

2011 OAK HILL HOSPITAL CANCER ANNUAL REPORT

USING 2010 DATA



OUR MISSION:

Provide Excellence in Healthcare and Patient Service

OUR VISION:

Leading the Community in Healthcare Excellence

OUR VALUES:

- Customer/Always First
- Actions/Speak Louder Than Words
- Respect/The Golden Rule
- Excellence/Is Our Standard

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Message from Oak Hill Hospital's CEO



The Cancer Institute at Oak Hill Hospital is now in its 18th year of service to the Hernando and Citrus communities. Under the continued leadership and guidance of Dr. Sanjay Emandi, we work to meet the needs of our community.

We are in our final year of a three year renewed accreditation cycle by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS). Since 1993, Oak Hill Hospital's cancer program has been relentless in achieving full accreditation. Hernando and Citrus Counties are evolving, and so is our commitment to support cancer care professionals in their commitment to provide the very latest in diagnostic and treatment equipment as well as the latest cancer clinical trials. We are committed to the concept that no one needs to travel out of the area to receive the latest cancer treatment options and the compassion that they deserve.

We maintain our longstanding affiliation with Shands Health Care and the Shands Cancer Center. This enables our community to receive cooperative diagnostic and treatment protocols and continuing medical education opportunities for our local physicians for specialized healthcare of very complex medical conditions.

Our community outreach is as strong as ever through a wide range of educational presentations, cooperative forums, and community screenings. We have increased our commitment as a community partner by not only being a major sponsor of Relay for Life and Making Strides Against Breast Cancer events in the three county area, but by also conducting our annual Celebration of Life where numerous survivors are recognized. The number of participants in our Celebration of Life grows each year.

Since our registry began in 1993 we have achieved a total of 15,354 cases in our registry of which 10,116 are analytic cases. 858 cases were added in 2010 of which 517 were analytic. The top five cancer sites in numerical order are lung, breast, colon/rectum, prostate, bladder, and kidney.

Once again we wish to remind everyone that the primary method of fighting cancer is through prevention. We must continue to be vigilant in pursuing annual exams and take advantage of cancer screenings whenever possible. Oak Hill Hospital offers a variety of screening programs. We encourage you to take advantage of the programs we offer.

Again, on behalf of our physicians, associates, and volunteers, I wish to express our deepest gratitude to all involved in our program for their commitment, dedication, time, and energy in carrying out the cancer mission, especially during these times. As a collaborative team we will continue to make a difference. We are here for you with demonstrated quality care and compassion when it's most needed.

Sincerely,
Mickey Smith
Chief Executive Officer

Message from the Cancer Committee Chairman



Our mission at the Cancer Committee of Oak Hill Hospital has been to improve the survival and quality of life of cancer patients in our surrounding communities. We have also strived to educate our community about cancer by focusing on prevention and early detection. We were recently surveyed by the American College of Surgeons Commission on Cancer and were awarded a 3 year approval with commendation in five areas including outcome analysis, abstracting timeframe, prevention and early detection, cancer education, and cancer related quality improvements. We are the only hospital in Hernando County to receive this prestigious award. I would like to congratulate and extend my thanks to all of our committee members, cancer registry staff, administration, nursing and physician staff who have helped us achieve our goals.

We have continued to educate our community on early detection of cancer. Over the year our physician staff has performed numerous community presentations and radio shows on cancer topics and treatment. We had a free prostate and colon cancer screening as well as an open house for our Women's Diagnostic Center with an offering of low cost digital mammography. We also had a guest speaker from the University of Florida who spoke about the importance of genetic counseling. One of our goals in 2012 will be to incorporate a genetic screening questionnaire for our patients. We also have taken steps to implement more in depth psychosocial screening for our cancer patients with appropriate referrals.

Our community outreach has been excellent. We were again a big sponsor for the American Cancer Society Relay for Life event and continue to encourage cancer patients to utilize the many services offered by the society. We also promoted cancer services at the Senior Health Fair at Gulf View Square Mall and at the 7th annual health fair at the Elks Club.

In 2010 our cancer registry added 858 cases of which 517 were analytic. Our top five cases were lung (105), breast (69), colorectal (66), bladder (28) and kidney (27). From 1993 to 2011, the total number of cases abstracted is 15,354 with 10,116 analytic cases. Our cancer registry staff has been very diligent in compiling patient data and continues to maintain a 90% follow-up of cancer patients diagnosed at Oak Hill Hospital over the last 5 years.

Our physicians, administration, pharmacists, and nursing staff remain committed to improving the quality of life for our cancer patients. As we go forward, we will continue that multidisciplinary team approach to cancer prevention, detection, and management.

Thank You
Sincerely,
Sanjay K. Emandi M.D.

Cancer Committee Members:

According to the Commission on Cancer, "The Care of patients with cancer requires a multidisciplinary approach and encompasses numerous physician and non-physician professionals. The committee responsible for program leadership is multidisciplinary and represents the full scope of care."

Sanjay Emandi, M.D. Radiation Oncology, Committee Chairman	Paul Ernandes Rehabilitation
Sawsan Bishay, M.D. Radiation Oncology, Physician Liaison	Michael Jackson, PharmD Pharmacy
Raju Rao, M.D. Medical Oncologist	Susan Leavy Medical Staff Office
Kathleen Mobley, M.D. Pathology	Ann Karran, RHIT Health Information Management
Krishnan Ganti, M.D. Otolaryngologist	Richard Linkul Marketing
Niloufer Kero, M.D. Gynecology	Sue Ruge Radiology
Mickey Smith, CEO Administration	Nancy Nethery American Cancer Society
Melissa Bennett, R.N., CNO Administration	Yvonna Johnson, R.N. Case Management
Alan Schukman, R.N. Nursing	Christine Piacquaddio, R.N. Quality
Lisa Caywood, R.N. Nursing Education	Bubblela Simmons, RHIA, CTR Director Cancer Registry
Kathy Thompson, R.N. Hospice	Stephanie Fox, CTR Cancer Market Coordinator

Cancer Registry Report

The Oak Hill Hospital cancer program has been accredited since 1998 and remains the only accredited program in Hernando County. The Commission on Cancer which is the accreditation body has specific guidelines that each hospital must follow to become and stay an accredited program. Each accredited program is surveyed every three years; Oak Hill Hospital was surveyed in October 2011.

The Cancer Registry is a vital part of the cancer program at Oak Hill Hospital; the registry handles the data management. The data collected by the cancer registry is used by the hospital to buy new equipment, patient statistics and comparative analysis. The data is also sent monthly to FCDS, a state cancer registry that collects data from all facilities in the state of Florida and combines it for a full patient treatment and survival summary. Annually the data from Oak Hill cancer registry is sent to NCDB, a collaboration of the Commission on Cancer and the College of Surgeons; they use the data for outcome analysis and quality improvements. This data is also released to The American Cancer Society annually with the approval of the cancer committee.

To make sure the registry data is quality data, we run a number of checks. First, each case we complete is quality checked through our software program to make sure all data fields are in compliance with each other. When data is sent to FCDS, every 25th record is visually reviewed for quality and any cases that need a second look are sent back to the registry for review. Finally, 10% of all cases for the year are reviewed by physicians. These physicians take time out of their schedule and visually inspect these cases for primary site, histology, grade of tumor, stage of disease, and treatment. These results are then brought to the committee quarterly for review.

The cancer registry also organizes cancer conference meetings and quarterly cancer committee meetings. The cancer conference meetings give physicians an opportunity to discuss cancer cases and go into detail on staging and treatment options for each case. The cancer committee meetings give the cancer team a chance to update the entire committee on any upcoming or past cancer activities completed by the hospital. The cancer committee is the driving force behind the cancer program.

Figure 1:

Data Requests Oak Hill Hospital 2011:

- 06/20/11: Bladder cancer stage by sex and treatment for Power-point 7.2 Education.
- 08/25/11: 2010 Lymphoma cancer totals to Dr. Rao annual report.
- 08/25/11: 5 year survival lymphoma, to Dr. Rao
- 08/25/11: 2010 Total cases, analytic total, top five sites to Dr. Emandi for annual report.
- 08/25/11: Total cases in registry, analytic cases in registry, and top five sites to CEO for annual report.
- 08/25/11: Top cancer sites for Hispanic ethnicity, To nursing education for book order.
- Quarterly numbers for committee/timeliness, registry
- Quarterly numbers for NCCN guidelines review, registry
- Monthly numbers for staging/treatment letters, registry
- Monthly records for QA review, registry/QA physicians

Registry Report (cont.)

The cancer registry keeps lifetime follow-up on those cancer patients who were diagnosed and/or treated at the hospital. The Commission on Cancer has minimum requirements for this data that include 80% of all analytic cancer cases and 90% on analytic cancer cases diagnosed within the past 5 years. This data is collected and reported quarterly to the Cancer Committee.

Oak Hill Hospital Stats for 2010:

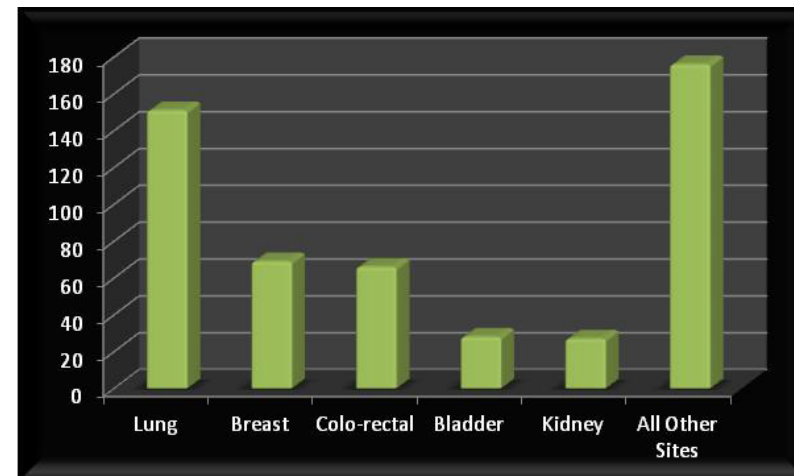
15354 total cases in the cancer registry (since accreditation in 1998)

9592 total analytic cases in the cancer registry (since accreditation in 1998)

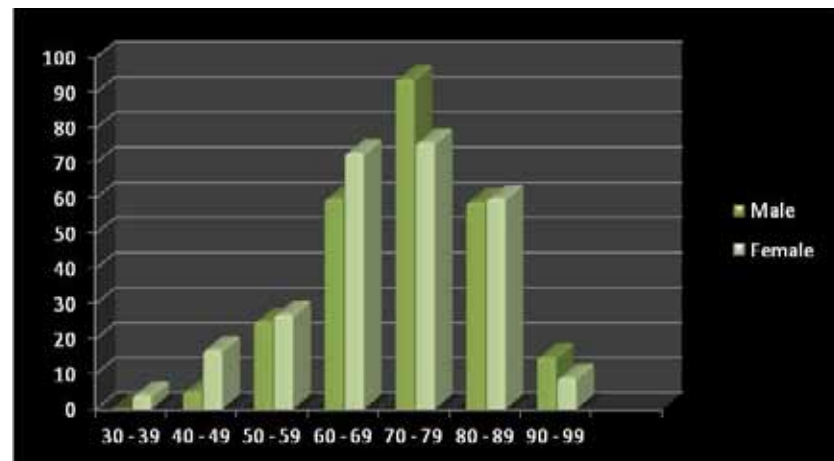
858 total cases added in cancer registry in 2010

517 analytic cases added in cancer registry in 2010

Top five sites in 2010: Lung cancer (151 cases), Breast cancer (69 cases), Colo-rectal cancer (66 cases), Bladder cancer (28 cases), Kidney cancer (27 cases)



The below graph and table show the prevalence of all cancer diagnosed and/or treated at Oak Hill Hospital in 2010 by sex and age.



Age Range	Male	Female
30-09	0	4
40-49	5	17
50-59	25	27
60-69	60	73
70-79	94	76
80-89	59	60
90-99	15	9
TOTALS	258	266

Cancer Conference Report

Oak Hill Hospital's cancer conference meetings give physicians an opportunity to have a multidisciplinary discussion on staging of cancer patients and of treatment options for the cancer patient. These educational discussions occur on the second and fourth Tuesdays at noon, and a minimum of 20 meetings should occur each year. The cancer committee also has agreed that all specialties required will need to be present 90% of the time. These specialties include medical oncology, radiation oncology, surgery, pathology and radiology. If the requirement of 90% is not met, the committee is notified and there is discussion to improve the attendance. The Commission on Cancer requires that 10% of the annual case load be presented yearly and that 75% of those must be prospective cases. The 2010 summary shows a breakdown of those cases that were presented at the cancer conference meetings at Oak Hill Hospital.

2010 Summary:

Total Number of Conferences: 21

Total Number of Cases Presented: 67 (14.2%)

Prospective Cases Presented: 58 (86.6%)

Retrospective Cases Presented: 9 (13.4%)

Total Physician Attendance:

Medical Oncology: 90%

Radiation Oncology: 100%

Surgery: 50% (committee continues working to improve this percentage)

Radiology: 90%

Pathology: 100%

NCCN Guidelines Discussed: 94.7%

Staging Discussed: 85.7%

Cancer conference meetings also present the opportunity to bring in different speakers who are potentially experts in their field. Oak Hill Hospital has been privileged to have the following speakers at the cancer conference meetings in 2010:

- Dr. Frederic Kaye: "Genetics of Lung Cancer for the Clinician"
- Dr. Christina Shaw: "Treatment Options for Breast Cancer"

Oak Hill Hospital also had an education lecture on "Lung Cancer: Prognostic Indicators, AJCC Staging and Treatment Guidelines" presented by Dr. Sanjay Emandi.

TOTAL SITES 2010	
Lung	12
Bladder	4
Prostate	2
Colon	3
Breast	8
Lymphoma	6
Tongue	1
Testes	1
Tonsil	1
Renal Pelvis	3
Unknown	3
Vaginal Wall	1
Liver	1
Sarcoma	1
Endometrium	3
Esophagus	2
Head & Neck	3
Kidney	3
Pancreas	2
Carcinoid	1
Ovary	2
Glioblastoma	1
Brain	1
GIST	1
Melanoma	1
TOTAL	67
2009 CASES	472
Percentage	14.2 %

Cancer Services Provided at Oak Hill Hospital

- Digital Mammography
- CT Scans
- Bone Density Screenings
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Endoscopic Ultrasound
- Laparoscopic Surgery
- Pain Management
- Hospice Care
- Nutritional Services
- Social Services



Community Outreach in 2011 at Oak Hill Hospital

- SASSY Health Fair
- EZ Detect Kits
- Relay for Life
- Multiple Education Lectures
- Multiple Radio Education Spots (*WWJB Health Connections*)
- Women's Imaging Center
- Support Groups
- Smoking Cessation
- Weight Loss
- American Cancer Society



Large B-Cell Non Hodgkin's Lymphoma

by Dr. Raju Rao

Non Hodgkin's Lymphoma is a varied group of disorders originating in the lymphocytes. In 2010 an estimated 65,000 new cases were diagnosed and 20,000 people died of the disease. Non Hodgkin's Lymphoma accounts for 4% of all new cancer cases and 4% of all cancer related deaths. The incidence of the disease has increased dramatically from 1970-1995, partially due to the HIV epidemic.

The diffuse large B-cell lymphoma subtype is suspected when lymph nodes in the neck, armpits or groin are enlarged. Sometimes the spleen or liver may also be enlarged. Occasionally it is suspected when the blood count is abnormal. Once suspected, a careful, thorough physical examination is performed. In addition to obtaining the overall condition of the patient, a blood count, chemistries, and a CT scan with contrast are also obtained. A biopsy of an enlarged lymph node is reviewed by a hematopathologist and special tests are done on the specimen to confirm the diagnosis and specify the type of lymphoma. A bone marrow biopsy would also be performed as a part of the staging process.

Staging and Treatment of B Cell Non Hodgkin's Lymphoma

Staging of Non Hodgkin's Lymphoma allows the oncologist to determine the extent of the disease. The early stage disease, Stage I or Stage II, represents disease in the lymph nodes in one area of the body and on one side of the diaphragm. In advanced stages, Stage III and Stage IV, the disease is located on both sides of the diaphragm and in Stage IV the bone marrow may be affected. B symptoms may be common and tend to be a sign of a more advanced disease. B symptoms include fever, weight loss, and unexplained night sweats.

Treatment is directed towards obtaining remission and maintaining remission as long as possible. In early stage disease, if the lymph nodes are localized to one site and are less than 10 cm, chemotherapy with or without radiation therapy is given with excellent results. When the lymph nodes are greater than 10 cm, chemotherapy with a combination known as CHOP-R is given with or without radiation therapy. When the disease is more advanced, Stage III and IV, chemotherapy is the mainstay of therapy usually with excellent results. Relapse or refractory disease (which does not respond well to chemotherapy) can be treated with different chemotherapy regimen. This chemotherapy treatment sometimes is combined with a bone marrow or stem cell transplant. With the use of PET scans, the degree of response can be more accurately determined. In specific instances, such as HIV lymphoma, or lymphoma affecting the testes chemotherapy may have to be given to the central nervous system. The more aggressive or resistant the disease the more a clinical trial can be considered. Clinical trials are when new agents or combinations of drugs are utilized and the response of the drugs is followed closely and documented.

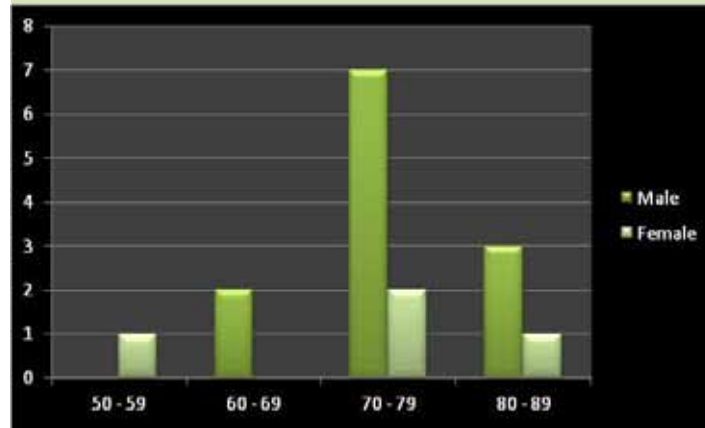
With continued improvement through research and developments of medications such as Rituxan, more people affected by B-cell Non Hodgkin's Lymphoma will be going into remission for longer periods of time. The future direction of treatment for Non Hodgkin's Lymphoma includes the development of agents which will be more specifically able to target the abnormal cells without harming unaffected cells in the body.

Non Hodgkin's Lymphoma at Oak Hill Hospital

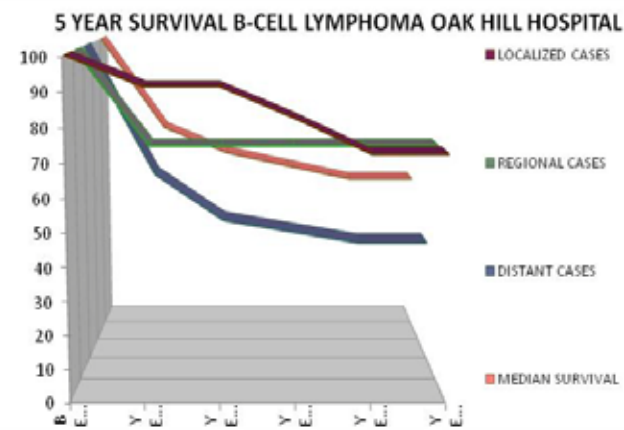
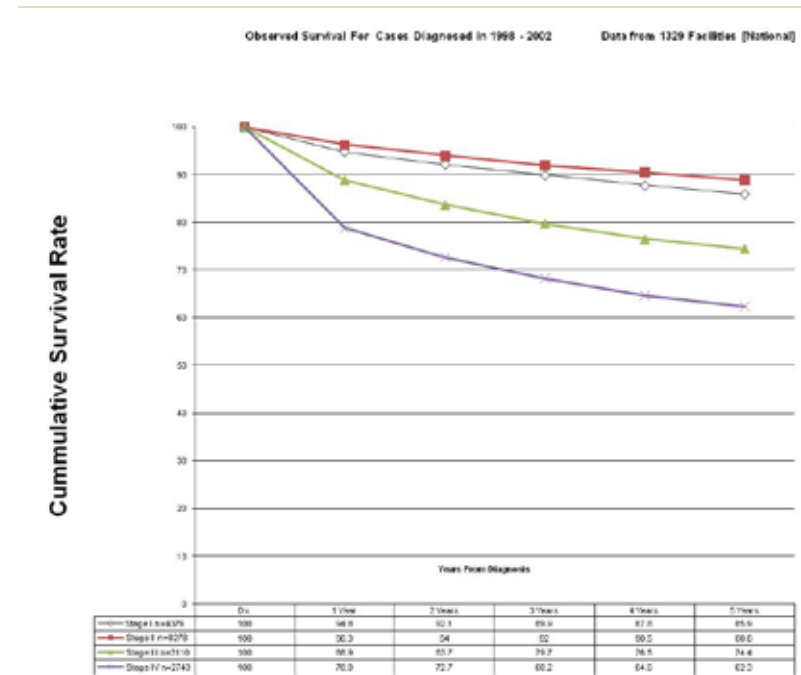
B-cell Non Hodgkin's Lymphoma at Oak Hill Hospital is most commonly seen in males. In the nation males are 40% more likely to get B cell non Hodgkin's Lymphoma, as seen below, at Oak Hill Hospital 75% of all cases in 2010 were male.

Oak Hill Hospital's numbers also show the same as the nation in age, B-cell Non Hodgkin's Lymphoma is most common over the age of 65.

Age Range	Male	Female
50 - 59	0	1
60 - 69	2	0
70 - 79	7	2
80 - 89	3	1
TOTALS	12	4
	75%	25%



Survival rates are approximately the same when comparing Oak Hill Hospital to the Nation (see charts below)



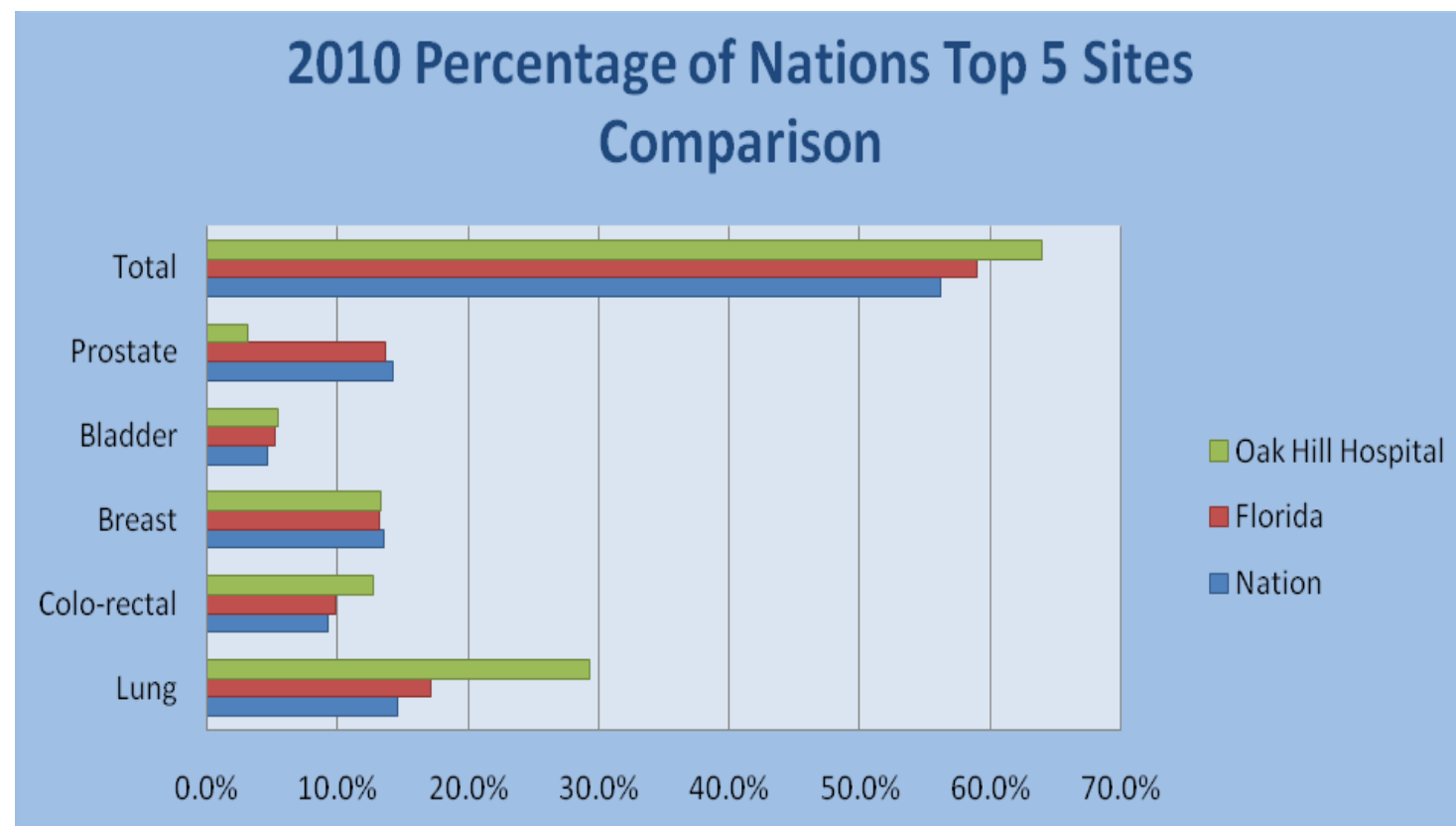
Oak Hill Hospital Cancer Site Breakdown (2010 Data)

PRIMARY SITE	TOTAL	CLASS		SEX		CS STAGE GROUP						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	856	516	340	430	426	36	114	82	66	129	272	157
ORAL CAVITY	16	4	12	10	6	0	1	1	0	4	8	2
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	5	1	4	4	1	0	1	0	0	1	3	0
OROPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	11	3	8	6	5	0	0	1	0	3	5	2
DIGESTIVE SYSTEM	162	105	57	100	62	5	25	30	15	34	51	2
ESOPHAGUS	14	4	10	12	2	0	3	2	0	1	8	0
STOMACH	12	6	6	9	3	0	0	1	1	5	4	1
COLON	69	54	15	37	32	3	10	17	12	15	12	0
RECTUM	21	12	9	16	5	1	6	5	1	2	6	0
ANUS/ANAL CANAL	3	0	3	0	3	0	0	1	0	0	2	0
LIVER	8	4	4	6	2	0	0	1	1	0	6	0
PANCREAS	29	19	10	14	15	0	4	3	0	10	12	0
OTHER	6	6	0	6	0	1	2	0	0	1	1	1
RESPIRATORY SYSTEM	223	156	67	126	97	1	32	6	35	62	85	2
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	11	5	6	4	7	1	4	0	1	0	5	0
LUNG/BRONCHUS	211	151	60	121	90	0	28	6	34	62	79	2
OTHER	1	0	1	1	0	0	0	0	0	0	1	0
BLOOD & BONE MARROW	91	18	73	49	42	0	0	0	0	0	2	89
LEUKEMIA	29	7	22	19	10	0	0	0	0	0	0	29
MULTIPLE MYELOMA	13	5	8	6	7	0	0	0	0	0	0	13
OTHER	49	6	43	24	25	0	0	0	0	0	2	47
BONE	0	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	0	0	0	0	0	0	0	0	0	0	0	0
SKIN	11	1	10	4	7	0	1	0	1	0	9	0
MELANOMA	10	0	10	4	6	0	1	0	0	0	9	0
OTHER	1	1	0	0	1	0	0	0	1	0	0	0
BREAST	99	69	30	1	98	10	28	16	2	6	37	0
FEMALE GENITAL	35	22	13	0	35	0	5	2	3	6	17	2
CERVIX UTERI	4	2	2	0	4	0	1	0	1	0	2	0
CORPUS UTERI	15	9	6	0	15	0	2	1	2	1	7	2
OVARY	15	10	5	0	15	0	2	0	0	5	8	0
VULVA	1	1	0	0	1	0	0	1	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	48	19	29	48	0	1	0	11	1	4	31	0
PROSTATE	45	16	29	45	0	0	0	11	1	4	29	0
TESTIS	2	2	0	2	0	0	0	0	0	0	2	0
OTHER	1	1	0	1	0	1	0	0	0	0	0	0
URINARY SYSTEM	69	57	12	49	20	19	15	10	5	5	14	1
BLADDER	38	28	10	33	5	16	3	8	2	1	7	1
KIDNEY/RENAL	29	27	2	14	15	2	12	2	3	4	6	0
OTHER	2	2	0	2	0	1	0	0	0	0	1	0
BRAIN & CNS	27	19	8	8	19	0	0	0	0	0	1	26
BRAIN (BENIGN)	1	1	0	1	0	0	0	0	0	0	0	1
BRAIN (MALIGNANT)	8	5	3	4	4	0	0	0	0	0	1	7
OTHER	18	13	5	3	15	0	0	0	0	0	0	18
ENDOCRINE	10	10	0	4	6	0	5	0	2	0	2	1
THYROID	9	9	0	4	5	0	5	0	2	0	2	0
OTHER	1	1	0	0	1	0	0	0	0	0	0	1
LYMPHATIC SYSTEM	32	12	20	18	14	0	2	6	2	8	14	0
HODGKIN'S DISEASE	4	2	2	2	2	0	1	1	0	1	1	0
NON-HODGKIN'S	28	10	18	16	12	0	1	5	2	7	13	0
UNKNOWN PRIMARY	29	23	6	10	19	0	0	0	0	0	0	29
OTHER/ILL-DEFINED	4	1	3	3	1	0	0	0	0	0	1	3
Number of cases excluded: 2												
This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases												

Oak Hill Hospital Compared to State and Nation (2010 Data)

2010 Oak Hill Hospital Compared to State and Nation (2010) Data						
	All Sites	Lung	Colo-rectal	Breast	Bladder	Prostate
Nation	1,529,560	225,520	142,570	207,090	70,090	217,730
Florida	107,000	18,390	10,500	14,080	5,600	14,610
Oak Hill	516	151	66	69	28	16

2010 Oak Hill Hospital Cancer Sites Compared to American Cancer Society						
	Lung	Colo-rectal	Breast	Bladder	Prostate	Total
Nation	14.5 %	9.3 %	13.5 %	4.6 %	14.2 %	56.3 %
Florida	17.2%	9.8 %	13.2 %	5.2 %	13.7 %	59.0 %
Oak Hill	29.3 %	12.8 %	13.4 %	5.4 %	3.1 %	64.0 %



Contacts and Definitions

www.oakhillhospital.com

To schedule an appointment for the Women's Imaging Center, please call Central Scheduling at (800) 921-7158.

American Cancer Society: www.cancer.org or 1-800-227-2345

Commission on Cancer: www.facs.org/cancer

National Cancer Institute: www.cancer.gov



Analytic cases: Cases that are diagnosed and/or treated at the reporting facility.

Non-analytic cases: Cases in which the patient had an active cancer of some type while admitted at the reporting facility.

NCDB: National Cancer Database, where analytic cases are submitted quarterly.

FCDS: Florida Cancer Data System, where all cases are submitted monthly.

CoC: Commission on Cancer, where standards for cancer programs are created; it is also the governing body in charge of surveying and approving hospitals.



OakHillHospital.com

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