The Florida Hospital Cancer Institute (FHCI) is proud to present our Annual Report of 2009 activities and cancer registry data from 2008.

Vision Statement
To be recognized for leading clinical outcomes for brain/spine, breast, colorectal/gastrointestinal (GI), gynecologic (GYN), head/neck, prostate and thoracic cancers, and bone marrow transplant.

FHCI Facts
• Cares for more cancer patients than any other health care system in the state
• Research affiliations with the National Cancer Institute, Duke Comprehensive Cancer Center, the University of California Los Angeles and Sarah Cannon Research Institute
• Accredited as a Community Comprehensive Cancer Center by the American College of Surgeons Commission on Cancer
• Recognized by the American Society of Clinical Oncology as one of 12 leading community oncology programs in the country committed to the improvement of cancer care through increased participation in clinical trials
• One of the most experienced radiotherapy programs in Florida, treating more than 2,500 patients annually
• The first and only combined adult and pediatric bone marrow transplant program in Orlando
• Among the top five in the nation for robotic GYN-oncology surgeries
• The world leader in robotic prostatectomy utilizing Central Florida's first da Vinci® Surgical System
• The first in Central Florida to perform minimally invasive colon surgery using a rare, one-incision method
• More than 8,000 cancer surgeries performed annually

Dear Colleagues:
The FHCI’s goal is to provide the best care for our patients in the most conducive environment possible. To do so, we strive to recruit and retain the finest medical and nursing staff, provide up-to-date services and technologies, expand community services, and make further progress in providing multidisciplinary care.

We have been fortunate to add several physicians to our medical staff in 2009:
• Sajeel Chowdhary, MD, was named Director of the Brain/Spine Tumor Program.
• Tarek Mekhail, MD, was named Medical Director of the Thoracic Cancer Program.
• Yasser Khaled, MD, joined the Bone Marrow Transplant Program.
• James Kendrick, MD, joined the Gynecologic Oncology Department.
• Sarah George, MD, joined the Florida Hospital East Orlando Medical Oncology Division.
• Giselle Ghurani, MD, joined the Gynecologic Oncology Department.

In addition, our physicians continue to lead in medical education and research with 26 appointed to the faculty of the University of Central Florida's College of Medicine in Orlando, Florida. Our physicians were featured at 25 national/international lectures, in 37 research publications and six poster presentations. Our National Advisory Board of prominent oncology physicians also continues to provide an outstanding resource for continuing education and consultation.

Our commitment to patient care includes participation in clinical trials. Lee Zehngebot, MD, FHCI Clinical Research Medical Director, leads the program that opened 39 new clinical trials and enrolled 170 patients in 2009, covering a broad range of tumor sites.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

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The Gynecologic Oncology Department continues to be the largest in Florida, providing care for 3,137 new patients in 2009. The team was awarded a Bankhead-Coley grant for ovarian/stem cell research, and continues to present their research and clinical expertise at national and international meetings.

Growth in technology has continued with the addition of endoscopic ultrasound for colorectal/GI cancers, and interventional and diagnostic radiology.

Community outreach programs are an important function of the FHCI. For example, in 2009, the Children’s Center for Cancer and Blood Diseases held its annual Flight to the North Pole event with Continental Airlines, and the first reunion of our bone marrow transplant donors and recipients was held.

The coordinated Breast Care Program and Thoracic Cancer Program have seen remarkable growth. Last year, we launched three multidisciplinary breast clinics. In addition, our Care Coordinators remain critical to our success, providing guidance and support to our patients. The diagnosis of cancer is not easy or simple for the patient to manage. The Coordinators not only facilitate the appointments, but help guide the patient through the entire diagnostic and treatment process. The demonstration of the effectiveness of this multidisciplinary, comprehensive cancer care has been extended to other areas of the FHCI with the addition of urologic, colorectal/GI and brain Care Coordinators in 2009.

Another important part of our multidisciplinary approach is continuing medical education and patient care management. In 2009, the FHCI held more than 227 multidisciplinary tumor boards, fostering physician dialogue and continuing medical education while helping to optimize patient care. In addition, we launched new tumor-site-focused Web sites as well as a statewide physician newsletter.

As we move through 2010 and into 2011, we plan to continue to launch initiatives that will help us establish and monitor superior outcomes, remain in the forefront of clinical expertise, and provide an exceptional patient experience. And I am confident our efforts will bring a brighter future for cancer patients and their families.

Sincerely,

Louis Barr, MD
Medical Director
Florida Hospital Cancer Institute

Basic Science and Translational Research
Florida Hospital and the University of Central Florida (UCF) College of Medicine Collaborate on Groundbreaking Research on Brain Tumors and Stem Cells

Florida Hospital neurosurgeon Melvin Field, MD, and his team were awarded one of the “Top Ten” abstracts at the 2009 Congress of Neurological Surgeons’ annual meeting in New Orleans, Louisiana. The research won the BrainLAB Neurosurgery Award, notable for best research (in a non-academic setting) related to central nervous system tumors. The research focused identified a specific gene marker present in brain tumor stem cells that is not present in normal non-tumor stem cells in the brain. Over the past year, Florida Hospital neurosurgeons have worked closely with UCF College of Medicine stem cell neuroscientists to further understand the relationship between stem cells and brain tumor. Their work with stem cells and glioblastoma has won international recognition, and continued work with various forms of brain tumors and stem cells is bringing Florida Hospital physicians closer than ever to a potential cure for these often fatal tumors.

Florida Hospital/UCF Gala Endowment Foundation for Oncologic Research Grants
Two research projects were funded to our Gynecologic Oncology Department by the Florida Hospital/UCF Gala Endowed Foundation for Oncologic Research during the 2009-2010 cycle:

- The first project entitled “Relevance of Stat3 Pathway in Ovarian Cancer: Therapeutic Implications,” is in collaboration with James Turkson, MD, at the Burnett School of Biomedical Sciences at UCF. The funding period

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is for one year (April 2009–March 2010), totaling $45,000. The study hypothesis is that inhibition of this pathway with a drug that specifically inhibits the Stat3 protein will have a negative impact on the cancer cells and may ultimately be used as a new treatment for ovarian cancer in combination with already-existing chemotherapies. This proposal is aimed at assessing the Stat3 status in ovarian cancer patient specimens, and determining the biological and therapeutic relevance of inhibition of abnormal Stat3.

The second research project entitled “Pre-clinical Models to Investigate Cellular Therapy for Ovarian Cancer” is also funded for the same period (April 2009–March 2010) for a total of $20,000. The aims of this project are twofold: first, we will test the effects of cytokines in combination with cellular therapy on ovarian cancer cells from patients in tissue culture to identify which combinations have the greatest impact on the tumor cells. Second, we will test these combinations in experiments utilizing mice to determine the combinations that have the greatest effect in an animal model of ovarian cancer.

The FHCI investigators in these two research projects are Susan Blaydes Ingersoll, PhD; Sarfraz Ahmad, PhD; and Robert W. Holloway, MD. It is expected that data generated from these short-term research projects will form the basis for larger research grant proposals for extramural funding.

The funding period is for three years (2009–2012), totaling approximately $537,049. This research project has both basic science and clinical research components (translational research) and is the largest government-funded grant received to date by the FHCI. The aim of this proposal is to test the use of cellular therapy, in which the patient is treated with blood stem cells to elicit an immune response against the tumors, in combination with cytokines (signaling proteins) to treat patients with ovarian cancer. The research investigators of this project, Susan Blaydes Ingersoll, PhD; Sarfraz Ahmad, PhD; Neil J. Finkler, MD; and Robert W. Holloway, MD, have extensive basic- and clinical-science expertise and are excited that these studies will lead to a better understanding of this disease. The data generated from this research project will create a basis for the development of a Phase-1 clinical trial, which may ultimately benefit patients suffering from ovarian cancer in our community.

Gynecologic Oncology Department

Cancer Treatment Programs

Gynecologic Oncology Department

Operational since 1992, the Gynecologic Oncology Department at the FHCI is internationally recognized for excellence in patient care and research. The department actively encompasses one of the most experienced GYN-oncology programs in Florida, with more than 3,100 new patient consults and 1,200 major surgeries each year. In addition to five attending physicians and two fellows-in-training, the department has more than 50 full-time employees, including PhD scientists, oncology nurse specialists, and social workers.

Because of affiliations with Duke Oncology Network, the University of Central Florida College of Medicine, the Gynecologic Oncology Group (GOG) and several industry-sponsored research consortia, our patients can access the most advanced therapies available. Our team remains on the cutting edge of advancing minimally invasive, robotic-assisted surgery for complex GYN and GYN-oncology procedures, ranking in the top five volume programs in the nation for robotic GYN-oncology surgeries. In addition, through our Fellowship Training Program in GYN-oncology, we have graduated three fellows, including our own Glenn E. Bigby, IV, D.O. The Fellowship Program is widely recognized by our peers nationally for the quality of its training in clinical research, robotic surgery innovation and training, and novel laboratory investigations into cellular therapy for ovarian cancer.

Through excellence in patient care, education, clinical trials and basic research, the Gynecologic Oncology Department is committed to providing unsurpassed, personalized gynecologic care for women in Central Florida and beyond.

Cancer Treatment Programs

Gynecologic Oncology Department

Neil Finkler, MD
Co-director
Florida Hospital Cancer Institute
Gynecologic Oncology Department

Robert Holloway, MD
Co-medical Director
Florida Hospital Cancer Institute
Gynecologic Oncology Department

Highlights

• James Kendrick, MD, joined the FHCI in 2009. He received his medical degree from the University of Alabama School of Medicine in Birmingham, Alabama, and completed a residency in obstetrics and gynecology followed by a three-year fellowship in gynecologic oncology, both at the University of Alabama Birmingham.

• Giselle Ghurani, MD, joined the FHCI in January 2009. She received her medical degree from the University of Miami School of Medicine in Miami, Florida, and completed a residency in obstetrics and gynecology followed by a three-year fellowship in gynecologic oncology, both at the Jackson Memorial Medical Center/University of Miami. Before joining the FHCI, she served on the faculty at the University of South Florida in Tampa.

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Gynecologic Oncology Department Highlights

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In 2009, 43 percent of our cases were robotic-assisted major procedures as compared to 32 percent in 2008 and only about 17 percent in 2007.

Each quarter, there was steady progress in minimally invasive surgical procedures, primarily for endometrial cancer and benign cases with complex pathology.

Nearly 70 percent of endometrial cancer cases were performed robotically.

Hospital length-of-stay was significantly decreased from 3.2 days for open procedures to only 1.2 days for patients with endometrial cancer treated with the robotic approach.

The operative complications rate was significantly reduced from 20.8 percent to 3.6 percent (open vs. robot) for endometrial cancer cases.

Comparison of Patients’ Demographics and Pathological Data for Endometrial Cancer Cases Treated with Robotic-assisted Laparoscopic Hysterectomy and Total Abdominal Hysterectomy Procedures

<table>
<thead>
<tr>
<th>Factors</th>
<th>Robotic (Q1 - Q12)</th>
<th>Open (Q1 - Q12)</th>
<th>P-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases (n)</td>
<td>246</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>61.1 ± 10.0</td>
<td>63.4 ± 14.2</td>
<td>NS</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>30.3 ± 6.9</td>
<td>36.6 ± 11.4*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Grade 1</td>
<td>149 (61%)</td>
<td>9 (20%)*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>FIGO Stage I</td>
<td>190 (77%)</td>
<td>18 (40%)*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>FIGO Stage III to IVB</td>
<td>49 (20%)</td>
<td>23 (51%)*</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Conversion Rate (RALH to TAH)</td>
<td>11 (4.5%)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comparison of Peri-operative Data for Patients with Endometrial Cancer Treated with Robotic-assisted Laparoscopic Hysterectomy and Total Abdominal Hysterectomy Procedures

<table>
<thead>
<tr>
<th>Factors</th>
<th>Robotic (Q1 - Q12)</th>
<th>Open (Q1 - Q12)</th>
<th>P-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases (n)</td>
<td>246</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Operative Time (min)</td>
<td>177 ± 46</td>
<td>120 ± 44*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Estimated Blood Loss (mL)</td>
<td>93 ± 74</td>
<td>409 ± 332*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Transfusion Rate</td>
<td>1 (0.4%)</td>
<td>7 (15.6%)*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Length-of-Stay (days)</td>
<td>1.2 ± 1.0</td>
<td>5.2 ± 3.1*</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Total Lymph Nodes</td>
<td>20.3 ± 11.8</td>
<td>22.4 ± 12.4</td>
<td>NS</td>
</tr>
<tr>
<td>Pelvic Lymph Nodes</td>
<td>15.1 ± 8.8</td>
<td>14.0 ± 7.9</td>
<td>NS</td>
</tr>
<tr>
<td>Aortic Lymph Nodes</td>
<td>8.2 ± 4.6</td>
<td>9.0 ± 5.6</td>
<td>NS</td>
</tr>
<tr>
<td>Number of Patients with Positive Lymph Nodes</td>
<td>21 (8.5%)</td>
<td>13 (28.3%)*</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Peer-reviewed Articles Published in Scientific Journals


Research Grants Active (Funded)

<table>
<thead>
<tr>
<th>Funding Agency</th>
<th>Project Title</th>
<th>Investigators</th>
<th>Amount</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bankhead-Coley Cancer Research Program</td>
<td>Cellular Therapy in Combination with Cytokines as Treatment of Ovarian Cancer</td>
<td>Drs. Ingersoll (PI), Finkler, Holloway, Ahmad</td>
<td>$374,049</td>
<td>Three years (2009-2012)</td>
</tr>
<tr>
<td>UCF Gala Endowed Foundation for Oncologic Research</td>
<td>Relevance of Stat Pathway in Ovarian Cancer: Therapeutic Implications</td>
<td>Drs. Holloway (PI-FH), Turkson (PI-UCF), Yue (UCF), Ingersoll, Ahmad</td>
<td>$45,000</td>
<td>One year (2009-2010)</td>
</tr>
<tr>
<td>UCF Gala Endowed Foundation for Oncologic Research</td>
<td>Pre-Clinical Models to Investigate Cellular Therapy for Ovarian Cancer</td>
<td>Drs. Ahmad (PI), Ingersoll, Holloway</td>
<td>$20,000</td>
<td>One year (2009-2010)</td>
</tr>
</tbody>
</table>

Research Collaborations with Local Institutions

1. Active collaboration with James Turkson, PhD, Associate Professor at UCF, on ovarian cancer-related translational research projects: Drs. Ingersoll, Ahmad, Holloway and Finkler

2. Active collaboration with M.D. Anderson Cancer Center Orlando Group (Riyaz M. Basha, PhD, and Cheryl H. Baker, PhD, at UCF Lake Nona Campus) on cancer-related translational research projects: Drs. Ahmad, Holloway and Finkler

3. Mentoring two UCF College of Medicine Chartered Students (Jonathan Beilan and Shawna Bellew) on their Focused Individual Research Experience (FIRE) projects related to clinical-outcomes studies with robotic-assisted gynecologic oncology procedures: Drs. Finkler, Holloway and Ahmad

4. Utilizing Animal Facilities at UCF Wild Animal Facility (Robert Banks) for our Mouse Model of Ovarian Cancer experiments: Dr. Ingersoll

Lectures

January 2009
Faculty/Speaker: Advanced Robotic Training Course, Sunnyvale, California: Dr. Holloway

April 2009
Program Co-director/Speaker, World Robotic Symposium (A Multidisciplinary Gynecologic Conference), Orlando, Florida: Drs. Bigsby, Finkler and Holloway

August 2009
Faculty/Speaker, World Robotic Symposium, Latin America, Sao Paulo, Brazil: Drs. Holloway and Bigsby

September 2009
Distinguished Faculty, Session Moderator and Speaker, at First European Symposium in Robotic Gynaecological Surgery (organized by the Society of European Robotic Gynaecological Surgery) at European Institute of Oncology, Milan, Italy: Drs. Holloway and Ahmad

December 2009
Keynote Speaker in Gynecology, at First Japan Robotic Surgery Society Conference, organized by Tokyo Medical University, Tokyo, Japan: Dr. Holloway

Awards/Honors/Recognitions

- Dr. Holloway received a "Best Doctor" Award by Best Doctors of America, in 2009.
- Dr. Holloway received a PATIENTS’ CHOICE Recognition Award by MDx Medical Inc., New Jersey, in March 2009.
- Dr. Ahmad received the "Clinical Chemist Recognition Award" 2009 from the American Association for Clinical Chemistry.
- Dr. Holloway, Ahmad and Finkler

Faculty Appointments (Affiliated/Volunteer)

- University of Central Florida College of Medicine: Drs. Finkler, Holloway, Bigsby, Ghurani, Kendrick and Ahmad
- Florida State University College of Medicine, Orlando Regional Campus: Drs. Finkler, Holloway, Bigsby, Ghurani, Kendrick, Ahmad and Ingersoll

Faculties

January 2009
Faculty/Speaker: Advanced Robotic Training Course, Sunnyvale, California: Dr. Holloway

April 2009
Program Co-director/Speaker, World Robotic Symposium (A Multidisciplinary Gynecologic Conference), Orlando, Florida: Drs. Bigsby, Finkler and Holloway

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Cervical Cancer Survival

Five-year survival for FHCI cervical-cancer patients diagnosed from 1998-2002 was compared with cervical-cancer patients in the state of Florida and nationwide for the same timeframe. Survival data is provided by the National Cancer Data Base survival reports. Overall five-year survival is shown for the three comparison groups.

Nationwide, overall five-year survival rate for cervical cancer patients (N = 41489) was 66.4 percent. Patients within the state of Florida (N = 2629) had a survival rate of 66.8 percent, while those diagnosed or treated at the FHCI (N = 317) showed a five-year survival rate of 70 percent.

Cervical Cancer Stage at Diagnosis

Disease awareness and annual physical exams may impact the disease stage at diagnosis for cervical cancer. Forty-two percent of patients were diagnosed with Stage I disease.

Cervical Cancer Treatment Combinations

Over one-third (35 percent) were treated with surgery only. Twenty-two percent of cervical cancer patients were treated with a combination of surgery, chemotherapy and radiation therapy. Another 29 percent were treated with a combination of chemotherapy and radiation therapy.

Cervical Cancer Age at Diagnosis

There are two peaks for age at diagnosis for FHCI cervical cancer patients. The first is the ages of 30-39 years, and the second from 50-59. Together, these age groups account for over one-half (54 percent) of all cervical cancer patients in 2008. Seventy-three percent of cervical cancer patients are white, and 24 percent are African American.
The majority of ovarian-cancer patients are diagnosed with advanced disease, with 71 percent having Stage III or IV disease.

Over three-quarters (77 percent) of all ovarian-cancer patients were treated with a combination of surgery and chemotherapy.

Observed survival for patients diagnosed from 1998-2002, by stage of disease, is shown in these charts. Overall five-year survival for ovarian-cancer patients at the FHCI was 51.2 percent, better than survival percentages for like patients both in the state of Florida (38.6 percent) and the nation overall (38.5 percent).

Five-year Ovarian Cancers Diagnosed 1998-2002

<table>
<thead>
<tr>
<th>Stage of Disease</th>
<th>Number of Patients</th>
<th>0.0 yr</th>
<th>1.0 yr</th>
<th>2.0 yr</th>
<th>3.0 yr</th>
<th>4.0 yr</th>
<th>5.0 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>432</td>
<td>100.0</td>
<td>97.6</td>
<td>95.1</td>
<td>91.8</td>
<td>87.8</td>
<td>85.6</td>
</tr>
<tr>
<td>Stage II</td>
<td>250</td>
<td>100.0</td>
<td>93.2</td>
<td>82.2</td>
<td>75.5</td>
<td>70.1</td>
<td>64.6</td>
</tr>
<tr>
<td>Stage III</td>
<td>1,141</td>
<td>100.0</td>
<td>82.2</td>
<td>66.3</td>
<td>51.8</td>
<td>41.8</td>
<td>33.9</td>
</tr>
<tr>
<td>Stage IV</td>
<td>907</td>
<td>100.0</td>
<td>94.5</td>
<td>84.2</td>
<td>75.5</td>
<td>65.7</td>
<td>59.3</td>
</tr>
<tr>
<td>Overall</td>
<td>2,734</td>
<td>100.0</td>
<td>82.8</td>
<td>66.4</td>
<td>54.5</td>
<td>45.7</td>
<td>38.6</td>
</tr>
</tbody>
</table>

Source: National Cancer Data Base

Ovarian Cancer Survival

Observed survival for patients diagnosed from 1998-2002, by stage of disease, is shown in these charts. Overall five-year survival for ovarian-cancer patients at the FHCI was 51.2 percent, better than survival percentages for like patients both in the state of Florida (38.6 percent) and the nation overall (38.5 percent).

<table>
<thead>
<tr>
<th>Stage of Disease</th>
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<th>3.0 yr</th>
<th>4.0 yr</th>
<th>5.0 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>666</td>
<td>100.0</td>
<td>97.1</td>
<td>94.6</td>
<td>92.4</td>
<td>89.9</td>
<td>87.2</td>
</tr>
<tr>
<td>Stage II</td>
<td>762</td>
<td>100.0</td>
<td>90.1</td>
<td>83.3</td>
<td>77.1</td>
<td>71.8</td>
<td>66.2</td>
</tr>
<tr>
<td>Stage III</td>
<td>2,086</td>
<td>100.0</td>
<td>61.5</td>
<td>65.0</td>
<td>50.7</td>
<td>40.2</td>
<td>32.5</td>
</tr>
<tr>
<td>Stage IV</td>
<td>1,143</td>
<td>100.0</td>
<td>96.1</td>
<td>92.0</td>
<td>87.2</td>
<td>81.2</td>
<td>79.6</td>
</tr>
<tr>
<td>Overall</td>
<td>4,523</td>
<td>100.0</td>
<td>77.9</td>
<td>64.2</td>
<td>52.8</td>
<td>44.5</td>
<td>38.5</td>
</tr>
</tbody>
</table>

Source: National Cancer Data Base

Ovarian Cancer Stage at Diagnosis

The majority of ovarian-cancer patients are diagnosed with advanced disease, with 71 percent having Stage III or IV disease.

Ovarian Cancer Age at Diagnosis

Thirty-six of the 119 ovarian-cancer patients were ages 70-79 years at diagnosis, making this the most frequently diagnosed age group. Patients ages 50-59 years represent an additional 24 percent of patients.
ANNUAL OUTCOMES
2009

Uterine Cancer Age at Diagnosis
Sixty percent of patients were diagnosed between the ages of 50 and 69, with equal numbers of patients diagnosed in their 50s as in their 60s.

Uterine Cancer Stage at Diagnosis
More uterine cancer patients were diagnosed with Stage I disease than all other disease stages combined. Only nine percent of patients had metastatic disease at diagnosis.

Florida Hospital 2008 Uterine Cancer
Age at Diagnosis
Age Range
# of Patients
20-29 1
30-39 4
40-49 23
50-59 74
60-69 75
70-79 42
80-89 11

Source: National Cancer Data Base
State of Florida
Stage of Disease
Number of Patients
0.0 yr 1.0 yr 2.0 yr 3.0 yr 4.0 yr 5.0 yr
Stage 0 104 100.0 98.1 97.0 94.9 92.5 91.2
Stage I 242 100.0 98.6 97.5 96.6 93.0 91.1
Stage II 81 100.0 93.0 88.7 81.8 75.3 73.3
Stage III 75 100.0 91.2 76.0 72.0 63.1 55.1
Stage IV 30 100.0 79.3 62.1 48.5 33.3 24.5
Overall 451 100.0 93.7 87.9 81.8 76.1 74.7

Source: Florida Hospital 2008 Uterine Cancer Stage at Diagnosis

Uterine Cancer Treatment Combinations First-course treatment combinations for uterine cancer patients are illustrated in the chart.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
Pediatric Oncology

Children's Center for Cancer and Blood Diseases

Clifford Selsky, PhD, MD
Co-director, Children's Center for Cancer and Blood Diseases,
Florida Hospital Cancer Institute and Walt Disney Pavilion at
Florida Hospital for Children

Fouad Hajjar, MD
Co-director, Children's Center for Cancer and Blood Diseases,
Florida Hospital Cancer Institute and Walt Disney Pavilion at
Florida Hospital for Children

The Children's Center for Cancer and Blood Diseases offers hematology and oncology care for sickle cell disease, thalassemia, bleeding disorders, coagulation problems, various cytopenias, leukemia and other childhood cancers. As a Children's Oncology Group (COG) affiliate, we are able to offer the latest clinical trials available.

2008 Cancer Registry Data for Pediatric Cancers

Cancer in children is rare. According to the American Cancer Society's publication, Cancer Facts and Figures 2009, childhood cancers account for less than one percent of all new cancer cases. An estimated 10,730 new childhood cancers were diagnosed in 2009. Still, cancer remains second only to accidents as the leading cause of death in children.

Substantial progress has been made in childhood cancer survival rates in the past several decades. Since 1975, mortality rates have declined by 50 percent. This progress in survival is largely due to improved treatments and patient participation in clinical trials.

(Source: American Cancer Society's Cancer Facts and Figures 2008)

Leukemias (32.7 percent) and brain tumors (20.7 percent) are the most commonly diagnosed childhood cancers nationwide, together representing over half of all pediatric cancers.

2008 FHCI Childhood Cancer Cases

Leukemias (32.7 percent) and brain tumors (20.7 percent) are the most commonly diagnosed childhood cancers nationwide, together representing over half of all pediatric cancers.

Childhood cancer patients at the FHCI follow national patterns for disease incidence by site. The two most common types of pediatric cancers diagnosed at the FHCI are blood and bone marrow (leukemia) and central nervous system cancers, including brain tumors. The graph to your left shows the incidence by disease type for childhood cancers diagnosed at the FHCI in 2008.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
Brain and Spine Tumor Program Highlights

- In 2009, neuro-oncologist Sajeel Chowdhary, MD, joined the FHCI as the Program Director, and Denise Cochran, ARNP, was appointed Brain/Spine Tumor Care Coordinator.

- One-hundred-ninety-three new patients were seen in the neuro-oncology clinic.

- A dedicated Web site was established.

- A clinical outcomes database was implemented, and data abstractor Tanna Oliver, RN, was recruited.

- The process of opening consortium/pharmaceutical clinical experimental trials was initiated.

- Collaboration with other academic institutions, including the University of Central Florida and the Sanford/Burnham Institute for Medical Research, was initiated and continues to be established.

Continues on page 25 →

Brain and Spine Tumor Program

Lectures

August 2009
Pathophysiology and Advances in the Management of Leptomeningeal Disease and Lymphomatous Meningitis; University of Alabama in Birmingham (UAB) and the American Cancer Society Meeting, Birmingham, Alabama: Sajeel Chowdhary

September 2009
Therapy Considerations for Lymphomatous Meningitis; APHON (Association of Pediatric Hematology/Oncology Nursing), Orlando, Florida: Sajeel Chowdhary

October 2009
Pathophysiology and Advances in the Management of Leptomeningeal Disease and Lymphomatous Meningitis; University District Hospital, Department of Hematology/Oncology, San Juan, Puerto Rico: Sajeel Chowdhary

November 2009
Oral Presentation, Markers Distinguishing Cancer Stem Cells from Normal Human Neuronal Stem Cell Populations in Malignant Glioma Patients; Congress of Neurological Surgeons Annual Meeting, New Orleans: Melvin Field, Sergey Bushnev, Angel A. Alvarez, Nicholas Avgneropoulos, Kimi Sugaya

November 2009
Oral Presentation, Endoscopic Endonasal Surgery for Pituitary and Clival Tumors - the Basics 36th Annual Meeting of the Caribbean Association of Neurological Surgeons, San Juan, Puerto Rico: Melvin Field, Brian Spector

November 2009
Oral Presentation, Stem Cells: The Future of Brain Tumor Therapy?, 36th Annual Meeting of the Caribbean Association of Neurological Surgeons, San Juan, Puerto Rico: Melvin Field, Sergey Bushnev, Kimi Sugaya

November 2009
Oral Presentation, How to Start an Endoscopic Endonasal Program; 36th Annual Meeting of the Caribbean Association of Neurological Surgeons, San Juan, Puerto Rico: Melvin Field, Brian Spector

November 2009
Oral Presentation, ENT Considerations for Endoscopic Endonasal Pituitary Tumor Surgery; 36th Annual Meeting of the Caribbean Association of Neurological Surgeons, San Juan, Puerto Rico: Brian Spector, Melvin Field

November 2009
Advances in the Management of High Grade Gliomas; Ormond Beach, Florida: Sajeel Chowdhary

November 2009
Novel Therapeutic Strategies in the Management of High-grade Gliomas – from Bench to Bedside; Caribbean Association of Neurosurgeons (CANS) Annual Meeting, San Juan, Puerto Rico: Sajeel Chowdhary

November 2009
Advances in the Management of Lymphomatous Meningitis and Leptomeningeal Metastases; Caribbean Association of Neurosurgeons (CANS) Annual Meeting, San Juan, Puerto Rico: Sajeel Chowdhary

Continues on page 26 →

ANNUAL OUTCOMES

2010

Brain and Spine Tumor Program

Highlights

Continued from page 24

- The team received the BrainLAB Community Neurosurgery Award for Outstanding Brain Tumor Research at the Congress of Neurological Surgeons' Annual Meeting in New Orleans.

- Gamma Knife stereotactic radiosurgery patient volume increased from 135 in 2008 to 149 in 2009.

- Sponsored the Caribbean Association of Neurological Surgery (CANS) conference held in San Juan, Puerto Rico. Drs. Field, Spector and Chowdhary presented lectures, and Drs. Field and Spector supervised a practical course in endoscopic pituitary procedures.

- Dr. Field was elected as the president of the CANS, and Marilyn Soto, RN, was elected as the Secretary-Treasurer.
Brain/Central Nervous System Five-year Survival

Stage of Disease

Overall 100.0 54.7 36.1 30.0 26.6 23.8

Brain/Central Nervous System Five-year Survival

Stage of Disease

Overall 100.0 54.5 36.5 30.7 27.5 25.1

Source: National Cancer Data Base

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

2008 Cancer Registry Survival Data for Malignant Central Nervous System (CNS) Tumors

The physicians at the FHCI's Neuro-Oncology Program successfully manage over 500 brain tumor patients annually using a variety of approaches available at only a few neuro-oncology programs nationally.

The National Cancer Data Base provides survival comparison data for various patient categories. Information for patients diagnosed from 1998 through 2002 is shown in these comparisons. These charts show overall survival by year for brain and central nervous system cancer patients at the FHCI as well as for like patients within the state of Florida and for the nation overall. The FHCI's patients show better overall survival at both the one-year and five-year intervals than both the state of Florida and the national patient group.

One-year survival for FHCI patients was 60 percent, and five-year survival was 28.3 percent. Patients within the state of Florida had a one-year survival of 54.7 percent, and five-year survival of 23.8 percent. Results for brain and central nervous system cancer patients nationwide demonstrate a one-year survival of 54.5 percent, with five-year survival of 25.1 percent.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
The Florida Hospital Cancer Institute’s Department of Radiation Oncology has one of the most experienced radiation oncology teams in Florida. Each year, our specialists treat more than 3,500 patients, delivering more than 200,000 radiation procedures.

The Radiation Oncology Department provides a full range of radiation therapy technology, including:
- CT-based treatment planning systems
- CT simulators
- Brachytherapy units
- Intensity-modulated radiation therapy (IMRT) — IMRT is a type of three-dimensional, highly conformal radiotherapy that focuses multiple radiation beams directly on the tumor itself. Beam intensities vary so that the highest possible doses can be used to destroy cancerous tissue and minimize the dose to the surrounding normal tissues.
- Trilogy — Trilogy is the state-of-the-art image-guided radiation therapy (IGRT) delivery system that enables doctors to choose the most appropriate treatment modality for cancers of the body, head or neck, and deliver the full spectrum of treatments — all on one machine in a single room.

Radiation Oncology Department Highlights
- Performed more than 132,000 procedures in 2009.
- Installed and implemented new high-dose-rate brachytherapy systems at Florida Hospitals Altamonte and Orlando.
- Conducted a program review with outside consultant, Oncology Solutions, receiving recognition as an outstanding program based on their interviews, onsite evaluations and data review. Strengths identified were physicians, staff and management team.
- Submitted a Radiation Therapy Oncology Group (RTOG) application.
Center for Cellular Therapy

Vijay Reddy, MD, PhD
Medical Director
Florida Center for Cellular Therapy

The Florida Center for Cellular Therapy (FCCT) serves as Central Florida’s first and only comprehensive bone marrow transplant center for both adult and pediatric patients. FCCT offers autologous and allogenic blood, marrow and stem-cell transplantation for children and adults; pre-transplantation evaluation; peripheral blood stem cell collections/leukapheresis; bone marrow collections; post-transplant care; graft versus host disease evaluation/management; and management of hematologic malignancies. FCCT participates in CALGB and collaborative studies with Duke Oncology Network. There is access to the Clinical Trials Network and participation in industry-related trials.

Peer-reviewed Publications

Continues on page 32 →

Center for Cellular Therapy Highlights

- Added Bone Marrow Transplant physician Yasser Khaled, MD, who was previously the Assistant Professor of Internal Medicine at the University of Michigan Blood and Marrow Transplantation Program in Ann Arbor, Michigan. He completed his fellowship training in blood and bone marrow transplantation at the University of Texas M.D. Anderson Cancer Center in Houston and has a clinical interest and advanced training in the research and treatment of patients with multiple myeloma.
- Received Foundation for the Accreditation of Cellular Therapy (FACT) accreditation in April 2009.
- Received National Marrow Donor Program (NMDP) membership in April 2009.
- Extracorporeal Photopheresis (ECP) treatment established and is the only facility to offer this in Central Florida.
- Held the first bone marrow transplant survivor reunion.
- Implemented a data-management department.

Continues on page 33 →


Abstracts:


2. Gernez, V., Van Besien, K., Perl, G., Yanik, G., Braun, T., Parenti, R., and Reddy, Y. Reduced-intensity conditioning using Fludarabine with either anti-thymocyte globulin and BU, or low-dose TBI allowing allogeneic hematopoietic SCT 2009 Bone Marrow Transplantation.


Invited Oral Presentations: National/International

June 2009

"Advances in Bone-marrow and Stem-cell Transplantation" 2009 Annual Meeting AAPI Convention, Orlando, Florida: Vijay S. Reddy

June 2009

Anti-fungal prophylaxis in neutropenic patients. Hematology Oncology Grand Rounds, Tulane University, New Orleans. Vijay S. Reddy

Extramural Invited Presentations

November 2009

"Living with Myeloma: An Overview of Diagnosis and Treatment," The Leukemia and Lymphoma Society Orlando, Florida: Y. Khaled

December 2009


Center for Cellular Therapy

Highlights

Continued from page 31

- Created and implemented a financial-counseling department.
- Granted “Center of Excellence” status by Aetna.
- Approved by State of Florida Medicaid to perform allogeneic transplants.
- Dr. Reddy is FACT inspector and on the Editorial Board for Biology of Blood and Marrow Transplantation, the official journal of the American Society of Blood and Marrow Transplantation.
### Bone Marrow Transplant Outcomes Survival 2008-2009

<table>
<thead>
<tr>
<th>Unrelated</th>
<th>Related</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transplant Outcomes Goals - US survival report, Ref:</strong></td>
<td><strong>Source:</strong> FHCI Center for Cellular Therapy Data Management Office Submission to Center for International Blood and Marrow Transplant Research and National Marrow Donor Program</td>
</tr>
<tr>
<td></td>
<td>Day 100</td>
</tr>
<tr>
<td>Autologous</td>
<td>73</td>
</tr>
<tr>
<td>Allogeneic</td>
<td>23</td>
</tr>
<tr>
<td>Minimal</td>
<td>12</td>
</tr>
<tr>
<td>Matched Unrelated</td>
<td>4</td>
</tr>
<tr>
<td>Donor</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

- **Overall survival (51 allogeneic transplant and 70 autologous transplant):**
  - Day 100: 92/81
  - 1-year survival: 81/81
  - 3-year survival: NA/NA

### Overall Survival for Allogeneic (Allo) versus Matched Unrelated (MUD) Transplants

- **D = 100 and 1 year OS:** 92% & 81%
- **26 MUD patients**
- **31 Allo patients**

### Overall Survival for Allogeneic Transplants (Related and Unrelated Combined)

- **51 Patients (8/07-4/10)**
- **99% day 100 survival**
- **77% 1-year survival**

**Source:** FHCI Center for Cellular Therapy Data Management Office Submission to Center for International Blood and Marrow Transplant Research and National Marrow Donor Program

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For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
Thoracic Cancer Program

Tarek Mekhail, MD
Medical Director
Florida Hospital Cancer Institute
Thoracic Cancer Program

Joseph Boyer, MD
Thoracic Surgical Oncology and Cardiovascular Surgeon
Surgical Director
Florida Hospital Cancer Institute
Thoracic Cancer Program

Each year, more than 215,000 new cases of lung cancer are diagnosed in the US. The FHCI saw 507 new lung-cancer cases in 2008. The FHCI Thoracic Cancer Program offers patients access to a multidisciplinary team approach, and cutting-edge technology, with minimally invasive procedures such as video-assisted thoracic surgery (VATS). Lobectomy.

Peer-reviewed Publications

Book Chapters
- Intensive Review of Internal Medicine
- 2009 Current Clinical Medicine
- Thoracic and Esophageal Surgery

Presentations at National/International Meetings
August 2009
Patient Compliance with Prolonged Erlotinib (E) Treatment: Experience from a Phase 1/2 Trial of Prolonged Concurrent Chemoradiotherapy (CRT) and E Followed by Two Years of Maintenance E for Stage III Non-small-cell Lung Cancer (NSCLC): IASLC-13th World Conference on Lung Cancer, San Francisco, California: Nathan A. Pennell, Gregory M. Videtic, Sudish Murthy, David Mason, Thomas W. Rice, Peter Mazzone, Julia Samsa, Tara Rich, Marc Shapiro, and Tarek Mekhail

August 2009
Phase 1/2 Trial of the Addition of Erlotinib to Pre- and Post operative Chemotherapy/Hyperfractionated Radiotherapy, and as Maintenance, for Resectable Mediastinoscopy-defined Stage III Non-small-cell Lung Cancer (NSCLC): Report on the Phase 2 Component, IASLC-13th World Conference on Lung Cancer, San Francisco, California: GM Videtic, TW Rice, S Murthy, D Mason, P Mazzone, M Shapiro, N Pennell, J Samsa, T Mekhail

August 2009
Lung Cancer/Time to Personalize Treatment; Sociedad Medica Oncologica, Siglo XXI A.C. Guadalajara, Mexico: T. Mekhail

September 2009
Best of ASCO/Post ASCO Updates; Cancun, Mexico: T. Mekhail

October 2009

October 2009
The Role of Anti-angiogenesis in the Treatment of Non-small-cell Lung Cancer; Dominican Republic (A Roche-sponsored event): The Role of Molecular Markers in the Treatment of Non-small-cell Lung Cancer; Roundtable Discussion, Webcast CME Activity: T. Mekhail

Invited Lectures
July 2009
Lung Cancer Updates; Grand Rounds, Methodist Hospital, Indiana: T. Mekhail

July 2009
The Role of Molecular Markers in the Treatment of Non-small-cell Lung Cancer; Roundtable Discussion, Webcast CME Activity: T. Mekhail

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National standards for these procedures vary widely in published reports. With respect to the pulmonary procedures, the FHCI's performance was superior to those outlined in a 15-year analysis of US hospital experience. More specifically, discharge or hospital mortality for lobectomies was 2.9 percent compared to the FHCI's 1.8 percent, and pneumonectomy mortality rate was 11.46 percent compared to the FHCI's 7.1 percent. While this data is encouraging, in examining the recent study published based on data from the Society of Thoracic Surgeons General Thoracic Surgery Database, these rates were significantly lower (lobectomy 1.8 percent, pneumonectomy 4.3 percent). In addition, the mortality rate identified by the Society of Thoracic Surgeons for esophagegastrectomy was 2.9 percent compared to the FHCI's 3.3 percent.

The FHCI's thoracic surgery experience for 2009 is depicted in the FHCI's 5.3 percent. Additional, the mortality rate identified by the Society of Thoracic Surgeons for esophagegastrectomy was 2.9 percent compared to the FHCI's 3.3 percent. Furthermore, 42 percent of lung-cancer resections at the FHCI met the NCCN guidelines, representing a 147 percent improvement over 2008 data. As indicated above, of the 155 lung-cancer cases, pathologic examination of mediastinal lymph nodes was performed in 91 percent of cases, which is much higher than the 65 percent outlined in the Society of Thoracic Surgeons General Thoracic Surgery Database. Furthermore, 42 percent of lung-cancer resections at the FHCI met the recommendations as outlined in the NCCN guidelines, representing a 147 percent improvement over 2008 data.

Thoracic Surgery 2009

NCCN Surgical Lymph Node Guideline Compliance

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobectomy</td>
<td>117</td>
</tr>
<tr>
<td>Pneumonectomy</td>
<td>14</td>
</tr>
<tr>
<td>Esophagegastrectomy</td>
<td>19</td>
</tr>
<tr>
<td>Overall Cases</td>
<td>569</td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Cancer Program

Surgical staging of lung cancer patients is imperative to ensure adequate staging and associated treatment. The FHCI has embarked on an initiative to improve the mediastinal lymph-node sampling as recommended by National Comprehensive Cancer Network (NCCN) guidelines that dictate complete mediastinal staging must include at least three lymph-node stations or complete mediastinal lymph-node dissection. Although national data are available regarding the number of mediastinoscopy procedures performed in lung-cancer patients, published data regarding the adherence to NCCN guidelines are not. As indicated above, of the 155 lung-cancer cases, pathologic examination of mediastinal lymph nodes occurred in 91 percent of cases, which is much higher than the 65 percent outlined in the Society of Thoracic Surgeons General Thoracic Surgery Database. Furthermore, 42 percent of lung-cancer resections at the FHCI met the recommendations as outlined in the NCCN guidelines, representing a 147 percent improvement over 2008 data.


Lung Cancer Age by Gender

Lung cancer is the most frequently diagnosed cancer in the United States, with over 215,000 new cases estimated for 2008. The FHCI diagnosed 507 new lung-cancer cases in 2008. Males held a slim majority (51 percent) over female patients (49 percent). Incidence for males was greatest in the age range of 70-79, while over half of the women were diagnosed in the age range of 60-79.
Thirty-five percent of both male and female lung-cancer patients were diagnosed with Stage IV disease. Lung Cancer Treatment Combinations by Disease Type The two major types of lung cancer are Non-small Cell Lung Cancer (NSCLC) and Small Cell Lung Cancer (SCLC). Treatment combinations for lung cancer patients at the FHCI in 2008, by disease type, are summarized in these charts. For SCLC patients, the combination of chemotherapy and radiation was the most frequent treatment, which 30 percent of patients received. Twenty-four percent received only chemotherapy as their primary treatment, with another 10 percent receiving radiation therapy alone. 

Florida Hospital 2008 Lung Cancer Stage by Gender at Diagnosis

Lung Cancer Stage by Gender

Thirty-five percent of both male and female lung-cancer patients were diagnosed with Stage IV disease.

Florida Hospital 2008 Non-Small Cell Lung Cancer Treatment Combinations


Small Cell Lung Cancer Survival

Five-year survival by year and stage for SCLC patients diagnosed at the FHCI from 1998-2002 are shown in these charts. Information for Stage I and II SCLC survival is not calculated due to the low number of patients diagnosed at the FHCI during these years.
Urologic Oncology Program

Vipul Patel, MD
Medical Director,
Global Robotics Institute
Medical Director,
Urologic Oncology Program, Florida Hospital Cancer Institute

The FHCI is one of the most experienced centers worldwide for robotic prostatectomy, a less-invasive, robotic-assisted surgery that increases the level of surgical precision and improves the recovery process for our patients. Our team helps patients aggressively and successfully battle prostate cancer, the most common cancer found in men, as well as cancers of the kidney, ureters, bladder and penis.

Yearly, we publish our own results and help set standards of care worldwide. In fact, each year, more than 1,000 surgeons travel to our Urologic Oncology Program to learn about the latest approaches to urologic cancer. Daily, we host training classes in our Nicholson Center for Surgical Advancement, and yearly, we host a world symposium for robotic surgery. In addition, we teach post-graduate courses for the American Urological Association, and our team travels worldwide to teach via invited state-of-the-art lectures or live surgery.

Published Articles


Urologic Oncology Program Highlights

- Dr. Vipul Patel and Dr. Jeffrey Brady co-directed the quarterly FHCI Urologic Journal Club. In 2009, 90 physicians participated in the Journal Club sessions. Monthly, they also led the Urologic Tumor Board.
- The 2009 World Robotics Symposium had more than 1,000 participants from around the world, 60 faculty in attendance and 12 live cases. It was broadcast live and reached international markets like Korea and Italy.
- Six hundred-ninety-one patients were treated with Robot-assisted Laparoscopic Prostatectomy (RALP) for prostate cancer.
- Vipul R. Patel, MD, authored 15 publications in peer-reviewed journals.
- In a recent paper submitted to the British Journal of Urology, Dr. Patel published a continence rate of 97.4 percent, a potency rate of 91.5 percent, biochemical free survival of 95 percent, and a trifecta rate of 86 percent at one year.

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Surgical Techniques to Improve Trifecta Outcomes

The ‘trifecta’ is what we wish to achieve for all patients undergoing surgery for prostate cancer.

Prostate Cancer Trifecta
• Cancer Control
• Urinary Continence
• Sexual Function

Cancer Control
3,500 robotic prostatectomies
Positive margin rate: 10 percent
PSA recurrence at one year is less than eight percent.

Urinary Incontinence

Sexual Function
Prostate Cancer Stage at Diagnosis
Seventy-three percent of prostate cancer patients were diagnosed with Stage II disease. The low stage at diagnosis may be due to screenings, annual physical exams and attention to early warning signs.

Prostate Cancer Treatment Combinations Eighty-five percent of patients underwent surgery for their first course of treatment. Radiation therapy was the primary treatment for five percent of prostate cancer patients.

Five-year Survival Prostate Cancers Diagnosed 1998-2002

<table>
<thead>
<tr>
<th>Stage of Disease</th>
<th>Number of Patients</th>
<th>0.0 yr</th>
<th>1.0 yr</th>
<th>2.0 yr</th>
<th>3.0 yr</th>
<th>4.0 yr</th>
<th>5.0 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>2</td>
<td>100.0</td>
<td>96.6</td>
<td>95.2</td>
<td>94.8</td>
<td>94.3</td>
<td>93.8</td>
</tr>
<tr>
<td>Stage II</td>
<td>2081</td>
<td>100.0</td>
<td>99.1</td>
<td>98.0</td>
<td>96.0</td>
<td>95.1</td>
<td>94.3</td>
</tr>
<tr>
<td>Stage III</td>
<td>84</td>
<td>100.0</td>
<td>94.8</td>
<td>93.6</td>
<td>92.4</td>
<td>91.2</td>
<td>89.4</td>
</tr>
<tr>
<td>Stage IV</td>
<td>81</td>
<td>100.0</td>
<td>89.5</td>
<td>82.5</td>
<td>78.3</td>
<td>72.6</td>
<td>65.1</td>
</tr>
<tr>
<td>Overall</td>
<td>2375</td>
<td>100.0</td>
<td>96.8</td>
<td>94.0</td>
<td>92.4</td>
<td>90.0</td>
<td>88.9</td>
</tr>
</tbody>
</table>

Source: National Cancer Data Base

Prostate Cancer Survival
Five-year observed survival rates for FHCI prostate cancer patients diagnosed from 1998-2002 are shown in the first chart above. Overall, five-year survival for all disease stages combined is 89.6 percent. This percentage compares favorably with overall observed five-year survival for prostate cancer patients in the state of Florida (86.8 percent) and the nation overall (85.8 percent).
Head and Neck Program Highlights

• Dr. Ho received the Value Award for Integrity
• We taught general surgery residents at Florida Hospital Cancer Institute
• Our Care Coordinator assisted 132 patients in 2009.

Growth in collaboration with other tumor sites:

• Submission of a joint study by Bari Ruddy, PhD, speech pathology; Henry Ho, MD; David Diamond, MD; and Jeffrey Lehman, MD, titled "Device-driven Therapy for the Dysphagia Patient Following Head and Neck Cancer Treatment" to the Florida Hospital/UCF Gala Endowed Program for Oncologic Research.

• Growth in collaboration with other tumor sites:
  - Collaboration with brain- and spine-tumor-site physicians on skull-base surgery. Brian Spector, MD, and Melanie Field, MD, presented their work on tumors in and around the sphenoid sinus to the annual meeting of the Caribbean Neurosurgical Society in San Juan, Puerto Rico, in October.
  - Aftab Patni, MD, and Dr. Field work together on approaches to tumors in and around the temporal bone. Dr. Patni is also an active participant in the Florida Hospital Gamma Knife program.
  - Henry Ho, MD, and Paul Saven, MD, gained experience with tumors of the cranio-vertebral junction, transorally.
  - Our Care Coordinator assisted 132 patients in 2009.
  - We taught general surgery residents at Florida Hospital Cancer Institute.
  - Dr. Ho received the Value Award for Integrity from Florida Hospital in 2009.

2008 FHCI Cancer Registry Data for Head and Neck Cancers

<table>
<thead>
<tr>
<th>Site</th>
<th>FHCI</th>
<th>Florida</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue</td>
<td>66.3%</td>
<td>54.4%</td>
<td>52.40%</td>
</tr>
<tr>
<td>Salivary gland</td>
<td>74.3%</td>
<td>61.6%</td>
<td>64%</td>
</tr>
<tr>
<td>Tongue</td>
<td>59.5%</td>
<td>60.80%</td>
<td>60.40%</td>
</tr>
</tbody>
</table>

Source: National Cancer Database Survival Reports

Five-year Overall Survival Head and Neck Cancers Diagnosed 1998-2002

Comparison of FHCI, State of Florida, and National Percentages

<table>
<thead>
<tr>
<th>Site</th>
<th>FHCI %</th>
<th>Florida %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue</td>
<td>66.3%</td>
<td>54.4%</td>
<td>52.40%</td>
</tr>
<tr>
<td>Salivary gland</td>
<td>74.3%</td>
<td>61.6%</td>
<td>64%</td>
</tr>
<tr>
<td>Tongue</td>
<td>59.5%</td>
<td>60.80%</td>
<td>60.40%</td>
</tr>
</tbody>
</table>

Source: National Cancer Database Survival Reports

Surgical Head and Neck Cancer Patients and Procedures 2009

<table>
<thead>
<tr>
<th>Procedure</th>
<th># of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck Cancer</td>
<td>29</td>
</tr>
<tr>
<td>Tongue Cancer</td>
<td>14</td>
</tr>
<tr>
<td>Laryngeal Cancer</td>
<td>23</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>27</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>23</td>
</tr>
<tr>
<td>Nasal Cancer</td>
<td>6</td>
</tr>
<tr>
<td>Salivary gland</td>
<td>23</td>
</tr>
<tr>
<td>Total CASES</td>
<td>211</td>
</tr>
<tr>
<td>TOTAL CASES</td>
<td>432</td>
</tr>
</tbody>
</table>

Site: Source: Ear, Nose and Throat Surgical Associates, PA Chart Review

2008 FHCI Head and Neck Cancers by Site

- Neck Cancer: 29 cases
- Tongue Cancer: 14 cases
- Laryngeal Cancer: 23 cases
- Oropharynx: 27 cases
- Hypopharynx: 23 cases
- Total Head and Neck Cancer: 211 cases
- TOTAL CASES: 432 cases

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

ANNUAL OUTCOMES

Florida Hospital 2008 Head and Neck Cancer Age by Gender at Diagnosis

More men and women were diagnosed with head and neck cancers between the ages of 50-59 years than in any other age range, with one-quarter of all head and neck cancers diagnosed in this age range. Another 21 percent each were diagnosed in patients 40-49 years and 60-69 years.

For information on the latest treatments and procedures offered at Florida Hospital, please call (407) 303-5999 or visit our website at www.FloridaHospitalCancer.com
Breast Cancer Program Highlights

- Initiated radioactive seed localization (RSL) procedures as an alternative for wire localization, reducing patient discomfort as well as potential surgery delays, and providing better margin control, less risk of marker migration, and possible immediate confirmation of excision. RSL involves implanting a radioactive seed about the size of a grain of rice in the breast. A Geiger counter locates the radioactive signal and guides the surgeon to the tumor, which is removed along with the seed.

- Added a Breast Cancer Multidisciplinary Clinic at Florida Hospital Orlando. Similar clinics were also established at Florida Hospitals Altamonte and East Orlando.

- Developed a Breast Imaging Coordinator role at Winter Park Memorial Hospital’s Women’s Center.

- Received Breast Patient Navigator Certification through the National Consortium of Breast Centers.

Continues on page 51

Breast Cancer Program

Louis Barr, MD
Medical Director, Breast Cancer Program
Florida Hospital Cancer Institute

Florida has the third-highest rate of new breast cancer patients in the US, and the Breast Cancer Program has been steadily growing since it began in 2001. Our Care Coordinators assisted 1,146 patients in 2009, including those with imaging or physical abnormalities and those with a proven breast cancer diagnosis. This was a 22 percent increase over 2008.

In addition, through a multidisciplinary breast clinic established in 2008, physicians involved in breast-cancer care participate by personally evaluating the patient or providing additional information or recommendations relating to pathology, radiology and plastic surgery – all in the same day.

Presentations
May 2009
ASCO Poster Presentation: Results of a multicenter pilot study of weekly nab-paclitaxel, carboplatin with bevacizumab, and trastuzumab as neoadjuvant therapy in HER2 locally advanced breast cancer with SPARC correlatives. D.A. Yardley, E. Raefsky, R. Castillo, A. Lahiry, R. LoCicero, D. Thompson, M. Shastry, V. Trieu, D. Knauer, N. Desai; Sarah Cannon Research Institute, Nashville, Tennessee; Tennessee Oncology, Nashville, Tennessee; Florida Hospital Cancer Institute, Orlando, Florida; Northeast Georgia Medical Center, Gainesville, Georgia; Abaxis Bioscience, Los Angeles, California.

Breast Cancer Age at Diagnosis

Patients ages 50-59 years represent the most frequently diagnosed age group of breast cancer cases at the FHCI. Five percent of patients were under the age of 40 at diagnosis.

<table>
<thead>
<tr>
<th>Stage of Disease</th>
<th>Number of Patients</th>
<th>0.0 yr</th>
<th>1.0 yr</th>
<th>2.0 yr</th>
<th>3.0 yr</th>
<th>4.0 yr</th>
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<td>Stage I</td>
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<td>97.2</td>
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</tr>
<tr>
<td>Stage III</td>
<td>185</td>
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<tr>
<td>Stage IV</td>
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<td>98.0</td>
<td>94.9</td>
<td>92.8</td>
<td>90.6</td>
<td>87.9</td>
</tr>
</tbody>
</table>

Breast Cancer Survival
Five-year observed survival is calculated by disease stage, and for breast cancer patients overall, for patients diagnosed from 1998-2002.

2009 Cancer Committee Quality Study
Breast Cancer Directed Surgery in 2006 Stage 0, I and II Patients A Comparison with National Cancer Data Base State and National Data

Breast cancer is one of the top three volume sites for cancer patients seen at the FHCI. Further, the FHCI is one of the top three sites for breast cancer care in the state of Florida. With such a large percentage of the state’s breast cancer population entrusting their care to the FHCI’s treatment team, it is important to assess our compliance with national guidelines in providing that care.

The National Cancer Data Base offers to American College of Surgeons (ACoS)-accredited cancer programs nationwide benchmark comparison data for several different areas of patient care. The available benchmark data includes, among others, first-course treatment types delivered to patients at a single facility, compared with that care in a given state and in the nation overall.

The purpose of this retrospective study is to compare cancer-directed surgery types for the FHCI’s 2006 low-stage breast cancer patients (Stage 0, I, or II) with those of like patients within the state of Florida and across the nation at all ACoS-accredited cancer programs.

Background: In October 2001, FHCI established the Breast Cancer Program (BCP) to offer coordinated multidisciplinary care to breast cancer patients. The intent of the program is to minimize time from diagnosis to initiation of state-of-the-art treatment, to have care coordinators assisting the patient to navigate this experience, and to monitor and ensure compliance with recommended treatment guidelines. Patients treated through the BCP are included as a separate population in this study to compare decisions made for this smaller population with those made for the breast cancer population overall at FHCI.

Findings:
• For each stage of disease, the overall FHCI population demonstrates a lower rate of lumpectomy and higher rate of mastectomy procedures than both the state of Florida and nationwide patient aggregate populations.
• The greatest disparity with state and national comparison data is seen with Stage II patients, where only 34 percent of FHCI patients underwent lumpectomy, compared to 50 percent for the state of Florida and 52 percent of patients nationwide.
• Patients treated through the BCP show results closer to state and national percentages for Stage 0 and Stage I patients.
• For Stage 0 patients, those patients in the BCP had the highest relative percentage of lumpectomy, at 72 percent, of any of the comparison groups.

Continues on page 54
Patients in the BCP show results equal to the state of Florida for lumpectomy procedures at 70 percent.

- For Stage II patients, BCP patients underwent lumpectomy procedures at a rate of 44 percent, midway between the overall FHCI population (36 percent) and the state of Florida (50 percent).

More than 40 surgeons perform cancer-directed surgery on breast cancer patients at Florida Hospital each year. However, a majority of the procedures are done by less than one-third of this group of surgeons. The FHCI shares with these surgeons their individual results, as well as the comparison of their individual results with the results for the FHCI, the state of Florida and the nation. These comparisons can then be followed on an annual basis.

The number of patients evaluated in this study is small and as a result, conclusions are difficult to make. However, the national trend toward more mastectomies as opposed to breast-conserving surgery for early breast cancer appears to be continuing at the FHCI as well. Whether this trend is continued over time and confirmed with larger numbers of patients will be examined.

FHCI 2006 Breast Cancer Cases Stage 0, I, II: Cancer Directed Surgery by Stage Comparison with Florida Hospital, FHCI Breast Care Program, State of Florida, and National Data

<table>
<thead>
<tr>
<th>Surgery Type</th>
<th>FHCI</th>
<th>BCP</th>
<th>Florida</th>
<th>Nation</th>
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</thead>
<tbody>
<tr>
<td>Lumpectomy</td>
<td>105</td>
<td>60</td>
<td>63</td>
<td>36</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>65</td>
<td>36</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>No Surgery</td>
<td>8</td>
<td>4</td>
<td>2251</td>
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</tr>
<tr>
<td>Total</td>
<td>176</td>
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</table>

Stage I FHCI BCP Florida Nation
<table>
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<tr>
<th>Surgery Type</th>
<th>FHCI</th>
<th>BCP</th>
<th>Florida</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumpectomy</td>
<td>168</td>
<td>64</td>
<td>86</td>
<td>32</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>66</td>
<td>32</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>No Surgery</td>
<td>10</td>
<td>0</td>
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</tr>
<tr>
<td>Total</td>
<td>251</td>
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<td>5390</td>
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</table>

Stage II FHCI BCP Florida Nation
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<th>Florida</th>
<th>Nation</th>
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</thead>
<tbody>
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<td>54</td>
<td>30</td>
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<td>58</td>
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<tr>
<td>Mastectomy</td>
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<td>10</td>
<td>6</td>
</tr>
<tr>
<td>No Surgery</td>
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<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>9500</td>
<td></td>
</tr>
</tbody>
</table>

Colorectal Cancer Program

Dennis Roussau Jr., MD, PhD
Director of Surgical Oncology
Florida Hospital Cancer Institute

Ahmed Zakari, MD
Program Director
GI Oncology, Florida Hospital Cancer Institute
Chief of Hematology/Oncology
Division, Florida Hospital

Colorectal cancer is the third-leading cause of cancer deaths among both men and women in the United States and is potentially a preventable disease. The FHCI has been a leader in minimally invasive surgical techniques for colorectal cancer and has a dedicated team of physicians, including gastrointestinalists, surgeons and oncologists, who provide the full spectrum of care from screening to therapy. The colorectal cancer program also has a full-time Care Coordinator who leads community outreach and education to promote colorectal cancer screening and awareness. She also assists patients in navigating the services they need and answering their questions.

Colorectal Cancer Program Highlights

- Formed a GI colorectal task force, chaired by Dennis L. Roussau, MD, PhD, and Ahmed Zakari, MD, to focus on excellence in colorectal cancer care.
- Launched a Care Coordinator program that assisted 207 patients in 2009.
- Established a multidisciplinary GI colorectal tumor board that meets to provide prospective treatment recommendations for complex cancer patients.
- Developed a second multidisciplinary tumor board to review every case of colorectal cancer diagnosed in the local Florida Hospital system with the intent of giving a formal treatment recommendation for each patient as well as capturing patients for database enrollment, monitoring quality indicators, and providing current tumor data for the Cancer Registry.
- Developed a comprehensive colorectal database to monitor outcomes, identify areas in need of improvement, assess the effectiveness of improvement interventions, and serve as a resource for future clinical research.
A majority (58 percent) of colorectal cancer patients underwent surgery as their first course of treatment. Another 25 percent had surgery combined with at least one chemotherapy agent, while six percent received surgery combined with both chemotherapy and radiation therapy.

Colorectal Cancer Stage by Gender
This graph shows the totals of males and females diagnosed in each disease stage. A higher percentage of both males and females were diagnosed with Stage III disease at diagnosis than other disease stages.

Colorectal Cancer Age by Gender
Colorectal cancers represent the fourth most common cancer in the United States overall, as well as in the state of Florida. The FHCI diagnosed or treated 418 new colorectal cancer cases in 2008. Incidence in male patients peaked in the age range of 60-69 years. In females, there was a higher occurrence during the ages of 70-79 than in other age groups. Each gender had less than three percent of its total cases diagnosed before the age of 40.

Colorectal Cancer Treatment Combinations
A majority (58 percent) of colorectal cancer patients underwent surgery as their first course of treatment. Another 25 percent had surgery combined with at least one chemotherapy agent, while six percent received surgery combined with both chemotherapy and radiation therapy.

Five-year Survival Colorectal Cancers Diagnosed 1998-2002

<table>
<thead>
<tr>
<th>Stage of Disease</th>
<th>Number of Patients</th>
<th>0.0 yr</th>
<th>1.0 yr</th>
<th>2.0 yr</th>
<th>3.0 yr</th>
<th>4.0 yr</th>
<th>5.0 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>155</td>
<td>100.0</td>
<td>94.7</td>
<td>93.3</td>
<td>90.6</td>
<td>87.0</td>
<td>86.1</td>
</tr>
<tr>
<td>Stage II</td>
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<td>90.2</td>
<td>83.8</td>
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<td>75.5</td>
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<tr>
<td>Stage III</td>
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<td>85.8</td>
<td>80.4</td>
<td>76.4</td>
<td>72.7</td>
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<tr>
<td>Stage IV</td>
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<td>100.0</td>
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<td>23.5</td>
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<tr>
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<td>80.0</td>
<td>72.1</td>
<td>66.6</td>
<td>61.0</td>
</tr>
</tbody>
</table>

Florida Hospital 2008 Colorectal Cancer Treatment Combinations

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

COLORECTAL CANCER PROGRAM

ANNUAL OUTCOMES 2010
Clinical Research

Lee Zehngebot, MD
Medical Director, Clinical Research Program
Florida Hospital Cancer Institute

Clinical trials – carefully designed and executed investigations of new medical treatments – offer patients the most advanced therapies available. A recipient of the American Society of Clinical Oncology (ASCO) Community Clinical Trial Award, the FHCI Clinical Research Center has provided ongoing access to more than 100 clinical trials at any given time for adult and pediatric patients since 1989. Our research partners include:

- National Cancer Institute
- Cancer International Research Group
- Cancer and Leukemia Group B
- Children’s Oncology Group
- Gynecologic Oncology Group
- Pharmaceutical-sponsored Trials
- Sarah Cannon Research Institute (SCRI)
- Translational Oncology Research International
- University of California Los Angeles
- Sanford-Burnham Medical Research Institute

Clinical Research Highlights

- Initiated 39 trials: 17 pharmaceutical trials, 18 (12 adult/six children) cooperative group trials, one network trial (SCRI), two tissue studies, and one emergent study. The annual enrollment to all trials was 170 patients.
- An average of 78 percent of all eligible patients screened went on clinical trials.
- Fifty research patients who responded to the Center's patient-satisfaction survey said their experience with a clinical trial at the FHCI was “excellent.”
- Recruited two experienced research nurses: Eileen Bascombe, RN, BSN; and Mary Cay Kelley, RN, BSN.
- Gyongyi Melanson, compliance coordinator, successfully achieved her certification for Certified Clinical Research Professional (CCRP).
- COG tri-annual audit took place November 4, 2009, with a report to the NCI as satisfactory.
- Launched first Florida Hospital project with the Burnham Institute, collecting 20 solid-tumor specimens with Joseph Portoghese, MD, serving as Principal Investigator.
- Tarek Mekhail, MD, joined the FHCI medical staff as a thoracic oncologist in the summer of 2009. Lung studies with Dr. Mekhail as Principal Investigator began in November 2009.
- Sajeel Chowdhary, MD, joined the FHCI medical staff as a neuro-oncologist in the summer of 2009. The first neuro-oncology studies with Dr. Chowdhary as Principal Investigator went through the IRB in November 2009.
- Neil Finkler, MD, Principal Investigator, was first in accrual in the nation in the OCEAN trial for patients with ovarian cancer.
- Robert Holloway, MD, Principal Investigator, was second in accrual in the nation in the HEDGEHOG trial for patients with ovarian cancer.
- Lee Zehngebot, MD, Principal Investigator, co-authored an article that appeared in the Annals of Oncology in February 2009 from a Bristol-Myers Squibb Non-small cell Lung Cancer study done at FHCI that enrolled 27 patients.
- Raul Castello, MD, was second author on BRE 112, a SCRI study, at a poster presentation at the ASCO meeting in May 2009.
- Neil Finkler, MD, Principal Investigator, was first author on the poster presentation for the Curative/Typo Target PDX 101 study at the ASCO meeting in May 2009.
- Neil Finkler, MD, Principal Investigator, was co-author in the ASSIST-1 trial that was published in the European Journal of Cancer.
- Principal Investigators through SCRI were approved in 2009 for lung, GYN and neuro studies. The first Phase 1 study from SCRI was given to GYN under Robert Holloway, MD.
- Five new physicians completed requirements to become investigators for the FHCI.
- RTDG application was submitted in June 2009 for re-instatement of membership.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
# Cancer Registry Data

The cancer statistics included in this report are the result of work completed by the Florida Hospital Cancer Registry team, who collect a comprehensive data set for each newly diagnosed cancer patient. This data set includes information about the patient's presenting symptoms, diagnostic work-up, clinical and pathologic stage, treatments given and life-long follow-up. 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 for all patients are disease-specific and standardized, to ensure accurate information that can be compared to national and state outcomes data for each type of cancer.

Reportable cancer cases are identified through several sources. Daily, the case-finding staff members manually review every pathology report generated in the seven-campus system, providing concurrent identification of newly diagnosed cancer cases. Monthly, disease index files from all in- and outpatient encounters are filtered electronically to isolate the reportable cancer cases. These cases are then merged into the cancer registry database for review by the registry staff. And annually, through the FCDS, reports are received from the American Health Care Association (AHCA) and the Bureau of Vital Statistics. These reports identify additional potential reportable cases for review. Reportable cancer cases are submitted to the FCDS and to the National Cancer Data Base (NCDB). All cancer registry staff members continue completing education to keep informed of changes in the diagnosis and treatment of cancer, as well as the continuing changes in documentation requirements.

## Cancer Registry Data

The cancer registry data provide information on the primary sites of cancer cases diagnosed in 2008 at Florida Hospital. The data includes the percentage of cases for each site compared to the national and Florida statistics, as well as the total number of cases. The data is used to compare Florida Hospital's cancer registry to national and state outcomes data for each type of cancer.

### Ten Most Prevalent Cancer Sites 2008

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Florida Hospital</th>
<th>Florida</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>172</td>
<td>16.7%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Lung</td>
<td>507</td>
<td>10.2%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Prostate</td>
<td>1,018</td>
<td>20.6%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>418</td>
<td>8.4%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>98</td>
<td>2.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>161</td>
<td>3.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>96</td>
<td>1.9%</td>
<td>4.6%</td>
</tr>
<tr>
<td>NH Lymphoma</td>
<td>188</td>
<td>3.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>All Others</td>
<td>1,249</td>
<td>25.0%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Total Cases</td>
<td>4,948</td>
<td>96.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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### Top Ten Cancer Sites Comparison with American Cancer Society Statistics

This graph compares the top ten cancer sites for cases diagnosed at the FHCI in 2008 with the state of Florida and the nation. Breast, lung, prostate and colorectal cancers represent the top four sites at the FHCI. Lung cancer had the highest incidence both nationwide (15 percent), as well as in the state of Florida (17 percent). Within the Florida Hospital system, prostate cancer was the most frequently seen cancer (20.6 percent), followed by breast (16.7 percent) and lung (10.2 percent) cancers.

### Florida Hospital Analytical Cancer Cases Diagnosed 2008

*National Comparison of the Ten Most Prevalent Cancer Sites

**Estimated Cancer Cases from: The American Cancer Society Cancer Facts and Figures 2008**

- *Cancer Registry Data*
- *For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com*

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<td>1,249</td>
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<td>31.9%</td>
</tr>
<tr>
<td>Total Cases</td>
<td>4,948</td>
<td>96.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
In 2008, there were a total of 5,995 cancer cases reported from the FHCI. More than 80 percent (4,948) of these cases represented patients who were diagnosed and/or received their first course of treatment at the FHCI. This table shows the 2008 cancer statistics by disease site, patient gender and stage of disease at diagnosis.

### FHCI Primary Site Table 2008

<table>
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<tr>
<th>Disease Site</th>
<th>Analytical</th>
<th>Non-Analytical</th>
<th>M</th>
<th>F</th>
<th>0</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>UNK</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>All Sites</td>
<td>5,995</td>
<td>4,948</td>
<td>1,047</td>
<td>302</td>
<td>297</td>
<td>36</td>
<td>111</td>
<td>130</td>
<td>66</td>
<td>608</td>
<td>129</td>
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<td>73</td>
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<td>1</td>
<td>10</td>
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<td>Lip</td>
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### FHC Primary Site Table 2010

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<td>296</td>
<td>197</td>
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<td>43</td>
<td>212</td>
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</table>

This report EXCLUDES CA in-situ cervix cases, squamous and basal-cell skin cases, and intraepithelial neoplasia cases. Source: Florida Hospital Cancer Registry
Held several CME events, including programs on:

- Held “Leading the Way in Prostate Care and Cancer Management” with experts: Thomas Cangiano, MD; Francis Covelli, MD; Stephen Dobkin, MD; Jeffrey Brady, MD; and Vipul Patel, MD, with a panel of experts from Memorial Sloan-Kettering Cancer Center in New York.

- Held “Meet the Professor” events with speakers Joseph Moore, MD, Professor of Medicine at Duke University Medical Services at Morton Plant Mease Health Care in Clearwater, Florida.

- Held a Breast Cancer Conference/Meet the Professor with Peter Fornasiero, MD, Chief, Division of Hematology Oncology; and Director, Clinical/Translational Research at David Geffen School of Medicine at the University of California Los Angeles Jonsson Comprehensive Cancer Center, and Phillip Haas, MD, Professor of Medicine at the University of California Davis School of Medicine in Sacramento, California.

- Held four Urology Journal Club sessions.

- Held 227 tumor boards, presenting a total of 1,135 cases in 2009 (79 of these presentations were tumor boards that were videoconferenced to several satellite locations).


- Received third place in service improvement scores for 2009.

- Participated in the Johns Hopkins Oncology Center quality improvement program.

- Held annual recertification – a one-and-a-half-hour class held 21 times at seven different campuses.

- Deemed “World Class” in Gallup’s Employee Engagement with a score of 4.58.

- Participated in the Florida Hospital Central Florida initiative.

- Continued on page 68.
Patient Support and Community Outreach

Patient Support and Education
- Staffed by community volunteers, our Cancer Resource Library offers free access to an extensive collection of books, brochures, articles and videotapes about cancer, as well as an interactive cancer education system through the use of touch-screen computers. In 2009, the library distributed 60,038 brochures.
- Eden – The Spa for Image Discovery – offers
  • Our Care Coordinators are highly credentialed health care professionals who are on the front line with cancer patients and serve as an ongoing source of support throughout a patient’s entire journey, providing the following services:
    - Coordinate/schedule care with other providers
    - Provide education about diagnosis and treatment
    - Serve as a constant link between patient and physician
    - Answer questions and explain procedures
    - Connect patients and families with resources
  • Our oncology social workers are licensed mental health practitioners and are available to patients and families facing the emotional and practical challenges often associated with a cancer diagnosis. They provide the following services:
    - Individual/family counseling
    - Support groups and educational programs, including disease-specific support groups and support for caregivers and for cancer survivors post-treatment
    - Financial, disability and insurance assistance
- Resources for transportation assistance
- Assistance in accessing complex health care systems
- Additional support and education programs, including
  • Spiritual support through a team of chaplains
  • Nutritional counseling by registered, licensed dietitians
- Exercise programs focusing on the needs of cancer patients

Community Outreach
- Florida Hospital and the FHCI supported the 2009 African American Men’s Health Summit:
  - In all, 250 men participated in the prostate screening (approximately 55 percent were considered underserved).
  - Sixty men tested abnormal with the following results: 37 biopsies with 13 positive results.
- FHCI participated in 32 health fairs and community outreach events in 2009, distributing 10,221 brochures, including:
  - Mt. Sinai Colon Rectal Program
  - St. Mark African Methodist Episcopal Church
  - Fountains of Living Waters Ministry
  - Pine Hills Seventh-day Adventist Church
  - Sisters Network Eatonville Orlando Chapter
  - St. Mark African Methodist Episcopal Church
  - Mt. Pleasant Missionary Baptist Church
  - Nebus Family Fundraiser
  - Beyond October – CeCeCole Ministries
  - Dawn of Hope
  - College Park Baptist Church
  - Mammo Monday
  - Florida Hospital Founders’ Day
  - Orange County Sheriff’s Office
  - Orange County Public Schools

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

Continued from page 67
Nursing Leaders:
Angel Sanchez, RN, BSN – Clinical Nurse Manager
Sue Hollerich, RN, BSN – Assistant Nurse Manager
Sheryl Landrio, RN, AND – Assistant Nurse Manager
Brenda Layman, RN, ASN – Assistant Nurse Manager
Annette Carter, RN, MS, BSN – Director of Nursing – Critical Care and Emergency Department Services

Celebration Health
- Four oncology beds.
- Developed a nutritional/exercise program designed to meet the unique needs of the cancer-patient population.

Nursing Leader:
Patricia Toor, RN, BA, OCN  – Director of Specialty Service Lines, Florida Hospitals Celebration Health and Kissimmee

2009 Number of Oncology Inpatient Discharges by Campus

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<th>Campus</th>
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<td>Altamonte</td>
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<td>Apopka</td>
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<td>East Orlando</td>
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<td>Winter Park</td>
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<td>Kissimmee</td>
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<td>Celebration</td>
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<td><strong>TOTAL</strong></td>
<td><strong>6,886</strong></td>
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Source: Florida Hospital Marketing
Community Partnerships

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

- Komen’s Race for the Cure (breast cancer)
- Leukemia and Lymphoma Society’s “Light the Night”
- American Lung Association’s “Fight for Air Climb”
- American Cancer Society’s “Making Strides Against Cancer”
- Pancreatic Cancer Action Network Third Annual 5K Run
- “Pop a Tab” recycling campaign to support the Ronald McDonald House

Drug Replacement Program

The FHCI Drug Replacement Program (DRP) is designed to assist patients who come to the FHCI for their chemotherapy treatment but do not have insurance and do not qualify for any government-assistance program. Working with patients, physicians and the Florida Hospital pharmacy, the DRP enrolls eligible patients in assistance programs from pharmaceutical companies that provide medication free of charge to treat those patients who meet criteria. The DRP team follows the patient throughout his/her treatment at the FHCI to confirm continued therapy and to arrange coverage for any change in the original treatment plan. Drug replacement savings for Florida Hospital for 2009 were $831,000 with 70 patients enrolled in the program.

Philanthropy

Florida Hospital Cancer Institute

2009 Fundraising Activity

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<td>Planned Gifts</td>
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Florida Hospital Cancer Institute

Thank you to our 2009 Donors.

(The gifts listed below reflect $10,000 and above.)

Leader

Delta Delta Delta Alumni Association: Eden Spa

Benefactor

Homer N. Allen: Cancer Pharmacy

Investor

David M. and Carolyn Hill: General Cancer

Centurion

ABB Foundation, Inc.: Colorectal Cancer

Roberts Family Fund: General Cancer

Birdies for Breast Cancer, Inc.: Breast Cancer Research

Rita and Jeffrey Adler Foundation: Pediatric Oncology

The Susan G. Komen Breast Cancer Foundation, Inc.: Women’s Services

Earl K. and Mary S. Wood: Eden Spa

Stockcross Financial Services, Inc.: Bone Marrow Transplant

Judy and Robert Yarmuth: Eden Spa

Recipient of Funds

Harrlett Lake: Eden Spa

Harrlett Lake: Eden Spa

Harrlett Lake: Eden Spa

Harrlett Lake: Eden Spa

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ANNUAL OUTCOMES 2010

PATIENT SUPPORT AND COMMUNITY OUTREACH PHILANTHROPY

Florida Hospital Cancer Institute

The skill is heal. The spirit is care

Continued from page 69

- FHCI staff contributed to Florida Hospital’s overall community outreach, including:
  - Annual canned food drive to support Second Harvest Food Bank
  - Florida Hospital’s 1908 Society – an employee giving program that helps to fund capital projects, provide care to uninsured patients, assist with Florida Hospital’s onsite nursing school, and help Florida Hospital staff with financial burdens. FHCI employee support was instrumental in the building of Eden – The Spa for Image Discovery.
  - United Way
  - “Backpacks for Kids” campaign – collecting backpacks and school supplies for underprivileged children.
  - Donation of clothing and toys to Mission 517 in Costa Rica.

Drug Replacement Program

The FHCI Drug Replacement Program (DRP) is designed to assist patients who come to the FHCI for their chemotherapy treatment but do not have insurance and do not qualify for any government-assistance program. Working with patients, physicians and the Florida Hospital pharmacy, the DRP enrolls eligible patients in assistance programs from pharmaceutical companies that provide medication free of charge to treat those patients who meet criteria. The DRP team follows the patient throughout his/her treatment at the FHCI to confirm continued therapy and to arrange coverage for any change in the original treatment plan. Drug replacement savings for Florida Hospital for 2009 were $831,000 with 70 patients enrolled in the program.

Eden Spa

Since its inception in 2008, Florida Hospital Cancer Institute’s Eden Spa has raised almost $1.2 million from community members, board volunteers and staff, including the seed gift of $500,000 from local philanthropist Harrlett Lake. This one-of-a-kind spa is designed to help women on their journey to image recovery while battling cancer. The only one in the country that offers a comprehensive list of services, Eden Spa has helped almost 10,000 patients on the path to their emotional and physical healing. Eden offers mastectomy garments, wig design, lymphedema treatment and a full vegan line of products safe for patients who are undergoing treatment. The most important thing we provide is an environment of comfort, peace and support with a focus on whole-person health.

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Harriett’s Founding 100 Benefiting Eden Spa
Rita and Jeffery Adler
Elizabeth Dvorak and Ed and Connie Gilbert
Gay Harrison
Jim Hatway
Connie Holland
Shelley Lake
Meredith McWaters and Lois Silverberg
Sonja Nicholson
Margery Pabst
Pears for Women
Linda Pellegrini
Charles and Lynn Steinmetz Foundation
Rob and Kim Strong
Judy Yarnuth

Celebrity Stroll Benefiting Women and Children with Cancer
Florida Emergency Physician’s Group
Carol and Jill Kahli
Darian Kamleh
Gray Robinson, PA
Gynecologic Oncology Department
Florida Oncology Network, PA

Golden Gala XXIX
Florida Emergency Physician’s Group
Bradfield & Greene, LLC
Central Florida Pathology Associates, PA
Florida Oncology Network, PA
Harriett Lake

How You Can Help
As a donor to the Florida Hospital Cancer Institute, you are making an investment in the future of cancer care and research. Your contribution will have considerable impact on the lives of Central Floridians with cancer. Please help us offer hope and new solutions to the patients in our community.

If you are interested in learning more about the ways you can give and about the impact your gift will make, please contact Jaclyn Lindsey at the Florida Hospital Foundation:
Jaclyn.Lindsey@flhosp.org
(407) 303-9410
You can also text the word FIGHT to 90999 on your mobile phone to make a $5 contribution to the FHCI today. Standard text rates apply.

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Robert Sollacicio, MD
Lee Zehngebot, MD

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Robert Sollacicio, MD
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Donna Honasee, American Cancer Society

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Duke University Medical Center
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2010 ANNUAL OUTCOMES

ANNUAL OUTCOMES

2010

PHILANTHROPY

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2010

PHILANTHROPY

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