The Florida Hospital Cancer Institute (FHCI) is proud to present our 2014 Annual Report, including 2013 activities and Cancer Registry data.

Vision Statement
To be recognized for leading clinical outcomes for key tumor sites.

Florida Hospital Cancer Institute Facts
- Listed in 2014 U.S. News & World Report as one of the best cancer hospitals in the United States
- The preferred leader in cancer care in Florida, discharging more cancer patients than any other health care system in the Central Florida region*
- More than 300 patients enrolled into clinical trials annually
- Research affiliations with the National Cancer Institute (NCI), Children’s Oncology Group, Swain Cannon Research Institute, Sanford-Burnham Medical Research Institute and University of Central Florida (UCF) College of Medicine
- Accredited as an Academic Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer
- One of the most experienced radiation oncology programs in Florida, treating more than 3,000 patients annually and accredited by the American College of Radiology (ACR) for quality
- Performing more than 140 adult bone marrow transplants annually, and accredited by the Foundation for Accreditation of Cellular Therapy (FACT) for quality
- The world leader in robotic prostatectomy, utilizing Central Florida’s first da Vinci® Surgical System
- More than 10,000 cancer surgeries performed annually
- Certified by the American Society of Clinical Oncology’s (ASCO) Quality Oncology Practice Initiative for quality in medical oncology
- Accredited by the National Accreditation Program for Breast Centers (NAPBC) for excellence in breast cancer care

* Source: AHCA 2013, AHP MS-DRGs excluding 744.705, 841.9, 845.946, 824.955, 845.946, 846.955, 824.955, 845.946, 846.955, 824.955, 845.946, 846.955; Regardless of Primary Diagnosis of Cancer defined by ICD-9 diagnosis Codes 140.0-239.9, V58.0-V58.12; V59.9-999.9; 1555.0-239.9.
DEAR COLLEAGUES AND COMMUNITY MEMBERS:

In 2013, the team at the Florida Hospital Cancer Institute (FHCI) remained laser-focused on three goals: advancing medical knowledge and procedures, improving patient outcomes and groundbreaking clinical research. The results of our work are included in this report, which I’m pleased to share with you. The FHCI’s commitment to quality care continued to earn Florida Hospital national recognition in 2013, including a ranking by U.S. News & World Report of our cancer program as one of the best in the nation. When compared with nearly 5,000 other hospitals, Florida Hospital was one of only three percent to receive this national designation in any medical specialty.

Below are some of the FHCI’s accomplishments for 2013:

- We completed the second year of our Clinical Community Oncology Program (CCOP) grant from the NCI. Only 50 elite cancer-research programs in the country are members of this grant initiative, which gives patients access to innovative cancer prevention, treatment and survivorship research programs.
- Mammography centers at Florida Hospital campuses screened 51,688 women, and our Mobile Mammography bus team screened an additional 3,188 patients—an increase of almost 300 percent in mobile outreach since 2012.
- The FHCI’s adult bone marrow transplant group, the only FACT-certified program in Central Florida, added three new doctors: Wesam Ahmed, MD, PhD, MSc; Shahram Mori, MD, PhD; and Rushan Patel, MD, PhD, FACP.
- Our High-Risk Breast Cancer Detection and Prevention Clinic has grown—evaluating more than 7,500 patients during its inaugural year (April – December 2013) and identifying nearly 23 percent at higher risk for breast cancer. The introduction of a mobile tablet makes evaluations quicker and more accessible to patients.
- Our radiation therapy program was recognized for quality care with certification by the ACR.

I know these achievements are not ours alone and wish to thank our many partners, supporters and donors who make this possible. Everyone on the FHCI team looks forward to working together in the upcoming years to advance the study and treatment of cancer even further. Thank you for your continued support, and please contact me if you wish to discuss any of our 2013 outcomes or upcoming initiatives.

Warmly,

David A. Decker, MD
Executive Director
Florida Hospital Cancer Institute

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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 (a patient’s own marrow or stem cells are used) transplants
- Allogeneic (a donor provides the blood marrow or peripheral blood stem cells) transplants
- Pre-transplantation evaluations
- Peripheral blood stem cell collections/apheresis
- Bone marrow collections
- Post-transplant care, including graft versus host disease (GvHD) evaluation/management
- Extracorporeal photopheresis (ECP) treatment (used for skin GvHD and cutaneous T-cell lymphoma)
- Cord blood transplants

The program is accredited by FACT and the National Marrow Donor Program (NMDP), and participates in Cancer and Leukemia Group B (CALGB).

2013 Highlights

- Performed 145 transplants — ranking second highest in number of procedures conducted in Florida
- Received Blue Cross Blue Shield Albogene Center of Excellence designation
- Now holding every Center of Excellence designation available for bone marrow transplant

Source: FHCI Bone Marrow Transplant Program

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
BRAIN AND SPINE ONCOLOGY

Sajeev Chowdary, MD
Co-medical Director, Brain/Spine Tumor Program
Florida Hospital Cancer Institute
Associate Professor of Neuro-Oncology/Neurology
University of Central Florida College of Medicine

Mervin Field, MD
Co-medical Director, Brain/Spine Tumor Program
Florida Hospital Cancer Institute
Neurosurgeon Director – Gamma Knife Center and Neurosciences Institute
Associate Professor of Neurosurgical Surgery
University of Central Florida College of Medicine

The PHCO 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.

2013 Highlights

► Acquired a stereotactic radiosurgery perfexion in August 2013 from Elekta
► Ranked above 90 percent in patient satisfaction as rated by Press Ganey
► Mentored medical students and undergraduate pre-medical students from the UCF, University of South Florida (USF) and University of Florida (UF)

Publications and Submissions

Chowdary S, Chamberlin M. Benign astrocytomas in Glioblastoma. Expert Review of Neurotherapeutics


Chowdary S, Chowdary M, and Marc Chamberlin. Anesthetic Glioneuronal Tumors. To be submitted to Expert Review of Neurotherapeutics

Chowdary S, Chamberlin M, and Herbert Newton, MD. Emerging Therapies in Drug Delivery in Neuro-oncology. To be submitted to CNS Oncology

Chowdary S, and Chamberlin M. Cystic Tumors of the CNS.

Abstract Presentation

Shif K, Chowdary S. et al. Combination of Bevacizumab and Apalutamid in Refractory, Progressive Intracranial Meningiomas: Updated Results from a Phase II Trial of the Sarah Cannon Research Institute (CMS 12), World Federation for Neuro-oncology (WFNO), and Society for Neuro-oncology (SNO) Annual Scientific Meeting. San Francisco, California (November)

Lectures

February

Roundtable discussion regarding gene expression profiling and correlation with outcome of glioma (Castle Biosciences), Orlando, Florida

Neuro-oncology discussion. Sarah Cannon Research Institute Annual Scientific Meeting. Nashville, Tennessee

March

Genitcancer Advisory Board Meeting. San Francisco, California

Malignant Gliomas: An Update. Florida Brain Tumor Association (FBTA) Annual Meeting. West Palm Beach, Florida

Mock Tumor Board Presentation. FBTA Annual Meeting. West Palm Beach, Florida

April

Gliadel. Mexican FDA

June

Novocure Glioblastoma Lecture and Advisory Board Meeting. Boston, Massachusetts

July

High-grade Glioma Management, Presentation and Discussion. Gliadel Advisory Board Meeting. Chicago, Illinois

September

High-grade Glioma Management, Novocure, NVDI TTP 10A System. New York, New York

October


Research Projects Completed or In Process

► Backboard Study for Neuro-oncology Patient. Complete (publication)

► Glioneuronal Tissues with Sanford Burnham

► Looking for function of GLUT4 transport

► Malignant Gliomas: An Update, Florida Brain Tumor Association (FBTA) Annual Meeting, West Palm Beach, Florida

Collaborative Work (Publication, Research and Clinical Patient Care)

► Dr. Kathleen Eglin: H Lee Moffitt Cancer Center and Research Institute

► Dr. Peter Farbry: H Lee Moffitt Cancer Center and Research Institute, Tampa, Florida

► Dr. Herbert Newton: Ohio State University, Columbus, Ohio

► Dr. Eric Wong: Beth Israel Deaconess Medical Center, Harvard University, Boston, Massachusetts

► Dr. Marc Chamberlin: University of Washington, Seattle, Washington

► Dr. Trent Komar: University of Miami, Miami, Florida

► Dr. Kurt Jacobe: Mayo Clinic, Jacksonville, Florida

► Dr. Josh Ehrn: Mayo Clinic, Rochester, Minnesota

► Dr. Timothy Blyan: University of Iowa, Iowa City, Iowa

Clinical Trial Accrual

Clinical Trial Accrual

Consults: 175
Patients Enrolled: 224
Moffit Genetic Study: 35–40
Trials Open: 7

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Tumor Board Recommendations

Biopsy
Chemotherapy
Clinical Trial
Gamma Knife
Hospice
Imaging
Observation
Other Treatment
Physician Referral
Radiation Therapy
Surgery

2013 Gamma Knife Cases
Tumor and Diagnosis Types

Acoustic Neuroma
Arteriovenous Malformation
Brain Met.
Meningioma
Pituitary Tumor

Brain and Spine Oncology

2013 Brain Tumor Cases

A comparison of observed survival rates for brain and spinal tumors is shown here for patients diagnosed 2003-2006.

1 Year 2 Years 3 Years 4 Years 5 Years
Florida Hospital Nationwide

Brain/Spine Cancers Five-year Survival by Year

Cases Diagnosed 2003-2006

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
Treatment combinations received by breast cancer patients with low-stage (0, I or II) disease at diagnosis are shown in these graphs. The percentage of patients receiving surgery alone as the first course of treatment is 45 percent for stage 0 patients and slightly more than 16 percent for stage II patients.

First-course Surgery Type by Stage
This chart demonstrates the type of first-course surgery received by disease stage for FHCI breast cancer patients diagnosed in 2013.

<table>
<thead>
<tr>
<th>AJCC Stage at Diagnosis</th>
<th>None (%)</th>
<th>Lumpectomy (%)</th>
<th>Masectomy (%)</th>
<th>Others (%)</th>
<th>Total Values (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>12.7</td>
<td>73.6</td>
<td>13.7</td>
<td>0</td>
<td>100.0</td>
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<tr>
<td>1</td>
<td>8.3</td>
<td>80.9</td>
<td>2.3</td>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>22.6</td>
<td>48.0</td>
<td>19.1</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td>3</td>
<td>6.9</td>
<td>55.5</td>
<td>17.7</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td>4</td>
<td>45.0</td>
<td>25.0</td>
<td>8.9</td>
<td>0</td>
<td>100.0</td>
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<tr>
<td>Unknown</td>
<td>22.6</td>
<td>66.0</td>
<td>11.4</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td>Any Other Stage</td>
<td>20.0</td>
<td>40.0</td>
<td>40.0</td>
<td>0</td>
<td>0.5</td>
</tr>
<tr>
<td>Totals</td>
<td>10.7</td>
<td>51.1</td>
<td>38.0</td>
<td>0.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Five-year Survival by Year
Breast Cancers Five-year Survival by Year Cases Diagnosed 2003-2006
Comparisons of five-year observed survival data are shown for breast cancer patients at the FHCI and nationwide. FHCI patients demonstrated a higher overall survival rate consistently each year.

1 Year: 97.6%, 97.1%, 94.8%, 94%
2 Years: 96.9%, 96.2%, 93.9%
3 Years: 93.3%, 92.6%
5 Years: 89.6%, 89.6%

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Highlights
- Ainformative video summaries, 57 pancreato-duodenectomies and 26 resections of pancreatic adenocarcinoma

Publications

Presentations
Multi-targeted Approaches in the Treatment of Pancreatic Ductal Adenocarcinoma. The Perennials Club. Orlando, Florida


Multi-disciplinary Management of Colorectal Liver Metastasis. Guest speaker: Bryan Clay, MD, and Michael Morse, MD, Duke University Medical Center. Orlando, Florida
Multi-disciplinary Management of Colorectal Liver Metastasis: A Case Report and Review of the Literature. Americas Hepato-Pancreato-Biliary Association, Miami, Florida
Multi-disciplinary Management of Colorectal Liver Metastasis: A Case Report and Review of the Literature. Americas Hepato-Pancreato-Biliary Association, Miami, Florida

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Colorectal Cancer Cases by Gender

Colorectal cancer is one of the five most frequent cancer types across the nation and at the FHCI. There were 480 newly diagnosed cases of colorectal cancer at the FHCI in 2013. Approximately 13 percent were diagnosed before the age of 50. Diagnosis in men peaked between the ages of 60 and 69, while nearly two-thirds of women were diagnosed over the age of 60.

2013 Colorectal Cancer Cases Stage by Site at Diagnosis

GASTROINTESTINAL, PANCREATIC AND HEPATOBILIARY ONCOLOGY

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Colorectal Cancer Treatment Combinations

A majority of FHCI colorectal cancer patients underwent surgery as their first course of treatment in 2013. Another nearly 20 percent had surgery combined with chemotherapy, while more than 8 percent received surgery combined with both chemotherapy and radiation therapy.

Source: FHCI Cancer Registry

Surgery/Chemotherapy: 19.79%
Surgery: 55.42%
Surgery/Radiation Therapy/Chemotherapy: 85
Chemo/Immu: 0.83%
Surg/Chemo/Immu: 1.04%
Surg/Chemo/Radiation Therapy: 8.13%
Chemotherapy: 5.0%
Chemo/Radiation Therapy: 1.25%
None: 8.13%
Radiation Therapy: 0.42%

Colorectal Cancers Five-year Survival by Year

Cases Diagnosed 2003-2006

Obtained five-year survival comparisons for colorectal cancer patients diagnosed between 2003-2006 at the FHCI and nationwide are shown in this graph. The FHCI showed better survival results for colorectal cancer patients in four of the five years observed.

Source: FHCI Cancer Registry, National Cancer Database

Florida Hospital Nationwide

1 Year 82.5% 82.7%
2 Years 75.5% 73.3%
3 Years 67.5% 66.3%
4 Years 62.7% 60.3%
5 Years 57.4% 56.3%

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

More than 2,000 gynecologic surgeries are performed each year by attending surgeons and fellows-in-training, in addition to the more than 3,000 outpatient clinic visits that are annually attended by the group. The FHGO ranks in the top five robotic programs by volume, and our gynecologic oncologists have innovated several robotic surgery techniques. Surgeons from around the world have attended Florida Hospital’s advanced robotic training courses, and the group’s seminal research publications in robotic surgery outcomes are widely quoted in peer-reviewed literature. Because of affiliations with the NCI’s Gynecologic Oncology Group (GOG), several university research affiliations and industry-sponsored research consortiums, our patients have access to the most advanced oncologic therapies available.

Robert Holloway, MD, FACOG, FACS
Medical Director, Gynecologic Oncology Program
Florida Hospital Cancer Institute
2013 Highlights

Florida Hospital was named as one of the nation’s “Best Hospitals” for Gynecology (APD) by U.S. News & World Report.

Lorna A. Brudie, DO, joined the Florida Hospital Gynecology – Obstetrics Group in December 2013.

Sarfraz Ahmad, PhD, continued to serve on the Board of Directors, American Society of Colposcopy and Cervical Pathology.

Glenn E. Bigsby, DO, served as director of the Fellowship Program in Gynecologic Oncology.

Glenn E. Bigsby IV, DO, served as chair, Scientific Program Committee, at the Annual Meeting of the American Society of Colposcopy and Cervical Pathology (ASCCP) in 2013.

Giselle B. Ghurani, MD, served on the Board of Directors of Florida Society of Gynecological Oncology (FSGO).

Robert W. Holloway, MD, continued on the Board of Directors of the Society of Gynecologic Oncology (SGO).

Sarfraz Ahmad, PhD, served on the Committee of Judges, Student Research Awards for the Annual Meeting of the American Society for Colposcopy and Cervical Pathology (ASCCP) in 2013.

Shimrit Kacheria, BS, second-year medical student from UCF College of Medicine, participated in the fluffy (HOW) Foundation Scholarship Award, also known as the Dr. Robert W. Holloway RW Award.

Tongji University School of Medicine, China, worked as a visiting physician/intern/observer/international scholar to gain advanced gynecology/oncology surgical and research experience (August-November 2013).

Several other medical, undergraduate and high school students from institutions across the state of Florida regularly participated in their short-term research and clinical rotation/elective requirements to gain gynecology/oncology surgical and research experience.

2013 Highlights cont.

Lingler Hart, MD, PhD, from Shanghai First Maternity and Infant Hospital, Tongji University, School of Medicine, China, worked as a visiting physician/oncologist for the month of December 2013 and January 2014.

University of Health Sciences, Karachi, Pakistan, worked as a volunteer researcher in the Gynecologic Oncology Research Laboratory to gain translational research experience on a project related to cellular/immunotherapy for ovarian cancer (2012-13). She joined the Family Medicine Residency Program in 2013 at a hospital in Pontiac, Michigan.

Amman Anani, MD, from American University of Antigua College of Medicine, Antigua and Barbuda, worked as a research assistant on the pharmaceutical company’s pharmaceutical device prior to his registration in 2013.

Several other medical, undergraduate and high school students from institutions across the state of Florida regularly participated in their short-term research and clinical rotation/elective requirements to gain gynecology/oncology surgical and research experience.

Publications

Ammara Ansari, MD, from American University of Antigua College of Medicine, Antigua and Barbuda, worked as a research assistant on the pharmaceutical company’s pharmaceutical device prior to his registration in 2013.


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For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
Invited Lectures and Training Programs

March

Invited speaker at the 44th Annual Meeting of the SGO, Los Angeles, California. (Robert W. Holloway, MD) Topics: Trocar Set-up for Upper Abdominal Surgery (post-graduate course); and Robotic Splenectomy for Ovarian Cancer (scientific surgical film)

June

Faculty at the Fifth Annual SERGS Meeting in association with British and Irish Association of Robotic Gynecological Surgeons (BIARGS) on Robotic Gynecological Surgery. The Royal Geographical Society, Hyde Park, London, United Kingdom. (Sarfraz Ahmad, PhD, and Corinne N. Jeppson, DO)

Invited guest speaker at the Ovarian Cancer Meeting organized by the Bio-Medico University of Rome, Department of Obstetrics and Gynecology, Rome, Italy. (Robert W. Holloway, MD). Topic: Recent Advances in Ovarian Cancer: Best of SGO and ASCO Conferences 2013

Course co-director Plenary Lectures in Gynecology Section (Robert W. Holloway, MD) at the SERGS Annual Meeting, Lake Buena Vista, Florida Topics: Intro and FireFly Sentinel Lymphatic Mapping; Bulgaria Telecast; 1) Endometrial Cancer: Infrarenal Aortic Lymphadenectomy: We Do It; Safety and What We Are Discovering; 2) Splenectomy, Liver Resection, Diaphragm Resection; 3) Assistance and Management of Complications in Robotic Surgery; and 4) Robotic Gynecologic Oncology (Plenary) Lorna A. Brudie, DO, Glenn E. Bigsby, IV, DO, Jeffrey A. James, DO, also participated as session moderators and poster presenters.

July


November

Invited speakers (live surgery participants/transcretes) at the Fourth National Conference on Minimally Invasive Gynecological Surgery with International Participation, organized by the Bulgarian Association for Minimally Invasive Gynecological Surgery, at Medical University of Pleven, Bulgaria. (Robert W. Holloway, MD, Sarfraz Ahmad, PhD)

Awards/Honors/Recognitions

Award/Honor Organization Awardee(s) Mentors
Clinical Robotic Fellowship Award Intuitive Surgical, Inc. Sunnyvale, California Ajit Gubbi, DO Drs. Holloway, Ahmad, Bigsby, Ghurani, Kendrick
Dr. Robert C. Knapp Student Scholarship Award Hearing of Ovarian Whisper (HOW) Foundation Jupiter, Florida Shimon Kacheria, BS Drs. Holloway, Ahmad
Clinical Chemist Recognition Award - 2013 American Association for Clinical Chemistry, Washington, DC Ricardo A. Mosko Bravo, MD Drs. Holloway, Ahmad

Active Research Grants

Funding Agency Project Title Investigators Amount ($) Period
Ovarian Cancer Alliance of North Florida (OCANF) Non-coding and microRNA molecular screening for potential biomarkers of ovarian cancer risk Drs. Ingersoll (PI), Litherland, James, Ahmad, Holloway, Deckers, Perera, Lee $25,000 (FHCI) $25,000 (SBMRI) 2011-2013
Florida Hospital Gala/ University of Central Florida (UCF) Pre-clinical models to investigate cellular therapy for ovarian cancer Drs. Ahmad (PI), Ingersoll, Holloway, Edwards $20,000 2010-2013
Florida Hospital Gala/UCF Analysis of the EGFR-ERKmapk and EGFR-Stat3 pathway in recurrent and resistant ovarian cancer Drs. Holloway and Turkson (PIs), Ingersoll, Ahmad, Yee $20,000 (FHCI) $25,000 (UCF) 2010-2013
Florida Hospital Gala/UCF MicroRNA expression profile of ovarian cancer: correlation to cellular-therapy response Drs. Ingersoll (PI), Ahmad, Holloway, Finkler $20,000 2010-2013
Donors/Foundation Gynecologic oncology research Drs. Ingersoll, Holloway, Finkler, Ahmad, Litherland, Deckers $150,000 (variable) 2010-2013

Invited faculty speaker. Best of ASCO Updates, Orlando, Florida. (Robert W. Holloway, MD) Topic: Update on Gynecologic Oncology

Invited faculty speaker. Best of ASCO Updates, Orlando, Florida. (Robert W. Holloway, MD) Topic: Recent Advances in Ovarian Cancer: Best of SGO and ASCO Conferences 2013

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
Educational and Research Collaborations

Active collaboration with SERGS investigators on research projects related to clinical outcomes of gynecologic oncology procedures (Drs. Holloway, Ahmad)

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

Active collaboration with M.D. Anderson Cancer Center Orlando (Riyaz M. Basha, PhD, at UCF Lake Nona campus) on cancer-related translational research projects (Drs. Ingersoll, Ahmad, Holloway)

Active collaboration with Deborah A. Altomare, PhD, assistant professor at UCF, on ovarian cancer-related translational research projects (Drs. Ingersoll, Holloway)

Actively collaborated with Angeles Alvarez Secord, MD, at Duke University Cancer Institute on gynecologic cancer outcomes (Drs. Holloway, Finkler, Ahmad)

Utilized animal facilities at UCF Wild Animal Facility (Mr. Robert Banks) for our Mouse Model of Ovarian Cancer experiments (Drs. Ingersoll, Holloway)

Mentored UCF College of Medicine medical student Shamin Kacera on her Project Inquiry Research Experience (PIRE) projects related to clinical outcomes studies in gynecologic oncology (Drs. Holloway, Ahmad)

Mentored Lake Erie College of Osteopathic Medicine third-year medical student Jessica H. Groton on her rotation research project (Drs. Ghurani, Holloway, Ahmad, Ingersoll)

Mentored UCF College of Medicine medical student Shimoni Kacheria on her Focused Inquiry Research Experience (FIRE) projects related to clinical-outcomes studies in gynecologic oncology (Drs. Holloway, Ahmad)

Medical graduate from the Dicle University of Health Sciences, Karakoy, Pakistan (Ghazanfar Ali, MD)

Medical graduate from the American University of Antigua College of Medicine, Antigua, Guatemala (Sana Ahmed, MD)

Medical student from the Lake Erie College of Osteopathic Medicine, Bradenton, Florida (Jessica H. Groton, BS)

Medical graduate from UCF, Orlando, Florida (Zainab Mohiuddin, Abdul Rahim)

Medical student from the Lake Highland Preparatory School, Orlando, Florida (Erin Boone)

Several medical students from the state of Florida colleges of medicine, including the UCF, FSU, Nova Southeastern medical students, their clinical rotations/electives

Mentoring of students on projects related to clinical outcomes and cellular therapy for ovarian cancer: Drs. Holloway, Ingersoll, Ahmad, Bigby, Ghurani, Kerick

Medical graduate from the Ohio University College of Medicine, Athens, Ohio (Sarah Johnson)

Medical graduate from the University of Florida College of Medicine, Gainesville, Florida (Heather Allen)

Medical student from the University of Florida College of Medicine, Gainesville, Florida (Alicia Sommerville)

Undergraduate student from Emory University, Atlanta, Georgia (Sarah Ahmed)

Student from the Lake Highland Preparatory School, Orlando, Florida (Elle Brown)

Several medical students from the state of Florida colleges of medicine, including the UCF, FSU, Nova Southeastern medical students, their clinical rotations/electives

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Cervical Cancer Cases
Age at Diagnosis
The most common age range for cervical cancer patients at the FHCI in 2013 was 50-59, with 29 percent of patients diagnosed in this age range.

Cervical Cancers
Five-year Survival by Stage
Cases Diagnosed 2003-2006
Overall, five-year survival rates for patients with cervical cancer at the FHCI meet or exceed the national average.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Florida Hospital</th>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>87.4%</td>
<td>87.2%</td>
</tr>
<tr>
<td>II</td>
<td>64.5%</td>
<td>61.4%</td>
</tr>
<tr>
<td>III</td>
<td>44.5%</td>
<td>45.2%</td>
</tr>
<tr>
<td>IV*</td>
<td></td>
<td>64.9%</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td>68.3%</td>
</tr>
</tbody>
</table>

*For Stage IV, Florida Hospital had an insufficient number of cases to compare the data.
2013 Ovarian Cancer Cases
Stage at Diagnosis
More than 40 percent of the 93 ovarian cancer patients at the FHCI in 2013 were diagnosed with advanced, stage III disease.

2013 Ovarian Cancer Cases
Age at Diagnosis
Of FHCI ovarian cancer patients in 2013, nearly 50 percent were diagnosed between the ages of 60 and 79. The next most common age range was 50-59, with 22 percent of patients.

2013 Uterine Cancer Cases
Stage at Diagnosis
Sixty-one percent of uterine cancer patients were diagnosed with stage I disease at the FHCI in 2013. Just below 10 percent of patients had metastatic disease at diagnosis.

2013 Uterine Cancer Cases
Age at Diagnosis
Almost 38 percent of patients diagnosed with uterine cancer at the FHCI in 2013 were aged 60 to 69 years, making this the most common age range for this type of cancer. Another 26 percent were diagnosed between the ages of 50 and 59 years.

Ovarian Cancers
Five-year Survival by Stage
Cases Diagnosed 2003-2006
Overall, five-year survival for patients with advanced-stage ovarian cancer at the FHCI was significantly better than the national average.

Uterine Cancers
Five-year Survival by Stage
Cases Diagnosed 2003-2006
Overall, five-year survival for patients with uterine cancer at the FHCI met or exceeded the national average and showed significantly improved survival outcomes in stage IV cases.
Our surgeons use the latest minimally invasive techniques, including trans oral robotic surgery (TORS), to address the most complex skull-base cases with the neurosurgical team, and Drs. Jeffrey Lehman and Henry Ho added to the TORS experience at Winter Park Memorial Hospital.

Henry Ho, MD
Director, Head and Neck Cancer Program Florida Hospital Cancer Institute

Awards

Henry Ho, MD, was awarded the Paul Herr Fellow by the Rotary Foundation of Rotary International.

Publications


Drs. Alex S. Adei, Richard H. El White, Dr. Henry C. Ho added to the TORS experience at Winter Park Memorial Hospital.

The Laryngoscope (submitted)


For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
### 2013 Head and Neck Cancer Cases

**Thyroidectomy (partial and total)**
**Parotidectomy**
**Mandible cancer**
**Maxillectomy**
**Neck dissection**
**Partial glossectomy**
**Parathyroidectomy**
**Oropharyngeal cancer**
*(TORS or TOLM resections*)
**Lymph node biopsy**
**Laryngectomy**
**Auriculectomy/TB resection**
**Vocal cord cancer**
**Floor-of-mouth cancer**
**Buccal cancer**
**Palate cancer**
**Bx turbinates**
**Excision skin cancers**

**Estimated Total:** 675

2. **Magnuson JS, TORS:** The Stimulus for a Paradigm Shift in the Treatment of Oropharyngeal Cancer. Third International Severance Robotic Surgery Symposium, Seoul, Korea
3. **Magnuson JS, TORS:** The Stimulus for a Paradigm Shift in the Treatment of Oropharyngeal Cancer, University of Chicago Alumni Symposium, Chicago, Illinois
4. **October**

**Magnuson JS.** Moderators: Minimally Invasive Approaches to the Skull-base and Oropharyngeal Tumors. International Congress on Minimally Invasive and Robotic Surgery, Sao Paolo, Brazil

**Magnuson JS.** TORS already a Stand-alone treatment for oropharyngeal cancer in the USA! International Congress on Minimally Invasive and Robotic Surgery, Sao Paolo, Brazil

**Magnuson JS.** New Perspectives for Robotic Surgery on the Head and Neck area. International Congress on Minimally Invasive and Robotic Surgery, Sao Paolo, Brazil

**Magnuson JS.** Panesar, HPV and Oropharyngeal Cancers. International Congress on Minimally Invasive and Robotic Surgery, Sao Paolo, Brazil

**Magnuson JS.** Lectures, TORS Hands-on Workshop. Third International Severance Robotic Surgery Symposium, Seoul, Korea


**Magnuson JS.** TORS: The Stimulus for a Paradigm Shift in the Treatment of Oropharyngeal Cancer, University of Chicago Alumni Symposium, Chicago, Illinois

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### Site by Gender

<table>
<thead>
<tr>
<th>Site</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIP</strong></td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>BASE OF TONGUE</strong></td>
<td>16</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td><strong>OTHER PARTS OF TONGUE</strong></td>
<td>1</td>
<td>3</td>
<td>4</td>
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<tr>
<td><strong>GUM</strong></td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td><strong>FLOOR OF MOUTH</strong></td>
<td>1</td>
<td>4</td>
<td>5</td>
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<tr>
<td><strong>PAROTID GLAND</strong></td>
<td>7</td>
<td>6</td>
<td>13</td>
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<tr>
<td><strong>TONSIL</strong></td>
<td>33</td>
<td>8</td>
<td>41</td>
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<tr>
<td><strong>COPHARYNX</strong></td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>NASOPHARYNX</strong></td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td><strong>PYRIFORM SINUS</strong></td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>HYPOPHARYNX</strong></td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>OTHER ORAL CAVITY</strong></td>
<td>9</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>NASAL CAVITY &amp; MIDDLE EAR</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>ACCESSORY SINUSES</strong></td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>LARYNX</strong></td>
<td>33</td>
<td>3</td>
<td>36</td>
</tr>
<tr>
<td><strong>TRACHEA</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>CONNECTIVE SUBSTANTIOUS</strong></td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>OTHER SOFT TISSUE</strong></td>
<td>50</td>
<td>167</td>
<td>217</td>
</tr>
<tr>
<td><strong>THYROID GLAND</strong></td>
<td>50</td>
<td>13</td>
<td>63</td>
</tr>
<tr>
<td><strong>SKIN</strong></td>
<td>50</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>

**Source:** FHCI Cancer Registry

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For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Head and Neck Cancer Cases

Age at Diagnosis by Gender

Women were slightly more likely to be diagnosed with head or neck cancer between the ages of 40-49, whereas men were much more likely to be diagnosed between ages 50-59.

Head and Neck Cancers Five-year Survival by Year

Cases Diagnosed 2003-2006

Five-year survival rates were compared for head and neck cancer patients diagnosed between 2003-2006 at the FHCI and nationwide. Thyroid, head and neck and tongue cancer patients showed better survival rates at the FHCI.

2013 Head and Neck Quality Metrics Report

Length of Stay
Lower score is better

Length of Stay

High acuity procedure (days)
Low acuity procedure (days)

2013 Head and Neck Quality Metrics Report

Readmission within 30 days of the operation
Lower score is better

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
The Children’s Center for Cancer and Blood Diseases offers hematology and oncology care for patients with sickle cell disease, thalassemia, bleeding disorders, coagulation problems, various cytopenias, leukemia and other childhood cancers. As a Children’s Oncology Group (COG) affiliate, we are able to offer the latest clinical trials available.

2013 Highlights

- Continued active membership in COG
- Treated 40 new oncology patients
- Dr. Hajjar reappointed for three-year term to the Board of Governance of St. Jude Children’s Research Hospital

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

2013 Pediatric Cancer Cases

Age at Diagnosis by Gender

This graph shows the incidence by age and gender for pediatric cancers diagnosed at the FHCI in 2013.

American College of Radiology Accreditation

The Radiation Oncology Department was awarded an unconditional three-year accreditation by the American College of Radiology’s (ACR) Radiation Oncology Practice Accreditation Program. The ACR accreditation is the preeminent mark of quality in the field of radiation oncology and is only given after a program has undergone an impartial third-party peer review of patient care, as well as an assessment of the facility’s personnel, equipment, treatment planning, treatment records, patient-safety policies and quality control/assessment. All five locations of the FHCI Radiation Oncology Department simultaneously achieved ACR accreditation in the first attempt.

Gamma Knife Radiosurgery Program

A new Elekta “perfexion” gamma knife machine was installed to replace an older “4-C” model. Perfexion is a significant improvement in technology that streamlines workflow, offers faster set-up and treatment time, and addresses a wider range of targets and treatable volume. Perfexion gamma knife is a key technological component of the Minimally Invasive Brain Surgery (MIBS) Program at Florida Hospital.

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
The FHCI offers thoracic cancer patients access to a multidisciplinary team approach and cutting-edge technology with minimally invasive procedures, such as robot-assisted lobectomy.

2013 Highlights
- Eight new lung cancer trials were opened, with 40 patients enrolled in thoracic cancer studies.
- In 2013, 229 cases were presented at 46 tumor boards and 100 percent of the cases were evaluated with a complete multidisciplinary team approach. This includes pulmonary, thoracic oncology, thoracic surgery, pathology, interventional radiology and radiology.
- Out of 549 total surgical cases, nearly 71 percent were without complications.
- Compliance with National Comprehensive Cancer Network (NCCN) guidelines reached a high of 75.8 percent in 2013 after steadily increasing over the past six years.

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Lobectomy Analysis
Length of Stay and Chest Tube Days

2013 Robotic Procedures Case Breakdown

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobectomy</td>
<td>15</td>
</tr>
<tr>
<td>Wedge Resection Single</td>
<td>10</td>
</tr>
<tr>
<td>Wedge Resection Multiple</td>
<td>2</td>
</tr>
<tr>
<td>Segmentectomy</td>
<td>3</td>
</tr>
<tr>
<td>Thymectomy</td>
<td>3</td>
</tr>
<tr>
<td>Bilobectomy</td>
<td>3</td>
</tr>
<tr>
<td>LN Sampling</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Surgery Database

2013 Lung Cancer Cases
Age of Diagnosis by Gender

In 2013, lung cancer was the most frequently diagnosed cancer in the state of Florida. Across the nation and at the FHCI, it is the third-most common type of cancer incidence, with 557 new cases seen at the FHCI. Both men and women were mostly diagnosed in their 60s or 70s.

2013 Lung Cancer Cases
Stage at Diagnosis by Gender

More than 65 percent of both men and women diagnosed at the FHCI in 2013 were in an advanced stage of lung cancer (II or IV).

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
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 2013 are summarized in these charts.

### 2013 Non-small-cell Lung Cancer Treatment Combinations

#### Non-small-cell Lung Cancers Five-year Survival by Year

<table>
<thead>
<tr>
<th>Cases Diagnosed 2003-2006</th>
<th>1 Year</th>
<th>2 Years</th>
<th>3 Years</th>
<th>4 Years</th>
<th>5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital</td>
<td>46%</td>
<td>33.5%</td>
<td>26.5%</td>
<td>22.6%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Nationwide</td>
<td>48.1%</td>
<td>33.9%</td>
<td>26.4%</td>
<td>22.9%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry, National Cancer Database

### 2013 Small-cell Lung Cancer Treatment Combinations

#### Small-cell Lung Cancers Five-year Survival by Year

<table>
<thead>
<tr>
<th>Cases Diagnosed 2003-2006</th>
<th>1 Year</th>
<th>2 Years</th>
<th>3 Years</th>
<th>4 Years</th>
<th>5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital</td>
<td>30.5%</td>
<td>17.6%</td>
<td>14.1%</td>
<td>10%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Nationwide</td>
<td>34.3%</td>
<td>21.6%</td>
<td>18.8%</td>
<td>15.7%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry, National Cancer Database

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Highlights

- Performed 4,315 robotic-assisted radical prostatectomy procedures at Florida Hospital Celebration Health (Dr. Vipul Patel)

Awards/Honors

- Nominated for the 2013 Eugene Fuller Trelan Prostatic Award (Dr. Vipul Patel)

- Inducted as a member of and received an Honors Cause Degree from the Russian Academy of Sciences (RAS) (Dr. Vipul Patel)

Publications


March


April


Educational Events

May

- Prostate Cancer Screening and Management Update for primary care physicians

Conferences and Abstract Presentations

March


April

- AUA Annual Meeting, San Diego, California: Impact of Surgery Delay in Patients Diagnosed With High-grade Prostate Cancer: Salvage Robot-assisted Radical Prostatectomy for Recurrent Prostate Cancer: Safety and feasibility, Nnamous in Nerve Spared During Robot-assisted Radical Prostatectomy: Important Technical Modifications to Improve Outcomes in Robot-assisted Radical Prostatectomy: Lessons Learned after 5,000 Cases: Perioperative, Functional and Oncological Outcomes after Robot-assisted Radical Prostatectomy in Men 70 years of Age and Older with Localized Prostate Cancer: Urinary/Erectile/Microwave as a Non-invasive Platform for Prostate Cancer: Analysis Patel, VR.

- September


Lectures

June
Challenges in Laparoscopy and Robotics, Beijing, China: Performed Live Robotic Prostatectomy, Patel, VR

September
Seattle Robotics Course, Seattle, Washington: Lecture - Anatomic Robotic Prostatectomy – How I Do It; Lecture - Tips and Tricks with Challenging Cases; Medial Lobes, Large Glands; Moderation of Live Case by James Porter - Live Robotic Prostatectomy; Surgery; Roundtable-Complications During Robotic Prostatectomy, Patel, VR
National Urology Congress, Panama City, Panama: Performed Live Robotic Prostatectomy, Patel, VR
ERUS, Stockholm, Sweden: Lecture – Round Table on Fundamentals of Robotic Surgery; Performed Live Robotic Prostatectomy Median Lobe, Patel, VR
FUS Meeting, Tampa, Florida: Lecture – Frontiers in Robotic Surgery: Prostate Surgery, Patel, VR

October
WCE, New Orleans, Louisiana: Lecture – Salvage Treatment Options: Salvage Robotic Prostatectomy, Patel, VR

Local Research Collaborations
Sanford Burnham Medical Research Institute - Lake Nona, Florida

Research Studies
Urologic Robotic Surgery Outcomes Registry (database with more than 4,000 robotic surgeries registered, Patel, VR)
Nadia Pros Vue Field Trial Experiment – An FDA-cleared in-vitro diagnostic assay for determining rate of change of serum total prostate specific antigen over a period of time. ProsVue slope is indicated for use as a prognostic marker in conjunction with clinical evaluation as an aid identifying those patients at reduced risk for recurrence of prostate cancer for the eight-year period following radical prostatectomy, Patel, VR

Exosome-correlation of the urine exosome gene expression profile with clinical pathology of prostate cancer in the prostatectomy specimen both before and after surgery, Patel, VR
RNA biomarker discovery and development for the detection and treatment of prostate cancer – partnership study with Dr. Ranjan Perera at Sanford Burnham Medical Research Institute of Lake Nona, Patel, VR
CHIR CALGB 90203 – A randomized phase-III study of neo-adjuvant docetaxel and androgen deprivation prior to radical prostatectomy versus immediate radical prostatectomy in patients with high-risk, clinically localized prostate cancer - partnership study with the FHCI, Patel, VR

2013 Highlights
Published GU-Oncology Quality Review: Radical Nephrectomy
Created the booklet “Prostate Cancer Diet and Complimentary Medicine” to advance education of the disease
Developed “FHCI Recommendations for Prostate Screening”
Hosted continuing medical education program “Multidisciplinary Advanced Prostate Cancer Program” by Dr. Anthony Mega and Dr. Joseph Renault, Alpert Medical School of Brown University

Community Outreach Initiatives
Man to Man Prostate Cancer Support Group
The 17th Annual Back Men’s Health Summit
TriQuint Corporate Health Fair
Rock ‘n Run 5K Race to build awareness of prostate cancer

2013 Genitourinary Cancer Case Incidence

Source: FHCI Cancer Registry
2013 Prostate Cancer Cases
Age at Diagnosis

Prostate cancer remained the most frequently diagnosed or treated type of cancer at the FHCI in 2013. The most common age range at diagnosis was 60 to 69 years.

2013 Prostate Cancer Cases
Stage at Diagnosis

Nearly 60 percent of prostate cancer patients at the FHCI in 2013 had stage II disease at diagnosis. The low stage at diagnosis may be due to screenings, annual physical exams and attention to early warning signs.

2013 Prostate Cancers Treatment Combinations

Surgery was the first course treatment of choice for 95 percent of all prostate cancer patients.

Prostate Cancers Five-year Survival by Year

This graph shows observed five-year survival data for patients originally diagnosed 2003-2006. FHCI patients demonstrated a higher survival rate compared with nationwide data.

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Bladder Cancer Cases
Stage at Diagnosis by Gender

Source: FHCI Cancer Registry

<table>
<thead>
<tr>
<th>Stage</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>31</td>
<td>13</td>
</tr>
<tr>
<td>I</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>II</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>III</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>IV</td>
<td>0</td>
<td>1</td>
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<td>N</td>
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<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
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<td>0</td>
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</tbody>
</table>

Age Range

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
<th>Female</th>
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</thead>
<tbody>
<tr>
<td>20-29</td>
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<td>30-39</td>
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<td>40-49</td>
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<td>50-59</td>
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<tr>
<td>60-69</td>
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<td>70-79</td>
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<td>0</td>
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<td>80-89</td>
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<td>0</td>
</tr>
<tr>
<td>90-99</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
2013 Kidney and Renal Pelvis Cancer Cases by Gender

Stage at Diagnosis by Gender

Age at Diagnosis by Gender

Surgery:
- Male: 78.1%
- Female: 77.2%

None:
- Male: 14.0%
- Female: 13.7%

Surg/Chemo/Rad:
- Male: 1.1%
- Female: 1.1%

Surg/Immu:
- Male: 1.1%
- Female: 1.1%

Rad:
- Male: 1.1%
- Female: 1.1%

Surg/Chemo:
- Male: 2.3%
- Female: 2.3%

Chemo/Rad:
- Male: 0.6%
- Female: 0.6%

Chemo:
- Male: 1.1%
- Female: 1.1%

Other:
- Male: 0.6%
- Female: 0.6%

Note: 14.0% other.

Source: FHIC Cancer Registry

2013 Kidney and Renal Pelvis Cancer Cases

Stage at Diagnosis by Year

Five-year Survival by Year

Cases Diagnosed 2003-2006

Florida Hospital
- 1 Year: 89.2%
- 2 Years: 84.4%
- 3 Years: 79.3%
- 4 Years: 78.0%
- 5 Years: 76.5%

Nationwide
- 1 Year: 76.5%
- 2 Years: 73.5%
- 3 Years: 70.3%
- 4 Years: 69.5%
- 5 Years: 63.9%

Source: FHIC Cancer Registry, National Cancer Database

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
Clinical trials are carefully designed and executed investigations of new medical treatments. They offer patients the most advanced therapies available. Since 1989, the FHCI Clinical Research Program has provided ongoing access to more than 100 clinical trials at any given time for adult and pediatric patients. We’re a recipient of the American Society of Clinical Oncology (ASCO) Community Clinical Trials Award, with a professional staff of seven oncology-certified research nurses and 14 certified clinical research professionals.

Our research partners include:
- Alliance National Cancer Institute (NCI)
- National Research Group (NRG) of NCI
- Children’s Oncology Group of NCI
- Cancer Trials Support Unit of NCI
- Pharmaceutical-sponsored Trials
- Sarah Cannon Research Institute

For a listing of the FHCI’s current clinical trials, visit www.FloridaHospitalCancer.com.

2013 Highlights

- Remained a recipient of the Clinical Community Oncology Program (CCOP) awarded by NCI – enables significant expansion of the clinical trials program and grants access to latest NCI research to diagnose, prevent and treat cancer
- Appointed to the Alliance Board of Directors (Dr. Zehngebot)
- Opened: 53 new trials, including CCOP, Sarah Cannon Research Institute and pharmaceutical trials
- Enrolled patients in studies and trials as follows: 273 in multi-omics trials; 31 in cancer control studies, including radiation, gynecologic oncology, and prostate studies; 59 in ovarian cancer screening study with the University of South Alabama; and 30 in Moffitt epidemiology trials
- Became a Main Member of the Alliance
- Became a Main Member of NRG
- Received satisfactory report in quality-assurance audit with GOG and CALGB
- Converted to the independent NCI CIRB for all pediatric and phase III audit trials
- Added a full-time quality-assurance manager
- Added additional research assistants and data managers on the research team to support research nurses

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

Jane Crofoot, RN, BSN, OCN, CCRP
Director, Clinical Research Program
Florida Hospital Cancer Institute

S.A. Litherland, PhD
Director, Translational Research
Florida Hospital Cancer Institute

The FHCI Research and Development Division supports collaborative and original research studies conceived by FHCI-affiliated physicians and their basic science research partners. The Research and Development team strives toward three main goals in their translational research mission of “Transforming Discovery into Care”:

1) Elevate the level of science at the FHCI to that of a recognized and respected partner in the translational research community
2) Spearhead partnerships with established research institutes to bring premier bench-discovery science to the FHCI’s bedside care
3) Promote scientific presentation and publication of FHCI-supported translational research projects

To achieve these goals, the FHCI Research and Development team has aggressively sought external funding for research studies in all areas of clinical interest to the FHCI faculty, including research collaborations with UCF and the Sanford-Burnham Research Institute that produced several grant proposals, published papers in scientific journals and presentations at national meetings.

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
Partnerships/Collaborations
- Sanford-Burnham Medical Research Institute
- UCF
- University of Florida
- University of Minnesota
- University of Virginia
- Baylor University
- Wake Forest University
- University of Hawaii
- MD Anderson Cancer Center

Research
- Multiple Myeloma (Litherland, Khaled, Soh, Chang)
- Breast Cancer (Decker, Litherland, Bar, Reynolds)
- Lung Cancer (Chang, Mekhail, Litherland)
- Pancreatic Cancer (Chang, Arnoletti, de la Fuente, Litherland)
- Lung Cancer Metastasis to the Brain (Mekhail, Chowdhary)
- Hispanic Outcomes in GI-related Cancers (de la Fuente, Decker)
- Tissue Array Development/Cancer Biomarker Analysis (Litherland)

CANCER REGISTRY

Although the majority of cancers are sporadic, approximately five to 10 percent of all cancers are hereditary. The FHCI’s Genetic Counseling Program helps identify patients at risk for cancer due to inherited genetic factors and ensures these patients are given the opportunity to reduce their risk through screening and prevention. The program is staffed by an intake coordinator, genetic counselor and medical doctor.

The cancer statistics included in this report are the result of work completed by the FHCI Registry team that collects 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 lifelong 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 with national and state outcomes for each type of cancer.

FHCI Analytical Cancer Cases Diagnosed in 2013

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Florida Hospital</th>
<th>Florida</th>
<th>National</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>BREAST</td>
<td>1,074</td>
<td>13.5%</td>
<td>15,710</td>
</tr>
<tr>
<td>LUNG</td>
<td>685</td>
<td>8.6%</td>
<td>17,960</td>
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<tr>
<td>PROSTATE</td>
<td>1,509</td>
<td>19.0%</td>
<td>17,330</td>
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<tr>
<td>COLORRECTAL</td>
<td>174</td>
<td>2.2%</td>
<td>10,290</td>
</tr>
<tr>
<td>BLADDER</td>
<td>270</td>
<td>3.4%</td>
<td>5,720</td>
</tr>
<tr>
<td>NHL LYPHOMA</td>
<td>273</td>
<td>3.4%</td>
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<tr>
<td>COCARC CEL</td>
<td>287</td>
<td>3.8%</td>
<td>3,710</td>
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<tr>
<td>MILLANCIA</td>
<td>216</td>
<td>2.7%</td>
<td>5,330</td>
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<tr>
<td>LEUKEMIA</td>
<td>311</td>
<td>3.9%</td>
<td>3,490</td>
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<tr>
<td>CERVIX</td>
<td>67</td>
<td>0.8%</td>
<td>940</td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td>2,652</td>
<td>33.8%</td>
<td>33,350</td>
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<tr>
<td>TOTAL CASES</td>
<td>7,928</td>
<td>100.0%</td>
<td>178,330</td>
</tr>
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</table>

Source: Cancer Facts and Figures, 2013, American Cancer Society; FHCI Cancer Registry

Analytical = Cases First Diagnosed and/or Treated at Florida Hospital

GENETICS COUNSELING

Although the majority of cancers are sporadic, approximately five to 10 percent of all cancers are hereditary. The FHCI’s Genetic Counseling Program helps identify patients at risk for cancer due to inherited genetic factors and ensures these patients are given the opportunity to reduce their risk through screening and prevention. The program is staffed by an intake coordinator, genetic counselor and medical doctor.
### FHCI 2013 Patients - Race by Ethnicity

Cross-Tabulation of Race by Ethnicity for All-2011-ANA

<table>
<thead>
<tr>
<th>Race</th>
<th>Non-Spanish</th>
<th>Spanish, NOS; Hispanic, NOS; Latino, NOS</th>
<th>Puerto Rican</th>
<th>Unknown Spanish Or Not</th>
<th>South or Central American-Not Brazil</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th># (%)</th>
<th>Total # (%)</th>
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<tr>
<td>WHITE</td>
<td>5751</td>
<td>86.9</td>
<td>534</td>
<td>81</td>
<td>153</td>
<td>2.3</td>
<td>46</td>
<td>0.7</td>
<td>61</td>
<td>0.9</td>
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<tr>
<td>BLACK</td>
<td>818</td>
<td>96.9</td>
<td>15</td>
<td>18</td>
<td>2</td>
<td>0.2</td>
<td>1</td>
<td>0.01</td>
<td>3</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<td>100</td>
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<td>0</td>
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<td>HAWAIIAN</td>
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<tr>
<td>VIETNAMESE</td>
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<td>KAMPUCHEAN (CAMBODIAN)</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
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<tr>
<td>ASIAN INDIAN OR PAKISTANI NOS</td>
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<td>3</td>
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<td>GUAMANIAN NOS</td>
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<td>OTHER ASIAN</td>
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<td>1.5</td>
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<td>OVERALL TOTALS</td>
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<td>876</td>
<td>889</td>
<td>7.5</td>
<td>163</td>
<td>21</td>
<td>66</td>
<td>0.8</td>
<td>64</td>
<td>0.8</td>
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</tr>
</tbody>
</table>

| Cuba                          | 25          | 0.4                                      | 17           | 0.3                     | 14                                    | 0.2         | 5           | 0.1         | 4           | 0.1         | 8           | 0.1         | 6918        | 84.5         |
| Dominican Republic            | 0           | 0                                        | 3            | 0.4                     | 0                                     | 0           | 1           | 0.01        | 0           | 0           | 1           | 0.01        | 844         | 10.8         |
| Mexican                       | 0           | 0                                        | 0            | 0                      | 0                                     | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 13          | 0.2         |
| Other Spanish                 | 0           | 0                                        | 0            | 0                      | 0                                     | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 14          | 0.2         |
| Spanish Surname Only          | 0           | 0                                        | 0            | 0                      | 0                                     | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 54          | 0.7         |
| All Others                    | 2           | 100                                      | 0            | 0                      | 0                                     | 0           | 0           | 0           | 0           | 0           | 0           | 2           | 0           |

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

Source: FHCIO Cancer Registry
For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
At the 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 tumor site leadership sets goals, measures performance and analyzes patient outcomes to improve care.

Focus Study

The Quality Improvement team launched focus studies in 2013 to improve patient care, comparing its performance with national standards and evidence-based practice guidelines. Cancer sites addressed by the focus studies included breast, head and neck, kidney, rectum and others.

Breast Cancer Focus Study

FHCI Compared with National Standards

Cases Diagnosed in 2011 and 2012

In 2012, the FHCI improved our already stellar performance for quality care to patients with breast cancer in stages I or II. For the two-consecutive-years of the study, the FHCI surpassed the national standard of care.

Head and Neck Cancer Focus Study

FHCI Compared with National Standards

Cases Diagnosed in 2013

In 2013, the FHCI was either on par or exceeded national performance standards measuring quality care for patients with cancers of the head or neck.

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FHCI Compared with National Standards

Cases Diagnosed in 2013

In 2013, the FHCI was either on par or exceeded national performance standards measuring quality care for patients with cancers of the head or neck.

ACR Accreditation Standards

Medical Record Documentation

In 2013, FHCI Medical Oncology reached the National Accreditation Standards adopted from ASCO-QOPI for the second consecutive year.

QOPI Accreditation Standards

Overall Quality Measures Score

2012 2013

Source: FHCI Quality Improvement

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
Tumor Boards
A total of 1,691 cases were presented at 277 Tumor Boards in 2013, and 93 percent of those presented were prospective. Most Tumor Boards (212) were available through video conference at multiple satellite locations.

Journal Clubs
Two Head and Neck Journal Club programs were held with co-moderators Henry Ho, MD, and David Diamond, MD. Three Urology Journal Club programs were held with co-moderators Vijay Patel, MD, Jeffery Brady, MD; and Stephen Dobkin, MD.

June Annual Meeting
The FHCI’s Best of ASCO® 2013 Annual Meeting is a program licensed by the American Society of Clinical Oncology®. Program directors: Tarek Mekhail, MD; David Decker, MD; Louis H. Barr, MD; and Robert Sollaccio, MD. Invited faculty speakers: David Adelstein, MD – Cleveland Clinic; G. Thomas Budd, MD – Cleveland Clinic; Cristina Gasparetto, MD – Duke University Medical Center; Steven Horwitz, MD – Memorial Sloan-Kettering Cancer Center; Thomas Julian, MD – Drexel University College of Medicine; John Marshall, MD – Georgetown University Medical Center; Benjamin Monson, MD – Henry Ford Health System; Sudish Murthy, MD – Cleveland Clinic; Ulka Vaishampayan, MD – Wayne State University Faculty speakers from the FHCI: Carlos Aixiary, MD; J. Pablo Arnoletti, MD; Robert Holloway, MD; and Lee Zehngebot, MD.

Other CME Events
Colorectal Cancer
“Multidisciplinary Management of Metastatic Colorectal Cancer and Novel Strategies” with Bryan Clary, MD, Associate Professor of Surgery, Chief, Division of Colorectal Surgery at Duke University Medical Center; and Michael Morse, MD, Professor of Medicine, Director, Division of Medical Oncology, Gastrointestinal Oncology at Duke University Medical Center. Case presentations reviewed by panel of experts: Ahmed Zakari, MD; J. Pablo Arnoletti, MD; Bryan Clary, MD; and Michael Morse, MD

Pancreatic Cancer
“Progress in Pancreas Cancer Management: Not an Oxymoron” with Nipun Merchant, MD, Professor of Surgery and Cancer Biology, Director, Vanderbilt Pancreas Center, Vanderbilt University Medical Center. Case presentations reviewed by panel of experts: Sebabool de la Fuente, MD; Nicholas Feranec, MD; Robert H. Hawes, MD; Nipun Merchant, MD; Michael Sombeck, MD; Shyam Varadarajulu, MD; and Ahmed Zakari, MD

Primary Care Provider Program
“Prostate Cancer Screening and Management Update” with Vipul Patel, MD, and Inoel Rivera-Ramirez, MD. Case presentations reviewed by panel of experts: Thomas Cantorello, MD; Ben Mansfield, MD; Inoel Rivera-Ramirez, MD; David Robinson, MD; Michael Sombeck, MD; Jordan Steinberg, MD; and Pradeep Vangala, MD

Rectal Cancer Focus Study
Performance Standards
FHCI Compared with National Standards
The hospitalization period was shorter than the national average for patients undergoing resection surgery at the FHCI.

Rectal Cancer with Resection Surgery
Lower score is better

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
ONCOLOGY NURSING

- Thirty-two oncology-certified nurses (OCN)/adult
- Four hundred and fifteen nurses certified through the FHCI Chemotherapy Workshop for Oncology Nurses and through annual recertification (adult)
- Two certified pediatric oncology nurses (CPON)
- Thirty nurses completed the National Pediatric Chemotherapy and Biotherapy Provider Course
- One hundred and fifty nurses attended the FHCI’s Oncology Nursing Conference with speaker Jane Clark, PhD, RN, ACON, GNP-C
- Eighty-four nurses attended a total of seven sessions of the FHCI Chemotherapy Workshop for Oncology Nurses
- Annual recertification – a 90-minute class was held 25 times at seven campuses

2013 Oncology Inpatient Discharges by Campus

<table>
<thead>
<tr>
<th>Campus</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orlando</td>
<td>4,167</td>
</tr>
<tr>
<td>Altamonte</td>
<td>1,083</td>
</tr>
<tr>
<td>Apopka</td>
<td>111</td>
</tr>
<tr>
<td>East Orlando</td>
<td>509</td>
</tr>
<tr>
<td>Winter Park</td>
<td>186</td>
</tr>
<tr>
<td>Celebration</td>
<td>1,443</td>
</tr>
<tr>
<td>Total</td>
<td>7,979</td>
</tr>
</tbody>
</table>

Source: Florida Hospital Marketing and Planning

PATIENT SUPPORT AND COMMUNITY OUTREACH

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 2013, the Cancer Resource Libraries distributed nearly 70,000 publications in support of patient education and participated in 42 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 2013 to learn about prostate cancer and prostate disorders. More than 200 men age 40 or older 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
The FHCI’s Pink Army, a unified outreach effort to end breast cancer, doubled in size in 2013, reaching 40,000 by the end of the year. “Foot soldiers” executed 182 Pink Parties – a Pink Army mission to spread awareness in the community. Because of these and other Pink Army efforts, 3,220 people were screened for breast cancer. Mobile screening locations ranged from malls to churches, gyms to vacation resorts, and business offices to sheriff’s offices.

2013 Events by Month

<table>
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<tr>
<th>Month</th>
<th>Events</th>
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</thead>
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<tr>
<td>November</td>
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</tr>
<tr>
<td>December</td>
<td>182</td>
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</tbody>
</table>

Source: Florida Hospital Marketing and Planning

2013 Oncology Inpatient Discharges

Cancer Resource Libraries
Black Men’s Health and Wellness Expo
Head and Neck Cancer Awareness Week
Pink Army

For more information or to refer a patient, call (407) 303-5999 or visit FloridaHospitalCancer.com.
About the Florida Hospital Foundation
Florida Hospital is a tax-exempt, community-benefit hospital providing exceptional health care. We do not create excellence alone, but through partnerships with thousands of people who give in different ways. Generosity has been part of our legacy since Florida Hospital was founded in 1908. Join us as we continue to dedicate ourselves to the great purpose of providing hope and healing to people in our community and beyond. We invite you to experience how Generosity Heals.

Philanthropic support helps strengthen oncology services at the FHCI and ultimately supports Florida Hospital’s mission to provide the best patient care possible. In 2013, more than $2.3 million was raised for the FHCI through the Florida Hospital Foundation. These gifts were used to develop clinical and translational research initiatives and comprehensive oncology programs, as well as to help uninsured and underserved patients.

Through the support of generous donors and community partners, the FHCI achieved notable success in 2013. Their contributions allowed us to conduct innovative cancer research, offer support through our Cancer Resource Libraries, and provide uninsured and underserved patients with breast cancer care and image-recovery services.

Cancer Research
The FHCI implemented more than 100 clinical trials and several benchmark research projects across multiple cancer specialties. Donor support enabled six innovative benchmark research initiatives that focused on cancer affecting the brain, breast, lung and pancreas, as well as gynecologic cancers and multiple myeloma.

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Drug Replacement Program
The FHCI Drug Replacement Program (DRP) is designed to assist patients who come to Florida Hospital for chemotherapy treatment but do not have insurance and are ineligible for government assistance. The DRP works with patients, physicians and the Florida Hospital Pharmacy to enroll eligible patients in assistance programs that provide free medications from pharmaceutical companies. Throughout treatment at the FHCI, the DRP team ensures continued therapy and arranges coverage to support any changes in the original treatment plan. In 2013, the DRP recouped $2,046,394 in medications and assisted 114 patients.

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

Eden Spa
This one-of-a-kind spa was able to assist nearly 100 uninsured or underinsured patients battling cancer. The support of our Founding 100 donors helped these cancer survivors maintain their dignity and physical appearance through the donation of 328 garments and/or wigs. Eden Spa also provided more than $185,000 in philanthropic products from operational funds.

Breast Cancer Care
In 2013, the Jennie Yoon-Buchanan, MD, Breast Cancer Care Fund enabled 724 uninsured patients to receive breast cancer screenings. Sixteen of them were diagnosed with breast cancer and received further treatment. Florida Hospital’s Pink Army campaign raised more than $100,000 for breast cancer care. The funding is facilitating the launch of a survivorship program. The Pink Army once again nearly doubled in size in 2013, reaching 40,000 people by year’s end. Each enlistee pledged to get an annual mammogram and to help raise awareness and funding for the early detection of breast cancer.

Community Partnerships and Events
The FHIC supported and participated in several community health events through key partnerships:

> AGAPE Assembly Baptist Church
> Allen Chapel AME Church
> American Cancer Society
> American Lung Association
> Benjamin Lee Firm
> Casselberry Jazzercise
> City of Altamonte
> City of Orlando
> College Park Partnership
> Connemore Church of God
> Fresh Oil Ministries
> Gaylord Palms
> Gummen Northrop
> Hard Rock Hotel
> Hilton Grand Vacations
> Idylwild Elementary
> Jackson Heights Middle School
> JE Hollis Foundation
> Livingston Street Church of God
> Mount Pleasant Missionary
> Mount Pleasant Missionary Baptist Church
> Mount Sinai Mis Baptist
> New Bethel AME Church
> New Covenant Baptist of Orlando
> New Life Church Orlando
> North Orlando Seventh-day Adventist Church
> Orlando Magic
> Orlando Sheriff’s Office
> Orlando Solar Bears
> Orlando Utilities Commission
> Pancreatic Action Network
> PepsiCo
> Siemens
> Sisters Network Orlando
> Susan G Komen
> Tabernacle of Faith
> Taking Charge Sister Network
> Track Shack
> Universal Studios
> University of Central Florida
> Valencia College
> YMCA

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Thank you to our generous donors!

**PHILANTHROPY**
Gift of $1,000,000 or more

- MNI Targeted Media, Inc.

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

- The Rita and Jeffrey Adler Foundation
- Peter and Linnae Williams

**LEADER**
Gift of $50,000 – $99,999

- Finfrock Industries, Inc.
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