



REGIONAL
MEDICAL CENTER
BAYONET POINT

2008
Annual Cancer Report
Reflecting 2007 Data

Our Mission and Values

Above all else, we are committed to the care and improvement of human life.

In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.

In pursuit of our mission, we believe the following value statements are essential and timeless:

We recognize and affirm the unique and intrinsic worth of each individual.

We treat all those we serve with compassion and kindness.

We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.

We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

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Message from the President and CEO



Thank you for supporting Regional Medical Center Bayonet Points' effort to improve the care and treatment experience for cancer patients in our community. It is exciting to see our organization use innovative ideas and technology to enhance cancer care for our patients.

During the past year we accomplished many milestones, including Accreditation with Commendation as a Community Cancer Program by the American College of Surgeons Commission on Cancer.

Part of being an accredited community cancer center revolves around our Tumor Conferences. Physicians and clinical staff involved in the care of cancer patients gather to review cases prospectively. The cases reviewed at the cancer conferences ensure multidisciplinary opinions are evaluated for treatment options. These conferences help to ensure the best quality of care for our patients.

We have spent countless hours working directly with our physician colleagues, developing initiatives to improve the care and experience for our cancer patients. The Cancer Committee provides clinical oversight and direction for the cancer program. This interdisciplinary group has established ongoing program improvement initiatives for the early detection of breast, colorectal and prostate cancers.

We are blessed as a healthcare system to have tremendously talented physicians and staff dedicated to raising awareness, improving outcomes, and caring for our cancer patients on a daily basis.

As we continue to work to ensure current and future residents of this area receive exceptional cancer care, close to home, let us not forget those who have fought valiantly but lost the battle to this disease. Let us rejoice in the lives that have been saved and let us focus on a future in which the fear of a cancer diagnosis is less than it is today.

Sincerely,

A handwritten signature in black ink that reads "Steve Rector". The signature is fluid and cursive.

Steve Rector
Chief Executive Officer



Regional Medical Center Bayonet Point Cancer Committee Chairperson's Report 2008

Gail Lynn Shaw Wright, MD, FACP, FCCP

During 2008 The Cancer Committee at Regional Medical Center Bayonet Point was pleased to have our American College of Surgeons Survey and is proud to report that we obtained recertification as an American College of Surgeons Cancer Program with commendation. During the past year the Cancer Committee continued to promote “a long-term commitment to providing and improving the care of patients with cancer.” The Tumor Registry continues to strive for timely and accurate staging of cancer patients seen at the facility. The stringent standards put forth by the Commission on Cancer are maintained by our program administration, clinical management, supportive care services, data management and education. Our staff continues its dedication to providing excellence in our cancer program. We continue to strive to demonstrate that state-of-the-art cancer care can be delivered in our community.

A key element of providing exceptional cancer care in our multidisciplinary Cancer Conference held the first and third Fridays of each month. This meeting is attended by Medical Oncologists, Radiation Oncologists, surgeons, radiology and pathology, as well as any other physicians who care to attend, to allow for the exchange of information and ideas to arrive at the best plan of evaluation and treatment for our oncology patient population. This conference is key in delivering a multidisciplinary approach to cancer care.

The Cancer Committee meets quarterly and did schedule successful prostate cancer screening and colorectal cancer screening events this year. The dedication of our physicians and staff was critical for these successful outreach events.

Goals for 2009 include

- maintaining good attendance at our multidisciplinary Tumor Boards and our Cancer Committee meetings,
- expand attendance at the multidisciplinary Cancer Conferences to include nursing, therapy and other ancillary personnel
- continuing to sponsor cancer screening related events
- encouraging opportunities for patient education in oncology as pertains to their experiences in the hospital
- continue to make support groups available for cancer patients
- continue to increase access to clinical trials through collaboration with physician office programs
- working toward the expansion of a dedicated oncology unit that will accommodate post-operative cancer patients as well as patients on treatment admitted to the hospital for problems related either to their cancer or their treatment, or patients requiring inpatient chemotherapy regimens

Services Provided By Regional Medical Center Bayonet Point

Infusion Center

The infusion center allows for an attractive treatment area that avoids the rigors of hospital admitting and overnight stays. The infusion center provides all the comforts of home, including cable TV for your enjoyment.

Services provided include:

- Transfusions of Blood/Blood Products
- TPN Therapy
- PICC/Midline Insertions (In Center)
- Maintenance of Central Lines/Ports
- IV Therapies
- Hydration Therapy
- Chemotherapy Administration
- Subcutaneous Injections
- Plasmapheresis
- Remicade Treatments
- IV Antibiotic Administration
- Dobutamine Therapy

Neurosurgical Services

Dealing with matters of neurosurgery requires the ultimate in precision. Our surgeons, equipped with some of the most modern tools, understand that. Our commitment to technology is best demonstrated by our use of the Stealth Stereotactic system, well known for its precision in helping surgeons locate and treat problem areas.

Imaging Center

We offer a full range of Imaging Services including, 64 Slice CT, (coming in Jan.), Lightspeed CT, State of the Art MRI, Ultrasound, vascular ultrasound, Invasive vascular procedures, nuclear medicine, and echocardiography. We are conveniently located near the registration area at Entrance D and do not have a waiting period for any imaging modalities. We provide same day service and accept walk-ins.

Stereotactic Breast Biopsy Using Mammotome® Technology

It allows physicians to obtain tissue for analysis in a minimally-invasive fashion that doesn't require surgery and can be done on an outpatient basis.

Stereotactic breast biopsy provides these advantages over surgical biopsy:

- It is performed under local anesthesia, while you are awake.
- It is faster.
- It is less costly.
- It is less complicated.
- A smaller amount of breast tissue is removed.
- You can return to normal activities more quickly.

Pastoral Care

Regional Medical Center Bayonet Point cares for the whole person by providing quality medical, spiritual and emotional care. The Pastoral Care staff is available to care for the pastoral/spiritual needs of our patients and families regardless of faith background.



Cancer Registry Regional Medical Center Bayonet Point 2007 Activity Report

The Cancer Registry, established in 2000, is a crucial component in a cancer program. The job of the registry is to collect data on all cancer cases diagnosed and/or treated at its facility. The registry also must collect cases that were diagnosed and treated elsewhere, if the cancer is still active. Cancer registrars must analyze medical records, pathology reports, and radiology to find reportable cases. Once a case is found the patient's chart is reviewed to determine diagnosis, stage of disease, treatment, and the class of case. All reportable cases are reported to FCDS in Miami. Cases that were diagnosed and/or treated at Regional Medical Center Bayonet Point must be sent to NCDB. NCDB works with the College of Surgeons Commission on Cancer and these cases are sent yearly during the annual "Call for Data". We have recently been certified as an approved program for three more years with commendation by the CoC. Having an approved Community Hospital Cancer Program indicated that Regional Medical Center has coordinated the appropriate personnel, activities and resources to offer excellent care to our cancer patients. Our oncology patients can be assured that they will continuously have the availability of the multi-disciplinary evaluations and management through our registry's quality reviews and physician cancer conferences. Cancer conferences provide a platform for physicians to bring interesting, unusual and difficult cancer cases for a multidisciplinary discussion on treatment options. Cancer conferences are held at Regional Medical Center Bayonet Point on the first and third Friday in the morning.

Cases Presented at 2007 Cancer Conferences	
Lung	21
Breast	9
Colon	4
Unknown Primary	4
Lymphoma	3
Bladder	2
Thyroid	1
Meningioma	1
Multiple Myeloma	1
Mesothelioma	1
Liver	1
Rectal	1
Glioblastoma	1
Vulva	1
Sarcoma	1
Esophagus	1
Duodenum	1
Nerve Sheath	1
Total	55

The data in this annual report reflects the cases abstracted and studied at Regional Medical Center for the year 2007. The approved program at Regional Medical Center was started in 2000, since that date 10,159 patients have been added to our registry. Of those 4,788 were diagnosed/treated at the hospital. Lifetime follow-up is also performed through the registry, the rate of follow-up is 84% which is well above the 80% that is required by the CoC. This lifetime follow-up helps physicians learn what medications have helped patients live longer. Follow-up also serves as a reminder to patients to see their physician on an annual basis to keep the patient and physician vigilant of the status of his/her cancer.

Glossary

Analytic (A) A cancer that is reportable to the FCDS and NCDB. Cases diagnosed and/or treated initially at Oak Hill Hospital.

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

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

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

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

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

Non Analytic (N/A) Cancer cases primarily diagnosed and treated elsewhere, and/or receiving subsequent care at Oak ill Hospital.

INFORMATION ON CANCER

Regional Medical Center Bayonet Point.....	352-597-6045 *	www.rmchealth.com
American Cancer Society (ACS)	800-227-2345 *	www.cancer.org
American College of Surgeons.....	800-621-4111 *	www.facs.org
Center for Disease Control and Prevention (CDC).....	800-311-3435 *	www.cdc.gov
Cancer Programs (AcoS)	321-202-5058 *	www.facs.org/cancer
Florida Cancer Data System (FCDS)	800-906-3034 *	www.fcds.med.miami.edu
National Cancer Institute (NCI).....	800-4CANCER*	www.cancer.gov
National Comprehensive Center Network (NCCN).....	888-909-6226 *	www.nccn.org
Florida Department of Health (FDH).....	850-245-4003*	www.doh.state.fl.us

Cancer Committee Members 2007

Dr. Gail Wright
Dr. Jorge Ayub

Cancer Committee Chairman
Cancer Physician Liaison

Cancer Coordinators:

Dr. Sanjay Emandi
Rev. Jack Long
Gladys Bantings
Diane Vaillancourt, CTR

Cancer Conference Coordinator
Community Outreach Coordinator
Quality Coordinator
Registry Data Coordinator

Members:

Dr. K. Buchanan, Pathology
Dr. L. Hochman, Radiation Oncology
Dr. K.S. Kumar, Medical Oncology
Dr. M. McMullen, Pathology
Dr. L. Martin, Surgery
Dr. A. Matzkowitz, Radiation Oncology
Dr. H. Mendonca, Surgery
Dr. E. Norsoph, Radiology
Dr. G. Sokol, Radiation Oncology

Dr. K. Spires, Urology
Dr. L. Venu, G.I. & Internal Medicine
Dr. A. Wilfong, Pathology
Dr. W. Wittenberg, Neurosurgery
Dr. R. Yarrington, Surgery

Gladys Banting, RN, Quality
Dorothy Beyer, Pastoral Services
Stephanie Brown, PharmD, Pharmacy
Linda Budzelik, RN, BA, MBA, Quality
Coleen Buchinsky, MBA, RHIA, HIM
Kurt Conover, Marketing
Katherine Cook, CTR, Registry
Carol Coder, ARRT, Radiology
Jill Corriveau, RN, BSRN, CCRN, ENCP,
TNCC, Education
Cindi Crisci, American Cancer Society
Lynn Finley, RN, BS, Case Management
Janice Harvey, RN, BA, Nursing
Jennifer Kachurak, RD, LD, Nutrition
Leigh Massengill, RN, MBA, COO
Annette Murray, RN, Hospice
Carolyn Quinlan, RN, BSN, CNO
Jan Woznick, RN, Nursing





Surgical Management of Breast Malignancy

Once again Bayonet Point Regional has been heavily involved in the care of numerous patients with breast malignancy, but in interpreting the statistics for the year past it is important to understand the changes that are affecting surgical breast management and how they relate to the reporting of the population affected at our institution.

First of all, in keeping with the trend for many surgeries, patients with breast disease are being managed more and more in an outpatient setting. This drastically affects the reporting of the incidence of positive breast biopsies, because many of these biopsies, even approximating the majority, are now being done either in outpatient centers, in the offices of surgeons managing breast disease (especially those now dedicated solely to this emerging specialty of breast surgery), and even in facilities normally considered to be those dedicated to radiology. Therefore our population of patient's having newly diagnosed disease would falsely APPEAR to be minimal. In keeping with the national trend, more biopsies are being carried out as core needle biopsies, frequently employing mammographic, ultrasound, or MRI guidance for targeting. The vast majority of the newly diagnosed malignancies are nonpalpable.

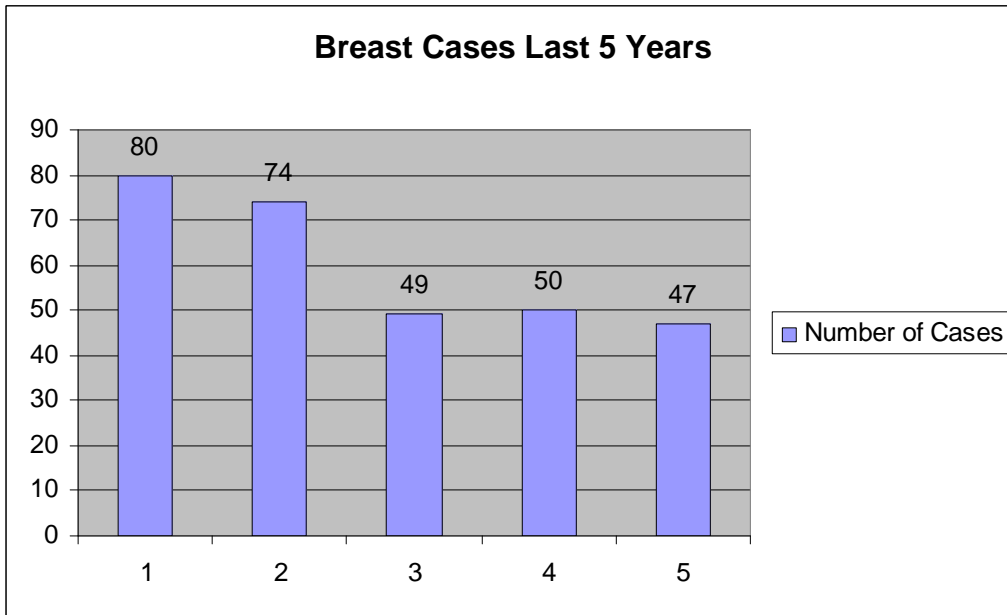
The interaction of the surgeon, the oncologist, and even the radiologist has become tighter as more and more patients are being addressed with the pre-surgical treatment of their malignancy (neoadjuvant therapy) to reduce the tumor prior to its excision. Thus, tumor size as reported at the time of mastectomy in the hospital documentation may in no way reflect the actual tumor size at diagnosis. Most "lumpectomy"/sentinel node surgeries and even a significant number of radical mastectomies involving otherwise healthy younger individuals are also being managed as outpatients in the outpatient setting. Thus, this important segment of our breast care population is not getting included in the hospital documentation. This occurs even though the hospital staff oncologist, pathologist's, radiologist, surgeons, and other ancillary personnel participate in the management of these patients on a regular basis. They are also frequently reported at case presentations during our Cancer Conference interdisciplinary meetings, but fail to qualify as hospital patients.

Thus, it can plainly be seen that breast cancer management is a rapidly changing and hopefully positively evolving discipline and documentation of our institutions involvement in this area will require rethinking of our methods of case recording, defining of our patient population and may even require alteration in staging documentation. These issues should and will hopefully be objectives as we approach the future of breast care.

Ronald M. Yarrington M.D. FACS, Member ASBS.

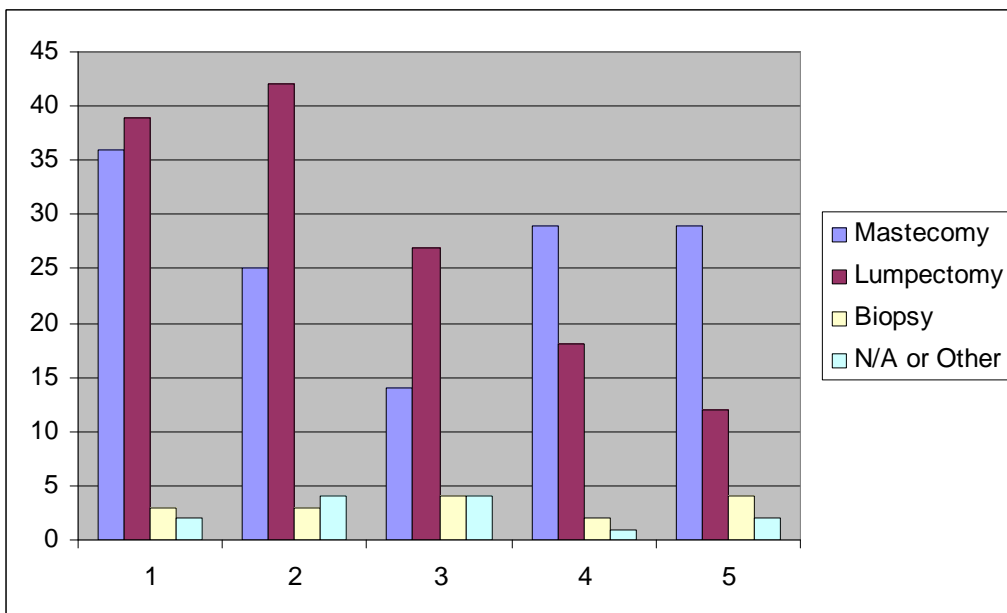
Number of Breast Cases Last 5 Years at Regional Medical Center Bayonet Point

	1	2	3	4	5
Year	2003	2004	2005	2006	2007
Number of Cases	80	74	49	50	47



Breast Surgeries Last 5 Years Regional Medical Center Bayonet Point

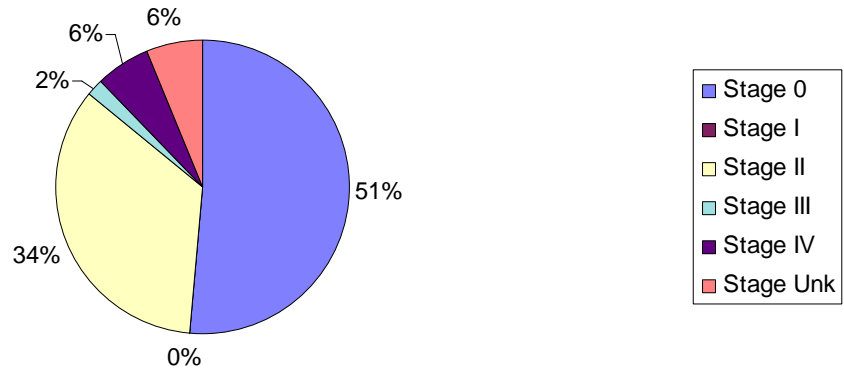
	1	2	3	4	5
Year	2003	2004	2005	2006	2007
Mastectomy	36	25	14	29	29
Lumpectomy	39	42	27	18	12
Biopsy	3	3	4	2	4
N/A or Other	2	4	4	1	2
Total	80	74	49	50	47



Breast Cancer Cases by Stage 2007

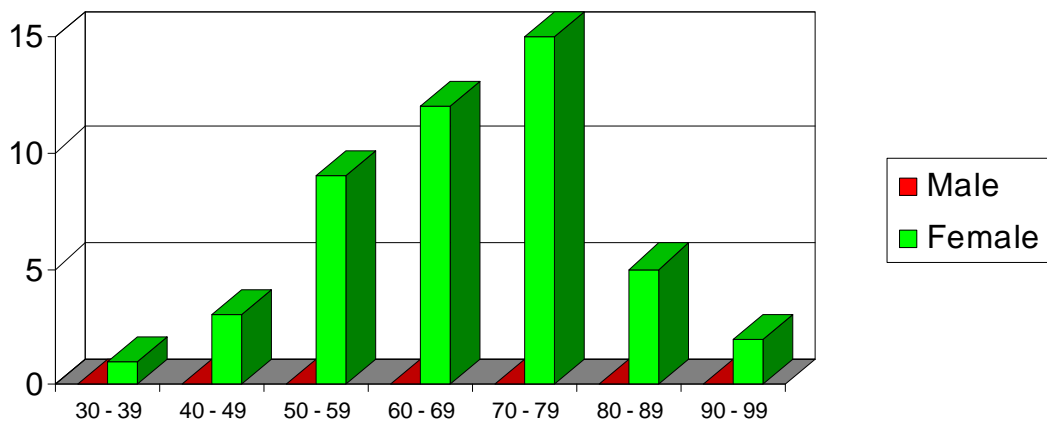
Stage	Stage 0	Stage I	Stage II	Stage III	Stage IV	Stage Unk
Number of Cases	24	0	16	1	3	3
Percentage	51%	0%	34%	2%	6%	6%

Breast Cancer by Stage 2007



Breast Cancer Cases by Age for 2007

Age Range	Male	Female
30 - 39	0	1
40 - 49	0	3
50 - 59	0	9
60 - 69	0	12
70 - 79	0	15
80 - 89	0	5
90 - 99	0	2
TOTALS	0	47

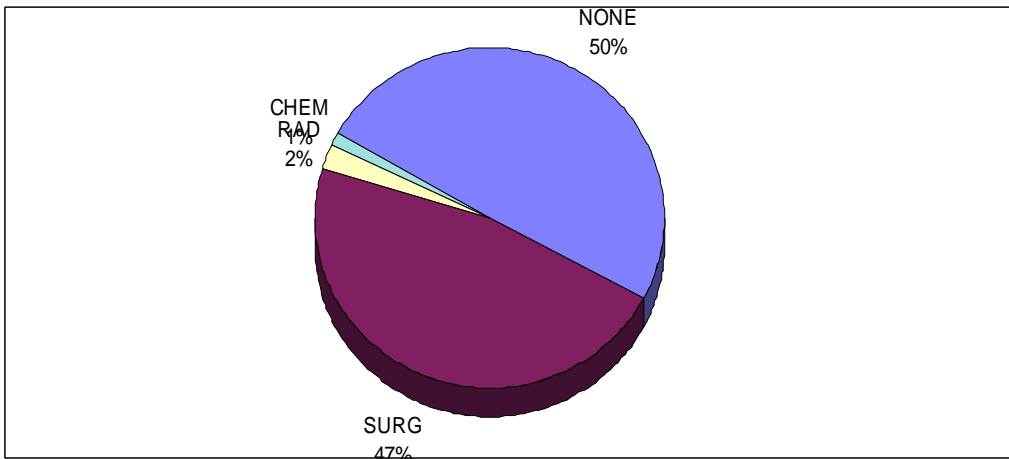


PRIMARY SITE TABULATION FOR REGIONAL MEDICAL CENTER BAYONET POINT 2007

PRIMARY SITE	TOTAL	CLASS		SEX		CS STAGE GROUP						UNK	N/A
		A	N/A	M	F	0	I	II	III	IV			
ALL SITES	723	472	251	376	347	40	144	69	75	88	187	120	
ORAL CAVITY	15	6	9	11	4	0	2	0	0	3	7	3	
LIP	1	0	1	1	0	0	0	0	0	0	1	0	
TONGUE	8	3	5	6	2	0	2	0	0	1	5	0	
OROPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0	
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0	
OTHER	6	3	3	4	2	0	0	0	0	2	1	3	
DIGESTIVE SYSTEM	131	108	23	80	51	3	23	30	24	21	25	5	
ESOPHAGUS	10	2	8	8	2	0	1	0	1	3	5	0	
STOMACH	14	14	0	11	3	0	5	2	1	3	1	2	
COLON	67	59	8	31	36	3	8	20	17	11	7	1	
RECTUM	12	11	1	9	3	0	3	2	3	0	4	0	
ANUS/ANAL CANAL	1	0	1	0	1	0	0	0	0	0	1	0	
LIVER	5	3	2	5	0	0	0	2	0	0	3	0	
PANCREAS	8	6	2	7	1	0	3	0	1	1	3	0	
OTHER	14	13	1	9	5	0	3	4	1	3	1	2	
RESPIRATORY SYSTEM	207	165	42	113	94	2	57	9	34	39	61	5	
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0	
LARYNX	12	8	4	10	2	1	4	0	0	2	5	0	
LUNG/BRONCHUS	193	155	38	102	91	1	52	9	34	37	56	4	
OTHER	2	2	0	1	1	0	1	0	0	0	0	1	
BLOOD & BONE MARROW	64	14	50	40	24	0	0	0	0	0	0	64	
LEUKEMIA	22	6	16	12	10	0	0	0	0	0	0	22	
MULTIPLE MYELOMA	9	4	5	4	5	0	0	0	0	0	0	9	
OTHER	33	4	29	24	9	0	0	0	0	0	0	33	
BONE	0	0	0	0	0	0	0	0	0	0	0	0	
CONNECT/SOFT TISSUE	4	1	3	4	0	0	0	0	0	0	4	0	
SKIN	9	3	6	6	3	1	0	0	1	1	6	0	
MELANOMA	8	3	5	5	3	1	0	0	1	1	5	0	
OTHER	1	0	1	1	0	0	0	0	0	0	1	0	
BREAST	79	47	32	0	79	6	22	19	2	4	26	0	
FEMALE GENITAL	23	13	10	0	23	0	1	3	8	1	8	2	
CERVIX UTERI	7	6	1	0	7	0	0	0	4	0	3	0	
CORPUS UTERI	8	4	4	0	8	0	0	3	1	1	3	0	
OVARY	7	3	4	0	7	0	1	0	3	0	1	2	
VULVA	1	0	1	0	1	0	0	0	0	0	1	0	
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
MALE GENITAL	47	14	33	47	0	21	0	4	2	3	15	2	
PROSTATE	43	12	31	43	0	21	0	3	1	3	15	0	
TESTIS	3	1	2	3	0	0	0	0	1	0	0	2	
OTHER	1	1	0	1	0	0	0	1	0	0	0	0	
URINARY SYSTEM	51	34	17	33	18	7	20	2	0	6	16	0	
BLADDER	33	21	12	22	11	5	14	2	0	2	10	0	
KIDNEY/RENAL	14	9	5	8	6	0	5	0	0	4	5	0	
OTHER	4	4	0	3	1	2	1	0	0	0	1	0	
BRAIN & CNS	17	16	1	5	12	0	0	0	0	0	0	17	
BRAIN (BENIGN)	6	6	0	1	5	0	0	0	0	0	0	6	
BRAIN (MALIGNANT)	8	7	1	3	5	0	0	0	0	0	0	8	
OTHER	3	3	0	1	2	0	0	0	0	0	0	3	
ENDOCRINE	19	17	2	6	13	0	7	2	2	3	5	0	
THYROID	19	17	2	6	13	0	7	2	2	3	5	0	
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
LYMPHATIC SYSTEM	34	17	17	20	14	0	12	0	2	6	14	0	
HODGKIN'S DISEASE	1	1	0	0	1	0	0	0	0	0	1	0	
NON-HODGKIN'S	33	16	17	20	13	0	12	0	2	6	13	0	
UNKNOWN PRIMARY	15	12	3	6	9	0	0	0	0	0	0	15	
OTHER/ILL-DEFINED	8	5	3	5	3	0	0	0	0	1	0	7	

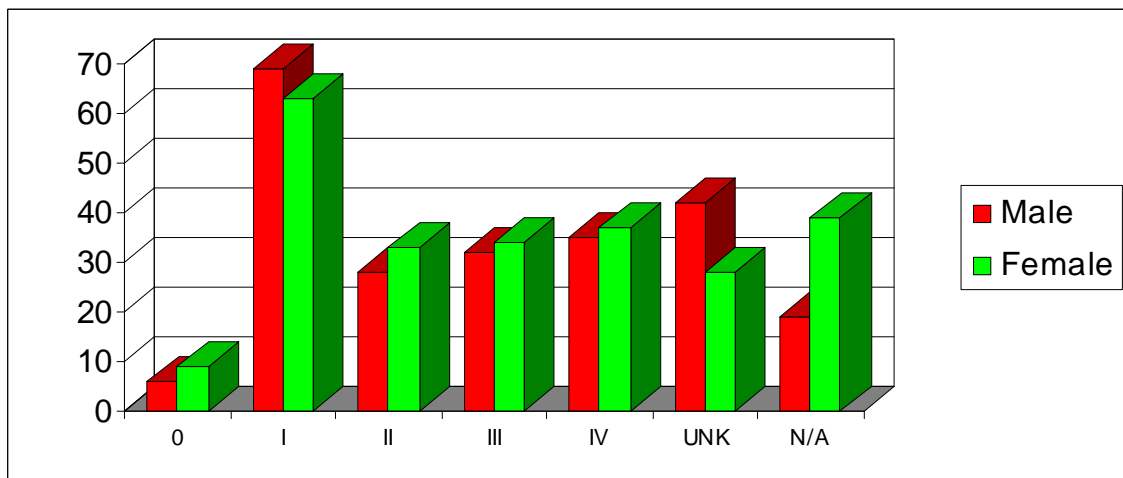
Cancer Treatment 2007

TREATMENT TYPE	NUMBER OF CASES	PERCENTAGE
NONE	231	48.63%
SURG	218	45.89%
RAD	11	2.32%
CHEM	6	1.26%
SURG/CHEM	4	0.84%
CHEM/RAD	2	0.42%
HOR	1	0.002105263
SURG/CHEM/RAD	1	0.21%
SURG/RAD	1	0.21%



Cancer Cases by Stage and Sex 2007

Stage	Male	Female
0	6	9
I	69	63
II	28	33
III	32	34
IV	35	37
UNK	42	28
N/A	19	39
TOTALS	231	243



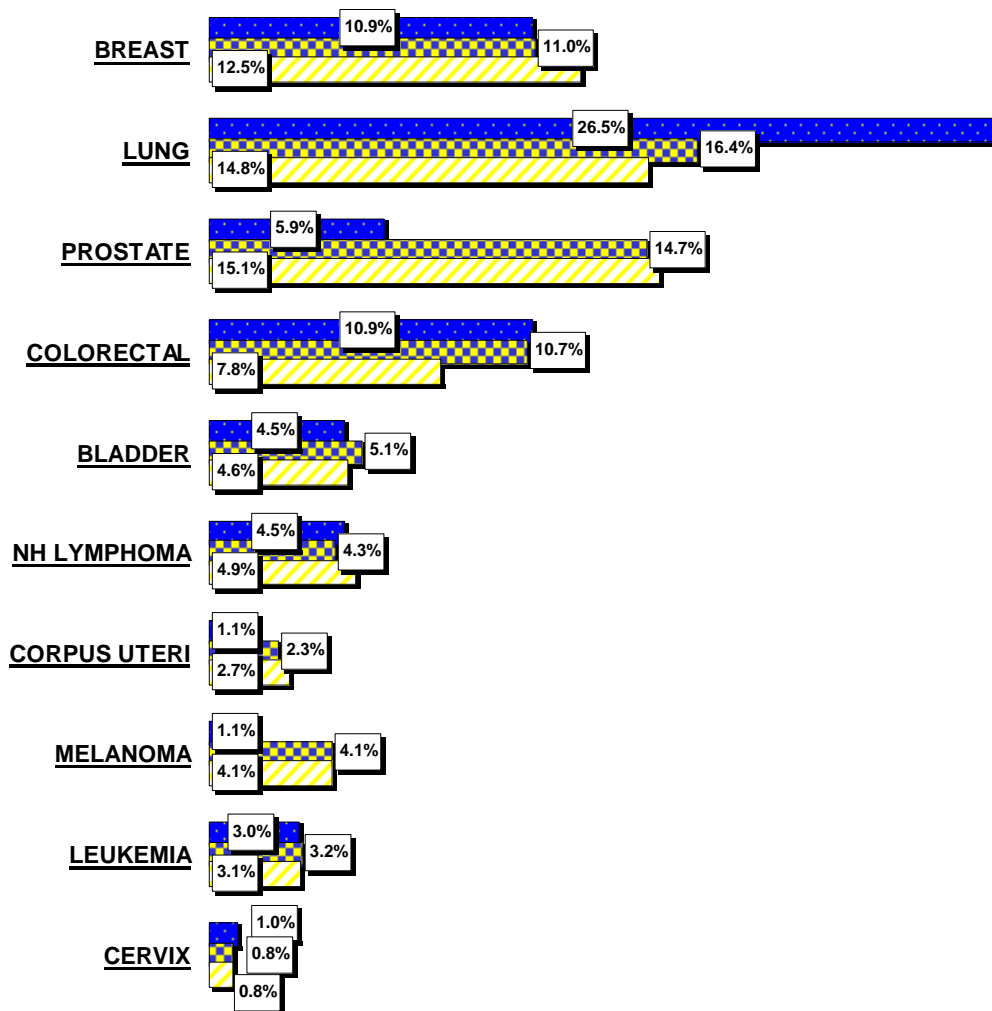
REGIONAL MEDICAL CENTER CANCER CASES DIAGNOSED 2007

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

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

PRIMARY SITE	BAYONET POINT		FLORIDA		NATIONAL	
	CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
BREAST	79	10.9%	11,710	11.0%	180,510	12.5%
LUNG	193	26.5%	17,490	16.4%	213,380	14.8%
PROSTATE	43	5.9%	15,710	14.7%	218,890	15.1%
COLORECTAL	79	10.9%	11,420	10.7%	112,340	7.8%
BLADDER	33	4.5%	5,460	5.1%	67,160	4.6%
NH LYMPHOMA	33	4.5%	4,530	4.3%	71,380	4.9%
CORPUS UTERI	8	1.1%	2,490	2.3%	39,080	2.7%
MELANOMA	8	1.1%	4,380	4.1%	59,940	4.1%
LEUKEMIA	22	3.0%	3,360	3.2%	44,240	3.1%
CERVIX	7	1.0%	850	0.8%	11,150	0.8%
ALL OTHERS	218	29.9%	29,160	27.4%	426,850	29.5%
TOTAL CASES	728	99.3%	106,560	100.0%	1,444,920	100.0%

TEN MOST PREVALENT CANCER SITES 2007





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

For More information about Regional Medical Center Bayonet Point, visit www.rmcbp.com

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

Regional Medical Center is a proud sponsor of the American Cancer Society



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