Cancer Report 2012

Using Statistical Data From 2011
Inside: A Study on Breast Cancer

St. Joseph’s Hospitals
BayCare Health System
CANCER INSTITUTE

StJosephsCancer.org
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Cancer Committee Chairman’s Report

The St. Joseph’s Hospital Cancer Institute Leadership Committee is pleased to publish our 2012 Annual Report, which outlines the activities and accomplishments of our cancer program for the year and provides statistical information on the cancer patients treated at our facility during 2011. This year’s report includes a review of breast cancer patients treated at St. Joseph’s Hospitals between 2000 and 2010 as presented by Dr. Bruce Hough. Overall outcome and comparison statistics for breast cancer patients being treated at St. Joseph’s Hospitals are consistent with those seen at the state and national levels, meaning they reflect an increased use of early detection strategies, advanced treatment options and improving outcomes.

The St. Joseph’s Cancer Institute works in coordination with multidisciplinary physician teams, including surgical oncologists, medical oncologists, radiation oncologists, radiologists, pathologists, plastic surgeons and others, to treat breast diseases including breast cancer. The treatments offered at St. Joseph’s Hospitals utilize the newest and most advanced technologies including 3-D mammography, advanced ultrasound, MRI, lymphatic mapping, sentinel lymph node biopsy, Accelerated Partial-Breast-Irradiation (APBI), and Image-Guided Intensity Modulated Radiation Therapy (IMRT) to improve outcomes.

Breast cancer, like all cancers, affects the patient diagnosed with the disease as well as the family members and friends who care for the patient. The effects of a cancer diagnosis are broad. Diagnosis and treatment options must address the patient’s psychosocial challenges as well as the physical challenges. At St. Joseph’s Cancer Institute we emphasize compassionate care and our patient satisfaction scores continue to rank among the highest in the system. The many successes seen in 2011 reflect the outstanding efforts of our ancillary staff, nurses and physicians who are dedicated to excellence in breast cancer care.

The 2012 report outlines another successful year for our Cancer Program and highlights many of the major accomplishments including ongoing accreditation with commendation from the American College of Surgeons Commission on Cancer and special accreditation of the Hinks and Elaine Shimberg Breast Center by the National Accreditation Program for Breast Centers (NAPBC). St. Joseph’s Cancer Institute continues to partner with the American Cancer Society, Susan G. Komen for the Cure® and other community organizations to actively promote cancer screening, patient and community education.

We again want to express appreciation for the enthusiasm and generosity of the many loyal cancer professionals who care for our cancer patients and who make the successes of the St. Joseph’s Cancer Institute possible. With their leadership and support, we are confident in our ability to fulfill our mission and set the standard for high-quality, compassionate cancer services in our community.

Anthony N. Brannan, MD
Cancer Committee Chairman
St. Joseph’s Cancer Institute

What is the St. Joseph’s Cancer Institute?
St. Joseph’s Cancer Institute is a community resource dedicated to improving survival and quality of life for cancer patients through collaborative efforts in prevention, research, education and the monitoring of comprehensive quality care.

What makes up the St. Joseph’s Cancer Institute?
The St. Joseph’s Cancer Institute is more than the sum of its parts. Working together, the St. Joseph’s Hospitals, dozens of independent specialist physicians and health care professionals use an interdisciplinary approach to provide highly personalized and coordinated care. We work to provide each patient the benefit of expert consultation from multiple medical specialties and supportive services so each treatment/survivorship plan can address the full range of patient needs.

Where is the St. Joseph’s Cancer Institute located?
St. Joseph’s Cancer Institute functions within St. Joseph’s Hospitals (St. Joseph’s Hospital, St. Joseph’s Women’s Hospital, St. Joseph’s Children’s Hospital and St. Joseph’s Hospital–North) and within our affiliated independent physician offices/practices.

How does the St. Joseph’s Cancer Institute improve survival and quality of life for cancer patients?
In addition to providing the best possible care to every patient, St. Joseph’s Cancer Institute partners with several organizations to maintain state-of-the-art performance. St. Joseph’s Cancer Institute partners with the American College of Surgeons Commission on Cancer, a consortium of professional organizations dedicated to a common cause: improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care. St. Joseph’s Cancer Institute monitors quality standards, benchmark performance and improved survival rates through the Commission on Cancer’s accreditation process and National Cancer Data Base (NCDB). St. Joseph’s Cancer Institute maintains special relationships with many community and national organizations such as the American Cancer Society, Susan G. Komen for the Cure, National Coalition for Cancer Survivorship, Leukemia & Lymphoma Society, CancerCare, FORCE, Ovacome and Chapters Palliative Care to promote and support prevention, screening, early detection, staging and treatment, rehabilitation, survivorship and a wide variety of complementary services.
General Introduction

Cancer is not a single disease. It is a group of diseases that share a common characteristic, the uncontrolled growth and spread of abnormal cells. These abnormal cells can originate from almost any part of the body. Most people are aware of the most common types of cancer (breast, prostate, lung and colon), but less common cancers also have an enormous impact on our society and can be devastating to those that are affected. With physician partners from many different medical specialties, both pediatric and adult, St. Joseph's Cancer Institute is working to win the fight against all cancers.

Each year St. Joseph's Cancer Institute leaders select a topic for detailed analysis. The analysis looks at diagnosis, treatment and outcomes to ensure the highest quality care is being provided. This year St. Joseph's Cancer Institute has chosen to examine breast cancers. Breast cancers are all too common, affecting a high percentage of women in our community. St. Joseph's Cancer Institute takes great pride in our breast cancer programs and has used this annual report as another opportunity to ensure outstanding breast health and breast cancer care is available to all of our patients.

Physicians and scientists use cancer site-specific categories and epidemiology terms to examine the burden of a disease on our population: how many cancers are diagnosed each year (incidence), how many people are living with a diagnosis (prevalence), deaths due to cancer (mortality) and survival rates (usually five years). This year's annual report will use these same cancer site-specific categories and epidemiology terms to examine the National Cancer Database (NCDB) data derived from St. Joseph's Hospitals. While we are quite proud of the exceptional quality of care delivered by our physicians and professional staff, we know that good is not good enough. We are committed to multiplying our efforts until a cure is found and every member of the community has received the comprehensive cancer care they deserve.
Breast cancer is the most common non-skin cancer and the second most common cause of cancer death in women in the United States. There has been a decline in breast cancer deaths in our country as evidenced by National Cancer Institute Epidemiologic data.

The improved survival statistics are probably due to a variety of factors including earlier diagnosis, better diagnostic technology, improved surgical methods and outcomes, safer and more effective chemotherapy, advanced radiation technology and treatment, multidisciplinary approaches among treating physicians, improved supportive care and more coordinated follow up.

As a large hospital supported by BayCare Health System, St. Joseph's Hospitals have focused on improving each of the above variables using a global approach through the St. Joseph's Cancer Institute.

While measuring outcomes from each intervention is difficult without a local control group, measuring our outcomes among state and national averages as included in this report is instructive and gives the members of this cancer institute an opportunity to reflect and focus for the new year.

Breast cancer, like all cancers, is an acquired genetic disease arising from successive mutations that began in a single cell. Risk factors include inborn errors of DNA editing mechanisms and environmental exposures such as prolonged hormonal exposure or radiation to the breast. Unfortunately, not all breast cancers are alike nor can they all be prevented by maintaining a healthy lifestyle. That being said, each patient stands a better chance at survival if their individual cancer is found early and treated before it has a chance to spread to others parts of the body.

Despite some of the conflicting data in the popular media, it is important for every woman to know that mammograms, clinical breast examination (performed by a well-trained physician) and personal breast awareness (self breast exams) are universally recognized and utilized as tools for early detection. Specialized breast centers like the Hinks and Elaine Shimberg Breast Center at St. Joseph's Women's Hospital are specially equipped and staffed with dedicated fellowship-trained breast radiologists to assist women with their breast health needs.

The St. Joseph's Breast Program is accredited by the National Accreditation Program for Breast Centers (NAPBC) as a comprehensive breast program because it offers traditional

**Female Breast Cancer**


Mortality source: U.S. Mortality Files, National Center for Health Statistics, CDC. *Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (19 age groups — Census P25-1130). Death rates cover 100% of the U.S. population. †Hispanic origin is not mutually exclusive from race categories (white, black, Asian/Pacific Islander, American Indian/Alaska Native).
The National Cancer Database data from breast cancer patients treated at St. Joseph’s Hospitals from 2000–2010 was reviewed. There were 4,246 cases over the 11-year period. New breast cancer case volume grew from 2001 through 2007 and has been relatively flat over the most recent years.

At St. Joseph’s Hospitals, the largest volume of breast cancer cases are seen in the 50–59 age group. The 40–49 and 60–69 age groups have a similar number of cases and have the next highest volume. Age groups 70–79 and 80–89 have next highest volume. Young women, those under age 40, account for less than 7% of all the new breast cancer cases.

screening and diagnostic mammography, a full spectrum of diagnostic resources including state-of-the-art 3-D breast tomosynthesis mammography, breast MRI, stereotactic biopsy, MRI directed biopsy, ultrasound and ultrasound biopsy as well as specialty trained radiologists.

The radiologists who participate in diagnostic testing at St. Joseph's facilities are also present four times monthly at the multidisciplinary breast cancer tumor boards to promote collaboration with surgeons, medical oncologists, radiation oncologists and plastic surgeons. The radiologists present the abnormal imaging findings to the team of treating physicians and help promote a multidisciplinary care plan. The pathology service at St. Joseph's Hospitals also makes vital contributions to each patient’s multidisciplinary care plan. These specialists contribute their expertise and state-of-the-art testing facilities to clarify even the most difficult diagnostic dilemmas such as Her-2/Neu polyploidy and conflicting IHC/FISH results. The National Cancer Institute has historically identified this type of interaction as the highest form of coordinated cancer care, recommending its implementation since the early 1980s. This type of interaction between treating doctors in the same room reduces communication delays and increases the quality of the recommendation ultimately given to the patient.

While physical exam and radiologic studies can help suggest areas of involvement by cancer, removal and inspection of affected tissue is mandatory to give a clear and complete diagnosis. Ultimately, each case is classified by stage (0, IA, IB, IIA, IIB, IIIA, IIIB, IIIC, or IV) which takes into account the size of the primary tumor, extent of lymph node involvement and presence or absence of distant disease, called metastases. In shorthand, this is referred to as the TNM staging for “tumor,” “node,” and “metastasis.” These three values are used to give the final stage.

This last year has seen an increase in the options for breast cancer patients and has changed the way we approach certain situations. ACOSOG Z-11 has impacted the way we approach low volume nodal disease and has forced the breast cancer community to make medical decisions truly personalized. New Her-2/Neu agents such as pertuzumab have been FDA approved and new data on dual agent use has been shown to improve survival among our sickest patients. An antibody drug conjugate for breast cancer, TDM-1, has shown promising results and is expected to be FDA approved early next year. The ATLAS trial recently demonstrated that the risk of breast cancer recurrence is decreased and overall survival is increased with longer administration of Tamoxifen.

These new developments make it all the more critical for patients to receive personalized care from a multidisciplinary team. Fortunately, St. Joseph's Hospital has a robust cadre of dedicated physicians that regularly meet to discuss and debate these advances in the hopes of maximizing the experience and outcome of each patient we see.
Cancer Disparities and Prevention

The St. Joseph’s Cancer Institute is working with the American Cancer Society, Susan G. Komen for the Cure® and many other organizations to decrease the cancer burden and eliminate disparities among different segments of our population. While the factors associated with these health disparities (income, education, insurance status, race/ethnicity, gender, etc.) are numerous, complex and interrelated, we know that much can be done to improve the health of our community.

The St. Joseph’s Cancer Institute recommends that each person work with a primary care provider to become educated about their personal risk factors and seek appropriate medical care including cancer screenings as recommended. As noted in the American Cancer Society Breast Cancer Facts and Figures 2011-2012, there are several factors known to be associated with an increased risk of developing breast cancer (Relative Risk >4). These factors include: increased age (65-80 vs. <65), biopsy confirmed atypical hyperplasia, certain inherited genetic mutations (BRCA1 and/or BRCA2), mammographically dense breasts, and personal history of breast cancer. Other personal risk factors such as family history, first degree relatives (mother, sister, or daughter) diagnosed with breast cancer, are also important to review with your primary care physician. Persons with specific questions or concerns about breast cancer are strongly encouraged to consult a physician who specializes in the diagnosis and treatment of breast cancer. Their professional training and experience will allow them to weigh multiple risk factors and view the information in the context of each patient’s personal health profile.

Biological risks: Nationally, breast cancer is slightly more common in the white non-Hispanic population as compared to the black and Hispanic populations.

Behavioral risks: Behavioral risk factors are behaviors you can change. Eating a healthy diet, getting regular exercise, maintaining a healthy weight, avoiding alcohol and not smoking are all recommended as key breast cancer prevention strategies. Following screening recommendations, including clinical breast exams and mammograms, are key breast cancer early detection strategies. Breast cancer is often detected by mammogram without any signs or symptoms of disease. This reality is why St. Joseph’s Hospitals and BayCare Imaging Centers work so hard to promote regular mammogram screening as outlined by the American Cancer Society and Susan G. Komen for the Cure®. The following symptoms are most commonly associated with a benign condition but should be evaluated by a well-trained physician, as they could be associated with breast cancer:

- Breast mass (with or without pain)
- Persistent changes to the breast (thickening, swelling, distortion, tenderness, skin irritation, redness, scaliness, or nipple abnormalities including ulceration, retraction, or spontaneous discharge)

Please maintain a healthy lifestyle and follow cancer screening guidelines. Early detection saves lives.

The tables and notes below are intended to promote general knowledge about breast cancer and to highlight steps to prevent and control breast cancers.

<table>
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<tr>
<td></td>
<td>Lifetime Risk of Diagnosis (Born in 2012)</td>
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<tr>
<td></td>
<td>All Races</td>
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<tr>
<td>Breast Cancer</td>
<td>12.38%</td>
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<tr>
<td></td>
<td>Lifetime Risk of Dying (Born in 2012)</td>
</tr>
<tr>
<td></td>
<td>All Races</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>2.76%</td>
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BayCare Outpatient Imaging in Tampa has transferred all of its women’s imaging services from its former location in the Medical Arts Building at St. Joseph’s Hospital. Now located at St. Joseph’s Women’s Hospital, the brand new Hinks and Elaine Shimberg Breast Center, which is housed on the first floor of the new five-story tower that opened in August 2012, is twice the size of the previous facility.

The comfortable, therapeutic environment was designed specifically for women and their health care needs. It offers comprehensive diagnostic tools, resources and the most current technology, including digital mammography, ultrasound, CT scan, DEXA scan, state-of-the-art MRI, computer-aided detection (CAD) and minimally invasive biopsies. The center’s experienced interventional team consists of board-certified radiologists, physician assistants, biopsy technologist, nurse navigator and biopsy scheduler.

The Shimberg Breast Center participates in and is recognized by the National Quality Measures for Breast Centers (NQMBC), American College of Radiology (ACR) and National Accreditation Program for Breast Centers (NAPBC) as a Center of Excellence for comprehensive women’s imaging services.

3-D Mammography Comes to the Shimberg Breast Center

The Shimberg Breast Center at St. Joseph’s Women’s Hospital is one of the first centers in the United States to offer 3-D mammograms, which takes images from multiple angles to create a three-dimensional view of the entire breast. Typically, with a traditional 2-D mammogram, if there appears to be an area of concern, the radiologist may want to further investigate with another mammogram or biopsy. By looking at the same breast tissue in 3-D, the radiologist may now see that the tissue is in fact normal breast tissue and no biopsies or additional testing may be needed. This new tool in the fight against breast cancer offers the following benefits:

- Earlier detection of small cancers that may be hidden during traditional mammograms, resulting in earlier care
- Greater accuracy in pinpointing size and location of abnormalities, which allows for more precise treatment
- 3-D precision reduces the need for repeat scans
- Makes dense breast tissue easier to view, resulting in fewer unnecessary biopsies or tests
The Cancer Registry is an integral part of St. Joseph’s Cancer Institute. Cancer Registry staff work closely with St. Joseph’s Cancer Institute leadership and other members of the medical staff to maintain accreditation as a Community Hospital Comprehensive Cancer Program by the Commission on Cancer of the American College of Surgeons.

The data collected by the Cancer Registry is housed in the Electronic Registry System (ERS), which facilitates transmission of data to the Florida Cancer Data System (FCDS) and the National Cancer Database (NCDB). Data on specific cancer sites can be accessed based on demographics, histology, stage of disease, treatment modalities and survival and can be compared to state, regional or national data. This information provides the cancer program with opportunities to compare patient populations, treatment trends and outcomes as well as benchmark performance against identified best practices.

Lifetime follow-up care for cancer patients is a critical component of a comprehensive cancer program. The Cancer Registry strives to maintain up-to-date records on all patients in our database and we greatly appreciate the ongoing support provided by our physician partners and patients.

The Cancer Registry staff coordinates Cancer Conferences for oncology case presentations. These forums provide the opportunity for collaboration among physicians of multiple disciplines to discuss recently diagnosed cases, difficult cases and cases of special interest. This approach enables the treating physician to discuss patient care and research options with a broad spectrum of specialists.

Discussions include patient medical history, stage of disease at diagnosis, diagnostic imaging, histologic and other pathologic findings, treatment options (surgery, radiation therapy, chemotherapy, hormone therapy, palliative care, etc.), research options and many other factors that enable each patient to be seen as an individual.

This multidisciplinary approach helps facilitate a personalized treatment and survivorship plan for every patient. Physicians of all specialties and other health care professionals are strongly encouraged to attend these conferences and contribute their expertise to the treatment and survivorship planning process. In 2011 there were a total of 234 cases presented which accounts for 16.4% of our newly diagnosed and/or treated case population.

To schedule case presentations, physicians are encouraged to contact the Cancer Registry at (813) 870-4987 at least three days prior to a scheduled conference. Multidisciplinary Cancer Conferences are held weekly on Fridays in the St. Joseph's Hospital Medical Arts Building auditorium. Multidisciplinary Breast Conferences are held every other Tuesday at St. Joseph's Women's Hospital Pavilion 4th floor. Pediatric Cancer Conferences are held every 1st and 3rd Wednesday of each month, in the St. Joseph's Hospital Medical Arts Building auditorium.

St. Joseph’s Cancer Institute uses registry data for many purposes, including annual reports to FCDS and NCDB, quality improvement studies, research projects and program planning. Registry data is also used for special projects such as informing health care professionals where screening, early detection and prevention programs should be targeted.

The St. Joseph’s Cancer Institute would like to thank Cancer Registry staff, Martina Duran and Calypso Dogbe, and volunteers, Lucy Bowden, Barbara Marks and Patricia Seville. Additionally, we recognize the physicians and their office staff members for their efforts in providing the most current follow-up and treatment information, assuring accurate patient data for our quality improvement studies.

Victoria Young, MBA, CTR
Manager, Oncology Data Center
Radiologist and Medical Director at the Shimberg Breast Center

Dr. Mia Jackson, Medical Director of St. Joseph’s Women’s Hospital Shimberg Breast Center, is a fellowship-trained, board-certified radiologist with subspecialty expertise in breast imaging. She received her undergraduate degree from Davidson College, Davidson, North Carolina, with a B.A. in political science. Her medical degree was completed at Emory University School of Medicine in Atlanta, Georgia. Dr. Jackson completed her internship at North Shore-Long Island Jewish Health System, New Hyde Park, New York, with a degree in preliminary medicine. Dr. Jackson completed her residency training in radiology and her fellowship training in women’s imaging and mammography at Emory University School of Medicine, Atlanta, Georgia.

Mia is a member of the Society of Breast Imaging and American College of Radiology. She is highly interested in breast tomosynthesis, as demonstrated by her center being the first in the South Tampa area to offer the budding technology. Dr. Jackson also enjoys community outreach and education, taking part in several small group settings with patients. She aims to not only deliver a specialized interpretation of images, but to truly take part in caring for Shimberg patients.
The community cancer program at St. Joseph’s Hospitals is approved by the American College of Surgeons Commission on Cancer. As the Cancer Liaison Physician at St. Joseph’s Hospitals, I am committed to our cancer program, supporting compliance and maintenance of Commission on Cancer standards, facilitating a working relationship with the American Cancer Society and working closely with our Cancer Institute Leadership Committee to improve the quality of our cancer care.

This past year, we have continued our efforts to improve compliance with standard 4.3 which focuses on the quality of physician staging and the effective use of the AJCC stage in the treatment planning process. Our goal is that every cancer patient will be accurately staged according to the AJCC/TNM staging system by the managing physician. This collaborative stage will be accurately recorded in the medical record, used during patient presentations at our cancer conferences, and used as part of patient treatment planning according to NCCN guidelines.

We participated in the NCDB Cancer Program Practice Profile Reports (CP3R) for breast, colon and rectal cancers for patients diagnosed between 2004 and 2010. The purpose of this study was to ensure that our patients with stage II or III cancers received appropriate adjuvant treatment and that at least 12 regional lymph nodes were removed and pathologically examined for resected colon cancer. As of 2012, St. Joseph’s Hospitals is fully compliant with all NCDB Cancer Program Practice Profile Reports (CP3R) related standards.

Dr. James Christensen, Dr. Chris George and I preside at our weekly multidisciplinary cancer conferences. They are well attended and many prospective cases are presented which positively impacts the diagnosis, staging and treatment of our patients.

I serve as an active member and chairman of our Cancer Institute Leadership Committee, working closely with the Cancer Institute Director and Cancer Registry Manager of the Oncology Data Center, to promote our Cancer Institute and physicians, to improve cancer care, to publish the annual report and to participate in the periodic American College of Surgeons Commission on Cancer survey for re-accreditation.

Thank you for the honor and privilege of serving as St. Joseph’s Hospitals Cancer Liaison Physician.

Anthony N. Brannan, MD
Cancer Liaison Physician
Breast Surgeon and Medical Director at the Shimberg Breast Center

Dr. Claudia Lago Toro, Medical Director of St. Joseph’s Women’s Hospital Breast Program, is a fellowship-trained breast surgical oncologist and a board-certified breast general surgeon. She earned her undergraduate degree in general science at the University of Puerto Rico, in Rio Piedras, Puerto Rico, and her Doctor of Medicine at the University of Puerto Rico School of Medicine in San Juan. She completed a surgical residency as Chief Resident at Baystate Medical Center in Springfield, Massachusetts, and a breast surgical oncology fellowship at Bryn Mawr Hospital in Bryn Mawr, Pennsylvania.

As a breast surgical oncologist, Dr. Lago Toro set up the current breast cancer center in Vineland, New Jersey, overseeing the tumor board, the cancer committee and staff. She treats both male and female breast cancer patients, as well as benign breast disease. She has extensive experience in minimally invasive breast biopsies, mastectomies with reconstruction, and the administration of breast brachytherapy for radiation therapy. Prior to her position at the New Jersey cancer center, Dr. Lago Toro served as a Resident Clinical Educator at Tufts University in Boston, Massachusetts. Her dedication to excellence earned her recognition at the Lynn Sage Breast Cancer Symposium in Chicago, Illinois, as the recipient of the Breast Cancer Achievement Program award.

Dr. Lago Toro’s clinical interests include patient education and creating awareness of breast cancer. She is a member of the American Society of Breast Surgeons, Society of Surgical Oncology and American Society of Clinical Oncology.
Benchmark Analysis

The table below shows cumulative survival rates for patients diagnosed and treated at St. Joseph’s Hospitals. Cumulative survival rates always start at 100% and decline over time. The rate of decline is dependent on multiple factors, cancer stage at time of diagnosis being one of the most important. Like all cancers, early detection of breast cancers is associated with improved survival when compared with cases detected in more advanced stages. This graph underscores the importance of following breast cancer screening guidelines and seeking the guidance of a medical specialist when symptoms are detected early.

The most recent observed survival rate data available from the Commission on Cancer’s National Cancer Database (diagnosis years 2003–2005) was used to compare St. Joseph’s Cancer Institute outcomes to national figures. The overall survival rates observed at St. Joseph’s Cancer Institute were comparable to national observations (no statistical differences were found). These outcomes reflect the excellent care delivered at St. Joseph’s Hospitals. They also highlight the need for a higher rate of early detection and improved treatments for advanced disease.

Observed Survival for Breast C500, C501, C502, C503, C504, C505, C506, C508, C509
Cases Diagnosed in 2003–2005

Data from 1 Programs (St. Joseph’s Hospitals). The information within this graphic should not to be used for clinical decision making. ©2012 National Cancer Data Base (NCDB), Commission on Cancer (CoC).
### Diagnosis Year of Breast Cancer Diagnosed in 2000 to 2010

**St. Joseph's Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States**  
**All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals**

<table>
<thead>
<tr>
<th>Diagnosis Year</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>307</td>
<td>11,214</td>
<td>187,204</td>
<td>7.2%</td>
<td>8.6%</td>
<td>8.8%</td>
</tr>
<tr>
<td>2001</td>
<td>291</td>
<td>11,776</td>
<td>188,841</td>
<td>6.9%</td>
<td>9.0%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2002</td>
<td>350</td>
<td>11,925</td>
<td>187,834</td>
<td>8.2%</td>
<td>9.1%</td>
<td>8.8%</td>
</tr>
<tr>
<td>2003</td>
<td>349</td>
<td>11,464</td>
<td>180,436</td>
<td>8.2%</td>
<td>8.8%</td>
<td>8.5%</td>
</tr>
<tr>
<td>2004</td>
<td>387</td>
<td>11,314</td>
<td>181,292</td>
<td>9.1%</td>
<td>8.7%</td>
<td>8.5%</td>
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<tr>
<td>2005</td>
<td>402</td>
<td>11,560</td>
<td>184,943</td>
<td>9.5%</td>
<td>8.9%</td>
<td>8.7%</td>
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<tr>
<td>2006</td>
<td>397</td>
<td>12,118</td>
<td>192,435</td>
<td>9.3%</td>
<td>9.3%</td>
<td>9.0%</td>
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<tr>
<td>2007</td>
<td>432</td>
<td>12,575</td>
<td>200,608</td>
<td>10.2%</td>
<td>9.6%</td>
<td>9.4%</td>
</tr>
<tr>
<td>2008</td>
<td>464</td>
<td>12,564</td>
<td>209,429</td>
<td>10.9%</td>
<td>9.6%</td>
<td>9.8%</td>
</tr>
<tr>
<td>2009</td>
<td>457</td>
<td>12,569</td>
<td>216,060</td>
<td>10.8%</td>
<td>9.6%</td>
<td>10.1%</td>
</tr>
<tr>
<td>2010</td>
<td>410</td>
<td>11,532</td>
<td>202,321</td>
<td>9.7%</td>
<td>8.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,246</strong></td>
<td><strong>130,611</strong></td>
<td><strong>2,131,403</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by year for patients diagnosed and treated at St. Joseph's Hospitals as well as the totals for the state of Florida and the nation. The number of new cases each year has been relatively flat and fluctuated slightly from year to year with a low of 291 new cases to a high of 464 new cases. St. Joseph's Hospitals diagnose and treat approximately 3.3% of the cases in the state of Florida and these same relatively small year-to-year changes in volume are consistent with the state and national trends.

### Age Group of Breast Cancer Diagnosed in 2000 to 2010

**St. Joseph's Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States**  
**All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>1</td>
<td>6</td>
<td>200</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>20 – 29</td>
<td>23</td>
<td>554</td>
<td>9,684</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>30 – 39</td>
<td>254</td>
<td>5,543</td>
<td>95,982</td>
<td>6.0%</td>
<td>4.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>40 – 49</td>
<td>921</td>
<td>21,492</td>
<td>393,044</td>
<td>21.7%</td>
<td>16.5%</td>
<td>18.4%</td>
</tr>
<tr>
<td>50 – 59</td>
<td>1098</td>
<td>29,618</td>
<td>535,272</td>
<td>25.9%</td>
<td>22.7%</td>
<td>25.1%</td>
</tr>
<tr>
<td>60 – 69</td>
<td>927</td>
<td>31,115</td>
<td>493,681</td>
<td>21.8%</td>
<td>23.8%</td>
<td>23.2%</td>
</tr>
<tr>
<td>70 – 79</td>
<td>668</td>
<td>27,172</td>
<td>385,779</td>
<td>15.7%</td>
<td>20.8%</td>
<td>18.1%</td>
</tr>
<tr>
<td>80 – 89</td>
<td>323</td>
<td>13,576</td>
<td>193,233</td>
<td>7.6%</td>
<td>10.4%</td>
<td>9.1%</td>
</tr>
<tr>
<td>90 and over</td>
<td>31</td>
<td>1,535</td>
<td>24,527</td>
<td>0.7%</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,246</strong></td>
<td><strong>130,611</strong></td>
<td><strong>2,131,403</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by age group for patients diagnosed and treated at St. Joseph's Hospitals as well as the totals for the state of Florida and the nation. The age distribution at St. Joseph's Hospitals is fairly consistent with that of the state of Florida and the nation with St. Joseph's Hospitals having a slightly higher percentage of younger patients (ages <40). The median age group at diagnosis for St. Joseph's Hospitals was 50–59 which was slightly younger than the Florida and national data. Approximately 85% of the patients were between the age of 40 and 79; which is consistent with Florida and national data.
### Race/Ethnicity of Breast Cancer Diagnosed in 2000 to 2010

*St. Joseph's Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States*

*All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3033</td>
<td>100,690</td>
<td>1,716,992</td>
<td>71.4%</td>
<td>77.1%</td>
<td>80.6%</td>
</tr>
<tr>
<td>Black</td>
<td>529</td>
<td>13,106</td>
<td>218,907</td>
<td>12.5%</td>
<td>10.0%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>556</td>
<td>13,799</td>
<td>97,067</td>
<td>13.1%</td>
<td>10.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>API</td>
<td>47</td>
<td>1,256</td>
<td>57,908</td>
<td>1.1%</td>
<td>1.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>122</td>
<td>4,269</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other / Unknown</td>
<td>81</td>
<td>1,638</td>
<td>36,260</td>
<td>1.9%</td>
<td>1.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,246</td>
<td>130,611</td>
<td>2,131,403</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by race/ethnicity for patients diagnosed and treated at St. Joseph’s Hospitals as well as the totals for the state of Florida and the nation. The race/ethnicity distribution at St. Joseph’s Hospitals is fairly consistent with that of the state of Florida and the nation with the exception that both St. Joseph’s Hospitals and the state of Florida as a whole have a higher percentage of Hispanic patients; where Hispanic patients represented (13.1%) of the cases at St. Joseph’s Hospitals as compared to Florida (10.6%) and the U.S. (4.6%) reflecting the population of Hillsborough County.

### Stage of Breast Cancer Diagnosed in 2000 to 2010

*St. Joseph’s Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States*

*All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals*

<table>
<thead>
<tr>
<th>Stage</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>914</td>
<td>24,999</td>
<td>409,233</td>
<td>21.5%</td>
<td>19.1%</td>
<td>19.2%</td>
</tr>
<tr>
<td>I</td>
<td>1540</td>
<td>51,395</td>
<td>811,128</td>
<td>36.3%</td>
<td>39.3%</td>
<td>38.1%</td>
</tr>
<tr>
<td>II</td>
<td>1102</td>
<td>33,549</td>
<td>557,593</td>
<td>26.0%</td>
<td>25.7%</td>
<td>26.2%</td>
</tr>
<tr>
<td>III</td>
<td>370</td>
<td>10,955</td>
<td>177,676</td>
<td>8.7%</td>
<td>8.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>IV</td>
<td>145</td>
<td>4,589</td>
<td>75,163</td>
<td>3.4%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>NA</td>
<td>7</td>
<td>148</td>
<td>2,059</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>168</td>
<td>4,976</td>
<td>98,551</td>
<td>4.0%</td>
<td>3.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,246</td>
<td>130,611</td>
<td>2,131,403</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by cancer stage at diagnosis for patients diagnosed and treated at St. Joseph’s Hospitals as well as the totals for the state of Florida and the nation. The stage distribution at St. Joseph’s Hospitals is consistent with that of the state of Florida and the nation.
### Histology of Breast Cancer Diagnosed in 2000 to 2010

*St. Joseph's Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States*

*All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals*

<table>
<thead>
<tr>
<th>Histology</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infiltrating Ductal Carcinoma</td>
<td>3,173</td>
<td>88,403</td>
<td>1,415,743</td>
<td>74.7%</td>
<td>67.7%</td>
<td>66.4%</td>
</tr>
<tr>
<td>Lobular Carcinoma, NOS</td>
<td>347</td>
<td>11,809</td>
<td>198,648</td>
<td>8.2%</td>
<td>9.0%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Infiltrating Ductal and Lobular Carcinoma</td>
<td>196</td>
<td>6,560</td>
<td>120,455</td>
<td>4.6%</td>
<td>5.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Infiltrating Ductal Mixed with Other Types of Carcinoma</td>
<td>47</td>
<td>5,073</td>
<td>102,585</td>
<td>1.1%</td>
<td>3.9%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Other Specified Types</td>
<td>483</td>
<td>18,766</td>
<td>293,972</td>
<td>11.4%</td>
<td>14.4%</td>
<td>13.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,246</strong></td>
<td><strong>130,611</strong></td>
<td><strong>2,131,403</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by histology for patients diagnosed and treated at St. Joseph’s Hospitals as well as the totals for the state of Florida and the nation. “Infiltrating Ductal Carcinoma” is the most common histology and represents almost 75% of the cases. The overall case distribution by histology at St. Joseph’s Hospitals is consistent with that of the state of Florida and the nation.

### Behavior of Breast Cancer Diagnosed in 2000 to 2010

*St. Joseph's Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States*

*All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals*

<table>
<thead>
<tr>
<th>Behavior</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In situ</td>
<td>899</td>
<td>25,390</td>
<td>424,348</td>
<td>21.2%</td>
<td>19.4%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Invasive</td>
<td>3,347</td>
<td>105,221</td>
<td>1,707,055</td>
<td>78.8%</td>
<td>80.6%</td>
<td>80.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,246</strong></td>
<td><strong>130,611</strong></td>
<td><strong>2,131,403</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by characteristic or “Behavior” for patients diagnosed and treated at St. Joseph’s Hospitals as well as the totals for the state of Florida and the nation. “Invasive” cancers are clearly the most common. The 80:20 mix of “Invasive” vs. “In situ” cases at St. Joseph’s Hospitals is consistent with that of the state of Florida and the nation.
### 1st Course Treatment of Breast Cancer Diagnosed in 2000 to 2010

St. Joseph's Hospitals, Tampa FL vs. All Types Hospitals in Florida and All States
All Diagnosed Cases — Data from 1414 NCDB Affiliated Hospitals

<table>
<thead>
<tr>
<th>1st Course Treatment</th>
<th>SJHs (N)</th>
<th>Florida (N)</th>
<th>National (N)</th>
<th>SJHs (%)</th>
<th>FL (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Only</td>
<td>1,364</td>
<td>37,345</td>
<td>478,935</td>
<td>32.1%</td>
<td>28.6%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Surgery &amp; Radiation</td>
<td>428</td>
<td>16,129</td>
<td>229,164</td>
<td>10.1%</td>
<td>12.3%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Surgery &amp; Chemotherapy</td>
<td>471</td>
<td>12,369</td>
<td>160,220</td>
<td>11.1%</td>
<td>9.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Surgery, Radiation &amp; Hormone Therapy</td>
<td>422</td>
<td>10,686</td>
<td>197,193</td>
<td>9.9%</td>
<td>8.2%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Surgery, Radiation &amp; Chemotherapy</td>
<td>497</td>
<td>18,753</td>
<td>362,194</td>
<td>11.7%</td>
<td>14.4%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Surgery &amp; Hormone Therapy</td>
<td>264</td>
<td>9,569</td>
<td>201,357</td>
<td>6.2%</td>
<td>7.3%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Surgery, Radiation, Chemotherapy &amp; Hormone Therapy</td>
<td>290</td>
<td>9,325</td>
<td>216,031</td>
<td>6.8%</td>
<td>7.1%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Surgery, Chemotherapy &amp; Hormone Therapy</td>
<td>181</td>
<td>5,377</td>
<td>98,737</td>
<td>4.3%</td>
<td>4.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Other Specified Therapy</td>
<td>125</td>
<td>5,875</td>
<td>126,856</td>
<td>2.9%</td>
<td>4.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>No 1st Course Rx</td>
<td>204</td>
<td>5,183</td>
<td>60,716</td>
<td>4.8%</td>
<td>4.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>4,246</td>
<td>130,611</td>
<td>2,131,403</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above shows breast cancer cases by “First Course Treatment” for patients diagnosed and treated at St. Joseph's Hospitals as well as the totals for the state of Florida and the nation. “Surgery Only” is the most common “First Course Treatment.” As one would expect, there is a broad distribution across the many “First Course Treatment” options. The percentage of patients treated in each “First Course Treatment” group is highly dependent upon the personal circumstances of the patients diagnosed and treated at St. Joseph's Hospitals and is fairly consistent with the state of Florida and the nation.
The table above shows breast cancer cases by “First Course Surgery” for patients diagnosed and treated at St. Joseph’s Hospitals, as well as the totals for the state of Florida and nation. Breast sparing surgeries coded as “Partial Mastectomy — Less than Total Mastectomy” is by far the most common “First Course Surgery” and the distribution at St. Joseph’s Hospitals is fairly consistent with the state of Florida and the nation.
The Nurse Navigators at St. Joseph’s Hospitals provide care in a clinical setting and assist by navigating the health care system on behalf of the patient. They provide a support system for the patient after diagnosis and throughout treatment, serve as a gateway to the full range of available services and enhance the services that the physician provides. This personal relationship helps link the patient to the health care system. The nurse navigator is not only a caregiver, but also a confidant, educator, liaison, motivator, patient advocate and support system.

**Nurse Navigator responsibilities:**

- Guiding patients through the medical process, acting as a liaison between all parties involved
- Providing a single point of contact for physician office, patients and families
- Acting on behalf of patient as an educator and advocate
- Assisting in process from scheduling to admission to recovery to discharge
- Acting as care coordinator and system advocate
- Encouraging patients to be actively involved with all aspects of diagnosis and treatment
- Acting as community ambassador for patients

Carol Paschall, RN  
Nurse Navigator for St. Joseph’s Women’s Hospital

Carolyn Hickey, RN, CBPN  
IC – Shimberg Breast Center Nurse Navigator
## Cross Tabulation Analysis

### Stage by Age Group of Breast Cancer Diagnosed in 2000 to 2010

*All Diagnosed Cases. St. Joseph’s Hospitals, Tampa FL*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age Group</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≤20</td>
<td>20-29</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>I</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>II</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>III</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>IV</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>NA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>UNK</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

The crosstab table above shows St. Joseph’s Hospitals breast cancer cases by “Stage” and “Age Group”. As seen in the table above, early stage and advanced stage cancers were diagnosed in each age group, with the vast majority of cases seen in the ≥40 age group.
### First Course Treatment by Age Group of Breast Cancer Diagnosed in 2000 to 2010

**All Diagnosed Cases. St. Joseph's Hospitals, Tampa FL**

<table>
<thead>
<tr>
<th>First Course Treatment</th>
<th>Age Group</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≤20</td>
<td>20-29</td>
</tr>
<tr>
<td>Surgery Only</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Surgery &amp; Radiation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Surgery &amp; Chemotherapy</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Surgery, Radiation &amp;</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>0.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Surgery, Radiation,</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chemotherapy &amp;</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hormone Therapy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Surgery, Radiation,</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Chemotherapy &amp;</td>
<td>0.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Hormone Therapy</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other Specified</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Therapy</td>
<td>0.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>No 1st Course Rx</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>0.0%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

The crosstab table above shows St. Joseph's Hospitals breast cancer cases by "Age Group" and "First Course Treatment." As noted earlier, "Surgery Only" is the most common "First Course Treatment" option but other "First Course Treatment" options are frequently utilized. Unlike some other cancers, "Age at Time of Diagnosis" is not a strong determinate of which "First Course Treatment" is right for each individual patient.
The crosstab table above shows St. Joseph's Hospitals breast cancer cases by "Diagnosis Year" and "First Course Treatment." In 2010, "Surgery Only" was still the most common First Course Treatment option but since 2000, "Hormone Therapy" and other adjuvant therapies have been proven to improve outcomes in select patient populations. Accordingly, use of these treatment options has increased over time.
Cancer Registry Data Summary

Volume Trends (All Cancers)
The American Cancer Fact & Figures – 2011 publication estimated a total of 1,596,670 new cancer cases nationally and 113,400 in Florida, up 4.4% and 6.0% respectively from 2010. St. Joseph’s Hospitals diagnosed and/or treated a total of 2,074 cancer cases in 2011. This represents a minimal decrease from 2010 and a 7.9% decrease from the five year average. Analytic cases (newly diagnosed) account for 69% of the total and the remaining 31% are non-analytic cases (patients with history of and/or recurrent disease). For the purposes of analyzing trends and overall program performance, the St. Joseph’s Cancer Institute focuses on newly diagnosed or analytic cases.

Patient Mix by Gender
Females represent 59% percent of the newly diagnosed cases at St. Joseph’s Cancer Institute and males the remaining 41%. The high percentage of females in the St. Joseph’s population is a reflection of success in women’s services offered through St. Joseph’s Women’s Hospital, St. Joseph’s Hospital and St. Joseph’s Hospital-North. The Breast and Gynecologic Oncology programs in particular, are designed to offer comprehensive multidisciplinary services with a specific focus on each woman as an individual and her personal needs.

National (Est.)
Analytical Cases by Gender

St Joseph’s Cancer Institute
2011 Analytical Cases by Gender

State of Florida (Est.)
Analytical Cases by Gender
Patient Mix by Age Group

The age distribution of newly diagnosed adult cases at St. Joseph's Cancer Institute is very similar to that of the State of Florida and the nation, with St. Joseph's Cancer Institute having a slightly higher percentage of younger patients (ages 30–59).

Patient Mix by Race/Ethnicity

Whites represent 69% percent of the newly diagnosed cases at St. Joseph's Cancer Institute. Hispanics and blacks are the next largest population at 17% and 14% respectively. The high percentage of Hispanics and blacks in the St. Joseph's population is a reflection of both the local demographics and St. Joseph's Hospitals commitment to improving the health of our community through accessible, compassionate and family-focused health care services.

National (Est.)

Analytical Cases by Race/Ethnicity

- White: 78%
- Other/Unknown: 2%
- Native American: 1%
- API: 3%
- Hispanic: 4%
- Black: 12%

State of Florida (Est.)

Analytical Cases by Race/Ethnicity

- White: 78%
- A-Indian/A-Native: 0%
- Hispanic: 10%
- Black: 11%
- Asian/PI: 1%
Patient Mix by Stage at Diagnosis

The distribution of newly diagnosed cases at St. Joseph's Cancer Institute in terms of “Cancer Stage at Time of Diagnosis” looks very similar to that of the State of Florida and the nation. The Cancer Registry Department at St. Joseph's Cancer Institute is still working with our physician partners to gather and review all of the relevant medical records for the 2011 cases, so that Not Available (NA) cases are properly coded. As additional progress is made, the number of cases listed in N/A and UNK will decline and be distributed correctly in the stage I, stage II, stage III and stage IV columns.

Patient Mix by Location (County)

The vast majority of newly diagnosed cases at St. Joseph's Cancer Institute come from Hillsborough County. The other 12% percent of cases are associated with people traveling some distance to see one of our many cancer specialists working at the St. Joseph's Cancer Institute as well as patients who may have become sick while visiting the Tampa Bay area. Note: Patients who were diagnosed at another institution and who transferred their care to any of the specialist physicians at the St. Joseph's Cancer Institute are not included in the graph below. These cases would be considered non-analytic for cancer registry purposes.
Top Five Cancer Sites

Patient Mix by Cancer Site (Top Five)
The distribution of newly diagnosed cases at St. Joseph's Cancer Institute in terms of “Primary Cancer Site” looks very similar to that of the state of Florida and the nation with the exception of breast cancer cases. The high percentage of breast cancer cases in the St. Joseph’s population is a reflection of success in women’s services offered through St. Joseph’s Women’s Hospital, St. Joseph’s Hospital and St. Joseph’s Hospital-North. The Hinks and Elaine Shimberg Breast Center at St. Joseph’s Women’s Hospital and the Breast Center at St. Joseph’s Hospital-North offer comprehensive multidisciplinary services with a specific focus on each woman as an individual and work together to offer many convenient locations for screening mammography. At St. Joseph’s Cancer Institute the top five cancer sites, most common to less common, are breast, lung, prostate, colorectal and thyroid. According to the American Cancer Fact & Figures — 2011 publication, the top five cancer sites nationally, most common to less common are prostate, breast, lung, colorectal and melanoma of the skin, and the top five cancer sites in the state of Florida, most common to less common are prostate, breast, lung, colorectal and bladder.

#1 Breast Cancer

The distribution of newly diagnosed breast cancer cases at St. Joseph’s Cancer Institute in terms of “Stage at Time of Diagnosis” looks very similar to that of the state of Florida and the nation. No large differences were identified. The most recent observed survival rate data was also compared to national and state of Florida figures. The survival rates observed at St. Joseph’s Cancer Institute are consistent with state and national observations, i.e. there were no statistically significant differences.
Top Five Cancer Sites

#2 Lung Cancer

St Joseph's Cancer Institute

2011 Analytical Cases: Lung

The distribution of newly diagnosed lung cancer cases at St. Joseph's Cancer Institute in terms of “Stage at Time of Diagnosis” looks similar to that of the state of Florida and the nation with one notable difference. A higher percentage of patients at St. Joseph's Cancer Institute were diagnosed and treated with later stage cancers. There were ~5% less “stage I” cancers, ~5% more “stage II” and ~3% more “stage IV” cancers. A statistically significant difference in Overall Observed 5-Year Survival was also noted; St. Joseph's Hospitals 10.7% [confidence interval 7.3%–14.1%] was lower than the national average of 14.7% [confidence interval 14.6%–14.9%]. This small difference in Overall Observed 5-Year Survival is likely influenced by many variables, most notably random variation associated with small sample size and the percentage of patients diagnosed and treated with “stage I” cancer vs. “stage II” and “stage IV” cancers.

#3 Prostate Cancer

St Joseph's Cancer Institute

2011 Analytical Cases: Prostate

The distribution of newly diagnosed prostate cancer cases at St. Joseph's Cancer Institute in terms of “Stage at Time of Diagnosis” looks very similar to that of the state of Florida and the nation. No large differences were identified. The most recent observed survival rate data was also compared to national and state of Florida figures. The survival rates observed at St. Joseph's Cancer Institute are consistent with state and national observations, i.e. there were no statistically significant differences.
#4 Colorectal Cancer

**St Joseph’s Cancer Institute**

2011 Analytical Cases: Colorectal

The distribution of newly diagnosed colorectal cancer cases at St. Joseph’s Cancer Institute in terms of “Stage at Time of Diagnosis” looks similar to that of the state of Florida and the nation, with one notable exception. St. Joseph’s Cancer Institute has slightly more (~5%) “stage III” cases and slightly less (~5%) “stage IV” cases than one would expect based on the state and national averages. These differences most likely reflect random variances seen in small sample comparisons. The most recent observed survival rate data was also compared to national and state of Florida figures. The survival rates observed at St. Joseph’s Cancer Institute are consistent with state and national observations, i.e. there were no statistically significant differences.

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#5 Thyroid Cancer

**St Joseph’s Cancer Institute**

2011 Analytical Cases: Thyroid

The distribution of newly diagnosed thyroid cancer cases at St. Joseph’s Cancer Institute in terms of “Stage at Time of Diagnosis” is similar to that of the state of Florida and the nation, with one notable exception. St. Joseph’s Hospitals has a higher percentage of “stage I” cases. No other significant differences were identified. The most recent observed survival rate data was also compared to national and state of Florida figures. The survival rates observed at St. Joseph’s Cancer Institute are consistent with state and national observations, i.e. there were no statistically significant differences.
Important Phone Numbers

Cancer HelpLine/Outreach ......................................... (813) 870-4123
Cancer Institute – Director ........................................ (813) 554-8614
Cancer Institute – Inpatient Unit (CI-3) ......................... (813) 870-4588
Cancer Registry ....................................................... (phone) (813) 870-4987
.........................................................(fax) (813) 870-4209
Cancer Research/Clinical Trials .................................. (813) 870-4123
Diagnostic Center Scheduling ..................................... (813) 870-4826
HealthPoint Pediatric Hematology/ Oncology Physician Practice
Nurse Navigator – Shimberg Breast Center ................. (813) 356-7117
Nurse Navigator – St. Joseph’s Women’s Hospital ........ (813) 871-8983
Outpatient Chemotherapy/Infusion ......................... (813) 870-4246
Palliative Care Services .............................................. (813) 870-4114
Pediatric Hematology/Oncology Infusion Center ....... (813) 554-8555
Radiation Therapy ..................................................... (813) 870-4160
Radiology Scheduling ............................................... (813) 870-4601
Shimberg Breast Center ............................................. (813) 872-2973
Surgery Scheduling .................................................... (813) 870-4441

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St. Joseph’s Hospital-North
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Lutz, FL 33558

St. Joseph’s Hospitals
BayCare Health System
CANCER INSTITUTE

StJosephsCancer.org