At Holmes Regional Medical Center and Palm Bay Community Hospital, we offer the highest level of cancer care available within a compassionate, caring environment. We’re proud to be recognized as a Comprehensive Community Hospital Cancer Program accredited by the Commission on Cancer (COC) of the American College of Surgeons. This designation is made possible through the collaborative work of highly-trained Oncologists, Surgeons, Pathologists, and other physicians, nurses, Cancer Registry staff, and ancillary staff members who work closely together to provide specialized cancer care and treatment.

We offer sophisticated diagnostic imaging services, laboratory, and pathology services—many of which are highlighted within this report. Our Cancer Program also provides community cancer prevention and detection programs; a Cancer Library that’s open to the community and includes specialized resources, Web access, and specific cancer-related information, volunteer library assistants who are themselves cancer survivors, as well as several cancer support groups and educational seminars for the community. We proudly partner with the American Cancer Society to provide community-based cancer-related educational initiatives as well as cancer patient and family support.

I hope you will enjoy reading about the highlights of our Cancer Program in this 2007 Cancer Program Annual Report. We recently recruited a Gynecology-Oncology Surgical Specialist to our area who is now a member of the Medical Staffs at both Holmes Regional Medical Center and Palm Bay Hospital. Therefore, our site study in this annual report is focused on female malignancies. I’m sure that you will find this report very informative.

Sincerely,

Patricia N. Donahue, RNC, MSN
The Cancer Program has been accredited since its inception in 1985. With this accreditation, we are able to meet the needs of cancer patients and their families in our community by continuing to evaluate existing programs, improving their quality and availability, as well as creating new services and events.

For 2007, the Holmes Regional Medical Center and Palm Bay Hospital Cancer Registries’ analytic and non-analytic cancer patient cases reflect increases that can be directly related to the addition of new Medical Staff members in 2007 who are diagnosing and/or treating more cancer patients in our communities.

The Holmes Regional Medical Center and Palm Bay Hospital Cancer Registries were among 133 Florida hospitals to receive the 2007 Jean Byers Award for Excellence in Cancer Registration. This award is given to cancer registries in accordance with the 2005 Cancer Case Submissions Criteria for timeliness and completeness. Congratulations to our Cancer Registry staff at Holmes Regional Medical Center who report our cancer cases for both Holmes Regional Medical Center and Palm Bay Hospital to Florida Cancer Data Systems, a division of the Florida Department of Health as required by Florida Statute 381.0031.

Our two hospitals’ Cancer Registry data were submitted to the National Cancer Data Base (NCDB). In this way, our Cancer Registry information is compiled with other hospitals and medical facilities throughout the nation. The compilation data in the NCDB is an important tool for data comparison and aids us in preparation of outcome studies when we compare our facilities’ cancer patient data with the nation and Florida. We continue to monitor newly released annual information for the NCDB Benchmark Colon Cancer (CPR-3) Site Study and update our patient information accordingly.

The multi-disciplinary Holmes Regional Medical Center/ Palm Bay Hospital Tumor Board continues to monitor American Joint Committee on Cancer (AJCC) Staging, standards of care, treatment patterns for our cancer patients, and also provides treatment recommendations to the attending physicians. Our Tumor Board meetings are well attended by Surgery, Medical Oncology, Radiation Oncology, various specialty physicians, Cancer Registry staff, and allied health professionals.

We continue to improve our relationship with the American Cancer Society’s (ACS) Area Patient Services Representative, who is a member of our Neoplastic Disease Committee. This relationship provides opportunities to continue our collaborative approach to further cancer control initiatives underway across the nation and our community. We are proud of our accomplishments and of our continued efforts to strengthen our relationship with the ACS and the community we mutually service.
Holmes Regional Medical Center and Palm Bay Hospital Cancer Registries received Award of Excellence in 2007!
The Holmes Regional Medical Center and Palm Bay Community Hospital Cancer Registries were among 133 Florida hospitals to receive the 2007 Jean Byers Award for Excellence in Cancer Registration.

This award is given to Cancer Registries in accordance with the 2005 Cancer Case Submissions Criteria as follows:

1. **Timeliness**—All deadlines met with respect to 2005 cancer patient case admissions
   - 2005 AHCA Audit Deadline—April 30, 2007
   - No more than 5% (or 35 cases, whichever number is greater) of the 2005 cancer case admissions reported to Florida Cancer Data Systems (FCDS) within two months (60 days) following the June 30, 2007 deadline (late reporting of 2005 cancer case admissions)

2. **Completeness**—All cases reported to FCDS
   - No more than 10% of the 2005 cancer case admissions reported to FCDS within 12 months following the June 30, 2007 reporting deadline (due to delinquent 2005 case reporting, missed cases found on Death Certificate Notification, or missed cases found on AHCA Completeness Audit).

**Holmes Regional Medical Center/Palm Bay Hospital Cancer Registry—2007 cases**
The Cancer Registry at Holmes Regional Medical Center maintains the Cancer Registries for Holmes Regional Medical Center and Palm Bay Hospital. The two combined cancer registries reported 1905 cases, which included both analytic and non-analytic malignancy patient cases in 2007.

**What is a cancer registry?**
A cancer registry is an information system designed for the collection, management, and analysis of data on persons with the diagnosis of a malignant or neoplastic disease (cancer). The Cancer Registry for Holmes Regional Medical Center/Palm Bay Hospital maintains data on all patients diagnosed and/or treated for cancer at our two hospitals and all patients diagnosed elsewhere with active disease upon admission to our facilities. We report cancer cases to FCDS, a division of the Florida Department of Health, as required by Florida state law.

**Why maintain a cancer registry?**
Maintaining a cancer registry ensures that health officials have accurate and timely information, while ensuring the availability of data for treatment, research, and educational purposes.
- Local, state, and national cancer agencies use cancer registry data in defined areas to make important public health decisions that maximize the effectiveness of limited public health funds, such as the placement of screening programs.
- Cancer registries are valuable research tools for those interested in the etiology, diagnosis, and treatment of cancer.
- Fundamental research on the epidemiology of cancer is initiated using the accumulated data.
- Lifetime follow-up is an important aspect of the cancer registry. Current patient follow-up serves as a reminder to physicians and patients to schedule regular clinical examinations and provides accurate survival information.

**How is cancer registry data used?**
Public health and medical providers utilize this data in a wide variety of ways. Specifically, they are used to:
- Provide follow-up information for cancer surveillance
- Calculate survival rates by utilizing various data items and factors
- Provide information for cancer program activities
• Analyze referral patterns
• Allocate resources at the healthcare facility, the community, regional, or state levels
• Develop educational programs for healthcare providers, patients, and the general public
• Report cancer incidence as required under state law
• Evaluate efficacy of treatment modalities

How do cancer registries ensure confidentiality?
Confidentiality of patient identifying information and related medical data is strictly maintained at each cancer registry. Aggregate data are analyzed and published without any patient identifiers.

Our Cancer Registry staff
The Certified Tumor Registrar (CTR) and Oncology Abstractor at the Cancer Registry for Holmes Regional Medical Center/Palm Bay Hospital report cancer cases to FCDS by summarizing the patient’s medical records and then translating clinical information into standard Oncology coding language. All treatment information is required to be obtained on all patients diagnosed and/or treated at our facilities, regardless of where the treatment is performed.

The Registry Data Assistant provides lifetime follow-up of all patients diagnosed and/or treated at our facilities. Ongoing relationships with the three major medical groups continue to progress positively in securing additional follow-up data from their offices and helps to maintain successful follow-up rates. Other methods of follow-up are also available through the Social Security Death Index and online access to public records.

National Cancer Data Base (NCDB) reporting
Annually, the Cancer Registry at Holmes Regional Medical Center/Palm Bay Hospital submits information to the NCDB to be compiled into a central database for use in survival and outcome studies.

Quality review of our Cancer Registry
Quality review of cancer cases was supported through the Certified Tumor Registrar’s reports to the Oncology Quality Subcommittee and Neoplastic Disease Committee. These reports strengthen the Neoplastic Disease Committee’s monitoring of compliance throughout the year.

Holmes Regional Medical Center/Palm Bay Hospital Tumor Board
The Holmes Regional Medical Center/Palm Bay Hospital Certified Tumor Registrar coordinates and facilitates a Tumor Board meeting that is open to all Medical Staff members, Cancer Registry staff and allied health professionals. These meetings provide an arena to discuss management and current knowledge of cancer prevention, early detection, diagnosis, treatment, and follow-up care of newly diagnosed cancer patients and also serves as an educational forum for Medical Staff members, Cancer Registry staff, and allied health professionals.

2007 professional education
Continuing Medical Education activities ensure that the members of our cancer care team possess current knowledge of cancer prevention, early detection, diagnosis, treatment, and follow-up care.

During 2007, the Neoplastic Disease Committee in conjunction with the Holmes Regional Medical Center/Palm Bay Hospital Continuing Medical Education Committee promoted increased knowledge through offering the following educational programs open to all Medical Staff members of our facilities:

<table>
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<tr>
<th>Meeting Date</th>
<th>Presentation/Speaker</th>
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<tbody>
<tr>
<td>2/16/2007</td>
<td>“Emerging Trends in the Management of Colorectal Cancer” George P. Kim, MD Associate Professor of Oncology Mayo Clinic College of Medicine Jacksonville, Florida</td>
</tr>
<tr>
<td>3/30/2007</td>
<td>“Who Needs a Mammogram?” Iliana Alvarez, MD Radiologist Holmes Regional Medical Center/Palm Bay Hospital Medical Staff</td>
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</table>
The Holmes Regional Medical Center/Palm Bay Hospital Cancer Registry staff attended educational conferences, which included, but were not limited to the following topics:

- Cancer Diagnosis, Treatment & Outcomes
- Changes in State Cancer Program Standards
- Changes in Data Collection Requirements

The following conferences were attended during 2007 by the Cancer Registry staff at Holmes Regional Medical Center and Palm Bay Hospital:

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Educational Conference/Topic</th>
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<tr>
<td>1/04/2007</td>
<td>FCDS Teleconference</td>
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<td>MPH Lung Coding Rules</td>
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<td>Miami, Florida</td>
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<tr>
<td>1/23/2007</td>
<td>FCDS Teleconference</td>
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<tr>
<td></td>
<td>MPH Breast Coding Rules</td>
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<td>Miami, Florida</td>
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<tr>
<td>2/06/2007</td>
<td>FCDS Teleconference</td>
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<td></td>
<td>MPH Colon Coding Rules</td>
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<td>Miami, Florida</td>
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<td>3/20/2007</td>
<td>FCDS Teleconference</td>
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<tr>
<td></td>
<td>MPH Melanoma Coding Rules</td>
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<td>Miami, Florida</td>
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<tr>
<td>4/03/2007</td>
<td>FCDS Teleconference</td>
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<tr>
<td></td>
<td>MPH Urinary System Coding</td>
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<td></td>
<td>Rules Miami, Florida</td>
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<tr>
<td>4/23 through</td>
<td>National Cancer Registrar's</td>
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<tr>
<td>4/25/2007</td>
<td>Association</td>
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<td></td>
<td>33rd Annual Educational</td>
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<td></td>
<td>Conference</td>
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<td></td>
<td>Las Vegas, Nevada</td>
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2007 Cancer Registry staff education:
Ongoing cancer-related education enhances knowledge and skills. To facilitate accurate data collection and to gain or maintain credentials, all members of the Cancer Registry staff participate in ongoing cancer-related education at the local, state, regional and national levels.
CANCER PROGRAM OFFICE

Community Cancer Programs
The Cancer Program Office promoted and supported community awareness and education for cancer prevention and screening for Prostate, Breast, Skin, Lung, and Colorectal cancers.

Some of the other community outreach activities our Cancer Program Office participated in or sponsored in 2007 included:

• Participation in The Big Squeeze Juice Festival event sponsored by the Greater Palm Bay Chamber of Commerce on March 31 and April 1. Skin cancer prevention messages were spread to the local community by staff and volunteers from Health First. More than 2000 sunscreen packets and 500 flyers from the American Cancer Society (ACS) on skin cancer prevention were distributed to interested attendees. Age-appropriate literature was available to support this event.

• Participation in a local business health fair with Global Wireless on June 7, sponsored and manned booth on Breast Cancer Education & Awareness.

• Providing key organizational support for the annual Men’s Health Summit, an NAACP-sponsored, multiple provider-based program for prostate screening and awareness on June 9th at Brevard Community College. 87 men were screened and evaluated for prostate cancer at this much anticipated program for at-risk men living in Brevard County.

• Participation in the Senior Health Fest on October 12 at the Melbourne Auditorium where Cancer Support Group information was provided. Fecal occult blood screening kits and colorectal cancer screening literature were distributed to interested parties attending the event.

• Sponsoring of a Breast Cancer Symposium during “National Breast Cancer Awareness Month” in October with more than 100 community women in attendance. Free Mammograms were among the door prizes given to participants.

• Participation in a Breast Cancer Awareness Program at the Melbourne Square Mall Dillard’s department store on October 17. Information was provided on life choices, diet, exercise, and prevention.

• Hosting of the annual “Celebration of Survivorship” event in the Atrium of The Heart Center at Holmes Regional Medical Center on December 20, 2007.

Oncology Social Work Activities and accomplishments

• Our Oncology social workers provided clinical social work services to both inpatients and outpatients, families, and significant others.

• Our Oncology social workers demonstrate clinical knowledge about the psychological and social impact of cancer on individuals and families as it relates to their ages and disease stages.

• We assessed, implemented, and evaluated clinical interventions to assist patients, families, and significant others through the disease process. Examples of these interventions included: assisting with psycho-social assessments, counseling of patients and families with a new cancer diagnosis, assisting with Advance Directives, providing grief/burial plan/bereavement counseling, providing information and education about hospice services and assisting with referrals to the Patient Advocate and Ethics Committee, assisting with complex discharge planning, and providing counseling during medical crises and adjustments to illness issues.

• Our Oncology social workers demonstrated an ongoing leadership role within the hospital, community, and professional organizations.

• We maintained professional ongoing relationships with other community agencies and collaborated to share resources as needed with (but involvement was not limited to): Community oncology social workers, hospice staff, skilled nursing home staff, home healthcare agencies, American Cancer Society representatives, and the Leukemia/Lymphoma Society.

• We provided printed information on community resources to patients and their families.

• We participated in the Arts in Medicine Program at Holmes Regional Medical Center and Palm Bay Hospital by providing instrumental live music for listening pleasure during the Holiday Season and other times throughout the year on the Oncology Units.

• We assisted with coordination of post-acute care services, such as referrals to rehabilitation centers, home care, equipment companies, and financial needs (planners).

• We participated in interdisciplinary rounds, Neoplastic Disease conferences, and our Cancer Program’s Tumor Board meetings.
• We participated and supported various community events for cancer awareness and fundraisers, including the Leukemia & Lymphoma Society’s Light the Night Walk and the American Cancer Society’s Making Strides Against Breast Cancer Walk.
• We planned agendas for and facilitated the following support groups:
  — “Friend to Friend,” a bi-monthly support group which targets anyone—including cancer patients, family members, or friends—who’s life has been touched by a cancer diagnosis;
  — “Live Life Now,” the monthly Leukemia/Lymphoma support group; and
  — “Putting the Pieces Together,” an annual full-day workshop designed for children who have a parent or loved one who has been diagnosed with cancer.
• We continued assisting University of Central Florida social work interns in achieving their internship placement goals.
Activities and accomplishments
Inpatient Oncology Unit

• An Oncology Unit nurse continued participation in hospital committees to improve patient care services.
• The Oncology Unit staff continued Performance Improvement for medication reconciliation from admission through discharge.
• We also continued Performance Improvement on administration of pain medication to meet the patient’s tolerable level of pain control.
• We improved interdisciplinary collaboration among Nursing, Nutritional Services, Hospice Workers, Case Management/Social Workers, and Physical Therapy. This team approach facilitates optimal care and discharge planning.
• We reviewed and updated Oncology policies to maintain the highest standards of care.
• Oncology nurses continued serving as preceptors for Nursing students, preparing them for their chosen career.
• We continued to improve quality of care by following the National Patient Safety Goals to increase knowledge to associates to give safe and beneficial treatment.
• Oncology nurses continued to provide education to patients and their families regarding research and clinical trial participation opportunities.
• We continued to improve usage of our paperless charting system with Knowledge Based Charting that adds assessments for specific diagnoses.

Nursing education

• Continued annual chemotherapy certification classes to ensure Oncology nurses’ ability to provide quality up-to-date cancer care.
• New Oncology nurses and graduate nurses are certified to provide chemotherapy within 18 months.
• Continued active involvement in the Oncology Nursing Society’s Space Coast Chapter.

2008 goals

• Increase referrals of newly diagnosed patients to the American Cancer Society
• Strengthen collaborative efforts with community partners to enhance patient care
• Performance Improvement to focus on the patient receiving complete discharge instructions by assuring requirements for core measures are provided
• Improved documentation of pain management advocating optimal pain relief for cancer patients
**SURGICAL SERVICES**

**Surgical Services Improvement Project (SSIP) Report**

In Fall of 2006, an opportunity to improve Holmes Regional Medical Center’s Operating Room (OR) scheduling and utilization was identified. A Quality Action Team was formed to address the issues, and later the project was assigned to a subcommittee of the OR Committee. This team included representation from Holmes’ Administration, Surgical Services, Patient Business Services, Marketing & Communications, and physician champions from the Departments of Anesthesia and Surgery and a variety of sub-specialties participated.

Expected results included well-defined OR scheduling practices, maximized OR utilization, decreased surgical case delays, improved satisfaction by all audiences, increases in the number of procedures, and enhancement of OR revenue.

By December 2007, the first two phases of the SSIP initiative had achieved the following:

- A dashboard to monitor status of the SSIP initiatives was created.
- OR ‘Clean Starts’ consistently exceeded the initial 65% goal since January, and were at 80% in November.
- $400,000 in additional equipment was purchased to increase efficiency and decrease delays.
- An expanded 10-bed Post-Anesthesia Care Unit was opened.
- A communications plan was implemented to keep surgeons informed about the process, policy, OR efficiency, and physical plant changes.
- Six new ORs, an expanded Anesthesia Lounge, and expanded Prep & Recovery areas were opened.
- New policies were drafted to address surgical scheduling and block allocations for surgeons.
- OR utilization had risen from 52% to 78%.
- Block utilization increased from 59% to 71%.
- The percent of charts completed the day of surgery had risen to 91%.
- Overall analysis of the data showed a 2% increase in OR cases, and an 18% reduction in OR hours — both measures of improvement in OR efficiency.

Following the implementation of the new scheduling and block-time policy, improving OR scheduling practices and surgeon satisfaction are now the focus. Working with the Centralized Scheduling team, the surgeon’s offices, and the OR schedulers, significant progress has been made. We congratulate the Medical Staff surgeons, OR staff members, and leadership teams who have worked together to improve not only surgical care, but the overall surgical experience at Holmes Regional Medical Center.

**Palm Bay Hospital Surgical Services—Prostate cryoablation procedure added in 2007**

Cryoablation of the prostate is a relatively new procedure for treating prostate cancer that involves controlled freezing of the prostate gland, which in turn destroys cancerous cells within the prostate. The small blood vessels feeding the prostate gland are also destroyed by the freezing, which adds an additional level of therapy. The procedure is performed under general anesthesia by a trained Urologist and is a minimally invasive procedure with favorable success rates. Patients may be kept overnight in the hospital or discharged home after recovery. The procedure has a low complication rate and has a short recuperation period.
Radiation therapy is provided to our cancer patients by several freestanding radiation oncology treatment centers outside of our hospitals. These radiation centers maintain the newest state-of-the-art radiation treatment equipment and planning tools and offer various treatments and support services, which include but are not limited to:

- **IMRT – Intensity Modulated Radiation Therapy**
  IMRT is an advanced mode of high-precision radiotherapy that utilizes computer-controlled x-ray accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor.

- **IGRT – Image-guided Radiation Therapy**
  IGRT is conformal radiation treatment guided by imaging equipment, such as CT, ultrasound or stereoscopic X-rays, taken in the treatment room just before the patient is given the radiation treatment. IGRT allows radiation to be delivered to tumors with more precision than was traditionally possible.

- **SRS – Stereotactic Radiosurgery**
  SRS uses sophisticated computerized imaging to precisely target a narrow X-ray beam. Using this method, it is possible to effectively destroy small tumors or close down abnormal blood vessels.

- **SBRT – Stereotactic Body Radiation Therapy**
  Stereotactic Body Radiation Therapy (SBRT) is a technique that delivers high radiation doses to the tumor target in a hypo-fractionated schedule. The schedule is usually 2 to 5 fractions over a 1- to 2-week period without increasing complications when compared to conventional radiotherapy.

- **Internal Radiation Therapy**
  Internal radiation therapy is a form of treatment where a source of radiation is put inside the patient’s body. One form of internal radiation therapy is called brachytherapy. In brachytherapy, the radiation source is a solid in the form of seeds, ribbons, or capsules, which are placed in or near the cancer cells.

- **Cyberknife** – New in 2007—Cyberknife is a robotic radiosurgery system that allows physicians to provide a targeted, painless alternative to open surgery and a treatment option for certain tumors that are otherwise untreatable.

  Cyberknife treatment compensates for patient movement during treatment, which constantly ensures accurate targeting. Conditions that can be treated by Cyberknife include:
  - Intracranial tumors and lesions
  - Extracranial tumors and lesions
  - Spinal cancer and spinal cord tumors
  - Malignant tumors (primary & metastases)
  - Benign tumors which include acoustic neuromas, schwannomas, meningiomas, and pituitary adenomas
  - Arterial venous malformations

Other Support Services provided at or by these freestanding centers in conjunction with our Cancer Program include:

- Social Work program/events
- Cancer Support Groups, including hosting of the American Cancer Society’s “Look Good, Feel Better” program
- Hosting of our Cancer Program’s Tumor Board Meetings
Activities and accomplishments

The Radiology Department utilizes a team of highly dedicated associates and Board-certified, Fellowship-trained physicians covering a variety of sub-specialties. This team works side-by-side with our Medical Oncologists, Radiation Oncologists, and Surgeons in the battle with cancer.

The Department of Radiology’s weapons against cancer includes some of the most high-tech resources available in the region:

- State-of-the-art Philips 64-slice PET/CT scanner, utilizing the newest TruFlight software to pinpoint cancerous lesions in the highest resolution possible:
  — PET/CT images continue to play a significant role as physicians plan precise radiation therapies that target cancer cells but avoid healthy cells.
  — The PET/CT scanner is also useful in detecting the recurrence of cancer, even with tiny tumors that cannot be seen on other imaging devices, such as those tumors obscured by scarring from previously destroyed cancer cells.
  — The PET/CT scanner is also very patient friendly, with the ability to scan the entire body in 10 minutes where most comparable technology in Brevard requires 30 to 40 minutes for the same scan.
- Magnetic Resonance Imaging (MRI) is another powerful tool available for diagnosing a variety of cancers:
  — Holmes Regional Medical Center employs three, high-field MRI systems with the latest technology packets and 16-channels that provide clearer, more detailed and easier to read scans.
  — On a high field or closed MRI system, the slices can be thinner, improving the information the physician uses to diagnose the problem.
  — High-field MRI units also take less time due to the higher magnetic field strength. Their scans can be one-and-a-half to two times faster than an “open” MRI scan.
- Interventional Radiology/Special Procedures Radiology:
  — Interventional radiologist physicians continue to utilize state-of-the-art ultrasound and CT-guided images for performing biopsies of suspected cancerous areas, including the breast, liver, and kidneys.
  — Continue to perform uterine fibroid embolization (a non-surgical alternative for treating uterine fibroids) as well as chemo-embolization and radiofrequency ablation for the treatment of rare liver cancers, as well as follow-up exams that are coordinated with the patient’s oncologist or surgeon.

Department of Radiology — “Part of the Cancer Care Team”

- Our radiologists are an integral part of the Neoplastic Disease Committee and Holmes Regional Medical Center/ Palm Bay Hospital Tumor Board. The Radiologists are active physician members of the hospitals’ multi-disciplinary Tumor Board team in cancer diagnosis and treatment.
- Our patients benefit from a Brevard-based, comprehensive approach to the diagnosis, treatment, and, when necessary—palliative treatment—of cancer. Ultimately, that’s what patients want when battling a cancer diagnosis—to stay as close to home as possible.
DEPARTMENT OF RADIOLOGY
CONTINUED

2007 Improvements in patient care:
• Access to care—Patient access to quicker diagnostic appointments, i.e., expanded hours of operation in diagnostic areas, including evening and weekend appointments;
• Outpatient Registration improvement—Direct registration for outpatient exams in Department of Radiology instead of through general Outpatient Registration.
• Diagnostic exams—Appointments on target for diagnostic exam starts and stops improved.
• Continue improving Radiologist review, interpretation, and dictation turnaround of radiographic exams in all diagnostic areas that include diagnostic X-ray, CT, MRI, and ultrasound. This continued turnaround improvement allows ordering physicians expedited access to diagnostic results, thus improving patient treatment and care decisions.
• Continue supporting WebDX Picture Archiving Clinical System (PACS) radiology—Expanded physician access and utilization of Web-based diagnostic image review, which improves timeliness in physician offices and patient diagnostic care.
• Continue providing diagnostic images to patients on CD-Rom to reduce image film cost and provide ease of review by attending physicians.
• Final planning stages for implementation of Digital Mammography diagnostics during 2007 to be fully implemented in 2008. Digital Mammography will be the recipient of funds raised by the Health First Foundation Annual Ball in 2008. Digital Mammography will be available in June 2008 at the Health First Diagnostic Center in Melbourne, Holmes Regional Medical Center, Palm Bay Hospital, Cape Canaveral Hospital Women’s Diagnostic Center, and at Health First Diagnostic Center in the Health First Healthplex on Merritt Island—near or at all Health First’s hospitals in Brevard County.
MEDICAL REHABILITATIVE SERVICES

Activities and accomplishments

Medical Rehabilitation Services continues to support the Cancer Program as active members of the interdisciplinary Oncology Team. Our therapists work closely with other disciplines such as Nursing and Case Management, as well as with physicians to meet cancer patients’ needs. We are also an integral part of the Neoplastic Disease Committee.

Our Occupational Therapists, Physical Therapists, and Speech-Language Pathologists evaluate and treat cancer patients referred to our services. Our goal is to improve functional abilities and quality of life. Our emphasis is on education to ensure carryover of techniques and increase independence. Caregivers are always encouraged to participate in all treatment sessions.

Our Occupational Therapists:
• address energy conservation techniques, work simplification, and ability to perform activities of daily living.
• provide practical training and education on a variety of adaptive equipment to increase independence in self care activities.
• perform therapeutic exercises/activities to increase upper extremity strength, endurance, and coordination.
• explore avocational interests to increase activity tolerance to hobbies and interests such as crafts, artwork, or knitting.

Our Physical Therapists:
• work on improving independence and safety with bed mobility, transfers, and ambulation.
• make recommendations for assistive devices such as walkers, canes, and wheelchairs, if needed.
• perform strengthening exercises to improve lower-extremity strength, endurance, coordination and balance.
• instruct caregivers on how to safely assist with mobility of patients to prevent injury.

Our Speech-Language Pathologists:
• assist with regaining communication skills following laryngectomies.
• determine aspiration risk through bedside swallow tests or modified barium swallow studies.
• evaluate and treat cancer patients with expressive, receptive, or global aphasia.
• identify and treat any cognitive dysfunction and provide family education.

Our Lymphedema/LeBed-Certified Therapist
Health First is proud to have a Lymphedema/Lebed-Certified Therapist on our staff. Our outpatient occupational therapist is trained in the management of lymphedema, a condition that can occur following surgery for cancer, as well as the Lebed Method, a therapeutic exercise and movement program that focuses on healing through movement and dance.
Activities and accomplishments

- Our Nutritional Services team and Nutritionists provided medical therapy nutrition counseling for cancer patients to assist them in managing nutrition-related side effects and complications of cancer therapy and promote optimal outcomes.
- We also provided outpatient nutrition consultation for cancer patients.
- We provided tube-feeding formula recommendations and nutrition education for Hospice of Health First patients.
- We participated in Oncology Unit rounds with other interdisciplinary Oncology Team members during daily/weekly rounds.
- We provided nutrition information and education for staff members.
- As part of our community outreach classes, we provided attendees with cancer prevention diet information and American Cancer Society (ACS) cancer prevention literature.
- Our Nutritionist served as a guest speaker at our local Live Life Now — Leukemia/Lymphoma Support Group.
- We continued to provide cancer patients with post-cancer nutrition treatment information.
- We provided continuing education in nutrition support and wound management.
- We continue working with the Health First Pharmacy & Therapeutics Committee to add nutritional supplements to the formulary for Holmes Regional Medical Center and Palm Bay Hospital that would be of benefit to cancer patients as well as patients with co-morbidities such as diabetes and other conditions.
- We participated in quarterly Neoplastic Disease Committee meetings.

What’s new in nutrition!
What’s spice got to do with it?
By Victor J. Rodriguez, RD, Nutritionist for Holmes Regional Medical Center/Palm Bay Hospital

If you’ve watched any recent cooking shows or visited a trendy new restaurant in the past year, you may have noticed the attention that spices have been receiving in the culinary world. Besides adding stunning color, enhanced taste, and ethnic finesse to many dishes, herbs and spices are now being studied for their functional attributes in the arena of health. Scientists have been able to identify certain ingredients used in cooking, which have been linked with the potential of decreasing one’s risk for developing cancer and other diseases.

In many different cultures around the world, herbs and spices have often been used for their medicinal purposes in addition to their flavorful benefits. Now research coming from the American Institute for Cancer Research is moving closer to supporting these anecdotal claims. Specifically under the microscope are curcumin, cinnamon, and ginger.

Curcumin

Curcumin is a key component of the turmeric root, a member of the ginger family. Curcumin is an ingredient found in turmeric and it’s also what gives curry powder and mustard its yellow color. For centuries curcumin has been used throughout Asia as an additive, coloring agent, spice, and in Ayurvedic medicine. In Ayurvedic (an ancient Indian system of medicine that means “long life”) medicine, curcumin functions as an agent that can suppress inflammation. Through careful research and much investigation over the past 30 years, scientists have discovered that the anti-inflammatory activity of turmeric is due to curcumin. Curcumin has illustrated anti-carcinogenic properties in animal studies as well as potentially beneficial attributes with other disease processes including diabetes and arthritis.
Cinnamon
When I think of cinnamon, baked apples come to mind with their aromatic taste and feelings of comfort. As one of the most popular spices, it’s no wonder that wars have been fought over this ingredient which has been rumored to once been used as a form of currency. Because of the anti-oxidant properties of this friendly spice, cinnamon has been studied for its potential benefits with diabetes and cancer. In a study published by researchers at the US Department of Agriculture in Maryland, cinnamon reduced the proliferation of leukemia and lymphoma cancer cells. Although more research is needed, there is another reason to sprinkle some cinnamon on your applesauce.

Ginger
Fresh ginger, a popular cooking spice, is also known for its subjective benefits with nausea and seasickness, and now may have other applications for health. Researchers from the University of Michigan Comprehensive Cancer Center have found that ginger not only kills cancer cells, it also prevents them from building up resistance to cancer treatment in laboratory studies. Ginger contains a pungent substance called gingerol. And when ginger is dried and stored, another substance, zingerone, is formed. Both substances are believed to have antioxidant and anti-inflammatory effects and, therefore, may be cancer-protective. Ginger is effective at controlling inflammation, and inflammation contributes to the development of ovarian cancer cells. By halting the inflammatory reaction, the researchers suspect, ginger also stops cancer cells from growing.

While supplementing the specific compounds in a concentrated pill, tablet, or tincture form may sound like a good idea at first, until more research is completed it is better to enjoy these spices in food for the time being, as nature intended. It is important to note that in high concentrations some spices can have interactions with medicines prescribed by your doctor or have counterproductive effects. Always let your physician or registered dietitians (RD) know about your dietary habits or about supplements that you are taking to avoid potential complications. So next time you go out to eat, live a little, get something with plenty of herbs and spices. You may find yourself eating your way to better health.
Activities and accomplishments

- A total of 1,108 patients were admitted to Hospice of Health First during 2007 with an average length of stay of 86 days for individual care at home and 4.6 days at the William Childs Hospice House on the campus of Palm Bay Hospital. Hospice care included a total of 68,806 days of routine home care, and 649 inpatient days as well as 3,261 hours of continuous care. At our William Childs Hospice House we provided 2,272 days of care (2,131 inpatient days and 141 respite care days). Our specially trained volunteers who have a vital and unique role in hospice care, contributed 14,787 hours (11,716 in the field and 3,071 at the William Childs Hospice House) valued at $266,760. Visits by other members of our Hospice interdisciplinary team included; 17,273 visits by RN case managers; 18,612 visits by home health aides; and 6,380 visits by social workers.

- The Bright Star Center for Grieving Children & Families in Melbourne was awarded a $25,000 grant from the Andre Foundation. This funding paid for an internship for a local Masters of Social Work student. A total of 147 referrals were made to Bright Star, and year-long attendance included 627 referred children. Camp Bright Star, our one-day grief workshop for children who have lost a loved one, was offered twice (in October 2006 and May 2007) and was attended by a total of 77 children. Bright Star broadens the scope of Bereavement Support Services available in our community as well as provides a unique opportunity to volunteer at Hospice of Health First.

- Hospice Bereavement Support Services staff made 1,175 visits complemented by an additional 205 hours of service by trained Keep-in-Touch volunteers.

- Hospice of Health First continued its “Inpatient Palliative Care” program across the Health First healthcare system in Brevard County, which includes Holmes Regional Medical Center and Palm Bay Hospital, as well as Cape Canaveral Hospital (the three Health First hospitals in Brevard) with 115 admissions systemwide during 2007. With the opening of the William Childs Hospice House there has been a 25% decrease in hospital-based Inpatient Palliative Care admissions.

- Providing high-quality care is important. One of our quality improvement initiatives for 2007 was improving medication management across the continuum of care. Hospice focused on documentation of medication regimens for patients when there was change in the level of care. During the 1st Quarter, a baseline of 69.4% compliance was established. The 4th Quarter goal was an improvement by 15%. Our actual result was 81.2% compliance with documentation of medication reconciliation based on change in level of care.

- Our second quality improvement initiative involved patients receiving oxygen therapy. We conducted a retrospective study to see if documentation reflected adherence to National Patient Safety Goals. Our 1st Quarter baseline was 73.3% and our 4th Quarter compliance was 100%.

- Other Hospice Program achievements of note in 2007 included:
  - In April 2007, Hospice of Health First welcomed a new William Childs Hospice House manager.
  - In May 2007, the Hospice of Health First Medical Director received his Board certification in Palliative Care.
  - In November 2007, Hospice of Health First was named as ‘Organization of the Year’ in Brevard County by Florida Today during its annual Volunteer Recognition Awards Ceremony.
DEPARTMENT OF PATHOLOGY

The Department of Pathology is an active and vital participant of the Comprehensive Community Cancer Program at Holmes Regional Medical Center and Palm Bay Hospital. Once a tissue diagnosis of cancer is made by our pathologists, the patient can then begin to access all the services offered by our Cancer Program. As a result, the timing of our reports is both critical and sensitive. We proudly complete 87% of cases within two days.

Advances in imaging techniques have allowed clinicians to identify smaller lesions and detect cancer at an earlier stage. Our pathologists routinely analyze smaller biopsy specimens of these lesions, including thin-needle core tissue biopsies and fine-needle aspiration biopsies. Interpretation of these small biopsies allows for less-invasive diagnostic procedures that often occur in outpatient settings and require little or no anesthesia, thus reducing patient morbidity and expense.

Our pathologists participate on the Neoplastic Disease Committee, the bi-weekly Tumor Board, and the Health First Institutional Review Board, which acts to review and monitor a variety of research protocols, many of which relate to new cancer therapies. Utilizing digital technology to project photomicrographs, we discuss the pathologic aspects being presented at our Cancer Program’s multidisciplinary Oncology Conference/Tumor Board. The Department of Pathology continues to implement innovations as technology becomes available. Our hospital laboratories remain accredited by the College of American Pathologists and the American Association of Blood Banks.

Drs. Smedberg, Masih & Chodorow simultaneously review pathology slides on the multi-head microscope.
PA ST ORAL C ARE

Activities and accomplishments

• Our Chaplaincy team continued participating in regular rounds with the interdisciplinary Oncology Unit team, receiving valuable information in preparation for personal visits with patients and their families.
• The Chaplaincy team also continued prioritizing patient visitations first to those whose condition was imminently terminal, then to those who had been diagnosed with new or chronic states, extending spiritual and emotional support to the patients and their immediate circles of support.
• Our Chaplaincy team contacted patients’ local communities of faith for further spiritual support according to patient requests.
• Our Chaplaincy team also continues participating and chairing the Ethics Committee at Holmes Regional Medical Center and Palm Bay Hospital as requested by the hospital units.
• Our Chaplaincy team offered emotional and spiritual support, counseling, and prayers for all professional medical staff on Oncology Units as needed or requested by staff members, including physicians, nurses, dedicated Oncology social workers, health unit coordinators, Cancer Registry staff, and members of the Respiratory Care team.
• Our Chaplaincy team encouraged systemwide awareness of Oncology courses and cancer support groups, public meetings, and workshops. We assisted with telling patients about our annual holiday season “Celebration of Life” events sponsored by our Cancer Program Office and hosted by the Friend-to-Friend Cancer Support Group is also sponsored by our hospitals’ Oncology Social Workers.
Activities and accomplishments

• The Pharmacy at Holmes Regional Medical Center/Palm Bay Hospital provided dedicated services including:
  — 24-hour pharmacist availability for medication information to Medical Staff physicians and Nursing staff
  — 24-hour, seven-days-a-week (24/7) availability for preparation and dispensing of chemotherapeutic agents
  — 24/7 discharge prescription services for indigent cancer patients
• Our pharmacists coordinated efforts with Health First Health Plans’ Family Pharmacy to provide discharge prescription service on-site.
• Our department focused on medication safety with respect to chemotherapeutic agents and processes including ordering by the physicians, preparation by Pharmacy, and administration by Nursing, as directed by the Corporate Medication Safety Committee and reported to the Health First Corporate Patient Safety Committee and Quality Committee.
• Pharmacy representatives continued participation on the Neoplastic Disease Committee, interdisciplinary rounds, and Partnership Council meetings.
• The Clinical Pharmacy Team and director of Pharmacy reviewed utilization of chemotherapeutic agents in 2007.
• Pharmacy staff continued their monitoring of epoetin alfa and filgrastim utilization in the Oncology patient population.
• Pharmacy staff continued their efforts to improve central pharmacy distribution functions and outpatient chemotherapy medication administration with the goal of providing better coordination of Nursing, Pharmacy, and patient needs and to produce improved satisfaction with the program.
QUALITY OUTCOMES MANAGEMENT

Activities and accomplishments

*Quality*, as defined at Holmes Regional Medical Center and Palm Bay Hospital, is the level of care and services provided to our patients reflecting a culture in which quality improvement and patient safety are dynamic initiatives. *Quality* ensures safe, effective, patient-centered, timely, efficient, and equitable healthcare for all our patients. Communication is key to providing quality care for our patients and their families. We have encouraged patients and their family members to report any patient safety concerns to the staff and/or management.

Designated as a Community Hospital Comprehensive Cancer Program (COMP), we adhere to the Commission on Cancer’s (CoC) COMP Standards. In doing so, we ensure that our cancer care services and patient outcomes are evaluated and improved so that our patients receive care comparable to national standards. We focus on quality-related issues in any area of Cancer Program activity relevant to our hospitals and the local patient population.

Through the leadership of a Quality Improvement Coordinator, the Neoplastic Disease Committee annually completes one study based upon Cancer Registry data and one additional study of its choosing. For each study undertaken, we establish the study topic, define the quality measures for evaluating data related to it, design and initiate the quality initiatives to be performed, and monitor the effectiveness of the quality initiatives that are performed.

During the past year, one such *Quality Study* involved a retrospective review of all chemotherapy patients re-admitted within 30 days with complications. We review these complications on a quarterly basis and look for trends and opportunities for education of our patients and families to prevent re-hospitalization. Reasons for re-admission included fever, uncontrolled nausea/vomiting, neutropenia, intractable pain, severe diarrhea, and sepsis. Our Oncology Unit nurses have utilized this information to address these issues with patients and families upon discharge. Our re-admission rates remain low.

Another *Quality initiative* has been to review all chemotherapy patients who have extended lengths of stay (LOS). Trends here have shown reasons such as sepsis, uncontrolled pain, dehydration, fever, neutropenia, and diarrhea, and averages about 10 patients per quarter.

Improved patient safety has been a highlight of our Cancer Center Management Plan this year. We are demonstrating this through monitoring our nurses and the requirement of a two patient identification check to include the physician order, name of patient to receive medication, the medication name, dose route and time. We are at the 90% range and have been striving to be at 100% soon.

Another *Quality initiative* for improved patient care has been the introduction of our Oral Mouth Care Protocol. Oral care includes regular cleaning of the teeth and mucosal tissue, and patient education to help significantly reduce the severity of mucositis from chemotherapy and radiotherapy.

There is no better Quality Program than that exhibited by our hospitals’ Tumor Board. We have total engagement and partnership with Tumor Board staff which includes our Certified Tumor Registrar, Oncology Abstractor, General Surgeons, Head & Neck Surgeons, GYN-Oncology Surgeons, Trauma Surgeons, Urologists, Medical Oncologists, Radiation Oncologist, Pathologists, Radiologists, ancillary staff and our Clinical Quality Coordinator. This is a focused group of professionals that meet twice a month to review newly diagnosed cancer cases. The cancer case presentations are selected based on institutional case mix and physician request. Our Tumor Board is devoted to the best possible outcome for our patients and also serves as a monitor of Standards of Care, Best Practices, and current trends in cancer treatment.
In July 2007, Health First opened a comprehensive wound management program including hyperbaric oxygen as one of its treatment options. To receive hyperbaric oxygen patients sit inside a pressurized chamber and breathe 100% oxygen. The chamber is a large, comfortable, multiplace-chamber capable of treating up to eight patients at a time.

In relation to cancer care, hyperbarics is most useful in treating delayed injuries caused by radiation therapy. Radiation therapy damages microscopic blood vessels and leaves tissue vulnerable to difficulty healing because of this decreased blood supply. Hyperbaric oxygen is able to dramatically increase the growth of microscopic blood vessels and previously radiated tissue and allows this tissue to heal properly should a wound develop, or in the setting of surgery, at the site of previously radiated tissue.

Hyperbaric oxygen is also useful in the treatment of radiation-related injuries to the GI tract and bladder. The oral cavity is particularly susceptible to injury from radiation and, in fact, hyperbaric oxygen is routinely utilized both before and after any dental or oral surgery including teeth extractions for prevention of osteoradionecrosis. Additionally, hyperbaric oxygen treatment is utilized to treat co-morbidities or other non-cancerous conditions including selected infections such as chronic osteomyelitis; gas embolism; lower extremity diabetes-related wounds; SCUBA® diving-related injuries; or carbon monoxide poisoning.
The Arts in Medicine Program at Holmes Regional Medical Center and Palm Bay Hospital features a specially-outfitted cart with aids for creating an environment of relaxation—to help reduce stress for patients, family members, and staff members—as it is taken to various waiting areas at the hospitals. This “mobile relaxation station” is equipped with a DVD player showing soothing nature scenes and playing music, a waterfall fountain, chair massage, foot massage, and shoulder massage. Chocolates and candies, soothing teas, aromatherapy, and scented lotions for hand massage help add to the complete experience. These complimentary services are available to patients, visitors, staff, and physicians who need to take a break from the stress associated with hospitalization or working within the hospital setting.

In addition to the relaxation station, Licensed Massage Therapists offer patients gentle massage, and a certified Healing Touch Practitioner and Certified Reflexologist offer complimentary services. Local musicians, including harpists, violinists, guitarists and flutists volunteer their time and talents to play for patients, visitors, and staff as well. A portable art therapy cart is available for patients who would like to use art to help the healing process. The “EAGLES” Committee (“Every Associates’ Gift Leaves Everlasting Spirit”), Health First’s employee-giving program, is the main sponsor of the Arts in Medicine program. However, families of the volunteers have also contributed financially to the success of the program.

The Arts in Medicine Program provides healing and comfort to patients, families, and caregivers and was introduced after the Oncology Director’s husband was critically ill awaiting a heart transplant at another tertiary care medical center. A staff member offered her a relaxation massage right near the ICU. It was incredibly comforting and offered a few moments of relief and gave her the strength to continue. Shortly thereafter, she remembers thinking, “We have to do this at our hospital!” And the rest is history. She sought out special volunteers to help initiate the program. Arts in Medicine Lead Volunteer Joannie Kane, who is a licensed massage therapist, is a true healer and comforter in time of need. She carefully trains the other Arts in Medicine volunteers to provide the deepest empathy and caring as they offer needed relaxation and comfort to our patrons. The Arts in Medicine Program is always looking for others who wish to volunteer with a service that is sure to provide special memories for a lifetime. Please contact the Holmes Regional Medical Center or Palm Bay Hospital Volunteer Offices or Patti Donahue at 321-434-1406 for more information about the Arts in Medicine Program.
Health First Laboratories and Blood Banks have received approval and are in the process of implementing a new Laboratory Information System and Blood Bank computer system (SoftLab and SoftBank). This change adds many patient safety improvements, including:

- electronic crossmatch compatibility testing,
- increased protection from issuing units that do not meet patient or regulatory requirements,
- inability to omit many required entries,
- inability to enter incorrect entries at critical areas,
- requirement for barcoding at several entry areas,
- use of paperless system,
- incorporation of online quality control,
- improved ISBT compliance,
- improved statistical reports, and
- many other safety checks.

An extensive validation for this process improvement is in progress.

Additional Safety Improvement Project

*Automation* has been approved for implementation at HRMC in FY08. Two Ortho ProVue analyzers are being purchased that will perform routine type and screen testing, antibody identification testing, as well as unit confirmation. The greatest advantage to automation is increased patient safety. Automation reduces the risk of human error in Blood Bank testing by reducing the number of process steps and error opportunities (from 36 with manual gel to 4 with ProVue—see below) and completely automating the actual test function (barcode sample/reagent identification). Increased testing capacity and improved workflow provide an efficient work process with centralization options.

<table>
<thead>
<tr>
<th>Number of Defect Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Tube</td>
</tr>
<tr>
<td>Manual Gel</td>
</tr>
<tr>
<td>ORTHO ProVue Analyzer</td>
</tr>
</tbody>
</table>
Activities and accomplishments

• Our Cancer Program continued its support of the American Cancer Society’s (ACS) signature annual fundraising event—Relay For Life.
• Participated in the annual ACS Western-theme gala fundraising event—“The Cattle Baron’s Ball.” This event assists in supporting the ACS mission as well as to provide scholarships to children with cancer to attend camp.
• The ACS continues to supply educational literature and brochures for the Cancer Library, Oncology Unit, and various areas of the hospital.
• Hospital staff members continue to support the initiative to register patients with ACS.

• A hospital staff member continues serving as an ACS Colorectal Ambassador, providing community-based education on colorectal cancer prevention and early detection, as well as outlining the ACS colorectal cancer screening guidelines.
• Staff members of the hospital serve on the local ACS’s Cancer Control Committee.
• Participated in 2007 ACS “Making Strides Against Breast Cancer” fundraising event to support Breast Cancer research, education, advocacy, and service.
CANCER REGISTRY DATA

A graphic presentation of our data for 2007 appears in the charts that follow on the next two pages. The data is based on all cases for the year appearing in Holmes Regional Medical Center and Palm Bay Hospital. Chart 1 is a representation of cancer cases by site, gender, and classification (“Analytic” or “Non-analytic”). Charts 2 through 4 reflect the top five sites by gender—men and women cancer patients combined, male cancer patients only, and female cancer patients, respectively—for our two hospitals.
<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Analytic</th>
<th>Non-Analytic</th>
</tr>
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<tr>
<td>Base of Tongue</td>
<td>16</td>
<td>13</td>
<td>3</td>
<td>14</td>
<td>2</td>
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<td>Other Parts of Tongue</td>
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<td>7</td>
<td>7</td>
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<td>Floor of Mouth</td>
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<td>1</td>
<td>4</td>
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<td>3</td>
<td>7</td>
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<td>Parotid Gland</td>
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<td>Other Major Salivary glands</td>
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<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
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<td>Oropharynx</td>
<td>2</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Nasopharynx</td>
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<td>0</td>
<td>0</td>
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<td>Pyriform Sinus</td>
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<td>1</td>
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<tr>
<td>Esophagus</td>
<td>22</td>
<td>17</td>
<td>5</td>
<td>15</td>
<td>7</td>
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<td>31</td>
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<td>11</td>
<td>21</td>
<td>10</td>
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<td>74</td>
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<td>Rectosigmoid Junction</td>
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<td>Rectum</td>
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<td>28</td>
<td>10</td>
<td>30</td>
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<td>Anus and Anal Canal</td>
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<td>3</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Liver/Intrahepatic Bile Ducts</td>
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<td>9</td>
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<td>21</td>
<td>4</td>
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<td>153</td>
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<td>42</td>
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<td>Thymus</td>
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<td>0</td>
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<tr>
<td>Heart, Mediastinum, and Pleura</td>
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<td>3</td>
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<tr>
<td>Bones</td>
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<td>3</td>
<td>3</td>
<td>4</td>
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<td>Hematopoietic and Lymph Nodes</td>
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<td>94</td>
<td>85</td>
<td>115</td>
<td>64</td>
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<tr>
<td>Skin</td>
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<td>26</td>
<td>64</td>
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<tr>
<td>Retroperitoneum and Peritoneum</td>
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<td>Connective and Other Soft Tissue</td>
<td>8</td>
<td>3</td>
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<td>Breast</td>
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<td>283</td>
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<td>Vulva</td>
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<td>Cervix Uteri</td>
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<td>36</td>
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<td>Prostate Gland</td>
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<td>Testes</td>
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<td>Kidney</td>
<td>52</td>
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<td>24</td>
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<td>Renal Pelvis</td>
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<td>4</td>
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<td>Ureter</td>
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<td>Bladder</td>
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<td>120</td>
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<td>Eye and Adnexa</td>
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<td>Meninges</td>
<td>16</td>
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<tr>
<td>Brain</td>
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<td>14</td>
<td>23</td>
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<tr>
<td>Other Parts of Central Nervous System</td>
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<td>Other Endocrine Glands</td>
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<td>8</td>
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<td>1</td>
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<tr>
<td>Unknown Primary Site</td>
<td>34</td>
<td>15</td>
<td>19</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1904</strong></td>
<td><strong>907</strong></td>
<td><strong>997</strong></td>
<td><strong>1563</strong></td>
<td><strong>341</strong></td>
</tr>
</tbody>
</table>
Our top five sites are Lung, Breast, Colorectal, Bladder and Lymphatic/Hematopoietic. Of the cases presenting at our facilities, 46% were males and 54% were females. Our facilities usually diagnose a more balanced mix, but 2007 revealed a higher incidence of cancer in women. The national mix is 53% males and 47% female.

Our Prostate Cancer incidence was 15% of all cancer sites at our facilities. This is a decrease from 2006. A majority of Urology physicians now offer in-office prostate biopsies and direct referral to Radiation Centers outside of our hospitals. These referral patterns have affected our hospitals’ Prostate Cancer incidence reporting, but this does not reflect the community Prostate Cancer incidence. Lung and Bladder Cancers have increased slightly since 2006. Incidence of Colorectal and Lymphatic/Hematopoietic remains stable in our facilities.

Breast Cancer remains our leading cancer diagnosed in women. Our Breast Cancer incidence was 28.9% which is slightly higher than the national estimate of 26%. Our Gynecologic (GYN) malignancies remain at 12.2% of all new cancers in women.*See Female Malignancy Site Study included in this annual report. Lung Cancer, Colorectal Cancer and Lymphatic/Hematopoietic malignancies incidence closely matches that of the nation.
On January 12, 2007, President George W. Bush signed into law the Gynecologic Cancer Education and Awareness Act of 2005, or Johanna’s Law, which was passed unanimously by the U.S. House and Senate (109th Congress) in December of 2006. The law is named for Johanna Silver Gordon, who died of ovarian cancer in 2000. Johanna’s sister, Sheryl Silver, originated the legislation in 2002 and, with the support of numerous nonprofit organizations, helped ensure its passage.

Johanna’s Law: The Gynecologic Cancer Education and Awareness Act (P.L. 109-475) provides up to $16.5 million for awareness and education through a national public service campaign that would include written materials and public service announcements. Johanna’s Law is needed because too many women are diagnosed in later stages of gynecologic cancers; if these women were diagnosed earlier, their chances of survival would be greater. Women with ovarian cancer have a five-year relative survival rate of more than 90 percent, if diagnosed in Stage I. Unfortunately, less than 20 percent of ovarian cancer cases are diagnosed that early. The overall five-year relative survival rate for ovarian cancer is 45 percent. Since there is no screening test for ovarian cancer, women and healthcare providers must be aware of the signs and symptoms of gynecologic cancers to act in the best interests of women.

Gynecologic Malignancies — Overview

By Certified Tumor Registrar Susan Ohlin, CTR, and Oncology Abstractor Kathryn Bauman, BA

Gynecologic Cancer is any cancer that starts in a woman’s reproductive organs. Cancer is always named for the part of the body where it starts. The five Gynecologic Cancers begin in different places within a woman’s pelvis, which is the area below the stomach between the hip bones.*

Each Gynecologic Cancer is unique, with different signs and symptoms, different risk factors, and different prevention strategies. All women are at risk for Gynecologic Cancers, and the risk increases with age. When Gynecologic Cancers are found early, treatment is most effective.*

Holmes Regional Medical Center/Palm Bay Hospital – Endometrial (Uterine) Cancer statistics

In 2007, an estimated 39,080 cases of Uterine Corpus (body of the uterus) Cancer are expected to be diagnosed nationwide. Incidence rates of Endometrial Cancer, which is the most common cancer of the uterus, have been decreasing by about 1% per year since 1998 after a period of increase during the previous decade. Most Endometrial Cancer is diagnosed at an early stage because of postmenopausal bleeding. Such cancers are usually treated with surgery, radiation, hormones and/or chemotherapy.* At Holmes Regional Medical Center/Palm Bay Hospital, the most common gynecologic malignancy was diagnosed in the endometrium of the uterus as was seen nationwide.


The chart on the next page is an observed survival graph comparing American College of Surgeons’ (ACoS) Commission on Cancer (CoC) Community Hospital Comprehensive Cancer Programs (COMPs) in Florida and the nation with Holmes Regional Medical Center/Palm Bay Hospital. Holmes Regional Medical Center/Palm Bay Hospital ranked higher for five-year survival than Florida and the nation in Endometrial (Uterine) Cancer in AJCC Stages 0, 1, and 2. Holmes Regional Medical Center/Palm Bay Hospital had very few Endometrial (Uterine) Cancer cases in AJCC Stage 3 (eight patients with one patient still living at five years) and Stage 4 (four patients with 0 patients living at five years). Due to the minimal number of Endometrial (Uterine) Cancer cases, our five-year observed survival rate is statistically insignificant for AJCC Stages 3 and 4 when compared with Florida and the nation. However, overall five-year observed survival for combined AJCC stages reflects that Holmes Regional Medical Center is in-line with Florida and the nation.

Our Comprehensive Community Hospital Cancer Program at Holmes Regional Medical Center/Palm Bay Hospital
continues to promote women’s health awareness through community partnership health screenings, community health fairs, and through our Cancer Committee’s outreach activities. Following are the Uterine and Cervical Screening Guidelines from the American Cancer Society:

**Screening guidelines for early detection of cancer in asymptomatic people – Gynecologic Sites:**

**Endometrial (Uterine) Cancer**
The American Cancer Society recommends that at the time of menopause, all women should be informed about the risks and symptoms of Endometrial Cancer, and strongly encouraged to report any unexpected bleeding or spotting to their doctors. For women with or at high risk for Hereditary Non-Polyposis Colon Cancer (HNPCC), annual screening should be offered for Endometrial Cancer with endometrial biopsy beginning at age 35.

**Cervical Cancer screening guidelines**
- All women should begin Cervical Cancer screening about three years after they begin having vaginal intercourse, but no later than 21 years old. Screening should be done every year with the regular Pap test or every two years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had three normal Pap test results in a row may get screened every two to three years. Another reasonable option for women over 30 is being screened every three years (but not more frequently) with either the conventional or liquid-based Pap test, plus the Human Papilloma Virus (HPV) DNA test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.

*Five-year observed survival percentages for the Nation and Florida through National Cancer Data Base at [http://survival.facs.org](http://survival.facs.org). Holmes Regional Medical Center/Palm Bay Hospital (HRMC/PBH) survival based on Cancer Registry database 1998-2000 survival reports.*
• Women 70 years of age or older who have had three or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having Cervical Cancer screening. Women with a history of Cervical Cancer, DES exposure before birth, HIV infection, or a weakened immune system should continue to have screening as long as they are in good health.

• Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having Cervical Cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.
Endometrial (Uterine) Cancer
By John Bomalaski, MD, Gynecologic Oncologist

Introduction
The endometrium is the glandular lining of the uterine cavity necessary for normal pregnancy growth. Endometrial adenocarcinoma arises from this lining and accounts for approximately 95% of uterine malignancies. Endometrial Cancer is the most common gynecologic malignancy in the United States and accounted for about 39,080 cases in 2007. In women, only Lung, Breast, and Colon Cancers are more frequent. Approximately 7,400 women died from Uterine Cancer in 2007. Though it is usually diagnosed at an early stage, it has the potential to invade into the muscular wall of the uterus, lymph nodes, ovaries, and other pelvic or distant organs.

Signs, symptoms, and risk factors
The most frequent presenting symptom is abnormal bleeding. In post-menopausal women, any bleeding should be considered cancer until ruled out. In younger patients, heavy bleeding could be from Endometrial Cancer. Other symptoms including abdominal pain, bloating, and bowel problems are less common and may be signs of more advanced disease. Office or outpatient biopsy procedures are usually used to make the diagnosis. The Pap smear is used for cervical cancer and is not a reliable screening test for Endometrial Cancer.

Any female can develop Endometrial Cancer, but women who are on unopposed estrogen, are overweight, or have a strong family history of Endometrial or Colon cancer, infertility, or late onset of menopause are at greater risk. Women can decrease their risks by exercising, maintaining normal weight, and using medications that regulate the menstrual cycle, for example, birth control or progesterone.

Treatment options
In late 2006, the National Cancer Institute, the National Cancer Research Institute, and the Gynecologic Cancer Intergroup met to develop the first international collaborative effort dedicated to the advancement in the care of women with Endometrial Cancer. There has also been an emphasis on understanding the genetic and molecular aspects of this cancer, hopefully providing novel treatments or means of prevention in the future.

Surgery is currently the most important step in potentially achieving a cure for Endometrial Cancer. Complete staging is necessary to provide accurate information about the extent of cancer and limit the use of adjuvant treatment, including radiation and chemotherapy. Most recent advancements in the surgical treatment of Endometrial Cancer have focused on the use of minimal surgery (laparoscopy) to limit the effects of surgery and allowing for less delay in adjuvant treatment when needed. In a recent survey of the members of the Society of Gynecologic Oncologists, approximately 50% of Gynecologic Oncologists use laparoscopy to stage their patients. In a prospective randomized study by the Gynecologic Oncology Group, the pathologic results were equivalent, but the recovery time, hospital stay, complication rates were statistically less. Survival data will not be available until all patients have been followed for at least five years after completing the study.

Appropriate treatment recommendations can only be made with accurate staging by complete surgical staging. Some patients are at such low risk of lymph node involvement that they could avoid the risk by having a lymph node dissection. A number of recent studies have been presented to better define such patients, with mixed results. Until further data is obtained, complete staging including lymph node dissection, is recommended. At the most recent meeting of the Society of Gynecologic Oncologists, a retrospective study of more than 12,000 patients found lymphadenectomy was associated with an improved survival in endometrial cancer patients with low to intermediate risk, suggesting, at this time that most patients with endometrial cancer should be offered lymph node dissection.
The use of adjuvant radiation has evolved in recent years, with more selective use to decrease side effects and cost of treatment, while maintaining a high survival rate. In a study of 906 patients with intermediate risks of recurrence, Endometrial Cancer patients were randomized to pelvic radiation versus no treatment. Results showed a decrease in pelvic and vaginal recurrences in the radiation group but the same survival rate as those who did not receive radiation. In a similar group of patients, a study looked at pelvic radiation alone compared to radiation and chemotherapy. In this study the patients that received radiation along with chemotherapy had improved outcomes. PORTEC clinical trial investigators at a recent American Society of Clinical Oncology (ASCO) meeting presented results of 400 patients with intermediate risks, who were randomized to pelvic radiation (teletherapy) versus vaginal radiation only (brachytherapy). The patients that received vaginal radiation had fewer vaginal recurrences, similar survival rates, and better quality of life. In more advanced disease (Stage III or IV), most oncologists are using chemotherapy. To date, doxorubicin, cisplatin, carboplatin, and Paclitaxel are commonly used.

**Conclusion**

Fortunately, most Endometrial Cancer is found in early stages with the warning sign of irregular or postmenopausal bleeding. But if these signs are ignored or incompletely worked up, this cancer can become more advanced. Therefore, it is incumbent that women and physicians are aware of this warning sign and appropriate evaluation is initiated early. Once the diagnosis is made, referral for appropriate workup and surgery will improve outcomes and minimize side effects.
Ovarian Cancer — Ovarian Cancer Survivor’s Experience

By Connie Van Asdale, six-year Ovarian Cancer survivor

I was diagnosed with Ovarian Cancer in 2002 during a routine hernia repair at Holmes Regional Medical Center. The results revealed cancer cells and my physician immediately referred me to a Gynecologic Oncologist. Since there was no Gynecologic Oncologist in Brevard, I needed to travel to Orlando. We are now fortunate to have John Bomalaski, MD, Gynecologic Oncology specialist in our community since 2005.

I am now a six-year Ovarian Cancer survivor. A survivor is defined as, “Somebody who remains alive despite being exposed to life-threatening danger. Somebody who shows a great will to live or a great determination to overcome difficulties and carry on.” This says it all.

We all live with Ovarian Cancer. Our survivor stories may be unique to each of us, but they remain similar in theme. Most of us — all of us in our support group, did not know the symptoms or anything about Ovarian Cancer. When we were diagnosed we were plunged into a rapid learning curve and we fought for our lives.

We have lost many friends, wonderful, cherished women, to this terrible disease. Each loss is unacceptable. We mourn and then resolve again to make a difference in honor of those we have lost.

So, my goal as a survivor is not just to survive, but to educate and make women in my community aware of Ovarian Cancer and its symptoms. We have been told that a diagnostic test may be a reality in two or three years. We will rejoice when that day comes.

We all have the same tale to tell — delay in diagnosis mostly at late stage. Our lives are forever changed as the specter of cancer looms in our psyche. There are periods of treatment and remission — we rebound or not. It is not the best life but it IS life. We strive to make the most of it and find peace with loss by helping others.

Thank you for highlighting Gynecologic Cancers — we are grateful.

Connie M. Van Asdale, President
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