

HOLLIS CANCER CENTER 2024 ANNUAL REPORT

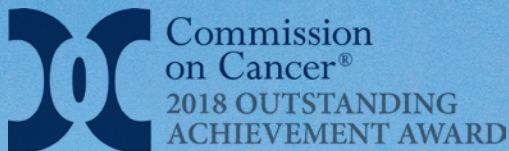
2024 Statistical Data

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In 2018, Lakeland Regional Health Hollis Cancer Center was awarded three-year with commendation Gold Level Accreditation from the Commission on Cancer (CoC) and more recently was reaccredited by the CoC in 2022.



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

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 2024 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 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, and treatment results, & offers lifelong patient follow-up.

2024 CANCER COMMITTEE MEMBERS

GENERAL SURGERY/UROLOGIC ONCOLOGY

Graham F. Greene, MD, Cancer Committee Chairman

CANCER LIAISON PHYSICIAN

Peter Hinds, MD, Surgeon

Manuel Molina, MD*

SURGERY

Vanessa Prowler, 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

Brian Yoder, MD

Evander Boynton, MD*

DIAGNOSTIC RADIOLOGY

Christian Schmitt, MD*

Paul Billeaud, MD*

GENETICS REPRESENTATIVE

Vanessa Prowler, MD, Genetics Representative

Imran Ahmad, MD*

ADMINISTRATION

Timothy Dench, AVP of Ambulatory Operations & Strategy

Kurt English, MBA, RTT, Sr. Director Hollis Cancer Center*

Robert Arturi, Medical Staff Director

Ashley Rivera*

NURSING

Amber Odom, BSN, RN, CMSRN

Mallory Fullenkamp, RN*

COORDINATORS

ONCOLOGY DATA MANAGEMENT

Blanche Myers, RHIT, ODS - C, CPC, Oncology Data Manager

(Cancer Registry), Cancer Registry Quality Coordinator

Brandice Vickers, RHIT, ODS - C*

CLINICAL RESEARCH

Dana Crowder, Clinical Research Coordinator

Brittany Collins*

SOCIAL WORK/CASE MANAGEMENT

Jamie Sites, Oncology Social Worker

Kimberly Lopez, Psychosocial Services Coordinator*

CANCER CONFERENCE

Timothy Dench, AVP of Ambulatory Operations & Strategy,

Cancer Conference Coordinator

Kurt English, MBA, RTT, Sr. Director Hollis Cancer Center*

QUALITY IMPROVEMENT

Glenda Kaminski, PhD, CNS, AOCN, CRNI, Quality Improvement

Coordinator

Lauren Morata*

SURVIVORSHIP CARE PROGRAM

Rizwana Mir, PT, DPT, Survivorship Care Program Coordinator

Kelly Sangster*

OTHER REPRESENTATIVES

COMMUNITY OUTREACH

Lauren Springfield

Paul Needham*

PATIENT NAVIGATION

Kelly Sangster, 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, Manager, Clinical Nutrition Service

Claudia Morgan*

PALLIATIVE CARE

Jeri Thomas, MSN, CNS, CMSRN, ACHPN, Clinical Nurse Specialist,

Palliative Care

Tara Yaney*

PHARMACY

Rodriguez Dangerfield, PharmD, Pharmacist

Sarah Edwards*

AMERICAN CANCER SOCIETY REPRESENTATIVE

Michelle Stemler, American Cancer Society, Health Systems
Manager, Hospitals

*Designates Alternate



DIRECTOR'S LETTER

In 2024, The Hollis Cancer Center continued on our path and mission. We remain steadfast in our pursuit of growth and advancement in our quest to be Central Florida's oncologic provider of choice. The Hollis Cancer Center team advanced 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 2024, we continued our efforts to fulfill our 10-year strategic plan. In review, our strategic plan is categorized into 4 main initiatives.

Advancing Care: Our Physician Leaders

We wish to align well with our physician leaders, improve access to care, develop streamlined pathways of care, and solidify our brand. Our talented group of physicians is the backbone of our facility. This past year our physicians were influential in community programs, state-wide educational opportunities, technology advances, and led the way to advanced care.

- + The Hollis Cancer Center participated in Graduate Medical Education and hosted resident physicians throughout 2024. Resident physicians were increasingly active in radiation oncology, medical oncology, surgical oncology, nephrology, dermatology, and colon and rectal surgery.
- + We are making plans to grow this program into other specialties in 2025 and beyond. October was Breast Cancer Awareness month, and we hosted an educational and community event titled Breast Cancer Forum: From Care to Community.

- + Our team was also deployed to a local church to educate members of the congregation on the importance of screening and advances in care.
- + Our physicians were active in state-wide oncologic professional organizations sharing their expertise and contributing to scientific developments.
- + The Hollis Cancer Center physician team furthered their implementation and adaptation of a new electronic medical record and drove advanced pathways of care in our special procedure area.

Our dedicated group of oncology professionals still feels strongly that we need to be quickly accessible to our community in times of need. The goal is to reduce as many barriers as possible to receive our care, and in 2024 we have made numerous strides. We realized that our current group of providers was approaching capacity. We worked diligently to add new advanced practice providers and physicians to our team to improve access. New providers joined our services in radiation oncology, urologic oncology, surgical oncology, medical oncology and breast oncology. A total of 12 providers joined our team in 2024.

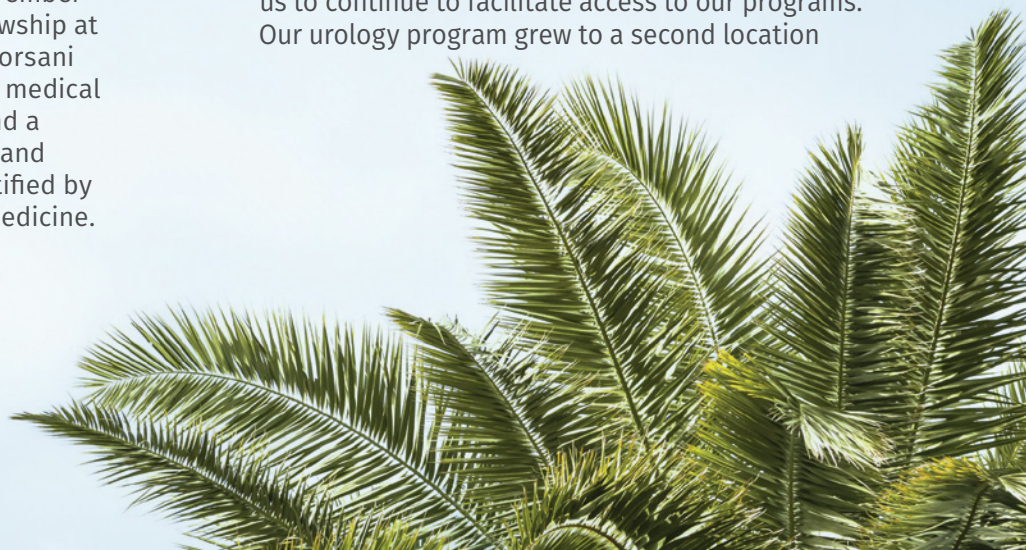
- + Most notably, we welcomed Alos Madala, MD, to our urology team and Muhammad Zain Farooq, MD, to our medical oncology team. Dr. Madala has extensive experience in a wide variety of urologic conditions with a primary focus on minimally invasive robotic surgery and urologic reconstructive surgery. Dr. Madala earned his Doctor of Medicine from Windsor University School of Medicine and completed residencies at Oregon Health and Science University and SUNY Upstate Medical University. Dr. Madala is board certified by the American Board of Urology and recently presented current urology topics during LRH grand rounds.
- + Dr. Farooq joined our team in November of 2024 after completing his fellowship at the University of South Florida Morsani College of Medicine. He attended medical school at Dow Medical College and a residency at Cook County Health and Hospital System. He is board certified by the American Board of Internal Medicine.

Electronic Medical Records System

In addition to adding to our provider team, we were able to implement new technologies to accelerate access. In years past, one of our largest projects involved the implementation of a new electronic medical record system known as Epic. The Epic electronic medical record offers 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. 2024 saw the advancement of this technology to include a digital waitlist and fast pass technology. Through MyChart patients can join a digital waitlist for a sooner appointment. If there is a cancellation or a new opening on the schedule, patients will receive a text alerting them of a new opportunity to see their provider at a sooner date/time. We are also adding a clinical nurse to our scheduling team to ensure that patients with advanced disease are prioritized. The center remains focused on advancing our phone processes and workflows. I am proud to announce that our new patient scheduling lines remain strong and are performing at a 98% service level. This indicates that we continue to adequately serve 98% of the phone calls in our new patient scheduling queues.

Streamlined Pathways of Care

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. In 2024, we partnered together and secured a total of \$15,000 dollars in grants to reduce transportation barriers to care. Assistance was offered in the form of gas cards to qualifying patients. In late 2024, we will also be starting a construction project to expand upon our clinical space. This construction will add 15 exam rooms to the Hollis Cancer Center, allowing us to continue to facilitate access to our programs. Our urology program grew to a second location



this past year, and we are now serving urology patients at LRH's Kathleen Campus in north Lakeland.

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. In 2024, we were able to implement and grow our team of nurse navigators. Nurse navigation is becoming an increasingly popular way for us to assist our patients in obtaining the health services needed for an optimal outcome. This nursing team is incredibly valuable to patients trying to understand their condition and understand how to access care. There are now 4 nurse navigators on staff at the Hollis Cancer Center. This team is working towards establishing pathways to share with our stakeholders to allow a more efficient navigation and literacy of our healthcare system. We also added a new staff member in our chemotherapy area to assist patients in securing a scheduled appointment that directly correlates with authorization. This advance in our ability to navigate the system has reduced denials and out-of-pocket expenses for our patients.

We advanced our pathways by bringing new programs and offering more conveniences to our patient population. The surgical oncology team is proud to announce that it will now be able to offer HIPEC or Hyperthermic Intraperitoneal Chemotherapy. It is a specialized treatment for certain types of cancer, particularly those that have spread to the abdominal cavity. The procedure involves two main components. The procedure begins with the surgeon removing visible tumors from the abdominal cavity and ends with the application of heated chemotherapy infused directly to the tumor site to target any remaining cells. This procedure can improve survival rates and reduce risk of recurrence. It is typically only performed in specialized centers, and we are proud to be the first to offer this procedure in Lakeland. Our Radiation Oncology department also advanced care and streamlined pathways by securing and bringing new medication scanners and implementing upgrades to our camera system

in the accelerator vaults. We have also received approval to replace our oldest linear accelerator with new equipment and associated planning system in 2025. We will be excited to bring this updated technology to our center. A significant clinical trial was implemented in our special procedure rooms. The trial involves the use of intravesical chemotherapy through bladder instillation for treatment of bladder cancer s/p TURBT. The primary endpoint of this trial is overall recurrence-free survival. We will also be adding a sigmoidoscope and a new disinfecting system to the Special Procedure Area in late 2024. In an effort to continue serving our patients well into survivorship, we have implemented programs in nutrition, fitness, and emotional support. Our annual Holidays at Hollis event for survivors was in December 2024.

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 2024 to connect our Hollis Cancer Center physicians to our internal and external partners. In 2024, the Hollis Cancer Center partnered with BayCare Homecare in bringing back "A Place for Her" to the center once a month. "A Place for Her" has proved to be a valuable resource for current



patients to obtain durable medical equipment while under treatment. We also hosted “Subaru Loves to Care” for a blanket delivery and tremendously value our relationship with “Puttin on the Pink” and their annual event. The Hollis Cancer Center is now a designated clinical site rotation for Radiation Oncology students from Kaiser University as we look to play a crucial role in the education of future radiation therapists. Our website underwent significant enhancements this past year, and we completed numerous commercials/advertisements supporting our brand. These efforts and initiatives played a role in a 10% growth of new patients utilizing the Hollis Cancer Center for their care. We were also so proud to host one of our largest external events. Our 10th annual “Promise Run” was held in March 2024, and will look to host our 11th annual race on March 1, 2025!

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 a 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 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., representing approximately 25 percent of all hospitals and health systems in the U.S. Our lab continues to be CAP accredited by the College of American Pathologists and our Radiation Oncology program continues to meet high standards of care and remains accredited by Apex or the Accreditation Program for Excellence (APEX). Hollis Cancer Center’s Radiation Oncology Program is one

of only nine other programs in Florida earning this prestigious recognition. Our oncology data services department continued to be 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.”

Strong Financials and Research

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 10% building-wide this year. There was notable growth in medical oncology, urologic oncology, surgical oncology, and colon and rectal surgery with 6%, 35%, 10% and 19% growth in new patients respectively. We also noted volume advances in our chemotherapy infusion area with 8% growth. Our team is working 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 2024. At this point, we have roughly 175 patients enrolled in clinical trials, and there are roughly 186 patients in follow-up. There are 27 open trials at this point. These studies are inclusive of 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.

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 of Ambulatory Operations & Strategy
Hollis Cancer Center & North Campus

CANCER LIAISON PHYSICIAN'S LETTER

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

The American College of Surgeons Commission on Cancer (CoC) sets standards of quality care for patients with various cancer types such as breast, colon, cervix, uterine, prostate and lung cancer. 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.

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, and barriers to adaptation were minimized through surgeon education and seamless EMR integration.

Our Multidisciplinary Tumor cancer conference boasts a 100% attendance rate for the 2023 calendar year, which was made possible by our Physicians in Radiology, Pathology, Surgical Oncology, Urologic Oncology, Breast Surgery, Medical Oncology, Radiation Oncology and Orthopedic Oncology. We are also very appreciative of our Advance Practice Providers, social workers, clinical trials/research staff and a nutritionist who support our mission incessantly. Overall, our institution will remain steadfast in its commitment to excellent cancer care and meeting the quality measures of our organ-specific site benchmarks.

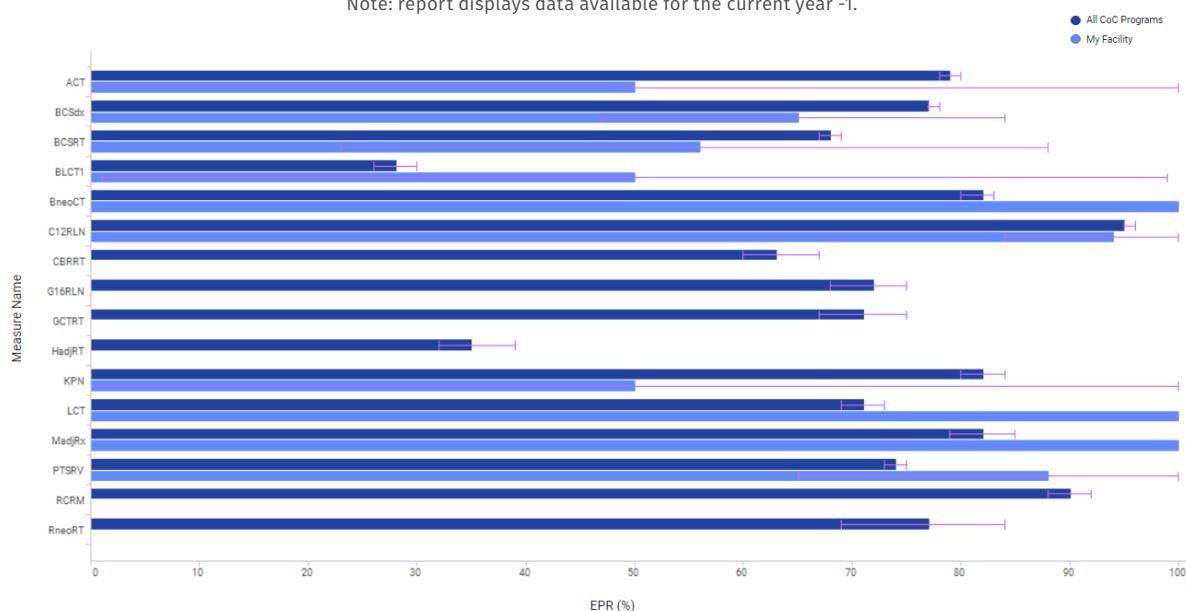


Peter R. Hinds, MD, FACS

Cancer Liaison Physician,
Surgical Oncologist

QUALITY MEASURES COMPARISON (DX YEAR: 2024)

Note: report displays data available for the current year -1.





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 our gynecologic oncologists. 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 cancer treatment.

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, CPHQ**

Quality Improvement Coordinator

SOCIAL WORK

At Lakeland Regional Health Hollis Cancer Center, the Social Work practitioners work closely with the cancer treatment team to ensure that patients' needs are being met in the most appropriate and timely way possible. The clinic Social Worker, Jamie Sites BSW, is well prepared to facilitate patient and family adjustment to a cancer diagnosis, and the issues that may arise, emotional and physical, during the treatment process. The Social Worker works closely with the physicians making sure patients' needs are being met, whether it's ordering Home Health, personal medical equipment such as rolling walkers, wheelchairs, oxygen, or in more complex cases, IV antibiotics and tube feedings at home.

We continue to see newly diagnosed cancer patients under the NCCN guidelines for the "Distress Screening Program." At this time, we are able to identify emotional and physical needs that are unique to each patient and diagnosis. There are some new services now offered at HCC. A free wig program, Beauty Without Boundaries, is available for our patients. A Place for Her now has a monthly display table with postmastectomy and lumpectomy and reconstruction products with a representative available to answer questions. 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 material available for patients and family members in a caregiving role. We work closely with the American Cancer Society and the United Way of Central Florida. The ACS presented HCC 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 be offered on a short-term basis through the patient's medical insurance benefits, if available, Para Transit transport through the Citrus Connection, if eligible, and other community resources. As the needs of our community continue to grow, LRH HCC will be here to meet the challenges ahead.

Jamie Sites, BSW

Psychosocial Services Coordinator



CLINICAL TRIALS

Each year brings new advances in cancer treatment, diagnosis, staging, prevention, and symptom management. None of this progress would be possible without the courage and commitment of our research volunteers. At HCC, hundreds of patients are currently enrolled in a variety of clinical trials and research studies, with plans for even more as new opportunities emerge in our community. Scientific breakthroughs at HCC depend on our patients' participation and dedication.

While we understand that not every patient will choose an experimental treatment, many still want to make a difference for others like them. That's why we've strategically expanded our research portfolio to include not only treatment trials but also cancer registries, genetic studies, and biobanks. This year, we've seen significant growth in our breast and urology research, and we are actively expanding lung cancer research to offer even more trial options for our patients.

Our breast cancer patients have benefited from a wide range of opportunities, including treatment trials, data-based studies, and observational research. We've seen tremendous success in our registry studies, where patients generously contribute their data to support the development of new treatments for breast cancer. One such

study links their health information with their genetic profiles to uncover new gene associations in breast cancer. By participating, these patients not only learn about their own genetic risks but also contribute to discoveries that will benefit future generations.

Our urology research program continues to thrive as well. Men with metastatic prostate cancer are actively participating in clinical trials that explore the combination of immunotherapy and chemotherapy, while others are involved in studies examining new hormone treatment combinations. We are also in the process of introducing additional trials for our urology patients, providing them with greater access to cutting-edge treatments.

Thanks to the dedication of our trial volunteers—whether they are testing new treatments, donating blood, or completing quality-of-life surveys—people are living longer and healthier lives. These clinical trials are the foundation for tomorrow's treatments, and we are deeply grateful to all who contribute to advancing cancer care for 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 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. Our Breast Health Navigator at Lakeland Regional Health is Kelly Sangster. Kelly is not only a registered nurse who is proficiently knowledgeable about breast diseases, she is also a breast cancer survivor. She is trained to identify and triage the most common problems encountered in different stages of recovery, proactively prepare each of her patients, and teach 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 family. Navigation involves coaching and encouraging each patient to work as an informed partner with the healthcare team. Here at Hollis Cancer Center, our breast surgical oncologist provides each of her patients with an individualized and detailed plan of care. Navigation is aimed

at helping patients understand their specific treatment regimen. The navigator is a facilitator of the physicians' recommendations to ensure patient compliance and understanding. She is the focal point of contact for each newly diagnosed breast cancer patient. Every patient is unique and deserves the best experience through their diagnosis and beyond. The goal for Patient Navigation is to enhance the patient's quality of life, sense of autonomy, and self-determination for optimal health and to provide early intervention and appropriate access to all healthcare services to decrease fragmentation of care.

Kelly Sangster

Patient Navigator

SURVIVORSHIP PROGRAM

The Cancer Committee at Lakeland Regional Health Hollis Cancer Center continues to oversee the development and implementation of our Survivorship Program, aiming to meet the evolving needs of our cancer patients treated with curative intent. As part of this effort, we have formed a dedicated Survivorship Program Team to ensure that we are not only offering wellness care but also enhancing our services over time and developing new programs to better meet the needs of our survivors. Our objective is to address both the survival and quality of life of our cancer survivors across the full continuum of care—spanning prevention, survivorship, and end-of-life care.

According to the National Cancer Institute (NCI), as of January 1, 2022, there were approximately 18.1 million cancer survivors in the United States. This number is projected to rise to 21.6 million by 2030 and reach 26 million by 2040. Notably, long-term survivorship is common: in 2022, 70% of cancer survivors had lived five years or more following their diagnosis, and 11% had lived 25 years or more. Among U.S. women aged 40-54, 3.6% are cancer survivors, while this figure rises to 14.5% among women aged 65-74, and 36.4% among women aged 85 and older. For U.S. men, 2.1% of those aged 40-54 are survivors, increasing to 16% among those aged 65-74, and 48.3% among men aged 85 and older.

These trends highlight the growing importance of long-term cancer care and survivorship programs to meet the ongoing needs of a population living longer with a cancer diagnosis.

Survivorship Care Plan

The Survivorship Care Plan (SCP) is a key component of our program. It is designed to summarize the patient's cancer treatment journey and provide specific recommendations for follow-up care, surveillance testing, and referrals for needed support services. By addressing both the short- and long-term needs of each survivor, the SCP ensures that their care continues in a personalized and comprehensive manner. Currently the breast program is offering SCP to our patients.

New Initiatives and Program Enhancements in 2024

- + **Monthly Support & Exercise Class:** This year, we launched a monthly support and exercise class to provide survivors with both physical activity and emotional support. These classes are designed to promote overall wellness, encourage healthy lifestyles, and foster a sense of community among cancer survivors.
- + **Improved Nutritional Screening:** We are actively working on better screening methods to identify and address nutritional deficits in cancer patients. Proper nutrition is critical to recovery and long-term health, and these new screening protocols will allow us to provide more effective dietary interventions for our patients.
- + **October Breast Cancer Symposium:** In October, we hosted a successful Breast Cancer Symposium, where our community learned about the latest advancements in breast cancer care, including early detection, treatment options, and survivorship strategies. The event served as an opportunity to engage with survivors, caregivers, and healthcare professionals.

Looking Ahead

As we move forward, our focus remains on supporting our cancer survivors by continually improving the services we provide, staying ahead of emerging trends, and integrating new research into our care strategies. We are proud to serve our community and will continue to prioritize the well-being of our cancer survivors as we grow our program in the years to come.

Rizwana Mir, PT, DPT

Survivorship Program Coordinator

PROMISE RUN 2025

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. We are thrilled to celebrate the 11th annual Promise Run this coming year, March 1, 2025.

Participants run or walk the 5K or 10K in a variety of locations throughout the Lakeland community and beyond. Just like in past Promise Runs, 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 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 #1 treated cancer at Hollis Cancer Center. The Breast Program was re-accredited by the NAPBC in April 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 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. We are the only NAPBC-accredited 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 group, and pastoral 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 compared to non-accredited centers
- + Breast center data collection on quality indicators for subspecialties involved in breast cancer in breast cancer diagnosis and treatment.



**NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS
ACCREDITED BREAST CENTER**

A **QUALITY PROGRAM**
of the **AMERICAN COLLEGE
OF SURGEONS**

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 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 offers 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.
- + 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.

Dr. Vanessa Prowler has 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 a Breast Surgical Oncologist, Dr. Prowler is Hidden Scar certified and utilizes 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. Savi scout is used for localization in patients undergoing lumpectomies, which are tiny devices placed prior to surgery. Savi scout avoids the use of uncomfortable wires, allows for smaller incisions, less tissue removal, and faster recovery. By utilizing proven protocols, patients can go home the same day of surgery with minimal recovery time, even if they undergo a mastectomy. They are also experts at performing flat aesthetic closure for patients undergoing a mastectomy, which allows for a much-improved quality of life. They utilize a combination of techniques to have one of the lowest re-excision rates in the country, including using intraoperative pathology analysis, specimen radiograph, and selected shave margins. Han Estep, APRN, and Monay Link, APRN, are Breast ARNPs that care for patients and provide daily comprehensive survivorship care.

Restoring quality of life by optimizing cosmetic outcome is important to patients undergoing breast surgery. In addition to advanced oncoplastic approaches offered by 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 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.

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 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 hypofractionated radiation, which allows for safer and fewer radiation treatments.

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](tel:863.603.6565) or [863.687.1321](tel:863.687.1321).



Vanessa L. Prowler, MD, FACS

Medical Director of the Breast Oncology Program, Breast Surgical Oncologist

RADIATION ONCOLOGY

LRH Hollis Cancer Center's Radiation Oncology Department continues to offer advanced Radiation Oncology services and maintains its commitment to providing state-of-the-art treatment modalities. 2024 kicked off an acquisition plan to add a second Varian TrueBeam linear accelerator that will significantly enhance the department's capabilities by bringing Volumetric-Modulated Arc Therapy (VMAT), Stereotactic Body Radiation Therapy (SBRT), and Stereotactic Radiosurgery (SRS) onto an additional machine. This expansion will allow us to increase capacity to meet growing demand, enabling patients to receive these advanced treatments across two accelerators within the department. The dual-machine setup positions us to manage the rising utilization of these cutting-edge therapies effectively and efficiently. In anticipation of this installation, significant treatment room remodeling will be undertaken. This project ensures that our infrastructure is equipped to accommodate the latest in radiation therapy technology.

A second acquisition plan was kicked off to replace our existing treatment planning system with the Varian Eclipse planning system. The Eclipse system is engineered to optimize speed and precision enabling rapid adjustment of treatment protocols and supporting efficient transitions of patients between treatment units as needed. It also provides enhanced flexibility to quickly replan for patients experiencing significant anatomical changes, such as variations in body habitus or reductions in tumor volume. The improved system minimizes potential delays in patient treatment, thus enhancing overall clinical workflow.

Security and patient safety are critical to departmental operations. In order to maintain a high standard of patient safety during treatment, we have installed state-of-the-art camera systems to enhance in-room monitoring. This technology allows clinicians to closely observe and respond to patient needs during treatment, supporting our commitment to delivering radiation therapy in a safe, controlled environment.

The Elekta Mosaic electronic health record was recently upgraded to ensure access to the latest features, system enhancements, and security measures. This advancement not only fortifies data integrity but also aligns our infrastructure with industry standards to support superior patient care. One of the latest feature upgrades includes the Elekta Teleport system, which streamlines processes for transferring files into and out of Mosaic, including integration of external documentation. This capability ensures that all patient records are securely maintained in a single, accessible location. Additionally, we have achieved seamless electronic transfer of patient information from Mosaic to the Philips Brilliance CT scanner, reducing the potential for keystroke errors and mismatches in patient data.

The Physics Department has undergone several key updates, including the installation of the SunCHECK system. This new application feature enhances documentation of daily equipment warmups, making quality assurance (QA) processes more efficient and user-friendly. SunCHECK streamlines QA logging, improving operational efficiency and ensuring accurate, timely equipment checks.

Radiation Oncology hosted in 2024 its first medical resident under Lakeland Regional Health's Graduate Medical Education (GME) program. This initiative reflects our commitment to fostering the development of skilled healthcare professionals. The dedication of our physicians and staff supports an enriching educational experience, contributing to the growth of future oncology specialists.

Radiation Oncology welcomed its first Advanced Practice Registered Nurse (APRN). This has strengthened our patient-centered care model, enhancing various aspects of our service delivery and patient support. The APRN plays an important role in patient education and helping patients and their families understand complex treatment plans, potential side effects, and post-treatment care.

Acting as a dedicated point of contact, the APRN improves patient navigation within the oncology care continuum. By coordinating appointments, facilitating communication between patients and specialists, and streamlining access to support services, the APRN helps ensure that each patient's journey is as smooth as possible. The APRN contributes significantly to the integration of services across departments, collaborating closely with surgical oncology, medical oncology, radiology, and other allied health services, the APRN ensures timely coordination of treatments, continuity of care, and alignment of care plans across departments.

As an essential component of our intake process, the APRN expedites access to care for new patients, reducing the time from initial consultation to treatment initiation. This enhanced accessibility improves patient throughput and helps our department accommodate a growing volume of new patients without compromising quality of care.

Our dedication to maintaining a culture of safety and quality remains steadfast as we work towards reaccreditation through the ASTRO APEX program. This continuous focus on quality affirms our commitment to delivering superior patient care and upholding the highest standards in radiation oncology and delivering quality patient care.



Kris Guerrier, MD
Radiation Oncologist



Kurt English, MBA, RTT
Sr. Director Hollis Cancer Center



GENETICS

Lakeland Regional Health 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. Patient's undergoing genetic testing receive counseling from breast surgeon, Dr. Vanessa Prowler, and Breast ARNP, Han Estep.

Furthermore, Dr. Prowler has completed additional training through the City of Hope Foundation and dedicates 20% 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 patient's presenting to the LRCC breast program, regardless of personal or family history. Risk screenings are increasingly being performed by the primary care physicians and imaging facilities, which prompts dedicated referrals to our facility for genetic testing and counseling.

At the Hollis Cancer Center, 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 our Breast Program, cancer risk assessment, genetic counseling and genetic testing services are both provided and referred by the Hollis Cancer Center. Our providers have ongoing experience and attend regular breast education programs at National conferences that include Risk Assessment and Evaluation or Genetics.

Vanessa L. Prowler, MD, FACS

Breast Surgical Oncologist

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, to help identify and clarify their goals of care and to support patients and families as they make decisions about care. 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 and options for care. In addition, the service can help patients and families get the information needed to make decisions. These choices may be difficult and complex. The palliative care service also provides information about advance directives, provides resources to address emotional and spiritual concerns of patients and caregivers, and helps with management of uncomfortable symptoms. The team works with other disciplines, including pharmacy and pain management, case management, clinical dietitians, pastoral care, hospice agencies and physicians to assist patients and families. Patients can also be referred to a community palliative physician for outpatient palliative care consults.

The palliative care service is available seven days a week and includes two Physicians, three Registered Nurses and an Advanced Practice Registered Nurse (CNS) who consult with patients and families at the Medical Center upon request of the patient's physician.

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

In 2023 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, medical-surgical units and even in the ED. The nursing palliative care service received over 2000 consults in 2023.

Jeri Thomas, MSN, CNS, CMSRN, ACHPN

Palliative Care



MEDICAL ONCOLOGY & CHEMOTHERAPY

At Lakeland Regional Health 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 multi-disciplinary approach to coordinate the best cancer treatment options for our patients from diagnosis to survivorship and to promote overall health.

Our experienced Medical Oncologists, Dr. Sushma Nakka, Dr. Kamal Haider, Dr. Imran Ahmad along with Cindy Jo Horrell, APRN, deliver precision medicine while incorporating NCCN guidelines and the most up-to-date evidenced based treatment options including chemotherapy, immunotherapy and targeted therapy. We provide genomic testing and ctDNA testing to aide in treatment planning. The physicians meet weekly with other subspecialties in a multidisciplinary tumor board to discuss all options for our patients. Our physicians are passionate in the topics of Oncology, Hematology, Pain Management, and Palliative Care.

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

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

The chemotherapy experience includes patient education programs offered by an Oncology Certified Nurse for patients and their families. We work in conjunction with multiple specialty pharmacies to help with acquiring IV and oral treatment medications. We continue to offer the use of the Paxman (cool cap) system to help reduce hair loss during chemotherapy.

Our Oncologists believe in comprehensive care. We conveniently provide supportive intravenous fluids, blood products, and electrolyte

replacements here on-site. All of the Chemo-Infusion nurses completed training to be able to safely and efficiently offer blood replacement service on-site.

The chemotherapy nurses are intent on attending 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 of each patient and integrate those aspects into an overall plan to include treatment and symptom management based on the values and goals of the patient and family. We work to prevent and relieve discomfort and to support the best possible quality of life for patients. Medical Oncology is diligent in offering new therapy options through clinical trials both upfront and for advanced cancer.

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

Helen Gonzalez, RN, OCN

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

Sushma Nakka, MD

Medical Oncology/Hematology, Palliative Care



ONCOLOGY NUTRITION SERVICES

Lakeland Regional Health's Registered Dietitians partner with Hollis Cancer Center to provide nutrition consults for patients undergoing pre, post, and active treatment. It is essential that patients undergoing an array of treatment options benefit from three essential components. Medical Nutrition Therapy provides added support and contributes to the overall patient outcome. These include:

- + Maintaining a Healthy Weight – Often impacted by treatment side effects (nausea, taste).
- + Selecting and consuming nutritious food to support energy, protein, antioxidants, vitamins and minerals to support healing.
- + Promote 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 PM to 4 PM. Patients are scheduled using EPIC and a brief medical history is forwarded to the dietitian prior to the planned visit. Should a demand arise outside the normal schedule, accommodations can be arranged with advanced notice.

Consultations may consist of a variety of nutrition education/interventions: Weight Management, Altered Taste perception, use of Oral Nutrition Supplements, referral to community agencies and more.

As of September 1, 2023, to September 30, 2024, forty-one patients have received nutrition consultation, reflecting a 65.8% increase in consultations.

Currently, Nutrition Services is partnering with Dr. Molina and Dr. Koch to introduce a trial of using the golden standard (Subjective Global Assessment) to better assess oncology patients at significant nutrition risk, with the goal of getting the patient consulted by the Registered Dietitian as a priority.

Assessment and evaluation of the consult is documented in the patient's electronic medical record. Any patient identified as needing additional education, follow-up and/or referrals is made at the time of the consultation.

A Registered Dietitian serves as a member of the HCC Survivorship Committee.

Stephen R. Smith, MBA, RDN, LDN

Manager of Nutrition Services, Clinical Nutrition Service







ONCOLOGY DATA SERVICES

The Oncology Data Services department is honored to have played such a vital role in Lakeland Regional Health System's being granted by the Commission on Cancer of the American College of Surgeons with a 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 a 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 2,981 cases accessioned into the database in 2024 (2023 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 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 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 also is utilized by the medical staff, administration, and other hospital departments, at cancer conferences, in our annual report and by other cancer registries. In addition, specifics about the cancer services offered by our facility, as well as our research activities and structure of our cancer program, are provided to the American College of Surgeons, the American Cancer Society and the Association of Community Cancer Centers.

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

The following data includes charts and graphs that represent the analytic data of the patients seen here at LRHS and Lakeland Regional Health Hollis Cancer Center in 2023 and abstracted in 2024 (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 state of Florida (FCDS):

- + Katrina Myers, ODS-C, Data Tech
- + Raul Boyd, BS, Data Tech
- + Tina Swinney, ODS-C
- + Brandice Vickers, RHIT, ODS-C
- + Janet Wyrick, ODS-C
- + Jessica Zilke, ODS-C
- + Blanche Myers, RHIT, ODS-C, CPC



Blanche Myers, RHIT, ODS-C, CPC

Oncology Data Manager, Cancer Registry Quality Control Coordinator

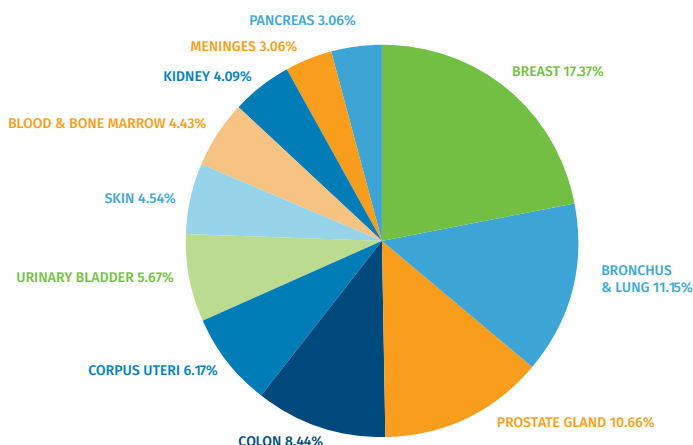
HOLLIS CANCER CENTER DATA

PRIMARY SITE TABULATION FOR 2023 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	2067	2067	0	925	1142	151	580	282	245	251	403	155
Oral Cavity	32	32	0	26	6	0	8	5	3	4	7	5
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	12	12	0	9	3	0	5	0	0	2	3	2
Oropharynx	7	7	0	5	2	0	1	1	1	0	3	1
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0	0
Other	13	13	0	12	1	0	2	4	2	2	1	2
Digestive System	396	396	0	201	195	30	67	73	75	69	73	9
Esophagus	18	18	0	14	4	0	2	3	1	4	6	2
Stomach	24	24	0	10	14	0	7	1	0	3	12	1
Colon	156	156	0	70	86	18	27	40	30	24	16	1
Rectum	53	53	0	35	18	3	7	7	15	6	15	0
Anus/Anal Canal	11	11	0	2	9	0	1	2	7	1	0	0
Liver	38	38	0	22	16	0	6	6	9	7	7	3
Pancreas	62	62	0	36	26	3	14	9	5	18	12	1
Other	34	34	0	12	22	6	3	5	8	6	5	1
Respiratory System	237	237	0	112	125	1	57	15	50	87	26	1
Nasal/Sinus	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	8	8	0	8	0	0	4	0	2	1	1	0
Other	3	3	0	2	1	0	0	0	1	2	0	0
Lung/Bronc-Small Cell	47	47	0	18	29	0	10	4	9	21	3	0
Lung/Bronc-Non Small Cell	164	164	0	77	87	1	40	11	37	54	20	1
Other Bronchus & Lung	15	15	0	7	8	0	3	0	1	9	2	0
Blood & Bone Marrow	86	86	0	55	31	0	0	3	1	4	41	37
Leukemia	40	40	0	26	14	0	0	0	0	4	18	18
Multiple Myeloma	23	23	0	11	12	0	0	3	1	0	15	4
Other	23	23	0	18	5	0	0	0	0	0	8	15
Bone	0	0	0	0	0	0	0	0	0	0	0	0

PRIMARY SITE TABULATION FOR 2023 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	11	11	0	8	3	0	0	0	2	1	5	3
Skin	91	91	0	57	34	16	38	13	7	3	11	3
Melanoma	86	86	0	52	34	16	38	13	6	2	11	0
Other	5	5	0	5	0	0	0	0	1	1	0	3
Breast	352	352	0	2	350	47	164	40	15	15	69	2
Female Genital	183	183	0	0	183	0	90	11	36	12	29	5
Cervix Uteri	21	21	0	0	21	0	3	4	4	2	7	1
Corpus Uteri	125	125	0	0	125	0	77	3	25	4	16	0
Ovary	21	21	0	0	21	0	4	3	4	5	4	1
Vulva	11	11	0	0	11	0	4	1	1	0	2	3
Other	5	5	0	0	5	0	2	0	2	1	0	0
Male Genital	225	225	0	225	0	0	60	90	31	25	19	0
Prostate	216	216	0	216	0	0	56	90	29	25	16	0
Testis	7	7	0	7	0	0	4	0	2	0	1	0
Other	2	2	0	2	0	0	0	0	0	0	2	0
Urinary System	216	216	0	157	59	57	62	21	20	18	36	2
Bladder	115	115	0	93	22	52	23	16	2	8	13	1
Kidney/Renal	94	94	0	59	35	4	37	5	18	9	21	0
Other	7	7	0	5	2	1	2	0	0	1	2	1
Brain & CNS	91	91	0	26	65	0	0	0	0	0	34	57
Brain (Benign)	4	4	0	2	2	0	0	0	0	0	2	2
Brain (Malignant)	25	25	0	9	16	0	0	0	0	0	11	14
Other	62	62	0	15	47	0	0	0	0	0	21	41
Endocrine	66	66	0	19	47	0	29	7	0	1	12	17
Thyroid	39	39	0	9	30	0	29	7	0	1	2	0
Other	27	27	0	10	17	0	0	0	0	0	10	17
Lymphatic System	50	50	0	29	21	0	3	2	2	7	35	1
Hodgkin's Disease	6	6	0	4	2	0	0	0	2	0	4	0
Non-Hodgkin's	44	44	0	25	19	0	3	2	0	7	31	1
Unknown Primary	11	11	0	3	8	0	0	0	0	0	2	9
Other/Ill-Defined	20	20	0	5	15	0	2	2	3	5	4	4

Top Eleven 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 17.37%, Lung was 11.15%, Prostate was 10.66%, Colon was 8.44%, Corpus Uteri was 6.17%, Urinary Bladder was 5.67%, Skin was 4.45%, Blood & Bone Marrow was 4.34%, Kidney was 4.09%, Meninges was 3.06%, and Pancreas at 3.06%.



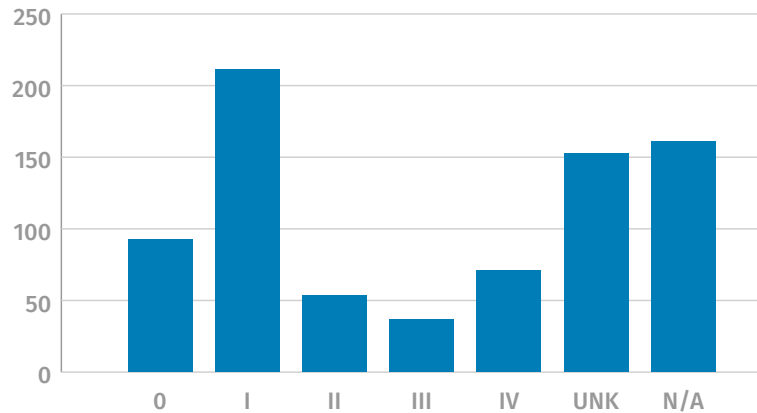
SITE CODE	NUMBER OF CASES	PERCENT
BREAST	352	17.37%
BRONCHUS & LUNG	226	11.15%
PROSTATE GLAND	216	10.66%
COLON	171	8.44%
CORPUS UTERI	125	6.17%
URINARY BLADDER	115	5.67%
SKIN	92	4.54%
BLOOD & BONE MARROW	88	4.34%
KIDNEY	83	4.09%
MENINGES	62	3.06%
PANCREAS	62	3.06%
LYMPH NODES	39	1.92%
LIVER & BILE DUCTS	39	1.92%
RECTUM	37	1.83%
BRAIN	30	1.48%
OTHER ENDOCRINE GLANDS	26	1.28%
STOMACH	24	1.18%
CERVIX UTERI	21	1.04%
OVARY	20	0.99%
ESOPHAGUS	18	0.89%
RECTOSIGMOID JUNCTION	16	0.79%
RETROPERITONEUM & PERITONEUM	14	0.69%
UNK PRIMARY	12	0.59%

SITE CODE	NUMBER OF CASES	PERCENT
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	12	0.59%
KIDNEY, RENAL PELVIS	11	0.54%
ANUS & ANAL CANAL	11	0.54%
VULVA	11	0.54%
SMALL INTESTINE	10	0.49%
LARYNX	8	0.39%
TESTIS	8	0.39%
TONSIL	8	0.39%
BASE OF TONGUE	8	0.39%
OROPHARYNX	7	0.35%
GALLBLADDER	5	0.25%
OTHER & UNSPECIFIED URINARY ORGANS	4	0.20%
OTHER ILL DEFINED SITES	4	0.20%
OTH FM. GENITAL ORGN.	4	0.20%
OTHER BILIARY TRACT	4	0.20%
HEART MEDIASTINUM PLEURA	4	0.20%
OTHER PARTS OF TONGUE	4	0.20%
URETER	3	0.15%
PENIS	2	0.10%
FLOOR OF MOUTH	2	0.10%
ADRENAL GLAND	2	0.10%
OTHER/UNSPECIFIED PARTS OF MOUTH	1	0.05%
VAGINA	1	0.05%
BONES JOINTS & ARTICULAR CARTILAGE	1	0.05%
PALATE	1	0.05%
UTERUS NOS	1	0.05%
THYMUS	1	0.05%
PAROTID GLAND	1	0.05%
PYRIFORM SINUS	1	0.05%
HYPOPHARYNX	1	0.05%
BONES JOINTS & ARTICULAR CARTILAGE	1	0.05%
THYMUS	1	0.05%
Total	2027	100%

AJCC Stages

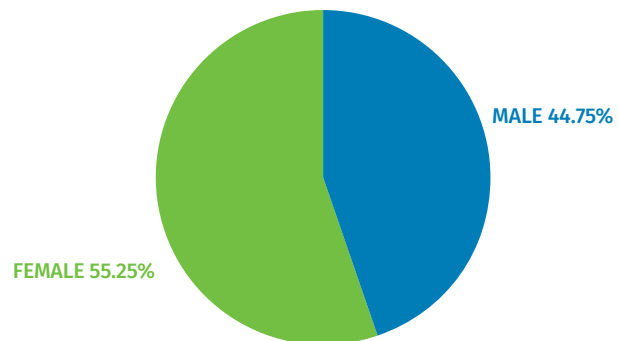
The majority of our analytical cancer cases are diagnosed at stage I (214 cases) which is nearly 10.35%. Stage II cancer cases represent 54 cases which is nearly 2.61% of our total case-load. Stage III cancer cases represent 37 cases which is nearly 1.79% of our total case-load. Followed by stage IV (72 cases) which is more than 3.48% of all our cases.

AJCC	CASES	PERCENT
0	94	4.55%
I	214	10.35%
II	54	2.61%
III	37	1.79%
IV	72	3.48%
UNK	155	7.50%
N/A	163	7.89%
TOTALS	2,067	100.00%



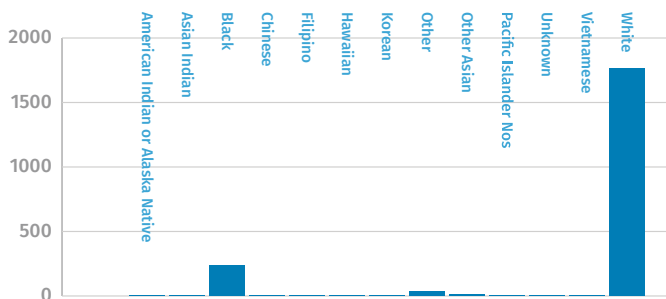
Cases by Gender

AJCC	CASES	PERCENT
FEMALE	1142	55.25%
MALE	925	44.7%
TOTALS	2,067	100.00%



Cases by Race

Of the analytical cases for 2023, there were 1,763 (85.29%) patients diagnosed with cancer who were White Caucasian compared to 239 (11.56%) Black patients. This was followed by 14 Asian patients, 4 American Indian or Alaska Native, 4 Asian Indian, 2 Filipino, 1 Hawaiian, 1 Pacific Islander, 1 Vietnamese, 1 Chinese, and 1 Korean patients who were diagnosed at LRH.



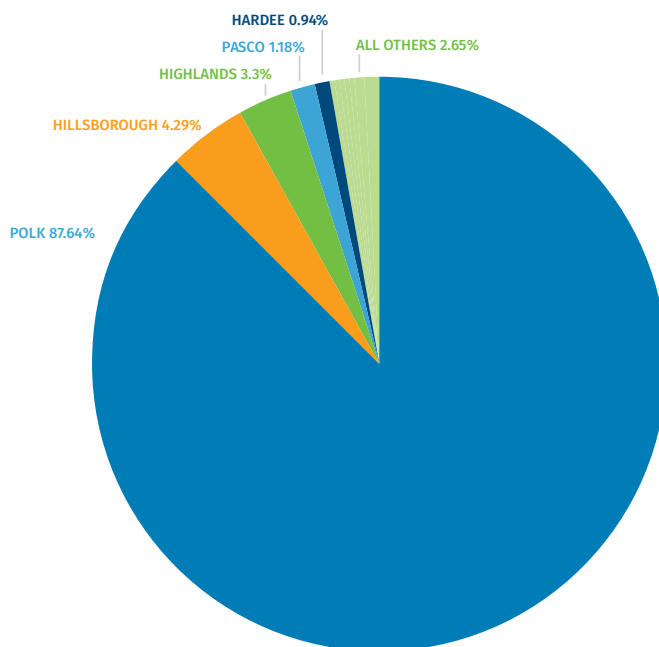
AJCC	CASES	PERCENT
AMERICAN INDIAN OR ALASKA NATIVE	4	0.19%
ASIAN INDIAN	4	0.19%
BLACK	239	11.56%
CHINESE	1	0.05%
FILIPINO	2	0.10%
HAWAIIAN	1	0.05%
KOREAN	1	0.05%
OTHER	32	1.55%
OTHER ASIAN	14	0.68%
PACIFIC ISLANDER NOS	1	0.05%
UNKNOWN	4	0.19%
VIETNAMESE	1	0.05%
WHITE	1763	85.29%
TOTALS	2,067	100.00%

Cases by County Code

The majority of our cancer cases come from within Polk county at 1,858 cases, which is 87.64% of our patient population for 2023.

COUNTY CODE	NUMBER OF CASES	PERCENT
POLK	1,858	87.64%
HILLSBOROUGH	91	4.29%
HIGHLANDS	70	3.30%
PASCO	25	1.18%
HARDEE	20	0.94%
OSCEOLA	7	0.33%
ORANGE	5	0.24%
BROWARD	4	0.19%
CITRUS	3	0.14%
SARASOTA	2	0.09%
HERNANDO	2	0.09%
HENDRY	2	0.09%
OKEECHOBEE	2	0.09%
OUT OF STATE	2	0.09%
LEE	2	0.09%
OUT OF STATE	2	0.09%
OUT OF STATE	2	0.09%
OUT OF STATE	1	0.05%
LAKE	1	0.05%
OUT OF STATE	1	0.05%
FRANKLIN	1	0.05%
PINELLAS	1	0.05%
OUT OF STATE	1	0.05%
COLUMBIA	1	0.05%
MANATEE	1	0.05%
INDIAN RIVER	1	0.05%
MARION	1	0.05%
OUT OF STATE	1	0.05%
GENESEE	1	0.05%
HALIFAX	1	0.05%

COUNTY CODE	NUMBER OF CASES	PERCENT
OUT OF STATE	1	0.05%
MEIGS	1	0.05%
OUT OF STATE	1	0.05%
OUT OF STATE	1	0.05%
DADE	1	0.05%
OUT OF STATE	1	0.05%
SEMINOLE	1	0.05%
DESOTO	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%

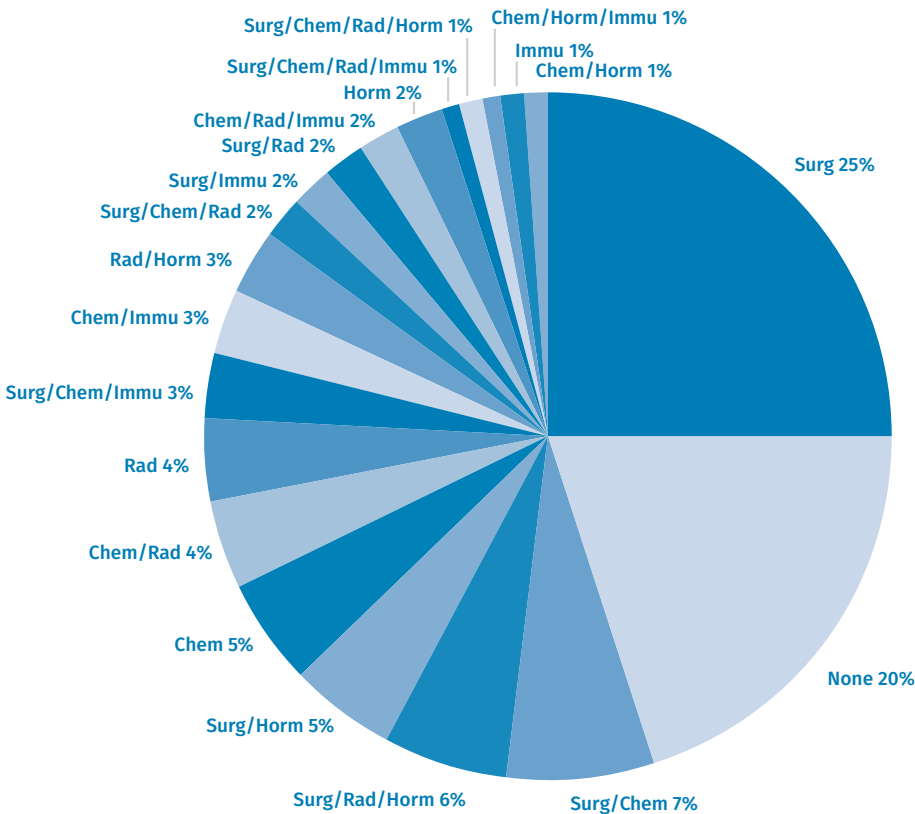


Treatment

The majority (517 cases) of our cancer patients are treated with surgery alone, which accounts for 25% of our patient population.

RX TYPE	NUMBER OF CASES	PERCENT
SURG	517	25%
NONE	417	20%
SURG/CHEM	138	7%
SURG/RAD/HORM	133	6%
SURG/HORM	104	5%
CHEM	98	5%
CHEM/RAD	76	4%
RAD	73	4%
SURG/CHEM/IMMU	68	3%
CHEM/IMMU	62	3%
RAD/HORM	56	3%
SURG/CHEM/RAD	47	2%
SURG/IMMU	47	2%
SURG/RAD	47	2%
CHEM/RAD/IMMU	34	2%
HORM	32	2%
SURG/CHEM/RAD/IMMU	23	1%

RX TYPE	NUMBER OF CASES	PERCENT
SURG/CHEM/RAD/HORM	17	1%
CHEM/HORM/IMMU	17	1%
IMMU	14	1%
CHEM/HORM	10	1%
SURG/CHEM/HORM	9	0%
SURG/CHEM/HORM/IMMU	8	0%
SURG/CHEM/RAD/HORM/IMMU	8	0%
RAD/IMMU	5	0%
SURG/RAD/IMMU	2	0%
SURG/CHEM/RAD/TRAN	1	0%
RAD/HORM/IMMU/TRAN	1	0%
HORM/IMMU	1	0%
CHEM/RAD/HORM	1	0%
CHEM/RAD/HORM/IMMU	1	0%
CHEM/RAD/HORM	1	0%
CHEM/IMMU/TRAN	1	0%
TOTAL	2,067	100%



Site by AJCC Stage

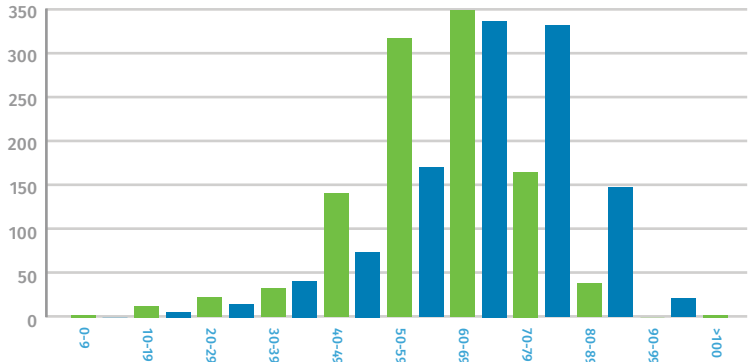
PRIMARY SITE TABULATION FOR 2023 CASES BY ACCESSION												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
All Sites	2067	2067	0	151	580	282	245	251	403	155	403	155
Oral Cavity	32	32	0	0	8	5	3	4	7	5	7	5
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	12	12	0	0	5	0	0	2	3	2	3	2
Oropharynx	7	7	0	0	1	1	1	0	3	1	3	1
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0	0
Other	13	13	0	0	2	4	2	2	1	2	1	2
Digestive System	396	396	0	30	67	73	75	69	73	9	73	9
Esophagus	18	18	0	0	2	3	1	4	6	2	6	2
Stomach	24	24	0	0	7	1	0	3	12	1	12	1
Colon	156	156	0	18	27	40	30	24	16	1	16	1
Rectum	53	53	0	3	7	7	15	6	15	0	15	0
Anus/Anal Canal	11	11	0	0	1	2	7	1	0	0	0	0
Liver	38	38	0	0	6	6	9	7	7	3	7	3
Pancreas	62	62	0	3	14	9	5	18	12	1	12	1
Other	34	34	0	6	3	5	8	6	5	1	5	1
Respiratory System	237	237	0	1	57	15	50	87	26	1	26	1
Nasal/Sinus	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	8	8	0	0	4	0	2	1	1	0	1	0
Other	3	3	0	0	0	0	1	2	0	0	0	0
Lung/Bronc-Small Cell	47	47	0	0	10	4	9	21	3	0	3	0
Lung/Bronc-Non Small Cell	164	164	0	1	40	11	37	54	20	1	20	1
Other Bronchus & Lung	15	15	0	0	3	0	1	9	2	0	2	0
Blood & Bone Marrow	86	86	0	0	0	3	1	4	41	37	41	37
Leukemia	40	40	0	0	0	0	0	4	18	18	18	18
Multiple Myeloma	23	23	0	0	0	3	1	0	15	4	15	4
Other	23	23	0	0	0	0	0	0	8	15	8	15
Bone	0	0	0	0	0	0	0	0	0	0	0	0

PRIMARY SITE TABULATION FOR 2023 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	11	11	0	0	0	0	2	1	5	3	5	3
Skin	91	91	0	16	38	13	7	3	11	3	11	3
Melanoma	86	86	0	16	38	13	6	2	11	0	11	0
Other	5	5	0	0	0	0	1	1	0	3	0	3
Breast	352	352	0	47	164	40	15	15	69	2	69	2
Female Genital	183	183	0	0	90	11	36	12	29	5	29	5
Cervix Uteri	21	21	0	0	3	4	4	2	7	1	7	1
Corpus Uteri	125	125	0	0	77	3	25	4	16	0	16	0
Ovary	21	21	0	0	4	3	4	5	4	1	4	1
Vulva	11	11	0	0	4	1	1	0	2	3	2	3
Other	5	5	0	0	2	0	2	1	0	0	0	0
Male Genital	225	225	0	0	60	90	31	25	19	0	19	0
Prostate	216	216	0	0	56	90	29	25	16	0	16	0
Testis	7	7	0	0	4	0	2	0	1	0	1	0
Other	2	2	0	0	0	0	0	0	2	0	2	0
Urinary System	216	216	0	57	62	21	20	18	36	2	36	2
Bladder	115	115	0	52	23	16	2	8	13	1	13	1
Kidney/Renal	94	94	0	4	37	5	18	9	21	0	21	0
Other	7	7	0	1	2	0	0	1	2	1	2	1
Brain & CNS	91	91	0	0	0	0	0	0	34	57	34	57
Brain (Benign)	4	4	0	0	0	0	0	0	2	2	2	2
Brain (Malignant)	25	25	0	0	0	0	0	0	11	14	11	14
Other	62	62	0	0	0	0	0	0	21	41	21	41
Endocrine	66	66	0	0	29	7	0	1	12	17	12	17
Thyroid	39	39	0	0	29	7	0	1	2	0	2	0
Other	27	27	0	0	0	0	0	0	10	17	10	17
Lymphatic System	50	50	0	0	3	2	2	7	35	1	35	1
Hodgkin's Disease	6	6	0	0	0	0	2	0	4	0	4	0
Non-Hodgkin's	44	44	0	0	3	2	0	7	31	1	31	1
Unknown Primary	11	11	0	0	0	0	0	0	2	9	2	9
Other/Ill-Defined	20	20	0	0	2	2	3	5	4	4	4	4

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	2	6
20-29	11	15
30-39	19	41
40-49	28	74
50-59	120	170
60-69	271	336
70-79	298	331
80-89	141	147
90-99	33	21
100-109	0	0
All Others	2	1
Total	925	1,142



Histology

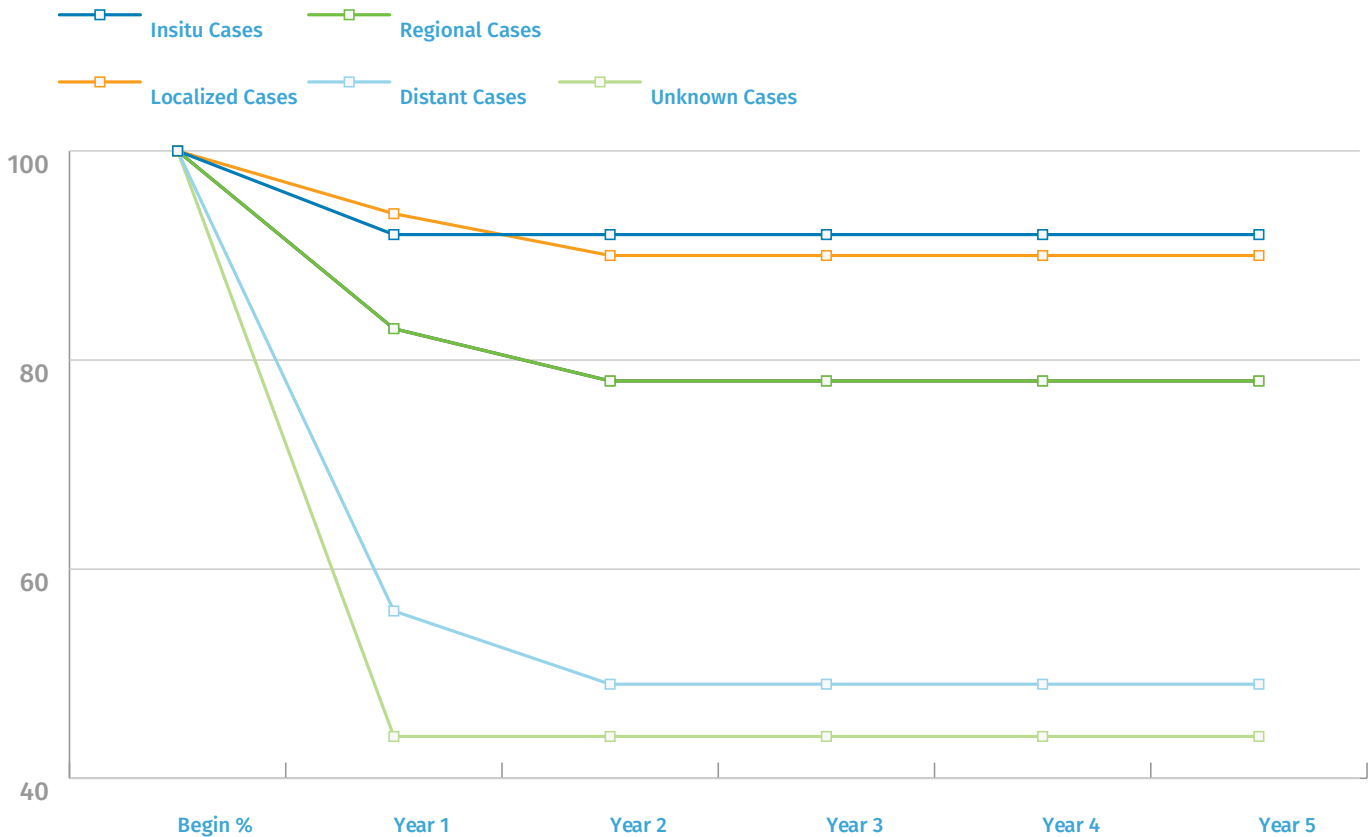
HISTOLOGY	NUMBER OF CASES	PERCENT
ADENOCARCINOMA	537	25%
INVASIVE CARCINOMA OF NO SPECIAL TYPE, BREAST ONLY	240	11%
SQUAMOUS CELL CARCINOMA, NOS	97	5%
ENDOMETRIOID ADENOCARCINOMA, NOS	98	5%
CLEAR CELL ADENOCARCINOMA, NOS	62	3%
MALIGNANT MELANOMA, NOS	61	3%
PAPILLARY TRANSITIONAL CELL CARCINOMA, NON-INVASIVE	55	3%
INTRADUCTAL CARCINOMA, NONINFILTRATING, NOS	49	2%
MENINGIOMA, NOS	46	2%
SMALL CELL CARCINOMA, NOS	44	2%
ALL OTHERS	831	39%
TOTAL	2,120	100.00%

2023 LRH data finds that Adenocarcinoma is our number one histology with 25% (537 cases), followed by 11% (240 cases) being Invasive Carcinoma. Another 5% of our cases are diagnosed with Endometrioid Adenocarcinoma (98 cases) and Squamous Cell Carcinoma (97 cases). Then we have Clear Cell Carcinoma (62 cases), Malignant Melanoma (61 cases), and Papillary Transitional Cell Carcinoma (55 cases) all being 3% of our cases.

Observed Survival Analysis

Using five year’s out from the year 2023 (2018) provides us with LRH’s five year survival graph.

	INSITU CASES	LOCALIZED CASES	REGIONAL CASES	DISTANT CASES	UNKNOWN CASES	2017 ANALYTICAL CASES BY ACCESSION
BEGIN %	100	100	100	100	100	100
YEAR 1	92	94	83	56	44	83
YEAR 2	92	90	78	49	44	78
YEAR 3	92	90	78	49	44	78
YEAR 4	92	90	78	49	44	78
YEAR 5	92	90	78	49	44	78



CANCER CARE SERVICES

Lakeland Regional Health System, 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, Urologic 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 chemo-radiation 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 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 increase in patient volume and better available treatments in each one of our subspecialties:

1. **Hepatobiliary:** We have expanded the Robotic minimally invasive services providing an increased number of cases and the complexity of the liver, bile duct and pancreas resections done minimally invasive decreasing length of stay, accelerating return to normal activities and the possibility of starting systemic therapy sooner. This include the ability to now offer Robotic Whipple procedure to patients with pancreatic masses in the head of the pancreas, very complex operations done only 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 that will allow treatment for diffuse metastatic disease and locally advanced unresectable tumor in the liver increasing survival and the number of patients that could be converted to resection candidates.

2. **Foregut:** We continue to offer minimally invasive surgery for esophageal and gastric resections 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 treatment of Thyroid and parathyroid cancer providing multi-disciplinary approach to an increase number of patients, radical surgery when indicated with post op strategies to minimize the impact in quality of life after surgery. We continue to provide de post op ablation with radioactive iodine. We continue to

provide 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 to perform operations to remove tumor in difficult areas with minimal impact to the function and cosmesis.
5. **Sarcoma:** we continue to perform resections of retroperitoneal and extremity sarcoma. With the addition of Orthopedic Oncology, we are able to team approach resections with more chances of limb preserving operations.
6. **Peritoneal Surface malignancies:** Dr. Kelly Koch will be starting a HIPEC (hyperthermic intraperitoneal chemotherapy) program allowing treatment for patients with tumors spread to the peritoneum and primary peritoneal tumors 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 when possible of cancer and premalignant lesions. We also continue to diagnose and monitor patient with cystic lesions in the pancreas to determine the risk for cancer and to intervene early in the development of cancer which will give us the opportunity to remove tumors early.



Manual Molina-Vega, MD

Medical Director of Surgical Oncology, Surgical Oncology



Kelly Koch, MD

Surgical Oncology

REHABILITATION ANNUAL REPORT

This year, Lakeland Regional Health continued to advance its commitment to providing comprehensive cancer care through rehabilitation. We introduced an eight-month educational series led by rehabilitation professionals, focusing on various cancer-related topics to better support patients and families. Presented by a dedicated team, each session provided in-depth insights into how rehabilitation can address the side effects of cancer treatments and improve overall survivorship.

Dr. Rizwana Mir, PT, DPT, presented at the Breast Cancer Symposium. Her presentation highlighted how rehabilitation can mitigate side effects of cancer treatments, showcasing the essential role of rehab in comprehensive cancer care. Rehabilitation has taken a leadership role within the survivorship community, continuously seeking innovative ways to integrate rehab into the broader cancer care environment at Lakeland Regional Health.

In August, the survivorship committee launched an Exercise and Support Group, designed to aid cancer survivors in their physical and emotional recovery. The exercise component of this group is led by Erin Kennedy, OTR, a certified yoga instructor, who guides participants through yoga and other therapeutic exercises tailored to their recovery needs. This initiative provides a supportive environment for survivors, fostering both physical wellness and community connections.

Lakeland Regional Health currently offers outpatient therapy services at both the Grasslands Campus and North YMCA locations. Our rehabilitation team is composed of 29 skilled professionals, including physical therapists (PT), physical therapist assistants (PTA), occupational therapists (OT), certified occupational therapy assistants (COTA), and speech-language pathologists (SLP). Many of our therapists bring specialized skills, which are invaluable to the cancer patient community:

- + **Rizwana Mir, PT, DPT:** Certified in lymphedema management and oncology exercise, offering targeted support for patients recovering from cancer.
- + **Kelley Jackson, PTA :** Certified lymphedema therapist, providing essential care for swelling and lymphatic concerns.

- + **Ann Marie Paulk, PT, MHS, OCS:** Specialist in pelvic health, managing cancer-related incontinence for both men and women.
- + **Michael Smith, OT, CHT:** Certified hand therapist, aiding in the restoration of hand function.
- + **Lisa Reuther, MEd, CCC-SLP:** Expertise in speech, swallowing, and cognitive impairments related to cancer treatments.
- + **Erin Kennedy, OTR:** Certified yoga instructor, leading therapeutic exercise initiatives for cancer survivors.

In 2024, our outpatient rehabilitation team supported cancer patients referred from the Hollis Cancer Center and community referrals. Our team actively participates in tumor board meetings and holds key roles in the LRH Cancer Committee and NAPBC certification process, ensuring a collaborative approach to patient-centered cancer care.

In 2025, we aim to continue working towards a proactive approach to managing the side effects of cancer treatments. This includes identifying patients at high risk of developing specific side effects and educating them on prevention and management strategies. Through expanded functional screenings, educational sessions, and interdisciplinary shadowing with physicians, we seek to detect and address functional impairments earlier in the cancer care journey, ultimately supporting better patient outcomes.

For more information, please contact Aaryn Mariacher, Manager of Outpatient Rehabilitation Services, at aaryn.mariacher@myLRH.org.

We are proud of the strides made in 2024 and remain committed to enhancing our role in supporting cancer patients at every stage of their journey.

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 areas, 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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