's relatives. Hollis Cancer Center continually ranks among the top cancer centers in Florida in terms of genetic testing rates.

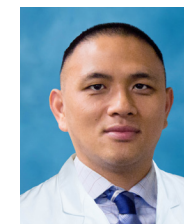
The Hollis Cancer Center's breast program also advanced the level of care through the work of Dr. Vanessa Prowler.

Dr. Prowler completed training and obtained a certification in cancer genetics. She has completed an intensive program through the City of Hope Cancer Center and is now a trained clinician in cancer risk assessment and a specialist in cancer genetics. Dr. Prowler is the only physician in Central Florida with this distinction.

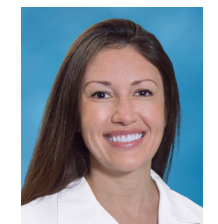
In 2020, the Center also introduced the

addition and availability of Paxman Scalp Cooling Technology to our chemotherapy services. Scalp cooling is an emerging technology that uses vasoconstriction to reduce the chance of chemotherapy-induced alopecia. Greater than 60-70% of patients undergoing chemotherapy will have no or minimal hair loss when scalp cooling is utilized. The treatment occurs in our facility and in parallel with chemotherapy. We are the only facility in Lakeland offering this technology.

Our New Patient Scheduling department is available to assist you in scheduling your appointment. The team will help to expedite your referral and assist in obtaining any needed medical records. If you are interested in booking a Genetics Counseling appointment, please reach out to Lakeland Regional Health Hollis Cancer Center scheduling at 863.603.6565 or 863.687.1321.



TOAN THIEN NGUYEN, MD
BREAST SURGICAL ONCOLOGY



VANESSA L. PROWLER, MD
BREAST SURGICAL ONCOLOGY



A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS



RADIATION ONCOLOGY

Hollis Cancer Center’s Radiation Oncology program continues to meet high standards of care as evidenced by its successful completion of the Accreditation Program for Excellence (APEX). APEX is the practice accreditation program from the world’s largest radiation oncology society - the American Society for Radiation Oncology.

It is a comprehensive, rigorous, radiation oncology-focused program that promotes quality improvement, patient safety, patient-centered care, and strong patient engagement whose standards of performance are derived from evidence-based practice. Undergoing this comprehensive review demonstrates our strong commitment to deliver safe, high-quality radiation oncology services to our patients. Hollis’ Radiation Oncology program received a 4-year accreditation and joins only three other programs in Florida earning this prestigious recognition.

This year saw the addition of Novocure’s Optune Tumor-Treating-Fields (TTFields) to its already extensive technological suite of state-of-the-art services which includes stereotactic radiosurgery (SRS), stereotactic body radiotherapy (SBRT), image-guided therapy (IGRT), intensity modulated radiation therapy (IMRT), and High Dose Rate (HDR) Brachytherapy. Optune TTFields is a wearable, portable, FDA-approved device that creates low-intensity, wave-like electric fields using transducer arrays delivered to the location of a Glioblastoma brain tumor. TTFields interferes with the Glioblastoma tumor cells by slowing or stopping the cells from dividing and may destroy them.

The APEX practice accreditation and advancements in the treatment of cancer demonstrate Hollis Cancer Center’s commitment to improving lives every day and providing our community excellence in Radiation Oncology services.



KRIS GUERRIER, MD
RADIATION ONCOLOGIST



KURT ENGLISH
RADIATION ONCOLOGY
MANAGER

SURGICAL ONCOLOGY

The providers of the department of surgical oncology at the Hollis Cancer Center are at the forefront when providing surgical treatments for malignant and complex benign processes. Our department divisions include:

1. Melanoma, skin and soft tissue sarcomas
2. Hepatopancreatobiliary surgery (liver, pancreas and bile duct)
3. Esophageal, gastric and reflux surgery
4. Colorectal surgery
5. Endocrine surgery (thyroid, parathyroid and adrenal)

In each one of our departments we provide the patients with multidisciplinary care using the latest treatments and technology available. Some of the available technologies include sentinel node for melanoma resection, lymphadenectomy for involved lymph nodes, plastic reconstruction for skin and soft tissue resections, minimally invasive surgery including robotics for the colon, rectum, liver, pancreas, esophagus, stomach, bile ducts, and adrenal gland. We also have the latest ablative technologies included Yttrium 90 embolization and microwave ablation for liver tumors, and the newest addition of the irreversible electroporation allowing us to destroy tumors that cannot be removed. We also utilize minimally invasive surgery techniques for parathyroid adenomas using laser probes technology to facilitate detection rates and thyroidectomies for benign and malignant tumors.

We also provide treatment for esophageal diseases including reflux with a multidisciplinary swallowing and motility team increasing the chances for successful outcomes after anti reflux surgeries and esophageal resections. We participate in the national surgical societies and in the most important multi-institutional clinical trials looking to advance the field of surgical oncology. Our philosophy is to provide world-renowned care close to home.



MEDICAL ONCOLOGY, CHEMOTHERAPY & PALLIATIVE CARE

At Lakeland Regional Health Hollis Cancer Center, our goal is to provide patient care that is compassionate, appropriate and effective by using 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 and to promote overall health.

Our experienced Medical Oncologists, Dr. Sushma Nakka, Dr. Kamal Haider, Dr. Imran Ahmad along with Cindy Jo Horrell, APRN, deliver advanced care while incorporating NCCN guidelines and the most up-to-date, evidenced-based treatment options. Our physicians 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, helping to reduce travel for second opinions.

We have a 40-chair chemo suite with lakeside views, massage chairs and private televisions. The oncology nursing staff is ONS/ONCC Chemotherapy Immunotherapy certified and many of them have or are actively working toward their Oncology Nursing Certification. Each patient is provided a personal education session with an Oncology Certified Nurse.

Our physicians work to identify psychological, spiritual, social and cultural issues of each patient and integrate those aspects into an overall plan to include treatment and symptom management based on the values and goals of the patient and family. We work to prevent and relieve discomfort and to support the best possible quality of life for patients. We also offer clinical trials where we are able to provide advanced cancer treatment possibilities.

With the support of our social work team at Hollis we are able to provide psychological and social support for the patient and their families and coordinate referrals to hospice and also connect to community resources to help with many other needs that patients may have.





A NEW TREATMENT FOR METASTATIC PROSTATE CANCER

One of the most common treatments for advanced prostate cancer is androgen suppression therapy, or hormone therapy, which deprives a man’s body of testosterone to slow the growth of prostate cancer cells. In 85-90% of advanced prostate cancer cases, this treatment will shrink the tumor. When this approach fails, the condition becomes known as metastatic castration-resistant prostate cancer (mCRPC). For 9 out of 10 men with mCRPC, the cancer will spread to the bones. Once in the bones, the effects can be devastating for the patient—causing excruciating pain, pathologic fractures, disability and death.

There is a new treatment for mCRPC available performed by Dr. Christian Schmitt of Radiology & Imaging Specialists (RIS). Xofigo (Radium-223 dichloride) is an injection used to treat metastases in prostate cancer that no longer responds to hormonal or surgical treatment to lower testosterone. It is intended to treat men whose prostate cancer has spread to the bones, but not other parts of the body.

Xofigo is a targeted radiotherapy. It is administered by a RIS physician in the nuclear medicine department. It can be used alone or in combination with other medications prescribed by the patient’s urologist or oncologist. Dr. Schmitt, a board-certified nuclear medicine physician, has been administering Xofigo to patients with mCRPC at RIS. “We are seeing excellent results with this new therapy, in terms of both longer survival and improved quality of life,” Dr. Schmitt remarked. There can be lasting decreases in blood tumor markers. This has been shown to improve symptoms and delay adverse bone related events such as fractures.”

Xofigo binds with minerals in the bone to directly target tumor cells without damaging other, healthy areas of the body. A clinical study of 900 patients concluded that Xofigo treatment significantly prolonged overall survival, improved bone pain symptoms and delayed the onset of bone pain.

“The treatment consists of one shot a month for 6 months,” Dr. Schmitt notes. “Although Xofigo is a radiopharmaceutical, there is no significant exposure risk for others. The patient will be instructed in precautions to expedite clearance and minimize side effects for the initial week following each treatment.” The most common side effects that have been identified are mild and include nausea, diarrhea and vomiting.

What patients benefit from Xofigo treatment? According to Dr. Schmitt, patients whose treatments to lower testosterone levels are no longer working, those with at least two bone metastases that are causing symptoms such as pain, and patients with no visceral metastases are ideal candidates for Xofigo therapy. It can even be considered for patients who have been referred for external beam radiation therapy as part of best standard of care.



“Xofigo offers these men a chance to live longer and with less pain, which is a giant leap forward in my opinion.”

- Dr. Christian Schmitt

“This is a real game-changer for men with (mCRPC),” Dr. Schmitt adds. “Especially those for whom androgen signal blockers like enzalutamide and apalutamide haven’t worked, and those who may not be healthy enough to handle chemotherapy. Xofigo offers these men a chance to live longer and with less pain, which is a giant leap forward in my opinion.”



ONCOLOGY DATA SERVICES

The Oncology Data Services department is honored to have played such a vital role in Lakeland Regional Health Systems being granted by the Commission on Cancer of the American College of Surgeons for being chosen 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. There were 2,361 cases were accessioned into the database in 2021 (2020 data), 1,830 (78%) 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 2019, 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 2020 and abstracted in 2021 (site distribution). The data is broken down according to the Top Sites, AJCC staging by Gender, Race, County at Diagnosis, Treatment, Primary Site by Stage, Age at Diagnosis by Gender, and the Top Histologies. 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.

I would like to take this opportunity to recognize and thank all the staff in the cancer registry for their hard work and dedication. 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
- Brandice Vickers, RHIT, CTR
- Katrina Myers, AAS, Data Tech
- Blanche Myers, RHIT, CTR, CPC



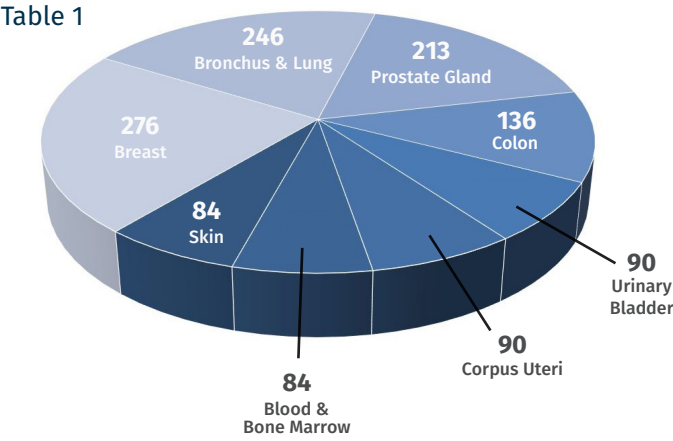
BLANCHE MYERS, RHIT, CTR, CPC
ONCOLOGY DATA MANAGER



TOP FIVE SITES

SITE CODE	NUMBER OF CASES	PERCENT
BREAST	276	15.08%
BRONCHUS & LUNG	246	13.44%
PROSTATE GLAND	213	11.64%
COLON	136	7.43%
URINARY BLADDER	90	4.92%
CORPUS UTERI	90	4.92%
BLOOD & BONE MARROW	84	4.59%
SKIN	84	4.59%
KIDNEY	61	3.33%
LYMPH NODES	60	3.28%
THYROID GLAND	54	2.95%
PANCREAS	48	2.62%
LIVER & BILE DUCTS	30	1.64%
STOMACH	30	1.64%
OVARY	30	1.64%
RECTUM	29	1.58%
MENINGES	25	1.37%
RECTOSIGMOID JUNCTION	23	1.26%
BRAIN	22	1.20%
CERVIX UTERI	20	1.09%
UNK PRIMARY	16	0.87%
ESOPHAGUS	15	0.82%
OTHER BILIARY TRACT	14	0.77%
OTHER ENDOCRINE GLANDS	14	0.77%
VULVA	9	0.49%
LARYNX	9	0.49%
SMALL INTESTINE	8	0.44%
KIDNEY, RENAL PELVIS	8	0.44%
URETER	6	0.33%
RETROPERITONEUM & PERITONEUM	6	0.33%
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	6	0.33%
ANUS & ANAL CANAL	6	0.33%
OROPHARYNX	5	0.27%
BASE OF TONGUE	5	0.27%
OTHER PARTS OF TONGUE	4	0.22%
OTHER/UNSPECIFIED PARTS OF MOUTH	4	0.22%
TESTIS	4	0.22%
PENIS	3	0.16%
PAROTID GLAND	3	0.16%
TONSIL	3	0.16%

Table 1



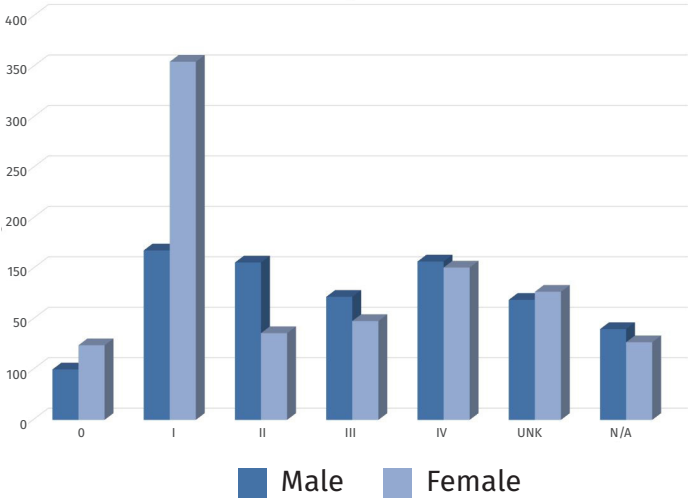
The patient population seen at LRH consist of 23% of newly diagnosed breast cancer patients, 20% lung cancer, 18% prostate cancer, 11% colon, followed by 7% for bladder, uteri, blood & bone marrow, and skin cancers.

SITE CODE	NUMBER OF CASES	PERCENT
BONES JOINTS & OTHER UNSPECIFIED SITES	3	0.16%
HEART MEDIASTINUM PLEURA	2	0.11%
GALLBLADDER	2	0.11%
PYRIFORM SINUS	2	0.11%
LIP	2	0.11%
PALATE	2	0.11%
OTH FM. GENITAL ORGN.	2	0.11%
VAGINA	2	0.11%
OTHER & UNSPECIFIED URINARY ORGANS	2	0.11%
OTHER ILL DEFINED SITES	2	0.11%
ADRENAL GLAND	2	0.11%
OTHER NERVOUS SYSTEM	1	0.05%
UTERUS NOS	1	0.05%
OTHER SALIVARY GLANDS	1	0.05%
GUM	1	0.05%
FLOOR OF MOUTH	1	0.05%
NASOPHARYNX	1	0.05%
OTHER DIGESTIVE ORGANS	1	0.05%
PERIPHERAL NERVES & AUTONOMIC NERVOUS SYSTEM	1	0.05%
OTHER/UNSPECIFIED PARTS OF MOUTH	1	0%
TOTAL	1,830	100%

AJCC Stage and Gender

Of the 1,830 analytic cases, 980 patients were male and 972 were female. Female patients seem to be diagnosed at an earlier stage than male patients. The gender distribution table below reveals that the majority of patients who were diagnosed were females at a Stage 1.

Table 2



STAGE	MALE	FEMALE
0	50	74
I	168	355
II	156	86
III	122	98
IV	157	151
UNK	119	127
N/A	90	77
TOTAL*: 1,830	862	968

*Total analytic cases eligible for staging.

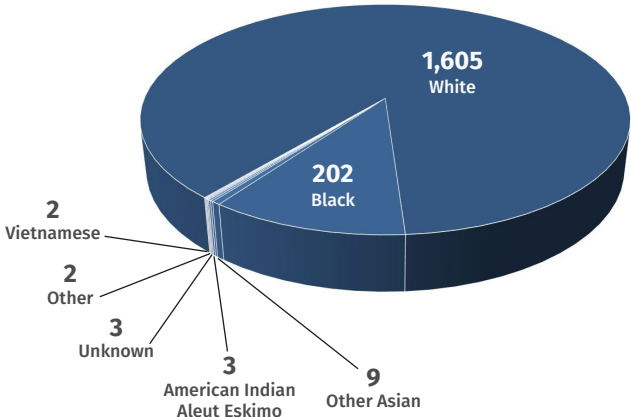
Cases by Race

Of the 1,830 analytic cases, 88% of the patients seen at LRH are of while caucasian followed by 11% black patients. The race distribution table below reveals that the majority of patients who were diagnosed were females at a Stage 1.

RACE	NUMBER OF CASES	PERCENT
White	1605	87.70%
Black	202	11.04%
Other Asian	9	0.49%
American Indian Aleut Eskimo	3	0.16%
Unknown	3	0.16%
Pacific Islander Nos	2	0.11%
Other	2	0.11%
Vietnamese	2	0.11%
Asian Indian	1	0.05%
Japanese	1	0.05%
TOTAL*:	1,830	100.00%

*Total analytic cases eligible for staging.

Table 3



County of Residence at Diagnosis

The majority of LRH’s population live in Polk County, but patients from across the entire state are seen here.

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
POLK	1632	89.18%
HILLSBOROUGH	84	4.59%
HIGHLANDS	30	1.64%
HARDEE	17	0.93%
PASCO	13	0.71%
OSCEOLA	6	0.33%
LAKE	5	0.27%
OUT OF STATE	4	0.22%
PINELLAS	3	0.16%
ORANGE	2	0.11%
MARION	2	0.11%
CITRUS	2	0.11%
OUT OF STATE	2	0.11%
OUT OF STATE	2	0.11%
OUT OF STATE	2	0.11%
998	1	0.05%
OUT OF STATE	1	0.05%
OUT OF STATE	1	0.05%
OUT OF STATE	1	0.05%
OUT OF STATE	1	0.05%

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
OUT OF STATE	1	0.05%
SULLIVAN	1	0.05%
OUT OF STATE	1	0.05%
MEIGS	1	0.05%
OUT OF STATE	1	0.05%
998	1	0.05%
SARASOTA	1	0.05%
SEMINOLE	1	0.05%
VOLUSIA	1	0.05%
OUT OF STATE	1	0.05%
OUT OF STATE	1	0.05%
COLLIER	1	0.05%
DESOTO	1	0.05%
BROWARD	1	0.05%
CHARLOTTE	1	0.05%
HERNANDO	1	0.05%
INDIAN RIVER	1	0.05%
OKEECHOBEE	1	0.05%
MANATEE	1	0.05%
TOTAL	1,830	100.00%

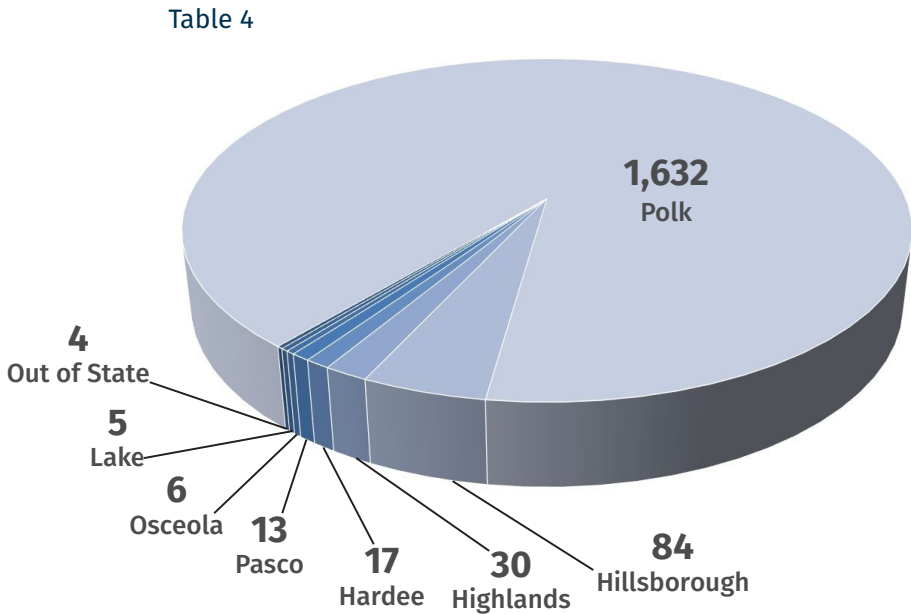
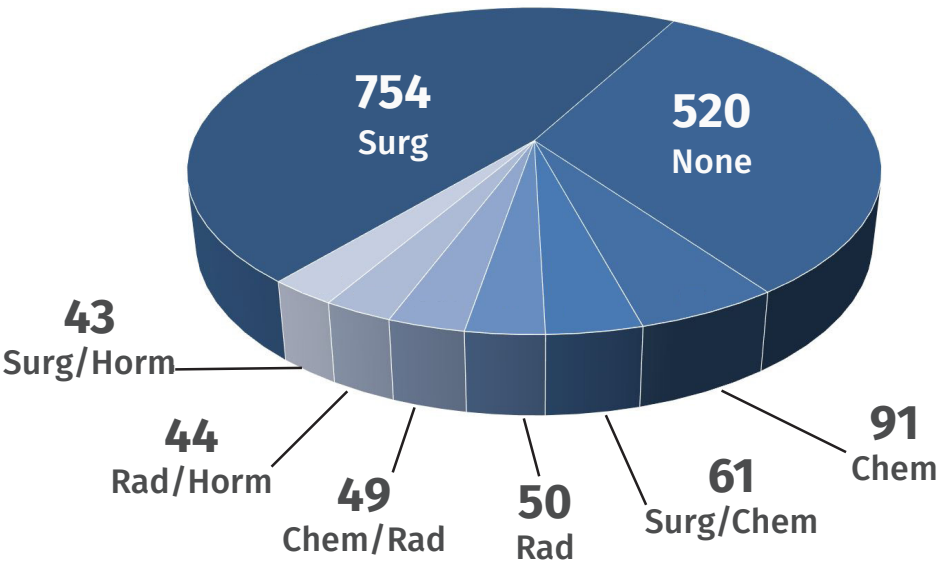


Table 5



Site by Treatment

Every patient is treated according to the National guidelines and discussed at weekly multi-disciplinary team meetings. Based on all options presented to the patient the majority of them chose surgery as a first course option.

RX TYPE	NUMBER OF CASES	PERCENT
SURG	754	41.20%
NONE	520	28.42%
CHEM	91	4.97%
SURG/CHEM	61	3.33%
RAD	50	2.73%
CHEM/RAD	49	2.68%
RAD/HORM	44	2.40%
SURG/HORM	43	2.35%
SURG/RAD/HORM	36	1.97%
HORM	25	1.37%
CHEM/IMMU	22	1.20%
SURG/CHEM/RAD	21	1.15%
SURG/RAD	17	0.93%
SURG/CHEM/IMMU	13	0.71%
CHEM/RAD/IMMU	13	0.71%
SURG/CHEM/RAD/HORM	12	0.66%

RX TYPE	NUMBER OF CASES	PERCENT
IMMU	9	0.49%
CHEM/HORM/IMMU	8	0.44%
SURG/CHEM/RAD/IMMU	8	0.44%
CHEM/HORM	7	0.38%
SURG/CHEM/HORM	5	0.27%
SURG/IMMU	4	0.22%
SURG/CHEM/HORM/IMMU	3	0.16%
CHEM/RAD/HORM/IMMU	3	0.16%
HORM/IMMU	2	0.11%
RAD/HORM/IMMU	2	0.11%
CHEM/RAD/HORM	2	0.11%
SURG/CHEM/RAD/HORM/IMMU	2	0.11%
OTHER	2	0.11%
CHEM/TRAN	1	0.05%
RAD/IMMU	1	0.05%
TOTAL:	1,830	100%

PRIMARY SITE BY DISTRIBUTION

SITE NAME	Total Number	(%)	Surg Number	(%)	None Number	(%)	Chem Number	(%)	Surg/ Chem Number	(%)	Rad Number	(%)	All Others Number	(%)
Lip	2	0%	2	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Base Of Tongue	5	0%	0	0%	3	60%	0	0%	0	0%	0	0%	2	40%
Other Parts Of Tongue	4	0%	2	50%	0	0%	0	0%	0	0%	0	0%	2	50%
Gum	1	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Floor Of Mouth	1	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%
Palate	2	0%	0	0%	2	100%	0	0%	0	0%	0	0%	0	0%
Other/Unspecified Parts Of Mouth	4	0%	2	50%	0	0%	0	0%	0	0%	0	0%	2	50%
Parotid Gland	3	0%	1	33%	0	0%	0	0%	0	0%	1	33%	1	33%
Other Salivary Glands	1	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%
Tonsil	3	0%	1	33%	1	33%	0	0%	0	0%	1	33%	0	0%
Oropharynx	5	0%	0	0%	2	40%	1	20%	0	0%	0	0%	2	40%
Nasopharynx	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%
Pyriform Sinus	2	0%	0	0%	2	100%	0	0%	0	0%	0	0%	0	0%
Esophagus	15	1%	5	33%	9	60%	0	0%	0	0%	0	0%	1	7%
Stomach	30	2%	10	33%	15	50%	0	0%	4	13%	0	0%	1	3%
Small Intestine	8	0%	3	38%	5	63%	0	0%	0	0%	0	0%	0	0%
Colon	136	7%	90	66%	21	15%	6	4%	11	8%	0	0%	8	6%
Rectosigmoid Junction	23	1%	13	57%	4	17%	1	4%	1	4%	0	0%	4	17%
Rectum	29	2%	15	52%	7	24%	0	0%	1	3%	0	0%	6	21%
Anus & Anal Canal	6	0%	2	33%	2	33%	0	0%	0	0%	0	0%	2	33%
Liver & Bile Ducts	30	2%	7	23%	18	60%	4	13%	0	0%	0	0%	1	3%
Gallbladder	2	0%	2	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Other Biliary Tract	14	1%	1	7%	10	71%	0	0%	3	21%	0	0%	0	0%
Pancreas	48	3%	12	25%	29	60%	4	8%	0	0%	0	0%	3	6%
Other Digestive Organs	1	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%
Larynx	9	0%	0	0%	7	78%	2	22%	0	0%	0	0%	0	0%
Bronchus & Lung	246	13%	17	7%	142	58%	17	7%	1	0%	22	9%	47	19%
Heart Mediastinum Pleura	2	0%	0	0%	2	100%	0	0%	0	0%	0	0%	0	0%
Bones Joints & Other Unspecified Sites	3	0%	0	0%	2	67%	0	0%	1	33%	0	0%	0	0%
Blood & Bone Marrow	84	5%	0	0%	42	50%	29	35%	0	0%	0	0%	13	15%
Skin	84	5%	75	89%	6	7%	0	0%	0	0%	0	0%	3	4%
Peripheral Nerves & Autonomic Nervous System	1	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%

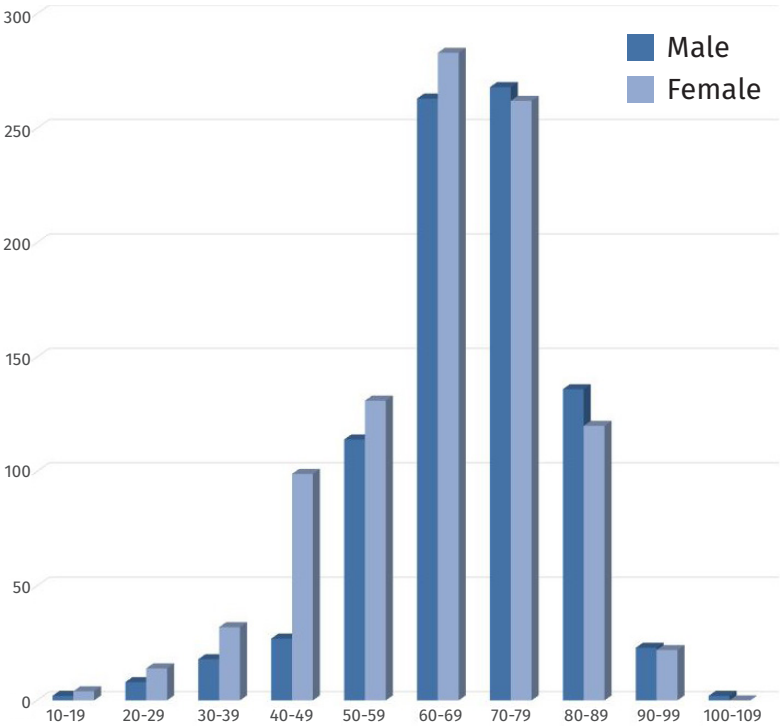
SITE NAME	Total Number	(%)	Surg Number	(%)	None Number	(%)	Chem Number	(%)	Surg/ Chem Number	(%)	Rad Number	(%)	All Others Number	(%)
Retroperitoneum & Peritoneum	6	0%	3	50%	0	0%	1	17%	1	17%	1	17%	0	0%
Connective Subcutaneous Other Soft Tissue	6	0%	4	67%	2	33%	0	0%	0	0%	0	0%	0	0%
Breast	276	15%	135	49%	13	5%	6	2%	6	2%	0	0%	116	42%
Vulva	9	0%	8	89%	0	0%	0	0%	0	0%	0	0%	1	11%
Vagina	2	0%	1	50%	0	0%	0	0%	0	0%	0	0%	1	50%
Cervix Uteri	20	1%	9	45%	3	15%	1	5%	0	0%	1	5%	6	30%
Corpus Uteri	90	5%	81	90%	4	4%	0	0%	0	0%	0	0%	5	6%
Uterus Nos	1	0%	0	0%	0	0%	1	100%	0	0%	0	0%	0	0%
Ovary	30	2%	20	67%	4	13%	4	13%	1	3%	0	0%	1	3%
Oth Fm. Genital Orgn.	2	0%	2	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Penis	3	0%	3	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Prostate Gland	213	12%	57	27%	62	29%	0	0%	0	0%	22	10%	72	34%
Testis	4	0%	3	75%	1	25%	0	0%	0	0%	0	0%	0	0%
Kidney	61	3%	53	87%	4	7%	1	2%	1	2%	0	0%	2	3%
Kidney, Renal Pelvis	8	0%	4	50%	1	13%	0	0%	3	38%	0	0%	0	0%
Ureter	6	0%	4	67%	0	0%	0	0%	1	17%	0	0%	1	17%
Urinary Bladder	90	5%	50	56%	2	2%	2	2%	26	29%	0	0%	10	11%
Other & Unspecified Urinary Organs	2	0%	1	50%	0	0%	0	0%	0	0%	0	0%	1	50%
Meninges	25	1%	4	16%	21	84%	0	0%	0	0%	0	0%	0	0%
Brain	22	1%	9	41%	12	55%	0	0%	0	0%	0	0%	1	5%
Other Nervous System	1	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%
Thyroid Gland	54	3%	31	57%	3	6%	0	0%	0	0%	2	4%	18	33%
Adrenal Gland	2	0%	1	50%	0	0%	0	0%	0	0%	0	0%	1	50%
Other Endocrine Glands	14	1%	3	21%	10	71%	0	0%	0	0%	0	0%	1	7%
Other Ill Defined Sites	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	100%
Lymph Nodes	60	3%	6	10%	30	50%	10	17%	0	0%	0	0%	14	23%
Unk Primary	16	1%	0	0%	13	81%	1	6%	0	0%	0	0%	2	13%
OVERALL TOTALS	1830	100%	754	41%	520	28%	91	5%	61	3%	50	3%	354	19%

Number of Cases Excluded: 0
This report was run with the following criteria:

- Includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases
- Includes First Course of Treatment
- Includes treatment for LAKELAND REGIONAL HEALTH SYSTEM

Age at Diagnosis by Gender

Table 6



AGE	MALE	FEMALE
10-19	2	4
20-29	8	14
30-39	18	32
40-49	27	99
50-59	114	131
60-69	263	283
70-79	268	262
80-89	136	120
90-99	23	22
100-109	2	0
TOTALS:	983	974

The majority of patients seen at LRH fell within the 60-69 year old range and were female than male. This was followed closely by the 70 - 79 year old patients.

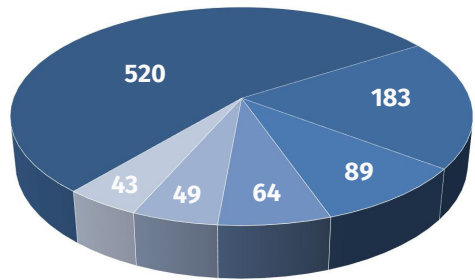
HISTOLOGY

Top 10 Histologies at LRHHCC

HISTOLOGY	NUMBER OF CASES	PERCENT
Adenocarcinoma	520	28.42%
Invasive Adenocarcinoma, Breast only	183	10.00%
Squamous cell carcinoma, NOS	89	4.86%
Endometrioid adenocarcinoma	64	3.50%
Small cell carcinoma, NOS	49	2.68%
Clear cell adenocarcinoma, NOS	43	2.35%
Intraductal carcinoma, noninfiltrating, NOS	42	2.30%
Malignant melanoma, NOS	40	2.19%
Papillary transitional cell carcinoma, non-invasive	39	2.13%
Papillary adenocarcinoma, NOS	38	2.08%
All others	723	39.51%

The top histology for cancer was diagnosed as Adenocarcinoma at 46%. All sites with same histologies are combined.

Table 7



Histology Distribution

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

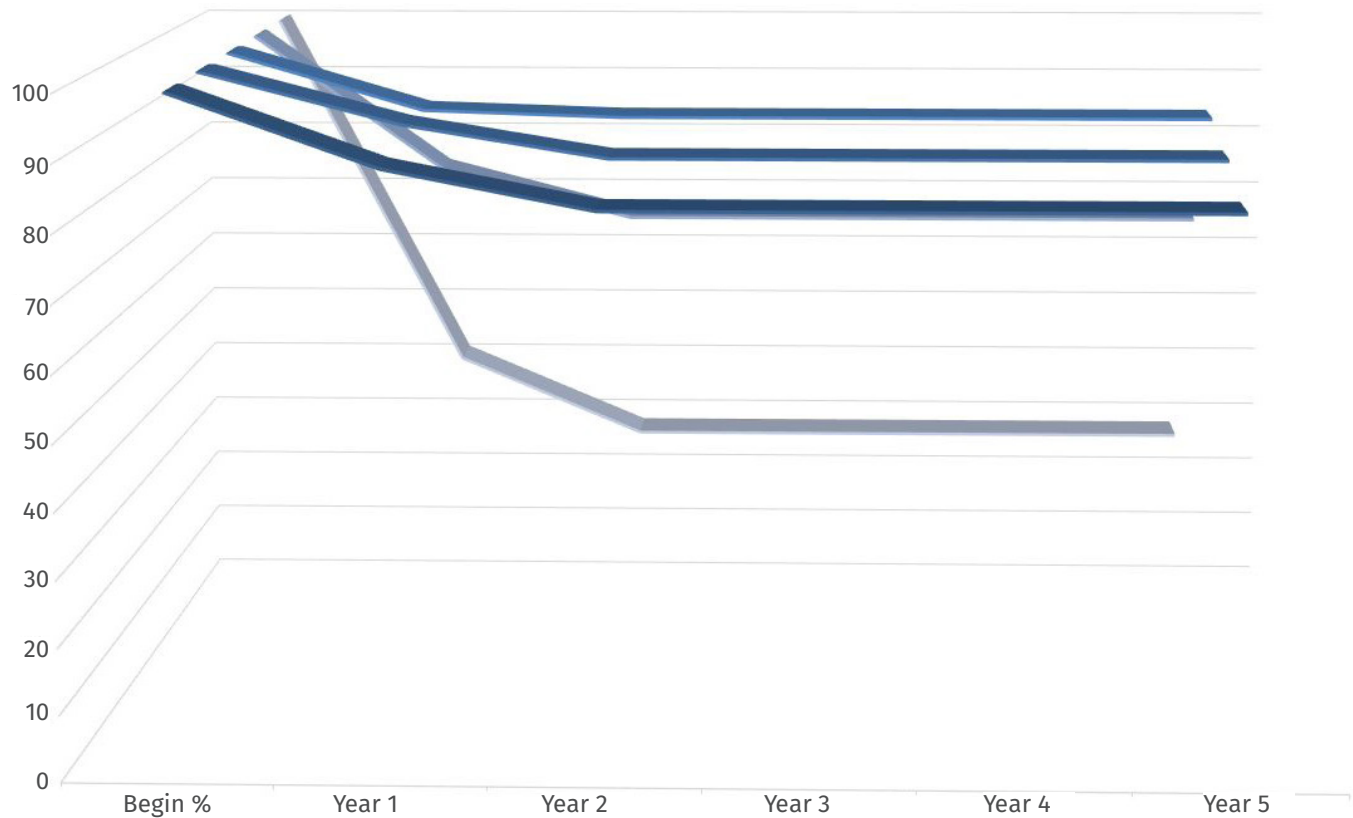
OBSERVED SURVIVAL ANALYSIS

	STAGE 0 CASES	STAGE 1 CASES	STAGE 2 CASES	STAGE 3 CASES	STAGE 4 CASES	2020 ANALYTIC CASES BY ACCESSION
Begin %	100	100	100	100	100	100
Year 1	89	92	91	78	41	77
Year 2	83	87	90	70	28	70
Year 3	83	87	90	70	28	70
Year 4	83	87	90	70	28	70
Year 5	83	87	90	70	28	70

Survival Distribution

The five year observed survival for cancer diagnosed at a stage 0 is 83%, a stage 1 cancer is 87%, a stage 2 is 90%, a stage 3 is 70%, and a stage 4 cancer is 28% for our patients.

Stage 0 Cases Stage 1 Cases Stage 2 Cases Stage 3 Cases Stage 4 Cases



APPENDIX



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.

CoC

The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard setting, which promotes cancer prevention, research, education, and monitoring of comprehensive quality care.

HISTOLOGY

Histology is the science of the microscopic structure of cells, tissues and organs. It also helps us understand the relationship between structure and function.

LRHHCC

Lakeland Regional Health Hollis Cancer Center

LRH

Lakeland Regional Health

NCCN

National Comprehensive Cancer Network

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



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Hollis Cancer Center



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