



The Cancer Committee at the Center for Cancer Care & Research (CCCR) is proud to present our annual report of 2007-08 activities and cancer registry data from 2007.

CCCR is a freestanding cancer center featuring a physician-led partnership between [Watson Clinic LLP](#), [Clark & Daughtrey Medical Group, P.A.](#) and the finest independent physicians in the area. We provide a broad scope of outpatient cancer treatments, including state-of-the-art chemotherapy and radiation therapy, as well as a full range of services available by referral.

2007 proved a banner year for all of us at the Center for Cancer Care & Research and our efforts to positively impact the level of good health and awareness in our community. As a testament to these efforts, the American College of Surgeons Commission on Cancer bestowed CCCR with a prestigious commendation with a 3-year accreditation. **CCCR is one of only two freestanding cancer centers in the entire country to achieve this distinctive honor.**

The Center for Cancer Care & Research leads our community in providing world-class cancer care. Consider the following:

- We are the area's only local affiliate of the [H. Lee Moffitt Cancer Center & Research Institute](#) in Tampa, Florida.
- We are involved in innovative national clinical trials and conduct many on-site cancer research activities in concert with Moffitt's efforts.
- We are one of the leading partners in Moffitt's Total Cancer Care project, a research program that aims to provide more personalized cancer treatments through advanced genetic tumor study.
- We maintain a full inventory of the most advanced technologies available in cancer care, including PET scans, ultra-speed CT scanners, computer aided detection of breast cancer, 3-dimensional conformal radiation therapy, Intensity Modulated Radiation Therapy, high dose rate brachytherapy, mammosite therapy, and prostate seed therapy.
- We lead the way in introducing the most innovative technologies and treatments to our area, including da Vinci® robotics for various gynecologic oncology and urology procedures, and the revolutionary PillCam for less invasive detection of gastrointestinal tumors.
- Our work within the community continues to thrive, as we work to heighten awareness and make a sweeping difference in the fight against cancer. Our collaborations with the [Leukemia Lymphoma Society](#), [American Cancer Society](#) and the [Susan G. Komen Breast Cancer Foundation](#) continued to flourish in 2007 and 2008, as CCCR led through sponsorships and volunteer involvement. These events included Light the Night, Making Strides Against Breast Cancer, Relay for Life, the Breast Cancer Awareness Luncheon, Cancer Survivor's Dinner, Cancer Survivor's Day and Komen's 3-Day Walk event. In

September 2007, we conducted a special event to celebrate the release of *Faces of Breast Cancer*, a beautiful hardbound collection of black and white cancer survivor photos. Many of the women in the book were survivors that were treated at CCCR, and the monies raised from the sales of the book went towards Sole Sisters and Him, a team comprised of CCCR staffers and others who participated in the Susan G. Komen 3-Day event.

We invite you to review the following report and learn how these efforts and many others have defined the level of cancer care in our community, and advanced our mission to preserve the highest possible quality of life for our patients.

### **Mission Statement:**

The CCCR Cancer Committee is dedicated to being the leader in establishing and maintaining high quality cancer care in our community through a Center for Excellence for multidisciplinary oncology services.

### **Vision:**

To be a leader in the delivery of patient-centered cancer care:

- By forming a partnership between our patients and staff, ensuring greater choice and involvement in decision making; and
- By providing access to the latest medical advances through the innovative use of emerging technology.

### **2008 Annual Report of CCCR:**

- A Message from Dr. Fred J. Schreiber
- A Message from Dr. Luis A. Franco
- Community Outreach and Events at a Glance
- Cancer Committee Members
- Nurse Committee Report
- Cancer Conferences
- Cancer Registry Report on 2007 Data
- Single Site Specific Outcomes Trial: Acute Leukemia
- Total Cancer Care
- Sources for Information on Cancer
- Glossary of Terms/Acronyms



**Dr. Fred J. Schreiber**

*Hematologist/Oncologist  
Co-Medical Director of the Center for Cancer Care & Research  
Cancer Committee Chairman*

## **Our Mission is Life A Message from Fred J. Schreiber, MD**

When we first established the Center for Cancer Care & Research (CCCR) in 2003, we set out to bring advanced cancer treatments, groundbreaking clinical research and educational outreach to the people of our community. We have assembled the area's most experienced team of cancer specialists, all dedicated to preserving a better quality of life for our patients. This annual report serves as a measurement of this success toward that end.

**Team approach.** Our patients benefit from the combined expertise of our entire team of specialists, who collaborate closely in the formation of overall treatment programs and in reviews of individual cases. They are armed with the latest diagnostic and treatment technologies, including PET scans, ultra-speed CT scanners, computer aided detection of breast cancer, 3-dimensional conformal radiation therapy, intensity modulated radiation therapy, image guided radiation therapy, high dose rate brachytherapy, mammosite therapy and prostate seed therapy.

Our team of radiologists, hematologists/oncologists, surgical oncologists, radiation oncologists, nurses, social workers and research coordinators convene on a weekly basis to discuss and review our most challenging cases, and developing the most thorough treatment plans possible. These weekly general oncology reviews are supplemented by a host of additional meetings and educational conferences, during which our entire staff has an opportunity to learn about the latest breakthroughs in cancer care.

**Clinical research.** As the area's only official affiliate of the world-renowned H. Lee Moffitt Cancer Center & Research Institute, we are on the forefront of innovative therapies and leading edge cancer trials. We continue to distinguish ourselves as one of the top contributors to Moffitt's Total Cancer Care project, an initiative designed to devise personalized treatments through genetic tumor research.

In addition, we implement ongoing trials in collaboration with Watson Clinic's Center for Research, including those for leukemia, lymphoma, breast, lung, colon, esophageal, prostate, gynecologic and head and neck cancers.

**Education and outreach.** We continue to reach out within the community and share the life-saving benefits of early detection at every opportunity. Our mobile screening unit extends these efforts, making frequent stops at large area businesses to offer free breast, prostate and skin cancer screenings several times throughout the year. Meanwhile, our valuable work with leading edge organizations like the American Cancer Society, the Susan G. Komen Foundation and the Leukemia & Lymphoma Society continues as well.

At the Center for Cancer Care & Research, we strive to be our community's leader in establishing and maintaining the highest caliber of cancer care. In addition to our main location, we continue providing radiation therapy at our Bartow location, as well. Our efforts were recognized in 2007 in a powerful form, as we became only one of two freestanding cancer centers in the country to receive a three-year accreditation from the American College of Surgeons Commission on Cancer.

When cancer is the diagnosis, our Center for Cancer Care & Research team stands ready with the credentials that our patients trust with their life.

**Fred J. Schreiber, M.D.**  
*Hematologist/Oncologist*



**Dr. Luis A. Franco**

*Hematologist/Oncologist for the Center for Cancer Care & Research  
Cancer Liaison Physician*

### **A Message from Luis A. Franco, MD**

**When you join forces with others your contribution to a healthier community is strengthened!** That is what we believe at the Center for Cancer Care & Research. The energy and resources of the community achieve greater results when they are combined in the fight against cancer. The good news is that it's working to help educate more people about early detection and preventative measures and we're proud to be part of building that global awareness.

We have a responsibility to our patients foremost but also to the community we serve. While delivering the much needed critical care provided at the Center For Cancer Care & Research and understanding the many breakthroughs in research and technology and how to apply that knowledge to the patients we treat, we must also not forget the impact of educational outreach to others.

For several years we have been involved with every local effort in the fight against this disease. We are not alone. And engaging local agencies that participate in the daily battle cultivates knowledge that spreads throughout our community. We stand together! Through partnerships with new and old friends alike, we have sought ways to serve our community in this battle. We participate in the American Cancer Society at the board level, committee levels, supporting local fundraising efforts for much needed research dollars, and assisting with resources to supplement ACS's outreach to families in our community. We believe we have tremendous impact by partnering with organizations right here in our community. Most recently the Center For Cancer Care & Research was recognized as the largest contributor of the American Cancer Society's annual Making Strides walkathon, a distinction we are proud of because we know those monies will help our cancer outreach efforts right here at home. Combined with our agency partners, this and many more partnerships are forged from the shared purpose of service and is what will make a difference in one of the most powerful fights of our lives: eliminating cancer.

The Center For Cancer Care & Research remains poised to help many individuals, families, organizations, and corporations that care about the quality of life in the greater Lakeland area. We are grateful for the energy of both a strong staff, dedicated physicians and a committed Board of Directors. Although we have seen economic improvements, it has been a challenging past year for all. We have all worked tirelessly, yet together, to keep the fight against cancer at the forefront and we will continue to be dedicated to meeting the needs of our community.

With renewed passion for our mission we seek to impact our community with even greater success in the coming years. As we move into our fifth year as a freestanding cancer center, we will continue to mobilize the caring power of our community and with your help, continue to charge ahead and change lives and fight cancer!

**Luis A. Franco, M.D.**  
*Hematologist/Oncologist*

## Center for Cancer Care & Research (CCCR) 2007 & 2008 Community Outreach and Events at a Glance

Ours is a vital, growing community and our quality of life is without equal. Every member in our community has a stake in its well-being. The Center For Cancer Care & Research (CCCR) is unmatched in its commitment to maintain a high quality of life in the lives of those we serve and in our community. In keeping with our leadership position, we have continued our investment of both dollars and time to many causes that help make a stronger and fortified community in healthcare.

Serving in an extraordinary community, together we have established the Center for Cancer Care & Research as a magnet for top cancer care. The physicians and staff alike embody the compassionate spirit that makes the CCCR so special. Support of all kinds have taken the care we provide well beyond survivorship and into community "spirit-ship".

Examples of this commitment can be seen below:

- Leader in fundraising for the local Chapters of the American Cancer Society
- Physician involvement at the board of director levels for local organizations serving the needs of cancer patients throughout our great county such as the Susan G. Komen Foundation and the American Cancer Society.
- Providing the highest level of medical professionals as speakers for numerous community organizations as part of a continuation of focus on education.
- Conducting necessary screenings in partnership with the Watson Clinic Foundation to elevate the awareness and importance of early detection and prevention.
- Participating in numerous special events throughout the community to include: Light the Nights, Cattle Baron's Ball, Making Strides, Susan G. Komen-3 Day Walk, Relay For Life, Women's Health Summit in Lakeland and the Women's Expo in Auburndale and many more.
- Conducting monthly education programs on Tobacco Control to help our area's youth learn the importance of never starting to smoke and to assist smokers who have a desire to quit to better understand their options.
- Working in partnership with the Watson Clinic Foundation and the Watson Clinic Foundation Auxiliary to raise much needed funds to help continue the necessary research to find cures and implement patient trials.



These are just a few of the ongoing efforts the CCCR is involved in every day in our community and our commitment will only get more steadfast as we face challenging times in the future. With our resources we can bridge the gap of need for more education, more outreach, and continuing research to find a cure for all cancers.

## **Center for Cancer Care & Research (CCCR) 2007-2008 Cancer Committee Members**

This Cancer Committee is an advisory body at CCCR, 1730 Lakeland Hills Boulevard, Lakeland, Florida, and is subject to such regulations that proceed from the Watson Clinic LLP Management Committee that reports directly to the Watson Clinic Board of Directors and the Clark & Daughtrey Medical Group, P.A. that reports directly to the Clark & Daughtrey Board of Directors.

### **Cancer Committee Physician Members:**

**Dr. John Barrett**, *Radiation Oncology*  
**Dr. Elisabeth Dupont**, *Breast Surgery*  
**Dr. David Evans**, *General Surgery*  
**Dr. Luis A. Franco**, *Medical Oncology/Hematology, Cancer Liaison Physician*  
**Dr. Edward Garcia**, *Pathology*  
**Dr. Howard Gorell**, *Radiology*  
**Dr. Kamal Haider**, *Medical Oncology/Hematology*  
**Dr. Randy V. Heysek**, *Radiation Oncology*  
**Dr. Thomas McLaughlin**, *Urology*  
**Dr. Thomas L. Moskal**, *Surgical Oncology*  
**Dr. Shalini Mulaparthy**, *Medical Oncology/Hematology*  
**Dr. Ruben A. Saez**, *Medical Oncology/Hematology*  
**Dr. Fred J. Schreiber**, *Medical Oncology/Hematology, Committee Chairman*  
**Dr. Sandra Sha**, *Radiation Oncology*  
**Dr. Jack Thigpen**, *General Surgery*  
**Dr. Antonio Trindade**, *Medical Oncology/Hematology*

### **Non-Physician Members:**

**CauneY Bamberg**, *Director, Watson Clinic Foundation*  
**Shannon Barlow**, *MS, DABR*  
**Cheryl Bell**, *Director of Registration & Satellites*  
**Patty Bell**, *RN, OCN, Chemotherapy/Oncology Nursing*  
**Mary Ann Blanchard**, *BS, RN, Director, Clinical Services*  
**Cynthia Bruton**, *Administrative Assistant*  
**Judy Character**, *RN, LHCRM, Risk Manager*  
**Martha Harper**, *MSW, Social Services*  
**Steve Howard Jr.**, *MS, Physicist*  
**Debora Hunt**, *BSW, Social Services*  
**Jerri Huntt**, *MSW, Social Services*  
**Adil Khan**, *MHA, CAO*  
**Michael Krug**, *Quality Control Coordinator*  
**Noreen McGowan**, *BSN, CCRC, Administrative Research Coordinator*  
**Kim Stetson**, *AA, Site Manager*  
**Patty Strickland**, *Site Manager*  
**Dawn Watson**, *RN, OCN, Chemotherapy/Oncology Nursing*

### **Cancer Registry Members:**

**Paula Ball**, *CTR, Abstractor*  
**Laura Broderick**, *CTR, Cancer Registry Coordinator*  
**Kellie Garland**, *CTR, Abstractor*  
**Mimi Jenko**, *MN, RN, CHPN, Abstractor*  
**Helen Lewis**, *BS, CTR, Cancer Program Coordinator*  
**Aprill Rease**, *CTR, Abstractor*



## **Center for Cancer Care & Research (CCCR) 2007 Nurse Committee Report**

The concept of "Network Weaving" is to connect multiple groups of individuals and have the participants work together to provide more cohesive and "threaded" patient-driven care. This "tapestry of care" will be uniquely that of the Center for Cancer Care & Research and will help distinguish this center's nursing professionals as top in their field.

**Here is a snapshot of our accomplishments:**

### **Empowering collaboration:**

- Monthly committee meetings.
- Standardization of policies and protocols.
- Clinical simulation drills in emergency situations.
- Fostering open communications and ensuring that the culture of shared attitudes, values, goals and practices reflect the Center for Cancer Care & Research mission.

### **Developing quality control initiatives:**

- Utilizing the guidelines provided by ONS, have continual review of practices and implement necessary improvements relative to: care plans, orientations, blood product administration, resuscitation, chemo handling, disposal extravagation, management of immunocompromised patients, radiation, care and isolation, maintenance care, oncology emergencies, and pain control.
- Establish a systematic approach to support efficient and effective patient-driven care in all settings and in every program.
- Establish ongoing monitoring and improvement of care actions.

### **Goals:**

- To continually improve collaboration with our peers.
- To improve communication and problem solving approaches to enhance the safety and quality care of patients.
- To develop a variety of initiatives to facilitate Quality Assurance issues.
- Move toward an electronic clinical environment.
- Remain an advocate for improving patient care and serve as a liaison between patient and physician.
- Promote an environment whereby each patient's dignity and rights are recognized and respected and always top of mind.
- Provide staff development and on-going oncology nursing education programs.

## Center for Cancer Care & Research (CCCR) 2007 - 2008 Cancer Conferences

Cancer conferences are held three times a week at CCCR. These include: Breast Conferences every other week in rotation with bi-weekly Thoracic Conferences, weekly presentations of various specialized cancer cases and weekly informative educational sessions. These conferences are multidisciplinary with medical oncologists, radiation oncologists, pathologists, surgeons, diagnostic radiologists, and other physician specialists as well as allied health professionals from research, nursing, social services and administration in attendance.

Discussion centers on diagnoses and/or treatments by the participating disciplines. Each case presented is reviewed and discussed by the multidisciplinary team to establish a precise diagnosis, evaluate stage, assess prognostic indicators and monitor progress of the disease, effectiveness of present treatment and need for new regimens. These conferences are designed to determine optimal treatment regimens and to measure outcomes relative to the patient's healthcare needs. Typically, the managing physician will arrange for the different cancer team members to be prepared to review each of these cases.

These may include:

- The radiologist to present and interpret available diagnostic scans.
- The pathologist to present specimen slides and discuss findings.
- The medical oncologist for discussing systemic therapy options.
- The radiation oncologist for the most effective radiation therapy plan, when applicable.
- The surgeon providing an expert opinion as to the resectability of the tumor.
- The research nurse offering available trial information that may be appropriate.

If it is identified that the patient would benefit from outside resources, a referral is generated.

This multidisciplinary team approach ensures that the patient receives the highest quality standard of care.

**In 2007, 95 conferences were held and 663 prospective cases were presented.  
In 2008 (QTRS 1-3), 94 conferences were held and 689 prospective cases were presented.**

National speakers, as well as multidisciplinary team members on staff at the CCCR, provide the continuing education programs on various topics including, but not limited to: innovative treatment options, clinical trials, and journal review.

**In 2007, 27 cancer-related educational conferences were held.  
In 2008 (QTRS 1-3), 13 cancer-related educational conferences were held.**



## Center for Cancer Care & Research 2007 Cancer Registry Activity Report

The primary role of the Cancer Registry at the Center for Cancer Care & Research (CCCR), like cancer registries worldwide, is to collect data on cancer and cancer management. Cancer Registry data comply with strict guidelines to protect patient confidentiality and privacy. Cancer cases are required by Florida statute to be reported to the Florida Cancer Data System (FCDS), the Florida state cancer registry. The CCCR also reports de-identified, analytic (newly diagnosed) cancer cases to the National Cancer Data Base (NCDB), a joint project of the American College of Surgeons (ACoS) and the American Cancer Society (ACS), as a requirement of being a Freestanding Cancer Center Program approved by the ACoS Commission on Cancer (CoC). Cancer Registry data are used at the local, state and national levels for research, assessment of treatment effectiveness, allocation of resources and identifying trends in cancer incidence and mortality.

The CCCR Cancer Registry also collects data on cancer cases seen at Watson Clinic (WC) and the Clark & Daughtrey (CD) Medical Group for reporting to FCDS. A single patient may account for several separate records or cancer cases. Universal cancer registry standards require creating a new record for each new cancer a patient has and each time a patient goes to another facility (CCCR, WC or CD) for the same cancer. For example, a patient diagnosed with prostate cancer and colon cancer will have two records in the Cancer Registry database. If that patient is seen by a Watson Clinic physician and by a CCCR physician for those cancers, that patient will have four records in the database. The 1,677 unique patients seen at CCCR, WC and/or CD in 2007 with active cancer accounted for 1,253 cancer cases seen at CCCR, 1,203 seen at WC and 144 seen at CD, totaling 2,600 cancer cases (records) for 2007 in the Cancer Registry database. A cancer case is a single primary cancer. Patients seen for more than one primary cancer at a single facility would have been counted as a cancer case for each cancer. Actually "cancer" case is a slight misnomer. As of January 1, 2004, cancer registries have been required by the National Program of Cancer Registries to also collect benign brain and central nervous system tumors.

Three tables showing the cancer-site, gender and class distributions and total cases for each of the three facilities follow in this report. A fourth cancer-site table shows the gender and stage distributions of only the CCCR analytic cases. Analytic cases are those that were diagnosed and/or received at least part of their first-course therapy at the reporting facility. Non-analytic cases were diagnosed and received all first-course therapy elsewhere. Non-analytic cases are typically seen with recurrent or progressive cancer. Only analytic cases from CCCR are reported to the NCDB. Table 4 has cancer site, gender and stage distributions for CCCR analytic cancer cases. Of the 1,253 total cases seen at CCCR, 939 (75%) were analytic and 314 (25%) were non-analytic. Of the 939 analytic CCCR cases, 421 (45%) were male and 518 (55%) were female.

Besides the four cancer-site distribution tables, also included in this report are several graphical analyses of 2007 CCCR analytic cancer cases:

- Five most frequent cancer sites for CCCR analytic cases
- Five most frequent cancer sites among male patients
- Five most frequent cancer sites among female patients
- Five most frequent cancer sites compared to Florida and national incidence
- Age at diagnosis
- Distribution of stage at diagnosis for all cancer sites combined
- County of residence at time of diagnosis

Table 1

## Total 2007 Cases for CCCR

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	NON-ANALYTIC
ALL SITES	1253	587	666	939	314
TONGUE	8	4	4	3	5
OROPHARYNX	6	4	2	5	1
HYPOPHARYNX	2	1	1	2	0
OTHER MOUTH	16	10	6	10	6
ESOPHAGUS	18	15	3	18	0
STOMACH	19	13	6	16	3
COLON	83	39	44	65	18
RECTUM	30	18	12	23	7
ANUS/ANAL CANAL	3	0	3	2	1
LIVER	7	7	0	5	2
PANCREAS	21	8	13	20	1
OTHER DIGESTIVE	13	8	5	12	1
NASAL/SINUS	3	3	0	3	0
LARYNX	19	16	3	12	7
LUNG/BRONCHUS	196	113	83	167	29
OTHER RESPIRATORY	3	3	0	3	0
LEUKEMIA	58	37	21	45	13
MULTIPLE MYELOMA	30	16	14	22	8
OTHER BLOOD & BONE MARROW	17	12	5	12	5
BONE	2	2	0	2	0
CONNECT/SOFT TISSUE	10	7	3	6	4
MELANOMA	51	28	23	22	29
OTHER CUTANEOUS	3	2	1	3	0
BREAST	267	0	267	207	60
CERVIX UTERI	11	0	11	9	2
CORPUS UTERI	32	0	32	21	11
OVARY	25	0	25	24	1
VULVA	1	0	1	0	1
OTHER FEMALE GENITAL	3	0	3	3	0
PROSTATE	120	120	0	72	48
TESTIS	5	5	0	4	1
OTHER MALE GENITAL	0	0	0	0	0
BLADDER	19	15	4	7	12
KIDNEY/RENAL	13	8	5	6	7
OTHER URINARY	4	4	0	1	3
BRAIN (MALIGNANT)	8	3	5	7	1
OTHER CNS	3	1	2	0	3

THYROID	6	2	4	5	1
OTHER ENDOCRINE	2	2	0	1	1
HODGKIN LYMPHOMA	6	1	5	4	2
NON-HODGKIN LYMPHOMA	80	45	35	63	17
UNKNOWN PRIMARY	20	14	6	20	0
OTHER & ILL-DEFINED SITES	10	1	9	7	3

Table 2

## Total 2007 Cases for Watson Clinic LLP

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	NON-ANALYTIC
ALL SITES	1203	556	647	983	220
TONGUE	4	3	1	3	1
OROPHARYNX	4	2	2	3	1
HYPOPHARYNX	1	0	1	1	0
OTHER MOUTH	10	3	7	5	5
ESOPHAGUS	11	8	3	5	6
STOMACH	5	2	3	5	0
COLON	43	18	25	37	6
RECTUM	17	10	7	12	5
ANUS/ANAL CANAL	2	0	2	1	1
LIVER	2	1	1	1	1
PANCREAS	8	4	4	5	3
OTHER DIGESTIVE	7	4	3	5	2
NASAL/SINUS	0	0	0	0	0
LARYNX	9	7	2	8	1
LUNG/BRONCHUS	73	32	41	54	19
OTHER RESPIRATORY	3	3	0	2	1
LEUKEMIA	16	12	4	8	8
MULTIPLE MYELOMA	9	7	2	3	6
OTHER BLOOD & BONE MARROW	3	3	0	1	2
BONE	1	1	0	1	0
CONNECT/SOFT TISSUE	7	5	2	3	4
MELANOMA	407	237	170	373	34
OTHER CUTANEOUS	4	2	2	3	1
BREAST	206	1	205	166	40
CERVIX UTERI	13	0	13	13	0
CORPUS UTERI	50	0	50	41	9
OVARY	25	0	25	23	2
VULVA	10	0	10	7	3
OTHER FEMALE GENITAL	3	0	3	3	0
PROSTATE	125	125	0	95	30
TESTIS	3	3	0	3	0
OTHER MALE GENITAL	3	3	0	2	1
BLADDER	29	23	6	22	7
KIDNEY/RENAL	15	7	8	12	3
OTHER URINARY	4	4	0	4	0
BRAIN (MALIGNANT)	1	0	1	1	0
OTHER CNS	3	3	0	3	0

THYROID	21	2	19	15	6
OTHER ENDOCRINE	2	1	1	2	0
HODGKIN LYMPHOMA	2	0	2	1	1
NON-HODGKIN LYMPHOMA	26	15	11	19	7
UNKNOWN PRIMARY	8	5	3	6	2
OTHER & ILL-DEFINED SITES	8	0	8	6	2

**Table 3 Total 2007 Cases for Clark & Daughtrey Medical Group, P.A.**

PRIMARY SITE	CASES	MALE	FEMALE	ANALYTIC	NON-ANALYTIC
ALL SITES	144	61	83	63	81
TONGUE	2	2	0	1	1
OROPHARYNX	0	0	0	0	0
HYPOPHARYNX	0	0	0	0	0
OTHER MOUTH	1	0	1	0	1
ESOPHAGUS	4	3	1	2	2
STOMACH	1	1	0	0	1
COLON	17	6	11	10	7
RECTUM	5	4	1	4	1
ANUS/ANAL CANAL	0	0	0	0	0
LIVER	0	0	0	0	0
PANCREAS	2	1	1	0	2
OTHER DIGESTIVE	0	0	0	0	0
NASAL/SINUS	1	1	0	1	0
LARYNX	6	6	0	2	4
LUNG/BRONCHUS	21	13	8	10	11
OTHER RESPIRATORY	0	0	0	0	0
LEUKEMIA	4	4	0	2	2
MULTIPLE MYELOMA	3	1	2	0	3
OTHER BLOOD & BONE MARROW	1	0	1	0	1
BONE	0	0	0	0	0
CONNECT/SOFT TISSUE	2	1	1	1	1
MELANOMA	1	0	1	0	1
OTHER CUTANEOUS	0	0	0	0	0
BREAST	36	0	36	18	18
CERVIX UTERI	0	0	0	0	0
CORPUS UTERI	6	0	6	3	3
OVARY	3	0	3	1	2
VULVA	0	0	0	0	0
OTHER FEMALE GENITAL	0	0	0	0	0
PROSTATE	7	7	0	3	4
TESTIS	0	0	0	0	0
OTHER MALE GENITAL	0	0	0	0	0
BLADDER	2	1	1	0	2
KIDNEY/RENAL	1	0	1	0	1
OTHER URINARY	0	0	0	0	0
BRAIN (MALIGNANT)	1	1	0	0	1
OTHER CNS	1	0	1	0	1



THYROID	3	1	2	2	1
OTHER ENDOCRINE	0	0	0	0	0
HODGKIN LYMPHOMA	0	0	0	0	0
NON-HODGKIN LYMPHOMA	7	5	2	3	4
UNKNOWN PRIMARY	5	3	2	0	5
OTHER & ILL-DEFINED SITES	1	0	1	0	1

**Table 4 CCCR 2007 Primary Site Distribution of Analytic Cancer Cases**

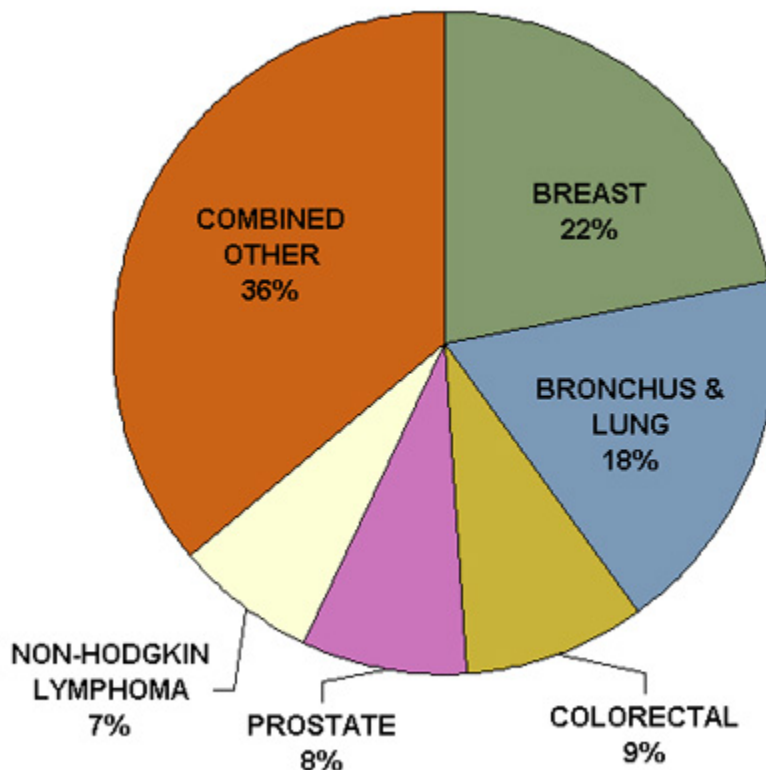
PRIMARY SITE	CLASS	GENDER		AJCC STAGE AT DIAGNOSIS						
		Analytic	Male	Female	0	I	II	III	IV	UNK
<b>ALL SITES</b>	<b>939</b>	<b>421</b>	<b>518</b>	<b>42</b>	<b>179</b>	<b>195</b>	<b>159</b>	<b>207</b>	<b>36</b>	<b>121</b>
<b>ORAL CAVITY</b>	<b>20</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>14</b>	<b>2</b>	<b>0</b>
Lip	0	0	0	0	0	0	0	0	0	0
Tongue	3	2	1	0	0	0	0	3	0	0
Oropharynx	5	3	2	0	0	0	1	4	0	0
Hypopharynx	2	1	1	0	0	0	0	1	1	0
Other	10	7	3	0	1	2	0	6	1	0
<b>DIGESTIVE SYSTEM</b>	<b>161</b>	<b>85</b>	<b>76</b>	<b>2</b>	<b>18</b>	<b>35</b>	<b>51</b>	<b>45</b>	<b>5</b>	<b>5</b>
Esophagus	18	15	3	0	1	4	3	9	1	0
Stomach	16	10	6	0	4	3	3	5	0	1
Colon	65	27	38	1	6	12	26	18	1	1
Rectum	23	13	10	1	3	6	10	2	0	1
Anus/Anal Canal	2	0	2	0	0	2	0	0	0	0
Liver	5	5	0	0	1	2	0	1	1	0
Pancreas	20	8	12	0	0	3	8	7	2	0
Other	12	7	5	0	3	3	1	3	0	2
<b>RESPIRATORY SYSTEM</b>	<b>185</b>	<b>115</b>	<b>70</b>	<b>0</b>	<b>38</b>	<b>14</b>	<b>49</b>	<b>80</b>	<b>3</b>	<b>1</b>
Nasal/Sinus	3	3	0	0	0	1	0	2	0	0
Larynx	12	10	2	0	5	4	0	3	0	0
Lung/Bronchus	167	99	68	0	31	9	49	74	3	1
Other	3	3	0	0	2	0	0	1	0	0
<b>BLOOD &amp; BONE MARROW</b>	<b>79</b>	<b>48</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>79</b>
Leukemia	45	28	17	0	0	0	0	0	0	45
Multiple Myeloma	22	12	10	0	0	0	0	0	0	22
Other	12	8	4	0	0	0	0	0	0	12
<b>BONE</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>CONNECT/SOFT TISSUE</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>
<b>SKIN</b>	<b>25</b>	<b>10</b>	<b>15</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>11</b>	<b>0</b>
Melanoma	22	8	14	3	3	1	3	1	11	0
Other	3	2	1	0	1	1	1	0	0	0
<b>BREAST</b>	<b>207</b>	<b>0</b>	<b>207</b>	<b>37</b>	<b>82</b>	<b>55</b>	<b>22</b>	<b>6</b>	<b>5</b>	<b>0</b>
<b>FEMALE GENITAL</b>	<b>57</b>	<b>0</b>	<b>57</b>	<b>0</b>	<b>13</b>	<b>8</b>	<b>17</b>	<b>14</b>	<b>1</b>	<b>4</b>
Cervix Uteri	9	0	9	0	2	3	1	3	0	0
Corpus Uteri	21	0	21	0	6	3	5	5	0	2
Ovary	24	0	24	0	4	2	11	4	1	2
Vulva	0	0	0	0	0	0	0	0	0	0
Other	3	0	3	0	1	0	0	2	0	0
<b>MALE GENITAL</b>	<b>76</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>63</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>
Prostate	72	72	0	0	0	63	2	4	3	0
Testis	4	4	0	0	3	0	1	0	0	0

Other	0	0	0	0	0	0	0	0	0	0
<b>URINARY SYSTEM</b>	<b>14</b>	<b>10</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>
Bladder	7	6	1	0	2	2	0	3	0	0
Kidney/Renal	6	3	3	0	1	0	0	5	0	0
Other	1	1	0	0	0	1	0	0	0	0
<b>BRAIN &amp; CNS</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
Brain (Benign)	0	0	0	0	0	0	0	0	0	0
Brain (Malignant)	7	3	4	0	0	0	0	0	0	7
Other	0	0	0	0	0	0	0	0	0	0
<b>ENDOCRINE</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>
Thyroid	5	2	3	0	0	2	1	2	0	0
Other	1	1	0	0	0	0	0	0	0	1
<b>LYMPHATIC SYSTEM</b>	<b>67</b>	<b>38</b>	<b>29</b>	<b>0</b>	<b>17</b>	<b>11</b>	<b>10</b>	<b>28</b>	<b>1</b>	<b>0</b>
Hodgkin Lymphoma	4	1	3	0	1	2	1	0	0	0
Non-Hodgkin Lymphoma	63	37	26	0	16	9	9	28	1	0
<b>UNKNOWN PRIMARY</b>	<b>20</b>	<b>14</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>
<b>OTHER &amp; ILL-DEFINED SITES</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>4</b>

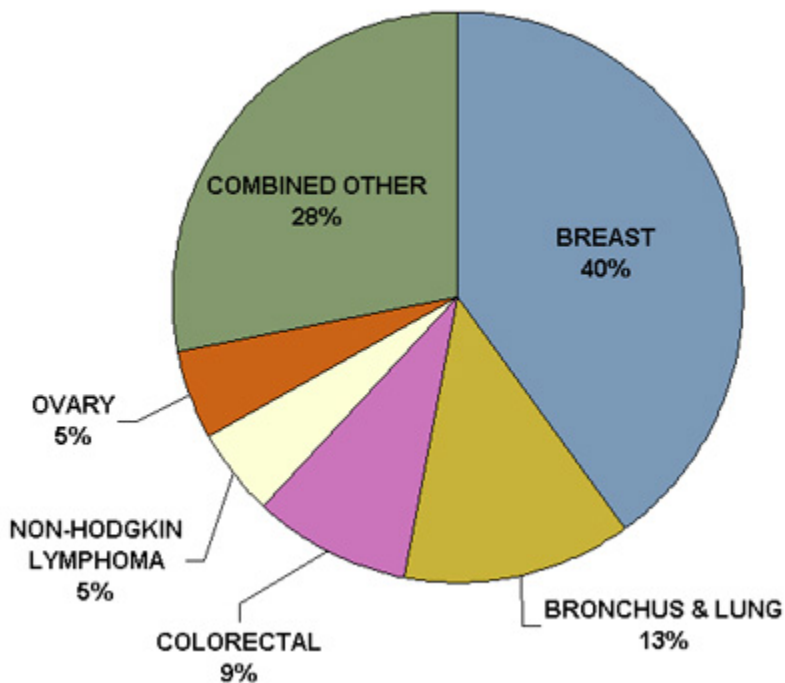
## 5 Most Frequent Cancer Sites in 2007

The five most frequent analytic cancer sites at the CCCR were breast (22% of total cases), lung (18%), colorectal (9%), prostate (8%) and non-Hodgkin lymphoma (7%). Almost two-thirds (64%) of CCCR analytic cases in 2007 were these five sites.

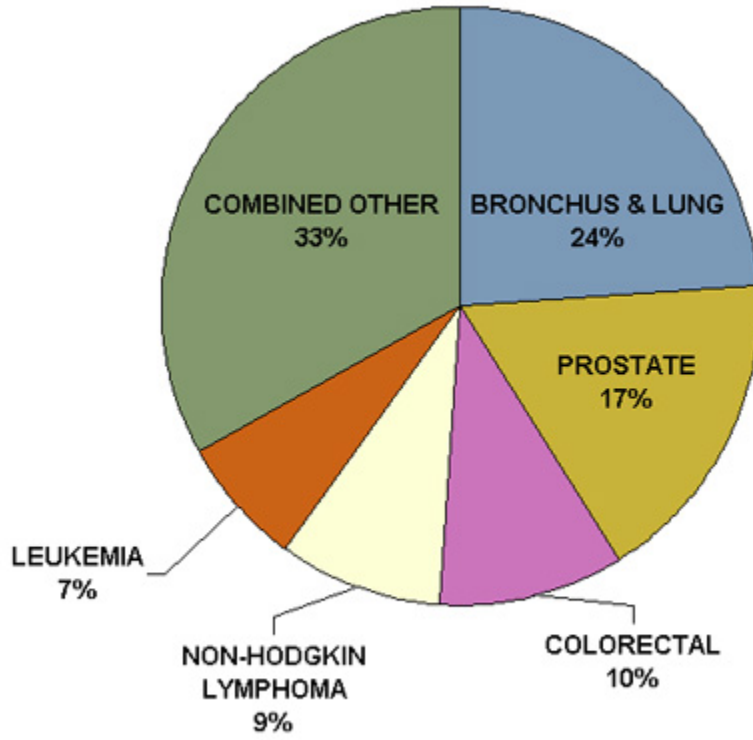
Distribution of 2007 CCCR Cases



Distribution of 2007 CCCR Female Cases

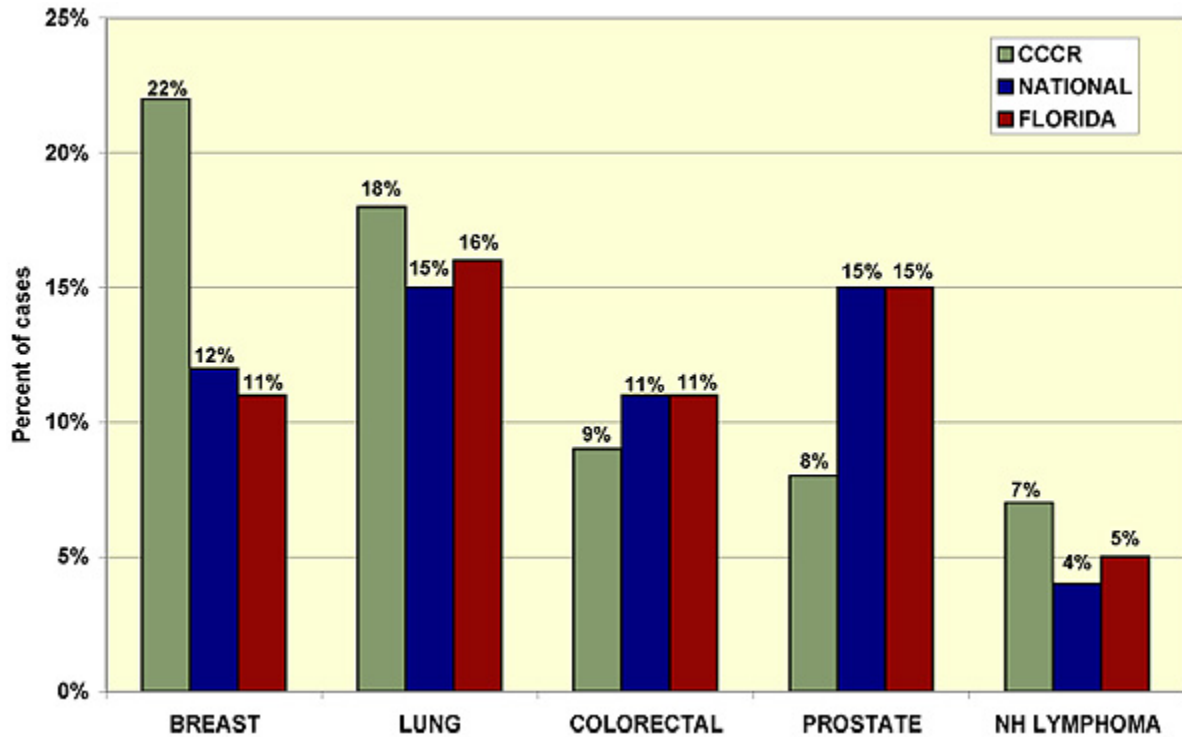


Distribution of 2007 CCCR Male Cases



## CCCR 2007 Frequency Compared to Incidence

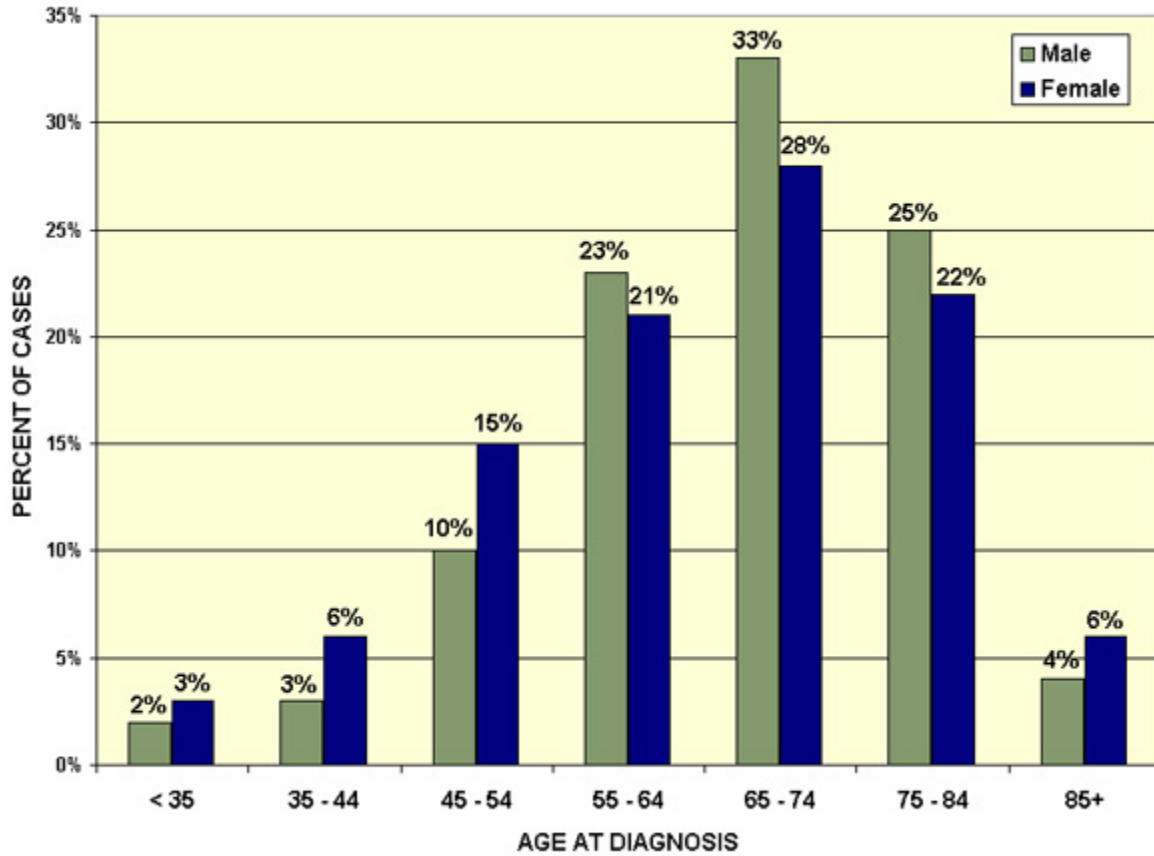
When comparing the frequency of the top five cancer sites seen at CCCR to the incidence of the same sites in Florida and the United States, there are some obvious differences. Note that the CCCR sees about double its “share” of breast cancer but sees less prostate cancer than either the state or the nation figures might indicate. The numbers of CCCR cases are based on actual counts of cases, while the incidence numbers published by the [American Cancer Society \(ACS\)](#) are projected estimates. Although estimates, the ACS figures are statistically derived and have a long history of being reasonably accurate.





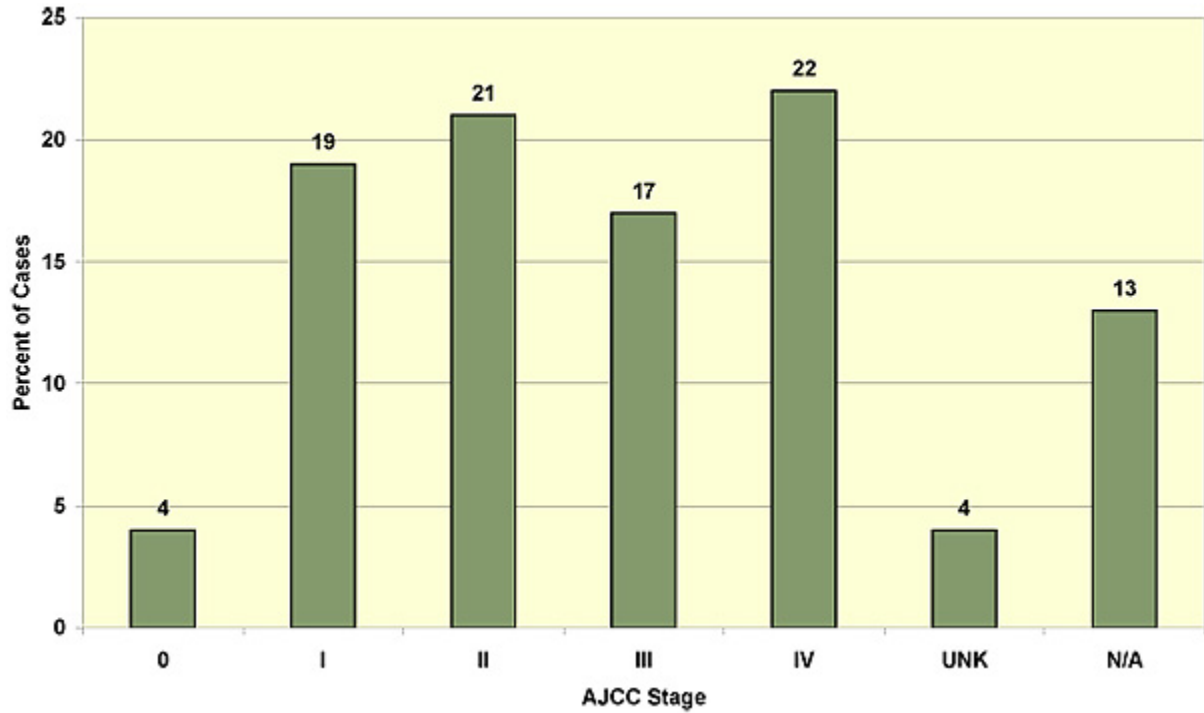
## Age at Diagnosis by Gender of CCCR 2007 Analytic Cases

Over half (59%) of newly diagnosed (analytic) CCCR patients were age 65 or older. Of the male patients, 62% were age 65 or older. Of the female patients, 56% were 65 or older.



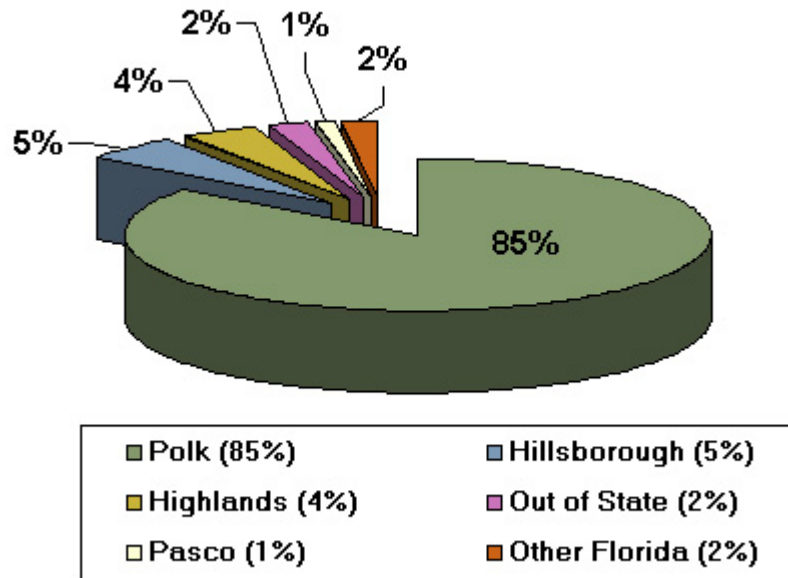
## AJCC Stage at Diagnosis of CCCR 2007 Analytic Cases

CCCR analytic cases are almost equally divided between early stage (states 0, I and II) and late stage (stages III and IV), possibly a result of being a cancer center that specializes in adjuvant therapies and treating challenging cancers that present treatment-planning difficulties or have relapsed.



## County of Residence at Diagnosis of CCCR 2007 Analytic Cases

Most CCCR patients (85%) come from Polk County. Another approximately 10% come from surrounding counties, but a surprising number come from outside the nearby region.



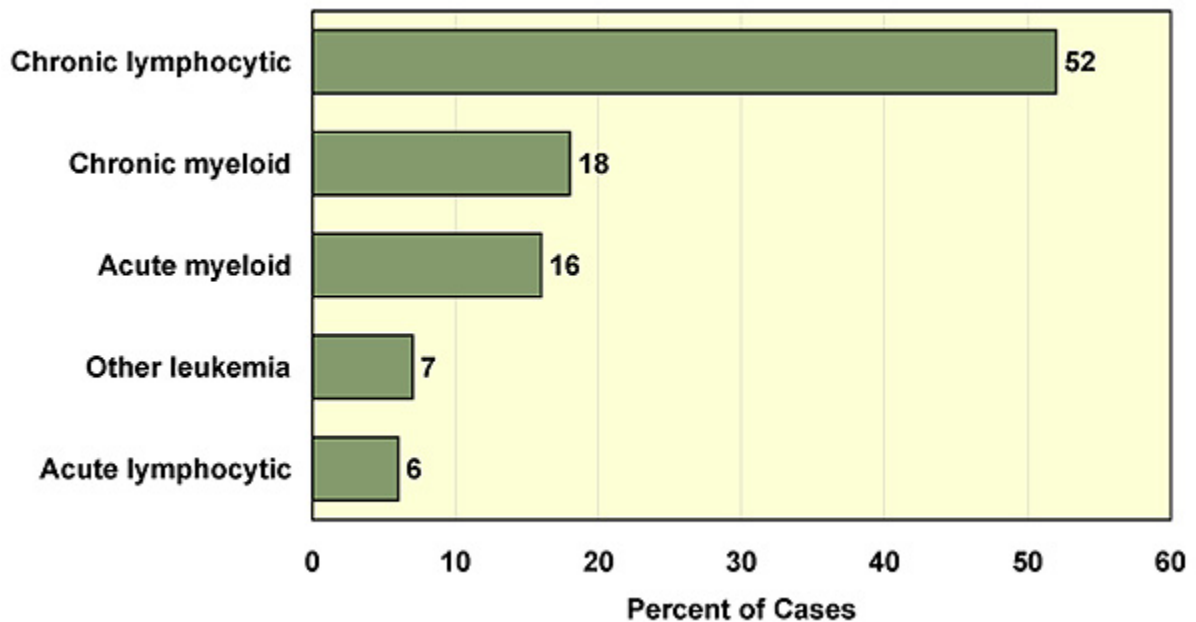
*Percentages do not total 100% due to rounding.*

**Center for Cancer Care & Research (CCCR)  
2008 Cancer Site Analysis and Outcomes Study  
Fred J. Schreiber, MD**

**Acute Leukemia: Analytic Cases 2004-2007**

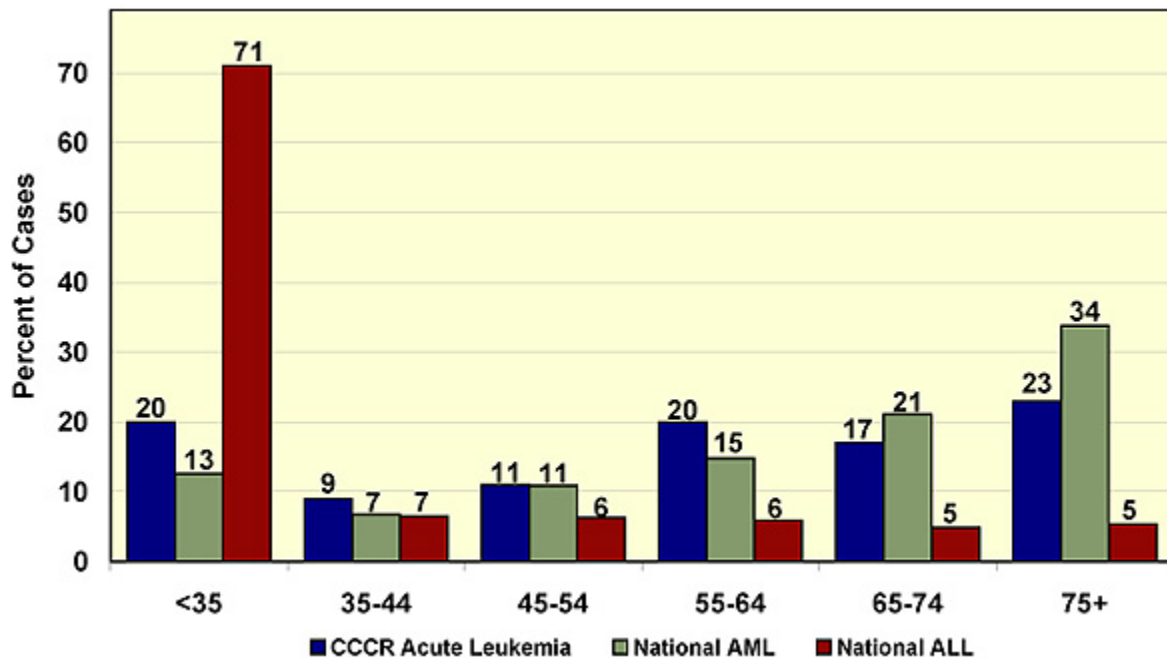
The American Cancer Society (ACS) estimates 44,270 people will be diagnosed with leukemia in 2008. Of these, 45% are expected to be chronic leukemia, 42% acute leukemia and 13% other types of leukemia not designated chronic or acute. The 2008 estimates showed no increase over 2007, when 44,240 cases were estimated with exactly the same distribution of chronic, acute and other leukemias. Both chronic and acute leukemias are further divided into two main types: lymphocytic and myeloid. CCCR distribution of types of leukemia differs significantly from the distribution of national incidence as shown in the following graph. Chronic leukemia, lymphocytic and myeloid, made up 52% of CCCR leukemia cases. Acute cases were only 22% and other leukemia was only 7%.

**Leukemia Histologies - 154 Analytic Leukemia Cases: 2004-2007**



Leukemia affects people of all ages. It accounts for 30% of childhood cancer and 70% of individuals diagnosed with acute lymphocytic leukemia (ALL) are children. Acute myelogenous leukemia (AML) is usually a disease of adults with the incidence increasing with age. The median age nationally is 67. Our local experience with leukemia matches that of AML as expected given our patient population.

## Acute Leukemia Age at Diagnosis Comparison of CCCR to National Data



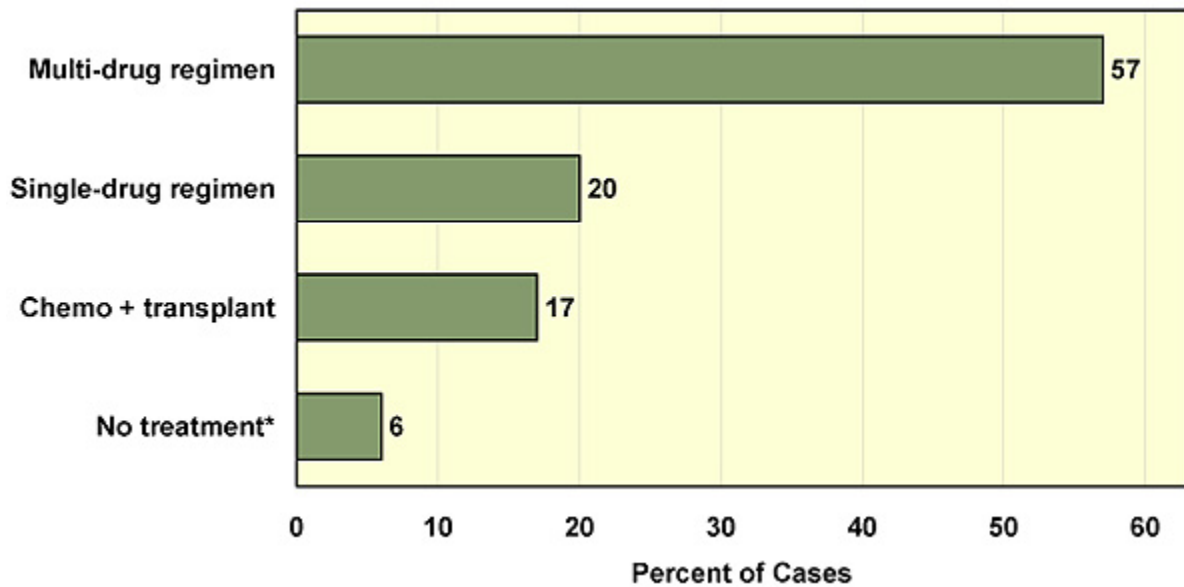
Risk factors for leukemia, besides age, include certain genetic abnormalities such as Down syndrome, exposure to certain chemicals, exposure to ionizing radiation and treatment for previous cancers. Cigarette smoking is a specific risk factor for acute myeloid leukemia.

Symptoms of leukemia may include fatigue, weight loss, infections or bruising or may have no obvious symptoms at all. Because symptoms are generalized and are common to other non-serious conditions, leukemia is difficult to detect early. Cases are often discovered from blood tests ordered for routine checkups or for other conditions. Diagnoses are usually made from peripheral blood abnormalities and/or bone marrow biopsies.

Leukemia is a cancer characterized by abnormally proliferating colonies of blood cells. The blood cell being affected and the genetic abnormalities within the cells allow physicians to make a specific diagnosis of the type of leukemia. Flow cytometry is used to differentiate among types and provide a clear diagnosis. Different types of leukemias respond to different therapies, so an exact diagnosis is critical for effective treatment planning. Acute leukemias are further characterized by an abnormal number of blasts or immature blood cells in the peripheral blood or bone marrow. The World Health Organization (WHO) recently lowered the threshold at which acute leukemia is diagnosed to 20% or more blasts. The previous standard was 30%. Leukemia may be chronic when diagnosed but progress into a blast or acute stage months or even years later.

Chemotherapies used to treat leukemia work best when the leukemic blood cells are rapidly dividing. Chronic leukemias are more indolent than acute leukemias. Fewer cancer cells are dividing at any given time, making chronic leukemias less sensitive to chemotherapy. Often chronic leukemias are initially followed off treatment, or with support measures only, until they progress into a more acute phase, at which time they become more readily treatable with chemotherapy. Chronic myeloid leukemias often do well long term on single-agent Gleevec® (imatinib mesylate). Acute leukemia is more sensitive to chemotherapy and treatment is usually started immediately after diagnosis. Patients that are younger and in otherwise good health can be treated more aggressively and have a potential for cure. Transplants, stem cell or bone marrow, are fairly frequently used while a patient is in remission to try for cure or long-term survival. As seen by the following chart, 94% of acute leukemia patients received chemotherapy and 17% of acute leukemia patients received either a stem cell or bone marrow transplant.

## Treatment of Acute Leukemia - 35 CCCR Analytic Cases: 2004-2007



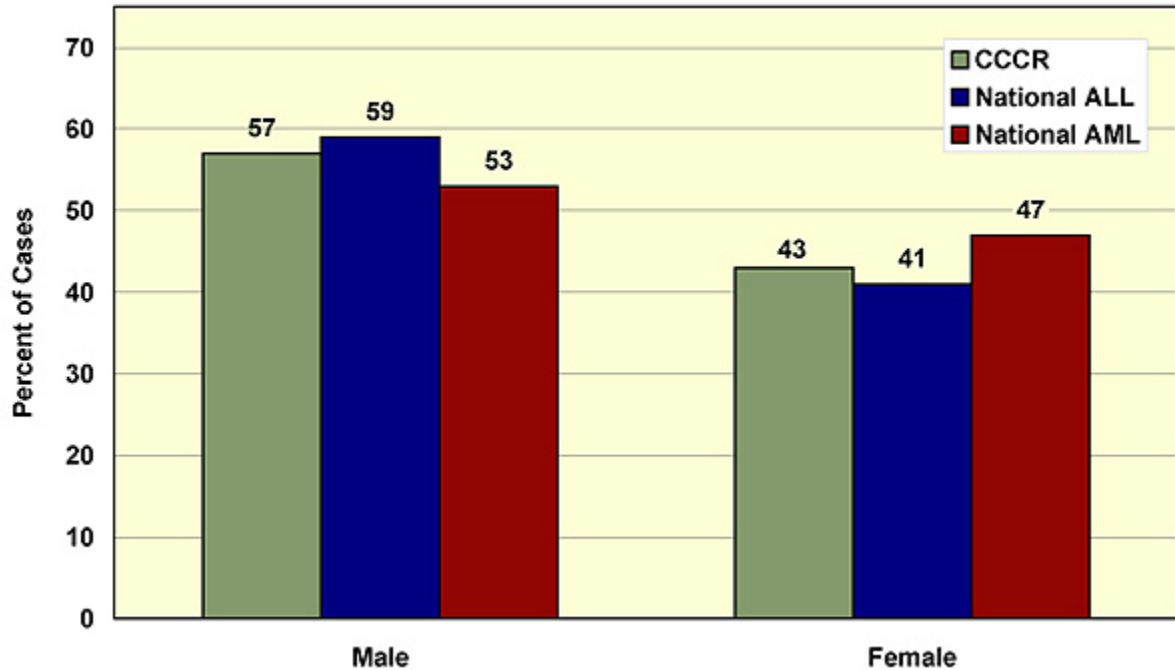
\* Chemotherapy contraindicated in 6% of cases because of age or medical condition.

Survival rates vary widely depending on the type of acute leukemia a patient has. Acute lymphocytic leukemia (ALL) has shown remarkably improved survival rates since the mid-seventies, going from a five-year survival of 42% to a five-year survival of 65%. Improved rates for children were even more dramatic, going from 58% to 87% in the same time period. The relatively high survival rate for children has the effect of skewing the overall survival. Adult survivals for ALL are much lower than the overall average of 65%. Only one in 216 men and women is expected to be diagnosed with ALL in their lifetime, with more men being diagnosed than women. For people between the ages of 50 and 70 years, less than one-half of one percent can be expected to develop acute leukemia. Only 0.21% of men and 0.11% of women are expected to develop ALL in their lifetimes.

Per the National Comprehensive Cancer Network (NCCN) clinical practice guidelines, the incidence of acute myeloid leukemia (AML) seems to be increasing as the population ages. There's also an increase in AML related to treatment for previous cancers. The overall five-year survival rate for AML is 21.9% using SEER data from 1996-2004. One in 274 men and women will be diagnosed with AML in their lifetime. For people between the ages of 50 and 70 years, 0.13% of men and 0.09% of women can be expected to develop AML in their lifetimes. The following graph compares national gender distribution of acute leukemia patients to CCCR cases.



## Gender Distribution of Acute Leukemia Comparison of CCCR and National Data



As a new Commission on Cancer-approved cancer center, the CCCR has collected cancer data only since January 2004. Consequently, there is insufficient CCCR data to provide five-year survivals to compare to published five-year survivals. Another measure commonly used for acute leukemia outcomes is disease-free survival. Patients who go into complete remission after induction chemotherapy enter a period where the leukemia is gone. Some of these patients can relapse, be treated and enter a second complete remission. Treatment is said to have failed if patients do not achieve a complete remission. The experience of CCCR in successfully achieving complete remissions compares favorably to data published by the National Cancer Institute. Approximately 70% of acute leukemia patients treated by CCCR medical oncologists achieved a complete remission. Over 70% of those achieving a complete remission were still in remission at the time of this study.

## Disease-free Survivals (DFS) of 35 CCCR Acute Leukemia Cases: 2004-2007

COMPLETE RESPONSE (CR) STATUS	ALL			AML			TOTAL		
	Cases		DFS	Cases		DFS	Cases		DFS
	#	%	(mos)	#	%	(mos)	#	%	(mos)
CR SUSTAINED	4	(40%)	21	13	(52%)	28	17	(49%)	26
CR FOLLOWED BY RELAPSE	2	(20%)	10	5	(20%)	7	7	(20%)	8
<b>TOTAL CR</b>	<b>6</b>	<b>(60%)</b>	<b>18</b>	<b>18</b>	<b>(72%)</b>	<b>22</b>	<b>24</b>	<b>(69%)</b>	<b>21</b>
NO CR*	4	(40%)	N/A	5	(20%)	N/A	9	(26%)	N/A
NOT TREATED**	0	(0%)	N/A	2	(8%)	N/A	2	(6%)	N/A
<b>TOTAL NUMBERS OF CASES</b>	<b>10</b>	<b>(100%)</b>		<b>25</b>	<b>(100%)</b>		<b>35</b>	<b>(100%)</b>	

\* Includes at least one partial response.

\*\* Chemotherapy contraindicated for the two untreated AML patients because of advanced age or medical condition.

It's significant to note that both ALL cases that relapsed after CR went into CR again with additional chemotherapy and were still negative for evidence of their cancer at the end of the study. Also worth noting is that all sustained disease free survivals were limited by the newness of the CCCR and the short time the patients could be followed. All patients with a sustained CR were alive at the end of study. Their CR status will obviously continue for some time yet.

A clear observation from this study is that acute leukemia patients can get effective therapy close to home at the Center for Cancer Care and Research, therapy equivalent to that received at larger cancer centers. In addition they can receive personal, hands-on care not always apparent at larger centers. The CCCR medical oncologists maintain current knowledge of advances in research and the management of leukemia. Through the CCCR's affiliation with the H. Lee Moffitt Cancer Center and Research Institute, an NCI-designated Comprehensive Cancer Center, patients can be referred for transplants or the latest clinical trials. The CCCR is appropriately proud of the exceptional services it offers.

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Statistics and information used for this report were compiled from the following sources:

1. Cancer Topics. National Cancer Institute (<http://www.cancer.gov/cancertopics>).
2. Cancer Facts and Figures. American Cancer Society (<http://www.cancer.org>).
3. NCCN Clinical Practice Guidelines in Oncology. National Comprehensive Cancer Network (<http://www.nccn.org>).
4. SEER Stat Fact Sheets. Surveillance, Epidemiology and End Results Program of the National Cancer Institute (<http://seer.cancer.gov/statfacts>)

## Center for Cancer Care & Research (CCCR) Total Cancer Care

According to the American Cancer Society, approximately 102,000 Florida residents will be diagnosed with cancer in 2008 and 42,000 will die from the disease, ranking our state second in cancer mortality and incidence nationwide.

To serve the needs of this growing population, the Center for Cancer Care & Research and Moffitt Cancer Care & Research Institute have joined forces on an exciting new research project that could affect future generations of cancer patients here in Florida and all over the world.

**A new frontier in cancer research has arrived.**

### Discover:

We all know that cancer is generally classified by its site of origin (lung, breast, prostate), but did you know that there are many different types of each of these cancers? In fact, with a total of over 200 different types of cancer, standard protocols and drugs seldom work in a similar manner for everyone. Physicians are struggling to find appropriate treatments that can be of benefit to every patient. For many years, the technology has been lacking to sufficiently determine why some patients respond to a certain cancer-fighting drug while others do not.

**The answers could potentially lie in genetic research.**

Recent advancements have made it possible to detect and test over 30,000 genes from any cancer tumor tissue. In a broad, sweeping initiative called Total Cancer Care, top researchers, physicians and clinicians from across the country will determine and study each tumor's molecular "fingerprint". These fingerprints are unique to every tumor just as your fingerprints are unique in identifying you. Through the collection of hundreds of thousands of genetic profiles, researchers hope to develop drug therapies that are more personalized to work for each individual.

**None of this will be possible, of course, without the assistance of our area residents who have cancer.**

### Translate:

Participants in the study are making an invaluable contribution to the future of cancer care, but their involvement will be minimal and will require no additional testing or cost. In accordance with HIPAA regulations, the patient's medical information will remain private. Here's how Total Cancer Care works:

- During a regular visit with the doctor, the patient is asked questions regarding their medical history.
- If a biopsy is recommended as a part of the patient's regular treatment, a portion of the tissue removed from any biopsy is submitted towards the research effort.
- If surgery is required for the patient, he or she is asked for their permission to study any excess cancer tissues that are removed. These cancer tissues would normally be discarded.

As the study expands and evolves, new clinical trials will be made available to participants of the program. The information compiled from these trials, as well as the genetic research, will be interpreted to create simpler and more effective treatments.

### Deliver:

The Moffitt Cancer Center in Tampa serves as the study's epicenter and has enlisted 16 consortium sites throughout the country to assist in this endeavor. These consortium sites ensure that patients will be able to reap the benefits of Moffitt's world-renowned expertise and resources without leaving their own communities.

The Center for Cancer Care & Research, which has been an affiliate of Moffitt since its inception, is the only cancer clinic in the area involved in this groundbreaking project. During 2007, CCCR enrolled 335 participants in the program. There are currently more than 1,000 patients enrolled at the Center for Cancer Care & Research.

Through expert care, advanced technologies, clinical trials and the progressive research made possible through studies like Total Cancer Care, CCCR remains committed to improving the odds in the fight against cancer.

## Sources for Information on Cancer:

**American Cancer Society (ACS)**

800-227-2345 • [www.cancer.org](http://www.cancer.org)

**American College of Surgeons (ACoS)**

800-621-4111 • [www.facs.org](http://www.facs.org)

**American Institute for Cancer Research (AICR)**

800-843-8114 • [www.aicr.org](http://www.aicr.org)

**American Lung Association**

[www.lungassociation.org](http://www.lungassociation.org)

**Center for Disease Control and Prevention (CDC)**

[www.cdc.gov](http://www.cdc.gov)

**Florida Cancer Data System (FCDS)**

305-243-4600 • <http://fcds.med.miami.edu/>

**Florida Department of Health (FDH)**

[www.doh.state.fl.us](http://www.doh.state.fl.us)

**Leukemia Lymphoma Society**

800-955-4572 • [www.leukemia-lymphoma.org](http://www.leukemia-lymphoma.org)

**National Cancer Institute (NCI)**

800-4CANCER • [www.cancer.gov](http://www.cancer.gov)

**Susan G. Komen**

800-468-9273 • [www.komen.org](http://www.komen.org)

## Glossary of Terms:

**Accession Number** – the unique identifier for a patient consisting of the year in which the patient was first seen at the reporting facility and the consecutive order in which the patient was abstracted.

**Analytic Case** – diagnosed at and/or received at least part of first-course therapy at the reporting facility.

**Chemotherapy** – drugs that work directly on cancer cells to kill them or slow their growth.

**Hormone Therapy** – drugs that work indirectly on hormone-sensitive cancer cells by modifying specific hormones in the body's hormone system.

**Initial Therapy** – first planned course of treatment designed to eliminate, control or palliate a patient's cancer. Initial therapy lasts until the treatment plan is complete or the cancer progresses, whichever comes first.

**Metastasis** – cancer cells that have spread from the initial primary site to sites elsewhere in the body, usually by way of the lymphatic or circulatory system. Metastases may be regional or distant:

- Regional Metastases - cancer that has spread to tissues, lymph nodes or organs that are close to the primary site and are listed as regional in a standard staging system.
- Distant Metastases - cancer that has spread to tissues, lymph nodes or organs that are usually not in proximity to the primary site and are listed as distant in a standard staging system.

**Non-Analytic Case** – diagnosis and all first-course therapy performed at a facility other than the reporting facility.

**TNM Staging** – a system used by AJCC to very consisely describe the extent to which a primary cancer has spread. The TNM system provides four key pieces of information:

- T - defines the extent, and sometimes the size, of the primary malignant tumor.
- N - defines the involvement of regional lymph nodes.
- M - defines contiguous or discontinuous spread to distant sites.
- Stage grouping -- defines the combination of T, N and M components for a specific malignant tumor, is represented by a concise group-stage code and indicates an expected prognosis for that cancer.

## Acronyms:

<b>ACS</b>	American Cancer Society
<b>ACOS</b>	American College of Surgeons
<b>AJCC</b>	American Joint Committee on Cancer
<b>CCCR</b>	Center for Cancer Care & Research
<b>FCDS</b>	Florida Cancer Data System
<b>CoC</b>	ACOS Commission on Cancer
<b>NCCN</b>	National Comprehensive Cancer Network
<b>NCDB</b>	National Cancer Data Base