

# 2016

## ANNUAL OUTCOMES



[FloridaHospitalCancer.com](http://FloridaHospitalCancer.com)

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The Florida Hospital Cancer Institute (FHCI) is proud to present our 2016 Annual Report, including 2015 activities and Cancer Registry data.

## Vision Statement

National recognition as a Cancer Institute that provides patients access to value-based, personalized care through highly specialized, comprehensive, and innovative destination programs.

## Florida Hospital Cancer Institute Facts

- Our program cares for more newly diagnosed cancer patients than any other hospital system in Florida.\*
- More than 1,000 patients enrolled onto clinical trials annually
- Research affiliations with the National Cancer Institute (NCI), Children's Oncology Group, Sarah Cannon Research Institute, Sanford-Burnham Medical Research Institute and University of Central Florida (UCF) College of Medicine
- Accredited as an Academic Comprehensive Cancer Program by the American College of Surgeons Commission on Cancer
- One of the most experienced radiation oncology programs in Florida and accredited by the American College of Radiology (ACR) for quality
- Performing more than 130 adult bone marrow transplants annually, and accredited by the Foundation for Accreditation of Cellular Therapy (FACT) for quality
- The world leader in robotic prostatectomy, utilizing Central Florida's first da Vinci® Surgical System
- More than 10,000 cancer surgeries performed annually
- Certified by the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative for quality in medical oncology
- Accredited by the National Accreditation Program for Breast Centers (NAPBC) for excellence in breast cancer care

*\*Source: Florida Cancer Data System*



 Cancer Institute  
OF FLORIDA

*Tarek Mekhail, MD  
MSC, FRCSI, FRCSEd  
Director of Thoracic Oncology*

# Dear Colleagues and Community Members:

In 2015, Florida Hospital Cancer Institute (FHCI) contributed significantly to the advancement of cancer treatment and research. Our dedicated team of medical professionals and support staff participated in many promising research studies, trained physicians from around the world and added new services, all while remaining focused on providing the highest quality care every day to the patients who entrust us with their health. We maintained prestigious accreditations for FHCI, as well as for many individual programs, and continued to earn national recognition as an outstanding center for cancer care. As acting medical director for 2015, I am proud of our team's accomplishments and also pleased to welcome aboard our new executive medical director, Dr. Mark Socinski.

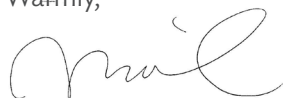
Dr. Socinski brings decades of experience in patient care, research and leadership to the Cancer Institute. His leadership and experience will help us strengthen our reputation as a destination program known for providing patients with compassionate, state-of-the-art care.

***Below are a few of the notable 2015 achievements of our team:***

- Screened nearly 60,000 women for breast cancer, with our Breast Cancer Care Fund providing 1,548 mammograms to uninsured and underserved women.
- Added six new genomic tests, enabling our urologic oncologists to identify more clearly the aggressiveness of prostate cancer.
- Performed more complex endoscopic procedures and more endoscopic ultrasounds than any other facility in Florida and the United States, respectively.
- Raised more than \$4.5 million for cancer research and care.
- Added two new cardiovascular thoracic surgeons: Clay Burnett, MD, and Farid Gharagozloo, MD.

We are grateful to the support given to FHCI by our partners, community and donors. With this support, we can continue to provide Florida with world-class oncology care and a state-of-the art medical facility. I know the entire FHCI team is committed to continuing our work in patient care and forward-thinking research. Thank you for your support, and please contact me if you wish to discuss any of our 2015 outcomes.

Warmly,



**Tarek Mekhail, MD, MSc, FRCSI, FRCSEd**

Acting Executive Director

Florida Hospital Cancer Institute



# Bone Marrow Transplant



## **Shahram Mori, MD**

*Medical Director, Bone Marrow Transplant Program  
Florida Hospital Cancer Institute*

The Blood and Marrow Transplant Center (BMTc) is Central Florida's first and only comprehensive bone marrow transplant center for adults. BMTc offers:

- Autologous transplants (a patient's own marrow or stem cells are used)
- Allogeneic transplants (a donor provides the blood marrow or peripheral blood stem cells)
- Pre-transplantation evaluations
- Peripheral blood stem cell collections/apheresis
- Bone marrow collections
- Post-transplant care, including graft vs. host disease (GvHD) evaluation/management
- ECP treatment (Extracorporeal Photopheresis, used for skin GvHD and cutaneous T-cell lymphoma)
- Haplo Transplants (half-match transplant when no full match is available)
- Cord blood transplants

The program is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and the National Marrow Donor Program (NMDP), and participates in Cancer and Leukemia Group B (CALGB) and is part of the 10CBA protocol.

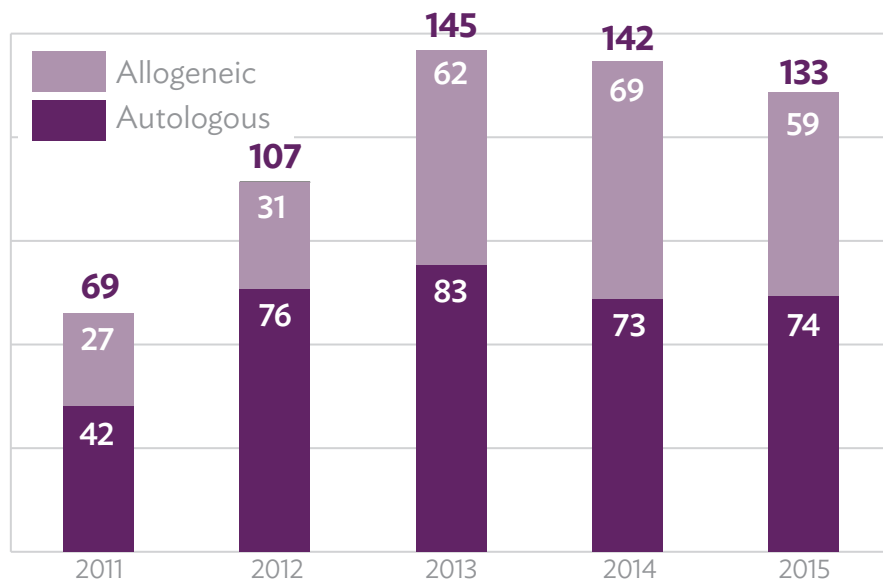
## **2015 Highlights**

- Performed 133 transplants.
- Achieves and maintains 100 percent annual reporting compliance with the Center for International Blood & Marrow Transplant Research (CIBMTR).
- Now holds every center of excellence designation available for bone marrow transplant.

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## Bone Marrow Transplant Procedures

2011-2015

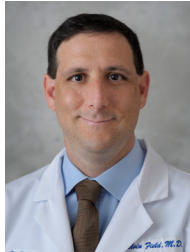


Source: FHCI Bone Marrow Transplant Program





# Brain and Spine Oncology



## Melvin Field, MD

Co-Medical Director, Brain/Spine Tumor Program  
Florida Hospital Cancer Institute

Neurosurgical Director – Gamma Knife Center and  
Neuroscience Institute

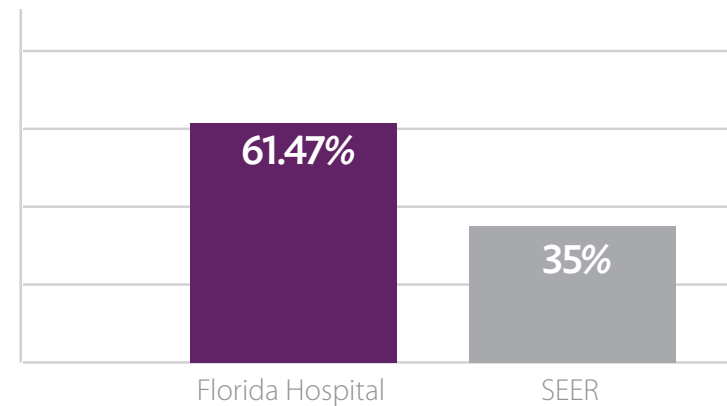
Associate Professor of Neurological Surgery, University of  
Central Florida College of Medicine

The FHCI Brain and Spine Program specializes in the diagnosis and comprehensive management of primary brain and spinal tumors for adult and pediatric patients, complications of malignant/low-grade brain and spinal tumors, secondary metastatic cancer directly affecting the brain and spinal cord, neurologic manifestations of cancers elsewhere in the body, and treatment-related complications affecting the central and peripheral nervous system.



## Brain and Spine Cancer Cases Five-year Survival

Cases Diagnosed 2005 – 2011



FHCI Tri-county area\* vs. nine Surveillance,  
Epidemiology and End-Result registries,  
part of Centers for Disease Control and Prevention.

Sources: FHCI Cancer Registry; <https://www.seer.cancer.gov/canques>

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# Breast Oncology



## Louis Barr, MD

Medical Director, Florida Hospital Cancer Institute  
Chair, Breast Program Leadership

As a leader in breast cancer treatment, FHCI employs a wide range of therapies to treat the disease, including surgery, radiation therapy, chemotherapy, hormonal therapy and targeted therapy. Our multi-disciplinary approach provides comprehensive care that enables patients to coordinate appointments with different specialists within the same day and promptly receive treatment recommendations. Breast cancer care coordinators assist patients through every step of their treatments and offer moral support. After-care and support helps patients transition back to their day-to-day lives. FHCI is an innovator in community outreach that has provided thousands of screenings to underserved women.

## Highlights

- Mammography centers at Florida Hospital campuses screened 55,138 women.
- The Mobile Mammography bus team screened 3,239 of those women.
- FHCI was reaccredited by the National Accreditation Program for Breast Centers after a site visit in September.
- Breast Cancer Care Coordinators assisted 362 newly diagnosed patients and referred 894 patients to the breast cancer care team.
- Breast cancer survivors and volunteer recruits enlisted in the Pink Army to spread breast cancer awareness and encourage screening mammograms.

## Publications and Presentations

**Barr LH**; “Surgical Concerns and Approach to Breast Cancer”; American College of Osteopathic Obstetricians and Gynecologists Annual Meeting, Orlando; Oct. 23, 2015.

Litherland SA, **Barr LH**, et al; “Detection of Estrogen Responsive Breast Cancer Circulating Tumor Cells: Assay Development for Anti-Hormone Therapy Resistance”; Journal of Cancer Therapy 2015; (6), 773-782; Lecture Series, Orlando, 2015.

McLamara R, Friedman S, Caceres A, **Ivanov O**, Buffington C; “Healthcare Practices of BRCA Mutation Carriers”; Annual University of Florida and the American Society of Breast Disorders Multidisciplinary Symposium on Breast Disease, Amelia Island, 2015.

**Ivanov O**, Caceres A, McLamara R, Buffington C; “Lifestyle Issues of BRCA Mutation Carriers”; Annual University of Florida and the American Society of Breast Disorders Multidisciplinary Symposium on Breast Disease, Amelia Island, 2015.

McLamara R, Friedman S, Caceres A, **Ivanov O**, Buffington C; “Cancer Preventative Practices of BRCA Mutation Carriers”; Oncology Nurses Society National Meetings, Orlando, 2015.

Caceres A, McLamara R, **Ivanov O**, Buffington C; “Disturbances in Quality of Life among BRCA Mutations Carriers”; American Clinical Oncology Society, Chicago, 2015.

Caceres A, McLamara R, **Ivanov O**, Buffington C; “Lifestyles of BRCA Mutation Carriers: the 2013 FORCE Study”; FORCE Annual Meetings, Philadelphia, 2015.

McLamara R, Caceres A, **Ivanov O**, Buffington C; “The healthcare practices of BRCA Mutation Carriers”; Florida Hospital Annual Research Symposium, Orlando, 2015.

Caceres A, McLamara R, **Ivanov O**, Buffington C; “Addressing the psychological status of BRCA Mutation Carriers”; Florida Hospital Annual Research Symposium, Orlando, 2015.

## Research

- Continued collaborative bench/translational research on circulating tumor cells in development of individualized therapy for metastatic breast cancer with Dr. A. Khaled, University of Central Florida, funded by the Breast Cancer Research Foundation. The project was featured at the “Cure Bowl” on Dec. 19, 2015.
- Conducted a study of 41 patients in Intraoperative Radiation Therapy at Florida Hospital Celebration.
- Eight studies were open to enrollment, with two others pending.
- Patients have been enrolled in one Pharma study and four Cooperative Group studies.
- Screening for clinical trial eligibility is done for each patient presented at the breast cancer tumor board.



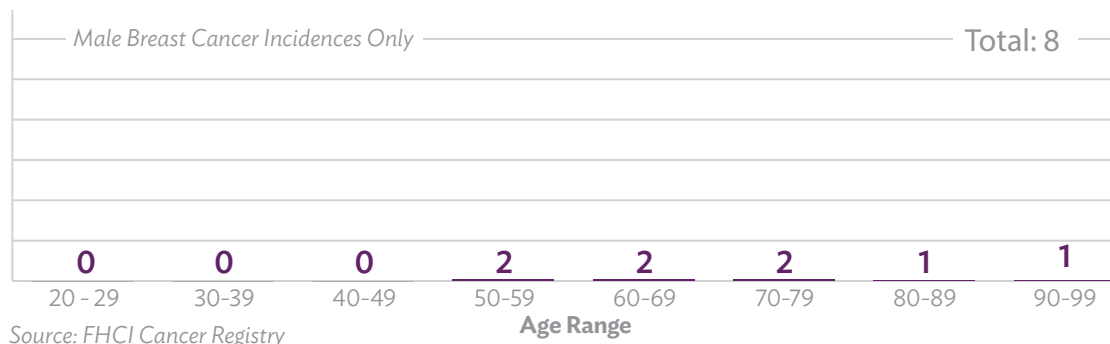
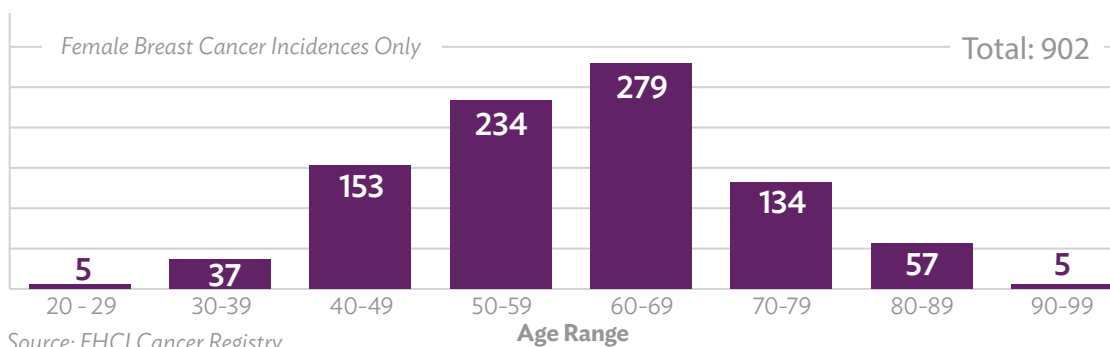
# Breast Oncology



## Breast Cancer Cases

### Age at Diagnosis by Gender

Nearly 57 percent of all FHCI breast cancer patients were diagnosed between ages 50 and 69. About 5 percent of patients were under age 40 at diagnosis.



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## 2015 Breast Cancer Cases

### Stage at Diagnosis by Gender

Breast cancer became the most frequently diagnosed cancer nationally in 2015. At FHCI, 910 new cases of breast cancer were diagnosed or treated. Nearly 85 percent of them were identified in early stages (0, I, II), demonstrating the effectiveness of years of effort building awareness of early screenings.

AJCC STAGE AT DIAGNOSIS	Female		Male		Total Values	
	NBR	(%)	NBR	(%)	NBR	(%)
0	157	99.4	1	0.6	158	17.4
1	3	100	0	0	3	0.3
1A	316	99.7	1	0.3	317	34.9
1B	19	100	0	0	19	2.1
2	2	100	0	0	2	0.2
2A	166	98.8	2	1.2	168	18.5
2B	104	98.1	2	1.9	106	11.7
3	1	100	0	0	1	0.1
3A	41	97.6	1	2.4	42	4.6
3B	10	100	0	0	10	1.1
3C	9	100	0	0	9	1
4	46	97.9	1	2.1	47	5.2
Any Others	7	100	0	0	7	0.8
<b>Overall Totals</b>	<b>881</b>	<b>99.1</b>	<b>8</b>	<b>0.9</b>	<b>889</b>	<b>100</b>

Source: FHCI Cancer Registry

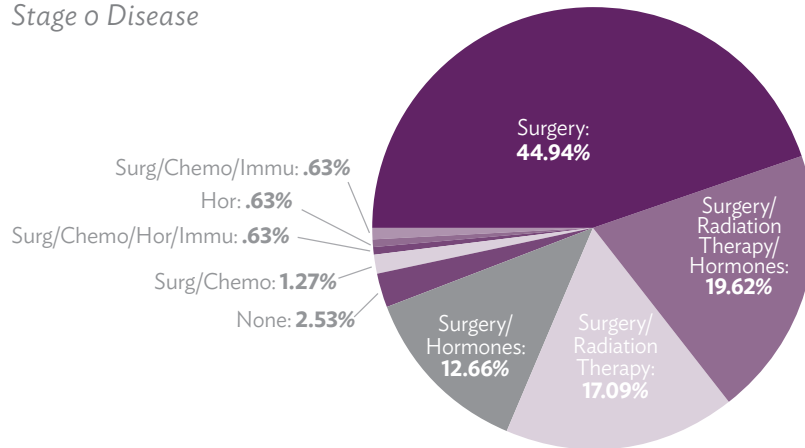


# Breast Oncology

The graphs below demonstrate treatment combinations received by breast cancer patients in the early stages (0, I or II) of disease when first diagnosed. Nearly 45 percent of patients in Stage 0 were treated with surgery alone as the first course of treatment, compared with 19 percent of Stage II patients, when chemotherapy combined with surgery was slightly more prevalent.

## Treatment Combinations

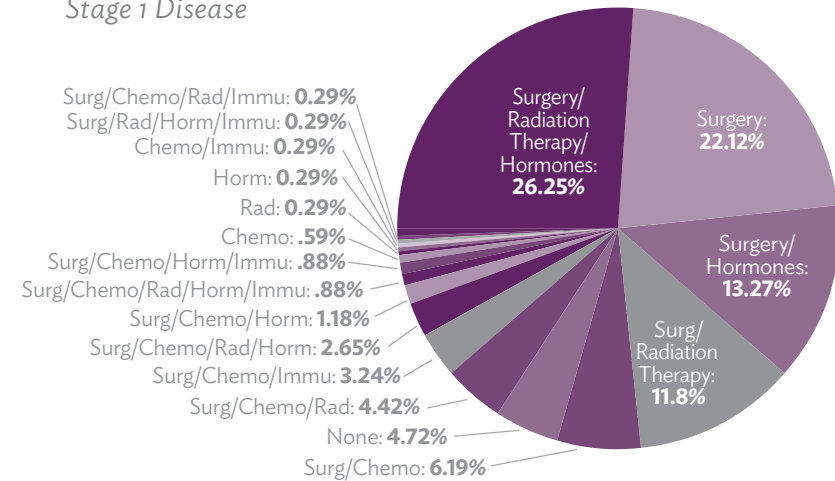
Stage 0 Disease



Source: FHCI Cancer Registry

## Treatment Combinations

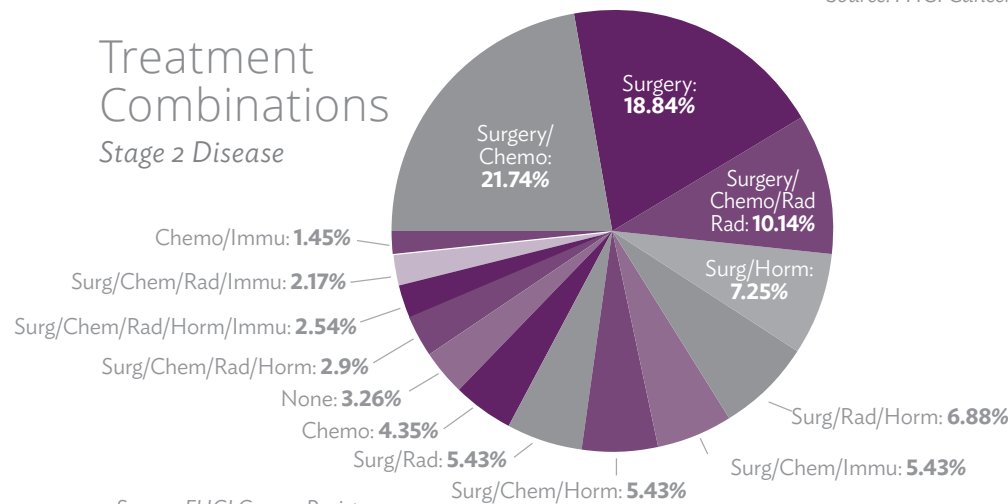
Stage 1 Disease



Source: FHCI Cancer Registry

## Treatment Combinations

Stage 2 Disease



Source: FHCI Cancer Registry

## First-course Surgery Type by Stage at Diagnosis

This chart demonstrates the type of first-course surgery received by breast cancer patients in various stage of the disease when initially diagnosed. Mastectomy was generally the first course of treatment for tumors diagnosed in stages 2A to 3, as where lumpectomy or no surgery was more likely the course of treatment chosen in stages 2 and below.

*Columns and rows may not equal total noted due to rounding.  
Other includes option of no surgery as first course of treatment.*

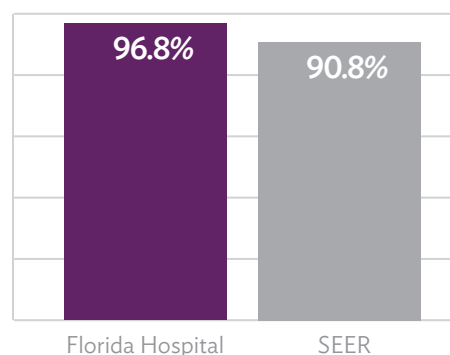
AJCC STAGE AT DIAGNOSIS	None		Lumpectomy		Mastectomy		Total Values	
	#	(%)	#	(%)	#	(%)	#	(%)
0	5	3.2	92	58.2	61	38.6	158	17.4
1	2	66.7	1	33.3	0	0	3	0.3
1A	20	6.3	203	64	94	29.7	317	34.9
1B	0	0	11	57.9	8	42.1	19	2.1
2	0	0	1	50	1	50	2	0.2
2A	16	9.5	75	44.6	77	45.8	168	18.5
2B	11	10.4	32	30.2	63	59.4	106	11.7
3	1	100	0	0	0	0	1	0.1
3A	9	21.4	7	16.7	26	61.9	42	4.6
3B	1	10	3	30	6	60	10	1.1
3C	1	11.1	1	11.1	7	77.8	9	1
4	41	87.2	1	2.1	5	10.6	47	5.2
Not Applicable This Morphology	0	0	1	100	0	0	1	0.1
Unknown Stage	9	47.4	5	26.3	5	26.3	19	2.1
Any Others	0	0	4	57.1	3	42.9	7	0.8
<b>Overall Totals</b>	<b>116</b>	<b>12.8</b>	<b>437</b>	<b>48.1</b>	<b>356</b>	<b>39.2</b>	<b>909</b>	<b>100</b>

Source: FHCI Cancer Registry

## Breast Cancer Five-year Survival

Cases Diagnosed  
2006-2012

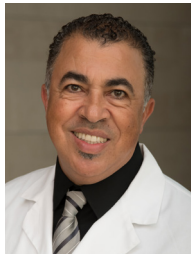
Five-year survival rates at FHCI exceeded those of nine surveillances, epidemiology and end-results (SEER) registries.



FHCI Tri-county area vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).  
Sources: FHCI Cancer Registry; [seer.cancer.gov/canques](http://seer.cancer.gov/canques)



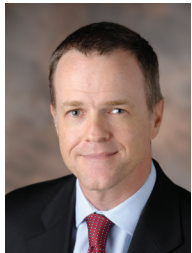
# Gastrointestinal, Pancreatic and Hepatobiliary Oncology

**Ahmed Zakari, MD**

*Medical Director  
Gastrointestinal Cancer Program  
Florida Hospital Cancer Institute  
Chief of Hematology/Oncology Division  
Florida Hospital  
Assistant Professor  
University of Central Florida College of Medicine*

**Matthew Albert, MD**

*Medical Director, Colon & Rectal Surgery,  
Florida Hospital Cancer Institute  
Director, Florida Hospital Colorectal Fellowship Program*

**Juan Pablo Arnoletti, MD, FACS**

*Chief of Surgical Oncology  
Chairman of the Gastrointestinal Cancer  
Leadership Committee  
Florida Hospital Cancer Institute  
Professor of Surgery  
University of Central Florida College of Medicine*

FHCI offers a comprehensive array of treatments and therapies for gastrointestinal cancer, including innovative, minimally invasive surgeries and stereotactic body radiation for early or small tumors and radioembolization therapy for large or multiple tumors. The Gastrointestinal, Pancreatic and Hepatobiliary Oncology team uses 3-D technology to produce a more accurate diagnosis. FHCI is committed to education and treatment that improves the lives of our patients and their families, including support to manage the emotional impact of cancer.

## Highlights

- Performed more than 80 pancreatic surgeries, including 41 pancreaticoduodenectomies and 30 distal pancreatectomies.
- Evaluated and treated 311 pancreatic cancer cases and 184 liver and bile duct cancer cases.
- Implemented 107 pancreatic cancer hospital discharges at Florida Hospital Orlando.
- Of the 7,534 cancer patients treated by FHCI, CCRS performed 161 of the 567 resection surgeries for tumors of the lower intestinal tract (including the appendix, colon and rectum).
- Eight TAMIS operations were performed for rectal neoplasia —including highly selected, early-stage rectal cancers.
- CCRS physicians were invited to teach, train and lecture on TAMIS and pioneering techniques for rectal cancer surgery at 23 national and international destinations in 2015.



## Publications

Transanal Minimally Invasive Surgery. **deBeche- Adams T, Nassif G.** (2015). Clin Colon Rectal Surg. 2015 Sep;28(3):176-80. doi: 10.1055/s-0035-1555008.

Transanal endoscopic resection with peritoneal entry: a word of reason. Burke JP, **Atallah S, Albert MR.** Tech Coloproctol. 2015 Oct;19(10):663-4. doi: 10.1007/s10151-015-1363-9. Epub 2015 Sep 10.

Current status of Trans-Anal total mesorectal excision (TaTME) following the 2nd International consensus conference. Motson RW, Whiteford MH, Hompes R, **Albert M,** Miles WF; expert group.. Colorectal Dis. 2015 Sep 24. doi: 10.1111/codi.13131. [Epub ahead of print]

Three procedures of transanal minimally invasive surgery (TAMIS) for advanced mid-low rectal tumor. Shen Z1, Ye Y, **Atallah S,** Xie Q, Jiang K, Wang S. Zhonghua Wei Chang Wai Ke Za Zhi. 2015 Oct 25;18(10):998-1001.

Towards the Development of Simultaneous Two-Field Robotic Surgery TCOL [in press] **Sam Atallah, MD,** Arielle DuBose, MD, and Sergio W. Larach, MD (2015). [Epub ahead of print]

A mechanism for constructing a durable purse-string during transanal total mesorectal excision **Atallah, S.** & DuBose, A. Tech Coloproctol (2015) 19: 751. doi:10.1007/s10151-015-1389-z.

Image-guided real-time navigation for transanal total mesorectal excision: a pilot study. **S. Atallah,** B. Martin- Perez, S. Larach. Techniques in Coloproctology July 2015 Date: 09 Jul 2015. Why the Parks transanal excision for early stage rectal cancer should be abandoned. **S. Atallah,** D. Keller. Dis Colon Rectum. 2015 Dec;58(12):1211-4. doi: 10.1097/DCR.000000000000470.

Have we forgotten the most important tenet in oncologic surgery? **S. Atallah.** Dis Colon Rectum. 2015 Dec;58(12):e457-8. doi: 10.1097/DCR.000000000000484.

Drainoscopy: a doorway to the abdomen in the postsurgical patient. **Atallah S, deBeche-Adams T,** Imam Z, Amir K. Tech Coloproctol. 2015 Jul 7. PMID: 26150347.

The dawn of the digital operating theatre and the rise of the digital surgeon. **Atallah, S.** Tech Coloproctol (2015) 19: 499. doi:10.1007/s10151-015-1325-2.

Robotic transanal total mesorectal excision with intersphincteric dissection for extreme distal rectal cancer: a video demonstration. **Atallah, S.,** Drake, J., Martin-Perez, B. et al. Tech Coloproctol (2015) 19: 435. doi:10.1007/s10151-015-1304-7.

The use of a lighted stent as a method for identifying the urethra in male patients undergoing transanal total mesorectal excision: a video demonstration. **Atallah S,** Martin-Perez B, Drake J, Stotland P, Ashamalla S, **Albert M.** Tech Coloproctol. 2015 Jun;19(6):375. doi: 10.1007/s10151-015-1297-2. Epub 2015 Mar 28. No abstract available.

Robotic transanal surgery for local excision of rectal neoplasia, transanal total mesorectal excision, and repair of complex fistulae: clinical experience with the first 18 cases at a single institution. **Atallah S,** Martin- Perez B, Parra-Davila E, **deBeche-Adams T,** Nassif G, Albert M, Larach S. Tech Coloproctol. 2015 Jul;19(7):401-10. doi: 10.1007/s10151-015-1283-8. Epub 2015 Feb 24.

Natural-orifice transluminal endoscopic surgery. **Atallah S,** Martin-Perez B, Keller D, Burke J, Hunter L. Br J Surg. 2015 Jan;102(2):e73-92. doi: 10.1002/bjs.9710. Review.

Transanal total mesorectal excision: full steam ahead. **Atallah S.** Tech Coloproctol. 2015 Feb;19(2):57-61. doi: 10.1007/s10151-014-1254-5. Epub 2015 Jan 6. No abstract available.

Stereotactic navigation for TAMIS-TME: opening the gateway to frameless, image-guided abdominal and pelvic surgery. **Atallah S, Nassif G,** Larach S. Surg Endosc. 2015 Jan;29(1):207-11. doi: 10.1007/s00464-014-3655-y. Epub.

Transanal endoscopic microsurgery versus standard transanal excision for the removal of rectal neoplasms: a systematic review and metaanalysis. Clancy C, Burke JP, **Albert MR,** O'Connell PR, Winter DC. Dis Colon Rectum. 2015 Feb;58(2):254-61. doi: 10.1097/DCR.000000000000309. Review.

COMPRES: a prospective post marketing evaluation of the compression anastomosis ring CAR 27™/ColonRing™. D'Hoore A, **Albert MR,** Cohen SM, Herbst F, Matter I, Van Der Speeten K, Dominguez J, Rutten H, Muldoon JP, Bardakcioglu O, Senagore AJ, Ruppert R, Mills S, Stamos MJ, Pahlman L, Choman E, Wexner SD; COMPRES collaborative study group. Colorectal Dis. 2015 Jun;17(6):522-9. doi: 10.1111/codi.12884. PMID: 25537083.

# Gastrointestinal, Pancreatic and Hepatobiliary Oncology

## Presentations and Invited Lectures

Zenoni S, **Eubanks WS**, Vedhulis P, **Arnoletti JP**, **de la Fuente SG**; Racial disparities in gallbladder cancer; *Americas Hepato-Pancreato-Biliary Association*; Miami.

**Arnoletti, JP**; Surgical treatment of duodenal polyps; North Meets South Gastrointestinal Medical and Surgical Symposium; Florida Hospital, Orlando; February.

**Arnoletti, JP**; Latin America HPB Course Instituto Nacional de la Nutricion; Live case demonstration and lecture: Laparoscopic Distal Pancreatectomy; Lecture: Surgical management of infected pancreatic necrosis; Mexico City; May.

**De la Fuente SG**; Surgical Management of GIST; Laparoscopic pancreatic resections; Mexican Congress of Endoscopic Surgery; Puerto Vallarta, Mexico, May 2015

**De la Fuente SG**; Medicine Ground Rounds; Evidence-based management of pancreatic cancer; Florida Hospital Orlando, September.

Litherland SA, Clare-Salzler MJ, **Arnoletti JP**; Epigenetic Dysregulation in Immune Tolerance: Two Sides to the Same Coin-Cancer and Autoimmunity; Abstract World Congress for Inflammation; August.

Zhu X, **Arnoletti JP**, Fanaian N, Almodovar AJO, Griffith E, Sause R, Shao Y, **de la Fuente SG**, Chang CC, Veldhuis P, Litherland SA; Unique Myeloid Derived Suppressor Cell (MDSC) Populations in PDAC Portal Venous Circulation; Florida Hospital Research Forum, Orlando; Top Award for Best Poster.

Zenoni S, **Eubanks WS**, Vedhulis P, **Arnoletti P**, **de la Fuente SG**; Racial disparities in gallbladder cancer; *Americas Hepato-Pancreato-Biliary Association*; Miami.

**De la Fuente SG**; Surgical Management of GIST; Laparoscopic pancreatic resections; Mexican Congress of Endoscopic Surgery; Puerto Vallarta, Mexico; May.

**De la Fuente SG**; Medicine Ground Rounds; Evidence-based management of pancreatic cancer; Florida Hospital Orlando; September.

**S. Atallah** – Invited Professorship and lecture on Transanal Total Mesorectal Excision; January 2015, Beijing, China.

**S. Atallah** – Invited lectureship on Robotic Transanal Surgery, SRS – Society of Robotic Surgeons; February 2015, Lake Buena Vista, FL.

**S. Atallah** – Invited professor and panelist on Gene Directed Therapy for Metastatic Colon Cancer, Florida Hospital Cancer Institute; April 2015, Orlando, FL.

**S. Atallah** – Podium presentation on use of Valveless Trocar System for TAMIS and Transanal TME for Rectal Cancer, SAGES; April 15, 2015, Nashville, TN.

**S. Atallah** – Invited Professorship and lecture on Advanced Rectal Cancer Surgery; June 21, 2015, Taipei, Taiwan.

**S. Atallah** – Invited Professorship and lecture on Transanal TME, Robotic Transanal Surgery, and Stereotactic Navigation for Rectal Cancer Surgery; June 27, 2015, Lisbon, Portugal.

**S. Atallah** – Invited lectureship on Robotic Transanal NOTES, Natural Orifice Surgery Consortium for Assessment and Research; July 11, 2015, Chicago, IL.

**S. Atallah** Invited Professorship and lecture on Advances in Rectal Cancer Surgery, Congress on Minimally Invasive Surgery, Albert Einstein Hospital; August 2015, Sao Paulo, Brazil.

**S. Atallah** – Invited Professorship and lecture on Transanal TME, Laparoscopic and Robotic for Rectal Cancer, International Colorectal Surgery Meeting; September-October 2015, Santander, Spain.

**M. Albert**– Invited Professorship and lecture on TAMIS and Transanal TME: The Future of Rectal Cancer Surgery, Hamad Medical Center; January 3, 2015, Doha, Qatar.

**M. Albert** – Invited lecture, SSAT Annual Conference; May 2015, Washington, DC M. Albert – Invited lecture and Color 3 Trial on Transanal TME: Anatomic Planes and Pitfalls, VU Medical Center; Amsterdam, Holland.

**M. Albert** – Invited lecture on Immunofluorescence in Colorectal Surgery, Transanal TME: Anatomic Planes and Pitfalls, Cleveland Clinic Jagelman Conference; Fort Lauderdale, FL.

**M. Albert** – Invited lecture: TAMIS for the Treatment of Large Rectal Polyps and Early Rectal Cancer, North Meets South, Florida Hospital Orlando; Orlando, FL.

**M. Albert** – Invited lecture on When to Resect: Maximizing Outcomes and Quality of Life in Patients with Diverticulities, Splenic Flexure Mobilization, Minimally Invasive Surgery Symposium, Cleveland Clinic; Las Vegas, NV.

**M. Albert**– Invited Professorship and lecture on Transanal TME for Proctectomy and IPAA, Aarhus University; Aarhus, Denmark.

**M. Albert** – Invited Specialist: TAMIS Resection of Villous Adenoma and TAMIS Course/LAB, Auckland City Hospital; Auckland, New Zealand,

**M. Albert** – Invited Professorship/Surgery/Co-Chair of the 1st Australian Transanal TME Course, Royal Brisbane Hospital; Brisbane, Australia.

**M. Albert** – Invited Professorship and lecture/Director of TAMIS Course, Clinica Alemana; Santiago, Chile.

**M. Albert** – Invited lecture on The Anatomy of Transanal TME, MIRCS; Philadelphia, PA.

**M. Albert** – Invited lecture on Immunofluorescence in Colorectal Surgery, Immunofluorescence Conference, Novadaq; Las Vegas, NV.

**M. Albert** – Co-Chair and Invited lectures on TAMIS for the Treatment of Early Rectal Cancer, Transanal TME for Rectal Cancer, and Treatment of Late Presenting Rectal Cancer, 3rd Annual Conference, ICENI Center, Colchester, UK.

**M. Albert** – Participant faculty, 2nd Annual Physician Strategy Retreat; April 2015, Longboat Key, FL.

**M. Albert** – Invited Professorship and panelist on Gene Directed Therapy for Metastatic Colon Cancer, Florida Hospital Cancer Institute; April 2015, Orlando, FL.

**M. Albert** – Invited lecture on TAMIS Course/Applied Medical; August 16, 2015, Portsmouth, NH.

**M. Albert** – Invited lecture on TAMIS Course/Applied Medical; September 26, 2015, Annapolis, MD.

**M. Albert** – Invited lecture on TAMIS Course/Applied Medical; October 17, 2015, San Antonio, TX.

**M. Albert** – Invited lecture on TAMIS Course/Applied Medical; November 4, 2015, San Francisco, CA.

**S. Atallah** – Invited Professorship and Lecture on Transanal TME, Robotic TAMIS, Robotic TAMIS, and Real-Time Navigation for Rectal Cancer Surgery, IRCAD, 2015, Latin America Barretos, Brazil.

## Book Chapters

**De la Fuente SG**, Eubanks WS; Esophageal Cancer; ALACE textbook of laparoscopic surgery (in press).

## Research Grants

Litherland (PI); **Arnoletti** (Co-I); Myeloid Derived Immunosuppressor Cell (MDSC) Characterization in Pancreatic Ductal Adenocarcinoma (PDAC); Phi Beta Psi.

**Arnoletti/Litherland** (Co-PI), Co-PIs; Correlating Circulating Tumor Cell and Tumor Immune Responses in Pancreatic Cancer; Florida Hospital Foundation.

**Albert, M., Atallah, S., & Hompes, R.** (2015). Robotic transanal surgery (RTS). Robotic Approaches to Colorectal Surgery (pp. 191-201). Springer International Publishing.

Larach, Sergio W., and Harsha V. Polavarapu. Transanal minimally invasive surgery (TAMIS). Advanced Techniques in Minimally Invasive and Robotic Colorectal Surgery. Springer US, 2015. 243-248.

Burke, J. P., & **Albert, M.** (2015, March). Transanal minimally invasive surgery (TAMIS): Pros and cons of this evolving procedure. Seminars in Colon and Rectal Surgery (Vol. 26, No. 1, pp. 36-40). WB Saunders.



# Gastrointestinal, Pancreatic and Hepatobiliary Oncology

## Liver and Pancreatic Cancer Cases

	Analytical	Non-analytical	Total
Liver	109	30	139
Pancreas	227	84	311
Other Biliary	36	9	45
<b>Total number of liver and pancreas cases for 2015, Cancer Registry</b>			

Source: FHCI Cancer Registry

## Colorectal Cancer Cases

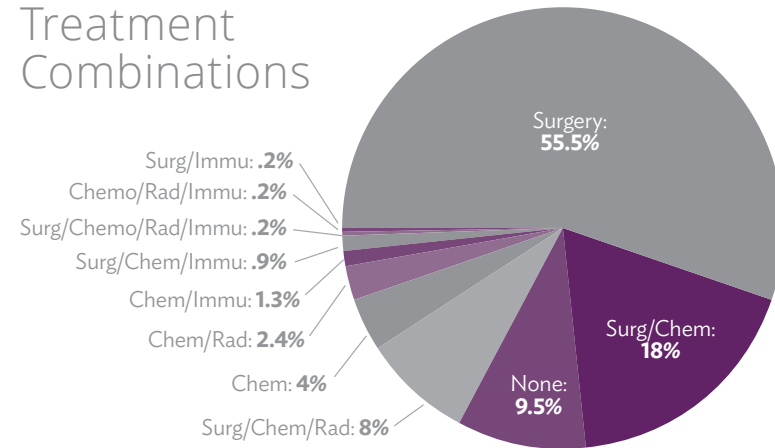
Age at Diagnosis

FHCI 2015 Analytical Colorectal Cases: Age by Gender

AGE AT DIAGNOSIS	Male	Female	Total Values
0-9	0	0	0
10-19	0	1	1
20-29	2	5	7
30-39	8	8	16
40-49	33	21	54
50-59	56	58	114
60-69	84	67	151
70-79	71	53	124
80-89	23	42	65
90-99	5	9	14
100-109	0	4	4
Any Others	0	0	0
<b>Overall Totals</b>	<b>282</b>	<b>268</b>	<b>550</b>

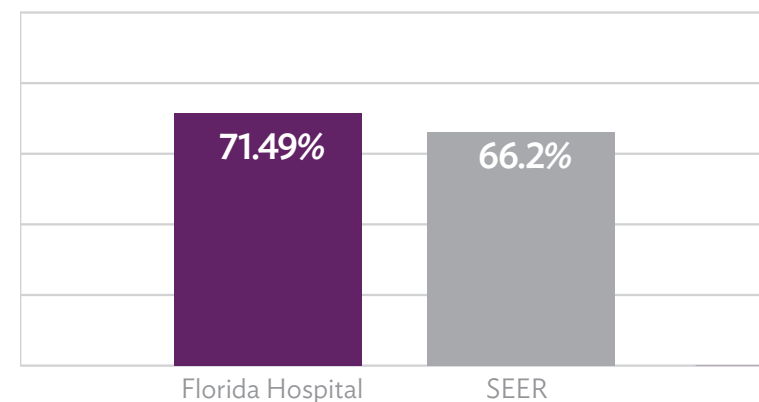
Source: FHCI Cancer Registry

## Colorectal Cancers Treatment Combinations



Source: FHCI Cancer Registry

## Colorectal Cancer Five-year Survival Cases Diagnosed 2006-2012



FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of the Centers for Disease Control and Prevention.)

Source: FHCI Cancer Registry, www.seer.gov

## Colorectal Cancer Cases

Stage at Diagnosis by Age

FHCI 2015 Analytical Colorectal Cases: AJCC Stage at Diagnosis by Age

AJCC STAGE AT DIAGNOSIS	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	All Others	Total Values
0	0	1	3	9	3	9	1	2	0	28
1	4	4	10	29	34	28	7	4	2	122
2	0	1	0	1	2	0	1	0	0	5
2A	0	0	8	12	28	24	14	2	1	89
2B	0	0	1	1	1	2	2	0	0	7
2C	0	0	1	2	1	3	2	0	1	10
3	1	0	2	1	0	1	1	0	0	0.1
3A	0	0	1	5	6	3	1	0	0	4.6
3B	1	5	12	20	36	26	10	1	0	111
3C	0	0	2	6	8	6	7	1	0	30
4	1	1	5	6	5	5	5	2	0	30
4A	0	2	2	9	9	3	2	0	0	27
4B	0	0	4	8	7	8	4	0	0	31
4c	0	0	1	0	0	0	0	0	0	1
88	0	0	0	0	0	1	0	0	0	1
99	0	2	2	4	9	5	8	2	1	33
Any Others	0	0	0	1	2	0	0	0	0	3
<b>Overall Totals</b>	<b>7</b>	<b>16</b>	<b>54</b>	<b>114</b>	<b>151</b>	<b>124</b>	<b>65</b>	<b>14</b>	<b>5</b>	<b>550</b>

Source: FHCI Cancer Registry



# Gynecologic Oncology



**Robert Holloway, MD, FACOG, FACS**

*Medical Director, Gynecologic Oncology Program  
Florida Hospital Cancer Institute*



**James Kendrick, MD, FACOG**

*Director of Clinical Operations,  
Gynecologic Oncology Program  
Florida Hospital Cancer Institute*



**Sarfraz Ahmad, PhD, FABAP, FACB**

*Director of Clinical Research  
Gynecologic Oncology Program  
Florida Hospital Cancer Institute*

The Florida Hospital Gynecologic Oncology (FHGO) Program at FHCI is internationally recognized for excellence in clinical research, robotic surgery innovation and treatment, and novel collaborative laboratory investigations into cellular immune therapy for ovarian cancer.

More than 1,800 gynecologic surgeries are performed each year by attending surgeons and fellows-in-training, in addition to the more than 3,000 outpatient clinic visits annually attended by the group. FHCI ranks in the top 5 robotic programs nationally by volume, and our gynecologic oncologists have developed several robotic surgery techniques. Surgeons from around the world have attended Florida Hospital's advanced robotic training courses, and the group's seminal research publications in robotic surgery outcomes are widely quoted in peer-reviewed scholarly literature. Because of affiliations with the National Cancer Institute's Gynecologic Oncology Group (GOG), several university research affiliations, and industry-sponsored research consortiums, our patients have access to the most advanced oncologic therapies available.

## Highlights

- Florida Hospital was ranked No. 13 in the nation by U.S. News & World Report for Gynecology for 2015-16.
- Dr. Ajit Gubbi successfully completed his three-year Gynecologic Oncology Fellowship Program and entered practice in Michigan.
- Dr. Sarika Gupta joined as an International Fellow in November from Dharamshila Hospital & Research Center, New Delhi, India.
- Dr. Robert W. Holloway received the Castle Connolly "Top Doctors" Recognition Award.
- Dr. James E. Kendrick was named Director of Clinical Practice Operations at Florida Hospital Gynecologic Oncology and continued to serve on the Executive Council of Florida Hospital Medical Group (FHMG).
- Dr. Lorna A. Brudie was named Program Director of Florida Hospital Gynecologic Oncology Fellowship.

- Dr. Lorna A. Brudie served on the Florida Hospital Urogynecology Program Committee, Orlando, as well as on the Florida Hospital Celebration Health Women's Institute Leadership Committee, Celebration.
- Dr. Neil J. Finkler continued to serve as Chief Medical Officer and Vice President of Florida Hospital Orlando.
- Dr. Holloway was appointed to the Society of Gynecologic Oncology (SGO) Officer Nomination Committee and the Payment Reform Task Force of the SGO.
- Dr. Sarfraz Ahmad continued to serve on the board of directors of the American Association for Clinical Chemistry (AACC), Florida Section.
- Patient accrual completed on the FDA Investigational Device Exemption study titled "Detection of Sentinel Lymph Nodes in Patients with Endometrial Cancer Undergoing Robotic-Assisted Staging: Comparison of Isosulfan Blue and Indocyanine Green Dyes with Fluorescence Imaging" (Drs. Holloway, Ahmad, Brudie, Kendrick).
- Faculty appointments were maintained at the UCF College of Medicine (Drs. Finkler, Holloway, Kendrick, Brudie, Ahmad, Gubbi) and the FSU College of Medicine (Drs. Finkler, Holloway, Kendrick, Brudie, Ahmad). Dr. Ahmad was promoted to full professor rank.
- Dr. Sarfraz Ahmad served on the Committee of Judges, Student Research Awards - Oral Presentation and Poster Contests for the Annual Meeting of AACC, Washington, D.C.
- Drs. Ahmad, Brudie, Holloway and Kendrick served as reviewers for several peer-reviewed, national/international scientific journals (e.g., Gynecologic Oncology, British Journal of Cancer, International Journal of Gynecologic Oncology, Archives of Obstetrics and Gynecology, Journal of Robotic Surgery, Journal of American College of Surgery, Surgical Endoscopy, Indian Journal of Experimental Biology, etc.).
- Dr. Sarfraz Ahmad continued to serve as President of the Association of Scientists of Indian Origin in America (ASIOA). He also served as an International Examiner for a PhD Thesis in Biotechnology at Babasaheb Bhimrao Ambedkar Central University, Lucknow, UP, India.
- Drs. Finkler, Holloway, Kendrick, Brudie and Ahmad served on the Scientific Panel of Experts, Women's & Girls Cancer Alliance, Florida.
- Dr. Sarfraz Ahmad is serving as Interviewer and Member of the Admissions Office Review Team for Applicants (AORTA) for the M.D. Program at UCF College of Medicine.
- Dr. Sarfraz Ahmad served on the International Advisory Committee of the International Conference on Recent Advances in Biosciences and Applications of Engineering in Production of Biopharmaceuticals, hosted by the K. L. University, Vaddeswaram, Guntur District, AP, India.
- Dr. Sarfraz Ahmad served on the Editorial Board of Indian Journal of Experimental Biology.
- Regularly hosted international visiting surgeons and young scholars for clinical activities including surgery and gynecologic oncology clinic, which also collected course tuition to Florida Hospital to support the Office of International Development. These visitors were Dr. Gao Na (First Affiliated Hospital of Dalian Medical University in Dalian, China), Dr. Kong Fanfei (Shanghai First Maternity and Infant Hospital, Tongji University School of Medicine, China), Dr. Sun Abby (Chimei Medical Center, Tainan), Sarika Gupta (Dharamshila Hospital & Research Center, New Delhi, India), and Mr. Faizan Khan (Royal College of Surgeons, Ireland, at the Medical University of Bahrain, Bahrain).
- Several other medical, undergraduate and high school students from Florida institutions regularly participated as volunteers during short-term research and clinical rotation/elective requirements to gain gynecology/ oncology surgical and research experience.

# Gynecologic Oncology

## Published Research

James JA, Rakowski JA, Jeppson CN, Stavitzski NM, **Ahmad S, Holloway RW**; “Robotic transperitoneal infra-renal aortic lymphadenectomy in early-stage endometrial cancer”; *Gynecologic Oncology*; 136: 285-292.

Wisner KPA, Gupta S, **Ahmad S, Holloway RW**; “Indications and techniques for robotic pelvic and para-aortic lymphadenectomy in gynecologic oncology”; *Journal of Surgical Oncology*; 112: 782-789.

Hudry D, **Ahmad S**, Zanagnolo V, Narducci F, Fastrez M, Ponce J, Tucher E, Lécuru F, Conri V, Leguevaque P, Goffin F, **Holloway RW**, Lambaudie E, with the collaboration of the SERGS Group; “Robotically assisted para-aortic lymphadenectomy: Surgical results – A cohort study of 487 patients”; *International Journal of Gynecological Cancer*; 25: 504-511.

Ingersoll SB, **Ahmad S**, McGann HC, Banks RK, Stavitzski NM, Srivastava M, Ali G, **Finkler NJ**, Edwards JR, **Holloway RW**; “Cellular therapy in combination with cytokines improves survival in a xenograft mouse model of ovarian cancer”; *Molecular & Cellular Biochemistry*; 407: 281-287.

Makker V, Filiaci VL, Chen LM, Darus CJ, **Kendrick JE**, Sutton G, Moxley K, Aghajanian C; “Phase II evaluation of dalantercept, a soluble recombinant activin receptor-like kinase 1 (ALK1) receptor fusion protein, for the treatment of recurrent or persistent endometrial cancer: An NRG Oncology/Gynecologic Oncology Group Study 0229N”; *Gynecologic Oncology*; 138: 24-29.

Konecny GE, **Finkler NJ**, Garcia AA, Lorusso D, Lee PS, Rocconi RP, Fong PC, Squires M, Mishra K, Upalawanna A, Wang Y, Kristeleit R; “Second-line dovitinib (TKI258) in patients with FGFR2-mutated or FGFR2-non-mutated advanced or metastatic endometrial cancer: A non-randomised, open-label, two-group, two-stage, phase 2 study”; *Lancet Oncology*; 16: 686-694.

Ansari A, **Ahmad S**, James JA, Jeppson CN, **Holloway RW**; “Robotic-assisted laparoscopic resection of cornual ectopic pregnancy: A case report”; *Journal of Reproductive Medicine*; 60: 58-64

Al-Kalbani M, Price J, Thompson G, **Ahmad S**, Nagar H.; “Does cervical screening in young women aged 20-25 years lead to unnecessary and harmful intervention?”; *Asian Pacific Journal of Cancer & Prevention*; 16: 6557-6559.

Al-Husaini H, Hussein H, Darwish A, Ahmed M, Eltigani A, Edesa W, Elhassan T, Omar A, Elghamry W, Al-Hashem H, Al-Hayli S, Madkhali I, **Ahmad S**, Al-Badawi IA; “Gestational trophoblastic neoplasia: Treatment outcomes from a single institutional experience”; *Clinical & Translational Oncology*; 17: 409-415.

Sunbul M, Cagman Z, Gerin F, Ozgen Z, Durmus E, Seckin D, **Ahmad S**, Uras F, Agirbasli M; “Growth arrest-specific gene-6 and cardiometabolic risk factors in patients with psoriasis”; *Cardiovascular Therapy*; 33: 56-61.

Tetik S, Kiliç A, Aksoy H, Rizaner N, **Ahmad S**, Yardimci KT; “Oxidative stress causes plasma protein modification”; *Indian Journal of Experimental Biology*; 53: 25-30.

## Research Abstracts Published and Presented at Scientific Meetings

Poster: Takimoto EL, **Ahmad S**, Wisner KPA, Gise JL, Stavitzski NM, **Brudie LA, Kendrick JE, Holloway RW**; “Comparison of sentinel lymph node mapping to standard pelvic lymphadenectomy in patients with grade 1 and 2 endometrial cancer”; Consortium for Excellence in Medical Education (CEME) Student/Intern/Resident/Fellow Scientific Research Poster Competition Conference, Nova Southeastern University (NSU), Nov. 13, Davie, Fla. (Won 2nd prize).

Presentation: **Ahmad S**; “Developing skills in gynecology/oncology outcomes: Connecting robotics research and practice”; 4th International Congress in Robotic Surgery of the South East European Robotic Surgery Society, Oct. 29-31, Bucharest, Romania.

Presentation: **Ahmad S**, Stavitzski NM, **Brudie LA, Kendrick JE, Holloway RW**; “7-Year analyses of peri-operative and clinical outcomes for patients with endometrial cancer undergoing robotic surgery”; Second Annual Florida Hospital Research Forum, April 23-24, Orlando.

Focused Plenary Presentation: **Holloway RW**, Gupta S, Stavitzski NM, Takimoto EL, Gubbi A, **Brudie LA, Kendrick JE, Ahmad S**; “Impact of sentinel lymph node mapping on FIGO stage and GOG risk stratification in early endometrial cancer: A comparative analysis”; 46th Annual Meeting on Women’s Cancer of the Society of Gynecologic Oncology (SGO), March 28-31, Chicago. (*Gynecologic Oncology* 137: Suppl. 1, A-48).



Scientific Plenary Presentation: Sert B, Boggess JF, **Ahmad S**, Jackson AL, Stavitzski NM, Dahl AA, **Holloway RW**; “Robotic vs. open Type III radical hysterectomy: A multi-institutional experience for early stage cervical cancer; 46th Annual Meeting on Women’s Cancer of the Society of Gynecologic Oncology (SGO), March 28-31, Chicago (Gynecologic Oncology 137: Suppl. 1, A-19). Received media coverage by MedPage Today® <http://www.medpagetoday.com/MeetingCoverage/SGO/50804>.

Poster: Gubbi A, **Kendrick JE, Ahmad S, Kacheria S**; “Cervical cancer recurrence risk evaluation based on SUVmax during initial [18F] FDG-PET/CT”; 46th Annual Meeting on Women’s Cancer of the Society of Gynecologic Oncology (SGO), March 28-31, Chicago (Gynecologic Oncology 137: Suppl. 1, A-178).

Poster: Kacheria S, Stavitzski NM, **Ahmad S, Holloway RW**; “Quality-of-life assessment in patients with locally advanced bulky cervical cancer”; 6th Annual Focused Inquiry & Research Experience (FIRE) Research Conference, organized by the University of Central Florida College of Medicine, March 19-20, Orlando (Abstract. #C71).

## Invited Lectures and Training Programs

### January

**Dr. Sarfraz Ahmad**, organizer and speaker; 6th National Scientific Meeting of the Association of Scientists of Indian Origin in America (ASIOA), Jan. 17-18, Orlando.

### February

**Dr. Robert W. Holloway**; (program director and speaker; Gynecology Session; Society of Robotic Surgery Annual Meeting, Rosen Shingle Creek Hotel, Feb. 21, Orlando. Dr. Sarika Gupta gave a video presentation. (Drs. Sarfraz Ahmad and Ketura Preya A. Wisner also attended.) .

### March

**Dr. Robert W. Holloway**; plenary session speaker; Annual Meeting on Women’s Cancer of the Society of Gynecologic Oncology (SGO), March 30, Chicago.

**Dr. Sarfraz Ahmad**, presided over the 33rd Annual Meeting of the Association of Scientists of Indian Origin in America (ASIOA) in Conjunction with the Experimental Biology (EB) Annual Meeting, March 30, Boston.

### April

**Dr. Robert W. Holloway**, Dr. Ajit Gubbi and Dr. Sarfraz Ahmad; speakers; 2nd Annual Florida Hospital Research Forum, April 23-24, Orlando.

**Dr. Robert W. Holloway** (invited speaker); 3rd Biennial Miami Robotics Symposium; April 25-26; Miami.

### May

**Dr. Robert W. Holloway**, course director and invited speaker; **Drs. Lorna A. Brudie** and **James E. Kendrick**, session moderators; Foundation for Women’s Cancer’s Ovarian Cancer Survivors Course, May 8, Lake Buena Vista, Fla.

### June

**Dr. Robert W. Holloway**; invited speaker; Congress of Latin American Robotic Surgery, June 16-19, Rio de Janeiro, Brazil. He also performed live surgery, and was recognized with a plaque commemorating his honorary status as an International Member of the Society in Gynecology, the first award bestowed by the society.

**Dr. Robert W. Holloway**; invited speaker; Best of American Society of Clinical Oncology Annual Meeting (ASCO), organized by the Florida Hospital Cancer Institute & Florida Society of Clinical Oncology, June 27-28, Orlando.

### July

**Dr. Robert W. Holloway**, invited speaker; Peking Union Hospital, Society of Gynecologic Oncology Conference, July 14-17, Beijing. Active collaboration with the SGO Clinical Outcomes Registry (COR) program (Drs. Holloway, Bigsby, Kendrick, Brudie, Ahmad).

### September

**Dr. Robert W. Holloway**; invited Speaker at the China Medical University Hospital Conference, Sept. 10-13, Taichung, Taiwan. He also performed Live Case Demonstration: Endometrial Cancer Staging Operation.

### October

**Dr. Robert W. Holloway**; invited academic honorary lecturer; 13th International Medical Scientific Conference for Students and Young Doctors, organized by the Medical University of Pleven (MUP), Oct. 7-10, Pleven Bulgaria. He also received Doctor Honoris Causa degree from MUP.

### November

**Dr. Sarfraz Ahmad**; invited speaker and session co-chair; 4th International Congress in Robotic Surgery, organized by the South East European Robotic Surgery Society (SEERSS), Oct. 29-31, World Trade Center, Bucharest, Romania.

# Gynecologic Oncology

## Awards/Honors/Recognitions

Award/Honor	Organization	Awardee(s)
Doctor Honoris Causa Degree Award	Medical University of Pleven, Pleven, Bulgaria	Dr. Robert W. Holloway
Clinical Chemist Recognition Award	American Association for Clinical Chemistry (AACC), Washington, DC	Dr. Sarfraz Ahmad
1st Place in “Basic and Clinical Research” Poster Presentation Award	Florida Hospital 2015 Graduate Medical Education (GME) Research & Quality Improvement Day Orlando	Drs. Gubbi, Kendrick, Ahmad, Kacheria
2nd Place in CEME Scientific Research Poster Competition Award	Consortium for Excellence in Medical Education (CEME) Conference, Nova Southeastern University, Davie, FL	Drs. Takimoto, Ahmad, Wisner, Gise, Stavitzski, Brudie, Kendrick, Holloway

## Active Research Grants

Funding Agency	Project Title	Investigators	Period
Donors/Foundation	Gynecologic Oncology Research	<b>Drs. Holloway, Kendrick, Brudie, Ahmad</b>	2015

## Educational and Scholarly Research Collaborations

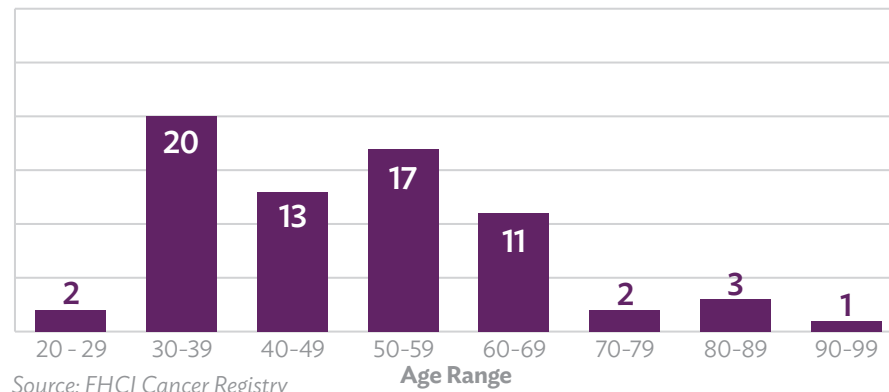
- Active collaboration with the SGO Clinical Outcomes Registry (COR) program (Drs. Holloway, Kendrick, Brudie, Ahmad).
- Active collaboration with the Caris Life Sciences Inc.'s Caris Molecular Intelligence Registry program for biomarkers assessments and correlation with gynecologic cancer patient outcomes (Drs. Holloway, Kendrick, Brudie, Ahmad).
- Active collaboration with Society of European Robotic Gynecological Surgery (SERGS) investigators on research projects related to clinical outcomes of gynecologic oncology procedures (Drs. Holloway, Ahmad).
- Active collaboration with Drs. Floor J. Backes and Jeffrey M. Fowler at Ohio State University on survival outcomes analysis and translational research studies on uterine malignancy (Drs. Holloway, Ahmad, Brudie).
- Active collaboration with University of North Texas Health Science Center, Fort, Texas (Riyaz M. Basha, PhD) on ovarian cancer-related translational research projects (Drs. Ahmad, Holloway).
- Active collaboration with Dr. Deborah A. Altomare at University of Central Florida, Orlando, on ovarian cancer-related translational research projects (Drs. Holloway, Ahmad).
- Initiated collaboration with Masanobu Komatsu, PhD, Associate Professor at Sanford-Burnham-Prebys Medical Research Institute, Lake Nona, Fla., on ovarian cancer-related translational research projects (Drs. Holloway, Ahmad).
- Collaboration with Gonul Kurt, PhD, RN, from Gulhane Military Medical Academy, School of Nursing in Ankara, Turkey, a postdoctoral researcher for one year (2015-16) training on a highly competitive grant award from The Scientific and Technological Research Council of Turkey (TUBITAK), which covers her expenses. In addition to working with the FHCI Gynecologic Oncology physicians/researchers/nurses, she is collaborating with the faculty and staff of the UCF College of Nursing and the FH Clinical Excellence and Research Department on the project entitled, "Determining Patient Care Need Related to Improved Nursing Care Standards Before and After Robotic Surgery for Gynecological Cases." As primary mentors, Drs. Holloway and Ahmad invited the trainee at FH through academic contacts in Eastern Europe, helped co-develop the study protocol and facilitated its implementation.
- Mentored Florida medical students, including those from UCF, Florida State University and Nova Southeastern University during clinical rotations/electives (Drs. Holloway, Ahmad, Kendrick, Brudie).

# Gynecologic Oncology

## Cervical Cancer Cases

### Age at Diagnosis

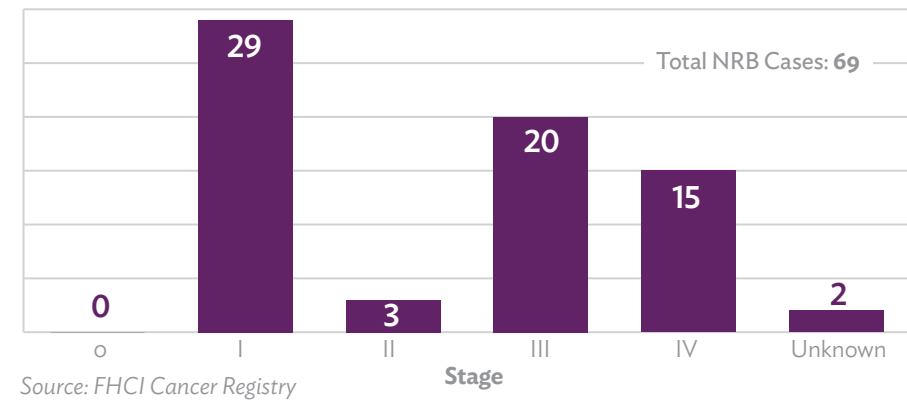
The most common age range for cervical cancer patients at FHCI in 2015 was 30 to 39, a slight decline over the previous year when the most commonly diagnosed age was 40 to 49.



## Cervical Cancer Cases

### Stage at Diagnosis

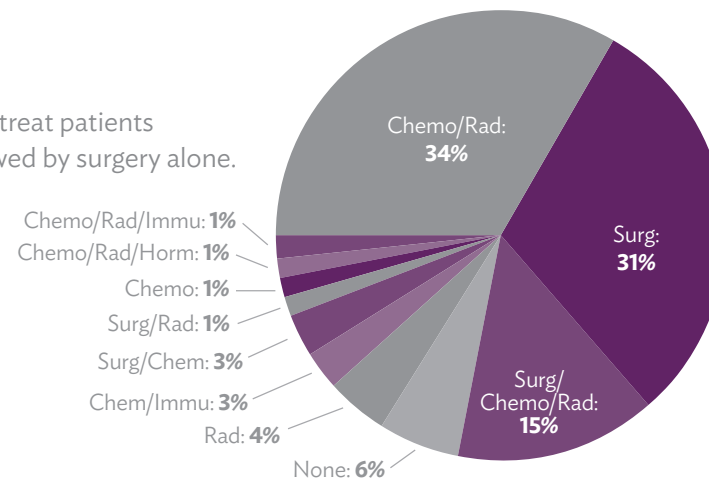
Nearly 42 percent of patients were diagnosed with stage I disease.



## Cervical Cancer

### Treatment Combinations

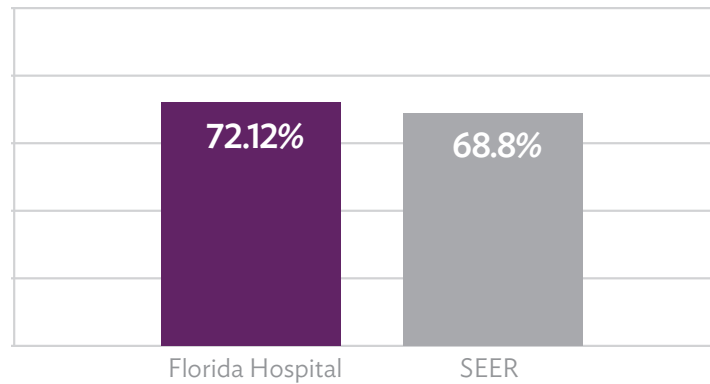
Chemotherapy combined with radiation was used most frequently to treat patients diagnosed with cervical cancer at FHCI in 2015. This was closely followed by surgery alone.



## Cervical Cancer Five-year Survival

Cases Diagnosed 2006-2012

The five-year survival rate for cervical cancer patients treated at Florida Hospital exceeded that measured in nine national cancer registries.

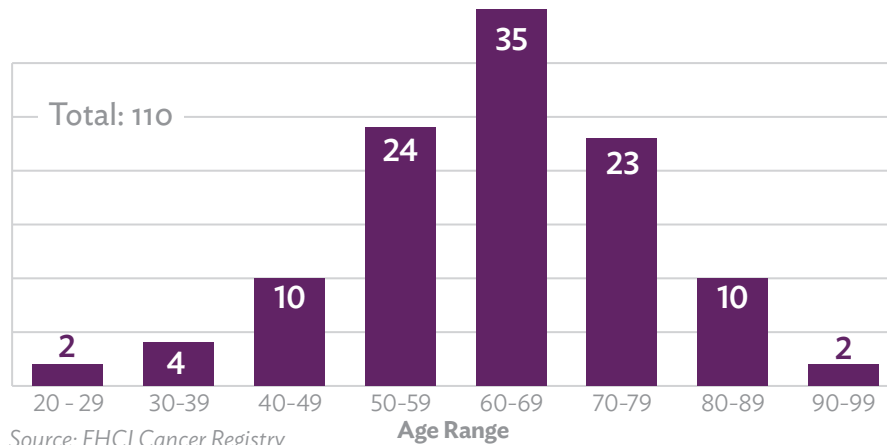


FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).  
Source: FHCI Cancer Registry; <https://seer.cancer.gov/canques>

## Ovarian Cancer Cases

Age at Diagnosis

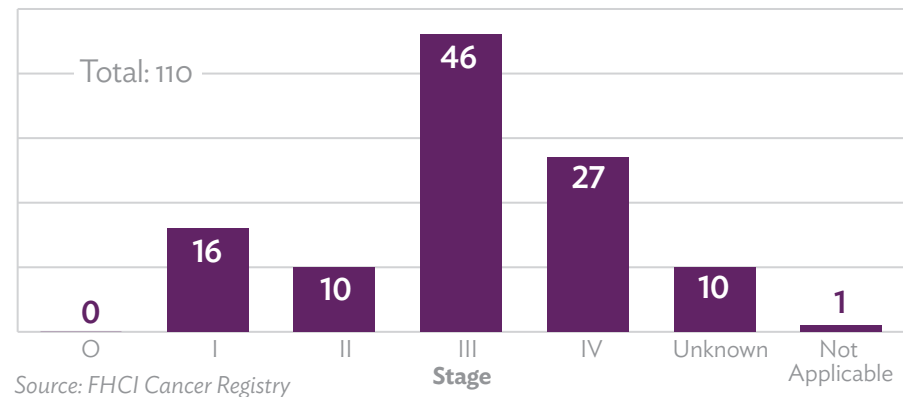
Of ovarian cancer patients diagnosed at FHCI in 2015, more than 53 percent were between ages 50 and 69. The most common age of diagnoses was 60 to 69, representing 32 percent of patients.



## Ovarian Cancer Cases

Stage at Diagnosis

In 2015, diagnosis of ovarian cancer at FHCI continued to occur most frequently in the late stages. More than 41 percent of the 110 ovarian cancer patients were diagnosed with advanced, stage III disease.

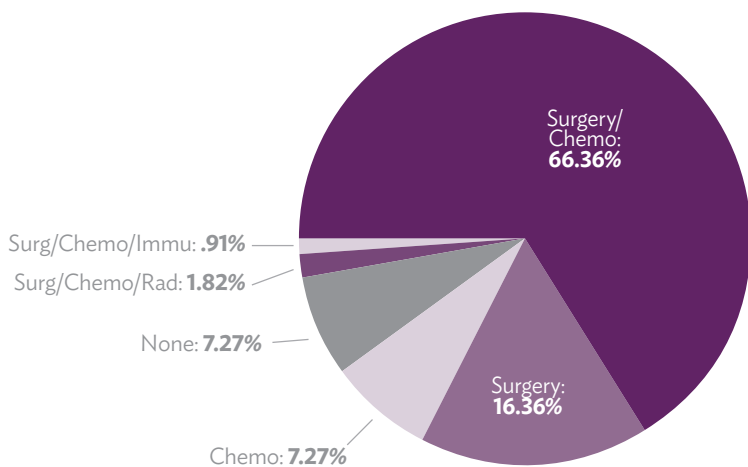


# Gynecologic Oncology

## Analytical Ovarian Cancer

### Treatment Combinations

The most common therapeutic approach to treating ovarian cancer at FHCI was a combination of surgery and chemotherapy.

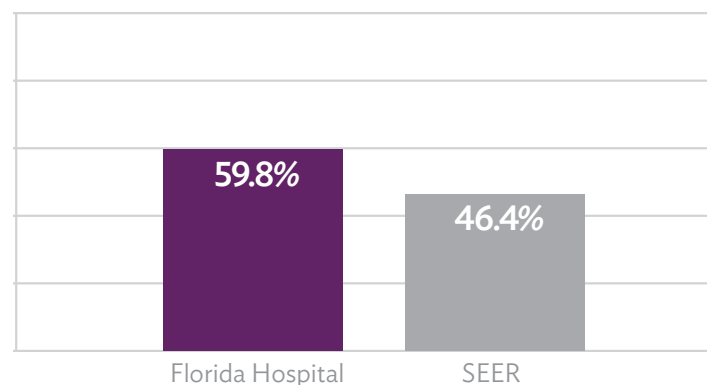


Source: FHCI Cancer Registry

## Ovarian Cancer Five-year Survival

### Cases Diagnosed 2006-2012

The five-year survival rate for ovarian cancer patients treated at Florida Hospital exceeded that measured in nine national cancer registries.

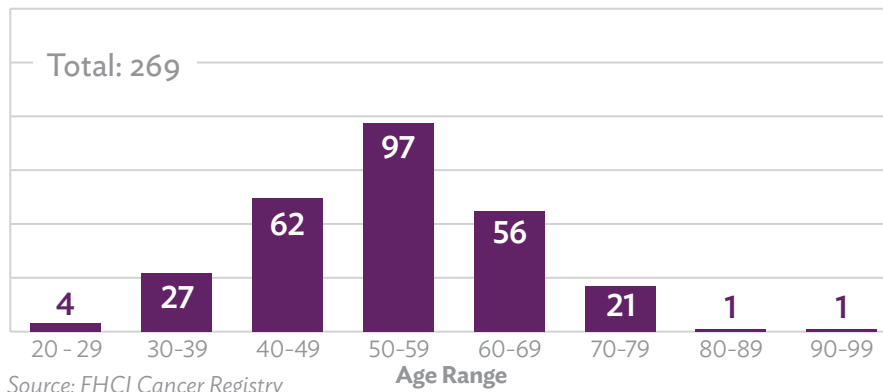


FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).  
Source: FHCI Cancer Registry; <https://seer.cancer.gov/canques>

## Uterine Cancer Cases

### Age at Diagnosis

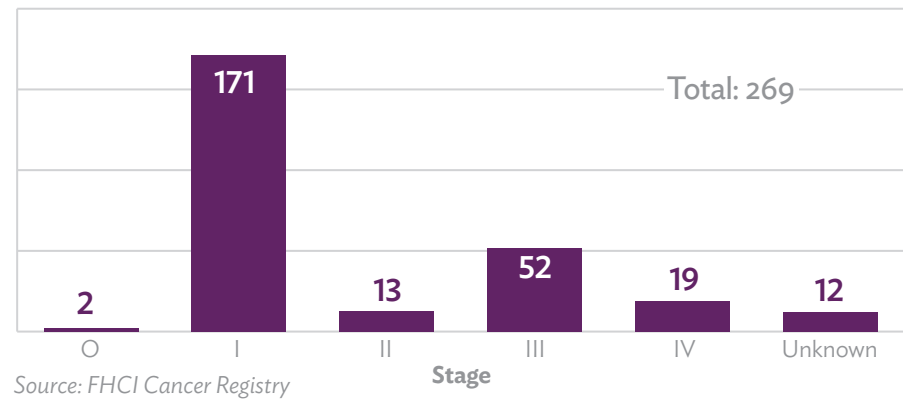
About 36 percent of patients diagnosed with uterine cancer at FHCI in 2015 were ages 50 - 59, making this the most common age range for this type of cancer. Another 23 percent were diagnosed between the ages of 40 - 49 years.



## Uterine Cancer Cases

### Stage at Diagnosis

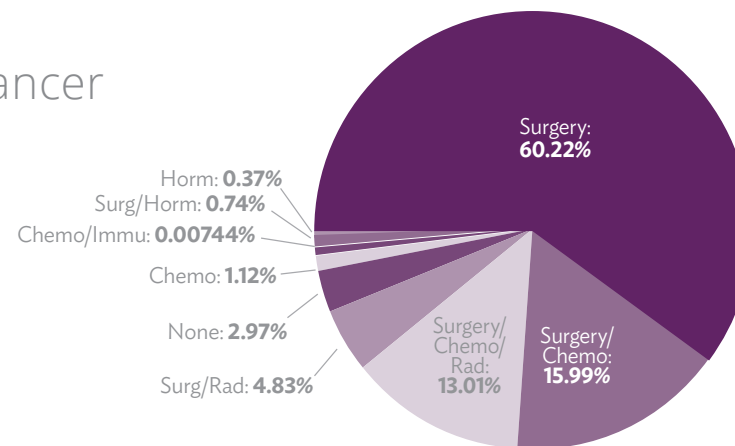
Sixty-four percent of uterine cancer patients at FHCI were diagnosed with stage I disease.



## Analytical Uterine Cancer

### Treatment Combinations

More than 60 percent of patients treated at FHCI for uterine cancer required surgery alone as their first course of treatment.

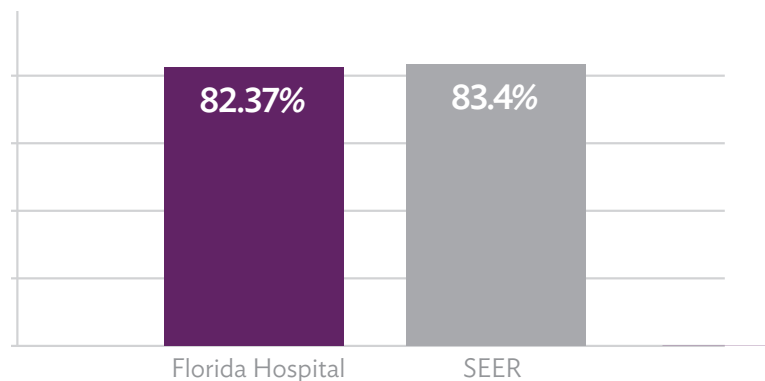


# Gynecologic Oncology

## Uterine Cancer Five-year Survival

Cases Diagnosed 2006-2012

Five-year survival rates for patients with uterine cancer treated at FHCI was about equal to those measured by nine national cancer registries.

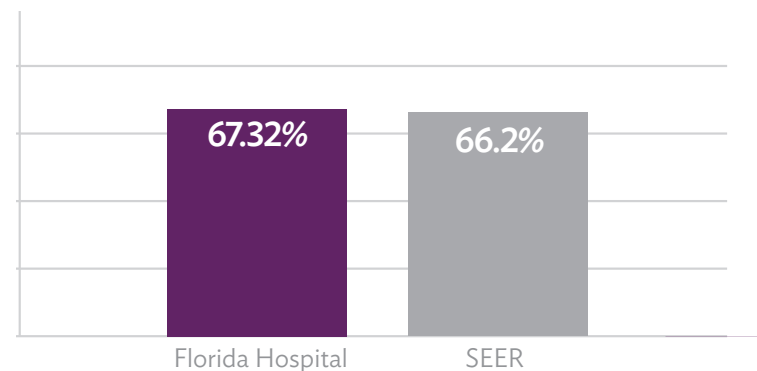


FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).  
Source: FHCI Cancer Registry; <https://seer.cancer.gov/canques>

## Gynecologic Cancer Five-year Survival

Cases Diagnosed 2006-2012

Five-year survival rates for patients with gynecological cancer treated at FHCI were about equal to those measured by nine national cancer registries.

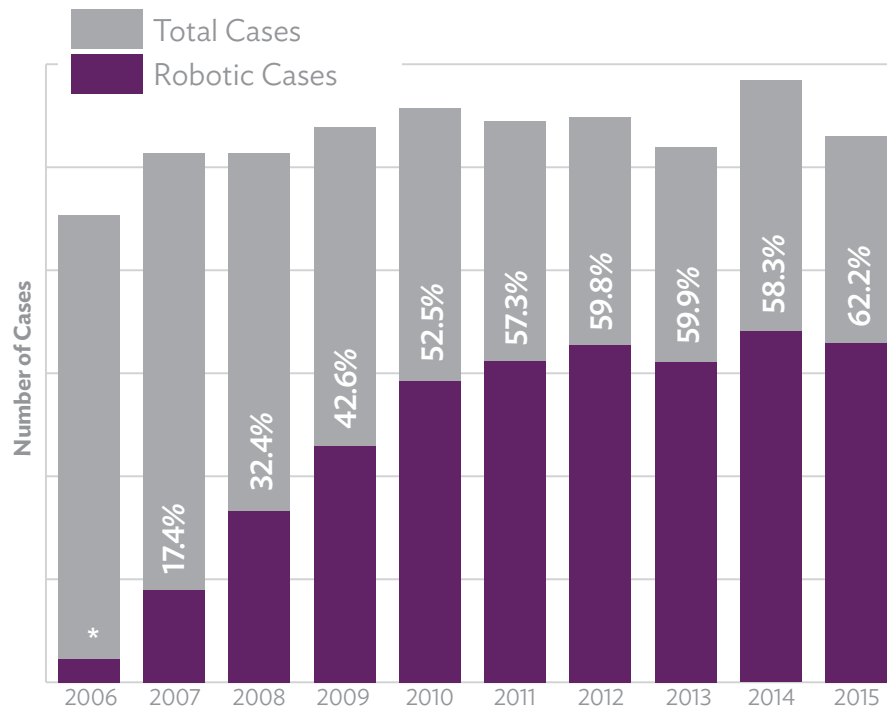


FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).  
Source: FHCI Cancer Registry; <https://seer.cancer.gov/canques>



## Gynecological Cancer Surgeries Robotic Procedures vs. Total Procedures

Robotic surgeries continued to represent the greatest number of surgical procedures used to treat patients with gynecologic cancer at FHCI, representing more than 62 percent in 2015.



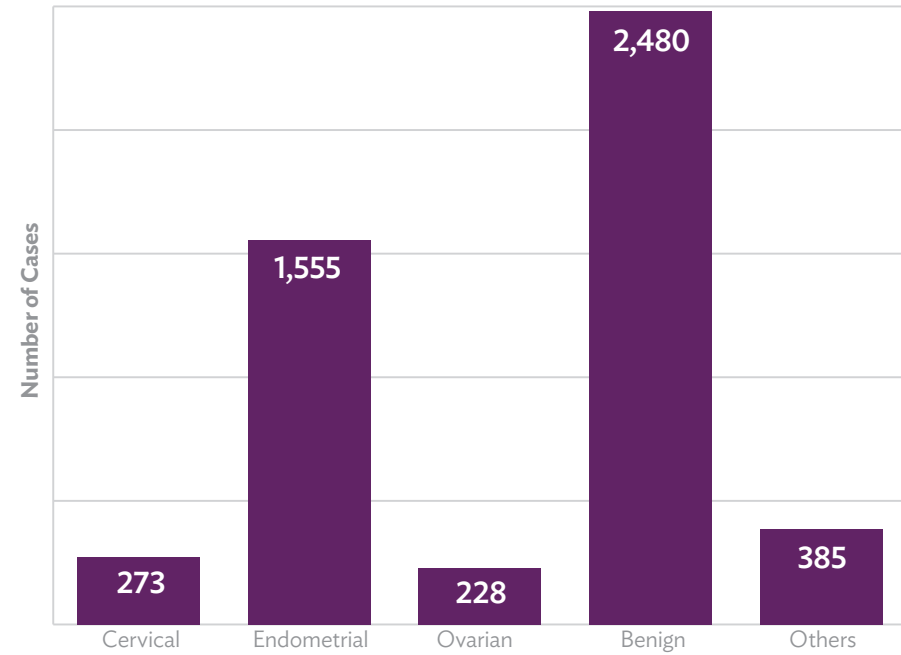
\* <8 months data

Source: Florida Hospital Gynecologic Oncology Database.

## Gynecologic Oncology Robotic Surgery

By Cancer Type

Robotic surgery was more often used to treat endometrial cancer than any other gynecologic cancer. FHCI reached a milestone in 2015, treating about 5,000 gynecology and oncology cases robotically.

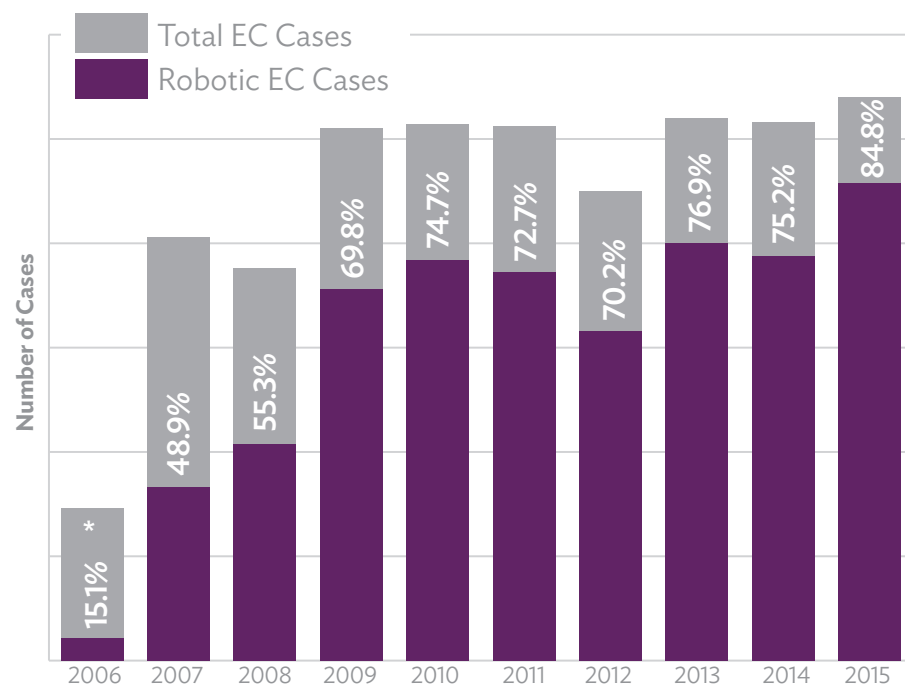


Source: Florida Hospital Gynecologic Oncology Database.

# Gynecologic Oncology

## Gynecologic Oncology Robotic Surgery For Endometrial Cancer

More than 80 percent of endometrial cancers were treated using robotic surgery in 2015 at FHCI, approximately the same number treated in each of the last five years.



\* First 6-months date since the initiation of Robotics Program  
 Source: Florida Hospital Gynecologic Oncology Database.





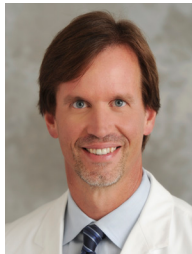
# Head and Neck Oncology



## Henry Ho, MD

*Co-Director, Head and Neck Surgery,  
Florida Hospital Cancer Institute*

*President, The Ear, Nose, Throat and Plastic Surgery Associates, PA  
Associate Professor, Otolaryngology, University of Central Florida  
College of Medicine Associate Professor, Surgery, Florida State  
University College of Medicine*



## J. Scott Magnuson, MD, FACS

*Co-Director, Head and Neck Surgery,  
Florida Hospital Cancer Institute*

*Chief Medical Officer, Florida Hospital Nicholson Center  
Professor of Otolaryngology Head and Neck Surgery, University  
of Central Florida College of Medicine  
Medical Director, Head and Neck Surgery, Celebration Health  
Director, Robotic Head and Neck Surgery, Florida Hospital  
Nicholson Center for Robotic Surgery  
Florida Hospital Nicholson Center Global Faculty Board Member*

FHCI continued to lead other Head and Neck Cancer programs throughout the state in number of patients served. Our multidisciplinary approach, supported by weekly video-conferenced tumor boards and biannual journal clubs, ensures patients receive leading-edge, evidence-based care. Our team offers a complete array of diagnostic and therapeutic options, from free-flap reconstruction and minimally invasive skull-base surgery to the latest in radiation and chemotherapy. We actively participate in ongoing clinical trials, contribute to medical literature and teach medical students and residents-in-training. We also adhere to clinical pathways, and annually self-examine surgical outcomes via our Quality Metrics Report, some of which is referenced here.

## Publications

Strom TJ, Trotti AM, Kish J, Russell JS, **Rao NG**, McCaffrey J, Padhya TA, Otto KJ, Caudell JJ; “Comparison of Every 3 Week Cisplatin or Weekly Cetuximab with Concurrent Radiotherapy for Locally Advanced Head and Neck Cancer”; *Oral Oncology*, July; 51(7):704-8. doi: 10.1016/j.oraloncology.2015.04.012; e-published April 30.

Tanvetyanon T, Padhya T, McCaffrey J, Kish JA, Deconti RC, Trotti A, **Rao NG**; “Postoperative Concurrent Chemotherapy and Radiotherapy for High-risk Cutaneous Squamous Cell Carcinoma of the Head and Neck”; *Head & Neck*; June 2015; 37(6):840-5. doi: 10.1002/hed.23684; e-published June 27, 2014.

Chung TK, Rosenthal EL, **Magnuson JS**, Carroll WR; “Transoral Robotic Surgery for Oropharyngeal and Tongue Cancer in the United States”; *Laryngoscope*, January 2015; 125(1):140-5. doi: 10.1002/lary.24870; e-published Aug. 5, 2014.

Graboyes EM, Sinha P, Thorstad WL, Rich JT, **Haughey BH**; “Management of Human Papillomavirus-related Unknown Primaries of the Head and Neck with a Transoral Surgical Approach”; *Head & Neck*, Nov. 2015; 37(11):1603-11. doi: 10.1002/hed.23800; e-published Aug. 26, 2014; PMID: 24931847.

de Almeida JR, Li RJ, **Magnuson JS**, Smith RV, Moore EJ, Lawson G, Remacle M, Ganly I, Kraus DH, Teng MS, Miles Brett A, White H, Duvvuri U, Ferris RL, Mehya V, Kiyosaki K, Damrose EJ, Wang SJ, Kupferman ME, Koh YW, Genden EM, Holsinger FC; “Oncologic Outcomes following Transoral Robotic Surgery (TORS): A Multi-institutional Study”; *JAMA Otolaryngol Head Neck Surgery*; Dec. 2015; 141(12):1043-51. doi: 10.1001/jamaoto.2015.1508.

Gross ND, Holsinger FC, **Magnuson JS**, Duvvuri U, Genden E, Ghanem T, Yaremchuk K, Goldenberg D, Miller MC, Moore E, Morris L, Nettekville J, Weinstein G, Richmon J; “Robotics in Otolaryngology and Head and Neck Surgery: Recommendations for Training and Credentialing: A Report of the 2015 AHNS Education Committee, AAO-HNS Robotic Task Force and AAO-HNS Sleep Disorders Committee”; *Head and Neck*; Wiley Online; Apr 2016; 38:E151-E158. doi: 10.1002/hed.24207.

# Head and Neck Oncology

DG, Spencer S, Brizel DM, Busse PM, Caudell JJ, Cmelak AJ, Colevas AD, Dunphy F, Eisele DW, Foote RL, Gilbert J, Gillison ML, Haddad RI, **Haughey BH**, Hicks WL Jr, Hitchcock YJ, Jimeno A, Kies MS, Lydiatt WM, Maghami E, McCaffrey T, Mell LK, Mittal BB, Pinto HA, Ridge JA, Rodriguez CP, Samant S, Shah JP, Weber RS, Wolf GT, Worden F, Yom SS, McMillian N, Hughes M; “Head and Neck Cancers”; Version 1.2015. Pfister; Journal of the National Comprehensive Cancer Network, July; 13(7):847-55 quiz 856. PMID: 26150579.

Henke LE, Pfeifer JD, Ma C, Perkins SM, DeWees T, El-Mofty S, Moley JF, Nussenbaum B, **Haughey BH**, Baranski TJ, Schwarz JK, Grigsby PW; “BRAF Mutation is Not Predictive of Long-term Outcome in Papillary Thyroid Carcinoma”; Cancer Medicine, June 2015; 4(6):791-9. doi: 10.1002/cam4.417; e-published Feb. 25. PMID: 25712893.

Sinha P, Kallogjeri D, Gay H, Thorstad WL, Lewis JS Jr, Chernock R, Nussenbaum B, **Haughey BH**; “High Metastatic Node Number, Not Extracapsular Spread or N-classification is a Node-related Prognosticator in Transorally Resected, Neck-dissected p16-positive Oropharynx Cancer”; Oral Oncology, May 2015; 51(5):514-20 doi: 10.1016/j.oraloncology.2015.02.098; e-published March 12. PMID: 25771076.

Sinha P, Lewis JS Jr, Kallogjeri D, Nussenbaum B, **Haughey BH**; “Soft Tissue Metastasis in p16-positive Oropharynx Carcinoma: Prevalence and Association with Distant Metastasis”; Oral Oncology, August 2015; 51(8):778-86. doi: 10.1016/j.oraloncology.2015.05.004; e-published May 29. PMID: 26033471

Sinha P, Piccirillo JF, Kallogjeri D, Spitznagel EL, **Haughey BH**; “The Role of Postoperative Chemoradiation for Oropharynx Carcinoma: A Critical Appraisal of the Published Literature and NCCN Guidelines”; Cancer, June 1, 2015; 121(11):1747-54. doi: 10.1002/cncr.29242; e-published Jan. 14. Review. PMID: 25588360

Sylvester PT, Evans JA, Zipfel GJ, Chole RA, Uppaluri R, **Haughey BH**, Getz AE, Silverstein J, Rich KM, Kim AH, Dacey RG, Chicoine MR; “Combined High-field Intraoperative Magnetic Resonance Imaging and Endoscopy Increase Extent of Resection and Progression-free Survival for Pituitary Adenomas; Pituitary, February 2015; 18(1):72-85. doi: 10.1007/s11102-014-0560-2. PMID: 24599833; e-published March 6, 2014.

Zenga J, Graboyes EM, Sinha P. and **Haughey BH**; “The Unplanned Intraoperative Pharyngotomy: Pull, Plug or Patch”; Laryngoscope; Oct. 9. doi: 10.1002/lary.25526.

Zenga J, Sharon JD, Santiago P, Nussenbaum B, **Haughey BH**, Fox IK, Myckatyn TM, Diaz JA, Chicoine MR; “Lower Trapezius Flap for Reconstruction of Posterior Scalp and Neck Defects after Complex Occipital-Cervical Surgeries”; Journal of Neurological Surgery Part B: Skull Base, September; 76(5):397-408. doi: 10.1055/s-0034-1544123; e-published May 22. PMID: 26401483

Zenga J, Wilson M, Adkins DR, Gay HA, **Haughey BH**, Kallogjeri D, Michel LS, Paniello RC, Rich JT, Thorstad WL, Nussenbaum B; “Treatment Outcomes for T4 Oropharyngeal Squamous Cell Carcinoma”; JAMA Otolaryngology - Head & Neck Surgery; Dec. 1; 141(12):1118-27. doi: 10.1001/jamaoto.2015.0764. PMID: 25902372.

deTorres A, **Ruddy BH**, Ho H; “Case Report of Metastatic Head and Neck Hidradenocarcinoma”; Journal of Clinical Case Reports, 2015; 4:446. Doi:10.4172/2165-7920.1000446.

**Ruddy BH**, Miller S, Pearson E, Lewis V, Ho H; “The Contagious Head and Neck Cancer: The Role of Human Papilloma Virus (HPV)”; Journal of Women’s Health Care, 2015; 4:226. Doi:10.4172/2167-0420.1000226.

Zimmerman Z, **Lehman J**, Baekey P, Pearson E, **Hoffman Ruddy B**; “Surgical Resection of a Small Cell Carcinoma of the Parotid Gland with Perineural and Skull Base Involvement”; Case Reports in Otolaryngology 5: 494. doi: 10.4172/2165-7920.1000494; <http://dx.doi.org/10.4172/2165-7920.1000494>

## Textbooks

“Cummings Otolaryngology - Head and Neck Surgery”; Flint, **Haughey** et al, Elsevier; 6th edition; co-editor.

**Haughey BH**, Sinha P; “Mastery of Surgery”; et al 7th Edition, Chapter 29; “Surgical Treatment of Pharyngeal Cancer”; Wolters Kluwer Health/Lippincott Williams and Wilkins.

**Magnuson JS**, Genden Eric M, Kuppersmith Ronald B, editors; “Robotic Head and Neck Surgery: The Essential Surgical Guide”; Thieme Medical Publishers, New York.

## Presentations

### February

**Magnuson JS**; Integrating Robotics Training in the Otolaryngology Head and Neck; Society of Robotic Surgery Meeting, Orlando; Feb. 21.

### March

**Magnuson JS**; Course Director; Second Annual Obstructive Sleep Apnea Syndrome (OSAS) Surgery International Course, Orlando; March 1-3.

**Magnuson JS**; Vice-Chair; Educate to Advocate: Diving Deeper into AAO-HNS Legislative Priorities; American Academy of Otolaryngology Head and Neck Surgery, Leadership Forum, Arlington, Va.; March 15-16.

**Haughey B**; Hypopharyngeal Cancer; Transoral Surgery for Head and Neck Cancer, Mayo Clinic, Scottsdale, Ariz.; March 19.

**Haughey B**; Base of Tongue, Transoral Surgery for Head and Neck Cancer, Mayo Clinic, Scottsdale, Ariz.; March 19.

**Haughey B**; Oncologic Outcomes in Transoral Surgery: Comparison to Nonsurgical Strategies; Transoral Surgery for Head and Neck Cancer, Mayo Clinic, Scottsdale, Ariz; March 19.

**Magnuson JS**; Transoral Robotic Surgery in the Oropharynx; Transoral Robotic Surgery Video Presentation; Transoral Surgery Discussion Panelist; Transoral Surgery Hands on Laboratory; Transoral Surgery for Head and Neck Cancer, Mayo Clinic, Scottsdale, Ariz.; March 19-22.

### April

Sinha P, Thorstad WL, Gay H, Kallogjeri D, **Haughey BH**; Elimination of Planned Adjuvant Radiation to the Primary Bed in P16-Positive, Transorally Resected Oropharyngeal Carcinoma: Impact on Local Control; Combined Spring Otolaryngology Annual Meeting/ American Head and Neck Society, Boston; April 23; First prize, Blue Ribbon Poster Award.

Zenga J, Wilson M, Adkins DR, Gay HA, **Haughey BH**, Kallogjeri D, Michel LS, Paniello RC, Rich JT, Thorstad WL, Nussenbaum B; Treatment Outcomes for T4 Oropharyngeal Squamous Cell Carcinoma, Boston; April 23 (Byers Award for Best Clinical Paper).

**Haughey B**; Neck Dissection; Skull Base Reconstruction; Transoral Laser Surgery for Larynx Cancer; The “Big Neck” Head and Neck Cancer symposium; University of Sao Paulo, Sao Paulo, Brazil; April 28-May 2.

### July

**Haughey B**; Transoral Laser Surgery for Laryngeal Cancer; Indiana University Hands-on lab; Indiana University/100th Annual Anatomy & Histopathology of the Head, Neck, and Temporal Bone, Indianapolis; July 16.

**Magnuson JS**; Successful Postoperative Management following TORS for Sleep Apnea; Expert Panel, TORS for Head and Neck Malignancy; Expert Panel, Sleep Apnea; Cadaver Demonstration Dissection; Second International Transoral Robotic Surgery (TORS) Conference, Smilow Center for Translational Research, Philadelphia; July 23-24.

**Magnuson JS**; Transoral Robotic Surgery for Recurrent Oropharyngeal Cancer; Transoral Robotic Surgery: The Training Pathway and Learning Curve; World Congress on Larynx Cancer 2015, Cairns Convention Center, Cairns, Australia; July 26-30.

### September

Sanders E, **Magnuson JS**, White H, Crawford J; poster presentation: A Comparison of Clinical Outcomes between HPV+ and HPV-Squamous Cell Carcinomas of the Oropharynx; 39th Annual Society of Otorhinolaryngology Head-Neck Nurses Congress & Nursing Symposium, Dallas; Sept 25-29; First place award in research category.

**Sanders E**; TORS – A Perioperative Nursing Perspective; 39th Annual Society of Otorhinolaryngology Head-Neck Nurses (SOHN) Congress & Nursing Symposium, Dallas; Sept 25-29.

**Haughey B**; Transoral Laser Surgery for Head and Neck Cancer; Annual George A. Sisson Head & Neck Oncology Resident/Fellow Education Symposium, Dallas; Sept. 26.

**Magnuson JS**; Master of Surgery Video Presentation: Transoral Robotic Surgery; AAO-HNSF Annual Meeting & OTO Expo, Kay Bailey Convention Center, Dallas; Sept. 27-30.

Zenga j, Graboyes EM, **Haughey BH**, Paniello RC, Mehrad M, Lewis Jr. JS, Thorstad WL, Nussenbaum B, Rich JT; Definitive Surgical Therapy after Open Neck Biopsy: HPV-related Oropharyngeal Squamous Cell Carcinoma; American Academy of Otolaryngology-Head and Neck Surgery Meeting, Dallas; September.

### October

**Haughey B**; IV International Course of Transoral Microsurgery in Tumors of the Upper Aerodigestive Tract, Hospital Universitario Austral, Universidad Austral, Buenos Aires Argentina; Oct. 5-6.

# Head and Neck Oncology

## November

**Magnuson JS**; Course Director: Transoral Robotic Surgery (TORS) Head and Neck Surgery Fellows Course, Florida Hospital Nicholson Center, Celebration; Nov. 12-13.

**Magnuson JS**; Transoral Robotic Surgery (TORS): First Line Treatment for Oropharyngeal Cancer; 67th Annual Meeting of the Japan Broncho-Esophagological Society, Fukushima, Japan; Nov. 19-20.

**Hoffman Ruddy B**, Sapienza C, Lewis V, Ho H; Preliminary Study of Expiratory Muscle Strength Training for Laryngectomized Patients; National Convention of the American Speech-Language & Hearing Association, Denver; November.

**Carnaby G**, Crary M, Hoffman Ruddy B; Rehabilitative Training Using Exercise: Blending Muscle Conditioning and Motor Learning Aspects into Therapy National Convention of the American Speech-Language & Hearing Association, Denver; November.

## December

**Haughey B**; Transoral Surgery for Head & Neck Cancer; Neurosurgery Grand Rounds, Washington University School of Medicine, St. Louis; Dec. 9.

## Awards

Sinha P, Thorstad WL, Gay H, Kallogjeri D, **Haughey BH**; Elimination of Planned Adjuvant Radiation to the Primary Bed in P16-Positive, Transorally-Resected Oropharyngeal Carcinoma: Impact on Local Control; Combined Spring Otolaryngology Annual Meeting/American Head and Neck Society, Boston; April 23. First Prize, Blue Ribbon Poster Award.

**Haughey B**; Robert Maxwell Byers Award for best paper, American Head and Neck Society, Boston; co-author, contributing 80 percent of patient population under study.

**Haughey B**; Blue Ribbon Poster Award; American Head and Neck Society.

**Sanders E, Magnuson JS**, White H, Crawford J; A Comparison of Clinical Outcomes between HPV+ and HPV-Squamous Cell Carcinomas of the Oropharynx poster presentation at 39th Annual Society of Otorhinolaryngology Head-Neck Nurses Congress & Nursing Symposium, Dallas; Sept 25-29; First Place, research category.

Zenga J, Wilson M, Adkins DR, Gay HA, **Haughey BH**, Kallogjeri D, Michel LS, Paniello RC, Rich JT, Thorstad WL, Nussenbaum B; Treatment Outcomes for T4 Oropharyngeal Squamous Cell Carcinoma, Boston; April 23; Byers Award for Best Clinical Paper.



## Head and Neck Cancer Cases

### Site by Gender

The most common type of head and neck cancer affects the thyroid gland, and women were more than three times as likely to be diagnosed with and/or treated for thyroid cancer at FHCI in 2015. Men were far more likely to be diagnosed with cancers of the tongue, tonsils, larynx, oropharynx, nasopharynx, skin and lymph nodes.

Site	Male	Female	Total
Lip	3	0	3
Base of Tongue	29	4	33
Other Parts of the Tongue	21	5	26
Gum	2	5	7
Floor of Mouth	8	2	10
Palate	4	4	9*
Other/Unspecified Parts of Mouth	4	2	6
Parotid Gland	4	3	7
Other Salivary Glands	2	1	3
Tonsil	27	8	35
Oropharynx	8	0	8
Nasopharynx	7	1	8
Pyramidal Sinus	2	0	2
Hypopharynx	3	3	6
Other Oral Cavity	6	2	8
Nasal Cavity & Middle-ear	1	1	2
Accessory Sinuses	2	3	5
Larynx	42	5	47
Trachea	1	1	2
Connective Subcutaneous Other Soft Tissue	1	3	4
Thyroid Gland	49	160	209
Skin	43	12	55
Lymph Nodes	9	4	13

\*Gender Unknown in one case.

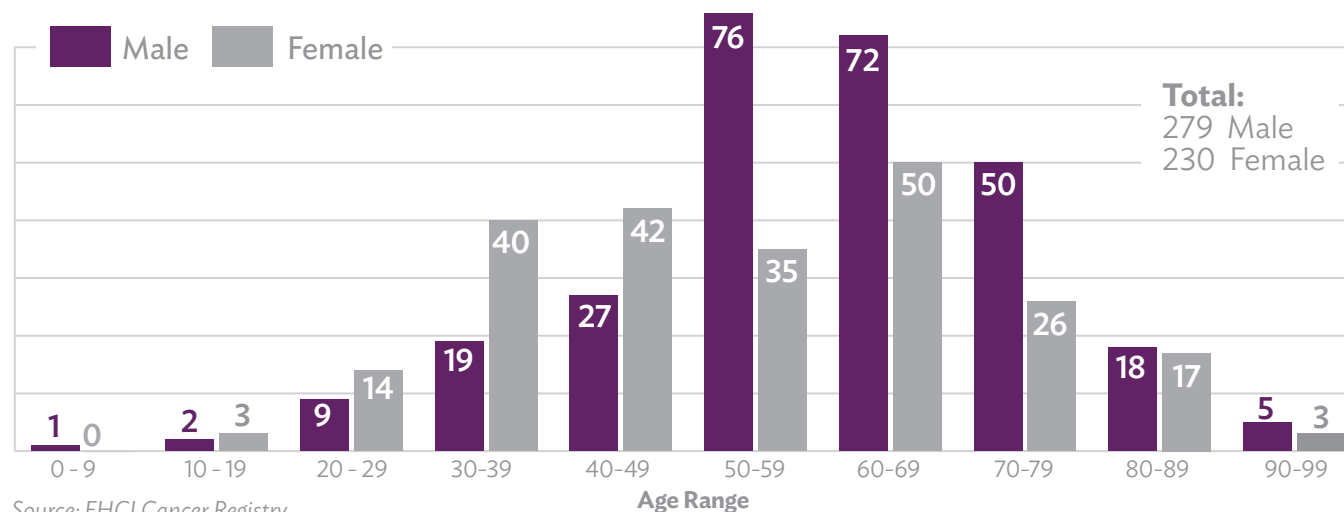
Source: FHCI Cancer Registry

# Head and Neck Oncology

## Head and Neck Cancer Cases

### Age by Gender at Diagnosis

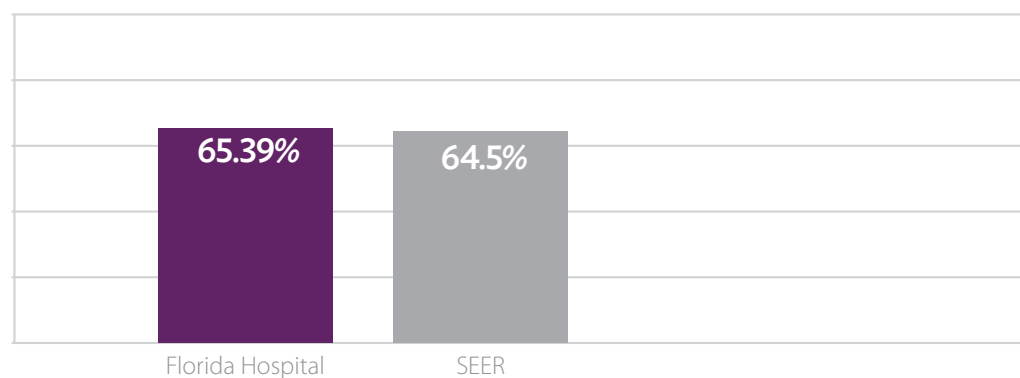
Men were slightly more likely to be diagnosed with head or neck cancer than women. Their age at diagnoses varied more than women, who tended to be diagnosed between the ages of 50 – 69.



## Head and Neck Cancers Five-year Survival

### Cases Diagnosed 2006-2012

Five-year survival rates for head and neck cancer at FHCI exceeded national averages from nine Surveillance, Epidemiology and End-Results (SEER) registries.



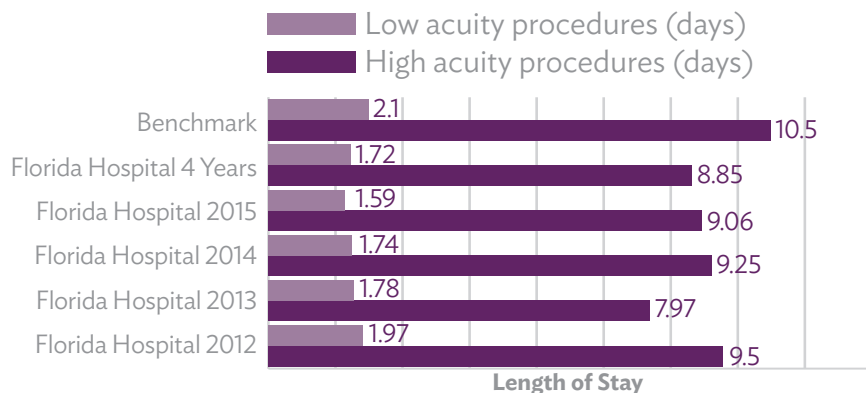
FHCI Tri-county area\* vs. nine Surveillance, Epidemiology and End-Result registries, part of Centers for Head and neck cancers include oral, cavity, pharynx and larynx.

Source: FHCI Cancer Registry; <https://seer.cancer.gov/canques/>



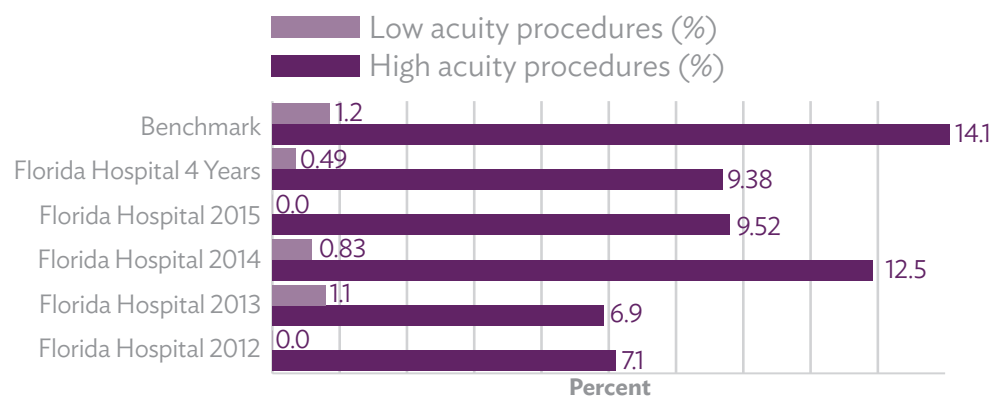
# Head and Neck Quality Metrics Report

## Length of Stay



Source: FHCI 2015 Head and Neck Quality Metrics Report

## Site Infection

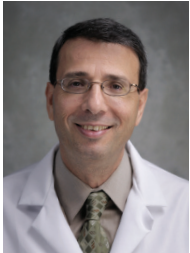


Source: FHCI 2015 Head and Neck Quality Metrics Report





# Pediatric Oncology



**Fouad Hajjar, MD**

*Medical Director, Children's Center for Cancer and Blood Diseases*



**Dennis Borrero, MD**

*Children's Center for Cancer and Blood Diseases*

The Children's Center for Cancer and Blood Diseases offers hematology and oncology care for patients with sickle cell disease, thalassemia, bleeding disorders, coagulation problems, various cytopenias, leukemia and other childhood cancers. As a Children's Oncology Group (COG) affiliate, we are able to offer the latest clinical trials available.

## Highlights

- Continued active membership in Oncology Group.
- Enrolled 39 new patients into FHCI pediatric oncology clinical research trials and saw 89 patients in follow-up trials.
- Ranked as the second-largest Neurofibromatosis clinic in the Central Florida network.

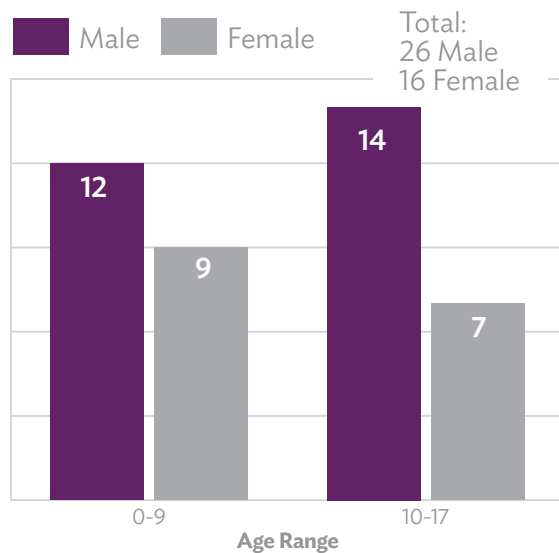
## Professional Affiliations

- Children's Oncology Group, a clinical trials group supported by National Cancer Institute
- NCI Community Oncology Research Program, which is funded through National Institute of Health

## Pediatric Cancer Cases

### Age by Gender at Diagnosis

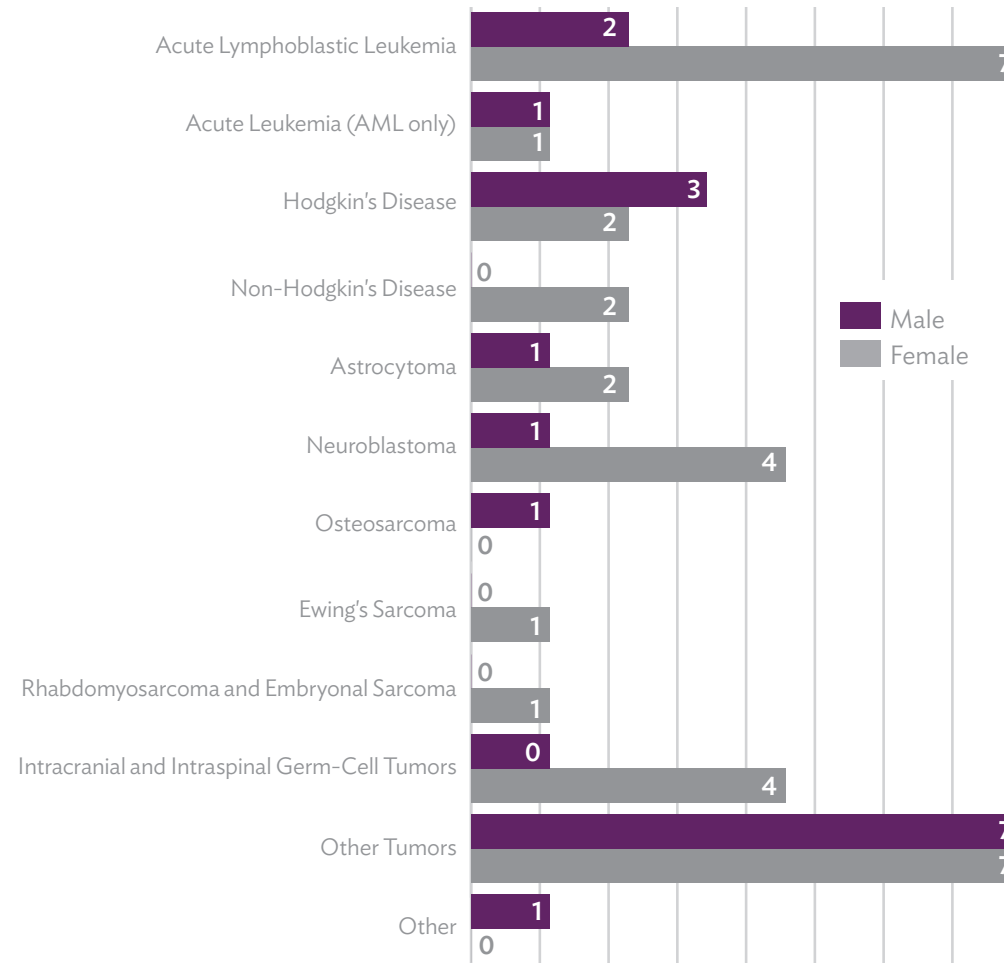
Childhood cancer cases represent less than 1 percent of all new cancer diagnoses in the United States annually (Cancer Facts and Figures, 2011). However, cancer remains a leading cause of death in children, second only to accidents. Of the 42 children diagnosed with cancer at FHCI in 2015, about 62 percent were boys. The most common diagnosis was acute lymphoblastic leukemia.



Source: FHCI Cancer Registry

## Pediatric Cancer Cases

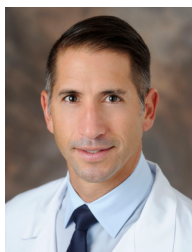
### Diagnosis by Gender



Source: FHCI Cancer Registry



# Radiation Oncology



**Matthew Biagioli, MD, MS**

*Medical Director*

*Florida Hospital Cancer Institute*

Florida Hospital Cancer Institute, in partnership with Radiation Oncology Specialists (ROS), a Florida Hospital Medical Group practice, offers extensive expertise and experience in a wide range of radiation treatment modalities. By placing a high value on evidence-based medicine, the team employs a disease-specific approach that ensures patients are evaluated by physicians with additional expertise in that particular discipline of oncology. Available treatments include External Beam Radiation Therapy, Intensity-Modulated Radiation Therapy, Stereotactic Body Radiation Therapy, Volumetric Modulated Arc Therapy, Gamma Knife®, intra-cavity and interstitial brachytherapy.

Florida Hospital Radiation Oncology also is one of the few programs in the country to offer MRI-based brachytherapy for prostate cancer/gynecological malignancies, which enables optimal targeting of radiation that reduces dose to critical structures. The physician team collaborates with specialists in surgery, medical oncology, neurosurgery, otolaryngology, gastroenterology, genitourinary and gynecology to improve patient outcomes.

## Physician Team:

*Irfan Ahmed, MD*

*Charles Hodge, MD*

*Nikhil Rao, MD*

*Johnny Ray Bernard Jr., MD*

*Aamir Hussain, MD*

*Stephanie Rapke, MD*

*Matthew Biagioli, MD*  
*Medical Director*

*Catherine Hwang, MD*

*Kunal Saigal, MD*

*Luis Carrascosa, MD*

*Anudh Jain, MD*

*Samir Sejjal, MD*

*Afshin Forouzannia, MD*

*Shravan Kandula, MD*

*Ravi Shridhar, MD, PhD*

*Mark Harvey, MD*

*Margarita Racsa, MD*

## Highlights

Treated 2,300 patients with innovative therapies such as:

- Gamma Knife® radiosurgery, in collaboration with Neurosurgery.
- Stereotactic Spine Radiosurgery procedures, in collaboration with Neurosurgery.
- Radiation immunotherapy.
- Stereotactic Body Radiation Therapy program, for cancers of the lung, pancreas and liver.
- Radiopharmaceutical Therapy, including Xofigo and I-131 isotopes.
- MRI-based brachytherapy, including:
  - MRI-guided, nerve-sparing, high-dose radiation brachytherapy for prostate cancer.
  - MRI-guided, high-dose radiation brachytherapy for gynecological cancer.

## Publications

**Kandula S**, Switchenko JM, Harari S, Fasola C, Mister D, Yu DS, Zelnak AB, Torres MA; “Locoregional Recurrence Risk in Breast Cancer Patients with Estrogen Receptor Positive Tumors and Residual Nodal Disease Following Neoadjuvant Chemotherapy and Mastectomy without Radiation Therapy”; *International Journal of Breast Cancer* 2015;147476.

Frakes JM, Strom T, Springett GM, Hoffe SE, Balducci L, Hodul P, Malafa MP, **Shridhar R**; “Resected pancreatic cancer outcomes in the elderly”; *Journal of Geriatric Oncology* 2015; 6(2):127-32. PMID: 25555451.

**Shridhar R**, Shibata D, Chan E, Thomas CR; “Anal Cancer: Current Standards in Care and Recent Changes in Practice”; *CA: A Cancer Journal for Clinicians* 2015; 65(2):139-62. PMID: 25582527.

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## Presentations

### February

**Shridhar R**; “Stereotactic Body Radiation Therapy for the Treatment of GI Malignancies - From 5 weeks to 5 days”; Florida Hospital Cancer Institute: Change the Course of Cancer; Gaylord Palms Resort and Convention Center, Kissimmee.

### March

**Shridhar R**; Panelist: “Colorectal Cancer Program”; Florida Hospital Cancer Institute; Grand Bohemian Hotel, Orlando.

### April

**Shridhar R**; “Radioembolization for the Treatment of Colorectal Liver Metastases”; Florida Hospital Cancer Institute, Altamonte Springs.

### May

**Shridhar R**; “Stereotactic Body Radiation Therapy for the Treatment of Pancreatic Cancer”; “Radiation Dose Escalation for Esophageal Cancer”; American College of Radiation Oncology; ACRO 2015, Arlington, Va.

### September

**Shridhar R**; “Stereotactic Body Radiation Therapy for the Treatment of Pancreatic Cancer”; “Pancreas SBRT Contouring Session”; Texas Oncology Educational Symposium, Dallas.

### October

**Bernard Jr J**; “Breast Cancer”; Pink Army Kickoff, DeLand, Fla.

**Bernard Jr J**; “Breast Cancer”; Stetson University, DeLand, Fla.

### November

**Bernard Jr J**; “Updates in Lung Cancer”; DeBary Country Club, DeBary, Fla.

**Bernard Jr J**; “Updates in Lung Cancer”; Florida Hospital, DeLand, Fla.

### November

**Shridhar R**; “Stereotactic Body Radiation Therapy for the Treatment of Pancreatic Cancer”; First Annual World Conference on Digestive Diseases, Nanjing, China.

## Awards

Florida Hospital, DeLand, and its 20/20 Society honored Johnny Ray Bernard Jr., MD, as a Society Founding Member for charitable giving; July.





# Thoracic Oncology



## Tarek Mekhail, MD, MSc, FRCSI, FRCSEd

Medical Director, Thoracic Cancer Program  
Associate Director of Clinical Research  
Florida Hospital Cancer Institute



## Joseph Boyer, MD

Surgical Director, Thoracic Cancer Program  
Director of Minimally Invasive and Robotic Surgery  
Florida Hospital Cancer Institute

The FHCI Thoracic Cancer Program has received national recognition for its multidisciplinary approach to the diagnosing and treatment of lung and esophageal cancers. Our specialists treat lung cancer, esophageal cancer, mesothelioma, and other cancers of organs within the chest wall. The Florida Hospital Cancer Institute is one of the most active participants in lung and esophageal clinical trials in the nation.

## Highlights

- Added two new Cardiovascular Thoracic Surgeons: Clay Burnett, MD, and Farid Gharagozloo, MD.
- Opened 14 new clinical trials, with 45 patients enrolled in thoracic cancer trials.
- Opened 11 new studies.
- Presented 269 cases at 47 thoracic cancer conferences with 100 percent multidisciplinary team approach.

## Publications

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## Presentations

Barlesi F, Dingemans AMC, Ou SHI, Ahn JS, De Petris L, Kim DW, Yang JCH, Hughes B, Lena H, Moro-Sibilot D, Bearz A, Ramirez SV, **Mekhail T**, Spira A, Zeaiter A, Bordogna W, Sturm C, Golding S, Morcos PN, Govindan R; "Updated Efficacy and Safety Results from a Global Phase 2, Open-label, Single-arm study (NP28673) of Alectinib in Crizotinib-refractory ALK+ Non-small-cell Lung Cancer (NSCLC)"; European Cancer Congress, Vienna, Austria; Poster Session, Abstract 3101.



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# Thoracic Oncology

## Thoracic Cancer Primary Procedures

Resections		Biopsy		Other	
Lobectomy	127	Mediastinoscopy	44	Pericardial Window	17
Bilobectomy	11	Chamberlain	6	Decortication	2
Pneumonectomy	6	Pleural/Chest Wall Bx	26	Other	6
Wedge (s)	34	Mediastinal LN	1		
Segmentectomy	12	Mediastinal Mass	1		
Sleeve	1				
Esophagectomy	17				
Thymectomy	5				
Mediastinal Mass	4				
Chest Wall	1				
<b>Total</b>	<b>218</b>	<b>Total</b>	<b>78</b>	<b>Total</b>	<b>25</b>

Source: FHCI Thoracic Surgery Database

## Robotic Procedures Case Breakdown

Procedure	Cases
Lobectomy	47
Bilobectomy	1
Wedge Resection (s)	11
Segmentectomy	2
Thymectomy	2
Mediastinal Mass	1
Pleural Biopsy	1
<b>Totals</b>	<b>65</b>

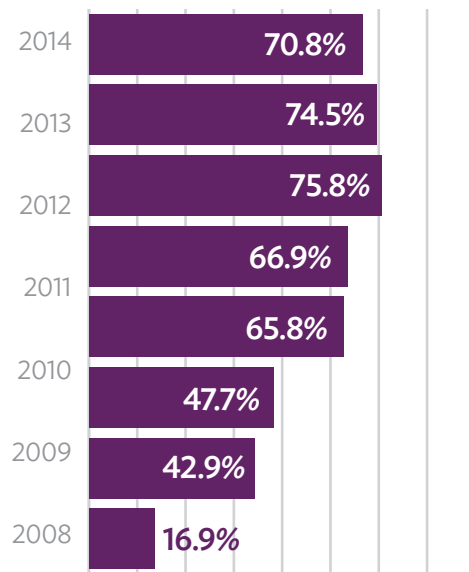
Source: FHCI Thoracic Surgery Database

**50** For more information or to refer a patient, call (407) 303-5999 or visit our Web site at [FloridaHospitalCancer.com](http://FloridaHospitalCancer.com). | 2015 Outcomes and Information

# National Comprehensive Cancer Network Guideline Compliance

## Eight-year Trend

Compliance with National Comprehensive Cancer Network (NCCN) guidelines reached 70.8% in 2015.



Source: FHCI Thoracic Surgery Database

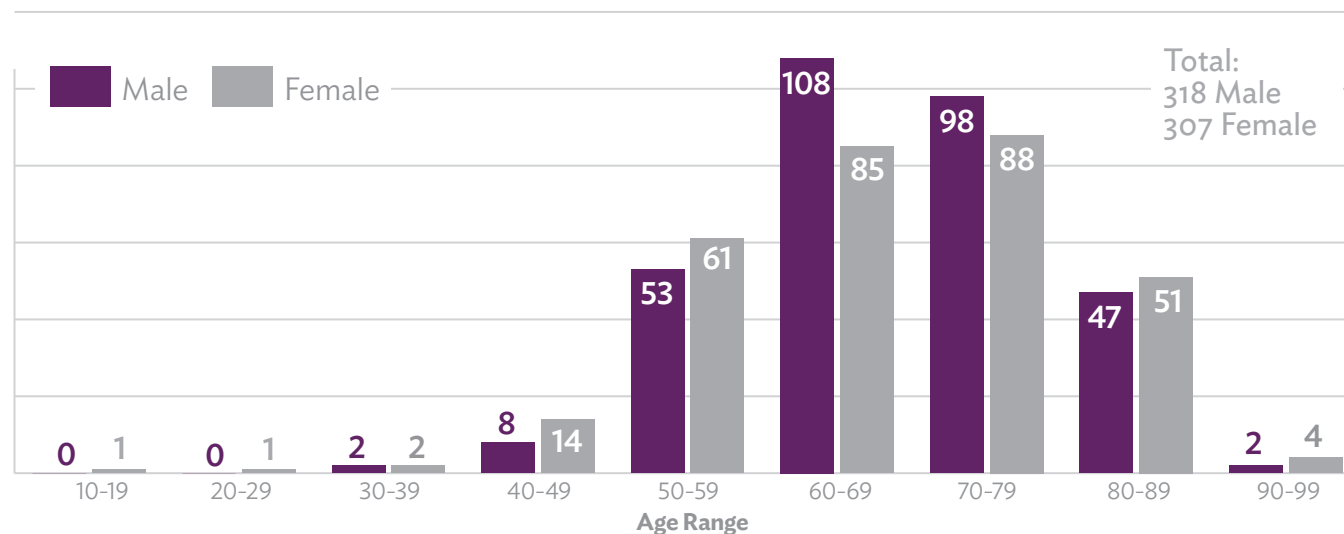


# Thoracic Oncology

## Lung Cancer Cases

### Age at Diagnosis by Gender

In 2015, lung cancer in women increased from age 50-59, while men increased from age 60-69. With 625 new cases seen at FHCI, both men and women were diagnosed mostly in their 60s and 70s.

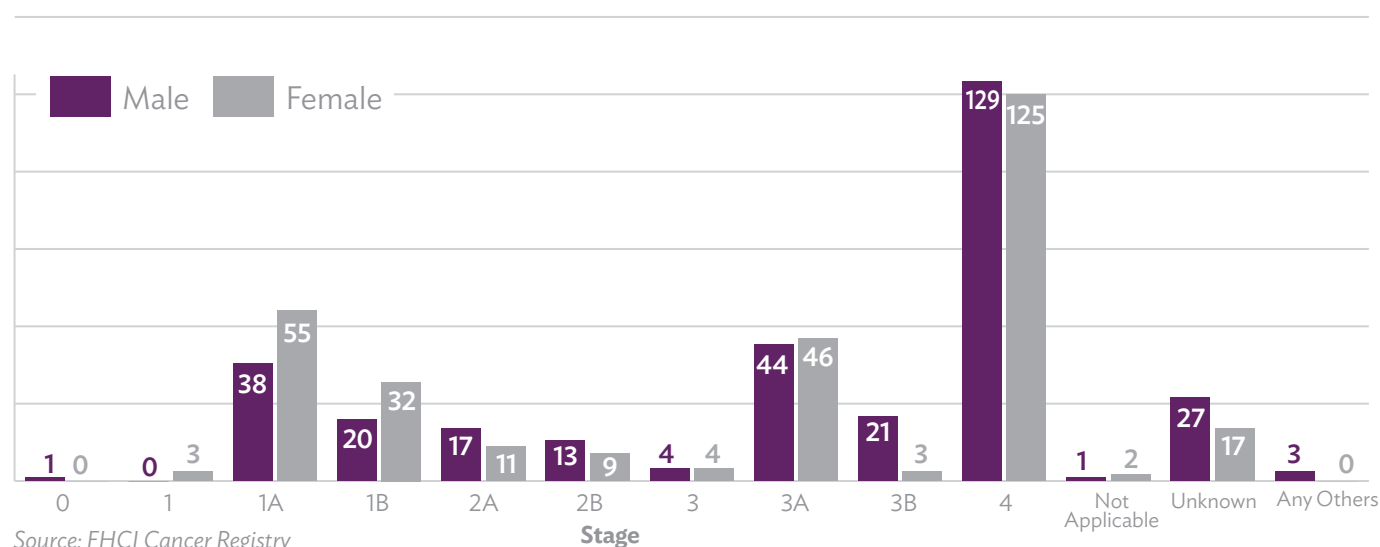


Source: FHCI Cancer Registry  
Chart depicts number of patients.

## Lung Cancer Cases

### Stage by Gender at Diagnosis

About 60 percent of men and women diagnosed at FHCI in 2015 were in an advanced stage of lung cancer (III or IV).

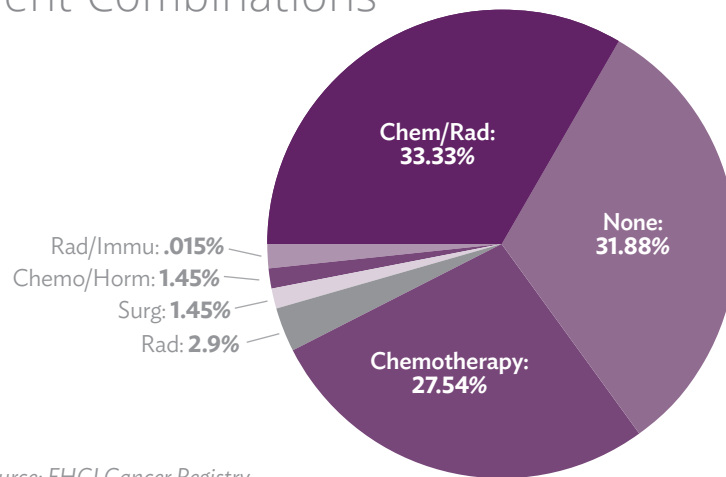


Source: FHCI Cancer Registry

## Lung Cancer Treatment Combinations by Disease Type

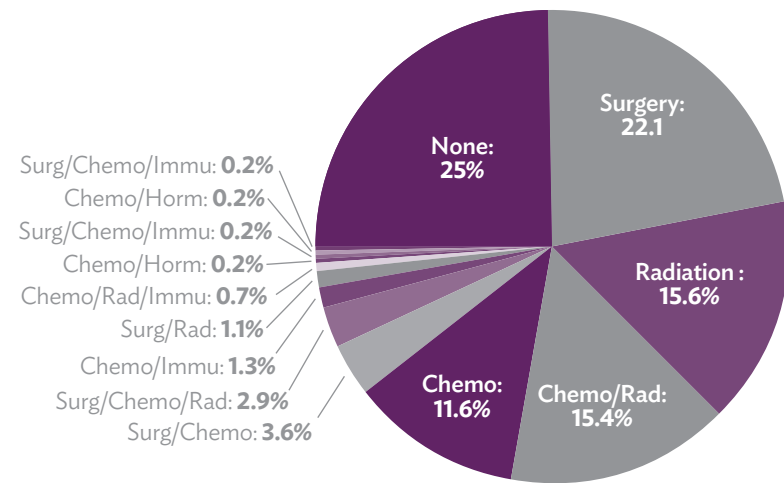
The two major types of lung cancer are non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). Disease-specific treatment combinations given to FHCI patients in 2015 are summarized in these charts.

### Small Cell Lung Cancer Treatment Combinations



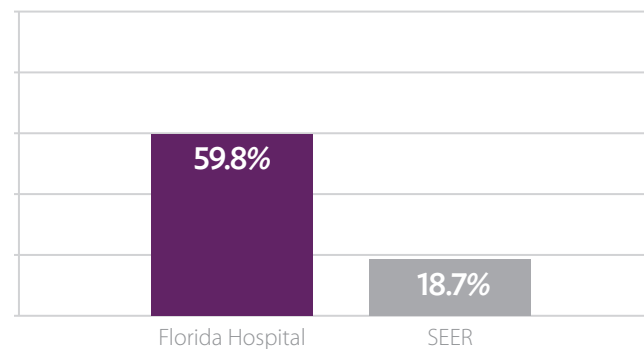
Source: FHCI Cancer Registry

### 2015 Non-Small Cell Lung Cancer Cases Treatment Combinations



Source: FHCI Cancer Registry

### Lung Cancer Cases Five-year Survival Cases Diagnosed 2005 - 2011



FHCI vs. nine SEER registries (SEER = surveillance, epidemiology and end results, part of Centers for Disease Control and Prevention).  
Source: FHCI Cancer Registry; <https://seer.cancer.gov/canques>



# Urologic Oncology

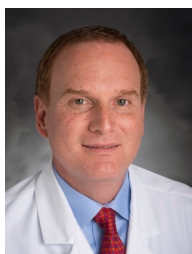


**Vipul Patel, MD, FACS**

*Medical Director, Global Robotics Institute,  
Celebration Health*

*Medical Director, Florida Hospital Cancer Institute  
Urologic Oncology Program*

*Professor of Urology, University of Central Florida*



**Inoel Rivera, MD, FACS**

*Uro-oncology Leadership Committee Chair*

*Urologic Oncology Program*

*Florida Hospital Cancer Institute*



**Carlos Alemany, MDS**

*Medical Director*

*Urologic Oncology Program*

*Florida Hospital Cancer Institute*

The FHCI urologic cancer team is comprised of some of the country's leading experts who provide patients a multidisciplinary approach to diagnosis and treatment. Our team helps aggressively and successfully battle urologic cancers, including prostate, kidney, bladder, adrenal, ureter, testicular and penile cancers. With the latest in diagnostic technology and advanced surgical techniques, such as MRI Fusion Biopsy, FHCI oncologists treat patients with a full range of options, tailored to their type of cancer. We were pioneers in robotic prostate surgery, which now accounts for more than 85 percent of all radical prostatectomy in the United States. The FHCI Team has demonstrated success and experience with the da Vinci robot, a less-invasive, robotic-assisted surgery that has revolutionized the surgical process.

## 2015 Highlights

- Ranked 23rd nationally for Urology by U.S. News & World Report.
- Developed Prostate Screening and Active Surveillance Guidelines for patients and Primary Care Physician offices.
- Added six new genomic tests utilizing prostate cancer tissue from individual patients, allowing the physician to more readily identify the aggressiveness of the disease as well as customize the patient's course of treatment.
- Expanded Clinical Trials/Protocols with the addition of a GU clinical research coordinator.
- Managed six active GU Cancer trials with 82 patients enrolled.
- Expanded patient access with an additional GU cancer care coordinator.
- Conducted three Urology Journal Club meetings and presented a total of 26 articles for review.
- Held 21 Urology Oncology Tumor Board meetings.
- Conducted Clinical Outcome Retrospective Study to examine Radical Cystectomy Benchmarks, meeting or exceeding eight of 11 national benchmarks.
- Performed 1,204 robotic radical prostatectomies.
- Welcomed Dr. Matthew Oommen to the GU team.

## Publications

**Patel VR**, Samavedi S, Bates AS, Kumar A, Coelho R, Rocco B, Palmer K; “Dehydrated human amniotic membrane allograft nerve wrap around the prostatic neurovascular bundle accelerates early return to continence and potency following robot-assisted radical prostatectomy: Propensity score-matched analysis”; *European Urology* 2015. dx.doi.org/10.1016/j.eururo.2015.01.012

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Sotelo RJ, Haese A, Machuca V, Medina L, Núñez L, Santinelli F, Hernandez A, Kural AR, Mottre A, Giedelman C, Mirandolino M, Palmer K, Abaza R, Ghavamian R, Shalhav A, Moynadeh A, **Patel VR**, Stifelman M, Tuerk I, Canes D; “Safer Surgery by learning from complications: A focus on robotic prostate surgery”; dx.doi.org/10.1016/j.eururo.2015.08.060 0302-2838/# 2015 European Association of Urology. Published by Elsevier B.V.

Bates AS, Samavedi S, Kumara A, Mouravieva V, Rocco B, Coelho R, Palmer K, **Patel VR**; “Salvage robot assisted radical prostatectomy: A propensity matched study of perioperative, oncological and functional outcomes”; *European Journal of Surgical Oncology* 2015; dx.doi.org/10.1016/j.ejso.2015.06.002.

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Williams S; “Prostate cancer: A multidisciplinary approach to diagnosis and management”; *Chapters 12.3 and 12.4 Series: Current Multidisciplinary Oncology*, New York; Thomas Jr C., 2015.

# Urologic Oncology

## Presentations and Invited Lectures

### January

Keynote Speech: “Important Technical Aspects of Potency Preservation.”  
Live Surgery: “Nerve-Sparing Radical Prostatectomy with Demo of Landmark Capsular Artery”; 4th ERUS/ESU Advanced Course, Hamburg, Germany.

Live Surgery: “Robotic Radical Prostatectomy.” Lectures: “Innovations in Nerve-Sparing Prostatectomy”; “Innovations in Robotic Surgery”; “Stem Cell Application for Erection- Amniofix”; International Symposium on Advanced Robotic Techniques in Urology, London.

### February

Live Surgery: “Robotic Radical Prostatectomy”; National Congress IEA, Milan, Italy.

Video: “Robotic Radical Prostatectomy”; Lecture: “Improving Potency Outcomes”; Moderator: “State-of-the-Art”; “Using New Innovations to Improve Continence and Potency Outcomes: Rectal Cooling and Amniotic Membrane Grafts”; Society of Robotic Surgeons Annual Meeting, Orlando.

### May

Educational Course 68 PG “Improving the Outcomes of Robotic Urologic Surgery: A State-of-the-art Video-based Course”- Director; AUA-Eurasian Urology Platform (EUP) joint meeting program; Lecture: “Challenging Situations during Robotic Prostatectomy: Tips & Tricks”; International Prostate Forum. Lecture: “Robotic Radical Prostatectomy—minimizing Efficacy and Quality”; “Prostate Cancer: Localized VI- Moderator”; American Urologic Association Annual Meeting, New Orleans, LA.

### June

Lecture: “The Fundamentals of Robotic Training: Platform Developed with a Multi-Specialty Approach”; Brazilian Meeting of Robotic Surgery; Rio de Janeiro.

Live Surgery: “Robotic Radical Prostatectomy”; Challenges in Laparoscopy, Istanbul.

### July

Lecture: “Robotic-Assisted Surgical Devices: Challenges & Opportunities”; US Food and Drug Administration Workshop, Washington, D.C.

### September

Lecture: Dr. Carlos Alemany; “Medical Management of Metastatic Renal Cancer”; Florida Urological Society; September.

Lecture: Dr. Jeff Brady; “When Pelvic Floor Rehab Fails: Urinary Incontinence Reconstructive Surgery”; Annual Florida Urological Society; September.

Presentation: Dr. Zamip Patel; “Male Hypogonadism: Work-Up and Treatment”; Annual Florida Urological Society; September.

### October

Lectures: “Starting a Robotic Surgery Program: Key Components to Success”; “Key Concepts in Nerve Sparing”; “Salvage Prostatectomy and Salvage Lymph Node Dissection”; “Patient Positioning and Port Placement”; “Robotic Nephrectomy and Partial Nephrectomy”; “Complications of Robotic Renal Surgery.” Panel Discussion: “Challenges of Learning Robotics in South Africa.” Videos: “Full Case of Robotic Prostatectomy”; “Tips and Tricks and Challenging Cases”; “Complications of Robotic Prostatectomy”; “Full Case of Radical Robotic Prostatectomy”; “Robotic Pyeloplasty”; “Robotic Partial Nephrectomy Tips and Tricks”; South African Urology Conference, Johannesburg.

### November

Congress of the American Confederation of Urology, Lectures: “Controversies on Prostate Cancer; Past, Present and Future of Prostate Cancer Surgery”; “Robotic-assisted Radical Prostatectomy: Functional and Oncological Results”; Round table: “Localized Prostate Cancer”; Video: “Step-by-Step Robotic Radical Prostatectomy”; Cancun.

Lecture: Dr. Inoel Rivera; “Guidelines for Diagnosis and Treatment of Early Stage Prostate Cancer and Clinical Trials”; Advance Prostate Cancer Symposium; Nov. 2.



## Conferences

Society of Robotic Surgery, Feb. 18-21; “Intermediate Two-year Outcomes of Pentafecta after Robot-assisted Radical Prostatectomy in ‘All Comers’”; “Intermediate Two-year Outcomes of Trifecta after Robot-assisted Radical Prostatectomy in ‘All Comers’”; “Dehydrated Human Amniotic Membrane Allograft (Amniofix®) has the Potential to Accelerate Early Return to Continence and Potency following Robotic Radical Prostatectomy: A Propensity-score Matched Study”; “Perioperative, Oncological and Functional Outcomes of Salvage Robot-assisted Radical Prostatectomy: A Propensity Score Matched Analysis”; “Continence Outcomes of Robotic-assisted Radical Prostatectomy in Suboptimal Patients”; “Age-stratified Comparative Analysis of Perioperative, Functional and Oncological Outcomes in Patients after Robot-assisted Radical Prostatectomy: A Propensity Score Matched Study”; “Safety of Selective Nerve Sparing in High-risk Prostate Cancer during Robotic Radical Prostatectomy”; “Predictive Factors and Oncological Outcome of Persistently Elevated Prostate-specific Antigen in Patients after Robot-assisted Radical Prostatectomy: A Single Surgeon Experience”; “Impact of Nerve Sparing on Postoperative Continence Following Robot-assisted Radical Prostatectomy: A Propensity Score Matched Study.”

Southeastern Section of the AUA, March 18-22; “Perioperative, Oncological and Functional Outcomes of Salvage RARP”; “Continence Outcomes of Robotic-assisted Radical Prostatectomy in Suboptimal Patients.”

European Association of Urology, March 20-24; “Impact of Nerve Sparing on Postoperative Continence following RARP”; “Intermediate Two-year Outcomes of Pentafecta after RARP in ‘All Comers’”; “Predictive Factors and Oncological Outcome of Persistently Elevated PSA in Patients after RARP”; “Perioperative, Oncological and Functional Outcomes of Salvage RARP.”

American Urology Association, May 15-19; “Abstract Title: Dehydrated Human Amniotic Membrane Allograft Nerve Wrap Around the Prostatic Neurovascular Bundle Accelerates Early Return to Continence and Potency Following Radical Robot-assisted Radical Prostatectomy: A Propensity Score Matched Analysis”; “Abstract Title: Use of Intra-operative Indocyanine Green and Firefly Technology to Visualize the ‘Landmark Artery’ for Nerve Sparing Robot-assisted Radical Prostatectomy.”

WCE World Congress of Endourology, Oct. 1-4; “Innovative Application of Instant Toggling of Endoscope in Challenging Cases during Robot-assisted Radical Prostatectomy Using Xi da Vinci Robotic Surgical System”; “Dual Virtual and Image-guided, Targeted Robotic Salvage Lymph Node Dissection”; “Salvage Robotic-assisted Laparoscopic Prostatectomy”; “Robotic Training with Porcine Models is Less Stressful than Virtual Reality Robotic Simulators for Urology Resident Trainees.”

XXXIV Congress of the American Confederation of Urology, Nov. 10-14; “Innovative Application of Instant Toggling of Endoscope in Challenging Cases during Robot-assisted Radical Prostatectomy using XI da Vinci Robotic Surgical System (video mode)”; “Robotic Training with Porcine Models is Less Stressful than Virtual Reality Robotic Simulators for Urology Resident Trainees”; “Use of Biomaterials during Robotic-assisted Radical Prostatectomy”; “Dual Virtual and Image-guided, Targeted Robotic Salvage Lymph Node Dissection”; “Salvage Robotic-assisted Laparoscopic Prostatectomy”; “Tips and Tricks to Improve Neurovascular Bundles Preservation during Robot-assisted Radical Prostatectomy.”

## Research Studies

Urologic Robotic Surgery Outcomes Registry/Database – IRB approved 237998 – More than 7,000 robotic radical prostatectomy surgeries registered.

Prospective AmnioFix - IRB approved 676473 - To evaluate the effectiveness of dehydrated human amnion/chorion membrane (dHACM) in reducing neurovascular bundle inflammation in prostate cancer patients undergoing bilateral full nerve sparing robotic-assisted laparoscopic radical prostatectomy (RALP). Specifically, this study compares potency outcomes in patients who had full nerve sparing RALP procedures with dHACM application to the neurovascular bundles to that of full nerve sparing RALP without dHACM application to neurovascular bundles.

Exosome - IRB approved 290713 – “Correlation of the Urine Exosome Gene Expression Profile with Clinical Pathology of Prostate Cancer in the Prostatectomy Specimen Both Before and After Surgery.”

CIRB CALGB 90203 - IRB approved 238042 - “A Randomized Phase III Study of Neo-Adjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy vs. Immediate Radical Prostatectomy in Patients with High-Risk, Clinically Localized Prostate Cancer- Partnership Study with Florida Hospital Cancer Institute.”

# Urologic Oncology

“Application of Cold Plasma Energy for Reduction of Lymphoceles Following Pelvic Lymph Node Dissection During Robot-Assisted Radical Prostatectomy” - IRB approved 808076 - Evaluating the efficacy of the J-Plasma® helium-based plasma technology in the reduction of lymphoceles following PLND during RARP. The J-Plasma® hand piece will be used during the PLND by dissecting the lymph nodes and sealing the lymphatic channels to prevent lymph leakage.

“An Open-Label, Multicenter, Phase 3 Study to Evaluate the Efficacy and Tolerability of Intravesical Vicinium™ in Subjects with Non Muscle-Invasive Carcinoma in Situ (CIS) and/or High-Grade Papillary Disease of the Bladder Previously Treated with Bacillus Calmette-Guérin (BCG).”

“A Multinational, Randomized, Double-blind, Placebo-controlled, Phase III Efficacy and Safety Study of ODM-201 in Men with High-risk Non-metastatic Castration-resistant Prostate Cancer.”

“A Nanotechnology-Enabled Blood Test for Cancer Detection and Diagnosis.”

“Clinical, Non-intervention Study of the Cxbladder® Urine Test for the Detection of Recurrent Urinary Tract Urothelial Carcinoma (UC).”

“Tumor Collection from Routine Nephrectomy for Subjects with Advanced Stage RCC.”

SWOG S0931 - “EVerolimus for Renal Cancer Ensuing Surgical Therapy, a Phase III.”

A031201 - “Phase III Trial of Enzalutamide (NSC #766085) vs. Enzalutamide, Abiraterone and Prednisone for Castration Resistant Metastatic Prostate Cancer.”

SWOG 1216 - “A Phase III Randomized Trial Comparing Androgen Deprivation Therapy + TAK-700 with Androgen Deprivation Therapy + Bicalutamide in Patients with Newly Diagnosed Metastatic Sensitive Prostate Cancer.”

## Education: Academic Courses

Southeastern Section of the AUA Residents Robotic Course, Jan. 24-25 at Nicholson Center: Global Robotics Institute Educational Program, Celebration.

## Local Research Collaborations

- UCF NanoScience Technology Center (Qun Huo, PhD): “A Nanotechnology-enabled Blood Test for Cancer Detection and Diagnosis.”
- Cancer and Leukemia Group B (CALGB): Funded by the federal government through the National Cancer Institute: MEAL Study.
- Sanford Burnham Prebys Medical Discovery Institute, Lake Nona (Ranjan Perera, PhD): “RNA Biomarker Discovery and Development for the Detection and Treatment of Prostate Cancer.”

## MRI Fusion Biopsy

FHCI now offers MRI Fusion Biopsy: The emergence of the mpMRI scan helps address problems of over-treatment or under-staging of prostate cases. An mpMRI offers several diagnostic benefits that begin with achieving 92 percent sensitivity for detecting prostate cancer. It also moves away from blind biopsy methods. It typically only requires a few better-targeted core samples that are mapped and tracked to virtually pinpoint accuracy. This makes the method far superior for active monitoring situations. Taken together, the benefits of mpMRI fusion biopsies can lead to less false-positives and reduce over/under diagnosis.

## Community Outreach Initiatives

- FH Men’s Health Campaign: Check Your Engine!; June.
- Men’s Health Summit for Orange County Government; June.
- Prostate Cancer Awareness Month - Urology & Oncology Offices; September.
- Men’s Wellness Summit at Leu Gardens, Orlando; September.
- FHCI-sponsored Magic Game for Men’s Health Awareness; #MagicMustache campaign; November.
- Prostate Cancer Awareness, the Audi Quattro Cup golf tournament, Orlando, June.
- Blueprint for Men’s Health- Survivorship Program: Psychosocial Aspects of Prostate Cancer; Nicholson Center, Celebration; November.

## Genitourinary Cancer Case Incidence

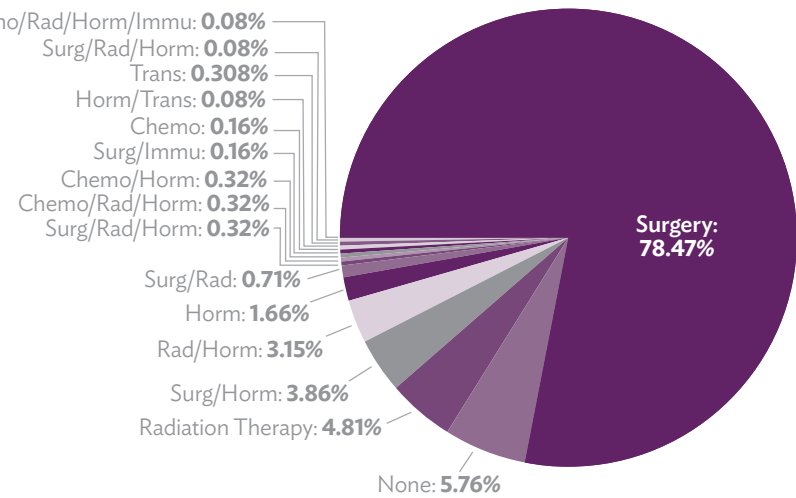
Prostate cancer remained the most frequently diagnosed or treated type of cancer at FHCI, with 1268 new cases in 2015.

Tumor Site	Cases
Prostate	1268
Testis	35
Bladder	265
Kidney/Renal	256
Other	33
<b>Totals</b>	<b>1857</b>

Source: FHCI Urologic Oncology Surgery Database

## Prostate Cancer Treatment Combinations

Surgery alone was the first-course treatment for 78 percent of all prostate cancer patients at FHCI.

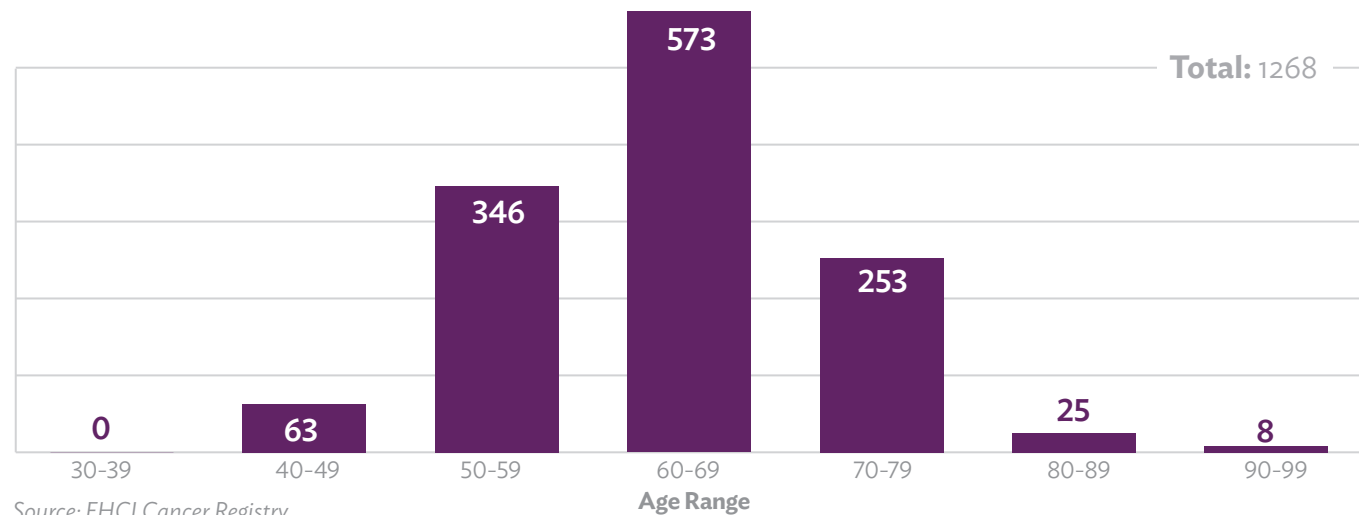


Source: FHCI Cancer Registry

## Prostate Cancer Cases

### Age at Diagnosis

The most common age range at diagnosis for prostate cancer patients at FHCI was 60 to 69 years old, with diagnosis most likely occurring at stage II of the disease.



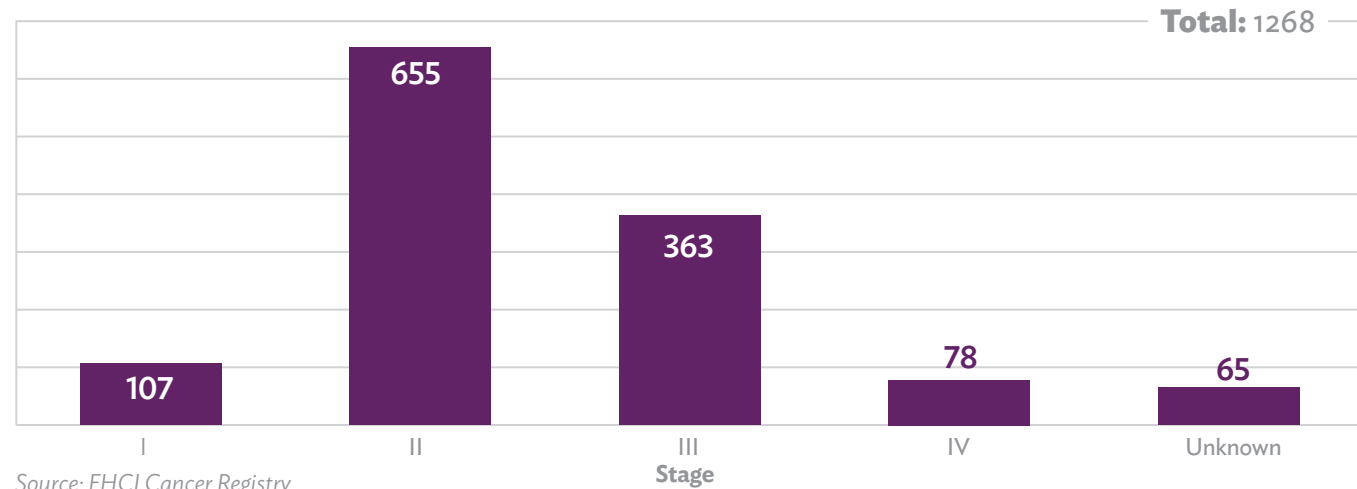
Source: FHCI Cancer Registry

# Urologic Oncology

## Prostate Cancer Cases

### Stage at Diagnosis

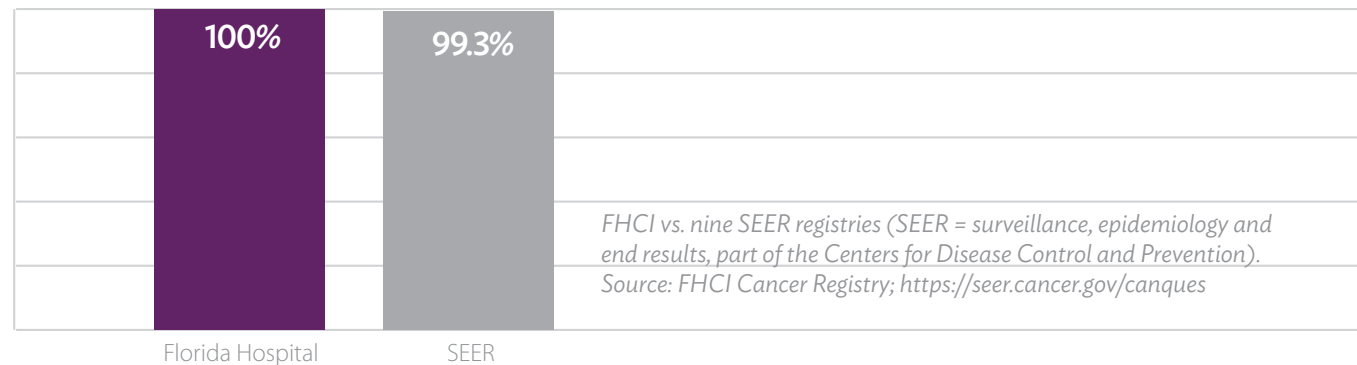
Just over 50 percent of prostate cancer patients at FHCI in 2015 had stage II disease at diagnosis.



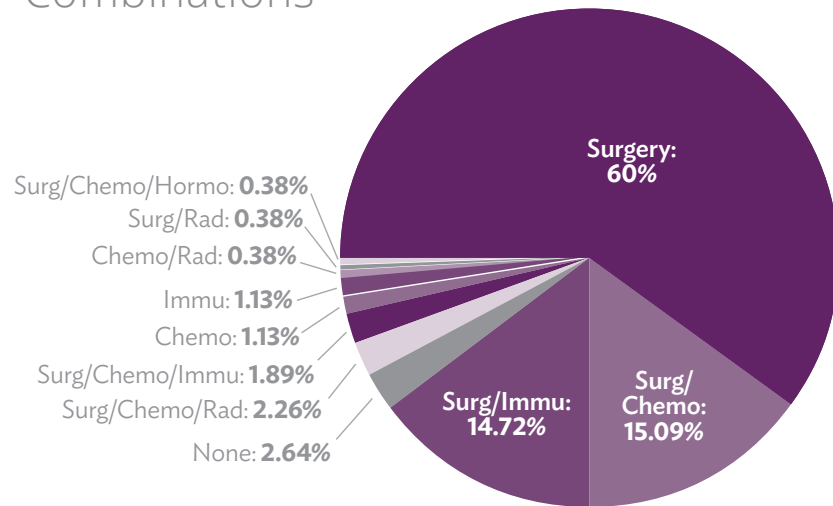
## Prostate Cancer Five-year Survival

### Cases Diagnosed 2006-2012

The five-year survival rate for prostate cancer is one of the highest of all cancer types due to the success of early screening efforts and effective treatment options.

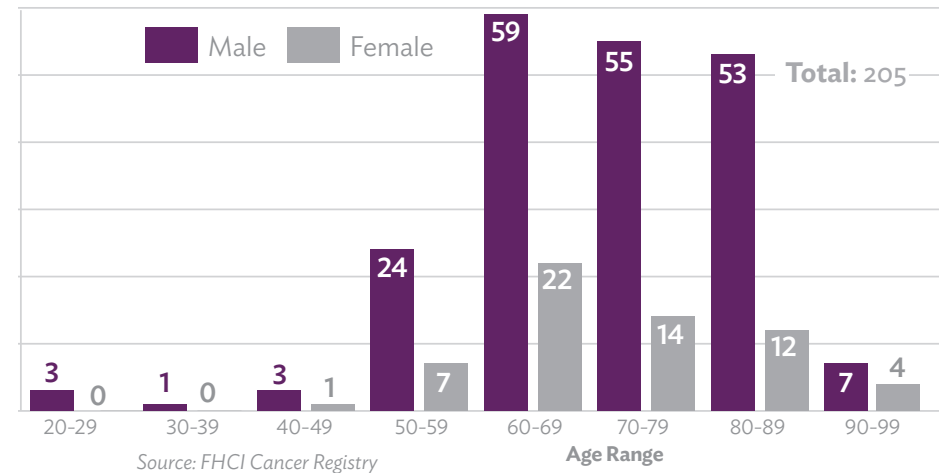


## Bladder Cancer Treatment Combinations

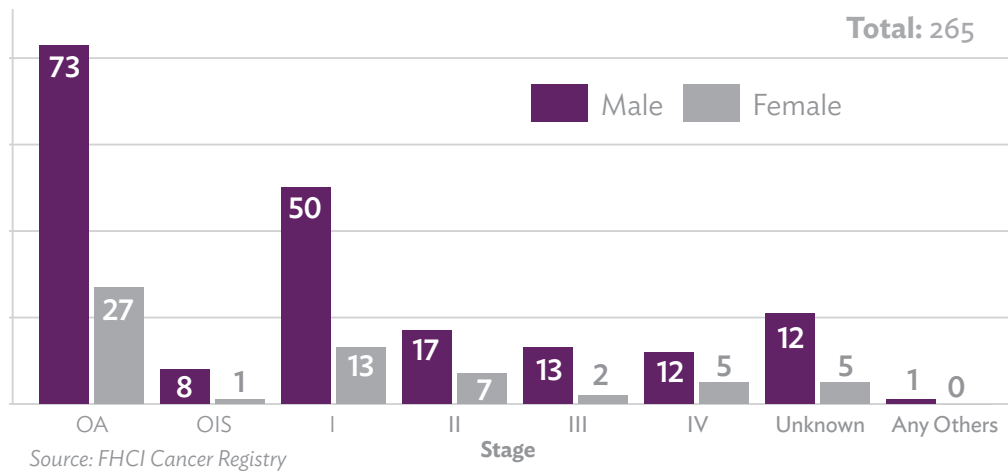


## Bladder Cancer Cases *Age at Diagnosis*

Bladder cancer is most prevalent in men. In 2015, the age of diagnosis most likely occurred between 60-69. In 2014, it was between 70-79.



## Bladder Cancer Cases *Stage at Diagnosis*

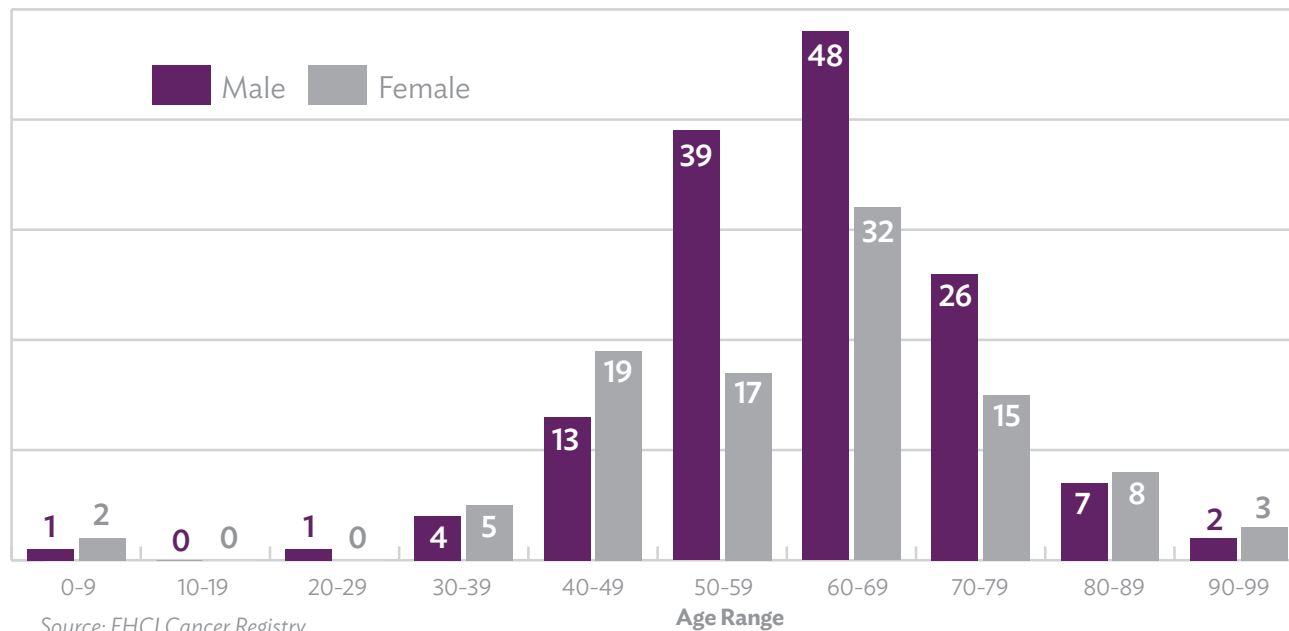


# Urologic Oncology

## Kidney Cancer Cases

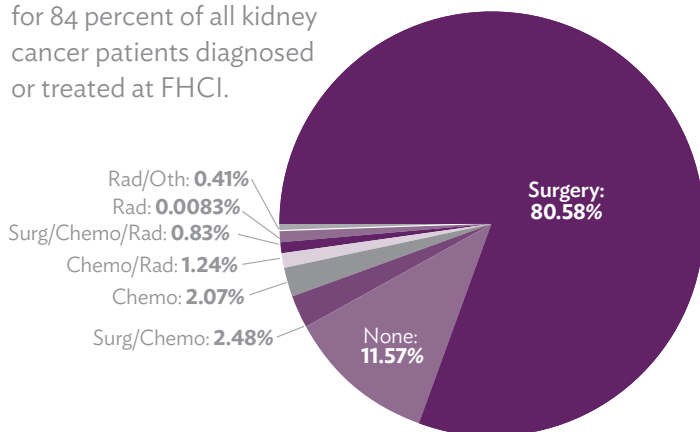
### Age at Diagnosis by Gender

At FHCI in 2015, diagnosis of kidney cancer most frequently occurred in stage 1 for both men and women.

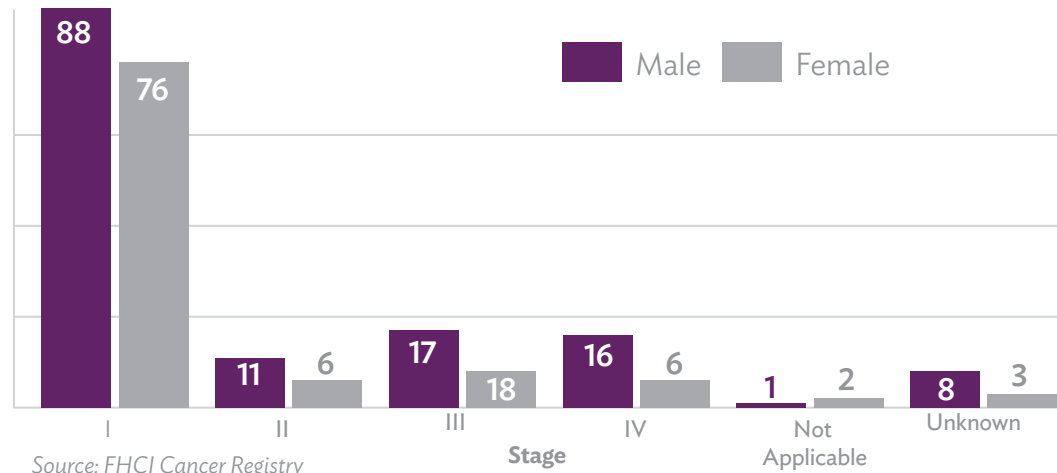


## Kidney Cancer Cases Treatment Combinations

Surgery was an integral part of first-course treatment for 84 percent of all kidney cancer patients diagnosed or treated at FHCI.



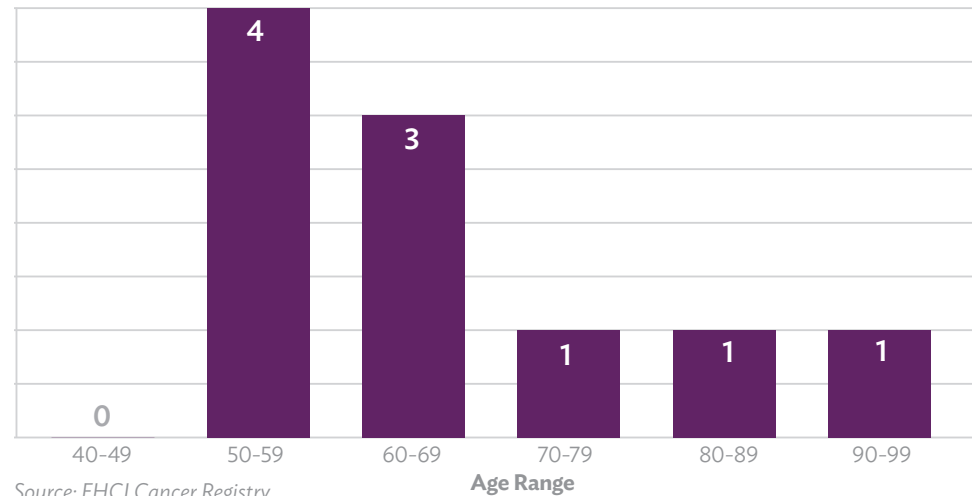
## 2015 Kidney Cancer Cases Stage at Diagnosis



## Penile Cancer Cases

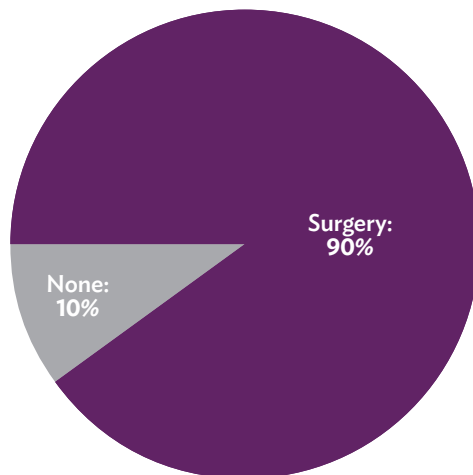
### Age at Diagnosis

The 10 cases of penile cancer treated or diagnosed at FHCI occurred in men older than 50. They were diagnosed between stage 0 – stage 3. Surgery alone was the most frequent course of treatment.



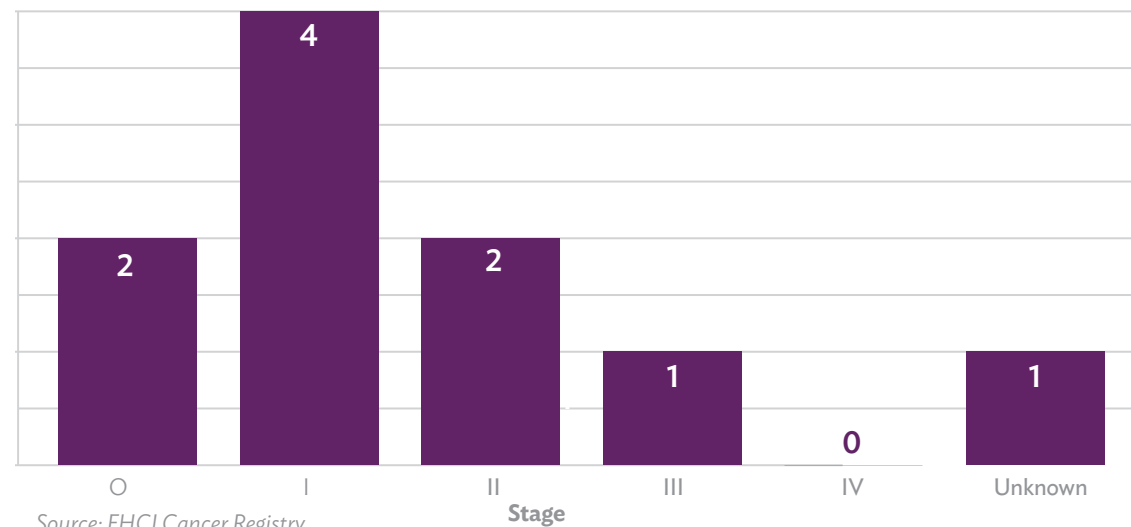
Source: FHCI Cancer Registry

## Penile Cancer Treatment Combinations



Source: FHCI Cancer Registry

## 2015 Penile Cancer Cases Stage at Diagnosis



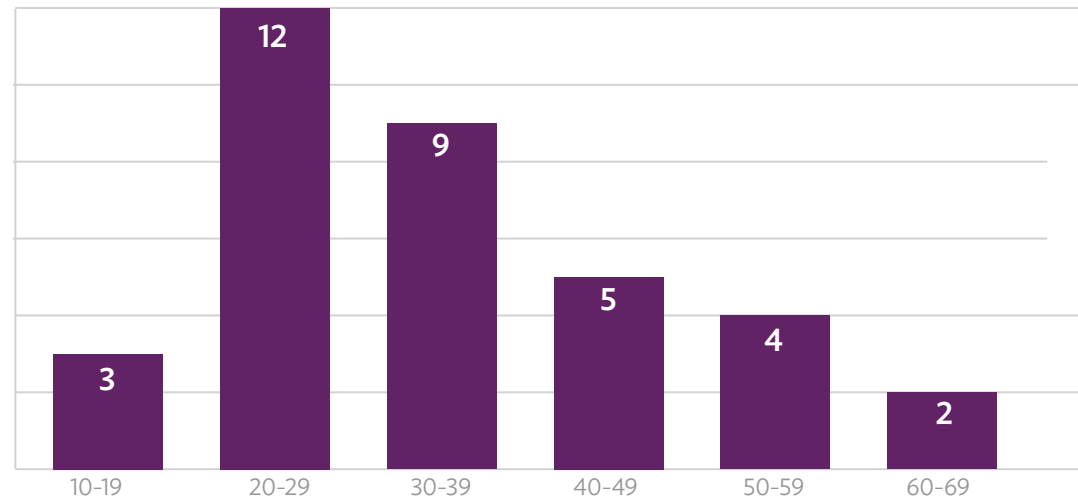
Source: FHCI Cancer Registry

# Urologic Oncology

## Testicular Cancer Cases

### Age at Diagnosis

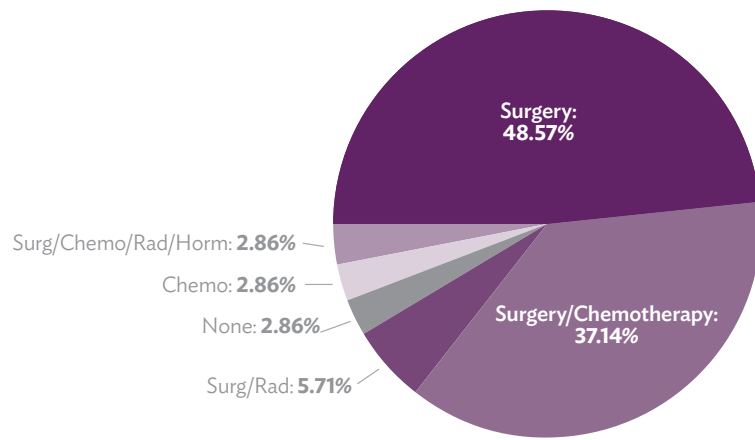
Testicular cancer was most frequently diagnosed in men 20-39 years old at FHCI in 2015.



Source: FHCI Cancer Registry

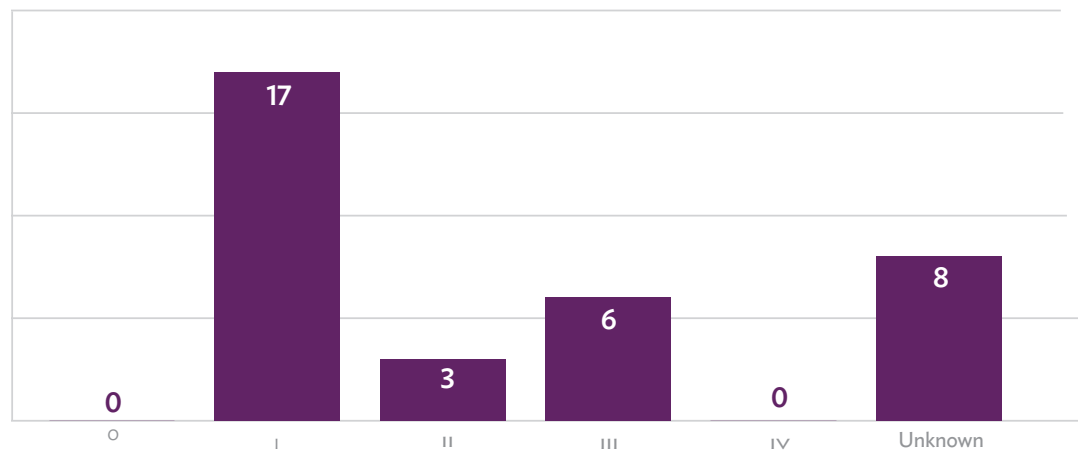
## Testicular Cancer Treatment Combinations

Surgery was the first-course treatment of choice for 94 percent of testicular cancer patients.



Source: FHCI Cancer Registry

## 2015 Testicular Cancer Cases Stage at Diagnosis



Source: FHCI Cancer Registry





# Cancer Rehabilitation



**Julie Sexton**

*Administrative Director*

FHCI introduced a Cancer Rehabilitation program in 2012 to help patients manage stress and avoid the physical declines often associated with cancer treatments. The Outpatient Cancer Rehabilitation program includes physical therapy, occupational therapy, speech therapy, audiology services, massage therapy and medical fitness. Clinicians are specifically trained to treat patients who have cancer.

Research has shown that therapeutic interventions decrease cancer-related fatigue, improve range of motion, maintain or increase strength, reduce anxiety, improve balance to decrease the risk for falls, and maximize quality of life.

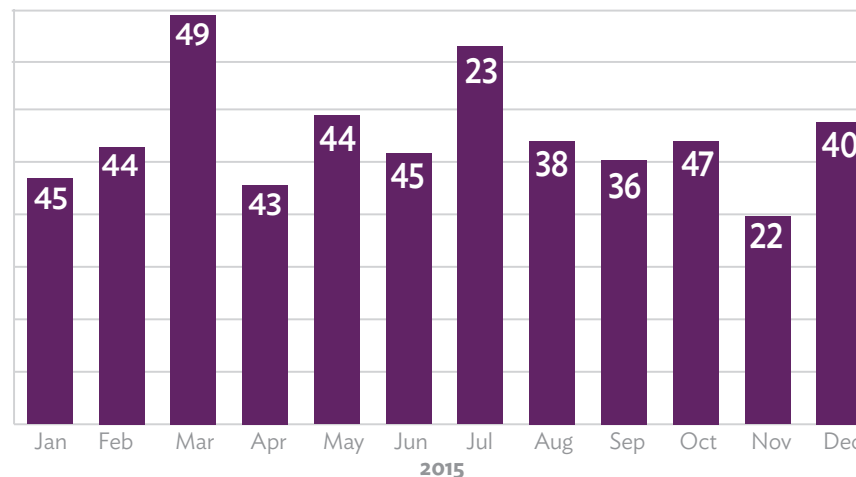
The program's goals are to begin rehabilitation at diagnosis in order to assess the functional baseline, prevent or decrease physical deficits that may result from cancer treatments, and serve as a resource to the patient throughout treatment to maximize quality of life.

## 2015 Highlights

- Provided cancer rehabilitation services at 15 of Florida Hospital's outpatient rehabilitation locations and treated 551 patients.
- Ranked in the top 75th percentile in Press Ganey patient satisfaction score.
- Presented our OP Cancer Rehabilitation Program Goals to FH Radiation Oncologists, FHCI Breast Leadership, and General Surgery Department meeting.
- Established Outpatient Physical Therapist and Occupational Therapist attendance at monthly Breast Tumor Boards.

## Referrals to Cancer Rehabilitation

Referrals to cancer rehabilitation grew over 13 percent, reaching 551 patients.



Source: Cancer Rehab Program Database



# Clinical Research



**Susan Coakley, MHA, CCRP**

*Director of Clinical Research Program  
Florida Hospital Cancer Institute*

Clinical trials are carefully designed research studies of new and innovative medical treatments. Through cancer clinical trials, doctors hope to find new ways to improve cancer treatments and quality of life for people with cancer. They offer patients the most advanced therapies available. Since 1989, the FHCI Clinical Research Program continues to provide access to more than 100 clinical trials at any given time for adult and pediatric patients. Our centralized clinical research office provides comprehensive and valuable support to over 30 investigators with all aspects of clinical trial operations. Our clinical research department is comprised of research nurses, data managers, research assistants and regulatory coordinators. In addition, we have streamlined our new study start-up process to ensure more efficient study activation and a disease-focused staffing structure.

Our research partners include:

- NIH/NCI National Clinical Trial (Adult Cancer Research) Networks
  - Alliance National Cancer Institute
  - National Research Group (NRG)
  - Cancer Trials Support Unit (CTSU)
- Sarah Cannon Research Institute
- NIH/NCI Pediatric Cancer Research
  - Children's Oncology Group (COG)
- Sarah Cannon Research Institute – Preferred Affiliate Status
- Sanford Burnham Medical Discovery Institute
- University of Central Florida
- National Bone Marrow Donor Center/Bone Marrow Clinical Trial Network (BMT CTN)
- Industry/pharmaceutical-sponsored trials

## 2015 Highlights

- Continued as a main member of NIH/NCI Clinical Trial groups with Alliance, NRG and COG. Fully engaged in clinical trials programs and grants that offer access to the latest NCI research to diagnose, prevent and treat cancer.
- Opened more than 40 new clinical trials to maintain a robust listing for various cancer types and stages.
- Enrolled over 250 patients in adult and pediatric oncology clinical trials.
- Accomplished high rating following a quality assurance audit with COG.
- Continued use of the independent NCI CIRB for all pediatric and phase III audit trials.
- Ongoing use of Central IRBs to facilitate quicker new study start up.
- Further expanded menu of clinical trials to include many novel, state-of-the-art molecular targeted cancer therapies.

**66** For more information or to refer a patient, call (407) 303-5999 or visit our Web site at [FloridaHospitalCancer.com](http://FloridaHospitalCancer.com). | 2015 Outcomes and Information



# Translational Research Core

## **Yai-Ping Mimi Shao, MBA**

*Manager, Translational Research Core  
Florida Hospital Cancer Institute*

FHCI's Translational Research Core supports collaborative research efforts focusing on biological discoveries and effective new approaches that advance the treatment of our patients and improve patient care and outcomes. We collaborate with external research partners, including Sanford Burnham Prebys Medical Discovery Institute, the National Cancer Institute in La Jolla, Calif., and Sanford Burnham Prebys in Lake Nona, Fla. We also continue to strengthen ties with researchers at the University of Central Florida's Burnett School of Biomedical Sciences, College of Medicine.

### **Our research mission, "Transforming Discovery into Care," strives to:**

- Establish strategic and mutually beneficial partnerships with eminent research institutions that bring premier bench-discovery science to Florida Hospital bedside care.
- Provide external scientists and researchers with access to FHCI's active and large patient base, clinical data, archived/fresh biospecimens, and translational research physicians and research staff.
- Elevate the level of science at FHCI to that of a recognized and respected partner in the scientific research community.

Our partnerships have produced research that has been published in scientific journals and presented at national meetings. Our research efforts with the University of Central Florida and Burnett School of Biomedical Sciences included funding from the National Breast Cancer Research Foundation (BCRF) in 2015. We received grants through our partnerships with the Sanford Burnham Prebys Medical Discovery Institute, the National Cancer Institute Center, Phi Beta Psi Sorority and Florida Hospital Foundation, and from our generous community donors.

Our unique partnership with the Florida Hospital Diagnostic Pathology group provides access to extensive diagnostic tissue archives from eight Central Florida hospitals. Additionally, FHCI-TRC has dedicated research histotechnician services, pathologist biospecimen verification and analysis, data retrieval, and onsite/offsite archive services. We are able to obtain extensive matching clinical data used in retrospective and prospective research studies in the early detection and prevention of cancer. Work processes established in 2014-2015 provided internal and external researchers with access to fresh biospecimens for Florida Hospital Institutional Review Board-approved studies.

### **Translational Research Core Team:**

Elizabeth Griffith, BAS, CCRC, CCRP    Ryan Sause, HT(ASCP)

Sally Litherland, PhD

Yai-Ping Shao, MBA

Alvin Oliveras Almodovar, MS

# Translational Research Core

## Partnerships/Collaborations

- Sanford Burnham Prebys, La Jolla, Calif./Lake Nona, Fla.
- University of Central Florida, Burnett School of Biomedical Sciences, College of Medicine
- University of Central Florida, Nanoscience Technology Center
- Nano Discovery, Inc.
- Phi Beta Psi Sorority

## Principal Investigator-Initiated Research Projects

- Breast Oncology (Louis Barr, MD; Na'im Fanaian, MD; Rhonda Harmon, MD; Sally Litherland, PhD; Alric Simmonds, MD; Yai-Ping Shao; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Breast Oncology - Screening High Risk Population (David Decker, MD; Xiang Zhu, MS)
- Cellular Therapy - Peripheral Blood K-RAS Analysis as Molecular Biomarker of Cancer Risk and Relapse (Chung-Che [Jeff] Chang, MD, PhD; Terek Mekhail, MD; Sally Litherland, PhD; Juan Pablo Arnoletti, MD, FACS; Xiang Zhu, MS; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Cellular Therapy - Epigenetic Markers for Understanding Multiple Myeloma and its Treatment (Chung-Che [Jeff] Chang, MD, PhD; Yasser Khalid, MD; Sally Litherland, PhD; Xiang Zhu, MS; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Cellular Therapy - Impact of PDL1 and GDF15 Expression on Overall Survival of Multiple Myeloma Patients (Chung-Che [Jeff] Chang, MD, PhD; Shahram Mori, MD, PhD; Yai-Ping Shao; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])

- Cellular Therapy - Particle-activated Natural Killer Cell Therapy for Treatment of AML in Preclinical NSG Mouse Model (Ahmed Zakari, MD; Elizabeth Griffith, CCRC; Yai-Ping Shao)
- Colorectal Oncology (Sam Atallah, MD; Na'im Fanaian, MD; Yai-Ping Shao; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- GME Program (Khalid Abusaada, MD; Xiang Zhu, MS; Elizabeth Griffith, CCRC)
- Gynecologic Oncology - Ovarian (Robert Holloway, MD; Sarfraz Ahmad, PhD; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP]; Yai-Ping Shao)
- Lung Cancer - Characterization of Biomarkers Associating Statin Use with Prevention of Lung Metastases to the Brain (Chung-Che [Jeff] Chang, MD, PhD; Terek Mekhail, MD; Sally Litherland, PhD; Elizabeth Griffith, CCRC)
- Pancreatic Cancer (Juan Pablo Arnoletti, MD, FACS; Sally Litherland, PhD; Na'im Fanaian, MD; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP])
- Thoracic Oncology (Joseph Boyer, MD; Terek Mekhail, MD; Xiang Zhu, MS; Yai-Ping Shao)
- Tissue Micro-Array Development/Cancer Biomarker Analysis (Juan Pablo Arnoletti, MD, FACS; Louis Barr, MD; Na'im Fanaian, MD; Sally Litherland, PhD; Ryan Sause, HT[ASCP]; Yai-Ping Shao)

## Clinical Research Projects

- Gynecologic Oncology - OvaGene and Firefly Studies (Robert Holloway, MD; Sarfraz Ahmad, PhD; Elizabeth Griffith, CCRC; Ryan Sause, HT[ASCP]; Yai-Ping Shao)

## Research Projects Funded by Grants or Donors

Breast Cancer Research Foundation (BCRF): 03/2015–09/2016; PI: Annette Khaled, PhD (UCF); PI: Barr, L, MD; Co-I: Litherland, Sally, PhD. Development of Cytoskeletal-Disrupting Approach for the Treatment of Metastatic Breast Cancer. Grant amount: \$70,491. Goal: To characterize CCT, a potential therapeutic target biomarker found in breast cancer cells and susceptible to the nanoparticle peptide drug candidate CT20p.

Phi Beta Psi, Florida Hospital Foundation: 11/2015; PI: Arnoletti, Pablo, MD; Co-I: Litherland, Sally, PhD. Myeloid Derived Immunosuppressor Cell (MDSC) Characterization in Pancreatic Ductal Adenocarcinoma (PDAC). Grant amount: \$18,381. Goal: Investigation of the activation of Circulating Tumor Cells (CTC) and immunosuppression in the portal venous system during surgical resection of the Pancreatic Ductal Adenocarcinoma (PDAC).

Firefly – Clinical Research for Gynecology Oncology: January–December 2015. Clinical trial amount: \$10,389.

Vulvodynia Data Analysis, Gynecology: April–December 2015. Grant amount: \$500

Role of Immune Suppression in Pancreatic Cancer Relapse & Liver Metastasis, Florida Hospital Foundation – Community Donor: January–December 2015. Donor Amount: \$10,000.

FHCI-TRC Laboratory Equipment Purchase, Florida Hospital Foundation – Community Donor: September 2015. Donor Amount: \$10,000.

## Publications

Garrigan E, Belkin NS, Seydel F, Han Z, Carter J, McDuffie M, Morel L, Peck AB, Clare-Salzler MJ, Atkinson M, Wasserfall C, Davoodi-Semiromi A, Shi JD, Haskell-Luevano C, Yang LJ, Alexander JJ, CdeBaca A, Piliant T, Riggs C, Amick M, Litherland SA; “Csf2 and Ptgs2 Epigenetic Dysregulation in Diabetes-prone B6.NODC11b xC1tb Mice”; *Genetics and Epigenetics*, 2015, 7: 5-17. PMID: PMC4603573.

Almodovar AJO, Zhu X, Litherland SA, Decker D.; “Promestriene: Affects GREB1 Expression in Estrogen Sensitive Breast Cancer Cells”; *Journal of Cancer Therapy*, 2015, 6, 767-772.

Litherland SA, Barr L, Reynolds R, Griffith E, Sause ., Encarnacion T, Almodovar, AJO, Zhu X, Dickstein S, Shao Y, Fanaian N, Decker DA; “Detection of Estrogen Responsive Breast Cancer Circulating Tumor Cells: Assay Development for Anti-Hormone Therapy Resistance”; *Journal of Cancer Therapy*, 2015, 6: 773-782.

Chiu J, Ajmal S, Zhu X, Griffith E, Encarnacion T, Barr L; “Radioactive Seed Localization of Non-palpable Breast Lesions in an Academic Comprehensive Cancer Program Community Hospital Setting”; *The American Surgeon*, 80(7), 675-679.

## Abstracts

Zhu X, Arnoletti JP, Fanaian N, Almodovar AJO, Griffith E, Sause R, Shao Y, de la Fuente S, Chang CC, Veldhuis P, Litherland SA; “Unique Myeloid Derived Suppressor Cell (MDSC) Populations in PDAC Portal Venous Circulation” abstract for poster presentation at Florida Hospital Research Forum; April. Award for Best Poster.

Zhu, X, Litherland SA, Decker DA; “A Critical Correction to Gail Models Used for Prediction of Breast Cancer Risk”; abstract for poster presentation at Florida Hospital Research Forum; April.

Litherland SA, Reynolds R, Barr L, Almodovar AJO, Decker DA; “Assay Development for Detection of Estrogen Responsive Gene Histone Acetylation in Breast Cancer Circulating Tumor Cells”; abstract for oral presentation at Florida Hospital Research Forum; April.

Litherland SA, Clare-Salzler MJ, Arnoletti JP; “Epigenetic Dysregulation in Immune Tolerance: Two Sides to the Same Coin – Cancer and Autoimmunity”; abstract for invited oral presentation at the World Congress for Inflammation; August.

## Presentations

Griffith BAS, CCRC, CCRP (presenter); “Assay Development for Detection of Estrogen Responsive Gene Histone Acetylation in Breast Cancer Circulating Tumor Cells”; Griffith E, Almodovar AJO; Reynolds R, Zhu X, Barr L, Decker, DA, Litherland, SA; The Society of Clinical Research Associates (SOCRA) Annual Conference, Denver; September.

# Translational Research Core



## Posters

Litherland SA (presenter); “Myeloid Derived Suppressor Cell Populations and Pancreatic Ductal Adenocarcinoma Circulating Tumor Cell in Portal Venous Circulation”; Zhu X, Arnoletti JP, de la Fuente S, Veldhuis P, Varadarajulu S, Griffith E, Encarnacion T, Sause R, Almodovar AJO, Fanaian N, Chang J, Dickstein S, Shao Y, Litherland SA; Keystone Symposia on Molecular and Cellular Biology; February; Banff, B.C., Canada.

Litherland SA (presenter); “Myeloid Derived Suppressor Cell Populations and Pancreatic Ductal Adenocarcinoma Circulating Tumor Cell in Portal Venous Circulation”; Zhu X, Arnoletti JP, de la Fuente S, Veldhuis P, Varadarajulu S, Griffith E, Encarnacion T, Sause R, Almodovar AJO, Fanaian N, Chang J, Dickstein S, Shao Y, Litherland SA; Second Annual Florida Hospital Research Forum, Orlando; April.

Almodovar AJO (presenter); “Assay Development for Detection of Estrogen Responsive Gene Histone Acetylation in Breast Cancer Circulating Tumor Cells”; Litherland SA, Reynolds R, Barr L, Almodovar AJO, Decker DA; Second Annual Florida Hospital Research Forum, Orlando; April.

Zhu X (presenter); “Gail Models Overestimate Breast Cancer Risk – A Critical Correction”; Second Annual Florida Hospital Research Forum, Orlando; April.

Griffith E (presenter); “Assay Development for Detection of Estrogen Responsive Gene Histone Acetylation in Breast Cancer Circulating Tumor Cells”; Griffith E, Almodovar AJO, Reynolds R, Zhu X, Barr L, Decker DA, Litherland SA; The Society of Clinical Research Associates (SOCRA) Annual Conference, Denver; September.



# Cancer Registry Data

The cancer statistics included in this report are the result of work completed by the Florida Hospital Cancer Registry team, which collects a comprehensive data set for each newly diagnosed cancer patient. This data set includes information about patients' presenting symptoms, diagnostic work-ups, clinical and pathologic stages, treatments, and lifelong follow-up activities. Data are collected according to Cancer Program Standards established by the American College of Surgeons Commission on Cancer, as well as the Florida Cancer Data Systems (FCDS), the state's central registry. Data collected are disease-specific and standardized to ensure accurate information that can be compared with national and state outcomes for each type of cancer.

## Cancer Cases Diagnosed in 2015

*National Comparison of the Select Cancer Sites to FHCI Tri-county Area*

Estimated Cancer Cases from the American Cancer Society Cancer Facts & Figures 2015

Breast cancer was the most commonly diagnosed cancer nationally in 2015 and the second-most common in Florida. At FHCI, prostate cancer made up almost 19 percent of cases diagnosed and treated, whereas breast cancer accounted for about 12 percent.

Primary Site	Florida Hospital		Florida		National	
	#	%	%	#		
Breast	1,073	12.4%	15,470	13.6%	231,840	14.0%
Lung	788	9.1%	16,810	14.7%	221,200	13.3%
Prostate	1,623	18.8%	15,480	13.6%	220,800	13.3%
Colorectal	672	7.8%	9,330	8.2%	132,700	8.0%
Bladder	342	4.0%	5,670	5.0%	74,000	4.5%
Non-Hodgkin's Lymphoma	276	3.2%	5,340	4.7%	71,850	4.3%
Uterus	288	3.3%	3,550	3.1%	54,870	3.3%
Melanoma	242	2.8%	5,480	4.8%	73,870	4.5%
Leukemia	288	3.3%	3,930	3.4%	54,270	3.3%
Cervix	80	0.9%	980	0.9%	12,900	0.8%
All Others	2,978	34.4%	32,000	28.1%	510,070	30.8%
<b>Total Cases</b>	<b>8,650</b>	<b>100.0%</b>	<b>114,560</b>	<b>100.0%</b>	<b>1,658,370</b>	<b>100.0%</b>

*Tri-county area includes Orange, Osceola and Seminole counties*

*Sources: American Cancer Society, Cancer Facts & Figures 2015, FHCI Cancer Registry*



# Cancer Registry Data

## FHCI Patients - Race by Ethnicity

Race	Non-Spanish		Spanish, Nos; Hispanic, Nos; Latino, NOS		Puerto Rican		South Or Central American-Not Brazil		Unknown Whether Spanish Or Not	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
WHITE	4745	85.2	610	11	104	1.9	56	1	15	0.3
BLACK	723	98	9	1.2	2	0.3	0	0	2	0.3
AMERICAN INDIAN ALEUT ESKIMO	14	100	0	0	0	0	0	0	0	0
CHINESE	10	100	0	0	0	0	0	0	0	0
JAPANESE	3	100	0	0	0	0	0	0	0	0
FILIPINO	14	100	0	0	0	0	0	0	0	0
HAWAIIAN	8	100	0	0	0	0	0	0	0	0
KOREAN	3	100	0	0	0	0	0	0	0	0
VIETNAMESE	9	90	1	10	0	0	0	0	0	0
LAOTIAN	1	100	0	0	0	0	0	0	0	0
KAMPUCHEAN (CAMBODIAN)	1	100	0	0	0	0	0	0	0	0
ASIAN INDIAN OR PAKISTANI NOS	25	100	0	0	0	0	0	0	0	0
ASIAN INDIAN	22	100	0	0	0	0	0	0	0	0
PAKISTANI	3	75	1	25	0	0	0	0	0	0
POLYNESIAN NOS	1	100	0	0	0	0	0	0	0	0
OTHER ASIAN	33	100	0	0	0	0	0	0	0	0
PACIFIC ISLANDER NOS	1	100	0	0	0	0	0	0	0	0
OTHER	100	74.1	26	19.3	2	1.5	1	0.7	3	2.2
UNKNOWN	129	74.6	13	7.5	0	0	1	0.6	29	16.8
ANY OTHERS	0	0	0	0	0	0	0	0	0	0
<b>OVERALL TOTALS</b>	<b>5778</b>	<b>87</b>	<b>660</b>	<b>9.8</b>	<b>108</b>	<b>1.6</b>	<b>58</b>	<b>0.9</b>	<b>49</b>	<b>0.7</b>

Source: FHCI Cancer Registry tri-county area NOS means not otherwise specified

**72** For more information or to refer a patient, call (407) 303-5999 or visit our Web site at [FloridaHospitalCancer.com](http://FloridaHospitalCancer.com). | 2015 Outcomes and Information



Mexican		Cuban		Dominican Republic		Other Spanish		Spanish Surname Only		All Others		Total Values	
#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
9	0.2	15	0.3	7	0.1	4	0.1	4	0.1	0	0	5569	82.3
0	0	0	0	0	0	1	0.1	0	0	1	0.1	738	10.9
0	0	0	0	0	0	0	0	0	0	0	0	14	0.2
0	0	0	0	0	0	0	0	0	0	0	0	10	0.1
0	0	0	0	0	0	0	0	0	0	0	0	3	0
0	0	0	0	0	0	0	0	0	0	0	0	14	0.2
0	0	0	0	0	0	0	0	0	0	0	0	8	0.1
0	0	0	0	0	0	0	0	0	0	0	0	3	0
0	0	0	0	0	0	0	0	0	0	0	0	10	0.1
0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	25	0.4
0	0	0	0	0	0	0	0	0	0	0	0	22	0.3
0	0	0	0	0	0	0	0	0	0	0	0	4	0.1
0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	33	0.5
0	0	0	0	0	0	0	0	0	0	0	0	1	0
1	0.7	0	0	1	0.7	0	0	1	0.7	0	0	135	2
0	0	0	0	0	0	0	0	1	0.6	0	0	173	2.6
0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>10</b>	<b>0.1</b>	<b>15</b>	<b>0.2</b>	<b>8</b>	<b>0.1</b>	<b>5</b>	<b>0.1</b>	<b>6</b>	<b>0.1</b>	<b>1</b>	<b>0</b>	<b>6765</b>	<b>100</b>

# Cancer Registry Data

## FHCI Primary Site Table

Male genitourinary cancer was the most commonly diagnosed cancer at FHCI in 2015, with prostate cancer representing about 98 percent of those diagnoses.

Primary Site	Total	Class		Sex		AJCC Stage						
		Analytical	Non-Analytical	Male	Female	0	I	II	III	IV	UNK	N/A
<b>All sites</b>	<b>8649</b>	<b>6763</b>	<b>1886</b>	<b>4700</b>	<b>3949</b>	<b>464</b>	<b>1869</b>	<b>1659</b>	<b>1235</b>	<b>1189</b>	<b>1039</b>	<b>1194</b>
<b>Oral cavity</b>	<b>212</b>	166	46	155	57	1	29	26	24	89	31	12
<b>Lip</b>	<b>4</b>	3	1	4	0	0	1	2	0	0	1	0
Tongue	<b>70</b>	59	11	56	14	1	12	10	8	27	12	0
Oropharynx	<b>13</b>	8	5	11	2	0	2	0	2	5	4	0
Hypopharynx	<b>9</b>	6	3	6	3	0	1	0	3	5	0	0
Other	<b>116</b>	90	26	78	38	0	13	14	11	52	14	12
<b>Digestive system</b>	<b>1600</b>	1250	350	895	705	54	306	311	322	360	225	22
Esophagus	<b>87</b>	57	30	64	23	3	17	9	25	17	16	0
Stomach	<b>134</b>	94	40	84	50	0	27	17	29	41	19	1
Colon	<b>428</b>	340	88	222	206	22	68	81	104	87	65	1
Rectum	<b>244</b>	185	59	139	105	9	49	40	80	33	33	0
Anus/anal canal	<b>37</b>	30	7	18	19	6	6	7	9	1	7	1
Liver	<b>170</b>	140	30	118	52	0	44	36	24	29	22	15
Pancreas	<b>365</b>	287	78	192	173	13	65	96	25	125	41	0
Other	<b>135</b>	117	18	58	77	1	30	25	26	27	22	4
<b>Respiratory system</b>	<b>867</b>	688	179	459	408	1	178	63	159	334	123	9
Nasal/sinus	<b>8</b>	6	2	4	4	0	1	0	0	3	1	3
Larynx	<b>58</b>	47	11	50	8	0	13	7	11	20	7	0
Lung/bronchus	<b>788</b>	624	164	395	393	1	163	56	146	307	112	3
Other	<b>13</b>	11	2	10	3	0	1	0	2	4	3	3
<b>Blood &amp; bone marrow</b>	<b>579</b>	331	248	337	242	0	1	1	2	1	2	572
Leukemia	<b>288</b>	190	98	171	117	0	1	1	2	1	2	281
Multiple myeloma	<b>162</b>	89	73	89	73	0	0	0	0	0	0	162
Other	<b>129</b>	52	77	77	52	0	0	0	0	0	0	129
<b>Bone</b>	<b>12</b>	8	4	9	3	0	2	2	0	3	4	1
<b>Connect/soft tissue</b>	<b>34</b>	24	10	20	14	0	4	5	3	5	14	3
Melanoma	<b>242</b>	146	96	149	93	73	53	20	20	10	63	3
Other	<b>23</b>	19	4	14	9	0	3	4	3	3	2	8

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Primary Site	Total	Class		Sex		AJCC Stage						
		Analytical	Non-Analytical	Male	Female	0	I	II	III	IV	UNK	N/A
<b>Breast</b>	<b>1073</b>	910	163	11	1062	162	356	297	78	63	115	2
<b>Female genital</b>	<b>80</b>	69	11	0	80	0	31	5	22	17	5	0
Cervix uteri	288	269	19	0	288	2	174	13	55	23	21	0
Corpus uteri	132	110	22	0	132	0	17	11	50	30	23	1
Ovary	38	25	13	0	38	13	13	2	5	1	4	0
Vulva	28	25	3	0	28	2	4	2	10	5	2	3
Other	41	35	6	0	41	2	5	5	19	3	2	5
<b>Male genital</b>	<b>1675</b>	1316	359	1675	0	2	209	776	374	101	210	3
Prostate	1623	1268	355	1623	0	0	187	770	367	101	198	0
Testis	39	35	4	39	0	0	18	3	6	0	11	1
Other	13	13	0	13	0	2	4	3	1	0	1	2
<b>Urinary system</b>	<b>661</b>	542	119	471	190	153	258	46	47	55	98	4
Bladder	342	264	78	272	70	143	73	26	16	20	64	0
Kidney/renal	297	257	40	184	113	3	180	18	28	32	33	3
Other	22	21	1	15	7	7	5	2	3	3	1	1
<b>Brain &amp; cns</b>	<b>352</b>	266	86	158	194	0	0	0	0	0	1	351
Brain (benign)	19	12	7	6	13	0	0	0	0	0	0	19
Brain (malignant)	108	92	16	67	41	0	0	0	0	0	0	108
Other	225	162	63	85	140	0	0	0	0	0	1	224
<b>Endocrine</b>	<b>308</b>	263	45	93	215	1	152	26	20	12	12	85
Thyroid	223	208	15	55	168	1	152	26	20	12	12	0
Other	85	55	30	38	47	0	0	0	0	0	0	85
<b>Lymphatic system</b>	<b>316</b>	223	93	185	131	0	78	49	34	73	80	2
Hodgkin's disease	40	31	9	22	18	0	11	13	5	6	5	0
Non-hodgkin's	276	192	84	163	113	0	67	36	29	67	75	2
<b>Unknown primary</b>	<b>104</b>	92	12	57	47	0	0	0	0	0	0	104
<b>Other/ill-defined</b>	<b>25</b>	21	4	12	13	0	1	0	7	4	4	9

Number of cases excluded: 1

Source: FHCI Cancer Registry, Heather M. Burner, C.T.R., Manager

# Cancer Registry Data

## Accredited by the American College of Surgeons Commission on Cancer

The American College of Surgeons Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life of patients with cancer through standard-setting, prevention, research, education and the monitoring of comprehensive care. Over 50 leading cancer care organizations, including the American Cancer Society, are partnered with the CoC on patient-centered initiatives. Across the U.S., over 1,500 cancer programs are CoC-accredited, and more than 70 percent of patients with cancer in the U.S. receive their care through CoC-accredited programs. Florida Hospital has been a continually accredited CoC program since 1989, demonstrating an important commitment to providing all patients with access to services they need, from diagnosis through treatment, rehabilitation and survivorship care.

The National Cancer Database (NCDB) collects data from CoC-accredited cancer programs nationwide. The repository allows programs to compare patient characteristics, cancer types, treatment and outcomes. The National Quality Forum (NQF) has identified and endorsed quality metrics, which are reported as indicators of quality oncology care. Based on these indicators, the CoC measures cancer program performance using current CoC quality reporting tools, including the Cancer Program Practice Profile Reports (CP3R). At quarterly meetings, the Comprehensive Cancer Committee identifies quality improvement opportunities that aid in diminishing disparities in care by comparing adherence to and consideration of standards of care for specific tumor site populations. No patient identifiers are collected in order to generate the CP3R.

Data are collected currently for breast, colon, rectum, gastric, lung, cervix, ovary, endometrium, bladder and skin melanoma cases. To date, thresholds of compliance with providing or considering specific indicators are in place for breast, colon, rectum, gastric, and lung primary tumor sites. The 2013 summary report released by the NCDB in April 2016 provides a performance report for Florida Hospital compared with national and state results, as well as with cancer programs in the same CoC category as Florida Hospital – Academic Comprehensive Cancer Programs, or ACAD. More information on the CP3R process and CoC accreditation is available at <http://www.facs.org>.





# FHCI Cancer Program Practice Profile Reports

Site	Measure	CoC Benchmark Compliance Percentage Rate	National Percentage	Florida Percentage	Same Type CoC Program (Academic Comprehensive Cancer Program) Percentage	FHCI Percentage
Bladder	BL2RLN - At least 2 lymph nodes are removed in patients under 80 undergoing partial or radical cystectomy (Surveillance)	Not Applicable	90.8	87.2	93.5	66.7
Breast	BCS - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)	Not Applicable	62.7	63	61.8	61.8
Breast	nBx - Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)	80	91.4	87.1	92	82.6
Breast	HT - Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)	90	92.8	88.6	92.9	91.1
Breast	MASTRT - Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes (Accountability)	90	90.8	87.7	90.5	92.1
Breast	BCSRT - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)	90	92.8	90.2	92.6	91.3
Breast	MAC - Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)	Not Applicable	92.8	91.2	91.9	91.5
Colon	ACT - Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability)	Not Applicable	90.4	84.2	89.6	90.7
Colon	12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	85	90.1	88.8	92.5	85
Rectum	RECRCT - Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	85	87.3	82.5	87.7	88.5

Site	Measure	CoC Benchmark Compliance Percentage Rate	National Percentage	Florida Percentage	Same Type CoC Program (Academic Comprehensive Cancer Program) Percentage	FHCI Percentage
Gastric	G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement)	85%	55.3	43.1	63.1	33.3
Lung	10RLN - At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance)	Not Applicable	41	35	48	52.4
Lung	LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)	85%	92.6	90	92.5	93.9
Lung	LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)	85%	92.1	89.8	92.7	88.5
Cervix	CERRT - Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer (Surveillance)	Not Applicable	80.2	87	79.5	61.5
Cervix	CERCT - Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2) (Surveillance)	Not Applicable	88.9	92.5	89	92
Cervix	CBRR - Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer (Surveillance)	Not Applicable	74.5	73.7	78.4	64.3
Endometrium	ENDCTRT - Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer (Surveillance)	Not Applicable	81.2	76.1	82.9	78.6
Endometrium	ENDLRC - Endoscopic, laparoscopic, or robotic performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance)	Not Applicable	72.9	74.5	69.8	68.2
Ovary	OVSA - Salpingo-oophorectomy with omentectomy, debulking/ cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer (Surveillance)	Not Applicable	72.8	73.3	74.1	78.8
Melanoma	M05IgLN - At least 5 regional lymph nodes are removed and examined in Inguinal lymph node dissection (Surveillance)	Not Applicable	65.5	no data	77.6	no data
Melanoma	M10AxLN - At least 10 regional lymph nodes are removed and examined in Axillary lymph node dissection (Surveillance)	Not Applicable	70.1	no data	72.9	no data
Melanoma	MCLND - Completion Lymph Node Dissection use after positive Sentinel Lymph Node biopsy (Surveillance)	Not Applicable	62	no data	68.6	no data



# Center for Interventional Endoscopy



**Robert Hawes, MD**  
*Medical Director*  
*Institute for Minimally Invasive Therapy*



**Shyam Varadarajulu, MD**  
*Medical Director*  
*Center for Interventional Endoscopy*

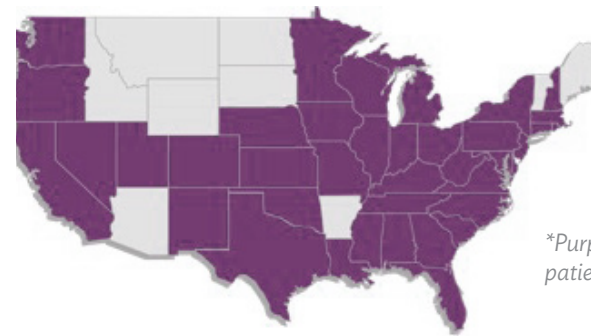
The Center for Interventional Endoscopy (CIE) at Florida Hospital was instituted in 2012 as a state of the art unit integrating therapeutic endoscopy with minimally invasive surgery to provide the highest quality of care for patients with complex digestive diseases.

CIE retained its status in 2015 as the number one center in Florida by volume - performing 6216 complex endoscopic procedures. Our endoscopic ultrasound (EUS) unit remained the largest volume center in the United States for the second consecutive year performing 2753 procedures. Our procedural volume was matched only by the number of clinical trials and publications which originated from CIE. Our faculty published 55 peer-reviewed manuscripts while 24 abstracts were accepted for presentation at Digestive Disease Week (DDW) 2016. Given our large procedural volume, as evident from the DDW presentations, our clinical trials are mostly prospective, single center and very often randomized in design. The research program at CIE is robustly vibrant with 10 ongoing randomized trials and 6 prospective clinical trials. Endosonography, a textbook which was edited by the CIE faculty, was awarded the British Medical Association's first prize for excellence in postgraduate medical education.

We look forward to CIE's continued growth in the upcoming years by fulfilling its mission of providing world class clinical care, conducting cutting-edge clinical research and training the next generation of endoscopists and minimally invasive surgeons.

## Patient Referrals

- Total Number of Patients: 5,409
- Total Florida Patients: 5,255
- Tri-County: 2,467
- Non Tri-County: 2,942
- Out-of-State Patients: 143
- International Patients: 11
- Jamaica, Virgin Islands, Canada, Grand Cayman, Uruguay, Puerto Rico, United Kingdom, Trinidad
- 39 states



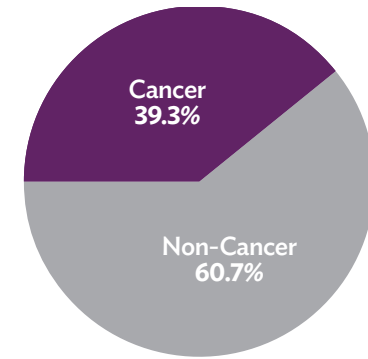
*\*Purple states represent patient referrals*



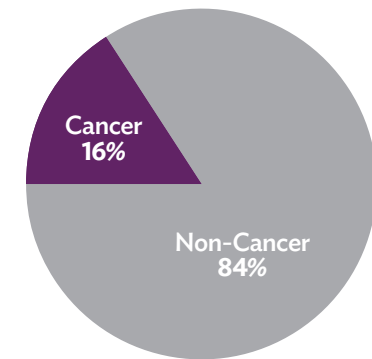
## Status Of Active Clinical Trials

Name Of The Trail	Sponsor	Design	Enrollment Goal	Current Enrollment
Minimally Invasive Surgery vs. Endoscopy Randomized (MISER) Trial for Symptomatic Walled-Off Pancreatic Necrosis	Florida Hospital	Randomized	102	42
Stent vs. Indomethacin Randomized (NIH) Trial for Preventing Post-ERCP Pancreatitis	Grant Sub-Award	Randomized	144	0
Comparison of On-Site versus Off-Site Evaluation of Cholangioscopy-Guided Biopsies of the Bile Duct	Florida Hospital	Randomized	66	19 FH
Multicenter Randomized Trial Comparing Covered Metal and Plastic Stents for Preoperative Biliary Decompression in Pancreatic Cancer	Florida Hospital	Randomized	114	73 (UAB and FH)
Randomized Trial comparing Fully Covered, Self-Expanding Metal Stent (FCSEMS) and Plastic Stents for EUS-guided Drainage of Walled-off Necrosis (WON)	Florida Hospital	Randomized	62	0
Randomized Trial Comparing 22 and 25 G Needles for Pancreatic Mass FNA	Florida Hospital	Randomized	352	352 (Complete)
Prophylactic Octreotide to Prevent Post Duodenal EMR and Ampullectomy Bleeding	Florida Hospital	Randomized	124	31
Safety of Endoscopic Resection of Large Colorectal Polyps: A Randomized Trial	VA Medical Center	Randomized	>20	16
Randomized trial comparing Captiva- tor tissue cassettes vs. no cassettes for endoscopic mucosal resection (EMR) in esophageal carcinoma	Florida Hospital	Randomized	30	0
Lipidomics, Proteomics, Micro RNAs and Volatile Organic Compounds Biomarkers in Bile and Serum in the Diagnosis of Malignant Biliary Strictures	Florida Hospital	Prospective	500	78
Volumetric Laser Endomicroscopy Signal Heterogeneity Analysis in the Evaluation of Patients with Biliary Strictures-A Pilot Ex-Vivo Study	Florida Hospital	Pilot Ex-Vivo	10	3

## Cancer Related Endoscopic Procedures



EUS  
Total Procedures — 2,753



ERCP  
Total Procedures — 1,203



# Oncology Clinical Performance Improvement



**Rose Fan Ting Yue, RN, BSN, LHCRM, CPHQ**

*Project Manager  
Clinical Performance Improvement  
Florida Hospital Cancer Institute*



**Meiling Wu, MSN, RN, BSN, MSN**

*Project Manager  
Clinical Performance Improvement  
Florida Hospital Cancer Institute*



**Westley Sheng**

*Clinical Quality Improvement Coordinator  
Clinical Performance Improvement  
Florida Hospital Cancer Institute*

## Accreditation Awards

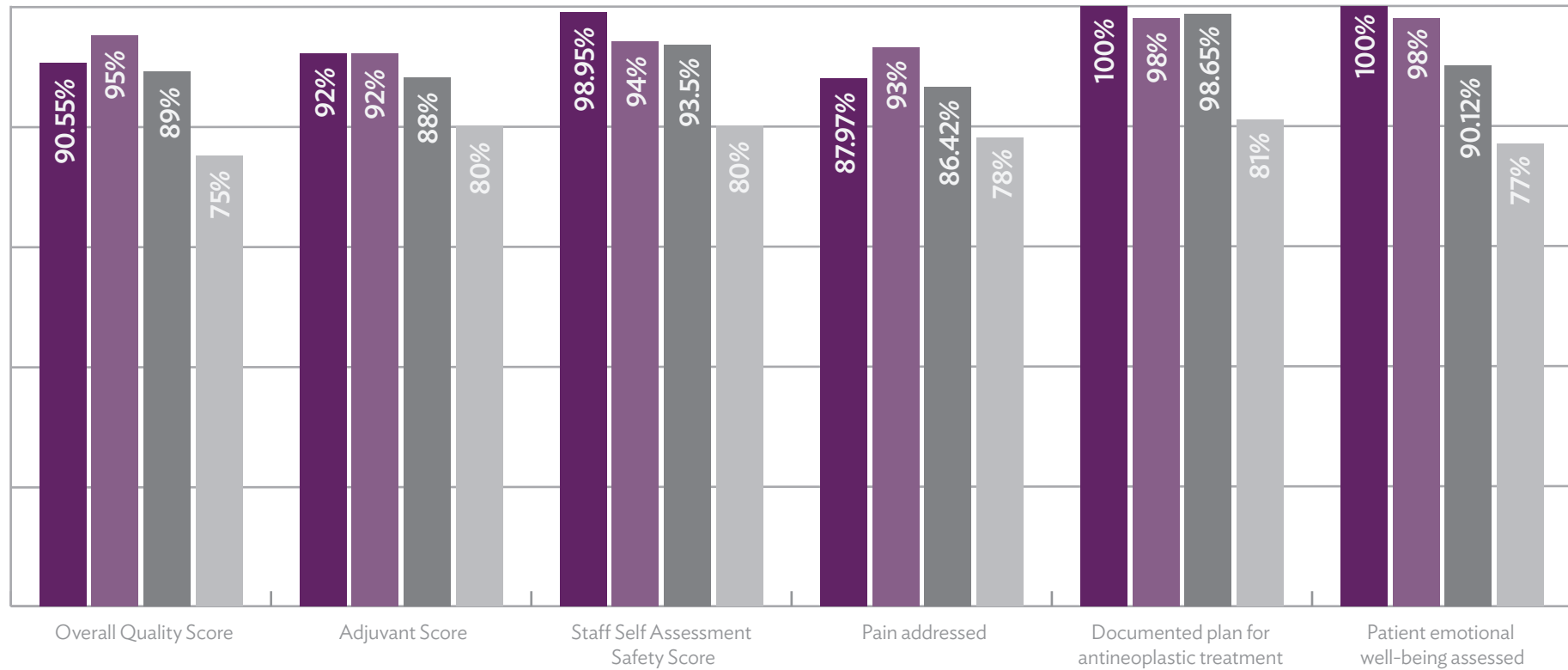
FHCI holds multiple accreditations that recognize its high quality of patient care and best practices. The Institute is accredited by the American College of Surgeons' Commission on Cancer program as an Academic Comprehensive Cancer Program. The Radiation Oncology Program is accredited by the American College of Radiology. The Breast Program is accredited by the National Accreditation Program for Breast Centers (NAPBC). Two of FHCI's Medical Oncology practices are certified by the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI).

At FHCI, quality care refers to the entirety of a patient's experience. The core mission of our Quality Improvement Initiative is to continuously improve research, training and patient care. We achieve this with a comprehensive review and evaluation process. Members of our Quality Improvement team use data to analyze, assess and improve the structure, function and outcomes of the entire system. The Quality Improvement team, along with tumor-site leadership, use the data to set goals, measure performance, and analyze patient outcomes to improve care.

## Quality Oncology Practice Initiative Accreditation Standards Overall Quality Measures Score

For the fourth consecutive year, FHCI Medical Oncology reached national accreditation standards adopted from American Society of Clinical Oncology-Quality Oncology Practice Initiative, and achieved program certification for the second time.

2015
  2014
  2013
  Benchmark



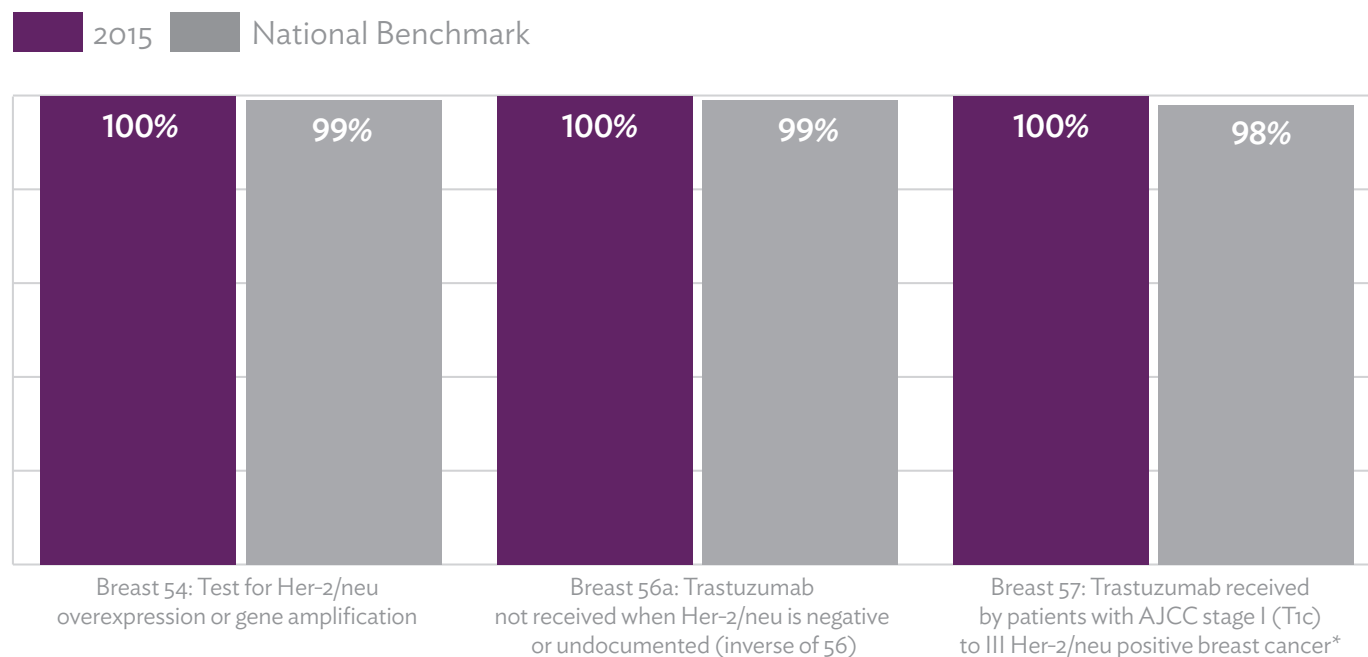
Data collected from 2013-2015  
Source: FHCI Quality Improvement

# Oncology Clinical Performance Improvement

## Quality Oncology Practice Initiative Breast Cancer Treatment Compared with QOPI Standards

Cases diagnosed in 2015

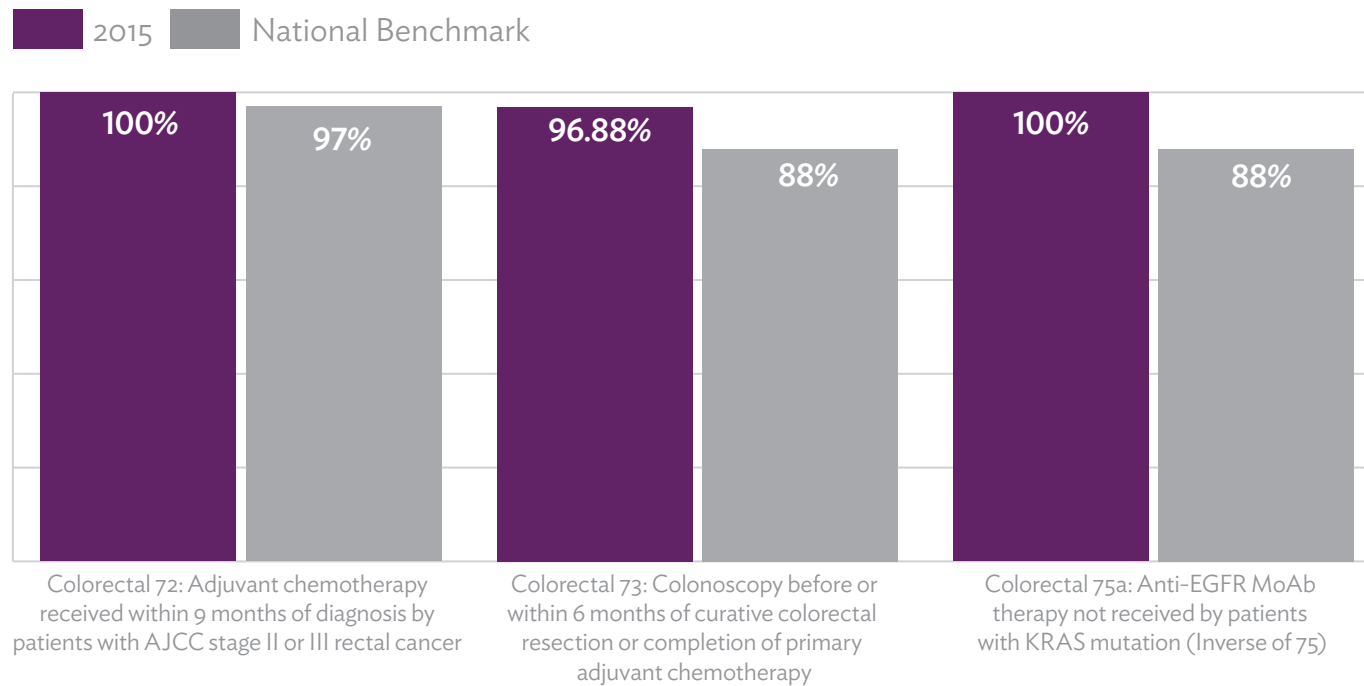
FHCI continued to meet or exceed national benchmarks set for quality breast cancer treatment, performing well above the standard for assessment of both pain and emotional well-being.



Source: FHCI Quality Improvement

# Quality Oncology Practice Initiative Colorectal Cancer Treatment Compared with QOPI Standards

Cases diagnosed in 2015

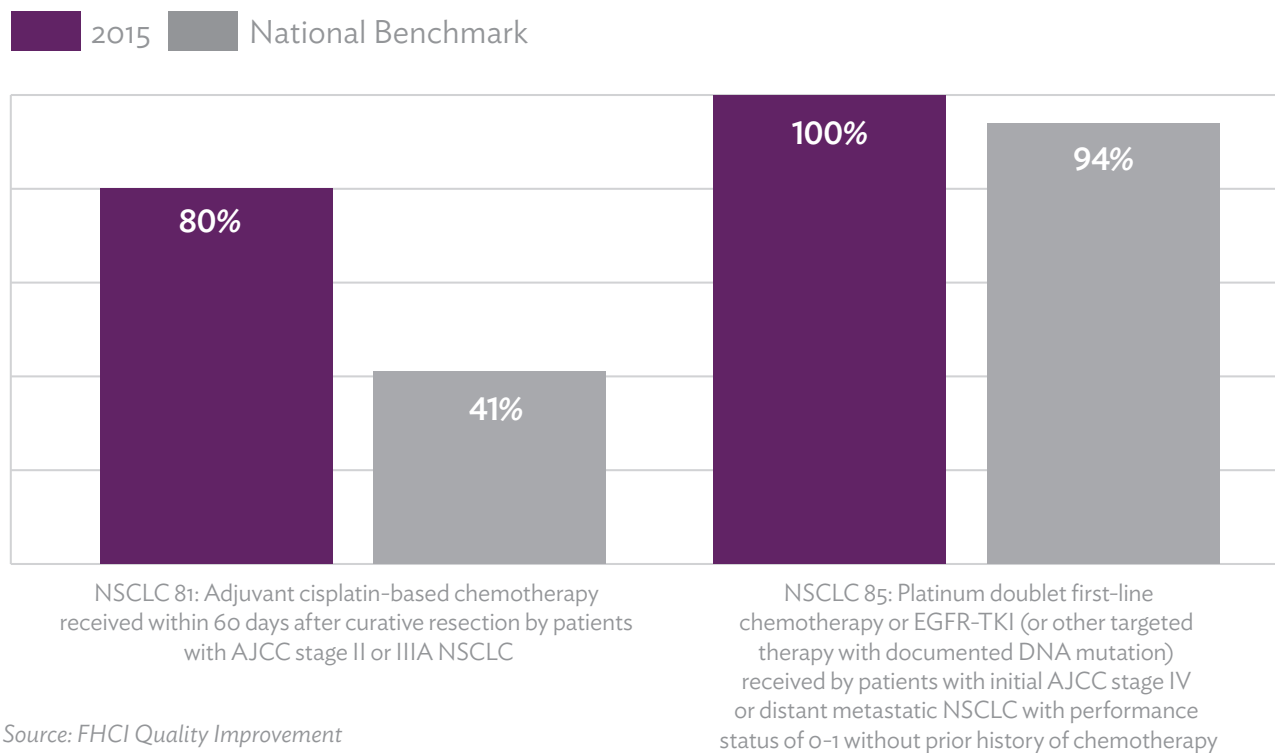


Source: FHCI Quality Improvement

# Oncology Clinical Performance Improvement

## Quality Oncology Practice Initiative Non-Small Cell Lung Cancer Treatment Compared with QOPI Standards

Cases diagnosed in 2015



Source: FHCI Quality Improvement

### Focus Study

The Quality Improvement team has continued to conduct all quality studies according to the standards of the American College of Surgeons' (ACoS) Commission on Cancer (CoC) program, American Society Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI), National Accreditation Program for Breast Centers (NAPBC) and American College of Radiology (ACR). In addition, the Quality Improvement team launched focus studies in 2011 to improve patient care, comparing its performance with national standards and evidence-based practice guidelines. Cancer sites addressed by the focus studies included pancreas and bladder. Annual monitoring provides a reference for progress.

## Pancreatic Cancer Focus Study Surgical Treatment FHCI Compared with National Standards

Cases diagnosed in 2012-2013

FHCI surpassed national benchmarks for pancreatic cancer treatment, including shorter operating-room times and higher survival rates.

Pancreatic Surgical Measures	FHCI 2013	FHCI 2012	National Benchmark
Maximum OR Time (mins)	535	501	≤600 mins
Estimate Blood loss (median, mL)	500	450	≤1000mL
Transfusion (% pt)	19%	36%	≤45%
Lymph node resected and examined (Mean, LN)	14	14	≥10
≥10 Lymph node resected and examined (% pt)	81%	75%	50%
Margins Microscopically involved (% pt)	22%	10%	≤20%
Margins Macroscopically involved (% pt)	0%	5%	≤8%
Stay (median, days)	14	18	≤(9-21)
30 Days re-admission (% pt)	31%	23%	≤ (23%-33%)
30 days mortality (% pt)	0%	8%	≤2%
1 year survival rate (% pt)	36%	30%	≥28%

Source: FHCI Quality Improvement

## Bladder Cancer Focus Study Surgical Treatment FHCI Compared with National Standards

Cases diagnosed in 2013

Patients undergoing radical cystectomy at FHCI spent significantly less time in surgery – ranging from approximately one-half to 2½ hours less than the national standard, depending on the surgical procedure. Their lengths of stay also were shorter than the national standard.

Bladder Measures	FHCI 2013	National Benchmark
Range OR Time (mins)	70-502	≤110-598 mins
Median EBL (mL)	400	≤500 mL
Range LOS (days)	3-19	≤4-48 days



# Continuing Medical Education

## Tumor Boards

A total of 2,047 cases were presented at 311 Tumor Boards in 2015, and 99 percent were prospective. Most Tumor Boards (239) were available through video conference at multiple satellite locations. All tumor boards are available for video conference upon request.

## Journal Clubs

Two Head and Neck Journal Club programs were held with co-moderators Henry Ho, MD, and Lee Zehngebot, MD, in the spring and fall of 2015. Three Urology Journal Club programs were held with co-moderators Vipul Patel, MD; Jeffrey Brady, MD, and Inoel Rivera, MD.

## Best of ASCO® Annual Meeting

The FHCI's Best of ASCO® 2015 Annual Meeting is a two-day program licensed by the American Society of Clinical Oncology (ASCO)®. Program directors: Tarek Mekhail, MD; Louis H. Barr, MD; and Matthew Biagioli, MD. Invited faculty speakers: Ronald Alvarez, MD, University of Alabama; Robert Cerfolio, MD, University of Alabama; Toni Choueiri, MD, Dana-Faber Cancer Institute; Cristina Gasparetto, MD, Duke University Medical Center; Alex Grothey, MD, Memorial Sloan-Kettering Cancer Center; Steven Horwitz, MD, Memorial Sloan-Kettering Cancer Center; Jaroslaw Maciejewski, MD, Cleveland Clinic; Halle Moore, MD, Cleveland Clinic Foundation; Derek Raghavan, MD, University of North Carolina School of Medicine; Stephen Sener, MD, University of Southern California; Mark Socinski, MD, University of Pittsburgh; Everett Vokes, MD, University of Chicago Medical Center. Faculty speakers from FHCI - Lee Zehngebot, MD; June 2015, Orlando.

## Other CME Events

**Colorectal Cancer:** Moderator - Ahmed Zakari, MD

“How Should We Manage Metastatic Colorectal Cancer with Upcoming Molecular Characterization and Gene Profiling?” with Cathy Eng, MD (professor; associate medical director, Colorectal Cancer director, Network Clinical Research; GI Medical Oncology, University of Texas MD Anderson Cancer Center Department of Gastrointestinal Medical Oncology); April 2015, Orlando.

Case presentations reviewed by Florida Hospital Cancer Institute's panel of experts: Ahmed Zakari, MD; Matthew Albert, MD; Sam Atallah, MD; Jeremy Burt, MD; L. Thomas Chin, MD; Sebastian de la Fuente, MD, and Ravi Shridhar, MD, PhD.

**PCP Prostate CME Program::** Moderator - Vipul Patel, MD

“Urology Update: What Primary Care Physicians Need to Know,” with Florida Hospital Cancer Institute faculty Vincent Alfieri, MD; Carlos Alemany, MD; Steven Attermann, DO; Zamip Patel, MD; Inoel Rivera, MD and Jordan Steinberg, MD; May 2015, Orlando. “Stump the Professor,” panel discussion with Florida Hospital Cancer Institute experts Vincent Alfieri, MD; Steven Attermann, DO; Stephen Dobkin, MD; Darian Kameh, MD; David Robinson, MD and Kunal Saigal, MD; May 2015, Orlando.

**Pancreatic Cancer:** Moderator - Vipul Patel, MD

“Advanced Prostate Cancer,” with keynote speaker Jorge Garcia, MD, Departments of Solid Tumor Oncology and Urology, Cleveland Clinic Taussig Cancer Institute, Cleveland Clinic Glickman Urological & Kidney Institute, Assistant Professor of Medicine, Lerner College of Medicine. Florida Hospital Cancer Institute's Faculty: “Urologic Oncology Guidelines and Clinical Trials,” Inoel Rivera, MD. “Management of High Risk Patients,” Vipul Patel, MD; Nov. 2015, Orlando.







# Oncology Nursing



## 2015 Highlights

- 18 oncology-certified nurses (adult).
- 141 nurses certified through FHCI Chemotherapy Workshop for Oncology Nurses and through annual recertification (adult).
- 441 nurses attended the FHCI's Oncology Nursing Conference.
- 102 nurses attended a total of seven sessions of FHCI Chemotherapy Workshop for Oncology Nurses.
- A 90-minute annual recertification class was held 25 times at seven campuses.
- 3 certified pediatric oncology nurses.
- 29 certified pediatric nurses.
- 35 nurses completed the National Pediatric Chemotherapy and Biotherapy Provider Course.

## Oncology Inpatient Discharges

by Campus

Campus	Oncology Inpatient Discharges
Florida Hospital Orlando	4,214
Florida Hospital Altamonte	955
Florida Hospital Apopka	23
Florida Hospital East Orlando	425
Florida Hospital Winter Park	561
Florida Hospital Kissimmee	173
Florida Hospital Celebration	1,439
<b>Total</b>	<b>7,790</b>

Source: Florida Hospital Research



# Patient Support and Community Outreach

## Cancer Resource Libraries

The Cancer Resource Libraries offer free access to an extensive collection of publications about cancer, as well as an interactive cancer education that uses touch-screen computers. In 2015, the Cancer Resource Libraries distributed nearly 70,000 publications in support of patient education and participated in 27 community outreach events. The Libraries are staffed by community volunteers.

## Black Men’s Health and Wellness Expo

Men from throughout the community attended this event in 2015 to learn about prostate cancer and prostate disorders. More than 40 men took advantage of free prostate cancer screenings.

## Head and Neck Cancer Awareness Week

In April, the Head and Neck Program again participated in the national Head and Neck Cancer Awareness Week to raise awareness and offer risk assessments.

## Pink Army

FHCI’s Pink Army, a unified outreach effort to end breast cancer, continued to grow and expand its efforts in 2015 by engaging in about 60 community events to raise awareness and encourage mammogram screenings. Pink on Parade, a walk and 5K race held annually at Celebration, raised more than \$100,000 in its three-year history (2013 – 2015).



## Pink Army Events by Month

The vast majority of 2015 events supported by FHCI occurred September – December. Breast Cancer Awareness Month has clearly been successful in demonstrating the importance and benefits of prevention and early detection.

Months	Events
September	18
October	38
November	0
December	1
<b>Total</b>	<b>57</b>

Source: Florida Hospital Marketing

# Community Partnerships and Events

## FHCI supported and participated in several community health events through key partnerships:

- American Lung Association's Cars for the Cure
- American Lung Association's Lung Force Run/Walk
- American Lung Association's Lung Expo
- Annual Making Strides Against Breast Cancer 5k
- ASH Convention
- Best in Care Lecture-Esophageal Cancer
- Black Men's Health Expo
- Bone Marrow Transplant Survivor's Reunion
- Casselberry Jazzercise
- City of Orlando Wellness Expo
- City of Orlando Women's Wellness
- Colorectal Awareness-Mt. Pleasant Missionary Baptist Church
- Darden Esophageal & Colorectal Cancer Lecture
- Dr. Nassif Colorectal Cancer Lecture
- Moroccan Chamber Mobile Mammo Event
- Florida Hospital East Orlando Radiation Oncology Open House
- Fight for Air Climb Employee Tables
- Fox 35 House Calls-Ovarian Cancer
- Get Your Rear in Gear Colorectal Cancer Run
- Head and Neck Risk Assessment
- Head and Neck Awareness-Mt. Pleasant Missionary Baptist Church
- Hilton Grand Vacations Parc Soleil Health Fair
- Hockey Fights Cancer Event - Solar Bears Game
- Knocking Out Breast Cancer While Laughing Out Loud
- Light the Night Walk
- Men & Women's Health Fair
- Men's Wellness Summit
- Moroccan Chamber of Commerce Festival
- Orange County Men's Health Summit
- Orange County Women's Health Summit
- Ovarian Cancer Survivorship Course
- Siemen's Health Fair
- Sisters Network
- PurpleStride Central Florida Leadership Breakfast
- PANCAN's Purple Strides 5k - Pancreatic Cancer
- Prostate Cancer Orlando Magic Game
- Susan G. Komen Race for the Cure
- Tampa Bay Lightning Bolt Stache Game
- Turquoise Takeover Walk
- WESH 2 News Interview-Lung Cancer
- Women's & Girls Cancer Alliance Mother's Day Teal Ribbon Run 5K
- Women's & Girls Cancer Alliance Teal Ribbon Breakfast
- Women's & Girls Cancer Alliance Teal Magnolia Luncheon
- Women's Health Expo
- Women's Symposium



# Philanthropy — Generosity Heals

## About Florida Hospital Foundation

Florida Hospital is one of America’s largest, not-for-profit health care systems, providing exceptional health care. We create excellence through partnerships with thousands of people who give in different ways. Generosity has been part of our legacy since Florida Hospital was founded in 1908. Join us as we continue to dedicate ourselves to the great purpose of providing hope and healing for people in our community and beyond. We invite you to experience how Generosity Heals.

Community support helps strengthen oncology services at Florida Hospital Cancer Institute and ultimately supports Florida Hospital’s mission to provide the best patient care possible. In 2015, more than \$4.5 million was raised for FHCI through Florida Hospital Foundation. These gifts were used to develop clinical and translational research initiatives and comprehensive oncology programs, as well as to help uninsured and underserved patients.

Through the support of generous donors and community partners, FHCI achieved notable successes in 2015. Their contributions allowed us to conduct innovative cancer research, offer support through our Cancer Resource Libraries, provide breast cancer care for uninsured and underserved patients, and facilitate image recovery through our Eden Spa.

### GOOD NEWS!

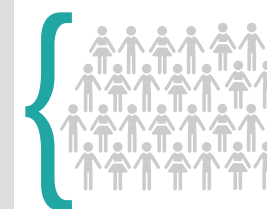
**Breast Cancer Care Fund** provided mammograms and diagnostic tests for 1,548 patients resulting in 13 cancer diagnoses.

**1,548**  
MAMMOGRAMS  
**13**  
DIAGNOSES

A total of 1,688 patients and their families were supported through assistance funds including 101 patients receiving **Eden Spa** products and services.



**The Levy Fund** contributed \$17,887.17 to remove barriers to treatment or continuing treatment for 27 patients.



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  - 1,548 MAMMOGRAMS
  - 13 DIAGNOSES
- A total of 1,688 patients and their families were supported through assistance funds, including 101 patients receiving Eden Spa products and services.
- The Levy Fund contributed \$17,887.17 to remove barriers to treatment or continuing treatment for 27 patients.

# Philanthropy

## Fundraising Accomplishments

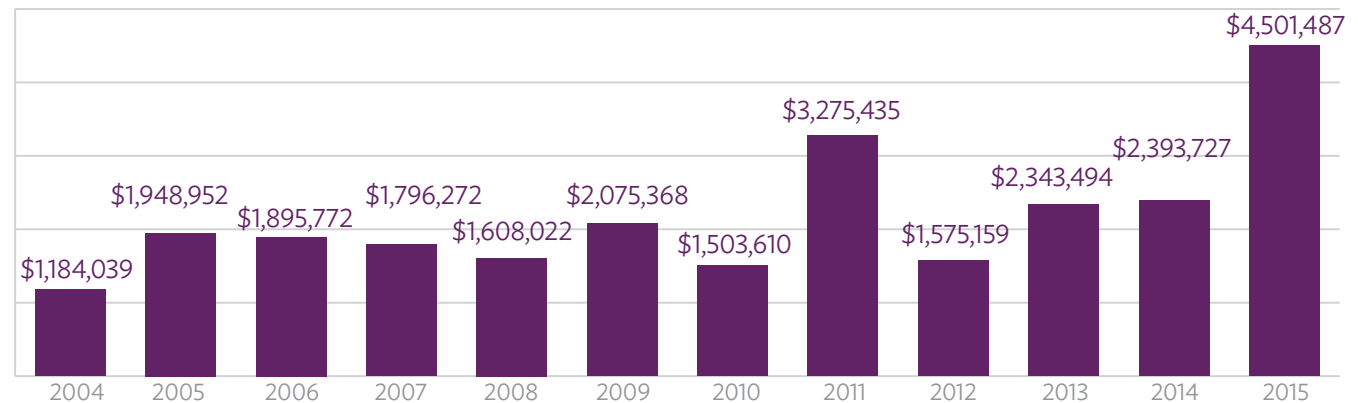
- Total Raised = \$4,501,487
- 140 Donors contributed \$1,000 or more

## 2015 Funding Sources

Funding Sources	Oncology Inpatient Discharges
Planned Giving	\$3,475,047
Major Gifts	\$489,198
1908 Society (employee giving)	\$200,782
Annual Fund	\$142,611
Events	\$144,768
Grants	\$49,081
<b>Total</b>	<b>\$4,501,487</b>

Source: Florida Hospital Research

## Fundraising Trend for FHCI: 2004-2015



Source: Florida Hospital Foundation

## Thank you to our generous donors!

### Recognized for cumulative giving:

#### PHILANTHROPIST

*Gift of \$1,000,000 or more*

Joyce M. Bates

#### HUMANITARIAN

*Gift of \$500,000 - \$999,999*

Walter J. and Augusta S. Levy

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#### CENTURION

*Gift of \$100,000 - \$249,999*

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#### LEADER

*Gift of \$50,000 - \$99,999*

The Susan G. Komen Breast Cancer Foundation Inc.

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*Gift of \$25,000 - \$49,999*

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As a donor and friend supporting Florida Hospital Cancer Institute, you're making an investment in the future of cancer care. Financial contributions directly impact the lives of those battling cancer and assist our expert clinical team by providing necessary cutting-edge technology to address and advance treatment options.

We hope you will consider a contribution and leave a legacy of hope and healing at Florida Hospital Cancer Institute. For more information about ways to give, contact Florida Hospital Foundation at 407-303-2784 or via email to [FoundationInfo@FLHosp.org](mailto:FoundationInfo@FLHosp.org).





# Leadership

## Governance Council Members

Leslie Aldrich, FHCI Administrator  
Carlos Alemany, MD  
Nick Archer  
Juan Pablo Arnoletti, MD  
Andrew Bair  
Louis Barr, MD  
Matthew Biagioli, MD  
Joseph Boyer, MD  
Lorenzo Brown  
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Henry Ho, MD  
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Vipul Patel, MD  
Inoel Rivera, MD  
David Robinson, MD  
Christopher Rush, MD  
Jillyan Shelton  
Kari Vargas  
Ahmed Zakari, MD

## Comprehensive Cancer Committee Members

Physician Members  
Louis Barr, MD  
Matthew Biagioli, MD  
Joseph Ma, MD  
Christopher Rush, MD  
Lee Zehngebot, MD

## Ancillary Professional Members

Leslie Aldrich, MBA, Administrator  
Heather Burner, CTR, Cancer Registry Quality Coordinator  
Nefertari Burrell, Genetics Professional  
Sue Coakley, Research Coordinator  
Martha Cuffel, Tumor Boards, Corporate Relations/Conference Coordinator  
Paula Daniel, BSN, RN, CPHON, Oncology Nursing  
Carol Duryea, RN, Psychosocial Coordinator  
Kathy Gover, RN  
Holly Myers, Rehabilitation  
Helen Roorda, RN, BSN, OCN, Patient Support  
Shaun Smith, RN, Palliative Care  
Rose Yue, RN, Quality Improvement Coordinator

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[www.FloridaHospitalCancer.com](http://www.FloridaHospitalCancer.com)





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