



Lakeland Regional **Health**<sup>®</sup>

---

# Oncology Program **2016 ANNUAL REPORT**

---

2015 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



A QUALITY PROGRAM  
OF THE AMERICAN  
COLLEGE OF SURGEONS

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.

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 that they will have access to comprehensive, state-of-the-art care; a multidisciplinary care approach; information about ongoing clinical trials and new treatments; and quality breast care close to home.

## *CoC-Accredited Programs Benefit Patients Through:*

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



## 2016 CANCER COMMITTEE

### GENERAL SURGERY/ONCOLOGY SURGERY

**Graham F. Greene, MD**  
Cancer Committee Chairman

**Richard Boothby, MD**  
Cancer Liaison Physician

### SURGERY

**Lourdes Pelaez-Echevarria, DO, FACOS**

### MEDICAL ONCOLOGY

**Sushma Nakka, MD**

### RADIATION ONCOLOGY

**Kris Guerrier, MD**

### PATHOLOGY

**Evander Boynton, MD**

### DIAGNOSTIC RADIOLOGY

**Christian Schmitt, MD**

### ADMINISTRATION

**John J. Singer IV, MBA**  
Hollis Cancer Center Director

**Janet Fansler, DNP, RN, CENP**  
Executive Vice President, LRH Medical Center and  
Chief Nurse Executive, LRH

**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, BSW, Oncology Social Worker**  
Psychosocial Services Coordinator

### NURSING

**Amber Odom, BSN, RN, CMSRN**

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

**Shannon Caauwe, BSN, RN, OCN**  
Oncology Manager

**Christine Weakland, RN, BS, CBCN**  
Breast Cancer Nurse Navigator

### QUALITY IMPROVEMENT

**Beth Evans, BSN, RN, CCRC**  
Quality Improvement Coordinator

### ONCOLOGY DATA MANAGEMENT

**Blanche Myers, RHIT, CTR, CPC**  
Oncology Data Manager (Cancer Registry) and  
Cancer Conference Coordinator

### COMMUNITY OUTREACH

**Lauren Parkes**  
Manager of Community Health Outreach

### OTHER REPRESENTATIVES

**Jill Haladay, DPT, MPH, GCS**  
Chief Rehabilitation Officer

**Sandra Harrison, MSA, RD**  
Registered Dietitian

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

**Rodriguez Dangerfield, PharmD**  
Director of Pharmacy



# Lakeland Regional Health<sup>®</sup> and Mayo Clinic.

Now. Working Together For You.

MAYO  
CLINIC

CareNetwork  
Member

We are proud to announce that Lakeland Regional Health is now a member of the Mayo Clinic Care Network...

This past fall, Lakeland Regional Health and Mayo Clinic announced the start of a new collaborative relationship with the addition of Lakeland Regional Health to the Mayo Clinic Care Network.

This formal agreement facilitates the transfer of shared knowledge between the two organizations to enhance the delivery of health care to the patients of Lakeland Regional Health. As a result, patients receive care from their known and trusted local providers while benefiting from Mayo Clinic expertise at no additional cost.

“We continue to deliver on our promise to strengthen the health of this community through strategic clinical relationships,” says Lakeland Regional Health President and CEO Elaine C. Thompson, Ph.D., FACHE. “We are honored to work with Mayo Clinic for the benefit of those we serve.”

As a member of the Mayo Clinic Care Network, Lakeland Regional Health will work with Mayo Clinic to share clinical resources. Physicians will have access to information and services, including:

- eConsults that allow physicians to connect electronically with Mayo Clinic specialists and subspecialists when they believe additional input will benefit their patients
- AskMayoExpert, a database that offers the latest Mayo Clinic-vetted information at the point of care, including the management and treatment of a wide variety of medical conditions
- Health Care Consulting that helps members to realize desired levels of operational, financial and patient care through shared best practices
- eTumor Board conferences that invite physicians to present and discuss complex cancer cases with a multidisciplinary panel of Mayo Clinic specialists and other network members

The new collaboration also offers Lakeland Regional Health providers access to Mayo Clinic’s library of patient education materials and archived Mayo Clinic Grand Rounds presentations that feature Mayo Clinic physicians and scientists.

“We were pleased to extend this invitation to Lakeland Regional Health, an organization that offers high quality, patient-centered care,” says Ryan Uitti, M.D., medical director, Southeast region, Mayo Clinic Care Network. “We share its focus, and we welcome the opportunity to work more closely with its medical professionals. We’ll collaborate so that patients and the Central Florida community benefit.”

“The benefits this new collaboration brings to our patients and families, physicians and clinicians are tremendous,” says Lakeland Regional Health Medical Center President and Lakeland Regional Health Chief Medical Officer Timothy J. Regan, M.D. “Joining the Mayo Clinic Care Network provides the 624 accomplished and dedicated physicians of our Medical Staff with unique tools and services with which to continue the clinical excellence and innovative care our patients expect and deserve.”

The Mayo Clinic Care Network has more than 40 member organizations in the U.S., Mexico, Singapore and the United Arab Emirates. Lakeland Regional Health underwent a rigorous review process based on quality, service and operation criteria. Members of the Network remain independent and collaborate with Mayo Clinic to improve the quality and delivery of healthcare.





# GROWING

*to serve our community*

# CANCER COMMITTEE CHAIRMAN'S LETTER



We have had an outstanding year. I want to thank all the committee members for their hard work that has earned us re-accreditation with the Commission on Cancer as well as the distinction of being named to the *Becker's Hospital Review* list of "101 Hospitals and Health Systems with Great Oncology Programs". Whether it

is participation in our Annual Promise Run or working on a quality improvement project, the gifts and talents of many continue to allow us to improve outcomes and the quality of life for our patients, survivors and their families and friends.

The Hollis Cancer Center is also pleased to announce that we have recently earned the Jean Byers Oncology Award for Excellence in Cancer Registration. The Florida Cancer Data System honors health systems for precise reporting of cancer case admissions. The award is given to healthcare systems and hospitals that adhere to rigorous national standards for timeliness and completeness of data registry. The award honors Jean Anne Byers who passed away in 1996 following a long career dedicated to promoting oncology research and education in Florida.

Over the past year, the Lakeland Regional Health Hollis Cancer Center has seen tremendous progress in our facility expansion project.

- The first phase of the chemotherapy wing opened February 10, 2016 with 26 patient chairs and the second phase of an additional 14 chairs opened in August 2016.
- To provide an exceptional patient experience, each chair is equipped with heat and massage options, personal entertainment system, a scenic view of the lake, and the ability for patients to see their caregiver.
- Our newly constructed pharmacy department also opened on February 10, 2016 which includes three chemotherapy hoods, two non-chemotherapy hoods and a separate hood for investigational medications. These chemotherapy hoods are located in a negative pressure room. There is a separate negative pressure room for investigational agents to be prepared, as well as a positive pressure room for non-chemotherapy preparation. An anteroom separates the main pharmacy area from these three new cleanrooms.
- A state-of-the-art teaching auditorium opened on

March 31 with Lakeland Regional Health Foundation's annual Philanthropist of the Year event.

- Additionally, a new laboratory suite opened in June that allows for expanded access to laboratory services.
- Lastly, the third linear accelerator vault opened in July 2016. The new vault houses a TrueBeam STx unit that allows patients who previously had to travel outside of Lakeland for advanced treatment to receive comprehensive stereotactic surgery here in our community.

The Hollis Cancer Center continues to see growth in all patient care areas. Annual visits are projected to reach over 60,000 this year, with chemotherapy treatments up 8% and radiation treatments up 31% compared to last year. Our nationally recognized breast cancer program has also seen a 43% increase in volume since the program's inception in 2009, due largely to enhanced awareness and improved mammography screening/compliance. Research and clinical trials continue to be strong, with over 100 patients currently enrolled in an active clinical trial.

All of this has been made possible by the outstanding team of dedicated staff that places the patient at the heart of all we do in an environment of continuous learning and discovery.

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

**JOHN SINGER**  
DIRECTOR, HOLLIS CANCER CENTER



CARING  
*for our patients*



# CANCER LIAISON PHYSICIAN'S LETTER



I am the 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.

The measures for endometrium cancer are:

- Chemotherapy and/or radiation administered to patients with Stage IIIC or IV endometrial cancer (surveillance)
- Endoscopic, Laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (surveillance)

## *What is uterine cancer?*

Uterine cancer starts in the lining of the uterus. In the United States endometrial cancer will be diagnosed in 60,050 women in 2016 and 10,470 women will die from this cancer. There were 216 women with endometrial cancer treated at Lakeland Regional Health in 2015. Some of the symptoms are listed below:

### **Unusual vaginal bleeding, spotting, or other discharge:**

About 90% of women diagnosed with endometrial cancer have abnormal vaginal bleeding, such as a change in their

periods or bleeding between periods or after menopause. This symptom can also occur with some non-cancerous conditions, but it is important to have a doctor look into any irregular bleeding right away. If you have gone through menopause already, it's especially important to report any vaginal bleeding, spotting, or abnormal discharge to your doctor.

Non-bloody vaginal discharge may also be a sign of endometrial cancer. Even if you cannot see blood in the discharge, it does not mean there is no cancer. In about 10% of cases, the discharge associated with endometrial cancer is not bloody. Any abnormal discharge should be checked out by your doctor.

### **Pelvic pain, a mass, and weight loss:**

Pain in the pelvis, feeling a mass (tumor), and losing weight without trying can also be symptoms of endometrial cancer. These symptoms are more common in later stages of the disease. Still, any delay in seeking medical help may allow the disease to progress even further. This lowers the odds for treatment being successful.

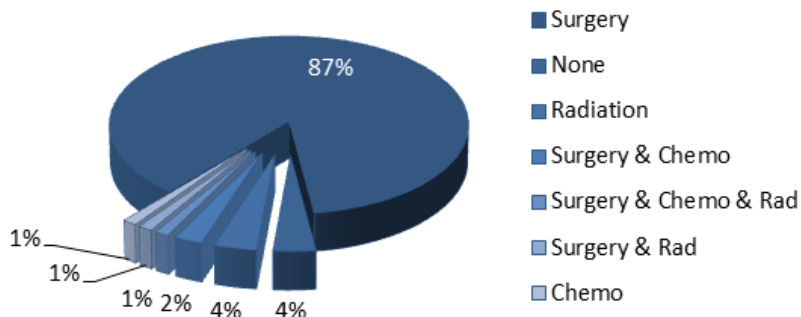
## *Endometrial Cancer Risk Factors*

- Behaviors that increase estrogen levels, like taking estrogen after menopause, taking tamoxifen; obesity, certain ovarian tumors, and polycystic ovarian syndrome
- Age
- Diabetes
- Family history (having close relatives with endometrial or colorectal cancer)
- Having been diagnosed with breast or ovarian cancer in the past
- Having been diagnosed with endometrial hyperplasia in the past
- Treatment with radiation therapy to the pelvis to treat another cancer

## Treatments for Endometrial Cancer

After all of the test results have been reviewed, your doctor will recommend one or more treatment options. The four basic types of treatment for women with endometrial cancer are:

- Surgery
- Radiation therapy
- Hormonal therapy
- Chemotherapy



## Treatment Combination

Surgery is the main treatment for most women with this cancer. But in certain situations, a combination of these treatments may be used. The choice of treatment depends largely on the type of cancer and stage of the disease when it is found. Other factors could play a part in choosing the best treatment plan. These might include your age, your overall state of health, whether you plan to have children, and other personal considerations.

**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 46 beds with mostly private rooms for inpatient visits and a short-stay room for outpatient blood transfusion services.
- 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 Specialist 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), digital portal imaging and TrueBeam STx
- 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

## 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 ensure the best possible treatment plan for each patient

## LABORATORY SERVICES

- On-site laboratory services

## PATHOLOGY SERVICES

- Provided by Lakeland Pathologists, PA

## REHABILITATION SERVICES

- The Bannasch Institute for Advanced Rehabilitation Medicine for inpatient care
- Grasslands Campus for outpatient physical rehabilitation

## 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
- Complimentary 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.

We continue to see newly diagnosed cancer patients under the National Comprehensive Cancer Network (NCCN) guidelines for the "Distress Screening Program". At this time, we are able to identify emotional and physical needs that are unique to each patient and diagnosis. During this process, we have identified that ostomy care and teaching along with assistance with ordering ostomy supplies would be a useful improvement initiative in our surgical oncology department. This process has allowed us to meet with Hollis Cancer Center clinicians and make improvements in ostomy education, which will continue to reduce any distress felt by new ostomy patients.

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



2016 has brought the approval of many new treatment options to our patients! It is important to remember that all new treatment and diagnostic tests begin with the wonderful volunteers who choose to make a clinical trial their treatment choice. We are so grateful to the over 240 men and women who volunteered in 2016 to help us move these exciting treatments to the market through their participation in a clinical trial.

Although there have been many advances in care, the Hollis Cancer Center team continues to reach for better ways to prevent, diagnose, and treat cancers of all types. In 2016, the research team and urologic oncologists partnered to explore a different way to complete prostate biopsies. The use of a new fusion technology allows our physicians to get a multidimensional view of the prostate, targeting the areas that are suspicious for cancer. We were chosen to share our preliminary information with other Oncologists at an international conference. It is hoped that the information being gathered will reduce the number of biopsies that men will receive in the future.

Cancer research is always asking the question "What if?". For many years, researchers have been looking at the body's immune system and trying to use our own body to fight the cancer cells more effectively. Several new drugs were approved in 2016 that do just that, allowing the body's natural defense systems to work overtime and destroy cancer cells while allowing the healthy cells to remain untouched. Now, we are looking at combining these new treatments with other drugs to enhance the performance of the medications and shrink tumors even better.

Keeping the patient at the heart of all we do is what drives the research at the Hollis Cancer Center. Through our joint efforts with the community, we continue to make a difference in the lives of our patients and their families. This is our investment into future generations as well!

**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.
- Facilitates participation in Quality Initiatives.

## *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**





# COMPREHENSIVE

*care for cancer patients*

## INPATIENT SERVICES

Located on the Lakeland Regional Health Medical Center campus, the 46 bed Inpatient Oncology Unit is an important part of the comprehensive cancer care provided by Lakeland Regional Health in a comfortable and supportive environment designed to meet each patient’s needs.

The unit offers a multidisciplinary, holistic approach to cancer care that considers the medical, functional, psychosocial and spiritual needs of patients.

Physicians, specialists, a clinical nurse specialist, and specialty educated oncology nurses coordinate patient care with social workers, case managers, dietitians and pharmacists who are specially trained in cancer care.

Our family-centered approach to care recognizes the impact of a cancer diagnosis on patients and family members alike. The multidisciplinary team is available to ensure that patient and family questions and needs are being met during their inpatient stay.

**GLENDAM KAMINSKI, PHD, CNS, AOCN, CRNI**  
Clinical Nurse Specialist

## PALLIATIVE CARE

Lakeland Regional Health has a palliative care consultation service available to meet with patients and their families. The goal of the palliative care team is to improve the quality of life for patients during their illness. This may be done through a variety of methods. The palliative care service can help coordinate care and facilitate open, honest discussions about goals of care and treatment choices. These choices may be difficult and complex. The palliative care service also provides information about advance directives, addresses emotional and spiritual concerns of patients and caregivers, and helps identify and relieve pain as well as other symptoms.

The palliative care service is comprised of a registered nurse and a clinical nurse specialist who visit with patients at the request of the patient’s physician. The palliative care medical director, Dr. Francisco Chebly, along with several other physicians are board certified in palliative medicine and provide care to patients in the inpatient palliative care unit within the hospital.

In 2015 the palliative care service was consulted for patients with a variety of illnesses in many different units of the hospital, including critical care, oncology, and medical-surgical units. The palliative care service received approximately 2000 consults in 2015.

**JERI THOMAS, MSN, RN, CMSRN, CHPN**  
Palliative Care



SUPPORTING  
cancer care



## LAKELAND REGIONAL HEALTH FOUNDATION + CANCER CARE

Over the past 12 months, the Lakeland Regional Health Foundation has been working diligently to raise funds for both programmatic and capital improvements for the Hollis Cancer Center. In late 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. Significant gifts in 2016 came from the Campisi Family, to benefit and name the Campisi Family Auditorium and the Campisi Medical Oncology Suite. New individual infusion stations, medical exam rooms, waiting areas, the chapel and the cafeteria also have been made possible by the generosity of donors this year.

The first phase of the Campisi Medical Oncology Suite opened February 10, 2016 with 26 patient chairs. Each chair is equipped with heat and massage options as well as a personal entertainment and information system. The chair also allows the patient to see his or her caregiver as well as a scenic view of the lake, providing an exceptional patient experience.

Funds raised also helped create Hollis Cancer Center's newly constructed pharmacy department, which was completed on February 10, 2016. The new Pharmacy provides

three chemotherapy hoods, two non-chemotherapy hoods and a separate hood for investigational medications in a negative pressure room. A separate negative pressure room allows for investigational agents to be prepared, and a positive pressure room is set up for non-chemotherapy preparation. An anteroom separates the new main pharmacy area from these three new cleanrooms.

The state-of-the-art Campisi Family Auditorium opened its doors in fantastic style March 31 to host Lakeland Regional Health's annual Philanthropist of the Year event.

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.





**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 2<sup>nd</sup> Time!”*

On February 27, 2016, the second annual Promise Run 5k and 10k drew nearly 2,600 runners, walkers and volunteers to Munn Park.

Participants, spectators and volunteers were invited to write personal messages to those fighting cancer on a Hollis Cancer Center banner. Many runners formed teams in memory of a cancer patient, in honor of a cancer survivor or were survivors themselves.

Two moving award ceremonies recognized the top finishers in all age categories. Every participant received an engraved silver medallion, affixed to a white lanyard for 5k runners and a blue lanyard for 10k runners.

Young walkers and runners were encouraged to participate in the first Kids Run, which followed the completion of the 5k race. Children who completed the run earned a special Finisher’s Ribbon. In addition, this was the first year that runners and walkers with young children were able to sign their children up for activities and supervision at nearby Explorations V Children’s Museum.

The morning also included free chair massages, honor bibs for race participants and the weekly Curbside Farmers Market.

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

The event raised approximately \$200,000 that went directly toward funds needed to operate the Hollis Cancer Center.





## HOPE BLOOMS: A SURVIVORS DAY EVENT

On Sunday, June 5, 2016, more than 200 cancer survivors, their families and care providers gathered in the Hollis Cancer Center Campisi Family Auditorium for Hope Blooms, our National Cancer survivors Day event.

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

Attendees at Hope Blooms learned about the exciting expansion recently completed at the Hollis Cancer Center. The renovations and construction, which earned a design award from The American Institute of Architects Orlando, include 40 new chemotherapy stations thoughtfully designed to provide patients with comfort, greater access to caregivers and tranquil views of nature. The project also furnishes the Hollis Cancer Center with a beautiful chapel, a 250-seat teaching auditorium and an expanded pharmacy.

Pastoral Services Director Eileen Stone, herself an 11-year breast cancer survivor, offered words of encouragement and blessing.

Guests heard the inspiring stories of cancer survivors Jean Tayntor and Richard Anderson. Ms. Tayntor, in her 70s, is a melanoma survivor. Mr. Anderson, who is in his 40s, was treated for head and neck cancer at the Hollis Cancer Center.

The event concluded with a touching dove release among the palm trees and serene and beautiful landscape of the Hollis Cancer Center. Doves symbolize eternal life, love, peace, faith, purity, happiness and unity.





## 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 Medical Center Foundation to fund anesthesiology services required during colorectal screenings performed for patients of the Lakeland Regional Family Health Center and Lakeland Volunteers in Medicine. This initiative will help address disparities of health outcomes in the black community.
- Continue to collaborate with the 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. In 2016, Lakeland Regional Health constructed two shaded areas at the Lakeland Family YMCA. As part of accompanying sun-safety education, Lakeland Regional Health worked closely with the YMCA for a two-week sun safety course "UV Lives With Us,"

providing each after-school care participant with sunscreen to take home.

- Expand educational programs offered at the Lakeland Regional Cancer Center by our clinicians in collaboration with area cancer awareness organizations. In 2016, Colorectal, breast and prostate cancer education, prevention and early detection programs were offered at our newly constructed education center at the Hollis Cancer Center campus. Additional education opportunities are being planned for 2017 that will increase the reach of prevention education.
- 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.

### *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.

# 2016 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 2016).
- Bi-weekly Hepatobiliary/GI Conference.
- “Urology Symposium,” Lakeland Regional Health Medical Center (September 2016).

## Community Outreach Events

DATE	ACTIVITY	LOCATION	TYPE	# OF PEOPLE	EVIDENCE-BASED GUIDELINE OR INTERVENTION USED		*
2/5/2016	Polk State College	Lakeland	Education/Prevention	42	ACS	American Cancer Society	
4/7/2016	Florida Natural Growers Health Fair	Lake Wales	Screening/Prevention	29	ACS	American Cancer Society	29 Skin Screenings
4/23/2016	Polk County School Board Health Fair	Lakeland	Screening/Prevention	103	ACS	American Cancer Society	103 Skin Screenings (14 abnormal)
6/5/2016	Hope Blooms: A Cancer Survivors Day Event	LRH Hollis Cancer Center	Educational/Prevention	214	ACS	American Cancer Society	
7/19/2016	Cancer Prevention and Wellness  Sun Protection	LRH Hollis Cancer Center	Education/Prevention	5	ACS	American Cancer Society	
8/30/16	HPV: Stop Cervical Cancer Before it Starts	LRH Hollis Cancer Center	Education/Prevention	5	ACS	American Cancer Society	
9/13/15	Understanding the Prostate	LRH Hollis Cancer Center	Education/Prevention	7	ACS	American Cancer Society	
9/15/2016	2016 Urology Symposium	LRH Hollis Cancer Center	Educational/Prevention	35	ACS	American Cancer Society	
10/11/2016	Polk County Sheriff's Office Health Fair	Lakeland	Education/Prevention	100+	ACS	American Cancer Society	
10/11/2016	Cancer Prevention   Breast Cancer	LRH Hollis Cancer Center	Educational/Prevention	6	ACS	American Cancer Society	
10/15/2016	Breast Health Awareness Seminar at New Mount Zion Missionary Baptist Church	Lakeland	Educational/Prevention	150	ACS	American Cancer Society	
10/17/2015	Polk County Government Health Fair	Bartow	Screening/Prevention	350	ACS	American Cancer Society	
10/18/2016	City of Lakeland Health Fair	Lakeland	Educational/Prevention	350	ACS	American Cancer Society	Handed out skin cancer prevention information
11/17/2016	Great American Smokeout	Lakeland	Educational/Prevention	70+	ACS	American Cancer Society	
11/29/2016	City of Auburndale	Auburndale	Screening/Prevention	28	ACS	American Cancer Society	28 Skin Screenings (1 abnormal)

\*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/LRHCC 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 52<sup>nd</sup> 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.

**MANUEL MOLINA, MD**  
SURGICAL ONCOLOGIST

### *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



## MEDICAL ONCOLOGY & CHEMOTHERAPY

Growth happens in many ways, and over the past year, our cancer team continues to show that more than just our building has grown.

- All chemotherapy nurses are nationally certified in chemotherapy and biotherapy administration through the Oncology Nurses Society, the nationally recognized specialty organization of oncology nurses.
- Our infusion area boasts the distinction that more than half of the nurses on staff hold the credential of Oncology Certified Nurse (OCN) which is a nationally recognized certification. Nurses with this distinction are highly sought by centers due to the time and dedication it takes to earn, as well as the expertise.
- More than 50% of the nursing team holds a Baccalaureate in nursing; 30% are pursuing a Master's in nursing.

In addition to our expanded treatment area, we have added a chemo teaching room where our two designated nurse educators will help our patients become educated on their treatments and learn what to expect throughout the treatment process. Here, patients can become better acquainted with the treatment environment, center processes, and can be introduced to members of their specialized cancer treatment team.

For continued communication with our patients outside of treatment, and for quicker response to their needs,

surgical and medical oncology have pulled together to create a centralized telephone triage. Nurses and medical assistants from both areas were integrated into a central area of the center. Each manages calls based on the specialty with the end goal being every call gets answered and patients get what they need.

To show that our growth is constant, our financial counselors have made great strides to assist our patients in finding resources to decrease the financial burden that can often accompany cancer treatment. Our counselors stay current with changes involving commercial insurance and Medicare, and interact with the various pharmaceutical company assistance programs.

We are excited to see what the future holds for our cancer program! We admire our patients for their bravery, and we appreciate them for enabling us to see that growing helps us to change, and change helps us to grow.

**SHANNON CAAUWE, RN, BSN, OCN**  
CLINICAL OPERATIONS MANAGER, MEDICAL ONCOLOGY  
& CHEMOTHERAPY





## ONCOLOGY



### MEDICAL ONCOLOGY AND PALLIATIVE CARE

At Lakeland Regional Health's Hollis Cancer Center, our goal is to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems of cancer patients and the promotion of

overall health. In 2016 medical oncology made several advancements, including: increasing the chemotherapy chairs to 40 to accommodate the extra volume of patients, expanding the pharmacy to support increased chemotherapy volumes and the addition of a state-of-the-art education and meeting space for community outreach, multidisciplinary meetings and physician and team education.

Medical Oncology also includes palliative care service. 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.

**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.
- Enroll patients in clinical trials, where we are able to provide advanced cancer treatment possibilities today and more importantly hope for healthier future for our community.
- 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 continues to provide cutting edge radiotherapy treatment, including Intensity-Modulated Radiation Therapy (IMRT), Image-Guided Radiation Therapy (IGRT), Volumetric Modulated Arc Therapy (VMAT), and advanced image fusion technologies. In 2016, we also saw the addition of a third linear accelerator, a new Varian TrueBeam™ linear accelerator with Novalis® Radiosurgery from Brainlab. This machine is an advanced linear accelerator that offers Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT) with an advanced platform of specialized tools dedicated to fast, precise, and highly targeted treatments utilizing cone-beam computed tomography (CBCT) scan imaging for tumor localization.

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. 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. This level of accuracy is achieved through the Brainlab's ExacTrac imaging system that allows for the continuous tracking of patient movement, including X-ray verification and corrections throughout the whole treatment.

In addition to the technological advances, the Radiation Oncology department also received its 3 year accreditation from the American College of Radiation Oncology (ACRO) by meeting the requirements necessary for the delivery of high-quality care and safety. This recognition demonstrates the commitment of the Hollis Cancer Center to provide our community the best Radiation Oncology services in the 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 2,674 cases were accessioned into the database in 2016 (2015 data), 2,089 (78%) 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 2015, 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 2015 and abstracted in 2016. 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 prostate 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 + 2016

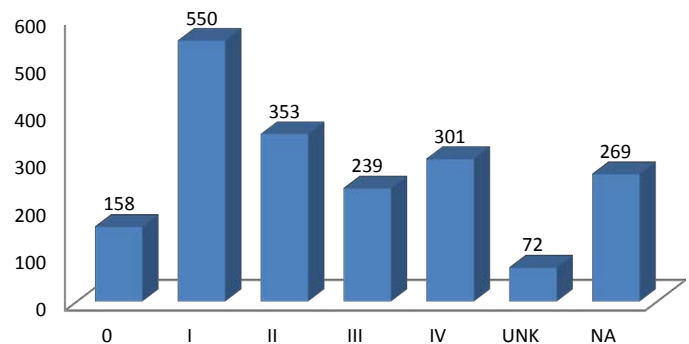
The top five sites at Lakeland Regional Health Medical Center were:

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

## AJCC Stage at Diagnosis

The majority of patients (24.08%) were first diagnosed and treated as a Stage 1.

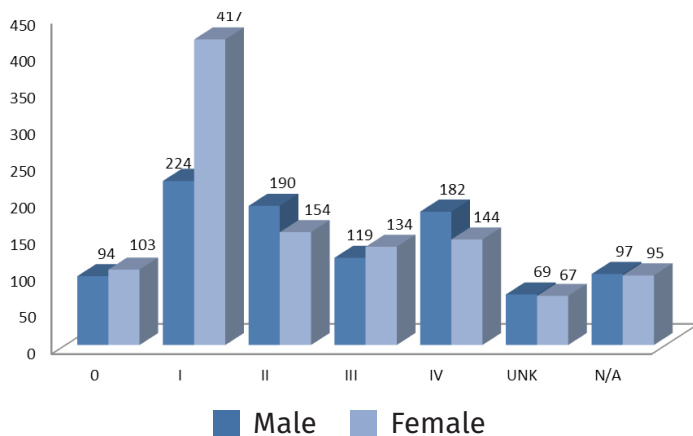
Table 2



## AJCC Stage and Gender

Of the 2,089 analytic cases, 975 patients were male and 1,114 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	NUMBER OF CASES	PERCENT
0	184	8.81%
I	503	24.08%
II	205	9.81%
III	139	6.65%
IV	82	3.93%
UNK	569	27.24%
N/A	190	9.10%
Other	217	10.39%
<b>TOTAL:</b>	<b>2,089</b>	<b>100.00%</b>

STAGE	MALE	FEMALE
0	94	103
I	224	417
II	190	154
III	119	134
IV	182	144
UNK	69	67
N/A	97	95
<b>TOTAL*: 2,089</b>	<b>975</b>	<b>1,114</b>

\*Total analytic cases eligible for staging.

## Race and Ethnicity

Race distribution reveals that out of the 2,089 participants, 1,850 (88.56%) of the patients were Caucasian, 191 (9.14%) were African American and 48 (2.30%) 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.

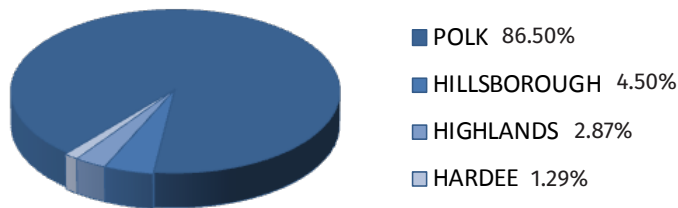
### County of Residence at Diagnosis

Analysis reveals that the top five counties of residence at diagnosis were Polk (86.50%), Hillsborough (4.50%), Highlands (2.87%), Hardee (1.29%) and Pasco (0.77%). A detailed breakdown is shown in Tables 3 and 4.

Table 3

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
POLK	1807	86.50%
HILLSBOROUGH	94	4.50%
HIGHLANDS	60	2.87%
HARDEE	27	1.29%
PASCO	16	0.77%
INDIAN RIVER	15	0.72%
OSCEOLA	10	0.48%
ORANGE	8	0.38%
PINELLAS	7	0.34%
LAKE	4	0.19%
ALL OTHER	41	1.96%
<b>TOTAL CASES:</b>	<b>2,089</b>	<b>100%</b>

Table 4



### Treatment

Treatment analysis reveals that 954 (45.67%) patients had surgery alone, 547 (26.18%) patients either had no treatment or no observation, 152 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	954	45.67%
NONE	547	26.18%
CHEM	152	7.28%
SURG/CHEM	105	5.03%
SURG/HORM	46	2.20%
RAD	43	2.06%
CHEM/RAD	43	2.06%
SURG/RAD/HORM	37	1.77%
HORM	32	1.53%
RAD/HORM	22	1.05%
SURG/RAD	18	0.86%
SURG/CHEM/RAD	15	0.72%
CHEM/IMMU	15	0.72%
CHEM/HORM	7	0.34%
CHEM/HORM/IMMU	7	0.34%
IMMU	6	0.29%
SURG/IMMU	6	0.29%
SURG/CHEM/IMMU	5	0.24%
SURG/CHEM/HORM	5	0.24%
CHEM/RAD/HORM	5	0.24%
SURG/CHEM/RAD/HORM	4	0.19%
SURG/CHEM/RAD/HORM/IMMU	4	0.19%
SURG/CHEM/RAD/IMMU	3	0.14%
CHEM/RAD/HORM/IMMU	2	0.10%
HORM/IMMU	2	0.10%
SURG/CHEM/HORM/IMMU	2	0.10%
CHEM/RAD/IMMU	1	0.05%
<b>TOTAL CASES:</b>	<b>2,089</b>	<b>100%</b>

# 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	2081	2081	0	975	1106	192	641	344	253	326	133	192
ORAL CAVITY	43	43	0	26	17	0	9	6	6	14	5	3
LIP	2	2	0	0	2	0	1	0	0	0	1	0
TONGUE	15	15	0	8	7	0	3	4	1	4	3	0
OROPHARYNX	1	1	0	1	0	0	0	0	1	0	0	0
HYPOPHARYNX	4	4	0	4	0	0	1	0	0	3	0	0
OTHER	21	21	0	13	8	0	4	2	4	7	1	3
DIGESTIVE SYSTEM	372	372	0	208	164	55	67	70	74	87	15	4
ESOPHAGUS	18	18	0	17	1	0	3	5	2	6	2	0
STOMACH	15	15	0	10	5	1	3	1	2	7	1	0
COLON	178	178	0	90	88	46	29	29	42	27	5	0
RECTUM	39	39	0	30	9	6	5	8	10	7	3	0
ANUS/ANAL CANAL	8	8	0	3	5	0	3	1	4	0	0	0
LIVER	36	36	0	24	12	0	11	9	7	6	0	3
PANCREAS	45	45	0	21	24	0	9	11	1	23	1	0
OTHER	33	33	0	13	20	2	4	6	6	11	3	1
RESPIRATORY SYSTEM	291	291	0	144	147	7	66	18	59	125	13	3
NASAL/SINUS	2	2	0	2	0	1	0	0	0	1	0	0
LARYNX	18	18	0	8	10	3	4	1	4	5	1	0
OTHER	2	2	0	1	1	0	0	0	1	0	0	1
LUNG/BRONCHUS - SM CELL	49	49	0	24	25	0	6	3	15	24	1	0
LUNG/BRONC-NON SM CELL	198	198	0	99	99	2	53	13	39	84	7	0
OTHER BRONCHUS & LUNG	22	22	0	10	12	1	3	1	0	11	4	2
BLOOD & BONE MARROW	86	86	0	45	41	0	0	0	1	0	1	84
LEUKEMIA	43	43	0	28	15	0	0	0	1	0	1	41
MULTIPLE MYELOMA	16	16	0	5	11	0	0	0	0	0	0	16
OTHER	27	27	0	12	15	0	0	0	0	0	0	27
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	5	5	0	2	3	0	3	0	1	0	0	1
SKIN	134	134	0	77	57	17	65	25	5	9	10	3
MELANOMA	127	127	0	72	55	17	62	25	4	9	10	0
OTHER	7	7	0	5	2	0	3	0	1	0	0	3
BREAST	319	319	0	4	315	45	158	77	24	11	4	0
FEMALE GENITAL	164	164	0	0	164	8	89	14	27	17	8	1
CERVIX UTERI	20	20	0	0	20	1	6	2	7	3	0	1

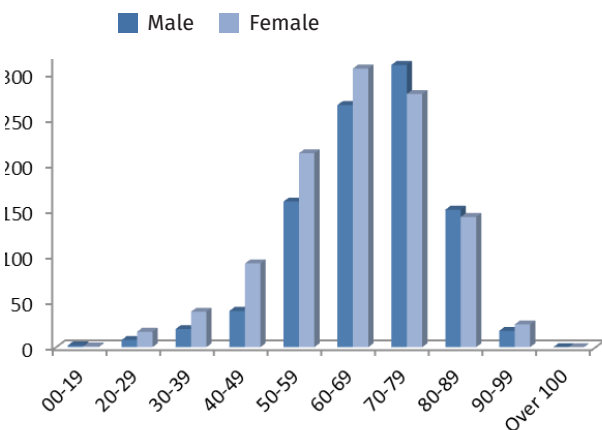
CORPUS UTERI	83	83	0	0	83	1	64	3	9	3	3	0
OVARY	43	43	0	0	43	0	11	8	10	11	3	0
VULVA	16	16	0	0	16	5	8	0	1	0	2	0
OTHER	2	2	0	0	2	1	0	1	0	0	0	0
MALE GENITAL	206	206	0	206	0	0	57	101	18	20	9	1
PROSTATE	194	194	0	194	0	0	49	100	17	20	8	0
TESTIS	9	9	0	9	0	0	6	1	1	0	1	0
OTHER	3	3	0	3	0	0	2	0	0	0	0	1
URINARY SYSTEM	221	221	0	160	61	60	86	21	17	22	14	1
BLADDER	120	120	0	94	26	52	34	17	3	8	5	1
KIDNEY/RENAL	90	90	0	59	31	4	52	2	12	14	6	0
OTHER	11	11	0	7	4	4	0	2	2	0	3	0
BRAIN & CNS	73	73	0	28	45	0	0	0	0	0	24	49
BRAIN (BENIGN)	5	5	0	3	2	0	0	0	0	0	2	3
BRAIN (MALIGNANT)	22	22	0	11	11	0	0	0	0	0	5	17
OTHER	46	46	0	14	32	0	0	0	0	0	17	29
ENDOCRINE	64	64	0	22	42	0	29	2	8	1	7	17
THYROID	47	47	0	11	36	0	29	2	8	1	7	0
OTHER	17	17	0	11	6	0	0	0	0	0	0	17
LYMPHATIC SYSTEM	71	71	0	40	31	0	12	10	11	15	23	0
HODGKIN'S DISEASE	5	5	0	3	2	0	0	2	0	0	3	0
NON-HODGKIN'S	66	66	0	37	29	0	12	8	11	15	20	0
UNKNOWN PRIMARY	22	22	0	7	15	0	0	0	0	0	0	22
OTHER/ILL-DEFINED	10	10	0	6	4	0	0	0	2	5	0	3

**Number of cases excluded: 8**

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	8	17
30 - 39	20	39
40 - 49	40	92
50 - 59	160	213
60 - 69	266	306
70 - 79	310	278
80 - 89	151	143
90 - 99	18	25
Over 100	0	0
<b>Totals:</b>	<b>975</b>	<b>1,114</b>



## HISTOLOGY

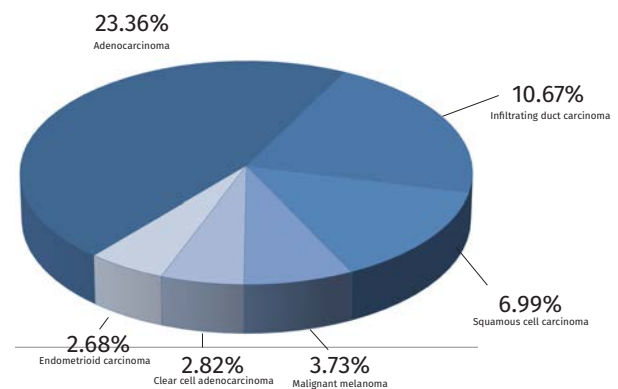
The majority of cancers that were diagnosed here were adenocarcinoma (23%). A breakdown of the top 10 tumor histologies is displayed below:

### Top 10 Histologies at LRHHCC

HISTOLOGY	NUMBER OF CASES	PERCENT
Adenocarcinoma	488	23.36%
Infiltrating duct carcinoma	223	10.67%
Squamous cell carcinoma	146	6.99%
Malignant melanoma	78	3.73%
Clear cell adenocarcinoma	59	2.82%
Endometrioid carcinoma	56	2.68%
Transitional cell carcinoma	46	2.20%
Small cell carcinoma	44	2.11%
Papillary transitional cell carcinoma non-invasive	44	2.11%
Papillary adenocarcinoma	41	1.96%
All others	864	41.36%

### Histology Distribution

- Adenocarcinoma
- Infiltrating duct carcinoma
- Squamous cell carcinoma
- Malignant melanoma
- Clear cell adenocarcinoma
- Endometrioid carcinoma







# SITE-SPECIFIC TREATMENT AND OUTCOME ANALYSIS

## Prostate Diagnosis and Staging Compliance with NCCN Guidelines



### *Standard 4.6-Monitoring Compliance with Evidence-Based Guidelines:*

Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in cancer committee minutes.

### *What is prostate cancer?*

Cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer cells, and can spread to other areas of the body.

Prostate cancer begins when cells in the prostate gland start to grow uncontrollably. The prostate is a gland found only in males. It makes some of the fluid that is part of semen.

The prostate is below the bladder and in front of the rectum. The size of the prostate will change with age. In younger men, it is about the size of a walnut, but it can be much larger in older men.

Just behind the prostate are glands called seminal vesicles that make most of the fluid for semen. The urethra, which is the tube that carries urine and semen out of the body through the penis, goes through the center of the prostate.

### *Signs and Symptoms*

According to the ACS, early prostate cancer usually causes no symptoms. More advanced prostate cancers sometimes

cause symptoms, such as:

- Problems urinating, including a slow or weak urinary stream or the need to urinate more often, especially at night
- Blood in the urine or semen
- Trouble getting an erection (erectile dysfunction)
- Pain in the hips, back (spine), chest (ribs), or other areas from cancer that has spread to bones
- Weakness or numbness in the legs or feet, or even loss of bladder or bowel control from cancer pressing on the spinal cord

Most of these problems are more likely to be caused by something other than prostate cancer. For example, trouble urinating is much more often caused by benign prostatic hyperplasia (BPH), a non-cancerous growth of the prostate. Still, it's important to tell your doctor if you have any of these symptoms so that the cause can be found and treated, if needed.

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.

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

**ROBIN STEWART, PHD, RN, OCN, CCRC**  
ONCOLOGY DATA MANAGER

# EARLY DETECTION RECOMMENDATIONS

The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their healthcare provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- **Age 50 for men who are at average risk** of prostate cancer and are expected to live at least 10 more years.
- **Age 45 for men at high risk** of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- **Age 40 for men at even higher risk** (those with more than one first-degree relative who had prostate cancer at an early age).

Men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening. If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the healthcare provider, who should take into account the man's general health preferences and values.

If no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

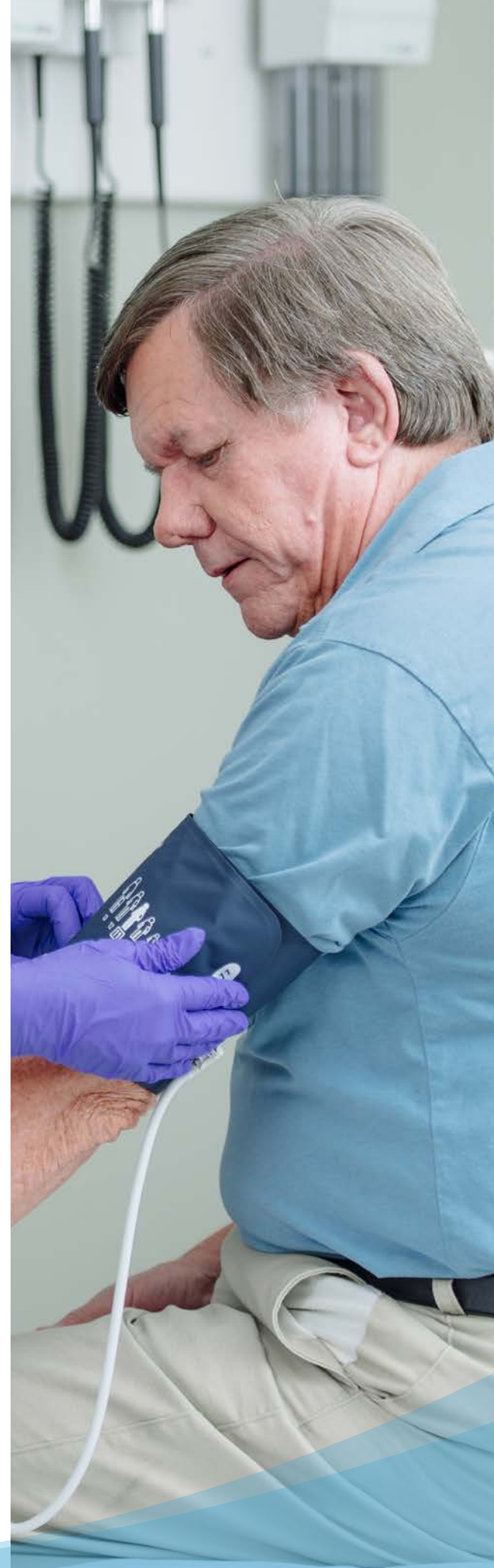
- Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in a man's health, values, and preferences.

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

- Following the NCCN guidelines.
- Offering cancer education/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

- Cancer Facts and Figures 2013-2014 - Published by the American Cancer Society
- NCDB, Commission on Cancer, ACoS, Benchmark and Statistical Reports
- Lakeland Regional Health - Oncology Data Services Database



# Lakeland Regional **Health**<sup>®</sup>

## MEDICAL CENTER CAMPUS

1324 Lakeland Hills Blvd  
Lakeland, FL 33805

863.687.1100 + **myLRH.org**

## HOLLIS CANCER CENTER

3525 Lakeland Hills Blvd  
Lakeland, FL 33805

863.603.6565 + 1.866.823.4405  
**mylrh.org/hollis-cancer-center/**



**nccn.org**

National  
Comprehensive  
Cancer  
Network