

The Cancer Committee at the Center for Cancer Care & Research (CCCR) is proud to present our annual report of 2009-10 activities and cancer registry data from 2009.

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 2009 & 2010 continued to positively impact the level of oncology care and cancer prevention 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 renewed our prestigious 3-year accreditation with an astounding 7 special commendations for going above and beyond in our service to the patient. **CCCR is one of only three freestanding cancer centers in the entire country to achieve this distinctive honor.**
- We are involved in innovative national clinical trials for a variety of cancers and conduct many on-site cancer research activities in concert with Moffitt's efforts, including maintaining our role as one of the leading contributors to their groundbreaking Total Cancer Care genetic research project.
- Through the Watson Clinic Foundation, we operate 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 provide a vast series of educational programs to support the cancer survivors in our area, including our monthly Cancer Caregiver Support Group, Breast Cancer Support Group, Cancer Survivor Education Series, Among Friends, Conquering Chemo, Your Inner Hero: Life After Cancer Treatment, Man to Man Prostate Cancer Support Group, Young Adults Conquering Cancer, and our Lunch and Learn series. Our efforts to educate continue to extend beyond our patient base as we maintain a regular series of smoking cessation classes.
- We feature 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, Stereotactic Body Radiation Therapy (SBRT), Stereotactic Radiosurgery, AccuBoost non-invasive radiotherapy treatment for women with breast cancer, Intensity Modulated Radiation Therapy, high dose rate brachytherapy, partial breast irradiation (PBI) and prostate seed therapy.

- We lead the way in introducing the most innovative technologies and treatments to our area, including [da Vinci robotics](#) for various [gynecologic oncology](#) and [urology](#) procedures, and the Stereotactic Trilogy System linear accelerator, which is widely regarded as one of the most advanced cancer treatment technologies in existence.
- CCCR has taken the lead as one of the few facilities in the entire state to voluntarily invest in extremely progressive radiation reduction software. The software has been implemented into our state-of-the-art imaging systems and has resulted in an across the board 40% reduction in radiation dosage without sacrificing image quality.
- 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 2009, 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.
- We continue to implement a process improvement program 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.

2010 Annual Report of CCCR:

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Dr. Fred J. Schreiber

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

Leading the Way in Cancer Care A Message from Fred J. Schreiber, MD

The successful treatment of cancer demands a team approach, and the Center for Cancer Care & Research (CCCR) has a team like no other in Polk County. A collaboration between Watson Clinic LLP, Clark & Daughtrey Medical Group, PA, and the finest independent physicians in the area, CCCR is also the only official local affiliate of the world-renowned H. Lee Moffitt Cancer Center & Research Institute. This unique structure allows our patients unfettered access to new technologies, national trials, and comprehensive follow-up care.

Our diverse team includes specialists as varied as anesthesiologists, breast surgeons, cardiologists, critical care intensivists, dermatologists/dermatopathologists, facial plastic surgeons, family practitioners, gastroenterologists, general surgeons, gynecologists, hospitalists, internal medicine physicians, nephrologists, neurologist, obstetrician, oncologists, ophthalmologists, orthopedists, otolaryngologists, pain management physicians, pathologists, plastic surgeons, psychiatrists, pulmonologists, radiation oncologists, radiologists, surgical oncologists, thoracic surgeons, urologists, and many more.

The Team Approach. The CCCR team – including surgeons, radiologists, pathologists, medical oncologists, radiation oncologists, nurses, research staff and additional clinicians and managers – meet regularly to discuss all ongoing cancer cases.

We meet two to four times a week as a group to review individual cases. For the patient, it's like having multiple doctors come to their bedside.

During these meetings, our specialists review individual cases, examine patient x-rays and biopsies, and debate various treatment options. In addition, various conferences are conducted and dedicated to specific types of cancer, including breast, lung, and cancers of the bone marrow system.

Exceeding Standards. CCCR recently received reaccreditation by the American College of Surgeons Commission on Cancer (CoC) for an additional three years.

The CoC is dedicated to improving survival rates and quality of life for cancer patients. An integral part of their mission is in measuring the success rates of treatment centers like CCCR. Following an in-depth evaluation, CCCR received not only a renewal of their accreditation, but an astounding 7 special commendations for going above and beyond expectations in areas including outcome analysis, quality of data, continuing education for staff, strict adherence to data reporting guidelines, phenomenal clinical trial enrollment, community outreach, and quality improvement.

CCCR is one of only three freestanding cancer centers in the entire country to receive this honor.

This remarkable accreditation illustrates the exemplary standards we maintain for our patients in the areas of treatment, research, education and quality of care.

Investing in the Future. CCCR is on the forefront of tomorrow's great cancer breakthroughs through a series of active clinical trials, and bold investments of time and resources in some of the most forward-thinking protocols in the field of oncology. Our affiliation with H. Lee Moffitt Cancer Center & Research Institute provides our patients with a palette of innovative therapies and leading-edge cancer trials. We also continue to be 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 breast, colorectal, hematologic, gastrointestinal, genitourinary, lung, head and neck, ovarian, and bone cancers.

Together, we're building a legacy of excellence for cancer care in our community.

Fred J. Schreiber, MD
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

**"Journey: defined as traveling from one place to another; a passage thru any significant experience."
(Webster's Dictionary)**

Since first opening our doors in 2003, the Center for Cancer Care and Research (CCCR) has evolved to represent the gold standard in oncology care, clinical research and technological prowess for the patients and families stricken with this dreaded disease throughout our community and beyond.

Above all else, we are driven by the tremendous empathy we all feel for the plight of those affected by cancer, and the profound honor we share in our ability to affect change in their lives through our collective expertise.

Of course, we could not accomplish this without the compassionate team we have assembled at CCCR, or the meaningful partnerships we've nourished with distinguished organizations throughout our community.

Our involvement and commitment to organizations such as the American Lung Association, the American Cancer Society and the Leukemia & Lymphoma Society illustrate our belief that effective cancer care must extend beyond the walls of our treatment facilities and physician offices.

Our team works tirelessly on outreach efforts to spread awareness and, in the process, to help raise thousands of dollars to assist agencies who deliver much needed services to cancer patients and their families. Additional organizations, like our local Tobacco Free Partnership Coalition and the Susan G. Komen Suncoast Affiliate, have also benefited from our commitment to their respective missions, whether we're educating our youth about the ill effects of tobacco use or providing preventive screenings and education for a variety of cancers.

The efforts of our physicians, nurses, administrators and additional specialists are all directed towards one common mission: to play a role in eradicating cancer once and for all. In our journey towards accomplishing that mission, we are grateful to have the opportunity to be a beacon of comfort, guidance and support for each patient we treat. The patients we treat at CCCR are our neighbors within the community and, as such, they are extensions of our own family. All of us at CCCR feel humbled and honored to be in a position to inspire and elevate both their physical and emotional well being.

Luis A. Franco, MD
Hematologist/Oncologist

Center for Cancer Care & Research (CCCR) 2009 & 2010 Community Outreach and Events at a Glance

At the Center for Cancer Care & Research (CCCR) community outreach is not just a philosophy that is understood, it is an ever present part of our practice of care.

Over the last several years we have committed both resources and manpower to many events and activities that reach far outside the walls of the CCCR. We are proud of those long roots into our community and our commitment has not waived even in difficult economic times.

We remain strong in our vigilance to see an end to cancer and we believe the prevention education that is carried to those in the community makes a difference in the statistics. We believe that free screenings enable us to help others prevent cancers in advance and again make a difference in the number of cancer diagnosis seen in our community.

We continue to bring the resources of our physician group to this effort. 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 include, but are not limited to some of the following:

- Being a leading fundraising organization in support of the local Chapters of the American Cancer Society.
- Providing hundreds of local citizens the opportunity to be seen by an area physician who specializes in dermatology during our annual skin screening outreach event.
- Working with local churches, civic and other organizations and businesses to coordinate medical professionals as speakers for numerous community events as part of our ongoing focus on education.
- Continue to participate and expand our involvement in numerous community events to include: Cattle Baron's Ball, Making Strides, Susan G. Komen-3 Day Walk, Relay For Life, Women's Health Summit, Men's Health Conference and others.
- Conducting monthly education programs on Tobacco Control to help our areas 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 & Learn seminars to provide ongoing education to patients of the CCCR and their families.

We must continue to be involved in these worthwhile events to help bring the necessary screenings and education to people of our community. It is a core value of the staff and physicians at the Center for Cancer Care & Research to make a difference and to help you fight this disease.

If there are 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) 2009-2010 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. Elizabeth Dupont, Breast Surgery
Dr. Luis Franco, Medical Oncology/Hematology, Cancer Liaison Physician
Dr. Edward Garcia, Pathology
Dr. Howell Gorell, Radiology
Dr. Kamal Haider, Medical Oncology/Hematology
Dr. Randy Heysek, Radiation Oncology
Dr. Thomas McLaughlin, Urology
Dr. Thomas Moskal, Surgical Oncology
Dr. Shalini Mulaparthi, Medical Oncology/Hematology
Dr. Fred Schreiber, Medical Oncology Hematology, 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
Cheryl Bell, Director of Registration & Satellites
Mary Ann Blanchard, RN, BS, Director, Clinical Services
Cynthia Bruton, Administrative Assistant
Jerry Carlisle, RN, Chemotherapy/Oncology Nursing
Judy Character, RN, LHCRM, Risk Manager
Monique Hakins, MSW, Social Services
Ishuan Hargrove, MMSc, DABR
Martha Harper, MSW, Social Services
Pam Herbert, RN, OCN, Oncology Practice Coordinator
Liliana Hernandez, Administrative Assistant
Debora Hunt, BSW, Social Services
Jerri Hunt, 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, BHM, Site Manager
Patty Strickland, Community Outreach Manager
Dawn Watson, RN, OCN, Chemotherapy/Oncology Nursing

Cancer Registry Members:

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

Center for Cancer Care & Research (CCCR) 2009 - 2010 Cancer Conferences

Cancer Conferences not only serve as a forum for prospective review of cancer cases, involving a multidisciplinary team in the patient care process, but offer education for the physicians and staff as well. Our multidisciplinary team, which includes physicians in the departments of hematology/medical oncology, radiation oncology, surgical oncology, pathology, diagnostic radiology, and other specialties as well as allied health professionals from research, nursing, social services, and administration, attend Cancer Conference three times a week for collaborative discussion of diagnosis, stage, prognostic factors, and national treatment guidelines pertaining to the cases presented and cancer related educational activities.

Year End 2009	
Total # of Cancer Conferences	92
Total # of Cases Presented	764
Total # of Cases Presented Prospectively	743
Total # of Cancer Related Educational Activities	32
TYD September 30, 2010	
Total # of Cancer Conferences	68
Total # of Cases Presented	599
Total # of Cases Presented Prospectively	591
Total # of Cancer Related Educational Activities	30

Center for Cancer Care & Research Cancer Registry Activity Report on 2009 Data

The Center for Cancer Care & Research (CCCR) Cancer Registry passed two important milestones in 2010. It was instrumental in the CCCR successfully passing survey by the American College of Surgeons Commission on Cancer (CoC) in May. The Cancer Registry staff was primarily responsible for two of the seven commendations earned by the CCCR: submitting error-free data to the National Cancer Data Base (NCDB) every year between surveys and maintaining a high level of continuing education.

The second milestone was reached January 1 of this year when the Cancer Registry database marked the sixth year after its reference date of January 1, 2004. The sixth year of data is significant because five years of data plus another complete year of follow-up are the minimum needed to calculate five-year actuarial survivals. Five-year breast cancer survivals by stage are included in Dr. Mulaparthy's study in this annual report.

The Cancer Registry also serves Watson Clinic (WC) and Clark & Daughtrey Medical Group (C&D) by accessing their cases into the Cancer Registry database and reporting them to the Florida Cancer Data System (FCDS), the state cancer registry, as required by Florida statute. These data are used by the Department of Health to plan allocation of cancer resources, identify cancer clusters and support cancer research. De-identified cancer cases sent to the NCDB are also extensively used for research in the war against cancer. The NCDB database accepts only data from CoC-accredited facilities, like the CCCR, and contains close to 80% of all cancer cases diagnosed in the United States.

Included in this report are three tables showing cancer-site, gender and class of case distributions for each facility. A fourth table displays only CCCR analytic (newly diagnosed) cases adds stage distributions for cancer sites. Some patients are represented multiple times on one or more tables. State and national cancer registry standards require an abstract (record) for each primary cancer or benign central nervous system tumor diagnosed in a single patient and for each facility the patient is seen for each reportable tumor. As seen by the totals on the first three tables, the Cancer Registry abstracted 3231 cases for 2009: 1505 for the CCCR, 1410 for WC and 316 for C&D. Accounting for these totals, were 1899 unique patients.

Analytic cases are those diagnosed and/or received first-course treatment at the reporting facility. All analytic cases are newly diagnosed either at the reporting facility or a short time prior to coming to the reporting facility. Non-analytic cases are those with active cancer that were diagnosed and received all first-course treatment elsewhere. Some non-analytic cases may also be newly diagnosed. The same cancer patient may be analytic at one of our three facilities and non-analytic at another.

Some cancer sites, notably colon, GYN and soft tissue may be first seen, diagnosed and/or treated elsewhere by one of our physicians but is not seen at our facility until the cancer is removed. These would not meet the criteria for including in the Cancer Registry database. Consequently, our physicians see many more cancer patients than are represented on the following tables.

In addition to the four site-distribution tables, following are several graphical analyses of 2009 CCCR analytic cancer cases:

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

Table 1. Total 2009 Cases for CCCR

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	NON-ANALYTIC
ALL SITES	1505	756	749	1041	464
TONGUE	8	6	2	7	1
OROPHARYNX	2	2	0	2	0
HYPOPHARYNX	0	0	0	0	0
OTHER ORAL CAVITY	27	22	5	20	7
ESOPHAGUS	21	20	1	18	3
STOMACH	21	14	7	16	5
COLON	107	61	46	77	30
RECTUM	44	25	19	30	14
ANUS/ANAL CANAL	7	1	6	7	0
LIVER	9	7	2	6	3
PANCREAS	42	24	18	37	5
OTHER DIGESTIVE	14	7	7	9	5
NASAL/SINUS	0	0	0	0	0
LARYNX	18	15	3	12	6
LUNG/BRONCHUS	238	146	92	190	48
OTHER RESPIRATORY	1	1	0	0	1
LEUKEMIA	72	44	28	52	20
MULTIPLE MYELOMA	21	18	3	16	5
OTHER BLOOD & BONE MARROW	34	22	12	28	6
BONE	1	0	1	0	1
CONNECT/SOFT TISSUE	12	8	4	9	3
MELANOMA	55	25	30	11	44
OTHER CUTANEOUS	4	0	4	0	4
BREAST	294	0	294	229	65
CERVIX UTERI	19	0	19	13	6
CORPUS UTERI	43	0	43	30	13
OVARY	24	0	24	20	4
VULVA	4	0	4	2	2
OTHER FEMALE GENITAL	3	0	3	3	0
PROSTATE	159	159	0	84	75
TESTIS	9	9	0	4	5
OTHER MALE GENITAL	0	0	0	0	0
BLADDER	36	33	3	8	28
KIDNEY/RENAL	25	15	10	11	14
OTHER URINARY	2	2	0	0	2
BRAIN (MALIGNANT)	3	3	0	2	1

OTHER CNS	4	0	4	3	1
THYROID	14	6	8	3	11
OTHER ENDOCRINE	2	1	1	0	2
HODGKIN LYMPHOMA	8	4	4	8	0
NON-HODGKIN LYMPHOMA	82	49	33	61	21
UNKNOWN PRIMARY	11	3	8	9	2
OTHER & ILL-DEFINED SITES	5	4	1	4	1

Table 2. Total 2009 Cases for Watson Clinic LLP

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	NON-ANALYTIC
ALL SITES	1410	666	744	785	625
TONGUE	17	12	5	6	11
OROPHARYNX	2	2	0	0	2
HYPOPHARYNX	0	0	0	0	0
OTHER ORAL CAVITY	28	21	7	11	17
ESOPHAGUS	17	16	1	6	11
STOMACH	10	6	4	2	8
COLON	89	48	41	21	68
RECTUM	41	22	19	12	29
ANUS/ANAL CANAL	5	1	4	4	1
LIVER	8	6	2	5	3
PANCREAS	19	11	8	6	13
OTHER DIGESTIVE	9	5	4	1	8
NASAL/SINUS	0	0	0	0	0
LARYNX	9	8	1	1	8
LUNG/BRONCHUS	146	87	59	63	83
OTHER RESPIRATORY	1	1	0	0	1
LEUKEMIA	48	25	23	23	25
MULTIPLE MYELOMA	12	11	1	1	11
OTHER BLOOD & BONE MARROW	9	4	5	3	6
BONE	3	0	3	2	1
CONNECT/SOFT TISSUE	11	7	4	8	3
MELANOMA	196	110	86	171	25
OTHER CUTANEOUS	4	0	4	4	0
BREAST	256	0	256	186	70
CERVIX UTERI	21	0	21	11	10
CORPUS UTERI	71	0	71	39	32
OVARY	24	0	24	4	20
VULVA	9	0	9	4	5
OTHER FEMALE GENITAL	6	0	6	3	3
PROSTATE	141	141	0	95	46
TESTIS	5	5	0	3	2
OTHER MALE GENITAL	3	3	0	1	2
BLADDER	45	41	4	27	18
KIDNEY/RENAL	22	10	12	11	11
OTHER URINARY	3	3	0	1	2
BRAIN (MALIGNANT)	4	3	1	2	2

OTHER CNS	23	10	13	16	7
THYROID	22	8	14	16	6
OTHER ENDOCRINE	5	2	3	1	4
HODGKIN LYMPHOMA	6	4	2	2	4
NON-HODGKIN LYMPHOMA	47	27	20	9	38
UNKNOWN PRIMARY	9	3	6	3	6
OTHER & ILL-DEFINED SITES	4	3	1	1	3

Table 3. Total 2009 Cases for Clark & Daughtrey Medical Group, P.A.

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	NON-ANALYTIC
ALL SITES	316	207	109	137	179
TONGUE	1	1	0	1	0
OROPHARYNX	0	0	0	0	0
HYPOPHARYNX	0	0	0	0	0
OTHER ORAL CAVITY	3	3	0	2	1
ESOPHAGUS	1	0	1	0	1
STOMACH	2	1	1	0	2
COLON	25	17	8	5	20
RECTUM	1	0	1	0	1
ANUS/ANAL CANAL	0	0	0	0	0
LIVER	0	0	0	0	0
PANCREAS	6	3	3	2	4
OTHER DIGESTIVE	2	1	1	0	2
NASAL/SINUS	0	0	0	0	0
LARYNX	7	6	1	2	5
LUNG/BRONCHUS	68	44	24	11	57
OTHER RESPIRATORY	0	0	0	0	0
LEUKEMIA	8	6	2	2	6
MULTIPLE MYELOMA	1	0	1	0	1
OTHER BLOOD & BONE MARROW	1	1	0	0	1
BONE	0	0	0	0	0
CONNECT/SOFT TISSUE	0	0	0	0	0
MELANOMA	4	3	1	1	3
OTHER CUTANEOUS	0	0	0	0	0
BREAST	35	0	35	12	23
CERVIX UTERI	3	0	3	1	2
CORPUS UTERI	5	0	5	3	2
OVARY	1	0	1	0	1
VULVA	0	0	0	0	0
OTHER FEMALE GENITAL	0	0	0	0	0
PROSTATE	81	81	0	61	20
TESTIS	1	1	0	0	1
OTHER MALE GENITAL	0	0	0	0	0
BLADDER	22	20	2	14	8
KIDNEY/RENAL	13	7	6	11	2
OTHER URINARY	0	0	0	0	0
BRAIN (MALIGNANT)	0	0	0	0	0

OTHER CNS	2	0	2	1	1
THYROID	6	4	2	4	2
OTHER ENDOCRINE	0	0	0	0	0
HODGKIN LYMPHOMA	1	0	1	0	1
NON-HODGKIN LYMPHOMA	15	7	8	4	11
UNKNOWN PRIMARY	1	1	0	0	1
OTHER & ILL-DEFINED SITES	0	0	0	0	0

Table 4. CCCR 2009 Primary Site Distribution of Analytic Cancer Cases

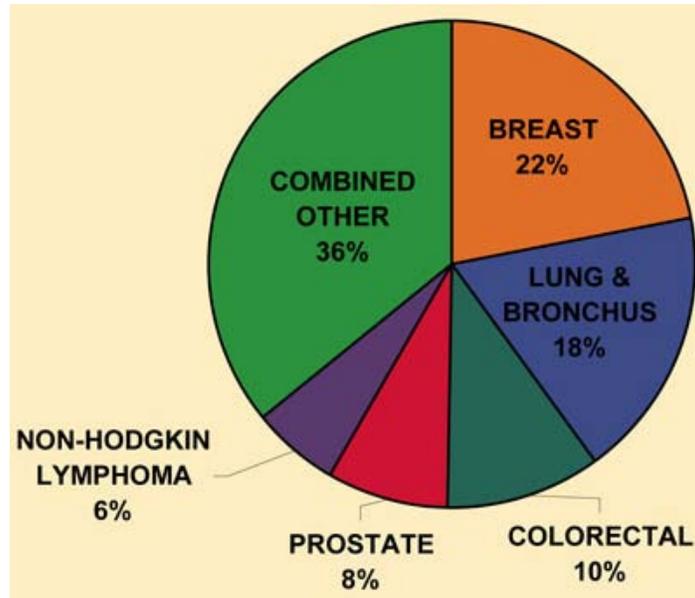
PRIMARY SITE	CLASS Analytic	GENDER		AJCC STAGE AT DIAGNOSIS						
		Male	Female	0	I	II	III	IV	UNK	N/A
ALL SITES	1041	493	548	48	225	210	192	229	15	122
ORAL CAVITY	29	25	4	0	0	3	9	14	1	2
Tongue	7	6	1	0	0	0	1	5	1	0
Oropharynx	2	2	0	0	0	0	1	1	0	0
Hypopharynx	0	0	0	0	0	0	0	0	0	0
Other	20	17	3	0	0	3	7	8	0	2
DIGESTIVE SYSTEM	200	115	85	2	32	44	55	63	2	2
Esophagus	18	17	1	0	2	4	5	6	1	0
Stomach	16	10	6	0	5	3	3	4	0	1
Colon	77	42	35	2	8	11	28	28	0	0
Rectum	30	15	15	0	6	8	10	6	0	0
Anus/Anal Canal	7	1	6	0	2	1	2	1	1	0
Liver	6	4	2	0	2	2	0	1	0	1
Pancreas	37	21	16	0	4	12	5	16	0	0
Other	9	5	4	0	3	3	2	1	0	0
RESPIRATORY SYSTEM	202	126	76	1	51	13	52	84	1	0
Nasal/Sinus	0	0	0	0	0	0	0	0	0	0
Larynx	12	12	0	1	5	1	3	2	0	0
Lung/Bronchus	190	114	76	0	46	12	49	82	1	0
Other	0	0	0	0	0	0	0	0	0	0
BLOOD & BONE MARROW	96	64	32	0	0	0	0	0	0	96
Leukemia	52	33	19	0	0	0	0	0	0	52
Multiple Myeloma	16	14	2	0	0	0	0	0	0	16
Other	28	17	11	0	0	0	0	0	0	28
BONE	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	9	7	2	0	3	1	1	3	1	0
SKIN	11	5	6	3	2	0	4	2	0	0
Melanoma	11	5	6	3	2	0	4	2	0	0
Other	0	0	0	0	0	0	0	0	0	0
BREAST	229	0	229	41	100	50	24	13	1	0
FEMALE GENITAL	68	0	68	1	20	6	26	9	2	4
Cervix Uteri	13	0	13	0	5	3	4	0	1	0
Corpus Uteri	30	0	30	0	11	2	9	3	1	4
Ovary	20	0	20	0	3	0	12	5	0	0
Vulva	2	0	2	0	0	0	1	1	0	0
Other	3	0	3	1	1	1	0	0	0	0
MALE GENITAL	88	88	0	0	0	77	1	5	5	0
Prostate	84	84	0	0	0	74	1	5	4	0
Testis	4	4	0	0	0	3	0	0	1	0
Other	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	19	14	5	0	2	1	5	10	1	0
Bladder	8	6	2	0	0	1	1	6	0	0
Kidney/Renal	11	8	3	0	2	0	4	4	1	0

Other	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	5	2	3	0	0	0	0	0	0	5
Brain (Benign)	0	0	0	0	0	0	0	0	0	0
Brain (Malignant)	2	2	0	0	0	0	0	0	0	2
Other	3	0	3	0	0	0	0	0	0	3
ENDOCRINE	3	1	2	0	1	1	1	0	0	0
Thyroid	3	1	2	0	1	1	1	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	69	42	27	0	14	14	14	26	1	0
Hodgkin Lymphoma	8	4	4	0	0	6	2	0	0	0
Non-Hodgkin Lymphoma	61	38	23	0	14	8	12	26	1	0
UNKNOWN PRIMARY	9	1	8	0	0	0	0	0	0	9
OTHER & ILL-DEFINED SITES	4	3	1	0	0	0	0	0	0	4

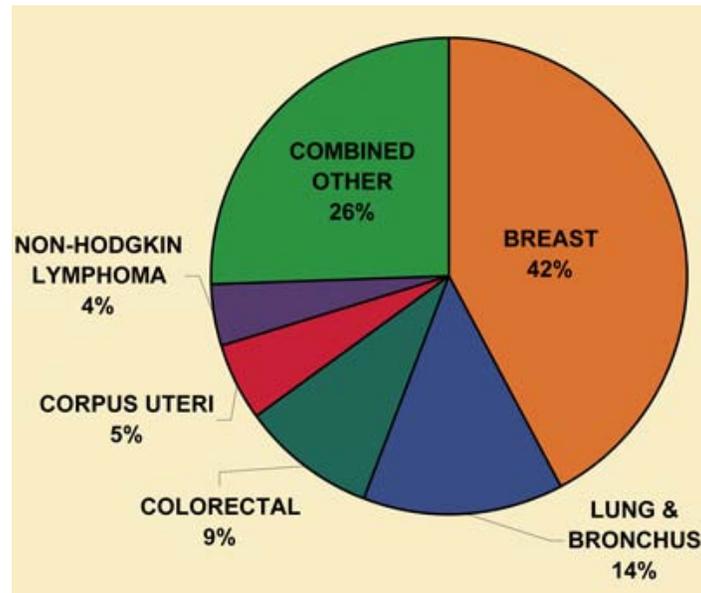
5 Most Frequent Cancer Sites in 2009

The five most frequent analytic cancer sites seen at the CCCR in 2009 were breast (22% of total cases), lung (18%), colorectal (10%), prostate (8%) and non-Hodgkin lymphoma (6%). This is almost exactly the same distribution seen in 2008. Approximately two-thirds (64%) of CCCR analytic cases were these five sites. The 1041 analytic cases represented 69% of total cases seen at CCCR.

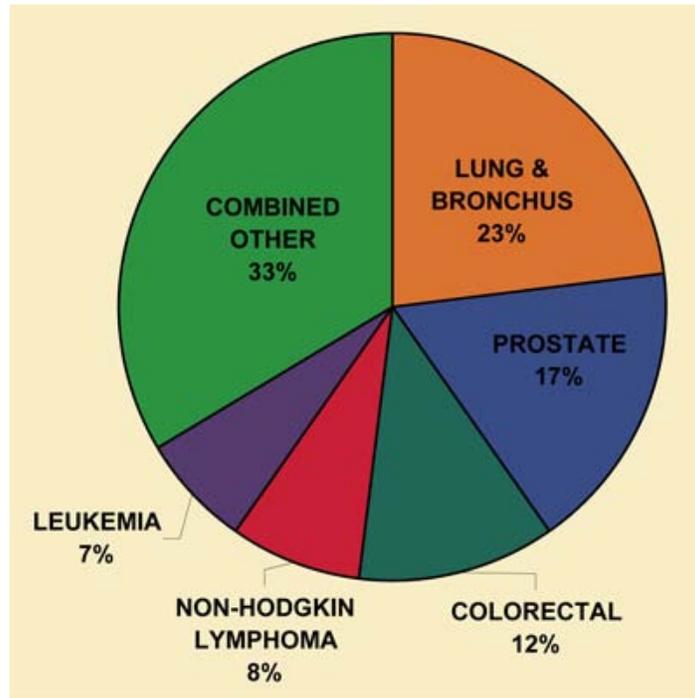
Distribution of 2009 CCCR Cases



Distribution of 2009 CCCR Female Cases

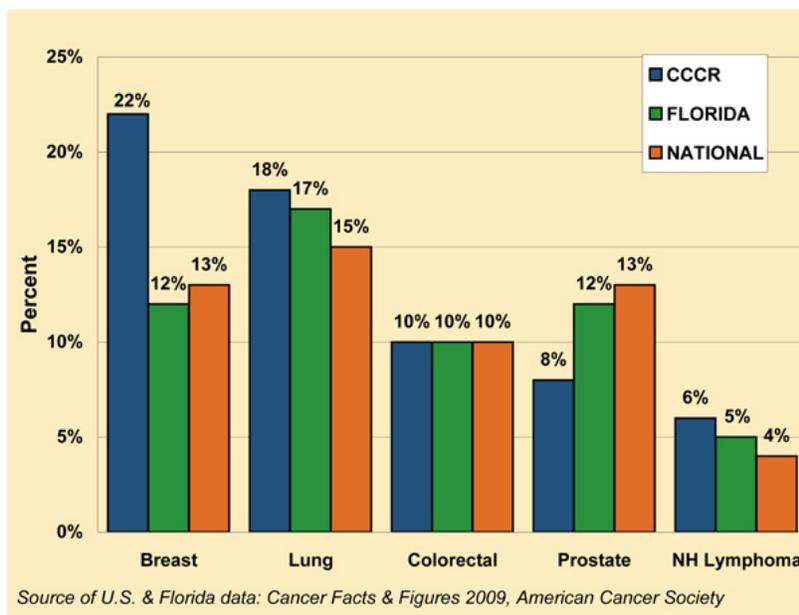


Distribution of 2009 CCCR Male Cases



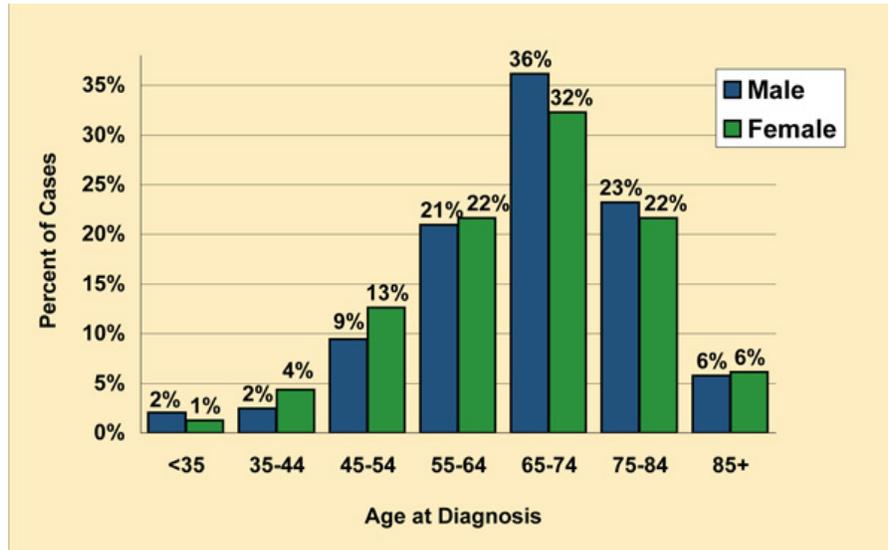
CCCR 2009 Frequency Compared to Incidence

State and national incidence statistics are geographic based. They count number of cancer cases diagnosed within a specified geographic area. Facilities count frequency, meaning the number of cancer cases that come to the facility from anywhere. Comparing CCCR frequency of the top five cancer sites to state and national incidence shows we see much more than our “share” of breast cancer but much less prostate cancer.



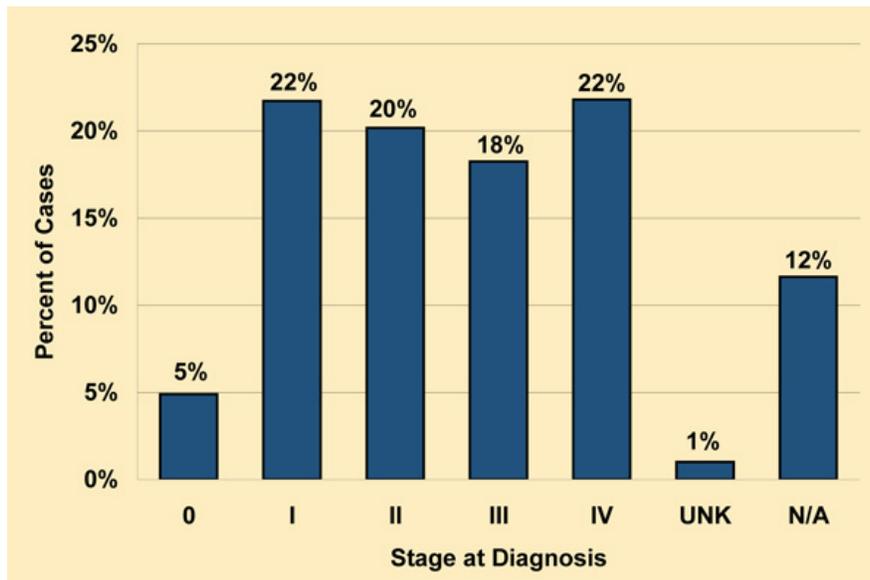
Age at Diagnosis by Gender of CCCR 2009 Analytic Cases

Well over half (63%) of analytic CCCR patients were age 65 or older. Of the 493 males patients, 322 (65%) were age 65 or older. Of the 548 female patients, 330 (60%) were 65 or older. Although there were gender differences in the numbers of Medicare-age patients when compared to last year, the overall percent did not change.



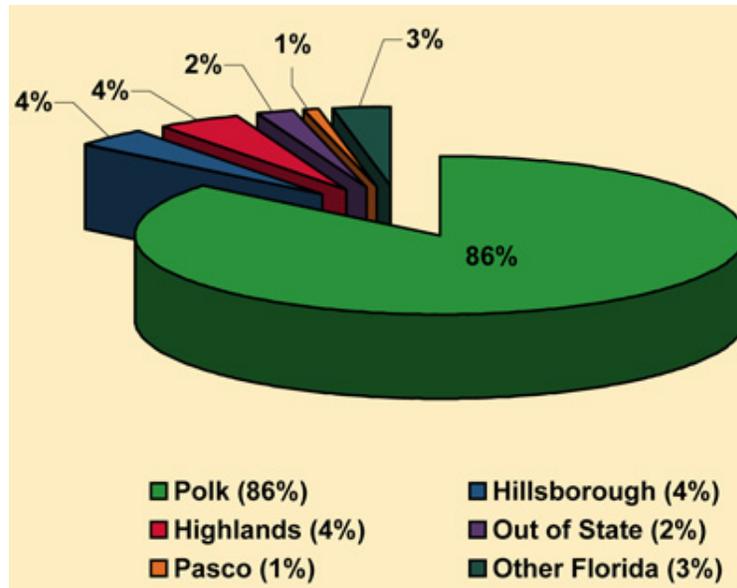
Stage at Diagnosis of CCCR 2009 Analytic Cases

Of the 1041 CCCR analytic cases, 47% were early stages (stages 0, I & II), which is the same as last year, and 40% were later stages (stages III & IV), which is an increase over last year. Fewer cases were unknown stage, 1% in 2009 compared to 6% the previous year. Cancer sites that did not have a staging schema (N/A) accounted for 12% of cases same as last year. Derived collaborative group stages were used for all stage designations in this report.



County of Residence at Diagnosis of CCCR 2009 Analytic Cases

The majority of CCCR patients (86%) resided in Polk County at the time of their diagnosis. Approximately 9% came from surrounding counties and 6% came from outside the region.



Retrospective Breast Cancer Site Analysis, Quality Study of Bone Density Management Related to Aromatase Inhibitor (AI) Hormone Therapy and Outcomes Trials

Shalini Mulaparthi, MD, Principal Investigator
Lori Shah and Maggie Frates, Co-Investigators

Background: Known as the silent disease, osteoporosis often remains undetected in the “10 million Americans, mostly women,” (Walsh) are affected. The decrease in bone density becomes increasingly evident as the disease progresses ultimately resulting in a loss of height, stooped posture, humpback, severe pain, compression fractures, and broken bones. Age, family history, lifestyle, as well as the use of Aromatase Inhibitors (AIs) are found to increase the risk of osteopenia and osteoporosis.

Past studies (ATAC, BIG, ABCSG, IES, and ITA) investigated the effect of AIs on the bone densities of patients taking the hormone therapy. All concluded that AIs are effective for treating breast cancer, but the bone mineral density (BMD) is negatively effected by the treatment. Researchers saw a greater, more rapid bone loss in the patients given AI therapy. Furthermore, those patients had a significantly higher risk and thus incidence of bone fracture. The lowering of bone densities in women, who may already be susceptible to bone diseases, causes concern and thus merits investigation. Our study is an investigation initiating of hormonal therapy and abnormal DEXA scan management.

Methods: A list of newly diagnosed breast cancer patients seen at the Center for Cancer Care and Research (CCCR) from 2004 to 2009 was provided from the cancer registry. A total of 722 patients were obtained for inclusion in trial of whom 341 patients received either AI or AI/Selective Estrogen Receptor Modulator (SERM) therapy during the years 2004, 2005, 2008, and 2009. A flow sheet was developed to organize the relevant information gathered through the use of NextGen Electronic Medical Record. This information was used to evaluate the quality of bone density management in relation to AI hormone therapy, and the outcomes of that therapy. Statistical analyses were conducted in order to determine their relationship.

Results: All of the 341 patients received a form of hormone therapy in response to the diagnosis of breast cancer. A total of 276 patients (81%) were given AIs; the remaining 65 patients (19%) received both AI and adjuvant SERM therapy.

Baseline and follow-up DEXA scans were collected on all patients.

Table 1. 2004 Data Revealed

76 Patients Treated AI	
Baseline DEXA Scan	27 Patients - 48.21%
Follow-Up 1	26 Patients - 46.43%
Follow-Up 2	16 Patients - 25.57%
Follow-Up 3	7 Patients - 12.50%
36 Patients Treated AI/SERMS	
Baseline DEXA Scan	10 Patients - 50.00%
Follow-Up 1	15 Patients - 75.00%
Follow-Up 2	11 Patients - 55.00%

Table 2. 2004 DEXA Scan Results

Baseline DEXA Scan Results	
Normal	14 Patients - 37.84%
Osteopenic	18 Patients - 48.65%
Osteoporotic	5 Patients - 13.51%
Follow-Up 1 DEXA Scan Results	
Normal	7 Patients - 17.075%
Osteopenic	27 Patients - 65.85%
Osteoporotic	7 Patients - 17.07%
Follow-Up 2 DEXA Scan Results	
Normal	8 Patients - 29.63%
Osteopenic	16 Patients - 59.26%
Osteoporotic	3 Patients - 11.11%
Follow-Up 3 DEXA Scan Results	
Normal	1 Patient - 14.29%
Osteopenic	5 Patient - 71.43%
Osteoporotic	1 Patient - 14.29%

2004 CCCR Bone Density Management Results and Conclusions: Seventy-five percent of patients received medical treatment. The majority of osteoporotic patients, according to a DEXA scan, received a treatment. Ninety-one percent of osteopenic patients, according to a DEXA scan, received a treatment. Forty-nine percent of patients (37 out of 76) had a Baseline DEXA scan. Fifty-one percent of patients (39 out of 76) had a Follow-Up DEXA scan. Twenty-one percent of patients (16 out of 76) had 3 consecutive Follow-Up DEXA scans. Twenty-five percent of patients (19 out of 76) did not have a DEXA scan.

Potential Future Studies: (1) Investigate and intervene in osteopenic patients, (2) Compare results to the National Cancer Database, and (3) Breast Cancer Survival based on intervention.

Bibliography

Howell, A., J. Cuzick, M. Baum, A. Buzdar, and M. Dowsett. "Results of the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial after completion of 5 years' adjuvant treatment for breast cancer." *Results of the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial after completion of 5 years' adjuvant treatment for breast cancer* 365.9453 (2005): 60-62. Web. 21 Jul 2010.

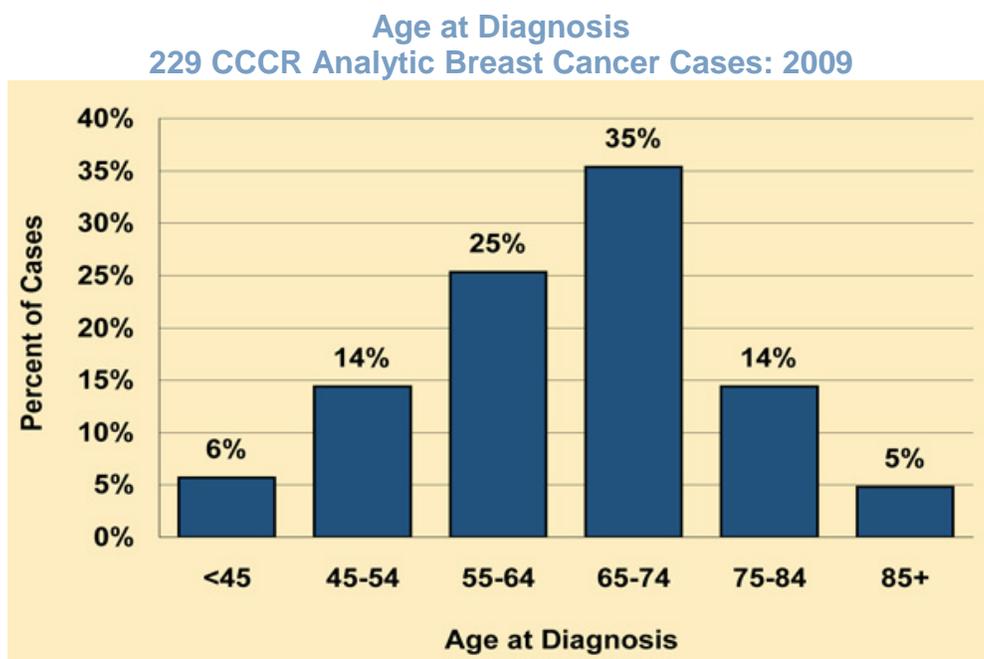
<[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(04\)17666-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)17666-6/fulltext)>.

Walsh, Mary Claire. "Osteopenia and Osteoporosis: Is There a Difference?." *SpineUniverse*. N.p., 14/05/2010. Web. 9 Aug 2010. <<http://www.spineuniverse.com/conditions/osteoporosis/osteopenia-osteoporosis-there-difference>>.

2009 Breast Cancer Site Analysis & Survivals by Stage

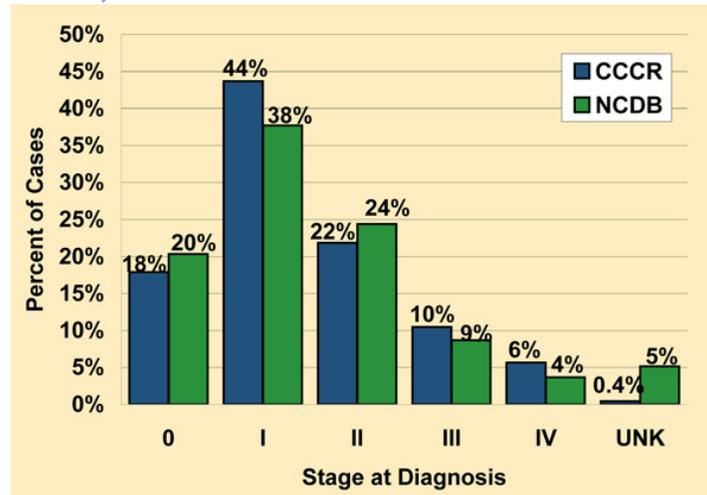
The following graphical illustrations demonstrate the CCCR's experience with breast cancer in 2009. The survival studies are calculated from breast cancer cases dating back to January 1, 2004, the reference date for the CCCR cancer program. All the breast cancer cases selected for this cancer site analysis and survival study were newly diagnosed at the time they first presented to the CCCR.

All of the 2009 breast cancer patients were female. Male breast cancer is fairly rare, although several cases have been treated in past years at CCCR. Of the breast cancer patients seen in 2009, slightly more than half (54%) were age 65 or older. Over a third of the 2009 breast cancers were diagnosed in women 65 to 74 years of age.



Stage of disease at diagnosis is very important for determining first-course treatment. CCCR physicians are conscientious about documenting stage in patients' records. The majority of breast cancers (84%) seen at CCCR in 2009 were early stage (stages 0, 1 and 2) with stage 0 being non-invasive cancer. Early stage was also the majority (82%) of breast cancers reported to the National Cancer Data Base (NCDB). Diagnosing breast cancer at earlier stages has been shown to greatly improve outcomes. NCDB data were from 2008, the most recent data available on the NCDB web site.

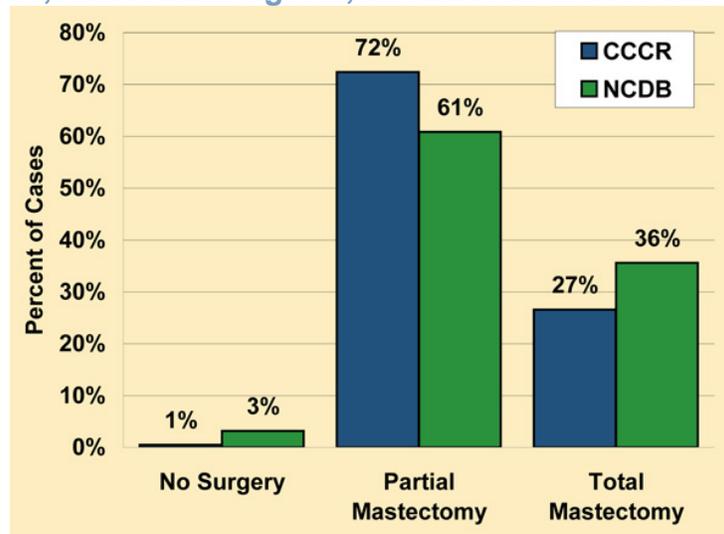
AJCC Stage at Diagnosis Comparison with NCDB
229 CCCR Analytic Breast Cancer Cases: 2009
202,622 NCDB Breast Cancer Cases: 2008



Source of NCDB data: 2010 National Cancer Data Base, Commission on Cancer, Benchmark Reports

Lumpectomy or other partial mastectomies are frequently possible for early-stage breast cancer. However total mastectomies are sometimes done for a variety of good reasons, including patients' preference, to facilitate reconstruction and diffuse or multifocal involvement of breast tissue. Which surgery is better for a specific patient is a decision made between the patient and the surgeon. In some cases, for example advanced age or coexisting medical conditions, medical treatment without surgery is the best choice. CCCR patients had a higher percent (72%) of lumpectomies than the national average (61%) of NCDB patients.

Comparison of Partial and Total Mastectomies for Early Stage Breast Cancer
192 CCCR Analytic Stages 0, 1 & 2 Breast Cancer: 2009
166,987 NCDB Stages 0, 1 & 2 Breast Cancer: 2008

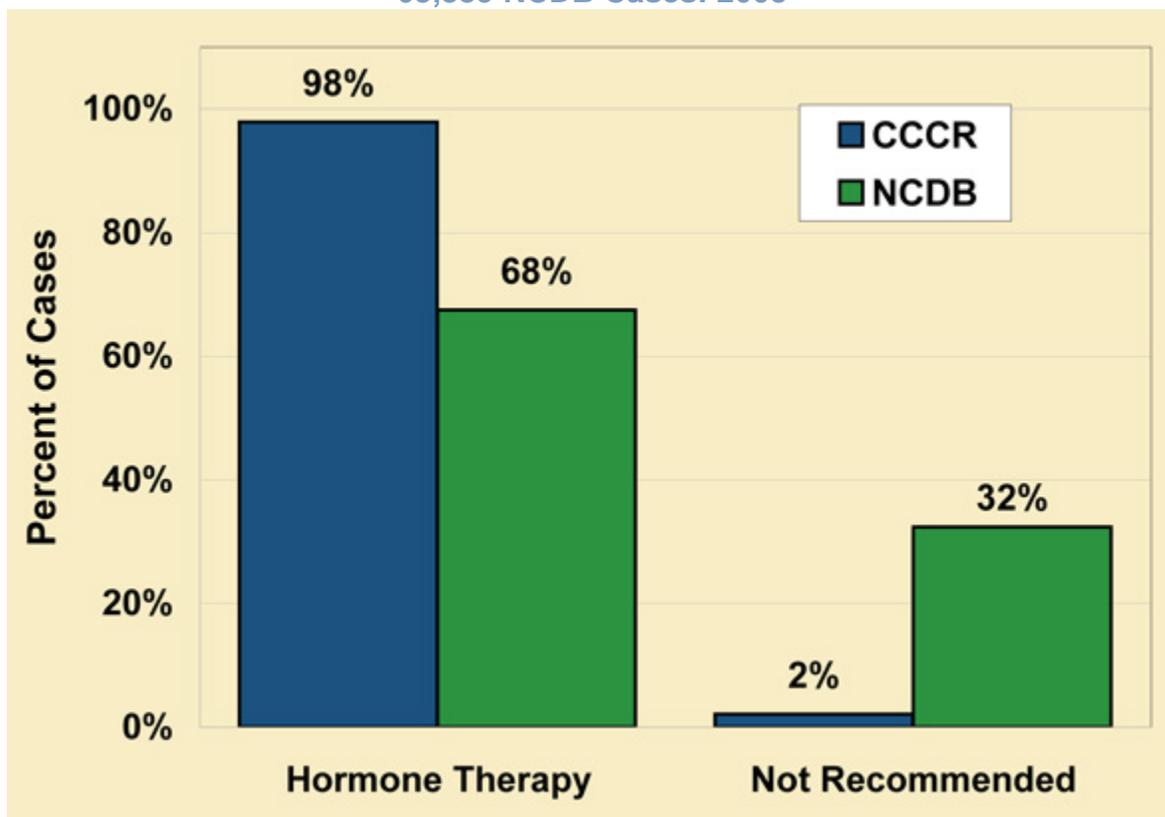


Source NCDB Data: 2010 National Cancer Data Base, Commission on Cancer, Benchmark Reports
 *Most recent year available for NCDB

The Commission on Cancer (CoC) tracks a number of quality measures by reviewing de-identified cases reported to the NCDB by CoC-accredited cancer centers. These quality measures are based on national cancer treatment guidelines. Results are reported back to accredited facilities through Cancer Program Practice Profile Reports (CP³R). One of the quality measures assesses whether hormone therapy was given or recommended to female patients with stage T1cN0M0, stage II or stage III, hormone-receptor positive breast cancer. If hormone therapy was given or recommended to patients, it was counted as compliant with the measure.

The following graph compares hormone therapy prescribed or recommended for 2009 CCCR breast cancer patients, who met the inclusion criteria, to 2008 NCDB cases from all CoC accredited facilities. 2008 was the most recent year evaluated for CP³R quality measures on the NCDB website. Hormone therapy was included in 98% of the treatment modalities provided for the stages specifically identified by the CoC as appropriate for hormone therapy as a standard of care. Per Dr. Mulaparthi's study, the extensive use of effective hormone therapy strongly underscores the importance of bone density management in the overall management of breast cancer.

Hormone Therapy CP³R Quality Measure
AJCC Stages T1cN0M0, II & III Breast Cancer with Positive Hormone Receptors
94 CCCR Cases: 2009
63,889 NCDB Cases: 2008



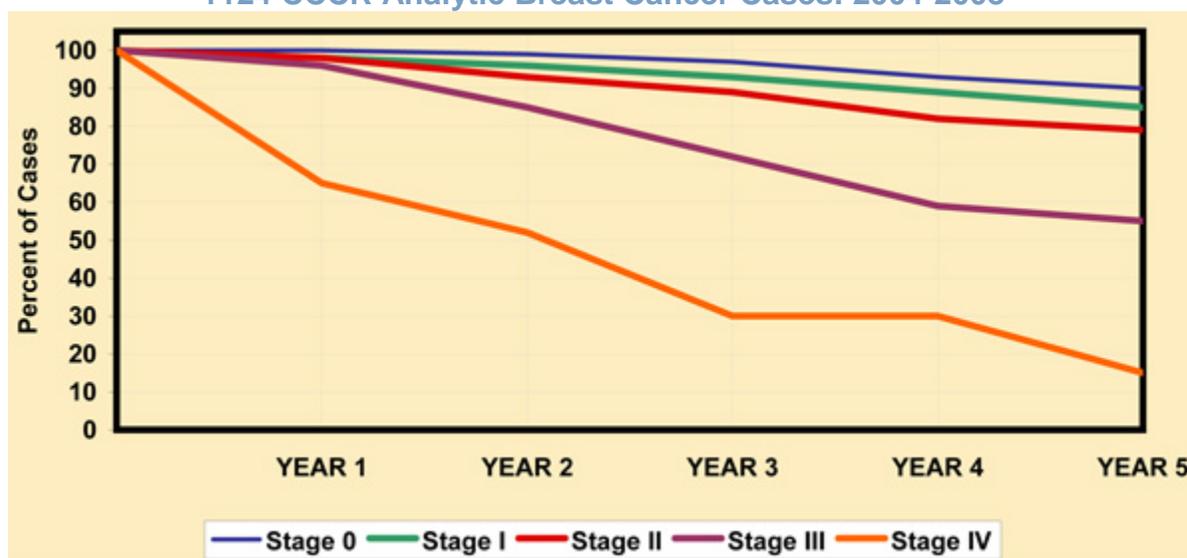
The following table represents first-course therapy by stage used to treat CCCR breast cancer patients in 2009. The single cancer case that could not be staged was omitted from this table. Note that the primary modalities for treating breast cancer are surgery (Surg), hormone therapy (HT), radiation therapy (RT) and chemotherapy (CTX). Immunotherapy and transplants are sometimes used much less frequently to treat breast cancer. Neither of these two modalities was used in the 2009 population of CCCR breast cancer patients.

First-Course Treatment by Stage 228 CCCR Analytic Breast Cancer Cases: 2009

	0	I	II	III	IV
Surg alone	3	3	1		
Surg + HT	7	13	4	3	
Surg + RT	9	10	1		
Surg + RT + HT	22	47	6		
Surg + CTX		2	6	1	1
Surg + CTX + RT		4	2	7	1
Surg + CTX + HT		12	17	4	
Surg + CTX + RT + HT		8	13	9	1
HT alone		1			4
RT + HT					1
CTX alone					3
CTX + HT					1
CTX + RT					1
Total Cases	41	100	50	24	13

The following five-year survivals by stage represent all histologies of breast cancer cases seen at the CCCR 2004-2008. All survivals use the observed method which includes deaths from any cause.

Five-Year Observed Survivals by Stage 1124 CCCR Analytic Breast Cancer Cases: 2004-2008



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

According to the American Cancer Society, approximately **107,000** Florida residents will be diagnosed with cancer in **2010** 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 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 **2009**, CCCR enrolled **457** participants in the program. There are currently more than **1,800** 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

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

Centers 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

Glossary of Terms:

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 modified TNM stages (AJCC editions 6 & 7) and SEER Summary Stages (versions 1977 & 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 for edition 6.

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:

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