



Lakeland Regional **Health**[®]

Oncology Program
2015 ANNUAL REPORT

2014 Statistical Data

In 2015, Lakeland Regional Health Hollis Cancer Center Was Awarded

THREE-YEAR WITH COMMENDATION SILVER LEVEL ACCREDITATION

from the Commission on Cancer



A **QUALITY PROGRAM**
OF THE AMERICAN
COLLEGE OF SURGEONS



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Lakeland Regional Health Hollis Cancer Center has been accredited by the American College of Surgeons Commission on Cancer since 1989. 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.

During the evaluation process, the healthcare system earned compliance on 25 standards and commendations in the following six areas: clinical trial accrual, public reporting of outcomes, College of American Pathologists protocols, nursing care, follow-up of all patients and Rapid Quality Reporting System participation.

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.

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 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.

In addition, Lakeland Regional Health's Breast Cancer Program was **RE-ACCREDITED THROUGH 2018 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 knowing 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.



2015 CANCER COMMITTEE

GENERAL SURGERY/ONCOLOGY SURGERY

Graham F. Greene, MD
Cancer Committee Chairman

Richard Boothby, MD
Cancer Liaison Physician

SURGERY

Manuel Molina, MD

MEDICAL ONCOLOGY

Sushma Nakka, MD

RADIATION ONCOLOGY

Kris Guerrier, MD

PATHOLOGY

Craig Lariscy, MD

DIAGNOSTIC RADIOLOGY

Christian Schmitt, MD

ADMINISTRATION

John J. Singer IV, MBA
Hollis Cancer Center Director

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, PhD, RN, OCN, CCRC
Manager of Clinical Research and Clinical
Research Coordinator

SOCIAL WORK/CASE MANAGEMENT

Kathy Decker, MSW, LCSW
Psychosocial Services Coordinator

NURSING

Amber Odom, MSN, RN

Glenda Kaminski, PhD, CNS, AOCN, CRNI
Cancer Registry Quality Coordinator

Shannon Caauwe, BSN, RN

Jan Bauer, MBA, RN, CCRP
Nurse Navigator

Christine Weakland, RN, CBCN
Breast Cancer Nurse Navigator

QUALITY IMPROVEMENT

Alisha Douglas, RN
Quality Improvement Coordinator

ONCOLOGY DATA MANAGEMENT

Blanche Myers, RHIT, CTR, CPC
Oncology Data Manager and
Cancer Conference Coordinator

COMMUNITY OUTREACH

Jesse Dang
Community Outreach Coordinator

OTHER REPRESENTATIVES

James McEwen
Director of Rehabilitation Services

Sandra Harrison
Registered Dietitian

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

Rodriguez Dangerfield
Pharmacist

BREAST PROGRAM LEADER

Solange Pendas, MD
Surgical Oncologist



GROWING
to serve our community

CANCER COMMITTEE CHAIRMAN'S LETTER



I would like to thank all our cancer committee members for their tireless work in preparing for our cancer program accreditation on June 16, 2015.

Our surveyor, Daniel P. McKellar, MD, FACS, recognized many strengths of our program, emphasizing the collaborative nature of our committee and alignment with health system goals. We have been awarded full accreditation for 3 years and received commendation in 6 areas, including clinical trials accrual, reporting of outcomes, American Pathologists protocol, nursing care, follow-up of all patients and our QRS participation. This is an outstanding accomplishment. I am proud to work with all of you to improve cancer care for our patients.

We are excited about the Lakeland Regional Health Hollis Cancer Center's expansion project. The health system's commitment to outstanding patient care, discovery and innovation is manifest in this 34,500-square-foot project. Forty new chemotherapy stations will increase our capacity for chemotherapy infusions by 17 chairs and a new linear accelerator with TrueBeam™ technology will provide stereotactic activities for radiotherapy, bringing the latest and best treatment options to our patients.

We are pleased to extend a special welcome to John Singer, Director of Cancer Services and Lakeland Regional Health Hollis Cancer Center, who joined us in July 2015. John comes from the MetroHealth system in Cleveland where he served most recently as Ambulatory Director of Operations.

I would also like to thank James Sturgill, who served as Interim Director of Cancer Services for 9 months. James has been promoted to Associate Vice President for Service Line Development, where he will continue his support of oncology services. Both John and James will be instrumental on the committee and within the health system.

We had much to celebrate in 2015. Our inaugural Promise Run was an outstanding success. Over 2,000 cancer survivors, family and friends from throughout Florida, and even out of state, participated in this special event focused on conquering cancer. Our next Promise Run on February 27, 2016, will build on this great work. Our annual Hope Blooms cancer survivor event on June 7, 2015, inspired guests with patient and team member

stories of personal journeys with cancer and cancer care.

The functional changes in the committee and the focused attention of core committees on specific standards has been tremendous this year. I look forward to meaningful processes aligning ambulatory and hospital goals that improve the quality of our patient experience.

In keeping with our goals to improve the quality of our patients' experiences, we have:

- Performed a time study to determine what changes and/or improvements can be made to lessen the wait time of patients.
- Reinstated the patient satisfaction survey using real-time surveys to assist with any improvements that are needed.
- Added a new triage nurse to the chemotherapy department and have reviewed this position to ensure the effectiveness of the services that this new position offers our patients.
- Performed a study to ensure that we are following the National Comprehensive Cancer Network guidelines for treating our patients.
- Increased our chemotherapy stations, which include a personal monitor to assist with education for our patients.
- Performed a study on the rate of Breast Conservation versus Mastectomy, which was compared to the rest of the nation.

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

GRAHAM F. GREENE, MD, FACS, FRCS
CANCER COMMITTEE CHAIRMAN



CARING
for our patients

CANCER LIAISON PHYSICIAN'S LETTER



I am the current Cancer Liaison Physician (CLP) at Lakeland Regional Health, and 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 data is then used to evaluate and improve the quality of cancer care at Lakeland Regional Health. This is done by using a tool such as the Cancer Program Practice Profile Reports (CP3R). The American College of Surgeons Commission on Cancer (CoC) sets standards for quality care of cancer patients for different cancer types, such as breast, colon and lung. Analysts at Lakeland Regional Health continually report our data to the NCDB and CP3R. 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 2014, where we have completed data.

My primary role as Gynecologic Oncologist at Lakeland Regional Health Hollis Cancer Center makes me

acutely aware of these measures and provides me the opportunity to effectively ensure that we are utilizing these tools in my daily practice. In keeping up with the new CP3R measures, one of them directly relates to my practice.

New standards being followed for cervical cancer are:

- Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (surveillance).
- Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (surveillance).

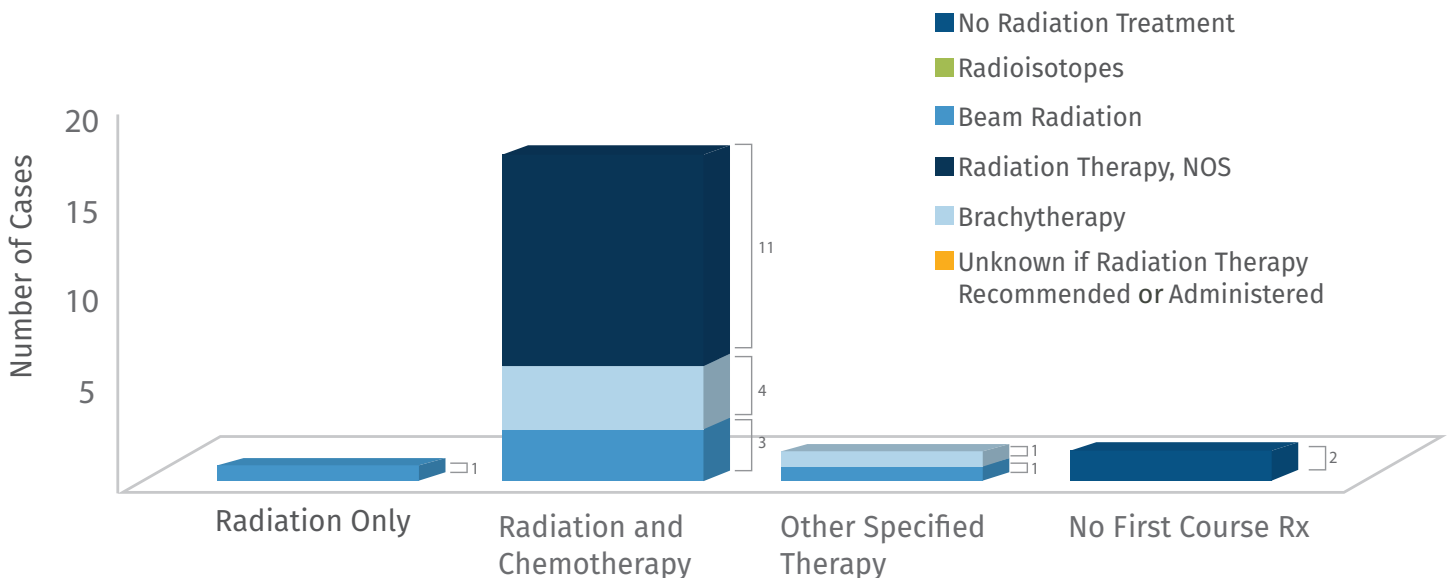
What is cervical cancer?

Cervical cancer starts in the cells lining the cervix, which is the lower part of the uterus (womb). This is sometimes called the uterine cervix. The fetus grows in the body of the uterus (the upper part). The cervix connects the body of the uterus to the vagina (birth canal). The part of the cervix closest to the body of the uterus is called the endocervix. The part next to the vagina is the exocervix (or ectocervix). The 2 main types of cells covering the cervix are squamous cells (on the exocervix) and glandular cells (on the endocervix). These 2 cell types meet at a place called the transformation zone. The exact location of the transformation zone changes as women age and if they give birth. (Continued)

First Course Surgery: None; no surgery of primary site

Lakeland Regional Health Medical Center, Lakeland, FL 33805

First Course Treatment by Radiation Therapy of Cervix Uteri Cancer Diagnosed in 2011, 2012, 2013
All Diagnosis Types



Most of the other cervical cancers are adenocarcinomas. Adenocarcinomas are cancers that develop from gland cells. Cervical adenocarcinoma develops from the mucus-producing gland cells of the endocervix. Cervical adenocarcinomas seem to have become more common in the past 20 to 30 years.

Can cervical cancer be found early?

The best way to find cervical cancer early is to have regular screenings with a Pap test (which may be combined with a test for human papilloma virus or HPV). As Pap testing became routine in this country during the past half century, finding pre-invasive lesions (pre-cancers) of the cervix became far more common than finding invasive cancer. Being alert to any signs and symptoms of cervical cancer can also help avoid unnecessary delays in diagnosis. Early detection greatly improves the chances of successful treatment and prevents any early cervical cell changes from becoming cancerous.

General treatment information

The options for treating each patient with cervical cancer depend on the stage of disease. The stage of a cervical cancer describes its size, depth of invasion (how far it has grown into the cervix) and how far it has spread.

Depending on the type and stage of the cancer, patients may need more than one type of treatment. Doctors on the cancer treatment team may include:

- A gynecologist: a doctor who treats diseases of the female reproductive system.
- A gynecologic oncologist: a doctor who specializes in cancers of the female reproductive system.
- A radiation oncologist: a doctor who uses radiation to treat cancer.
- A medical oncologist: a doctor who uses chemotherapy and other medicines to treat cancer.

At Lakeland Regional Health Hollis Cancer Center, we have all of these physicians under one roof.

Our physicians are up to date on the most recent advances in treating women with cervical cancer. Just approved for advanced or recurrent cervical cancer patients is the addition of bevacizumab (an angiogenesis inhibitor, a drug that slows the growth of new blood vessels in a tumor) to standard chemotherapy regimens. This new change increases median overall survival to 16.8 months, a significant advance over chemotherapy only.

RICHARD A. BOOTHBY, MD
CANCER LIAISON PHYSICIAN



CANCER CARE SERVICES

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

SURGICAL, MEDICAL, GYNECOLOGIC AND UROLOGIC ONCOLOGY

- Dedicated medical, surgical, and gynecologic oncology inpatient units. Our dedicated medical oncology unit houses 44 beds with mostly private rooms for inpatient visits and a short-stay room for outpatient blood transfusion services. The unit features a library filled with patient education resources and Internet access plus a family lounge equipped with refrigerator and microwave for families and visitors.
- Outpatient medical, surgical, radiation, urology and gynecological clinics located at Lakeland Regional Health Hollis Cancer Center.
- Oncology certified nurses available to enhance nursing care. All nurses who administer chemotherapy have completed national Oncology Nursing Society training.
- Oncology Clinical Nurse Specialists available for consultation.
- A clinical pharmacist and clinical dietitian to assist with medication or nutritional concerns.
- Minimally invasive surgical techniques, when appropriate.
- Lymphatic mapping and sentinel lymph node biopsy.
- Hyperthermic isolated limb perfusions (HILP).
- On-site minor procedure rooms.
- Radiofrequency ablation.
- Robotic surgery techniques using the da Vinci Surgical System.

- A palliative care program that collaborates with physicians to improve complex cases and manage symptoms such as pain, nausea and shortness of breath.
- Chemotherapy.
- Immunotherapy.
- Hormonal therapy.
- Growth factor support.
- Use of targeted biological agents.
- Intravenous supportive therapy.
- Bone marrow biopsy and aspirations.
- Endoscopy.
- Advanced early detection techniques.
- Cryosurgical ablation.

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 chemotherapy and 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.
- UroNav Fusion Biopsy System.

MULTIDISCIPLINARY CANCER CONFERENCES

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

LABORATORY SERVICES

- On-site laboratory services.

PATHOLOGY SERVICES

- Provided by Lakeland Pathologists, PA.

REHABILITATION SERVICES

- The Bannasch Institute for Advanced Rehabilitation Medicine.

GENETIC TESTING AND COUNSELING

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

MASTECTOMY FITTING

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

SUPPORT SERVICES AND GROUPS

- Patient advocacy specialist.
- Social workers.
- Patient education.
- Nutritional support.
- Complementary medicine services.
- Advanced directives.
- Family support.
- Community educational programs.
- Young Cancer Survivors support group.
- Breast Cancer Survivors support group.
- Annual Survivors Day event.
- 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.

SOCIAL WORK

At Lakeland Regional Health, social work practitioners work closely with the cancer treatment team to ensure that patients' needs are being met in the most appropriate and timely way possible.

As the two social workers serving the Cancer Center, we each bring more than 25 years of experience of practice in the Social Work field to our patients. We are well prepared to facilitate patient and family adjustment to a cancer diagnosis, including the issues that may arise, both emotional and physical, during the treatment process. We work closely with the physicians, making sure patients' physical needs are being satisfied, whether it's ordering a Home Health referral, personal equipment such as a rolling walker and wheelchairs or, in more complex cases, IV feeding at home.

This year we worked diligently with the entire Hollis Cancer Center team to implement the National Comprehensive Cancer Network (NCCN) Distress Screening program. This program has been adopted in almost all Cancer Centers in the U.S. and is considered to be the best assessment tool available to interview new cancer patients. At a brief meeting with each new patient, we are able to determine his or her most urgent needs and to discover if the patient will have problems with anything from transportation and treatment to physician co-pays. We also discuss the emotional issues of being a new cancer patient. Families are often involved in this process, allowing us to understand the patient's emotional support system.

Our office has many community resources available to assist patients in need, including National Cancer Institute education materials for patients and family members in a caregiving role. We work closely with the American Cancer Society, the United Way of Central Florida, The Salvation Army and Catholic Charities. Transportation is offered on a short-term, emergency basis as well. As the needs of our community continue to grow, we will be here to meet the challenges ahead.

LUCINDA SELLARS, BA, MSA
KATHY DECKER, BSW

CLINICAL TRIALS



Complacency is never appropriate in cancer care. For that reason, Lakeland Regional Health continues to look for new, innovative treatment options for our patients through clinical trials. Each year brings new treatment and supportive care opportunities!

The newest treatments include a classification of drug that actually helps to reprogram the life cycle of a cancer cell, helping to "shut off" the mechanism that tells the cell to grow and allowing for programmed cancer cell death. This unique treatment offers extended hope for many patients who have exhausted the standard FDA approved treatment.

We also look at supportive care treatments, drugs that help with the side effects of radiation and chemotherapy. One such side effect is a red, painful mouth for patients receiving extensive treatment for head and neck cancers. In 2015, we were able to provide an investigational drug that not only reduces but also has shown promise in preventing this side effect for these patients! This allows them to continue to eat and drink throughout a difficult treatment so that they can have better outcomes and quality of life.

Through clinical trials, we are able to provide advanced cancer treatment possibilities today and, most importantly, hope for a healthier future for our community.

ROBIN STEWART, PHD, RN, OCN, CCRC
MANAGER OF CLINICAL RESEARCH,
CLINICAL RESEARCH COORDINATOR

PATIENT NAVIGATION IN CANCER CARE

Patient navigation in cancer care refers to individualized assistance to help patients and families overcome barriers in the healthcare system, including access to support and financial resources.

At Lakeland Regional Health Hollis Cancer Center, the goal of the nurse navigator is to promote patient-centered healthcare and improve the coordination of care across providers. The navigator is an advocate for the patient and a continuous point of contact for the patient and his or her family. The navigator's role is both clinical and non-clinical, with responsibilities including patient education, facilitation of communication among the multidisciplinary team and the referring physician, and implementation of initiatives that eliminate barriers to care.

CHRISTINE WEAKLAND, RN, CBCN
JAN BAUER, RN, CCRP, MBA
NURSE NAVIGATORS

What does the Nurse Navigator do?

- Serves as a single point of contact for patients and families.
- Links patients with available resources.
- Functions as an advocate and resource.
- Acts as a liaison with the healthcare team on behalf of the patient.
- Helps remove barriers and obstacles that the patient may encounter.
- Expedites transition of care between facilities and providers.

How can patient navigation make a difference?

- Provide continuous coordination of care for patients.
- Improve patient satisfaction.
- Remove barriers to care.
- Promote more efficient delivery of care.

SURVIVORSHIP CARE

With the improvement in therapies for cancer, earlier detection and supportive care, many more people are living with cancer. Each year in Florida alone, over 60,000 people newly become cancer survivors, but the experience of cancer continues after treatment is completed.

Our survivorship care program is designed to help the survivor take control of his or her health. At the completion of active treatment, he or she is given a treatment summary and guidelines for ongoing follow-up care. Assessment of post-treatment needs allows the provider to design a care plan specific to the patient. This care plan can include referrals to support services, such as:

- Neurological rehabilitation.
- Exercise specialist.
- Lymphedema clinic.
- Nutrition services.
- Financial counselors.
- Support groups.
- Local Yoga classes and other complimentary services.

CINDY HORRELL, ARNP





ADVANCED
rehabilitation for cancer patients

BANNASCH INSTITUTE FOR ADVANCED REHABILITATION MEDICINE

In August 2015, the Bannasch Institute for Advanced Rehabilitation Medicine opened to meet a critical community care need, allowing patients who must continue therapeutic rehabilitation services to do so in a state-of-the-art, nurturing care setting, while conveniently close to family and loved ones for support.

Located on the Lakeland Regional Health Medical Center campus, the Bannasch Institute provides patients with personalized inpatient rehabilitation care that seamlessly integrates the highest quality diagnostic and therapeutic services in a high-tech environment.

Patient-centered care to improve functionality and promote the highest degree of independence possible is at the heart of the Bannasch Institute for Advanced Rehabilitation Medicine. The concept and design were created with input from industry experts, care providers and community members to ensure accessible, coordinated and cutting-edge services for our patients and their families.

The Bannasch Institute treats patients recovering from:

- Stroke.
- Brain injury.
- Spinal cord injury.
- Major multiple traumas.
- Neurological issues.
- Knee and hip joint replacements.
- Cancer.
- Cardiac conditions.
- Transplants.
- Pulmonary conditions.
- Complex pain.



SUPPORTING
cancer care



LAKELAND REGIONAL HEALTH FOUNDATION + CANCER CARE

In 2015, the Lakeland Regional Health Foundation received an unprecedented \$5 million gift from Lynn Hollis and her family to benefit and name the Hollis Cancer Center.

The Lakeland Regional Health Foundation was created as a not-for-profit 501(c)(3) organization in 1971 to support Lakeland Regional Health's work to deliver nationally recognized healthcare, strengthen the health of the community and advance the future of healthcare for those it serves. 100% of all donations are invested in facilities, equipment and programs used to care for patients. In 2015, the following Lakeland Regional Health Foundation events supported the Lakeland Regional Health Hollis Cancer Center.

Promise Run

On March 21, 2015, the inaugural Promise Run 5k and 10k races drew more than 1,800 runners and 220 volunteers to downtown Lakeland. The event raised \$189,000 to offset construction costs for the chemotherapy area expansion at the Hollis Cancer Center. Many of the runners formed teams in memory of a cancer patient, in honor of a cancer survivor or were survivors

themselves. During the event, Lakeland Regional Health physicians and executive leadership participated in live radio interviews that stressed the importance of cancer awareness, exams and early detection.

Women in Philanthropy Luncheon

Celebrated author Geralyn Lucas made a much-anticipated appearance in Lakeland as part of Women in Philanthropy's Annual Luncheon on November 4, 2015. Ms. Lucas conveyed her candid and witty story about discovering breast cancer at age 27, sharing her courageous story about breast cancer awareness, empowerment and survivorship. Ms. Lucas is an avid proponent of cancer screenings and uses a humorous approach to encourage early detection. In her woman-on-the-street "Ouch!" video, she is surprised to discover that many women put off getting a mammogram out of fear of discomfort but are willing to tolerate lengthy and painful fashion and beauty trends. Her YouTube video has had nearly 22,000 views. Funds raised through luncheon sponsorships and registration proceeds benefitted the Lakeland Regional Health Hollis Cancer Center.



INVOLVING
our community



THE PROMISE RUN

“In honor of survivor and fighter Brandon and Lydia. I love you!”

“My first 10k ... for 10 years cancer free!”

“In honor of My Favorite Warrior Ruthy fighting Breast Cancer for the 2nd Time!”

Sentiments like these made Lakeland Regional Health’s first Promise Run on March 21, 2015, not only a fundraising and awareness success but also an emotional and personal achievement for each participant crossing the finish line.

Held at Lakeland’s Munn Park, the Promise Run’s 5k and 10k races drew more than 1,800 runners and 220 volunteers. The event, planned by Lakeland Regional Health’s Women in Philanthropy, raised \$189,000 to offset construction costs for the new chemotherapy area at Lakeland Regional Health Hollis Cancer Center.

“We are so pleased the community came together in a big way for such a special cause,” said Tim Boynton, Associate Vice President for Lakeland Regional Health Foundation. “We were amazed by the show of support from runners and walkers, cancer survivors, families of cancer patients and donors.”

Some of the participants themselves were cancer survivors, finishing the race with hugs from loved ones and tears in their eyes. The Promise Run’s youngest runner was 4 years old, and the oldest runner was 91. Many of the runners formed teams in memory of a cancer patient or in honor of a cancer survivor, with the

largest being Team Karen, boasting 62 people.

The handwritten notes mentioned at left decorated a large banner that the community and team members were invited to sign.

“I am inspired by the community’s response to this event,” said Graham F. Greene, MD, FACS, FRCS, Executive Director, Lakeland Regional Health Hollis Cancer Center. “Every step taken helped to strengthen the health of our community.”

The top overall female runner in the 10k was Amanda Speakman, with a finish time of 44 minutes and 53 seconds. The top overall male runner in the 10k was Brian Miller, with a finish time of 38 minutes and 22 seconds. The top overall female winner in the 5k was Haley Alam, with a time of 21 minutes and 15 seconds, and the top overall male winner in the 5k was Mike Furman, with a time of 19 minutes, 28 seconds. PromiseRun.org has information on the 2016 Promise Run.





HOPE BLOOMS: A SURVIVORS DAY EVENT

On Sunday, June 7, 2015, more than 200 cancer survivors, their families and care providers gathered at Lakeland Regional Health Hollis Cancer Center's Hope Blooms event, which coincides with National Cancer Survivors Day® each year.

The event offers an opportunity to show that life after a cancer diagnosis can be exciting, fulfilling and inspiring. It also allows survivors to connect with their care providers and other survivors.

Attendees heard the story of Debra Poquette, a survivor who was 45 when her breast cancer was diagnosed three years ago. She underwent eight weeks of chemotherapy, six weeks of radiation therapy and a bilateral mastectomy. Poquette recounted her story as one of three motivational speakers at Hope Blooms.

Pastoral Services Director Eileen Stone, herself a 10-year breast cancer survivor, offered words of encouragement and blessing, and prostate cancer survivor Mike Sconyers, 49, inspired everyone to live life to the fullest.

Cancer survivors and their caregivers were honored during the event, which concluded with a touching dove release among the palm trees and serene and beautiful landscape of the Hollis Cancer Center.

The attendees at Hope Blooms also learned about the exciting expansion going on at the Hollis Cancer

Center, where cranes and cement will soon give way to a greater place of healing, wellness and discovery. The renovations and construction, which earned a design award from The American Institute of Architects Orlando, will include 40 new chemotherapy stations thoughtfully designed to provide patients with comfort, greater access to caregivers and tranquil views of nature. The project, expected to be completed by the middle of 2016, also will furnish the Hollis Cancer Center with a beautiful chapel, a 250-seat teaching auditorium and an expanded pharmacy.





2014-2017 COMMUNITY NEEDS ASSESSMENT REGARDING CANCER SCREENING AND PREVENTION

Excerpted from the source report

In Polk County, the overall rate of death due to cancer is 165.1 per 100,000 lives. This statistic is higher than the Tampa Bay region's rate of 162.7 and state rate of 158.7. Polk County also has a higher prevalence of death from cervical and colon cancer and incidence of melanoma, all of which can often be detected early with proper screening.

Initiatives:

- Solicit charitable contributions to the Lakeland Regional Health Foundation to fund anesthesiology services required during colorectal screenings performed for patients of the Lakeland Regional Health Family Health Center and Lakeland Volunteers in Medicine. This initiative will help address disparities of health outcomes in the black community.
- Collaborate with the Polk County School Board and YMCA of West Central Florida to explore funding sources available to expand community education for parents, students and teachers about skin cancer protection. These efforts will include organizing resources to build sun shade over playgrounds, exercise areas and bus stops.

- Expand educational programs offered at the Lakeland Regional Health Hollis Cancer Center by our clinicians in collaboration with area cancer awareness organizations. Two or more new colorectal, breast and prostate cancer education, prevention and/or early detection programs will be offered at the newly constructed education center planned for the Hollis Cancer Center campus.

- Continue to offer smoking education and cessation programs in partnership with our physician providers and groups such as the Tobacco Free Alliance. Engage our team, patients and families, and community to provide smoke-free campuses at Lakeland Regional Health.

Anticipated Outcomes:

- Increased patient access to cancer screening services.
- Increased community participation in educational programs that highlight resources available for early cancer detection and treatment.
- Decreased rate of new cancer cases and deaths.

2015 COMMUNITY OUTREACH

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

Continuing Medical Education (CME) and Continuing Education (CE) Events:

- Cancer Conference (Recurring weekly 2015).
- Bi-weekly Hepatobiliary/GI Conference.
- “Urology Symposium,” Lakeland Regional Health Medical Center (January 2015).

Community Outreach Events

DATE	ACTIVITY	LOCATION	TYPE	# OF PEOPLE	EVIDENCE-BASED GUIDELINE OR INTERVENTION USED		*
1/31/2015	2015 Urology Symposium	Lakeland Regional Health Hollis Cancer Center	Educational/Prevention	35	ACS	American Cancer Society	
2/11/2015	Polk State College Wellness Program	Winter Haven Campus	Skin Cancer Education	150	ACS	American Cancer Society	
2/13/2015	Polk State College Wellness Program	Winter Haven Campus	Skin Cancer Education	150	ACS	American Cancer Society	
3/10/2015	Florida's Natural Growers	Lake Wales	Screening/Prevention	40	ACS	American Cancer Society	40 Skin Screenings (5 abnormal)
4/15/2015	Florida's Natural Growers	Lake Wales	Screening/Prevention	125	ACS	American Cancer Society	
4/25/2015	Polk County School Board Health Fair	Lakeland	Screening/Prevention	121	ACS	American Cancer Society	121 Skin Screenings (26 abnormal)
5/6/2015	Southern Wine & Spirits Health Fair	Lakeland	Screening/Prevention	210	ACS	American Cancer Society	30 Skin Screenings (1 abnormal)
5/7/2015	Hope Blooms: A Cancer Survivors Day Event	Lakeland Regional Health Hollis Cancer Center	Educational/Prevention	214	ACS	American Cancer Society	
6/15/2015	The Estates at Carpenters "Men's Health Program"	Lakeland	Educational/Prevention	22	AAFP	American Academy of Family Physicians	
8/7/2015	City of Auburndale Health Fair	Auburndale	Screening/Prevention	11	ACS	American Cancer Society	11 Skin Screenings
10/4/2015	Breast Health Awareness Seminar at New Mount Zion Missionary Baptist Church	Lakeland	Educational/Prevention	100	ACS	American Cancer Society	
10/14/2015	Polk County Government Health Fair	Bartow	Screening/Prevention	350	ACS	American Cancer Society	58 Skin Screenings (11 abnormal)
10/21/2015	City of Lakeland Health Fair	Lakeland	Educational/Prevention	350	ACS	American Cancer Society	Handed out skin cancer prevention information
11/19/2015	Great American Smokeout	Lakeland	Educational/Prevention	20+	ACS	American Cancer Society	One person took the pledge to quit smoking.

*For all positive findings a letter is sent to patient's primary care physician & patient letting them know of positive findings. If skin finding is positive, then report is given immediately w/recommendation to go see a dermatologist. If possible melanoma, then patient is to make an appointment w/LRHHCC for a biopsy.



INNOVATIVE
cancer care



BREAST CANCER PROGRAM



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

Becoming a Nationally Accredited Breast Center Program required Hollis Cancer Center to meet 28 rigorous standards to prove both quality of care and outcomes for women with diseases of the breast. Hollis Cancer Center 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.

This great 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. Hollis Cancer Center's nurse navigator guides newly diagnosed breast cancer patients through the healthcare system, ensuring complete coordination of services.

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 (positron emission tomography).
- IMRT (Intensity-modulated radiation therapy).
- 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 Survivors support group.
- Community education and outreach.
- Interdisciplinary tumor board.
- Participation in National Quality Improvement Initiatives.



A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS



ONCOLOGY



PAIN AND PALLIATIVE CARE

The goal of palliative care is to prevent and relieve discomfort and to support the best possible quality of life for patients facing life-threatening or debilitating illness, regardless of the stage of the disease or the need for other therapies. Palliative care

is both a philosophy of care and an organized, highly structured system for delivering care.

As leaders in promoting excellence in cancer care, our palliative care program combines the expertise of our physicians and nurses to advance the field, thus improving the quality of life for patients facing serious or life-threatening conditions, as well as their families. The Palliative Care program at Hollis Cancer Center continues to grow with expert care to serve the residents of Polk County and beyond. We will pursue opening clinical trials for this patient population. We deliver a comprehensive, multidisciplinary approach to the treatment of cancer patients. We offer state-of-the-art treatment modalities combined with novel therapy approaches, using well-trained, experienced medical and ancillary personnel who provide compassionate care and support. Our interest and experience in providing pain and palliative care are complemented by Lakeland Regional Health's new inpatient pain and palliative care unit.

SUSHMA NAKKA, MD
MEDICAL ONCOLOGIST

Goals and Objectives of Palliative Care

- Translate comprehension of the clinical and scientific basis of advanced disease processes, symptoms, and symptom management into improved patient care.
- Assess patient pain and other symptoms and side effects, and recommend a care plan based upon the best available evidence.
- Identify psychological, spiritual, social, and cultural aspects of patient care, and integrate support of those aspects of patient care into an overall plan of care.
- Develop patient plans of care that incorporate interdisciplinary assessments and symptom management across all domains of care that are ultimately based on the expressed values, goals, and needs of the patient and family.
- Apply effective communication principles with patients, families, and interdisciplinary teams.
- Identify ethical and legal concerns related to hospice and palliative care.
- Discuss the effective strategies and challenges for the delivery of hospice and palliative care in diverse settings.
- Facilitate future research in hospice and palliative care.



RADIATION ONCOLOGY

Lakeland Regional Health Hollis Cancer Center's Radiation Oncology department has seen some amazing advancements in radiotherapy treatment technology over the past few years, including the addition of Intensity-Modulated Radiation Therapy (IMRT), Image-Guided Radiation Therapy (IGRT), Volumetric Modulated Arc Therapy (VMAT), and advanced image fusion technologies. The advancements in 2016 will prove no different with the installation of a new Varian TrueBeam™ linear accelerator with Novalis® Radiosurgery from Brainlab. Novalis® Radiosurgery is an advanced platform of specialized tools dedicated to fast, precise and highly targeted Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT).

SRS is a highly precise form of radiation therapy that will allow the treatment of benign and malignant tumors, arteriovenous malformations, and functional neurological disorders. Despite its name, SRS is a non-surgical procedure that delivers precisely targeted radiation at much higher doses in only a single or few treatments, as compared to traditional radiation therapy. This type of treatment is made possible with the development of highly advanced radiation technologies, such as Novalis®, that permit maximum dose delivery to the target while minimizing dose to the surrounding healthy tissue. The goal is to deliver doses that will destroy the tumor and achieve permanent local control.

The principles of SRS, namely high precision radiation delivery that is accurate to within 1 to 2 millimeters, are also being applied to the treatment of tumors within the body, known as stereotactic body radiotherapy (SBRT). SBRT is currently used and/or being investigated for use in treating malignant or benign small-to-medium-sized tumors in the body and common disease sites, including the lung, liver and spine.

While the past has seen many exciting advancements in the field of Radiation Oncology, the future is just as bright with the addition of powerful new tools in Lakeland Regional Health Hollis Cancer Center's fight against cancer.



KRIS GUERRIER, MD
RADIATION ONCOLOGIST



KURT ENGLISH
RADIATION ONCOLOGY MANAGER



ONCOLOGY DATA SERVICES



Oncology Data Services collects data on cancer cases that are diagnosed and/or treated at Lakeland Regional Health Medical Center 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.

A total of 2,614 cases were accessioned into the database in 2015 (2014 data), 1,942 (74%) of which were analytic. Annual lifetime follow-up is performed on the analytic patients. Ongoing follow-up benefits the patient by reminding them that routine medical examinations are recommended to ensure early detection, recurrence or new primary malignancies and benefits physicians by potentially bringing lost patients back under medical supervision. In addition, the follow-up information is used to compare outcome results with regional, state, and national standards. In 2014, the successful follow-up rate for both the total database as well as the cases diagnosed within the last five years exceeded the Commission on Cancer requirements.

Our data is not only reported to the Florida Cancer Data System (FCDS) and NCDB but also 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 Centers.

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

The following data includes charts and graphs that represent the analytic data of the patients seen here at LRH Medical Center and Lakeland Regional Health Hollis Cancer Center in 2014 and abstracted in 2015. 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 melanoma cases.

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.

BLANCHE MYERS, RHIT, CTR, CPC
ONCOLOGY DATA MANAGER



LAKELAND REGIONAL HEALTH MEDICAL CENTER

DATA SUMMARY ANALYTIC DATA ONLY + 2014

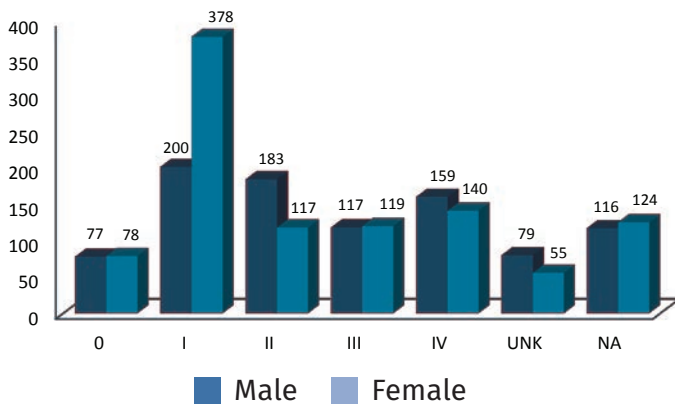
The top five sites at Lakeland Regional Health Medical Center were:

- Lung 12.52%
- Breast 12.09%
- Prostate 9.64%
- Colon 7.67%
- Urinary Bladder and Blood & Bone Marrow were both 6.34%

AJCC Stage and Gender

Of the 1,942 analytic cases, 931 patients were male and 1,011 were female. The gender distribution table below reveals that the majority of patients who were diagnosed were females at a Stage 1.

Table 1



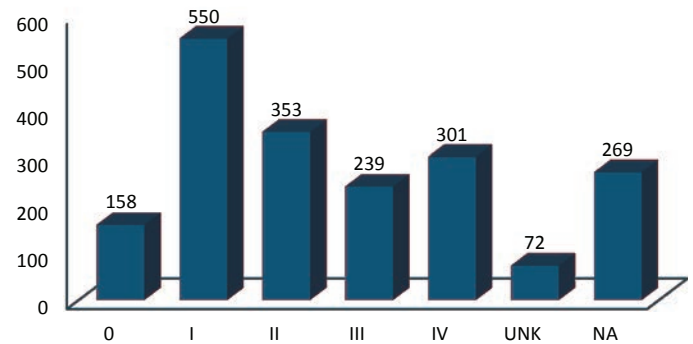
STAGE	MALE	FEMALE
0	77	78
I	200	378
II	183	117
III	117	119
IV	159	140
UNK	79	55
N/A	116	124
TOTAL*: 1942	931	1,011

*Total analytic cases eligible for staging.

AJCC Stage at Diagnosis

The majority of patients (28.32%) were first diagnosed and treated as a Stage 1.

Table 2



STAGE	NUMBER OF CASES	PERCENT
0	158	8.14%
I	550	28.32%
II	353	18.18%
III	239	12.31%
IV	301	15.50%
UNK	72	3.71%
N/A	269	14%
TOTAL:	1,942	100.00%

Race and Ethnicity

Race distribution reveals that out of the 1,942 participants, 1,877 (89%) of the patients were Caucasian, 172 (9%) were African American and 35 (2%) were Asian or Other.

NOTE:

Asian includes: Asian Indian, Pakistani, Chinese, Japanese, Filipino, Korean and Vietnamese.

Other includes: All races not listed above and/or unknown.

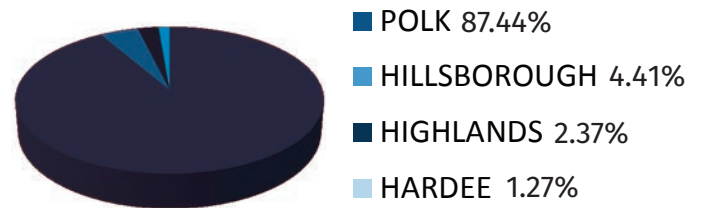
County of Residence at Diagnosis

Analysis reveals that the top five counties of residence at diagnosis were Polk (87.44%), Hillsborough (4.41%), Highlands (2.37%), Hardee (1.27%) and Pasco (0.88%). A detailed breakdown is shown in Tables 3 and 4.

Table 3

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
POLK	1587	87.44%
HILLSBOROUGH	80	4.41%
HIGHLANDS	43	2.37%
HARDEE	23	1.27%
PASCO	16	0.88%
INDIAN RIVER	7	0.39%
ORANGE	6	0%
PINELLAS	5	0.28%
UNKNOWN	5	0.28%
COLLIER	3	0.00165289
OUT OF STATE	3	0.00165289
SUMTER	3	0.00165289
88*NY	3	0.00165289
PALM BEACH	2	0.00110193
OUT OF STATE	2	0.11%
HERNANDO	2	0.00110193
LEE	1	0.00055096
BAY	1	0.00055096
SARASOTA	1	0.00055096
88*MI	1	0.00055096
LEON	1	0.00055096
14*FL	1	0.00055096
OSCEOLA	1	0.00055096
LAKE	1	0.00055096
CITRUS	1	0.00055096
MANATEE	1	0.00055096
GLADES	1	0.00055096
MADISON	1	0.00055096
OUT OF STATE	1	0.00055096
OUT OF STATE	1	0.00055096
105*IN	1	0.00055096
SEMINOLE	1	0.00055096
OUT OF STATE	1	0.00055096
999*ZZ	1	0.00055096
OUT OF STATE	1	0.00055096
VOLUSIA	1	0.00055096
BROWARD	1	0.00055096
998*VI	1	0.00055096
998*ZZ	1	0.00055096
88*AL	1	0.00055096
BREVARD	1	0.00055096
TOTAL CASES:	1,815	100%

Table 4



Treatment

Treatment analysis reveals that 892 (45.93%) patients had surgery alone, 485 (24.97%) patients either had no treatment or no observation, 213 patients received some form of single-modality therapy and 352 patients received some form of multi-modality therapy. A detailed breakdown can be seen in Table 5.

Table 5

RX TYPE	NUMBER OF CASES	PERCENT
SURG	892	45.93%
NONE	485	24.97%
CHEM	139	7.16%
SURG/CHEM	87	4.48%
CHEM/RAD	58	2.99%
RAD	55	2.83%
SURG/RAD/HOR	35	0.01802266
CHEM/IMMU	29	1.49%
SURG/HOR	26	1.34%
SURG/CHEM/RAD	25	0.01287333
RAD/HOR	24	0.01235839
CHEM/HOR/IMMU	13	0.00669413
SURG/RAD	13	0.00669413
HOR	11	0.00566426
SURG/IMMU	8	0.41%
SURG/CHEM/RAD/HOR	8	0.00411946
CHEM/HOR	8	0.00411946
IMMU	8	0.00411946
SURG/CHEM/IMMU	6	0.0030896
HOR/IMMU	3	0.0015448
SURG/CHEM/HOR	3	0.0015448
CHEM/RAD/HOR/IMMU	2	0.00102987
CHEM/RAD/HOR	2	0.00102987
SURG/CHEM/HOR/IMMU	1	0.00051493
SURG/RAD/HOR/IMMU	1	0.00051493
TOTAL CASES:	1,942	100%

PRIMARY SITE BY STAGE AND GENDER

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1939	1939	0	931	1008	152	578	300	236	299	134	240
ORAL CAVITY	38	38	0	24	14	0	5	4	6	19	4	0
LIP	1	1	0	1	0	0	0	1	0	0	0	0
TONGUE	12	12	0	11	1	0	3	1	1	5	2	0
OROPHARYNX	5	5	0	2	3	0	0	0	1	4	0	0
HYPOPHARYNX	1	1	0	1	0	0	0	0	0	1	0	0
OTHER	19	19	0	9	10	0	2	2	4	9	2	0
DIGESTIVE SYSTEM	352	352	0	182	170	53	77	63	54	80	19	6
ESOPHAGUS	14	14	0	8	6	0	2	5	1	3	2	1
STOMACH	24	24	0	12	12	1	7	5	1	8	2	0
COLON	141	141	0	66	75	37	31	24	23	22	4	0
RECTUM	57	57	0	35	22	10	15	7	9	10	6	0
ANUS/ANAL CANAL	4	4	0	4	0	0	1	1	1	1	0	0
LIVER	36	36	0	25	11	0	10	6	8	8	1	3
PANCREAS	49	49	0	21	28	2	6	8	8	24	1	0
OTHER	27	27	0	11	16	3	5	7	3	4	3	2
RESPIRATORY SYSTEM	261	261	0	145	116	1	72	13	56	105	13	1
NASAL/SINUS	2	2	0	0	2	0	1	0	0	1	0	0
LARYNX	22	22	0	17	5	0	9	1	3	7	2	0
LUNG/BRONCHUS	235	235	0	127	108	1	62	12	52	97	11	0
OTHER	2	2	0	1	1	0	0	0	1	0	0	1
BLOOD & BONE MARROW	118	118	0	63	55	0	0	0	0	0	4	114
LEUKEMIA	64	64	0	32	32	0	0	0	0	0	4	60
MULTIPLE MYELOMA	26	26	0	13	13	0	0	0	0	0	0	26
OTHER	28	28	0	18	10	0	0	0	0	0	0	28
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	7	7	0	3	4	0	3	0	2	0	2	0
SKIN	114	114	0	69	45	20	46	19	11	3	14	1
MELANOMA	107	107	0	66	41	20	44	19	8	3	13	0
OTHER	7	7	0	3	4	0	2	0	3	0	1	1
BREAST	227	227	0	4	223	25	123	48	14	11	6	0
FEMALE GENITAL	155	155	0	0	155	6	93	13	24	13	6	0
CERVIX UTERI	10	10	0	0	10	0	3	4	2	1	0	0
CORPUS UTERI	97	97	0	0	97	0	77	4	7	5	4	0
OVARY	31	31	0	0	31	0	7	4	12	6	2	0

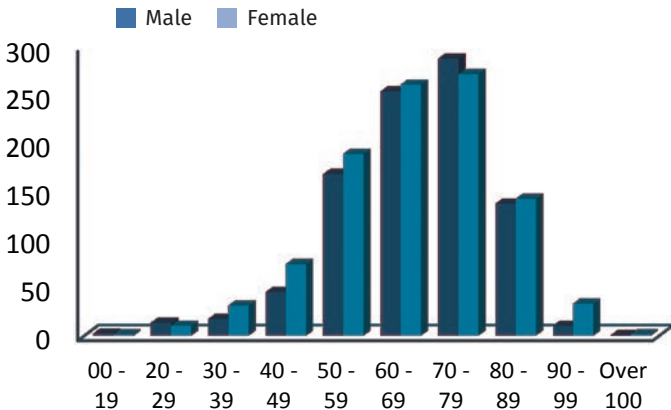
VULVA	13	13	0	0	13	6	6	1	0	0	0	0
OTHER	4	4	0	0	4	0	0	0	3	1	0	0
MALE GENITAL	196	196	0	196	0	2	43	100	23	15	12	1
PROSTATE	181	181	0	181	0	0	38	100	20	14	9	0
TESTIS	10	10	0	10	0	0	5	0	3	1	1	0
OTHER	5	5	0	5	0	2	0	0	0	0	2	1
URINARY SYSTEM	211	211	0	135	76	45	71	22	20	24	22	7
BLADDER	119	119	0	85	34	42	24	17	10	15	11	0
KIDNEY/RENAL	78	78	0	40	38	0	45	4	8	8	11	2
OTHER	14	14	0	10	4	3	2	1	2	1	0	5
BRAIN & CNS	77	77	0	33	44	0	0	0	0	0	1	76
BRAIN (BENIGN)	6	6	0	3	3	0	0	0	0	0	0	6
BRAIN (MALIGNANT)	26	26	0	18	8	0	0	0	0	0	0	26
OTHER	45	45	0	12	33	0	0	0	0	0	1	44
ENDOCRINE	62	62	0	18	44	0	27	4	5	4	11	11
THYROID	49	49	0	11	38	0	27	3	4	4	11	0
OTHER	13	13	0	7	6	0	0	1	1	0	0	11
LYMPHATIC SYSTEM	92	92	0	50	42	0	18	14	17	24	19	0
HODGKIN'S DISEASE	13	13	0	9	4	0	5	1	4	1	2	0
NON-HODGKIN'S	79	79	0	41	38	0	13	13	13	23	17	0
UNKNOWN PRIMARY	19	19	0	6	13	0	0	0	0	0	0	19
OTHER/ILL-DEFINED	10	10	0	3	7	0	0	0	4	1	1	4

Number of cases excluded: 3

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

Age at Diagnosis by Gender

The data shows that more females were diagnosed than males here at Lakeland Regional Health and of these most were over the age of 60 years old, while most men were over the age of 70 years old when they were diagnosed.



AGE	MALE	FEMALE
00 - 19	2	1
20 - 29	13	10
30 - 39	17	31
40 - 49	45	74
50 - 59	167	188
60 - 69	253	260
70 - 79	287	271
80 - 89	137	142
90 - 99	10	33
Over 100	0	1
Totals:	931	1,011



HISTOLOGY

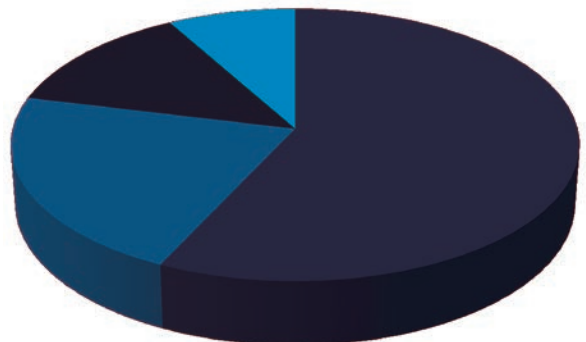
The majority of cancers that were diagnosed here were adenocarcinoma (23%). A breakdown of the top 10 tumor histologies is displayed below:

Top 10 Histologies at LRHHCC

HISTOLOGY	NUMBER OF CASES	PERCENT
Adenocarcinoma NOS	455	23.43%
Infiltrating duct carcinoma (C50._)	174	8.96%
Squamous cell carcinoma NOS	104	5.36%
Endometrioid carcinoma (C56.9)	65	3.35%
Clear cell adenocarcinoma NOS	53	2.73%
Malignant melanoma NOS	51	2.63%
Small cell carcinoma NOS	43	2.21%
Papillary transitional cell carcinoma non-invasive (C67._)	43	2.21%
Transitional cell carcinoma NOS	42	2.16%
Mucinous adenocarcinoma	37	1.91%

Histology Distribution

- Adenocarcinoma NOS
- Infiltrating duct carcinoma (C50._)
- Squamous cell carcinoma NOS
- Endometrioid carcinoma (C56.9)





SITE-SPECIFIC TREATMENT AND OUTCOME ANALYSIS

Melanoma Study Comparison with NCCN Guidelines



Standard 4.6-Monitoring Compliance with Evidence-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.

Lakeland Regional Health's Community Needs Assessment includes cancer screening and prevention. The rationale was that in Polk County, the overall rate of death due to cancer is 165.1 per 100,000 lives. This statistic is higher than the Tampa Bay region's rate of 162.7 and state rate of 158.7. Polk County also has a higher prevalence of death from cervical and colon cancer and incidence of melanoma, all of which can often be detected early with proper screening.

One of the initiatives was for collaboration with the Polk County School Board and YMCA of West Central Florida to explore funding sources available to expand community education for parents, students and teachers about skin cancer protection. These efforts will include organizing resources to build sun shade over playgrounds, exercise areas and bus stops.

This review was done to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. This included patients who were diagnosed in 2014 with

melanoma. A random selection from the 155 eligible patients was completed and a total of 50 of those patients were reviewed. These patients were separated by their stage and pathology/findings. Then they were reviewed with the NCCN guidelines. They either fell into the group of the "Primary Treatment Recommendations" or the "Adjuvant Treatment Recommendations." It was concluded that all of the 50 patients did follow the NCCN guidelines.

What is melanoma skin cancer?

Melanoma is a cancer that begins in the melanocytes – the cells that make the brown skin pigment known as melanin, which gives the skin its color. Melanin helps protect the deeper layers of the skin from the harmful effects of the sun.

Melanoma can start on nearly any part of the skin, even in places not normally exposed to the sun, such as the genital or anal areas. Melanoma most often affects the skin (including under the nails). It can also start in other parts of the body, such as in the eyes or mouth.

Melanoma is almost always curable when it's found in its very early stages. Although melanoma accounts for only a small percentage of skin cancers, it's much more likely to grow and spread to other parts of the body, where it can be hard to treat. Because of this, melanoma causes most skin cancer deaths, accounting for nearly 10,000 of the more than 13,000 skin cancer deaths each year.

MANUEL MOLINA, MD
SURGICAL ONCOLOGIST

BLANCHE MYERS, RHIT, CTR, CPC
ONCOLOGY DATA MANAGER

SKIN CARE RECOMMENDATIONS

According to the American Cancer Society, skin cancer is the most common cancer in the United States. In fact, more skin cancers are diagnosed in the U.S. each year than all other cancers combined. The number of skin cancer cases has been increasing over the past few decades.

The good news is that we can do a lot to protect ourselves and our families from skin cancer or catch it early so it can be treated effectively. Most skin cancers are caused by too much exposure to ultraviolet (UV) rays. Most of this exposure comes from the sun, but some may come from man-made sources, such as indoor tanning beds and sun lamps.

Sunlight is the main source of UV rays, but it would be unwise to stay inside if it would keep you from being active. Physical activity is important for good health, but getting too much sun can be harmful. There are some steps you can take to limit your exposure to UV rays.

Some people think about sun protection only when they spend a day at the lake, beach or pool. But sun exposure happens every time you are in the sun.

Simply staying in the shade is one of the best ways to limit your UV exposure. If you are going to be in the sun, “Slip! Slop! Slap!® and Wrap,” is a catchphrase that can help you remember some of the key steps you can take to protect yourself from UV rays:

- Slip on a shirt.
- Slop on sunscreen.
- Slap on a hat.
- Wrap on sunglasses to protect the eyes and skin around them.
- Seek shade.
- Protect your skin with clothing.
- Use sunscreen. Sunscreens with broad spectrum protection (against both UVA and UVB rays) and with sun protection factor (SPF) values of 30 or higher are recommended.
- Wear a hat and sunglasses.
- Avoid tanning beds and sun lamps.

Lakeland Regional Health will continue to provide the best care for our patients by:

- Following the NCCN guidelines.
- Offering skin cancer screenings.
- Making the above ACS recommendations to our patients.





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.

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 Hollis 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; multi-modality consists of a combination of two or more types of treatment.

References

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