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PARTICIPANTS IN 2009
2009 brought with it an abundance of activity at Holmes Regional Medical Center and Palm Bay Community Hospital. In 2009 alone **1781 new analytic cancer cases** were diagnosed and treated at both hospitals. Since 1985, there have been **39,634 cancer cases abstracted** by our Cancer Registry staff.

On March 20, 2009, our Cancer Program participated in the American College of Surgeons (ACoS) survey for re-accreditation as a Comprehensive Community Hospital Cancer Program. We received four **Outstanding Commendations** in the following areas: 1) Outcomes Analysis — applauding our Cancer Program Annual Report, 2) Quality of our National Cancer Data Base annual case submission with 100% accuracy and no errors or edits, 3) three or more Prevention and Early Detection Programs offered to our community that were coordinated by our Cancer Program staff, and 4) Quality Cancer-related initiatives that improved our cancer patient experience in both the inpatient and outpatient setting.

Two areas for improvement and focus were cited during the re-Accreditation survey visit. The initial deficient area was resolved within two weeks following the receipt of survey results — pertaining to documenting tumor staging in the synopsis section of Pathology reports according to CAP Protocol; and staffing in the Cancer Registry Office. Due to the large volume of cancer cases diagnosed every year for our two hospitals, the ACoS surveyor encouraged additional Cancer Registry staff. **Our Neoplastic Disease Committee Chairman** is working closely with administrative leadership to review our Cancer Registry staffing needs based on volume.

Expansion and renovation occurred in 2009 as well. We saw the opening of the newly built and Expansion wing at Palm Bay Hospital. Near the year’s end, we experienced a transition from the old 6 East Oncology Unit to a newly renovated 8 West Oncology Unit at Holmes Regional Medical Center. 8 West provides 34 beds for patients with cancer diagnoses to receive specialized care from Oncology-trained Nursing staff. On average 30 to 45 chemotherapies are administered weekly on the unit.

With the bi-monthly Tumor Board being moved back on site and our meeting time changed to noon, we experienced a remarkable increase in attendance and physician participation. Throughout the year at Holmes Regional Medical Center we continued to show our commitment to community cancer awareness by hosting a variety of cancer screening programs and cancer support group activities. In addition, Holmes Regional Medical Center continues to be able to provide the highest quality of care to their cancer patients because of its dedicated ancillary staff services including Pastoral Services, Dietary, Nursing, Pharmacy, Case Management, Physical Therapy, Nursing, Laboratory, and Hospice. With our committed medical staff of 12 medical Oncologists, five Radiation Oncologists, over 20 surgeons, including General and specialty, 1 Gynecological Oncologist, as well as a dedicated Radiology and Pathology Department, I am confident that Holmes Regional Medical Center and Palm Bay Community Hospital will continue to serve the Melbourne and Palm Bay communities with the highest quality cancer care available. It is my honor and pleasure to welcome you to review the **2009 Annual Cancer Report for Holmes Regional Medical Center and Palm Bay Hospital**.

**MESSAGE FROM THE NEOPLASTIC DISEASE COMMITTEE CHAIR**

*By Lisa Duhaime, MD, Medical Oncology/Hematology*
Our surgical experiences in 2009
An overview
In 2009, Holmes Regional Medical Center, which includes Melbourne Same-Day Surgery and Melbourne GI Center (outpatient surgery/procedure facilities located near the campus of Holmes Regional Medical Center), and Palm Bay Hospital had 6,203 admissions to our Operating Room facilities for surgical interventions in the treatment and management of cancer-related illnesses. The surgical treatment admissions included, but were not limited to, many cutting-edge cancer treatments such as bilateral skin-sparing mastectomies with immediate preparation for breast reconstruction, laparoscopic surgery and cryosurgery in lieu of open abdominal procedures, which affords shortened lengths of stay in the post-surgical setting, intra-operative radiation therapy, robotic-assisted surgeries and chemotherapy port placement for the further ease of our cancer patients in therapeutic management of their cancer treatments. These surgical treatment admissions were managed by various surgical specialties which include General Surgery, Urology, Otolaryngology, General Gynecology, Gynecologic Oncology, Plastic Surgery, and Radiation Oncology.

Each of these surgical admissions was reviewed by our Cancer Registry staff to assure that each cancer incidence was reported to the Florida Department of Health to maintain all cancer related incidence requirements under Florida Statute 381.0031.

Our 2009 cancer data from Holmes Regional Medical Center and Palm Bay Hospital Cancer Registries
The Holmes Regional Medical Center and Palm Bay Hospital Cancer Registries code and analyze both analytic cases, which are defined as cancer cases diagnosed and/or treated at our hospitals, and non-analytic cases, which are defined as cancer cases diagnosed and treated elsewhere, including those treated out of state but who are admitted to our hospitals with active cancer disease.

In 2009 Holmes Regional Medical Center and Palm Bay Hospital accessioned and reported a total of 1,781 cancer cases with new and active cancer to the Florida Department of Health. These cases represented both analytic and non-analytic case types.

After reviewing the 2009 analytic cancer data submissions, we note a surprising increase in our malignant Melanoma Skin Cancer cases from 58 cases in 2008 to 76 cases in 2009 despite raising public awareness of prevention for sun exposure. The number of Breast Cancer and Colon Cancer cases admitted for primary diagnosis and surgical treatment decreased in 2009, which may be a result of insurance companies directing care to other hospital facilities that include free-standing ambulatory centers who also diagnose and treat Breast and Colon cancers. There was no surprise in the continued decrease of the number of Prostate Cancer cases admitted to our facilities in 2009. This decrease once again directly reflects the availability of diagnostic procedures such as prostate biopsies in physician offices, thereby eliminating the need for hospital admissions, which means a cost savings to insurance providers. Radiation therapy, chemotherapy, and hormone therapy are now primarily administered in physician offices.

We are certain the patients who were diagnosed and/or treated with any of the cancers discussed above continue to receive the best care at any of our
communities’ diagnostic and/or treatment areas.

Lung Cancer diagnosed cases remain within our expected range; however, it remains the highest cancer diagnosed and/or treated at our facilities — at 19.6% of our total analytic cancer cases diagnosed and/or treated in 2009.

We support a multi-disciplinary care approach for best practice cancer care and quality
The multi-disciplinary Holmes Regional Medical Center/ Palm Bay Hospital Tumor Board continued to review newly diagnosed and recurrent cancer cases. The Tumor Board team performs bi-monthly cancer case reviews which assure our cancer patients receive the highest quality of cancer care as set out by national best practices guidelines such as the National Comprehensive Cancer Network (NCCN), which is not-for-profit alliance of 21 of the world’s leading cancer centers. This Tumor Board meeting is well attended by Surgeons, Medical Oncologists, Radiation Oncology, various specialty physicians, Cancer Registry staff, and allied health professionals.

American College of Surgeons, Commission on Cancer Re-Accreditation Survey for our Comprehensive Community Hospital Cancer Program
Our Cancer Program has maintained Accreditation since its inception in 1985. With this Accreditation, we are able to monitor and meet the needs of cancer patients and their families in our community by continuing to evaluate existing programs, improving their quality, and bringing the newest and most innovative cancer treatments to our community. Accreditation also encourages and supports Cancer Program staff going into the underserved areas of our community to provide free cancer screening programs and education.

On March 20 2009, our Cancer Program participated in the re-Accreditation survey by the American College of Surgeons, Commission on Cancer. We were applauded and received Commendations for following Cancer Program Standards as stated in the Holmes Regional Medical Center Approved Cancer Program Performance Report:

Cancer Program Standard 2.11: Outcomes analysis — Published an excellent Cancer Program Annual Report both printed and online version available.

Cancer Program Standard 3.7: Quality of National Cancer Data Base case submission — For every year between last survey date to current survey date, cases diagnosed in 2003 or more recently met the quality criteria for the annual NCDB Call for Data on initial submission – error and edit free 100% accurate data submitted. The ACS Commission on Cancer surveyor stated the National Cancer Data base is a reflection of the hard work and dedication of medical staff in maintaining the highest level of cancer treatment. It also reflects the commitment of our Certified Tumor Registrar and Cancer Registry staff in preparing complete and accurate cancer abstracts which include cancer site-specific coding, AJCC Staging, collaborative staging, and all treatment information related to each cancer diagnosed and treated at our hospitals.

Cancer Program Standard 6.2: Prevention and early detection programs — Three or more prevention or early detection programs are offered each year, either on-site or coordinated with other facilities or local agencies. The ACS Commission on Cancer surveyor complimented the Cancer Registry staff and hospital volunteers for the obvious support of these community programs.

Cancer Program Standard 8.2: Cancer-related improvements — Quality patient care improvements are improving our cancer patient experience in both the inpatient and outpatient settings.

I would like to expand on the importance of the National Cancer Data Base (NCDB) case submission. The 100% error-free and edit-free score is imperative to assure accuracy in national and regional data comparison studies and aids the NCDB and hospitals in monitoring cancer treatment guidelines, thus providing our cancer program with complete and accurate comparison with cancer patient experience and survival in the nation and the Southeast region of the United States. One site-specific cancer study of our top six cancer sites is presented at our Neoplastic Disease Committee to monitor the cancer treatment and survival of our cancer patients. We also prepare one site study for our Cancer Program Annual Report, which includes prevention, screening information, treatment standards, and survival, as well as prevention information. We have selected Colon Cancer as our focused site study for this 2009 report and we look forward to review of our data.

News from the American College of Surgeons, Commission on Cancer’s Annual Conference October 2009
The Cancer Liaison Physicians (CLPs) meeting focused on
how to improve cancer care by redefining the Cancer Liaison Physician role. The consensus was that the CLP should be an active, practicing physician, participate in education modules and Web-based orientation, and have an interest in the use and presentation of NCDB data. Some focus areas where redefined CLP duties were suggested include: interpreting and monitoring NCDB data to improve quality of care, reporting Commission on Cancer and NCDB information to cancer committees, serving as a liaison with the American Cancer Society, and serving in a leadership position of the Cancer Program. Effectively communicating the value of Commission on Cancer Accreditation and the Cancer Liaison Program to the local healthcare community and establishing tracking and feedback mechanisms were also stressed. The Commission on Cancer, Cancer Program Standards (CPS) 2011 Program Workgroup recommendations included numerous changes to select Cancer Program categories and standards. Many of these changes have already been done, and others such as Certified Tumor Registrar abstracting, requiring that abstract preparation be performed primarily by Certified Tumor Registrar, many changes to national Multiple Primary Histology (MPH) and Collaborative Staging (CS) coding rules as mandated by federal cancer incidence reporting standards, inclusion of Radiation Oncology services and clinical trial information to eligibility requirements, and changes in the monitoring stage and treatment planning standards, may be more challenging for some centers. The Cancer Program at Holmes Regional Medical Center and Palm Bay Hospital is well-poised for the future to provide effective, cutting-edge cancer care and will strive to continue to provide our patients with the finest cancer care available.
Holmes Regional Medical Center and Palm Bay Hospital were once again surveyed in 2009 by the American College of Surgeons Commission on Cancer (ACoS CoC) as a Comprehensive Community Hospital Cancer Program. Our Accreditation by the ACoS CoC is a distinguished designation that honors the collaborative work of Oncologists, Surgeons, Pathologists, other physicians, nurses, Cancer Registry staff, and ancillary personnel in the specialized care of cancer patients in our hospitals.

This report highlights the work of many of the departments that deliver the excellent and compassionate health care for which our hospitals have become known. From Laboratory and Pathology Services to specialized Nursing care, as well as inpatient services, community-based support groups, we are there to provide patients with cancer with professional, comprehensive, and loving care.

We are proud of the services we offer to the community. I hope you will enjoy reading about them and learning what each has to offer. We strive daily to live up to our team’s Vision as “Skilled and dedicated people delivering high quality, patient-centered health care that improves lives and communities,” with the belief that together, we’re better. I hope if you ever need cancer-related services for you or a loved one you will allow us to provide you with the tender-loving and specialized care and services for which we are known.

Sincerely,

Patricia N. Donahue, RNC, MSN
Holmes Regional Medical Center/Palm Bay Hospital
Cancer Registry Cases in 2009
The Cancer Registry at Holmes Regional Medical Center maintains the Cancer Registries for Holmes Regional Medical Center and Palm Bay Hospital. The two combined Cancer Registries reported 1781 cases for 2009 including both analytic and non-analytic malignancies.

What is a Cancer Registry?
A Cancer Registry is an information system designed for the collection, management, and analysis of data on persons with the diagnosis of a malignant or neoplastic disease (cancer). The Cancer Registries at Holmes Regional Medical Center and Palm Bay Hospital maintain all data on all patients diagnosed and/or treated for cancer at our facilities and all patients diagnosed elsewhere with active disease upon admission to our hospitals. We report cancer cases to Florida Cancer Data Systems (FCDS), a division of the Florida Department of Health, as required by state law.

Why maintain a Cancer Registry?
Maintaining a Cancer Registry ensures that health officials have accurate and timely information, while ensuring the availability of data for treatment, research, and educational purposes.
• Local, state, and national cancer agencies use Cancer Registry data in defined areas to make important public health decisions that maximize the effectiveness of limited public health funds, such as the placement of screening programs.
• Cancer Registries are valuable research tools for those interested in the etiology, diagnosis, and treatment of cancer.
• Fundamental research on the epidemiology of cancer is initiated using the accumulated data.
• Lifetime follow-up is an important aspect of the Cancer Registry. Current patient follow-up serves as a reminder to physicians and patients to schedule regular clinical examinations and provides accurate survival information.

How is Cancer Registry data used?
Public health and medical providers utilize Cancer Registry data in a wide variety of ways. Specifically, Cancer Registry data are used to:
• Provide follow-up information for cancer surveillance
• Calculate survival rates by utilizing various data items and factors

How do Cancer Registries ensure confidentiality?
Confidentiality of patient identifying information and related medical data is strictly maintained at each Cancer Registry. Aggregate data are analyzed and published without any patient identifiers.

Our Cancer Registry staff
The Certified Tumor Registrar (CTR) and Oncology Abstractor at the Cancer Registry at Holmes Regional Medical Center report cancer cases to FCDS by summarizing the patient's medical records and then translating clinical information into standard Oncology coding language. All treatment information is required to be obtained on all patients diagnosed and/or treated at our facilities, regardless of where the treatment is performed.

The Registry Data Assistant provides lifetime follow-up of all patients diagnosed and/or treated at our facilities. Follow-up data is acquired through physician offices, the Social Security Death Index, and online access to county public records.

National Cancer Data Base (NCDB) reporting
Annually, the Cancer Registry at Holmes Regional Medical Center submits information to the National Cancer Data Base (NCDB) to be compiled into a national data base for use in survival and outcome studies.
Quality review of our Cancer Registry
Quality reviews of our Cancer Registry data are performed by physician review with the Certified Tumor Registrar (CTR). Our CTR provides outcomes of the quality review audits in QA reports to our Cancer Program’s Neoplastic Disease Committee. These reports strengthen the Neoplastic Disease Committee’s monitoring of compliance throughout the year.

Holmes Regional Medical Center and Palm Bay Hospital Cancer Registry received highest award for excellence in 2009!
The Holmes Regional Medical Center and Palm Bay Hospital Cancer Registries were two out of 133 Florida hospitals to receive the 2009 Jean Byers Award for Excellence in Cancer Registration.

This award is given to Cancer Registries in accordance with the 2007 Cancer Case Submissions Criteria as follows:

1. **Timeliness** — All deadlines met with respect to 2007 cancer case admissions
   - 2007 Annual Caseload Submission Deadline — June 30, 2009
   - 2007 AHCA Audit Deadline — April 30, 2009
   - No more than 5% (or 35 cases, whichever number is greater) of the 2007 cancer case admissions reported to FCDS within two months (60 Days) following the June 30, 2009 deadline (late reporting of 2007 cancer case admissions)

2. **Completeness** — All cases reported to FCDS
   - No more than 10% of the 2007 cancer case admissions reported to FCDS within 12 months following the June 30, 2007 reporting deadline. (Due to delinquent 2007 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit).
PROFESSIONAL DEVELOPMENT/EDUCATION

Holmes Regional Medical Center/Palm Bay Hospital Tumor Board

The Holmes Regional Medical Center/Palm Bay Hospital Certified Tumor Registrar coordinates and facilitates a Tumor Board meeting that is open to all Medical Staff members, Cancer Registry staff, and allied health professionals. These meetings provide an arena to discuss the management and current knowledge of cancer prevention, early detection, diagnosis, treatment, and follow-up care of newly diagnosed cancer patients and also serve as educational forums to Medical Staff members. Cancer Registry staff and allied health professionals. Medical Staff members receive one (1) hour of CME credit for each Tumor Board meeting they attend.

2009 Medical Professional Education

Continuing Medical Education (CME) presentations ensure that the members of our cancer care team possess current knowledge of cancer prevention, early detection, diagnosis, treatment, and follow-up care. Medical Staff members receive one (1) hour of CME credit for each CME presentation they attend.

During 2009, the Neoplastic Disease Committee in conjunction with the Holmes Regional Medical Center/Palm Bay Hospital Continuing Medical Education Committee promoted increased knowledge through offering the following cancer-related educational programs to all medical staff members of our facilities:

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Presentation/Speaker</th>
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| 2/27/2009    | New Biology and Physics in Cancer  
Joseph McClure, MD  
Medical Oncology/Hematology  
HRMC Medical Staff |
| 3/6/2009     | Smoking Cessation: An Ongoing Performance Improvement Challenge  
Israel Rubinstein, MD  
Pulmonary Medicine  
University of Illinois at Chicago |
| 4/17/2009    | Controversies and Emerging Therapy in Prostate Cancer Care  
Nicola Ally, MD  
Radiation Oncology  
HRMC Medical Staff |
Kimberly L. Blackwell, MD  
Associate Professor of Medicine  
Medical Oncology  
Duke University Medical School, North Carolina |
| 5/1/2009     | Advances and Innovations in Breast Reconstruction following Cancer Surgery  
Michael Diaz, MD  
Plastic Surgery  
HRMC Medical Staff |
| 5/15/2009    | Personalizing Treatment of Non-Small Cell Lung Cancer; Clinical, Biomarker and Therapeutic Strategies  
Alberto A. Chiappori, MD  
Associate Professor of Medicine  
Medical Oncology  
Division of Hematology/Oncology  
H. Lee Moffitt Cancer Center and Research Institute, Tampa, Florida |
| 7/17/2009    | Advances in the Management of Pancreatic Cancer — Clinical Controversies and Opportunities to Optimize Outcomes  
Peter Seam Kozuch, MD  
Professor of Medicine — Oncology Division  
Albert Einstein College of Medicine  
Bronx, New York |
| 10/2/2009    | Innovative Radiation Modalities with Focus on Rapid ARC  
Nanialei Golden, MD  
Radiation Oncology  
HRMC Medical Staff |

2009 Cancer Registry staff education:

Ongoing cancer-related education enhances knowledge and skills. To facilitate accurate data collection and to gain or maintain their credentials, all members of the Cancer Registry staff participate in ongoing cancer-related education at the local, state, regional, and national levels.

The Holmes Regional Medical Center/Palm Bay Hospital Cancer Registry staff attended educational conferences and Webcast conferences, which included, but were not limited to the following topics:

- Cancer Diagnosis, Treatment, and Outcomes
- Changes in State Cancer Program Standards
- Changes in Data Collection Requirements
The following conferences were attended during 2009 by the Cancer Registry staff at Holmes Regional Medical Center and Palm Bay Hospital:

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Educational Conference/Topic</th>
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<tbody>
<tr>
<td>3/23/2009 (Webcast)</td>
<td>Quality Control of Every 25th Record Review Findings</td>
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<tr>
<td></td>
<td>Sarah Manson, BS, RHIT, CTR</td>
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<td>Mayra Alvarez, RHIT, CTR</td>
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<td>Quality Field Coordinators</td>
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<td>Florida Cancer Data Systems</td>
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<td>Florida Department of Health</td>
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<td></td>
<td>Miami, Florida</td>
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<tr>
<td>6/24/2009 (Webcast)</td>
<td>Implementation of NAACCR 11.3</td>
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<tr>
<td></td>
<td>Meg Herna, BA, CTR</td>
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<td></td>
<td>Manager, Cancer Registries</td>
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<td>Florida Cancer Data Systems</td>
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<td>Jacksonville, Florida</td>
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<td><strong>July 21, 2009 Conference Sessions:</strong></td>
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<td></td>
<td>Update on Cervical Cancer</td>
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<td></td>
<td>Guy L. Benrub, MD — Gynecology</td>
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<td></td>
<td>Senior Dean of Clinical Affairs</td>
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<td></td>
<td>Molecular Pathology of Breast Cancer</td>
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<td></td>
<td>Janet Pantaleon, MD, FASCP, FCAP</td>
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<td>Pathology – Flagler Hospital</td>
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<td>Daytona, Florida</td>
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<td>American College of Surgeons – Commission on Cancer Update</td>
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<td>Jefferson Edwards, Ill, MD</td>
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<td>Florida State Co-Chair – ACS Commission on Cancer</td>
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<td><strong>July 22, 2009 Conference Sessions:</strong></td>
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<tr>
<td></td>
<td>The Treatment and Staging of Melanoma</td>
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<td></td>
<td>Troy Guthrie, MD</td>
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<td>Director of Research &amp; Education</td>
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<td></td>
<td>Baptist Cancer Institute, Jacksonville, Florida</td>
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<td>Breast Brachytherapy</td>
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<td>Scot N. Ackerman, MD</td>
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<td>St. Vincent’s Medical Center Jacksonville, Florida</td>
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<td>VATS Lobectomy</td>
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<td>James Pirris, MD</td>
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<td>University of Florida</td>
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<td>Coding Multiple Primaries and Histology</td>
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<td>Jim Hofferkamp, CTR</td>
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<tr>
<td></td>
<td>Training Specialist, National American Association of Central Cancer Registries (NAACCR)</td>
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<tr>
<th>Meeting Date</th>
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<tbody>
<tr>
<td></td>
<td>Cyberknife Radiosurgery</td>
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<tr>
<td></td>
<td>Nancy Mendenhall, MD, Radiation Oncology</td>
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<tr>
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<td>Associate Chair, Department of Radiology</td>
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<td>University of Florida, Jacksonville, Florida</td>
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<tr>
<td></td>
<td>and Allison Grow, MD, PhD, Radiation Oncology</td>
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<td>Cyberknife Cancer Center</td>
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<td>Memorial Hospital, Jacksonville, Florida</td>
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<td>Percutaneous Ablation</td>
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<td>Ricardo Paz Fumagalli, MD</td>
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<td>Associate Professor of Radiology</td>
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<td>College of Medicine</td>
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<td>Mayo Clinic, Jacksonville, Florida</td>
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<td><strong>July 23, 2009 Conference Sessions</strong></td>
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<td>FCDS Updates</td>
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<tr>
<td></td>
<td>Jill MacKinnon, PhD, CTR</td>
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<td></td>
<td>FCDS Project Director &amp; Principal Investigator</td>
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<td>Department of Health Update — Research</td>
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<tr>
<td></td>
<td>Youjie Hyang, MD, PharmD, MPH, Florida Department of Health (DOH) Section Administrator, and Tara Hylton, MPH, Florida DOH Cancer Epidemiologist</td>
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<tr>
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<td>Duplicate Cancer Reporting – Florida and New York Experience</td>
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<td></td>
<td>Brad Wohler-Torres, MS</td>
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<td>FCDS Manager of Statistics</td>
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<td>FCDS NCHS Project</td>
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<td>David Lee, PhD</td>
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<td>FCDS Director of Data Dissemination</td>
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<td>NAACCR v11.3 Implementation</td>
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<td>Megsys C. Herna, PA, CTR</td>
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<td>FCDS Coordinator of Data Standards</td>
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<td>Enhancing Passive Follow-up with Subsequent Treatment Data</td>
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<td>Jill MacKinnon, PhD, CTR</td>
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<td>FCDS Project Director &amp; Principal Investigator</td>
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<td>NAACCR v12 — A Glimpse of the Future</td>
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<td>Gary M. Levin, PA, CTR</td>
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<td>FCDS Administrative Director</td>
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<td>National Death Index</td>
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<td>Monique Hernandez, PhD</td>
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<td>FCDS Research Analyst</td>
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<td>Statewide Monographs</td>
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<td>Lora Fleming, MD, PhD, MPH, MSc</td>
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<td>FCDS Medical Director</td>
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### July 23-24, 2009 Conference Sessions

**Basic Incidence Abstracting Training**
- Introduction to Abstracting
  - Mayra Alvarez, RHIT, CTR
  - Beatriz Hallo, MA, CTR

**Advanced Training – Head and Neck Cancer (Attended by HRMC CTR)**
- Head & Neck Malignancies Overview
- Putting the Pieces Together: Treatment and Survival
- Head and Neck Advanced Abstracting
  - Megsys Herna, BA, CTR
  - Sarah Manson, BS, RHIT, CTR

### September 15 – December 2, 2009 (Webcast)

**Metriq Implementation of System Upgrades – MRS conversion to Metriq**
- Cancer Systems – New Coding Fields
  - Metriq Systems Analyst Instructors

### October 6, 2009 (Webcast)

**Primary Payer Data Quality Evaluation**
- Project Study — Hospital Based Insurance Data Quality Audit
  - Mike Thiry, Project Manager, and Sarah Manson, Project Technical Lead
  - Florida Cancer Data Systems
  - Florida Department of Health
  - Miami, Florida
COMMUNITY CANCER PROGRAMS

The Cancer Program Office promoted and supported community awareness and education for cancer prevention and screening for Prostate, Breast, Skin, Lung, and Colorectal cancers. Some of the community outreach activities in which our Cancer Program Office participated or sponsored during 2009 included:

- Providing support to a Skin Cancer prevention booth at the 26th Annual Melbourne Arts Festival in conjunction with Health First Health Plans on April 24-25, 2009 in historic downtown Melbourne, Florida.
- Participation in the Men’s Health Summit on June 13, 2009 with two other community-based healthcare systems. PSA blood testing and Digital Rectal exams were provided by physician volunteers at no cost to men in our community along with education related to men’s overall health concerns.
- Providing Breast Cancer screenings and educational literature to Health First Health Plans employee members at Holmes Regional Medical Center and Palm Bay Hospital as part of Health First Health Plan’s Breast Cancer Awareness event in October 2009.
- Participation in American Cancer Society’s ‘Relay For Life’ in an effort to raise cancer survivorship awareness through community involvement. The Relay is also our opportunity to celebrate the lives of our local patients who survive cancer.
- Participation in the “Making Strides Against Breast Cancer” events in October 2009 in an effort to raise awareness of the research efforts to find a cure for Breast Cancer.
- Hosting of the annual “Seasonal Celebration of Survivorship” event in The Heart Center at Holmes Regional Medical Center (Atrium/Lobby) in December 2009.
Activities and accomplishments

- Provided Clinical Social Work Services to inpatients and outpatients as well as families and significant others utilizing one full-time and one part-time Oncology Social Workers.
- Demonstrated clinical knowledge about the psychological and social impact of cancer diagnosis, treatment, and effects of the disease on individuals and families as it relates to the patient’s age and stage of development.
- Assessed, implemented, and evaluated clinical interventions to assist patients, families, and friends through the disease process. Examples of these interventions included psychosocial assessments, counseling patients with a new cancer diagnosis and their families, assisting with Advance Directives, providing grief/burial plan/bereavement counseling, providing information and education about Hospice services and assisting with referrals, setting up consultations with the Patient Advocate and Ethics Committee, assisting with complex discharge planning, and providing counseling during medical crises and illness adjustments.
- Maintained professional ongoing relationships with other community agencies and collaborated resources as needed but not limited to: Community Oncology Social Workers, Hospice staff, skilled nursing home staff, home healthcare agencies, American Cancer Society, and the Leukemia/Lymphoma Society.
- Provided printed information on community resources.
- Participated in providing live instrumental music for the listening pleasure of patients and their family members during the holidays and other times throughout the year on the Oncology Unit.
- Assisted with coordination of post-acute care services, such as referrals to rehabilitation centers, home care, equipment companies, and financial resources.
- Participated in interdisciplinary rounds, Neoplastic Disease Committee, and Tumor Board.
- Planned agendas and facilitated the following support groups:
  - “Friend to Friend,” a twice-monthly support group, which targets any individuals, including patients, family members, and friend, whose lives have been touched by a cancer diagnosis; and
INPATIENT ONCOLOGY UNIT

Inpatient Oncology Unit
The HRMC Oncology Department provides a working atmosphere that encourages input, openness, opportunity, teamwork, and a home-like atmosphere and features:
- A 34-bed unit specializing in the care and treatment of patients with cancer diagnoses.
- 36 nurses dedicated to educating, motivating, and supporting patients at various stages of disease progression and their family members. Our Oncology Unit nurses participate in multiple committees to plan for changes, education, and implementation of initiatives to improve patient care services and patient satisfaction.
- Performance Improvement initiatives that include monitoring patient and staff compliance with chemotherapy protocols and the effectiveness of prophylactic anti-emetics.
- Additional performance improvement activities included effective skin care protocols to eliminate skin breakdown (bedsores).

Nursing education
- Nursing education programs offered through our healthcare organization’s Center for Learning and Training Center include the Oncology Nursing Society Chemotherapy and Biotherapy Course, providing a comprehensive review and training of the knowledge needed to administer cytotoxic and biotherapeutic agents. Completion of this 14-hour course ensures that participants have the theoretical foundation needed for chemotherapy administration. This course is offered twice a year at no charge to our Oncology nurses. Our nurses shadow an experienced Oncology nurse for a number of chemotherapy treatments including different types of chemotherapy and biotherapy administration. The nurses are then qualified to administer these drugs at completion. In 2009, 27 of our 36 nurses were qualified as chemotherapy providers.
- All our Oncology nurses are expected to complete certification for chemotherapy administration within 18 months of hire. Re-certification is required every two years.
- Additional programs were targeted to Oncology Unit nurses including:
  - Caregiver Burnout
  - Multiple Myeloma Update
  - Update on Renal Cell Cancer
  - Compassion, Fatigue & Nurse Burnout
  - Anemia Management
  - Improving the Management of Chemotherapy and Nausea and Vomiting
  - Acute Leukemias
  - Update on Adult Acute Myelogenous Leukemia
  - Two eight-hour Oncology Nursing Conferences were offered in 2009, including:
    1. 2009 Pain Conference
    2. First Annual Oncology Potpourri — featuring physicians and nurses lecturing about current and upcoming treatments and care of cancer patients.
  - HRMC Oncology nurses continued involvement in the Oncology Nursing Society’s Space Coast Chapter at both the local and national levels.
  - Ten Oncology Unit nurses became Oncology-Certified Nurses (OCNs) with certification pay and four Oncology Unit nurses received Medical Surgical Board Certification in 2009.
  - All Oncology Unit nurses attended at least one in-service for staff members throughout the year.
  - Our staff included six Health Unit Coordinators, 17 CNAs, 1 LPN III, 21 RN Is, 9 RN IIs, 5 RN IIs, 3 Clinical Charge Nurses (all Chemotherapy providers and OCN certified), 1 Night Supervisor (Chemotherapy provider and OCN certified) and 1 Nurse Manager.

Community activities
- Participated in Annual ‘Practice Safe Sun’ at the Melbourne Art Fair
- Participated in American Cancer Society’s (ACS) ‘Relay For Life’ events, helping raise funds for ACS programs. The Relay is also an opportunity to celebrate the lives of those who have experienced and survived cancer.
- Participation in the annual Seasonal Celebration or Survivorship.
- Susan G. Koman Breast Cancer Awareness drive with Dannon Yogurt labels.

2010 goals
- Track critical values called to physicians in a timely manner.
- Continue to follow skin care protocols to eliminate skin breakdown (bedsores).
- Track medication education by Oncology nurses to patients.
- Continue workshops for Nursing education.
- Continue Chemotherapy and Biotherapy Courses.
- Continue to encourage all Nursing staff to fulfill requirements for obtaining OCN certification.
Radiation Oncology-based therapy is provided to our cancer patients at several freestanding radiation oncology treatment centers outside of our hospitals. These radiation centers maintain the newest state-of-the-art radiation treatment equipment and planning tools.

These centers offer various treatments and support services, which include but are not limited to:

- **IMRT — Intensity-Modulated Radiation Therapy**
  IMRT is an advanced mode of high-precision radiotherapy that utilizes computer-controlled X-ray accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor.

- **IGRT — Image-Guided Radiation Therapy**
  IGRT is conformal radiation treatment guided by imaging equipment, such as CT, ultrasound, or stereoscopic X-rays taken in the treatment room just before the patient is given the radiation treatment. IGRT allows radiation to be delivered to tumors with more precision than was traditionally possible.

- **SRS — Stereotactic Radiosurgery**
  SRS uses sophisticated computerized imaging to precisely target a narrow X-ray beam. Using this method, it is possible to effectively destroy small tumors or close down abnormal blood vessels.

- **SBRT — Stereotactic Body Radiation Therapy**
  SBRT delivers high-radiation doses to tumor targets in a hypo-fractionated schedule. The schedule is usually two to five fractions over a one- to two-week period without increasing complications when compared to conventional radiotherapy.

- **Internal Radiation Therapy (IRT)**
  IRT involves inserting a source of radiation inside a cancer patient’s body. One form of IRT is called brachytherapy. In brachytherapy, the radiation source is a solid in the form of seeds, ribbons, or capsules, which are placed in the patient’s body in or near cancer cells.

- **Cyberknife**
  A robotic radiosurgery system, Cyberknife allows physicians to provide a targeted, painless alternative to open surgery as well as a treatment option for certain tumors that are otherwise untreatable. Cyberknife treatment compensates for patient movement during treatment, which constantly ensures accurate targeting. The following are some of the conditions that can be treated by Cyberknife:
  - Intracranial tumors and lesions.
  - Extracranial tumors and lesions.
  - Spinal cancer and spinal cord tumors.
  - Malignant tumors (primary and metastasized)
  - Benign tumors including Acoustic Neuromas, Schwannomas, Meningiomas, and Pituitary Adenomas
  - Arterial Venous Malformations
  - Use of Cyberknife continued to grow in 2009

- **Social Work Support**
  - Cancer Survivor Support Groups
  - Hosts the American Cancer Society “Look Good Feel Better” program
  - Hosts multi-disciplinary Tumor Board meetings
Activities and accomplishments

The outpatient Mammography Program continued to offer state-of-the-art digital mammography technology for breast cancer diagnostic screening. In addition, all Health First Mammography locations began offering a soft, one-time-use foam cushion for a nominal purchase price of $5 that can be placed between the surface of the mammography equipment and the patient’s breast, resulting in a softer, more comfortable mammogram.

Patients were also offered free monthly email reminders sent on the 1st day of each month to do a monthly breast self-exam (BSE) if they signed up for this program.

Health First Diagnostic Center, Melbourne, located on the Holmes Regional Medical Center extended campus, also began offering patients the option to schedule screening mammograms on select Saturdays or on Tuesday evenings as an added convenience.

The Diagnostic Centers new Digital Mammography equipment creates high-definition, computerized images so that Radiologists can detect Breast Cancer at earlier, more treatable stages to improve treatment options and save lives.

Mammography continues to be the Gold Standard for early Breast Cancer detection, and new advances in technology have propelled Digital Mammography to the forefront of breast imaging.

Our team and services

The Radiology Department utilizes a team of highly dedicated associates and Board-certified, fellowship-trained physicians covering a variety of sub-specialties. This team works side-by-side with our Medical Oncologists, Radiation Oncologists and surgeons in the battle with cancer.

The Department of Radiology’s weapons against cancer through early detection are the most high-tech available in our region and include:

- State-of-the-art Philips 64-slice PET/CT Scanner, utilizing the newest TruFlight software to pinpoint cancerous lesions at the highest resolution possible.
- PET/CT images continue to have a significant role for physicians planning precise radiation therapies to target cancer cells while avoiding healthy cells.
- Our PET/CT Scanner is also useful in detecting the recurrence of cancer, even with tiny tumors that cannot be seen on other imaging devices, such as those tumors obscured by scarring from previously destroyed cancer cells.
- The PET/CT Scanner is patient-friendly, with the ability to scan the entire body in 10 minutes where most comparable technology in Brevard requires 30 to 40 minutes for the same scan.
- Magnetic Resonance Imaging, or MRI, is a powerful tool available for diagnosing a variety of cancers.
- Holmes Regional Medical Center has three, high-field MRI systems with the latest technology packages and 16 channels providing clearer, more detailed, and easier to read scans.
- On a high-field, or closed MRI system, scanned slices are thinner, improving the information available to the physician to diagnose the problem.
- High-field MRI units also take less time due to the higher magnetic field strength. Scans can be one-and-a-half to two times faster than an “open” MRI scan.

Interventional Radiology/Special Procedures Radiology

- Interventional Radiologists continue to use state-of-the-art ultrasound and CT-guided images for performing biopsies of suspected cancerous areas of the breast, liver, and kidneys.
- At Holmes Regional Medical Center, Interventional Radiologists continued to perform Uterine Fibroid Embolization (a non-surgical alternative for treating uterine fibroids) and Chemo-Embolization and Radiofrequency Ablation procedures for the treatment of rare liver cancers, as well as follow-up exams coordinated with the patient’s Oncologist or Surgeon.
Radiologists — “A Vital Part of our Multi-disciplinary Cancer Care Team”

- Radiologists are an integral part of the Neoplastic Disease Committee and Holmes Regional Medical Center/Palm Bay Hospital Tumor Board. Radiologists serve as active physician members of the multi-disciplinary Tumor Board team at Holmes Regional Medical Center and Palm Bay Hospital to diagnose and treat cancer.
- Our patients benefit from a Brevard-based, comprehensive approach to the diagnosis, treatment and, when necessary — palliative treatment — of cancer. Ultimately, that’s what patients want — to stay close as possible to home when battling cancer.

The Radiology Department continues to improve our patients’ Radiology experience and Radiology report access for improved clinical management in the following ways:

- **Planned Access to Care implemented 2009** — Patient access to quicker diagnostic appointments, i.e., expanded hours of operation in diagnostic areas to include evenings and weekends.
- **Outpatient Registration Improvement implemented 2009** — Provided direct registration for outpatient exams in Radiology waiting areas instead of outpatient lobby Registration areas, which has shortened patient wait times for Diagnostic Radiology exams.
- **Diagnostic exam times improved in 2009** — Appointments on target, diagnostic exam starts and stops improved.

- **Improvement of Radiologist review, interpretation, and dictation turnarounds**
  following radiographic exams in all diagnostic areas, including Diagnostic X-ray, CT, MRI, and Ultrasound through multi-clinical system integration. This continued turnaround time improvement allows ordering physicians immediate access to diagnostic results, thus improving patient treatment and care decisions.

- **Our Picture Archiving Clinical System (PACS) Radiology was integrated with the Sunrise Clinical Management (SCM) System** in April 2009, thus allowing physicians direct access to all Radiology images and reports through the SCM electronic medical chart. This integration is helping to expedite clinical decision-making during inpatient stays, which improved clinical management and clinical treatment decisions for cancer patients.

- **We continue to support WebDX PACS Radiology**
  — Expanded physician access and utilization of Web-based diagnostic image review improves timeliness in physician offices and patient diagnostic care.

- **We continue to provide diagnostic images to patients on CD-Rom,** which reduces image (film) cost and provides ease of review by attending physicians.
MEDICAL REHABILITATIVE SERVICES

The Health First Medical Rehabilitation Department supports the Cancer Program as an active part of the multi-disciplinary Oncology Team. Medical Rehabilitation representatives are also active participant members on the Cancer Committee. With a strong team approach, our therapists work closely with Nursing and Case Management to ensure that cancer patients’ needs are met. Occupational Therapists, Physical Therapists, and Speech-Language Pathologists evaluate and treat the cancer patients who are referred for Medical Rehabilitation services by their physicians. Our goal is always to improve the patient’s functional abilities and quality of life. Sometimes the patients have very specific personal goals, such as being able to gain enough strength to attend a granddaughter’s wedding. The Medical Rehabilitation therapists emphasize education of cancer patients and their caregivers to ensure carryover of therapy techniques, which leads to increased independence.

Activities and accomplishments

Occupational Therapists:
- Teach patients and their families energy-conservation techniques, work simplification, and improving performance for activities of daily living.
- Provide practical education on a variety of adaptive equipment to increase their independence.
- Perform therapeutic exercises to increase upper-extremity strength and coordination.
- Work with patients on avocational interests to increase their ability to participate in hobbies such as knitting and artwork.

Physical Therapists:
- Work with cancer patients and their families to achieve safer and more independent bed mobility, transfers, and ambulation.
- Recommend assistive devices such as walkers and wheelchairs when needed.
- Assist patients with strengthening exercises to improve lower-extremity strength and endurance. Instruct caregivers on how to safely assist with the mobility of their loved ones to prevent injury.

Speech-Language Pathologists:
- Assist cancer patients by helping them regain communication skills following a laryngectomy procedure.
- Three of our Speech-Language Pathologists are trained to provide the following services:
  - Pre-surgical consultation to patient to review their post-surgical speech options, as well as fit and change the speaking valves of our post-laryngectomy patients
  - Work with post-laryngectomy patients on both an inpatient and outpatient basis.
  - Determine each cancer patient’s aspiration risk through bedside swallow tests or modified barium swallow studies.
- Evaluate and treat cancer patients with expressive, receptive, or global aphasia.
- Identify and treat cancer patients with cognitive dysfunction and provide family education.
- Speech therapists participate in the quarterly Laryngectomy Support Group called “Space Coast New Voice Club”.

Certified Lymphedema Therapist:
Health First Medical Rehabilitation has a Certified Lymphedema Therapist who works with both inpatients and outpatients. This therapist is specially trained in the management of patients with Lymphedema, a condition which can occur following cancer treatment or surgery. The Lymphedema Therapist provides hands-on treatment of patients with this condition, including manual lymph drainage, compression and therapeutic exercise, as well as patient education for self-management of their condition.
- In 2009, 63 patients seen with Lymphedema: 35 had upper-extremity Lymphedema, primarily breast cancer, 28 had lower-extremity Lymphedema, primarily Stage 2-3 chronic venous insufficiency and 4 patients with inguinal node involvement.
- The Lebed Method: The certified Lymphedema Therapist through the Health First Rehabilitation department offers class for outpatients featuring the “The Lebed Method,” which is a therapeutic movement and dance movement program designed to improve lymph node drainage.
- The Lebed Method “Healthy Steps” program continues to be offered on Fridays at 2:30 pm. Due to high demand, a second class began November 2009 on Tuesdays at 9 am. Both classes take place in the Aerobics Room on the 3rd floor at the Health First Pro-Health & Fitness Center in Melbourne (on the Holmes Regional Medical Center campus).
NUTRITIONAL SERVICES

Activities and accomplishments

• Provided medical nutrition therapy and counseling for Oncology patients to assist them in managing nutrition-related side effects and complications of cancer treatments and to promote optimal outcomes for patients.
• Provided outpatient nutrition consultation for Oncology patients. The Registered Dietitians at Holmes Regional Medical Center and Palm Bay Hospital as well as members of the Nutritional Services staff at our hospitals work hard to educate patients with a cancer diagnosis on the importance of wholesome, cancer-fighting nutrition.
• Provided enteral nutrition recommendations and nutrition education for Hospice of Health First patients.
• Participated in unit/floor rounds with other interdisciplinary cancer team members.
• Participated in quarterly Neoplastic Disease Committee meetings.
• Provided nutrition information and education for staff members who work with Oncology patients.
• Continued to provide Oncology patients with post-cancer nutrition treatment information. Registered Dietitian contact information is provided to each patient.
• Provided continuing education for wound management.
• Collaborated with Health First’s systemwide Pharmacy & Therapeutic Committee to add nutritional supplements to the Holmes Regional Medical Center and Palm Bay Hospital Formulary.
• Provided an educational presentation for the Leukemia & Lymphoma Support Group at Holmes Regional Medical Center on the topic of “Nutrition: Alkalinity and Acidity”.
• Participated in the American Cancer Society’s Relay For Life as a speaker for the Cancer Survivors’ Group.

Respectfully submitted by Lori Drummond, RD, LD (member of the Holmes Regional Medical Center/Palm Bay Hospital multi-disciplinary Cancer Program Team and Neoplastic Disease Committee)
HOsPICE OF
HEALTH FIRST

Activities and accomplishments

• In FY2009, Hospice of Health First, which includes both home care for hospice patients as well as and inpatient care at the William Childs Hospice House provided a total of 68,855 days of care for 1285 patients and their families.
• Continuous care was also provided in patients’ homes, totaling more than 2500 hours of additional Nursing support for Hospice patients. Our 290 specially trained Hospice Volunteers served a total of 18,933 hours of service.
• More than 958 survivors and 84 Bright Star children and their families were also offered Bereavement Services through our Bereavement Program in 2009, which included Suddenly Alone Support Group meetings, New Beginnings social group meetings, and the activities sponsored by the Bright Star Center for Grieving Children & Families.

Specific Hospice Program events in 2009 included:

• Implementing new Medicare Conditions of Participation for Hospices that initially went into effect as in December 2008 as well as QAPI (Quality Assessment Performance Improvement) requirements that went into effect in February 2009.
• Organizing therapy dogs, a harpist, and craft exhibits by Hospice of Health First’s Volunteer Department for our Hospice of Health First Arts in Medicine Showcase at The Avenue Viera outdoor shopping mall attended by members of the public. Note: The Arts in Medicine Program is offered at both Holmes Regional Medical Center and Palm Bay Hospital (and all Health First hospitals) on an ongoing basis to provide relaxation and respite for chronically or terminally ill patients and their family members as well as for staff members who serve these patients, including Oncology Unit staff as well as Oncology patients and their family members.
• Supporting ongoing Joint Commission readiness, nine areas of national patient safety practices are tracked quarterly by Hospice of Health First throughout 2009.

In July 2009, Hospice of Health First experienced intensive ADR (Additional Documentation Reviews by Centers for Medicare/Medicaid Services) for non-cancer diagnoses. ADR review reflects increased regulatory oversight occurring within the Hospice Industry which makes access to Hospice Medicare a challenge. As a result, Hospice of Health First has experienced an adjustment in our daily census; higher acuity patients with shorter lengths of stay.
DEPARTMENT OF PATHOLOGY

The Department of Pathology is an active and vital participant of the Comprehensive Community Hospital Cancer Program at Holmes Regional Medical Center and Palm Bay Hospital.

Our Oncology patient’s journey often starts with diagnosis of cancer through tissue sampling and evaluation by our Pathology Department and Board-certified Pathology physicians. Our Pathologists perform tissue diagnosis to confirm cancer, focusing on specific cancer types by site on a cellular level. Once the pathologic determination of cancer is made, the patient then begins access to all the services offered through our hospitals’ Cancer Program.

Patient care improvement initiative in 2009
• Pathology report timing is both critical and sensitive for our Oncology patients. We ensure that complete pathologic specimen result reports are available within two days from tissue sampling and/or resection. Our Pathologists are proud of this patient care timeliness improvement, thus expediting clinical decision-making in the management and care of our cancer patients.

Active members of the Cancer Care Team
• Our Pathologists are active physician members of the Neoplastic Disease Committee, which is the Cancer Program’s Medical Staff steering committee.
• Our Pathologists are also active physician members of our Cancer Program’s multi-disciplinary bi-monthly Tumor Boards. The attending Pathologist assigned to the Bi-monthly Tumor Board reviews photomicrographs of selected Tumor Board cancer case pathology specimens. The Pathologist’s review of the photomicrograph pathology cases is essential to the case presentations and enhances the multi-disciplinary team approach in the management of our cancer patients.

Innovations in technology
• Advances in imaging techniques have allowed clinicians to identify smaller lesions and detect cancer at an early stage. Our Pathologists routinely analyze smaller biopsy specimens of these lesions, including thin-needle core tissue biopsies and fine-needle aspiration biopsies. Interpretation of these small biopsies allows for less-invasive diagnostic procedures that often occur in outpatient settings and require little or no anesthesia, thus reducing patient morbidity and expense.
• In 2009, our Pathologists added UroVysion testing, another tool that can be utilized to diagnose Urothelial Carcinoma. Fluorescence In-situ Hybridization (FISH) using DNA probes, this test has been approved for both screening and identifying recurrence of Urothelial Carcinoma in urine specimens.

Laboratory/Blood Bank Accreditation
Our Laboratory is accredited by the College of American Pathologists and the American Association of Blood Banks.

Charles Chodorow, DO, Pathologist

Drs. Carl Smedberg, Aneal Masih, and Charles Chodorow simultaneously review pathology slides on the multi-head microscope in the Pathology Department at Holmes Regional Medical Center.
Pastoral Care

Activities and accomplishments

In 2009, our Chaplaincy Team, who are active members of the multi-disciplinary Cancer Program Team at Holmes Regional Medical Center and Palm Bay Hospital, accomplished the following:

- Supported the Cancer Program by participating in regular rounds with the Oncology Unit team, receiving valuable information in preparation for personal visits with patients and their families.
- Contacted patients’ local communities of faith for further spiritual support per patients’ request.
- Supported the Health First Tiger Teams by participating in the annual planning of the Tiger Team Organ Transplant educational conference which includes bone marrow transplant patients whose need of strong emotional and spiritual support is ongoing during extended hospitalizations.
- Participated in the Holmes Region Medical Center Ethics Committee as requested by the hospital units, patients, and/or family members.
- In February 2009, the comprehensive Health First Ethics Committee website replaced the Ethics Handbook. As a member of the Ethics Committee, our Chaplaincy team worked closely with hospital department leaders and committee members towards the electronic availability of the Health First Ethics website on the Health First intranet. This Health First Ethics Committee page includes our Advance Directives brochures and Living Will brochure in both English and Spanish, as well our Ethics Consultation brochure, and Surrogate responsibilities brochure.
- Offered emotional and spiritual support, counseling, and prayers for all professional Medical Staff on the Oncology Unit as needed or requested by staff members, including physicians, nurses, clinical nurse specialists, dedicated Oncology social workers, health unit coordinators, Cancer Registry staff, and members of the Respiratory Care team.
- Encouraged systemwide awareness of Oncology courses and cancer support groups, public meetings, and workshops. We informed patients about our annual holiday season “Celebration of Life” sponsored by our Cancer Program Office and hosted by our Friend-to-Friend Support Group.
- Sent out systemwide Health First “Holy Days’ Cultural/Faith Updates on a monthly basis.
- Facilitated and promoted Prayer Request Boxes and Cards at Palm Bay Hospital’s prayer service that began in October 2008 and continued throughout 2009.
- Continues to promote the Palm Bay Hospital Prayer Team weekly meeting which began in October 2008 and continued throughout 2009. The Palm Bay Hospital Prayer Team honors the requests found on our Prayer Request Cards that patients, family members, and staff drop in the Prayer Request Boxes.
- Presented two lectures on “Ethics” in 2009 to the HRMC Trauma Center Team for Trauma Certification.
- Participated in the 2nd Annual Brevard County-Wide Chaplains’ Workshop co-sponsored by Cape Canaveral Hospital, Parrish Medical Center, and Wuesthoff Brevard Hospice and Palliative Care Center in October 2009.
- Participated in a community lecture with both the National Hospice and Palliative Care Organization (NHPCO) at the NHPCO Washington D.C. downlink annual meeting in 2009.
- Participated in an annual community lecture on “How to Handle the Holidays After a Loss” sponsored by SC-GSA (Space Coast Grief Survivor Alliance) in November 2009.
- Made more than 30 site visits in the community and at Health First hospitals, which includes but is not limited to Holmes Regional Medical Center, Palm Bay Hospital, Cape Canaveral Hospital, Hospice of Health First, the William Childs Hospice House, Bright Star Center for Grieving Children & Families, Health First Leeza’s Place, and the HOPE Center.
Activities and accomplishments

- Dedicated services including 24-hour Pharmacist availability for medication information to Physicians and Nursing staff.
- 24-hour, seven-days-a-week availability for preparation and dispensing of chemotherapeutic agents.
- 24-hour, seven-days-a-week discharge prescription services for indigent cancer patients.
- Coordination with Health First Family Pharmacy to provide onsite discharge prescription service.
- Dedicated Pharmacist and Pharmacy Technician for delivery of pharmaceutical care for Hospice of Health First patients.
- Intensive focus on medication safety with respect to chemotherapeutic agents and processes including ordering by physicians, preparation by Pharmacy, and administration by Nursing with the Corporate Medication Safety Committee, and reported to the Corporate Patient Safety Committee and the Board Quality Committee for Health First.
- Continued Pharmacist participation on the Neoplastic Disease Committee, Tumor Board, and multi-disciplinary Oncology Team rounds.
- Clinical Pharmacist spoke at the Leukemia & Lymphoma Support Group, Friend-to-Friend Cancer Support Group, as well as at multi-disciplinary conferences.
- Participated in and supported various community events supporting cancer research and awareness.
- Reviewed utilization of chemotherapeutic agents by Clinical Pharmacy Team and Director of Pharmacy.
- Reviewed polices and procedures related to chemotherapy ordering, dispensing, and administration to ensure safe and timely medication delivery.
- Continued monitoring of epoetin alfa and filgrastim utilization in the Oncology patient population.
- Made ongoing efforts to continuously improve Central Pharmacy distributive functions and outpatient chemotherapy medication administration with the goal of providing better coordination of Nursing, Pharmacy, and patient needs and to produce improved satisfaction with the program.

Respectfully submitted by Steve Gilbert, PharmD, Pharmacy Associate Clinical Coordinator


**QUALITY OUTCOMES MANAGEMENT**

**Activities and accomplishments**

‘Quality’, as defined and practiced at Holmes Regional Medical Center and Palm Bay Hospital, is the level of care and services provided to our patients reflecting a culture in which quality improvement and patient safety are dynamic initiatives. ‘Quality’ ensures safe, effective, patient-centered, timely, efficient, and equitable healthcare for all our patients. Communication is key to providing ‘Quality’ care for our patients and their families. We continuously encourage patients and their family members to report any patient safety concerns to the staff.

Designated as a **Community Hospital Comprehensive Cancer Program (COMP)**, we adhere to the Commission on Cancer’s (CoC) Cancer Program Standards. In doing this, we ensure that our Cancer Care services, including Oncology patient care and outcomes, are evaluated and improved so that Oncology patients receive care comparable to national standards. We focus on quality-related issues in any area of Cancer Program activity relevant to the facility and the local patient population.

Through the leadership of a Quality Improvement coordinator, the Neoplastic Disease Committee annually completes one Quality study based upon Cancer Registry data and one additional study of its choosing. For each study undertaken, we establish the study topic, define Quality measures for evaluating data related to the Quality measures, design and initiate the Quality Initiatives to be performed, and monitor the effectiveness of the Quality Initiatives that are performed.

Improved patient safety continues to be a highlight of our Critical Care Patient Management plan this year.

Performance Improvement for Oncology include the following two areas:

1. **National Patient Safety Goals Critical lab values:**
   - Timely reporting and follow-up for Critical Values will improve patient outcomes and ensure patient safety.
2. **Medication education** will be done on all patients with any new medication and all medications on discharge.

The Oncology Unit reviews data each month on the two indicators above. In doing so, they are achieving better patient outcomes with prompt attention and by contacting the physician with all Critical Lab Values within a 45-minute turnaround time from the time received from the Lab. Medication education is a high priority on the Oncology Unit to inform patients and their families about the who, what, and why, as well as any side effects that the patient may experience.

NPSG Critical Lab Values showed significant improvement (%) throughout the year as follows:

- **Quarter 1—79%**
- **Quarter 2—85%**
- **Quarter 3—86%**
- **Quarter 4—95%**

Medication education showed major improvement (%) throughout the year as follows:

- **Quarter 1—86%**
- **Quarter 2—97%**
- **Quarter 3—100%**
- **Quarter 4—100%**

The Quality Program at Holmes Regional Medical Center/Palm Bay Hospital Tumor Board is one of the best in the country. We have total engagement and partnership with our Tumor Board staff, which includes our Certified Cancer Registrar, Oncology Abstractor, General Surgeons, Head & Neck Surgeons, Trauma Surgeons, Urologists, Medical Oncologists, Radiation Oncologists, Pathologists, Radiologists, and our Clinical Quality Coordinator. This very focused group of professionals met twice a month in 2009 to review newly diagnosed cancer cases. The cancer case presentations are selected based on institutional case mix and physician request. Our Tumor Board is devoted to the best possible outcome for our patients and serves as a monitor of Standards of Care, Best Practices, and current trends in cancer treatment.
In July 2007, Health First opened a comprehensive Wound Management Program, which included hyperbaric oxygen therapy as one of its treatment options. To receive hyperbaric oxygen therapy, patients sit inside a large, comfortable, multiplace pressurized chamber and breathe 100% oxygen. The chamber is capable of treating up to eight patients at a time.

In relation to cancer care, Hyperbarics is most useful in treating delayed injuries caused by radiation therapy. Radiation therapy damages microscopic blood vessels, which decreases the blood supply to the surrounding tissue. Should a wound develop or surgery need to be performed in the previously radiated area, hyperbaric oxygen therapy is able to dramatically increase the growth of microscopic blood vessels. Hyperbarics is also useful in the treatment of radiation-related injury to the gastrointestinal tract and bladder.

Additionally, the oral cavity is particularly susceptible to injury from radiation. In fact, hyperbaric oxygen is routinely utilized both before and after any dental or oral surgery, including teeth extractions, for prevention of osteo-radionecrosis. Additional non-cancer related indications for hyperbaric oxygen therapy include selected infections, chronic refractory osteomyelitis, gas embolism, crush injury, Wagner Grade III or higher lower-extremity diabetes wounds, SCUBA™-diving-related injuries, and carbon monoxide poisoning.

In 2009, we successfully treated six late-effect radiation patients.
Serving residents of Brevard County
Each year, an estimated 4,200 people in our area and more than 100,000 people across Florida will be diagnosed with cancer. The American Cancer Society is the one place they can turn 24 hours a day, seven days a week. We are dedicated to saving lives and creating more birthdays by helping people stay well and get well, and by finding cures and fighting back.

Our volunteers make the difference. About 200,000 Floridians — including about 10,315 people in this area — serve on boards and committees; educate our neighbors about cancer risk-reduction, detection, and treatment; provide hope and support for patients and their families; and advocated to make cancer a government priority through Advocacy Day in Tallahassee. They also organize our signature fundraising events: Relay For Life, Making Strides Against Breast Cancer, as well as our balls and galas.

Making a difference in our community
Our volunteers and donors make a major impact around the globe, across the nation, and throughout Florida, including right here in the Brevard County area (where Holmes Regional Medical Center and Palm Bay Hospital as well as Health First's other two hospitals are located).

Helping people stay well
• We provide life-saving cancer information through partnerships with most major hospital systems and healthcare organizations in our area, as well as other major businesses and organizations through our systems approach.
• We are addressing cancer disparities in our community through partnerships with diverse organizations, community education grants, and awareness campaigns.
• More than 1 million Floridians have accessed valuable cancer information through www.cancer.org.

Helping people get well
• Local cancer patients and their families received 4,283 services through our 24/7 toll-free phone line and Patient Services Center.
• Local residents benefited from our support programs, from the nationwide Cancer Survivors Network to our community-based programs. In the Brevard County area, 73 patients found support through Reach to Recovery for Breast Cancer and Man to Man for Prostate Cancer.
• 208 patients from our community received 1,916 transportation services to and from treatment.
• 21 patients from our area received free lodging at one of Florida’s Hope Lodges while undergoing treatment.

Finding cures
• Prevention and treatment is better for nearly every cancer patient in our community because of American Cancer Society-funded research. Our research has led to a wide range of new detection methods, cutting-edge therapies and cancer drugs, and improved treatment options.
• We have invested more than $3.2 billion in research since 1946, and we are the largest private source for cancer research funding in the nation.
• We have funded 44 scientists who went on to win the Nobel Prize.

Fighting back in Florida
• Residents of Florida were protected from the dangers of secondhand smoke in virtually all workplaces because of our efforts to pass a Constitutional Amendment.
• Florida’s youth learned about tobacco prevention and adults received significant smoking cessation assistance because of our success in securing permanent funding for the state’s youth tobacco prevention program.
• Tens of thousands of Floridians may have quit smoking thanks to our success in leading the legislative campaign to increase the state's tobacco tax by $1 per pack.
• Since 1995, we have secured more than $825 million in legislative appropriations in support of the fight against cancer.

Using donated money wisely in Florida in 2009
Recipient of the coveted Better Business Bureau Wise Giving Alliance National Charity Seal

Contact: Gregory Stephens, Area Executive Director
321-433-3109 ext. 112 • gregory.stephens@cancer.org
CANCER REGISTRY DATA

A graphic presentation of our data for 2009 appears in the charts that follow on the next two pages. The data is based on all cases for the year appearing in Holmes Regional Medical Center’s and Palm Bay Hospital’s Cancer Registries. Chart 1 is a representation of cancer cases by site, gender, and classification (“Analytic” or “Non-analytic”). Charts 2 through 4 reflect the top five sites by gender—men and women cancer patients combined, male cancer patients only, and female cancer patients, respectively—for our two hospitals.
<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Analytic</th>
<th>Non-Analytic</th>
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<td>256</td>
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<td>20</td>
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<td>5</td>
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<td>27</td>
<td>7</td>
<td>20</td>
<td>23</td>
<td>4</td>
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<td>Brain</td>
<td>26</td>
<td>17</td>
<td>9</td>
<td>23</td>
<td>3</td>
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<tr>
<td>Other Parts of Central Nervous System</td>
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<td>3</td>
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<tr>
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<td>24</td>
<td>6</td>
<td>18</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Adrenal Gland &amp; Other Endocrinial Glands</td>
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<td>5</td>
<td>4</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
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<td>43</td>
<td>26</td>
<td>17</td>
<td>36</td>
<td>7</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1781</strong></td>
<td><strong>872</strong></td>
<td><strong>909</strong></td>
<td><strong>1379</strong></td>
<td><strong>402</strong></td>
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</table>
Our top five sites in 2009 were Lung, Breast, Gynecologic, Colorectal, and Bladder. 45.9% were males and 53.1% females, which is in keeping with prior years of data collection. In the United States, approximately 1,479,350 people were estimated to have a cancer diagnosis in 2009. Approximately 102,210 were anticipated for the state of Florida.

Lung Cancer incidence in men at our facilities continued rise — from 19.9% in 2008 to 23.8% in 2009. One reason of note for this increase is the fact that our facilities have access to the services of Interventional Radiologists, who are able to ultrasonically guide needles into lung tissue to diagnose cancers. National figures reflect a lower percentage of 15% for this site of disease. The incidence rate is declining significantly in men nationwide. Lung Cancer accounts for the most cancer-related deaths in both men and women.

Bladder Cancer is now second in diagnosed cancers for men in our facilities. 8.3% in 2008 to 11.8% in 2009 indicates a need to address issue(s) reflected by this change. Over the past two years Bladder Cancer incidence rates have been stable among men. Nationally, it is four times higher in men than in women.

The new millennium has shown a decrease in hospital-diagnosed and treated men for Prostate Cancer. With the practice patterns and reimbursements for services ever in the midst of change, a significant number of men are diagnosed and treated within the scope of the Urologist’s practice. Prostate Cancer is the most frequently diagnosed cancer in men. Dramatic improvements in survival, particularly at 5 years, are partly attributable to earlier diagnosis and improvements in treatment.

Breast Cancer remains the leading cancer diagnosed in women at our facilities. Our Breast Cancer incidence fell from this past year, 31.2% to 29.2 %, which moves us closer to the 27% average for the nation. Improvements in diagnosis and treatment may result in a better outlook for more recently diagnosed patients.

Gynecologic Cancers have taken the lead over Lung Cancer for women in our facilities. Since our medical centers welcomed a Gynecologist/Oncologist to its physician staff in 2005, the numbers have risen continuously. Women no longer have to defer to tertiary centers for the important staging surgery, treatment, and cure for many Gynecological Cancers. This is a positive change for women in the community we serve. 16.5% of our cases are Gynecologic Oncology, which is higher than that of the nation. Studies have shown that women who are treated by a Gynecologic Oncologist have more successful outcomes with regard to the diagnosis of Ovarian Cancer.

Female Lung Cancer again leads the numbers of the nation at 16%. Nationally, the incidence is 14%. The numbers fluctuate from year to year and this difference is not deemed statistically significant. Nationwide, the incidence rate for Lung Cancers in women is approaching a plateau after a long period of increase.

Cancers of the Colon and Rectum are rising more closely to the national incidence. 8.2% of our female patients have diagnoses in this category, whereas the nation is at 10%. Declines in Colorectal Cancers have occurred in part because of increases in screening that allow the detection and removal of colorectal polyps before they progress to cancer.
The colon is part of the body's digestive system. The digestive system removes and processes nutrients (vitamins, minerals, carbohydrates, fats, proteins, and water) from foods and helps pass waste material out of the body. The digestive system is made up of the esophagus, stomach, and the small and large intestines. The first 6 feet of the large intestine is called the large bowel, or colon. The last 6 inches are the rectum and the anal canal. The anal canal ends at the anus (the opening of the large intestine to the outside of the body).

Colorectal Cancer — new cases
In 2009, an estimated 106,100 cases of Colon Cancer and 40,870 cases of Rectal Cancer are expected to be diagnosed nationwide. Colorectal Cancer is the third most common cancer in both men and women. Colorectal Cancer incidence rates have been decreasing for most of the past two decades (from 66.3 cases per 100,000 population in 1985 to 46.4 in 2005). The decline accelerated from 1998-2005 (2.8% per year in men and 2.2% per year in women), in part due to increases in screening that allow the detection and removed of colorectal polyps before they process to cancer.

Early detection — A key to survival
Beginning at age 50, men and women who are at average risk for developing Colorectal Cancer should begin screening. Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as the detection of cancer that is at an early stage. Thus, screening reduces mortality both by decreasing the incidence of cancer and by detecting a higher proportion of cancers at early, more treatable stages. The American Cancer Society collaborated with several other organizations to release updated Colorectal Cancer screening guidelines in March 2008. These new joint guidelines emphasize cancer prevention and draw a distinction between colorectal screening tests that primarily detect cancer and those that can detect both cancer and precancerous polyps. There are a number of recommended screening options that vary by the extent of bowel preparation, as well as test performance, limitations, time intervals, and cost.

SCREENING GUIDELINES FOR EARLY DETECTION OF COLORECTAL CANCER IN AVERAGE-RISK ASYMPTOMATIC PEOPLE

<table>
<thead>
<tr>
<th>Men and women Age 50+</th>
<th>Fecal occult blood test (FOBT) with at least 50% test sensitivity for cancer, or fecal immunochemical test (FIT) with at least 50% of test sensitivity for cancer, or</th>
<th>Annual Starting at age 50</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Stool DNA Test</td>
<td>Interval uncertain starting at age 50</td>
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<tr>
<td></td>
<td>Flexible sigmoidoscopy, or</td>
<td>Every 5 years starting at age 50</td>
</tr>
<tr>
<td></td>
<td>Fecal occult blood test (FOBT) and flexible sigmoidoscopy; or</td>
<td>Annual FOBT (or fecal immunochemical test [FIT]) and flexible sigmoidoscopy every 5 years starting at age 50</td>
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<tr>
<td></td>
<td>Double-contrast barium enema (DCBE), or</td>
<td>Every 5 years starting at age 50</td>
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<td></td>
<td>Colonoscopy</td>
<td>Every 10 years starting at age 50</td>
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<td></td>
<td>CT Colonography</td>
<td>Every 5 years starting at age 50</td>
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</tbody>
</table>

Colorectal Cancer treatment — Improving the patient experience

By Clifford Thompson, MD, FACS, General Surgeon ACoS, Cancer Liaison Physician HRMC/PBH Cancer Program

Surgery is the most common treatment for Colorectal Cancer. For Colorectal Cancers that have not spread and remains localized, surgical removal is curative.

At Holmes Regional Medical Center and Palm Bay Community Hospital a majority of our Colorectal Cancer patients are surgically treated by laparoscopic colectomy. Laparoscopic colectomy, also called minimally-invasive colectomy, involves several small incisions in the abdomen. The surgeon passes a tiny video camera through one incision and special surgical tools through the other incisions. The surgeon watches a video screen in the Operating Room as the tools are used to free the colon from the surrounding tissue. The colon is then brought out through a small incision in your abdomen. This allows the surgeon to operate on the colon outside of your body. Once repairs are made to the colon, the surgeon reinserts the colon through the incision. This laparoscopic surgical procedure is primarily used for localized Colorectal Cancer surgery and affords our patients improvement in mobility, early resumption of bowel function, less blood loss, shortened length of stay due to fewer post-operative complications such as ileus of bowel, and decreases pain management complications.

A permanent colostomy (creation of an abdominal opening for elimination of body wastes) is rarely needed for Colon Cancer and is infrequently required for Rectal Cancers but our facilities also have many skilled General Surgeons who do perform this procedure when necessary.

The following pie chart, represents our clinical and surgical management at Holmes Regional Medical Center and Palm Bay Hospital. Surgical management remains the Gold Standard of Colorectal Cancer patients at our facilities and throughout the nation. You will note that only 6% of patients were treated with palliative methods versus curative surgical management.

 Holmes Regional Medical Center — Colon Cancer Statistics

The following is an observed survival graph comparing AcoS CoC Community Hospital Comprehensive Cancer Programs (COMP) in the Southeastern United States (249 COMP Cancer Programs) and the nation (1,402 COMP Cancer Programs) with Holmes Regional Medical Center. For 5-year survival, Holmes Regional Medical Center is equal to the Southeastern United States and the nation for Colorectal Cancer in AJCC Stage 1, 2, and 4, and falls into the parameters of the 95% confidence interval, which allows a standard deviation of 5% or less. Holmes Regional Medical Center’s AJCC Stage 3 case survival is lower than the the Southeastern United States and nation. We have determined that due to the low number of Stage 3 Colorectal Cancers (34) and the advanced ages of this patient group, some of the deaths may not be related to cancer as the defining cause of death, i.e., could be non-managed diabetes or advanced heart disease.
Our Comprehensive Community Hospital Cancer Program at Holmes Regional Medical Center/Palm Bay Hospital continues to promote health awareness through community partnership health screenings, community health fairs, as well as our Cancer Committee’s outreach activities.

**2009 Colorectal Cancer nutrition — Preventative measures for Colorectal Cancer**

An apple a day might keep the doctor away, and preventative measures will definitely help to keep Colon Cancer away.

Colon Cancer is the third-leading cause of cancer death for both men and women, following Lung and Breast Cancers. Colon Cancer shortened the lives of an estimated 50,000 people last year. Certainly, no one wants to hear such grim news.

There is good news, however. Colon Cancer is one of the most preventable types of cancer. Early detection saves lives. Colorectal Cancer often produces symptoms at an early enough stage to make it treatable. Successful treatment, however, depends on early detection.

Rate your risk, since anyone can get Colorectal Cancer. The risk factors include:
- Family history of Colorectal Cancer
- Personal history of polyps or inflammatory bowel disease
- Being over 50 years of age
- Cigarette smoking
- Diet low in fiber; diet high in red meat and processed meat
- Substantial consumption of alcohol (more than 3 drinks per day)
- Lack of physical activity
- Body fat, particularly excess fat around the midsection

One important form of prevention is to see your doctor for a physical check-up. Those age 50 years or older are at increased risk and are advised to be screened by having a test called a colonoscopy. If present, precancerous polyps in the colon can be identified and removed.

Another important form of prevention is eating a healthy diet that is high in fiber. Simple steps toward an improved lifestyle are attainable and have great rewards in the long run. A few of the benefits of a high-fiber diet are that we protect our bodies by ushering out cholesterol. Fiber provides bulk, greater satiety, can influence healthy weight loss and decrease risk of hemorrhoids. This makes fiber a valuable food weapon for fighting against many diseases and not just cancer but diabetes, cardiovascular disease, and obesity.

Dietary fiber is a vital nutrient that is important for bowel regularity. Maintaining regularity is essential for removing waste products from our bodies and avoiding toxic build-up. Fiber is the portion of plants that cannot be digested by the human digestive system, and is found primarily in fruits, vegetables, whole grains, legumes/beans, nuts, and seeds.
Fiber is classified and primarily known as soluble or insoluble. Plants typically have a combination of the two. Examples of foods higher in soluble fiber include whole grains such as oatmeal and barley; fruits such as apples, oranges, peaches, pears and plums; vegetables such as broccoli and carrots; legumes such as beans, lentils, and peas. Examples of food higher in insoluble fiber include vegetables such as green beans and dark green leafy vegetables, fruit skins, and root vegetable skins, whole-wheat products and wheat bran, corn bran, seeds, and nuts.

Foods that are highest in fiber are typically closest to their natural state such as unpeeled and unrefined foods. Therefore, a person should start with a plant-based diet then add to that lean protein sources and low-fat dairy products, as desired.

It is recommended that fiber intake be as high as 25 to 35 grams a day for women and 35 to 40 grams for men. According to the American Dietetic Association, the average fiber intake of Americans is only about 15 grams per day.

So, you can see that an apple a day just might keep the doctor away!

Other tips for prevention include:
• Avoiding smoking because it is well-known that smoking is a risk factor for many cancers. Don’t start if you’re not a smoker or make the effort to quit if you do. There are many aids to assist with smoking cessation, so be sure to talk with your physician.
• Limit alcohol because excessive use is a risk factor for cancer. If you choose to drink alcohol, drink in moderation only. Recommendations are to limit the amount of alcohol to no more than one drink a day for women and two for men.
• Exercise on a regular basis from at least three to five times a week. Recommendations include getting at least 30 minutes of exercise on most days. Talk to your doctor before starting any exercise program.
• Maintain a healthy weight because obesity also raises cancer risk. If you need to lose weight, ask your dietitian about healthy ways to achieve your goal. Aim to lose weight slowly by increasing exercise and making healthy food choices.

You can take steps to reduce your risk of Colon Cancer by making changes in your everyday life. Take those necessary and healthful steps by eating at least five servings of fruits and vegetables as well as up to six servings of whole-grain products each day. By doing this you are very likely meeting your fiber requirements.

As part of your comprehensive health plan, it is beneficial to consult a dietitian. Registered Dietitians are nutrition professionals and a source for credible and objective nutrition information. In addition, they are trained in the use of medical nutrition therapy for the cancer patient. If you think you need to see a Registered Dietitian, consult with your physician for the appropriate referral to an outpatient dietetic service or program such as those offered by Health First’s Pro-Health & Fitness Centers.

SOURCES:
HOLMES REGIONAL MEDICAL CENTER/ PALM BAY HOSPITAL
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Susan Burgess, RN
Oncology Nurse Manager, 6 East/8 West
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Jan Catchpole, PT
Rehabilitative Services
Ariana Cericola, RN, OCN
Oncology Nurse Manager, 6 East/8 West
Charles Chodorow, DO
Pathologist
Craig Deligdish, MD
Medical Oncologist/Hematologist
Neoplastic Disease Committee Chairman
Patricia Donahue, RNC, MSN
Director, Oncology Services
Community Outreach Coordinator
Lori Drummond, RD, LD
Clinical Dietitian
Lisa Duhaime, MD
Medical Oncologist/Hematologist
(Tumor Board Chairman 9/1/08 through 12/31/2009 and Cancer Program Office Cancer Conference Coordinator)
Mike Edwards, PharmD
Systemwide Director, Health First Pharmacy
Stephen Gilbert, PharmD
HRMC, Pharmacy Clinical Coordinator
Valerie Holloway
Vice President Customer Community Relations
HRMC Administration
Terri Kleger, BA, MSW
Cancer Program Social Worker
Shirley Luong
Cancer Registry Data Assistant
Patty Mankowski, RN, CQC
Quality & Outcomes Cancer Program Office Quality Improvement Coordinator
Aneal Masih, MD
Pathologist
Chris McGahee
Sr. Marketing Specialist
Diana Monda, BA, MSW
Cancer Program Social Worker
Susan Ohlin, CTR
Certified Tumor Registrar, HRMC/PBH Tumor Board Coordinator, and Cancer Program Office Quality of Cancer Registry Data Coordinator
Fe Pancito, MD
Radiation Oncologist
José Ramos, MD
Diagnostic Radiologist
Ravi Shankar, MD
Radiation Oncologist
Ronald Stern, MD
Anesthesiologist, Pain Control Physician
Katie Stone
Area Patient Representative American Cancer Society
Agnes Straker, RN
Case Manager
Jared Thomas, MD
Diagnostic Radiologist
Clifford Thompson, MD
General Surgeon, American College of Surgeons, Commission on Cancer Cancer Liaison Physician