

# Oncology Program Annual Report



# For 25 years, we have provided accredited and comprehensive cancer care.

Lakeland Regional Health Cancer Center has been accredited by the American College of Surgeons Commision on Cancer since 1989. CoC Accreditation is granted only to the facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards. To recieve 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 3 years in order to maintain accreditation. 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 from prevention through hospice and end-of-life care or survivorship and quality of life.

## COC-ACCREDITED PROGRAMS BENEFIT PATIENTS THROUGH:

- Quality care close to home.
- Comprehensive care offering a range of state-of-the-art services and equipment.
- A multidisciplinary, team approach to coordinate the best cancer treatment options available.
- Access to cancer-related information and education.
- Access to patientcentered 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 evidencebased 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.



## 2014 Cancer Committee

#### GENERAL SURGERY/ONCOLOGY SURGERY

**Graham Greene, MD** Cancer Committee Chairman

**Richard Boothby, MD** Cancer Liaison Physician

SURGERY Manuel Molina-Vega, MD

#### MEDICAL ONCOLOGY Sushma Nakka, MD

RADIATION ONCOLOGY Kris Guerrier, MD

PATHOLOGY Craig Lariscy, MD

#### DIAGNOSTIC RADIOLOGY

Christian Schmitt, MD

#### ADMINISTRATION

**Kim Pyles** Associate Vice President for Cancer and Ambulatory Services and Cancer Program Administrator

Janet Fansler, DNP, RN, CENP Executive Vice President and Chief Nurse Executive, LRH Chief Operating Officer, LRHMC

**Carol Fox** Associate Vice President for Medical and Academic Affairs CLINICAL RESEARCH Robin Stewart, RN, PhD, OCN, CCR

#### SOCIAL WORK/CASE MANAGEMENT

Kathy Decker, MSW, LCSW Psychosocial Services Coordinator

#### NURSING

Donna Faviere, RN, MSN Glenda Kaminski, PhD, CNS, AOCN, CRNI Shannon Caauwe, RN, BSN

#### QUALITY IMPROVEMENT

Alisha Douglas, RN Quality Improvement Coordinator

#### ONCOLOGY DATA MANAGEMENT

Blanche Myers, RHIT, CTR, CPC Oncology Data Manager

#### COMMUNITY OUTREACH

**Patricia Strickland** Community Outreach Coordinator

#### OTHER

James McEwen Director of Rehabilitation Services

**Jennie Gossett** Registered Dietician

**Jeri Thomas, MSN, RN, CMSRN, CHPN** Palliative Care

Rodriquez Dangerfield Pharmacist



## Cancer Committee Chairman's Letter



Thank you Rick Duque, MD, for your many years of service as Chairman of the Cancer Committee (1997-2013). It is an honor for me to go forward with this distinguished committee to build on the important initiates that will improve our cancer patient's experience. Our goal is to conquer cancer by

transforming the unknown cancer victim into a restored courageous survivor:

- I have worked at Lakeland Regional Health Cancer Center for 5 years. I had previously served as Section Head for Urologic Oncology and Robert Woods Bass Chair in Urologic Oncology at the University of Arkansas for Medical Sciences (1997-2009). I was drawn to Lakeland and Lakeland Regional Health System for its commitment to providing excellence in cancer care for Central Florida. I am privileged to serve in the role of Executive Director of Lakeland Regional Health Cancer Center and Chief Academic Officer for the Health System:
- Lakeland Regional Health Cancer Center (LRHCC) received its first Commission on Cancer accreditation on September 28, 1989 and has maintained its designation as a Comprehensive Community Cancer Program ever since.
- Lakeland Regional Health Medical Center is a notfor-profit facility that has served Lakeland and surrounding communities for more than 80 years. LRHMC is licensed for 851 beds. LRHMC patients enjoy a wide spectrum of specialized medical services uncommon in a community of this size. Lakeland Regional Health offers some of the most comprehensive and sophisticated care available, from early detection and education programs, to primary and specialized care.
- In addition to building hybrid operating rooms for advanced surgical procedures, we have recently distinguished ourselves as innovators in prostate cancer care by acquiring the UroNav system which utilizes Diffusion Enhanced MRI fused with prostatic ultrasound to pinpoint lesions suspicious for cancer with increased accuracy.
- Lakeland Regional Health Cancer Center has implemented Nurse Navigators to enhance the patient experience by helping to navigate them through their diagnostics and care, as well as keeping them on their individualized evidencedbased treatment pathways with the multidisciplinary

team. Our patient portal has helped improve access to our providers and responsiveness to patient needs.

- Recently we added a psychosocial distress screening tool, to help make early discovery of any issues that could create difficulties during the patient's diagnosis and treatment,
- Lakeland Regional Health Cancer Center is going through an exciting period of growth. Its mission is to place the cancer patient at the center of all we do in an environment of learning and discovery. In January 2015 ground breaking will occur for a chemotherapy expansion from 10 chemotherapy stations to 40, and a 250 seat auditorium and other educational venues for staff, patient and community educational events.
- In celebration of cancer survivors and their families. Lakeland Regional Health will host its inaugural Cancer Survivorship Run-Walk in downtown Lakeland March 2015.
- We are committed to quality and safety for our patient and their family.
- Our clinical research continues to grow as we strive to improve outcomes, length and quality of life for our patients.

We thank the members of our community, the medical staff, hospital staff, and administration for your ongoing support in our efforts to continually develop and enhance our cancer programs

GRAHAM F. GREENE, M.D. CANCER COMMITTEE CHAIRMAN

## **Cancer Liaison Physician**



I am the current Cancer Liaison Physician (CLP) at Lakeland Regional Health. I have been serving in this voluntary role since 2008. A Cancer Liaison Physician serves in a leadership role within the cancer program and is responsible for evaluating, interpreting, and reporting the program's

performance using National Cancer Data Base (NCDB) data. The results of this analysis are reported to the hospital's cancer committee at least four times a year.

The primary responsibilities of the CLP are to monitor, interpret, and report the program's performance using NCDB data to evaluate and improve the quality of cancer care at Lakeland Regional Health. This is done by using a tool such as the Cancer Program Practice Profile Reports (CP3R). The American College of Surgeons Commission on Cancer (CoC) sets standards for quality care of cancer patients for many different cancer types, such as Breast, Colon and Lung for example. Analysts at Lakeland Regional Health continually report to the NCDB and CP3R our data. This is reported back to us in the CP3R which can be compared to other hospitals nationally, statewide and locally. Our most recent reported year is 2012, where we have completed data. For example one of the measures we follow for breast cancer is: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. The CoC standard is 90% and we are 100% compliant with this measure.

A measure for colon cancer is: Adjuvant chemotherapy is considered 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. The standard is 90% and we are above this standard for 2012.

Available in the NCDB is the Benchmark Report, which compares our facility with others around the country. An example is the First Course Treatment. The graph below compare the first course of treatment for breast cancer diagnosed at Lakeland Regional Health Medical Center to other hospitals in 2012.

## CANCER PREVENTION & EARLY DETECTION FACTS & FIGURES

The American Cancer Society reports that much of the suffering and death from cancer could be prevented by more systematic efforts to reduce tobacco use, improve diet and physical activity, and expand the use of

#### **First Course Treatment of Breast Cancer Diagnosed in 2012**

Lakeland Regional Health Medical Center, Lakeland, FL vs. All Types Hospitals in All States All Diagnosed Cases • Data from 1,445 Hospitals



screening tests. The American Cancer Society estimated that in 2013 about 174,000 cancer deaths would be caused by tobacco use alone. In addition, approximately one-quarter to one-third of the 1,660,290 cancer cases expected to occur in 2013 can be attributed to poor nutrition, physical inactivity, and being overweight or obese. Much of the suffering and death from cancer could be prevented by more systemic efforts to reduce tobacco use, improve diet and physical activity, reduce obesity and expand the use of screening tests.

#### CANCER TREATMENT & SURVIVORSHIP FACTS & FIGURES

According to the American Cancer Society, the number of Americans with a history of cancer is growing due to the aging and growth of the population, as well as improving survival rates. Nearly 14.5 million Americans with a history of cancer were alive on January 1, 2014, not including carcinoma-in-situ (non-invasive cancer) of any site except urinary bladder, and not including basal cell and squamous cell skin cancers. It is estimated that by January 1, 2024, the population of cancer survivors will increase to almost 19 million: 9.3 million males and 9.6 million females. The three most common cancers among male survivors are prostate (43%), colon and rectum (9%), and melanoma (8%). Among female survivors, the most cancers are breast (41%), uterine corpus (8%), and colon and rectum (8%).

The majority of cancer survivors (64%) were diagnosed 5 or more years ago, and 15% were diagnosed 20 or more years ago. Almost half (45%) of cancer survivors are 70 years of age or older, while only 5% are younger than 40 years.

Through continued efforts such as our weekly Multidisciplinary conference where individual patient cases are presented and the best treatment options are discussed, our research department which offers the most up to date clinical trials for our patients and our commitment to offering expanding screening programs to our community, we at LRHMC/LRHCC will continue to stand out as one of the leaders of the "Commitment for Advancing the Cure".

RICHARD A. BOOTHBY, MD CANCER LIAISON PHYSICIAN



## CANCER CARE SERVICES

#### G G U

#### SURGICAL, MEDICAL, GYNECOLOGIC AND UROLOGIC ONCOLOGY

- Dedicated medical, surgical, and gynecological oncology inpatient units. Our dedicated medical oncology unit houses 44 beds with mostly private rooms for inpatient visits, and a short-stay room for outpatient blood transfusion services. The unit features a library filled with patient education resources and internet access plus a family lounge equipped with refrigerator and microwave for families and visitors.
- Outpatient medical, surgical, radiation, urology and gynecological clinics located at Lakeland Regional Health Cancer Center.
- Oncology certified nurses available to enhance nursing care. All nurses who administer chemotherapy have completed national Oncology

Nursing Society training.

- Oncology Clinical Nurse Specialists available for consultation.
- A clinical pharmacist and clinical dietitian to assist with medication or nutritional concerns.
- Minimally invasive surgical techniques, when appropriate.
- Lymphatic mapping and sentinel lymph node biopsy.
- Hyperthermic isolated limb perfusions (HILP).
- On-site minor procedure rooms.
- Radiofrequency ablation.
- Robotic surgery techniques using the da Vinci Surgical System.
- A palliative care program that collaborates with physicians to improve complex cases and manage symptoms such as pain, nausea and shortness of breath.
- Chemotherapy.

Lakeland Regional Health Medical Center. in conjunction with its outpatient cancer center (Lakeland Regional Health 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.

- 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.



#### 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.

### 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.
- Mobile mammography services.
- Screening and diagnostic mammography.

#### MULTIDISCIPLINARY CANCER CONFERENCES

 Discussion of cases with an Oncology team that includes surgical oncology, medical oncology, radiation oncology, pathology, radiology, clinical trials research team, and nursing to assure the best possible treatment plan for each patient.

### LABORATORY SERVICES

• On-site laboratory services.



• Provided by Lakeland Pathologists, PA.



- Genetic testing for cancers including breast, ovarian, melanoma and colon.
- Genetic counseling regarding a patient or family members' individual risk of carrying an inherited genetic mutation.

### MASTECTOMY FITTING

- Community educational programs.
- Breast cancer patient consultations and fittings.
- Specialty items including postmastectomy swimsuits, turbans, scarves and jewelry.

### SUPPORT SERVICES

- Patient advocacy specialist.
- Social workers.
- Patient education.
- Nutritional support.
- Complementary medicine services.
- Advanced directives.
- Family support.
- Community educational programs.
- 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.

## UroNav System Advances Prostate Cancer Detection

At Lakeland Regional Health, we are passionate about increasing awareness, encouraging timely detection and improving treatment of prostate cancer.

As part of our commitment to deliver nationally recognized healthcare, we are very proud that Lakeland Regional Health Cancer Center is the first, and currently only, provider in our community offering patients the UroNav fusion system for analysis and targeted biopsy of suspicious prostate cells.

The UroNav fusion system provides virtually 100% accuracy in the prostate cancer biopsy process. This increased accuracy can reduce the number of samples acquired, which in turn may reduce the risk of infection, bleeding, pain and recovery time.

UroNav works by combining pre-biopsy MRI information with real-time information provided by ultrasound

## Dr. Graham F. Greene Honored for Prostate Cancer Awareness Advocacy



The Arkansas Prostate Cancer Foundation recently honored Dr. Graham F. Greene, FACS, FRCS, for his vision and dedication as a founding member of that organization.

Dr. Greene, Lakeland Regional Health 's Chief Academic Officer and Executive Director

of Lakeland Regional Health Cancer Center, has been passionate about education, advocacy and early detection of prostate cancer throughout his career. Before coming to Lakeland Regional Health, Dr. Greene helped found the Arkansas Prostate Cancer Foundation. Under his guidance, the organization worked together with physicians, educators, legislators and volunteers to advance the medical treatment of prostate cancer within the state of Arkansas. Today, the organization remains a successful model for health care institutions across the nation.

Congratulations, Dr. Greene! Your leadership and expertise are invaluable as we work to advance the future of healthcare in our community. We are proud and honored to have you on our team.



during the biopsy procedure. Electromagnetic tracking, similar to the GPS in an automobile, follows the location and orientation of the biopsy device. The UroNav System is available now at Lakeland Regional Health Cancer Center. If you have a friend or loved one who is facing a prostate cancer biopsy, we hope you will share the news about our exciting new screening technology with them.

## **CLINICAL TRIALS**



Prevention and treatment clinical trials for all stages of cancer allowing our patients the ability to stay home in the Lakeland area without having to travel for extended periods of time to far-away cancer research facilities.

In 2014, LRHCC is often the only site in the State of Florida for treatment trials. This included a melanoma study where LRCC was the only location in the Eastern United States. Patients were offered innovative new treatments for cancers as well as the side effects of chemotherapy and radiation. Over 200 patients benefited from their participation in clinical trials throughout 2014.

## **Community Outreach 2014**

Lakeland Regional Health Medical Center/Lakeland Regional Health Cancer Center was represented at the following health fairs and community events via education, health screenings and promotional materials.

DATE	ΑϹΤΙVΙΤΥ	TOWN	ТҮРЕ	# PARTICIPATNTS	IN	EVIDENCE-BASED GUILDELINE OR TERVENTION USED	For all positive findings a letter is sent to pt's PCP & pt letting them know of positive findings. If skin finding is positive then report is given immediately w/rec to go see dermatologist and if possible melanoma then pt is to make an appt w/LRHCC for a biopsy.
1/19/2014	"5th Annual Urology Symposium", featured speaker: Robert E. Uzzo, MD, FACS, Professor and Chairman, Department of Surgery, fox Chance Cancer Center, Temple University	Lakeland Regional	Educational/			American Urological	
2/25/2014	Smoking Cessation Class	Center for Retina & Muscular Lakeland	Educational/ Prevention	12	AHC	Area Health Education Center	3 decisions to quit smoking. Placed into a 6-week ACHA Quit Now Program.
2/27/2014	Smoking Cessation Class	Center for Retina & Muscular Winter Haven	Educational/ Prevention	10	AHC A	Area Health Education Center	1 decision to quit smoking. Placed into a 6-week ACHA Quit Now Program.
3/1/2014	PCSB 13th Annual Employee Health Fair - Lake Eva, Haines City	Lakeland Regional Health Cancer Center and Clark & Daughtrey Medical Group	Screening/ Preventsion		ACS	American Cancer Society	
4/2/2014	Smoking Cessation Class	Badcock	Educational/ Prevention	20	AHC A	Area Health Education Center	
4/26/2014	PCSB 13th Annual Employee Health Fair - Lake Eva, Haines City	Lakeland Regional Health Cancer Center and Clark & Daughtrey Medical Group	Screening/ Preventsion	561	ACS	American Cancer Society	177 skin screenings; 33 mammos; 113 osteo; 150 balance testing; 88 PAD. Counselled and advised to see PCP if abnormal.
5/7/2014	2014 Souther Wine & Spirits Health Fair	LRH/C&D	Screening/ Prevention	80	ACS	American Cancer Society	80 pulmonary function tests (40% failed). Given information and advised to see their PCP.
6/1/2014	OMS	LRH/C&D	Screening/ Prevention	40			Blood pressure and glucose testing. Results were discussed and advised to see PCP is readings were high.
6/1/2014	"Hope Blooms: A Cancer Survivors Day Event," Dr. Stephanie Benedict and former patients chare their inspiring stories about surviving cancer.	Lakeland Regional Health Cancer Center	Educational/ Prevention	192 (240)	ACS	Amercian Cancer Society	
9/10/2014	Smoking Cessatoin Class	C&D Southgate Campus	Educational/ Prevention	3	AHC A	Area Health Education Center	
10/1/2014	ButterKrust Bakery Health Fair		Screening/ Prevention		ACS		Blood pressure and glucose testing. Results discussed and adivsed to see PCP if readings were high.
10/22/2014	City of Lakeland Employee Wellness	LRH/C&D	Screening/ Prevention				400 blood pressure; 200 BMI; 90 PFT; 300 cholesterol. Counselled and advised to see PCP if abnormal.
10/23/2014	"UroNav for Prostate Cancer Detection," community presentation about the state-of-the-art technology, UroNav, and how it benefits patients. Presented by Mark Bandyk, MD, and Byron Hodge, MD.	Lakeland Regional Health Cancer Center	Educational/ Prevention	35	AUA	American Urological Association	
11/15/2014	Citizen's CPR Health Fair	Winter Haven Polk State College	Screening/ Prevention		АНА	American Heart Association	35 cholesterol; educaiton on the signs of stroke. Counselled and advised to see PCP if abnormal. Spoke with mom on son's high fasting sugar read.

LRHCC Corporate Screening 2014						
Screening	Total Number	Abnormals	% Abnormals			
Mammograms	2070	297	14			
Breast Exams	1739	0	0			
Osteo Bone Screening	133	36	27			
PSA	100	1	1			
Skin	531	88	17			

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#### CME AND CE

- Cancer Conference (Recurring weekly 2014)
- Bi-weekly Hepatobiliary/GI Conference
- "Urology Symposium," Lakeland Regional Medical Center (January 2014)

### SUPPORT GROUPS

- October 16, 2013 Young Cancer Survivors Support Group
- Breast Cancer Support Group (February 28, 2013)
- Breast Cancer Support Group (May 30, 2013)
- Annual Survivors Day Event (June 2, 2013)



## **Oncology Data Services**





Oncology Data Services collects data cancer on cases that are diagnosed and/or treated at Lakeland Regional Medical Center that includes 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 Database (NCDB). These organizations use the data as a clinical surveillance mechanism to review patterns of care, outcomes, and survival.

A total of 2585 cases were accessioned into the database in 2014 (2013 data) and 1838 (71%) of which were analytic. Annual lifetime follow-up is performed on the analytic patients. Ongoing follow-up benefits the patient by reminding them that routine medical examinations are recommended to ensure early detection or recurrence or new primary malignancies and benefits physicians by potentially bringing lost patients back under medical supervision. In addition, the follow-up information is used to compare outcome results with regional, state, and national standards. In 2013, the successful followup rate for both the total database as well as the cases diagnosed within the last five years exceeded the Commission on Cancer requirements.

Our data is not only reported to the Florida Cancer Data System (FCDS) and National Cancer Data Base (NDCB) but is utilized by the medical staff, administration, other hospital departments, at cancer conferences, in our annual report, and by other cancer registries. In addition, specifics about the cancer services offered by our facility as well as our research activities and structure of our cancer program are provided to the American College of Surgeons, the American Cancer Society, and the Association of Community Cancer cancer Centers. Multidisciplinary CME-approved conferences are held weekly to discuss the management of our cancer patients. Educational programs (some for physicians and employees and some which are open to the public) are presented on various cancer-related topics throughout the year.

The following data includes charts and graphs that represent the analytic data of the patients seen here at LRMC and LRCC in 2013 and abstracted in 2014. The data is broken down according to the Top sites, AJCC staging, Gender, Race, County at Diagnosis, Treatment, Primary Site by Stage and Gender, Age, and Histology followed by the site specific treatment and outcome analysis for radiation therapy for breast cancer.

We would like to express our appreciation to the cancer committee, administration, medical staff, hospital staff, 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.

#### **BLANCHE MYERS, RHIT, CTR, CPC**

Oncology Data Manager



## Lakeland Regional Health Medical Center Data Summary ANALYTIC DATA ONLY + 2013

#### **TOP SITES**

The top five sites at Lakeland Regional Medical Center were lung (13.4%), prostate (10.11%), breast (14.6%), melanoma (5.82%), and urinary bladder (6.2%).

#### AJCC STAGE AND GENDER

Of the 1,838 analytic cases, 883 patients were male and 955 were female. The gender distribution table below reveals that the majority of patients that were diagnosed were females at a Stage 1.



STAGE	MALE	FEMALE
0	80	67
1	207	362
П	199	111
111	95	114
IV	170	144
UNK	44	52
N/A	88	105
TOTAL*: 1838	883	955

\*Total analytic cases eligible for staging.

#### AJCC STAGE AT DIAGNOSIS

The majority of patients were first diagnosed and treated as a Stage 1.

#### TABLE 2:



TMM STAGE	NBR CASES	PERCENT
0	147	8.00%
1	569	30.96%
П	310	16.87%
111	209	11.37%
IV	314	17.08%
UNK	96	5.22%
N/A	288	12.00%
TOTAL CASES:	1838	100.00%

#### **RACE & ETHNICITY**

Race distribution reveals that out of the 2,585 (91%) of the patients were Caucasian, 203 (8%) African American, and 38 other (a combination of Asian, Filipino, Cambodian, American Indian, Chinese, Vietnamese, and Other).

NOTE: Asian includes Asian Indian, Pakistani, and Other Asian. Oriental includes Chinese, Japanese, Filipino, Korean, and Vietnamese. Other includes all races not listed above and/or unknown.

#### COUNTY OF RESIDENCE AT DIAGNOSIS

Analysis reveals that the top five county of residence at diagnosis was Polk (84.25%), Hillsborough (4.62%), Highlands (3.34%), Hardee (0.77%), and Pasco (1.71%). A detailed breakdown is shown below.

#### TABLE 3:

COUNTY OF RESIDENCE AT DX	VOLUME
Polk	984
Hillsborough	54
Highlands	39
Hardee	9
Pasco	20
Out of State	10
Orange	6
Osceola	7
Indian River	8
Lake	2
Pinellas	4
Hernando	2
Manatee	2
Breard	1
St. Lucie	2
Out of Country	0
Monroe	1
Potter	1
Seminole	3
Marion	1
Duval	1
Sarasota	0
Walton	0
Clay	0
Meigs	0
Lee	1
Martin	0
Madison	0
Dade	1
Sumter	1
Citrus	0
Glades	0
Okeechobee	1
Unknown/88/89	3

#### TREATMENT

Treatment analysis reveals that 484 (26%) patient's either had no treatment or observation, 1,073 patients received some form of single-modality therapy, and 281 patients received some form of multi-modality therapy. A detailed breakdown can be seen in Table 4 & 5.

#### TABLE 4

TREATMENT	INCIDENCE RATE
None/Observation	484 (26.33%)
Single Modality Therapy	
Surgery Only	877 (47.71%)
Radiation Only	39 (2.12%)
Hormone Therapy Only	18 (0.98%)
Chemotherapy Only	138 (7.51%)
Immunotherapy Only	2 (0.11%)
Other Treatment Only	0
Multi-Modal Therapy	
Chemo/Rad	41 (2.23%)
Surg/Rad	14 (0.76%)
Surg/Rad/Hormones	33 (1.80%)
Surg/Hormones	28 (1.52%)
Surg/Chemo	77 (4.19%)
Surg/Immu	13 (0.71%)
Rad/Hormones	12 (0.65%)
Chem/Hormones	12 (0.65%)
Chem/Hor/Immu	12 (0.65%)
Chem/Immu	9 (0.49%)
Surg/Chemo/Hormone	7 (0.38%)
Surg/Chem/Immu	3 (0.16%)
Surg/Chem/Rad/Immu	3 (0.16%)
Surg/Chem/Rad/Horm	3 (0.16%)
Rad/Immu	1 (0.05%)
Chem/Rad/Immu	1 (0.05%)
Hor/Immu	1 (0.05%)
Surg/ChemHor/Immu	1 (0.05%)
Chem/Oth	1 (0.05%)
Surg/Chem/Rad/Hor/Immu	1 (0.05%)
Surg/Chemo/Rad	7 (0.38%)



#### PRIMARY SITE BY STAGE AND GENDER

#### TABLE 6

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	М	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1838	1838	0	883	955	147	569	310	290	314	96	193
ORAL CAVITY	37	37	0	28	9	2	8	4	5	16	1	1
LIP	2	2	0	1	1	0	2	0	0	0	0	0
TONGUE	15	15	0	11	4	0	4	2	2	6	1	0
OROPHARYNX	2	2	0	2	0	0	0	0	1	1	0	0
HYPOPHARYN	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	18	18	0	14	4	2	2	2	2	9	0	1
DIGESTIVE SYSTEM	281	281	0	160	121	24	64	64	34	77	13	5
ESOPHAGUS	16	16	0	15	1	0	4	1	3	8	0	0
STOMACH	20	20	0	14	6	0	8	2	0	10	0	0
COLON	104	104	0	52	52	21	30	25	12	11	5	0
RECTUM	32	32	0	13	19	1	7	5	8	7	4	0
ANUS/ANAL CANAL	9	9	0	6	3	1	0	4	1	3	0	0
LIVER	26	26	0	20	6	0	7	8	2	6	0	3
PANCREAS	53	53	0	31	22	0	6	15	2	28	2	0
OTHER	21	21	0	9	12	1	2	4	6	4	2	2
RESPIRATORY SYSTEM	264	264	0	143	121	1	57	24	43	122	15	2
NASAL/SINUS	2	2	0	1	1	0	0	0	0	2	0	0
LARYNX	13	13	0	13	0	1	5	3	0	4	0	0
LUNG/BRONCH	246	246	0	127	119	0	51	21	42	115	15	2
OTHER	3	3	0	2	1	0	1	0	1	1	0	0
BLOOD & BONE MARROW	95	95	0	44	51	0	0	0	1	0	0	94
LEUKEMIA	35	35	0	16	19	0	0	0	1	0	0	34
MULTIPLE MYELOMA	25	25	0	10	15	0	0	0	0	0	0	25
OTHER	35	35	0	18	17	0	0	0	0	0	0	35
BONE	1	1	0	1	0	0	1	0	0	0	0	0
CONNECT/SOFTISSUE	8	8	0	5	3	0	2	1	1	1	3	0
SKIN	115	115	0	69	46	15	57	21	6	7	8	1
MELANOMA	107	107	0	62	45	15	53	20	5	6	8	0
OTHER	8	8	0	7	1	0	4	1	1	1	0	1
BREAST	268	268	0	4	264	41	127	47	26	12	14	1
FEMALE GENITAL	161	161	0	0	161	5	93	5	29	19	9	1
CERVIX UTERI	21	21	0	0	21	0	11	2	5	3	0	0
CORPUS UTERI	93	93	0	0	93	1	68	1	8	9	5	1
OVARY	27	27	0	0	27	0	4	1	14	6	2	0
VULVA	15	15	0	0	15	4	8	1	0	1	1	0
OTHER	5	5	0	0	5	0	2	0	2	0	1	0
MALE GENITAL	201	201	0	201	0	1	50	98	18	26	8	0
PROSTATE	186	186	0	186	0	0	43	95	18	26	4	0

TESTIS	11	11	0	11	0	0	6	3	0	0	2	0
OTHER	4	4	0	4	0	1	1	0	0	0	2	0
URINARY SYSTEM	226	226	0	156	70	58	88	24	23	16	16	1
BLADDER	114	114	0	87	27	52	21	19	9	6	7	0
KIDNEY/RENAL	105	105	0	65	40	5	64	4	13	10	9	0
OTHER	7	7	0	4	3	1	3	1	1	0	0	1
BRAIN & CNS	40	40	0	12	28	0	0	0	0	0	0	40
BRAIN (BENIGN)	4	4	0	1	3	0	0	0	0	0	0	4
BRAIN (MALIGNANT)	12	12	0	7	5	0	0	0	0	0	0	12
OTHER	24	24	0	4	20	0	0	0	0	0	0	24
ENDOCRINE	40	40	0	13	27	0	12	5	5	1	9	8
THYROID	32	32	0	8	24	0	12	5	5	1	9	0
OTHER	8	8	0	5	3	0	0	0	0	0	0	8
LYMPHATIC SYSTEM	57	57	0	27	30	0	9	17	12	17	0	2
HODGKIN'S DISEASE	1	1	0	1	0	0	0	1	0	0	0	0
NON-HODGKIN'S	56	56	0	26	30	0	9	16	12	17	0	2
UNKNOWN PRIMARY	34	34	0	18	16	0	0	0	0	0	0	34
OTHER/ILL-DEFINED	10	10	0	2	8	0	1	0	6	0	0	3

Number of cases excluded: 0

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

#### AGE AT DIAGNOSIS BY GENDER

The data shows that the most females diagnosed here with breast cancer was over the age of 60 years old. While most men were over the age of 70 years old when they were diagnosed.

AGE RANGE	MALE	FEMALE
00 - 19	2	1
20 - 29	4	11
30 - 39	21	22
40 - 49	36	79
50 - 59	128	162
60 - 69	259	253
70 - 79	290	250
80 - 89	122	155
90 - 99	21	22
TOTALS	883	955



#### HISTOLOGY

A breakdown of the TOP 10 tumor histology's is displayed below. The majority of cancers that were diagnosed here were adenocarcinoma.

#### TABLE 7

TOP 10 HISTIOLOGIES AT LRHMC/LRHCC								
HISTIOLOGY	INCIDENCE	PERCENT						
Adenocarcinoma NOS	442	24.05%						
Infiltrating duct carcinoma (C50)	184	10.01%						
Squamous cell carcinoma NOS	101	5.50%						
Endometrioid carcinoma	63	3.43%						
Clear cell adenocarcinoma	59	3.21%						
Papillary transitional cell carcinoma non-invasive (C67)	51	2.77%						
Malignant melanoma	50	3.00%						
Small cell carcinoma	50	2.72%						
Carcinoma NOS	38	2.07%						
Papillary adenocarcinoma	33	0.02%						

#### TABLE 8 HISTIOLOGY DISTRIBUTION





## **Breast Cancer Program**



Doctors and patients choose Lakeland Regional Cancer Center because of the comprehensive care given. And now, as a Nationally Accredited Breast Center, patients can be assured of LRCC's firm commitment to offer its patients every significant advantage in their battle against breast disease.

Becoming a Nationally Accredited Breast Center required LRCC to meet 27 rigorous standards to prove both quality of care and outcomes for women with diseases of the breast. LRCC became just the second in Florida and only the 52nd nationwide to receive this prestigious designation. Couple that with the Women's Imaging Center's designation as a Breast Imaging Center of Excellence, and our patients can rest easy knowing they are receiving the highest quality care available.

And the work continues... with a multidisciplinary approach, our physicians work together every step of the way to provide each patient with a comprehensive and complete plan to ensure the most positive outcomes. Along with our physicians, we have a dedicated clinical team, patient advocate, nurse navigator, support service providers and an administration dedicated to redefining and uplifting standards of care. LRCC's nurse navigator guides newly diagnosed breast cancer patients through the health care system, ensuring complete coordination of services.

And with an affiliation with Lakeland Regional Medical Center, where all inpatient services and surgical procedures are provided, patients have access to the most cutting edge technology.

#### **SOLANGE PENDAS, MD**

Surgical Oncologist, Breast Program Leader



#### SERVICES PROVIDED

- Early detection and prevention
- Breast conserving surgery when possible
- Lymphatic mapping
- Advanced radiation treatment
- Whole breast irradiation
- · Partial breast irradiation
- Chemotherapy and immunotherapy
- Digital 3D mammography
- Breast MRI
- PEM (positron emission mammography)
- PET
- IMRT
- Linear accelerators
- CT/simulation
- Referral to reconstructive surgery
- Lymphedema program
- Risk assessment and prevention clinic
- Genetic screening and counseling
- Research and clinical trials
- Nurse navigator
- Breast Cancer Survivors support group
- Young Cancer Survivor support group
- · Community education and outreach
- Interdisciplinary tumor board
- Participation in National Quality Improvement Initiatives

## Site Specific Treatment and Outcome Analysis RADIATION THERAPY FOR BREAST CANCER

#### STANDARD 4.6 MONITORING COMPLIANCE WITH EVI-DENCE-BASED GUIDELINES

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in the cancer committee minutes.

One of the Commission on Cancer's Breast measures for RQRS and the Cancer Program Practice Profile Reports (CP3R) states that Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

Using 2013 data, Dr. Solange Pendas did a review for Stage I, II, or III invasive breast cancer patients less than 70 years of age who received radiation therapy following lumpectomy with negative margins.

Total number of patiens with Stage I, II or III invasive breast cancer	40
Number of patients who declined radiation therapy	2
Percentage of patients who received radiation therapty	95%

LRHCC Value	95.00
LRHCC Percentile	47 <sup>th</sup>
25 <sup>th</sup> Percentile	87.5
50 <sup>th</sup> Percentile	100
75 <sup>th</sup> Percentile	100
Average	91.64
Patient Data Pool	997



Time Period: January - June 2013

#### BREAST CANCER OCCURRENCE

According to the American Cancer Society Breast Cancer Facts & Figures in 2013, an estimated 232,340 new cases of invasive breast cancer were expected to be diagnosed among women, as well as an estimated 64,640 additional cases of in situ breast cancer.

In 2013, approximately 39,620 women were expected to die from breast cancer. Only lung cancer accounts for more cancer deaths in women and about 2,240 men were expected to be diagnosed with breast cancer and 410 men were expected to die.

The ACS estimated that 2.9 million US women with a history of breast cancer were alive on January 1, 2012. Some of these women were cancer free, while others still had evidence of cancer and may have been undergoing treatment.

During 2006 – 2010, the median age at the time of breast cancer diagnosis was 61. This means that half of women who developed breast cancer were 61 years of age or younger at the time of diagnosis.

Incidence rates of in situ breast cancer rose rapidly during the 1980s and 1990s, largely because of increases in mammography screening. The increase in incidence was greater in women 50 years of age and older than in those younger than 50. Since 1999, incidence rates of in situ breast cancer have stabilized among women 50 and older, but continue to increase in younger women (1.9% per year from 1998 to 2010). The stabilization in incidence among women 50 years of age and older likely reflects trends in mammography screening rates, which peaked in 2000 and then stabilized at a slightly lower rate.16 It may also reflect a reduced pool of prevalent cases as a result of widespread screening.

Between 1980 and 1987, breast cancer incidence rates increased rapidly, due largely to greater use of mammography screening, which can detect breast cancers too small to be felt. The widespread uptake of mammography screening inflated the incidence rate because cancers were being diagnosed 1 to 3

years earlier than they would have in the absence of screening. Rates stabilized in the early 1990s, followed by a slower increase during the latter half of the decade. This trend may reflect further increases in the prevalence of mammography screening, as well as rising rates of obesity and the use of menopausal hormones, both of which increase breast cancer risk. Between 2002 and 2003, breast cancer rates dropped sharply (nearly 7%), likely due to the decreased use of menopausal hormones following the 2002 publication of the Women's Health Initiative randomized trial results.<sup>17,18</sup> The decline occurred primarily in white women, in women ages 50 and older, and for ER+ disease.<sup>17,19</sup> This trend may also reflect declines in mammography screening. The percentage of women 40 years of age and older who reported having a mammogram within the past 2 years peaked in 2000, declined slightly, and has since stabilized.<sup>16</sup> Similar reversals in breast cancer trends have been observed internationally, as well.<sup>20-24</sup> Since 2004, overall breast cancer incidence rates have remained relatively stable.



#### OBSERVED SURVIVIAL FOR BREAST CASES DIAGNOSED IN 2003 - 2007

Data from 1518 Programs (National) + National Cancer Database



Stage of Disease	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr	95% Confidence
Stage 0	146142	100	99.4	98.6	97.6	96.5	95.2	95 - 95.3
Stage 1	291824	100	99.1	97.6	95.8	93.8	91.7	91.6 - 91.8
Stage II	210773	100	98.1	95.1	91.7	88.3	85.2	85 - 85.4
Stage III	80096	100	94.7	86.5	78.9	72.6	67.3	67 - 67.7
Stage IV	27873	100	66.7	49.9	37.7	28.8	22.7	22.2 - 23.2

#### NATIONAL CANCER DATABASE CASES DIAGNOSED IN 2003 - 2007

Data from 1518 Programs (National) + Radiation Therapy Treatment Comparison for LRHMC 2008 - 2012



The National Cancer Database data shows that LRHMC/ LRHCC followed the recommended treatment guidelines for radiation therapy of breast cancer patients that were diagnosed from 2008 – 2012 at a higher rate than other facilities in the nation.

According to the ACS Radiation therapy may be administered internally or externally. Some patients are treated with both types of radiation in combination. The way the radiation therapy is given depends on the type, stage, and location of the tumor, as well as doctor and patient preference.

External beam radiation is the standard type of radiation for women with breast cancer. Radiation is focused from a machine outside the body on the area affected by cancer. This usually includes the whole breast and, depending on the size and extent of the cancer, may include the chest wall and underarm area as well. External beam radiation therapy is typically administered daily over a period of 5 to 6 weeks; however, in recent studies, shortening the treatment to 3 weeks (referred to as accelerated breast irradiation or ABI) appears to be just as effective.

Internal radiation therapy, known as brachytherapy, is a form of accelerated partial breast irradiation (APBI) which uses a radioactive substance sealed in needles. seeds, wires, or catheters that are placed directly into or near the cancer. The ability to target radiation therapy accurately has increased dramatically in recent decades, which has greatly diminished side effects and can also reduce treatment time. For example, the most common form of brachytherapy used for breast cancer, intracavitary brachytherapy, is given for only 5 days. However, a recent retrospective study reported that women who were treated with brachytherapy were more likely to have certain complications and receive a subsequent mastectomy than those treated with whole breast radiation therapy. Additional follow-up data are needed to determine the long-term efficacy and risks associated with APBI and to identify which patients are the best candidates.

#### STAGE AT TIME OF DIAGNOSIS COMPARISON FOR LRHMC 2008 - 2012 NCDB Data (Nationally)



	0	I	II	III	IV	NA	UNK
My Facility	17%	42%	26%	10%	4%	0%	0%
Other	21%	40%	24%	8%	4%	0%	3%

©2014 National Cancer Data Base (NCDB) / Commission on Cancer (CoC)

#### STAGE OF BREAST CANCER DIAGNOSED IN 2006, 2007, 2008, 2009, 2010, 2011, 2012

Lakeland Regional Health Medical Center vs. All Types Hospitals in All States All Diagnosed Cases - Data from 1533 Hospitals

STAGE	MY (N)	OTHER (N)	MY (%)	OTHER (%)	
0	283	294,528	16.69%	20.21%	
	701	568,854	41.33%	39.03%	
II	451	354,107	26.59%	24.30%	
	170	126,631	10.02%	8.69%	
IV	69	54,738	4.07%	3.76%	
NA	1	1,277	0.06%	0.09%	
UNK	21	57,371	1.24%	3.94%	
COL. TOTAL	1,696	1,457,506	100%	100%	

## **Definition of Terms**



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



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



Lakeland Regional Health Cancer Center.



Lakeland Regional Health Medical Center.

### 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 Cancer Center before the registry's reference date (2002), 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; multimodality consists of a combination of two or more types of treatment.

## **REFERENCES**

Cancer Facts & Figures 2013 - 2014 Published by the American Cancer Society

NCDB, Commission on Cancer, ACoS, Benchmark and Survival Reports

Lakeland Regional Health Medical Center Oncology Data Services Database

## **Cancer Awareness Ribbon Colors**



All Cancers Lavender Bladder Cancer Yellow Brain Cancer Grey Breast Cancer Pink Cervical Cancer Teal/White Childhood Cancer Gold Colon Cancer Dark Blue Esophageal Cancer Periwinkle Head & Neck Cancer Burgundy/Ivory Kidney Cancer Orange Leiomyosarcoma Purple Leukemia Orange Liver Cancer Emerald

Lung Cancers White Lymphoma Lime Melanoma Black Multiple Myeloma Burgundy **Ovarian Cancer** Teal Pancreatic Cancer Purple Prostate Cancer Light Blue Sarcoma/Bone Cancer Yellow Stomach Cancer Periwinkle Testicular Cancer Orchid Thyroid Cancer Teal/Pink/Blue Uterine Cancer Peach Honors Caregivers Plum

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