2018 Florida Hospital Cancer Institute Annual Report

Contents

Florida Hospital Cancer Institute Facts
Overview from Executive Director
Cancer Treatment Programs
  Blood and Marrow Transplant
  Brain and Spine Oncology
  Breast Oncology
  GI/Colorectal Oncology
  Upper GI/Gastric/Pancreatic and Hepatobiliary Oncology
  Gynecologic Oncology
  Head and Neck Oncology
  Pediatric Oncology
  Radiation Oncology
  Thoracic Cancer Program
  Urologic Oncology
Cancer Rehabilitation
Research
Clinical Research
Translational Research
Cancer Registry Data
FHCI Cancer Program Practice Profile Reports
Center for Interventional Endoscopy
Oncology Clinical Performance Improvement
Continuing Medical Education
Oncology Nursing
Patient Support and Community Outreach
Community Partnerships and Events
Philanthropy

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Leadership

The Florida Hospital Cancer Institute (FHCI), soon to be AdventHealth Cancer Institute, is proud to present our 2018 Annual Outcomes Report, including 2017 activities and Cancer Registry data.

VISION STATEMENT

To achieve national recognition as a cancer institute that provides patient access to value-based, personalized care through highly specialized, comprehensive, and innovative destination programs.

Dear Colleagues and Community Members:

Florida Hospital Cancer Institute continues to build an extraordinary team of internationally and nationally known physicians who work across multiple programs in order to deliver exemplary care to all patients. We treat each patient individually, providing comprehensive care consisting of leading-edge treatments and therapies for both body and soul.

Our team is proud of its efforts, which have continually boosted five-year survival rates, exceeding most measured outcomes of nine national cancer registries. For many tumor sites, survival rates were significantly higher at FHCI.

Our institute is fast becoming a world-class oncology diagnostic and treatment center, and I am pleased to share the year’s achievements and outcomes, including:

- Dr. Vipul Patel, a globally renowned pioneer of robotic surgeries, performed his 10,000th robotic prostatectomy case via worldwide live stream in February 2017 from the Nicholson Center.

- Dr. J. Scott Magnuson of the Head and Neck Cancer program became the first physician in the world to use the da Vinci® SP™ Surgical System. Dr. Magnuson was the principal investigator in a study that used the system in TORS procedures for resection of malignant tumors.
• Our Center for Interventional Endoscopy continues to be the largest volume EUS unit in North American and was the fourth-largest program globally. In 2017, the center’s Endoscopic Retrograde Cholangiopancreatography (ERCP) volume exceeded 1,638, and more than 600 endoscopic mucosal resection procedures were performed.

• Our Research program collaborated with such partners as the Moffitt Cancer Center, the American Society of Colon and Rectal Surgeons, and Duke University Medical Center on leading-edge studies, evaluating such things as groundbreaking immunotherapies and innovative surgical robotics.

• Through the generous support of donors and community partners, our Integrative and Creative Arts Therapies Program now has its own space on the Orlando campus where it holds monthly creative art support group sessions and offers complimentary individual sessions for oncology patients. Donors also made it possible for 3,000 cancer patients to receive vital financial assistance, and 2,660 women received scholarships for screening mammograms and diagnostic testing to detect breast cancer.

As the Florida Hospital system moves forward to take a new name – AdventHealth – in January 2019, know that we at FHCI remain dedicated to both the care of our patients and the pursuit of new treatments that will brighten the outlook for all.

Thank you for allowing us to serve you as we deliver the best in compassionate, comprehensive cancer care.

Warmly,

Mark A. Socinski, MD
Executive Medical Director
Florida Hospital Cancer Institute
Member, Thoracic Oncology Program

BLOOD AND MARROW TRANSPLANT

Steven Goldstein, MD
Medical Director, Blood and Marrow Transplant Center

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
The Blood and Marrow Transplant Center (BMTC) is Central Florida’s first and only comprehensive blood and marrow transplant center for adults. BMTC offers:

- Autologous transplants (a patient’s own stem cells are used)
- Allogeneic transplants (a donor provides stem cells) from:
  - unrelated donors
  - matched sibling donors
  - haploidentical donors (half-matched donors within the family when no full match is available)
  - umbilical cord blood stem cells
- Pre-transplantation evaluations
- Peripheral blood stem cell collections/apheresis
- Bone marrow collections
- Comprehensive post-transplant care, including evaluation and management of acute and chronic graft vs. host disease (GvHD)
- ECP treatment (Extracorporeal Photopheresis, used for GvHD and cutaneous T-cell lymphoma)

The program is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and the National Marrow Donor Program (NMDP). It participates in Blood and Marrow Transplant Clinical Trials Network (BMT-CTN).

2017 Highlights

- Performed 108 stem cell transplants.
- Continues to hold every Center of Excellence designation available for blood and marrow transplant.
- Achieved excellent survival results that met or exceeded the national average for the last several years.
- Introduced several poster presentations at international transplant meetings by BMTC team.
- Opened three new clinical research trials for the prevention and treatment of acute and chronic GvHD.
Publications


BRAIN AND SPINE ONCOLOGY

Herbert B. Newton, MD, FAAN
Medical Director, Brain and Spine Tumor Program
Florida Hospital Cancer Institute
Professor of Neurology and Neurosurgery (Retired)
Ohio State University Medical Center & James Cancer Institute

Melvin Field, MD
Surgical Director, Brain and Spine Tumor Program
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.

Among the advanced treatments used in the Brain and Spine Program is the Leksell Gamma Knife® Perfexion radiosurgery system. The non-invasive outpatient procedure is used to treat malignant and benign brain tumors while leaving surrounding tissue intact. The Florida Hospital Gamma Knife Center is the first and only facility of its kind in Central Florida to offer Gamma Knife radiosurgery. It has treated thousands of patients with a multitude of different brain lesions since opening in 1996.

2017 Highlights

- In the fall of 2017 the Neuro-Oncology Center Clinic added a second neuro-oncologist, Dr. Sherif Makar. Dr. Makar is a Central Florida native, and attended Medical School and Neurology Residency training in Florida, followed by a Neuro-Oncology Fellowship at the prestigious Stanford University Medical Center in California.

- In 2017, the Neuro-Oncology Center cared for more than 1,500 patients with brain and spine cancers. The center treated 204 new patients, provided continuing care to 1,202 patients, and cared for more than 100 patients receiving chemotherapy with oral, intravenous, and intrathecal drugs.

Lectures and Presentations

Dr. Herbert Newton: Headaches and Brain Tumors, Florida Hospital Headache Symposium, Orlando; Jan. 27, 2017.


Dr. Herbert Newton: Neurofibromatosis Type 1: Clinical overview and updates on molecular approaches to chemotherapy, FHCI Pediatric Neuro-Oncology Annual Neurofibromatosis Symposium, Orlando; Dec. 2, 2017.

Dr. Herbert Newton: Neuro-Oncology Update: Neuropathology, Optune and Immune Checkpoint Pathways, Neuro-Oncology Update FHCI, Orlando; Dec. 6, 2017.

**Book Chapters**


**Recognitions**


**Research Grants**

Moats RA, Newton HB. Integrative and Creative Arts Therapy Program, Florida Hospital Cancer Institute, pilot program housed in the Neuro-Oncology Center; three years funded: $202,122.50, $220,639.90 and $226,273.40, respectively; February 2017-February 2020.

**Active Trials and Studies**

RTOG 3508/AbbVie M13-813, a trial for newly diagnosed glioblastoma patients who are epidermal growth factor receptor (EGFR) positive. The trial consists of radiation therapy, oral chemotherapy and an antibody drug conjugate (IV infusion). Three patients enrolled.

NRG-BN003, a study for newly diagnosed gross totally resected WHO grade II meningioma patients who have just had their brain tumors completely removed. The trial is comparing observation after surgery vs radiation therapy after surgery.
Brain and Spine Cancer Cases
Five-Year Survival
Cases Diagnosed 2007-2013

More than 73 percent of FHCI patients had survival rates of five years – significantly higher than the national survival rate of less than 35 percent.

**Brain and Spine-Five_year_Survival**

![Bar chart showing survival rates for Brain and Spine cases]

**FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)**

Source: FHCI Cancer Registry, SEER.gov CanQues

**BREAST ONCOLOGY**

Carlos Alemany, MD
Co-Medical Director, Florida Hospital Cancer Institute

Louis Barr, MD
Chair, Breast Program Leadership

Lisa Minton, MD

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Olga Ivanov, MD  
Martin Dietrich, MD  
Amber Orman, MD

As a leader in breast cancer treatment, FHCI employs a wide range of therapies, including surgery, radiation therapy, chemotherapy, hormonal therapy and targeted therapy. Our multidisciplinary approach provides comprehensive care that enables patients to coordinate appointments with different specialists within the same day and promptly receive coordinated treatment recommendations. Breast cancer care coordinators assist patients through every step of their treatments and offer moral support. After-care and support help 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.

Publications


Abstracts


**Breast Cancer Cases**

*Age at Diagnosis by Gender*

In 2017, 27 percent of women diagnosed with breast cancer were from 60 to 69 years old. Almost 90 percent of women were diagnosed between the ages of 40 and 79.
At FHCI, 1,173 new cases of breast cancer were diagnosed or treated in 2017. Nearly 75 percent of them were identified in early stages (0, I, II), demonstrating the continued effectiveness of building awareness through early screenings.

*Source: FHCI Cancer Registry*

**Breast Cancer Cases**

*Stage at Diagnosis by Gender*

At FHCI, 1,173 new cases of breast cancer were diagnosed or treated in 2017. Nearly 75 percent of them were identified in early stages (0, I, II), demonstrating the continued effectiveness of building awareness through early screenings.
Lumpectomy was the first course of treatment for 47 percent of breast cancer patients in 2017, followed by mastectomy for 36 percent of cases.

Source: FHCI Cancer Registry

First-course Surgery Type
By Stage at Diagnosis
## Cancer Directed Surgery

<table>
<thead>
<tr>
<th>Cancer Directed Surgery</th>
<th>0 Number</th>
<th>1,1A,1B Number</th>
<th>2,2A,2B Number</th>
<th>3,3A,3B,3C Number</th>
<th>4 Number</th>
<th>99 Number</th>
<th>All Others Number</th>
<th>Total Values Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO Surgery</td>
<td>11</td>
<td>30</td>
<td>50</td>
<td>16</td>
<td>59</td>
<td>33</td>
<td>2</td>
<td>201</td>
</tr>
<tr>
<td>LUMPECTOMY</td>
<td>119</td>
<td>258</td>
<td>105</td>
<td>8</td>
<td>3</td>
<td>49</td>
<td>5</td>
<td>547</td>
</tr>
<tr>
<td>MASTECTOMY</td>
<td>60</td>
<td>123</td>
<td>117</td>
<td>53</td>
<td>5</td>
<td>52</td>
<td>9</td>
<td>419</td>
</tr>
<tr>
<td>SURGERY, Not Otherwise Specified</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td><strong>Overall Totals</strong></td>
<td>190</td>
<td>411</td>
<td>272</td>
<td>78</td>
<td>68</td>
<td>138</td>
<td>16</td>
<td>1173</td>
</tr>
</tbody>
</table>

*Source: FHCI Cancer Registry*

## Breast Cancer Five-year Survival

*Cases Diagnosed 2008-2014*

The five-year survival rate for breast cancer patients treated at FHCI compared favorably to national data.

*FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)*

*Source: FHCI Cancer Registry, SEER.gov CanQues*
GI / COLORECTAL ONCOLOGY

John R. T. Monson, MD, FRCS, FASCRS, FACS
Executive Director Colorectal Surgery, Florida Hospital System
Center for Colon and Rectal Surgery, Florida Hospital Medical Group
Clinical Director Surgical Health Outcomes Consortium (SHOC)
Professor of Surgery, University of Central Florida, College of Medicine
Director, NAPRC Accredited Rectal Cancer Program

Ahmed Zakari, MD
Medical Director, Gastrointestinal Cancer Program
Florida Hospital Cancer Institute
Section Chair of Hematology, Florida Hospital
Associate Professor, University of Central Florida College of Medicine

FHCI offers the largest comprehensive colorectal cancer program in Florida. For patients with colon or rectal cancer, our program is in the top 2 percent of programs nationally by volume of patients treated annually. A number of dedicated colorectal surgeons provide the highest quality care at a range of campus sites under a single program ensuring a consistency of patient care, regardless of location. Faculty within the group are key national and international leaders within the field of colorectal surgery. They have developed novel technologies and surgical and other treatment options that are not available anywhere else within Florida. A unique and dedicated multi-disciplinary team of true specialists provide personalized care for patients on an individualized basis.

Our doctors have presented lectures and teaching courses around the United States as well as more than a dozen countries internationally in the last 12 months alone. They have also published a range of key research papers on the latest techniques in patient care that have received much publicity in the international media.

November 2017, we held the inaugural Orlando Colorectal Congress meeting over a 3-day period featuring didactic sessions with CME, international guest lecturers, as well as live surgery and cadaveric labs for demonstrating advanced techniques including robotic-assisted procedures and transanal total mesorectal excision (taTME). It was attended by 100 surgeons from around the world.

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Highlights

- Dr John Monson was an invited speaker at the annual ASCRS in Seattle, Washington speaking on taTME vs. lapTME: Best Evidence & Trial Updates. He also delivered a keynote lecture at the annual ACS in San Diego, California titled Evaluating the Current Status of Rectal Cancer Care in the US: Where We Stand at the Start of the Commission on Cancer’s National Accreditation Program for Rectal Cancer.

- Dr. Matthew Albert was a visiting professor at Al Hamad Hospital, Doha, Qatar delivering specific talks on TAMIS and The Evolution to Transanal TME. He also presented on the pitfalls and complications associated with performing TaTME at the Digestive Disease Week at the Jagelman Colorectal Congress; Fort Lauderdale, Florida. He also chaired the teaching course on TaTME at the IRCAD Course for Transanal and Laparoscopic Colorectal Surgery in Brazil. He was also an invited lecturer to the Chinese Congress Surgery; Beijing, China speaking on TAMIS and the Evolution to TaTME.

- Dr Teresa deBeche-Adams was a visiting professor at the Midwest Colorectal Society Annual Meeting in Big Sky, Montana delivering a keynote talk on TaTME. She also was involved in delivering hands-on teaching in robotics in both Germany and Italy.

- Dr George Nassif continued his national and international expertise in Enhanced Recovery after Surgery programs giving lectures in Alabama, at ASCRS in Seattle and Chonging in China.

- Dr Justin Kelly gave instruction on the bi-monthly TaTME cadaveric program at the Nicholson Center in Florida Hospital, educating numerous visiting surgeons on the details concerning TaTME.

Publications


Teaching taTME

Transanal Total Mesorectal Excision (taTME) is a relatively new minimally invasive approach for rectal cancer surgery. To date, more than 100 surgeons from over 50 leading national and international centers have completed two-day training program led by surgeons in our group in the Nicholson Center at Florida Hospital Orlando. The operative course trains experienced surgeons in live surgery and cadaveric and didactic sessions using taTME.

Colorectal Cancer Cases

Age at Diagnosis by Gender

In 2017, male and female patients diagnosed at FHCI with colorectal cancer were most likely to be 60 to 69 years old, followed by ages 70 to 79.
Almost 26 percent of the 703 patients diagnosed with colon cancer at FHCI were in Stage III of the disease when it was found.

*Source: FHCI Cancer Registry*

### Colorectal Cancer Cases

*Stage at Diagnosis*

Almost 26 percent of the 703 patients diagnosed with colon cancer at FHCI were in Stage III of the disease when it was found.
### Colorectal Cancer Five-year Survival

**Cases Diagnosed 2008-2014**

The five-year survival rate for colorectal cancer patients treated at Florida Hospital compared favorably to national data.

#### Source: FHCI Cancer Registry

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total Cases</th>
<th>Stage (0)</th>
<th>Stage I (%)</th>
<th>Stage II (%)</th>
<th>Stage III (%)</th>
<th>Stage IV (%)</th>
<th>Unk (%)</th>
<th>N/A (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon</td>
<td>486</td>
<td>30%</td>
<td>6%</td>
<td>14%</td>
<td>17%</td>
<td>124%</td>
<td>89%</td>
<td>18%</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>48</td>
<td>7%</td>
<td>0%</td>
<td>25%</td>
<td>19%</td>
<td>14%</td>
<td>29%</td>
<td>6%</td>
</tr>
<tr>
<td>Rectum</td>
<td>169</td>
<td>24%</td>
<td>8%</td>
<td>37%</td>
<td>22%</td>
<td>26%</td>
<td>15%</td>
<td>44%</td>
</tr>
</tbody>
</table>

**Overall Totals**

- Colon: 486 cases (69% Stage 0, 6% Stage I, 14% Stage II, 17% Stage III, 124% Stage IV, 89% Unk, 18% N/A)
- Rectosigmoid Junction: 48 cases (7% Stage 0, 0% Stage I, 25% Stage II, 19% Stage III, 14% Stage IV, 29% Unk, 6% N/A)
- Rectum: 169 cases (24% Stage 0, 8% Stage I, 37% Stage II, 22% Stage III, 44% Stage IV, 17% Unk, 10% N/A)

**Source:** FHCI Cancer Registry, SEER.gov CanQues

**FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)**

**UPPER GI / GASTRIC**

**PANCREATIC AND HEPATOBILIARY ONCOLOGY**
Ahmed Zakari, MD  
Medical Director, Gastrointestinal Cancer Program  
Florida Hospital Cancer Institute  
Section Chair of Hematology, Florida Hospital  
Associate Professor, University of Central Florida College of Medicine

Juan Pablo Arnoletti, MD, FACS  
Chief of Surgical Oncology  
Chairman of the Gastrointestinal Cancer Leadership Committee  
Florida Hospital Cancer Institute  
Professor of Surgery, University of Central Florida College of Medicine

Thomas Chin, MD  
Ravi Shridhar, MD

FHCI offers a comprehensive array of treatments and therapies for pancreatic and hepatobiliary cancer, including state of the art surgical and endoscopic techniques, complex liver and pancreatic resections, clinical trials as well as stereotactic body radiation and radioembolization therapy for large or multiple tumors. With the latest endoscopic, minimally invasive and 3-D technologies, the Pancreatic and Hepatobiliary Oncology team produces more accurate early diagnoses and successfully treats a large patient population. We perform more pancreatic surgeries than any other medical center in central Florida and offer a wide array of cancer therapies for digestive tumors. We are actively involved in translational research studies seeking novel therapies and better treatment for patients with pancreatic cancer.

Our Pancreatic and Hepatobiliary Oncology Centers of Excellence offer a wide range of multi-disciplinary specialists who provide clinical expertise and patient-centered care for the diagnosis and treatment of the entire spectrum of benign, pre-malignant and malignant HPB and digestive neoplasms. FHCI’s comprehensive approach also helps patients manage the emotional, physical, and nutritional impact of cancer. FHCI is committed to education and treatment that improves the lives of our patients and their families.

Publications


Abstracts


Active Research Grants

SA Litherland, JP Arnoletti, Xainlin Han. Identification of altered lipids for early diagnosis of pancreatic cancer; to identify and characterize the Lipidomics profile unique to pancreatic cancer to find potential therapeutic targets and biomarker signatures for malignancy and tumor staging; Florida Hospital Foundation; September 2016-August 2017.

**Pancreatic Cancer Cases**

*Cases Diagnosed by Class and Gender*

Male patients made up to 55 percent of the 389 cases of pancreatic cancer diagnosed in 2017 at FHCI.

*Analytical patients have some or all of their first course of treatment at one or more of our FH Central Region - South facilities

Source: FHCI Cancer Registry

**Pancreatic Cancer Cases**

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
**AJCC Stage at Diagnosis**

Nearly 29 percent of the pancreatic cancer patients were diagnosed in stage I while almost as many were in stage IV at diagnosis.

![AJCC Stage at Diagnosis Chart]

*Source: FHCI Cancer Registry*

**Pancreatic Cancer Cases**

*Age at Diagnosis by Gender*

Fourteen percent of men and 13 percent of women were from 70 to 79 years old at diagnosis, while 11 percent of both men and women were ages 60 to 69.
Pancreatic Cancer Cases
Five-year Survival
Cases Diagnosed 2008-2014

Pancreatic five-year survival rates at FHCI were more than double those of national averages.

Source: FHCI Cancer Registry
FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)
Sources: FHCI Cancer Registry; SEER.gov CanQues

GYNECOLOGIC ONCOLOGY

Robert W. Holloway, MD, DHc, FACOG, FACS
Medical Director, Gynecologic Oncology Program
Florida Hospital Cancer Institute
Professor of Obstetrics & Gynecology, University of Central Florida
Clinical Professor of Obstetrics & Gynecology, Florida State University

James E. Kendrick, MD, FACOG
Director of Clinical Operations, Gynecologic Oncology Program
Florida Hospital Cancer Institute
Associate Professor of Obstetrics & Gynecology, University of Central Florida
Clinical Associate Professor of Obstetrics & Gynecology, Florida State University

Nathalie D. McKenzie, MD, MSPH, FASCO
Program Director, Gynecologic Oncology Fellowship
Florida Hospital Cancer Institute
Assistant Professor of Obstetrics & Gynecology, University of Central Florida
Clinical Assistant Professor of Obstetrics & Gynecology, Florida State University

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
The Florida Hospital Gynecologic Oncology (FHGO) Program at FHCI is internationally recognized for excellence in clinical research, innovation in robotic surgery and treatment, and novel collaborative laboratory investigations of translational research. Surgeons from around the world have attended Florida Hospital’s advanced robotic training courses and physician observations. FHGO’s seminal research publications, which focus on robotic surgery outcomes, are widely quoted in peer-reviewed scholarly literature. Patients have access to the most advanced oncologic therapies because of affiliations with the National Cancer Institute’s Gynecologic Oncology Group (GOG) / NRG* Oncology, several university research centers and industry-sponsored research consortiums that also change the treatment paradigms in gynecologic oncology.

Note: NRG Oncology brings together the unique and complementary research areas of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG).

2017 Highlights

- Florida Hospital has been ranked within the top 15 hospitals in the nation by the U.S. News & World Report for Gynecology during the past few years.

- Dr. Nathalie D. McKenzie joined the Gynecology Oncology practice as Attending Surgeon in June, and became Program Director of Gynecologic Oncology Fellowship in August.

- Data monitoring, analyses and final peer-reviewed publication was accomplished the FDA Investigational Device Exemption study “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, Kendrick).

- FHGO initiated the Accreditation Council for Graduate Medical Education (ACGME) transition process, Fellowship Program expansion (with laboratory experience and dedicated research year and Wellness program).

- Drs. Ahmad, Holloway, Kendrick and McKenzie served as reviewers for several peer-reviewed, national/international scientific journals (e.g., Gynecologic Oncology, British Journal of Cancer, International Journal of Gynecological Cancer, American Journal OB/GYN, Archives...
Publications


**International Articles**


**Research Abstracts**


**Invited Lectures and Training Programs**

Invited Speaker at the XIII Brazilian Congress of Surgical Oncology, Rio de Janeiro, Brazil, Oct. 25, 2017 – Dr. Holloway.

Invited Speaker at the Gynecologic Grand Rounds at Xijing Military Hospital of the Fourth Medical University, Xian, China with Professor Biliang Chen, Oct. 15, 2017 – Dr. Holloway.

Invited Keynote Speaker at First Annual Meeting of the Hunan Provence Society of Gynecologic Oncology and Minimally Invasive Surgery, Changsha, China, Professor Min Xue, president. Live surgery performed at Third Xiangya Hospital of Central University, Oct. 13-14, 2017 – Dr. Holloway.

Invited Keynote Speaker, 2017 Sino-European Summit of Gynecologic Endoscopy (SESGE), Beijing, and Sun Yat-Sen University Cancer Center, Guangzhou, China, June 14-18, 2017 – Dr. Holloway.

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information

Awards

Dr. Sarfraz Ahmad, Clinical Chemist Recognition Award, American Association for Clinical Chemistry (AACC), Washington, D.C.

Dr. Sarfraz Ahmad, Fellow of the Academy of AACC (FAACC), Washington, D.C.

Cervical Cancer Cases

Extent of Disease at Diagnosis

*Breakdown by SEER* Summary Stage

*The Surveillance, Epidemiology, and End-Results (SEER) Program of the National Cancer Institute (NCI) is an authoritative source of information on cancer incidence and survival in the United States. It is the only comprehensive source of population-based information in the United States that includes stage of cancer at the time of diagnosis and patient survival data.*

<table>
<thead>
<tr>
<th>LOCALIZED</th>
<th>REGIONAL</th>
<th>DISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>91.70%</td>
<td>56.00%</td>
<td>17.20%</td>
</tr>
<tr>
<td>90.00%</td>
<td>59.00%</td>
<td>21.00%</td>
</tr>
</tbody>
</table>

FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)

Source: FHCI Cancer Registry, SEER.gov CanQues

Cervical Cancer Cases

Five-year Survival

Cases Diagnosed 2008-2014

The five-year survival rate for cervical cancer patients treated at Florida Hospital compared favorably to national data.

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Ovarian Cancer Cases

Age at Diagnosis

The most common age of diagnosis for ovarian cancer patients at FHCI in 2017 was 60 to 69, followed closely by ages 70 to 79.
Source: FHCI Cancer Registry

**Ovarian Cancer Cases**

*Stage at Diagnosis*

In 2017, 82 percent of patients diagnosed with ovarian cancer at FHCI were in Stage III or later.
Ovarian Cancer Cases

Extent of Disease at Diagnosis

Breakdown by SEER Summary Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>LOCALIZED</th>
<th>REGIONAL</th>
<th>DISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>II</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>III</td>
<td>44</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>IV</td>
<td>31</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>UNK</td>
<td>37</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Updated Survival by Stage 11.07.2018

FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)

Source: FHCI Cancer Registry, SEER.gov CanQues

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Ovarian Cancer Cases
Five-year Survival
Cases Diagnosed 2008-2014

The five-year survival rate for ovarian cancer patients treated at FHCI compared favorably to national data.

![Ovarian Cancer Survival Rate Chart]

FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)
Source: FHCI Cancer Registry, SEER.gov CanQues

Uterine Cancer Cases
Age at Diagnosis

More than 39 percent of patients diagnosed with uterine cancer at FHCI in 2017 were ages 60 to 69.
Source: FHCI Cancer Registry

Uterine Cancer Cases
Stage at Diagnosis

Almost 52 percent of uterine cancer patients at FHCI were diagnosed with stage I disease.
Source: FHCI Cancer Registry

Uterine Cancer Cases
Extent of Disease at Diagnosis
Breakdown by SEER Summary Stage

<table>
<thead>
<tr>
<th></th>
<th>LOCALIZED</th>
<th>REGIONAL</th>
<th>DISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated Survival by Stage 11.07.2018</td>
<td>94.90%</td>
<td>68.60%</td>
<td>16.30%</td>
</tr>
<tr>
<td>FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)</td>
<td>91.00%</td>
<td>72.00%</td>
<td>24.00%</td>
</tr>
</tbody>
</table>

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Uterine Cancer Cases

Five-year Survival

Cases Diagnosed 2008-2014

The five-year survival rate for uterine cancer patients treated at FHCI compared favorably to national data.

<table>
<thead>
<tr>
<th></th>
<th>FHCI</th>
<th>SEER</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCALIZED</td>
<td>92.97%</td>
<td>91.00%</td>
</tr>
<tr>
<td>REGIONAL</td>
<td>64.43%</td>
<td>69.00%</td>
</tr>
<tr>
<td>DISTANT</td>
<td>20.90%</td>
<td>36.00%</td>
</tr>
</tbody>
</table>

*GYNECOLOGICAL = CERVICAL, UTERINE & OVARIAN

FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)

Source: FHCI Cancer Registry, SEER.gov CanQues
Gynecological* Cancer Cases
Five-year Survival
Cases Diagnosed 2008-2014

*GYNECOLOGICAL = CERVICAL, UTERINE & OVARIAN
FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)
Source: FHCI Cancer Registry, SEER.gov CanQues

Gynecological Cancer Surgeries
Robotic Procedures vs. Total Procedures
Cases diagnosed 2006-2017

Robotic surgeries continued to represent the greatest number of surgical procedures used to treat patients with gynecological cancer at FHCI, with nearly 56 percent of cases in 2017.
More than 80 percent of endometrial cancer patients seen at FHCI were treated using robotic surgery in 2017, about the same as the last several years.

*Source: Florida Hospital Gynecologic Oncology Database*

**Gynecologic Oncology Robotic Surgery**
**for Endometrial Cancer**
**July 2006 - December 2017**

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
HEAD AND NECK ONCOLOGY

**Henry Ho, MD**
Co-Director, Head and Neck Cancer Program
Florida Hospital Cancer Institute
Immediate Past-President, The Ear, Nose, Throat and Plastic Surgery Associates, PA
Associate Professor, Otolaryngology, University of Central Florida College of Medicine
Associate Professor, Surgery, Florida State University College of Medicine

**J. Scott Magnuson, MD, FACS**
Co-Director, Head and Neck Cancer Program
Florida Hospital Cancer Institute
Medical Director, Head and Neck Surgery, Celebration Health
Chief Medical Officer, Florida Hospital Nicholson Center  
Medical Director, Robotic Head and Neck Surgery, Florida Hospital Nicholson Center for Robotic Surgery  
Professor of Otolaryngology Head and Neck Surgery, University of South Florida College of Medicine

James Bekeny, MD  
Bruce Haughey, MD  
Bradley Johnson, MD

The FHCI Head and Neck Cancer Program treats more cancer cases than any other Florida care center. Our multidisciplinary approach with a team of physicians, nurses, speech language pathologists, dieticians and social workers ensures that patients receive leading-edge, evidenced-based care. Our team offers a complete array of advanced therapeutic options that include robotic-assisted surgery, microvascular reconstruction, and minimally invasive skull base surgery, as well as chemoradiation, immunotherapy and clinical trials. As a leader with a visionary approach to cancer care, the Head and Neck Cancer Program consistently strives to improve patient care and treatment outcomes.

2017 Highlights

- In 2017, support was provided for 543 cancer patients through the various components of our program, including care coordination, education, tumor board presentation, and our head and neck cancer support group.

- Dr. Magnuson was the first physician in the world to use the da Vinci® SP™ Surgical System device. The trial called A Prospective, Multicenter Investigation of the da Vinci® SP™ Surgical System in TORS Procedures for Resection of Malignant Tumors was opened with Dr. Magnuson as Principal Investigator. The study objective was to evaluate and confirm the safety and clinical performance of the da Vinci® SP™ Surgical System, Instruments, and Accessories in transoral robotic surgery procedures for malignant oropharyngeal tumors classified as T1 and T2. Enrollment was completed in 2017.

Publications


**Book Chapters**

Presentations


Dr. Henry Ho: Stump the Professors Panel and Meet the Professor Break-Out Session, Best of ASCO 2017 Annual Meeting, Florida Hospital Cancer Institute, Hyatt Regency Grand Cypress, Orlando; June 24, 2017.


Dr. J. Scott Magnuson: Keynote Speaker, Hemostatic Options for Transoral Robotic Surgery of the Pharynx and Base of Tongue; Keynote Speaker, TORS for OSA: More Experience, More Evidence; 7th International Robotic Surgery Symposium, Seoul, South Korea; Oct. 29, 2017.


Head and Neck Cancer Cases

Site by Gender

At FHCI, 543 cases of head and neck cancers were diagnosed in 2017. The most frequent cancer for both men and women was thyroid, with 71 percent of the cases diagnosed in women.

<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>2</td>
<td>5</td>
</tr>
<tr>
<td>Location</td>
<td>Cases</td>
<td>New</td>
<td>Total</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------</td>
<td>-----</td>
<td>-------</td>
</tr>
<tr>
<td>Base of Tongue</td>
<td>46</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>Other Parts of Tongue</td>
<td>26</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Gum</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Palate</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Other/Unspecified Parts of Mouth</td>
<td>7</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>9</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Other Salivary Glands</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tonsil</td>
<td>42</td>
<td>10</td>
<td>52</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>15</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Pyriform Sinus</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other Oral Cavity</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Nasal Cavity &amp; Middle Ear</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Larynx</td>
<td>61</td>
<td>12</td>
<td>73</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>64</td>
<td>151</td>
<td>215</td>
</tr>
<tr>
<td><strong>Overall Totals</strong></td>
<td>314</td>
<td>229</td>
<td>543</td>
</tr>
</tbody>
</table>

*Source: FHCI Cancer Registry*

**Head and Neck Cancer Cases**

*Age by Gender at Diagnosis*

Fifty-one percent of patients with head and neck cancers in 2017 were from 50 to 69 years old at diagnosis. More than 30 percent of men diagnosed were in the 50-59 age range.
Head and Neck Cancers

*Five-year Survival*

*Cases Diagnosed 2008-2014*

The five-year survival rate for head and neck cancer patients treated at Florida Hospital compared favorably to national data.
Head and neck cancers include oral, cavity, pharynx and larynx.

FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)

Source: FHCI Cancer Registry, SEER.gov CanQues

Head and Neck Quality Metrics Report

Length of Stay

Cases Diagnosed 2012-2017
Source: Florida Hospital Head and Neck Oncology Database

Head and Neck Quality Metrics Report
Surgical Site Infection 2012-2017
PEDIATRIC ONCOLOGY

Fouad Hajjar, MD
Medical Director, Hematology/Oncology
Children's Center for Cancer and Blood Diseases

Dennis Borrero, MD
Heather Allewelt, MD

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 can offer leading-edge clinical trials.

Publications

Source: Florida Hospital Head and Neck Oncology Database

**Pediatric Cancer Cases**

*Age at Diagnosis by Gender*

In 2017, FHCI specialists treated 54 children with cancer; slightly more than half were females. Of the 26 males seen, most were in the 0 to 9 age range at diagnosis, while most female cases were diagnosed in the 10 to 19 age range.

*Source: FHCI Cancer Registry*
**Pediatric Cancer Cases**

*Diagnosis by Gender*

Blood and bone marrow and brain cancers were the most commonly treated childhood cancers at FHCI in 2017.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
</tr>
<tr>
<td>Liver &amp; Bile Ducts</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Heart Mediastinum Pleura</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Bones Joints &amp; Articular Cartilage</td>
<td>3 5%</td>
<td>1 33%</td>
<td>2 67%</td>
</tr>
<tr>
<td>Bones Joints &amp; Other Unspecified Sites</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Blood &amp; Bone Marrow</td>
<td>17 31%</td>
<td>8 47%</td>
<td>9 53%</td>
</tr>
<tr>
<td>Retroperitoneum &amp; Peritoneum</td>
<td>2 4%</td>
<td>0 0%</td>
<td>2 100%</td>
</tr>
<tr>
<td>Connective Subcutaneous Other Soft Tissue</td>
<td>3 5%</td>
<td>1 33%</td>
<td>2 67%</td>
</tr>
<tr>
<td>Testis</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Kidney</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Meninges</td>
<td>1 2%</td>
<td>0 0%</td>
<td>1 100%</td>
</tr>
<tr>
<td>Brain</td>
<td>16 29%</td>
<td>7 44%</td>
<td>9 56%</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>2 4%</td>
<td>0 0%</td>
<td>2 100%</td>
</tr>
<tr>
<td>Adrenal Gland</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Other Endocrine Glands</td>
<td>1 2%</td>
<td>0 0%</td>
<td>1 100%</td>
</tr>
<tr>
<td>Other Ill-Defined Sites</td>
<td>1 2%</td>
<td>1 100%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>3 5%</td>
<td>2 67%</td>
<td>1 33%</td>
</tr>
<tr>
<td><strong>Overall Totals</strong></td>
<td>55 100%</td>
<td>26 47%</td>
<td>29 53%</td>
</tr>
</tbody>
</table>

*Source: FHCI Cancer Registry*

**RADIATION ONCOLOGY**

Matthew Biagioli, MD, MS
Florida Hospital Cancer Institute offers extensive expertise and experience in a wide range of radiation treatment modalities. With its focus on evidence-based medicine, the team uses a disease-specific approach that ensures patients are evaluated by physicians with expertise in the appropriate 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 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 and reduces the dose to critical structures. The physician team collaborates with specialists in surgery, medical oncology, neurosurgery, otolaryngology, gastroenterology, genitourinary and gynecology to improve patient outcomes.

Publications


Mellon EA, Jin WH, Frakes JM, Centeno BA, Strom TJ, Springett GM, Malafa MP, Shridhar R, Hodul PJ, Hoffe SE. Predictors and survival for pathologic tumor response grade in borderline resectable and locally advanced pancreatic cancer treated with induction chemotherapy and


THORACIC CANCER PROGRAM

Mark A. Socinski, MD
Executive Medical Director
Member, Thoracic Cancer Program

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Florida Hospital Cancer Institute

**Tarek Mekhail, MD, MSc, FRCSI, FRCSEd**
Medical Director, Thoracic Cancer Program  
Associate Executive Director of Clinical Research  
Florida Hospital Cancer Institute

**Joseph Boyer, MD**
Surgical Director, Thoracic Cancer Program  
Director of Minimally Invasive and Robotic Surgery  
Florida Hospital Cancer Institute

The FHCI Thoracic Cancer Program has received national recognition for its multidisciplinary approach to diagnosing and treating lung and esophageal cancers, mesothelioma, and other cancers involving organs within the thorax. FHCI is one of the most active participants in lung and esophageal clinical trials in the nation.

**2017 Highlights**

- First robot-assisted esophagectomy performed with comparable outcomes to open esophagectomy with respect to morbidity and mortality.
- Opened six new clinical trials, with 28 patients enrolled in 11 open thoracic cancer trials.
- Presented 225 cases at 44 thoracic cancer conferences with 86 percent multidisciplinary team approach.
- Over 300 patients evaluated with Low Dose CT for lung cancer screening, with four cases of confirmed lung cancer.
- Community Partnership with American Lung Association for Lung Expo and Lung Force Run/Walk.
- Discharge mortality rate (1.54%) lower than national average for lobectomy, 0.95% for lobectomy for lung cancer.

**Publications**


**Lung Cancer Cases**

**Age at Diagnosis by Gender**

In 2017, almost one-third of males diagnosed with lung cancer at FHCI were from 60 to 69 years old, while 38 percent of women were diagnosed between the ages of 70 to 79.
Lung Cancer Cases
Stage by Gender at Diagnosis

Patients were most commonly diagnosed at Stage IV in 2017. Forty percent of all patients were diagnosed at that stage, representing 43 percent of men and 37 percent of women.

Source: FHCI Cancer Registry
The five-year survival rate for lung cancer patients treated at FHCI significantly exceeded national data.
Almost 42 percent of primary procedures in 2017 were lobectomy resections, followed by mediastinoscopy (23 percent) and wedge (9 percent).

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>Cases</th>
<th>D/C MORTALITY RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonectomy</td>
<td>13</td>
<td>18.20%</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>6</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lobectomy</td>
<td>106</td>
<td>1.00%</td>
</tr>
<tr>
<td>Sleeve Resection</td>
<td>4</td>
<td>0.00%</td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>15</td>
<td>0.00%</td>
</tr>
<tr>
<td>Wedge (s)</td>
<td>24</td>
<td>4.40%</td>
</tr>
<tr>
<td>Biopsies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mediastinoscopy</td>
<td>59</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chamberlain</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>Pleural Bx</td>
<td>7</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mediastinal LN</td>
<td>3</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mediastinal Mass</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pericardial Window</td>
<td>9</td>
<td>12.50%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>25.00%</td>
</tr>
</tbody>
</table>

FHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)
Sources: FHCI Cancer Registry; SEER.gov CanQues
Robotic Procedures Case Breakdown

Of the 126 patients who underwent robotic lung cancer procedures in 2017, more than 49 percent had a lobectomy.

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobectomy</td>
<td>62</td>
</tr>
<tr>
<td>1st Cervical Rib Resection</td>
<td>14</td>
</tr>
<tr>
<td>Wedge Resection</td>
<td>9</td>
</tr>
<tr>
<td>Thymectomy</td>
<td>8</td>
</tr>
<tr>
<td>Sympathectomy</td>
<td>6</td>
</tr>
<tr>
<td>Multiple Wedge Resection</td>
<td>5</td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Funduplication</td>
<td>2</td>
</tr>
<tr>
<td>Myotomy</td>
<td>2</td>
</tr>
<tr>
<td>Diaphragmatic Hernia Repair</td>
<td>2</td>
</tr>
<tr>
<td>Pleural Biopsy</td>
<td>2</td>
</tr>
<tr>
<td>Esophagectomy</td>
<td>2</td>
</tr>
<tr>
<td>Mediastinal Mass Resection</td>
<td>1</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>1</td>
</tr>
<tr>
<td>Thoracic Duct Ligation</td>
<td>1</td>
</tr>
<tr>
<td>Other Esophageal</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Surgery Database

UROLOGIC ONCOLOGY

Vipul Patel MD, FACS
Medical Director, Global Robotics Institute, Celebration Health

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Medical Director, Florida Hospital Cancer Institute Urologic Oncology Program
Professor of Urology, University of Central Florida

Carlos Alemany, MD
Hematology Oncology
Medical Director, Genitourinary Oncology
Florida Hospital Cancer Institute

Inoel Rivera, MD, FACS
Uro-oncology Leadership Committee Chair
Urologic Oncology Program
Florida Hospital Cancer Institute

FHCI’s oncology team includes some of the country’s leading experts in urologic cancer. The team uses the latest in diagnostic technology and advanced surgical techniques, including MRI Fusion Biopsy, to customize patient treatment plans. FHCI pioneered robotic prostate surgery, which accounts for more than 85 percent of all radical prostatectomy in the United States. The team is highly skilled in the use of the da Vinci® Surgical System – a less invasive, robotic-assisted procedure that has revolutionized the surgical process.

2017 Highlights

- In a live global streaming from Nicholson Center, Dr. Patel performed his 10,000th robotic prostatectomy case. He followed this achievement with global lectures at the University College London Hospitals (UCLH) Symposium in London, the Sydney Robotics Summit, Research + Innovation in Australia, and the Congress of the Sociedad Columbiana De Urologia in Cartagena.

- Opened a new institutional review board (IRB)-approved laboratory study to evaluate a blood biomarker that can distinguish between the presence or absence of aggressive prostate cancer. In this collaboration with Genomic Health, Inc., scientists research a blood biomarker as a way to possibly detect at diagnosis the aggressiveness of prostate cancer in men in order to better steer treatment.

Publications


Conferences

Dr. Vipul Patel: Course Director; Advanced Robotic Urologic Oncology: Extreme Unforgettable Cases and Their Management; Moderator-Poster Session: Prostate Cancer: Localized: Surgical Therapy IV. American Urologic Association Annual Meeting, May 12-15, Boston.


Dr. Vipul Patel: Lecture: Lessons Learned From 10,000 RALP cases; Live surgery: Robotic Radical Prostatectomy; Lecture: Experience with Amniofix Early Outcomes; UCLH Symposium, Jan. 20-24, London.

Dr. Vipul Patel: Lecture: Experience from 10,000 Robotic Cases; Lecture: How I Handle Intraoperative Complications; Live Case: Nerve-Sparing Robotic Radical Prostatectomy
Round Table Discussion – Open Vs. Robot: Brisbane Randomized Control Trial
Rise of the Machines Q&A; Moderator: New Robots and Novel Technology.
Dr. Vipul Patel: Lecture: Dissection of the Neurovascular Bundle: Retrograde; Lecture: Complications in Prostatectomy and Difficult Situations; Lecture: Minimally Invasive Surgery in Uro-Oncology: Past, Present and Future; Debate: Case Discussion; XXXVI Brazilian Congress of Urology, Aug. 24-29, Fortaleza, Brazil.

Abstracts


Genitourinary Cancer Case Incidence
By Site and Gender

Prostate cancer remained the most diagnosed or treated genitourinary cancer at FHCI, with 1,478 new cases in 2017.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total Number</th>
<th>Male Number</th>
<th>Female Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>1478</td>
<td>1478</td>
<td>0</td>
</tr>
<tr>
<td>Testis</td>
<td>35</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Other &amp; Unspecified Male Genital Organs</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Kidney</td>
<td>266</td>
<td>175</td>
<td>91</td>
</tr>
<tr>
<td>Kidney, Renal Pelvis</td>
<td>22</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Ureter</td>
<td>17</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>261</td>
<td>198</td>
<td>63</td>
</tr>
<tr>
<td>Other &amp; Unspecified Urinary Organs</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Overall Totals: 2088, 1918, 169
Prostate Cancer Cases
Age at Diagnosis

About 46 percent of prostate cancer patients at FHCI were between 60 to 69 years old at diagnosis.

Source: FHCI Cancer Registry
Prostate Cancer Cases
*Stage at Diagnosis*

Just less than 30 percent of FHCI prostate cancer patients in 2017 had stage II disease at diagnosis.

*Source: FHCI Cancer Registry*

**Prostate Cancer**

**Five-year Survival**

*Cases Diagnosed 2007-2014*

64 For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
The five-year survival rate of FHCI prostate cancer patients in 2017 was 100 percent, as it was in 2016. Patients have one of the highest survival rates of all cancer types due to early-screening efforts and effective treatment options.

**Bladder Cancer Cases**

*Age at Diagnosis by Gender*

In 2017, male patients with bladder cancer were most often diagnosed between 70 to 79 years old, while female patients were most often diagnosed between 60 to 69 years old.
In 2017, male patients were most often diagnosed with bladder cancer in stage 0. The disease was detected in men three times more frequently than in women.

Source: FHCI Cancer Registry

Bladder Cancer Cases
Stage at Diagnosis by Gender
For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information

Kidney Cancer Cases
Age at Diagnosis by Gender

FHCI diagnosed 287 cases of kidney cancer in 2017. Both male and female patients were most likely to be from 60 to 69 years old at diagnosis.
Source: FHCI Cancer Registry

Kidney Cancer Cases
Stage at Diagnosis by Gender

At FHCI in 2017, kidney cancer was most frequently diagnosed in both men and women at stage I.
Penile Cancer Cases

Age at Diagnosis

Five patients were diagnosed with penile cancer at FHCI in 2017, one per decade of age from 30 to 79 years old.

Source: FHCI Cancer Registry
Penile Cancer Cases

Stage at Diagnosis

Half of the patients at FHCI were diagnosed in the earlier stages of penile cancers.

Source: FHCI Cancer Registry
This report includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

Source: FHCI Cancer Registry

**Testicular Cancer Cases**

**Age at Diagnosis**

Thirty-four patients were diagnosed with testicular cancer in 2017, most of whom were between the ages of 20 and 39.
In 2017, almost one-third of patients with testicular cancer were diagnosed in stages I, II or III.

Source: FHCI Cancer Registry

Testicular Cancer Cases
Stage at Diagnosis

In 2017, almost one-third of patients with testicular cancer were diagnosed in stages I, II or III.
CANCER REHABILITATION

Julie Sexton
Administrative Director

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 patients throughout treatment to maximize quality of life.

2017 Highlights

- Expanded cancer rehabilitation services to a new clinic in Orlando off Orange Avenue, increasing total to 18 outpatient rehabilitation locations and the treatment of 675 patients.
- Ranked in the top 75th percentile in Press Ganey patient satisfaction score.
- Ongoing presence of outpatient physical therapists and occupational therapists at monthly Breast and Head/Neck Tumor Boards.

Referrals to Cancer Rehabilitation

At FHCI referrals to cancer rehabilitation patients grew 3 percent, reaching 675 patients.
Cancer Referrals by Month

Source: Cancer Rehab Program Database

RESEARCH

Carlos Alemany, MD, Medical Director, Clinical Research
Bryan Allinson, MBA, Senior Director, Research Institute
Susan Coakley, MHA, CCRP, Director, Clinical Research and Regulatory, Orlando Hospital

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Cancer studies can identify new and better ways to prevent and treat cancer and improve the quality of a participant’s life during and after treatment. They give patients direct access to promising new therapies, including the newest drugs in development, precision medicine approaches, immunotherapy and diagnostics. The majority of clinical research comes at no additional cost to participants.

Two of the most promising approaches in research today are precision medicine and immuno-oncology:

- Research in immuno-oncology unlocks the body's natural ability to attack and fight off cancer. This involves reprogramming the immune system so it recognizes and destroys cancer cells, which under normal circumstances may be able to evade an immune system attack.

- Research in precision medicine studies includes discovery, development, optimization and long-term outcomes of the individual variability in a patient’s genes, environment and lifestyle. Precision medicine provides a means for Florida Hospital physicians to tailor treatments such as immuno-oncology, surgical oncology, radiation oncology and other modalities.

Cancer research is managed by the Florida Hospital Research Institute (FHRI) in close collaboration with the Florida Hospital Cancer Institute and the Florida Hospital Medical Group. Cancer researchers have access to a dedicated clinical research unit, wet laboratory, research magnetic resonance imaging, research IT infrastructure, investigational drug services and tissue processing. FHRI is accredited by the Association for the Accreditation of Human Research Protection Programs.

Cancer research continues to provide access to more than 200 clinical trials at any given time for both adult and pediatric patients with solid and circulating tumors. The centralized clinical research office provides comprehensive and valuable support to more than 70 investigators with all aspects of research and clinical trial operations. The clinical research department is comprised of research nurses, data managers, research assistants, regulatory coordinators and biostatisticians.

**2017 Highlight**

- Almost 1,800 patients enrolled in oncology trials.
Current Research Affiliations

Cancer research at Florida Hospital includes the newest and most innovative studies. Sponsors and collaborators include:

- National Cancer Institute
- National Clinical Trials Network
  - Alliance for Clinical Trials in Oncology
  - Alliance Foundation Trial
  - Blood and Marrow Transplant Clinical Trials Network
  - Center for International Blood and Marrow Transplant Research
  - Children’s Oncology Group
  - Eastern Cooperative Oncology Group-ACRIN Cancer Research Group
  - Gynecologic Oncology Group
  - National Cord Blood Program
  - National Heart, Lung and Blood Institute
  - National Marrow Donor Program
  - NRG Oncology
  - Radiation Therapy Oncology Group
  - SWOG Cancer Research Network
- Fraternal Order of Eagles
- Medical University of South Carolina
- Moffitt Cancer Center
- Mount Sinai Health System
- Phi Beta Psi
- Research Foundation of the American Society of Colon and Rectal Surgeons (ASCRS)
- Sanford Burnham Prebys Medical Discovery Institute
- University of Central Florida
- University of North Carolina
- University of Pittsburgh

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Florida Hospital participates in the National Clinical Trial Network as a collaborator with organizations including:
American College of Radiology
Baptist Health
Baylor Scott & White Health
Cancer Center of Iowa
Case Western Reserve University
Cedars-Sinai Medical Center
City of Hope National Medical Center
Cornell University Weill Medical College
Dana Farber Cancer Institute
Duke University Medical Center
European Network of Gynecologic Trial Groups
Fred Hutchison Cancer Research Center
Harvard University
Jefferson Hospital
Jewish Hospital
Johns Hopkins University
Loyola Medicine
Karmanos Cancer Center
Massachusetts General Hospital Cancer Center
Mayo Clinic
Medical College of Wisconsin
Medical University of Vienna
Memorial Sloan Kettering
New York University Medical Center
North Shore University Health System
Ohio State University
Partners HealthCare
Penn State College of Medicine
Roswell Park
Rutgers University
Virginia Commonwealth University
Spectrum Health, West Michigan
Susan F. Smith Center for Women’s Cancers
St. Anthony’s Medical Center
Stanford University
University College London
University of Alabama at Birmingham
University of California, Los Angeles
University of California, San Francisco
University of Chicago
University of Cincinnati
University of Colorado Denver
University of Columbia
University of Florida College of Medicine
University of Kansas
University of Michigan
University of Minnesota
University of Missouri
University of Nebraska
University of North Carolina
University of Oklahoma
University of Pennsylvania
University of Rochester Medical Center
University of Texas MD Anderson Cancer Center
University of Texas Southwestern Medical Center
University of Utah
University of Virginia
University of Washington
US Oncology Network

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Tulane University

National Clinical Trial Network (NCTN) references:
- Blood and Marrow Transplant Network
- Alliance for Clinical Trials in Oncology
- Alliance Foundation Trials
- NRG Oncology
- Gynecologic Oncology Group
- Eastern Cooperative Oncology Group

Examples of Florida Hospital research affiliations:
- Continued a study with Moffitt Cancer Center to investigate immunotherapy on Florida Hospital cancer patients.
- Collaborated with Research Foundation of the American Society of Colon and Rectal Surgeons to study innovative surgical robotics.
- Sub-recipient for a grant funded by the Florida Department of Health through the William G. "Bill" Bankhead Jr. and David Coley Cancer Research Program.

**CLINICAL RESEARCH**

**Carlos Alemany, MD**
Medical Director, Clinical Research
GU Medical Oncology Director
Breast Medical Oncology Director
Co-Chair of Protocol Review Committee
Florida Hospital Cancer Institute

**Steven Goldstein, MD**
BMT Medical Oncology Director
Co-Chair of Protocol Review Committee
Florida Hospital Cancer Institute
Clinical trials are carefully designed research studies of new and innovative medical treatments. Through cancer trials, doctors hope to find new ways to improve patients’ cancer treatments and quality of life. Our trials offer the most advanced therapies available. Our centralized clinical research team is comprised of research nurses, data managers, research assistants and regulatory coordinators.

The clinical research team supports these programs: Neurological, Breast, Gastrointestinal, Pediatric, Pancreatic and Hepatobiliary, Genitourinary, Gynecological, Thoracic and Bone Marrow Transplant.

2017 Highlights

- Thirty new adult oncology studies were activated in 2017 by the FHCI Clinical Research Program. On average, 55 studies were open to enrollment.

- In Pediatric Oncology, the Children’s Oncology Group (COG) activated two new studies in 2017. An average of 20 studies were open to enrollment.

- The Pediatric Oncology department maintained a perfect score of 100 percent for the Data Currency Score for the third consecutive year. In addition, COG ranked in the 60th percentile for number of studies approved and enrolled.

Publications


Novello S, Nowak AK, Grosso F, Steele N, Popat S, Greillier L, John T, Leighl NB, Reck M, Pavlakis N, Sorensen L, Hughes B, Mazieres J, Socinski MA, von Wangenheim U, Barrueco J, Morsli N, Scagliotti G. Overall survival (OS) and forced vital capacity (FVC) results from the LUME-Meso study of
nintedanib (N) plus pemetrexed/cisplatin (PEM/CIS) vs placebo (P) plus PEM/CIS in chemo-naive patients (pts) with malignant pleural mesothelioma (MPM). Conference: 42nd European-Society-for-Medical-Oncology Congress (ESMO) Location: Madrid, SPAIN Date: SEP 08-12, 2017. Annals of Oncology 28(Supplement 5). Meeting Abstract 1618PD, Published SEP 2017.


Clinical Highlights

- FHCI initiated Phase 2 Clinical Trial of GL-ONC1 in Recurrent Ovarian Cancer.
  - The Phase 2 trial, VIRO-15 (Oncolytic Vaccinia Immunotherapy in Recurrent Ovarian Cancer), is being led by Dr. Robert Holloway, a world-renowned gynecologic oncologist with extensive clinical trial experience in gynecologic malignancies. Additional site(s) in the U.S. are planned as the trial progresses.
The study is based on positive data of GL-ONC1 from Phase 1b clinical study conducted at FHCI in heavily pretreated, platinum-resistant/refractory ovarian cancer patients. Administration of GL-ONC1 as a monotherapy was shown to have clinically significant results, including documented objective response and tumor-specific T-cell response, a favorable trend of durable response, and a quality of life benefit.

- The FHCI Clinical Research office organized the Second Annual Clinical Research Pipeline Meeting in April 2017. Physician Investigators and translational/clinical research and clinical professionals attended the two-day scientific meeting to learn about oncology agents in development for more than 10 types of malignancies. The program included presentations with more than 15 key pharmaceutical medical scientific liaisons. Keynote speaker for this program included Scott Antonia, MD, PhD; Moffitt Cancer Center, Chair, Department of Thoracic Oncology.

**Clinical Research Affiliations**

- National Cancer Institute (NCI)/National Institute of Health (NIH)
  - National Clinical Trials Network (NRG & Alliance main members)
  - Clinical Trial Support Unit access to Southwest Oncology Group (SWOG) and Eastern Cooperative Oncology Group (ECOG)
  - COG
- University of Central Florida
- Moffitt Cancer Center
- Industry-funded clinical trial collaborations

**TRANSLATIONAL RESEARCH**

**Steven R. Smith, MD**  
Senior Vice President, Chief Scientific Officer, Florida Hospital  
Scientific Director, Translational Research Institute for Metabolism and Diabetes

**Matthew Albert, MD**  
**Sarfraz Ahmad, MD, PhD**  
**Pablo Arnoletti, MD**  
**Stephen Gardell, MD**


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 workups, 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 2017

National Comparison of the Select Cancer Sites to FHCI Tri-county Area

Estimated Cancer Cases from the American Cancer Society Cancer Facts & Figures 2017

Breast cancer was the most commonly diagnosed cancer nationally in 2017 and the second-most common in Florida. The most common in Florida was lung cancer. At FHCI, prostate cancer made up 17 percent of cases diagnosed and treated, whereas breast cancer accounted for almost 15 percent.

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>FLORIDA HOSPITAL CENTRAL REGION - SOUTH</th>
<th>FLORIDA</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CASES</td>
<td>PERCENT</td>
<td>CASES</td>
</tr>
<tr>
<td>BREAST</td>
<td>1,011</td>
<td>14.7%</td>
<td>18,170</td>
</tr>
<tr>
<td>LUNG</td>
<td>619</td>
<td>9.0%</td>
<td>19,000</td>
</tr>
<tr>
<td>PROSTATE</td>
<td>1,181</td>
<td>17.2%</td>
<td>12,830</td>
</tr>
<tr>
<td>COLORECTAL</td>
<td>554</td>
<td>8.1%</td>
<td>9,930</td>
</tr>
<tr>
<td>BLADDER</td>
<td>185</td>
<td>2.7%</td>
<td>6,430</td>
</tr>
</tbody>
</table>

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
NH
LYMPHOMA  218  3.2%  5,410  4.3%  72,240  4.3%
CORPUS  283  4.1%  4,230  3.4%  61,380  3.6%
MELANOMA  144  2.1%  7,610  6.1%  87,110  5.2%
LEUKEMIA  212  3.1%  5,070  4.1%  62,130  3.7%
CERVIX  58  0.8%  1,040  0.8%  12,820  0.8%
ALL OTHERS  2,403  35.0%  35,020  28.1%  542,070  32.1%

TOTAL CASES  6,868  100.0%  124,740  100.0%  1,688,780  100.0%

Tri-county area includes Orange, Osceola and Seminole counties.
Sources: American Cancer Society, Cancer Facts & Figures 2017; FHCI Cancer Registry

FHCI Patients – Race by Ethnicity

<table>
<thead>
<tr>
<th>RACE</th>
<th>NON-Spanish</th>
<th>MEXICAN</th>
<th>PUERTO RICAN</th>
<th>CUBAN</th>
<th>SOUTH OR CENTRAL AMERICAN – NOT EL SALVADOR</th>
<th>OTHER SPANISH</th>
<th>SPANISH NOT OTHERWISE SPECIFIED</th>
<th>HISPANIC, NOT OTHERWISE SPECIFIED</th>
<th>LATINO, NOT OTHERWISE SPECIFIED</th>
<th>SPANISH SURNAME ONLY</th>
<th>DOMINICAN REPUBLIC</th>
<th>UNKNOWN MOTHER SPANISH OR NOT</th>
<th>ALL OTHERS</th>
<th>TOTAL VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>Number (%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHITE</td>
<td>5823</td>
<td>(81.8 %)</td>
<td>46 (6.6%)</td>
<td>185 (2.6%)</td>
<td>42 (0.6%)</td>
<td>3 (0.1%)</td>
<td>210 (3.3%)</td>
<td>15 (0.2%)</td>
<td>113 (1.7%)</td>
<td>9 (0.1%)</td>
<td>65 (0.9%)</td>
<td>17 (0.2%)</td>
<td>7319 (82.42%)</td>
<td></td>
</tr>
<tr>
<td>BLACK</td>
<td>940</td>
<td>(97.21 %)</td>
<td>1 (0.1%)</td>
<td>74 (0.72%)</td>
<td>190 (1.9%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>5 (0.05%)</td>
<td>1 (0.01%)</td>
<td>4 (0.04%)</td>
<td>1 (0.01%)</td>
<td>867 (11.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN INDIAN, ALUTI, ESKIMO</td>
<td>12 (89%)</td>
<td>1 (4.67%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (1.66%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (13.33%)</td>
</tr>
<tr>
<td>CHINESE</td>
<td>10 (50%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.5%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>JAPANESE</td>
<td>2 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (100%)</td>
</tr>
<tr>
<td>FILIPINO</td>
<td>20 (94.24%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.47%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>21 (94.24%)</td>
</tr>
<tr>
<td>HAWAIIAN</td>
<td>3 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (100%)</td>
</tr>
</tbody>
</table>

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2 (90 %)</th>
<th>0 (10 %)</th>
<th>0 (0 %)</th>
<th>0 (10 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>0 (0 %)</th>
<th>2 (100 %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnamese</td>
<td>18 (90 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>18 (100 %)</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Hawaiian</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Hawaiian (Continued)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Tongan</td>
<td>3 (100 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>3 (100 %)</td>
<td></td>
</tr>
<tr>
<td>Jewish, Not Otherwise Specified</td>
<td>77 (97.44 %)</td>
<td>0 (10 %)</td>
<td>1 (1.33 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>77 (97.44 %)</td>
<td></td>
</tr>
<tr>
<td>Asian, Not Otherwise Specified</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Laotian</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td>11 (84.62 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>11 (84.62 %)</td>
<td></td>
</tr>
<tr>
<td>African, Not Otherwise Specified</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>American, Not Otherwise Specified</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Hawaiian, Not Otherwise Specified</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Other Asian</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td></td>
</tr>
<tr>
<td>Pacific Islander, Not Otherwise Specified</td>
<td>76 (84.88 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>2 (2.63 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>1 (2.63 %)</td>
<td>76 (84.88 %)</td>
<td></td>
</tr>
<tr>
<td>Pacific Islander, Not Otherwise Specified</td>
<td>2 (100 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>2 (100 %)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>128 (25.58 %)</td>
<td>1 (0.25 %)</td>
<td>12 (2.33 %)</td>
<td>2 (0.39 %)</td>
<td>6 (1.16 %)</td>
<td>1 (0.19 %)</td>
<td>82 (15.98 %)</td>
<td>0 (0 %)</td>
<td>19 (3.75 %)</td>
<td>1 (0.25 %)</td>
<td>2 (0.39 %)</td>
<td>25 (5.0 %)</td>
<td>321 (64.4 %)</td>
<td>2 (0.4 %)</td>
<td>1 (0.2 %)</td>
<td></td>
</tr>
<tr>
<td>Any Other</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (10 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>0 (0 %)</td>
<td>1 (100 %)</td>
<td>1 (100 %)</td>
<td>1 (100 %)</td>
<td></td>
</tr>
<tr>
<td>Overall Total</td>
<td>748 (94.76 %)</td>
<td>47 (6.34 %)</td>
<td>256 (33.89 %)</td>
<td>80 (10.8 %)</td>
<td>96 (12.85 %)</td>
<td>9 (1.18 %)</td>
<td>967 (12.85 %)</td>
<td>25 (3.37 %)</td>
<td>11 (1.47 %)</td>
<td>12 (1.6 %)</td>
<td>1 (0.13 %)</td>
<td>128 (17.16 %)</td>
<td>13 (1.76 %)</td>
<td>853 (119.06 %)</td>
<td>2 (0.27 %)</td>
<td>1 (0.13 %)</td>
</tr>
</tbody>
</table>

NOS stands for not otherwise specified.

Source: FHC1 Cancer Registry

FHC1 Primary Cancer Site Table

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Digestive system cancer was the most frequently diagnosed cancer at FHCI in 2017, with colon cancer representing more than 25 percent of those diagnoses. Digestive system cancer was more prevalent among male patients than female.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Class</th>
<th>Gender</th>
<th>AJCC Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Analytical</td>
<td>Non-Analytical</td>
<td>Male</td>
</tr>
<tr>
<td>All Sites</td>
<td>8599</td>
<td>6868</td>
<td>1731</td>
<td>4596</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>242</td>
<td>208</td>
<td>34</td>
<td>180</td>
</tr>
<tr>
<td>Lip</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Tongue</td>
<td>84</td>
<td>70</td>
<td>14</td>
<td>73</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>20</td>
<td>17</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>130</td>
<td>115</td>
<td>15</td>
<td>86</td>
</tr>
<tr>
<td>Digestive System</td>
<td>1702</td>
<td>1415</td>
<td>287</td>
<td>1001</td>
</tr>
<tr>
<td>Esophagus</td>
<td>93</td>
<td>75</td>
<td>18</td>
<td>76</td>
</tr>
<tr>
<td>Stomach</td>
<td>130</td>
<td>99</td>
<td>31</td>
<td>86</td>
</tr>
<tr>
<td>Colon</td>
<td>449</td>
<td>380</td>
<td>69</td>
<td>256</td>
</tr>
<tr>
<td>Rectum</td>
<td>217</td>
<td>174</td>
<td>43</td>
<td>128</td>
</tr>
<tr>
<td>Anus/Anal Canal</td>
<td>44</td>
<td>39</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Liver</td>
<td>208</td>
<td>174</td>
<td>34</td>
<td>144</td>
</tr>
<tr>
<td>Pancreas</td>
<td>390</td>
<td>317</td>
<td>73</td>
<td>215</td>
</tr>
<tr>
<td>Other</td>
<td>171</td>
<td>157</td>
<td>14</td>
<td>78</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>867</td>
<td>695</td>
<td>172</td>
<td>471</td>
</tr>
<tr>
<td>Nasal/Sinus</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Larynx</td>
<td>73</td>
<td>58</td>
<td>15</td>
<td>61</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Lung/Brong-Small Cell</td>
<td>116</td>
<td>97</td>
<td>19</td>
<td>54</td>
</tr>
<tr>
<td>Lung/Brong-Non Small Cell</td>
<td>582</td>
<td>480</td>
<td>102</td>
<td>310</td>
</tr>
<tr>
<td>Other Bronchus &amp; Lung</td>
<td>72</td>
<td>42</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
<table>
<thead>
<tr>
<th></th>
<th>370</th>
<th>276</th>
<th>369</th>
<th>277</th>
<th>0</th>
<th>2</th>
<th>2</th>
<th>1</th>
<th>4</th>
<th>5</th>
<th>632</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood &amp; Bone Marrow</td>
<td>646</td>
<td>339</td>
<td>170</td>
<td>137</td>
<td>14</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Leukemia</td>
<td>212</td>
<td>191</td>
<td>105</td>
<td>53</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>325</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>127</td>
<td>148</td>
<td>65</td>
<td>84</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>170</td>
</tr>
<tr>
<td>Other</td>
<td>105</td>
<td>105</td>
<td>73</td>
<td>64</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>137</td>
</tr>
<tr>
<td>Bone</td>
<td>11</td>
<td>7</td>
<td>17</td>
<td>15</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Connect/Soft Tissue</td>
<td>32</td>
<td>14</td>
<td>32</td>
<td>21</td>
<td>14</td>
<td>3</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Skin</td>
<td>255</td>
<td>158</td>
<td>141</td>
<td>21</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Melanoma</td>
<td>187</td>
<td>127</td>
<td>105</td>
<td>84</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>137</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
<td>14</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>137</td>
</tr>
<tr>
<td>Breast</td>
<td>1174</td>
<td>1011</td>
<td>9</td>
<td>1165</td>
<td>190</td>
<td>412</td>
<td>272</td>
<td>78</td>
<td>69</td>
<td>152</td>
<td>1</td>
</tr>
<tr>
<td>Female Genital</td>
<td>585</td>
<td>494</td>
<td>91</td>
<td>0</td>
<td>585</td>
<td>6</td>
<td>213</td>
<td>38</td>
<td>111</td>
<td>96</td>
<td>113</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>83</td>
<td>58</td>
<td>25</td>
<td>33</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>15</td>
<td>19</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>314</td>
<td>283</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>5</td>
<td>16</td>
<td>19</td>
<td>46</td>
<td>38</td>
<td>46</td>
</tr>
<tr>
<td>Ovary</td>
<td>138</td>
<td>109</td>
<td>29</td>
<td>34</td>
<td>0</td>
<td>2</td>
<td>16</td>
<td>7</td>
<td>44</td>
<td>33</td>
<td>37</td>
</tr>
<tr>
<td>Vulva</td>
<td>29</td>
<td>26</td>
<td>3</td>
<td>29</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>18</td>
<td>3</td>
<td>21</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Male Genital</td>
<td>1516</td>
<td>1216</td>
<td>300</td>
<td>1516</td>
<td>0</td>
<td>1</td>
<td>139</td>
<td>496</td>
<td>322</td>
<td>115</td>
<td>442</td>
</tr>
<tr>
<td>Prostate</td>
<td>1478</td>
<td>1181</td>
<td>297</td>
<td>1478</td>
<td>0</td>
<td>0</td>
<td>137</td>
<td>491</td>
<td>318</td>
<td>115</td>
<td>417</td>
</tr>
<tr>
<td>Testis</td>
<td>32</td>
<td>29</td>
<td>3</td>
<td>32</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Urinary System</td>
<td>567</td>
<td>449</td>
<td>118</td>
<td>400</td>
<td>167</td>
<td>100</td>
<td>114</td>
<td>22</td>
<td>53</td>
<td>51</td>
<td>224</td>
</tr>
<tr>
<td>Bladder</td>
<td>261</td>
<td>185</td>
<td>76</td>
<td>199</td>
<td>62</td>
<td>91</td>
<td>47</td>
<td>16</td>
<td>16</td>
<td>22</td>
<td>69</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>289</td>
<td>247</td>
<td>42</td>
<td>188</td>
<td>101</td>
<td>4</td>
<td>67</td>
<td>4</td>
<td>37</td>
<td>27</td>
<td>148</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>13</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>
### Outcomes Data and Information

#### Brain & Cns

<table>
<thead>
<tr>
<th></th>
<th>265</th>
<th>213</th>
<th>52</th>
<th>123</th>
<th>142</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>2</th>
<th>263</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain (Benign)</td>
<td>16</td>
<td>14</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Brain (Malignant)</td>
<td>97</td>
<td>83</td>
<td>14</td>
<td>62</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>96</td>
</tr>
<tr>
<td>Other</td>
<td>152</td>
<td>116</td>
<td>36</td>
<td>53</td>
<td>99</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>151</td>
</tr>
</tbody>
</table>

#### Endocrine

<table>
<thead>
<tr>
<th></th>
<th>281</th>
<th>240</th>
<th>41</th>
<th>106</th>
<th>175</th>
<th>0</th>
<th>94</th>
<th>11</th>
<th>13</th>
<th>31</th>
<th>68</th>
<th>64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid</td>
<td>217</td>
<td>193</td>
<td>24</td>
<td>65</td>
<td>152</td>
<td>0</td>
<td>94</td>
<td>11</td>
<td>13</td>
<td>29</td>
<td>67</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>64</td>
<td>47</td>
<td>17</td>
<td>41</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>61</td>
</tr>
</tbody>
</table>

#### Lymphatic System

<table>
<thead>
<tr>
<th></th>
<th>328</th>
<th>254</th>
<th>74</th>
<th>195</th>
<th>133</th>
<th>0</th>
<th>66</th>
<th>57</th>
<th>48</th>
<th>97</th>
<th>51</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hodgkin’s Disease</td>
<td>45</td>
<td>36</td>
<td>9</td>
<td>21</td>
<td>24</td>
<td>0</td>
<td>5</td>
<td>16</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Non-Hodgkin’s</td>
<td>283</td>
<td>218</td>
<td>65</td>
<td>174</td>
<td>109</td>
<td>0</td>
<td>61</td>
<td>41</td>
<td>42</td>
<td>88</td>
<td>44</td>
<td>7</td>
</tr>
</tbody>
</table>

#### Unknown Primary

| | 100 | 88 | 12 | 52 | 48 | 0 | 0 | 0 | 0 | 0 | 2 | 98 |

#### Other/Ill-Defined

| | 25 | 21 | 4 | 11 | 14 | 0 | 3 | 1 | 4 | 5 | 2 | 10 |

**Number of cases excluded: 38**

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

**Source:** FHCI Cancer Registry

---

**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 United States, more than 1,500 cancer programs are CoC accredited, with more than 70 percent of patients with cancer in the nation receiving their care at 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 with similar programs. The National Quality Forum (NQF) has identified and endorsed quality metrics reported as indicators of quality oncology care. Based on these indicators, the CoC measures cancer program performance with current CoC quality reporting tools – the Cancer Program Practice Profile Reports (CP³R). By comparing adherence to and consideration of standards of care for specific tumor site populations at quarterly Comprehensive Cancer Committee meetings, quality improvement opportunities that aid in diminishing disparities in care are initiated. No patient identifiers are collected in order to generate the CP³R.

Data are collected for breast, colon, rectum, gastric, lung, cervix, ovary, endometrium, kidney and bladder 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 summary report released by the NCDB provides a performance report for Florida Hospital compared with national and Florida state results, as well as those of cancer programs in the same CoC category as Florida Hospital – Academic Comprehensive Cancer Programs (ACAD). This data is reviewed at quarterly Comprehensive Cancer Committee meetings at Florida Hospital Cancer Institute. More information on the CP³R process and CoC accreditation is available at http://www.facs.org.

**FHCI CANCER PROGRAM PRACTICE PROFILE REPORTS**

**Performance Rates**

<table>
<thead>
<tr>
<th>Site</th>
<th>Measure</th>
<th>CoC Benchmark Compliance Percentage Rate</th>
<th>National</th>
<th>Florida</th>
<th>Same Type CoC Program (Academic Comprehensive Cancer Program)</th>
<th>Florida Hospital Cancer Institute</th>
</tr>
</thead>
</table>

2015 Performance Rates - Percentages

94 For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
<table>
<thead>
<tr>
<th>Bladder</th>
<th>BL2RLN - At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)</th>
<th>Not Applicable</th>
<th>92.9</th>
<th>92.2</th>
<th>95</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>BLCSTRI - Radical or partial cystectomy; or tri-modality therapy (local tumor destruction/excision with chemotherapy and radiation) for clinical T2,3,4 N0 M0 patients with urothelial carcinoma of the bladder, first treatment within 90 days of diagnosis (Surveillance)</td>
<td>Not Applicable</td>
<td>59.9</td>
<td>47.5</td>
<td>66.3</td>
<td>45.5</td>
</tr>
<tr>
<td><strong>Bladder</strong></td>
<td><strong>BLCT - Neo-adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance)</strong></td>
<td><strong>Not Applicable</strong></td>
<td><strong>67</strong></td>
<td><strong>67.1</strong></td>
<td><strong>68</strong></td>
<td><strong>50</strong></td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td><strong>BCS - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)</strong></td>
<td><strong>Not Applicable</strong></td>
<td><strong>64.6</strong></td>
<td><strong>62.8</strong></td>
<td><strong>63.2</strong></td>
<td><strong>61.6</strong></td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td><strong>nBx - Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)</strong></td>
<td><strong>80</strong></td>
<td><strong>92.7</strong></td>
<td><strong>89.2</strong></td>
<td><strong>93.1</strong></td>
<td><strong>83.5</strong></td>
</tr>
<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>93.8</td>
<td>90.2</td>
<td>93.9</td>
<td>90.2</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<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>90.9</td>
<td>86.5</td>
<td>91.7</td>
<td>96.6</td>
</tr>
<tr>
<td></td>
<td>BCSRT - 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>
<td>90</td>
<td>91.1</td>
<td>86.7</td>
<td>91.8</td>
<td>96.6</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Applicable</td>
<td>92.9</td>
<td>89.7</td>
<td>92.2</td>
<td>85.9</td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
<table>
<thead>
<tr>
<th>Colon</th>
<th>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)</th>
<th>Not Applicable</th>
<th>90.1</th>
<th>82.2</th>
<th>89.6</th>
<th>75.6</th>
</tr>
</thead>
<tbody>
<tr>
<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>91.4</td>
<td>90.1</td>
<td>93.2</td>
<td>93.5</td>
</tr>
<tr>
<td>Rectum</td>
<td>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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>85</td>
<td>89.3</td>
<td>87.4</td>
<td>89.3</td>
<td>94.1</td>
<td></td>
</tr>
<tr>
<td>Tumor Site</td>
<td>Description</td>
<td>G15RLN</td>
<td>PD1RLN</td>
<td>Not Applicable</td>
<td>10RLN</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>--------</td>
<td>--------</td>
<td>----------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td><strong>Gastric</strong></td>
<td>G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)</td>
<td>80%</td>
<td>58.3</td>
<td>53.1</td>
<td>65.9</td>
<td>75</td>
</tr>
<tr>
<td><strong>Kidney</strong></td>
<td>PD1RLN - At least 1 regional lymph node is removed and pathologically examined for primary resected unilateral nephroblastoma (Surveillance)</td>
<td>Not Applicable</td>
<td>94.8</td>
<td>no data</td>
<td>92.2</td>
<td>no data</td>
</tr>
<tr>
<td><strong>Lung</strong></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>
<td>Not Applicable</td>
<td>42.8</td>
<td>38.7</td>
<td>47.4</td>
<td>50</td>
</tr>
<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>93</td>
<td>91.9</td>
<td>92.4</td>
<td>97.5</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<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>93.3</td>
<td>92.8</td>
<td>92.5</td>
<td>95.8</td>
</tr>
<tr>
<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>
<td>Not Applicable</td>
<td>78.6</td>
<td>82.8</td>
<td>79.9</td>
<td>90.9</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Cervix</td>
<td>CERCT - Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance)</td>
<td>Not Applicable</td>
<td>89</td>
<td>92.8</td>
<td>89.7</td>
<td>95.2</td>
</tr>
<tr>
<td>Location</td>
<td>Description</td>
<td>Not Applicable</td>
<td>74.5</td>
<td>75.9</td>
<td>79.2</td>
<td>93.8</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endometrium</td>
<td>ENDCTRT - Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)</td>
<td></td>
<td>83.4</td>
<td>77.3</td>
<td>87.2</td>
<td>91.4</td>
</tr>
<tr>
<td>Endometrium</td>
<td>ENDLRC - Endoscopic, laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)</td>
<td></td>
<td>75.3</td>
<td>80.5</td>
<td>73.6</td>
<td>71.6</td>
</tr>
<tr>
<td>Ovary</td>
<td>OVSAL - Salpingooophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer (Surveillance)</td>
<td>Not Applicable</td>
<td>72.2</td>
<td>72.7</td>
<td>72.3</td>
<td>70</td>
</tr>
</tbody>
</table>

*As of February, 2018
Source: National Cancer Data Base*

**CENTER FOR INTERVENTIONAL ENDOSCOPY**

**Robert Hawes, MD**  
Medical Director  
Institute for Minimally Invasive Therapy

**Shyam Varadarajulu, MD**  
Medical Director  
Center for Interventional Endoscopy

**Ji Young Bang, MD**  
Medical Director  
Center for Interventional Endoscopy – Research

**Udayakumar Navaneethan, MD**
Since the founding of the Center for Interventional Endoscopy (CIE) in 2012, significant progress has been made in fulfilling its core mission: to provide high-quality clinical care, conduct cutting-edge clinical research, and train the next generation of endoscopists. In 2017, CIE retained its status as the largest-volume endoscopic ultrasound (EUS) unit in North America and is the fourth-largest program globally. Endoscopic Retrograde Cholangiopancreatography (ERCP) volume exceeded 1,638, and more than 600 endoscopic mucosal resection procedures were performed.

CIE’s research portfolio remains robustly vibrant, with eight randomized trials and six prospective clinical studies evaluating cutting-edge endoscopic interventions or novel technology. Faculty published 19 peer-reviewed manuscripts, with four abstracts selected for podium presentations at the Digestive Diseases Week and the Pancreas Club Annual Meeting. The team published research findings in high-impact journals, such as the *Annals of Surgery* and *GUT*, and was recognized with awards at the United European Gastroenterology Week, Vienna, and the Pancreas Club Annual Meeting.

In its seventh year, CIE has moved into the next phase of its mission: initiation of novel procedural services, evaluation of new techniques in clinical trials, and integration of digital technology in endoscopic education. The third space endoscopy program was launched with the performance of per-oral endoscopic myotomy (POEM) procedures.

**2017 Highlights**

- Doctors from CIE gave nine scientific presentations at five national and international conferences.

- Orlando Live Endoscopy was the single largest symposium, with 233 delegates from 24 countries attending, and 10 experts from nine countries performing 42 procedures.

- 90 percent abstract-to-manuscript conversion rate for publication in high-impact peer-reviewed clinical journals.

- Six studies were honored and awarded at four national and international conferences.

**Publications**


For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Patient Referral Statistics

Patients are referred to CIE for expert care from across the United States and internationally. In 2017, patients were referred from 30 states, two U.S. territories and six countries. More than 50 percent of patients treated at CIE originated from outside the Orlando tri-county area.

- Total Number of Procedures: 8,288

- 6,797 Florida Patients
  - 2,555 Patients from Orlando Tri-County
  - 4,242 Patients from outside Orlando Tri-County

- 109 patients from outside of Florida (from 30 States)

- Two patients from U.S. territories (Puerto Rico and Virgin Islands)

- 13 international patients
  - Brazil, England, Spain, Venezuela, India, Canada

ONCOLOGY CLINICAL PERFORMANCE IMPROVEMENT

Meiling Wu, MSN, RN, BSN, MSN
Project Manager
Clinical Performance Improvement
Florida Hospital Cancer Institute

Westley Sheng
Clinical Quality Improvement Coordinator
Clinical Performance Improvement
Florida Hospital Cancer Institute
**Poster Presentations**


Barr L, Burner HM, Wu M; “A Method to Integrate an Institutional Database with Multiple Practice EHRs”; ASCO Quality Symposium Conference, Orlando; February 2017.

**CONTINUING MEDICAL EDUCATION**

**Tumor Boards**

A total of 2,863 cases were presented at 393 Tumor Boards in 2017, and 99.5 percent of those presented were prospective. Most Tumor Boards (354) 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, with co-moderators Henry Ho, MD; and Lee Zehngebot, MD; were held on March 30 and Aug. 31. Two Urology Journal Club programs, with co-moderators Vipul Patel, MD; Jeffrey Brady, MD; and Inoel Rivera MD; were held on April 20 and Nov. 9.

**Best of American Society of Clinical Oncology (ASCO®) Annual Meeting**

The FHCI’s Best of ASCO® 2017 Annual Meeting is a two-day program licensed by the American Society of Clinical Oncology.

Program directors: Tarek Mekhail, MD; Louis H. Barr, MD; and Matthew Biagioli, MD. Invited faculty speakers: David J. Adelstein, MD, Cleveland Clinic; Rachid Baz, MD, H. Lee Moffit Cancer Center; G. Thomas Budd, MD, Cleveland Clinic; Steven M. Horwitz, MD, Memorial Sloan Kettering Cancer Center; Thomas Hutson, DO, Charles A. Sammons Cancer Center; John M. Kirkwood, MD, University of Pittsburgh Cancer Institute; Nancy Lee, MD, Memorial Sloan-Kettering Cancer Center; John L. Marshall, MD, Georgetown University Medical Center; Derek Raghavan, MD, Levine Cancer Institute; and Ayalew Tefferi, MD, Mayo Clinic College of Medicine. Faculty speakers from FHCI: Bruce H. Haughey, MBChB; Herbert B. Newton, MD, and Mark Socinski, MD. Held at Hyatt Regency Grand Cypress, Orlando, June 24-25, 2017.
Oncology Grand Series – Werner Auditorium at Florida Hospital

August: “Management of Metastatic Disease to the Liver from Colon Cancer” with moderator J. Pablo Arnoletti, MD, and guest speaker Timothy Pawlik, MD, Ohio State University Wexner Medical Center. Speaker panel: Timothy Pawlik, MD; Sebastian de la Fuente, MD; Ahmed Zakari, MD; John Monson, MD and Timothy Pawlik, MD.

October: “The Role of Stem Cell Transplantation in Multiple Myeloma” with moderator Tarek Mekhail, MD, and speaker Steven Goldstein, MD.

ONCOLOGY NURSING

2017 Highlights

• FHCI oncology patients were cared for by 42 oncology-certified nurses (adult-patient care), three certified pediatric oncology nurses, and 16 certified pediatric nurses.
• Eighty-four nurses were certified through the FHCI Chemotherapy Workshops for Oncology Nurses.
• In 2017, 306 nurses were re-certified through 90-minute FHCI Chemo Blitz sessions held 26 times at seven Florida Hospital locations.
• FHCI’s Oncology Nursing Conference was attended by 135 nurses.
• The National Pediatric Chemotherapy and Biotherapy Provider Course was completed by 23 nurses.

Oncology Inpatient Discharges
by Campus

<table>
<thead>
<tr>
<th>Campus</th>
<th>Oncology Inpatient Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Orlando</td>
<td>3,876</td>
</tr>
<tr>
<td>Florida Hospital Altamonte</td>
<td>966</td>
</tr>
<tr>
<td>Florida Hospital Apopka</td>
<td>19</td>
</tr>
<tr>
<td>Florida Hospital East Orlando</td>
<td>389</td>
</tr>
<tr>
<td>Florida Hospital Winter Park</td>
<td>454</td>
</tr>
</tbody>
</table>
PATIENT SUPPORT AND COMMUNITY OUTREACH

Cancer Resource Libraries
A team of 25 to 35 volunteers staff the FHCI Cancer Resource Libraries, providing patients, health care professionals and the community access to more than 400 pamphlets, books and DVDs about cancer and its treatment, side-effect management, support and coping, self-esteem and prevention. The libraries also feature CancerHelp interactive computers with touch-screen navigation for easy access to the latest information from the National Cancer Institute. Educational resources have been expanded to include an online library containing teaching videos for chemotherapy, radiation and surgical patients. The community has access to these resources as well. The library also provides educational materials in support of community events.

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.

COMMUNITY PARTNERSHIPS AND EVENTS

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

American Cancer Society
- Relay for Life (Central Florida Market)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Kissimmee</td>
<td>256</td>
</tr>
<tr>
<td>Florida Hospital Celebration</td>
<td>1,642</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,602</strong></td>
</tr>
</tbody>
</table>

*Source: Florida Hospital Research*
American Lung Association
- Cars for the Cure
- Fight for Air Climb
- Lung Force Expo Orlando
- Lung Force Run/Walk

Colon Cancer Coalition
- Get Your Rear in Gear 5K

Leukemia & Lymphoma Society
- Man of the Year
- Light the Night

Pancreatic Cancer Action Network (PANCAN)
- PurpleStride Pancreatic Cancer Awareness 5K

Melissa Vosburg Foundation
- Melissa’s Race to Battle Brain Cancer

Ongoing Events
- Bone Marrow Transplant Reunion
- City of Orlando Wellness Expo
- Colorectal Cancer Awareness Month – Employee Events
- Corporate and Employee Health Fairs
- Florida Hospital Pink Out Campaign
- Florida Hospital Pink on Parade 5K

PHILANTHROPY
Generosity Heals
About Florida Hospital Foundation

Florida Hospital is a tax-exempt, community-benefit organization, 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 and ultimately supports our mission to extend the healing ministry of Christ. In 2017, more than $2 million was raised to support cancer care 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, our Integrative and Creative Arts Therapies Program now has an innovative space on the Orlando campus to support monthly creative art support groups as well as complimentary individual sessions for oncology patients. Our creative arts therapists use live music and art media during the therapy process, improving a cancer patient’s overall quality of life and wellbeing – physiologically, emotionally, neurologically and spiritually. This program and build out of this new space were fully funded through philanthropy in 2017.

Community contributions also helped purchase new radiation therapy equipment to support brachytherapy services. Over 3,000 cancer patients received vital financial assistance, and an additional 2,660 women received scholarships for screening mammograms and further diagnostic testing to detect breast cancer. Other generous contributions allowed us to conduct clinical and translational cancer research, offer support through our Cancer Resource Libraries, and facilitate image recovery through our Eden Spas.

2017 Funding Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Gifts</td>
<td>$1,435,638.24</td>
</tr>
<tr>
<td>1908 Society</td>
<td>$193,491.76</td>
</tr>
<tr>
<td>Annual Fund</td>
<td>$178,450.70</td>
</tr>
<tr>
<td>Events</td>
<td>$107,470.05</td>
</tr>
<tr>
<td>Grants</td>
<td>$94,319.72</td>
</tr>
</tbody>
</table>

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
<table>
<thead>
<tr>
<th>Total</th>
<th>$2,009,370.47</th>
</tr>
</thead>
</table>

Source: Florida Hospital Foundation

**Fundraising Trend for FHCI: 2007-2017**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,796,272</td>
<td>$1,608,022</td>
<td>$2,075,368</td>
<td>$1,503,610</td>
<td>$3,275,435</td>
<td>$1,575,159</td>
<td>$2,343,494</td>
<td>$2,393,727</td>
<td>$4,501,487</td>
<td>$1,516,245</td>
<td>$2,009,370</td>
</tr>
</tbody>
</table>

Source: Florida Hospital Foundation
Thank you to our generous donors!

Recognized for cumulative giving in 2017

**PHILANTHROPIST**
*Gifts of $1,000,000+*
- Dr. and Mrs. Ben and Margaret Guedes
- Kids Beating Cancer, Inc.

**HUMANITARIAN**
*Gifts of $500,000 - $999,999*
- Runway to Hope and The NeJame Family

**VISIONARY**
*Gifts of $250,000 - $499,999*
- The Estate of Homer Allen

**CENTURION**
*Gifts of $100,000 - $249,999*
- DS Services of America, Inc.

**LEADER**
*Gifts of $50,000 - $99,999*
- Delta Delta Delta Alumni Association
- Fraternal Order of Eagles, Grand Aerie
- Just In Queso Foundation

**INVESTOR**
*Gifts of $25,000 - $49,999*
- Diana J. Boyce
- David and Gena Collis
- The FINFROCK Family of Companies
- Florida State Auxiliary, Inc. Fraternal Order of Eagles
- Market Traders Institute, Inc.
- Melissa Vosburg, Inc.
- Peter and Linnae Williams

**BENEFACTOR**
Gifts of $10,000 - $24,999
The 4R Foundation, Inc.
4R Restaurant Group, LLC
Absolute Thinking, Inc.
Dr. Pablo Arnoletti
Baterbys LLC
Dr. Analia Castiglioni
Ingeborg Ellzey
Edward and Connie Gilbert
Clifford & LaVonne Graese Foundation
The Susan G. Komen Breast Cancer Foundation, Inc.
Benjamin E. and Mary L. Ramsey
Monica and Johnny Rivers, Jr.
Track Shack of Orlando

PATRON
Gifts of $1,000 - $9,999
George and Anne Andrews
Emily Badger
Baker & Hostetler, LLP
Samuel and Semenawit Giday
Beyer & Brown, Inc.
Mary Brown
The Brumback Family
Buckhead Beef
Caris MPI, Inc.
Tony and RoseMarie Cazeau
Central Florida Pathology Associates, PA
Chick-fil-A at Colonial Plaza Market Center FSU
Classic Honda
Classic Mazda
Dr. and Mrs. Bruce R. Crossman, Jr.
Eugene and Deborah Curcio
Peter and Rebecca DeRosa
Disney VoluntEARS
DM Restaurant Enterprises, Inc.
Eventbrite
Stephen and Judith Flanagan
Florida Society of Clinical Oncology
Fraternals Order of Eagles Aerie #3496
Fraternals Order of Eagles #3658
Fraternals Order of Eagles #4250
Fraternals Order of Eagles Aerie # 4147
Fraternals Order of Eagles Aerie #10012
Fraternals Order of Eagles Aerie #3296
Fraternals Order of Eagles Auxiliary # 4216
Fraternals Order of Eagles Auxiliary #3997
Fraternals Order of Eagles Auxiliary #4249
Fraternals Order of Eagles
Fraternals Order of Eagles
Fraternals Order of the Eagles Aerie #3550
Global Golf Products
GrayRobinson, PA
Jon M. Hall Company
Arlene K. Herrin
Kay Hill
Dr. and Mrs. Rodney F. Holcomb
Holler Honda
Hotel Plaza Association, Inc.
JLK Constructors Co., Inc.
Kenney Communications, Inc.
Thomas Kidd
Shannon Kominowski
Lake Mary Preparatory School
Vincent Laruffa
Logogram, Inc.
Hank Lowry Electric, Inc.
Jason and Ronni Mendelsohn
Mercedes Benz of North Orlando
Beth Murray
John O'Hey
One Blood
Orlando Volleyball Academy
Dave and Jamie Patchin
Charles Perry Partners, Inc.
Premiere Show Group

For more information visit our Website at FloridaHospitalCancer.com | 2017 Outcomes Data and Information
Anthony Pupo
Rich Reis
Mark and Jean Roland
Rosen Shingle Creek Resort
RX Plus Pharmacy
Gary and Pam Sain in memory of Jack Wooldridge
Patricia R. Salvatore
Dr. Mariolina Salvatori
Sams Gas
Celia Satterwhite
Seminole County Firefighters
Scott Skiles
Skinnerstrong Foundation, Inc.
Michele Steger
Stowell Company, Inc.
Marie Stuart
Symantec Corp.
The Boone Sports Legacy Board, Inc.
Martin Truex Jr. Foundation
UCF Athletic Ticket Office
Wayne Automatic Fire Sprinklers, Inc.
Westgate Resorts Foundation, Inc.
Dr. Jennie Yoon and Mr. Larry Buchanan
Jazlyn Zombo

Your Legacy

As a donor and friend supporting Florida Hospital, you’re making an investment in the future of cancer care. Financial contributions directly impact the lives of those battling cancer and assist our expert clinical team by providing necessary cutting-edge technology and personalized care to enhance our clinical outcomes, reduce the cost of health care and lead to more cancer cures. These outcomes are integral on our journey towards becoming a National Cancer Institute designated cancer center.

We hope you will consider a contribution and leave a legacy of hope and healing through Florida Hospital. For more information about ways to give, contact Florida Hospital Foundation at (407) 303-2784 or via email to FoundationInfo@FLHosp.org.
2017 LEADERSHIP

FHCI Governance Council Members

Bryan Allinson, Senior Director, Cancer Research
Dr. Carlos Alemany, Medical Director, Urologic Oncology; Associate Director, Clinical Research
Dr. Juan Pablo Arnoletti, Chief, Surgical Oncology; Chair, Gastrointestinal Cancer Leadership Committee
Andrew Bair, Vice President, Winter Park Memorial Hospital
Dr. Louis Barr, Associate Director, Chair, Breast Cancer Leadership Committee; Chair, Comprehensive Cancer Committee
Kay Barnett, Director of Business Development
Dr. Matthew Biagioli, Medical Director, Radiation Oncology
Cheryl Chestnutt, Senior Vice President, Clinical Services
Vicki Chilcott, Vice President, Florida Hospital Medical Group
Paula Daniel, Director of Nursing-Orlando
Dr. Melvin Field, Co-Medical Director, Brain and Spine Tumor Program; Neurosurgical Director, Gamma Knife Center and Neuroscience Institute
Dr. Neil Finkler, Chief Medical Officer and Senior Vice President
Steve Forbrick, Director CHN
Heather Fox, FHCI Administrator
Dr. Steven Goldstein, Medical Director, Bone Marrow Transplant Program
Rob Herzog, Vice President, Research Operations
Dr. Henry Ho, Co-Director, Head and Neck Surgery; President, The Ear, Nose, Throat and Plastic Surgery Associates
Dr. Robert Holloway, Medical Director, Gynecologic Oncology
Dr. James Kendrick, Director, Clinical Operations, Gynecologic Oncology
Dr. Joseph Ma, Pathology and Neuropathology
Dr. Scott Magnuson, Co-Director, Head and Neck Surgery, Chief Medical Officer, Florida Hospital Celebration Health; Director, Robotic Head and Neck Surgery, Florida Hospital Nicholson Center for Robotic Surgery
Jillyan McKinney, Director, Strategic Planning
Dr. Tarek Mekhail, Medical Director, Thoracic Cancer Program
Pierre Monice, Vice President, Florida Hospital Altamonte
Dr. John Monson, Colon and Rectal Surgery
Dr. Herbert Newton, Medical Director, Neuro Oncology
Dr. Inoel Rivera, Director, Urologic Oncology; Chair, Uro-oncology Leadership Committee
Dr. Christopher Rush, Radiology Specialists of Florida
Dr. Kunal Saigal, Radiation Oncology
Andrew Santos, Director, Strategy and Development
Dr. Michael D. Seidman, Otolaryngology and Neurotologic Surgery
Dr. Ravi Shridhar, Radiation Oncology
Dr. Steven R. Smith, Chief Scientific Officer
Dr. Mark A. Socinski, Executive Medical Director; Member, Thoracic Oncology Program
Kari Vargas, Vice President, Business Development and Innovation  
Jeff Villanueva, Senior Vice President, Florida Hospital Kissimmee  
Bryan Wright, AVP, Digestive Health and Surgical Advancement  
Cynthia Ware, Director, Ambulatory Infusion

**Comprehensive Cancer Committee Members**

Martha Cuffel, Corporate Relations  
Natalie Strachn, Corporate Relations  
Heather Burner, CTR, Cancer Registry Quality Control Coordinator  
Susan Robertson, Cancer Registry  
Sue Coakley, MHA, CCRP, Clinical Research  
Helen Roorda, RN, BSN, OCN, Community Outreach Coordinator  
Catherine Lindner, Psychosocial Coordinator  
Elena Saldamando, Social Work  
Rose Yue, RN, BSN LHCRM, CPHQ, Quality Improvement Coordinator  
Meiling Wu, RN, MSN, BSN, MSN, Quality Improvement  
Dr. Thomas Ward, Diagnostic Radiology  
Dr. Francisco Contreras, Diagnostic Radiology  
Dr. Peter Pernicone, Pathology  
Alexander Lavigne, DO, Palliative Care  
Richard Cherry, ARNP, Palliative Care  
Holly Myers, Rehabilitation  
Julie Sexton, Rehabilitation  
Nora VandenBrink, RN, OCN, Oncology Nurse Educator  
Dr. Lee Zehngebot, Medical Oncology

**For More Information**  
2501 N. Orange Ave., Suite 289  
Orlando, FL  32804

(407) 303-2000  
(800) 375-7761  
www.FloridaHospitalCancer.com