2015 ANNUAL REPORT

The COLORS of Cancer

WATSON CLINIC LLP
Cancer & Research Center

Leading the Way in the Battle Against Cancer

The Watson Clinic Cancer & Research Center is pleased to present our 2015 annual report containing data from 2014.

Since 2003, our center has worked to elevate the state of cancer care for residents of Polk County and beyond. We set out to create an environment that favors an expert and compassionate approach to cancer care, fosters innovation in research and technology, and serves every facet of a patient's needs.

The key to our continued fulfillment of that mission lies in our recruitment of only the finest cancer-fighting specialists – including world-class experts in the fields of oncology-hematology, radiation oncology, surgical oncology, and gynecologic and urologic oncology. Their talents are abundantly supported by Watson Clinic's family of more than 200 board-certified physicians from specialties as diverse as gastroenterology and plastic & reconstructive surgery.

When a patient receives care at the Watson Clinic Cancer & Research Center, they find great comfort and assurance in knowing they have the expertise and resources of the area's largest team of cancer warriors fighting on their behalf. The nourishment of physical and emotional wellness extends beyond our medical providers to include social workers, nurse navigators and a host of support group and educational offerings.

Secondly, we've armed our specialists with the tools they need to detect and treat cancer with greater pinpoint accuracy than any other time in history. We consistently introduce our community to the industry's most promising groundbreaking technologies – including the TrueBeam linear accelerator, the Trilogy linear accelerator, open-bore 3-Tesla MRI, PET/CT scan systems and 3D mammography. These technologies have redefined the fight against cancer - and in the hands of our skilled oncology specialists – have improved patient outcomes substantially.

The future of cancer care is also reliant on the treatment breakthroughs of tomorrow. That's why we've remained on the frontline of the latest research through our Center for Research, and enrolled our cherished patients in the most promising evidence-based clinical trials.

Our reputation has earned us a highly coveted accreditation by the American College of Surgeons Commission on Cancer, the Outstanding Achievement Award by that same prestigious organization, and status as the only local member of the Moffitt Oncology Network.

It is our honor to serve as the leading advocate for our patients and their families when fighting all the different colors of cancer.

Each form of cancer is represented by a different color; these colors are displayed as a sign of solidarity for the afflicted and the aspiration for a cure. All of us at the Watson Clinic Cancer & Research Center are proud to advocate for the patients and families who have been affected by all cancers across the color spectrum.

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A Message from Luis Franco, MD

Cancer Committee Chair

I am proud to present an overview of the activities at the Watson Clinic Cancer & Research Center.

In recent studies, the close collaboration between cancer surgeons and medical oncologists in the management of Stage III colon cancer has been associated with lower mortality and a 20% increased-survival benefit without increasing cost. Empowered by this evidence, we have stressed the participation of Watson Clinic physicians and surgeons, along with our medical and radiation oncologists, radiologists and pathologists in our weekly tumor board meetings in order to personalize the management of each patient.

The role of research has remained a top priority at our facility. Our patients benefit from state-of-the-art cancer treatments because we provide them with open access to the latest clinical trials. Our participation in translational research, including the use of genomics and molecular pathology, has provided a welcome expansion to our research program.

Another collaborative effort of the cancer center has been the implementation, improvement and expansion of the Watson Clinic robotic-assisted surgical program. This technology benefits our surgical cancer patients in many respects, including faster recovery times and the resulting lower costs of shorter hospital stays.

When a patient receives their care from the Watson Clinic Cancer & Research Center, they also benefit from the expertise of the Clinic's extended family of over 230 medical specialists. Our unified electronic medical record system facilitates this coordination and consistency of care.

We treat the entire patient, not just their tumor. This means that our nurse navigators and social workers collaborate in concert with each patient to promote support programs, which offer expert guidance and psychosocial assistance during the journey to survivorship.

While our staff has always offered counsel and advice once a patient's active treatment is completed, we began implementing a more formalized post-treatment survivorship care plan this year. This plan provides a summary of cancer care already received, information about the patient's specific type of cancer and a follow-up care plan for the future.

Our cancer center has always stressed the importance of reaching out into the community to spread knowledge and awareness. This commitment remains unwavered as we've continued to support and participate in a series of important educational events and assorted speaking engagements.

This 2015 Annual Report will summarize these and other tremendous accomplishments.

A Message from Shalini Mulaparthi, MD

Cancer Liasion Physician

It is my privilege to communicate with you through our annual report from Watson Clinic's Cancer & Research Center. We have experienced another exciting year, during which we've continued to implement the latest advancements in cancer prevention and early detection, including 3D mammography, increased colon cancer screening and new CT scans for lung cancer screening.

In the field of personalized targeted therapies we employ Yervoy (iplimumab), Keytruda (pembrolizumab), and Opdivo (nivolumab) for both advanced melanomas and non-small cell lung cancers. We also utilize Sipuaeucel-T for advanced prostate cancers. Complemented by radiation oncology we use Xofigo for bone metastases with prostate cancers.

The road to survivorship is paved with more than just physical symptoms and medicinal treatments; there's a great demand for economic and psychological support as well. In response to this, we've enhanced our social service staff and provided additional protocols to assist our patients with these issues. These efforts include the implementation of survivorship care plans and follow-ups that adhere to NCCN guidelines.

We don't rest until we've not only met, but exceeded national standards of care. This ambition is reflected in our third re-accreditation from the American College of Surgeons Commission on Cancer; a distinction made even more meaningful by achieving the highest possible number of commendations from the organization.

Eligible patients also benefit from the numerous research opportunities and thoroughly screened protocols we offer. Currently, we are actively enrolling patients for NSABP, Alliance, Sarah Cannon Research Institute, SWOG and ECOG trials.

The resources and expertise of our entire team comes into play during our weekly tumor board meetings. During these events, our diverse surgical, radiation, urological and medical oncology specialists discuss and revise treatment plans for each patient. We believe this approach optimizes patient care, enhances their sense of well-being during each phase of treatment and improves their ultimate outcomes.

Outreach & Events

The scope and reach of any cancer facility's efforts cannot be relegated to four walls. To truly make a difference in the fight against cancer, an organization must show a persistent commitment to raising awareness and providing educational opportunities within the community.

This is an area in which Watson Clinic's Cancer & Research Center has excelled at for many years.

Here are just a few examples of our commitment to outreach from the past year alone:

- Recognizing the importance of early detection and the need for increased awareness, we signed a commitment agreement with the American Cancer Society to elevate the colon cancer testing rate to 80% of our eligible patient base by 2018.
- Hosted a colon cancer education forum where over 80 community members engaged with a panel of Watson Clinic oncology specialists on a variety of topics, including the latest technologies, treatment options, and research efforts. Participants were given a fecal occult test to take home with them, which were later tested free of charge.
- Led fundraising efforts for the local chapters of the American Cancer Society and special events throughout the community to include: Light the Nights, Cattle Baron's Ball, Making Strides Against Breast Cancer, Komen 3 Day Walk, Relay for Life, Women's Health events in Lakeland, Think Pink in Auburndale and many others.
- Our physicians maintain board of director positions for several local organizations devoted to fighting cancer, including the Susan G. Komen Foundation, the Leukemia Society and the American Cancer Society.
- Our medical professionals served as speakers for numerous community organizations as part of a continuation of focus on education.
- Conducted necessary screenings in partnership with the Watson Clinic Foundation to elevate awareness on the importance of early detection and prevention.

- Hosted monthly education programs on Tobacco Control to empower those who wish to quit smoking. Each of these classes was led by a certified tobacco cessation specialist.

- Worked in partnership with the Watson Clinic Foundation and the Watson Clinic Foundation Auxiliary to raise much needed funds for continued research and enhanced patient services through the annual Toast to Find a Cure Wine & Cheese event.

- Our staff regularly participates in important community roundtables to discuss how we can save lives from cancer in the counties we serve. Examples of these efforts include service on the Polk Vision Task Force: Building a Healthier Polk; Southwest Florida Cancer Collaborative and active membership in the Polk County Health Department's Community Needs Assessment strategic planning efforts.

- In partnership with the Watson Clinic Foundation, we hosted a very successful screening of the "No Evidence of Disease" at the Lakeland Square Cinemark Theatre. This screening promoted enhanced awareness of ovarian and other female cancers, and represented another successful collaboration with the Polk County Ovarian Cancer Awareness Support Group.

These are just a few of the ongoing efforts our facility has engaged upon in our quest to empower area residents in the fight against cancer. Knowledge is power, and our outreach endeavors are a testimony to how a more informed public can become a healthier one.

Oncology
Social Services

A multidisciplinary team approach is vital in helping patients cope with the diagnosis and treatment of their cancer. Oncology social workers explore the many aspects of a patient's life including family situations, life experiences, ethnicity and spirituality. A distress screening tool is provided to all new oncology patients. This allows them to disclose any practical, family, emotional, spiritual or physical problems.

Oncology social workers are knowledgeable about cancer and the manner in which this impacts the patients and their families. Roles and responsibilities may change after being diagnosed with cancer. An oncology social worker can help prepare a patient for conversations and cope with the reactions they may receive from friends, family, children and coworkers.

Along with emotional struggles, patients and families need help fulfilling practical needs. The social worker connects the patient to appropriate resources to help ease these burdens.

Realizing that cancer treatment occurs in stages, social workers are there to guide and support patients through all phases of care. They help from initial diagnosis to recovery or support with palliative care. Once diagnosed with cancer, a person's life ultimately changes and can be filled with a variety of new challenges. Patients and their families need to realize they are not alone. The social worker is there to provide support in one's journey through the disease process and help make that journey a little more manageable.

"I knew the treatment here couldn't be beat."

Brenda Sell,
Breast Cancer Survivor

Arts in Medicine

Healing Through Creative Expression

The quest to nurture the health of the body and spirit during cancer treatment is all-encompassing. It calls upon the skills of many compassionate specialists across a broad spectrum of disciplines. Beyond the employment of physical therapies, surgery, chemotherapy, radiation and medication regimens, we must offer support systems that help ease the emotional strife that a cancer journey can inflict upon each patient and their family members.

Arts in Medicine provides a system of support. Sponsored by the Watson Clinic Foundation, this inspirational program provides an opportunity to connect and heal through engagement in the creative arts.

The program is brought to life by a group of musicians, artists, writers, performers and educators – all volunteers – who join with patients and family members on the Watson Clinic Cancer & Research Center campus. They collaborate on various forms of creative expression, including painting, music and storytelling.

Why is Arts in Medicine so crucial during the treatment process? Research shows that creative outlets reduce anxiety in patients with cancer and blood disease, create an environment that is more conducive to physical and psychological healing, raise circulating endorphins and natural cancer-fighting cell levels, and enhance pain thresholds.

Patients and their family members have enjoyed a more positive perspective of their journey through their involvement in the program, and a more calming and pleasurable sense of self in the process.

Arts in Medicine has proven tremendously beneficial, motivational and life-affirming for many of our patients. For this reason, we hope to engage in these creative arts therapies for many years to come.

Cancer Committee

Cancer Committee Physician Members

Dr. John Barrett,
Radiation Oncology

Dr. Elisabeth Dupont,
Breast Surgery

Dr. Luis Franco,
Medical Oncology-Hematology, Chairman

Dr. Edward Garcia,
Pathology

Dr. Howard Gorell,
Radiology

Dr. Thomas Moskal,
Surgical Oncology

Dr. Shalini Mulaparthi,
Medical Oncology-Hematology, Cancer Liaison Physician

Dr. Sandra Sha,
Radiation Oncology

Dr. Galina Vugman,
Medical Oncology-Hematology

Physician-Associate Members

Dr. Richard Cardosi,
Gynecologic Oncology

Dr. Jens Carlsen,
Urology

Dr. Tim Dickason,
Pathology

Dr. Randy Heysek,
Radiation Oncology

Dr. Scott Kelley,
General Surgery/Surgical Oncology

Dr. David Lowry,
Radiology

Dr. Neeharika S. Makani,
Oncology-Hematology

Dr. Fred Schreiber,
Medical Oncology-Hematology

Dr. Jack Thigpen,
General Surgery

Activity Coordinators

Cauney Bamberg
Director Watson Clinic Foundation,
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Cindy Bruton
Sr. Administrative Assistant,
Cancer Conference

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Social Services,
Psychosocial Services

Helen Lewis, BS, CTR
Cancer Registry Quality

Noreen McGowan, BSN, CCRC
Director,
Clinical Research

Debra Hemm, RN, OCN
Chemotherapy/Oncology
Nurse Navigator, Quality Improvement

Non-Physician Members

Mary Ann Blanchard, RN, BS
Director, Clinical Services

Mashell Hooker, RN, OCN
Chemotherapy Charge Nurse

Jerri Huntt, MSW, LCSW
Women's Center
Social Services

Aiman Kumha, MBA
Director Clinical Services

Ann Lehman, BSW
Cancer Center Social Services

Carol Martin, RN
Women's Center Clinical
Services Coordinator

Stephaine McLean
American Cancer Society
Area Patient Representative

Jennifer Snider, CTR
Cancer Program Coordinator

Shirley Willis, ARNP-C
Cancer Center
Clinical Services Coordinator

Jie Yang, PhD, DABR
Radiation Physicist

Nurse Committee Report

The oncology nurses at the Watson Clinic Cancer & Research Center combine their compassion, scientific knowledge, and technical skills to comfort and assist patients and families through every step of their cancer journey. This begins the minute the patient steps through our doors.

Watson Clinic's nursing team advocates for the treatment of the entire patient, not just their cancer.

They utilize the guidelines provided by the Oncology Nursing Society (ONS) and the Commission on Cancer (CoC), and are highly educated in chemotherapy medications, management of side effects, and safe handling of these medications. They place tremendous importance on not just meeting expectations, but exceeding them. For example, while the CoC requires only 25% of nurses to be Oncology Certified, 60% of our oncology nurses hold this certification. The remaining 40% are expected to have 2015 test dates. Every two years our nurses are required to complete the ONS-approved chemotherapy and biotherapy certification as well. This course ensures they are up to date on the latest guidelines in chemotherapy drug mixing regulations and safe handling.

At the Cancer Center, they support the entire staff (nurses, certified Medical Assistants and other support staff) with annual and bi-annual simulation drills for emergency evacuations and codes, CPR courses, as well as hands on skills reviews to ensure that everyone is prepared in the event of an emergency.

There is a seven-member committee that consists of chemotherapy nurses, an office nurse, surgical oncology nurse, a nurse navigator and nurse managers. This group meets monthly to monitor, evaluate and improve current processes, thus increasing the safety and quality of patient care.

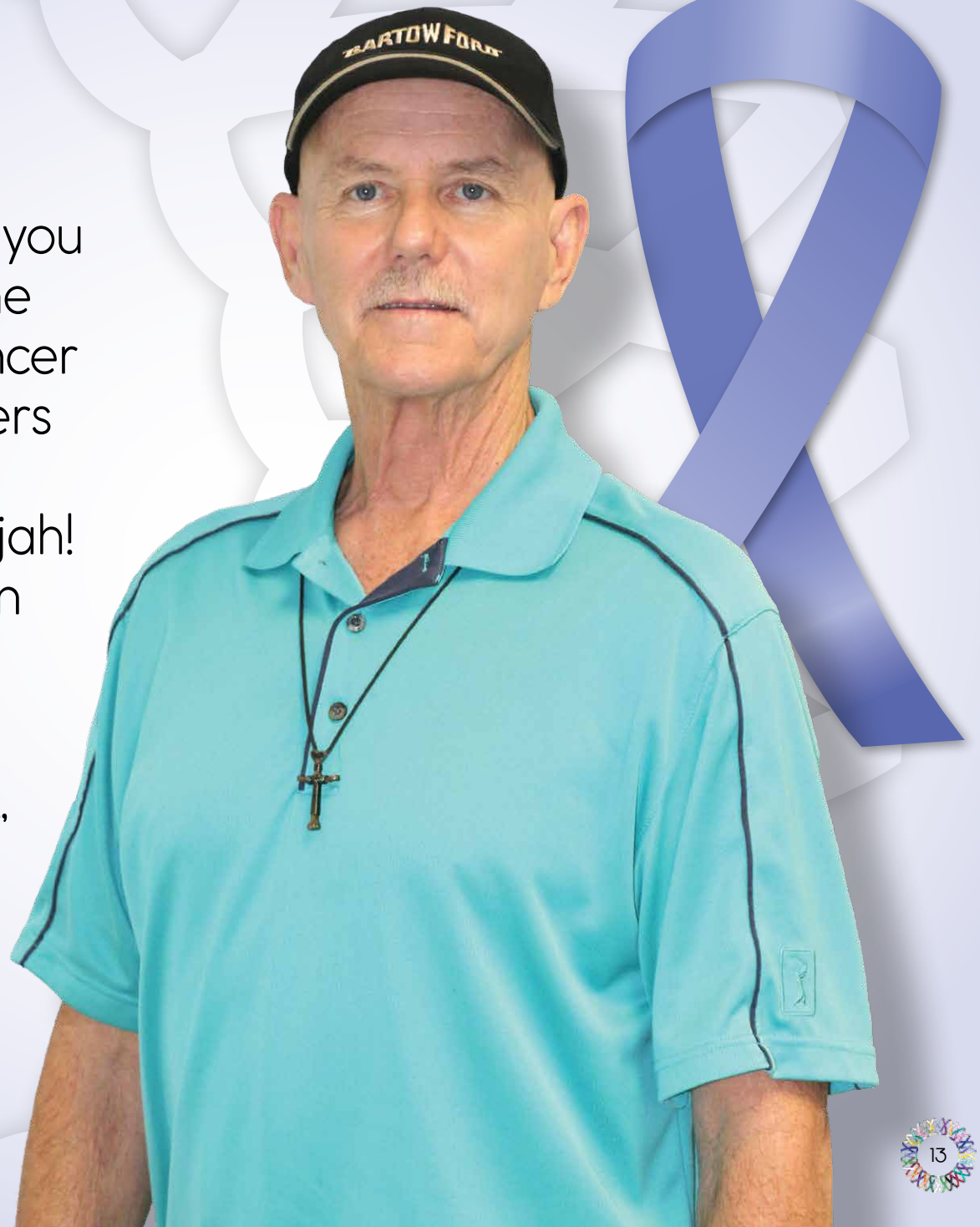
Accomplishments This Year

- We are continuously working to improve the patient experience. Last year, that dedication was apparent in our chemotherapy infusion room. We purchased new chemotherapy treatment chairs in an uplifting shade called "Peacock Blue" along with new light and lively colored curtains. We've installed a music system in our chemotherapy infusion room as well. Together, these enhancements create a more comfortable environment for our patients.

- Every year we celebrate Nurses Week to honor all of our hard working nursing staff at our cancer center. This year our community honored one of our own, Janice Wilson LPN, as 2015's Nurse of Hope.

"When you're living here in Lakeland and you have one of the best rated cancer research centers in the United States, Hallelujah! I put my trust in the Lord, and then I put my trust in Watson Clinic."

Monte Barham,
Throat Cancer Survivor



Nurse Navigation

The Oncology Nurse Navigator not only provides assistance to patients, but also to their families and caregivers from pre-diagnosis through all phases of the cancer experience.

A new focus of the Nurse Navigator for 2015 is Survivorship Care Planning. It is a specific approach taken to address the needs of cancer survivors. It includes monitoring and managing long-term effects and health promotion. Survivorship care begins the moment of cancer diagnosis and provides a better continuity of care by planning for the post-treatment phase.

Now more than ever, patients are surviving cancer as a result of advances in diagnosis and treatment. Cancer survivors are not all the same; therefore, their needs vary. There are those with a few lasting effects from their treatments and others who incur chronic conditions or health issues. All survivors require education regarding their health risks and screening needs. Care plans allow patients to be informed regarding their diagnosis, treatment history, risk of developing longstanding side effects, future screening recommendations as well as health maintenance.

At the Watson Clinic Cancer & Research Center, our Nurse Navigator teaches chemotherapy education classes three times a week for all patients starting chemotherapy. It consists of a one and a half hour instruction using not only a PowerPoint presentation on how the chemotherapy treatment process works, but also written literature for future reference. The classes are offered morning, noon and afternoon for patient convenience.

Our Nurse Navigator works closely with a telephonic genetic counseling organization. She coordinates the genetic counseling referrals and arranges any testing that is ordered through them for our high-risk patients.

Patients who are receiving concurrent treatments with chemotherapy and radiation have more specific guidance from the Nurse Navigator. She works collaboratively with both departments to streamline the patient's schedules to avoid time conflicts in treatment.

Our patients have comfort in knowing that if they need help with any aspect of care, they can contact our nurse navigator and she will do everything within her power to help that patient or find someone who can.

Center for Research

Our research efforts in oncology are all directed to identifying new trial opportunities for all the common cancers seen in our community such as breast, colorectal, lung, prostate and pancreatic. Much effort is placed on elevating community awareness of early detection and prevention. The Watson Clinic Center for Research administrative infrastructure oversees all clinical trial activities. Most oncology patients seen at the Watson Clinic Cancer & Research Center are screened daily to determine their eligibility prior to enrollment. These patients have access to new investigational chemotherapy and radiation trials. Our current trials are sponsored by the Cooperative Trial Network run by the National Cancer Institute and the Pharmaceutical Industry. Yearly, the Watson Clinic Cancer & Research Center welcomes approximately 2,500 new patient referrals. All of these patients are screened for enrollment into a clinical trial.

The multidisciplinary team comprised of Medical Oncologists, Radiation Oncologists, Radiologists, Pathologists and Surgeons meet regularly to evaluate any new potential trials and determine the actual feasibility of conducting these trials locally. Our site is always seeking new ways to improve outcomes and pursue new innovative treatments for our patients. The emphasis is placed on finding a personalized treatment approach that matches the individual patient. All patients are unique and the treatment regimes are specialized to fit their needs. For that reason, the trial patients are carefully managed to adhere to protocol guidelines. The Research team follows the FDA good clinical practice guidelines to facilitate the safe administration of all study treatments under investigation at our Center. The Watson Clinic Center for Research has been recognized by the National Accreditation Program for Breast Centers (NAPBC) for Best Practice in research clinical trial accrual.

The research department is keenly aware of the strain that a cancer diagnosis can place on a person and their family. Our team meets weekly to strategize the best treatment of care that is available for each patient. This includes frequent grand round presentations and journal updates to facilitate state-of-the-art care. During these weekly discussions, the investigators will explore research options for treatment decisions relevant to their oncology practice. This evidence based approach is directed by our research investigators and translates into superb patient care.

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 also offer education for the physicians and staff. Our multidisciplinary team includes physicians in the departments of medical oncology-hematology, radiation oncology, surgical oncology, pathology, diagnostic radiology, and other specialties, as well as allied health professionals from research, nursing, social services, cancer registry and administration. They attend cancer conferences three times a week for collaborative discussions of diagnosis, stage, prognostic factors, and national treatment guidelines pertaining to the cases presented and cancer related educational activities.

Year End 2014

Total # of Cancer Conferences	92
Total # of Cases Presented (85% of Analytic Caseload)	761
Total # of Cases Presented Prospectively (100% of Cases Presented)	761
Total # of Cancer Related Educational Activities	18

YTD July 31, 2015

Total # of Cancer Conferences	56
Total # of Cases Presented (54% of Analytic Caseload)	482
Total # of Cases Presented Prospectively (100% of Cases Presented)	480
Total # of Cancer Related Educational Activities	11

Activity Report

Cancer Registrars capture a complete summary of patient history, diagnosis, staging of disease, treatment, and annual follow-up (lifetime for all analytic cases) for every cancer patient in the United States, and other countries as well. Cancer Registries are required by state statute and federal law to report these cases. The purpose of this data collection is for educating the public on research and outcome measurements.

Watson Clinic Cancer & Research Center (CRC) data is reported to our state registry the Florida Cancer Data Systems (FCDS) and National Cancer Data Base (NCDB), a joint program of the Commission on Cancer (CoC) of the American College of Surgeons (ACoS), which is a nationwide oncology outcomes database for more than 1,500 Commission accredited cancer programs. As well as maintaining CRC data, the Cancer Registry collects and maintains data collection for Watson Clinic (WC).

The Cancer Registry team here at Watson Clinic Cancer & Research Center has a collective total of 100 years of experience.

Paula Buck, CTR,
Abstractor

Laura Broderick, CTR,
Abstractor

Valerie Roberts,
Follow-Up Data Specialist

Evelyn Gorman, BAS, CCRC,
Abstractor

Helen Lewis, BS, CTR,
Lead Abstractor/Quality Coordinator

Aprill Rease, CTR,
Abstractor

Jennifer Snider, CTR,
Cancer Program Coordinator

The following series of tables and graphs demonstrate an overview of the data and information recorded in the Cancer Registry database:

Table 1: Total 2014 Cases for Watson Clinic Cancer Care & Research Center

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	ANALYTIC PLUS*	NON-ANALYTIC
ALL SITES	1085	466	619	717	888	197
TONGUE	4	4	0	3	3	1
PHARYNX	4	4	0	4	4	0
OTHER ORAL CAVITY	19	11	8	17	18	1
ESOPHAGUS	7	6	1	6	6	1
STOMACH	11	4	7	8	9	2
COLON	46	23	23	20	37	9
RECTUM	21	16	5	15	20	1
ANUS/ANAL CANAL	4	1	3	3	3	1
LIVER	8	3	5	4	8	0
PANCREAS	20	11	9	16	18	2
OTHER DIGESTIVE	11	6	5	4	8	3
LARYNX	12	8	4	11	12	0
LUNG/BRONCHUS	108	49	59	76	98	10
OTHER RESPIRATORY	4	3	1	4	4	0
LEUKEMIA	39	23	16	27	30	9
MULTIPLE MYELOMA	16	9	7	12	13	3
OTHER BLOOD & BONE MARROW	42	16	26	29	31	11
CONNECT/SOFT TISSUE	13	8	5	8	12	1
MELANOMA	72	35	37	35	57	15
OTHER SKIN	2	1	1	1	2	0
BREAST	266	3	263	213	231	35
CERVIX UTERI	11	0	11	8	9	2
CORPUS UTERI	33	0	33	22	27	6
OVARY	16	0	16	13	14	2
PRIMARY PERITONEAL	4	0	4	4	4	0
VULVA	2	0	2	0	0	2
OTHER FEMALE GENITAL	8	0	8	6	6	2
PROSTATE	143	143	0	77	101	42
TESTIS	3	3	0	0	2	1
OTHER MALE GENITAL	2	2	0	1	1	1
BLADDER	28	22	6	9	14	14
KIDNEY/RENAL	15	7	8	6	11	4
OTHER URINARY	1	0	1	1	1	0
BRAIN (BENIGN)	0	0	0	0	0	0
BRAIN (MALIGNANT)	8	6	2	8	8	0
OTHER CNS	4	0	4	1	2	2
THYROID	5	0	5	0	3	2
OTHER ENDOCRINE	3	2	1	0	2	1
HODGKIN LYMPHOMA	9	5	4	6	9	0
NON-HODGKIN LYMPHOMA	54	29	25	34	43	11
UNKNOWN PRIMARY	6	3	3	5	6	0
OTHER/ILL-DEFINED	1	0	1	0	1	0

* Includes all newly diagnosed cases: analytic and class 30

Table 2: Total 2014 Cases for Watson Clinic LLP

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	ANALYTIC PLUS	NON-ANALYTIC
ALL SITES	1750	804	946	1056	1495	255
TONGUE	11	9	2	6	10	1
PHARYNX	5	5	0	3	5	0
OTHER ORAL CAVITY	21	12	9	7	19	2
ESOPHAGUS	8	7	1	2	5	3
STOMACH	8	3	5	1	7	1
COLON	57	30	27	7	43	14
RECTUM	25	16	9	4	20	5
ANUS/ANAL CANAL	4	2	2	2	4	0
LIVER	11	4	7	4	10	1
PANCREAS	21	10	11	4	15	6
OTHER DIGESTIVE	9	5	4	3	6	3
LARYNX	14	10	4	4	11	3
LUNG/BRONCHUS	118	57	61	38	104	14
OTHER RESPIRATORY	3	2	1	0	3	0
LEUKEMIA	34	22	12	11	19	15
MULTIPLE MYELOMA	14	8	6	3	11	3
OTHER BLOOD & BONE MARROW	29	14	15	7	22	7
CONNECT/SOFT TISSUE	12	6	6	6	11	1
MELANOMA	494	284	210	457	464	30
OTHER SKIN	9	6	3	7	8	1
BREAST	277	3	274	176	236	41
CERVIX UTERI	14	0	14	8	10	4
CORPUS UTERI	63	0	63	20	58	5
OVARY	20	0	20	8	17	3
PRIMARY PERITONEAL	6	0	6	3	5	1
VULVA	14	0	14	7	11	3
OTHER FEMALE GENITAL	6	0	6	2	5	1
PROSTATE	171	171	0	117	131	40
TESTIS	4	4	0	3	3	1
OTHER MALE GENITAL	4	4	0	3	4	0
BLADDER	46	36	10	20	42	4
KIDNEY/RENAL	25	11	14	5	20	5
OTHER URINARY	2	1	1	0	1	1
BRAIN (BENIGN)	8	0	8	6	6	2
BRAIN (MALIGNANT)	8	4	4	5	8	0
OTHER CNS	45	8	37	34	40	5
THYROID	27	4	23	20	23	4
OTHER ENDOCRINE	31	12	19	21	23	8
HODGKIN LYMPHOMA	9	4	5	4	7	2
NON-HODGKIN LYMPHOMA	53	26	27	15	38	15
UNKNOWN PRIMARY	8	4	4	3	8	0
OTHER/ILL-DEFINED	2	0	2	0	2	0

Table 3: Newly Diagnosed 2014 Cases for Watson Clinic Cancer Care & Research Center

PRIMARY SITE	CLASS		GENDER		TNM STAGE AT DIAGNOSIS						
	Analytic Plus*	Analytic	MALE	FEMALE	0	I	II	III	IV	UNK**	N/A***
ALL SITES	888	717	371	517	63	268	165	125	143	30	92
ORAL CAVITY	**25**	**24**	**17**	**8**	**0**	**2**	**4**	**8**	**11**	**0**	**0**
TONGUE	3	3	3	0	0	0	1	2	0	0	0
PHARYNX	4	4	4	0	0	0	1	0	3	0	0
OTHER	18	17	10	8	0	2	2	6	8	0	0
DIGESTIVE SYSTEM	**109**	**76**	**59**	**50**	**4**	**16**	**27**	**28**	**32**	**1**	**1**
ESOPHAGUS	6	6	5	1	0	1	2	2	1	0	0
STOMACH	9	8	3	6	0	0	1	2	6	0	0
COLON	37	20	17	20	2	6	5	12	12	0	0
RECTUM	20	15	16	4	1	7	9	1	2	0	0
ANUS/ANAL CANAL	3	3	1	2	0	0	1	2	0	0	0
LIVER	8	4	3	5	0	0	2	3	1	1	1
PANCREAS	18	16	10	8	1	1	5	5	6	0	0
OTHER	8	4	4	4	0	1	2	1	4	0	0
RESPIRATORY SYSTEM	**114**	**91**	**58**	**56**	**0**	**31**	**8**	**28**	**46**	**1**	**0**
LARYNX	12	11	8	4	0	6	2	1	3	0	0
LUNG/BRONCHUS	98	76	47	51	0	24	6	26	41	1	0
OTHER	4	4	3	1	0	1	0	1	2	0	0
BLOOD & BONE MARROW	**74**	**68**	**40**	**34**	**0**	**0**	**0**	**0**	**0**	**0**	**74**
LEUKEMIA	30	27	20	10	0	0	0	0	0	0	30
MULTIPLE MYELOMA	13	12	7	6	0	0	0	0	0	0	13
OTHER	31	29	13	18	0	0	0	0	0	0	31
CONNECT/SOFT TISSUE	**12**	**8**	**8**	**4**	**0**	**4**	**3**	**4**	**0**	**0**	**1**
SKIN	**59**	**36**	**29**	**30**	**14**	**28**	**6**	**7**	**3**	**1**	**0**
MELANOMA	57	35	28	29	14	28	6	5	3	1	0
OTHER	2	1	1	1	0	0	0	2	0	0	0
BREAST	**231**	**213**	**3**	**228**	**42**	**129**	**44**	**10**	**6**	**0**	**0**
FEMALE GENITAL	**60**	**53**	**0**	**60**	**0**	**17**	**11**	**19**	**10**	**3**	**0**
CERVIX UTERI	9	8	0	9	0	1	4	3	1	0	0
CORPUS UTERI	27	22	0	27	0	14	4	4	2	3	0
OVARY	14	13	0	14	0	1	2	7	4	0	0
PERITONEAL PRIMARY	4	4	0	4	0	0	0	1	3	0	0
VULVA	0	0	0	0	0	0	0	0	0	0	0
OTHER	6	6	0	6	0	1	1	4	0	0	0

(Continued on next page.)

Table 3: Newly Diagnosed 2014 Cases for Watson Clinic Cancer Care & Research Center

(Continued from previous page.)

PRIMARY SITE	CLASS		GENDER		TNM STAGE AT DIAGNOSIS						
	Analytic Plus*	Analytic	MALE	FEMALE	0	I	II	III	IV	UNK**	N/A***
MALE GENITAL	**104**	**78**	**104**	**0**	**1**	**21**	**50**	**6**	**10**	**16**	**0**
PROSTATE	101	77	101	0	0	19	50	6	10	16	0
TESTIS	2	0	2	0	0	2	0	0	0	0	0
OTHER	1	1	1	0	1	0	0	0	0	0	0
URINARY SYSTEM	**26**	**16**	**15**	**11**	**2**	**6**	**5**	**2**	**8**	**3**	**0**
BLADDER	14	9	10	4	1	2	5	2	4	0	0
KIDNEY/RENAL	11	6	5	6	0	4	0	0	4	3	0
OTHER	1	1	0	1	1	0	0	0	0	0	0
BRAIN & CNS	**10**	**9**	**6**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**10**
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	8	8	6	2	0	0	0	0	0	0	8
OTHER	2	1	0	2	0	0	0	0	0	0	2
ENDOCRINE SYSTEM	**5**	**0**	**1**	**4**	**0**	**2**	**0**	**1**	**2**	**0**	**0**
THYROID	3	0	0	3	0	2	0	0	1	0	0
OTHER	2	0	1	1	0	0	0	1	1	0	0
LYMPHATIC SYSTEM	**52**	**40**	**28**	**24**	**0**	**12**	**7**	**12**	**15**	**5**	**1**
HODGKIN LYMPHOMA	9	6	5	4	0	3	1	2	3	0	0
NON-HODGKIN LYMPHOMA	43	34	23	20	0	9	6	10	12	5	1
UNKNOWN PRIMARY	**6**	**5**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**6**
OTHER/ILL-DEFINED	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**

* Total newly diagnosed cases; includes analytic plus class 30 per Commission on Cancer definition
** UNK - unknown stage, case not able to be staged
*** N/A - not applicable, no AJCC staging schema exists for this cancer site/histology combination

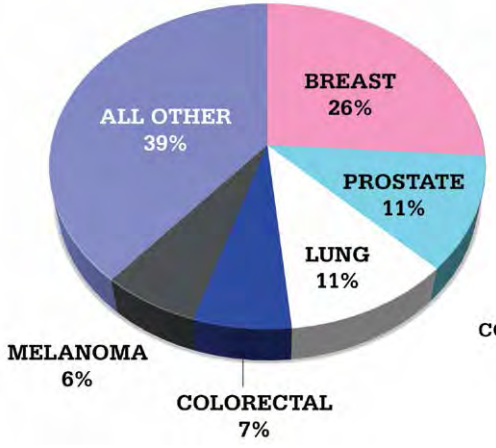
Most Frequent Cancer Sites in 2014

The five most frequent newly diagnosed cancers seen at the Watson Clinic Cancer & Research Center (CRC) in 2014 were breast (26%), prostate (11%), lung (11%), colorectal (7%) and melanoma (6%). These were the same most frequent cancer sites as in 2013. The only difference from 2013, besides small changes in the percentages of total cases, is that prostate cancer and lung cancer switched places among the top five. While the percentages seem equivalent because of rounding, slightly more prostate cancers were seen in 2014 than lung cancers. These five sites accounted for almost two-thirds (61%) of the newly diagnosed cases seen at CRC in 2014. More than four-fifths (82%) of all CRC cases in 2014 were newly diagnosed at the time of their first visit. This is a little higher than the previous year, when 78% of cases were newly diagnosed.

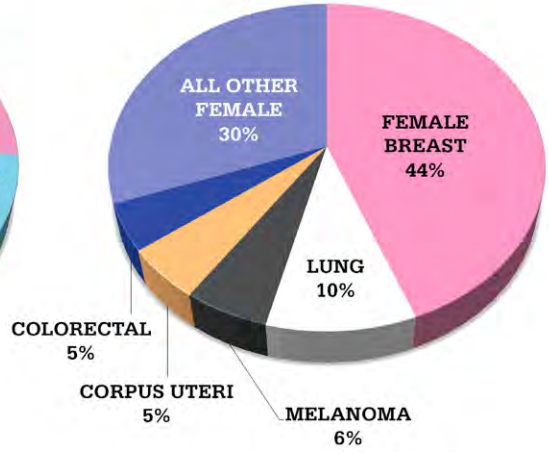
Similar to 2013, almost half of the newly diagnosed female cancers seen at CRC in 2014 were breast cancer (44%). Lung cancer (10%) was the second most frequent cancer seen among female patients. Melanoma (6%), uterine cancer (5%) and colorectal cancer (5%) accounted for the remainder of the top five. Melanoma was not one of the top sites in 2013. These five sites accounted for 69% of newly diagnosed female cancers.

Over a quarter (27%) of the newly diagnosed cancers seen among men at CRC was prostate cancer. Lung cancer was seen approximately half as often (13%) as prostate cancer. The other three cancer sites among the five most frequent male cancers were colorectal (9%), melanoma (8%) and non-Hodgkin lymphoma (6%). These five cancers account for almost two-thirds (63%) of newly diagnosed male cancers seen in 2014.

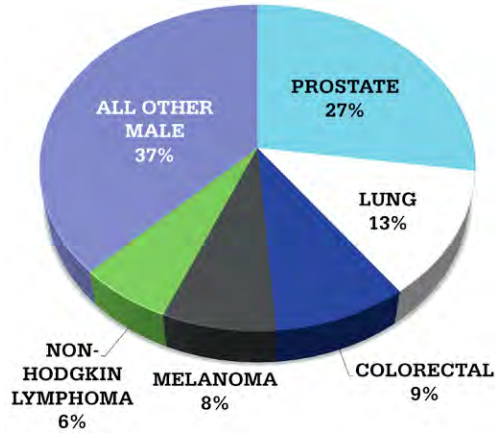
Distribution of 2014 CRC Cases



Distribution of 2014 CRC Female Cases



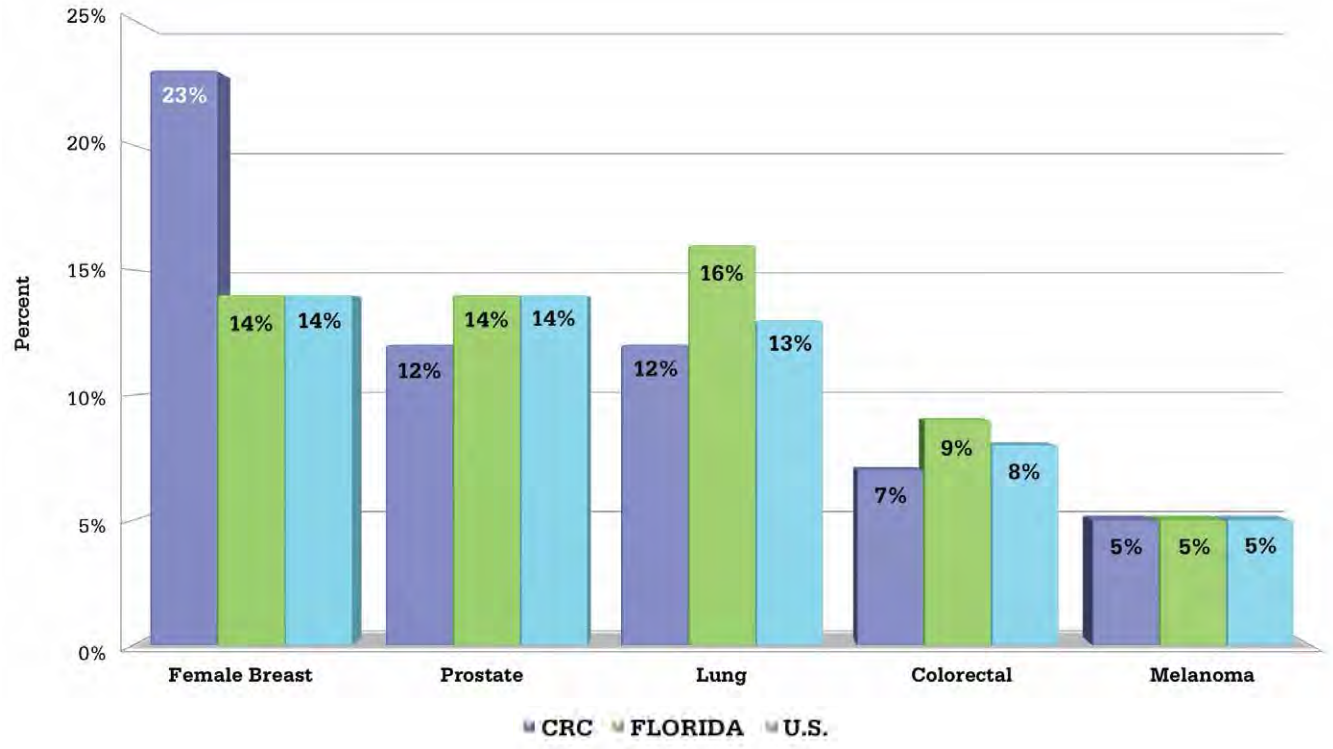
Distribution of 2014 CRC Male Cases



CRC Cancer Site Frequency Compared to Florida & National Incidence

Incidence statistics represent all newly diagnosed cancer cases within a geographic area, for example a county, a state or a country. Published incidence normally includes only invasive cancers unless stated otherwise. An exception is bladder cancer where incidence includes both invasive and non-invasive cases. Healthcare facilities, including hospitals, clinics and cancer centers, can count only frequency, meaning the number of cancer cases seen at that facility. The following graph compares frequencies of the top five CRC invasive cancer sites to Florida and national incidence for those same cancer sites. The top five CRC cancers are not necessarily the same top five for Florida or the United States every year. Florida's top five sites in 2014 were lung, prostate, female breast, colorectal and bladder in that order. Melanoma was sixth. The top five sites in the United States were prostate, female breast, lung, colorectal and melanoma. Bladder was sixth. Comparisons in the graph below show that the CRC sees significantly more breast cancer than state and national incidence might indicate.

CRC 2014 Frequency Compared to State & National Incidence

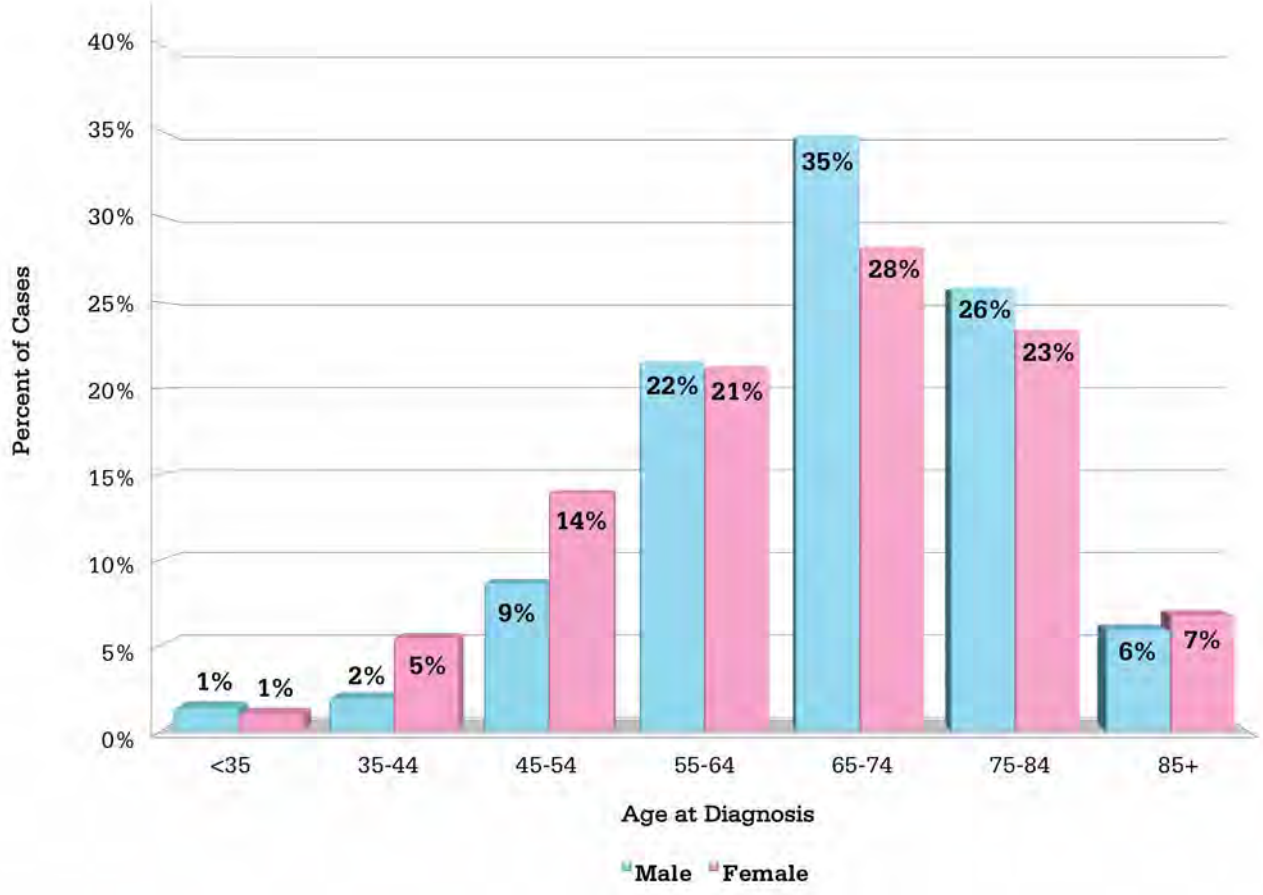


Source of U.S. & Florida data: Cancer Facts & Figures 2014, American Cancer Society

CRC Age at Diagnosis by Gender in 2014

Of the 888 newly diagnosed CRC cases in 2014, 371 (42%) were male and 517 (58%) were female. This was the same gender distribution as in 2013. Almost two-thirds (62%) were age 65 or older, a slightly lower percentage than the previous year. Of the male patients, 236 (65%) were age 65 or older. Of the female patients, 313 (64%) were 65 or older. The average age of male patients was 68, which was the same as in 2013. However, the average age of female patients in 2014 was 63, four years younger than the average age in 2013. The average age for all newly diagnosed patients was 67, down slightly from 68 in 2013. The following graph shows the shift to younger ages by female patients, especially in ages 35-54.

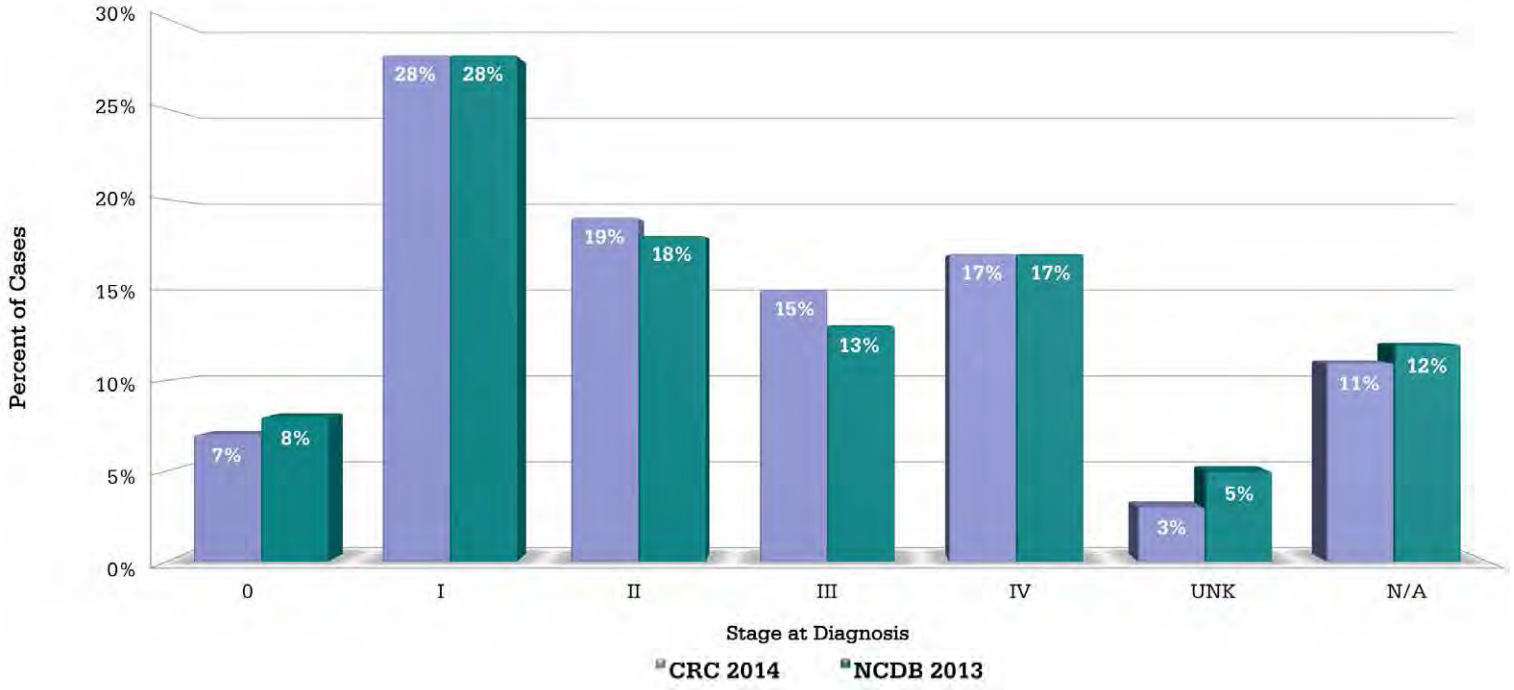
CRC 2014 Age at Diagnosis by Gender



CRC 2014 Stage at Diagnosis Compared to NCDB

The following graph includes only analytic cancer cases as defined by the Commission on Cancer (CoC) for both CRC (717 cases) and the National Cancer Data Base (NCDB) (1.24 million cases). CoC-accredited facilities are required to report only analytic cases to NCDB and an effort was made to keep criteria for both populations as similar as possible. Analytic cases are a subset of newly diagnosed cases (see the glossary for complete definitions). The only difference is that the NCDB data are from 2013, the most recent data year available on the NCDB Internet site. CRC data are from 2014, also the most recent available data year. The distributions of stage for both databases are very similar. Of the CRC cases, 54% were early stage (stages 0, I & II), slightly higher than the previous year. NCDB early stage was also 54%. Late stage (stages III & IV) accounted for 32% of CRC cases, same as the previous two years and similar to the 30% late stage NCDB cases. Interestingly, CRC and NCDB were similar for cases that had no staging schemes (N/A): 11% for CRC and 12% for NCDB. Hematopoietic (blood and bone marrow) malignancies and brain tumors are the two main categories that have no staging schemas. In 2013, the CRC saw significantly more N/A cases (13%) than NCDB (9%). No information exists as to why these percentages shifted from one year to the next.

CRC 2014 Stage at Diagnosis Compared to NCDB 2013

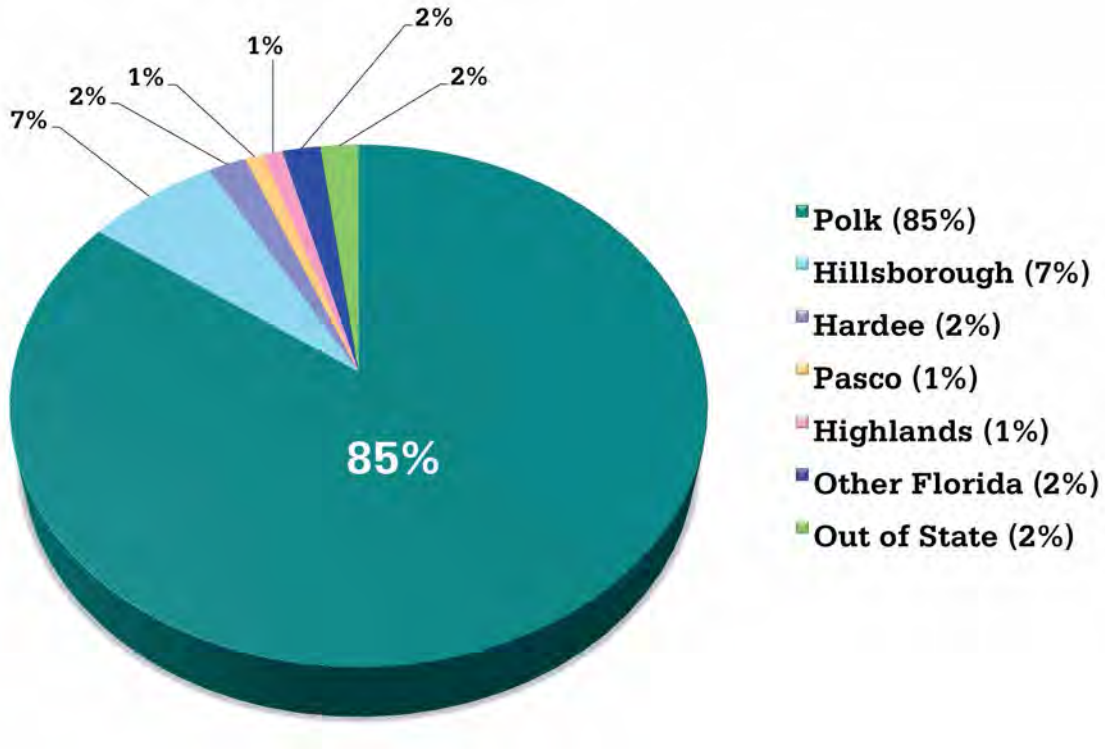


Source of NCDB data: 2014 National Cancer Data Base Benchmark Reports

County of Residence at Diagnosis of CRC 2014 Cases

The following graph shows where CRC patients resided at the time they came to the CRC for their cancer. A small number (2%) of patients are from out of state. Residence is recorded as where the patient lived at the time of their diagnosis. Some of these patients are "snowbirds" coming to our area for part of the year. Others may have moved permanently. Out-of-state patients would have had their diagnosis and possibly some first-course treatment in the other state before being seen at CRC for their cancer. As usual, the majority of patients (85%) were Polk County residents at the time of their diagnosis. Hillsborough County was the county of residence for 7% of CRC newly diagnosed patients, the same as the previous year. The number of patients from other Florida counties also stayed essentially the same.

CRC 2014 County of Residence at Diagnosis



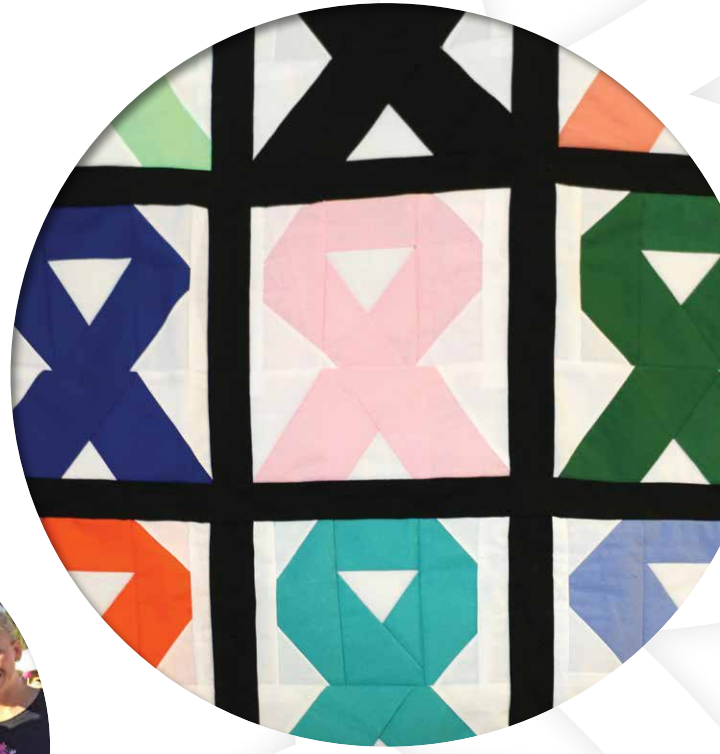
Breast Cancer Study

Retrospective Quality & Outcomes Trial of HER2+ Invasive Breast Cancer Patients Treated with Neoadjuvant Therapy

Shalini Mulaparthi, MD, Principal Investigator
Andrew Mulville, Research Student

Background:

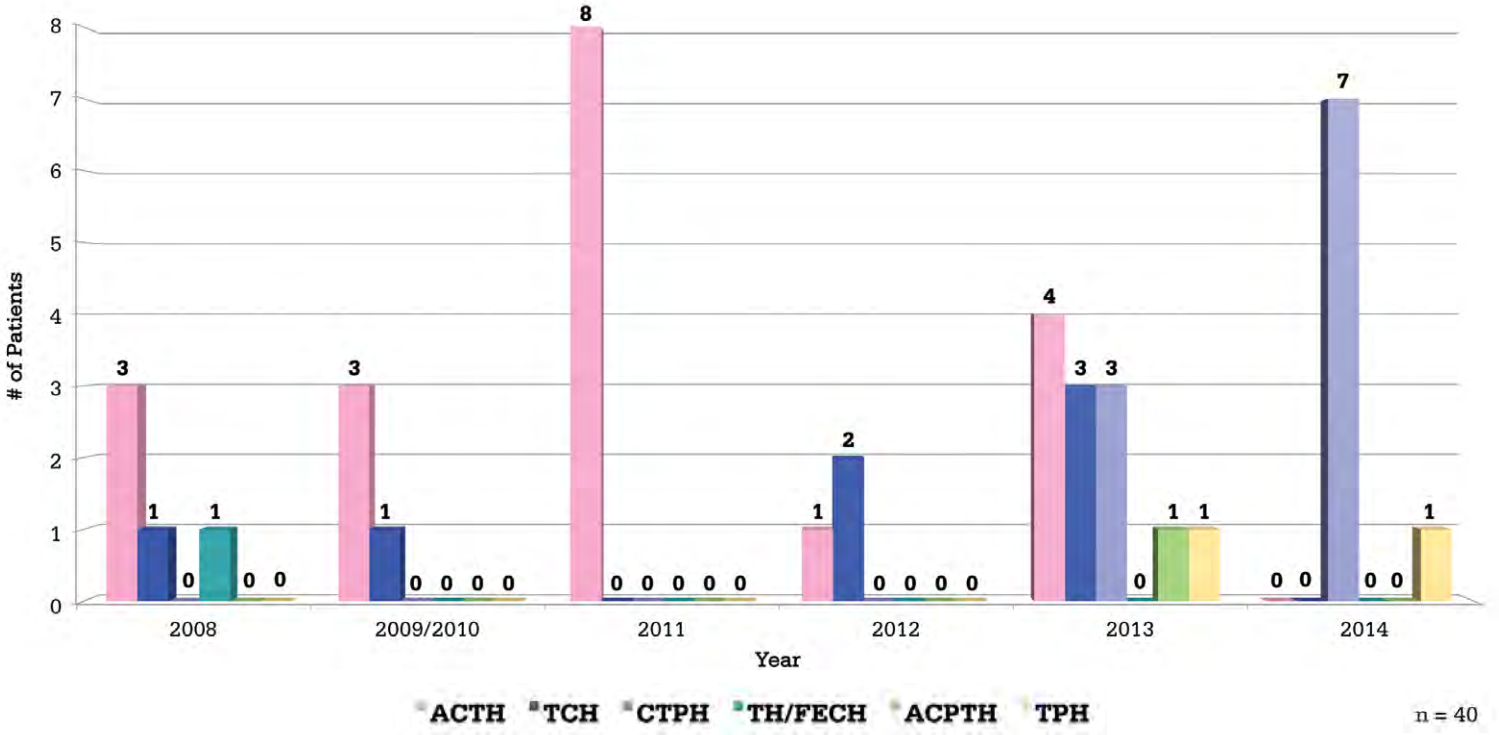
Neoadjuvant chemotherapy has become a safe and effective therapeutic approach to treatment for larger or locally advanced breast cancer, and for both hormone receptor negative and HER2+ over-expressing breast cancer. This approach has advantages of down-staging the disease, reducing the extent of breast surgery, individualizing therapy and assessing the effect of therapy administered to patients by evaluating the complete pathological response. The neoadjuvant approach may provide the greatest benefit for those patients who experience a complete pathologically documented response resulting in improved survival as well as allowing women to undergo breast conservation surgery rather than mastectomy. New knowledge, gleaned from research trials targeting the HER2+ invasive breast cancer population, indicates that the use of neoadjuvant chemotherapy is clinically advantageous for this patient population.



Methods:

A list of HER2+ invasive breast cancer patients, first treated with neoadjuvant chemotherapy and who later underwent a surgical procedure during January 1, 2008 - April 30, 2015, was provided by the Watson Clinic Cancer & Research Center Cancer Registry. A total of 165 cases had neoadjuvant chemotherapy and breast surgery within this timeframe. Of these, 40 patients were eligible for the study. Patients received a variety of neoadjuvant chemotherapy regimens (Figure 1): 19 patients received Adriamycin, Cytoxan, Taxol and Herceptin (ACTH); seven patients received Taxotere, Carboplatin and Herceptin (TCH); 10 patients received Carboplatin, Taxotere, Pertuzumab and Herceptin (CTPH); one patient received Herceptin, Taxol/Adrucil, Epirubicin, Cytoxan and Herceptin (TH/FECH); one patient received Adriamycin, Cytoxan, Pertuzumab, Taxotere and Herceptin (ACPTH); and finally, two patients received Taxol, Pertuzumab and Herceptin (TPH).

Figure 1: Chemotherapy Regimen Use by Year



Observations:

The average age at diagnosis of the patients in our study was 57, with 63% (25) of the patients being between the ages of 40 and 59 (Figure 2).

According to the American Society of Clinical Oncology (ASCO), if obesity continues on its current trend, there will be an estimated 500,000 more cases of cancer by 2030 due to obesity alone. This means that obesity could soon overtake tobacco as the leading preventable cause of cancer. The National Heart, Lung and Blood Institute states that a person is overweight with a body mass index (BMI) between 25.0-29.9 and obese with a BMI of 30 or more.

Based on their BMI at diagnosis, this study showed 41% (16) of 39 patients that had BMI recorded were considered obese. This should be carefully noted because 12 patients fell into the overweight category, many of whom were borderline obese, with BMIs of 28 and 29.

Figure 2: Distribution of Age at Diagnosis

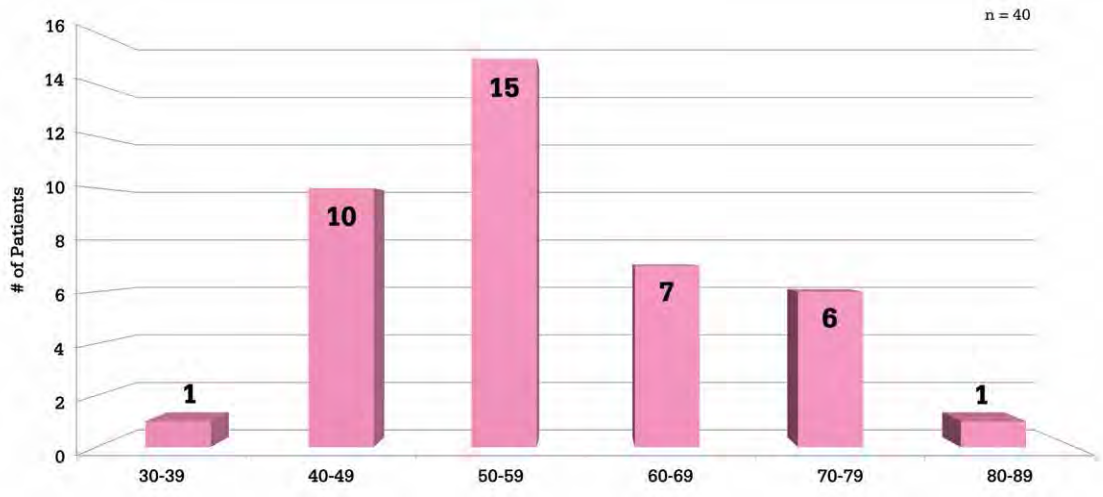


Figure 3: Distribution of BMI at Diagnosis

Results:

Of the 40 patients in the study, our data revealed that 73% (29) of the patients had a complete pathological response after neoadjuvant chemotherapy, while only 27% (11) had residual tumor (Figure 4). In addition, 10% (4) of the 40 patients have had a recurrence and 98% (39) of the 40 were alive at last follow-up contact. Just 7% (2) of the 29 patients with a complete pathological response had a recurrence (Figure 5), while 18% (2) of the 11 patients that had residual cancer after neoadjuvant chemotherapy had a recurrence.

Estrogen (ER) and progesterone (PR) receptors are tested on all breast cancer patients. Of the 18 ER negative patients, 83% (15) had a complete

Figure 4: Pathological Response

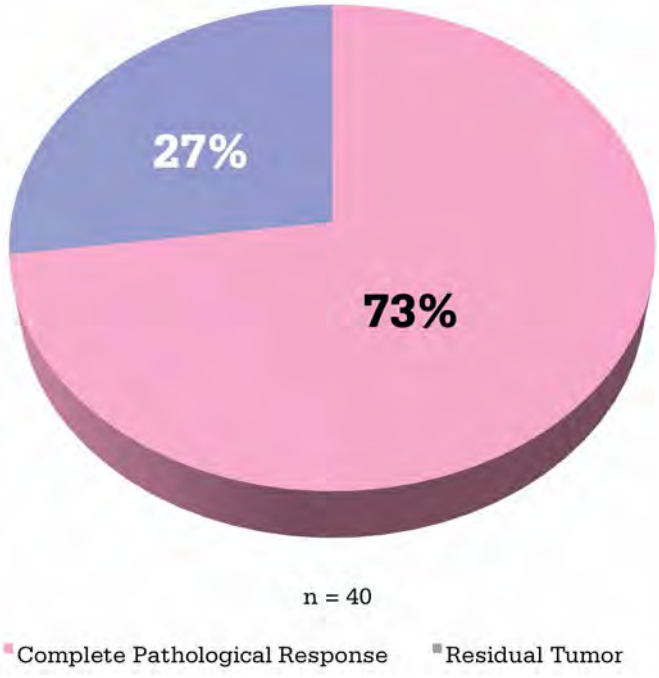
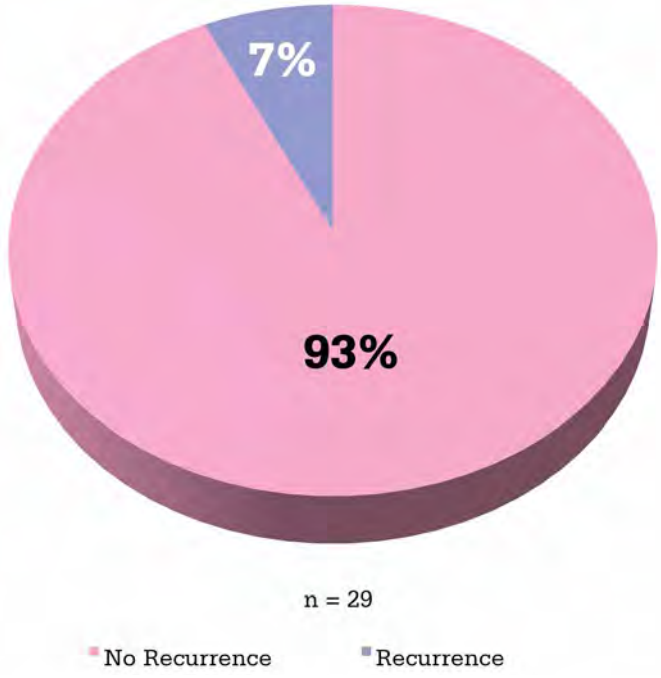


Figure 5: Recurrences After a Complete Pathological Response



pathological response (Figure 6). Of the 22 ER positive patients, 64% (14) had a complete pathological response (Figure 7). Of note, all 4 patients diagnosed with a recurrence were ER and PR negative.

In 2013, Pertuzumab was introduced as a safe and effective treatment for HER2+ breast cancer, as shown in the trials Neosphere and Tryphaena. Interestingly, in our study, ACTH had a higher number of complete pathological responses (15/19, 79%) than that of its successor, CTPH (5/10, 50%) (Figure 8). However, it should be noted that our study population size was small, particularly when compared to the Neosphere and Tryphaena trials.

Figure 6: Estrogen Receptor Negative Pathological Response

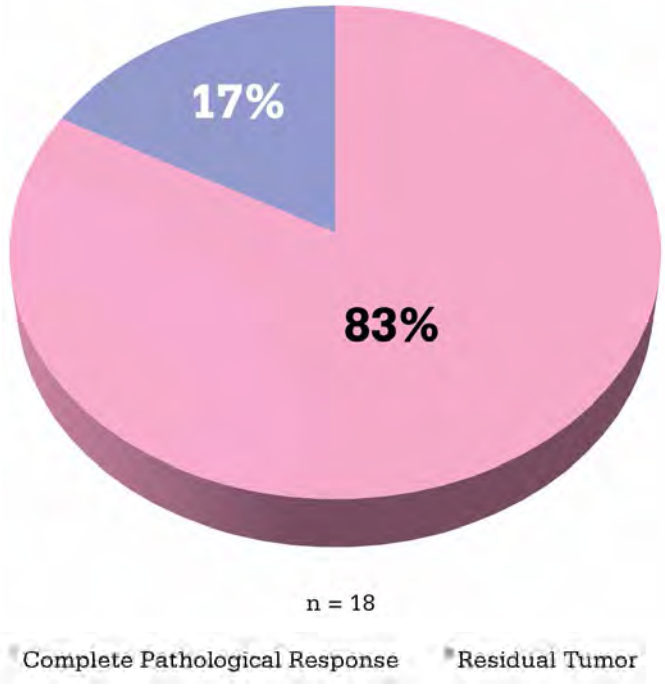
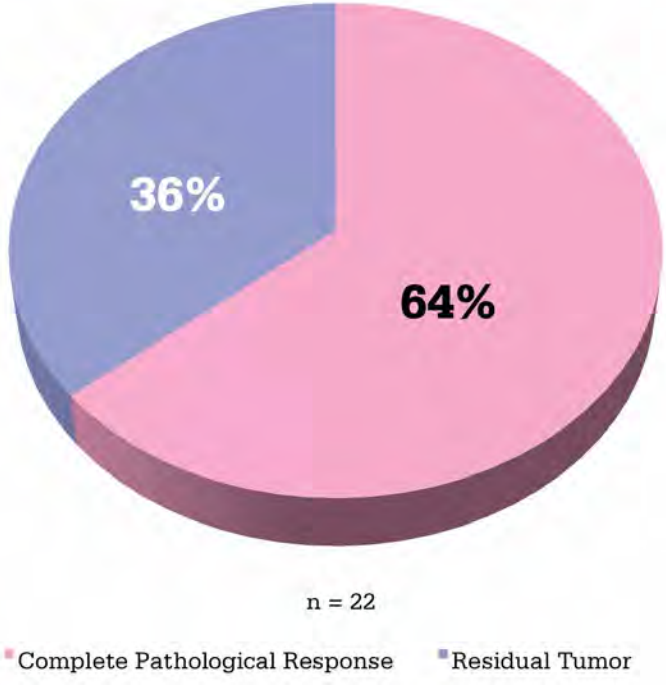


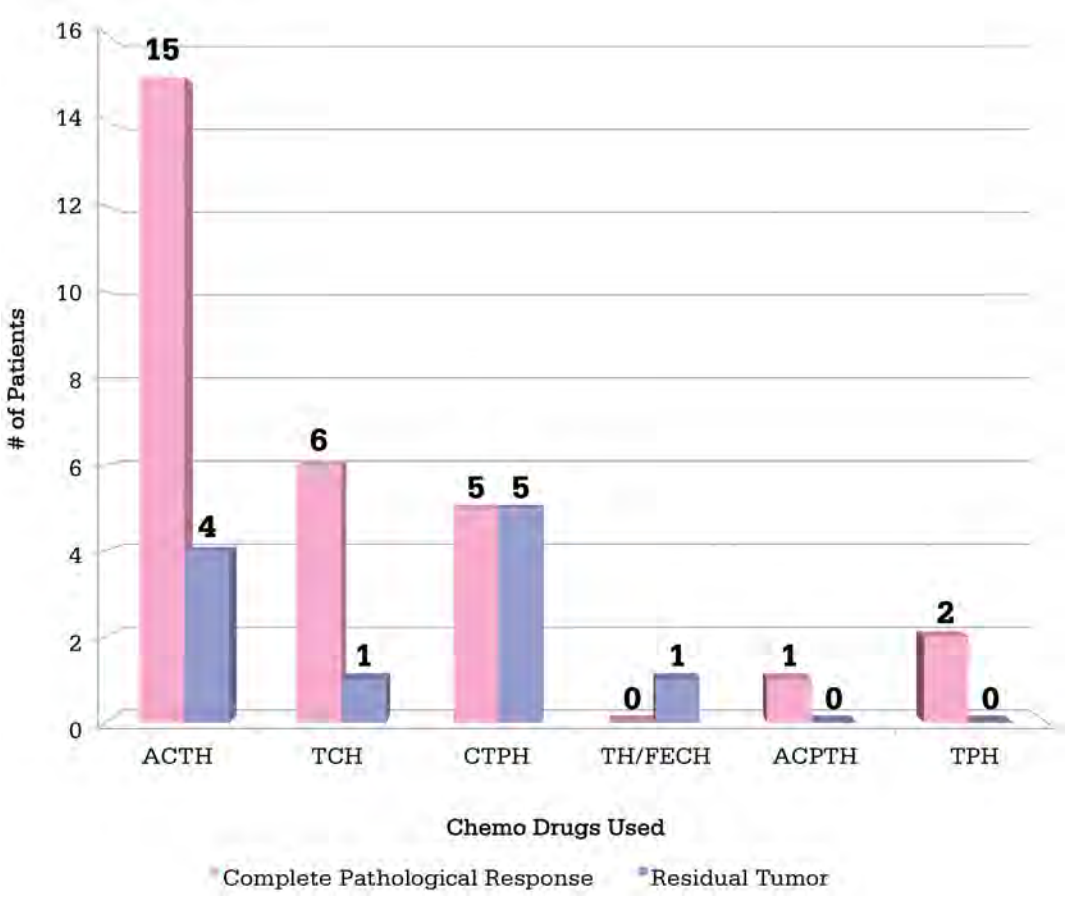
Figure 7: Estrogen Receptor Positive Pathological Response



Conclusion:

This study, in addition to previous studies, provides evidence that neoadjuvant chemotherapy used for HER2+ breast cancer can help improve the rate of complete pathological response, reduce the rate of recurrence, and ultimately promote a better overall survival for patients.

Figure 8: Pathological Response by Chemotherapy Regimen Used



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"Obesity and Cancer Media Resources." *Asco.org.* American Society of Clinical Oncology, 2015. Web. 12 Aug. 2015.

Schneeweiss A, Chia S, Hickish T, et al. Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: a randomized phase II cardiac safety study (TRYPHAENA). *Annals of Oncology* 2013; 24: 2278-2284.

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

Commission on Cancer (CoC)
312-202-5009
www.facs.org/cancer

Florida Cancer Data System (FCDS)
305-243-4600
www.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

Cancer Case – a single primary cancer; a patient diagnosed with more than one primary cancer will represent more than one case in a cancer registry database.

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

Class of Case – categories of cases based on their relationship to the reporting facility; classes relevant to the CRC are as follows:

- ***Analytic (classes 00-22)*** – diagnosed and/or received first-course, cancer-directed treatment at the reporting facility.
- ***Class 30*** – newly diagnosed cases, but first diagnosis and all first-course treatment elsewhere, includes cases where further diagnostic workup, staging workup or treatment planning is performed at the reporting facility or any care provided while patient has newly diagnosed active disease; new category for 2010 cases. Several types of cases once considered analytic by the CoC were moved into class 30 and are no longer reported to NCDB. Class 30 cases are required to be reported to FCDS.
- ***Non-analytic (classes 31-37)*** – diagnosed and all first-course treatment provided elsewhere before patient presented with persistent or recurrent disease.

Collaborative Staging (CS) System – staging system developed by the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute (NCI). CS is based on extent of disease and the American Joint Committee on Cancer (AJCC) cancer staging guidelines. CS differs from AJCC staging in that CS stages may mix clinical and pathological T, N, and M to arrive at a complete "best" stage. While AJCC staging applies strict guidelines for identifying homogeneous populations for research, CS staging is more similar to how clinicians stage when developing a treatment plan.

- ***T*** – defines extent, and sometimes the size, of the primary tumor.
- ***N*** – defines involvement of regional lymph nodes.
- ***M*** – defines contiguous or noncontiguous spread to distant site.

Stage grouping – based on the combination of T, N, M and sometimes other prognostic factors; represented by a concise group-stage code that indicates overall cancer extent and expected prognosis.

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

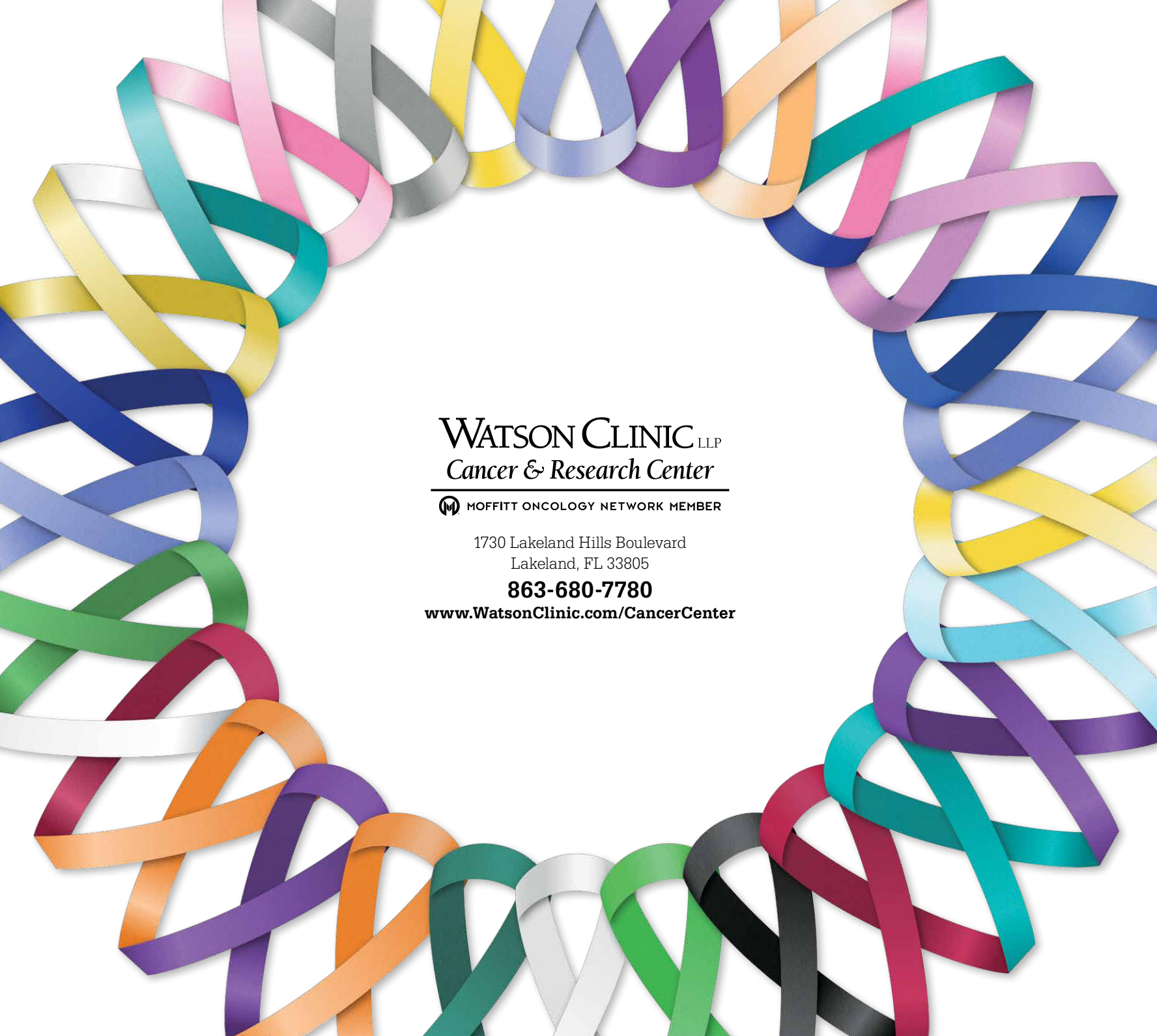
Initial Therapy – first planned course of treatment designed to eliminate, control or palliate a patient's cancer. Initial therapy may also be active surveillance or a decision for comfort and support measures only.

Metastasis – cancer cells that have spread from the initial primary site to site(s) elsewhere in the body, usually by way of the lymphatic or circulatory system; 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.

Reportable Tumor – tumor that meets criteria for reporting to the CoC and/or FCDS; most reportable tumors are malignant but benign central nervous system tumors were added to the list of reportable tumors beginning January 1, 2004. Chronic myeloproliferative disorders and myelodysplastic syndromes were added beginning January 1, 2001.

On the occasion of her retirement, we pay tribute to clinical director Mary Ann Blanchard, who has served the interests of Watson Clinic Cancer & Research Center patients with superb guidance and compassion since 2003. She has touched the lives of countless employees, patients and families within our community during the past 30 years. Watson Clinic thanks her for being an indelible part of our legacy.



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