



Accredited with Commendation

Focus on Oncotype
Performance Improvement
2015 Data

CANCER PROGRAM

annual report 2016



TALLAHASSEE
MEMORIAL
HEALTHCARE



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Comprehensive Care

D.D. R. BENDRE, MD : RADIATION ONCOLOGIST

On behalf of the multidisciplinary Cancer Committee at the Tallahassee Memorial Cancer Center, we are pleased to present the 2016 Annual Report. This report reflects incidence, data and goals for the 2015 calendar year.

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

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

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

In 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.



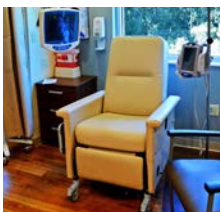
HEALING GARDEN

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

Social Work

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

Pharmacy and Oncology Pharmacists

The oncology pharmacy team is responsible for all patient medication needs at the Cancer Center. This includes the review, calculation, preparation and delivery of all chemotherapy, in addition to the storage, preparation and record keeping for all oncology investigational drugs. In addition, the pharmacist reviews all other patient medications, checking for interactions, duplications, and appropriateness of use.

Also providing services to the Angie Deeb Cancer Care Unit, the department offers total parenteral nutrition and 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.

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 melanoma. By the end of 2016, we will expand to triple negative breast cancer adjuvant and metastatic therapies, and our goal is to have an interventional trial for each major malignancy in oncology by the end of 2017. An active protocol list is available by contacting the Research Department at 431-0673 or reviewing 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 four 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 or dysfunction. This program serves prostate cancer, surgical and post-radiation patients who are experiencing urinary and bowel problems.

Spiritual Care

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

Palliative Care

The Palliative Care Consultation Service program is a specialized service that is available to in-patients with chronic life-limited illnesses, as well as their family members. Palliative Care Consultation Team (PCCT) works together with the patient's physicians, as well as other established providers and disciplines to help ensure that patients and their loved ones achieve the best quality of life for as long as possible by caring for physical, psychosocial, emotional and spiritual needs. 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 and Support Groups

The Cancer Committee continues to promote cancer awareness for the community. Through many collaborative hours of dedication by TMH colleagues, medical staff, the American Cancer Society and numerous other community agencies and volunteers, the following events were offered to the community as prevention programs, screenings or support programs:

I Can Cope, Look Good-Feel Better, colorectal screening, community breast health conferences, community colorectal cancer educational conferences, lung cancer awareness, as well as participation in regional Relay for Life and Making Strides Against Breast Cancer events. These are only a partial listing of the many events and outreaches made to the community by TMH physicians and staff. The Committee would like to thank those who tirelessly gave of their time and resources to make these efforts possible. Continual cancer screenings for breast and colorectal cancer are offered at the in-house endoscopy unit and the National Accreditation Program for Breast Centers accredited Sharon Ewing Walker Breast Health Center, where over 3,200 combined colonoscopies and mammograms were performed. In response to the Community Needs Assessment, the Tallahassee Memorial Cancer Center provides year round classes to "Quit Smoking Now." This free, six hour course, under the direction of the Area Health Education Center (AHEC), provides counseling, carbon monoxide monitoring and free nicotine replacement therapy. TMH participated in National Smoke-Out day at multiple community sites, with smoking cessation counseling, information about lung cancer screening with low dose CT lung scans and free nicotine replacement therapy.

Community Events & Activities:

TMH For Life Event/Wellness Fair at TMH

Sing for the Cure® - Tallahassee Symphony Orchestra

Premier Health & Wellness Day

Baby & Family Fair

FSU Paint It Pink Events

Destiny Spring Festival

TMH For Life Events

Relay For Life Events

SEWBHC and Department of Health

Women's Health and Fitness Expo

Community Day and Health Fair at Lawrence Gregory Community Center

FAMU Grape Harvest Festival

Cards For A Cure benefitting Tallahassee Memorial Cancer Center

Teal Magnolia's Golf Tournament

Go Pink Lemonade Day

Painting Pink Art Auction

Chrome Divas Poker Run

Pink Heals Fire Truck Tour at Cancer Center

Leon County Employees Wellbeing and Benefits Fair

Health Fair in Midway, FL

Reach to Recovery Food Truck Event

Senior Day at Lincoln Center

1st Annual Sherri Dye Memorial Barrel Race

FAMU College of Medicine - breast cancer presentation

Breast Cancer Panel Discussion at Premier Health and Fitness

City of Tallahassee Health and Benefits Fair

Abundant Life and Restoration Ministries Event

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. Identification of opportunity for better compliance in prescribing antiemetics for high emetic risk chemotherapy agents.
2. Implementation of improvement activities to increase the compliance with NCCN guidelines regarding high emetic risk chemotherapy agents.
3. Comprehensive tumor margin documentation on pathology reports was reviewed and submitted by Dr. Whitaus as a possible Performance Improvement initiative.
4. Continued development of survivorship care plans for breast and lung cancer patients.

Quality Improvements

1. Reduce barriers to timely and appropriate treatment for breast cancer patients with lymphedema.
2. Decrease in wait times for patients who are receiving concurrent chemotherapy and radiation treatments, thereby reducing overall time spent in the Cancer Center.
3. Reduction in anxiety of breast cancer patients receiving lymphedema education.

Cancer Registry

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

Registry Data Activity

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

Follow-Up Rate

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

Cancer Conference Activity

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

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

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

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

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

(Table 1) Cancer Incidence of Occurrence

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

2015 Cancer Data

Summary by Body System, Sex, Class, Status and Best AJCC Stage Report 2015.

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	84 (1.5%)	57	27	35	49	69	15	1	3	5	5	17	2	2	0
Lip	1 (0.0%)	1	0	0	1	1	0	0	0	0	0	0	0	0	0
Tongue	21 (0.4%)	15	6	11	10	17	4	1	2	2	1	5	0	0	0
Salivary Glands	3 (0.1%)	3	0	0	3	2	1	0	0	0	0	0	0	0	0
Floor of Mouth	4 (0.1%)	2	2	2	2	3	1	0	1	0	0	1	0	0	0
Gum & Other Mouth	22 (0.4%)	13	9	5	17	19	3	0	0	1	2	2	0	0	0
Nasopharynx	2 (0.0%)	0	2	0	2	1	1	0	0	0	0	0	0	0	0
Tonsil	13 (0.2%)	11	2	10	3	13	0	0	0	2	2	5	0	1	0
Oropharynx	9 (0.2%)	7	2	4	5	8	1	0	0	0	0	3	0	1	0
Hypopharynx	2 (0.0%)	2	0	1	1	2	0	0	0	0	0	1	0	0	0
Other Oral Cavity & Pharynx	7 (0.1%)	3	4	2	5	3	4	0	0	0	0	0	2	0	0
DIGESTIVE SYSTEM	847 (14.9%)	426	421	221	626	708	139	0	42	40	55	64	3	17	0
Esophagus	34 (0.6%)	23	11	16	18	16	18	0	3	2	4	4	0	3	0
Stomach	32 (0.6%)	20	12	16	16	23	9	0	3	1	4	7	0	1	0
Small Intestine	9 (0.2%)	4	5	3	6	8	1	0	0	0	3	0	0	0	0
Colon Excluding Rectum	554 (9.7%)	254	300	86	468	519	35	0	21	16	28	16	1	4	0
Cecum	14	5	9	14	0	14	0	0	2	2	6	1	1	2	0
Appendix	6	2	4	4	2	5	1	0	3	1	0	0	0	0	0
Ascending Colon	18	10	8	16	2	15	3	0	4	3	4	5	0	0	0
Hepatic Flexure	2	1	1	1	1	0	2	0	0	0	0	1	0	0	0
Transverse Colon	13	9	4	12	1	11	2	0	2	3	5	2	0	0	0
Splenic Flexure	5	3	2	5	0	3	2	0	1	0	3	0	0	1	0
Descending Colon	9	6	3	8	1	9	0	0	3	2	1	1	0	1	0
Sigmoid Colon	20	11	9	18	2	20	0	0	5	2	7	4	0	0	0
Large Intestine, NOS	467	207	260	8	459	442	25	0	1	3	2	2	0	0	0
Rectum & Rectosigmoid	56 (1.0%)	33	23	25	31	42	14	0	6	2	5	9	0	3	0
Rectosigmoid Junction	12	8	4	3	9	7	5	0	0	0	0	3	0	0	0
Rectum	44	25	19	22	22	35	9	0	6	2	5	6	0	3	0
Anus, Anal Canal & Anorectum	14 (0.2%)	6	8	6	8	9	5	0	0	3	2	0	0	1	0
Liver & Intrahepatic Bile Duct	37 (0.7%)	28	9	13	24	27	10	0	3	2	1	3	2	2	0
Liver	32	25	7	11	21	23	9	0	3	1	1	2	2	2	0
Intrahepatic Bile Duct	5	3	2	2	3	4	1	0	0	1	0	1	0	0	0
Gallbladder	3 (0.1%)	0	3	2	1	2	1	0	0	2	0	0	0	0	0
Other Biliary	11 (0.2%)	9	2	8	3	6	5	0	2	2	1	2	0	1	0

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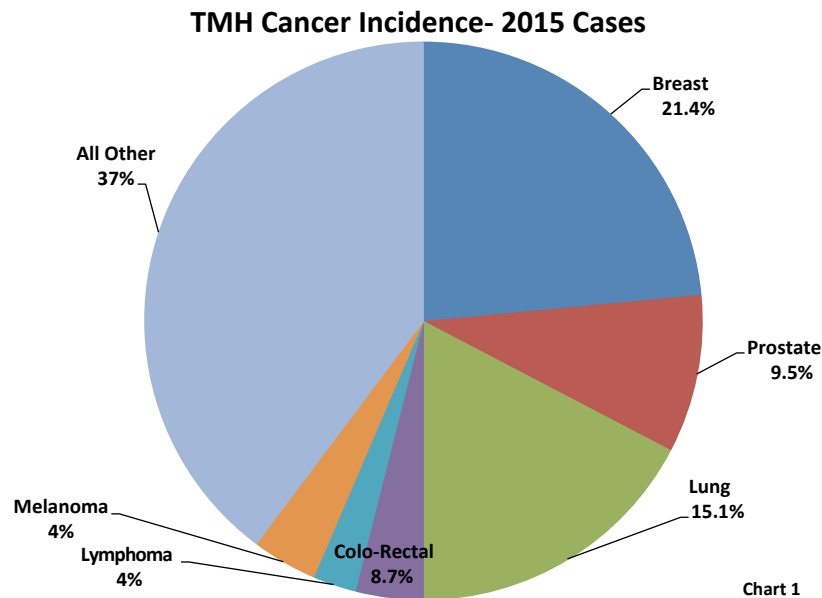
Primary Site	Total (%)	Sex		Class of Case			Alive	Exp	Stage Distribution - Analytic Cases Only					Unk	Blank/Inv
		M	F	Analy	NA	88			Stg 0	Stg I	Stg II	Stg III	Stg IV		
Pancreas	61 (1.1%)	36	25	44	17	31	30	0	4	10	5	23	0	2	0
Retroperitoneum	1 (0.0%)	0	1	0	1	1	0	0	0	0	0	0	0	0	0
Peritoneum, Omentum & Mesenter	6 (0.1%)	2	4	2	4	4	2	0	0	0	2	0	0	0	0
Other Digestive Organs	29 (0.5%)	11	18	0	29	20	9	0	0	0	0	0	0	0	0
RESPIRATORY SYSTEM	315 (5.5%)	187	128	207	108	204	111	1	50	16	50	80	1	7	2
Larynx	19 (0.3%)	16	3	10	9	13	6	0	3	1	1	5	0	0	0
Lung & Bronchus	282 (5.0%)	161	121	196	86	182	100	1	47	15	49	75	0	7	2
Trachea, Mediastinum & Other Res	14 (0.2%)	10	4	1	13	9	5	0	0	0	0	0	1	0	0
BONES & JOINTS	13 (0.2%)	7	6	3	10	11	2	0	2	0	0	0	0	1	0
Bones & Joints	13 (0.2%)	7	6	3	10	11	2	0	2	0	0	0	0	1	0
SOFT TISSUE	13 (0.2%)	8	5	5	8	11	2	0	1	2	0	2	0	0	0
Soft Tissue (including Heart)	13 (0.2%)	8	5	5	8	11	2	0	1	2	0	2	0	0	0
SKIN EXCLUDING BASAL & SQU	812 (14.3%)	455	357	52	760	744	68	1	29	6	7	5	0	4	0
Melanoma -- Skin	56 (1.0%)	38	18	51	5	50	6	1	28	6	7	5	0	4	0
Other Non-Epithelial Skin	756 (13.3%)	417	339	1	755	694	62	0	1	0	0	0	0	0	0
BASAL & SQUAMOUS SKIN	1 (0.0%)	1	0	0	1	0	1	0	0	0	0	0	0	0	0
Basal/Squamous cell carcinomas	01 (0.0%)	1	0	0	1	0	1	0	0	0	0	0	0	0	0
BREAST	419 (7.4%)	6	413	275	144	397	22	58	125	58	17	10	0	7	0
Breast	419 (7.4%)	6	413	275	144	397	22	58	125	58	17	10	0	7	0
FEMALE GENITAL SYSTEM	314 (5.5%)	0	314	68	246	289	25	3	27	4	15	6	1	12	0
Cervix Uteri	124 (2.2%)	0	124	9	115	122	2	0	5	1	3	0	0	0	0
Corpus & Uterus, NOS	86 (1.5%)	0	86	36	50	75	11	1	18	2	6	2	0	7	0
Corpus Uteri	49	0	49	34	15	41	8	1	18	2	5	1	0	7	0
Uterus, NOS	37	0	37	2	35	34	3	0	0	0	1	1	0	0	0
Ovary	32 (0.6%)	0	32	16	16	27	5	0	2	1	4	4	0	5	0
Vagina	5 (0.1%)	0	5	1	4	4	1	0	0	0	0	0	1	0	0
Vulva	11 (0.2%)	0	11	4	7	10	1	2	1	0	1	0	0	0	0
Other Female Genital Organs	56 (1.0%)	0	56	2	54	51	5	0	1	0	1	0	0	0	0
MALE GENITAL SYSTEM	291 (5.1%)	291	0	126	165	271	20	0	33	67	13	5	0	7	1
Prostate	280 (4.9%)	280	0	124	156	261	19	0	32	67	13	5	0	6	1
Testis	8 (0.1%)	8	0	1	7	8	0	0	1	0	0	0	0	0	0
Penis	2 (0.0%)	2	0	1	1	2	0	0	0	0	0	0	0	1	0
Other Male Genital Organs	1 (0.0%)	1	0	0	1	0	1	0	0	0	0	0	0	0	0
URINARY SYSTEM	159 (2.8%)	110	49	68	91	136	23	6	24	10	10	13	1	4	0
Urinary Bladder	68 (1.2%)	51	17	18	50	60	8	5	3	5	2	2	0	1	0
Kidney & Renal Pelvis	76 (1.3%)	51	25	43	33	65	11	0	21	4	6	9	0	3	0
Ureter	7 (0.1%)	5	2	3	4	6	1	1	0	1	1	0	0	0	0
Other Urinary Organs	8 (0.1%)	3	5	4	4	5	3	0	0	0	1	2	1	0	0
EYE & ORBIT	14 (0.2%)	5	9	11	3	13	1	0	2	5	1	0	2	1	0
Eye & Orbit	14 (0.2%)	5	9	11	3	13	1	0	2	5	1	0	2	1	0
BRAIN & OTHER NERVOUS SYS	118 (2.1%)	44	74	46	72	97	21	0	0	0	0	0	45	0	1
Brain	59 (1.0%)	26	33	26	33	44	15	0	0	0	0	0	25	0	1
Cranial Nerves Other Nervous Syst	59 (1.0%)	18	41	20	39	53	6	0	0	0	0	0	20	0	0
ENDOCRINE SYSTEM	70 (1.2%)	21	49	37	33	62	8	0	15	1	5	4	8	2	2
Thyroid	48 (0.8%)	14	34	28	20	42	6	0	15	1	5	4	0	2	1
Other Endocrine including Thymus	22 (0.4%)	7	15	9	13	20	2	0	0	0	0	0	8	0	1
LYMPHOMA	62 (1.1%)	38	24	50	12	55	7	0	14	15	6	15	0	0	0
Hodgkin Lymphoma	9 (0.2%)	4	5	8	1	9	0	0	2	4	2	0	0	0	0
Non-Hodgkin Lymphoma	53 (0.9%)	34	19	42	11	46	7	0	12	11	4	15	0	0	0
NHL - Nodal	38	23	15	33	5	34	4	0	7	8	4	14	0	0	0
NHL - Extranodal	15	11	4	9	6	12	3	0	5	3	0	1	0	0	0
MYELOMA	26 (0.5%)	17	9	22	4	21	5	0	0	0	0	0	22	0	0
Myeloma	26 (0.5%)	17	9	22	4	21	5	0	0	0	0	0	22	0	0
LEUKEMIA	50 (0.9%)	31	19	34	16	37	13	0	0	0	0	0	34	0	0
Lymphocytic Leukemia	23 (0.4%)	14	9	13	10	18	5	0	0	0	0	0	13	0	0
Acute Lymphocytic Leukemia	4	1	3	3	1	3	1	0	0	0	0	0	3	0	0
Chronic Lymphocytic Leukemia	17	12	5	9	8	14	3	0	0	0	0	0	9	0	0
Other Lymphocytic Leukemia	2	1	1	1	1	1	1	0	0	0	0	0	1	0	0
Myeloid & Monocytic Leukemia	25 (0.4%)	16	9	20	5	17	8	0	0	0	0	0	20	0	0
Acute Myeloid Leukemia	18	10	8	17	1	12	6	0	0	0	0	0	17	0	0
Chronic Myeloid Leukemia	7	6	1	3	4	5	2	0	0	0	0	0	3	0	0
Other Leukemia	2 (0.0%)	1	1	1	1	2	0	0	0	0	0	0	1	0	0
Other Acute Leukemia	1	0	1	1	0	1	0	0	0	0	0	0	1	0	0
Aleukemic, Subleukemic & NOS	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0
KAPOSI SARCOMA	1 (0.0%)	1	0	1	0	1	0	0	0	0	0	0	1	0	0
Kaposi Sarcoma	1 (0.0%)	1	0	1	0	1	0	0	0	0	0	0	1	0	0
MISCELLANEOUS	2,078 (36.5%)	950	1,128	32	2,046	1,724	354	0	0	0	0	0	31	0	1
Miscellaneous	2,078 (36.5%)	950	1,128	32	2,046	1,724	354	0	0	0	0	0	31	0	1
Total	5,687	2,655	3,032	1,293	4,394	4,850	837	70	367	229	184	221	151	64	7

Exclusions: Not Male and Not Female

2015 Cancer Data

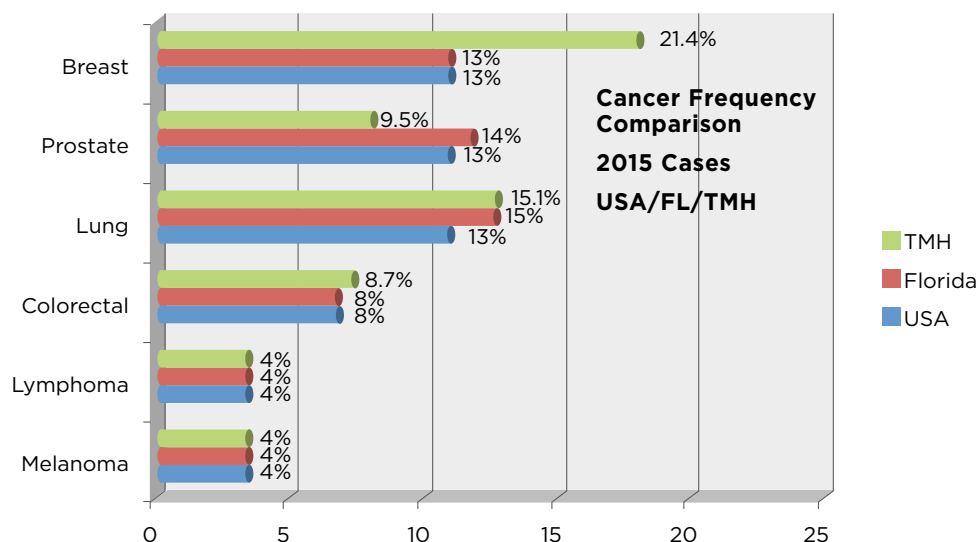
TMH Cancer Incidence- 2015 Cases (Chart 1)

Chart 1 displays the frequency of the top six 2015 analytic primary sites seen at TMH. Breast cancer remains the leading site for females at TMH, representing 21.4% of cancer cases. Lung cancer holds the second highest cancer incidence at 15.1%.



TMH Cancer Frequency Comparison- 2015 Cases (Graph 1)

Graph 1 shows a comparison of TMH's 2015 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, 2015. 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.



2016 CoC Standard 4.6 Compliance with Evidence-based Guidelines

Goal:

To insure the evaluation and treatment of head and neck cancers conforms to evidenced based national treatment guidelines (NCCN).

Background:

The NCCN Guidelines recommend that a speech language pathology (SLP) evaluation of head and neck cancer patients be done "as indicated."

In an effort to further define "as indicated," the American Speech Language and Hearing Association and NCCN resources were reviewed and clinical indicators were developed to determine when an SLP evaluation would be appropriate for the patient undergoing organ preservation therapy since the therapy can often lead to significant speech, language and nutritional compromise.

Core Team:

The core team for this initiative included: speech language pathologists, orolaryngology physician and radiation, medical and surgical oncologists.

Measurement/Indicators:

The following indicators for involving SLP were defined:

- 1) Organ preservation of the following anatomic region the setting of locally advanced disease with pretreatment weight loss of $\geq 5\%$ over 1 month or $\geq 10\%$ over 6 months:
 - a. Oropharynx
 - b. Hypopharynx
 - c. Laryngeal
- 2) Post operative therapy to the oropharynx, hypopharynx or larynx. If there is any swallowing dysfunction post operatively as demonstrated by post-op weight loss of $\geq 5\%$ over 1 month or $\geq 10\%$ over 6 months.
- 3) During Organ preservation therapy of any subsite, if there is a weight loss of $\geq 5\%$ over 1 month or $\geq 10\%$ over 6 months or speech or language dysfunctions.

- 4) Ongoing dehydration or dysphagia, anorexia or pain interfering with the ability to eat/drink adequately:
 - a. weight loss of $\geq 5\%$ over 1 month or $\geq 10\%$ over 6 months.
 - b. Repeated need for IV hydration not related to chemotherapy side-effect of nausea/vomiting.
- 5) Patients in whom long-term swallowing disorder is likely:
 - a. Those patients undergoing radical radiotherapy to greater than or equal to three subsite (oropharynx, hypopharynx, larynx +/- esophageal region)
 - b. Those patients who present with tumor related swallowing dysfunction at diagnosis.
 - c. Those patients who reveal minimal improvement in their function 30 months after radiotherapy is complete.

Data and Analysis:

Forty three patients who met criteria were identified. Of those, only 38 patients met the criteria on close review of anatomy, histology and stage and only 19 patients were treated at TMH.

11 patients met the criteria for weight loss

8 patients received PEG tubes

3 had SLP referrals (16%)

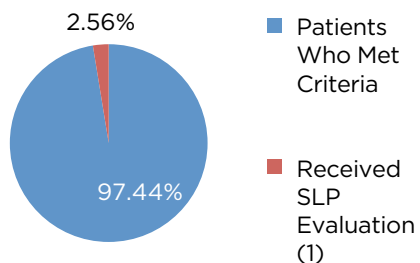
1 saw SLP (5%)

The above data indicate the need for significant improvement and this will be considered for our next review.

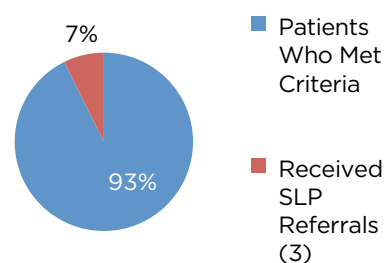
Corrective Action Plan:

Next steps will include the goal for all head and neck cancer patients with expected radiation treatment will be evaluated by speech-language pathologists prior to treatment initiation. The associated improvement work will be done under Standard 1.5 as a programmatic goal.

Compliance with NCCN Guidelines Related to SLP Evaluation (n=38)



Compliance with NCCN Guidelines Related to SLP Referrals (n=38)



CANCER PROGRAM
annual report 2016

