The Florida Hospital Cancer Institute is proud to present our Annual Report of 2011 activities and cancer registry data from 2010.

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Vision Statement
To be recognized for leading clinical outcomes for key tumor sites.

FHCI Facts
• The preferred leader in cancer care in Florida, treating more cancer patients than any other health care system in the state
• More than 250 patients enrolled onto clinical trials annually
• Research affiliations with the National Cancer Institute, Duke Comprehensive Cancer Center, the University of California Los Angeles, Sarah Cannon Research Institute, Sanford-Burnham Medical Research Institute, University of Central Florida College of Medicine, and many others
• Accredited as a Community Comprehensive Cancer Center by the American College of Surgeons Commission on Cancer
• Recognized by the American Society of Clinical Oncology for clinical research
• One of the most experienced radiation oncology programs in Florida, treating more than 3,000 patients annually
• The first and only combined adult and pediatric bone marrow transplant program in Orlando
• Among the top five in the nation for robotic gynecologic-oncology surgeries
• The world leader in robotic prostatectomy utilizing Central Florida’s first da Vinci® Surgical System
• More than 8,000 cancer surgeries performed annually
• Certified by the American Society of Clinical Oncology's Quality Oncology Practice Initiative
• A National Cancer Institute Community Clinical Oncology Program
• Accredited by the National Accreditation Program for Breast Centers

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com.
Dear Colleagues and Community Members:

At FHCI, our multidisciplinary team remains committed to conquering cancer and meeting the unique needs of each patient who walks through our doors. To this end, in 2011, we continued to broaden our clinical research efforts, expand our experienced medical team, embrace breakthrough treatments and technologies, evaluate outcomes, and enhance community outreach and care coordination. Highlights include:

- Receiving the American College of Surgeons’ Commission on Cancer Accreditation with Commendation
- Increased access to and enrollment in clinical trials through new national research affiliations
- Application to the National Cancer Institute’s Community Clinical Oncology Program (CCOP) for a U10 research grant
- Introduction of adult umbilical cord blood transplantation (UCB)
- Opened the first dedicated pediatric bone marrow and cord transplant clinic in Central Florida
- Development of KRAS gene testing to guide therapeutic decision-making for colorectal and lung cancer patients
- Use of endobronchial ultrasound (EBUS), a less invasive option for the diagnosis and staging of lung cancer with high specificity and sensitivity
- The only Florida site for a UCLA clinical trial for patients with HER2-positive breast cancer that utilizes a combination of chemotherapy drugs with two drugs that specifically target the HER2 protein in the body, a growth factor which promotes the growth of cancer cells
- First in Central Florida to introduce SIR-spheres treatment for liver cancer
- Opened new, state-of-the-art neurosurgery operating suites with 3-Tesla MRI and 40-Slice CT scans for use before, after and during surgery
- Added a second site for urologic tumor boards
- Central Florida’s first True Beam Linear Accelerator for radiation therapy

And finally, we also welcomed several new physicians to our team in 2011, including:

- Radiation oncologist Michael Montejo, MD
- Melhelm Solh, MD, adult bone marrow transplant program
- Olga Ivanov, MD, medical director of the Comprehensive Breast Health Center at Florida Hospital Celebration Health
- Colorectal surgeon Teresa deBeche-Adams, MD
- Head and neck surgeon Leela Lavasani, MD

Moving forward, we will continue to grow and evolve to meet the needs of our patients and community. One exciting example is the establishment of a new pancreatic and hepatobiliary program to care for patients with pancreatic, hepatobiliary and digestive cancers. Surgical oncologists J. Pablo Arnoletti, MD, and Sebastian de la Fuente, MD, joined FHCI in August 2012, and are providing leadership to this effort.

Our success is due directly to the phenomenal support we receive from our funders, referring physicians and community. As always, we thank you and welcome your questions and feedback.

Warmly,

David A. Decker, MD
Executive Director
Florida Hospital Cancer Institute
The Florida Center for Cellular Therapy (FCCT) serves as Central Florida’s first and only comprehensive bone marrow transplant center for both adult and pediatric patients. FCCT offers:

- Autologous (a patient’s own marrow or stem cells are used) transplants
- Allogeneic (a donor provides the blood marrow or peripheral blood stem cells) transplants
- Pre-transplantation evaluations
- Peripheral blood stem cell collections/apheresis
- Bone marrow collections
- Post-transplant care, including graft versus host disease (GvHD) evaluation/management
- ECP treatment (Extracorporeal Photopheresis, used for skin GvHD and Cutaneous T-cell Lymphoma)
- 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 CALGB and collaborative studies with Duke Oncology Network.

Bone Marrow Transplant 2011 Highlights

- The Florida Center for Cellular Therapy started performing Adult Umbilical Cord Blood (UCBT) Transplantations in 2011. The use of umbilical cord blood makes transplantation a feasible option for those who lack a matched sibling or a suitable volunteer donor. A sibling donor is not available for almost 70% of all patients who need a transplant. In the absence of sibling donors, a suitably human leukocyte antigen (HLA)-matched unrelated volunteer adult donor is typically considered. Data from the National Marrow Donor Program’s registry indicates that the probability of finding an HLA-matched unrelated donor is 51% for Whites, 30% for Hispanics, 20% for Asians and 17% for African-Americans. Hence, a third of all patients who need a transplant do not have a suitable sibling or adult volunteer unrelated donor. UCBT brings an alternative option for those who need transplantation.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com.

Pictured from left to right: Dr. Melhelm Solh, Dr. Yasser Khaled and Dr. Paul Gordon
Publications/Abstracts


Lectures/Presentations

January 2011
Cell Transplantation For Multiple Myeloma in The Era of Novel Agents. Celgene Pharmaceutical. Ocala, Florida. Dr. Y Khaled
February 2011
Poster Session - Outcomes of Allogeneic Hematopoietic Stem Cell Transplantation in Community Cancer Centers: Single Institution Experience. American Society for Blood and Marrow Transplantation 2011 BMT Tandem Meetings, Honolulu, Hawaii: Dr. Y Khaled
April 2011
Stem Cell Transplantation For Multiple Myeloma in The Era of Novel Agents. Celgene Pharmaceutical Daytona Beach, Florida: Dr. Y Khaled
June 2011
Advances in Conditioning Regimens in Stem Cell Transplantation. Baylor Medical Center at Dallas, Blood and Marrow Program, Dallas, Texas: Dr. Y Khaled
July 2011
Stem Cell Transplantation For Multiple Myeloma in The Era of Novel Agents. Celgene Pharmaceutical. Osceola Cancer Center, Kissimmee, Florida: Dr. Y Khaled

Grants

National Institutes of Health
Role: Principal Investigator
Title: A Trial of Single Autologous Transplant With or Without Consolidation Therapy Versus Tandem Autologous Transplant With Lenalidomide Maintenance for Patients With Multiple Myeloma (BMT CTN 0702)
Total Project Period: 10/2010 – 07/2013
Grant Total Amount: Non-Core

Sponsor: Merck Pharmaceutical
Role: Principal Investigator
Title: A Phase III, Double-Blind, Randomized, Placebo-Controlled, Multicenter, Clinical Trial to Study the Safety, Tolerability, Efficacy, and Immunogenicity of V212/Heat-Treated Varicella-Zoster Virus (VZV) Vaccine in Recipients of Autologous Hematopoietic Cell Transplants (HCTs)
Total Project Period: 04/11- Present

Sponsor: Gentium Pharmaceutical
Role: Principal Investigator
Title: A Treatment IND Study ( UNDER CFR 312.34)
Total Project Period: 05/10- Present

2009-2011 Bone Marrow Transplant Procedures

<table>
<thead>
<tr>
<th>Year</th>
<th>Autologous</th>
<th>Allogeneic</th>
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<tbody>
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<td>24</td>
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<tr>
<td>2010</td>
<td>44</td>
<td>26</td>
</tr>
<tr>
<td>2011</td>
<td>42</td>
<td>27</td>
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</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>2009</td>
<td>64</td>
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<tr>
<td>2010</td>
<td>70</td>
</tr>
<tr>
<td>2011</td>
<td>69</td>
</tr>
</tbody>
</table>

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Brain and Spine Oncology

Sajeel Chowdhary, MD
Brain/Spine Tumor Program Director
Florida Hospital Cancer Institute
Associate Professor of Neuro-Oncology/Neurology
University of Central Florida College of Medicine

Melvin Field, MD
Surgical 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.

Publications/Abstracts


Lectures/Presentations

January 2011
Seizure Management in Neuro-Oncology Patients. Florida Brain Tumor Association (FBTA), West Palm Beach, Florida: Dr. Sajeel Chowdhary

Patient Consultations. Florida Brain Tumor Association (FBTA), West Palm Beach, Florida: Dr. Sajeel Chowdhary

Advances in Treatment of High-grade Glioma Patients. Jupiter Cancer Center, Jupiter, Florida: Dr. Sajeel Chowdhary

February 2011
Neuro-Oncology and the Future. Neuroscience Nursing Symposium, Miami, Florida: Dr. Sajeel Chowdhary

Brain/Spine Surgical Volume for 2011

Spine Cases performed = 1,425
Brain Cases performed = 937

Intra-operative Tesla MRI and 40-Slice CT scans

Intra-operative Cat Scans performed during craniotomy procedures = 4
Intra-operative MRI scans performed during craniotomy procedures = 2

Florida Hospital opened innovative operating suites where neurosurgeons can perform 3-Tesla MRI and 40-Slice CT scans before, after, and most importantly, during surgery. This allows the surgeons to confirm the success of a brain or spine surgery before the patient ever leaves the room. Combined with other groundbreaking technologies, these operating suites allow our neurosurgeons to perform surgery with the highest levels of precision. In fact, we are the only hospital in the Southeastern United States to offer this level of technology and patient safety.

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Brain and Spine Oncology 2011 Highlights

- FHCI began offering Neuroendoport surgery, a minimally invasive surgical technique performed through a specially designed tube about the size of a dime. Using neuronavigation GPS-like guidance, the neuroport is inserted into the brain with millimeter accuracy and is used as a channel to guide the surgeon and his/her instruments to various regions of the brain. An endoscope is inserted into the tube, providing a powerful light source and high-definition imagery of the lesion and its surrounding structures. Since the entire procedure is done through the Neuroendoport, it minimizes trauma to the brain and surrounding neural tissue. This technique is used often for tumors within the substance of the brain as well as those within the fluid-filled spaces of the brain such as the ventricles. Colloid cysts, metastatic tumors to the brain, and a variety of tumors within the ventricles are often candidates for this approach. This approach has also been used for some primary brain tumors. The use of a port minimizes brain retraction when trying to gain access below the brain’s surface, and the use of an endoscope improves illumination and visualization of the deep structures of the brain, resulting in less damage to the surrounding brain tissue. Patients who have this procedure done typically have a faster recovery, less pain, and minimal scars compared to patients who undergo traditional open approaches.

2011 Brain Cancer Cases

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>No. of Cases</th>
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<tbody>
<tr>
<td>17 - Astrocytoma</td>
<td>137</td>
</tr>
<tr>
<td>15 - Chondrosarcoma</td>
<td>15</td>
</tr>
<tr>
<td>14 - Chordoma</td>
<td>10</td>
</tr>
<tr>
<td>13 - DNET</td>
<td>14</td>
</tr>
<tr>
<td>12 - Ependymoma</td>
<td>10</td>
</tr>
<tr>
<td>11 - Ganglioglioma</td>
<td>11</td>
</tr>
<tr>
<td>9 - GBM</td>
<td>96</td>
</tr>
<tr>
<td>5 - Hemangioblastoma</td>
<td>5</td>
</tr>
<tr>
<td>4 - Lymphoma</td>
<td>4</td>
</tr>
<tr>
<td>3 - Medulloblastoma</td>
<td>3</td>
</tr>
<tr>
<td>2 - Neuroblastoma</td>
<td>2</td>
</tr>
<tr>
<td>1 - Oligiodendroglioma</td>
<td>1</td>
</tr>
<tr>
<td>1 - Oligioastrocytoma</td>
<td>1</td>
</tr>
<tr>
<td>1 - Pituitary Carcinoma</td>
<td>1</td>
</tr>
<tr>
<td>1 - PNET</td>
<td>1</td>
</tr>
<tr>
<td>1 - Skull Metas</td>
<td>1</td>
</tr>
<tr>
<td>1 - Xanthoastrocytoma</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>157</strong></td>
</tr>
</tbody>
</table>

2011 Spine Cancer Cases

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Chondrosarcoma</td>
<td>25</td>
</tr>
<tr>
<td>2 - Ependymoma</td>
<td>25</td>
</tr>
<tr>
<td>17 - Spine Mets</td>
<td>17</td>
</tr>
<tr>
<td>1 - Hemangioblastoma</td>
<td>1</td>
</tr>
<tr>
<td>1 - Lymphoma</td>
<td>1</td>
</tr>
<tr>
<td>1 - Mesothelioma</td>
<td>1</td>
</tr>
<tr>
<td>1 - Osteosarcoma</td>
<td>1</td>
</tr>
<tr>
<td>17 - Spine Metas</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

2011 Tumor Board Recommendations

<table>
<thead>
<tr>
<th>Outcome/Recommendation</th>
<th># of Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gamma Knife/Radiosurgery</td>
<td>97</td>
</tr>
<tr>
<td>Surgical resection</td>
<td>41</td>
</tr>
<tr>
<td>Imaging Studies</td>
<td>34</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>35</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>25</td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>26</td>
</tr>
<tr>
<td>Physician Referrals</td>
<td>39</td>
</tr>
</tbody>
</table>

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Brain/Spine Cancers Five-Year Survival by Year
Cases Diagnosed 2003-2005

A comparison of observed survival rates for brain and spinal tumors is shown here for patients diagnosed 2003-2005. FHCI’s data demonstrate better survival rates over national rates at nearly all rates observed.

Source: National Cancer Data Base, FHCI Cancer Registry

Breast Oncology

Louis Barr, MD
Medical Director
Breast Cancer Program
Florida Hospital Cancer Institute

Florida has the third highest rate of new breast cancer patients in the U.S., and the Breast Cancer Program has been steadily growing since it began in 2001. Our three Care Coordinators assisted 325 new patients in 2011. Physicians personally evaluate each patient and provide course of treatment recommendations all in the same day.

Publication

Breast Oncology Highlights

- FHCI began using SPY Elite, a device that determines blood flow in skin flaps and other sites, and helps breast surgery patients who have large areas of skin flaps generated. It is especially useful in skin-sparing mastectomies.
- Kicked off mobile mammography in May 2011 with over 150 participants.
- Breast cancer survivors and volunteers assembled the "Pink Army" to spread breast cancer awareness and encourage screening mammograms. In 2011, 11,000 people participated in the campaign.
- Florida Radiology Imaging at Princeton received the designation of Breast Imaging Center of Excellence by the American College of Radiology on September 29, 2011.
- Of a total of 252 patients enrolled on clinical trials in 2011, there were 23 breast cancer patients enrolled in 10 different trials.

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2010 Breast Cancer Cases

Age at Diagnosis
Over half of all FHCI breast cancer patients were diagnosed between the ages of 50 and 69. Less than 4% of patients were under the age of 40 at diagnosis.

Stage at Diagnosis
Breast cancer continues to be the second most frequent type of cancer diagnosed both nationwide and at FHCI. The largest percentage were diagnosed in early stages (0, I, or II), demonstrating the effectiveness of screening efforts.

2010 Breast Cancer Cases

Treatment Combinations
Treatment combinations received by breast cancer patients with low-stage (stage 0, I, or II) disease at diagnosis are shown in these graphs. The percentage of patients receiving surgery alone as the first course of treatment is 37% for Stage 0 patients and 26% for Stage II patients.
First Course Surgery Type by Stage
This chart demonstrates the type of first-course surgery received by disease stage for FHCI breast cancer patients diagnosed in 2010. Beginning at stage 1B disease, there was a clear shift and increase in percentages of patients receiving mastectomy versus lumpectomy as first-course surgery.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Lumpectomy</th>
<th>Mastectomy</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>110 (62.1)</td>
<td>60 (33.9)</td>
<td>7</td>
<td>177</td>
</tr>
<tr>
<td>1</td>
<td>34 (59.6)</td>
<td>20 (35.1)</td>
<td>3</td>
<td>57</td>
</tr>
<tr>
<td>1A</td>
<td>167 (65.5)</td>
<td>79 (31)</td>
<td>9</td>
<td>255</td>
</tr>
<tr>
<td>1B</td>
<td>10 (43.5)</td>
<td>13 (56.5)</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>4 (40)</td>
<td>4 (40)</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>2A</td>
<td>60 (40.9)</td>
<td>59 (40.3)</td>
<td>9</td>
<td>128</td>
</tr>
<tr>
<td>2B</td>
<td>34 (26.6)</td>
<td>44 (68.8)</td>
<td>3</td>
<td>81</td>
</tr>
<tr>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>3A</td>
<td>9 (25)</td>
<td>27 (75)</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>3B</td>
<td>0 (0)</td>
<td>10 (76.9)</td>
<td>3</td>
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</tr>
<tr>
<td>4</td>
<td>0 (0)</td>
<td>8 (28.6)</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>4A</td>
<td>103 (31.9)</td>
<td>83 (23.1)</td>
<td>14</td>
<td>190</td>
</tr>
<tr>
<td>4B</td>
<td>0 (0)</td>
<td>1 (76.9)</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>OTHER</td>
<td>7 (2.6)</td>
<td>3 (0)</td>
<td>1</td>
<td>11</td>
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<tr>
<td>TOTAL</td>
<td>432</td>
<td>354</td>
<td>72</td>
<td>858</td>
</tr>
</tbody>
</table>

Other includes option of no surgery as first course of treatment.
Source: FHCI Cancer Registry

Breast Cancers Five-year Survival by Year
Cases Diagnosed 2003-2005
Comparisons of five-year observed survival data are shown for breast cancer patients at FHCI and nationwide. FHCI patients demonstrated a higher overall survival rate consistently each year.

Source: FHCI Cancer Registry, National Cancer Data Base
Colorectal Oncology 2011 Highlights

Teresa deBeche-Adams, MD, joined Florida Hospital Medical Group’s Center for Colon & Rectal Surgery in East Orlando. An American Board of Surgery Diplomate, she earned her medical degree from Louisiana State University Health Sciences Center at Shreveport School of Medicine and is board certified in general surgery. Prior to relocating to Orlando to complete her fellowship, she finished her residency training in general surgery at Ochsner Health System in New Orleans.

- Multidisciplinary GI Tumor Boards were held monthly with 64 cases presented in 2011.
- The colorectal cancer Care Coordinator assisted 455 patients in 2011.
- Per National Comprehensive Cancer Network (NCCN) guidelines, consistent KRAS testing was performed on all stage IV colorectal cancer specimens.
- Microsatellite Instability (MSI) testing continued as indicated by the College of American Pathologists (CAP).

Colorectal cancer continues to be a potentially preventable disease yet is the third leading cause of cancer deaths among men and women in the United States. As a result, community outreach, education and promotion of colorectal cancer screening continues to be at the heart of our program. Our world-class, dedicated team of physicians provides the full spectrum of care, from screening to therapy. We have a respected team of gastroenterologists, surgeons and oncologists that provides each patient with a seamless transition through all stages of treatment. FHCI is also a leader in minimally invasive surgical techniques for colorectal cancer. The colorectal cancer Care Coordinator focuses on the early identification of newly diagnosed patients in order to navigate each patient through the many services and programs available within FHCI.

Colorectal 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

Community Presentations
Because colorectal cancer is such a preventable disease, our physicians placed great emphasis in 2011 on community education, outreach and promotion of screening to both the general population and primary care physicians.

February 2011
Mallwalkers Lecture: Dr. Zakari
Orange County Community Lecture: Dr. Atallah
Tri-county Community Lecture: Drs. Rousseau and Kashi

March 2011
Osceola County Community Lecture: Drs. Robinson and Layish

May 2011
“In the Era of Personalized Therapy” Colorectal Cancer CME: Drs. Marshall, Albert, Rousseau, Zakari, Rush and GiDay

Colorectal Cancer 2012 Annual Outcomes

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

Colorectal Cancers Five-year Survival by Year
Cases Diagnosed 2003-2005

Source: FHCI Cancer Registry, National Cancer Data Base

Treatment Combinations
A majority of FHCI colorectal cancer patients underwent surgery as their first course of treatment in 2010. Another 19% had surgery combined with chemotherapy; while 8% received surgery combined with both chemotherapy and radiation therapy.

Source: FHCI Cancer Registry
### 2010 Colorectal Cancer Cases

#### Age and Gender at Diagnosis

There were 426 newly diagnosed cases of colorectal cancer at FHCI in 2010. Four percent of men and 7% of women were diagnosed prior to the age of 50. Diagnosis in men peaked between the ages of 60 and 69, while one-half of women were diagnosed over the age of 60.

#### Stage by Gender at Diagnosis

Twenty-five percent of men and 30% of women were diagnosed with Stage III disease, making it the most common stage of diagnosis.

#### Stage by Age at Diagnosis

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

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#### Table: Stage by Age at Diagnosis

<table>
<thead>
<tr>
<th>Stage</th>
<th>All Others</th>
<th>90-99</th>
<th>80-89</th>
<th>70-79</th>
<th>60-69</th>
<th>50-59</th>
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</table>
Gynecologic Oncology

The Gynecologic Oncology Program at FHC is internationally recognized for excellence in clinical research, robotic surgery innovation and treatment, and novel laboratory investigations into cellular immune therapy for ovarian cancer. More than 2,000 gynecologic surgeries are performed each year by four attending physicians, and over 3,000 outpatient clinic visits are annually attended by the group. FHC ranks in the top five robotic programs by volume, and our gynecologic oncologists have innovated several robotic surgery techniques. Surgeons from around the world have attended Florida Hospital advanced robotic training courses, and the group’s seminal research publications in robotic surgery outcomes are widely quoted in peer-reviewed literature. Because of affiliations with the National Cancer Institute’s Gynecologic Oncology Group (GOG), universities and industry-sponsored research consortiums, our patients have access to the most advanced oncologic therapies available.

Publications
Holloway RW, Brudie LA, Rakowski JA, Ahmad S. Robotic-assisted resection of liver and diaphragm recurrent ovarian carcinoma: Description of technique. Gynecologic Oncology 2011; 120: 419-422.

Gynecologic Oncology 2011 Highlights
- Florida Hospital was ranked one of the “Best Hospitals” (#33) in U.S. News & World Report for Gynecology.
- Corinne N. Jeppson, DO, joined as a new Fellow in July 2011.
- Lorna A. Brudie, DO, successfully completed her three-year Gynecologic Oncology Fellowship Program.
- Our researchers received first and second prizes for Best Scientific Research Poster Presentations at the International Gynecological Cancer Society (IGCS) Conference in New Delhi.
- Robert W. Holloway, MD, served as a member on the Scientific Program Committee and the Organizing Committee of the Society of Gynecologic Oncology (SGO) Annual Meeting held March 2011 in Orlando.
- Giselle B. Ghurani, MD, was elected to the Board of Directors of the Florida Association of Clinical Oncology (FLASCO).

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• Physicians regularly hosted World Leaders in Gynecologic Oncology
  Kendrick, Ahmad), and Florida State University
  University of Central Florida College of Medicine
  experimental and clinical research.
  Editorial Board of
  an international peer-reviewed medical journal for
  Society of Gynecologic Oncology (FSGO).
  Scientific Program Committee at the Florida
  Obstetrics and Gynecology Society.
  Council (CCRAB), representing the Florida
  the Florida Cancer Control Research Advisory
  gynecologic oncology protein transcription factors.
  survivin through suppressing specificity
  decreases the expression of c-Met and
  inhibits ovarian cancer cell growth and
  Ahmad, Sankpal UT,
  Reproductive Medicine
  2011; 56: 359-364.
  with EMA-CO in third trimester.
  viable intrauterine pregnancy treated
  Metastatic choriocarcinoma in a
  Ahmad S
  Finkler NJ,
  2011; 7: 504-517.
  Targeting the IL-6 pathway in multiple
  Ahmed FH, Monahan KA, Edwards JR.
  2011; 2: 504-517.
  of heparin anticoagulants in cancer and
  multimodal therapy vs. sequential therapy with
doctor. A multicenter, randomized, phase II
  clinical trial to evaluate the efficacy and
  safety of combination docetaxel and
  in patients with platinum-sensitive recurrent
  epithelial ovarian cancer (EODC), primary
  fallopian tube cancer (FTC).
  Journal of Clinical Oncology
  2011; 29 (Suppl): LBA4507.
  Brudie LA, Gaa G, Ahmad S, Finkler NJ,
  Bigsky GE, Gouy JL, Radi MJ, Finkler NJ,
  Ingersoll SB, Finkler NJ
  2011; 123: 505-510.
  of Clinical Oncology
  2011; 29 (Suppl): LBA4507.
  Secord AA, Pokrzywinski R, Havlíšek Li,
  10.1038/onc.2011.409.
  Ovarian Cancer
  2011; 10.1002/cncr.26610.
  with recurrent platinum-sensitive ovarian
  2011; 10.1002/cncr.26610.
  bevacizumab (BEV) in patients with
  blinded, placebo-controlled phase III trial of
  chemotherapy with or without bevacizumab (BEV) in patients with
  platinum-sensitive recurrent epithelial ovarian cancer.
  10.1002/cno.21474.
  Pokrzywinski R, Secord AA, Havlíšek Li,
  10.1002/cno.21474.
  Ahmad S
  10.1038/onc.2011.409.
  Ovarian Cancer
  2011; 29 (Suppl): LBA4507.
  Brudie LA, Gaa G, Ahmad S, Finkler NJ,
  Bigsky GE, Gouy JL, Radi MJ, Finkler NJ,
  2011; 3: 100-103.
  of Clinical Oncology
  2011; 29 (Suppl): LBA4507.
  Journal of Robotic Surgery
  2011; 56: 359-364.
  2011; 3: 100-103.
  2011; DOI: 10.1038/onc.2011.409.
  Ovarian Cancer
  Ingersoll SB, Ahmad S, Stoltzus GP,
  Patel S, Rati MJ, Finkler NJ, Edwards JR,
  Clinical Practice Robotics Task Force. Gynecologic Oncology
  Yue P, Zhang X, Sengupta B,
  10.1038/onc.2011.409.
  Ovarian Cancer
  2011; 10.1002/cncr.26610.
  with recurrent platinum-sensitive ovarian
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  Pokrzywinski R, Secord AA, Havlíšek Li,
  10.1002/cno.21474.
  Ahmad S
  10.1038/onc.2011.409.


Invited Lectures and Training Programs
March 2011
Discussed: Focused Plenary Session V: Surgical Evolution and Cautionary Tale, March 7, 2011, at the 42nd Annual Meeting of the Society for Gynecologic Oncology (SGO), Orlando, FL.

Dr. Holloway
Chairperson and Course Director, Surgical Postgraduate Course 1 (SPC1): Gynecologic Oncology Accelerator Course for the New Surgeons, March 8, 2011, at the 42nd Annual Meeting of the Society for Gynecologic Oncology (SGO), Orlando, FL.

Dr. Holloway
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March 2011  
Invited Lecturer, Visiting Professor: M.D. Anderson Cancer Center Hospitals, Houston, TX. Topic: “State-of-the-Art Robotic Surgery in Gynecologic Oncology” Dr. Holloway

Delegates/Scientific Poster Presenters at the 42nd Annual Meeting on Women’s Cancer, Society of Gynecologic Oncologists (SGO), March 4-9, 2011, Orlando, FL: Drs. Ahmad, Bigsby, Brudie, Ghurani, Holloway, James, Kendrick and Rakowski

April 2011  
Scientific Posts and Award Recipient at the International Gynecologic Cancer Society (IGCS) Regional Meeting on Gynecologic Cancers, April 2-3, 2011, New Delhi, India: Dr. Ahmad

May 2011  
Invited Distinguished National Faculty at the World Robotic Gynecology Congress (WRGS III) and International Gynecologic Oncology Robotic Symposium (IGORS IV), May 5-6, 2011, Washington, DC. Topic: “Avoiding and Managing Complications with Robotic Surgery in Gynecology” Dr. Holloway

June 2011  

Delegates at the 47th Annual Meeting of the American Society of Clinical Oncology (ASCO), June 3-7, 2011, Chicago, IL: Drs. Ghurani and Ahmad

Director, Speakers, Moderators, at the World Robotic Gynecology Symposium, Miami Beach, FL: Drs. Holloway, Bigsby, Ghurani and Kendrick

Invited Speaker at the 2011 Oncology Update Conference, Organized by the Florida Hospital Cancer Institute (June 25-26), Lake Buena Vista, FL: Dr. Ghurani

Faculty Delegates at the 18th Annual Meeting of the Florida Society of Gynecologic Oncology, Long Boat Key, FL: Drs. Bigsby, Ghurani, Holloway and Kendrick

September 2011  

October 2011  
Invited International Faculty at the World Robotic Symposium-Latin America, Sao Paolo, Brazil. Topic: “Infrarenal Pelvic and Aortic Lymphadenectomy Using da Vinci® Robotic System” Dr. Holloway

December 2011  
Awards/Honors/Recognitions

<table>
<thead>
<tr>
<th>Award</th>
<th>Research Study</th>
<th>Investigators</th>
<th>Amount ($)</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Gala/UCF</td>
<td>MicroRNA expression profile of ovarian cancer: correlation to cellular therapy response</td>
<td>Drs. Ingersoll (PI), Holloway, Ahmad</td>
<td>$20,000</td>
<td>2010-2012</td>
</tr>
<tr>
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<td>$20,000</td>
<td>2010-2012</td>
</tr>
<tr>
<td>Florida Hospital Gala/UCF</td>
<td>Non-coding and micro RNA molecular signature of ovarian cancer: correlation to cellular therapy</td>
<td>Drs. Ingersoll (PI), Holloway, Ahmad</td>
<td>$20,000</td>
<td>2010-2012</td>
</tr>
<tr>
<td>Florida Hospital Gala/UCF</td>
<td>EGFR-Erkmapk and EGFR-Stat3 pathway in recurrent and resistant ovarian cancer</td>
<td>Drs. Ingersoll (PI), Holloway, Ahmad</td>
<td>$20,000</td>
<td>2010-2012</td>
</tr>
</tbody>
</table>

Educational and Research Collaborations

Active collaboration with Society of European Robotic Gynecological Surgery (SERGS) investigators on research projects related to clinical outcomes of gynecologic oncology procedures:

- Drs. Ingersoll, Ahmad, and Holloway
- Active collaboration with Jeffrey M. Fowler, MD, at The Ohio State University on survival outcomes analysis for women with uterine malignancy who underwent robotic procedures:

Active Research Grants

<table>
<thead>
<tr>
<th>Funding Agency</th>
<th>Project Title</th>
<th>Investigators</th>
<th>Amount ($)</th>
<th>Period</th>
</tr>
</thead>
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<tr>
<td>Bankhead-Coley Cancer Research Program</td>
<td>Cellular therapy in combination with cytokines as treatment for ovarian cancer</td>
<td>Drs. Ingersoll (PI), Ahmad, Holloway, Finkler, Edwards</td>
<td>$117,049</td>
<td>2009-2012</td>
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For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com.
**Major Surgical Cases**

*2006-2011*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Robotic</th>
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<tbody>
<tr>
<td>2006</td>
<td>1.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2007</td>
<td>2.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>2008</td>
<td>3.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>2009</td>
<td>4.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td>2010</td>
<td>5.3%</td>
<td>1.5%</td>
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<tr>
<td>2011</td>
<td>7.3%</td>
<td>2.0%</td>
</tr>
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</table>

*8-month data


**Semi-Annual Growth in Robotic Cases for Endometrial Cancer at FHCI**

*7/1/06 - 12/31/11*

<table>
<thead>
<tr>
<th>Period (Semi-Annual)</th>
<th>Total</th>
<th>Robotic</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>15.1%</td>
<td>3.7%</td>
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<tr>
<td>2</td>
<td>37.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>3</td>
<td>57.2%</td>
<td>11.9%</td>
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<tr>
<td>4</td>
<td>69.5%</td>
<td>17.3%</td>
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<tr>
<td>5</td>
<td>74.8%</td>
<td>19.1%</td>
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<tr>
<td>6</td>
<td>77.2%</td>
<td>19.2%</td>
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<tr>
<td>7</td>
<td>77.2%</td>
<td>19.2%</td>
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<tr>
<td>8</td>
<td>77.1%</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

*In the entire four-years cases series, 221/391 (56.5%) of cases underwent complete pelvic-and-aortic lymph node dissection.

**ANNUAL OUTCOMES**

2012

Yearly Comparison of Demographic, Clinico-pathologic and Peri-operative Outcomes for Patients with Endometrial Cancer Treated with Robotic-assisted Laparoscopic Hysterectomy

<table>
<thead>
<tr>
<th>Factors</th>
<th>Year-1</th>
<th>Year-2</th>
<th>Year-3</th>
<th>Year-4</th>
<th>P-value (Year 1 vs 4)</th>
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</thead>
<tbody>
<tr>
<td>Number of Cases (n)</td>
<td>42</td>
<td>79</td>
<td>106</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>57.4 ± 10.7</td>
<td>62.3 ± 9.6</td>
<td>62.9 ± 9.7</td>
<td>63.8 ± 10.6</td>
<td>&lt;0.001</td>
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<tr>
<td>BMI (kg/m2)</td>
<td>28.2 ± 7.1</td>
<td>30.2 ± 6.3</td>
<td>31.0 ± 7.1</td>
<td>31.7 ± 7.4</td>
<td>0.006</td>
</tr>
<tr>
<td>Grade I</td>
<td>30 (71.4%)</td>
<td>44 (55.7%)</td>
<td>66 (51.1%)</td>
<td>86 (53.4%)</td>
<td>NS</td>
</tr>
<tr>
<td>FIGO Stage I</td>
<td>36 (85.7%)</td>
<td>56 (70.9%)</td>
<td>86 (79.6%)</td>
<td>126 (77.8%)</td>
<td>NS</td>
</tr>
<tr>
<td>Operative Time (min)</td>
<td>173 ± 56</td>
<td>164 ± 40</td>
<td>166 ± 43</td>
<td>148 ± 34</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Estimated Blood Loss (mL)</td>
<td>94 ± 59</td>
<td>86 ± 57</td>
<td>81 ± 54</td>
<td>79 ± 59</td>
<td>NS</td>
</tr>
<tr>
<td>Post-op Transfusion Rate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (1.2%)</td>
<td>NS</td>
</tr>
<tr>
<td>Length-of-Stay (days)</td>
<td>0.98 ± 0.41</td>
<td>0.98 ± 0.23</td>
<td>1.06 ± 0.50</td>
<td>1.36 ± 1.81</td>
<td>NS</td>
</tr>
<tr>
<td>Pelvic Lymph Nodes*</td>
<td>12.5 ± 8.3</td>
<td>14.6 ± 7.6</td>
<td>18.1 ± 9.2</td>
<td>18.9 ± 8.0</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Aortic Lymph Nodes</td>
<td>6.6 ± 5.0</td>
<td>8.3 ± 4.0</td>
<td>9.1 ± 4.9</td>
<td>11.0 ± 6.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Number of Patients with Positive Lymph Nodes</td>
<td>2 (4.8%)</td>
<td>9 (11.4%)</td>
<td>9 (8.3%)</td>
<td>12 (7.4%)</td>
<td>NS</td>
</tr>
</tbody>
</table>

*In the entire four-years cases series, 221/391 (56.5%) of cases underwent complete pelvic-and-aortic lymph node dissection.

**Abbreviations:** BMI = body mass index; NS = not significant; FIGO = International Federation of Gynecology and Obstetrics

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Cervical Cancer Age at Diagnosis

The most common age range for cervical cancer patients at FHCI in 2010 was 40-59, with 65% of patients diagnosed in this age range. Women aged 30-39 represented another 21% of cervical cancer patients in 2010.

Cervical Cancer Stage at Diagnosis

49% of patients were diagnosed with Stage I disease; while nearly 16% presented with distant metastatic disease at diagnosis.

Cervical Cancer Treatment Combinations

The most frequently utilized first-course of treatment for cervical cancer patients at FHCI in 2010 was equal at 30% for surgery alone, and surgery combined with chemotherapy and radiation therapy. The next most common treatment combination was chemotherapy combined with radiation therapy at 21%.

Cervical Cancers Five-year Survival by Year

Observed five-year survival rates for cervical cancer patients diagnosed in 2003-2005 are shown in this graph. At each year from diagnosis, survival rates are better for FHCI patients than for patients across the nation.

Source: FHCI Cancer Registry, National Cancer Data Base

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Ovarian Cancer Age at Diagnosis

Of FHCI ovarian cancer patients in 2010, 57% were diagnosed between the ages of 50 and 69. The next most common age range was nearly equal in 40-49 year olds and 70-79 year olds.

Ovarian Cancer Stage at Diagnosis

38% of the 91 ovarian cancer patients at FHCI in 2010 were diagnosed with advanced, Stage III disease.

Ovarian Cancer Treatment Combinations

70% of all ovarian cancer patients were treated with a combination of surgery and chemotherapy. The next most common first course of treatment was surgery alone at 18%.

Ovarian Cancers Five-year Survival by Year Cases Diagnosed 2003-2005

Observed survival for ovarian cancer patients diagnosed from 2003-2005 is shown in this graph. Survival of FHCI ovarian cancer patients proved better at each year measured than nationwide survival rates.
2010 Gynecologic Oncology Cases

Uterine Cancer Age at Diagnosis
37% of patients diagnosed with uterine cancer at FHCI in 2010 were age 60 to 69 years, making this the most common age range for this type of cancer. Another 25% were diagnosed between the ages of 50 and 59 years.

Uterine Cancer Stage at Diagnosis
65% of uterine cancer patients were diagnosed with Stage I disease at FHCI in 2010. 10% of patients had metastatic disease at diagnosis.

Uterine Cancer Treatment Combinations
First course treatment combinations for uterine cancer patients at FHCI in 2010 are shown here. Surgery alone was the most common first treatment for 65% of patients.

Uterine Cancers Five-year Survival by Year Cases
Observed survival rates for patients diagnosed between 2003-2005 is shown in this graph. Survival rates were better for FHCI patients than patients nationwide for every year measured.
Head and Neck Oncology
2011 Highlights

Leila Laxaam, MD, joined the head and neck surgical team in 2011. She completed her medical training at George Washington University in Washington, DC, and her residency at Thomas Jefferson University, Jefferson Medical College in Philadelphia, Pennsylvania.

• Florida Hospital was designated “High Performing” for the specialty of Ear, Nose and Throat for 2011 by U.S. News and World Report, largely a reflection of the head and neck surgical team. Florida Hospital was the only hospital in Central Florida with this honor.

• In 2011, there were four head and neck tumor boards and two journal clubs.

• The head and neck programs robotic surgery experience continued to grow under the guidance of Drs. Jeffrey Lehman and Henry Ho.

• Dr. Halla Shamni served on the editorial review board for the journal Laryngoscope due to her recognized expertise in thyroid and parathyroid surgery.

Our surgeons utilize the latest minimally invasive techniques, including Trans Oral Robotic Surgery (TORS) and Trans Oral Laser Microsurgery (TOLMS), as well as minimally invasive thyroid and parathyroid surgery. FHCI surgeons also perform endoscopic anterior skull-base surgeries and lateral skull-base surgeries in conjunction with the FHCI neurosurgical team. These types of surgeries allow for rapid recovery and shorter hospitalization for patients. According to state registry data, our program is now the fourth busiest provider of head and neck cancer services in the state of Florida.

Lectures
March 2011
Update on Head and Neck Cancer, Head and Neck Cancer Awareness Event, Florida Hospital Winter Park Memorial: Dr. Ho

April 2011
Update on Head and Neck Cancer and Robotic Surgery, Family Practice Section Meeting: Dr. Ho

Head and Neck Surgery and Robotic Surgery, Association of Operating Room Nurses, Orlando Regional Medical Center: Dr. Ho

May 2011
Head and Neck Melanoma, General Surgery Residency, Florida Hospital: Dr. Ho

August 2011
Post-operative Oropharyngeal Hemorrhage, Florida Hospital Winter Park Memorial nursing staff: Dr. Ho

Head and Neck Cancer and Robotic Surgery, Central Florida Peri-Anesthesia Nurses: Dr. Ho

October 2011
Florida Laryngectomee Association Annual Meeting, Vicki Lewis, speech pathologist

2010 Head and Neck Cancer Cases — Site by Gender

Head and neck cancer incidences by disease site in 2010 varied between males and females. Nearly 4 times as many women as men were diagnosed with or treated for thyroid cancer. More than twice as many men had laryngeal cancer as women. Total by gender for each type of cancer are shown in this table.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Number</th>
<th>% Male</th>
<th>% Female</th>
<th>% Total</th>
<th>% Male</th>
<th>% Female</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip</td>
<td>2</td>
<td>0.6</td>
<td>1.2</td>
<td>5</td>
<td>0.6</td>
<td>1.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Base of Tongue</td>
<td>16</td>
<td>4.8</td>
<td>0.3</td>
<td>18</td>
<td>3.1</td>
<td>0.6</td>
<td>5.1</td>
</tr>
<tr>
<td>Other Parts of Tongue</td>
<td>10</td>
<td>3.1</td>
<td>0.6</td>
<td>13</td>
<td>2.0</td>
<td>0.6</td>
<td>8.0</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>2</td>
<td>0.6</td>
<td>1.2</td>
<td>3</td>
<td>0.6</td>
<td>1.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Palate</td>
<td>3</td>
<td>0.9</td>
<td>0.6</td>
<td>6</td>
<td>1.7</td>
<td>0.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Other/Unspecified Parts of MOUTH</td>
<td>7</td>
<td>2.1</td>
<td>0.6</td>
<td>8</td>
<td>2.4</td>
<td>0.6</td>
<td>5.0</td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>9</td>
<td>2.7</td>
<td>0.6</td>
<td>13</td>
<td>3.9</td>
<td>0.6</td>
<td>7.5</td>
</tr>
<tr>
<td>Other Salivary Glands</td>
<td>2</td>
<td>0.6</td>
<td>0.6</td>
<td>4</td>
<td>1.2</td>
<td>0.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Tonsil</td>
<td>25</td>
<td>7.9</td>
<td>0.6</td>
<td>26</td>
<td>7.9</td>
<td>0.6</td>
<td>8.5</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>4</td>
<td>1.2</td>
<td>0.6</td>
<td>7</td>
<td>2.1</td>
<td>0.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>4</td>
<td>1.2</td>
<td>0.6</td>
<td>8</td>
<td>2.4</td>
<td>0.6</td>
<td>5.0</td>
</tr>
<tr>
<td>Other Oral Cavity</td>
<td>1</td>
<td>0.3</td>
<td>0.6</td>
<td>2</td>
<td>0.6</td>
<td>0.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Head and Neck and Middle Ear</td>
<td>1</td>
<td>0.3</td>
<td>0.6</td>
<td>2</td>
<td>0.6</td>
<td>0.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Accessory Sinus</td>
<td>5</td>
<td>1.5</td>
<td>0.6</td>
<td>7</td>
<td>2.1</td>
<td>0.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Larynx</td>
<td>36</td>
<td>10.9</td>
<td>0.6</td>
<td>39</td>
<td>11.7</td>
<td>0.6</td>
<td>12.3</td>
</tr>
<tr>
<td>Trachea</td>
<td>1</td>
<td>0.3</td>
<td>0.6</td>
<td>2</td>
<td>0.6</td>
<td>0.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Connective/Subcutaneous/Other Soft Tissue</td>
<td>4</td>
<td>1.2</td>
<td>0.6</td>
<td>7</td>
<td>2.1</td>
<td>0.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>138</td>
<td>42</td>
<td>0.6</td>
<td>143</td>
<td>42.9</td>
<td>0.6</td>
<td>43.5</td>
</tr>
<tr>
<td>Other Ill-Defined Sites</td>
<td>1</td>
<td>0.3</td>
<td>0.6</td>
<td>2</td>
<td>0.6</td>
<td>0.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Skene</td>
<td>26</td>
<td>7.9</td>
<td>0.6</td>
<td>28</td>
<td>8.4</td>
<td>0.6</td>
<td>9.0</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>17</td>
<td>5.1</td>
<td>0.6</td>
<td>23</td>
<td>6.9</td>
<td>0.6</td>
<td>9.5</td>
</tr>
</tbody>
</table>

2010 Head and Neck Cancer Cases — Site by Gender

- Lip: 100 diagnoses, 6% male, 4% female
- Base of Tongue: 18 diagnoses, 3% male, 0.3% female
- Other Parts of Tongue: 13 diagnoses, 3% male, 0.6% female
- Floor of Mouth: 8 diagnoses, 2% male, 0.6% female
- Palate: 6 diagnoses, 2% male, 0.6% female
- Other/Unspecified Parts of MOUTH: 8 diagnoses, 2.4% male, 0.6% female
- Parotid Gland: 7 diagnoses, 2.1% male, 0.6% female
- Other Salivary Glands: 4 diagnoses, 1.2% male, 0.6% female
- Tonsil: 39 diagnoses, 11.7% male, 0.6% female
- Oropharynx: 7 diagnoses, 2.1% male, 0.6% female
- Hypopharynx: 7 diagnoses, 2.1% male, 0.6% female
- Other Oral Cavity: 2 diagnoses, 0.6% male, 0.6% female
- Head and Neck and Middle Ear: 2 diagnoses, 0.6% male, 0.6% female
- Accessory Sinus: 7 diagnoses, 2.1% male, 0.6% female
- Larynx: 143 diagnoses, 42.9% male, 0.6% female
- Trachea: 2 diagnoses, 0.6% male, 0.6% female
- Connective/Subcutaneous/Other Soft Tissue: 7 diagnoses, 2.1% male, 0.6% female
- Thyroid Gland: 138 diagnoses, 42% male, 0.6% female
- Other Ill-Defined Sites: 2 diagnoses, 0.6% male, 0.6% female
- Skene: 26 diagnoses, 7.9% male, 0.6% female
- Lymph Nodes: 17 diagnoses, 5.1% male, 0.6% female

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

Head and Neck Oncology
2011 Highlights

- Dr. Jeffrey Lehman was elected Secretary of the medical staff of Florida Hospital, in line of succession to the Presidency of the seven-campus system.
- The Head and Neck surgical team continued to provide medical education to Florida State University medical students and residents from the family practice and general surgery residencies at Florida Hospital.
- Under the leadership of Karen Richardson, RN, nurse manager, and Henry Ho, MD, unit advisor, the Otolaryngology Unit at Winter Park Hospital, continued to improve patient care. Initiatives included physician and nurse rounding, hourly nursing rounds, rapid response measures for certain emergency situations, a unit educator, and enhancements in discharge planning. Speech pathologists provided ongoing educational programs for the nursing staff, and physicians promoted best practices. The unit staff itself will be undergoing remodeling and conversion to all private rooms in the near future.
2010 Head and Neck Cancer Cases

Age by Gender at Diagnosis

Men were most likely to be diagnosed with head or neck cancer between the ages of 60-69. Women were most likely to be diagnosed between the ages of 40-49.

Head and Neck Cancers Five-year Survival Cases Diagnosed 2003-2006

Five-year survival rates were compared for head and neck cancer patients (excluding laryngeal cancers) diagnosed between 2003-2006 at FHCI and nationwide.

Source: FHCI Cancer Registry, National Cancer Data Base

<table>
<thead>
<tr>
<th>Site</th>
<th>National Five-Year Survival</th>
<th>Florida Hospital Five-Year Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip</td>
<td>72.20%</td>
<td>50%</td>
</tr>
<tr>
<td>Tongue</td>
<td>57%</td>
<td>53.58%</td>
</tr>
<tr>
<td>Salivary Gland</td>
<td>73.30%</td>
<td>75.04%</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>48.60%</td>
<td>64.17%</td>
</tr>
<tr>
<td>Gum and Other Mouth</td>
<td>53.20%</td>
<td>41.67%</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>52.80%</td>
<td>34.29%</td>
</tr>
<tr>
<td>Tonsil</td>
<td>63.1%</td>
<td>56.49%</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>37.80%</td>
<td>75%</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>27.70%</td>
<td>50%</td>
</tr>
<tr>
<td>Nose/Nasal Cavity &amp; Middle Ear</td>
<td>52.40%</td>
<td>66.67%</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry, National Cancer Data Base

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Pediatric Oncology

2011 Highlights

- Developed the first dedicated pediatric bone marrow and cord blood transplant clinic in Central Florida.
- Opened a pediatric hematology oncology satellite clinic in Port Orange, Florida.
- Established a data registry protocol for pediatric neuro-oncology patients and patients with Neurofibromatosis.
- Dr. Selisky was elected Treasurer of The Florida Society of Clinical Oncology.
- Dr. Selisky presented a poster at the annual Sickle Cell Meeting in February.
- Dr. Selisky was nominated for another term as Chair of Pediatrics for the Florida Hospital System and was named a member of the system’s new Medical Technology Committee.
- Dr. Hujjar was appointed to the Board of Governors and Board of Directors of the St. Jude Children’s Research Hospital in Memphis, Tennessee.

Pediatric Oncology

Children’s Center for Cancer and Blood Diseases

Clifford Selisky, PhD, MD
Co-director, Children’s Center for Cancer and Blood Diseases

Fouad Hujjar, MD
Co-director, Children’s Center for Cancer and Blood Diseases

The Children’s Center for Cancer & 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.

Pediatric Oncology

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Pediatric Oncology

2010 Pediatric Cancer Cases

Childhood cancer cases represent less than 1% of all new cancer diagnoses in the United States annually (Cancer Facts and Figures, 2010). However, cancer continues to be the second leading cause of death in children, second only to accidents. This graph shows the incidence by disease type and gender for pediatric cancers diagnosed at FHCI in 2010.

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Radiation Oncology
2011 Highlights

Radiation oncologist Michael Montejo, MD, joined the FHCI in 2011. Dr. Montejo received his medical degree from the University of South Florida College of Medicine and completed his internship at Orlando Regional Medical Center. He performed his residency in radiation oncology at the University of Utah Medical Center, Huntsman Cancer Hospital in Salt Lake City, where he served as Chief Resident.

- On November 8, 2011, FHCI unveiled the first TrueBeam system in Central Florida. Designed to advance the treatment of lung, breast, prostate, brain, head and neck, and most other solid tumors, the TrueBeam platform for image-guided radiotherapy and radiosurgery is the first fully-integrated system designed from the ground up to treat a moving target with unprecedented speed and accuracy. The speed and precision of TrueBeam allows FHCI to treat cancers, once deemed untreatable, with curative intent by delivering higher doses of radiation while protecting surrounding, healthy tissue. TrueBeam can also deliver treatments up to 50 percent faster.

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Thoracic Oncology
2011 Highlights

- Six new lung cancer trials were opened with 47 patients enrolled in thoracic cancer studies. The thoracic oncology team enrolled the first patient worldwide in the crizotinib study and to date, remains the highest accrual site in the world for this study along with many others.
- In 2011, 211 cases were presented at 47 tumor boards (a 9% increase over 2010), and 97.9% of the cases were evaluated with a complete multidisciplinary team approach. This includes pulmonary, thoracic oncology, thoracic surgery, pathology, interventional radiology and radiology.
- FHCI has established molecular pathology as the standard of care for non-small cell lung cancer (NSCLC), and routine testing includes V-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog (KRAS), epidermal growth factor receptor (EGFR) and anaplastic lymphoma kinase (ALK) analysis, with plans to bring this testing in-house in 2012.
- FHCI performed the tri-county area’s first robot-assisted lobectomy in 2010, and in 2011, 84 robot-assisted thoracic surgeries were performed.

The FHCI offers thoracic cancer patients access to a multidisciplinary team approach and cutting-edge technology with minimally invasive procedures such as robot-assisted lobectomy.

Publications


Invited Lectures

June 2011
Erlotinib Beyond Progression Study: Randomized Phase II Study Comparing Chemotherapy Plus Erlotinib with Chemotherapy Alone in EGFR TKI-responsive, Advanced Non-small Cell Lung Cancer (NSCLC) that Subsequently Progresses. 2011 ASCO Annual Meeting, Trials in Progress Poster Session, Abstract Number TP5211. Chicago, Illinois: Dr. T. Mekhail

Clinical Predictors of Prolonged Clinical Benefit (PCB) from Pemetrexed (P) Therapy in Metastatic Non-small Cell Lung Cancer (mNSCLC). 2011 ASCO Annual Meeting, Abstract Number e18056. Chicago, Illinois: Dr. T. Mekhail

Highlights from the meeting of American Society of Clinical Oncology 2011: Lung Cancer; Florida Hospital Cancer Institute, 2011 Oncology Update, Orlando, Florida: Dr. T. Mekhail

September 2011
Florida Hospital Internal Medicine Residency: Orlando, Florida: Dr. T. Mekhail

October 2011
National Pfizer Meeting: Xalkori Launch Meeting: Boston, Massachusetts: Dr. T. Mekhail

Molecular Testing Analysis

Adenocarcinoma Cases — 198

<table>
<thead>
<tr>
<th>Mutation</th>
<th>Number</th>
<th>Failed Testing</th>
<th>No Testing at FHCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALK (I)</td>
<td>83</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>EGFR (I)</td>
<td>23</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>KRAS (I)</td>
<td>49</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Squamous Cell Cases — 70

<table>
<thead>
<tr>
<th>Mutation</th>
<th>Number</th>
<th>Failed Testing</th>
<th>No Testing at FHCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRAS (I)</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Lobectomy Results – Lung Cancer Only

<table>
<thead>
<tr>
<th>Method</th>
<th>Robot-assisted</th>
<th>Open Thoracotomy</th>
<th>FHCI Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases</td>
<td>35</td>
<td>58</td>
<td>93</td>
</tr>
<tr>
<td>Mortality Rate</td>
<td>0.0%</td>
<td>5.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>No PO Complications</td>
<td>40.8%</td>
<td>51.7%</td>
<td>54.9%</td>
</tr>
<tr>
<td>CT Days (Median)</td>
<td>4.0 Days</td>
<td>5.0 Days</td>
<td>5.5 Days</td>
</tr>
<tr>
<td>PO LOS (Median)</td>
<td>6.0 Days</td>
<td>7.0 Days</td>
<td>7.0 Days</td>
</tr>
</tbody>
</table>

Minimally Invasive Thoracic Surgery

FHCI performed the tri-county area’s first robot-assisted lobectomy in 2010. In 2011, 84 robot-assisted thoracic surgeries were performed.

NCCN Guideline Compliance Lung Cancer Cases 5-Year Trend

FHCI continued improvement in National Comprehensive Cancer Network (NCCN) guideline compliance with mediastinal staging.

<table>
<thead>
<tr>
<th>Year</th>
<th>Minimum of Three Mediastinal Lymph Node Stations or Complete Node Dissection</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>16.2%</td>
</tr>
<tr>
<td>2008</td>
<td>18.1%</td>
</tr>
<tr>
<td>2009</td>
<td>20.1%</td>
</tr>
<tr>
<td>2010</td>
<td>23.9%</td>
</tr>
<tr>
<td>2011</td>
<td>25.8%</td>
</tr>
</tbody>
</table>

Source: FHCI Thoracic Surgery Database
2010 Lung Cancer Cases

Age by Gender at Diagnosis

In 2010, lung cancer was the most frequently diagnosed cancer type nationwide. At FHCI, it is one of the top cancer incidences with 542 new cases seen. Men were typically diagnosed at an earlier age, between ages 60-69. Women were more likely to be diagnosed in their 70's.

Stage by Gender at Diagnosis

Over half of both male and female lung cancer patients at FHCI in 2010 had advanced stage (III or IV) at diagnosis.

Non-Small Cell Lung Cancer Treatment Combinations

Surg
22%
None
26%
Chem/Rad
17%
Rad
15%
Chem
12%
Surg/Rad
1%
All Others
2%
Surg/Chem/Rad
2%

Source: FHCI Cancer Registry

Small Cell Lung Cancers Five-year Survival by Year Cases Diagnosed 2003-2005

% of Patients

1 Year 2 Year 3 Year 4 Year 5 Year

FHCI
Nationwide

Non-small Cell Lung Cancers Five-year Survival by Year Cases Diagnosed 2003-2005

% of Patients

1 Year 2 Year 3 Year 4 Year 5 Year

FHCI
Nationwide

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Urologic Oncology 2011 Highlights

- Over 1,000 robotic surgeries were performed by Dr. Patel.
- Initiated the "International Prostate Cancer Foundation" in partnership with Florida Hospital.
- Dr. Patel performed his 5,000th case in October 2011.
- Recognized for "Best Paper Published" in European Urology: "Pentafecta: A New Concept for Reporting Outcomes of Robot-assisted Laparoscopic Radical Prostatectomy."
- Hosted the World Robotics Symposium in Miami Beach, Florida, with more than 700 participants.
- Over 1,000 robotic surgeries were performed in 2011.
- Dr. Patel was appointed Professor of Urology.
- 964 patients were added to the Outcomes Database Registry which now totals 3,527.
- Participated in the "Autumn Rock’n Run" 5k for Prostate Cancer Awareness Month in September 2011.
- Participated in the Disney Half Marathon for prostate cancer awareness in January 2012.
- Dr. Patel was appointed Professor of Urology at the University of Milan, Italy.

Urologic Oncology

Vipul Patel, MD
Medical Director,
Global Robotics Institute
Medical Director,
Urologic Oncology Program,
Florida Hospital Cancer Institute

The FHCI is one of the most experienced centers worldwide for robotic prostatectomy, a less invasive, robotic-assisted surgery that increases the level of surgical precision and improves the recovery process for our patients. Our team helps patients aggressively and successfully battle prostate cancer, the most common cancer found in men, as well as cancers of the kidney, ureters, bladder and penis.

Yearly, we publish our results and help set standards of care worldwide. In fact, each year, over 1,000 surgeons travel to our Urologic Oncology Program to learn about the latest approaches to urologic cancer. Daily, we host training classes in Florida Hospital's Nicholson Center for Surgical Advancement. In addition, we teach post-graduate courses for the American Urological Association, and our team travels worldwide to teach via invited state-of-the-art lectures or live surgeries.

Publications


Posterior Rhadopincher Reconstruction During Robotic-assisted Radical Prostatectomy: Results from a Phase II Randomized Clinical Trial. Coelho RF, Chauhan S, Patel VR. Eur Urol. 2011 Jul;60(1):180-1.


ANNUAL OUTCOMES

2012

Urologic Oncology 2011 Highlights

- Dr. Oscar Schatloff joined the Global Robotics Institute as a new Fellow from Chile.
- 964 patients were added to the Outcomes Database Registry which now totals 3,527.
- Participated in the 2011 "Autumn Rock’n Run" 5k for Prostate Cancer Awareness Month in September 2011.
- Participated in the Disney Half Marathon for prostate cancer awareness in January 2012.
- Dr. Patel was appointed Professor of Urology at the University of Milan, Italy.
Lectures/Live Surgeries

January 2011
Lecture: The Octafecta: Outcomes Expectations From Contemporary Patients, IRUS, Las Vegas, Nevada: Vipul Patel, MD

February 2011

March 2011

April 2011

May 2011
Moderator for 3 recorded RALP cases, Prostate Cancer Symposium, New York, New York: Vipul Patel, MD

Course Director: Advanced Robotic Urologic Oncology: A Video Based Analysis Take Home Message on Robotic Surgery, AUA Annual Meeting, Washington, DC: Vipul Patel, MD

June 2011

September 2011
Lecture: Minimally-Invasive Prostate Surgery - Technical Considerations to Optimize Patient Outcome, FUS, Bonita Springs, Florida: Vipul Patel, MD

Lecture: RARP – Lessons Learned After 5,000 Cases and Challenging Cases Tips and Tricks, World Robotic Symposium-Latin America, Sao Paulo, Brazil: Vipul Patel, MD

October 2011
Live Surgery: Live Robotic Radical Prostatectomy Case, Multi-center Randomized Trial on Posterior Reconstruction, Milan, Italy: Vipul Patel, MD


November 2011
Lecture: Robotic Surgery, Clinica Superfi-Luanda, Angola: Vipul Patel, MD

Lecture: Robotic Radical Prostatectomy: Lessons of 5,000 Cases. Course: Robotic Surgery; Video: RARP, XXXII Brazilian Congress of Urology: Florianopolis, Brazil: Vipul Patel, MD

December 2011
Lecture: Prostate Cancer Screening and Treatment-4AM, Las Vegas, Nevada: Vipul Patel, MD

Active Research Studies
• Surgical Outcomes of Robotic Prostatectomy Registry #237998
• Intra-Operative Transrectal Ultrasound During Robot-assisted Radical Prostatectomy #238109

Research Collaboration with Local Institutions
• Sanford-Burnham Medical Research Institute in Lake Nona
• University of Central Florida
ANNUAL OUTCOMES

2012

Treatment Combinations

Surgery was the first course treatment of choice for 84% of all prostate cancer patients. Another 5% of patients received radiation therapy.

Prostate Cancers Five-year Survival by Year

This graph shows observed five-year survival data for patients originally diagnosed 2003-2005. FHCI patients demonstrated a higher survival rate compared to nationwide data.

Outcomes

NCCN guidelines have been followed for our referral pathways — screening, diagnostic, therapeutic, follow up.

<table>
<thead>
<tr>
<th>QUALITY INDICATORS</th>
<th>GOAL</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA free - Survival</td>
<td>&gt; 90%</td>
<td>92%</td>
</tr>
<tr>
<td>Positive Surgical Margins</td>
<td>&lt; 20%</td>
<td>12%</td>
</tr>
<tr>
<td>Return of Urinary Continence</td>
<td>&gt; 90%</td>
<td>95%</td>
</tr>
<tr>
<td>Return of Sexual Function</td>
<td>&gt; 75%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Source: FHCI 2011 Urology Tumor Site Program Report

Surgical Techniques to Improve Trifecta Outcomes

The “trifecta” is what we wish to achieve for all patients undergoing surgery for prostate cancer.

Prostate Cancer Trifecta
- Cancer Control
- Urinary Continence
- Sexual Function

Cancer Control
PSA recurrence at one year is less than 10%.

Urinary Incontinence

Sexual Function

2010 Prostate Cancer Cases

Age at Diagnosis
Prostate cancer remained the most frequently diagnosed or treated type of cancer at FHCI in 2010, with 1,270 new cases. The most common age range at diagnosis was 60 to 69 years.

Stage at Diagnosis
63% of prostate cancer patients at FHCI in 2010 had Stage II disease at diagnosis. The low stage at diagnosis may be due to screenings, annual physical exams and attention to early warning signs.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
Clinical Research

2011 Highlights

- Initiated 58 trials: 10 pharmaceutical trials, four cancer control studies, four Sarah Cannon Research Institute trials, and 40 cooperative group trials
- 296 patients were enrolled.
- The FHCI applied to the NCI to become a Community Clinical Oncology Program (CCOP)

Clinical Research

Lee Zehngebot, MD
Medical Director, Clinical Research Program
Florida Hospital Cancer Institute

Jane Crofton, RN, BSN, OCN, CCRP
Director of Cancer Research/Outcomes & Registry
Florida Hospital Cancer Institute

Clinical Research – carefully designed and executed investigations of new medical treatments – offer patients the most advanced therapies available. A recipient of the American Society of Clinical Oncology (ASCO) Community Clinical Trials Award, the FHCI Clinical Research Program has provided ongoing access to more than 100 clinical trials at any given time for adult and pediatric patients since 1989. Our research partners include:

- Cancer and Leukemia Group B
- Cancer Trials Support Unit
- Children’s Oncology Group
- Gynecologic Oncology Group
- Mayo Clinic Cancer Research Network/North Central Cancer Treatment Group
- National Surgical Breast and Bowel Project
- Pharmaceutical-sponsored Trials
- Radiation Therapy Oncology Group
- Sarah Cannon Research Institute
- Translational Oncology Research International

For a listing of the FHCI’s current clinical trials, please visit our Web site at www.FloridaHospitalCancer.com.

FHCI Research & Development: Translational Research

S.A. Litherland, PhD
Director, Translational Research
Florida Hospital Cancer Institute

Newly established in March of 2011, the Florida Hospital Cancer Institute’s Research and Development Division (FHCI R&D) provides infrastructure and scientific support to our physicians and on-site laboratory faculty for both collaborative and in-house innovative research studies aimed at improving patient care and outcomes.

FHCI R&D acts as a liaison for Florida Hospital to the research community, establishing partnerships with our neighboring Central Florida biomedical research institutes, including:

- Sanford-Burnham Medical Research Institute (SBMRI)
- University of Central Florida College of Medicine
- University of Central Florida Nanoscience Technology Center
- MD Anderson Orlando
- University of Florida College of Pharmacy at Lake Nona

FHCI R&D has also promoted collaboration with other institutions throughout the nation, including:

- Sanford-Burnham Medical Research Institute in La Jolla
- Michigan State University
- University of Hawaii

The goal of FHCI R&D is to foster research at and with FHCI using our unique expertise in clinical oncology as well as our wealth of clinical data and specimens to advance prevention and the treatment of FHCI cancer patients.

Translational Research

2011 Highlights

- S.A. Litherland, PhD, joined FHCI in 2011 as Director of FHCI R&D. With an extensive background in molecular immunology and pathology, as well as research support administration, she supports all FHCI investigators with the newly renovated R&D Laboratory.
- The FHCI R&D Laboratory on the second floor of the FHCI was renovated to house Biosafety Level 2 work, including molecular diagnostics development and circulation of tumor cell technology resources the division is using to kickstart and support FHCI-initiated pre-clinical studies.

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
FHCI R&D is deeply committed to the education of physician scientists in good and ethical oncology research, both through joint projects with UCF medical students and with our residents and attending physicians through the Tumor Site Practice Groups of FHCI.

Research Projects
Biofeedback in Post Brain Tumor Recovery - Florida Hospital Foundation Grant 2011, Sajeel Chowdhary, MD
Compassion Fatigue - UCF Health & Public Relations (E. Abel, PhD) - Florida Hospital Foundation Grant 2011, Charles Miceli, LCWS, David Decker, MD, and SA Litherland, PhD
Swallow-Re-training - UCF Speech Pathology (B. Ruddy, PhD) - Gala Grant 2011, Henry Ho, MD
Non-coding RNA Biomarker for Ovarian Cancer - SBMRI (R. Perera, PhD) – North Florida Ovarian Cancer Alliance Grant 2011, Susan Blaydes-Ingersoll, PhD, David Decker, MD, and SA Litherland, PhD
Tissue Array Development - Cancer Biomarker Development, SBMRI La Jolla (J. Reed, PhD/MD), SA Litherland, PhD, and David Decker, MD
Estradiol Baseline Evaluations in anti-aromatase treatment compliance Post Breast Cancer - Florida Hospital Foundation Grant, David Decker, MD, David Molthrop, MD, and Robert Reynolds, MD
Breast Cancer Radio Seed and Wire Marker Comparison for Improved Surgical Outcomes, Louis Barr, MD, David Decker, MD, and Saira Ajmal, MD
Non-coding RNA Biomarker for Melanoma – SBMRI Lake Nona (R. Perera, PhD), Henry Ho, MD
Metabolic Changes and Biomarkers of Glioma – SBMRI Lake Nona (Z. Jaing, PhD), Philip St. Louis, MD and Sajeel Chowdhary, MD
Lipid Biomarkers in Colorectal Cancer and Liver Metastases - SBMRI Lake Nona (H. Han, PhD), Sam Atallah, MD

Publications
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 the patient’s presenting symptoms, diagnostic work-up, clinical and pathologic stage, treatments given and life-long follow-up. 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 for all patients are disease-specific and standardized to ensure accurate information that can be compared to national and state outcomes data for each type of cancer.

Florida Hospital Analytical Cancer Cases Diagnosed 2010

*National Comparison of the Ten Most Prevalent Cancer Sites  *Estimated Cancer Cases from: The American Cancer Society Cancer Facts & Figures 2010

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>FLORIDA HOSPITAL</th>
<th>FLORIDA</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLADDER</td>
<td>180 (3.2%)</td>
<td>5,600 (5.2%)</td>
<td>70,530 (4.6%)</td>
</tr>
<tr>
<td>BREAST</td>
<td>867 (15.4%)</td>
<td>14,080 (13.2%)</td>
<td>207,990 (13.5%)</td>
</tr>
<tr>
<td>CERVIX</td>
<td>57 (1%)</td>
<td>940 (0.9%)</td>
<td>12,200 (0.8%)</td>
</tr>
<tr>
<td>COLORECTAL</td>
<td>416 (7.4%)</td>
<td>10,500 (9.8%)</td>
<td>142,570 (9.3%)</td>
</tr>
<tr>
<td>LEUKEMIA</td>
<td>136 (2.4%)</td>
<td>1,330 (3.7%)</td>
<td>43,050 (2.8%)</td>
</tr>
<tr>
<td>LUNG</td>
<td>540 (9.6%)</td>
<td>18,390 (17.2%)</td>
<td>222,520 (14.9%)</td>
</tr>
<tr>
<td>LYMPHOMA</td>
<td>177 (3.1%)</td>
<td>4,660 (4.4%)</td>
<td>65,540 (4.3%)</td>
</tr>
<tr>
<td>MELANOMA</td>
<td>87 (1.5%)</td>
<td>4,980 (4.7%)</td>
<td>68,130 (4.5%)</td>
</tr>
<tr>
<td>PROSTATE</td>
<td>1,270 (22.5%)</td>
<td>14,610 (13.7%)</td>
<td>217,730 (14.2%)</td>
</tr>
<tr>
<td>UTERINE</td>
<td>245 (4.3%)</td>
<td>2,710 (2.5%)</td>
<td>43,470 (2.8%)</td>
</tr>
<tr>
<td>ALL OTHERS</td>
<td>1,664 (29.5%)</td>
<td>27,200 (25.4%)</td>
<td>436,730 (28.6%)</td>
</tr>
<tr>
<td>TOTAL CASES</td>
<td>5,639 (100%)</td>
<td>107,000 (100%)</td>
<td>1,529,560 (100%)</td>
</tr>
</tbody>
</table>

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com

Genetics Counseling
The Florida Hospital Cancer Institute’s Genetic Counseling Program ensures that patients at risk for cancer due to genetic factors can identify, manage and reduce these risks. The program is staffed by a master-level health care professional specializing in medical genetics and a medical doctor. In 2011, the Genetic Counseling Program saw 175 patients, including those seen in the Neurofibroma Clinic, the Neuro-oncology Clinic and the FHCI Clinic.
### ANNUAL OUTCOMES

**FHCI 2010 Patients - Race by Ethnicity**

<table>
<thead>
<tr>
<th>RACE/RACE SPANISH</th>
<th>NON SPANISH</th>
<th>SPANISH OR NOT SPANISH</th>
<th>CUBAN</th>
<th>DOMINICAN REPUBLIC</th>
<th>MEXICAN</th>
<th>PUERTO RICAN</th>
<th>SOUTH OR CENTRAL AMERICAN- NOT BRAZIL</th>
<th>SPANISH SURNAME ONLY</th>
<th>ALL OTHERS</th>
<th>TOTAL VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>4091 (87.2%)</td>
<td>407 (8.7%)</td>
<td>83 (1.8%)</td>
<td>46 (1%)</td>
<td>17 (0.4%)</td>
<td>13 (0.3%)</td>
<td>10 (0.2%)</td>
<td>8 (0.2%)</td>
<td>2 (0.1%)</td>
<td>4689 (83.2%)</td>
</tr>
<tr>
<td>BLACK</td>
<td>541 (97.3%)</td>
<td>7 (1.3%)</td>
<td>2 (0.4%)</td>
<td>0 (0%)</td>
<td>3 (0.5%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (0.4%)</td>
<td>1 (0.2%)</td>
<td>556 (9.9%)</td>
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<tr>
<td>AMERICAN INDIAN</td>
<td>36 (90%)</td>
<td>36 (90%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>40 (0.7%)</td>
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<tr>
<td>CHINESE</td>
<td>9 (100%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>9 (0.2%)</td>
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<tr>
<td>JAPANESE</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>10 (0.2%)</td>
</tr>
<tr>
<td>FILIPINO</td>
<td>13 (100%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>13 (0.2%)</td>
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<tr>
<td>HAWAIIAN</td>
<td>1 (100%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.0%)</td>
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<tr>
<td>KOREAN</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>7 (0.1%)</td>
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<td>VIETNAMESE</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
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<tr>
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<td>0 (0%)</td>
<td>0 (0%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.0%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>18 (0.3%)</td>
</tr>
<tr>
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<td>10 (100%)</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
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<tr>
<td>PAKISTANI</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.0%)</td>
</tr>
<tr>
<td>MICRONESIAN</td>
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<td>1 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.0%)</td>
</tr>
<tr>
<td>FIJI ISLANDER</td>
<td>1 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.0%)</td>
</tr>
<tr>
<td>NEW GUINEAN</td>
<td>1 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.0%)</td>
</tr>
<tr>
<td>OTHER ASIAN</td>
<td>33 (97.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (2.9%)</td>
<td>0 (0%)</td>
<td>34 (0.6%)</td>
</tr>
<tr>
<td>PACIFIC ISLANDER</td>
<td>5 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>5 (0.1%)</td>
</tr>
<tr>
<td>OTHER</td>
<td>83 (76.1%)</td>
<td>9 (8.3%)</td>
<td>1 (0.9%)</td>
<td>2 (1.8%)</td>
<td>10 (9.2%)</td>
<td>0 (0%)</td>
<td>1 (0.9%)</td>
<td>1 (0.9%)</td>
<td>10 (0.9%)</td>
<td>109 (2.0%)</td>
</tr>
<tr>
<td>UNKNOWN</td>
<td>89 (78.1%)</td>
<td>8 (7%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>15 (13.2%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.9%)</td>
<td>1 (0.9%)</td>
<td>114 (2.1%)</td>
</tr>
<tr>
<td>ANY OTHERS</td>
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<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>OVERALL TOTALS</strong></td>
<td>4968 (88.1%)</td>
<td>437 (7.7%)</td>
<td>96 (1.8%)</td>
<td>11 (2.2%)</td>
<td>21 (4.2%)</td>
<td>6 (0.1%)</td>
<td>4 (0.1%)</td>
<td>4 (0.1%)</td>
<td>12 (0.2%)</td>
<td>5639 (100%)</td>
</tr>
</tbody>
</table>

Source: FHCI Cancer Registry
## FHCI Primary Site Table 2010

### Oral Cavity
- **Total**: 300
- **Analytical Non-Analytical M F**: 121 178
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Lip
- **Total**: 50
- **Analytical Non-Analytical M F**: 22 28
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Tongue
- **Total**: 200
- **Analytical Non-Analytical M F**: 19 210
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Oropharynx
- **Total**: 100
- **Analytical Non-Analytical M F**: 4 96
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Hypopharynx
- **Total**: 150
- **Analytical Non-Analytical M F**: 4 146
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Other
- **Total**: 100
- **Analytical Non-Analytical M F**: 62 38
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Digestive System
- **Total**: 150
- **Analytical Non-Analytical M F**: 857 65
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Esophagus
- **Total**: 100
- **Analytical Non-Analytical M F**: 43 57
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Stomach
- **Total**: 100
- **Analytical Non-Analytical M F**: 54 46
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Colon
- **Total**: 100
- **Analytical Non-Analytical M F**: 278 72
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Rectum
- **Total**: 100
- **Analytical Non-Analytical M F**: 138 62
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Anus/Anal Canal
- **Total**: 100
- **Analytical Non-Analytical M F**: 31 69
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Liver
- **Total**: 100
- **Analytical Non-Analytical M F**: 109 90
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Pancreas
- **Total**: 100
- **Analytical Non-Analytical M F**: 135 65
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Other
- **Total**: 100
- **Analytical Non-Analytical M F**: 69 31
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Respiratory System
- **Total**: 150
- **Analytical Non-Analytical M F**: 589 91
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Nasal/Sinus
- **Total**: 100
- **Analytical Non-Analytical M F**: 6 6
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Larynx
- **Total**: 100
- **Analytical Non-Analytical M F**: 36 64
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Lung/Bronchus
- **Total**: 100
- **Analytical Non-Analytical M F**: 540 46
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Other
- **Total**: 100
- **Analytical Non-Analytical M F**: 7 3
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Blood & Bone Marrow
- **Total**: 100
- **Analytical Non-Analytical M F**: 223 77
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Leukemia
- **Total**: 100
- **Analytical Non-Analytical M F**: 136 48
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Multiple Myeloma
- **Total**: 100
- **Analytical Non-Analytical M F**: 42 58
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Other
- **Total**: 100
- **Analytical Non-Analytical M F**: 45 55
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Female Genital
- **Total**: 100
- **Analytical Non-Analytical M F**: 440 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Cervix Uteri
- **Total**: 100
- **Analytical Non-Analytical M F**: 57 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Corpus Uteri
- **Total**: 100
- **Analytical Non-Analytical M F**: 245 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Ovary
- **Total**: 100
- **Analytical Non-Analytical M F**: 91 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Vulva
- **Total**: 100
- **Analytical Non-Analytical M F**: 27 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Male Genital
- **Total**: 100
- **Analytical Non-Analytical M F**: 1303 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Prostate
- **Total**: 100
- **Analytical Non-Analytical M F**: 1270 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Testis
- **Total**: 100
- **Analytical Non-Analytical M F**: 27 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

### Other/Ill-Defined
- **Total**: 100
- **Analytical Non-Analytical M F**: 6 0
  - **Stage I**: 2
  - **Stage II**: 2
  - **Stage III**: 2
  - **Stage IV**: 2

---

**Note:**

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

Source: Florida Hospital Cancer Registry

For more information or to refer a patient, call (407) 303-5999 or visit our web site at www.FloridaHospitalCancer.com
Oncology Clinical Performance Improvement

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Chemotherapy Order Set Standardization Project

In 2011, the standardization of Chemotherapy Regimen Order Sets for quality of care and patient safety included:

- Cross walk study of inpatient and outpatient chemotherapy regimen orders in Florida Hospital.
- Gaps identified between the evidence-based National Comprehensive Cancer Network (NCCN) guidelines and evidenced literatures of chemotherapy with our treatment regimens.
- Collaborative support by tumor site leaders, pharmacist, oncology nursing, oncology quality improvement team and medical information system team.
- Literature search: NCCN, Oncology Nursing Society (ONS), American Society of Clinical Oncology (ASCO), etc.
- Content build for future electronic medical records (EMR), and computerized physician order entry (CPOE).
- Order set includes safety elements: cancer diagnosis, stages, treatment cycles and plans, labs and diagnostic tests prior to chemotherapy treatment, pre-medication, PRN medications, antinecitics, hypersensitive medications, drug with brand and generic name, hydrations, diluents, sequence of drug administration, myeloid growth factor support, as well as monitor and safety parameters.

QOPI Certification Program

In 2011, hematology-oncologists from two outpatient practices within the Florida Hospital Cancer Institute began preparation for ASCO's Quality Oncology Practice Initiative (QOPI) Certification Program to improve the quality and safety of hematology oncology patient care. In all, 155 medical charts were abstracted for the measurements of Breast, Colorectal, Non-Hodgkin's Lymphoma, End of Life and Symptom/Toxicity Management.

American College of Radiology (ACR) Accreditation Program

The FHCJ Radiation Oncology Department began preparations to apply for the Radiation Oncology Practice Accreditation program by the American College of Radiology-American Society for Radiation Oncology (ACR-ASTRO). This accreditation process assesses the facility’s personnel, equipment, treatment planning and treatment records, as well as patient safety policies and quality control/quality assessment activities. The ACR accreditation program provides radiation oncologists with third-party and impartial peer review evaluation of patient care.

American College of Surgeons/Commission on Cancer (CoC) Accreditation

In 2011, the FHCJ’s CoC accreditation was renewed for three years with commendation. This is a voluntary commitment to ensure patients have access to the full scope of services required to diagnose, treat, rehabilitate, and support them, as well as to provide support and resources to their families.
Continuing Medical Education

- A total of 1,363 cases were presented prospectively at 245 tumor boards in 2011 (135 of the tumor boards were videoconferenced to multiple satellite locations).
- Three Urology Journal Club sessions with co-moderators: Vipul Patel, MD, FACS; Jeffrey D. Brady, MD, FACS, and Stephen F. Dobkin, MD
- Two Head & Neck Journal Club sessions with moderator: Henry M. Ho, MD, FACS, and co-moderator, David A. Decker, MD, FACP
- Grand Rounds with David A. Decker, MD, FACP
- 2011 FHCI “Best of ASCO® Oncology Update” two-day conference with program directors: Tarek Mekhail, MD, David Decker, MD and Louis Barr, MD; Robert Sollaccio, MD, Sajeel Chowdhary, MD and Lee Zehngebot, MD. Faculty speakers included: Theodore Warkentin, MD - Hamilton General Hospital; Richard Fisher, MD - James P. Wilmot Cancer Center; Jorge Garcia, MD - Cleveland Clinic; Jochen Lorch, MD - Dana Faber Cancer Institute; Giselle Ghurani, MD - Florida Hospital Cancer Institute; Sudish Murthy, MD - University of Alabama; Dennis Slamon, MD - David Geffen School of Medicine at UCLA; Kevin Hughes, MD - Massachusetts General Hospital; Carlos Alemamy, MD - Florida Hospital Cancer Institute; Johanna Bendell, MD - Sarah Cannon Research Institute; Sajeel Chowdhary, MD - Florida Hospital Cancer Institute; Lee Zehngebot, MD - Florida Hospital Cancer Institute; and Tarek Mekhail, MD - Florida Hospital Cancer Institute.
- "Meet the Professor" Multidisciplinary/Thoracic Tumor Board with Sudish Murthy, MD; and co-moderators Tarek Mekhail, MD, and Joseph Boyer, MD

CME events:
- Neuro-Oncology – "Diagnostic and Therapeutic Advancements in the Treatment of Brain and Spine Tumors" with Michael Chocine, MD, August A. Busch, Jr, Professor in Neurological Surgery, Associate Professor, Department of Neurosurgery, Washington University School of Medicine. Panel of Experts: Melvin Field, MD, Sajeel Chowdhary, MD, Gary Fieldsberg, MD, Peter Persico, MD, and Robert Sollaccio, MD
- Colorectal Cancer – "Colorectal Cancer: In the Era of Personalized Therapy, Role of Molecular Markers" with John Marshall, MD, Chief Division of Hematology and Oncology, Director, The Ruesch Center for the Care of Gastrointestinal Cancers, Associate Director of Clinical Research, Professor of Medicine and Oncology, Georgetown University Hospital. Panel of Experts: Matthew Albert, MD; Samuel GilDay, MD; Dennis Rousseau, MD; Christopher Rush, MD; and Ahmed Zakari, MD.

Oncology Nursing

- 30 oncology-certified nurses (OCN/adult
- 344 nurses certified through FHCI Chemotherapy Workshop for Oncology Nurses and through annual recertification (adult)
- 5 certified pediatric-oncology nurses (CPON)
- 19 certified pediatric nurses (CPN)
- 15 nurses completed the National Pediatric Chemotherapy and Biotherapy Provider Course
- Nursing Grand Rounds with speaker Jane Clark, PhD, RN, AOCN, SANP-C
- FHCI Chemotherapy Workshop for Oncology Nurses — held six times in 2011
- Annual recertification — a one-and-a-half hour class held 25 times at 7 different campuses in 2011

2011 Oncology Inpatient Discharges by Campus

<table>
<thead>
<tr>
<th>Campus</th>
<th>Discharges</th>
</tr>
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<tbody>
<tr>
<td>Orlando</td>
<td>3,766</td>
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<tr>
<td>Altamonte</td>
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<tr>
<td>Apopka</td>
<td>20</td>
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<tr>
<td>East Orlando</td>
<td>410</td>
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<tr>
<td>Winter Park</td>
<td>526</td>
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<tr>
<td>Kissimmee</td>
<td>142</td>
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<tr>
<td>Celebration</td>
<td>1,316</td>
</tr>
<tr>
<td>Total</td>
<td>7,263</td>
</tr>
</tbody>
</table>

Source: Florida Hospital Marketing
Patient Support and Community Outreach

Cancer Resource Libraries

Staffed by community volunteers, the Cancer Resource Libraries offer free access to an extensive collection of publications about cancer, as well as an interactive cancer education system through the use of touch-screen computers. In 2011, the Cancer Resource Libraries distributed 77,856 publications in support of patient education and participated in 36 health fairs, 60 Pink Army Parties and 40 Pink Army community events.

15th Annual African American Men’s Health Summit

More than 2,500 men attended this 2011 event to learn about prostate cancer and prostate disorders. Men over the age of 40 years old were offered free prostate cancer screenings. Premature deaths due to prostate cancer were prevented for 16 men because of early diagnoses.

- Total Number of men screened = 214
- Number of abnormal BPH = 30
- Number of abnormal PSA = 19
- Number of abnormal PCA3 = 9
- Number of abnormal DRE = 38
- Number of men who had a biopsy = 39
- Number of men who had an abnormal biopsy (confirmed prostate cancer) = 14
- Total number of PCA3-Ind = 10

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Head and Neck Cancer Awareness Week

In May, the Head and Neck Program again participated in the national Head and Neck Cancer Awareness Week. Community events included a multidisciplinary presentation with emphasis on HPV and head and neck cancer, and the latest in robotic surgery. Head and neck cancer screenings were also offered.

Outreach Events

FHCI staff contributed to Florida Hospital’s overall community outreach, including Adopt-a-Family and Backpacks for Kids.

Community Partnerships

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

- Susan G. Komen’s Race for the Cure (breast cancer)
- Leukemia and Lymphoma Society’s “Light the Night”
- Leukemia and Lymphoma Society’s “1 Can Cope Area Trainer”
- Leukemia and Lymphoma Society’s Patient Community Services Board
- American Cancer Society’s Cattle Baron’s Ball
- American Lung Association’s “Fight for Air Stair Climb”
- American Cancer Society’s “Making Strides Against Cancer”
- American Cancer Society’s “Blood Drive”
- American Cancer Society’s Patient Registration Program
- Disney Half Marathon/GTri Team for Prostate Cancer Awareness
- Celebration Founder’s Day 5K Race for Prostate Cancer Awareness

Drug Replacement Program

The FHCI Drug Replacement Program (DRP) is designed to assist patients who come to Florida Hospital for their chemotherapy treatment but do not have insurance and do not qualify for any government-assistance program. Working with patients, physicians and the Florida Hospital Pharmacy, the DRP enrolls eligible patients in assistance programs from pharmaceutical companies that provide medications free of charge to treat those patients who meet criteria. The DRP team follows the patient throughout his/her treatment at the FHCI to confirm continued therapy and to arrange coverage for any change in the original treatment plan. In 2011, the DRP recouped $959,768 in medications and assisted 54 patients.
Philanthropy

Philanthropic support from donors and events helps us strengthen our oncology services and expand research, fund facilities, and ultimately, helps FHCI in its mission to provide the best patient care possible. The mission of the Florida Hospital Foundation is to raise funds to further the medical, educational, and scientific purposes of FHCI, and to assist in building community awareness of FHCI. Over $3.2 million was raised in 2011 for the FHCI through the Florida Hospital Foundation. These funds have been used to develop clinical and translational research initiatives at FHCI, as well as support for uninsured and underinsured patients.

Through the generous support of the Foundation’s community of donors, FHCI was able to realize several exciting initiatives such as development of a high-risk breast clinic, the launch of cord blood transplants, and the development of a genetic counseling program. Additionally, philanthropic gifts helped open a Translational Research Lab and support GYN oncology research in collaboration with the Sanford-Burnham Medical Research Institute.

Eden Spa

This one-of-a-kind spa, located on the first floor of the FHCI, is designed to help women on their journey to image recovery while battling cancer. Eden offers mastectomy garments, wig design, lymphedema treatment and a full mineral-based line of products safe for patients who are undergoing treatment. The spa was built and continues to operate through philanthropic support from several generous donors referred to as Harriett’s Founding 100 after local philanthropist, Harriett Lake, who donated the seed money to develop this special spa.
Thank you to our 2011 Donors.

Philanthropist
Kids Beating Cancer, Inc.
Runway To Hope, Inc.

Centurion
Triad Isotopes

Leaders
Margary Pabst
The Susan G Komen Breast Cancer Foundation, Inc.

Investors
The Benji Watson Cancer Foundation
Give Hope Foundation, Inc.
Jim and Elizabeth Mark
Mark and Lisa Moore

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Homer Allen
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Community Foundation of Central Florida, Inc.
DelReo Printing Services
Whit Duncan
Florida Oncology Network, P.A.
Harriett Lake
Mears Transportation Group
North American Credit Services
Thomas and Sheila McThenia

Your Support
As a donor to the Florida Hospital Cancer Institute, you’re making an investment in the future of cancer care and research for our community. Your contribution directly impacts the lives of Central Floridians with cancer. Please help us offer hope and healing to patients in our community and consider supporting the Florida Hospital Cancer Institute with a financial contribution.

If you are interested in learning more about the ways you can contribute and about the impact your gift will make here in Central Florida, please contact Courtney Staup or Julie Johnson at the Florida Hospital Foundation:
Courtney.Staup@flhosp.org
(407) 303-9410
Julie.Johnson2@flhosp.org
(407) 303-9666.

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Carlos Alemany, MD
Henry Ho, MD
Clifford Selsky, MD
David Banks
Robert Holloway, MD
Robert Sollaccio, MD
Louis Barr, MD
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David Deckler, MD
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Philip Dunn, MD
Robert Reynolds, MD
Melvin Field, MD
David Robinson, MD
Neil Finletter, MD
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Helen Roorda
Michael Ravi, MD
Martha Cuffel
Shaun Smith
Robert Sollaccio, MD
Veronica Decker

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