



Community
HOSPITAL
The Future Medical Center of Trinity

**2008 Annual Cancer Report
Reflecting 2007 Data**

Mission Statement

To meet the healthcare needs of our community by providing all services in a competent manner with compassion, integrity and efficiency while preserving dignity, enhancing quality, and being very mindful of patient satisfaction throughout the continuum of care.

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A Message from our Chief Executive Officer

One of the things I admire most about our healthcare team is the ability to take a goal and work side by side to see that the goal becomes a reality. Our Cancer Committee Team began with the desire and commitment to become an Accredited Cancer Center. This is not a process that happens overnight, nor should it if your intentions are to strive for quality. Our team did not take this endeavor lightly. It was challenging, it was hard work but their passion for providing quality cancer care is very motivating. In 2007, not only did we receive the accreditation, but we received Commendation on 7 of 9 initiatives and the higher level Community Cancer Center designation.

I am proud that our team of physicians and staff did not stop with that accomplishment and continuously strive for better. I am proud that their compassion for caring goes beyond their patient and extends to the patient's family, friends and support system. I am proud that we have an active Tumor Board comprised of physicians, surgeons and our own clinical staff who on a weekly basis discuss active cases and best practices.

I am proud that our community is recognizing the cancer program we have and is consistently choosing Community Hospital and to stay close to home for their care.

Kathy Gillette, CEO
New Port Richey Community Hospital



Community Hospital

TOGETHER, PERFORMING AT A HIGHER STANDARDSM



Chairman's Annual Report

In 2007, Community Hospital's Comprehensive Cancer program continued to enhance and improve cancer services in our community through a team of dedicated healthcare professionals in the areas of prevention, diagnosis, pre-treatment evaluations, staging and offering our patients optimal treatment options. I am very proud and thankful to the dedicated work of the multidisciplinary healthcare team and the following accomplishments:

- We achieved the DVT (Deep Vein Thrombosis) prevention goal and became the number one facility in compliance with the National Standards in prevention of DVT in the Tampa Bay Area.
- To enhance patient safety and minimize the occurrence of hospital acquired infections, our clinical team began screening all patients admitted to the Oncology unit.
- Through this effort, our Oncology unit reported no hospital acquired infections in 2007.
- Our hand washing campaign focused on hospital employees and educating visitors and members of our community.
- Community Outreach included the Look Good Feel Better Support Group in conjunction with the American Cancer Society, extended hours in the American Cancer Society Gift Closet located on our campus, and many community prevention and screening programs.
- Enhanced technology with the addition of the da Vinci Robotic Surgical System which provides advanced minimally invasive surgical techniques for prostate and kidney cancer often resulting in less pain, less scarring and quicker recovery.
- We continue to be a Tobacco-Smoke Free Campus and provide educational assistance to our employees, patients and visitors.

I am looking forward to another successful year providing our community exceptional cancer care.

Sincerely,

KS Kumar, MD
Hematology/Oncology
Chairman, Cancer Committee

Goals and Achievements 2007

- Improve patients pain management satisfaction
- Test 100% of patients on the cancer floor for MRSA
- Improve symptom management for chemotherapy patients with the use of antiemetics suggested by NCCN guidelines.
- A Women’s Service Coordinator was introduced in 2007, she will be navigating women through the healthcare system.
- Continue to stay active in the community by participating in health fairs and screenings.
- Partner with the local American Cancer Society by staying actively involved with Relay for Life, Making Strides Against Breast Cancer, and in the Cattlebaron’s Ball.

Cancer Registry

Community Hospital has been an approved program since 2004. The Cancer Registry must comply with standards set by CoC/ACoS in order to maintain the accreditation. The Cancer Registry collects demographic, cancer identification, treatment, and follow-up data on each eligible cancer patient. This data contributes to treatment planning, staging, and continuity of care for patients. All analytic cases are annually reported to the National Cancer Data Base (NCDB), a joint project of the ACoS and the ACS. The information submitted is used for comparative analysis with other hospitals as well as for the annual report. Like all cancer care facilities in Florida, Community Hospital also reports our cases to the Florida Cancer Data System (FCDS), which is the state of Florida’s Central Cancer Registry.

There are currently more than 2738 cases diagnosed at Community Hospital in our registry database and we maintain a successful lifetime follow up rate of 84%, which is well above the Commission on Cancers requirements of 80% successful follow up. Cancer Conferences are held weekly in the morning, and are approved for one hour of category I Continuing Medical Education credit. 44 Cancer Conferences were held in 2007 in a facility-wide format, and were very well attended with multi-disciplinary attendance. A total of 132 cases were represented. The number of cases represented 25% of the 2007 analytic case load.

TOP FIVE SITES DIAGNOSED AT COMMUNITY HOSPITAL 2007				
SITE NAME	NBR-CASES		MALE	FEMALE
BRONCHUS & LUNG	101	18.91%	51	50
BREAST	77	14.42%	1	76
COLON	51	9.55%	25	26
URINARY BLADDER	43	8.05%	34	9
PROSTATE GLAND	26	4.87%	26	0
ALL OTHER SITES	236	44.19%	106	131
TOTAL CASES	534	100.00%	243	292

Multidisciplinary Diagnostic Services

Community Hospital utilizes a multidisciplinary team approach to educate, diagnose, and treat their cancer patients. The multidisciplinary members meet weekly to discuss cases management, diagnostic testing, pathology and treatment plans for the cancer patients.

American College of Radiology Board Certified radiologists provide diagnostic radiology. Some of the services provided are:

MRI/MRA Breast	RF Ablation	Thyroid Ablation
Nuclear Medicine	Iodine Seed Implant	Liver Ablation
Ultrasound	Lymphoscintigraphy	Sentinel node mapping and biopsy
Mammography	Mammoscintigraphy	
PET/CT	Virtual Colonoscopy	

The lab and pathology departments are accredited by the American College of Pathology. The pathology department provides diagnostic services for all biopsies, surgical specimens, and cytology. Specimens referred to other laboratories as needed.

Other programs and services offered at Community Hospital include:

- Dedicated inpatient medical-surgical oncology unit.
- Outpatient Infusion Center which provides specialized care to patients receiving chemotherapy and other cancer related therapies.
- Inpatient and outpatient rehab including speech therapy, physical therapy, support groups and lymphedema program.
- Behavioral health unit to provide support to our patients and families emotional needs.
- Nutritional counseling by registered dieticians.
- Partnership with The American Cancer Society including a gift closet and Look Good Feel Better Program.
- Pulmonary function and sleep lab.
- Case Management
- Community education including lectures, screenings and support groups.
- Quality management to ensure that quality care is given.
- Surgical department featuring General Surgery, Thoracic Surgery, Orthopedic Surgery, Gynecologic Surgery, Renal Cryosurgery and Green Light Laser Surgery.
- The use of the da Vinci surgical system for urologic procedures, such as prostatectomies, and hysterectomies.

Community Hospital 2007 Committee Members

Cancer Committee Chairman
Cancer Liaison
Director of Oncology/Infusion

Dr. K.S. Kumar
Dr. G. Robbins
Karen Simpson, BA, RN, OCN

Cancer Committee Coordinators:

Cancer Conference Coordinator
Community Outreach
Quality Registry Data
Quality Coordinator

Dr. K.S. Kumar
Dr. G. Robbins
Dr. S. Rapke
K. Simpson, BA, RN, OCN

Members:

Dr. L. Astra, Thoracic Surgery
Dr. J. Ayub, Medical Oncology
Dr. G. Barat, Radiology
Dr. M. Choksi, Medical Oncology
Dr. M. DeJesus, Pathology
Dr. D. DiPiazza, Urology
Dr. S. Emandi, Radiation Oncology
Dr. L. Hochman, Radiation Oncology
Dr. C. Jensen, Medical Oncology
Dr. R. Perez, Urology
Dr. D. Rodriguez, Primary Care
Dr. W. Smith, Pathology
Dr. C. Suggs, Palliative Care
Dr. G. Wright, Medical Oncology

K. Gillette, CEO
G. Romig, CFO
N. Maysilles, RN, CNO
C. Crisci, American Cancer Society
G. Ginsberg, RN, Education
M. Sommise, Marketing
J. Thacker, Dietary
S. Siebert, Imaging
S. Gammon, RN, Quality
W. Stegeman, Rehab
K. Stone, RN, Case Management
E. Harold, RN, OCN, Infusion Center
D. Maysilles, PharmD, Pharmacy
T. Lehman, Cancer Registry



Glossary of Terms

American Cancer Society (ACS) - Committed to fighting cancer through balanced programs of research, education, patient service, advocacy, and rehabilitation.

American Joint Commission on Cancer (AJCC) - Their goal is to formulate and publish systems classification of cancer, including staging and end results reporting, which will be acceptable to and used by the medical profession for selecting the most effective treatment, determining prognosis, and continued evaluation of cancer control measures.

American College of Surgeons (ACoS) - Dedicated to improving the care of the surgical patient and safeguarding standards of care in an optimal and ethical practice environment.

Commission on Cancer (CoC) - Sets standards for quality multi-disciplinary cancer care delivery primarily in hospital settings; surveys hospitals to assess compliance with those standards; collects standardized and quality data from approved hospitals to measure treatment patterns and outcomes; and uses the data to evaluate hospital provider performance.

Florida Cancer Data System (FCDS) - Florida's statewide population-based cancer registry. In 1978, the Florida Department of Health contracted with Sylvester Comprehensive Cancer Center at the University of Miami School of Medicine to design and implement the registry. FCDS has been collecting incidence data since 1981.

National Cancer Data Base (NCDB) - Nationwide Oncology outcomes data base for over 1,500 hospitals in 50 states. The NCDB was founded as a joint project of the ACoS, Commission on Cancer and the American Cancer

Information on Cancer

Community Hospital	727-848-1733	www.communityhospitalnpr.com
American Cancer Society (ACS)	800-227-2345	www.cancer.org
American College of Surgeons	800-621-4111	www.facs.org
Cancer Programs (ACoS)	321-202-5058	www.facs.org/cancer
National Cancer Institute (NCI)	800-4CANCER	www.cancer.gov
Florida Department of Health (FDH)	850-245-4003	www.doh.state.fl.us





Kidney Cancer at Community Hospital in 2007

By Dr. David DiPiazza

Community Hospital Cancer Registry has collected data from the charts and the pathology department on kidney cancer. There were 27 patients identified to have a kidney cancer in 2007. The majority (75%) at Community Hospital had tumors that had not yet spread to elsewhere in the body. Kidney cancer accounts for approximately 3% of malignancies in the United States with 36,160 new cases and 12,660 deaths each year.

It affects men almost twice as often as women and is more common in North American and European countries than other areas. The risk of kidney cancer increases with age with an average age at diagnosis of approximately 65 years. Although, kidney cancer is more rare in children, such cases are occasionally encountered.

Community Hospital had similar statistics to the national average in terms of age, sex, and origin. The incidence of kidney cancer is rising in the United States among all races and both sexes. From 1975 to 1995, the incidence among white men, white women, black men, and black women increased by 2.3%, 3.1%, 3.9%, and 4.3%, respectively. This increase in incidence occurred for all sizes and stages, but was greatest for smaller tumors found by "accident" with x-rays obtained for another reason. Fewer than 5% of kidney tumors present with symptoms; a "classic triad" of hematuria, flank pain, and a palpable mass. The increasing use of ultrasonography, computed tomography (CT), and magnetic resonance imaging (MRI) has dramatically increased the number of incidentally detected renal tumors. Most studies conclude that incidentally detected tumors are of lower stage and have a better outcome than symptomatic kidney cancer. However, what is very concerning to doctors is that even though we are finding more kidney cancers earlier, the overall death rate from kidney cancer continues to rise nationally.

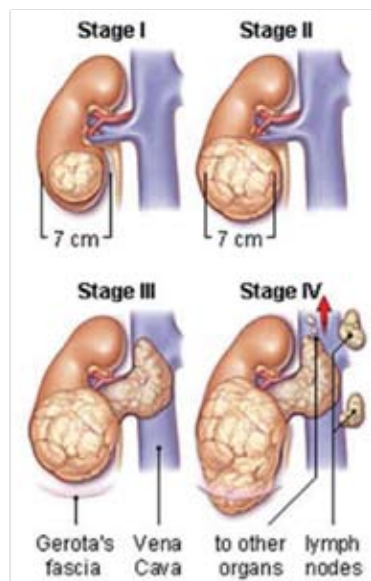


Image provided by <http://www.ohsu.edu>

Cigarette smoking is the leading risk factor for kidney cancer. The largest published case-control study reported a 2x risk for smokers after 20 years. These data suggest that about one-fourth to one-third of all kidney cancer in men may be caused by cigarette smoking. After quitting smoking, the risk seems to decline. Obesity has been shown to increase the risk for kidney cancer. This association is consistently demonstrated in women; the relationship is less apparent in men. Obesity in the United States continues to rise at an alarming rate. The exact mechanisms by which smoking and obesity predisposes to kidney cancer are not yet clear. There is an association with occupational exposures among blast-furnace and coke-oven workers, as well as iron and steel workers. In addition, workers exposed to asbestos, cadmium, dry-cleaning solvents, gasoline, and other petroleum products are at increased risk. Patients on dialysis who develop numerous renal cysts have a 50x increased risk for kidney cancer. There are rare families with a genetic disposition for developing kidney cancer. Doctors do not normally screen patients for kidney cancer unless they have a known family history.

The primary treatment of kidney cancer is surgical. The “gold standard” of care is laparoscopic surgery. There is no excuse for open surgery; no matter the size nor position of the tumor. Both radical nephrectomies and partial nephrectomies (which leave the kidney but remove the tumor) can be performed laparoscopically with incisions small enough to allow removal of the specimen squeezed out in a capturing bag. Community Hospital has a da Vinci robot which can be used to assist in performing laparoscopic surgery. Ablative technologies such as cryoablation and radiofrequency ablation can also be performed. Patients with tumors less than 4 centimeters have greater than a 97% 5-year survival after surgery. Community Hospital medical oncologists have new oral chemotherapies available to prolong the life of those with advanced kidney cancer. What is amazing is that all these minimally invasive technologies, which are found at large university hospitals, are available and frequently performed at Community Hospital.

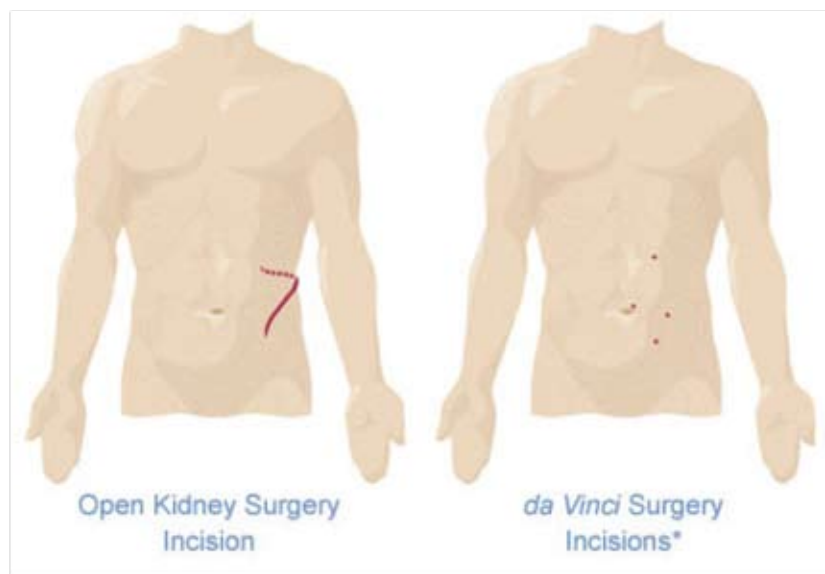
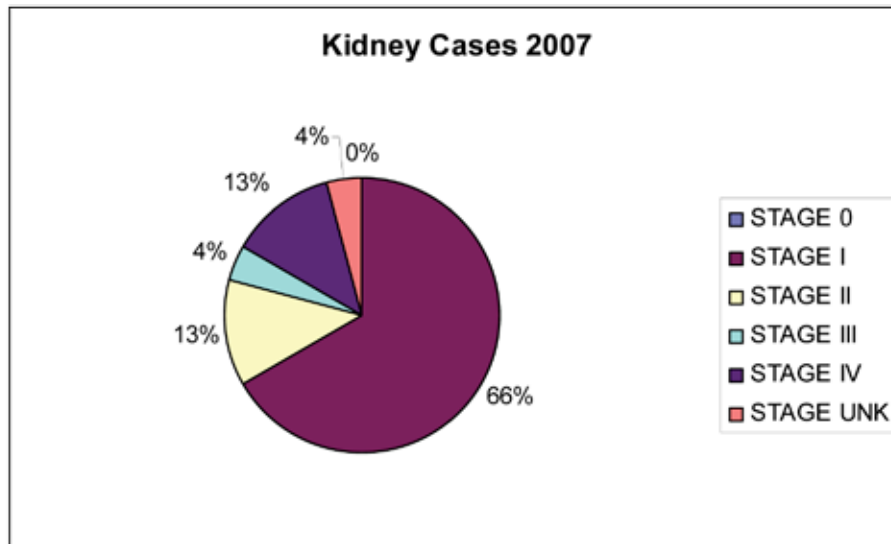


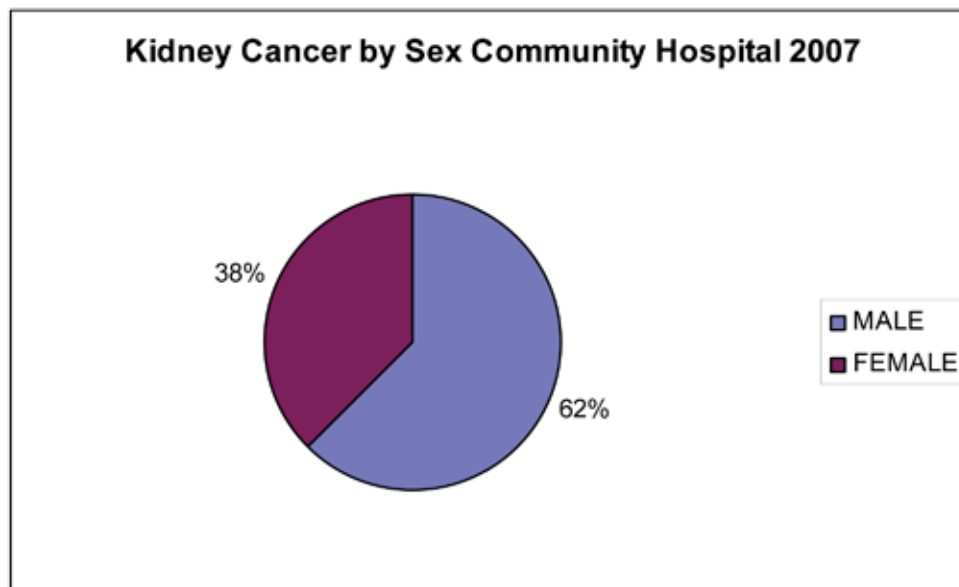
Image provided by <http://www.intuitivesurgical.com>

Kidney Cancer Cases Community Hospital 2007

	TOTAL CASES	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE UNK
KIDNEY	24	0	16	3	1	3	1
KIDNEY, RENAL PELVIS	3	0	0	1	1	1	0
TOTAL	27	0	16	4	2	4	1



KIDNEY CANCER CASES DIAGNOSED COMMUNITY HOSPITAL 2007						
SITE NAME	NBR-CASES	MALE		FEMALE		
KIDNEY	24	88.89%	15	62.50%	9	37.50%
KIDNEY, RENAL PELVIS	3	11.11%	2	66.67%	1	33.33%
TOTAL CASES	27	100%	17	62.96%	10	37.04%

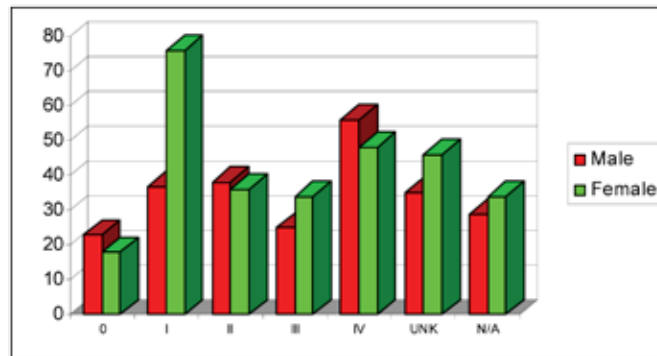


ALL CASES SEEN AT COMMUNITY HOSPITAL 2007

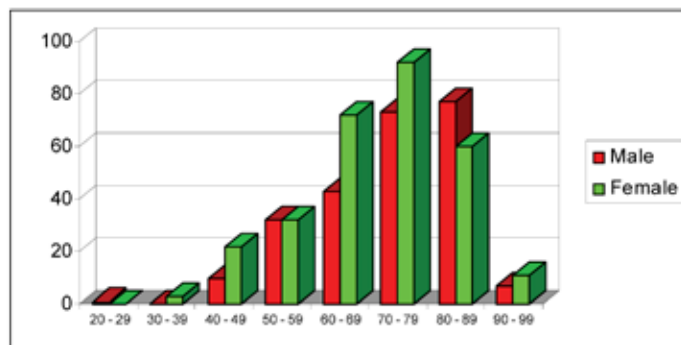
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						UNK	N/A
		A	N/A	M	F	0	I	II	III	IV			
ALL SITES	728	533	195	354	374	42	122	79	65	118	192	110	
ORAL CAVITY	7	1	6	2	5	0	0	0	0	0	7	0	
LIP	0	0	0	0	0	0	0	0	0	0	0	0	
TONGUE	2	0	2	1	1	0	0	0	0	0	2	0	
OROPHARYNX	1	1	0	0	1	0	0	0	0	0	1	0	
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0	
OTHER	4	0	4	1	3	0	0	0	0	0	4	0	
DIGESTIVE SYSTEM	135	108	27	83	52	10	10	24	14	37	38	2	
ESOPHAGUS	8	6	2	7	1	0	0	2	1	2	3	0	
STOMACH	12	9	3	9	3	2	2	0	0	5	3	0	
COLON	63	50	13	34	29	8	5	14	10	14	12	0	
RECTUM	18	17	1	10	8	0	2	6	0	4	6	0	
ANUS/ANAL CANAL	2	2	0	0	2	0	0	0	0	0	2	0	
LIVER	5	3	2	4	1	0	0	0	1	1	3	0	
PANCREAS	20	14	6	15	5	0	1	1	2	9	7	0	
OTHER	7	7	0	4	3	0	0	1	0	2	2	2	
RESPIRATORY SYSTEM	123	99	24	63	60	1	10	6	23	50	33	0	
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0	
LARYNX	2	0	2	2	0	0	0	1	0	0	1	0	
LUNG/BRONCHUS	121	99	22	61	60	1	10	5	23	50	32	0	
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
BLOOD & BONE MARROW	64	25	39	34	30	0	1	0	0	0	0	63	
LEUKEMIA	33	12	21	16	17	0	1	0	0	0	0	32	
MULTIPLE MYELOMA	11	4	7	4	7	0	0	0	0	0	0	11	
OTHER	20	9	11	14	6	0	0	0	0	0	0	20	
BONE	0	0	0	0	0	0	0	0	0	0	0	0	
CONNECT/SOFT TISSUE	2	2	0	1	1	0	0	0	1	0	1	0	
SKIN	21	15	6	15	6	0	1	2	4	2	11	1	
MELANOMA	20	15	5	14	6	0	1	2	4	2	10	1	
OTHER	1	0	1	1	0	0	0	0	0	0	1	0	
BREAST	97	77	20	2	95	9	36	13	8	4	27	0	
FEMALE GENITAL	51	46	5	0	51	1	15	4	9	9	13	0	
CERVIX UTERI	3	2	1	0	3	0	1	0	0	1	1	0	
CORPUS UTERI	29	27	2	0	29	0	13	2	4	3	7	0	
OVARY	12	10	2	0	12	0	1	1	2	5	3	0	
VULVA	4	4	0	0	4	1	0	1	0	0	2	0	
OTHER	3	3	0	0	3	0	0	0	3	0	0	0	
MALE GENITAL	53	27	26	53	0	0	1	21	2	4	25	0	
PROSTATE	50	26	24	50	0	0	0	21	1	4	24	0	
TESTIS	3	1	2	3	0	0	1	0	1	0	1	0	
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
URINARY SYSTEM	94	73	21	69	25	21	27	8	3	11	22	2	
BLADDER	56	43	13	46	10	20	8	4	0	7	17	0	
KIDNEY/RENAL	34	27	7	20	14	0	18	4	2	4	4	2	
OTHER	4	3	1	3	1	1	1	0	1	0	1	0	
BRAIN & CNS	27	23	4	7	20	0	0	0	0	0	0	27	
BRAIN (BENIGN)	1	1	0	1	0	0	0	0	0	0	0	1	
BRAIN (MALIGNANT)	8	7	1	2	6	0	0	0	0	0	0	8	
OTHER	18	15	3	4	14	0	0	0	0	0	0	18	
ENDOCRINE	10	6	4	2	8	0	2	1	1	1	5	0	
THYROID	10	6	4	2	8	0	2	1	1	1	5	0	
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
LYMPHATIC SYSTEM	29	19	10	15	14	0	19	0	0	0	10	0	
HODGKIN'S DISEASE	2	1	1	1	1	0	0	0	0	0	2	0	
NON-HODGKIN'S	27	18	9	14	13	0	19	0	0	0	8	0	
UNKNOWN PRIMARY	15	12	3	8	7	0	0	0	0	0	0	15	
OTHER/ILL-DEFINED	0	0	0	0	0	0	0	0	0	0	0	0	

Information on Cancer Cases Community Hospital 2007

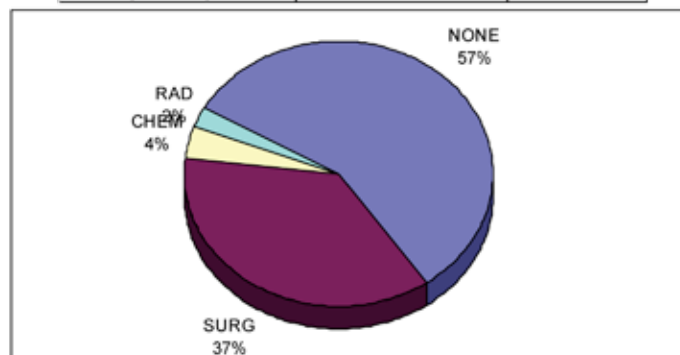
Stage	Male	Female
0	23	18
I	37	76
II	38	36
III	25	34
IV	56	48
UNK	35	46
N/A	29	34
TOTALS	243	292



Age Range	Male	Female
20 - 29	1	0
30 - 39	0	3
40 - 49	10	22
50 - 59	32	32
60 - 69	43	72
70 - 79	73	92
80 - 89	77	60
90 - 99	7	11
TOTALS	243	292



Treatment	Number of cases	Percent
NONE	408	55.89%
SURG	264	36.16%
CHEM	28	3.84%
RAD	17	2.33%
SURG/CHEM	9	1.23%
SURG/HOR	2	0.27%
CHEM/RAD	1	0.00136986
SURG/CHEM/RAD	1	0.14%



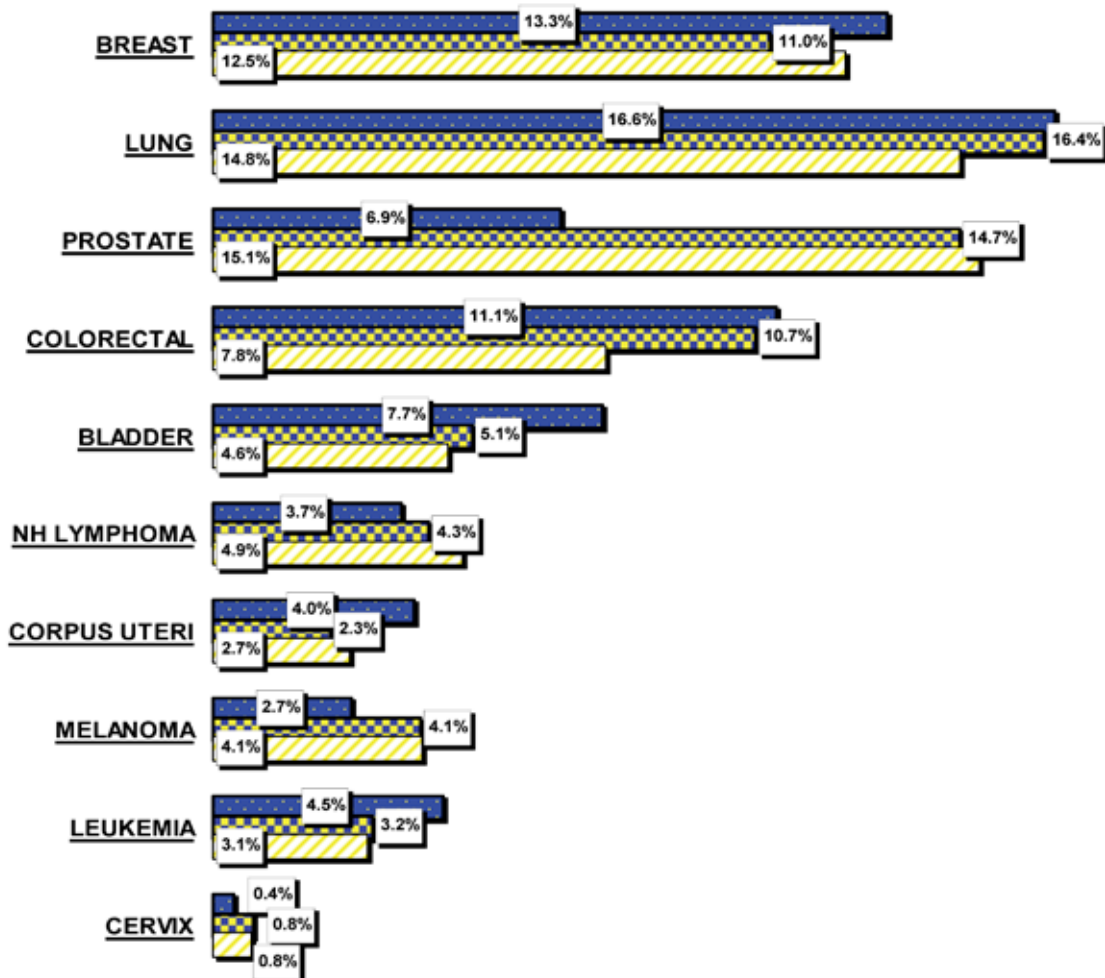
COMMUNITY HOSPITAL CANCER CASES DIAGNOSED 2007

***NATIONAL COMPARISON OF THE TEN MOST PREVALENT CANCER SITES**

*Estimated Cancer Cases from: The American Cancer Society Cancer Fact & Figures 2007

PRIMARY SITE	COMMUNITY HOSPITAL		FLORIDA		NATIONAL	
	CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
BREAST	97	13.3%	11,710	11.0%	180,510	12.5%
LUNG	121	16.6%	17,490	16.4%	213,380	14.8%
PROSTATE	50	6.9%	15,710	14.7%	218,890	15.1%
COLORECTAL	81	11.1%	11,420	10.7%	112,340	7.8%
BLADDER	56	7.7%	5,460	5.1%	67,160	4.6%
NH LYMPHOMA	27	3.7%	4,530	4.3%	71,380	4.9%
CORPUS UTERI	29	4.0%	2,490	2.3%	39,080	2.7%
MELANOMA	20	2.7%	4,380	4.1%	59,940	4.1%
LEUKEMIA	33	4.5%	3,360	3.2%	44,240	3.1%
CERVIX	3	0.4%	850	0.8%	11,150	0.8%
ALL OTHERS	211	29.0%	29,160	27.4%	426,850	29.5%
TOTAL CASES	728	100.0%	106,560	100.0%	1,444,920	100.0%

TEN MOST PREVALENT CANCER SITES 2007





Community Hospital is an American College of Surgeons, Commission on Cancer approved Community Hospital Comprehensive Cancer Program. We provide two major treatment options for cancer -- surgery and chemotherapy -- as well as a wide range of other clinical and support services. Our hospital utilizes a multidisciplinary team approach to provide quality cancer care for our patients and their families.

For More information about Community Hospital visit www.communityhospitalnpr.com

For more information on the Commission on Cancer, visit www.facs.org/cancer/index.html

Community Hospital is a proud sponsor of the American Cancer Society



For more information on the American Cancer Society, visit www.cancer.org