Osceola Regional Medical Center
2010 Annual Cancer Report

Reflecting 2009 Data

Mission Statement

Osceola Regional Medical Center is dedicated to shaping the future of healthcare in our culturally diverse community. We are committed to continually enhancing the standard of healthcare and wellness through safe, accessible, consistent, and compassionate care.

A Message from our Chief Executive Officer

As Osceola Regional Medical Center continues to be a leader in providing quality healthcare to the people of Osceola County, we are expanding this leadership in cancer care. The Osceola Cancer Committee is working to develop a strong cancer program to take care of people close to home. This new cancer program will serve our patients with advanced technology, high-quality care, and compassion for patients and families dealing with this challenging disease.

I am proud of the work of our cancer program teams including the development of a Tumor Board and a Cancer Conference. These groups meet to continually improve the care provided to our patients and to track progress towards our goal of becoming an Accredited Cancer Center. I am also pleased that Osceola Regional opened the first American Cancer Society Resource Room in Osceola County in 2010. This facility provides an opportunity for patients to access wigs, prosthesis, and information to help them in recovery.

In this report, you will find information regarding our cancer activities as well as a discussion of colorectal cancer, a high volume cancer treated at Osceola Regional. Through the development of this accredited cancer program, more Osceola County residents will be able to receive the care they need close to home.

Kathryn Gillette
CEO, Osceola Regional Medical Center

Chairman's Annual Report

Osceola Regional Medical Center (ORMC) is committed to the care of patients who suffer from cancer. We have a well organized program that focuses on quality of care and patient satisfaction.

The Oncology Unit offers Oncology Certified Nurses, Pharmacy, Pathology Department, Surgery, Radiology Department, Nutritional Support, Physical Therapy, Social Services and Tumor Registry. The Osceola Cancer Center (OCC) participates actively with its Medical Oncologist and Radiation Oncologist Departments.

ORMC organizes Tumor Board presentations, led by a multispecialty group, to review cancer diagnoses and discuss therapeutic alternatives. Treatment guidelines set by the NCCN and the American Society of Clinical Oncologist are followed. These presentations and discussions allow us to provide the best care for our patients. In addition, we intend to implement a Research Center that will offer an alternative to patients who want to participate in Investigational Treatments.

The Osceola Regional Medical Center, located in the heart of rapidly growing Kissimmee, is called to lead the health care in this area because it is the largest facility and it offers great cancer care.

Jorge G. Otoya, M.D., FACP
Chairman, Cancer Committee

Cancer Committee Membership 2010

Jorge Otoya, MD	Medical Oncology (Cancer Committee Co-Chair)
Tejal Patel, MD	Radiology (Cancer Committee Co-Chair)
Alfredo Hurtado, MD	Radiology
John Accola, MD	Pathology (Physician Liaison and Cancer Conference Co-Coordinator)
Daniel Halili, MD	Radiation Oncology (Cancer Conference Co-Coordinator)
Napoleon Estrada, MD	Surgery
Alan Keller, MD	Surgery
Brian Marger	Administration
Jane Forsythe	Administration
Joanna Conley	Administration
Claudia Leon	Nursing
Imelda Velayo	Nursing
Sandra Moore	Case Management
Trudy Jackson	Quality Management (Quality Improvement Coordinator)
Valeria Robinson Baker	Pharmacy
Rita Talbo	Hospice
Lisa Livingston	Rehabilitative Services
Vanessa Guevara	Marketing (Community Outreach Coordinator)
Elizabeth Thornton	Radiology (Breast Cancer Navigator)
Magdeline Benge	Health Information Systems
Bubblela Simmons	Cancer Registry
Elizabeth Exilus	Cancer Registry (Quality of Cancer Registry Data Coordinator)
Katie Stone	American Cancer Society

Cancer Resources

Osceola Regional Medical Center	(407) 846-2266	www.osceolaregional.com
American Cancer Society (ACS)	(800) 227-2345	www.cancer.org
American College of Surgeons	(800) 621-4111	www.facs.org
Cancer Programs (ACoS)	(321) 202-5058	www.facs.org/cancer
National Cancer Institute (NCI)	(800) 4CANCER	www.cancer.gov
Florida Department of Health (FDH)	(850) 245-4003	www.doh.state.fl.us

2010 Cancer Committee Annual Goals

Clinical:

- Increase number of OCN certified nurses from 1 to 2
- To offer quarterly educational workshops on medical oncology for the nursing staff
- Implement breast surgeon panel

Programmatic

- Seek CoC accreditation by 2010
- Offer at least three cancer related educational events one of which is related to AJCC staging, prognostic indicators and treatment guidelines

Community Outreach

- To organize a 5K event for Breast Cancer Awareness Month
- Complete Colon Cancer Occult Blood Testing
- Participate in at least five health fairs throughout the year

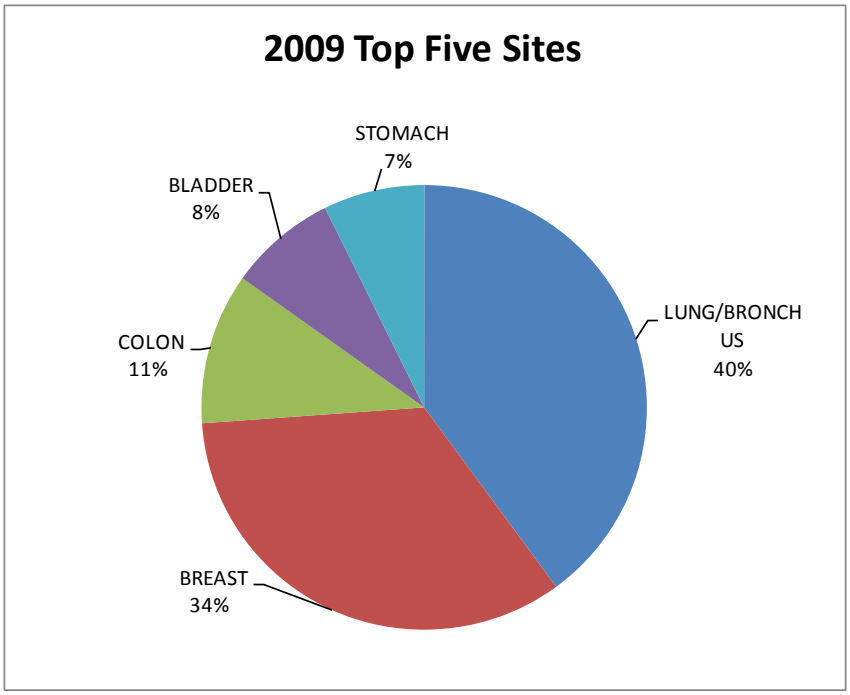
Quality Improvement

- Implement at least three quality improvement measures that affect patient care
- Complete one site specific study using NCCN guidelines per quarter
- Improve pain assessments intervention
- Decrease the amount of time from chemo order to initiation

Cancer Statistics 2009

The Cancer Registry is a required component of attaining accreditation by the American College of Surgeons Commission on Cancer. This registry collects information on each cancer patient including demographics, cancer identification, and treatment. The information submitted is used for comparative analysis with other hospitals and for the annual report.

This is the second year of Cancer Registry data at Osceola Regional. In 2009, a total of 338 cases were recorded. The top five tumor sites diagnosed were bronchus and lung (40 percent), breast (34 percent), colon (11 percent), urinary bladder (8 percent), and stomach (7 percent). The distribution by gender was relatively equal with female patients accounting for 51 percent of patients and male patients accounting for 49 percent of cancer patients.



Cancer Data Statistics 2009 Summary	
# of all cancer cases this year	466
# of all analytic cases	338
# of males with cancer	167
# of females with cancer	171

2009 Primary Tumor Site

PRIMARY SITE	TOTAL	SEX		AJCC STAGE GROUP						
		M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	338	167	171	23	77	53	36	48	76	25
ORAL CAVITY	3	2	1	0	0	1	0	1	1	0
LIP	0	0	0	0	0	0	0	0	0	0
TONGUE	0	0	0	0	0	0	0	0	0	0
OROPHARYNX	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	1	0	1	0	0	1	0	0	0	0
OTHER	2	2	0	0	0	0	0	1	1	0
DIGESTIVE SYSTEM	75	52	23	1	10	16	12	17	16	3
ESOPHAGUS	1	1	0	0	0	0	1	0	0	0
STOMACH	16	8	8	0	2	3	3	6	1	1
COLON	24	14	10	0	3	8	4	5	4	0
RECTUM	13	10	3	1	4	4	2	1	1	0
ANUS/ANAL CANAL	0	0	0	0	0	0	0	0	0	0
LIVER	9	9	0	0	1	0	1	2	5	0
PANCREAS	5	5	0	0	0	0	0	2	3	0
OTHER	7	5	2	0	0	1	1	1	2	2
RESPIRATORY SYSTEM	93	58	35	0	19	1	12	21	39	1
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0
LARYNX	4	2	2	0	2	0	0	0	2	0
LUNG/BRONCHUS	87	55	32	0	17	1	12	20	37	0
OTHER	2	1	1	0	0	0	0	1	0	1
BLOOD & BONE MARROW	9	6	3	0	0	0	0	0	0	9
LEUKEMIA	6	4	2	0	0	0	0	0	0	6
MULTIPLE MYELOMA	2	2	0	0	0	0	0	0	0	2
OTHER	1	0	1	0	0	0	0	0	0	1
BONE	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	0	0	0	0	0	0	0	0	0	0
SKIN	16	9	7	4	2	0	1	1	8	0
MELANOMA	16	9	7	4	2	0	1	1	8	0
OTHER	0	0	0	0	0	0	0	0	0	0
BREAST	74	0	74	15	24	24	5	2	3	1
FEMALE GENITAL	6	0	6	0	2	0	0	1	3	0
CERVIX UTERI	0	0	0	0	0	0	0	0	0	0
CORPUS UTERI	2	0	2	0	2	0	0	0	0	0
OVARY	4	0	4	0	0	0	0	1	3	0
VULVA	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	11	11	0	0	1	3	3	2	2	0
PROSTATE	10	10	0	0	0	3	3	2	2	0
TESTIS	1	1	0	0	1	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	30	21	9	3	12	8	2	2	3	0
BLADDER	17	13	4	3	5	5	2	1	1	0
KIDNEY/RENAL	13	8	5	0	7	3	0	1	2	0
OTHER	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	6	1	5	0	0	0	0	0	0	6
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	1	1	0	0	0	0	0	0	0	1
OTHER	5	0	5	0	0	0	0	0	0	5
ENDOCRINE	3	0	3	0	1	0	0	1	0	1
THYROID	2	0	2	0	1	0	0	1	0	0
OTHER	1	0	1	0	0	0	0	0	0	1
LYMPHATIC SYSTEM	8	4	4	0	6	0	1	0	1	0
HODGKIN'S DISEASE	1	1	0	0	1	0	0	0	0	0
NON-HODGKIN'S	7	3	4	0	5	0	1	0	1	0
UNKNOWN PRIMARY	4	3	1	0	0	0	0	0	0	4

Colorectal Cancer Overview and Treatment Options

By Jorge G. Otoya, M.D., FACP

The American Cancer Society (ACS) estimates that in 2010 there were a total of 102,900 new cases of colon cancer and 39,670 new cases of rectal cancer. Colorectal cancer is the third most common cancer in men and women. An estimated 51,370 patients will die from colorectal cancer in 2010, accounting for 9 percent of all cancer deaths. Despite the high incidence of colorectal cancer, the number of cases has decreased from 66.3 cases per 100,000 persons in 1985 to 45.5 cases in 2006. This decline has been attributed to the increased use of screening cancer colonoscopies that allow early detection, removal of pre-malignant polyps and improved treatment.

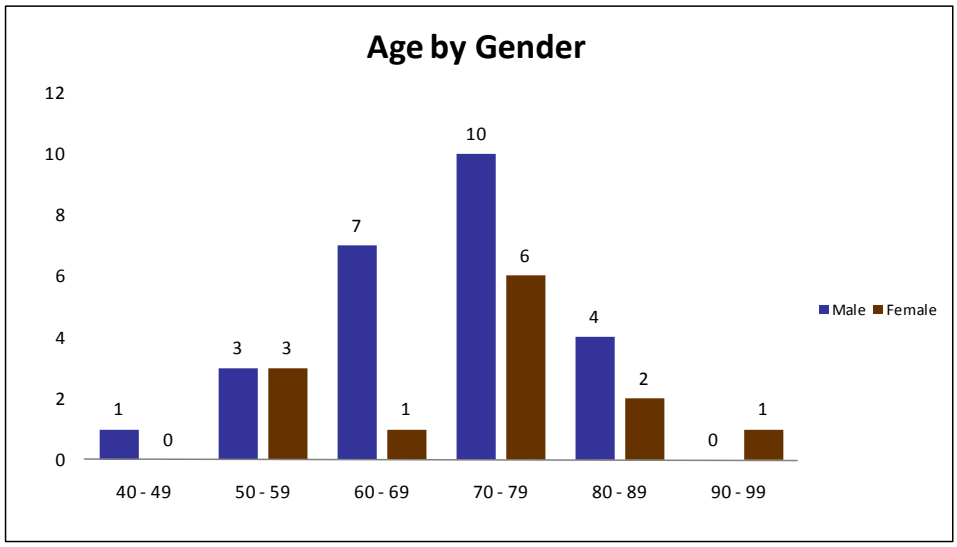
Who gets Colorectal Cancer?

Colorectal cancer is most common in patients 50 years or older. However, there are certain inherited genetic conditions that predispose some patients to develop colorectal cancer at an earlier age. These conditions include *Familial Adenomatous Polyposis* (FAP) and *Hereditary Non-Polyposis Colorectal Cancer* (HNPCC) known as the Lynch syndrome. Patients with personal or family history of colorectal cancer and polyps, as well as patients with history of inflammatory bowel disease are at risk of colorectal cancer at a younger age.

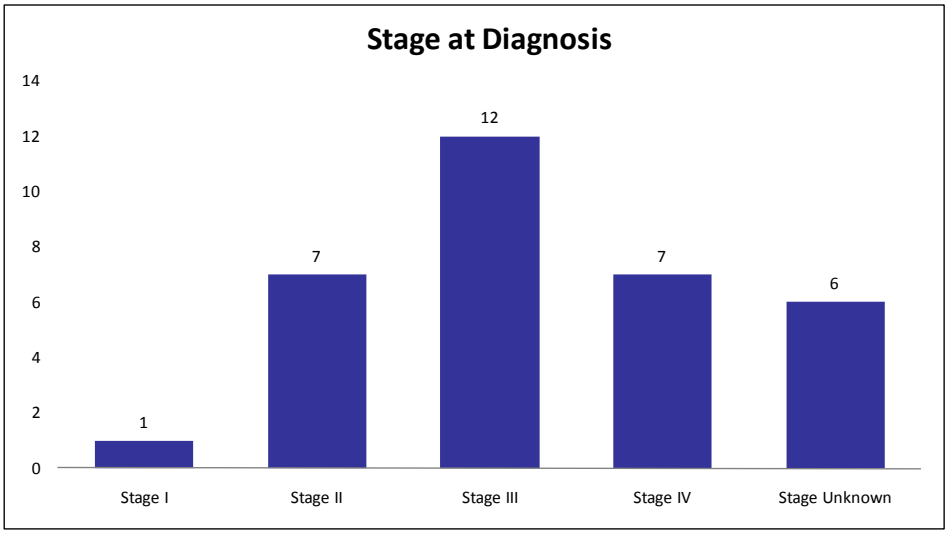
Other factors associated with an increased risk of colorectal cancer include obesity, physical inactivity, a diet high in red or processed meats, heavy alcohol consumption, long term smoking and possibly not enough intakes of fruits and vegetables.

Osceola Regional Medical Center Cancer Data

The Osceola Regional Medical Center Cancer Registry reported a total of 38 new colorectal cancers in 2009. Of these, 24 patients were male and 14 were female. The majority of colorectal cancer was detected in patients whose age was between 60 and 89 years. Eight patients were between 60 and 69 years old, 16 were between 70 to 79, and six between the ages of 80 to 89.



Out of the 38 cases, seven were stage I, 12 were stage II, seven were stage III, and six were stage IV. Five were of unknown stage. Initial surgical treatment was offered to 28 patients. Twenty five patients had cancer in the ascending, transverse or descending colon, nine in the recto-sigmoid area and four in the rectum.



Symptoms

There are no specific symptoms to detect early colorectal cancer, but the advanced disease may cause rectal bleeding, blood in the stools, intestinal obstruction and perforation with subsequent peritonitis, change in bowel habits, diarrhea alternated with constipation, cramps and abdominal pain, weight loss, symptomatic anemia accompanied by poor tolerance to exertion, easy fatigability and, over all, a sensation of not feeling well. Sometimes these symptoms are subtle even when the patient already has an advanced malignancy at presentation.

Treatment

The surgical resection of colorectal cancer remains the gold standard of initial treatment. It may be curative when the cancer has not produced metastases and when it has not spread to the lymph nodes or other organs such as the liver and the lungs. Despite the surgical resection of colorectal cancer at an early stage, a percentage of patients will have recurrence of their malignancy.

The current treatment recommended for stage III colon cancer, when the tumor has spread to peri-colonic or mesenteric lymph nodes, is Chemotherapy after surgical resection of the tumor. A combination of more than one chemotherapeutic agent can also be offered. One of these combinations is called FOLFOX (Folinic acid, Fluorouracil and Oxaliplatin).

Chemotherapy used after surgery is called adjuvant treatment. Chemotherapy offered prior to surgery is called Neo-Adjuvant often recommended with radiation treatment for rectal cancer prior surgery for stages II and III disease. Chemotherapy offered to treat metastatic colorectal cancer is called Palliative Chemotherapy.

Chemotherapy offered after surgical resection of colorectal cancer stage II, in some instances, and all stage III have proved to be beneficial because it improves the disease-free-survival and the overall-survival.

New agents, the so called targeted monoclonal antibodies, have been approved by the FDA to be used with chemotherapy because they potenciate the benefits of chemotherapy. These agents are Bevacizumab, Cetuximab and Panitumumab.

Prevention

Diet Factors that may decrease the risk of colorectal cancer are the consumption of milk, fresh fruits, fibers and vegetables. Decrease the intake of red meat and decrease alcohol consumption will help.

Other Factors that have reported to decrease the risk of colorectal cancer are the intake of calcium, aspirin and menopausal hormones. The last two drugs are not recommended as a routine due to the risk of gastrointestinal bleeding and the increased risk of breast cancer and thrombosis.

Screening

It is recommended to do a screening colonoscopy for men and women 50 years of age or older. Screening colonoscopy detects pre-malignant polyps that can be removed. It also facilitates early diagnosis of colorectal cancer that can then be resected and cured. Once there is an advance stage colon cancer diagnosed, the disease is incurable.

Community Action

A program to raise awareness in our community for screening and early detection of colorectal cancer is in place. Frequent outreach and community education is also conducted to increase awareness and encourage early screenings and detection.

References

1. Colorectal Cancer Facts and Figures 2008-2010, American Cancer Society, Inc.
2. National Cancer Institute, Cancer Advances in Focus

Glossary of Terms

Analytic - A cancer that is reportable to the FCDS and NCDB. Cases diagnosed and/or treated initially at Osceola Regional Medical Center.

American Joint Commission on Cancer (AJCC) - Their goal is to formulate and publish systems classification of cancer, including staging and end results reporting, which will be acceptable to and used by the medical profession for selecting the most effective treatment, determining prognosis, and continued evaluation of cancer control measures.

American College of Surgeons (ACoS) - Dedicated to improving the care of the surgical patient and safeguarding standards of care in an optimal and ethical practice environment.

Commission on Cancer (CoC) - Sets standards for quality multi-disciplinary cancer care delivery primarily in hospital settings; surveys hospitals to assess compliance with those standards; collects standardized and quality data from approved hospitals to measure treatment patterns and outcomes; and uses the data to evaluate hospital provider performance.

Florida Cancer Data System (FCDS) - Florida's statewide population –based cancer registry. In 1978, the Florida Department of Health contracted with Sylvester Comprehensive Cancer Center at the University of Miami School of Medicine to design and implement the registry. FCDS has been collecting incidence data since 1981.

National Cancer Data Base (NCDB) - Nationwide Oncology outcomes data base for over 1,500 hospitals in 50 states. The NCDB was founded as a joint project of the ACoS, Commission on Cancer and the American Cancer Society.

Non - Analytic - Cancer cases primarily diagnosed and treated elsewhere, and/or receiving subsequent care at Osceola Regional Medical Center.

Osceola Regional Medical Center