

### HOLLIS CANCER CENTER

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 info. & education.
- + Access to patient-centered services such as psychosocial distress screening & navigation.
- + Options for genetic assessment and counseling and palliative care services.
- + Ongoing monitoring & improvement of care.
- + Assessment of treatment planning based on evidencebased national treatment guidelines.
- + Information about clinical trials & 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, & treatment results, & offers lifelong patient follow-up.

## 2022 CANCER COMMITTEE MEMBERS \*Designates Alternate

#### **GENERAL SURGERY/ONCOLOGY SURGERY**

**Graham Greene, MD**, Cancer Committee Chairman

#### **CANCER LIAISON PHYSICIAN**

Peter Hinds, MD, Surgeon / Manual Molina-Vega, MD\*

#### **SURGERY**

**Toan Nguyen, MD,** Breast Program Director, Surgeon / Diana Burgueno-Vega, MD\*

#### **MEDICAL ONCOLOGY**

Sushma Nakka, MD / Kamal Haider, MD\*

#### **RADIATION ONCOLOGY**

Kris Guerrier, MD / Michael Shevach, MD\*

#### **PATHOLOGY**

**Evander Boynton, MD** / Brian Yoder, MD\*

#### **DIAGNOSTIC RADIOLOGY**

Christian Schmitt, MD / Kevin Sawyer, MD\*

#### **GENETICS REPRESENTATIVE**

Vanessa Prowler, MD / Dipali Trivedi, MD\*

#### **ADMINISTRATION**

**Timothy Dench,** AVP, Ambulatory Operation & Strategy / Kurt English, Cancer Program Admin.\*

Jill O'Neil, Medical Staff Director / Ashley Rivera\*

#### NURSING

Amber Odom, BSN, RN, CMSRN / Aleesha Murawski, RN\*

#### **Coordinators**

#### **ONCOLOGY DATA MANAGEMENT**

Blanche Myers, RHIT, CTR, CPC Oncology Data Manager (Cancer Registry), Cancer Registry Quality Coordinator / Brandice Vickers, RHIT, CTR\*

#### **CLINICAL RESEARCH**

Rebecca Delph, RN, ACRP, Clinical Research Coordinator / Raul Boyd, BSBA\*

#### **SOCIAL WORK/CASE MANAGEMENT**

**Jamie Sites,** Oncology Social Worker, Psychosocial Services Coordinator / Lucinda Sellars\*

#### **CANCER REGISTRY QUALITY**

**Timothy Dench**, Cancer Conference Coordinator / Kurt English\*

#### **QUALITY IMPROVEMENT**

Glenda Kaminski, PhD, CNS, AOCN, CRNI, Quality Improvement Coordinator / Lauren Morata\*

#### **SURVIVORSHIP CARE PROGRAM**

Stephanie Butler, LPN, Survivorship Care Program Coordinator / Io Horrell, ARNP\*

### Other Representatives

#### **COMMUNITY OUTREACH**

Lauren Springfield / Paul Needham\*

#### **PATIENT NAVIGATION**

Brittany Collins, RMA, CN-BC, Breast Cancer Patient Navigator / Thiera Hargrove, RN\*

**Jill Haladay, DPT, PhD, MPH,** Chief Rehabilitation Officer / Rizwana Mir, PT, DPT\*

#### **REGISTERED DIETITIAN**

Judey Striz, RD, Supervisor, Clinical Nutrition Services / Carmen Roman, RD\*

#### **PALLIATIVE CARE**

Jeri Thomas, MSN, CNS, CMSRN, ACHPN, Clinical Nurse Specialist / Erin Bradshaw, RN\*

**Rodriguez Dangerfield, PharmD** Pharmacist / Sarah Edwards\*

#### **AMERICAN CANCER SOCIETY REPRESENTATIVE**

**Stephanie McLean,** American Cancer Society, Health Systems Manager, Hospitals





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 previous two years introduced challenges never before seen in healthcare. 2022 permitted a gradual return to more traditional operations. As we navigated through 2022 and into 2023, The Hollis Cancer Center remained on our path and mission. We continue to strive for growth and advancement in our quest to be central Florida's oncologic provider of choice. The Hollis Cancer Center team continued to advance our status by adding new technologies, growing our group of talented team members, and continuing to update our facility. Our patients remain at the center of everything we do as we work to offer an environment of healing, hope, and discovery.

2021 saw the completion and approval of the Hollis Cancer Center's 10-year strategic plan and in 2022 we began efforts to act on these initiatives. In review, our plan was categorized into 4 main initiatives. We wish to align with our physician leaders, improve access to care, develop streamlined pathways of care, and solidify our brand. Our talented group of physicians are the backbone of our facility. This past year our physicians were influential in community programs, statewide educational opportunities, technology advances, and led the way to advance care. September was National Prostate Awareness Month, and our urologists were deployed to local barbershops to hold conversations about men's health in a nontraditional setting. October was National Breast Cancer Awareness Month, and our breast surgeons were deployed to local churches to educate members of the congregation on the importance of screening and advances in care. Our physicians were active in statewide oncologic professional organizations sharing their expertise and contributing to scientific developments. The Hollis Cancer Center physician team was also influential in the successful implementation of a new electronic medical record and drove advanced pathways of care in our special procedure area.

Our dedicated group of oncology professionals continue to feel 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 for patients to receive our care and in 2022 we made numerous strides. Our largest project involved the implementation of a new electronic medical record system known as Epic. The implementation of this new platform has made great strides in improving access to care. The Epic electronic medical record offers functionality known as "My Chart". By using the My Chart portal, patients can access all of their health information in one place, quickly schedule appointments, and connect with their physicians no matter where they are located. Currently, 55% of the Hollis Cancer Center patients employ this technology.

The Epic system also allows our physicians to access patient medical records from healthcare providers outside Lakeland Regional Health through a functionality known as "Care Everywhere". This state-of-the-art electronic medical record has proved to be extremely valuable in relation to healthcare navigation and literacy. The center also made advances to our phone team allowing more seamless and timely communication.

I am proud to announce that our new patient scheduling lines are performing at a 99% service level. This indicates that we are adequately serving 99% of the phone calls in our scheduling queues. Our building was also altered to improve access. We have installed handrails from our main entrance to our parking lot to assist patients in safely entering our building. We continue to recruit new talented providers to our popular service lines allowing improved accessibility to timely appointments. New providers are scheduled to join the team in surgical oncology and urologic oncology in 2023. Transportation continued to be 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. Throughout 2021 and 2022, we continued to work together and secured a total of \$25,000 in grants to reduce transportation barriers to care. Assistance was offered in the form of gas cards to qualifying patients. The restored ability to gather in groups and hold community events has allowed us to return to hosting screening events including skin cancer screenings and educational sessions on the importance of breast cancer screening.

The Hollis Cancer Center has always recognized that a cancer diagnosis can be intimidating and often filled with anxiety. It remains our goal to establish and provide streamlined pathways of care. These pathways should be recognizable by referring physicians, internal team members, and patients seeking our care. Our clinical leaders continue working to establish these pathways to share with our stakeholders to allow a more efficient navigation and literacy of our healthcare system. We have improved our pathways in 2022 by bringing new programs and offering more conveniences to our patient population. The surgical oncology team has partnered with our gastrointestinal specialists to provide esophageal and anal manometry in our special procedure areas. Prior to offering these services, patients would have to travel outside of our health system. Our providers are now completing prostate procedures known as Space Oar Hydrogel in our special procedure area. These procedures formerly needed to be completed in the operating room. Onsite completion allows faster access to a required radiation oncology appointment following the procedure.



Our urologic oncology and gynecological oncology areas are now offering urine point of care testing and pregnancy point of care testing. Prior to operationalizing point of care testing, results were obtained via a separate lab appointment. Our facility also advanced care and streamlined pathways by securing and bringing new Olympus flexible cysto-nephro videoscopes and the Visera elite video system to our special procedure area. This equipment correlates with the equipment at our main campus and allows for more valid and reliable testing. We are also proud to announce advances with a new sterile processing machine from the Medivators Medical Company. This purchase advances our ability to keep our patients free of infection and correlates with the equipment at the main campus lending to smoother operational processes. The organization remains dedicated to fortifying the Hollis Cancer Center brand. We are working to fortify this brand within our organization, with external healthcare

partners, and with the members of this community. There have been efforts in 2022 to connect our Hollis Cancer Center physicians to our internal and external partners. These efforts combined with some other initiatives have resulted in 18% growth of new patients utilizing the Hollis Cancer Center for their care. We also hope to return to one of our largest external events and an in-person "Promise Run" in 2023!

In 2021 we onboarded several new providers and in 2022 we spent significant time growing their practices and creating an environment for them to efficiently serve the community. Our nephrology, dermatology, plastic surgery, and colon and rectal surgery departments noted a stable first year in practice. All areas were successful in building a significant patient panel and contributing to our mission. Onboarding of these specialties allowed for an expansion of services at the center and provided a more comprehensive approach to care.

We are also proud to announce that we are now offering Mohs surgery in our



2022 was also a year to renew our valued accreditations. We are proud to announce that the Hollis Cancer Center was re-accredited by both the American College of Surgeons' Commission on Cancer and the National Accreditation Program for Breast Centers. These accreditations are the result of rigorous on-site evaluations by physician surveyors 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. Only 67 programs in Florida are accredited by the Commission on Cancer, with a total of 1,284 Commission on Canceraccredited programs in the U.S., representing approximately 25% of all hospitals and health systems in the U.S. We are proud to announce that our lab underwent a successful inspection by the College of American Pathologists resulting in a renewed CAP accreditation. Hollis Cancer Center's Radiation Oncology program continues to meet high standards of care and remains accredited by Apex or the Accreditation Program for Excellence (APEx). Hollis' Radiation Oncology Program is one of only nine other programs in Florida earning this prestigious recognition. Our oncology data services department has 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".

The building has completed the renovation of our pharmacy. New ventilation and hoods were installed in the pharmacy area allowing for quicker, cleaner, and safer delivery of oncology drugs at our facility. The pharmacy was able to move back to its renovated space in the early summer of 2022. The ongoing work at the Hollis Cancer Center resulted in another year of growth. We are pleased to announce we exceeded volume budgets this fiscal year indicating that

more patients trusted the Hollis Cancer Center with their care. As mentioned above, new patient volume advanced by 18% building-wide this year. There was notable growth in medical oncology, surgical oncology, and urologic oncology with 18%, 39%, and 7% growth in new patients respectively. We also noted volume advances in our chemotherapy infusion area and radiation therapy departments with 7% and 14% growth respectively. We continue to work diligently to improve the efficiencies of our workflows and offer a larger breadth of services. These improvements translated into improved communication and access for our patients.

Research and clinical trials held steady in the facility during 2022. At this point, we have 255 patients enrolled in clinical trials and there are roughly 135 patients in follow-up. There are 36 open trials at this point. These studies are inclusive of breast, prostate, pancreas, and observation.

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 **Urologic Oncologist** 



Timothy M. Dench, PT, DPT AVP, Ambulatory Operations & Strategy Hollis Cancer Center & North Campus

6 HCC 2022 ANNUAL REPORT HCC 2022 ANNUAL REPORT 7 I am the current Cancer Liaison Physician (CLP) at Lakeland Regional Health. I have been serving in this role for more than five 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).

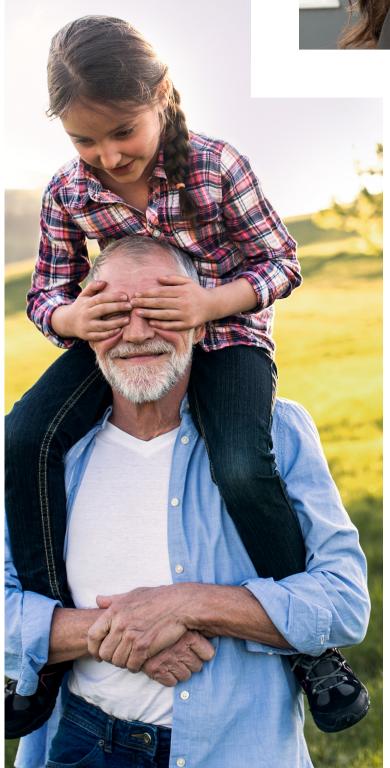
The results of this analysis are reported to the hospital's cancer committee at least four times a year. This information allows us to identify the needs in our community in terms of prevention, education, and early intervention to improve the survival of patients with the diagnosis of cancer. Promoting evidencebased 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 yearto-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 (CP<sup>3</sup>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 CP<sup>3</sup>R. This is reported back to us through the CP3R 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 CP3R have been added to RCRS for a total of 11 measures, and CP3R 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

Located on the 7th floor of the C wing of Lakeland Regional Health Medical Center campus, the 29-bed dedicated to the inpatient oncology unit offers a multidisciplinary holistic approach to cancer care for patients who require services that are more acute in nature. These include complications from cancer or effects from treatment that they have received for their cancer. The inpatient unit also provides post-operative care for patients who have had surgery by a gynecologist oncologist.

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 Immunotherapy class and have their national chemotherapy provider cards. As required by the American College of Surgeons, our nurses must have achieved oncology certification or be working toward gaining certification by achieving 36 continuing education hours every 3 years that focus on specific oncology topics

as they gain experience and become eligible to pursue oncology nursing certification.

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. This ensures that questions are being answered and needs are being met during the inpatient stay and that care is coordinated to continue after discharge. When patients, their families, and other caregivers are full, active participants in care, the experience of care and economic outcomes can be substantially improved. Our multidisciplinary team engages with the patient and their loved ones regarding the options available in order to understand the patient and establish a dialogue between patient and clinician on the evidence and the decisions that need to be made to promote the best continuum of care throughout the patient's cancer journey.

Glenda Kaminski, PhD, CNS, AOCN, CRNI

**Quality Improvement Coordinator** 



### CLINICAL TRIALS

Each new year brings new treatment options, methods of diagnosis, staging, prevention, and symptom management for cancer patients. Without our brave research volunteers, these improvements would not be possible. At Hollis Cancer Center, nearly 75 new people have volunteered this year to participate in one of our clinical trials, with hundreds still being followed up for previous years' studies. Scientific advancement at Hollis Cancer Center is impossible without our patients. We realize that not everyone is going to opt for an experimental treatment, but still want to help other people like them. We have strategically grown to have other types of studies available to our patients such as cancer registries, genetic studies, and biobanks.

This year, we have grown in our breast and urology populations.

Our breast cancer patients have had a plethora of opportunities ranging from treatment trials to databased and observational studies. We have experienced great success in our registry studies where our patients regularly contribute to donating their data to scientists trying to formulate the next treatment for breast cancer. One such study matches their health information with their personal genetic profile 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.

Hollis Cancer Center continues to offer research to our urology patients. Men are continuing in treatment trials studying newer combinations of hormone treatment, and men with metastatic prostate cancer are participating in a clinical trial researching the use of immunotherapy plus chemotherapy. We are in the process of onboarding new studies for our urology patients, so they have more options to get advanced treatment in the near future.

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 Research and Sponsored Studies



Our comprehensive breast care program of Lakeland Regional Health Hollis Cancer Center is the only facility in Lakeland that is accredited by the National Accreditation Program for Breast Centers (NAPBC). An essential part of this leading program is Patient Navigation.

Patient Navigation for Lakeland Regional Health is provided by a dedicated navigator, Brittany. Brittany is available to all current, future, and past breast patients. Brittany has undergone specialized training and certification and has over 8 years of oncology specific experience which aids as a resource to the women and men that receive care at our facility.

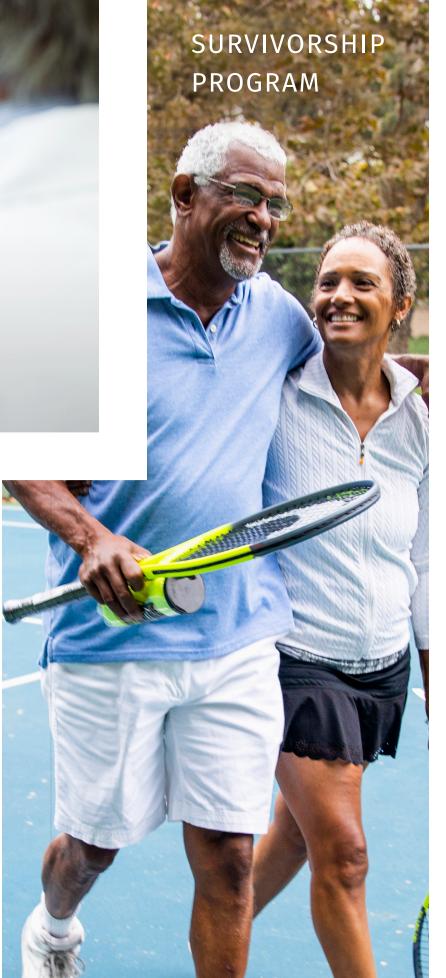
Our patient navigator meets with all newly diagnosed patients and assists in the timeliness and coordination of care of upcoming appointments and referrals.

A large part of patient navigation is the trust and reliance that is established, allowing patients to feel comfortable and familiar with what is happening along their journey.

Navigation is also provided to benign patients in the same way that it is with malignant patients, leaving no patient to feel lost within the continuum of care. Patient Navigation is an evolving role that is expanding to other tumor sites and improving the outcomes for patients at the Hollis Cancer Center.

Brittany Collins, RMA, CN-BC

Patient Navigator



The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent. A Survivorship Program Team focuses on the services offered within the program to ensure that we are meeting the needs of our cancer survivors. They also strive to enhance existing services and develop new services over time.

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 26.1 million by 2040.

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, such as earlier detection and supportive care, many more people are living with cancer. Each year in Florida, over 60,000 people 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 their health. At the completion of active treatment, they are 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 and Urological Supervisor & Survivorship Program Coordinator





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, Senior 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 CARE PROGRAM

Lakeland Regional Health Hollis Cancer Center's Comprehensive Breast Program is accredited by the NAPBC, which is a consortium of national, professional organizations focused on breast health and dedicated to the delivery of the highest quality outcomes for patients with breast diseases using the latest evidence-based standards. The Breast Program underwent a formal site review in April 2022 and was renewed for a full threeyear accreditation. Patients have full access to the following services: breast surgery, medical oncology, radiation oncology, plastic surgery, radiology, pathology, genetic testing, clinical trials, physical therapy and rehabilitation, patient navigation, financial counseling, social work, support group, and pastoral care. The program is led by Dr. Nguyen, who is on the Board of Directors for the American Society of Breast Surgeons, the Executive Committee for the American College of Surgeons Cancer Surgery Standards Program, and is the Vice-Chair of the Standards Development Committee.

# 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 info., education, & support
- + Ongoing monitoring and improvement of care
- + Information about participation in clinical trials and new treatment options
- + Proven superior outcomes compared to nonaccredited centers
- + Breast center data collection on quality indicators for subspecialties involved in breast cancer in breast cancer diagnosis and treatment.

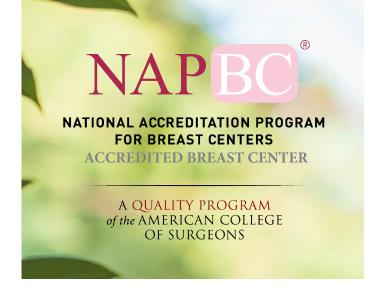


The breast cancer program at Lakeland Regional Health Hollis Cancer Center continues to provide our patients with a multidisciplinary treatment for breast cancer. We hold bi-weekly Multidisciplinary Breast Care Conferences, which include all prospective cases covering AJCC staging and discussion of national accepted guidelines. This comprehensive approach allows us to:

- + Promote inclusion of a broad range of physicians 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 fellowshiptrained experts in the field of breast surgery -Dr. Nguyen and Dr. Prowler. Together, they have successfully moved our breast health program to the highest level by expanding research and adopting cuttingedge 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. Patients undergoing breast conservation also benefit from the program's wire-free approach, adopted in 2017, which allows for a greater degree of precision during surgery and reduces patient stress on the day of surgery. Dr. Nguyen and Dr. Prowler were the first breast surgeons in Central Florida to offer axillary reverse mapping and lymphovenous bypass for the primary prevention of lymphedema during axillary dissection. This procedure is only offered at a few locations in the entire country and reduces lymphedema rates significantly, offering patients a higher quality of life after their treatments have been completed. They also utilize a combination of techniques to have one of the lowest re-excision rates in the country, including using intraoperative pathology analysis, specimen radiographs, and selected shave margins.

The Breast Program is also proud to report ongoing tremendous success of the high-risk breast clinic, which provides comprehensive risk assessment for every patient, especially patients with strong personal and/or family risk factors for developing breast cancer. Every patient is offered a formal risk assessment, as well as personalized recommendations on risk reduction strategies and screening options. In addition, Hollis Cancer Center continues to rank among the top centers in the country in terms of genetic testing rates as we continue to offer every patient diagnosed with breast cancer genetic testing and



counseling at their first visit. Results of these tests can affect treatment strategies as well as have implications for family members. 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 a 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 Oncologist



Vanessa L. Prowler, MD, FACS Breast Surgical Oncologist



### RADIATION ONCOLOGY

Lakeland Regional Health Hollis Cancer Center's Radiation Oncology program continues its commitment to providing patient-centered technologically advanced care. Enhancements have been made to the service line including the addition of the Elekta Flexitron High-Dose-Rate brachytherapy treatment unit which offers faster treatment times, improved workflows, greater flexibility, precision, and safety for brachytherapy treatments.

The Philips Brilliance CT scanner received hardware and software upgrades improving the scanning speed, image reconstruction times, and cyber-security features. In addition, other hardware and software cyber-security upgrades to the ExacTrac imaging system, BrainLab treatment planning system, and Varian linear accelerators further demonstrate Hollis' commitment to the safe and secure care of our patients.

In addition to providing advanced radiation therapy treatment technology, Radiation Oncology is also dedicated to providing an exceptional treatment delivery experience. Various scents can be soothing, calming, and create a more relaxing environment. As a result, Aromatherapy has been added as a compliment to patient-selected music to further enhance the patient's positive experience during treatment.

We also value the educational experience of our Radiation Therapist Students and developed a Clinical Liaison position to serve as a clinical contact between local colleges and the Radiation Oncology Department to improve the student's clinical experience. Advanced technology, commitment to safety, and a quality treatment experience, coupled with ASTRO's APEx practice accreditation serve to make a difference in the lives of our patients.



Guerrier, MD **Radiation Oncologist** 



English, MBA, RTT Director of Cancer Center Services & Specialty Practices

### **GENETICS**

Lakeland Regional Health Hollis Cancer Center (LRHHCC) offers genetic testing and counseling for a number of cancers. All newly diagnosed and previous cancer patients are offered genetic testing regardless of their family history. Patients undergoing genetic testing receive counseling from breast surgeons, Dr. Toan Nguyen and Dr. Vanessa Prowler. At our facility, we are developing a more robust genetics program by redefining our high-risk profile as well as performing pedigrees on all patients that are being seen in consultation for genetic testing by Dr. Vanessa Prowler which is included in the patient's medical record.

Furthermore, Dr. Prowler has completed additional training through the City of Hope Foundation and dedicates 25% of her practice to our genetics program. A hereditary risk for breast or ovarian cancer is considered in individuals with multiple members of their family affected by breast or ovarian cancer and individuals diagnosed at a very young age (usually before age 50). Also, individuals with cancer in both breasts and males with breast cancer should consider being counseled regarding their risk of carrying a genetic mutation. Genetic risk screening is done for all patients presenting to the LRHHCC Breast Program, regardless of personal or family history. Risk screenings are increasingly being performed by primary care physicians which prompt dedicated referrals to our facility for genetic testing and counseling.

At LRHHCC, individuals felt to be at risk for carrying a genetic mutation are counseled about the advantages and disadvantages of having a blood test to see if they have a genetic mutation. Prior to testing, extensive and formalized counseling is provided. Additionally, post-counsel is provided to discuss results, and the clinical implication of the results received. All patients are offered resources to a licensed genetic counselor via telephone or telehealth. Early screening such as colonoscopy, breast MRI, skin exam, and digital photography are considered in certain high-risk individuals. Knowing if a genetic mutation is present can be instrumental in offering the best individualized treatment plan. Sometimes prophylactic or risk-reducing surgery is offered to patients with a genetic mutation to prevent cancer before it even develops.

In the Breast Program, cancer risk assessment, genetic counseling, and genetic testing services are both provided and referred by LRHHCC. Physicians at the Cancer Center who have ongoing experience and attend yearly breast health programs that include Risk Assessment and Evaluation or Genetics may provide these services.

Vanessa L.
Prowler, MD, FACS
Breast Surgical Oncologist

Brittany Collins, RMA, CN-BC

Patient Navigator



### PALLIATIVE CARE

Lakeland Regional Health Medical Center has a palliative care consultation service available to meet with patients and their families. The goals of the palliative care team are to improve the quality of life for patients during their illnesses and to help address their care goals. 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. resources to address the emotional and spiritual concerns of patients and caregivers, while helping to identify and relieve pain and other symptoms.

The palliative care service includes a Physician, a Registered Nurse, and an

Advanced Practice Registered Nurse (CNS) who consults with patients and families at the request of the patient's physician. A physician and Advanced Practice Registered Nurse (NP) with Cornerstone Palliative Care are also available to consult with patients.

The palliative care medical director is board-certified in palliative medicine and is a resource to the team and the inpatient palliative care unit within the hospital.

In 2021, the palliative care service was consulted for patients with a variety of illnesses and conditions in many different units of the hospital, including critical care, oncology, and medical-surgical units. The palliative care service received over 2300 consults in 2021.

Jeri Thomas, MSN, CNS, CMSRN, ACHPN

Palliative Care

### MEDICAL ONCOLOGY & CHEMOTHERAPY

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 multidisciplinary 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, and Dr. Imran Ahmad, along with Cindy Jo Horrell, APRN, deliver advanced care while incorporating NCCN guidelines and the most up-to-date, evidence-based treatment options. Our physicians are passionate about the topics of Oncology, Hematology, Pain Management, and Palliative Care Options. All oncology nursing staff hold their ONS/ONCC Chemotherapy Biotherapy Certification. All of the Chemo nurses have or are actively working towards their Oncology Nursing Certification.

Our beautiful 40-chair chemo suite offers a lake-side view for all 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. We continue to offer the use of the Paxman Scalp Cooling system to help reduce hair loss during chemotherapy.

We can conveniently provide supportive intravenous fluids, blood products, and electrolyte replacements on-site. All Chemo-Infusion nurses completed training to offer blood replacement services on-site safely and efficiently. We also are offering Evusheld for pre-exposure prophylaxis for prevention of COVID-19 for immunocompromised

patients due to a medical condition or that have received immunosuppressive medicines or treatments and may not have an adequate immune response to the COVID-19 vaccinations or are allergic to the COVID-19 vaccine when prescribed by their physicians.

The chemotherapy nurses have the opportunity to attend multiple learning and continuing education opportunities through our local Oncology Nursing Society as well as in-house education events regarding chemotherapy and immunotherapies allowing us to stay up-to-date with the administration of the medications.

Our physicians work to identify psychological, spiritual, social, and cultural issues for 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 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 Cancer Center, we are able to provide psychological and social support for patient and their families, coordinate referrals to hospice, and connect to community resources to help with the many other needs patients may have.

### Helen Gonzalez, RN, OCN

Clinical Operations Manager – Chemotherapy, Medical Oncology, Dermatology, Nephrology



# ONCOLOGY NUTRITION SERVICES

At Lakeland Regional Health, Registered Dietitians work with the Cancer Treatment Team and to ensure the patient's nutritional needs are met. A healthy diet is very important for someone undergoing treatment for cancer. The three main nutritional goals for someone living with cancer are to maintain a healthy weight, select and eat healthy foods that supply the body with fuel and nutrients for repair and healing, and reduce the risk of recurrence of cancer and the development of a second malignancy. Patients are referred to the Registered Dietitian by the physician or care team and scheduled in EPIC for Thursday afternoons (1:00 pm - 4:00 pm).

The Registered Dietitian will meet individually with the patient, assess the adequacy of intake, and implement nutrition intervention(s) to improve dietary adequacy. Appropriate education will be provided based on the patient's nutritional needs and the side effects of therapy affecting eating habits. This will help determine goals to improve intake and meet nutrient needs. The goal of nutrition counseling is to maximize oral intake with nutrient-dense foods, liberalize diet restrictions as much as possible, and provide flexibility in type, quantity, and timing of meals while ameliorating the factors influencing inadequate nutrition. Consider the use of dietary supplements to meet protein and calorie needs.

Eighteen patients were seen from November 2021 through September 2022. Dietitian referrals were conducted by telephone or in-person with the patients and family members. The assessment and evaluation of the patient were charted in the patient's medical record. If patients needed additional assistance, the appropriate referral was made.

A Registered Dietitian, as a member of the HCC Survivorship Committee, plans and presents quarterly educational programs for patients and family members at Hollis Cancer Center. In September, the Registered Dietitian presented a program to the "No One Fights Alone" Breast Cancer Support Group on Healthy Eating and Weight Control.

Judey Striz, RD, LDN, CDCES

Supervisor, Clinical Nutrition Services



### 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 with full accreditation and no deficiencies.

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 dialogue between award recipients and healthcare 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) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

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.

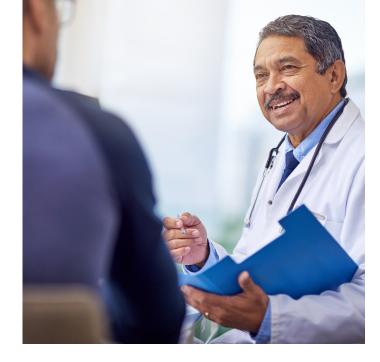
There were 2,615 cases accessioned into the database in 2022 (2021 data), 1,959 (75%) of which were analytic. Annual lifetime follow-up is performed on the analytic patients. Ongoing follow-up benefits the patient by reminding them that routine medical examinations are recommended to ensure early detection, 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 2022, 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 is also utilized by the medical staff, administration, 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 2021 and abstracted in 2022 (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 Histology. 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.

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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 full accreditation 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 the state of Florida (FCDS):

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



Blanche Myers, RHIT, CTR, CPC

Oncology Data Manager, Cancer Registry Quality Control Coordinator

## HOLLIS CANCER CENTER DATA

PRIMARY SITE TABULATION FOR 2021 CASES BY ACCESSION												
DDIMADY CITE	TOTAL	CLA	ASS	SI	EX			A	JCC STAG	iE		
PRIMARY SITE		А	N/A	М	F	0	1	П	Ш	IV	Unk	N/A
All Sites	2610	1959	651	1345	1265	156	559	355	270	379	632	259
Oral Cavity	42	26	16	30	12	1	3	2	8	10	10	8
Lip	2	1	1	2	0	1	0	0	0	0	1	0
Tongue	12	8	4	9	3	0	2	W	2	4	3	1
Oropharynx	2	2	0	1	1	0	1	0	1	0	0	0
Hypopharynx	2	1	1	2	0	0	0	0	0	1	0	1
Other	24	14	10	16	8	0	0	2	5	5	6	6
<b>Digestive System</b>	410	329	81	231	179	31	55	66	58	98	87	15
Esophagus	22	15	7	18	4	0	1	0	3	6	8	4
Stomach	32	29	3	15	17	0	4	3	3	4	18	0
Colon	151	135	16	85	66	19	29	31	29	30	12	1
Rectum	57	47	10	33	24	7	3	4	10	19	14	0
Anus/Anal Canal	8	7	1	1	7	2	1	2	1	0	2	0
Liver	37	23	14	24	13	0	4	4	7	5	12	5
Pancreas	70	45	25	39	31	0	10	15	3	26	16	0
Other	33	28	5	16	17	3	3	7	2	8	5	5
<b>Respiratory System</b>	356	253	103	184	172	1	61	15	58	138	71	12
Nasal/Sinus	2	0	2	2	0	0	0	0	0	0	2	0
Larynx	10	8	2	9	1	1	1	0	2	4	2	0
Other	2	2	0	0	2	0	0	0	0	0	0	2
Lung/Bronc-Small Cell	69	55	14	32	37	0	4	3	15	35	12	0
Lung/Bronc-Non Small Cell	214	156	58	110	104	0	52	11	34	77	33	7
Other Bronchus & Lung	59	32	27	31	28	0	4	1	7	22	22	3
Blood & Bone Marrow	181	93	88	104	77	0	2	1	2	8	64	104
Leukemia	100	52	48	61	39	0	2	1	2	8	41	46
Multiple Myeloma	38	25	13	19	19	0	0	0	0	0	11	27
Other	43	16	27	24	19	0	0	0	0	0	12	31
Bone	3	2	1	2	1	0	0	0	0	0	0	3
Connect/Soft Tissue	10	7	3	5	5	0	2	0	1	0	3	4

		PRIMA	RY SITE T	ABULATIO	ON FOR 2	021 CASE	S BY ACC	ESSION				
PRIMARY SITE	TOTAL	CL	ASS	SI	EX			P	JCC STAG	iΕ		
PRIMARY SITE		А	N/A	М	F	0	1	П	Ш	IV	Unk	N/A
Skin	131	94	37	84	47	25	42	16	12	5	30	1
Melanoma	126	91	35	82	44	25	41	16	11	5	28	0
Other	5	3	2	2	3	0	1	0	1	0	2	1
Breast	369	307	62	3	366	29	184	24	9	21	99	3
Female Genital	173	136	37	0	173	0	63	7	32	16	48	7
Cervix Uteri	26	16	10	0	26	0	3	3	7	3	9	1
Corpus Uteri	103	89	14	0	103	0	56	4	17	5	20	1
Ovary	29	21	8	0	29	0	2	0	6	8	12	1
Vulva	10	7	3	0	10	0	1	0	2	0	4	3
Other	5	3	2	0	5	0	1	0	0	0	3	1
Male Genital	420	302	118	420	0	1	50	182	47	38	102	0
Prostate	401	288	113	401	0	0	47	182	45	37	90	0
Testis	14	10	4	14	0	0	2	0	2	0	10	0
Other	5	4	1	5	0	1	1	0	0	1	2	0
Urinary System	257	219	38	183	74	68	54	26	37	14	55	3
Bladder	135	115	20	102	33	61	22	19	10	2	19	2
Kidney/Renal	116	98	18	77	39	4	31	7	27	12	34	1
Other	6	6	0	4	2	3	1	0	0	0	2	0
Other	O	U	U	7	2	3	1	U	U	U		U
Brain & Cns	81	68	13	34	47	0	0	0	0	0	15	66
Brain (Benign)	2	1	1	2	0	0	0	0	0	0	0	2
Brain (Malignant)	25	22	3	16	9	0	0	0	0	0	3	22
Other	54	45	9	16	38	0	0	0	0	0	12	42
Endocrine	70	53	17	22	48	0	34	10	0	0	10	16
Thyroid	52	42	10	17	35	0	34	10	0	0	8	0
Other		11					0			0		16
Outer	18	11	7	5	13	0	U	0	0	U	2	10
Lymphatic System	75	45	30	32	43	0	9	6	4	26	26	4
Hodgkin's Disease	8	6	2	3	5	0	0	4	1	2	1	0
Non-Hodgkin's	67	39	28	29	38	0	9	2	3	24	25	4
Unknown Primary	18	14	4	6	12	0	0	0	0	0	7	11
Othor/III_Dofined	11.	11	2	F	0	0	0	0	2	E	E	2
Other/Ill-Defined	14	11	3	5	9	0	0	0	2	5	5	2

Number of cases excluded: 5

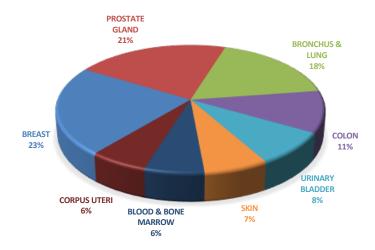
This report Excludes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

### **Top Five Sites**

Lakeland Regional Health diagnoses and treats a wide variety of cancers from all different parts of the body. Our top five sites are Breast at 23%, Prostate at 21%, Lung at 18%, Colon at 11%, and Bladder at 8%.

SITE CODE	NUMBER OF CASES	PERCENT
BREAST	307	15.67%
PROSTATE GLAND	288	14.70%
BRONCHUS & LUNG	243	12.40%
COLON	144	7.35%
URINARY BLADDER	115	5.87%
SKIN	93	4.75%
BLOOD & BONE MARROW	86	4.39%
CORPUS UTERI	85	4.34%
KIDNEY	85	4.34%
LYMPH NODES	45	2.30%
PANCREAS	45	2.30%
THYROID GLAND	43	2.19%
MENINGES	42	2.14%
STOMACH	30	1.53%
RECTUM	28	1.43%
LIVER & BILE DUCTS	24	1.23%
BRAIN	23	1.17%
OVARY	22	1.12%
RECTOSIGMOID JUNCTION	19	0.97%
CERVIX UTERI	16	0.82%
ESOPHAGUS	15	0.77%
KIDNEY, RENAL PELVIS	13	0.66%
UNK PRIMARY	13	0.66%
OTHER ENDOCRINE GLANDS	11	0.56%
SMALL INTESTINE	10	0.51%
TESTIS	10	0.51%
RETROPERITONEUM & PERITONEUM	9	0.46%
LARYNX	8	0.41%
VULVA	8	0.41%
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	7	0.36%
ANUS & ANAL CANAL	7	0.36%
OTHER BILIARY TRACT	6	0.31%
TONSIL	5	0.26%
URETER	5	0.26%
FLOOR OF MOUTH	5	0.26%
OTHER PARTS OF TONGUE	4	0.20%
UTERUS NOS	4	0.20%
PENIS	4	0.20%

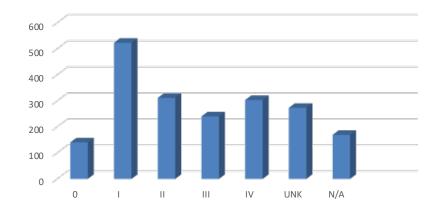
SITE CODE	NUMBER OF CASES	PERCENT
GALLBLADDER	4	0.20%
OTHER NERVOUS SYSTEM	4	0.20%
BASE OF TONGUE	4	0.20%
HEART MEDIASTINUM PLEURA	3	0.15%
OTHER ILL DEFINED SITES	3	0.15%
BONES JOINTS & OTHER UNSPECIFIED SITES	2	0.10%
OROPHARYNX	2	0.10%
OTH FM. GENITAL ORGN.	2	0.10%
HYPOPHARYNX	1	0.05%
VAGINA	1	0.05%
PAROTID GLAND	1	0.05%
OTHER ORAL CAVITY	1	0.05%
OTHER/UNSPECIFIED PARTS OF MOUTH	1	0.05%
PALATE	1	0.05%
OTHER & UNSPECIFIED URINARY ORGANS	1	0.05%
LIP	1	0.05%
TOTAL	1,959	100%



### **AJCC Stages**

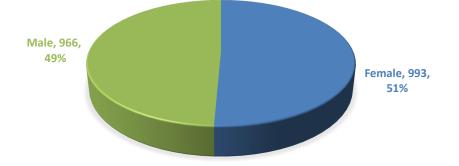
The majority of our Analytical cancer cases are diagnosed at stage I (523 cases) which is nearly 27%. Stage II cancer cases represent 311 cases which is nearly 16% of our total case-load. Followed by stage IV cases which is more than 15% of all our cases.

AJCC	CASES	PERCENT
0	140	7.15%
I	523	26.70%
II	311	15.88%
III	240	12.25%
IV	303	15.47%
UNK	273	13.94%
N/A	169	8.63%
TOTALS	1,959	100.00%



### Cases by Gender

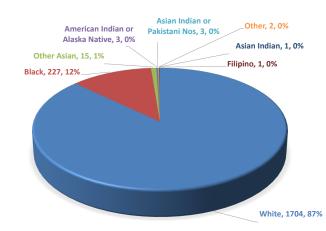
AJCC	CASES	PERCENT
FEMALE	993	50.69%
MALE	966	49.31%
TOTALS	1,959	100.00%



### Cases by Race

Of the analytical cases for 2021 there were 1,704 (86%) patients diagnosed with cancer that were White Caucasian compared to 227 (12%) Black patients. This was followed by Asian patients at 15, American Indian or Alaska Native and Asian Indian or Pakistani with both of these totaling 6

patients. There was also 2 Other, 1 Asian Indian, and 1 Filipino patient that was diagnosed at LRH..

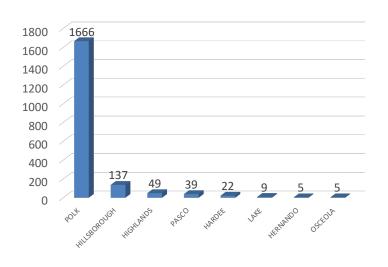


AJCC	CASES	PERCENT
WHITE	1704	86.98%
BLACK	227	11.59%
OTHER ASIAN	15	0.77%
AMERICAN INDIAN OR ALASKA NATIVE	3	0.15%
ASIAN INDIAN OR PAKISTANI NOS	3	0.15%
OTHER	2	0.10%
ASIAN INDIAN	1	0.05%
FILIPINO	1	0.05%
KOREAN	1	0.05%
CHINESE	1	0.05%
VIETNAMESE	1	0.05%
TOTALS	1,959	100.00%

## Cases by County Code

The majority of our cancer cases come from within Polk county at 1,666 cases, which is 85% of our patient population for 2021.

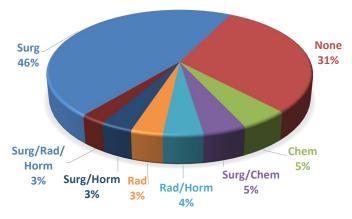
COUNTY CODE	NUMBER OF CASES	PERCENT		
POLK	1666	85.04%		
HILLSBOROUGH	137	6.99%		
HIGHLANDS	49	2.50%		
PASCO	39	1.99%		
HARDEE	22	1.12%		
LAKE	9	0.46%		
HERNANDO	5	0.26%		
OSCEOLA	5	0.26%		
MANATEE	4	0.20%		
PINELLAS	3	0.15%		
OUT OF STATE	3	0.15%		
OUT OF STATE	2	0.10%		
OKALOOSA	2	0.10%		
ORANGE	1	0.05%		
PALM BEACH	1	0.05%		
SUMTER	1	0.05%		
ELBERT	1	0.05%		
OUT OF STATE	1	0.05%		
UNKNOWN	1	0.05%		
OUT OF STATE	1	0.05%		
MARION	1	0.05%		
BREVARD	1	0.05%		
BROWARD	1	0.05%		
CITRUS	1	0.05%		
OUT OF STATE	1	0.05%		
998	1	0.05%		
TOTAL	1,959	100%		



### Treatment

The majority (785 cases) of our cancer patients are treated with surgery alone which accounts for 46% of our patient population.

RX TYPE	NUMBER OF CASES	PERCENT
SURG	785	40.07%
NONE	517	26.39%
СНЕМ	87	4.44%
SURG/CHEM	77	3.93%
RAD/HORM	71	3.62%
RAD	57	2.91%
SURG/HORM	57	2.91%
SURG/RAD/HORM	45	2.30%
CHEM/IMMU	40	2.04%
CHEM/RAD	38	1.94%
HORM	35	1.79%
SURG/CHEM/IMMU	24	1.23%
SURG/RAD	18	0.92%
SURG/CHEM/RAD	16	0.82%
CHEM/RAD/IMMU	16	0.82%
SURG/CHEM/RAD/HORM	10	0.51%
SURG/IMMU	10	0.51%
IMMU	10	0.51%
CHEM/HORM	9	0.46%
CHEM/HORM/IMMU	9	0.46%
SURG/CHEM/RAD/IMMU	8	0.41%
SURG/CHEM/HORM	7	0.36%
RAD/IMMU	3	0.15%
CHEM/RAD/HORM/IMMU	3	0.15%
CHEM/RAD/HORM	2	0.10%
SURG/CHEM/RAD/HORM/IMMU	2	0.10%
SURG/RAD/IMMU	1	0.05%
HORM/IMMU	1	0.05%
SURG/CHEM/HORM/IMMU	1	0.05%
TOTAL	1,959	100%



## Site by AJCC Stage

			SITE	BY AJC	C STAGE	TABUL	ATION F	OR 2 <u>02</u>	1 ANALY	TICAL C	ASES					
SITE NAME	TOTAL CASES	(%)	STAGE 0	(%)	STAGE I	(%)	STAGE II	(%)	STAGE III	(%)	STAGE IV	(%)	Unk	(%)	N/A	(%)
LIP	1	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
BASE OF TONGUE	4	0%	0	0%	0	0%	0	0%	1	25%	1	25%	1	25%	1	25%
OTHER PARTS OF TONGUE	4	0%	0	0%	1	25%	0	0%	0	0%	2	50%	1	25%	0	0%
FLOOR OF MOUTH	5	0%	0	0%	0	0%	0	0%	1	20%	4	80%	0	0%	0	0%
PALATE	1	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%
OTHER/ UNSPECIFIED PARTS OF MOUTH	1	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	0	0%
PAROTID GLAND	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
TONSIL	5	0%	0	0%	0	0%	0	0%	2	40%	0	0%	1	20%	2	40%
OROPHARYNX	2	0%	0	0%	1	50%	0	0%	1	50%	0	0%	0	0%	0	0%
HYPOPHARYNX	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%
OTHER ORAL CAVITY	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%
ESOPHAGUS	15	1%	0	0%	1	7%	0	0%	3	20%	4	27%	3	20%	4	27%
STOMACH	30	2%	0	0%	4	13%	3	10%	3	10%	4	13%	16	53%	0	0%
SMALL INTESTINE	10	1%	0	0%	1	10%	2	20%	2	20%	2	20%	0	0%	3	30%
COLON	144	8%	21	15%	30	21%	31	22%	27	19%	30	21%	4	3%	1	1%
RECTOSIGMOID JUNCTION	19	1%	1	5%	1	5%	2	11%	4	21%	8	42%	3	16%	0	0%
RECTUM	28	1%	6	21%	2	7%	2	7%	4	14%	8	29%	6	21%	0	0%
ANUS & ANAL CANAL	7	0%	2	29%	1	14%	2	29%	1	14%	0	0%	1	14%	0	0%
LIVER & BILE DUCTS	24	1%	0	0%	3	13%	4	17%	5	21%	3	13%	3	13%	6	25%
GALLBLADDER	4	0%	1	25%	0	0%	1	25%	0	0%	1	25%	1	25%	0	0%
OTHER BILIARY TRACT	6	0%	0	0%	1	17%	2	33%	0	0%	1	17%	2	33%	0	0%
PANCREAS	45	2%	0	0%	9	20%	11	24%	3	7%	16	36%	6	13%	0	0%
LARYNX	8	0%	1	13%	1	13%	0	0%	2	25%	4	50%	0	0%	0	0%
BRONCHUS & LUNG	243	13%	0	0%	47	19%	11	5%	45	19%	112	46%	22	9%	6	2%
HEART MEDIASTINUM PLEURA	3	0%	0	0%	1	33%	0	0%	0	0%	0	0%	0	0%	2	67%
BONES JOINTS & OTHER UNSPECIFIED SITES	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	100%
BLOOD & BONE MARROW	86	5%	0	0%	1	1%	0	0%	0	0%	6	7%	31	36%	48	56%
SKIN	93	5%	14	15%	41	44%	16	17%	12	13%	3	3%	6	6%	1	1%
RETROPERITONEUM & PERITONEUM	9	0%	0	0%	0	0%	0	0%	2	22%	3	33%	3	33%	1	11%
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	7	0%	0	0%	2	29%	0	0%	1	14%	0	0%	2	29%	2	29%
BREAST	307	16%	29	9%	178	58%	22	7%	9	3%	14	5%	53	17%	2	1%
VULVA	8	0%	1	13%	1	13%	0	0%	2	25%	0	0%	3	38%	1	13%
VAGINA	1	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%
CERVIX UTERI	16	1%	0	0%	3	19%	2	13%	7	44%	3	19%	1	6%	0	0%

## Site by AJCC Stage (Continued)

			SITE	BY AJC	C STAGE	TABUL	ATION F	OR 202	1 ANALY	TICAL C	ASES					
SITE NAME	TOTAL CASES	(%)	STAGE 0	(%)	STAGE I	(%)	STAGE II	(%)	STAGE III	(%)	STAGE IV	(%)	Unk	(%)	N/A	(%)
CORPUS UTERI	85	4%	0	0%	53	62%	4	5%	17	20%	2	2%	8	9%	1	1%
UTERUS NOS	4	0%	0	0%	0	0%	0	0%	0	0%	3	75%	1	25%	0	0%
OVARY	22	1%	0	0%	3	14%	0	0%	4	18%	8	36%	6	27%	1	5%
OTH FM. GENITAL ORGN.	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	50%	1	50%
PENIS	4	0%	1	25%	1	25%	0	0%	0	0%	0	0%	2	50%	0	0%
PROSTATE GLAND	288	15%	0	0%	41	14%	157	55%	38	13%	31	11%	21	7%	0	0%
TESTIS	10	1%	0	0%	2	20%	0	0%	2	20%	0	0%	6	60%	0	0%
KIDNEY	85	4%	0	0%	30	35%	5	6%	26	31%	4	5%	19	22%	1	1%
KIDNEY, RENAL PELVIS	13	1%	4	31%	0	0%	1	8%	1	8%	5	38%	2	15%	0	0%
URETER	5	0%	3	60%	1	20%	0	0%	0	0%	0	0%	1	20%	0	0%
URINARY BLADDER	115	6%	55	48%	22	19%	19	17%	9	8%	1	1%	7	6%	2	2%
OTHER & UNSPECIFIED URINARY ORGANS	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
MENINGES	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1009
BRAIN	22	1%	0	0%	0	0%	0	0%	0	0%	0	0%	2	9%	20	91%
OTHER NERVOUS SYSTEM	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1009
THYROID GLAND	43	2%	0	0%	33	77%	8	19%	0	0%	0	0%	2	5%	0	0%
OTHER ENDOCRINE GLANDS	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1009
OTHER ILL DEFINED SITES	3	0%	0	0%	0	0%	0	0%	0	0%	3	100%	0	0%	0	0%
LYMPH NODES	45	2%	0	0%	6	13%	6	13%	5	11%	16	36%	9	20%	3	7%
UNK PRIMARY	13	1%	0	0%	0	0%	0	0%	0	0%	0	0%	6	46%	7	54%
OVERALL TOTALS	1906	100%	140	7%	523	27%	311	16%	240	13%	303	16%	264	14%	125	7%

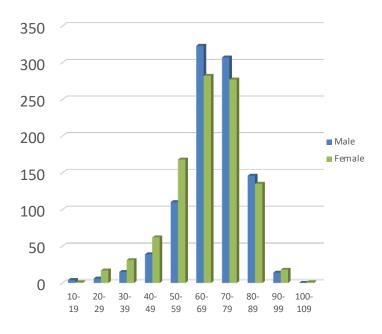
Number of Cases Excluded: 53

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

## Age by Gender

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

Age Range	Male	Female
0-9	2	0
10-19	4	1
20-29	6	17
30-39	15	31
40-49	39	62
50-59	110	168
60-69	323	282
70-79	307	277
80-89	146	135
90-99	14	18
100-109	0	1
Total	966	993

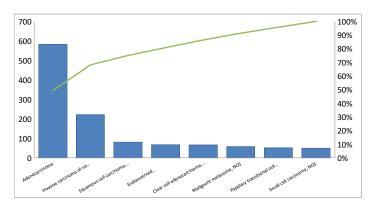




### **HISTOLOGY**

HISTOLOGY	NUMBER OF CASES	PERCENT
ADENOCARCINOMA	582	29.71%
INVASIVE CARCINOMA OF NO SPECIAL TYPE, BREAST ONLY	222	11.33%
SQUAMOUS CELL CARCINOMA, NOS	81	4.13%
ENDOMETRIOID ADENOCARCINOMA, NOS	68	3.47%
CLEAR CELL ADENOCARCINOMA, NOS	67	3.42%
MALIGNANT MELANOMA, NOS	58	2.96%
PAPILLARY TRANSITIONAL CELL CARCINOMA, NON-INVASIVE	52	2.65%
SMALL CELL CARCINOMA, NOS	50	2.55%
ALL OTHERS	779	39.78%
TOTAL	1,959	100.00%

The top histology diagnosed in 2021 at Lakeland Regional Health was Adenocarcinoma which was 30% (582 cases) of our patient population. This was followed by Invasive Carcinoma at 11% for a total of 222 cases. Squamous Cell Carcinoma had 81 cases for a total of 4% of our cases. Endometrioid Adenocarcinoma (68 cases) and Clear Cell Adenocarcinoma (67 cases) both were around 3.5%. Malignant Melanoma had 58 cases which accounted for 3%. All sites with the same histology are combined.

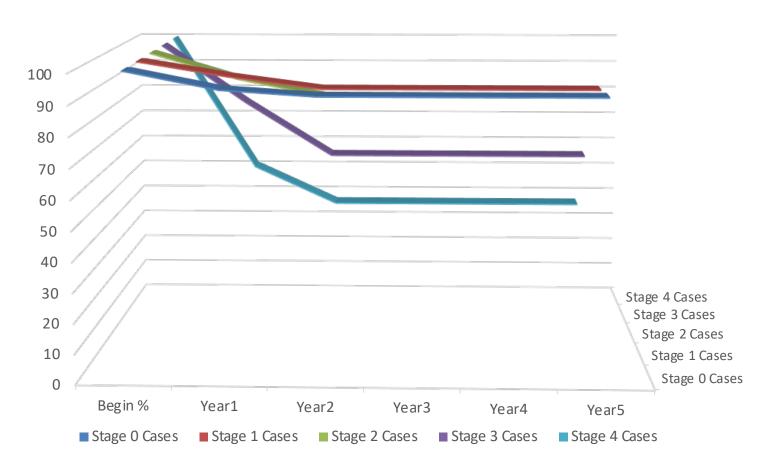


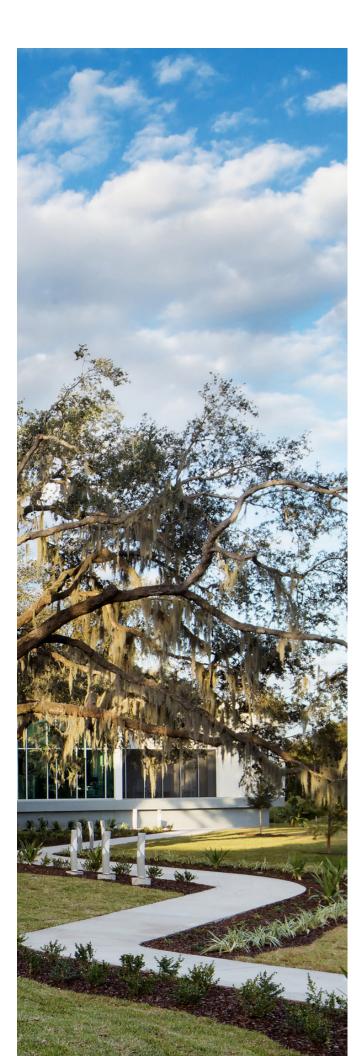


### Observed Survival Analysis

The five-year observed survival for cancer diagnosed at a stage 0 is 92%, a stage 1 cancer is 91%, a stage 2 is 85%, a stage 3 is 60%, and a stage 4 cancer is 37% for our patients.

	STAGE 0 CASES	STAGE 1 CASES	STAGE 2 CASES	STAGE 3 CASES	STAGE 4 CASES	2021 ANALYTICAL CASES
BEGIN %	100	100	100	100	100	100
YEAR 1	94	95	91	79	51	80
YEAR 2	92	91	85	60	37	72
YEAR 3	92	91	85	60	37	72
YEAR 4	92	91	85	60	37	72
YEAR 5	92	91	85	60	37	72





### CANCER CENTER SERVICES

Lakeland Regional Health, 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 a 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.
- + On-site Blood Product Transfusion Replacements.
- + Paxman Cooling Cap/scalp cooling for hair loss prevention.
- + 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.
- + Manometry procedure.
- + Mohs procedure.
- + Plastic and Reconstructive Surgery.

### **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 chemoradiation therapy.
- + Stereotactic Radiosurgery (SRS).
- + Stereotactic Body Radiotherapy (SBRT).
- + Novocure Optune Tumor Treating Fields for Glioblastoma brain tumors.

### 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.

### **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.
- + Breast Cancer Survivors support group.
- + Annual Survivors Day event.
- + Financial counselors.
- + Chaplain services.
- + 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.



## **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

