



Community Hospital
The Future Medical Center of Trinity

2010

Reflecting 2009 Data

Annual Report



**Cancer
Committee**

Mission Statement:

To improve the lives of the people we touch. Through innovation, professionalism and by applying the highest standards of quality, we strive to provide compassionate, patient-centered care.

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A Message From the CEO



In 2009, our nurses and cancer care providers continued to meet the high standards of excellence set forth by the American College of Surgeons' Commission on Cancer. Our team has earned recognition from the Joint Commission, the nation's oldest and largest standards-setting accrediting body in healthcare, receiving the Gold Seal of Approval™ for healthcare quality in 12 disease specific and chronic care programs including Lung Cancer, Colon Rectal Cancer, and Kidney Cancer. Receiving the Joint Commission's Gold Seal of Approval in these clinical programs means we are doing all the right things for our patients, our community, and helps set the standard for comprehensive cancer care in our region.

Through our community initiatives, we have educated the public on the importance of early detection; encouraged them to speak with their physician about getting tested, and how healthy lifestyle choices can help reduce the risk of cancer. Our community-based initiatives have included health fairs, lectures and successful partnerships with assisted living facilities, senior centers, as well as the American Cancer Society, through our participation in Relay for Life and Making Strides Against Breast Cancer. In addition, each year we develop key initiatives through our annual cancer conference where we identify advances in staging of cancer, post-treatment options, and patient-centered care.

As we plan our move to Medical Center of Trinity in late 2011, we strive to be the area's leading comprehensive cancer program serving patients of Pasco, Hernando, northern Pinellas, Hillsborough as well as surrounding counties and thank you for your support of this wonderful program and service to our patients and families.

The Joint Commission awarded Community Hospital Disease-Specific Care Certification for:

- Kidney Cancer
- Lung Cancer
- Colon Rectal Cancer



Opening
2011

A Message From the Committee Chairman



In 2009, the cancer program at Community Hospital went through the Commission on Cancer survey to become re-accredited. This survey process occurs every three years and includes a full day of touring the hospital, chart reviews, meetings with administrators and physicians, as well as a cancer conference meeting. During this year's survey our surveyor granted Community Hospital commendation and commented on a few areas in regards to the cancer program. Some of his comments and our areas of commendation are:

Areas of Commendation, and the Reasons for Commendation

- Standard 2.11 Outcomes analysis an annual report of cancer program activity is published by the cancer committee that includes an outcomes analysis.
- Standard 4.6 CAP guidelines: 96% compliant with CAP protocols per surveyors review. All reports in synoptic format. Excellent work!
- Standard 6.2 Prevention and early detection: Three or more prevention or early detection programs are offered each year, either on-site or coordinated with other facilities or local agencies.
- Standard 7.2 Cancer education for cancer registry staff: The cancer registry staff who are Certified Tumor Registrars (CTRs) attend a national cancer-related educational activity once during the survey cycle and all other registry staff participate in a local, state, regional, or national cancer-related educational activity annually.
- Standard 8.2 Cancer-related quality improvements: Continues to develop significant improvements each year
- Excellent conference with very good use of staging in the determination of treatment along with NCCN guidelines

We are very proud of these results and the survey process has given us some areas in which we can focus on in the future for improvements.

We continue to have excellent attendance by all specialties to our weekly cancer conference meetings and out of these meetings comes a comprehensive discussion on treatment, staging and diagnostic measures on each cancer patient that is brought to the conference meeting. We also have nationally known speakers come to our cancer conference meetings to have discussions on their area of expertise. In the years to come we will continue to invite these speakers to our cancer conference meetings.

The future of the cancer program at Community Hospital will focus on the education of the nursing staff, improving the psychosocial evaluations of cancer patients, improving the referral process to The American Cancer Society, getting cancer site-specific approval through Joint Commission, and improving the process to collect treatment information.

I look forward to the year ahead and am proud of our cancer program at Community Hospital and the accomplishments of the past year.

Cancer Committee Members

K.S. Kumar, M.D.

Committee Chairman, Medical Oncologist

Terrance Stone, M.D.

Physician Liaison, Radiologist

Mamta Choksi, M.D.

Medical Oncologist

Nathan Vishweshwar, M.D.

Medical Oncologist

Sanjay Emandi, M.D.

Radiation Oncologist

Lawrence Hochman, M.D.

Radiation Oncologist

Web Smith, M.D.

Pathologist

Louis Astra, M.D.

Surgery

David DiPiazza, M.D.

Urology

Ramon Perez, M.D.

Urology

Robert Killeen, M.D.

Palliative Care

Charles Suggs, M.D.

Hospice/Palliative Care

Kathy Gillette

CEO

Nancy Maysilles, RN

CNO

Glenn Romig

CFO

Karen Simpson, RN, OCN, BA

Director Oncology

Denise Li, PharmD

Pharmacy

Daniel Maysilles

Pharmacy

Elisabeth Harold, RN

Infusion

Sandra Siebert

Radiology

Mary Sommise

Marketing

Susan Gammons, RN

VP Quality/Risk Compliance

Ivy Landell, RN

Women's Coordinator

Alyce Echard

Case Management

Ginny Ginsberg, RN

Education

Elizabeth Levenduski

Dietician

Mary Egan, RN

Assistant CNO

Bubblela Simmons, RHIA, CTR

Director Cancer Registry

Stephanie Fox, CTR

Cancer Market Coordinator

Nancy Neatherly

American Cancer Society

Cancer Registry Report

The cancer registry at Community Hospital helped our facility become a Commission on Cancer (CoC) approved hospital in 2004. Community Hospital went through the CoC survey to become re-certified in March 2010. While the registry continues to clean up some data that the CoC recommended, Community Hospital has received commendation in 4 areas.

The registry collects cancer incidence data, site specific data, extent of disease at diagnosis, treatment and survival/disease outcome for all analytic cases at Community Hospital. The registry also collects data on non-analytic cases at Community Hospital to send to FCDS so that their data can be updated and patients can be followed. All analytic case data is sent to the state reporting (FCDS) and to NCDB which works in conjunction with The American Cancer Society. The data collected is also used by the hospital to establish the communities the hospital serves, in special studies, for the annual report, and in comparative analysis (figure 1).

To assure the quality of the data collected by the cancer registry the registry conducts monthly quality reviews. These reviews are organized by the registry and brought to a physician to check the primary site, histology, the grade of disease, the stage of disease and the treatment. The results of these quality checks are brought to the committee each quarter for review. The Florida Cancer Data System includes edits in the software program that compares primary site with diagnostic indicators to make sure that they are possible matches. FCDS also reviews every 25 case submitted for potential errors and if one is located the case is sent back to the abstractor for review and re-submission.

The cancer registry also organizes cancer conference meetings and quarterly cancer committee meetings for the hospital and the physicians. The registrar receives patient names from the physician that would like to present the case at the weekly cancer conference meetings, the registrar then notifies pathology and radiology of these cases and collects any outside information that is relevant to the case. For the quarterly cancer committee meetings the registrar reviews the standards the hospital has to follow that are set by the Commission on Cancer. The standards are brought to the committee by the registrar each quarter to show what the hospital has done to complete these standards. These are reviewed by the CoC every three years when the hospital undergoes re-certification survey.

Figure 1:

Data Requests Community Hospital 2010:

- 1/18/2010: Breast, Colo-rectal, Kidney, and Lung cancer cases updated number for 2009 cases to Karen Simpson for Joint Commission approvals.
- 2/1/2010: Prostate cancer numbers for the past 3 years to Nancy Maysilles CNO to research Joint Commission approval in this area.
- 2/17/2010: Breast cancer numbers for the past three years to Nancy Maysilles CNO to research Joint Commission approval in this area.
- 5/3/2010: Breast cancer numbers past three years for research for Joint Commission approval.
- 8/2/2010: Bladder cancer annual report data
- 9/6/2010: Annual report data

Cancer Registry (Con't)

The registry also must collect lifetime follow-up on all analytic cases. The percentage of follow-up for cases diagnosed in the last five years must be above 90% and the follow-up on cases diagnosed beyond that five years is 80%. The registry tracks the follow-up rate for both categories each quarter and bring the results to the committee.

Community Hospital Stats from 2009:

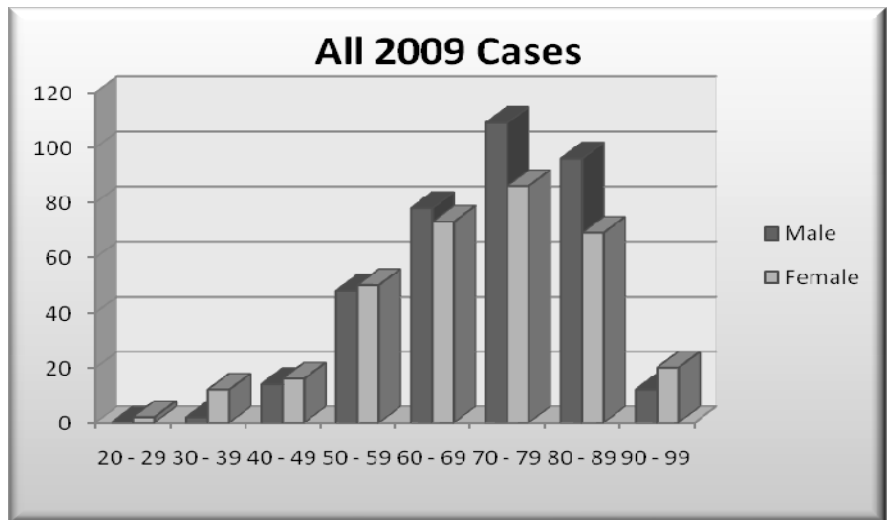
There are currently 5629 total cases from 2004-2009, 3571 of these cases are analytic.

In 2009 there were 703 total cases abstracted by the registry, 463 of these cases were analytic.

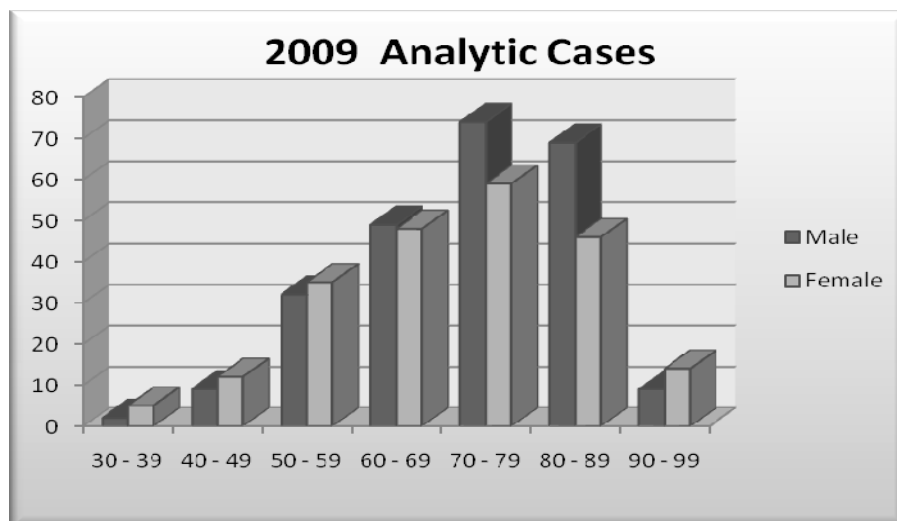
Top five sites: lung (87 cases), colo-rectal (66 cases), breast (64 cases), bladder (47 cases), and prostate (45 cases). Collectively these cases were 67% of the total analytic case load in 2009.

The graph and table below shows all 2009 cases separated by age and sex.

Age Range	Male	Female
20 - 29	0	2
30 - 39	2	12
40 - 49	14	16
50 - 59	48	50
60 - 69	78	73
70 - 79	109	86
80 - 89	96	69
90 - 99	12	20
TOTALS	350	328



The next table and graph shows the 2009 analytic cases separated by sex and age.



Age Range	Male	Female
30 - 39	2	5
40 - 49	9	12
50 - 59	32	35
60 - 69	49	48
70 - 79	74	59
80 - 89	69	46
90 - 99	9	14
TOTALS	244	219

Cancer Conference Report

Cancer conference meetings at Community Hospital are held weekly at 7:30 am. These meetings provide a forum for a multi-disciplinary group of physicians to bring cancer cases for discussion on diagnostic testing, pathology results, staging and treatment options. Figure one shows the breakdown of all sites that were discussed at cancer conference in 2009 while figure two shows the breakdown of Community Hospital's top 5 sites and all other sites. The Cancer Committee approved that there would be a minimum of 42 cancer conference meetings with 90% physician attendance rate for all required physicians. The Commission on Cancer requires that 10% of all cases be presented and that 75% of these cases must be prospective. The 2009 Summary shows the breakdown of 2009 cancer conferences for physician attendance and prospective versus retrospective cases presented.

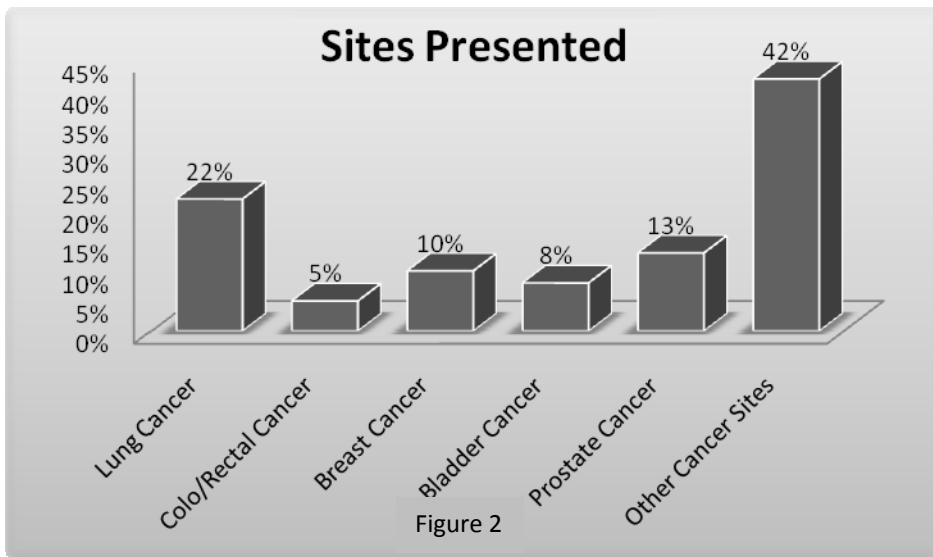


Figure 2

TOTAL SITES 2009	
LUNG	20
BREAST	9
LYMPHOMA	4
PROSTATE	12
PANCREAS	3
KIDNEY	4
UNKNOWN	4
GIST	1
ESOPHAGUS	5
GLIOBLASTOMA	1
STOMACH	2
BLADDER/URETHRA	7
OVARY	4
ADENOSARCOMA	1
MELANOMA	1
CARCINOID	1
HEAD AND NECK	1
COLON	5
MYELOMA	2
MESOTHELIOMA	1
ITP	1
MDS	3
TOTAL	92
Percentage	17.3%
2008 Cases	531

Figure 3

2009 Summary:

- Total Number of Conferences: 44
- Total Number of Cases Presented: 92 (17%)
- Prospective Cases Presented: 73 (80%)
- Retrospective Cases Presented: 19 (20%)
- Total Physician Attendance:
 - Medical Oncology: 100%
 - Radiation Oncology: 75%
 - Surgery: 98%
 - Radiology: 93%
 - Pathology: 98%

Please contact the Tumor Registry at (727) 848-1733 ex. 2220 to schedule a case for presentation at Cancer Conference.

Services and Education

Oncology Services:

- Inpatient Oncology Unit
- Nutrition Services
- Pharmacy
- Tumor Registry
- Outpatient Infusion Center
- Hospice/Palliative Care
- Breast Cancer Navigator
- Robotic Surgery
- Lymphedema Support Group
- PET/CT Scan
- Breast Care Center
- Lymphedema Clinic
- Surgical Services

American Cancer Society:

- Ostomy Support Group
- Look Good Feel Better
- Gift Closet
- Making Strides Against Breast Cancer
- Relay for Life
- Cattle Baron's Ball

Patient and Community

Education:

- Low Cost Digital Mammography
- Breast Exam Shower Cards
- Men's Health Event
- Prostate Screening
- SASSY Health Fair
- HER's Fitness Health Fair
- Screened and Fabulous Series
- Nutrition Classes
- Scarf Drive
- Smoking Cessation

Ancillary Services:

- Laboratory
- Radiology
- Nuclear Medicine
- Endoscopy
- Physical Therapy
- Respiratory Therapy
- Pastoral Care
- Speech Therapy
- MRA/MRI

Bladder Cancer

By Dr. Ramon Perez



Bladder Cancer at a Glance:

The bladder is a balloon shaped pelvic organ with flexible muscular walls that stores urine. The wall of the bladder has several layers of different cell types. The cells that make up the layer that line the inside of the organ are urothelial or transitional cells. Beneath this layer is a thin layer of connective tissue called the lamina propria. The next layer is muscle tissue called the muscularis propria. Past the muscle is more connective tissue separating the bladder from other organs in the pelvis. The farther cancer penetrates into these layers of tissue the harder it becomes to treat.

Signs and Symptoms of Bladder Cancer:

The signs and symptoms of bladder cancer can be very similar to the signs and symptoms of other noncancerous conditions. This is why it is very important to have a thorough exam by a physician. Some common symptoms may include painful urination, frequent urination, urinary tract infection, abdominal pain, or low back pain. Some other symptoms that may occur are bone pain, weight loss, fatigue and anemia; but the most common presentation is without symptoms and only microscopic blood in the urine. (American Cancer Society)

Diagnosis of Bladder Cancer:

If diagnosed early bladder cancer is likely to be successfully treated. If you have any of the above symptoms you should see a medical provider as soon as possible for screening. After a physical exam a medical provider may recommend a urinalysis to see if there are any abnormalities in urine such as blood, protein or sugar. Another screening is a cystoscopy, this is when a cystoscope with a camera is inserted into the urethra and a video allows direct inspection of the bladder. During the cystoscopy a biopsy may be performed of any abnormal looking areas in the bladder. Further imaging tests may be performed such as a CT of the abdomen/pelvis or ultrasounds of the pelvis. Patients at high risk, particularly smokers, should have a yearly urinalysis.

Types of Bladder Cancer:

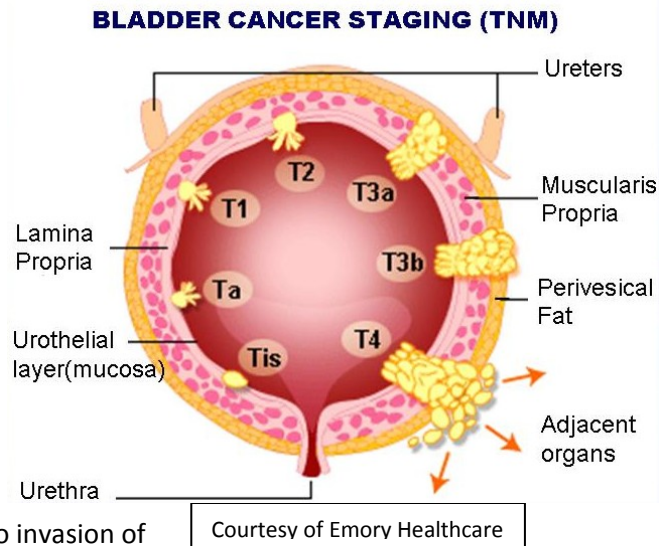
There are four main cell types of bladder cancer transitional cell, squamous cell, adenocarcinoma and small cell. These cell types are further separated into categories based on how much microscopically they appear like original cells. If a cancer cell looks more like normal cells they are categorized as low grade. The more cells look abnormal the higher the classification (grade 2 and high grade). Each of these cell types will respond differently to treatment.

- Transitional cell carcinoma is the most common type of bladder cancer. These transitional cell carcinomas can be further divided into papillary tumors and flat carcinomas. Papillary tumors tend to be non invasive and have better outcomes. Flat carcinomas may involve only the top layers of the bladder but these types of carcinomas can grow into the deeper layers of the bladder causing invasive carcinoma that is prone to wide spread.
- Squamous cell carcinoma has the appearance of flat cells that appear to look like those skin cells. Nearly all squamous cell carcinomas are invasive.
- Adenocarcinoma's are gland forming cancers and make up around 1% of bladder cancers.
- Small cell carcinomas are the rarest bladder cancers. Chemotherapy is the normal treatment.

Staging of Bladder Cancer (AJCC)

Stage refers to the size, depth of invasion in the bladder and further invasion of other areas of the body. Stage is based on biopsy results and imaging studies. Staging is split into three categories T, N, and M. The T is the tumor in the bladder and this is determined by the depth the tumor invades in the bladder. The N is based on the lymph nodes. Finally, the M is based on whether the cancer has advanced to any site elsewhere in the body. The old staging system is listed below (new staging went into place January 1, 2010):

- Stage IS (in-situ): Flat noninvasive cancer that has not invaded any lymph nodes or to any distant sites.
- Stage 0a: Noninvasive cancer that has grown into the hollow center of the bladder with no invasion into lymph nodes or distant sites.
- Stage 1: Cancer that has invaded the connective tissue of the bladder without invading the muscle. There is no invasion of lymph nodes or distant sites.
- Stage 2: Cancer that has invaded the thickness of the muscular bladder wall with no invasion of lymph nodes or distant sites.
- Stage 3: Cancer that has grown completely through the bladder into the fat surrounding the bladder (T3), or the cancer has invaded the prostate, uterus or vagina (T4a). The cancer is not in the abdominal cavity and has not invaded lymph nodes or distant sites.
- Stage 4: Cancer that is in the abdominal cavity (T4b) or cancer in nearby lymph nodes (N1-3) or cancer that has been spread to distant sites (M1).



Treatment of Bladder Cancer

The treatment of bladder cancer depends on the stage and the type of bladder cancer. The types of treatment for bladder cancer include surgery, immunotherapy, chemotherapy and radiation therapy.

The most common treatment is surgery, surgery alone is used on the majority of bladder cancer patients. There are multiple types of surgery for bladder cancer from a transurethral removal (resection) to cystectomy (or complete removal of the bladder). A transurethral resection is when the tumor in the bladder is removed through a cystoscope, more steps to make sure all the cancer is taken care of may occur after this procedure. A partial cystectomy may be performed for small tumors so that a patient does not lose the entire bladder. A radical cystectomy is performed when the tumor is large or if the bladder contains more than one area of tumor. The prostate in males and the uterus, fallopian tubes and ovaries in women may also be removed at the time of the radical cystectomy.

Immunotherapy is another common treatment for bladder cancer. Immunotherapy is when the Bacille Calmette-Guerin vaccine (commonly known as BCG) is injected into the bladder through a Foley catheter. This causes the immune system to attack the tumor cells.

Chemotherapy is also used in bladder cancer and can be given before or after surgery. For early disease chemotherapy is usually given directly into the bladder through a Foley catheter. The most common chemotherapy given directly into the

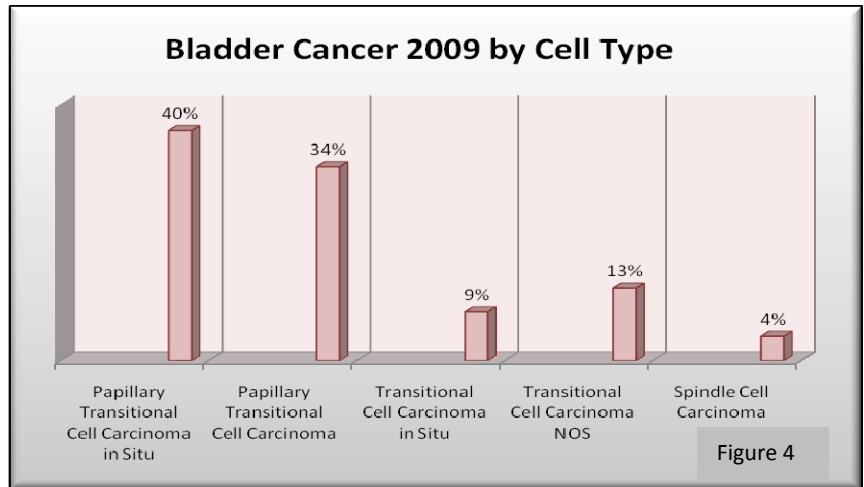
bladder is Mitomycin although Doxorubicin may also be given directly into the bladder. If the disease is a higher stage then the chemotherapy is given systemically.

Radiation therapy can be given in combination with chemotherapy, while chemotherapy is given systemically to kill cancer cells throughout the body, radiation therapy is given to control local recurrence of disease.

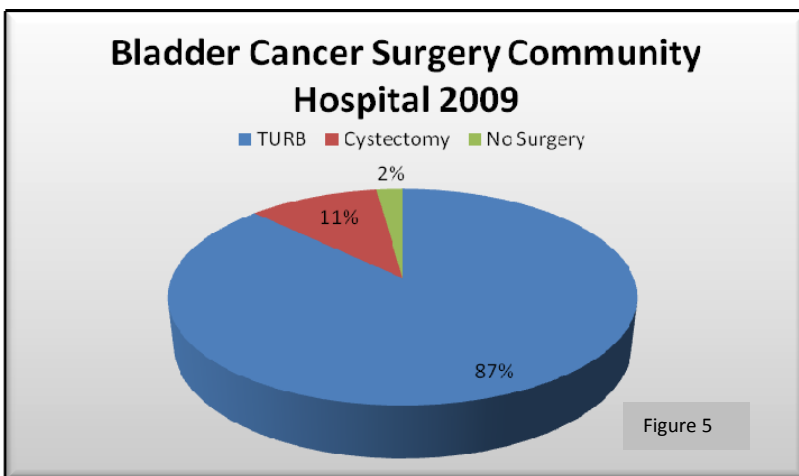
Bladder Cancer at Community Hospital

Community Hospital's bladder cases match what is found around the country in that the majority of the cases are transitional cell and that most of the cases are found at non-invasive stage (figure 4).

When reviewing the treatment received by patients with bladder cancer at Community Hospital it was noted that Mitomycin was not used according to NCCN guidelines as often as it was intended. A review

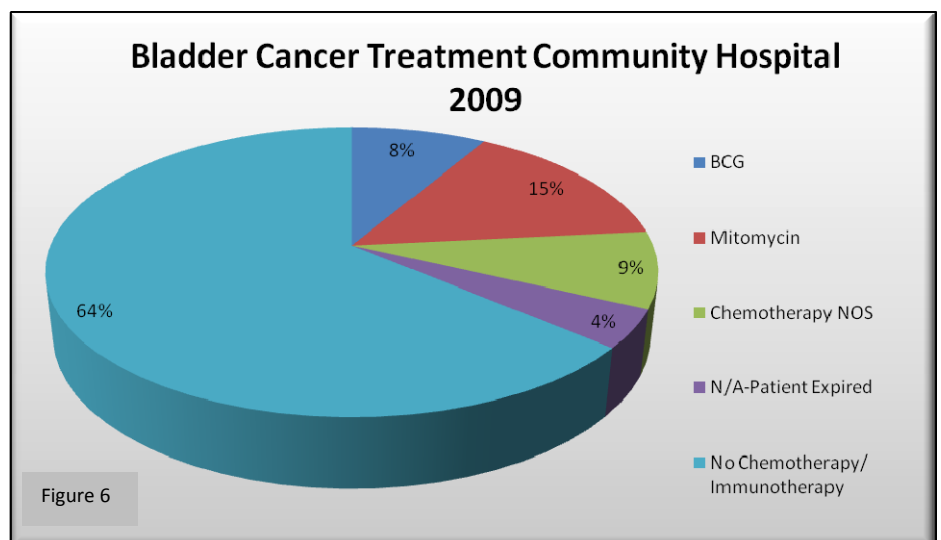


was brought to the cancer committee and the procedure was improved to make it easier for surgeons to order Mitomycin while in the operating room.



Figures 5 and 6 show the treatment that Community Hospital's analytic bladder cases have received. The results show that cystectomy's are not common at Community Hospital and most patients have been receiving transurethral resections (TURB). Community Hospital matches the nation also in the fact that the majority of patients receive surgery alone for treatment. The

use of adjuvant or neoadjuvant systemic chemotherapy is rare and the data on radiation therapy is not available.



Hospital Site Breakdown

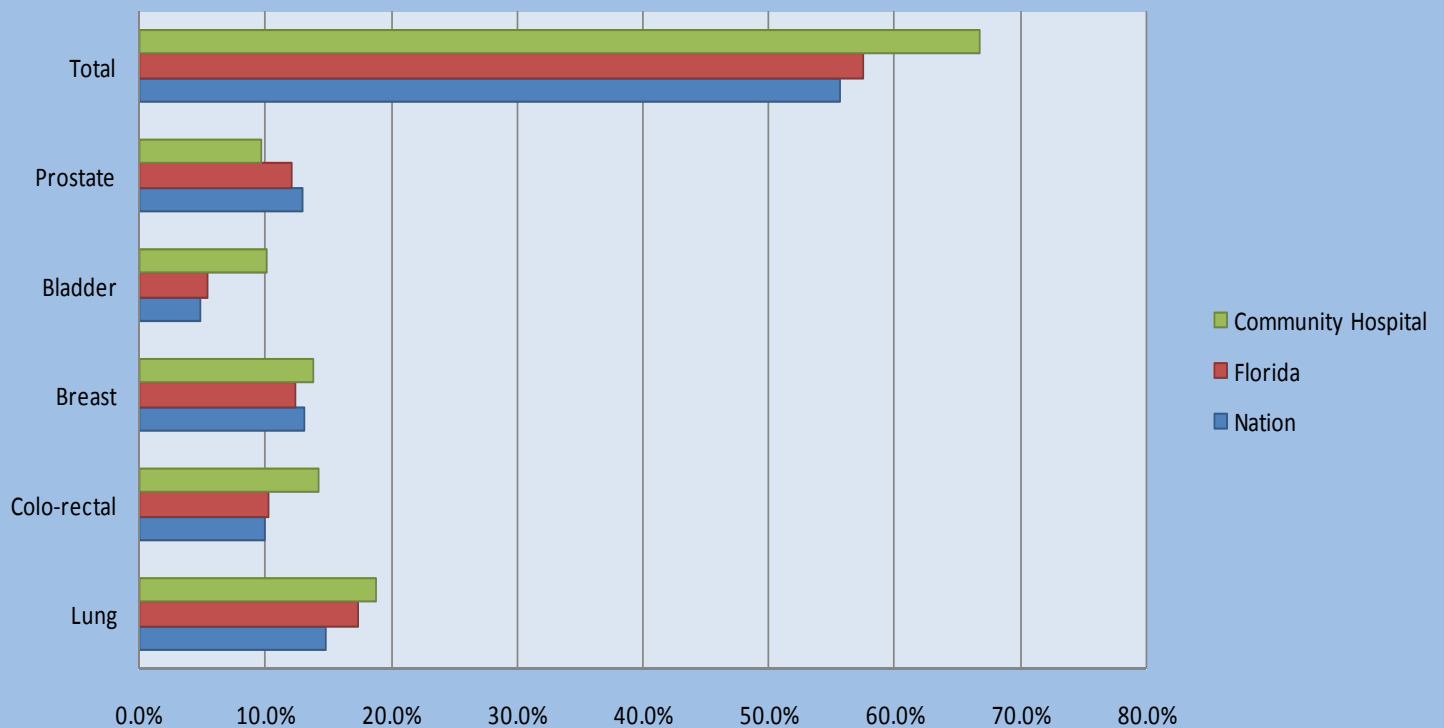
PRIMARY SITE	TOTAL	CLASS			SEX		STAGE					
		A	N/A		M	F	0	I	II	III	IV	UNK
ALL SITES	703	463	240	368	335	51	91	93	41	109	199	119
ORAL CAVITY	10	3	7	6	4	0	0	1	0	2	7	0
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	6	1	5	2	4	0	0	1	0	0	5	0
OROPHARYNX	1	1	0	1	0	0	0	0	0	1	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	3	1	2	3	0	0	0	0	0	1	2	0
DIGESTIVE SYSTEM	133	99	34	78	55	8	17	21	15	29	40	3
ESOPHAGUS	10	5	5	7	3	0	0	1	0	4	5	0
STOMACH	11	8	3	8	3	0	2	0	1	4	4	0
COLON	54	47	7	28	26	7	9	13	9	10	6	0
RECTUM	24	19	5	17	7	1	5	4	4	4	5	1
ANUS/ANAL CANAL	4	4	0	1	3	0	0	1	0	1	2	0
LIVER	8	2	6	7	1	0	0	0	0	0	8	0
PANCREAS	12	5	7	6	6	0	0	0	0	6	6	0
OTHER	10	9	1	4	6	0	1	2	1	0	4	2
RESPIRATORY SYSTEM	122	90	32	61	61	0	15	6	11	42	47	1
NASAL/SINUS	1	0	1	1	0	0	0	0	0	0	0	1
LARYNX	3	2	1	2	1	0	0	0	0	0	3	0
LUNG/BRONCHUS	116	87	29	56	60	0	15	6	11	42	42	0
OTHER	2	1	1	2	0	0	0	0	0	0	2	0
BLOOD & BONE MARROW	85	35	50	48	37	0	0	0	0	0	0	85
LEUKEMIA	27	13	14	14	13	0	0	0	0	0	0	27
MULTIPLE MYELOMA	18	10	8	10	8	0	0	0	0	0	0	18
OTHER	40	12	28	24	16	0	0	0	0	0	0	40
BONE	1	1	0	1	0	0	0	0	0	0	0	1
CONNECT/SOFT TISSUE	3	2	1	0	3	0	0	0	0	0	3	0
SKIN	7	5	2	4	3	0	0	0	0	2	5	0
MELANOMA	7	5	2	4	3	0	0	0	0	2	5	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	94	64	30	0	94	11	25	15	6	8	29	0
FEMALE GENITAL	18	9	9	0	18	0	1	2	0	5	10	0
CERVIX UTERI	3	1	2	0	3	0	0	1	0	1	1	0
CORPUS UTERI	6	5	1	0	6	0	1	0	0	1	4	0
OVARY	8	2	6	0	8	0	0	1	0	3	4	0
VULVA	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	1	1	0	0	1	0	0	0	0	0	1	0
MALE GENITAL	74	47	27	73	1	0	2	41	2	5	24	0
PROSTATE	72	45	27	71	1	0	0	41	2	5	24	0
TESTIS	2	2	0	2	0	0	2	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	94	73	21	67	27	32	25	6	5	4	22	0
BLADDER	63	47	16	45	18	30	12	5	1	1	14	0
KIDNEY/RENAL	28	23	5	21	7	1	13	1	4	3	6	0
OTHER	3	3	0	1	2	1	0	0	0	0	2	0
BRAIN & CNS	12	8	4	6	6	0	0	0	0	0	0	12
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	7	4	3	5	2	0	0	0	0	0	0	7
OTHER	5	4	1	1	4	0	0	0	0	0	0	5
ENDOCRINE	9	4	5	3	6	0	5	0	0	2	2	0
THYROID	9	4	5	3	6	0	5	0	0	2	2	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	23	12	11	15	8	0	1	0	2	10	10	0
HODGKIN'S DISEASE	0	0	0	0	0	0	0	0	0	0	0	0
NON-HODGKIN'S	23	12	11	15	8	0	1	0	2	10	10	0

Hospital Comparison to State and Nation

2009 Community Hospital cancer sites compared to American Cancer Society						
	All Sites	Lung	Colo-rectal	Breast	Bladder	Prostate
Nation	1,479,350	219,440	146,970	194,280	70,980	192,280
Florida	102,210	17,790	10,420	12,650	5,490	12,380
Community Hospital	463	87	66	64	47	45

2009 Community Hospital Cancer Sites Compared to American Cancer Society						
	Lung	Colo-rectal	Breast	Bladder	Prostate	Total
Nation	14.8%	9.9%	13.1%	4.8%	13.0%	55.7%
Florida	17.4%	10.2%	12.4%	5.4%	12.1%	57.5%
Community Hospital	18.8%	14.3%	13.8%	10.2%	9.7%	66.7%

2009 Percentage of Top 5 Sites Comparison



Contacts and Definitions

Community Hospital: 727-848-1733 or www.CommunityHospitalNPR.com

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

Commission on Cancer: www.facs.org/cancer

National Cancer Institute: www.cancer.gov

Analytic: Cancer cases that are diagnosed and/or treated for cancer at the reporting hospital.

Non Analytic: Cancer cases in which the patient has an active cancer but was not treated and/or diagnosed at the reporting hospital for their cancer, but were treated at the hospital for another issue.

CoC: Commission on Cancer, a multidisciplinary program of the College of Surgeons.

FCDS: (Florida Cancer Data Society) Florida's statewide, population-based cancer registry

NCDB: (National Cancer Database) The National Cancer Data Base (NCDB), a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database.

CTR: Certified Tumor Registrar

Cystoscope: A slender tubular medical instrument for examining the interior of the urethra and urinary bladder (World English Dictionary).



Community Hospital

The Future Medical Center of Trinity

