2013 Annual Report
Celebrating 30 Years of Cancer Care in Our Community
Using Statistical Data from 2012

A Focus on Colorectal Cancer

St. Joseph’s Hospitals
BayCare Health System
Cancer Institute

StJosephsCancer.org
Cancer Institute Leadership Committee

**Commission on Cancer Required Members**

Anthony Brannan, MD, Chair
J. Michael Hance, MHA
Director, Cancer Institute and Co-chair
Claudia Lago-Toro, MD
Surgical Oncologist
Christopher George, MD
Medical Oncologist
Arvind Soni, MD
Radiation Oncologist
Brian Montague, MD
Interventional Radiologist
Carlos Dalence, MD, Pathologist
Erica Knoblock, LMHC
Palliative Care
MaryEllen Porter, RN
Manager, Adult Oncology Unit
Doreen Moreau, MSW
Social Worker
Victoria Young, CTR
Manager, Oncology Data Center
Susan Pearce, RN
Coordinator, Quality Management
Ronda Buffington, RN
Coordinator, Community Outreach
Jimmy Baumgartner
Director, Clinical Research

**Voluntary Contributors**

Robert Waide Weaver, MD
Medical Oncologist
Jennifer Giglia, MD
Medical Oncologist
Hardeo Panchosingsh, MD
Pediatric Oncologist
James Christensen, MD
General Surgeon
Joseph Sinkovics, MD
Senior Scientific Advisor
Lorraine Lutton
President, St. Joseph’s Hospital
Kimberly Guy
President, St. Joseph’s Women’s Hospital and St. Joseph’s Children’s Hospital

**Frances Rinchuse, RDLD/N**
Clinical Dietitian
Kimberly Perez, PharmD
Pharmacist
George Francis, M.Div.
Chaplain
Delphine Ballard
Director, Rehabilitation and Wound Care Services
Karen Howell, RN
Patient Services Director, St. Joseph’s Women’s Hospital
Nanette Wilcox, RN
Patient Services Director, St. Joseph’s Children’s Hospital
Kathy Myers, RN
Director of Operations, St. Joseph’s Hospital-North
Michelle Moore
Breast Services Manager, Shimberg Breast Center
Susan Mills, RN, RT
Manager, Radiation Therapy and Adult Infusion
Kim Marlatt
Director, Marketing

**Cancer Institute Leadership Committee Coordinators**

James Christensen, MD
Breast Cancer Conference Coordinator
Christopher George, MD
Cancer Conference Coordinator
Carlos Dalence, MD
Cancer Registry Data Quality Coordinator
Susan Pearce, RN
Quality Improvement Coordinator
Ronda Buffington, RN
Community Outreach Coordinator
Erica Knoblock, LMHC
Psychosocial Services Coordinator

**Frances Rinchuse, RDLD/N**
Clinical Dietitian
Kimberly Perez, PharmD
Pharmacist
George Francis, M.Div.
Chaplain
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Michelle Moore
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Susan Mills, RN, RT
Manager, Radiation Therapy and Adult Infusion
Kim Marlatt
Director, Marketing

**VPs, Directors, and Coordinators**

Henry Fontana
President, St. Joseph’s Hospital
Barbara L. Skarsgard
President and CEO, BayCare Health System
Cheryl Tompkins
Chief Financial Officer, St. Joseph’s Hospital
Sandra McLaughlin
Chief Nursing Officer, St. Joseph’s Hospital

**Our Mission**

St. Joseph’s Hospitals will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care.

**Our Vision**

St. Joseph’s Hospitals will be the regional leader in medical excellence by improving the health of our community through accessible, compassionate and family-focused health care services.

**Our Values**

The values of St. Joseph’s Hospitals are trust, respect and dignity, and reflect our responsibility to achieve health care excellence for our communities.

St. Joseph’s Hospitals Cancer Institute is accredited as a Community Hospital Comprehensive Cancer Program and maintains accreditation with the American College of Surgeons Commission on Cancer (CoC). The Breast Program is accredited by the National Accreditation Program for Breast Centers (NAPBC).
Cancer Committee Chairman’s Report

The St. Joseph’s Hospitals Cancer Institute Leadership Committee is pleased to publish our 2013 Annual Report, which outlines the activities and accomplishments of our cancer program for the year and provides statistical information on the cancer patients treated at our facility during 2012.

This year’s report includes a review of colon and rectal cancer patients treated at St. Joseph’s Hospitals between 2000 and 2011 as presented by Dr. Cesar Santiago. Overall outcome and comparison statistics for colon and rectal cancer patients being treated at St. Joseph’s Hospitals are consistent with those seen at the state and national levels. They also reflect an increased use of screening, early detection strategies, diagnostic testing for preoperative staging, and the latest and most advanced treatment options with respect to surgical resection, chemotherapy and radiation therapy in order to improve and maximize outcomes.

The St. Joseph’s Cancer Institute works in coordination with multidisciplinary physician teams, including gastroenterologists, colorectal surgeons, general surgeons, medical oncologists, radiation oncologists, radiologists, pathologists and others, to screen for, diagnose, stage and treat colon and rectal cancer. The diagnostic and treatment options offered at St. Joseph’s Hospitals utilize the newest and most advanced technologies including transrectal ultrasound and/or MRI for preoperative staging of rectal cancer, state-of-the-art chemotherapy, radiation therapy, and the latest in laparoscopic and robotic techniques of surgical resection to improve outcomes.

In June 2013, the Cancer Institute hosted an event to celebrate our 30-year anniversary with many retired and active physicians, administrators, nurses, team members and community members in attendance. We hosted a Cancer Survivor Celebration in March with over 240 survivors, family and friends joining the celebration. The new Cancer Institute Adult Infusion Center opened last year with a significant increase in the number of patients we were able to serve. We continue to partner with the American Cancer Society to actively promote cancer screening and prevention, as well as provide patient and community education. With increasing demand at our Infusion Center on the St. Joseph’s Hospital-North campus, we added additional oncology nursing resources to expand the hours to better meet patient needs. The St. Joseph’s Adult Inpatient Oncology Unit will be moving to their newly remodeled space in late December.

The Hinks and Elaine Shimberg Breast Center at St. Joseph’s Women’s Hospital is accredited by the National Accreditation Program for Breast Centers (NAPBC) and designated a Breast Center of Excellence by the American College of Radiologists. 3-D mammograms and Oncotype DX testing are available to better meet the needs of our patients. Our weekly cancer conferences continue to be well attended by medical, surgical and radiation oncologists, providing our cancer patients with the opportunity for a multidisciplinary approach to plan and optimize their treatment.

A cancer diagnosis affects the patient who just learned of their disease as well as the family members and friends who care for the patient. The effects of a cancer diagnosis are broad. In addition to diagnosing and treating the cancer, the patient’s psychosocial challenges must be addressed. At St. Joseph’s Cancer Institute we emphasize compassionate care as reflected in our patient satisfaction scores, which rank among the highest in the system, above the 90th percentile. The many successes seen in 2013 reflect the outstanding efforts of our physicians, nurses and ancillary staff who are dedicated to excellence in cancer care.

I would like to thank all the members of the St. Joseph’s Hospitals Cancer Institute Leadership Committee and the Tumor Registry for their help throughout the year. I also thank the many loyal cancer professionals who care for our cancer patients. It is their enthusiasm, generosity, dedication, knowledge and skill that make the successes of St. Joseph’s Cancer Institute possible. With their leadership and support, we are confident in our ability to fulfill our mission and set the standard for high-quality, compassionate cancer services in our community.

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

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

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

**St. Joseph’s Hospitals Cancer Institute** is a “virtual cancer” program and functions within the St. Joseph’s family of hospitals, which includes St. Joseph’s Hospital, St. Joseph’s Women’s Hospital, St. Joseph’s Children’s Hospital and St. Joseph’s Hospital-North, and utilizes the clinical expertise of our affiliated and independent physician practices.

**St. Joseph’s Hospitals Cancer Institute** improves survival and quality of life for cancer patients by providing the best cancer care to every patient and works with its partner organizations to maintain state-of-the-art performance. St. Joseph’s Cancer Institute partners with the American College of Surgeons Commission on Cancer, a consortium of professional organizations dedicated to a common cause:

> “improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care.”

St. Joseph’s Cancer Institute monitors quality standards, benchmarks performance and improves survival rates through the Commission on Cancer’s accreditation process, National Accreditation Program for Breast Centers and National Cancer Data Base (NCDB). St. Joseph’s Cancer Institute maintains special relationships with many community and national organizations such as the American Cancer Society, Susan G. Komen for the Cure, National Coalition for Cancer Survivorship, Leukemia & Lymphoma Society FORCE, Ovacome, Tampa Bay Breast Cancer and Chapters Palliative Care. We promote and support prevention, screening, early detection, staging and treatment, rehabilitation, survivorship and a wide variety of complementary services.
Community Outreach Report

St. Joseph’s Cancer Institute promotes cancer prevention and awareness through our Cancer HelpLine-Community Outreach Department. Colorectal cancer is the third most common cancer found in men and women in the United States. It is preventable if polyps can be found early and removed before cancer has a chance to start. Our colorectal cancer campaign in March 2012 promoted the warning signs of colorectal cancer including the most common, which is a change in bowel habits. E-mail message blasts encouraged participation in an online health risk assessment (HRA) for colon cancer and advised the community to talk to their doctor about screening tests such as colonoscopy. We continued to persuade Tampa Bay to get screened for colorectal cancer at our Harvest Fall Festival in November 2012. Guest speakers, Donna Powell, DO, and Jennifer Giglia, MD, promoted colon health along with prevention and treatment of cancer at our Ladies Night Out event in March 2013, “Your Good Intestinal Health.”

Raising awareness in the community about preventable cancers, such as breast, skin, prostate and colorectal, is a key focus of our Outreach Program. We also recognize the excellent services within our Cancer Institute that are available to our cancer patients and their families. These programs include our support groups, educational seminars, Your Health and the Arts, Restorative Yoga, Enable-Cancer Exercise, lymphedema management, occupational rehabilitation, nutrition, palliative care and pastoral care. We partner with the American Cancer Society to provide services such as Look Good ... Feel Better and Reach to Recovery on-site to our patients. We honored our survivors and their families at our Cancer Survivor Celebration with 240 in attendance. With our excellent team of dedicated physicians, nurses, technologists, support staff and volunteers, we reached nearly 1,400 patients with our programs and services in 2012. As we move forward, we continue to strive for excellence and look for ways to assist our patients on their cancer journey, help them to navigate the complex health care system and continually improve our services.
Multidisciplinary cancer conferences are a forum to discuss the standard of cancer care, best practices and treatment options for individual cases. The collaboration of cancer specialists includes surgeons, medical oncologists, radiation oncologists, pathologists and radiologists, and is an integral component of patient care management and outcomes. As a Commission on Cancer accredited cancer program, the discussion of the pre-treatment clinical staging of disease is an important factor to determine the best option for the patient’s treatment plan.

During 2012, a case-mix total of 237 cases were presented at our cancer conferences, including 35 cases from our pediatric cancer conference. Presented prospectively were 199 cases of our analytic population and all 35 pediatric cases. The Cancer Leadership Committee set a 2012 goal to participate in 90 conferences with 80 percent attendance by physician specialists, as shown below:

<table>
<thead>
<tr>
<th>2012 Goal</th>
<th>2012 Conference Volume</th>
<th>Conference Cases Presented</th>
<th>Specialist Attendance</th>
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<tbody>
<tr>
<td>General (25)</td>
<td>26</td>
<td>68</td>
<td>90%</td>
</tr>
<tr>
<td>Breast (45)</td>
<td>46</td>
<td>134</td>
<td>90%</td>
</tr>
<tr>
<td>Pediatric (20)</td>
<td>21</td>
<td>35</td>
<td>90%</td>
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</table>

2012 Top Five Analytic Sites

St. Joseph’s Hospitals Top Analytic Sites:
- Breast .................................. 26%
- Lung .................................... 15%
- Colorectal ............................. 8%
- Prostate ............................... 8%
- Corpus Uteri ........................... 6%

State of Florida Top Analytic Sites:
- Lung .................................... 15%
- Prostate ............................... 15%
- Breast ................................. 13%
- Colorectal ............................ 9%
- Corpus Uteri ......................... 2%

National Top Analytic Sites:
- Prostate ............................... 15%
- Breast ................................. 14%
- Lung ..................................... 14%
- Colorectal .................. .......... 9%
- Corpus Uteri ......................... 3%

Sources: St. Joseph’s Hospital Cancer Registry Database—Retrieved on October 21, 2013; American Cancer Society 2012 Cancer Facts and Figures
## 2012 Primary Site Distribution: St. Joseph’s Hospitals

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Analytic</th>
<th>Nonanalytic</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Cavity</strong></td>
<td>47</td>
<td>29</td>
<td>18</td>
<td>37</td>
<td>10</td>
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<tr>
<td>Lip</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Tongue</td>
<td>14</td>
<td>7</td>
<td>7</td>
<td>14</td>
<td>0</td>
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<tr>
<td>Oropharynx</td>
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<td>4</td>
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<tr>
<td>Hypopharynx</td>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Other oral cavity</td>
<td>23</td>
<td>16</td>
<td>7</td>
<td>18</td>
<td>5</td>
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<tr>
<td><strong>Digestive System</strong></td>
<td>342</td>
<td>215</td>
<td>127</td>
<td>178</td>
<td>164</td>
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<tr>
<td>Esophagus</td>
<td>12</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>3</td>
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<tr>
<td>Stomach</td>
<td>28</td>
<td>18</td>
<td>10</td>
<td>17</td>
<td>11</td>
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<tr>
<td>Colon</td>
<td>117</td>
<td>76</td>
<td>41</td>
<td>53</td>
<td>64</td>
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<tr>
<td>Rectum</td>
<td>47</td>
<td>35</td>
<td>12</td>
<td>28</td>
<td>19</td>
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<tr>
<td>Anus/anal canal</td>
<td>23</td>
<td>18</td>
<td>5</td>
<td>13</td>
<td>10</td>
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<tr>
<td>Liver</td>
<td>29</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>13</td>
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<tr>
<td>Pancreas</td>
<td>65</td>
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<tr>
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<td>21</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>12</td>
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<tr>
<td><strong>Respiratory System</strong></td>
<td>325</td>
<td>205</td>
<td>120</td>
<td>183</td>
<td>142</td>
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<tr>
<td>Nasal/sinus</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Larynx</td>
<td>24</td>
<td>17</td>
<td>7</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Lung/bronchus</td>
<td>292</td>
<td>184</td>
<td>108</td>
<td>159</td>
<td>133</td>
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<tr>
<td>Other</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>1</td>
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<tr>
<td><strong>Blood and Bone Marrow</strong></td>
<td>138</td>
<td>71</td>
<td>67</td>
<td>71</td>
<td>67</td>
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<tr>
<td>Leukemia</td>
<td>79</td>
<td>43</td>
<td>36</td>
<td>40</td>
<td>39</td>
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<tr>
<td>Multiple myeloma</td>
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<td>28</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>12</td>
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<tr>
<td><strong>Bone</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td><strong>Connect/Soft Tissue</strong></td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>7</td>
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<td><strong>Skin</strong></td>
<td>24</td>
<td>8</td>
<td>16</td>
<td>16</td>
<td>8</td>
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<tr>
<td>Melanoma</td>
<td>19</td>
<td>5</td>
<td>14</td>
<td>11</td>
<td>8</td>
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<tr>
<td>Other</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td>420</td>
<td>348</td>
<td>72</td>
<td>0</td>
<td>420</td>
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<td>Female Genital</td>
<td>158</td>
<td>128</td>
<td>30</td>
<td>0</td>
<td>158</td>
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<tr>
<td>Cervix uteri</td>
<td>24</td>
<td>15</td>
<td>9</td>
<td>0</td>
<td>24</td>
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<tr>
<td>Corpus uteri</td>
<td>81</td>
<td>75</td>
<td>6</td>
<td>0</td>
<td>81</td>
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<tr>
<td>Ovary</td>
<td>46</td>
<td>32</td>
<td>14</td>
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<td>46</td>
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<td>Vulva</td>
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<td>1</td>
<td>0</td>
<td>6</td>
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<tr>
<td><strong>Male Genital</strong></td>
<td>249</td>
<td>115</td>
<td>134</td>
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<td>Prostate</td>
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<td>103</td>
<td>131</td>
<td>234</td>
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<td>Testis</td>
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<tr>
<td><strong>Urinary System</strong></td>
<td>121</td>
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<td>39</td>
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<td>Bladder</td>
<td>75</td>
<td>54</td>
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<td>54</td>
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<td>Kidney/renal</td>
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<td>16</td>
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<td>Other</td>
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<td>2</td>
<td>3</td>
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<tr>
<td><strong>Brain and CNS</strong></td>
<td>35</td>
<td>27</td>
<td>8</td>
<td>23</td>
<td>12</td>
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<td>Brain (benign)</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>1</td>
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<tr>
<td>Brain (malignant)</td>
<td>29</td>
<td>22</td>
<td>7</td>
<td>20</td>
<td>9</td>
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<td>Other</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>2</td>
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<tr>
<td><strong>Endocrine</strong></td>
<td>48</td>
<td>42</td>
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<td>33</td>
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<td>Thyroid</td>
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<td>12</td>
<td>33</td>
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<td>Other</td>
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<td>1</td>
<td>3</td>
<td>0</td>
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<tr>
<td><strong>Lymphatic System</strong></td>
<td>112</td>
<td>66</td>
<td>46</td>
<td>58</td>
<td>54</td>
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<td>Hodgkin's disease</td>
<td>19</td>
<td>15</td>
<td>4</td>
<td>10</td>
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<tr>
<td>Non-Hodgkin's</td>
<td>93</td>
<td>51</td>
<td>42</td>
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<td>45</td>
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<td><strong>Unknown Primary</strong></td>
<td>17</td>
<td>13</td>
<td>4</td>
<td>7</td>
<td>10</td>
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<tr>
<td><strong>All Sites (Total)</strong></td>
<td>2,048</td>
<td>1,355</td>
<td>693</td>
<td>926</td>
<td>1,122</td>
</tr>
</tbody>
</table>

Source: St. Joseph’s Hospital Cancer Registry Database—Retrieved on October 21, 2013
Focus on Colorectal Cancer

Site-specific review by colon and rectal surgeon Cesar Santiago, MD

For both men and women, the third most common cancer in the United States is colorectal cancer. The American Cancer Society reports that the incidence of colorectal cancer has been dropping for more than 20 years, thanks in part to improved screening and treatment methods that can detect and remove colorectal polyps before they progress to cancer. In addition, surgical advancements have played a role in the decreased death rate for this cancer. However, in this country it is still the second-leading cause of cancer-related deaths for men and women combined.

Colon and rectal cancer cases at St. Joseph's Hospital were last reviewed in 2009 for the years 2004–2008. The rate of case accession during that period was about 660 total cases, and it was determined to be the fourth leading cancer behind breast, lung and prostate. This study re-examines colon, and rectal cancer for the period 2000–2011. Total cases reviewed from 2000–2011 included 1,171 colons, 344 rectums and 102 recto-sigmoids. Breakouts were similar to the state of Florida and National Cancer Databases (NCDB).

Graph 1 outlines the distribution of colorectal cases by gender. There is slightly higher female incidence of colon cancer with 56 percent, but a lower female incidence of rectal cancer with only 48 percent versus 52 percent in males. This pattern is also generally seen in the Florida and NCDB databases as well.

The distribution by age at time of diagnosis for colon cancer shows that 40.4 percent of patients fell between the ages of 50 and 70. In the age group of 40–49, a slight increase was noted with 8.1 percent, which is up from 7 percent in the previous study.

In terms of ethnicity, the Hispanic population is the most common ethnic group affected after white with 21.2 percent for colon and 17.7 percent for rectum. This is consistent with the population of Hillsborough County.

Colorectal Program at St. Joseph's Hospitals:
Goals and Accomplishments

In an effort to improve early detection, St. Joseph’s Cancer Program continues to educate the community it serves through physician lectures that are free and open to the public. In addition, the availability of routine screening colonoscopies has been extended to include hours more convenient for those who work, including weekends.
As during the previous study, the diagnosis and treatment of colorectal cancer at St. Joseph’s Hospitals is reviewed by a multidisciplinary team including, but not limited to, colorectal surgeons, radiation oncologists, medical radiation oncologists, medical oncologists, gastroenterologists, radiologists and pathologists. This multimodality approach is designed to provide a comprehensive review of the patient’s individual case, increasing communication among the various experts to provide the best possible treatment plan.

All patients with rectal cancer undergo a preoperative staging evaluation, which includes transrectal rigid or endoscopic ultrasound and, more recently, MRI of the pelvis with rectal cancer staging protocol to identify patients whose tumor has spread through the rectal wall or to the perirectal lymph nodes. Patients with stage II and stage III disease receive preoperative chemotherapy and radiation therapy as appropriate. This preoperative treatment regimen has decreased local tumor recurrence, increased anal sphincter preservation to prevent permanent colostomy, and decreased short- and long-term treatment complications.

Adjuvant chemotherapy for appropriate patients continues to be the norm during this period. There has been a shift from older fluorouracil-based regimens to oxalaplatin-based regimes in appropriate patients. The national COST trial was published in 2004 and showed that laparoscopic-assisted or minimally invasive operative techniques to resect colon cancer had survival, recurrence and complication rates equal to that of open operations with a quicker and less painful recovery. Since then, two large colon trials and one rectal trial have come to the same conclusion.

Over the last five years in this study, surgeons at St. Joseph’s Hospitals primarily performed laparoscopic-assisted resections of colon and rectal cancer in appropriate patients.

Colon Cancer
The stage at presentation is shown in Graph 2. Early stage colon cancer (stage 0–II) accounted for 48.3 percent of cases. Stage IV patients accounted for 21.2 percent. These numbers are very similar to the state and national patterns. While these numbers are relatively similar to the patterns seen in the last study (2004–2008), they do not show major improvement. There has been a significant increase in colorectal cancer awareness and screening. St. Joseph’s Hospitals Cancer Program focuses educational programs on lifestyle modification and the importance of screening high-risk groups using colonoscopy or other methods. The goal is early detection in order to obtain better outcomes.
Graph 3 outlines the approach to treatment at St. Joseph's Hospital for colon carcinoma. Fifty-nine percent required only surgery and 27 percent received adjuvant chemotherapy after surgery. Five percent received other therapies. The risk reduction from adjuvant chemotherapy has been confirmed in numerous trials since approximately 1990. NCCN guidelines would indicate a need for adjuvant chemotherapy for all age-appropriate patients with stage III disease and some high-risk patients with stage II disease. The number of patients receiving adjuvant chemotherapy at St. Joseph's Hospital reflects active implementation of these guidelines and the percentages of appropriate patients receiving treatment are somewhat more favorable when compared to state and national numbers. Of all the cases reviewed, the most common histology by far were adenocarcinomas of the colon and rectum.

Graph 4 demonstrates the overall Five-Year Observed survival by actuarial life table analysis. The results of colon and rectal cancers combined show 68.6 percent of stage II patients and 51.1 percent of stage III patients are surviving at five years.
Rectal Cancer and Rectosigmoid Cancer

During the study period there were 446 rectal and rectosigmoid cancers combined from 2000–2011, which was 28 percent of total colorectal cases. This distribution is fairly typical for most populations. There is a slight male predominance for rectal cancers and this is seen for both the state of Florida and the national NCDB databases. The age at presentation and racial distribution mirror that of colon cancer.

Table 1, First Course Surgery of Rectum Cancer, shows the percentage of patients having partial proctectomy (rectal preservation, which is also called a low anterior resection) versus total proctectomy (abdominal perineal resection with end colostomy). At St. Joseph's Hospitals, 39.8 percent had partial proctectomy and only 9.3 percent had total proctectomy. Local excision accounted for 19.2 percent. In general, St. Joseph’s Hospital patients receiving partial proctectomy (or LARs) for stage II or above received neoadjuvant chemotherapy and radiation therapy (30 percent), allowing for a somewhat higher percentage of patients to have rectal preservation. These numbers have continued to improve over this study period compared to prior study periods, representing a significant advance for patients from the 1980s when 27 percent of patients had total proctectomy. The survival for rectal patients mirrors what is seen for colon cancer.

Advanced Disease

Several therapies for the management of isolated metastases are available at St. Joseph’s Hospitals. These include surgical resection, radiofrequency ablation, chemoembolization and chemotherapy eluting beads and radiation spheres.

Future Directions

The colorectal cancer program at St. Joseph’s Hospitals incorporates state-of-the-art technology in terms of diagnosis, staging and treatment to continually improve the outcome for patients. This is best accomplished by a multimodality approach including all relative disciplines. The cancer conference offers an opportunity for case presentation and multimodality management, as well as a platform for evaluation and integration of new diagnostic tools and treatment modalities.

Table 1.

<table>
<thead>
<tr>
<th>First Course Surgery of Rectum Cancer Diagnosed in 2000–2011</th>
<th>SJH (N)</th>
<th>All NCDB (N)</th>
<th>SJH (%)</th>
<th>All NCDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None; no surgery of primary site</td>
<td>74</td>
<td>61,891</td>
<td>21.51%</td>
<td>22.36%</td>
</tr>
<tr>
<td>Local tumor destruction, NOS</td>
<td>.</td>
<td>592</td>
<td>.</td>
<td>0.21%</td>
</tr>
<tr>
<td>Local tumor excision, NOS</td>
<td>66</td>
<td>55,246</td>
<td>19.19%</td>
<td>19.96%</td>
</tr>
<tr>
<td>Wedge or segmental resection; partial proctectomy, NOS</td>
<td>137</td>
<td>100,026</td>
<td>39.83%</td>
<td>36.13%</td>
</tr>
<tr>
<td>Pull through WITH sphincter preservation (coloanal anastomosis)</td>
<td>18</td>
<td>10,441</td>
<td>5.23%</td>
<td>3.77%</td>
</tr>
<tr>
<td>Total proctectomy</td>
<td>32</td>
<td>33,700</td>
<td>9.3%</td>
<td>12.17%</td>
</tr>
<tr>
<td>Total proctocolectomy, NOS</td>
<td>5</td>
<td>4,232</td>
<td>1.45%</td>
<td>1.53%</td>
</tr>
<tr>
<td>Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration</td>
<td>4</td>
<td>3,688</td>
<td>1.16%</td>
<td>1.33%</td>
</tr>
<tr>
<td>Proctectomy, NOS</td>
<td>2</td>
<td>1,485</td>
<td>0.58%</td>
<td>0.54%</td>
</tr>
<tr>
<td>Surgery, NOS</td>
<td>6</td>
<td>5,086</td>
<td>1.74%</td>
<td>1.84%</td>
</tr>
<tr>
<td>Unknown if surgery performed</td>
<td>.</td>
<td>426</td>
<td>.</td>
<td>0.15%</td>
</tr>
<tr>
<td>Total</td>
<td>344</td>
<td>276,813</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Perhaps the most encouraging development in surgical treatment options for colorectal cancer since the introduction of laparoscopy is the increased use of robotic-assisted surgery. This minimally invasive option became available at St. Joseph's Hospital in late 2011, giving surgeons 3-D, high definition vision and increased dexterity allowing access to small spaces with great precision. Patients experience less pain, minimal blood loss, less scarring, fewer complications, shorter recovery time and a faster return to normal daily activities. In a short time, the Advanced Center for Robotic Surgery at St. Joseph's Hospital has become a model for programs across the country. In 2013, it was named an Epicenter for Colorectal Surgery, attracting visiting physicians from other programs across the country and beyond.

Important Phone Numbers

Cancer Helpline and Community Outreach...............(813) 870-4123
Cancer Institute Director .............................................(813) 554-8614
Cancer Institute: St. Joseph's Inpatient Unit (CI-3)..... (813) 870-4588
Oncology Data Center/Tumor Registry ......................(813) 870-4987

(Fax) (813) 870-4209
Diagnostic Imaging Center Scheduling......................(813) 870-4826
HealthPoint Pediatric Hematology/Oncology ..............(813) 321-6820
HealthPoint Adult Hematology/Oncology ...................(813) 321-6589
Outpatient Adult Infusion Center.................................(813) 870-4246
Palliative Care ...........................................................(813) 870-4114
Patient Navigator: Shimberg Breast Center ...............(813) 356-7117
Patient Navigator: St. Joseph's Women's Hospital.......(813) 871-8983
Radiation Therapy Scheduling ...................................(813) 870-4160
Radiology Scheduling ................................................(813) 870-4601
Shimberg Breast Center ............................................(813) 872-2973
St. Joseph's Hospital Surgery Scheduling ...................(813) 870-4441
St. Joseph's Women's Hospital Surgery Scheduling .......(813) 872-2976
St. Joseph's Hospital-North Surgery Scheduling ........(813) 443-7447

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