Welcome

On behalf of our entire care team, I would like to welcome you to AdventHealth. For more than 100 years, we have dedicated ourselves to improving the lives of others by delivering advanced health care to the communities we serve. Our mission — to extend the healing ministry of Christ — has inspired us to build a unique health network dedicated to providing comfort, healing, and the discovery of new treatments and cures.

We’re honored to serve our community and look forward to building upon the medical advances and technologies that will define the future of health care.

Sincerely,

Daryl Tol
President and CEO
AdventHealth, Central Florida Region

For more information visit our website at AdventHealthCancerInstitute.com
The AdventHealth Cancer Institute (AHCI), formerly Florida Hospital 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.

ADVENTHEALTH CANCER INSTITUTE FACTS

- AHCI is one of the largest cancer care providers in the state of Florida.
- Accredited as an Academic Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer.
- AHCI is one of the most active clinical trial sites in the state. Our Clinical Research Center team participates in more than 175 clinical trials each year for all types of cancer.
- One of the most experienced radiation oncology programs in Florida and accredited by the American College of Radiology (ACR) for quality.
- Performing more than 100 adult bone marrow transplants annually and accredited by the Foundation for Accreditation of Cellular Therapy (FACT) for quality.
- World leader in robotic prostatectomy, with Central Florida's first da Vinci® Surgical System.
- Certified by the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative for quality in medical oncology.
- Accredited by the National Accreditation Program for Rectal Cancer (NAPRC) for excellence in rectal cancer care.

Source: Florida Cancer Data Systems
Dear colleagues and community members,

AdventHealth 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 AHCI.

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 renown 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 AHCI 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
AdventHealth Cancer Institute
Member, Thoracic Oncology Program
The AdventHealth Cancer Institute’s Blood and Marrow Transplant Program is Central Florida’s first and only comprehensive blood and marrow transplant center for adults. Our program 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 the blood and marrow transplant program medical director.
- Opened three new clinical research trials for the prevention and treatment of acute and chronic GvHD.

Publications


The AHCI Neuro-Oncology 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 Neuro-Oncology 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. AdventHealth 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 Program 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 Program cared for more than 1,500 patients with brain and spine cancers. The program 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.
Brain and Spine Oncology

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, AdventHealth 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 AHCI patients had survival rates of five years – significantly higher than the national survival rate of less than 35 percent.
As a leader in breast cancer treatment, AHCI 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. AHCI is an innovator in community outreach that has provided thousands of screenings to underserved women.

Publications


Abstracts


Breast Oncology

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.

**Source:** AHCI Cancer Registry
Breast Oncology

Breast Cancer Cases

**STAGE AT DIAGNOSIS BY GENDER**

At AHCI, 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.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>190</td>
<td>409</td>
</tr>
<tr>
<td>I</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>270</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>78</td>
<td>68</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

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10 | AdventHealth Cancer Institute Outcomes Report 2018
Breast Oncology

First-Course Surgery Type

BY STAGE AT DIAGNOSIS

Lumpectomy was the first course of treatment for 47 percent of breast cancer patients in 2017, followed by mastectomy for 36 percent of cases.

<table>
<thead>
<tr>
<th>Cancer Directed Surgery Code</th>
<th>0</th>
<th>I,IA,IB</th>
<th>II,IIA,IIIB</th>
<th>III,IIIA,IIIB</th>
<th>IV</th>
<th>Unknown</th>
<th>Others</th>
<th>Total</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>Overall Totals</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: AFHCI Cancer Registry

Breast Cancer Five-Year Survival

CASES DIAGNOSED 2008-2014

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

- AdventHealth: 92.94%
- SEER: 89.6%

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

2017 HIGHLIGHTS CONT.

• 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 at AdventHealth, 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 AdventHealth Orlando. The operative course trains experienced surgeons in live surgery and cadaveric and didactic sessions using TaTME.
Colorectal Oncology

Colorectal Cancer Cases

AGE AT DIAGNOSIS BY GENDER

In 2017, male and female patients diagnosed at AHCI with colorectal cancer were most likely to be 60 to 69 years old, followed by ages 70 to 79.

![Age Range Graph]

Source: AFHCI Cancer Registry

Colorectal Cancer Five-Year Survival

CASES DIAGNOSED 2008-2014

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

![Survival Rate Chart]

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

Colorectal Cancer Cases

STAGE AT DIAGNOSIS

Almost 26 percent of the 703 patients diagnosed with colon cancer at AHCI were in Stage III of the disease when it was found.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total Cases</th>
<th>%</th>
<th>Stage O</th>
<th>%</th>
<th>Stage I</th>
<th>%</th>
<th>Stage II</th>
<th>%</th>
<th>Stage III</th>
<th>%</th>
<th>Stage IV</th>
<th>%</th>
<th>Unknown</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon</td>
<td>486</td>
<td>69%</td>
<td>30</td>
<td>6%</td>
<td>67</td>
<td>14%</td>
<td>82</td>
<td>17%</td>
<td>124</td>
<td>26%</td>
<td>89</td>
<td>18%</td>
<td>94</td>
<td>19%</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>48</td>
<td>7%</td>
<td>0</td>
<td>0%</td>
<td>12</td>
<td>25%</td>
<td>9</td>
<td>19%</td>
<td>14</td>
<td>29%</td>
<td>6</td>
<td>13%</td>
<td>7</td>
<td>15%</td>
</tr>
<tr>
<td>Rectum</td>
<td>169</td>
<td>24%</td>
<td>8</td>
<td>5%</td>
<td>37</td>
<td>22%</td>
<td>26</td>
<td>15%</td>
<td>44</td>
<td>26%</td>
<td>17</td>
<td>10%</td>
<td>37</td>
<td>22%</td>
</tr>
<tr>
<td>Overall Totals</td>
<td>703</td>
<td>100%</td>
<td>38</td>
<td>5%</td>
<td>116</td>
<td>17%</td>
<td>117</td>
<td>17%</td>
<td>182</td>
<td>26%</td>
<td>112</td>
<td>16%</td>
<td>138</td>
<td>20%</td>
</tr>
</tbody>
</table>
AHCI offers a comprehensive array of treatments and therapies for pancreatic, liver and hepatobiliary cancers, 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, Liver and Hepatobiliary Oncology Program 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, Liver and Hepatobiliary Oncology Program offers 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. AHCI’s comprehensive approach also helps patients manage the emotional, physical, and nutritional impact of cancer. AHCI is committed to education and treatment that improves the lives of our patients and their families.

**Publications**


**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, Liver and Hepatobiliary Oncology

Abstracts


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 AHCI.

<table>
<thead>
<tr>
<th>Class</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Analytical</td>
<td>72</td>
<td>214</td>
</tr>
<tr>
<td>Analytical</td>
<td>174</td>
<td>316</td>
</tr>
<tr>
<td>Total</td>
<td>389</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage at Diagnosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>15</td>
</tr>
<tr>
<td>I</td>
<td>112</td>
</tr>
<tr>
<td>II</td>
<td>76</td>
</tr>
<tr>
<td>III</td>
<td>37</td>
</tr>
<tr>
<td>IV</td>
<td>110</td>
</tr>
<tr>
<td>Unknown</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: AHCI Cancer Registry

* Analytical patients have some or all of their first course of treatment at one or more of our AH Central Region - South facilities
Source: AHCI Cancer Registry

Source: AHCI Cancer Registry
Pancreatic, Liver and Hepatobiliary Oncology

Pancreatic Cancer Cases

AGE AT DIAGNOSIS BY GENDER

14 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.

Source: AHCI Cancer Registry

Pancreatic Cancer Cases

FIVE-YEAR SURVIVAL

Cases Diagnosed 2008-2014

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

AHCI Tri-County vs. SEER (SEER = Surveillance, Epidemiology and End-Results)
Sources: AHCI Cancer Registry; SEER.gov CanQues
The AdventHealth Gynecologic Oncology Program at AHCI 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 AdventHealth’s advanced robotic training courses and physician observations. The Gynecologic Oncology Program’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

• AdventHealth 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 Program 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).
• AdventHealth Gynecologic Oncology Program initiated the Accreditation Council for Graduate Medical Education (ACGME) transition process, Fellowship Program expansion (with laboratory experience and dedicated research year and Wellness program).
**Publications**


Gynecologic Oncology

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.


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.
Gynecologic Oncology

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>Survival by Stage</th>
<th>LOCALIZED</th>
<th>REGIONAL</th>
<th>DISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCI Tri-County</td>
<td>91.7%</td>
<td>56%</td>
<td>17.2%</td>
</tr>
<tr>
<td>SEER</td>
<td>90%</td>
<td>59%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Cervical Cancer Cases

**FIVE-YEAR SURVIVAL**

Cases Diagnosed 2008-2014

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

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

Ovarian Cancer Cases

**AGE AT DIAGNOSIS**

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

![Age Distribution Chart]

Source: AHCI Cancer Registry

Ovarian Cancer Cases

**STAGE AT DIAGNOSIS**

In 2017, 82 percent of patients diagnosed with ovarian cancer at AHCI were in Stage III or later.

![Stage Distribution Chart]

Source: AHCI Cancer Registry

Ovarian Cancer Cases

**EXTENT OF DISEASE AT DIAGNOSIS**

Breakdown by SEER Summary Stage

<table>
<thead>
<tr>
<th>Extent of Disease</th>
<th>Localized</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survival by Stage</td>
<td>92.3%</td>
<td>74.5%</td>
<td>29.2%</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>69%</td>
<td>44%</td>
</tr>
</tbody>
</table>

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

Ovarian Cancer Cases

**FIVE-YEAR SURVIVAL**

Cases Diagnosed 2008-2014

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

![Survival Rate Chart]

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

Uterine Cancer Cases

AGE AT DIAGNOSIS
More than 39 percent of patients diagnosed with uterine cancer at AHCI in 2017 were ages 60 to 69.

EXTENT OF DISEASE AT DIAGNOSIS
Breakdown by SEER Summary Stage

<table>
<thead>
<tr>
<th>Survival by Stage</th>
<th>LOCALIZED</th>
<th>REGIONAL</th>
<th>DISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.9%</td>
<td>68.6%</td>
<td>16.3%</td>
<td></td>
</tr>
<tr>
<td>91%</td>
<td>72%</td>
<td>24%</td>
<td></td>
</tr>
</tbody>
</table>

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

FIVE-YEAR SURVIVAL
Cases Diagnosed 2008-2014
The five-year survival rate for uterine cancer patients treated at AHCI compared to national data.

Source: AHCI Cancer Registry
Gynecologic Oncology

Gynecologic* Cancer Cases

EXTENT OF DISEASE AT DIAGNOSIS
Breakdown by SEER Summary Stage

<table>
<thead>
<tr>
<th>Survival by Stage</th>
<th>LOCALIZED</th>
<th>REGIONAL</th>
<th>DISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.97%</td>
<td>64.43%</td>
<td>20.9%</td>
<td></td>
</tr>
<tr>
<td>91%</td>
<td>69%</td>
<td>36%</td>
<td></td>
</tr>
</tbody>
</table>

Gynecologic* Cancer Cases

FIVE-YEAR SURVIVAL
Cases Diagnosed 2008-2014

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

73.07% 64.9%

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

*GYNECOLOGIC = CERVICAL, UTERINE & OVARIAN
Gynecologic Oncology

Gynecologic Cancer Surgeries

ROBOTIC PROCEDURES VS. TOTAL PROCEDURES

Cases diagnosed 2007-2017

Robotic surgeries continued to represent the greatest number of surgical procedures used to treat patients with gynecologic cancer at AHCI, with nearly 56 percent of cases in 2017.

Major Surgical Cases
The AHCI 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 Oncology

#### Head and Neck Cancer Cases

**SITE BY GENDER**

At AHCI, 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>Thyroid Gland</td>
<td>64</td>
<td>151</td>
<td>215</td>
</tr>
<tr>
<td>Tonsil</td>
<td>50</td>
<td>3</td>
<td>53</td>
</tr>
<tr>
<td>Base of Tongue</td>
<td>46</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>Larynx</td>
<td>36</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>Other Parts of Tongue</td>
<td>26</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Skin</td>
<td>20</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>10</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>5</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>9</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Other/Unspecified Parts Of Mouth</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Other Oral Cavity</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Lip</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Nasal Cavity &amp; Middle Ear</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Gum</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Palate</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Connective Subcutaneous Other Soft Tissue</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other Salivary Glands</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pyriform Sinus</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Trachea</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Head and Neck Cancer Cases

**AGE BY GENDER AT DIAGNOSIS**

51 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.

**Total:**
- 314 Men
- 229 Women

Source: AHCI Cancer Registry

Head and Neck Cancer Cases

**FIVE-YEAR SURVIVAL**

Cases Diagnosed 2008-2014

The five-year survival rate for head and neck cancer patients treated at AdventHealth compared to national data.

Source: AHCI Cancer Registry, SEER.gov CanQues

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Head and Neck Quality Metrics Report

**LENGTH OF STAY**

Cases Diagnosed 2012-2017

Source: AdventHealth Head and Neck Oncology Database

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Head and Neck Quality Metrics Report

**SURGICAL SITE INFECTION 2012-2017**

Source: AdventHealth Head and Neck Oncology Database
Pediatric Oncology

The Pediatric Hematology & Oncology offers cancer 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.

Pediatric Cancer Cases

Age at Diagnosis by Gender

In 2017, AHCI 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.

Publications

## Pediatric Oncology

### Pediatric Cancer Cases

**DIAGNOSIS BY GENDER**

Blood and bone marrow and brain cancers were the most commonly treated childhood cancers at AHCI 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>%</td>
<td>Number</td>
</tr>
<tr>
<td>Adrenal Gland</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Blood &amp; Bone Marrow</td>
<td>17</td>
<td>31%</td>
<td>8</td>
</tr>
<tr>
<td>Bones, Joints &amp; Articular Cartilage</td>
<td>3</td>
<td>5%</td>
<td>1</td>
</tr>
<tr>
<td>Bones, Joints &amp; Other Unspecified Sites</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Brain</td>
<td>16</td>
<td>29%</td>
<td>7</td>
</tr>
<tr>
<td>Connective Subcutaneous Other Soft Tissue</td>
<td>3</td>
<td>5%</td>
<td>1</td>
</tr>
<tr>
<td>Heart Mediastinum Pleura</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Kidney</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Liver &amp; Bile Ducts</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>3</td>
<td>5%</td>
<td>2</td>
</tr>
<tr>
<td>Meninges</td>
<td>1</td>
<td>2%</td>
<td>0</td>
</tr>
<tr>
<td>Other Endocrine Glands</td>
<td>1</td>
<td>2%</td>
<td>0</td>
</tr>
<tr>
<td>Other Ill-Defined Sites</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Retroperitoneum &amp; Peritoneum</td>
<td>2</td>
<td>4%</td>
<td>0</td>
</tr>
<tr>
<td>Testis</td>
<td>1</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>2</td>
<td>4%</td>
<td>0</td>
</tr>
</tbody>
</table>

*Source: AHCI Cancer Registry*
AdventHealth 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®, and intra-cavity and interstitial brachytherapy.

AdventHealth 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


Thoracic Oncology

Mark A. Socinski, MD
Executive Medical Director
AdventHealth Cancer Institute

Tarek Mekhail, MD, MSc, FRCSI, FRCSEd
Medical Director
Thoracic Cancer Program
Advent Health Cancer Institute

Joseph Boyer, MD
Surgical Director
Thoracic Cancer Program
Advent Health Cancer Institute

The AHCI 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. AHCI 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.
Thoracic Oncology

Publications


Thoracic Oncology

Lung Cancer Cases

AGE AT DIAGNOSIS BY GENDER

In 2017, almost one-third of males diagnosed with lung cancer at AHCI were from 60 to 69 years old, while 38 percent of women were diagnosed between the ages of 70 to 79.

Source: AHCI Cancer Registry
Chart depicts number of patients.
Thoracic Oncology

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.

Lung Cancer Cases

FIVE-YEAR SURVIVAL

Cases Diagnosed 2008-2014

The five-year survival rate for lung cancer patients treated at AHCI significantly exceeded national data.

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

Lung Cancer Primary Procedures

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>18.2%</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>6</td>
<td>0%</td>
</tr>
<tr>
<td>Lobectomy</td>
<td>106</td>
<td>1%</td>
</tr>
<tr>
<td>Sleeve Resection</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>15</td>
<td>0%</td>
</tr>
<tr>
<td>Wedge (s)</td>
<td>24</td>
<td>4.4%</td>
</tr>
<tr>
<td>Biopsies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mediastinoscopy</td>
<td>59</td>
<td>0%</td>
</tr>
<tr>
<td>Chamberlain</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Pleural Bx</td>
<td>7</td>
<td>0%</td>
</tr>
<tr>
<td>Mediastinal LN</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Mediastinal Mass</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pericardial Window</td>
<td>9</td>
<td>12.5%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>Overall Total</td>
<td>254</td>
<td></td>
</tr>
</tbody>
</table>

Source: AHCI Thoracic Surgery Database

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: AHCI Thoracic Surgery Database
AHCI’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. AHCI 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 the AdventHealth 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 Colombiana 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.
Urologic Oncology

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: 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


Urologic Oncology

Genitourinary Cancer Case Incidence

By Site and Gender

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

Source: AHCI Cancer Registry

Prostate Cancer Cases

Age at Diagnosis

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

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Gland</td>
<td>1478</td>
<td>1478</td>
<td>0</td>
</tr>
<tr>
<td>Kidney</td>
<td>266</td>
<td>175</td>
<td>91</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>261</td>
<td>198</td>
<td>63</td>
</tr>
<tr>
<td>Testis</td>
<td>35</td>
<td>34</td>
<td>0</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>Penis</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Other &amp; Unspecified Urinary Organs</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other &amp; Unspecified Male Genital Organs</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Overall Totals</td>
<td>2088</td>
<td>1918</td>
<td>169</td>
</tr>
</tbody>
</table>

Source: AHCI Cancer Registry

Total: 1478
**Urologic Oncology**

**Prostate Cancer Cases**

**STAGE AT DIAGNOSIS**

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

![Bar chart showing prostate cancer cases by stage at diagnosis.](chart)

**Prostate Cancer**

**FIVE-YEAR SURVIVAL**

_Cases Diagnosed 2007-2014_

The five-year survival rate of AHCI 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.

![Survival rates comparison between AHCI and SEER.](chart)
**Urologic Oncology**

**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.

![Age Distribution Bar Chart]

*Source: AHCI Cancer Registry*

**Bladder Cancer Cases**

**STAGE AT DIAGNOSIS BY GENDER**

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.

![Stage Distribution Bar Chart]

*Source: AHCI Cancer Registry*
Kidney Cancer Cases

**AGE AT DIAGNOSIS BY GENDER**

AHCI diagnosed 287 cases of kidney cancer in 2017. Both male and female patients were most likely to be from 60 to 69 years.

**STAGE AT DIAGNOSIS BY GENDER**

At AHCI in 2017, kidney cancer was most frequently diagnosed in both men and women at stage I.
### Urologic Oncology

#### Penile Cancer Cases

**AGE AT DIAGNOSIS**

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

![Age at Diagnosis Chart](chart1)

**STAGE AT DIAGNOSIS**

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

Number of Cases Excluded: 0

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

![Stage at Diagnosis Chart](chart2)

*Source: AHCI Cancer Registry*
Urologic Oncology

Testicular Cancer Cases

**AGE AT DIAGNOSIS**

34 patients were diagnosed with testicular cancer in 2017, most of whom were between the ages of 20 and 39.

**STAGE AT DIAGNOSIS**

In 2017, almost one-third of patients with testicular cancer were diagnosed in stages I, II or III.
AHCI 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, 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 AHCI referrals to cancer rehabilitation patients grew three percent, reaching 675 patients.
Research Overview

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
Lorraine Hickson, MRA, CCRP, Manager, Clinical Research and Regulatory, Celebration Hospital
Cameron Richardson, RN, BSN, OCN, Clinical Research Nurse Manager, Translational Research and NCI Strategy
Felipe Valerio, CCRC, CCRA, DHA, New Study Acquisition Coordinator, Blood and Marrow Transplant and Urology Associates
Robin Barron, RN, MSN, CCRP, Clinical Research Operations Manager, Center for Interventional Endoscopy

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 AdventHealth physicians to tailor treatments such as immuno-oncology, surgical oncology, radiation oncology and other modalities.

Cancer research is managed by the AdventHealth Research Institute (AHRI) in close collaboration with the AdventHealth Cancer Institute and the AdventHealth 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. AHRI 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 AdventHealth 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
Research Overview

- 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
- University of Texas Health San Antonio
- Industry/pharmaceutical-sponsored trials

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 AdventHealth Research Affiliations:

- Continued a study with Moffitt Cancer Center to investigate immunotherapy on AdventHealth 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.

AdventHealth 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
- Tulane University
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**

- 30 new adult oncology studies were activated in 2017 by the AHCI 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**


Oncology Clinical Research


50 | AdventHealth Cancer Institute Outcomes Report 2018
Oncology Clinical Research


CLINICAL HIGHLIGHTS

• AHCI initiated Phase 2 Clinical Trial of GL-ONC1 in Recurrent Ovarian Cancer

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 AHCI 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 AHCI 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 AdventHealth
Scientific Director
Translational Research Institute for Metabolism and Diabetes

Publications


Translational Research


Cancer Registry Data

The cancer statistics included in this report are the result of work completed by the AdventHealth 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 AHCI 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 AHCI, 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>AdventHealth 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%</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>
<tr>
<td>Non-Hodgkins Lymphoma</td>
<td>218</td>
<td>3.2%</td>
<td>5,410</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>283</td>
<td>4.1%</td>
<td>4,230</td>
</tr>
<tr>
<td>Melanoma</td>
<td>144</td>
<td>2.1%</td>
<td>7,610</td>
</tr>
<tr>
<td>Leukemia</td>
<td>212</td>
<td>3.1%</td>
<td>5,070</td>
</tr>
<tr>
<td>Cervix</td>
<td>58</td>
<td>0.8%</td>
<td>1,040</td>
</tr>
<tr>
<td>All Others</td>
<td>2,403</td>
<td>35%</td>
<td>35,020</td>
</tr>
<tr>
<td>Total Cases</td>
<td>6,868</td>
<td>100%</td>
<td>124,740</td>
</tr>
</tbody>
</table>

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

### AHCI 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 Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>White</td>
<td>5823</td>
<td>81.8 %</td>
<td>44</td>
<td>0.62 %</td>
<td>185</td>
</tr>
<tr>
<td>Black</td>
<td>940</td>
<td>97.21 %</td>
<td>1</td>
<td>0.1 %</td>
<td>7</td>
</tr>
<tr>
<td>American Indian, Aleut, Eskimo</td>
<td>12</td>
<td>80 %</td>
<td>1</td>
<td>6.67 %</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>10</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Japanese</td>
<td>2</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Filipino</td>
<td>20</td>
<td>95.24 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>3</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Korean</td>
<td>2</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>18</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Thai</td>
<td>3</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Asian Indian or Pakistani, not otherwise specified</td>
<td>38</td>
<td>97.44 %</td>
<td>0</td>
<td>0 %</td>
<td>1</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>9</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>4</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander, Not Otherwise Specified</td>
<td>46</td>
<td>93.88%</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander, Not Otherwise Specified</td>
<td>3</td>
<td>100 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>129</td>
<td>51.39 %</td>
<td>1</td>
<td>4.78 %</td>
<td>12</td>
</tr>
<tr>
<td>Unknown</td>
<td>83</td>
<td>68.6 %</td>
<td>0</td>
<td>0 %</td>
<td>1</td>
</tr>
<tr>
<td>Any Others</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
<td>0 %</td>
<td>0</td>
</tr>
<tr>
<td><strong>Overall Totals</strong></td>
<td>7145</td>
<td>82.73 %</td>
<td>47</td>
<td>0.54 %</td>
<td>206</td>
</tr>
</tbody>
</table>
## Cancer Registry Data
### AHCI Patients – Race by Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Other Spanish</th>
<th>Spanish, Hispanic Latino, Not Otherwise Specified</th>
<th>Spanish Surname Only</th>
<th>Dominican Republic</th>
<th>Unknown Whether Spanish or Not</th>
<th>All Others</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case</strong></td>
<td><strong>%</strong></td>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>White</td>
<td>7</td>
<td>0.1</td>
<td>871</td>
<td>12.23%</td>
<td>14</td>
<td>0.2%</td>
<td>9</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>0%</td>
<td>5</td>
<td>0.52%</td>
<td>1</td>
<td>0.1%</td>
<td>1</td>
</tr>
<tr>
<td>American Indian, Aleut, Eskimo</td>
<td>0</td>
<td>0%</td>
<td>2</td>
<td>13.33%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Japanese</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Filipino</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Korean</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Thai</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Asian Indian or Pakistani, not otherwise specified</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander, Not Otherwise Specified</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander, Not Otherwise Specified</td>
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<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.4%</td>
<td>82</td>
<td>32.67%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.83%</td>
<td>7</td>
<td>5.79%</td>
<td>0</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Any Others</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Overall Totals</strong></td>
<td><strong>9</strong></td>
<td><strong>0.1%</strong></td>
<td><strong>967</strong></td>
<td><strong>11.2%</strong></td>
<td><strong>15</strong></td>
<td><strong>0.17%</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

Source: AHCI Cancer Registry
## AHCI Primary Cancer Site Table

Digestive system cancer was the most frequently diagnosed cancer at AHCI 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/Bronc-Small Cell</td>
<td>116</td>
<td>97</td>
<td>19</td>
<td>54</td>
</tr>
<tr>
<td>Lung/Bronc-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>
<tr>
<td>Blood &amp; Bone Marrow</td>
<td>646</td>
<td>370</td>
<td>276</td>
<td>369</td>
</tr>
<tr>
<td>Leukemia</td>
<td>339</td>
<td>212</td>
<td>127</td>
<td>191</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>170</td>
<td>105</td>
<td>65</td>
<td>105</td>
</tr>
<tr>
<td>Other</td>
<td>137</td>
<td>53</td>
<td>84</td>
<td>73</td>
</tr>
<tr>
<td>Bone</td>
<td>14</td>
<td>11</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Connect/Soft Tissue</td>
<td>32</td>
<td>25</td>
<td>7</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: AHCI Cancer Registry
### Cancer Registry Data

**AHCI Primary Cancer Site Table**

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Analytical</th>
<th>Non-Analytical</th>
<th>Male</th>
<th>Female</th>
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</table>

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases. Source: AHCI 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. AdventHealth 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 AdventHealth compared with national and Florida state results, as well as those of cancer programs in the same CoC category as AdventHealth – Academic Comprehensive Cancer Programs (ACAD). This data is reviewed at quarterly Comprehensive Cancer Committee meetings at AdventHealth Cancer Institute. More information on the CP3R process and CoC accreditation is available at http://www.facs.org.
# AHCI Cancer Program Practice Profile Reports

## Performance Rates

### 014 Performance Rates - Percentages

<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>AdventHealth Cancer Institute</th>
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<tbody>
<tr>
<td>Bladder</td>
<td>BL2RLN - At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)</td>
<td>Not Applicable</td>
<td>92.9</td>
<td>92.2</td>
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<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>
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<td>59.9</td>
<td>47.5</td>
<td>66.3</td>
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<td>Bladder</td>
<td>BLCT - Neo-adjuvant or adjuvant chemotherapy recommended or administered for patients with muscle invasive cancer undergoing radical cystectomy (Surveillance)</td>
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<td>67</td>
<td>671</td>
<td>68</td>
<td>50</td>
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<tr>
<td>Breast</td>
<td>BCS - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)</td>
<td>Not Applicable</td>
<td>64.6</td>
<td>62.8</td>
<td>63.2</td>
<td>61.6</td>
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<tr>
<td>Breast</td>
<td>nBx - Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)</td>
<td>80</td>
<td>92.7</td>
<td>89.2</td>
<td>93.1</td>
<td>83.5</td>
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<tr>
<td>Breast</td>
<td>HT - Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)</td>
<td>90</td>
<td>93.8</td>
<td>90.2</td>
<td>93.9</td>
<td>90.2</td>
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<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>
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<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>
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<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>Not Applicable</td>
<td>92.9</td>
<td>89.7</td>
<td>92.2</td>
<td>85.9</td>
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<td>Colon</td>
<td>ACT - Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability)</td>
<td>Not Applicable</td>
<td>90.1</td>
<td>82.2</td>
<td>89.6</td>
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<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>
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Source: National Cancer Data Base
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<th>Site</th>
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<th>CoC Benchmark Compliance Percentage Rate</th>
<th>National</th>
<th>Florida</th>
<th>Same Type CoC Program (Academic Comprehensive Cancer Program)</th>
<th>AdventHealth Cancer Institute</th>
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<tr>
<td>Rectum</td>
<td>RECRTCT - Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)</td>
<td>85%</td>
<td>89.3</td>
<td>87.4</td>
<td>89.3</td>
<td>94.1</td>
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<td>Gastric</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>
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<td>Kidney</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>
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<td>Lung</td>
<td>10RLN - At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)</td>
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<td>42.8</td>
<td>38.7</td>
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<tr>
<td>Lung</td>
<td>LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)</td>
<td>85%</td>
<td>93</td>
<td>91.9</td>
<td>92.4</td>
<td>97.5</td>
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<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>
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<td>Cervix</td>
<td>CERRRT - Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)</td>
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<td>78.6</td>
<td>82.8</td>
<td>79.9</td>
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<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>
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<td>Cervix</td>
<td>CBBRT - Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)</td>
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<td>74.5</td>
<td>75.9</td>
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<td>93.8</td>
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<td>ENDCTRT - Chemotherapy and/or radiation administered to patients with Stage III or IV Endometrial cancer (Surveillance)</td>
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<td>83.4</td>
<td>77.3</td>
<td>87.2</td>
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<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>
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<td>75.3</td>
<td>80.5</td>
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<td>OVSA - Salpingo-oophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer (Surveillance)</td>
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<td>72.2</td>
<td>72.7</td>
<td>72.3</td>
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Source: National Cancer Database
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, concluding seven randomized trials in 2017. Currently, fourteen randomized trials and six prospective studies are in progress evaluating cutting-edge endoscopic techniques or novel technologies.

In 2017, CIE 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.


Center for Interventional Endoscopy

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.

8,288 TOTAL NUMBER OF PROCEDURES

6,797 FLORIDA PATIENTS
- Orlando Tri-county: 2,555
- Outside Orlando Tri-county: 4,242

109 OUT OF STATE PATIENTS

30 STATES
*Blue states represent patient referrals.

13 INTERNATIONAL PATIENTS
- Brazil
- England
- Spain
- Venezuela
- India
- Canada

TWO PATIENTS FROM U.S. TERRITORIES
- Puerto Rico
- Virgin Islands
Oncology Clinical Performance Improvement

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

Westley Sheng  
Clinical Quality Improvement Coordinator  
Clinical Performance Improvement  
AdventHealth 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 AHCI’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 AHCI: 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 AdventHealth
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

• AHCI oncology patients were cared for by 42 oncology-certified nurses (adult-patient care), three certified pediatric oncology nurses, and 16 certified pediatric nurses.
• 84 nurses were certified through the AHCI Chemotherapy Workshops for Oncology Nurses.
• In 2017, 306 nurses were re-certified through 90-minute AHCI Chemo Blitz sessions held 26 times at seven AdventHealth locations.
• AHCI’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>AdventHealth Orlando</td>
<td>3,876</td>
</tr>
<tr>
<td>AdventHealth Altamonte Springs</td>
<td>966</td>
</tr>
<tr>
<td>AdventHealth Apopka</td>
<td>19</td>
</tr>
<tr>
<td>AdventHealth East Orlando</td>
<td>389</td>
</tr>
<tr>
<td>AdventHealth Winter Park</td>
<td>454</td>
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<tr>
<td>AdventHealth Kissimmee</td>
<td>256</td>
</tr>
<tr>
<td>AdventHealth Celebration</td>
<td>1,642</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,602</strong></td>
</tr>
</tbody>
</table>

Source: AdventHealth Research
Patient Support and Community Outreach

Cancer Resource Libraries

A team of 25 to 35 volunteers staff the AHCI 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

AHCI supported and participated in several community health events through key partnerships.

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

**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
- AdventHealth Pink Out Campaign
- AdventHealth Pink on Parade 5K
Philanthropy - Generosity Heals

About AdventHealth Foundation Central Florida

AdventHealth 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 AdventHealth 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 AdventHealth 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 AdventHealth Foundation Central Florida. 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: AdventHealth Foundation Central Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Gifts</strong></td>
</tr>
<tr>
<td><strong>1908 Society</strong></td>
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<tr>
<td><strong>Annual Fund</strong></td>
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<tr>
<td><strong>Events</strong></td>
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<tr>
<td><strong>Grants</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>
Philanthropy - *Generosity Heals*

Fundraising Trend for AHCI: 2007-2017

Source: AdventHealth Foundation Central Florida

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 Elzey
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*
**Philanthropy - Generosity Heals**

**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
Fraternal Order of Eagles Aerie #3496
Fraternal Order of Eagles #3658
Fraternal Order of Eagles #4250
Fraternal Order of Eagles Aerie #417
Fraternal Order of Eagles Aerie #10012
Fraternal Order of Eagles Aerie #3296
Fraternal Order of Eagles Auxiliary #4216
Fraternal Order of Eagles Auxiliary #3997

Fraternities

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.
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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 AdventHealth, 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 AdventHealth. For more information about ways to give, contact AdventHealth Foundation Central Florida at 407-303-2784 or via email to FoundationInfo@adventhealth.com.
2017 Leadership

AHCI 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, AdventHealth Winter Park
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, AdventHealth 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, AHCI 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, AdventHealth Celebration; Director, Robotic Head and Neck Surgery, AdventHealth Nicholson Center for Robotic Surgery
Jillyan McKinney, Director, Strategic Planning
Dr. Tarek Mekhail, Medical Director, Thoracic Cancer Program
Pierre Monice, Vice President, AdventHealth Altamonte Springs
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 Neurologic Surgery
Dr. Scott 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, AdventHealth Kissimmee
Bryan Wright, AVP, Digestive Health and Surgical Advancement
Cynthia Ware, Director, Ambulatory Infusion

FOR MORE INFORMATION AdventHealthCancerInstitute.com

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 LCRM, 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