



Together, We Can.
*Collaborating, Supporting & Partnering
to Heal the Mind, Body & Spirit*

2011 Annual Report
Presenting 2010 Statistics

 **FLAGLER**
HOSPITAL
ST. AUGUSTINE

Cancer Institute

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Chairman's Report



It is my great pleasure to present 2011 Annual Report of the Flagler Hospital Cancer Institute. This report summarizes the cancer program activities for the past year and presents 2010 statistical data from Flagler Hospital's cancer registry.

Nationally, there are an anticipated 1.6 million patients expected to be diagnosed with cancer in 2011 with almost 600,000 deaths expected. The most recent national statistics suggests that there have been major improvements in survival over the past 30 years, but obviously, we have a long way to go.

The Flagler Hospital Cancer Institute was formally organized in 1999 and received its first accreditation by the American College of Surgeons Commission on Cancer in 2002. To date, there have been 7,257 patients entered into Flagler's cancer registry. Up-to-date follow up information is maintained on 97% of patients. The population of north Florida includes tourists, seasonal residents, and others who may only live here temporarily. Therefore, obtaining treatment and follow up information on these patients is difficult. Credit goes to the registry staff for their relentless efforts to maintain accurate data.

In 2010, a total of 721 cancer patients were accessioned by the cancer registry staff. Of these, 520 were considered analytic, meaning that both the diagnosis and treatment occurred at Flagler Hospital's Cancer Institute. The Commission on Cancer recommends that each cancer program routinely review the five most commonly diagnosed cancers at their site and analyze one type of cancer in detail. For 2010, the five most commonly

diagnosed cancers at Flagler Hospital were colorectal, breast, lung, lymphoma and brain. Lung cancer is usually the most commonly diagnosed cancer at Flagler Hospital, followed closely by breast cancer. Colorectal cancer is generally third. The fourth and fifth most common cancers vary from year to year and include kidney, bladder, prostate, and non-Hodgkin lymphoma. We chose to perform a focused analysis of our lymphoma patients this year.

The Flagler Hospital Cancer Institute had a number of accomplishments this year. Two new diagnostic modalities were added, Super Dimension and endobronchial ultrasound (EBUS). These state of the art procedures allow lung tumors to be diagnosed at a much earlier and more treatable stage and allow for more accurate treatment recommendations.

Another highlight for the year was the opening of the Bailey Family Center for Caring. The 12-bed, 11,700-square-foot facility is designed to meet end-of-life care needs of hospice patients in St. Augustine and the surrounding communities. Since its opening, the Center has remained near full capacity.

These are only a few of the achievements for the past year. The pages that follow are a snapshot of the efforts of many individuals who work, in collaboration, to form a successful cancer program. I feel privileged to represent this team and sincerely wish to thank all those who strive to provide the best cancer care available. I look forward to the upcoming year.

Respectfully submitted,

Marc A. Warmuth, MD
Hematology/Medical Oncology



About Flagler Hospital

Flagler Hospital is a 335 bed, acute care hospital that has been ranked among the top 5% of all hospitals in the nation for both clinical excellence and patient safety for the past six consecutive years and was named one of America's 50 Best Hospitals by HealthGrades in 2011. The hospital has operated as a not-for-profit healthcare institution in St. Augustine, Florida since its founding in 1889.

Flagler has earned the Commission on Cancer's Outstanding Achievement Award and was Northeast Florida's first hospital to receive the ANCC Magnet hospital award. In recent years, the hospital has earned accreditation from the Society of Chest Pain Centers, the Gold Seal of Approval™ from The Joint Commission for Primary Stroke Care Centers and Center of Excellence Designation for its Bariatric Surgery Center.

Cancer Education & Support

The Cancer Education and Support Center (CESC) at Flagler Hospital provides patients and their families with access to the latest information about their specific type of cancer, and connects them with others who can help them through their cancer journey. Additionally, the CESC provides patients with the opportunity to utilize the patient library and wig and prosthesis lending closet. Numerous support groups are also available to patients and their families through the CESC.



In 2011, the CESC showed significant growth by increasing the number of classes and support groups available for cancer patients and their families such as the new Lung Cancer Support group. Numerous patients and their families participated in the many wellness classes and support groups offered by the CESC, during which they were provided with the latest cancer-related education and information. The wellness classes and support groups were held on a monthly basis in the CESC and were open to all cancer patients and their families free of charge. Throughout 2011, 81 classes were offered to 361 people on various topics including: All About Scarves, Art Journaling, Ask the Therapist, Fun Art Class, Humor Therapy, Kripalu Yoga, Kundalini Yoga, Qi-Gong, Tai-Chi, Why Spiritual Direction?, and Yoga for Healing.

Significantly, during 2011, the Cancer Education and Support Center also offered several cancer prevention and early detection educational activities in various settings throughout the St. Johns County community, free of charge. For example, during Cervical Cancer Awareness Month (January), the CESC partnered with the Flagler Hospital Health Academy at Pedro Menendez High School to provide Cervical Cancer information to high school students. The Pedro Menendez High School Health Academy students also partnered with the CESC team to distribute water, sunscreen and skin cancer information on

National "Don't Fry Day" during Skin Cancer Awareness Month (May). Another key CESC community educational initiative occurred during Colon Cancer Awareness Month (March). Community members were invited to attend a Colorectal Cancer Awareness program at Flagler Hospital during which they had the opportunity to speak individually with a gastrointestinal physician. Also, the CESC collaborated with local community organizations such as the Northeast Florida Community Action Agency, Inc.

to provide breast cancer awareness and prevention information at various community events throughout Breast Cancer Awareness Month (October).



Right: Patients enjoy a traditional "high tea" at Flagler Hospital, sponsored by the Cancer Education & Support Center.

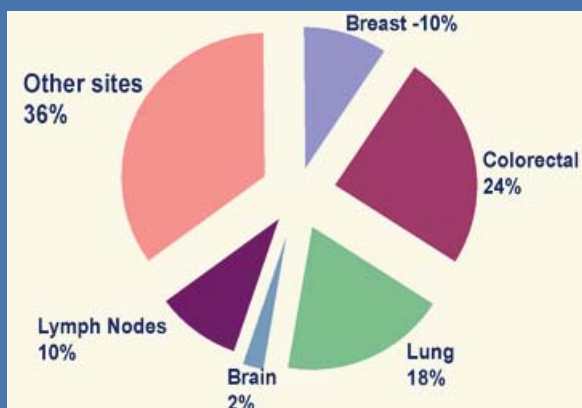
2010 Oncology Conferences

Hospital-wide Multidisciplinary Oncology Conferences

Patient specific case reviews during the tumor board sessions are an integral part of cancer care delivery at Flagler Hospital. The conferences occur on the second and fourth Wednesday of every month and are multidisciplinary in nature whereby initial work up, diagnosis and treatment is discussed; patients may also be re-represented to discuss any changes in treatment management, or issues affecting quality of life. The conferences also provide educational opportunities for physicians, as well as allied health professionals as evidenced by the pre and post question and answer session conducted before and after the meetings.

The multidisciplinary group of physicians review patient specific information and evaluate radiological as well as pathological findings; the clinical or working stage is reviewed and derived when applicable, which enables the team to arrive at the most appropriate treatment recommendations according to nationally established guidelines.

As seen in the graph below, the facility-wide conference encompasses a wide variety of sites, including the most frequently diagnosed and/or treated at Flagler Hospital. During the reporting year, a total of 82 cases were presented, and of those 91% were brought forth for prospective review.



Site Specific Conference: Interdisciplinary Breast Cancer Conference

The Interdisciplinary Breast Cancer Conference was continued in 2010. All conferences were facilitated by Patient Navigator, Cathy Conner, RN, BSN, BA, CBCN®. Twenty-three Interdisciplinary Breast Cancer Conferences were held and 107 newly-diagnosed breast cancer cases were presented to a panel of physicians for review of films, slides, and reports related to each case. Patients presented at each conference received a comprehensive treatment plan, resulting from the multiple opinions of physicians attending the conference.

Advancements in Lung Cancer Detection & Treatment

As the leading cause of all cancer-related deaths among both men and women in the U.S., earlier detection along with accurate diagnosis of lung cancer is critical to patient care. Understanding the stage of lung cancer is important to both you and your doctor because it guides the doctor to determining the most appropriate treatment options. Today, Flagler Hospital is using the latest technology for diagnosing and staging lung cancer.

Traditionally, bronchoscopy is known as a minimally invasive, standard procedure for providing a diagnosis and staging for lung cancer. During a bronchoscopy, a physician uses an instrument, called a bronchoscope – a long, thin tube with a high resolution camera, which obtains and transmits images to a video monitor – to visualize the airways of the lungs and obtain samples of lung tissue to determine why a patient is experiencing specific symptoms. Another alternative is to undergo a surgical procedure, known as mediastinoscopy, where the physician makes an incision and inserts a scope and sampling tools to obtain a diagnosis. The primary benefit of bronchoscopy is that it is a minimally invasive approach to diagnosing and staging lung cancer, while the benefit of diagnostic surgery (mediastinoscopy) is the ability to obtain samples with greater reliability.



Now, we have both – a minimally invasive, more reliable method – with the advent of the Endobronchial Ultrasound (EBUS) bronchoscope from Olympus, designed specifically for diagnosing and staging cancer in the lung. The new EBUS bronchoscope from Olympus has an innovative design that incorporates bronchoscopic (direct visualization of the tissue) and ultrasound imaging capability with a dedicated biopsy (sampling) needle. These technical advancements have made many areas in the chest easier to reach, providing a more reliable, less invasive method over mediastinoscopy that is proven to be accurate and effective in the diagnosis and staging of lung cancer.

If you or your loved one is experiencing symptoms, you want to know that you are getting the best care. Flagler Hospital is using EBUS for diagnosis and to determine the best treatment plan for each patient. By using the latest, most innovative technology, we can more accurately diagnose and stage lung cancer, and avoid more invasive diagnostic surgical procedures. By having a non-surgical outpatient procedure instead of mediastinoscopy, we can speed recovery time, and lower the risk of complication and potential risk of infection.

Left: Robert O'Connor, CST reviews images on the EBUS in one of Flagler Hospital's outpatient suites.



Lung Navigation Technology Serves as “GPS”

Flagler Hospital also now offers a procedure called Electromagnetic Navigation Bronchoscopy (ENB) that offers patients a minimally invasive option to locate, enable biopsy and plan treatment for a spot detected deep in the lung.

Flagler is one of the first in the area to provide the superDimension i-Logic System as an option for patients who have learned they have a hard to reach lesion on their lung. The ENB procedure combines GPS-like technology with a catheter-based system that uses the patient’s natural airways to access lesions that were previously hard to reach. Typically, a patient with a spot on their lung had the options of major surgery to remove a section of the lung, bronchoscopy (which does not reach lesions deep in the lung), needle biopsy, or watchful waiting.

Did You KNOW?

Thirty percent of all cancer deaths, including 87 percent of lung cancer deaths, can be attributed to tobacco? In cooperation with Florida AHEC, Flagler Hospital offers free smoking cessation classes – Quit Smoking Now. The program was designed by an ex-smoker, and is led by a trained facilitator, who guides participants through the many issues related to quitting smoking, including:

- Coping with anger, sleep problems, and cravings, which are common for those who quit smoking
- Managing stress
- How physical activity and healthy food choices can make quitting smoking easier
- How to prevent relapse (taking up smoking again)
- What to do when friends and family who smoke around
- Identifying and controlling smoking/tobacco triggers.

For more information contact the Flagler Wellness Center at 904-819-4338



Thirty four-year-old John Banks knew his long-time habit of smoking at least a pack and a half of cigarettes a day was one that he needed to kick. After looking into several different programs, John’s father recommended that he try the smoking cessation program at Flagler Hospital.

Quit Smoking Now is a free course developed by ex-smokers for those who want to become ex-smokers themselves. The group sessions take place in the Flagler Wellness Center once a week, for one hour, over a six week period and times change according to patient requests. Each week covers a different topic such as nicotine replacement therapy, stress reduction and relaxation techniques and identifying smoking triggers. Written material is provided, a toll free Quit Line is available, and people can re-enter the program as many times as necessary.



John says that much of what he learned in the class helped him see all the negatives of his habit more clearly and also reinforced the fact that there was absolutely no benefit to smoking.

“I used to feel stressed and thought that stepping outside for a cigarette would alleviate that, but this class helped me see that you don’t really solve a problem by walking away and having a smoke.”

John, who smoked more than a pack a day for over 8 years, quit cold turkey after his first day of class nearly six months ago and hasn’t looked back.

“I quit for my own health and also for my family’s health,” Banks said. “I knew that the smoking wasn’t good for me – and it was also not good for my nieces and nephews to be around.”

PRIMARY SITE TABULATION - 2010-ANALYTIC

PRIMARY SITE	TOTAL	CLASS A	GENDER			COLLABORATIVE STAGE GROUP					N/A
			M	F	0	I	II	III	IV	UNK	
SITES	520	520	209	311	41	128	74	83	93	23	78
ORAL CAVITY	8	8	6	2	0	2	2	1	2	0	1
LIP	1	1	1	0	0	0	0	0	1	0	0
TONGUE	2	2	2	0	0	0	1	0	1	0	0
OROPHARYNX	0	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0
OTHER	5	5	3	2	0	2	1	1	0	0	1
DIGESTIVE SYSTEM	94	94	49	45	3	17	18	20	23	8	5
ESOPHAGUS	1	1	0	1	0	0	0	0	0	1	0
STOMACH	10	10	7	3	0	2	1	2	3	1	1
COLON	42	42	19	23	1	7	13	13	7	1	0
RECTUM	11	11	6	5	0	4	2	4	0	1	0
ANUS/ANAL CANAL	2	2	0	2	1	0	1	0	0	0	0
LIVER	7	7	4	3	0	1	0	1	3	2	0
PANCREAS	9	9	8	1	0	1	0	0	6	2	0
OTHER	12	12	5	7	1	2	1	0	4	0	4
RESPIRATORY SYSTEM	110	110	58	52	0	25	1	33	44	4	3
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0
LARYNX	1	1	1	0	0	1	0	0	0	0	0
LUNG/BRONCHUS	108	108	56	52	0	24	1	33	44	4	2
OTHER	1	1	1	0	0	0	0	0	0	0	1
BLOOD & BONE MARROW	16	16	5	11	0	0	0	0	0	0	16
LEUKEMIA	7	7	1	6	0	0	0	0	0	0	7
MULTIPLE MYELOMA	5	5	3	2	0	0	0	0	0	0	5
OTHER	4	4	1	3	0	0	0	0	0	0	4
BONE	0	0	0	0	0	0	0	0	0	0	0
CONNECT/SOFT TISSUE	1	1	1	0	0	0	0	0	0	1	0
SKIN	12	12	9	3	2	3	1	2	2	2	0
MELANOMA	11	11	8	3	2	3	0	2	2	2	0
OTHER	1	1	1	0	0	0	1	0	0	0	0
BREAST	112	112	1	111	24	50	23	9	3	3	0
FEMALE GENITAL	27	27	0	27	1	10	0	5	5	1	5
CERVIX UTERI	3	3	0	3	0	1	0	2	0	0	0
CORPUS UTERI	12	12	0	12	0	8	0	2	2	0	0
OVARY	7	7	0	7	0	1	0	1	3	1	1
VULVA	1	1	0	1	1	0	0	0	0	0	0
OTHER	4	4	0	4	0	0	0	0	0	0	4
MALE GENITAL	27	27	27	0	0	0	20	2	2	3	0
PROSTATE	24	24	24	0	0	0	20	1	2	1	0
TESTIS	2	2	2	0	0	0	0	0	0	2	0
OTHER	1	1	1	0	0	0	0	1	0	0	0
URINARY SYSTEM	27	27	17	10	11	8	2	3	2	1	0
BLADDER	16	16	13	3	11	4	1	0	0	0	0
KIDNEY/RENAL	11	11	4	7	0	4	1	3	2	1	0
OTHER	0	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	31	31	14	17	0	0	0	0	0	0	31
BRAIN (BENIGN)	4	4	2	2	0	0	0	0	0	0	4
BRAIN (MALIGNANT)	8	8	5	3	0	0	0	0	0	0	8
OTHER	19	19	7	12	0	0	0	0	0	0	19
ENDOCRINE	16	16	4	12	0	8	4	0	1	0	3
THYROID	13	13	3	10	0	8	4	0	1	0	0
OTHER	3	3	1	2	0	0	0	0	0	0	3
LYMPHATIC SYSTEM	24	24	12	12	0	4	3	8	9	0	0
HODGKIN'S DISEASE	2	2	2	0	0	0	0	0	2	0	0
NON-HODGKIN'S	22	22	10	12	0	4	3	8	7	0	0
UNKNOWN PRIMARY	11	11	4	7	0	0	0	0	0	0	11
OTHER/ILL-DEFINED	4	4	2	2	0	1	0	0	0	0	3

Registry Report / 2010 Data Analysis

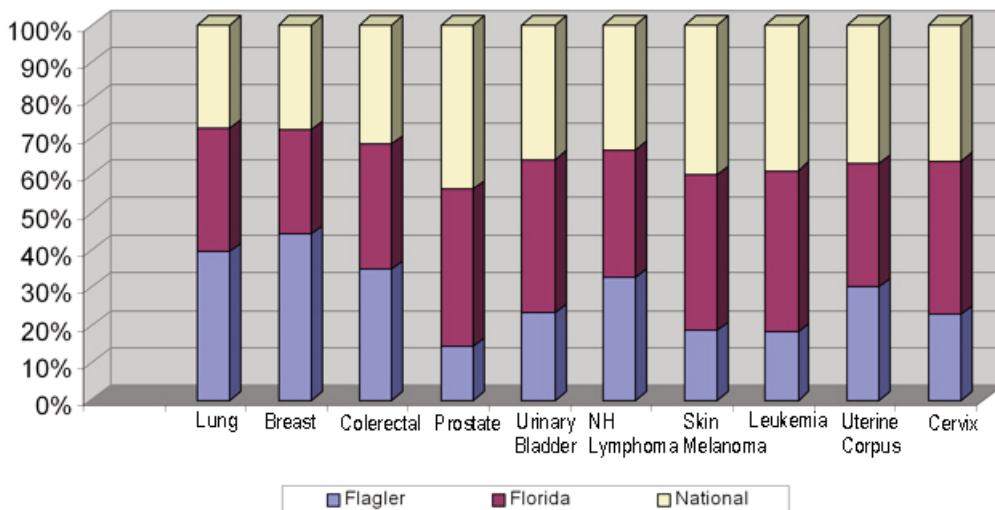
During the 2010 reporting year, Flagler Hospital registry staff reviewed and entered a total of 720 cases into the registry database. The primary site distribution seen in Fig 1 provides the total number of analytic patients. These patients were first diagnosed and received all or part of course therapy in the Flagler System. Of the total cases; breast, lung, brain, colorectal, and lymphatic system represents the frequently diagnosed tumors for the reporting period, and collectively account for 63 % of the total analytic caseload.

The subgroup of cases not reflected in the primary site distribution are those designated as "non-analytic." These patients were originally diagnosed elsewhere and presented to our center with recurrence or disease progression; they made up 27% of the total cases. Although these patients are not followed in the registry, the Florida statute requires their submission to the statewide cancer registry, the Florida Cancer Data System.

According to the ACS, Facts & Figures the projected incidence for 2010 totaled 1,529,560. The national estimated new cases in male were reported at 52% compared to an actual 40% seen at Flagler Hospital. Likewise, the female incidence seen in our facility was higher, at 59% in comparison to an estimated 48% national figure.

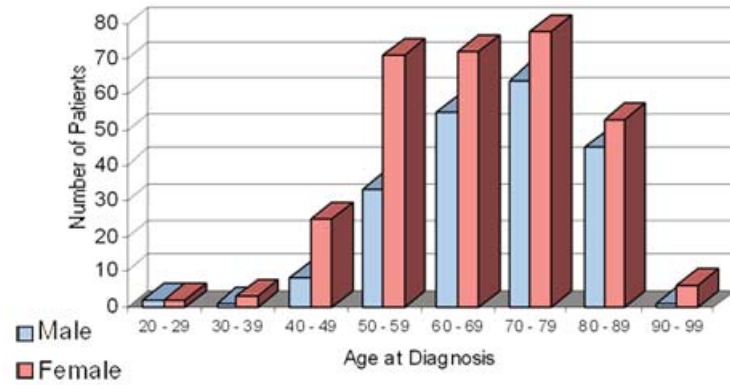
The national comparison of the ten most prevalent sites is seen in Fig 2. Flagler Hospital reported a higher incidence in breast cancer (21.3%), and lung cancer (21%) in comparison to statewide and national figures. Both sites were reported as the most frequently diagnosed malignancies.

Fig. 2: 2010 Estimated New Cancer Cases: Comparison



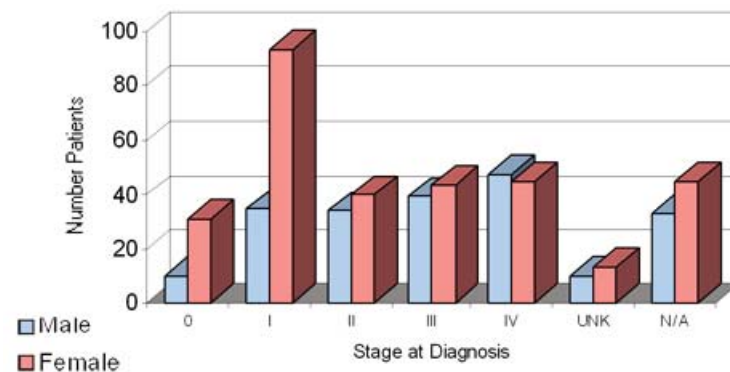
Age at diagnosis seen in Fig 3a illustrate that the age distribution was predominantly centered in the ranges 50-79, with a greater proportion of female in the respective age categories; male totaled 209, female 310. Collectively, these patients made up 71% of the total analytic accessions.

Fig. 3a: Age Distribution



Stage at diagnosis shown in Fig 3b, found that early stage patients (0, I, and II) totaled 46%. Stages III and IV demonstrate 16% and 18% respectively. Only 4% of the patients were categorized as unknown.

Fig. 3b: Stage Diagnosis Distribution



Cases maintained in the registry database are continuously updated to reflect the most complete and accurate information regarding diagnosis, treatment, lifetime follow-up and outcomes. A special thank you is extended to all physicians who contribute to the completeness of the data by submitting additional staging and treatment information. Two certified professionals staff the registry and stay well abreast of all the latest reporting requirements to ensure valid, timely and reliable data is maintained.

Sources Sited:

©2011 National Cancer Data Base (NCDB) / Commission on Cancer (CoC) / Developer: Florin Petrescu
 Monday, October 31, 2011
<http://www.facs.org/cancer/ncdb/publicaccess.html>
 CA: A Cancer Journal for Clinicians Volume 60, Issue 5, Article first published online: 7 JUL 2010
<http://onlinelibrary.wiley.com/doi/10.3322/caac.20073/pdf>

Study: Non-Hodgkin Lymphoma

by Marc Warmuth, MD



The Commission on Cancer recommends that each cancer program routinely review the five most commonly diagnosed cancers at their site and analyze one type of cancer in detail. This year, our focus is on non-Hodgkin lymphoma. In previous years, the other common cancers have been reviewed.

The America Cancer Society estimates that there will be 66,000 new diagnoses of non-Hodgkin lymphoma in 2011 with 36,000 occurring in men and 30,000 in women. This makes it the seventh most commonly diagnosed cancer in men and sixth in women. At Flagler Hospital, non-Hodgkin lymphoma appears to be seen with an increased frequency compared to the national statistics. In terms of numbers of new patients diagnosed, non-Hodgkin lymphoma often appears in our top five cancer sites. Since 1999, there have been 220 patients diagnosed and treated at the Flagler Hospital Cancer Institute. The most recent statistics for 2010, confirm 22 patients newly diagnosed. The reason for the increase over national statistics is not clear. Perhaps, it is related to an older population living in Florida or to unidentified environmental factors.

Lymphoma is not one disease, but rather a collection of malignant diseases of lymph nodes and lymph tissue. Lymphomas are classified as either Hodgkin's lymphoma or non-Hodgkin lymphoma, with the latter being much more common. Pathologists then subdivide non-Hodgkin lymphomas into a variety of distinct categories, each with characteristic features and treatment paradigms.

Figure 1 shows the distribution of histologic types of non-Hodgkin lymphoma seen at Flagler Hospital compared to the National Cancer Data Base (NCDB).

Far and away, the most commonly seen lymphoma is the large B cell diffuse lymphoma often simply referred to as large cell lymphoma. This is an aggressive type of lymphoma, which often necessitates strong chemotherapy but does have the potential to be cured. Not all varieties of non-Hodgkin lymphoma are considered curable. For example, the follicular types of lymphoma, which are the next most common type, have a strong propensity to reoccur.

Like most malignancies, non-Hodgkin lymphomas are staged according to the extent of disease in the body. Figure 2 illustrates the staging at Flagler Hospital compared to the NCDB.

Fig. 1

Histology	Flagler	NCDB
Malignant Lymphoma NOS	2.70%	5.21%
NH Lymphoma, NOS	8.78%	8.30%
Small B-Lymphocytic Lymphoma, NOS	6.08%	5.68%
Mantle Cell Lymphoma	4.72%	3.47%
Large B-Cell Diffuse Lymphoma, NOS	40.54%	36.10%
Follicular NOS	12.83%	7.59%
Follicular, Grade 2	2.70%	3.84%
Follicular, Grade 1	4.72%	5.09%
Follicular, Grade 3	2.70%	2.81%
Marginal Zone B-Cell Lymphoma	6.08%	14.37%
Other Specified Types	8.10%	14.37%
	99.95%	99.95%

Fig. 2

Stage	Flagler	NCDB
I	20%	23%
II	14%	14%
III	16%	15%
IV	32%	30%
N/A	0%	.33%
UNK	19%	18%
	100%	100%

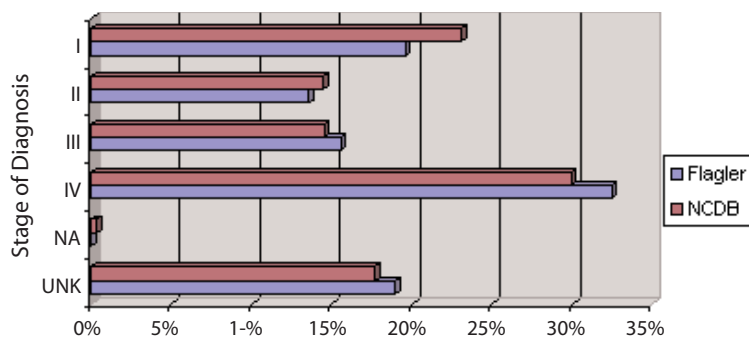


Figure 3 depicts the relative 5 year survival based on the stage at diagnosis and overall survival is shown in Figure 4.

Fig. 3

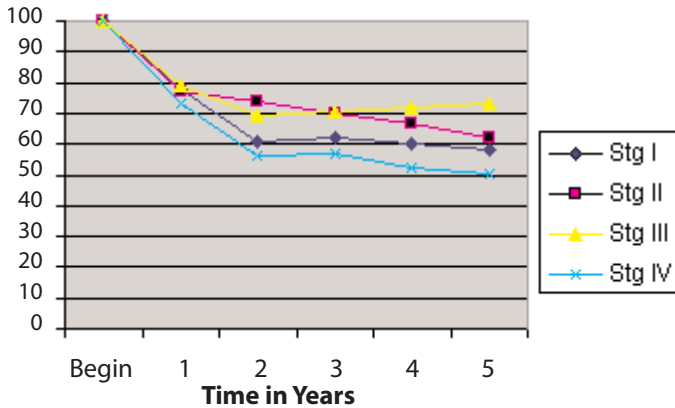
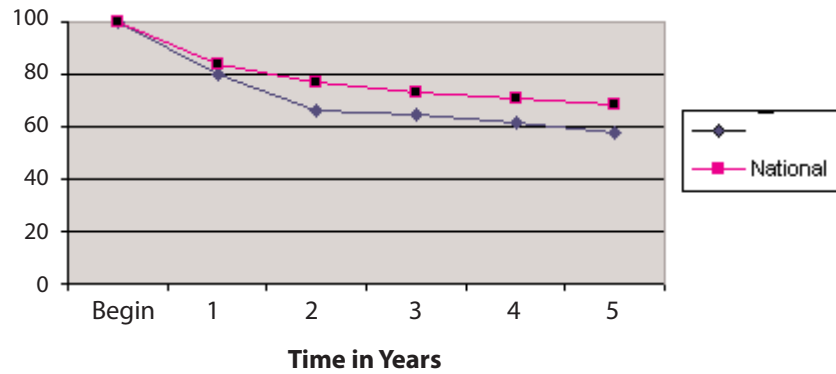


Fig. 4



While the survival for our patients appears slightly lower than the national statistics, further analysis of the data suggests that our patients are diagnosed at an older age and more patients are diagnosed with the aggressive subtypes of lymphoma.

In regards to treatment of non-Hodgkin lymphoma, Figure 5 shows the distribution of treatment modalities used at the Flagler Hospital Cancer Institute compared with statistics in the NCDDB. For the majority of patients, chemotherapy is used as the primary treatment. Figure 5 also shows a large proportion of patients who have no first course of treatment. These are primarily patients who are being observed without any treatment. There are many varieties of lymphoma that are considered to be indolent, or slow growing. Some patients with these non-aggressive lymphomas can be closely watched for years before any treatment is needed.

FIRST COURSE TREATMENT Flagler Hospital	
Surgery	6.1%
Radiation Only	2.0%
Surgery & Radiation	0.0%
Surgery & Chemotherapy	10.8%
Radiation & Chemotherapy	12.2%
Chemotherapy Only	41.2%
Surgery, Chemotherapy, HT	0.0%
Chemotherapy, HT	0.0%
Other Specified Tx	3.4%
No first course Tx	24.3%
	100%

FIRST COURSE TREATMENT National Cancer Database	
Surgery	9.2%
Radiation Only	1.9%
Surgery & Radiation	0.8%
Surgery & Chemotherapy	7.0%
Radiation & Chemotherapy	4.3%
Chemotherapy Only	22.3%
Surgery, Chemotherapy, HT	3.7%
Chemotherapy, HT	10.6%
Other Specified Tx	21.7%
No first course Tx	18.5%
	100%

For the patients who do require therapy, the last 15 years has seen the development of new treatment paradigms for lymphoma, and it is one of the true success stories for chemotherapy and immunotherapy. A number of novel treatments are now available and more are on the way. The advances that have occurred have resulted better responses, higher rates of remission, and more cures, all with tolerable side effects. It is now possible for the elderly and frail patients to receive life extending treatments while maintaining or even improving their quality of life.

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