

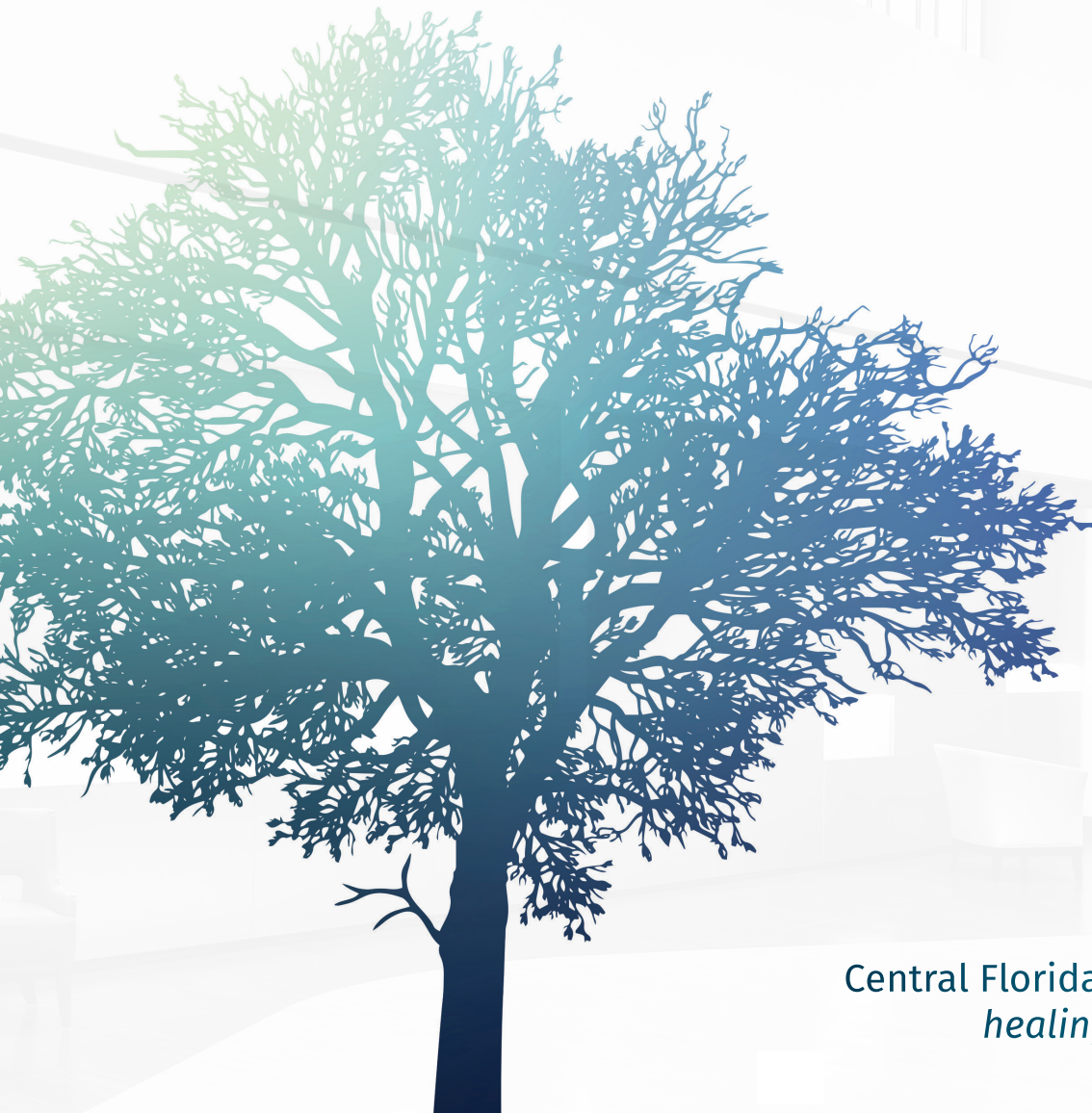


Lakeland Regional **Health**[®]

HOLLIS CANCER CENTER

2 0 1 8 A N N U A L R E P O R T

2017 Statistical Data



Central Florida's premiere center for
healing, hope and discovery.

In 2018, Lakeland Regional Health Hollis Cancer Center Was Awarded

THREE-YEAR WITH COMMENDATION GOLD 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. In 2018, Lakeland Regional Health earned its first gold Accreditation with Commendation, the highest level of recognition, from the Commission on Cancer. This makes Lakeland Regional Health candidates for the prestigious Commission on Cancer Outstanding Achievement Award.

CoC Accreditation is granted only to facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards. To receive this distinction, a cancer program must undergo a rigorous evaluation and review of its performance and compliance with CoC standards. Facilities with accredited cancer programs must undergo an on-site review every three years in order to maintain accreditation.

The accreditation is the result of a rigorous on-site evaluation by a physician surveyor in 27 standards as well as commendations in the following seven areas: Clinical Research Accrual, Cancer Registrar Education, Public Reporting of Outcomes, College of American Pathologists Protocols and Synoptic Reporting, Oncology Nursing Care, Rapid Quality Reporting System Participating and Data Submission/Accuracy of Data.

The Accreditation Program encourages hospitals, treatment centers, and other facilities to improve their quality of patient care through various cancer-related programs. These programs are concerned with the full continuum of cancer care from prevention to hospice and end-of-life care to survivorship and quality of life.

In addition, Lakeland Regional Health's Breast Cancer Program was re-accredited through 2021 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.



2018 CANCER COMMITTEE

GENERAL SURGERY/ONCOLOGY SURGERY

Graham F. Greene, MD
Cancer Committee Chairman

Manuel Molina, 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

Timothy M. Dench, PT, DPT
Hollis Cancer Center Director

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

Diane Campbell
Associate Vice President, Regulatory and Medical
Affairs

Carrie Ogilvie, DNP, ACNS-BC, CCRN-K
Associate Vice President of Trauma & Critical Care
Operations and Growth

CLINICAL RESEARCH

Saira Bahl
Manager of Clinical Research

SOCIAL WORK/CASE MANAGEMENT

Jamie Sites, BSW

Oncology Social Worker
Psychosocial Services

COMMUNITY OUTREACH

Lauren Springfield, MA, MBA
Manager, Community Health

NURSING

Amber Odom, BSN, RN, CMSRN
Manager, Patient Care, Acute and Surgical Services

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

PATIENT NAVIGATION

Brittany Collins, RMA, CN-BC
Breast Cancer Patient Navigator

QUALITY IMPROVEMENT

Wanda McManus
Quality Improvement Coordinator

ONCOLOGY DATA MANAGEMENT

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

PATIENT NAVIGATION

Toan Nguyen, MD

OTHER REPRESENTATIVES

Jill Haladay, DPT, MPH, GCS
Chief Rehabilitation Officer

Sandra Harrison, MSA, RD
Supervisor, Patient Food Service and Clinical
Nutrition

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



Sincere thanks and gratitude to members of the Cancer Committee for their hard work and devotion in 2018. Their efforts led to our first gold accreditation with commendation from the American College of Surgeons Commission on Cancer (CoC). We are extremely proud to say that

we have been accredited by the CoC since 1989. This honor makes us candidates for the prestigious Commission on Cancer Outstanding Achievement Award, which is granted to less than 20 programs throughout the United States that achieve excellence in providing quality care to cancer patients.

CoC accreditation is granted to facilities that are committed to providing the best in cancer care and demonstrate compliance with CoC Eligibility Requirements and Standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with the CoC standards. To maintain accreditation, cancer programs must undergo an on-site survey review every three years.

Patients who obtain care at a CoC-accredited cancer program receive the following benefits:

- 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
- 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

Accreditation by the Commission on Cancer, a quality program of the American College of Surgeons, demonstrates a cancer program's commitment to providing high-quality, multidisciplinary, patient-centered cancer care.

CoC accreditation is nationally recognized by organizations, including the National Cancer Institute, Centers for Medicare & Medicaid Services, National Quality Forum, American Cancer Society, and The Joint Commission, as having established data-driven performance measures for the provision of quality cancer care.

I would also like to recognize the achievement of our breast program for once again achieving accreditation by the National Accreditation Program for Breast Centers. Accreditation by the NAPBC is granted only to those centers that are voluntarily committed to providing the best possible care to patients with diseases of the breast. Each breast center must undergo a rigorous evaluation and review of its performance and compliance with NAPBC standards. NAPBC-accredited centers receive the following:

- A model for organizing and managing a breast center to ensure multidisciplinary, integrated, and comprehensive breast care services
- Internal and external assessment of breast center performance based on recognized standards to demonstrate a commitment to quality care
- Recognition as having met performance measures for high-quality breast care established by national health care organizations
- National recognition and public promotion
- Participate in a National Breast Disease Database to report patterns of care and effect quality improvement
- Access to breast center comparison benchmark reports containing national aggregate data and individual center data to assess patterns of care and outcomes relative to national norms

We were privileged this year to welcome Timothy Dench as Director of the Hollis Cancer Center. His report summarizes many of our other 2018 achievements. We are excited about the upcoming year and the reveal of our 10-year strategic plan for cancer services here at Lakeland Regional Health. This committee and all involved in cancer care are doing outstanding work to position us for continued success.

We remain committed to placing our cancer patients and their families at the heart of all we do while creating an environment of learning and discovery.

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



HOLLIS CANCER CENTER DIRECTOR'S LETTER



For Lakeland Regional Health's Hollis Cancer Center, 2018 has been another exciting year.

The center is busy planning for the future, growing programs, adding technology, and reaccrediting our established expertise. To meet the needs of our community today

and far into the future, we are involved in a center-wide strategic planning process. We are looking at advances in patient experience, clinical excellence, research, technology, and support services. A detailed plan will be available in 2019.

Hollis Cancer Center continued to grow in 2018:

UROGYNECOLOGY

We added the services of the only fellowship-trained Urogynecologist in this region. A Urogynecologist specializes in the care of women with pelvic floor disorders. A pelvic floor disorder occurs when women have weakened pelvic muscles or tears in the connective tissue due to excessive strain on the pelvis as a result of childbirth, repeated strenuous activity, history of oncological surgery, menopause, chronic disease, or pelvic surgery.

UROLOGIC ONCOLOGY

We added three physicians to our urology team in 2017. In 2018, we were busy growing their practices and planning programs to support their growth. We are pleased to share that we will begin to offer and utilize a new technology in our Urologic Oncology department that reduces rectal injury

in men receiving prostate cancer radiation therapy by acting as a spacer. The Urologic Oncology department has also upgraded our cystoscopes to feature a new endoscopy system that combines state-of-the-art imaging technology with a protective barrier to advance safety and efficiency of care.

BREAST CANCER PROGRAM

Our two breast surgeons joined us in 2017. To complement their expertise, we introduced a vacuum-assisted biopsy system to provide on-site minimally invasive procedures deliver accurate results. Our breast surgeons are now also the only physicians in the area with valuable Hidden Scar™ certification. The two fellowship-trained surgeons undertook special additional training to ensure that breast cancer patients do not have large, noticeable scars long after their cancer journey is over.

BRAIN AND LUNG CANCER

Since the addition of our TrueBeam® linear accelerator in 2016, we continue to partner with colleagues at the University of South Florida Neuroscience Department to provide services to brain and lung cancer patients. This program continues to grow, and this year we will treat close to 50 patients who previously would have had to travel outside of Lakeland to receive comprehensive stereotactic surgery.

The Lung Screening Program continues to grow and has developed into a trusted treatment option for members of the community, from screenings and diagnosis to treatment and survivorship. We partnered with many specialists (Radiologists, Pulmonologists, Medical

Oncologists, Radiation Oncologists, and Thoracic Surgeons) to offer support and care here at the Hollis Cancer Center.

RADIATION ONCOLOGY

In 2019, our radiation oncology department will undergo the rigorous ASTRO APEX accreditation process. This national recognition identifies our Radiologic Oncologists as leaders in oncological care in Central Florida.

MAYO CLINIC CARE NETWORK

Our relationship with Mayo Clinic continues to benefit our team members and our patients. As a Mayo Clinic Care Network member, we executed roughly 160 e-consults this calendar year. These consults allow our providers and patients to benefit from consultation with Mayo Clinic experts on routine and complex cases, sharing expertise and knowledge between our organizations.

CLINICAL TRIALS

Research and clinical trials continue to be strong, with over 96 patients currently enrolled in an active clinical trial and roughly 150 patients in follow up. We have opened at least four new studies in 2018. These include two breast treatment trials, one chronic lymphocytic leukemia trial, and one trial for locally advanced, non-metastatic squamous cell carcinoma (SCC) of the oral cavity or oropharynx.

SCREENINGS

The Hollis Cancer Center continues to offer free monthly smoking cessation courses with the Central Florida Area Health Education Center. We also offer free skin cancer screenings in multiple locations around the community, with over 200 free screenings completed this past year.

ADDITIONAL ACCOMPLISHMENTS

The Hollis Cancer Center also earned several awards and recognition over the past year. Lakeland Regional Health received the Jean Byers Oncology Award for Excellence in Cancer Registration fourteen times and most recently won the award for the fourth consecutive year. We are also pleased to announce the successful re-accreditation of our breast program by the National Accreditation Program for Breast Centers through 2021.

All of these accomplishments are made possible by the outstanding team members who improve lives every day by placing patients and families at the heart of all they do.

TIMOTHY M. DENCH, PT, DPT

DIRECTOR, CANCER CENTER SERVICES



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 collaborative relationship with the addition of Lakeland Regional Health to the Mayo Clinic Care Network.

This relationship facilitates the transfer of shared knowledge between the two organizations to enhance the delivery of healthcare 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 are honored to work with Mayo Clinic for the benefit of those we serve,” said Lakeland Regional Health President and CEO Elaine C. Thompson, PhD, FACHE of the collaboration.

As a member of the Mayo Clinic Care Network, Lakeland Regional Health works with Mayo Clinic to share clinical resources. Physicians 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 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.

The Mayo Clinic Care Network has 43 member organizations in the U.S., Mexico, Singapore and the United Arab Emirates.

Members of the Network are independent and collaborate with Mayo Clinic to improve the quality and delivery of healthcare.





CANCER LIAISON PHYSICIAN'S LETTER



I am honored to serve as the Cancer Liaison Physician (CLP) at Lakeland Regional Health. I was elected to this voluntary role at the beginning of the year.

A Cancer Liaison Physician (CLP) serves in a leadership role within the cancer program and is responsible for evaluating, interpreting, and reporting the program's performance using the 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. This information allows us to identify the needs in our community in terms of prevention, education, and early intervention to improve the survival of patients with the diagnosis of cancer.

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, RQRS, and CP3R. This is reported back to us the CP3R and RQRS, which can be compared to other hospitals nationally, statewide and locally.

The CLP has access to the CoC's multiple resources for quality improvements, enabling us to compare outcomes and learn from the different sites how to improve cancer care across the region and the country.

We are excited about our future, diligently working to improve our outcomes and the quality of care for the patients treated at Lakeland Regional Health.

MANUAL MOLINA, MD
CANCER LIAISON PHYSICIAN
SURGICAL ONCOLOGIST

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
- 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. We each have more than 25 years of practice experience 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 the emotional and physical needs that are unique to each patient and diagnosis. New services offered include a quarterly cancer support group for patients and caregivers. We also provide our chemotherapy patients with pamper/comfort bags donated by several organizations including American Cancer Society (ACS) and The Breast Cancer Charities of America. These bags vary in content from hand lotion and slippers, to lip balm and lap blankets and have been very warmly received. A new program through the ACS also provides cancer patients with a free or reduced cost wig.

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 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

2018 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 patients who volunteer to make a clinical trial part of their treatment plan. 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 2018 to help us move these exciting treatments to the market through their participation in a clinical trial.

The Hollis Cancer Center continues to strive for better ways to prevent, diagnose, and treat cancers of all types. This year the Clinical Trials Department opened two new exciting studies and is in the midst of starting several others. The first study we opened is the national study, A011202 – a randomized, phase III trial, comparing axillary lymph node dissection to axillary radiation in selected breast cancer patients, and the second is informCLL – a registry study examining leukemia patients (of the CLL type) who are starting treatments to fight this type of cancer.

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.

Patients participating in clinical trials will be at peace to know:

- They will be fully informed about their choice to enroll in a clinical trial;
- Our multi-disciplinary tumor board will consider a clinical trial for a patient if they believe it is appropriate; and
- They will be monitored by experts committed to protecting the health and safety of the patient.

Keeping the patient at the heart of all we do is what drives research at the Hollis Cancer Center. Our discoveries will make a lasting impact for future generations!

SAIRA BAHL
OPERATIONS MANAGER OF RESEARCH AND CLINICAL TRIALS

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.

We are honored to walk the cancer journey, navigating care for the patients and families we serve.

BRITTANY COLLINS, RMA, CN-BC
CERTIFIED PATIENT NAVIGATOR

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

Together, we help those in our care achieve optimal wellness.

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.

It is our honor to provide this care.

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

PALLIATIVE CARE

Lakeland Regional has a palliative care consultation service available for our 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 the 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 2017 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 2024 total consults in 2017. As of March 2018, the palliative care service began identifying and documenting oncology patient consults.

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 Promise Run continues to be a vibrant celebration of the lives of loved ones touched by cancer and a Promise to strengthen the health of everyone around us.

The fourth annual Promise Run, held on March 3, 2018, drew nearly 1,600 runners, walkers and volunteers at its new home at the Lake Mirror Promenade.

Participants ran or walked picturesque 5k and 10k courses that began and ended at the Promenade, and guests had the opportunity to fill out a memory bib in honor or memory of a loved one touched by cancer. Many of the walkers or runners themselves are cancer survivors or cancer patients.

Participants received a technical running shirt, medal for completing the run, an opportunity to earn a trophy, a post-race awards ceremony and refreshments.

Child care was available through Explorations V Children’s Museum, and a free children’s run took place once the 5k was complete.

“We were inspired by the overwhelming community support for our Promise Runs,” said Timothy J. Boynton, Vice President, Lakeland Regional Health Foundation. “Runners, walkers, cancer survivors, families of cancer patients, Lakeland Regional Health team members and donors come together each year to make this an amazing charity event.”





HOPE BLOOMS: A SURVIVORS DAY EVENT

On Sunday, June 3, 2018, 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.

Timothy M. Dench, Director of the Hollis Cancer Center welcomed guests, and Lakeland Regional Health Chaplain Brian Hurley provided the Invocation. Several survivors shared their cancer journeys with the guests, including Roger Todd, morning host for WPCV. Lakeland Regional Health's two breast surgeons provided updates on recent developments in breast cancer care.

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.





Breakfast and Dinner *for breast health*

Unlike other disorders and even other cancers, breast cancer tends to be discussed more openly. Most people understand the basics of diagnosis and treatment.

Lakeland Regional Health wanted to take that knowledge a step further by sharing with the community the very latest developments in the field of breast cancer that most people aren't aware of yet.

On Thursday, October 4, 150 guests learned about changes in detection, diagnosis and treatment from Lakeland Regional Health's exceptional breast surgeons and a captivating guest physician from Mayo Clinic. What guests learned is the present and the future hold a lot of promise for preventing and conquering this breast disease.

Toan Nguyen, MD, Lakeland Regional Health Breast Surgeon and Medical Director of the Breast Cancer Program, shared insights on "How Technology and Innovation Are Transforming Breast Cancer Care." He discussed how, in 2018, technological developments now result in better care, research leads to better outcomes, and innovations change the way we think about the management of breast cancer.



Vanessa Prowler, MD, discussed the "Role of Genetics," which guests particularly enjoyed, given the rise in consumer interest in DNA kits and genealogy. She shared information about family history and genetic testing.

Roberto Leon-Ferre, MD, Mayo Clinic Oncologist, shared research on "Genomics." This important field shows promise in how patients and treatments can be more accurately matched for the safest care and best outcomes.

During the breakfast and dinner events, guests could have a bone density screening performed by Radiology and Imaging Specialists and have a proper bra fitting. Cholesterol and blood sugar screenings were performed during the breakfast event. Guests enjoyed tours of the state-of-the-art Hollis Cancer Center.



2018-2021 COMMUNITY NEEDS ASSESSMENT REGARDING CANCER SCREENING AND PREVENTION

Excerpted from the source report

In 2017, more than 1.6 million people will be diagnosed with cancer in the United States. Cancer is the second leading cause of death in Polk County. The overall rate of death due to cancer is 163.7 per 100,000 lives.

The causes of cancer vary, with certain types having more known risk factors than others. Early detection, education and regular screenings can improve treatment outcomes.

Initiatives:

- Continue to conduct skin cancer education and prevention screenings through the Community Wellness Program
- Continue to offer Smoking Cessation Programs in partnership with our physician providers and groups such as the Tobacco Free Florida Alliance to help encourage participants to work on the process and problems of quitting, both individually and as part of a group
- Expand cervical cancer awareness and education
- Expand colon cancer screening initiatives by

increasing the screening procedures performed at the Hollis Cancer Center

- Evaluate the feasibility of implementing the American Cancer Society's FluFIT program at Lakeland Regional Health Primary Care sites
- Continue to provide education sessions and symposiums on cancer prevention, screening and early detection

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

“Healing at Hollis” is the mantra for our support sessions at the Hollis Cancer Center. The redesigned program features the addition of a crafting event in which group members can participate. The interactive sessions are held once a quarter. Members are encouraged to share their stories while enjoying refreshments and participating in a crafting lesson. The sessions are hosted by our nursing staff and all are welcome to attend.

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

STEPHANIE BUTLER, LPN

Hollis Cancer Center Nurse | Stephanie.Butler@myLRH.org

2018 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:

DATE	ACTIVITY	LOCATION	TYPE	# OF PEOPLE	EVIDENCE-BASED GUIDELINE OR INTERVENTION USED		*
1/11/2018	Tools to Quit (Tobacco Cessation)	LRH Hollis Cancer Center	Education/Prevention	5	ACS	American Cancer Society	
1/18/2018	Living Well + Eating Better	LRH Hollis Cancer Center	Education/Prevention	500	ACS	American Cancer Society	Handed out cancer prevention information
2/8/2018	Tools to Quit	LRH Hollis Cancer Center	Education/Prevention	4	ACS	American Cancer Society	
3/8/2018	Tools to Quit	LRH Hollis Cancer Center	Education/Prevention	4	ACS	American Cancer Society	
3/9/2018	Community Senior Adult Health and Resource Fair	Lakeland	Screening/Prevention	19	ACS	American Cancer Society	
3/14/2018	Neuro-Oncology Symposium	LRH Hollis Cancer Center	Education/Prevention	46	ACS	American Cancer Society	
4/12/2018	Tools to Quit	LRH Hollis Cancer Center	Education/Prevention	1	ACS	American Cancer Society	
4/18/2018 - 4/19/2018	Polk State College Health Fair	Polk State College - Winter Haven + Lakeland	Education/Prevention	300	ACS	American Cancer Society	Handed out cancer prevention information
5/5/2018	Women's Imaging Center Health Fair	Lakeland	Education/Prevention	40	ACS	American Cancer Society	Handed out cancer prevention information
5/8/2018	Skin Cancer Awareness Month - Team Members	Various Campuses	Screening/Prevention	180	ACS	American Cancer Society	
5/11/2018	Skin Cancer Awareness Month Screening - Community	LRH Hollis Cancer Center	Screening/Prevention	49	ACS	American Cancer Society	
5/23/2018	Skin Cancer Awareness Month Screening - Congregational Health	Epic Church - Lakeland	Screening/Prevention	4	ACS	American Cancer Society	
6/14/2018	Tools to Quit	LRH Hollis Cancer Center	Education/Prevention	2	ACS	American Cancer Society	
7/12/2018	Tools to Quit	LRH Hollis Cancer Center	Education/Prevention	4	ACS	American Cancer Society	
8/9/2018	Tools to Quit	LRH Hollis Cancer Center	Education/Prevention	2	ACS	American Cancer Society	
9/2018 - 11/2018	FluFIT Campaign	Multiple Primary Care Locations	Screening/Prevention	125	ACS	American Cancer Society	
9/5/2018	Men's Health Breakfast	Lakeland	Education/Prevention	21	ACS	American Cancer Society	
10/4/2018	Breast Health Breakfast + Dinner	LRH Hollis Cancer Center	Education/Prevention	144	ACS	American Cancer Society	
10/13/2018	Breast Health Awareness Seminar at New Mount Zion Missionary Baptist Church	Lakeland	Education/Prevention	200	ACS	American Cancer Society	
10/19/2018	City of Auburndale Skin Cancer Screening	Auburndale	Screening/Prevention	32	ACS	American Cancer Society	
10/21/2018	Breast Cancer Talk	Blessed Hope Baptist Church - Lakeland	Education/Prevention	15	ACS	American Cancer Society	
10/23/2018	City of Lakeland Health Fair	Lakeland	Education/Prevention	300	ACS	American Cancer Society	Handed out skin cancer prevention information

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

INNOVATIVE

cancer care





BREAST PROGRAM REPORT

The breast cancer program at Lakeland Regional Health Hollis Cancer Center continues to provide our patients with multidisciplinary treatments for Breast Cancer.

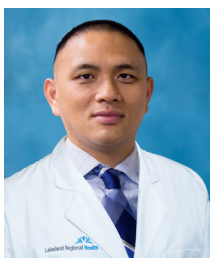
Our program is very fortunate to have two fellowship trained experts in the field of breast surgery, Dr. Toan Nguyen and Dr. Vanessa Prowler. Together they have successfully moved our breast health program to the next level by expanding our research and adopting new technology.

Both Dr. Nguyen and Dr. Prowler are certified in Hidden Scar™, a technique that minimizes the scarring through the use of approach and specialized instrumentation.

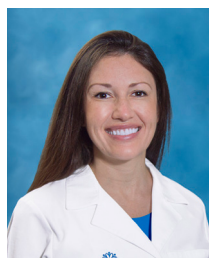
In addition to the surgical services offered for the treatment of breast cancer, we created a high-risk clinic to provide genetic risk evaluation for individuals at an increased risk of breast cancer due to personal risk factors such as prior breast cancer, a family history of breast cancer, or the identification of a genetic mutation such as BRCA1 or BRCA2.

Our Breast Program is accredited by NAPBC, a consortium of national, professional organizations focused on breast health and dedicated to the improvement of quality outcomes of patients with diseases of the breast through evidence based standards and patient and professional education.

Our New Patient Scheduling department is available to assist in scheduling appointments or obtaining any needed medical records.



TOAN THIEN NGUYEN, MD
BREAST SURGICAL ONCOLOGY



VANESSA L. PROWLER, MD
BREAST SURGICAL ONCOLOGY



A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS



CANCER PROGRAM PHYSICIAN REVIEW

CoC Standard 4.6

STD 4.6 - Monitoring Compliance with Evidence-Based Guidelines:

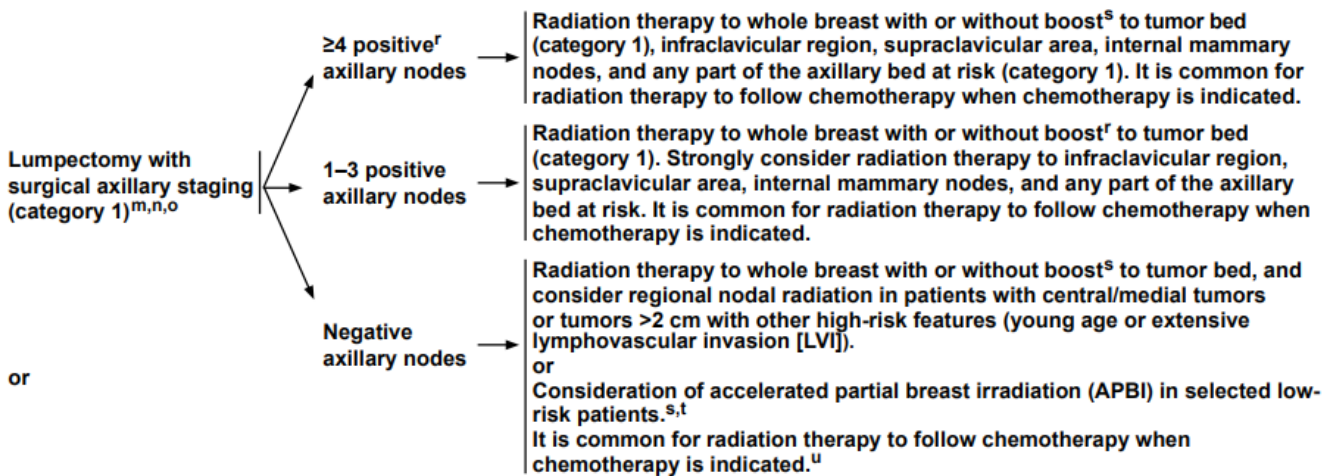
Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in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

- Dr. Toan Nguyen and Dr. Vanessa Prowler reviewed a total of 54 breast cancer patients using the NCCN guidelines verifying their accuracy utilizing them with comparison to the recommended radiation treatments.
- The data utilized included a list of 2017 breast cancer patients pulled from the cancer registry software.

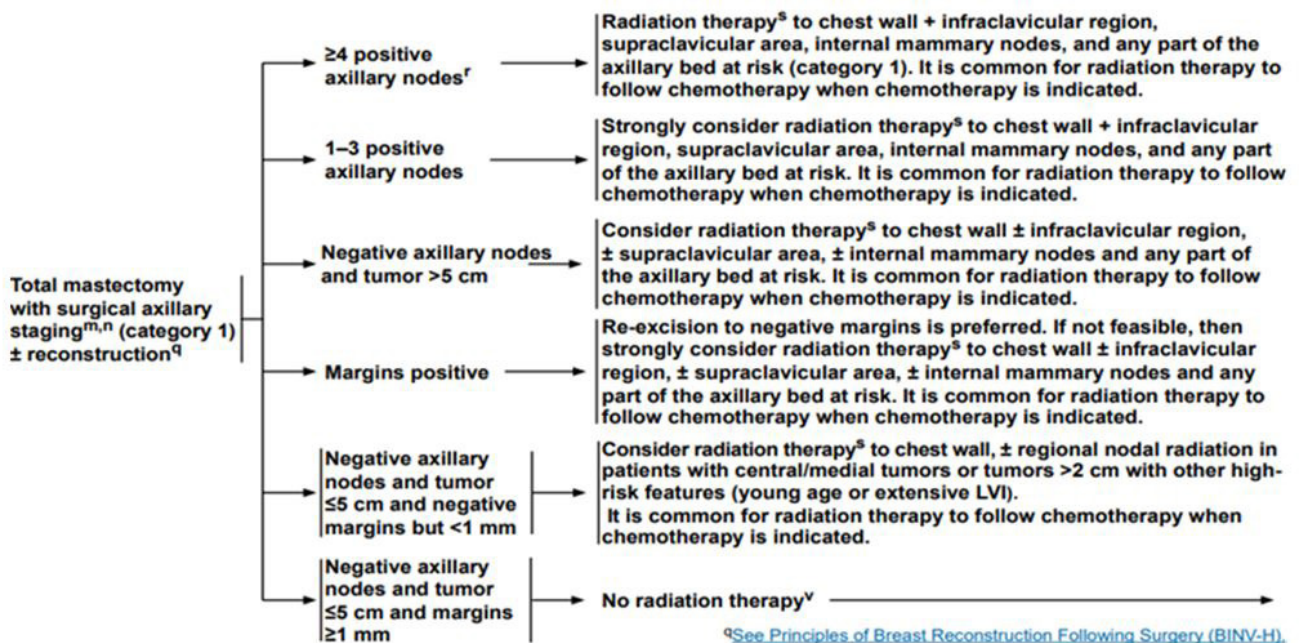
The American College of Surgeons recommends that “Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer”.

National Comprehensive Cancer Network (NCCN) Guidelines for Radiation Treatment:

LOCOREGIONAL TREATMENT OF T1-3, N0-1, M0 DISEASE¹



LOCOREGIONAL TREATMENT OF T1-3, N0-1, M0 DISEASE¹





Findings and Recommendations:

- All 54 breast cancer patients from 2017 were reviewed using the NCCN guidelines and verifying their accuracy utilizing these guidelines for the recommended radiation treatment.
- Some concerns found were lost to follow-up with some patients treated elsewhere and some to incomplete information and/or documentation.
- The majority of patients met the guidelines along with proper documentation.
- One patient did not adhere to the recommended guidelines.
- Several patients had a delay in the recommended treatment due to complications, but were able to complete the recommended treatment.
- Two patients went elsewhere for treatment which was not properly documented
- Documentation is key, especially when patients do not show up, and when continued monitoring and chart audits will be done.
- LRH will continue to follow the NCCN guidelines as well as the American Cancer Society recommendations along with the NAPBC.

According to the American Cancer Society there is no sure way to prevent breast cancer, but there are things you can do that might lower your risk, such as changing risk factors that are under your control.

Lifestyle-related Breast Cancer Risk Factors:

- **Drinking alcohol** is clearly linked to an increased risk of breast cancer. The American Cancer Society recommends that women who drink have no more than 1 drink a day.
- **Being overweight or obese** after menopause increases breast cancer risk. Women who are overweight tend to have a higher blood insulin level.
- **Not being physically active.** Evidence is growing that regular physical activity reduces breast cancer risk, especially in women past menopause. The American Cancer Society recommends that adults get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
- **Not having children.** Women who have not had children or who had their first child after age 30 have a slightly higher breast cancer risk overall. Having many pregnancies and becoming pregnant at an early age reduces breast cancer risk. Still, the effect of pregnancy seems to be different for different types of breast cancer. For a certain type of breast cancer known as triple-negative, pregnancy seems to increase risk.
- **Not breastfeeding.** Some studies suggest that breastfeeding may slightly lower breast cancer risk,

especially if it is continued for 1 1/2 to 2 years. This has been hard to study, especially in countries like the United States, where breastfeeding for this long is uncommon.

- **Birth Control.** Some birth control methods use hormones, which may increase breast cancer risk.
- **Hormone therapy after menopause.** At this time there aren't many strong reasons to use post-menopausal hormone therapy (either combined HT or ET), other than possibly for the short-term relief of menopausal symptoms. Along with the increased risk of breast cancer, combined HT also appears to increase the risk of heart disease, blood clots, and strokes. This therapy does lower the risk of colorectal cancer and osteoporosis, but this must be weighed against the possible harms, especially since there are other ways to prevent and treat osteoporosis, and screening can sometimes prevent colon cancer. ET does not seem to increase breast cancer risk, but it does increase the risk of stroke.

The American Cancer Society has screening guidelines for women at average risk of breast cancer, and for those at high risk for breast cancer. Finding breast cancer early and getting state-of-the-art cancer treatment are the most important strategies to prevent deaths from breast cancer. Breast cancer that's found early, when it's small and has not spread, is easier to treat successfully. Getting regular screening tests is the most reliable way to find breast cancer early.

American Cancer Society screenings recommendations for women at average breast cancer risk: For screening purposes, a woman is considered to be at average risk if she doesn't have a personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known to increase risk of breast cancer (such as in a BRCA gene), and has not had chest radiation therapy before the age of 30. See below for guidelines for women at high risk.

- Women between 40 and 44 have the option to start screening with a mammogram every year
- Women 45 to 54 should get mammograms every year
- Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer
- All women should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do

Regular mammograms can help find breast cancer at an early stage, when treatment is most successful. A mammogram can find breast changes that could be cancer years before physical symptoms develop. Results from many decades of research clearly show that women who have regular mammograms are more likely to have breast cancer found early, are less likely to need aggressive treatment like surgery to remove the breast (mastectomy) and chemotherapy, and are more likely to be cured.

Source: Cancer.org. (2017). Lifestyle-related Breast Cancer Risk Factors. [online] Available at: <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html> [Accessed 14 Dec. 2018].





THE VALUE OF SCREENING BREAST MRI FOR HIGH-RISK WOMEN

For women at or above a 20% lifetime risk for breast cancer, a screening breast MRI is a viable tool to detect cancer that may be missed with mammography and ultrasound.

While not recommended as a routine screening tool for all women, screening breast MRI has demonstrated to be an effective tool in women at high risk, typically due to a gene mutation or personal/family history.

Breast MRI is generally recommended in combination with mammography or ultrasound in women who have significant risk factors for developing breast cancer. The downside is that it costs more, and is associated with higher incidences of false positives and unnecessary biopsies. However, it is more sensitive than mammography, which for some patients will far outweigh the potential drawbacks.

The average woman has a 13% risk of breast cancer over her lifetime. A woman who is considered high risk has a 20% or greater lifetime risk. According to American Cancer Society (ACS) guidelines, high-risk women should undergo both mammography and breast MRI screenings annually starting at age 30, and continuing as long as the woman is in good health.

According to a recent study of more than 2,000 women with newly diagnosed breast cancer, 14% had additional cancer detected on MRI that was not revealed on mammography, and for one-quarter of these women, MRI identified at least one additional cancer.¹

Dr. Angela Sroufe, a radiologist with Radiology and Imaging Specialists (RIS), has experienced the value of breast MRI firsthand. "I recently encountered a patient for whom both mammography - with tomosynthesis - and ultrasound were unable to detect any lesions. However, bilateral MRI of the breast identified a 15mm irregular bilobed enhancing mass, which was eventually confirmed as infiltrating lobular carcinoma."

According to published guidelines by the American Cancer Society, annual breast MRI is recommended for women who have a greater than 20% lifetime risk. Women at 15% or higher risk are encouraged to talk with their doctors about the possibility of adding breast MRI to their annual screening.

Additional risk factors for consideration of breast MRI include:

- Have a known BRCA1 or BRCA2 gene mutation
- Have a first-degree relative with BRCA1 or BRCA2 gene mutation and have not had genetic testing themselves
- Have had radiation therapy to the chest for another type of cancer between the ages of 10 and 30 years
- Have a genetic disease such as Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

For patients who have a personal history of breast cancer, Dr. Sroufe says that patients and their doctors should consider annual breast MRI if the cancer diagnosis was before the age of 50 or if she has dense breasts.

ACS also notes that women with dense breast tissue (as measured by a mammogram) may have an increased risk for developing breast cancer. For the up to 50% of women with higher breast density, MRI can detect cancers that may be missed with mammography. Per Florida's new breast density notification law, breast MRI may be considered as a supplemental screening option to mammography.

"Beyond screening, breast MRI is used to resolve uncertain findings with mammography and ultrasound, as well as help determine the size of a cancer," says Dr. Toan Nguyen, a Breast Surgeon with Lakeland Regional Health.

Dr. Vanessa Prowler, Breast Surgeon at Lakeland Regional Health, says that. "After surgery or chemotherapy, Breast MRI can be effective at monitoring the response to treatment and cancer recurrence."

In addition, Breast MRI is the best method to evaluate breasts with implants, as implants can obscure breast tissue in mammographic examinations. It can show whether an implant has ruptured better than mammography or ultrasound.

"We believe that over time, the use of screening breast MRI may have applications for a wider variety of women in more risk categories," adds Dr. Martha Lima with RIS. "New evidence has surfaced demonstrating women at elevated risk - not just high risk - can benefit from breast MRI as well."²

With breast MRI, physicians and patients have an important, additional tool for the detection of breast cancer in women at higher risk for breast cancer.

About the Physicians

Dr. Angela Sroufe and Dr. Martha Lima are radiologists who specialize in women's imaging with Women's Imaging Center and Radiology and Imaging Specialists. They work closely with Lakeland Regional Health Breast Surgeons Dr. Toan Nguyen and Dr. Vanessa Prowler to help identify patients who are high risk. Dr. Nguyen and Dr. Prowler offer a high risk clinic at Lakeland Regional Health Cancer Center.



"Beyond screening, breast MRI is used to resolve uncertain findings with mammography and ultrasound, as well as help determine the size of a cancer."

Toan Nguyen, MD

Lakeland Regional Health Breast Surgeon

"After surgery or chemotherapy, Breast MRI can be effective at monitoring the response to treatment and cancer recurrence."

Vanessa Prowler, MD

Lakeland Regional Health Breast Surgeon

1. Iacconi, C et al. "Multicentric Cancer Detected at Breast MR Imaging and Not at Mammography: Important or Not?" *Radiology*. 2016 May;279(2):378-84. doi: 10.1148/ radiol.2015150796. Epub 2015 Nov 25
2. E. Amir, O.C. Freedman, B. Seruga, D.G. Evans Assessing women at high risk of breast cancer: a review of risk assessment models *J Natl Cancer Inst*, 102 (10) (2010), pp. 680-691

GASTROINTESTINAL TUMOR PROGRAM



MANUEL MOLINA, MD
SURGICAL
ONCOLOGIST

The Gastrointestinal Tumor Program at the Hollis Cancer Center treats many patients with cancer in the esophagus, stomach, liver, bile ducts, pancreas, small bowel, colon, and rectum. These are a complicated group of tumors because most of the time, patients present with more advanced tumors than with cancers at other sites. The core for the treatment of these tumors resides in the Multidisciplinary Gastrointestinal Tumor Board.

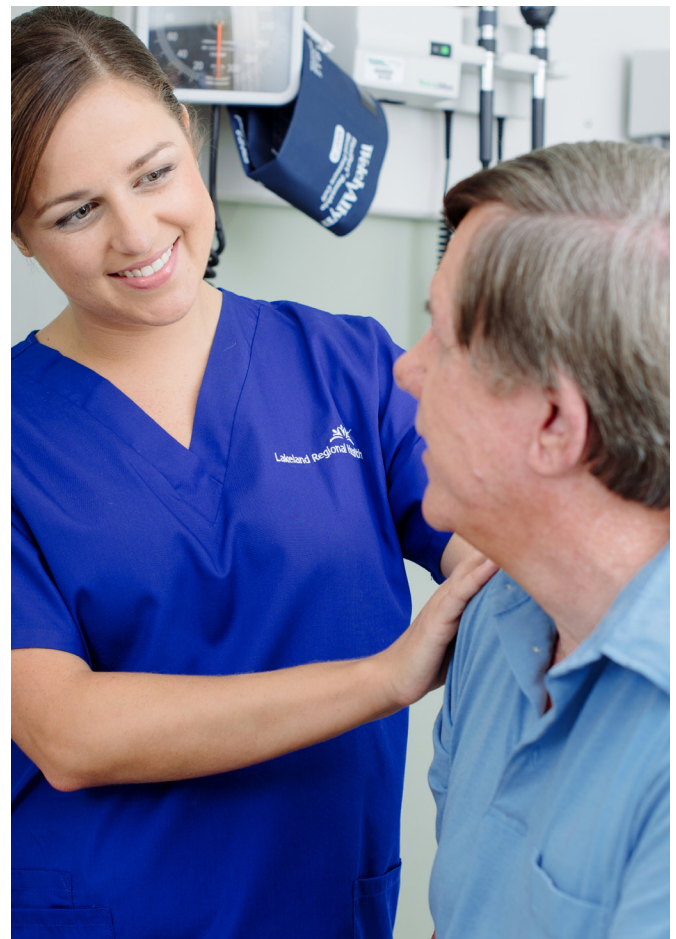
In Tumor Board meetings, cases are analyzed from all the aspects involved in the care of the patients including Radiology, Pathology, Medical Oncology, Radiation Oncology, Surgical Oncology, Nutrition, Physical Therapy, and Social Work. All patients treated at LRH benefit from this multidisciplinary treatment planning approach.

We provide the best and most advanced treatment for the gastrointestinal tumors including:

- **Interventional Radiology** provides a diagnosis via percutaneous biopsies and treatments with image-guided ablation and embolization of tumors
- **Gastroenterology** also provides a diagnosis but at the same time implements endoluminal treatments, stenting for palliation and placement of markers for other treatment modalities. We have as part of our team one of the few interventional gastroenterologists in the region, specializing in endoscopic ultrasound and ERCP for diagnosis and treatment of several cancers in the GI tract.
- **Surgical Oncology** specializes in Gastrointestinal tract tumors. Our team of surgeons provide minimally invasive surgery for the GI tract and have one of the few specialists in surgery for esophagus, stomach, liver, pancreas and bile ducts. Most of the Colorectal resections done at LRH are via Laparoscopic surgery, improving the recovery of the patients. We apply Enhanced Recovery After Surgery protocols to decrease the length of stay and accelerate patients recovery after surgery.
- **Medical Oncology** provides the latest systemic treatments including chemotherapy and immunotherapy, making the priority the use of personalized treatment depending on molecular profiling.

- **Radiation Oncology** provides radiation with the latest image-guided techniques and most recently increasing the use of stereotactic radiation to reduce damage to the surrounding tissues and increase higher doses in the tumors to improve the effectiveness of the radiation treatment.
- Our pathology experts work with dedicated GI specialists to analyze and discuss the most challenging cases for most accurate diagnosis. Most tumors are sent for tumor markers to guide further therapy.
- We provide one of the few preconditioning programs in the region. The program consists of providing pretreatment evaluation by nutrition and physical therapy to determine the condition of the patient and to prescribe the necessary nutritional and exercise regimens. This will improve the patient's performance status in increasing the patient's tolerance to treatment and better surgical outcomes.

We are dedicated to advancing the future of healthcare for those we serve through these multidisciplinary areas of focus, providing the best outcomes and safest care.





MEDICAL ONCOLOGY & CHEMOTHERAPY

Hollis Cancer Center offers comprehensive care with a wide range of state of the art services. We use a multi-disciplinary approach to coordinate the best cancer treatment options for our patients from diagnosis to survivorship.

Our experienced Medical Oncologists deliver advanced care while incorporating NCCN guidelines and the most up-to-date evidenced-based treatment options.

Dr. Sushma Nakka, Dr. Kamal Haider and Dr. Madhavi Venigalla are passionate about Oncology, Hematology, Pain Management, and Palliative Care Options. Through the support of Mayo Clinic Care Network, our physicians have the ability to access Mayo Clinic's expertise at no additional cost to the patient. This unique exchange of knowledge allows patients to avoid unnecessary travel for expert opinions and treatment plans.

Our beautiful 40-chair chemo suite offers a lake-side view for all the patients. Each patient pod is equipped with a massage chair, private television, family/guest seating options, as well as heated blankets and refreshments.

The chemotherapy experience includes patient education programs offered by an Oncology Certified Nurse for

patients and their families. A personal education session is held in a quiet meeting space between the nurse educator and the patient. We utilize this time to facilitate a relationship that will allow ongoing education throughout treatment, promoting wellness and education for those we are privileged to serve.

MICHAELA KING, RN, OCN
ONCOLOGY MANAGER



MEDICAL ONCOLOGY & PALLIATIVE CARE



SUSHMA NAKKA, MD
MEDICAL
ONCOLOGIST

At Lakeland Regional Health 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.

thus improving the quality of life for patients facing serious or life-threatening conditions, as well as their families. The Palliative Care program at Hollis Cancer Center continues to grow with expert care to serve the residents of Polk County and beyond. Our interest and experience in providing pain and palliative care are complemented by Lakeland Regional Health's new inpatient pain and palliative care unit.

Goals and Objectives of Medical Oncology

Translate comprehension of the clinical and scientific basis of advanced disease processes, symptoms, and symptom management into improved patient care.

- Practice advanced Oncology care incorporating NCCN guideline
- 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
- 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
- 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
- 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
- Educate and involve the primary care physicians in evaluating patients that qualify and share appropriately for lung cancer screening and low dose CT

We treasure our patients and families and work to provide compassionate care throughout the cancer journey.

This year, the Medical Oncology department made several significant advancements to improve the care patients receive:

- The Lung Cancer Screening Program, started in 2016, is now accredited. We are enrolling qualifying patients to screen for early stage lung cancer.
- In 2018 the addition of a multi-disciplinary conference for the lung program was added. This includes physicians from all disciplines including, but not limited to surgeons, radiation oncologists, medical oncologists, pathologists, radiologists, as well as other representatives from other services we provide such as social services and rehabilitation. This allows us to discuss and plan as a team the best treatment care for our patients.
- We organized and held our first Lung Symposium which included providing education to primary care physicians on the importance of lung cancer screenings and what qualifies patients for the low dose CT scanning.

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,



MELANOMA PROGRAM REPORT



MANUEL MOLINA, MD
SURGICAL
ONCOLOGIST

Lakeland Regional Health's Melanoma Program continues to evolve in exciting ways. We have participated in several multi-institutional treatment-changing trials that are making a difference for those in our care.

At Lakeland Regional Health, we provide robotic surgery for groin dissection, decreasing the chances of wound complications. Currently, our systemic therapy has moved to provide more immunotherapy and personalized medicine base on the molecular profiling of the tumors. All melanoma cases are evaluated by the multidisciplinary treatment team providing the best outcomes to our patients.

We continue to participate in national research trials that confirm the quality of care provided at LRH, as we advance the future of healthcare for our community.

We continue to provide the highest quality of care in melanoma with the use of:

- Sentinel lymph node biopsy
- Wide excision with immediate reconstruction
- Dissection of the affected lymph node basins



RADIATION ONCOLOGY

Lakeland Regional Health Hollis Cancer Center's Radiation Oncology department is committed to providing the most advanced radiation therapy technology.

In 2018, we added a Varian RPM Respiratory Gating tool. This tool allows for tumor motion due to respiratory movement in treatment planning to further spare surrounding normal tissues. The RPM system is also instrumental in determining candidates for the Deep Inspiration Breath Hold (DIBH) technique. This technique effectively reduces the amount of radiation that the heart and lung receive during daily radiation treatments to the left breast and has become a standard of care in the treatment of left breast cancer. This tool complements the already cutting-edge array of technologies we provide, including Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Volumetric Modulated Arc Therapy (VMAT), advanced image fusion, Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT).

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 one to two millimeters. 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. These highly specialized treatments are made possible with the Varian TrueBeam STx with Brainlab, which features an advanced platform of specialized tools dedicated to SRS and SBRT treatments.

This year, we added a new clinical trial and study. The Alliance A011202 is a randomized phase III trial comparing axillary lymph node dissection to axillary radiation in selected breast cancer patients.

In addition, our commitment to providing advanced life-saving treatments close to home in a high quality and safe manner is achieved through meeting the stringent requirements set through our accreditation with the American College of Radiation Oncology (ACRO).

Our team is honored to bring those in our care leading-edge treatment protocols in a nurturing and healing environment.



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 2,478 cases were accessioned into the database in 2018 (2017 data), 1,851 (75%) 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 2017, 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 2017 and abstracted in 2018. 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. Our final report is the observed survival analysis for the last five years for LRH.

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

BLANCHE MYERS, RHIT, CTR, CPC
ONCOLOGY DATA MANAGER



LAKELAND REGIONAL HEALTH MEDICAL CENTER DATA SUMMARY ANALYTIC DATA ONLY, 2017

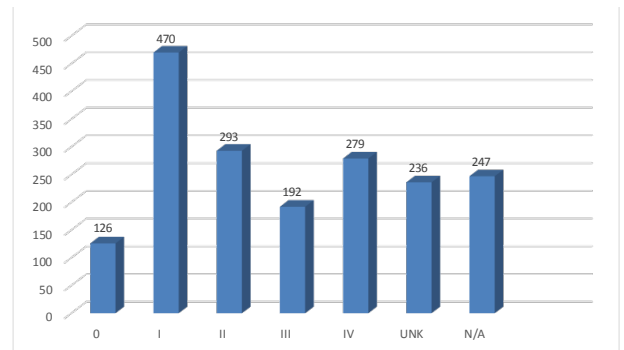
The top five cancer sites treated at Lakeland Regional Health Medical Center were:

- Bronchus and Lung 14.2%
- Breast 11.8%
- Prostate 9.9%
- Colon 6.9%
- Skin 5.5%

AJCC Stage at Diagnosis

The majority of patients (25.50%) were first diagnosed and treated as a Stage 1.

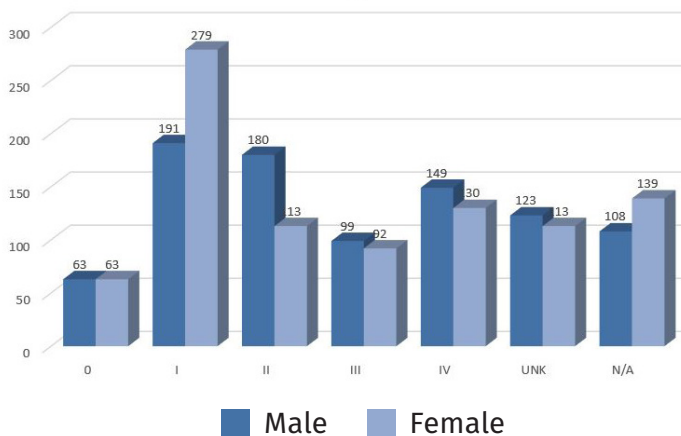
Table 2



AJCC Stage and Gender

Of the 1,842 analytic cases, 913 patients were male and 929 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	126	6.84%
I	470	25.50%
II	293	15.90%
III	192	10.42%
IV	279	15.14%
UNK	236	12.81%
N/A	247	13.40%
TOTAL:	1,843	100.00%

STAGE	MALE	FEMALE
0	63	63
I	191	279
II	180	113
III	99	92
IV	149	130
UNK	123	113
N/A	108	139
TOTAL*: 1,842	913	929

*Total analytic cases eligible for staging.

Race and Ethnicity

Race distribution reveals that out of the 1,851 participants, 1,620 (87.52%) of the patients were Caucasian, 190 (10.26%) were African American and 41 (2.22%) 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.

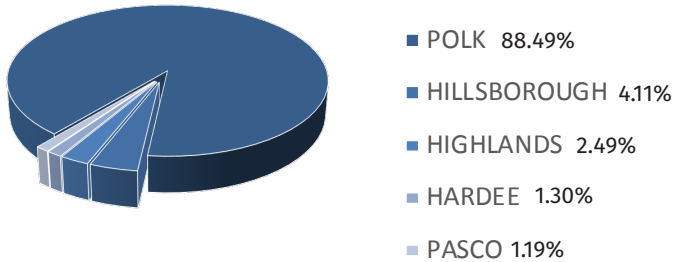
County of Residence at Diagnosis

Analysis reveals that the top five counties of residence at diagnosis were Polk (88.49%), Hillsborough (4.11%), Highlands (2.49%), Hardee (1.30%) and Pasco (1.19%). A detailed breakdown is shown in Tables 3 and 4.

Table 3

FLORIDA COUNTY OF DIAGNOSIS	NUMBER OF CASES	PERCENT
POLK	1638	88.49%
HILLSBOROUGH	76	4.11%
HIGHLANDS	46	2.49%
HARDEE	24	1.30%
PASCO	22	1.19%
OSCEOLA	8	0.43%
SUMTER	5	0.27%
INDIAN RIVER	5	0.27%
ORANGE	4	0.22%
OUT OF STATE	13	0.70%
ALL OTHER	10	0.54%
TOTAL CASES:	1,851	100%

Table 4



Treatment

Treatment analysis reveals that 777 (41.98%) patients had surgery alone, 572 (30.90%) patients either had no treatment or no observation, 216 patients received some form of single-modality therapy and 286 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	777	41.98%
NONE	572	30.90%
CHEM	108	5.83%
RAD	71	3.84%
SURG/CHEM	58	3.13%
CHEM/RAD	51	2.76%
HORM	30	1.62%
SURG/HORM	29	1.57%
RAD/HORM	27	1.46%
SURG/RAD/HORM	23	1.24%
SURG/RAD	17	0.92%
SURG/CHEM/RAD	16	0.86%
CHEM/IMMU	15	0.81%
CHEM/HORM/IMMU	9	0.49%
SURG/CHEM/RAD/HORM	8	0.43%
SURG/CHEM/HORM	8	0.43%
IMMU	6	0.32%
SURG/IMMU	6	0.32%
SURG/CHEM/IMMU	5	0.27%
RAD/IMMU	2	0.11%
CHEM/HORM	2	0.11%
SURG/CHEM/HORM/IMMU	2	0.11%
CHEM/RAD/HORM	2	0.11%
HORM/IMMU	2	0.11%
SURG/CHEM/RAD/IMMU	1	0.05%
CHEM/RAD/IMMU	1	0.05%
OTH	1	0.05%
SURG/HORM/IMMU	1	0.05%
HORM/IMMU/TRAN	1	0.05%
TOTAL CASES:	1,851	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	1850	1850	0	918	932	127	470	295	194	279	235	250
ORAL CAVITY	33	33	0	18	15	0	0	2	5	9	12	5
LIP	1	1	0	0	1	0	0	0	0	0	1	0
TONGUE	7	7	0	5	2	0	0	1	1	3	2	0
OROPHARYNX	1	1	0	0	1	0	0	0	0	0	1	0
HYPOPHARYNX	1	1	0	1	0	0	0	0	0	0	1	0
OTHER	23	23	0	12	11	0	0	1	4	6	7	5
DIGESTIVE SYSTEM	323	323	0	194	129	41	67	51	46	70	37	11
ESOPHAGUS	17	17	0	13	4	0	2	2	6	4	3	0
STOMACH	23	23	0	14	9	1	3	2	6	6	5	0
COLON	122	122	0	71	51	31	24	22	18	19	8	0
RECTUM	28	28	0	18	10	3	7	2	3	6	7	0
ANUS/ANAL CANAL	9	9	0	4	5	1	2	2	0	2	2	0
LIVER	37	37	0	26	11	0	12	6	2	3	6	8
PANCREAS	53	53	0	24	29	2	12	11	2	25	1	0
OTHER	34	34	0	24	10	3	5	4	9	5	5	3
RESPIRATORY SYSTEM	280	280	0	165	115	0	71	33	49	105	22	0
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	18	18	0	16	2	0	1	5	4	1	7	0
OTHER	1	1	0	1	0	0	0	0	0	1	0	0
LUNG/BRONCHUS - SM CELL	41	41	0	19	22	0	2	2	10	24	3	0
LUNG/BRONC-NON SM CELL	206	206	0	123	83	0	67	24	34	71	10	0
OTHER BRONCHUS & LUNG	14	14	0	6	8	0	1	2	1	8	2	0
BLOOD & BONE MARROW	96	96	0	43	53	0	0	1	1	0	1	93
LEUKEMIA	47	47	0	23	24	0	0	1	1	0	1	44
MULTIPLE MYELOMA	22	22	0	7	15	0	0	0	0	0	0	22
OTHER	27	27	0	13	14	0	0	0	0	0	0	27
BONE	3	3	0	2	1	0	0	0	1	0	1	1
CONNECT/SOFT TISSUE	6	6	0	5	1	0	0	0	0	2	4	0
SKIN	102	102	0	66	36	16	41	25	2	4	13	1
MELANOMA	95	95	0	59	36	16	39	23	1	4	12	0
OTHER	7	7	0	7	0	0	2	2	1	0	1	1
BREAST	219	219	0	2	217	29	102	49	15	13	11	0
FEMALE GENITAL	158	158	0	0	158	2	73	7	25	23	27	1
CERVIX UTERI	18	18	0	0	18	0	7	2	5	4	0	0

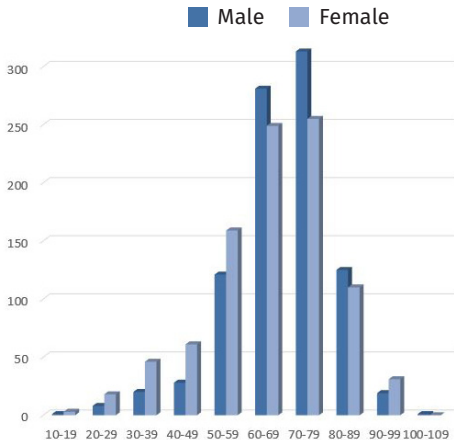
CORPUS UTERI	101	101	0	0	101	0	57	4	9	9	21	1
OVARY	27	27	0	0	27	0	4	1	8	9	5	0
VULVA	7	7	0	0	7	0	4	0	2	1	0	0
OTHER	5	5	0	0	5	2	1	0	1	0	1	0
MALE GENITAL	195	195	0	195	0	0	44	99	14	18	20	0
PROSTATE	184	184	0	184	0	0	44	99	12	18	11	0
TESTIS	8	8	0	8	0	0	0	0	2	0	6	0
OTHER	3	3	0	3	0	0	0	0	0	0	3	0
URINARY SYSTEM	168	168	0	118	50	39	36	17	15	12	49	0
BLADDER	93	93	0	69	24	36	16	15	4	5	17	0
KIDNEY/RENAL	71	71	0	46	25	2	20	2	11	5	31	0
OTHER	4	4	0	3	1	1	0	0	0	2	1	0
BRAIN & CNS	91	91	0	32	59	0	0	0	0	0	0	91
BRAIN (BENIGN)	7	7	0	3	4	0	0	0	0	0	0	7
BRAIN (MALIGNANT)	21	21	0	14	7	0	0	0	0	0	0	21
OTHER	63	63	0	15	48	0	0	0	0	0	0	63
ENDOCRINE	71	71	0	27	44	0	21	2	3	4	20	21
THYROID	50	50	0	18	32	0	21	2	3	4	20	0
OTHER	21	21	0	9	12	0	0	0	0	0	0	21
LYMPHATIC SYSTEM	69	69	0	32	37	0	14	9	15	17	12	2
HODGKIN'S DISEASE	7	7	0	1	6	0	2	2	1	1	1	0
NON-HODGKIN'S	62	62	0	31	31	0	12	7	14	16	11	2
UNKNOWN PRIMARY	23	23	0	16	7	0	0	0	0	0	1	22
OTHER/ILL-DEFINED	13	13	0	3	10	0	1	0	3	2	5	2

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
10-19	1	3
20-29	8	18
30-39	20	46
40-49	28	61
50-59	121	159
60-69	281	249
70-79	313	255
80-89	125	110
90-99	19	31
100-109	1	0
Totals:	917	932



HISTOLOGY

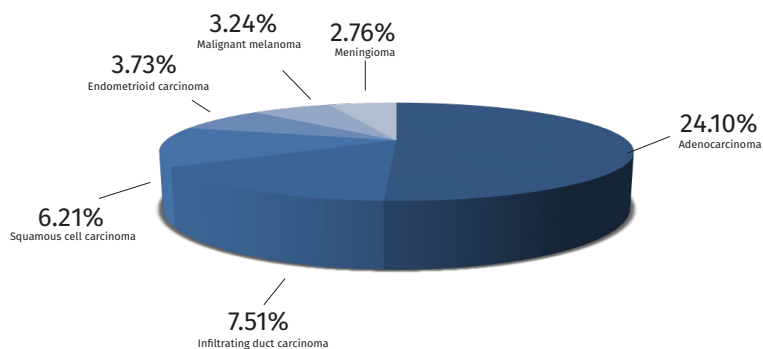
The majority of cancers that were diagnosed here were adenocarcinoma (24.10%). A breakdown of the top 10 tumor histologies is displayed below:

Top 10 Histologies at LRHHCC

HISTOLOGY	NUMBER OF CASES	PERCENT
Adenocarcinoma	446	24.10%
Infiltrating duct carcinoma	139	7.51%
Squamous cell carcinoma	115	6.21%
Endometrioid carcinoma	69	3.73%
Malignant melanoma	60	3.24%
Meningioma	51	2.76%
Clear cell adenocarcinoma	42	2.27%
Papillary adenocarcinoma	41	2.22%
Papillary transitional cell carcinoma	41	2.22%
Carcinoma	34	1.84%
All others	13	43.92%

Histology Distribution

- Adenocarcinoma
- Infiltrating duct carcinoma
- Squamous cell carcinoma
- Endometrioid carcinoma
- Malignant melanoma NOS
- Meningioma



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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