# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction from Our Leadership</td>
<td>4</td>
</tr>
<tr>
<td>Excellence in Cancer Care</td>
<td>6</td>
</tr>
<tr>
<td>Cancer Committee Report</td>
<td>7</td>
</tr>
<tr>
<td>Breast Leadership Report</td>
<td>8</td>
</tr>
<tr>
<td>Breast Cancer Statistics</td>
<td>10</td>
</tr>
<tr>
<td>Breast Surgery Outcomes</td>
<td>12</td>
</tr>
<tr>
<td>2014 Cancer Statistics</td>
<td>14</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>18</td>
</tr>
<tr>
<td>Specialty Spotlight: Cancer Liaison Physician</td>
<td>20</td>
</tr>
<tr>
<td>Specialty Spotlight: Physics Initiatives</td>
<td>23</td>
</tr>
<tr>
<td>Specialty Spotlight: Lung Cancer Navigator</td>
<td>24</td>
</tr>
<tr>
<td>Specialty Spotlight: Breast Cancer Nurse Navigator</td>
<td>26</td>
</tr>
<tr>
<td>Specialty Spotlight: Imaging Services</td>
<td>28</td>
</tr>
<tr>
<td>Specialty Spotlight: Guest Liaison</td>
<td>30</td>
</tr>
<tr>
<td>Research Report to the Community</td>
<td>32</td>
</tr>
<tr>
<td>Specialty Spotlight: Nutrition Services</td>
<td>34</td>
</tr>
<tr>
<td>Specialty Spotlight: Oncology Social Worker</td>
<td>36</td>
</tr>
<tr>
<td>Specialty Spotlight: New Smyrna Health Park</td>
<td>38</td>
</tr>
<tr>
<td>Community Outreach Report</td>
<td>41</td>
</tr>
<tr>
<td>Media Highlights</td>
<td>42</td>
</tr>
</tbody>
</table>
Florida Hospital Memorial Medical Center is a member of Adventist Health System which is a faith-based health care organization headquartered in Altamonte Springs, Florida. A national leader in quality, safety and patient satisfaction, Adventist Health System has roughly 45 hospital campuses in 10 states. Adventist Health System's 77,000 employees maintain a tradition of whole-person health by caring for the physical, emotional and spiritual needs of every patient.

Florida Hospital Memorial Medical Center has 277 beds and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations and Disease-Specific Care Certified by the Joint Commission in Total Hip and Total Knee Replacement Surgery. Chest Pain Accredited with Percutaneous Coronary Intervention (PCI) and is also a Certified Stroke Center. Florida Hospital Memorial Medical Center is proud of the Cancer Institute which is a 1-story center located near the pond on our spacious campus.

Florida Hospital Memorial Medical Center is one of five Adventist Health System hospitals located in Volusia and Flagler County known as the East Region. We are privileged to work in conjunction with our sister hospitals in the East Region by providing the best care for our cancer patients utilizing resources and expertise from throughout our region.

Our vision is to continue to explore options utilizing technology to ensure that we remain current in all levels of care. One example would be the ability to conduct multidisciplinary tumor boards using a regional approach to bring in specialist and providers outside our immediate community. With an engaged medical staff and committed team members, Florida Hospital Memorial Medical Center is blessed to be able to offer cancer care to our patients and to meet their spiritual and emotional needs.

Darlinda Copeland
Sr. Vice President/COO
Florida Hospital Memorial Medical Center
Excellence in Cancer Care

The department of Radiation Oncology at the Cancer Institute at Florida Hospital Memorial Medical Center provides high quality, state-of-the-art radiation oncology treatments. The department has two linear accelerators, a Varian 2100 EX and a BrainLab Novalis Tx. The site also offers high dose rate treatments (HDR) with the Varian GammaMed plus IX HDR unit. Radiation Oncology simulations are performed on GE LightSpeed 16 slice CT scanner. The site also uses 4D CT images acquired on the GE LightSpeed for treatment planning.

The Cancer Institute performs Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Rapid Arc Radiotherapy, Stereotactic Radiosurgery (SRS), Stereotactic Body Radiotherapy (SBRT) and Brachytherapy.

The Varian Aria Oncology Information Management System provides the Electronic Medical Record (EMR) for our patients. Treatment planning is performed using the Varian Eclipse treatment planning system. The linear accelerators and treatment planning systems are integrated via the Aria EMR.

Patient satisfaction in the department is extremely important. Quality of care received from the physicians and staff and the likelihood of recommending services are consistently high scoring questions on our survey.

At Florida Hospital Memorial Medical Center Cancer Institute we are committed to providing care centered on the patient. We bring together multiple physician specialists and support services that all contribute to providing the best possible treatment for our patients. Cancer patients cared for in our facility are offered more than treatment for their disease. They are included in the decision making process, provided education about their treatment options, kept updated on the progress of care and treated with a high level of respect and dignity. It is my privilege to be part of the team at Florida Hospital Memorial Medical Center.

Lisa Banko
Director Oncology Operations
Florida Hospital Memorial Medical Center

Cancer Committee Report

We are pleased to share our 2015 Cancer Program Annual Report for FH Memorial Medical Center.

During this year, we held 6 cancer committee meetings. I am very appreciative of the time and commitment provided by our membership and support of the hospital.

Our cancer program is accredited as a Comprehensive Community Hospital Cancer Program by the Commission on Cancer of the American College of Surgeons. We are proud of this designation as it is a validation that we are continually monitoring and improving the care and services provided to our cancer patients, who entrust their care to our team.

During 2014, our most recent available data, we cared for 1018 cancer patients. Of those patients, we were involved in the diagnosed and treatment of 827 patients with their initial cancer. We direct you to pages 14-16 outlining our cancer statistics. Many of our reports feature our performance of quality measures for breast, colon and lung cancers with comparative data from other programs. These reviews are made possible through our annual submission of data to the National Cancer Data Base of the Commission on Cancer.

Our performance of key quality indicators for breast, colon and rectum cancers that are featured in the report of our Cancer Liaison Physicians, Margarita Racsa, MD and Shravan Kandula, MD. These quality indicators reflect the data we submit to the national cancer data base of the Commission on Cancer.

Through the work of the members our Cancer Committees, we achieved a number of significant cancer program improvements. Please refer to a sample of our improvements.

- Implemented a Radiation Oncology regional treatment planning rounds which enhances patient safety checks.
- Improvement in performance with treatment guides for treatment of bone metastases with radiation to 100%.
- Hired a new Regional Oncology dietitian, Jennifer Robinson, RD. She developed a regional nutrition screening tool and consult process for identifying needs of our patients and availability by her services by our care providers.
- Improvement in our treatment tracking methods to ensure our reporting of is an accurate reflection of the care we provide to our patients.
- Implemented Super-Dimensional bronchoscopy - Pulmonary Navigation
- Implemented Radioactive seed placement breast cancer surgery, improving patient comfort as scheduling of procedure.

Paul Dodd, MD
Chair, Cancer Committee
Hematology/Oncology
Breast Leadership Committee

Our committee met 5 times during 2015. The reviews and analyses we completed were based on the standards of the National Accreditation Program for Breast Centers (NAPBC). We conducted three quality improvement evaluations: Timing from biopsy to surgery, recall rates in breast imaging and newly diagnosed patients navigated by our Cancer Navigator. From these studies, we are developing a critical care pathway for breast cancer patients and pathway for patients with abnormal findings on mammogram.

During 2015, we presented 120 breast cancer patients at our bi-monthly Breast Tumor Board as well as at our General Tumor Boards. Over 74% of our patients benefited from a multi-disciplinary presentation.

As of February 2015, our screening mammograms are read by fellowship-trained breast radiologists. Our recall rates were reduced from 10.6 to 6.3. Our internal benchmark is 10.6. We are within the guideline range of 5-15% described by the National Comprehensive Cancer Network (NCCN).

We conducted 8 routine and special breast cancer audits. Please see a few samples of our reviews. The analyses feature our performance rates compared to other hospitals in Florida, other similar cancer programs and all accredited program from 2011-2014, evaluating the utilization of image-guided biopsy as initial diagnostic approach and breast conservation rates. We have featured two of our indicators below: Some of our other breast cancer-related outcomes measures can be found in our report from Dr. Rasmussen. In many of our reviews, our performance is excellent, showing we are meeting/exceeding other programs.

We thank the members of the committee for their time and commitment to improving the care of our breast cancer patients.

Brandon Runyan, MD
Chair, Breast Leadership Committee

We conducted 8 routine and special breast cancer audits. Please see a few samples of our reviews. The analyses feature our performance rates compared to other hospitals in Florida, other similar cancer programs and all accredited program from 2011-2014, evaluating the utilization of image-guided biopsy as initial diagnostic approach and breast conservation rates. We have featured two of our indicators below: Some of our other breast cancer-related outcomes measures can be found in our report from Dr. Rasmussen. In many of our reviews, our performance is excellent, showing we are meeting/exceeding other programs.

We thank the members of the committee for their time and commitment to improving the care of our breast cancer patients.

Brandon Runyan, MD
Chair, Breast Leadership Committee

Chemotherapy Combination Chemotherapy is recommended or administered within 120 of diagnosis for women under 70 years with AJCC T1cN0 or stage IB-III hormon receptor negative breast cancer

Hormone Therapy was recommended or administered within 365 days of diagnosis for women with AJCC T1c or Stage Ib-III hormone receptor positive breast cancer
Breast Cancer Statistics

At the FHMMC Comprehensive Cancer Center, we specialize in multi-modality treatment of breast cancer. Surgeons, Radiation Oncologists, Medical Oncologists, Radiologists, Nurses, Navigators, Social Workers, Administrators, and Support Staff work closely with each patient to obtain an accurate and speedy diagnosis followed by a comprehensive treatment plan. All staff is training in the latest diagnostic and treatment methods. Surgeons specialize in minimally invasive treatment of breast cancer that aggressively treats the cancer yet leaves an optimal cosmetic result. Over the past 6 years, we have treated nearly 900 patients with newly diagnosed breast cancer.

Since 2009, the number of breast cancer patients we cared for continued to increase, as shown in the table below. The AJCC Stage at Diagnosis for our breast cancer patients from 2012-2014 was compared with data from the National Cancer Data Base. Our data from 2014 is similar to the comparison data from the NCDB. Very early staged cancer is represented by Stages 0-1. Our very early stages represented 57.0% in 2012, 71.1% in 2013 and 60.0% in 2014 with a comparison of 62.5% from the NCDB.

As the future of breast cancer treatment continues to evolve, we will remain the leaders in the optimal and compassionate care.

Christian Birkedal, MD

**Christian Birkedal**

General Surgeon

---

| AJCC Stage at Diagnosis: Breast Cancer 2012-2014 with NCDB (National Cancer Data Base) Comparison |
| :---: | :---: | :---: | :---: | :---: |
| 0 | 136 | 140 | 126 | 170 | 163 | 163 |
| 1 | 136 | 140 | 126 | 170 | 163 | 163 |
| 2 | 136 | 140 | 126 | 170 | 163 | 163 |
| 3 | 136 | 140 | 126 | 170 | 163 | 163 |
| 4 | 136 | 140 | 126 | 170 | 163 | 163 |
| Unk | 136 | 140 | 126 | 170 | 163 | 163 |

---

**Number of Breast Cancer Patients Treated**

- 2009: 136
- 2010: 140
- 2011: 126
- 2012: 170
- 2013: 163
- 2014: 163
We conducted 8 routine and special breast cancer audits. Please see some examples of our reviews related to breast surgery. The analyses feature our performance rates from 2011-2014, compared to other hospitals in Florida, other similar cancer programs and all accredited programs evaluating the utilization of image-guided biopsy as initial diagnostic approach and breast conservation rates. In many of our reviews, our data shows we are meeting/exceeding other programs.

We are pleased to present this data demonstrating the excellent care we provide to our patients.

The graph below indicates our performance in utilizing sentinel lymph node biopsy in early-stage, invasive breast cancer. The ideal threshold of 100% as reported by the National Accreditation Program for Breast Centers (NAPBC). Reasons why some of our patients did not receive this procedure include patient refusal and/or medical contraindications.

We are pleased to present this data demonstrating the excellent care we provide to our patients.

Ronald Rasmussen, MD

Member, Breast Leadership Committee
We are pleased to share with you our most recent data of 2014 statistics from our cancer data base. The data below will include data from our facility organized in various ways to provide an understanding of our volumes and types of cancer patients we care for.

The table below outlines the number of new cancer patients we treated during 2014. We diagnosed and cared for 1,018 new patients during 2014. Of those patients, we were involved in the diagnosis and treatment of 827 patients with their initial cancer. We most often diagnose and treat patients with cancers of the breast, lung, colon, prostate and kidney/renal pelvis.

2014 Primary Cancer Site Table

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>ANALYTIC</th>
<th>SEX</th>
<th>O</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>UNK</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>0</td>
<td>215</td>
<td>125</td>
<td>106</td>
<td>118</td>
<td>123</td>
<td>82</td>
</tr>
<tr>
<td>BREAST</td>
<td>163</td>
<td>4</td>
<td>159</td>
<td>30</td>
<td>60</td>
<td>40</td>
<td>14</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>LUNGBRONCHUS</td>
<td>161</td>
<td>93</td>
<td>70</td>
<td>91</td>
<td>11</td>
<td>39</td>
<td>56</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>MELANOMA</td>
<td>79</td>
<td>41</td>
<td>38</td>
<td>15</td>
<td>14</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>OESOPHAGUS</td>
<td>83</td>
<td>27</td>
<td>35</td>
<td>4</td>
<td>11</td>
<td>19</td>
<td>11</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>KIDNEY/RENAL PELVIS</td>
<td>38</td>
<td>16</td>
<td>22</td>
<td>1</td>
<td>14</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>PANCREAS</td>
<td>29</td>
<td>11</td>
<td>18</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>NON-HODGKIN LYMPHOMA</td>
<td>25</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>UNKNOWN PRIMARY</td>
<td>25</td>
<td>11</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>STOMACH</td>
<td>20</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>OVARY</td>
<td>23</td>
<td>17</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>16</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>RECUM</td>
<td>17</td>
<td>13</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>OTHER - GYNECOLOGY</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>PROSTATE</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>CONNET/CNS</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>BLADDER</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>OTHER - CNS</td>
<td>10</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>BRAIN (MALIGNANT)</td>
<td>20</td>
<td>13</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>THYROID</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>ESOPHAGUS</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>UTERUS / ENDOMETRIUM</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>ALL OTHER SITES</td>
<td>83</td>
<td>47</td>
<td>36</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>18</td>
<td>13</td>
<td>22</td>
</tr>
</tbody>
</table>

Our analytic case volumes have slightly decreased in 2014 from 2013. For the past 5 years, our volumes have remained fairly steady. Analytic cases refer to an assignment of a code we apply, when we are involved in the initial diagnosis and/or treatment of our patients at our facility. We had a direct impact on their cancer care. Cases designed as non-analytic indicate that patients were diagnosed and treated elsewhere for their cancer and came to FH Memorial for treatment of recurrence or progression of that cancer.

2014 Cancer Statistics

Eric Harris, DO
The graph displayed below provides an overview of our volumes of analytic cases for our top 5 cancers seen at FH Memorial from 2009-2014. We have seen growth in volumes of lung, breast and melanoma since 2009 with stability in volumes of these cancers since 2012. In 2014, we experienced a significant increase in colon and kidney cancers.

**Volumes by Cancer Type: 2009-2014**

The table below represents an Incidence Comparison of our data from FH Memorial compared to national incidence published by the American Cancer Society. For our male population, we have a significantly higher incidence of lung cancer and melanoma of the skin. We have a slightly higher incidence of oral cavity cancers. Incidence of prostate cancer is generally very low at hospitals, as many patients with prostate cancer are often diagnosed or treated outside of a reporting hospital. For our female population, we have a higher incidence of breast cancer and melanoma of the skin compared to data reported from the American Cancer Society. Our incidence of uterine, thyroid and ovary are lower than nationally reported data.

**Cancer Incidence Comparison**

<table>
<thead>
<tr>
<th>Male: Cancer Type</th>
<th>FH Memorial Incidence % (n=364)</th>
<th>Male: Cancer Type</th>
<th>ACS* Incidence % (n=128,990)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>26%</td>
<td>Breast</td>
<td>28%</td>
</tr>
<tr>
<td>Lung</td>
<td>6%</td>
<td>Lung</td>
<td>14%</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>4%</td>
<td>Colon &amp; Rectum</td>
<td>6%</td>
</tr>
<tr>
<td>Bladder</td>
<td>3%</td>
<td>Bladder</td>
<td>5%</td>
</tr>
<tr>
<td>Melanoma - Skin</td>
<td>11%</td>
<td>Melanoma - Skin</td>
<td>5%</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>4%</td>
<td>Kidney &amp; Renal Pelvis</td>
<td>3%</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>4%</td>
<td>Non-Hodgkin Lymphoma</td>
<td>4%</td>
</tr>
<tr>
<td>Oral-Cavity &amp; Pharynx</td>
<td>3%</td>
<td>Oral-Cavity &amp; Pharynx</td>
<td>3%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3%</td>
<td>Leukemia</td>
<td>3%</td>
</tr>
<tr>
<td>Liver / Bile Duct</td>
<td>3%</td>
<td>Liver / Bile Duct</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female: Cancer Type</th>
<th>FH Memorial Incidence % (n=463)</th>
<th>Female: Cancer Type</th>
<th>ACS* Incidence % (n=805,500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>34%</td>
<td>Breast</td>
<td>29%</td>
</tr>
<tr>
<td>Lung</td>
<td>15%</td>
<td>Lung</td>
<td>14%</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>2%</td>
<td>Colon &amp; Rectum</td>
<td>6%</td>
</tr>
<tr>
<td>Uterine Corpus</td>
<td>2%</td>
<td>Uterine Corpus</td>
<td>6%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>2%</td>
<td>Thyroid</td>
<td>6%</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>2%</td>
<td>Non-Hodgkin Lymphoma</td>
<td>4%</td>
</tr>
<tr>
<td>Melanoma - Skin</td>
<td>8%</td>
<td>Melanoma - Skin</td>
<td>4%</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>5%</td>
<td>Kidney &amp; Renal Pelvis</td>
<td>3%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>4%</td>
<td>Pancreas</td>
<td>3%</td>
</tr>
<tr>
<td>Ovary</td>
<td>1%</td>
<td>Ovary</td>
<td>3%</td>
</tr>
</tbody>
</table>

Eric Harris, DO

Medical Oncology
Cancer Committee Member

We diagnosed and cared for 1,018 new patients during 2014.
During 2015, we implemented a Thoracic Cancer Conference, emphasizing review of cases for consideration of surgical intervention. We hosted 10 meetings during 2015, presenting 60 cases. An additional 51 cases were presented at our general tumor board, totaling 111 cases. Over 56% of our lung cancer patients were presented at our Tumor Boards. Both our patients and physicians benefit from a multidisciplinary approach to treatment planning.

Our volumes have been relatively stable from 2012-2014. However, our expected volumes for 2015 show a significant increase in the number of patients with lung cancer we diagnosed and cared for at FH Memorial.

Clinical quality indicators for lung cancer have been developed by the Commission on Cancer. We are pleased to share our outcomes for chemotherapy administration for lung cancer. We are exceeding the performance for the past 3 years compared to other hospitals in Florida, similar accredited programs as well as all accredited cancer programs.

At least 10 regional lymph nodes are removed and pathologically examined for AJCC Stage IA, IB, IIA and resected non-small cell lung cancer. No performance benchmark has been established by the Commission on Cancer. Our performance for 2015 surgical cases is displayed below. This data has been reviewed by our Cancer Committee and Lung steering committee.
During 2015, we have served as Cancer Liaison Physicians to the Cancer Committee at Florida Hospital Memorial Medical Center. This is a role with a formal appointment through the Commission on Cancer. In this role, we help support the review of data for improvement of our cancer program activities. Throughout the year, we have the opportunity to share data evaluating our adherence to quality improvement measures for breast, colon, rectum, lung, gastric, endometrial and cervix cancers. The most recent available statistics are from 2011-2013. This data is derived from our submission of cancer information to the National Cancer Data Base. We would like to share our results on certain quality measures in the areas of colon, lung, and breast cancers.

Graph 1 provides an overview of our adherence to the quality measure for patients receiving radiation therapy. All cases that were not adherent during 2011-2013 were reviewed. Patients were offered treatment and declined to receive treatment. In one instance, treatment was administered, but started after 365 days. Our data was compared to other hospitals in Florida, similar type accredited cancer programs, and all accredited cancer programs within the United States. In graph 2, we were 100% adherent to this indicator for years 2011-2013.

Graph 2 shows the adherence to the quality measure for patients with AJCC Stage 3 (lymph node positive) colon cancer. The data was collected from 2011 to 2013. The graph indicates that our adherence was 100% for all years.

Graph 3 illustrates the adherence to the quality measure for patients with AJCC Stage 3 (lymph node positive) colon cancer. The data was collected from 2011 to 2013. The graph shows that our adherence was 100% for all years.

Graph 4 presents the adherence to the quality measure for patients with AJCC Stage 3 (lymph node positive) colon cancer. The data was collected from 2011 to 2013. The graph indicates that our adherence was 100% for all years.
As part of our 2015 goals, we applied to participate in the Rapid Quality Reporting System (RQRS) through the National Cancer Database. This mechanism allows for us to report our cases within 3 months of diagnosis with the ability to see our performance with these indicators within days. This is far superior to the original method of reporting 1-2 years after diagnosis and awaiting for comparison data for an additional year. RQRS provides us with alerts of what treatments are required to be collected to ensure our data reflects patient care.

Here is an example for one of our indicators using the new RQRS methodology.

**Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥4 positive regional lymph nodes**

<table>
<thead>
<tr>
<th>Year</th>
<th>Florida Hospital Memorial</th>
<th>Hospitals in Florida</th>
<th>Similar Accredited Cancer Programs</th>
<th>All Accredited Cancer Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>100%</td>
<td>86.8%</td>
<td>90.4%</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>100%</td>
<td>86.4%</td>
<td>90.4%</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>100%</td>
<td>85.7%</td>
<td>90.4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0MO, or stage IB - III hormone receptor negative breast cancer.

Dr. Margarita Racsa
Margarita Racsa
Cancer Liaison Physician
Associate Medical Director, Radiation Oncology

Dr. Shravan Kandula
Shravan Kandula
Cancer Liaison Physician
Radiation Oncology

2015 FHMMC Physics Improvement Goals

- Improve Quality
- Improve Safety
- Improve Efficiency
- Improve Knowledge

2015 FHMMC Physics Initiatives: our pursuit of accuracy and improved outcomes through new treatment capabilities and process improvement

**Q1:**
- Dosimetric Leaf Gap (DLG) Measurements performed & TPS Beam model updated: Net improvement of 1.5% increase in accuracy for IMRT plans
- Eclipse V11 validation improving functionality of RapidArc technology on TPS
- Creation of Dosimetry Encounters checklist - checklists are used to reduce human error
- CBCT adopted as standard for IGRT for SBRT. CBCT capitalizes on soft tissue differences to enhance Tumor localization and thus Treatment accuracy. In service with Therapists and physician

**Q2:**
- Organization of weekly Treatment Plan Rounds for physicians to review each other’s work.
- 4DCT Tumor visualization and contouring enabled in Eclipse
- Regional standardization of Structure Templates in Eclipse
- Reestablished process for physician to set iso at time of Simulation – in services with Therapists
- Updated daily CT QA in aim
- Dose recording between HDR Gamma Med and Aria activated

**Q3:**
- Emergency Power Outage SOP created
- 6 Vac Bags repaired ($5000/bag) and Medical Intelligence Immobilization system reinstated for use on any patient needing immobilization. In service with Therapists

**Q4:**
- Updated TG-51 protocol calibration to water, further increasing accuracy of all treatments by ~1%
- Wholesale changes to Beam Naming, Plan Naming, and Reference Point Dose Tracking to improve Therapists awareness of patient’s care plan as intended by physician.
- Portal Dosimetry commissioned for IMRT and small field SRS/IMRT RapidArc plans.
- From Q1 to Q5 of 2015, RapidArc moves from exclusively SRS/IMRT to standard of care for any IMRT planning

John Dorr MS, DABR
Regional Chief Medical Physicist

Dr. Margarita Racsa
Dr. Shravan Kandula

**Specialty Spotlights: Physics Initiatives**

**2015 FHMMC Physics Improvement Goals**

+ Improve Quality
+ Improve Safety
+ Improve Efficiency
+ Improve Knowledge

**2015 FHMMC Physics Initiatives:** our pursuit of accuracy and improved outcomes through new treatment capabilities and process improvement

**Q1:**
- Dosimetric Leaf Gap (DLG) Measurements performed & TPS Beam model updated: Net improvement of 1.5% increase in accuracy for IMRT plans
- Eclipse V11 validation improving functionality of RapidArc technology on TPS
- Creation of Dosimetry Encounters checklist - checklists are used to reduce human error
- CBCT adopted as standard for IGRT for SBRT. CBCT capitalizes on soft tissue differences to enhance Tumor localization and thus Treatment accuracy. In service with Therapists and physician

**Q2:**
- Organization of weekly Treatment Plan Rounds for physicians to review each other’s work.
- 4DCT Tumor visualization and contouring enabled in Eclipse
- Regional standardization of Structure Templates in Eclipse
- Reestablished process for physician to set iso at time of Simulation – in services with Therapists
- Updated daily CT QA in aim
- Dose recording between HDR Gamma Med and Aria activated

**Q3:**
- Emergency Power Outage SOP created
- 6 Vac Bags repaired ($5000/bag) and Medical Intelligence Immobilization system reinstated for use on any patient needing immobilization. In service with Therapists

**Q4:**
- Updated TG-51 protocol calibration to water, further increasing accuracy of all treatments by ~1%
- Wholesale changes to Beam Naming, Plan Naming, and Reference Point Dose Tracking to improve Therapists awareness of patient’s care plan as intended by physician.
- Portal Dosimetry commissioned for IMRT and small field SRS/IMRT RapidArc plans.
- From Q1 to Q5 of 2015, RapidArc moves from exclusively SRS/IMRT to standard of care for any IMRT planning

John Dorr MS, DABR
Regional Chief Medical Physicist
My career with FHMMC began as a registered nurse in 1997 and included experience as a floor/charge nurse in medical-surgical, orthopedic, and oncology care. Early in 2010, I was approached about becoming a cancer navigator for the Comprehensive Cancer Center that was opening in October 2010. With the knowledge that patients are monitored closely as inpatients, and acutely needed tests are completed prior to discharge, it was apparent that assistance with a cancer patient’s everyday needs required more attention outside of the hospital; thus, it was apparent that the role of a navigator would be beneficial to the patients. After researching the idea behind cancer care navigators, I made the decision to switch gears making the transition from a world of hands-on care to aiding patients and their caregivers navigate through the world of cancer. In 2011, with collaboration of the Oncology Social Worker, this area’s first lung cancer support group was held and continues to offer support for our entire community.

A navigator is an integral member of a patient’s multidisciplinary team including but not limited to thoracic surgeons, pulmonologists, and medical/radiation oncologists. A navigator is a key contact for the patient and the patient’s family actively offering education, support, and guidance during their journey. Navigators act as a liaison between a patient and their medical team, assist with coordination of the multitude of tests and appointments, and often can be available to accompany a patient to physician appointments.

Denise Norfolk, RN

During a time that is often overwhelming, a navigator at FHMMC Cancer Institute is there to answer questions, hold a hand, or simply be there to listen and support patients in their effort to deal with their fight against cancer.

Denise Norfolk, RN
Lung Cancer Navigator
Florida Hospital Memorial Medical Center Cancer Institute

Analytic and Non-analytic Lung Cases and Referrals to Navigator

<table>
<thead>
<tr>
<th>Year</th>
<th>Analytic Cases</th>
<th>Non-analytic Lung Cases</th>
<th>Referrals to Navigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Breast Care Nurse Navigator program at FHMMC is dedicated to being the single point of contact for breast cancer patients and their families, assisting with all aspects of the patient’s care experience. Below are my key roles:

- By assessing the individual needs of the patient and their families, I am able to provide information, education and resource materials to better inform the patient on what to expect during their treatment.

- I act as a liaison between the patient and their medical team, coordinating and scheduling tests and services and referring to appropriate physicians’ offices or other health care resources as needed.

- When a patient is first screened through Florida Hospital Imaging, the facility uses a blanket order, a preapproved order arranged with the Physician to continue with diagnostic testing and biopsy, decreasing the wait time between first screening and final biopsy.

The support that is provided does not stop at the end of initial active treatment; by giving the patient a Survivorship Summary Plan the navigator guides the patient into the transitional period of follow-up care. Patients are given a summary of their cancer care for their health records, information on their likely course of recovery and appropriate testing for continued surveillance.

Working as a Registered Nurse for 37 years has allowed me the privilege of taking care of numerous patients and their families going through many health issues. Cancer treatment has changed dramatically from the beginning of my career, today new drugs and surgical techniques have allowed many patients to become cancer survivors.

Once a survivor, our patients are encouraged to attend The Breast Cancer Support Group held monthly, which is an informal session to discuss issues that the breast cancer survivors are interested in. Speakers range from lymphedema specialists to massage therapists, tattoo artists, wig makers and community resources that are available. Attendance for most months is in the 20’s, until we reach October where we have a large celebration with over 40 survivors coming together for a celebration of life! Other groups are also offered as named below.
Specialty Spotlight: Imaging Services

At Florida Hospital Imaging, we are dedicated to improving the lives of women. We offer a complete range of breast health services complemented by education to meet our community needs. Our Center expanded upon that mission in 2015, providing up-to-date technology in our mammography equipment by installing a digital mammography system with future plans for tomosynthesis upgrade. We have Breast Care Coordinators to navigate our patients, helping to answer questions and coordinate additional services.

In 2015 Florida Hospital Imaging performed 5,860 breast imaging services, to include screening and diagnostic mammograms, breast ultrasound, MR breasts, breast biopsies and radioactive seed localization. Imaging Breast Care Coordinators facilitate and schedule BI-RADS 0 call back diagnostic mammograms, track and follow up BI-RADS 3 patients. In addition they consult, educate and schedule BI-RADS 4-5.

BI-RADS 0 average turnaround time from start to dictated is 6 days. The NCCN Radiologist Recall Rate Benchmark is 5-15% - our Radiologist Recall Rate average is 7.6%. BI-RADS 4-5 turnaround time less than 14 days is 95% with an average of 6 days. The FHI Foundation Mammography Fund provided 32 women with breast imaging services. Of these patients, 4 breast biopsies were performed resulting in three positive outcomes. 100 screening mammograms were performed in October as part of our Pink Army campaign, which offers $99.00 screening mammograms to uninsured or under insured women.

Carol Rumer
Manager of Imaging Services
Tony Santos
Guest Liaison

Many things have changed at the Cancer Center this past year, but the commitment and mission of the Guest Liaison has remained constant over the past five years. We were not placed here to provide for any form of healing but rather to provide service. When anyone, yes anyone, enters the cancer center they are greeted with a smile and the question, “How may we help you?” Patients and caregivers often enter our building with much trepidation and anxiety. It is our God-given privilege to help them in any way possible. Over the years we have celebrated times of joy, moments of joined prayer, and sadly, shared moments of grief. The Lord has provided us with an opportunity to travel alongside our patients and caregivers as they go through this journey at the Center. We can do no less than our best with our God by our side.

Dianne Rohald
Guest Liaison

As a Guest Liaison, I welcome all patients and visitors that come into the Cancer Center with a big smile and encouraging words, and introduce them to our staff and facility. I escort patients to radiation and medical oncology departments when they are new to the center. I mingle and talk with patients and families, offer refreshments and provide encouragement and support. I anticipate needs and offer assistance to patients and family members, and always positively reflect on our Christian Mission. I walk the lobby area and clean up any areas to make sure that we have a healing, inviting and comfortable environment. If necessary, I transport patients and family members to the hospital in the golf cart. I help patients in the resource room with wigs, hats and information about our support groups when our volunteers are not in there. At the end of the day restock supplies for the next day, lock up lobby doors and put the golf cart in back. I love what I do and I am glad to be here for our patients!
Research = Hope. Everything that we know about cancer and current cancer treatments we have learned from the patients who came before us who participated in cancer clinical trials.

The purpose of cancer clinical trials is to find safer and more effective ways to prevent, diagnose or treat cancer. Based on the results of some of those past studies, we now find ourselves living in a very exciting time for cancer research!

In the past few years we have witnessed dramatic developments in immunotherapy treatments. These are therapies that empower the body’s own immune system to more effectively fight and kill cancer, often with fewer side effects than chemotherapy. We also have seen a shift away from treating cancer by its location in the body (i.e. breast, lung, skin), to analyzing a patient’s own tumor to identify if there are genetic alterations present that are causing the cancer to grow. If so, then they are matched to specific therapies for that type of genetic mutation if available. These advances in immunotherapy and “personalized” cancer treatment encourage all of us to continue to pursue research for the benefit of our cancer patients.

In 2015 FHMMC had clinical trials open for patients with breast cancer, metastatic melanoma and glioblastoma. Medical Oncologists, Nurse Navigators, Social Workers and the Cancer Research Office at FHMMC worked together to inform melanoma patients about the cutting edge immunotherapy oncolytic virus “TVEC” that is injected directly into melanoma lesions. Through participation in our clinical trials, we were able to offer this drug to FHMMC patients almost a year before FDA approval was granted nationally.

We also worked as a team to inform our breast cancer patients about BCCR, an important collaborative multi-center registry trial (sponsored by the University of Nebraska Medical Center and the National Cancer Institute). While it is not a “treatment” clinical trial, it provides us with knowledge about genetic background, family history, past exposure to chemicals, diet, and cancer history. It also addresses cancer survivorship quality of life issues. We are grateful to the 11 amazing breast cancer survivors who agreed to participate in this trial so far. Information that we learn from these women will contribute to our knowledge of breast cancer to help those diagnosed in the future. The BCCR clinical trial is still open and enrolling for those interested in participation.

Based on our enrollment rate of 4% (of our total analytic cancer cases) we met the Commission on Cancer’s requirement for research accrual. We were in line with the national average of adult patients enrolled on cancer clinical trials, which is 3 to 5% (mean 4%). Of the 216 patients we screened for breast cancer, melanoma and glioblastoma clinical trials open here, our enrollment rate was 10%. This exceeded the national average of 3 to 5%.

We were delighted to assist our regional hospitals (FH Flagler, FH Deland, FH FISH) with enrollment of 23 patients on to cancer clinical trials.

In 2016 and beyond, we hope to provide FHMMC cancer patients with more opportunities to participate in research through our partnership with Florida Cancer Specialists, and potential radiation therapy trials right here at FHMMC.

Until we have a 100% cure, we need clinical trials. Research is Hope. One day we WILL cure cancer.

Sandy Allten, RN, OCN, CCRP
Clinical Research Nurse
Florida Hospital Deland
In May of 2015, Florida Hospital Memorial Medical Center Cancer Institute began offering nutritional services to oncology patients. A Registered Dietitian is available to offer nutrition counseling for patients concerned about maintaining proper nutrition before, during and after cancer treatment. Nutrition is an important part of cancer treatment and nutritional needs can change during treatment. Managing nutritional needs and meeting nutritional goals can not only improve energy levels, but also lower the risk of infection and improve healing and recovery times.

Since the inception of the nutrition program, 266 visits with a Registered Dietitian have benefited area oncology patients. Management of side effects, including weight loss and poor appetite, are the most commonly addressed nutritional issues. In addition to side effect management, enteral feeding management, including patient assessment and tube feeding recommendations, are also provided.

In efforts to determine patients’ satisfaction with provided nutritional services, a patient survey was created and implemented in August 2015. Survey results received from September through December indicated that 100% of patients were very satisfied with the nutritional services received.

All nutrition services are provided by a dietitian who is registered by the Academy of Nutrition and Dietetics Commission on Dietetic Registration and licensed by the state of Florida.

Jennifer Robinson, RD LD/N
Regional Oncology Dietitian
Florida Hospital Cancer Institute
Deland / Flagler / Memorial Medical Center
Registered Dietitian/Nutritionist
Florida Licensed Dietitian/Nutritionist

<table>
<thead>
<tr>
<th>Specialty Spotlight: Nutrition Services</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Initial Visits</th>
<th>Follow-Ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>35</td>
<td>0</td>
</tr>
<tr>
<td>June</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>July</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Aug</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Sept</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Oct</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Dec</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Florida Hospital Memorial Medical Cancer Institute Nutrition Services 2015

Jennifer Robinson, RD LD/N
2015 was an exciting year of social work at the Florida Hospital Memorial Medical Center Cancer Institute. I met with 301 new patients in Radiation Oncology and had the opportunity to provide 1,758 patient supportive contacts. We provided the venue for learning, loving, and engagement for our cancer community via monthly support groups. I facilitated groups for lung and breast cancer, and living with cancer. I oversaw the Hospooch Pet Therapy program and The Look Good Feel Better group that is facilitated by a licensed cosmetologist and American Cancer Society (ACS) representative.

My journey to continue to grow and serve the cancer patients has been very fulfilling. I became an ACS trained facilitator at the last quarter of 2014 which allowed me to introduce this amazing program to Volusia County. In October 2015, I enjoyed the opportunity of participating as a co-chair for our Florida Society of Oncology Social Workers (FSOSW) conference with Deborah Duval from our Flagler facility, where I was presented with the Leadership in Oncology Social Work Award by the American Cancer Society during the conference.

In 2015 I was awarded a certificate from the University of Central Florida (UCF) validating my ability to formally supervise Licensed Clinical Social Worker interns. Additionally, I had the pleasure of hosting 2 local interns who are students attending Florida colleges. Maria Aguerre (UCF Masters in Social Work program) and Saydra Morgan (University of St. Petersburg Health and Public Affairs program interned with me from the fall to winter semesters. They have moved on now but certainly left beautiful footprints with us along the way.

Moving forward in April 2016, we are beginning the I Can Cope series of support courses. My team will continue all the support groups and activities that we have started in 2015. I look forward to continue collaborating with ACS and FSOSW for the conference in West Palm Beach this year. The Association of Oncology Social Workers (AOSW) is hosting their 2016 conference in Tampa during the month of May. I am in hopes that I can join my colleagues in this educational opportunity as well. This year we are becoming more involved with awareness campaigns and have some surprises in store for bringing that to everyone’s attention that visits our center day or night!

Jenny Ketring, LCSW
Oncology Social Worker
Florida Hospital Memorial Medical Center Cancer Institute

Jenny Ketring, LCSW

2015 Support Group Attendance

Breast | Lung | Living | LGFB

2015 attendance
Specialty Spotlight: New Smyrna Health Park

Guided by our Mission, "Extending the Healing Ministry of Christ," Florida Hospital New Smyrna Health Park is a comprehensive outpatient health care center of Florida Hospital Memorial Medical Center. The Health Park opened in 2014 and offers three PCP practices, Medical Oncology with Infusion Center, Imaging Services, Laboratory, Physical and Occupational Rehab Therapy. The primary market served in Southeast Volusia County includes Oak Hill, Edgewater and New Smyrna Beach. The estimated population is over 66,500 with greater than sixty percent over 45 years of age.

Outpatient services include Computed tomography (CT), 3.0 T Magnetic Resonance Imaging (MRI), Ultrasound, ACR accredited Digital Mammography (Screening and Diagnostic) as well as breast MRI, Ultrasound, and Stereotactic biopsy. A state of the art facility as well as technology, New Smyrna Health Park was built to offer patients and their families a calming and seamless environment from diagnosis to treatment. Florida Hospital New Smyrna Health Park is aligned with the East Florida Hospital Regional Oncology Service line to provide exceptional quality and service outcomes in a standardized approach. Our Imaging and Rehabilitative Team offers specific services focused on Women. In 2015, over 1,600 breast imaging exams were performed including screening and diagnostic mammograms, breast ultrasound, MRI breasts, and breast biopsies. Mammography exams are performed by a certified Technologist who provides personal patient care coordination throughout the diagnostic process. A Radiologist is staffed on site and is available for patient consultation at the time of all diagnostic exams. Lymphedema Therapy is also offered at New Smyrna Health Park by a Certified Occupational Therapist.

We are dedicated to providing educational and no - low cost cancer screening opportunities throughout the SE Volusia Community. In 2015, New Smyrna Health Park hosted "A Girl’s Night Out" Community event that was attended by over 200 participants that focused on Women’s health and wellness. Other events included skin screenings and a variety of breast cancer awareness activities such as low cost mammogram screenings, after business hour appointments, and self-breast exam education. Resources for underprivileged women are available through the Florida Hospital Memorial Medical Center Breast Foundation and The American Cancer Society, who we have partnered with.

Marlene Thomas
Director of Operations
Florida Hospital Memorial Medical Center
New Smyrna Health Park
Community Outreach Report

In an effort to address health issues and provide care to the community, Florida Hospital Memorial Medical Center participated in and hosted a wide range of seminars, screenings and events in 2015.

- Skin screening was held at Sugar Mill Country Club on August 31, where 18 participants were screened, of whom 12 were referred to a dermatologist for follow up.
- Community education, several events were held throughout the year, including:
  - Pink Army Kick Off Breakfast, held on October 2, which had 10 attendees
  - Prostate Cancer Seminar, held October 11, which had 15 attendees
  - Pink Army Pink Party at the Trails, held October 22, which had 8 attendees
  - Embry Riddle Mammo Bus Screening, which took place September 28, where 10 mammograms were performed on Embry-Riddle Aeronautic University faculty and staff.

Through the hospital’s community health needs assessment, Memorial focuses on four main priorities in the community:

- Increase access to smoking cessation classes, Florida Hospital Memorial Medical Center advertises AHEC’s Tools to Quit and Quit Smoking Now classes in the Memorial PSA.
  - The classes saw a total of 127 completers, up from 47 completes in 2014.
- With a goal to provide access to breast care services to women in need, Memorial provided 32 free mammograms through the Foundation’s Pink Army Fund.
- Aiming to increase access to health diagnostics and treatment services, Memorial provided $83,665.15 in medical care to the Jesus clinic.
- The hospital also hosted 4 cancer support groups, a bereavement support group, a smoking cessation support group, a bible study group, along with 13 other support groups, in 2015.
Girls Night Out at the New Smyrna Health Park

NEW SMYRNA BEACH, Fla., October 15, 2015 – Nearly 200 women joined Florida Hospital Memorial Medical Center on October 8 for a Girls Night Out at the New Smyrna Health Park.

Ladies enjoyed free health screenings by internal medicine physician Dr. Kimberly Keller and facial rejuvenation demonstrations by family medicine physician Dr. Tina Fischer-Carne, a Zumba class, and calypso/steel drum music by Ali Adams.

Family medicine physician Dr. Jonathan Treece gave a presentation on common joint pain in the knee, back and shoulder, and otolaryngologist (ear, nose and throat physician) Dr. Narges Mazloom spoke about allergy testing, sinusitis advances and therapy.

The Florida Hospital Memorial Medical Center cancer center navigators and imaging representatives presented an interactive “Hot Topic” demo on breast cancer and schedulers were on-site to help attendees schedule screening mammogram.

About Florida Hospital Volusia/Flagler
Florida Hospital Volusia/Flagler is a member of Adventist Health System, a faith-based health care organization with 45 hospital campuses and nearly 8,300 licensed beds in 10 states.

With five hospitals in Volusia and Flagler counties, Florida Hospital Volusia/Flagler is a member of Adventist Health System, a faith-based health care organization with 45 hospital campuses and nearly 8,300 licensed beds in 10 states.

Oncology Social Worker Receives American Cancer Society Award

DAYTONA BEACH, Fla., October 30, 2015 – Florida Hospital Memorial Medical Center oncology social worker Jenny Ketring received the Leadership in Oncology Social Work Award from the American Cancer Society’s (ACS) Florida Division on Oct. 15 during the Florida Society of Oncology Social Workers annual conference at the Hilton Daytona Beach Resort Oceanwalk Village.

This award recognizes Ketring as an exceptional member of Florida Society of Oncology Social Workers (FSOSW) who has significantly contributed to the field of oncology social work and demonstrated leadership through administration, education, clinical practice or research.

FSOSW is a statewide organization created more than 30 years ago by the ACS to help advocate for programs and policies to meet the psychosocial needs of oncology patients and their families.

Nominees for the award are social workers from across the state, and are nominated by their peers for their contributions and impact to cancer patients.

“Jenny is an amazing representative of the oncology social work profession,” said Sarah Glenz, ACS’s Florida Division senior director of mission delivery. “She is positive, compassionate and a true patient advocate. Florida Hospital Memorial Medical Center is fortunate to have such a kindhearted person on their team.”