Capital Regional Medical Center

2013 Cancer Report

Reflecting data from 2012

Message from Cancer Committee Chairman

Tim Bolek, MD
Radiation Oncology

I am honored to share Capital Regional Medical Center's (CRMC) 2013 Cancer Program Annual Report. The many achievements we have accomplished during the past year are the result of a dedicated team of professionals working collaboratively in every discipline throughout the CRMC Cancer Program. I would like to thank the members of the Cancer Committee for their insight, knowledge and drive to ensure the best outcomes for our patients. Each member of our Cancer Committee is listed below. Their dedication and commitment to raising the bar on quality care is greatly appreciated.

Quality has always been of extreme importance to the Cancer Program. Keeping our patients' interests and needs at the forefront, our multidisciplinary team works cohesively to ensure we provide the best care. We continue to hold bi-monthly Tumor Board Conferences and have seen an increase in physician attendance and participation in treatment recommendations.

To ensure we are meeting the needs of our patients, we have expanded our Oncology Unit to a 31-bed unit and we are advancing technology and enhancing the physical space of our Cancer Center. Cancer can take over a patient's life entirely; we want members of our community to know they can receive the best cancer care, from diagnosis to treatment and survivorship, in a single, accessible system close to home.

Working with the American Cancer Society, we assisted with the enrollment into the Cancer Prevention Study-3 (CPS-3), enrolling over 100 people into the study. "Helping to create a world with less cancer and more birthdays." We also participated in the fundraising event, Relay for Life, and as a lend sponsor raised more the $6,400 earning 2nd Top Fund Raising Team for Leon County Relay for Life!

I extend a warm thank you to the patients and families who have continued to support our facility. All of our activities are driven by our vision: to improve the quality of healthcare in the communities we serve.

2013 Cancer Committee

Tim Bolek, MD - Committee Chairman
Christopher Price, MD - Physician Liaison
Fain Folsom - Quality Improvement Coordinator
Lisa Leibow, RN, MSW - Psychosocial Services Coordinator
Penny May, CTR - Tumor Board Coordinator
Ann Smith, RN CNO - Clinical Research Coordinator
Luke Thomas - Community Outreach Coordinator

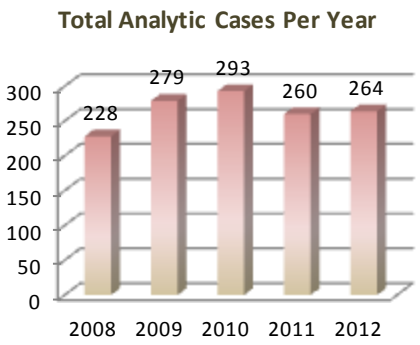
Marie Amanze, MD
Stephen Carr, MD
Angelia Darsey, RN
Elaine Harbin, Clinical Dietitian
Larry Johnson, PT
Susan King, RN
Danielle Kirkland, PT
Katherine Langston, MD
Ann McClean, RN
Rodolfo Oviedo, MD
Jill Pait, ACS
Craig Pate, Director Cancer Center
Paresh Patel, MD
Rei Philpott, Director Pharmacy
Amer Rassam, MD
Rev. Dan Sowell
Scott Tetreault, MD

Cancer Registry

Penny May, CTR

The Cancer Registry is a required and vital component of the Cancer Program at Capital Regional Medical Center. It provides data management services to comply with mandatory state regulations as well as data needs for clinicians, administrators, and physicians. The registry also provides data to the National Cancer Data Base (NCDB) and the Florida Cancer Data System (FCDS).

Capital Regional Medical Center received the Jean Byers Award for Excellence in cancer registration for the past two years. The FCDS presents the award annually to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.



The Cancer Registry plays an essential role in the Commission on Cancer (CoC) approved cancer program.

The CRMC Registry currently holds over 1,600 patient records. In 2012, there were 335 total cases entered into the database. 264 or 79% percent of these cases were analytical, meaning the patient was diagnosed with cancer and all/or part of their first-course of cancer treatment was performed at CRMC.

Tumor Board conferences are held bi-monthly to offer collaborative case review, staging identification, treatment planning and discussion. In 2012, 91 cases were presented at Tumor Board. Continuing education credit is approved for each conference by the Florida Medical Association and the Florida State Board of Nursing.

2012 Tumor Board		
Number of Meetings	23	
Number of Cases Presented	91	
Number of Prospective Cases	78	86%
Number of Follow-up Cases	13	14%
Average Attendance	**15**	
Physicians	127	37%
Allied Health/Nursing	219	63%

2012 Analytic Cases
Primary Site

PRIMARY SITE	TOTAL	%	MALE	FEMALE
Breast	59	22.3%	1	58
Lung/ Bronchus	47	17.8%	27	20
Colon/Rectal	33	12.5%	17	16
Blood & Bone Marrow	14	5.3%	10	4
Pancreas	11	4.2%	4	7
Meninges	11	4.2%	4	7
Prostate	9	3.4%	9	0
Lymph Nodes	9	3.4%	4	5
Unknown Primary	8	3.0%	6	2
Kidney	7	2.7%	5	2
Stomach	6	2.3%	2	4
Larynx	6	2.3%	5	1
Other Endocrine Glands	6	2.3%	1	5
Oropharynx	4	1.5%	4	0
Live	4	1.5%	4	0
Bladder	4	1.5%	3	1
Tonsil	3	1.1%	2	1
Esophagus	3	1.1%	3	0
Skin	3	1.1%	2	1
Ovary	3	1.1%	0	3
Thyroid	3	1.1%	0	3
Nasopharynx	2	0.8%	1	1
Cervix Uteri	2	0.8%	0	2
Mouth	1	0.4%	1	0
Parotid	1	0.4%	0	1
Other Oral Cavity	1	0.4%	1	0
Gallbladder	1	0.4%	0	1
Biliary Tract	1	0.4%	1	0
Connective Subcutaneous	1	0.4%	1	0
Uterus	1	0.4%	0	1
ALL SITES	**264**		**118**	**146**

- Lung Cancer was the most frequently diagnosed cancer in men.
- Breast cancer was the most frequently diagnosed cancer in women.

This report EXCLUDES in-situ cervix cases, squamous and basal cell skin cases and intraepithelial neoplasia cases and only reflects Analytic cases (case diagnosed and/or receiving all or the first course of therapy at CRMC.

Top Sites: Analytic Cases (AJCC Staging)

PRIMARY SITE	STAGE DISTRIBUTION 0	I	II	III	IV	88	UNK
Breast	12	25	7	9	6	0	0
Lung/Bronchus	1	4	2	7	30	1	2
Colorectal	1	8	6	10	8	0	0
Blood & Bone Marrow	0	0	0	0	0	14	0
Pancreas	0	1	1	0	9	0	0
Prostate	0	0	6	3	0	0	0
Lymph Nodes	0	2	2	3	2	0	0
Unknown Primary	0	0	0	0	0	8	0
Kidney	0	4	0	1	2	0	0
Stomach	0	4	0	2	0	0	0

Geographic Distribution By County

County	# Cases	County	# Cases
Calhoun	1	Liberty	3
Franklin	2	Madison	10
Gadsden	60	Suwannee	1
Jackson	7	Taylor	5
Jefferson	12	Wakulla	23
Lafayette	1	Out of State	6
Leon	133		

Ten Most Frequent Sites

PRIMARY SITE	ANALYTIC CASES	%	MALE	FEMALE
Breast	59	22.3%	1	58
Lung/Bronchus	47	17.8%	27	20
Colorectal	33	12.5%	17	16
Blood & Bone Marrow	14	5.3%	10	4
Pancreas	11	4.2%	4	7
Prostate	9	3.4%	9	0
Lymph Nodes	9	3.4%	4	5
Unknown Primary	8	3.0%	6	2
Kidney	7	2.7%	5	2
Stomach	6	2.3%	2	4
All Other Sites	61	23.1%	33	28

Focus: Lymphoma

Lymphoma cancer represents 3% of all cancer diagnosed at Capital Regional Medical Center and ranks in our top ten primary sites.

Epidemiology:

Lymphoma is a type of blood cancer that begins in cells called lymphocytes, part of the body's immune system. The immune system is made of lymphocytes, lymph nodes, spleen, thymus gland and bone marrow. There are several types of lymphoma. The two main types include Hodgkin's lymphoma and non-Hodgkin's lymphoma. As per data from the Leukemia and Lymphoma Society, there were close to 695,000 people living with lymphoma in 2012.

Incidence and age distribution:

The likelihood of non-Hodgkin lymphoma being diagnosed is three times higher than Hodgkin's lymphoma. Hodgkin Lymphoma has a bimodal age distribution around age 20 and age 65, with a slight male predominance. On the other hand, non-Hodgkin's lymphoma incidence increases with age and also has slight male predominance.

Symptoms:

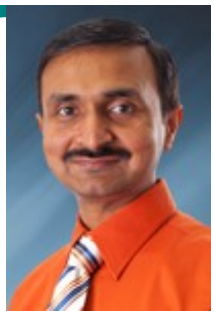
The first sign of lymphoma is often one or more large swollen lymph nodes. These lymph nodes are usually under the skin and are not painful. Other symptoms of lymphoma include fever, weight loss, and night sweats. This group of symptoms is called "B" symptoms. Other symptoms include shortness of breath/respiratory distress, fatigue, and itching.

Screening and staging:

Unlike breast, colon or prostate cancer, there is no standard screening test for lymphoma. When symptoms are present, lymphoma can be diagnosed with the help of lymph node biopsy, bone marrow biopsy and/or imaging studies such as CT or PET/CT scans. This will also help with the staging of lymphoma.

The Ann Arbor staging system with Cotswold's modifications is used for staging both types of lymphoma. This staging system focuses on number of sites, nodal or extra nodal involvement, location and presence or absence of "B" symptoms. There are four stages:

- *Stage I* indicates that the cancer is located in a single region
- *Stage II* indicates that the cancer is located in two separate regions, both confined to one side of the diaphragm
- *Stage III* indicates that the cancer is located in two or more regions on both sides of the diaphragm
- *Stage IV* indicates diffuse involvement of one or more extralymphatic organs



Paresh Patel, MD
Medical Oncology

Treatment and prognosis:

Treatment of lymphoma is based on the type of lymphoma. It is very important to the classify type of lymphoma prior to treatment due to different treatment approaches.

Hodgkin's Lymphoma

The majority of patients with Hodgkin's lymphoma will be cured of their lymphoma with treatment. Currently, balance has been desired to achieve high rate of cure while minimizing long- term treatment complication. Patients with early stage Hodgkin's are treated with combination chemotherapy plus radiation therapy and those with late stage disease are treated with a prolonged course of combination chemotherapy.

Non-Hodgkin's Lymphoma

The treatment of non-Hodgkin's lymphoma (NHL) is also based on sub-type of NHL. Diffuse large B-cell lymphoma (DLBCL) is the most common subtype of NHL, accounting for 30 % of NHL. DLBCL lymphoma is treated with anthracycline based combination chemotherapy plus rituximab. Other slow growing lymphomas are best treated with maintenance chemotherapy. Immunotherapy, radiation therapy, as well as bone marrow transplant have been appropriate in certain settings of lymphoma treatment.

Prevention:

Research into the causes, prevention and treatment of Lymphoma is being done throughout the world. Much of the research is focused on new and better ways to treat this disease. We have been able to identify association of certain viral infections with some types of lymphomas. For example, Burkitt's lymphoma has been linked to the Epstein Barr Virus. Research and attention has been focused on development of better drugs leading to increase cure rates and less toxicity. This has led to the approval of Brentuximab and Ofatumumab in recent years along with many more great drugs in the last few decades. This has improved survival.

At Capital Regional Medical Center, Lymphoma ranks in the top ten primary cancers diagnosed and/or treated at our facility. In 2012, Lymphoma made up over 3% of our overall case load.

2013 Estimates - Non-Hodgkin Lymphoma

Estimated New Cases		Estimated Deaths	
Male	Female	Male	Female
37,600	32,140	10,590	8,430
4%	4%	3%	3%

**2013, American Cancer Society, Inc., Surveillance Research*

CAPITAL REGIONAL MEDICAL CENTER

Capital Regional Medical Center has an approved Cancer Program
by the American College of Surgeons

Commission on Cancer®

Accreditation of a cancer program is granted only to those facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards.