



# HOLLIS CANCER CENTER 2025 ANNUAL REPORT

2025 Statistical Data

*Your Health. Our Promise.*

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*Lakeland Regional  
Health's Hollis Cancer  
Center was first awarded  
three-year Gold Level  
Accreditation with  
Commendation from the  
Commission on Cancer  
(CoC) in 2018. Hollis  
Cancer Center was most  
recently reaccredited by  
the CoC in 2025.*



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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 reaccredited through 2028 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 and education.
- + Access to patient-centered services such as psychosocial distress screening and navigation.
- + Options for genetic assessment and counseling and palliative care services.
- + Ongoing monitoring and improvement of care.
- + Assessment of treatment planning based on evidence-based national treatment guidelines.
- + Information about clinical trials and new treatment options.
- + Follow-up care at the completion of treatment, including a survivorship care plan.
- + A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up.



# 2024 CANCER COMMITTEE MEMBERS

## CHAIRMAN

Graham F. Greene, MD

## CANCER LIAISON PHYSICIAN

Peter Hinds, MD, *Surgeon*  
Manuel Molina-Vega, MD\*

## DIAGNOSTIC RADIOLOGY

Christian Schmitt, MD  
Paul Billeaud, MD\*

## PATHOLOGY

Brian Yoder, MD  
Evander Boynton, MD\*

## RADIATION ONCOLOGY

Kris Guerrier, MD  
Michael Shevach, MD\*

## SURGERY

Vanessa Prowler, MD, *Breast Program Director, Surgeon*  
Diana Burgueno-Vega, MD\*

## MEDICAL ONCOLOGY

Sushma Nakka, MD  
Kamal Haider, MD\*

## CANCER PROGRAM ADMINISTRATOR

Timothy Dench, *AVP of Ambulatory Operations & Strategy*  
Kurt English, MBA, RTT, *Sr. Director Hollis Cancer Center\**

## NURSING

Amber Odom, BSN, RN, CMSRN  
Mallory Fullenkamp, RN\*

## CANCER REGISTRY

Blanche Myers, RHIT, ODS - C, CPC, *Oncology Data Manager (Cancer Registry), Cancer Registry Quality Coordinator*  
Brandice Vickers, RHIT, ODS - C\*

## SOCIAL WORKER

Jamie Sites, *Oncology Social Worker*  
Maria Kratz\*

## QUALITY IMPROVEMENT

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

## PALLIATIVE CARE

Jeri Thomas, MSN, CNS, CMSRN, ACHPN, *Clinical Nurse Specialist, Palliative Care*  
Tara Yancey\*

## PHARMACY

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

## CLINICAL RESEARCH

Dana Crowder, *Clinical Research Coordinator*  
Maria Kratz\*

## REHABILITATION

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

## REGISTERED DIETITIAN

Stephen Smith, RD, *Manager, Clinical Nutrition Service*  
Claudia Morgan\*

## GENETICS REPRESENTATIVE

Vanessa Prowler, MD, *Genetics Representative*  
Imran Ahmad, MD\*

## PATIENT NAVIGATOR

Kelly Sangster, RN, *Breast Cancer Patient Navigator*  
Thiera Hargrove, RN\*

## AMERICAN CANCER SOCIETY

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

## COMMUNITY OUTREACH

Lauren Springfield  
Rodney Black\*

## MEDICAL STAFF DIRECTOR

Robert Arturi, *Medical Staff Director*  
Ashley Rivera\*

## COORDINATORS

### QUALITY IMPROVEMENT

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

### CANCER REGISTRY QUALITY

Blanche Myers, RHIT, ODS - C, CPC, *Oncology Data Manager (Cancer Registry), Cancer Registry Quality Coordinator*  
Brandice Vickers, RHIT, ODS - C\*

### CANCER CONFERENCE

Timothy Dench, *AVP of Ambulatory Operations & Strategy, Cancer Conference Coordinator*  
Kurt English, MBA, RTT, *Sr. Director Hollis Cancer Center\**

### CLINICAL RESEARCH

Dana Crowder, *Clinical Research Coordinator*  
Maria Kratz\*

### PSYCHOSOCIAL SERVICES

Jamie Sites, *Oncology Social Worker*  
Diane Towns\*

### SURVIVORSHIP CARE PROGRAM

Molly Finger  
Rizwana Mir, PT, DPT\*, *Survivorship Care Program Coordinator*

\*Designates Alternate





## DIRECTOR'S LETTER

In 2025, The Hollis Cancer Center continued on our path and mission. We remain steadfast in our pursuit for 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 2025, we continued our efforts to fulfill our 10-year strategic plan. In review, our strategic plan is categorized into four main initiatives: We wish to align well with our physician

leaders, improve access to care, develop streamlined pathways of care, and solidify our brand.

### *Advancing Care: Our Physician Leaders*

Our talented group of physicians are the backbone of our facility. This past year our physicians were influential in community programs, statewide educational opportunities, technology advances, and in leading the way to advanced care.

- The Hollis Cancer Center participated in Graduate Medical Education and hosted resident physicians throughout 2025. 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 and fellowships in 2026 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 statewide oncologic professional organizations, sharing their expertise and contributing to scientific developments.
- Hollis Cancer Center’s 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 feel 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 2025 we have made numerous strides. We realized that our current group of providers were approaching capacity, and 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, plastics and reconstructive surgery, and breast oncology. Most notably, we welcomed Breast Surgeon Eve Paxton, MD, and Head and Neck Surgical Oncologist Jennifer Bourne, MD.

## *Streamlining Access to Care*

In addition to adding to our provider team, we were able to implement new technologies to accelerate access, and provider scheduling templates have been optimized for access. We also continue to add clinical nurses 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. The team has also enhanced access to our nursing team through a chemotherapy on-call nursing line available at night and on weekends. The goal of this program is to reduce unnecessary visits to the emergency room for patients undergoing chemotherapy.

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 2025, we continued to partner, and we secured \$15,000 in grants to reduce transportation barriers to care. Assistance was offered in the form of gas cards to qualifying patients.

In late 2025, we also completed a construction project to expand our clinical space. This construction added 15 exam rooms to the Hollis Cancer Center, allowing more access to programs. Our Urology program grew to a second location in 2024, serving urology patients at LRH’s Kathleen Campus in North Lakeland, and we plan to expand to a southside location in 2026. The new southside location will offer medical oncology, lab, pharmacy, and infusion services. We anticipate opening in late 2026 and are actively working on the people, processes, and technologies to bring this to life.

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 care.

In 2025, we were able to 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. We now have five nurse navigators on staff at the Hollis Cancer Center. This team is working toward establishing pathways to share with our stakeholders to allow a more efficient navigation and literacy of our healthcare system. Lakeland Regional Health is also actively pursuing partnerships with other organizations to fill any noted care gaps. The goal of this program is to cohesively align with other groups to ensure patients do not have to leave the marketplace for complex care pathways.





We also 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 be offering HIPEC, or Hyperthermic Intraperitoneal Chemotherapy, a specialized treatment for certain types of cancer, particularly those that have spread to the abdominal cavity. The procedure involves removing visible tumors from the abdominal cavity and ends with the application of heated chemotherapy infused directly to the tumor site. This procedure can improve survival rates and reduce risks of recurrence. It is typically performed only in specialized centers, and we are proud to be offering this procedure in Lakeland. Our Radiation Oncology department also advanced care and streamlined pathways by securing a new linear accelerator, which will be available to treat patients in early 2026.

Lakeland Regional Health is now offering cutting-edge lung care and diagnosis technology with the Intuitive Ion Robotic Navigational Bronchoscopy and the Siemens Cios Spin C-Arm with its 3D Cone Beam Integration Feature. These two pieces of technology work together to allow providers to collect lung tissue samples for biopsy in previously unreachable places, particularly in the periphery of the lung. Providers can now access small lesions in all 18 segments of the lung with even more reach, precision, and stability. In an effort to continue serving patients well into survivorship, we have implemented programs in nutrition, fitness, and emotional support. Our Taste of Exercise group continues to meet monthly for fitness and fun, and our annual Holidays at Hollis event for survivors is held in December.

### *Strengthening the Brand*

We remain dedicated to fortifying the Hollis Cancer Center brand within our organization, with external healthcare partners, and with members of the community. There have been continued efforts in 2025 to connect our Hollis Cancer Center physicians to our internal and external partners. In 2025, the Hollis Cancer Center advanced its program 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 continued to host “Subaru Loves to Care” for a blanket delivery, and we value tremendously our relationship with Puttin on the Pink and its annual event. These efforts and initiatives played a role in a 10% growth in patient volume utilizing Hollis Cancer Center for their care. We are also so proud to host one of LRH’s largest external events: Our 11th annual Promise Run was held in February 2025.

### *Reaccreditation and Accolades*

The Hollis Cancer Center was reaccredited by both the American College of Surgeons’ Commission on Cancer and the National Accreditation Program for Breast Centers in 2025. These accreditations are the result of rigorous on-site evaluations by physician surveyors in 34 standards and commendation in the following seven areas: Clinical Research Accrual, Cancer Registrar Education, Public Reporting of Outcomes, College of American Pathologists Protocols and Synoptic Reporting, Oncology Nursing Care, Rapid Quality Reporting System Participation, and Data Submission/Accuracy of Data.

Only 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%





of all hospitals and health systems in the U.S. Our lab continues to be accredited by the College of American Pathologists, and our Radiation Oncology Program is one of only nine programs in Florida earning the prestigious accreditation of the Accreditation Program for Excellence, or APEX. 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.

The ongoing work at the Hollis Cancer Center resulted in another year of growth. We are pleased to announce that 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, Radiation Oncology, and Colon and Rectal Surgery, with an increase of 15%, 11%, 19%, and 8% in new patients, respectively. We also noted volume advances in our chemotherapy infusion area, with 12% growth. Our team is working diligently to improve the efficiency of our workflows and offer a larger breadth of services. These improvements translated into improved communication and access for our patients.

### *Looking to the Future*

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



***Timothy M. Dench, PT, DPT***  
AVP of Ambulatory Operations and Strategy  
Lakeland Regional Health





# CANCER LIAISON PHYSICIAN'S LETTER

I am the current Cancer Liaison Physician (CLP) at Lakeland Regional Health, and I have served in this role from 2022 to present. 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, rectum, skin, kidney, 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 have incorporated Synoptic Operative Reporting into our Detailed Operative Report for colon cancer, breast cancer, axillary lymph node dissection, sentinel lymph node biopsy, lung cancer, and melanoma through an evolving partnership with our surgical subspecialty groups, radiation oncologist, pathologist, and medical oncologist. The barriers to adaptation were minimized through education and EMR integration.

Our Multidisciplinary Tumor cancer conference boasts a 100% attendance rate for the 2024-2025 calendar year and includes Team

members in Radiology, Pathology, Surgical Oncology, Urologic Oncology, Breast Surgery, Medical Oncology, Radiation Oncology, Orthopedic Oncology, social workers, clinical trials/research, and Nutrition.

We have expanded our Oncologic Service lines and increased the number of patient exam rooms to meet the increasing growth and demand for cancer care in Polk County. We have added new team members to Urology, Breast Surgery, Surgical Oncology, Radiation Oncology, Plastics & Reconstructive Surgery, and Head & Neck Surgery service lines.

We continue to support our community financially through grants that support the cost of gas and transportation. We have partnered with the American Cancer Society to secure \$15,000 in grants to reduce transportation barriers to care. We offered assistance in the form of gas cards to qualifying patients.

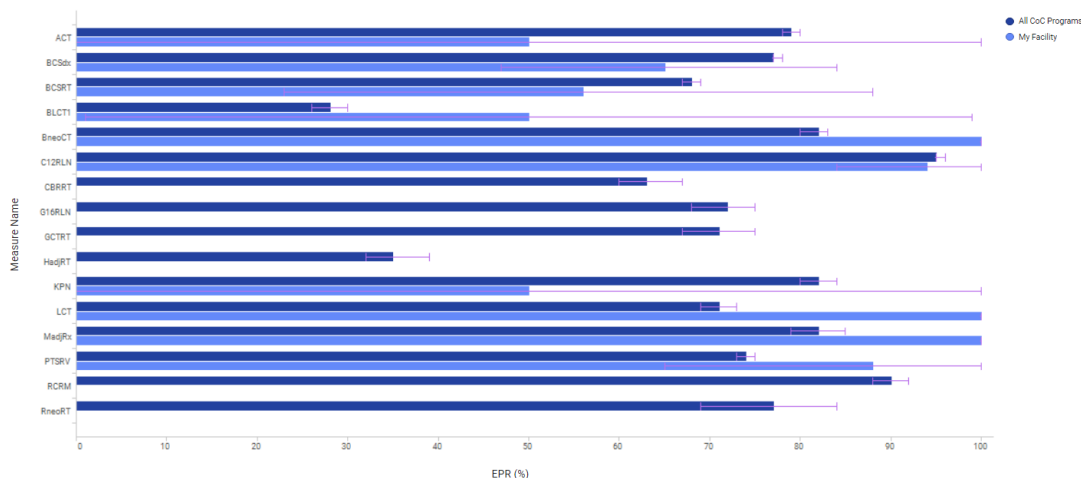
Overall, our institution has remained steadfast in its commitment to quality cancer care as evidenced by our numerous awards, recognition, and accreditations.



**Peter R. Hinds, MD, FACS**  
Cancer Liaison Physician,  
Urologic 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 33-bed inpatient oncology unit is dedicated to the comprehensive care of patients with cancer who require hospitalization for treatment, symptom management, or complications related to their disease or therapy. The unit is designed to provide a calm, supportive, and healing environment, equipped with advanced medical technology to deliver chemotherapy, transfusions, pain management, and other complex interventions safely.

Each patient room offers privacy and comfort, supporting both patients and their families during extended stays. The multidisciplinary care team – comprising oncologists, oncology-trained nurses, pharmacists, case managers, dietitians, and palliative care specialists – collaborates closely to provide individualized, compassionate care focused on both physical and emotional well-being.

The unit emphasizes safety, infection prevention, and evidence-based practice to ensure the highest standards of care for patients throughout their cancer journey.

***Mallory Fullenkamp, BSN, RN, OCN***

*C7 Medical Oncology Patient Care Manager  
Lakeland Regional Health*



## SOCIAL WORK

At Lakeland Regional Health, the Social Work practitioners work closely with the cancer treatment team to ensure that patients' needs are 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." Currently, we can 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 visits HCC monthly, displaying postmastectomy, lumpectomy, and reconstruction products. We also have been able to provide our chemotherapy patients with pamper/comfort bags donated by several organizations such as Phil's Friends and The Breast Cancer Charities of America. These

bags vary in content – from hand lotions and slippers to lip balm and lap blankets – and have been very warmly received.

The Social Work office has many additional community resources available to assist patients in need, including accessing emergency funds through nationwide cancer foundations. There are NCI (National Cancer Institute) and ACS (American Cancer Society) educational/support materials available for patients and 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***

*AVP - Research and Sponsored Studies*











## PATIENT NAVIGATION IN CANCER CARE

The multidisciplinary breast care program at Lakeland Regional Health's Hollis Cancer Center is the only facility in Lakeland that is recognized and accredited by the National Accreditation Program for Breast Centers (NAPBC). In May 2025, this prestigious accreditation was secured for another five years due in part to the hard work, determination, and tenacity of our Breast Cancer Nurse Navigator, Kelly Sangster. Kelly is not only a registered nurse known for her critical thinking skills and proficient knowledge, but she is also a triple negative breast cancer survivor. She has a sound foundation of medical knowledge regarding benign breast disease and breast cancer. In her role, she is trained to identify and triage the most common problems encountered in different stages of recovery. She serves as a coordinator across the continuum of the illness and recovery while assessing the physical, psychological, and social needs of her patients and their families.

Navigation involves encouraging each patient to work as an informed partner with their healthcare team. Here at Hollis Cancer Center, our breast surgical oncologists provide

each of their patients with an individualized and detailed plan of care. This aims to help our breast patients understand their specific treatment regimen. The navigator is a facilitator of each of the physicians' recommendations to ensure patient compliance and understanding. By identifying and eliminating barriers to care, the navigator helps improve patient satisfaction and outcomes.

Every patient is unique and deserves the best clinical 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. Providing early intervention and appropriate access to all healthcare services decreases fragmentation of care. Walking alongside the patient helps make the breast cancer treatment experience less scary and more manageable.

***Kelly Sangster, RN***  
*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 who have completed their first course of cancer treatment. 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 May 1, 2025, there were approximately 18.6 million cancer survivors in the United States. This number is projected to rise to 26 million by 2040. More than 78% of cancer survivors currently living in the United States are age 60 or older. 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, patients

in our breast program receive an SCP, and we are looking to expand this offering to other programs in 2025-2026.

## *New Initiatives and Program Enhancements in 2025*

- + **Monthly Peer Support & Exercise Class:** We continue to offer a monthly support and exercise class to provide survivors with both physical activity and emotional support throughout their cancer journey. These classes are designed to promote overall wellness, encourage healthy lifestyles, and foster a sense of community among cancer survivors.
- + **Quarterly Nutrition and Survivorship Education:** In 2025, we launched a quarterly program focused on the unique nutritional needs of cancer survivors. We also use this time to provide education on a variety of topics relevant to our survivorship population.
- + **National Cancer Survivorship Day:** In June, we hosted a program to honor cancer survivors and raise awareness of the challenges they face. The event provides an opportunity for survivors to connect, celebrate milestones, and recognize their supporters, while also advocating for more resources and research to improve their quality of life.

## *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.

**Molly Finger, MSN, MPH, APRN, CP-N**

*Survivorship Program Coordinator*





## PROMISE RUN 2026

Lakeland Regional Health is proud to host the Promise Run on March 7, 2026.

Participants walk, jog, or run the 10K and 5K courses through the historic streets and around the lakes of Lakeland. The run raises crucial funds that enable our expert physicians to expand our care. With every stride, we're not just crossing finish lines – we're helping to provide patients and their families with all the services they need.

*“I was inspired by the community’s response to this event. Everyone who participated showed their support for strengthening the health of our community.”*

**TIMOTHY J. BOYNTON**

Senior Vice President of Development  
and Chief Public Relations and  
Communications Officer





## BUILDING A HEALTHIER COMMUNITY, TOGETHER

At Lakeland Regional Health, community health is at the heart of everything we do. Through outreach, prevention, and education, we are working every day to ensure that our neighbors have the tools, access, and resources they need to lead healthier lives and reduce their risk for cancer.

As we look ahead, cancer screening and prevention will continue to play a major role in the 2026–2029 Community Health Needs Assessment, reinforcing our commitment to early detection and proactive wellness across Polk County.

One shining example of this work is our SunSmart Summer event at Bonnet Springs Park, where families came together for a day of fun in the sun and learned about sun safety. Through interactive activities, demonstrations, and sunscreen giveaways, children and parents learned how to protect their skin. From UV light experiments that showed how sunscreen really works to educational booths led by our care team, the event brought skin cancer awareness to life in a way that was engaging for all ages.

Our Skin Cancer Screening Event in May during Skin Cancer Awareness Month also underscored the power of prevention. The event was a success; every appointment slot filled quickly, showing just how eager community members are to take charge of their health. Participants received free screenings from our expert dermatology and oncology team, helping catch potential concerns early and providing peace of mind to dozens of residents.

Beyond prevention, we continue to remove barriers to care. Thanks to our transportation

grant from the American Cancer Society, we're helping ensure that patients across our community can get to their cancer treatment appointments safely and reliably. Transportation has long been identified in our Community Health Needs Assessment as a key barrier to accessing care, and this partnership is one more way we're bridging the gap.

Community connection remains one of our most powerful tools in advancing health. Through our ShopTalk Barbershop program, we meet men where they are, sparking conversations about prevention, screenings, and self-care in trusted neighborhood spaces. The initiative continues to grow, creating a ripple effect of awareness and empowerment throughout our community.

That same spirit of connection and education was on full display during our Men's Health Spotlight: Prostate Cancer Awareness Panel, where our urology team led an engaging discussion on prostate health, risk factors, and prevention. The event brought together healthcare providers, residents, and community members for an open conversation about one of the most important men's health issues of our time.

Together, these initiatives embody the mission of Lakeland Regional Health, to strengthen the well-being of our community through prevention, access, and education. From the barbershop to Bonnet Springs Park, and from our cancer center to events across Polk County, we're building a culture of health, one conversation, one screening, and one connection at a time.

## 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 No. 1 treated cancer at Hollis Cancer Center.

The Breast Program was reaccredited by the NAPBC in May 2025 and achieved a full three-year accreditation. The NAPBC is the country's foremost accreditation body, comprising 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. Hollis Cancer Center has the only NAPBC-accredited program in Lakeland.

Hollis Cancer Center 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 in breast cancer diagnosis and treatment



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

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

The Breast Cancer Program at Hollis Cancer Center continues to provide patients with multidisciplinary treatment for breast cancer. We hold biweekly Multidisciplinary Breast Care Conferences, which include all prospective cases covering AJCC staging and discussion of national 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 ultrasounds for women with dense breasts, and offer breast MRI for women with a high risk for developing breast cancer. These cutting-edge technologies allow for the best detection rates and improve overall outcomes.

### ***Our multidisciplinary tumor board facilitates:***

- + A real-time discussion among our team of experts for each patient undergoing treatment and allowing for personalized care specific to each patient's health and goals
- + Improved patient care, effective management of resources, and decisions that reflect the patient's goals for treatment
- + Discussion of 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, tiny devices placed prior to surgery, is used for localization in patients undergoing lumpectomies. 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. Dr. Prowler also offers flat aesthetic closure for patients undergoing a mastectomy who do not want reconstruction, which allows for a much-improved quality of life. She utilizes 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. Dr. Eve Paxton is a Breast Surgeon who joined the practice October 1, 2025.

Restoring quality of life by optimizing cosmetic outcomes 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. 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. Prowler, who 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. Hollis Cancer Center has 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. 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 patients in scheduling appointments. The team will help to expedite referrals and assist in obtaining any needed medical records. If you are interested in booking a Genetics Counseling appointment, please reach out to Lakeland Regional Health Hollis Cancer Center scheduling at **863.603.6565** or **863.687.1321**.



**Vanessa L. Prowler, MD, FACS**

*Medical Director of the Breast Oncology Program, Breast Surgical Oncologist*

# RADIATION ONCOLOGY

## *Advancing Excellence in Cancer Care & Community Connection*

LRH Hollis Cancer Center's Radiation Oncology Department continues to exemplify innovation, excellence, and patient-centered care. In 2025, we not only advanced our clinical capabilities but also deepened our commitment to engaging with the community and enhancing the overall patient experience.

## *Technology Expansion and Infrastructure Enhancement*

A major milestone was the initiation of a renovation project to replace one of the department's linear accelerators with a state-of-the-art Varian TrueBeam system. This upgrade brings advanced treatment modalities — including Volumetric-Modulated Arc Therapy (VMAT), Stereotactic Body Radiation Therapy (SBRT), and Stereotactic Radiosurgery (SRS) — to an additional machine. With two accelerators now equipped to deliver these cutting-edge therapies, the department is well-positioned to meet increasing patient demand while maintaining high standards of efficiency and precision.

To support this technological upgrade, significant remodeling of the treatment room is underway, ensuring the infrastructure is optimized for the latest in radiation therapy delivery.

## *Enhanced Treatment Planning Capabilities*

The department successfully implemented the Varian Eclipse treatment planning system, designed to improve speed, precision, and adaptability. This system allows for rapid protocol adjustments and seamless transitions between treatment units. It also supports dynamic replanning for patients experiencing anatomical changes, such as tumor shrinkage or body habitus variation — minimizing delays and improving clinical workflow.

In addition, the department is pursuing RadFormation software to further streamline treatment planning, increase plan quality, safety, and efficiency.

## *Commitment to Education and Workforce Development*

Radiation Oncology continues to serve as a training site for medical residents through Lakeland Regional Health's Graduate Medical Education (GME) program. This initiative reflects the department's dedication to cultivating the next generation of oncology specialists, supported by the expertise and mentorship of its physicians and staff.

In 2025, the department achieved a Gallup engagement mean score of 4.42; placing it above 96% of departments in the Hospital Level–Overall database. This outstanding result reflects the team's strong culture of collaboration, purpose-driven work, and commitment to excellence in patient care.

## *Patient-Centered Enhancements*

To foster a more comforting and personalized treatment environment, new radios and a replacement sound system were installed in the radiation treatment vaults. Coloring posters were added to waiting areas to create a more engaging and calming atmosphere for patients and families.

A Radiation Oncology patient experience survey also was implemented to gather feedback and identify opportunities for continuous improvement in care delivery. Early responses have highlighted the team's compassion and professionalism, reinforcing our commitment to excellence.



## ***Community Engagement & Outreach***

In 2025, the department expanded its outreach efforts by participating in community health events, including a church-hosted Breast Cancer Seminar aimed at educating and empowering local residents. These initiatives reflect our belief that cancer care extends beyond clinical walls and into the heart of the community.

We remain committed to building trust and awareness through education, partnerships, and open dialogue with the people we serve.

## ***Quality Recognition***

The department was proud to achieve reaccreditation for four years through the American Society for Radiation Oncology (ASTRO) Accreditation Program for Excellence (APEX). This recognition underscores the department's unwavering commitment to quality, safety, and patient-centered care.

## ***Looking Ahead***

As we continue to grow and evolve, our focus remains on delivering exceptional care while strengthening our connection to the community. We invite patients, families, and partners to learn more about our services, attend upcoming educational events, and join us in advancing cancer care together.



***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. Patients undergoing genetic testing receive counseling from Breast Surgeon Dr. Vanessa Prowler and Breast ARNPs Han Estep and Monay Link.

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 patients presenting to the LRCC breast program, regardless of personal or family history. Risk screenings are increasingly being performed by primary care physicians and imaging facilities, which prompts dedicated referrals to our facility for genetic testing and counseling.

At the Hollis Cancer Center, individuals thought to be at risk for carrying a genetic mutation are counseled about the advantages and disadvantages of having a blood test to see whether they have a genetic mutation. Prior to testing, extensive and formalized counseling is provided. Additionally, post counseling 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 exams, and digital photography are considered in certain high-risk individuals. Knowing whether 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 provided at the Hollis Cancer Center. Our providers have ongoing experience and attend regular breast education programs at national conferences that include risk assessment and evaluation and/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/loved ones. 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/loved ones 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, treatment choices, and options for care. In addition, the service can help patients and families/loved ones 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.

The palliative care service is available seven days per week and includes two physicians, three registered nurses, and an advanced practice registered nurse who consult with patients and families/loved ones at the medical center upon request of the patient's physician. Both physicians are board-certified in palliative medicine and serve as a resource to the team, the inpatient palliative care unit in the hospital, and to team members and physicians throughout the hospital.

In 2024, 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 emergency room. The nursing palliative care service received more than 2,300 consults in 2024.

***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 multidisciplinary approach to coordinate the best cancer treatment options for our patients, from diagnosis to survivorship, and to promote overall health.

Our experienced Medical Oncologists, Dr. Sushma Nakka, Dr. Kamal Haider, Dr. Imran Ahmad, and Dr. Muhammad Farooq, along with Kelly Craggett-Knowles, APRN, deliver precision medicine while incorporating NCCN guidelines and the most recent evidenced-based treatment options, including chemotherapy, immunotherapy, and targeted therapy. We provide genomic testing and ctDNA testing to aid 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 about oncology, hematology, pain management, and palliative care. Also, we provide Nurse Navigation to help patients with their journey throughout the process.

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

Our state-of-the-art 40-chair chemo suite offers patients a lakeside view. 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 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, coordinate referrals to hospice, and connect patients with community resources to help with many other needs they 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 consultations for patients pre-, post-, and during 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, which is often impacted by treatment side effects (nausea, taste)
- + Selecting and consuming nutritious food to support energy, protein, antioxidants, vitamins, and minerals to support healing
- + Promoting health and wellness within the patient's physical and emotional ability

Lakeland Regional Health dedicates a Registered Dietitian to be available for nutrition consultations every Thursday from 1-4PM. 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.

Between Q4 2024 and Q3 2025, 37 patients had received nutrition consultations.

### *Statistics:*

- + **Q4 2024:** 7 Consults Completed; 4 No-Shows
- + **Q1 2025:** 7 Consults Completed; 2 No-Shows
- + **Q2 2025:** 8 Consults Completed
- + **Q3 2025:** 15 Consults Completed; 9 No-Shows  
*Significant increase in consults this quarter.*



### *Plan to address no-shows:*

- + Explore providing automated reminders to patients via Epic.
- + HCC dietitians have been trained to use Epic to obtain a broader clinical picture and better communicate with providers.

### *Nutrition classes:*

- + Quarterly Nutrition Education Classes are offered to patients undergoing treatment or who have completed treatment, along with their caregivers. Classes are led by Molly Finger, Rizwana Mir, and me. This program began May 22, 2025, with great success, and additional classes were scheduled for August 28 and December 11. At the August class, attendance declined, and we are exploring ways to market/communicate about the classes.

### *Ideas for future session topics:*

- + Simple recipe ideas. I'd love to share a few recipes at each session and build a cookbook.
- + Ideas for "moving" during and after treatment
- + Meditation/journaling/yoga
- + Medication simplification, inviting a pharmacist to share some tips, dos and don'ts

- + What to expect when you're starting cancer treatments – anticipated side effects, how to manage, when to contact your provider
- + Advance directives. We may invite a social worker to talk through different documents.
- + Lymphedema. What is it? How is it managed?
- + Oncology Rehab. What is it? How does it help?
- + Sexuality/sexual dysfunction during/after treatment. Common causes, how to talk to your partner
- + Hospice/Palliative Care. What is it? Is it right for me or my family?
- + Taking care of the caretaker. A session that focuses on the unique needs of the caretaker.

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

***Stephen R. Smith, MBA, RDN, LDN***

*Clinical Nutrition Manager*







## ONCOLOGY DATA SERVICES

The Oncology Data Services department is honored to have played such a vital role in Lakeland Regional Health Systems being granted a full reaccreditation from the Commission on Cancer of the American College of Surgeons.

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 sites, and 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.

All facilities licensed under Florida Statute 395 and each freestanding radiation therapy center as defined in Florida Statute 408.07 are required to report to the Department of Health, through FCDS, such cancer incidence information



as specified by Rule 64D-3, including, but 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 2,839 cases accessioned into the database in 2025 (2024 data), 2,040 (72%) of which were analytic. Annual lifetime follow-up is performed on 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 follow-up benefits physicians by potentially bringing lost patients back under medical supervision. In addition, follow-up information is used to compare outcome results with regional, state, and national standards. In 2024, the successful follow-up rate for both the total database as well as cases diagnosed within the last five years met the Commission on Cancer requirements.

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

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

The following data includes charts and graphs that represent the analytic data of the patients seen at Lakeland Regional Health System and Lakeland Regional Health's Hollis Cancer Center in 2024 and abstracted in 2025 (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 Histologies. Our final report is the observed survival analysis for the last five years for LRH.

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

I would like to take this opportunity to recognize and **thank 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:

- + 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

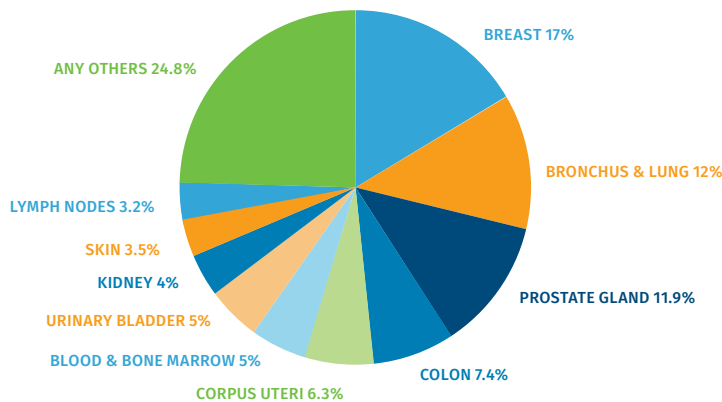
SITE DISTRIBUTION FOR 2024 ANALYTICAL CASES												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
All Sites	2039	2039	0	951	1088	144	513	273	228	290	442	149
Oral Cavity	27	27	0	23	4	0	4	2	5	6	9	1
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	5	5	0	4	1	0	3	1	0	0	1	0
Oropharynx	6	6	0	4	2	0	0	0	2	1	3	0
Hypopharynx	1	1	0	1	0	0	0	0	0	0	1	0
Other	15	15	0	14	1	0	1	1	3	5	4	1
Digestive System	370	370	0	199	195	17	44	67	58	102	75	7
Esophagus	25	25	0	20	5	1	0	2	2	11	9	0
Stomach	26	26	0	17	9	0	2	1	5	10	8	0
Colon	137	137	0	67	70	9	16	39	24	27	22	0
Rectum	43	43	0	25	18	1	3	6	11	13	9	0
Anus/Anal Canal	8	8	0	3	5	0	0	2	5	1	0	0
Liver	36	36	0	21	15	0	5	2	6	10	11	2
Pancreas	61	61	0	35	26	1	13	8	4	25	10	0
Other	34	34	0	11	23	5	5	7	1	5	6	5
Respiratory System	255	255	0	136	119	1	65	18	44	76	47	4
Nasal/Sinus	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	7	7	0	6	1	0	0	1	1	1	3	1
Other	4	4	0	4	0	0	2	1	0	1	0	0
Lung/Bronc-Small Cell	27	27	0	14	13	0	0	0	8	12	7	0
Lung/Bronc-Non Small Cell	192	192	0	97	95	1	57	16	33	50	33	2
Other Bronchus & Lung	25	25	0	15	10	0	6	0	2	12	4	1
Blood & Bone Marrow	108	108	0	59	49	0	1	6	1	2	51	47
Leukemia	56	56	0	30	26	0	0	1	1	2	26	26
Multiple Myeloma	25	25	0	14	11	0	1	5	0	0	16	3
Other	27	17	0	15	12	0	0	0	0	0	9	18
Bone	0	0	0	0	0	0	0	0	0	0	0	0



SITE DISTRIBUTION FOR 2024 ANALYTICAL CASES												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
<b>Connect/Soft Tissue</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Skin</b>	<b>71</b>	<b>71</b>	<b>0</b>	<b>44</b>	<b>27</b>	<b>15</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>18</b>	<b>2</b>
Melanoma	67	67	0	42	25	15	15	8	8	5	16	0
Other	4	4	0	2	2	0	0	0	0	0	2	2
<b>Breast</b>	<b>346</b>	<b>346</b>	<b>0</b>	<b>2</b>	<b>344</b>	<b>57</b>	<b>164</b>	<b>40</b>	<b>17</b>	<b>16</b>	<b>51</b>	<b>1</b>
<b>Female Genital</b>	<b>184</b>	<b>184</b>	<b>0</b>	<b>0</b>	<b>184</b>	<b>0</b>	<b>84</b>	<b>12</b>	<b>25</b>	<b>28</b>	<b>29</b>	<b>6</b>
Cervix Uteri	19	19	0	0	19	0	3	4	5	5	2	0
Corpus Uteri	130	130	0	0	130	0	76	4	9	17	21	3
Ovary	22	22	0	0	22	0	2	3	7	5	5	0
Vulva	10	10	0	0	10	0	3	1	3	0	1	2
Other	3	3	0	0	3	0	0	0	1	1	0	1
<b>Male Genital</b>	<b>252</b>	<b>252</b>	<b>0</b>	<b>252</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>98</b>	<b>33</b>	<b>26</b>	<b>42</b>	<b>0</b>
Prostate	243	243	0	243	0	0	50	98	32	25	38	0
Testis	6	6	0	6	0	0	2	0	1	0	3	0
Other	3	3	0	3	0	0	1	0	0	1	1	0
<b>Urinary System</b>	<b>194</b>	<b>194</b>	<b>0</b>	<b>138</b>	<b>56</b>	<b>54</b>	<b>44</b>	<b>16</b>	<b>30</b>	<b>12</b>	<b>35</b>	<b>3</b>
Bladder	101	101	0	77	24	52	17	13	8	4	6	1
Kidney/Renal	86	86	0	55	31	0	27	3	21	7	28	0
Other	7	7	0	6	1	2	0	0	1	1	1	2
<b>Brain &amp; CNS</b>	<b>83</b>	<b>83</b>	<b>0</b>	<b>25</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>59</b>
Brain (Benign)	6	6	0	3	3	0	0	0	0	0	3	3
Brain (Malignant)	20	20	0	9	11	0	0	0	0	0	8	12
Other	57	57	0	13	44	0	0	0	0	0	13	44
<b>Endocrine</b>	<b>45</b>	<b>45</b>	<b>0</b>	<b>13</b>	<b>32</b>	<b>0</b>	<b>30</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>6</b>
Thyroid	34	34	0	9	25	0	30	3	0	1	0	0
Other	11	11	0	4	7	0	0	0	0	0	5	6
<b>Lymphatic System</b>	<b>71</b>	<b>71</b>	<b>0</b>	<b>43</b>	<b>28</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>13</b>	<b>43</b>	<b>3</b>
Hodgkin's Disease	8	8	0	2	6	0	1	1	0	1	4	1
Non-Hodgkin's	63	63	0	41	22	0	6	1	3	12	39	2
<b>Unknown Primary</b>	<b>18</b>	<b>18</b>	<b>0</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>10</b>
<b>Other/ILL-Defined</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>

## Top Ten Sites

Lakeland Regional Health's top sites are Breast with 346 cases (17%), Lung with 245 cases (12%), Prostate with 243 cases (12%), Colon with 150 cases, and Corpus Uteri at 129 cases (6%).

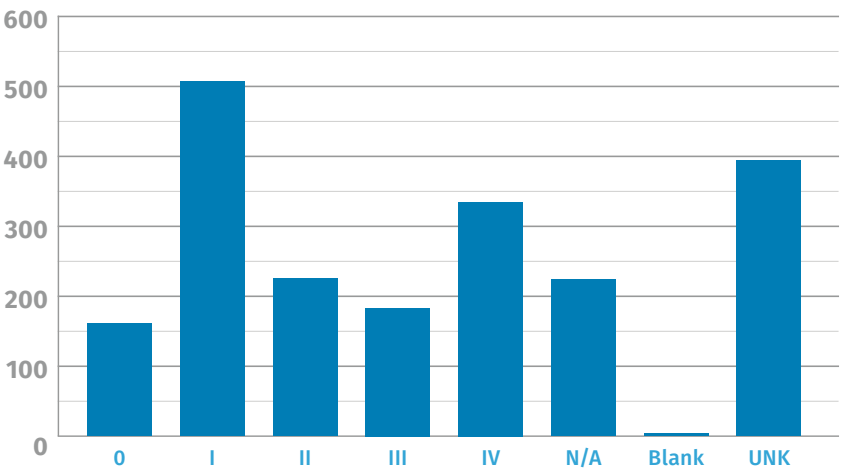


SITE CODE	NUMBER OF CASES	PERCENT
BREAST	346	17%
BRONCHUS & LUNG	245	12%
PROSTATE GLAND	243	11.9%
COLON	150	7.4%
CORPUS UTERI	129	6.3%
BLOOD & BONE MARROW	102	5%
URINARY BLADDER	101	5%
KIDNEY	82	4%
SKIN	71	3.5%
LYMPH NODES	65	3.2%
ANY OTHERS	506	24.8%
Total	2040	100%

## AJCC Stages

The majority of our Analytical cancer cases are diagnosed at stage I (504 cases), which is nearly 25%. Stage II cancer cases represent 238 cases (12%) of our total caseload, followed by stage IV cases, which is nearly 17%.

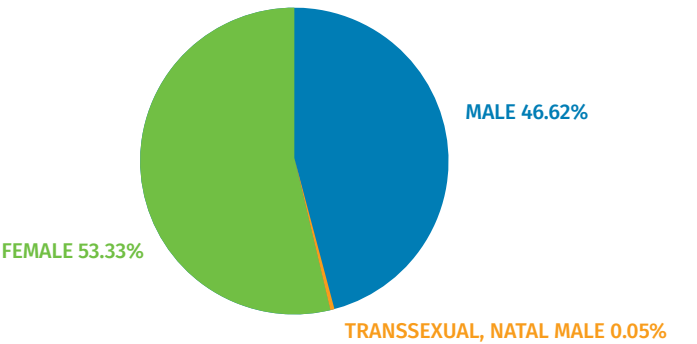
AJCC	CASES	PERCENT
0	160	7.8%
I	504	24.7%
II	238	11.7%
III	179	8.8%
IV	338	16.6%
N/A	227	11.1%
Blank	3	0.1%
Unknown	391	19.2%
TOTALS	2,040	100.00%





Cases by Gender

AJCC	CASES	PERCENT
FEMALE	1,088	53.33%
MALE	951	46.62%
TRANSSEXUAL, NATAL MALE	1	0.05%
TOTALS	2,040	100.00%

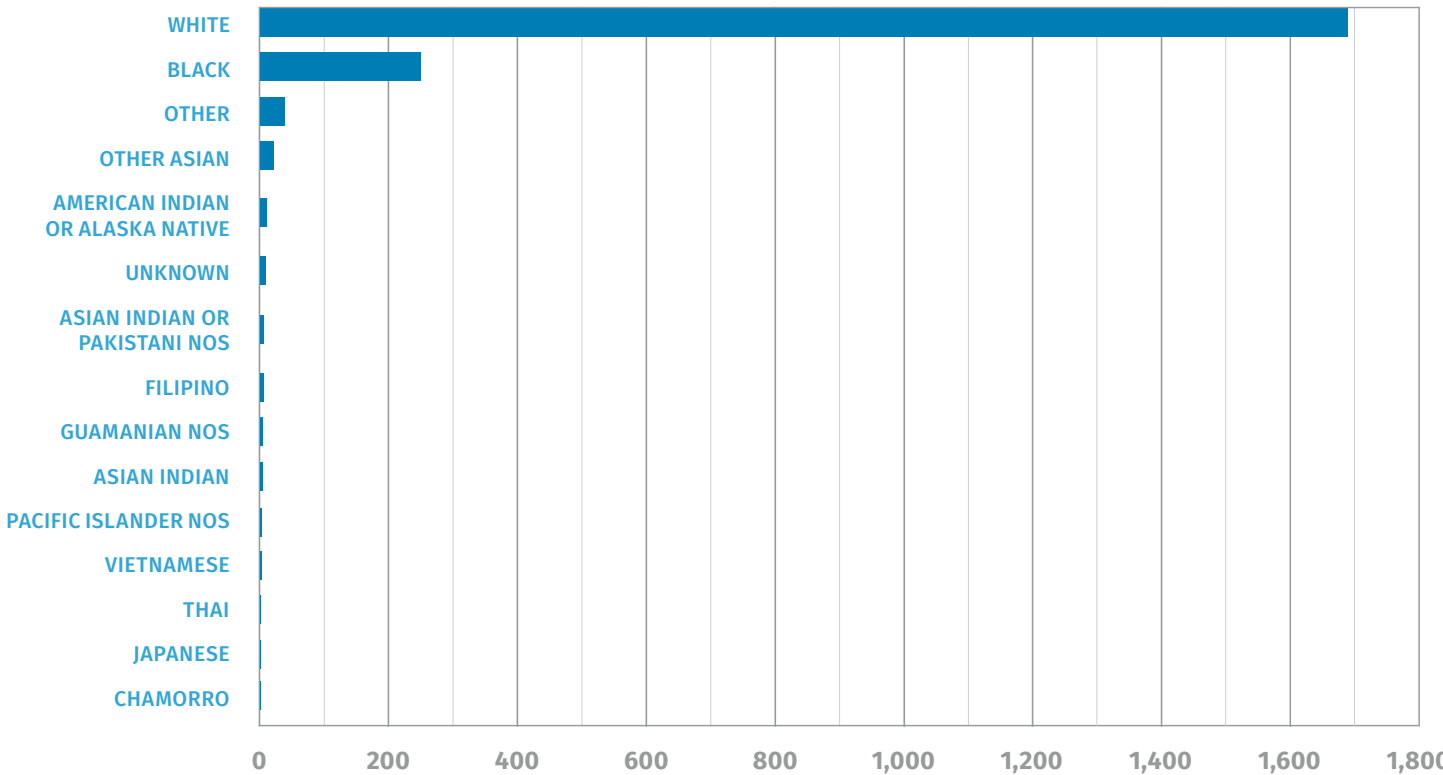


Cases by Race

Of the 2,040 cases for 2024, 1,693 (83%) patients who were diagnosed with cancer were white/caucasian compared to 248 (12%) who were Black. This was followed by other, other Asian, and American Indian patients who were diagnosed at LRH.

AJCC	CASES	PERCENT
WHITE	1,693	82.99%
BLACK	248	12.16%
OTHER	38	1.86%
OTHER ASIAN	20	0.98%
AMERICAN INDIAN OR ALASKA NATIVE	10	0.49%
UNKNOWN	7	0.34%
ASIAN INDIAN OR PAKISTANI NOS	5	0.25%
FILIPINO	5	0.25%

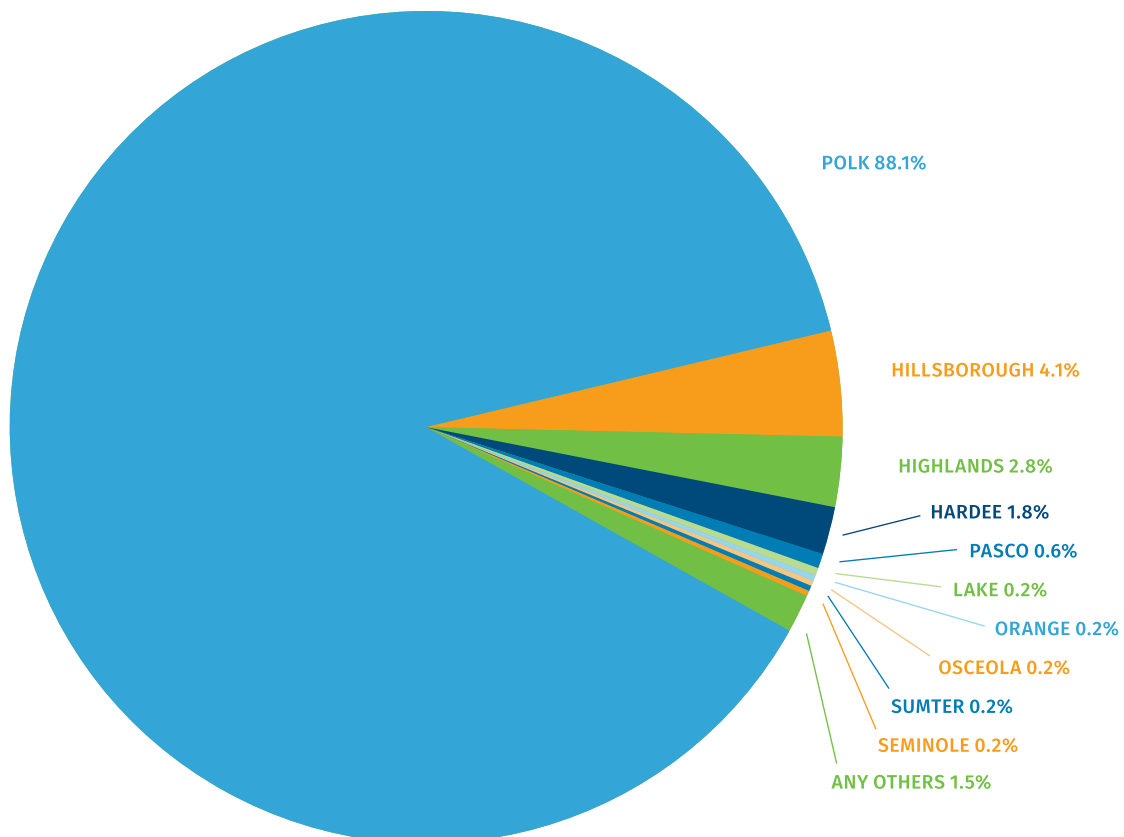
AJCC	CASES	PERCENT
GUAMANIAN NOS	4	0.20%
ASIAN INDIAN	3	0.15%
PACIFIC ISLANDER NOS	2	0.10%
VIETNAMESE	2	0.10%
THAI	1	0.05%
JAPANESE	1	0.05%
CHAMORRO	1	0.05%
TOTALS	2,040	100.00%



## Cases by County Code

Polk County is the No. 1 county of LRH's patient population at 1,798 (88%) cases. This is followed by Hillsborough County at 4%, Highlands County at nearly 3%, Hardee County at 2%, and Pasco County at less than 1%.

COUNTY CODE	NUMBER OF CASES	PERCENT
POLK	1,798	88.1%
HILLSBOROUGH	83	4.1%
HIGHLANDS	57	2.8%
HARDEE	36	1.8%
PASCO	13	0.6%
LAKE	5	0.2%
ORANGE	4	0.2%
OSCEOLA	5	0.2%
SUMTER	4	0.2%
SEMINOLE	4	0.2%
ANY OTHERS	31	1.5%
TOTAL	2,040	100%



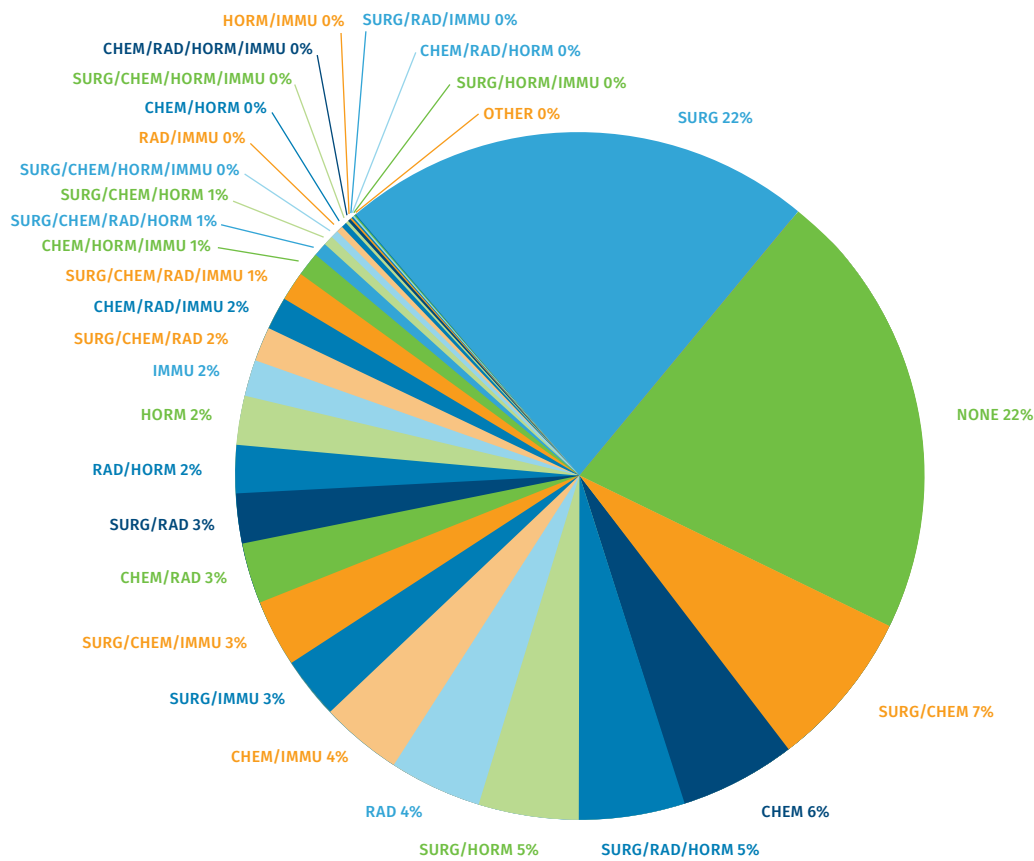


Treatment

The largest percentage (22%) of our cancer patients are treated with surgery alone.

RX TYPE	NUMBER OF CASES	PERCENT
SURG	452	22%
NONE	438	22%
SURG/CHEM	150	7%
CHEM	113	6%
SURG/RAD/HORM	100	5%
SURG/HORM	96	5%
RAD	88	4%
CHEM/IMMU	80	4%
SURG/IMMU	60	3%
SURG/CHEM/IMMU	59	3%
CHEM/RAD	58	3%
SURG/RAD	50	3%
RAD/HORM	48	2%
HORM	42	2%
IMMU	36	2%
SURG/CHEM/RAD	33	2%

RX TYPE	NUMBER OF CASES	PERCENT
CHEM/RAD/IMMU	32	2%
SURG/CHEM/RAD/IMMU	27	1%
CHEM/HORM/IMMU	23	1%
SURG/CHEM/RAD/HORM	12	1%
SURG/CHEM/HORM	10	1%
SURG/CHEM/HORM/IMMU	7	0%
RAD/IMMU	7	0%
CHEM/HORM	5	0%
SURG/CHEM/RAD/HORM/IMMU	4	0%
CHEM/RAD/HORM/IMMU	4	0%
HORM/IMMU	2	0%
SURG/RAD/IMMU	1	0%
CHEM/RAD/HORM	1	0%
SURG/HORM/IMMU	1	0%
OTHER	1	0%
TOTAL	2,040	100%



## Site by AJCC Stage

SITE DISTRIBUTION FOR 2024 ANALYTICAL CASES												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
<b>All Sites</b>	<b>2039</b>	<b>2039</b>	<b>0</b>	<b>951</b>	<b>1088</b>	<b>144</b>	<b>513</b>	<b>273</b>	<b>228</b>	<b>290</b>	<b>442</b>	<b>149</b>
<b>Oral Cavity</b>	<b>27</b>	<b>27</b>	<b>0</b>	<b>23</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>1</b>
Lip	0	0	0	0	0	0	0	0	0	0	0	0
Tongue	5	5	0	4	1	0	3	1	0	0	1	0
Oropharynx	6	6	0	4	2	0	0	0	2	1	3	0
Hypopharynx	1	1	0	1	0	0	0	0	0	0	1	0
Other	15	15	0	14	1	0	1	1	3	5	4	1
<b>Digestive System</b>	<b>370</b>	<b>370</b>	<b>0</b>	<b>199</b>	<b>195</b>	<b>17</b>	<b>44</b>	<b>67</b>	<b>58</b>	<b>102</b>	<b>75</b>	<b>7</b>
Esophagus	25	25	0	20	5	1	0	2	2	11	9	0
Stomach	26	26	0	17	9	0	2	1	5	10	8	0
Colon	137	137	0	67	70	9	16	39	24	27	22	0
Rectum	43	43	0	25	18	1	3	6	11	13	9	0
Anus/Anal Canal	8	8	0	3	5	0	0	2	5	1	0	0
Liver	36	36	0	21	15	0	5	2	6	10	11	2
Pancreas	61	61	0	35	26	1	13	8	4	25	10	0
Other	34	34	0	11	23	5	5	7	1	5	6	5
<b>Respiratory System</b>	<b>255</b>	<b>255</b>	<b>0</b>	<b>136</b>	<b>119</b>	<b>1</b>	<b>65</b>	<b>18</b>	<b>44</b>	<b>76</b>	<b>47</b>	<b>4</b>
Nasal/Sinus	0	0	0	0	0	0	0	0	0	0	0	0
Larynx	7	7	0	6	1	0	0	1	1	1	3	1
Other	4	4	0	4	0	0	2	1	0	1	0	0
Lung/Bronc-Small Cell	27	27	0	14	13	0	0	0	8	12	7	0
Lung/Bronc-Non Small Cell	192	192	0	97	95	1	57	16	33	50	33	2
Other Bronchus & Lung	25	25	0	15	10	0	6	0	2	12	4	1
<b>Blood &amp; Bone Marrow</b>	<b>108</b>	<b>108</b>	<b>0</b>	<b>59</b>	<b>49</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>51</b>	<b>47</b>
Leukemia	56	56	0	30	26	0	0	1	1	2	26	26
Multiple Myeloma	25	25	0	14	11	0	1	5	0	0	16	3
Other	27	17	0	15	12	0	0	0	0	0	9	18
<b>Bone</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

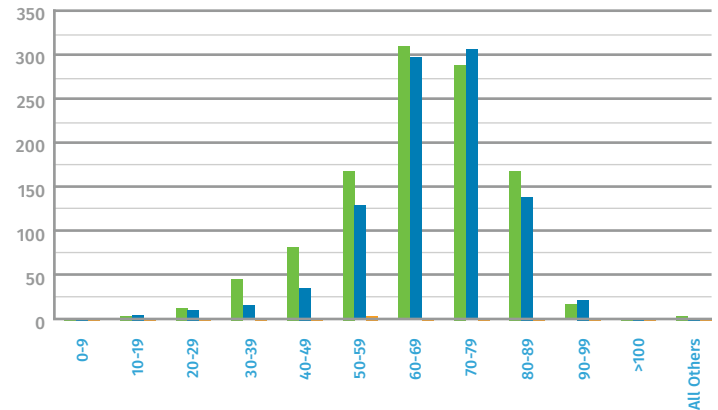


SITE DISTRIBUTION FOR 2024 ANALYTICAL CASES												
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	Unk	N/A
<b>Connect/Soft Tissue</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Skin</b>	<b>71</b>	<b>71</b>	<b>0</b>	<b>44</b>	<b>27</b>	<b>15</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>18</b>	<b>2</b>
Melanoma	67	67	0	42	25	15	15	8	8	5	16	0
Other	4	4	0	2	2	0	0	0	0	0	2	2
<b>Breast</b>	<b>346</b>	<b>346</b>	<b>0</b>	<b>2</b>	<b>344</b>	<b>57</b>	<b>164</b>	<b>40</b>	<b>17</b>	<b>16</b>	<b>51</b>	<b>1</b>
<b>Female Genital</b>	<b>184</b>	<b>184</b>	<b>0</b>	<b>0</b>	<b>184</b>	<b>0</b>	<b>84</b>	<b>12</b>	<b>25</b>	<b>28</b>	<b>29</b>	<b>6</b>
Cervix Uteri	19	19	0	0	19	0	3	4	5	5	2	0
Corpus Uteri	130	130	0	0	130	0	76	4	9	17	21	3
Ovary	22	22	0	0	22	0	2	3	7	5	5	0
Vulva	10	10	0	0	10	0	3	1	3	0	1	2
Other	3	3	0	0	3	0	0	0	1	1	0	1
<b>Male Genital</b>	<b>252</b>	<b>252</b>	<b>0</b>	<b>252</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>98</b>	<b>33</b>	<b>26</b>	<b>42</b>	<b>0</b>
Prostate	243	243	0	243	0	0	50	98	32	25	38	0
Testis	6	6	0	6	0	0	2	0	1	0	3	0
Other	3	3	0	3	0	0	1	0	0	1	1	0
<b>Urinary System</b>	<b>194</b>	<b>194</b>	<b>0</b>	<b>138</b>	<b>56</b>	<b>54</b>	<b>44</b>	<b>16</b>	<b>30</b>	<b>12</b>	<b>35</b>	<b>3</b>
Bladder	101	101	0	77	24	52	17	13	8	4	6	1
Kidney/Renal	86	86	0	55	31	0	27	3	21	7	28	0
Other	7	7	0	6	1	2	0	0	1	1	1	2
<b>Brain &amp; CNS</b>	<b>83</b>	<b>83</b>	<b>0</b>	<b>25</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>59</b>
Brain (Benign)	6	6	0	3	3	0	0	0	0	0	3	3
Brain (Malignant)	20	20	0	9	11	0	0	0	0	0	8	12
Other	57	57	0	13	44	0	0	0	0	0	13	44
<b>Endocrine</b>	<b>45</b>	<b>45</b>	<b>0</b>	<b>13</b>	<b>32</b>	<b>0</b>	<b>30</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>6</b>
Thyroid	34	34	0	9	25	0	30	3	0	1	0	0
Other	11	11	0	4	7	0	0	0	0	0	5	6
<b>Lymphatic System</b>	<b>71</b>	<b>71</b>	<b>0</b>	<b>43</b>	<b>28</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>13</b>	<b>43</b>	<b>3</b>
Hodgkin's Disease	8	8	0	2	6	0	1	1	0	1	4	1
Non-Hodgkin's	63	63	0	41	22	0	6	1	3	12	39	2
<b>Unknown Primary</b>	<b>18</b>	<b>18</b>	<b>0</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>10</b>
<b>Other/ILL-Defined</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>

## Age by Gender

The majority of patients seen at LRH fell within the 60-79 year old range and the majority were female.

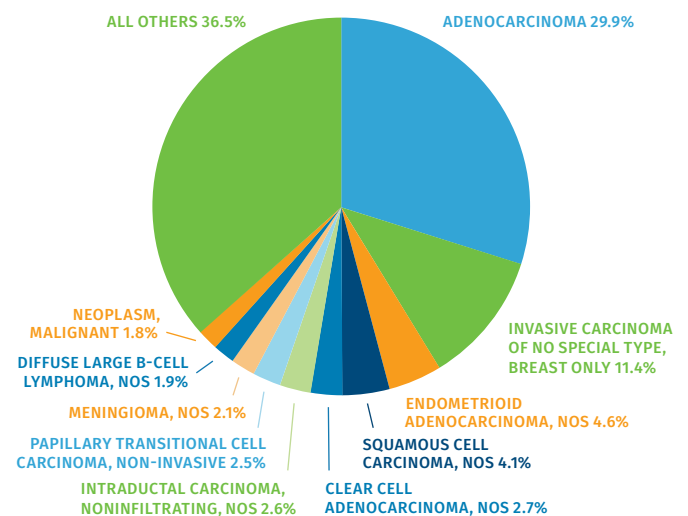
Age Range	Female	Male	Transsexual, natal male
0-9	0	0	0
10-19	1	2	0
20-29	12	9	0
30-39	46	16	0
40-49	78	35	0
50-59	168	129	1
60-69	311	297	0
70-79	287	305	0
80-89	167	136	0
90-99	17	22	0
>100	0	0	0
All Others	1	0	0
<b>Total</b>	<b>1,088</b>	<b>951</b>	<b>1</b>



## Top Histologies

Lakeland Regional Health treats and/or diagnosis adenocarcinoma as the number one histology with approximately 30% of all cases. This is followed by more than 11% of cases being invasive carcinoma of no special type, breast only.

HISTOLOGY	NUMBER OF CASES	PERCENT
ADENOCARCINOMA	609	29.9%
INVASIVE CARCINOMA OF NO SPECIAL TYPE, BREAST ONLY	232	11.4%
ENDOMETRIOID ADENOCARCINOMA, NOS	93	4.6%
SQUAMOUS CELL CARCINOMA, NOS	83	4.1%
CLEAR CELL ADENOCARCINOMA, NOS	55	2.7%
INTRADUCTAL CARCINOMA, NONINFILTRATING, NOS	53	2.6%
PAPILLARY TRANSITIONAL CELL CARCINOMA, NON-INVASIVE	50	2.5%
MENINGIOMA, NOS	42	2.1%
DIFFUSE LARGE B-CELL LYMPHOMA, NOS	38	1.9%
NEOPLASM, MALIGNANT	37	1.8%
ALL OTHERS	744	36.5%
<b>TOTAL</b>	<b>2,036</b>	<b>100%</b>

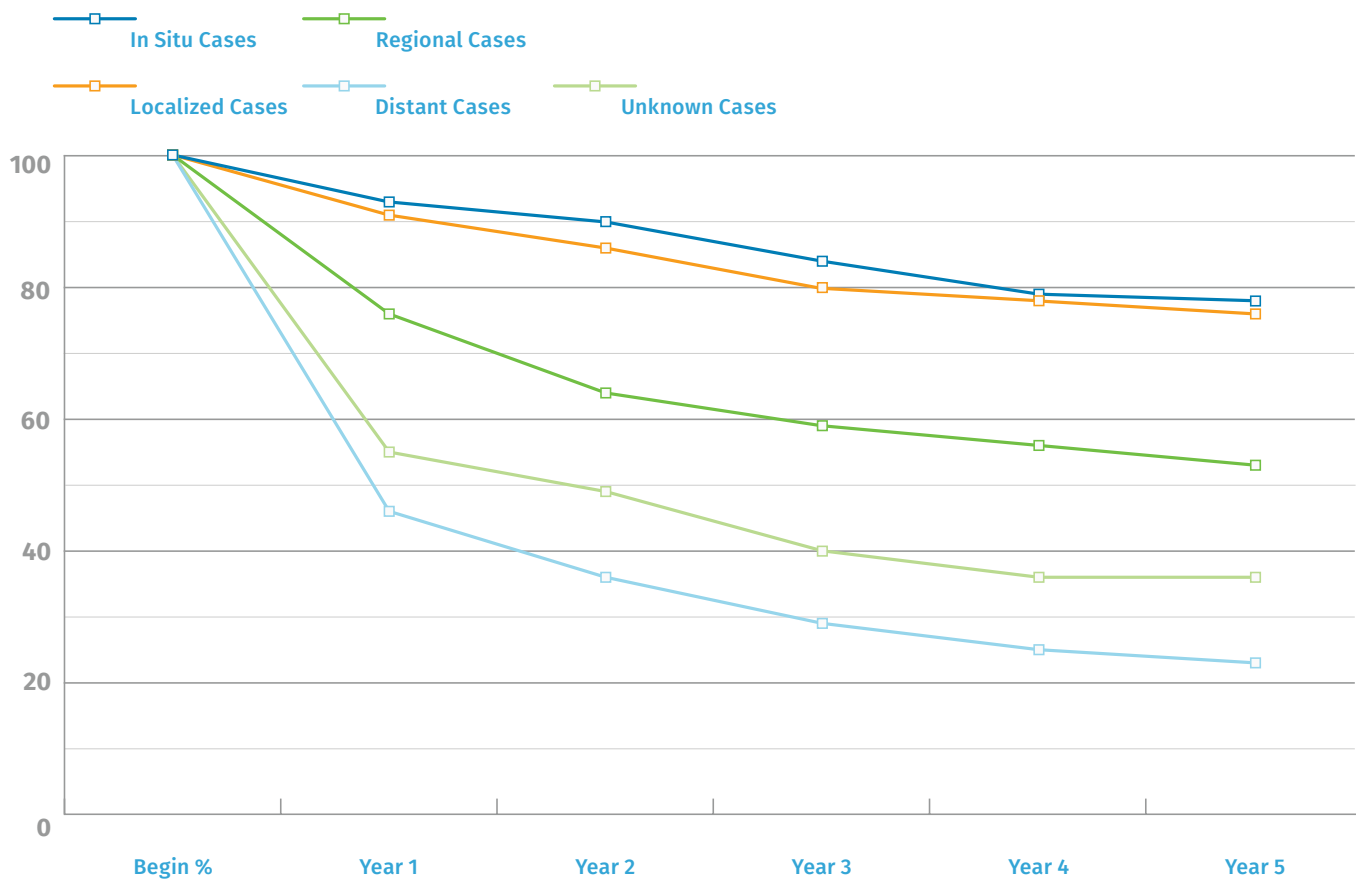




## Observed Survival Analysis

Utilizing the 2019 data to obtain a five-year study for In Situ cases diagnosed at LRH show that they have a 93% survival rate. For Localized cases there is a survival rate of 91%. Regional cases show a 76% rate, Distant cases show a 46%, and Unknown cases have a 55% survival rate.

	IN SITU CASES	LOCALIZED CASES	REGIONAL CASES	DISTANT CASES	UNKNOWN CASES	2019 ANALYTICAL CASES BY ACCESSION
BEGIN %	100	100	100	100	100	100
YEAR 1	93	91	76	46	55	78
YEAR 2	90	86	64	36	49	71
YEAR 3	84	80	59	29	40	65
YEAR 4	79	78	56	25	36	62
YEAR 5	78	76	53	23	36	60



# CANCER CARE SERVICES

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

## *Surgical, Medical, Gynecologic, and Urologic Oncology:*

- + Our dedicated medical, surgical, and gynecologic 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 are located at Lakeland Regional Health Hollis Cancer Center.
- + Oncology certified nurses are available to enhance nursing care. All nurses who administer chemotherapy have completed national Oncology Nursing Society training.
- + Oncology Clinical Nurse Specialists are available for consultation.
- + On-site Blood Product Transfusion Replacements
- + Paxman Cooling Cap/scalp cooling for hair loss prevention
- + A clinical pharmacist and clinical dietitian assist with medication or nutritional concerns.
- + Minimally invasive surgical techniques are used 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 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

# 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 includes 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 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 us to perform operations to remove tumors 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 patients 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 the use of Rehabilitation services.

Lakeland Regional Health currently offers outpatient therapy services at both the Grasslands Campus and North YMCA locations. Our rehabilitation team is composed of 32 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.
- + **Esther Spence, PT:** 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 remediating speech, swallowing, and cognitive impairments related to cancer treatments.
- + **Erin Kennedy, OTR:** Certified yoga instructor, leading therapeutic exercise initiatives for cancer survivors.
- + **Teanna Parisio OTD, OTR/L:** Specialist in pelvic health, managing cancer-related incontinence for both men and women.

In 2025, our outpatient rehabilitation team supported cancer patients referred from the Hollis Cancer Center and community referrals. Our team actively participated in tumor board meetings and held key roles in the LRH Cancer Committee and NAPBC certification process, ensuring a collaborative approach to patient-

centered cancer care. We are also pleased to announce the addition of four new outpatient rehabilitation locations this fall, expanding patient access to rehabilitation care further into eastern Polk County.

In 2026, Rehabilitation will continue a leadership role within the community, continuously seeking innovative ways to integrate rehabilitation into the broader cancer care environment of Polk County, Florida. 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.

We are proud of the strides made in 2025 and remain committed to enhancing our role in supporting cancer patients at every stage of their journey.

**Jill Haladay DPT, PhD, MPH**

*AVP/Chief Rehabilitation Officer*







# APPENDIX

## Definition of Terms

### AJCC STAGING

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

### ANALYTIC

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

### COC

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

### HISTOLOGY

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

### LRHHCC

Lakeland Regional Health Hollis Cancer Center

### LRH

Lakeland Regional Health

### NCCN

National Comprehensive Cancer Network

### NATIONAL CANCER DATA BASE (NCDB)

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

### NON-ANALYTIC

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

### PRIMARY SITE

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

### TREATMENT MODALITY

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

## References

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





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