



Accredited with Commendation

Focus on Oncotype
Performance Improvement
2014 Data

CANCER PROGRAM

annual report 2015



TALLAHASSEE
MEMORIAL
HEALTHCARE



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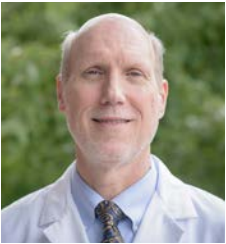
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Comprehensive Care

TIM BROESEKER, MD : MEDICAL ONCOLOGIST

On behalf of the multidisciplinary Cancer Committee at the Tallahassee Memorial Cancer Center, we are pleased to present the 2015 Annual Report. This report reflects incidence, data and goals for the 2014 calendar year.

Our comprehensive cancer program provides a network of oncology services and equipment specializing in the prevention, diagnosis, treatment and management of patients with cancer. Additional services include community screenings, support groups and education. It also bears the distinction of being the longest continually accredited cancer program in the State of Florida, by the American College of Surgeons, Commission on Cancer. Tallahassee Memorial Cancer Center, due to its commitment of providing outstanding care, was awarded the "Accreditation with Commendation" on its voluntary four previous accreditation surveys. To maintain accreditation, the center must continue to meet the rigorous standards of the Commission on Cancer annually, which in turn will ensure quality patient care, closer to home.

Our program is governed by a multidisciplinary Cancer Committee which includes: radiation and medical oncologists, surgeons, pathologists, diagnostic radiologists, cancer center and radiology directors, the Chief Quality Officer, members of administration, including nursing and public relations/marketing, psychiatry, pharmacy, an oncology nurse manager, pain management nurse, chaplain, social worker, cancer data specialists, quality coordinators, physical and occupation therapists, hospice staff, an American Cancer Society representative and other support

personnel who work diligently to coordinate the best cancer treatment options available.

In 2014 alone, a total of 1,395 new analytic cancer cases were added to the Tallahassee Memorial Cancer Center's registry. The registry, which collects research data on patients to ultimately improve patient outcomes, monitors cancer type, stage of disease, first course of treatment and offers lifelong patient follow-up. Non-analytic cases are not required by the Commission on Cancer to be abstracted and are excluded from survival analysis.

In this report, you will find program highlights, components and activities, including a patient outcomes report utilizing registry data. Congratulations to all those involved in our program for another job well done. Through these cooperative efforts, the Tallahassee Memorial Cancer Center remains successful.



Year in Review

IMAN IMANIRAD, MD : MEDICAL ONCOLOGIST

We've long been the Big Bend's leader in cancer care. Tallahassee Memorial Cancer Center was accredited by the American College of Surgeons Commission on Cancer (CoC) in 1951, making us the longest continuously accredited Comprehensive Community Cancer Center in Florida. I am pleased to report that during our last inspection survey in September 2015 we maintained our CoC accreditation through the next three years.

Tallahassee Memorial Cancer Center is committed to quality cancer care, which is why we also participate in the Rapid Quality Reporting System (RQRS). RQRS is a reporting and quality tool used by CoC facilities to provide real time assessment of the programs' adherence to National Quality Forum endorsed quality of cancer measures for various types of cancers. This helps to ensure that the proper treatment guidelines are followed and that patients receive their cancer treatment in an evidence based manner. TMH did receive commendation from the CoC for their involvement in the RQRS during our 2015 survey.

We also continue to have a successful partnership with the American Cancer Society (ACS). ACS and TMH share a commitment to improving the quality of cancer care. This commitment led to the development of a Collaborative Action Plan which details activities that are meant to increase community awareness of the importance of cancer prevention and early detection through participation in prevention and screening programs. ACS helps to promote screening and/or preventive programs TMH offers through their website and resource database. Currently, TMH and ACS are working together to promote the 80% by 2018 initiative. The goal is to increase colonoscopy screening rates to 80% by 2018 preventing approximately 277,000 new cases of colon cancer and 203,000 deaths within the next 20 years.

CANCER CENTER

The Tallahassee Memorial Cancer Center is a 52,412 square-foot LEED (Leadership in Energy and Environmental Design) certified facility that opened in 2011 for outpatient cancer care.



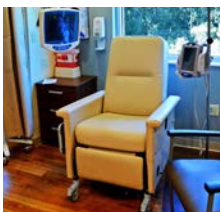
HEALING GARDEN

Outside the center, patients and guests can enjoy the Healing Garden. The garden features offers ambling paths, outdoor seating and soothing water to provide a peaceful healing retreat for patients and families.



INFUSION BAY

The Outpatient Infusion Center cares for many conditions including but not limited to the treatment of cancer.



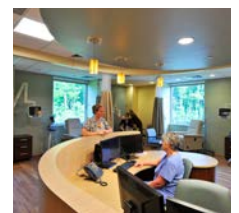
NOVALIS TX

The Tallahassee Memorial Cancer Center is home to the region's most advanced radiosurgery system - the Novalis Tx. It treats cancerous and non-cancerous conditions of the entire body through precision delivery of high dose radiation.



NURSING STATION

The Tallahassee Memorial Cancer Center is led by an expert team of board certified oncologists and nurses to help guide patients during their treatment.





Caring for our Community

Tallahassee Memorial HealthCare is leading our community to be the healthiest in the nation. At the Tallahassee Memorial Cancer Center, we're living this vision by delivering the most powerful treatment options including hematology/oncology, radiation oncology, surgical oncology and now gynecologic oncology — all under one roof.

Accredited since 1951 by the American College of Surgeon's Commission on Cancer, the Tallahassee Memorial Cancer Center is the longest continuously accredited comprehensive community hospital cancer program in the State of Florida.

With administrative and clinical leadership providing exceptional care to a vast community, spanning 17 counties in North Florida and South Georgia, we're working to transform care, advance health and improve lives.

Accomplishments

Since opening in 2011, a few of Tallahassee Memorial Cancer Center's many accomplishments include:

- 1 Completed design, construction and opening of the second floor, which included the Tallahassee Memorial Physician Partners Cancer & Hematology Specialists clinic, lab, pharmacy and 30-chair infusion suite.
- 2 Recruited six medical oncologists, one hematologist and two nurse practitioners.
- 3 Helped recruit a certified genetics counselor to Tallahassee Memorial HealthCare.
- 4 Grew our new cancer case volume by 50%.
- 5 Doubled infusion volumes.
- 6 Partnered with Leon High School to raise \$100,000 to support cancer services.
- 7 Became affiliated with UF Health in 2012 to expand patient access to clinical research and trials.
- 8 Became the first nationally Accredited Program for Breast Centers in Tallahassee, Florida for the Sharon Ewing Walker Breast Health Center in 2012 and have since been reaccredited in 2015.
- 9 Designated as the first American College of Radiology Breast Center of Excellence in Tallahassee, Florida for the Sharon Ewing Walker Breast Health Center in 2012.
- 10 Completed two Commission on Cancer reaccreditation surveys in 2012 and 2015.
- 11 Recruited and started the Big Bend Region's only gynecologic oncology program.
- 12 Became part of the OneFlorida Clinical Research Consortium.

Cancer Program Highlights

Tallahassee Memorial Physician Partners, Radiation Oncology Specialists

Tallahassee Memorial Physician Partners, Radiation Oncology Specialists provides state-of-the-art care for patients needing radiotherapy. Patient evaluation, planning, treatment, education and follow-up care are available for inpatients and outpatients 24 hours a day. The Tallahassee Memorial Cancer Center houses three linear accelerators, a superficial treatment unit, a computed tomography simulator and a remote radioactive after loader for placement of internal radioactive sources. The Center provides external beam radiation oncology to include Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT) with rapid arc treatment techniques, prostate seed implants, superficial skin lesion treatment, partial breast irradiation, stereotactic radiosurgery, stereotactic body radiotherapy, high dose rate brachytherapy and eye plaque brachytherapy. The department is staffed by board certified radiation oncologists, medical physicists, dosimetrists, registered nurses, radiation therapists, medical assistants and business staff.

Tallahassee Memorial Physician Partners, Cancer & Hematology Specialists

Tallahassee Memorial Physician Partners, Cancer & Hematology Specialists is a practice specializing in the care of patients with cancer and blood diseases. The team's mission is to provide comprehensive compassionate, state-of-the-art care while emphasizing clear communication, patient education and clinical research. The physicians are committed to improving the diagnosis and treatment of patients and determining if chemotherapy, immunotherapy or

hormonal therapy is appropriate for these patients. In 2015, the medical oncologists worked with the hospital and implemented new standardized chemotherapy order sets.

Outpatient Infusion Center

The Outpatient Infusion Center, located at the Tallahassee Memorial Cancer Center, is a 30-chair suite dedicated to providing infusions and other treatment options for cancer, hematology and other patients. All of the registered nurses on the oncology unit are certified through the Oncology Nursing Society (ONS) as chemotherapy and biotherapy providers. The ONS standards are followed as part of patient safety initiatives, which is a priority nursing value.

Angie Deeb Cancer Inpatient Unit

The Angie Deeb Oncology Inpatient Unit is a 28-bed inpatient oncology medical surgical unit located in the main hospital. Staffed by nurses and other healthcare professionals, the unit is designed to care, comfort and educate today's cancer patient and their family. This includes, but is not limited to, integrated services in the areas of nutrition, social services, breast and lung cancer navigators and pharmacy services.

Laboratory Services

Accredited by the College of American Pathologists (CAP), the laboratory department takes pride in the staff's attentiveness to quality issues, timeliness and cost effectiveness when meeting the needs of both the patient and the patient's physician. As the department grows, the lab will be adding more testing capabilities for faster service and analysis of specimens.

Genetic Counseling

The Tallahassee Memorial Cancer Center offers genetic counseling as part of our full range of programs and services available to the community. Provided by a board certified genetic counselor and geneticist, this specialized service includes a review of personal and family history of cancer and can help identify individuals who may be at increased risk for future cancers because of familial or hereditary factors. Through the use of easily understandable and clinically relevant information, the genetic counseling program seeks to clarify for patients which instances of cancer are likely related to inherited genetic factors and which instances may be explained by other factors, such as lifestyle, environment or simply chance. Although cancer in its various forms is not uncommon within our population, most cancers are not hereditary.

Social Work

The social work department evaluates and addresses the psychosocial needs of oncology patients and their families in order to create optimal outcomes by managing the complex psychosocial and economic co-morbidities. The social workers establish, assess and reassess plans and goals based on medical and psychosocial needs and changes experienced by the patient and their family. They also engage the patient and their family in the treatment and decision-making process with respect to patient rights, principles of confidentiality, respect for privacy and right to self-determination.

Pharmacy and Oncology Pharmacists

The oncology pharmacy team is responsible for all patient medication needs at the Cancer Center. This includes the review, calculation, preparation and delivery of all chemotherapy, in addition to the storage, preparation and record keeping for all oncology investigational drugs. The Pharmacy also reviews all other patient medications, checking for interactions, duplications, appropriate use and is available for questions by physicians, nurses or patients on medication use.

Also providing services to the Angie Deeb Cancer Care Unit and Outpatient Infusion Center, the department offers a total parenteral nutrition and anticoagulation dosing service, as well as an antibiotic surveillance program. The pharmacists are also available for patient counseling on medications and serve as drug information resources for physicians and nurses. The oncology pharmacists help provide a coordinated interdisciplinary approach to oncology patient care.

Clinical Research

As a research site for cancer patients, TMH has the exciting opportunity to offer eligible patients the option of participating in clinical trials through our affiliation with UF Health and membership in several oncology groups such as the National Research Group (NRG) and Clinical Trials Support Unit (CTSU). These protocols offer cancer patients the latest treatments usually offered only in a tertiary care centers. Under the direction of Karen Russell, MD, FACP, hematologist and oncologist, physicians may place their patients on protocol studies. An active protocol list is available by contacting the Research Department at 431-5566 or reviewing the web link found at TMH.ORG.

Sharon Ewing Walker Breast Health Center

Providing the services of a comprehensive breast health center such as digital mammography services, including screening and diagnostics, using SoftTouch® pads for enhanced comfort. This provides direct access to breast ultrasounds and, in conjunction with TMH and its medical staff, it also provides needle localization, ultrasound guided breast biopsy and stereotactic core breast biopsy.

Rehabilitation Services

TMH's comprehensive rehabilitation programs offer choices and convenience for patients needing physical, occupational and/or speech therapy services. TMH houses the only lymphedema program in the region, with a team of three Certified Lymphedema Therapists (CLT). Lymphedema can happen to anyone who has had surgery, radiation or injury to the lymph nodes. Tallahassee Memorial delivers a comprehensive, individualized program that includes education, prevention tips, multi-layered compression bandaging, manual lymph drainage, skin care, measurement for compression garment fitting and an individualized exercise program. Our team of speech therapists specialize in rehabilitation after head and neck cancer, including voice rehabilitation and swallowing therapy. There are also expanded services for the occupational health program, where we support patients needing physical therapy to assist in returning to work. The pelvic floor program is offered to provide resources for cancer patients experiencing urinary and fecal incontinence or dysfunction. This program serves prostate cancer, surgical and post-radiation patients who are experiencing urinary and bowel problems.

Spiritual Care

The Spiritual Care department provides spiritual and emotional support to patients, families and staff, 24-hours-a-day, seven-days-a-week. The department also participates in community events such as a Service of Remembrance for families and staff. Additionally, chaplains play an active role in multidisciplinary programs that focus on end of life issues through the Palliative Care Consultation Service, as well as the hospital's bereavement support activities. Spiritual care continues to build and maintain relationships with community clergy to assist with patients' special needs and better serve those whose congregants have cancer.

Palliative Care

The Palliative Care Consultation Service program is a specialized service that is available to in-patients with chronic life-limited illnesses, as well as their family members. Palliative Care Consultation Team (PCCT) works together with the patient's physicians, as well as other established providers and disciplines to help ensure that patients and their loved ones achieve the best quality of life for as long as possible by caring for physical, psychosocial, emotional, and spiritual needs. There were 454 patients were seen in 2015; with approximately 21% of those patients having a primary cancer diagnosis. Palliative care consultations are available from 8:00 a.m. to 5:00 p.m., Monday-Friday (excluding holidays).

Patient Navigation

The navigator services at One Healing Place are designed to provide the patient with a trusted professional resource from pre-diagnosis to returning to a life after cancer. After assessing the barriers to treatment, the navigation team works together in a timely manner to intervene with resources and support.

With the cooperation of physicians' offices, the navigator can significantly decrease the amount of time it takes to diagnose and initiate treatment, time that is certainly of utmost importance to the patient. The goal is for the patient to be better equipped to handle what may lie ahead. The navigator provides general information in the One Notebook, which includes booklets for disease specific diseases and treatment and information regarding the emotional impact of a cancer diagnosis. In addition they provide assistance with coordinating concurrent treatment, interfacing with other treatment centers, facilitate financial resources, and providing

education. All Navigator Services are free to patients and only a phone call away at (850) 431-ICAN (4226).

Dietitians

All new patients being treated in outpatient chemotherapy and radiation oncology practice are screened for nutritional risk at the start of their treatment. They are followed by our two registered dietitians to provide medical nutritional therapy through the course of treatment and during follow up. Advertising of nutritional services takes place throughout the Center to help make patients aware of nutritional services offered, and patients can be seen at any time if they request. Also, physicians and nursing staff can directly consult the dietitians to provided nutritional care. Registered dietitians are also available to our physicians and patients in the oncology clinic. Our 2 full time registered dietitians see approximately 450 patient visits per month and provide medical nutrition therapy.

Cancer Conferences

Cancer conferences are a key component to the multidisciplinary approach of a Commission on Cancer accredited cancer program. Cancer conferences bring physicians of multiple disciplines (surgery, medical oncology, radiation oncology, pathology and radiology) into one room to discuss recently diagnosed cases, difficult cases and cases of interest. This approach enables the treating physician to discuss patient care with a broad spectrum of specialties. Discussions include patient medical history, diagnostic testing, surgical procedures, stage of disease at diagnosis, treatment options including palliative care, pain management and survival outcomes. Cancer conferences are also used to educate physicians in new techniques, tools and technology in the field of cancer diagnosis and treatment. Cancer conferences are certified for FMA for Category 1 CME Credit. Multidisciplinary General Cancer Conferences and Breast Cancer Conferences are held weekly. We also offer additional specialty conferences, Chest Conferences are held monthly and Brain Conferences are held bi-monthly. Conferences are open to all TMH medical staff for case presentation and review. Ancillary and other professional support are there for diagnosis and treatment planning discussion.

Cancer Registry

The primary purpose of the registry is to maintain and manage an up-to-date computerized data base of information on all cancer cases diagnosed and/or treated at TMH. This accumulated information provides data for Florida Cancer Data Systems and the National Cancer Data Base as well as for local research initiatives by staff and research affiliates such as FSU Schools of Medicine and Nursing. An important task performed by registry staff is sending out follow up letters to patients, secondary contacts and/or their following physicians. Follow-up can promote optimal patient care and provide a valuable record of patient outcomes. The primary purposes of follow-up are to ensure continued medical surveillance to determine outcomes of the treatment, and to monitor the health status of the population under investigation. Follow-up information provides the documentation of residual disease or its spread, recurrences or additional malignancies. Subsequent treatments should be included in the patient hospital database. The registry also coordinates the multidisciplinary, patient oriented cancer conferences which allow immediate information exchange for newly diagnosed patients and their attending physicians. Additionally, the registry facilitates the accreditation process with the Cancer Committee and the American College of Surgeon's Commission on Cancer.

Music Therapy and Arts in Medicine

Music therapy is a research-based health profession in which musical activities are designed to address physical, emotional, cognitive and social goals of patients of all ages and abilities. Goals and objectives may include pain and anxiety management, relaxation, enhanced coping skills, and rehabilitation of physical and cognitive abilities. Music therapy services are provided at TMH by board certified music therapists and interns and are available by referral from any medical staff member. An active program for use of the arts in medicine is also provided.

Community Outreach and Education and Support Groups

The Cancer Committee continues to promote cancer awareness for the community. Through many collaborative hours of dedication by TMH colleagues, medical staff, the American Cancer Society and numerous other community agencies and volunteers, the following events were offered to the community as prevention programs, screenings or support programs: I Can Cope, Look Good-Feel Better, colorectal screening, community breast health conferences, community colorectal cancer educational conferences, lung cancer awareness, Shine a Light on Lung Cancer, as well as participation in regional Relay for Life and Making Strides Against Breast Cancer events. These are only a partial listing of the many events and outreaches made to the community by TMH physicians and staff. The Committee would like to thank those who tirelessly gave of their time and resources to make these efforts possible.

Continual cancer screenings for breast and colorectal cancer are offered at the in-house endoscopy unit and the National Accreditation Program for Breast Centers accredited Sharon Ewing Walker Breast Health Center, where over 3,200 combined colonoscopies and mammograms were performed.

In 2015, TMH hosted a head and neck screening, collaborating with the Head and Neck Cancer Alliance & Tallahassee Ear, Nose, & Throat. 50 individuals registered for the screening, with nine individuals being referred for intermediate findings and one referred for a suspicious finding.

Also in response to the Community Needs Assessment, the Tallahassee Memorial Cancer Center provides year round classes to “Quit Smoking Now.” This free, six hour course, under the direction of the Area Health Education Center (AHEC), provides counseling, carbon monoxide monitoring and free nicotine replacement therapy. TMH participated in National Smoke-Out day at multiple community sites, with smoking cessation counseling, information about lung cancer screening with low dose CT lung scans and free nicotine replacement therapy.

Community Events & Activities

Painting Pink Art Exhibition
Reach to Recovery Food Truck Event
FSU - Paint It Pink Soccer
Miracle Hill Presentation
Go Pink 5K
FSU - Paint It Pink Volleyball
Chrome Divas - Fundraiser
Making Strides Against Breast Cancer
Breaststroke 4 Hope
Florida Department of Agriculture Wellness Fair
Agency For Health Care Administration - Breast Cancer Presentation
FAMU Health & Safety Day
City of Tallahassee Benefits & Wellness Event
FSU - Paint It Pink Swimming/Diving
TMH For Life Challenge
Baby Fair
Florida State Hospital Health Fair
Relay For Life of North Leon
Relay For Life of Leon/Havana
Relay For Life of Calhoun/Liberty
Relay For Life of Wakulla
Ride For Hope
Lunch and Learn with Highway Safety on Breast Cancer
Senior Active Living Expo
Head and Neck Screening at the Cancer Center
Active Aging Expo at Westminster Oaks
FSU Paint it Pink Press Conference
Rock it Pink Lip Sync

Quality and Performance Improvement

Performance Improvement at the Cancer Center identifies opportunities for improvement in our processes, outcomes and patient/family experience. The improvement advisors assist the staff and physicians with benchmarking, tests of change and deployment and also spread of changes that make a difference in outcomes and satisfaction.

Study of Quality

1. Restructuring the communication pathways at the TMH Cancer Center. A student team from the Florida Agricultural and Mechanical University and Florida State University School of Engineering worked with the Cancer Center to review and address issues with communication between radiation oncology and the infusion center. Specific recommendations related to the future implementation of an Electronic Medical Record (EMR) including the use of scheduling templates to ensure smooth treatment transitions for patients receiving both radiation and chemotherapy, will be incorporated in the design.
2. Appropriate and Timely Lymphedema Screening for Breast Cancer Patients. It was determined by the Cancer Committee and the (CLT) Certified Lymphedema Therapists that in order to address the lack of pre-treatment screenings and the amount of time necessary to complete measures, to move forward with the purchase of three Impedimed L-Dex U400 devices. The L-Dex device has been FDA-cleared for aiding clinicians in the assessment of lymphedema in arms and legs for women and legs only for men (Impedimed, 2016). The L-Dex device can also be used by others within the cancer program, in addition to the CLTs, to take pre-treatment measurements

Quality Improvements

1. Lymphedema education classes for breast cancer patients.
2. Development of survivorship care plans for breast and lung cancer patients.

Cancer Registry

The Cancer Registry at Tallahassee Memorial has been collecting research data on cancer patients since 1948. The primary purpose of the registry is to maintain and manage an up-to-date computerized data base of information on all cancer cases diagnosed and/or treated at TMH and facilitate accreditation by the American College of Surgeon's Commission on Cancer (CoC) and the National Accreditation Program for Breast Centers (NAPBC). This accumulated information provides outcome data for the National Cancer Data Base and the Florida Cancer Data Systems as well as for local research initiatives by physicians, TMH staff and research affiliates such as Florida State University School of Medicine and Nursing and Florida Agricultural and Mechanical University School of Pharmacy and Allied Health.

Registry Data Activity

The registrar provides data reports for the cancer conferences, administrative planning and cancer committee. This data is used by physicians and colleagues to evaluate clinical outcomes, needs assessment for future staffing and equipment, develop therapeutic protocols for treatment, clinical trials feasibility and quality assurance studies.

Follow-Up Rate

Follow-up is important for tracking of vital status and cancer status. The registry maintains lifetime follow-up on all analytic patients entered into the database. This includes tracking and updating any additional treatments received, monitoring current cancer status and documenting last date of contact with the patient. The registry maintains an average follow-up rate of 90% for patients diagnosed in the last five years and 88% overall follow-up from January 1, 1995.

Cancer Conference Activity

Cancer conferences provide our specialists with a forum to collaboratively discuss the clinical stage of the disease and the different treatment options mandated by national guidelines on an individual patient in order to provide excellence in patient care.

Cancer Center breast and general cancer conferences are held weekly, with additional chest and brain tumor conferences held at least monthly. The cancer registrar coordinates the meetings, gathers the information required for discussion; including medical history, pertinent pathology and radiology material for review. Multi-disciplinary cancer conferences are attended by surgeons, medical oncologists, radiation oncologists,

pathologists and radiologists. Both prospective and retrospective cases are discussed.

In 2015, a total of 286 cases were presented during 110 combined breast, general, chest and brain tumor conference. This represents 15% of the Cancer Centers average analytic caseload.

The following pages indicate a numeric and graphic display of the Tallahassee Memorial cancer experience and also comparison to state and national experience. The registry gratefully wishes to thank the physicians, staff and volunteers for their effort and cooperation in helping maintain current information in our database by providing accurate follow up.

(Table 1) Cancer Incidence of Occurrence

Table 1 shows the incidence of occurrence of all cancers diagnosed and/or treated at TMH according to site, sex, and stage at diagnosis.

2014 Cancer Data

Summary by Body System, Sex, Class, Status and Best AJCC Stage Report, Year 2014.

Primary Site	Total (%)	Sex		Class of Case				Stage Distribution - Analytic Cases Only							
		M	F	Analy	NA	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk	Blank/Inv
ORAL CAVITY & PHARYNX	79 (1.4%)	57	22	35	44	58	21	1	7	3	4	16	0	3	1
Lip	2 (0.0%)	1	1	0	2	1	1	0	0	0	0	0	0	0	0
Tongue	19 (0.3%)	12	7	10	9	15	4	0	3	1	0	4	0	1	1
Salivary Glands	5 (0.1%)	3	2	4	1	3	2	0	0	0	1	2	0	1	0
Floor of Mouth	2 (0.0%)	2	0	1	1	2	0	0	0	0	0	1	0	0	0
Gum & Other Mouth	23 (0.4%)	16	7	3	20	15	8	0	1	0	1	0	0	1	0
Nasopharynx	4 (0.1%)	2	2	3	1	3	1	1	0	1	0	1	0	0	0
Tonsil	10 (0.2%)	9	1	10	0	10	0	0	1	1	2	6	0	0	0
Oropharynx	6 (0.1%)	5	1	3	3	5	1	0	1	0	0	2	0	0	0
Hypopharynx	2 (0.0%)	2	0	1	1	1	1	0	1	0	0	0	0	0	0
Other Oral Cavity & Pharynx	6 (0.1%)	5	1	0	6	3	3	0	0	0	0	0	0	0	0
DIGESTIVE SYSTEM	1,003 (18.4%)	507	496	233	770	853	150	3	38	45	59	69	4	13	2
Esophagus	38 (0.7%)	31	7	18	20	21	17	0	2	4	4	6	0	2	0
Stomach	46 (0.8%)	27	19	21	25	37	9	0	4	4	4	8	0	1	0
Small Intestine	8 (0.1%)	5	3	7	1	7	1	0	2	0	3	1	0	0	1
Colon Excluding Rectum	688 (12.6%)	334	354	82	606	648	40	2	16	16	23	19	1	4	1
Cecum	24	15	9	21	3	20	4	0	6	2	6	6	0	0	1
Appendix	9	5	4	7	2	7	2	0	1	2	0	2	0	2	0
Ascending Colon	18	9	9	16	2	18	0	1	3	6	3	3	0	0	0
Hepatic Flexure	5	2	3	5	0	4	1	0	2	1	0	2	0	0	0
Transverse Colon	7	4	3	5	2	4	3	0	0	0	3	2	0	0	0
Splenic Flexure	4	3	1	2	2	2	2	0	1	0	0	1	0	0	0
Descending Colon	5	3	2	4	1	5	0	0	2	0	2	0	0	0	0
Sigmoid Colon	18	11	7	10	8	17	1	1	0	4	3	1	0	1	0
Large Intestine, NOS	598	282	316	12	586	571	27	0	1	1	6	2	1	1	0
Rectum & Rectosigmoid	53 (1.0%)	30	23	28	25	42	11	0	7	4	12	3	0	2	0
Rectosigmoid Junction	15	6	9	7	8	12	3	0	1	1	5	0	0	0	0
Rectum	38	24	14	21	17	30	8	0	6	3	7	3	0	2	0
Anus, Anal Canal & Anorectum	9 (0.2%)	3	6	2	7	7	2	1	0	0	1	0	0	0	0
Liver & Intrahepatic Bile Duct	42 (0.8%)	23	19	17	25	17	25	0	2	3	3	6	2	1	0
Liver	38	22	16	15	23	14	24	0	2	2	3	5	2	1	0
Intrahepatic Bile Duct	4	1	3	2	2	3	1	0	0	1	0	1	0	0	0
Gallbladder	1 (0.0%)	1	0	0	1	0	1	0	0	0	0	0	0	0	0
Other Biliary	13 (0.2%)	6	7	8	5	9	4	0	2	2	0	2	1	1	0
Pancreas	71 (1.3%)	36	35	46	25	35	36	0	2	12	6	24	0	2	0
Retropertitoneum	2 (0.0%)	1	1	2	0	2	0	0	1	0	1	0	0	0	0
Peritoneum, Omentum & Mesenter	6 (0.1%)	0	6	2	4	4	2	0	0	0	2	0	0	0	0
Other Digestive Organs	26 (0.5%)	10	16	0	26	24	2	0	0	0	0	0	0	0	0

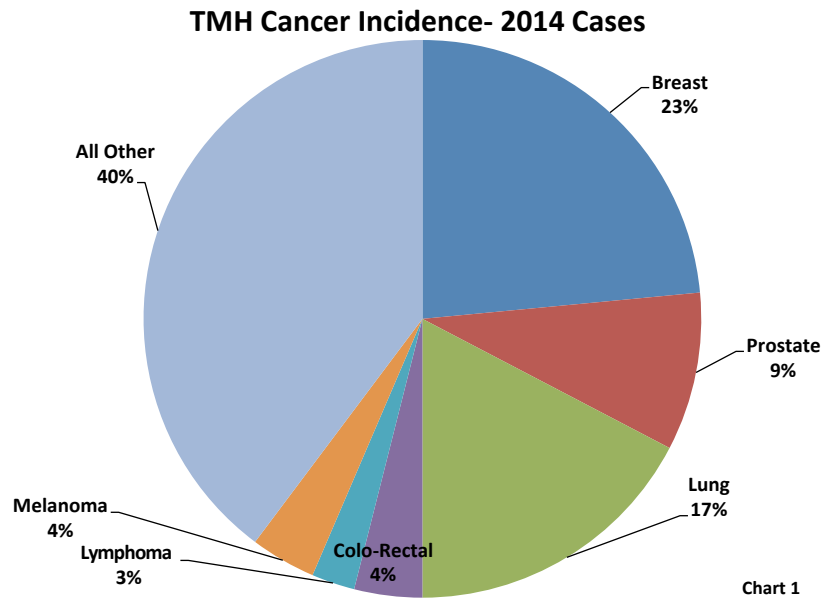
Primary Site	Total (%)	Sex		Class of Case			Exp	Stage Distribution - Analytic Cases Only					88	Unk	Blank/Inv
		M	F	Analy	NA	Alive		Stg 0	Stg I	Stg II	Stg III	Stg IV			
RESPIRATORY SYSTEM	378 (6.9%)	216	162	261	117	229	149	2	57	25	59	106	2	10	0
Larynx	26 (0.5%)	16	10	15	11	22	4	0	3	3	5	4	0	0	0
Lung & Bronchus	344 (6.3%)	198	146	244	100	204	140	2	54	22	54	102	0	10	0
Pleura	4 (0.1%)	2	2	2	2	0	4	0	0	0	0	0	2	0	0
Trachea, Mediastinum & Other Res	4 (0.1%)	0	4	0	4	3	1	0	0	0	0	0	0	0	0
BONES & JOINTS	24 (0.4%)	15	9	3	21	16	8	0	1	1	0	1	0	0	0
Bones & Joints	24 (0.4%)	15	9	3	21	16	8	0	1	1	0	1	0	0	0
SOFT TISSUE	16 (0.3%)	8	8	7	9	12	4	0	2	0	1	1	0	2	1
Soft Tissue (including Heart)	16 (0.3%)	8	8	7	9	12	4	0	2	0	1	1	0	2	1
SKIN EXCLUDING BASAL & SQU	1,016 (18.6%)	534	482	53	963	909	107	2	23	13	5	6	0	4	0
Melanoma -- Skin	63 (1.2%)	38	25	50	13	54	9	2	21	13	5	5	0	4	0
Other Non-Epithelial Skin	953 (17.5%)	496	457	3	950	855	98	0	2	0	0	1	0	0	0
BREAST	524 (9.6%)	6	518	348	176	500	24	84	140	65	35	14	0	10	0
Breast	524 (9.6%)	6	518	348	176	500	24	84	140	65	35	14	0	10	0
FEMALE GENITAL SYSTEM	291 (5.3%)	0	291	47	244	257	34	1	16	6	9	7	0	4	4
Cervix Uteri	99 (1.8%)	0	99	7	92	94	5	0	2	1	1	2	0	0	1
Corpus & Uterus, NOS	80 (1.5%)	0	80	24	56	63	17	0	12	4	2	4	0	2	0
Corpus Uteri	35	0	35	23	12	29	6	0	12	3	2	4	0	2	0
Uterus, NOS	45	0	45	1	44	34	11	0	0	1	0	0	0	0	0
Ovary	37 (0.7%)	0	37	12	25	34	3	0	2	1	6	0	0	2	1
Vagina	4 (0.1%)	0	4	1	3	3	1	0	0	0	0	1	0	0	0
Vulva	14 (0.3%)	0	14	3	11	13	1	1	0	0	0	0	0	0	2
Other Female Genital Organs	57 (1.0%)	0	57	0	57	50	7	0	0	0	0	0	0	0	0
MALE GENITAL SYSTEM	321 (5.9%)	321	0	139	182	293	28	0	18	80	19	8	0	14	0
Prostate	305 (5.6%)	305	0	135	170	280	25	0	17	80	18	8	0	12	0
Testis	10 (0.2%)	10	0	2	8	9	1	0	1	0	1	0	0	0	0
Penis	4 (0.1%)	4	0	2	2	2	2	0	0	0	0	0	0	2	0
Other Male Genital Organs	2 (0.0%)	2	0	0	2	2	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	214 (3.9%)	141	73	80	134	179	35	7	35	12	13	11	0	2	0
Urinary Bladder	83 (1.5%)	64	19	18	65	67	16	4	3	6	0	5	0	0	0
Kidney & Renal Pelvis	124 (2.3%)	72	52	59	65	106	18	1	32	6	12	6	0	2	0
Ureter	5 (0.1%)	3	2	3	2	4	1	2	0	0	1	0	0	0	0
Other Urinary Organs	2 (0.0%)	2	0	0	2	2	0	0	0	0	0	0	0	0	0
EYE & ORBIT	13 (0.2%)	7	6	8	5	12	1	0	2	4	1	0	1	0	0
Eye & Orbit	13 (0.2%)	7	6	8	5	12	1	0	2	4	1	0	1	0	0
BRAIN & OTHER NERVOUS SYS	111 (2.0%)	43	68	53	58	93	18	0	0	0	0	0	53	0	0
Brain	55 (1.0%)	24	31	26	29	42	13	0	0	0	0	0	26	0	0
Cranial Nerves Other Nervous Syst	56 (1.0%)	19	37	27	29	51	5	0	0	0	0	0	27	0	0
ENDOCRINE SYSTEM	78 (1.4%)	31	47	39	39	75	3	0	20	3	4	3	9	0	0
Thyroid	50 (0.9%)	14	36	30	20	47	3	0	20	3	4	3	0	0	0
Other Endocrine including Thymus	28 (0.5%)	17	11	9	19	28	0	0	0	0	0	0	9	0	0
LYMPHOMA	65 (1.2%)	35	30	55	10	49	16	0	10	9	6	15	0	15	0
Hodgkin Lymphoma	10 (0.2%)	4	6	10	0	9	1	0	0	4	2	2	0	2	0
Non-Hodgkin Lymphoma	55 (1.0%)	31	24	45	10	40	15	0	10	5	4	13	0	13	0
NHL - Nodal	45	27	18	36	9	33	12	0	7	4	4	9	0	12	0
NHL - Extranodal	10	4	6	9	1	7	3	0	3	1	0	4	0	1	0
MYELOMA	32 (0.6%)	15	17	19	13	23	9	0	0	0	0	0	18	0	1
Myeloma	32 (0.6%)	15	17	19	13	23	9	0	0	0	0	0	18	0	1
LEUKEMIA	30 (0.5%)	19	11	22	8	22	8	0	0	0	0	0	21	0	1
Lymphocytic Leukemia	11 (0.2%)	9	2	7	4	9	2	0	0	0	0	0	7	0	0
Acute Lymphocytic Leukemia	2	1	1	2	0	1	1	0	0	0	0	0	2	0	0
Chronic Lymphocytic Leukemia	8	8	0	4	4	7	1	0	0	0	0	0	4	0	0
Other Lymphocytic Leukemia	1	0	1	1	0	1	0	0	0	0	0	0	1	0	0
Myeloid & Monocytic Leukemia	15 (0.3%)	7	8	13	2	9	6	0	0	0	0	0	12	0	1
Acute Myeloid Leukemia	12	5	7	11	1	7	5	0	0	0	0	0	10	0	1
Chronic Myeloid Leukemia	3	2	1	2	1	2	1	0	0	0	0	0	2	0	0
Other Leukemia	4 (0.1%)	3	1	2	2	4	0	0	0	0	0	0	2	0	0
MESOTHELIOMA	2 (0.0%)	2	0	2	0	1	1	0	1	0	1	0	0	0	0
Mesothelioma	2 (0.0%)	2	0	2	0	1	1	0	1	0	1	0	0	0	0
KAPOSI SARCOMA	2 (0.0%)	2	0	1	1	2	0	0	0	0	0	0	1	0	0
Kaposi Sarcoma	2 (0.0%)	2	0	1	1	2	0	0	0	0	0	0	1	0	0
MISCELLANEOUS	1,256 (23.0%)	580	676	35	1,221	1,006	250	0	0	0	0	0	35	0	0
Miscellaneous	1,256 (23.0%)	580	676	35	1,221	1,006	250	0	0	0	0	0	35	0	0
INVALID	4 (0.1%)	1	3	0	4	4	0	0	0	0	0	0	0	0	0
INVALID	4 (0.1%)	1	3	0	4	4	0	0	0	0	0	0	0	0	0
Total	5,459	2,540	2,919	1,440	4,019	4,593	866	100	370	266	216	257	144	77	10

Exclusions: Not Male and Not Female

2014 Cancer Data

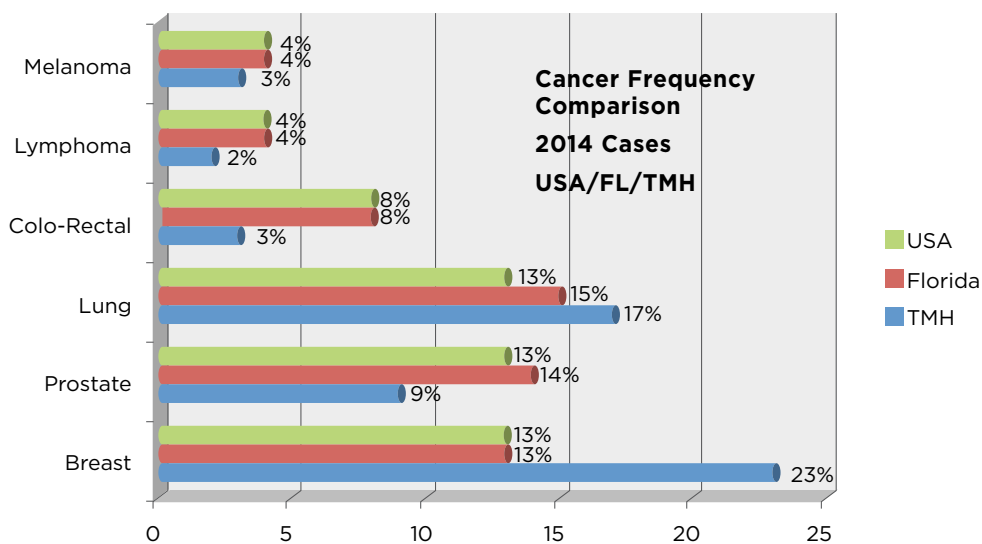
TMH Cancer Incidence - 2014 Cases (Chart 1)

Chart 1 displays the frequency of the top six 2014 analytic primary sites seen at Tallahassee Memorial. Breast cancer remains the leading site for females at TMH, representing 23% of cancer cases. Lung cancer holds the second highest cancer incidence at 17%.



TMH Cancer Frequency Comparison - 2014 Cases (Graph 1)

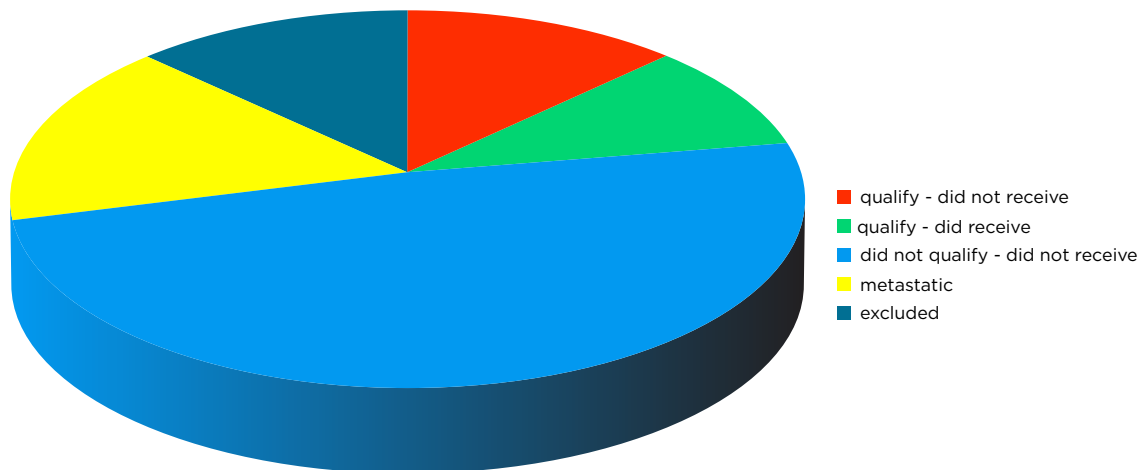
Graph 1 shows a comparison of TMH's 2014 cancer cases to state and national estimates. Figures are derived from the TMH Cancer Registry database, Florida Cancer Data System (FCDS), and the American Cancer Society's cancer facts and figures. TMH has a higher occurrence of breast and lung cancer when compared to state and national data. In response, TMH participates in several community outreach activities for breast cancer screening and lung cancer education.



Assessment and Evaluation of Treatment Planning - CoC Standard 4.6

- To assess whether the patients at the Tallahassee Memorial Cancer Center are evaluated and treated according to evidence based national treatment guidelines.
- Although not mandated by the guidelines, NCCN indicates that patient's with T2N+ Her2-neu+ breast cancer could receive neoadjuvant chemotherapy with the inclusion of pertuzumab.
- Pertuzumab was FDA-approved in 2013 to be used in neoadjuvant setting based on improvement in response rate.
- Although the use of pertuzumab in adjuvant setting is permitted by the guidelines, the lack of FDA-approval in this setting has limited insurance re-imburement.
- The use of pertuzumab in the metastatic setting has shown significant improvements in the outcomes and it is hoped that the similar results could be achieved in curative setting.
- Clinical trials with incorporation of adjuvant pertuzumab are underway.
- A review of 2014 eligible breast cancer patients with Her2+ cancer was performed by:
 - Iman Imanirad, MD, TMH Physician Partners, Cancer & Hematology Specialists
 - Kenneth Whithaus, MD, TMH Pathologist
- The goal of the review was to determine if eligible patients were able to receive the appropriate pre-operative treatment.
- 317 patients with breast cancer were diagnosed at TMH in 2014.
- 31 (10%) patients had Her2-enriched carcinoma:
 - 5 excluded due to the diagnosis of metastatic disease at presentation.
 - 4 patients excluded due to non-TMH Physician Partners doctors and other significant morbidities precluding any further treatments.
- 22 remaining patients:
 - 15 were not eligible for neoadjuvant treatment due to less than T2 and clinically/pathologically negative lymph node.
- 7 eligible patients:
 - 3 did receive neoadjuvant treatment.
 - 4 did not receive neoadjuvant treatment.

Her2 + distribution of patients total N=31



- Conclusions:
 - We're only providing neoadjuvant chemotherapy when needed.
- Caveats:
 - Small N.
 - Study population - shortly after approval of pertuzumab.
- Future Directions:
 - Consider the same study for 2015 cases.
 - Enhance referral to medical oncology.

CANCER PROGRAM
annual report **2015**

