



Lakeland Regional **Health**[®]

HOLLIS CANCER CENTER



2017 ANNUAL REPORT

2016 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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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.



2017 CANCER COMMITTEE

GENERAL SURGERY/ONCOLOGY SURGERY

Graham F. Greene, MD
Cancer Committee Chairman

Richard Boothby, MD
Cancer Liaison Physician

SURGERY

Diana Burgueno-Vega, MD

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

Diane Campbell
Associate Vice President, Regulatory and Medical Affairs

Carrie Ogilvie
Associate Vice President of Trauma & Critical Care Operations and Growth

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Oncology Social Worker
Psychosocial Services

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Manager of Community Health Outreach

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

Rebecca Delph, RN
Clinical Research

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

OTHER REPRESENTATIVES

Jill Haladay, DPT, MPH, GCS
Chief Rehabilitation Officer

Chelsea Mealick, RD
Registered Dietitian

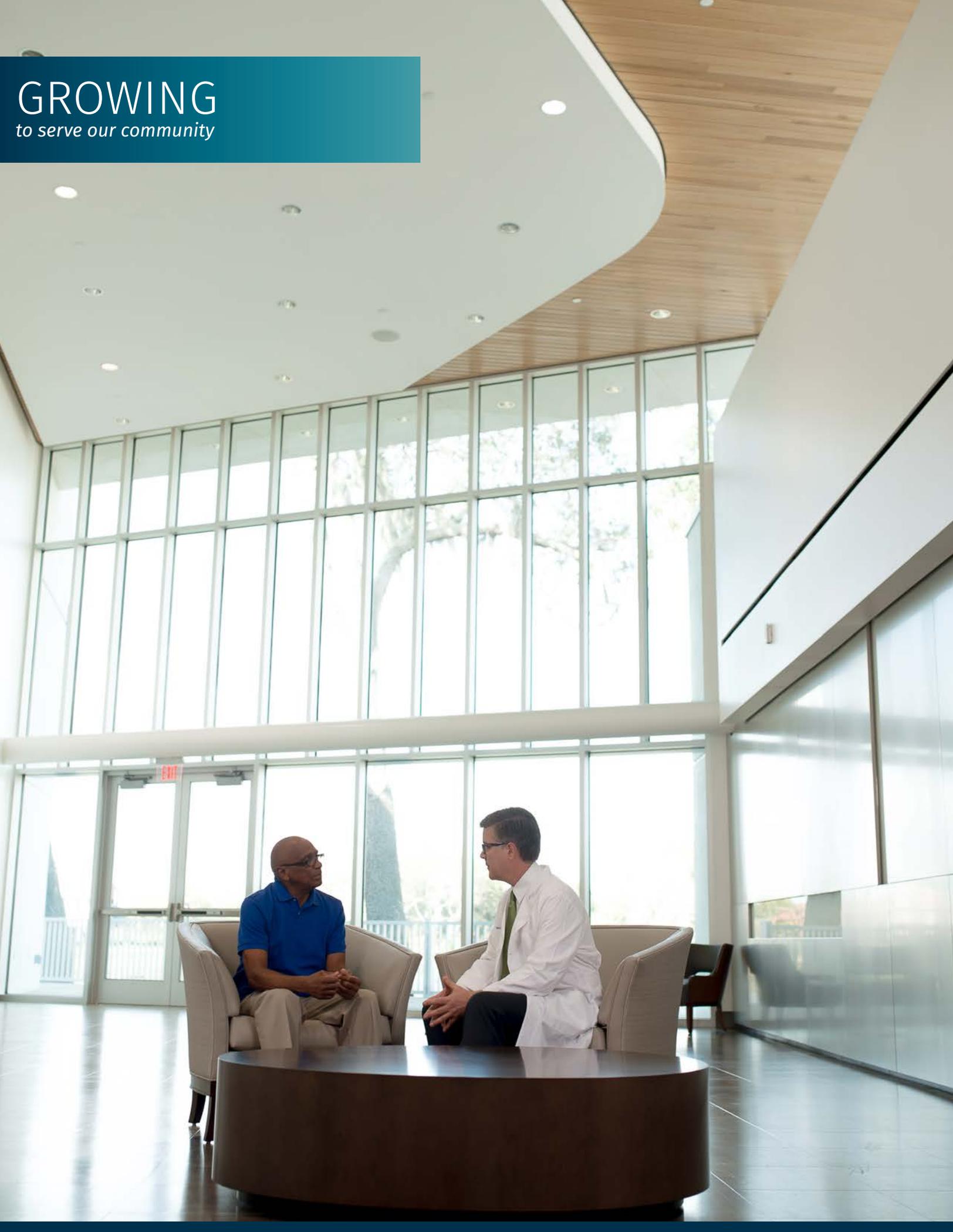
Jeri Thomas, MSN, CNS, ACHPN, CMSRN
Clinical Nurse Specialist, Palliative Care

Rodriguez Dangerfield, PharmD
Director of Pharmacy

Stephanie McLean
American Cancer Society

GROWING

to serve our community



CANCER COMMITTEE CHAIRMAN'S LETTER



For the Lakeland Regional Health Hollis Cancer Center, 2017 has been a year of growth and expansion of services. To meet the needs of our community we welcomed to our Hollis Cancer Center team a urologic oncologist, two Urologists, and two new

breast surgeons. Since adding our TrueBeam® linear accelerator in 2016, we have partnered with our colleagues at University of South Florida Neuroscience Department to provide services to our Brain and Lung cancer patients who previously had to travel outside of Lakeland for advanced treatment to receive comprehensive stereotactic surgery. As members of the Mayo Clinic Care Network, our clinical team has additional services to offer our patients. Whether it be a complicated case in which a physician would like confirmation on the plan of care or a patient requesting a second opinion, our providers can accomplish this by utilizing e-consult services through Mayo Clinic. A Mayo Clinic physician will review the case and respond with recommendations for treatment within a matter of days. Being a Mayo Clinic Care Network member also grants our providers with the latest treatment options and answers to complex disease questions through our Ask Mayo Expert resource available through Lakeland Regional Health's Electronic Medical Record.

The Hollis Cancer Center spent the past year improving support and screening services. Since beginning our Lung Cancer Screening Program in February 2016, the Hollis Cancer Center in partnership with Radiology and Imaging Specialists, successfully screened over 175 patients. This program helps catch abnormal nodules prior to becoming cancer and also catches cancer in earlier stages, leading to the chances of a more successful outcome. Our lung cancer screening program was recently recognized as a Screening Center of Excellence. Lakeland Regional Health now becomes one of 11 organizations to hold this designation. In addition to screening services, the Hollis Cancer Center offers free monthly smoking cessation courses and provides tools to quit kits with our partnership with the Central Florida Area Health Education Center.

The Hollis Cancer Center continues to see growth in all patient care areas. Annual patient visits to our center are projected to reach 60,000 this year, with chemotherapy treatments up 8%. Research and clinical trials continue to be strong with over 36 patients currently enrolled in an active clinical trial and 79 patients in follow up.

The Hollis Cancer Center is also pleased to announce several awards and recognitions that we received over the past year. The state-of-the-art Campisi Oncology Treatment Center won the Design Excellence Award from the Orlando chapter of American Institute of Architecture recognizing the thought and impact that this design has on the patient experience. For the third consecutive year, Lakeland Regional Health has received 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.

All of this has been made possible by the outstanding team of dedicated team members who place the patient at the heart of all we do in an environment of learning and discovery.

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

CARING
for our patients



Lakeland Regional Health and Mayo Clinic.

Now. Working Together For You.

MAYO
CLINIC

CareNetwork
Member

In 2016, 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, PhD, 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 works 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, MD, 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 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, MD “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.

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, cervix, uterine, prostate 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.

What is cervical cancer?

Cervical cancer starts in the cervix which is the opening to a woman's uterus. In the United States cervical cancer will be diagnosed in about 12,820 women in 2017 and 4,210 women will die from this cancer. There were 35 women with cervical cancer treated at Lakeland Regional Health in 2016.

Cervical cancer was once one of the most common causes of cancer death for American women. But over the last 40 years the cervical cancer death rate has decreased by more than 50%. The main reason for this change was the widespread use of the Pap test. This screening procedure can find changes in the cervix before cancer develops. Also available now is the HPV vaccine, which can be given to boys and girls ages 11-26. When widely adopted, this should decrease the incidence of cervical cancer in the United States.

What are the symptoms of cervical cancer?

- Abnormal vaginal bleeding, spotting, or other discharge

Women diagnosed with cervical cancer have abnormal vaginal bleeding, such as bleeding after vaginal sex, bleeding after menopause, bleeding and spotting between periods, and having menstrual periods that are longer or heavier than usual. These symptoms 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 cervical cancer. Even if you cannot see blood in the discharge, it does not mean there is no cancer. Any abnormal discharge should be checked out by your doctor.

- Pain in the pelvis or pain during sex. 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.

Even better, do not wait for symptoms to appear. Have regular screening tests for cervical cancer.

Cervical cancer risk factors

- Human papilloma virus (HPV) infection
- Smoking
- Having a weakened immune system
- Having multiple sexual partners (more than 3)
- Starting sexual intercourse at an early age (under age 17)

Treatment for cervical cancer

After all of the test results have been reviewed, your doctor will recommend one or more treatment options. Surgery is the treatment of choice for women with early stages of this cancer, stage I-A and I-B1. For women with more advanced stages, I-B2 to IV will usually need a combination of chemotherapy and radiation. 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.

Cervical cancer at Lakeland Regional Health in 2016

Standard 4.6 - Monitoring Compliance with Evidence-Based Guidelines:

We treated 35 women with cervical cancer in 2016 and by stage it breaks down like this:

Stage	Number of Patients	Percentage
I-A1	1	2.8
I-B1	9	25.7
I-B2	6	17.0
II	4	11.4
III	12	34.3
IV	3	8.5

All of their charts were reviewed to determine accuracy of staging and first course of treatment. These results were then compared to the National Comprehensive Cancer Network (NCCN) guidelines for treatment. All 35 patients treated at Lakeland Regional Health in 2016 were treated according to these guidelines.

Defining Stage I-B2 to IV as advanced stage, then 71% of the patients treated at Lakeland Regional Health in 2016 were advanced stage and received chemo-radiation. In the rest of the United States at similar size cancer centers (using American College of Surgeon's Commission on Cancer data) only 54% reported treating advanced stage cervical cancer patients over the same time period.

Lakeland Regional Health is treating a higher percentage of advanced stage cervical cancer patients when compared with the rest of the country. This treatment is at considerable expense to the health care system, especially considering that the majority of these patients have no or poor quality health insurance.

It is important, as a health system caring for our community that we look at ways to provide screening tests and access to health care to more of the women in our area. We also need to educate the people in our community on the importance of HPV vaccination to decrease the incidence of this cancer in our population.

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 chemo-radiation therapy

CANCER SCREENING

- Screening mammograms
- Skin cancer screening
- Cervical cancer screening
- Colon cancer screening
- Prostate cancer screening

IMAGING SERVICES

- PET scan
- CT scan

- MRI
- Nuclear Medicine
- Image-guided breast biopsy
- Ultrasonography
- Mobile mammography services
- Screening and diagnostic mammography
- 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 met in the most appropriate and timely way possible. Hollis Cancer Center's Social Workers are Jamie Sites, BSW, and Lucinda Sellars, BA, MSA. Both bring with them more than 25 years each of practice in the Social Work field and are well prepared to facilitate patient and family adjustment to a cancer diagnosis, and the issues that may arise, emotional and physical, during the treatment process. Social workers work closely with physicians, making sure patients' physical needs are met, whether it's ordering a Home Health referral, personal equipment such as a rolling walker and wheelchairs, or in more complex cases, IV antibiotics and tube feedings at home.

We continue to see newly diagnosed cancer patients under the NCCN guidelines for the "Distress Screening Program". At this time, we are able to identify emotional and physical needs that are unique to each patient and diagnosis. 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 continuing improvements in ostomy education that will reduce any distress felt by new ostomy patients.

The Social Work office has many additional community resources available to assist patients in need, including accessing emergency funds through nationwide cancer foundations. There are NCI (National Cancer Institute) and ACS (American Cancer Society) education materials available for patients and family members in a caregiving role. In addition, patients are provided the opportunity to register with the ACS for a Personal Health Manager packet tailored to their specific diagnosis and treatment plan. We work closely with the American Cancer Society, the United Way of Central Florida, The Salvation Army and Catholic Charities. Transportation can be offered on a short-term, emergency basis through county funding, the patient's medical insurance benefits, and the ACS. As the needs of our community continue to grow, LRHCC will be here to meet the challenges ahead.

JAMIE SITES, BSW
PSYCHOSOCIAL SERVICES COORDINATOR

LUCINDA SELLARS, BA, MSA

CLINICAL TRIALS



2017 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. Whether they are undergoing a new treatment, donating blood to research, or completing surveys to help us understand how cancer treatment affects them, our patients are bravely helping to forge new strategies in the treatment of cancer. We are so grateful to the over 100 men and women who volunteered in 2017 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 particular, in 2017 the Clinical Trials Department has concentrated on studies in Breast Cancer, Cancer of the Head and Neck, Melanoma, Prostate Cancer, Renal Cancer and Pancreatic Cancer.

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. These new Immunotherapy drugs are showing promise in more and more types of cancer, whether they are being used alone or in combination with conventional therapy.

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 in future generations as well!

REBECCA DELPH, RN
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.

GILDAYESSI FERNANDEZ, RN, BSN
CATHERINE VARGAS, ARNP
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.

GLEND A KAMINSKI, PHD, CNS, AOCN, CRNI
Clinical Nurse Specialist

PALLIATIVE CARE

Lakeland Regional 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 to 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 and other symptoms.

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

In 2016 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 1,900 consults in 2016.

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

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!”

The third annual Promise Run drew nearly 2,000 runners, walkers and volunteers to Munn Park in Downtown Lakeland on March 4, 2017.

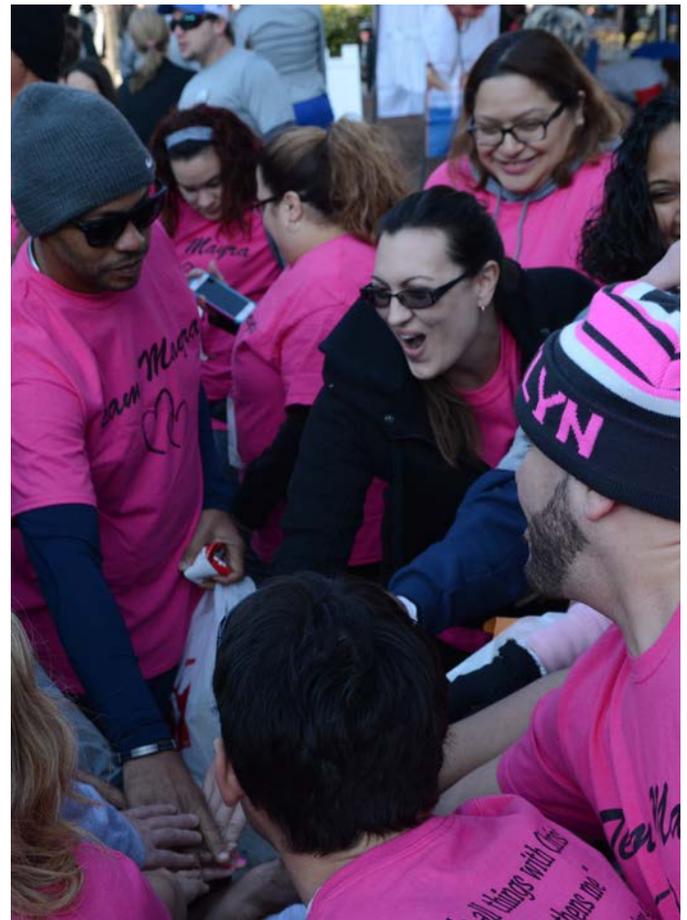
The Promise Run raised much-needed funds to benefit the Hollis Cancer Center.

Many participants 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 who finished the race received a medallion.

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

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.





HOPE BLOOMS: A SURVIVORS DAY EVENT

On Sunday, June 4, 2017, more than 100 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 offered an opportunity to show that life after a cancer diagnosis can be fulfilling and inspiring. It also allowed survivors to connect with their care providers and other survivors. Lunch is served.

Manuel Molina, MD, Lakeland Regional Health Surgical Oncologist, shared his cancer journey with guests, as did Breast Cancer Survivor Dorothy Cheshire and Cancer Survivor Deborah McPherson. Pastoral Services Director Eileen Stone, herself a 12-year breast cancer survivor, offered words of encouragement and blessing and asked guests to share one word they associate with cancer.

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.





LADIES' NIGHT OUT

for breast health

On October 5, 2017, the community enjoyed a special Ladies' Night Out for Breast Health event. The free evening included a delicious pasta dinner, pink mocktails, surprise gifts, healthy food demonstrations and dancing down memory lane to William Cintron and the Sounds of the Seasons, performing hits from the '60s.

Guests had the opportunity to:

- Meet our newest breast surgeons
- Walk away with the peace of mind of a mammogram appointment
- Enjoy relaxing chair massages
- Discover their blood pressure and blood glucose levels
- Tour the state-of-the-art Hollis Cancer Center
- Learn about the breast reconstruction process from renowned Mayo Clinic Plastic Surgeon Sarvam TerKonda, MD

During the evening, guests participated in an inspiring tribute to the late Solange Pendas, MD, who was a beloved member of the Lakeland Regional Health family and our community.





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.



SUPPORT GROUPS

Support Groups for patients, or families, dealing with a cancer diagnosis are being stepped up! In September of this year, the Hollis Cancer Center began offering community members the ability to participate in a 4-part series of Cancer Support discussion groups. The 4-part series will be provided throughout the year in four month cycles, with each month being designated a specific support topic. Patients and community members are invited to join the 4-part series at any time. Participants in the sessions will be invited to share stories about their journey through the disease process.

Monthly topics will include:

- Month 1 - Diet and Nutrition needs when faced with cancer. The session will be hosted by LRH Nutrition Staff and will include live demonstrations.
- Month 2 - Physical Strength and maintaining your independence with battling cancer. The session will be hosted by LRH PT and OT therapists.
- Month 3 - Understanding the diagnosis of cancer. The session will be hosted by LRH oncologists and LRH Social Services
- Month 4 - Life after Treatment what can be expected. The session will be hosted by LRH oncologists and LRH Social Services.

For further information on any of these support groups please contact:

CHRISTOPHER HUDDLESTON, RN, BSN, MHA

Hollis Cancer Center Clinical Operations Manager | Chris.Huddleston@myLRH.org

2017 COMMUNITY OUTREACH EVENTS

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).

DATE	ACTIVITY	LOCATION	TYPE	# OF PEOPLE	EVIDENCE-BASED GUIDELINE OR INTERVENTION USED		*
2/22/2017	Polk State College	Lakeland	Education/Prevention	58	ACS	American Cancer Society	
3/03/2017	Florida Natural Growers Health Fair	Lake Wales	Screening/Prevention	32	ACS	American Cancer Society	32 Skin Screenings (12 abnormal)
3/10/2017	Community Senior Adult Health and Resource Fair	Lakeland	Screening/Prevention	23	ACS	American Cancer Society	23 Skin Screenings (3 abnormal)
3/07/17	Colorectal Cancer Symposium	LRH Hollis Cancer Center	Education/Prevention	37	ACS	American Cancer Society	
3/24/2017	Florida Natural Growers Health Fair	Lake Wales	Screening/Prevention	25	ACS	American Cancer Society	25 Skin Screenings (3 abnormal)
5/16/2017	Cervical Cancer Symposium	LRH Hollis Cancer Center	Education/Prevention	34	ACS	American Cancer Society	
6/03/17	Century Celebration	Lakeland	Screening/Prevention	55	ACS	American Cancer Society	55 Skin Screenings (7 abnormal)
6/04/17	Hope Blooms: A Cancer Survivors Day Event	LRH Hollis Cancer Center	Education/Prevention	125	ACS	American Cancer Society	
6/10/17	New Mt. Zion Missionary Baptist Church	Lakeland	Screening/Prevention	33	ACS	American Cancer Society	33 Skin Screenings (1 abnormal)
9/26/17	2017 Urology Symposium	LRH Hollis Cancer Center	Education/Prevention	36	ACS	American Cancer Society	
10/5/2017	Ladies' Night Out for Breast Health	LRH Hollis Cancer Center	Education/Prevention	350+	ACS	American Cancer Society	
10/11/2017	Breast Cancer Symposium	LRH Hollis Cancer Center	Screening/Prevention	39	ACS	American Cancer Society	
10/14/2017	Breast Health Awareness Seminar at New Mount Zion Missionary Baptist Church	Lakeland	Education/Prevention	200	ACS	American Cancer Society	
10/18/2017	City of Lakeland Health Fair	Lakeland	Screening/Prevention	300+	ACS	American Cancer Society	Handed out skin cancer prevention information
10/20/2017	Auburndale Police and Fire Dept.	Auburndale	Screening/Prevention	45	ACS	American Cancer Society	45 Skin Screenings (4 abnormal)
11/15/2017	Lung Cancer Symposium	Lakeland	Education/Prevention	49	ACS	American Cancer Society	
11/16/2017	Great American Smokeout	Lakeland	Education/Prevention	100+	ACS	American Cancer Society	

*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: NURSE NAVIGATORS REPORT

The Breast Cancer Program at Lakeland Regional Health Hollis Cancer Center continues to provide patients with a multidisciplinary treatment for breast cancer.

This year the program welcomed Dr. Toan Nguyen and Dr. Vanessa Prowler, two fellowship trained experts in breast care, who will increase our availability to see patients and will move the program to the next level expanding our research and adopting new technology.

We were excited to host a “Meet and Greet” with our new physicians on October 5, 2017, followed by the 2017 Dr. Solange Pendas Breast Cancer Symposium on October 11.

We have also added two medical libraries, one in each waiting area at the cancer center, where our patients can research and explore everything we have to offer, as well as providing them with available resources.

In addition to our libraries, we have been rebuilding our high-risk clinic to provide breast cancer screening, chemo prevention, and genetic risk evaluation for individuals at increased risk of breast cancer due to personal risk factors, such as prior breast cancer and a family history of breast cancer, or the identification of a genetic mutation such as BRCA1 or BRCA2.

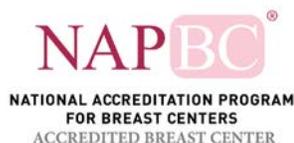
Please feel free to contact one of our breast nurse navigators listed below for further information.

MANUEL MOLINA, MD
INTERIM BREAST PROGRAM DIRECTOR/SURGEON

GILDAYESSI FERNANDEZ, RN, BSN
CATHERINE VARGAS, ARNP
NURSE NAVIGATORS

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

GASTROINTESTINAL TUMOR PROGRAM

At Lakeland Regional Health Hollis Cancer Center, we are proud to serve our community with a highly specialized multidisciplinary team for the care of cancers in the esophagus, stomach, liver, bile duct, pancreas, colon, and rectum.

- Each case is discussed in an Interdisciplinary tumor board and hepatobiliary/GI conference to determine the best treatment plan and ensure coordinated care.
- We offer transhiatal esophagectomy, liver resection, Whipple procedures, distal pancreatectomies, bile duct resection with some of the lowest complication rates and mortalities when compared to the rest of the country.
- Our colorectal cancer program is comprehensive and offers minimally invasive surgery with the use of robotics and conventional laparoscopy decreasing the length of stay and complications.

Services Provided

- Laparoscopic liver, esophagus, stomach and pancreas surgery
- Genetic evaluation for those patients at high risk for inherited cancer syndromes
- Active surveillance program for those with genetic predisposition for GI malignancies
- Latest technology for CT, PET, Endoscopic ultrasound, and treatments including chemotherapy, immunotherapy, and stereotactic radiotherapy
- Clinical trials that include the newest therapies

MANUEL MOLINA, MD
SURGICAL ONCOLOGIST

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 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 collaborated 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 goal being that patients get answers in a timely fashion.

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



A NEW WAY TO TREAT INOPERABLE TUMORS

Cancer of the liver, whether primary (hepatocellular carcinoma) or spread from cancer elsewhere in the body, can be one of the most challenging types of cancer to treat. Treatments vary and can include surgery, chemotherapy, thermal ablation, radiation and chemoembolization. Whereas radiation can sometimes be used to treat liver tumors, the high doses required to have an impact often results in poor quality of life and extremely low survival rates.

But there is good news. A recent advancement in the treatment of primary and metastatic liver cancer is Selective Internal Radiation Therapy (SIRT)—also known as Y-90 radioembolization—which can be combined with chemotherapy to aggressively attack liver tumors. While typically not a cure, this innovative treatment can slow the growth of these tumors and extend patients' lives and improve their quality of life. Additionally, these treatments can sometimes shrink the tumors enough so that the patient may then be eligible for surgical removal or liver transplant.

Working with multidisciplinary teams at Lakeland Regional Health, the interventional radiologists of Lakeland Vascular Institute (LVI) have performed Y-90 radioembolization on a number of patients with excellent results over the past three years. An interventional radiologist is a specially trained doctor who uses medical imaging to perform minimally invasive surgeries and in this case guide oncology treatment.

During treatment, the interventional radiologist inserts a catheter into the femoral artery in the groin or the radial artery in the wrist and moves it through the body's vascular system, ultimately into the branch of the hepatic artery that is supplying blood to the tumor. Once there, millions of tiny beads (microspheres) containing the radioactive isotope Yttrium-90, or Y-90, are injected into the artery and become lodged in the capillaries that surround and supply blood to the liver tumors, delivering a high dose of targeted radiation.

The Y-90 radioembolization technique concentrates short-

range radiation within the liver, enabling us to deliver extremely high doses to the tumor while minimizing damage to normal liver and other organs.

The liver has a dual blood supply, receiving blood from both the hepatic artery and the portal vein. Liver tumors receive most of their blood supply from the hepatic artery while normal liver tissue receives it from the portal vein.

By focusing the treatment through the hepatic artery, the radiation is delivered precisely to the tumor. Additionally the Y-90 works over a very short distance (average of 2.4mm in human tissues) so it stays very localized, this has the benefit of sparing healthy liver tissue, and leads to fewer side effects than other treatments.

The radioembolization procedure, in combination with chemotherapy, has shown excellent results nationwide in controlling liver cancer. This includes primary liver cancer, as well as other types of cancer, including breast, colon, and kidney cancer that have metastasized to the liver. Research has demonstrated an increase in average progression-free survival (the length of time surrounding treatment that a patient's condition does not get worse) while maintaining a good quality of life.

Most patients are able to go home four to six hours after the procedure. Side effects are few, and the most common appear to be flu-like symptoms for about one to two weeks after the procedure.



LAWRENCE WHITNEY III, MD
RADIOLOGY AND IMAGING SPECIALISTS
BOARD CERTIFIED RADIOLOGIST

NEW LUNG SCREENING PROGRAM HELPS AT-RISK PATIENTS BREATHE EASIER

Lung cancer is the most deadly cancer of all, killing almost twice as many women as breast cancer and more than three times as many men as prostate cancer. In the United States, 1 in 15 people will be diagnosed with lung cancer in their lifetime.¹

Smoking isn't the only cause of lung cancer; exposure to radon, air pollution, asbestos and secondhand smoke have all been shown to cause lung cancer.

But while lung cancer has the lowest 5-year survival rate among the most common cancers, when it is detected and treated at an early stage, survival rates improve dramatically.

The best method for early lung cancer detection is low-dose CT (LDCT) screening. The National Lung Screening Trial (NLST), a comprehensive study of more than 53,000 at-risk men and women-determined that early detection by LDCT can decrease the lung cancer mortality by as much as 20% in at-risk populations.^{2,3} The study also found that LDCT was capable of finding smaller, earlier stage and more treatable cancers than X-ray, at a significantly lower radiation dose than a standard chest CT.

Based on the results of the NLST study, the American Lung Association, the American Cancer Society, the American Society of Clinical Oncologists, and the American College of Chest Physicians now recommend that individuals at high risk for developing lung cancer consider annual screening with LDCT.

The doctors of Radiology & Imaging Specialists, working together with doctors at Lakeland Regional Health, initiated a comprehensive lung screening program designed to:

- Educate doctors and patients about the importance of annual lung screening using LDCT
- Provide information and protocols for insurance reimbursement
- Provide information and tools for doctors to use when discussing LDCT with their patients
- Save lives with more widespread lung cancer screening and earlier detection

Since initiating a lung screening program in February

2016, RIS doctors performed 533 LDCT examinations on asymptomatic patients who fit the risk criteria. 39 of these patients were recalled for further testing, which ultimately revealed 10 confirmed lung cancer cases.

LDCT technology is available at Lakeland Regional Health, and the Hollis Cancer Center has been designated a national lung cancer Screening Center of Excellence by the Lung Cancer Alliance, an honor reserved for only those centers that comply with strict standards and best practices for managing screening quality, radiation dose and diagnostic procedures.

“Low dose” refers to the lower radiation dose that patients receive during lung screening compared with conventional diagnostic chest CT. LDCT can reduce the effective radiation dose to approximately 1.5 mSv (millisieverts) which is roughly equivalent to the dose one would receive from an X-ray of the lumbar spine, or that a person would receive from natural sources like the sun and the foods they eat over a period of about 6 months. In addition to the lower radiation dose, the scan is also very fast—it can be performed in just a few minutes.

Physicians who participate in the program will consult with their patients to determine their risk, as well as ascertain qualifications for insurance coverage. Eligible patients are 55-77 years of age, have no signs or symptoms of lung cancer, and have one or more other risk factors for lung cancer, such as long-term tobacco use or exposure to cancer-causing materials. LDCT will require a written physician order following a lung cancer screening counseling that attests to shared decision-making between doctor and patient having taken place before their first screening LDCT.



CHRISTIAN SCHMITT, MD
RADIOLOGY AND IMAGING SPECIALISTS
BOARD CERTIFIED RADIOLOGIST

¹ http://seer.cancer.gov/csr/1975_2013/results_single/sect_01_table.01.pdf. Table 1.

² U.S. Preventive Services Task Force. Screening for Lung Cancer: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication No. 13-05196-EF-3.

³ The National Lung Screening Trial Team. Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening. *N Eng J Med* 2011; 365:395-409. doi:10.1056/NEJMoa1102873. Aug 4, 2011. <http://www.nejm.org/doi/full/10.1056/NEJMoa1102873#t=article>



RADIATION ONCOLOGY

Hollis Cancer Center's Radiation Oncology department is accredited by the American College of Radiation Oncology (ACRO) and 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.

2017 saw the fruition of its investment in a third linear accelerator, a new Varian TrueBeam STx with Brainlab. This new technology brought to the community Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT). Since the first patient was treated in February 2017, dozens of patients have benefited from receiving this advanced life-saving treatment close to home.

SRS is a highly precise form of radiation therapy that allows the treatment of benign and malignant tumors and functional neurological disorders and is accurate to within 1 to 2 millimeters. This type of treatment is made possible with the development of highly advanced radiation technologies such as Brainlab 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 are also being applied to the treatment of tumors within the body, known as stereotactic body radiotherapy (SBRT). SBRT is currently used for treating malignant or benign small-to-medium size tumors in the body and common disease sites, including the lung, liver and spine, to name a few. This level of accuracy is achieved through the Brainlab's ExacTrac imaging system that allows for continuous tracking of patient movement, including X-ray verification and corrections throughout the whole treatment.

In addition to providing advanced radiation therapy treatment and technology, Radiation Oncology has invested in creating an exceptional treatment delivery experience. Music is now piped into all the treatment and simulation rooms and offers patients the flexibility of selecting the type of music to enjoy during treatment. Special room lighting was added to the new TrueBeam/BrainLab suite and includes dimmable multicolored ambient lighting and a fiber optic ceiling full of stars to cultivate a relaxing and peaceful environment for patients receiving complex treatments. Recent remodeling included the addition of dedicated male and female waiting and changing rooms. Also, the patient's completion of treatment is celebrated with balloons and graduation certificates signed by the caregivers.

LRH's effort to constantly strive to improve processes also brought the addition of "Gemba" to Radiation Oncology. A tracking board highlights employee driven improvements in processes and standardization focusing on the topics of Safety, Quality, Finance, and Operations. Suggested ideas incorporate an action plan and measures that are tracked daily to monitor improvement. Weekly rounding with peers and management allows team members to highlight their areas and celebrate their successes, ultimately improving the quality of care provided to our patients.



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 that include demographic, cancer identification (primary site, histology, stage of disease, treatment) and follow-up data. This information is reported to the Florida Cancer Data System

(FCDS) and the National Cancer Data Base (NCDB). These organizations use the data as a clinical surveillance mechanism to review patterns of care, outcomes and survival.

It is required that all facilities licensed under Florida Statute 395 and each freestanding radiation therapy center as defined in Florida Statute 408.07 shall report to the Department of Health, through FCDS, such cancer incidence information as specified by Rule 64D-3 which includes, but is not limited to, diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, radiation, or surgical treatment and either method of diagnosis or treatment for each cancer diagnosed or treated by the facility or center.

A total of 2,537 cases were accessioned into the database in 2017 (2016 data), 1,957 (77%) 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 2016, 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, and other hospital departments, at cancer conferences, in our annual report and by other cancer registries. In addition, specifics about the cancer services offered by our facility, as well as our research activities and structure of our cancer program, are provided to the American College of Surgeons, the American Cancer Society and the Association of Community Cancer Centers.

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

The following data includes charts and graphs that represent the analytic data of the patients seen here at LRHMC and Lakeland Regional Health Hollis Cancer Center in 2016 and abstracted in 2017. 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

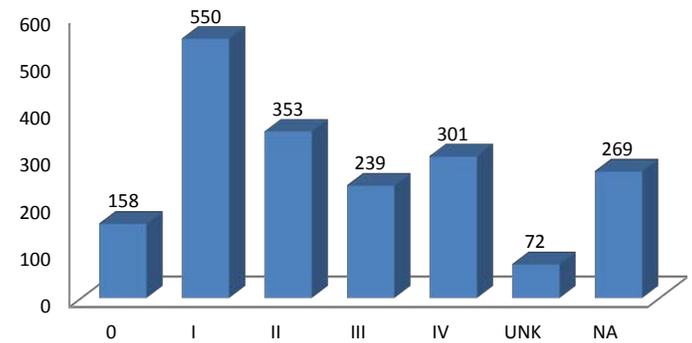
The top five cancer sites treated at Lakeland Regional Health Medical Center were:

- Lung 13.9%
- Breast 13.2%
- Prostate 9.0%
- Colon 7.3%
- Skin 5.2%

AJCC Stage at Diagnosis

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

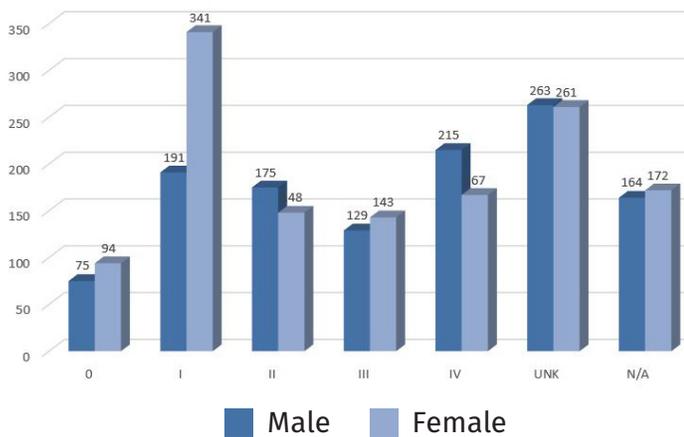
Table 2



AJCC Stage and Gender

Of the 1,957 analytic cases, 898 patients were male and 1,059 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	93	11%
I	341	42%
II	147	18%
III	129	15%
IV	113	3.93%
UNK	569	27.24%
N/A	190	9.10%
Other	217	10.39%
TOTAL:	2,089	100.00%

STAGE	MALE	FEMALE
0	54	76
I	167	321
II	150	134
III	114	128
IV	167	134
UNK	135	149
N/A	111	117
TOTAL*: 1,957	898	1059

*Total analytic cases eligible for staging.

Race and Ethnicity

Race distribution reveals that out of the 1,957 participants, 1,719 (87.84%) of the patients were Caucasian, 200 (10.22%) were African American and 38 (1.94%) 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.

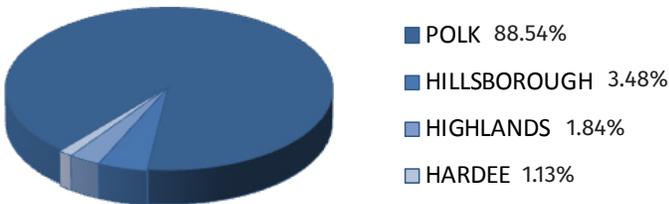
County of Residence at Diagnosis

Analysis reveals that the top five counties of residence at diagnosis were Polk (88.54%), Hillsborough (3.48%), Highlands (1.84%), Hardee (1.13%) and Indian River (0.92%). A detailed breakdown is shown in Tables 3 and 4.

Table 3

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
POLK	1,731	88.54%
HILLSBOROUGH	68	3.48%
HIGHLANDS	36	1.84%
HARDEE	22	1.13%
INDIAN RIVER	18	0.92%
PASCO	15	0.77%
OSCEOLA	8	0.41%
ORANGE	8	0.41%
BREVARD	5	0.26%
OUT OF STATE	5	0.26%
ALL OTHER	39	1.96%
TOTAL CASES:	1,955	100%

Table 4



Treatment

Treatment analysis reveals that 839 (42.87%) patients had surgery alone, 574 (29.33%) patients either had no treatment or no observation, 117 patients received some form of single-modality therapy and 359 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	839	42.87%
NONE	574	29.33%
CHEM	117	5.98%
SURG/CHEM	81	4.14%
CHEM/RAD	80	4.09%
SURG/HORM	43	2.20%
RAD	41	2.10%
SURG/RAD/HORM	29	1.48%
HORM	24	1.23%
SURG/CHEM/RAD	20	1.02%
CHEM/IMMU	18	0.92%
RAD/HORM	16	0.82%
SURG/CHEM/IMMU	11	0.56%
SURG/RAD	11	0.56%
SURG/IMMU	9	0.46%
SURG/CHEM/RAD/HORM	8	0.41%
SURG/CHEM/HORM	6	0.31%
CHEM/HORM/IMMU	6	0.31%
CHEM/HORM	5	0.26%
SURG/CHEM/RAD/IMMU	5	0.26%
SURG/CHEM/RAD/HORM/IMMU	2	0.10%
CHEM/RAD/IMMU	2	0.10%
IMMU	2	0.10%
SURG/CHEM/HORM/IMMU	2	0.10%
RAD/IMMU	2	0.10%
SURG/CHEM/HORM/TRAN	1	0.05%
CHEM/RAD/HORM/IMMU	1	0.05%
SURG/RAD/IMMU	1	0.05%
TRAN	1	0.05%
TOTAL CASES:	1,957	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	1956	1956	0	898	1058	129	488	285	242	300	284	228
ORAL CAVITY	46	46	0	30	16	1	4	3	4	21	10	3
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	14	14	0	9	5	0	2	3	1	7	1	0
OROPHARYNX	5	5	0	2	3	1	0	0	0	2	2	0
HYPOPHARYNX	3	3	0	2	1	0	0	0	1	2	0	0
OTHER	24	24	0	17	7	0	2	0	2	10	7	3
DIGESTIVE SYSTEM	367	367	0	202	165	40	56	73	57	84	49	8
ESOPHAGUS	19	19	0	15	4	0	1	3	4	7	4	0
STOMACH	23	23	0	16	7	0	6	1	5	7	4	0
COLON	134	134	0	66	68	31	22	28	21	25	7	0
RECTUM	53	53	0	27	26	6	7	5	9	12	14	0
ANUS/ANAL CANAL	9	9	0	3	6	0	0	3	2	0	4	0
LIVER	42	42	0	33	9	0	10	6	6	5	8	7
PANCREAS	47	47	0	20	27	2	6	16	6	15	2	0
OTHER	40	40	0	22	18	1	4	11	4	13	6	1
RESPIRATORY SYSTEM	289	289	0	154	135	2	68	30	59	107	22	1
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	12	12	0	10	2	1	1	1	1	4	4	0
OTHER	4	4	0	3	1	0	0	0	0	1	3	0
LUNG/BRONCHUS - SM CELL	52	52	0	21	31	0	6	3	11	27	5	0
LUNG/BRONC-NON SM CELL	200	200	0	112	88	1	58	26	42	65	8	0
OTHER BRONCHUS & LUNG	21	21	0	8	13	0	3	0	5	10	2	1
BLOOD & BONE MARROW	89	89	0	56	33	0	1	0	0	0	2	86
LEUKEMIA	51	51	0	34	17	0	1	0	0	0	2	48
MULTIPLE MYELOMA	15	15	0	8	7	0	0	0	0	0	0	15
OTHER	23	23	0	14	9	0	0	0	0	0	0	23
BONE	1	1	0	1	0	0	0	0	0	0	1	0
CONNECT/SOFT TISSUE	7	7	0	2	5	0	2	0	1	0	3	1
SKIN	103	103	0	63	40	13	42	16	7	5	20	0
MELANOMA	98	98	0	61	37	13	41	16	5	5	18	0
OTHER	5	5	0	2	3	0	1	0	2	0	2	0
BREAST	258	258	0	1	257	32	125	56	24	12	7	2
FEMALE GENITAL	185	185	0	0	185	9	68	10	36	12	49	1
CERVIX UTERI	35	35	0	0	35	0	9	4	12	2	7	1

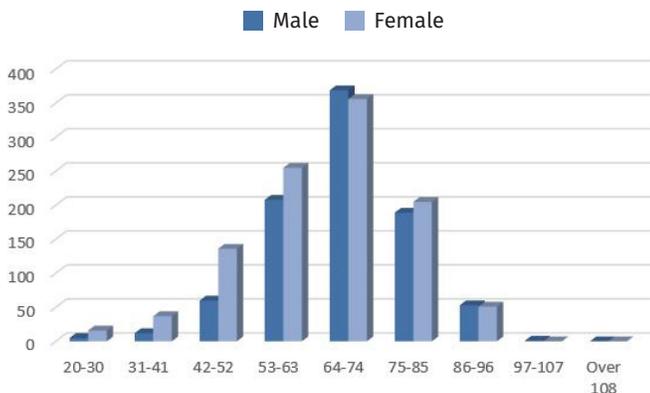
CORPUS UTERI	98	98	0	0	98	1	51	4	11	4	27	0
OVARY	31	31	0	0	31	0	2	1	11	6	11	0
VULVA	17	17	0	0	17	5	6	1	2	0	3	0
OTHER	4	4	0	0	4	3	0	0	0	0	1	0
MALE GENITAL	189	189	0	189	0	0	45	81	21	21	21	0
PROSTATE	177	177	0	177	0	0	45	81	18	21	12	0
TESTIS	8	8	0	8	0	0	0	0	3	0	5	0
OTHER	4	4	0	4	0	0	0	0	0	0	4	0
URINARY SYSTEM	183	183	0	112	71	32	44	8	19	19	61	0
BLADDER	100	100	0	67	33	30	21	8	4	9	28	0
KIDNEY/RENAL	77	77	0	42	35	1	23	0	15	7	31	0
OTHER	6	6	0	3	3	1	0	0	0	3	2	0
BRAIN & CNS	91	91	0	31	60	0	0	0	0	0	0	91
BRAIN (BENIGN)	4	4	0	2	2	0	0	0	0	0	0	4
BRAIN (MALIGNANT)	27	27	0	15	12	0	0	0	0	0	0	27
OTHER	60	60	0	14	46	0	0	0	0	0	0	60
ENDOCRINE	62	62	0	19	43	0	21	0	3	3	24	11
THYROID	51	51	0	12	39	0	21	0	3	3	24	0
OTHER	11	11	0	7	4	0	0	0	0	0	0	11
LYMPHATIC SYSTEM	57	57	0	24	33	0	12	8	10	15	12	0
HODGKIN'S DISEASE	5	5	0	3	2	0	1	1	2	1	0	0
NON-HODGKIN'S	52	52	0	21	31	0	11	7	8	14	12	0
UNKNOWN PRIMARY	21	21	0	14	7	0	0	0	0	0	0	21
OTHER/ILL-DEFINED	8	8	0	0	8	0	0	0	1	1	3	3

Number of cases excluded: 1

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 the majority of patients were above the age of 50 and younger than 85. 369 of those patients were male and between the ages of 64-74. In that same age category there were 356 female patients.



AGE	MALE	FEMALE
20-30	5	16
31-41	12	37
42-52	60	136
53-63	208	255
64-74	369	356
75-85	189	205
86-96	53	51
97-107	1	0
Over 108	0	0
Totals:	897	1056



HISTOLOGY

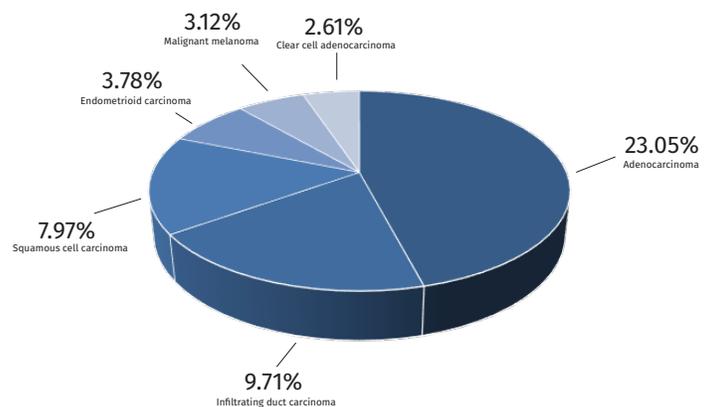
The majority of cancers that were diagnosed here were adenocarcinoma (23%). A breakdown of the top 10 tumor histologies is displayed below:

Top 10 Histologies at LRHHCC

HISTOLOGY	NUMBER OF CASES	PERCENT
Adenocarcinoma	451	23.05%
Infiltrating duct carcinoma	190	9.71%
Squamous cell carcinoma	156	7.97%
Endometrioid carcinoma	74	3.78%
Malignant melanoma	61	3.12%
Clear cell adenocarcinoma	51	2.61%
Small cell carcinoma	48	2.45%
Meningioma	48	2.45%
Carcinoma	40	2.04%
Papillary adenocarcinoma	39	1.99%
All others	799	40.83%

Histology Distribution

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



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



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