



ANNUAL REPORT
REFLECTING 2007
Data & Activities



Gulf Coast
Cancer Institute

Accredited by the American College
of Surgeons Commission on Cancer

More People Are Saying, “I’m A Cancer Survivor.”

Today, more people are saying this powerful statement than ever before thanks in large part to new technologies and treatments. Advances in diagnostic technology like the PET/CT allow doctors to diagnose cancer earlier than ever before. Cancer treatments like Intensity Modulated Radiation Therapy (IMRT) let doctors precisely focus radiation where it has the maximum impact on cancer cells while leaving healthy tissue intact. As a radiation oncologist who has spent more than 20 years diagnosing and treating cancer patients, it is encouraging to see the number of cancer survivors growing.

Here in Bay County, through the Gulf Coast Cancer Institute (GCCCI), we have a local example of how a multi-specialty, collaborative partnership is saving lives. Formed three years ago, the GCCCI is a partnership between Gulf Coast Medical Center and the Gulf Coast Cancer Treatment Center (GCCTC) and includes the medical oncologists on staff at the hospital and the radiation oncologists on staff at GCCTC.

Through GCCCI, patients have access to national clinical trials, breakthrough diagnostic technology, and innovative surgical, radiation and chemotherapy treatments. In addition, our cancer registry is responsible for collecting comprehensive data on all our patients, providing demographic, diagnostic, treatment, and long-term follow up information.

Through our monthly cancer conferences, local physicians and clinicians involved in oncology care work together to establish and review quality indicators and share best practices to improve the quality of care we provide our patients.

The result of this collaboration is a cancer program that is accredited by the American College of Surgeons Commission on Cancer (CoC). During our most recent survey, we were accredited with commendation. This is a significant achievement in that only one in four hospitals that treat cancer receives this special approval.

The focus of this year’s report is cancers of the head and neck. Dr. James Beggs’s report underscores the debilitating impact tobacco products have on the body. But for smokers who want to quit, there is hope. Our profile of Donna Brill on page ten highlights one person’s courageous fight to quit smoking and how she found help through Gulf Coast Medical Center’s smoking cessation program. Also detailed in our report is an overview of the major services provided through the Gulf Coast Cancer Institute.

I want to thank my colleagues for their continued dedication to expanding access to high quality cancer care in our area and continually working to improve diagnostic and treatment options available to our patients. We are proud of the fine efforts made by our individual physician practices, which are helping an overwhelming majority of Bay County-area patients receive treatment locally.



Jefferson M. Trupp, MD, FACRO

A handwritten signature in black ink that reads "Jeff Trupp". The signature is written in a cursive, flowing style.

Jefferson M. Trupp, MD, FACRO

Chairman

Cancer Committee

Gulf Coast Cancer Institute

2007 ANNUAL REPORT

Our Vision

The vision of the Gulf Coast Cancer Institute is to be the region's premier provider of cancer services by delivering expert, concerned care while advancing the diagnosis, treatment, cure, prevention and understanding of cancer through education and research.

We accomplish this through:

- Advanced Technology
- Clinical Competency
- Clinical Trials
- Community Education/Support
- Program Certification

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Our PHYSICIANS



David B. Hurst, MD, DMD, FACRO
 Board Eligibility: Radiation Oncology
 Medical School: Medical College of Georgia
 Residency: Naval Hospital, San Diego, CA
 Memberships: American Society for Therapeutic Radiology and Oncology; American College of Radiation Oncology; Fellow of the American College of Radiation Oncology



Syed K. Mahmood, MD
 Board Certification: Hematology and Oncology
 Medical School: Khyber Medical College
 Residency: Mt. Sinai Hospital - Internal Medicine
 Fellowships: Henry Ford Hospital - Oncology
 Wayne State - Hematology
 Memberships: American Board of Internal Medicine



Fernando C. Malamud, MD
 Board Certification: Internal Medicine and Oncology
 Medical School: Universidad Nacional De Rosari
 Residency: Texas Tech University
 Internal Medicine
 Fellowships: University of Mississippi
 Oncology
 University of Utah Hematology and Oncology
 Memberships: American Board of Internal Medicine



John J. Nanfro, MD
 Board Certification: Hematology and Oncology
 Medical School: Albany Medical College
 Residency: Naval Hospital, San Diego
 Internal Medicine
 Fellowship: Naval Hospital, San Diego
 Hematology and Oncology
 Memberships: American College of Physicians



Yahia Rahim, MD
 Board Eligibility: Hematology and Oncology
 Medical School: University of Aleppo, Syria
 Residency: University of Alberta - Pediatrics
 Fellowship: Emory University - Pediatric Hematology and Oncology
 Memberships: American College of Physicians



Jefferson M. Trupp, MD, FACRO
 Board Certification: Radiation Oncology
 Medical School: University of South Florida
 College of Medicine
 Residency: Duke University Medical Center
 Memberships: American Society of Therapeutic Radiology and Oncology; American College of Radiation Oncology; Alabama Society of Radiation Oncology; American College of Radiology; American Medical Association; and the Medical Association of the State of Alabama

Our SERVICES

New technology and treatments only tell part of the story in the fight against cancer. Clinical trials, laboratory research, community education, and a variety of other efforts are part of the ongoing work to better understand the more than 200 forms of cancer. The result is there are more cancer survivors today than ever before. Following is a brief description of some of the most significant technologies, surgical and non-surgical options, and services available through the Gulf Coast Cancer Institute.

B-MODE ACQUISITION AND TARGETING (BAT)

Prostate cancer is the most common type of cancer in men in Bay County. Until the development of BAT technology, the challenge in treating the disease with radiation was the targeted area moved as the prostate gland shifted. The risk of radiating healthy tissue was high. Now, with the use of BAT, oncologists are able to use ultrasound technology to monitor the movement of the prostate gland and direct higher dose radiation at the cancer and provide more protection for the surrounding healthy tissue.

BRACHYTHERAPY

Brachytherapy is a minimally invasive procedure where the doctor implants tiny permanent radioactive seeds (about the size of a grain of rice) into the prostate where they irradiate the cancer from inside the

gland. The implanted seeds are small enough that they will not be felt by the patient. Brachytherapy is also referred to as interstitial radiation therapy or seed implant therapy. Seed implantation is an effective treatment for men with localized prostate cancer. Seed implantation requires no surgical incision and offers men a short recovery time. Brachytherapy can be an outpatient procedure, and most men go home the same day as their treatment. Additionally, most men can return to their normal activities a few days after treatment.

CANCER CONFERENCE

Cancer research takes place in more places than the laboratory. At Gulf Coast Medical Center, bi-monthly cancer conferences provide oncologists, pathologists, radiologists, surgeons and other specialists the opportunity to discuss specific cancer cases. David Rosenthal, MD, who is Director of Head and Neck Translational Research at M.D. Anderson Cancer Center, says, "Cancer

conferences, like those held at Gulf Coast Medical Center, play an important role in improving treatments for cancer patients. It's part of cancer research that occurs on the local level."

COMMUNITY EDUCATION

Gulf Coast Medical Center was recognized by the American Cancer Society with the first-ever *Lifesaver Award* for their efforts in colon cancer awareness and early detection education.

Additionally, the hospital's participation in the annual American Cancer Society Relay for Life event, prostate education

programs and partnerships with local media give the hospital frequent opportunities to promote cancer education.



IGRT

Tumors are not stationary, unchanging targets; they move between and during treatments. Image Guided Radiation Therapy (IGRT) uses ultrasound images to create three-dimensional images that pinpoint the exact size, location and coordinates of the tumor. In the past, oncologists have had to compensate for tumor movements by making the radiation beam larger, exposing a significant volume of healthy tissue to radiation. This increased precision allows for higher doses of radiation - ultimately leading to higher cure rates.

IMRT

Intensity Modulated Radiation Therapy (IMRT) is a type of conformal radiation, which shapes radiation beams to closely approximate the shape of the tumor. With IMRT, radiation oncologists are able to target with pinpoint preciseness high doses of radiation on cancer cells. As a result,

surrounding, healthy tissue is spared to a degree that wasn't possible in the past.

INFUSION/CHEMOTHERAPY

Patients needing infusion have a number of local resources that provide them the flexibility they need to have their cancer treatment needs met. The Gulf Coast Medical Center Infusion Suite provides outpatient therapies including intravenous hydration and transfusion therapy. The area's medical oncologists provide outpatient chemotherapy treatment.

NEW TARGETED DRUG THERAPIES

One of the most promising new areas of cancer research involves targeted drug therapies. While conventional cancer treatments such as radiation and chemotherapy can't distinguish between cells that are cancerous and those that are not, researchers are developing new forms of medical treatment - called targeted therapies - that can take aim at the cancerous cells only,

while sparing the healthy cells. By targeting the pathways that contribute to a tumor's growth and development, these targeted treatments are able to fight the tumor from the most basic cellular level.



PET/CT

The impact of PET/CT on cancer diagnosis and treatment is significant. By combining Positron Emission Tomography (PET) and Computed Tomography (CT), physicians can view a three-dimensional image of abnormalities in tissue growth earlier than ever before. As a result of the technology, physicians are better enabled to distinguish if an abnormality is benign or malignant. Additionally, if treatment is necessary it can be started earlier in the disease process, which gives physicians more options to treat the disease.



Cancer of the Head and Neck

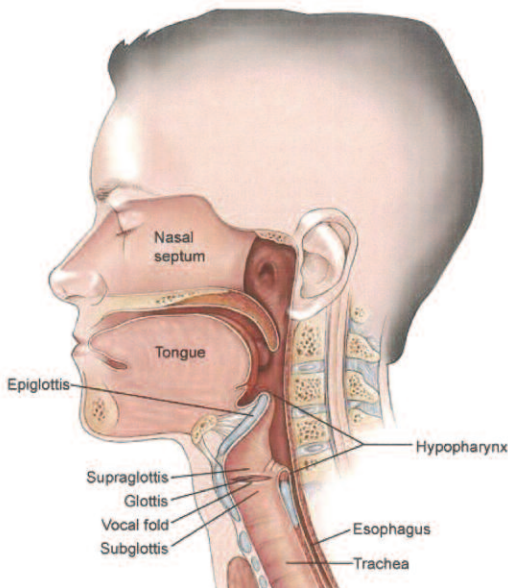
James Beggs, MD

We often take for granted the mundane, daily tasks of chewing and swallowing food; the pleasantries of an intimate conversation; and the very face we present the public. However, these actions represent the outward manifestation of an intricate, tightly woven system of muscle, tissue and bone that for most people is automatic and unnoticed until impairment forces the system into our consciousness. Unfortunately for more than 35,000 Americans this year, cancer of the head and/or neck will disrupt these simple, daily actions.



James Beggs, MD

Head and Neck cancers represent 4% of the total malignancies reported at Gulf Coast Medical Center from 1997-2007 and 3% of all newly diagnosed cases in the United States. The American Cancer Society estimates about 35,310 new cases of oral cavity and oropharyngeal cancer will be diagnosed in the United States in 2008. Though the prognosis for these cancers is excellent when caught early, more than half are identified in advanced stages when the prognosis is far worse, making prevention critical to saving lives.



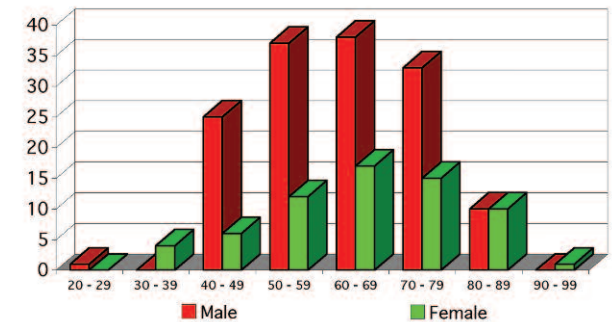
Cancer of the upper aero digestive track, more commonly referred to as cancers of the head and neck, include predominantly mucosa malignancies from the level of the clavicles at the base of neck extending superiorly to the dura mater at the skull base, an area unusual in its complex anatomical variety and extraordinary in its neuromuscular coordination, nasal cavity, sinuses, tongue, oropharynx, hypopharynx and larynx.

STUDY OVERVIEW

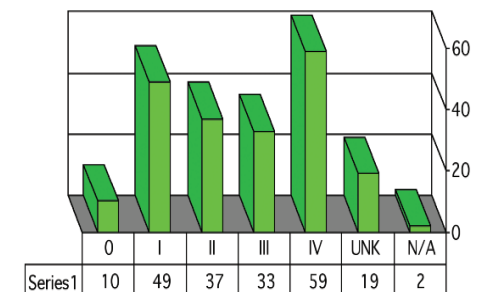
The 1997 - 2007 study included 209 head and neck cancers. More than half the patients were men (144 vs. 65 women). Also, nearly seventy-five percent of the patients were older than age 60.

AGE BY SEX GRAPH

Age Range	MALE	FEMALE
20 - 29	1	0
30 - 39	0	4
40 - 49	25	6
50 - 59	37	12
60 - 69	38	17
70 - 79	33	15
80 - 89	10	10
90 - 99	0	1
TOTALS	144	65



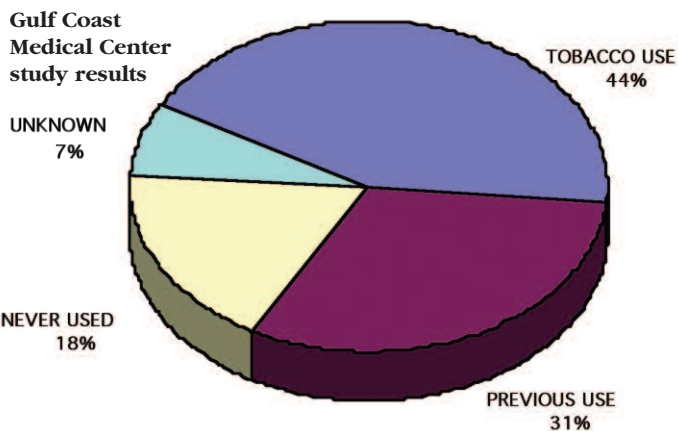
STAGE COMPARISON CHART



The majority of the cases, 59, were first diagnosed at Stage IV. Stage I cancers totaled 49 followed by 37 cases diagnosed at Stage II; 33 cases diagnosed at Stage III; 19 diagnosed Unknown; 10 at Stage 0; and 2 cases N/A.

RISK FACTORS FOR HEAD AND NECK CANCERS

Tobacco use (including smokeless tobacco, sometimes called “chewing tobacco” or “snuff”) and alcohol use are the most important risk factors for head and neck cancers, particularly those of the oral cavity, oropharynx, hypopharynx, and larynx. Eighty-five percent of head and neck cancers are linked to tobacco use. People who use both tobacco and alcohol are at greater risk for developing these cancers than people who use either tobacco or alcohol alone.



DIAGNOSING HEAD AND NECK CANCERS

Possible signs and symptoms of Head and Neck cancer can include:

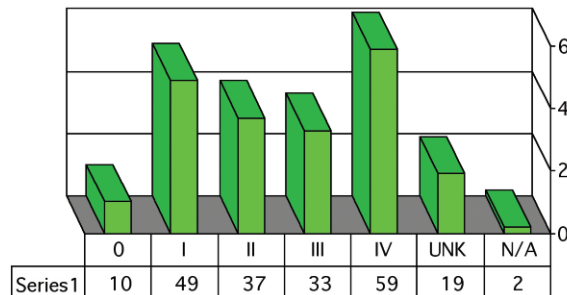
- A sore in the mouth that does not heal (most common symptom)
- Pain in the mouth that does not go away (also very common)
- A persistent lump or thickening in the cheek
- A persistent white or red patch on the gums, tongue, tonsil, or lining of the mouth
- A sore throat or feeling that something is caught in the throat that doesn't go away
- Trouble chewing or swallowing
- Trouble moving the jaw or tongue
- Numbness in the tongue or other area of the mouth

- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
- Loosening of the teeth or pain around the teeth or jaw
- Voice changes
- A lump or mass in the neck
- Weight loss
- Persistent bad breath

Many of these signs and symptoms can also be caused by less serious, benign problems, or even by other cancers. It is important to see a doctor or dentist if these conditions last more than two weeks. The sooner you receive a correct diagnosis, the sooner you can start treatment and the more effective your treatment will be.

TNM STAGE GRP DISTRIBUTION GRAPH

TNM STAGE GRP	Cases	Percent
0	10	4.78%
I	49	23.44%
II	37	17.70%
III	33	15.79%
IV	59	28.23%
UNK	19	9.09%
N/A	2	1%
TOTALS	209	100%



TNM Stage GRP Distribution Graph
Head and Neck Cancer
Gulf Coast Medical Center, 1997 - 2007

STAGING HEAD AND NECK CANCERS

The American Joint Committee on Cancer (AJCC) staging system is a standard way for doctors to describe and summarize how far a patient's cancer has spread. The outlook for chances of survival (prognosis) for people with cancer depends, to a large extent, on the cancer's stage. The stage is one of the most important factors in choosing treatment. Staging information is based on the diagnostic information which can include results of the physical exam, endoscopy, biopsy, surgery and imaging tests (CT scan, MRI, chest x-ray, and/or PET scans). The staging ranges from Stage I (early stage) to Stage IV (advanced stage).



TREATMENT OPTIONS FOR HEAD AND NECK CANCER

Treatment for Head and Neck cancer is often quite successful. Options include: radiation therapy alone for early stage cancers; a combination of radiation and chemotherapy for the more advanced cancers; and surgery followed by radiation and chemotherapy for the most advanced disease.

The real advances have been in the remarkable preservation of a patient's functional status following

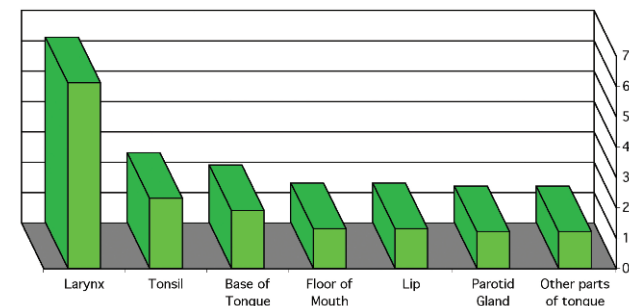
treatment. New radiation techniques combined with more advanced chemotherapy provide high cure rates with the avoidance of surgery. However, when surgery cannot be avoided, modern surgical techniques have made way for highly technical reconstruction restoring function following traditional surgical procedures.

HEAD AND NECK CANCER SURVIVAL/STAGE

The 5-year survival for all stages of head and neck cancer is 35% to 50%. This is believed to be due, in part, to late presentation. Five-year survival rates are dependant on stage and site of tumor, with stage I and II survival rates ranging from 40% to 95% and stage III and IV survival rates ranging from 0% to 50%. It is predicted that at least one third of all patients with head and neck cancer will ultimately die as a result of their disease. This 5-year mortality rate for head and neck cancer has not altered significantly in the last few decades, despite advances in treatment modalities. It could be concluded that the importance of patient education and regular screening by dentists and doctors should be emphasized if there is to be a shift in patient survival figures.

DISTRIBUTION – Site Code

SITE	Number of Cases
Larynx	61
Tonsil	23
Base of Tongue	19
Floor of Mouth	13
Lip	13
Parotid Gland	12
Other parts of tongue	12
Palate	10
Nasopharynx	8
Unspecified parts of mouth	7
Ill defined sites	5
Salivary Glands	4
Pyiform Sinus	3
Hypopharynx	3
Oropharynx	3
Accessory Sinuses	3
Gum	2



Our AWARDS

National Cancer Agencies Recognize Gulf Coast Cancer Institute

The members of the Gulf Coast Cancer Institute (GCCCI) are recognized by national organizations for the quality of care and range of services provided to cancer patients in Bay and surrounding counties. Awards include:



A Three-Year Award of Approval with Commendation from the American College of Surgeons Commission on Cancer (CoC). Only one in four hospitals that treat cancer receives this special approval. The CoC sets quality-of-care standards for cancer programs and reviews the programs to ensure they conform to those standards. Approval by the CoC is given only to those facilities that have voluntarily committed to providing the highest level of quality cancer care and that undergo a rigorous evaluation process and review of their performance.



The Gulf Coast Cancer Treatment Center's (GCCTC) Radiation Oncology program earned accreditation by the American College of Radiology (ACR) and is the only facility in Northwest Florida to earn the distinction. The ACR awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of its practice. Image quality and procedure evaluations are conducted by board-certified radiologists and medical physicists, who are experts in the field. The program also evaluates personnel qualifications, adequacy of facility equipment, quality control procedures and quality assurance programs. Accreditation by the ACR demonstrates a commitment to quality care and patient safety.



The Gulf Coast Cancer Treatment Center was recognized by the MD Anderson Cancer Treatment Center at the University of Texas for meeting national standards of care in Intensity Modulated Radiation Therapy (IMRT). IMRT is a more accurate means of delivering high doses of radiation.



Todd Gallati
*President/CEO
Gulf Coast
Medical Center*

Gulf Coast Medical Center CEO Todd Gallati says, "The announcements are encouraging in that they validate the hard work of our physicians and staff who are dedicated to providing expert, world class cancer care in our community." Gallati says the Commission on Cancer accreditation is especially important because it compares Gulf Coast Medical Center's cancer program with hospitals around the country. "The news should give patients and their family's confidence in the quality and variety of cancer services available locally."

My STORY

“I quit!” Donna Brill says these words as both a declaration and a celebration when she recalls her victory over tobacco. It was a battle that took more than 30 years to win, but it was won.

“I started smoking when I was 12,” says Brill. “Like most kids that age, I thought it was the cool thing to do.” What started out as “something to do” turned into a two-pack-a-day habit that became as much a part of her day as breathing.

“I tried going ‘cold turkey’, but it didn’t work.” What finally lit Donna’s determination to quit was her mother-in-law, who was dying from lung cancer. “Her last wish was that every member of her family who smoked would quit. That is what motivated me to finally quit.”

“I never would have made it without the support and encouragement I received from classmates in the smoking cessation class.”

—Donna Brill

Unaware of Donna’s desire to quit smoking, co-worker Jo Chonko, Director of Human Resources at Royal American Management in Panama City, sent an email to employees about a seven-week smoking cessation program offered by Gulf Coast Medical Center. For Donna, it was the classic intersection of need and opportunity.

The hospital’s smoking cessation class is part of a larger employer health program developed by Gulf Coast Medical Center called Commit to Fit. Coordinated by Debra Jennings, RN, the program offers businesses a wide variety of health initiatives. Jennings says, “The response we’ve had from the business community is very supportive. Employers and employees appreciate the fact that we bring the Commit to Fit program to the workplace. It’s very convenient.”

Donna celebrated her one year smoke free anniversary on July 25, 2008. “I never would have made it without the support and encouragement I received from classmates in the smoking cessation class.”

She estimates kicking the tobacco habit has already saved her more than \$800. Additionally, she exercises regularly and feels better than she has in decades. “I was on vacation recently in Mexico and was able to climb the Mayan Ruins. The only reason I was able to climb all of the stairs is that I had quit smoking. It felt great.”



Royal American Management’s Donna Brill (r) is one of the growing number of Bay County employees who’ve successfully completed Gulf Coast Medical Center’s smoking cessation program. The seven-week program is taught by Debra Jennings, RN, the hospital’s community health educator.

Our Partnership

**Commitment.
Encouragement.
Resources.**

As part of its commitment to help smokers kick the habit, Gulf Coast Medical Center is participating in the QuitLine, the Florida Tobacco Quit-For-Life Line. The program is a free service offering individualized counseling and support to Florida residents who are ready to quit tobacco.

By calling **1-877-U-CAN-NOW** (1-877-822-6669), residents in Bay County will be directed to the hospital’s smoking cessation program.

Debra Jennings, RN, leads the program for Gulf Coast Medical Center. She says, “Commitment, encouragement and resources are very important to those trying to quit smoking. In our community, I’m meeting more people who are determined quit. A lot of this is due to resources that are available locally.”

CANCER Registry

Data Summary - 2007

The total number of cases entered into the registry was 433. Highlights of this year's registry are:

- The cases were nearly evenly distributed between women (217) and men (216).
- Prostate cancer was the number one diagnosed cancer in men.
- Breast cancer was the number one diagnosed cancer in women.
- Gulf Coast Medical Center's incidence of lung/bronchus cancer is higher than both the state and national average.

Incidence Comparison Analytical Cases*			
SITE	National	GCMC	Florida
Breast	17%	11%	12%
Colorectal	12%	11%	11%
Lung/Bronchus	13%	16%	15%
Prostate	9%	15%	15%
Melanoma	7%	4%	4%

*American Cancer Society Cancer Facts and Figures

DISTRIBUTION – Top Sites by Sex*		
SITE	MALE	FEMALE
Breast	0	75
Lung/Bronchus	35	22
Prostate	38	0
Colorectal	27	25
Melanoma	21	11

*Total number of cases

CANCER INCIDENCE AT GCMC IN 2007						
SITES	TOTAL	%	ANALYTIC	NON-ANALYTIC	MALE	FEMALE
BREAST	75	17.32%	56	19	0	75
LUNG/BRONCHUS	57	13.16%	30	27	35	22
COLORECTAL	52	12.01%	39	13	27	25
PROSTATE	38	8.78%	27	11	38	0
MELANOMA	32	7.39%	29	3	21	11
BLADDER	24	5.54%	17	7	21	3
NON-HODGKIN'S	17	3.93%	10	7	9	8
LEUKEMIA	17	3.93%	4	13	9	8
THYROID	16	3.70%	15	1	2	14
ORAL CAVITY	12	2.77%	4	8	9	3
KIDNEY/RENAL	10	2.31%	9	1	7	3
UNKNOWN PRIMARY	8	1.85%	8	0	4	4
LIVER	7	1.62%	3	4	6	1
STOMACH	7	1.62%	6	1	4	3
PANCREAS	6	1.39%	2	4	1	5
LARYNX	6	1.39%	4	2	5	1
CORPUS UTERI	6	1.39%	5	1	0	6
OTHER DIGESTIVE SYSTEM	6	1.39%	3	3	2	4
CERVIX UTERI	6	1.39%	3	3	0	6
OTHER BLOOD & BONE MARROW	5	1.15%	0	5	3	2
MULTIPLE MYELOMA	5	1.15%	1	4	2	3
OVARY	4	0.92%	1	3	0	4
HODGKIN'S DISEASE	4	0.92%	4	0	2	2
CONNECT/ SOFT TISSUE	4	0.92%	4	0	2	2
ESOPHAGUS	3	0.69%	1	2	2	1
TESTIS	2	0.46%	1	1	2	0
BONE	1	0.23%	0	1	1	0
SKIN OTHER	1	0.23%	1	0	1	0
NASAL/SINUS	1	0.23%	0	1	0	1
OTHER RESPIRATORY	1	0.23%	0	1	1	0
TOTAL	433	100.00%	287	146	216	217

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

Analytic - cases diagnosed and/or receiving all or the first course of therapy at Gulf Coast Medical Center.

Non-analytic - cases diagnosed and received all or part of the first course of therapy elsewhere.



449 W.23rd Street
Panama City, FL 32405
(850) 747-7123

2100 State Avenue
Panama City, FL 32405
(850) 763-0036