

PRIMARY SITE TABULATION FOR 2009 CASES

PRIMARY SITE	TOTAL	CLASS			SEX			AJCC STAGE GROUP					
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A	
ALL SITES	1709	1091	618	785	924	92	274	134	109	156	742	202	
ORAL CAVITY	28	16	12	21	7	0	5	4	2	4	8	5	
LIP	2	1	1	2	0	0	0	1	0	0	1	0	
TONGUE	8	5	3	6	2	0	3	0	2	1	2	0	
OROPHARYNX	2	1	1	1	1	0	0	1	0	0	1	0	
HYPOPHARYNX	2	2	0	2	0	0	0	0	0	1	1	0	
OTHER	14	7	7	10	4	0	2	2	0	2	3	5	
DIGESTIVE SYSTEM	371	257	114	215	156	22	56	41	31	53	162	6	
ESOPHAGUS	27	15	12	20	7	0	3	2	4	4	14	0	
STOMACH	25	21	4	15	10	4	2	0	2	8	8	1	
COLON	120	79	41	66	54	9	18	10	13	19	51	0	
RECTUM	43	34	9	23	20	6	13	6	2	3	13	0	
ANUS/ANAL CANAL	8	4	4	3	5	0	0	2	1	0	5	0	
LIVER	29	15	14	23	6	0	3	3	2	2	19	0	
PANCREAS	72	50	22	37	35	0	9	9	3	14	37	0	
OTHER	47	39	8	28	19	3	8	9	4	3	15	5	
RESPIRATORY SYSTEM	273	206	67	128	145	0	52	8	32	59	122	0	
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0	
LARYNX	8	5	3	4	4	0	2	1	1	0	4	0	
LUNG/BRONCHUS	262	199	63	121	141	0	50	7	31	56	118	0	
OTHER	3	2	1	3	0	0	0	0	0	3	0	0	
BLOOD & BONE MARROW	95	32	63	46	49	0	0	0	0	0	2	93	
LEUKEMIA	66	19	47	31	35	0	0	0	0	0	1	65	
MULTIPLE MYELOMA	20	9	11	12	8	0	0	0	0	0	1	19	
OTHER	9	4	5	3	6	0	0	0	0	0	0	9	
BONE	1	1	0	0	1	0	0	0	0	0	1	0	
CONNECT/SOFT TISSUE	11	6	5	4	7	0	0	1	2	0	8	0	
SKIN	119	73	46	69	50	20	20	6	2	2	60	9	
MELANOMA	106	64	42	61	45	20	19	5	2	2	54	4	
OTHER	13	9	4	8	5	0	1	1	0	0	6	5	
BREAST	256	177	79	2	254	30	70	38	20	10	88	0	
FEMALE GENITAL	96	72	24	0	96	2	37	0	9	6	40	2	
CERVIX UTERI	21	13	8	0	21	0	5	0	4	2	10	0	
CORPUS UTERI	59	52	7	0	59	1	31	0	5	2	19	1	
OVARY	10	3	7	0	10	0	0	0	0	2	8	0	
VULVA	4	3	1	0	4	1	1	0	0	0	2	0	
OTHER	2	1	1	0	2	0	0	0	0	0	1	1	
MALE GENITAL	131	32	99	131	0	0	0	25	2	2	102	0	
PROSTATE	127	30	97	127	0	0	0	25	0	2	100	0	
TESTIS	4	2	2	4	0	0	0	0	2	0	2	0	
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	
URINARY SYSTEM	116	67	49	86	30	18	16	6	3	8	65	0	
BLADDER	75	49	26	61	14	17	10	5	0	3	40	0	
KIDNEY/RENAL	39	16	23	23	16	0	6	1	3	5	24	0	
OTHER	2	2	0	2	0	1	0	0	0	0	1	0	
BRAIN & CNS	52	41	11	24	28	0	0	0	0	0	1	51	
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0	0	
BRAIN (MALIGNANT)	32	27	5	17	15	0	0	0	0	0	0	32	
OTHER	20	14	6	7	13	0	0	0	0	0	1	19	
ENDOCRINE	47	35	12	9	38	0	10	2	2	0	29	4	
THYROID	43	32	11	8	35	0	10	2	2	0	29	0	
OTHER	4	3	1	1	3	0	0	0	0	0	0	4	
LYMPHATIC SYSTEM	80	49	31	37	43	0	8	2	4	12	54	0	
HODGKIN'S DISEASE	8	2	6	3	5	0	0	0	1	0	7	0	
NON-HODGKIN'S	72	47	25	34	38	0	8	2	3	12	47	0	
UNKNOWN PRIMARY	29	25	4	12	17	0	0	0	0	0	0	29	
OTHER/ILL-DEFINED	4	2	2	1	3	0	0	1	0	0	0	3	

Number of cases excluded: 3
This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases



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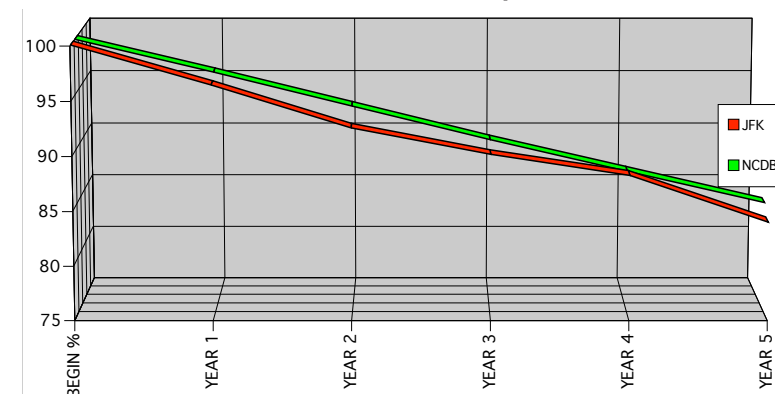
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40. Finally, while agreeing that there is no clinical evidence showing improved breast cancer survival from breast self exam, they all support the concept of breast awareness, encouraging women to be familiar with the baseline character of their breasts and bring any change to their primary care provider's attention.

The Breast Institute at JFK Medical Center supports the American Cancer Society's recommendations for breast awareness, as well as annual clinical breast exam and annual screening mammography beginning at age 40 for women of average risk. Women with elevated risk of breast cancer should discuss screening recommendations with a breast specialist. Because digital mammography has been shown to improve breast cancer detection in women under age 50 with dense breasts, the Breast Institute offers digital mammography as our standard option for breast screening. Because screening breast MRI has been shown to improve breast cancer survival in women with a strong family history or breast cancer gene mutation, we also offer dedicated breast MRI, for screening

and diagnostic imaging in select patient groups. We do not support the use of whole breast ultrasound for routine screening because no randomized controlled trials have been conducted to evaluate the impact of screening sonography on breast cancer mortality rates. If women or physicians wish to pursue screening whole breast ultrasound, we encourage them to do so in the setting of a clinical trial and on a mechanized unit.

Fig. 3 5 Year Observed Survival Graph JFK vs NCDB



ONCOLOGY CARE

at JFK Medical Center

COMMITTED TO CLINICAL EXCELLENCE



Year in Review 2010

It has been a busy and fun year for the JFK Comprehensive Cancer program, in particular, our Breast and Women's health services. The Breast Institute has been fully renovated to provide warm, modern, and comprehensive care for women's health. Radiology services and breast surgical services are now located side by side and compliment each other in the services they provide.

The Breast Institute is led by Dr. Beth-Ann Lesnikoski, Medical Director, and Dr. Lindy Book, Director of Breast Imaging. Dr. Lesnikoski is a fellowship-trained breast surgeon who oversees all interdisciplinary aspects of breast care at JFK. Dr. Book is a dedicated mammographer who supervises all breast imaging studies, including mammography, breast ultrasound and MRI, at both JFK and HCA Florida Open Imaging Centers.

Joining Dr. Book and Dr. Lesnikoski is Simone Santos, RN, our Breast Institute Nurse Navigator and Donalyn Lamarre, our Oncology Nurse Navigator. The nurse navigators provides patient education,

support and direction throughout the diagnosis and treatment of both benign and malignant breast disease. In addition to this support team are Lesley Klein, an oncology-certified registered dietitian, and Hope Myers, a lymphedema-certified physical therapist.

The Breast Institute has been very busy this year in preparing to be surveyed for accreditation by the National Accreditation Program for Breast Centers (NAPBC). NAPBC is a consortium of national, professional organizations under the American College of Surgeons dedicated to the improvement of the quality of care and monitoring of outcome of patients with diseases of the breast. The NAPBC is a rigorous program for which 27 aspects of care are measured. We are proud to say we achieved a full 3-year accreditation on our first try in 2010, less than one year after beginning our program. At this time, we are one of only 6 centers in Florida with this level of accreditation.

We also have submitted data elements to the National Consortium of Breast Centers-National Quality Measure for Breast Centers Program (NQMBC). This program is an interactive, quality, internet model for breast centers to enter data and receive comparative reports on breast center quality measures. The Breast Institute at JFK Medical Center has been recognized as a Certified Quality Breast

Center. We are 1 of 12 facilities in the country at this level, the only facility in Florida thus far with this distinction. Once we are able to collect and submit the data for 2010, we hope to achieve the final level distinction--Certified Quality Breast Center of Excellence. We anticipate we will meet this goal early in 2011. Assisting in our collection of data, radiology added MRS--Mammography Reporting System, a software program that tracks quality data elements related to breast imaging.

Leading the way in both our endeavors for accreditation and distinction towards a center of excellence is the tumor registry team. The JFK Comprehensive Cancer Center has 4 certified tumor Registrars, Danie Josaphat, Barbara Muchado, Sharon Wilson and Natalie Trotter that are incomparable in data collection. The team has put in countless hours to collate data, track the care of patients, prepare all tumor conferences, send out special reports, as well as be current in their standard activity of abstracting data.

In October, Dr Georges Hatoum, radiation oncologist, joined JFK Medical Center as the Medical Director for Radiation Therapy and the CyberKnife Center. He is excited to join our team and brings his expertise, experience and

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CANCER COMMITTEE MEMBERS

Stephen Steinberg, MD
Chairman

Ramin Abdolvahabi, MD
Neurosurgery

Humberto Caldera, MD
Hematology/Oncology

Srinivas Kaza, MD
General Surgery

Beth-Ann Lesnikoski, MD
Breast Surgery

Richard Levene, DO
Palliative Care

Paul Lin, MD
Hematology/Oncology

Eyal Meiri, MD
Hematology/Oncology

Maria T. Perez, MD
Pathology

Jerome Spunberg, MD
Radiation Oncology—Cancer Liaison

Abraham Schwarzbarg, MD
Hematology/Oncology

Lindy Book, MD
Radiology

Diane Fitzgerald
Director, Cancer Center

Roberta Fowler
Director, Quality Management

Danie Josaphat, CTR
Coordinator, Cancer Data Services

Cynthia Kean
Director, Health Information Management

Stephanie Koppelman
Pharmacy

Jamie Kosik, RN
Director, Research

Lesley Klein, RD
Oncology Dietician

Donalyn Lamarre, RN
Nurse Navigator

Shirley Liu
Radiation Oncology Nurse

Barbara Machado, CTR
Cancer Data Analyst

Maryjo McPhail-Brown
Director, Rehabilitation

Madeleine Nava
VP-Operations

Sonia Polack, RN
Manager, Oncology Nurse

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knowledge regarding radiation protocols, research, quality measures, and accreditation programs. Dr. Hatoum specializes in advanced care of Head & Neck Cancer patients and offers dedicated and compassionate care for all radiation oncology patients. He will also be overseeing the planning and development of our 2011 project for construction upgrades to the cancer center as well as obtaining a new linear accelerator, upgrading a second linear accelerator, and exchanging our old CT SIM machine for a PET/CT.

The cancer screening program continues to be a success with 63 people seen for dermatology screening, and 25 being referred on for further evaluation. We screened 44 men for prostate screening of which 7 encouraged to contact their doctors for possible biopsy. We continue to partner with the H.O.P.E. bus to offer free or reduced-rate mammograms for those who qualified. 32 Women received screening mammograms and 16 had a brief visit with Dr. Beth-Ann Lesnikoski, breast surgeon and medical director of the Breast Institute. Our staff also provided community lectures with presentation such “Cancer, Nutrition & Exercise: The Power of Prevention”, “Breast Cancer Health”, “Cancer Myths and Facts”; and we had our ACS tripletouch volunteers at numerous health fairs. In addition, Dr Beth Lesnikoski and Dr Lindy Book presented their yearly lecture to H2U members regarding Breast Cancer Health.

The dedicated care team in the JFK cancer program continued to offer their volunteer services at various community events such as Light the Night for the Leukemia and Lymphoma Society, the American Cancer Society- Making Strides for Breast Cancer and the Diamond Derby Gala. We also had JFK runners and walkers in the Susan G. Komen Race for the Cure.

Every spring the cancer program staff (with the much appreciated assistance from the JFK managers and directors) looks forward to our annual National Cancer Survivors Day event. This year we got out our pearls and black dresses for this years’ theme of “Breakfast at Tiffany’s”. The JFK conference rooms were decorated like Tiffany boxes and a delicious brunch was offered to 250 cancer survivors. All of the above events wouldn’t be successful without the generosity of the JFK Medical Center Foundation.

Most importantly, the success of our program is due to the very dedicated and committed staff in the cancer care services at JFK. From the inpatient unit on 6 North, to the breast programs, outpatient infusion, pharmacy and the Cancer Center and CyberKnife Center, our staff have a passion for caring for people with cancer. They chose this career with the hope they can lessen stress, reduce pain, and make a difference in some small way. We honor these employees who add a personal touch and extra smile to the lives of the patient and staff they work with. They obviously love what they do and they know that it matters to the patients and the JFK Comprehensive Cancer program. I am truly grateful to work with all of them.

Beth-Ann Lesnikoski, M.D., F.A.C.S.

JFK Comprehensive Cancer Center

2010 Annual Report

Breast Cancer Facts:

Most breast cancer is asymptomatic and presents as an abnormality on screening mammography. The second most common presentation is as a palpable lump in the breast, and less commonly as a new lump in the armpit. Rarely, breast cancer presents with signs and symptoms of distant spread to other organs (metastasis), and as frequently as new bony pain, liver failure or respiratory symptom.

According to the American Cancer Society Cancer Facts & Figures 2009-2010, Breast cancer is the second most common cancer for women, after skin cancer. It is also the second most fatal, after lung cancer. It accounts for 1 out of 4 cancers diagnosed in US women. One out of 8 women in the US will be diagnosed with breast cancer. One percent of all breast cancers are found in men.

2009-Five Most Prevalent Sites Seen at JFK

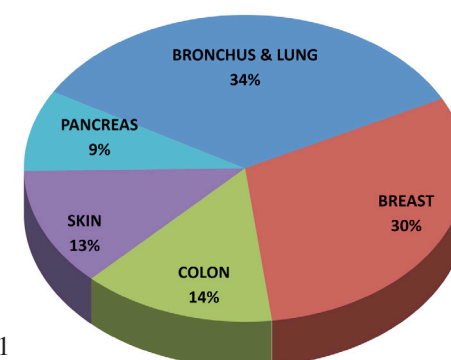


Fig. 1

At JFK Medical Center, breast cancer was the most commonly treated cancer in women. Of 256 breast cancer cases seen at JFK in 2009, 254 were in women and 2 were in men. While diagnosed only 1% of the time, men are much more likely to undergo total mastectomy than lumpectomy. Of 256 breast cancer patients, 30(12%) of patients had in situ carcinoma (stage 0, non-invasive), and 70(27%) had stage I disease, which is invasive cancer isolated to the breast, less than 2 cm. Approximately 22% of patients had more locally advanced disease; 38 patients had Stage II, and 20 patients Stage III. Only 10 patients (4%) had metastatic disease (Stage IV spread to other parts of the body). (See Figure 2-Distribution by Stage and Figure 3—5 Year Survival Analysis)

In 2009, an estimated 254,650 breast cancer cases were diagnosed in the US, with approximately 60% invasive breast cancer and 40% in situ carcinoma. Approximately 40,170

women and 440 men succumbed to the disease in 2009. However, there are approximately 2.5 million breast cancer survivors living in the US today.

Many women don’t know that the risk of breast cancer increases with age. Over 95% of breast cancer is diagnosed and 97% of deaths from breast cancer occur after age 40. Women in their 20’s have only 1.4 cases in 100,000, while women in their late 70’s have a rate of 442 per 100,000. The decreased incidence after age 80 may reflect a reduction in the rate of screening. At JFK in 2009, 93% of our patients were over age 40, with 55% over age 65, and 16% over age 80. (See Figure 4 –Distribution by Age)

White women have the highest incidence of breast cancer after age 45, while African American women have a higher incidence before age 45, and are more likely to die of the disease than white women. Both incidence and death rates are lower for Latina, Asian and other ethnic groups. At JFK in 2009, 83% of breast cancer patients were white, 9% were African American, 6% were Latina, and 2% were of other ethnic origin. (See Figure 5 –Distribution by Race/Ethnicity)

Breast Cancer Survival

The relative survival for all newly diagnosed breast cancer patients is 89% at five years, 82% after 10 years, and 75% at 15 years. Survival is related to stage at diagnosis. For patients with stage I (localized) disease, 5-year survival is 98%, while it drops to 84% for stage II & III (regional) disease, and to 24% for stage IV (distant, metastatic) disease. For patients with <1 cm cancer found on screening mammography prior to becoming palpable, the 10 year survival is 98%. As expected, survival rates at JFK Medical Center are also related to stage at diagnosis.

2009-Breast Cancer Distribution by Stage

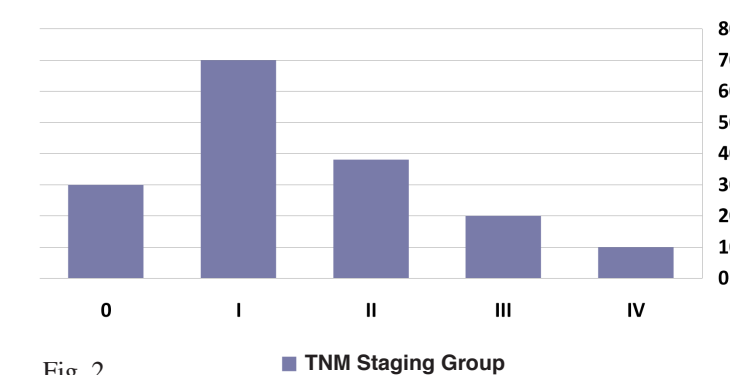


Fig. 2

2009-Breast Cases - Distribution by Age

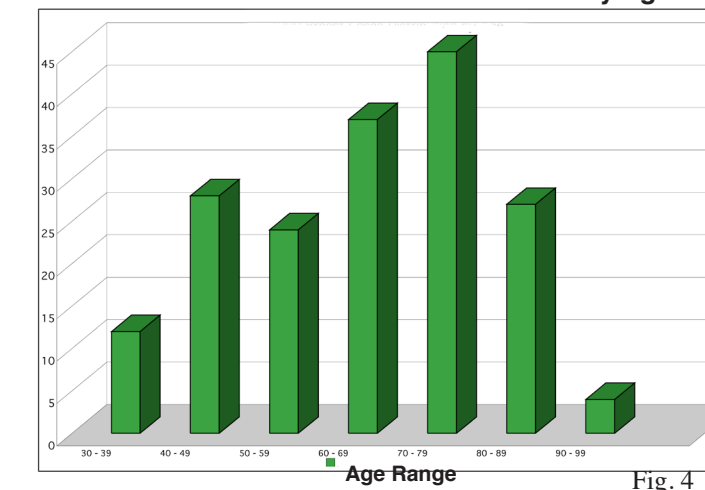


Fig. 4

Breast Cancer Risk Factors

- Female gender
- increasing age
- Obesity
- higher socioeconomic status
- Increasing height

Higher exposure to exogenous hormones (female hormonal medications)

- Recent oral contraceptive use within last 10 years
- Recent and long term use of combined hormone replacement therapy (estrogen & progesterone)

Higher exposure to endogenous hormones (native estrogen)

- Early first menses (menarche)
- No or fewer full term pregnancies
- Late first full term pregnancy
- Never breast fed a child
- Late menopause
- Higher post menopausal bone density
- Increased post-menopausal breast density on mammography
- alcohol consumption
- First degree relative (mother, daughter, sister) with breast cancer
- Prior history of breast biopsy showing atypical hyperplasia or lobular neoplasia
- Personal history of breast cancer, endometrial cancer or ovarian cancer
- Ashkenazi Jewish heritage
- Known genetic pre-disposition (BRCA 1 or 2, p53, Lynch Syndrome, ATM)
- Prior radiation to the chest wall

Fewer than 5% of all breast cancers are related to known genetic mutations. 70% of women who present with breast cancer have no know risk factor other than their gender.

Breast Cancer Screening

At the end of 2009, the U.S. Preventive Services Task Force (USPSTF), made several controversial recommendations:

- For women aged 50 to 74 years, USPSTF recommended biennial (every other year) screening mammography
- For women under age 50, USPSTF stated that the decision to start regular, biennial screening mammography should be an individual one and take patient context into account, including the patient’s values regarding specific benefits and harms.
- For women over age 75, USPSTF concluded that the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.
- USPSTF recommended against teaching breast self examination (BSE).
- USPSTF concluded that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.
- USPSTF also concluded that the current evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film mammography as screening modalities for breast cancer.

2009-Breast Cancer Distribution by Race/Ethnicity

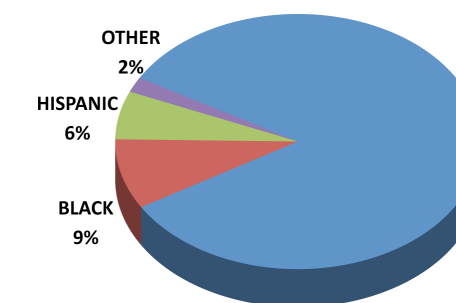


Fig. 5

By January 2010, The American College of Radiology, the American Society of Breast Surgeons, the American Society of Breast Disease, and the American Cancer Society quickly responded with position statements, arguing for continued annual screening mammography beginning at age 40 until an age at which both the patient and her doctor agree that screening should end. All of these respected organizations recommended continued annual breast clinical exams over age

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