FLORIDA HOSPITAL
TAMPA

2013 Cancer Program Annual Report

With Statistical Data

from 2012

Our Mission:

Our Vision:

To elevate the health of our community through quality, innovation, and compassionate care.

Our Values:

Our organizational core values are:

Integrity

Compassion

Balance

Excellence

Stewardship

Teamwork

Cancer Committee Chairman's Report

The Cancer Program is led by the Florida Hospital Tampa Cancer Committee. This multidisciplinary team of physicians and other medical professionals specializes in the diagnosis and treatment of cancer. In addition, the Committee oversees administrative and support services involved in the care of all cancer patients. It is the responsibility of the Cancer Committee to monitor, assess, and identify changes needed to maintain an exceptional cancer program.

In 2013, the Cancer Committee's Clinical Goal was established so that the effectiveness of it's Breast Patient Navigation services could be assessed. Patients who underwent screenings in the hospital's Breast Care Imaging Center who were recommended for additional follow-up were monitored. The Breast Patient Navigator tracked and reported on these patients; following them from the point of requiring additional imaging, through diagnostic services, through treatment services.

The Cancer Committee also established its 2013 Programmatic Goal; which was to evaluate the current process of providing free mammograms through the Florida Hospital Tampa Foundation. This longstanding program was thoroughly analyzed for historical data and potential process improvements. It was due to the expansive efforts of members of the Cancer Committee that the hospital was able to enter into contract with the State of Florida Breast and Cervical Cancer Early Detection Program (aka the Mary Brogan Program). As of October 2013, the Mary Brogan Program began providing free screening, diagnostic, and treatment services to women ages 50 to 64. Subsequently; the Foundation funds, now limited due to a long period of high usage, were re-directed for women ages 40 to 49 (or under the age of 40 if clinically indicated). The combination of these two programs guaranteed breast screening services were available to the community at large; as mammograms were now available up until the age of 65; when presumably, Medicare coverage would commence.

Interdisciplinary Cancer Conferences continued to be well- attended by pathologists, radiologists, surgeons, radiation oncologists, medical oncologists and other members of the medical staff. In 2013, one general cancer conference and three site specific cancer conferences were held monthly. A total of 457 patients with varying cancer types were presented at General Cancer Conferences, Breast Cancer Conferences, Lung Cancer Conferences, and Gastrointestinal Cancer Conferences respectively. The Pathology and Radiology departments and the Cancer Data Office play a large part in the overall success of these conferences.

The Cancer Committee at Florida Hospital Tampa remains steadfast in its commitment to providing excellence in patient care and to continually improve quality measures. As Committee Chair, I wish to thank the entire medical staff, administration, nursing, research, support staff and the Cancer Data Office, for their dedication to our patients of Tampa Bay.

Ron D. Schiff, MD
Florida Hospital Tampa
Cancer Committee Chairman

Commission on Cancer

Florida Hospital Tampa

2013 Cancer Committee Members

Physicians:

Ron Schiff, MD, Medical Director & Chair

Harvey Greenberg, MD, Radiation Oncology & CoC Liaison

Geza Acs, MD, Pathology

Brad Bjornstad, MD, Administration

Charles Cox, MD, Surgeon

Chad Farmer, MD, Palliative Care

Surbhi Jain, MD, Neurosurgeon

Ronald Prati, Jr, MD, Radiology

Douglas Reintgen, MD, Surgeon

David Rippe, MD, Radiology

Alexander Rosemurgy, MD, Surgeon

Sharona Ross, MD, Surgeon

Kurt Stonesifer, MD, Pathology

Dragos Zanchi, MD, Pulmonologist

Egberto Zayas, MD, Medical Oncology

Brian Zebrowski, MD, Surgeon

Administrative Members:

Alan Schneider, VP of Outpatient Services

Rachel Shelton, Director of Oncology Services & Women's Imaging

Kaye Ballew, Case Management

Robert Breakiron, American Cancer Society

Sandra Carlson, Cancer Conference Coordinator

Jennifer Cooper, Director of SE Center for Digestive Diseases

Shelby Coriaty, Community Outreach

Jimmie Lee Cummins, Cancer Registry Manager

Ashley Faison, Cancer Conference Coordinator

Jim Gaton, Administrative Director of Outpatient Services

Rosemary Giuliano, ARNP, MSN

Amy Janes, Quality Management/Improvement

Tammy Long, AVP Patient Services

Mary Ostien, Research Coordinator & Patient Educator

Brandi Rhody, RN, Nurse Navigator for the Lung Institute

Cindy Rich, Nursing

Denise Smith, Manager of the Breast Care Center

Wilma Sterbutzel, Palliative Care

Wayne Taylor, Pharmacy

Theresa Winsey, Patient Navigator for the Breast Care Center

Bishop Bruce Wright, Spiritual Care

Patient Navigation at Florida Hospital Tampa

The concept of patient navigation began over 20 years ago when Dr. Harold Freeman of New York identified the need to help breast cancer patients who had financial and social limitations to steer through the healthcare system. However, the concept was not nationally recognized until nearly 10 years ago when, the Patient Navigation Research Program was implemented by the National Cancer Institute. In 2004, this program was a 24 million dollar plan aimed at developing interventions to reduce the time of delivery of standard cancer services, cancer diagnosis, and treatment after identifying an abnormal finding. Recognizing the value in patient navigation, the American College of Surgeons' Commission on Cancer (CoC) has mandated that facilities seeking CoC accreditation have a patient navigation process in place by 2015.

Who exactly is a Navigator?

There are multiple models of navigation; each model offering a specific service. Originally, patient navigation was carried out utilizing trained lay people to assist patients with breast cancer in coordinating services such as transportation or financial support. The role has since expanded to include licensed nurses and social workers who are able to offer higher level clinical support. Furthermore, additional cancer diagnoses have been incorporated with navigators providing site specific care.

What does a Navigator do?

A navigator provides individualized care to patients and their caregivers by serving as an advocate, interpreter, educator, and counselor. Navigators are a member of a multi-disciplinary team of experts committed to the diagnosis and treatment of cancer. From the initial screening process, to diagnostic testing, multiple treatment options, and survivorship, cancer care can be an intimidating journey for most patients. A navigator helps make this continuum of care seamless for oncology patients and their families by guiding them through each and every step by:

* Establishing early contact and developing rapport with patient and family
* Serving as a primary and easily accessible resource to patient
* Providing necessary education of disease screening, staging, and treatment options to patient and family
* Identifying and addressing barriers to timely and appropriate diagnosis and treatment
* Assisting patient in scheduling and coordinating appointments
* Connecting patient with appropriate health care and community resources
* Maintaining accurate and timely communications among patient, consulting physicians, and primary caregivers.

Are navigation services covered by insurance?

Navigation services at Florida Hospital Tampa are free of charge. Navigators are on a mission to improve the cancer experience for patients and their caregivers from diagnosis to survivorship.

The Lung Institute at Florida Hospital Tampa

In 2012, the Florida Hospital Tampa introduced the Lung Institute Oncology Clinic. The clinic offers education, screening, and advanced diagnosis and treatment of lung cancer. Through a multidisciplinary team of experts, patients are cared for all at one convenient location. This multidisciplinary approach to patient care will serve as the catalyst to providing the highest level of patient care. The Lung Institute provides lung cancer screening, non-invasive outpatient diagnosis, a weekly multi-specialty Tumor Board and Clinic; all while a Nurse Navigator facilitates patient's care.

The Florida Hospital Tampa Lung Institute is dedicated to offering state-of-the-art diagnostic and treatment services. The spectrum of offerings is expansive; including low dose CT scan screening with lung nodule volume analysis. According to the New England Journal of Medicine, Low-Dose CT Screening will reduce lung cancer mortality by 20%. In addition, the Lung Institute will offer lung cancer diagnosis and staging with PET and MRI; and Guided Fine Needle Aspiration Bronchoscopy with Endobronchial Ultrasound (EBUS). Procedures and treatment will include Interventional Bronchoscopy, Electromagnetic Navigation Bronchoscopy (ENB). Mediastinscopy, Thoracotomy VATS, and Minimally Invasive Robotic Surgery. Pleural diagnostic procedures, outpatient thoracentesis, and video-assisted thoracoscopy will add to the list of lung services.

The Florida Hospital Tampa Lung Institute, with its team of highly trained experts in their field, is committed to advancing diagnostic and treatment services such as image-guided radiation therapy (IGRT), and stereotactic body radiation therapy (SBRT). The Lung Institute will also provide long-term follow up of therapy, surveillance, and end-of-life care. Pulmonary rehabilitation, nutritional counseling, and tobacco cessation classes will be part of the Institute's offerings.

Personalized care for each patient diagnosed with lung cancer will be possible with a fulltime Lung Institute Nurse Navigator. The Lung Institute Nurse Navigator is a member of the multidisciplinary team of experts committed to the diagnosis and treatment of lung cancer. From initial screening, to diagnosis, testing, treatment, and survivorship, cancer care can be a difficult journey for most patients. The Nurse Navigator is dedicated to helping each lung cancer patient; making their continuum of care seamless; guiding them and their families through each and every step of the journey through treatment.

Brandi Rhody, RN, BSN
Lung Nodule Clinic Nurse Navigator

To learn more about lung cancer diagnosis and treatment or to schedule an appointment, please call us at (813) 615-7300.

BREAST CARE CENTER

Welcomes New Technology: Breast Tomosynthesis (3D Mammograpraphy)

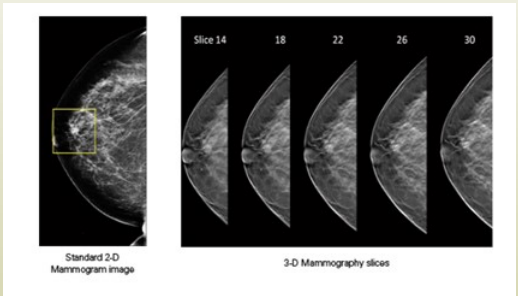
The Florida Hospital Tampa Breast Care Center, a Comprehensive Breast Care Center, is dedicated exclusively to breast care. The Center's focus is on breast cancer prevention, detection, treatment, and recovery with board certified radiologists and all female staff. The Breast Care Center provides the highest quality breast imaging services in a friendly, calming, spa-like environment.

The Center is accredited by the American College of Radiology (ACR) as a Breast Imaging Center of Excellence. As such, the Center has earned accreditations in Mammography, Mammography-Guided Stereotactic Biopsy, Breast Ultrasound, Ultrasound-Guided Breast Biopsy, Breast MRI, and MRI-Guided Breast Biopsy. These accreditations mean that the Breast Care Center has specialized certifications and therefore offers a higher standard of care in key breast diagnostic procedures.

In 2013, the Breast Care Center began to offer state-of-the-art, cutting edge technology that allows the RadiOlogists to view breast tissue in a manner never before possible. A new breast imaging system from Hologic, Breast Tomosynthesis, is now available in the Breast Care Center! Hologic, a world leader in digital mammography, released the most exciting advancement in breast cancer detection in nearly 30 years! This 3D mammography technology is extraordinary; capturing multiple slices of the breast all at different angles. These advanced technology images are brought together to then create a 3D reconstruction of the breast. This allows the Radiologist to review the reconstruction, one thin slice at a time, like turning pages in a book. They can now detect subtle changes in the breast, lessening the chances for cancer to hide behind overlapping breast tissue. This new 3D mammography will be incorporated into the Breast Care Center as routine for all screening and diagnostic mammograms.

On June 26, 2016; Florida Hospital Tampa Breast Care Center proudly hosted a community-wide event to announce this exciting new service. The Tampa Bay Community at-large was invited to view this breakthrough in women's health. The Hologic Mobile Coach was on hand to showcase this 3D mammography; focusing on the science behind the technology and how 3D imaging will increase rates of detection and decrease the need for patient callbacks.

With this new 3D mammography capability; the Florida Hospital Tampa Breast Care Center has evolved technologically in women's health, revolutionizing breast cancer detection and saving lives for many years to come.



To learn more about 3D Mammography at the Breast Care Center at Florida Hospital Tampa or to schedule your mammogram, call (813) 615-7120.

DON LAU FAMILY CENTER FOR CANCER CARE

Radiation Oncology

The Florida Hospital Tampa Don Lau Family Center for Cancer Care is an established Center of Excellence that has been nationally recognized for its medical staff, cutting-edge technology, and innovation in treatment. Led by Medical Director, Dr. Harvey Greenberg, the center offers a comprehensive array of radiation therapy treatments for cancer patients. With collaboration with All Children's Hospital and the Florida Hospital Tampa Pediatric Care Center, the Don Lau Family Center for Cancer Care is one of the only programs in the Tampa Bay area to specialize in radiation oncology for pediatric patients.

The Cancer Center offers:

- **Three-Dimensional Simulation and Treatment Planning:** This imaging technology uses three-dimensional information to visualize and target the cancer -- as well as surrounding tissue and organs -- so that an optimal treatment plan can be designed.
- **Multi-Modality Image Fusion:** Electronically incorporating data from different imaging methods such as CT, MRI, or PET, this technology provides more clinical information for treatment planning than any method alone.
- **External Beam Radiation Therapy:** External beam radiation delivers high doses of radiation to specifically target the affected cancer site and minimize the dose to surrounding normal tissue.
- **Intensity Modulated Radiation Therapy (IMRT):** With fewer side effects than standard radiation therapy, IMRT is a highly accurate radiation technology that spares normal tissue, allows for better radiation doses, and is able to treat tumors near critical organs.
- **Image-Guided Radiation Therapy (IGRT):** The most advanced form of radiation therapy available, IGRT enables doctors to precisely locate and visualize the tumor before each dose is administered. The state-of-the-art Varian Trilogy delivery system enables doctors to choose the most appropriate treatment for treating cancer in the body, head, or neck, and deliver treatments all on one machine in a single room.
- **Intraoperative Radiation Therapy (IORT):** Delivers a concentrated dose of radiation to the breast tumor site in a single session during lumpectomy surgery. IORT reduces the need for additional breast cancer radiation therapy, which is typically given over five to six weeks.
- **High Does Rate (HDR):** HDR, or Brachytherapy, delivers higher dose radiation precisely at the site of the cancer; reducing the probability of unnecessary damage to surrounding healthy tissue. Multi-Lumen Mammosite and SAVI Brachytherapy devices provide this targeted therapy in the treatment of breast cancers; taking a patient's treatment down from six weeks to one week. Cylinder and Tandem and Ring Brachytherapy provides targeted therapy for the treatment of GYN cancers.
- **RapidArc:** This technology improves radiation dose distributions in the body while significantly shortening treatment time.
- **Stereotactic Radiosurgery and Radiotherapy:** This type of radiation therapy delivers high doses of radiation to precisely defined volumes in one to five treatments, instead of the many smaller doses given in standard radiation treatment.

Medical Nutrition Study for Radiation Oncology Patients

Nutrition is an important part of cancer treatment. Not every patient has nutrition related side effects from cancer treatment, but for those that do, treatments can change the way a patient eats and can also affect the way the body tolerates certain foods. Eating well while receiving cancer treatment can help a patient feel better, allow them to keep up their strength, give them energy, help them maintain their weight, allow them to tolerate treatments better, lower their risk of infection and help them recover faster.

Recognizing the importance of nutrition and weight management during cancer treatment, the Radiation Oncology department performed a study of quality in 2013 to ensure that patients did not lose >10% of their body weight during cancer treatment. The goal was to ensure that all new patients were evaluated and received a medical nutrition overview as part of their consultation and that 100% of patients who required a medical nutritionist consultation received one promptly. For patients who received medical nutrition intervention , their weight would be monitored throughout the duration of their treatment.

This study was performed over a nine (9) month period with the results as follows:

* April—June 2013: 83/90 patients screened (92%)
* July—September 2013: 77/78 patients screened (99%)
* October—December 2013: 41/41 patients screened (100%)

It was determined that this study would be continued in the Radiation Oncology department to ensure that 100% of the patients are screened for medical nutrition necessity and that medical nutritionist referrals will be made as needed by the patients.

The Cancer Data Office at Florida Hospital Tampa is responsible for the collection, management, analysis, and reporting of information on any patient diagnosed and/or treated for cancer (and certain benign central nervous system tumors) for four of seven Florida Hospital Tampa Division Hospitals. The Cancer Data Office plays an active role in maintaining cancer program accreditation through the American College of Surgeons' Commission on Cancer for Florida Hospital Tampa. This Office is also helping to prepare another of the region's hospitals in obtaining accreditation within the next several years.

Since 1998, using specialized software, the Cancer Data Office has collected demographic, diagnostic, and treatment data on nearly 20,390 cancer cases. The Office provides lifelong, annual follow-up on each patient originally diagnosed and/or treated at Florida Hospital Tampa. This enables the hospital to remain in contact with its patient-base, and ensures continual monitoring of treatment outcomes and follow-up. Data is routinely reported to the Florida Cancer Data Systems (Cancer Registry for the State of Florida); and is submitted annually to the National Cancer Data Base.

The Cancer Data Office follows the guidelines as set forth by the American College of Surgeons' Commission on Cancer and by the Florida Cancer Data Systems. In keeping with the standards of the Commission on Cancer, The Florida Hospital Tampa Cancer Data Office facilitates several multidisciplinary Cancer Conferences monthly. The design of the Cancer Conferences is to ensure that all patient cancer treatment plans are discussed amongst the team of physicians and other healthcare providers. The Cancer Data Office is currently staffed with five fulltime personnel and one PRN employee, five of whom are Certified Tumor Registrars (CTR's), For more information, please contact the Cancer Data Office at (813)615-7108.

On behalf of the entire Cancer Committee, I wish to thank the Administration, Physicians and support staff for all their invaluable help and support this past year.

Sincerely,

Jimmie Lee Cummins

Cancer Data Office Staff: Manager: Jimmie Lee Cummins, BS, CTR

Abstractors: Sandra Carlson, CTR, Randy Slavens, CTR & Angela Swilley

Cancer Conference Coordinator: Dee Alicea, CTR

Florida Hospital Tampa

2012 Site Distribution Table

PRIMARY SITE	TOTAL	CLASS		SEX		CS STAGE GROUP						
		Analytic	Non-Analytic	M	F	0	I	II	III	IV	UNK	N/A
ORAL CAVITY	29	25	4	24	5	0	3	5	10	5	4	2
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	7	7	0	6	1	0	1	2	2	1	1	0
OROPHARYNX	6	6	0	5	1	0	1	0	4	1	0	0
HYPOPHARYNX	2	1	1	2	0	0	0	0	0	2	0	0
OTHER	14	11	3	11	3	0	1	3	4	1	3	2
DIGESTIVE SYSTEM	241	207	34	135	106	9	52	63	35	42	34	6
ESOPHAGUS	16	11	5	12	4	0	2	6	1	2	5	0
STOMACH	19	17	2	10	9	0	8	1	2	4	3	1
COLON	87	75	12	50	37	4	20	23	20	10	10	0
RECTUM	13	10	3	7	6	3	1	4	2	1	1	1
ANUS/ANAL CANAL	1	1	0	1	0	0	0	0	1	0	0	0
LIVER	21	17	4	11	10	0	3	2	3	5	8	0
PANCREAS	64	56	8	33	31	1	12	21	4	19	7	0
OTHER	20	20	0	11	9	1	6	6	2	1	0	4
RESPIRATORY SYSTEM	226	196	30	136	90	0	51	16	34	83	32	10
NASAL/SINUS	4	4	0	1	3	0	0	0	1	0	0	3
LARYNX	10	10	0	8	2	0	1	3	3	2	1	0
LUNG/BRONCHUS	208	179	29	125	83	0	49	13	30	79	31	6
OTHER	4	3	1	2	2	0	1	0	0	2	0	1
BLOOD & BONE MARROW	61	26	35	29	32	0	0	0	0	0	2	59
LEUKEMIA	35	12	23	20	15	0	0	0	0	0	2	33
MULTIPLE MYELOMA	13	6	7	4	9	0	0	0	0	0	0	13
OTHER	13	8	5	5	8	0	0	0	0	0	0	13
BONE	2	2	0	2	0	0	1	0	0	1	0	0
CONNECT/SOFT TISSUE	10	5	5	3	7	0	0	0	2	3	4	1
SKIN	14	11	3	10	4	2	5	1	0	2	3	1
MELANOMA	11	9	2	8	3	2	3	1	0	2	3	0
OTHER	3	2	1	2	1	0	2	0	0	0	0	1
BREAST	413	379	34	1	412	88	171	86	28	17	22	1
FEMALE GENITAL	60	45	15	0	60	0	17	8	7	12	14	2
CERVIX UTERI	18	15	3	0	18	0	5	5	2	2	4	0
CORPUS UTERI	20	17	3	0	20	0	10	2	2	2	3	1
OVARY	17	10	7	0	17	0	2	0	1	8	5	1
VULVA	2	1	1	0	2	0	0	0	0	0	2	0
OTHER	3	2	1	0	3	0	0	1	2	0	0	0

Florida Hospital Tampa

2012 Site Distribution Table (con't)

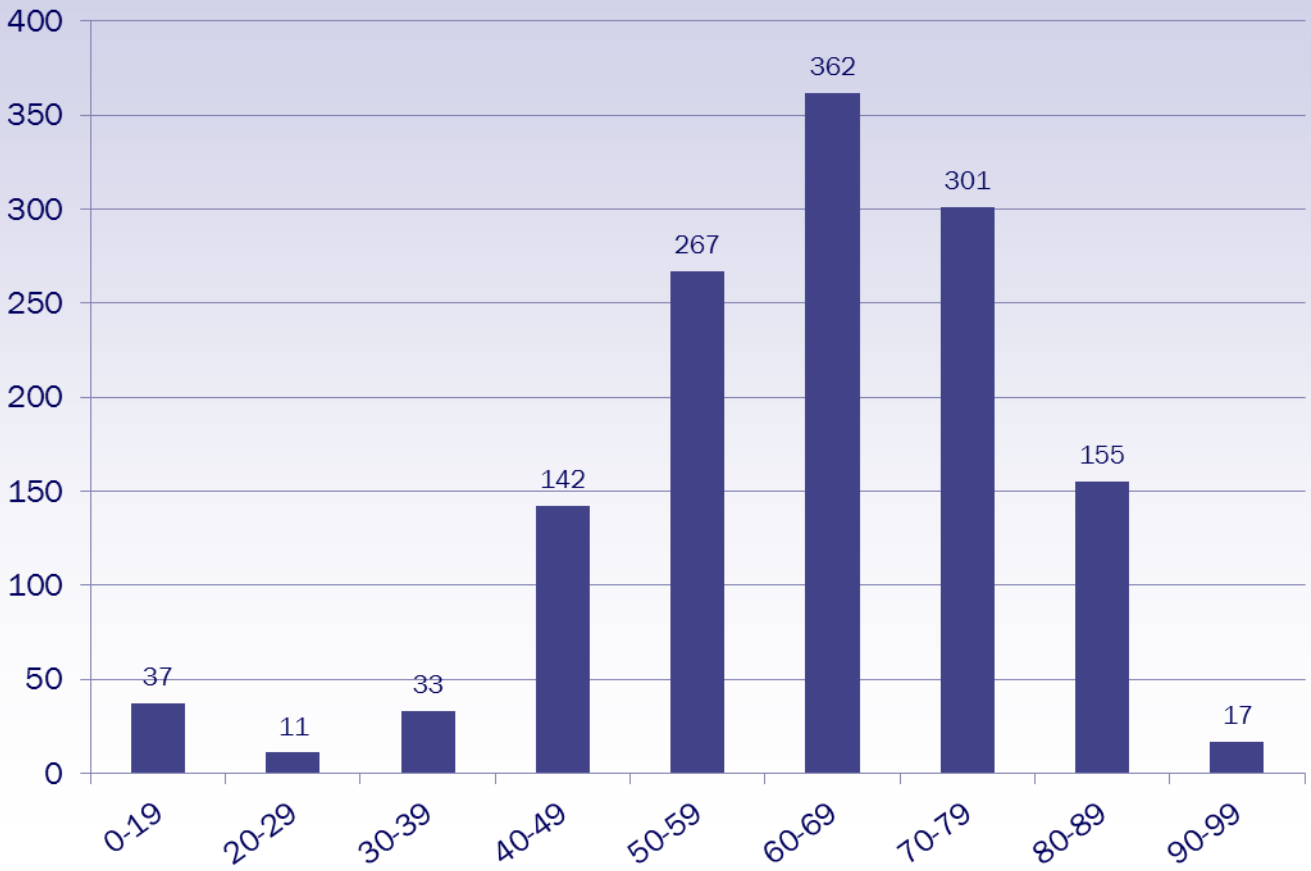
PRIMARY SITE	TOTAL	CLASS		SEX		CS STAGE GROUP						
		Analytic	Non-Analytic	M	F	0	I	II	III	IV	UNK	N/A
MALE GENITAL	40	28	12	40	0	0	0	20	2	8	10	0
PROSTATE	38	26	12	38	0	0	0	20	1	8	9	0
TESTIS	1	1	0	1	0	0	0	0	0	0	1	0
OTHER	1	1	0	1	0	0	0	0	1	0	0	0
URINARY SYSTEM	68	56	12	50	18	9	22	8	2	6	17	4
BLADDER	37	32	5	30	7	9	14	4	0	2	8	0
KIDNEY/RENAL	28	22	6	19	9	0	8	3	2	3	8	4
OTHER	3	2	1	1	2	0	0	1	0	1	1	0
BRAIN & CNS	34	31	3	16	18	0	0	0	0	0	0	34
BRAIN (BENIGN)	1	0	1	0	1	0	0	0	0	0	0	1
BRAIN (MALIGNANT)	17	15	2	9	8	0	0	0	0	0	0	17
OTHER	16	16	0	7	9	0	0	0	0	0	0	16
ENDOCRINE	27	25	2	8	19	0	7	1	5	0	4	10
THYROID	17	16	1	3	14	0	7	1	5	0	4	0
OTHER	10	9	1	5	5	0	0	0	0	0	0	10
LYMPHATIC SYSTEM	63	48	15	33	30	0	31	4	6	15	7	0
HODGKIN'S DISEASE	12	10	2	7	5	0	10	0	1	1	0	0
NON-HODGKIN'S	51	38	13	26	25	0	21	4	5	14	7	0
UNKNOWN PRIMARY	36	32	4	20	16	0	0	0	0	0	0	36
OTHER/ILL-DEFINED	1	0	1	0	1	0	0	0	0	0	0	1
ALL SITES	1325	1116	209	507	818	108	360	212	131	194	153	167

Class:

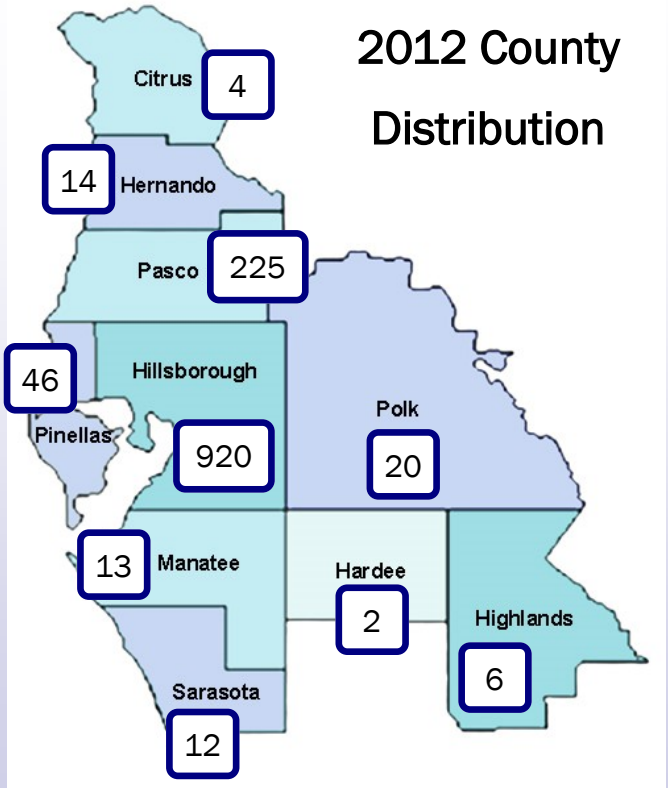
Analytic—a patient who was either initially diagnosed and/or received all or part of their initial course of therapy at Florida Hospital Tampa.

Non-Analytic—a patient who was diagnosed and received their entire initial course of therapy elsewhere, and presented to Florida Hospital Tampa with a recurrence or progression of their disease.

2012 Age at Diagnosis Distribution



2012 County Distribution



Other Florida Counties

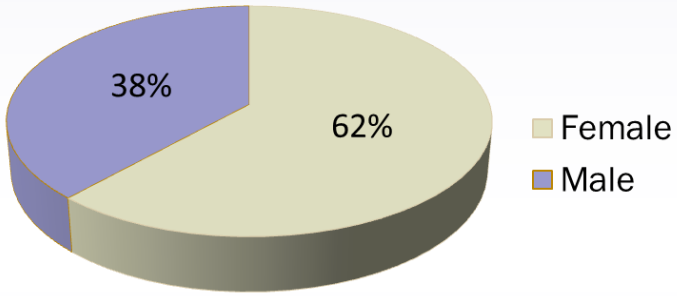
Brevard= 7	Liberty = 1
Broward = 3	Marion = 5
Charlotte = 2	Monroe = 1
Collier = 1	Orange = 3
Desoto = 1	Palm Beach = 1
Hendry = 1	St. Lucie = 4
Indian River = 1	Sumter = 3
Lake = 3	Volusia = 2
Lee = 4	

Out of State Residents = 14
Out of Country Residents = 6

Top 5 Sites for 2012 For Florida Hospital Tampa

1. Breast
2. Lung
3. Colorectal
4. Hepatopancreaticobiliary (HPB)
5. Non-Hodgkin's Lymphoma

2012 Gender Distribution

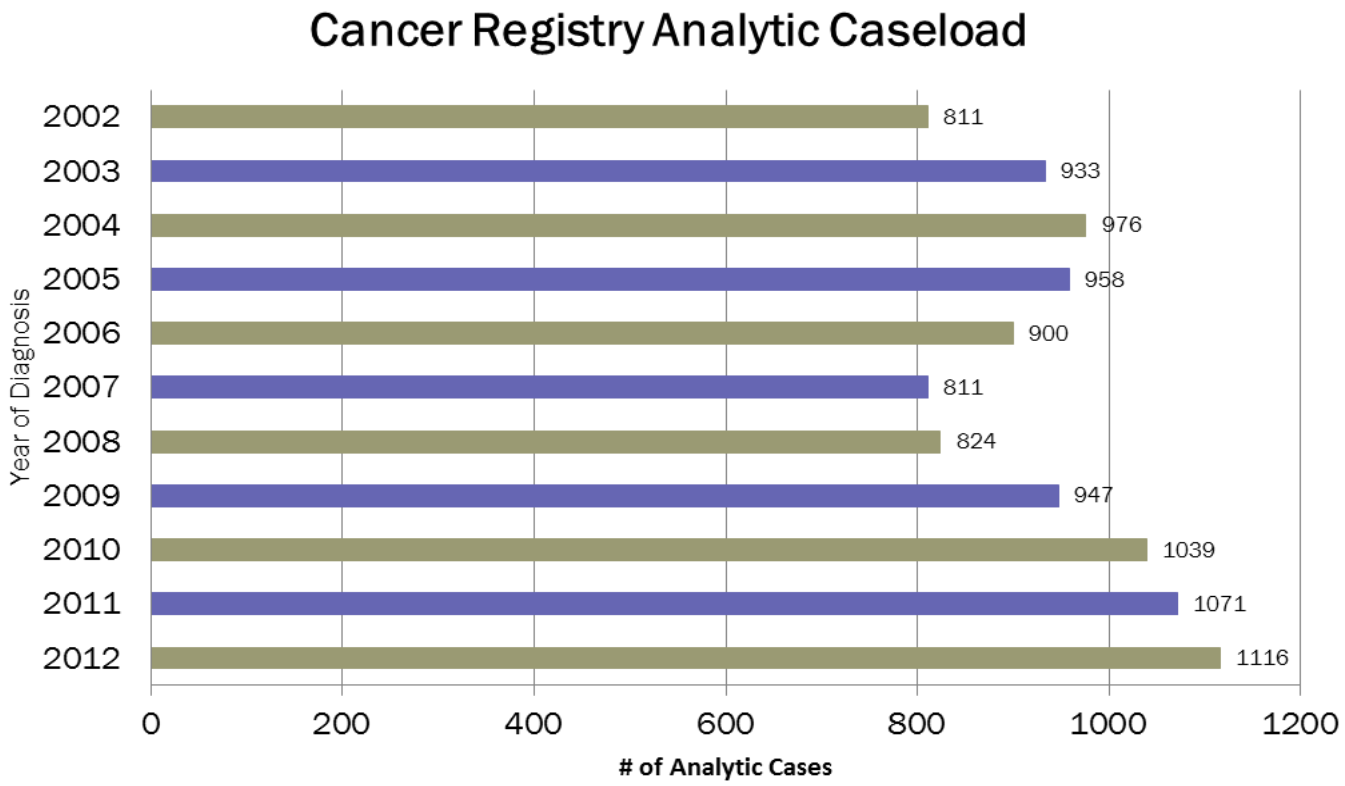


Top 5 Sites for Females in 2012

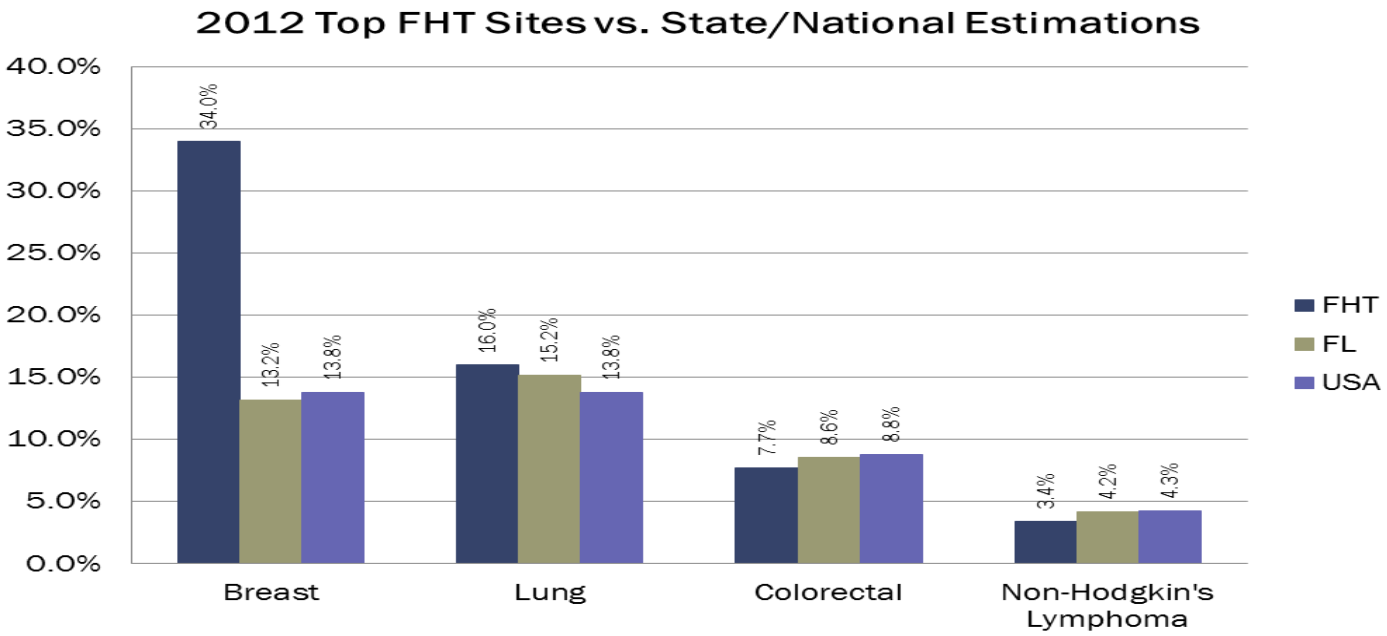
1. Breast
2. Lung
3. Hepatopancreaticobiliary
4. Colorectal
5. Non-Hodgkin's Lymphoma

Top 5 Sites for Males in 2012

1. Lung
2. Colorectal
3. Hepatopancreaticobiliary
4. Prostate
5. Bladder



Per the American Cancer Society's Cancer Facts & Figures 2012, an estimated 1,638,910 new cancer cases would be diagnosed in 2012. Of those, 117,580 of those new cases would be diagnosed in the State of Florida. The graph below shows a comparison of the percentage of top cases at Florida Hospital Tampa to the estimated percentage of new cases estimated for both Florida and the nation as a whole.



RESEARCH STUDIES

Open to Enrollment in 2013

Breast Cancer Protocols

- **Risk Comparison Study:** A retrospective study to examine the consistency among the results from three risk stratifying assays used in breast cancer treatment: Oncotype DX®, MammoPrint®, and Mammostrat® assays.
- **MINT Study:** A study to determine the predictive power of combinations of MammaPrint® and BluePrint® for sensitivity to neo-adjuvant chemotherapy as measured by pCR.
- **Cryoablation Study:** A study to determine the rate of complete tumor ablation in patients treated with cryoablation, with complete tumor ablation defined as no remaining invasive or in-situ carcinoma present upon pathological examination of the targeted lesion.
- **XOFT IORT ExBRT (Phase II Trial):** A study to assess the rate of ipsilateral breat tumor recurrence in subjects treated with the Xoft Axxent Electronic Brachytherapy System when used for single-fraction, intro-operative radiation therapy treatment of early stage breast cancer when compared to a historical control of whole breast irradiation (WBI) at 5 and 10 years of follow-up.

Pancreas and Hepatobiliary Protocols

- **Phase I/II Study of LY2157299 in Patients with Unresectable Pancreatic Cancer:** A study to determine the safety, tolerability, pharmacodynamics, pharmacokinetic and overall survival of LY2157299 in combination with gemcitabine in patients with solid malignancy, who failed previous approved therapies and/or are amenable to gemcitabine therapy (i.e.: pancreatic cancer, biliary tract cancer, sarcoma).
- **Phase III TH-302 + Gemcitabine in Pancreatic Cancer:** A study to evaluate efficacy, safety and tolerability of gemcitabine in combination with TH-302 compared to gemcitabine in combination with placebo in patients with previously untreated locally advanced unresectable or metastatic pancreatic adenocarcinoma.
- **Pre-Operative Hyperbaric Oxygen Therapy in Patients Undergoing Pancreaticoduodenectomy:** A study to assess the safety, tolerability and toxicity of preoperative HBOT in patients undergoing a pancreatico-duodenal resection for premalignant and malignant tumors of the common bile duct, periampulla and duodenum.
- **Digestive Disorder Registry:** A study to create a digestive disorder registry for patients diagnosed with GERD, achalasia, gallbladder disease and malignant duodenal, ampullary, pancreatic and hepatobiliary tumors.
- **PV-10 in Hepatocellular Carcinoma:** A Phase I study to assess the safety, tolerability and pharmacokinetics of PV-10 chemoablation of cancer metastatic to the liver or hepatocellular carcinoma not amenable to resection or transplant.

RESEARCH STUDIES

Open to Enrollment in 2013

Pediatric COG Protocols

- **COG AALL-0434** - Intensified Methotrexate, Nelarabine and Augmented BFM therapy for children and young adults with newly diagnosed T-cell acute lymphoblastic leukemia (ALL) or T-cell lymphoblastic lymphoma.
- **COG ACNS-0822**– A randomized Phase II/III study of Vorinostat and local irradiation or Temozolomide and local irradiation or Bevacizumab and local irradiation followed by maintenance Bevacizumab and Temozolomide in Children with newly diagnosed high-grade gliomas.
- **COG ACNS-0831**– A Phase III randomized trial of post-radiation chemotherapy in patient with newly diagnosed ependymoma ages 1 to 21 years.
- **COG ACNS-0927**–A Phase I/II study of Suberoylanilide Hydroxamic Acid (SAHA, Vorinostat) and local irradiation followed by maintenance SAHA in children with newly diagnosed diffuse intrinsic gliomas (DIPG).
- **COG AREN-0532**–A treatment for very low standard risk favorable histology Wilms Tumors.
- **COG AREN-0533**–A treatment of newly diagnosed higher risk favorable Wilms Tumors.
- **COG AREN-0534**–A treatment for patient with bilateral, multicentric, or bilaterally-predisposed unilateral Wilms Tumor.
- **COG ARST-0332**–A risk-based treatment for non-rhabdomyosarcoma soft tissue sarcoma (NRSTS) in patients <30 years of age.

CHILDREN'S ONCOLOGY GROUP

The world's childhood cancer experts

Florida Hospital Tampa Gives Back to the Community

In 2013, Florida Hospital Tampa offered the following educational seminars to the community:

- "Hips Don't Lie" focusing on bone health and DEXA Screening
- "Protect Your Bottom Line" focusing on colon cancer awareness
- "Get Your Groove Back" focusing on pelvic health
- "Know Your Genes" focusing on hereditary cancer risks
- "Trusting What Your Tummy Tells You" focusing on digestive health
- Lung Cancer Awareness Seminar
- Breast Cancer Educational Panal

Spirit of Women

In 2013, Florida Hospital Tampa participated in the following community events:

- Relay for Life for the American Cancer Society
- Making Strides to end Breast Cancer
- Paint the Lightening Pink
- 15 Minutes for Your Health (free 15 minute health screenings)
- Mole Patrol for skin cancer screening
- National Cancer Survivor Day

3100 East Fletcher Avenue, Tampa, FL 33613 (813)971-6000 FHTampa.org