



St. Vincent's Medical Center Cancer Committee
CANCER PROGRAM ANNUAL REPORT 2010
(STATISTICS FROM 2009)



ST. VINCENT'S
MARY VIRGINIA TERRY CANCER CENTER
St. Vincent's HealthCare

A LETTER *to the* COMMUNITY

Dear Friends,

For over 50 years, St. Vincent's Medical Center has been recognized by the American College of Surgeons Commission on Cancer as a comprehensive community hospital program. Providing high-quality technical care to those diagnosed with cancer is of utmost importance in order to achieve good medical outcomes. In addition to the technical care, our mission calls us to serve those in need by providing for the mind, body, and spirit. We do this in many ways – through the compassionate care provided by our physicians, through the care provided by staff working in the different cancer areas within the hospital and through support services both within our hospital system and within the community.

We are proud to say our cancer program is growing at St. Luke's Hospital and we envision expanding our services to Clay County in the next few years. From outreach and screening, through diagnosis and treatment, St. Vincent's HealthCare is committed to providing for those in need.

One exciting new program at St. Vincent's is the Lung Cancer Institute. Newly opened in September 2010, the Institute provides an environment for easy access and streamlined care for those either at risk or diagnosed with lung cancer. A multidisciplinary team of physicians worked to provide the foundation of this program and we are proud of the outcome. Knowing that Duval County has a high percentage of lung cancer cases, we felt it was very important to support the needs of these patients.

I hope you find the information in this annual report beneficial.

Moody Chisholm
President and CEO
St. Vincent's HealthCare



Moody Chisholm



Paul Ossi, MD

DEAR FRIENDS

As another year comes to a close, we reflect on St. Vincent's accredited cancer program improvements, growth and accomplishments. First, I am happy to report that we were awarded another three year accreditation from the Commission on Cancer as an approved Community Comprehensive Hospital Cancer Program. Our continued success in our cancer program comes from several levels of support: From the many who have volunteered their time with our Cancer Conferences, Lunch and Learn, Candid Conversations About Breast Cancer, clinical trials, and Cancer Treatment Panel are just to name a few. In addition, our hospital administration continues to support the cancer program and most importantly the cancer registry staff and data collection. The Cancer Registry was awarded the Jean Byers Memorial

Award for the 9th consecutive year for excellence in cancer registration from Florida Cancer Data Systems state central registry.

We continue to evaluate our patient care and success at St. Vincent's as we review our data to measure quality and outcomes. Areas evaluated in 2009 include review of the percentage of breast axillary sentinel lymph node dissection for patients with early stage breast cancer, NCCN treatment guidelines for Glioblastoma and survival outcome, and colon cancer stage III referral pattern for adjuvant chemotherapy. Additionally, a detailed report reviewing our hospital statistics on Non-Small Cell Lung cancer with comparisons to national trends reveals that St. Vincent's exceeds the National Cancer Database overall five year survival in Stage I and II lung cancer. More information on this comprehensive review is included in the annual report.

Outreach and support services for cancer patients remain an important aspect of caring for our patients at St. Vincent's. We implemented the Kids Together Against Cancer support group for families dealing with a parent's cancer journey. KTAC is funded through the Rice Family Foundation and other partners included in the project are Riverside Presbyterian Day School and the Cummer Museum of Art and Gardens. The Foundation was awarded a \$50,000 grant by Susan G. Komen for the cure to help the medically under-insured women obtain the diagnostic tests needed to diagnose breast disease. We continue to strive to give the best care and to provide the latest technology for our patients, which has led to purchase of digital mammography equipment in 2009.

The cancer committee continues to meet every other month to review quality improvement, promote cancer conferences, use of AJCC cancer staging in treatment planning, educational programs, clinical research, community outreach and support services. The committee also regularly stays abreast of Cancer Committee changes and updates and monitors compliance with national guidelines.

St Vincent's cancer program continues to strive to be the best in delivering cancer care in Jacksonville while maintaining Ascension Health's core values of service to the poor, reverence, integrity, wisdom, creativity and dedication.

Paul Ossi, M.D.
Cancer Committee Chairman

MORE THAN 50 YEARS OF SUCCESS



Bill Yates / CYPPIX



ST. VINCENT'S MEDICAL CENTER (SVMC) OPERATES ONE OF THE NATION'S OLDEST CANCER CARE PROGRAMS, WITH MORE THAN 50 YEARS OF CONTINUAL ACCREDITATION BY THE AMERICAN COLLEGE OF SURGEONS AS A "COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM."

ST. VINCENT'S MARY VIRGINIA TERRY CANCER CENTER'S PARTICIPATION IN ONGOING CLINICAL TRIALS ALLOWS MANY PATIENTS TO RECEIVE TOMORROW'S GOLD STANDARD OF CARE YEARS BEFORE IT BECOMES WIDELY AVAILABLE ELSEWHERE.

MARY VIRGINIA TERRY CANCER CENTER

St. Vincent's Mary Virginia Terry Cancer Center serves as the centerpiece for the excellent cancer care at SVMC. Located at Shircliff Way and Riverside Avenue, the site houses the consolidation of cancer services at St. Vincent's Medical Center and the Walk of Hope, an attractive walkway that connects Radiation Oncology to the DePaul Medical Building and houses caregiving and educational resources, including a salon, boutique, and an American Cancer Society office.



PROFESSIONALS WORKING TOGETHER

Collaboration is the hallmark of the SVHC cancer program. Dedicated specialists work together to diagnose and plan treatments for patients through a unique prospective clinical process that provides patients with the benefit of a thorough, thoughtful therapy recommendation. Information regarding patients diagnosed and treated at SVHC is entered into the Cancer Registry database and followed throughout the patient's lifetime. Physicians and administrators use this information to monitor our cancer care and to ensure continued quality of care.

2009 CANCER COMMITTEE MEMBERS

— Paul B. Ossi, M.D.
Cancer Committee Chairman
Radiation Oncology

— Anne Bernstein, M.D.
Cancer Liaison
Pathology

— Brett B. Cantrell, M.D.
Pathology

— Paul Chappano, M.D.
General Surgery

— Francis A. Chrzanowski, M.D.
Colorectal Surgery

— Paul Crum, Sr. M.D.
Urology

— Leann Fox, M.D.
Quality Coordinator
Hematology Oncology

— Ryan Perkins, M.D.
Radiation Oncology

— Steven D. Siegel, M.D.
Cancer Conference Coordinator
Hematology Oncology

— Regina Ballard
ACS Patient Service Representative

— Ann Berry, RN, OCN
Nursing Manager, Oncology

— Robin Bettman, RPH
Pharmacy

— Tanya Brown, RN, OCN
Breast Cancer Advocate

— Jennifer Craft, RN, BSN, OCN
Radiation Oncology

— Alanna Eubanks, RD
Cancer Dietitian

— Cynthia Farah, RT
Director, Cancer Services
Education and Outreach Coordinator

— Wendy Holt, RN, MSN, OCN
Clinical Research Nurse

— Barbara Dearmon, BS, CTR
Cancer Registry Coordinator
Manager, Cancer Data Services

— Catherine Lane, RN, BSN, OCN
Radiation Oncology

— Eric Lisitano, PT
Manager, Physical Therapy

— David Meyer, VP
Strategic Planning & Business Development

— Elaine Murtha, MBA/HCM, RT (R)(M), CRA
Director, Medical Imaging

— Jill Nelson, RT
Manger, Medical Imaging

— Kelly Brockmeier
Director, Marketing

— Marlynn Townsend, RT(R)(M)
Cancer Patient Advocate

— Vicky Willis, RN, OCN
Nurse Educator, Oncology

— Sister Andrea Zbiegien, D.Min
Pastoral Care

CANCER SERVICES

St. Vincent's HealthCare offers the most technologically advanced methods and equipment to provide comprehensive cancer treatment.

Major components include:

- Breast Health Centers and the Multidisciplinary Breast Clinic
- Oncology Services: Medical and Radiation Oncology
- Surgical Services
- The Walk Of Hope
- Support Services and Resources
- Rehabilitative Services

MISSION FOCUSED

“Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons, with special attention to those who are poor and vulnerable...” so begins our mission statement and such is the foundation for the cancer services we offer. Whether “poor and vulnerable” refer to a financial, spiritual, or emotional need, St. Vincent's is there to help. Some of our mission-focused cancer services include:

- Mobile Mammography: screening mammography services provided in the community for ease of access
- Family Practice Medicine Center, primary care services for those in need
- Financial counseling and financial aid
- Pastoral care and spiritual support
- Social work services
- Free and discounted services based upon need
- A licensed Dietitian committed solely to the care of cancer patients
- Patient Advocate helping patients navigate from a screening mammogram through diagnostic testing and diagnosis
- Nurse Patient Advocate helping patients navigate the system once a breast cancer diagnosis has been made
- Cancer Patient Advocate helping patients with any type of cancer navigate the system throughout the cancer journey

All of our Patient Advocates provide education and emotional support to patients in need. They are available to be with patients during procedures and assist as needed with any questions the patient or family may have.



BREAST HEALTH

St. Vincent's HealthCare (SVHC) is one of the pioneers when it comes to breast health. Our professionals believe that early detection of breast cancer is the strongest weapon in fighting the disease.

St. Vincent's Medical Center

The Josephine H. Bryan Breast Health Center has long been a hallmark of coordinated, compassionate care at St. Vincent's Medical Center.

St. Vincent's has provided breast imaging services for over 40 years. Components of the Center include digital mammography, breast ultrasound, minimally invasive biopsy, breast MRI, and bone densitometry. A library with Internet access is also available on site. In addition to the St. Vincent's location, we have a mobile mammography unit that delivers services to women where it is most convenient. Whether it is in a shopping mall or at a place of work, women can take advantage of the mobile unit being near them. That means less time to drive to an appointment and more time to spend on you.

St. Luke's Hospital

In October 2008, SVHC opened another breast health center at the St. Luke's Hospital campus. Maintaining a high level of coordinated and compassionate care, the physicians and staff are dedicated to creating an excellent experience for all who come through this facility. Like St. Vincent's Medical Center, St. Luke's Hospital offers digital mammography, breast ultrasound, minimally invasive biopsy, breast MRI, and bone densitometry. Mobile Mammography

As an additional point of early detection, St. Vincent's Mobile Mammography program offers convenient access for screening mammograms to residents throughout Northeast Florida. Each year more than 3,000 women receive their screening mammograms through the mobile mammography unit, which also offers assistance to those who cannot afford this service.

The program is accredited by the American College of Radiology and certified by the Food and Drug Administration. Every mammogram is read by radiologists using the same state-of-the-art technology found at SVHC hospital locations.



Mobile Mammography Unit

MULTIDISCIPLINARY BREAST CLINIC

Breast cancer patients

For many women facing a breast cancer diagnosis, the roughest period is the initial, anxiety-ridden, not-knowing-for-sure period, which can sometimes stretch out for six weeks or even more. That's why our multidisciplinary breast clinic brings together all the various breast cancer related specialties in one location.

When a woman suspects or learns she has breast cancer, she can come to our clinic and see a number of specialists in a matter of hours, rather than weeks or months. This allows patients to get answers to all their questions in one day and go home with both a diagnosis and a definitive treatment plan.

One team at work for you

Radiation and medical oncologists, general and reconstructive plastic surgeons, a dietitian, and a patient advocate are all here to move the process along. This group also has a "fast-track arrangement" with pathologists and radiologists, for patients seen in the clinic.

This multidisciplinary approach is ideal for busy women juggling work, family, and other commitments. It is also extremely comforting to those who, understandably, would like a second, third, or even fourth opinion. This new approach to breast cancer treatment should also lead to better outcomes by shaving off time between the diagnosis and the onset of treatment.

We feel that all this, combined with some of the most sophisticated technology, will help us not only treat women with cancer more efficiently, but also allow us to provide them and their loved ones with peace of mind.

ONCOLOGY SERVICES

Medical Oncology

This sub-specialty of internal medicine involves chemotherapy and other non-radiation and non-surgical treatments for cancer. Often, the medical oncologist will direct cancer treatment for adult patients. Medical Oncologists are available at both St. Vincent's and St. Luke's to provide patients with the latest medical treatments and to collaborate with other physicians on the treatment team.



Radiation Oncology

The radiation oncology team at St. Vincent's includes experienced physicians, a radiation physicist, radiation therapists, and radiation therapy nurses. Treatments include 3-D planning, the latest in digital linear accelerators for precision radiotherapy, and special procedures like IMRT, IGRT, brachytherapy, prostate seed implants, external beam radiation treatments, and more.

Gynecologic Oncology

This subspecialty is for the treatment of cancers found in a woman's reproductive system. St. Vincent's HealthCare offers a dedicated inpatient unit, highly trained physicians, medical professionals, and patient support programs.

Surgical Services

Sometimes surgery is needed in the fight against cancer. St. Vincent's HealthCare (SVHC) professionals blend today's most advanced techniques with compassionate care to help you through this time. The da Vinci robotic unit is available for minimally invasive procedures.

General Surgery and Breast Surgery

Highly skilled and trained surgeons work closely with the SVHC nursing and surgical staff to provide state-of-the-art operative procedures in a safe and healing environment.



Plastic and Reconstructive Surgery

Expert physicians use our outstanding operating room and team up with our nursing staffs to provide the latest procedures and treatments. Along with our signature compassionate care, they help restore cancer patients' physical and emotional well-being.



Lymphedema Services

Although not a surgical solution to cancer, sometimes patients may need aftercare, such as Lymphedema Services, to regain their quality of life.

St. Vincent's Medical Center and St. Luke's Hospital are two of only a few centers in North Florida that offer certified therapy for treatment of lymphedema. Treatment plans, administered by licensed physical and occupational therapists, are customized to each individual's condition. After an assessment, the therapist will make recommendations on the amount and length of therapy needed.

THE WALK OF HOPE



Providing hope for a bright future

There is special place at St. Vincent's HealthCare that offers an extra dose of support for cancer patients and their loved ones. The Walk of Hope, located on the second floor entrance of the Mary Virginia Terry Cancer Center, connects cancer patients with products, services, and support needed most during their journey with cancer and beyond.

- Walk Of Hope Boutique
- American Cancer Society (Satellite Office)

Walk Of Hope Boutique

For those hard-to-find, necessary items, the Walk of Hope Boutique offers a multitude of options for the cancer patient, survivor, and loved ones, including:

- Prostheses for use after a mastectomy or other surgery, fitted by a certified fitter (call for appointment)
- Fashionable swimwear designed specifically for mastectomy support
- Sleepwear
- Lingerie, including bras and camisoles
- Wigs, turbans, and scarves
- Cosmetics, creams, and lotions
- Jewelry
- Cards and other inspirational gifts
- Cancer awareness products
- In-house wig salon with a licensed professional to offer fitting and solutions to common problems facing hair loss
- Gift certificates



Open: 9 a.m. to 4 p.m., Monday through Friday. For information call: 904-308-HOPE (4673)



SUPPORT SERVICES AND RESOURCES

Candid Conversations About Breast Cancer

Join us for an informal program where women facing breast cancer can talk with our experts about their experience and concerns. This is not a lecture or an educational forum... it's simply conversations: intimate, personal, interesting, and helpful conversations. Our breast health experts know how stressful a diagnosis of breast cancer is. Working as a team, a cancer doctor, registered nurse, and patient advocate are available for this night of informal conversations. Sessions are held every month from 6 to 7 p.m. in the Mary Virginia Terry Cancer Center (St. Vincent's Medical Center campus). To reserve your place in one or more of these conversations, call 904-308-5490.

Care Management

St. Vincent's HealthCare has social workers and care managers available to assist our cancer patients. These staff help link patients and families to community resources, assist with establishing a discharge plan from the hospital, and provide support and counseling related to the patient's illness.

Hospice Liaison Program

Because we believe that end-of-life experiences should be filled with dignity and respect, St. Vincent's HealthCare (SVHC) offers patients and families the opportunity to receive services from a hospice program serving their geographic location. The social worker will arrange for a hospice liaison nurse to meet with the patient and family to review services provided and enroll the patient if desired.

Extraordinary Resources

Additionally, we offer a variety of patient and community education materials, physician referrals, and immediate access to the registered nurses in HealthLink for answers to your questions and concerns. Some of these resources include:

- Deliver The Dream Foundation Retreat
- Patient Advocates
- Dietitian
- Support Groups
- Nurse Navigator

DELIVER THE DREAM FOUNDATION RETREAT

SVHC partners with the Deliver the Dream Foundation to provide four-day all expenses paid respite retreats to cancer patients and their families. For the past six years, SVHC has sent 15 families to this retreat where they can participate in activities such as rock-wall climbing, fishing, arts & crafts, and going to a rodeo. In addition to all the fun things the families get to do together, they participate in support groups to learn new coping skills and to help each other through their cancer journey.

PATIENT ADVOCATES

SVHC is proud to have a complement of three associates who serve as patient advocates. Working as a team, these three advocates identify any potential needs patients may have and try to help them in advance of a problem occurring. They serve as liaisons between the patient and the healthcare providers to make sure there are no unanswered questions. The advocates live the mission of St. Vincent's every day by being there for the patient, offering a warm, compassionate person to listen and hold your hand when times are tough. Sometimes, the small things make all the difference during a patient's cancer journey.

DIETITIAN

SVHC is the only program in this geographic area with a licensed Dietitian committed solely to the care of cancer patients. Our Dietitian works with patients to make sure they are maintaining good nutrition and weight during treatments and gives them options if they are having difficulties. The Dietitian also serves as a liaison between the patients and the healthcare providers to make sure the patient receives seamless care.

MAN TO MAN PROSTATE CANCER EDUCATION AND SUPPORT GROUP

In collaboration with the American Cancer Society, SVHC provides a support group for men who have been diagnosed with Prostate Cancer.

Man To Man is a free Prostate Cancer Support Group run by volunteers of the American Cancer Society. The group provides an educational opportunity for men diagnosed with prostate cancer and is open to wives, significant others and caregivers. Physicians and other cancer specialists will provide information on prostate cancer and issues related to the cancer journey.

No registration is required. The group meets at the Mary Virginia Terry Cancer Center, 2 Shircliff Way, on the 1st Tuesday of each month from 6 - 7 p.m. A light dinner is served. Free parking for this event is available in the DePaul Garage 2nd floor, near the entrance to Radiation Oncology. For more information, call Marlynn Townsend at 308-7877.



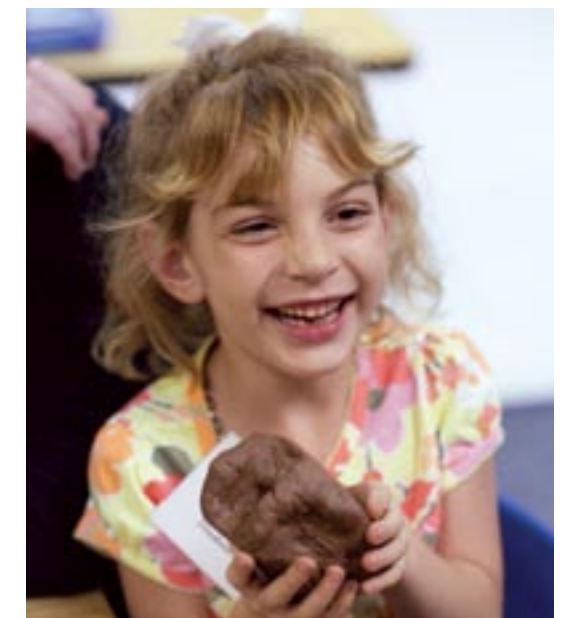
Kids Together Against Cancer (KTAC)

KTAC provides families with the helping hands they need during a parent's cancer experience. The program is offered quarterly at Riverside Presbyterian Day School of Jacksonville. Each week, children will attend a session led by a clinical social worker and art therapist that will focus on a specific topic. Adults will meet separately in a group. They will learn how to effectively communicate with their children regarding their cancer diagnosis.

This community-based program was developed through the generous support of the Rice Family Foundation. Other partners in the project are Riverside Presbyterian Day School and the Cummer Museum of Art and Gardens. There is no cost to participate in the program but space is limited. The program is designed for children ages 5 to 17.



KIDS TOGETHER AGAINST CANCER
SUPPORT FOR FAMILIES DEALING WITH A PARENT'S CANCER JOURNEY



2009 ACCOMPLISHMENTS FOR THE YEAR INCLUDED:

- Awarded 3 year accreditation from Commission on Cancer for approved Community Comprehensive Hospital Cancer Program
- Implemented Kids Together Against Cancer – a cancer support group for families who have a parent with cancer
- Offered ACS Man to Man prostate cancer support group
- Updated chemotherapy protocols with NCCN templates
- Standardized chemotherapy infusion protocol & technique for physicians
- Awarded Jean Byers Memorial Award for Excellence in Cancer Registration from FCDS
- Implemented image guided radiation therapy equipment
- Installed digital mammography for Breast Health Center and Mobile Mammography Unit
- St. Vincent's Foundation awarded a \$50,000 grant by Susan G. Komen for the Cure to help women who may not have the resources to obtain regular mammograms and other breast health services by targeting uninsured and under-insured women in Northeast Florida. The project will provide medically underserved women in Northeast Florida with access to screening and diagnostic mammography, breast ultrasound, minimally invasive breast biopsies using mammography and sonography guidance – which are necessary to diagnose breast disease early – and even transportation coverage
- Continued to offer Cancer Treatment Panel, a treatment planning conference for physicians representing multiple disciplines; continues to meet twice weekly to discuss prospective treatment plans for cancer patients
- Continued to promote Thoracic Panel
- Promoted monthly didactic Cancer Conferences with expert speakers on the topics of:
 - Primary Care Insights
 - Partial Breast Radiation
 - Clinical Debates in Prostate Cancer
 - Identifying and Managing Hereditary Cancer Syndromes
 - Ovarian Cancer Prevention and Screening
 - Tumor Lysis Syndrome and Acute Kidney Injury
 - Radiation Update on Breast Cancer
 - Update on Colon Cancer
- Participated in national cooperative group research trials including medical oncology, gynecologic oncology and surgical oncology
- Sponsored Community Prostate Cancer Screening with free PSA and DRE
- Hosted Candid Conversations about Breast Cancer – quarterly informational sessions for newly diagnosed patients
- Continued membership and participation in Association of Community Cancer Centers (ACCC)
- Hosted Lunch and Learn lectures on various topics for all cancer patients and families
- Promoted and provided membership to American Cancer Society Board and Committees



- Conducted patient care evaluation studies that measure quality and outcomes; one study using Registry data:
 - Reviewed percentage of Breast Axillary Sentinel Lymph node dissection considered or performed for patients with early stage breast cancer
 - Reviewed the NCCN treatment guidelines for Glioblastoma and survival outcome
 - Reviewed Colon Cancer Stage III referral pattern for adjuvant chemotherapy
- Conducted two improvements directly related to cancer patient care
- Continued physician review of Cancer Registry abstracting for timeliness, accuracy and quality
- Promoted physicians use of the AJCC TNM Staging and clinical documentation in pretreatment planning
- Monitored the NQF estimated performance rate for breast and colorectal cancers
- Continued to participate in NCDB Annual Call for Data
- Continued to participate in ACS National Call Center
- Participated in American Cancer Society support and information programs such as Reach to Recovery
- Promoted smoking cessation with Quit Smart program.
- Offered Community education programs on breast cancer
- Promoted Patient Advocates & Dietitian
- Offered free screening for Oral, Head and Neck Cancer
- Promoted Multidisciplinary Breast Clinic
- Participated in community outreach programs
- Participated in Deliver the Dream Foundation's retreat program

CANCER REGISTRY DATA SUMMARY (2009 STATISTICS)

Oncology Data Services is a hospital based cancer registry designed to collect, analyze, and manage data on malignant (cancer) diagnosis and other reportable diseases. A wide range of demographics and medical treatment is collected to provide quality outcome data in the registry. For 2009, Oncology Data Services accessioned (added) 1,166 cases; 1,040 of which were analytic cases (diagnosed and/or received first course of therapy at our facility). In addition, there were a total of 57 historical cases captured which accounted for incidence reporting to the state (not included in incidence comparison reports). The caseload for 2009 declined by 20% compared to previous year.

Oncology Data Services coordinates St. Vincent's weekly Cancer Treatment Panel, bi-monthly Thoracic Panel and follows all analytic cases through each patient's lifetime. A total of 373 cases were presented at the weekly cancer panels during 2009 and 91% were prospective. A cancer panel provides multidisciplinary consultative services for patients and physicians to develop a plan of care. The current follow-up rate is 93% for all living patients which exceeds the Commission on Cancer requirements and a 94% rate for patients diagnosed within the last 5 years. Oncology Data Services is vital to the success of St. Vincent's cancer program and is staffed by 3 certified cancer registrars and the Manager, who is certified.

Oncology Data Services complies with Florida Cancer Data Systems state reporting guidelines regulated by the Florida Department of Health. The department maintains compliance with the American College of Surgeons Commission on Cancer standards for St. Vincent's approved program and data reporting to the State on St. Luke's Hospital.

Annual Review of Cancer Panel	2009
Total number of cases presented	361
Total number of cases prospective	330 (91%)
AJCC Staging discussed	239 (72%)
% of analytic cases presented	16%
Multidisciplinary representation	99% - 100%
Physician attendance (average)	7-8
Top Sites discussed (breast, colorectal, thyroid, lung, esophagus)	
Frequency of meetings	Bi-weekly 2nd and 4th Thurs (Thoracic)

A total of 80% of patients diagnosed and/or treated at St. Vincent's reside in Duval County.

ST. VINCENT'S MEDICAL CENTER 2009 CASES BY COUNTY OF DIAGNOSIS

Florida County of Diagnosis	Number of cases	Percent
DUVAL	837	80.4%
CLAY	46	4.0%
NASSAU	15	1.4%
BAKER	13	1.3%
ST. JOHNS	9	1.0%
GEORGIA COUNTIES	49	2.5%
UNKNOWN COUNTY	57	5.0%
ALL OTHER	14	1.3%
TOTAL CASES	1040	99.9%

According to the Center for Disease Control and Prevention, the top 10 cancer sites for male and female most commonly diagnosed remained the same in 2006 as in previous years and include prostate cancer, female breast, lung, colorectal, corpus and uterus, bladder, non-Hodgkin lymphoma, melanomas of the skin, kidney and renal pelvis and ovarian cancer. St. Vincent's tops sites are consistent with national trends with a lower incidence noted in prostate cancer compared to national data.

ST. VINCENT'S MEDICAL CENTER CASES DIAGNOSED 2009

NATIONAL COMPARISON OF THE TEN MOST PREVALENT CANCER SITES

Estimated Cancer Cases from: The American Cancer Society Cancer Fact & Figures 2009
**national comparison excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder*

PRIMARY SITE	St. Vincent's		Florida		National	
	CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
BREAST	155	13%	12,650	12%	194,280	13%
LUNG	139	12%	17,790	17%	219,440	15%
PROSTATE	43	4%	12,380	12%	192,280	13%
COLORECTAL	107	9%	10,420	10%	146,970	10%
BLADDER	61	5%	5,490	5%	70,890	5%
NH LYMPHOMA	43	4%	4,640	4.5%	65,980	4%
CORPUS UTERI	52	4%	2,590	2.5%	42,160	3%
MELANOMA	10	1%	4,920	5%	68,720	4.6%
LEUKEMIA	21	2%	3,180	3%	44,790	3%
CERVIX	24	2%	800	1%	11,270	1%
ALL OTHERS	471	41%	27,350	28%	427,570	29%
TOTAL CASES	1119	100%	102,210	100.0%	1479,350	100.0%

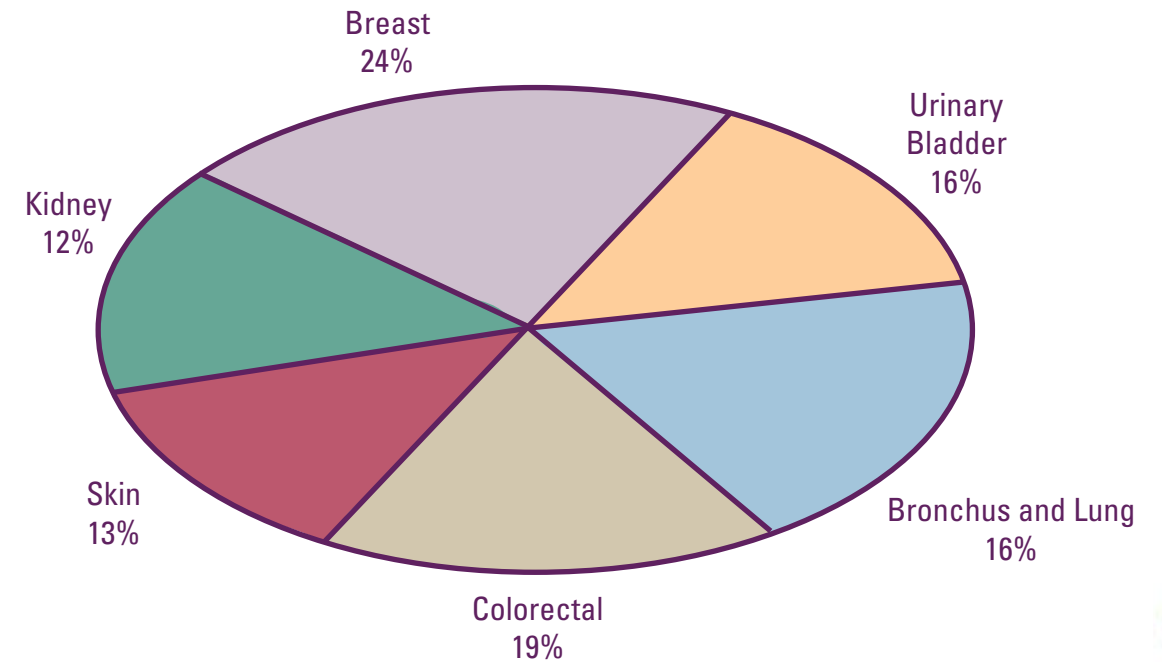
Sex Distribution

The ACS 2009 estimated new cancer cases by sex for Male is 766,130 (52%) and Female 713,220 (48%) compared to sex distribution St. Vincent's Male 473 (41%) and Female 693 (59%). Our data reveals a higher incidence in female gender compared to national trends.

Age Distribution by Sex			Race Distribution		
Age Range	Male	Female	Race	Cases	Percent
10 - 19	1	1	White	928	(80%)
20 - 29	2	12	Black	209	(18%)
30 - 39	20	39	Other	29	(2%)
40 - 49	52	88			
50 - 59	99	143			
60 - 69	125	184			
70 - 79	110	133			
80 - 89	61	82			
90 - 99	3	10			
100 - 109	0	1			
TOTALS	473	693			

Oncology Data Services accessioned a total of 266 cases for 2009 diagnosed and/or treated at **St. Luke's Hospital**. The most common primary sites seen in 2009 were breast, colorectal, bladder, lung, kidney and skin which is consistent with national trends. A total of 71% of patients reside in Duval County and 29% are from surrounding communities.

St. Luke's Hospital 2009 Most Common Sites



St. Luke's Hospital 2009 Cases by County of Diagnosis

DUVAL	189	71.05%
CLAY	23	8.65%
NASSAU	8	3.01%
BAKER	2	1%
ST. JOHNS	23	8.65%
GEORGIA COUNTIES	13	4.89%
PUTNAM	3	1.13%
ORANGE	2	0.75%
CHARLOTTE	1	0.38%
VOLUSIA	1	0.0037594
FLAGLER	1	0.0037594
TOTAL CASES	266	100.00%

BREAST CANCER

(Analytic cases only)

Breast Cancer was the most common cancer treated at our facility for 2009 and comprised 18% (190 cases) of all cancers diagnosed and/or treated at St. Vincent's. A slight decrease was noted in the breast incidence compared to prior year. A total of 58% of cases were diagnosed at an early stage (Stage 0,I) non-invasive and localized at the time of diagnosis. An increase is noted in early stage compared to last years figures which reveals that patients are being diagnosed at earlier stages which may be related to increased use of screening mammography. Locally advanced Stage II, III comprised 32% of cases which decreased from last year, 5% were distant Stage 4 at time of diagnosis and only 4% stage was unknown at diagnosis.

Breast cancer cases along with other cancer sites are discussed prospectively at our multi-disciplinary treatment panel weekly. Cases are accessioned into our Registry's database and monitored for estimated performance rate on the national breast cancer measures by NQF listed below:

Breast Measures	Estimated Performance Rates			
	2004	2005	2006	2007
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. [BCS/RT]	82.1%	89.3%	79.7%	94.1%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0, or Stage II or III ERA and PRA negative breast cancer. [MAC]	95.7%	76.5%	100%	90.9%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ERA and/or PRA positive breast cancer. [HT]	62.7%	74.1%	82.4%	95.2%

Our data exceeds local and national trends on estimated performance rates and reveals that patients are being offered nationally recognized standard of care for breast cancer.

LUNG CANCER

Lung Cancer was the second most common site diagnosed at our facility for 2009 and comprised 13% of all cases diagnosed and/or treated at St. Vincent's. Comparison against 2008 data revealed a 3% decrease in incidence from prior year. Stage I and II comprised 33% of cases diagnosed which is cancer still confined to lung and 31% were Stage III at diagnosis. Stage IV represented 31% of cases diagnosed at advanced or distant stage which declined from least year. Cigarette smoking is by far the most important risk factor for lung cancer (ACS Cancer Facts & Figures, 2009). A study of non-small cell lung cancer starts on page 27.

COLORECTAL CANCER

Colorectal Cancer is the third most common cancer incidence for 2009 at St. Vincent's and represents 10% of cases. Non-invasive and local stage represented 28% of cases. A total of 48% of cases were diagnosed at Stage II or greater with tumor spread outside of the colon and 16% of the cases were diagnosed advanced stage (Stage IV). Most colon or rectum cancers are staged after pathologic examination of the resected specimen. Colon cancer is the third most common cancer in men and women diagnosed in the United States (Cancer Facts & Figures, 2009). Cases presented at Treatment Panel and accessioned into the Registry's database are monitored for compliance with the national colon measures listed below:

Colorectal Measures	Estimated Performance Rates			
	2004	2005	2006	2007
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer. [ACT]	81.3%	80%	90.5%	89.5%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. [12RLN]	65.1%	72.5%	60.9%	81.1%
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 of with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer. [AdjRT]	75%	50%	57.1%	100%

BLADDER CANCER

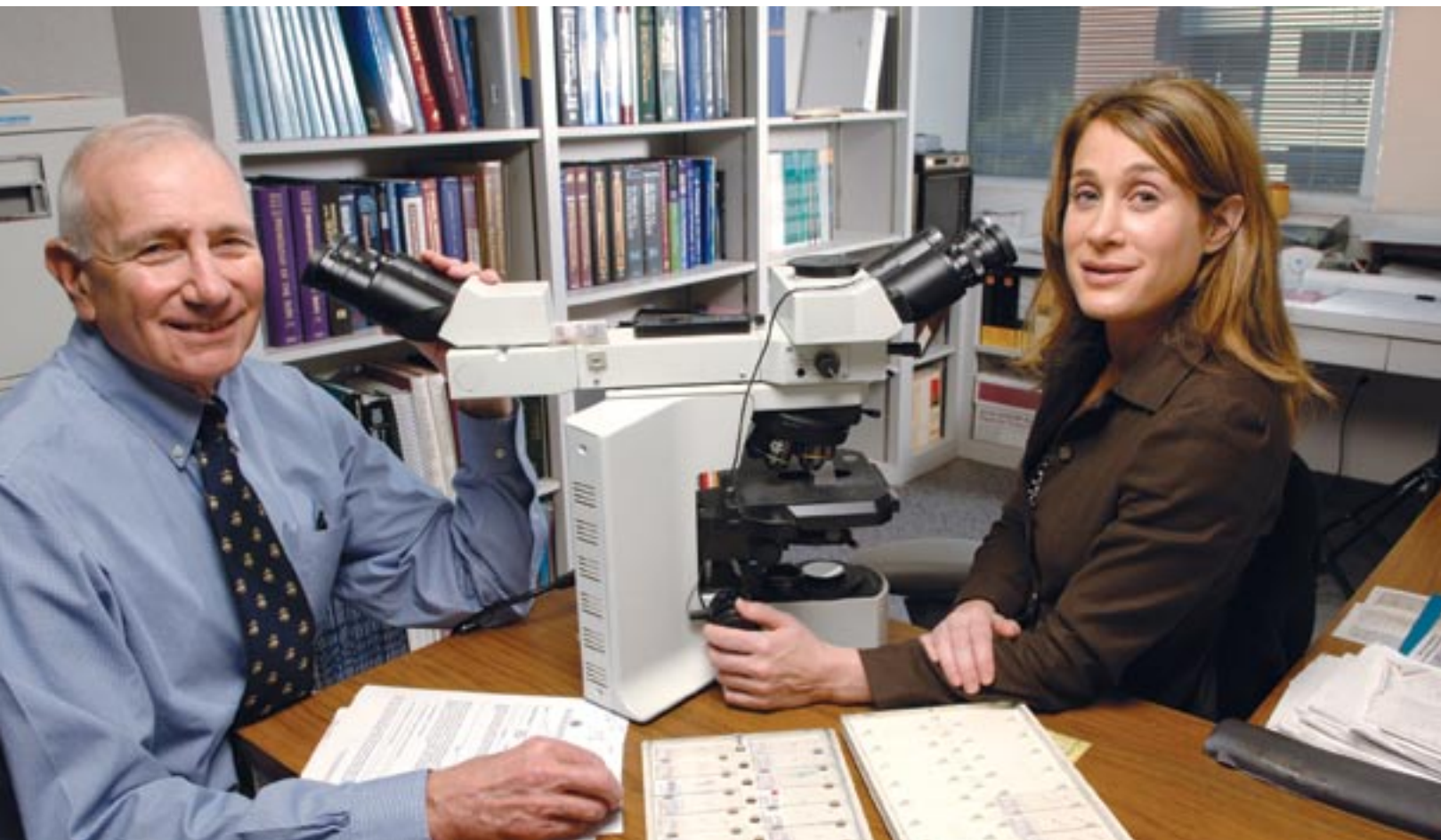
Bladder cancer is the fourth most common cancer incidence seen in 2009 at St. Vincent's and represents 6% of all cases. A large percentage (48%) of bladder cancers were non-invasive at diagnosis and 25% were Stage I localized to the bladder.

PROSTATE CANCER

Prostate Cancer represents 4% of the new cancer cases seen in 2009 and the incidence has declined by 52% compared to 2008 incidence. Prostate cancer is the second most frequently diagnosed cancer in men (ACS, Cancer Facts & Figures, 2009). A large majority of cases (92%) were diagnosed while still localized or confined to the prostate. A small number (2%) had extra prostatic extension at diagnosis and 3% had distant metastasis.

ENDOMETRIAL CANCER

Endometrial Cancer is the fifth most common cancer seen at St. Vincent's for 2009. Review of data reveals that the majority (56%) of endometrial cancers were diagnosed at an early stage. Most endometrial cancers are diagnosed at an early stage because of post menopausal bleeding (ACS, Cancer Facts & Figures, 2009). Stage II & III (22%) revealed invasion into the cervix and/or regional extension and 9% were Stage IV distant at time of diagnosis.



2009 PRIMARY SITE TABLE

PRIMARY SITE	Total Cases	Class of Case		Sex	
		Analytic	Non-Analytic	Male	Female
ALL SITES	1166	1040	126	473	693
ORAL CAVITY	24	21	3	21	3
• TONGUE	9	8	1	8	1
• OROPHARYNX	2	2	0	2	0
• HYPOPHARYNX	0	0	0	0	0
• OTHER	13	11	2	11	2
DIGESTIVE SYSTEM	220	192	28	120	100
• ESOPHAGUS	18	15	3	14	4
• STOMACH	14	11	3	7	7
• COLON	76	68	8	40	36
• RECTUM	43	39	4	23	20
• ANUS/ANAL CANAL	9	7	2	3	6
• LIVER	10	9	1	4	6
• PANCREAS	33	29	4	19	14
• OTHER	17	14	3	10	7
RESPIRATORY SYSTEM	165	153	12	90	75
• NASAL/SINUS	1	1	0	0	1
• LARYNX	9	9	0	8	1
• LUNG/BRONCHUS	152	140	12	80	72
• OTHER	3	3	0	2	1
BLOOD & BONE MARROW	45	37	8	21	24
• LEUKEMIA	24	21	3	12	12
• MULTIPLE MYELOMA	11	10	1	4	7
• OTHER	10	6	4	5	5
BONE	0	0	0	0	0
CONNECT/SOFT TISSUE	3	3	0	1	2
SKIN	18	15	3	10	8
• MELANOMA	16	13	3	10	6
• OTHER	2	2	0	0	2
BREAST	204	190	14	1	203
FEMALE GENITAL	164	141	23	0	164
• CERVIX UTERI	26	24	2	0	26
• CORPUS UTERI	59	52	7	0	59
• OVARY	48	40	8	0	48
• VULVA	25	19	6	0	25
• OTHER	6	6	0	0	6
MALE GENITAL	66	48	18	66	0
• PROSTATE	61	44	17	61	0
• TESTIS	4	3	1	4	0
• OTHER	1	1	0	1	0

PRIMARY SITE	Total Cases	Class of Case		Sex	
		Analytic	Non-Analytic	Male	Female
URINARY SYSTEM	100	92	8	79	21
• BLADDER	64	61	3	56	8
• KIDNEY/RENAL	33	28	5	22	11
• OTHER	3	3	0	1	2
BRAIN & CNS	32	29	3	11	21
• BRAIN (BENIGN)	3	3	0	2	1
• BRAIN (MALIGNANT)	10	9	1	8	2
• OTHER	19	17	2	1	18
ENDOCRINE	51	47	4	17	34
• THYROID	42	39	3	13	29
• OTHER	9	8	1	4	5
LYMPHATIC SYSTEM	50	49	1	27	23
• HODGKIN DISEASE	7	6	1	4	3
• NON-HODGKIN	43	43	0	23	20
UNKNOWN PRIMARY	18	17	1	8	10
OTHER/ILL-DEFINED	6	6	0	1	5

LUNG CANCER

By Leeann Fox, MD

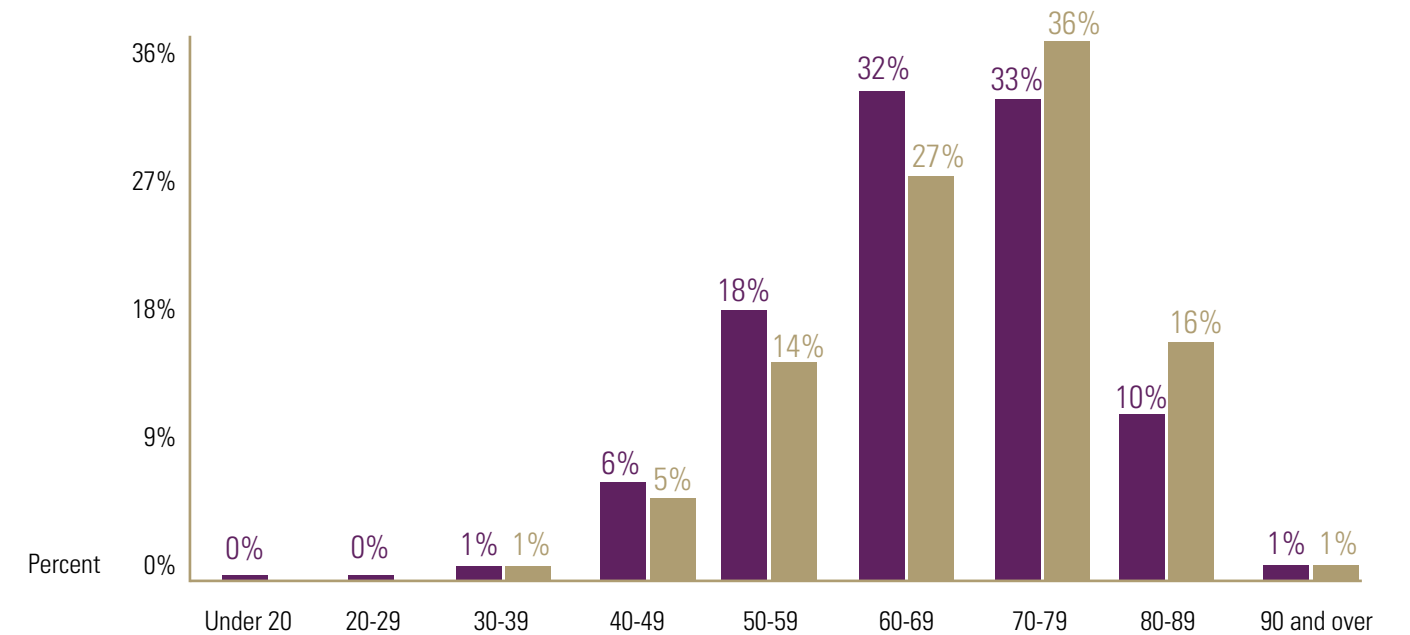


Lung Cancer is the second most common malignancy diagnosed at St. Vincent's Medical Center and nationally represents 13% of cases seen in 2009. This report will analyze our non-small cell lung cancer incidence by age, gender, race, AJCC stage, first course of treatment and outcome, compared to national trends.

The 2009 ACS Facts & Figures estimated new cancer cases for lung cancer in the United States were 219,440, with 159,390 deaths for both sexes. Lung cancer is the leading cause of death for all cancers diagnosed in United States in both sexes. The single most leading factor for developing lung cancer is smoking. For smokers the risk is higher and increases with quantity of cigarettes (National Center Institute). Other risk factors include: second hand smoke, pipe, cigar smoking, radon, arsenic and asbestos exposure.



Age Group of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007
St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases



SVMC age distribution is consistent with national trends. Majority of the non-small cell population was between the ages of 50-79 at SVMC.

■ SVMC
■ National

Age Group of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

Age Group	SVMC (N)	Oth. (N)	SVMC (%)	Oth. (%)
Under 20	—	4	—	0.01%
20-29	—	22	—	0.06%
30-39	7	197	0.53%	0.53%
40-49	82	1837	6.19%	4.9%
50-59	237	5071	17.9%	13.52%
60-69	421	10257	31.8%	27.5%
70-79	432	13592	32.63%	36.24%
80-89	138	6128	10.42%	16.34%
90 and over	7	398	0.53%	1.06%
Total	1324	37506	100%	100%

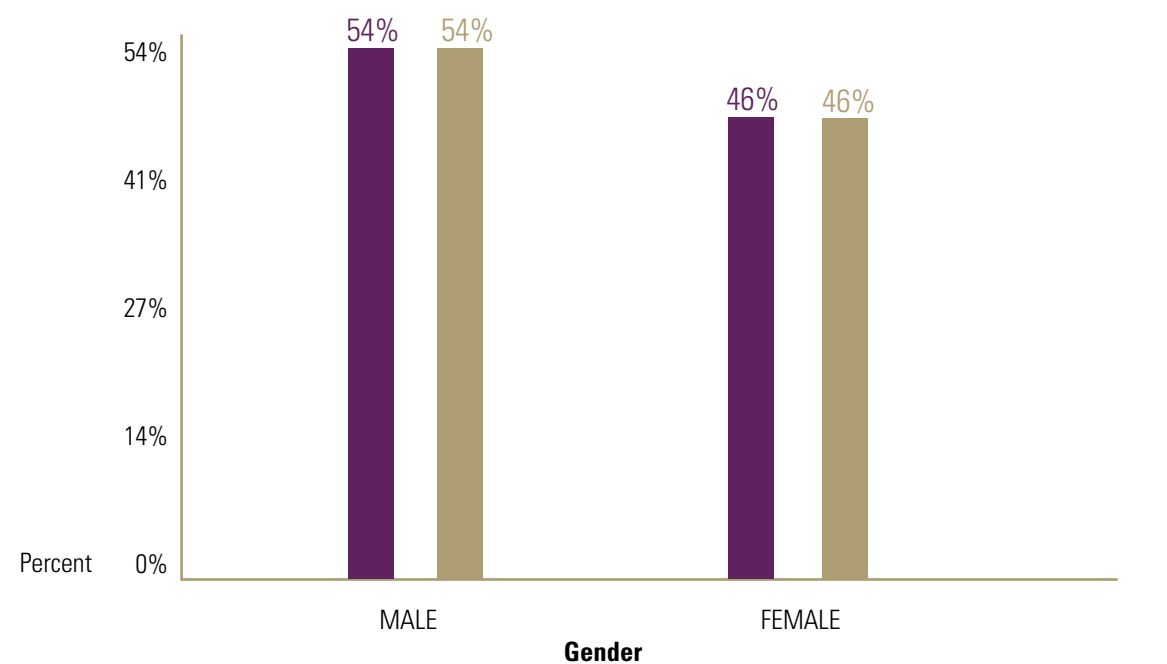
Race/Ethnicity of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

Race/Ethnicity	SVMC (N)	Oth. (N)	SVMC (%)	Oth. (%)
White	1124	32196	84.89%	85.84%
Black	177	2674	13.37%	7.13%
Hispanic	11	2140	0.83%	5.71%
Asian Pacific Islander	8	208	0.6%	0.55%
Native American	1	16	0.08%	0.04%
Other/Unknown	3	272	0.23%	0.73%
Total	1324	37506	100%	100%

Gender of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

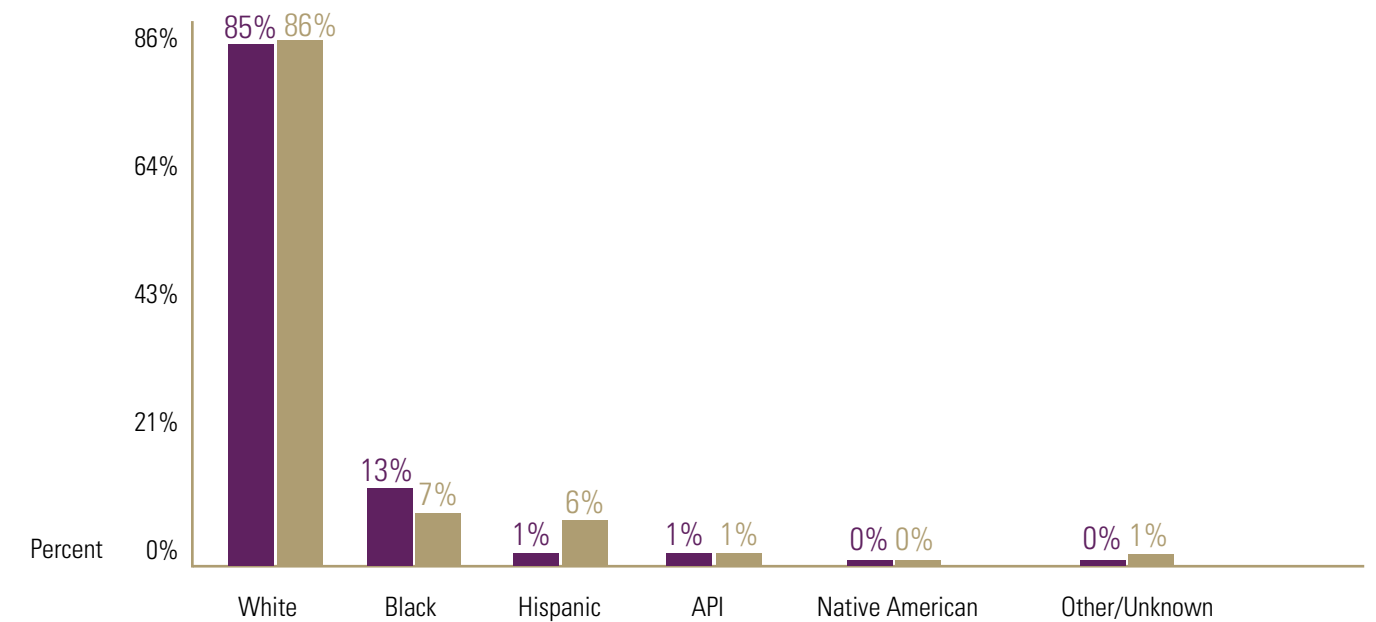


SVMC gender distribution comparison for non-small cell is equivalent to national data.

■ SVMC
■ National

Race/Ethnicity of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

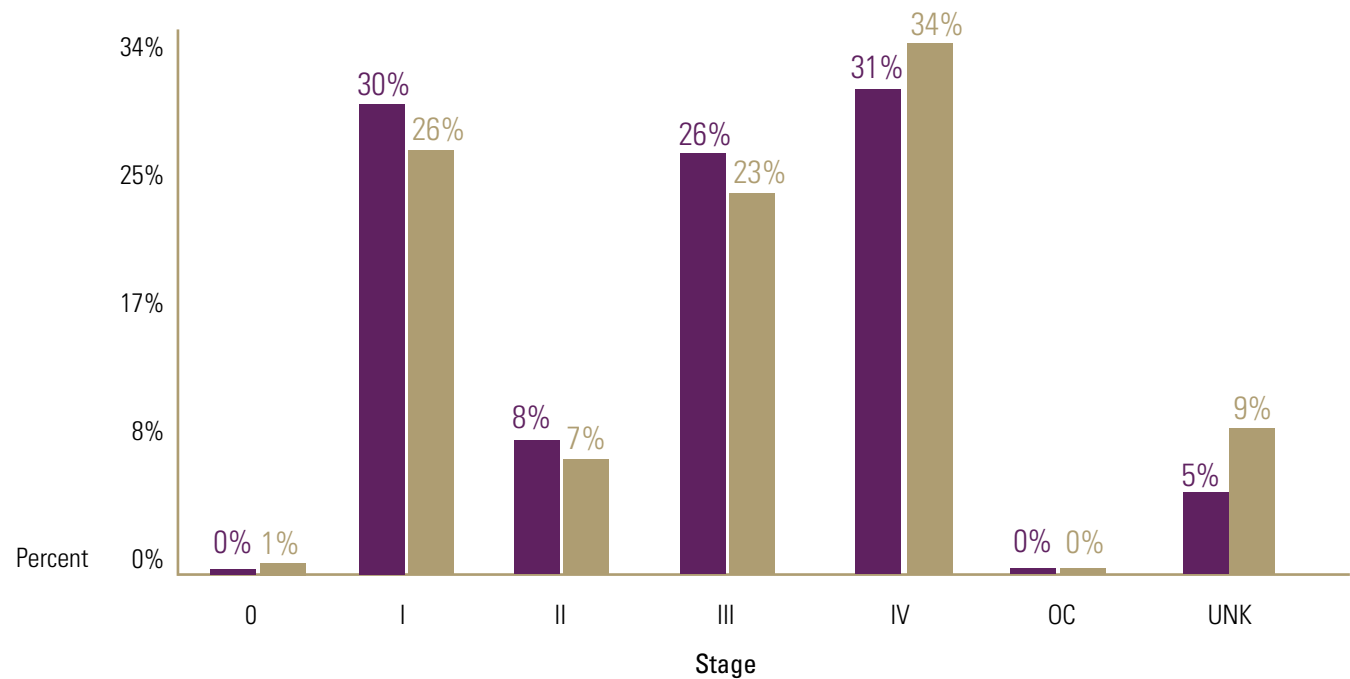


SVMC race distribution comparison for Whites for non-small cell carcinoma is consistent with national trends. SVMC race distribution for Blacks compared to national data is higher, and the Hispanic race group is less than 1%.

■ SVMC
■ National

Stage of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

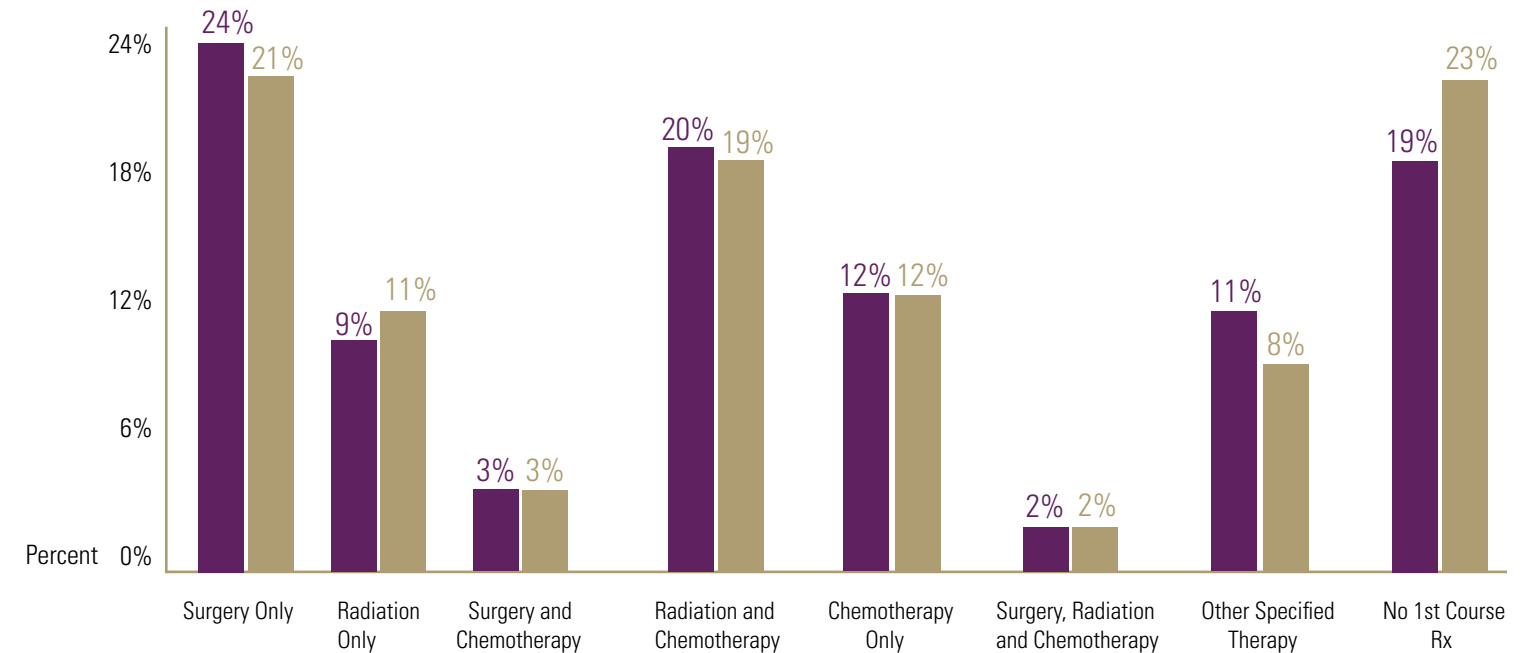


Over 38% of cases were diagnosed at an early stage, which is slightly higher than national trends at 33%. Stages III and IV cases were consistent with national trends. Less than 5% were able to be staged.

■ SVMC
■ National

First Course Treatment of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases



SVMC First Course of Treatment for non-small cell carcinoma of the lung was consistent with national trends.

■ SVMC
■ National

Stage of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

Stage	SVMC (N)	Oth. (N)	SVMC (%)	Oth. (%)
0	2	46	0.15%	0.12%
I	399	9911	30.14%	26.43%
II	111	2671	8.38%	7.12%
III	339	8748	25.6%	23.32%
IV	411	12704	31.04%	33.87%
OC	1	18	0.08%	0.05%
UNK	61	3408	4.61	9.09
Total	1324	37506	100%	100%

First Course of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007

St. Vincent's Medical Center, Jacksonville, Florida
vs. Comprehensive Hospitals in ACS Division of Florida
All Diagnosed Cases

First Course Treatment	SVMC (N)	Oth. (N)	SVMC (%)	Oth. (%)
Surgery Only	319	7815	24.09%	20.84%
Radiation Only	120	4114	9.06%	10.97%
Surgery and Chemotherapy	37	1140	2.79%	3.04%
Radiation and Chemotherapy	267	7291	20.17%	19.44%
Chemotherapy Only	159	4321	12.01%	11.25%
Surgery, Radiation and Chemotherapy	29	880	2.19%	2.35%
Other Specified Therapy	145	3133	10.95%	8.35%
No 1st Course Rx	248	8812	18.73%	23.49%
Total	1324	37506	100%	100%



St. Vincent's Medical Center, Jacksonville, Florida Stage by Systemic Therapy of Lung, Bronchus — Non-Small Cell Carcinoma Cancer Diagnosed in 2000 to 2007 All Diagnosed Cases							
Stage	No Systemic Therapy	Chemotherapy Alone	Hormone Therapy Alone	Chemotherapy and Immunotherapy	Systemic Therapy	Totals N	%
0	1 50%	1 50%	—	—	—	2 100%	0.15%
I	338 84.7%	30 7.5%	—	—	31 7.8%	399 100%	30.14%
II	62 55.9%	33 29.7%	1 0.9%	—	15 13.5%	111 100%	8.38%
III	97 28.5%	200 59%	—	1 0.3%	41 12.1%	339 100%	25.6%
IV	145 35.3%	217 52.8%	—	1 0.2%	48 11.7%	411 100%	31.04%
OC	1 100%	—	—	—	—	1 100%	0.08%
UNK	41 67.2%	11 18%	—	—	9 14.8%	61 100%	4.61%
Total	685 51.7%	492 37.2%	1 0.1%	2 0.2%	144 10.9%	1324 100%	

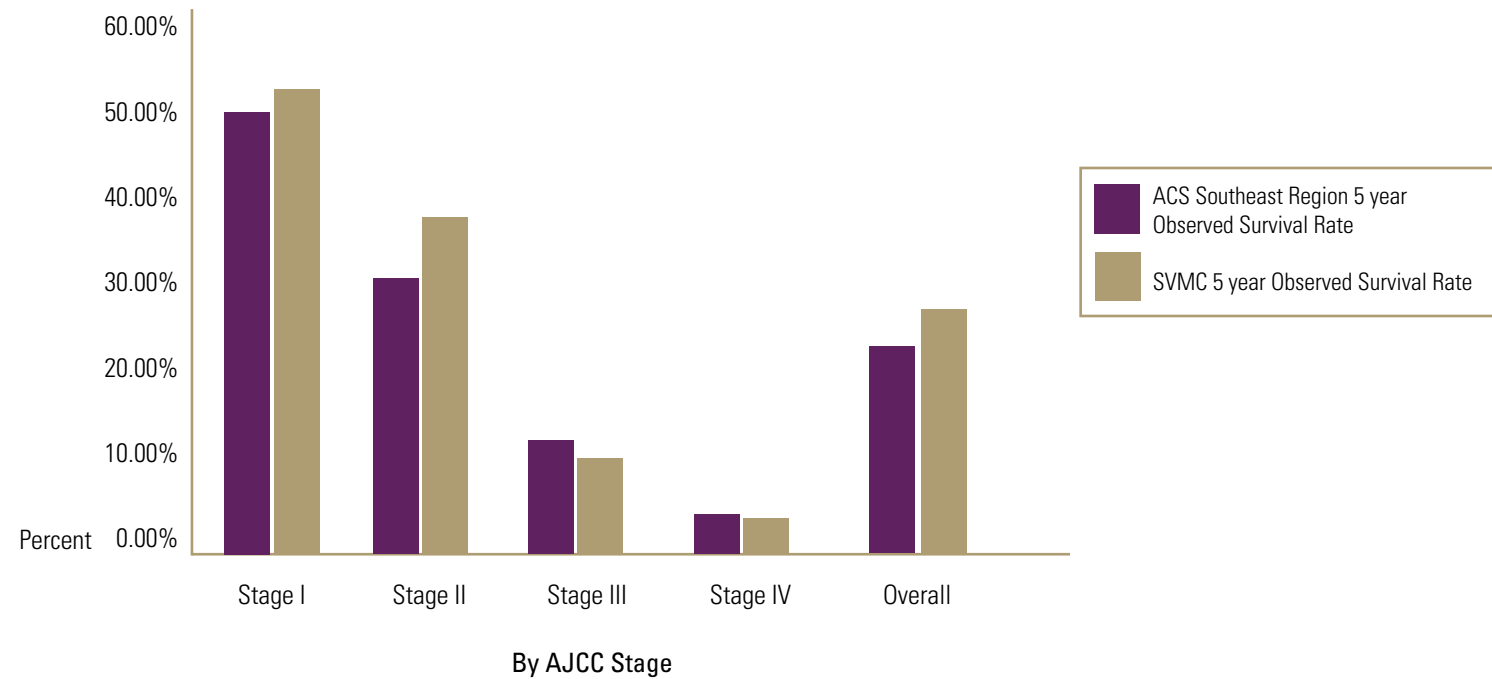
CROSS-TABULATION OF REASON NO CHEMO BY SUMMARY AJCC STAGE GROUP FOR 01-LUNG-CA-REVIEW								
REASON NO CHEMO	STG 1		STG 2		ALL OTHERS		TOTAL VALUES	
	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)
CHEMO RX PERFORMED	24	4.8	23	4.6	457	90.7	504	38.1
CHEMO RX NOT RECOMMENDED	284	45.7	54	8.7	284	45.7	622	47
CONTRAINDICATED DUE TO OTHER CONDITIONS;								
AUTOPSY ONLY CASES	30	25.9	9	7.8	77	66.4	116	8.8
REASON UNKNOWN FOR NO CHEMO	1	50	0	0	1	50	2	0.2
PATIENT OR GUARDIAN REFUSED CHEMO	8	24.2	5	15.2	20	60.6	33	2.5
CHEMO RECOMMENDED; UNKNOWN IF DONE	7	26.9	4	15.4	15	57.7	26	2
UNKNOWN; DEATH CERTIFICATE ONLY CASES	2	11.8	0	0	15	88.2	17	1.3
ANY OTHERS	0	0	0	0	3	100	3	0.2
OVERALL TOTALS	356	26.9	95	7.2	872	65.9	1323	100
DEPENDANT VARIABLES								
STG 1 is SUMMARY AJCC STAGE GROUP 1A,1B								
STG 2 is SUMMARY AJCC STAGE GROUP 2A,2B								

OUTCOME

The 5-year relative survival rate for the period of 1995 to 2001 for patients with lung cancer was 15.7%. The 5-year relative survival rate varies markedly depending on the stage at diagnosis, from 49% to 16% to 2% for patients with local, regional and distant stage disease, respectively (National Cancer Institute). Patients with resectable disease may be cured by surgery or surgery with adjuvant chemotherapy. Local control can be achieved with radiation therapy in a large number of patients with unresectable disease, but cure is seen only in a small number of patients. Patients with locally advanced, unresectable disease may have long-term survival with radiation therapy combined with chemotherapy. Patients with advanced metastatic disease may achieve improved survival and palliation of symptoms with chemotherapy (National Cancer Institute).

Observed 5-year Survival for Lung, Bronchus — Non-Small Cell Carcinoma Cases Diagnosed in 1998-2002 Data from 315 Programs (FL)		
Stage of Disease	ACS Southeast Region 5 year Observed Survival Rate	SVMC 5 year Observed Survival Rate
Stage 0	10.3%	N/A
Stage I	50.0%	53.6%
Stage II	30.9%	38.7%
Stage III	12.0%	10.5%
Stage IV	3.6%	3.3%
Overall	22.4%	28.4%

**SVMC Lung (Non-Small Cell Carcinoma) Compared to NCDB
Observed 5 year Survival 1998-2002**



CONCLUSION (SUMMARY)

St. Vincent's Medical Center either meets or surpasses the national statistics regarding lung cancer. The age, gender and race distribution is consistent with national trends as is the recommended first course of treatment. The number of cases diagnosed in the early stages of lung cancer at St. Vincent's is higher than the national average. St. Vincent's Medical Center also exceeds the national data base for overall 5 year survival in Stages 1 and 2 lung cancer. Since early stage lung cancer is more curable this improvement in outcome is reasonable. Further studies to investigate this improved survival trend are being considered.

References:

National Cancer Data Base (NCDB), Commission on Cancer. Benchmark reports
www.facs.org

American Cancer Society, Cancer Facts & Figures 2009
www.cancer.org

National Comprehensive Cancer Network
Clinical Guidelines
www.nccn.org

St. Vincent's Oncology Data Services

Definition of Terms:

ACS – American Cancer Society

AJCC – American Joint Committee on Cancer

Analytic (A) – patients initially diagnosed and or treated at St. Vincent's Medical Center

Non-Analytic (NA) – patients diagnosed and treated elsewhere prior to being seen at St. Vincent's Medical Center.

NCDB – National Cancer Database

COC – Commission on Cancer





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