



HOLLIS CANCER CENTER 2023 ANNUAL REPORT

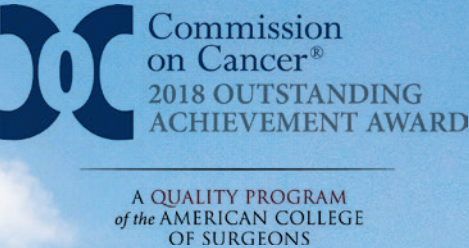
2022 Statistical Data

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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.



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 information & 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 evidence-based 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 / Manuel 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 / Imran Ahmad, 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 / **Mallory Fullenkamp, 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 / **Daina Machado***

CANCER CONFERENCE

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

QUALITY IMPROVEMENT

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

SURVIVORSHIP CARE PROGRAM

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

Other Representatives

COMMUNITY OUTREACH

Lauren Springfield / **Paul Needham***

PATIENT NAVIGATION

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

REHABILITATION

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

REGISTERED DIETITIAN

Stephen Smith, RD, Supervisor, Clinical Nutrition Service

PALLIATIVE CARE

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

PHARMACY

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

AMERICAN CANCER SOCIETY REPRESENTATIVE

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



Advancing Care: Our Physician Leaders

Our talented group of physicians is the backbone of our facility. This past year, our physicians led the way to advance care and continued to be influential in community programs, statewide educational opportunities, and technological advances. Here are just a few highlights of their efforts.

- + For the first time in our history, the Hollis Cancer Center began to host resident physicians in the late summer of 2023 when Lakeland Regional Health kicked off our new graduate medical education program. Our center is an active participant with resident physicians in medical oncology, surgical oncology, nephrology, and colorectal surgery. We are making plans to grow this program into other specialties in 2024 and beyond.
- + During breast cancer awareness month in October, our breast surgeons were deployed to local churches to educate members of the congregations on the importance of screening and to inform them of the latest advances in care.
- + Our physicians were active in statewide oncologic professional organizations by sharing their expertise and contributing to scientific developments.
- + The Hollis Cancer Center physician team continued to be influential in the successful implementation and adaptation of a new electronic medical records system.
- + Our team also drove advanced pathways of care in our special procedure area.

Our dedicated group of oncology professionals continues 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 to receive our care, and in 2023, we have made numerous strides.

We realized that our current group of providers was approaching capacity, and worked diligently to add new advanced practice providers and physicians to our team to improve patient access. New providers joined our services in the fields of radiation oncology, urologic oncology, surgical oncology, nephrology, and breast oncology.

Most notably, we welcomed Dr. Kelly Koch, MD to our surgical oncology team and Dr. Logan Blankenship, MD to our gynecological oncology team.

- + **Dr. Koch** has extensive experience with sarcoma, as well as cancer of the pancreas, esophagus, stomach, liver, colon, skin, and more. Dr. Koch earned her Bachelor of Science in Cell and Molecular Biology and her Doctor of Medicine from the University of Michigan in Ann Arbor, Michigan. Dr. Koch completed her General Surgery Residency at Washington University/Barnes Jewish Hospital in St. Louis, Missouri. She completed her General Surgery Oncology Fellowship at the University of Miami/Jackson Memorial Hospital in Miami, Florida.
- + **Dr. Blankenship** joined our team in November of 2023 through a partnership with Watson Clinic after completing her fellowship at the University of Texas Health Sciences Center San Antonio. She completed medical school at Florida State University and a residency at the University of Florida.

Electronic Medical Records System

In 2022, one of our largest projects involved the implementation of a new electronic medical record system known as Epic. The Epic electronic medical record offers a functionality known as MyChart. By using the MyChart portal, patients can access all of their health information in one place and connect with their physician no matter where they are located.

In 2023, we advanced MyChart utilization from 55% to 65% house-wide, allowing patients to seek clinical guidance from the comfort of their devices. We also continued to focus on advancing our phone processes and workflows. We are proud to announce that our new patient scheduling lines continue to perform at a 98% service level! This indicates that we continue to adequately serve 98% of the phone calls in our new patient scheduling queues.



DIRECTOR'S LETTER

In 2023, the Lakeland Regional Health Hollis Cancer Center continued our path and mission of striving 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 improve our processes. Our patients remain at the center of everything we do as we work to offer an environment of healing, hope, and discovery.

In 2023 we continued our efforts to fulfill our 10-year strategic plan, which is categorized into 4 main initiatives. We aim to align well with our physician leaders, improve access to care, develop streamlined pathways of care, and solidify our brand.

Streamlined Pathways of Care

Transportation continued to be recognized as a barrier for those seeking medical care. The American Cancer Society has long been a strong and trusted partner of our community and the Hollis Cancer Center. From 2021 to 2023, we continued to work together and secured a total of \$40,000 in grants to reduce transportation barriers to care. Assistance was offered in the form of gas cards to qualifying patients.

In 2023, with assistance from the Lakeland Regional Health industrial engineers, we completed a chemotherapy chair utilization project. This study allowed us to identify opportunities to improve access to our chemotherapy suite without adding cost to the organization.

The Hollis Cancer Center has always recognized that a cancer diagnosis can often be intimidating and 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 more efficient navigation and literacy of our healthcare system. We continue to improve our pathways by bringing new programs and offering more conveniences to our patient population. The surgical oncology team continues to partner with our gastrointestinal specialists and has grown our programs in esophageal and anal manometry in our special procedure areas.

Our facility also advanced care and streamlined pathways by securing and bringing a new FUJIFILM Sonosite Point of Care Visualization Ultrasound unit and a new Phillips UroNav 4.1. These point-of-care visualization ultrasound units will provide enhanced surgical planning. The UroNav 4.1 is the most up-to-date technology for prostate biopsy. The UroNav 4.1 combines ultrasound and MRI imaging to offer a pinpointed prostate biopsy with a 30% improvement in the detection of aggressive cancer. We were also able to initiate the use of the Optilume Urethral Drug Coated Balloon for the treatment of Anterior Urethral Strictures by our urology department.

Urethral stricture is a common condition where the urethra becomes abnormally narrow. Strictures can be a side effect from oncology-related surgery, and Optilume is a new treatment that will allow a drug-coated balloon to reduce the stricture size.

Brand Strengthening

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 continued efforts in 2023 to connect our Hollis Cancer Center physicians to our internal and external partners. In May of 2023, the Hollis Cancer Center partnered with the Florida Society of Clinical Oncology to host its first-ever Great Strides Together conference. The conference was attended by industry leaders from throughout Florida, and further demonstrated the first-class expertise, physical plant, and technology of the Hollis Cancer Center. Special thanks to Dr. Sushma Nakka and Dr. Toan Nguyen for presenting at the conference and representing the Hollis Cancer Center team.

Our continued efforts and initiatives resulted in a 7% growth of new patients utilizing the Hollis Cancer Center for their care in 2023. We were also so proud to return to one of our largest external events—the 2023 Promise Run! We are looking forward to the ninth annual Promise Run, which is scheduled for March 2, 2024.

Accreditation and Accolades

The Hollis Cancer Center remains accredited by both the American College of Surgeon’s 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
- + Data Submission/Accuracy of Data

Only 65 programs in Florida are accredited by the Commission on Cancer, with a total of 1,218 Commission on Cancer-accredited programs in the U.S. This represents approximately 25% of all hospitals and health systems in the U.S.

Additional accomplishments in 2023 include:

- + Continued CAP accreditation by the College of American Pathologists
- + Continued accreditation of our Radiation Oncology program continues by the Accreditation Program for Excellence (APEX). Hollis’s Radiation Oncology Program is one of only nine other programs in Florida earning this prestigious recognition.
- + Continued recognition of our oncology data services department 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.

Strong Financials and Research

The ongoing work at the Hollis Cancer Center resulted in another year of financial 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 7% building-wide this year. There was notable new patient growth in medical oncology (17%), radiation oncology (7%), and colorectal surgery (29%).

We also noted volume advances in our chemotherapy infusion area (19%) and radiation therapy (15%) departments. We continue to work diligently to improve the efficiencies of our workflows and offer a larger breadth of services. These improvements also translated into improved communication and access for our patients.

Research and clinical trials held steady in the facility during 2023. We currently have 255 patients enrolled in clinical trials, and there are roughly 135 patients in follow-up. There are 36 open trials including breast, prostate, pancreas, and observation.

Looking to the Future

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 who place the patient at the heart of all we do.



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



CANCER LIAISON PHYSICIAN’S LETTER

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. I am the current Cancer Liaison Physician (CLP) at Lakeland Regional Health and have been serving in this role since 2022.

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. The CLP is given access to NCDB reporting tools, which include survival reports, benchmarks, and other cancer program performance reports. Data from the NCDB are used as the basis of these reports and focus is given to areas of concern if expected performance has not been met.

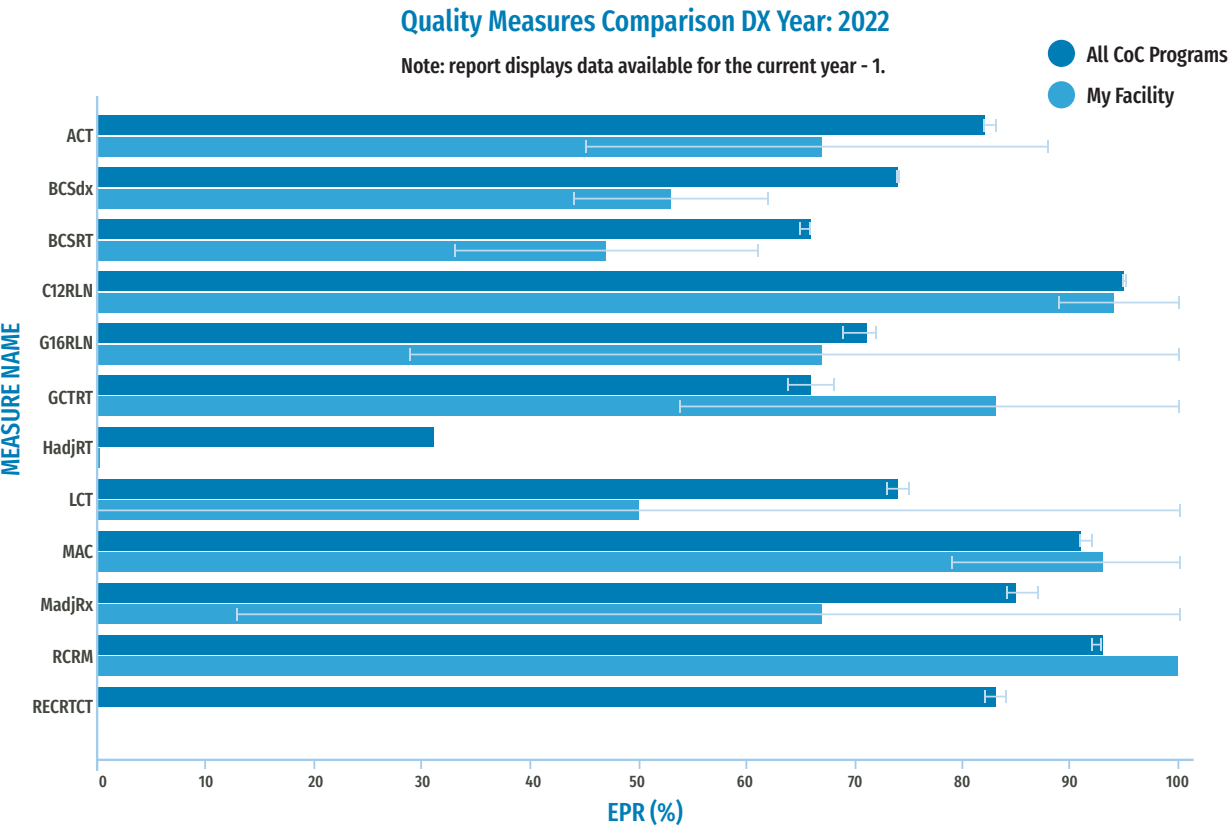
In 2022, we instituted Synoptic Operative Reporting for colon cancer, breast cancer, axillary lymph node dissection, sentinel

lymph node biopsy, and melanoma through an evolving partnership with our surgical subspecialty groups. There were challenges with implementation due to preferences in clinical documentation, norms, new surgeons, and retiring surgeons. However, education was employed to increase surgeon buy-in to improve our clinical excellence through seamless EMR integration.

For the latest summary of our organ-specific site benchmarks, please refer to the table on the following page (page 9). Overall, our institution is meeting quality measures, and we acknowledge the need to strive for excellence in the areas that have lower EPR when compared to other CoC programs.



Peter R. Hinds, MD, FACS
Cancer Liaison Physician,
Urologic Oncologist



QUALITY MEASURES							
Primary Site	Measure	Measure Description	Label	Rolling Year EPR	2023 Estimated Performance Rate	2022 Estimated Performance Rate	2021 Estimated Performance Rate
Rectum	RCRM	Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin for Rectal Resections	PR/EPR 95%CI Benchmark	100.00%	100.00% [100.00% - 100.00%] 0%	100.00% [100.00% - 100.00%] 0%	100.00% [100.00% - 100.00%] 0%
Breast	BC Sdx	First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage 1-111 breast cancer	PR/EPR 95%CI Benchmark	67.14%	75.00% [58.96% - 91.04%] 0%	53.15% [43.87% - 62.44%] 0%	60.68% [51.83% - 69.53%] 0%
	BC SRT	Radiation therapy, when administered, is administered within 60 days of definitive surgery for patients receiving breast conserving surgery for breast cancer for Stage I-III breast cancer who do not undergo adjuvant chemo- or immuno-therapy	PR/EPR 95%CI Benchmark	56.25%	50.00% [21.71% - 78.29%] 0%	47.06% [33.36% - 60.76%] 0%	47.83% [36.04% - 59.61%] 0%
	MAC	Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO, or stage IB • III hormone receptor negative breast cancer	PR/EPR 95%CI Benchmark	100.00%	100.00% [100.00% - 100.00%] 0%	92.86% [79.37% - 100.00%] 0%	90.00% [76.85% - 100.00%] 0%
Colon	ACT	Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	PR/EPR 95%CI Benchmark	70.00%	100.00% [100.00% - 100.00%] 0%	66.67% [44.89% - 88.44%] 0%	52.94% [29.21% - 76.67%] 0%
	C12RLN	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	PR/EPR 95%CI Benchmark	82.86%	82.61% [67.12% - 98.10%] 0%	94.37% [89.00% - 99.73%] 0%	90.14% [83.21 % - 97.08%] 0%



INPATIENT SERVICES

Located on the 7th floor in the C wing of Lakeland Regional Health's Medical Center campus, our 29-bed dedicated inpatient oncology unit offers a multidisciplinary, holistic approach to cancer care. This approach has been designed for patients who require services that are more acute in nature, such as complications from cancer or the effects of their cancer treatment. The inpatient unit also provides postoperative care for patients who have had surgery by a gynecologic oncologist.

Some patients experience adverse side effects from chemotherapy, often requiring intravenous antibiotics, blood transfusions, pain management, and total parenteral nutrition. That is why our patients receive care from nurses who have completed specialized cancer care education. In addition to administering chemotherapy, these nurses offer their patients support for any effects that arise after chemotherapy. All of our 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 either have achieved oncology certification, or be working toward gaining certification, by achieving 36 continuing education hours every 3 years. This

training focuses on specific oncology topics and provides the experience necessary for the nurses to 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 resource nurse, social worker, and dietitian. This team works to ensure 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 care experience and economic outcomes can be substantially improved.

Our multidisciplinary team engages with the patients and their loved ones throughout the patient's cancer journey, encouraging open dialogue and promoting the best continuum of care.

Glenda Kaminski, PhD, APRN-CNS, AOCN, CRNI, AOCN

Quality Improvement Coordinator

SOCIAL WORK

At Lakeland Regional Health, our social work practitioners work closely with the cancer treatment team to ensure that patients' needs are being met in the most appropriate and timely ways possible. The clinic social worker, Jamie Sites, BSW, is well-prepared to facilitate patient and family adjustment to a cancer diagnosis, and the emotional and physical issues that may arise, during the treatment process. The social worker works closely with the physicians to make sure patients' needs are being met, whether such as by ordering home health or, personal medical equipment like rolling walkers, wheelchairs, oxygen, or, in more complex cases, IV antibiotics and tube feedings at home.

There are some new services now offered at Hollis Cancer Center. We continue to see newly-diagnosed cancer patients under the NCCN guidelines for the "Distress Screening Program." At this time, we can identify emotional and physical needs that are unique to each patient and diagnosis. A free wig program, Beauty Without Boundaries, is available for our patients.

We also have been able to provide our chemotherapy patients with pamper/comfort bags donated by several organizations such as Phil's Friends and The Breast Cancer Charities of America. These bags vary in content from

hand lotions and slippers to lip balm and lap blankets, and have been very warmly received.

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) educational/support materials available for patients and their family members who are in a caregiving role. We work closely with the American Cancer Society and the United Way of Central Florida.

The ACS presented Hollis Cancer Center with a grant that has enabled us to provide gas cards to hundreds of patients traveling back and forth for their cancer treatment. Transportation can also be offered on a short-term basis through the patient's medical insurance benefits (if available), paratransit transport through the Citrus Connection (if eligible), and other community resources. As the needs of our community continue to grow, Lakeland Regional Health Hollis Cancer Center will be here to meet the challenges ahead.

Jamie Sites, BSW

Psychosocial Services Coordinator



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, hundreds of patients are currently enrolled in various studies and clinical trials, with plans for even more as new studies become available to our community. 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 be able to offer additional types of studies to our patients, such as treatment trials, cancer registries, genetic studies, and biobanks.

This year, we have grown in our breast and urology patient populations, and are currently targeting more lung research to expand the trials available.

Our breast cancer patients have had a plethora of opportunities ranging from treatment trials to data-based and observational studies. We have experienced great success in our registry studies in which our patients regularly contribute by donating their data to scientists who are trying to formulate the next treatment for breast cancer. One such study matches

each patient’s health information with their personal genetic profile to identify new gene associations in breast cancer. In addition to learning more about their individual risk, study participants are helping to identify new patterns for future generations.

Hollis Cancer Center continues to offer our urology patients opportunities to participate in research studies. 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 additional 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 which 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 the benefit of future generations.

Andrew Bugajski, PhD, RN
AVP of Research and Sponsored Studies





PATIENT NAVIGATION IN CANCER CARE

The multidisciplinary breast care program at Lakeland Regional Health's Hollis Cancer Center is the only facility in Lakeland that is recognized and accredited by the National Accreditation Program for Breast Centers (NAPBC).

An essential part of this leading program is patient navigation, led by our Breast Health Navigator, Kelly Sangster. Kelly is not only a registered nurse with proficient knowledge about breast diseases, but she is also a breast cancer survivor.

Kelly is trained to identify and triage the most common problems encountered in different stages of recovery, proactively prepare each of her patients, and teach them self-care. She serves as a coordinator across the continuum of the illness and recovery while assessing the physical, psychological, and social needs of her patients and their families.

Here at Hollis Cancer Center, our breast surgical oncologists provide each of their patients with an individualized and detailed plan of care.

As the main point of contact for each newly diagnosed breast cancer patient, the navigator is a facilitator of the physicians' recommendations to ensure patient compliance and understanding of their specific treatment regimen. Navigation also involves coaching and encouraging each patient to work as an informed partner with the healthcare team.

The goal of patient navigation is to enhance the patient's quality of life, sense of autonomy, and self-determination for optimal health. It also decreases fragmentation of care and provides early intervention and appropriate access to all healthcare services. Patient navigation is an essential function, as we believe that every patient is unique and deserves the best experience from the time of their diagnosis and beyond.

Kelly Sangster
Cancer Nurse 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 who 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 survivors 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 2023

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.

Participants run or walk the 5k or 10k in a variety of locations through out the Lakeland community and beyond. Runners 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 celebrated their finish times by posting on social media using the hashtag #PromiseRun.

“I was inspired by the community’s response to this event. Everyone who participated showed their support for conquering cancer and helped to strengthen the health of our community.”

TIMOTHY J. BOYNTON
Senior Vice President of Development
and Chief Public Relations and
Communications Officer

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 Breast Program offers comprehensive care for patients with benign and malignant breast diseases. Breast cancer remains the number 1 treated cancer at Hollis Cancer Center. The Breast Program was re-accredited by the NAPBC in April of 2022 and achieved a full three-year accreditation. The NAPBC is the country’s foremost accreditation body, which consists of a consortium of national, professional organizations. These organizations are focused on breast health and are dedicated to the delivery of the highest quality outcomes for patients with breast diseases by using the latest, evidence-based standards. We are the only NAPBC program in Lakeland. 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 groups, and pastoral care. Additionally, Han Estep, APRN, has joined the program to lead survivorship care.

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 in comparison to non-accredited centers
- + Breast center data collection on quality indicators for subspecialties involved in breast cancer diagnosis and treatment.



The breast cancer program at Lakeland Regional Health’s Hollis Cancer Center continues to provide our patients with multidisciplinary treatments for breast cancer. We hold bi-weekly Multidisciplinary Breast Care Conferences, including all prospective cases covering AJCC staging and discussing of nationally accepted guidelines.

Our imaging partners at Radiology and Imaging Specialists provide every patient undergoing breast screening with a comprehensive risk assessment, utilize 3D mammography, provide automated breast ultrasound for women with dense breasts, and offer breast MRI for women with a high risk for developing breast cancer. These cutting-edge technologies allow for the best detection rates, which improves overall outcomes.

Our multidisciplinary tumor board facilitates:

- + A real-time discussion among our team of experts for each patient undergoing treatment and allowing for personalized care specific to each patient’s health and goals.
- + Improved patient care, promoting the effective management of resources, and making decisions that reflect the patient’s goals for treatment.
- + Discussion of treatment options, including investigational therapy for breast cancer patients, and offering a collaborative recommendation.

Dr. Toan Nguyen and Dr. Vanessa Prowler have successfully moved our breast health program to the highest national level by adopting cutting-edge technologies to help patients achieve cure and quickly restore quality of life. As surgeons, both Dr. Nguyen and Dr. Prowler are Hidden Scar certified and utilize advanced oncoplastic techniques. These techniques encompass safe oncological principles combined with the latest reconstruction procedures. They can optimize cosmetic outcomes, minimize scarring and breast deformity, and restore shape and function to the breast.

By utilizing these proven protocols, patients can go home the same day of surgery with minimal recovery time, even if they undergo a mastectomy. Dr. Nguyen and Dr. Prowler are also experts at performing flat aesthetic closure for patients undergoing a mastectomy, which allows for a much-improved quality of life. They were also the first breast surgeons in Central Florida to offer axillary reverse mapping and lympho-venous bypass for the primary prevention of lymphedema during axillary dissection. This procedure is only offered at a few locations in the entire country; it reduces lymphedema rates significantly, offering patients a higher quality of life after their completed treatments. Dr. Nguyen and Dr. Prowler utilize a combination of techniques to have one of the lowest re-excision rates in the country, including intraoperative pathology analysis, specimen radiograph, and selected shave margins.

Restoring quality of life by optimizing cosmetic outcomes is important to patients undergoing breast surgery. In addition to advanced oncoplastic approaches offered by Dr. Nguyen and Dr. Prowler, patients are also cared for by Dr. David Straughan, a double board-certified Plastic and Reconstructive surgeon, who offers immediate reconstruction for patients undergoing mastectomy and breast reduction or breast lift for those patients who are interested in keeping their breasts.

The Breast Program is also proud to report the ongoing, tremendous success of the high-risk breast clinic, which provides comprehensive risk assessment to 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. The results of these tests can affect treatment strategies as well as have an impact on family members.

In addition to her surgical work, Dr. Vanessa Prowler has obtained a certification in cancer genetics. She 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.

Our medical oncology and radiation oncology program offers personalized and precision medicine for all women diagnosed with breast cancers. There is a state-of-the-art infusion center for the delivery of chemotherapy. In addition, we can identify many patients who do not need chemotherapy by utilizing genomic testing. This allows many women to safely avoid unnecessary chemotherapy. We also incorporate the use of immunotherapy for many women diagnosed with triple-negative breast cancers based on groundbreaking results of recent clinical trials, which resulted in excellent cure rates for the hardest to treat cancers. Hollis Cancer Center continues to offer Paxman Scalp Cooling Technology to prevent or reduce hair loss for patients undergoing chemotherapy. Patients who need radiation are offered multiple different types of radiation, including hypo-fractionated radiation, which allows for safer and fewer radiation treatments.

To reduce barriers to care, our New Patient Scheduling department assists in expediting new patient referrals and in obtaining medical records, allowing them to begin their treatment journey as soon as possible.



Toan Thien Nguyen, MD
Breast Surgical Oncologist



Vanessa L. Prowler, MD, FACS
Breast Surgical Oncologist

RADIATION ONCOLOGY

Lakeland Regional Health's Hollis Cancer Center offers advanced radiation oncology services to the Central Florida community, encompassing a full array of fast, precise, and highly targeted services close to home. These services include stereotactic radiosurgery (SRS), stereotactic body radiotherapy (SBRT), image-guided therapy (IGRT), intensity modulated radiation therapy (IMRT), and high-dose rate (HDR) brachytherapy.

Our technology upgrades in 2023 include:

- + The Philips CT Simulator's LAP Laser System, which supports successful radiation treatments through efficient, repeatable positioning. This allows for more accurate localization of targeted treatment volumes.
- + The Mosaik Electronic Health Record upgrade, which includes new tools such as Smart Clinic. Smart Clinic improves health record efficiencies and allows physicians to keep their patients at the center of their work.
- + The addition of Mosaik Oncology Analytics improves data management by identifying potential quality improvements, improving resource management, and assessing financial performance.

Advancements in technology have not eclipsed the importance of patient comfort. The new "Bair Hugger" temperature management system offers warming blankets and warming gowns, which provide a more comfortable treatment environment for our patients.

The staff of Lakeland Regional Health has a strong commitment to ensuring quality and caring professionals are trained for the future. Radiation oncology is also committed to cultivating the next generation of radiation therapy professionals.

In addition to already being a site for Hillsborough Community College's Radiation Therapy program, Hollis Cancer Center is now a Keiser University clinical site for radiation therapy students.

In addition, radiation oncology demonstrates a culture of safety and quality in our commitment to providing our patients with exceptional care. 2023 saw the addition of a Point Dose and Dosimetry Water Tank scanner, which ensures fast and accurate quality assurance calibration and output checks on the linear accelerators. A medication scanner was added to ensure the safe and accurate administration of medication to patients. This culture of safety is further evidenced by radiation oncology's 4-year accreditation through the American Society for Radiation Oncology, earned by strict adherence to stringent APEX requirements.



Kris Guerrier, MD
Radiation Oncologist



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



GENETICS

Lakeland Regional Health's Hollis Cancer Center 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.

We are currently developing a more robust genetics program, which includes redefining our high-risk profile and performing pedigrees on all of Dr. Prowler's patients who are receiving counseling. Dr. Prowler has completed additional training through the City of Hope Foundation and dedicates 25% of her practice to our genetics program.

Genetic risk screening is done for all patients presenting to the breast program, regardless of personal or family history. Risk screenings are increasingly being performed by primary care physicians, which prompts dedicated referrals to our facility for genetic testing and counseling. A hereditary risk for breast or ovarian cancer is considered in individuals who have multiple members of their family affected by breast or ovarian cancer, and in individuals who are diagnosed at a very young age (usually before age 50). Individuals with cancer in both breasts and males with breast cancer should consider being counseled regarding their risk of carrying a genetic mutation.

At the Hollis Cancer Center, individuals determined to be at risk for carrying a genetic mutation are counseled about the advantages and disadvantages of having a blood test to determine if a mutation is present. Extensive, formalized counseling is provided before testing. Additionally, post-counsel is provided to discuss results and their clinical implications.

All patients are offered the resource of a licensed genetic counselor via telephone or telehealth. Knowing if a genetic mutation is present can be instrumental in offering the best individualized treatment plan. Early screenings, such as colonoscopy, breast MRI, skin exam, and digital photography are considered in certain high-risk individuals. Sometimes prophylactic or risk-reducing surgery may be offered to patients with a genetic mutation to prevent cancer before it even develops.

To stay up-to-date on the latest advances, the physicians of the Hollis Cancer Center attend yearly breast health programs, including Risk Assessment and Evaluation or Genetics.

Vanessa L. Prowler, MD, FACS

Breast Surgical Oncologist

Kelly Sangster

Cancer Nurse Navigator

PALLIATIVE CARE

Lakeland Regional Health offers a palliative care consultation service to patients and their families. The goals of the palliative care team are to improve the quality of life for patients during their illness and to help address their goals. This may be done through a variety of methods.

The palliative care service can help to coordinate and facilitate open, honest discussions about goals of care and treatment choices, understanding that these choices may be difficult and complex. The services available to assist patients and their families may include:

- + Information about advance directives
- + Resources to address emotional and spiritual concerns/pastoral care
- + Pain and symptom management
- + Case management
- + Support from clinical dietitians

The palliative care service includes two physicians, two registered nurses, and an advanced practice registered nurse (clinical nurse specialist) who consult with patients and families at the request of the patient's physician. Patients can also be referred to a physician for outpatient palliative care consultations.

Both of our physicians are board-certified in palliative medicine and serve as resources to the team, the inpatient palliative care unit within the hospital, and staff/physicians throughout the hospital.

In 2022, 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, cardiology, oncology, and medical-surgical units. The nursing palliative care service received over 2,000 consults in 2022.

Jeri Thomas, MSN, CNS, CMSRN, ACHPN

Palliative Care



MEDICAL ONCOLOGY & CHEMOTHERAPY

At Lakeland Regional Health’s Hollis Cancer Center, our goal is to provide comprehensive patient care that is compassionate, appropriate, and effective 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, Dr. Imran Ahmad, and Cindy Jo Horrell, APRN, deliver precision medicine. They incorporate NCCN guidelines and the most up-to-date, evidence-based treatment options, including chemotherapy, immunotherapy, and targeted therapy. We also provide genomic testing and ctDNA testing to aid in treatment planning. With the goal of the best patient outcomes, our physicians meet weekly with other subspecialties in a multidisciplinary tumor board, where they discuss all options for our patients. Our physicians are passionate about the topics of oncology, hematology, pain management, and palliative care.

All of our oncology nursing staff hold a ONS/ONCC Chemotherapy/Immunotherapy Certification. All of the chemo nurses have or are actively working toward their Oncology Nursing Certification.

Our state-of-the-art, 40-chair chemo suite offers a lakeside 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 also includes patient education programs offered by an Oncology Certified Nurse for patients and their families. We work in conjunction with multiple specialty pharmacies to help with acquiring IV and oral treatment medications. We also continue to offer the use of the Paxman (cool cap) system to help reduce hair loss during chemotherapy.

Our oncologists believe in comprehensive care, so we provide supportive intravenous fluids, blood products, and electrolyte replacements here on-site. All of our chemo-infusion nurses completed training to be able to offer blood replacement services on-site safely and efficiently.

To stay up-to-date on medication administration, our team of chemotherapy nurses is dedicated to attending multiple continuing education opportunities through our local Oncology Nursing Society, as well as through in-house education events on chemotherapy and immunotherapies.

Our physicians work to identify the psychological, spiritual, social, and cultural concerns of each patient. They integrate those aspects into an overall plan that includes treatment and symptom management while respecting 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. Medical oncology is diligent in offering new therapy options through clinical trials, both up-front and for advanced cancer.

With the support of our social work team at the Hollis Cancer Center, we can provide psychological and social support for the patient and their families, to coordinate referrals to hospice as needed, and to provide connections to community resources.

Helen Gonzalez, RN, OCN

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

Sushma Nakka

Medical Oncologist



ONCOLOGY NUTRITION SERVICES

Lakeland Regional Health’s registered dietitians partner with Hollis Cancer Center to provide nutrition consults for patients before, during, and after treatment.

There are three essential components in which medical nutrition therapy can provide added support and contribute to the overall patient outcome. These include:

- + Maintaining a healthy weight, which can be impacted by treatment side effects such as nausea or changes in taste
- + Selecting and consuming nutritious food to support energy and healing, including protein, antioxidants, vitamins, and minerals
- + Promoting health and wellness within the patient’s physical and emotional ability

Lakeland Regional Health dedicates a registered dietitian to be available for nutrition consultations every Thursday afternoon from 1:00 PM to 4:00 PM. Patients are scheduled using Epic, and a brief medical history is forwarded to the dietitian prior to the appointment. Dietitians are also available on an as-needed basis outside of these hours (with advance notice).

Consultations may consist of a variety of nutrition education and interventions, such as: weight management, altered taste perception, use of oral nutrition supplements, referral to community agencies, and more.

As of October 2022, 27 oncology patients have received nutrition consultations. Assessment and evaluation of the consult is documented in the patient’s electronic medical records. Any patient identified as needing additional education, follow-up, and/or referrals are made at the time of the consultation.

A registered dietitian also serves as a member of the Hollis Cancer Center Survivorship Committee.

Stephen R. Smith, MBA, RDN, LDN
Supervisor, Clinical Nutrition Service





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 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 2,981 cases were accessioned into the database in 2023 (2022 data), 2,118 (71%) 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. It also 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 2023, the successful follow-up rate for both the total database as well as the cases diagnosed within the last five years was completed to meet 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, 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 pages of data include charts and graphs representing the analytic data of the patients seen here at LRHS and Lakeland Regional Health Hollis Cancer Center in 2022 and abstracted in 2023 (site distribution). The data is broken down according to the Top Sites,

AJCC staging by Gender, Sex, Race, County at Diagnosis, Treatment, Primary Site by Stage, Age at Diagnosis by Gender, and the Top Histology's. Our final report is the Observed survival analysis for the last five years for LRH.

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

"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, CTR, Data Tech
- + Raul Boyd, BS, 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 2022 CASES BY ACCESSION												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
All Sites	2,118	2,118	0	1,007	1,110	172	577	294	234	326	304	210
Oral Cavity	35	35	0	28	7	0	3	7	5	6	5	9
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	11	11	0	6	5	0	0	2	2	2	3	2
Oropharynx	4	4	0	4	0	0	1	1	0	0	0	2
Hypopharynx	1	1	0	1	0	0	0	0	0	1	0	0
Other	19	19	0	17	2	0	2	4	3	3	2	5
Digestive System	389	389	0	212	177	33	48	74	73	96	54	11
Esophagus	16	16	0	11	5	1	0	0	4	4	3	4
Stomach	34	34	0	22	12	0	9	4	2	8	10	1
Colon	154	154	0	74	80	22	22	30	33	31	15	1
Rectum	54	54	0	34	20	2	5	10	12	11	14	0
Anus/Anal Canal	5	5	0	0	5	0	0	1	2	1	1	0
Liver	29	29	0	21	8	0	2	5	5	9	3	5
Pancreas	62	62	0	32	30	2	7	16	7	25	5	0
Other	35	35	0	18	17	6	3	8	8	7	3	0
Respiratory System	278	278	0	150	128	1	67	21	45	115	19	10
Nasal/Sinus	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	12	12	0	9	3	1	3	1	1	6	0	0
Other	4	4	0	4	0	0	1	0	0	1	1	1
Lung/Bronc-Small Cell	58	58	0	28	30	0	11	1	9	32	5	0
Lung/Bronc-Non Small Cell	180	180	0	93	87	0	48	19	32	61	12	8
Other Bronchus & Lung	24	24	0	16	8	0	4	0	3	15	1	1
Blood & Bone Marrow	108	108	0	65	43	0	2	4	3	5	43	51
Leukemia	51	51	0	29	22	0	1	1	1	5	12	31
Multiple Myeloma	36	36	0	18	18	0	1	3	2	0	25	5
Other	21	21	0	18	3	0	0	0	0	0	6	15
Bone	3	3	0	2	1	0	0	1	0	1	0	1

PRIMARY SITE TABULATION FOR 2022 CASES BY ACCESSION												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
Connect/Soft Tissue	5	5	0	4	1	0	1	1	1	1	1	0
Skin	97	97	0	50	47	11	44	17	9	4	10	2
Melanoma	92	92	0	48	44	11	44	15	8	4	9	1
Other	5	5	0	2	3	0	0	2	1	0	1	1
Breast	346	346	0	4	342	55	180	18	13	14	64	2
Female Genital	166	166	0	0	166	0	81	6	34	20	23	2
Cervix Uteri	21	21	0	0	21	0	5	3	6	4	2	1
Corpus Uteri	103	103	0	0	103	0	59	1	19	10	14	0
Ovary	35	35	0	0	35	0	14	2	6	6	6	1
Vulva	6	6	0	0	6	0	3	0	2	0	1	0
Other	1	1	0	0	1	0	0	0	1	0	0	0
Male Genital	239	239	0	239	0	0	58	113	25	26	17	0
Prostate	234	234	0	234	0	0	55	113	24	26	16	0
Testis	2	2	0	2	0	0	2	0	0	0	0	0
Other	3	3	0	3	0	0	1	0	1	0	1	0
Urinary System	205	205	0	137	68	72	61	20	13	14	24	1
Bladder	115	115	0	85	30	69	19	16	2	2	7	0
Kidney/Renal	85	85	0	50	35	1	42	4	10	11	16	1
Other	5	5	0	2	3	2	0	0	1	1	1	0
Brain & CNS	107	107	0	47	60	0	0	0	0	0	20	87
Brain (Benign)	9	9	0	4	5	0	0	0	0	0	1	8
Brain (Malignant)	33	33	0	21	12	0	0	0	0	0	8	25
Other	65	65	0	22	43	0	0	0	0	0	11	54
Endocrine	50	50	0	21	29	0	20	4	1	1	5	19
Thyroid	25	25	0	8	17	0	20	3	0	1	1	0
Other	25	25	0	13	12	0	0	1	1	0	4	19
Lymphatic System	67	67	0	40	27	0	11	7	10	19	14	6
Hodgkin's Disease	2	2	0	2	0	0	0	0	1	1	0	0
Non-Hodgkin's	65	65	0	38	27	0	11	7	9	18	14	6
Unknown Primary	9	9	0	4	5	0	0	0	0	0	1	8
Other/Ill-Defined	13	13	0	4	9	0	1	1	2	4	4	1
Unknown Stage	1	1	0			0	0	0	0	0	0	0

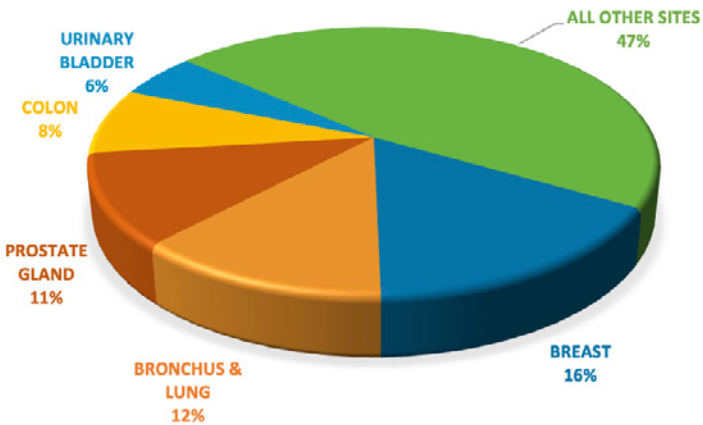
Number of cases excluded: 5
This report Excludes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

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 16%, Lung was 12%, Prostate was 11%, Colon was 8%, and Urinary Bladder at 5%.

SITE CODE	NUMBER OF CASES	PERCENT
BREAST	346	16.34%
BRONCHUS & LUNG	263	12.42%
PROSTATE GLAND	234	11.05%
COLON	168	7.93%
URINARY BLADDER	115	5.43%
BLOOD & BONE MARROW	107	5.05%
CORPUS UTERI	100	4.72%
SKIN	96	4.53%
KIDNEY	84	3.97%
MENINGES	64	3.02%
PANCREAS	63	2.97%
LYMPH NODES	59	2.79%
BRAIN	43	2.03%
OVARY	35	1.65%
STOMACH	34	1.61%
RECTUM	34	1.61%
LIVER & BILE DUCTS	29	1.37%
THYROID GLAND	25	1.18%
OTHER ENDOCRINE GLANDS	23	1.09%
CERVIX UTERI	21	0.99%
RECTOSIGMOID JUNCTION	20	0.94%
ESOPHAGUS	16	0.76%
LARYNX	13	0.61%
SMALL INTESTINE	11	0.52%
RETROPERITONEUM & PERITONEUM	9	0.42%
UNK PRIMARY	9	0.42%
OTHER BILIARY TRACT	8	0.38%
TONSIL	7	0.33%
BASE OF TONGUE	6	0.28%
ANUS & ANAL CANAL	6	0.28%
VULVA	6	0.28%
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	5	0.24%
OTHER PARTS OF TONGUE	5	0.24%
PAROTID GLAND	5	0.24%
OROPHARYNX	4	0.19%

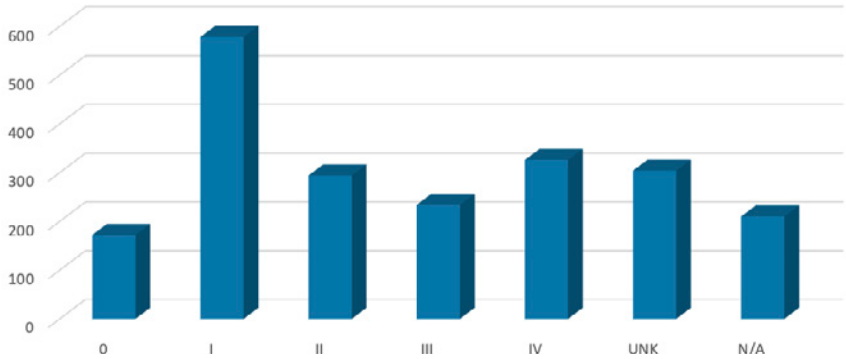
SITE CODE	NUMBER OF CASES	PERCENT
HEART MEDIASTINUM PLEURA	4	0.19%
URETER	4	0.19%
TESTIS	4	0.19%
UTERUS NOS	3	0.14%
PENIS	3	0.14%
OTHER ILL DEFINED SITES	3	0.14%
BONES JOINTS & OTHER UNSPECIFIED SITES	3	0.14%
NASOPHARYNX	3	0.14%
GALLBLADDER	3	0.14%
OTHER ORAL CAVITY	2	0.09%
PALATE	2	0.09%
ADRENAL GLAND	2	0.09%
OTHER NERVOUS SYSTEM	2	0.09%
OTHER & UNSPECIFIED URINARY ORGANS	1	0.05%
OTH FM. GENITAL ORGN.	1	0.05%
KIDNEY, RENAL PELVIS	1	0.05%
PYRIFORM SINUS	1	0.05%
HYPOPHARYNX	1	0.05%
BONES JOINTS & ARTICULAR CARTILAGE	1	0.05%
THYMUS	1	0.05%
Total	2,118	100.00%



AJCC Stages

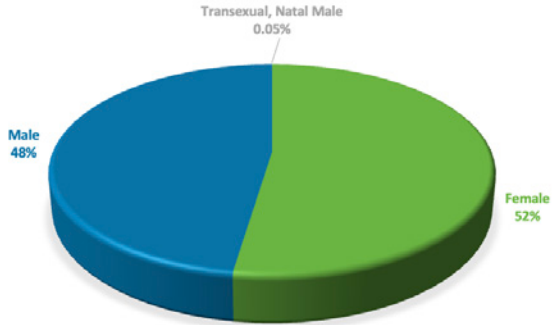
The majority of our analytical cancer cases are diagnosed at stage I (578 cases) which is nearly 27%. Stage II cancer cases represent 294 cases which is nearly 14% of our total case-load. Stage III cancer cases represent 234 cases which is nearly 11% of our total case-load. Followed by stage IV (326 cases) which is more than 15% of all our cases.

AJCC	CASES	PERCENT
0	172	8.12%
I	578	27.29%
II	294	13.88%
III	234	11.05%
IV	326	15.39%
UNK	304	14.35%
N/A	210	9.92%
TOTALS	2,118	100.00%



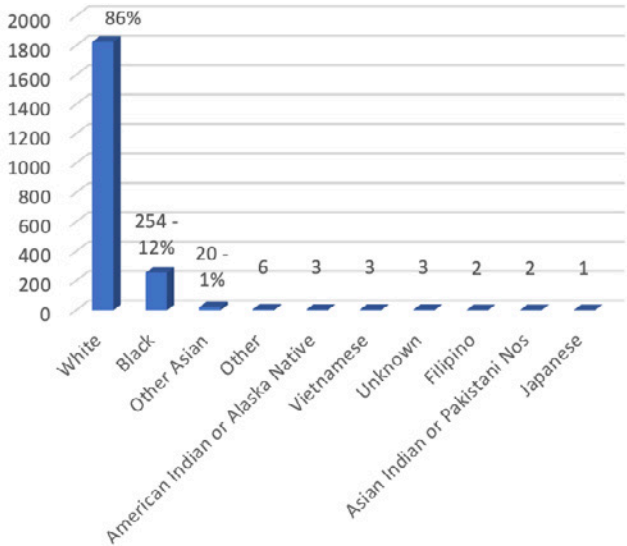
Cases by Gender

AJCC	CASES	PERCENT
FEMALE	1110	52.41%
MALE	1007	47.54%
TRANSEXUAL, NATAL MALE	1	0.05%
TOTALS	2,118	100.00%



Cases by Race

Of the analytical cases for 2022 there were 1,824 (86%) patients diagnosed with cancer that were White Caucasian compared to 254 (12%) Black patients. This was followed by Asian patients at 20, American Indian or Alaska Native and Asian Indian or Pakistani with both of these totaling 5 patients. There was also 6 Other, 3 Vietnamese, 2 Asian Indian, 2 Filipino, and 1 Japanese patient that was diagnosed at LRH.



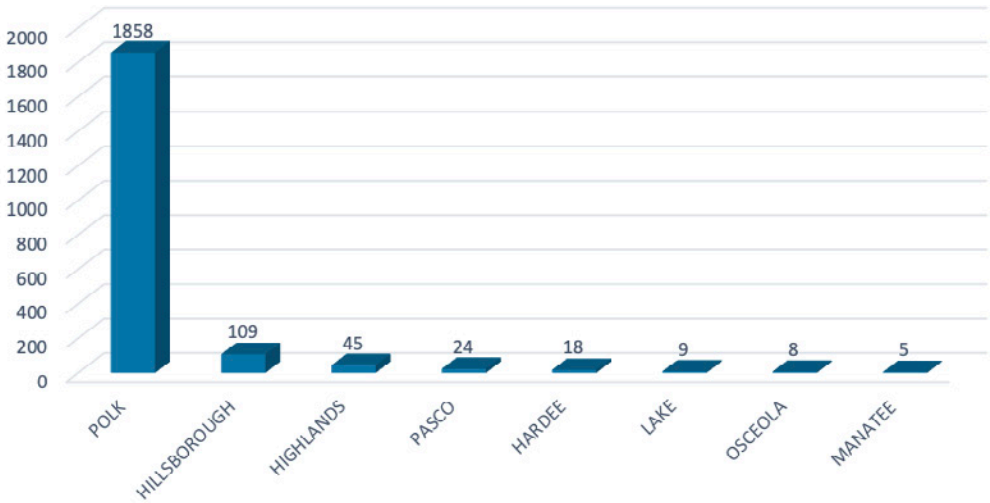
AJCC	CASES	PERCENT
WHITE	1824	86.12%
BLACK	254	11.99%
OTHER ASIAN	20	0.94%
OTHER	6	0.28%
AMERICAN INDIAN OR ALASKA NATIVE	3	0.14%
VIETNAMESE	3	0.14%
UNKNOWN	3	0.14%
FILIPINO	2	0.09%
ASIAN INDIAN OR PAKISTANI NOS	2	0.09%
JAPANESE	1	0.05%
TOTALS	2,118	100.00%

Cases by County Code

The majority of our cancer cases come from within Polk county at 1,858 cases, which is 88% of our patient population for 2022.

COUNTY CODE	NUMBER OF CASES	PERCENT
POLK	1,858	87.72%
HILLSBOROUGH	109	5.15%
HIGHLANDS	45	2.12%
PASCO	24	1.13%
HARDEE	18	0.85%
LAKE	9	0.42%
OSCEOLA	8	0.38%
MANATEE	5	0.24%
ORANGE	3	0.14%
HERNANDO	3	0.14%
BREVARD	2	0.09%
SARASOTA	2	0.09%
OUT OF STATE	2	0.09%
OUT OF STATE	1	0.05%
OUT OF STATE	1	0.05%
SEMINOLE	1	0.05%
998	1	0.05%
T	1	0.05%
SALINE	1	0.05%
MONROE	1	0.05%
MONROE	1	0.05%
OUT OF STATE	1	0.05%

COUNTY CODE	NUMBER OF CASES	PERCENT
SWAIN	1	0.05%
TOMPKINS	1	0.05%
OUT OF STATE	1	0.05%
CITRUS	1	0.05%
OUT OF STATE	1	0.05%
BEAUFORT	1	0.05%
INDIAN RIVER	1	0.05%
OUT OF STATE	1	0.05%
MARION	1	0.05%
OUT OF STATE	1	0.05%
ISABELIA	1	0.05%
PINELLAS	1	0.05%
OUT OF STATE	1	0.05%
VOLUSIA	1	0.05%
PALM BEACH	1	0.05%
LEE	1	0.05%
COLLIER	1	0.05%
BROWARD	1	0.05%
091	1	0.05%
ALLEGAN	1	0.05%
OKEECHOBEE	1	0.05%
TOTAL	2,118	100%

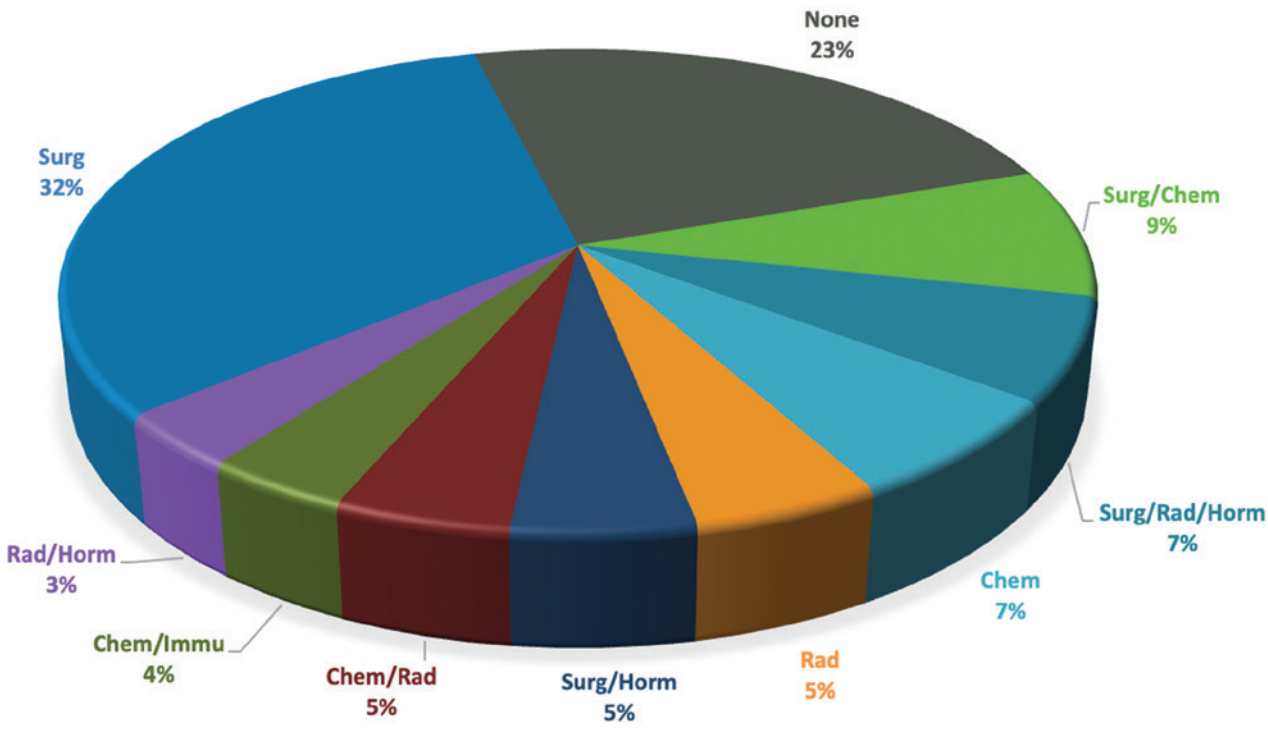


Treatment

The majority (558 cases) of our cancer patients are treated with surgery alone, which accounts for 26% of our patient population.

RX TYPE	NUMBER OF CASES	PERCENT
SURG	558	26%
NONE	408	19%
SURG/CHEM	150	7%
SURG/RAD/HORM	119	6%
CHEM	116	6%
RAD	86	4%
SURG/HORM	84	4%
CHEM/RAD	81	4%
CHEM/IMMU	67	3%
RAD/HORM	62	3%
SURG/CHEM/IMMU	47	2%
CHEM/RAD/IMMU	44	2%
SURG/RAD	43	2%
SURG/CHEM/RAD	39	2%
SURG/IMMU	37	2%
HORM	30	1%
CHEM/HORM/IMMU	26	1%

RX TYPE	NUMBER OF CASES	PERCENT
SURG/CHEM/RAD/HORM	22	1%
SURG/CHEM/RAD/IMMU	19	1%
IMMU	18	1%
SURG/CHEM/HORM	13	1%
CHEM/HORM	12	1%
CHEM/RAD/HORM/IMMU	8	0%
RAD/IMMU	7	0%
SURG/CHEM/HORM/IMMU	6	0%
SURG/RAD/IMMU	6	0%
HORM/IMMU	3	0%
SURG/CHEM/RAD/HORM/IMMU	2	0%
SURG/CHEM/RAD/IMMU/TRAN	1	0%
SURG/CHEM/RAD/TRAN	1	0%
HORM/TRAN	1	0%
CHEM/RAD/HORM	1	0%
CHEM/IMMU/TRAN	1	0%
TOTAL	2,118	100%



SITE BY AJCC STAGE TABULATION FOR 2022 ANALYTICAL CASES																
SITE NAME	TOTAL CASES	(%)	STAGE 0	(%)	STAGE I	(%)	STAGE II	(%)	STAGE III	(%)	STAGE IV	(%)	Unk	(%)	N/A	(%)
BASE OF TONGUE	6	0%	0	0%	0	0%	1	17%	2	33%	1	17%	0	0%	2	33%
OTHER PARTS OF TONGUE	5	0%	0	0%	0	0%	1	20%	0	0%	1	20%	3	60%	0	0%
PALATE	2	0%	0	0%	0	0%	1	50%	0	0%	0	0%	0	0%	1	50%
PAROTID GLAND	5	0%	0	0%	1	20%	0	0%	1	20%	2	40%	1	20%	0	0%
TONSIL	7	0%	0	0%	2	29%	2	29%	1	14%	0	0%	0	0%	2	29%
OROPHARYNX	4	0%	0	0%	1	25%	1	25%	0	0%	0	0%	0	0%	2	50%
NASOPHARYNX	3	0%	0	0%	0	0%	1	33%	1	33%	1	33%	0	0%	0	0%
PYRIFORM SINUS	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%
HYPOPHARYNX	1	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%
OTHER ORAL CAVITY	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	50%	1	50%
ESOPHAGUS	16	1%	1	6%	0	0%	0	0%	4	25%	4	25%	3	19%	4	25%
STOMACH	34	2%	0	0%	9	26%	4	12%	2	6%	8	24%	10	29%	1	3%
SMALL INTESTINE	11	1%	0	0%	2	18%	2	18%	6	55%	1	9%	0	0%	0	0%
COLON	168	8%	28	17%	22	13%	35	21%	33	20%	33	20%	16	10%	1	1%
RECTOSIGMOID JUNCTION	20	1%	0	0%	4	20%	3	15%	5	25%	6	30%	2	10%	0	0%
RECTUM	34	2%	2	6%	1	3%	7	21%	7	21%	5	15%	12	35%	0	0%
ANUS & ANAL CANAL	6	0%	0	0%	0	0%	1	17%	2	33%	1	17%	1	17%	1	17%
LIVER & BILE DUCTS	29	1%	0	0%	2	7%	5	17%	5	17%	9	31%	3	10%	5	17%
GALLBLADDER	3	0%	0	0%	0	0%	0	0%	1	33%	2	67%	0	0%	0	0%
OTHER BILIARY TRACT	8	0%	0	0%	2	25%	1	13%	1	13%	2	25%	2	25%	0	0%
PANCREAS	63	3%	2	3%	8	13%	16	25%	7	11%	25	40%	5	8%	0	0%
LARYNX	13	1%	1	8%	3	23%	2	15%	1	8%	6	46%	0	0%	0	0%
BRONCHUS & LUNG	263	12%	0	0%	64	24%	20	8%	44	17%	108	41%	18	7%	9	3%
THYMUS	1	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%
HEART MEDIASTINUM PLEURA	4	0%	0	0%	1	25%	0	0%	0	0%	1	25%	1	25%	1	25%
BONES JOINTS & ARTICULAR CARTILAGE	1	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%
BONES JOINTS & OTHER UNSPECIFIED SITES	3	0%	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%	2	67%
BLOOD & BONE MARROW	107	5%	0	0%	1	1%	3	3%	2	2%	5	5%	44	41%	52	49%
SKIN	96	5%	11	11%	44	46%	17	18%	9	9%	4	4%	10	10%	1	1%

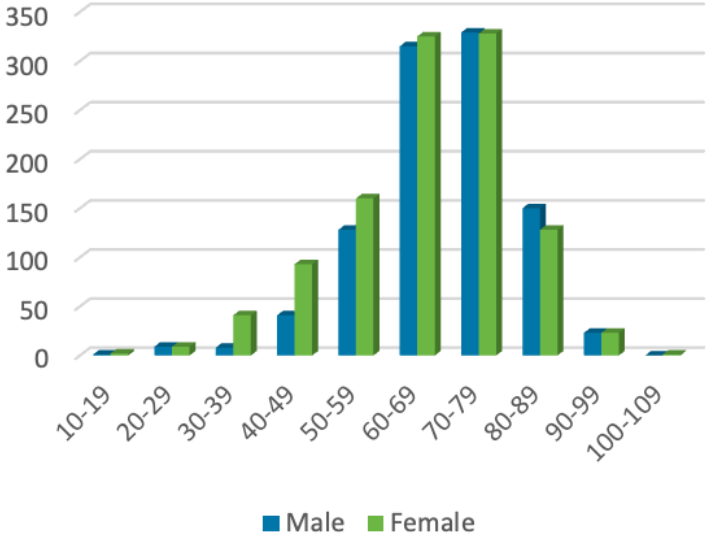
SITE BY AJCC STAGE TABULATION FOR 2022 ANALYTICAL CASES																
SITE NAME	TOTAL CASES	(%)	STAGE 0	(%)	STAGE I	(%)	STAGE II	(%)	STAGE III	(%)	STAGE IV	(%)	Unk	(%)	N/A	(%)
RETROPERITONEUM & PERITONEUM	9	0%	0	0%	0	0%	1	11%	2	22%	2	22%	4	44%	0	0%
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	5	0%	0	0%	1	20%	1	20%	1	20%	1	20%	1	20%	0	0%
BREAST	346	16%	55	16%	180	52%	18	5%	13	4%	14	4%	64	18%	2	1%
VULVA	6	0%	0	0%	3	50%	0	0%	2	33%	0	0%	1	17%	0	0%
CERVIX UTERI	21	1%	0	0%	5	24%	3	14%	6	29%	4	19%	2	10%	1	5%
CORPUS UTERI	100	5%	0	0%	59	59%	1	1%	19	19%	9	9%	12	12%	0	0%
UTERUS NOS	3	0%	0	0%	0	0%	0	0%	0	0%	1	33%	2	67%	0	0%
OVARY	35	2%	0	0%	14	40%	2	6%	6	17%	6	17%	6	17%	1	3%
OTH FM. GENITAL ORGN.	1	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	0	0%
PENIS	3	0%	0	0%	1	33%	0	0%	1	33%	0	0%	1	33%	0	0%
PROSTATE GLAND	234	11%	0	0%	55	24%	113	48%	24	10%	26	11%	16	7%	0	0%
TESTIS	4	0%	0	0%	2	50%	0	0%	0	0%	0	0%	2	50%	0	0%
KIDNEY	84	4%	0	0%	42	50%	4	5%	10	12%	11	13%	16	19%	1	1%
KIDNEY, RENAL PELVIS	1	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
URETER	4	0%	2	50%	0	0%	0	0%	0	0%	1	25%	1	25%	0	0%
URINARY BLADDER	115	5%	69	60%	19	17%	16	14%	2	2%	2	2%	7	6%	0	0%
OTHER & UNSPECIFIED URINARY ORGANS	1	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	0	0%
MENINGES	64	3%	0	0%	0	0%	0	0%	0	0%	0	0%	10	16%	54	84%
BRAIN	43	2%	0	0%	0	0%	0	0%	0	0%	0	0%	9	21%	34	79%
OTHER NERVOUS SYSTEM	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	50%	1	50%
THYROID GLAND	25	1%	0	0%	20	80%	3	12%	0	0%	1	4%	1	4%	0	0%
ADRENAL GLAND	2	0%	0	0%	0	0%	1	50%	1	50%	0	0%	0	0%	0	0%
OTHER ENDOCRINE GLANDS	23	1%	0	0%	0	0%	0	0%	0	0%	0	0%	4	17%	19	83%
OTHER ILL DEFINED SITES	3	0%	0	0%	0	0%	0	0%	0	0%	2	67%	0	0%	1	33%
LYMPH NODES	59	3%	0	0%	9	15%	7	12%	11	19%	19	32%	11	19%	2	3%
UNK PRIMARY	9	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	11%	8	89%
OVERALL TOTALS	2,118	100%	172	8%	578	27%	294	14%	234	11%	326	15%	304	14%	210	10%

Number of Cases Excluded: 0
This report Includes 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 60-79 year old range and the majority were female.

Age Range	Male	Female
10-19	1	2
20-29	9	9
30-39	8	41
40-49	41	93
50-59	128	160
60-69	315	325
70-79	329	328
80-89	150	128
90-99	23	23
100-109	0	1
Total	1,004	1,110



Observed Survival Analysis

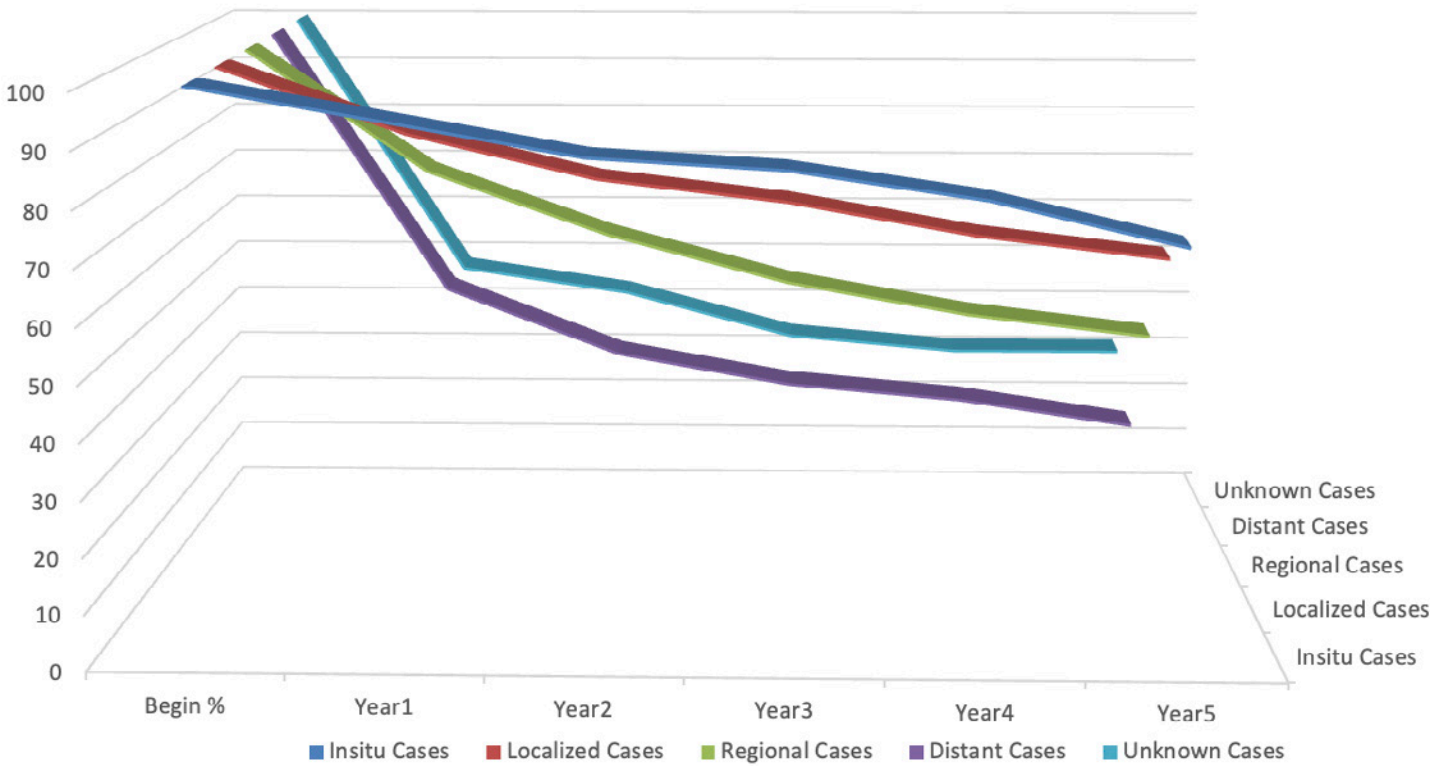
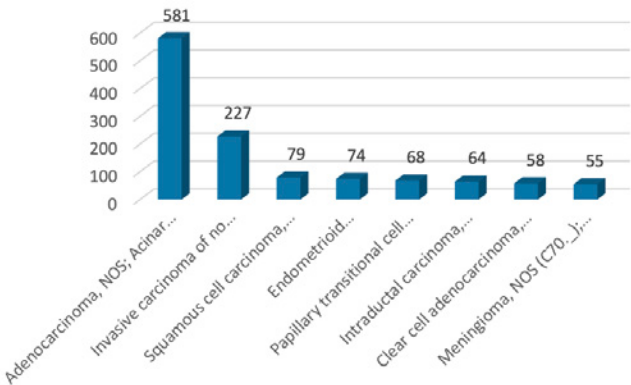
The five-year observed survival for cancer diagnosed at a stage 0 is 92%, a stage 1 cancer is 91%, a stage 2 is 85%, a stage 3 is 60%, and a stage 4 cancer is 37% for our patients.

	INSITU CASES	LOCALIZED CASES	REGIONAL CASES	DISTANT CASES	UNKNOWN CASES	2017 ANALYTICAL CASES BY ACCESSION
BEGIN %	100	100	100	100	100	100
YEAR 1	94	88	77	49	48	77
YEAR 2	88	80	65	36	43	68
YEAR 3	86	76	56	30	34	62
YEAR 4	81	70	50	27	31	57
YEAR 5	73	66	46	22	31	53

Histology

HISTOLOGY	NUMBER OF CASES	PERCENT
ADENOCARCINOMA	581	27.43%
INVASIVE CARCINOMA OF NO SPECIAL TYPE, BREAST ONLY	227	10.72%
SQUAMOUS CELL CARCINOMA, NOS	79	3.73%
ENDOMETRIOID ADENOCARCINOMA, NOS	74	3.49%
PAPILLARY TRANSITIONAL CELL CARCINOMA, NON-INVASIVE	68	3.21%
INTRADUCTAL CARCINOMA, NONINFILTRATING, NOS	64	3.02%
CLEAR CELL ADENOCARCINOMA, NOS	58	2.74%
MENINGIOMA, NOS	55	2.60%
ALL OTHERS	1206	56.89%
TOTAL	2,118	100.00%

The top histology diagnosed in 2022 at Lakeland Regional Health was Adenocarcinoma which was 27% (581 cases) of our patient population. This was followed by Invasive Carcinoma at 11% for a total of 227 cases. Squamous Cell Carcinoma had 79 cases for a total of 4% of our cases. Endometrioid Adenocarcinoma (74 cases) and Papillary Transitional Cell Carcinoma (68 cases) both were around 3%. Intraductal Carcinoma had 64 cases which accounted for 3%. All sites with the same histology are combined.



CANCER CARE 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.

Resources for 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 nurses 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

Resources for 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 an on-board imager (OBI)
- + Low-dose rate intracavitary brachytherapy (including prostate brachytherapy)
- + High-dose rate (HDR) brachytherapy

- + Accelerated partial breast irradiation (Mammosite, Contura, SAVI, 3-D external/IMRT)
- + Concurrent neoadjuvant and adjuvant chemo-radiation therapy
- + Stereotactic Radiosurgery (SRS)
- + Stereotactic Body Radiotherapy (SBRT)
- + Novocure Optune Tumor Treating Fields for Glioblastoma brain tumors

Types of Cancer Screenings

- + Mammograms
- + Skin cancer
- + Cervical cancer
- + Colon cancer
- + Prostate cancer

Available 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, which includes surgical oncology, medical oncology, radiation oncology, pathology, radiology, clinical trials research team, and nursing to ensure 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

SURGICAL ONCOLOGY SERVICES

In the Department of Surgical Oncology, we have experienced significant changes, including an increase in patient volume and better availability of treatments in each one of our subspecialties.

- 1. **Hepatobiliary:** We have expanded our Robotic, minimally-invasive services by providing treatment to an increased number of cases. Even complex procedures of the liver, bile duct, and pancreas resections are done through minimally-invasive methods, decreasing length of stay, accelerating return to normal activities, and increasing the possibility of starting systemic therapy sooner. This includes the ability to now offer Robotic Whipple procedures to patients with pancreatic masses in the head of the pancreas. These very complex operations are done robotically in very few institutions in the country.

We continue to participate in the most important multi-institutional clinical trials that will change the way we treat cancer. One of those trials includes the use of chemotherapy before Whipple procedures to improve resectability and survival.

We are extremely excited about recruiting Dr. Kelly Koch from the University of Miami Sylvester Cancer Center to start our Hepatic artery pump program. The program will allow treatment for diffused metastatic disease and locally advanced unresectable tumors in the liver, with the goal of increasing survival and the number of patients who could be converted to resection candidates.
- 2. **Foregut:** We continue to offer minimally-invasive surgery for esophageal and gastric resections, and we are now also offering Robotic radical gastrectomy and sentinel nodes for early gastric cancer. We also continue to treat early esophageal cancers with endoscopic approaches followed by anti-reflux surgery (as indicated).
- 3. **Endocrine:** Hollis Cancer Center has become a leader in the region for the treatment of thyroid and parathyroid cancer. We provide a multidisciplinary approach to an increased number of patients, including radical surgery when indicated with post-operative strategies

- to minimize the impact on quality of life after surgery. We continue to provide the post-op ablation with radioactive iodine. We continue to provide a robotic approach to adrenal tumors with adrenal preservation when indicated. Through our colleagues in interventional radiology, we also provide venous sampling for lateralization of adrenal tumors.
- 4. **Melanoma and Skin Malignancies:** We continue providing resections with sentinel node mapping, tumor profiling, immunotherapy, and minimally invasive lymphadenectomy when indicated. Reconstruction, together with the expertise provided by plastic surgery, allows operations to remove tumors in difficult areas with minimal impact on the function and cosmesis.
 - 5. **Sarcoma:** We continue to perform resections of retroperitoneal and extremity sarcoma. With the addition of Orthopedic Oncology, we can use a team approach to resections with more chances of limb-preserving operations.
 - 6. **Peritoneal Surface Malignancies:** Dr. Kelly Koch will be starting a HIPEC (hyperthermic intraperitoneal chemotherapy) program. This treatment is for patients with primary peritoneal tumors or tumors that have spread to the peritoneum by giving chemotherapy directly inside the peritoneal cavity.
 - 7. **Generic Syndromes and High-Risk Patients:** We continue our genetic testing for high-risk individuals, continuing their surveillance in our clinic following the expert recommendations for early detection of cancer and premalignant lesions. We also continue to diagnose and monitor patients with cystic lesions in the pancreas to determine the risk for cancer, and to intervene early in the development of cancer, which will allow us to remove tumors early.



Manuel Molina-Vega, MD
General Surgery, Surgical Oncology



Kelly Koch, MD
General Surgery, Surgical Oncology

REHABILITATION ANNUAL REPORT

The outpatient therapists at Lakeland Regional Health are situated at the Grasslands and North YMCA locations. The team is comprised of 16 physical therapists (PTs)/physical therapist assistants (PTAs), 3 occupational therapists (OTs)/certified occupational therapy assistants (COTA), and 1 speech therapist, who are all well-versed in oncology patient care.

Notably, Rizwana Mir, DPT, is certified in the management of lymphedema and is also a certified oncology exercise specialist. Kelley Jackson, PTA, holds certification as a lymphedema therapist. AnnMarie Paulk, PT, specializes in pelvic health, while Michael Smith, OT, is a certified hand specialist. Lisa Reuther, SLP, focuses on speech, swallowing, and cognitive issues related to cancer patients.

In 2023, these therapists collectively attended to patients referred by healthcare practitioners at the Hollis Cancer Center. The therapists are regularly represented at tumor board meetings and are involved in the COC and NAPBC certification. Currently, they follow a reactive care model, addressing symptoms as they arise, including but not limited to pain, loss of function, lymphedema, fatigue, cardiotoxicity, neurotoxicity, osteoporosis, sexual problems, memory problems, and swallowing problems.

The upcoming year marks an exciting transition at the Hollis Cancer Center, as the team shifts toward a proactive approach. This approach will involve functional screening and assessment to detect and manage functional impairments and morbidity earlier in the cancer care journey, ultimately contributing to better outcomes. To achieve this, therapists will conduct educational sessions once a month, emphasizing the advantages of preventive measures and early intervention in managing side effects.

The inaugural session took place on November 1, featuring Rizwana Mir, DPT, who discussed post-breast cancer diagnosis rehabilitation considerations. The second session, on December 6, was led by Lisa Reuther and focused on the effects of radiation fibrosis on swallowing and speech following head and neck cancer. Additionally, therapists will begin shadowing physicians to better educate patients on potential side effects. The ultimate goal is to establish an integrated care model with a therapist who will be permanently stationed at the Hollis Cancer Center, and will be tasked with educating patients on potential side effects, detecting these side effects early, and referring them for timely intervention.



CA COMMITTEE ANNUAL REPORT

Lakeland Regional Health provides outpatient therapy services at the Grasslands Campus and North YMCA locations. The outpatient rehabilitation team is comprised of 29 rehabilitation professionals, including physical therapists (PT), physical therapist assistants (PTA), occupational therapists (OT), certified occupational therapy assistants (COTA), and speech-language pathologists (SLP).

While all therapists are well-versed in cancer-related patient care, some of our team have advanced training in specific area, which are particularly beneficial to patients with cancer.

- + **Rizwana Mir, PT, DPT**, is certified in lymphedema management and is a certified oncology exercise specialist.
- + **Kelley Jackson, PTA**, is also certified as a lymphedema therapist.
- + **Ann Marie Paulk, PT, MHS, OCS**, specializes in pelvic health and treats cancer-related incontinence for men and women.
- + **Michael Smith, OT, CHT**, is a certified hand specialist.
- + **Lisa Reuther, MEd, CCC-SLP**, focuses on patients with cancer-related speech, swallowing, and cognitive issues.

In 2023, the outpatient rehabilitation team at Lakeland Regional Health touched the lives of 116 patients with cancer who were referred from the Hollis Cancer Center for outpatient therapy services. Therapists are regularly present at tumor board meetings and are involved in the LRH Cancer Committee and NAPBC certification.

Traditionally, patients with cancer have been referred for outpatient therapy services as symptoms arise. Symptoms may include fatigue, loss of function, memory problems, pain, sexual dysfunction, swallowing problems, chemotherapy-related cardiac and neurological problems, lymphedema, and osteoporosis. However, as we look to the upcoming year, the rehabilitation team will be working to better recognize and ideally help prevent symptoms before they even begin.

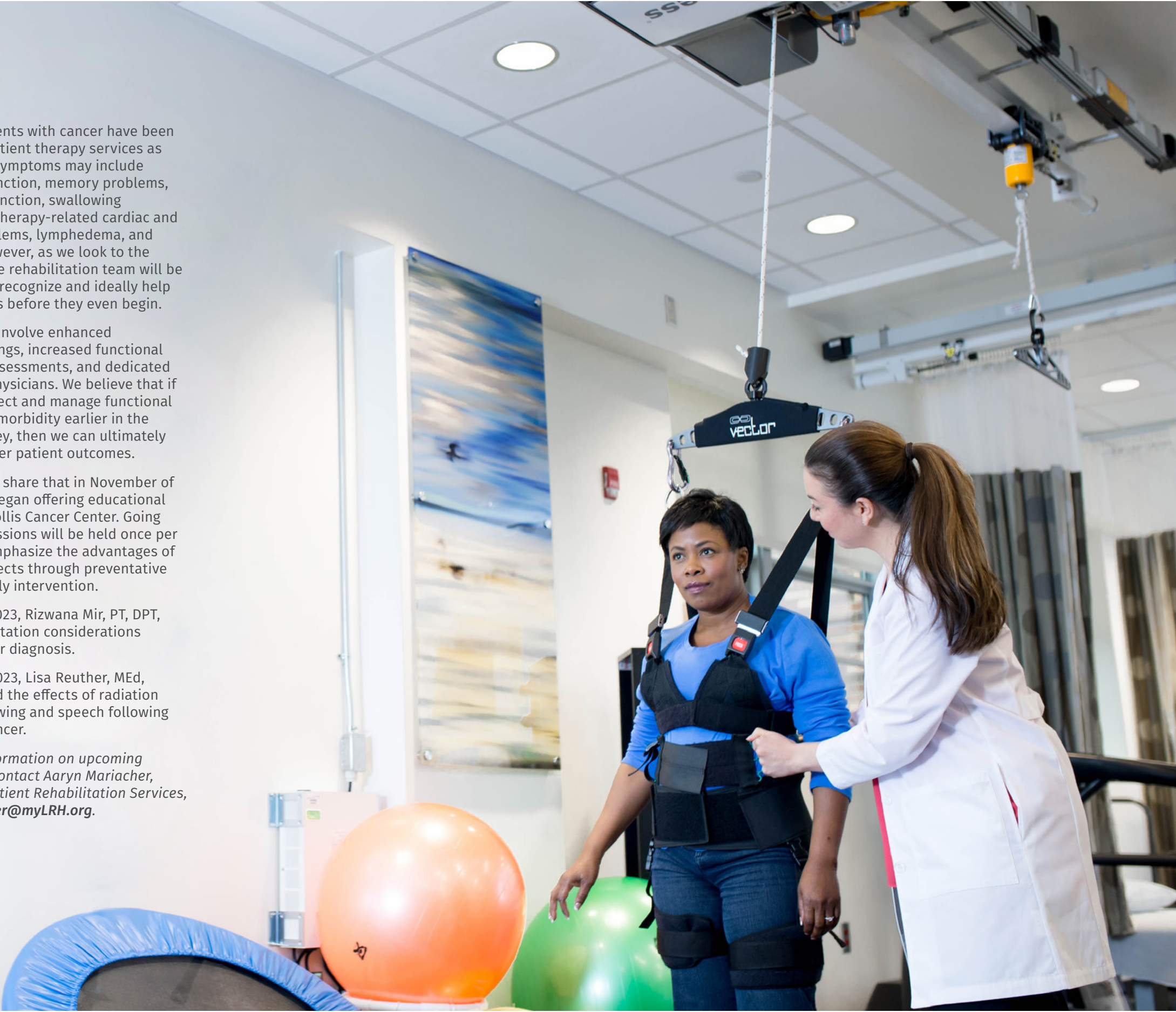
These efforts will involve enhanced educational offerings, increased functional screenings and assessments, and dedicated time to shadow physicians. We believe that if we can better detect and manage functional impairments and morbidity earlier in the cancer care journey, then we can ultimately contribute to better patient outcomes.

We are pleased to share that in November of 2023, therapists began offering educational sessions at the Hollis Cancer Center. Going forward, these sessions will be held once per month and will emphasize the advantages of managing side effects through preventative measures and early intervention.

On November 1, 2023, Rizwana Mir, PT, DPT, discussed rehabilitation considerations post-breast cancer diagnosis.

On December 6, 2023, Lisa Reuther, MEd, CCC-SLP, discussed the effects of radiation fibrosis on swallowing and speech following head and neck cancer.

For additional information on upcoming sessions, please contact Aaryn Mariacher, Manager of Outpatient Rehabilitation Services, at aaryn.mariacher@myLRH.org.





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