



YOUR HOSPITAL FOR

Cancer



Focus on Oncotype Performance Improvement
2016 Data





CANCER PROGRAM 2017 ANNUAL REPORT

TABLE OF CONTENTS

<p>Cancer Committee Chair Report</p> <p>Cancer Liaison Physician Report</p> <p>Caring for Our Community</p> <p>Accomplishments</p> <p>Cancer Program Highlights</p> <p>Quality and Performance Improvement</p>	<p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>11</p>	<p>Cancer Committee – 2016 Members</p> <p>Committee Chair D.D. R. Bendre, MD; T. Broseker, MD</p> <p>ACOS Liaison I. Imanirad, MD</p> <p>Surgery R. Zorn, MD; W. Douglas, MD</p> <p>Radiation Oncology O. Marina, MD; R. Bendre, MD</p> <p>Diagnostic Radiology S. Ginaldi, MD; J. Killius, MD</p> <p>Pathology K. Whithaus, MD; J. Mahoney, MD</p> <p>Palliative Care J. Brian Sheedy, MD; K. Reid, ARNP</p> <p>Administration K. Brooks, RN, BSN</p> <p>Oncology Nursing D. Maguire, RN, BSN; J. Armstrong, RN</p> <p>Psychosocial Services Coordinator B. Smith, MSW; A. Koroshec, MSW</p> <p>Cancer Registry Quality Coordinator D. Nguyen, RHIA, CTR; S. Campbell, CTR</p> <p>Quality Improvement Coordinator P. Petersen, RN; K. Pietrodangelo, RN</p> <p>Clinical Research Coordinator T. Shannon, COA, CRC; B. Stith, RN</p> <p>Cancer Conference Coordinator S. Kondapalli; A. Brinson</p> <p>Community Outreach Coordinator R. Parrish, BS; D. Taylor, RN, OCN</p> <p>Program Contributors</p> <p>American Cancer Society J. Pait</p> <p>Public Relations J. Henker</p> <p>Patient Navigation B. Coston, RN</p> <p>Nutrition E. Anderson, PhD, RD, CSO; C. Boucher, MS, RD, CSO</p> <p>Rehabilitation K. Uanino, OT; P. Quinsey, PT; C. Letchworth, OT</p> <p>Pharmacy L. Akers, PharmD, CPh</p> <p>Radiology C. Winter, PhD; E. Davidson</p> <p>Respiratory C. Clark, BSRT; J. Hall</p> <p>Geneticist L. Martin, MD</p> <p>Genetic Counselor K. Farmer, MS, CGC</p> <p>Radiation Oncology L. Graves, M. Steck</p> <p>RQRS Coordinator S. Campbell, CTR</p> <p>Cancer Registry D. Nguyen, RHIA, CTR, Supervisor S. Campbell, CTR; E. Dixon; S. Kondapalli, BS; A. Brinson, BS</p>
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COMPREHENSIVE CARE

On behalf of the multidisciplinary Cancer Committee at the Tallahassee Memorial Cancer Center, we are pleased to present the 2017 Annual Report. This report reflects incidence, data and goals for the 2016 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. We are pleased to offer research protocols through a cooperative group affiliation with UF Health. 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 marketing and communications, psychiatry, pharmacy, an oncology nurse manager, pain management nurse, chaplain, social worker, cancer data specialists, quality coordinators, physical and occupation therapists, certified lymphedema therapists, nutritionists, hospice staff, an American Cancer Society representative and other support personnel who work diligently to coordinate the best cancer treatment options available.

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 in supporting our community.





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.



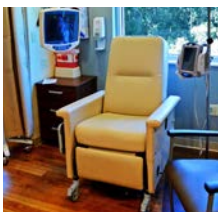
HEALING GARDEN

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.



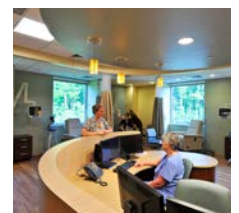
NOVALIS TX

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.





Pictured L-R:

Back Row: Arvind Bakhru, MD; Jeannine Silberman, MD; Philip Sharp, MD; Tim Broeseker, MD; Ovidiu Marina, MD; Jayan Nair, MD; Karen Russell, MD; Wade Douglas, MD

Front Row: Janice Lawson, MD; Margaret Ellison, MD; Iman Imanirad, MD; Amit Jain, MD; D.D. Raj Bendre, MD

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 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.



A Note From our Administrator

KATHY BROOKS, RN, BSN : SERVICE LINE ADMINISTRATOR,
ONCOLOGY

On behalf of the Tallahassee Memorial Cancer Center, we would like to thank you for your support as we serve our community. Our goal is to provide exceptional care close to home and we are able to do just that with our state-of-the-art facility, advanced treatment options, clinical trials and support services. Whether we help find the cure or stand by your side during the continuum of care, our team is dedicated to our patients and their families.

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** Onboarded six medical oncologists, one hematologist and two nurse practitioners.
- 3** Helped recruit a certified genetics counselor to Tallahassee Memorial HealthCare.
- 4** Increased the amount of cancer cases treated by 50%.
- 5** Partnered with Leon High School to raise \$100,000 to support cancer patient services..
- 6** Became affiliated with UF Health in 2012 to expand patient access to clinical research and trials.
- 7** 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.
- 8** 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.
- 9** Completed two Commission on Cancer reaccreditation surveys in 2012 and 2015.
- 10** Recruited and started the Big Bend Region's only gynecologic oncology program.
- 11** Became part of the OneFlorida Clinical Research Consortium.

Cancer Program Highlights

TMH Physician Partners - Radiation Oncology Specialists

TMH 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.

TMH Physician Partners - Cancer & Hematology Specialists

TMH 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

TMH Physician Partners - Gynecologic Oncology Specialists

TMH Physician Partners - Gynecologic Oncology Specialists is the only gynecologic oncology practice in the Big Bend region. Located at the Tallahassee Memorial Cancer Center, the physicians specialize in complex pelvic surgery, minimally invasive surgery, and chemotherapy for women with gynecologic cancers and pre-cancers including: ovarian, endometrial, cervical, vaginal, vulvar and uterine sarcoma.

Outpatient Infusion Center

The Outpatient Infusion Center, located at the Tallahassee Memorial Cancer Center, is a 30-chair suite with one private bedroom 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 clinical 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 chemotherapy order review, dose calculations, sterile preparation, delivery, and procurement of all chemotherapy. The pharmacist also reviews all non-chemotherapy medications, checking for interactions, duplications, and appropriateness of use. Home medications are reviewed for interactions with medications received at the Cancer Center.

The pharmacy plays an essential role in investigational trials by ensuring proper record keeping for investigational drugs, as well as following trial protocol for storage, preparation, and other clinical trial needs.

Also providing services to the Angie Deeb Cancer Unit, the department offers total parenteral nutrition, an anticoagulation dosing service, as well as an antibiotic surveillance program. The pharmacists are available for patient counseling on medications and serve as drug information resources for physicians and nurses.

Whether inpatient or outpatient, the oncology pharmacists help provide a coordinated interdisciplinary approach to oncology patient care with a mission to improve the lives of all patients served.

Clinical Research

A clinical trials program is an essential part of a true cancer center. All of the current treatments for oncology patients today have been developed from yesterday's trials. TMH now has the exciting opportunity to offer clinical trials for patients, partly in collaboration with UF Health. Under the direction of Karen Russell, MD, FACP, hematologist and oncologist, clinical trials are available for enrollment - currently including lung cancer and triple negative breast cancer. Our program is currently working to open trials for cervical cancer and hormone receptor positive breast cancer. Our goal is to have an interventional trial for each major malignancy in oncology by the end of 2018. An active protocol list is available by contacting the Research Department at 850-431-0673, or reviewing them online at TMH.org/CancerTrials.

Sharon Ewing Walker Breast Health Center

Providing the services of a comprehensive breast health center such as digital mammography services, the Sharon Ewing Walker Breast Health Center includes 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 living with cancer who may need physical, occupational and/or speech therapy services. TMH houses the most extensive lymphedema program in the region, with a team of Certified Lymphedema Therapists (CLT). Lymphedema involves swelling of a body part and can happen to anyone who has had surgery, radiation or injury to the lymph nodes. Tallahassee Memorial delivers an individualized program that includes education, prevention, compression bandaging, manual lymphatic drainage, skin care, custom garment fitting and an individualized exercise program. LDex technology, considered the industry gold standard for calculating levels of lymphedema, is utilized by our CLT's in the management of lymphedema.

Our team of speech therapists specialize in rehabilitation before and after head and neck cancer. Services include evaluation and counseling before and after treatment, swallowing maintenance and prevention exercise program, post-laryngectomy voice rehabilitation, speech, swallowing and language therapy. Voice therapy is provided by speech therapists who hold LSVT certification, as well as specialize in assistive technology.

Comprehensive rehabilitation also includes occupational therapy, provided to assist patients in performing activities of daily living and community reintegration. Counseling services

are available within the rehab setting. The pelvic floor program is offered to provide resources for cancer patients experiencing urinary and fecal incontinence and/or pelvic pain. The goal for pelvic floor rehabilitation is to improve pelvic floor muscle function, which in turn improves continence and decreases pain.

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. Additionally there is a Chaplain assisted to the Palliative Care Team who visits with patients and families three days a week. Palliative care consultations are available seven days a week.

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 377 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, patient or the patient's family. An active program for use of the arts in medicine is also provided.

Community Outreach and Education

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, we would like to thank those who tirelessly gave of their time and resources to make these efforts possible:

Community health events, colon cancer awareness, lung cancer awareness, breast health conferences and breast cancer screenings offered at Sharon Ewing Walker Breast Health Center — the only breast program in the Big Bend region recognized as a Breast Imaging Center of Excellence by the American College of Radiology (ACR) and accredited by the National Accreditation Program for Breast Centers (NAPBC).

Community Events & Activities:

TMH For Life Events

Cards For A Cure

Ride For Hope

Teal Magnolia's Golf Tournament

Go Pink Lemonade Day

Painting Pink Gallery Opening

Chrome Divas Poker Run

Pink Heals Fire Truck Tour

Leon County Employees Wellbeing and Benefits Fair

Reach to Recovery Food Truck Event

Senior Day at Lincoln Center

1st Annual Sherri Dye Memorial Barrel Race

Making Strides Against Breast Cancer

FAMU College of Medicine – Breast Cancer Awareness Event

Breast Cancer Panel Discussion at Premier Health & Fitness Center

City of Tallahassee Health and Benefits Fair

Abundant Life and Restoration Ministries

Leukemia Lymphoma Light the Night Event

FSU Paint It Pink Events

FLASCO - Metastatic Breast Cancer Event

Tallahassee CARES Community Resource Expo

Bethel Towers Health Fair

Relay For Life

FAMU Cooperative Extension Farm Fest

Quality and Performance Improvement

Physicians and staff members at the Cancer Center identify opportunities for improvement in our processes, outcomes and patient/family experience with the assistance of improvement advisors. Cancer Center staff members choose quality and improvement studies based on accreditation requirements and perceived needs that influence outcomes and satisfaction for our patients and families. The Improvement Advisors from organizational improvement assist the staff and physicians with benchmarking, suggestions for data collection and documentation of the studies that have been implemented by the Cancer Center staff.

Study of Quality

1. Reduce re-excision rates of patients who underwent lumpectomies for stage 0-III breast cancer. Re-excisions have the potential for added discomfort, surgical complications, compromise in cosmetic outcomes, additional stress for patients and families and increased health care costs.
2. Review for compliance with the NCCN guidelines: All patients with colorectal cancer will have tumor tissue genotyped for BRAF mutations.

Quality Improvements

1. Compliance with NCCN guidelines related to High Emetogenic Regimen. Eligible patients received the high antiemetic therapy (HEC) as recommended by NCCN guidelines.
2. Lab Timing for infusion patients (De-Coupling) to decrease the length of time between check in and seat time.

Cancer Conferences

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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 & the National Accreditation Program for Breast Centers.

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 followup 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.

Neuroscience Tumor Conference, Breast Cancer and General Cancer Conferences are held weekly, Chest Conferences are

held monthly. GynOnc Conferences are held bi-weekly. The cancer registry staff 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 2016, a total of 346 cases were presented during 113 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.

2016 Cancer Data

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

Primary Site	Total (%)	Sex		Class of Case		Alive	Exp	Stage Distribution - Analytic Cases Only					Unk	Blank/Inv	
		M	F	Analy	NA			Stg 0	Stg I	Stg II	Stg III	Stg IV			88'
ORAL CAVITY & PHARYNX	44 (2.8%)	32	12	42	2	37	7	0	5	6	5	23	1	2	0
Lip	2 (0.1%)	1	1	2	0	2	0	0	0	2	0	0	0	0	0
Tongue	22 (1.4%)	18	4	21	1	18	4	0	3	0	4	13	0	1	0
Salivary Glands	1 (0.1%)	0	1	1	0	1	0	0	0	0	0	1	0	0	0
Gum & Other Mouth	4 (0.3%)	1	3	4	0	4	0	0	2	1	0	1	0	0	0
Nasopharynx	1 (0.1%)	0	1	1	0	0	1	0	0	0	0	1	0	0	0
Tonsil	6 (0.4%)	5	1	6	0	6	0	0	0	1	0	5	0	0	0
Oropharynx	5 (0.3%)	4	1	4	1	4	1	0	0	2	1	1	0	0	0
Hypopharynx	2 (0.1%)	2	0	2	0	1	1	0	0	0	0	1	0	1	0
Other Oral Cavity & Pharynx	1 (0.1%)	1	0	1	0	1	0	0	0	0	0	0	1	0	0
DIGESTIVE SYSTEM	260 (16.8%)	136	124	243	17	197	63	2	39	51	51	69	4	27	0
Esophagus	11 (0.7%)	7	4	9	2	7	4	1	1	0	3	2	0	2	0
Stomach	25 (1.6%)	13	12	24	1	16	9	0	7	3	1	7	0	6	0
Small Intestine	6 (0.4%)	3	3	6	0	5	1	0	0	1	2	2	1	0	0
Colon Excluding Rectum	90 (5.8%)	45	45	82	8	78	12	0	19	22	18	19	0	4	0
Cecum	17	8	9	17	0	14	3	0	2	8	3	3	0	1	0
Appendix	2	0	2	2	0	2	0	0	1	1	0	0	0	0	0
Ascending Colon	17	8	9	17	0	15	2	0	4	3	6	4	0	0	0
Hepatic Flexure	1	1	0	1	0	1	0	0	0	1	0	0	0	0	0
Transverse Colon	12	6	6	12	0	10	2	0	1	4	3	4	0	0	0
Splenic Flexure	3	1	2	2	1	3	0	0	1	1	0	0	0	0	0
Descending Colon	6	2	4	6	0	6	0	0	2	1	2	0	0	1	0
Sigmoid Colon	19	12	7	18	1	17	2	0	6	2	4	5	0	1	0
Large Intestine, NOS	13	7	6	7	6	10	3	0	2	1	0	3	0	1	0
Rectum & Rectosigmoid	41 (2.6%)	25	16	38	3	36	5	0	5	8	10	9	0	6	0
Rectosigmoid Junction	8	5	3	7	1	6	2	0	0	3	1	3	0	0	0
Rectum	33	20	13	31	2	30	3	0	5	5	9	6	0	6	0
Anus, Anal Canal & Anorectum	12 (0.8%)	3	9	12	0	11	1	0	3	3	4	0	0	2	0
Liver & Intrahepatic Bile Duct	16 (1.0%)	13	3	16	0	8	8	0	1	2	3	4	3	3	0
Liver	15	12	3	15	0	8	7	0	1	2	3	3	3	3	0
Intrahepatic Bile Duct	1	1	0	1	0	0	1	0	0	0	0	1	0	0	0
Gallbladder	3 (0.2%)	1	2	3	0	2	1	0	0	0	2	1	0	0	0
Other Biliary	6 (0.4%)	4	2	6	0	5	1	0	1	0	2	1	0	2	0
Pancreas	46 (3.0%)	21	25	43	3	26	20	1	2	12	4	22	0	2	0
Retroperitoneum	1 (0.1%)	0	1	1	0	1	0	0	0	0	1	0	0	0	0
Peritoneum, Omentum & Mesentery	3 (0.2%)	1	2	3	0	2	1	0	0	0	1	2	0	0	0
RESPIRATORY SYSTEM	248 (16.0%)	151	97	237	11	168	80	4	53	11	49	100	0	20	0
Nose, Nasal Cavity & Middle Ear	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0
Larynx	17 (1.1%)	12	5	16	1	14	3	1	5	2	2	4	0	2	0
Lung & Bronchus	230 (14.8%)	138	92	221	9	153	77	3	48	9	47	96	0	18	0
SOFT TISSUE	8 (0.5%)	5	3	7	1	4	4	0	1	0	0	2	1	3	0
Soft Tissue (including Heart)	8 (0.5%)	5	3	7	1	4	4	0	1	0	0	2	1	3	0
SKIN EXCLUDING BASAL & SQUA	52 (3.4%)	38	14	47	5	48	4	1	23	9	7	3	0	4	0
Melanoma -- Skin	45 (2.9%)	32	13	41	4	41	4	1	19	9	7	3	0	2	0
Other Non-Epithelial Skin	7 (0.5%)	6	1	6	1	7	0	0	4	0	0	0	0	2	0
BREAST	276 (17.8%)	0	276	271	5	270	6	57	111	74	20	6	0	3	0
Breast	276 (17.8%)	0	276	271	5	270	6	57	111	74	20	6	0	3	0

Continued on next page

Primary Site	Total (%)	Sex		Class of Case		Alive	Exp	Stage Distribution - Analytic Cases Only						Unk	Blank/Inv
		M	F	Analy	NA			Stg 0	Stg I	Stg II	Stg III	Stg IV	88		
FEMALE GENITAL SYSTEM	137 (8.8%)	0	137	126	11	124	13	2	52	12	32	12	2	14	0
Cervix Uteri	26 (1.7%)	0	26	25	1	24	2	0	9	2	8	2	0	4	0
Corpus & Uterus, NOS	64 (4.1%)	0	64	57	7	57	7	0	28	5	14	6	0	4	0
Corpus Uteri	56	0	56	51	5	52	4	0	27	5	11	4	0	4	0
Uterus, NOS	8	0	8	6	2	5	3	0	1	0	3	2	0	0	0
Ovary	31 (2.0%)	0	31	29	2	27	4	0	8	4	8	4	1	4	0
Vagina	5 (0.3%)	0	5	5	0	5	0	1	3	0	0	0	0	1	0
Vulva	8 (0.5%)	0	8	7	1	8	0	1	4	0	0	0	1	1	0
Other Female Genital Organs	3 (0.2%)	0	3	3	0	3	0	0	0	1	2	0	0	0	0
MALE GENITAL SYSTEM	152 (9.8%)	152	0	132	20	149	3	0	26	72	8	14	1	11	0
Prostate	150 (9.7%)	150	0	131	19	147	3	0	26	72	8	14	1	10	0
Penis	2 (0.1%)	2	0	1	1	2	0	0	0	0	0	0	0	1	0
URINARY SYSTEM	80 (5.2%)	55	25	68	12	65	15	8	10	9	6	17	0	18	0
Urinary Bladder	29 (1.9%)	28	1	22	7	26	3	7	3	5	2	2	0	3	0
Kidney & Renal Pelvis	48 (3.1%)	27	21	44	4	37	11	0	7	4	4	14	0	15	0
Ureter	3 (0.2%)	0	3	2	1	2	1	1	0	0	0	1	0	0	0
EYE & ORBIT	4 (0.3%)	3	1	3	1	4	0	0	0	2	0	0	0	1	0
Eye & Orbit	4 (0.3%)	3	1	3	1	4	0	0	0	2	0	0	0	1	0
BRAIN & OTHER NERVOUS SYSTEM	47 (3.0%)	21	26	40	7	35	12	0	0	0	0	0	40	0	0
Brain	26 (1.7%)	13	13	24	2	15	11	0	0	0	0	0	24	0	0
Cranial Nerves Other Nervous System	21 (1.4%)	8	13	16	5	20	1	0	0	0	0	0	16	0	0
ENDOCRINE SYSTEM	43 (2.8%)	11	32	40	3	43	0	0	18	1	1	2	4	14	0
Thyroid	39 (2.5%)	9	30	36	3	39	0	0	18	1	1	2	0	14	0
Other Endocrine including Thymus	4 (0.3%)	2	2	4	0	4	0	0	0	0	0	0	4	0	0
LYMPHOMA	66 (4.3%)	34	32	57	9	61	5	0	16	15	5	13	1	7	0
Hodgkin Lymphoma	9 (0.6%)	4	5	8	1	8	1	0	2	3	1	2	0	0	0
Non-Hodgkin Lymphoma	57 (3.7%)	30	27	49	8	53	4	0	14	12	4	11	1	7	0
NHL - Nodal	48	26	22	41	7	45	3	0	10	11	4	10	0	6	0
NHL - Extranodal	9	4	5	8	1	8	1	0	4	1	0	1	1	1	0
MYELOMA	32 (2.1%)	14	18	24	8	28	4	0	0	0	0	0	24	0	0
Myeloma	32 (2.1%)	14	18	24	8	28	4	0	0	0	0	0	24	0	0
LEUKEMIA	36 (2.3%)	18	18	30	6	32	4	0	0	0	0	0	30	0	0
Lymphocytic Leukemia	19 (1.2%)	10	9	17	2	18	1	0	0	0	0	0	17	0	0
Acute Lymphocytic Leukemia	2	2	0	2	0	2	0	0	0	0	0	0	2	0	0
Chronic Lymphocytic Leukemia	14	6	8	12	2	14	0	0	0	0	0	0	12	0	0
Other Lymphocytic Leukemia	3	2	1	3	0	2	1	0	0	0	0	0	3	0	0
Myeloid & Monocytic Leukemia	17 (1.1%)	8	9	13	4	14	3	0	0	0	0	0	13	0	0
Acute Myeloid Leukemia	10	5	5	8	2	7	3	0	0	0	0	0	8	0	0
Chronic Myeloid Leukemia	7	3	4	5	2	7	0	0	0	0	0	0	5	0	0
MESOTHELIOMA	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0
Mesothelioma	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0
KAPOSI SARCOMA	2 (0.1%)	2	0	2	0	2	0	0	0	0	0	0	2	0	0
Kaposi Sarcoma	2 (0.1%)	2	0	2	0	2	0	0	0	0	0	0	2	0	0
MISCELLANEOUS	61 (3.9%)	35	26	55	6	40	21	0	0	0	0	0	55	0	0
Miscellaneous	61 (3.9%)	35	26	55	6	40	21	0	0	0	0	0	55	0	0
INVALID	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0
INVALID	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0
Total	1,550	709	841	1,424	126	1,309	241	74	354	262	184	261	165	124	0

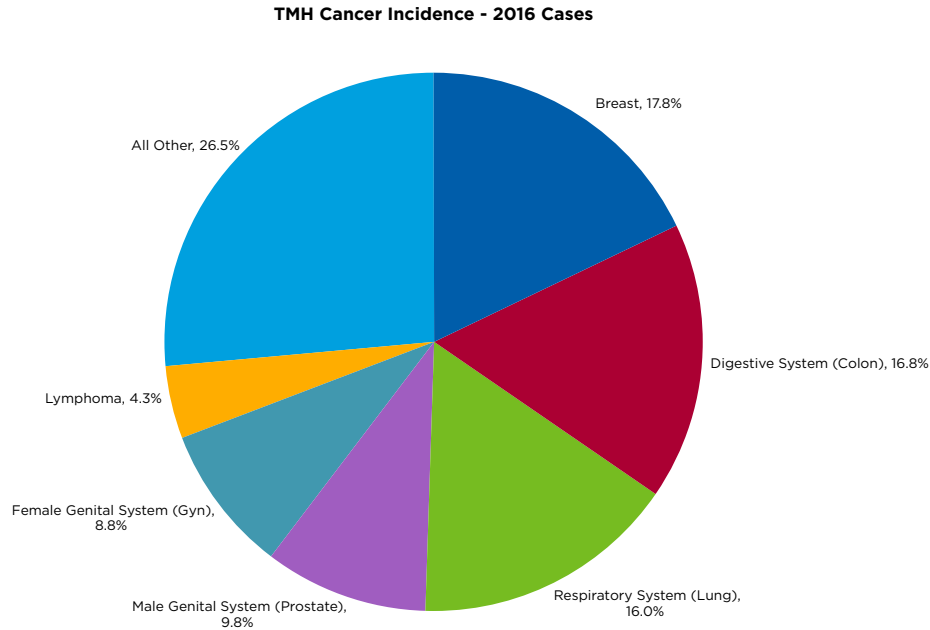
Exclusions: Not Male and Not Female

1

2016 Cancer Data

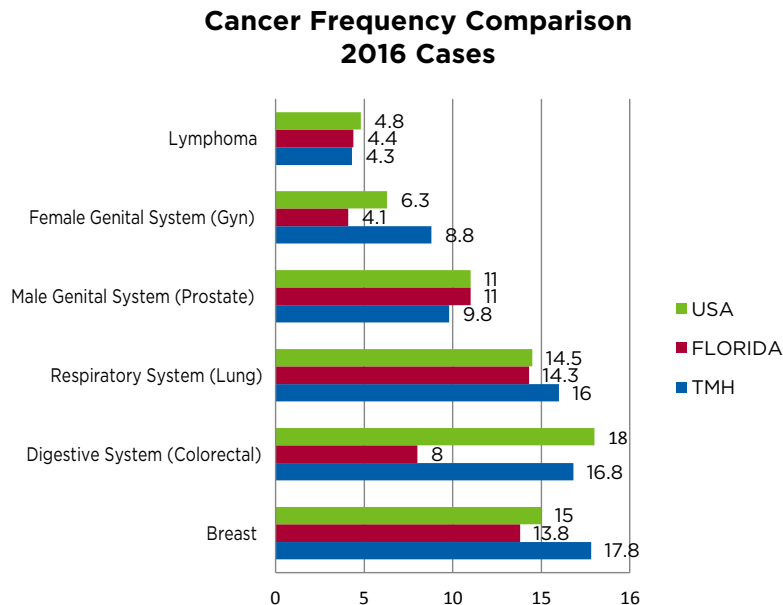
TMH Cancer Incidence- 2016 Cases (Chart 1)

Chart 1 displays the frequency of the top six 2016 analytic primary sites seen at TMH. Breast cancer remains the leading site for females at TMH, representing 17.8% of cancer cases. Digestive System cancers (mainly colon) holds the second highest cancer incidence at 16.8%.



TMH Cancer Frequency Comparison- 2016 Cases (Graph 1)

Graph 1 shows a comparison of TMH's 2016 cancer cases to State and National estimates. Figures are derived from the TMH Cancer Registry database, Florida Cancer Data System (FCDS), & the American Cancer Society's Cancer Facts & Figures, 2016. 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. TMH and the American Cancer Society (ACS) have partnered to help achieve the goal of increasing 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.



2016 CoC Std 4.6: Thyroid Compliance with EB Guidelines

Define	Background on the Problem
<p>American Thyroid Association Guidelines (2015) recommend:</p> <ul style="list-style-type: none"> • Thyroid cancer lesion > 4 cm or with gross extra thyroid extension or metastatic disease to nodes or distant sites, the initial surgical procedure should be near total or total thyroidectomy • Thyroid cancer lesion > 1 but < 4 cm without extension, the initial procedure can be either a bilateral procedure (near total or total thyroidectomy) or a unilateral procedure (lobectomy) • If surgery is chosen for lesions <1 cm without extension, the initial surgical procedure should be a lobectomy. 	
<p>Objective / Goal: Compliance with American Thyroid Associations guidelines regarding Operative Management for a Biopsy Diagnostic for Follicular Cell-derived Malignancy (B7)</p> <p>Metric: Percentage of thyroid cancer patients who have treatment consistent with ATAG guidelines compared to thyroid cancer patient who had treatment</p>	<p>Core Team: Radiologists</p>
Measure/Analyze	Depiction / Analysis of Baseline Performance

Analysis Performed By Dr. Ginaldi		Procedure					
Condition	Count	Initial Procedure should be lobectomy	Bilateral Procedure (near of total thyroidectomy)	Unilateral Procedure (lobectomy)	Initial procedure - a near - total thyroidectomy and gross removal of all primary tumor unless contraindications	Biposies Only	Meet Guidelines
Gross extrathyroidal extension	7		*6 of 12		1		Yes
Metastatic disease to nodes	5		*5 of 12				Yes
Metastatic to distant sites	4					4	Yes
>1 cm but <4 cm without extrathyroidal extension	14		12	2			Yes
>4 cm	5			1	4		Yes
Initial procedure - a near-total or total thyroidectomy and gross removal of all primary tumor unless contraindications	5		3	2			Yes
Surgery for lesion <1 cm without extensions	5	Yes	3	2			Yes

Improve	Key Interventions Targeting Causal Factors			
	Action	Responsible	Date Completed	Status
1	Identified 31 cases meeting the above criteria	Dr. Ginaldi	May, 2017	Completed
2	Provided Dr. Ginaldi with refined list of 28 cases and associated pathology reports, and operative notes	Dr. Ginaldi	July, 2017	Completed
3	Met with Melissa Gramling, Diagnostic Assistant, 3 cases have been reviewed. To be completed by end of October.	Dr. Ginaldi	10/11/17	Completed
4	Correspondence with Melissa, to meet with Dr. Ginaldi on Monday, Oct 30th to review cases.	Dr. Ginaldi	10/27/17	Completed

Note: Data analysis indicates no need for improvement, as we are compliant.

Control	Evaluating Effectiveness of Interventions, Sustaining the Improvement
Periodic communication with Dr. Ginaldi pertaining to status of case review.	

CANCER PROGRAM 2017 ANNUAL REPORT



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