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The Florida Hospital Cancer Institute (FHCI) is proud to present our 2016 Annual Report, including 2015 activities and Cancer Registry data.

**Vision Statement**

National recognition as a Cancer Institute that provides patients access to value-based, personalized care through highly specialized, comprehensive, and innovative destination programs.

**Florida Hospital Cancer Institute Facts**

- Our program cares for more newly diagnosed cancer patients than any other hospital system in Florida.*
- More than 1,000 patients enrolled onto clinical trials annually
- Research affiliations with the National Cancer Institute (NCI), Children’s Oncology Group, Sarah Cannon Research Institute, Sanford-Burnham Medical Research Institute and University of Central Florida (UCF) College of Medicine
- Accredited as an Academic Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer
- One of the most experienced radiation oncology programs in Florida and accredited by the American College of Radiology (ACR) for quality
- Performing more than 130 adult bone marrow transplants annually, and accredited by the Foundation for Accreditation of Cellular Therapy (FACT) for quality
- The world leader in robotic prostatectomy, utilizing Central Florida’s first da Vinci® Surgical System
- More than 10,000 cancer surgeries performed annually
- Certified by the American Society of Clinical Oncology’s (ASCO) Quality Oncology Practice Initiative for quality in medical oncology
- Accredited by the National Accreditation Program for Breast Centers (NAPBC) for excellence in breast cancer care

*Source: Florida Cancer Data System
Dear Colleagues and Community Members:

In 2015, Florida Hospital Cancer Institute (FHCI) contributed significantly to the advancement of cancer treatment and research. Our dedicated team of medical professionals and support staff participated in many promising research studies, trained physicians from around the world and added new services, all while remaining focused on providing the highest quality care every day to the patients who entrust us with their health. We maintained prestigious accreditations for FHCI, as well as for many individual programs, and continued to earn national recognition as an outstanding center for cancer care.

As acting medical director for 2015, I am proud of our team’s accomplishments and also pleased to welcome aboard our new executive medical director, Dr. Mark Socinski.

Dr. Socinski brings decades of experience in patient care, research and leadership to the Cancer Institute. His leadership and experience will help us strengthen our reputation as a destination program known for providing patients with compassionate, state-of-the-art care.

**Below are a few of the notable 2015 achievements of our team:**

- Screened nearly 60,000 women for breast cancer, with our Breast Cancer Care Fund providing 1,548 mammograms to uninsured and underserved women.
- Added six new genomic tests, enabling our urologic oncologists to identify more clearly the aggressiveness of prostate cancer.
- Performed more complex endoscopic procedures and more endoscopic ultrasounds than any other facility in Florida and the United States, respectively.
- Raised more than $4.5 million for cancer research and care.
- Added two new cardiovascular thoracic surgeons: Clay Burnett, MD, and Farid Gharagozloo, MD.

We are grateful to the support given to FHCI by our partners, community and donors. With this support, we can continue to provide Florida with world-class oncology care and a state-of-the-art medical facility. I know the entire FHCI team is committed to continuing our work in patient care and forward-thinking research. Thank you for your support, and please contact me if you wish to discuss any of our 2015 outcomes.

Warmly,

Tarek Mekhail, MD, MSc, FRCSI, FRCSEd
Acting Executive Director
Florida Hospital Cancer Institute
The Blood and Marrow Transplant Center (BMTC) is Central Florida’s first and only comprehensive bone marrow transplant center for adults. BMTC offers:

- Autologous transplants (a patient’s own marrow or stem cells are used)
- Allogeneic transplants (a donor provides the blood marrow or peripheral blood stem cells)
- Pre-transplantation evaluations
- Peripheral blood stem cell collections/apheresis
- Bone marrow collections
- Post-transplant care, including graft vs. host disease (GvHD) evaluation/management
- ECP treatment (Extracorporeal Photopheresis, used for skin GvHD and cutaneous T-cell lymphoma)
- Haplo Transplants (half-match transplant when no full match is available)
- Cord blood transplants

The program is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and the National Marrow Donor Program (NMDP), and participates in Cancer and Leukemia Group B (CALGB) and is part of the 10CBA protocol.

2015 Highlights

- Performed 133 transplants.
- Achieves and maintains 100 percent annual reporting compliance with the Center for International Blood & Marrow Transplant Research (CIBMTR).
- Now holds every center of excellence designation available for bone marrow transplant.
Bone Marrow Transplant Procedures
2011-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Allogeneic</th>
<th>Autologous</th>
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<tbody>
<tr>
<td>2011</td>
<td>69</td>
<td>42</td>
</tr>
<tr>
<td>2012</td>
<td>31</td>
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<td>83</td>
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<td>2014</td>
<td>73</td>
<td>74</td>
</tr>
<tr>
<td>2015</td>
<td>133</td>
<td>59</td>
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</table>

Source: FHCI Bone Marrow Transplant Program
Brain and Spine Oncology

Melvin Field, MD
Co-Medical Director, Brain/Spine Tumor Program
Florida Hospital Cancer Institute
Neurosurgical Director – Gamma Knife Center and Neuroscience Institute
Associate Professor of Neurological Surgery, University of Central Florida College of Medicine

The FHCI Brain and Spine Program specializes in the diagnosis and comprehensive management of primary brain and spinal tumors for adult and pediatric patients, complications of malignant/low-grade brain and spinal tumors, secondary metastatic cancer directly affecting the brain and spinal cord, neurologic manifestations of cancers elsewhere in the body, and treatment-related complications affecting the central and peripheral nervous system.

Brain and Spine Cancer Cases
Five-year Survival
Cases Diagnosed 2005 – 2011

<table>
<thead>
<tr>
<th>Florida Hospital</th>
<th>SEER</th>
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<tbody>
<tr>
<td>61.47%</td>
<td>35%</td>
</tr>
</tbody>
</table>

FHCI Tri-county area* vs. nine Surveillance, Epidemiology and End-Result registries, part of Centers for Disease Control and Prevention.

Sources: FHCI Cancer Registry; https://www.seer.cancer.gov/canques

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com. | 2015 Outcomes and Information
As a leader in breast cancer treatment, FHCI employs a wide range of therapies to treat the disease, including surgery, radiation therapy, chemotherapy, hormonal therapy and targeted therapy. Our multi-disciplinary approach provides comprehensive care that enables patients to coordinate appointments with different specialists within the same day and promptly receive treatment recommendations. Breast cancer care coordinators assist patients through every step of their treatments and offer moral support. After-care and support helps patients transition back to their day-to-day lives. FHCI is an innovator in community outreach that has provided thousands of screenings to underserved women.

**Highlights**

- Mammography centers at Florida Hospital campuses screened 55,138 women.
- The Mobile Mammography bus team screened 3,239 of those women.
- FHCI was reaccredited by the National Accreditation Program for Breast Centers after a site visit in September.
- Breast Cancer Care Coordinators assisted 362 newly diagnosed patients and referred 894 patients to the breast cancer care team.
- Breast cancer survivors and volunteer recruits enlisted in the Pink Army to spread breast cancer awareness and encourage screening mammograms.

**Publications and Presentations**


Research

• Continued collaborative bench/translational research on circulating tumor cells in development of individualized therapy for metastatic breast cancer with Dr. A. Khaled, University of Central Florida, funded by the Breast Cancer Research Foundation. The project was featured at the “Cure Bowl” on Dec. 19, 2015.

• Conducted a study of 41 patients in Intraoperative Radiation Therapy at Florida Hospital Celebration.

• Eight studies were open to enrollment, with two others pending.

• Patients have been enrolled in one Pharma study and four Cooperative Group studies.

• Screening for clinical trial eligibility is done for each patient presented at the breast cancer tumor board.
Breast Cancer Cases

Age at Diagnosis by Gender

Nearly 57 percent of all FHCI breast cancer patients were diagnosed between ages 50 and 69. About 5 percent of patients were under age 40 at diagnosis.

**Female Breast Cancer Incidences Only**

<table>
<thead>
<tr>
<th>Age Range</th>
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<td>30-39</td>
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<td>40-49</td>
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<td>50-59</td>
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<td>80-89</td>
<td>57</td>
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<tr>
<td>90-99</td>
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</table>

**Total: 902**

**Male Breast Cancer Incidences Only**

<table>
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<th>Age Range</th>
<th>Cases</th>
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<tr>
<td>80-89</td>
<td>1</td>
</tr>
<tr>
<td>90-99</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total: 8**

Source: FHCI Cancer Registry
2015 Breast Cancer Cases

Stage at Diagnosis by Gender

Breast cancer became the most frequently diagnosed cancer nationally in 2015. At FHCI, 910 new cases of breast cancer were diagnosed or treated. Nearly 85 percent of them were identified in early stages (0, I, II), demonstrating the effectiveness of years of effort building awareness of early screenings.

<table>
<thead>
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<th>Male</th>
<th>Total Values</th>
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<td></td>
<td>NBR</td>
<td>(%)</td>
<td>NBR</td>
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<td>1A</td>
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<td>1B</td>
<td>19</td>
<td>100</td>
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<td>2</td>
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<td>2A</td>
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<td>Any Others</td>
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<tr>
<td>Overall Totals</td>
<td>881</td>
<td>99.1</td>
<td>8</td>
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</tbody>
</table>

Source: FHCI Cancer Registry
The graphs below demonstrate treatment combinations received by breast cancer patients in the early stages (0, I or II) of disease when first diagnosed. Nearly 45 percent of patients in Stage 0 were treated with surgery alone as the first course of treatment, compared with 19 percent of Stage II patients, when chemotherapy combined with surgery was slightly more prevalent.
First-course Surgery Type by Stage at Diagnosis

This chart demonstrates the type of first-course surgery received by breast cancer patients in various stages of the disease when initially diagnosed. Mastectomy was generally the first course of treatment for tumors diagnosed in stages 2A to 3, as where lumpectomy or no surgery was more likely the course of treatment chosen in stages 2 and below.

Columns and rows may not equal total noted due to rounding.
Other includes option of no surgery as first course of treatment.

Breast Cancer Five-year Survival
Cases Diagnosed 2006–2012

Five-year survival rates at FHCI exceeded those of nine surveillances, epidemiology and end-results (SEER) registries.

FHCI Tri-county area vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).
Sources: FHCI Cancer Registry; seer.cancer.gov/canques
FHCI offers a comprehensive array of treatments and therapies for gastrointestinal cancer, including innovative, minimally invasive surgeries and stereotactic body radiation for early or small tumors and radioembolization therapy for large or multiple tumors. The Gastrointestinal, Pancreatic and Hepatobiliary Oncology team uses 3-D technology to produce a more accurate diagnosis. FHCI is committed to education and treatment that improves the lives of our patients and their families, including support to manage the emotional impact of cancer.

**Highlights**

- Performed more than 80 pancreatic surgeries, including 41 pancreaticoduodenectomies and 30 distal pancreatectomies.
- Evaluated and treated 311 pancreatic cancer cases and 184 liver and bile duct cancer cases.
- Implemented 107 pancreatic cancer hospital discharges at Florida Hospital Orlando.
- Of the 7,534 cancer patients treated by FHCI, CCRS performed 161 of the 567 resection surgeries for tumors of the lower intestinal tract (including the appendix, colon and rectum).
- Eight TAMIS operations were performed for rectal neoplasia—including highly selected, early-stage rectal cancers.
- CCRS physicians were invited to teach, train and lecture on TAMIS and pioneering techniques for rectal cancer surgery at 23 national and international destinations in 2015.
Publications


Presentations and Invited Lectures

Zenoni S, Eubanks WS, Vedhulis P, Arnoletti JP, de la Fuente SG; Racial disparities in gallbladder cancer; Americas Hepato-Pancreato-Biliary Association; Miami.

Arnoletti, JP; Surgical treatment of duodenal polyps; North Meets South Gastrointestinal Medical and Surgical Symposium; Florida Hospital, Orlando; February.

Arnoletti, JP; Latin America HPB Course Instituto Nacional de la Nutricion; Live case demonstration and lecture: Laparoscopic Distal Pancreatectomy; Lecture: Surgical management of infected pancreatic necrosis; Mexico City; May.

De la Fuente SG; Surgical Management of GIST; Laparoscopic pancreatic resections; Mexican Congress of Endoscopic Surgery; Puerto Vallarta, Mexico, May 2015

De la Fuente SG; Medicine Ground Rounds; Evidence-based management of pancreatic cancer; Florida Hospital Orlando, September.

Litherland SA, Clare-Salzler MJ, Arnoletti JP; Epigenetic Dysregulation in Immune Tolerance: Two Sides to the Same Coin–Cancer and Autoimmunity; Abstract World Congress for Inflammation; August.


Zenoni S, Eubanks WS, Vedhulis P, Arnoletti P, de la Fuente SG; Racial disparities in gallbladder cancer; Americas Hepato-Pancreato-Biliary Association; Miami.

De la Fuente SG; Surgical Management of GIST; Laparoscopic pancreatic resections; Mexican Congress of Endoscopic Surgery; Puerto Vallarta, Mexico; May.

De la Fuente SG; Medicine Ground Rounds; Evidence-based management of pancreatic cancer; Florida Hospital Orlando; September.

S. Atallah – Invited professor and panelist on Gene Directed Therapy for Metastatic Colon Cancer, Florida Hospital Cancer Institute; April 2015, Orlando, FL.

S. Atallah – Podium presentation on use of Valveless Trocar System for TAMIS and Transanal TME for Rectal Cancer, SAGES; April 15, 2015, Nashville, TN.

S. Atallah – Invited Professorship and lecture on Advanced Rectal Cancer Surgery; June 21, 2015, Taipei, Taiwan.


S. Atallah – Invited lecture on Robotic Transanal NOTES, Natural Orifice Surgery Consortium for Assessment and Research; July 11, 2015, Chicago, IL.

S. Atallah – Invited Professorship and lecture on Advances in Rectal Cancer Surgery, Congress on Minimally Invasive Surgery, Albert Einstein Hospital; August 2015, Sao Paulo, Brazil.


M. Albert – Invited Professorship and lecture on TAMIS and Transanal TME: The Future of Rectal Cancer Surgery, Hamad Medical Center; January 3, 2015, Doha, Qatar.


M. Albert – Invited lecture on Immunofluorescence in Colorectal Surgery, Transanal TME: Anatomic Planes and Pitfalls, Cleveland Clinic Jagelman Conference; Fort Lauderdale, FL.

M. Albert – Invited lecture: TAMIS for the Treatment of Large Rectal Polyps and Early Rectal Cancer, North Meets South, Florida Hospital Orlando; Orlando, FL.

M. Albert – Invited lecture on When to Resect: Maximizing Outcomes and Quality of Life in Patients with Diverticulities, Splenic Flexure Mobilization, Minimally Invasive Surgery Symposium, Cleveland Clinic; Las Vegas, NV.

M. Albert – Invited Professorship and lecture on Transanal TME for Protectomy and IPAA, Aarhus University; Aarhus, Denmark.
M. Albert – Invited Specialist: TAMIS Resection of Villous Adenoma and TAMIS Course/LAB, Auckland City Hospital; Auckland, New Zealand.

M. Albert – Invited Professorship/Surgery/Co-Chair of the 1st Australian Transanal TME Course, Royal Brisbane Hospital; Brisbane, Australia.

M. Albert – Invited Professorship and lecture/Director of TAMIS Course, Clinica Alemana; Santiago, Chile.

M. Albert – Invited lecture on The Anatomy of Transanal TME, MIRCS; Philadelphia, PA.

M. Albert – Invited lecture on Immunofluorescence in Colorectal Surgery, Immunofluorescence Conference, Novadaq; Las Vegas, NV.

M. Albert – Co-Chair and invited lectures on TAMIS for the Treatment of Early Rectal Cancer, Transanal TME for Rectal Cancer, and Treatment of Late Presenting Rectal Cancer, 3rd Annual Conference, ICENI Center, Colchester, UK.

M. Albert – Participant faculty, 2nd Annual Physician Strategy Retreat; April 2015, Longboat Key, FLM.

M. Albert – Invited Professorship and panelist on Gene Directed Therapy for Metastatic Colon Cancer, Florida Hospital Cancer Institute; April 2015, Orlando, FL.

M. Albert – Invited lecture on TAMIS Course/Applied Medical; August 16, 2015, Portsmouth, NH.

M. Albert – Invited lecture on TAMIS Course/Applied Medical; September 26, 2015, Annapolis, MD.

M. Albert – Invited lecture on TAMIS Course/Applied Medical; October 17, 2015, San Antonio, TX.

M. Albert – Invited lecture on TAMIS Course/Applied Medical; November 4, 2015, San Francisco, CA.


Book Chapters

De la Fuente SG, Eubanks WS; Esophageal Cancer; ALACE textbook of laparoscopic surgery (in press).

Research Grants

Litherland (PI); Arnoletti (Co-I); Myeloid Derived Immunosuppressor Cell (MDSC) Characterization in Pancreatic Ductal Adenocarcinoma (PDAC); Phi Beta Psi.

Arnoletti/Litherland (Co-PI), Co-PIs; Correlating Circulating Tumor Cell and Tumor Immune Responses in Pancreatic Cancer; Florida Hospital Foundation.


Gastrointestinal, Pancreatic and Hepatobiliary Oncology

Liver and Pancreatic Cancer Cases

<table>
<thead>
<tr>
<th></th>
<th>Analytical</th>
<th>Non-analytical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>109</td>
<td>30</td>
<td>139</td>
</tr>
<tr>
<td>Pancreas</td>
<td>227</td>
<td>84</td>
<td>311</td>
</tr>
<tr>
<td>Other Biliary</td>
<td>36</td>
<td>9</td>
<td>45</td>
</tr>
</tbody>
</table>

Total number of liver and pancreas cases for 2015, Cancer Registry

Source: FHCI Cancer Registry

Colorectal Cancer Cases

Age at Diagnosis

FHCI 2015 Analytical Colorectal Cases: Age by Gender

<table>
<thead>
<tr>
<th>AGE AT DIAGNOSIS</th>
<th>Male</th>
<th>Female</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-19</td>
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</tr>
<tr>
<td>20-29</td>
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</tr>
<tr>
<td>30-39</td>
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<td>16</td>
</tr>
<tr>
<td>40-49</td>
<td>33</td>
<td>21</td>
<td>54</td>
</tr>
<tr>
<td>50-59</td>
<td>56</td>
<td>58</td>
<td>114</td>
</tr>
<tr>
<td>60-69</td>
<td>84</td>
<td>67</td>
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<tr>
<td>70-79</td>
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<td>80-89</td>
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<td>90-99</td>
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<td>100-109</td>
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<tr>
<td>Any Others</td>
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<td>0</td>
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</tr>
<tr>
<td>Overall Totals</td>
<td>282</td>
<td>268</td>
<td>550</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry

Colorectal Cancers Treatment Combinations

- Surgery: 55.5%
- Surg/Chem: 18%
- Surg/Immu: 9%
- Chem/Immu: 1.3%
- Chem/Rad: 2.4%
- Surg/Chemo/Rad: 8%
- Surg/Chem/Rad/Immu: 2%
- Surg/Chemo/Immu: 2%
- Chemo/Rad/Immu: 2%
- Chemo: 4%
- None: 9.5%

Source: FHCI Cancer Registry

Colorectal Cancer Five-year Survival

Cases Diagnosed 2006-2012

<table>
<thead>
<tr>
<th></th>
<th>Florida Hospital</th>
<th>SEER</th>
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<tbody>
<tr>
<td>Survival</td>
<td>71.49%</td>
<td>66.2%</td>
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### Colorectal Cancer Cases

#### Stage at Diagnosis by Age

FHCI 2015 Analytical Colorectal Cases: AJCC Stage at Diagnosis by Age

<table>
<thead>
<tr>
<th>AJCC Stage at Diagnosis</th>
<th>20-29</th>
<th>30-39</th>
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<th>60-69</th>
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<td>Overall Totals</td>
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<td>65</td>
<td>14</td>
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Source: FHCI Cancer Registry
Gynecologic Oncology

Robert Holloway, MD, FACOG, FACS
Medical Director, Gynecologic Oncology Program
Florida Hospital Cancer Institute

James Kendrick, MD, FACOG
Director of Clinical Operations,
Gynecologic Oncology Program
Florida Hospital Cancer Institute

Sarfraz Ahmad, PhD, FABAP, FACB
Director of Clinical Research
Gynecologic Oncology Program
Florida Hospital Cancer Institute

The Florida Hospital Gynecologic Oncology (FHGO) Program at FHCI is internationally recognized for excellence in clinical research, robotic surgery innovation and treatment, and novel collaborative laboratory investigations into cellular immune therapy for ovarian cancer.

More than 1,800 gynecologic surgeries are performed each year by attending surgeons and fellows-in-training, in addition to the more than 3,000 outpatient clinic visits annually attended by the group. FHCI ranks in the top 5 robotic programs nationally by volume, and our gynecologic oncologists have developed several robotic surgery techniques. Surgeons from around the world have attended Florida Hospital’s advanced robotic training courses, and the group’s seminal research publications in robotic surgery outcomes are widely quoted in peer-reviewed scholarly literature. Because of affiliations with the National Cancer Institute’s Gynecologic Oncology Group (GOG), several university research affiliations, and industry-sponsored research consortiums, our patients have access to the most advanced oncologic therapies available.

Highlights
- Florida Hospital was ranked No. 13 in the nation by U.S. News & World Report for Gynecology for 2015-16.
- Dr. Ajit Gubbi successfully completed his three-year Gynecologic Oncology Fellowship Program and entered practice in Michigan.
- Dr. Sarika Gupta joined as an International Fellow in November from Dharamshila Hospital & Research Center, New Delhi, India.
- Dr. Robert W. Holloway received the Castle Connolly “Top Doctors” Recognition Award.
- Dr. James E. Kendrick was named Director of Clinical Practice Operations at Florida Hospital Gynecologic Oncology and continued to serve on the Executive Council of Florida Hospital Medical Group (FHMG).
- Dr. Lorna A. Brudie was named Program Director of Florida Hospital Gynecologic Oncology Fellowship.

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• Dr. Lorna A. Brudie served on the Florida Hospital Urogynecology Program Committee, Orlando, as well as on the Florida Hospital Celebration Health Women’s Institute Leadership Committee, Celebration.
• Dr. Neil J. Finkler continued to serve as Chief Medical Officer and Vice President of Florida Hospital Orlando.
• Dr. Holloway was appointed to the Society of Gynecologic Oncology (SGO) Officer Nomination Committee and the Payment Reform Task Force of the SGO.
• Dr. Sarfraz Ahmad continued to serve on the board of directors of the American Association for Clinical Chemistry (AACC), Florida Section.
• Patient accrual completed on the FDA Investigational Device Exemption study titled “Detection of Sentinel Lymph Nodes in Patients with Endometrial Cancer Undergoing Robotic-Assisted Staging: Comparison of Isosulfan Blue and Indocyanine Green Dyes with Fluorescence Imaging” (Drs. Holloway, Ahmad, Brudie, Kendrick).
• Faculty appointments were maintained at the UCF College of Medicine (Drs. Finkler, Holloway, Kendrick, Brudie, Ahmad, Gubbi) and the FSU College of Medicine (Drs. Finkler, Holloway, Kendrick, Brudie, Ahmad). Dr. Ahmad was promoted to full professor rank.
• Dr. Sarfraz Ahmad served on the Committee of Judges, Student Research Awards - Oral Presentation and Poster Contests for the Annual Meeting of AACC, Washington, D.C.
• Drs. Ahmad, Brudie, Holloway and Kendrick served as reviewers for several peer-reviewed, national/international scientific journals (e.g., Gynecologic Oncology, British Journal of Cancer, International Journal of Gynecologic Oncology, Archives of Obstetrics and Gynecology, Journal of Robotic Surgery, Journal of American College of Surgery, Surgical Endoscopy, Indian Journal of Experimental Biology, etc.).
• Dr. Sarfraz Ahmad continued to serve as President of the Association of Scientists of Indian Origin in America (ASIOA). He also served as an International Examiner for a PhD Thesis in Biotechnology at Babasaheb Bhimrao Ambedkar Central University, Lucknow, UP, India.

• Drs. Finkler, Holloway, Kendrick, Brudie and Ahmad served on the Scientific Panel of Experts, Women’s & Girls Cancer Alliance, Florida.
• Dr. Sarfraz Ahmad is serving as Interviewer and Member of the Admissions Office Review Team for Applicants (AORTA) for the M.D. Program at UCF College of Medicine.
• Dr. Sarfraz Ahmad served on the International Advisory Committee of the International Conference on Recent Advances in Biosciences and Applications of Engineering in Production of Biopharmaceuticals, hosted by the K. L. University, Vaddeswaram, Guntur District, AP, India.
• Dr. Sarfraz Ahmad served on the Editorial Board of Indian Journal of Experimental Biology.
• Regularly hosted international visiting surgeons and young scholars for clinical activities including surgery and gynecologic oncology clinic, which also collected course tuition to Florida Hospital to support the Office of International Development. These visitors were Dr. Gao Na (First Affiliated Hospital of Dalian Medical University in Dalian, China), Dr. Kong Fanfei (Shanghai First Maternity and Infant Hospital, Tongji University School of Medicine, China), Dr. Sun Abby (Chimei Medical Center, Tainan), Sarika Gupta (Dharamshila Hospital & Research Center, New Delhi, India), and Mr. Faizan Khan (Royal College of Surgeons, Ireland, at the Medical University of Bahrain, Bahrain).
• Several other medical, undergraduate and high school students from Florida institutions regularly participated as volunteers during short-term research and clinical rotation/elective requirements to gain gynecology/oncology surgical and research experience.
Published Research


Research Abstracts Published and Presented at Scientific Meetings


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Invited Lectures and Training Programs

January
Dr. Sarfraz Ahmad, organizer and speaker; 6th National Scientific Meeting of the Association of Scientists of Indian Origin in America (ASIOA), Jan. 17-18, Orlando.

February
Dr. Robert W. Holloway; (program director and speaker; Gynecology Session; Society of Robotic Surgery Annual Meeting, Rosen Shingle Creek Hotel, Feb. 21, Orlando. Dr. Sarika Gupta gave a video presentation. (Drs. Sarfraz Ahmad and Ketura Preya A. Wisner also attended.)

March
Dr. Robert W. Holloway, plenary session speaker; Annual Meeting on Women’s Cancer of the Society of Gynecologic Oncology (SGO), March 28-31, Chicago (Gynecologic Oncology 137: Suppl. 1, A-178).

April
Dr. Robert W. Holloway, Dr. Ajit Gubbi and Dr. Sarfraz Ahmad; speakers; 2nd Annual Florida Hospital Research Forum, April 23-24, Orlando.

May
Dr. Robert W. Holloway, course director and invited speaker; Drs. Lorna A. Brudie and James E. Kendrick, session moderators; Foundation for Women’s Cancer’s Ovarian Cancer Survivors Course, May 8, Lake Buena Vista, Fla.

June
Dr. Robert W. Holloway; invited speaker; Congress of Latin American Robotic Surgery, June 16-19, Rio de Janeiro, Brazil. He also performed live surgery, and was recognized with a plaque commemorating his honorary status as an International Member of the Society in Gynecology, the first award bestowed by the society.

July
Dr. Robert W. Holloway; invited speaker; Best of American Society of Clinical Oncology Annual Meeting (ASCO), organized by the Florida Hospital Cancer Institute & Florida Society of Clinical Oncology, June 27-28, Orlando.

September
Dr. Robert W. Holloway; invited Speaker at the China Medical University Hospital Conference, Sept. 10-13, Taichung, Taiwan. He also performed Live Case Demonstration: Endometrial Cancer Staging Operation.

October
Dr. Robert W. Holloway; invited academic honorary lecturer; 13th International Medical Scientific Conference for Students and Young Doctors, organized by the Medical University of Pleven (MUP), Oct. 7-10, Pleven Bulgaria. He also received Doctor Honoris Causa degree from MUP.

November
Dr. Sarfraz Ahmad; invited speaker and session co-chair; 4th International Congress in Robotic Surgery, organized by the South East European Robotic Surgery Society (SEERSS), Oct. 29-31, World Trade Center, Bucharest, Romania.
## Awards/Honors/Recognitions

<table>
<thead>
<tr>
<th>Award/Honor</th>
<th>Organization</th>
<th>Awardee(s)</th>
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</thead>
<tbody>
<tr>
<td>Doctor Honoris Causa Degree Award</td>
<td>Medical University of Pleven, Pleven, Bulgaria</td>
<td>Dr. Robert W. Holloway</td>
</tr>
<tr>
<td>Clinical Chemist Recognition Award</td>
<td>American Association for Clinical Chemistry (AACC), Washington, DC</td>
<td>Dr. Sarfraz Ahmad</td>
</tr>
<tr>
<td>1st Place in “Basic and Clinical Research” Poster Presentation Award</td>
<td>Florida Hospital 2015 Graduate Medical Education (GME) Research &amp; Quality Improvement Day Orlando</td>
<td>Drs. Gubbi, Kendrick, Ahmad, Kacheria</td>
</tr>
<tr>
<td>2nd Place in CEME Scientific Research Poster Competition Award</td>
<td>Consortium for Excellence in Medical Education (CEME) Conference, Nova Southeastern University, Davie, FL</td>
<td>Drs. Takimoto, Ahmad, Wisner, Gise, Stavitzki, Brudie, Kendrick, Holloway</td>
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</tbody>
</table>

## Active Research Grants

<table>
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<tr>
<th>Funding Agency</th>
<th>Project Title</th>
<th>Investigators</th>
<th>Period</th>
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<tr>
<td>Donors/Foundation</td>
<td>Gynecologic Oncology Research</td>
<td>Drs. Holloway, Kendrick, Brudie, Ahmad</td>
<td>2015</td>
</tr>
</tbody>
</table>
Educational and Scholarly Research Collaborations

- Active collaboration with the SGO Clinical Outcomes Registry (COR) program (Drs. Holloway, Kendrick, Brudie, Ahmad).

- Active collaboration with the Caris Life Sciences Inc.'s Caris Molecular Intelligence Registry program for biomarkers assessments and correlation with gynecologic cancer patient outcomes (Drs. Holloway, Kendrick, Brudie, Ahmad).

- Active collaboration with Society of European Robotic Gynecological Surgery (SERGS) investigators on research projects related to clinical outcomes of gynecologic oncology procedures (Drs. Holloway, Ahmad).

- Active collaboration with Drs. Floor J. Backes and Jeffrey M. Fowler at Ohio State University on survival outcomes analysis and translational research studies on uterine malignancy (Drs. Holloway, Ahmad, Brudie).

- Active collaboration with University of North Texas Health Science Center, Fort, Texas (Riyaz M. Basha, PhD) on ovarian cancer-related translational research projects (Drs. Ahmad, Holloway).

- Active collaboration with Dr. Deborah A. Altomare at University of Central Florida, Orlando, on ovarian cancer-related translational research projects (Drs. Holloway, Ahmad).

- Initiated collaboration with Masanobu Komatsu, PhD, Associate Professor at Sanford-Burnham-Prebys Medical Research Institute, Lake Nona, Fla., on ovarian cancer-related translational research projects (Drs. Holloway, Ahmad).

- Collaboration with Gonul Kurt, PhD, RN, from Gulhane Military Medical Academy, School of Nursing in Ankara, Turkey, a postdoctoral researcher for one year (2015-16) training on a highly competitive grant award from The Scientific and Technological Research Council of Turkey (TUBITAK), which covers her expenses. In addition to working with the FHCI Gynecologic Oncology physicians/researchers/nurses, she is collaborating with the faculty and staff of the UCF College of Nursing and the FH Clinical Excellence and Research Department on the project entitled, “Determining Patient Care Need Related to Improved Nursing Care Standards Before and After Robotic Surgery for Gynecological Cases.” As primary mentors, Drs. Holloway and Ahmad invited the trainee at FH through academic contacts in Eastern Europe, helped co-develop the study protocol and facilitated its implementation.

- Mentored Florida medical students, including those from UCF, Florida State University and Nova Southeastern University during clinical rotations/electives (Drs. Holloway, Ahmad, Kendrick, Brudie).
Cervical Cancer Cases

Age at Diagnosis

The most common age range for cervical cancer patients at FHCI in 2015 was 30 to 39, a slight decline over the previous year when the most commonly diagnosed age was 40 to 49.

![Bar chart showing age distribution of cervical cancer cases at FHCI in 2015.]

Cervical Cancer Cases

Stage at Diagnosis

Nearly 42 percent of patients were diagnosed with stage I disease.

![Bar chart showing stage distribution of cervical cancer cases at FHCI in 2015.]

Cervical Cancer

Treatment Combinations

Chemotherapy combined with radiation was used most frequently to treat patients diagnosed with cervical cancer at FHCI in 2015. This was closely followed by surgery alone.

![Pie chart showing treatment combinations for cervical cancer patients at FHCI in 2015.]

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Cervical Cancer
Five-year Survival
Cases Diagnosed 2006-2012

The five-year survival rate for cervical cancer patients treated at Florida Hospital exceeded that measured in nine national cancer registries.

Florida Hospital vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).
Source: FHCI Cancer Registry; https://seer.cancer.gov/canques

Ovarian Cancer Cases
Age at Diagnosis

Of ovarian cancer patients diagnosed at FHCI in 2015, more than 53 percent were between ages 50 and 69. The most common age of diagnoses was 60 to 69, representing 32 percent of patients.

Total: 110

Source: FHCI Cancer Registry

Ovarian Cancer Cases
Stage at Diagnosis

In 2015, diagnosis of ovarian cancer at FHCI continued to occur most frequently in the late stages. More than 41 percent of the 110 ovarian cancer patients were diagnosed with advanced, stage III disease.

Total: 110

Source: FHCI Cancer Registry
Analytical Ovarian Cancer
Treatment Combinations
The most common therapeutic approach to treating ovarian cancer at FHCI was a combination of surgery and chemotherapy.

Ovarian Cancer
Five-year Survival
Cases Diagnosed 2006-2012
The five-year survival rate for ovarian cancer patients treated at Florida Hospital exceeded that measured in nine national cancer registries.

Source: FHCI Cancer Registry; https://seer.cancer.gov/canques
Uterine Cancer Cases

**Age at Diagnosis**

About 36 percent of patients diagnosed with uterine cancer at FHCI in 2015 were ages 50 - 59, making this the most common age range for this type of cancer. Another 23 percent were diagnosed between the ages of 40 - 49 years.

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<th>Age Range</th>
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<td>20 - 29</td>
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<td>30 - 39</td>
<td>27</td>
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<tr>
<td>40 - 49</td>
<td>62</td>
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<td>80 - 89</td>
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<tr>
<td>90 - 99</td>
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</table>

Total: 269

*Source: FHCI Cancer Registry*

**Stage at Diagnosis**

Sixty-four percent of uterine cancer patients at FHCI were diagnosed with stage I disease.

<table>
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<th>Stage</th>
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<td>I</td>
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<td>II</td>
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<td>III</td>
<td>52</td>
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<td>IV</td>
<td>19</td>
</tr>
<tr>
<td>Unknown</td>
<td>12</td>
</tr>
</tbody>
</table>

Total: 269

*Source: FHCI Cancer Registry*

Analytical Uterine Cancer

**Treatment Combinations**

More than 60 percent of patients treated at FHCI for uterine cancer required surgery alone as their first course of treatment.

- Surgery: 60.22%
- Surg/Horm: 0.37%
- Surg/Rad: 4.83%
- Chemo: 1.12%
- Chemo/Immu: 0.00744%
- Horm: 0.74%
- None: 2.97%
- Surg/Chemo/Rad: 13.01%
- Surgery/Chemo: 15.99%

*Source: FHCI Cancer Registry*
Uterine Cancer
Five-year Survival
Cases Diagnosed 2006-2012

Five-year survival rates for patients with uterine cancer treated at FHCI was about equal to those measured by nine national cancer registries.

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<th>Florida Hospital</th>
<th>SEER</th>
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<tr>
<td>82.37%</td>
<td>83.4%</td>
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</table>

FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).
Source: FHCI Cancer Registry; https://seer.cancer.gov/canques

Gynecologic Cancer
Five-year Survival
Cases Diagnosed 2006-2012

Five-year survival rates for patients with gynecological cancer treated at FHCI were about equal to those measured by nine national cancer registries.

<table>
<thead>
<tr>
<th>Florida Hospital</th>
<th>SEER</th>
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<tr>
<td>67.32%</td>
<td>66.2%</td>
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FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).
Source: FHCI Cancer Registry; https://seer.cancer.gov/canques

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Gynecological Cancer Surgeries
Robotic Procedures vs. Total Procedures

Robotic surgeries continued to represent the greatest number of surgical procedures used to treat patients with gynecologic cancer at FHCI, representing more than 62 percent in 2015.

Gynecologic Oncology Robotic Surgery
By Cancer Type

Robotic surgery was more often used to treat endometrial cancer than any other gynecologic cancer. FHCI reached a milestone in 2015, treating about 5,000 gynecology and oncology cases robotically.

* <8 months data
Source: Florida Hospital Gynecologic Oncology Database.
Gynecologic Oncology Robotic Surgery For Endometrial Cancer

More than 80 percent of endometrial cancers were treated using robotic surgery in 2015 at FHCI, approximately the same number treated in each of the last five years.

* First 6-months date since the initiation of Robotics Program
Source: Florida Hospital Gynecologic Oncology Database.
FHCI continued to lead other Head and Neck Cancer programs throughout the state in number of patients served. Our multidisciplinary approach, supported by weekly video-conferenced tumor boards and biannual journal clubs, ensures patients receive leading-edge, evidence-based care. Our team offers a complete array of diagnostic and therapeutic options, from free-flap reconstruction and minimally invasive skull-base surgery to the latest in radiation and chemotherapy. We actively participate in ongoing clinical trials, contribute to medical literature and teach medical students and residents-in-training. We also adhere to clinical pathways, and annually self-examine surgical outcomes via our Quality Metrics Report, some of which is referenced here.

**Publications**


Head and Neck Oncology

DG, Spencer S, Brizel DM, B, Busse PM, Caudell JJ, Cmelak AJ, Colevas AD, Dunphy
F, Eisele DW, Foote RL, Gilbert J, Gillison ML, Haddad RI, Haughey BH, Hicks WL, Jr,
Hitchcock YJ, Jimeno A, Kies MS, Lydiatt WM, Maghami E, McCaffrey T, Mell LK, Mittal
PMID: 26150579.

Henke LE, Pfeifer JD, Ma C, Perkins SM, DeWees T, El-Mofty S, Moley JF, Nussenbaum
B, Haughey BH, Baranski TJ, Schwarz JK, Grigsby PW; “BRAF Mutation is Not Predictive
of Long-term Outcome in Papillary Thyroid Carcinoma”; Cancer Medicine, June 2015;

B, Haughey BH, “High Metastatic Node Number, Not Extracapsular Spread or N-classification is a Node-related Prognosticator in Transorally Resected, Neck-dissected p16-positive Oropharynx Cancer”; Oral Oncology, May 2015; 51(5):514-20 doi:

oraloncology.2015.05.004; e-published May 29. PMID: 26033471


Sylvester PT, Evans JA, Zipfel GJ, Chole RA, Uppaluri R, Haughey BH, Getz AE,


Zenga J, Sharon JD, Santiago P, Nussenbaum B, Haughey BH, Fox IK, Myckatyn TM,

Zenga J, Wilson M, Adkins DR, Gay HA, Haughey BH, Kallogjeri D, Michel LS, Paniello


Textbooks


**Presentations**

**February**

**Magnuson JS**, Integrating Robotics Training in the Otolaryngology Head and Neck; Society of Robotic Surgery Meeting, Orlando; Feb. 21.

**March**

**Magnuson JS**, Course Director; Second Annual Obstructive Sleep Apnea Syndrome (OSAS) Surgery International Course, Orlando; March 1-3.

**Magnuson JS**, Vice-Chair; Educate to Advocate: Diving Deeper into AAO-HNS Legislative Priorities; American Academy of Otolaryngology Head and Neck Surgery, Leadership Forum, Arlington, Va.; March 15-16.


**Haughey B**, Oncologic Outcomes in Transoral Surgery; Comparison to Nonsurgical Strategies; Transoral Surgery for Head and Neck Cancer, Mayo Clinic, Scottsdale, Ariz.; March 19.


**April**

**Sinha P, Thorstad WL, Gay H, Kallogjeri D, Haughey BH**, Elimination of Planned Adjuvant Radiation to the Primary Bed in Pt6-Positive, Transorally Resected Oropharyngeal Carcinoma: Impact on Local Control; Combined Spring Otolaryngology Annual Meeting/ American Head and Neck Society, Boston; April 23; First prize, Blue Ribbon Poster Award.


**September**

**Sanders E, Magnuson JS**, White H, Crawford J; poster presentation: A Comparison of Clinical Outcomes between HPV+ and HPV-Squamous Cell Carcinomas of the Oropharynx; 39th Annual Society of Otorhinolaryngology Head-Neck Nurses Congress & Nursing Symposium, Dallas; Sept 25-29; First place award in research category.

**October**

**Haughey B**, IV International Course of Transoral Microsurgery in Tumors of the Upper Aerodigestive Tract, Hospital Universitario Austral, Universidad Austral, Buenos Aires Argentina; Oct. 5-6.


**Haughey B**, Transoral Laser Surgery for Head and Neck Cancer; Annual George A. Sisson Head & Neck Oncology Resident/Fellow Education Symposium, Dallas; Sept. 27-30.

November


December

Haughey B; Transoral Surgery for Head & Neck Cancer; Neurosurgery Grand Rounds, Washington University School of Medicine, St. Louis; Dec. 9.

Awards

Sinha P, Thorstad WL, Gay H, Kallogjeri D, Haughey BH; Elimination of Planned Adjuvant Radiation to the Primary Bed in P16-Positive, Transorally-Resected Oropharyngeal Carcinoma: Impact on Local Control; Combined Spring Otolaryngology Annual Meeting/American Head and Neck Society, Boston; April 23. First Prize, Blue Ribbon Poster Award.

Haughey B; Robert Maxwell Byers Award for best paper, American Head and Neck Society, Boston; co-author, contributing 80 percent of patient population under study.

Haughey B; Blue Ribbon Poster Award; American Head and Neck Society.

Sanders E, Magnuson JS, White H, Crawford J; A Comparison of Clinical Outcomes between HPV+ and HPV-Squamous Cell Carcinomas of the Oropharynx poster presentation at 39th Annual Society of Otorhinolaryngology Head-Neck Nurses Congress & Nursing Symposium, Dallas; Sept 25–29; First Place, research category.

The most common type of head and neck cancer affects the thyroid gland, and women were more than three times as likely to be diagnosed with and/or treated for thyroid cancer at FHCI in 2015. Men were far more likely to be diagnosed with cancers of the tongue, tonsils, larynx, oropharynx, nasopharynx, skin and lymph nodes.

<table>
<thead>
<tr>
<th>Site</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Base of Tongue</td>
<td>29</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td>Other Parts of the Tongue</td>
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<td>5</td>
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</tr>
<tr>
<td>Gum</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Floor of Mouth</td>
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<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Palate</td>
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<td>4</td>
<td>9*</td>
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<tr>
<td>Other/Unspecified Parts of Mouth</td>
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<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Other Salivary Glands</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Tonsil</td>
<td>27</td>
<td>8</td>
<td>35</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pyriform Sinus</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Other Oral Cavity</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Nasal Cavity &amp; Middle-ear</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Larynx</td>
<td>42</td>
<td>5</td>
<td>47</td>
</tr>
<tr>
<td>Trachea</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Connective Subcutaneous Other Soft Tissue</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>49</td>
<td>160</td>
<td>209</td>
</tr>
<tr>
<td>Skin</td>
<td>43</td>
<td>12</td>
<td>55</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>9</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>

*Gender Unknown in one case.
Source: FHCI Cancer Registry
Head and Neck Oncology

Head and Neck Cancer Cases

**Age by Gender at Diagnosis**

Men were slightly more likely to be diagnosed with head or neck cancer than women. Their age at diagnoses varied more than women, who tended to be diagnosed between the ages of 50 – 69.

![Age by Gender at Diagnosis Chart](chart.png)

**Head and Neck Cancers Five-year Survival Cases Diagnosed 2006-2012**

Five-year survival rates for head and neck cancer at FHCI exceeded national averages from nine Surveillance, Epidemiology and End-Results (SEER) registries.

![Survival Rates Chart](chart2.png)

**Source:** FHCI Cancer Registry

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Head and Neck Quality Metrics Report

Length of Stay

<table>
<thead>
<tr>
<th></th>
<th>Low acuity procedures (days)</th>
<th>High acuity procedures (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>2.1</td>
<td>10.5</td>
</tr>
<tr>
<td>Florida Hospital 4 Years</td>
<td>1.72</td>
<td>8.85</td>
</tr>
<tr>
<td>Florida Hospital 2015</td>
<td>1.59</td>
<td>9.06</td>
</tr>
<tr>
<td>Florida Hospital 2014</td>
<td>1.74</td>
<td>9.25</td>
</tr>
<tr>
<td>Florida Hospital 2013</td>
<td>1.78</td>
<td>7.97</td>
</tr>
<tr>
<td>Florida Hospital 2012</td>
<td>1.97</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Source: FHCI 2015 Head and Neck Quality Metrics Report

Site Infection

<table>
<thead>
<tr>
<th></th>
<th>Low acuity procedures (%)</th>
<th>High acuity procedures (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>1.2</td>
<td>14.1</td>
</tr>
<tr>
<td>Florida Hospital 4 Years</td>
<td>0.49</td>
<td>9.38</td>
</tr>
<tr>
<td>Florida Hospital 2015</td>
<td>0.0</td>
<td>9.52</td>
</tr>
<tr>
<td>Florida Hospital 2014</td>
<td>0.83</td>
<td>12.5</td>
</tr>
<tr>
<td>Florida Hospital 2013</td>
<td>1.1</td>
<td>6.9</td>
</tr>
<tr>
<td>Florida Hospital 2012</td>
<td>0.0</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Source: FHCI 2015 Head and Neck Quality Metrics Report
The Children’s Center for Cancer and Blood Diseases offers hematology and oncology care for patients with sickle cell disease, thalassemia, bleeding disorders, coagulation problems, various cytopenias, leukemia and other childhood cancers. As a Children’s Oncology Group (COG) affiliate, we are able to offer the latest clinical trials available.

**Highlights**

- Continued active membership in Oncology Group.
- Enrolled 39 new patients into FHCI pediatric oncology clinical research trials and saw 89 patients in follow-up trials.
- Ranked as the second-largest Neurofibromatosis clinic in the Central Florida network.

**Professional Affiliations**

- Children’s Oncology Group, a clinical trials group supported by National Cancer Institute
- NCI Community Oncology Research Program, which is funded through National Institute of Health

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### Pediatric Cancer Cases

**Age by Gender at Diagnosis**

Childhood cancer cases represent less than 1 percent of all new cancer diagnoses in the United States annually (Cancer Facts and Figures, 2011). However, cancer remains a leading cause of death in children, second only to accidents. Of the 42 children diagnosed with cancer at FHCI in 2015, about 62 percent were boys. The most common diagnosis was acute lymphoblastic leukemia.

#### Age Range

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>10-17</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>

**Total:** 26 Male, 16 Female

*Source: FHCI Cancer Registry*

### Pediatric Cancer Cases

**Diagnosis by Gender**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Lymphoblastic Leukemia</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Acute Leukemia (AML only)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Non-Hodgkin's Disease</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Astrocytoma</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Neuroblastoma</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Osteosarcoma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ewing's Sarcoma</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rhabdomyosarcoma and Embryonal Sarcoma</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intracranial and Intraspinal Germ-Cell Tumors</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Other Tumors</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

*Source: FHCI Cancer Registry*
Florida Hospital Cancer Institute, in partnership with Radiation Oncology Specialists (ROS), a Florida Hospital Medical Group practice, offers extensive expertise and experience in a wide range of radiation treatment modalities. By placing a high value on evidence-based medicine, the team employs a disease-specific approach that ensures patients are evaluated by physicians with additional expertise in that particular discipline of oncology. Available treatments include External Beam Radiation Therapy, Intensity-Modulated Radiation Therapy, Stereotactic Body Radiation Therapy, Volumetric Modulated Arc Therapy, Gamma Knife®, intra-cavity and interstitial brachytherapy.

Florida Hospital Radiation Oncology also is one of the few programs in the country to offer MRI-based brachytherapy for prostate cancer/gynecological malignancies, which enables optimal targeting of radiation that reduces dose to critical structures. The physician team collaborates with specialists in surgery, medical oncology, neurosurgery, otolaryngology, gastroenterology, genitourinary and gynecology to improve patient outcomes.

**Physician Team:**

Matthew Biagioli, MD, MS  
Medical Director  
Florida Hospital Cancer Institute

- Irfan Ahmed, MD  
- Johnny Ray Bernard Jr., MD  
- Matthew Biagioli, MD  
- Luis Carrascosa, MD  
- Afshin Forouzannia, MD  
- Mark Harvey, MD

- Charles Hodge, MD  
- Aamir Hussain, MD  
- Catherine Hwang, MD  
- Anudh Jain, MD  
- Shravan Kandula, MD  
- Margarita Racsa, MD

- Nikhil Rao, MD  
- Stephanie Rapke, MD  
- Kunal Saigal, MD  
- Samir Sejpal, MD  
- Ravi Shridhar, MD, PhD

**Highlights**

Treated 2,300 patients with innovative therapies such as:

- Gamma Knife® radiosurgery, in collaboration with Neurosurgery.
- Stereotactic Spine Radiosurgery procedures, in collaboration with Neurosurgery.
- Radiation immunotherapy.
- Stereotactic Body Radiation Therapy program, for cancers of the lung, pancreas and liver.
- Radiopharmaceutical Therapy, including Xofigo and I-131 isotopes.
- MRI-based brachytherapy, including:
  - MRI-guided, nerve-sparing, high-dose radiation brachytherapy for prostate cancer.
  - MRI-guided, high-dose radiation brachytherapy for gynecological cancer.
Publications


Radiation Oncology


Presentations

February
Shridhar R; “Stereotactic Body Radiation Therapy for the Treatment of GI Malignancies – From 5 weeks to 5 days”; Florida Hospital Cancer Institute: Change the Course of Cancer; Gaylord Palms Resort and Convention Center, Kissimmee.

March
Shridhar R, Panelist: “Colorectal Cancer Program”; Florida Hospital Cancer Institute; Grand Bohemian Hotel, Orlando.

April
Shridhar R; “Radioembolization for the Treatment of Colorectal Liver Metastases”; Florida Hospital Cancer Institute, Altamonte Springs.

May
Shridhar R; “Stereotactic Body Radiation Therapy for the Treatment of Pancreatic Cancer”; Florida Hospital Cancer Institute; Grand Bohemian Hotel, Orlando.

September
Shridhar R; “Stereotactic Body Radiation Therapy for the Treatment of Pancreatic Cancer”; “Pancreas SBRT Contouring Session”; Texas Oncology Educational Symposium, Dallas.

October

November
Bernard Jr J; “Breast Cancer”; Stetson University, DeLand, Fla.

November

Bernard Jr J; “Updates in Lung Cancer”; Florida Hospital, DeLand, Fla.

Awards
Florida Hospital, DeLand, and its 20/20 Society honored Johnny Ray Bernard Jr., MD, as a Society Founding Member for charitable giving; July.
The FHCI Thoracic Cancer Program has received national recognition for its multidisciplinary approach to the diagnosing and treatment of lung and esophageal cancers. Our specialists treat lung cancer, esophageal cancer, mesothelioma, and other cancers of organs within the chest wall. The Florida Hospital Cancer Institute is one of the most active participants in lung and esophageal clinical trials in the nation.

**Highlights**

- Added two new Cardiovascular Thoracic Surgeons: Clay Burnett, MD, and Farid Gharagozloo, MD.
- Opened 14 new clinical trials, with 45 patients enrolled in thoracic cancer trials.
- Opened 11 new studies.
- Presented 269 cases at 47 thoracic cancer conferences with 100 percent multidisciplinary team approach.

**Publications**


**Presentations**


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Thoracic Oncology

Thoracic Cancer Primary Procedures

<table>
<thead>
<tr>
<th>Resections</th>
<th>Biopsy</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobectomy</td>
<td>Mediastinoscopy 44</td>
<td>Pericardial Window 17</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>Chamberlain 6</td>
<td>Decortication 2</td>
</tr>
<tr>
<td>Pneumonectomy</td>
<td>Pleural/Chest Wall Bx 26</td>
<td>Other 6</td>
</tr>
<tr>
<td>Wedge (s)</td>
<td>Mediastinal LN 1</td>
<td></td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>Mediastinal Mass 1</td>
<td></td>
</tr>
<tr>
<td>Sleeve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thymectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mediastinal Mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>218</td>
<td></td>
</tr>
<tr>
<td>Total Biopsy</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Total Other</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Surgery Database

Robotic Procedures Case Breakdown

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobectomy</td>
<td>47</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>1</td>
</tr>
<tr>
<td>Wedge Resection (s)</td>
<td>11</td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>2</td>
</tr>
<tr>
<td>Thymectomy</td>
<td>2</td>
</tr>
<tr>
<td>Mediastinal Mass</td>
<td>1</td>
</tr>
<tr>
<td>Pleural Biopsy</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>65</td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Surgery Database

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com. | 2015 Outcomes and Information
National Comprehensive Cancer Network Guideline Compliance

*Eight-year Trend*

Compliance with National Comprehensive Cancer Network (NCNN) guidelines reached 70.8% in 2015.

<table>
<thead>
<tr>
<th>Year</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>70.8%</td>
</tr>
<tr>
<td>2013</td>
<td>74.5%</td>
</tr>
<tr>
<td>2012</td>
<td>75.8%</td>
</tr>
<tr>
<td>2011</td>
<td>66.9%</td>
</tr>
<tr>
<td>2010</td>
<td>65.8%</td>
</tr>
<tr>
<td>2009</td>
<td>47.7%</td>
</tr>
<tr>
<td>2008</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Surgery Database
Lung Cancer Cases

Age at Diagnosis by Gender

In 2015, lung cancer in women increased from age 50-59, while men increased from age 60-69. With 625 new cases seen at FHCI, both men and women were diagnosed mostly in their 60s and 70s.

Source: FHCI Cancer Registry
Chart depicts number of patients.

Lung Cancer Cases

Stage by Gender at Diagnosis

About 60 percent of men and women diagnosed at FHCI in 2015 were in an advanced stage of lung cancer (III or IV).

Source: FHCI Cancer Registry
Lung Cancer Treatment Combinations by Disease Type

The two major types of lung cancer are non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). Disease-specific treatment combinations given to FHCI patients in 2015 are summarized in these charts.

Small Cell Lung Cancer Treatment Combinations

2015 Non-Small Cell Lung Cancer Cases Treatment Combinations

Lung Cancer Cases Five-year Survival

Cases Diagnosed 2005 - 2011

FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).

Source: FHCI Cancer Registry; https://seer.cancer.gov/canques
The FHCI urologic cancer team is comprised of some of the country’s leading experts who provide patients a multidisciplinary approach to diagnosis and treatment. Our team helps aggressively and successfully battle urologic cancers, including prostate, kidney, bladder, adrenal, ureter, testicular and penile cancers. With the latest in diagnostic technology and advanced surgical techniques, such as MRI Fusion Biopsy, FHCI oncologists treat patients with a full range of options, tailored to their type of cancer. We were pioneers in robotic prostate surgery, which now accounts for more than 85 percent of all radical prostatectomy in the United States. The FHCI Team has demonstrated success and experience with the da Vinci robot, a less-invasive, robotic-assisted surgery that has revolutionized the surgical process.

2015 Highlights

• Developed Prostate Screening and Active Surveillance Guidelines for patients and Primary Care Physician offices.
• Added six new genomic tests utilizing prostate cancer tissue from individual patients, allowing the physician to more readily identify the aggressiveness of the disease as well as customize the patient’s course of treatment.
• Expanded Clinical Trials/Protocols with the addition of a GU clinical research coordinator.
• Managed six active GU Cancer trials with 82 patients enrolled.
• Expanded patient access with an additional GU cancer care coordinator.
• Conducted three Urology Journal Club meetings and presented a total of 26 articles for review.
• Held 21 Urology Oncology Tumor Board meetings.
• Conducted Clinical Outcome Retrospective Study to examine Radical Cystectomy Benchmarks, meeting or exceeding eight of 11 national benchmarks.
• Performed 1,204 robotic radical prostatectomies.
• Welcomed Dr. Matthew Oommen to the GU team.
Publications


Presentations and Invited Lectures

January

February
Live Surgery: “Robotic Radical Prostatectomy”; National Congress IEA, Milan, Italy.

May

June

July

September
Lecture: Dr. Carlos Alemany; “Medical Management of Metastatic Renal Cancer”; Florida Urological Society; September.
Lecture: Dr. Jeff Brady; “When Pelvic Floor Rehab Fails: Urinary Incontinence Reconstructive Surgery”; Annual Florida Urological Society; September.
Presentation: Dr. Zamip Patel; “Male Hypogonadism: Work-Up and Treatment”; Annual Florida Urological Society; September.

October

November
Lecture: Dr. Inoel Rivera; “Guidelines for Diagnosis and Treatment of Early Stage Prostate Cancer and Clinical Trials”; Advance Prostate Cancer Symposium; Nov. 2.
Conferences
Southeastern Section of the AUA, March 18-22; “Perioperative, Oncological and Functional Outcomes of Salvage RARP”; “Continence Outcomes of Robotic-assisted Radical Prostatectomy in Suboptimal Patients.”
Research Studies
Urologic Robotic Surgery Outcomes Registry/Database – IRB approved 237998 – More than 7,000 robotic radical prostatectomy surgeries registered.
Prospective AmnioFix - IRB approved 676473 - To evaluate the effectiveness of dehydrated human amnion/chorion membrane (dHACM) in reducing neurovascular bundle inflammation in prostate cancer patients undergoing bilateral full nerve sparing robotic-assisted laparoscopic radical prostatectomy (RALP). Specifically, this study compares potency outcomes in patients who had full nerve sparing RALP procedures with dHACM application to the neurovascular bundles to that of full nerve sparing RALP without dHACM application to neurovascular bundles.
Exosome - IRB approved 290713 – “Correlation of the Urine Exosome Gene Expression Profile with Clinical Pathology of Prostate Cancer in the Prostatectomy Specimen Both Before and After Surgery.”
CIRB CALGB 90203 - IRB approved 238042 - “A Randomized Phase III Study of Neo-Adjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy vs. Immediate Radical Prostatectomy in Patients with High-Risk, Clinically Localized Prostate Cancer- Partnership Study with Florida Hospital Cancer Institute.”
Urologic Oncology

“Application of Cold Plasma Energy for Reduction of Lymphoceles Following Pelvic Lymph Node Dissection During Robot-Assisted Radical Prostatectomy” - IRB approved 808076 - Evaluating the efficacy of the J-Plasma® helium-based plasma technology in the reduction of lymphoceles following PLND during RARP. The J-Plasma® hand piece will be used during the PLND by dissecting the lymph nodes and sealing the lymphatic channels to prevent lymph leakage.

“An Open-Label, Multicenter, Phase 3 Study to Evaluate the Efficacy and Tolerability of Intravesical Vicinium™ in Subjects with Non Muscle-Invasive Carcinoma in Situ (CIS) and/or High-Grade Papillary Disease of the Bladder Previously Treated with Bacillus Calmette-Guérin (BCG).”

“A Multinational, Randomized, Double-blind, Placebo-controlled, Phase III Efficacy and Safety Study of ODM-201 in Men with High-risk Non-metastatic Castration-resistant Prostate Cancer.”

“A Nanotechnology-Enabled Blood Test for Cancer Detection and Diagnosis.”

“Clinical, Non-intervention Study of the Cxbladder® Urine Test for the Detection of Recurrent Urinary Tract Urothelial Carcinoma (UC).”

“Tumor Collection from Routine Nephrectomy for Subjects with Advanced Stage RCC.”

Local Research Collaborations

- UCF NanoScience Technology Center (Qun Huo, PhD): “A Nanotechnology-enabled Blood Test for Cancer Detection and Diagnosis.”
- Cancer and Leukemia Group B (CALGB): Funded by the federal government through the National Cancer Institute: MEAL Study.
- Sanford Burnham Prebys Medical Discovery Institute, Lake Nona (Ranjan Perera, PhD): “RNA Biomarker Discovery and Development for the Detection and Treatment of Prostate Cancer.”

MRI Fusion Biopsy

FHCI now offers MRI Fusion Biopsy: The emergence of the mpMRI scan helps address problems of over-treatment or under-staging of prostate cases. An mpMRI offers several diagnostic benefits that begin with achieving 92 percent sensitivity for detecting prostate cancer. It also moves away from blind biopsy methods. It typically only requires a few better-targeted core samples that are mapped and tracked to virtually pinpoint accuracy. This makes the method far superior for active monitoring situations. Taken together, the benefits of mpMRI fusion biopsies can lead to less false-positives and reduce over/under diagnosis.

Community Outreach Initiatives

- FH Men’s Health Campaign: Check Your Engine!; June.
- Men’s Health Summit for Orange County Government; June.
- Prostate Cancer Awareness Month - Urology & Oncology Offices; September.
- Men’s Wellness Summit at Leu Gardens, Orlando; September.
- FHCI-sponsored Magic Game for Men’s Health Awareness; #MagicMustache campaign; November.
- Prostate Cancer Awareness, the Audi Quattro Cup golf tournament, Orlando, June.
- Blueprint for Men’s Health- Survivorship Program: Psychosocial Aspects of Prostate Cancer; Nicholson Center, Celebration; November.

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com. | 2015 Outcomes and Information
Genitourinary Cancer Case Incidence

Prostate cancer remained the most frequently diagnosed or treated type of cancer at FHCI, with 1268 new cases in 2015.

<table>
<thead>
<tr>
<th>Tumor Site</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>1268</td>
</tr>
<tr>
<td>Testis</td>
<td>35</td>
</tr>
<tr>
<td>Bladder</td>
<td>265</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>256</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
</tr>
<tr>
<td>Totals</td>
<td>1857</td>
</tr>
</tbody>
</table>

Source: FHCI Urologic Oncology Surgery Database

Prostate Cancer Cases

Age at Diagnosis

The most common age range at diagnosis for prostate cancer patients at FHCI was 60 to 69 years old, with diagnosis most likely occurring at stage II of the disease.

Prostate Cancer Treatment Combinations

Surgery alone was the first-course treatment for 78 percent of all prostate cancer patients at FHCI.

- Chemo/Rad/Horm/Immu: 0.08%
- Surg/Rad/Horm: 0.08%
- Trans: 0.308%
- Horm/Trans: 0.08%
- Chemo: 0.16%
- Surg/Immu: 0.16%
- Chemo/Horm: 0.32%
- Chemo/Rad/Horm: 0.32%
- Surg/Rad/Horm: 0.32%
- Surg/Rad: 0.71%
- Horm: 1.66%
- Rad/Horm: 3.15%
- Surg/Horm: 3.86%
- Radiation Therapy: 4.81%
- None: 5.76%

Total: 1268

Source: FHCI Cancer Registry

Urologic Oncology Genitourinary Cancer Case Incidence

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<table>
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<td>Other</td>
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</tr>
<tr>
<td>Totals</td>
<td>1857</td>
</tr>
</tbody>
</table>

Source: FHCI Urologic Oncology Surgery Database

Tumor Site | Cases
---|---
Prostate | 1268
Testis | 35
Bladder | 265
Kidney/Renal | 256
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Totals | 1857

Source: FHCI Urologic Oncology Surgery Database

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Prostate Cancer Treatment Combinations

Surgery alone was the first-course treatment for 78 percent of all prostate cancer patients at FHCI.

- Chemo/Rad/Horm/Immu: 0.08%
- Surg/Rad/Horm: 0.08%
- Trans: 0.308%
- Horm/Trans: 0.08%
- Chemo: 0.16%
- Surg/Immu: 0.16%
- Chemo/Horm: 0.32%
- Chemo/Rad/Horm: 0.32%
- Surg/Rad/Horm: 0.32%
- Surg/Rad: 0.71%
- Horm: 1.66%
- Rad/Horm: 3.15%
- Surg/Horm: 3.86%
- Radiation Therapy: 4.81%
- None: 5.76%

Total: 1268

Source: FHCI Cancer Registry
Prostate Cancer Cases

Stage at Diagnosis

Just over 50 percent of prostate cancer patients at FHCI in 2015 had stage II disease at diagnosis.

![Stage Distribution Graph](image)

Source: FHCI Cancer Registry

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>107</td>
</tr>
<tr>
<td>II</td>
<td>655</td>
</tr>
<tr>
<td>III</td>
<td>363</td>
</tr>
<tr>
<td>IV</td>
<td>78</td>
</tr>
<tr>
<td>Unknown</td>
<td>65</td>
</tr>
</tbody>
</table>

Total: 1268

Prostate Cancer Five-year Survival

Cases Diagnosed 2006-2012

The five-year survival rate for prostate cancer is one of the highest of all cancer types due to the success of early screening efforts and effective treatment options.

![Survival Graph](image)

<table>
<thead>
<tr>
<th>Source</th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>SEER</td>
<td>99.3%</td>
</tr>
</tbody>
</table>

FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of the Centers for Disease Control and Prevention).

Source: FHCI Cancer Registry; https://seer.cancer.gov/canques
Bladder Cancer is most prevalent in men. In 2015, the age of diagnosis most likely occurred between 60-69. In 2014, it was between 70-79.

Bladder Cancer Cases

**Stage at Diagnosis**

- **Total:** 265
- **OA:** 73
- **OIS:** 27
- **I:** 13
- **II:** 17
- **III:** 13
- **IV:** 12
- **Unknown:** 5
- **Any Others:** 0

Source: FHCI Cancer Registry

**Age at Diagnosis**

- **Total:** 205
- **20-29:** 3
- **30-39:** 0
- **40-49:** 1
- **50-59:** 24
- **60-69:** 59
- **70-79:** 55
- **80-89:** 53
- **90-99:** 7

Source: FHCI Cancer Registry

Bladder Cancer Treatment Combinations

- **Surgery:** 60%
- **Surg/Chemo:** 14.72%
- **Surg/Chemo/Hormo:** 15.09%
- **Surg/Rad:** 0.38%
- **Chemo:** 1.13%
- **Chemo/Rad:** 0.38%
- **Immu:** 1.89%
- **Surg/Immu:** 2.26%
- **None:** 2.64%

Source: FHCI Cancer Registry
Kidney Cancer Cases

Age at Diagnosis by Gender

At FHCI in 2015, diagnosis of kidney cancer most frequently occurred in stage 1 for both men and women.

Kidney Cancer Cases

Treatment Combinations

Surgery was an integral part of first-course treatment for 84 percent of all kidney cancer patients diagnosed or treated at FHCI.

2015 Kidney Cancer Cases

Stage at Diagnosis

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com. | 2015 Outcomes and Information
Penile Cancer Cases

*Age at Diagnosis*

The 10 cases of penile cancer treated or diagnosed at FHCI occurred in men older than 50. They were diagnosed between stage 0 – stage 3. Surgery alone was the most frequent course of treatment.

Penile Cancer Treatment Combinations

2015 Penile Cancer Cases *Stage at Diagnosis*

Source: FHCI Cancer Registry
Testicular Cancer Cases

*Age at Diagnosis*

Testicular cancer was most frequently diagnosed in men 20-39 years old at FHCI in 2015.

![Bar chart showing age range distribution for testicular cancer cases.](chart1)

Testicular Cancer Treatment Combinations

Surgery was the first-course treatment of choice for 94 percent of testicular cancer patients.

![Pie chart showing treatment combinations.](chart2)

2015 Testicular Cancer Cases *Stage at Diagnosis*

*Stage*

- Stage 0: 17 cases (48.57%)
- Stage I: 3 cases (8.69%)
- Stage II: 6 cases (17.14%)
- Stage IV: 0 cases
- Unknown: 8 cases (22.86%)

Source: FHCI Cancer Registry
FHCI introduced a Cancer Rehabilitation program in 2012 to help patients manage stress and avoid the physical declines often associated with cancer treatments. The Outpatient Cancer Rehabilitation program includes physical therapy, occupational therapy, speech therapy, audiology services, massage therapy and medical fitness. Clinicians are specifically trained to treat patients who have cancer.

Research has shown that therapeutic interventions decrease cancer-related fatigue, improve range of motion, maintain or increase strength, reduce anxiety, improve balance to decrease the risk for falls, and maximize quality of life.

The program’s goals are to begin rehabilitation at diagnosis in order to assess the functional baseline, prevent or decrease physical deficits that may result from cancer treatments, and serve as a resource to the patient throughout treatment to maximize quality of life.

2015 Highlights

- Provided cancer rehabilitation services at 15 of Florida Hospital’s outpatient rehabilitation locations and treated 551 patients.
- Ranked in the top 75th percentile in Press Ganey patient satisfaction score.
- Presented our OP Cancer Rehabilitation Program Goals to FH Radiation Oncologists, FHCI Breast Leadership, and General Surgery Department meeting.
- Established Outpatient Physical Therapist and Occupational Therapist attendance at monthly Breast Tumor Boards.

Referrals to Cancer Rehabilitation

Referrals to cancer rehabilitation grew over 13 percent, reaching 551 patients.

Source: Cancer Rehab Program Database
Clinical trials are carefully designed research studies of new and innovative medical treatments. Through cancer clinical trials, doctors hope to find new ways to improve cancer treatments and quality of life for people with cancer. They offer patients the most advanced therapies available. Since 1989, the FHCI Clinical Research Program continues to provide access to more than 100 clinical trials at any given time for adult and pediatric patients. Our centralized clinical research office provides comprehensive and valuable support to over 30 investigators with all aspects of clinical trial operations. Our clinical research department is comprised of research nurses, data managers, research assistants and regulatory coordinators. In addition, we have streamlined our new study start-up process to ensure more efficient study activation and a disease-focused staffing structure.

Our research partners include:
- NIH/NCI National Clinical Trial (Adult Cancer Research) Networks
  - Alliance National Cancer Institute
  - National Research Group (NRG)
  - Cancer Trials Support Unit (CTSU)
- Sarah Cannon Research Institute
- NIH/NCI Pediatric Cancer Research
  - Children's Oncology Group (COG)
- Sarah Cannon Research Institute – Preferred Affiliate Status
- Sanford Burnham Medical Discovery Institute
- University of Central Florida
- National Bone Marrow Donor Center/Bone Marrow Clinical Trial Network (BMT CTN)
- Industry/pharmaceutical-sponsored trials

2015 Highlights
- Continued as a main member of NIH/NCI Clinical Trial groups with Alliance, NRG and COG. Fully engaged in clinical trials programs and grants that offer access to the latest NCI research to diagnose, prevent and treat cancer.
- Opened more than 40 new clinical trials to maintain a robust listing for various cancer types and stages.
- Enrolled over 250 patients in adult and pediatric oncology clinical trials.
- Accomplished high rating following a quality assurance audit with COG.
- Continued use of the independent NCI CIRB for all pediatric and phase III audit trials.
- Ongoing use of Central IRBs to facilitate quicker new study start up.
- Further expanded menu of clinical trials to include many novel, state-of-the-art molecular targeted cancer therapies.

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com. | 2015 Outcomes and Information
FHCI’s Translational Research Core supports collaborative research efforts focusing on biological discoveries and effective new approaches that advance the treatment of our patients and improve patient care and outcomes. We collaborate with external research partners, including Sanford Burnham Prebys Medical Discovery Institute, the National Cancer Institute in La Jolla, Calif., and Sanford Burnham Prebys in Lake Nona, Fla. We also continue to strengthen ties with researchers at the University of Central Florida’s Burnett School of Biomedical Sciences, College of Medicine.

Our research mission, “Transforming Discovery into Care,” strives to:

• Establish strategic and mutually beneficial partnerships with eminent research institutions that bring premier bench-discovery science to Florida Hospital bedside care.
• Provide external scientists and researchers with access to FHCI’s active and large patient base, clinical data, archived/fresh biospecimens, and translational research physicians and research staff.
• Elevate the level of science at FHCI to that of a recognized and respected partner in the scientific research community.

Our partnerships have produced research that has been published in scientific journals and presented at national meetings. Our research efforts with the University of Central Florida and Burnett School of Biomedical Sciences included funding from the National Breast Cancer Research Foundation (BCRF) in 2015. We received grants through our partnerships with the Sanford Burnham Prebys Medical Discovery Institute, the National Cancer Institute Center, Phi Beta Psi Sorority and Florida Hospital Foundation, and from our generous community donors.

Our unique partnership with the Florida Hospital Diagnostic Pathology group provides access to extensive diagnostic tissue archives from eight Central Florida hospitals. Additionally, FHCI-TRC has dedicated research histotechnician services, pathologist biospecimen verification and analysis, data retrieval, and onsite/offsite archive services. We are able to obtain extensive matching clinical data used in retrospective and prospective research studies in the early detection and prevention of cancer. Work processes established in 2014-2015 provided internal and external researchers with access to fresh biospecimens for Florida Hospital Institutional Review Board-approved studies.

Translational Research Core Team:

Elizabeth Griffith, BAS, CCRC, CCRP  Ryan Sause, HT(ASCP)
Sally Litherland, PhD  Yai-Ping Shao, MBA
Alvin Oliveras Almodovar, MS
Partnerships/Collaborations

- Sanford Burnham Prebys, La Jolla, Calif./Lake Nona, Fla.
- University of Central Florida, Burnett School of Biomedical Sciences, College of Medicine
- University of Central Florida, Nanoscience Technology Center
- Nano Discovery, Inc.
- Phi Beta Psi Sorority

Principal Investigator-Initiated Research Projects

- Breast Oncology (Louis Barr, MD; Na'im Fanaian, MD; Rhonda Harmon, MD; Sally Litherland, PhD; Alric Simmonds, MD; Yai-Ping Shao; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Breast Oncology - Screening High Risk Population (David Decker, MD; Xiang Zhu, MS)
- Cellular Therapy – Peripheral Blood K-RAS Analysis as Molecular Biomarker of Cancer Risk and Relapse (Chung-Che [Jeff] Chang, MD, PhD; Terek Mekhail, MD; Sally Litherland, PhD; Juan Pablo Arnoletti, MD, FACS; Xiang Zhu, MS; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Cellular Therapy – Epigenetic Markers for Understanding Multiple Myeloma and its Treatment (Chung-Che [Jeff] Chang, MD, PhD; Yasser Khalid, MD; Sally Litherland, PhD; Xiang Zhu, MS; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Cellular Therapy – Particle-activated Natural Killer Cell Therapy for Treatment of AML in Preclinical NSG Mouse Model (Ahmed Zakari, MD; Elizabeth Griffith, CCRC; Yai-Ping Shao)
- Colorectal Oncology (Sam Atallah, MD; Na'im Fanaian, MD; Yai-Ping Shao; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- GME Program (Khalid Abusaada, MD; Xiang Zhu, MS; Elizabeth Griffith, CCRC)
- Gynecologic Oncology - Ovarian (Robert Holloway, MD; Sarfraz Ahmad, PhD; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP]; Yai-Ping Shao)
- Lung Cancer - Characterization of Biomarkers Associating Statin Use with Prevention of Lung Metastases to the Brain (Chung-Che [Jeff] Chang, MD, PhD; Terek Mekhail, MD; Sally Litherland, PhD; Elizabeth Griffith, CCRC)
- Pancreatic Cancer (Juan Pablo Arnoletti, MD, FACS; Sally Litherland, PhD; Na'im Fanaian, MD; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Thoracic Oncology (Joseph Boyer, MD; Terek Mekhail, MD; Xiang Zhu, MS; Yai-Ping Shao)
- Tissue Micro-Array Development/Cancer Biomarker Analysis (Juan Pablo Arnoletti, MD, FACS; Louis Barr, MD; Na'im Fanaian, MD; Sally Litherland, PhD; Ryan Sause, HT[ASCP]; Yai-Ping Shao)

Clinical Research Projects

- Gynecologic Oncology – OvaGene and Firefly Studies (Robert Holloway, MD; Sarfraz Ahmad, PhD; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP]; Yai-Ping Shao)
Research Projects Funded by Grants or Donors

Breast Cancer Research Foundation (BCRF): 03/2015-09/2016; PI: Annette Khaled, PhD (UCF); PI: Barr, L, MD; Co-I: Litherland, Sally, PhD. Development of Cytoskeletal-Disrupting Approach for the Treatment of Metastatic Breast Cancer. Grant amount: $70,491. Goal: To characterize CCT, a potential therapeutic target biomarker found in breast cancer cells and susceptible to the nanoparticle peptide drug candidate CT20p.

Phi Beta Psi, Florida Hospital Foundation: 11/2015; PI: Arnoletti, Pablo, MD; Co-I: Litherland, Sally, PhD. Myeloid Derived Immunosuppressor Cell (MDSC) Characterization in Pancreatic Ductal Adenocarcinoma (PDAC). Grant amount: $18,381. Goal: Investigation of the activation of Circulating Tumor Cells (CTC) and immunosuppression in the portal venous system during surgical resection of the Pancreatic Ductal Adenocarcinoma (PDAC).


Vulvodynia Data Analysis, Gynecology: April-December 2015. Grant amount: $500

Role of Immune Suppression in Pancreatic Cancer Relapse & Liver Metastasis, Florida Hospital Foundation – Community Donor: January-December 2015. Donor Amount: $10,000.

Publications


Abstracts


Zhu, X, Litherland SA, Decker DA; “A Critical Correction to Gail Models Used for Prediction of Breast Cancer Risk”; abstract for poster presentation at Florida Hospital Research Forum; April.

Posters


Zhu X (presenter); “Gail Models Overestimate Breast Cancer Risk – A Critical Correction”; Second Annual Florida Hospital Research Forum, Orlando; April.

Cancer Registry Data

The cancer statistics included in this report are the result of work completed by the Florida Hospital Cancer Registry team, which collects a comprehensive data set for each newly diagnosed cancer patient. This data set includes information about patients’ presenting symptoms, diagnostic work-ups, clinical and pathologic stages, treatments, and lifelong follow-up activities. Data are collected according to Cancer Program Standards established by the American College of Surgeons Commission on Cancer, as well as the Florida Cancer Data Systems (FCDS), the state’s central registry. Data collected are disease-specific and standardized to ensure accurate information that can be compared with national and state outcomes for each type of cancer.

Cancer Cases Diagnosed in 2015
National Comparison of the Select Cancer Sites to FHCI Tri-county Area

Estimated Cancer Cases from the American Cancer Society Cancer Facts & Figures 2015
Breast cancer was the most commonly diagnosed cancer nationally in 2015 and the second-most common in Florida. At FHCI, prostate cancer made up almost 19 percent of cases diagnosed and treated, whereas breast cancer accounted for about 12 percent.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Florida Hospital</th>
<th>Florida</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Breast</td>
<td>1,073</td>
<td>12.4%</td>
<td>15,470</td>
</tr>
<tr>
<td>Lung</td>
<td>788</td>
<td>9.1%</td>
<td>16,810</td>
</tr>
<tr>
<td>Prostate</td>
<td>1,623</td>
<td>18.8%</td>
<td>15,480</td>
</tr>
<tr>
<td>Colorectal</td>
<td>672</td>
<td>7.8%</td>
<td>9,330</td>
</tr>
<tr>
<td>Bladder</td>
<td>342</td>
<td>4.0%</td>
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<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>276</td>
<td>3.2%</td>
<td>5,340</td>
</tr>
<tr>
<td>Uterus</td>
<td>288</td>
<td>3.3%</td>
<td>3,550</td>
</tr>
<tr>
<td>Melanoma</td>
<td>242</td>
<td>2.8%</td>
<td>5,480</td>
</tr>
<tr>
<td>Leukemia</td>
<td>288</td>
<td>3.3%</td>
<td>3,930</td>
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<tr>
<td>Cervix</td>
<td>80</td>
<td>0.9%</td>
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</tr>
<tr>
<td>All Others</td>
<td>2,978</td>
<td>34.4%</td>
<td>32,000</td>
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<tr>
<td><strong>Total Cases</strong></td>
<td><strong>8,650</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>114,560</strong></td>
</tr>
</tbody>
</table>

Tri-county area includes Orange, Osceola and Seminole counties
Sources: American Cancer Society, Cancer Facts & Figures 2015, FHCI Cancer Registry
## Cancer Registry Data

### FHCI Patients - Race by Ethnicity

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<thead>
<tr>
<th>Race</th>
<th>Non-Spanish</th>
<th>Spanish, Nos; Hispanic, Nos; Latino, NOS</th>
<th>Puerto Rican</th>
<th>South Or Central American–Not Brazil</th>
<th>Unknown Whether Spanish Or Not</th>
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<tbody>
<tr>
<td></td>
<td>#</td>
<td>(%)</td>
<td>#</td>
<td>(%)</td>
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<td>4745</td>
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<td>723</td>
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<td>KAMPUCHEAN (CAMBODIAN)</td>
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<td>ASIAN INDIAN OR PAKISTANI NOS</td>
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<td>PAKISTANI</td>
<td>3</td>
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<td>POLYNESIAN NOS</td>
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<td>OTHER ASIAN</td>
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<tr>
<td>OVERALL TOTALS</td>
<td>5778</td>
<td>87</td>
<td>660</td>
<td>9.8</td>
<td>108</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry tri-county area  
NOS means not otherwise specified

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
<table>
<thead>
<tr>
<th>Mexican</th>
<th>Cuban</th>
<th>Dominican Republic</th>
<th>Other Spanish</th>
<th>Spanish Surname Only</th>
<th>All Others</th>
<th>Total Values</th>
</tr>
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<tbody>
<tr>
<td>#</td>
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<td>9</td>
<td>0.2</td>
<td>15</td>
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<td>7</td>
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Overall Totals: 5569 (82.3%), 738 (10.9%), 14 (0.2%), 10 (0.1%), 3 (0.1%), 14 (0.2%), 8 (0.1%), 3 (0.1%), 10 (0.1%), 1 (0.1%), 25 (0.4%), 22 (0.3%), 4 (0.1%), 1 (0.1%), 33 (0.5%), 1 (0.1%), 135 (2.0%), 73 (2.6%), 0 (0.0%)

Source: FHCI Cancer Registry tri-county area
Cancer Registry Data

FHCI Primary Site Table

Male genitourinary cancer was the most commonly diagnosed cancer at FHCI in 2015, with prostate cancer representing about 98 percent of those diagnoses.

<table>
<thead>
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<th>Primary Site</th>
<th>Total</th>
<th>Class</th>
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<td>All sites</td>
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<td>Lip</td>
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<td>Tongue</td>
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<td>Rectum</td>
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Number of cases excluded: 1
Source: FHCI Cancer Registry, Heather M. Burner, C.T.R., Manager
Accredited by the American College of Surgeons Commission on Cancer

The American College of Surgeons Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life of patients with cancer through standard-setting, prevention, research, education and the monitoring of comprehensive care. Over 50 leading cancer care organizations, including the American Cancer Society, are partnered with the CoC on patient-centered initiatives. Across the U.S., over 1,500 cancer programs are CoC-accredited, and more than 70 percent of patients with cancer in the U.S. receive their care through CoC-accredited programs. Florida Hospital has been a continually accredited CoC program since 1989, demonstrating an important commitment to providing all patients with access to services they need, from diagnosis through treatment, rehabilitation and survivorship care.

The National Cancer Database (NCDB) collects data from CoC-accredited cancer programs nationwide. The repository allows programs to compare patient characteristics, cancer types, treatment and outcomes. The National Quality Forum (NQF) has identified and endorsed quality metrics, which are reported as indicators of quality oncology care. Based on these indicators, the CoC measures cancer program performance using current CoC quality reporting tools, including the Cancer Program Practice Profile Reports (CP3R). At quarterly meetings, the Comprehensive Cancer Committee identifies quality improvement opportunities that aid in diminishing disparities in care by comparing adherence to and consideration of standards of care for specific tumor site populations. No patient identifiers are collected in order to generate the CP3R.

Data are collected currently for breast, colon, rectum, gastric, lung, cervix, ovary, endometrium, bladder and skin melanoma cases. To date, thresholds of compliance with providing or considering specific indicators are in place for breast, colon, rectum, gastric, and lung primary tumor sites. The 2013 summary report released by the NCDB in April 2016 provides a performance report for Florida Hospital compared with national and state results, as well as with cancer programs in the same CoC category as Florida Hospital – Academic Comprehensive Cancer Programs, or ACAD. More information on the CP3R process and CoC accreditation is available at http://www.facs.org.

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
### FHCI Cancer Program Practice Profile Reports

<table>
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<th>Site</th>
<th>Measure</th>
<th>CoC Benchmark Compliance Percentage Rate</th>
<th>National Percentage</th>
<th>Florida Percentage</th>
<th>Same Type CoC Program (Academic Comprehensive Cancer Program) Percentage</th>
<th>FHCI Percentage</th>
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<tbody>
<tr>
<td>Bladder</td>
<td>BL2RLN - At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)</td>
<td>Not Applicable</td>
<td>90.8</td>
<td>87.2</td>
<td>93.5</td>
<td>66.7</td>
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<td>Breast</td>
<td>BCS - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)</td>
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<td>62.7</td>
<td>63</td>
<td>61.8</td>
<td>61.8</td>
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<td>Breast</td>
<td>nBx - Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)</td>
<td>80</td>
<td>91.4</td>
<td>87.1</td>
<td>92</td>
<td>82.6</td>
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<tr>
<td>Breast</td>
<td>HT - Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)</td>
<td>90</td>
<td>92.8</td>
<td>88.6</td>
<td>92.9</td>
<td>91.1</td>
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<td>Breast</td>
<td>MASTRT - Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with &gt;= 4 positive regional lymph nodes (Accountability)</td>
<td>90</td>
<td>90.8</td>
<td>87.7</td>
<td>90.5</td>
<td>92.1</td>
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<td>Breast</td>
<td>BCSRRT - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)</td>
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<td>92.8</td>
<td>90.2</td>
<td>92.6</td>
<td>91.3</td>
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<td>Breast</td>
<td>MAC - Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)</td>
<td>Not Applicable</td>
<td>92.8</td>
<td>91.2</td>
<td>91.9</td>
<td>91.5</td>
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<td>Colon</td>
<td>ACT - Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability)</td>
<td>Not Applicable</td>
<td>90.4</td>
<td>84.2</td>
<td>89.6</td>
<td>90.7</td>
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<td>Colon</td>
<td>12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)</td>
<td>85</td>
<td>90.1</td>
<td>88.8</td>
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<td>85</td>
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<td>Rectum</td>
<td>RECRTCT - Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)</td>
<td>85</td>
<td>87.3</td>
<td>82.5</td>
<td>87.7</td>
<td>88.5</td>
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<tr>
<td>Site</td>
<td>Measure</td>
<td>CoC Benchmark Compliance Percentage Rate</td>
<td>National Percentage</td>
<td>Florida Percentage</td>
<td>Same Type CoC Program (Academic Comprehensive Cancer Program) Percentage</td>
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<tr>
<td>Gastric</td>
<td>GISRLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)</td>
<td>85%</td>
<td>55.3</td>
<td>43.1</td>
<td>63.1</td>
<td>33.3</td>
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<td>Lung</td>
<td>10RLN - At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)</td>
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<td>41</td>
<td>35</td>
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<td>52.4</td>
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<tr>
<td>Lung</td>
<td>LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)</td>
<td>85%</td>
<td>92.6</td>
<td>90</td>
<td>92.5</td>
<td>93.9</td>
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<td>Lung</td>
<td>LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)</td>
<td>85%</td>
<td>92.1</td>
<td>89.8</td>
<td>92.7</td>
<td>88.5</td>
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<td>Cervix</td>
<td>CERRT - Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)</td>
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<td>87</td>
<td>79.5</td>
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<td>92.5</td>
<td>89</td>
<td>92</td>
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<td>Cervix</td>
<td>CBRRT - Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)</td>
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<td>64.3</td>
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<td>ENDCTRT - Chemotherapy and/or radiation administered to patients with Stage IICC or IV Endometrial cancer (Surveillance)</td>
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<td>76.1</td>
<td>82.9</td>
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<td>ENDLRC - Endoscopic, laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)</td>
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<td>74.5</td>
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<td>OVSAL - Salpingo-oophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic exenteration in Stages I–IIIC Ovarian cancer (Surveillance)</td>
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Center for Interventional Endoscopy

Robert Hawes, MD
Medical Director
Institute for Minimally Invasive Therapy

Shyam Varadarajulu, MD
Medical Director
Center for Interventional Endoscopy

The Center for Interventional Endoscopy (CIE) at Florida Hospital was instituted in 2012 as a state of the art unit integrating therapeutic endoscopy with minimally invasive surgery to provide the highest quality of care for patients with complex digestive diseases.

CIE retained its status in 2015 as the number one center in Florida by volume - performing 6216 complex endoscopic procedures. Our endoscopic ultrasound (EUS) unit remained the largest volume center in the United States for the second consecutive year performing 2753 procedures. Our procedural volume was matched only by the number of clinical trials and publications which originated from CIE. Our faculty published 55 peer-reviewed manuscripts while 24 abstracts were accepted for presentation at Digestive Disease Week (DDW) 2016. Given our large procedural volume, as evident from the DDW presentations, our clinical trials are mostly prospective, single center and very often randomized in design. The research program at CIE is robustly vibrant with 10 ongoing randomized trials and 6 prospective clinical trials. Endosonography, a textbook which was edited by the CIE faculty, was awarded the British Medical Association’s first prize for excellence in postgraduate medical education.

We look forward to CIE’s continued growth in the upcoming years by fulfilling its mission of providing world class clinical care, conducting cutting-edge clinical research and training the next generation of endoscopists and minimally invasive surgeons.

Patient Referrals

- Total Number of Patients: 5,409
- Total Florida Patients: 5,255
- Tri-County: 2,467
- Non Tri-County: 2,942
- Out-of-State Patients: 143
- International Patients: 11
- Jamaica, Virgin Islands, Canada, Grand Cayman, Uruguay, Puerto Rico, United Kingdom, Trinidad
- 39 states

*Purple states represent patient referrals

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com. | 2015 Outcomes and Information
## Status Of Active Clinical Trials

<table>
<thead>
<tr>
<th>Name Of The Trail</th>
<th>Sponsor</th>
<th>Design</th>
<th>Enrollment Goal</th>
<th>Current Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimally Invasive Surgery vs. Endoscopy Randomized (MISER) Trial for Symptomatic Walled-Off Pancreatic Necrosis</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>102</td>
<td>42</td>
</tr>
<tr>
<td>Stent vs. Indomethacin Randomized (NIH) Trial for Preventing Post-ERCP Pancreatitis</td>
<td>Grant Sub-Award</td>
<td>Randomized</td>
<td>144</td>
<td>0</td>
</tr>
<tr>
<td>Comparison of On-Site versus Off-Site Evaluation of Cholangioscopy-Guided Biopsies of the Bile Duct</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>66</td>
<td>19 FH</td>
</tr>
<tr>
<td>Multicenter Randomized Trial Comparing Covered Metal and Plastic Stents for Preoperative Biliary Decompression in Pancreatic Cancer</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>114</td>
<td>73 (UAB and FH)</td>
</tr>
<tr>
<td>Randomized Trial comparing Fully Covered, Self-Expanding Metal Stent (FCSEMS) and Plastic Stents for EUS-guided Drainage of Walled-off Necrosis (WON)</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td>Randomized Trial Comparing 22 and 25 G Needles for Pancreatic Mass FNA</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>352</td>
<td>352 (Complete)</td>
</tr>
<tr>
<td>Prophylactic Octreotide to Prevent Post Duodenal EMR and Ampullectomy Bleeding</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>124</td>
<td>31</td>
</tr>
<tr>
<td>Safety of Endoscopic Resection of Large Colorectal Polyps: A Randomized Trial</td>
<td>VA Medical Center</td>
<td>Randomized</td>
<td>&gt;20</td>
<td>16</td>
</tr>
<tr>
<td>Randomized trial comparing Captiva- tor tissue cassettes vs. no cassettes for endoscopic mucosal resection (EMR) in esophageal carcinoma</td>
<td>Florida Hospital</td>
<td>Randomized</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Lipidomics, Proteomics, Micro RNAs and Volatile Organic Compounds Biomarkers in Bile and Serum in the Diagnosis of Malignant Biliary Strictures</td>
<td>Florida Hospital</td>
<td>Prospective</td>
<td>500</td>
<td>78</td>
</tr>
<tr>
<td>Volumetric Laser Endomicroscopy Signal Heterogeneity Analysis in the Evaluation of Patients with Biliary Strictures-A Pilot Ex-Vivo Study</td>
<td>Florida Hospital</td>
<td>Pilot Ex-Vivo</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>

### Cancer Related Endoscopic Procedures

- **Cancer** 39.3%
- **Non-Cancer** 60.7%

**EUS**
- Total Procedures — 2,753
- **Cancer** 16%
- **Non-Cancer** 84%

**ERCP**
- Total Procedures — 1,203
Oncology Clinical Performance Improvement

Accreditation Awards

FHCI holds multiple accreditations that recognize its high quality of patient care and best practices. The Institute is accredited by the American College of Surgeons’ Commission on Cancer program as an Academic Comprehensive Cancer Program. The Radiation Oncology Program is accredited by the American College of Radiology. The Breast Program is accredited by the National Accreditation Program for Breast Centers (NAPBC). Two of FHCI’s Medical Oncology practices are certified by the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI).

At FHCI, quality care refers to the entirety of a patient’s experience. The core mission of our Quality Improvement Initiative is to continuously improve research, training and patient care. We achieve this with a comprehensive review and evaluation process. Members of our Quality Improvement team use data to analyze, assess and improve the structure, function and outcomes of the entire system. The Quality Improvement team, along with tumor-site leadership, use the data to set goals, measure performance, and analyze patient outcomes to improve care.

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Quality Oncology Practice Initiative Accreditation Standards
Overall Quality Measures Score

For the fourth consecutive year, FHCI Medical Oncology reached national accreditation standards adopted from American Society of Clinical Oncology-Quality Oncology Practice Initiative, and achieved program certification for the second time.

Data collected from 2013-2015
Source: FHCI Quality Improvement
Quality Oncology Practice Initiative
Breast Cancer Treatment Compared with QOPI Standards
Cases diagnosed in 2015
FHCI continued to meet or exceed national benchmarks set for quality breast cancer treatment, performing well above the standard for assessment of both pain and emotional well-being.

![Graph showing 2015 and National Benchmark comparison for different breast cancer treatment indicators.](image)

*Source: FHCI Quality Improvement*

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Quality Oncology Practice Initiative
Colorectal Cancer Treatment Compared with QOPI Standards

Cases diagnosed in 2015

Source: FHCI Quality Improvement
Quality Oncology Practice Initiative
Non-Small Cell Lung Cancer Treatment
Compared with QOPI Standards

Cases diagnosed in 2015

<table>
<thead>
<tr>
<th>2015</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>41%</td>
</tr>
<tr>
<td>100%</td>
<td>94%</td>
</tr>
</tbody>
</table>

NSCLC 81: Adjuvant cisplatin-based chemotherapy received within 60 days after curative resection by patients with AJCC stage II or IIIA NSCLC

NSCLC 85: Platinum doublet first-line chemotherapy or EGFR-TKI (or other targeted therapy with documented DNA mutation) received by patients with initial AJCC stage IV or distant metastatic NSCLC with performance status of 0-1 without prior history of chemotherapy

Source: FHCI Quality Improvement

Focus Study

The Quality Improvement team has continued to conduct all quality studies according to the standards of the American College of Surgeons’ (ACoS) Commission on Cancer (CoC) program, American Society Clinical Oncology’s (ASCO) Quality Oncology Practice Initiative (QOPI), National Accreditation Program for Breast Centers (NAPBC) and American College of Radiology (ACR). In addition, the Quality Improvement team launched focus studies in 2011 to improve patient care, comparing its performance with national standards and evidence-based practice guidelines. Cancer sites addressed by the focus studies included pancreas and bladder. Annual monitoring provides a reference for progress.
Pancreatic Cancer Focus Study
Surgical Treatment
FHCI Compared with National Standards
Cases diagnosed in 2012-2013
FHCI surpassed national benchmarks for pancreatic cancer treatment, including shorter operating-room times and higher survival rates.

<table>
<thead>
<tr>
<th>Pancreatic Surgical Measures</th>
<th>FHCI 2013</th>
<th>FHCI 2012</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum OR Time (mins)</td>
<td>535</td>
<td>501</td>
<td>≤600 mins</td>
</tr>
<tr>
<td>Estimate Blood loss (median, mL)</td>
<td>500</td>
<td>450</td>
<td>≤1000 mL</td>
</tr>
<tr>
<td>Transfusion (% pt)</td>
<td>19%</td>
<td>36%</td>
<td>≤45%</td>
</tr>
<tr>
<td>Lymph node resected and examined (Mean, LN)</td>
<td>14</td>
<td>14</td>
<td>≥10</td>
</tr>
<tr>
<td>≥10 Lymph node resected and examined (% pt)</td>
<td>81%</td>
<td>75%</td>
<td>50%</td>
</tr>
<tr>
<td>Margins Microscopically involved (% pt)</td>
<td>22%</td>
<td>10%</td>
<td>≤20%</td>
</tr>
<tr>
<td>Margins Macroscopically involved (% pt)</td>
<td>0%</td>
<td>5%</td>
<td>≤8%</td>
</tr>
<tr>
<td>Stay (median, days)</td>
<td>14</td>
<td>18</td>
<td>≤(9-21)</td>
</tr>
<tr>
<td>30 Days re-admission (% pt)</td>
<td>31%</td>
<td>23%</td>
<td>≤ (23%-33%)</td>
</tr>
<tr>
<td>30 days mortality (% pt)</td>
<td>0%</td>
<td>8%</td>
<td>≤2%</td>
</tr>
<tr>
<td>1 year survival rate (% pt)</td>
<td>36%</td>
<td>30%</td>
<td>≥28%</td>
</tr>
</tbody>
</table>

Source: FHCI Quality Improvement

Bladder Cancer Focus Study
Surgical Treatment
FHCI Compared with National Standards
Cases diagnosed in 2013
Patients undergoing radical cystectomy at FHCI spent significantly less time in surgery – ranging from approximately one-half to 2 1/2 hours less than the national standard, depending on the surgical procedure. Their lengths of stay also were shorter than the national standard.

<table>
<thead>
<tr>
<th>Bladder Measures</th>
<th>FHCI 2013</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range OR Time (mins)</td>
<td>70-502</td>
<td>≤110-598 mins</td>
</tr>
<tr>
<td>Median EBL (mL)</td>
<td>400</td>
<td>≤500 mL</td>
</tr>
<tr>
<td>Range LOS (days)</td>
<td>3-19</td>
<td>≤4-48 days</td>
</tr>
</tbody>
</table>

Source: FHCI Quality Improvement
Tumor Boards
A total of 2,047 cases were presented at 311 Tumor Boards in 2015, and 99 percent were prospective. Most Tumor Boards (239) were available through video conference at multiple satellite locations. All tumor boards are available for video conference upon request.

Journal Clubs
Two Head and Neck Journal Club programs were held with co-moderators Henry Ho, MD, and Lee Zehngebot, MD, in the spring and fall of 2015. Three Urology Journal Club programs were held with co-moderators Vipul Patel, MD; Jeffrey Brady, MD, and Inoel Rivera, MD.

Best of ASCO® Annual Meeting
The FHCI’s Best of ASCO® 2015 Annual Meeting is a two-day program licensed by the American Society of Clinical Oncology (ASCO)®. Program directors: Tarek Mekhail, MD; Louis H. Barr, MD; and Matthew Biagioli, MD. Invited faculty speakers: Ronald Alvarez, MD, University of Alabama; Robert Cerfolio, MD, University of Alabama; Toni Choueiri, MD, Dana-Faber Cancer Institute; Cristina Gasparetto, MD, Duke University Medical Center; Alex Grothey, MD, Memorial Sloan-Kettering Cancer Center; Steven Horwitz, MD, Memorial Sloan-Kettering Cancer Center; Jaroslaw Maciejewski, MD, Cleveland Clinic; Halle Moore, MD, Cleveland Clinic Foundation; Derek Raghavan, MD, University of North Carolina School of Medicine; Stephen Sener, MD, University of Southern California; Mark Socinski, MD, University of Pittsburgh; Everett Vokes, MD, University of Chicago Medical Center. Faculty speakers from FHCI – Lee Zehngebot, MD; June 2015, Orlando.

Other CME Events

**Colorectal Cancer:** Moderator - Ahmed Zakari, MD
“How Should We Manage Metastatic Colorectal Cancer with Upcoming Molecular Characterization and Gene Profiling?” with Cathy Eng, MD (professor; associate medical director, Colorectal Cancer director, Network Clinical Research; GI Medical Oncology, University of Texas MD Anderson Cancer Center Department of Gastrointestinal Medical Oncology); April 2015, Orlando.

Case presentations reviewed by Florida Hospital Cancer Institute’s panel of experts: Ahmed Zakari, MD; Matthew Albert, MD; Sam Atallah, MD; Jeremy Burt, MD; L. Thomas Chin, MD; Sebastian de la Fuente, MD, and Ravi Shridhar, MD, PhD.

**PCP Prostate CME Program:** Moderator - Vipul Patel, MD
“Urology Update: What Primary Care Physicians Need to Know,” with Florida Hospital Cancer Institute faculty Vincent Alfieri, MD; Carlos Alemany, MD; Steven Attermann, DO; Zamip Patel, MD; Inoel Rivera, MD and Jordan Steinberg, MD; May 2015, Orlando. “Stump the Professor,” panel discussion with Florida Hospital Cancer Institute experts Vincent Alfieri, MD; Steven Attermann, DO; Stephen Dobkin, MD; Darian Kameh, MD; David Robinson, MD and Kunal Saigal, MD; May 2015, Orlando.

**Pancreatic Cancer:** Moderator - Vipul Patel, MD
“Advanced Prostate Cancer,” with keynote speaker Jorge Garcia, MD, Departments of Solid Tumor Oncology and Urology, Cleveland Clinic Taussig Cancer Institute, Cleveland Clinic Glickman Urological & Kidney Institute, Assistant Professor of Medicine, Lerner College of Medicine. Florida Hospital Cancer Institute’s Faculty: “Urologic Oncology Guidelines and Clinical Trials,” Inoel Rivera, MD. “Management of High Risk Patients,” Vipul Patel, MD; Nov. 2015, Orlando.
2015 Highlights

- 18 oncology-certified nurses (adult).
- 141 nurses certified through FHCI Chemotherapy Workshop for Oncology Nurses and through annual recertification (adult).
- 441 nurses attended the FHCI’s Oncology Nursing Conference.
- 102 nurses attended a total of seven sessions of FHCI Chemotherapy Workshop for Oncology Nurses.
- A 90-minute annual recertification class was held 25 times at seven campuses.
- 3 certified pediatric oncology nurses.
- 29 certified pediatric nurses.
- 35 nurses completed the National Pediatric Chemotherapy and Biotherapy Provider Course.

Oncology Inpatient Discharges

by Campus

<table>
<thead>
<tr>
<th>Campus</th>
<th>Oncology Inpatient Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Orlando</td>
<td>4,214</td>
</tr>
<tr>
<td>Florida Hospital Altamonte</td>
<td>955</td>
</tr>
<tr>
<td>Florida Hospital Apopka</td>
<td>23</td>
</tr>
<tr>
<td>Florida Hospital East Orlando</td>
<td>425</td>
</tr>
<tr>
<td>Florida Hospital Winter Park</td>
<td>561</td>
</tr>
<tr>
<td>Florida Hospital Kissimmee</td>
<td>173</td>
</tr>
<tr>
<td>Florida Hospital Celebration</td>
<td>1,439</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,790</strong></td>
</tr>
</tbody>
</table>

Source: Florida Hospital Research

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Cancer Resource Libraries

The Cancer Resource Libraries offer free access to an extensive collection of publications about cancer, as well as an interactive cancer education that uses touch-screen computers. In 2015, the Cancer Resource Libraries distributed nearly 70,000 publications in support of patient education and participated in 27 community outreach events. The Libraries are staffed by community volunteers.

Black Men’s Health and Wellness Expo

Men from throughout the community attended this event in 2015 to learn about prostate cancer and prostate disorders. More than 40 men took advantage of free prostate cancer screenings.

Head and Neck Cancer Awareness Week

In April, the Head and Neck Program again participated in the national Head and Neck Cancer Awareness Week to raise awareness and offer risk assessments.

Pink Army

FHCI’s Pink Army, a unified outreach effort to end breast cancer, continued to grow and expand its efforts in 2015 by engaging in about 60 community events to raise awareness and encourage mammogram screenings. Pink on Parade, a walk and 5K race held annually at Celebration, raised more than $100,000 in its three-year history (2013 – 2015).

Pink Army Events by Month

The vast majority of 2015 events supported by FHCI occurred September – December. Breast Cancer Awareness Month has clearly been successful in demonstrating the importance and benefits of prevention and early detection.

<table>
<thead>
<tr>
<th>Months</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>18</td>
</tr>
<tr>
<td>October</td>
<td>38</td>
</tr>
<tr>
<td>November</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
</tr>
</tbody>
</table>

Source: Florida Hospital Marketing
Community Partnerships and Events

FHCI supported and participated in several community health events through key partnerships:

- American Lung Association’s Cars for the Cure
- American Lung Association’s Lung Force Run/Walk
- American Lung Association’s Lung Expo
- Annual Making Strides Against Breast Cancer 5k
- ASH Convention
- Best in Care Lecture - Esophageal Cancer
- Black Men’s Health Expo
- Bone Marrow Transplant Survivor’s Reunion
- Casselberry Jazzercise
- City of Orlando Wellness Expo
- City of Orlando Women’s Wellness
- Colorectal Awareness - Mt. Pleasant Missionary Baptist Church
- Darden Esophageal & Colorectal Cancer Lecture
- Dr. Nassif Colorectal Cancer Lecture
- Moroccan Chamber Mobile Mammo Event
- Florida Hospital East Orlando Radiation Oncology Open House
- Fight for Air Climb Employee Tables
- Fox 35 House Calls - Ovarian Cancer
- Get Your Rear in Gear Colorectal Cancer Run
- Head and Neck Risk Assessment
- Head and Neck Awareness - Mt. Pleasant Missionary Baptist Church
- Hilton Grand Vacations Parc Soleil Health Fair
- Hockey Fights Cancer Event - Solar Bears Game
- Knocking Out Breast Cancer While Laughing Out Loud
- Light the Night Walk
- Men & Women’s Health Fair
- Men’s Wellness Summit
- Moroccan Chamber of Commerce Festival
- Orange County Men’s Health Summit
- Orange County Women’s Health Summit
- Ovarian Cancer Survivorship Course
- Siemen’s Health Fair
- Sisters Network
- PurpleStride Central Florida Leadership Breakfast
- PANCAN’s Purple Strides 5k - Pancreatic Cancer
- Prostate Cancer Orlando Magic Game
- Susan G. Komen Race for the Cure
- Tampa Bay Lightning Bolt Stache Game
- Turquoise Takeover Walk
- WESH 2 News Interview - Lung Cancer
- Women’s & Girls Cancer Alliance Mother’s Day Teal Ribbon Run 5K
- Women’s & Girls Cancer Alliance Teal Ribbon Breakfast
- Women’s & Girls Cancer Alliance Teal Magnolia Luncheon
- Women’s Health Expo
- Women’s Symposium

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About Florida Hospital Foundation

Florida Hospital is one of America’s largest, not-for-profit health care systems, providing exceptional health care. We create excellence through partnerships with thousands of people who give in different ways. Generosity has been part of our legacy since Florida Hospital was founded in 1908. Join us as we continue to dedicate ourselves to the great purpose of providing hope and healing for people in our community and beyond. We invite you to experience how Generosity Heals.

Community support helps strengthen oncology services at Florida Hospital Cancer Institute and ultimately supports Florida Hospital’s mission to provide the best patient care possible. In 2015, more than $4.5 million was raised for FHCI through Florida Hospital Foundation. These gifts were used to develop clinical and translational research initiatives and comprehensive oncology programs, as well as to help uninsured and underserved patients.

Through the support of generous donors and community partners, FHCI achieved notable successes in 2015. Their contributions allowed us to conduct innovative cancer research, offer support through our Cancer Resource Libraries, provide breast cancer care for uninsured and underserved patients, and facilitate image recovery through our Eden Spa.

GOOD NEWS!

- Breast Cancer Care Fund provided mammograms and diagnostic tests for 1,548 patients resulting in 13 cancer diagnoses.
  - 1,548 MAMMOGRAMS
  - 13 DIAGNOSES

- A total of 1,688 patients and their families were supported through assistance funds including 101 patients receiving Eden Spa products and services.

- The Levy Fund contributed $17,887.17 to remove barriers to treatment or continuing treatment for 27 patients.

DID YOU KNOW?

- In 2010, $124.57 billion was spent nationwide on cancer treatment.
- According to the American Cancer Society, 26,045 patients were treated at Florida Hospital Cancer Institute in 2015, more than any other hospital in the state.
- According to the National Cancer Institute, 1 in 8 women in the US will develop breast cancer in their lifetime.

THE CHALLENGE

WE CAN DO EVEN MORE WITH YOUR HELP!

With the generosity of our community, we can increase access to life-changing services including:

- Early detection and treatment
- Risk assessment and genetic counseling
- Translational research
- Clinical trials
- Community education and awareness
- Survivorship support
- Pediatric oncology patient and family assistance

GOOD NEWS!

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  - 1,548 MAMMOGRAMS
  - 13 DIAGNOSES

- A total of 1,688 patients and their families were supported through assistance funds including 101 patients receiving Eden Spa products and services.

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Philanthropy

Fundraising Accomplishments

- Total Raised = $4,501,487
- 140 Donors contributed $1,000 or more

2015 Funding Sources

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Oncology Inpatient Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Giving</td>
<td>$3,475,047</td>
</tr>
<tr>
<td>Major Gifts</td>
<td>$489,198</td>
</tr>
<tr>
<td>1908 Society (employee giving)</td>
<td>$200,782</td>
</tr>
<tr>
<td>Annual Fund</td>
<td>$142,611</td>
</tr>
<tr>
<td>Events</td>
<td>$144,768</td>
</tr>
<tr>
<td>Grants</td>
<td>$49,081</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,501,487</strong></td>
</tr>
</tbody>
</table>

Source: Florida Hospital Research

Fundraising Trend for FHCI: 2004-2015

Source: Florida Hospital Foundation

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Thank you to our generous donors!

Recognized for cumulative giving:

**PHILANTHROPIST**
Gift of $1,000,000 or more
Joyce M. Bates

**HUMANITARIAN**
Gift of $500,000 - $999,999
Walter J. and Augusta S. Levy
Richard and Lucille Verdu

**CENTURION**
Gift of $100,000 - $249,999
The FINFROCK Family of Companies
Dr. and Mrs. Ben and Margaret Guedes
Kids Beating Cancer Inc.
Runway To Hope and The NeJame Family

**LEADER**
Gift of $50,000 - $99,999
The Susan G. Komen Breast Cancer Foundation Inc.
Market Traders Institute Inc.

**INVESTOR**
Gift of $25,000 - $49,999
Tom and Colby Coletta
Track Shack of Orlando
Peter and Linnae Williams

**BENEFACTOR**
Gift of $10,000 - $24,999
4R Restaurant Group LLC
Dr. and Mrs. Juan Pablo Arnoletti
Comprehensive Energy Services Inc.
Eugene and Deborah Curcio
Deloitte Services LP
Disneyana Fan Club
Ingeborg Elzey
Stephen and Judith Flanagan
Gray|Robinson, PA
Dr. and Mrs. Rodney F. Holcomb
Anonymous
Todd and Shelly Morgan
Victor Oladipo
Petals of Hope Foundation
Phi Beta Psi Sorority
Race Time Foundation
Monica and Johnny Rivers Jr.
Roberts Family Fund
Rock Pink, Inc.
Patricia R. Salvatore

**PATRON**
Gift of $1,000 - $9,999
Absolute Thinking Inc.
The Rita and Jeffrey Adler Foundation
Adrenaline Media
Judith Allen
George and Anne Andrews
Dr. Thomas and Dr. Diane Andrews
Anthony and Jessica Aslanian
Beads for Beats Inc.
John and Suzanne Bigalke
Brixmor
Jason Brown
The Brumback Family

Edyth Bush Charitable Foundation
The CarMax Foundation
Dr. and Mrs. Bruce R. Grossman Jr.
Robert and Patricia Curren
Delta Delta Delta Alumni Association
Peter and Rebecca DeRosa
Doubletree by Hilton @ Sea World
Downtown College Park Partnership Inc.
Duke Energy Foundation
Richard and Elizabeth Dvorak
Earth Tech
Connie and Larry Everly Sr.
Fraternal Order of Eagles Aerie #3496
Gilbane Building Company - Florida Region
Edward and Connie Gilbert
William and April Gilligan
Give Hope Foundation Inc.
Heathrow Country Club
Helomics Corporation
Arlene K. Herrin
Hilton Grand Vacations Club
Hologic Inc.
Hotel Plaza Association Inc.
JLK Constructors Co. Inc.
Kavaliro Staffing Services
Kenney Communications Inc.
Ladybird Academy
Lake Mary Preparatory School
Bill and Janet Lambert
Sheryl Landrio
Richard Lapchick
Ms. Laurie J. Levin and Dr. Fred S. Wittenstein
Dr. Sally A. Litherland
Logogram Inc.
Lowndes, Drosdick, Doster, Kantor, & Reed, PA
Macy’s – Bloomingdale’s
Philanthropy

Jim and Betsy Mark
Katherine McGinnis
Dr. Sheila S. and Mr. Thomas C. McThenia
Mears Transportation Group
Maria and Paul Mears III
Mark and Lisa Moore
NinePoint Medical Inc.
John O’Hey
Mark and Pamela Oldham
One Blood
Orlando Volleyball Academy
Charles Perry Partners Inc.
Mr. Enzo Piras and Ms. Donna T. Stuts
April Poggione
Larry Ponce
Premiere Show Group
Procollinos Ristorante & Pizzeria
Walter Ptashnik
Anthony and Tamela Pupo
Benjamin E. and Mary L. Ramsey
Ron Jon Holdings Management Inc.
Rosen Shingle Creek Resort
Gary and Pamela Sain in memory of Jack Wooldridge
Dr. and Mrs. Sy J. Saliba
Sams Gas
Seminole County Fire Station #26
Sock It Dewatering
Elsa Spieler
Symantec Corp.
Sysco Food Services of Central Florida
University of Central Florida Foundation Inc.
Melissa Vosburg Inc.
Jeff and Susan Vosburg
Garry and Christine Welsh
Brandon Weltz
Westgate Resorts Foundation Inc.
Leslie Whalley
Women’s & Girls’ Cancer Alliance
Dr. Jennie Yoon and Mr. Larry Buchanan
Jazlyn A. Zombo

Your Legacy

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