



2019-2020 CANCER PROGRAM ANNUAL REPORT



The Statesir Cancer Center at
CentraState

President's Message



The Statesir Cancer Center at CentraState provides a strong foundation of excellent community cancer care in the region, from prevention and diagnosis to treatment and survivorship, including services such as cancer screening programs, surgery, radiation therapy, and chemotherapy, immuno-therapy and hormone therapy.

The results include a more educated and aware community, patients being diagnosed at earlier stages in their disease process, availability of patient-centered and personalized cancer treatments with advanced precision technology, and many supportive services to assist patients and their families.

Ultimately, the Statesir Cancer Center has extended the lives of many people throughout our service area and generated hope for many more by achieving cancer survival rates that are on par with major cancer centers across the country.

In 2020, CentraState announced a clinical affiliation with Atlantic Health System that in part, provides enhanced access to high-quality oncology programs in central New Jersey. The affiliation with Atlantic Health System will provide community oncologists with greater access to the resources and expertise of Atlantic Health's award-winning cancer care programs, including clinical trials via participation in NCORP, oncologic subspecialty services and other breakthrough cancer treatments.

In 2020, COVID-19 presented the world and all healthcare systems a challenge unlike any we have seen in the last 100 years. Without a doubt, the needs of cancer patients did not stop during this pandemic. We are very proud that the Statesir Cancer Center and all of the physicians and staff that represent the Cancer Service Line seamlessly provided uninterrupted services to all cancer patients in need of care.

As you will see throughout this report, our ability to fight cancer with greater precision and improved access is continuously expanding. As a community-based healthcare system, CentraState is committed to pairing this expertise and technology with the comfort, convenience, and personal attention that make a true difference for patients and their families.

A handwritten signature in black ink, reading "John T. Gribbin".

John T. Gribbin, FACHE
President and CEO
CentraState Healthcare System

On the Cover

Statesir Cancer Center at CentraState patients from top: Manalapan resident and breast cancer survivor Karen Cohen, Monroe Township resident and bladder cancer survivor Kalyanbhai Patel, Freehold resident and colon cancer survivor Suzanne Corson.

Cancer Committee

The Cancer Committee is comprised of an interdisciplinary team of CentraState Medical Center's medical and dental staff. The goal of the committee is to ensure that CentraState provides a coordinated, multidisciplinary approach to cancer prevention, detection, and treatment, supported by state-of-the-art technology and specially trained staff. The committee is responsible for ensuring compliance with the American College of Surgeons (ACS) Commission on Cancer standards and providing the highest and most appropriate standard of care for cancer patients treated at CentraState Medical Center. The committee meets quarterly to assess, plan, and implement all cancer-related programs and activities at the hospital. The committee strives to continually improve patient survival statistics and patient outcomes so that the quality of life for all cancer patients, and for families dealing with a cancer diagnosis, is enhanced.

Each year, the Cancer Committee establishes, implements, and monitors clinical programmatic, quality improvement, and community outreach goals to enhance cancer-related care. These goals are accomplished with an emphasis on wellness, education, prevention, survivorship, research, and stringent monitoring of comprehensive, quality cancer care.

2020 Cancer Committee Members

***Asch, Barry, MPA, RTT**

AVP – Cancer Services

***Balar, Bhavesh, MD**

Medical Oncologist – Chair, Cancer Committee

Buccino, Nicole, MSN, RN, CCRN

Nurse Manager – Ambulatory Services

***Craig, Jayne, PhD, RN**

Manager – Clinical Research

Crant-Oksa, Aimee, MS, RD

Clinical Nutrition Manager

D'Elia, Vincent, MA, MPS

Vice President Marketing, Public/Gov't Relations

DeDea, Michele, BA, MSW

American Cancer Society

Douglas, Sharon, BCC

Chaplain/Pastoral Care

***Dymyd, Elaine, RN, BSN**

Health Awareness Center Program Coordinator

***Eyd-Adonizio, Janine, RN**

Oncology Nurse Navigator

Freeman, Karen, CPHRM, CCLA

VP Quality/Patient Safety

***Joyce, Elana, RN, APN**

Nurse Manager, 4 East Oncology

Kelly, Kim, MS, RN, NEA-BC, FACHE

Vice President – Clinical Services

***Kharod, Amit, MD**

General Surgeon – Chief of Surgery

Leimbach, Joan, RN, BSN, ACM

Care Coordination

Lorfing, Sharon, RN, MSN, APN-C

Nurse Practitioner – Cancer Services/
Nurse Navigator

Mangin, Ronald, RPh, MS, Pharm D

Director – Pharmacy

Mason, Brian, PT, DPT

Clinical Director of Rehabilitative Services

***Mazza, Jean, CTR**

CoC Program Supervisor

Pellegrino, John, MD

Medical Director – Breast Program

Savino, Linda, RN

Visiting Nurse Association

Scott, Thomas, FACHE, FABC

Chief Operating Officer

Sharma, Vikrant, MD

Palliative Care Medical Director

***Simon, Paul, DO**

Medical Director – Pathology

***Smith, Hilliary, CSW**

Psychosocial Support Coordinator

***Soffen, Edward, MD, FACP**

Radiation Oncologist

***Tomkovich, Kenneth, MD**

Diagnostic Interventional Radiologist

Turi-Smith, Deb, BA, CSW

Support Service – Social Work

Weber, Gloria, RTT

Chief Therapist, Radiation Therapy

Wike, Roseann, RN, MSN

Professional Development

Wortman, Mandi

Director of Radiology

Yuhas, Barbara, MSN, RN-BC, NE-BC

Director of Nursing – Med/Surg Division

2020 Ad Hoc Members

Bocage, Jean-Philippe, MD

Thoracic Surgery

Caccavale, Robert, MD

Thoracic Surgery

D'Angelo, Michael, MD

Diagnostic Interventional Radiologist

Dykeman, Maryellen, RN, MSN, CCE, TDS

Community Wellness Manager

Gribbin, John, FACHE

President/CEO

Lavigne, Jacqueline, RN

Clinical Leader - Oncology

Smolen, Bonnie

Director – Marketing

* Committee Coordinator or Required Member

Sub-Committees to the Cancer Committee

National Accreditation Program for Breast Centers

The National Accreditation Program for Breast Centers (NAPBC) is a consortium of national, professional organizations focused on breast health and dedicated to the improvement of quality outcomes of patients with diseases of the breast through evidence-based standards and patient and professional education.

The objectives of the NAPBC include:

- Consensus development of criteria for breast centers and a site visit process to monitor compliance
- Strengthening of the scientific basis for improving quality care
- Reducing the morbidity and mortality of breast cancer by improving screening mammography and advocating for increased access to and participation in clinical trials
- Expanding programs of quality improvement measurement and benchmark comparison

The Breast Program Leadership Committee (BPLC) is the governing body of the breast center and is chaired by the Breast Program Director (BPD). NAPBC requires a core group of health care professionals from different disciplines who contribute to the policies and procedures of the center. BPLC member disciplines include, but are not limited to, pathology, radiology, surgery, medical oncology, radiation oncology, reconstruction, research, nursing, social work, hospital administration, and other members as deemed necessary by the BPD.

2020 Breast Program Leadership Committee Members

Asch, Barry, MPA, RTT
AVP – Cancer Services

Balar, Bhavesh, MD
Medical Oncologist

Bhattacharya, Ashish, MD
Plastic Reconstructive Surgeon

Craig, Jayne, Ph.D, RN
Manager – Clinical Research

Eyd-Adonizio, Janine, RN
Oncology Nurse Navigator

Ho, Jean, BSN, RN
Breast Nurse Navigator, Breast Center RN

Kharod, Amit, MD
General Surgeon – Chief of Surgery

Mason, Brian, DPT
Clinical Director – Rehabilitation Services

Mazza, Jean, CTR
CoC Program Supervisor

Pellegrino, John, MD
Medical Director – Breast Program - BPD

Ramos, Maria, RT
Breast Center Manager – Lead Mammographer

Rodrigues, Neesha, MD
Radiation Oncologist

Simon, Paul, DO
Medical Director - Pathology

Tomkovich, Kenneth, MD
Diagnostic Interventional Radiologist

Community Outreach Committee

Part of being a quality cancer program is not only addressing the program's current patients, but also those in the community who may develop cancer or have difficulty receiving preventative care, diagnosis or cancer treatment. Outreach to the community through screening and prevention events aids in reducing the risk of developing cancer and in diagnosing cancer at an earlier stage than it might be otherwise.

2020 Community Outreach Committee Members

Asch, Barry, MPA, RTT
AVP – Cancer Services

DeDea, Michele, BA, MSW
American Cancer Society

Dymyd, Elaine, RN, BSN
Health Awareness Center
Program Coordinator

Dykeman, Maryellen, RN, MSN, CCE, TDTs
Community Wellness Manager

Eyd-Adonizio, Janine, RN
Oncology Nurse Navigator

Ho, Jean, BSN, RN
Breast Nurse Navigator, Breast Center RN

Lorfin, Sharon, RN, MSN, APN-C
Nurse Practitioner – Cancer Services/
Nurse Navigator

Mazza, Jean, CTR
CoC Program Supervisor

Neumann, AnnMarie, RN
Health Awareness Ctr, Committee Chair

Robinson, Jay, MS
Community Relations Coordinator

Sistad, Jenna
Manager – Ocean Monmouth Health Alliance

Spedden, Nanette, MS
Director – Volunteer Services

Wortman, Mandi
Director of Radiology

Zapcic, Kathleen, RN
Visiting Nurse Association

2020 Statesir Cancer Center Achievements & Activities

2020 Cancer Committee Clinical / Programmatic Goal

- **Introduction and Implementation of the Incidental Lung Nodule Program**

- Incidental lung nodules are nodules that are found during an imaging test that's performed for another reason. For example, finding a lung nodule during a CT scan after a car accident
- To date: 7 patients have been identified with Incidental Lung Nodules
- Of the 7, two were malignant and have undergone treatment at CentraState

2020 Quality Improvement Projects

- **Recruit APN for Palliative Care**

- The Palliative Care Program sought to expand its scope of practice by recruiting an Advanced Practice Nurse (APN) to assist the Palliative Care Physician.
- Outcome: Recruited Rachael Rubinfeld, APN, who joined the Palliative Care Team August 2020

- **Reduce Incidence of Hematoma after Stereotactic Breast Biopsies**

- Identified an increasing number of non-clinical hematomas with the Mammotome Revolve system as compared the Hologic Atec system.
- Evaluated the frequency and causes of hematoma associated with core biopsies on the new Revolve system
- Outcome: Resolved the causes of hematomas resulting in reduction of hematomas to a level at or below the industry expected rate of 10%. Continuing to monitor and evaluate core biopsy results.

- **Improve Compliance with Documentation of CEA Testing Prior to Resection in Colon Cancer Cases**

- Carcinoembryonic Antigen (CEA) is a protein normally found in the tissue of a developing baby in the womb. The blood level of this protein disappears or becomes very low after birth. In adults, an abnormal level of CEA may be a sign of cancer
- Upon routine quality checks, a number of Colon cancer cases did not have documentation of a CEA test prior to surgery.
- Outcome: CEA Testing has been added to the pre-admission testing routine for all colorectal cancer cases

- **Reduce Patient Anxiety prior to Breast Biopsy Procedures using Music**

- The level of anxiety experienced by patients prior to breast biopsy was clearly obvious and often times palpable.
- After researching ways to reduce anxiety, the procedure nurse / nurse navigator recognized that using music might be a beneficial tool to alleviate patient stress and anxiety.
- Outcome: currently under study

Accreditations and Achievements

- Despite the many challenges of COVID-19, CentraState Medical Center's Statesir Cancer Center and all of the physicians and staff that represent the Cancer Service Line seamlessly provided uninterrupted services to all persons needing preventative, diagnostic, cancer treatment and/or survivorship care during their time of need
- Full accreditation by the Commission on Cancer (CoC) through 2023. Awarded the CoC Outstanding Achievement Award having achieved six commendations and zero deficiencies

2020 Statesir Cancer Center Achievements & Activities

- Full accreditation by the National Accreditation Program for Breast Centers (NAPBC) through 2023
- Full Accreditation by the American College of Radiology (ACR) in:
 - Radiation Oncology
 - Diagnostic Imaging Center of Excellence (DICOE)
 - Breast Imaging Center of Excellence (BICOE)
 - Low-Dose Rate CT Lung Screening Center of Excellence
 - Nuclear Medicine
 - Ultrasound
 - Mammography
 - Stereotactic Breast Biopsy
- Accredited by the CEO Roundtable on Cancer - Gold Standard
- Compliant with the Mammography Quality Standards Act and Program (MQSA)
- Awarded the 2020 Certificate of Excellence by New Jersey State Cancer Registry in recognition of successful and timely reporting for the 2019 accession year
- Redesign of the oncology website, scheduled to launch in January 2021
- Established an Oncologic Clinical Affiliation with Atlantic Health System to include the following key elements and growth initiatives:
 - Clinical Leadership
 - Physician Alignment
 - In-Network Access to Subject Matter Experts
 - Cancer Research – including NCORP
 - Co-Branding
 - Genetic Counseling
- Organization Wide: Received fourth time Magnet Recognition

Cancer Navigation, Survivorship, Psychosocial Distress Screening

• Cancer Navigation

- Continue to have three Cancer Nurse Navigators
 - Dedicated APN for Lung Program
 - Dedicated RN for Breast Program
 - RN Navigator- Generalist
- Number of patients seen annually and assisted with appropriate referrals continues to grow

• Survivorship

- Survivorship Program: “Stay Connected – Life After Cancer”
- Allows survivors and caregivers to:
 - Network with other survivors and caregivers to share stories and celebrate triumphs
 - Listen to and participate in discussions with subject experts about topics that affect health and well-being
 - Meet with a Cancer Nurse Navigator
- Celebrated its 1-year anniversary
- Year filled with excellent guest speakers and useful topics
- Good attendance with very positive feedback
- Active Support Groups in Breast Cancer, Colorectal Cancer, and Survivorship
- Distributed and reviewed over 50 Survivorship Care Plans (SCPs) in first 3 months of 2020. Exceeded the required percentage of SCPs distributed in 2019

• Psychosocial Distress Screening

- Number of Distress Screenings performed has increased from 507 in 2016 to 1,049 in 2019
- Number of appropriate referrals in response to the Distress Screenings has increased from 382 in 2016 to 607 in 2019

2020 Statesir Cancer Center Achievements & Activities

New Physicians / Medical Staff Supporting the Cancer Service Line

- Alireza Zarineh, MD – Pathology
- Aaron Skolnik, MD – Radiology
- Cheng Ding, MD – Pathology
- Rachael Rubinfeld, APN – Internal Medicine / Palliative Care
- Kalpesh Patel, MD – Gastroenterology
- Ahmed Alansari, MD – Gastroenterology
- Vivian Mishan, MD – Gynecology
- Daniel Wahl, MD – Radiology
- Jonathan Masur, MD – Radiology
- Seth Stein, MD – Interventional Radiology
- Charlsie Celestine, MD – Gynecology
- David Leder, MD – Radiology

The Karen Olbis Radiation Oncology Center

- Accredited by the American College of Radiology (ACR) in Radiation Oncology
- Implemented transcription via voice recognition resulting in faster communication with referring physicians
- Awarded over \$16,000 by the CentraState Associated Auxiliaries
- State of the Art Technologies include:
 - SpaceOAR – for reducing dose and side effects to the bowel and rectum during prostate irradiation
 - Deep Inspiration Breath Hold (Respiratory Gating) – for reducing dose to the heart and lungs during breast irradiation
 - Prone Position Breast Treatments – for reducing dose to the heart and lungs during breast irradiation
 - Skin HDR Brachytherapy – a non-surgical alternative for treating Basal Cell and Squamous Cell Carcinomas
 - Hyperfractionation Dosing – to reduce the number of treatments given for:
 - Breast Cancer – 3 week protocol available if clinically appropriate
 - Stereotactic Radiotherapy (SRT) – 5 treatment protocol available if clinically appropriate for Brain, Lung, Hepato-Biliary, and Solitary Metastatic cancers

Star and Barry Tobias Women's Health Center

- Accredited by the American College of Radiology (ACR) in
 - Breast Imaging Center of Excellence (BICOE)
 - Breast Ultrasound
 - Stereotactic Breast Biopsies
- Accredited by the National Accreditation Program for Breast Centers (NAPBC)
- Certified by the Mammography Quality Standards Act (MQSA)
- Established and implemented a Breast Cancer Risk Assessment for all patients undergoing mammography
- Community Outreach and Events:
 - Sponsored 10 Breast Health Education and Screening Programs

3 East Oncology In-Patient Unit

- Implemented a new Chemotherapy Checklist in the computer information system. This tool ensures consistent and safe practices are followed during pre-treatment, order review and administration of all chemotherapy agents.
- Education provided to all RNs on 3E Oncology. Both ACLS and Basic Cardiac Telemetry Course have been offered in preparation of telemetry monitoring on the Oncology unit.
- Psychosocial Distress Screening updated as per Commission on Cancer (COC) Standard 5.2 to screen cancer patients at least one time during the patient's first course of treatment
- Nurses providing Oncology care secured 12 contact hours as per the Commission on Cancer (COC) Standard 4.2-Oncology Nursing Credentials
- HCAHPS scores on 3East Oncology scored above VBP benchmark for Rate Hospital, Communication with Nurses, Communication re: Medications and Responsiveness of Staff
- 3E Oncology Recognition: Unit Practice Council (UPC) implemented candle lighting for end of life

2020 Statesir Cancer Center Achievements & Activities

Clinical Research

- **PARTIQoL** – Prostate Advanced Radiation Technologies Investigating Quality of Life: Phase III Randomized Clinical Trial of Protons vs. IMRT for Low or Intermediate Risk Prostate Cancer
- A Companion to Phase III Randomized PARTIQoL Clinical Trial
- **NCORP** – (National Cancer Institute Community Oncology Research Program) in conjunction with Atlantic Health System
 - The NCORP network designs and conducts clinical trials in the following focus areas:
 - Cancer Prevention
 - Screening
 - Supportive Care and Symptom Management
 - Surveillance
 - Health-related quality of life
 - Cancer care delivery
 - CentraState is positioned to begin the following clinical studies upon final approval from the NCI:
 - **TMIST** – Tomosynthesis Mammographic Imaging Screening Trial – EA 1151- is a study that focuses on outcomes of women having a 2D vs. 3D mammogram

- **DCP-001** – Use of a Clinical Trial Screening Tool to Address Cancer Health Disparities in the NCI Community Oncology Research Program (NCORP)

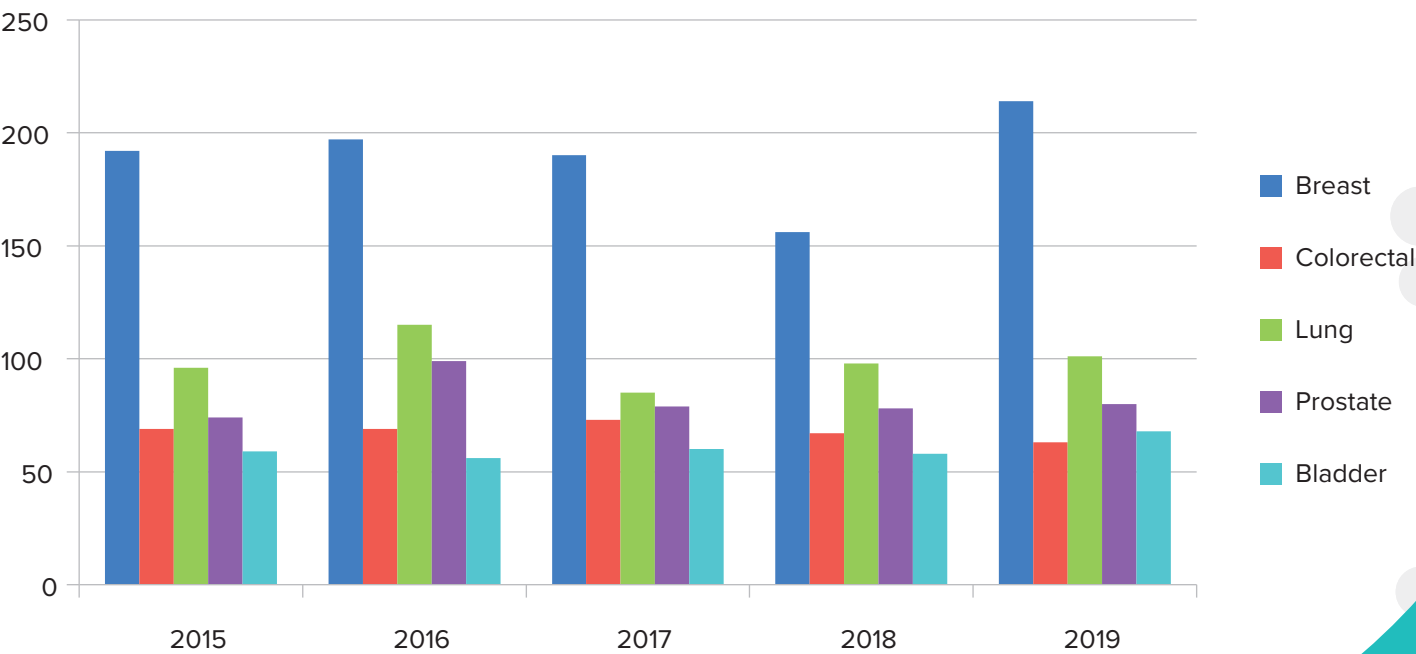
Prevention and Community Outreach

- Prevention and Screening Events: Although hampered by COVID, multiple educational and/or screening events were held during 2020. Screenings for Vaping, Head & Neck Cancer, Thyroid Cancer, Colon Cancer, Rectal Cancer, Skin Cancer, Prostate Cancer, and Breast Cancer all had participants

Due to COVID-19, CentraState participated in the following events virtually:

- American Cancer Society’s Making Strides Against Breast Cancer
- Paulette’s C of Blue – Raising Awareness of Colon Cancer
- American Cancer Society’s Relay for Life

2015-2019 Top Five Primary Sites



Commission on Cancer (CoC) Standard 4.4 Public Reporting of Outcomes for Breast Cancer

The Accountability measures were developed by the CoC with the expectation that cancer registries would collect the necessary data to assess and monitor concordance with the following measures. Extensive assessment and validation of the measures was performed using cancer registry data reported to the National Cancer Database (NCDB).

The following outcomes for the CentraState Medical Center Statesir Cancer Center represent the 2017 reported performance outcome rates for the Breast Cancer Accountability Measures at the February 4, 2020 Cancer Committee meeting. The first measure at 91% for Radiation treatment following Breast Conserving Surgery (BCSRT) for all women under age 70, CSMC was reported to be above the National estimated performance rate (shown in green).

The second measure at 100% for Chemotherapy (MAC-multi agent chemotherapy) for women under age 70 with American Joint Commission on Cancer (AJCC) Stage T1c N0 M0, or Stage IB – III hormone receptor negative Breast Cancer, CSMC was reported to be above the National estimated performance rate (shown in green).

The third measure at 97% for Hormone Therapy (HT) American Joint Commission on Cancer (AJCC) Stage T1c N0 M0, or Stage IB – III hormone receptor positive Breast Cancer, CSMC was reported to be ever so slightly below the National estimated performance rate (shown in green).

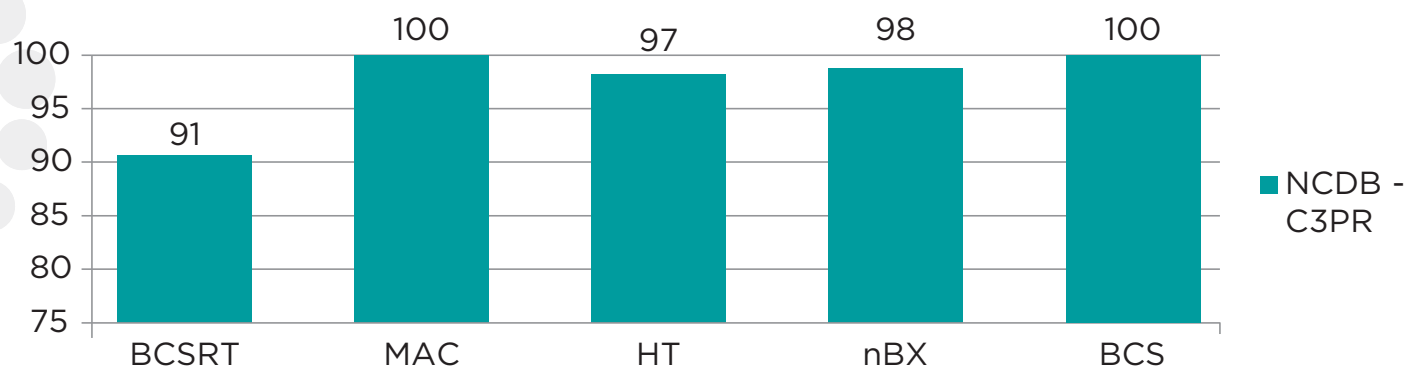
There were no eligible cases for the fourth measure for Radiation Therapy for women with Mastectomy (MASTRT) with breast cancer with > 4 positive regional lymph nodes.

The fifth measure at 98% for Image or palpation-guided needle biopsy (nBX) to primary site is performed to establish a diagnosis of Breast Cancer (surveillance measures –national estimated performance difference not published for this measure)

Sixth measure at 100% for Breast Conservation surgery rate for women (BCS) with AJCC clinical stage 0, I, or II Breast Cancer (surveillance measures –national estimated performance difference not published for this measure)

SELECT MEASURES BY THE CoC NCDB CP3R Program – Breast Cancer Accountability Measures:	Measure	CSMC Minus National Estimated Performance Difference
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conserving surgery for Breast Cancer (Accountability)	BCSRT	5.20
Combination Chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c No, or Stage IB – III hormone receptor negative Breast Cancer (Accountability)	MAC	6.60
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c No, or Stage IB – III hormone receptor positive Breast Cancer (Accountability)	HT	4.0

Public Reporting of Outcomes for Breast Cancer Accountability Measures



As an accredited organization with Commission on Cancer (CoC) as well as the National Accreditation Program for Breast Centers (NAPBC), the Breast Cancer patients at Statesir Cancer Center can be assured that they are receiving care that is consistent with nationally recognized standards.

Statistical Summary of Cancer Registry Data

Primary Site Table: Newly Diagnosed and/or Treated Cases Seen at CentraState — 2019

Primary Site	Total (%)	Sex		Status		Stage Distribution - Analytic Cases Only					
		M	F	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unknown
ORAL CAVITY & PHARYNX	14 (1.8%)	11	3	12	2	0	1	1	1	0	11
Tongue	4 (0.5%)	4	0	4	0	0	0	0	0	0	4
Salivary Glands	2 (0.3%)	1	1	2	0	0	0	0	1	0	4
Gum & Other Mouth	2 (0.3%)	2	0	2	0	0	0	0	0	0	2
Nasopharynx	1 (0.1%)	0	1	0	1	0	0	0	0	0	1
Tonsil	4 (0.5%)	3	1	3	1	0	1	1	0	0	2
Oropharynx	1 (0.1%)	1	0	1	0	0	0	0	0	0	1
DIGESTIVE SYSTEM	142 (18.1%)	86	56	89	53	2	17	27	17	18	61
Esophagus	10 (1.3%)	8	2	6	4	0	0	0	0	0	10
Stomach	9 (1.1%)	5	4	6	3	0	0	0	0	0	9
Small Intestine	4 (0.5%)	2	2	3	1	0	2	1	0	0	1
Colon Excluding Rectum	43 (5.5%)	23	20	35	8	1	5	17	9	2	9
Cecum	10	4	6	7	3	0	1	5	1	0	3
Appendix	6	5	1	5	1	0	1	1	2	1	1
Ascending Colon	3	1	2	0	3	0	0	0	1	1	1
Hepatic Flexure	4	1	3	4	0	0	2	1	0	0	1
Transverse Colon	4	2	2	3	1	0	0	1	1	0	2
Splenic Flexure	2	2	0	2	0	0	0	1	1	0	0
Descending Colon	1	0	1	1	0	0	0	1	0	0	0
Sigmoid Colon	13	8	5	13	0	1	1	7	3	0	1
Rectum & Rectosigmoid	19 (2.4%)	16	3	19	0	1	4	4	1	0	9
Rectosigmoid Junction	5	5	0	5	0	1	0	2	1	0	1
Rectum	14	11	3	14	0	0	4	2	0	0	8
Anus, Anal Canal & Anorectum	2 (0.3%)	0	2	2	0	0	1	0	0	0	1
Liver & Intrahepatic Bile Duct	12 (1.5%)	7	5	5	7	0	0	1	2	3	6
Liver	9	4	5	3	6	0	0	1	1	2	5
Intrahepatic Bile Duct	3	3	0	2	1	0	0	0	1	1	1
Gallbladder	1 (0.1%)	0	1	0	1	0	0	0	1	0	0
Other Biliary	4 (0.5%)	2	2	2	2	0	1	1	0	0	2
Pancreas	36 (4.6%)	21	15	11	25	0	4	3	3	13	13
Retroperitoneum	1 (0.1%)	1	0	0	1	0	0	0	1	0	0
Other Digestive Organs	1 (0.1%)	1	0	0	1	0	0	0	0	0	1
RESPIRATORY SYSTEM	106 (13.5%)	54	52	63	43	0	25	6	9	20	46
Nose, Nasal Cavity & Middle Ear	1 (0.1%)	0	1	1	0	0	0	1	0	0	0
Larynx	4 (0.5%)	3	1	4	0	0	1	0	0	0	3
Lung & Bronchus	101 (12.9%)	51	50	58	43	0	24	5	9	20	43
SOFT TISSUE	3 (0.4%)	1	2	3	0	0	0	0	2	0	1
Soft Tissue (including Heart)	3 (0.4%)	1	2	3	0	0	0	0	2	0	1
SKIN EXCLUDING BASAL & SQUAMOUS	9 (1.1%)	2	7	9	0	2	3	0	1	3	0
Melanomam — Skin	8 (1.0%)	2	6	8	0	2	3	0	0	3	0
Other Non-Epithelial Skin	1 (0.1%)	0	1	1	0	0	0	0	1	0	0
BREAST	214 (27.3%)	2	212	208	6	25	103	12	0	5	69
Breast	214 (27.3%)	2	212	208	6	25	103	12	0	5	69

Statistical Summary of Cancer Registry Data

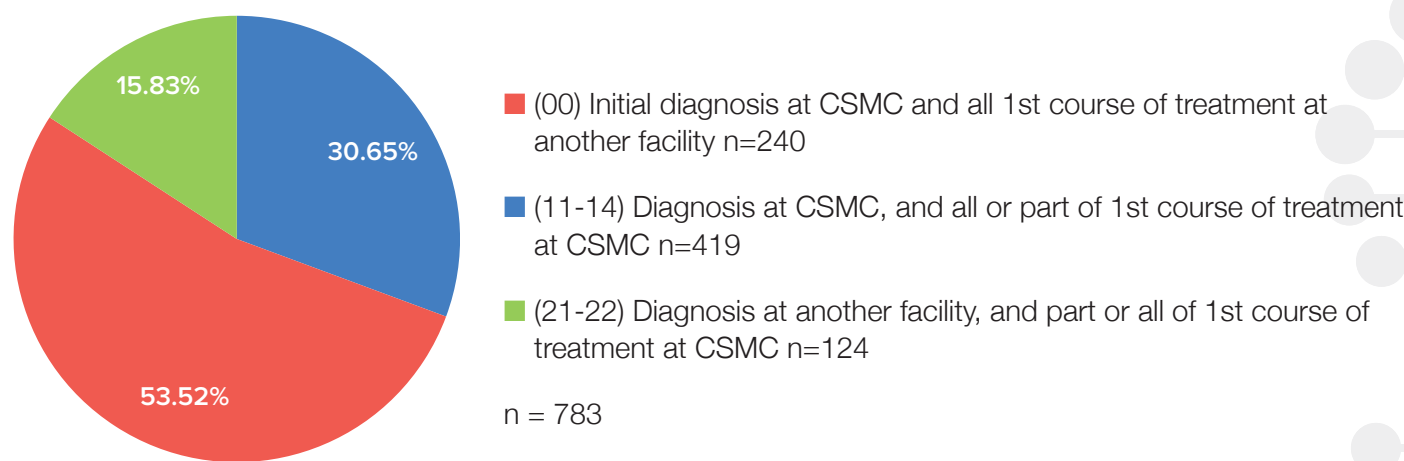
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Primary Site	Total (%)	Sex		Status		Stage Distribution - Analytic Cases Only					
		M	F	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unknown
FEMALE GENITAL SYSTEM	14 (1.8%)	0	14	12	2	0	5	0	1	1	7
Corpus & Uterus, NOS	11 (1.4%)	0	11	10	1	0	5	0	1	1	4
Corpus Uteri	9	0	9	9	0	0	4	0	1	1	3
Uterus, NOS	2	0	2	1	1	0	1	0	0	0	1
Ovary	2 (0.3%)	0	2	1	1	0	0	0	0	0	2
Other Female Genital Organs	1 (0.1%)	0	1	1	0	0	0	0	0	0	1
MALE GENITAL SYSTEM	86 (11.0%)	86	0	81	5	0	12	12	8	3	51
Prostate	80 (10.2%)	80	0	76	4	0	11	12	7	3	47
Testis	5 (0.6%)	5	0	4	1	0	1	0	1	0	3
Penis	1 (0.1%)	1	0	1	0	0	0	0	0	0	1
URINARY SYSTEM	107 (13.7%)	86	21	96	11	0	16	6	4	2	79
Urinary Bladder	68 (8.7%)	56	12	60	8	0	7	3	1	2	55
Kidney & Renal Pelvis	31 (4.0%)	24	7	29	2	0	9	2	2	0	18
Ureter	7 (0.9%)	5	2	6	1	0	0	0	1	0	6
Other Urinary Organs	1 (0.1%)	1	0	1	0	0	0	1	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	8 (1.0%)	6	2	6	2	0	0	0	0	0	8
Brain	2 (0.3%)	2	0	2	0	0	0	0	0	0	2
Cranial Nerves Other Nervous System	6 (0.8%)	4	2	4	2	0	0	0	0	0	6
ENDOCRINE SYSTEM	9 (1.1%)	3	6	9	0	0	1	1	0	0	7
Thyroid	9 (1.1%)	3	6	9	0	0	1	1	0	0	7
LYMPHOMA	39 (5.0%)	24	15	30	9	0	5	4	4	10	16
Non-Hodgkin Lymphoma	39 (5.0%)	24	15	30	9	0	5	4	4	10	16
NHL - Nodal	24	16	8	19	5	0	2	3	4	5	10
NHL - Extranodal	15	8	7	11	4	0	3	1	0	5	6
MYELOMA	7 (0.9%)	4	3	6	1	0	0	0	0	0	7
Myeloma	7 (0.9%)	4	3	6	1	0	0	0	0	0	7
LEUKEMIA	12 (1.5%)	8	4	10	2	0	0	0	0	0	12
Lymphocytic Leukemia	7 (0.9%)	5	2	7	0	0	0	0	0	0	7
Acute Lymphocytic Leukemia	3	3	0	3	0	0	0	0	0	0	3
Chronic Lymphocytic Leukemia	4	2	2	4	0	0	0	0	0	0	4
Myeloid & Monocytic Leukemia	5 (0.6%)	3	2	3	2	0	0	0	0	0	5
Acute Myeloid Leukemia	2	2	0	1	1	0	0	0	0	0	2
Chronic Myeloid Leukemia	3	1	2	2	1	0	0	0	0	0	3
MESOTHELIOMA	1 (0.1%)	1	0	0	1	0	0	0	1	0	0
Mesothelioma	1 (0.1%)	1	0	0	1	0	0	0	1	0	0
MISCELLANEOUS	12 (1.5%)	7	5	8	4	0	0	0	0	0	12
Miscellaneous	12 (1.5%)	7	5	8	4	0	0	0	0	0	12
TOTAL	783	381	402	642	141	29	188	69	48	62	387

Exclusions: Not Male and Not Female

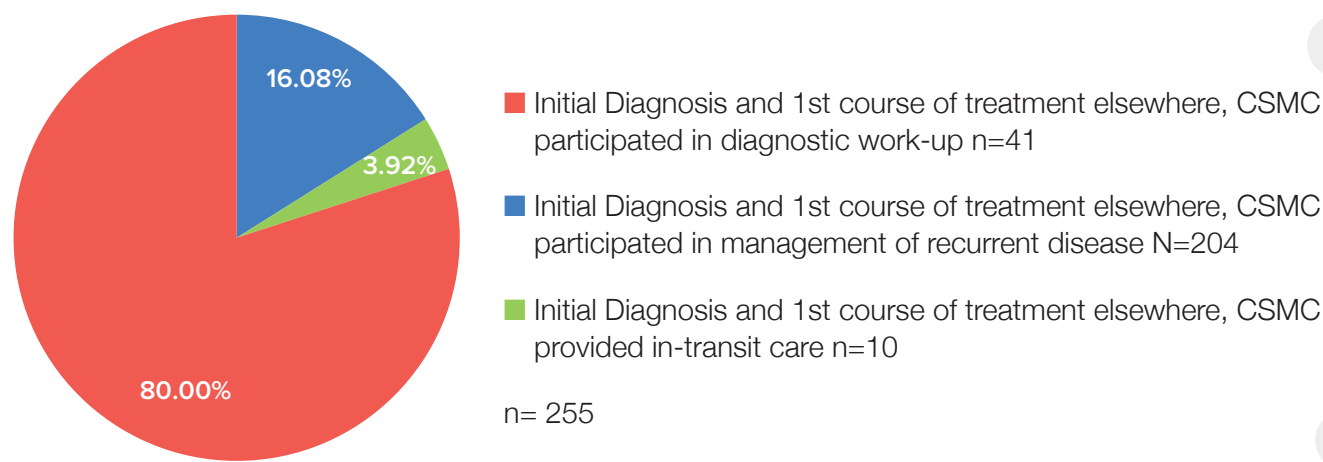
Cancer Registry Statistics

2019 Analytic Cases at CentraState (CSMC)



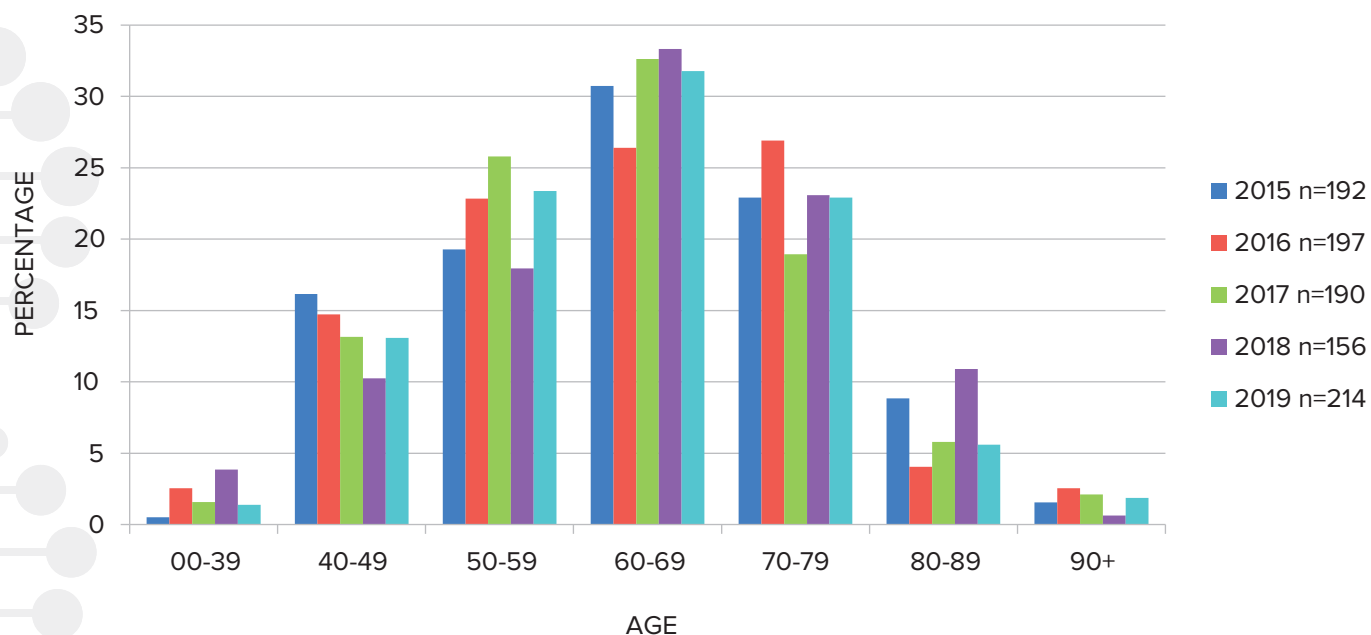
Analytic cases: patients who were diagnosed and/or received treatment for their newly diagnosed cancer at CSMC

2019 Non-Analytic Cases at CentraState (CSMC)

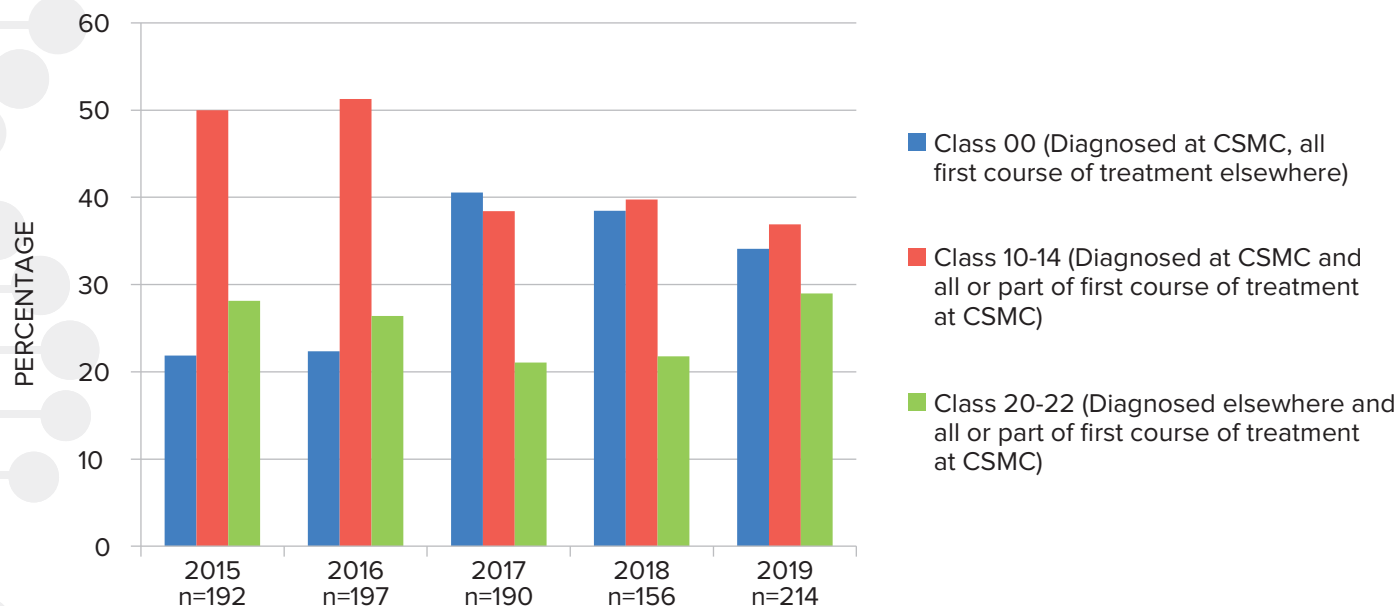


Non-analytic cases: patients who were seen for the first time at CSMC only for either consultation, diagnostic work-up, transient care, management of recurrent disease or treatment of non-malignant conditions (with active cancer diagnosis).

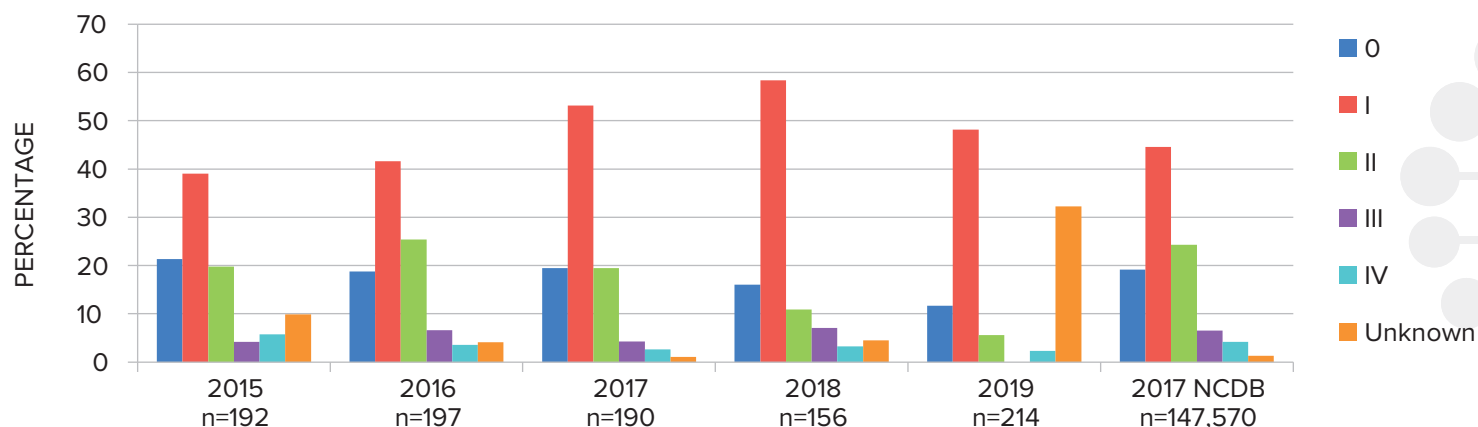
CSMC 2015-2019 Breast Cancer by Age at Diagnosis



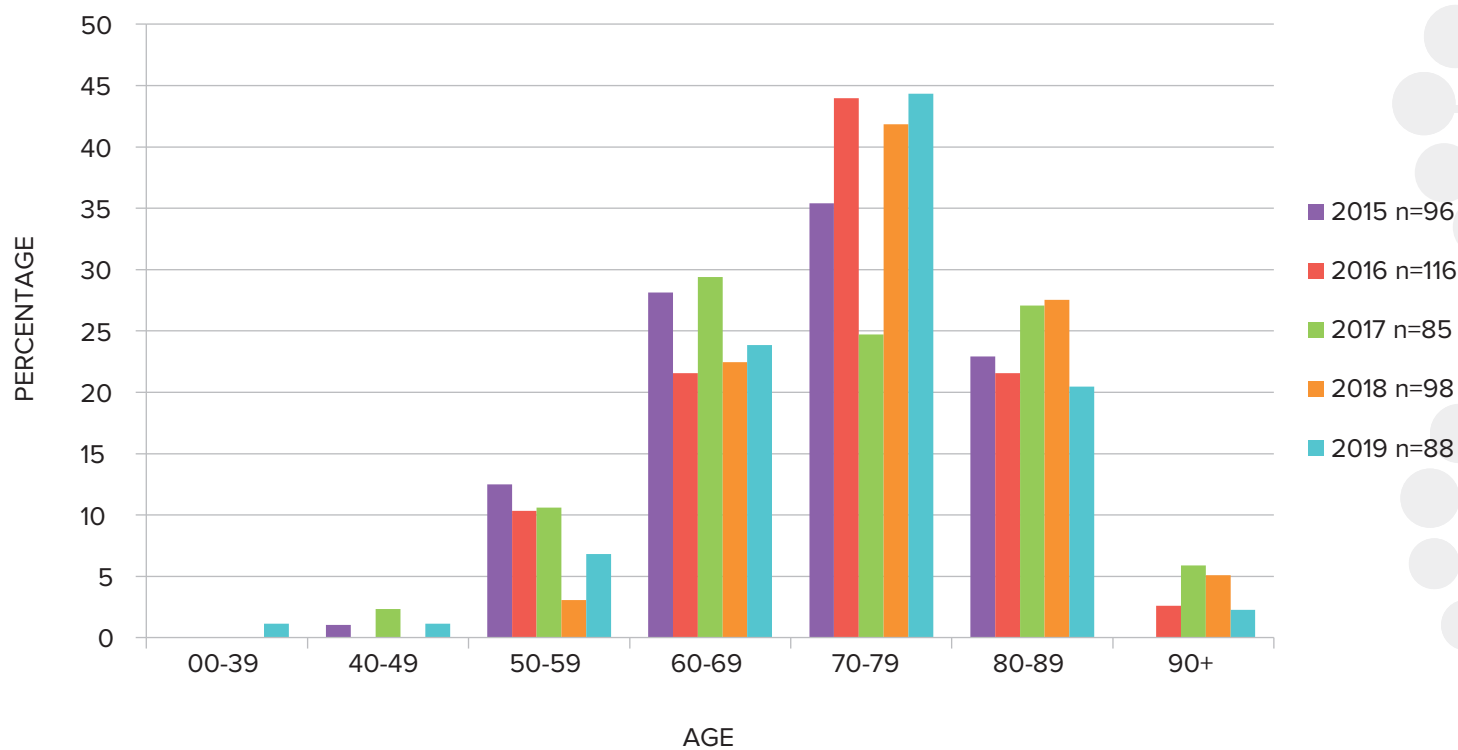
CSMC 2015-2019 Breast Cancer by Class of Case



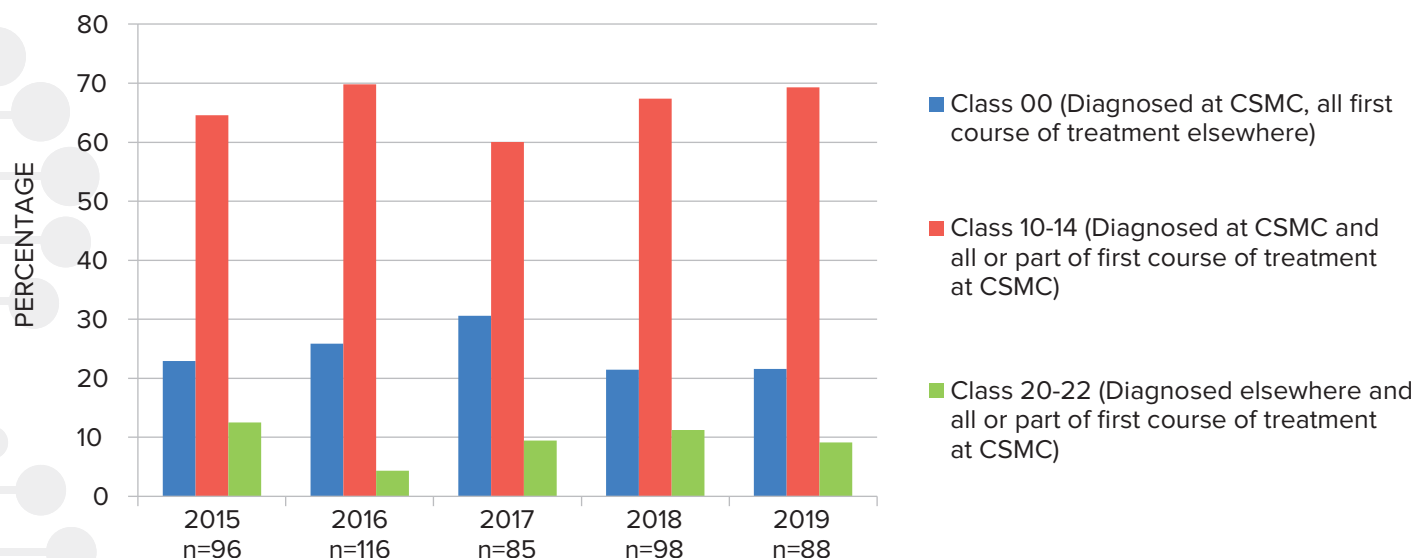
CSMC 2015-2019 Breast Cancer AJCC Stage at Diagnosis vs National Cancer Database



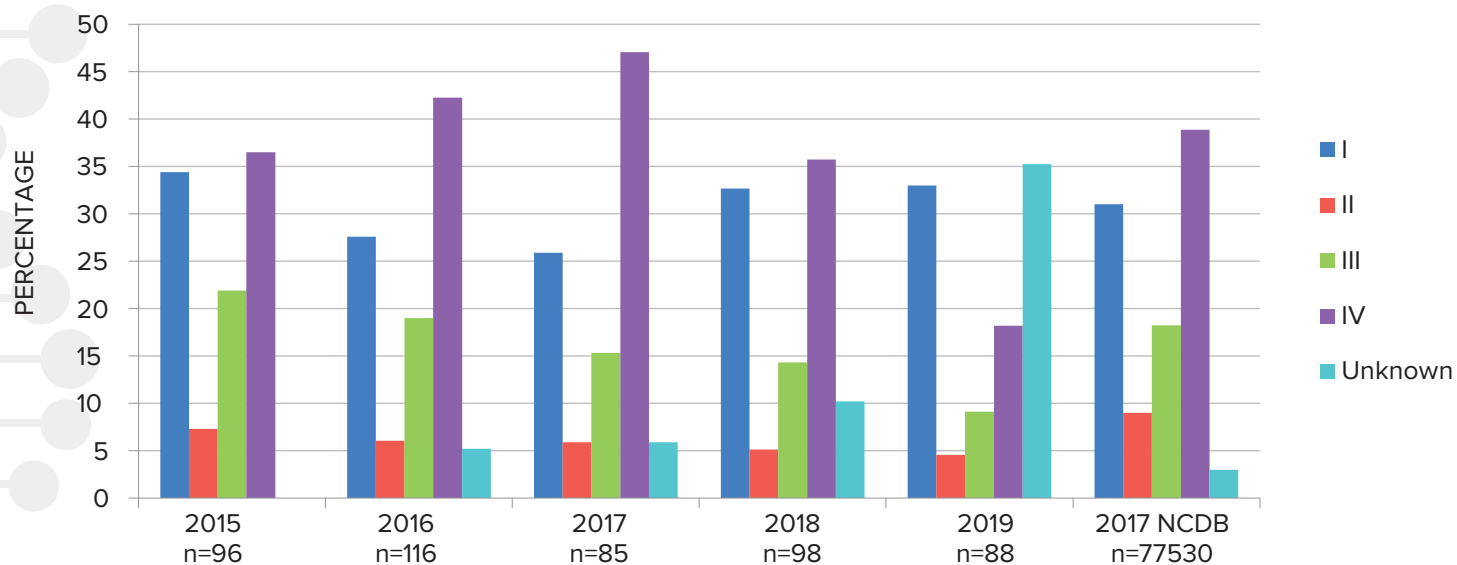
CSMC Non-Small Cell Lung Cancer by Age at Diagnosis



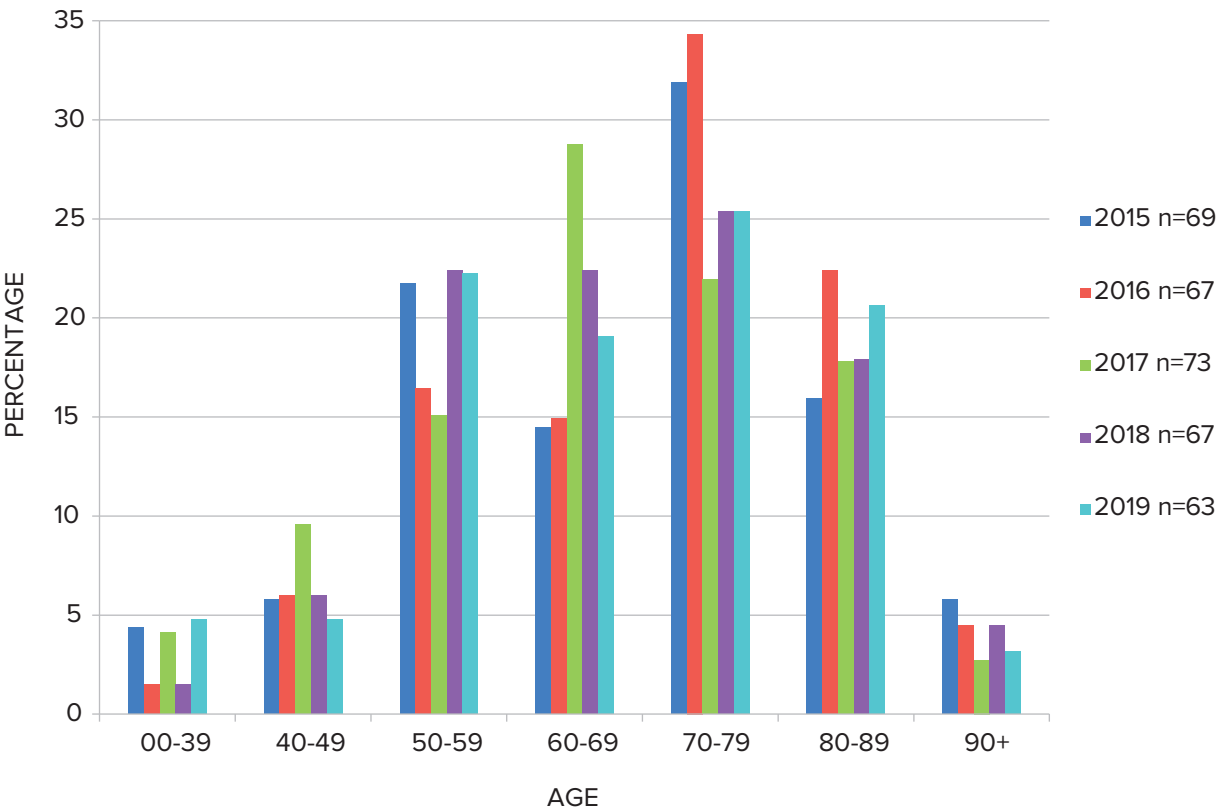
CSMC Non-Small Cell Lung Cancer by Class of Case



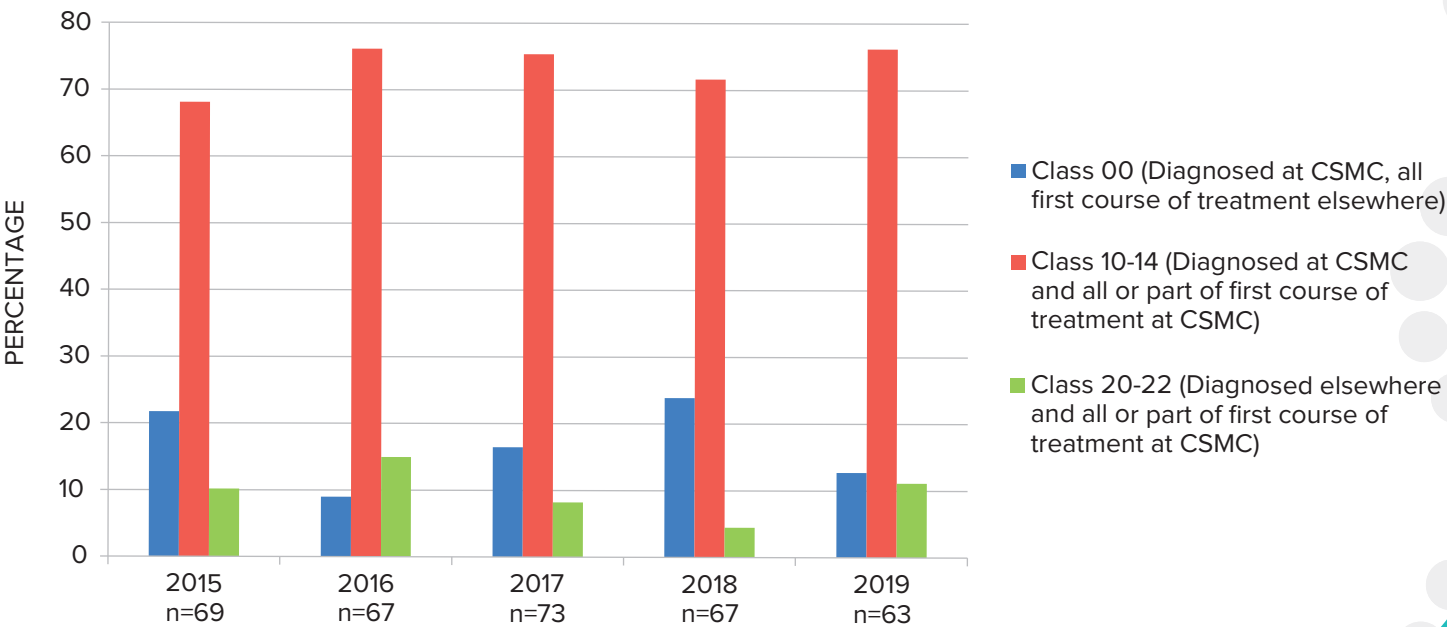
CSMC 2015-2019 Non-Small Cell Lung Cancer AJCC Stage at Diagnosis vs National Cancer Database



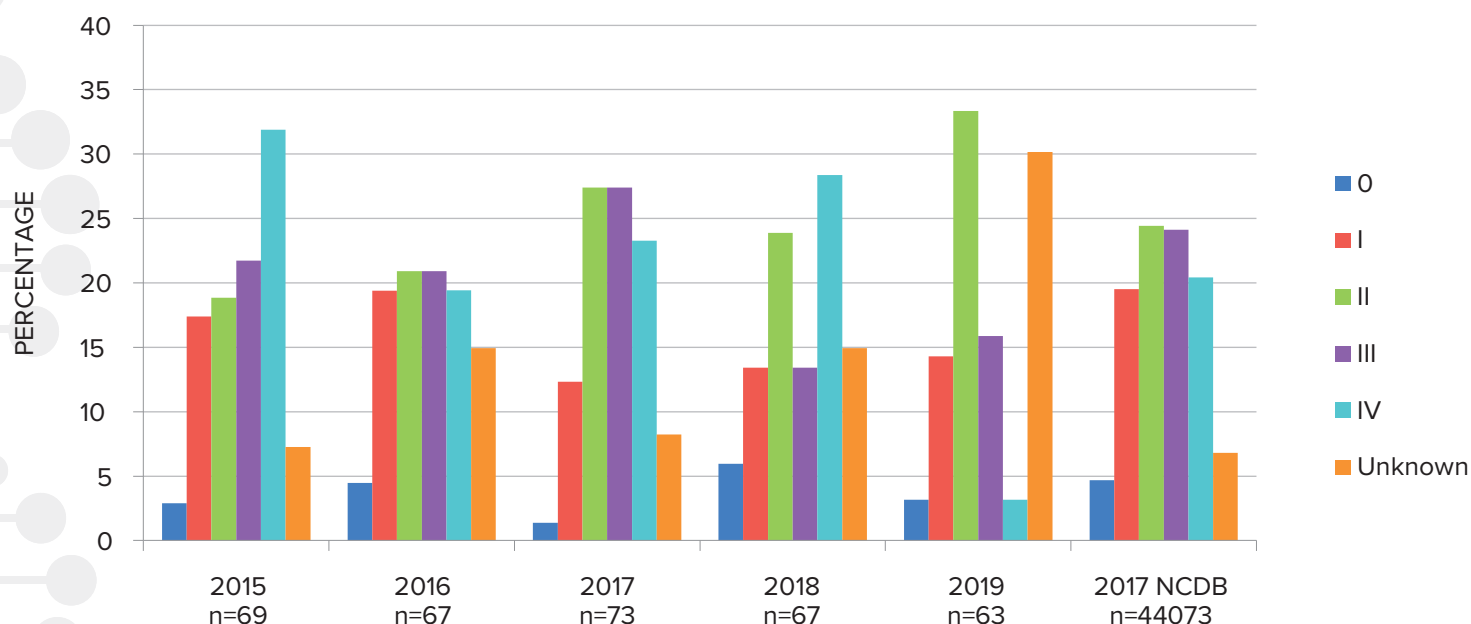
CSMC 2015-2019 Colorectal by Age at Diagnosis



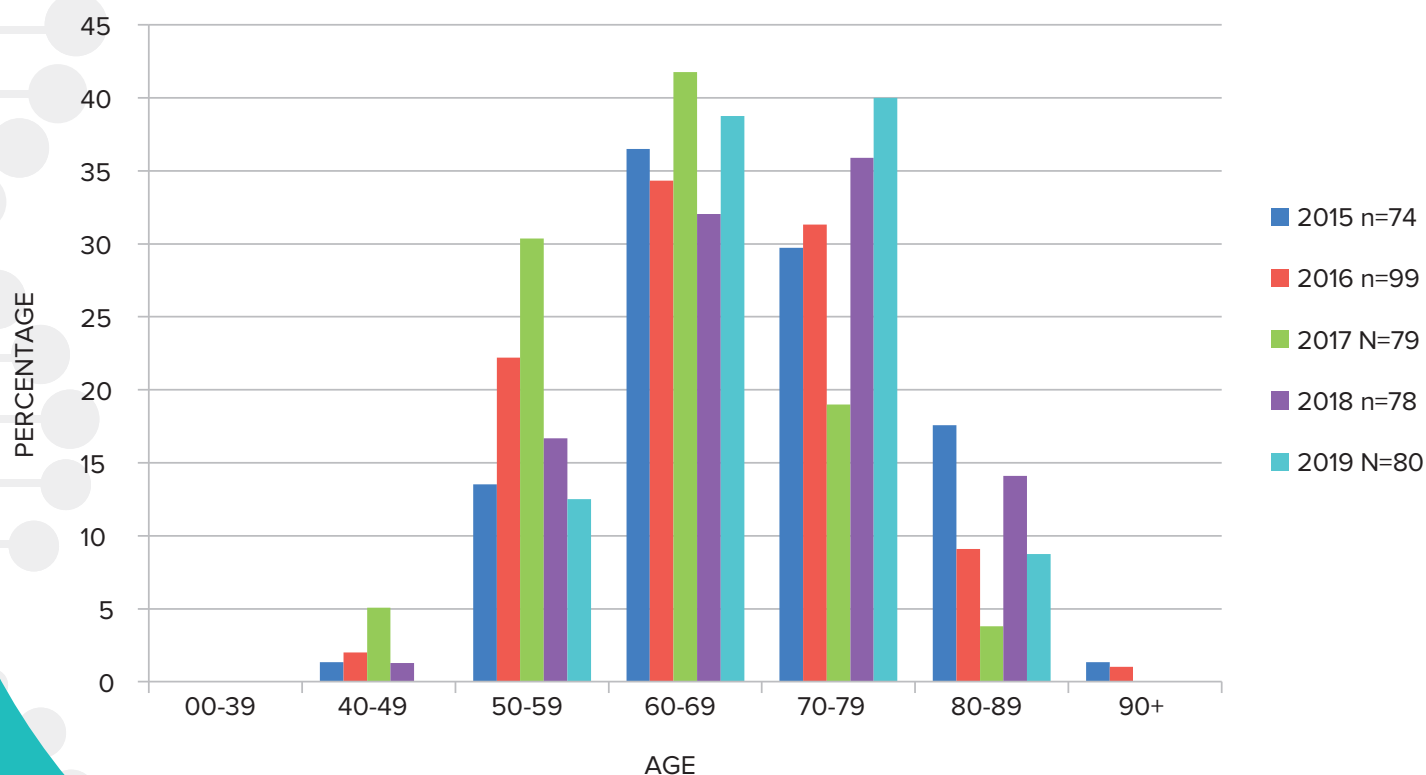
CSMC 2015-2019 Colorectal Cancer by Class of Case



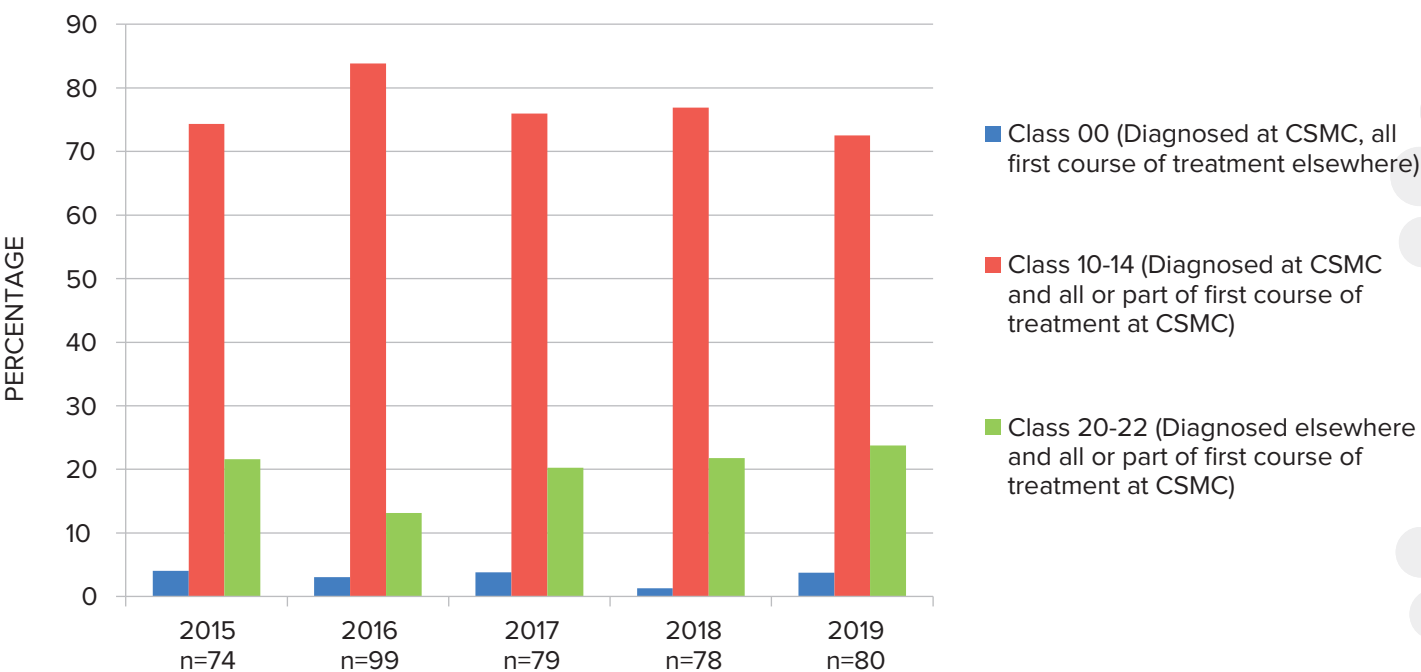
CSMC 2015-2019 Colorectal Cancer AJCC Stage at Diagnosis vs National Cancer Database



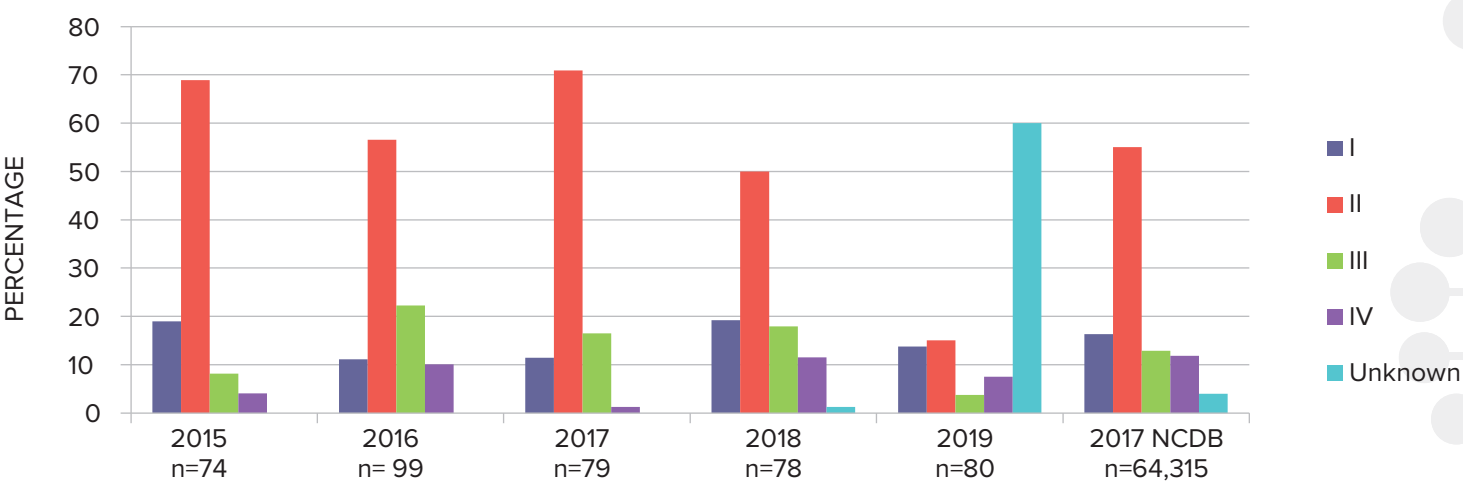
CSMC Prostate Cancer by Age at Diagnosis



CSMC 2015 - 2019 Prostate Cancer by Class of Case



CSMC 2015-2019 Prostate Cancer AJCC Stage at Diagnosis vs National Cancer Database



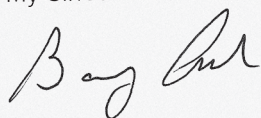
Gratitude to the Team

As the AVP of the oncology service line, I have been very fortunate to have a fantastic, extremely competent and highly motivated team. The staff's personal commitment to providing compassionate care is key to a successful program and to achieving high patient satisfaction. Thank you to the team of professionals that make up the Statesir Cancer Center's oncology service line for your dedicated and hard work throughout the year, and for the work you do for the patients in our community. Throughout the COVID-19 pandemic that truly plagued 2020, we should all be very proud that all components of the cancer service line remained open and fully operational.

The amazing staff and physicians that make up the cancer service line team can be found in the following departments:

- 3 East In-Patient Oncology
- Throughout the in-patient floors of CentraState
- Jean Mehr Infusion Center
- Karen Olbis Radiation Oncology
- Star & Barry Tobias Women's Health Center
- Cancer Registry
- Clinical Research
- Cancer Navigation
- Social Work
- Palliative Care
- Health Awareness Center
- Radiology and Interventional Radiology
- Rehabilitation Services
- Public Relations and Marketing
- The Medical and Surgical Departments of
 - Medical Oncology
 - Radiation Oncology
 - Surgical Oncology
 - Thoracic Surgery and Pulmonology
 - Breast Surgery and Gynecology
 - Colorectal Surgery and Gastroenterology
 - Urology
 - Neurosurgery and Neurology
 - Dermatology

My Sincere Thanks to All of You,



Barry Asch, Assistant Vice President of Cancer Services

For more information about the Statesir Cancer Center at CentraState, call
1-855-411-CANCER or visit centrastatecancercenter.com



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