

# 2009 Cancer Program Annual Report

Using Statistical Data from 2008  
Mease Countryside Hospital  
Mease Dunedin Hospital



# Mease Hospitals 2009 Cancer Committee Members

Physicians	Specialty
<b>Norman Brodsky, MD</b> ..... <i>Chairman</i>	Radiation Oncology
<b>Robert Davidson, MD</b> ..... <i>Vice Chairman/Liaison</i>	Oncology Surgery
<b>Andrew Davis, MD</b> .....	Radiology
<b>Marcus Joppert, MD</b> .....	Medical Oncology
<b>Charles Kramer, MD</b> .....	Pathology
<b>Idelfia Marte, MD</b> .....	Medical Oncology
<b>Jerry Niedzwiecki, MD</b> .....	Radiology
<b>Rick Schmidt, MD</b> .....	Surgery
<b>Hiral Shah, MD</b> .....	Radiation Oncology

Non-physician Members	Department
<b>Matt Novak, MHA</b> .....	Administrator
<b>Sharon Cesare, MSN</b> .....	Nursing
<b>Pam Parker, CTR</b> .....	Cancer Registry
<b>Mary Williams, ACM</b> .....	Social Services

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# Mease Hospitals Chairman's Report 2009



Norman J. Brodsky, MD

The cancer program at the Mease hospitals in Countryside and Dunedin had an active, successful year. We have completed three studies discussing data bearing on the quality of care provided to patients with cancer in the hospital system:

- Colon cancer patients with Stage III colon disease were analyzed in terms of the number of nodes resected and the frequency of adjuvant chemotherapy for Stage III disease, and we found a continued improvement in both aspects compared to studies and data obtained in prior years. Indeed, we are approaching 90 percent of colon cancer surgeries producing a minimum 12 or more lymph nodes, which I suspect, in regard to the problems and co-morbidities faced, reflects an optimal surgical performance. Similarly, a very high proportion — in excess of 80 percent — of patients at least technically appropriate for adjuvant chemotherapy are receiving this treatment with the few patients not receiving it having clear-cut contraindications.
- A breast pathology turnaround time review has been completed by Dr. Diaz. Our pathology turnaround time is one to two days. The reported national average is three to five days.
- In the third study, Dr. Kramer has compared HER 2, ER and PR results from our breast cancer patients with those obtained in other facilities and has found, through the first eight months of the year, that we closely track the national experience, as would be anticipated.

Four quality improvements have been performed this year:

- We have initiated a program of standardization and coordination of swallowing exercises to be offered to all patients within the BayCare Health System, not only the Mease hospitals. Those being treated for head and neck cancer, for whom G-tubes are placed, will be trained in swallowing exercises to improve the quality of swallowing through the period of treatment and in the long term thereafter.
- The cancer registry has retrieved missing data as to adjuvant therapy not previously documented in the registry in 2006. Eighty percent of the missing data has been retrieved and documented primarily through letters and calls to physician offices.
- In anticipation of the coming requirement in chart TNM staging of major malignancies, a pilot has been initiated through Florida Cancer Specialists. A summary sheet is supplied to the cancer registry with the adjuvant therapy given and staging reported. This is recorded in the patient abstract. We look forward to refinement in this process as practical problems are encountered in anticipation of the new guidelines.
- A fourth and particularly gratifying improvement study reviewed abstractor staging quality. One hundred and thirty-five cases from 2008 were reviewed by physicians. Abstractor accuracy was 95.6 percent. We will be continuing chart review for 2009 in the coming year and anticipate continued excellent performance by our abstracting staff.

Our community outreach program has continued to be extremely successfully with Dr. Davidson's active intervention. We have been working with the Pinellas County School Board on skin cancer education as well as melanoma skin screening in the community. Prostate

screening has also continued and Relay For Life has been organized to involve the widest possible hospital and community participation. Mary Caito has been hired as a CaPSS counselor to provide improved case management and coordination of lecture series for physicians and the community. We continue with cancer survivor celebrations and breast cancer survivor celebrations in hospital and in some of the busier oncology offices. These have been successful and well attended. Additionally, Dr. Davidson has led special cancer rounds for cancer survivors in addition to the Friday cancer round in the hospital for nurses on the cancer unit.

Support groups continue to provide a wide array of cancer-related service. Gloria San Miguel, MBA, has initiated a new program to improve the chemotherapy and radiation experience of patients receiving treatment. An outreach event including heart pillow-making and marathon for breast cancer patients also has been undertaken. Lectures have been provided by Dr. Davidson during breast cancer awareness month for the community at large. Gloria, along with Mary Caito and Alma Flores, are now facilitators with the American Cancer Society triple touch education program.

The cancer conferences continue as a particular satisfaction for the physician staff dedicated to cancer treatment. The monthly lung cancer conference has been a great success with increasing numbers of physicians and active participation. Our weekly Mease Tumor Board is probably, and realistically, the most effective Tumor Board in the area in terms of dealing with real time management of problem cases or cases representing important issues. Give and take in a spirit of support and mutual education has been active and we remain proud and committed to this excellent function. We are including TNM staging for our major cancer sites and are referencing NCCN recommendations for staging and for problem situations as they arise during discussion.

Our clinical trials efforts remain active and productive. We continue to be very active in participating in the Total Cancer Care effort by Moffitt Cancer Center in an effort to obtain genomic information, so as to establish a library of genic derangements to correlate over time with clinical events. Jo Simpson, RN, has been hired as the new

research manager. The alternate position for clinical trials on the cancer committee will be filled by Danielle Ebers. In addition, Dr. Joppert has been active and successful in bringing a number of new and timely clinical trials to the program. Among the trials initiated, in addition to the established set, has been the introduction of NSABP59, CALGB40503, SCRICNS10 and NSABP16.

The palliative care service has opened with Dr. Brecher and Dr. Marte actively engaged. A major increase in the use of this hospital function has occurred in 2009. There has been reduction in the length of stay, over the year prior, for similar diagnosis by one full day. Clearly this is a major achievement in terms of patient and family comfort and quality of life, as well as cost to the hospital system.

The picture for next year is very promising. Dr. Davidson has made a preliminary proposal, as part of a major outreach presentation, to physicians in the community to consider a programmatic approach to dealing with liver metastasis in Stage IV colorectal cancer. We aspire to a systematic program of evaluation and treatment in the hopes of optimizing care and conceivably improving the odds of cure in appropriate patients.

Additionally, Dr. Poonkasem, a physician in the hospital system with rigorous training in acupuncture and Chinese medicine, has begun a tentative program to use acupuncture initially in patients at high-risk for second malignancies who are unable to stop smoking. He has begun to work within the hospice program for pain control and we look forward to examining further opportunities to provide expanded care in this area.

We are proud to comment as well that Sharon Cesare, RN, has continued quietly to arrange for OCN training for a number of nurses on the oncology floor. We hope to have further funding for this, but we are most appreciative of Sharon's efforts to expand the competency of nurses within the restrained fiscal circumstances.

**Norman J. Brodsky, MD**  
*Radiation Oncology*

# Cancer Liaison Report 2009



Robert S. Davidson,  
MD, FACS

Here we are again for our yearly cancer report. And we have a lot to talk about. Mease hospitals are a Community Hospital Comprehensive Cancer Program as designated by the American College of Surgeons Commission on Cancer (ACSCOC). Our three-year survey is fast approaching in the spring of 2010 and the Cancer Committee is making the necessary preparations.

Mease Countryside's Shaffer 4 North is being hard-wired for remote telemetry and this process should be completed early next year. Many of our cancer patients have underlying heart conditions and need to be monitored. And many postoperative patients are being recovered on floors other than 4 North. In some instances, our nurses even have to travel off the floor to administer chemotherapy. Having telemetry on 4 North will help to consolidate our cancer care. Additionally, we now have offices for hospice and palliative care and will designate rooms on 4 North for patients and their families when it becomes necessary.

Cancer rounds continue to draw a diverse crowd, from nursing students to OR staff. We have been fortunate

to have many physician volunteers talk, as well as community advocates, former cancer patients, hospice providers and others. We hope to be able to bring this education to the community and have targeted melanoma and sun exposure as our first venture. We look forward to bringing lectures to high school students this coming spring, so they can be reminded of the skin-related dangers of living in the Sunshine State.

Our liver program is growing nicely and represents the coordination of care between surgeons, interventional radiologists and oncologists, to name a few. We have a dedicated intraoperative ultrasound that is essential to liver resection and, with the advances of technology, many of these liver resections can be done in a minimally invasive fashion. Laparoscopic liver resection translates into less bleeding, faster recovery and decreased hospital stays. Most liver disease is metastatic from some other source — most commonly the colon. It's estimated that half the patients diagnosed with colon cancer will develop liver metastases in their lifetime. Many patients will succumb to the disease as a result of tumor progression in the liver, but those that can be resected can sometimes achieve cure. Interventional radiology, with Dr. Andrew Davis and Dr. Ash Verma, plays a critical role for these patients and others with liver disease, and for those that are not good surgical candidates.

Our future looks bright. With the support of administration, nursing and the Foundation, the naming of Shaffer 4 North in honor of a former cancer patient and volunteer is nearing fruition. We look to make 4 North a beacon of light for cancer patients and their families and as a resource on cancer for the community at large.

**Robert S. Davidson, MD, FACS**

*Surgical Oncology*



# Cancer Registry



*Pam Parker, CTR*

The Oncology Data Center department is the cancer registry for Mease Countryside and Mease Dunedin hospitals. The cancer registry team consists of a department manager, one cancer registrar and two cancer data techs.

The cancer registry submits data to the Florida Cancer Data System as required by Florida statute. The cancer registry team reviews all cancer cases diagnosed and/or treated at our facilities annually and enters the cancer patient information into a multi-facility computer network system. This data is for the staff physicians to analyze patient care, treatment, staging, clinical outcome and survival rate. A total of 1,603 cases for Mease hospitals are registered in 2008. To ensure good quality of data, physicians with our

cancer program review 10 percent of the analytic cases. There were requests for registry data during 2008 by physicians and administrative staff. The accession date for the Mease hospitals begins with January 1, 1986. The registry team currently follows 5,440 cases, with a follow-up rate of 95 percent. The success of the follow-up rate is due to the cooperation of the physicians who keep our registry informed of the status of their patients. There were three studies and five quality improvements accomplished in 2009 by the cancer committee.

The top analytical sites for the two Mease hospitals are: breast 17 percent, prostate 11 percent, colorectal 11 percent, lung 14 percent and bladder 7 percent (other sites 40 percent). National top sites are compared to the Mease statistics. National top sites are: prostate 15 percent, lung 15 percent, breast 12 percent, colorectal 11 percent and bladder 5 percent (other sites 42 percent). The national statistics were taken from the publication, *American Cancer Society Facts & Figures-2008*.

The Oncology Data Center coordinates the weekly cancer conference at Mease Countryside Hospital. This is a multidisciplinary patient-oriented conference with representatives from radiation oncology, medical oncology, surgery, radiology, pathology, cancer registry, nursing and oncology research. All staff physicians are invited to the weekly conference. The Mease cancer conference is held every Tuesday morning in meeting rooms 1-3 at 7am with breakfast served. Please call the Oncology Data Center at (727) 462-2135 to schedule a case for presentation at the cancer conference.

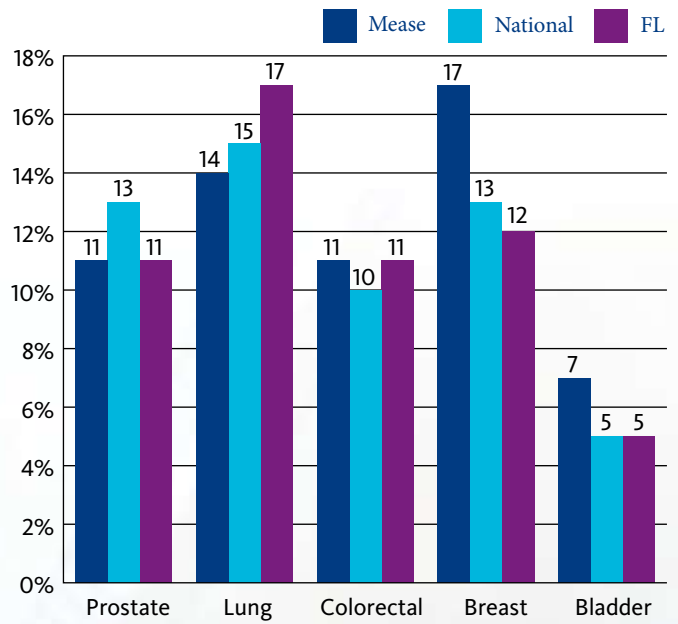
**Pam Parker, CTR**  
*Manager, Oncology Data Center*



**Mease Hospitals Cancer Conference  
Cases Presented by Site - 2009**

Site Presented	Number of Cases Presented
Lung	88
Colon/Rectum/Anus	38
Breast	35
Head and Neck	12
Hodgkins and Non-Hodgkins Lymphoma	11
Liver	8
Pancreas	7
Esophagus	7
Stomach	7
Sarcoma	6
Thyroid	6
Kidney/Renal Pelvis/Ureter	6
Prostate	6
Gynecology	6
Melanoma/Skin	5
Bladder	4
Brain	4
Unknown Primary	4
Carcinoid	2
Adrenal Gland	1
Merkel Cell	1
Mesothelioma	1
<b>Total Number Of Cases</b>	<b>265</b>

**Mease Hospitals Comparison Percentage of  
2008 Top Sites**



## 2008 Primary Site Listing - Mease Countryside Hospital

Primary Site	Total	Class		Sex	
		Analytic	Non-analytic	Male	Female
All Sites	1,294	939	355	619	675
Oral Cavity	31	11	20	25	6
Lip	1	0	1	0	1
Tongue	9	2	7	9	0
Oropharynx	2	1	1	2	0
Hypopharynx	1	1	0	1	0
Other	18	7	11	13	5
<b>Digestive System</b>	<b>243</b>	<b>179</b>	<b>64</b>	<b>125</b>	<b>118</b>
Esophagus	15	8	7	11	4
Stomach	17	13	4	12	5
Colon	113	90	23	53	60
Rectum	25	16	9	13	12
Anus/Anal Canal	6	4	2	2	4
Liver	15	9	6	12	3
Pancreas	36	24	12	14	22
Other	16	15	1	8	8
<b>Respiratory System</b>	<b>203</b>	<b>139</b>	<b>64</b>	<b>101</b>	<b>102</b>
Nasal/Sinus	0	0	0	0	0
Larynx	9	6	3	7	2
Lung/Bronchus	192	131	61	92	100
Other	2	2	0	2	0
<b>Blood and Bone Marrow</b>	<b>50</b>	<b>19</b>	<b>31</b>	<b>23</b>	<b>27</b>
Leukemia	24	10	14	11	13
Multiple Myeloma	7	2	5	3	4
Other	19	7	12	9	10
Bone	0	0	0	0	0
Connect/Soft Tissue	9	3	6	6	3
<b>Skin</b>	<b>82</b>	<b>69</b>	<b>13</b>	<b>50</b>	<b>32</b>
Melanoma	77	65	12	47	30
Other	5	4	1	3	2
<b>Breast</b>	<b>232</b>	<b>189</b>	<b>43</b>	<b>5</b>	<b>227</b>
<b>Female Genital</b>	<b>57</b>	<b>35</b>	<b>22</b>	<b>0</b>	<b>57</b>
Cervix Uteri	4	3	1	0	4
Corpus Uteri	23	18	5	0	23
Ovary	23	10	13	0	23
Vulva	3	1	2	0	3
Other	4	3	1	0	4
<b>Male Genital</b>	<b>146</b>	<b>114</b>	<b>32</b>	<b>146</b>	<b>0</b>
Prostate	139	108	31	139	0
Testis	5	4	1	5	0
Other	2	2	0	2	0
<b>Urinary System</b>	<b>134</b>	<b>99</b>	<b>35</b>	<b>92</b>	<b>42</b>
Bladder	91	66	25	66	25
Kidney/Renal	38	29	9	23	15
Other	5	4	1	3	2
<b>Brain and CNS</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>4</b>
Brain (benign)	1	0	1	1	0
Brain (malignant)	4	0	4	1	3
Other	1	1	0	0	1
<b>Endocrine</b>	<b>31</b>	<b>29</b>	<b>2</b>	<b>8</b>	<b>23</b>
Thyroid	31	29	2	8	23
Other	0	0	0	0	0
<b>Lymphatic System</b>	<b>56</b>	<b>41</b>	<b>15</b>	<b>31</b>	<b>25</b>
Hodgkin's Disease	8	8	0	4	4
Non-Hodgkin's	48	33	15	27	21
Unknown Primary	9	8	1	3	6
Other/Ill-defined	5	3	2	2	3

## 2008 Primary Site Listing - Mease Dunedin Hospital

Primary Site	Total	Class		Sex	
		Analytic	Non-analytic	Male	Female
All Sites	309	199	110	172	137
Oral Cavity	19	17	2	15	4
Lip	0	0	0	0	0
Tongue	7	6	1	5	2
Oropharynx	2	1	1	2	0
Hypopharynx	0	0	0	0	0
Other	10	10	0	8	2
Digestive System	50	33	17	23	27
Esophagus	1	0	1	1	0
Stomach	6	3	3	4	2
Colon	22	16	6	9	13
Rectum	4	3	1	2	2
Anus/Anal Canal	1	0	1	0	1
Liver	2	2	0	2	0
Pancreas	11	6	5	5	6
Other	3	3	0	0	3
Respiratory System	63	41	22	37	26
Nasal/Sinus	0	0	0	0	0
Larynx	13	8	5	12	1
Lung/Bronchus	50	33	17	25	25
Other	0	0	0	0	0
Blood and Bone Marrow	22	3	19	13	9
Leukemia	9	1	8	5	4
Multiple Myeloma	2	0	2	1	1
Other	11	2	9	7	4
Bone	0	0	0	0	0
Connect/Soft Tissue	5	3	2	3	2
Skin	9	8	1	7	2
Melanoma	8	7	1	7	1
Other	1	1	0	0	1
Breast	19	2	17	1	18
Female Genital	5	2	3	0	5
Cervix Uteri	0	0	0	0	0
Corpus Uteri	3	0	3	0	3
Ovary	1	1	0	0	1
Vulva	0	0	0	0	0
Other	1	1	0	0	1
Male Genital	35	25	10	35	0
Prostate	33	23	10	33	0
Testis	2	2	0	2	0
Other	0	0	0	0	0
Urinary System	20	14	6	14	6
Bladder	13	10	3	10	3
Kidney/Renal	6	3	3	4	2
Other	1	1	0	0	1
Brain and CNS	33	30	3	11	22
Brain (benign)	1	1	0	1	0
Brain (malignant)	20	18	2	7	13
Other	12	11	1	3	9
Endocrine	12	11	1	4	8
Thyroid	10	9	1	3	7
Other	2	2	0	1	1
Lymphatic System	13	7	6	7	6
Hodgkin's Disease	2	1	1	1	1
Non-Hodgkin's	11	6	5	6	5
Unknown Primary	2	1	1	2	0
Other/Ill-defined	2	2	0	0	2

# CaPSS 2009 Community Outreach/Education Events Report

<b>April 24-25</b>	<i>Relay For Life (American Cancer Society)</i> Location: Dunedin Stadium	<b>July 21</b>	<i>The Basics About Breast Cancer Patient Orientation</i>  Presented by: Laurie Rolon, Nadine Pazder, Alma Flores, Debbie McNicol, Jennifer Cook  Location: Powell Cancer Center at Morton Plant Hospital
<b>May 4</b>	<i>Melanoma Monday</i> (skin cancer screening and education outreach - MPH-CaPSS/Moffitt partnership)  Location: Cheek-Powell Heart and Vascular Pavilion at Morton Plant Hospital	<b>August 6</b>	<i>Benefits of Exercise for Cancer Patients and Lymphedema: Treatment and Self-help</i>  Presented by: Jennifer B. Cook, OTR/L, CHT; Mark A. Stewart, BS MT, CLT-LANA  Location: Powell Cancer Center at Morton Plant Hospital
<b>May 7</b>	<i>Introduction to Blood Cancers — Spanish lecture/Health Fair</i>  Presented by: Dr. Rafael Blanco Sponsored by: Leukemia & Lymphoma Society  Location: St. Joseph's Hospital	<b>August 14</b>	<i>Pitch for Pink (Clearwater Threshers minor league baseball event to raise funds for free mammograms for the uninsured, breast cancer survivors' celebration and breast cancer prevention/early detection community outreach)</i>  Location: Brighthouse Network Field, Clearwater
<b>May 8</b>	<i>Triple Touch in Spanish</i>  Presented by: Alma Flores, MSW  Location: Centro Hispano, Clearwater	<b>August 15</b>	<i>Relajamiento Acuatico (water relaxation) relaxation lecture and social outing for Spanish-speaking survivors and their families</i>  Location: Florida Aquarium, Tampa Partnership Effort: LUNA Inc., Morton Plant-CaPSS and the TBCCN-Moffitt Cancer Center
<b>May 13</b>	<i>Skin Cancer and Photo-protection (lecture)</i>  Presented by: Dr. Amy Ross  Location: Mease Countryside Hospital	<b>August 18</b>	<i>The Basics About Breast Cancer Patient Orientation</i>  Presented by: Laurie Rolon, Nadine Pazder, Alma Flores, Debbie McNicol, Jennifer Cook  Location: Powell Cancer Center at Morton Plant Hospital
<b>May 19</b>	<i>Triple Touch Workshop for Girl Scout Troop</i>  Presented by: Alma Flores, MSW; attended by Christine Edmond, LCSW  Location: El Centro Hispano, Clearwater		
<b>June 9</b>	<i>Survivorship Celebration</i>  Location: Mease Countryside Hospital		
<b>June 11</b>	<i>Cancer Prevention 101 and Triple Touch</i>  Presented by: Alma Flores, MSW  Location: Pelican Bay, Dunedin (Employee Appreciation Week lecture series)		
<b>June 12</b>	<i>Cancer Prevention 101 and Triple Touch (Spanish)</i>  Presented by: Alma Flores, MSW  Location, Pelican Bay, Dunedin (Employee Appreciation week lecture series)		

**September 14** *Look Good...Feel Better (teaching beauty techniques to women in active cancer treatment)*  
 Location: Powell Cancer Center at Morton Plant Hospital  
 Partnership Effort: ACS and CaPSS

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**September 15** *The Basics About Breast Cancer Patient Orientation*  
 Presented by: Laurie Rolon, Nadine Pazder, Alma Flores, Debbie McNicol, Jennifer Cook  
 Location: Powell Cancer Center at Morton Plant Hospital

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**September 17** *Improving the Chemotherapy/Radiation Experience*  
 Presented by: Susan Williamson, RN  
 Location: Powell Cancer Center at Morton Plant Hospital

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**October 3** *Race for the Cure: Morton Plant Mease Breast Care Services*  
 Team Captain: Mary Caito; Co-captain: Barb Johnson  
 Location: Vinoy Park, St. Petersburg

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**October 7** *Breast Cancer Risk Reduction: What You Can Do*  
 Presented by: Dr. Kathleen Allen  
 Location: Bardmoor Medical Arts Building

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**October 8** *Improving the Chemotherapy/Radiation Experience*  
 Presented by: Susan Williamson, RN  
 Location: Powell Cancer Center at Morton Plant Hospital

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**October 11** *Breast and Cervical Cancer Tool Box Presentation*  
 Presented by: Alma Flores, MSW  
 Location: Church of the Living God, Clearwater, Florida

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**October 20** *The Basics About Breast Cancer Patient Orientation*  
 Presented by: Laurie Rolon, Nadine Pazder, Alma Flores, Debbie McNicol, Jennifer Cook  
 Location: Powell Cancer Center at Morton Plant Hospital

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**October 21-23** *Hearts, Art and More Pillow Marathon*  
 Hosted by: Laura Cordivolla and CaPSS  
 Production: 701 pillows made for breast cancer patients  
 Location: Powell Cancer Center at Morton Plant Hospital

**October 31** *Health Fair and Family Day*  
 Co-sponsor: CaPSS  
 Location: 1st Christian Church, Dunedin, Florida

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**November 12** *Improving the Chemotherapy/Radiation Experience*  
 Presented by: Susan Williamson, RN  
 Location: Powell Cancer Center at Morton Plant Hospital

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**November 17** *The Basics about Breast Cancer Patient Orientation*  
 Presented by: Laurie Rolon, Nadine Pazder, Alma Flores, Debbie McNicol, Jennifer Cook  
 Location: Powell Cancer Center at Morton Plant Hospital

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**December 3** *Improving the Chemotherapy/Radiation Experience*  
 Presented by: Susan Williamson, RN  
 Location: Powell Cancer Center at Morton Plant Hospital

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**December 4** *Holiday Open House (for cancer patients, survivors, family, team members)*  
 Location: Mease Countryside Hospital

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**December 12** *CaPSS Holiday Celebration (for cancer patients, survivors, family, team members)*  
 Location: Morton Plant Hospital

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**December 15** *The Basics About Breast Cancer Patient Orientation*  
 Presented by: Laurie Rolon, Nadine Pazder, Alma Flores, Debbie McNicol, Jennifer Cook  
 Location: Powell Cancer Center at Morton Plant Hospital



# Mease Hospital's Colon Cancer Study - Cases From 2008



Norman J. Brodsky, MD

In recent years at the Mease hospitals, we have been paying much attention to our management of colon cancer. Along with lung and breast cancer, colon cancer represents one of the three most destructive malignancies within the community and therefore optimization of management is

particularly critical. We have continued to be concerned with two elements that correspond to quality of care in terms of outcome. These specifically are the extent of nodal dissection and the provision of systemic adjuvant chemotherapy in patients with Stage III disease.

Previous reports, which span in various measures 2004 through 2006, show a roughly 78 percent system-wide accomplishment for removal of 12 or more lymph nodes in patients undergoing potentially curative surgery for colon cancer. The adequacy of nodal excision has been a matter of some concern within the surgical community and we have taken the opportunity to assess the pathologic results for cases from 2008.

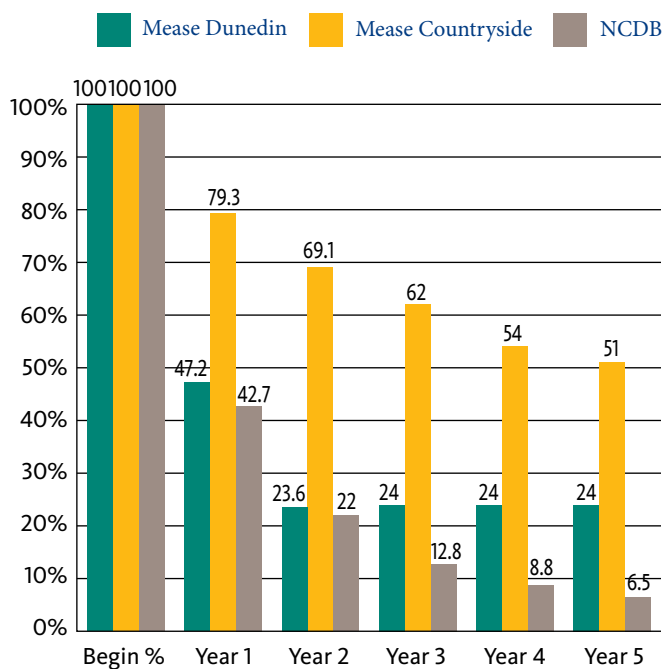
In 85 out of 98 cases, adequate nodal excisions were achieved. The rate of adequate nodal excision, that is to say 12 or more, was 87 percent among patients undergoing surgery at Mease Countryside and Mease Dunedin hospitals. Although statistics are suspect given the small change and limited numbers, this certainly suggests a trend toward improvement in this crucial sphere. Given the difficulties and complexity of factors relating to surgery in our groups of patients, I suspect that this represents an optimal performance and is not likely to be exceeded.

Another matter of concern is the frequency in which adjuvant chemotherapy is provided to patients with Stage

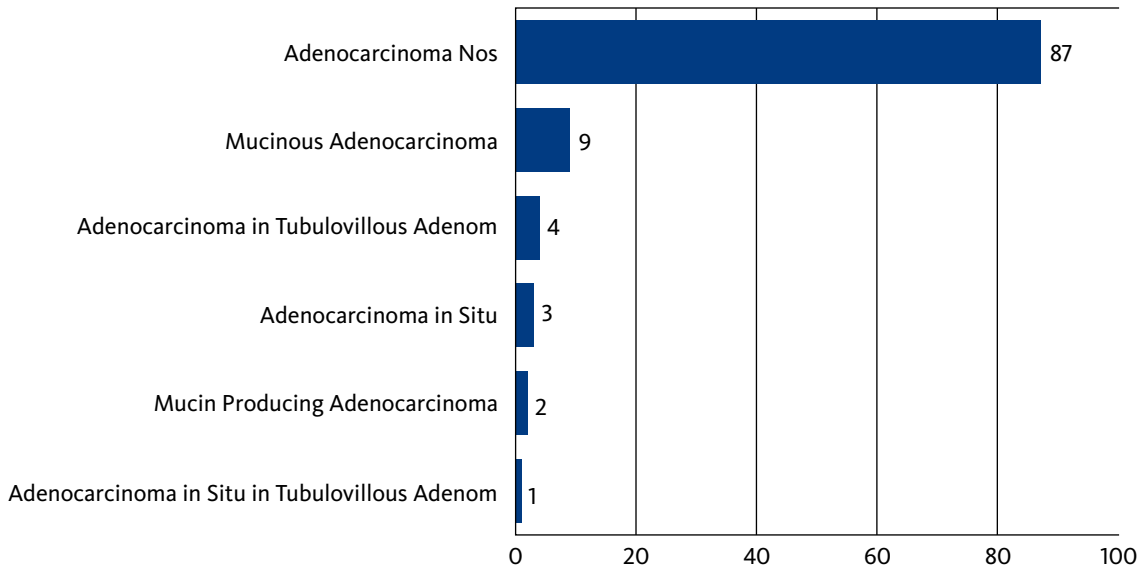
III disease. In the review provided by Dr. McLaughlin in his 2005 colon cancer study, roughly three-quarters of patients with Stage III disease were offered adjuvant chemotherapy. Of the 19 patients in 2008 at the Mease hospitals with Stage III disease, 11 of the 19 did receive chemotherapy. The majority received Folfox, although Folfiri was delivered as well as Xeloda in two instances, and one instance of 5FU and Leucovorin. The group also included eight patients who did not receive chemotherapy. In three instances it is specifically stated by the medical oncologist that the patient was too weak to receive the treatment. One refused, and in the other patients, treatment was advised against because of advanced age, or was refused or obtained elsewhere within a different medical community.

We have available to us the limited 1998-2001 survival data for the diagnosis of colon cancer in the two hospitals and NCDB; this is provided in a comparison

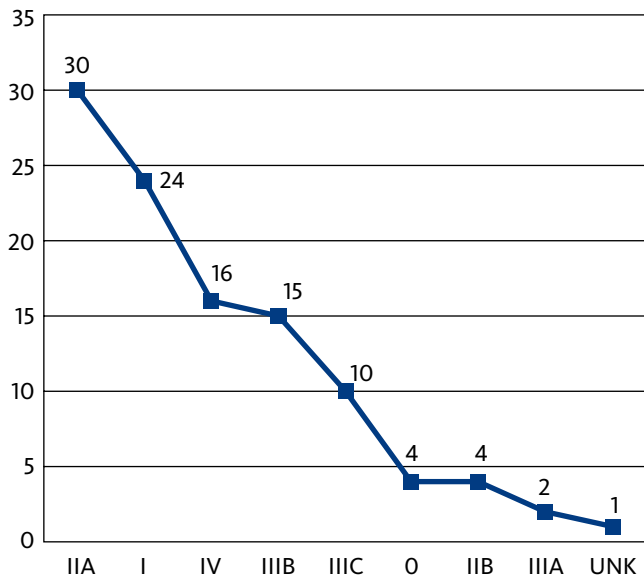
Colon Cancer Survival Chart — 1998 - 2001



**2008 Colon Cancer Histology by Number of Cases**  
TOTAL CASES: 106



**2008 Colon Cancer Stage of Disease by Number of Cases**  
TOTAL CASES: 106



survival chart. Our curve for Mease Dunedin Hospital is unfavorable although it is not much lower than that provided by the NCDB. This may well be a consequence, although the numbers are quite small, of a number of patients dying in hospital and a number of patients also being too weak to receive adjuvant therapy.

No doubt this is a reflection of the demographics of that institution. Within our large group at Mease Countryside Hospital, we clearly outperform the NCDB database. Again, any attempt to make generalizations or specific claims I believe would be inappropriate given

the limitations of the data both in terms of extent and detail.

Colon cancer continues to be the third top site for the two Mease hospitals. Eleven percent of the cases are colorectal, which is consistent with Florida and national statistics. The primary histology for colon cancer at the Mease hospitals is adenocarcinoma, with 87 of the 106 cases diagnosed and treated in 2008. The majority of the cases diagnosed are early Stage I and II; this is primarily due to early detection of colonoscopy and annual exams with the primary physician.

It appears that we are treating in appropriate fashion our patients diagnosed with colon cancer. Fortunately, a high proportion of colon cancer cases are presented at the Mease weekly tumor board meeting, and we are optimistic we will maintain this high quality.

Looking forward, we anticipate, under Dr. Davidson's direction, a program for surveillance and optimization of management for Stage IV colorectal cancer — to be stressed will be treatment selection and coordination for those presenting with liver metastatic disease. This subject will be reviewed in coming years as our experience unfolds.

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## Definitions

**Analytic:** A case that was either initially diagnosed or received all or part of initial therapy at one of the Morton Plant Mease facilities.

**Non-analytic:** A case first diagnosed and treated elsewhere, or a case first diagnosed at autopsy.

**Staging Systems:** American Joint Committee on Cancer and the SEER Staging System.

**Survival:** Calculated from the date of best confirmation of diagnosis to the date of last contact for analytic cases using the Life Table Method.

## References

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 **Mease Countryside Hospital**  
BayCare Health System

 **Mease Dunedin Hospital**  
BayCare Health System