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

**Vision Statement**

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

**Florida Hospital Cancer Institute Facts**

- Our program cares for more newly diagnosed cancer patients than any other hospital system in Florida.*
- More than 1,000 patients enrolled onto clinical trials annually.
- Research affiliations with the National Cancer Institute (NCI), Children’s Oncology Group, Sarah Cannon Research Institute, Sanford-Burnham Medical Research Institute and University of Central Florida (UCF) College of Medicine.
- Accredited as an Academic Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer.
- Accredited by the National Accreditation Program for Breast Centers (NAPBC) for excellence in breast cancer care.
- CERTIFIED by the American Society of Clinical Oncology’s (ASCO) Quality Oncology Practice Initiative for quality in medical oncology.
- More than 10,000 cancer surgeries performed annually.
- Performing more than 150 adult bone marrow transplants annually, and accredited by the Foundation for Accreditation of Cellular Therapy (FACT) for quality.
- One of the world leaders in robotic prostatectomy, utilizing Central Florida’s first da Vinci® Surgical System.
- More than 1,000 patients enrolled onto clinical trials annually.
- One of the most experienced radiation oncology programs in Florida and accredited by the American Society of Therapeutic Radiology and Oncology (ASTRO) for quality.
- Accredited by the American Society of Clinical Oncology’s (ASCO) Quality Oncology Practice Initiative for quality in medical oncology.
- Accredited by the National Accreditation Program for Breast Centers (NAPBC) for excellence in breast cancer care.

*Source: Florida Cancer Data System.
In 2016, Florida Hospital Cancer Institute (FHCI) contributed significantly to the advancement of cancer treatment and research. Our dedicated team of medical professionals and support staff participated in many promising research studies, trained physicians from around the world and added new services, all while remaining focused on providing the highest quality care every day to the patients who entrust us with their health. We maintained prestigious accreditations for FHCI, as well as for many individual programs, and continued to earn national recognition as a outstanding center for cancer care.

As acting medical director for 2016, I am proud of our team’s accomplishments and also pleased to welcome aboard our new executive medical director, Dr. Mark Socinski.

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

Below are a few of the notable 2016 achievements of our team:

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

We are grateful to the support given to FHCI by our partners, community and donors. With this support, we can continue to provide Florida with world-class oncology care and a state-of-the-art medical facility. I know the entire FHCI team is committed to continuing our work in patient care and forward-thinking research. Thank you for your support, and please contact me if you wish to discuss any of our 2016 outcomes.

Warmly,

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

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

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

2016 Highlights

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

Source: FHCI Bone Marrow Transplant Program

Bone Marrow Transplant Procedures 2011-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Autologous</th>
<th>Allogeneic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>27</td>
<td>107</td>
</tr>
<tr>
<td>2012</td>
<td>42</td>
<td>76</td>
</tr>
<tr>
<td>2013</td>
<td>62</td>
<td>83</td>
</tr>
<tr>
<td>2014</td>
<td>69</td>
<td>73</td>
</tr>
<tr>
<td>2015</td>
<td>133</td>
<td>74</td>
</tr>
</tbody>
</table>

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
The FHCI Brain and Spine Program specializes in the diagnosis and comprehensive management of primary brain and spinal tumors for adult and pediatric patients, complications of malignant/low-grade brain and spinal tumors, secondary metastatic cancer directly affecting the brain and spinal cord, neurologic manifestations of cancers elsewhere in the body, and treatment-related complications affecting the central and peripheral nervous system.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Florida Hospital</th>
<th>SEER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five-year Survival</td>
<td>61.47%</td>
<td>35%</td>
</tr>
</tbody>
</table>

FHCI Tri-county area* vs. nine Surveillance, Epidemiology and End-Result registries, part of Centers for Disease Control and Prevention.
Sources: FHCI Cancer Registry; https://www.seer.cancer.gov/canques

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Research
- Continued collaborative bench/translational research on circulating tumor cells in development of individualized therapy for metastatic breast cancer with Dr. A. Khalid, University of Central Florida, funded by the Breast Cancer Research Foundation. The project was featured at the “Cure Bowl” on Dec. 19, 2015.
- Conducted a study of 41 patients in Intraoperative Radiation Therapy at Florida Hospital Celebration.
- Eight studies were open to enrollment, with two others pending.
- Patients have been enrolled in one Pharma study and four Cooperative Group studies.
- Screening for clinical trial eligibility is done for each patient presented at the breast cancer tumor board.

Publications and Presentations

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Breast cancer continues to be the second-most frequent type of cancer nationwide, across Florida, and at FHCI. In 2016, 974 new cases of breast cancer were diagnosed or treated at FHCI. The largest percentage were diagnosed in early stages (0, I, II), demonstrating the effectiveness of screening efforts.

**Breast Cancer Incidences Only**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total: 902</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>234</td>
</tr>
<tr>
<td>30-39</td>
<td>153</td>
</tr>
<tr>
<td>40-49</td>
<td>57</td>
</tr>
<tr>
<td>50-59</td>
<td>134</td>
</tr>
</tbody>
</table>

**Male Breast Cancer Incidences Only**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total: 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>1</td>
</tr>
<tr>
<td>30-39</td>
<td>1</td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age at Diagnosis by Gender</th>
<th>Female Breast Cancer Incidences Only</th>
<th>Total: 902</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>234</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>153</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>134</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age at Diagnosis by Gender</th>
<th>Male Breast Cancer Incidences Only</th>
<th>Total: 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

2016 Breast Cancer Cases

Stage at Diagnosis by Gender

Breast cancer continues to be the second-most frequent type of cancer nationwide, across Florida, and at FHCI. In 2016, 974 new cases of breast cancer were diagnosed or treated at FHCI. The largest percentage were diagnosed in early stages (0, I, II), demonstrating the effectiveness of screening efforts.

<table>
<thead>
<tr>
<th>AJCC STAGE AT DIAGNOSIS</th>
<th>Female (%)</th>
<th>Male (%)</th>
<th>Total Values (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>157 99.4</td>
<td>1 0.6</td>
<td>158 17.4</td>
</tr>
<tr>
<td>1</td>
<td>3 100</td>
<td>0 0</td>
<td>3 0.3</td>
</tr>
<tr>
<td>1A</td>
<td>316 99.7</td>
<td>1 0.3</td>
<td>317 34.9</td>
</tr>
<tr>
<td>1B</td>
<td>19 100</td>
<td>0 0</td>
<td>19 2.1</td>
</tr>
<tr>
<td>2</td>
<td>2 100</td>
<td>0 0</td>
<td>2 0.2</td>
</tr>
<tr>
<td>2A</td>
<td>166 98.8</td>
<td>2 1.2</td>
<td>168 18.5</td>
</tr>
<tr>
<td>2B</td>
<td>104 98.1</td>
<td>2 1.9</td>
<td>106 11.7</td>
</tr>
<tr>
<td>3</td>
<td>1 100</td>
<td>0 0</td>
<td>1 0.1</td>
</tr>
<tr>
<td>3A</td>
<td>41 97.6</td>
<td>1 2.4</td>
<td>42 4.6</td>
</tr>
<tr>
<td>3B</td>
<td>10 100</td>
<td>0 0</td>
<td>10 11</td>
</tr>
<tr>
<td>4</td>
<td>46 97.9</td>
<td>1 2.1</td>
<td>47 5.2</td>
</tr>
<tr>
<td>Any Others</td>
<td>7 100</td>
<td>0 0</td>
<td>7 0.8</td>
</tr>
</tbody>
</table>

**Overall Totals**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>881</td>
<td>8</td>
<td>889</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry

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

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

First-course Surgery Type by Stage at Diagnosis

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

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

Breast Cancer Five-year Survival

Cases Diagnosed 2006-2012

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

Sources: FHCI Cancer Registry; seer.cancer.gov/canques (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).
Ahmed Zakari, MD
Medical Director
Gastrointestinal Cancer Program
Florida Hospital Cancer Institute
Chief of Hematology/Oncology Division
Florida Hospital
Assistant Professor
University of Central Florida College of Medicine

Matthew Albert, MD
Medical Director, Colon & Rectal Surgery,
Florida Hospital Cancer Institute
Director, Florida Hospital Colorectal Fellowship Program

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

Litherland SA, Clare-Salzler MJ, Arnoletti JP; Epigenetic Dysregulation in Immune Tolerance: Two Sides to the Same Coin—Cancer and Autoimmunity; Abstract World Congress for Inflammation; August.
Zenoni S, Eubanks WS, Vedhulis P, Arnoletti JP, de la Fuente SG; Racial disparities in gallbladder cancer; Americas Hepato-Pancreato-Biliary Association; Miami.

De la Fuente SG; Surgical Management of GIST; Laparoscopic pancreatic resections; Mexican Congress of Endoscopic Surgery; Puerto Vallarta, Mexico, May.
De la Fuente SG; Medicine Ground Rounds; Evidence-based management of pancreatic cancer; Florida Hospital Orlando, September.

FHCI offers a comprehensive array of treatments and therapies for gastrointestinal cancer, including innovative, minimally invasive surgeries and stereotactic body radiation for early or small tumors and radioembolization therapy for large or multiple tumors. The Gastrointestinal, Pancreatic and Hepatobiliary Oncology team uses J-D technology to produce a more accurate diagnosis. FHCI is committed to education and treatment that improves the lives of our patients and their families, including support to manage the emotional impact of cancer.

• Performed more than 80 pancreatic surgeries, including 41 pancreateo-duodenectomias and 30 distal pancreatectomies.
• Evaluated and treated 311 pancreatic cancer cases and 184 liver and bile duct cancer cases.
• Implemented 107 pancreatic cancer hospital discharges at Florida Hospital Orlando.

Presentations and Invited Lectures

De la Fuente SG; Surgical Management of GIST; Laparoscopic pancreatic resections; Mexican Congress of Endoscopic Surgery; Puerto Vallarta, Mexico, May.
De la Fuente SG; Medicine Ground Rounds; Evidence-based management of pancreatic cancer; Florida Hospital Orlando, September.

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

Research Grants
Litherland (PI), Arnoletti (Co-I); Myeloid Derived Immunosuppressor Cell (MDSC) Characterization in Pancreatic Ductal Adenocarcinoma (PDAC), Ph Beta Psi.
Arnoletti/Litherland (Co-PI), Co-PI, Correlating Circulating Tumor Cell and Tumor Immune Responses in Pancreatic Cancer, Florida Hospital Foundation.
Liver and Pancreatic Cancer Cases

<table>
<thead>
<tr>
<th></th>
<th>Analytical</th>
<th>Non-analytical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>109</td>
<td>30</td>
<td>139</td>
</tr>
<tr>
<td>Pancreas</td>
<td>227</td>
<td>64</td>
<td>331</td>
</tr>
<tr>
<td>Other Biliary</td>
<td>96</td>
<td>9</td>
<td>45</td>
</tr>
</tbody>
</table>

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

Colorectal Cancer Cases

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-19</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>20-29</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>30-39</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>40-49</td>
<td>33</td>
<td>21</td>
<td>54</td>
</tr>
<tr>
<td>50-59</td>
<td>56</td>
<td>58</td>
<td>114</td>
</tr>
<tr>
<td>60-69</td>
<td>84</td>
<td>87</td>
<td>171</td>
</tr>
<tr>
<td>70-79</td>
<td>71</td>
<td>53</td>
<td>124</td>
</tr>
<tr>
<td>80-89</td>
<td>23</td>
<td>42</td>
<td>65</td>
</tr>
<tr>
<td>90-99</td>
<td>5</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>100-109</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Any Others</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overall Totals</td>
<td>713</td>
<td>268</td>
<td>550</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry

Colorectal Cancer Five-year Survival

<table>
<thead>
<tr>
<th></th>
<th>Florida Hospital</th>
<th>SEER</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.49%</td>
<td>66.2%</td>
<td></td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry

Colorectal Cancer Stage at Diagnosis by Age

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td>29</td>
<td>34</td>
<td>28</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2A</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>12</td>
<td>28</td>
<td>24</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>89</td>
<td>114</td>
</tr>
<tr>
<td>2B</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>3C</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>3A</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>4.6</td>
<td>15</td>
</tr>
<tr>
<td>3B</td>
<td>0</td>
<td>5</td>
<td>12</td>
<td>20</td>
<td>36</td>
<td>26</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>114</td>
<td>151</td>
</tr>
<tr>
<td>3C</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>47</td>
</tr>
<tr>
<td>4A</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>4B</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>4C</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>88</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>99</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Any Others</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Overall Totals</td>
<td>7</td>
<td>16</td>
<td>54</td>
<td>194</td>
<td>151</td>
<td>124</td>
<td>65</td>
<td>14</td>
<td>5</td>
<td>550</td>
<td>0</td>
<td>550</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
The Florida Hospital Gynecologic Oncology (FHGO) Program at FHCI is internationally recognized for excellence in clinical research, robotic surgery innovation and treatment, and novel collaborative laboratory investigations into cellular immune therapy for ovarian cancer. More than 1,800 gynecologic surgeries are performed each year by attending surgeons and fellows in-training, in addition to the more than 3,000 outpatient clinic visits annually attended by the group. FHGO ranks in the top 5 robotic programs by volume, and our gynecologic oncologists have developed several robotic surgery techniques. Surgeons from around the world have attended Florida Hospital’s advanced robotic training courses, and the group’s seminal research publications in robotic surgery outcomes are widely quoted internationally. The Florida Hospital Gynecologic Oncology (FHGO) Program at FHCI is internationally recognized for excellence in clinical research, robotic surgery innovation and treatment, and novel collaborative laboratory investigations into cellular immune therapy for ovarian cancer. More than 1,800 gynecologic surgeries are performed each year by attending surgeons and fellows in-training, in addition to the more than 3,000 outpatient clinic visits annually attended by the group. FHGO ranks in the top 5 robotic programs by volume, and our gynecologic oncologists have developed several robotic surgery techniques. Surgeons from around the world have attended Florida Hospital’s advanced robotic training courses, and the group’s seminal research publications in robotic surgery outcomes are widely quoted internationally.
Invited Lectures and Training Programs

January

Dr. Surafel Ahmed, organizer and speaker; National Cancer Institute of America (NCIA), March 19-20, Chicago (Gynecologic Oncology 137: Suppl. 1, A-178). Related media coverage via MedPage Today. http://www.medpagetoday.com/MeetingCoverage/GOG/1s14

February

Dr. Robert W. Holloway, program director and speaker; Gynecologic Oncology, Society of Robotic Surgery Annual Meeting, Rosen Shingle Creek Convention Center, Las Vegas, Nev. Dr. Santa Gupta gave a presentation (Dr. Surafel Ahmed and Suresh P. A. Winer also attended). Presented the 3rd Annual Meeting of the Association of Scientists of Indian Origin in America (ASIOA), March 28-31, Chicago (Gynecologic Oncology 137: Suppl. 1, A-40).

March

Dr. Robert W. Holloway, plenary session, Best of American Society of Clinical Oncology Annual Meeting (ASCO), organized by the Florida Hospital Cancer Institute & Florida Society of Clinical Oncology, June 24-28, Orlando.

April

Dr. Robert W. Holloway, Dr. Aji Gubb, and Dr. Ahmed S. Ahmad, speakers; Annual Florida Hospital Research Forum, April 21-23, Orlando.

Dr. Robert W. Holloway (invited speaker); National Cancer Institute of America (NCIA), Symposium, April 26-27, Miami.

May

Dr. Robert W. Holloway, director and speaker; Dr. Lori A. Brudie and Dr. Brudie, presentation, Florida Society of Clinical Oncology's Ovarian Cancer Survivors Symposium, May 8, Lake Buena Vista, Fla.

June

Dr. Robert W. Holloway, invited speaker; best of American Society of Clinical Oncology Annual Meeting, Orlando, July 22-20, Chicago.

October

Dr. Robert W. Holloway, invited academic lecturer, 19th International Medical Scientific Congress of Students and Young Doctors, organized by the Medical University of Plovdiv (UMP), Oct. 7-10, Plovdiv, Bulgaria. He also received Doctor Honoris Causa degree from MUP.

November

Dr. Ahmed S. Ahmad, speaker, 6th International Conference on Gynecological Cancer, organized by the South Eastern European Robotic Surgery Society (SEERS), Oct. 29-31, World Trade Center, Bucharest, Romania.

December

Dr. Robert W. Holloway, invited speaker; best of American Society of Clinical Oncology Annual Meeting (ASCO), organized by the Florida Hospital Cancer Institute & Florida Society of Clinical Oncology, June 24-28, Orlando.

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Awards/Honors/Recognitions

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

Active Research Grants

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

Educational and Scholarly Research Collaborations

- Active collaboration with the SGO Clinical Outcomes Registry (COR) program (Drs. Holloway, Kendrick, Brudie, Ahmad).
- Active collaboration with the Caris Life Sciences Inc.’s Caris Molecular Intelligence Registry program for biomarkers assessments and correlation with gynecologic cancer patient outcomes (Drs. Holloway, Kendrick, Brudie, Ahmad).
- Active collaboration with Society of European Robotic Gynecological Surgery (SERGS) investigators on research projects related to clinical outcomes of gynecologic oncology procedures (Drs. Holloway, Ahmad).
- Active collaboration with Drs. Floor J. Backes and Jeffrey M. Fowler at Ohio State University on survival outcomes analysis and translational research studies on uterine malignancy (Drs. Holloway, Ahmad, Brudie).
- Active collaboration with University of North Texas Health Science Center, Fort, Texas (Royia M. Basha, PhD) on ovarian cancer-related translational research projects (Drs. Ahmad, Holloway).
- Active collaboration with Masanobu Komatsu, PhD, Associate Professor at Sanford-Burnham-Prebys Medical Research Institute, Lake Nona, Fla., on ovarian cancer-related translational research projects (Drs. Holloway, Ahmad).
- Initiated collaboration with Gonul Kurt, PhD, RN, from Gulhane Military Medical Academy, School of Nursing in Ankara, Turkey, a postdoctoral researcher for one year (2015-16) training on a highly competitive grant award from The Scientific and Technological Research Council of Turkey (TUBITAK), which covers her expenses. In addition to working with the FHCI Gynecology Oncology physicians/researchers/nurses, she is collaborating with the faculty and staff of the UCF College of Nursing and the FH Clinical Excellence and Research Department on the project entitled, “Determining Patient Care Need Related to Improved Nursing Care Standards Before and After Robotic Surgery for Gynecologic Cancers.” As primary mentors, Drs. Holloway and Ahmad invited the trainee at FH through academic contacts in Eastern Europe, helped co-develop the study protocol and facilitated its implementation.
- Mentored Florida medical students, including those from UCF, Florida State University and Nova Southeastern University during clinical rotations/electives (Drs. Holloway, Ahmad, Kendrick, Brudie).
Gynecologic Oncology

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

Source: FHCI Cancer Registry

Cervical Cancer Cases
Stage at Diagnosis
Nearly 40 percent of patients were diagnosed with stage I disease.

Source: FHCI Cancer Registry

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

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

Source: FHCI Cancer Registry

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

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

Five-year survival rate for cervical cancer patients at FHCI vs. nine SEER registries (SEER= surveillance, epidemiology, and end results, part of Centers for Disease Control and Prevention). Source: FHCI Cancer Registry, https://seer.cancer.gov/canques

Cervical Cancer

Total NRB Cases: 69

Ovarian Cancer Cases

Total: 110

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
### Uterine Cancer Cases
**Stage at Diagnosis**

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

### Total: 269
Source: FHCI Cancer Registry

---

### Ovarian Cancer
**Five-year Survival**

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

### Total: 269
Source: FHCI Cancer Registry

---

### Uterine Cancer Cases
**Age at Diagnosis**

About 36 percent of patients diagnosed with uterine cancer at FHCI in 2015 were ages 60 to 69, making this the most common age range for this type of cancer. Another 23 percent were diagnosed between the ages of 50 and 59 years.

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

### Analytical Uterine Cancer
**Treatment Combinations**

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

### Analytical Uterine Cancer
**Five-year Survival**

Cases Diagnosed 2006-2012

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

### Five-year Survival
Source: FHCI Cancer Registry

---

### Ovarian Cancer
**Five-year Survival**

Cases Diagnosed 2006-2012

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

### Five-year Survival
Source: FHCI Cancer Registry

---

### Uterine Cancer Cases
**Stage at Diagnosis**

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

### Total: 269
Source: FHCI Cancer Registry

---

### Uterine Cancer Cases
**Stage at Diagnosis**

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

### Total: 269
Source: FHCI Cancer Registry

---

### Gynecologic Oncology

---

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

Uterine Cancer
Five-year Survival
Cases Diagnosed 2006-2012
Five-year survival rates for patients with uterine cancer treated at FHCI were about equal to those measured by nine national cancer registries.

Gynecologic Cancer
Five-year Survival
Cases Diagnosed 2006-2012
Five-year survival rates for patients with gynecological cancer treated at FHCI were about equal to those measured by nine national cancer registries.

Gynecological Cancer Surgeries
Robotic Procedures vs. Total Procedures
Robotic surgeries continued to represent the greatest number of surgical procedures used to treat patients with gynecological cancer at FHCI, representing more than 62 percent in 2015.

Gynecologic Oncology Robotic Surgery
By Cancer Type
Robotic surgery was more often used to treat endometrial cancer than any other gynecological cancer. FHCI reached a milestone in 2015, treating about 5,000 gynecology and oncology cases robotically.

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Head and Neck Oncology

Head and Neck Cancer Cases
Age by Gender at Diagnosis
Men were slightly more likely to be diagnosed with head or neck cancer than women. Their age at diagnoses varied more than women, who tended to be diagnosed between the ages of 50 – 69.

Source: FHCI Cancer Registry

Head and Neck Cancers Five-year Survival
Cases Diagnosed 2006-2012
Five-year survival rates for head and neck cancer at FHCI exceeded national averages from nine Surveillance, Epidemiology and End-Results (SEER) registries.

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

Head and Neck Quality Metrics Report
Length of Stay

Source: FHCI 2014 Head and Neck Quality Metrics Report

Site Infection

Source: FHCI 2014 Head and Neck Quality Metrics Report

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

Age by Gender at Diagnosis

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

Professional Affiliations

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

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


Bernard JR; "Mastectomy Rates On Rise"; Daytona Beach News Journal article; Nov. 1, 2015.


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

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


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

Awards
Florida Hospital, DeLand, and its 20/20 Society honored Johnny Ray Bernard Jr., MD, as a Society Founding Member for charitable giving; July.
Thoracic Oncology

Tarek Mekhail, MD, MSCE, FRCSEd, FRCSEd
Medical Director, Thoracic Cancer Program
Associate Director of Clinical Research
Florida Hospital Cancer Institute

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

The FHCI Thoracic Cancer Program has received national recognition for its multidisciplinary approach to the diagnosis and treatment of lung and esophageal cancers. Our specialists treat lung cancer, esophageal cancer, mesothelioma, and other cancers of organs within the chest wall. The Florida Hospital Cancer Institute is one of the most active participants in lung and esophageal clinical trials in the nation.

Highlights
• Added two new Cardiovascular Thoracic Surgeons: Clay Burnett, MD, and Farid Gharagozloo, MD.
• Opened 14 new clinical trials, with 45 patients enrolled in thoracic esophageal clinical trials this year.

Publications


Vagia A, Caradige DR, Quix JE, Wakelee HA, Almhanna K, Doepker M, Saeed N, Fontaine JP, Hoffe S, Tarek Mekhail, MD, MSc, FRCSI, FRCSEd
Medical Director, Thoracic Cancer Program
Associate Director of Clinical Research
Florida Hospital Cancer Institute

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobectomy</td>
<td>127</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>11</td>
</tr>
<tr>
<td>Parenchymectomy</td>
<td>6</td>
</tr>
<tr>
<td>Wedge (s)</td>
<td>34</td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>12</td>
</tr>
<tr>
<td>Sleeve</td>
<td>1</td>
</tr>
<tr>
<td>Enlarged Mass</td>
<td>5</td>
</tr>
<tr>
<td>Mediastinum</td>
<td>4</td>
</tr>
<tr>
<td>Chest Wall</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>218</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Biopsy</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediastinoscopy</td>
<td>44</td>
</tr>
<tr>
<td>Chamberlain</td>
<td>6</td>
</tr>
<tr>
<td>Pleural/Chest Wall Bi</td>
<td>26</td>
</tr>
<tr>
<td>Mediastinal LN</td>
<td>1</td>
</tr>
<tr>
<td>Mediastinal Mass</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Pericardial Window</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: FHCCI Thoracic Surgery Database

Robotic Procedures Case Breakdown

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

Source: FHCCI Thoracic Surgery Database

National Comprehensive Cancer Network Guideline Compliance

Eight-year Trend

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

Source: FHCCI Thoracic Surgery Database

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Lung Cancer Cases
Age at Diagnosis by Gender
In 2015, lung cancer in women increased from age 50-59, while men increased from age 60-69. With 625 new cases seen at FHCI, both men and women were diagnosed mostly in their 60s and 70s.

Source: FHCI Cancer Registry

Age Range
Male       Female
10-19       10-19
20-29       20-29
30-39       30-39
40-49       40-49
50-59       50-59
60-69       60-69
70-79       70-79
80-89       80-89
90-99       90-99

118 Male       118 Female
117 Male       117 Female
116 Male       116 Female
115 Male       115 Female
114 Male       114 Female
113 Male       113 Female
112 Male       112 Female
111 Male       111 Female
110 Male       110 Female
109 Male       109 Female

Lung Cancer Cases
Stage by Gender at Diagnosis
About 60 percent of men and women diagnosed at FHCI in 2015 were in an advanced stage of lung cancer (III or IV).

Source: FHCI Cancer Registry

Chart depicts number of patients.

Age Range
Male       Female
10-19       10-19
20-29       20-29
30-39       30-39
40-49       40-49
50-59       50-59
60-69       60-69
70-79       70-79
80-89       80-89
90-99       90-99

118 Male       118 Female
117 Male       117 Female
116 Male       116 Female
115 Male       115 Female
114 Male       114 Female
113 Male       113 Female
112 Male       112 Female
111 Male       111 Female
110 Male       110 Female
109 Male       109 Female

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

Small Cell Lung Cancer Treatment Combinations

Source: FHCI Cancer Registry

Thoracic Oncology
Small Cell Lung Cancer
Treatment Combinations

Source: FHCI Cancer Registry

2016 Non-Small Cell Lung Cancer Cases Treatment Combinations

Source: FHCI Cancer Registry

Lung Cancer Cases
Five-year Survival
Cases Diagnosed 2005 - 2011

Source: FHCI Cancer Registry

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
The FHC urologic team is comprised of some of the country’s leading experts who provide patients a multidisciplinary approach to diagnosis and treatment. Our team helps aggressively and successfully battle urologic cancers, including prostate, kidney, bladder, adrenal, ureter, testicular and penile cancers. With the latest in diagnostic technology and advanced surgical techniques, such as MRI Fusion-Biopsy, FHC oncologists treat patients with a full range of options, tailored to their type of cancer. We were pioneers in robotic surgery, which now accounts for 86 percent of all radical prostatectomy in the United States. The FHC team has demonstrated success and experience with the da Vinci robot, a less-invasive, robotic-assisted surgery that has revolutionized the surgical process.

**2016 Highlights**

- Developed Prostate Screening and Active Surveillance Guidelines for patients and Primary Care Physician offices.
- Added six new genomic tests utilizing prostate cancer tissue from individual patients, allowing the physician to more readily identify the aggressiveness of the disease as well as the patient’s course of treatment.
- Completed Clinical Trials/Protocols with the addition of a GU clinical research coordinator.
- Managed six active GU Cancer trials with 82 patients enrolled.
- Expanded patient access with an additional GU cancer care coordinator.
- Conducted three Urology Journal Club meetings and presented a total of 26 articles for review.
- Held 21 Urology Tumor Board meetings.
- Conducted Clinical Outcomes Retrospective Study to examine Radical Cystectomy Benchmarks, meeting or exceeding eight of 11 national benchmarks.
- Performed 1,204 robotic radical prostatectomies.
- Conducted Clinical Outcome Retrospective Study to examine outcomes in patients after robot-assisted radical prostatectomy: A propensity matched analysis.
-Continued development of active surveillance guidelines for early stage cancer detection and risk assessment.
- Published three Urology series in the April 2016 American Urology Association (AUA) Annual Meeting Supplement, Page e406.
- Conducted three Urology Journal Club meetings and presented a total of 26 articles for review.
- Held 21 Urology Tumor Board meetings.
- Conducted Clinical Outcomes Retrospective Study to examine Radical Cystectomy Benchmarks, meeting or exceeding eight of 11 national benchmarks.
- Performed 1,204 robotic radical prostatectomies.
- Conducted Clinical Outcome Retrospective Study to examine outcomes in patients after robot-assisted radical prostatectomy: A propensity matched analysis.
-Continued development of active surveillance guidelines for early stage cancer detection and risk assessment.
- Published three Urology series in the April 2016 American Urology Association (AUA) Annual Meeting Supplement, Page e406.
- Conducted three Urology Journal Club meetings and presented a total of 26 articles for review.
- Held 21 Urology Tumor Board meetings.
- Conducted Clinical Outcomes Retrospective Study to examine Radical Cystectomy Benchmarks, meeting or exceeding eight of 11 national benchmarks.
- Performed 1,204 robotic radical prostatectomies.
- Conducted Clinical Outcome Retrospective Study to examine outcomes in patients after robot-assisted radical prostatectomy: A propensity matched analysis.
-Continued development of active surveillance guidelines for early stage cancer detection and risk assessment.
- Published three Urology series in the April 2016 American Urology Association (AUA) Annual Meeting Supplement, Page e406.

**Publications**


For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Bladder Cancer is most prevalent in men. In 2015, the age of diagnosis most likely occurred between 60-69. In 2014, it was between 70-79.

Prostate Cancer is one of the highest of all cancer types due to the success of early screening efforts and effective treatment options.

The five-year survival rate for prostate cancer at FHCI is 99.3%.

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

Florida Hospital vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of the Centers for Disease Control and Prevention).
**Kidney Cancer Cases**

**Age at Diagnosis by Gender**

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>88</td>
<td>76</td>
</tr>
<tr>
<td>II</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>III</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>IV</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**Treatment Combinations**

- Surgery: 84.1%
- Chemo/Rad: 20.6%
- Surg/Chemo: 2.2%
- None: 0.6%

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

---

**Penile Cancer Cases**

**Age at Diagnosis**

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

**Stage at Diagnosis**

- Surgery: 90%
- None: 10%

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

Julie Sexton
Administrative Director

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

Research has shown that therapeutic interventions decrease cancer-related fatigue, improve range of motion, maintain or increase strength, reduce anxiety, improve balance to decrease the risk for falls, and maximize quality of life. The program’s goals are to begin rehabilitation at diagnosis in order to assess the functional baseline, prevent or decrease physical deficits that may result from cancer treatments, and serve as a resource to the patient throughout treatment to maximize quality of life.

Referrals to Cancer Rehabilitation

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

Source: Cancer Rehab Program Database

2015
2016

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

Susan Coakley, MHA, CCRRP
Director of Clinical Research Program
Florida Hospital Cancer Institute

Translational Research Core

Yai-Ping Mimi Shao, MBA
Manager, Translational Research Core
Florida Hospital Cancer Institute

2016 Highlights
• Continued as a main member of NIH/NCI Clinical Trial groups with Alliance, NRG and COG. Fully engaged in clinical trials programs and grants that offer access to the latest NCI research to diagnose, prevent and treat cancer.
• Opened more than 40 new clinical trials to maintain a robust listing for various cancer types and stages.
• Enrolled over 250 patients in adult and pediatric oncology clinical trials.
• Accomplished high rating following a quality assurance audit with COG.
• Continued use of the independent NCI CIRB for all pediatric and phase III audit trials.
• Ongoing use of Central IRBs to facilitate quicker new study start-up.
• Further expanded menu of clinical trials to include many novel, state-of-the-art molecular targeted cancer therapies.

FHCI's Translational Research Core supports collaborative research efforts focusing on biological discoveries and effective new approaches that advance the treatment of our patients and improve patient care and outcomes. We collaborate with external research partners, including Sanford Burnham Prebys Medical Discovery Institute, the National Cancer Institute in La Jolla, Calif., and Sanford Burnham Prebys in Lake Nona, Fla. We also continue to strengthen ties with researchers at the University of Central Florida's Burnett School of Biomedical Sciences, College of Medicine.

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

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

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

Translational Research Core Team:
Elizabeth Griffin, BAS, CCRC, CCRP
Ryan Sauci, HT (ASC)
Sally Lethander, PhD
Yai-Ping Shao, MBA
Alvin Oliveras Almodovar, MS

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

Research Projects Funded by the Florida Hospital Cancer Foundation


Publications


Griffith E, Almodovar AJO; “Comprehensive Cancer Program for Prediction of Breast Cancer Risk”; abstract for poster presentation at Florida Hospital Research Forum; April. Award for Best Poster.


Griffith E, Almodovar AJO; “Comprehensive Cancer Program for Prediction of Breast Cancer Risk”; abstract for poster presentation at Florida Hospital Research Forum; April. Award for Best Poster.


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

Cancer Cases Diagnosed in 2015

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

Breast cancer was the most commonly diagnosed cancer nationally in 2015 and the second-most common in Florida. At FHCI, prostate cancer made up almost 19 percent of cases diagnosed and treated, whereas breast cancer accounted for about 12 percent.

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Florida Hospital</th>
<th>Florida</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>1,073</td>
<td>12.4%</td>
<td>15,470</td>
</tr>
<tr>
<td>Lung</td>
<td>718</td>
<td>9.1%</td>
<td>16,810</td>
</tr>
<tr>
<td>Prostate</td>
<td>1,623</td>
<td>18.8%</td>
<td>15,480</td>
</tr>
<tr>
<td>Colorectal</td>
<td>672</td>
<td>7.8%</td>
<td>9,330</td>
</tr>
<tr>
<td>Bladder</td>
<td>342</td>
<td>4.0%</td>
<td>5,670</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>276</td>
<td>3.2%</td>
<td>5,340</td>
</tr>
<tr>
<td>Uterus</td>
<td>288</td>
<td>3.3%</td>
<td>3,550</td>
</tr>
<tr>
<td>Melanoma</td>
<td>242</td>
<td>2.8%</td>
<td>5,480</td>
</tr>
<tr>
<td>Leukemia</td>
<td>288</td>
<td>3.3%</td>
<td>3,930</td>
</tr>
<tr>
<td>Carcin</td>
<td>80</td>
<td>0.9%</td>
<td>986</td>
</tr>
<tr>
<td>All Others</td>
<td>2,978</td>
<td>34.4%</td>
<td>32,000</td>
</tr>
<tr>
<td>Total Cases</td>
<td>8,650</td>
<td>100.0%</td>
<td>114,560</td>
</tr>
</tbody>
</table>

Tri-county area includes Orange, Osceola and Seminole counties.

Sources: American Cancer Society, Cancer Facts & Figures 2015; FHCI Cancer Registry

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
## Race by Ethnicity

**Race** | Non-Spanish | Spanish, Nos, Hispanic, Nos Latino, NOS | Puerto Rican | South Or Central American-Not Brazil | Unknown Whether Spanish Or Not |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>4745 (85.2)</td>
<td>610 (11)</td>
<td>56 (1)</td>
<td>15 (0.3)</td>
<td></td>
</tr>
<tr>
<td>BLACK</td>
<td>723 (9.8)</td>
<td>9 (0.1)</td>
<td>12 (0.3)</td>
<td>2 (0.3)</td>
<td></td>
</tr>
<tr>
<td>AMERICAN INDIAN ALEUT ESKIMO</td>
<td>20 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>CHINESE</td>
<td>3 (0.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>JAPANESE</td>
<td>3 (0.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>FILIPINO</td>
<td>14 (2)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>HAWAIIAN</td>
<td>8 (0.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>KOREAN</td>
<td>3 (0.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>9 (0.1)</td>
<td>1 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>LAOTIAN</td>
<td>1 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>KAMPUCHEAN (CAMBODIAN)</td>
<td>1 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>ASIAN INDIAN OR PAKISTANI NOS</td>
<td>25 (0.4)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>ASIAN INDIAN</td>
<td>22 (0.4)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>PAKISTANI</td>
<td>3 (0.1)</td>
<td>15 (25)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>POLYNESIAN NOS</td>
<td>1 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>OTHER ASIAN</td>
<td>33 (0.6)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>PACIFIC ISLANDER NOS</td>
<td>1 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td>100 (17.4)</td>
<td>26 (193)</td>
<td>2 (1.5)</td>
<td>1 (0.7)</td>
<td></td>
</tr>
<tr>
<td>UNKNOWN</td>
<td>129 (22.6)</td>
<td>13 (7.5)</td>
<td>1 (0.6)</td>
<td>29 (16.8)</td>
<td></td>
</tr>
<tr>
<td>ANY OTHERS</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>OVERALL TOTALS</td>
<td>5778 (97)</td>
<td>866 (15)</td>
<td>148 (1.6)</td>
<td>58 (0.5)</td>
<td></td>
</tr>
</tbody>
</table>

### Mexicans

<table>
<thead>
<tr>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 (0.2)</td>
<td>15 (0.1)</td>
<td>7 (0.1)</td>
<td>4 (0.1)</td>
<td>4 (0.1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (0.1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>10 (0.1)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>3 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>10 (0.1)</td>
<td>15 (0.1)</td>
<td>8 (0.1)</td>
<td>5 (0.1)</td>
<td>6 (0.1)</td>
<td>1 (0)</td>
</tr>
</tbody>
</table>

**Source:** FHCI Patients - Race by Ethnicity

**Note:** Only All Others Total Values

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
### FHCI Primary Site Table

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

#### Cancer Registry Data

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

Accredited by the American College of Surgeons Commission on Cancer

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

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

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

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Measure</th>
<th>CoC Benchmark Compliance Percentage Rate</th>
<th>National Percentage</th>
<th>Florida Percentage</th>
<th>Same Type CoC Program Percentage (Academic Comprehensive Cancer Program)</th>
<th>FHCI Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>BLCNLN - At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)</td>
<td>Not Applicable</td>
<td>90.8</td>
<td>67.2</td>
<td>93.5</td>
<td>66.7</td>
</tr>
<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>62.7</td>
<td>63</td>
<td>61.8</td>
<td>61.8</td>
</tr>
<tr>
<td>Breast</td>
<td>8+ - Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)</td>
<td>80</td>
<td>91.4</td>
<td>87.1</td>
<td>92</td>
<td>82.6</td>
</tr>
<tr>
<td>Breast</td>
<td>HT - Tamoxifen or an aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with a positive/unknown hormone receptor status breast cancer (Quality Improvement)</td>
<td>90</td>
<td>92.8</td>
<td>88.6</td>
<td>92.9</td>
<td>99.1</td>
</tr>
<tr>
<td>Breast</td>
<td>MASTRT - Radiation therapy is considered or administered after any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with 4 positive regional lymph nodes (Accountability)</td>
<td>90</td>
<td>90.8</td>
<td>87.7</td>
<td>90.5</td>
<td>92.1</td>
</tr>
<tr>
<td>Breast</td>
<td>BCSRT - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)</td>
<td>90</td>
<td>92.8</td>
<td>90.2</td>
<td>92.6</td>
<td>91.3</td>
</tr>
<tr>
<td>Breast</td>
<td>MAC - Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women with AJCC T1cN0, or stage IB - II hormone receptor negative breast cancer (Accountability)</td>
<td>Not Applicable</td>
<td>92.8</td>
<td>91.2</td>
<td>91.9</td>
<td>91.5</td>
</tr>
<tr>
<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 II or III colon cancer (Accountability)</td>
<td>Not Applicable</td>
<td>90.4</td>
<td>84.2</td>
<td>89.6</td>
<td>90.7</td>
</tr>
<tr>
<td>Colon</td>
<td>LURLN - At least 12 regional lymph nodes are removed and pathologically examined for rectal cancer (Quality Improvement)</td>
<td>85</td>
<td>90.1</td>
<td>88.8</td>
<td>92.5</td>
<td>85</td>
</tr>
<tr>
<td>Rects</td>
<td>BREC1T - Preoperative chemoradiation and resection are administered for clinical AJCC T4N0, T4N1, or Stage III; Postoperative chemoradiation is administered within 180 days of diagnosis for clinical AJCC T1cN2a with pathologic AJCC T4N1, T4N2a, or Stage III; or treatment is considered for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)</td>
<td>85</td>
<td>87.3</td>
<td>82.5</td>
<td>87.7</td>
<td>88.5</td>
</tr>
</tbody>
</table>

**Gastrointestinal**

<table>
<thead>
<tr>
<th>Site</th>
<th>Measure</th>
<th>CoC Benchmark Compliance Percentage Rate</th>
<th>National Percentage</th>
<th>Florida Percentage</th>
<th>Same Type CoC Program Percentage (Academic Comprehensive Cancer Program)</th>
<th>FHCI Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric</td>
<td>G10AxLN - At least 10 regional lymph nodes are removed and pathologically examined for gastric cancer (Quality Improvement)</td>
<td>85%</td>
<td>55.3</td>
<td>43.1</td>
<td>65.3</td>
<td>33.8</td>
</tr>
<tr>
<td>Lung</td>
<td>LBHDLN - For at least 10 regional lymph nodes are removed and pathologically examined for A.J.C.C. stage IIa, IB, IIA, and IVB cancers (Surveillance)</td>
<td>Not Applicable</td>
<td>41</td>
<td>35</td>
<td>48</td>
<td>52.4</td>
</tr>
<tr>
<td>Lung</td>
<td>LNSng - Surgery is not the first course of treatment for stage II-N0, II-M0 lung cancers (Quality Improvement)</td>
<td>85%</td>
<td>92.6</td>
<td>90</td>
<td>92.5</td>
<td>93.9</td>
</tr>
<tr>
<td>Lung</td>
<td>LCT - Chemotherapy is administered within 4 to 6 months of diagnosis or day of surgery to 6 months postoperatively, or it is considered to be surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)</td>
<td>85%</td>
<td>92.1</td>
<td>89.9</td>
<td>92.7</td>
<td>88.5</td>
</tr>
<tr>
<td>Cervix</td>
<td>CBT - Radiation therapy considered or administered within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)</td>
<td>Not Applicable</td>
<td>80.2</td>
<td>87</td>
<td>79.5</td>
<td>61.5</td>
</tr>
<tr>
<td>Cervix</td>
<td>CBE - Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IIA cancer (Group 1) or with positive pelvic nodes, positive surgical margins, and/or positive peritoneum (Group 2) (Surveillance)</td>
<td>Not Applicable</td>
<td>88.9</td>
<td>92.5</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>Cervix</td>
<td>CB - Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)</td>
<td>Not Applicable</td>
<td>74.5</td>
<td>73.7</td>
<td>78.4</td>
<td>64.3</td>
</tr>
<tr>
<td>Endometrium</td>
<td>END1CRT - Chemotherapy and/or radiation administered to patients with stage IIC-IV Endometrial cancer (Surveillance)</td>
<td>Not Applicable</td>
<td>81.2</td>
<td>76.1</td>
<td>82.9</td>
<td>78.6</td>
</tr>
<tr>
<td>Endometrium</td>
<td>END2CRT - Endoscopic, laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)</td>
<td>Not Applicable</td>
<td>72.9</td>
<td>74.5</td>
<td>69.8</td>
<td>68.2</td>
</tr>
<tr>
<td>Ovary</td>
<td>OSAL - Salpingo-oophorectomy with omentectomy, debulking/cytoreductive surgery, or pelvic exenteration in Stages II-IV (Quality Improvement)</td>
<td>Not Applicable</td>
<td>72.8</td>
<td>73.3</td>
<td>74.1</td>
<td>78.8</td>
</tr>
<tr>
<td>Melanoma</td>
<td>M15AXLN - At least 15 regional lymph nodes are removed and examined in surgical lymph node dissection (Surveillance)</td>
<td>Not Applicable</td>
<td>65.5</td>
<td>64.6</td>
<td>77.6</td>
<td>76.4</td>
</tr>
<tr>
<td>Melanoma</td>
<td>M10AXLN - At least 10 regional lymph nodes are removed and examined in Axillary lymph node dissection (Surveillance)</td>
<td>Not Applicable</td>
<td>70.1</td>
<td>72</td>
<td>79</td>
<td>72.9</td>
</tr>
<tr>
<td>Melanoma</td>
<td>MCLND - Completion Lymph Node Dissection use after positive Sentinel Lymph Node biopsy (Surveillance)</td>
<td>Not Applicable</td>
<td>62</td>
<td>68</td>
<td>66.6</td>
<td>67.2</td>
</tr>
</tbody>
</table>
The Center for Interventional Endoscopy (CIE) at Florida Hospital was instituted in 2012 as a state-of-the-art unit integrating therapeutic endoscopy with minimally invasive surgery to provide the highest quality of care for patients with complex digestive diseases.

CIE retained its status in 2015 as the number one center in Florida by volume — performing 6,216 complex endoscopic procedures. Our endoscopic ultrasound (EUS) unit remained the largest volume center in the United States for the second consecutive year performing 2,753 procedures. Our procedural volume was matched only by the number of clinical trials and publications which originated from CIE. Our faculty published 55 peer-reviewed manuscripts while 24 abstracts were accepted for presentation at Digestive Disease Week (DDW) 2016. Given our large procedural volume, as evident from the DDW presentations, our clinical trials are mostly prospective, single center and very often randomized in design. The research program at CIE is robustly vibrant with 10 ongoing randomized trials and 6 prospective clinical trials. Endosonography, a textbook which was edited by the CIE faculty, was awarded the British Medical Association’s first prize for excellence in postgraduate medical education.

Patient Referrals

- Total Number of Patients: 5,409
- Total Florida Patients: 5,155
- Tri-County: 2,467
- Non Tri-County: 2,942
- Out-of-State Patients: 143
- International Patients: 11
  - Jamaica, Virgin Islands, Canada, Grand Cayman, Uruguay, Puerto Rico, United Kingdom, Trinidad
- 59 states

Status Of Active Clinical Trials

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

Robert Hawes, MD
Medical Director
Institute for Minimally Invasive Therapy

Shyam Varadarajulu, MD
Medical Director
Center for Interventional Endoscopy

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

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

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

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

Quality Oncology Practice Initiative Accreditation Standards Overall Quality Measures Score

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

Data collected from 2013-2015
Source: FHCI Quality Improvement
### Quality Oncology Practice Initiative

#### Breast Cancer Treatment Compared with QOPI Standards

Cases diagnosed in 2015

FHCI continued to meet or exceed national benchmarks set for quality breast cancer treatment, performing well above the standard for assessment of both pain and emotional well-being.

- **Breast 54:** Test for Her-2/neu overexpression or gene amplification
- **Breast 56a:** Trastuzumab not received when Her-2/neu negative or undocumented (inverse of 56)
- **Breast 57:** Trastuzumab received by patients with AJCC stage I (7%) to III Her-2/neu positive breast cancer*  

#### Colorectal Cancer Treatment Compared with QOPI Standards

Cases diagnosed in 2015

- **Colorectal 72:** Adjuvant chemotherapy received within 9 months of diagnosis by patients with AJCC stage II or III rectal cancer
- **Colorectal 73:** Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant chemotherapy
- **Colorectal 75a:** Anti-EGFR MoAb therapy not received by patients with KRAS mutation (inverse of 75)

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
### Quality Oncology Practice Initiative

**Non-Small Cell Lung Cancer Treatment Compared with QOPI Standards**

**Cases diagnosed in 2015**

<table>
<thead>
<tr>
<th>Source: FHCI Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSCLC A: Adjuvant cisplatin-based chemotherapy received within 60 days after curative resection by patients with AJCC stage II or IIIA NSCLC</td>
</tr>
<tr>
<td>NSCLC B: Platinum doublet first-line chemotherapy or EGFR-TKI (or other targeted therapy with documented DNA mutation) received by patients with initial AJCC stage IV or distant metastatic NSCLC, with performance status of 0-1 without prior history of chemotherapy</td>
</tr>
</tbody>
</table>

### Focus Study

**The Quality Improvement team has continued to conduct all quality studies according to the standards of the American College of Surgeons’ (ACoS) Commission on Cancer (CoC) program, American Society Clinical Oncology’s (ASCO) Quality Oncology Practice Initiative (QOPI), National Accreditation Program for Breast Centers (NAPBC) and American College of Radiology (ACR). In addition, the Quality Improvement team launched focus studies in 2011 to improve patient care, comparing its performance with national standards and evidence-based practice guidelines. Cancer sites addressed by the focus studies included pancreas and bladder. Annual monitoring provides a reference for progress.**

### Pancreatic Cancer Focus Study Surgical Treatment

**FHCI Compared with National Standards**

**Cases diagnosed in 2012-2013**

- FHCI surpassed national benchmarks for pancreatic cancer treatment, including shorter operating-room times and higher survival rates.

<table>
<thead>
<tr>
<th>Pancreatic Surgical Measures</th>
<th>FHCI 2013</th>
<th>FHCI 2012</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum OR Time (mins)</td>
<td>≤500</td>
<td>≤500</td>
<td>≤650 mins</td>
</tr>
<tr>
<td>Estimated Blood Loss (mL)</td>
<td>≤450</td>
<td>≤450</td>
<td>≤1000mL</td>
</tr>
<tr>
<td>Transfusion (%)</td>
<td>≤0%</td>
<td>≤0%</td>
<td>≤45%</td>
</tr>
<tr>
<td>Lymph node resected (%)</td>
<td>≥14</td>
<td>≥14</td>
<td>≥10</td>
</tr>
<tr>
<td>Margins Microscopically (%)</td>
<td>≥22%</td>
<td>≥22%</td>
<td>≥20%</td>
</tr>
<tr>
<td>Margins Macroscopically (%)</td>
<td>≤0%</td>
<td>≤0%</td>
<td>≤20%</td>
</tr>
<tr>
<td>Stay (median, days)</td>
<td>≤14</td>
<td>≤14</td>
<td>≤4-21 days</td>
</tr>
<tr>
<td>30 Days readmission (%)</td>
<td>≤31%</td>
<td>≤31%</td>
<td>≤23% -8%</td>
</tr>
<tr>
<td>30 days mortality (%)</td>
<td>≤3%</td>
<td>≤3%</td>
<td>≤2%</td>
</tr>
<tr>
<td>1 year survival rate (%)</td>
<td>≥16%</td>
<td>≥16%</td>
<td>≥28%</td>
</tr>
</tbody>
</table>

| Source: FHCI Quality Improvement |

### Bladder Cancer Focus Study Surgical Treatment

**FHCI Compared with National Standards**

**Cases diagnosed in 2013**

- Patients undergoing radical cystectomy at FHCI spent significantly less time in surgery - ranging from approximately one-half to 2½ hours less than the national standard, depending on the surgical procedure. Their lengths of stay also were shorter than the national standard.

<table>
<thead>
<tr>
<th>Bladder Measures</th>
<th>FHCI 2013</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range OR Time (min)</td>
<td>70-100</td>
<td>≤110-598 mins</td>
</tr>
<tr>
<td>Median EBL (mL)</td>
<td>≤400</td>
<td>≤500 mL</td>
</tr>
<tr>
<td>Range LOS (days)</td>
<td>3-11</td>
<td>≤4-48 days</td>
</tr>
</tbody>
</table>

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
Tumor Boards
A total of 2,047 cases were presented at 311 Tumor Boards in 2015, and 99 percent were prospective. Most Tumor Boards (239) were available through video conference at multiple satellite locations. All tumor boards are available for video conference upon request.

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

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

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

Other CME Events
Colorectal Cancer: Moderator - Ahmed Zakari, MD
“How Should We Manage Metastatic Colorectal Cancer with Upcoming Molecular Characterization and Gene Profiling?” with Cathy Eng, MD (professor; associate medical director; Colorectal Cancer; director, Network Clinical Research, GI Medical Oncology, University of Texas MD Anderson Cancer Center Department of Gastrointestinal Medical Oncology); April 2015, Orlando.
Case presentations reviewed by Florida Hospital Cancer Institute’s panel of experts: Ahmed Zakari, MD; Matthew Albert, MD; Sam Attalla, MD; Jeremy Burt, MD; L. Thomas Chin, MD; Sebastian de la Fuente, MD; and Ravi Shritra, MD, PhD.

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

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

Colorectal Cancer:
Moderator - Ahmed Zakari, MD
“Urology Update: What Primary Care Physicians Need to Know,” with Florida Hospital Cancer Institute faculty Vincent Alfieri, MD; Carlos Alamany, MD; Steven Attermann, DO; Zamin Patel, MD; Inoel Rivera, MD; and Jordan Steinberg, MD; May 2015, Orlando.
“Stump the Professor,” panel discussion with Florida Hospital Cancer Institute experts Vincent Alfieri, MD; Steven Attermann, DO; Stephen Dobkin, MD; Darian Kamath, MD; David Robinson, MD; and Kunal Sagar, MD; May 2015, Orlando.

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

For more information or to refer a patient, call (407) 303-5999 or visit our Web site at FloridaHospitalCancer.com.
2016 Highlights
- 18 oncology-certified nurses (adult).
- 414 nurses certified through FHCI Chemotherapy Workshop for Oncology Nurses and through annual recertification (adult).
- 441 nurses attended the FHCI’s Oncology Nursing Conference.
- 102 nurses attended a total of seven sessions of FHCI Chemotherapy Workshop for Oncology Nurses.
- A 90-minute annual recertification class was held 25 times at seven campuses.
- 3 certified pediatric oncology nurses.
- 29 certified pediatric nurses.
- 35 nurses completed the National Pediatric Chemotherapy and Biotherapy Provider Course.

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

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

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

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

Oncology Inpatient Discharges by Campus

<table>
<thead>
<tr>
<th>Campus</th>
<th>Oncology Inpatient Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Orlando</td>
<td>4,314</td>
</tr>
<tr>
<td>Florida Hospital Altamonte</td>
<td>955</td>
</tr>
<tr>
<td>Florida Hospital Apopka</td>
<td>69</td>
</tr>
<tr>
<td>Florida Hospital East Orlando</td>
<td>425</td>
</tr>
<tr>
<td>Florida Hospital Winter Park</td>
<td>561</td>
</tr>
<tr>
<td>Florida Hospital Kissimmee</td>
<td>178</td>
</tr>
<tr>
<td>Florida Hospital Celebration</td>
<td>1,439</td>
</tr>
<tr>
<td>Total</td>
<td>7,790</td>
</tr>
</tbody>
</table>

Source: Florida Hospital Research

2016 Pink Army Events by Month

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

Source: Florida Hospital Marketing

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

### Fundraising Accomplishments
- Total Raised: $4,501,487
- 140 Donors contributed $1,000 or more

### 2016 Funding Sources

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Ongoing-Inpatient Donations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Giving</td>
<td>$1,473,107</td>
</tr>
<tr>
<td>Major Gifts</td>
<td>$498,109</td>
</tr>
<tr>
<td>198 Society (employee giving)</td>
<td>$400,762</td>
</tr>
<tr>
<td>Annual Fund</td>
<td>$142,611</td>
</tr>
<tr>
<td>Events</td>
<td>$144,768</td>
</tr>
<tr>
<td>Grants</td>
<td>$49,901</td>
</tr>
<tr>
<td>Total</td>
<td>$4,501,487</td>
</tr>
</tbody>
</table>

Source: Florida Hospital Research

### Fundraising Trend for FHC: 2004-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$4,501,487</td>
</tr>
<tr>
<td>2015</td>
<td>$3,000,487</td>
</tr>
<tr>
<td>2014</td>
<td>$2,500,487</td>
</tr>
<tr>
<td>2013</td>
<td>$2,000,487</td>
</tr>
<tr>
<td>2012</td>
<td>$1,500,487</td>
</tr>
<tr>
<td>2011</td>
<td>$1,000,487</td>
</tr>
<tr>
<td>2010</td>
<td>$500,487</td>
</tr>
</tbody>
</table>

### Thank you to our generous donors!

#### Recognized for cumulative giving:

**PHILANTHROPIST**
- Gift of $1,000 or more
- Total = $4,501,487

**HUMANITARIAN**
- Gift of $1,000 or more
- Total = $4,501,487

### Fundraising Sources

- **Oncology Inpatient Donations**
- **Total Raised = $4,501,487**

### Accomplishments
- **Philanthropy**
- **Fundraising**
- **Philanthropy**

### Source
- Source: Florida Hospital Foundation

---

**BENEFACTO**
- The Brantback Family
- Edyth Bush Charitable Foundation
- The Caritas Foundation Inc.
- Dr. and Mrs. Bruce R. Crossman Jr.
- Robert and Patricia Curran
- Delta Delta Delta Alumni Association
- Peter and Rebecca Delloca
- Doubletree by Hilton - Sea World
- Downtown College Park Partnership Inc.
- Duke Energy Foundation
- Richard and Elizabeth Donald
- Earth Tech
- Connie and Larry Ewals Sr.
- Florida Atlantic University - Florida Region
- Edward and Conrie Gilbert
- William and April Gilgip
- Give Hope Foundation Inc.
- Heartly Community Church
- Helenkia Corporation
- Adena K. Haraz
- Hilton Grand Vacations Club
- Hologix Inc.
- Hotel Plaza Association Inc.
- J.K. Contractors Co.
- Kanava Staffing Services
- Kenya Communications Inc.
- Ledyard Academy
- Lake Mary Preparatory School
- Bill and Janet Lambert
- Larry Lachap
- Naseem Jean
- Fred A. Wittenstein

**CENTURION**
- The FinFROCK Family of Companies
- Dr. and Mrs. Ben and Margaret Gubbins
- Kids Bearing Cancer Inc.
- Run To Hope and The Nubane Family

**LEADER**
- Gift of $10,000 - $24,999
- Total = $4,501,487

**INVESTOR**
- Gift of $500 - $9,999
- Total = $4,501,487

**PATRON**
- Gift of $1,000 - $9,999
- Total = $4,501,487

---

**Peter and Linnae Williams**
- Track Shack of Orlando
- Tom and Colby Coletta

**Gift of $25,000 - $49,999**
- INVESTOR

**Gift of $50,000 - $99,999**
- LEADER

**Gift of $100,000 - $249,999**
- CENTURION

**Gift of $500,000 - $999,999**
- HUMANITARIAN

**Gift of $1,000,000 or more**
- PHILANTHROPIST
University of Central Florida Foundation Inc.
Melissa Vosburg Inc.
Jeff and Susan Vosburg
Gary and Christiana Welch
Brandon White
Wegman Resorts Foundation Inc.
Leslie Whalley
Women’s & Girls’ Cancer Alliance
Dr. Jennie Yoon and Mr. Larry Buchanan
Jazlyn A. Zombo

GOLDEN GALA XXXV SPONSORS
4R Restaurant Group LLC
Dr. and Mrs. Juan Pablo Arnoletti
Comprehensive Energy Services Inc.
Deloitte Services LP
The FINFROCK Family of Companies
GrayRobinson, PA
One Blood
Charles Perry Partners Inc.

GOURMET SOIRÉE SPONSOR
Sysco Food Services of Central Florida

Your Legacy
As a donor and friend supporting Florida Hospital Cancer Institute, 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 to address and advance treatment options.

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

LEADERSHIP
Governance Council Members
Leslie Aldrich, FHCI Administrator
Carlos Alvarado, MD
Nick Archer
Juan Pablo Arnoletti, MD
Andrew Bar
Louis Bar, MD
Matthew Bagott, MD
Joseph Broyer, MD

Louis Brown
Vicki Chilcott
Sajed Chowdhury, MD
Philip Dumas, MD
Melan Field, MD
Netra Fink, MD
Henry Hu, MD
Robert Holloway, MD
Joseph Ma, MD
Tanen Malik, MD
Pierre Monice
Shahru Mehta, MD
Vijay Patel, MD
Food River, MD
David Robinson, MD
Christopher Rush, MD
Alyan Shilton
Kari Vargas
Ahmed Zakari, MD

Comprehensive Cancer Committee Members
Physician Members
Louis Bar, MD
Matthew Bagott, MD
Joseph Ma, MD
Christopher Rush, MD
Lea Zehtnergrotz, MD

Ancillary Professional Members
Leslie Aldrich, MBA, Administrator
Heather Burner, CTR, Cancer Registry Quality Coordinator
Helen Miranda, RN, OCN, Quality Improvement Coordinator

For More Information
2501 North Orange Avenue, Suite 289
Orlando, FL 32804
(407) 303-2000
(800) 375-7761
www.FloridaHospitalCancer.com

Philanthropy

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