Osceola Regional Medical Center
2009 Annual Cancer Report

Reflecting 2008 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 Cancer Conference. This team meets to continually improve the care provided to our patients and to track progress towards our goal of becoming an Accredited Cancer Center.

In this report, you will find information regarding our cancer activities as well as a discussion of breast cancer, the highest 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.

E. Timothy Cook
CEO, Osceola Regional Medical Center

Chairman's Annual Report

During 2009, the Cancer Committee at Osceola Regional Medical Center was pleased to begin the journey to seek accreditation by the American College of Surgeons, and is proud to report that we are well on our way to obtaining certification as an American College of Surgeons Cancer Program. During the past year, the Cancer Committee has promoted a long-term commitment to providing and improving the care of patients with cancer. The Cancer Registry continues to strive for timely and accurate staging of cancer patients seen at the facility. The stringent standards put forth by the Commission on Cancer are maintained by our program administration, clinical management, supportive care services, data management, and education. Our staff continues its dedication to providing excellence in our cancer program. We continue to strive to demonstrate that state-of-the-art cancer care can be delivered in our community.

A key element of providing exceptional cancer care is our multidisciplinary Cancer Conference held the first Thursday of each month. This meeting is attended by Medical Oncologists, Radiation Oncologists, Surgeons, Radiologists and Pathologists, as well as any other physicians who care to attend, to allow for the exchange of information and ideas to arrive at the best plan of evaluation and treatment for our oncology patient population. This conference is a key component of delivering a multidisciplinary approach to cancer care. The Cancer Committee meets quarterly and coordinates the development of the cancer program here at Osceola Regional.

Quality improvement efforts focused on the management of pain in cancer patients. What we found was that pain was assessed upon admission to the unit, but was not documented consistently. We instituted a reassessment to be done one hour later and were able to determine that only 19% of the patients reported a pain score of 4 or less. In order to continue to reduce and monitor pain, Osceola has instituted a process whereby the Charge Nurse each shift prints a Pain Assessment/Reassessment report near the end of her shift. During this time she reviews all documentation for each patient including pain levels, pain goals, home pain management regimen, treatment the nurse provides, and other comments. This report also provides reassessment documentation and allows the charge nurse to follow up with any staff that have missed follow up documentation, or reeducate staff on the importance of pain reassessment.

As the cancer program at Osceola Regional continues to grow and develop, I look forward to an exciting 2010 with additional clinical and operational growth in cancer care close to home.

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

Cancer Committee Membership 2009

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

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

2009 Cancer Committee Goals

Clinical:

- Increase number of OCN certified nurses from 0 to 2
- Increase number of chemo trained pharmacy technicians and pharmacist from 0 to 1

Programmatic

- Seek CoC accreditation by 2010
- Hold at least 11 cancer conferences (tumor boards) in 2009
- Offer at least three cancer related educational events one of which is related to AJCC staging, prognostic indicators and treatment guidelines.

Community Outreach

- Complete Colon Cancer Occult Blood Testing
- Participate in at least two health fairs: Hispanic Health Fair, Women's Health Fair and Lectures

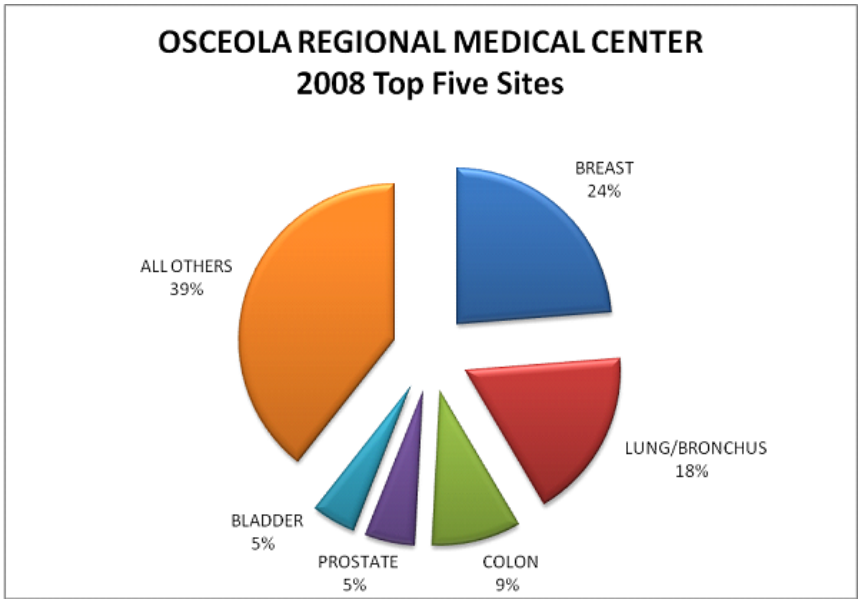
Quality Improvement

- Implement at least three quality improvement measures that affect patient care
- Complete one site specific study using NCCN guidelines
- Improve pain assessments intervention

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.

The registry at Osceola Regional began in 2008. A total of 366 cases were recorded in 2008. The top five tumor sites diagnosed were breast (24 percent), bronchus and lung (18 percent), colon (9 percent), prostate gland (5 percent), and urinary bladder (5 percent). The distribution by gender was relatively equal with female patients accounting for 55.83 percent of patients and male patients accounting for 44.17 percent of cancer patients.



Cancer Data Statistics 2008 Summary	
# of all cancer cases this year	501
# of analytic cases	366
# of males with cancer	162
# of females with cancer	204

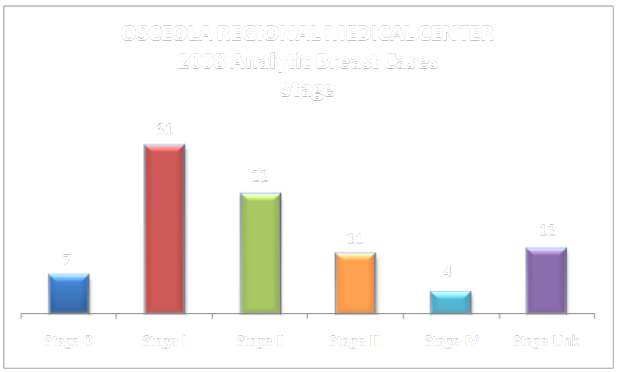
2008 Primary Tumor Site

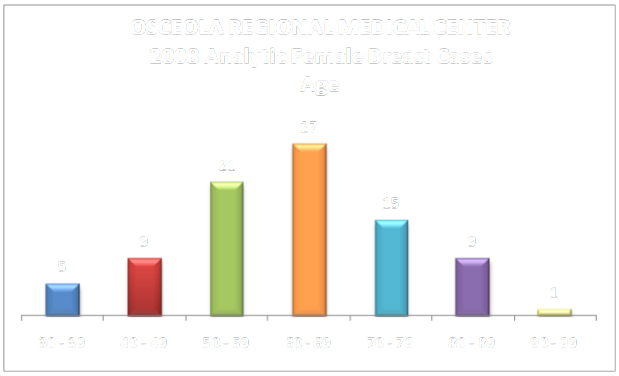
PRIMARY SITE	TOTAL	SEX		AJCC STAGE						
		Male	Female	0	I	II	III	IV	UNK	N/A
ALL SITES	**366**	**162**	**204**	**15**	**88**	**67**	**46**	**32**	**78**	**40**
ORAL CAVITY	3	3	0	0	0	0	0	0	3	0
LIP	0	0	0	0	0	0	0	0	0	0
TONGUE	0	0	0	0	0	0	0	0	0	0
OROPHARYNX	1	1	0	0	0	0	0	0	1	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0
OTHER	2	2	0	0	0	0	0	0	2	0
DIGESTIVE SYSTEM	73	36	37	0	8	16	15	10	23	1
ESOPHAGUS	3	1	2	0	0	1	0	0	2	0
STOMACH	7	4	3	0	0	3	1	1	2	0
COLON	34	15	19	0	5	10	13	4	2	0
RECTUM	13	6	7	0	1	2	1	2	7	0
ANUS/ANAL CANAL	2	0	2	0	0	0	0	0	2	0
LIVER	6	6	0	0	2	0	0	0	4	0
PANCREAS	4	1	3	0	0	0	0	3	1	0
OTHER	4	3	1	0	0	0	0	0	3	1
RESPIRATORY SYSTEM	69	39	30	0	23	7	7	11	21	0
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0
LARYNX	4	2	2	0	3	0	0	0	1	0
LUNG/BRONCHUS	65	37	28	0	20	7	7	11	20	0
OTHER	0	0	0	0	0	0	0	0	0	0
BLOOD & BONE MARRO	15	9	6	0	0	0	0	0	0	15
LEUKEMIA	9	6	3	0	0	0	0	0	0	9
MULTIPLE MYELOMA	2	1	1	0	0	0	0	0	0	2
OTHER	4	2	2	0	0	0	0	0	0	4
CONNECT/SOFT TISSUE	1	0	1	0	0	0	0	0	1	0
SKIN	7	6	1	2	1	2	1	0	1	0
MELANOMA	7	6	1	2	1	2	1	0	1	0
OTHER	0	0	0	0	0	0	0	0	0	0
BREAST	**87**	**0**	**87**	**7**	**33**	**25**	**12**	**3**	**7**	**0**
FEMALE GENITAL	11	0	11	0	5	0	1	2	3	0
CERVIX UTERI	2	0	2	0	2	0	0	0	0	0
CORPUS UTERI	4	0	4	0	2	0	1	0	1	0
OVARY	5	0	5	0	1	0	0	2	2	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	21	21	0	0	2	10	2	2	5	0
PROSTATE	19	19	0	0	0	10	2	2	5	0
TESTIS	1	1	0	0	1	0	0	0	0	0
OTHER	1	1	0	0	1	0	0	0	0	0
URINARY SYSTEM	34	22	12	6	9	4	7	2	6	0
BLADDER	17	13	4	6	1	4	4	1	1	0
KIDNEY/RENAL	17	9	8	0	8	0	3	1	5	0
OTHER	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	8	4	4	0	0	0	0	0	0	8
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	2	1	1	0	0	0	0	0	0	2
OTHER	6	3	3	0	0	0	0	0	0	6
ENDOCRINE	6	3	3	0	3	1	0	1	1	0
THYROID	6	3	3	0	3	1	0	1	1	0
OTHER	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	15	7	8	0	4	2	1	1	7	0
HODGKIN'S DISEASE	3	1	2	0	1	0	0	0	2	0
NON-HODGKIN'S	12	6	6	0	3	2	1	1	5	0
UNKNOWN PRIMARY	14	11	3	0	0	0	0	0	0	14

Breast Cancer Overview and Treatment Options

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

Breast cancer is a disease that has impacted families across the nation and is the most commonly treated cancer at Osceola Regional Medical Center. 2008 cancer registry data reveals that 24 percent of cancers treated at Osceola Regional were breast cancer. The majority of these cases were caught in earlier stages of the disease with 36 percent found in Stage 1. The majority of the women treated for breast cancer in 2008 were between the ages of 60 and 69 years old.





Osceola Regional works with women from diagnosis of breast cancer through treatment. Osceola's Breast Care Navigator assists women throughout their disease process. In addition, the American Cancer Society Resource Room is available for patients. This resource room offers educational material, and addresses specialized needs like wigs and post-surgery bras.

National Statistics

In 2009, there will be an estimated 192,370 new cases of invasive breast cancer in the United States, with an additional 62,280 cases of non-invasive (in-situ) breast cancer[1]. Approximately 40,170 women will die from their disease. The National Cancer Institute estimates that approximately 2.5 million women with a history of breast cancer were alive in January 2006[2]. Most were cancer free, while others still had evidence of cancer and may have been undergoing treatment. The key to improving the breast cancer survival rate is early detection with screening followed by prompt treatment. One can also help reduce the risk of developing the disease by identifying and reducing risk factors. The current decline in breast cancer death rates is probably due to earlier diagnosis and more effective treatments. Osceola Regional has a higher percentage of breast cancers diagnosed compared to state and U.S. averages.

Number of Breast Cases Diagnosed in 2008

	# of Cases	*Total*	*%*
Osceola Regional Medical Center	87	366	24%
Florida	11,850	101,920	12%
United States	182,460	1,437,180	13%

Estimated New Cancer Cases for Selected Cancer Sites by State, US, 2008*

Signs and Symptoms

Since early stages of the disease do not cause symptoms, screenings are vital to improving outcomes. Mammograms and breast self exams are two tools that can aide in early detection of breast cancer. Mammograms can often show a breast lump before it can be felt. A woman may experience redness or dimpling of the skin, swelling of part of the breast, nipple pain or discharge, or a lump in her under arm. If a woman is experiencing any of these signs or symptoms, she should see her doctor for further evaluation.

Risk Factors

The cause of breast cancer is unknown; however, there are a number of risk factors that are associated with an increased chance of getting the disease. Being a woman is the number one risk factor. The other risk factors are getting older, having a first degree relative who had breast cancer, having an inherited mutation in the BRCA1 or BRCA2 breast cancer genes, having a prior breast biopsy showing atypical hyperplasia, never having children or having your first child after age 30, being exposed to large amounts of radiation at a young age, having very dense breasts on mammogram, and a prior history of breast or ovarian cancer. In addition other risk factors include, experiencing a late menopause after age 55, being overweight, having more than one alcohol drink per day, using hormone replacement therapy after menopause, and taking birth control pills for 5 years or greater. However, a majority of women diagnosed with breast cancer have no known risk factors outside of their gender. Therefore, all women should continue to be screened to ensure early detection.

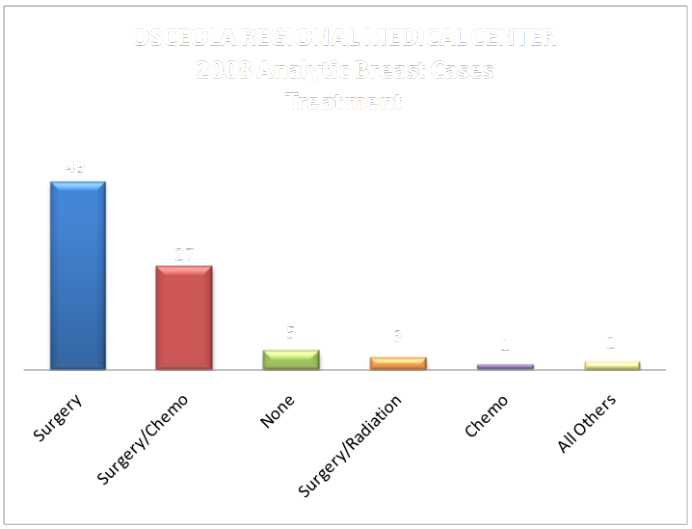
Prevention and Early Detection

There is no way to absolutely prevent breast cancer, but there are things women can due to reduce their risk. Women should maintain a healthy weight through diet and exercise to reduce risk factors. If a woman develops breast cancer, early detection and treatment are the keys to improving survival. Women should have annual screening mammograms beginning at age 40 with regular clinical breast exams and monthly breast self-exams. These exams should continue as long as the woman is in good health. When breast cancers are detected at a localized stage the 5 year survival rate is 98 percent. If the cancer has spread to the regional lymph nodes the survival rate drops to 83 percent; therefore, early detection is key to improving outcomes.

Treatment

Women with breast cancer have many treatment options, most of which are available at Osceola Regional. It is important that a woman who has been diagnosed with breast cancer consult with her physician on the best option specific for her disease and staging. Some options for treatment include surgery, radiation therapy, and chemotherapy. Treatments may be targeted to the area effected by cancer, such as surgery or radiation therapy, or may be systematic such as chemotherapy. Surgical options may be available to spare the breast, such as lumpectomy, or a woman may choose to have the complete removal of the breast through mastectomy. Systemic therapy such as chemotherapy enters the bloodstream and fights cancer cells both locally and distantly. Women who choose a lumpectomy will also likely need radiation therapy. 2008 data reveals that the majority of women treated at Osceola Regional had either surgery or a combination of surgery and chemotherapy.

Ultimately a woman's treatment options depend on the stage of her disease and factors such as the size of the tumor in relation to the size of her breast, and the results of diagnostic and laboratory tests. Other factors will also be considered including age, general health, and personal desire to preserve the breast.



Breast Cancer Future Advances

Breast cancer treatment has advanced significantly in the past 10 years and survivorship continues to increase. The increasing knowledge of genetics, molecular biology, and immunology will lead to the development of even more effective and less toxic treatments for breast cancer. The ability to target and disrupt the effects of molecular changes that cause breast cells to become cancerous will expand. In addition, this knowledge will be used to personalize breast cancer therapy. For example:

- Gene expression analysis has led to the identification of five subtypes of breast cancer that have distinct biological features, clinical outcomes, and responses to chemotherapy. This knowledge should allow the development of treatment strategies based on an individual's tumor characteristics.
- A patient's response to chemotherapy is influenced not only by the tumor's genetic characteristics but also by inherited variation in genes that affect a person's ability to absorb, metabolize, and eliminate drugs. This knowledge should allow prediction of tumor response to and the likelihood of severe adverse effects from individual chemotherapy drugs or classes of drugs. It should also aid in the design of more effective and less toxic chemotherapeutic agents. [3]

References:

1. Breast Cancer Facts and Figures 2009, American Cancer Society, Inc.
2. SEER Cancer Statistics Review, 1975- 2006
3. 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