



The Cancer Committee at the Center for Cancer Care & Research (CCCR) is proud to present our annual report of 2008-09 activities and cancer registry data from 2008.

CCCR is a freestanding cancer center featuring a physician-led partnership between [Watson Clinic LLP](#), [Clark & Daughtrey Medical Group, P.A.](#) and the finest independent physicians in the area. We provide a broad scope of outpatient cancer treatments, including state-of-the-art chemotherapy and radiation therapy, as well as a full range of services available by referral.

Our achievements in 2008 & 2009 continued to positively impact the level of good health and awareness in our community. The Center for Cancer Care & Research leads our community in providing world-class cancer care, as evidenced by the following distinctions:

- We are the area's only local affiliate of the [H. Lee Moffitt Cancer Center & Research Institute](#) in Tampa, Florida
- The American College of Surgeons Commission on Cancer bestowed CCCR with a prestigious commendation with a 3-year accreditation. **CCCR is one of only two freestanding cancer centers in the entire country to achieve this distinctive honor.**
- We are involved in innovative national clinical trials and conduct many on-site cancer research activities in concert with Moffitt's efforts.
- We are one of the leading partners in Moffitt's Total Cancer Care project, a research program that aims to provide more personalized cancer treatments through advanced genetic tumor study.
- In conjunction with the Watson Clinic Foundation, we implemented the *Arts in Medicine* program, which encourages healing by integrating the expressive arts, such as music, painting, beading, journaling and storytelling, into the healthcare setting.
- We maintain a full inventory of the most advanced technologies available in cancer care, including PET scans, ultra-speed CT scanners, computer aided detection of breast cancer, 3-dimensional conformal radiation therapy, Image Guided Radiation Therapy, Intensity Modulated Radiation Therapy, high dose rate brachytherapy, mammosite therapy, and prostate seed therapy.
- We lead the way in introducing the most innovative technologies and treatments to our area, including da Vinciâ robotics for various gynecologic oncology and urology procedures, and the Stereotactic Trilog System linear accelerator, which is widely regarded as one of the most advanced cancer treatment technologies in existence.
- Our work within the community continues to thrive, as we work to heighten awareness and make a sweeping difference in the fight against cancer. Our collaborations with the [Leukemia Lymphoma Society](#), [American Cancer Society](#) and the [Susan G. Komen Breast Cancer Foundation](#) continued to flourish in 2008, as CCCR led through sponsorships and volunteer involvement. These events included Light the Night, Making Strides Against Breast Cancer, Relay for Life, the Breast Cancer Awareness Luncheon,

Cancer Survivor's Dinner, Cancer Survivor's Day and Komen's 3-Day Walk event. In addition, we've also maintained our commitment to promoting a tobacco-free lifestyle by conducting a variety of smoking cessation programs and participating in the Great American Smoke Out campaign.

- We implemented a process improvement program that set out to find methods for eliminating waste, redundancy, and to make the care process more streamlined and efficient.

We invite you to review the following report and learn how these efforts and many others have defined the level of cancer care in our community, and advanced our mission to preserve the highest possible quality of life for our patients.

### **Mission Statement:**

The CCCR Cancer Committee is dedicated to being the leader in establishing and maintaining high quality cancer care in our community through a Center for Excellence for multidisciplinary oncology services.

### **Vision:**

To be a leader in the delivery of patient-centered cancer care:

- By forming a partnership between our patients and staff, ensuring greater choice and involvement in decision making; and
- By providing access to the latest medical advances through the innovative use of emerging technology.

### **2009 Annual Report of CCCR:**

- A Message from Dr. Fred J. Schreiber
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- Glossary of Terms/Acronyms



**Dr. Fred J. Schreiber**

*Hematologist/Oncologist  
Co-Medical Director of the Center for Cancer Care & Research  
Cancer Committee Chairman*

## **Our Mission is Life A Message from Fred J. Schreiber, MD**

The Center for Cancer Care & Research remains the community leader in cancer care. In addition to our main location, we provide radiation therapy at our Bartow location. Our efforts were recognized by the American College of Surgeons Commission on Cancer, as we became only one of two freestanding cancer centers in the country to receive a three-year accreditation in 2007.

When we first established CCCR in 2003, we set out to bring advanced cancer treatments, groundbreaking clinical research and educational outreach to the people of our community. We have assembled the area's most experienced team of cancer specialists, all dedicated to preserving a better quality of life for our patients. Our growing patient population warranted the addition of two medical oncologists this year, Dr. Karim Anwar and Dr. Galina Vugman and one surgical oncologist, Dr. Scott Kelley. This annual report serves as a measurement of this success toward that end.

**Team approach.** Our patients benefit from the combined expertise of our entire team of specialists, who collaborate closely in the formation of overall treatment programs and in reviews of individual cases.

Our team of radiologists, hematologists/oncologists, surgical oncologists, radiation oncologists, nurses, social workers and research coordinators convene on a weekly basis to discuss and review our most challenging cases, and developing the most thorough treatment plans possible. These weekly general oncology reviews are supplemented by a host of additional meetings and educational conferences, during which our entire staff has an opportunity to learn about the latest breakthroughs in cancer care.

**Quality of Care.** Our entire team also collaborates in determining optimum cancer management plans that consider both the most thorough and appropriate treatments as well as quality of life. We take advantage of tools provided by the CoC National Cancer Data Base in the form of Cancer Program Profile Reports (CP<sup>3</sup>R) to monitor benchmarks of quality in our patient care. Our CP<sup>3</sup>R scores are consistently higher than those of all other CoC-accredited cancer programs.

**Clinical research.** As the area's only official affiliate of the H. Lee Moffitt Cancer Center & Research Institute, we are on the forefront of innovative therapies and leading edge cancer trials. We continue to distinguish ourselves as one of the top contributors to Moffitt's Total Cancer Care research study, an initiative designed to devise personalized treatments through genetic tumor research.

In addition, we participate in multiple ongoing trials with Watson Clinic's Center for Research, treating for leukemia, lymphoma, breast, lung, colon, esophageal, prostate, gynecologic and head and neck cancers.

**Education and outreach.** We continue to reach out within the community and share the life-saving benefits of early detection at every opportunity. Our mobile screening unit extends these efforts, making frequent stops at large area businesses to offer free breast, prostate and skin cancer screenings several times throughout the year. This past year, we also partnered with

several of these businesses to provide smoking cessation educational programs. Cancer education and support groups are provided on site for our patients and the community. Meanwhile, our valuable work with leading edge organizations like the American Cancer Society, the Susan G. Komen Foundation and the Leukemia & Lymphoma Society continues as well.

When cancer is the diagnosis, our Center for Cancer Care & Research team stands ready with the credentials that our patients trust with their lives.

**Fred J. Schreiber, M.D.**

*Hematologist/Oncologist*



**Dr. Luis A. Franco**

*Hematologist/Oncologist for the Center for Cancer Care & Research  
Cancer Liaison Physician*

### **A Message from Luis A. Franco, MD**

**"We make a living by what we get, we make a life by what we give."  
(Sir Winston Churchill)**

At the Center for Cancer Care & Research (CCCR) this epitomizes the motto shared by staff and physicians alike. They say to do a job effectively, one should have a laser approach and devote their time to one or two issues, but we've never been able to do that at the CCCR. There are so many good organizations out there involved in the fight against cancer that we make it our goal to bring our resources to the forefront and assist in anyway possible to help our community be educated and make informed decisions in their journey against this disease, or in the journey of someone they love. At the CCCR, we know by working together with these community resources we are making a difference in the lives of those entrusted to our care. We keep our promise to contribute both time and money to worthy causes that shed light on this terrible disease and we are proud of the many community initiatives we have both founded or in which we find our team members deeply involved.

Our pursuit continues as we put our patients at the forefront in the fight against cancer and we are, as ever before, committed to the critical care provided at the CCCR. Helping those in our care understand ongoing breakthroughs in research and technology and how to use that knowledge to make informed choices is a reflection of our desire to keep our promise to our patients. Similarly, we have promised to be "the wall" and stand up to cancer in our community. We are humbled by this disease but do not back down in it's wake. Cancer will be eliminated one day, and we strive to be part of that solution, that community answer.

Over the last many years, you have seen us in action at numerous community events. To mention only a few, we are proud of our long-standing partnership with the local units of the American Cancer Society and helped to raise thousands of dollars for cancer services and research efforts of this world renowned organization with teams in the annual Relay For Life and Making Stride fundraiser's. We have made a promise to them, and to you, to stand side-by-side with other organizations such as the American Lung Association, the Susan G. Komen Suncoast Affiliate and the Leukemia Society - all in an effort to join forces and fight this disease together. You will find members of our organization involved at the highest levels such as board membership to the active, participant level as one who walks in the events and fundraises tirelessly for the cause.

The CCCR is additionally proud of the endorsement to the Polk County Tobacco Free Partnership, a grass roots effort to help educate and prevent our youth from ever picking up a tobacco-based product. Additionally, we offer a plethora of education programs, which include free screenings, to help detect and prevent disease.

The CCCR has made a promise and we intend to keep it. We will continue to fight cancer with all of our resources and might so that one day, it will be a disease of the past. Until then, we remain committed to you, your family, and our community to be "the wall" and stop cancer at every turn possible.

**Luis A. Franco, M.D.**  
*Hematologist/Oncologist*

## Center for Cancer Care & Research (CCCR) 2008 & 2009 Community Outreach and Events at a Glance

The Center for Cancer Care & Research has a regional footprint in the fight against cancer. Our history has proven that we do not focus on narrow geography, but set our sights on the Polk County market to make a difference in eliminating this terrible disease. We do not believe in doing a little bit here and a little bit there. We are firm in our footing to do as much as possible across this great county. With the economic strains on our communities, we are seeing more and more needs in the area of detection and prevention programs and we continue to bring the resources of our physician group to this effort. 2009 was not a year that our support swayed. We stood strong in our pledge and promise to help as many, and as often, as our resources allow.

Serving in perpetuity, the CCCR strengthens its long-standing role as a leader in the community by partnering and participating in the many local initiatives involved in the fight against cancer. Examples of this commitment can be seen below:

- Continued leadership in fundraising for the local Chapters of the American Cancer Society.
- Hosting the annual skin cancer screening outreach, providing hundreds of community members the opportunity to be seen by an area physician specializing in dermatology to screen for skin related abnormalities and potential cancers.
- Working with local church, civic and other organizations and businesses to coordinate medical professionals as speakers for numerous community events as part of our ongoing focus on education.
- Participate in numerous special events throughout the community to include: Light the Night, Cattle Baron's Ball, Making Strides Against Breast Cancer, Susan G. Komen-3 Day Walk, Relay For Life, Women's Health Summit in Lakeland and many others.
- Conducting monthly education programs on Tobacco Control to help our area's youth learn the importance of never starting to smoke and to assist smokers who have a desire to quit to better understand their options.
- Working in partnership with the Watson Clinic Foundation and the Watson Clinic Foundation Auxiliary to raise much needed funds to help continue the necessary research to find cures and implement patient trials.
- Hosting monthly Lunch and Learn seminars to provide ongoing education to CCCR patients and their families.
- Support the implementation of N.Ex.T. Steps, an exercise and nutrition education program for breast cancer patients bridging the gap between their final treatments of care at the CCCR and understanding what to do next to ward off recurrence.



Ongoing involvement in efforts, such as those listed above, are only a small sampling of the core mission of the CCCR. If you are aware of any community events in which you would like assistance or involvement to help strengthen the awareness in the fight against cancer, please contact our organization and let us help you be part of the answer, too.



## **Center for Cancer Care & Research (CCCR) 2008-2009 Cancer Committee Members**

This Cancer Committee is an advisory body at CCCR, 1730 Lakeland Hills Boulevard, Lakeland, Florida, and is subject to such regulations that proceed from the Watson Clinic LLP Management Committee that reports directly to the Watson Clinic Board of Directors and the Clark & Daughtrey Medical Group, P.A. that reports directly to the Clark & Daughtrey Board of Directors.

### **Cancer Committee Physician Members:**

**Dr. Karim Anwar**, *Medical Oncology/Hematology*  
**Dr. John Barrett**, *Radiation Oncology*  
**Dr. Richard Cardosi**, *Gynecologic Oncology*  
**Dr. Elisabeth Dupont**, *Breast Surgery*  
**Dr. Luis Franco**, *Medical Oncology/Hematology, Cancer Liaison Physician*  
**Dr. Edward Garcia**, *Pathology*  
**Dr. Howard Gorell**, *Radiology*  
**Dr. Kamal Haider**, *Medical Oncology/Hematology*  
**Dr. Randy Heysek**, *Radiation Oncology*  
**Dr. Thomas McLaughlin**, *Urology*  
**Dr. Thomas Moskal**, *Surgical Oncology*  
**Dr. Shalini Mulaparthy**, *Medical Oncology/Hematology*  
**Dr. Lourdes Pelaez-Echevarria**, *General Surgery*  
**Dr. Fred Schreiber**, *Medical Oncology/Hematology, Committee Chairman*  
**Dr. Sandra Sha**, *Radiation Oncology*  
**Dr. Jack Thigpen**, *General Surgery*  
**Dr. Antonio Trindade**, *Medical Oncology/Hematology*  
**Dr. Galina Vugman**, *Medical Oncology/Hematology*

### **Non-Physician Members:**

**CauneY Bamberg**, *Director, Watson Clinic Foundation*  
**Shannon Barlow**, *MS, DABR, ABR-certified Medical Physicist*  
**Cheryl Bell**, *Director of Registration & Satellites*  
**Patty Bell**, *RN, OCN, Chemotherapy/Oncology Nursing*  
**Mary Ann Blanchard**, *BS, RN, Director, Clinical Services*  
**Cynthia Bruton**, *Administrative Assistant*  
**Jerry Carlisle**, *RN, Chemotherapy/Oncology Nursing*  
**Judy Character**, *RN, LHCRM, Risk Manager*  
**Ishuan Hargrove**, *MMSc, DABR, ABR-certified Medical Physicist*  
**Martha Harper**, *MSW, Social Services*  
**Pam Herbert**, *RN, OCN, Oncology Manager*  
**Liliana Hernandez**, *Administrative Assistant*  
**Steve Howard**, *MS, Jr. Physicist*  
**Debora Hunt**, *BSW, Social Services*  
**Jerri Huntt**, *MSW, Social Services*  
**Adil Khan**, *MHA, CAO*  
**Noreen McGowan**, *BSN, CCRC, Administrative Research Coordinator*  
**Tracey Mensing**, *BSN, RN, OCN, Chemotherapy/Oncology Nursing*  
**Nancy Nethery**, *American Cancer Society Area Patient Representative*  
**Kim Stetson**, *AA, Site Manager*  
**Patty Strickland**, *Site Manager*  
**Dawn Watson**, *RN, OCN, Chemotherapy/Oncology Nursing*

### **Cancer Registry Members:**

**Paula Buck**, *CTR, Abstractor*  
**Helen Lewis**, *BS, CTR, Cancer Program Coordinator*  
**Blanche Myers**, *CTR, RHIT, CPC, Lead Abstractor*  
**Aprill Rease**, *CTR, Abstractor*

## **Center for Cancer Care & Research (CCCR) 2009 Nurse Committee Report**

The concept of "Network Weaving" is to connect multiple groups of individuals and have the participants work together to provide more cohesive and "threaded" patient-driven care. This "tapestry of care" will be uniquely that of the Center for Cancer Care & Research and will help distinguish this center's nursing professionals as top in their field.

**Here is a snapshot of our accomplishments:**

### **Empowering collaboration:**

- Monthly committee meetings.
- Standardization of policies and protocols.
- Clinical simulation drills for emergency situations.
- Fostering open communications and ensuring that the culture of shared attitudes, values, goals and practices reflect the Center for Cancer Care & Research mission.

### **Developing quality control initiatives:**

- Utilizing the guidelines provided by ONS, have continual review of practices and implement necessary improvements relative to: care plans, orientations, blood product administration, resuscitation, chemo handling, disposal extravagation, management of immunocompromised patients, radiation, care and isolation, maintenance care, oncology emergencies, and pain control.
- Established a systematic approach to support efficient and effective patient-driven care in all settings and in every program.
- Established ongoing monitoring and improvement of care actions.

### **Goals:**

- To continually improve collaboration with our peers.
- To improve communication and problem solving approaches to enhance the safety and quality care of patients.
- To develop a variety of initiatives to facilitate Quality Assurance issues.
- Continue moving toward an electronic clinical environment.
- Remain an advocate for improving patient care and serve as a liaison between patient and physician.
- Promote an environment whereby each patient's dignity and rights are recognized and respected and always top of mind.
- Provide staff development and on-going oncology nursing education programs.



## **Center for Cancer Care & Research (CCCR) 2008 - 2009 Cancer Conferences**

Cancer conferences were held three or more times a week at CCCR in 2008 & 2009. These included Breast Conferences every other week in rotation with bi-weekly Thoracic or Hematologic Conferences, weekly presentations of various specialized cancer cases and weekly informative educational sessions. CCCR conferences are multidisciplinary with medical oncologists, radiation oncologists, pathologists, surgeons, diagnostic radiologists, and other physician specialists as well as allied health professionals from research, nursing, social services and administration in attendance.

Discussions center on diagnoses and/or treatments by the participating disciplines. Each case presented is reviewed and discussed by the multidisciplinary team to establish a precise diagnosis, evaluate stage, assess prognostic indicators and monitor progress of the disease, effectiveness of present treatment and need for new regimens. These conferences are designed to determine optimal treatment regimens and to measure outcomes relative to the patient's healthcare needs. Frequently National Comprehensive Cancer Network (NCCN) practice guidelines are consulted to assist in identifying treatment options. Typically, the managing physician will arrange for the different cancer team members to be prepared to review each of these cases.

These may include:

- The radiologist to present and interpret available diagnostic scans.
- The pathologist to present specimen slides and discuss findings.
- The medical oncologist for discussing systemic therapy options.
- The radiation oncologist for the most effective radiation therapy plan, when applicable.
- The surgeon providing an expert opinion as to the resectability of the tumor.
- The research nurse offering available trial information that may be appropriate.

If it is identified that the patient would benefit from outside resources, a referral is generated.

This multidisciplinary team approach ensures that the patient receives the highest quality standard of care.

**In 2008, 114 conferences were held and 841 prospective cases were presented.  
In 2009 (QTRS 1-3), 72 conferences were held and 561 prospective cases were presented.**

National speakers, as well as multidisciplinary team members on staff at the CCCR, provide the continuing education programs on various topics including, but not limited to: innovative treatment options, clinical trials, and journal review.

**In 2008, 17 cancer-related educational conferences were held.  
In 2009 (QTRS 1-3), 26 cancer-related educational conferences were held.**

CCCR 2008-2009 Cancer-Related Educational Conference Guest Speakers (Next two pages)

CCCR Cancer Conference  
2008 Guest Speakers

|                         |                            |                                |
|-------------------------|----------------------------|--------------------------------|
| Hugo Fernandez, MD      | Moffitt Cancer Center      | Bone Marrow                    |
| Javier Pinilla, MD, PhD | Moffitt Cancer Center      | CML                            |
| Claudio Anasetti, MD    | Moffitt Cancer Center      | Bone Marrow Transplant         |
| Chris Garrett, MD       | Moffitt Cancer Center      | Colorectal Cancer              |
| Julia A. Smith, MD, PhD | NYU Clinical Cancer Center | Genetics                       |
| Robert S. Bridwell, MD  | PETLinQ                    | PET/CT                         |
| Charles Vogel, MD       | Aptium Oncology            | Breast Cancer                  |
| Scott Antonia, MD, PhD  | Moffitt Cancer Center      | Thoracic Immunotherapy         |
| Caio Max Rocha Lima, MD | University of Miami        | GI/Colorectal Cancer           |
| Sloane Karver, MD       | Moffitt Cancer Center      | Palliative Care                |
| Roniel Cabrera, MD, MS  | Univerisity of Florida     | Hepatocellular Carcinoma (HCC) |
| David Rizzieri, MD      | Duke University            | Cellular Therapy               |
| Jorge Gomez, MD         | University of Miami        | Thoracic/Geriatric             |
| Charles Williams, MD    | Moffitt Cancer Center      | Thoracic Cancer                |

Center For Cancer Care Research  
Cancer Conference Guest Speakers 2009

| <b>Meeting Date</b> | <b>Speaker</b>                        | <b>Healthcare Facility Affiliation</b> | <b>Topic / Discussion</b>                    |
|---------------------|---------------------------------------|--|--|
| 23-Jan              | Guillermo Garcia-Manero, MD           | University of Texas/M D Anderson       | Myelodysplastic Syndromes                    |
| 30-Jan              | Susan Vogt Temple, RN, MSN, ETN, AOCN | GlaxoSmithKline Pharmaceuticals        | Strategies to Improve Adherence to Oral Meds |
| 13-Feb              | Javier Pinilla-Ibarz, MD, PhD         | Moffitt Cancer Center                  | CML  |
| 1-Apr               | Joyce O'Shaughnessy, MD               | Texas Oncology, PA                     | Breast Cancer                                |
| 3-Apr               | Thomas Herzog, MD                     | Columbia University                    | Gynecological Cancer                         |
| 17-Apr              | Stefan Gluck, MD, PhD                 | University of Miami                    | Breast Cancer                                |
| 8-May               | Surbhi Jain, MD                       | Moffitt Cancer Center                  | Neuro-Oncology                               |
| 14-May              | Thomas Stinchcombe, BS, MD            | University of North Carolina           | Lung Cancer                                  |
| 5-Jun               | Craig Kitchens, MD                    | Shands - Gainesville                   | ITP  |
| 26-Jun              | John Pagel, MD, PhD                   | Fred Hutchinson Cancer Research Ctr    | Leukemia/Radioimmunotherapy                  |
| 23-Jul              | Rachid Baz, MD                        | Moffitt Cancer Center                  | Multiple Myeloma                             |
| 24-Jul              | Shayne Plosker, MD                    | University of South Florida            | Reproductive Endocrinology and Infertility   |
| 18-Sep              | Ronald Chamberlain, MD                | St. Barnabas Medical Center            | CLM  |

## Center for Cancer Care & Research Cancer Registry Activity Report on 2008 Data

The Cancer Registry at the Center for Cancer Care & Research (CCCR) is a multiple-facility cancer registry. Cancer cases from CCCR, Watson Clinic (WC) and Clark & Daughtrey Medical Group (CD) are accessioned into the Cancer Registry. The CCCR is one of only two freestanding outpatient cancer treatment facilities in the country that are accredited by the American College of Surgeons (ACoS) Commission on Cancer (CoC). As an accredited Freestanding Cancer Center Program (FCCP), the CCCR and the Cancer Registry must meet rigorous data-collection and cancer-program standards.

De-identified cancer cases are reported annually to the National Cancer Data Base (NCDB), a joint project of the ACoS and the American Cancer Society. Identified cancer cases are reported throughout the year to the Department of Health Florida Cancer Data System (FCDS), the state central cancer registry, as required by Florida statutes. Cancer Registry data are used at the local, state and national levels for research, assessment of treatment effectiveness, allocation of resources and identifying trends in cancer incidence and mortality. The term “cancer” case is a slight misnomer. Since January 1, 2004, cancer registries have been required by the National Program of Cancer Registries to also collect benign brain and central nervous system tumors.

A benefit of reporting to the NCDB is receiving quality of patient care assessment tools in the form of Cancer Program Practice Profile Reports (CP<sup>3</sup>R). These reports compare the facility's cases to selected measures from standard treatment guidelines and provide a “score” of how often these cases comply with each measure. The CCCR Cancer Committee committed to reviewing all the CP<sup>3</sup>R measures during 2009. The Cancer Registry updated the cases for all the measures prior to each review to ensure accuracy. The resulting NCDB profile reports grouped CCCR with NCI, VA and non-hospital cancer programs in order to provide comparisons of CCCR scores to aggregate scores from other facilities. The reviews revealed that CCCR scored higher than all other facilities in their category for every quality measure. CCCR also scored higher for every measure than CoC-accredited facilities in Florida, the Southeast and the country.

This past year the CoC recognized CCCR cancer liaison physician, Dr. Luis Franco, with a Cancer Liaison Physician Outstanding Performance Award for 2008. Among Dr. Franco's many accomplishments was his recommendation to the medical staff to provide educational presentations to the cancer care team on the CCCR's most frequent cancer sites, each highlighting AJCC stage, prognostic indicators and NCCN treatment guidelines. The final presentation of this series was in the process of being scheduled at the time of this report.

Universal cancer registry standards require a separate cancer registry abstract (record) for each primary cancer diagnosed in a single patient and for each time a patient goes to another facility (CCCR, WC or CD) for the same cancer. As you can see from the tables included in this report, the Cancer Registry accessioned 4008 cancer cases for 2008: 1,711 for CCCR, 2098 for WC and 199 for CD. Each of these facilities saw an increase in cases compared to 2007. The number of unique patients accounting for the 4008 cancer cases was 2378, also an increase over last year.

Three tables showing total cases with cancer-site, gender and class distributions for each of the three facilities follow in this report. A fourth table shows the cancer-site, gender and stage distributions of CCCR analytic cases. Analytic is a class of cases that were diagnosed and/or received at least part of their first-course therapy at the reporting facility. Non-analytic is a class of cases that were diagnosed and received all first-course therapy elsewhere. The same cancer may be analytic for one facility and non-analytic at another. Of the 1,711 cases seen at the CCCR, 1144 (67%) were analytic and 567 (33%) were non-analytic. Of the 1144 analytic CCCR cases, 523 (46%) were male and 621 (54%) were female.

Because CCCR does not offer surgery, cancer sites that are frequently treated with surgery alone, for example colorectal, GYN, prostate and melanoma to name a few, have cases included on the WC and CD tables that are not included on the CCCR table. Only patients referred to CCCR for treatment are counted as CCCR cases. Conversely, cancer cases referred directly to CCCR from other facilities may not be included on the WC and CD tables. The result is that the

numbers of cancers seen at the three facilities is somewhat smaller than the sum of the totals from the three tables but greater than the largest total on any single table. This is true for most cancer sites and definitely true for facility cancer totals.

The tables report only Cancer Registry cases. Some cancer sites, notably colon, GYN and soft tissue, are sometimes first seen, diagnosed and/or surgically treated by our physicians at other facilities and do not come to our outpatient facilities until after the cancer has been removed. Unless these cancer-free patients receive adjuvant therapy at our facilities, they do not meet criteria for including in the Cancer Registry and are not represented in any of the tables in this report. Consequently our physicians manage many more cancers than indicated by the sums of totals from the following three tables.

Besides the four site-distribution tables, also included in this report are several graphical analyses of 2008 CCCR analytic cancer cases:

- Five most frequent cancer sites for all CCCR analytic cases
- Five most frequent cancer sites for CCCR analytic male cases
- Five most frequent cancer sites for CCCR analytic female cases
- Five most frequent cancer sites compared to Florida and national incidence.
- Age at diagnosis.
- Distribution of stage at diagnosis for all cancer sites combined.
- County of residence at time of diagnosis

Table 1

## Total 2008 Cases for CCCR

| PRIMARY SITE              | CASES       | MALE       | FEMALE     | ANALYTIC    | NON-ANALYTIC |
|---------------------------|-------------|------------|------------|-------------|--------------|
| <b>ALL SITES</b>          | <b>1711</b> | <b>808</b> | <b>903</b> | <b>1144</b> | <b>567</b>   |
| TONGUE                    | 8           | 3          | 5          | 3           | 5            |
| OROPHARYNX                | 2           | 1          | 1          | 1           | 1            |
| HYPOPHARYNX               | 0           | 0          | 0          | 0           | 0            |
| OTHER HEAD & NECK         | 29          | 22         | 7          | 22          | 7            |
| ESOPHAGUS                 | 20          | 13         | 7          | 14          | 6            |
| STOMACH                   | 24          | 14         | 10         | 16          | 8            |
| COLON                     | 126         | 71         | 55         | 78          | 48           |
| RECTUM                    | 42          | 26         | 16         | 33          | 9            |
| ANUS/ANAL CANAL           | 8           | 1          | 7          | 8           | 0            |
| LIVER                     | 10          | 6          | 4          | 9           | 1            |
| PANCREAS                  | 30          | 17         | 13         | 25          | 5            |
| OTHER DIGESTIVE           | 15          | 8          | 7          | 10          | 5            |
| NASAL/SINUS               | 0           | 0          | 0          | 0           | 0            |
| LARYNX                    | 24          | 22         | 2          | 18          | 6            |
| LUNG/BRONCHUS             | 243         | 130        | 113        | 202         | 41           |
| OTHER RESPIRATORY         | 2           | 2          | 0          | 2           | 0            |
| LEUKEMIA                  | 73          | 45         | 28         | 54          | 19           |
| MULTIPLE MYELOMA          | 26          | 15         | 11         | 18          | 8            |
| OTHER BLOOD & BONE MARROW | 44          | 26         | 18         | 29          | 15           |
| BONE                      | 6           | 4          | 2          | 3           | 3            |
| CONNECT/SOFT TISSUE       | 8           | 6          | 2          | 3           | 5            |
| MELANOMA                  | 93          | 50         | 43         | 34          | 59           |
| OTHER CUTANEOUS           | 6           | 2          | 4          | 3           | 3            |
| BREAST                    | 346         | 3          | 343        | 251         | 95           |
| CERVIX UTERI              | 29          | 0          | 29         | 17          | 12           |
| CORPUS UTERI              | 40          | 0          | 40         | 27          | 13           |
| OVARY                     | 30          | 0          | 30         | 21          | 9            |
| VULVA                     | 7           | 0          | 7          | 2           | 5            |
| OTHER FEMALE GENITAL      | 4           | 0          | 4          | 3           | 1            |
| PROSTATE                  | 175         | 175        | 0          | 95          | 80           |
| TESTIS                    | 10          | 10         | 0          | 8           | 2            |
| OTHER MALE GENITAL        | 1           | 1          | 0          | 0           | 1            |
| BLADDER                   | 49          | 45         | 4          | 17          | 32           |
| KIDNEY/RENAL              | 26          | 16         | 10         | 7           | 19           |
| OTHER URINARY             | 1           | 0          | 1          | 1           | 0            |
| BRAIN (MALIGNANT)         | 11          | 4          | 7          | 9           | 2            |
| OTHER CNS                 | 6           | 4          | 2          | 2           | 4            |
| THYROID                   | 16          | 5          | 11         | 8           | 8            |
| OTHER ENDOCRINE           | 0           | 0          | 0          | 0           | 0            |
| HODGKIN LYMPHOMA          | 6           | 3          | 3          | 4           | 2            |
| NON-HODGKIN LYMPHOMA      | 88          | 43         | 45         | 71          | 17           |
| UNKNOWN PRIMARY           | 23          | 14         | 9          | 16          | 7            |
| OTHER & ILL-DEFINED SITES | 4           | 1          | 3          | 0           | 4            |



Table 2

## Total 2008 Cases for Watson Clinic LLP

| PRIMARY SITE              | CASES       | MALE        | FEMALE      | ANALYTIC    | NON-ANALYTIC |
|---------------------------|-------------|-------------|-------------|-------------|--------------|
| <b>ALL SITES</b>          | <b>2098</b> | <b>1001</b> | <b>1097</b> | <b>1049</b> | <b>1049</b>  |
| TONGUE                    | 9           | 6           | 3           | 6           | 3            |
| OROPHARYNX                | 2           | 1           | 1           | 0           | 2            |
| HYPOPHARYNX               | 0           | 0           | 0           | 0           | 0            |
| OTHER MOUTH               | 27          | 21          | 6           | 10          | 17           |
| ESOPHAGUS                 | 12          | 9           | 3           | 0           | 12           |
| STOMACH                   | 12          | 8           | 4           | 4           | 8            |
| COLON                     | 91          | 40          | 51          | 18          | 73           |
| RECTUM                    | 26          | 14          | 12          | 5           | 21           |
| ANUS/ANAL CANAL           | 4           | 0           | 4           | 0           | 4            |
| LIVER                     | 10          | 4           | 6           | 3           | 7            |
| PANCREAS                  | 27          | 15          | 12          | 12          | 15           |
| OTHER DIGESTIVE           | 15          | 9           | 6           | 2           | 13           |
| NASAL/SINUS               | 1           | 1           | 0           | 0           | 1            |
| LARYNX                    | 22          | 19          | 3           | 8           | 14           |
| LUNG/BRONCHUS             | 175         | 88          | 87          | 56          | 119          |
| OTHER RESPIRATORY         | 2           | 2           | 0           | 0           | 2            |
| LEUKEMIA                  | 47          | 26          | 21          | 9           | 38           |
| MULTIPLE MYELOMA          | 11          | 5           | 6           | 4           | 7            |
| OTHER BLOOD & BONE MARROW | 32          | 19          | 13          | 6           | 26           |
| BONE                      | 4           | 3           | 1           | 0           | 4            |
| CONNECT/SOFT TISSUE       | 9           | 5           | 4           | 4           | 5            |
| MELANOMA                  | 419         | 239         | 180         | 367         | 52           |
| OTHER CUTANEOUS           | 6           | 1           | 5           | 6           | 0            |
| BREAST                    | 328         | 2           | 326         | 196         | 132          |
| CERVIX UTERI              | 36          | 0           | 36          | 16          | 20           |
| CORPUS UTERI              | 67          | 0           | 67          | 30          | 37           |
| OVARY                     | 30          | 0           | 30          | 9           | 21           |
| VULVA                     | 16          | 0           | 16          | 11          | 5            |
| OTHER FEMALE GENITAL      | 5           | 0           | 5           | 4           | 1            |
| PROSTATE                  | 236         | 236         | 0           | 147         | 89           |
| TESTIS                    | 7           | 7           | 0           | 2           | 5            |
| OTHER MALE GENITAL        | 1           | 1           | 0           | 1           | 0            |
| BLADDER                   | 107         | 87          | 20          | 33          | 74           |
| KIDNEY/RENAL              | 55          | 28          | 27          | 38          | 17           |
| OTHER URINARY             | 2           | 1           | 1           | 2           | 0            |
| BRAIN (MALIGNANT)         | 10          | 9           | 1           | 4           | 6            |
| OTHER CNS                 | 93          | 33          | 60          | 7           | 86           |
| THYROID                   | 34          | 7           | 27          | 7           | 27           |
| OTHER ENDOCRINE           | 0           | 0           | 0           | 0           | 0            |
| HODGKIN LYMPHOMA          | 27          | 14          | 13          | 4           | 23           |
| NON-HODGKIN LYMPHOMA      | 58          | 29          | 29          | 14          | 44           |
| UNKNOWN PRIMARY           | 22          | 11          | 11          | 4           | 18           |
| OTHER & ILL-DEFINED SITES | 1           | 1           | 0           | 0           | 1            |

**Table 3 Total 2008 Cases for Clark & Daughtrey Medical Group, P.A.**

| PRIMARY SITE              | CASES      | MALE      | FEMALE     | ANALYTIC  | NON-ANALYTIC |
|---------------------------|------------|-----------|------------|-----------|--------------|
| <b>ALL SITES</b>          | <b>199</b> | <b>93</b> | <b>106</b> | <b>58</b> | <b>141</b>   |
| TONGUE                    | 1          | 0         | 1          | 0         | 1            |
| OROPHARYNX                | 0          | 0         | 0          | 0         | 0            |
| HYPOPHARYNX               | 0          | 0         | 0          | 0         | 0            |
| OTHER MOUTH               | 6          | 2         | 4          | 3         | 3            |
| ESOPHAGUS                 | 1          | 1         | 0          | 0         | 1            |
| STOMACH                   | 4          | 3         | 1          | 1         | 3            |
| COLON                     | 18         | 11        | 7          | 8         | 10           |
| RECTUM                    | 7          | 6         | 1          | 5         | 2            |
| ANUS/ANAL CANAL           | 0          | 0         | 0          | 0         | 0            |
| LIVER                     | 0          | 0         | 0          | 0         | 0            |
| PANCREAS                  | 1          | 1         | 0          | 1         | 0            |
| OTHER DIGESTIVE           | 2          | 2         | 0          | 0         | 2            |
| NASAL/SINUS               | 0          | 0         | 0          | 0         | 0            |
| LARYNX                    | 2          | 2         | 0          | 1         | 1            |
| LUNG/BRONCHUS             | 49         | 25        | 24         | 6         | 43           |
| OTHER RESPIRATORY         | 0          | 0         | 0          | 0         | 0            |
| LEUKEMIA                  | 7          | 4         | 3          | 0         | 7            |
| MULTIPLE MYELOMA          | 2          | 2         | 0          | 0         | 2            |
| OTHER BLOOD & BONE MARROW | 5          | 0         | 5          | 0         | 5            |
| BONE                      | 0          | 0         | 0          | 0         | 0            |
| CONNECT/SOFT TISSUE       | 0          | 0         | 0          | 0         | 0            |
| MELANOMA                  | 2          | 0         | 2          | 1         | 1            |
| OTHER CUTANEOUS           | 0          | 0         | 0          | 0         | 0            |
| BREAST                    | 35         | 0         | 35         | 16        | 19           |
| CERVIX UTERI              | 4          | 0         | 4          | 1         | 3            |
| CORPUS UTERI              | 6          | 0         | 6          | 4         | 2            |
| OVARY                     | 1          | 0         | 1          | 0         | 1            |
| VULVA                     | 0          | 0         | 0          | 0         | 0            |
| OTHER FEMALE GENITAL      | 2          | 0         | 2          | 0         | 2            |
| PROSTATE                  | 18         | 18        | 0          | 9         | 9            |
| TESTIS                    | 0          | 0         | 0          | 0         | 0            |
| OTHER MALE GENITAL        | 0          | 0         | 0          | 0         | 0            |
| BLADDER                   | 3          | 3         | 0          | 1         | 2            |
| KIDNEY/RENAL              | 2          | 2         | 0          | 0         | 2            |
| OTHER URINARY             | 0          | 0         | 0          | 0         | 0            |
| BRAIN (MALIGNANT)         | 0          | 0         | 0          | 0         | 0            |
| OTHER CNS                 | 0          | 0         | 0          | 0         | 0            |
| THYROID                   | 3          | 2         | 1          | 1         | 2            |
| OTHER ENDOCRINE           | 0          | 0         | 0          | 0         | 0            |
| HODGKIN LYMPHOMA          | 0          | 0         | 0          | 0         | 0            |
| NON-HODGKIN LYMPHOMA      | 14         | 8         | 6          | 0         | 14           |
| UNKNOWN PRIMARY           | 4          | 1         | 3          | 0         | 4            |
| OTHER & ILL-DEFINED SITES | 0          | 0         | 0          | 0         | 0            |

**Table 4 CCCR 2008 Primary Site Distribution of Analytic Cancer Cases**

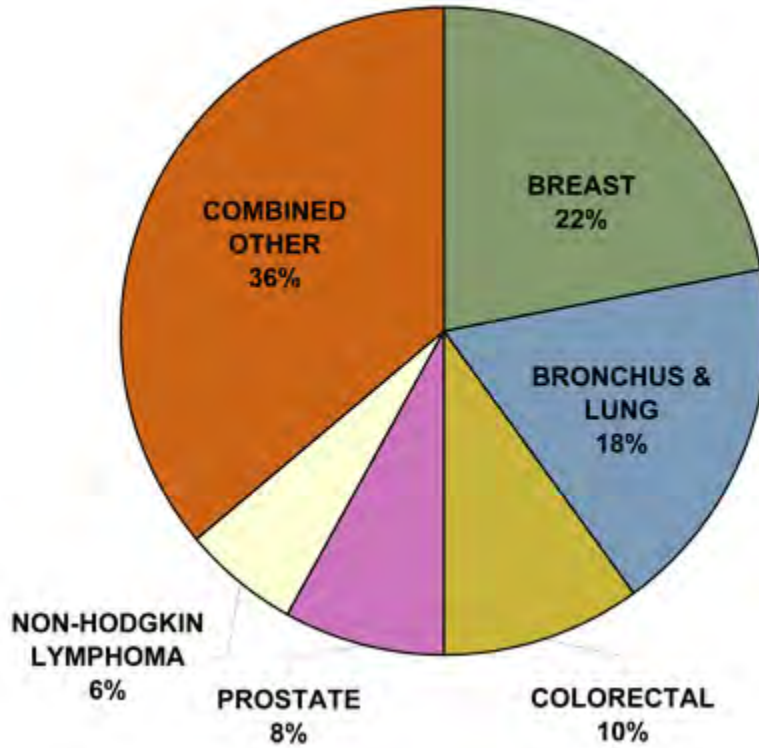
| PRIMARY SITE                   | CLASS<br>Analytic | GENDER     |            | AJCC STAGE AT DIAGNOSIS |            |            |            |            |           |            |
|--------------------------------|-------------------|------------|------------|-------------------------|------------|------------|------------|------------|-----------|------------|
|                                |                   | Male       | Female     | 0                       | I          | II         | III        | IV         | UNK       | N/A        |
| <b>ALL SITES</b>               | <b>1144</b>       | <b>523</b> | <b>621</b> | <b>53</b>               | <b>259</b> | <b>216</b> | <b>175</b> | <b>234</b> | <b>66</b> | <b>141</b> |
| <b>ORAL CAVITY</b>             | <b>26</b>         | <b>21</b>  | <b>5</b>   | <b>0</b>                | <b>4</b>   | <b>2</b>   | <b>2</b>   | <b>13</b>  | <b>4</b>  | <b>1</b>   |
| Lip                            | 0                 | 0          | 0          | 0                       | 0          | 0          | 0          | 0          | 0         | 0          |
| Tongue                         | 3                 | 3          | 0          | 0                       | 0          | 1          | 0          | 1          | 1         | 0          |
| Oropharynx                     | 1                 | 1          | 0          | 0                       | 0          | 0          | 0          | 1          | 0         | 0          |
| Hypopharynx                    | 0                 | 0          | 0          | 0                       | 0          | 0          | 0          | 0          | 0         | 0          |
| Other                          | 22                | 17         | 5          | 0                       | 4          | 1          | 2          | 11         | 3         | 1          |
| <b>DIGESTIVE SYSTEM</b>        | <b>193</b>        | <b>110</b> | <b>83</b>  | <b>8</b>                | <b>26</b>  | <b>39</b>  | <b>44</b>  | <b>56</b>  | <b>14</b> | <b>6</b>   |
| Esophagus                      | 14                | 10         | 4          | 1                       | 0          | 4          | 2          | 5          | 2         | 0          |
| Stomach                        | 16                | 10         | 6          | 0                       | 3          | 3          | 1          | 4          | 3         | 2          |
| Colon                          | 76                | 45         | 31         | 6                       | 6          | 11         | 27         | 23         | 2         | 1          |
| Rectum                         | 33                | 19         | 14         | 1                       | 9          | 13         | 6          | 4          | 0         | 0          |
| Anus/Anal Canal                | 8                 | 1          | 7          | 0                       | 3          | 2          | 1          | 0          | 2         | 0          |
| Liver                          | 9                 | 5          | 4          | 0                       | 1          | 2          | 3          | 0          | 3         | 0          |
| Pancreas                       | 25                | 13         | 12         | 0                       | 3          | 1          | 4          | 15         | 2         | 0          |
| Other                          | 12                | 7          | 5          | 0                       | 1          | 3          | 0          | 5          | 0         | 3          |
| <b>RESPIRATORY SYSTEM</b>      | <b>222</b>        | <b>126</b> | <b>96</b>  | <b>1</b>                | <b>52</b>  | <b>21</b>  | <b>61</b>  | <b>79</b>  | <b>6</b>  | <b>2</b>   |
| Nasal/Sinus                    | 0                 | 0          | 0          | 0                       | 0          | 0          | 0          | 0          | 0         | 0          |
| Larynx                         | 18                | 16         | 2          | 1                       | 6          | 4          | 4          | 3          | 0         | 0          |
| Lung/Bronchus                  | 202               | 108        | 94         | 0                       | 45         | 16         | 57         | 76         | 6         | 2          |
| Other                          | 2                 | 2          | 0          | 0                       | 1          | 1          | 0          | 0          | 0         | 0          |
| <b>BLOOD &amp; BONE MARROW</b> | <b>101</b>        | <b>66</b>  | <b>35</b>  | <b>0</b>                | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>  | <b>101</b> |
| Leukemia                       | 54                | 36         | 18         | 0                       | 0          | 0          | 0          | 0          | 0         | 54         |
| Multiple Myeloma               | 18                | 12         | 6          | 0                       | 0          | 0          | 0          | 0          | 0         | 18         |
| Other                          | 29                | 18         | 11         | 0                       | 0          | 0          | 0          | 0          | 0         | 29         |
| <b>BONE</b>                    | <b>3</b>          | <b>2</b>   | <b>1</b>   | <b>0</b>                | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>2</b>  | <b>1</b>   |
| <b>CONNECT/SOFT TISSUE</b>     | <b>3</b>          | <b>2</b>   | <b>1</b>   | <b>0</b>                | <b>0</b>   | <b>1</b>   | <b>0</b>   | <b>0</b>   | <b>2</b>  | <b>0</b>   |
| <b>SKIN</b>                    | <b>37</b>         | <b>19</b>  | <b>18</b>  | <b>6</b>                | <b>14</b>  | <b>4</b>   | <b>2</b>   | <b>2</b>   | <b>8</b>  | <b>1</b>   |
| Melanoma                       | 34                | 19         | 15         | 6                       | 13         | 3          | 2          | 2          | 8         | 0          |
| Other                          | 3                 | 0          | 3          | 0                       | 1          | 1          | 0          | 0          | 0         | 1          |
| <b>BREAST</b>                  | <b>251</b>        | <b>2</b>   | <b>249</b> | <b>37</b>               | <b>114</b> | <b>63</b>  | <b>20</b>  | <b>11</b>  | <b>6</b>  | <b>0</b>   |
| <b>FEMALE GENITAL</b>          | <b>70</b>         | <b>0</b>   | <b>70</b>  | <b>0</b>                | <b>21</b>  | <b>8</b>   | <b>21</b>  | <b>15</b>  | <b>3</b>  | <b>2</b>   |
| Cervix Uteri                   | 17                | 0          | 17         | 0                       | 6          | 2          | 4          | 5          | 0         | 0          |
| Corpus Uteri                   | 27                | 0          | 27         | 0                       | 12         | 3          | 8          | 2          | 2         | 0          |
| Ovary                          | 21                | 0          | 21         | 0                       | 3          | 2          | 7          | 8          | 1         | 0          |
| Vulva                          | 2                 | 0          | 2          | 0                       | 0          | 1          | 1          | 0          | 0         | 0          |
| Other                          | 3                 | 0          | 3          | 0                       | 0          | 0          | 1          | 0          | 0         | 2          |
| <b>MALE GENITAL</b>            | <b>103</b>        | <b>103</b> | <b>0</b>   | <b>0</b>                | <b>5</b>   | <b>64</b>  | <b>2</b>   | <b>15</b>  | <b>17</b> | <b>0</b>   |
| Prostate                       | 95                | 95         | 0          | 0                       | 0          | 64         | 0          | 15         | 16        | 0          |
| Testis                         | 8                 | 8          | 0          | 0                       | 5          | 0          | 2          | 0          | 1         | 0          |
| Other                          | 0                 | 0          | 0          | 0                       | 0          | 0          | 0          | 0          | 0         | 0          |
| <b>URINARY SYSTEM</b>          | <b>25</b>         | <b>17</b>  | <b>8</b>   | <b>1</b>                | <b>0</b>   | <b>4</b>   | <b>4</b>   | <b>14</b>  | <b>2</b>  | <b>0</b>   |
| Bladder                        | 17                | 14         | 3          | 1                       | 0          | 4          | 2          | 9          | 1         | 0          |
| Kidney/Renal                   | 7                 | 3          | 4          | 0                       | 0          | 0          | 1          | 5          | 1         | 0          |
| Other                          | 1                 | 0          | 1          | 0                       | 0          | 0          | 1          | 0          | 0         | 0          |
| <b>BRAIN &amp; CNS</b>         | <b>11</b>         | <b>4</b>   | <b>7</b>   | <b>0</b>                | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>  | <b>11</b>  |
| Brain (Benign)                 | 0                 | 0          | 0          | 0                       | 0          | 0          | 0          | 0          | 0         | 0          |
| Brain (Malignant)              | 9                 | 2          | 7          | 0                       | 0          | 0          | 0          | 0          | 0         | 9          |

|                                      |           |           |           |          |           |           |           |           |          |           |
|--------------------------------------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|----------|-----------|
| Other                                | 2         | 2         | 0         | 0        | 0         | 0         | 0         | 0         | 0        | 2         |
| <b>ENDOCRINE</b>                     | <b>8</b>  | <b>2</b>  | <b>6</b>  | <b>0</b> | <b>4</b>  | <b>0</b>  | <b>1</b>  | <b>2</b>  | <b>1</b> | <b>0</b>  |
| Thyroid                              | 8         | 2         | 6         | 0        | 4         | 0         | 1         | 2         | 1        | 0         |
| Other                                | 0         | 0         | 0         | 0        | 0         | 0         | 0         | 0         | 0        | 0         |
| <b>LYMPHATIC SYSTEM</b>              | <b>75</b> | <b>38</b> | <b>37</b> | <b>0</b> | <b>19</b> | <b>10</b> | <b>18</b> | <b>27</b> | <b>1</b> | <b>0</b>  |
| Hodgkin Lymphoma                     | 4         | 2         | 2         | 0        | 1         | 2         | 0         | 1         | 0        | 0         |
| Non-Hodgkin Lymphoma                 | 71        | 36        | 35        | 0        | 18        | 8         | 18        | 26        | 1        | 0         |
| <b>UNKNOWN PRIMARY</b>               | <b>16</b> | <b>11</b> | <b>5</b>  | <b>0</b> | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>16</b> |
| <b>OTHER &amp; ILL-DEFINED SITES</b> | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b>  |

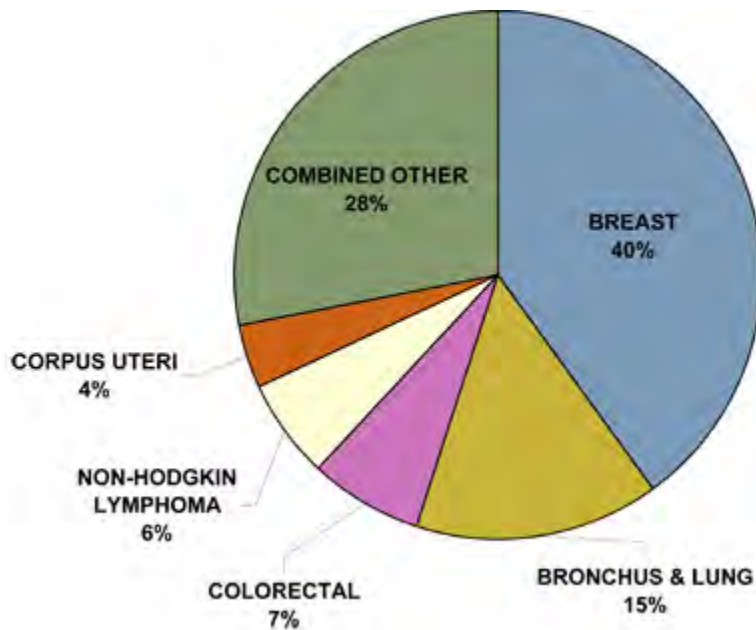
## 5 Most Frequent Cancer Sites in 2008

The five most frequent analytic cancer sites at the CCCR were breast (22% of total cases), lung (18%), colorectal (10%), prostate (8%) and non-Hodgkin lymphoma (6%). Almost two-thirds (64%) of CCCR analytic cases in 2008 were these five sites.

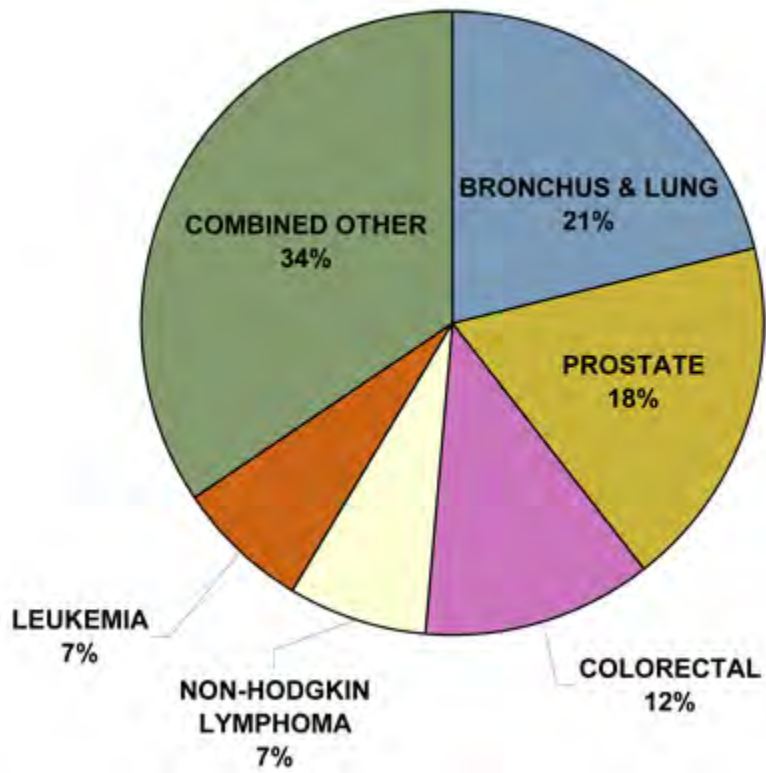
Distribution of 2008 CCCR Cases



Distribution of 2008 CCCR Female Cases



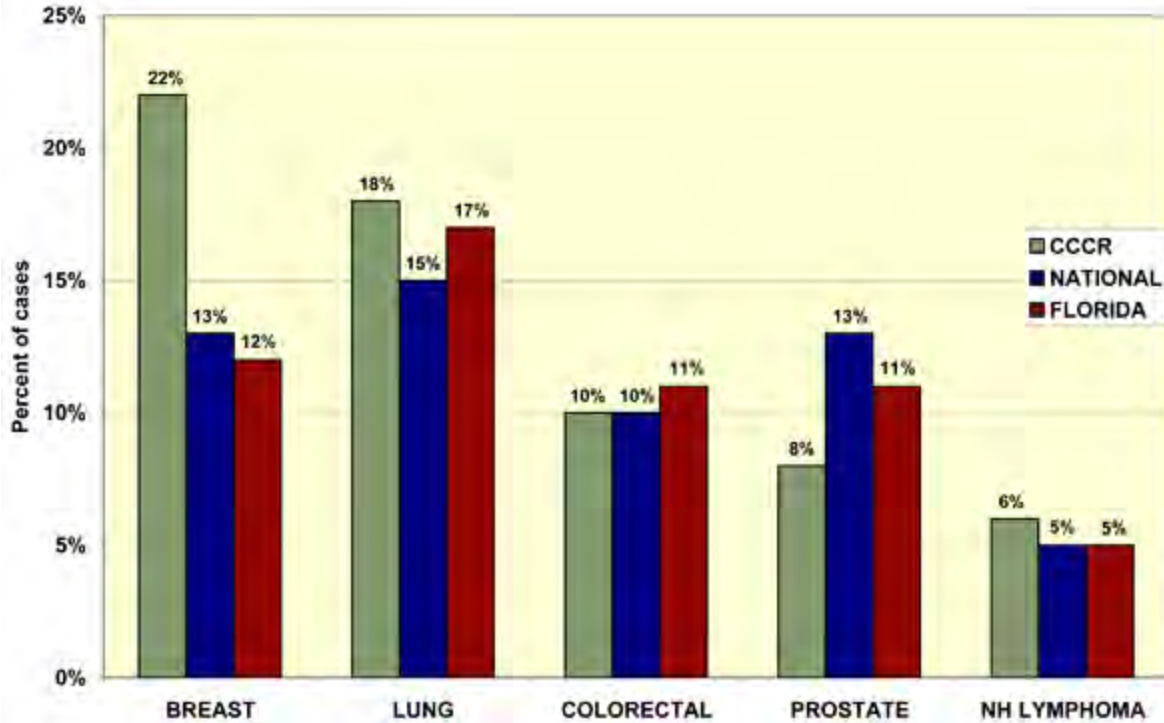
Distribution of 2008 CCCR Male Cases





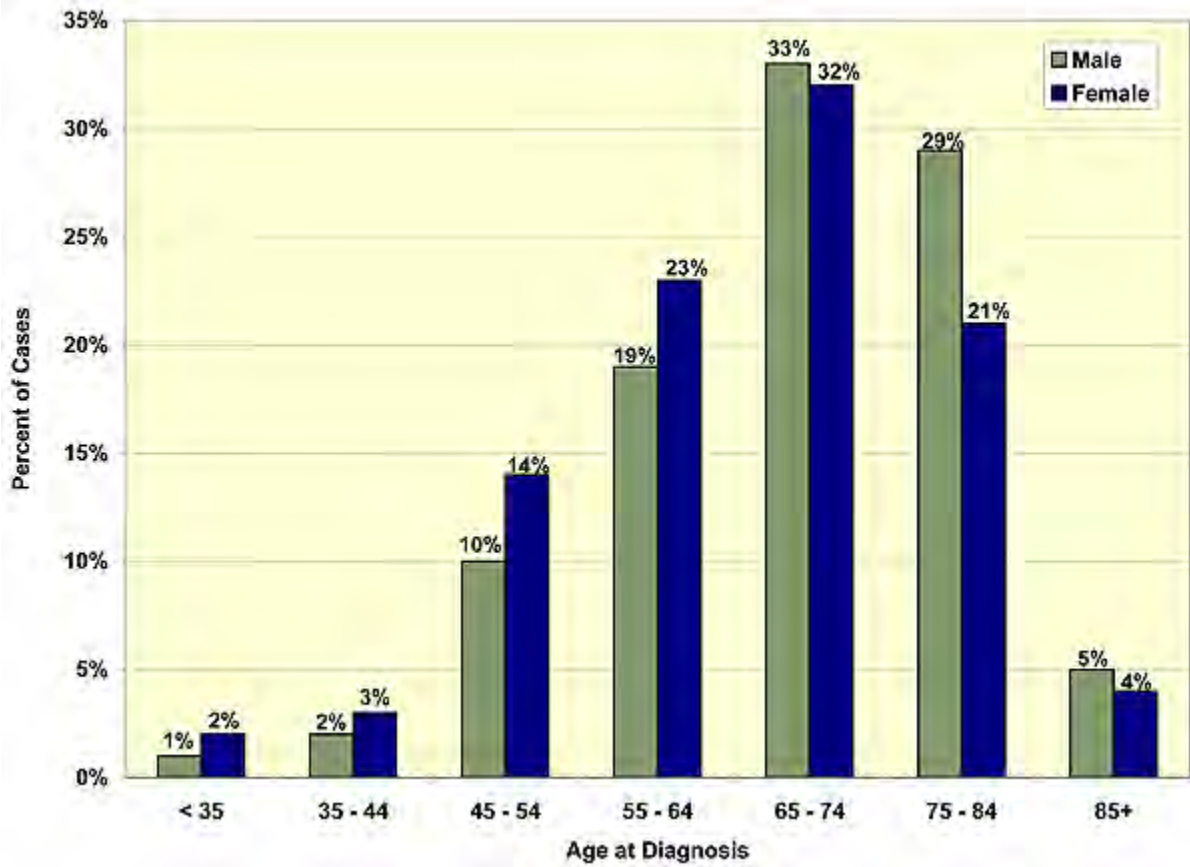
## CCCR 2008 Frequency Compared to Incidence

When comparing the frequency of the top five cancer sites seen at CCCR to the incidence of the same sites in Florida and the United States, there are some obvious differences. Similar to last year, the CCCR sees about double its “share” of breast cancer but sees less prostate cancer than either the state or the nation figures might indicate. The numbers of CCCR cases are based on actual counts of cases in the Cancer Registry database. The source of state and national incidence data is from *Cancer Facts & Figures 2008*, published by the [American Cancer Society \(ACS\)](#).



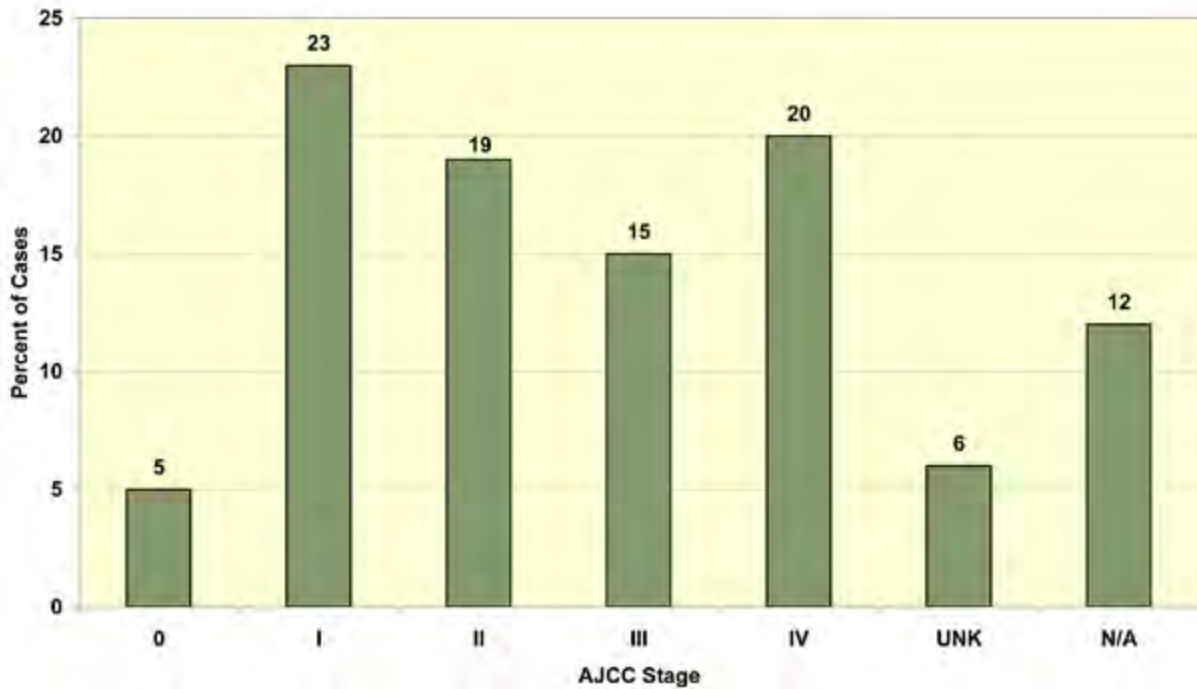
## Age at Diagnosis by Gender of CCCR 2008 Analytic Cases

Over half (62%) of newly diagnosed (analytic) CCCR patients were age 65 or older. Of the male patients, 67% were age 65 or older. Of the female patients, 57% were age 65 or older. The share of Medicare-age patients increased slightly over last year.



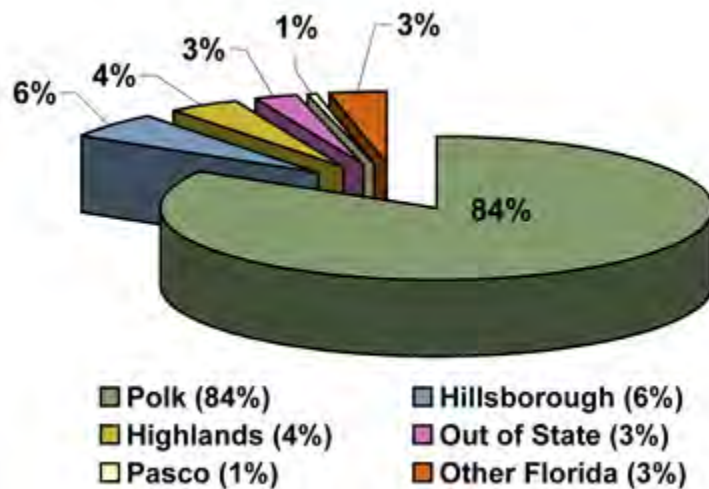
## AJCC Stage at Diagnosis of CCCR 2008 Analytic Cases

Of CCCR analytic cases in 2008, 47% were early stages (states 0, I and II) and 35% were later stages (stages III and IV). Cancer cases that are curative at early stage with surgery are not as frequently seen at a cancer center that specializes in adjuvant therapies and treating challenging cancers that present treatment-planning difficulties.



## County of Residence at Diagnosis of CCCR 2008 Analytic Cases

Most CCCR patients (84%) were residents of Polk County at the time of their diagnosis. Another approximately 11% came from surrounding counties, but a surprising 6% came from outside the region.



*Percentages do not total 100% due to rounding.*

**Center for Cancer Care & Research (CCCR)**  
**Average Relative Dose Intensities of Adjuvant Chemotherapy Treatments**  
**Received by Stage III Colorectal Cancer Patients.**

**M.Saco, T.Saco, L. Franco, M.D.; Watson Clinic LLP; Center for Cancer Care & Research;**  
**Florida Southern College, Lakeland, Florida.**

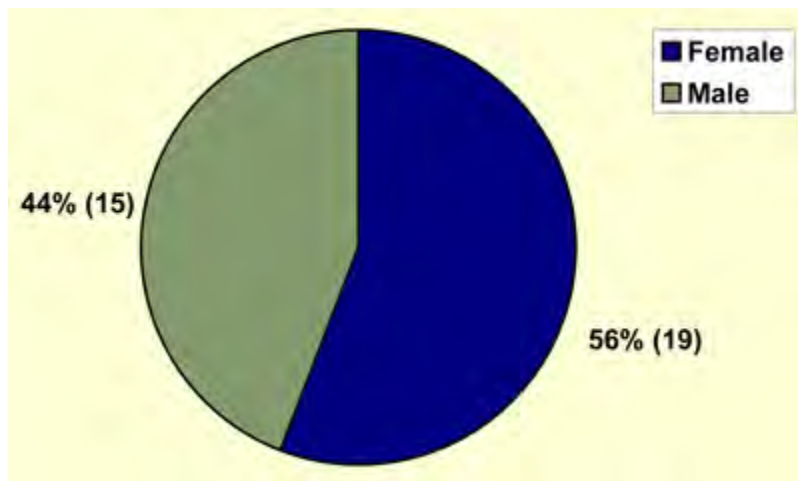
**Background:** Most colon cancer patients appear to have localized cancers that can be completely removed by surgery. But, approximately 33% of patients who have undergone curative colon cancer resections will present at a later date with recurrences due to residual microscopic metastatic disease. To attempt to eradicate this residual micrometastatic disease, adjuvant chemotherapy is given. For many years, it has been common practice for oncologists to decrease doses or delay chemotherapy treatment due to toxic side effects. However, research on the methods of chemotherapy administration is now showing that dose reductions and treatment delays actually reduce the dose intensity of a chemotherapy regimen. This is being shown through average relative dose intensity (ARDI) calculations. This retrospective study is an evaluation of the Watson Clinic Center for Cancer Care and Research with regard to achieving adequate ARDI percentages of adjuvant colorectal cancer chemotherapy regimens in order to prevent recurrences.

**Methods:** Information gathered was used to evaluate patients with Stage III colorectal adenocarcinomas who received adjuvant chemotherapy at the Center for Cancer Care and Research over the three-year period from 2005 to 2008. Data from the center for Cancer Care and Research (Watson Clinic LLP), the Watson Clinic LLP *NextGen* Electronic Medical Record, and Lakeland Regional Medical Center Online Database was used. Calculations were conducted in order to find the ARDI. These calculations included patients' body surface areas (BSA), the number of weeks of chemotherapy, the total amount of each medication the patients received during the full course of their treatment, the standard amount of medication the patients should have received during the full course of their treatment in accordance with their BSAs at the time of each of their treatments, the delivered dose intensity (DDI), the standard dose intensity (SDI), the relative dose intensity (RDI), and ARDI. A PROCRT EPOETIN ALFA Body Surface Area Calculator was used to calculate the BSA of the patients at the time of a treatment.

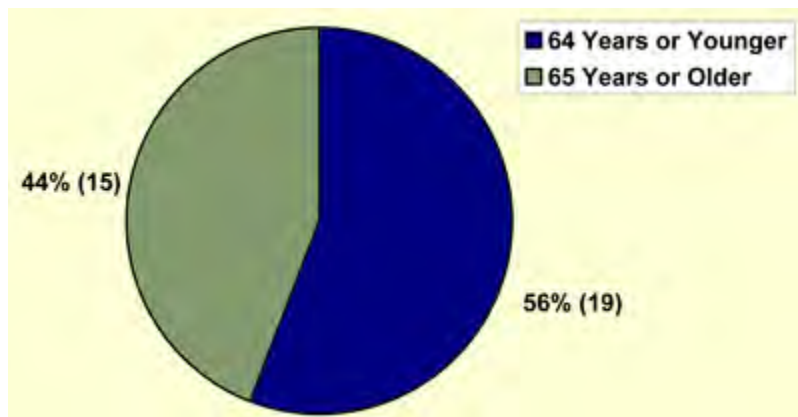
**Results:** A total of 34 Stage III colorectal cancer patients who received adjuvant chemotherapy were evaluated in this study. Of the 34 patients, 5 (15%) experienced a recurrence, while 29 (85%) did not experience a recurrence. Only the 20 patients who underwent a FOLFOX 6, FOLFOX 6 + Erbitux, or XELOX regimen for five or more treatments were included for calculating RDIs. Of those 20 patients, 3 (15%) experienced a recurrence. 4 (20%) of the 20 patients' treatment times lasted less than the standard 24 weeks, 2 (10%) lasted the standard 24 weeks, and 14 (70%) lasted more than the standard 24 weeks. Of the 20 patients used for RDI calculations, 17 received a FOLFOX 6 regimen, 2 received a FOLFOX 6 + Erbitux regimen, and 1 received a XELOX regimen. Of the 20 patients used for ARDI calculations, 0 (0%) had an ARDI greater than 90%, 1 (5%) had an ARDI between 90% and 86%, 4 (20%) had an ARDI between 85% and 81%, and 15 (75%) had an ARDI less than 81%. The 3 recurrence patients used in the ARDI calculations had ARDIs of 64.98%, 77.93%, and 85.21%.

**Conclusions:** The main reasons for dosage reductions and delays seen in this study were due to complications of toxicity such as neutropenia and neuropathy. Still, 75% of the patients used for the ARDI calculations received an ARDI less than 81%. The results of this study demonstrate that as the ARDI decreases, the recurrence rate increases. Future studies should build upon this one and could possibly include OnDose and TheraGuide 5-FU data with regard to recurrences.

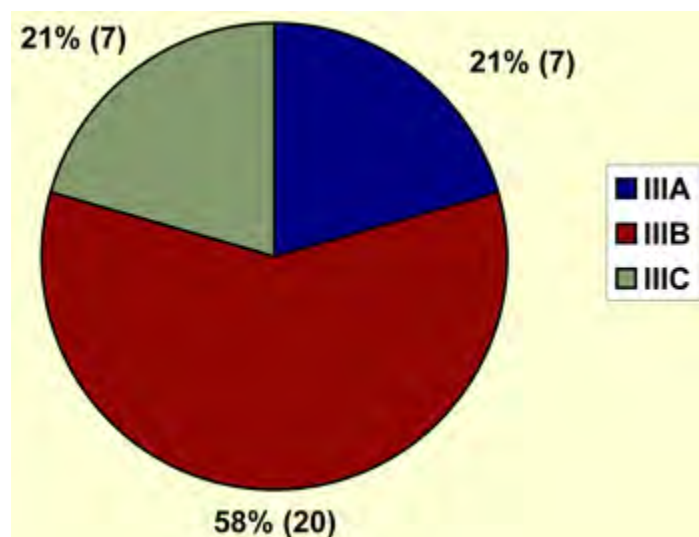
### Stage III Colorectal Cancer ARDI Study: Gender of Patients



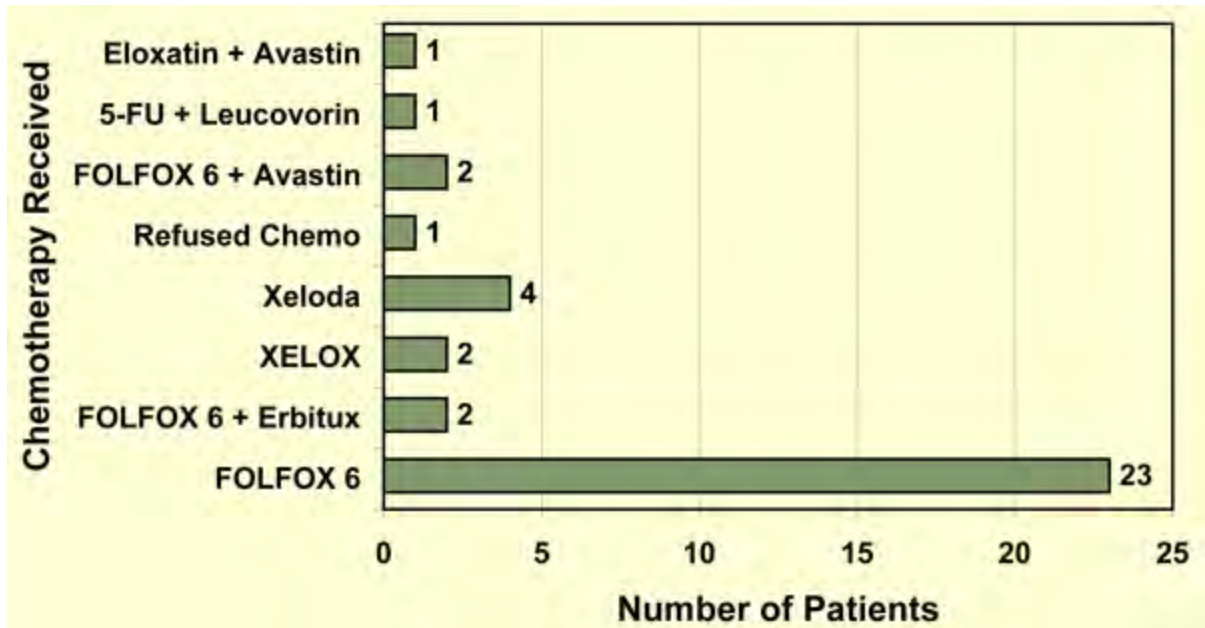
### Stage III Colorectal Cancer ARDI Study: Age of Patients



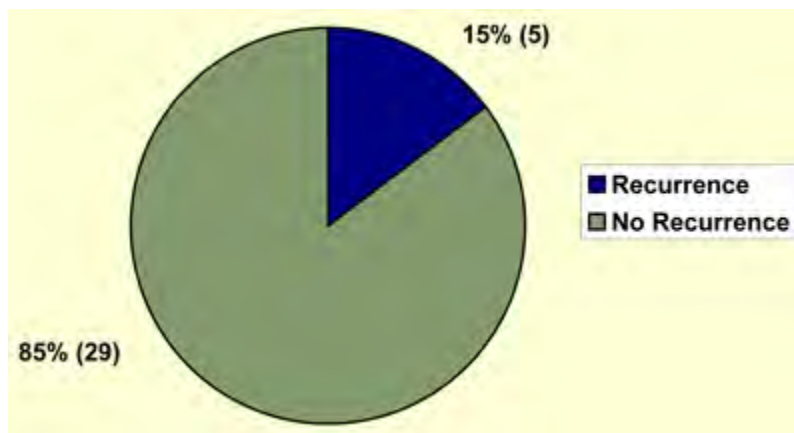
### Stage III Colorectal Cancer ARDI Study: Distribution of Stage IIIA, IIIB & IIIC Receiving Chemotherapy



### Stage III Colorectal ARDI Study: Types of Adjuvant Chemotherapy Received

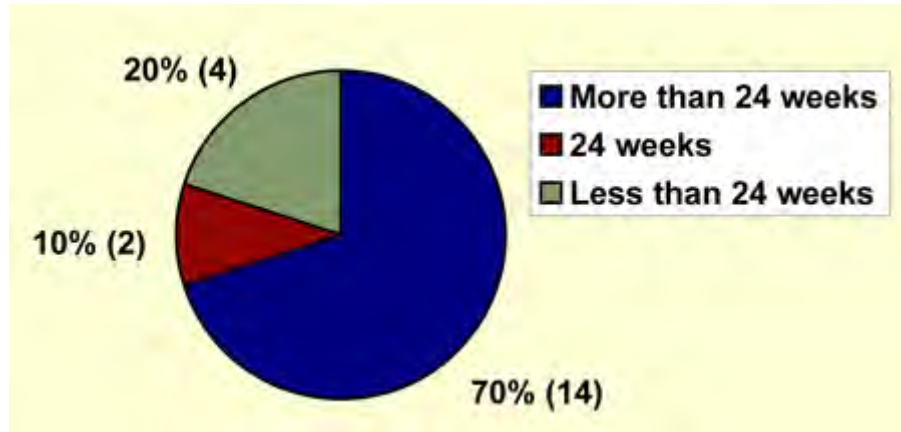


### Stage III Colorectal Cancer ARDI Study: Percentage of Recurrences





**Stage III Colorectal Cancer ARDI Study: Total Treatment Time of Adjuvant Chemotherapy Patients**



**Stage III Colorectal Cancer ARDI Study: Comparison of Recurrence and Non-recurrence Patient ARDI's**

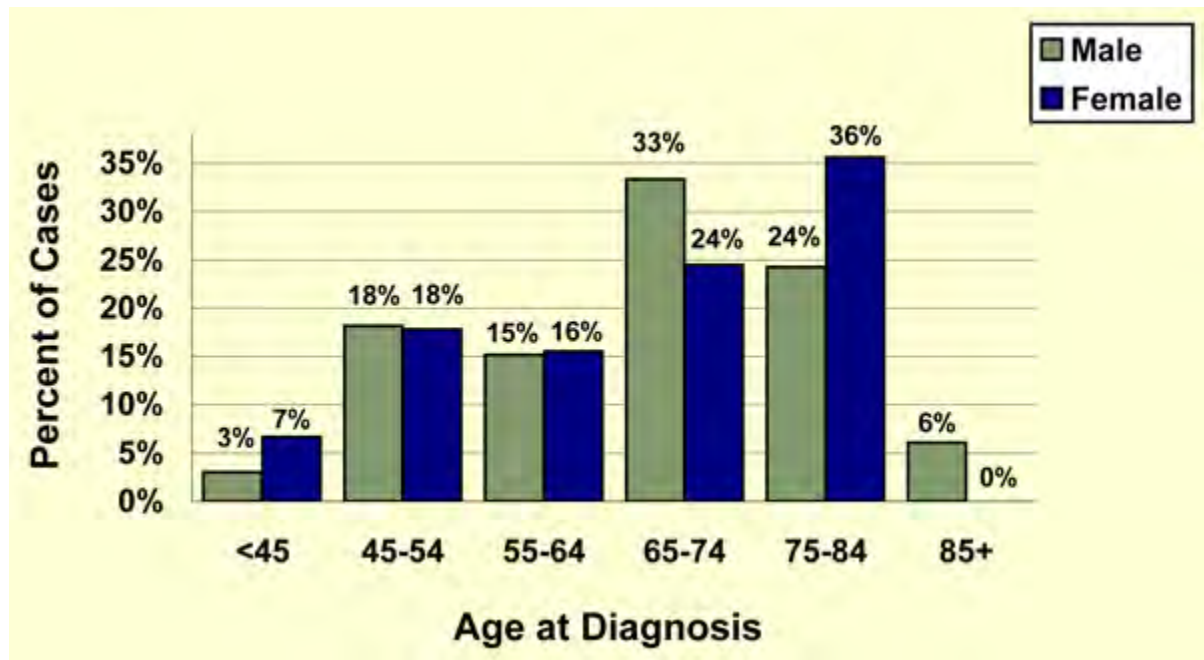
| ARDI Ranges         | Non-Recurrence Patients | Recurrence Patients |
|---------------------|-------------------------|---------------------|
| Greater than 90%    | 0                       | 0                   |
| Between 90% and 86% | 1                       | 0                   |
| Between 85% and 81% | 3                       | 1                   |
| Less Than 81%       | 13                      | 2                   |

## 2008 Colorectal Cancer Site Analysis & Survivals By Stage

The following graphical illustrations are in addition to the Stage III Colorectal Cancer ARDI study. They demonstrate the CCCR's experience with colorectal cancer in 2008 and survival studies calculated from colorectal cancer cases dating back to the 2004 CCCR reference date.

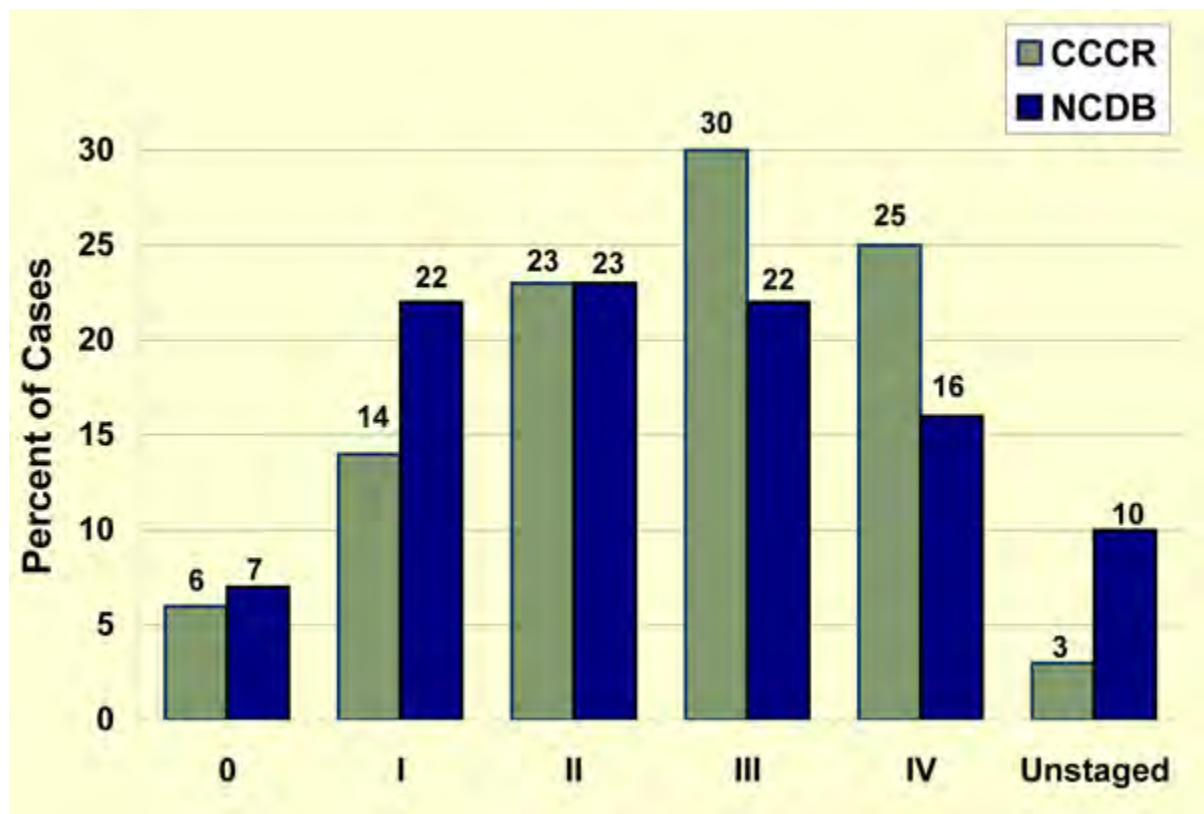
Of the colorectal cancer patients first seen at the CCCR in 2008, 65% of the male patients were 65 years of age or older. Of the female colorectal patients, 60% were 65 years of age or older.

### Age at Diagnosis by Gender 111 CCCR Analytic Colorectal Cancer Cases: 2008



The distribution of stage at diagnosis for 2008 CCCR colorectal cases was compared to the stage distribution of colorectal cases reported to the National Cancer Data Base (NCDB) by more than 1300 CoC-accredited cancer programs. The most recent NCDB data was used for the comparison. These data spanned diagnosis years 2000-2006.

**AJCC Stage at Diagnosis Comparison With NCDB**  
**111 CCCR Analytic Colorectal Cancer Cases: 2008**  
**NCDB Analytic Colorectal Cancer Cases: 2000-2006**



Source of NCDB data: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0

The following table breaks out combination treatment modalities by cancer site and stage for 2008 analytic colorectal cases. Rectosigmoid and rectal cancer cases are combined because of their small numbers and because treatment options for these two sites are frequently similar. Note that early stage colon cancer was often treated with surgery alone while early stage rectal cancer received multimodality treatment more often. Treatment was counted if it was given or recommended. In every situation where surgery or adjuvant treatment was not given but would have been standard, the physician documented that treatment was not recommended because of patients' comorbidities and expected inability to tolerate treatment. The three cancer cases that could not be staged were omitted from this table.

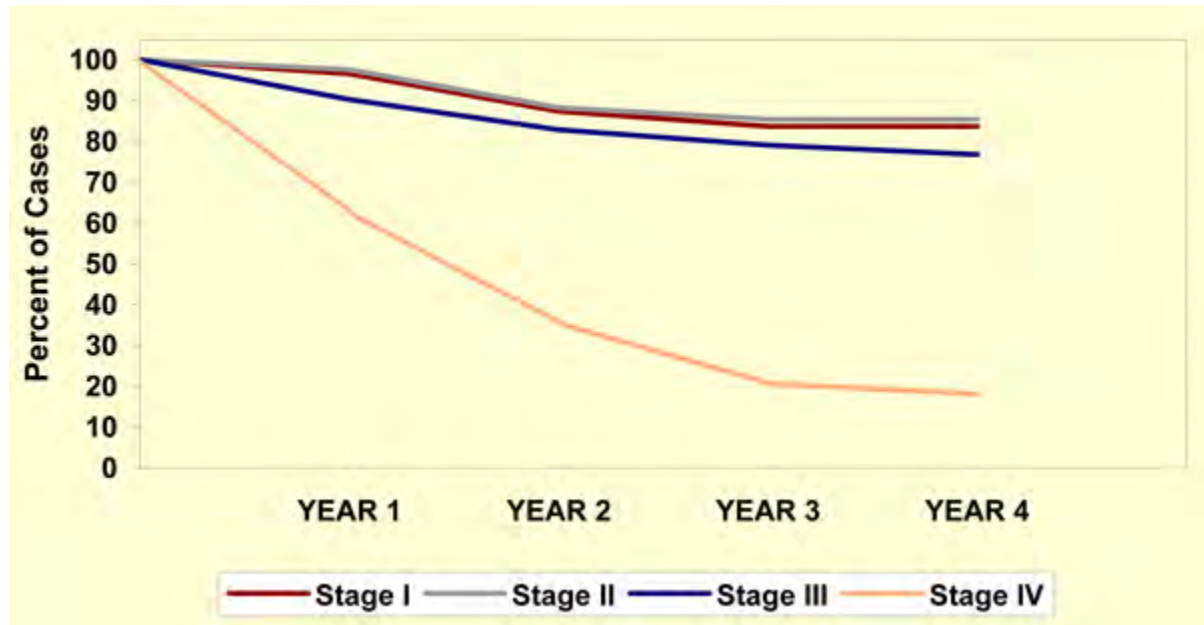
### 108 CCCR Analytic Colorectal Cancer Cases: 2008 Treatment by Stage

|                    | COLON    |          |           |           |           | RECTOSIGMOID/RECTUM |          |           |          |          |
|--------------------|----------|----------|-----------|-----------|-----------|---------------------|----------|-----------|----------|----------|
|                    | 0        | I        | II        | III       | IV        | 0                   | I        | II        | III      | IV       |
| Surg Alone         | 6        | 6        | 8         | 3         |           | 1                   | 2        | 3         |          |          |
| Surg + CTX         |          |          | 3         | 24        | 17        |                     |          | 1         | 1        | 3        |
| CTX Alone          |          |          |           |           | 7         |                     |          |           |          | 1        |
| Surg + RT          |          |          |           |           |           |                     | 1        |           |          |          |
| CTX + RT           |          |          |           |           |           |                     |          | 2         |          |          |
| Surg + CTX + RT    |          |          | 1         |           |           |                     | 5        | 7         | 5        |          |
| No Tx              |          |          |           |           |           |                     | 1        |           |          |          |
| <b>Total Cases</b> | <b>6</b> | <b>6</b> | <b>12</b> | <b>27</b> | <b>24</b> | <b>1</b>            | <b>9</b> | <b>13</b> | <b>6</b> | <b>4</b> |

*Note: Treatment is counted if it was given or recommended*

Over 95% of colorectal cancer seen at the CCCR is adenocarcinoma. The Stage III Colorectal ARDI Study reviewed only adenocarcinoma. Similarly the following four-year survivals by stage for colorectal cancer seen at the CCCR 2004-2008 are also limited to adenocarcinoma. The stage III survival curve is essentially the same original patient population reviewed at the beginning of the ARDI study. Non-invasive adenocarcinoma was omitted from the survival analysis because the number of cases was too small. Note that all the survivals use the observed method which includes deaths from any cause.

### 426 CCCR Colorectal Adenocarcinoma Cases: 2004-2008 4-Year Observed Survivals by Stage



*Note: Observed survivals include deaths from any cause.*

## Center for Cancer Care & Research (CCCR) Total Cancer Care

According to the American Cancer Society, approximately 102,000 Florida residents will be diagnosed with cancer in 2009 and 41,000 will die from the disease, ranking our state second in cancer mortality and incidence nationwide.

To serve the needs of this growing population, The Center for Cancer Care & Research and Moffitt Cancer Care & Research Institute have joined forces on an exciting new research project that could affect future generations of cancer patients here in Florida and all over the world.

**A new frontier in cancer research has arrived.**

### Discover:

We all know that cancer is generally classified by its site of origin (lung, breast, prostate), but did you know that there are many different types of each of these cancers? In fact, with a total of over 200 different types of cancer, standard protocols and drugs seldom work in a similar manner for everyone. Physicians are struggling to find appropriate treatments that can be of benefit to every patient. For many years, the technology has been lacking to sufficiently determine why some patients respond to a certain cancer-fighting drug while others do not.

**The answers could potentially lie in genetic research.**

Recent advancements have made it possible to detect and test over 30,000 genes from any cancer tumor tissue. In a broad, sweeping initiative called Total Cancer Care, top researchers, physicians and clinicians from across the country will determine and study each tumor's molecular "fingerprint". These fingerprints are unique to every tumor just as your fingerprints are unique in identifying you. Through the collection of hundreds of thousands of genetic profiles, researchers hope to develop drug therapies that are more personalized to work for each individual.

**None of this will be possible, of course, without the assistance of our area residents who have cancer.**

### Translate:

Participants in the study are making an invaluable contribution to the future of cancer care, but their involvement will be minimal and will require no additional testing or cost. In accordance with HIPAA regulations, the patient's medical information will remain private. Here's how Total Cancer Care works:

- During a regular visit with the doctor, if a patient is interested in voluntarily participating in the TCC study and provides written consent, the patient is asked questions regarding their medical history.
- If a biopsy is recommended as a part of the patient's regular treatment, an extra biopsy specimen is collected at that time, based on the physician's discretion.
- If surgery is required for the patient, he or she is asked for their permission to study any excess cancer tissues that are removed. These cancer tissues would normally be discarded.

As the study expands and evolves, new clinical trials will be made available to participants of the program. The information compiled from these trials, as well as the genetic research, will be interpreted to create simpler and more effective treatments.

### Deliver:

The Moffitt Cancer Center in Tampa serves as the study's epicenter and has enlisted 17 consortium sites throughout the country to assist in this endeavor. These consortium sites ensure that patients will be able to reap the benefits of Moffitt's world-renowned expertise and resources without leaving their own communities.

The Center for Cancer Care & Research, which has been an affiliate of Moffitt since its inception, is the only cancer clinic in the area involved in this groundbreaking project. During 2008, CCCR enrolled 535 participants in the program. There are currently more than 1,400 patients enrolled at the Center for Cancer Care & Research.

Through expert care, advanced technologies, clinical trials and the progressive research made possible through studies like Total Cancer Care, CCCR remains committed to improving the odds in the fight against cancer.

## Sources for Information on Cancer:

### American Cancer Society (ACS)

800-227-2345 • [www.cancer.org](http://www.cancer.org)

### American College of Surgeons (ACoS)

800-621-4111 • [www.facs.org](http://www.facs.org)

### American Institute for Cancer Research (AICR)

800-843-8114 • [www.aicr.org](http://www.aicr.org)

### American Lung Association

[www.lungassociation.org](http://www.lungassociation.org)

### Center for Disease Control and Prevention (CDC)

[www.cdc.gov](http://www.cdc.gov)

### Florida Cancer Data System (FCDS)

305-243-4600 • <http://fcds.med.miami.edu/>

### Florida Department of Health (FDH)

[www.doh.state.fl.us](http://www.doh.state.fl.us)

### Leukemia Lymphoma Society

800-955-4572 • [www.leukemia-lymphoma.org](http://www.leukemia-lymphoma.org)

### National Cancer Institute (NCI)

800-4CANCER • [www.cancer.gov](http://www.cancer.gov)

### Susan G. Komen

800-468-9273 • [www.komen.org](http://www.komen.org)



## Glossary of Terms:

**Accession Number** – the unique identifier for a patient consisting of the year in which the patient was first seen at the reporting facility and the consecutive order in which the patient was abstracted.

**Analytic Case** – diagnosed at and/or received at least part of first-course therapy at the reporting facility.

**Chemotherapy** – drugs that work directly on cancer cells to kill them or slow their growth.

**Collaborative Stage (CS)** – a staging system developed by AJCC in collaboration with other cancer standard setters that uses algorithms to derive a modified TNM stage and SEER Summary Stages 1977 and 2001 from extent of disease data elements collected by cancer registrars. CS derived TNM may combine clinical and pathological components (e.g pT, cN, cM) to provide a complete “best” stage. The AJCC stages for CCCR in this report were derived using the CS algorithms.

**Hormone Therapy** – drugs that work indirectly on hormone-sensitive cancer cells by modifying specific hormones in the body's hormone system.

**Initial Therapy** – first planned course of treatment designed to eliminate, control or palliate a patient's cancer. Initial therapy lasts until the treatment plan is complete or the cancer progresses, whichever comes first.

**Metastasis** – cancer cells that have spread from the initial primary site to sites elsewhere in the body, usually by way of the lymphatic or circulatory system. Metastases may be regional or distant:

- Regional Metastases - cancer that has spread to tissues, lymph nodes or organs that are close to the primary site and are listed as regional in a standard staging system.
- Distant Metastases - cancer that has spread to tissues, lymph nodes or organs that are usually not in proximity to the primary site and are listed as distant in a standard staging system.

**Non-Analytic Case** – diagnosis and all first-course therapy performed at a facility other than the reporting facility.

**TNM Staging** – a system used by AJCC to very concisely describe the extent to which a primary cancer has spread. The TNM system provides four key pieces of information:

- T - defines the extent, and sometimes the size, of the primary malignant tumor.
- N - defines the involvement of regional lymph nodes.
- M - defines contiguous or discontinuous spread to distant sites.
- Stage grouping -- defines the combination of T, N and M components for a specific malignant tumor, is represented by a concise group-stage code and indicates an expected prognosis for that cancer.

## Acronyms:

|             |   |
|-------------|---|
| <b>ACS</b>  | American Cancer Society                                       |
| <b>ACOS</b> | American College of Surgeons                                  |
| <b>AJCC</b> | American Joint Committee on Cancer                            |
| <b>CCCR</b> | Center for Cancer Care & Research                             |
| <b>FCDS</b> | Florida Cancer Data System                                    |
| <b>CoC</b>  | ACOS Commission on Cancer                                     |
| <b>NCCN</b> | National Comprehensive Cancer Network                         |
| <b>NCDB</b> | National Cancer Data Base                                     |
| <b>NCI</b>  | National Cancer Institute                                     |
| <b>SEER</b> | Surveillance, Epidemiology and End Results program of the NCI |