



2006 ANNUAL REPORT




Center
for
Cancer Care
& Research

An affiliate of H. Lee Moffitt
Cancer Center & Research Institute



A Collaboration Against Cancer





Collaboration [kə lab'ə rā' shən]

the act of working together, especially in some literary, artistic or scientific undertaking

Sources for Information on Cancer

American Cancer Society (ACS)
800-227-2345 • www.cancer.org

American College of Surgeons (ACoS)
800-621-4111 • www.facs.org

American Institute for Cancer Research (AICR)
800-843-8114 • www.aicr.org

American Lung Association
www.lungassociation.org

Center for Disease Control and Prevention (CDC)
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

Leukemia Lymphoma Society
800-955-4572
www.leukemia-lymphoma.org

National Cancer Institute (NCI)
800-4CANCER • www.cancer.gov

Susan G. Komen
800-468-9273 www.komen.org

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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

The CCCR Cancer Committee will strive to become a Certified Commission on Cancer Freestanding Cancer Program in 2007.

The Cancer Committee at the Center for Cancer Care & Research (CCCR) is proud to present our annual report of activities and data for 2006.

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 state-of-the-art outpatient cancer care including chemotherapy and radiation therapy, as well as a full range of cancer care services available by referral. In addition:

- We are the area's only local affiliate of the H. Lee Moffitt Cancer Center & Research Institute in Tampa, Florida.
- 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.
- 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, 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 daVinci® robotics for various gynecologic oncology and urology procedures, and the revolutionary PillCam for less invasive detection of gastrointestinal tumors.
- We have established and solidified relationships with organizations dedicated to defeating cancer, including the Leukemia Lymphoma Society, American Cancer Society and the Susan G. Komen Breast Cancer Foundation. We are frequent sponsors of many local and national events, including Light the Night, Making Strides Against Breast Cancer, Relay for

Life, the Breast Cancer Awareness Luncheon, Cancer Survivor's Dinner and Cancer Survivor's Day. A team consisting of several members of the CCCR nursing staff single-handedly raised well over \$50,000 in 2006 for the Komen's 3-Day Walk event.

- We are partnered with the newly constructed Watson Clinic Women's Center, a beautifully designed clinic that brings an unrivaled level of breast health-care to women throughout the community. An inventory of state-of-the-art technologies compliment an expert team that includes radiologists, mammographers, and a renowned breast surgeon and plastic reconstructive surgeon.

Since our inception in 2003, we have led the way in providing exceptional, physician-driven cancer care to our community. We are pleased to present our 2006 annual report not only as a means to understand our rates of success, but to track certain trends within the communities we serve.



An affiliate of H. Lee Moffitt
Cancer Center & Research Institute

Always There When You Need Us the Most A Message from Fred J. Schreiber, M.D.



Dr. Fred J. Schreiber

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

As our name highlights, research is a priority at the Center for Cancer Care & Research (CCCR). To date, over 1,000 patients have participated in clinical trials for cancers of either the breast, colon, lung, prostate or other malignancies. These versatile trials offer everything from new technologies and treatment strategies, to integrations of established therapies.

However, the best approach to dealing with cancer is early diagnosis. CCCR continues to reach out to the community to tout the life-saving benefits of early detection and, as a result, most of our breast cancer

patients are diagnosed at an early stage. In an attempt to continue this trend, our mobile screening unit makes frequent stops around the community to offer free screenings for breast, prostate, and skin cancers several times throughout the year.

Cancer care remains a very complex process. At CCCR, an individual with a new or evolved diagnosis benefits from the input of all of our physicians, who examine their case from the perspective that their specific area of expertise affords them.

The CCCR structure allows close collaboration between doctors, both in development of overall programs and in the reviews of individual cases. Regularly scheduled conferences bring together radiologists, hematologists/oncologists, surgical oncologists, radiation oncologists, nurses, social service staffers and research coordinators as they review and discuss individual cases. The CCCR team convenes weekly to review several of our most challenging cases, allowing every member the opportunity to recommend conclusions based on their many years of collective experience. What results from these meetings are the most thorough and well-conceived personalized treatment plans possible.

These weekly general oncology reviews, during which an impressive percentage of new cases are presented, are supplemented by a host of additional meetings and educational conferences. Several of these meetings focus on particular cancers of concern, such as breast and lung, or offer our entire staff of physicians, nurses and administrators an opportunity to learn about the latest breakthroughs in cancer care, courtesy of prominent guest speakers. You can read more about these efforts in the 'Cancer Conferences' section of this report.

All of us at CCCR have one primary goal: to enhance the quality and quantity of life for residents throughout our community. In accomplishing this, we hope the tireless efforts of our team can in some way reverberate beyond our service area and make a substantial difference in the lives of cancer patients everywhere.

Fred J. Schreiber, M.D.
Hematologist/Oncologist

A Message from Luis A. Franco, M.D.

At the Center for Cancer Care & Research, we feel an abiding responsibility to our patients and the community we serve. We strive to deliver the latest breakthroughs in research and technology as a compliment to our expert group of physicians from the fields of surgery, medical oncology, and radiation oncology.

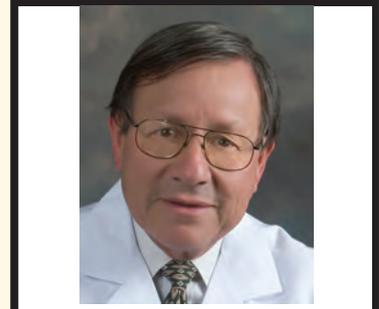
We also understand that the cancer war is not going to be won at the treatment stage, but by early diagnosis and recovery efforts, as well as through an extensive roster of cancer prevention programs.

When it comes to providing health education and increasing awareness throughout our community, our team of physicians, nurses, administrators and staff provides a strong and valued leadership role.

Nothing pleases us more than to hear that people have quit smoking because we provided them with a true understanding of the dangers involved with the habit, or that families feel empowered to make informed decisions after attending one of our health education programs, or that a life has potentially been saved because prostate, breast or skin cancers were discovered at an early stage during our free community screening events.

We hope that this strength of mission and purpose will be substantiated by a prestigious accreditation from the American College of Surgeons Commission on Cancer, for which we have voluntarily applied.

As we move into a new year, we are confident that the goals we have set for our center will



Dr. Luis A. Franco

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

continue to proactively address the pressing cancer issues that face the citizens of our community.

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

Dedication [ded' i kā' shən] wholehearted devotion

The Center for Cancer Care staff believes that being the best is important... always... and in all ways.



2006 Community Outreach and Events at a Glance

Anything is possible when we are all joined as one. The Center for Cancer Care & Research has long been committed to bringing people together in an effort to inspire progress in the fight against cancer.

Our **mobile screening unit** continues its trek across the community, offering a plethora of **free preventive cancer screenings** and raising awareness on the importance of early detection. Our **free education programs** offer the public invaluable insights into the latest cancer prevention techniques and treatment options.

CCCR is proud to work front and center with the American Cancer Society as they conduct several **special events** throughout the Polk County area every year. These events include *Making Strides*, the *Cattlebaron's Ball* and the *Relay For Life*. In addition, we have been instrumental in organizing an annual **Breast Cancer**

Awareness Luncheon, a wonderful locally organized event dedicated to the celebration of cancer survivorship. A similar celebration takes place during the **Survivor's Dinner** conducted annually by the Bartow chapter of the ACS. This inspiring event is co-sponsored by Watson Clinic and The Watson Clinic Foundation and utilizes our CCCR physicians as 'servers', delivering plates of food to their beloved patients. The **Ice Cream Social**, hosted by The Watson Clinic Foundation, is yet another program that pays tribute to well over 200 survivors and their loved ones as they enjoy an afternoon of entertainment, education and good old-fashioned ice cream sundaes.

Many of the family members and patients of CCCR participated in the United States Post Office outreach program "**Share The Bear.**" This program allowed individuals to purchase an adorable stuffed bear and donate

it to a cancer patient who might be alone in their journey in fighting this dreaded disease.

The **Susan G. Komen 3-Day Walk**, an annual event aimed at enhancing nationwide awareness in the fight against breast cancer, drew many thousands of participants from all across the state of Florida. Once again, a team consisting of several members of the CCCR staff went above and beyond in their support efforts, raising more than \$50,000 for the cause.

Our outreach efforts cast a wide and versatile net across the Polk County landscape and benefit people of all ages. The **Senior Expo at the Lakeland Center** gave us an opportunity to keep our senior population well informed about the progress being made to improve the overall quality of their lives. Through an active **Speaker's Bureau**, our physicians deliver expert information to adults (Prostate Cancer) and children (Tobacco Prevention) alike.



Community

[kəmyooˈ n æ]

any group living in the same area or having interests, work, etc. in common



2006 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 Members:

Dr. Elizabeth Dupont, Breast Surgery

Dr. David Evans, General Surgery

Dr. Luis A. Franco,

Medical Oncology/Hematology, Cancer Liaison Physician

Dr. Edward Garcia, Pathology

Dr. Howard Gorell, Radiology

Dr. Kamal Haider, Medical Oncology/Hematology

Dr. Randy V. Heysek, Radiation Oncology

Dr. Thomas L. Moskal, Surgical Oncology

Dr. Ruben A. Saez, Medical Oncology/Hematology

Dr. Fred J. Schreiber,

Medical Oncology/Hematology, Committee Chairman

Dr. Sandra Sha, Radiation Oncology

Dr. Jack Thigpen, General Surgery

Dr. Antonio Trindade, Medical Oncology/Hematology

Non-Physician Members:

Cauney Bamberg, Director, Watson Clinic Foundation

Patty Bell, RN, OCN, Chemotherapy/Oncology Nursing

Mary Ann Blanchard, RN, BS, Director, Clinical Services

Laura Broderick, CTR, Cancer Registry Coordinator

Cynthia Bruton, Administrative Assistant

Judy Character, RN, Risk Manager

Martha Harper, MSW, Social Services

Steve Howard Jr., MS, Physicist

Debora Hunt, BSW, Social Services

Adil Khan, M.H.A, CAO

Michael Krug, Quality Control Coordinator

Noreen McGowan, BSN, CCRC, Administrative Research Coordinator

Kim Stetson, AS, Site Manager

Patty Strickland, Site Manager

Dawn Watson, RN, OCN, Chemotherapy/Oncology Nursing

Cancer Registry Members:

Paula Ball, CTR, Abstractor

Kellie Garland, CTR, Abstractor

Mimi Jenko, MN, RN, CHPN, Abstractor

2006 Nurse Committee Report

Each of our nursing professionals possesses particular gifts and talents that afford them to work in a challenging environment that undergoes frequent, dynamic changes. Their unflinching focus remains firmly on improving patient care and enhancing nursing practices.

Here is a snapshot of our accomplishments:

Empowering collaboration

- Monthly committee meetings.
- Standardization of policies and protocols.
- Clinical simulation drills in 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:

- Set goals.
- Developed practice standardization patterns for policies and procedures.

Goals:

- To continually improve collaboration with our peers.
- To improve communication and problem solving approaches that enhances the safety and quality of patients.
- To develop a variety of initiatives to facilitate Quality Assurance issues.
- Move toward an electronic clinical environment.
- Remain an advocate for improving patient care and as a liaison between patient and physician.

CCCR Cancer Conference Guest Speakers in 2006

January 27

Michael Kane, MD, FACP – Mountainside Hospital Cancer Center, Montclair, NJ – Breast / GYN-Oncology

March 9

Roy Herbst, MD – M D Anderson – Lung

April 7

Robert Diasio, MD – Univ. of Alabama – Colon

April 28

Fadlo Raja Khuri, MD – Winship Cancer Inst. – Emory University – Lung

June 9

Amir Salmanzadeh, MD – Watson Clinic LLP – Radiofrequency Tumor Ablation

June 23

Alan List, MD – Moffitt Cancer Center – CME - Myelodysplastic Syndromes

July 7

Martime Extermann, MD, PhD – Moffitt Cancer Center – Geriatric Oncology

August 11

David N. Hayes, MD, MPH – Univ. North Carolina at Chapel Hill – CME – Head & Neck

August 25

John P. Leonard, MD – Cornell University – Lymphoma

September 15

Mimi Jenko, MN, RN, CHPN – Watson Clinic LLP – CME – Cultural Competence: An Approach to Healthcare

October 6

Nam Dang, MD – Nevada Cancer Institute – CME - Treatment Options in Lymphoid Malignancies

October 11

Rowan Chlebowski, MD, PhD – UCLA – Breast

October 13

Haralambos Raftopoulos, MD – Columbia University – Lung

November 3

Amar Safdar, MD – UT – M D Anderson – Febrile Neutropenia

December 1

Mimi Jenko, MN, RN, CHPN – Watson Clinic LLP – CME – Psychodynamics of Grief and its Resolution

2006 Cancer Conferences

In 2006, 101 conferences were held and 640 prospective cases were presented.

National speakers, as well as multi-disciplinary 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 2006, 29 cancer-related educational conferences were held.

Cancer conferences are held three times a week at CCCR. These include: Breast Conferences every other week in rotation with bi-weekly Thoracic Conferences, weekly presentations of various specialized cancer cases and weekly informative educational sessions. These conferences are multi-disciplinary with medical oncologists, radiation oncologists, pathologists, surgeons, diagnostic radiologists, other physician specialties, as well as allied health professionals from research, nursing, social services, and administration in attendance.

Discussion focuses on diagnosis and/or treatment by the participating disciplines.

Each case presented is reviewed and discussed by the multi-disciplinary team to monitor the progress of the disease, the effectiveness of the present treatment, and needs for new regimens. These conferences are designed to determine optimal treatment regimens and to measure outcomes relative to the patient's healthcare needs. Typically, the managing physician will arrange for the different cancer team members to be prepared to review each of the cases.

These may include:

- The radiologist to present any diagnostic scans available and what they represent.
- The pathologist to present slides and discuss findings.
- The medical oncologist for discussing chemotherapy options.
- The radiation oncologist for the most effective radiation therapy plan, when applicable.
- The surgeon providing their 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 multi-disciplinary team approach ensures that the patient receives the highest quality standard of care.

2006 Cancer Registry Activity Report

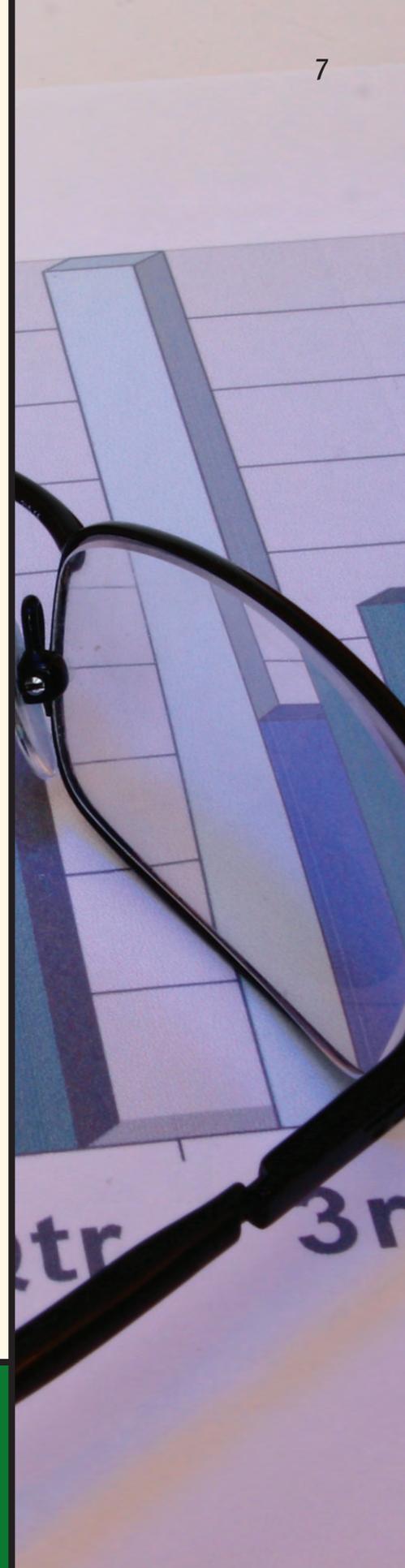
A Cancer Registry is designed to collect data on cancer occurrence, extent, location, type and outcome of treatment. The Center for Cancer Care & Research (CCCR) is a free-standing cancer center that has its own Cancer Registry. Our registry retrieves the collected data from our community practice and submits the data to the Florida Cancer Data System and the National Cancer Data Base. This data is utilized to develop cancer strategies, early detection interventions and treatments.

The reference data for the cancer registry is January 1, 2004. We have collected and maintained data for 4,519 total cases to date for CCCR. Of these cases, 2,946 were analytic (diagnosed or part or all of the first course treatment was provided here) and 1,573 cases were non-analytic. The data collected includes demographics, staging of disease, treatment, and annual follow-up (lifetime for all analytic cases in our database).

2006 data reflects 1,283 cases accessioned into the cancer registry database for CCCR. Of these cases, 973 (75%) were analytic and 310 (25%) were non-analytic. The top five sites of the analytic cases were: Breast, Lung, Prostate, Blood & Bone Marrow and Colon.

The following series of graphs demonstrate an overview of some of the information recorded in the registry. The graphs include the following:

- List of total 2006 accessioned cases (analytic/non-analytic).
- Complete list of sites and types of cancer with a breakdown of gender and AJCC stage at diagnosis.
- Pie chart of the most prevalent cases treated at CCCR followed by listings of the most prevalent sites for males and females at CCCR.
- A comparison graph of the predicted five most prevalent sites of the nation and state of Florida from the American Cancer Society with the percentage of actual occurrences at CCCR.
- A graph demonstrating the gender breakdown of our patients compared to the nation.
- Age at diagnosis gender comparison.
- A graph demonstrating the stage at diagnosis for all cancer cases at CCCR.
- Total 2006 Accessioned Cases for Watson Clinic LLP.



Information [in' fər mā' shən]

something told, news, intelligence, words; a person or agency answering questions as a service to others

Total 2006 Accessioned Cases

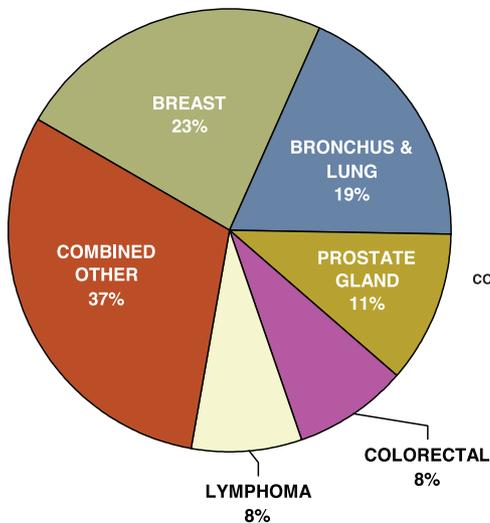
PRIMARY SITE	CASES	ANALYTIC	NON-ANALYTIC
ALL SITES	1283	973	310
TONGUE	8	7	1
OROPHARYNX	2	2	0
HYPOPHARYNX	2	2	0
OTHER UNSPECIFIED MOUTH	15	11	4
ESOPHAGUS	16	14	2
STOMACH	15	14	1
COLON	69	49	20
RECTUM	38	32	6
ANUS/ANAL CANAL	1	1	0
LIVER	10	10	0
PANCREAS	25	24	1
OTHER UNSPECIFIED DIGESTIVE	10	7	3
NASAL/SINUS	1	1	0
LARYNX	18	12	6
LUNG/BRONCHUS	205	181	24
OTHER UNSPECIFIED RESPIRATORY	3	3	0
LEUKEMIA	49	42	7
MULTIPLE MYELOMA	28	23	5
OTHER UNSPECIFIED BLOOD & BONE MARROW	17	14	3
BONE	1	0	1
CONNECT/SOFT TISSUE	10	9	1
MELANOMA	46	16	30
OTHER UNSPECIFIED SKIN	5	4	1
BREAST	285	228	57
CERVIX UTERI	25	15	10
CORPUS UTERI	16	8	8
OVARY	18	13	5
VULVA	3	2	1
OTHER UNSPECIFIED FEMALE GENITAL	3	2	1
PROSTATE	157	106	51
TESTIS	3	2	1
BLADDER	27	3	24
KIDNEY/RENAL	16	10	6
OTHER UNSPECIFIED URINARY	1	0	1
BRAIN (MALIGNANT)	6	6	0
THYROID	3	1	2
OTHER UNSPECIFIED ENDOCRINE	1	1	0
HODGKIN'S DISEASE	9	7	2
NON-HODGKIN'S	94	72	22
UNKNOWN PRIMARY	16	15	1
OTHER/ILL-DEFINED	6	4	2

CCCR 2006 Primary Site Distribution of Cancer by Gender and Stage at Diagnosis, *continued*

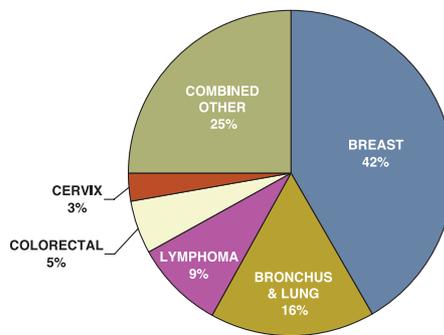
PRIMARY SITE	CLASS Analytic	GENDER		AJCC STAGE AT DIAGNOSIS						
		Male	Female	0	I	II	III	IV	UNK	N/A
ALL SITES	973	427	546	48	174	238	144	176	76	117
BRAIN & CNS	6	6	0	0	0	0	0	0	0	6
Brain (Benign)	0	0	0	0	0	0	0	0	0	0
Brain (Malignant)	6	6	0	0	0	0	0	0	0	6
Other	0	0	0	0	0	0	0	0	0	0
ENDOCRINE	2	0	2	0	0	0	0	1	0	1
Thyroid	1	0	1	0	0	0	0	1	0	0
Other	1	0	1	0	0	0	0	0	0	1
LYMPHATIC SYSTEM	79	31	48	0	14	7	6	14	26	12
Hodgkin's Disease	7	3	4	0	0	0	0	0	5	2
Non-Hodgkin's	72	28	44	0	14	7	6	14	21	10
UNKNOWN PRIMARY	15	5	10	0	0	0	0	0	0	15
OTHER/ILL-DEFINED	4	0	4	0	0	0	0	1	1	2

5 Most Prevalent Cancer Sites in 2006

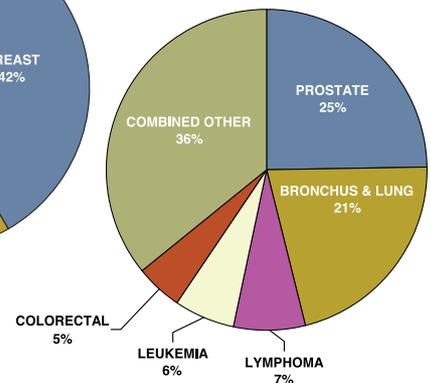
Distribution of 2006
CCCR Cases



Distribution of
2006 CCCR
Female Cases



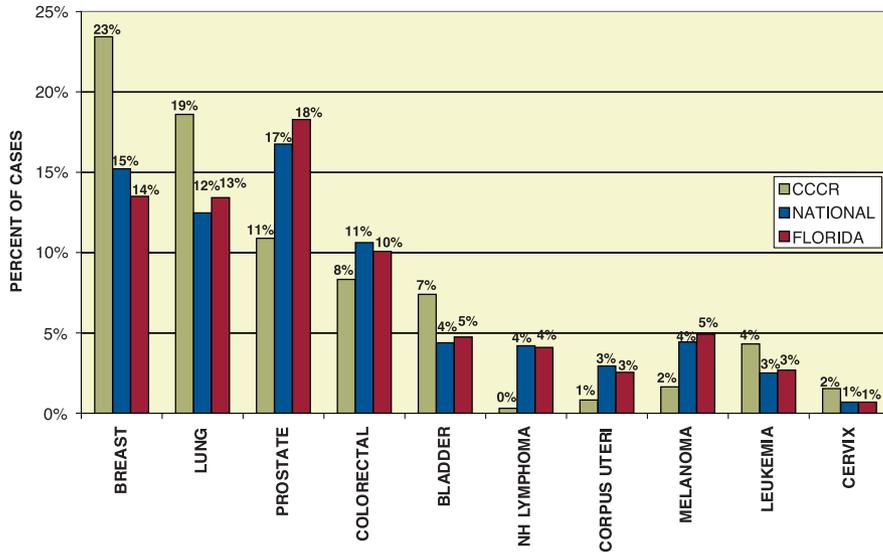
Distribution of
2006 CCCR
Male Cases



CCCR Frequency of Cancer by Site & Sex 2006

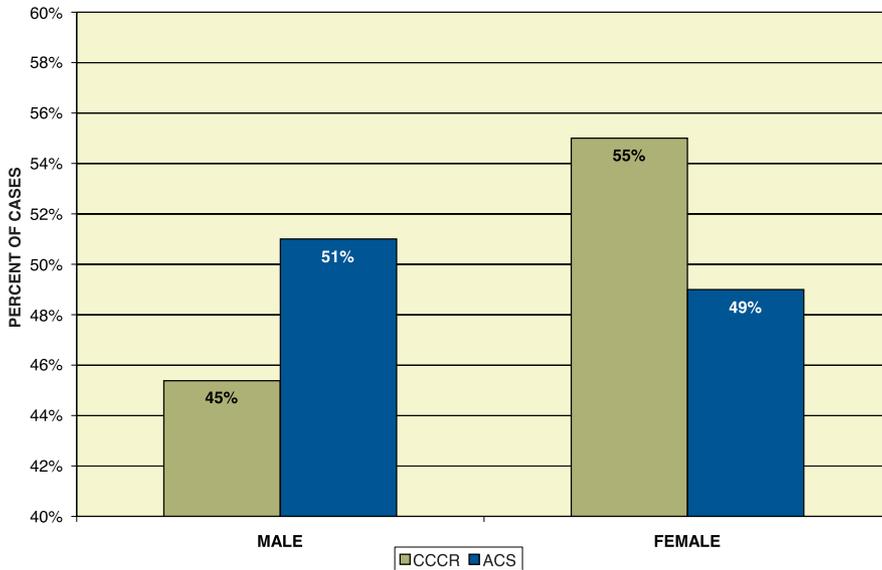
Male		Female	
Prostate	25%	Breast	42%
Lung	21%	Lung	16%
Blood & Bone Marrow	11%	Lymphatic	9%
Colorectal	10%	Colorectal	7%
Lymphatic	7%	Blood & Bone Marrow	6%
Combined Other	20%	Combined Other	20%

CCCR 2006 Data Comparison



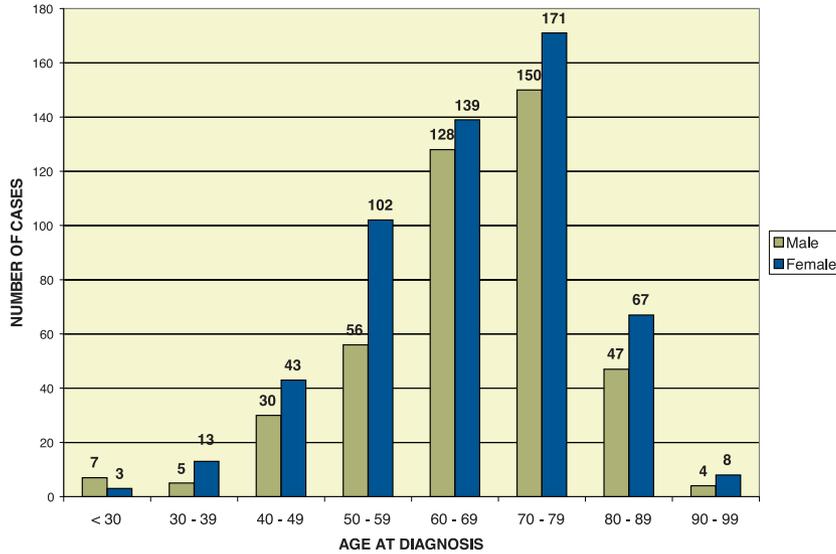
CCCR statistics are actual. The statistics for the state and nation are estimated and provided by the American Cancer Society 2006 facts and figures. All statistics exclude basal and squamous cell skin cancer.

Gender Distribution of 2006 CCCR Cases Compared to 2006 ACS Data



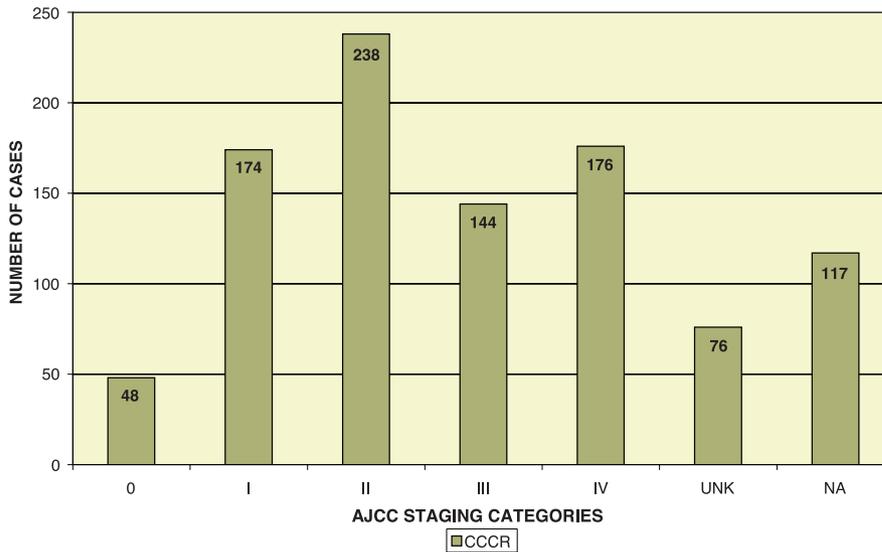
Breast cancer is the most commonly treated cancer at CCCR; therefore, we tend to treat a greater female population than the national average.

CCCR 2006 Cases Age at Diagnosis Comparing by Gender



The majority of cancers we treat occur in patients aged 50 and over. Once again, we treat a significantly larger percentage of female patients as reflected above.

AJCC Stage at Diagnosis of CCCR 2006 Analytic Cases



The earlier stage the cancer is diagnosed, the better the chance for survival. This is why it is important to get the recommended screening available and consult with your doctor if you notice anything unusual in your general health. You can get information on the guidelines for early

detection of cancer from the American Cancer Society at (800) 227-2345 or by visiting their website at www.cancer.org. You will find guidelines for people with normal risk and high risk factors and the recommended early detection of cancer for that category.

Please note that due to reporting restrictions, the 2006 Center for Cancer Care & Research (CCCCR) Cancer Registry reported only the data that pertains to patients who received treatment for cancer at CCCR. Some of these numbers reflect a lower volume than what is actually treated by Watson Clinic LLP physicians. This medical group treats additional cancer patients at their other locations. These patients are reported to the Commission on Cancer (CoC) by either the Lakeland Regional Medical Center (LRMC) Cancer Registry or directly to the State of Florida by the CCCR Cancer Registry.

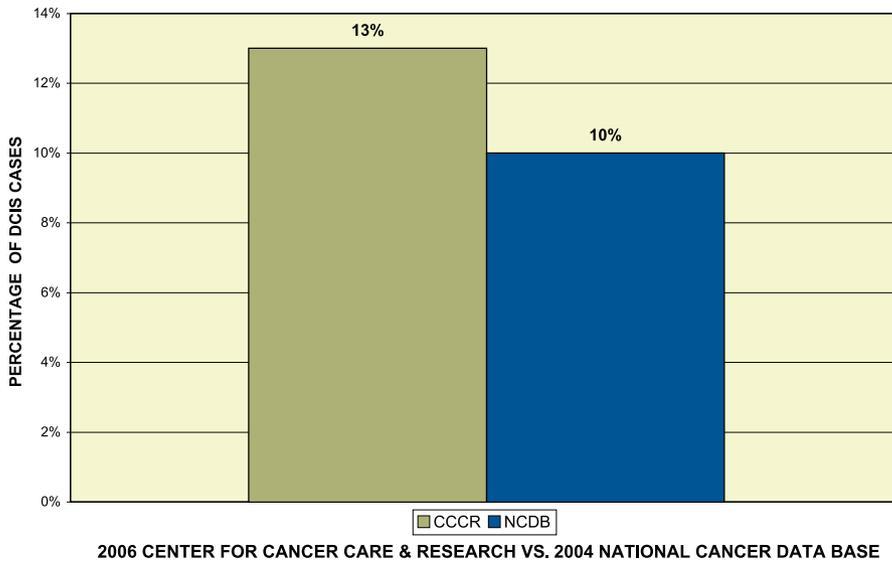
Total 2006 Accessioned Cases for Watson Clinic LLP

PRIMARY SITE	CASES	ANALYTIC	NON-ANALYTIC
ALL SITES	610	451	159
TONGUE	0	0	0
OROPHARYNX	0	0	0
HYPOPHARYNX	0	0	0
OTHER UNSPECIFIED MOUTH	6	4	2
ESOPHAGUS	1	0	1
STOMACH	3	0	3
COLON	15	8	7
RECTUM	4	1	3
ANUS/ANAL CANAL	0	0	0
LIVER	0	0	0
PANCREAS	0	0	0
OTHER UNSPECIFIED DIGESTIVE	1	0	1
NASAL/SINUS	1	1	0
LARYNX	0	0	0
LUNG/BRONCHUS	20	14	6
OTHER UNSPECIFIED RESPIRATORY	1	1	0
LEUKEMIA	0	0	0
MULTIPLE MYELOMA	0	0	0
OTHER UNSPECIFIED BLOOD & BONE MARROW	0	0	0
BONE	0	0	0
CONNECT/SOFT TISSUE	0	0	0
MELANOMA	231	193	38
OTHER UNSPECIFIED SKIN	0	0	0
BREAST	70	47	23
CERVIX UTERI	12	9	3
CORPUS UTERI	42	25	17
OVARY	9	5	4
VULVA	9	6	3
OTHER UNSPECIFIED FEMALE GENITAL	5	3	2
PROSTATE	105	86	19
TESTIS	1	1	0
BLADDER	44	31	13
KIDNEY/RENAL	16	9	7
OTHER UNSPECIFIED URINARY	3	3	0
BRAIN (MALIGNANT)	0	0	0
THYROID	3	1	2
OTHER UNSPECIFIED ENDOCRINE	0	0	0
HODGKIN'S DISEASE	0	0	0
NON-HODGKIN'S	5	2	3
UNKNOWN PRIMARY	2	1	1
OTHER/ILL-DEFINED	1	0	1

2006 Single Site Specific Outcomes Trial: Ductal Carcinoma In Situ

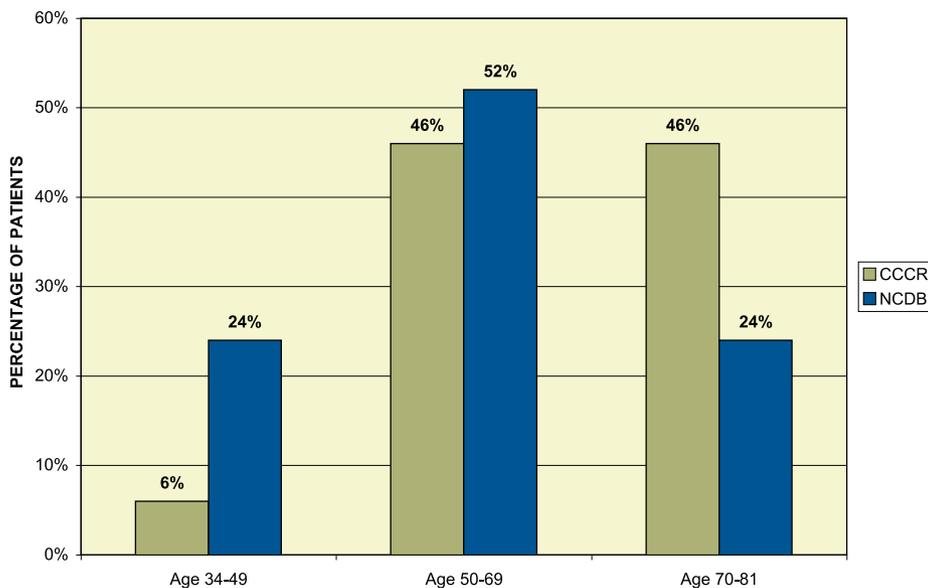
Ductal Carcinoma In Situ (DCIS) or intraductal breast cancer is the most common type of non-invasive breast cancer. In 2006, the Center for Cancer Care & Research (CCCR) treated 30 analytical DCIS cases. DCIS is the earliest stage of breast cancer. It is Stage 0 disease. Microscopically it is characterized by abnormal cells accumulated within a duct of the breast. Since it does not invade the surrounding breast tissue, it is also known as non-invasive cancer. The abnormal cells are genetically abnormal and hence cancer-like. While not all individuals with DCIS will develop higher stage cancer, many will if not treated. It, therefore, seemed wise to review last year's experience at CCCR with DCIS.

Annual Percentage of Newly Diagnosed DCIS Cases



DCIS accounted for 13% of our total analytical breast cancer cases. Nationally DCIS accounts for about 10% of the 2004 National Cancer Data Base (NCDB) of breast cancer cases.

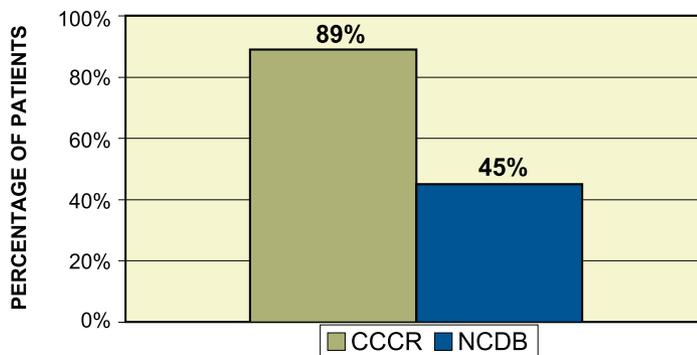
Age Diagnosed with DCIS



2006 CENTER FOR CANCER CARE & RESEARCH VS. 2004 NATIONAL CANCER DATA BASE

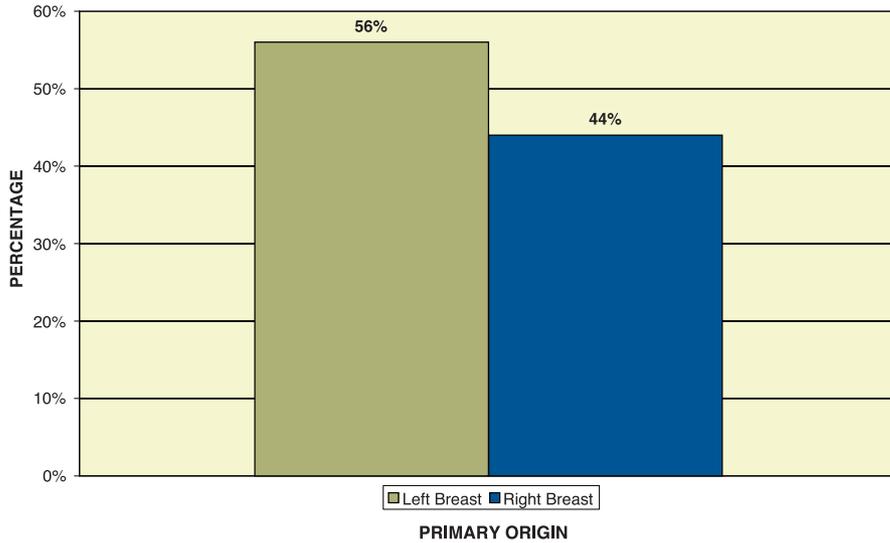
The 2006 DCIS demographic data of our patients was compared to the 2004 NCDB. This revealed that at the CCCR 92% of our patients are post-menopausal. The range of age was from 34 to 81 years old.

Overall Percentage of DCIS Patients that Received Radiation Treatment



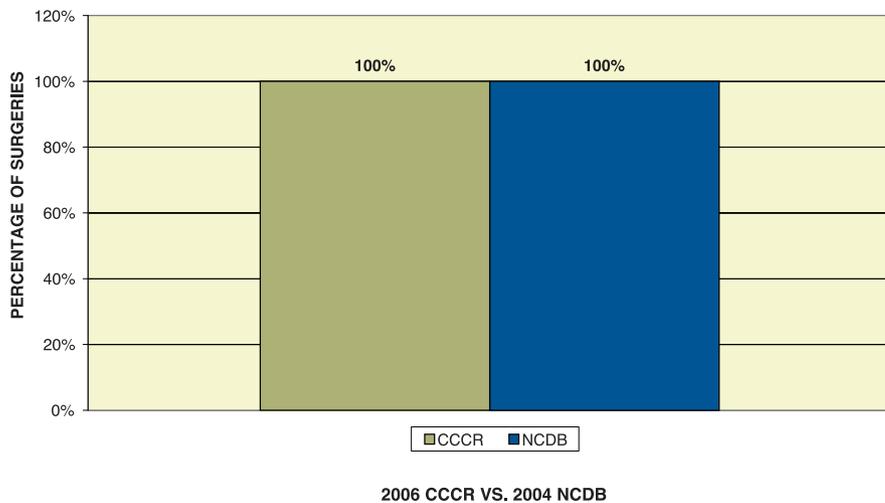
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Location of DCIS Origin



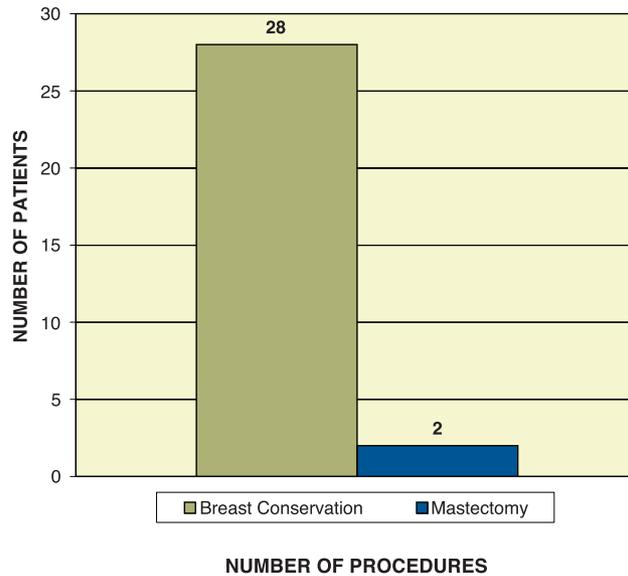
56% of the primary origin of DCIS involved the left breast.
 29 of the 30 DCIS patients (96%) were detected by a routine mammography.
 The detection information was not available for one patient

DCIS Surgeries



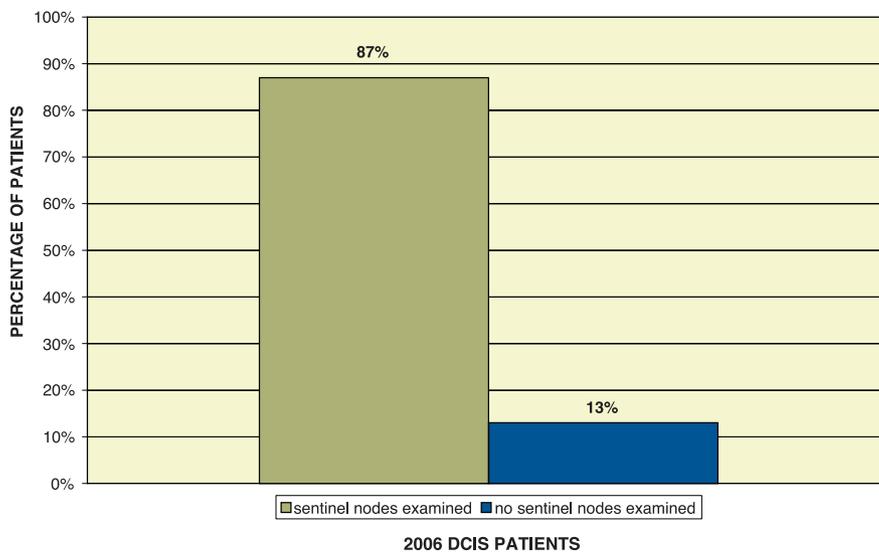
100% of the 2006 CCCR DCIS patients underwent surgery. The 2004 NCDB similarly reported that 100% of the NCDB DCIS patients underwent surgery.

Breast Conservation/Mastectomy



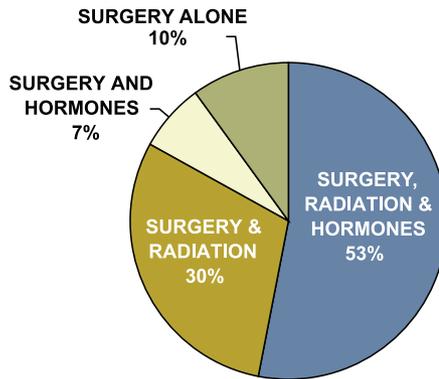
28 of our patients had breast conserving surgery. Two patients had a mastectomy. Nationally about 20% of the patients undergo a mastectomy.

DCIS Sentinel Node Examined



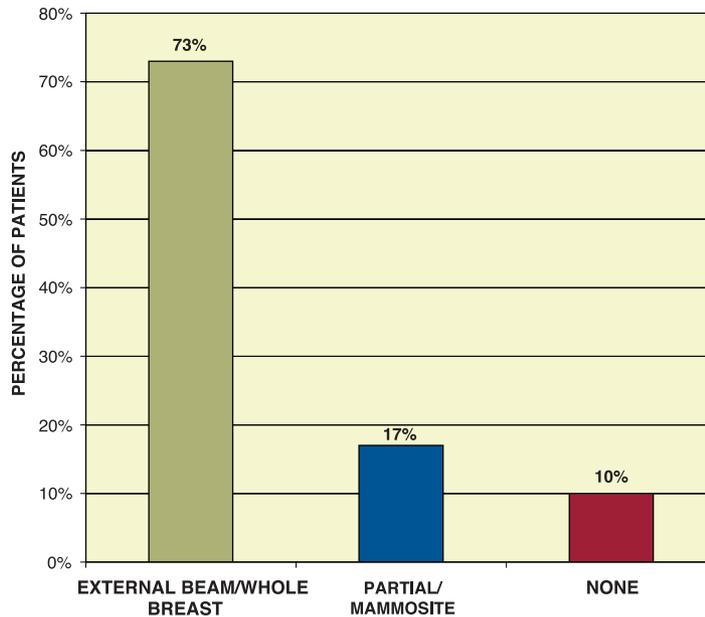
87% of the patients had sentinel nodes examined and none of the sentinel nodes were positive.

DCIS Patients Treatment Type



Radiation therapy was used in 83% of our patients.

Radiation Therapy

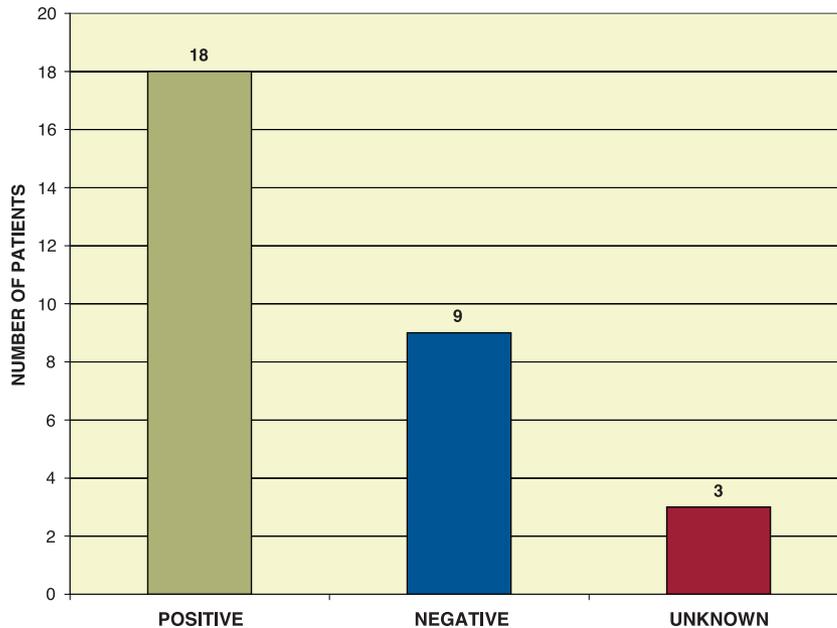


73% of the CCCR patients were treated with whole breast treatment approaches, while 17% received partial breast irradiation using the Mammosite approach.

Nationally radiation therapy was used in 40-50% of the patients.

Systemic therapy was used in 60% of the CCCR patients. All of these patients either received tamoxifen or were enrolled in a national clinical trial.

Hormone Sensitivity



All of our patients treated with hormonal therapy had hormone receptors in their tumor. Nationally, about 15-25% of patients with DCIS are treated with hormone therapy according to a recent survey. That report explored whether the use of tamoxifen according to National Comprehensive Cancer Network (NCCN) guidelines changed following the release of trials reporting tamoxifen's benefit and its incorporation into the guidelines.

Specifically, the National Surgical Adjuvant Breast and Bowel Project (NSABP) reported the results of the B24 trial. In that trial, patients with DCIS were randomized between tamoxifen and placebo after

breast conserving surgery and radiation. The trial found a 40% reduction in breast cancer events.

As treatment advances, we expect the surgical and radiation developments to ease the burden of DCIS. We anticipate the current trend to be breast conservation, possibly more frequent partial breast irradiation and likely better medical treatment. The CCCR recently participated in the NSABP 35 trial. This trial explored a new systemic agent (anastrozole) versus established standard tamoxifen. We anticipate the results in the next couple of years.

Total Cancer Care

According to the American Cancer Society, approximately 99,000 Florida residents were diagnosed with cancer in 2006 and 40,000 died 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 H. Lee Moffitt Cancer Center & 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 state 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, the patient is asked questions regarding their medical history.
- If a biopsy is recommended as a part of the patient's regular treatment, a portion of the tissue removed from any biopsy is submitted towards the research effort.
- 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.

- Additional blood or urine tests may also be ordered for research purposes.

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 H. Lee Moffitt Cancer Center & Research Institute in Tampa serves as the study's epicenter and has enlisted various affiliates throughout the state to assist in this endeavor. These affiliations 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 center in the area involved in this groundbreaking project. During 2006, CCCR has enrolled nearly 150 participants in the program, more than any other Florida affiliate, with dozens more pending.

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.

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 – occurrence of cancer diagnosed or first course of treatment provided at a healthcare facility.

Chemotherapy – chemotherapy is the use of drugs to try to stop or slow the growth of cancer cells. It often is used in combination with other treatments (radiation therapy or surgery). Chemotherapy can be administered orally (capsule, pill, or liquid), by injection into a vein, artery, or muscle, or by intravenous (IV) drip. Chemotherapy affects rapidly growing cells, which may be cancerous or normal (such as hair cells, bone marrow). Some side effects of chemotherapy include hair loss, mouth sores, nausea, and vomiting.

Distant Metastasis – cancer that has spread to organs or tissues that are farther away (such as when prostate cancer spreads to the bones, lungs, or liver).

Ductal carcinoma in situ (DCIS) – ductal carcinoma in situ is the most common type of non-invasive breast cancer. DCIS means that the cancer cells are inside the ducts but have not spread through the walls of the

ducts into the surrounding breast tissue.

Initial Therapy – any of the measures taken to treat a disease within four months after diagnosis of malignancy (two months for leukemias).

Metastasis – cancer cells that have spread to one or more sites elsewhere in the body, often by way of the lymph system or bloodstream. Regional metastasis is cancer that has spread to the lymph nodes, tissues, or organs close to the primary site.

Non-Analytic Case – occurrence of cancer diagnoses at another healthcare facility and no first course treatment was planned or provided at that facility.

Radiation Therapy – treatment with high-energy rays (such as x-rays) to kill or shrink cancer cells. The radiation may come from outside of the body (external radiation) or from radioactive materials placed directly in the tumor (brachytherapy or internal radiation). Radiation therapy may be used as the main treatment for a cancer, to reduce the size of a cancer before surgery, or to destroy any remaining cancer cells after surgery. In advanced cancer cases, it may also be used as palliative treatment.

TNM Staging – the most common system used to describe whether cancer has spread, and if

so, how far. It gives 3 key pieces of information:

- T refers to the size of the tumor.
- N describes whether or not the cancer has spread to nearby lymph nodes, and if so, how many.
- M shows whether the cancer has spread (metastasized) to other organs of the body.

Letters or numbers after the T, N, and M give more details about each of these factors. To make this clearer, the TNM descriptions can be grouped together into a simpler set of stages, labeled with Roman numerals (usually from I to IV). In general, the lower the number, the less the cancer has spread. A higher number means a more serious cancer.

Acronyms

ACS

American Cancer Society

ACOS, CoC

American College of Surgeons, Commission on Cancer

AJCC

American Joint Committee on Cancer

CCCR

Center for Cancer Care & Research

FCDS

Florida Cancer Data System

NCCN

National Comprehensive Cancer Network

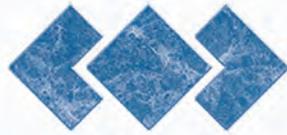
NCDB

National Cancer Data Base

NSABP

National Surgical Adjuvant Breast and Bowel Project

ANNUAL REPORT



Center *for* Cancer Care & Research

An affiliate of H. Lee Moffitt
Cancer Center & Research Institute



A Collaboration Against Cancer



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