

The Future of Cancer Care Is Here

2003 Cancer Annual Report

with statistical data from 2002

Inside: A 10-Year Study of Fighting Lung Cancer

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ST. JOSEPH'S HOSPITAL

Cancer Committee 2002 Members

Anthony Brannan, M.D.
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General Surgeon*

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Radiation Oncology

Yun Tae Chang, M.D.
Internal Medicine

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Medical Oncology

Joseph Horvath, M.D.
CI Research Laboratory

Brian Jeffrey, M.D.
Pathology

Stephen Kennedy, M.D.
Radiology

Frank Mastandrea, M.D.
Urology

Hora Praphat, M.D.
GYN Oncology

Joseph Sinkovics, M.D.
Medical Oncology

Cameron Tebbi, M.D.
Pediatric Oncology



Cancer Committee Chairman's Report

St. Joseph's Cancer Institute continues to be the leader in Hillsborough County for the diagnosis and treatment of cancer. St. Joseph's has a dedicated 30-bed Inpatient Oncology Unit, Outpatient Infusion Center, Comprehensive Breast Center, community cancer screening programs, advanced radiation therapy, tele-robotic surgery and availability of the latest clinical trials from the National Cancer Institute.

The Cancer Institute partners with The Breast Center at St. Joseph's Women's Hospital to provide patients with state-of-the-art screening and diagnostic services in an environment designed especially for women. The Breast Center opened its doors two years ago, and holds the distinction of diagnosing more breast cancer cases than any other hospital in Hillsborough County. St. Joseph's Hospital is the first hospital in Hillsborough County to offer the new R2 Computer-Aided-Detection (CAD) technology, which digitally enhances mammography films to assist our radiologists in detecting up to 20% more breast cancers. Our surgeons treat breast cancer with breast conservation surgery when indicated and have developed a sentinel lymph node biopsy so that axillary lymph node dissection can be avoided when possible.

Community education is a major initiative of St. Joseph's Hospital. The Cancer Institute provided over 500 screenings to the community in 2002 focusing on skin, colorectal and prostate cancer. In addition, the Breast Center's Women on the Move mammography program screened 79 under-served women in the community during the first six months of the program. The Cancer Institute provided nearly 70 education and support programs for cancer patients and their families during 2002, and introduced the only Hispanic Breast Cancer Support Group in the Tampa Bay Area. Recently, the Cancer Institute applied for a grant from the Susan G. Komen Breast Cancer Foundation to further promote breast cancer awareness, education and support to the under-served Hispanic women in Hillsborough County. A Lung Cancer support group was introduced recently to educate and assist these patients during their diagnosis and treatment.

The new treatment planning system in Radiation Therapy with its fusion capabilities allows CT, MRI and PET scan images to overlay or "fuse" information, allowing physicians to more precisely define the treatment target. This spares more normal tissue and reduces side effects while effectively treating the tumor.

St. Joseph's is the first hospital in Florida to acquire the Da Vinci™ Tele-Robotic Surgical System. This powerful technology allows surgeons to operate through minute incisions. Complicated maneuvers can be performed with three-dimensional viewing. Benefits include better visibility for more accurate surgery, less bleeding and risk of infection, less pain, reduced scarring and quicker recovery. Tele-robotic surgery has been used successfully and effectively to perform nerve-sparing radical prostatectomy for the treatment of prostate cancer.

St. Joseph's Cancer Institute patients have access to the latest and best national cancer treatments available. Through our affiliation with The Clinical Trials Support Unit through the National Cancer Institute, we can offer our patients selected phase II and III clinical trials. Also, our Bio-Therapeutics Research Laboratory produces one of the few available vaccines for melanoma and renal cell carcinoma in the state.

St. Joseph's Hospital has its own Internet Web site, www.stjosephstampa.com. Patients can view all of the services offered by the St. Joseph's Cancer Institute and get their cancer questions answered via e-mail at cancer.helpline@baycare.org or by calling the Cancer Helpline at (813) 870-4123.

In the coming year, we will continue to build our multi-disciplinary teams and enhance and more fully integrate all of our services across St. Joseph's Hospital, St. Joseph's Women's Hospital and St. Joseph's Children's Hospital of Tampa. Most importantly, we will remain committed to improving the quality of life for our patients—before, during and after their cancer treatment.

Anthony N. Brannan, M.D.
Cancer Committee Chairman

Allied Health Care

Fleury Yelvington
Chief Operating Officer

Michael Quaranta
CI Administrative Director

Mary Pritchard
*Research Nurse/Infusion
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Rev. Ellen Wolf-Muhleck
Pastoral Care

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Susan Pearce
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Sue Mills
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Melissa NeSmith
Medical Records

Victoria Young
Cancer Registry

Kim Perez
Cancer Institute Pharmacy

Christina Bastone
Breast Center

Carol Silver
Social Services

Sharon Tollin
Breast Center

Cancer Registry Summary

2003 Annual Report

There was a total of 1,783 oncology cases diagnosed and/or treated at St. Joseph's, St. Joseph's Women's, Same Day Surgery, Radiation Therapy Center, Outpatient Infusion Center, and St. Joseph's Children's Hospital in 2002. Out of that population, 1,434 (80%) were treated by our physicians. The non-analytic cases accounted for 348 (20%); which was diagnosed and treated elsewhere (**Exhibit I**).

St. Joseph's gender distribution (**Exhibit II**) is comprised of male cancer cases of 43% (608) and females comprised of 57% (821) of the total analytic cases. *American Cancer Society Facts & Figures—2002* estimated 50% male and 50% female diagnosed nationally. Our race distribution (**Exhibit III**) continues to show similarities to previous years at 85% white, 14% black and 1% other race. Our two largest age groups, 60-69 (26%) and 70-79 (24%), accounted for 49% of our 2002 patient population. Both females (23%) and males (29%) were diagnosed between the ages of 60-69 (**Exhibit VII**).

St. Joseph's analytic cases by AJCC TNM staging system are comprised as follows: Stage 0 - 8%; Stage I - 23%; Stage II - 26%; Stage III - 12%;

Stage IV - 14%; Stage Unknown - 6%; and Stage Not Applicable (N/A) - 10% (**Exhibit IV**). This demonstrates over half of our population of patients were diagnosed with early stage disease (Stage II or less).

Exhibit VIII illustrates the treatment modality experiences at St. Joseph's as follows: 45% of patients had surgery alone, 6% of patients received chemotherapy, 6% received radiation therapy alone, 23% had combined modality treatment, and 12% elected no treatment.

The top five cancer sites seen at St. Joseph's during 2002 were breast, prostate, lung, colorectal, and bladder (**Exhibit V**). St. Joseph's incidence is similar to State and National data. However, the incidence in breast cancer is higher at St. Joseph's. Cases increased by 4% in 2002 to 24%. St. Joseph's continues to diagnose more breast cases in Hillsborough County than any other hospital. Continuing to promote our strong breast cancer diagnosis and treatment program at St. Joseph's brings community awareness to the forefront.

Exhibit VI illustrates the five-year relative survival rates for St. Joseph's top five cancer sites, which compares favorably to National data.

Data Introduction

The Cancer Registry is the oncology data collection center for all cases of cancer diagnosed and/or treated at St. Joseph's Hospital, St. Joseph's Cancer Institute, St. Joseph's Women's Hospital, St. Joseph's Children's Hospital of Tampa, St. Joseph's Same-Day Surgery Center and St. Joseph's Radiation Therapy Center. The cancer data collected by the Registry allows our physicians to analyze patient care, treatment staging, clinical outcomes and survival information.

A very important component of the Cancer Program is annual lifetime follow-up of more than 10,000 former patients. Lifetime follow-up serves as a reminder to former patients; routine medical examinations are encouraged. This process potentially brings lost patients back under medical supervision, providing continued surveillance to ensure early detection of possible recurrence or new primary malignancy. The Registry follow-up is currently at 91% which exceeds the minimum 90% required by the American College of Surgeons Commission on Cancer.

The following data represents St. Joseph's experience with cancer patients during the year 2002. The Primary Site Master Table (**Exhibit I**) illustrates the cases registered in 2002, a total of 1,783 oncology patients.

Electronic Registry System is used to collect, manage and analyze data on oncology patients. To ensure data quality, we share data with the Florida Cancer Data Systems and National Cancer Data Base. Patient confidentiality is assured. St. Joseph's encourages the use of registry data.

The Cancer Registry received numerous requests for statistical reports. The data is utilized for analytic studies, annual statistics, reports to the State Cancer Registry and the National Cancer Data Base, research activities, survival analysis, quality management studies, community education, health care planning and delivery, and outcome evaluation and improvement.

The Cancer Registry staff coordinates the weekly Cancer Conferences including the monthly Breast cancer conference. During 2002, 51 conferences allowed discussion of treatment options—all toward our continuing goal of improved patient care. The Cancer Conferences are one of the key components to St. Joseph's comprehensive multidisciplinary cancer program. Conferences are held Friday mornings from 7:30-8:30a.m. in the Medical Arts Building. Please contact the Cancer Registry at **(813) 870-4987** to make arrangements to present cancer cases.

Lung cancer is the third most diagnosed and/or treated at St. Joseph's Hospital. It is the featured topic in this report. Co-authors of our annual report are George James, M.D., Thoracic Surgeon; Alison Calkins, M.D., Radiation Oncologist; and Rafael Blanco, M.D., Medical Oncologist.

The Cancer Registry staff would like to thank the physicians and their staff for maintaining current information in our database, which assist in providing the most accurate data possible.

Table 1: 5-Year Survival for Non-Small Cell Lung Cancer by AJCC Stage (N=1164) (Stage: exclude 50)

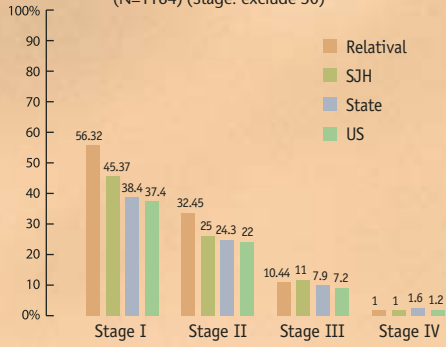


Table 2: 5-Year Survival for Small Cell Lung Cancer by SEER Stage (N=268) (Stage: exclude 10)

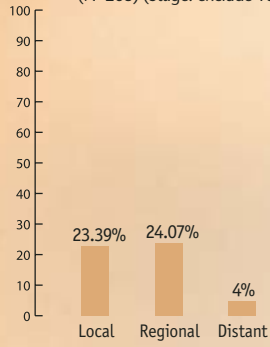


Table 3d: 5-Year Survival for Stage IIIb NSCL by Therapy

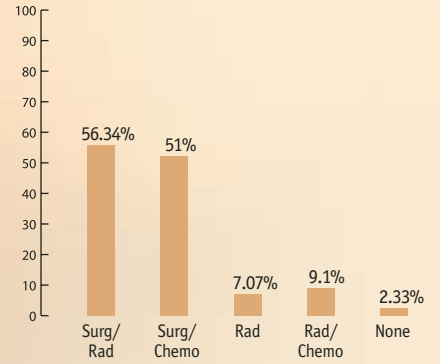


Table 3a: 5-Year Survival for Stage I NSCL by Therapy

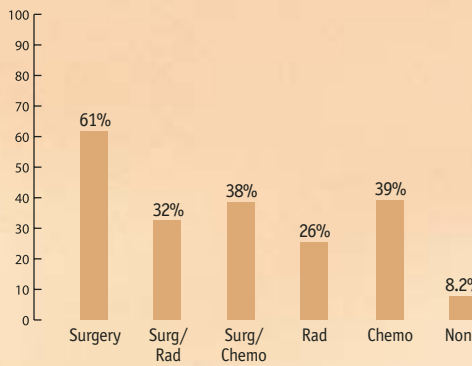


Table 3e: 5-Year Survival for Stage IV NSCL by Therapy

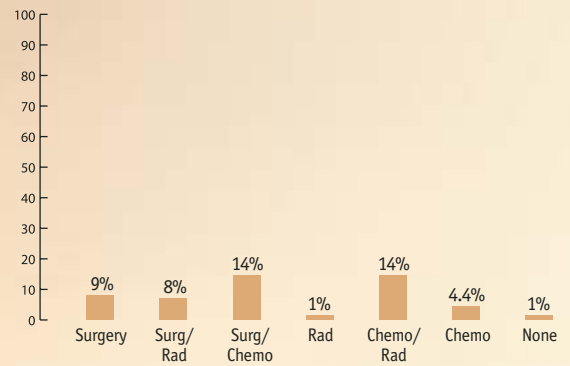


Table 3b: 5-Year Survival for Stage II NSCL by Therapy

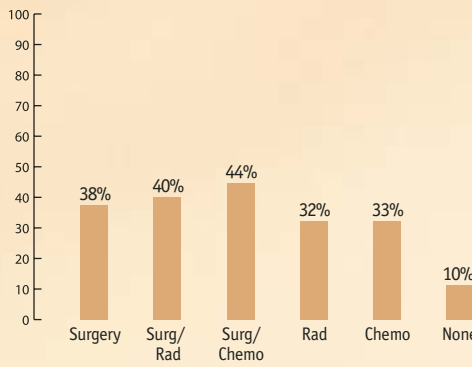


Table 4: 5-Year Survival by Stage for Small Cell Lung Cancer (N=268) (Stage: exclude 10)

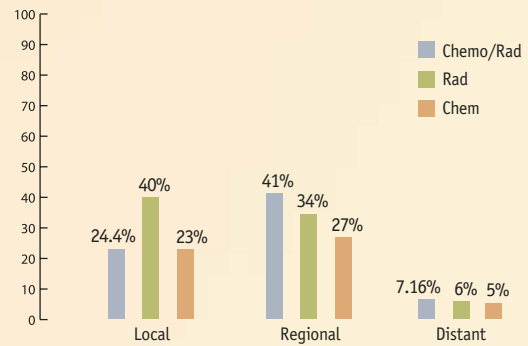


Table 3c: 5-Year Survival for Stage IIIa NSCL by Therapy

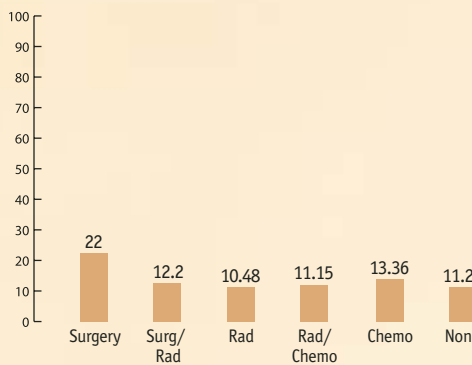
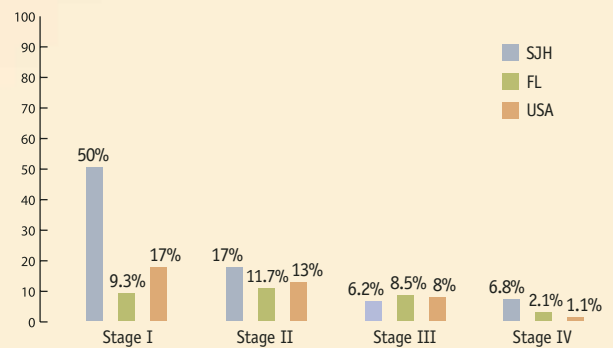


Table 5: 5-Year Survival for Stage IIIa NSCL by Therapy



Lung Cancer at St. Joseph's Hospital

The incidence of lung cancer has not declined despite increasing public awareness of the direct relationship between smoking and lung cancer. Lung cancer is the most common cause of death for both men and women in the industrialized world.

More people die of lung cancer than colorectal, breast and prostate cancer combined in the United States. Forty-five percent (45%) of lung cancer cases occur in women and more women die of lung cancer than breast cancer.

There are two different classes of lung cancer. Small Cell Lung Cancer (SCLC), which accounts for about 25% of lung cancer, and Non-Small Cell Lung Cancer (NSCLC), which accounts for 75% of lung cancer.

When lung cancer presents its symptoms, more than 50% of the NSCLC will have distant metastasis at the time of diagnosis and only 20-25% will be potentially resectable for cure.

Overall, five-year survival for lung cancer is 13-15% and has not significantly improved since 1950.

St. Joseph's Cancer Institute is reporting our experience of 1,432 cases of lung cancer from 1992 - 2002.

Lung cancer remains one of the most difficult cancers to control, because it is generally detected in an advanced stage and in the past we have had a limited number of active systemic drugs.

Nevertheless, the investment in basic scientific research is finally bearing fruit as a number of new cytotoxic agents and molecular targeted therapies have become available in the treatment of lung cancer. There has been a gradual improvement in control of this disease, with survival increasing from months to years for both locally advanced and disseminated disease. In 2001 the Southwest Oncology Group lead by MD Anderson Cancer Institute reported an increase in survival for locally advanced stage III Non-Small Cell Lung Cancer utilizing combined chemotherapy consisting of platinum and etoposide with radiotherapy, followed by the new agent docetaxel (Taxotere): the 1-year survival increased from 58% to 76%, 2-year survival from 34% to 54%, and 3-year survival increased from 17% to 40%. Taxotere is now being investigated in clinical trials to replace etoposide during the induction phase of treatment with radiotherapy to be followed by gefitinib (Iressa), a recently FDA-approved non-cytotoxic agent which targets an intracellular enzyme necessary for cell proliferation or growth.

Advances in the supportive aspect of preventing and controlling the side effects of chemotherapy have facilitated patients' ability to receive chemotherapy, resulting in a greater number of remissions and thereby improving their quality of life. Consequently, to prevent relapses after lung cancer surgery, chemotherapy clinical trials are being completed in early stage lung cancer. This year, a large adjuvant trial was presented by the IALT group (International Adjuvant Lung Trial) demonstrating the benefit of adjuvant chemotherapy for Stage I, II, and IIIA with increased disease-free survival and overall survival similar to the successes we have had in breast cancer. Lung cancer is becoming a "chronic disease" with the arsenal of numerous new agents that have become available in the past decade.

Non-Small Cell Carcinoma

A total of 1,214 patients with Non-Small Cell Lung Cancer were treated at St. Joseph's Hospital. There were 1,164 patients analyzed during the period under study. The majority of patients without evidence of metastases would have been treated with "curative intent" utilizing a variety of treatments ranging from surgery alone, for small Stage I tumors, to triple modality therapy for selected Stage III tumors (**Table 1**). For patients without evidence of metastases, five-year survival was 27% and ranged from 45% to 11.6% for patient stage I to III respectively.

Survival rates among Stage I (**Table 3a**) tumors varied widely by treatment. Patients treated with surgery had a five-year survival rate of 61% vs. 32% with radiation therapy. However, the literature suggests that this difference is over large and we conclude that it is influenced by selection bias. We expect that patients with severe comorbidities who were not suitable for surgery were most often treated with radiation alone. The combined survival of all Stage I patients (regardless of treatment) was 46% and this compares favorably with similar patients treated in Florida (38.4%) and nationally (37.4%) (**Table 1**).

Survival in Stage II patients (**Table 3b**)—that is patients with T1N1, T2N2, or T3N0 tumors—was 25% at five years. This is virtually the same as the Florida and National results of 24.3% and 22% respectively (**Table 1**).

Stage III tumors are bulky, non-metastatic cancer that typically invest the great vessels and are usually inoperable, at least initially (**Tables 3c, 3d**). Treatment usually involves a combination of chemotherapy and radiation therapy with surgery possible in some selected patients. Stage III is further divided into IIIA and IIIB depending upon whether the involved nodes are ipsilateral to the primary (IIIA), or contralateral (IIIB).



George K. James, M.D. Alison Calkins, M.D. Rafael W. Blanco, M.D.

The Cancer Registry and its valuable staff diligently collect the data on all cancer patients treated at St. Joseph's Hospital. This function enables us to critically evaluate where we stand in comparison to the rest of the country, as well as local and state medical communities.

Interestingly, among IIIA patients at St. Joseph's Hospital, 50 patients were reported to have had surgery only. Their survival of 22% is higher than any other treatment group and suggests that they may have been a highly select group with a clinically lower stage who were upstaged at surgery. Radiation therapy alone in stage IIIA yielded an 11% five-year survival—comparable to Florida (7.9%) and national (7.2%) figures (**Table 1**).

Also interestingly, a select group of 13 patients with stage IIIB disease treated with surgery and radiation had a five-year survival of 56.34%—higher than the best group of IIIA patients treated with any modality. Patients treated with surgery and chemotherapy did almost as well with a five-year survival of 51%. Radiation alone and radiation plus chemotherapy produced survival of only 7% and 9% respectively. The reasons for these large differences cannot be extracted from the available data but likely reflect selection factors.

Survival here at St. Joseph's, across the state, and nationally is 1% in stage IV disease as would be expected in metastatic cancer (**Table 3e**).

Overall, 29% of patients had surgery, 14% radiation therapy, and 10% chemotherapy. Only 5% and 9% had surgery and radiation or triple modality treatment. This reflects the standard of care during this decade.

Recent literature reports have suggested that dual modality treatments may be superior and the coming decade hopefully will reflect this in improved cure rates.

Small Cell Carcinoma

A total of 272 patients were diagnosed with small cell lung cancer during the period (**Table 2**). There were a total of 268 patients that were analyzed in this study. This represents 18% of lung cancer diagnoses—slightly lower than the national average of 20% small cell lung cancer is staged as either “limited disease” (indicating that all clinical evidence of disease is within the chest and/or supraclavicular fossae), or extensive disease (indicating distant spread). Our current understanding of this disease is that even patients with “limited disease” harbor occult metastases, and therefore require chemotherapy. However, those treated with chemotherapy who do eventually relapse typically relapse in the chest. Recent trials have demonstrated a benefit to combined modality treatment for these patients with chemotherapy and chest radiotherapy given concomitantly. However, this was not the standard of care for most of the decade under review here.

At St. Joseph's Hospital, 92 of 268 small cell patients (34%) had local or regional disease and presumably were treated with curative intent (**Table 4**). Sixty-eight patients received chemotherapy and 50 received radiation at some point in their treatment. The sequencing of these treatments cannot be determined from the available data. Twenty-seven of these patients received no chemotherapy in spite of their limited stage and were treated with radiation alone. While it appears as if they may have been treated palliatively, the five-year survival in this small group was about 35%.

Survival was generally in the single digits regardless of treatment modality in patients with extensive disease, reflecting the advanced nature of the disease and the palliative intent of therapy.

The five-year observed survival rate by stage for St. Joseph's in comparison to State and National is well illustrated (**Table 5**).



Exhibit I: Primary Site Master Table

A total of 1,783 cases were diagnosed and/or treated at St. Joseph's Hospital. The analytic cases of 1,434 accounted for 80% of the total population and 348 non-analytic cases accounted for 20%. Nationally 1,284,900 new cases will be diagnosed in 2002, with 92,200 projected from Florida.

Class	Total	Class A	Class N/A	Male	Female
All Sites	1,783	1,434	348	783	1,000
Oral Cavity	31	26	5	18	13
Lip	1	1	0	1	0
Tongue	7	4	3	2	5
Oropharynx	0	0	0	0	0
Hypopharynx	1	1	0	1	0
Other	22	20	2	14	8
Digestive System	251	199	52	118	133
Esophagus	8	5	3	7	1
Stomach	22	20	2	17	5
Colon	119	86	33	50	69
Rectum	38	35	3	16	22
Anus/Anal Canal	10	8	2	4	6
Liver	12	10	1	8	3
Pancreas	26	21	5	11	15
Other	16	13	3	4	12
Respiratory System	228	194	34	127	101
Nasal/Sinus	5	5	0	4	1
Larynx	15	14	1	12	3
Lung/Bronchus	205	172	33	109	96
Other	3	3	0	2	1
Blood & Bone Marrow	89	57	32	48	41
Leukemia	51	24	27	29	22
Multiple Myeloma	38	33	5	19	19
Other	0	0	0	0	0
Bone	5	3	2	2	3
Connect/Soft Tissue	25	15	10	17	8
Skin	46	22	24	25	21
Melanoma	39	17	22	21	18
Other	7	5	2	4	3
Breast	414	346	68	3	411
Female Genital	121	103	18	0	121
Cervix Uteri	20	14	6	0	20
Corpus Uteri	57	54	3	0	57
Ovary	35	27	8	0	35
Vulva	6	6	0	0	6
Other	3	2	1	0	3
Male Genital	260	206	54	260	0
Prostate	248	194	54	248	0
Testis	10	10	0	10	0
Other	2	2	0	2	0
Urinary System	128	104	24	78	50
Bladder	80	62	18	53	27
Kidney/Renal	44	38	6	22	22
Other	4	4	0	3	1
Brain & CNS	43	38	5	24	19
Brain	42	37	5	24	18
Other	1	1	0	0	1
Endocrine	20	17	3	7	13
Thyroid	17	15	2	5	12
Other	3	2	1	2	1
Lymphatic System	86	73	13	37	49
Hodgkin's Disease	16	15	1	9	7
Non-Hodgkin's	70	58	12	28	42
Unknown Primary	27	25	2	15	12
Other/III-Defined	9	7	2	4	5

Exhibit IV: AJCC Staging Distribution (All Sites-Analytic Only)

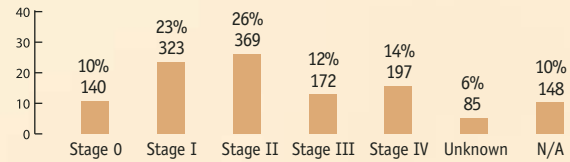


Exhibit V: Incidence Comparison by State and National

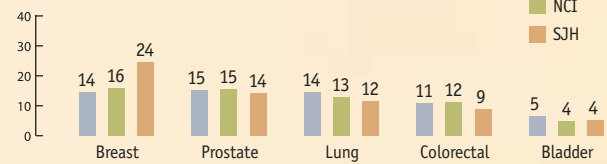


Exhibit VI: Top Five Sites by 5-Year Relative Survival Rates

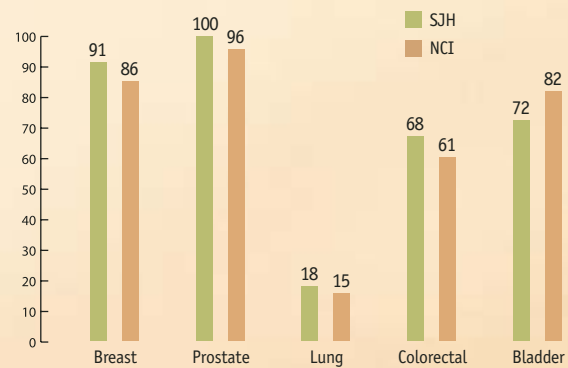


Exhibit VII: Age by Gender Distribution 2002 Analytic Cases

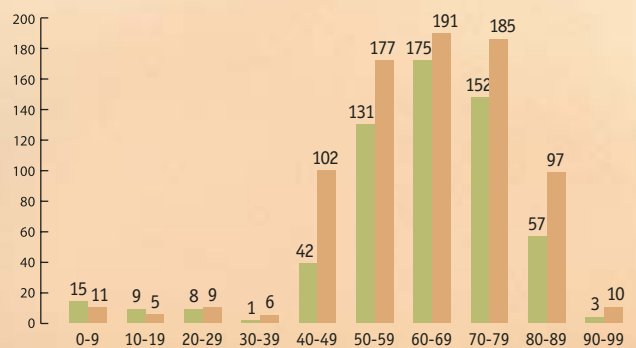


Exhibit II: 2002 Sex Distribution Compared to National

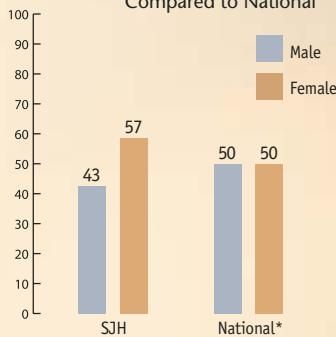


Exhibit III: Race Distribution

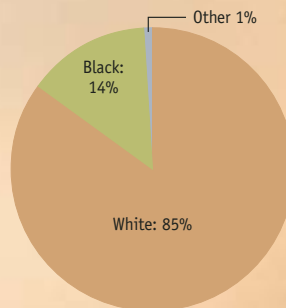
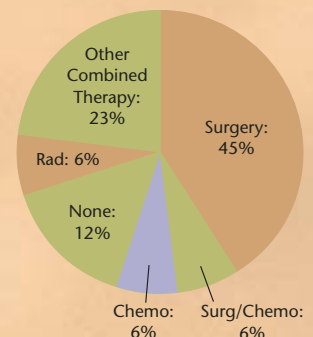


Exhibit VIII: Treatment Modality



*Source: American Cancer Society Facts and Figures-2002

Definition of Terms

American College of Surgeons Commission on Cancer (ACoS CoC)

The organization that surveys and approves cancer programs.

Analytic (A)

Pertains to those cases initially diagnosed and/or receiving their first course of treatment at St. Joseph's/Women Hospital.

Nonanalytic (NA)

A case diagnosed and treated elsewhere prior to being seen at St. Joseph's/Women's. Cases that were treated greater than four months after initial diagnosis. Cases that were initially diagnosed at autopsy are considered nonanalytic as well.

Florida Cancer Data System

The FCDS is an incidence registry for the State of Florida. FCDS is a cancer registry administered by the Florida Department of Health and is operated and maintained by the Sylvester Comprehensive Cancer Center at the University of Miami School of Medicine.

AJCC Stage System

The registry records stage using the AJCC (American Joint Committee on Cancer Manual) for staging guide. Stage 0, I, II, III, IV or Unknown

UICC

Union Internationale Contre le Cancer TNM Committee Against Cancer.

SEER

National Cancer Institute Surveillance, Epidemiology, and End Results.

NCDB

National Cancer Data Base.

Relative Survival

The ratio of observed survival rate to the expected rate for a group of people in the general population similar to the patient group with respect to race, sex and age.

Observed Survival Rate

Rates computed by the actuarial method, compounding survival in one-month intervals from the date of diagnosis, with death from any cause as the endpoint.

Accuracy of the Registry data contained in the 2003 Annual Report depends upon complete documentation in the medical record. If the treatment plan is not known upon discharge of the patient, the Cancer Registry contacts the appropriate physician's office to ascertain if the first course of treatment was given at another institution. In some cases, patients initially refuse treatment or subsequently receive treatment after the first four months.

Cancer Registry Staff

Victoria Young, CTR

Cancer Registry Coordinator

Jennette Cox, CTR

Cancer Registrar

Gilda Price

Cancer Data Technician

Cancer Research

To give patients access to new, state-of-the-art treatments, our Research Department offers various clinical trials. Through the National Cancer Institute's Clinical Trials Support Unit, trials are open for breast, lung, colon and prostate cancers. The Cancer Institute's Research Laboratory produces autologous and allogeneic patient therapies, with a focus on melanoma and renal cancers. We also participate in phase II and III trials sponsored by pharmaceutical companies.

Multidisciplinary Services

St. Joseph's has a team of multidisciplinary professionals working together to provide holistic and patient-specific care. Below are highlights of the major clinical and professional services serving our oncology patients.

Oncology Nursing

Many of the Cancer Institute's registered nurses are oncology certified (OCN or AOCN). Our patients benefit from their expertise and specialized skills.

Nutrition Services

Registered dietitians design individualized diets to address the unique nutritional needs of cancer patients.

Social Services

Social workers serve both patients and family members, coordinating resources and identifying care needs. Their functions include counseling, referring families to local agencies, coordinating transportation and medication resources, and arranging for home health and hospice services.

Community Outreach

Cancer HelpLine is a free, confidential telephone service that provides cancer information and referrals to physicians, community resources and hospital services. Cancer HelpLine also works with agencies and local businesses to promote cancer awareness, education and the importance of prevention and early detection. For information, call (813) 870-4123 or (800) 882-4123, or email cancer.helpline@baycare.org.

Volunteers

Our volunteers, many of whom are cancer survivors themselves, assist with patients' special needs.

Home Care/Hospice Services

Home care services enable the hospital care team to involve the family and the patient, with a goal of achieving maximum independence. Patients with a life-limiting illness are eligible for Hospice services for end-of-life care. An onsite team—made up of nurses, RN case managers, social workers, home health aides and clergy—oversees hospice care.

Pastoral Care

The Cancer Institute has a dedicated chaplain to support patients, families and the Cancer Institute staff. Ministry is provided with respect for patients' own spirituality and religious traditions.



ST. JOSEPH'S
CANCER INSTITUTE
— 20 Years —

3001 W. Dr. Martin Luther King Jr. Blvd • Tampa, FL 33607

032366-1003

St. Joseph's Hospital of Tampa Foundation relies on the generous support of our community to continually improve patient care at St. Joseph's Hospital, St. Joseph's Women's Hospital and St. Joseph's Children's Hospital of Tampa, through the purchase of new equipment and program support. This is made possible through private donations and special events. For more information on how you can help, call (813) 872-0979.