

2009

Florida Hospital Waterman Cancer Institute

Focus on Exceptional Voluntary Services



FLORIDA HOSPITAL
WATERMAN

Cancer Institute

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A Devotion to our Community Volunteers

message from the President



*Ken Mattison
President & CEO*

Dear Community Member,

This year, the annual report focuses on the community volunteers who devote their time, energy, love and dedication to the Cancer Institute, as well as the many support services offered to our patients by a variety of groups and hospital departments. These wonderful people and the services they provide elevate our cancer program to a unique and distinctive level that could not be otherwise attained.

Our volunteers, who devote a combined total of 1,800 hours of service every year, are the smiling faces that greet patients as they enter, offer wheelchairs when needed, provide directions to other areas within the hospital, and send warm wishes with patients as they leave. They are the gracious men and women who keep coffee and tea fresh and hot in the waiting room, and who warmly visit with patients and their caregivers, welcoming them to visit the resource library and chapel. Their presence adds a caring, human touch to a clinical setting, and it is deeply appreciated by our patients as they battle cancer and journey through treatment.

All of our patients and their families also have access to a variety of support services, including support groups for breast cancer, ovarian cancer, and prostate cancer. Some participants have been coming to these groups for almost three years and have formed a strong bond of support for each other. Our oncology social worker provides individual counseling and education to patients and their families to address financial concerns, disability, occupational challenges and transportation arrangements. Additionally, chaplains are always available for spiritual and emotional support.

As you read this report filled with statistics and clinical information, please keep in mind our volunteers and support staff -- the real people behind the scenes who take cancer care to a higher level.

May God bless our community as we work together providing compassionate care for those who suffer from cancer.

Ken Mattison, President

A Devotion to our Community Volunteers

message from the Chairman



*Robert Purdon, MD
Cancer Committee Chairman*

A Message from the Cancer Committee Chairman

This has been a busy and productive year for the Florida Hospital Waterman Cancer Institute. Many patients have been diagnosed, evaluated and treated. This process requires a multidisciplinary approach marked by collaboration between primary care providers, surgeons, medical oncologists and radiation oncologists. Although it is the physicians who often receive the most recognition, it is the Cancer Center's supportive staff that forms the fundamental core of the team. Today's complex cancer care requires the dedicated professional efforts of nurses, therapists, technologists, physicists, dosimetrists, social workers, clergy, and administrative personnel. Furthermore, we at Florida Hospital Waterman Cancer Institute are truly blessed to have many unsung angels who selflessly and graciously donate their talents and time to make the cancer treatment experience a warmer and less intimidating process for our patients. I thank the volunteers for their invaluable contributions towards creating an environment of caring.

The Florida Hospital Waterman Cancer Institute is accredited by the American College of Surgeons. We engage in the following activities:

A multidisciplinary Cancer Conference – attended by pathologists, radiologists, radiation oncologists, medical oncologists, surgeons and primary care physicians – is held weekly to prospectively offer advice regarding the evaluation and management of many cancers. Lung, breast, prostate, head and neck, and colon cancers are the most commonly presented diagnoses.

Florida Hospital Waterman Cancer Institute participates in clinical trials which evaluate new promising approaches to many different cancers and contribute to the growing body of knowledge of how to improve the outcomes for cancer patients in our community and around the world.

The Radiation Oncology Department has some of the most technologically advanced treatment planning and delivery equipment in central Florida, allowing us to provide 3D conformal, intensity modulated and stereotactic body radiation therapy. We have a robust brachytherapy program with one of the largest clinical experiences in central Florida in the treatment of breast cancer using accelerated partial breast irradiation (10 treatments over 5 days vs. 6 to 7 weeks of daily conventional treatment).

Our board certified hematologists/medical oncologists provide comprehensive care following national guidelines in a convenient and comfortable setting both in their offices and in the hospital's outpatient infusion center.

Dr. Borys Mascarenhas is the only board certified surgical oncologist in Lake County Florida and contributes to the Cancer Center through his advanced training and techniques, including accelerated partial breast irradiation using the SAVI catheter.

We look forward to collaborating with our medical colleagues, our staff and of course our volunteers as we strive to achieve the most effective and safest outcomes for patients in our community.

Sincerely,

Robert Purdon, MD

A Devotion to our Community Volunteers

message from the Director



Dave DeProspero
Cancer Institute Director

"How lucky are we?"

These aren't the words often spoken in a Cancer Institute but it truly does apply to our organization. We are blessed by the kindness, compassion and voluntary spirit of so many community citizens. Here in the FHWCI we have 15 most wonderful people that put on their Pink or Red coats and honor us with their presence on a weekly basis. They are Florida Hospital Waterman Auxillians. They come from every life experience with a singular mission to assist our cancer patients one and make their world a little brighter and better with each interaction. Their smiles are radiant..... their laughter is infectious and without them on our Cancer Institute team, well it just wouldn't be the wonderful place that it is.

Also, two very special volunteers Linda and Leigh Ann provide a "High Tea" service for our patients on Monday and Wednesday. What a surprise it was when Linda came to my office one day and said.... "I want to give back and "serve" your beautiful cancer patients." I can only imagine how large her physical heart is....enormous.....

It is with a very personal special gratitude that I "revere" you as the true special people that you are and wish you many more years of joy, peace and pleasures. You are a daily reminder of why we do what we do..... save lives, bring joy and console those who need our love.

From the deepest parts of my soul.....
Thank you....you very special people, Dave



A Devotion to our Community Volunteers

message from the Liaison

Another busy year has passed at Florida Hospital Waterman Cancer Institute. This annual report will summarize 365 days of hard work full of sweat and compassion. As the Cancer Liaison Physician, I was privileged to work with enthusiastic, knowledgeable, and most importantly caring individuals that managed to reach our goals for the year. The best part is that we believe we can do still more. Next year's report will summarize another 365 days with different goals, and our final destination is to beat cancer.

What is the Cancer Liaison Physician?

Established in 1963, the Cancer Liaison Program of the Commission on Cancer was developed as a grassroots network of physician volunteers willing to manage clinically related cancer activities in their local institutions and surrounding communities. Those volunteer physicians are responsible for providing the leadership and direction to establish, maintain, and support their facility's cancer program.

The Cancer Liaison Physician is a leader of the cancer program, someone that will support the facility's efforts in complying with and maintaining the Commission on Cancer's standards, facilitate activities with the interests of the cancer patients, facility, and the community in mind, and dedicated to improving the quality of care delivered to the cancer patient.

Our 2008 survey required the resolution of a few issues to receive our full accreditation. During 2009, I am pleased to report that we received full accreditation for three years. Our goal for the next survey is to receive full accreditation with commendations, and to be a star cancer program. Our physicians are very active in educating the community about different cancers and new treatments. As the Medical Advisor for the local chapter of the American Cancer Society, I was humbled by receiving the Volunteer of the Year award, which I could not have achieved without the support of all the people in our cancer program -- from our physicians and nurses, to our social worker, and most importantly, to the administrative staff behind the scenes.

This year will be even more exciting. With the help of the oncology nurse manager, we are developing a monthly lecture series for the oncology unit nurses about novel cancer treatments. Under the leadership of the cancer program director, we are developing a palliative care service. We are fortunate to have a very energetic research nurse who is working to bring new clinical trials to our program in addition to those that are ongoing. Because we are doing well with our trials, many sponsors are interested in using our site for their trials. Another important project is educating physicians who care for cancer patients across all specialties about the new cancer staging system, which will improve the outcomes of cancer patients. All of this is in addition to our regular program activities, including tumor board.

The achievements that are summarized in this annual report could not have been reached without many people that worked hard, but the most important contributors are the patients who trust us in their care and help us help them. Without them, we could not have a report. God bless them all.



Maen Hussein, MD
Cancer Liaison Physician

A Devotion to our Community Volunteers

message from the registry

The Cancer Registry at Florida Hospital Waterman Cancer Institute (FHWCI) is an integral part of the Cancer Program as it provides various services and support according to the Commission on Cancer (CoC). The Cancer Registry coordinated the collection, analysis, research, storage and interpretation of data on all cancer patients that are treated or followed by FHWCI. In addition to routine responsibilities of the Registry, a main function of the cancer registrar is to serve as American College of Surgeons (ACoS) coordinator to Florida Hospital Waterman Cancer Program committee and meet or exceed all Commission on Cancer (CoC) standards.

Florida Hospital Waterman Cancer Institute (FHWCI) data is submitted to the Florida Cancer Data System on a monthly basis and to the National Cancer Data Systems (NCDB) annually. The data is then compiled with those of both the state and the nation for statistical analyses. This enables Cancer Registries throughout the United States to conduct comparative studies on survival rates, incidence occurrence, prevalence and populations.

In 2008, a total of 956 cases were accessioned in the Cancer Registry at FHWCI, including 517 male patients and 433 female patients. Of those, 746 analytic cases were diagnosed and treated at FHWCI and 204 non-analytic cases were diagnosed and treated elsewhere and came to FHW for continued care. We currently maintain a follow-up rate at 92% for analytic patients accessioned in the last five years and 85% on overall follow up rate.

In keeping with the CoC standard on education, the registry staff continues to attend state and national conferences as well as various webinars to adhere to proficiency in their discipline.

The registry would like to thank all of the physicians, nursing staff, allied health professionals and volunteers who give their time and support to the Cancer Registry throughout the year. Your work enables the registry to grow and fulfill its commitment to provide a valuable resource to our hospital and our community.

Requests by Florida Hospital Waterman physicians, and other health professionals for analysis of data are encouraged. To request data from the Cancer Registry, please call 352-253-3611.

Jennette Cox, CTR
Coordinator,
Florida Hospital Waterman Cancer Institute



Ann Harmon, AUX
Ann has volunteered in the cancer registry since 2007 as a follow-up clerk. She is a native of Maine and now lives Tavares. Her services has been a very integral part of the registry operations.

report
By Jeffrey Brabham, M.D.

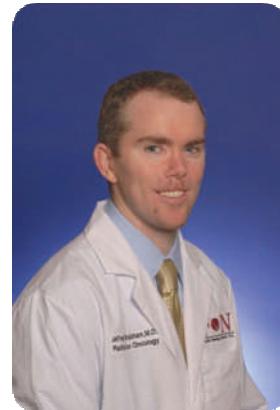
FHWCI 2008 Annual Report - Colorectal Data Review

In each Annual Report, we select one of the cancers most commonly treated at Florida Hospital Waterman Cancer Institute for examination in more detail. Specifically, we aim to review regional and national data regarding treatment patterns and outcomes for this cancer and compare our own institutional data to these standards. Through this process, we strive to demonstrate that care at FHWCI is comparable with regional benchmarks, and – should this ever not be the case – use the data to strategically improve our own processes.

For 2008, we have selected colorectal cancer for review in this manner. Colorectal cancer is the third most common cancer found in men and women in this country, with each American facing a lifetime risk of 1 in 19 of being diagnosed. We often subdivide colorectal cancers into colon and rectum subtypes, as their treatment strategies differ. The American Cancer Society estimates that approximately 106,100 new cases of colon cancer and 40,870 new cases of rectal cancer will be diagnosed this year.

Like most cancers, the prognosis and treatment for colon and rectal cancer depends largely on its stage at diagnosis. Generally speaking, stage I colon and rectal cancers are treated with surgery alone. Stage II and III colon cancers are treated with surgery followed by chemotherapy, while Stage II and III rectal cancers often receive chemotherapy, radiation, and surgery. Stage IV colorectal cancers are primarily treated with chemotherapy, with surgery and radiation performed on a case-by-case basis. You can examine the incidence of each stage of colon and rectal cancer and the first treatments offered to them, both at FHWCI and nationally, in the figures below.

Review of our patient population and outcomes data here at FHWCI indicate that our outcomes match those of regional and national benchmarks, despite having an older population at diagnosis. These figures demonstrate the quality of care provided at FHWCI. We will never cease to review and improve our processes in our effort to provide the best oncology care possible to the people of Lake County.



Jeffrey Brabham, MD
FHWCI Radiation Oncologist

Colorectal Cancer

Survival Rate by Stage Diagnosed

**FLORIDA HOSPITAL WATERMAN
COLORECTAL CANCER
FIVE YEAR OBSERVED SURVIVAL RATE BY STAGE
COMPARED TO *FLORIDA AND *NATIONAL**

*NATIONAL CANCER DATA BASE PATIENTS DIAGNOSED IN 1998 & 2001

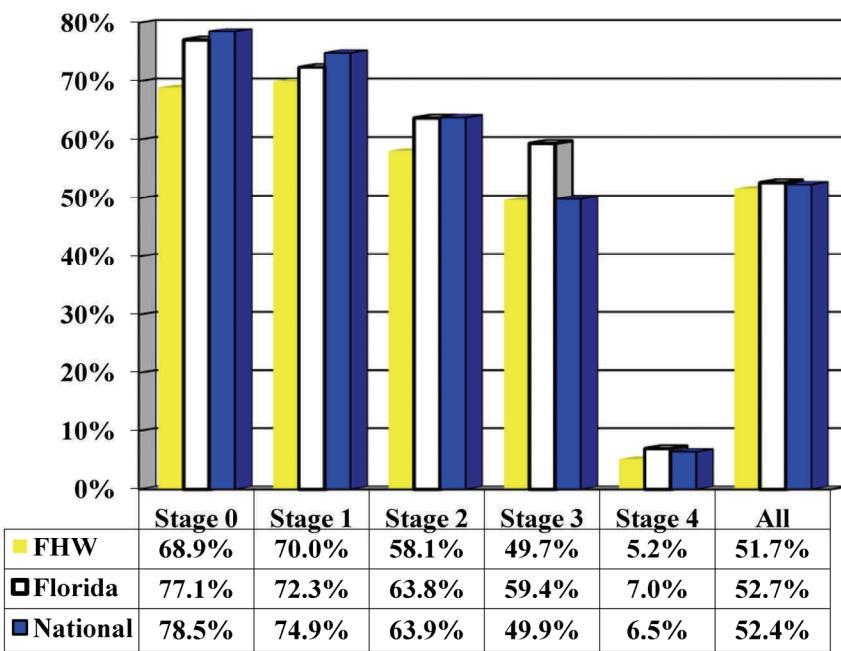
*National Data Reported from 1,342 Programs

*State of Florida/Data Reported from 64 Programs

| COLON | FHW | | FLORIDA | | NATIONAL | |
|---------|-------|-------|---------|-------|----------|-------|
| | Cases | Rate | Cases | Rate | Cases | Rate |
| Stage 0 | 12 | 68.9% | 922 | 77.1% | 15,441 | 78.5% |
| Stage 1 | 18 | 70.0% | 3,435 | 72.3% | 44,333 | 74.9% |
| Stage 2 | 24 | 58.1% | 4,236 | 63.8% | 58,232 | 63.9% |
| Stage 3 | 21 | 49.7% | 3,767 | 59.4% | 51,318 | 49.9% |
| Stage 4 | 10 | 5.2% | 2,726 | 7.0% | 41,522 | 6.5% |
| All | 85 | 51.7% | 15,086 | 52.7% | 210,846 | 52.4% |

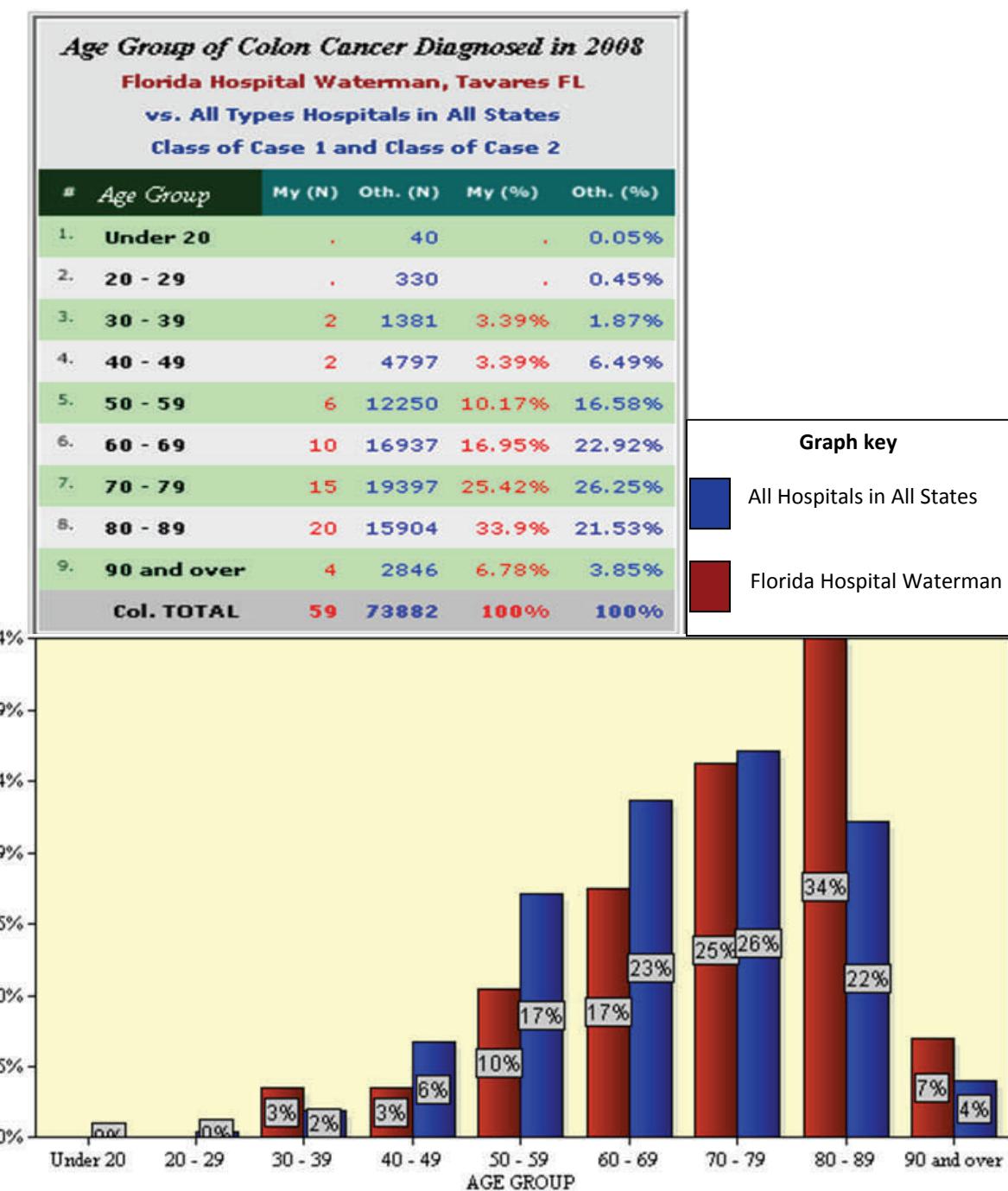
©2009 National Cancer Data Base/Commission on Cancer - Mon Oct 12 13:14:08 CDT 2009

**COLON CANCER OBSERVED SURVIVAL RATES
FLORIDA HOSPITAL WATERMAN - FLORIDA - NATIONAL
AJCC 5th Edition**



Colon Cancer

Age Group Table & Graph

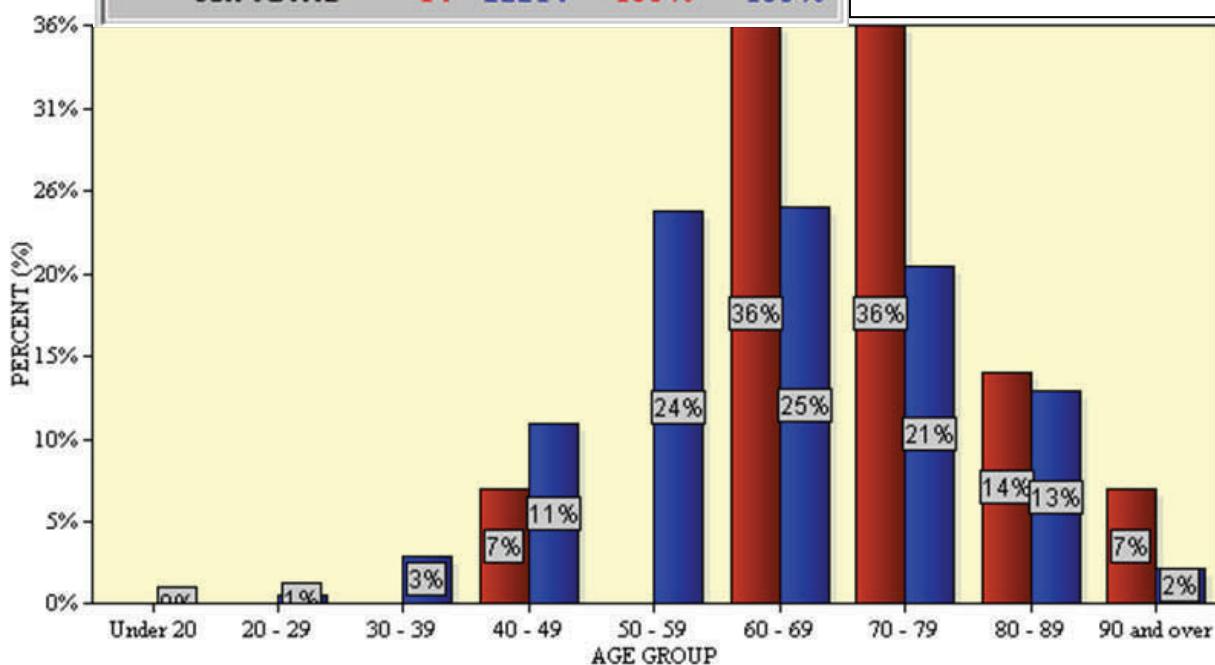


Rectal Cancer

Age Group Table & Graph

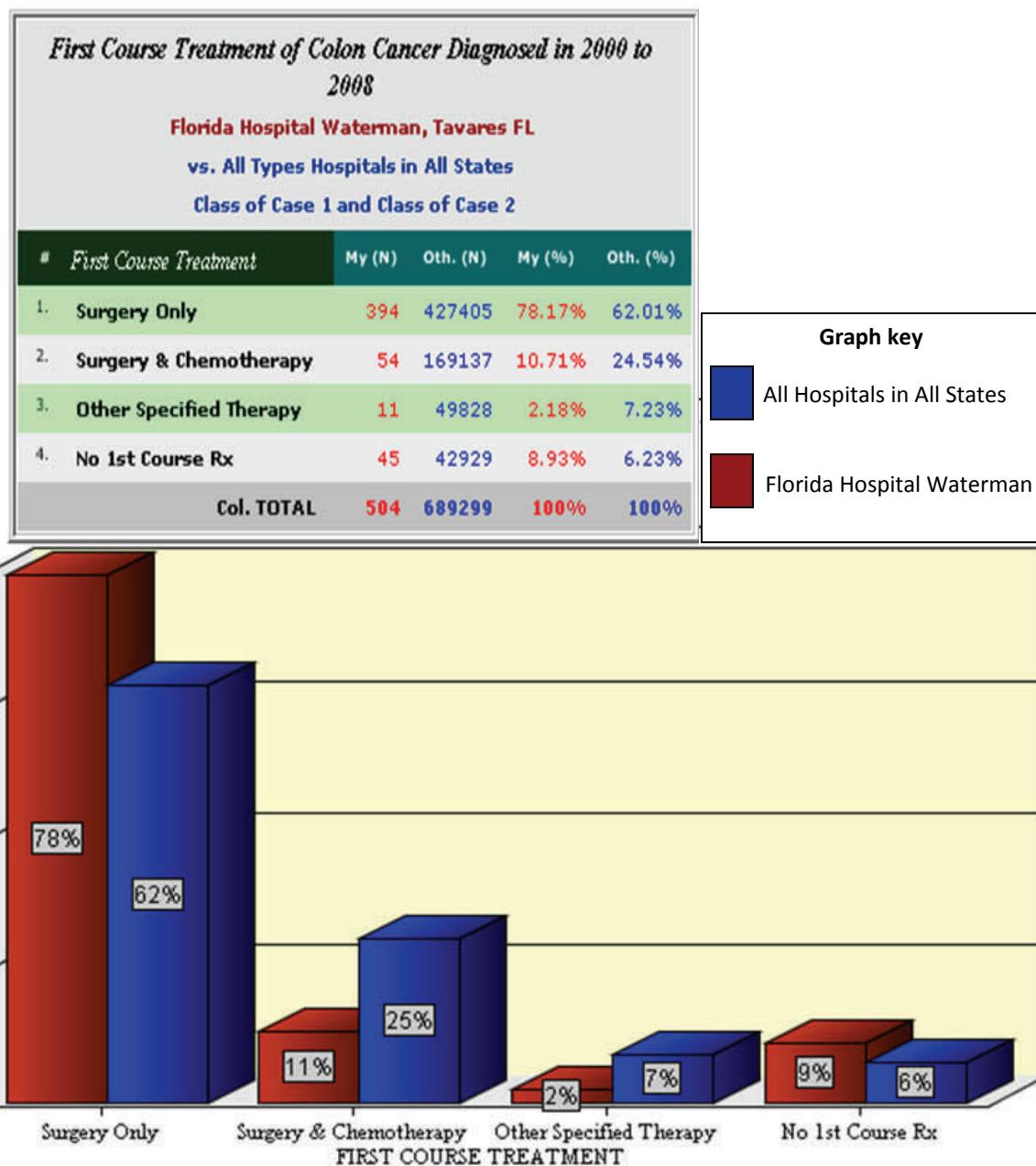
| <i>Age Group of Rectum Cancer Diagnosed in 2008</i> | | | | |
|---|--------------------|-----------|--------------|------------------|
| Florida Hospital Waterman, Tavares FL | | | | |
| vs. All Types Hospitals in All States | | | | |
| Class of Case 1 and Class of Case 2 | | | | |
| # | Age Group | My (N) | Oth. (N) | My (%) |
| 1. | Under 20 | . | 15 | 0.07% |
| 2. | 20 - 29 | . | 140 | 0.63% |
| 3. | 30 - 39 | . | 649 | 2.92% |
| 4. | 40 - 49 | 1 | 2484 | 7.14% 11.18% |
| 5. | 50 - 59 | . | 5404 | 24.33% |
| 6. | 60 - 69 | 5 | 5445 | 35.71% 24.51% |
| 7. | 70 - 79 | 5 | 4652 | 35.71% 20.94% |
| 8. | 80 - 89 | 2 | 2933 | 14.29% 13.2% |
| 9. | 90 and over | 1 | 492 | 7.14% 2.21% |
| Col. TOTAL | | 14 | 22214 | 100% 100% |

| Graph key | |
|-----------------------------|--|
| All Hospitals in All States | |
| Florida Hospital Waterman | |



Colon Cancer

First Course Treatment Table & Graph

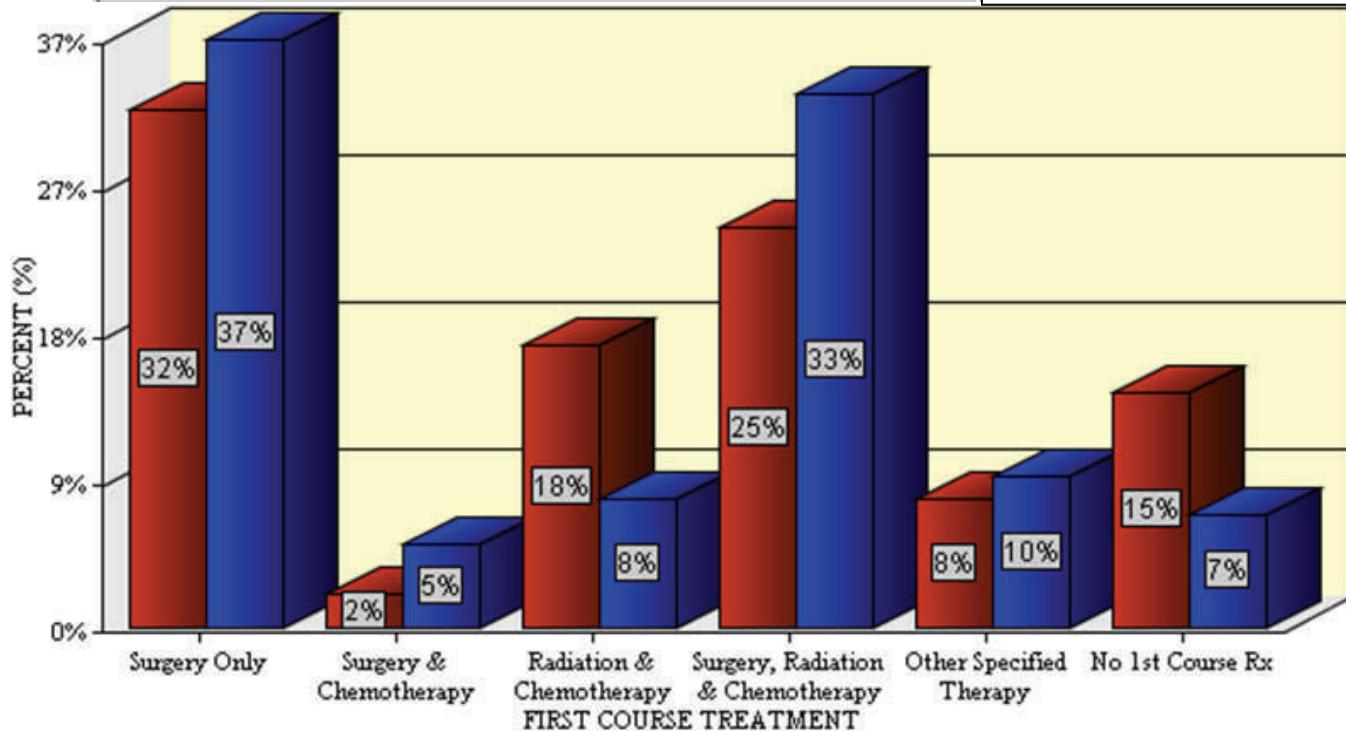


Rectal Cancer

First Course Treatment Table & Graph

| <i>First Course Treatment of Rectum Cancer Diagnosed in 2000 to 2008</i> | | | | |
|--|--------|----------|--------|----------|
| Florida Hospital Waterman, Tavares FL | | | | |
| vs. All Types Hospitals in All States | | | | |
| Class of Case 1 and Class of Case 2 | | | | |
| # First Course Treatment | My (N) | Oth. (N) | My (%) | Oth. (%) |
| 1. Surgery Only | 44 | 74534 | 32.35% | 36.63% |
| 2. Surgery & Chemotherapy | 3 | 10668 | 2.21% | 5.24% |
| 3. Radiation & Chemotherapy | 24 | 16422 | 17.65% | 8.07% |
| 4. Surgery, Radiation & Chemotherapy | 34 | 67926 | 25% | 33.38% |
| 5. Other Specified Therapy | 11 | 19411 | 8.09% | 9.54% |
| 6. No 1st Course Rx | 20 | 14507 | 14.71% | 7.13% |
| Col. TOTAL | 136 | 203468 | 100% | 100% |

| Graph key | |
|--|-----------------------------|
| | All hospitals in All States |
| | Florida Hospital Waterman |



A Devotion to our Community Volunteers



Cancer

Primary Site Table

| 2008 FHW PRIMARY SITE TABLE | TOTAL | CLASS | | SEX | | AJCC STAGE GROUP | | | | | | |
|--------------------------------|-------|-------|-----|-----|-----|------------------|-----|-----|-----|-----|-----|-----|
| | | A | N/A | M | F | 0 | I | II | III | IV | UNK | N/A |
| ALL SITES | 950 | 746 | 204 | 517 | 433 | 55 | 180 | 221 | 94 | 135 | 163 | 102 |
| ORAL CAVITY | 19 | 17 | 2 | 12 | 7 | 0 | 4 | 1 | 1 | 9 | 4 | 0 |
| LIP | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| TONGUE | 4 | 4 | 0 | 2 | 2 | 0 | 1 | 0 | 1 | 2 | 0 | 0 |
| OPHARYNX | 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 | 14 | 13 | 1 | 9 | 5 | 0 | 3 | 1 | 0 | 7 | 3 | 0 |
| DIGESTIVE SYSTEM | 150 | 134 | 16 | 86 | 64 | 8 | 27 | 33 | 30 | 27 | 25 | 0 |
| ESOPHAGUS | 14 | 13 | 1 | 11 | 3 | 0 | 1 | 1 | 3 | 7 | 2 | 0 |
| STOMACH | 9 | 9 | 0 | 4 | 5 | 0 | 2 | 0 | 4 | 1 | 2 | 0 |
| COLON | 67 | 58 | 9 | 36 | 31 | 4 | 11 | 16 | 15 | 8 | 13 | 0 |
| RECTUM | 25 | 24 | 1 | 16 | 9 | 4 | 4 | 6 | 4 | 5 | 2 | 0 |
| ANUS/ANAL CANAL | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| LIVER | 7 | 4 | 3 | 6 | 1 | 0 | 0 | 2 | 1 | 0 | 4 | 0 |
| PANCREAS | 16 | 14 | 2 | 7 | 9 | 0 | 3 | 4 | 2 | 5 | 2 | 0 |
| OTHER | 11 | 11 | 0 | 5 | 6 | 0 | 6 | 3 | 1 | 1 | 0 | 0 |
| RESPIRATORY SYSTEM | 190 | 160 | 30 | 113 | 77 | 1 | 41 | 15 | 37 | 70 | 26 | 0 |
| NASAL/SINUS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LARYNX | 9 | 6 | 3 | 7 | 2 | 0 | 3 | 1 | 0 | 2 | 3 | 0 |
| LUNG/BRONCHUS | 178 | 152 | 26 | 103 | 75 | 1 | 37 | 14 | 37 | 67 | 22 | 0 |
| OTHER | 3 | 2 | 1 | 3 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| BLOOD & BONE MARROW | 64 | 21 | 43 | 39 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 64 |
| LEUKEMIA | 21 | 7 | 14 | 15 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 21 |
| MULTIPLE MYELOMA | 17 | 5 | 12 | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| OTHER | 26 | 9 | 17 | 16 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| BONE | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| CONNECT/SOFT TISSUE | 4 | 4 | 0 | 1 | 3 | 0 | 1 | 1 | 0 | 0 | 2 | 0 |
| Skin | 39 | 37 | 2 | 21 | 18 | 6 | 21 | 1 | 1 | 2 | 7 | 1 |
| MELANOMA | 37 | 35 | 2 | 20 | 17 | 6 | 20 | 1 | 1 | 2 | 6 | 1 |
| OTHER | 2 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| BREAST | 137 | 117 | 20 | 2 | 135 | 22 | 48 | 27 | 9 | 7 | 24 | 0 |
| FEMALE GENITAL | 40 | 29 | 11 | 0 | 40 | 0 | 5 | 7 | 6 | 3 | 19 | 0 |
| CERVIX UTERI | 4 | 3 | 1 | 0 | 4 | 0 | 0 | 2 | 0 | 0 | 2 | 0 |
| CORPUS UTERI | 16 | 14 | 2 | 0 | 16 | 0 | 4 | 3 | 5 | 0 | 4 | 0 |
| OVARY | 13 | 7 | 6 | 0 | 13 | 0 | 0 | 1 | 0 | 2 | 10 | 0 |
| VULVA | 5 | 3 | 2 | 0 | 5 | 0 | 0 | 0 | 1 | 1 | 3 | 0 |
| OTHER | 2 | 2 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| MALE GENITAL | 169 | 122 | 47 | 169 | 0 | 0 | 5 | 126 | 4 | 10 | 24 | 0 |
| PROSTATE | 165 | 118 | 47 | 165 | 0 | 0 | 1 | 126 | 4 | 10 | 24 | 0 |
| TESTIS | 3 | 3 | 0 | 3 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| URINARY SYSTEM | 56 | 42 | 14 | 40 | 16 | 18 | 15 | 4 | 4 | 2 | 13 | 0 |
| BLADDER | 36 | 27 | 9 | 27 | 9 | 16 | 8 | 4 | 1 | 0 | 7 | 0 |
| KIDNEY/RENAL | 16 | 11 | 5 | 10 | 6 | 0 | 5 | 0 | 3 | 2 | 6 | 0 |
| OTHER | 4 | 4 | 0 | 3 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| BRAIN & CNS | 26 | 18 | 8 | 7 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| BRAIN (BENIGN) | 2 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| BRAIN (MALIGNANT) | 5 | 3 | 2 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| OTHER | 19 | 15 | 4 | 3 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| ENDOCRINE | 11 | 9 | 2 | 3 | 8 | 0 | 5 | 2 | 1 | 0 | 2 | 1 |
| THYROID | 10 | 8 | 2 | 3 | 7 | 0 | 5 | 2 | 1 | 0 | 2 | 0 |
| OTHER | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| LYMPHATIC SYSTEM | 34 | 27 | 7 | 19 | 15 | 0 | 8 | 3 | 1 | 5 | 17 | 0 |
| HODGKIN'S DISEASE | 4 | 4 | 0 | 3 | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 0 |
| NON-HODGKIN'S | 30 | 23 | 7 | 16 | 14 | 0 | 7 | 2 | 1 | 3 | 17 | 0 |
| UNKNOWN PRIMARY | 9 | 8 | 1 | 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| OTHER/ILL-DEFINED | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

Number of excluded: 6

cases

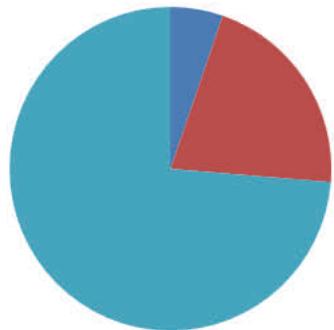
This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

13 | 2009 ANNUAL CANCER CENTER REPORT — 2008 STATISTICAL REVIEW

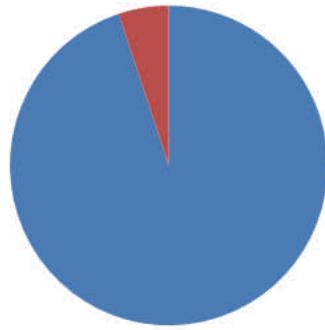
Cancer

Cases by Primary Site

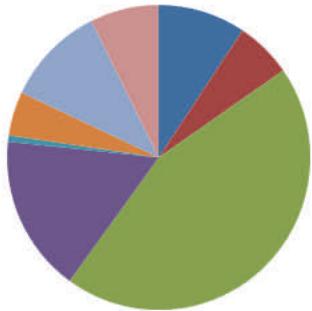
ORAL CAVITY



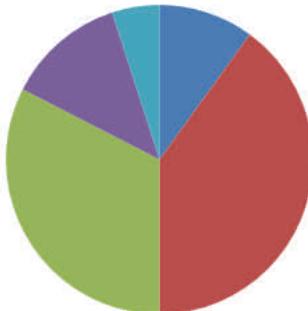
SKIN



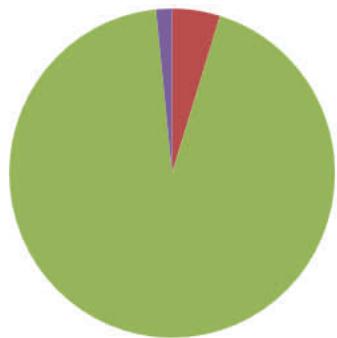
DIGESTIVE SYSTEM



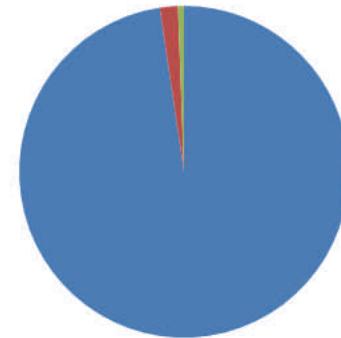
FEMALE GENITAL



RESPIRATORY SYSTEM



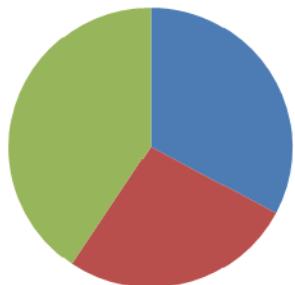
MALE GENITAL



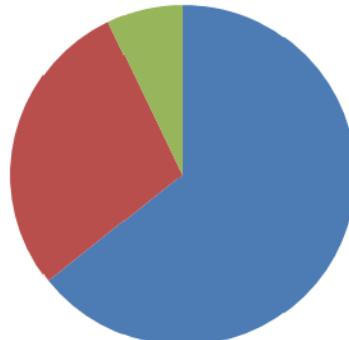
Cancer

Cases by Primary Site

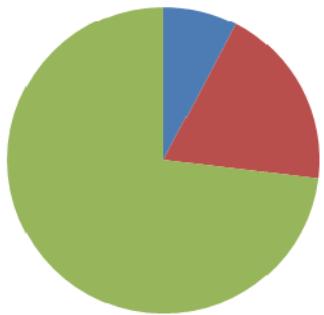
BLOOD & BONE MARROW



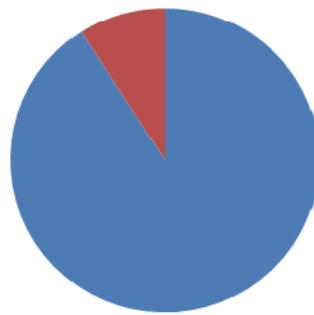
URINARY SYSTEM



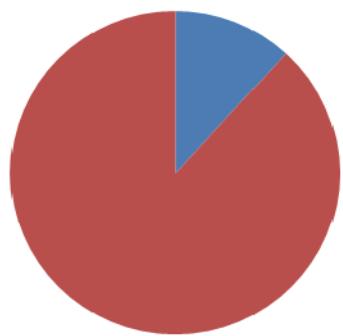
BRAIN & CNS



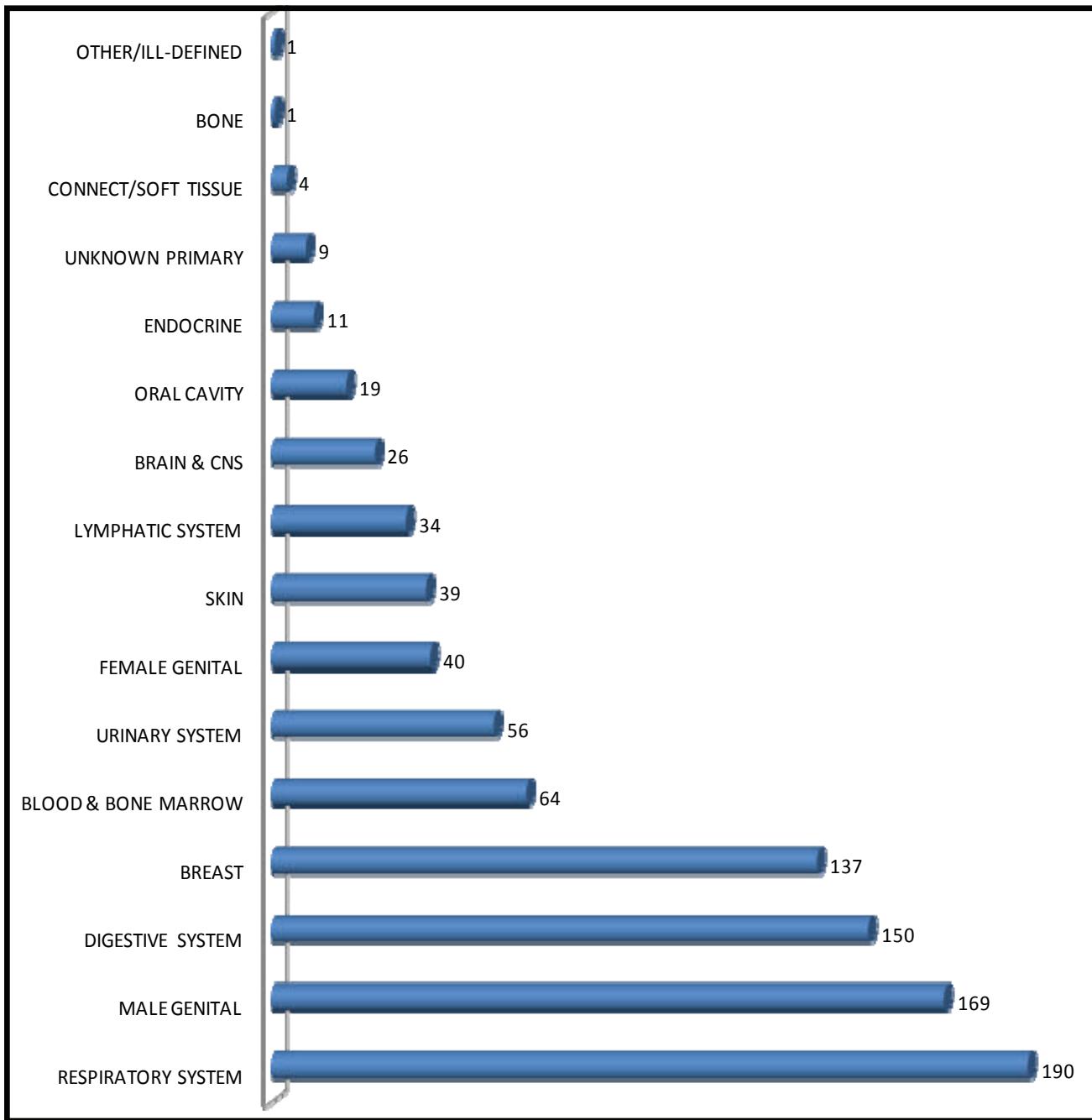
ENDOCRINE



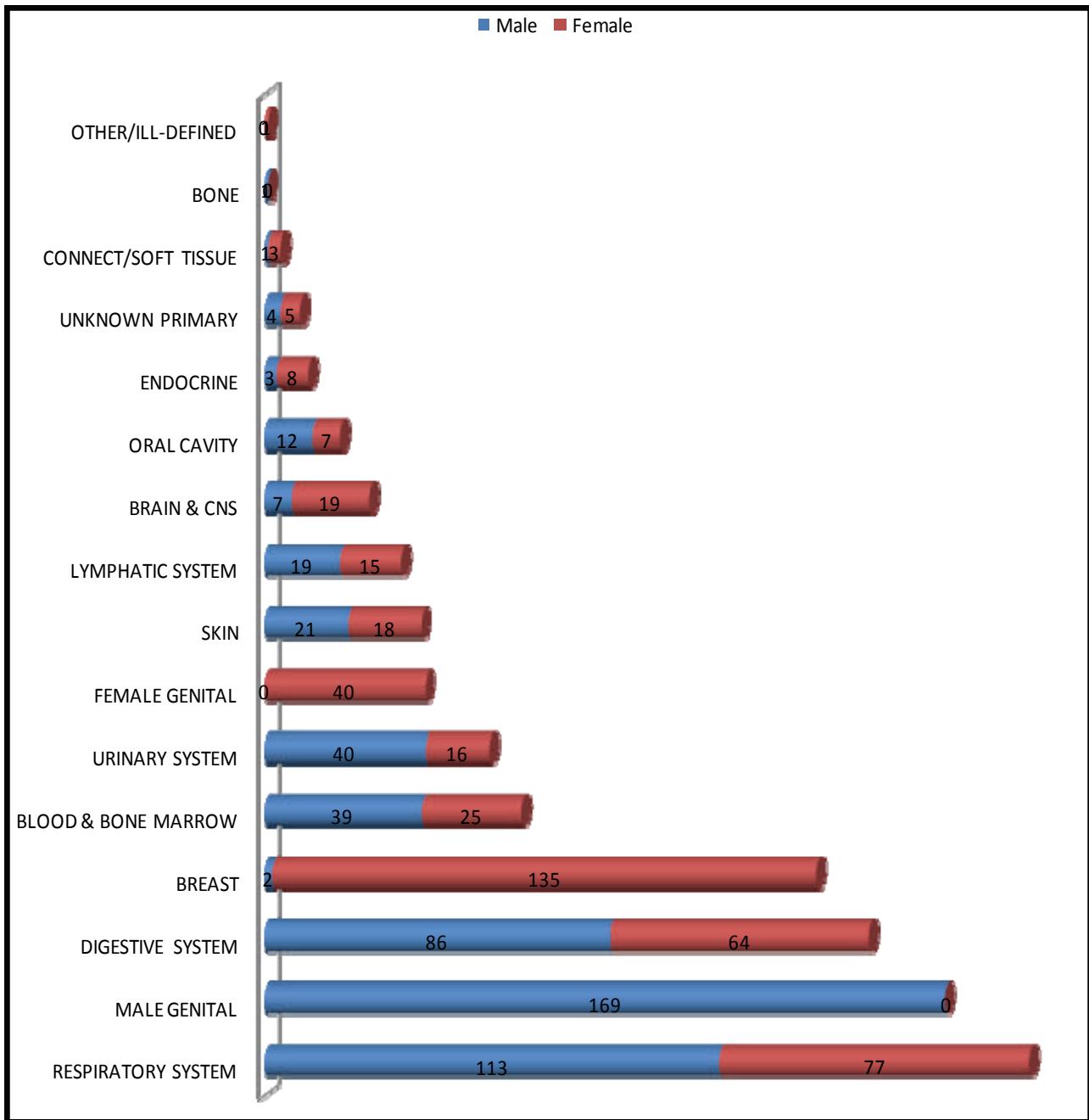
LYMPHATIC SYSTEM



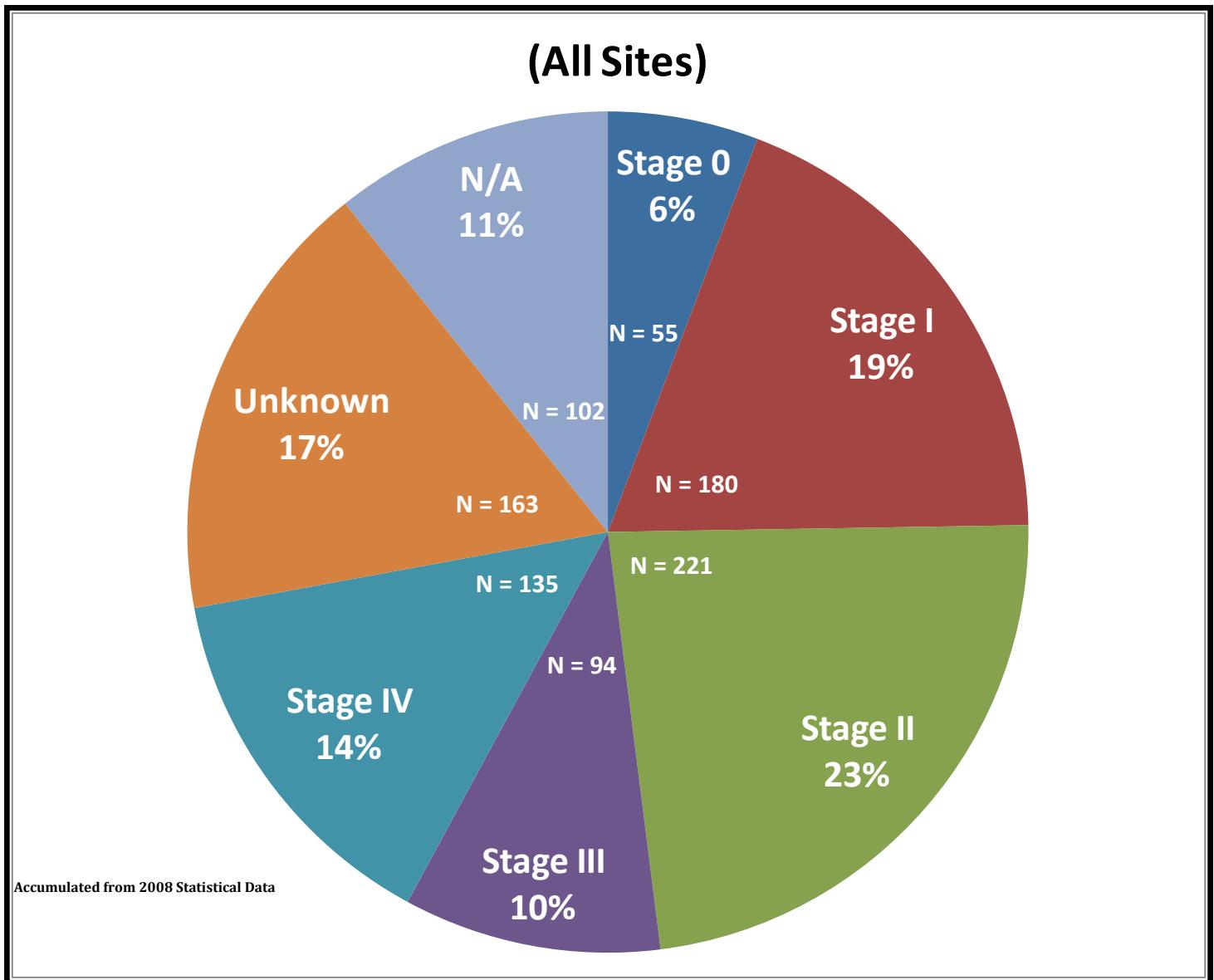
Cancer Cases by Primary Site



Cancer Cases by Sex & Site



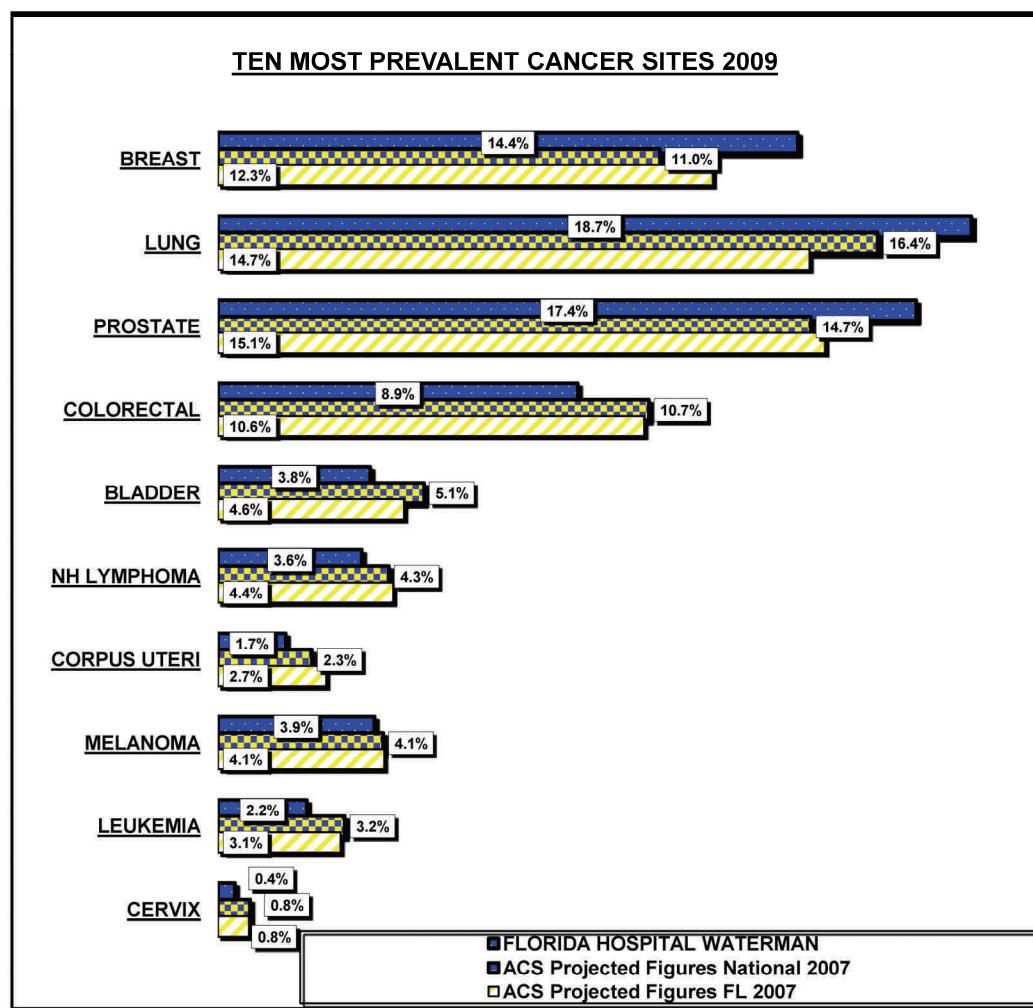
Cancer Stage at Diagnosis



Cancer

Top Ten Sites Diagnosed

| <u>PRIMARY SITE</u> | FHW | | FLORIDA | | NATIONAL | |
|---------------------|--------------|----------------|----------------|----------------|------------------|----------------|
| | <u>CASES</u> | <u>PERCENT</u> | <u>CASES</u> | <u>PERCENT</u> | <u>CASES</u> | <u>PERCENT</u> |
| BREAST | 137 | 14.4% | 11,710 | 11.0% | 178,480 | 12.3% |
| LUNG | 178 | 18.7% | 17,490 | 16.4% | 213,380 | 14.7% |
| PROSTATE | 165 | 17.4% | 15,710 | 14.7% | 218,890 | 15.1% |
| COLORECTAL | 85 | 8.9% | 11,420 | 10.7% | 153,760 | 10.6% |
| BLADDER | 36 | 3.8% | 5,460 | 5.1% | 67,160 | 4.6% |
| NH LYMPHOMA | 34 | 3.6% | 4,530 | 4.3% | 63,190 | 4.4% |
| CORPUS UTERI | 16 | 1.7% | 2,490 | 2.3% | 39,080 | 2.7% |
| MELANOMA | 37 | 3.9% | 4,380 | 4.1% | 59,940 | 4.1% |
| LEUKEMIA | 21 | 2.2% | 3,360 | 3.2% | 44,240 | 3.1% |
| CERVIX | 4 | 0.4% | 850 | 0.8% | 11,150 | 0.8% |
| ALL OTHERS | 237 | 24.9% | 29,160 | 27.4% | 400,650 | 27.6% |
| TOTAL CASES | 950 | 100.0% | 106,560 | 100.0% | 1,449,920 | 100.0% |





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References:

- [American Cancer Society "Cancer Facts and Figures"](#)
- [National Cancer Data Base \(NCDB\) "Benchmarks"](#)