

Cancer Program Annual Report 2010

Reflecting 2009 Data & Activities

OCALA HEALTH SYSTEM



CANCER CENTER

AT OCALA REGIONAL MEDICAL CENTER

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Letter from the Cancer Committee Chairman



I am pleased to present you with the 2009-2010 Ocala Regional Medical Center Cancer Program Annual Report. This annual report contains specific information about our pancreatic cancer patients and their treatment at Ocala Regional Medical Center and West Marion Community Hospital. Our data is compiled by certified tumor registrars and then compared to the state of Florida data as well as national data through the National Cancer Database. Our cancer program has been approved as a Comprehensive Cancer program by the American College of Surgeons, Commission on Cancer since 1983. We are the only approved cancer program in Marion county.

This year a Nurse navigator was added to our cancer program. The nurse navigators role is to ensure that all patients are informed of all treatment options and services provided through our hospital and affiliates . Additionally, the navigator assists the patient through the continuum of cancer care.

The Cancer program is very active in the community for cancer related activities. We work closely with the American Cancer Society, the Leukemia and Lymphoma Society, and Hospice of Marion County.

The academic affiliation with the H. Lee Moffitt Cancer Center in Tampa, Florida is in its sixth year. This collaborative partnership affords our physicians and patients ease of access for second opinions and access to the clinical trials from the only NCI center in the state of Florida. Grand rounds are conducted quarterly with the Moffitt physicians and other physicians throughout the country. These continuing education sessions are offered to all medical staff and keep our medical community current with the latest research protocols and treatments for our patients with a cancer diagnosis here in Marion County.

I am honored to serve as the Chairman of the Cancer Committee and am proud of the strategic direction that we provide for cancer care here in Marion County.

A handwritten signature in black ink, appearing to read "G. Bucy, MD". The signature is fluid and cursive.

G. Steven Bucy, MD
Chairman, Cancer Committee
Ocala Regional Medical Center

2009 Cancer Committee Membership

Dr. Steve Bucy (Chairman)-Radiation Oncologist
Dr. John Cain-Diagnostic Radiologist
Dr. Luis Carrascosa-Radiation Oncologist
Dr. Margaret Cohen-Pathologist
Dr. Anthony DeIorio (Cancer Liaison)-General Surgeon
Dr. David Elliott-Hospice
Dr. Jeff Gray-Pathologist
Dr. Mohammed Kamal-Medical Oncologist
Dr. Michael Rowley-Physician Advisor
Dr. Charles Thoman-Urologist

Non-physician members

Jo Ann Ankoviak-CNO
Linda Dolhay-Oncology Director
Dinah Donaldson-Clinical Dietitian
Carol Marlin-Quality Director
Melissa McMullen-White-Cancer Registry Supervisor
Mark Scott-Director of Rehabilitation Services
Melissa Small-Clinical Pharmacist
Joan Whaley-Case Manager

CANCER CONFERENCES

Cancer conferences are held every Tuesday at Ocala Regional Medical Center. Dr. D. Jeffrey Gray, Anatomic/Clinical Pathologist, is the coordinator for these conferences. A multidisciplinary group of physicians attend these conferences to discuss cancer cases. Representatives from medical oncology, radiation oncology, radiology, pathology, surgery, and multiple subspecialties convene to offer their insight into the treatment of the specific cancer case. There were 47 Cancer conferences in 2009 with 142 cases presented. Of these cases 142 were prospective.

There were several grand rounds held at Ocala Regional with presentations by select physicians from major cancer centers throughout the United States. These presentations included:

- 2/17/09- "Multidisciplinary Management of Melanoma in 2009", Dr. Jonathan Zager, Department of Cutaneous Oncology, H. Lee Moffitt Cancer Center.
- 4/27/09- "Advances in Breast Cancer", Dr. Khakpour, Surgical Oncologist, H. Lee Moffitt Breast Program.
- 8/11/09- "Optimizing the Management of Patients with Higher-Risk MDS", Dr. Alan List, Physician –in-Chief, H. Lee Moffitt Cancer Center.
- 10/27/09 "Clinical Debates in Colorectal Cancer" Dr. George Kim, Mayo Clinic.

SITE PRESENTATION FOR 2009

Lung	34	Prostate	3	Gallbladder	1
Breast	23	Rectum	3	Kidney	1
Unknown	16	Bladder	2	Larynx	1
Colon	13	Skin	2	Liver	1
Lymph nodes	7	Small bowel	2	Lymphoma	1
Bone marrow	5	Soft tissue	2	Parotid	1
Brain	4	Testis	2	Tongue	1
Stomach	4	Thyroid	2	Tonsil	1
Esophagus	3	Uterus	2	Vulva	1
Pancreas	3	Appendix	1	Totals	142

CANCER REGISTRY ACTIVITY REPORT

The Cancer Registry at Ocala Regional Medical Center/ West Marion Community Hospital (ORMC/ WMCH) is responsible for the collection of data on cancer patients diagnosed and/or treated at ORMC/WMCH. This data includes cancer occurrence, treatment, extent of disease and outcomes. All of this data is entered into a computerized registry database. This confidential information is transmitted to the Florida Cancer Data System (FCDS), National Cancer Database (National), American Cancer Society and the American College of Surgeons Commission on Cancer (CoC). A Certified Tumor Registrar (CTR) is responsible for the accurate abstracting and transmission of this data. This cumulative data in the cancer registry is used to develop cancer control programs, cancer research protocols, epidemiological analyses, and educational forums.

All cancer cases accessioned into the registry are either analytic or non-analytic. Analytic cases are those initially diagnosed and/or treated at ORMC or WMCH, or those initially diagnosed elsewhere who received all or part of their first course of treatment at ORMC and/or WMCH. Follow-up is maintained on all analytic cases. Non-analytic cases are those diagnosed and given first course of treatment elsewhere, but are seen at ORMC and/or WMCH for subsequent or recurrent treatment. The Cancer Registry at ORMC and WMCH was established in 1981. A total of 22, 782 patients have been entered into the registry as of November 2010.

Analytic vs. Non-Analytic Cases

Year	Analytic Cases	Non-Analytic Cases	Total Cases
1999	780	388	1168
2000	838	233	1071
2001	781	435	1216
2002	746	360	1106
2003	760	325	1085
2004	768	417	1185
2005	826	571	1397
2006	633	572	1205
2007	569	397	966
2008	599	529	1128
2009	577	506	1083

Total patients in registry since 1983 = 22782

PRIMARY SITE DISTRIBUTION

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1083	577	506	503	580	21	98	94	95	215	420	140
ORAL CAVITY	39	9	30	23	16	0	1	2	2	9	23	2
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	10	1	9	7	3	0	1	1	0	2	6	0
OROPHARYNX	7	2	5	2	5	0	0	0	0	0	7	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	22	6	16	14	8	0	0	1	2	7	10	2
DIGESTIVE SYSTEM	240	143	97	137	103	2	15	27	40	54	95	7
ESOPHAGUS	30	16	14	24	6	0	3	2	2	8	15	0
STOMACH	23	12	11	13	10	0	0	2	2	9	7	3
COLON	90	60	30	51	39	2	3	12	25	18	30	0
RECTUM	37	19	18	23	14	0	5	4	9	2	17	0
ANUS/ANAL CANAL	4	2	2	0	4	0	0	1	0	0	3	0
LIVER	8	6	2	7	1	0	1	0	0	1	6	0
PANCREAS	37	19	18	14	23	0	3	4	2	15	12	1
OTHER	11	9	2	5	6	0	0	2	0	1	5	3
RESPIRATORY SYSTEM	251	151	100	115	136	0	20	5	25	99	101	1
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	9	2	7	7	2	0	0	0	2	1	6	0
LUNG/BRONCHUS	241	148	93	107	134	0	20	5	23	98	94	1
OTHER	1	1	0	1	0	0	0	0	0	0	1	0
BLOOD & BONE MARROW	58	34	24	35	23	0	0	0	0	0	0	58
LEUKEMIA	31	17	14	21	10	0	0	0	0	0	0	31
MULTIPLE MYELOMA	14	8	6	8	6	0	0	0	0	0	0	14
OTHER	13	9	4	6	7	0	0	0	0	0	0	13
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	8	5	3	8	0	0	0	0	0	3	5	0

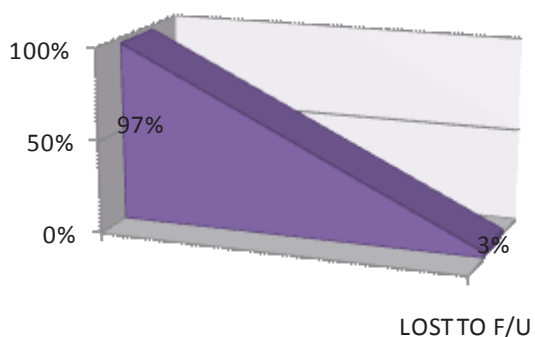
PRIMARY SITE DISTRIBUTION

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC	STAGE					
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
SKIN	17	2	15	11	6	0	1	0	0	2	14	0
MELANOMA	17	2	15	11	6	0	1	0	0	2	14	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	151	89	62	3	148	12	36	37	8	7	51	0
FEMALE GENITAL	53	25	28	0	53	2	2	1	6	10	31	1
CERVIX UTERI	7	5	2	0	7	0	0	0	1	1	5	0
CORPUS UTERI	15	8	7	0	15	1	1	0	0	1	11	1
OVARY	25	8	17	0	25	0	1	0	3	8	13	0
VULVA	3	1	2	0	3	1	0	0	0	0	2	0
OTHER	3	3	0	0	3	0	0	1	2	0	0	0
MALE GENITAL	69	9	60	69	0	0	5	14	1	4	45	0
PROSTATE	65	8	57	65	0	0	3	14	0	4	44	0
TESTIS	4	1	3	4	0	0	2	0	1	0	1	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	44	18	26	32	12	5	7	4	1	8	19	0
BLADDER	27	8	19	22	5	5	2	1	0	2	17	0
KIDNEY/RENAL	17	10	7	10	7	0	5	3	1	6	2	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	45	29	16	20	25	0	0	0	0	0	0	45
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	24	15	9	15	9	0	0	0	0	0	0	24
OTHER	21	14	7	5	16	0	0	0	0	0	0	21
ENDOCRINE	5	1	4	0	5	0	1	0	0	0	4	0
THYROID	5	1	4	0	5	0	1	0	0	0	4	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	76	39	37	35	41	0	10	4	12	18	32	0
HODGKIN'S DISEASE	5	1	4	2	3	0	0	2	2	0	1	0
NON-HODGKIN'S	71	38	33	33	38	0	10	2	10	18	31	0
UNKNOWN PRIMARY	24	22	2	12	12	0	0	0	0	0	0	24
OTHER/ILL-DEFINED	3	1	2	3	0	0	0	0	0	1	0	2

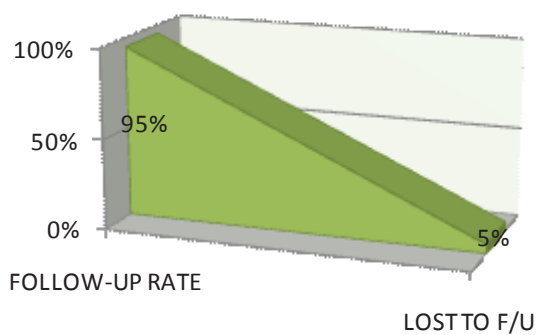
Number of cases excluded 10

This reports EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases and intraepithelial neoplasia cases.

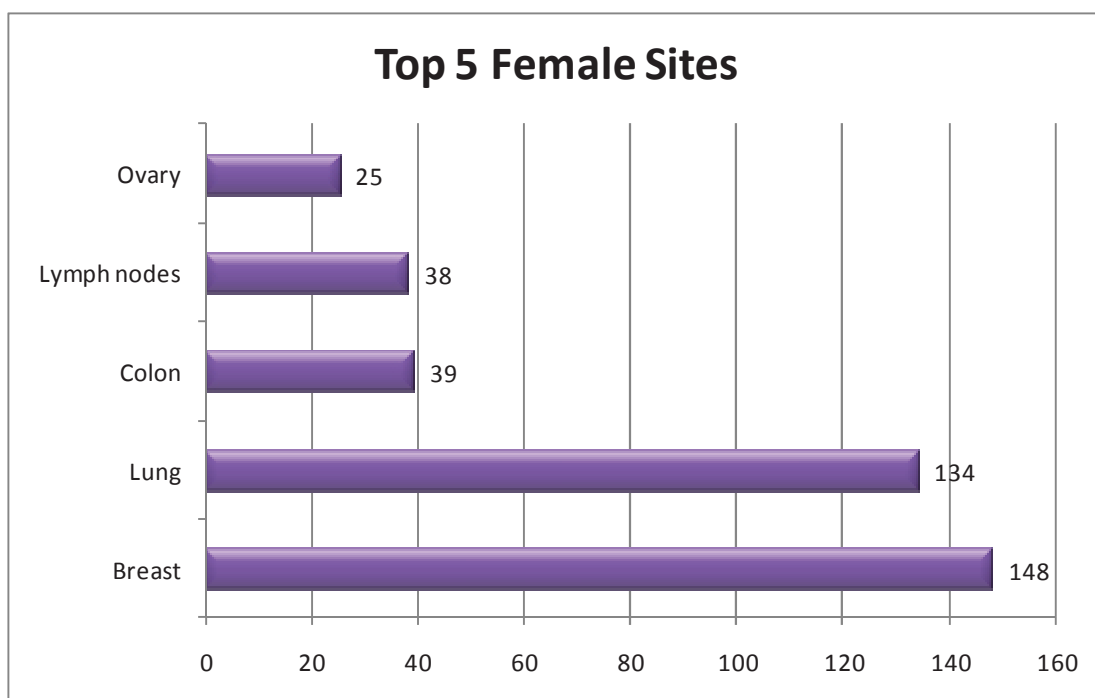
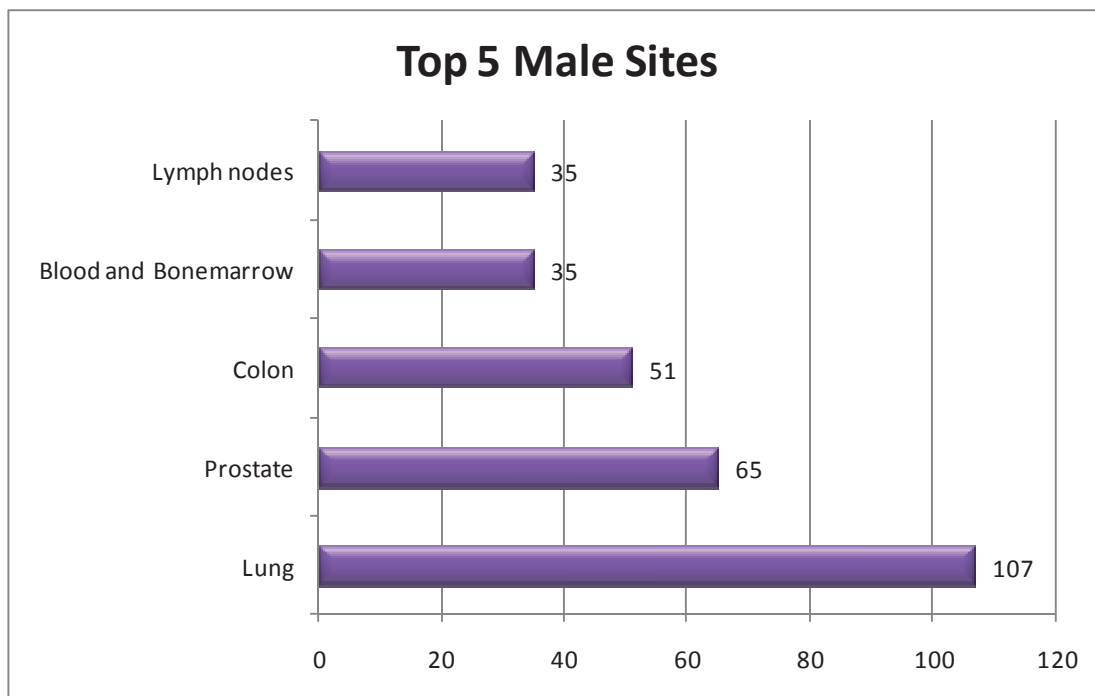
FOLLOW UP RATE SINCE 1983 REFERENCE DATE



FOLLOW-UP RATE FOR PATIENTS DIAGNOSED IN THE LAST FIVE YEARS



In maintaining a Commission on Cancer Approved program, follow-up on all analytic patients must be maintained at a rate of 80% from reference date and 90% for the last five years.



At ORMC/WMCH the following top 5 sites were seen for both male and female.

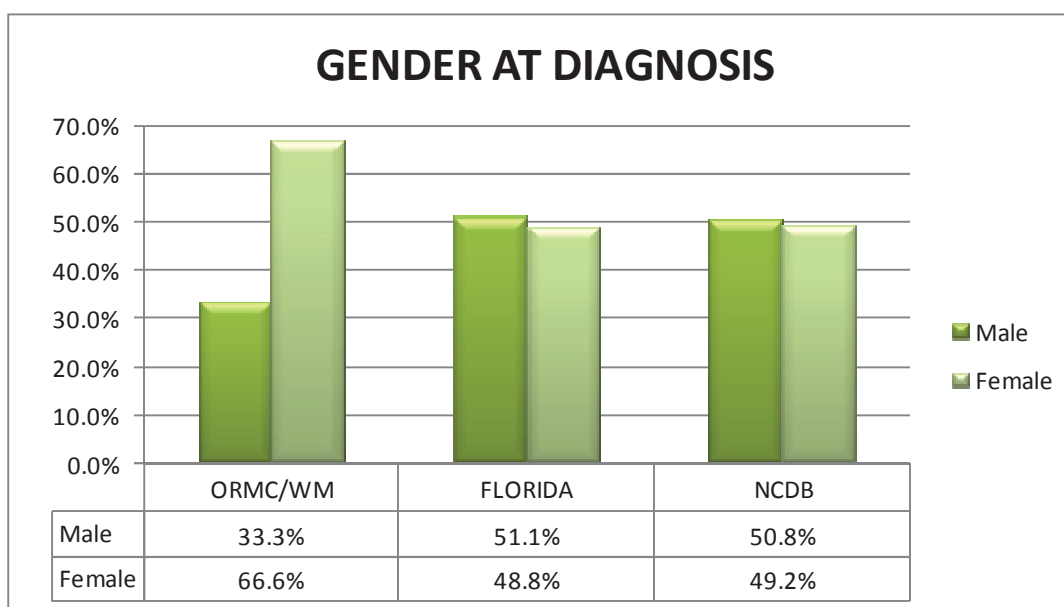
SELECTIVE SITE REVIEW—PANCREATIC CANCER

The pancreas lies behind the stomach and in front of the spine. The pancreas has two main functions. These functions are to produce *enzymes* that help digest food and produce hormones, such as insulin and glucagon, which help control blood sugar levels. About 95% of all pancreatic cancer begins in exocrine cells which produce *enzymes to aid in digestion of foods*.

Risk factors for pancreatic cancer include smoking, long-standing diabetes, chronic pancreatitis and certain hereditary conditions, *such as* multiple endocrine neoplasias type 1 syndrome. Possible signs and symptoms of pancreatic cancer could be jaundice, pain in upper or middle abdomen and back, unexplained weight loss, loss of appetite and fatigue. These symptoms could also be caused by other conditions and should be followed up by a physician.

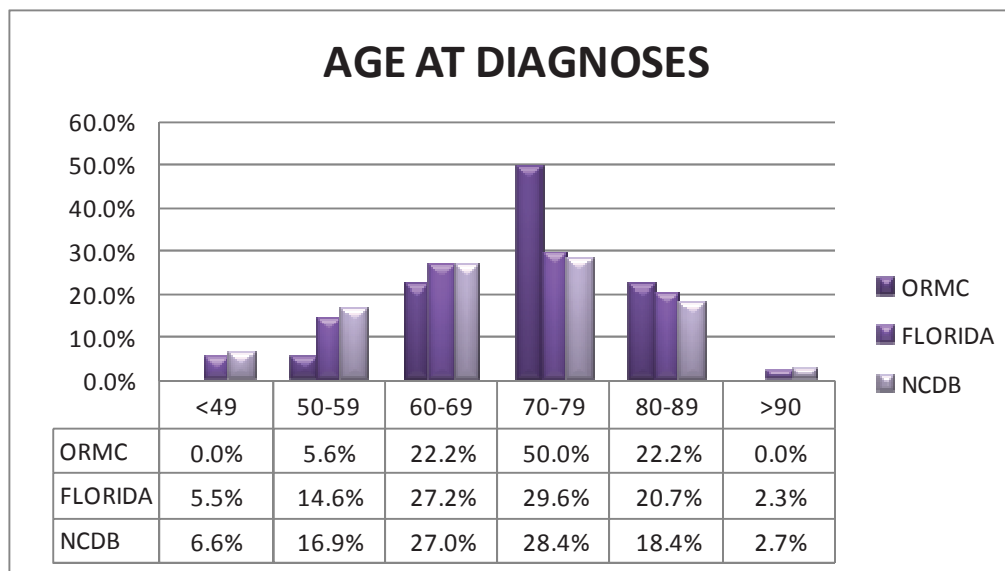
According to the American Cancer society, estimated new cases of pancreatic cancer in 2010 will be 43,140 and deaths will be 36,800. In the year 2009 ORMC/WM diagnosed 18 cases of pancreatic cancer.

Of those 18 cases, our female population was higher than the national average compared to the State of Florida and NCDB.



SELECTIVE SITE REVIEW—PANCREATIC CANCER

Age of diagnoses is another factor for pancreatic cancer, the average age is 65. Comparative to the NCDB, we have a higher population in the 70-79 year old age bracket.



Pancreatic cancer is difficult to detect and find early for several reasons. Pancreatic cancer often presents without any noticeable signs or symptoms in the early stages. These signs may present as other illnesses due to the pancreas being behind other organs such as stomach, small intestine, liver, gallbladder, spleen and bile ducts.

Staging of pancreas cancer is as follows:

Stage 1

Is found in the pancreas only and is divided into 2 stages that are based on size of the tumor.

Stage 1a; the tumor is 2 centimeters or smaller.

Stage 1b; the tumor is larger than 2 centimeters.

Stage 2

Cancer may have spread to nearby tissues and organs, and may have spread to lymph nodes near the pancreas. It is divide into 2 groups bases on where the cancer has spread.

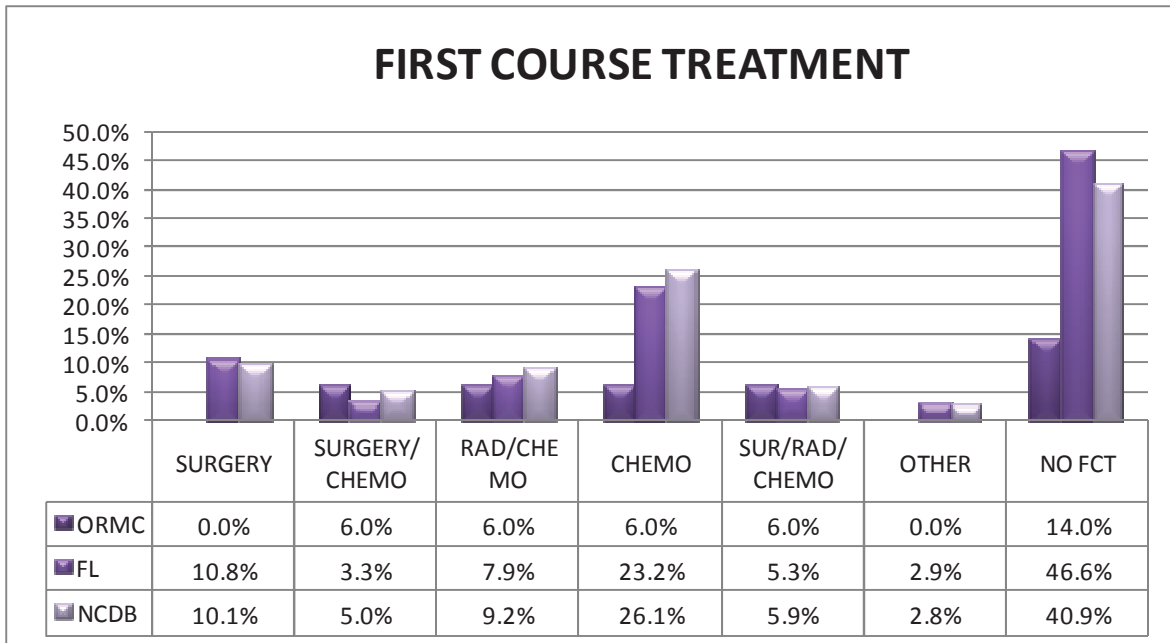
Stage 2a; Cancer has spread to nearby tissue and organs but has not spread to nearby lymph nodes.

Stage 2b; Cancer has spread to nearby lymph nodes and may have spread to nearby tissue and organs

SELECTIVE SITE REVIEW—PANCREATIC CANCER

Treatment options

Treatment options of pancreatic cancer depend on whether the tumor can be removed by surgery, stage of disease, and the patients general health. Comparative to the national average, more ORMC/WMCH patients receive first course treatment for pancreatic cancer.



Most patients who have spread of disease receive palliative treatment which can improve the patient’s quality of life by controlling the symptoms and complications of the disease.

In the survival graph, no cases of stage 0 were presented for the Southwest Division or ORMC. Stated previously, early signs of Pancreas cancer are hard to detect due to no signs or symptoms in the early stages.

SELECTIVE SITE REVIEW—PANCREATIC CANCER

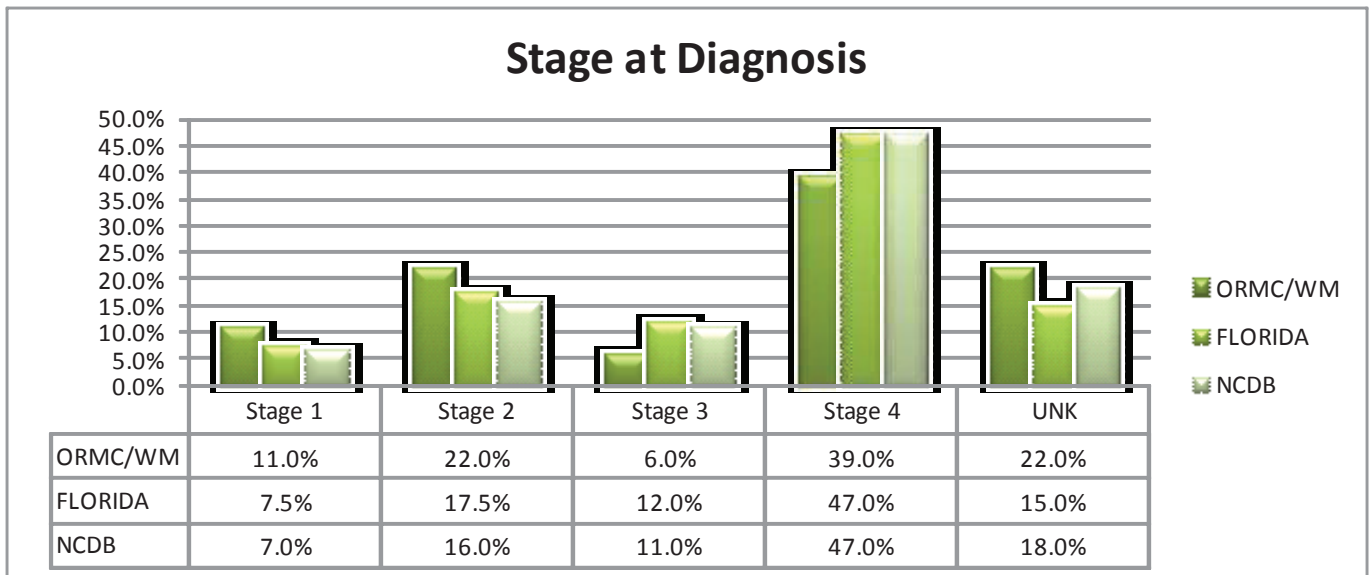
Stage 3

Stage 3 cancer has spread to the major blood vessels near the pancreas and may have spread to nearby lymph nodes.

Stage 4

Cancer may be of any size and has spread to distant organs, such as liver, lung and peritoneal cavity. It may have also spread to organs and tissues near the pancreas or to lymph nodes.

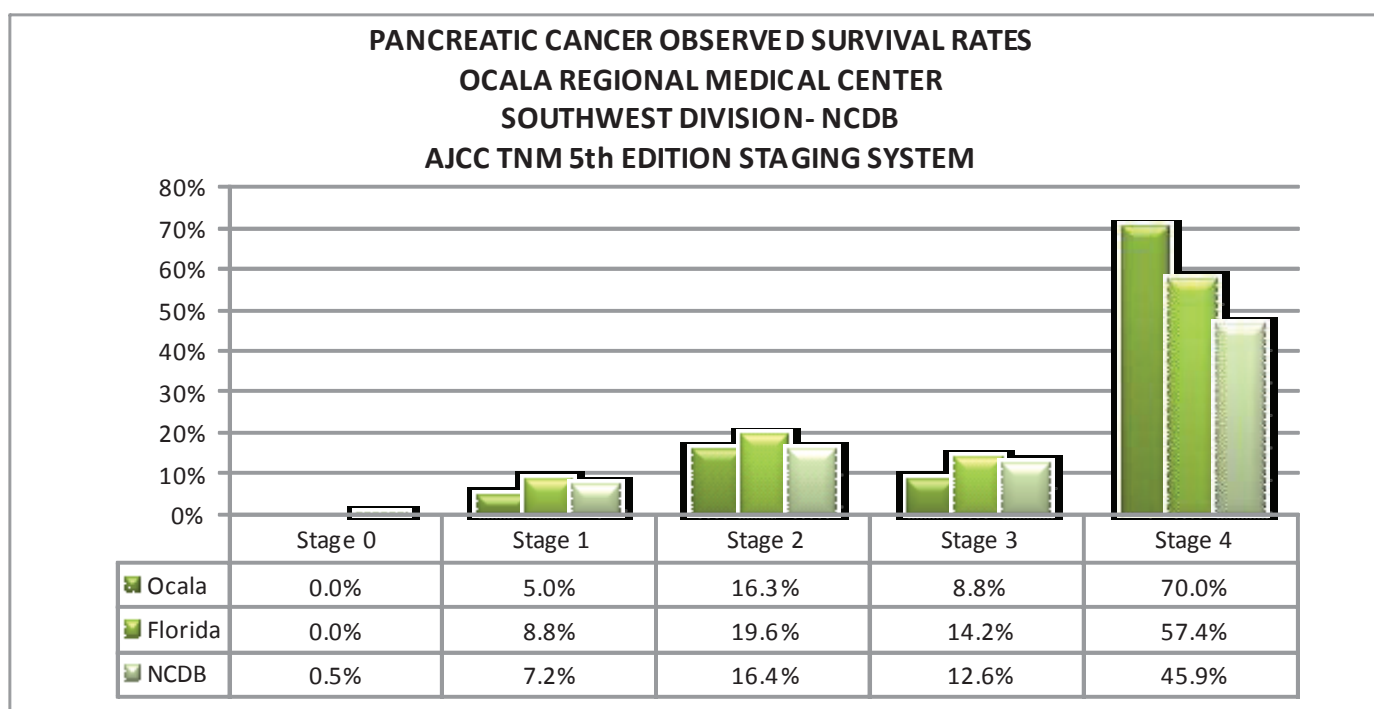
	Stage 1	Stage 2	Stage 3	Stage 4	UNK
ORMC/WM	11.0%	22.0%	6.0%	39.0%	22.0%
FLORIDA	7.5%	17.5%	12.0%	47.0%	15.0%
NCDB	7.0%	16.0%	11.0%	47.0%	18.0%



SELECTIVE SITE REVIEW—PANCREATIC CANCER

OCALA REGIONAL MEDICAL CENTER 2003-2007
PANCREATIC CANCER
FIVE YEAR OBSERVED SURVIVAL RATE BY STAGE
COMPARED TO SOUTHWEST DIVISION(GA,DC,FL,VA,DE,WV,NC,MD,SC) 2003AND
***NATIONAL CANCER DATA BASE PATIENTS DIAGNOSED IN 2003**
***National Data Reported from 1,345 Hospitals**
***Southwest Division Data Reported from 239 Hospitals**

	OCALA REGIONAL MEDICAL CENTER		SOUTHWEST DIVISION		NCDB	
PANCREAS	Cases	Rate	Cases	Rate	Cases	Rate
Stage 0	0	0.00%	0	78.2%	91	0.5%
Stage 1	4	5.0%	267	73.6%	1,267	7.2%
Stage 2	13	16.3%	596	63.6%	2,862	16.4%
Stage 3	7	8.8%	431	49.8%	2,199	12.6%
<u>Stage 4</u>	<u>56</u>	<u>70.0%</u>	<u>1,743</u>	<u>6.4%</u>	<u>8,028</u>	<u>45.9%</u>
<u>TOTALS</u>	<u>80</u>	<u>100.0%</u>	<u>3,037</u>	<u>100.0%</u>	<u>17,484</u>	<u>100.00%</u>



INFORMATION ON CANCER

Ocala Regional Medical Center
(352) 401-1000
www.ocalaregional.com

West Marion Community Hospital
(352) 291-3000
www.westmarion.com

American Cancer Society (ACS)
(800) 227-2345
www.cancer.org

American College of Surgeons (ACoS)
(800) 621-4111
www.facs.org

American Institute for Cancer Research (AICR)
(800) 843-8114
www.aicr.org

Association of Community Cancer Centers (ACCC)
(301) 984-9496
www.accc-cancer.org

Center for Disease Control and Prevention
(CDC)
www.cdc.gov

Cancer Programs (ACoS)
(321) 202-5085
www.facs.org/cancer

Florida Cancer Data System (FCDS)
(305) 243-4600
www.fcds.med.miami.edu

Florida Department of Health (FDH)
www.doh.state.fl.us

National Cancer Institute (NCI)
(800) 4CANCER
www.cancer.gov

National Comprehensive Center Network
(NCCN) (888) 909-6226
www.nccn.org

REFERENCES

ORMC/WMCH—Ocala Regional Medical Center/West Marion Community Hospital

Reference Data—Date Chosen by ORMC to start including all eligible cases into the cancer program data base for ACoS/CoC. Ocala Regional Medical Center's reference data is January 1, 1983.

Reference -

- Cancer Registry Database at ORMC
- American Cancer Society, Cancer Facts & Figures—2009 Atlanta, GA
- American Joint Committee on Cancer, Manual of Staging of Cancer, 6th Edition
- World Health Organization, ICD-03, 3rd Edition
- National Comprehensive Cancer Network
- American Society of Clinical Oncology
- National Cancer Institute

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OCALA HEALTH SYSTEM 

CANCER CENTER

AT OCALA REGIONAL MEDICAL CENTER