

YOUR HOSPITAL FOR

# Cancer Care



2017 Data



# CANCER PROGRAM 2018 ANNUAL REPORT

## TABLE OF CONTENTS

Chair Report	<b>1</b>
Liaison Report	<b>2</b>
Caring for Our Community	<b>3</b>
Cancer Program Management	<b>4</b>
Cancer Program Clinical Services	<b>5</b>
Cancer Program Continuum of Care Services	<b>7</b>
Cancer Program Intergrative Support Services	<b>8</b>
Cancer Program Goals	<b>10</b>
Cancer Program Quality and Performance Improvements	<b>13</b>
Cancer Center Community Outreach and Education	<b>14</b>
Cancer Program Data Quality	<b>16</b>
Cancer Program Incidence of Occurrence	<b>17</b>

### Cancer Committee - 2018 Members

<b>Committee Chair</b>	D.D. Raj, Bendre, MD
<b>ACOS Liaison</b>	Margarett Ellison, MD
<b>Surgery</b>	Wade Douglas, MD; Lucas Watkins, MD
<b>Radiation Oncology</b>	Ovidiu Marina, MD; Philip Sharp, MD
<b>Medical Oncology</b>	Jorge Perez DeArmas, MD; Tim Broeseke, MD
<b>Diagnostic Radiology</b>	Sergio Ginaldi, MD; James Killius, MD
<b>Pathology</b>	Kenneth Whithaus, MD; Christopher Price, MD
<b>Palliative Care</b>	Jean Murphy, MD; David Lowery, ARNP
<b>Administration</b>	Kathy Brooks, RN, BSN
<b>Oncology Nursing</b>	Jennifer Armstrong, RN; Dorothy Graves, RN
<b>Psychosocial Services Coordinator</b>	Ashley Koroshec, LCSW; Kristine Solberger, LCSW Laurie Walker, LCSW; Annie Wood, MSW Amanda Hardwick, MSW

<b>Cancer Registry Quality Coordinator</b>	Dawn Nguyen, RHIA, CTR; Stephanie Campbell, CTR;
<b>Quality Improvement Coordinator</b>	Clare Young, RN
<b>Clinical Research Coordinator</b>	Brittany Stith, RN; Karen DeCardenas, RN
<b>Cancer Conference Coordinator</b>	Shanthi Kondapalli
<b>Community Outreach Coordinator</b>	Rebecca Parrish, BS; Dreama Taylor, RN, OCN
<b>Survivorship Coordinator/Navigation</b>	Lynn Caley, RN
<b>Geneticist</b>	Laura S. Martin, MD
<b>Genetic Counselor</b>	Katie Farmer, MS, CGC

### Program Contributors

<b>American Cancer Society</b>	Jill Pait, Jessica Davis
<b>Public Relations</b>	Anna Dower Saunders; Danielle Buchanan
<b>Patient Navigation</b>	Brenda Coston, RN; Dreama Taylor, RN; Ali Kelly, RN; Lacey Sanders, RN
<b>Nutrition</b>	Elyzabeth Anderson, PhD, RD, CSO; Candice Boucher, MS, RD, CSO
<b>Lymphedema Specialists</b>	Kelly Uanino, OT; Patricia Quinsey, PT; Megan Bradley, PT
<b>Rehabilitation</b>	Sheree Porter-Program Manager; Josie Gustafson, ST; Jinger Deason, ST; Rebecca Greenhill, ST
<b>Pharmacy</b>	Laura Akers, PharmD, CPh
<b>Radiology</b>	Cindy Winter, PhD; Elizabeth Davidson, RT
<b>Respiratory</b>	Christy Clark, BSRT
<b>Nursing</b>	Judith Clayton, RN
<b>Radiation Oncology</b>	Lynna Graves, Melody Steck, RTT
<b>RQRS Coordinator</b>	Stephanie Campbell, CTR



## COMPREHENSIVE CARE

On behalf of the multidisciplinary Cancer Committee at the Tallahassee Memorial Cancer Center, we are pleased to present the 2018 Annual Report. This report reflects incidence, data and goals for the 2017 calendar year.

Our comprehensive cancer program provides a network of oncology services and equipment specializing in the prevention, diagnosis, treatment, management and rehabilitation 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. 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, marketing and communications, psychiatry, pharmacy, an oncology nurse manager, pain management nurse, chaplain, social worker and cancer data specialists, quality coordinators, physical, occupational and speech 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 National Cancer Data Base 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

**MARGARETT C. ELLISON, MD** : GYNECOLOGIC ONCOLOGIST

Tallahassee Memorial Cancer Center has long been a leader in cancer care for the Big Bend area. We have continuously maintained accreditation by the American College of Surgeons Commission on Cancer (CoC) since 1951. This achievement recognizes our center as the longest continuously accredited Comprehensive Community Cancer Program in Florida. Our strong leadership and dedicated team are committed to monitoring and improving quality care within our cancer program.

Throughout the year our cancer program's performance reports are continuously evaluated using National Cancer Data Base quality cancer tools. These include the Cancer Program Profile Performance Report, Rapid Quality Reporting System, Cancer Quality Improvement Program, Hospital Comparison Benchmark and Survival reports, which are closely monitored, interpreted and reported to our cancer committee. This assures proper treatment guidelines are followed and patients receive cancer treatment in an evidence-based manner. We are committed to annually reporting our outcomes and initiating a quality related audit and action plan for any measures that indicate a decline in performance. In 2018, the Tallahassee Memorial Cancer Center received a commendation from the CoC on Public Reporting of Outcomes.

Our team has also continued the successful partnership with the American Cancer Society (ACS). In turn, a representative of the ACS serves on our cancer committee, providing a partnership report to our leadership team at each committee meeting. Through collaborative prevention and screening programs, we strive to promote community awareness of the importance of cancer prevention and early detection.

This year we specifically partnered with ACS leading the prevention charge surrounding cancers caused by HPV. Our mission has two goals, firstly, to increase HPV vaccination rates for preteens to at least 80 percent by June 2026, the 20-year anniversary of the FDA's approval of the first HPV vaccine. Secondly, to eliminate gender disparities in HPV vaccination, and reduce geographic disparities in HPV vaccination rates. With this vaccine, we have the potential to help prevent more than 29,000 cases of HPV cancers in men and women each year, 90 percent of all cases.

We are pleased to contribute and advance the understanding of cancer diagnosis, treatment, prevention and ultimately the quality of patient care at Tallahassee Memorial HeathCare.

## 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.



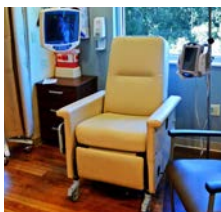
## HEALING GARDEN

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.



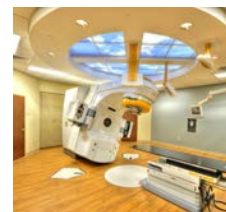
## INFUSION CENTER

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



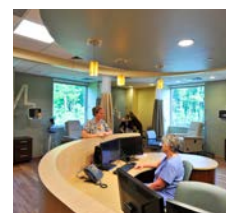
## NOVALIS TX

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.







Left to Right: Jeannine Silberman, MD; Karen Russell, MD, FACP; Tim Broeseker, MD; Amit Jain, MD, MPH; Jayan Nair, MD; Jorge Perez De Armas, MD; Janice Lawson, MD; Mitchell Peabody, DO

## 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** : 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.

# Cancer Program Management

## Cancer Committee Membership and Meetings

The care of patients with cancer requires a multidisciplinary approach and encompasses numerous physician and non-physician professionals. The TMH Cancer Committee is responsible for program leadership and for overseeing compliance with evidenced based standards to ensure high quality patient centered care. Our committee meets six times per year to evaluate, enhance and expand the care provided to our oncology patients. Our program can proudly demonstrate that we have invested in systems to ensure that our patients receive high-quality, coordinated care and that our program represents the full scope of cancer care and services.

## 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, breast and general cancer conferences are held weekly, with a chest conference held monthly and a gynecological oncology cancer conference held bi-weekly. 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 2017, a total of 430 cases were presented during 147 combined breast, general, chest, gyn-onc and brain tumor conferences. This represents 15 percent of the Cancer Centers average analytic caseload. 100 percent of cases presented were prospective per cancer conference policy. Discussion of stage, treatment guidelines, and clinical trial opportunities and adherence to conference policy requirement are all at least 90 percent per conference policy. All mandatory disciplines are at 100 percent attendance for conferences.

## 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 is able to offer the exciting opportunity to join a clinical trial to 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, triple negative breast cancer and cervical cancer. The research department is hoping to expand our current list to include options for colorectal cancer, pancreatic cancer and hormone positive breast cancer by the end of 2018. TMH is also a part of the national Cancer Experience Registry—this is a unique online project where patients and caregivers are able to provide feedback on the care they receive. That feedback, in turn, will provide information to fill the gaps in care and improve services to the cancer community. Information on how to enroll in the Cancer Experience Registry, along with an active protocol list, is available by contacting the Research Department at 850-431-0673 or reviewing online at [TMH.org](http://TMH.org).

# Cancer Program Clinical Services

## Angie Deeb Cancer Unit

The Angie Deeb Cancer Unit is a 31-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.

## Sharon Ewing Walker Breast Health Center

The Sharon Ewing Walker Breast Health Center is an American College of Radiology Breast Imaging Center of Excellence providing screening and diagnostic digital mammography services in a private, home-like environment. All mammograms include the use of the Soft Touch pad for enhanced comfort. The breast care team at Tallahassee Memorial has adopted the American College of Radiology Breast Imaging guidelines to provide direction to patients and clinicians on the use of imaging to screen and evaluate breast disease. Our comprehensive breast health center provides the following services in conjunction with TMH medical staff: screening and diagnostic mammography, breast ultrasound, stereotactic guided biopsies, ultrasound guided biopsies, ultrasound guided aspirations and needle localizations for surgical excision. Patient evaluation and management is conducted by a multidisciplinary team program accredited by the National Accreditation Program for Breast Centers. We are dedicated to providing the leading-edge technology and guidance that women need for breast health-related issues.

## Physician Partners - Cancer & Hematology Specialists

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

## Physician Partners - Gynecologic Oncology Specialists

Tallahassee Memorial Cancer Center offers the services of a gynecologic oncology specialist, the only practice of its kind in the Big Bend Region. Gynecologic oncologists are trained in providing comprehensive, multidisciplinary care, addressing the whole patient, not just the disease. A gynecologic oncologist specializes in complex pelvic surgery, minimally invasive surgery and chemotherapy for women with ovarian, endometrial, cervical, vaginal, vulvar and uterine cancers and pre cancers. A gynecologic oncologist understands the impact of cancer and its treatment on a women's life, including future childbearing, sexuality, physical and emotional well-being and family dynamics. Our board certified specialist leads a dedicated team including a physician's assistant, nurse practitioner, gynecologic nurse and medical assistants. Collectively they strive to improve continuity of care and patient outcomes.

## Physician Partners - Radiation Oncology Specialists

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.

## Physician Partners – The Center for Medical Genetics and Genomics

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 board-certified 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.

## 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.

## 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

## Pharmacy and Oncology Pharmacists

The oncology pharmacy team is responsible for all patient medication needs at the Cancer Center. This includes lab review, order review, calculation, preparation and delivery of all chemotherapy and immunotherapy. Pharmacy also participates in investigational trials by meeting protocol requirements for monitoring, medication storage, preparation and record keeping. Pharmacists collaborate with physicians to prepare all infusion orders. In addition, the pharmacist reviews all other patient medications, checking for interactions, duplications, and appropriateness of use.

Within the inpatient setting, Pharmacy provides services to the Angie Deeb Cancer Unit. The department offers total parenteral nutrition services, 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.

## Nutrition Services

All new patients being treated in outpatient chemotherapy and radiation oncology 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 two full time registered dietitians see approximately 377 patient visits per month and provide medical nutrition therapy.

## 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.



# Cancer Program Continuum of Care Services

## 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 conditions 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).

## Psychosocial Services

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.

## Survivorship Care Planning

Cancer survivorship refers to the entire process of living with, through and beyond cancer. The oncology care team is responsible for providing cancer survivors with a comprehensive treatment summary, detailing the patient's entire cancer experience. A printed care plan, which contains input from the physicians and oncology care team, is provided to the patient. Post treatment needs and follow up care to improve health and quality of life are also addressed. The plan is discussed with the patient upon completion of active, curative treatment as well as provided to the primary and treating physicians. Clinical nurse navigators educate cancer survivors to take control through knowledge and resources that help them grow comfortable with their "new normal." Through the survivorship care plan, nurse navigators have the opportunity to teach and give direction to cancer survivors, guiding them on the path of prolonged survival.

# Cancer Program Integrative Support Services

Mind, Body and Spirit services are recognized, embedded, and integrated into the overall care of our patients and families. Support groups assist patients with similar challenges cope better and feel less isolated. Our team believes that offering practical advice and information as well as emotional comfort and moral support enhances knowledge and confidence.

## Spiritual Care and CPE

The Spiritual Care and CPE department provides spiritual and emotional support to patients, families and staff, 24-hours-a-day, seven-days-a-week. The department also has an accredited Clinical Pastoral Education (CPE) program, training laypersons and clergy to become spiritual care givers within institutional settings such as a hospital, house of worship, hospice, etc. The department participates in community events such as the annual 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. 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 hospitalized patients who have serious chronic life-limited illnesses or trauma injuries, 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 during their hospital stay by caring for physical, psychosocial, emotional and spiritual needs. Palliative care consultations are available seven-days-a-week.

## Tobacco Cessation

TMH Cancer Center partners with Big Bend Area Health Education Center (AHEC) offering a tobacco cessation program, Quit YOUR Way. Class meets every Wednesday 11:30 am at the Cancer Center. The class is presented by a TMH Cancer Center Registered Nurse Navigator. Nicotine replacement patches, gum and lozenges

are provided free of charge to medically appropriate individuals.

## Cancer Wellness and Support Group

This support group, for patients and caregivers, meets the 2nd Thursday of each month, 5:30-7:00 pm, TMH Cancer Center. The group is facilitated by a licensed clinical social worker.

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.

## Facing Our Risk of Cancer Empowered (FORCE)

TMH Cancer Center partners with the Center for Medical Genetics and Genomics to provide support and networking for individuals in the community with hereditary breast and/or ovarian cancer predisposition. The group is facilitated by a certified genetic counselor and social worker at the TMH Cancer Center. Meetings will be scheduled quarterly the third Tuesday every third month at 5:30-6:30 pm. The schedule is posted at the Cancer Center, TMH website and FORCE website.

## Medical Music Therapy

Music therapy is an established health profession in which evidence-based music interventions are implemented to address individualized, non-musical goals. Goals may include pain/nausea management, decrease anxiety, relaxation, communication, enhanced coping skills, reality orientation and sensory stimulation for patients of all ages and 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.

## Art Therapy

During the fall and spring college semesters, the TMH Cancer Center partners with Florida State University to provide art therapy to cancer patients and their families. An FSU art therapy intern is supervised by a TMH Cancer Center oncology social worker. For people living with cancer, art therapy encourages expression of thoughts and feelings and offers a way of communicating other than talk therapies. Creative expression and interaction with others may help lessen discomfort or anxiety. The therapy intern is advised to meet with patients and families within the Infusion Center and in the various waiting areas within the Cancer Center. The Art Therapy program is spontaneous, using various art mediums depending on the intern's schedule and strengths.



## Animal Therapy

The Tallahassee Memorial Volunteer Animal Therapy Program is the only one of its kind in the Big Bend and has been fostering the therapeutic bond between people and animals since 2005. Hundreds of clinical trials have shown that petting an animal reduces the blood pressure and heart rate, thus reducing stress and anxiety. It also releases oxytocin and endorphins, which help patients, feel better and aid in their healing. Therapy animals provide motivation and even pain management for patients experiencing difficulty during their medical care.

The trained animal therapy team is coordinated as a volunteer program requiring screening, training, registration and evaluation of volunteers and their pets. The animal therapy team visits the cancer center in the patient waiting areas and the outpatient infusion area.





# 2017 Cancer Program Goals

Each year our cancer center establishes one clinical goal and one programmatic goal appropriate and relevant to our patient population. The clinical goal involves treatment, services and/or care of cancer patients. The programmatic goal is directed towards the scope, coordination, practices and processes of cancer care. Our team supports annual goal setting to provide direction for the strategic planning of cancer program activities and serve as the basis for cancer program evaluation and improvements. The goal setting tool known as SMART is utilized when establishing goals each year.

## Chemotherapy Education Clinical Goal

**Specific-** Patient education, understanding, and support maximize the potential for improved patient outcome and reduction in stress and anxiety. A retrospective 2016 chart review revealed that only 68% of new patients were educated prior to infusion therapy. The 2017 clinical goal was for Nurse Navigators to complete an education encounter prior to the initiation of chemotherapy infusion for at least 80 % of new patients. Scheduling staff were to notify Nurse Navigators of new patient infusion appointments and schedule education prior to the initial chemotherapy.

**Measurable-** Educational encounters were documented in the electronic medical record according to 2016 updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards. The percentage of new patients who received a Nurse Navigator educational encounter before beginning infusion chemotherapy were monitored and evaluated.

**Achievable-**Physicians, oncology office and scheduling staff and Nurse Navigators were provided a clear understanding of the nature of the goal and the skills and tools to quickly activate the process.

### Core Team

- Medical Oncology Providers
- Nurse Navigator RNs
- Oncology Nurses
- Oncology Office Staff

### Educational Tools

- Chemotherapy Education Flow Sheet
- Chemotherapy and You
- ChemoCare.com drug information handouts

**Realistic-**Monthly review of all Nurse Navigator education encounters for new infusion chemotherapy patient visits were compared to patient date of initial chemotherapy infusion. The Oncology Nurse Navigator is in a unique position to effectively intervene with patients, pretreatment and during treatment, providing education, emotional support and enhanced communication between the patient and their multidisciplinary team.

**Timely-**The program was established and study results reported to the Cancer Committee on November 16, 2017

### Status of Goal

Monitoring of educational encounters will be ongoing. During the study process, it was discovered that additional fields were needed in the electronic medical record to precisely and efficiently document the educational process according to guideline standards. An improved documentation project was carried forward to a 2018 Quality Improvement project. In addition, a planned future quality study will analyze the influence of education of new oral chemotherapy patients on their medication knowledge and compliance with their prescribed regimen.

### Outcome of Goal

Chart review of documentation from January 2017-October 2017 revealed that 376 of 443 new chemotherapy infusion patients (85%) received chemotherapy education prior to their first infusion chemotherapy. The 2017 clinical goal was met. Many patients had difficulty with scheduling an educational appointment prior to their first treatment due to transportation or personal obligations. These patients were educated over the phone or on the day of their first chemotherapy infusion.



Month 2017	Total New Infusion Chemotherapy Patients	Patients Educated Prior to Infusion Chemotherapy/ Total New Chemotherapy Infusion Patients	Percentage Educated Prior to Infusion Chemotherapy
January	44	35/44	80%
February	51	39/55	76%
March	55	43/55	78%
April	26	23/26	88%
May	51	47/51	92%
June	45	42/45	93%
July	47	42/47	89%
August	46	41/46	89%
September	29	24/29	86%
October	49	40/49	82%
January-October	443	376/443	85%



## Radiotherapy and Speech Language Pathology (SLP) Referrals

### Programmatic Goal

**Specific-**Patients undergoing radiotherapy to the head and neck region may have impairments in their speech and/or swallowing abilities. Impairment of swallowing process can lead to malnutrition, dehydration, aspiration, pneumonia, and a decreased quality of life. This National Comprehensive Cancer Network (NCCN) guidelines recommend that a formal speech and swallowing evaluation be obtained for patients with speech and/or swallowing dysfunction or for those whose treatment is likely to affect speech or swallowing. A 2016 retrospective chart review revealed that only 67% of patients were referred to SLP prior to radiotherapy. The 2017 programmatic goal was for 75 % of patients undergoing radiotherapy to the head and neck region to receive a referral for SLP services prior to the start of radiotherapy.

**Measurable-** SLP referrals were documented in the patient electronic medical record. The percentage of patients who met anatomical criteria to receive a SLP referral were compared to those who met anatomical criteria and did not receive a SLP referral.

Anatomical Regions (defined)- oropharynx (base of tongue, soft palate, tonsillar pillar and fossa), hypopharynx, larynx and/or associated lymphadenopathy

**Achievable-** During April 2017 the NCCN guidelines were reviewed and the referral process was revised and educational materials were developed. The multidisciplinary core team had a clear understanding of the nature of the programmatic goal. The skills and tools needed to quickly activate the referral process were accessible to these individuals.

### Core Team

- Radiation Oncologists
- Radiation Oncology Nurses
- Cancer Navigators (Nursing and Social Work)
- Dietitians
- Speech Language Pathologists

**Realistic-**Monthly chart reviews of new patient consultations who met criteria were conducted. The date of initial radiotherapy treatment and date of SLP referral were monitored and evaluated. Supportive care is very important in head and neck cancer patients to improve outcomes and to minimize significant temporary or permanent treatment-related complications.

**Timely-** The program was established and study results reported to the Cancer Committee on November 16, 2017

**Status of Goal-** During the study process it was discovered that discussion of SLP referral was not consistently discussed at the initial consult visit with the radiation oncologist. This occasionally led to omission or delay of the SLP referral unless there was a nutritional management concern.

**Outcome of Goal-** Chart review from May 2017-October 2017 revealed that 25 patients met criteria for study. 21/25 patients had documented SLP referrals. Overall this met the goal with 84% SLP referrals during the study period. However, the monthly breakdown revealed that one month fell below the goal, causing concern. In an effort to be more proactive in involving the SLP in the patient's care it was decided that whenever the written consent for head or neck radiation was generated in the computer, a SLP referral form would automatically print as well, reminding the provider to discuss and document this supportive care. The process will continue to be monitored and evaluated to see if automatic printing of a referral form along with the consent, improves the SLP referral process.

Month 2017	Total New Patients Expected to Undergo Radiotherapy That May Affect Speech or Swallowing	Number of Speech Language Referrals	Percentage Referred to SLP prior to Radiotherapy
April (prior to initiation)	3	1	33%
May	4	4	100%
June	4	4	100%
July	3	3	100%
August	5	4	80%
September	5	3	60%
October	4	3	75%
April-October	25	21	84%

# Cancer Program Quality and Performance Improvement

## Accountability and Quality Improvement Measures

TMH's Cancer Center participates in the nationally recognized National Cancer Data Base, a joint program of the Commission on Cancer (CoC) of the American College of Surgeons and the American Cancer Society. The Commission on Cancer (CoC) requires accredited cancer programs to participate in a quality reporting tool called the Cancer Program Practice Profile Reports (CP3R). This

reporting tool provides a platform from which to assess and promote accountability and continuous practice improvement for patient care at the local level. CP3R also permits hospitals to compare their care for these patients relative to that of other providers. The Cancer Center is proud to participate and excel in the nine measures that have established CoC benchmarks. Through continual comparison and evaluation, we strive to improve delivery and quality of care for patients in our cancer program.

### 2015 CP3R data released on October 23, 2017

Primary Site	Measure	Description	CoC Benchmark	TMH Estimated Performance Rate 2015
Breast	Accountability	Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90.00%	95.70%
Breast	Accountability	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365) days of diagnosis for women with AJCC T1c or stage 1B-III hormone receptor positive breast cancer	90.00%	93.80%
Breast	Accountability	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with > = 4 positive regional lymph nodes	90.00%	100.00%
Breast	Quality Improvement	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	80.00%	81.10%
Colon	Quality Improvement	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	85.00%	94.20%
Gastric	Quality Improvement	At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer	80.00%	50.00%*
Lung	Quality Improvement	Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC	85.00%	100.00%
Lung	Quality Improvement	Surgery is not the first course of treatment for cN2, M0 lung cases	85.00%	100.00%
Rectum	Quality Improvement	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0 or stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer	85.00%	100.00%

\*The quality improvement measure for the removal of at least 15 regional lymph nodes with pathological examination for resected gastric cancer fell below the estimated CoC benchmark of 80%. The 2015 gastric cancer population included only two patients. One patient had the recommended regional lymph nodes removed. However, the patient falling outside the performance had only 8 lymph nodes removed due to surgical complications. This was discussed with the cancer committee and an action plan for this discrepancy was recommended. An informative letter was sent to all general surgeons and pathologists regarding the recommended lymph node removal for all oncology surgical measures.



# Cancer Center Community Outreach and Education

The Cancer Committee continues to promote cancer awareness for the community. Each year our cancer program organizes multiple educational programs aiming to prevent or screen for cancer. Through many collaborative hours of dedication by TMH colleagues, medical staff, the American Cancer Society and numerous other community agencies and volunteers, we are dedicated to decreasing the number of cancer cases, especially cases of late-stage disease.

Each year, breast cancer screening is provided for appropriate Leon County Health Department patients through the TMH Sharon Ewing Walker Breast Health Center. In addition, colorectal cancer screenings are offered through our TMH endoscopy unit. Our team annually participates in the regional Relay for Life, Making Strides Against Breast Cancer and National Smoke Out Day events. Support programs include I Can Cope, Look Good-Feel Better, community colorectal cancer education conferences, community breast health conferences, lung cancer awareness, and HPV initiatives. The Cancer Center would like to thank those who tirelessly give their time and resources to enhance these efforts.





## 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 Up Sync

---

# Cancer Program Data Quality

---

## 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 database 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 Schools of Medicine and Nursing and Florida Agricultural and Mechanical University Schools of Pharmacy and Allied Health.

The registry 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 percent for patients diagnosed in the last five years and 80 percent overall follow-up from January 1, 1995.

# Cancer Program

## 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.

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

### 2017 Cancer Data

Summary by Body System, Sex, Class, Status and Best AJCC Stage Report 2017

Primary Site	Total (%)	Sex		Class of Case			Exp	Stage Distribution - Analytic Cases Only							
		M	F	Analy	NA	Alive		Stg 0	Stg I	Stg II	Stg III	Stg IV	88	Unk	Blank/Inv
<b>ORAL CAVITY &amp; PHARYNX</b>	<b>51 (3.0%)</b>	<b>40</b>	<b>11</b>	<b>47</b>	<b>4</b>	<b>44</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>9</b>	<b>25</b>	<b>0</b>	<b>2</b>	<b>0</b>
Lip	1 (0.1%)	0	1	0	1	1	0	0	0	0	0	0	0	0	0
Tongue	20 (1.2%)	17	3	18	2	19	1	0	1	4	5	8	0	0	0
Salivary Glands	4 (0.2%)	3	1	4	0	4	0	0	1	1	0	2	0	0	0
Floor of Mouth	2 (0.1%)	1	1	2	0	2	0	0	1	0	1	0	0	0	0
Gum & Other Mouth	4 (0.2%)	2	2	3	1	2	2	0	0	1	0	0	0	2	0
Nasopharynx	2 (0.1%)	2	0	2	0	2	0	0	0	1	0	1	0	0	0
Tonsil	15 (0.9%)	14	1	15	0	12	3	0	0	0	3	12	0	0	0
Oropharynx	1 (0.1%)	0	1	1	0	1	0	0	1	0	0	0	0	0	0
Hypopharynx	2 (0.1%)	1	1	2	0	1	1	0	0	0	0	2	0	0	0
<b>DIGESTIVE SYSTEM</b>	<b>302 (18.1%)</b>	<b>169</b>	<b>133</b>	<b>259</b>	<b>43</b>	<b>241</b>	<b>61</b>	<b>3</b>	<b>35</b>	<b>54</b>	<b>73</b>	<b>53</b>	<b>11</b>	<b>30</b>	<b>0</b>
Esophagus	16 (1.0%)	13	3	15	1	13	3	0	1	3	7	2	0	2	0
Stomach	23 (1.4%)	13	10	20	3	19	4	1	5	1	5	6	0	2	0
Small Intestine	12 (0.7%)	6	6	11	1	11	1	0	3	3	2	2	1	0	0
Colon Excluding Rectum	94 (5.6%)	49	45	86	8	77	17	2	12	19	28	20	0	5	0
Cecum	23	10	13	22	1	20	3	0	1	5	11	4	0	1	0
Appendix	5	3	2	5	0	4	1	0	1	1	0	1	0	2	0
Ascending Colon	17	11	6	17	0	15	2	0	4	5	6	2	0	0	0
Hepatic Flexure	2	2	0	2	0	1	1	0	0	0	0	1	0	1	0
Transverse Colon	9	1	8	8	1	6	3	0	1	2	3	1	0	1	0
Splenic Flexure	1	0	1	1	0	0	1	0	0	0	0	1	0	0	0
Descending Colon	3	3	0	3	0	2	1	0	0	1	2	0	0	0	0
Sigmoid Colon	23	14	9	23	0	21	2	2	5	5	5	6	0	0	0
Large Intestine, NOS	11	5	6	5	6	8	3	0	0	0	1	4	0	0	0
Rectum & Rectosigmoid	38 (2.3%)	21	17	30	8	33	5	0	3	7	7	5	0	8	0
Rectosigmoid Junction	5	3	2	3	2	5	0	0	0	2	1	0	0	0	0
Rectum	33	18	15	27	6	28	5	0	3	5	6	5	0	8	0
Anus, Anal Canal & Anorectum	15 (0.9%)	3	12	9	6	14	1	0	2	0	4	0	1	2	0
Liver & Intrahepatic Bile Duct	32 (1.9%)	27	5	22	10	23	9	0	0	2	4	4	8	4	0
Liver	28	23	5	18	10	20	8	0	0	1	4	4	6	3	0
Intrahepatic Bile Duct	4	4	0	4	0	3	1	0	0	1	0	0	2	1	0
Gallbladder	2 (0.1%)	1	1	2	0	1	1	0	0	0	1	0	0	1	0
Other Biliary	5 (0.3%)	3	2	4	1	1	4	0	2	0	1	0	1	0	0
Pancreas	57 (3.4%)	33	24	52	5	41	16	0	7	19	9	14	0	3	0
Retroperitoneum	2 (0.1%)	0	2	2	0	2	0	0	0	0	1	0	0	1	0
Peritoneum, Omentum & Mesenter	6 (0.4%)	0	6	6	0	6	0	0	0	0	4	0	0	2	0

Continued on next page

Primary Site	Total (%)	Sex		Class of Case				Stage Distribution - Analytic Cases Only								Unk	Blank/Inv
		M	F	Analy	NA	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	88				
<b>RESPIRATORY SYSTEM</b>	241 (14.4%)	149	92	231	10	193	48	1	46	15	58	95	1	15	0		
Nose, Nasal Cavity & Middle Ear	2 (0.1%)	0	2	2	0	2	0	0	0	1	0	1	0	0	0		
Larynx	15 (0.9%)	13	2	15	0	13	2	0	2	1	8	4	0	0	0		
Lung & Bronchus	224 (13.4%)	136	88	214	10	178	46	1	44	13	50	90	1	15	0		
<b>BONES &amp; JOINTS</b>	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0		
Bones & Joints	1 (0.1%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0		
<b>SOFT TISSUE</b>	11 (0.7%)	4	7	9	2	11	0	0	2	1	3	1	0	2	0		
Soft Tissue (including Heart)	11 (0.7%)	4	7	9	2	11	0	0	2	1	3	1	0	2	0		
<b>SKIN EXCLUDING BASAL &amp; SQU</b>	30 (1.8%)	18	12	26	4	26	4	0	8	9	5	2	0	2	0		
Melanoma -- Skin	29 (1.7%)	17	12	26	3	26	3	0	8	9	5	2	0	2	0		
Other Non-Epithelial Skin	1 (0.1%)	1	0	0	1	0	1	0	0	0	0	0	0	0	0		
<b>BREAST</b>	375 (22.4%)	3	372	360	15	371	4	76	149	97	19	13	0	6	0		
Breast	375 (22.4%)	3	372	360	15	371	4	76	149	97	19	13	0	6	0		
<b>FEMALE GENITAL SYSTEM</b>	194 (11.6%)	0	194	172	22	184	10	1	80	17	36	24	1	13	0		
Cervix Uteri	28 (1.7%)	0	28	27	1	25	3	0	12	4	4	7	0	0	0		
Corpus & Uterus, NOS	91 (5.4%)	0	91	87	4	90	1	0	52	6	15	6	0	8	0		
Corpus Uteri	86	0	86	83	3	85	1	0	50	5	14	6	0	8	0		
Uterus, NOS	5	0	5	4	1	5	0	0	2	1	1	0	0	0	0		
Ovary	39 (2.3%)	0	39	35	4	33	6	0	8	2	11	10	0	4	0		
Vagina	7 (0.4%)	0	7	4	3	7	0	0	1	2	0	0	1	0	0		
Vulva	23 (1.4%)	0	23	14	9	23	0	1	6	3	3	0	0	1	0		
Other Female Genital Organs	6 (0.4%)	0	6	5	1	6	0	0	1	0	3	1	0	0	0		
<b>MALE GENITAL SYSTEM</b>	128 (7.7%)	128	0	96	32	122	6	0	9	61	6	13	0	7	0		
Prostate	128 (7.7%)	128	0	96	32	122	6	0	9	61	6	13	0	7	0		
<b>URINARY SYSTEM</b>	61 (3.6%)	40	21	48	13	54	7	3	12	7	3	11	0	12	0		
Urinary Bladder	31 (1.9%)	24	7	20	11	29	2	2	4	6	2	2	0	4	0		
Kidney & Renal Pelvis	28 (1.7%)	15	13	26	2	24	4	1	7	0	1	9	0	8	0		
Ureter	2 (0.1%)	1	1	2	0	1	1	0	1	1	0	0	0	0	0		
<b>EYE &amp; ORBIT</b>	8 (0.5%)	4	4	7	1	7	1	0	0	3	1	0	0	3	0		
Eye & Orbit	8 (0.5%)	4	4	7	1	7	1	0	0	3	1	0	0	3	0		
<b>BRAIN &amp; OTHER NERVOUS SYS</b>	54 (3.2%)	31	23	41	13	43	11	0	0	0	0	0	41	0	0		
Brain	32 (1.9%)	22	10	27	5	23	9	0	0	0	0	0	27	0	0		
Cranial Nerves Other Nervous Syst	22 (1.3%)	9	13	14	8	20	2	0	0	0	0	0	14	0	0		
<b>ENDOCRINE SYSTEM</b>	34 (2.0%)	14	20	33	1	34	0	0	12	3	2	2	7	7	0		
Thyroid	27 (1.6%)	11	16	26	1	27	0	0	12	3	2	2	0	7	0		
Other Endocrine including Thymus	7 (0.4%)	3	4	7	0	7	0	0	0	0	0	0	7	0	0		
<b>LYMPHOMA</b>	56 (3.3%)	31	25	52	4	53	3	0	15	13	6	15	0	3	0		
Hodgkin Lymphoma	8 (0.5%)	7	1	8	0	7	1	0	2	2	1	2	0	1	0		
Non-Hodgkin Lymphoma	48 (2.9%)	24	24	44	4	46	2	0	13	11	5	13	0	2	0		
NHL - Nodal	34	16	18	31	3	32	2	0	4	10	4	12	0	1	0		
NHL - Extranodal	14	8	6	13	1	14	0	0	9	1	1	1	0	1	0		
<b>MYELOMA</b>	23 (1.4%)	6	17	17	6	19	4	0	0	0	0	0	17	0	0		
Myeloma	23 (1.4%)	6	17	17	6	19	4	0	0	0	0	0	17	0	0		
<b>LEUKEMIA</b>	47 (2.8%)	29	18	35	12	36	11	0	0	0	0	0	35	0	0		
Lymphocytic Leukemia	27 (1.6%)	17	10	19	8	25	2	0	0	0	0	0	19	0	0		
Acute Lymphocytic Leukemia	7	6	1	7	0	6	1	0	0	0	0	0	7	0	0		
Chronic Lymphocytic Leukemia	17	9	8	10	7	16	1	0	0	0	0	0	10	0	0		
Other Lymphocytic Leukemia	3	2	1	2	1	3	0	0	0	0	0	0	2	0	0		
Myeloid & Monocytic Leukemia	19 (1.1%)	11	8	15	4	11	8	0	0	0	0	0	15	0	0		
Acute Myeloid Leukemia	13	7	6	10	3	6	7	0	0	0	0	0	10	0	0		
Chronic Myeloid Leukemia	6	4	2	5	1	5	1	0	0	0	0	0	5	0	0		
Other Leukemia	1 (0.1%)	1	0	1	0	0	1	0	0	0	0	0	1	0	0		
<b>MESOTHELIOMA</b>	3 (0.2%)	1	2	3	0	1	2	0	0	0	1	0	2	0	0		
Mesothelioma	3 (0.2%)	1	2	3	0	1	2	0	0	0	1	0	2	0	0		
<b>MISCELLANEOUS</b>	54 (3.2%)	34	20	43	11	35	19	0	0	0	0	0	43	0	0		
Miscellaneous	54 (3.2%)	34	20	43	11	35	19	0	0	0	0	0	43	0	0		
<b>Total</b>	1,673	702	971	1,479	194	1,475	198	84	372	287	222	254	158	102	0		
Exclusions: Not Male and Not Female				1													

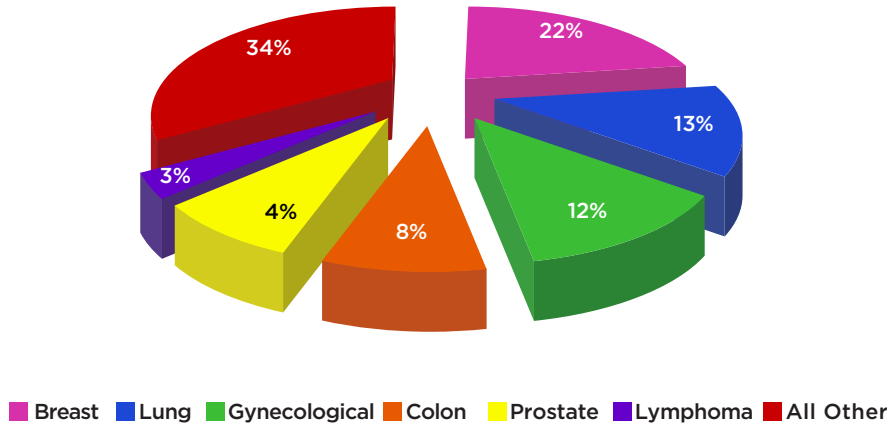


## 2017 Cancer Data

### TMH Cancer Incidence- 2017 Cases

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 22.4 percent of cancer cases. Lung cancer holds the second highest cancer incidence at 13.4 percent. The Female Genital System is the third largest site with 11.6 percent.

### TMH Cancer Incidence - 2017 Cases

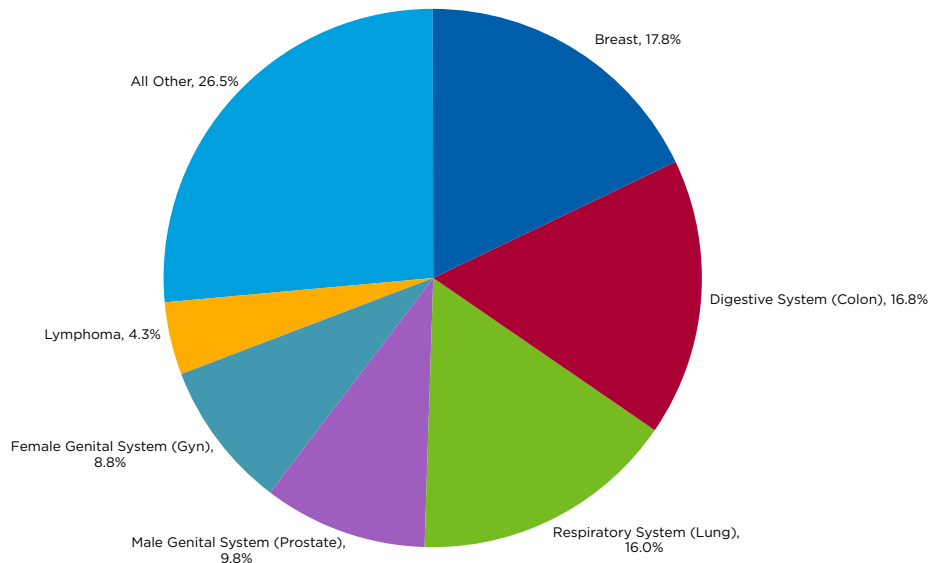


## 2016 Cancer Data

### TMH Cancer Incidence- 2016 Cases

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 Incidence - 2016 Cases



# CANCER PROGRAM 2018 ANNUAL REPORT



**TALLAHASSEE  
MEMORIAL**  
HEALTHCARE