

Cancer Program Annual Report

2013

This report is reflective of the 2012 Statistical Data for the
Parrish Medical Center Cancer Program

Parrish
Medical Center



Table of Contents

Chairman’s Report	4
Site Study: Lung Cancer.....	10
Signs and Symptoms	10
Screening.....	10
Risk Factors	11
Tobacco	11
Radon	11
Environmental.....	11
Lung Cancer Classifications	12
Small Cell Lung Cancer (SCLC)	12
Non-Small Cell Lung Carcinoma (NSCLC)	13
Treatment Options.....	13
Surgery	14
Radiofrequency Ablation (RFA).....	14
Radiation Therapy	14
Chemotherapy	15
Targeted Therapy.....	15
Cancer Liaison Report	17
Cancer Registry Report	17
2012 Registry Data Summary.....	18
Registry Data Activity	18
Follow Up Rate	18
Cancer Conference Activity.....	18
Quality of Data in the Cancer Registry	18

Incidence	19
2013 Community Outreach.....	20
2013 Cancer Education Seminars	21
2014 Cancer Committee Program Goals.....	22
2014 Cancer Program Goals.....	22
2014 Patient Outcome Goals	22
2013 Cancer Committee Membership.....	24
Glossary of Terms.....	25
References	25
PMC Benchmarks	26
Awards and Accreditation.....	27

Chairman's Report

By Ashish Dalal, M.D., Board-Certified Medical Oncologist



As Chairman of the Parrish Medical Center Cancer Committee, I am pleased to present the 2013 Cancer Program Annual Report. The hospital voluntarily undergoes a rigorous three-year accreditation survey by the American College of Surgeons Commission on Cancer (CoC). Due to our commitment of providing excellence in cancer care, Parrish Medical Center is recognized as a CoC approved Community Cancer program since 1989. Only 30 percent of all hospitals have earned this distinction. This approval helps to insure that our patients receive quality cancer care close to home. To maintain accreditation, we must continue to meet the rigorous standards of the Commission on Cancer on an annual basis.

In July 2013, PMC was granted a Three-Year Accreditation from the Commission on Cancer. CoC Accreditation is the seal of approval for cancer programs from the American College of Surgeons and formally acknowledges Parrish Medical Center's commitment to providing high-quality cancer care to our community and patients with cancer.

The Cancer Program is governed by a multidisciplinary cancer committee that includes a board certified oncologist, radiation oncologist, pathologist, surgeons, radiologist, and palliative care physicians, along with oncology nurses, nutritionists, social worker, and other ancillary professionals who ensure Parrish Medical Center offers a coordinated, multidisciplinary, patient and family centered approach to cancer prevention and treatment. The Committee strives to continually improve patient survival and outcomes to enhance the quality of life for all cancer patients, regardless of diagnosis. These goals are accomplished by an emphasis on wellness, education, prevention, survivorship and monitoring comprehensive quality cancer care. As a healing environment, PMC provides for the physical, emotional, and psychosocial care of the patient throughout the cancer disease continuum.

The cancer program and the community have advocated for innovative health initiatives and helped to guide the medical center's success in exceeding the national best-practice standards for excellence in cancer care.

I would like to thank all of the dedicated health care providers and cancer committee members who make sure our objectives are met each year. It is a pleasure to work with these talented individuals in our shared mission of providing quality cancer care.

In 2013 the program received several recognitions and other achievements:

- The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) has granted three-year full accreditation to the Cancer Program at Parrish Medical Center. Three-year accreditation is earned following an on-site evaluation during which the facility demonstrates a level of compliance with the CoC's Cancer Program Standards, including program management, clinical services, continuum of care, patient outcomes, and data quality. Accreditation by the CoC is earned by those facilities that undergo a rigorous evaluation process and review of their cancer care outcomes. Only 30 percent of facilities in the U.S. have earned CoC accreditation, but those facilities treat 71 percent of all new cancers.
- Parrish Medical Center has devoted significant resources to developing a Breast Center of Excellence. The program has the infrastructure and expertise to provide quality care. The Center has earned more specialty Gold Seal® certifications from the Joint Commission than any other hospital in Central Florida. In March 2008, PMC received the Joint Commission Disease Specific Certification in Breast Cancer Care making us one of only ten organizations in the United States (U.S). A successful 2013 re-accreditation means we have met the highest national standards and guidelines known to significantly improve outcomes and satisfaction for patients undergoing treatment for breast care.
- Voluntarily participates in the National Consortium of Breast Centers Quality Measures for Breast Center Programs. Through PMC's participation, the community is assured that our Center not only provides the services they need, but is actively monitoring these services to provide each patient with the highest quality care.
- Re-accreditation as a Breast Imaging Center of Excellence by the Commission on Quality and Safety and the Commission on Breast Imaging by the American College of Radiology in Mammography, Stereotactic Breast Biopsy, Breast Ultrasound and Ultrasound Guided Breast Biopsy. PMC in one of only 23 hospitals, clinics or health centers in Florida to have been designated a Breast Imaging Center of Excellence and the one of only two in Brevard County.
- Certified Tumor Registrar, Joan Galbicsek.
- Parrish Medical Center has the only Certified Breast Cancer Navigator (CBCN) in Brevard County. She provides educational and emotional support to patients with a cancer diagnosis and is able to guide the patient and family through treatment options for a new diagnosis or recurrent cancer, reinforcing information given by their physicians and supporting the patient's decisions.
- 2013 Certified Breast Care Nurse of the Year Award was presented to PMC's Breast Navigator, Marsha Richardson, RN, MSN, OCN, CBCN. This award was presented by the Oncology Nursing Certification Corporation (ONCC) at the Oncology Nursing Society's (ONS) Annual Congress in Washington, DC. The ONS is the largest specialty nursing organization in the world with over 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing.

- We supported the ongoing search for a cure in our continuing partnership with the American Cancer Society. We hosted a site for a national Cancer Prevention Study, known as CPS 3. Over 360 community participants took part in the study. Outcomes of this study will provide researchers with a better understanding of the genetic, environmental and lifestyle factors that cause or prevent cancer, ultimately saving lives.
- The Parrish Partners cancer support group worked collaboratively with Connie Allen and the Titusville Art League in a special project, “Tiles of Hope”. The cancer survivors designed and created an inspirational ceiling tile painting to be displayed down the 5th floor Oncology wing. The projects goal was to improve quality of life for cancer patients and family members by providing an inspirational environment that encourages constructive responses to illness. In addition to benefiting those on the inpatient unit, an opportunity to connect with one’s own creativity, self-expression, and imagination provides a therapeutic environment for one’s own survivorship obstacles.
- The Parrish Infusion Center specializes in intravenous treatments, and its number one goal is convenience. We work with an array of patients who are undergoing treatments such as chemotherapy, pain management or intravenous antibiotics. Over 3,000 patients were served in 2013.
- College of American Pathology (CAP) certification since 1983. By maintaining the highest standards in lab services you can be confident that PMC is committed to quality patient care.
- Not only do we work hard to provide outstanding service to our community, we also support our employees in promoting cancer risk reduction, as well as access to high-quality cancer treatment. Employee “Pink Parties” are offered on a regular basis to encourage mammography screening. Over 100 care partners took part in the events.
- Partnering with Certified Genetic Counselor, Ryan Bisson, of MD Anderson Cancer Center Orlando to provide accurate risk assessment and empathetic genetic counseling to patients with cancer and their families.
- Suzanne Comer, Certified Lymphedema Therapist joined the cancer team in 2013. Suzanne has completed a specialized training course to receive a certification in the treatment and management of lymphedema.
- Implemented a low-dose CT lung screening program in Diagnostic Imaging for high risk patients. Patients can self-refer if they have a strong family history of lung cancer, known chemical exposure or a suspicion of cancer. In 2013, thirty-five lung screenings have been done since July when the initiative began. Nine patients were recommended for short-term follow-up.



Parrish Medical Center has a culture of quality improvement and service excellence. This environment inspires and challenges the cancer program to provide services that go beyond the standard of care, to be a service line leader that provides safe, effective, superior care. In 2013 the quality initiatives and goals focused on early detection, timeliness of services, treatment and supportive services. Ensuring patients get treatment according to national guidelines in a timely fashion is the key for improving quality of care and improved survival.

The following outcomes were achieved:

- Parrish Medical Center ranked in the top 25 percentile in timeliness of care among all other Clinical Breast Centers across the country that serves a similar size and population according to the National Quality Measures of the Breast Consortium. Parrish is doing better than 70% of the reporting centers for the length of time between screenings and biopsies. We have continued to improve outcomes by enhancing access to breast cancer services through ensuring that any women with a positive breast finding will receive further diagnosis and treatment on a timely basis.
- Timeliness between screening mammogram and diagnostic mammogram was an average of six days in 2013.
- Timeliness between diagnostic mammogram and definitive diagnosis was an average of seven days in 2013.
- Achieved and maintained 100% adherence to treatment guidelines in patients receiving hormone therapy within 365 days.
- Our rates of detecting early stage breast cancer are higher than the average rate in the United States – 78% of our patients are detected at an early stage as compared to 56.39% for the United States.
- 86% of colon patients have at least 12 regional lymph nodes removed and pathologically examined for resected colon cancer.
- 69% of all patients receive a needle or core biopsy prior to any surgical treatment. National Best Practice is 40%.
- At the PMC, 79% of women with Stage 0, I, or II elected for breast conserving surgery in 2012. National Best Practice is 56.6%.

Recognizing that each person is unique, the cancer program strives to provide patient-centered care by developing a partnership with key community services that assist in providing the best quality care to the individuals we serve. These partnerships allow for care that reflects the individual's wishes, wants, and preferences and the insight gained through this process allows for programs, education, and support specific to the community needs.

Patient services provided through partnerships for 2013 include:

- The American Cancer Society (ACS) partnerships assist in leveraging resources and expertise to advance identified initiatives. The Cancer Care Boutique provides a pampering environment with the resources to help cancer patients adjust to the psychosocial effects of cancer. Focus is on a patient's self-esteem and well-being by providing wigs, turbans, hats, bras, and prostheses. The Boutique is available to patients with all types of cancer through the resources provided by the American Cancer Society. In 2013, the Cancer Care Boutique served 179 patients, 21 of which were either uninsured or had Medicaid coverage only. For Brevard County, there were 425 patients referred to ACS, and 84 of these patients were uninsured or had Medicaid coverage only. PMC is the largest referring facility in the county ensuring these patients receive the services they need. 42% of patients referred in Brevard County were from Parrish.
 - Look Good Feel Better
 - Support Groups
 - Parrish Partners
 - Cancer Care Boutique
 - Relay for Life
 - Making Strides

Stewardship

- Jess Parrish Medical Foundation provided \$5,000.00 in free screening mammograms. Over 140 patients were served in 2013.
- Titusville Ladies Club raised over \$20,000.00 with the "Journey of the Traveling Bras" to assist women with breast cancer care. Over 140 women benefited from the generous donations.
- Charlotte Mack, an aerobics instructor at The Great Outdoors, raised and donated \$540 for the Cancer Care Boutique. The Boutique offers wigs, turbans, bras and prosthesis at no cost to the patient.

Community Outreach

- Men's Health Fair for prostate screenings, Saturday, June 15 from 9:00 am – noon on the Brevard Community College Cocoa campus.
- Partnered with Parrish Health & Fitness to offer one free week of fitness or one free personal training session when screening mammogram is done.
- 2013 Survivors Day. The theme was the "Joy of Living" and included Chris Rich, a nationally-known comedian. Her presentation, "Healing My Funny Bone," is a true account of her struggle to get her heart, mind, body and sense of humor back after being severely injured in a plane crash.
- Not only do we work hard to provide outstanding service to our community, we also support our employees in promoting cancer risk reduction, as well as access to high-quality cancer treatment. Employee "Pink Parties" are offered on a regular basis to encourage mammography screening. Over 100 care partners took part in the events.
- Round table discussion with community partners, the Florida Department of Health Brevard County (FDOH Brevard) and the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP) we are able to provide services to uninsured and underinsured women in our community. The goal is to communicate, develop and collaborate services by providing screenings, diagnostics and follow-up mammograms
- Provide Food for Life series focused on enhancing the health and helping fight chronic diseases while supporting overall wellness goals through a healthy diet.



Ashish Dalal, MD
Cancer Committee Chairman
Medical Oncology

Site Study: Lung Cancer

Lung cancer is the most common cancer diagnosed in both men and women in the United States. The American Cancer Society reported in 2012 that cancers of the lung and bronchus accounted for an estimated 226,160 new lung cancer cases in the United States. Fortunately, the incidence of lung cancer has decreased since the 1980's, however lung cancer still accounts for more deaths in men and women than any other cancer. Approximately 160,340 people died from lung cancer in 2012. Gender differences in lung cancer mortality reflect historical differences between men and women and their smoking habits over the past 50 years. Death rates began declining in men in the early 1990's and in women in 2003.

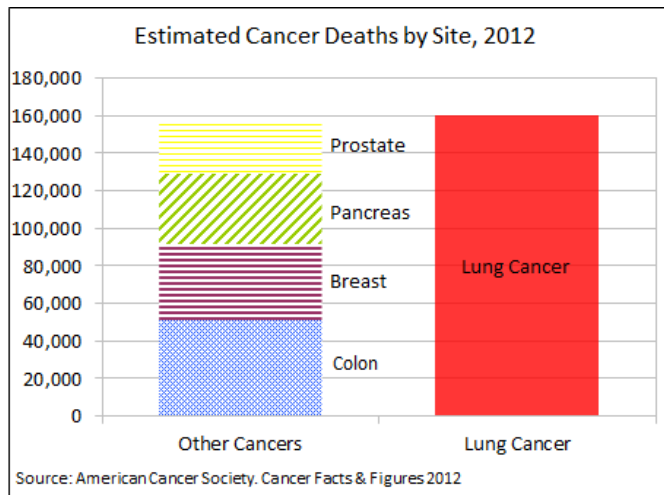


Table 1 Estimated Cancer Deaths by Site, 2012

Signs and symptoms

The majority of patients with lung cancer have advanced disease at clinical presentation. Presenting symptoms include a persistent cough that does not resolve, sputum streaked with blood, chest pain, recurring pneumonia or bronchitis, and changes in the quality and sound of the voice. Late presentation of lung cancer symptoms may be due to the aggressive nature of the disease, the frequent absence of symptoms at early stages, as well as the lack of effective screening tests. Newer tests, such as low-dose CT scans and molecular sputum markers appear to be a promising method of detecting lung cancers at an earlier, more treatable stage.

Screening

The purpose and goal of a screening test is to find the disease prior to the symptoms appearing, to diagnosis at an earlier stage, and to assist in improving survival rates. In lung cancer, chest x-rays were not found to be effective in improving survival rates. Recently, the National Cancer Institute completed a lung cancer screening study called "The Lung Screening Trial." This study showed that in high risk populations (based on age and smoking history), screening with low dose-CT scans (LDCT) saved lives, when compared with chest x-rays.

After a review of the study findings, and based on age and smoking history, the American Cancer Society issued the following recommendation:

If a patient is between the ages of 55 and 74 years of age, is in fairly good health, and has at least a 30-year-pack smoking history, and either still smoking or quite within the past 15 years, then the doctor or nurse should speak to the patient about lung cancer screening.

There are limitations with LDCT screening. It may not find all lung cancers, or it may show a false-positive. High-risk individuals eligible for screening should have a discussion with their health provider about the individual risk and benefits of lung cancer screening.

Risk Factors

A risk factor is anything that increases the chance of developing cancer. Relative risk is a measure of the strength of the relationship between the risk factor and the cancer (ACS, 2013). The relative risk compares the risk of developing cancer in individuals who have a certain trait or characteristic with those who do not. For example, male smokers are 23 times more likely to contract cancer than male nonsmokers. All cancers caused by cigarette smoking could be prevented completely (ACS, 2014). The following risk factors can raise the risk of developing lung cancer:

Tobacco

Cigarette smoking is by far the most prominent risk factor for lung cancer. It has been estimated that active smoking is responsible for approximately 90 percent of lung cancer cases. The risk of lung cancer increases with the quantity and duration of smoking (how much an individual has smoked as well as how long they have smoked). Tobacco smoke damages cells in the lungs, causing the cells to change and grow abnormally. Regular exposure to smoke from “secondhand” smoke has also shown to increase a person’s risk of lung cancer even if that individual does not smoke.

Radon

Exposure to radon gas released from soil and building materials is the second leading cause of lung cancer in the United States. Radon is an invisible, odorless, colorless gas naturally released by all soil and rock types as well as water and building materials derived from rocks. Radon is found in all regions in the state of Florida.

Environmental

Occupational exposures, including asbestos, uranium and coke (an important fuel in the manufacture of iron in smelters, blast furnaces, and foundries) and the combination of any of these risks with smoking greatly increases a person’s risk.

Lung Cancer Classifications

Lung cancer is divided into two major classes based on histology, therapy, and prognosis. The main classes of lung cancer are:

- Small Cell Lung Cancer (SCLC) representing 15% of all lung cancers
- Non-Small Cell Lung Cancer (NSCLC) representing 85% of all lung cancers. NSCLC have three main sub-types
 - Adenocarcinoma
 - Squamous Cell Carcinoma
 - Large Cell Carcinoma

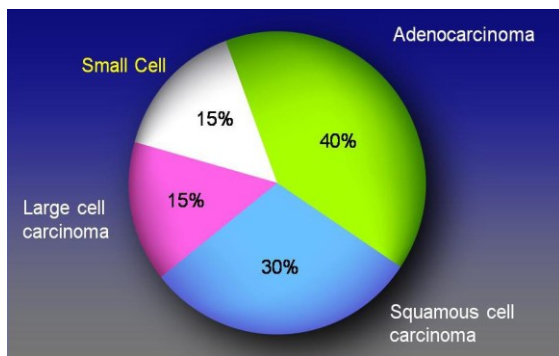


Figure 1 Lung Cancer Classification

Small Cell Lung Cancer (SCLC)

Small cell lung cancer accounts for 20 percent of all lung cancer cases. Nearly all are caused by cigarette smoking. Most cases of SCLC arise in the larger airways and is characterized by a rapid doubling time and high growth fraction. SCLC typically presents with a large chest mass that produces coughing and dyspnea (difficulty breathing or shortness of breath). Due to the rapid growth of these cells, early development of widespread metastatic disease is frequently seen, along with weight loss and bone pain. While initially sensitive to chemotherapy and radiation, the prognosis remains poor due to recurrent disease. SCLC is staged and classified in two ways:

- Limited Stage – cancer is in one lung, sometimes in a nearby lymph node.
- Extensive Stage – cancer has spread to the other lung, the fluid around the lung, or to another organ.

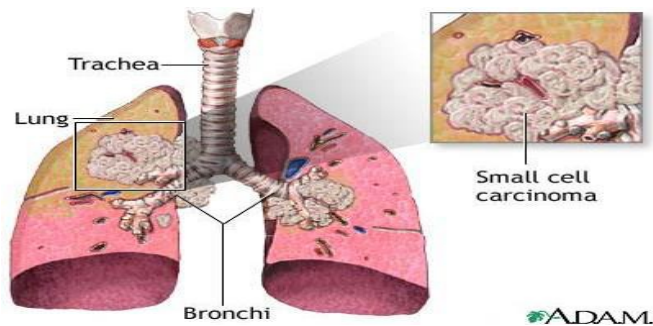


Figure 2 SCLC ADAM

Non-Small Cell Lung Carcinoma (NSCLC)

Non-small cell lung cancer is the most common type of lung cancer and is comprised of three subtypes, adenocarcinoma, squamous cell carcinoma, and large cell carcinoma. The NSCLCs are grouped together because of their prognosis and management are similar. NSCLC usually grows and spreads more slowly than small cell lung cancer.

The TNM system is used to classify NSCLC:

- T – indicates size of tumor.
- N – indicates if cancer is present in the lymph nodes.
- M – indicates if cancer has metastasized to another part of the body.

Treatment Options

Treatment for lung cancer is individualized based on the type of cancer, histology and stage of cancer, as well as the age, general health, and medical history of the individual diagnosed. Some of the more common diagnostic evaluations to determine treatment options include a fine needle aspiration (FNA) to obtain a biopsy, a small piece of tissue that will be evaluated by a pathologist for presence of cancer cells. Once the histology is confirmed by the biopsy, tests will confirm if and where there is metastatic disease. These tests can include magnetic resonance imaging (MRI), CT scans, and positron emission tomography (PET) scans. Certain lab tests, such as a genomic assessment evaluate the DNA alterations that drive tumor growth, may also be of value in the diagnostic phase. There are four basic treatments for lung cancer; surgery, radiation therapy, chemotherapy, and targeted therapy.

Surgery

A thoracic surgeon is specially trained to perform lung cancer surgery. The goal of surgery is to completely remove the lung tumor and any nearby lymph nodes in the chest. There are different types of surgery used for lung cancer depending on the size and location of the tumor.

- **Pneumonectomy** is the removal of the entire lung, if the tumor is close to the center of the chest this may be the best or only option.
- **Lobectomy** (removal of an entire **lobe** of the lung) in NSCLC is the most effective surgical approach.
- **Wedge** is the removal of the tumor surrounded by a margin of normal lung without removing the entire lobe.
- **Segmentectomy** is the removal of a portion of the lung where the cancer developed.

Radiofrequency Ablation (RFA)

Radiofrequency ablation (RFA) is not a type of surgery, it is a procedure in which a needle is inserted into the tumor to destroy the cancer cells with an electrical current.

Radiation Therapy

Radiation therapy is the use of high energy x-rays or other particles to kill cancer cells. Radiation therapy is provided by a specialist called a radiation oncologist. The administration of radiation therapy in lung cancer requires assessment of several factors, such as timing of chemotherapy, dose of radiation, and goal of therapy.

A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. Like surgery, radiation therapy cannot be used to treat metastatic cancer as it provides local therapy. Radiation only kills cancer cells directly in the path of the radiation beam. It also damages the normal cells in its path; for this reason, it cannot be used to treat large areas of the body.

Symptoms from radiation therapy depend on which part of the body is being irradiated. Individuals with lung cancer who receive radiation therapy often experience fatigue and loss of appetite. If radiation therapy is given to the neck or center of the chest, a sore throat and difficulty swallowing may develop. Skin irritation, similar to sunburn, where the radiation was directed may also appear. Most side effects diminish after treatment is completed.

About 15% of individuals receiving radiation therapy for lung cancer develop radiation pneumonitis. If it is mild, radiation pneumonitis resolves without treatment. If it is severe, treatment for radiation pneumonitis includes the use of steroid medications, such as prednisone. Radiation therapy may also

cause permanent scarring of the lung tissue near where the original tumor was located. Typically, the scarring does not cause symptoms. However, severe scarring can cause a permanent cough and shortness of breath. For this reason, radiation oncologists carefully plan the treatments using CT-scans of the chest to lessen the amount of normal lung tissue exposed to radiation.

Chemotherapy

The medical oncologist has oversight of chemotherapy administration. Systemic chemotherapy is delivered through the bloodstream to reach and kill cancer cells throughout the body; therefore it is used to treat metastatic disease. A chemotherapy regimen usually consists of a specific number of cycles given over a set period of time. Individuals may receive one drug at a time or combinations of different drugs at the same time.

The side effects of chemotherapy depend on the drugs given and the dose, but basically include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite and diarrhea. Nausea and vomiting are often avoidable. These side effects usually go away once treatment is finished and there are medications that can lessen the severity of the symptoms.

Chemotherapy may also damage normal cells in the body, including blood cells, skin cells, and nerve cells. This may cause low blood counts, an increased risk of infection, hair loss, mouth sores, and/or numbness or tingling in the hands and feet.

There are over 40 chemotherapeutic drugs approved for use in lung cancer. A thorough review of each is beyond the scope of this report. Detailed information on each drug can be reviewed on the National Cancer Institute website at www.cancer.gov/cancertopics/druginfo/lungcancer.

Targeted Therapy

Targeted therapy is a new and emerging field; the premise is to use a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. This type of treatment blocks the growth and spread of cancer cells while limiting damage to normal cells.

Since not all tumors have the same targets, to find the most effective treatment, diagnostic lab tests are conducted to identify the genes, proteins, and other factors in a specific tumor. Research studies are being conducted to find and investigate specific molecular targets and new treatments.

2012 Age at Lung Cancer Diagnosis

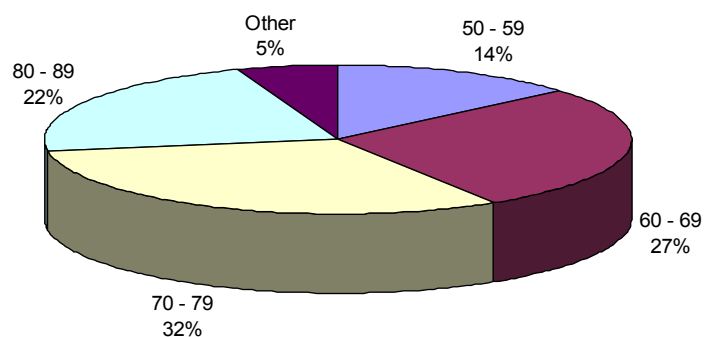


Figure 3 2012 PMC Age at Lung Cancer Diagnosis

2012 Staging of Initial Lung Cancer Diagnosis at PMC

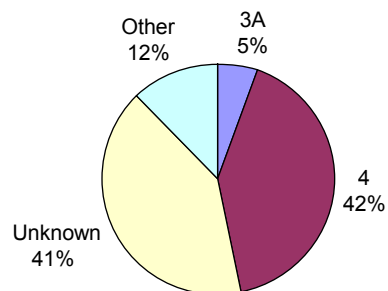


Figure 4 2012 PMC Staging of Initial Lung Cancer Diagnosis

2012 Histology/Behavior Lung Cancer Diagnosis

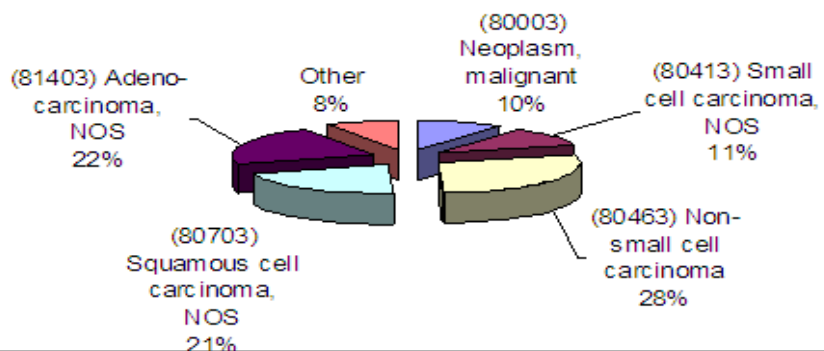


Figure 5: Histology at Diagnosis

Cancer Liaison Report

Germaine Blaine, MD, MPH, is a board-certified medical oncologist at the Cancer Care Center of Brevard. In addition to her busy oncology practice, she voluntarily serves as the cancer liaison physician (CLP) for the hospital's cancer program.



As CLP, Dr. Blaine provides leadership and supervision in monitoring and overseeing activities to improve the quality of the hospital's cancer program. This includes evaluating and analyzing Parrish Medical Center's cancer program performance using National Cancer Data Base (NCDB) data and regularly reporting her analysis of NCDB data to the hospital's cancer committee at large. The CLP serves as the official physician liaison to the Commission on Cancer, the entity overseeing accreditation for the hospital's cancer program.

Cancer Registry Report

According to the National Institutes of Health, cancer is the second leading cause of death among Americans. Doctors, researchers, and public health officials are working endlessly to change this fact by improving cancer prevention and treatment, but ultimately hoping to find a cure for cancer. The starting point for the work of doctors, researchers and public health officials is the Cancer Registrar.

All over America and in your community, cancer registrars are working to gather information from every cancer patient on all aspects of their disease. As each patient's data becomes combined with that from other patients and from other communities, the entire medical community now can understand more and more about cancer.

The cancer registry is the cornerstone of the cancer program at PMC with the focus to exceed the expectations of the American College of Surgeons Commission on Cancer standards and fulfill the cancer committee's vision. The registry collects, manages, and analyzes statistical and quality data on all cancer patients diagnosed and/or treated at Parrish Medical Center.

The cancer registrar at Parrish Medical Center's cancer program is a certified tumor registrar (CTR) who continually participates in ongoing cancer-related education at the local, state and national levels to maintain and increase knowledge of various treatments and to keep abreast of changes in state laws and/or statutes, assist with the annual report, provide supportive documentation for compliance with CoC standards, coordinate bi-monthly cancer conferences as well as responsible for submitting accurate and timely data to the Florida Cancer Data System (FCDS) and the National Cancer Database (NCDB) who use this data to determine future therapies, cancer patient survival rates, and efficacy of current therapies.

2012 Registry Data Summary

Registry Data Activity

The registrar provides data reports for the cancer conferences and cancer committee. This data is used by Parrish Medical Center's staff to evaluate clinical outcomes, needs assessment for future staffing and equipment, develop therapeutic protocols for treatment, clinical trials feasibility, and quality assurance studies.

Follow-Up Rate

Follow-up is important for tracking of vital status and cancer status. The registry maintains lifetime follow-up on all analytic patients entered into the database. This includes tracking and updating any additional treatments received, monitoring current cancer status and documenting last date of contact with the patient.

Cancer Conference Activity

Cancer conferences provide our cancer specialists with a forum to collaboratively discuss the clinical stage of the disease, the different treatment options mandated by national treatment guidelines on an individual patient in order to provide excellence in patient care.

Parrish Medical Center cancer conferences are held twice-monthly. The cancer registrar coordinates the meetings, gathers the information required for discussion, including medical history, pertinent pathology and radiology material for review. Multi-disciplinary cancer conferences are attended by surgeons, medical oncologists, radiation oncologists, pathologists and radiologists. Both prospective and retrospective cases are discussed

The American College of Surgeons requires that the number of cases presented annually is proportional to 10% of the analytic caseload. There were a total of 21 Cancer Conferences in 2012 with a total of 53 cases presented.

Quality of Data in the Cancer Registry

The cancer registrar continually strives for data quality through a variety of monitoring systems. In 2012, a minimum of 10% of the newly diagnosed cases were reviewed by the cancer liaison physician who verified the accurate recording of class of case, primary site, histology, stage of disease, collaborative stage, first course of treatment, and timeliness.

In addition to the CLP review, the cancer registry software has extensive built-in validation edits at the time of data entry that contribute to high quality data.

Incidence

A total of 401 cases were entered into the data base for 2012. Of the total cases, 321 were analytic – which are all reportable cases first diagnosed and/or receiving all or part of their initial treatment at Parrish Medical Center and 80 were non-analytic cases that include patients who received a treatment elsewhere and are being seen at Parrish Medical Center for subsequent treatment for progression, metastatic disease or recurrent disease. The five most frequent analytical sites were breast, bronchus/lung, colon, urinary bladder, and prostate.

Sex Distribution	Analytic (321)	Non-Analytic (80)
Male	142	42
Female	179	38

Race Distribution	Analytic (321)	Non-Analytic (80)
White	297	74
Black	16	6
Other	8	0

Table 2 Analytical and Non Analytical Cases by Sex and Race

Site	Analytic	Non-Analytic
Breast	85	10
Lung	65	11
Colon	24	3
Bladder	14	1
Prostate	8	6

Table 3 2012 Top 5 Cancer Sites for PMC

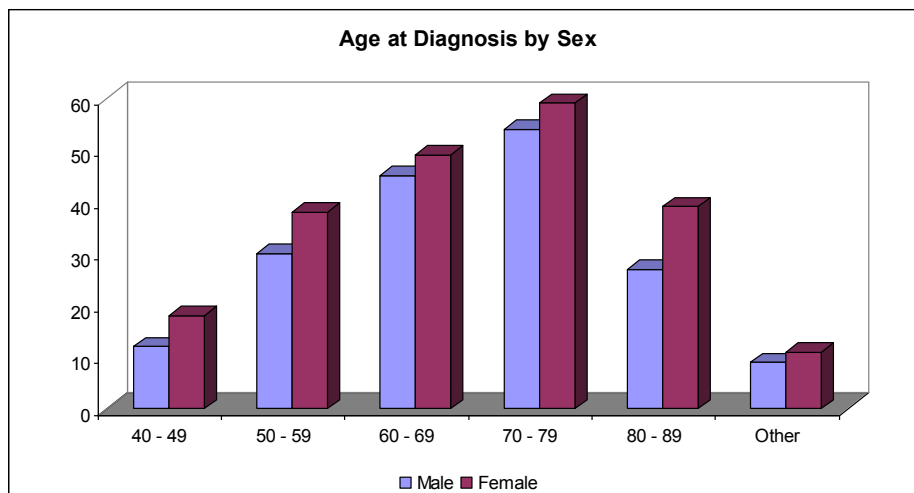


Table 4 2012 Age at Diagnosis All Cancer Sites

2013 Community Outreach

Event Name	Date	Focus/Topic	Population Served	# of Attendees
Look Good...Feel Better	Monthly	Survivor Support	Survivors	27
Parrish Partners	Monthly	Survivor Support	Survivors	122
Food for Life Series (4 classes ea.)	Quarterly	Cancer Prevention	Survivors	155
Employees' Mammo Day	Quarterly	Breast Screenings	Care Partners	104
MLK Health Fair	1/21	Cancer Prevention/Awareness	AA Community	150
Friendship Baptist Church Health Fair	2/23	Cancer Prevention/Awareness	AA Community	65
CPS-3 Study	5/18	Cancer Prevention Study	Community	60
Casting for Recovery	4/6 & 4/8	Breast Cancer Support	Survivors	14
Relay for Life	4/6 & 4/20	Survivor Celebration	Survivors/Families	300
Men's Health Summit	6/15	Prostate Cancer Screenings	AA/Hispanic Men	20
2013 Survivor Celebration	9/21	Joy of Living	Survivors	105
Making Strides	10/19	Survivor Celebration	Community	1,000
City of Titusville	10/29	Prostate/Colon Screenings	Community	80
Ladies of Nobles-N. Brevard Shriner	11/2	Cancer Awareness	Community	100
Men's Health Awareness St. James Missionary Baptist Church	11/9	Prostate & Colon Screening	AA Community	25
Gift of Light	12/5	Cancer Prevention/Awareness	Community	>1,000

2013 Cancer Education Seminars

March 11	Advances in Breast Cancer and Metastatic Breast Cancer Educational Concept Group Stefan Gluck, MD, PhD University of Miami
April 16	New Developments in MDS and AQUA Technology in Breast Cancer Riem El-Sabbagh Badr, MD Genoptix Laboratory
May 21	End Stage Renal Failure – Palliative Care Series Elizabeth Galfo, MD Parrish Medical Center Hospice of St. Francis
June 28	Ensuring Treatment Continuity in Colorectal Cancer: Practical Strategies for Addressing Side Effects of Current and Emerging Targeted Therapies Andrea Wang-Gillam, MD, PhD Washington University in St. Louis
August 20	End of Life for Patients with Liver Disease – Palliative Care Series Elizabeth Galfo, MD Parrish Medical Center Hospice of St. Francis
October 15	Diagnosis and Treatment Side Effects of Radiation Therapy Brendan Pendergast, MD Space Coast Cancer Center

2014 Cancer Committee Program Goals

2014 Cancer Program Goals

1. Clinical Goal:
Develop a relationship with Mayo for e-consults to assist with evaluation, diagnosis, and treatment of unusual cancer presentations.
2. Programmatic Goal:
Initiate application process for National Accreditation Program for Breast Centers (NAPBC).

2014 Patient Outcome Goals

3. Prevention Programs: Standard 4.1
 - Offer at least one series of the Cancer Project Food for Life program.
 - Promote Safe Sun education and practices during outdoor events.
 - Promote Colon Cancer Awareness month in Parrish Medical Group (PMG) Patient Centered Medical Homes (PCMH).
4. Screening Programs: Standard 4.2
 - Evaluate efficacy of prostate screening events.
 - Men's Health Summit.
 - Offer at least two breast cancer screening programs.
 - Girls Night Out.
 - Mammo Day.
 - Offer at least one colon screening event.
5. Quality Report: Standard 4.3
 - Quarterly Registry Quality Reports are shared with the Cancer Committee.
6. Accountability Measure: Standard 4.4
 - Use Breast e-QuiP data to monitor and evaluate breast indicators to maintain at least a 90% performance rating.
 - Radiation therapy is administered within one year of diagnosis for women under 70 receiving breast conserving surgery for breast cancer (BCS/RT).
 - Combination chemotherapy is considered or administered within four months of diagnosis for women under 70 with AJCC Stage IC, II, or III hormone receptor negative breast cancer (MAC).
 - Tamoxifen or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC Stage IC, II or III hormone receptor positive breast cancer (HT).
 - Adjuvant chemotherapy is considered or administered within four months of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (ACT).

7. Quality Improvement Measure: Standard 4.5

- Use Colon e-QulP data to monitor and evaluate colon indicators.
- Improve lymph node (at least 12) removal for pathological review to at least 80% performance rate.

8. Assessment of Evaluation and Treatment Planning: Standard 4.6

- A study is performed by a MD member of the cancer committee of at least 10% (random) of annual analytic case load is completed and reviewed for concordance with the evidence-based national treatment guidelines.

9. Studies of Quality: Standard 4.7

- Complete DMAIC for Navigation Quality Study for further performance improvement opportunities.
- Complete a DMAIC for psychosocial services offered to newly diagnosed cancer patients.
- Complete DMAIC for timeliness from diagnostic mammography to definitive diagnosis.

10. Quality Improvement: Standard 4.8

- Improve Patient Navigation Program based on results from DMAIC.
- Develop and implement a process to ensure that 50% of patients admitted with a new cancer diagnosis have a psychosocial evaluation.
- Develop and implement a process to ensure at least 50% of patients diagnosed with breast cancer have a genetic risk assessment questionnaire completed by a qualified genetic professional.

2013 Cancer Committee Membership

The Cancer Committee is composed of representatives of primary and specialty care physicians, as well as team members involved in the care of cancer patients. The multidisciplinary committee meets at least quarterly to review and evaluate the quality and direction of the overall cancer program.

Cancer Committee Chairman	Ashish V. Dalal, MD
Cancer Liaison Physician	Germaine Blaine, MD, MPH
Administration	Chris McAlpine, VP
General Surgery	John M. Zambos, MD
Radiation Oncology	James Giebink, MD
Pathology	Edward Jones, MD
Diagnostic Radiologist	Richard Mayer, MD
Community Outreach Coordinator	Elizabeth Galfo, MD
Quality Improvement	Gloria Velez, ARNP, MSN, AOCN, CPHQ
Oncology Nursing	Marsha Richardson, RN, MSN, CBCN, ONC
Quality Risk Management	Anna Maynard, RN
Certified Cancer Registrar	Joan Galbicsek, CTR
Palliative Care	Terry Donovan, RN, MSN
Psychosocial Services	Helen Duane, LCSW
Communication & Service Excellence	Alexandra Gutierrez, RN, MSN
Food & Nutrition	Kay Schindler
Rehabilitation Department	Suzanne Comer, OTR/L, CLT
Pharmacy	Jeff Ruff, Pharm D
Laboratory	Rene Pulido, MT
Pastoral Services	Rev. Jerald Smith, D.Min
Case Management	Vicki White, RN
Home Health	Addie Todd, RN / Nora Fetherman, RN
American Cancer Society	Gina Becker / Hildelenia Cuevas
Communication & Service Excellence	Mathew Haggar / Jo Connell
Oncology	Kathy Myer, RN / Terrilyn Holtkamp, RN
Rehabilitation	Norise Whitman / Suzanne Comer, OTR/L

Glossary of Terms

Analytic – A cancer that is reportable to the Florida Cancer Data System and National Cancer Data Base. Cases that are initially diagnosed and/or received all or part of the first course of treatment at PMC.

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

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

Florida Cancer Data System (FCDS) – A statewide Florida cancer registry which has been collecting data since 1981. The database contains over 2,700,000 cancer incidence records.

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

Non-Analytic – Cancer cases primarily diagnosed and treated elsewhere, and/or receiving subsequent care at PMC.

References

National Cancer Data Base (NCDB) Commission on Cancer, 2014

American Cancer Society, Cancer Facts & Figures, 2012

National Comprehensive Cancer Network, NCCN Guidelines, 2014

Centers for Disease Control and Prevention, 2014

Florida Cancer Data System and Office of Vital Statistics, 2009

PMC Benchmarks

Patient treatment and survival outcomes presented in this publication have been compared to state and national statistics for comparable healthcare institutions.

The statistical data presented by Parrish Medical Center in this report have been benchmarked against data collected by the following sources:

Commission on Cancer



SEER



FCDS



American Cancer Society



NCDB



NCCN



Awards and Accreditation



Commission on Cancer

The Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.



American College of Radiology

The Breast Imaging Center of Excellence (BICOE) designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.



College of American Pathologists

The CAP Laboratory Accreditation Program is an internationally recognized program and the only one of its kind that utilizes teams of practicing laboratory professionals as inspectors. Designed to go well beyond regulatory compliance, the program helps laboratories achieve the highest standards of excellence to positively impact patient care.



Joint Commission

Joint Commission accreditation means your organization complies with the highest national standards for safety and quality of care and is committed to continually improving patient care.

In 2013:

CMS (Centers for Medicare and Medicaid Services) ranked Parrish Medical Center as Central Florida's No. 1 hospital based on data compiled by CMS on clinical care, the quality of the patient experience, and cost.

Parrish Medical Center was also ranked as the #5 independent public hospital in the U.S., and in the top 6% of the 2,985 hospitals analyzed by CMS. This hospital-compared data is important to everyone, not only those on Medicare or Medicaid.

Received the Joint Commission award for top performer on key quality measures.

PMC earned its fourth "A" Hospital Safety rating from the Leapfrog Group, the only Brevard County hospital to earn four consecutive "A" ratings to date.