Based on 2014 Statistics

A Round of Applause Please!

This past year marked our seventh year of operations in the new Regional Cancer Center located at I-75 and Colonial Boulevard. Having most of the providers of cancer care and support in one facility has proven to be even more collaborative than expected. Patients, families and the community continue to experience a sense of peace as they enter this beautiful place of healing. The Health System consolidated the inpatient care of cancer patients to Lee Memorial Hospital as clinical integration continues. LMHS saw an increase in the number of analytical cancer cases (up 2.1%) and the incidence of non-analytical cancer cases increased 7.9%. The increase in analytical cases is most likely due to success of the breast multidisciplinary clinic and the expansion of the breast cancer program. The combined total of all cancer cases seen at Lee Memorial Health System was 5,425 which is a 10% increase over 2012. According to NCI SEER, patients treated at LMHS have an overall five-year survival rate that reflects national average of 65%. Further, when comparing incidence rates of major sites, the Lee cancer program is a mirror’s image of the national incidence...

The major accomplishments of the year include:

- Palliative Care Services expanded to two clinics a week and increased physician staff
- The Regional Cancer Center Breast Center achieved national accreditation from the National Accreditation program for Breast Centers (NAPBC).
- Saving LMHS $870,000 in uncompensated drugs for true uninsured cases (indigent patients) and 340B
- Receiving the Jean Byers Award for excellence in cancer reporting
- Submitted the CoC annual call for data with recognition for quality of data submitted.

Under the leadership of Anne Holt and Valeria Campbell, the patient care areas continued to focus on patient safety, staff recruitment and retention, quality, DNV certification and finance. All eligible staff either achieved or renewed their chemotherapy certification.

- A dedicated head and neck surgeon was recruited to LMHS.
- A dedicated gastrointestinal surgeon was recruited to LMHS.
- Gyn-Oncologist serving as an advisory editor for the 8th AJCC Manual for Staging.
- Regional Breast Center Surgeons in conjunction with Sanctuary outpatient services completed a poster presentation on outpatient mastectomy and opioid sparing anesthesia.
- Cancer Registrar had quality improvement study accepted for a poster presentation for annual National Cancer Registrar Association meeting in 2016.

The outreach and education programs continued to thrive under the guidance of the Outreach Education Coordinator.

Through this effort, the Regional Cancer Center partnered with many community agencies to increase public awareness about the importance of early detection, diagnosis, treatment, genetics, lifestyle and survival. The program has worked closely with the American Cancer Society, Saks Fifth Avenue, Minnesota Twins, Miami Dolphins, Susan G. Komen Foundation and the Family Health Centers. The cancer center continues to work closely with our physician partners at Florida Cancer Specialists, 21st Century Oncology, Regional Breast Care, Lee Neurosurgery and Florida Gynecologic Oncology in providing quality cancer care to patients and families.

The pediatric cancer program continues to serve the area’s hematology/oncology patients and is one of only 11 CMS designated cancer centers in the state.
The cancer program continues to grow and enters another era of expansion with additional challenges around access to care and reimbursement. All of you who have committed your time and talent to the Cancer Committee/Oncology PMT have accomplished a great deal toward improving access and quality cancer care for our patients and families. The ongoing growth and development of cancer services would not be possible without the collaboration of physicians, nurses, support professionals and administration. Please accept our 'Round of Applause!'

Valerie Dyke, MD  
Co-Chair, Cancer Committee

James W. Orr, Jr., MD  
Medical Director – Regional Cancer Center

Keith Miller, MD  
Co-Chair, Cancer Committee

Keith Miller, MD  
Co-Chair, Cancer Committee
The Cancer Data Center at Lee Memorial Health System is an integral component of the Cancer program at LMHS and plays an active role in the program by providing support for the requirements of the Commission on Cancer (CoC) approved program. The Cancer Data Center is responsible for the collection and coordination of all cancer information related to the diagnosis, management and follow-up of cancer cases within LMHS. In addition to routine cancer registry responsibilities, registrars serve as ACoS accreditation coordinators by serving on the Cancer Committee and by ensuring that LMHS meets or exceeds all CoC Cancer Program Standards.

In the 2014 data collected there was a 2% decrease in analytical cases (newly diagnosed and/or treated within LMHS). The incidence of non-analytical cases remained steady at 2100 (diagnosed and/or treated elsewhere and seen at LMHS for recurrence or disease progression). In total 5539, (graph 1) cases were accessioned into the cancer registry database of which 3381 were newly diagnosed and/or treated at LMHS.

The five most common sites seen at LMHS are as follows: Breast 20%, Lung 17%, GYN malignancies 10%, Colo-Rectal 7% and Lymphatic System 4% (Graph 2). Graphs 3 and 4 compare the leading cancer sites of men and women with national data presented by the American Cancer Society. Prostate cancer seen at LMHS is significantly lower than national figures. This reflects the increase in prostate cancers being treated in physician surgical centers. Lung cancer incidence in men continues to be higher than national averages and this may reflect the demographics of the community. Female breast cancer is significantly higher than national data and again this reflects the work of the breast cancer navigators and the breast center of excellence.

An overall five-year survival rate for cancer diagnosed and managed with LMHS exceeds national averages in the major cancer sites, comparing LMHS data with the American Cancer Society and SEER data (graph 6).

The Cancer Data Center staff consists of 9 cancer registrars of which 7 are Certified Tumor Registrars. The staff coordinates weekly cancer conferences at the acute care facilities as well as the videoconferences at the Regional Cancer Center and Health Park. The CDC staff received the Jean Byers Award for excellence in cancer reporting by the State of Florida. All CTR staff has attended national conferences as well as state conferences. They have participated in numerous web conferences during the year. As a required standard for the CoC, the CDC staff participates in the NCDB’s annual call for data and was given commendation for the quality of data reported. The Cancer Data Center has participated in the CoC Rapid Quality Reporting System (RQRS) for the past 2 years. This reporting has allowed for real time reporting and this is now reflected in the yearly reports from the National Cancer Data Base. These reports allow for on time analysis that continues to ensure the quality of data submitted.

2015 Cancer Data Center Accomplishments

- Completed over 5400 abstracts for accession year 2014.
- Submitted data in a timely manner all eligible 2015 accessioned cases to Florida Cancer Data Systems and the NCDB as mandated.
- Submitted data monthly to Rapid Quality Reporting System RQRS.
- The Annual Call for Data met CoC standards of quality and timeliness.
- Received the Jean Byers Award for excellence in cancer reporting.
- The Florida Department of Health and Cancer Data Systems acknowledged CTR staff individually for their continued quality reporting.
- Participated in cancer registry educational activities.
- Participated in quality studies.
- All staff continues to actively participate in Huddle Board.
- Utilizing Lean Transformation more than 15 quality and clinical improvements were implemented.
CANCER COMMITTEE / ONCOLOGY PMT
MEMBERSHIP LIST
Updated September 2015
2012 Commission on Cancer Standards

Gail Santucci, MD  Diagnostic Radiologist
P. John Tsakalakis, MD  Pathologist
James Orr, MD  Surgeon / Surgeon specialist
  Medical Director, Oncology program
  Quality Control Cancer Registry
  Quality Coordinator
Nagesh Ravipati, MD  Surgeon / Surgeon specialist
Frank Rodriguez, MD  Medical Oncologist
Keith Miller, MD  Radiation Oncologist
Valerie Dyke, MD  Cancer Liaison Physician
  Chair/Co-chair
Colleen Tallen, MD  Psychosocial Services Coordinator
  Palliative Care
Sharon MacDonald, VP  Cancer Program Administrator
Anne Holt, MSN, AOCNS  Oncology Nurse
  Director / Outpatient
Valeria Campbell, MSN, OCCN  Oncology Nurse
  Director / Inpatient
Maureen Curcio, CTR  Certified Tumor Registrar
Mary Ann Orlang, MSN, AOCNS  Genetic Counselor
  Performance Improvement / Quality Management Representative
Moni Franks, MSW  Palliative Care Team Member
  Social Worker
Alina Ward, CCRP  Clinical Research Representative/Coordinator
Taylor Lawless, RD,  Registered Dietitian
  Breast Health Center Manager
Valerie Butram, RD  Community Outreach Educator and STAR Coordinator

<table>
<thead>
<tr>
<th>2015 Annual Report Frequency Report 2014 Data</th>
<th>Primary Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>83  Breast</td>
<td>794</td>
</tr>
<tr>
<td>30  Female Genital</td>
<td>364</td>
</tr>
<tr>
<td>10  Vulva</td>
<td>33</td>
</tr>
<tr>
<td>3   Vagina</td>
<td>5</td>
</tr>
<tr>
<td>14  Cervix uteri</td>
<td>48</td>
</tr>
<tr>
<td>5   Uterine</td>
<td>175</td>
</tr>
<tr>
<td>5   Ovary</td>
<td>61</td>
</tr>
<tr>
<td>7   Primary Peritoneal</td>
<td>17</td>
</tr>
<tr>
<td>3   Fallopian Tube</td>
<td>10</td>
</tr>
<tr>
<td>5   Other Female Genital Organ</td>
<td>15</td>
</tr>
<tr>
<td>177 Male Genital</td>
<td></td>
</tr>
<tr>
<td>102 Prostate</td>
<td></td>
</tr>
<tr>
<td>11  Testis</td>
<td></td>
</tr>
<tr>
<td>3   Penis</td>
<td></td>
</tr>
<tr>
<td>1   Other</td>
<td></td>
</tr>
<tr>
<td>643 Digestive System</td>
<td>249 Urinary</td>
</tr>
<tr>
<td>30  Urinary Bladder</td>
<td>124</td>
</tr>
<tr>
<td>40  Kidney and Renal Pelvis</td>
<td>116</td>
</tr>
<tr>
<td>18  Ureter</td>
<td>8</td>
</tr>
<tr>
<td>238 Other and Unspecified Urinary Organs</td>
<td>1</td>
</tr>
<tr>
<td>29  Rectosigmoid</td>
<td></td>
</tr>
<tr>
<td>81  Rectum</td>
<td></td>
</tr>
<tr>
<td>26  Eye and Adnexa</td>
<td>1</td>
</tr>
<tr>
<td>54  Connective and Soft Tissue</td>
<td>20</td>
</tr>
<tr>
<td>12  Endocrine</td>
<td>10</td>
</tr>
<tr>
<td>12  Thyroid Gland</td>
<td>73</td>
</tr>
<tr>
<td>79  Lymphatic System/Lymph Nodes</td>
<td>158</td>
</tr>
<tr>
<td>1  Peritoneum and Retroperitoneum</td>
<td></td>
</tr>
<tr>
<td>601 Respiratory</td>
<td></td>
</tr>
<tr>
<td>32  Other III Defined Site</td>
<td>3</td>
</tr>
<tr>
<td>52  Unknown Primary</td>
<td></td>
</tr>
<tr>
<td>555 Bronchus &amp; Lung</td>
<td></td>
</tr>
<tr>
<td>12  Mediastinum &amp; pleura</td>
<td></td>
</tr>
<tr>
<td>2   Nasal Cavity and Middle Ear</td>
<td></td>
</tr>
<tr>
<td>3   Bone</td>
<td>3</td>
</tr>
<tr>
<td>538 Blood &amp; Bone Marrow</td>
<td>138</td>
</tr>
<tr>
<td>2100 Total NonAnalytical</td>
<td></td>
</tr>
<tr>
<td>5491 Combined Total</td>
<td></td>
</tr>
</tbody>
</table>
and medically infirm, 79% can be converted to a medical state that allows a "successful" optimal surgical procedure, typically with minimally invasive surgery and shorter hospital stays (potentially reducing costs). Medical "cure" is possible. This management scheme is potentially of great benefit to the elderly. Ongoing analysis will confirm survival results.

Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th># patients</th>
<th>8%/ receiving neoadjuvant chemotherapy</th>
<th>8%/ receiving intraperitoneal chemotherapy</th>
<th>Age (years)</th>
<th>Hospital stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>45</td>
<td>12/26.7%</td>
<td>10/12.7%</td>
<td>71.1/65.4</td>
<td>1.1/6.9</td>
</tr>
<tr>
<td>2014</td>
<td>35</td>
<td>15/42.9%</td>
<td>4/11.4%</td>
<td>72.1/57.9</td>
<td>1.5/5.1</td>
</tr>
<tr>
<td>2015</td>
<td>31</td>
<td>13/41.9%</td>
<td>3/9.7%</td>
<td>67.2/58.3</td>
<td>1.9/5.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>111</td>
<td>40/126.9%</td>
<td>17/15.3%</td>
<td>70.2/61.5</td>
<td>1.5/5.7</td>
</tr>
</tbody>
</table>


Neoadjuvant chemotherapy in ovarian cancer: LMHS experience

James W. Orr, Jr. M.D., FACOG, FACS
Medical Director, Regional Cancer Center

Rationale: Optimal surgical therapy has been a cornerstone of ovarian cancer care since 1994. All surgical energies involved an attempt at optimal cytoreduction as survival was directly correlated with the amount of postsurgical residual disease. Neoadjuvant chemotherapy (to medically reduce existing tumor burden) for women with advanced ovarian cancer was "popularized" in 2010. Existing reports suggest that "upfront" chemotherapy was associated with decreased morbidity and require less radical surgery, importantly no difference in disease related survival has been reported. This quality study was designed to review the experience of the gynecologic oncology service at LMHS.

Materials: The LMHS tumor registry was reviewed from January 2013 to June 2015 to identify all women with epithelial stage III and IV ovarian cancer who were primarily managed by gynecologic oncologists. The Epic hospital chart and the electronic medical records from Florida Gynecologic Oncology were reviewed to abstract pertinent data. All data was stratified by year and analyzed. Survival data was not examined as it was not mature.

Results: 111 women were identified (Table1). Average age was 67.3 years. Twenty eight (25.3%) had stage IV disease. Overall 40 patients (36%) received neoadjuvant chemotherapy. All were deemed to have surgically unresectable disease and/or had prohibitive surgical risks (20.9%). There was a significant (p<0.01) increase in patients receiving neoadjuvant chemotherapy after 2013. During that same interval, the % of women receiving intraperitoneal chemotherapy decreased.

Those receiving neoadjuvant chemotherapy were significantly older (p<0.03) and were more likely to have a diagnostic laparoscopy with or without an attempt at laparoscopic debulking. Hospital stay was significantly longer for laparotomy (p<0.01). Over this interval more women receiving neoadjuvant chemotherapy were treated without surgery (8.3% in 2013; 40% in 2014: 38.5% in 2015).

Neoadjuvant chemotherapy rendered 79% of women with previously unresectable disease to latter undergo an optimal surgical procedure. Forty four percent went to secondary procedures and were surgically rendered to no residual disease. Four women (10%) had no residual disease at surgical reassessment (i.e. a medical cure).

Conclusions: A significant and rising percentage of women with advanced ovarian cancer in SW Florida are managed with neoadjuvant chemotherapy. While older, harboring advanced disease...
Implementation of the Cardio-Oncology Service Line
Lee Memorial Health Systems
Medical Director, Regional Cancer Center
James Orr, MD FACOG, FACS
December 2015

The newly designated specialty of Cardio-Oncology has been implemented to improve the safety of "cancer patients" by prospectively assessing risks and offering appropriate interventions to favorably impact the morbidity/cost of care both during their cancer therapy as well as minimize cardiac morbidity during their survivorship.

There are 3 distinct groups likely to benefit by the Cardio-Oncology evaluation.

1) CANCER PATIENTS:

- Those who will be, are undergoing, or who have completed treatment with potentially cardiotoxic chemotherapy (including but not limited to Adriamycin).
- Those who acutely or chronically receive agents that increase risk factors for coronary artery disease (CAD) (including but not limited to left chest radiation, steroids or medications that increase blood pressure [i.e. Avastin] or others that adversely affect the heart or predispose to diabetes and hypercholesterolemia).

2) PATIENTS WITH EXISTING CARDIAC DISEASE or SIGNIFICANT CLINICAL RISK FACTORS:

- Who develop cancer requiring aggressive surgical, cytotoxic or radiation therapy.
- Preoperative evaluation is recommended for patients undergoing intra-radical surgery (Whipple procedure, esophageal surgery, extensive head and neck surgeries or stem cell transplantation), who have a history of CAD, CHF or arrhythmia such as VT or AF or poor functional capacity (< 4 METS). This is of particular importance as LMBIS now offers these surgical procedures on a "routine" basis.

3) SURVIVORS:

- Who have received potentially cardiotoxic cancer therapy (including but not limited to survivors of childhood cancers).

CURRENT PROTOCOL:

- Cardio-oncology has been recognized as a distinct clinical entity within the Division of Cardiology and has been evaluating patients in all of the above categories.

- Currently, all practicing oncologists contacted have agreed to the referral of "at risk" patients to Dr. Anita Arnold by EPIC or directly contacting her or her assistant by cell phone. Direct consultation has been the foundation of consultation as the majority of these therapies are conducted in an outpatient situation.

- She attends or has regularly attended Cancer Committee, general Tumor Boards or subspecialty Tumor boards both as an ambassador to the project or to offer specific, direct, contemporaneous clinical input to care. Aspects of cancer therapy cardiotoxicity are discussed in these meetings.

FUTURE DIRECTION:

To date, all referrals for Cardio-oncology evaluation have been primarily directly generated by the primary care Oncologist. In the future risk assessment tools can/will be imbedded in EPIC or used as pop up "assessment chest sheets" to better assess risk and appropriate consultation.

12,698 outpatient visits to RCC Infusion Center
Genetic counseling 473 patients
Financial counseling for outpatients
Bereavement support
Nutritional counseling

Community –
Excellent community health system
Cancer Advocacy Center continued to support needs of the community
Community programs

- Breast Fest
- YMCA Live Strong
- Head and Neck Cancer Run
- Dunbar Community Health Fair
- Powerful Women
- Pink Promise

- Director, RCC Pharmacy Past President of the Florida Society of Health System Pharmacists
- Pharmacist member of the Sectional Advisory Group on Emerging Sciences
- Pharmacist member Education Coordinator for the Southern Gulf Society of Health System Pharmacists
- SWFL Coalition Improving End of Life Care
- Education committee of the SWFL Affiliate of Susan G. Komen Foundation

National Cancer Day Celebration of Life hosted by Regional Cancer Center

Media Coverage – all major television, radio and print media
Conferences and Presentations
- Annual OCN Conference
- Cancer Awareness lectures
- Cancer Genetics lectures
- Chemotherapy classes and Chemotherapy for non-chemotherapy nurses class

Breast Cancer Diagnosis, Treatment and Management to community women’s organizations

People –
Excellent healthcare employer
Cancer Data Center, seven Certified Tumor Registrars
Cancer Registrars (CTR) attended a national conference
Pharmacist educated 5 pharmacy students, 6 pharmacy residents
Oncology staff attended ONS and NCCN conferences

Finance –
Oncology combined 15% better than budget
Pharmacy savings in uncompensated care was $870,000
Regional Cancer Center – FY 15 in Review

**Quality** –
Excellent patient outcomes
NCDB annual call for data met established quality criteria on initial submission
Jean Byers award presented to Cancer Data Center
Nursing staff obtained AOCN and OCN certifications and attended Core Curriculum classes
Nursing – 5 AOCNS
Outpatient OCN 10 and 100% ONS certified
Inpatient 88% ONS certified

**Service** –
Excellent patient experience
Palliative Care program increased service to patients and families with multiple clinics weekly
Navigator program composed of four nurse navigators
Two Breast, Lung/Brain, Prostate/Gastrointestinal
Multidisciplinary Specialty Clinic seeing patients weekly.
Support Groups – sponsored or hosted
  - Brain Tumor
  - Colorectal Cancer
  - Leukemia Lymphoma
  - Lymphedema
  - Oral, Head and Neck Cancer
  - Ovarian
  - Bladder
  - Women’s Cancer
  - Caregiver
  - Yoga for cancer patients, caregivers and public
  - Oncology Nutrition Seminars
Smoking Cessation
Expressive Arts program offered to inpatients and outpatients weekly
Pre-operative mastectomy classes for patients at no charge
Post-mastectomy prosthesis and garments part of boutique services
Medical and supportive library available for patient, family and public use
Received $90,000 grant from Susan G. Komen Foundation
Worked with FBCCSP to assist women diagnosed with breast cancer to enroll in Medicaid
Financial counseling for outpatients
Bereavement support
Nutritional counseling

**Days to First Treatment 50th Percentile Colon Cancer: Cases Diagnosed and Treated at My Facility, 2012**

- Days to First Treatment 50th Percentile Colon Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2012

**Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2012**

- Days to First Treatment Quartiles Breast Cancer: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility, 2012