FLORIDA HOSPITAL
TAMPA

2014 Cancer Program Annual Report

With Statistical Data

From 2013

Our Mission:

Florida Hospital Tampa is a member of Adventist Health System which is a faith-based health care organization headquartered in Altamont Springs, Florida.

Our Vision:

To elevate the health of our community through quality, innovation, and compassionate care.

Our Values:

Integrity, Compassion, Balance, Excellence, Stewardship and Teamwork

CANCER COMMITTEE CHAIRMAN'S REPORT

The Cancer Program is led by the Florida Hospital Tampa Cancer Committee and is fully accredited by the American College of Surgeon's Commission on Cancer. This multidisciplinary team of physicians and other medical professionals specialize in the diagnosis and/or treatment of cancer. In addition, the Committee oversees administrative and support services involved in the care of all cancer patients. It is the responsibility of the Cancer Committee to monitor, assess, and identify changes needed to maintain an exceptional cancer program. In 2014, the Cancer Committee met eleven times to discuss yearly goals and initiatives set forth along with monitoring compliance to the standards set forth by the Commission on Cancer.

In 2014, the Cancer Committee's Clinical Goal was to establish a randomized clinical trial for pancreatic adenocarcinoma with neoadjuvant and adjuvant Nab-paclitaxel with Gemcitabine versus adjuvant Nab-paclitaxel with Gemcitabine. Discussion leading up to establishing this goal, identified that there was no set standard of treatment for patient with pancreatic cancer. The hope was that the results of this study will assist the physicians at Florida Hospital Tampa to establish a standard of care that could be shared with physicians nationwide. The protocol was written with collaboration multiple physicians who participate in the treatment of pancreatic cancer and was IRB approved for 200 patients. The protocol was also shared at an American College of Surgeon's meeting and there were many physicians interested in making this a multi-center study.

The Cancer Committee also established its 2014 Programmatic Goal; which was to host an educational summit to help develop a culture of care for hepatopancreaticobiliary cancers. The HPB Cancer Summit was held on September 6, 2016 in the Wallace Conference Room at Florida Hospital Tampa. Over 50 physicians from a multitude of disciplines attended. Presentations focused on the latest innovations and treatment modalities for hepatopancreaticobiliary cancers. The summit concluded with case presentations and expert advice from a multi -disciplinary panel.

Interdisciplinary Cancer Conferences continued to be well-attended by pathologists, radiologists, surgeons, radiation oncologists, medical oncologists and other members of the medical staff. In 2014, three site-specific cancer conferences were held each month for breast, lung and gastrointestinal cancers, with a total of 279 patients being presented.

The Cancer Committee at Florida Hospital Tampa remains committed to excellence in patient care and continued quality improvement. As Committee Chair, I would like to thank the medical staff, administration, nursing, research, support staff and the Cancer Data Office for their dedication to our patients and the Cancer Program.

Sincerely,

Ronald Prati, Jr., M.D.

Ronald Prati, Jr., M.D.

Florida Hospital Tampa

Cancer Committee Chairman

Commission on Cancer®

2014 CANCER COMMITTEE MEMBERS

Physicians:

Ron Schiff, MD, Medical Director, Chair & Medical Oncology (until March 2014)

Ronald Prati, Jr, MD, Medical Director , Chair & Radiology (beginning April 2014)

Harvey Greenberg, MD, CoC Liaison & Radiation Oncology

Geza Acs, MD, Pathology

Yasir Al-Hassani, Medical Oncology

Brad Bjornstad, MD, Administration

Charles Cox, MD, Surgeon

Jonathon Heath, MD, Pathology

Surbhi Jain, MD, Neurosurgeon

Cecilia Parada, MD, Pathology

Douglas Reintgen, MD, Surgeon

David Rippe, MD, Radiology

Alexander Rosemurgy, MD, Surgeon

Sharona Ross, MD, Surgeon

Dragos Zanchi, MD, Lung Institute

Administrative and Support Staff Members

Alan Schneider, VP of Outpatient Services

Rachel Shelton, Director of Oncology Services

Dee Alicea, CTR, Cancer Conference Coordinator

Wanda Alverio-Sarcina, Dietician

Robert Breakiron, American Cancer Society

Jennifer Cooper, Director of SE Center for Digestive Diseases

Shelby Coriaty, Marketing

Jimmie Lee Cummins, CTR, Manager, Cancer Registry

Jim Gaton, Administrative Director, Outpatient Services

Jenevy Griffin, Case Managment

Amy Janes, Manager, Radiation Oncology

Ruth Kenworthy, RN, Oncology Nursing

Paula Leonard, Case Management

Brandi Rhody, RN, Lung Patient Nurse Navigator

Stephanie McLean, American Cancer Society

Victoria McMorrow, RN, Oncology Nursing

Kyle Mobley, American Cancer Society

Mary Ostien, Research Coordinator & Pt. Educator

Susan Paniello, Outpatient Rehabilitation Services

Denise Smith, Manager, Breast Care Center

Michelle Stemier, American Cancer Socitey

Sandy Swearingen, AVP , Clinical & Emergency Services

Wayne Taylor, Manager, Pharmacy

Ann Tellini, RN, Case Management

Brenda Tindle, Cancer Conference Coordinator

Theresa Winsey, Breast Patient Navigator

Bishop Bruce Wright, Spiritual & Palliative Care

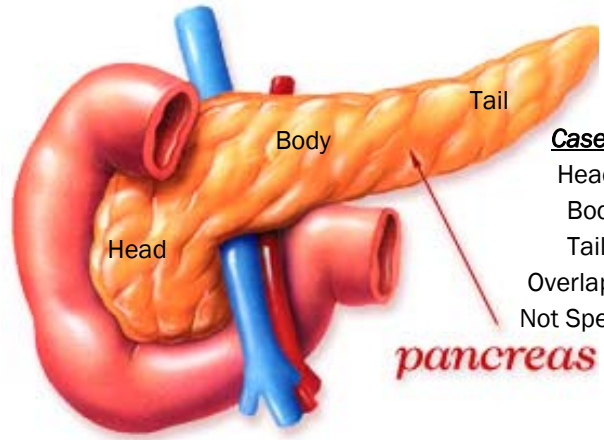
PANCREATIC CANCER

The pancreas is an organ that is located behind the stomach what secretes enzymes that aid digestion and hormones that help regulate the metabolism of sugars. Pancreatic cancer is often detected late since there are no symptoms in the early stages and there is no recommended screening. Symptoms of pancreatic cancer in later stages include pain or discomfort in the upper abdomen, loss of appetite, weight loss, jaundice, fatigue, weakness and nausea. In the American Cancer Society's Cancer Facts and Figures 2013 an estimated 45,220 new cases of pancreatic cancer will be diagnosed nationwide. This estimation makes pancreatic cancer the 10th most common cancer diagnosis among men and the 9th most common cancer diagnosed among women. Pancreatic cancer treatment options include surgery, chemotherapy, radiation therapy and targeted therapy.

In 2013, pancreatic cancer became the third largest population of cancer patients treated at Florida Hospital Tampa. A total of 130 patients treated, of which 97 were newly diagnosed and 33 were seen for either recurrence or progression of their cancer. In 2013, 67% of the newly diagnoses pancreatic cancers were located in the head of the pancreas. These patients are treated with a surgery called a pancreaticoduodenectomy (or Whipple Procedure) which removes the head of the pancreas, the gallbladder, part of the stomach, part of the small intestine and the bile duct. On April 30, 2013, Dr. Alexander Rosemurgy and Dr. Sharona Ross performed the first robotic pancreaticoduodenectomy at Florida Hospital Tampa. Dr. Rosemurgy and Dr. Ross are surgical experts in minimally invasive and robotic surgeries. By doing fully robotic pancreaticoduodenectomies, patients do not have large scars which allows the patient to heal quicker and allows them to start chemotherapy sooner.

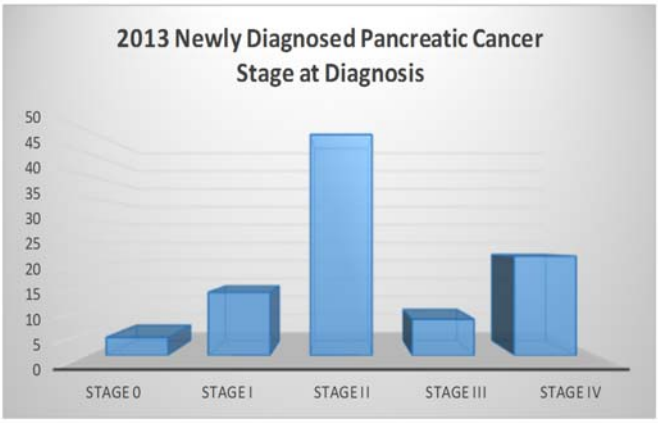
In 2014, Florida Hospital Tampa hosted the Pancreatic Summit to present and discuss the latest innovations and treatment modalities for pancreatic cancers. Part of the goals for the summit, was to make community physicians aware of the new treatments available and to help establish a standard of care for pancreatic patients in the Tampa Bay area. Topics of discussion included imaging of pancreatic disease, diagnosis and palliation of biliary obstruction, immunology of pancreatic cancer, minimally invasive surgeries, other therapies and clinical trial.

In a way to show community support to advance research, support patients and create hope for those affected by pancreatic cancer, physicians and staff from Florida Hospital Tampa participated in the Pancreatic Action Network's annual PurpleStride Tampa Bay walk/run on Saturday November 8, 2014. Leading up to the event, the many fundraisers were offered at the hospital to raise awareness to staff and visitors about pancreatic cancer.



Cases by Site

Head = 67%
Body = 8%
Tail = 14%
Overlapping = 5%
Not Specified = 5%



BREAST CARE CENTER

The Florida Hospital Tampa Breast Care Center is dedicated exclusively to breast care, offering a comprehensive program focusing on breast cancer prevention, early detection , treatment and recovery. The Breast Care Center is an Accredited Center of Excellence by the American College of Radiology (ACR), fully accredited in mammography, stereotactic breast biopsy, breast ultrasound, ultrasound-guided breast biopsy, breast MRI and MRI guided breast biopsy.

Services provided at the Breast Care Center include:

- 2D and 3D Digital Mammography
- Breast Ultrasound
- Breast MRI
- Genetic Testing, BRCA Analysis
- Stereotactic, Ultrasound-guided and MRI-guided biopsy
- Bone Densitometry (DEXA)
- Patient Navigation
- Multimodality Breast Cancer Conference
- Breast Cancer Support Group

As a comprehensive center, all diagnostic testing can be done in a single, convenient location, allowing for a shorter time between diagnosis and treatment. The Breast Care Center offers a spa-like relaxing environment and has an all female staff. With a Board Certified Radiologist on site, patients who receive a diagnostic mammogram at the center can obtain test results the same day.

Radiation Oncology

The Florida Hospital Tampa Don Lau Family Center for Cancer Care is an established Center of Excellence that has been nationally recognized for its medical staff, cutting-edge technology, and innovation in treatment. Led by Medical Director, Dr. Harvey Greenberg, the center offers a comprehensive array of radiation therapy treatments for cancer patients. With collaboration with All Children's Hospital and the Florida Hospital Tampa Pediatric Care Center, the Don Lau Family Center for Cancer Care is one of the only programs in the Tampa Bay area to specialize in radiation oncology for pediatric patients.

The Cancer Center offers:

- **Three-Dimensional Simulation and Treatment Planning:** This imaging technology uses three-dimensional information to visualize and target the cancer, as well as surrounding tissue and organs, so that an optimal treatment plan can be designed.
- **Multi-Modality Image Fusion:** Electronically incorporating data from different imaging methods such as CT, MRI, or PET, this technology provides more clinical information for treatment planning than any method alone.
- **External Beam Radiation Therapy:** External beam radiation delivers high doses of radiation to specifically target the affected cancer site and minimize the dose to surrounding normal tissue.
- **Intensity Modulated Radiation Therapy (IMRT):** With fewer side effects than standard radiation therapy, IMRT is a highly accurate radiation technology that spares normal tissue, allows for better radiation doses, and is able to treat tumors near critical organs.
- **Image-Guided Radiation Therapy (IGRT):** The most advanced form of radiation therapy available, IGRT enables doctors to precisely locate and visualize the tumor before each dose is administered. The state-of-the-art Varian Trilogy delivery system enables doctors to choose the most appropriate treatment for treating cancer in the body, head, or neck, and deliver treatments all on one machine in a single room.
- **Intraoperative Radiation Therapy (IORT):** Delivers a concentrated dose of radiation to the breast tumor site in a single session during lumpectomy surgery. IORT reduces the need for additional breast cancer radiation therapy, which is typically given over five to six weeks.
- **High Does Rate (HDR):** HDR, or Brachytherapy, delivers higher dose radiation precisely at the site of the cancer; reducing the probability of unnecessary damage to surrounding healthy tissue. Multi-Lumen Mammosite and SAVI Brachytherapy devices provide this targeted therapy in the treatment of breast cancers; taking a patient's treatment down from six weeks to one week. Cylinder and Tandem and Ring Brachytherapy provides targeted therapy for the treatment of GYN cancers.
- **RapidArc:** This technology improves radiation dose distributions in the body while significantly shortening treatment time.
- **Stereotactic Radiosurgery and Radiotherapy:** This type of radiation therapy delivers high doses of radiation to precisely defined volumes in one to five treatments, instead of the many smaller doses given in standard radiation treatment.

CANCER DATA OFFICE STAFF

Manager: Jimmie Lee Cummins, BS, CTR Cancer Conference Coordinators: Dee Alicea, CTR | Brenda Tindle

Abstractors: Dee Alicea, CTR | Sandra Carlson, CTR | Randy Slavens, CTR | Angela Swilley, CTR

The Cancer Data Office at Florida Hospital Tampa is responsible for the collection, management, analysis, and reporting of information on any patient diagnosed and/or treated for cancer (and certain benign central nervous system tumors) for four of seven Florida Hospital Tampa Division Hospitals. The Cancer Data Office plays an active role in maintaining cancer program accreditation through the American College of Surgeons' Commission on Cancer for Florida Hospital Tampa. This Office is also helping to prepare another of the region's hospitals in obtaining accreditation within the next several years.

Since 1998, using specialized software, the Cancer Data Office has collected demographic, diagnostic, and treatment data on 22,721 cancer cases. The Office provides lifelong, annual follow-up on each patient originally diagnosed and/or treated at Florida Hospital Tampa. This enables the hospital to remain in contact with its patient-base, and ensures continual monitoring of treatment outcomes and follow-up.

In 2013, a total of 1,558 new cases were added to the Cancer Registry for Florida Hospital Tampa. Of these, 1,138 were newly diagnosed cancer who underwent diagnostic work-up and/or some form of treatment at Florida Hospital Tampa. Data is routinely reported to the Florida Cancer Data Systems (Cancer Registry for the State of Florida); and is submitted annually to the National Cancer Data Base.

The Cancer Data Office follows the guidelines as set forth by the American College of Surgeons' Commission on Cancer and by the Florida Cancer Data Systems. In keeping with the standards of the Commission on Cancer, The Florida Hospital Tampa Cancer Data Office facilitates several multi-disciplinary Cancer Conferences monthly. The design of the Cancer Conferences is to ensure that all patient cancer treatment plans are discussed amongst the team of physicians and other healthcare providers. The Cancer Data Office is currently staffed with five fulltime personnel employee, four of whom are Certified Tumor Registrars (CTR's), For more information, please contact the Cancer Data Office at (813)615-7108.

On behalf of the Cancer Data Office, I wish to thank the Administration, Physicians and support staff for all their invaluable help and support this past year.

Sincerely,

Jimmie Lee Cummins, BS, CTR

Florida Hospital Tampa

2013 Site Distribution Table

PRIMARY SITE	TOTAL	CLASS		SEX		CS STAGE GROUP						
		Analytic	Non-Analytic	M	F	0	I	II	III	IV	UNK	N/A
ORAL CAVITY	42	31	11	27	15	0	3	4	11	12	8	4
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	20	15	5	14	6	0	2	2	5	7	4	0
OROPHARYNX	2	2	0	2	0	0	0	0	2	0	0	0
HYPOPHARYNX	1	1	0	1	0	0	0	0	0	2	1	0
OTHER	19	13	6	10	9	0	1	2	4	5	3	4
DIGESTIVE SYSTEM	395	303	92	207	188	26	62	92	70	85	49	11
ESOPHAGUS	17	9	8	13	4	0	3	0	8	2	4	0
STOMACH	41	35	6	23	18	0	8	3	14	10	6	0
COLON	90	69	21	44	46	16	13	15	18	17	10	1
RECTUM	26	23	3	18	8	4	4	5	5	4	4	0
ANUS/ANAL CANAL	5	4	1	2	3	0	0	0	3	1	1	0
LIVER	30	23	7	18	12	0	8	7	2	5	6	2
PANCREAS	130	97	33	70	60	5	18	54	9	33	11	0
OTHER	56	43	13	19	37	1	8	8	11	13	7	8
RESPIRATORY SYSTEM	229	150	79	130	99	0	55	30	36	61	45	2
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	18	11	7	13	5	0	2	4	2	3	6	1
LUNG/BRONCHUS	208	138	70	116	92	0	53	26	34	57	38	0
OTHER	3	1	2	1	2	0	0	0	0	1	1	1
BLOOD & BONE MARROW	88	30	58	50	38	0	0	0	0	0	0	88
LEUKEMIA	47	14	33	27	20	0	0	0	0	0	0	47
MULTIPLE MYELOMA	8	4	4	5	3	0	0	0	0	0	0	8
OTHER	33	12	21	18	15	0	0	0	0	0	0	33
BONE	2	1	1	1	1	0	0	1	0	0	1	0
CONNECT/SOFT TISSUE	10	6	4	3	7	0	3	0	1	2	4	0
SKIN	25	9	16	16	9	1	1	5	4	2	12	0
MELANOMA	24	8	16	15	9	1	1	4	4	2	12	0
OTHER	1	1	0	1	0	0	0	1	0	0	0	0
BREAST	410	358	52	1	409	88	162	82	29	24	24	1
FEMALE GENITAL	65	37	28	0	65	0	19	7	4	14	21	0
CERVIX UTERI	12	6	6	0	12	0	1	1	2	3	5	0
CORPUS UTERI	31	22	9	0	31	0	16	4	2	1	8	0
OVARY	19	7	12	0	19	0	1	1	0	9	8	0
VULVA	1	0	1	0	1	0	0	0	0	1	0	0
OTHER	2	2	0	0	2	0	1	1	0	0	0	0

Florida Hospital Tampa

2013 Site Distribution Table

PRIMARY SITE	TOTAL	CLASS		SEX		CS STAGE GROUP						
		Analytic	Non-Analytic	M	F	0	I	II	III	IV	UNK	N/A
MALE GENITAL	31	15	16	31	0	0	7	8	1	5	10	0
PROSTATE	29	13	16	29	0	0	5	8	1	5	10	0
TESTIS	2	2	0	2	0	0	2	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	75	54	21	55	20	13	24	12	1	9	12	4
BLADDER	36	30	6	29	7	13	10	8	0	2	3	0
KIDNEY/RENAL	38	23	15	25	13	0	14	4	1	7	9	3
OTHER	1	1	0	1	0	0	0	0	0	0	0	1
BRAIN & CNS	57	45	12	25	32	0	0	0	0	0	0	57
BRAIN (BENIGN)	4	3	1	0	4	0	0	0	0	0	0	4
BRAIN (MALIGNANT)	25	19	6	17	8	0	0	0	0	0	0	25
OTHER	28	23	5	8	20	0	0	0	0	0	0	28
ENDOCRINE	50	42	8	19	31	0	23	4	5	3	4	11
THYROID	39	36	3	13	26	0	23	4	5	3	4	0
OTHER	11	6	5	6	5	0	0	0	0	0	0	11
LYMPHATIC SYSTEM	45	26	19	26	19	0	13	1	4	12	15	0
HODGKIN'S DISEASE	3	2	1	2	1	0	1	0	1	0	1	0
NON-HODGKIN'S	42	24	18	24	18	0	12	1	3	12	14	0
UNKNOWN PRIMARY	32	29	3	20	12	0	0	0	0	0	0	32
OTHER/ILL-DEFINED	2	0	2	0	2	0	0	0	0	1	1	0
ALL SITES	1558	1136	422	611	947	128	373	246	166	231	208	206

Class:

Analytic—a patient who was either initially diagnosed and/or received all or part of their initial course of therapy at Florida Hospital Tampa.

Non-Analytic—a patient who was diagnosed and received their entire initial course of therapy elsewhere, and presented to Florida Hospital Tampa with a recurrence or progression of their disease.

Top 5 Sites for 2013
For Florida Hospital Tampa

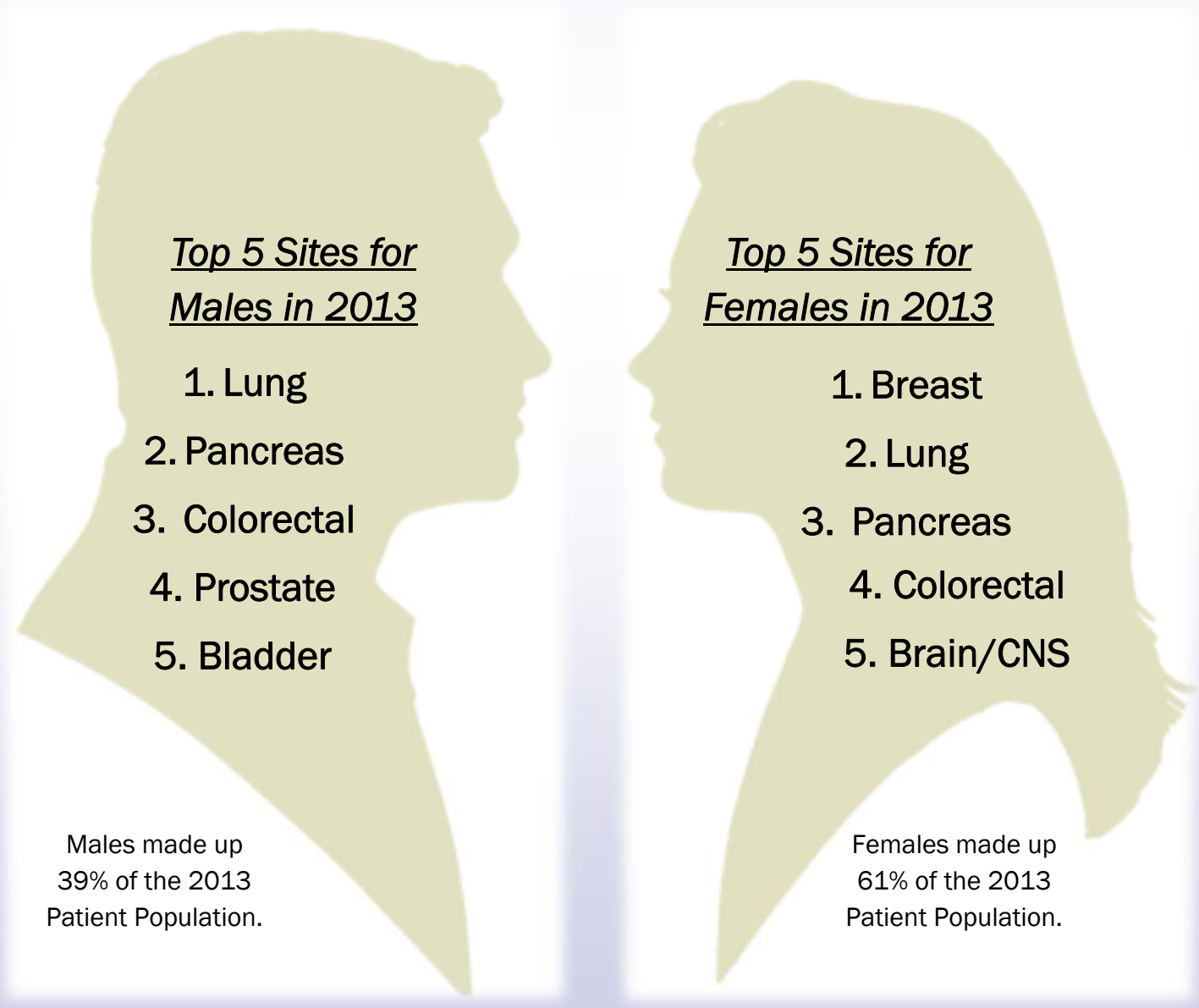
Breast

Lung

Pancreas

Colorectal

Leukemia



Top 5 Sites for Males in 2013

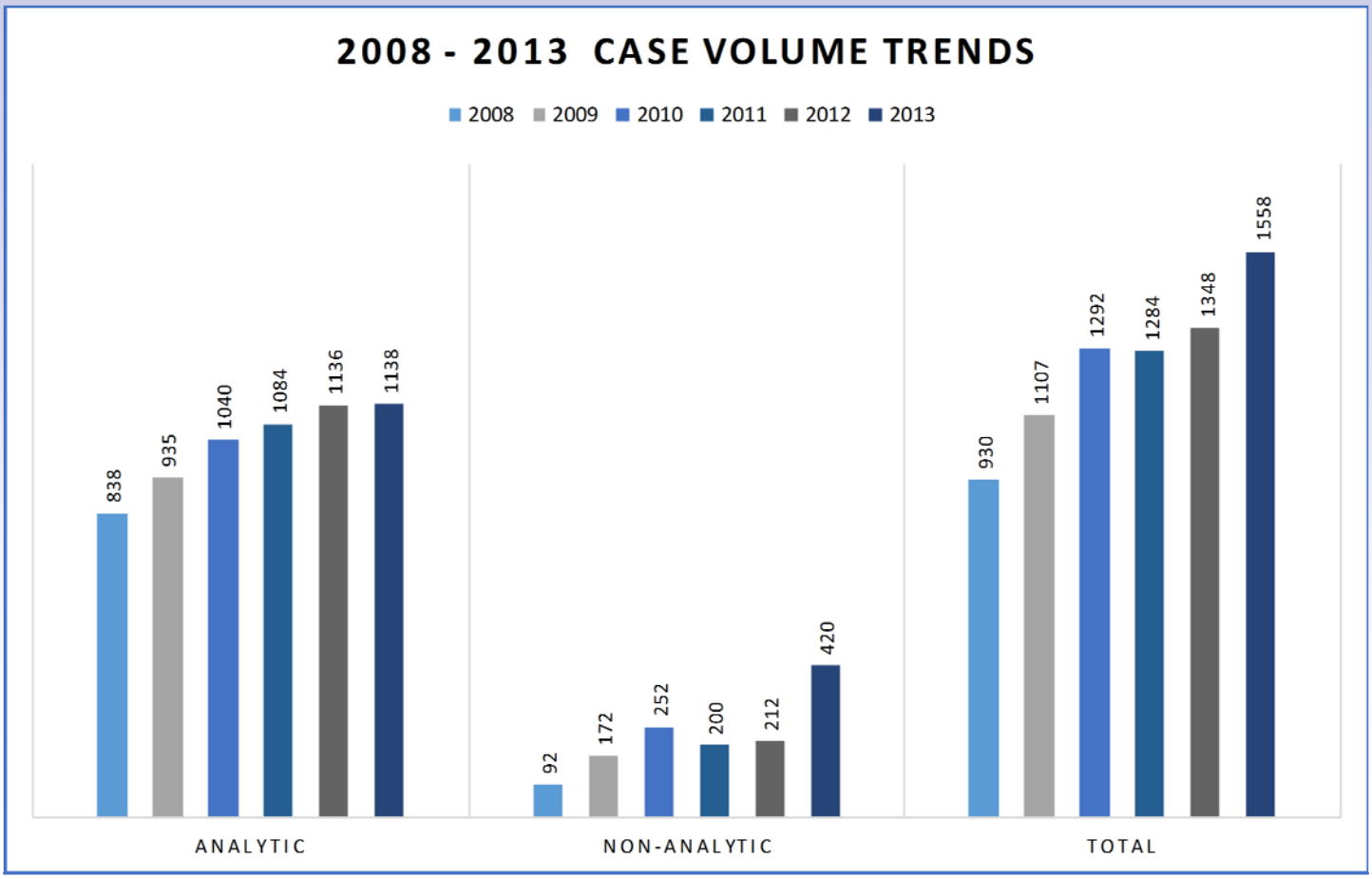
1. Lung
2. Pancreas
3. Colorectal
4. Prostate
5. Bladder

Males made up 39% of the 2013 Patient Population.

Top 5 Sites for Females in 2013

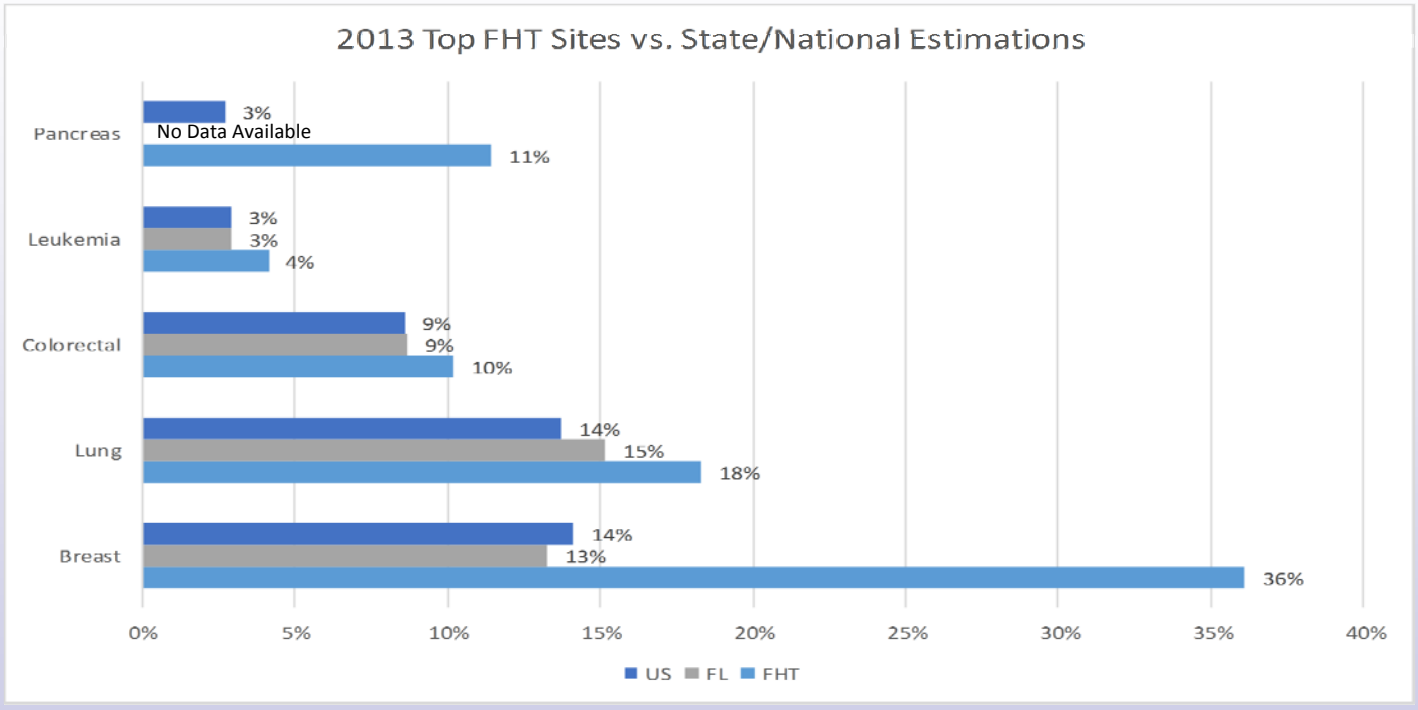
1. Breast
2. Lung
3. Pancreas
4. Colorectal
5. Brain/CNS

Females made up 61% of the 2013 Patient Population.

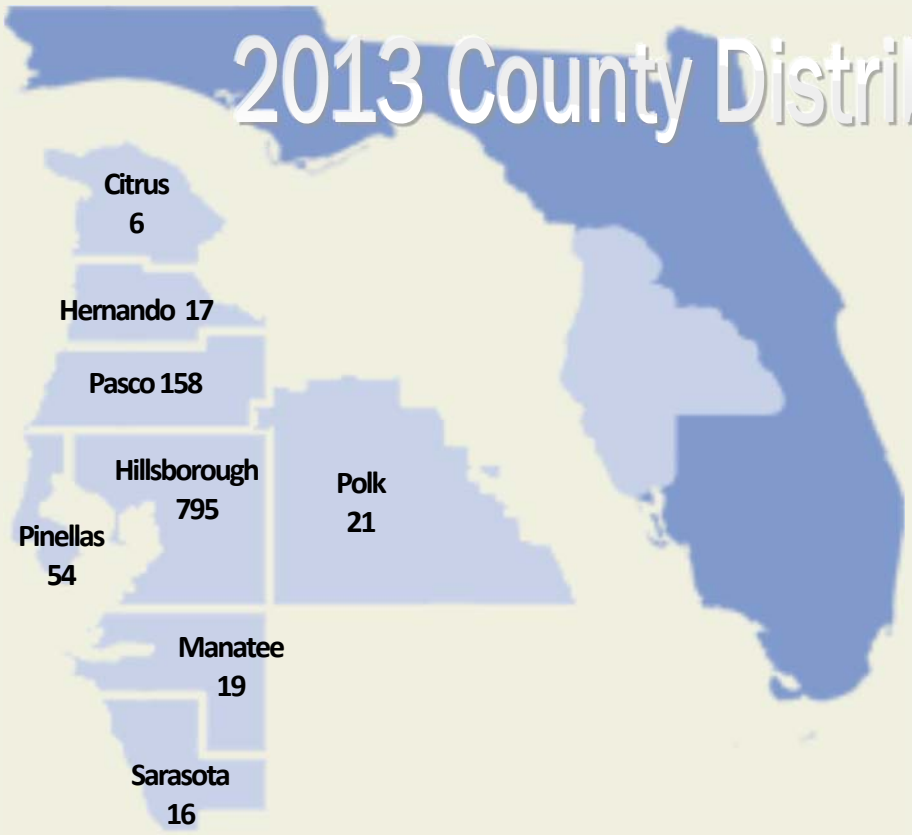


Per the American Cancer Society's Cancer Facts & Figures 2013, an estimated 1,660,290 new cancer cases would be diagnosed in 2013. Of those, 118,320 of those new cases would be diagnosed in the State of Florida. The graph below shows a comparison of the percentage of top cases at Florida Hospital Tampa to the estimated percentage of new cases estimated for both Florida and the nation as a whole.

* Pancreas information for Florida was not available.



2013 County Distribution

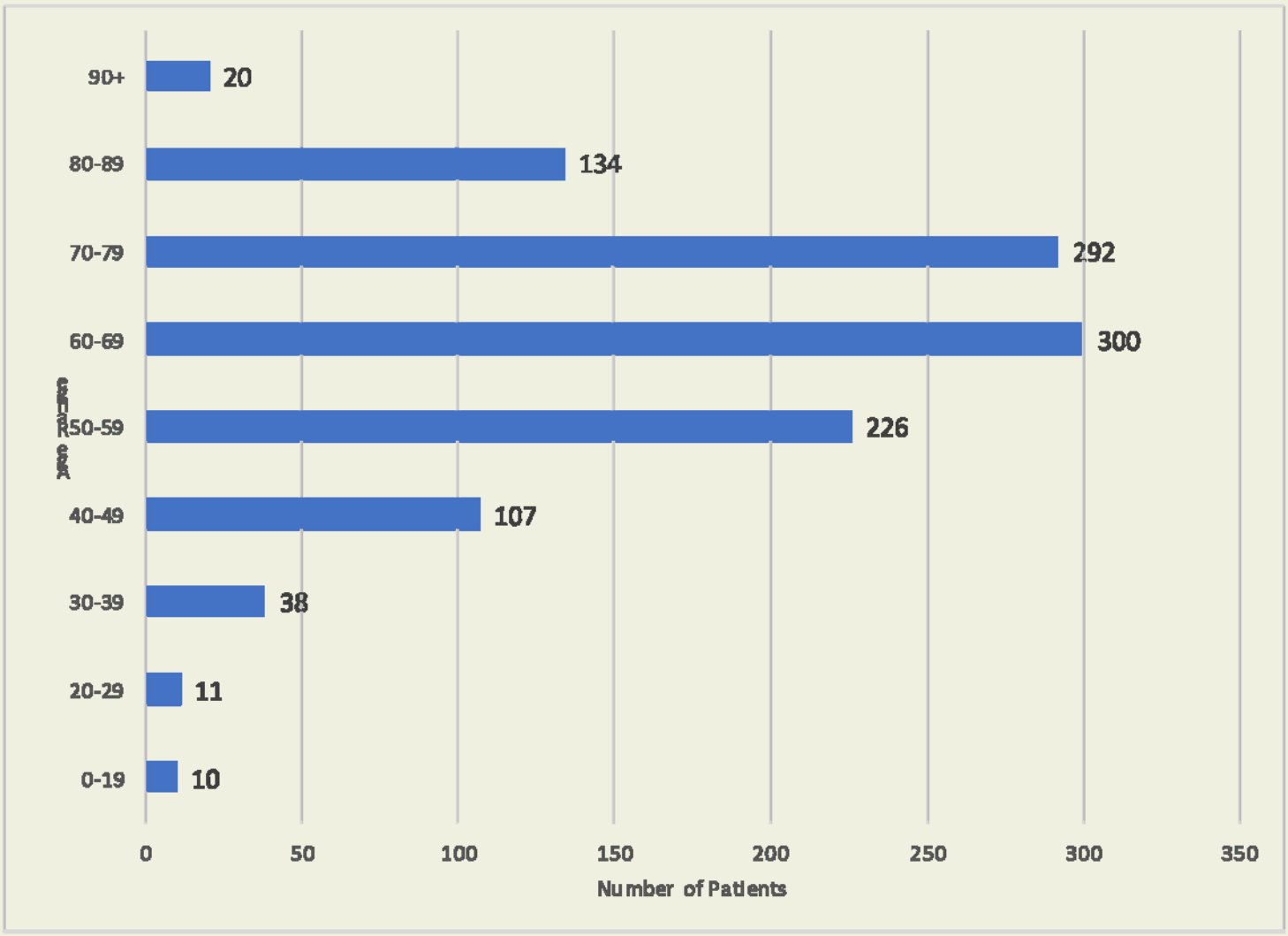


Other Florida Counties

Brevard = 6	Lee = 4
Broward = 1	Marion = 2
Charlotte = 5	Martin = 1
Collier = 3	Okaloosa = 1
Dade = 1	Orange = 1
Desoto = 2	St. Lucie = 3
Highlands = 4	Sumter = 4
Lake = 1	Volusia = 2

Out of State Residence =

2013 Age at Diagnosis Distribution



FHT Outpatient Therapy Center

Lymphedema Study

Lymphedema is a potential side effect of breast cancer surgery and radiation therapy. It can appear in some people during the months and even years after treatment ends. Lymphedema is defined is defined as too much lymph, which is a thin clear fluid that circulates throughout the body to remove wastes, bacteria and other substances from tissues, collects in any area of the body. As part of the treatment for breast cancer, lymph nodes are removed from under the arm to check for the spread of the cancer. Many patients also need radiation therapy to the chest area and/or under the arm. Surgery and radiation therapy can cause damage to some of the areas that lymph moves and over time, the flow of lymph can backup in the body's tissues resulting in lymphedema in the arm.

In 2014, the Outpatient Therapy Center at Florida Hospital Tampa performed a study of quality of quality to quantify the change in self-reported upper extremity functional outcomes as defined by the Disabilities of the Arm, Shoulder and Hand (DASH) functional task inventory pre– and post–physical therapy intervention. From April through October 2014, 75 patients were referred to physical therapy for lymphedema management. Of those patients, 16 had had bilateral mastectomies. The outcomes were as follows:

- The greater the difference between the involved arm and the uninvolved arm, the higher the DASH disability index.
- The higher the patient's rating of pain and discomfort, the higher the DASH index rating.
- Any pre-existing injury or pain in the shoulder or in the cervical spine appeared to exacerbate with the onset of lymphedema.
- Reported pain and discomfort were more important to the patient with goal setting in therapy than the addressing of functional disabilities.

The Outpatient Therapy Center at Florida Hospital Tampa specializes in oncology rehabilitation and comprehensive lymphedema management. For more information of the services provided, please call (813)615-7253.

Research Studies

Open to Enrollment in 2014

Pediatric COG Protocols

- **COG AALL-0434** - Intensified Methotrexate, Nelarabine and Augmented BFM therapy for children and young adults with newly diagnosed T-cell acute lymphoblastic leukemia (ALL) or T-cell lymphoblastic lymphoma.
- **COG ACNS-0822**— A randomized Phase II/III study of Vorinostat and local irradiation or Temozolomide and local irradiation or Bevacizumab and local irradiation followed by maintenance Bevacizumab and Temozolomide in Children with newly diagnosed high-grade gliomas.
- **COG ACNS-0831**— A Phase III randomized trial of post-radiation chemotherapy in patient with newly diagnosed ependymoma ages 1 to 21 years.
- **COG ACNS-0927**—A Phase I/II study of Suberoylanilide Hydroxamic Acid (SAHA, Vorinostat) and local irradiation followed by maintenance SAHA in children with newly diagnosed diffuse intrinsic gliomas (DIPG).
- **COG AREN-0532**—A treatment for very low standard risk favorable histology Wilms Tumors.
- **COG AREN-0533**—A treatment of newly diagnosed higher risk favorable Wilms Tumors.
- **COG AREN-0534**—A treatment for patient with bilateral, multicentric, or bilaterally-predisposed unilateral Wilms Tumor.
- **COG ARST-0332**—A risk-based treatment for non-rhabdomyosarcoma soft tissue sarcoma (NRSTS) in patients <30 years of age.
- **COG RCI-BME 11-TREO**—A Phase II study of Treosulfan, Fludarabine and low dose total body irradiation (TBI) as a preparative regimen for children with AML/MDS undergoing allogeneic hematopoietic cell transplantation.
- **COG ANBL-12P1**—A pilot study using Myeloablative Busulfan and Melphalan (BuMel) consolidation following induction chemotherapy for patients with newly diagnosed high-risk neuroblastoma.
- **COG AALL-0433**—A randomized trial of Vincristine Strategies as an intensive treatment for intermediate-risk relapse of childhood B-Precursor Acute Lymphoblastic Leukemia (ALL)

Research Studies

Open to Enrollment in 2014

Breast Cancer Protocols

- **Risk Comparison Study:** A retrospective study to examine the consistency among the results from three risk stratifying assays used in breast cancer treatment: Oncotype DX®, MammoPrint®, and Mammostrat® assays.
- **MINT Study:** A study to determine the predictive power of combinations of MammaPrint® and BluePrint® for sensitivity to neo-adjuvant chemotherapy as measured by pCR.
- **Cryoablation Study:** A study to determine the rate of complete tumor ablation in patients treated with cryoablation, with complete tumor ablation defined as no remaining invasive or in-situ carcinoma present upon pathological examination of the targeted lesion.
- **XOFT IORT ExBRT (Phase II Trial):** A study to assess the rate of ipsilateral breast tumor recurrence in subjects treated with the Xoft Axxent Electronic Brachytherapy System when used for single-fraction, intro-operative radiation therapy treatment of early stage breast cancer when compared to a historical control of whole breast irradiation (WBI) at 5 and 10 years of follow-up.
- **Real-Time Surgical Guidance System for the Location of a Biopsy Cavity During Lumpectomy**: A multi-site study to determine whether the Surgical Guidance System (SGS) can be used to successfully locate percutaneously placed markers in breast tissue and to determine whether the success of the SGS system is affected by certain breast tissue specimens.
- **Real Time Surgical Guidance:** A multi-site, in vivo pilot study of a real-time Surgical Guidance System (SGS) for the location of a non-palpable breast lesion during excision.

Research Studies

Open to Enrollment in 2014

Pancreas and Hepatobiliary Protocols

- **Phase I/II Study of LY2157299 in Patients with Unresectable Pancreatic Cancer:** A study to determine the safety, tolerability, pharmacodynamics, pharmacokinetic and overall survival of LY2157299 in combination with gemcitabine in patients with solid malignancy, who failed previous approved therapies and/or are amenable to gemcitabine therapy (i.e.: pancreatic cancer, biliary tract cancer, sarcoma).
- **Phase III TH-302 + Gemcitabine in Pancreatic Cancer:** A study to evaluate efficacy, safety and tolerability of gemcitabine in combination with TH-302 compared to gemcitabine in combination with placebo in patients with previously untreated locally advanced unresectable or metastatic pancreatic adenocarcinoma.
- **Pre-Operative Hyperbaric Oxygen Therapy in Patients Undergoing Pancreaticoduodenectomy:** A study to assess the safety, tolerability and toxicity of preoperative HBOT in patients undergoing a pancreatico-duodenal resection for premalignant and malignant tumors of the common bile duct, periampulla and duodenum.
- **Digestive Disorder Registry:** A study to create a digestive disorder registry for patients diagnosed with GERD, achalasia, gallbladder disease and malignant duodenal, ampullary, pancreatic and hepatobiliary tumors.
- **PV-10 in Hepatocellular Carcinoma:** A Phase I study to assess the safety, tolerability and pharmacokinetics of PV-10 chemoablation of cancer metastatic to the liver or hepatocellular carcinoma not amenable to resection or transplant.
- **Visualization in LESS Cholecystectomies:** An investigator-initiated prospective single group study to develop a grading system for laparoscopic visualization and predicting factors that affect visualization during laparoscopic cholecystectomies.
- **Neoadjuvant vs. Adjuvant Chemotherapy for Resectable Pancreatic Cancer**: An investigator-initiated comparative randomized, multicenter study for patient to either receive 3 cycles of neoadjuvant gemcitabine + nab-paclitaxel followed by pancreaticoduodenectomy followed by 3 cycles of adjuvant gemcitabine + nab-paclitaxel or pancreaticoduodenectomy followed by 6 cycles of adjuvant gemcitabine + nab-paclitaxel.

Extending the healing ministry of Christ to our the Community

In 2014, Florida Hospital Tampa offered the following educational seminars to the community:

- Cancer Symposium
- Skin Cancer Screening
- HART Employee Health Fair
- Girl's Night Out at Brandon Centra Care
- Pink at the Podium
- Women's Health Series for Spirit of Women
- Quest Diagnostic Health Fair
- Delta Airlines Health Fair

In 2014, Florida Hospital Tampa participated in the following community events:

- Relay for Life for the American Cancer Society
- Tampa Bay Buccaneers' Treasure Chest 5K
- Hooked on Hope Fishing Tournament for Breast Cancer Research
- High Hopes in High Heels Breast Cancer Awareness Event
- Making Strides to end Breast Cancer
- Title Boxing's Pink Army Event
- Pink Army's Power in Pink Initiative

Get HOOKED on Hope
www.hookedonhope.org

JOIN THE PINK ARMY.COM
FLORIDA HOSPITAL

High Hopes in HIGH HEELS